

# Ageing in Spain

Ageing in Spain SECOND WORLD ASSEMBLY ON AGEING • APRIL 2002



MINISTERIO  
DE TRABAJO  
Y ASUNTOS SOCIALES

SECRETARÍA GENERAL  
DE ASUNTOS SOCIALES

INSTITUTO DE  
MIGRACIONES Y  
SERVICIOS SOCIALES



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# **AGEING IN SPAIN**

## **SECOND WORLD ASSEMBLY ON AGEING APRIL 2002**

*DEPUTY ADMINISTRATION FOR THE GERONTOLOGY PLAN AND  
PROGRAMS FOR THE ELDERLY*

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# Contents

<b>Presentation</b> .....	13
<b>Highlights</b> .....	15
<b>Chapter 1. Demographic Indicators</b>	
1.1. Size and Evolution .....	19
1.2. Gender and Marital Status .....	22
1.3. Geographical Distribution .....	23
<b>Chapter 2. Longevity and Health Condition</b>	
2.1. Life Expectancy and Longevity .....	27
2.2. Mortality .....	27
2.3. Life Styles .....	29
2.4. Morbidity and Health Condition .....	30
2.5. Use of Health Services .....	31
2.6. Dependence and Caretaking .....	32
2.6.1. Dependence and What Determines It..	32
2.6.2. Response to Situations of Dependence .....	33
<b>Chapter 3. Public Expenditure on Old Age</b>	
3.1. Expenditure on social Protection and Expenditure on Old Age .....	35
3.1.1. Expenditure on social Protection in Relation to GDP .....	35
3.1.2. Other Social Protection Expenditure Indicators .....	36
3.2. Pensions .....	38
3.2.1. The Protection of Elderly Persons in the Public Pension System .....	38
3.2.2. Differences in Protection by Gender and Age .....	40
3.2.3. The Coverage of the System .....	40
3.2.4. The Amount of Pensions .....	42
3.2.4.1. More Differences in Protection by Gender and by Age .....	42
3.2.4.2. Pensions by Amount Brackets..	43
3.2.4.3. The Effort to Reevaluate the Lowest Pensions .....	45
3.2.5. The Future of the Pension System .....	46
3.2.5.1. The Contributors/Pensions Ratio .....	46
3.2.5.2. Projections on Pension Expenditure .....	46
<b>Chapter 4. Living Conditions: Housing, Work and Economic Situation.</b>	
4.1. Housing .....	49
4.2. Employment and Retirement .....	51
4.2.1. Employment Status of Persons 65 or Older .....	51
4.2.2. The Evolution of the Calendar for Leaving the Labour Force .....	54
4.2.3. Population Ageing and the Size of Labour Force: Projections .....	55
4.3. Economic Situation: Income and Poverty .....	56
<b>Chapter 5. Social Indicators</b>	
5.1. Living Arrangements, Solitude and Social Relations .....	63
5.1.1. Family .....	63
5.1.2. Family and Informal Support .....	64
5.1.3. Social Relations .....	69
5.1.4. Solitude .....	70
5.1.4.1. Elderly Persons Living Alone .....	70
5.1.4.2. The Feeling of Loneliness .....	72
5.2. The Meaning of Old Age .....	76
5.2.1. The Most Important Aspect of Life for Elderly Persons, Main Concerns and General Satisfaction with Life .....	76
5.2.2. The Social Image of Elderly Persons ..	77
5.2.3. Elderly Persons in Society .....	80
5.2.3.1. How Society Treats Elderly Persons .....	80
5.2.3.2. The Place of the Elderly in Society .....	81
5.2.3.3. Assessment of the Presence of Elderly Persons in Various Domains of Public Life .....	82
<b>Chapter 6. Use of Time, Attitudes and Values</b>	
6.1. Activities and the Use of Time .....	83
6.1.1. A Precondition: the Educational Attainment of the Elderly Population .....	83
6.1.2. Main Activities .....	83
6.1.3. The Active Side of the Elderly: Professional Activity and Taking Care of Others .....	85
6.1.4. The Mass Media .....	86
6.1.5. Reading Habits .....	86
6.2. Attitudes and Values .....	88
6.2.1. Religious Beliefs and Practice .....	88
6.2.2. Family-related Values .....	90
6.2.3. The Elderly and New Technologies .....	92
6.3. Politics and Civil Involvement .....	94
<b>Chapter 7. Basic Description of the Current Public System for the Protection of the Elderly in Spain</b>	
7.1. The Economic Protection of Elderly Persons ..	101
7.1.1. Pensions in the Social Security System ..	101
7.1.2. Economic Benefits Outside the Social Security System .....	102
7.2. Public Healthcare and the Elderly .....	103
7.2.1. Primary Care Benefits .....	103

7.2.2. Specialised Caree Benefits .....	103	7.4. Epilogue: the Necessary Adaptation to New Social Developments .....	106
7.3. Public Social Services for the Elderly .....	104	<b>Chapter 8. Looking into the Future</b> .....	107
7.3.1. Services that Help People Remain in Their Own Home .....	104	<b>Annex A. Statistical Sources</b> .....	109
7.3.2. Alternatives to Living in One's Own Home	104		
7.3.3. Other Services .....	105		

# List of Tables

## Chapter 1. Demographic Indicators

Table 1.1. Evolution of Spanish elderly population, 1900-2050 (thousand) .....	20
--	----

## Chapter 3. Public Expenditure on Old Age

Table 3.1. Social protection expenditure as a percentage of GDP in the 15 EU countries, Iceland, Norway and Switzerland, 1990-1998 .....	36
Table 3.2. Pensions in force in the Social Security system and in the CPE system, as of 1 January 2001. Total pensions and pensions received by persons 65 or older .....	39
Table 3.3. Coverage of the Spanish pension system, circa 1 January 2001 .....	41

## Chapter 4. Living Conditions: Housing, Work, and Economic Situation

Table 4.1. Labour activity of those 65 or older by gender and age, 2 <sup>nd</sup> quarter 2001 ....	52
Table 4.2. Inactive persons by main type of inactivity, gender and age, 2 <sup>nd</sup> quarter 2001 .....	52
Table 4.3. Persons below the PL60 poverty line (threshold of 60% of the median equivalent expenditure of all households) by age groups, 2 <sup>nd</sup> quarter 1998 .....	60

## Chapter 5. Social Indicators

Table 5.1. Forms of cohabitation of the elderly population by gender and age groups .....	64
Table 5.2. Frequency of visits and phone conversations between elderly persons and children they do not share a home with .....	65
Table 5.3. Degree of satisfaction of elderly persons regarding their relations with children they do not share a home with .....	65
Table 5.4. Frequency of visits and phone conversations between elderly persons and their grandchildren .....	66
Table 5.5. Characteristics of elderly persons living alone .....	70
Table 5.6. Definition of the feeling of loneliness by gender and form of cohabitation .....	75
Table 5.7. Moments when the feeling of loneliness is stronger by gender and personal situation .....	76
Table 5.8. Activities for avoiding the feeling of loneliness by gender and form of cohabitation .....	76
Table 5.9. Overall satisfaction of the elderly population with their situation by gender and form of cohabitation .....	78

## Chapter 6. Use of Time, Attitudes and Values

Table 6.1. Leisure activities carried out by elderly in the last week, by form of cohabitation and gender .....	84
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# List of Figures

## Chapter 1. Demographic Indicators

Figure 1.1.	Average annual growth of the elderly population in Spain, 1900-2050	19
Figure 1.2.	Evolution of the Spanish elderly population, 1900-2050	20
Figure 1.3.	Spanish population pyramids in 1996, 2020, 2040	21
Figure 1.4.	Baby boomers in Spain. Number of births, 1900-1998	22
Figure 1.5.	Number of women per 100 men at different ages in Spain, 1999	23
Figure 1.6.	Population 65 or older. European Union, 1999	23
Figure 1.7.	Distribution by provinces of persons 65 or older in Spain, 1999 (in pct. and absolute figures)	24
Figure 1.8.	Population according to size of municipality, 1999	25

## Chapter 2. Longevity and Health Condition

Figure 2.1.	Percentage of population surviving at each age. Spain, 1930-1996	27
Figure 2.2.	Life expectancy at birth for men and women, 1900-1996	28
Figure 2.3.	Life expectancy at 65 for men and women, 1900-1996	28
Figure 2.4.	Main causes of death among the elderly, 1986-1998	29
Figure 2.5.	Population that smokes daily by gender and age (%), 1995	30
Figure 2.6.	Evolution of the hospital morbidity rate (per thousand), 1991-1998	31
Figure 2.7.	Persons 65 or older with disabilities, 1999	32
Figure 2.8.	Distribution of caretakers by age, 1994	33

## Chapter 3. Public Expenditure on Old Age

Figure 3.1.	Social protection expenditure as a percentage of GDP in the 15 EU countries, Iceland, Norway and Switzerland, 1998	35
Figure 3.2.	Evolution of social protection expenditure per capita at constant prices (Index 1990=100) in the 15 EU countries, Iceland, Norway and Switzerland, 1990-1998	37
Figure 3.3.	Social protection expenditure per capita in purchasing power units in the 15 EU countries, Iceland, Norway and Switzerland, 1998	37
Figure 3.4.	Forms of cohabitation of the elderly population in the 15 EU countries, 1995	38
Figure 3.5.	Social protection benefits by major purposes in the 15 EU countries,	

Iceland, Norway and Switzerland, 1998	39	
Figure 3.6.	Social Security system pensions by gender and age of the receivers, as of 1 January 2001	40
Figure 3.7.	CPE pensions by gender and age of the receivers, as of 31 December 2000	41
Figure 3.8.	Average pensions in the Social Security system by age and gender of the receivers, as of 1 January 2001	42
Figure 3.9.	Distribution of pensions in the Social Security system by amount brackets, as of 1 January 2001. Total pensions	43
Figure 3.10.	Distribution of pensions in the Social Security system by amount brackets, as of 1 January 2001. Retirement pensions	44
Figure 3.11.	Distribution of pensions in the Social Security system by amount brackets, as of 1 January 2001. Widow's pensions	44
Figure 3.12.	Evolution of the average amount of pensions in the Social Security system and the consumer price index (CPI), 1992-2000	45
Figure 3.13.	Comparison between the amount of minimum pensions for those over 65 and the net minimum wage, 1977-2000	46
Figure 3.14.	Contributors/pensions ratio in the Social Security system, 1976-2001	47
Figure 3.15.	Projection of expenditure on Social Security contributive retirement pensions, 1997-2050	47

## Chapter 4. Living Conditions: Housing, Work and Economic Situation

Figure 4.1.	Percentage of homes that are inhabited by their owners according to the gender and age of the most elderly person, 1997	49
Figure 4.2.	Percentage of homes that are inhabited by their owners in Spain and in the European Union, according to type of home, 1997	50
Figure 4.3.	Percentage of homes according to the facilities and equipment they have. Total homes and households headed by a retired person, 1997	50
Figure 4.4.	Households headed by a retired person that lack certain facilities and equipment because they cannot afford them, 1997	51
Figure 4.5.	Occupied persons 65 or older by economic sector, gender and age groups, 2 <sup>nd</sup> quarter 2001	53

Figure 4.6. Occupied elderly persons by gender, age and professional situation, 2 <sup>nd</sup> quarter 2001 .....	53	Figure 5.9. Elderly persons living alone: reasons why they live alone by gender and age ..	71
Figure 4.7. Occupied elderly persons by gender and occupation, 2 <sup>nd</sup> quarter 2001 ..	54	Figure 5.10. Elderly persons living alone: Degree of satisfaction with living alone .....	72
Figure 4.8. Occupied individuals aged 60 to 64 and 65 or over by occupation, 2 <sup>nd</sup> quarter 2001 .....	55	Figure 5.11. Frequency of contact with children by form of cohabitation .....	73
Figure 4.9. Occupancy rates (occupied individuals per 100 inhabitants) of male workers 45 or older, 1977-2001 ....	56	Figure 5.12. Frequency of social intercourse between elderly persons and people living outside the home, by form of cohabitation .....	73
Figure 4.10. Balance of entries to and exits from the working age population, 1991-2020 .....	57	Figure 5.13. Frequency of contact with friends, friends who are not neighbours, and members of the same club or association, by form of cohabitation .....	74
Figure 4.11. Average expenditure by consumption unit according to the age of the main provider: elderly persons living alone, pensioners and retired persons. Average-based indices, 2 <sup>nd</sup> quarter 1998 ..	57	Figure 5.14. Degree of satisfaction with non-family social relations, by form of cohabitation .....	74
Figure 4.12. Equivalent average income by age and gender of the most elderly person, 1996. Average-based indices ..	58	Figure 5.15. Feeling of loneliness by gender and personal situation .....	75
Figure 4.13. Household expenditure structure by expenditure groups: total households, households headed by an elderly person and households consisting of an elderly person living alone .....	59	Figure 5.16. Most important aspect of life for elderly persons .....	77
Figure 4.14. Households by gender of the head of household and household monthly income brackets in 1997 .....	59	Figure 5.17. Expectations regarding old age: circumstance that is feared the most by the population of all ages and by elderly persons .....	77
Figure 4.15. Persons below the poverty threshold (60% of equivalent median income) by gender and age of the head of household, 1996 .....	60	Figure 5.18. Feeling of insecurity against crime by gender and form of cohabitation ....	78
Figure 4.16. Households by gender of the head of household, age of the head of household and various expenses they cannot afford, 1997 .....	61	Figure 5.19. The social image of elderly persons. Elderly persons as they see themselves individually, collectively and how society sees them. Men .....	79
<b>Chapter 5. Social Indicators</b>		Figure 5.20. The social image of elderly persons. Elderly persons as they see themselves individually, collectively and how society sees them. Women .....	79
Figure 5.1. Elderly Persons Living in an Independent Home by gender and age .....	63	Figure 5.21. How elderly persons are treated by the rest of society and by young people, according to the population across all ages and the elderly persons themselves .....	80
Figure 5.2. Degree of satisfaction of elderly persons regarding their relations with their grandchildren .....	66	Figure 5.22. Assessment of the position of elderly persons in society .....	81
Figure 5.3. Frequency of contact and degree of satisfaction of elderly persons regarding their relations with brothers and sisters, cousins and other relatives ...	67	Figure 5.23. Valuation of the presence of elderly persons in various domains of public life .....	81
Figure 5.4. Relation with the elderly person that a caretaker assists in the performance of everyday activities .....	67	Figure 5.24. Assessment of the presence of the elderly in the media .....	82
Figure 5.5. Expectations regarding old age of the population (all ages) in general terms and in the event they need help .....	68	<b>Chapter 6. Use of Time, Attitudes and Values</b>	
Figure 5.6. Steps that could be taken by the Public Administration to help those taking care of elderly persons in their family .....	69	Figure 6.1. Educational level attained by the adult Spanish population and by the elderly by gender and age, 2 <sup>nd</sup> quarter 2001 .....	83
Figure 5.7. Frequency of contact with neighbours, friends who are not neighbours and members of the same club or association .....	70	Figure 6.2. Cultural and leisurely activities carried out by the Spanish population in the last four weeks .....	84
Figure 5.8. Degree of satisfaction of elderly persons regarding their relations with neighbours, friends who are not neighbours and members of the same club or association .....	71	Figure 6.3. Adults by age and hours they spend taking care of children and adults, 1997 .....	85
		Figure 6.4. Elderly persons who state that they are capable of taking care of others .....	86
		Figure 6.5. Persons who watch TV or listen to the radio every day or nearly every day and relation with prior work .....	87
		Figure 6.6. People who read a newspaper every day or almost every day and type of newspaper they read by age groups ..	87

Figure 6.7. Frequency of magazine readership by age groups .....	88	Figure 6.17. Political participation via different types of action: the elderly and the population across all ages .....	95
Figure 6.8. Frequency of book and professional book readership by age groups .....	89	Figure 6.18. Participation in the last general election (12 March 2000) by age groups.	95
Figure 6.9. Religious beliefs by gender and age .	89	Figure 6.19. Voter loyalty by age groups .....	96
Figure 6.10. Frequency of attendance to mass and other religious services by gender, age groups and forms of cohabitation .....	90	Figure 6.20. Self-assessment of political ideology by age groups .....	96
Figure 6.11. Preferences when it comes to setting up a stable relationship by age groups .	91	Figure 6.21. Extent to which the last general election (12 March 2000) was a topic of conversation with their personal relations. Elderly persons and the overall population .....	97
Figure 6.12. Importance of marriage by age groups	91	Figure 6.22. Valuation of democracy vs. other systems by age groups .....	98
Figure 6.13. Acceptance of equal rights and obligations for common-law marriage and homosexual couples .....	92	Figure 6.23. Membership in associations of the elderly population by gender, age and form of cohabitation .....	98
Figure 6.14. Degree of agreement with different opinions relating to the family by age groups .....	93	Figure 6.24. Type of associations that elderly persons are members of by gender .....	99
Figure 6.15. Interest in scientific and technological developments by age groups .....	93	Figure 6.25. Type of associations that elderly persons are members of by age group ..	100
Figure 6.16. Valuation of the need to use various technologies in everyday life by age groups .....	94		



# Presentation

The First World Assembly on Ageing, in 1982, gave us the opportunity to embark on the study of the social and economic reality of Spanish elderly persons. With the exception of the Gaur Report (1975) on the social situation of the elderly in Spain, our information on that silent age group, those 65 or older, was very scarce. The First World Assembly on Ageing, besides many other things, inaugurated a new area of work for the Spanish Administration. Since then, research on ageing from a multi-disciplinary standpoint has become increasingly consolidated.

It is a satisfaction for us, 20 years later, to host the Second World Assembly on Ageing in a completely different situation in respect of our knowledge about and, more important yet, the current reality of the elderly population.

A majority of the Spaniards born at the beginning of the 21<sup>st</sup> century will make it to their 65<sup>th</sup> birthday, in much different living conditions (in economic, healthcare and cohabitation terms) than their parents and grandparents. The traditionally low educational levels are being overcome by the new generations that make it to old age. Universal, free healthcare protection and the public pension system make elderly persons confident and satisfied. The benefits of the welfare state are especially noticeable for this group of the population.

The differing calendar in the evolution of the historically high fertility rate in Spain, which now records the lowest rate of births per woman in the world, the decline of child mortality, survival across different age groups

and increasing longevity mean that the ageing process in Spain is different in form and degree, although it shares many features with the rest of Europe, in fields such as social protection, the labour market, healthcare services, and assistance for dependent persons.

The increase in the size and the future growth of the elderly population represent a challenge for society and for the authorities. Their aspirations of improvement go hand in hand with the enhancement of living conditions for society at large. Elderly persons want to partake in the economic and technological developments that increase the material well-being of individuals.

At IMSERSO, via our Observatory of Elderly Persons, we wish to present a short report on the current situation of this large group of Spanish citizens. We intend to give an overall picture of the demographic trends, the living conditions of retired and all other elderly persons, their economic characteristics, the activities they carry out and their participation in society, their forms of cohabitation and the image and social representations of these people. We are also providing a synthetic description of our social protection system. We want to disseminate views on our situation in Spain and contribute to exchanging information on the ageing process in the world. Building *a society for all ages* means that we must put forth efforts in order to grasp the many aspects involved in this process that Spain is supporting unconditionally.

**IMSERSO's General Directorate**



# Highlights

## Demographic Indicators

- Spain is growing old and will continue to age in the coming decades. The elderly population has grown faster in the last century than the rest of the age groups. It has grown sevenfold: there were 967,754 individuals 65 or older in 1900 and there were 6,739,561 in the same age group in 1999; in 2050 there will be over 12 million people in that age group. Right now the 65+ group accounts for 16.8% of the total Spanish population of 40,202,158. The 80+ group has grown twelvefold—in 1900 there were 115,000 individuals 80 or older, now there are 1.5 million, and in 2050 there will be 4.1 million in this age group.
- The baby boom generation currently accounts for a third of the Spanish population. This generation lags behind the rest of the European countries that experienced a similar development by around 10 years. Between 1957 and 1977 nearly 14 million children were born in Spain, 4.5 million more than in the 20 following years and 2.5 million more than in the 20 preceding years.
- Numerical differences between the two genders have heightened. There are over one million more elderly women than elderly men: 3,910,108 and 2,829,453, respectively (1999). Among those over 80, the imbalance is greater: two of every three persons in that age group are women. The normal ratio at birth is 106 boys for every 100 girls; at present there is a balance in the number of men and women at around the age of 40; from then on the imbalance increases every year in favour of women.
- The elderly population is basically 'urban,' i.e., they live in towns with over 10,000 inhabitants (over 4.7 million). Rural areas record relatively high ageing figures: in over 5,500 municipalities (there are 8,097 in Spain) one can find an elderly person for every four inhabitants.
- The Spanish coastline, especially along the Mediterranean Sea, is receiving many retired persons from other parts of Europe, drawn by the climate and other attractive features.

## Longevity and Health Condition

- Life expectancy at birth has grown considerably in the 20<sup>th</sup> century, going from 33.9 and 35.7 years for men and women, respectively, in 1900 to 74.7 and 81.9

in 1997. When reaching the 65-year threshold, life expectancy is at 16.1 and 20.0 additional years for men and women—one of the highest rates in the world. Most Spaniards (86 of every 100) born now will make it to their 65<sup>th</sup> birthday; at the beginning of the 20<sup>th</sup> century this was a privilege reserved to only 26% of the population.

- Disease of circulatory system, tumours, respiratory and mental/nervous disease are, in that order, the most important causes of death among the elderly. Mortality owing to circulatory disease is at a rate of 18.6 per 1000, with a mortality pattern that has been pushed back to the riper ages. Degenerative disorders are on the rise. In the last seven years, the number of deaths from mental and nervous disease has almost doubled.
- One out of every five elderly persons perceive their health condition as poor or very poor, contrasting with the rest of the population, although most of them considerate it good (approximately 40%, according to the latest national health surveys). Women usually think that their health is worse than what men do. A negative perception of one's health condition determines the risk of dependency more than the fact of suffering one or more diseases.
- Elderly persons use public healthcare services, which provide universal coverage free of charge, on a regular basis. 92.6% saw a Social Security practitioner the last time they saw a doctor, 4.3% went to a medical society and 2.6% went to a private doctor. There is high accessibility to healthcare services, because half of those surveyed say that they are 'quite close' to their home. The main reasons for using a public healthcare centre (for consultation or hospital purposes) are that they trust the quality, availability of equipment and easy access. The elderly are generally very satisfied with general medical consultation.
- Between 12% of the elderly population (with severe and moderate dependence) and 26% (also including those with slight dependence) need help from another person to carry out activities of daily living. Women, the very elderly and widows are at higher risk of becoming dependent. After the age of 75, almost half of the population has some difficulty, though slight or moderate, to perform some (basic or instrumental).
- The main caretaker of elderly persons is usually a daughter of middle age (38.3%), much more often than a son (12.5%). Second in line is the spouse of the person needing help (21.5%), especially if the person in need is a man; conversely, when the person



who needs help is the wife, the caretaker is usually a daughter more often than the husband. In other words, a woman—wife or daughter—usually takes care of a man—husband or father. 90% of those taking care of an elderly person consider it their moral obligation; 47% think that it dignifies a person and that their friends value their action; 42% admit that they have no choice—a mixture of obligation, reciprocity and fatalism.

### Public Expenditure in Old Age

- Spain, with 21.6% of GDP, is one of the European Union countries that spends the least on social protection. In the 90s expenditure rose significantly in Spain, but that increase was concealed by the substantial growth of the economy in the last decade, leading GDP to grow faster than expenditure and reducing some social protection benefits, particularly unemployment benefits.
- The Spanish pension system provides wide coverage to the elderly population. However, there are still substantial differences in the protection available for women and for men. Most men benefit from a retirement pension, which they are directly entitled to, whereas nearly half of the pensions received by women are widowhood pensions, which besides being a derivative right (caused by someone else) are lower in amount than the retirement pensions of men. Age also determines differences in the amount of pensions, particularly after the age of 85.
- Although it has often been said that the Spanish pension system is one of the most generous systems, the distribution of pensions by income brackets is highly concentrated around the lower brackets, particularly around the minimum amounts established every year by Law.
- In the last few years the efforts of the government, the employers' associations and the trade union CC.OO. have focused on improving the financial conditions of the lower pensions, particularly widowhood pensions and those deriving from earlier protection systems.

### Living Conditions: Housing, Work, and Economic Situation

- Elderly Spaniards generally live in their own homes, which are large and have some deficiencies regarding equipment and facilities, particularly regarding the availability of appropriate heating.
- A majority of men and women 65 or older are no longer in the labour market. Occupancy among those 65 or older is at a mere 1.6%, most of whom are men under 65. Nearly half of those working beyond retirement age are in occupations in the higher ranks, but the presence of elderly workers in lower categories does not allow us to conclude that those working are doing so by choice rather than because of need.
- The economic situation of the elderly has improved in the last few years, especially those living alone. In spite of this improvement, their income remains below the average for the Spanish population. Information on the number of poor is rather confusing—the proportion of poor among the elderly population could be between 14.6% and 23.4%.

### Social Indicators

- In Spain, nearly one out of every nine elderly persons live in their own home, most of them with their spouse and/or children who have not yet left home (67.7%). The proportion of elderly persons living alone (16%) is still low. Gender and age are decisive factors in terms of forms of cohabitation: living alone or with one's children are basically female forms of cohabitation, whereas men usually live with their spouse. The older the age, the higher the chance of living alone or with one's children and the lower the probability of living with one's spouse. The high residential autonomy of the elderly does not detract from the frequency of relations with the family, which are highly satisfactory. This leads us to conclude that what is dominant among the Spanish elderly is 'closeness at a distance.'
- Social relations with people outside the family are also frequent: approximately half of the elderly population has this type of social intercourse every day. Neighbours, and friends to a lesser extent, seem to provide important social support for the elderly. These relations are also not only frequent but satisfactory as well.
- There are over one million elderly persons living alone—half of them are over 75 and eight out of every 10 are women. Most of them have chosen to live alone owing to circumstances, although they seem to have adapted afterwards, because there seems to be a high degree of satisfaction with this way of life. Their relations with their family are still frequent and satisfactory, although less than among those not living alone.
- The elderly do not seem to be affected too much by the feeling of loneliness, which they identify with a sense of emptiness and sadness and with the loss of those they loved. What they are most concerned about is disease, loss of memory and depending on others, and they seem to be quite satisfied with life in general.
- Regarding the social image of the elderly, there is a discrepancy between the way the rest of society sees them and how they see themselves. This discrepancy could lie in the historical novelty of ageing in Spain. The elderly think that the way the rest of society sees them, associated to negative connotations, is unfair for them. The elderly think that society sees them as ill, inactive, bothersome and sad, whereas they think that elderly persons are amusing and wise. However, the elderly are less demanding than the rest of society regarding the way they are treated by the rest of society and about whether they are in the position they should be in.

### Activities, Attitudes and Values

- The educational level of elderly Spaniards is substantially lower than that of the rest of the age groups. The elderly have not benefited from the educational revolution that took place in Spain in the last decades. Their level of education must have some influence on their activities. What they spend the most time on is the media. TV and radio provide them with company and most likely contribute to structure their time, once family and work obligations no longer do so.

- In spite of the passive image that these activities might convey, an important proportion of elderly Spaniards are willing to continue making active contributions to society: working, transmitting part of their professional know-how to others or taking care of persons in need. In fact over 300,000 elderly persons take care of children on a daily basis without charging for it and around 325,000 take care of adults.
- Elderly persons are generally very religious: a high proportion has religious beliefs and they also practice their religion. In keeping with this intensive religious feeling, the elderly largely adhere to 'traditional' values relating to the family, but new forms of family are supported by a high proportion of elderly persons.
- The elderly are a very reliable group in terms of their participation in elections: besides voting in a higher proportion than other age groups, they are also more loyal in their decisions. On the other hand, all other forms of political participation are less frequent among the elderly than among other age groups; the elderly seldom associate and they are rarely involved in volunteer activities.

### The Public Social Protection System for the Elderly in Spain

- From the absolute lack of protection for the elderly less than 100 years ago we have gradually arrived at a universal public coverage in terms of pensions

and healthcare assistance. As a consequence of the enforcement of the 1978 Constitution, there are different levels of protection for the elderly in Spain—coverage in the fields of healthcare and pensions is greater and more homogeneous than in Social Services.

- Economic benefits on a regular basis, particularly retirement pensions, are the most relevant public protection means for elderly persons in Spain. Although since 1990 there are non-contributive pensions, subject to being able to prove that the would-be beneficiaries have insufficient means, contributive pensions are the most important ones, based on one's former occupation. Since 2002 it is possible to combine a retirement pension with part-time work and there have been substantial improvements in the access and determination of the amounts of widowhood pensions.
- The virtual entirety of the Spanish population, including elderly persons, receive public, free healthcare assistance in the Social Security System, managed by the National Healthcare System, which in turn is made up by the Healthcare Services of the self-governing communities. Elderly persons have access to general healthcare assistance, with some peculiarities, both in primary and specialised care and in medical prescriptions, which are free of charge for pensioners.
- In spite of the great advances of the last 20 years, both of the public Social Services that enable elderly persons to remain in their own homes and of other alternatives, informal support (especially from the women in the family) is the main source of the assistance provided to dependent elderly persons in Spain.



# Demographic indicators

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## 1.1. Size and Evolution

**The number of elderly persons grew sevenfold in the 20<sup>th</sup> century. Right now, half of the Spanish population is 36 or over**

Spain is growing old and will continue to age over the coming decades. The differences in the ageing process in respect of the rest of European and/or western countries lie in its speed (in 30 years the number of older persons has doubled), its intensity, and its calendar. In a typical town at the beginning of the 20<sup>th</sup> century, one could find one individual aged 65 or older for every 20 citizens; in the year 2000, there was one out of every six; in 2050, one out of every three persons will be 65 or older if the process is not halted.

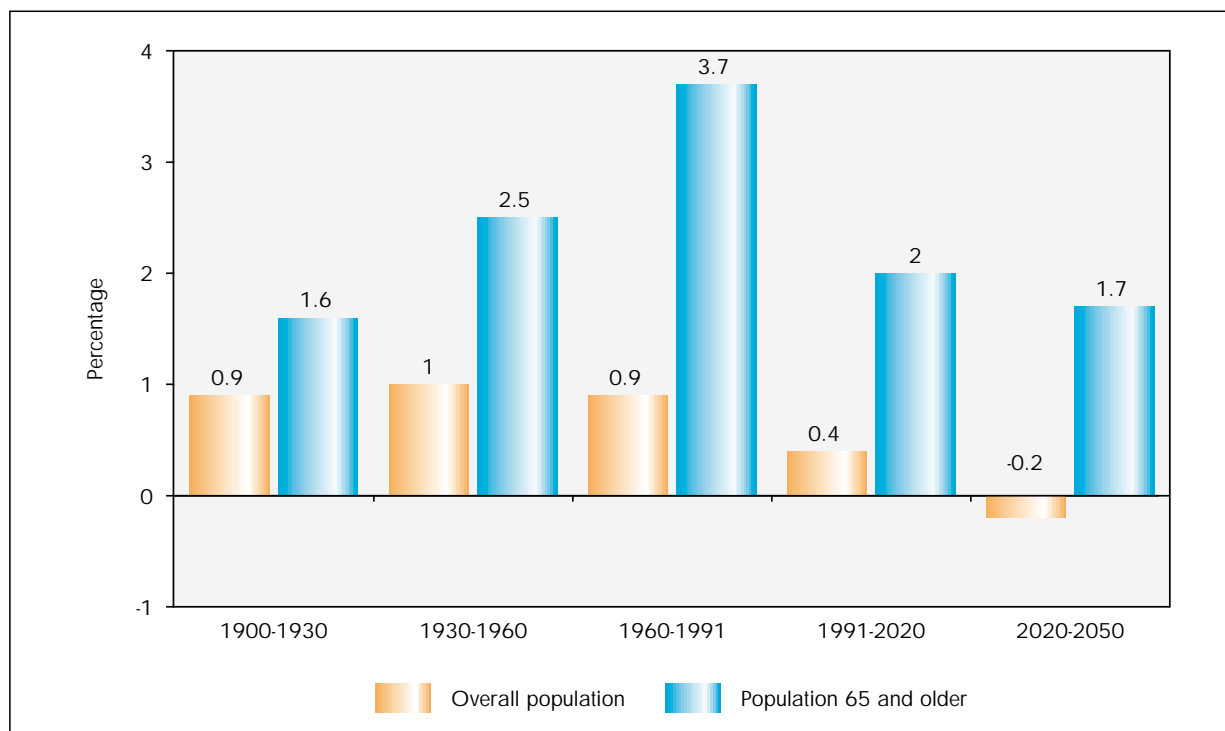
The elderly population grew faster in the last century than the rest of the age groups (figure 1.1). It increased sevenfold: the 967,754 persons aged 65 or over in 1900 became over 6.7 million (1999: 6,739,561), and in 2050 they will be 12.9 million; meanwhile, the overall population in Spain only doubled in the 20<sup>th</sup> century. At present elderly persons represent 16.8% of the total Spanish population of 40,202,158. The number of persons 80 or over rose twelvefold—in 1900 there were 115,000 persons in this age group, now there are 1.5 million, but in 2050 they will number 4.1 million. Every month around 35,000 persons reach the 65-year threshold (figure 1.2; table 1.1).

The annual difference of 370,000 more births than deaths at the end of the baby boom period (1977) dropped to fewer than 5,000 (1998). A recent change of trend picked up the vegetative growth (36,000 in the year 2000), mostly due to births among immigrants.

The younger groups continue to lose weight across the population at large. At the beginning of the 20<sup>th</sup> century half the population was under 24; in 1999, half the population was under 36; and in 2050 half the population will be 50 or older (this will make Spain the country with the oldest population in the world, according to United Nations forecasts). There will be a ratio of 1,8 between population at working ages and elderly persons in 2050.

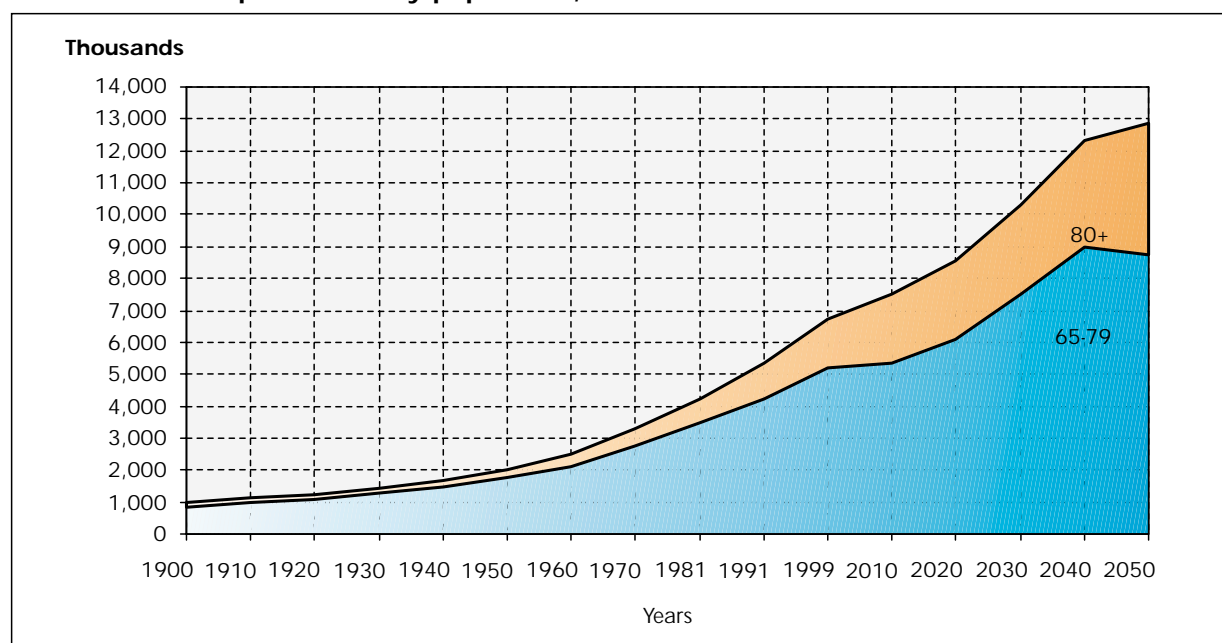
In the coming years there will be a slowdown in the ageing process (a relief in demographic terms) as a result of the arrival to the 65-year threshold of those born during the Spanish Civil War years (1936-39). Growth of the elderly population will be reactivated in the second decade of the century and particularly in the 2020s, when the baby boomers will start to reach the 65-year mark.

**Figure 1.1**  
Average annual growth of the elderly population. Spain, 1900-2050



Source: INE, Censos de población; Proyecciones de la población española, 2001, versión electrónica.

**Figure 1.2**  
Evolution of the Spanish elderly population, 1900-2050



Note: 1900 to 1999: real data; 2010 to 2050: projections.

Source: INE, Censos de Población; Renovación del padrón municipal de habitantes a 1 de enero de 1999; Proyecciones de la población española, 2001, versión electrónica.

**Table 1.1**  
Evolution of Spanish elderly population. 1900-2050 (thousands)

Years	Total Absolute Spain	Population			
		65 or older	65 to 79	80 or older	65+ %
1900	18,618	968	853	115	5.2
1910	19,996	1,106	973	133	5.5
1920	21,390	1,217	1,074	143	5.7
1930	23,678	1,441	1,264	177	6.1
1940	25,878	1,690	1,467	223	6.5
1950	27,977	2,023	1,750	273	7.2
1960	30,529	2,505	2,136	369	8.2
1970	34,041	3,291	2,767	524	9.7
1981	37,683	4,237	3,512	725	11.2
1991	38,872	5,352	4,204	1,148	13.8
1999	40,202	6,740	5,224	1,516	16.8
2010	42,270	7,525	5,354	2,171	17.8
2020	43,356	8,562	6,084	2,478	19.7
2030	43,387	10,301	7,503	2,798	23.7
2040	42,791	12,351	8,998	3,353	28.9
2050	41,304	12,867	8,757	4,109	31.2

Note: From 2010 to 2050 projections.

Source: INE, Censos de población. Padrón municipal, renovaciones, varios años.  
INE, Proyecciones de la población de España, 2001, versión electrónica.

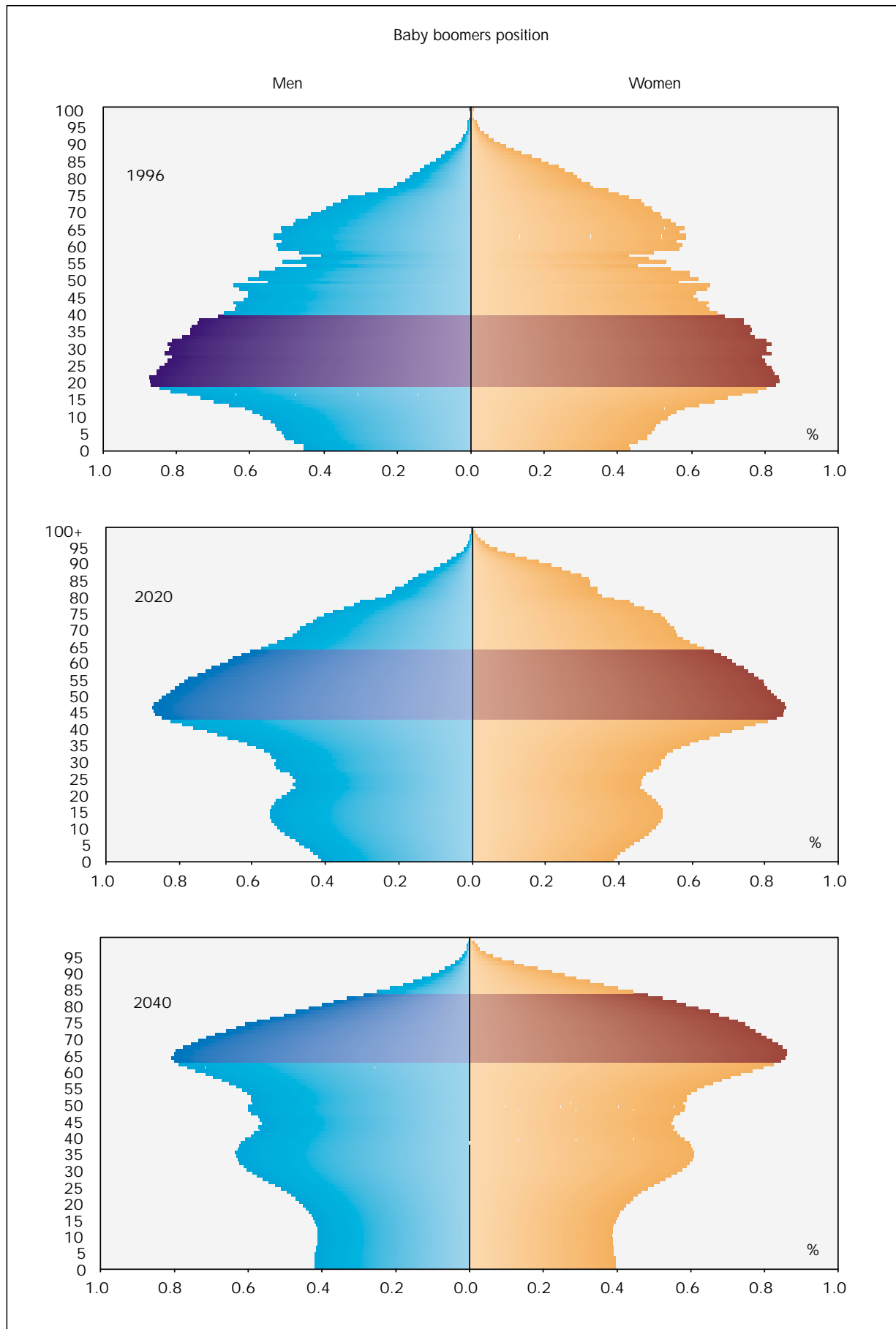
**Spain will face the ageing of the baby boomers approximately ten years later than the rest of Europe**

Between 1957 and 1977, the Spanish baby boom years, nearly 14 million babies were born, 4.5 million more than in the following 20 years and 2.5 more than in the previous 20 years. Baby boomers currently account for one third of the total population in Spain. The-

re is a lag of around ten years in respect of the rest of the European and western countries that also had a baby boom (figure 1.3).

The rapid decline of child mortality, even in the years prior to the baby boom, conferred a higher survival rate to generations that had already swelled owing to the historical high fertility rates in Spain. Declining mortality among the rest of the age groups, particularly in the 70-80 bracket, substantially increases the number of

**Figure 1.3**  
**Spanish population pyramids in 1996, 2020 and 2040**



Source: INE, Padrón Municipal de 1996.  
INEBASE: Proyecciones de población calculadas a partir del Censo de 1991. INE 2001.

elderly persons and their longevity (ageing of the elderly). The fertility rate has declined rapidly, more than 20 years after the end of the baby boom, to levels of 1.2 children per woman (1999), one of the lowest in the world, therefore the demographic weight of the elderly population has continued to increase consistently (figure 1.4). The drop in the fertility rate is also an outcome of a change in the reproduction calendar: since 1965, the age group of mothers with the highest number of babies is 30-34, whereas in the 20 previous years it was the 25-29 group; the group of mothers aged 35-39 when giving birth is now on equal terms with the 20-24 group. Also, even though it may seem a contradiction, inactive women have fewer children than those who are active in the labour force—insecurity in terms of income and aversion to risk seem to reduce the number of children.

## 1.2. Gender and Marital Status

**There are one million more elderly women than elderly men. After the age of 70, most Spanish women are widows**

From a typical ratio of 106 boys born per 100 girls there is a gradual decline until reaching a balance in the number of persons of each gender at around the age of 40; from that age on, the imbalance increases every year in favour of women. However, in 1950 that balance was reached at the age of 16, owing to excess male mortality, therefore in the marital market there was already a deficit of males that heightened after that age. The current problem is that there is a deficit of women in the typical ages for marrying.

There are currently over a million more elderly women than elderly men (3,910,108 women and 2,829,453 men in 1999). The ratio among those 80 or over is more imbalanced: two out of every three are

women. The effects of the Civil War are still visible, as well as the usual higher mortality among males (figure 1.5).

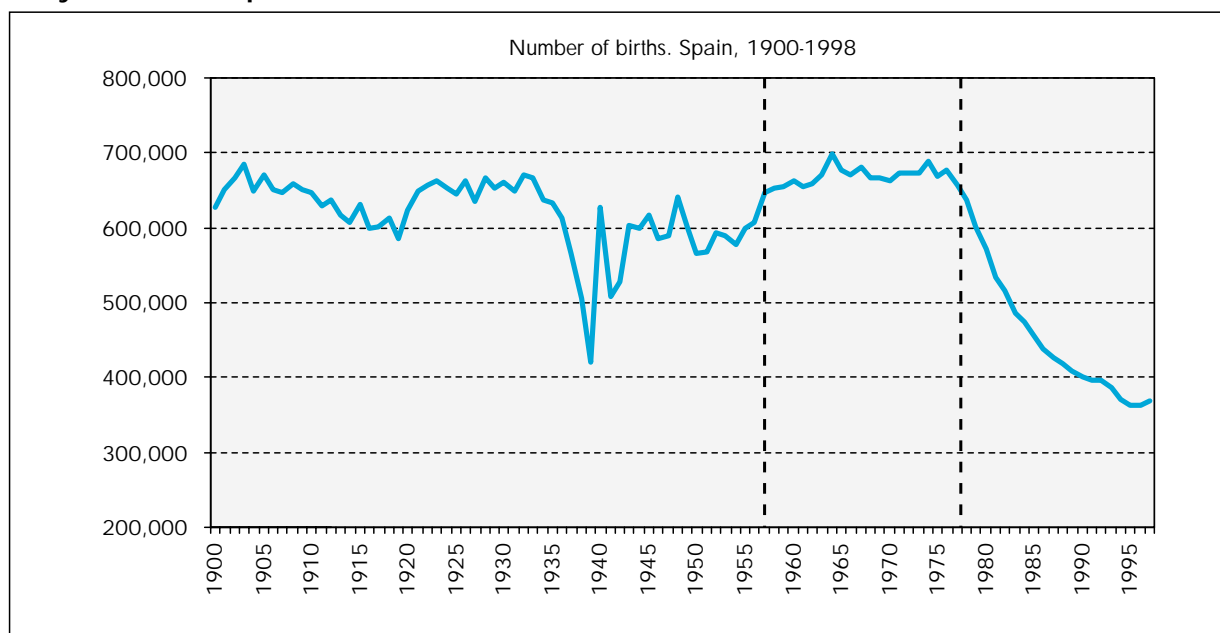
**Widowhood and solitude are combined in the older age groups.**

Women have a smaller likelihood of living with family members than men. After the age of 70, many women are widows (52.3%) and live alone; on the other hand, 77.8% of men are married and live with their wife. 62% of women in the 70+ group are not married or never married. Widowhood among women is a result of their greater longevity and a cultural effect—the social custom of there being several years' difference between men and women when marrying, therefore married women are 'guaranteed' an average widowhood of over five years.

The rate of widowhood among persons of age has declined in the last 20 years owing to the general decline in mortality; in the case of women it was also due to the gradual disappearance of groups with higher numbers of widows. The rate of widowhood has evolved very little and it remains higher among women. Despite the reduction in the rate of single women and widows, their absolute figures have grown in the last 20 years (by 9% and 29%, respectively).

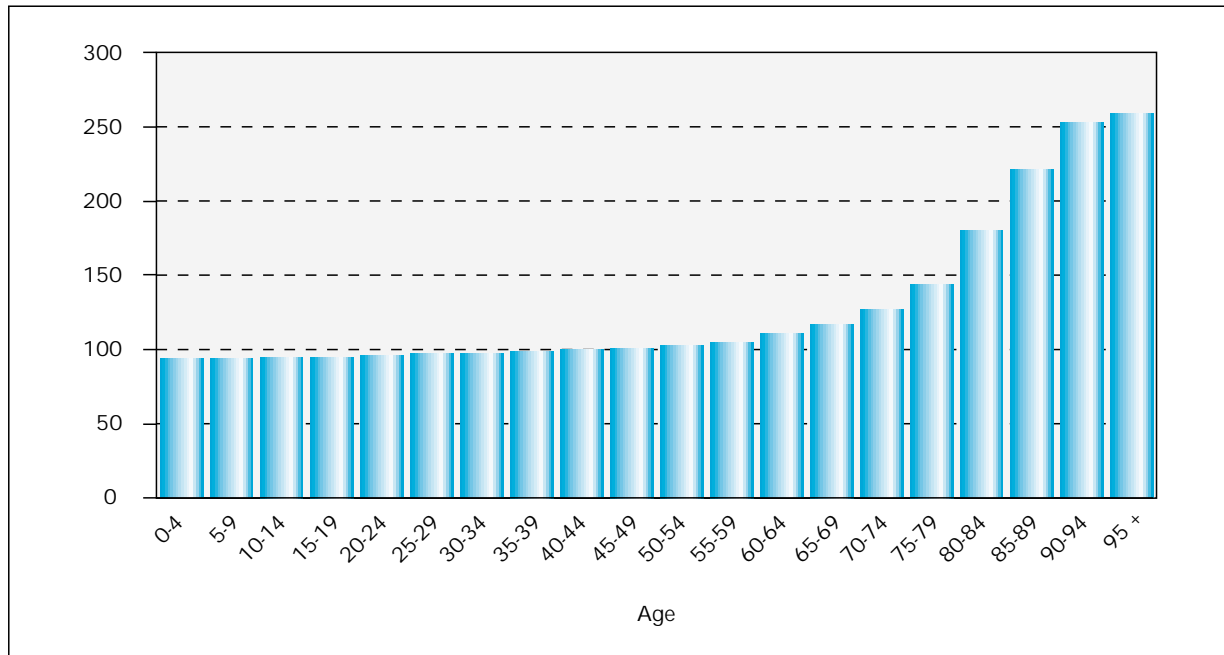
Remarrying by widows and widowers usually happens among older people, unlike those who are divorced, where the age of remarriage is mainly 35-40 among men and 30-35 among women. Half of Spanish widowers who remarry are 60 or over; in that age group, only one out of each four widows remarries. But in absolute terms there are only two or three thousand such cases per year. Of the 400,000 persons marrying per year (1999), only 20,000 were divorced individuals who were remarrying, and of these only 1,000 were 60 or older.

**Figure 1.4**  
**Baby boomers in Spain**



Source: INE, Anuario estadístico, varios años. Banco de datos Tempus (versión electrónica). Movimiento natural de la población.

**Figure 1.5**  
**Number of women per 100 men at different ages. Spain, 1999**



Source: INE, Revisión del padrón municipal a 1-1-1999.

### 1.3. Geographical Distribution

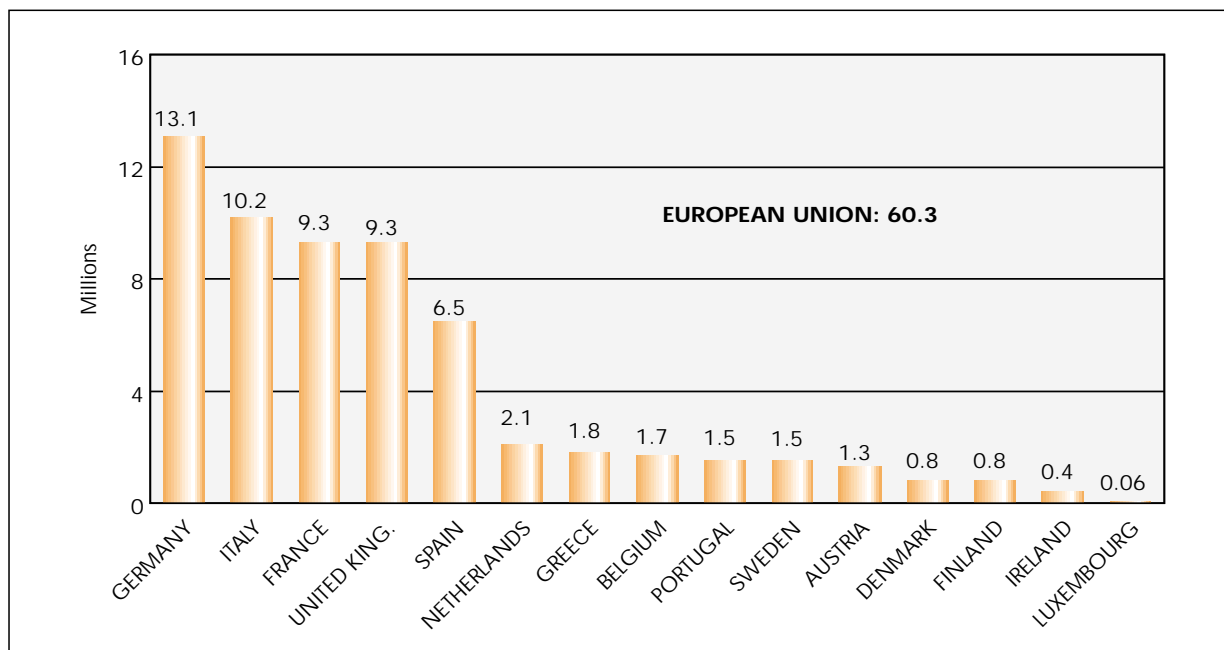
**The elderly population is basically urban, although rural municipalities register the highest percentages of ageing**

In terms of ageing, Spain is the fifth oldest country in the European Union in absolute terms, behind Germany, Italy, France and the United Kingdom, and it is the fifth

oldest in the world in relative terms, behind Italy, Sweden, Greece and Belgium. In 2050 it will be the oldest country in the world, according to UN forecasts (figure 1.6).

Andalusia, Catalonia and Madrid are the regions with the largest number of elderly persons. The regions with the highest number of elderly persons are not the same as the ones with the highest percentage of elderly persons: these are in the interior and north of Spain, namely Castile and Leon, Aragon and Asturias (figure 1.7).

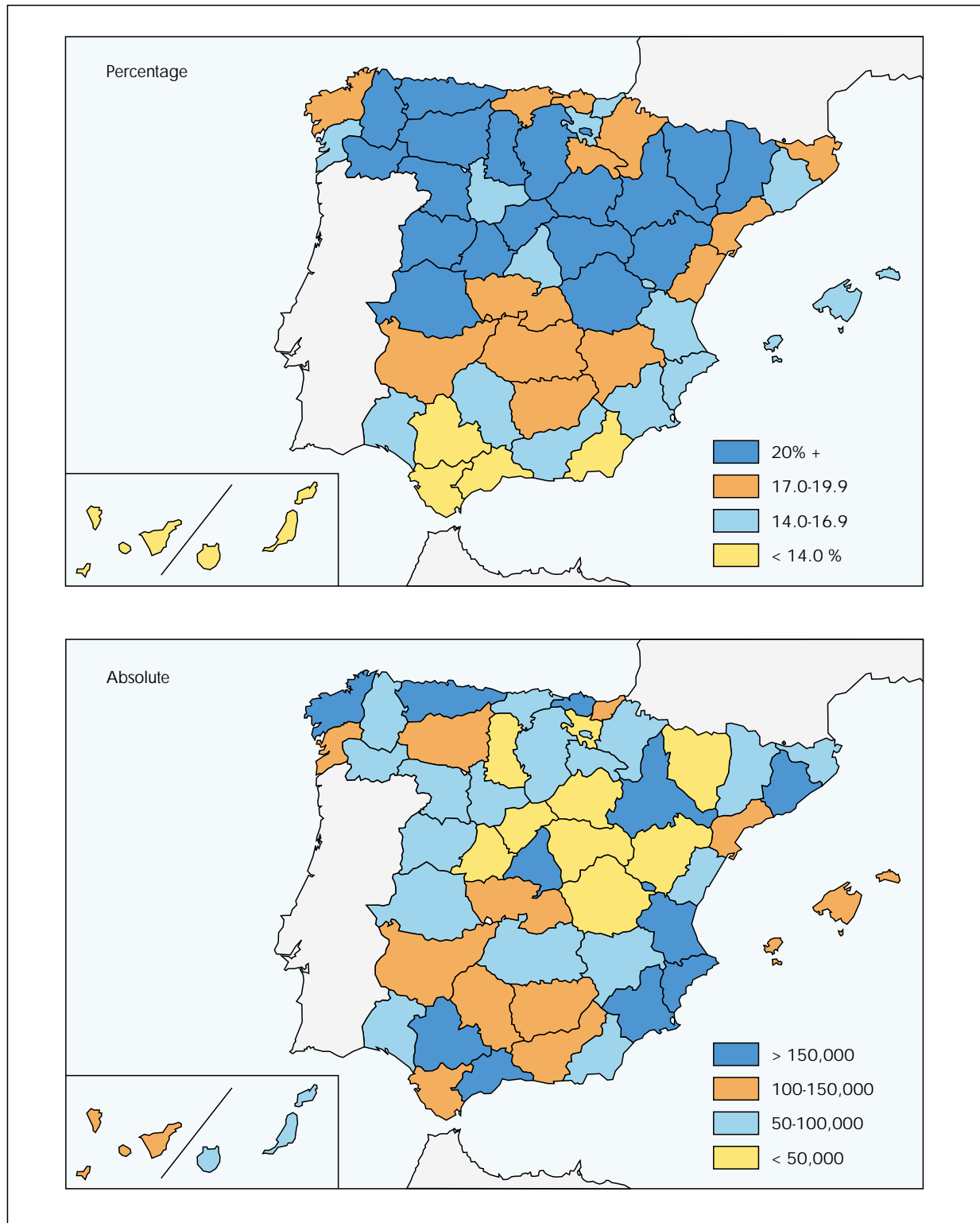
**Figure 1.6**  
**Population 65 or older. European Union, 1999**



Source: EUROSTAT, *Statistiques sociales européennes. Démographie*, 2000.



**Figure 1.7**  
**Distribution by provinces of persons 65 or older. Spain, 1999 (in percentage and absolute figures).**

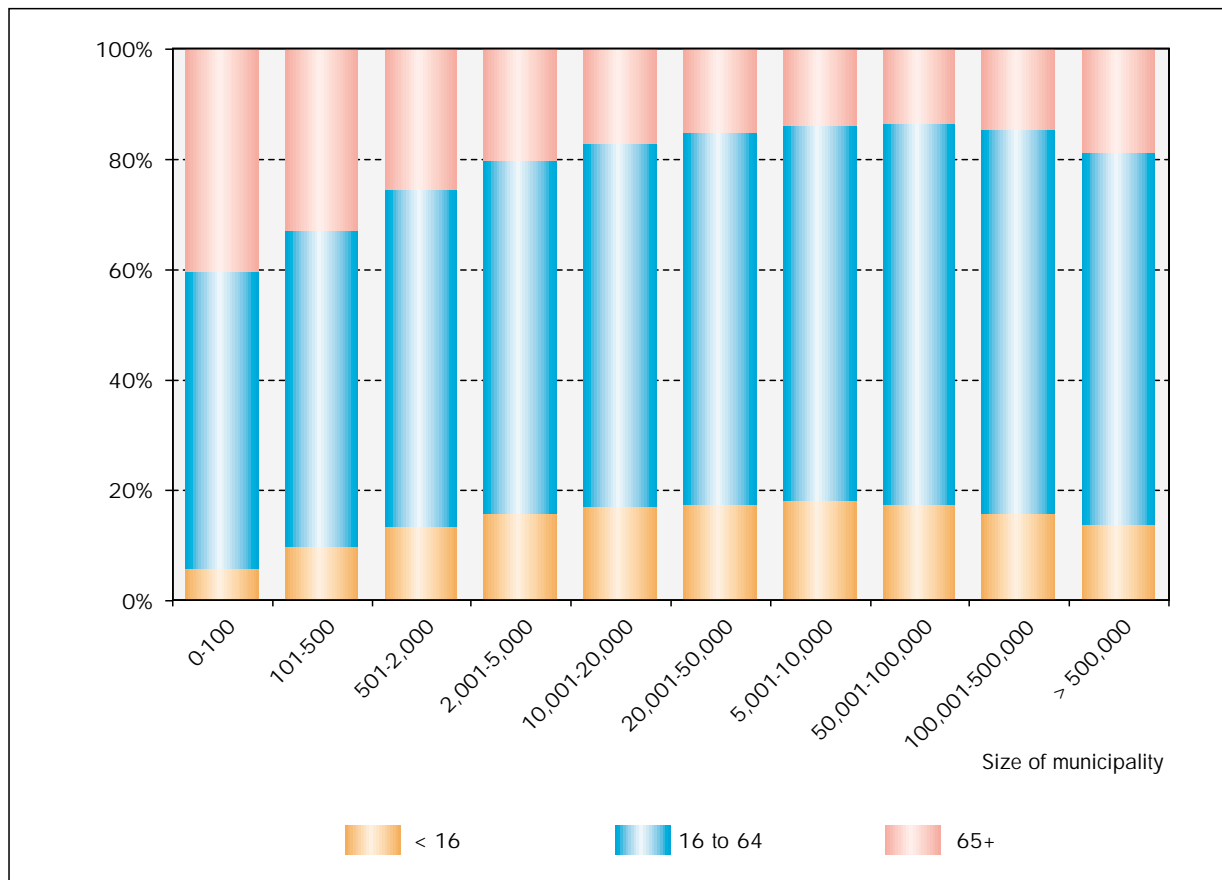


Source: INE, Renovación del padrón municipal de habitantes a 1-1-1999.

Distribution per municipality, the basic administrative entity in Spain, shows that the elderly population is largely urban, that is, living in towns of over 10,000 inhabitants (over 4.7 million). The city of Madrid accounts for as many elderly persons as the 3,236 towns in Castile and Leon, Aragon, La Rioja

and Navarre, leaving out the capitals of all the provinces comprised in these regions. The six largest cities in Spain (Madrid, Barcelona, Valencia, Seville, Zaragoza and Malaga) combined have the same number of elderly persons as the 6,600 smallest municipalities (figure 1.8).

**Figure 1.8**  
**Population according to size of municipality. Spain, 1999**



Source: INE, Renovación del padrón municipal de habitantes a 1-1-1999, versión electrónica.

***The size of municipalities and ageing hinder the provision of social benefits for elderly persons***

Rural areas record relatively higher ageing figures. In over 6,000 towns one can find an elderly person for every five inhabitants. Medium-sized towns have 1.2 million elderly persons and only 815,224 live in small towns in the country (fewer than 2,000 inhabitants) (1999).

The Spanish coast, particularly along the Mediterranean, is receiving very many European retirees in recent

years, thanks to the comfortable climate and other appealing factors. This process is hard to quantify because of substantial administrative irregularities (many people do not register in their usual place of residence). Alicante, Malaga and the Balearic and Canary Islands are the places where most foreign retirees gather. Many own a home in these provinces but they do not spend the whole year there; they often return to their countries of origin in the summer, when it is hotter and there is a saturation of tourists on vacation, and possibly to ensure that they do not lose their social benefits in their own countries.



# Longevity and health condition

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## 2.1. Life Expectancy and Longevity

### Most Spaniards will reach the age of 65

Most newborn Spaniards will make it to their 65<sup>th</sup> birthday. At the beginning of the 20<sup>th</sup> century, only 26% of the population made it to old age; with current conditions of mortality, 86 of every 100 persons will reach old age (figure 2.1).

Four decades ago age groups gained years of life thanks to the decrease of child mortality, whereas in the last fifteen years there has also been a greater decline of mortality among people in the 70-80 bracket, making the elderly older yet.

Life expectancy at birth grew considerably in the 20<sup>th</sup> century, from 33.9 and 35.7 years for men and women respectively in 1900 to 74.7 and 81.9 years in 1997, topped only by women in France and Sweden, within the European Union, and by women in Japan, Switzerland and Canada elsewhere. The difference of life ex-

pectancy between women and men heightened throughout the last century, but it is expected to stabilise at around 7.7 years (figure 2.2).

### Higher mortality persists among men, increasing the life expectancy gap between men and women

When reaching the 65 threshold, life expectancy is at 16.1 and 20.0 additional years for men and women, respectively—one of the highest figures in the world in the case of women. The difference in years of life expectancy between men and women has been heightened by excess mortality among men. The trend has mellowed in the last few years and the difference is expected to stabilise in forthcoming years before decreasing (figure 2.3).

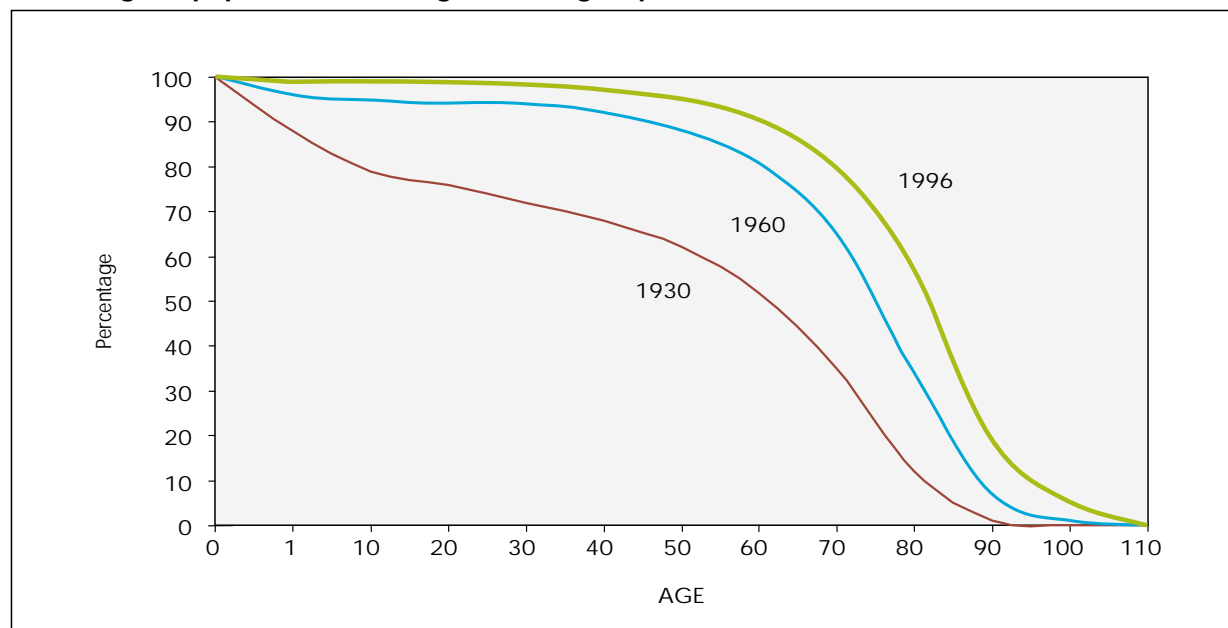
## 2.2. Mortality

### The mortality rate continues to decline in these age groups and it is greater among men

Eight out of every ten persons who die in Spain are elderly, as opposed to fewer than three out of every ten at the beginning of the 20<sup>th</sup> century. There is an entirely different picture as far as inheritance, social roles and feelings towards death are concerned. Every year around 300,000 elderly persons die in Spain. Of these, over 1,500 are 100 or over (National Statistics Institute [INE]: *Natural population movement*).

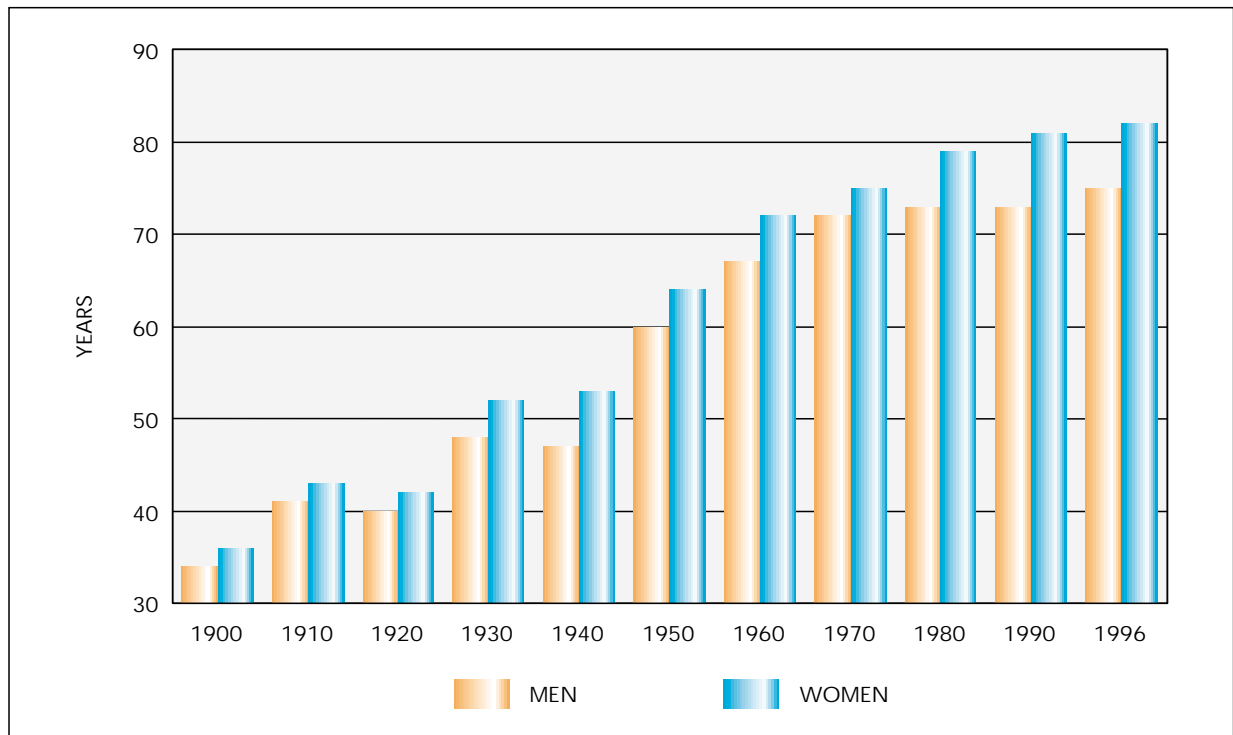
Men and women who are not married or never married are at greater risk of living alone, of becoming dependent and their likelihood of dying is higher. The highest mortality rates are recorded among widowers, followed by single males, single women, widows, and divorced men.

**Figure 2.1**  
Percentage of population surviving to each age. Spain, 1930-1996



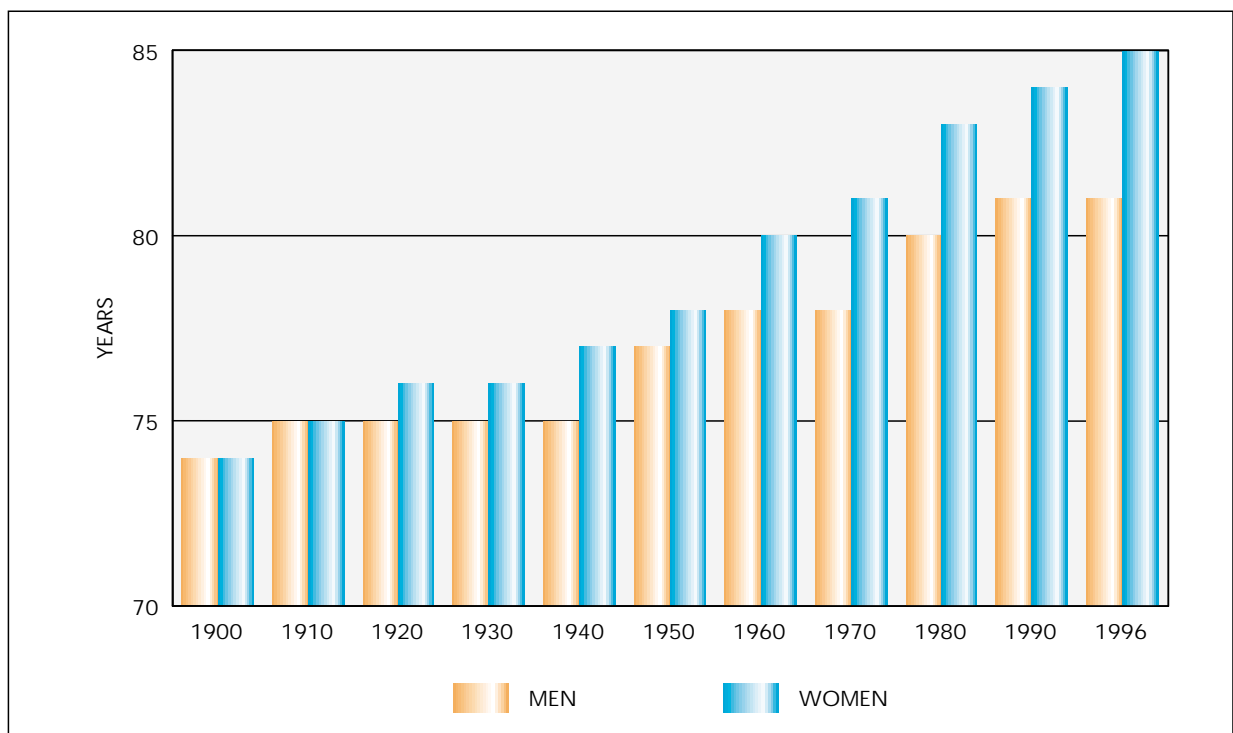
Source: INE, Tablas de mortalidad.

**Figure 2.2**  
Life expectancy at birth, 1900-1996



Source: INE, Tablas de mortalidad.

**Figure 2.3**  
Life expectancy at 65 for men and women, 1900-1996



Source: EUROSTAT, Estadísticas demográficas, 1997.  
INE, Tablas de mortalidad.

The mortality rate by age continues to fall among the elderly, although the hospital morbidity rate is rising. As a result, there is a chance that there will be an increase in the growth of the elderly population in a situation of frailty, suffering from chronic or degenerative disease and living longer.

Diseases of circulatory system, tumours, respiratory disease and mental/nervous disorders are—in that order—the most important causes of death. 50 years ago the order was: circulatory, respiratory and communicable disease. It is appropriate to speak of a clear epidemio-

logical transition, with the importance of communicable diseases giving way to degenerative illnesses (figure 2.4).

**Disease of circulatory system is the major cause of death**

Degenerative types of disease are on the rise. The highest mortality rates are caused by circulatory disease (18.6 of every thousand), with a pattern that has shifted towards higher ages. 93% of those dying from cerebrovascular disease (brain infarction, etc.) are elderly persons and 97% of those dying from mental disease are likewise in that age group. Circulatory disease is also the main cause of hospitalisation of elderly persons, accounting for twice as many patients as the following causes (respiratory and digestive disease); next on the list are tumours.

Death owing to lung and bronchial cancer is twelve times higher among elderly men, as a result of less healthy habits and life styles (addiction to tobacco) throughout their lives. However, this rate may be modified (or even reversed) in the future: in the 25-34 year old group there are currently more women smokers than men (figure 2.5).

**Mental disease is gaining ground as a cause of death**

Among other disabling diseases leading to death, osteomuscular disease is gaining ground, increasing by a strong proportion at all ages and with subsequent death being deferred to older ages. Mental disease particularly stands out as a cause of death, multiplying by five at later ages (85+ years) in the last twelve years and with a substantial deferral of the mortality pattern.

The same occurs with nervous system-related disease. Tumours continue to grow slightly (INE: *Defunciones según la causa de muerte; Encuesta de morbilidad hospitalaria*).<sup>1</sup>

Health prevention and therapeutic care are yielding their fruits. These quality (avoidable death) indicators improve every year. Even so, 7.3% of deaths of males are sensitive to primary prevention, where preventive health prevention may reduce their incidence. In keeping with this improvement, the potential years of life that are lost (from 1 to 70 years) is gradually declining.

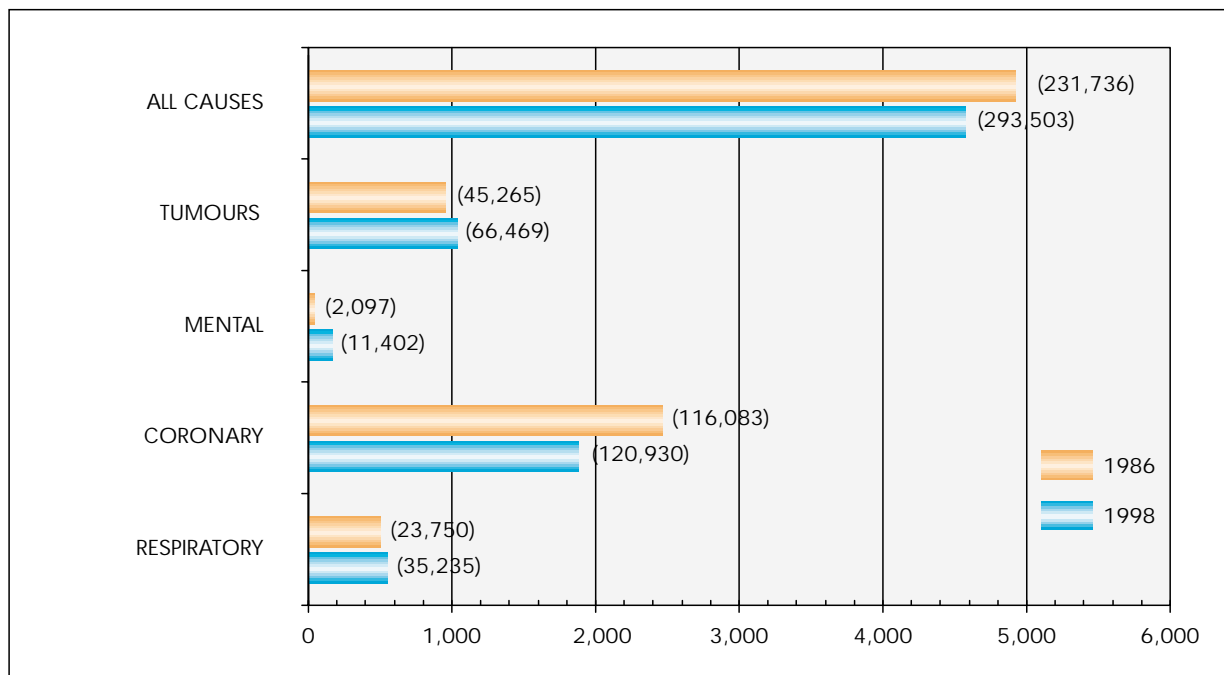
**2.3. Life Styles**

**Tobacco and alcohol-related habits are less healthy among men than among women**

Smoking is a habit that is acquired at a very young age, 16. Generally, nearly half of the adult Spanish population are non-smokers. There is a contrast between the population under 65, where there are more smokers, and those over 65, where some have stopped smoking (22%) and many have never smoked (67%). Among the elderly population, there is a higher proportion of men who smoke than women and there are also many that have stopped smoking; there are very few elderly women who are smokers or ex-smokers. (MSC: *Encuesta Nacional de Salud*, several years).<sup>2</sup>

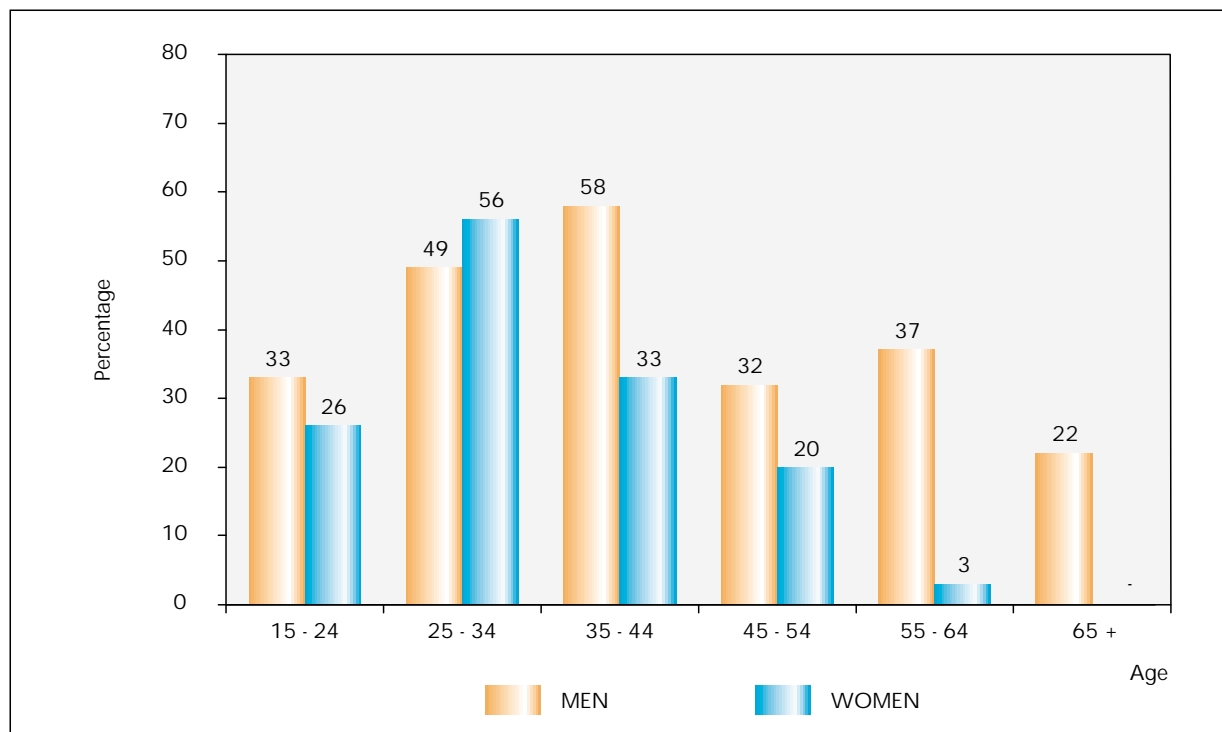
The elderly population consumes less alcohol than the rest of the groups. 70% never drink beer and only one third drink wine almost every day. Women hardly ever drink alcoholic beverages. Just as with tobacco, con-

**Figure 2.4**  
**Main causes of death among the elderly, 1986-1998**



Note: absolute figures in brackets. Rate per 100,000.  
Source: INE, *Defunciones según la causa de muerte*, 1998.

**Figure 2.5**  
**Population that smokes daily by gender and age (%), 1995**



Source: EUROSTAT, *Eurostat yearbook*, 2001 edition; Eurobarometer 43.0.

sumption of alcohol is declining—two thirds of those who drink do so less now than previously.

The decline in alcohol and tobacco consumption among the elderly population may be a logical response to situations of frailty or chronic disease (treated with incompatible medication); it may also be due to lower household income—not only to the adoption of healthier habits.

### **Excess weight and sedentary life styles are more frequent among the elderly population**

In older age groups there is usually a higher proportion of persons with overweight, owing to a slackening of eating habits; it is highest among the population between 50 and 74 years of age and it declines again thereafter (the 75+ group). In the 65-74 year bracket, three quarters of the population have a body weight index above 25 (kg/sq. m), in other words they are overweight.

Spaniards usually perform mild physical activities, normally of a routine nature and linked to the fulfilment of basic needs such as shopping or taking a walk (around 70%). In recent years, however, there is a tendency towards greater involvement in regular physical activity, sometimes linked to leisure. Men (21%) are more prone to exercising than women (10%), younger people (18%) do more exercise than older people (only 3%), and those with higher educational levels also exercise more (25%). Exercising is higher in more affluent regions, also due to higher levels of education and to the offer of physical activities in urban areas (MSC: *Encuesta nacional de salud*, 1997).<sup>3</sup>

<sup>3</sup> Ministry of Health and Consumption: *National Health Survey*, 1997.

## 2.4. Morbidity and Health Condition

### **Women perceive that their health condition is worse than men do. Elderly persons account for nearly half of hospital stays**

A negative perception of one's health condition determines the risk of dependence to a greater extent than the fact of suffering one or more diseases. One out of every five elderly persons perceive their health as poor or very poor, contrasting sharply with the rest of the population; in any event, many elderly persons consider that their health is good (approximately 40%, according to the most recent national health surveys). Women usually perceive that their health is worse than men; it has not been determined what part of that difference is due to gender, to income (lower among elderly women), to widowhood and solitude (more frequent among women), or to education levels (generally much lower among elderly women). It is expected that in the future education levels among elderly women will be equal to or even higher than those of men, judging from the current rates of women enrolled in secondary and higher education.

There are more chronically ill persons living longer. With old age there is an impairment of health, an increase of the kinds of disease suffered and higher recourse to hospital care. The types of disease causing more dependence are not fatal, but they become chronic. Over 60% of elderly persons admit that they suffer a chronic disease diagnosed by their doctor—this figure is higher among women (MSC: *Encuesta nacional de salud*, 1997).<sup>4</sup>

The greater burden for families is caused by mental and neurogenerative disease, as well as cardiovascular,

<sup>4</sup> Ministry of Health and Consumption: *National Health Survey*, 1997.

oncological and osteoarticular disease. Thanks to medical technology it possible for these conditions not to be mortal in the short term, so life has been prolonged, although functionality has often not been restored; this generates situations of frailty and dependence. It is starting to become important to consider the non-fatal consequences of disease.

34.7% (in 1998) of patients in hospital are elderly persons, and the figure is rising (in 1991 they were 25.8%). They also account for 48.9% of all hospital stays, and the proportion rises increasingly as patients get older. 77% of those in hospital due to cerebrovascular disease are elderly persons. In general terms, admission follows a similar pattern as in the causes of death, and elderly persons account for a higher percentage of people suffering from coronary disease, respiratory disease and tumours (figure 2.6) (INE: *Encuesta de morbilidad hospitalaria, 1998*).<sup>5</sup>

30% of elderly persons state that disease affecting their limbs and muscles (arthritis, rheumatism, backache, lumbago) has limited their activity in the last year under consideration; next in line are circulatory disease, heart disease and traumatism (luxations and fractures) (MSC: *Encuesta nacional de salud, 1997*).<sup>6</sup>

## 2.5. Use of Health Services

### **Elderly persons have universal, free health coverage and they are the major consumers of medication**

Spaniards go more often to see their doctor, at least since it has been measured by the national health surveys. Altogether most of the users of health services are elderly persons (one out of every four) and elderly women (nearly three out of every ten). The latter, besides being

<sup>5</sup> INE: *Hospital Morbidity Survey, 1998*.

<sup>6</sup> Ministry of Health and Consumption: *National Health Survey, 1997*.

outside the labour market, usually have a poorer health condition, therefore they require more attention.

Health service accessibility is high: half of those surveyed state that these are located 'quite near' their home, as a consequence of the general offer across the Spanish territory. It has also been seen that access time and waiting time during consultation are decreasing slightly in recent years: in the former case, the percentage of persons who took less than 10 minutes to see their doctor between 1993 and 1997 went from 30% to 32.6%; in the latter case, waiting time below 15 minutes went from 28% to nearly 35%.

As a consequence of the general health offer, which is public and free, the Spanish population is covered by the public health system (99.7%), Social Security, while just over 10% also have some type of private health insurance. The generalisation of public coverage and the extension of private insurance are developments of recent years (MSC: *Encuesta nacional de salud, 1997*).<sup>7</sup>

Hospital bed occupancy is high, at around 76-78%, and the rotation of patients is increasing (patients discharged from hospital in relation to available hospital beds). The average size of a hospital is 200 beds. Healthcare staff numbers are rising; there is also an increasing proportion of women, in what could be termed a 'feminisation' of the healthcare profession (INE: *Estadística de indicadores hospitalarios, 1994*).<sup>8</sup>

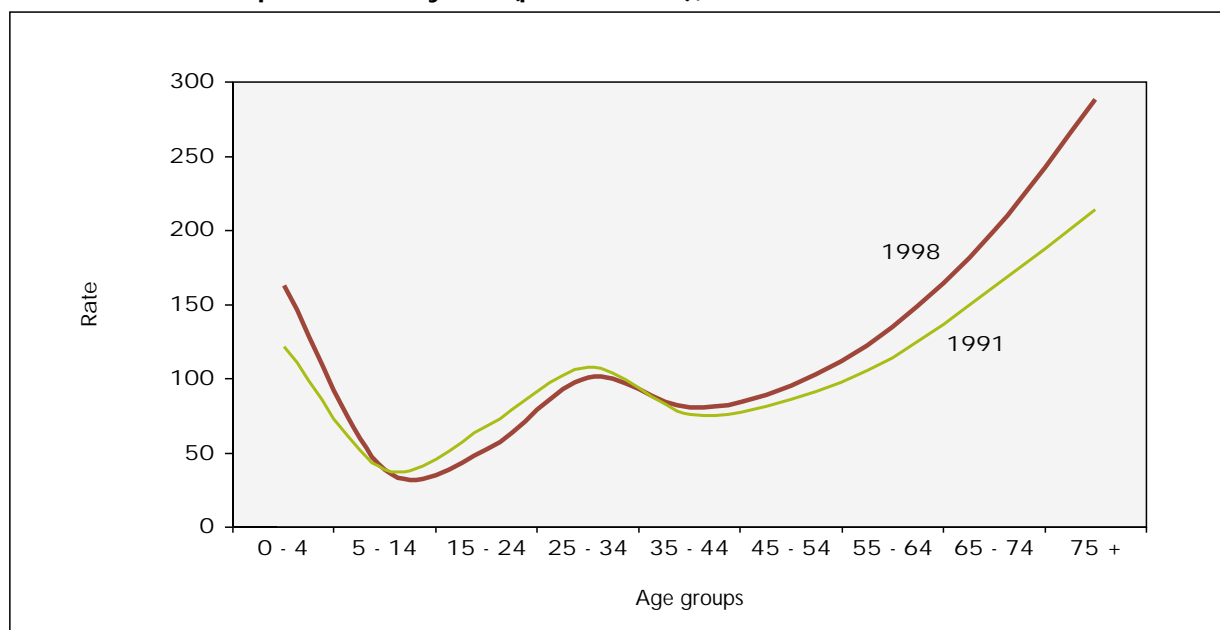
### **Satisfaction and trust in the use of public healthcare services**

Elderly persons normally use public healthcare services. According to the National Health Survey (1997), 92.6% saw a Social Security doctor the last time, 4.3% saw a doctor from a medical society, and 2.6% saw a private doctor.

<sup>7</sup> Ministry of Health and Consumption: *National Health Survey, 1997*.

<sup>8</sup> INE: *Hospital Indicator Statistics, 1994*.

**Figure 2.6**  
**Evolution of the hospital morbidity rate (per thousand), 1991-1998**



Source: INE, Encuesta de morbilidad hospitalaria, 1998. Altas hospitalarias.



The main reason why these persons use a public healthcare centre (for consultation or hospitalisation) is trust in the quality supplied, because it is less expensive, because of the availability of apparatuses and equipment and because of easy access to services.

The degree of satisfaction with general medical consultation is usually higher among elderly persons than among the rest of the population. They give a higher rating to virtually all aspects: how they are treated, trust and security, consultation hours, etc. Perhaps what elderly persons value the most is their comfort (short distance from home) and the way they are treated (personal treatment, the trust and security transmitted by the doctor).

The greater part of the public pharmaceutical expense can be attributed to pensioners: 77.4% of the entire expense, which amounts to € 6,787 million, and the expenditure pattern is similar in all of the self-governing communities (2000). The higher propensity to suffer disease goes in hand with a tendency towards multiple medication and frequent chronic disease. In 1997, according to the National Health Survey, 79.2% of persons 65 or older had taken medication in the two weeks prior to the survey. Consumption of medication is higher among women than among men. Besides the general problem of multiple medication, there is also inappropriate consumption (non-responsible self-medication), with a risk of dependence on some forms of medication that is not always convenient.

The main medications consumed in Spain are for problems relating to the cardiovascular system (21% of total consumption), adding up to € 1,413 million, 82.1% of which are consumed by pensioners. Next come general medications and, also mainly among pensioners, medications for the central nervous system (which have climbed up in the expenditure ranking), and medications for disease and illness relating to the digestive system and metabolism (Insalud: *Indicadores de la prestación farmacéutica en el sistema nacional de salud, 2000*).<sup>9</sup>

<sup>9</sup> National Healthcare Institute (Insalud): *Indicators on Pharmaceutical Benefits in the National Healthcare System, 2000*.

## 2.6. Dependence and Caretaking

### 2.6.1. Dependence and What Determines It

**Dependence increases with age. The main risk factors for becoming dependent are: being a woman, a widow and having low income**

The need to be helped by somebody to perform activities of daily living amounts to 12% among elderly persons (moderate and severely dependents) and 26% (also including persons with slight dependence). Women, elderly persons and widows are at the highest risk of becoming dependent. After the age of 75, nearly half of the population encounters difficulties for some everyday (basic or instrumental) activities—these difficulties are severe for one out of every five (MSC: *Encuesta Nacional de Salud, 1997*).<sup>10</sup>

Recently, the data corresponding to the latest *Encuesta sobre discapacidades, deficiencias y estado de salud* [Survey on Disabilities, Deficiencies and Health Condition] (INE, 1999) were disclosed, using the terminology of the International Classification of Disabilities (WHO): 32.2% of elderly persons have some form of disability (2,072,652); of these, nearly 70% encounter difficulties in performing activities of daily living; and in 68% of these cases (967,713 persons), it is a severe difficulty (figure 2.7).

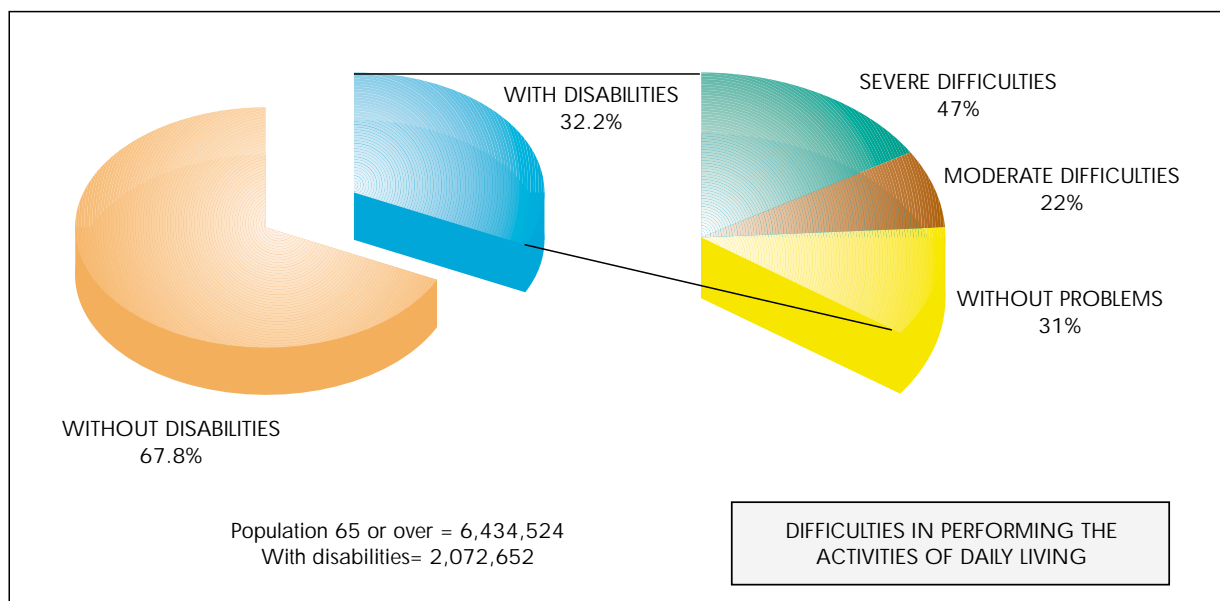
The average age when the dependence and the need for help begin is 72—this age is higher among widows/widowers than among single and married persons. There is a biological explanation for this: the average age of widowed persons is higher than that of single or married persons.

**Social changes foretell a future with a higher demand of formal services**

Education level, income and low social status also lead to situations of dependence. Nearly two out of every

<sup>10</sup> Ministry of Health and Consumption: *National Health Survey, 1997*.

**Figure 2.7**  
**Persons 65 or older with disabilities, 1999**



Source: INE, *Encuesta sobre discapacidades, deficiencias y estado de salud, 1999*. Madrid, 2001, Avance de resultados.

three illiterate persons have difficulties to conduct some activities of daily living. In the future, the situation in terms of education levels will be quite different: women will have attained higher levels than men, therefore a thorough change is expected in the caretaking model, which is now based mainly on women caretakers, and there will also be greater pressure on formal systems (public administration agencies and services provided by the market).

### 2.6.2. Response to Situations of Dependence (See paragraph 5.1.2)

#### **Informal (family based) care is still the major model of care for dependent persons**

The usual model of response to situations of dependence in Spain is informal care: nine out of every ten cases. In spite of the lack of adequate data, it can be stated that the offer of formal care in Spain is not widely known and it is scarcely used by those needing it.

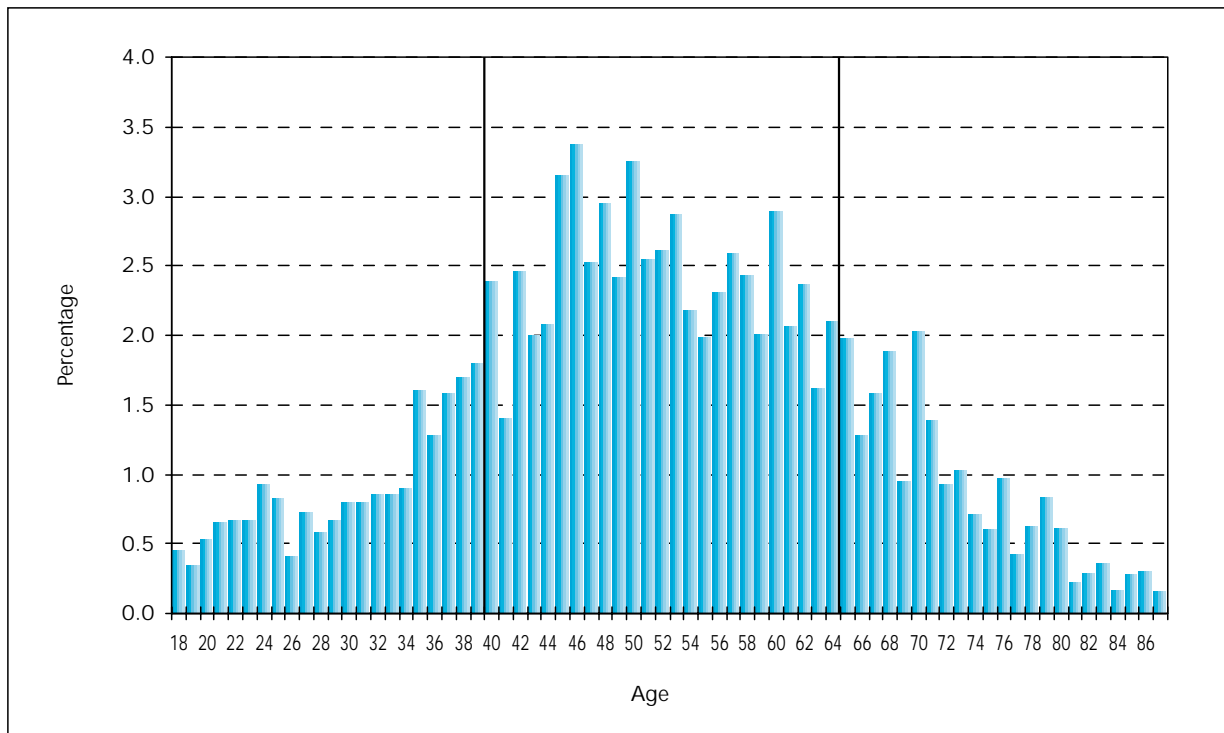
General profile of caretakers: in Spain, 21% of the population regularly help out elderly persons needing special care or attention. They are mainly women, adults (the 40-64 age group is twice as numerous as all other ages combined). The difference in the average age of caretakers and those taken care of is a little below 30 years; in other words, the second generation, children who are adults and who in turn have their own children take care of their parents. Owing to greater longevity among elderly persons, it is often the case that elderly persons take care of others who are older yet—generally their parents who are over 80 or over 90.

### **Pressure on women from the sandwich generation**

The presence of women of intermediate age (40-64 years) in the labour market has grown threefold, going from 14.0% in 1970 to 43.3% in 2001. Women working during the 15 years prior to retirement (the 50-64 age group) have gone from 13.9% to 30.6% during the same period. These women of intermediate age are starting to feel caretaking pressure from above (their parents) and still have children living at home because they are taking longer to move out and live on their own. In general terms, there are nearly four women taking care of dependent persons for every man in the same situation (figure 2.8).

Most of the care bears the feature of being the only care, that is, not combined with other types of service. This is particularly true of women caretakers. Trust in informal caretakers (family or friends) can be so great that it may exclude any other type of help: they only trust the person taking care of them. Generally, caretakers do not think of putting the elderly person in an institution, except in extreme cases; neither do they readily accept help from home-care or community-based entities or organisations, because they think they can do the job on their own and otherwise they would feel guilty. Because of a social ethical feeling, they accept the total “sacrifice” that direct intensive care represents and they decline the services paid for or offered by public entities; in the case of caretakers of mentally ill persons, they fear that the formal care will not be appropriate and may further perturb that person. This model is rapidly changing due to the massive incorporation of women to the labour market and to improvements in the provision of care services.

**Figure 2.8**  
**Distribution of caretakers by age, 1994**



Source: CIS, *Ayuda informal*, Estudio 2117, 1994.



# Public Expenditure on Old Age

LOURDES PÉREZ ORTIZ  
UAM

## 3.1. Expenditure on social Protection and Expenditure on Old Age

### 3.1.1. Expenditure on social Protection in Relation to GDP

**Spain is one of the European Union countries that spends least on social protection as a percentage of GDP**

With social protection expenditure at 21.6% of GDP, Spain is one of the EU countries that spends least on this chapter: it ranks above Iceland and Ireland only, at a distance from the EU average (27.7%) and from Sweden, Denmark or France, where nearly one of every three GDP monetary units are spent on social protection. These figures cannot lead us to simply conclude that

Spain's Welfare State is less developed or far from the 'European standard' for a number of reasons:

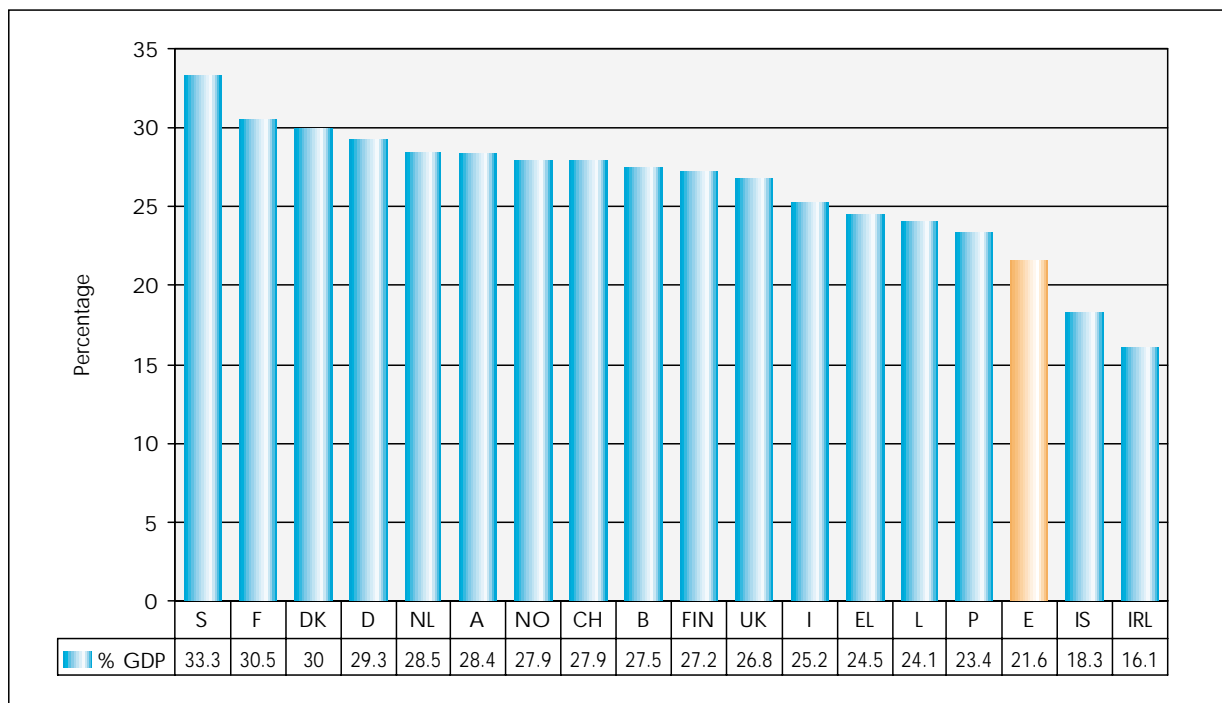
1. There is no such 'European standard.'
2. The evolution of the indicator has been more sensitive to the evolution of GDP than to the amount of expenditure dedicated to social protection.
3. The sum total of expenditure is a very inaccurate indicator in terms of measuring the efforts put into social protection—it tells us nothing about how efficient that expenditure is.

The first of these reasons can be easily proven. The following figure (figure 3.1) shows how the distance between the two extreme values for this indicator (corresponding to Sweden and Ireland) is over 17 percentage points of GDP. Besides, of the fifteen member countries, ten are at a substantial distance from the standard: six are clearly below (aside from Ireland, Spain, Portugal, Luxembourg, Greece and Italy) and four are well above (aside from Sweden, France, Denmark and Germany). The five remaining countries (Belgium, the Netherlands, Austria, Finland and the United Kingdom) come closest to that 'European standard.'

***Economic growth in the last few years has concealed the progression of expenditure. Another factor is the decline of unemployment expenditure as a consequence of the improvement of the labour market***

The second reason, the indicator's sensitivity to the evolution of GDP, can be seen by analysing its evolution over time. The following table (table 3.1) shows that the overall variation between 1990 and 1998 is significant (the average of the 15 EU countries rose by over two percentage points), but the evolution during those years was no linear. Between 1990 and 1993, in most coun-

**Figure 3.1**  
**Expenditure on social protection as a percentage of GDP in the 15 EU countries, Iceland, Norway and Switzerland, 1998**



Source: EUROSTAT (2001), *Social Protection Expenditures and Receipts, 1980-1998*, Luxembourg.

**Table 3.1.**  
**Expenditure on social protection as a percentage of GDP in the 15 EU countries, Iceland, Norway and Switzerland, 1990-1998**

	1990	1993	1996	1997	1998
Belgium	26.4	29.5	28.8	28.1	27.5
Germany	25.4	28.4	30.0	29.5	29.3
Spain	20.5	24.7	22.5	22.0	21.6
France	27.6	30.9	31.0	30.8	30.5
Ireland	18.7	20.5	18.5	17.2	16.1
Italy	24.3	26.2	25.2	25.7	25.2
Luxembourg	22.6	24.5	25.2	24.8	24.1
Netherlands	32.4	33.5	30.1	29.4	28.5
Austria	26.7	28.9	29.6	28.8	28.4
Portugal	15.8	21.3	22.0	22.5	23.4
Finland	25.1	34.6	31.6	29.3	27.2
EUR-11 (**)	25.5	28.5	28.5	28.1	27.7
Denmark	28.7	31.9	31.4	30.5	30.0
Greece	23.2	22.3	23.1	23.6	24.5
Sweden	33.1	38.6	34.5	33.6	33.3
United King	22.9	29.1	28.0	27.3	26.8
UE	25.4	28.9	28.6	28.1	27.7
Iceland	17.1	18.9	18.7	18.4	18.3
Norway	26.4	28.8	26.2	25.8	27.9
EEA (*)	25.4	28.8	28.5	28.1	27.7
Switzerland	20.2	25.1	26.9	27.9	27.9

(\*) Without data for Liechtenstein.

(\*\*) Does not include Greece, who joined the Monetary Union on the 1st of January 2001.

Source: Eurostat-SESPROS.

tries there was a rapid increase that lost steam in subsequent years. This pattern also applied in Spain: between 1990 and 1993, the import of social protection on GDP went from 20.5% to 24.7%, i.e., in just three years there was an increase by over four percentage points. By 1996, however, half of the gain had already been lost, and an additional percentage point was lost in the following two years.

This peculiar outcome, however, is not caused by the evolution of social expenditure but by the situation of the economy. Both the growth in the early years of the decade and the subsequent stabilisation or fall can be explained by the evolution of GDP and of one of the expenses that is most sensitive to changes in the figure—unemployment benefits.

In real terms (figure 3.2.), social protection expenditure has increased by substantial proportions in all countries, with the exception of the Netherlands. One of the most surprising cases is Ireland, where such expenditure rose by 44% between 1990 and 1998, whereas its weight in terms of GDP fell by over two percentage points. In Spain, this expenditure rose by 24%, slightly above the average increase recorded in the euro zone or in the European Union, 22%, and yet its weight in terms of GDP barely rose by one percentage point.

This means that if Spain's GDP had remained unchanged at the 1990 figure, social protection expenditure as a percentage of GDP would have been 25.4% in 1998 rather than the actual 21.6%. But economic growth during the last five years under consideration had another effect on social expenditure—the reduction of unemployment benefits as a consequence of the improved situation in the labour market. If we deduct unemployment-related expenses, social expenditure as a percentage of GDP would

rise by more than two more percentage points, settling at 27.7% of GDP.<sup>1</sup>

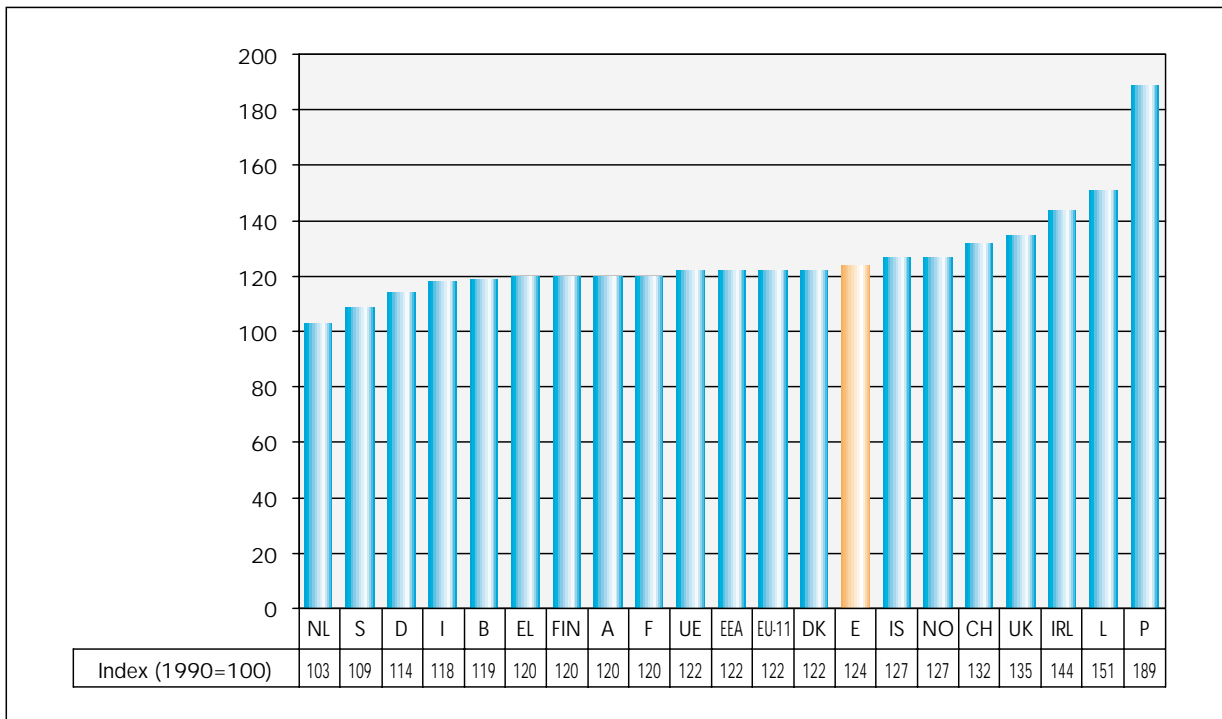
### 3.1.2. Other Social Protection Expenditure Indicators

The intensity of protection measured by expenditure per capita in 1998 amounted to 3,224 purchasing power standards, 58% of the average for the 15 countries in the European Union, which was 5,532 units (figure 3.3.). Only in Portugal and Greece is such expenditure less intensive.

Expenditure per capita is also an inaccurate indicator; we need more refined indicators that take into account the needs of the population under protection in a more subtle manner. One of the most significant figures in this respect is living arrangements of the elderly population. Spain is the EU country where fewest elderly persons live alone, 16%, whereas the average for the 15 countries is 32% (figure 3.4.).

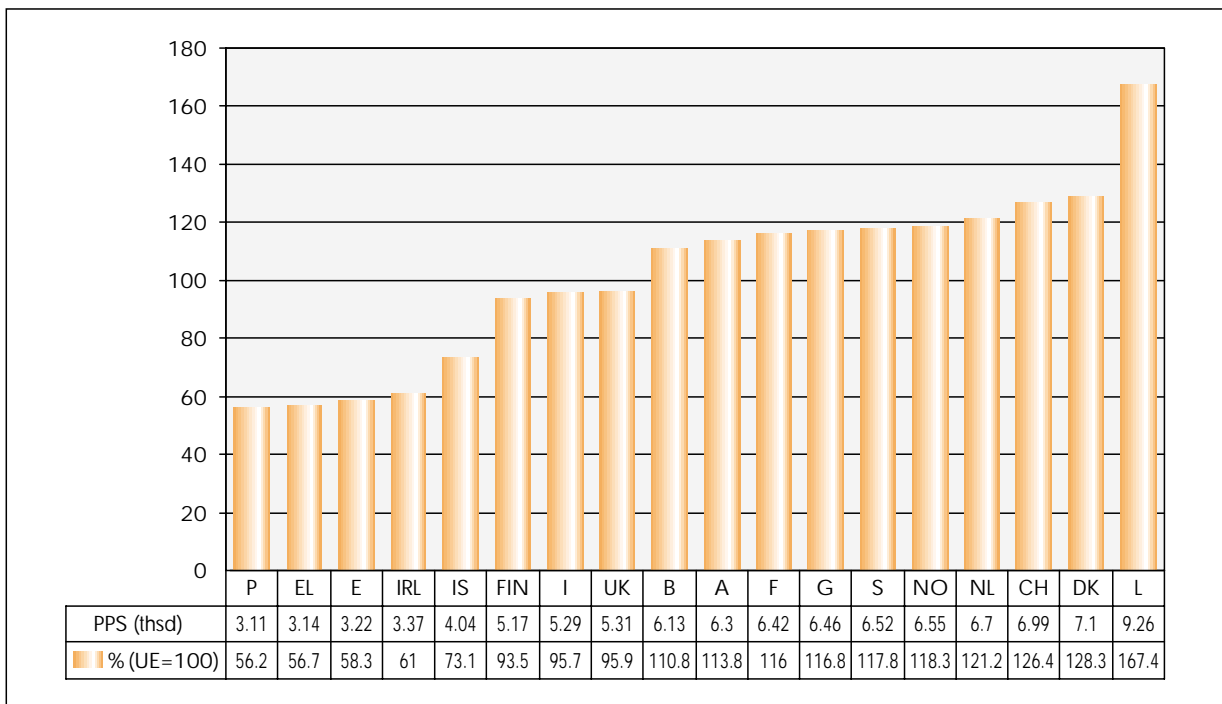
<sup>1</sup> The calculation backing this statement is quite simple. The starting point is social expenditure as a percentage of GDP in 1990, 20.5% (table 3.1). If GDP had remained constant between 1990 and 1998, the increase of social protection expenditure between those two years would amount to 24% (table 3.2.), that is, 4.9 percentage points (20.5 x 0.24). On the other hand, the percentage of social protection expenditure excluding unemployment benefits amounted to 16.8% in 1990 and 18.7% in 1998 (EUROSTAT, *Social Protection Expenditure and Receipts, 1990-1998*), representing an additional increase by 11.1%, which is equal to 2.2 percentage points of GDP. The result is that social expenditure as a percentage of GDP would have risen by 7.2 percentage points, going from 20.5% in 1990 to 27.7%. By applying these calculations to all the countries considered, Spain's position in terms of 'social protection efforts' remains unchanged, but differences vis-à-vis neighbouring countries are significantly reduced.

**Figure 3.2**  
**Expenditure on social protection per capita at constant prices (Index 1990=100) in the 15 EU countries, Iceland, Norway and Switzerland, 1990-1998**



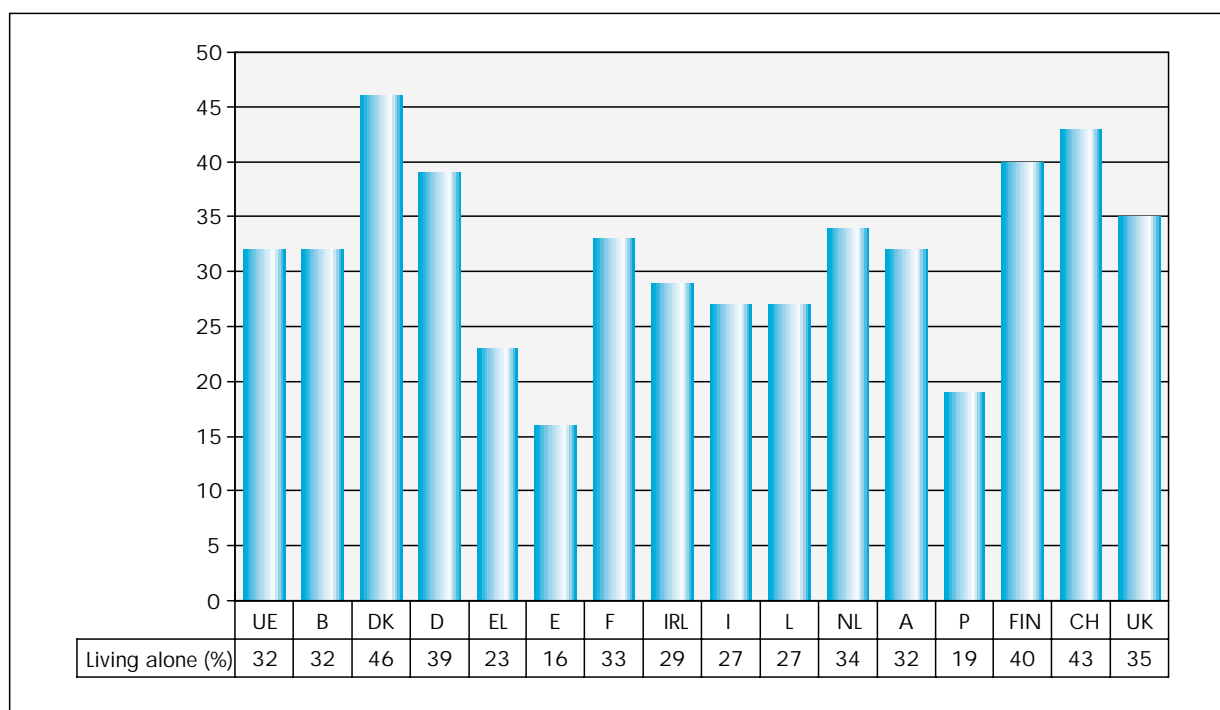
Source: EUROSTAT (2001), *Social Protection Expenditures and Receipts, 1980-1998*, Luxembourg.

**Figure 3.3**  
**Expenditure on social protection in purchasing power standards (PPS) per capita in the 15 EU countries, Iceland, Norway and Switzerland, 1998**



Source: EUROSTAT (2001), *Social Protection Expenditures and Receipts, 1980-1998*, Luxembourg.

**Figure 3.4**  
**Elderly people living alone in the 15 EU countries, 1995**



Source: EUROSTAT, *Demographic Statistics*.

Distribution by purpose of expenditure (figure 3.5.) shows the importance of expenditure on old age and survivorship (46.1% of total expenditure). Together with healthcare, this adds up to 83% of total expenditure. Proportions are similar in other countries. One of the peculiar features of social expenditure in Spain with respect to the other EU members is the importance of unemployment-related benefits, in spite of the sharp decline over the last few years, and the low import of child and family protection benefits.

Thus far we have measured social protection in terms of expenditure but, as pointed out by Lagares, "the fact that we spend such and such amount per capita does not mean that it is well spent or that the consumer ends up receiving service equivalent to that expenditure."<sup>2</sup> In other words, laying out the amount of funds channelled through the various policies or programs is a very limited approach in terms of evaluating their results or effects on the target population. When evaluating these effects, we should focus our analyses on the 'point of arrival.'

In terms of expenditure on pensions, for instance, it is not too important here that Spain in 1998 spent 10.7% of GDP on pensions or 8% on retirement pensions, whereas the average for 15 EU members was 12.6% and 9.5%, respectively.<sup>3</sup> It is much more interesting to know how many possible pensioners, in our case how many elderly persons, actually receive those benefits and what their effects are on their economic situation or, stated in another way, to what extent does

the pensions policy fulfil the objectives it was established for. This is what we shall analyse in the next section.

### 3.2. Pensions

The most elementary measure of the efficiency of the pension system is checking whether all those who should be receiving a benefit actually receive it. We shall subsequently see how intensive that protection is (focusing on the amount of the pensions) and its distribution.

Regarding the first matter, we must state that the Spanish public pensions system has three large sets of protection instruments. By order of importance they are:

1. Social Security contributive pensions, for workers who meet minimum requirements in terms of contributions to the Social Security system during their working life.
2. CPE (*Clases Pasivas del Estado*) benefits, specifically for civil servants and members of the armed forces, and
3. Non-contributive benefits, for those not included in any of the first two systems and able to prove they are in a situation of necessity.

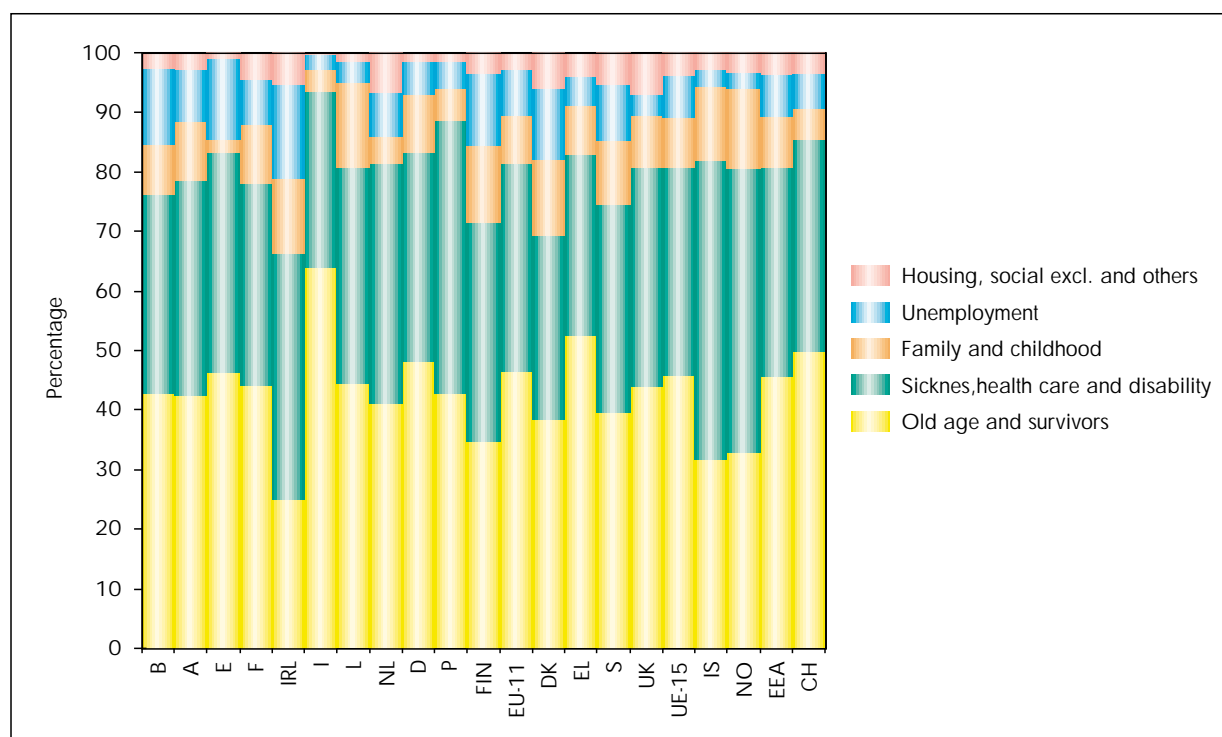
#### 3.2.1. The Protection of Elderly Persons in the Public Pension System

At the beginning of 2001 in Spain there were nearly nine million pensions in force (table 3.2), and 8 of every 10 were included in the Social Security contributive system. The importance of protecting old age, as an objective of the pension system, is apparent via the dis-

<sup>2</sup> Lagares, M.: "Niveles de cobertura del gasto público en España", *Papeles de Economía Española*, 37: 150-173, 1998.

<sup>3</sup> Amerini, G.: *La protection sociale: dépenses de pensions*, EUROSTAT, *Statistiques en bref: Population et conditions sociales*, Theme 3: 9/2001.

**Figure 3.5**  
Social protection benefits by group of functions in the 15 EU countries, Iceland, Norway and Switzerland, 1998



Source: EUROSTAT (2001), *Social Protection Expenditures and Receipts, 1980-1998*, Luxembourg.

**Table 3.2**  
Pensions in force in the Social Security system and in the CPE system, as of 1 January 2001.  
Total pensions and pensions received by persons 65 or older

Total pensions	Total types	%	Retirement	Widowhood	Permanent disability	Others <sup>(1)</sup>
<i>Social Security pensions</i>	7,649,392	86,8	4,526,684	2,028,497	790,304	303,907
Total systems, except SOVI	7,267,391	82,4	4,251,301	1,965,638	746,545	303,907
SOVI	382,001	4,3	275,383	62,859	43,759	-
<i>CPE pensions</i>	624,604	7,1	234,344	231,359	24,135	134,766
<i>Pensions of a non-contributive nature</i>	540,502	6,1	287,125	-	253,377	-
Non-contributive pensions	478,560	5,4	268,313	-	210,247	-
Welfare pensions	61,942	0,7	18,812	-	43,130	-
<b>Total Pensions</b>	<b>8,814,498</b>	<b>100,0</b>	<b>5,048,153</b>	<b>2,259,856</b>	<b>1,067,816</b>	<b>438,673</b>
<b>Pensions received by persons 65 or older</b>						
<i>Social Security pensions</i>	5,961,993	87,9	4,255,204	1,616,530	48,861 <sup>(2)</sup>	41,398
<i>CPE pensions</i>	531,455	7,8	220,041	207,881	-	103,533
<i>Pensions of a non-contributive nature</i>	287,125	4,2	250,319	-	-	-
Non-contributive pensions	268,313	4,0	228,859	-	-	-
Welfare pensions	18,812	0,3	21,460	-	-	-
<b>Total Pensions</b>	<b>6,780,573</b>	<b>100</b>	<b>4,725,564</b>	<b>1,824,411</b>	<b>48,861</b>	<b>144,931</b>

Notes: (1) Includes orphan and family benefit pensions

(2) They are all from the SOVI.

Sources: INSS, Evolución mensual de las pensiones del sistema de la Seguridad Social, enero 2001.

MEH-Subdirección General de Clases Pasivas, Boletín de Gestión de Clases Pasivas, Separata del seguimiento presupuestario y nómina, diciembre 2000.



tribution of benefits by type: nearly six out of every ten pensions are retirement pensions, three are subsistence pensions and one is for permanent disability. However, although it is approximate, the correspondence between different types of pensions and protection of the elderly is not exact. Although a majority of retirement pensions are received by persons over 65, obviously not everyone fulfils that requirement. Now the most important peculiarity has to do with survivor's pensions, which, though their purpose is not the protection of elderly persons, are actually received largely by persons aged 65 or older. This circumstance is one of the main causes of inequality in the intensity of protection.

### 3.2.2. Differences in Protection by Gender and Age

The following figures (figures 3.6 y 3.7) show the distribution of pensions in the two big systems (Social Security and CPE), by gender and age of the persons receiving them. It is apparent that, aside from retirement pensions, the majority of benefits in either system have an elderly person as their holder or beneficiary.<sup>4</sup> Altogether, approximately three out of every four pensions go to a person 65 or older. By types of pension, it is not surprising that approximately 94% of retirement pensions are for elderly persons; now for widow's pensions, the percentage of elderly beneficiaries is 80% in the Social Security system and 90% in the CPE system. The figures also show the differing intensity of protection for men and women,

<sup>4</sup> The holder is the person generating the rights to benefits, that is, the person who made contributions to the system while they were working in their own right. Beneficiary status corresponds to the family members or others depending on the holder, i.e., those who do not receive the benefit in their own right (see chapter 7).

apparent not only in the different number of benefits they receive but also in the different forms of coverage.

Most of the pensions received by men are retirement pensions (94% of all pensions are received by a man), whereas among women the situation is quite different. First of all, because retirement pensions are not the most widespread protection instrument among elderly women. 46.1% of the pensions received by a woman 65 or older are widow's pensions, while 44.2% are retirement pensions and nearly 10% are other types of pensions (non-contributive benefits and other survivor's benefits). Secondly, and regardless of the fact that survivor's pensions do not arise directly from a personal right acquired by women themselves but are a derivative right, the fact is that these mechanisms provide different kinds of protection. An analysis of the average amounts of pensions by type, provided below, will assist us in approaching this issue. For the time being we shall try to focus on the coverage of the system, that is, on the number of possible receivers of a pension who actually receive one.

### 3.2.3. The Coverage of the System

***The Spanish pension system provides a very high level of coverage to the elderly population***

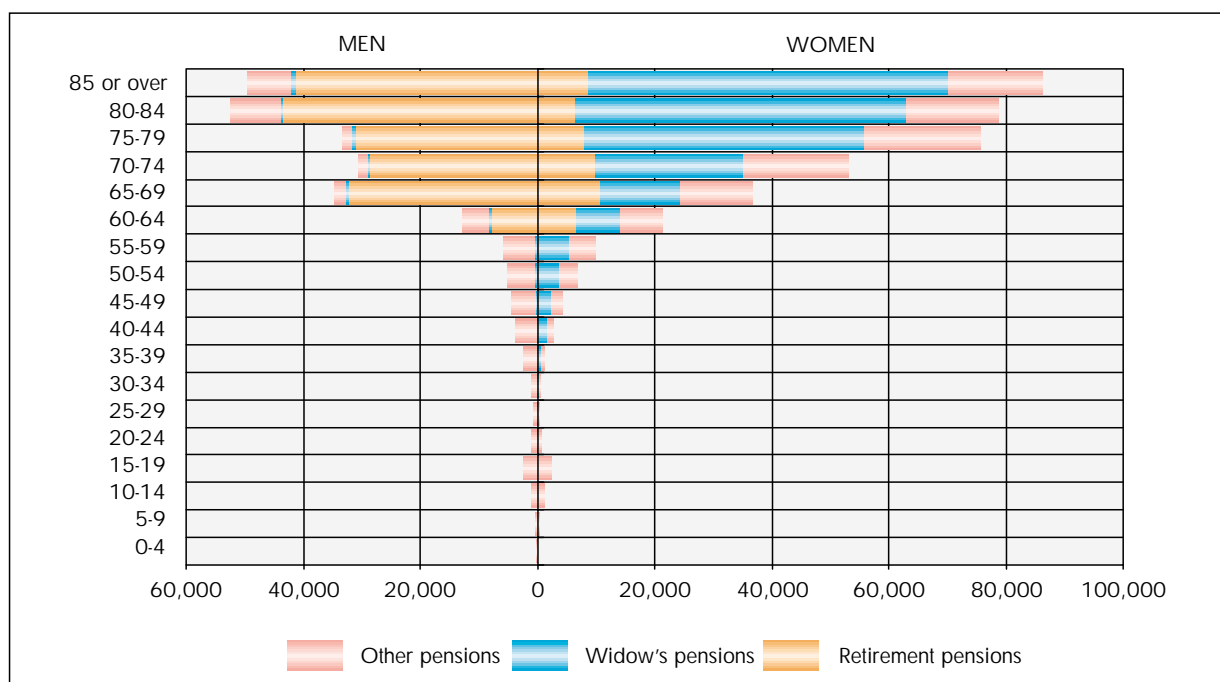
At the beginning of 2001, the number of inhabitants 65 or older in Spain totalled 7,267,300 individuals, and the number of pensions received by beneficiaries or holders in the same age group was 6,772,392. This means that there were 93.2 pensions per 100 elderly inhabitants, a proportion indicating that our pension system has a very high coverage (table 3.3.). The pensions/inhabitants ratio, however, is quite an inaccurate

**Figure 3.6**  
**Social Security system pensions by gender and age of the pensioners, as of 1 January 2001**



Source: INSS (2001), Evolución mensual de las pensiones del sistema de la Seguridad Social, enero 2001.

**Figure 3.7**  
CPE pensions by gender and age of the pensioners, as of 31 December 2000



Source: MEH-Dirección General de Clases Pasivas, Boletín de Gestión de Clases Pasivas, Separata del seguimiento presupuestario y nómina, diciembre 2000.

**Table 3.3**  
Coverage of the Spanish public pension system, circa 1 January 2001

	65-69	70 or older	65 or older
<b>Both sexes</b>			
Population of 65 or older <sup>(1)</sup>	2,055,868	4,736,767	6,792,635
Total pensions with bearers or beneficiaries of 65 or older <sup>(2)</sup>	1,653,020	5,119,372	6,772,392
Estimated number of pensioners <sup>(3)</sup>	1,482,233	4,527,964	6,010,197
<i>Ratio pensions/inhabitants</i>	80.4	108.1	99.7
<i>Ratio pensioners/inhabitants</i>	72.1	95.6	88.5
<b>Men</b>			
Population of 65 or older <sup>(1)</sup>	951,787	1,891,466	2,843,253
Total pensions with bearers or beneficiaries of 65 or older <sup>(2)</sup>	968,694	2,223,913	3,192,607
Estimated number of pensioners <sup>(3)</sup>	878,967	2,020,200	2,899,167
Contributive retirement pensions	926,667	2,069,709	2,996,376
<i>Ratio pensions/inhabitants</i>	101.8	117.6	112.3
<i>Ratio pensioners/inhabitants</i>	92.3	106.8	102.0
<i>Ratio of contributive retirement pensions/inhabitants</i>	97.4	109.4	105.4
<b>Women</b>			
Population of 65 or older <sup>(1)</sup>	1,104,081	2,845,301	3,949,382
Total pensions with bearers or beneficiaries of 65 or older <sup>(2)</sup>	684,326	2,895,459	3,579,785
Estimated number of pensioners <sup>(3)</sup>	603,266	2,507,764	3,111,030
Contributive retirement and widowhood pensions	598,290	2,583,186	3,181,476
<i>Ratio pensions/inhabitants</i>	62.0	101.8	90.6
<i>Ratio pensioners/inhabitants</i>	54.6	88.1	78.8
<i>Ratio of contributive retirement and widowhood pensions/inhabitants</i>	54.2	90.8	80.6

Notes: (1) Data obtained from the Active Population Survey, detailed results, 1st quarter 2001.

(2) The «diverse» pensions of the CPE system have been eliminated due to their scarce amount, both in number, there are 8,181 benefits, as in sums, the average pension under this heading was 29.6 € (4,930 ptas.).

(3) This is the result from subtracting an estimate of the concurrent pensions and those paid to non-residents from the total number of pensions.

Sources: INE, Encuesta de Población Activa, resultados detallados, 1 trimestre de 2001. INSS, Evolución mensual de las pensiones del sistema de la Seguridad Social, enero 2001. MEH-Subdirección General de Clases Pasivas, Boletín de estadística, diciembre 2000. MEH-Subdirección General de Clases Pasivas, Boletín de Gestión de Clases Pasivas, Separata del seguimiento presupuestario y nómina, diciembre 2000; y elaboración propia.

indicator of the coverage of the system; the pensioners/inhabitants ratio would be more appropriate, and we have estimated that it is 82.7 pensioners per 100 inhabitants, still a high figure, especially among men (94.2% vs. 74.9% among women). Even considering only the contributive (Social Security and CPE) retirement pensions, coverage for men would be 95.4% (pensions per 100 inhabitants). For women we would have to add widow's pensions to give us a ratio of 77.1%.

In light of these results, it seems clear that the Spanish public pension system provides wide coverage to the elderly population, although it is greater for men than for women. This gender-based difference is further extended when analysing the average amount of pensions.

### 3.2.4. The Amount of Pensions

#### 3.2.4.1. More Differences in Protection by Gender and by Age

##### *Inequality in terms of protection: different mechanisms and different amounts by gender and by age*

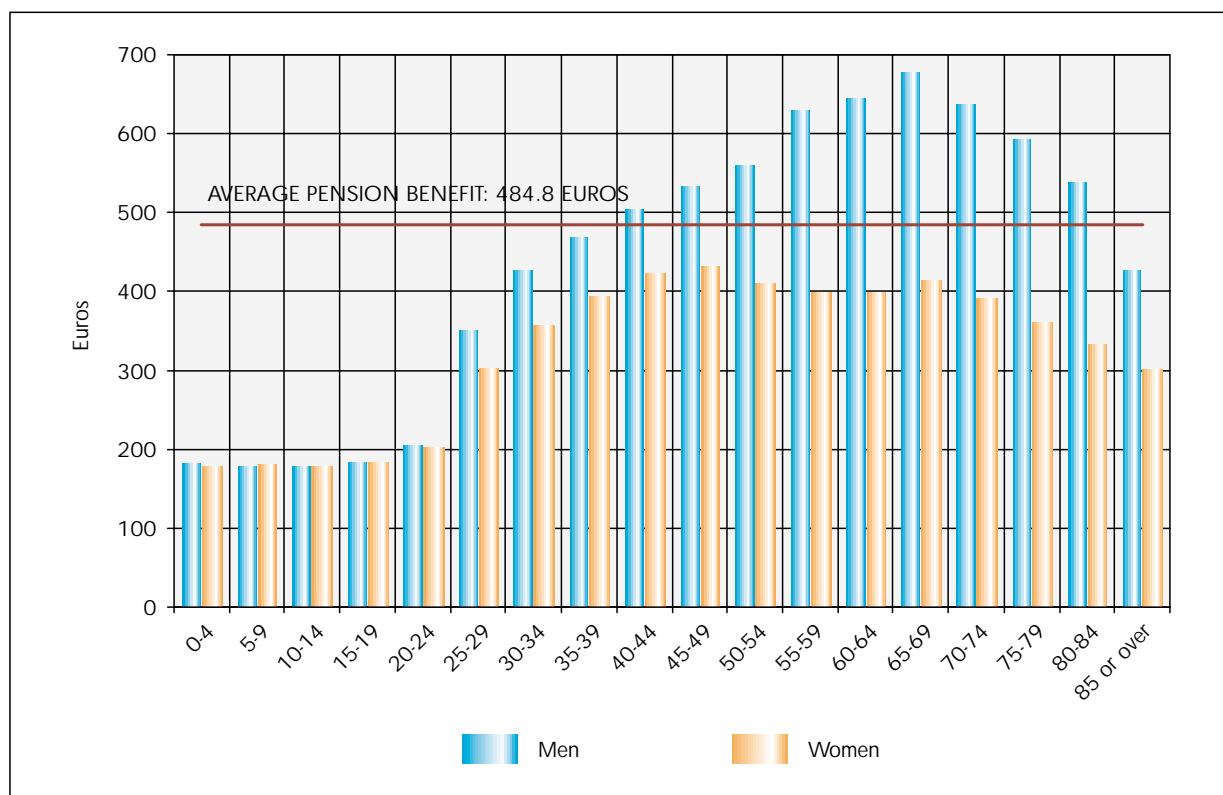
The amounts of Social Security pensions by age and gender of the receivers show the gender-based difference that was already mentioned and they also reveal the importance of age. In the distribution of the average pension benefits by age and gender there stands out, in the first place, the difference between the benefits received by women and by men: nearly € 600 for men vs. €

366 for women, i.e., the pensions received by women are almost 40% lower (figure 3.8.). Regarding age, pension benefit rises to a high in the 65-69 bracket and then it falls thereafter. The high is due to the 'new registrations effect' of retirement pensions (because the amounts of new pensions are increasingly higher). After the age of 69, pension benefit decline as the age of pensioners increases, until reaching the pensions of those 85 or older. Pensions benefits in this age group are below the minimum pension benefit in the system, which is slightly below € 500. But the situation is worse for women, because in none of the age brackets does the average pension reach the € 500 level (very few make it past € 400), and for women over 85 it remains below € 300.

Differences between men and women regarding the average pension benefit are partly due to the different kind of benefits they receive. As we saw above, women are covered mainly by survivor's pensions, where amounts are lowest, whereas men are covered by retirement pensions, where the amounts are generally higher. The average retirement pension in the Social Security system, as of January 2001, was € 554, and the average widow's pension was € 343.

Analysing the amounts within each of the classes, for retirement pensions the gender-based difference remains in place: women receive, in average terms, pensions that are 37% lower than those of men. The pattern regarding the age of the receivers also applies. After the age of 65, average pensions peak in the 65-69 bracket, owing to the above mentioned 'new registrations effect,' and afterwards it declines from then on. At those ages men's pensions are 24% higher than the average pension for the whole system. After the age of 80, however, not even

**Figure 3.8**  
**Average pension benefits in the Social Security system by age and gender of the pensioners, as of 1 January 2001**



Source: INSS (2001), Evolución mensual de las pensiones del sistema de la Seguridad Social, enero 2001.

men's pensions are above the average. For persons over 84, men's pensions are 20% below the average and women's pensions are 44% lower. The relatively high pension benefits received by pensioners in the 50-60 age group are due to the fact that these pensions are for workers who have retired from particularly laborious, toxic, hazardous and unhealthy activities, where the lowering of the ordinary age of retirement is provided and where the contribution bases are higher.

In widow's pensions the terms are reversed—men receive lower pensions, although the situation is not comparable, neither by amount nor by the number of persons covered, to what occurs with retirement pensions. As of 1 January 2001 the number of men over 65 receiving a widower's pension was 118,635, and the difference in the amount was 15% higher for women. The average widow's pension benefit totals 62% of the average retirement pension, it declines as women get older, and at 84 and over it equals little more than 50% of the average retirement pension.

### 3.2.4.2. Pensions by Amount Brackets

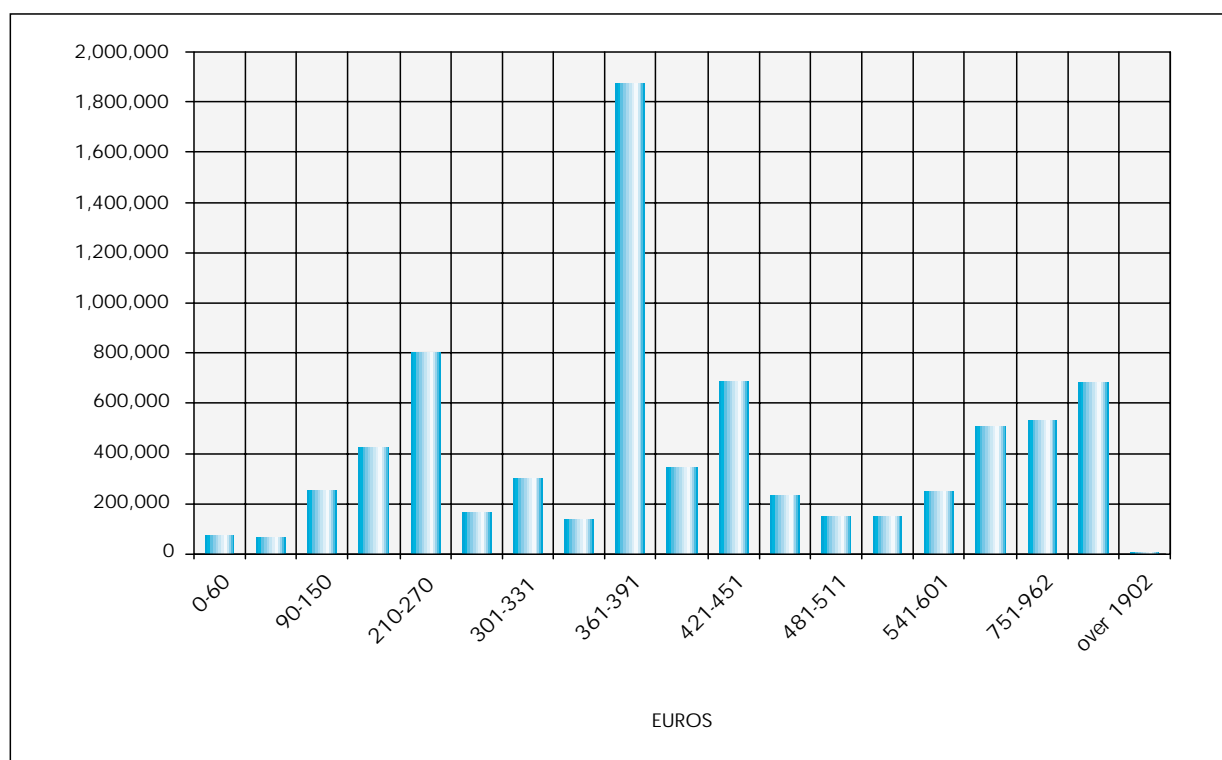
#### *The paradox of the results of the Spanish Public Pension System*

The distribution of pensions by amount shows that there is a significant concentration in the lower brackets: more than half of the pensions are below € 391 and seven of every ten are below € 481 (figure 3.9.). An analysis by types shows that there is an important concentration around the minimum values in the system. The majority of retirement pensions (figure 3.10.) are concentrated at around four values:

1. The minimum SOVI pension (pensions for persons having contributed before 1967 to old mutual pension schemes), established at € 265 in 2001. This value is in the € 210-270 bracket, grouping together approximately one tenth of pensions.
2. A second value, concentrating a more important proportion, is the minimum pension for those over 65 without a dependent spouse or for those under 65 with a dependent spouse. The minimum value for these benefits was € 375, within the € 361-391 bracket, which groups nearly one out of every four pensions.
3. The third value corresponds to the minimum retirement pension for those over 65 without a dependent spouse or for those under 65 with a dependent spouse (€ 442) and it includes one out of every eight pensions.
4. Finally, the last value is that of the maximum pension in the system (€ 1,902). The fact that there is a ceiling at this level means that there is a relative concentration of pensions in the higher brackets of distribution.

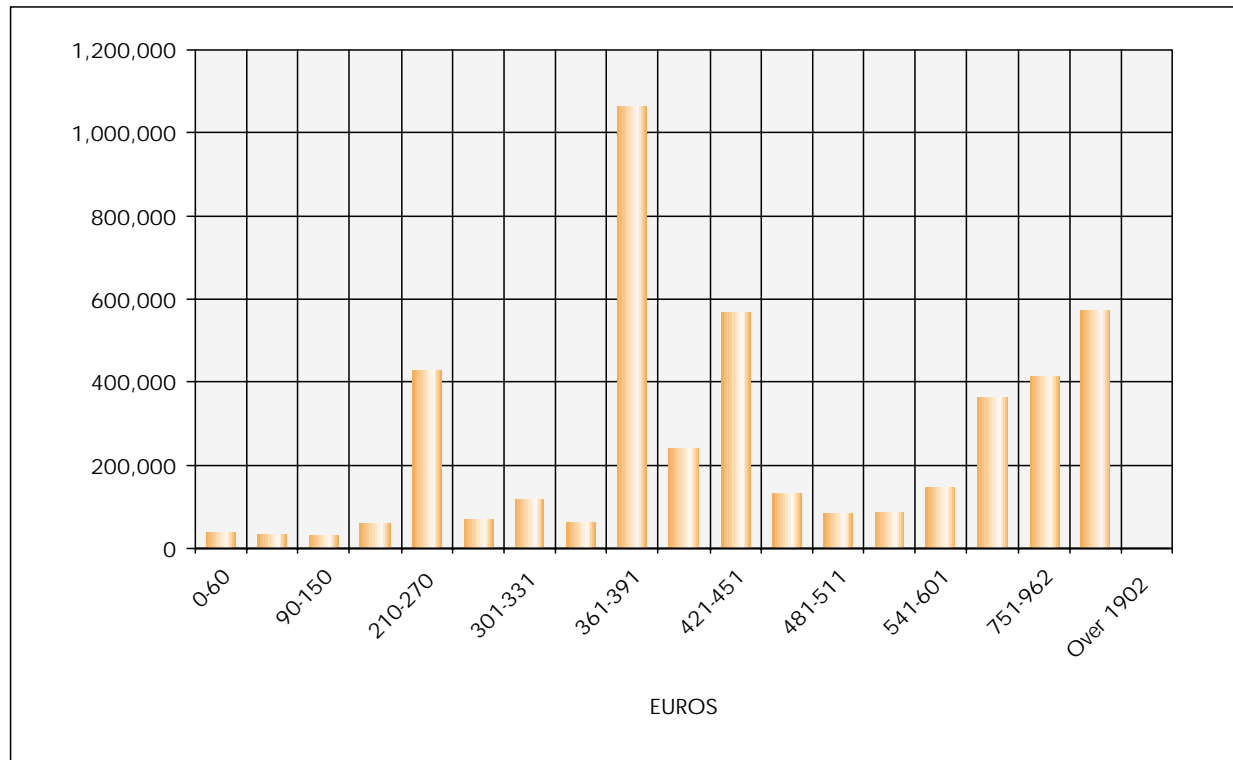
Regarding widow's pensions (figure 3.11.), there is also a degree of concentration around minimum values. The most noteworthy concentrations take place around the minimum SOVI values and pensions for receivers under the age of 60, in the € 210-270 bracket (10.6% of these pensions), and also in the bracket immediately below, € 150-210 (15.4%). The most significant concentration, however, takes place at around the minimum pension value for pensioners 65 or older (€ 375), where one out of every three benefits is included. In overall terms, one out of every three pensions is below € 270 and eight out of every ten are below € 391.

**Figure 3.9**  
Pensions in the Social Security system by amount brackets, as a 1 January 2001. Total pensions



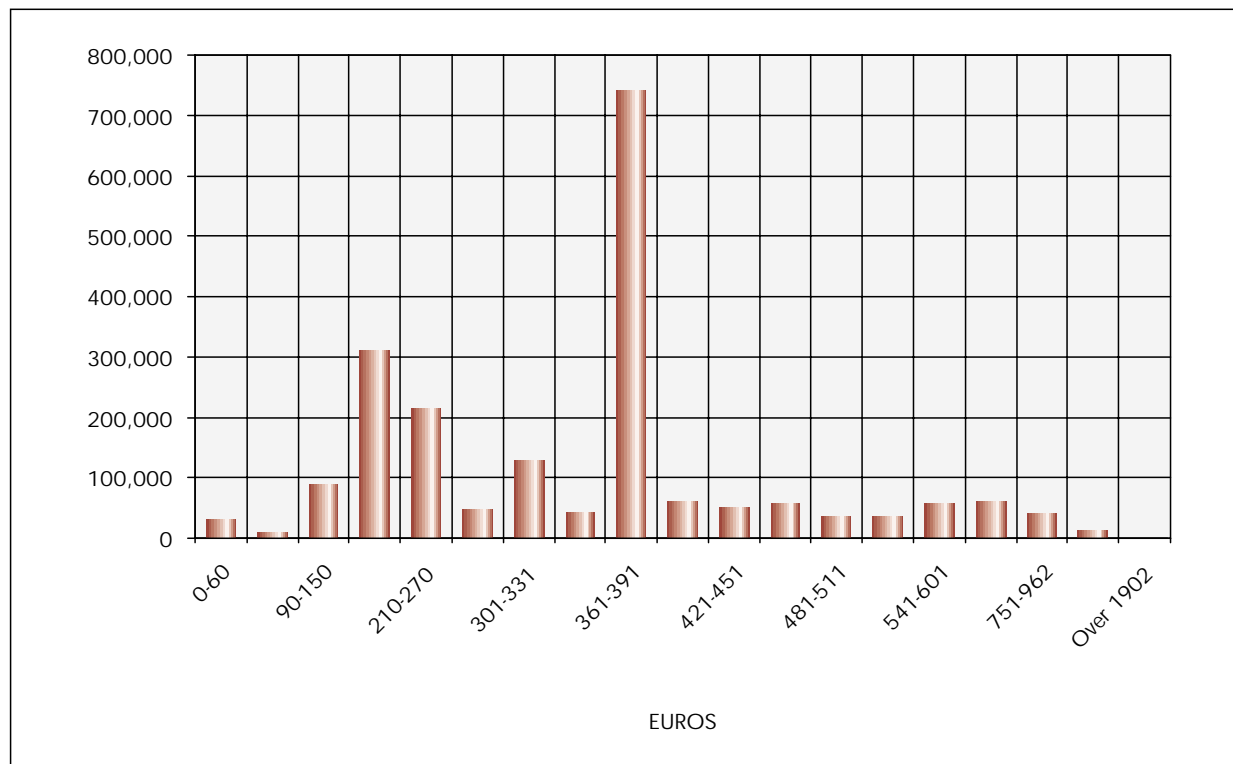
Source: INSS (2001), Evolución mensual de las pensiones del Sistema de la Seguridad Social, enero 2001.

**Figure 3.10**  
Pensions in the Social Security system by amount brackets, as a January 2001. Retirement pensions



Source: INSS (2001), Evolución mensual de las pensiones del Sistema de la Seguridad Social, enero 2001.

**Figure 3.11**  
Pensions in the Social Security system by amount brackets, as of 1 January 2001. Widow's pensions



Source: INSS (2001), Evolución mensual de las pensiones del Sistema de la Seguridad Social, enero 2001.

The fact that the amounts of pensions tend to group around the minimum and maximum values confers relevance to the values established by Law every year.

The benefits of the CPE system are in average terms higher than those of the Social Security system: the 220,041 elderly retirement pensioners receive an average income slightly above € 1,000, and the 207,881 elderly widow's pensioners receive an average of € 439.<sup>5</sup> Last of all, the 250,319 persons with non-contributive retirement benefits receive an average pension of € 241.

### 3.2.4.3. The Effort to Revalue the Lowest Pensions

The following figure (figure 3.12) shows the evolution of the average amounts of pensions in relation to the evolution of prices. It can be seen that both all types of pensions in the aggregate and retirement and widow's pensions have increased more than the CPI over the eight years under consideration. At the end of the period, prices had increased by 33.4%, whereas retirement pensions were 49% higher and widow's pensions had risen by 41%, that is, pensions have grown in real terms. This increase in real terms was also efficient in the advancement towards one of the historical claims in Spain regarding the pension system. It has to do with bringing the minimum pensions closer to the minimum wage. Figure 3.13 shows how close they have got. In 1990 the minimum retirement pension with dependent spouse was equalled to the minimum wage and since then the minimum pension has continued to

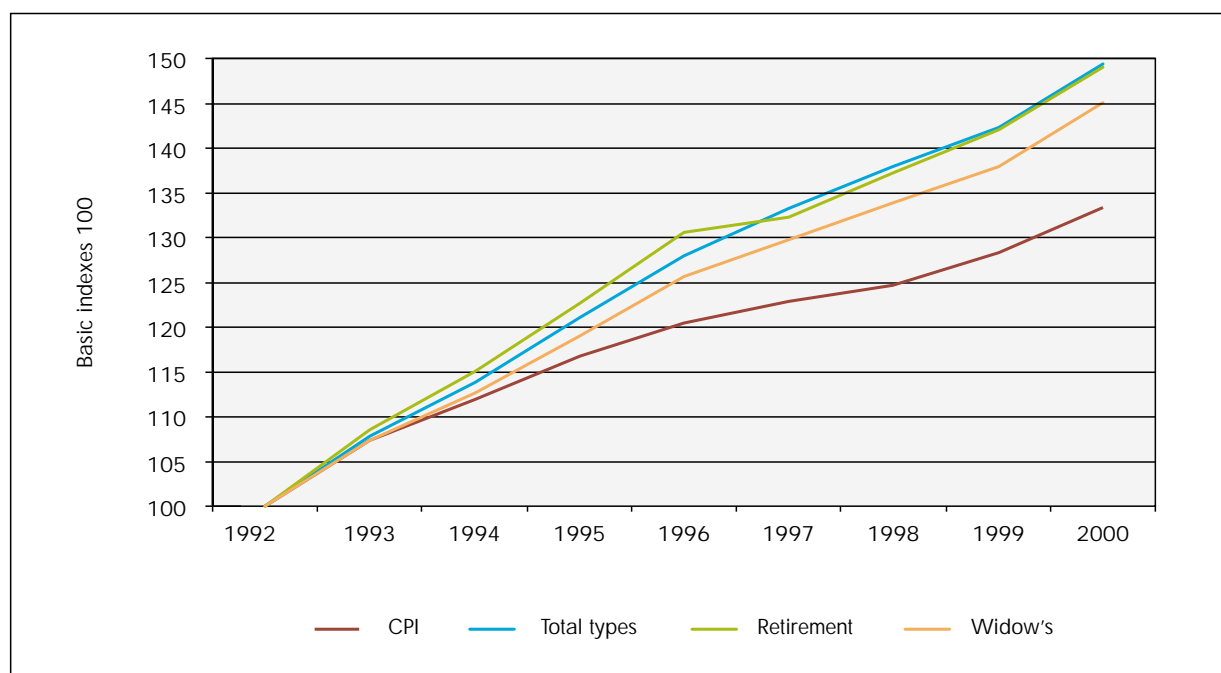
gain positions. The most important increase, however, has to do with minimum widow's pensions: in 1992 the value of these pensions was equal to 79% of the minimum wage, but in the year 2000 it was at 90.6% of the minimum wage.

### **Efforts have been put forth to improve the lowest pensions as a result of negotiations between the government, the employers' association and the trade union CC.OO**

The efforts of the government, the employers' associations and the major trade unions have concentrated on improving the economic terms of the lowest pensions. In September 1999 there was a preliminary step forth with a resolution passed by the Committee for the Permanent Follow-up of the agreement on pensions, which has benefited around 2,750,000 pensioners. The results of the agreement were apparent in the minimum amounts of pensions established for the year 2000. The amount of the minimum retirement and widow's pensions increased, in all cases, by more than 5%. There was a particularly intensive revision of the minimum amounts of widow's pensions for persons under 60, which increased by between 10.9% and 16%, depending on whether the beneficiaries had any family burdens. SOVI pensions increased by 4.1% and non-contributive pensions rose by 6.1%, whereas the CPI growth forecast for the year was 1.8%. In April 2001 the Agreement for the Improvement and Development of the Social Protection System was signed by the government, the trade union CC.OO, and the employers' associations CEOE and CEPYME. The agreement establishes a new revision of the minimum pensions in the system, particularly widow's pensions and those relating to SOVI.

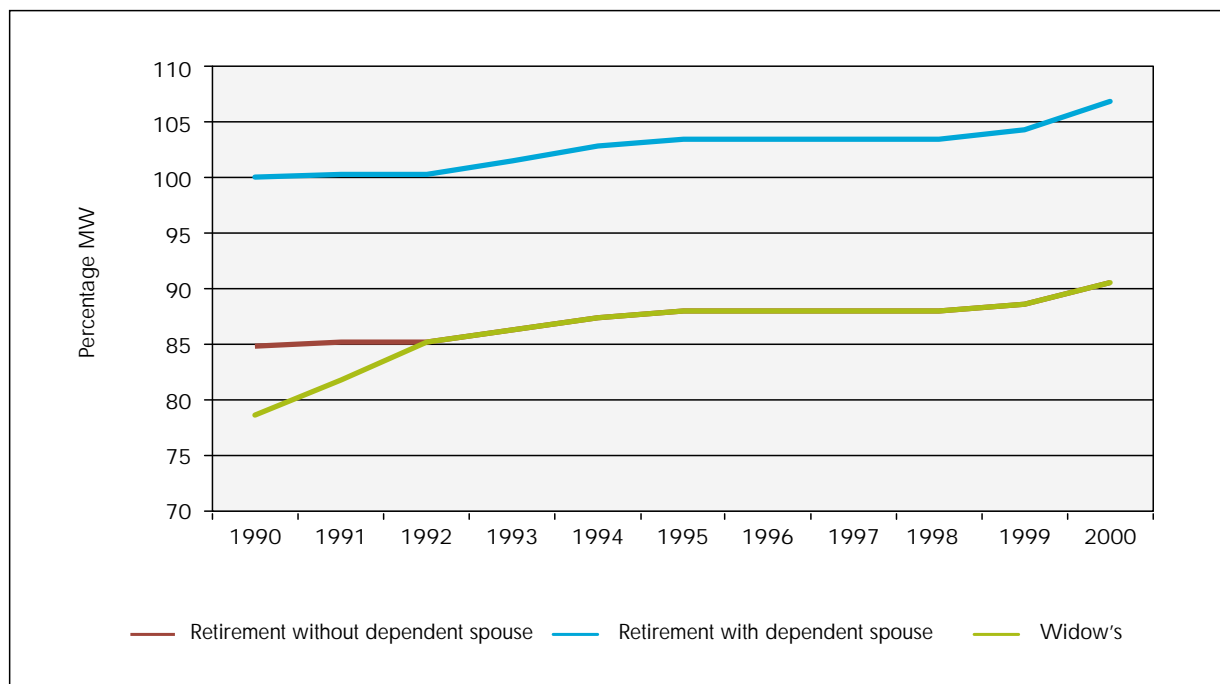
<sup>5</sup> MEH-Subdirección General de Clases Pasivas, *Boletín de Estadística*, diciembre 2000.

**Figure 3.12**  
**Average pension benefit in the Social Security system and consumer price index (CPI), 1992-2000**



Source: INSS (2001), Evolución mensual de las pensiones del sistema de la Seguridad Social, enero 2001; INE y elaboración propia.

**Figure 3.13**  
**Minimum pensions for those over 65 and net minimum wage (\*), 1977-2000**



(\*) Deduced the quotes of Social Security in charge of the worker.  
 Source: MTAS (2002), Proyecto de Presupuestos de la Seguridad Social, ejercicio 2001. Informe económico-financiero.

### 3.2.5. The Future of the Pension System

#### 3.2.5.1. The Contributors/Pensions Ratio

##### **Sustainability of the system: the contributors/pensions ratio**

The evidence of the ageing of the population has brought to the forefront the discussion on the future of the pension system. One of the most important aspects to be considered when analysing the future possibilities of the system is the ratio between contributors and pensions. Within the Social Security system in the year 2000 there was a ratio of 2.22 contributors per pension (figure 3.14.). The evolution since the mid 70s shows that there is a clear reduction process affecting the number of contributors per pension in force: from 2.95 in 1976 to 1.98 in 1996 and 1997. The improvement of the labour market situation, with the consequential increase in Social Security affiliation, has led to a slight though steady rise in the last years in the series.

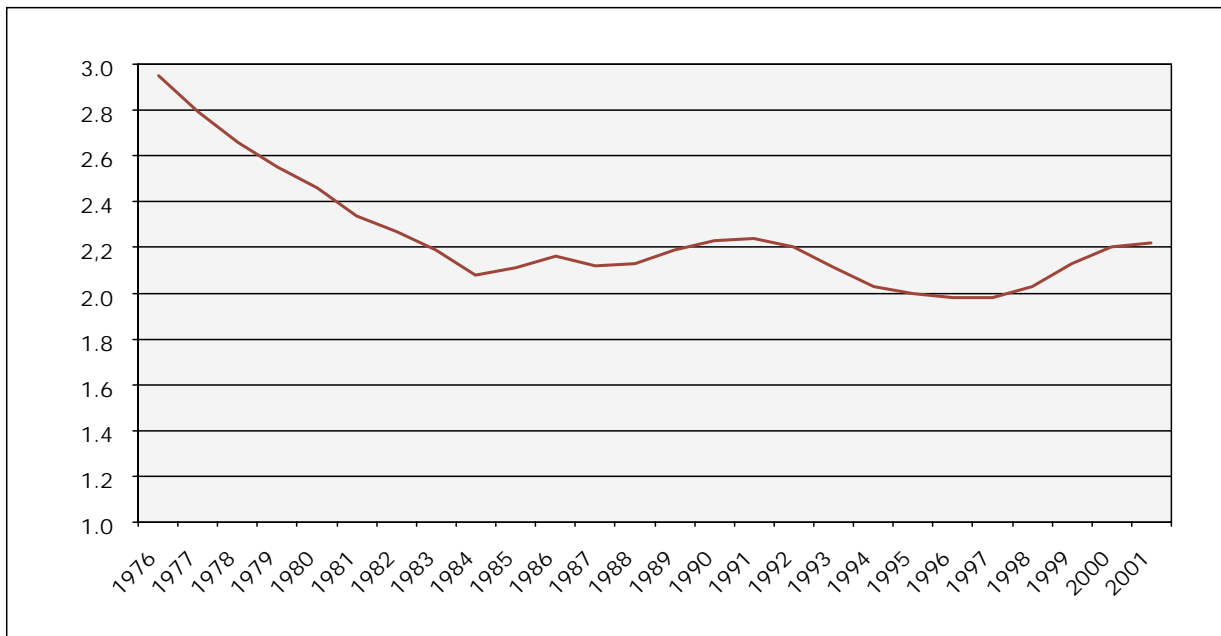
In the immediate future there are sufficient reasons to anticipate that the contributors/pensions ratio will continue to improve slowly thanks to the support of labour activity and, at the same time, thanks to the fact that the generations reaching retirement age will not be too numerous. Precisely the fact that these generations reach retirement age grants Spain a 'demographic truce' of sorts that allows us to face the future of the pension system with a measure of ease. However, it should be borne in mind that not too far down the road (around 2020) the numerous baby boomers will start to reach retirement age. The immediate effect will be a rise in the number of pensioners, but the retirement of the members of these generations will coincide with activity in the labour market of significantly less numerous generations born between the mid 70s and the end of the 20<sup>th</sup> century.

Also, since several years ago our country has a number of instruments that reinforce the sense of safety in respect of the future of the pension system. Our pension system has a reserve fund which, though modest, will continue to be nurtured in the coming years. As of December 2001 those reserves totalled € 2,433 million and it is estimated that by the end of 2002 they will have reached € 3,455 million, equal to nearly one month's payment of all the pensions in the system. Now the most important feature is that Spain has a permanent surveillance mechanism monitoring the evolution of the pension system, namely an Agreement involving both the employers' associations and the trade unions (*Pacto de Toledo*).

#### 3.2.5.2. Projections on Pension Expenditure

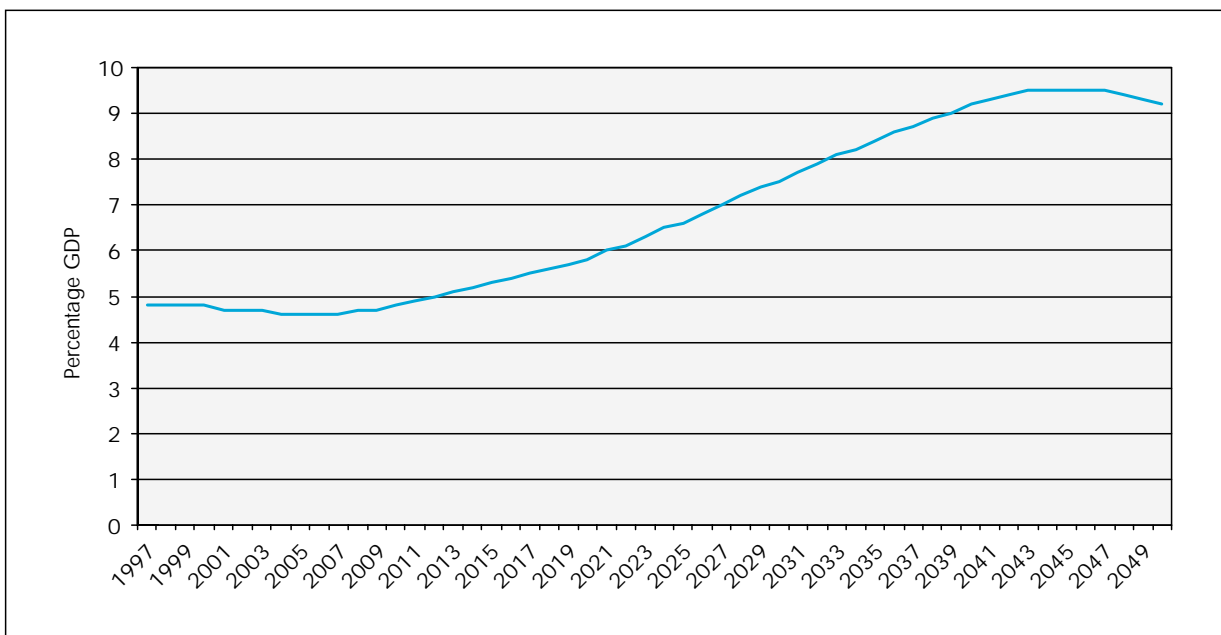
To finish the chapter, we are presenting the results of a projection of expenditure on Social Security contributive retirement pensions. If the legal framework of the pension system does not change, the volume of funds required to meet the cost of contributive retirement pensions in the Social Security system could go from 4.8% of GDP to 9.2% in the year 2050. The evolution, of course, is not linear. Expenditure basically remains constant until 2010 thanks to what we called a 'demographic truce' above. In the ten following years expenditure on pensions as a percentage of GDP rises by one percentage point, in the next two years it speeds up, growing by 1.5 percentage points in each year, and then it slows down at the end of the projection, even decreasing in the three final years. The main force behind this substantial growth is not the ageing of the population but the increase of the average pension. Between 1997 and 2050 the increase of the average pension accounts for 68% of the increased expenditure on pensions; the rest is due to the ageing of the population (19%) and the increase of the rate of coverage (13%).

**Figure 3.14**  
**Contributors/pensions ratio in the Social Security system, 1976-2001**



Source: MTAS (2000), Proyecto de Presupuestos de la Seguridad Social, Informe Económico-Financiero, vol. V, tomo 1.

**Figure 3.15**  
**Projection of expenditure on Social Security contributive retirement pensions as a percentage of GDP, 1997-2050**



Source: Blanco Moreno, A., Montes Alonso, J., y Antón Valero, V. (2000), Modelo para simular escenarios de gasto en pensiones contributivas de jubilación de la Seguridad Social. Documentos de Trabajo SGAPRS 2000-01, Ministerio de Economía y Hacienda-Secretaría de Estado de Presupuestos y Gastos.





# Living Conditions: Housing, Work and Economic Situation

LOURDES PÉREZ ORTIZ  
UAM

## 4.1. Housing

**There is a high proportion of elderly owners of large homes with some deficiencies**

Homes are the main assets of Spanish families, including those made up by elderly persons—it brings a sense of well-being and safety to those who own one. In Spain the most widespread form of housing relation is one of ownership: approximately four out of every five Spaniards own their home (figure 4.1). The proportion of homeowners in households in which the main supporter is an elderly person is higher, 82%, although there is a considerable distance between male (84.7%) and females (77.6%). There are also differences in terms of the living arrangements (figure 4.2.): the elderly persons who live alone do so less often in homes

they own (76%) than those who live with their spouse (83%).

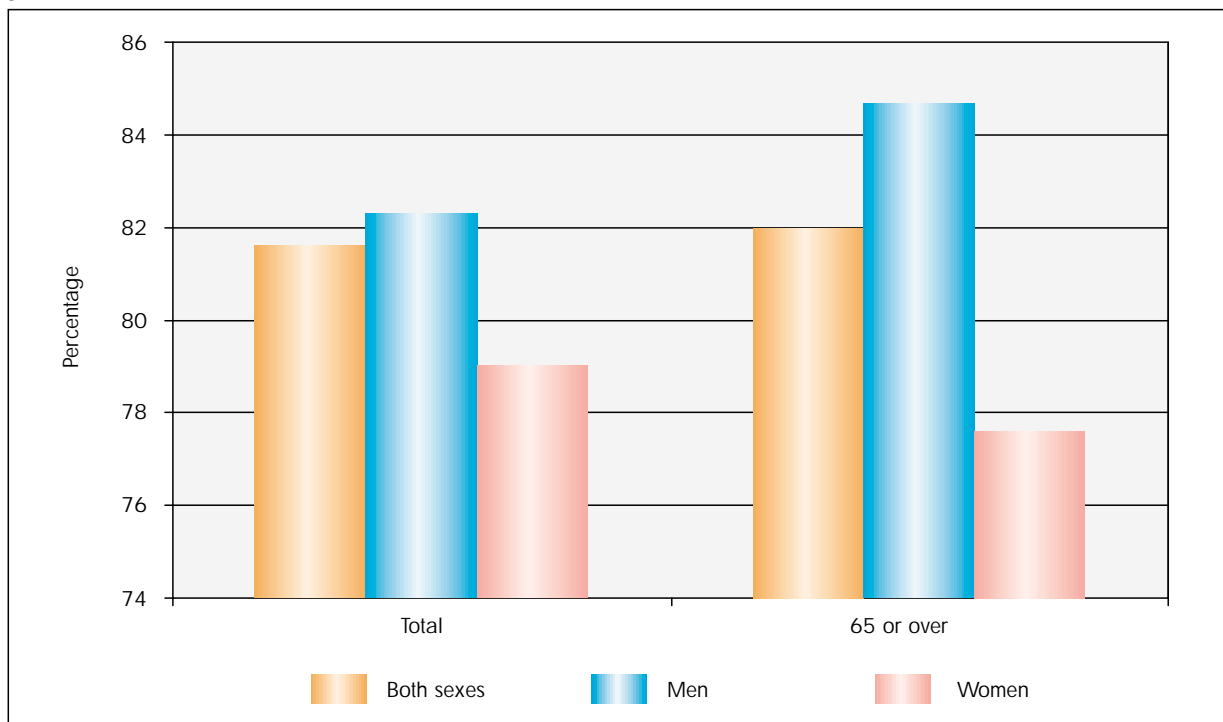
Regardless of the form of possession (ownership, rent), elderly persons generally reside in large, old homes, with some deficiencies in terms of facilities and equipment. In 1997, the number of rooms per person, excluding bathrooms, hallways, kitchen, etc.) was 1.7 for Spanish households in the aggregate, rising to 2 in homes where the householder was over 65. Elderly persons living alone have nearly four rooms.<sup>1</sup> Size seems to be associated with the lack of very basic amenities—bathroom or shower, toilet, hot water; altogether, 4% of Spanish households lacks at least one of these basic facilities, but in households headed by an elderly person the proportions are much higher, both among couples in which at least one of the partners is elderly (10%) and in homes with a person living alone (12%).<sup>2</sup>

The following figures (figures 4.3 y 4.4) have more detailed information on the facilities found in households headed by a retired person. As far as the most basic facilities are concerned, the most salient differences in respect of the rest of Spanish households have to do with heating: only 28.5% of elderly persons have this facility, compared to 37.6% of all homes. There are also significant differences regarding cars and more sophisticated equipment, such as a video, microwave oven, dishwasher, and PC. The reasons behind these shortcomings are largely non-financial—there are more powerful motives. Regarding cars, limitations in connection with driving licences after certain ages restrict the use of cars

<sup>1</sup> Kailis, W.: *Housing Conditions of the Elderly in the EU*, EUROSTAT, Statistics in focus 3-14/1999.

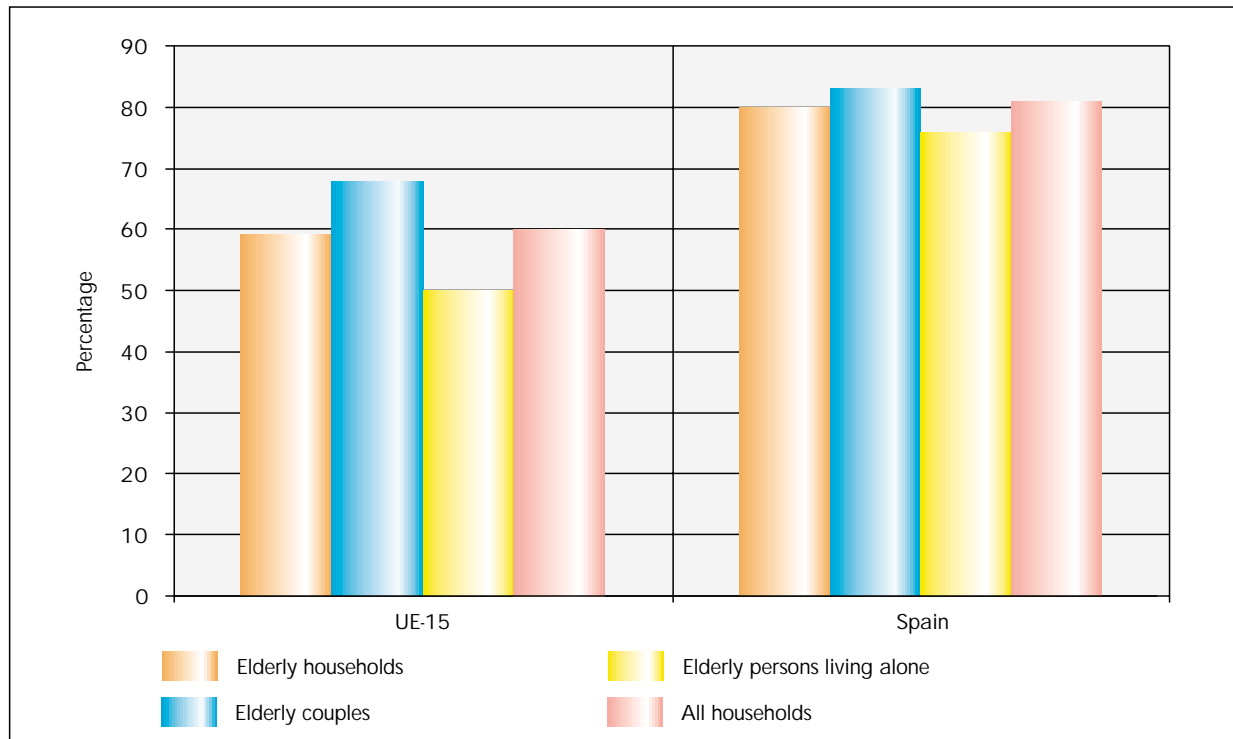
<sup>2</sup> INE, *Panel de Hogares de la Unión Europea, resultados para España*.

**Figure 4.1**  
Percentage of households owning their accommodation according to the gender and age of the main person, 1997



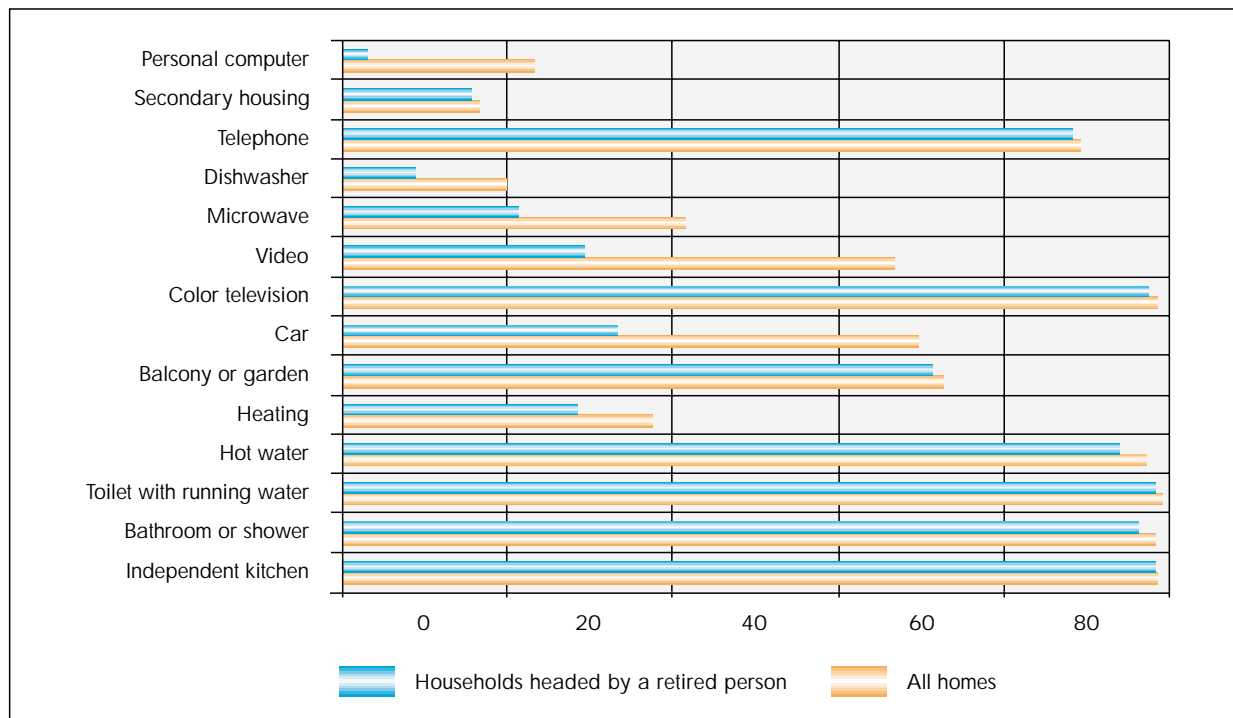
Source: EUROSTAT, European Community Household Panel.

**Figure 4.2**  
**Percentage of households owning their accommodation in Spain and in the European Union, according to type of home, 1997**



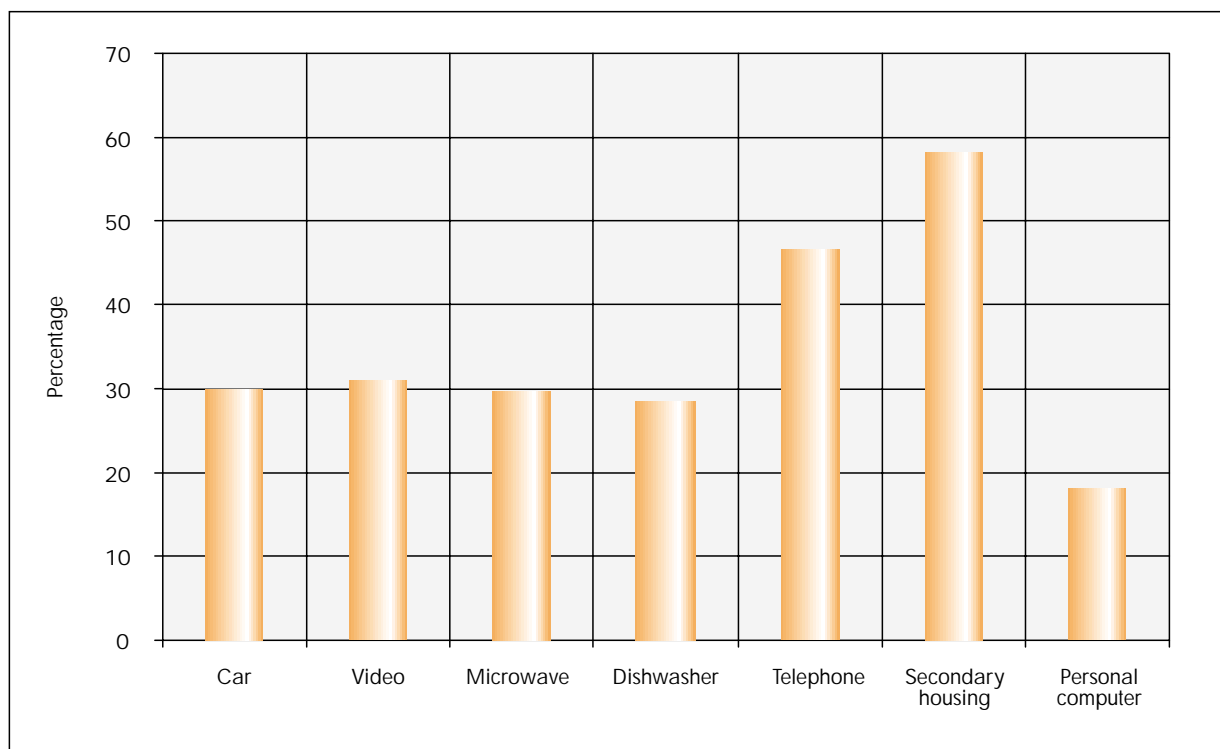
Note: Elderly households: Elderly couples and elderly people living alone.  
 Elderly couples: Households composed of two adults at least one whom is aged 65 years or more.  
 Source: EUROSTAT, European Community Household Panel.

**Figure 4.3**  
**Percentage of homes according to the facilities and equipment they have. Total homes and households headed by a retired person, 1997**



Source: EUROSTAT, European Community Household Panel.

**Figure 4.4**  
Households headed by a retired person that lack certain facilities and equipment because they cannot afford them, 1997



Source: INE, Panel de Hogares de la Unión Europea. Resultados para España.

by retired persons. For the other absences, the reasons may have to do with how old the homes are or that the equipment is too complicated.

In spite of the things they lack, there are some housing-related advantages among homes where the head of household is elderly. In these homes they have fewer housing expenses (a high proportion own their homes and most of them have already finished paying their mortgage), they say they have fewer problems with housing and they seem to be quite satisfied with their home. In Spain, only regarding leaks in the roof, humidity or rust or mildew around windows and on floors do elderly persons complain more than the rest of households (30% of homes of elderly persons vs. 22% altogether).<sup>3</sup>

## 4.2. Employment and retirement

### 4.2.1. Employment status of Persons 65 or Older

#### *A great majority of men and women 65 or older are no longer in the labour force*

The majority of men and women 65 or older are no longer in the labour force—only a small portion, 1.6% (around 118,500 individuals) remain active (employed or seeking employment). Most of those remaining in the labour force are men under 70, a group where 5.9% remain active as compared to 2.4% of women in the same age bracket, and 0.9% of men over 70 (table

4.1.). In general terms, unemployment rates at those ages are very low, because for elderly persons the alternative to occupancy is not unemployment but inactivity. The exception to the rule has to do with women aged 65 to 69, where there is an unemployment rate of 5.7%.

Although the greater part of the elderly persons outside the labour force are retired (because of their age or for other reasons), there is a significant proportion of persons who are inactive for other reasons. Gender is a decisive variable to be considered when analysing these forms of inactivity. Only 5.3% of inactive men are in that situation for a reason other than retirement—2.5% are permanently disabled and only 1.1% receive a pension not related to retirement (table 4.2.). Among women the situation is much different: only three out of every ten can be considered retired; another three are dedicated to housekeeping and 34%, especially among those over 69, receive a pension that is not a retirement pension. Most of these are non-contributive pensions in which the amount they receive is substantially lower than that of retirement pensions. In light of this information, the experience of retiring and the material conditions of access to retirement are necessarily different for each gender.

By economic activity, two out of every three employed persons 65 or older work in the service sector, one out of every four is dedicated to farming, 6.5% are in the industrial sector and 1.7% are in the construction sector (figure 4.5.). The older the age, the higher the number of persons that are active in farming, whereas it falls in the other sectors, particularly in construction. Women are largely active in occupations having to do with the service sector, and much less in the farming or construction sectors, where their presence is virtually non-existent.

<sup>3</sup> Kallis, W. (1999): op. Cit.

**Table 4.1**  
**Employment status of those 65 or older by gender and age, 2nd quarter 2001**

	Both sexes	Men	Women
<b>65 to 69</b>			
Population (thousands of people)	2,285.0	1,069.4	1,215.6
Employed (thousands of people)	91.9	62.8	29.1
Unemployed (thousands of people)	2.3	0.7	1.7
Employment rate	4.0	5.9	2.4
Unemployment rate	2.5	1.1	5.7
<b>70 or older</b>			
Population (thousands of people)	5,066.2	2,092.0	2,974.2
Employed (thousands of people)	26.6	19.2	7.5
Unemployed (thousands of people)	–	–	–
Employment rate	0.5	0.9	0.3
Unemployment rate	–	–	–

Source: Instituto Nacional de Estadística, Encuesta de Población Activa, resultados detallados, II trimestre 2001.

**Table 4.2**  
**Inactive persons by main type of inactivity, gender and age, 2nd quarter 2001**

	Main type of inactivity (%)					
	Total (thousands)	Retired or early retired	Home tasks	Disabled for work	Recipient of pension different from retirement (or early retirement)	Other situations
<b>Both sexes</b>						
65 or older	7,232.6	57.4	17.6	3.7	20.2	1.0
65 to 69	2,193.1	57.1	25.3	3.9	12.2	1.5
70 or older	5,039.5	57.6	14.3	3.7	23.6	0.8
<b>Men</b>						
65 or older	3,079.3	94.7	0.4	2.5	1.1	1.3
65 to 69	1,006.5	92.6	0.5	4.0	1.0	1.9
70 or older	2,072.8	95.7	0.4	1.8	1.1	1.1
<b>Women</b>						
65 or older	4,153.2	29.8	30.4	4.7	34.3	0.7
65 to 69	1,186.5	27.0	46.4	3.8	21.7	1.1
70 or older	2,966.7	31.0	24.0	5.0	39.4	0.6

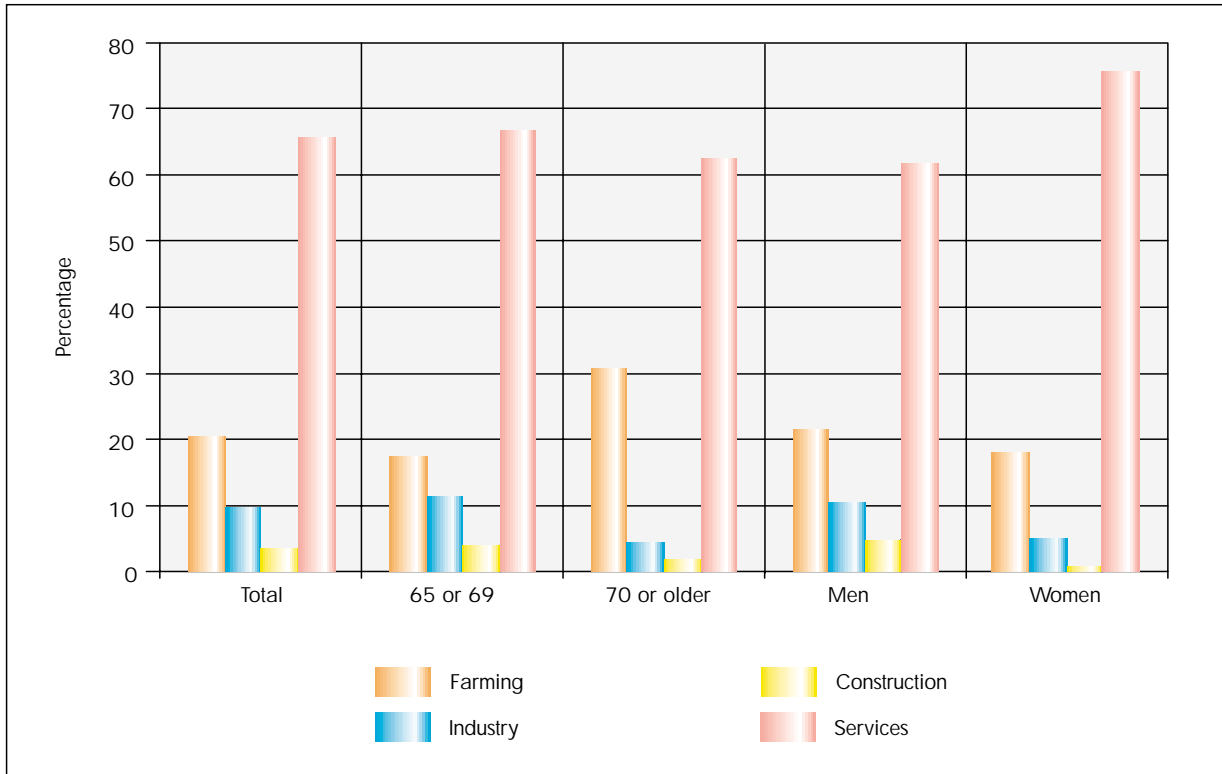
Source: Instituto Nacional de Estadística, Encuesta de Población Activa, resultados detallados, II trimestre 2001.

**Working past the age of 65—an option or an obligation?**

Regarding their professional status, nearly two out of every three elderly workers are self-employed (figure 4.6.), mostly as entrepreneurs without employees or as independent workers (38.3%) and to a lesser extent as employers (15.7%). Among the wage earners (38%), most of them are in the private sector (26.2%). By age, over 70 there is a substantial increase in the percentage of self-employed workers (78.2%), to the detriment of wage earners (21.8%). Within these two categories,

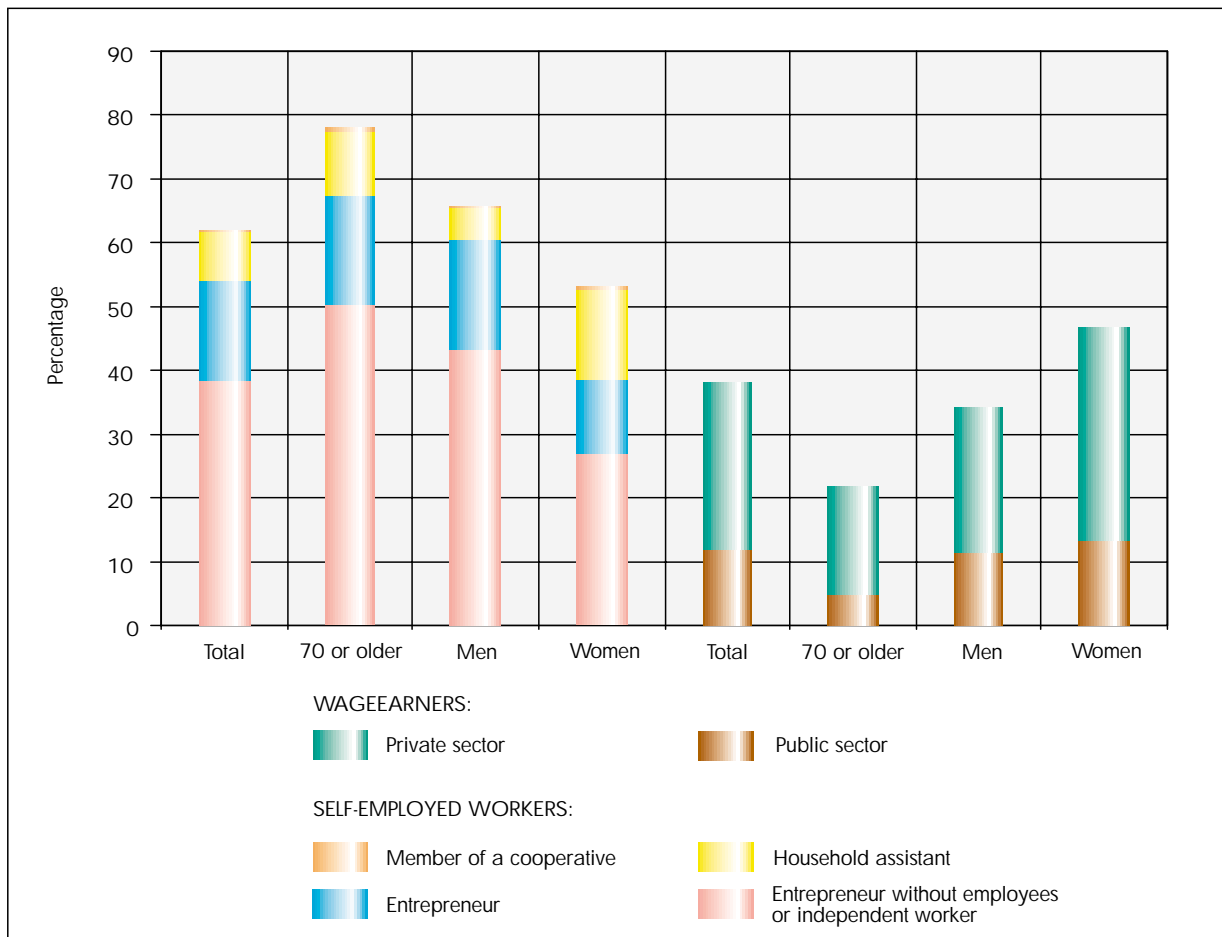
there are more employers than entrepreneurs without employees or independent workers. Among wage earners, the older they are the higher the proportion working in the private sector, to the detriment of those in the public sector. Incorporating gender to this analysis, women tend to be wage earners more often (47% vs. 34.1% of men), in the private sector (33.5% vs. 22.9%) and, when they are self-employed, it is less likely that they should also be employers (11.7% vs. 17.3%), and they are not often entrepreneurs without employees or self-employed (27% vs. 43.2%), and quite often work as 'household assistants' (14% vs. 4.9%).

**Figure 4.5**  
**Employed persons 65 or older by economic sector, gender and age groups, 2<sup>nd</sup> quarter 2001**



Source: INE, Encuesta de Población Activa, resultados detallados, II trimestre 2001.

**Figure 4.6**  
**Employed elderly persons by gender, age and professional status, 2<sup>nd</sup> quarter 2001**



Source: INE, Encuesta de Población Activa, resultados detallados, II trimestre 2001.

The occupational profiles vary significantly according to the gender of the workers (figure 4.7). Half of the men work in executive positions in companies or in the Administration (19.4%), as engineers, scientists or intellectuals (23.5%), or in technical or professional positions (7.6%), whereas there is only a small presence of unskilled workers (5.5%). As far as women are concerned, their presence in higher positions is not as frequent, with 31% in executive, professional or technical positions, but there is a much higher proportion of unskilled workers (28.4%) in comparison to men.

The fact that nearly half of those working beyond retirement age are engaged in occupations belonging to the highest positions in the occupational ranking and that they are self-employed could lead us to the conclusion that working beyond retirement age is a privilege reserved to those who wish to and are able to work. The comparison between the occupational structure of this age group and the one immediately below (60-64) seems to support this thesis. In effect, in comparison to the latter age group, the presence in the 65+ bracket of executives, professionals and intellectuals is much larger. Among men there are nearly 20% more. However, among women the difference is barely visible, and the presence of unskilled workers is greater

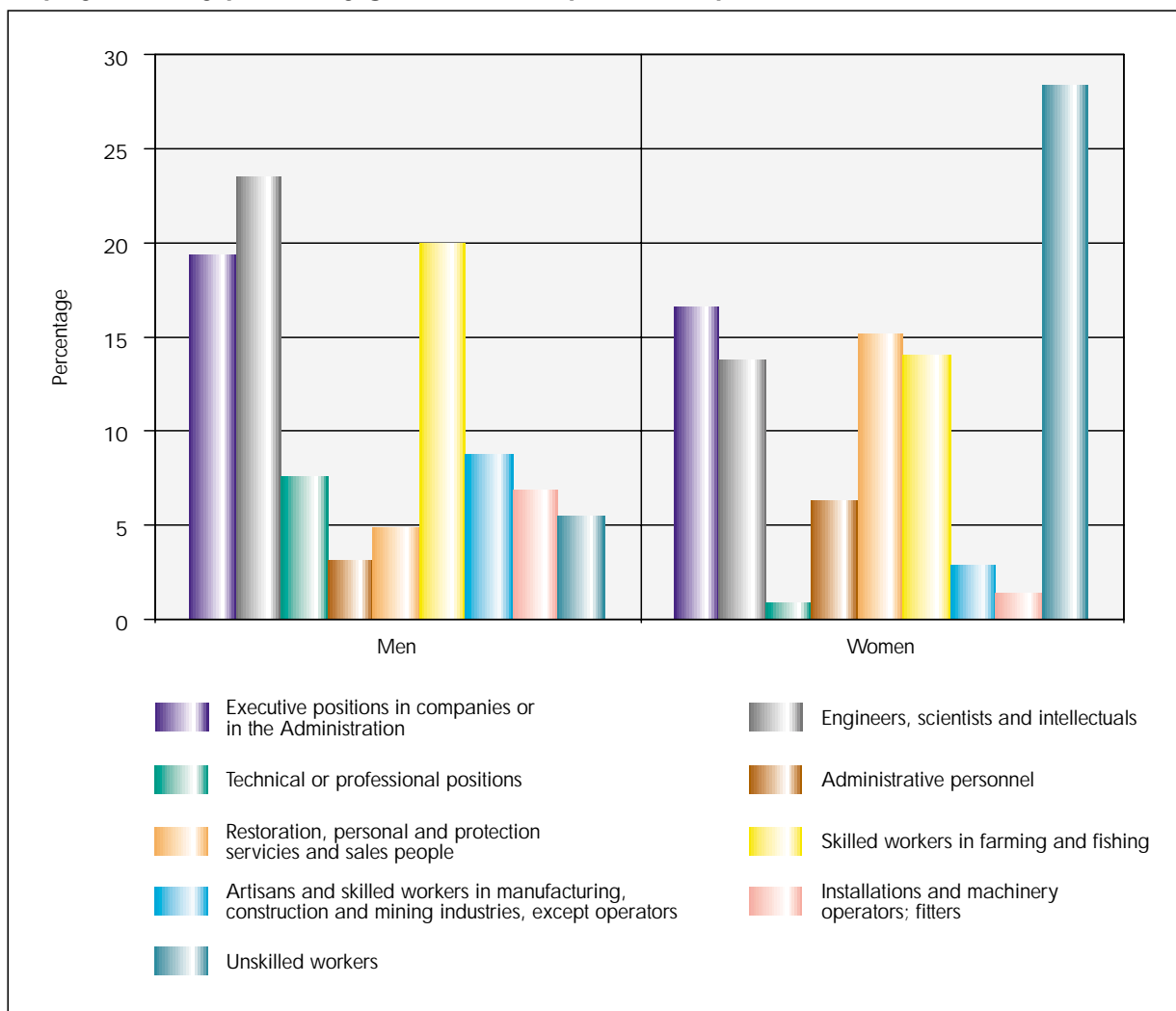
in the 65+ group. This information allows us to make a qualification regarding the presence of elderly persons in the labour force: in no event must we disregard the presence of elderly persons in the lower-ranked occupational groups (especially women). And it must not be forgotten that some of those in executive positions may actually be working in small companies or outlets. In such cases, it is possible that for them working beyond retirement age is a matter of need rather than choice.

#### 4.2.2. The Evolution of the Calendar for Leaving the Labour force

##### *The early retirement process has lost ground in the last few years*

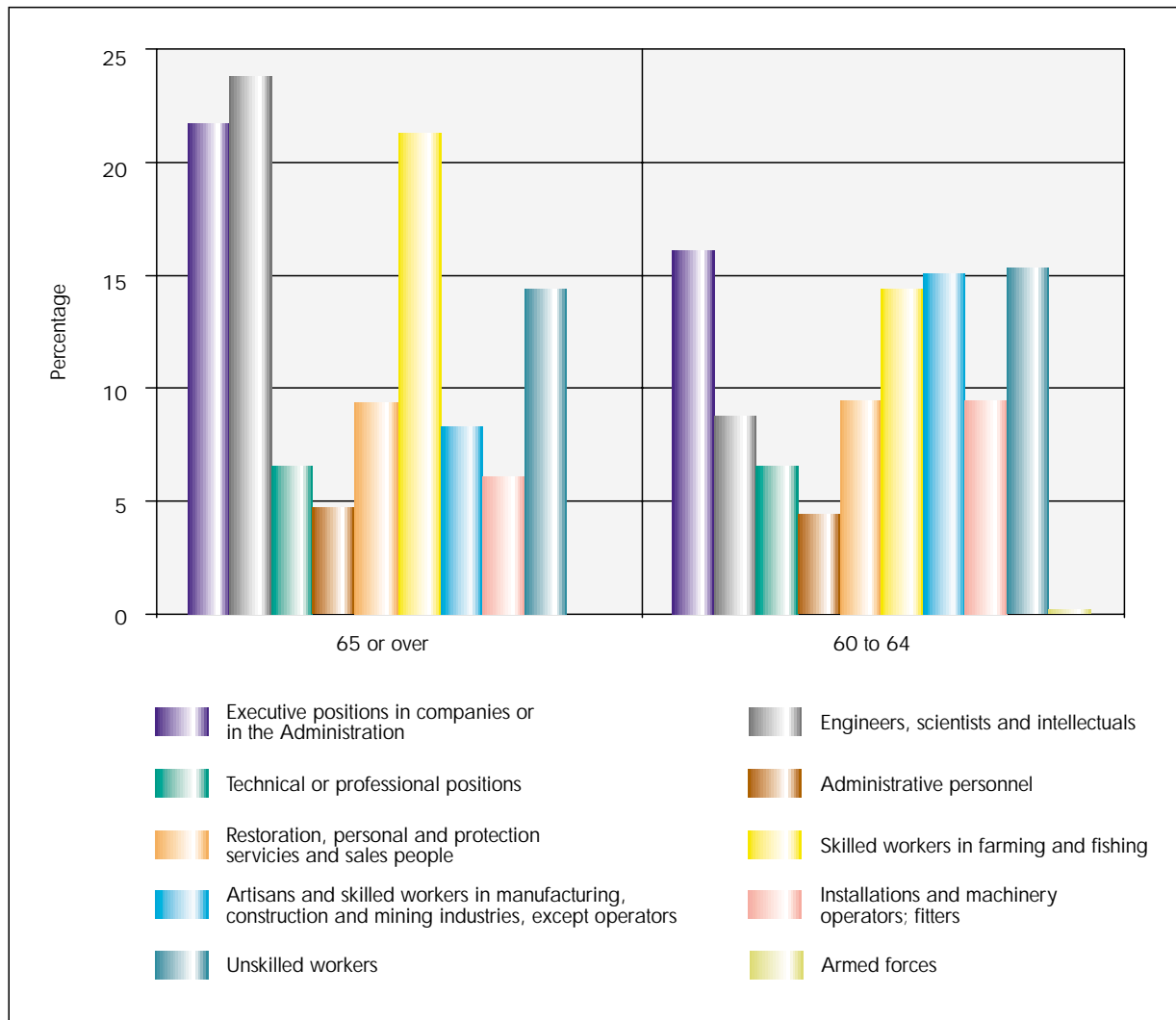
Concerning when people retire, at the end of the 70s nearly one out of every five men 65 or older remained in an occupation; 30 years on the proportion is just under 3 out of every 100 (figure 4.9). It is therefore now, at the beginning of the 21<sup>st</sup> century, when the age of retirement has attained its full meaning, and for many individuals it entails a definitive severance from all forms

**Figure 4.7**  
**Employed elderly persons by gender and occupation, 2<sup>nd</sup> quarter 2001**



Source: INE, Encuesta de Población Activa, resultados detallados, II trimestre 2001.

**Figure 4.8**  
**Employed aged 60 to 64 and 65 or over by occupation, 2<sup>nd</sup> quarter 2001**



Source: INE, Encuesta de Población Activa, resultados detallados, II trimestre 2001.

of work. Other things have also changed in the transition to retirement calendar. For instance, there has been a substantial decline in the proportion of workers of pre-retirement age who have left the labour force permanently. At the end of the 70s, three out of every four workers in the 55-64 age group was employed; 20 years later, not even one out of every two continued working. In recent years, however, as the overall labour market conditions have improved in Spain there has also been an increase of the employment rate (employed people 100 inhabitants) in that age group, reaching 57.5% in the 2<sup>nd</sup> quarter of 2001.

This trend is part of a thorough transformation spanning the entire work calendar. Paradoxically, at a time when life lasts longer and health conditions are better, the active life of individuals is shortening at the two extremes: at the lower end, because people enter the labour market at increasingly later ages; at the higher end, because the retirement age is lowered.

Among the reasons leading to the anticipation of the exit from the labour force there are factors that draw people out of the market and others that push them out. Among the latter, there are two that are particularly significant: the situation of the labour market and policy incentives. Social policies may have acted as an in-

centive for leaving the labour market, lowering the age at which one can access retirement benefits or establishing new institutional exits from the labour force, but also in a more elementary and immediate form, namely by establishing the incompatibility of receiving earned income and retirement pensions. In Spain this requirement was revised in 2001; now Spanish regulations try to encourage people to remain in the labour force past the age of 65, allowing them to combine part-time work with a pension that is also reduced, offering discounts in corporate contributions (to the Social Security system) to older workers or allowing workers who remain in the labour market to continue to accumulate rights for when it comes time to receive their pension.

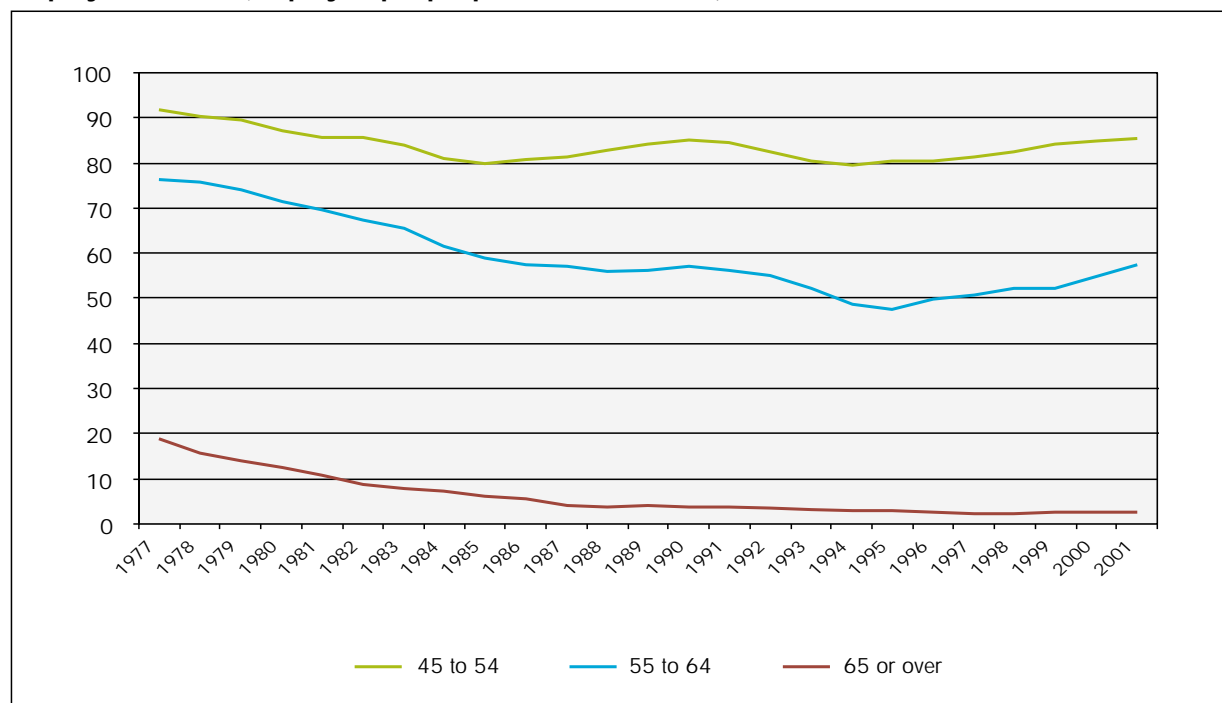
#### **4.2.3. Population Ageing and the size of labour force: Projections**

***The size of the labour force will start to decline between the years 2015 and 2020***

With respect to the incidence that the ageing of the Spanish population may have on the size and structure



**Figure 4.9**  
Employment rates (employed people per 100 inhabitants) of male workers 45 or older, 1997-2001



Source: INE, Encuesta de Población Activa.

of the labour force, we have carried out a simulation up to the year 2020. The information we have obtained shows that at some point between the years 2015 and 2020 the size of the labour force will begin to decline. By age groups, young persons have started to decline first, starting in the 90s, in such a way that while in 1991 one out of every four people of working age were 15 to 24 years old, in 2020 this group will account for only 15% of the labour force. The population between 15 and 54 will start to decline between 2010 and 2015, whereas only the group of persons over 55 will grow until the end of the projection.<sup>4</sup>

The *replacement index of the working age population* gives us an idea of the availability of new members for the labour force to make up for those who retire. In 1991 there were 63 persons near retirement age (60 to 64 years old) for every 100 newcomers (15 to 19), whereas in 2020 the ratio will be 128 workers about to leave the labour market for every 100 about to enter, i.e., each year there will be fewer newcomers in the working age population than the number of people leaving the labour market (figure 4.10). The balance goes negative for the first time at some point between the years 2005 and 2010.

### 4.3. Economic Situation: Income and Poverty

#### **The economic situation of elderly persons remains below the average for Spanish households**

During the 90s the economic status of elderly persons in Spain continued to progress, but it is still below

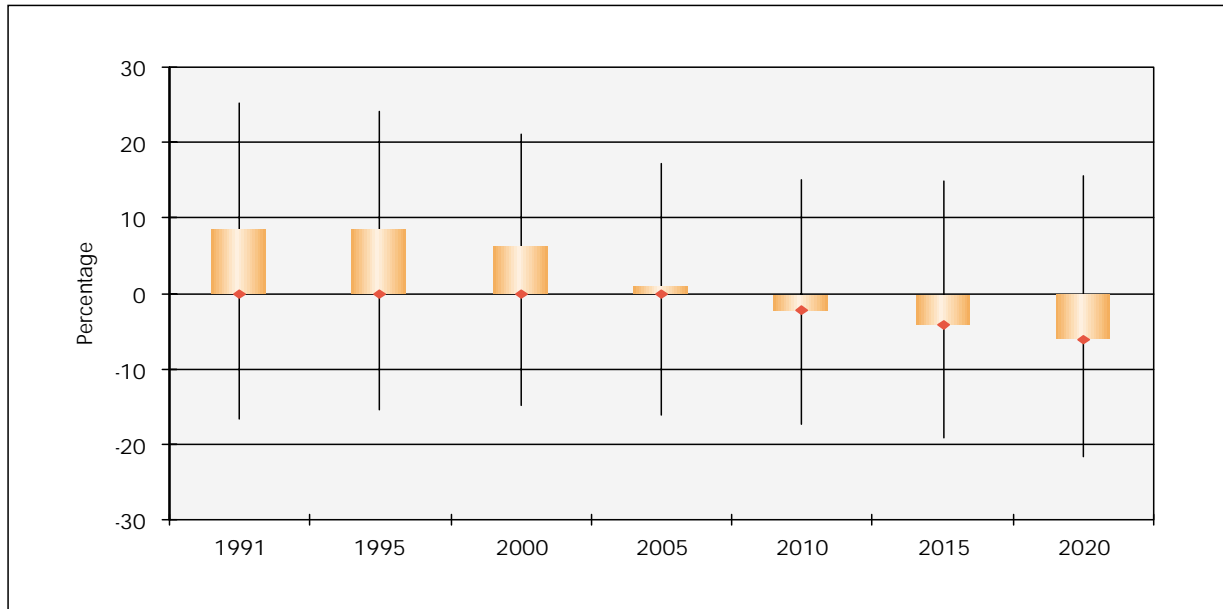
<sup>4</sup> Ministry of Labour and Social Welfare: *Las personas mayores en España. Informe 2000, 2001.*

the average for Spanish households. In 1998, *equivalent average expenditure* or *average expenditure per consumption unit*<sup>5</sup> of a home where the head of household was 66 or older equalled 88.6% of the average expenditure across all households as compared to 84.4% in 1990 (figure 4.11.). The improvement of the situation of households made up by one person has been much more important: in 1990 the equivalent average expenditure in these households was 81.2% of the average expenditure of all households, whereas in 1998 elderly persons living alone spent the same as the average Spaniard. The fact that someone is a pensioner or retired also entails a situation below the average of all households: 86.9% and 87.6%, respectively. The European Union Household Panel measures the economic situation of households by income rather than by expenditure. The information provided by this source (figure 4.12) does not differ substantially from the above: it gives households headed by an elderly person a below average situation, but closer than what is shown by the expenditure indicator, because the equivalent average income of households headed by a person 65 or older was 97.6% of the average of all households (99% if the main provider is a man and 93.7% in the case of women).

The choice between these two indicators is not clear. Both of them represent imperfect approaches for a number of reasons, and as a result in Spain the Na-

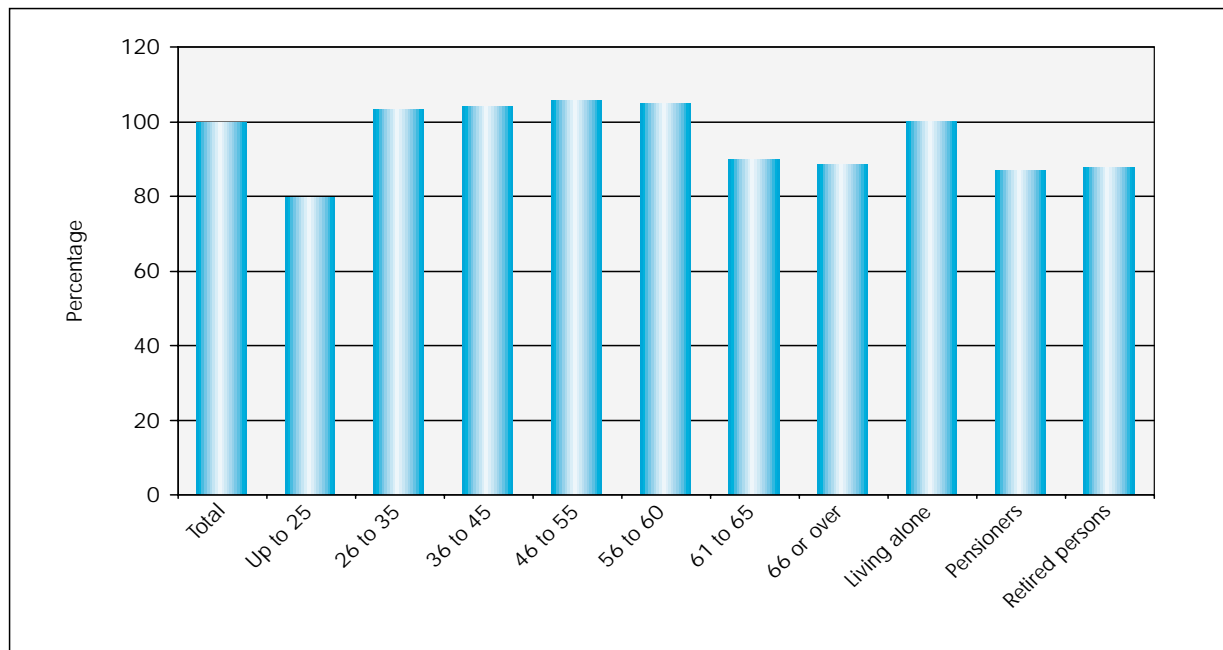
<sup>5</sup> 'Equivalent' added to expenditure or income means that expenditure or income per capita of a household has been corrected by weighting the different members of the household according to their age, under the assumption that cohabitation in a home generates 'economies of scale' and that the needs of individuals vary according to age. The most usual way of incorporating this correction is the Oxford scale, by virtue of which the number of consumption units in a household is the sum of the members of the household weighted by: 1 for the main supplier; 0.7 for members 14 or older and 0.5 for those under 14.

**Figure 4.10**  
**Balance of entries to and exits from the working age population, 1991-2020**



Source: INE, Proyección de la población española, base censo de población de 1991 y elaboración propia.

**Figure 4.11**  
**Equivalent average expenditure householder: elderly persons living alone, pensioners and retired persons. Average-based indices, 2<sup>nd</sup> quarter 1998**

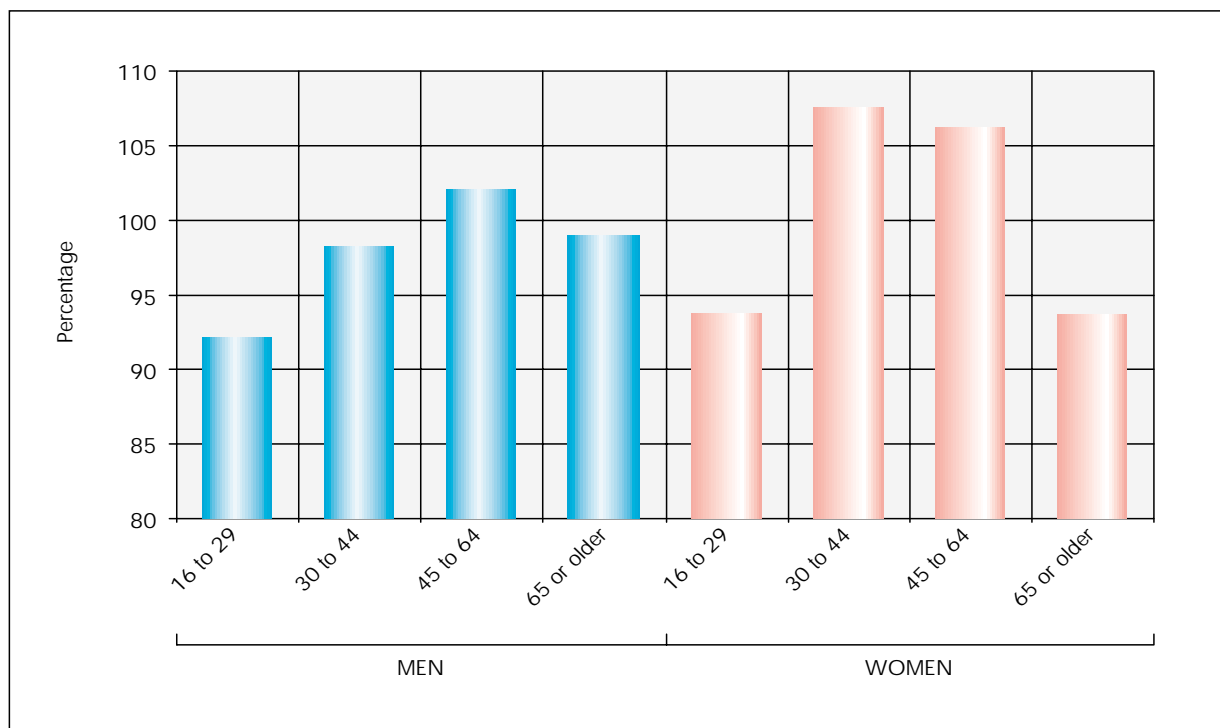


Source: INE, Encuesta Continua de Presupuestos Familiares, II trimestre de 1998.

tional Statistics Institute (INE) still uses information on expenditure, whereas Eurostat gives prominence to information on income. As we all know, if we take the income indicator we might be overestimating the economic situation of elderly persons in respect of other population groups, because the sources we have consulted either take account of fixed period income (preferably monthly in Spain) that is more or less uniform in its

amount. In other words, the income indicator would basically be appropriate for gathering data on wage earners and those who receive the greater part of their income via public transfers—this includes elderly persons. On the other hand, by using the expenditure indicator we can underestimate the economic situation of elderly persons. This is so because in Spain the generations that are now elderly are from a historical period that was

**Figure 4.12**  
**Equivalent average income by age and gender of the householder, 1996. Average-bases indices**



Source: EUROSTAT, European Community Household Panel.

very different from ours, especially as far as consumption patterns are concerned. The larger part of their childhood and teenage years took place in the midst of the privations of the Civil War (1936-1939) and the post-war period. In Spain it was not until the 60s that consumption patterns began to modernise, and it is possible that by then the members of these generations were too old to adapt to the new life style. In fact, it cannot be known to what extent those consumption patterns are still in place among the older generations. What we do know is that in general terms, in households headed by an elderly person more is invested in staples (basically goods relating to food and housing) than in the rest of Spanish households. The problem lies in the fact that the income level itself has a bearing on the expenditure structure of households, and it is not possible to separate the 'income effect' from the actual needs of households or from other effects, for instance the effect of culture.

The distribution of expenditure in households headed by an elderly person (figure 4.13) shows that it is a fact that households headed by an elderly person spend more than the overall household average in food and non-alcoholic beverages and supplies. These two items take up 60% of the budget of households headed by elderly persons as opposed to 47.8% in Spanish households in the aggregate. If a household consists of an elderly person living alone that percentage rises to 70%. Conversely, elderly persons spend less on transportation, leisure activities and learning. The low cultural level of elderly Spaniards and their own habits can partly explain their low involvement in the consumption of items relating to culture, leisure or travel.

Distribution by income brackets underscores all the foregoing, because it shows a significant presence of elderly persons in the lower income brackets—in seven out of every ten households with monthly average in-

come below € 793, as opposed to their presence in 34.4% of all households (figure 4.14.). If a household is headed by an elderly woman that proportion rises to nine out of every ten households.

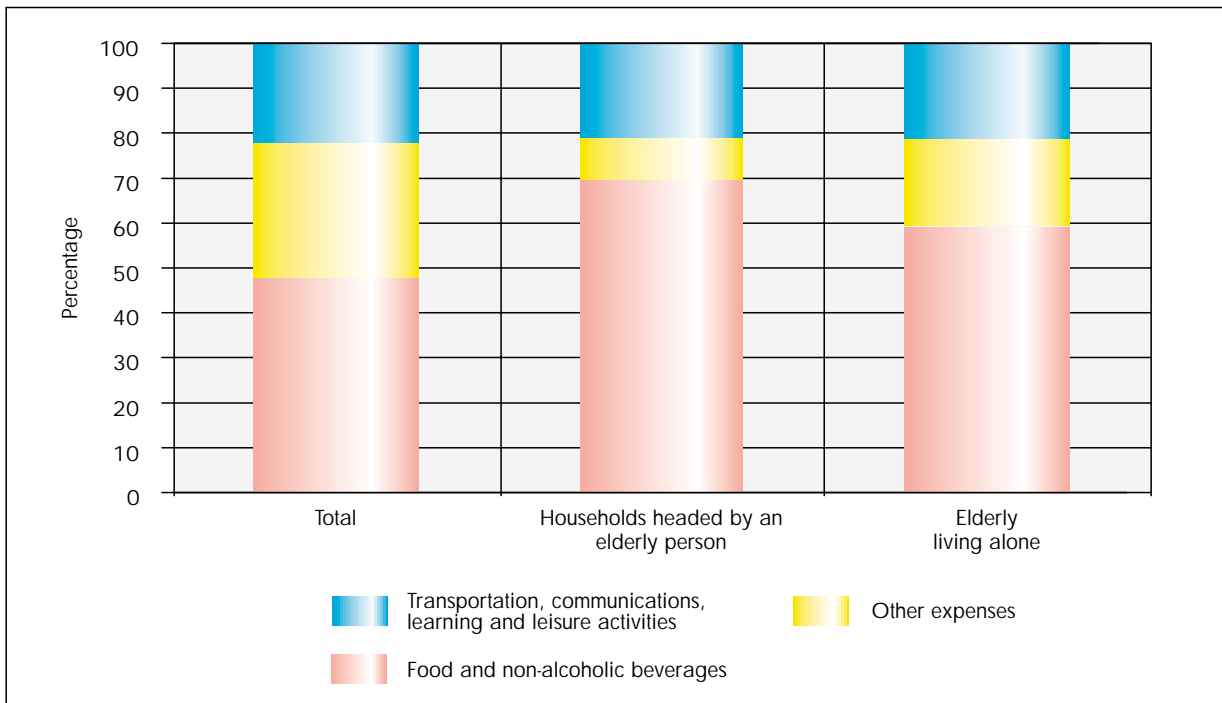
**Households headed by elderly persons have the greatest risk of poverty**

An alternative way of analysing the economic situation is looking at the incidence of poverty. Once again we have an indicator based on expenditure and another one based on income. The expenditure-based indicator (table 4.3.), which established the poverty line at 60% of the equivalent median expenditure, shows that at the end of the 90s nearly one out of every four elderly persons could be considered poor, whereas the percentage is 14.7% for the Spanish population at large. There is not a higher incidence of poverty in any other age group. But even in the case of elderly persons living alone the percentage of poor is higher, with 31% of them below the established threshold.

In this case the income indicator provides us with information that is quite different (figure 4.15.). First of all, the percentage of poor among persons 65 or older is now considerably lower (14.6%). Secondly, that percentage is lower than the average for all ages (18.9%). And in the third place, the over 65+ group is in the most favourable situation within the classification by ages. Another funny figure is that the incidence of poverty among elderly women is lower than among men, though only slightly, according to this indicator.

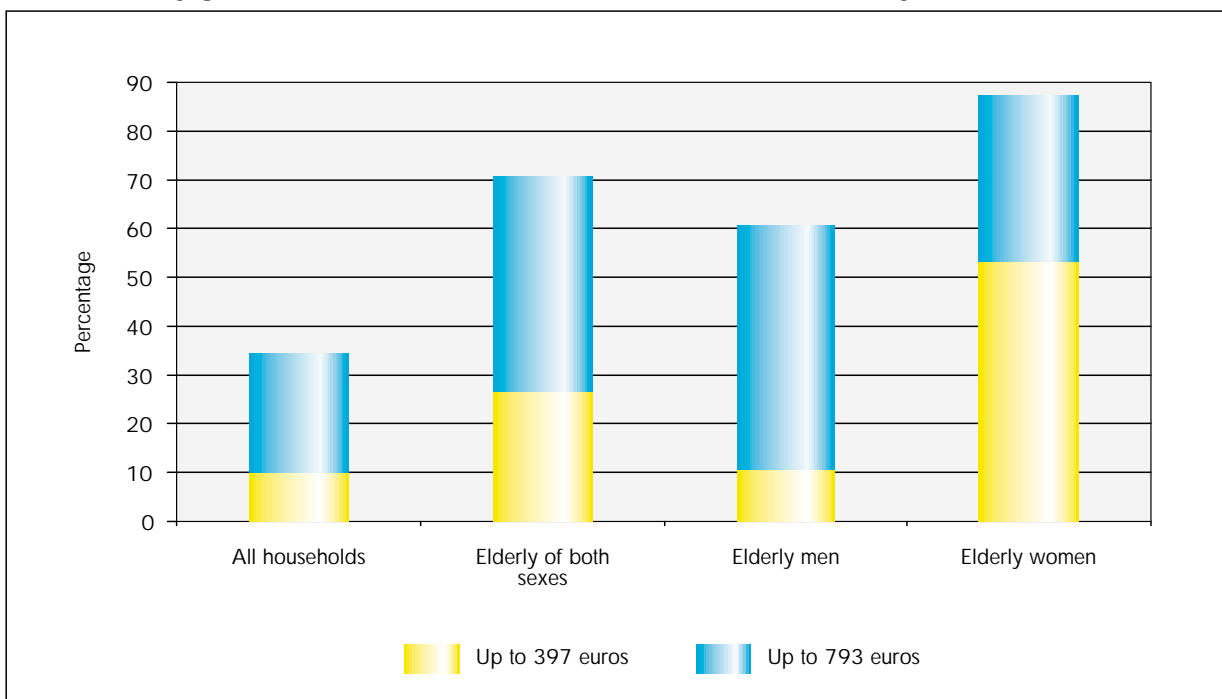
The latest information, however, contrasts with that of the other indicator furnished by EUROSTAT. It is the an-

**Figure 4.13**  
**Household expenditure structure by expenditure groups: total households, households headed by an elderly and elderly people living alone, 1998**



Source: INE, Encuesta Continua de Presupuestos Familiares, resultados anuales, 1998.

**Figure 4.14**  
**Households by gender of the head of household and household monthly income brackets in 1997**



Source: INE, Encuesta Continua de Presupuestos Familiares, resultados anuales, 1998.

**Table 4.3**

**Persons below the PL60 poverty line (threshold of 60% of the median equivalent expenditure of all households) by age groups, 2nd quarter 1998**

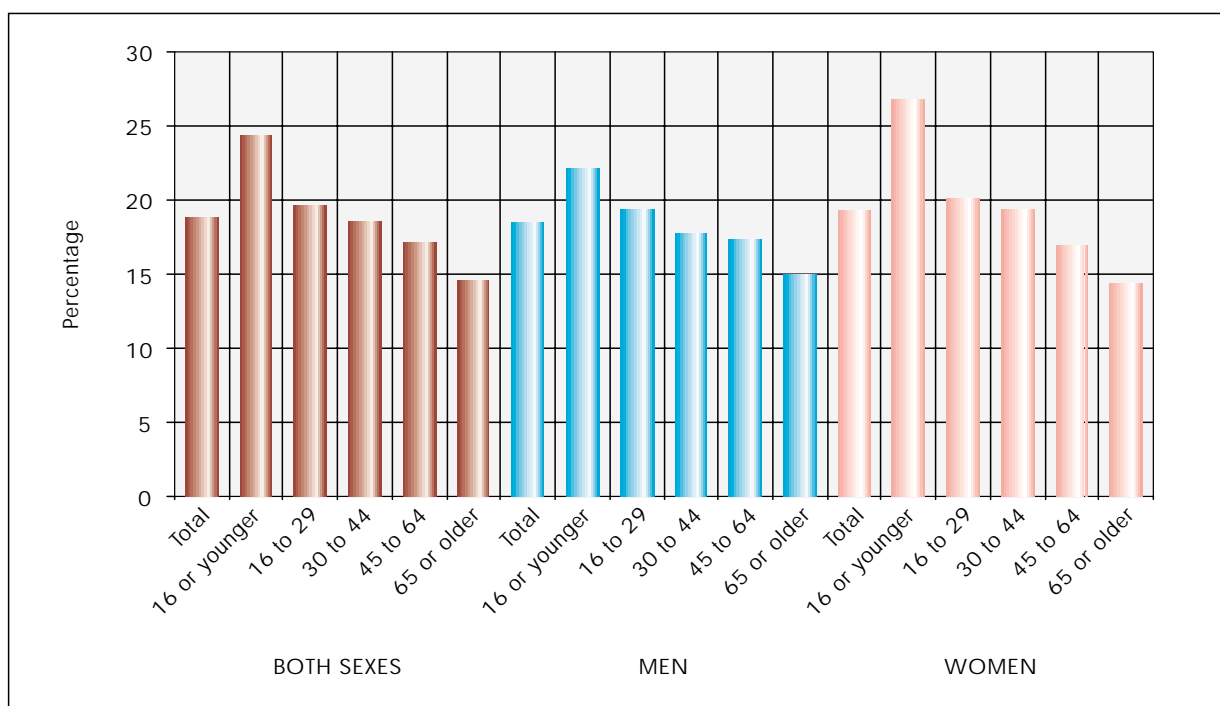
	Total persons	Persons below the PL60 line	Percentages of persons below the PL60 line
Total	39,105,593	5,756,792	14.7
Not shown	8,481	4,833	57.0
Upto 25	13,212,577	1,891,937	14.3
Between 26 and 35	5,835,311	767,185	13.2
Between 36 and 45	5,289,614	558,609	10.6
Between 46 and 55	5,193,848	580,806	11.2
Between 56 and 60	1,889,826	288,489	15.3
Between 61 and 65	2,143,704	371,233	17.3
66 or older	5,532,233	1,293,700	23.4
Single person of 65 or older	763,361	234,322	30.7

Notes: 1. Results obtained from the sub-sample in high level of co-operation.  
 2. The threshold used for the construction of the poverty line was 60% of the average of the mean cost equivalent per person.  
 3. In order to calculate the units of consumption, the modified OECD scale was used.

Source: Instituto Nacional de Estadística, Encuesta Continua de Presupuestos Familiares, II trimestre de 1998.

**Figure 4.15**

**Persons below the poverty threshold (60% of equivalent median income) by gender and age of the head of household, 1996**

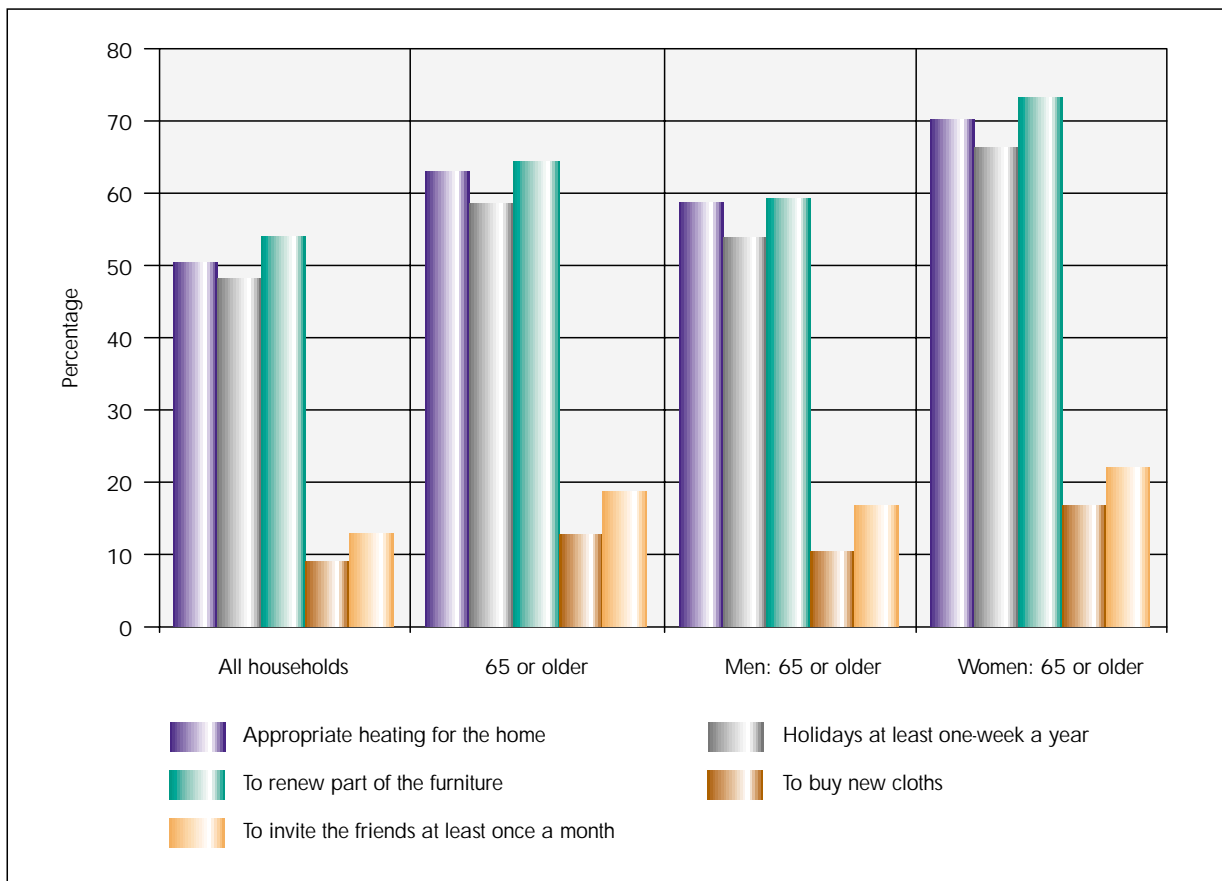


Source: EUROSTAT, European Community Household Panel.

swer to a question on certain expenses that households cannot afford (figure 4.16). All of the households headed by elderly men or women admitted that they faced greater economic difficulties than what was stated by the average of all households: 63% of households headed by an elderly person could not afford appropriate

heating for their home (50.4% across all ages); 64.5% could not afford to renew part of the furniture (vs. 54% altogether); and 58.6% could not meet the expenses of a one-week vacation (vs. 48.1% altogether). And the difficulties were greater in each of these sections for households headed by women.

**Figure 4.16**  
**Households by gender and age of the head of household, and various expenses they cannot afford, 1997**



Source: EUROSTAT, European Community Household Panel.



# Social Indicators

LOURDES PÉREZ ORTIZ  
UAM

## 5.1. Living arrangements, solitude and social relations

### 5.1.1. Family

**Residential independence is the most extended living arrangement, although the proportion of people living alone is still relatively low**

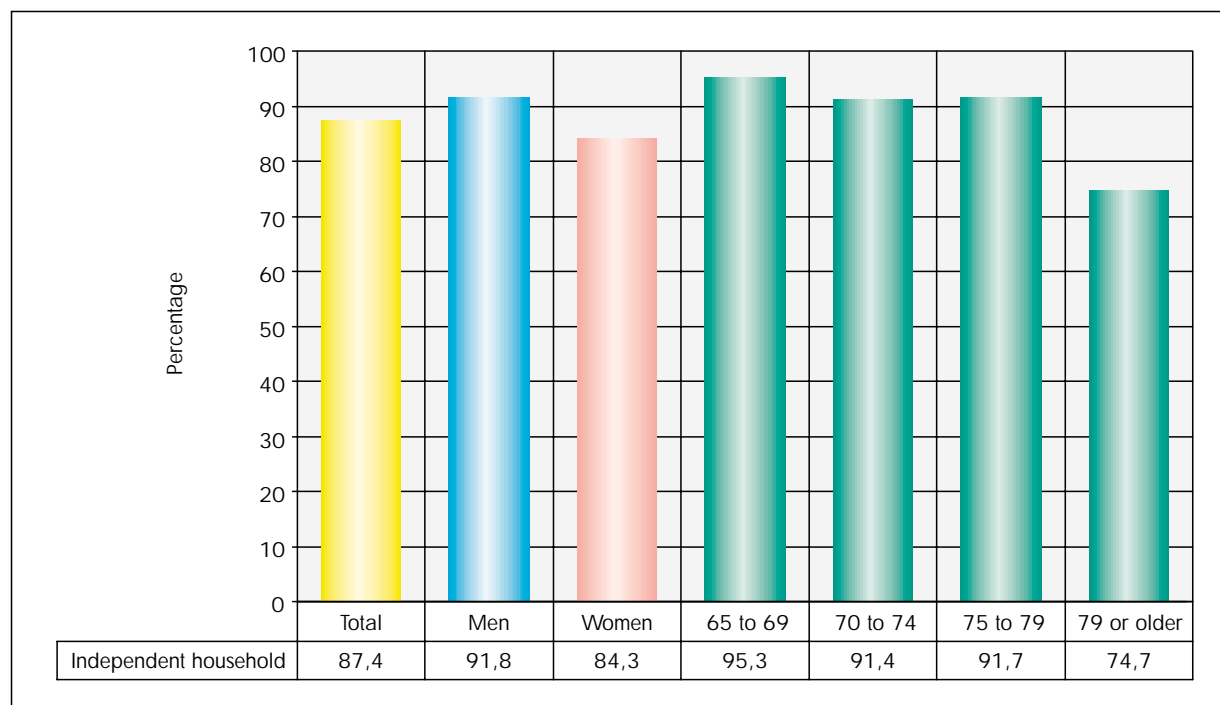
From an analysis of living arrangements, the first thing that stands out is the proportion of elderly persons remaining in an independent home, even into very ripe ages. 87% of elderly persons live in their own home, either alone or with others (figure 5.1.). This proportion is higher among men (91.8% vs. 84.3%) and it declines

with older age, going from 95.3% for persons aged 65 to 69 to 74.7% for those over 79.

Looking with greater detail, the most common form of cohabitation among elderly persons is in the family household with their spouse (41.3%). This situation is more frequent among men than among women and it decreases with older age, although past the age of 79 three out of every ten elderly persons live with their spouse (table 5.1.). Cohabitation with children is also relatively common, even though the elderly persons involved are in their own home: approximately one out of every four elderly persons lives in their own home with one or more children and this proportion remains in place even among the older age groups. One out of every ten regularly live in a home that is not their own, largely one belonging to a child: most of these are women (12.3% vs. 5.6% of men) well into old age (23.3% among those over 79). Regarding those who live alone, the National Statistics Institute (INE) estimates that there are over one million elderly persons living alone (approximately 16% of all elderly persons),<sup>1</sup> eight of every ten of whom are women. Gender and age seem to go hand in hand when it comes to explaining the living arrangements of elderly persons. On the one hand, living alone or only with children occurs mainly among women, whereas living with one's spouse happens among men in a higher proportion. On the other hand, older age increases the likelihood of living alone and (particularly after 80) of living with children, whether in

<sup>1</sup> The proportion of elderly persons living alone estimated by the National Statistics Institute (INE) is higher than what the following tables show. These tables are based on a survey conducted by the Institute of Migrations and Social Services (IMERSO) and the Sociological Research Centre (CIS). The INE's information is from the Labour Force Survey, with very big sample.

**Figure 5.1**  
Elderly persons living in an independent household by gender and age



Source: CIS-IMERSO, estudio 2.279, febrero de 1998.

Note: independent home: elderly persons living in their own household, alone or with their spouse, their children or other relatives.



**Table 5.1**  
**Living arrangements of the elderly population by gender and age groups**

	Total	Gender		Age			
		Men	Women	65 to 69	70 to 74	75 to 79	79 or older
1. In own household	86.9	91.7	83.5	95.3	91.2	91.2	73.5
1.1. In own household, alone	14.2	6.9	19.6	13.0	13.9	15.2	15.0
1.2. In own household with partner:	55.7	73.9	42.4	69.6	64.5	57.2	35.5
1.2.1. Alone with partner	41.3	53.6	32.2	46.9	46.2	45.8	30.0
1.2.2. With partner and children	13.8	19.4	9.7	22.2	17.1	10.6	5.2
1.2.3. With other family members	0.6	0.9	0.5	0.5	1.2	0.8	0.3
1.3. In own household with children and other family members:	17.0	10.9	21.5	12.7	12.8	18.8	23.0
1.3.1. With children	12.6	7.4	16.4	8.6	9.2	13.1	18.5
1.3.2. With other family members	4.4	3.5	5.1	4.1	3.6	5.7	4.5
1.4. In own household with home help	0.5	0.1	0.8	-	0.2	0.5	1.2
2. In another household	11.4	7.3	14.4	4.5	6.9	7.6	23.3
2.1. In children's household:	9.3	5.6	12.0	2.9	4.5	6.0	20.8
2.1.1. With partner and children	1.7	1.9	1.6	1.6	2.1	0.8	2.0
2.1.2. Alone with children	7.6	3.7	10.4	1.3	2.4	5.2	18.8
2.2. In household of other family members	2.1	1.7	2.4	1.6	2.4	1.6	2.5
3. Other situations	1.1	0.9	1.3	0.3	1.5	0.5	2.0
N.R.	-	0.1	-	-	0.2	-	-
(N)	(2,430)	(1,032)	(1,399)	(721)	(537)	(422)	(747)

Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

one's own home or in the home of their child, and reduces the likelihood of living with one's spouse.

**'Intimacy at a distance': residential independence but with frequent and satisfactory relations**

In the family life of elderly persons one of the most important aspects is undoubtedly relations with their children. Fifteen out of every 100 elderly persons have no children alive, whereas the remaining 85% have an average of three.<sup>2</sup> Elderly persons see their children often, although it depends on the physical distance separating them from their parents. Thus 28.2% of all elderly persons say that they see their children who live in different towns several times a month, i.e., 59.5% of those who have children in that situation. Regarding children living in the same town (though not in the same home), this frequency rises to 56.3%, equivalent to 94.9% of those who have children in that circumstance (table 5.2.).

Telephone conversations supplement face-to-face relations between parents and their children: 38% of elderly persons have a telephone conversation at least several times a month with children who do not live in the same town (i.e., 78% of those with children in that situation) and 43.3% with children living in the same town but in different households (85% of those with children in those circumstances). Elderly persons make a very positive assessment of these relations—approximately 95% of them are very or quite satisfied with their relations with their children living in a different household (table 5.3).

<sup>2</sup> CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

Relations with grandchildren seem equally intensive and satisfactory (table 5.4). Approximately three out of every four elderly persons have one or more grandchildren and 68% of all elderly persons have contact with them at least once a month, i.e., 88.4% of those who have grandchildren. Besides this, 51.6% have phone conversations with them at least once a month (72.1% of those with grandchildren). Their degree of satisfaction with those relations is high, because 96.7% of elderly persons with grandchildren say they are very or quite satisfied with them (figure 5.2).

Besides their children and grandchildren, elderly persons have relatively frequent contacts with brothers and sisters, cousins and other relatives (figure 5.3.). Nearly all elderly persons have one or more of the above relatives (95%), 54.7% of them have contact with them several times a month and 39.8% have phone conversations with them just as often. Their degree of satisfaction with these relations is also very high.

**5.1.2. Family and Informal Support**

**Care for elderly persons in Spain is still essentially a family matter, particularly for the women in the family**

27.8% of Spaniards 18 or over have at least one elderly person in their family who needs help to carry out activities of daily living and 20.7% of them personally help out an elderly person in those same tasks. 93.7% of these caretakers have some kind of family bond with the person they are caring: the main source of care for elderly persons is their daughters (25.8%) or sons (14.9), followed by their spouse (12.4%), granddaughters (7.8%), grandsons (5.4%) and sons and daughters-in-law (figure 5.4.). The dominance of women

**Table 5.2**  
**Frequency of visits and phone conversations between elderly persons and children they do not share a home with**

	Children who do not live in the same place		Children who live in the same place	
	Visits	Phone conversations	Visits	Phone conversations
<b>Both sexes</b>				
Several times a week.	12.0	19.3	43.6	29.0
Several times a month	16.2	18.7	12.7	14.3
Several times a year	11.6	3.7	1.9	3.4
Once or twice a year	5.9	1.1	0.6	1.1
None	1.7	2.1	0.6	7.6
Not applicable (does not have)	51.5	51.5	39.7	39.7
N.R.	1.1	3.7	1.0	4.8
<b>Men</b>				
Several times a week.	12.5	18.1	43.9	27.9
Several times a month	15.3	19.6	11.7	14.4
Several times a year	11.7	3.2	1.9	3.2
Once or twice a year	5.4	0.8	0.6	1.3
None	1.2	2.3	0.8	8.1
Not applicable (does not have)	52.7	52.7	40.2	40.2
N.R.	1.1	3.2	1.0	4.9
<b>Women</b>				
Several times a week.	11.6	20.3	43.4	29.8
Several times a month	16.9	18.1	13.4	14.3
Several times a year	11.5	4.0	1.9	3.6
Once or twice a year	6.4	1.2	0.6	1.0
None	2.1	1.8	0.4	7.3
Not applicable (does not have)	50.5	50.5	39.3	39.3
N.R.	1.0	4.1	1.0	4.8

Note: N= 2.201.

Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Table 5.3**  
**Degree of satisfaction of elderly persons regarding their relations with children they do not share a home with**

	Children who do not live in the same place			Children who live in the same place		
	Total	Men	Women	Total	Men	Women
Very satisfied	32.1	30.7	33.2	41.6	40.4	42.5
Quite satisfied	11.5	12.1	11.1	14.2	14.8	13.7
Regular	1.6	1.5	1.6	1.6	1.2	1.9
Not very satisfied	0.6	0.5	0.7	0.4	0.6	0.3
Not satisfied at all	0.5	0.5	0.5	0.3	0.4	0.2
Not applicable (does not have)	51.5	52.7	50.5	39.7	40.2	39.3
N.C	2.2	2.0	2.4	2.2	2.4	2.1

Note: N=2.201.

Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

is unquestionable, although in recent years there has been a slight evolution towards an increase of male involvement in these tasks. The caretakers are basically women of medium age (45-64 years old), with no work outside the family domain, with low education levels and modest social extraction. The lack of resources, basically

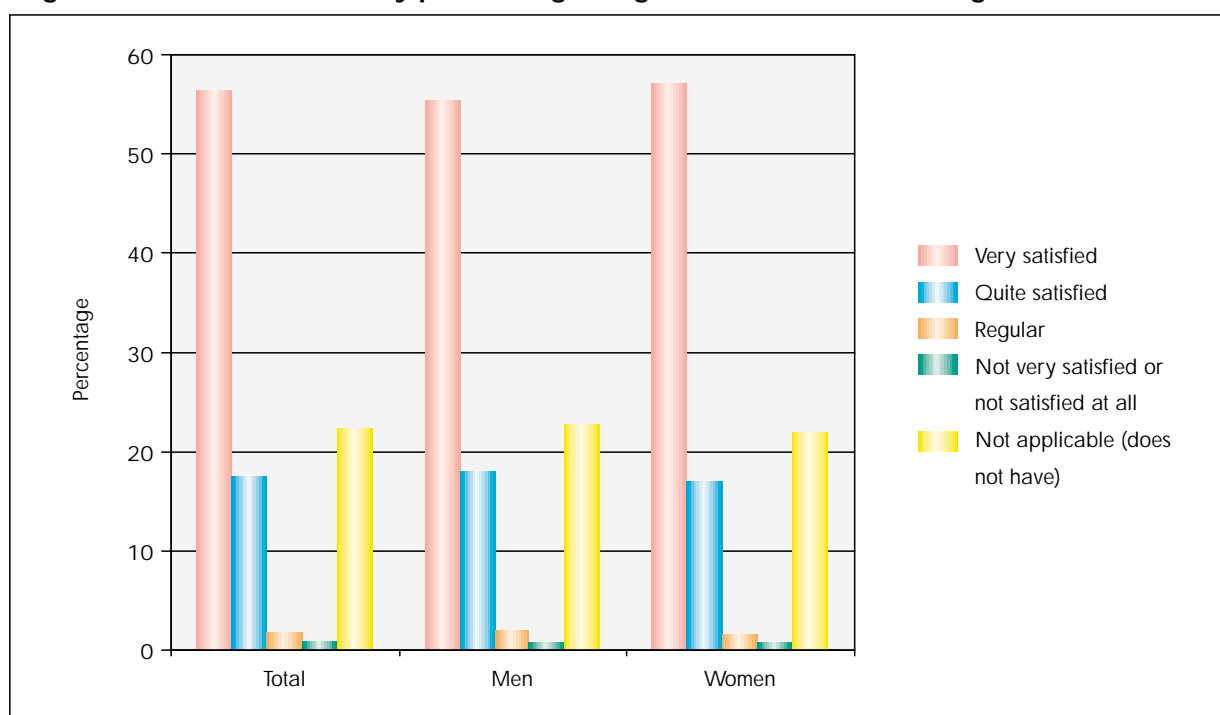
in financial and educational terms, and the lack of alternative activities may have a bearing on the quality of the care provided and on the quality of life of the caretaker. This is the general profile of caretakers, but we must not disregard the care given by elderly persons themselves, mainly to their spouse.

**Table 5.4**  
**Frequency of visits and phone conversations between elderly persons and their grandchildren**

	Visits			Phone conversations		
	Total	Men	Women	Total	Men	Women
Several times a week.	47.6	47.6	47.6	28.9	28.1	29.6
Several times a month	20.4	19.1	21.3	22.7	23.4	22.1
Several times a year	6.1	7.1	5.3	6.3	6.3	6.4
Once or twice a year	1.9	1.8	1.9	2.3	2.6	2.0
None	0.9	0.8	1.1	11.4	11.6	11.1
Not applicable (does not have)	22.3	22.7	22.0	22.3	22.7	22.0
N.R.	0.8	0.8	0.8	6.1	5.4	6.7

Note: N=2.201.  
 Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.2**  
**Degree of satisfaction of elderly persons regarding their relations with their grandchildren**



Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

***The provision of informal care has very sound moral roots***

The responsibility of caring an elderly person is assumed for a number of reasons that do not necessarily preclude one another: sense of responsibility, sense of reciprocation and lack of alternatives. 90% of those caring elderly persons do it because they consider it a moral obligation, 47% say that that care dignifies a person and that their friends value that action positively, and 42% admit that they have no choice—a feeling combining obligation, reciprocation and circumstances. A majority of the persons who are assisted (58.5%) consider that the caretaker is doing what they ought to; an additional 28.3% specifically value their work by saying

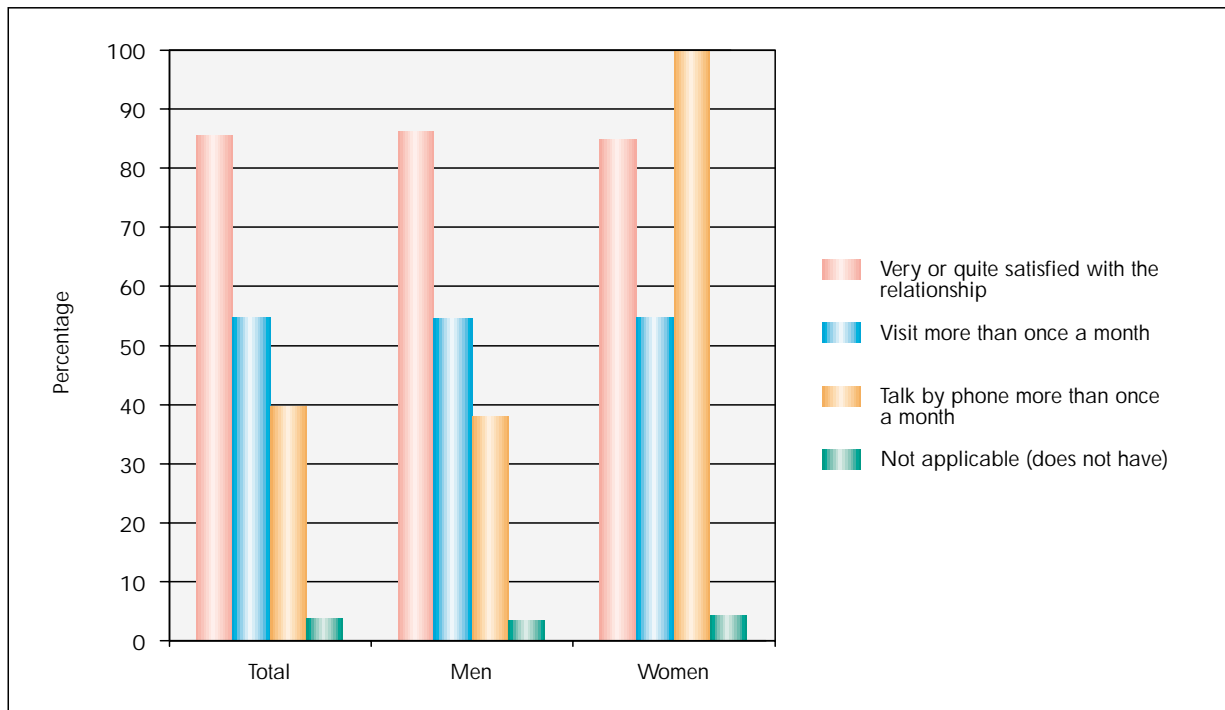
that they do it willingly although it requires a great deal of work and effort.<sup>3</sup>

In any event, the care given is quite intensive. Over half of the caretakers (56.6%) help out on a daily basis and 22.1% more every week.<sup>4</sup> The frequency and intensity of the care are basically grounded on the deep-rooted moral obligation to help out and on the preferences of elderly persons and others regarding their remaining at home even if they need help. The following figure gives a picture of expectations regarding the living arrangements of the Spanish population when they grow

<sup>3</sup> CIS-IMSERSO, Estudio 2.072, diciembre 1993.

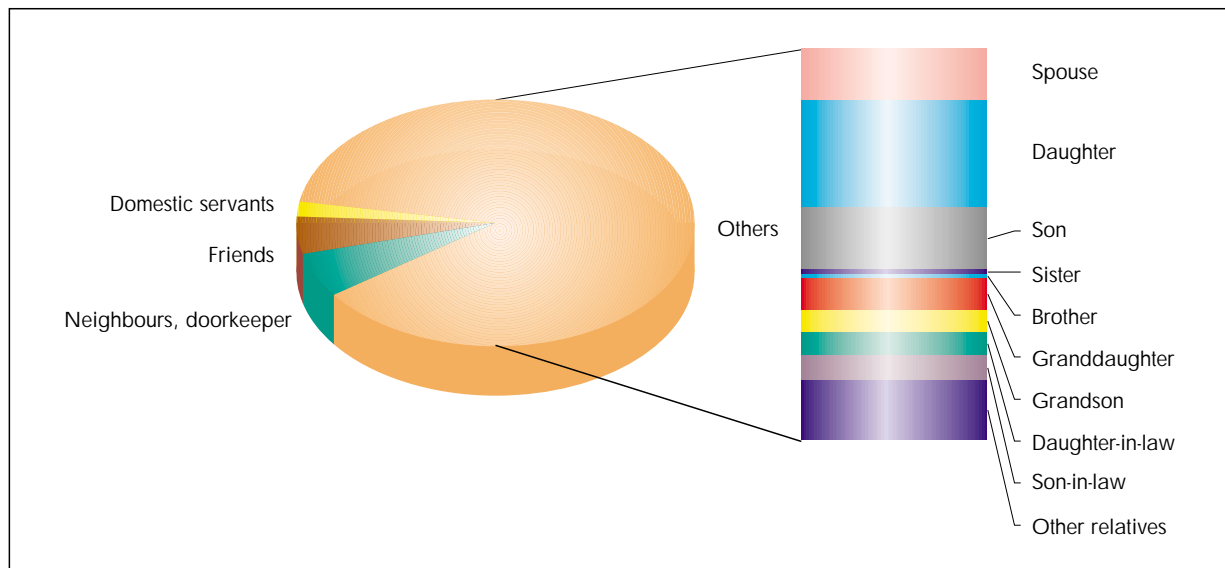
<sup>4</sup> CIS, Estudio 2.415, noviembre 2001.

**Figure 5.3**  
**Frequency of contact and degree of satisfaction of elderly persons regarding their relations with brothers and sisters, cousins and other relatives**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.4**  
**Relation with the elderly person that a caretaker assists in the performance of activities of daily living**



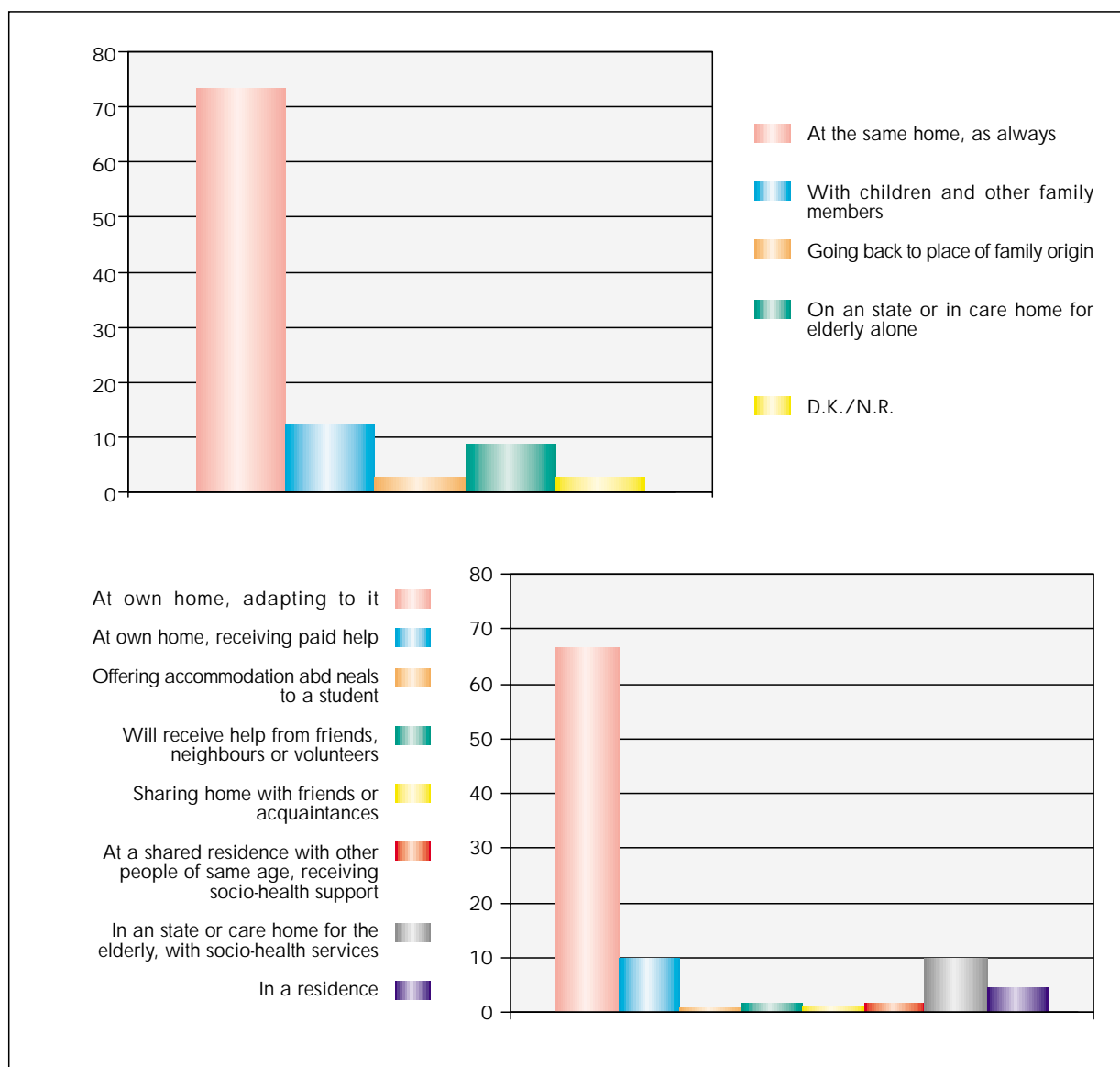
Source: CIS, Estudio 2.439, noviembre 2001.

older, in general terms and in the event they need help.

The majority of the population (three out of four) expect to live in their home, just as they currently do, 12% expect to live with their children or other relatives, and 8.7% expect to live in an urbanisation or residential

town specifically for elderly persons (figure 5.5.). In the event they need help, the majority (eight of every ten) would like to continue living in their own home, in the assumption that by adapting it to the needs that may arise as they grow older and with the support of social and health services, it will be enough to meet their

**Figure 5.5**  
**Expectations regarding old age of the population (all ages) in general terms and in the event they need help**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo, 1998; CIS, Estudio 2.415, noviembre 2001.

needs (66.7%); only one out of every ten think that it will be necessary to have remunerated assistance (9.9%). Of the remaining options, urbanisations or residential towns for elderly persons are starting to become a chosen option for old age (9.9%), whereas homes for the elderly are not favoured much (4.4%), and even fewer want to share a home in a more or less formal manner.

In the same way, the members of current generations of elderly persons continue to think of or trust in the 'family network' in the event they need assistance, contrasting with the scarce acceptance of homes for the elderly as a solution for their needs. Nearly half (48.3%) of elderly persons think they will be helped out by a family member, only one out of every ten think they will need to seek supplementary assistance, and slightly fewer (8.6%) think they will have to go to a home for the elderly. One out of every five would like to go live

with their children or other relatives, but only 14% think they will actually do so.<sup>5</sup>

***In the near future it is expected that there will be a considerable deficit in the supply of informal care in respect of demand***

Although Spaniards, regardless of their age, are largely inclined to informal care, the longevity 'revolution' and other transformations in the family domain (such as the reduction of the average size of a family, the increase of couples without children, and the incorporation of women to the labour market) represent a challenge for future generations. The foreseeable increase in the

<sup>5</sup> CIS, Estudio 2.415, noviembre 2001.

demand of caretakers from one's own family will be up against the lower availability of those caretakers, and therefore there will be a considerable deficit in the supply of informal care. On top of this, many adults are actually living the experience of taking care of their parents or other elderly relatives and they face the future with doubts as to who will assist them if they need it, or with the certainty that they will end up in an institution if formal care, whether at home or in the community, cannot prevent it.

Spaniards generally think that it is generally up to children to take care of elderly parents, but that society and the government are also involved, and with more, higher-quality services the problem of elderly persons needing help from others would be solved. The model of care for the elderly that is being established in Spain entails the involvement of society at large. It includes private care by families, government support with more and better services (particularly home care service) and financial assistance for caretaker families, and even the involvement of companies by adapting work schedules to the needs of caretakers. Among the steps that Spaniards consider would be most useful to help carry out caring for elderly persons in the family, the one that stands out the most is a monthly salary (57.3% consider it the most necessary step); it is followed at a significant distance by home care services (13.2%) and the reduction of the workday by companies (9.1%) (figure 5.6.). Other alternatives supplementing care from the family, for instance day care centres, temporary stays in homes for the elderly or temporary care by volunteers, are chosen much less frequently, most likely because these services are not very well known in Spain.

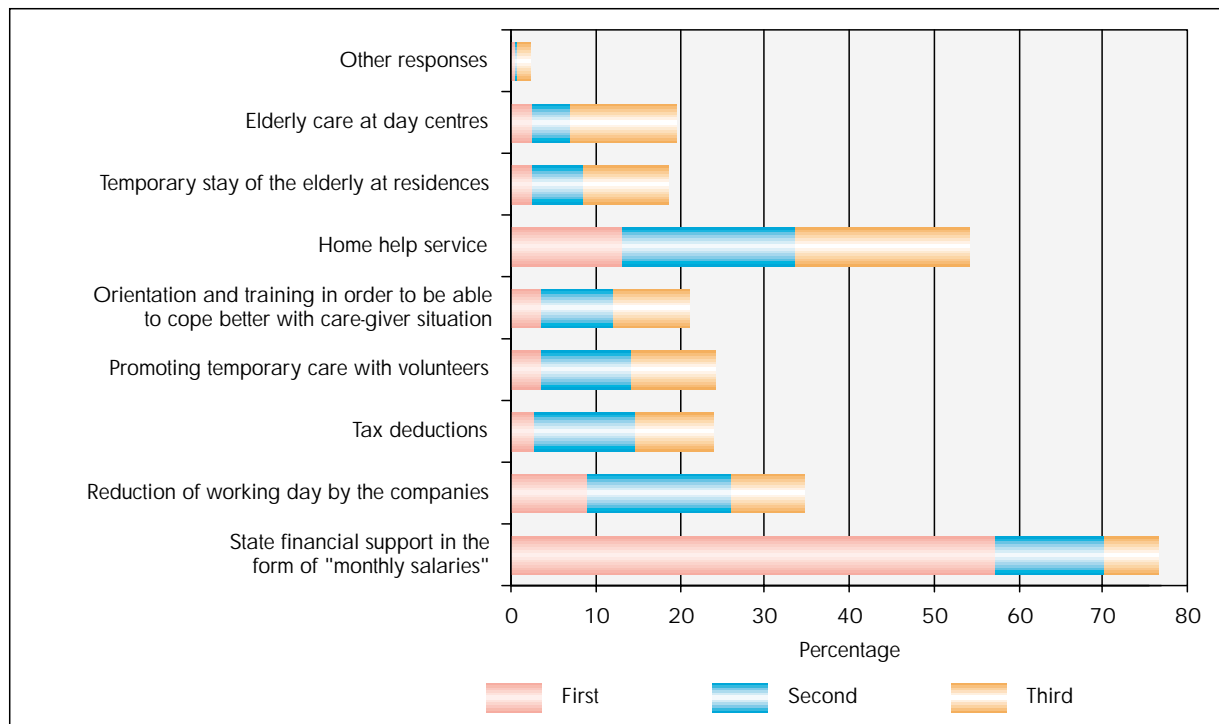
### 5.1.3. Social Relations

#### **Approximately half of elderly persons have social intercourse with people outside their home every day**

45.2% of elderly persons have social intercourse with people outside their home every day. This proportion is somewhat higher among men (48%) than among women (42.9%) and it declines with older age.<sup>6</sup> Neighbours seem to provide significant social support for the elderly, the presence and frequency of contacts with friends are also important, especially for men and in the younger ages. Elderly persons often see these people (figure 5.7.), neighbours especially several times a week (79.8%), followed by friends (42.9%) and members of the same club or association (19.3%). At the other extreme, one out of every ten elderly persons say they do not have friends or have not seen them at all in the last twelve months. Proportions here are higher among women (13.2%) and among the older age brackets, perhaps because of problems of mobility that increase with age or because of the number of surviving friends. The presence of club or association members is lower: 60.1% of elderly persons have none, especially women (67.8%) and the older age groups. Those who do have these relations, however, often see one another quite often—around half of them several times a week.

<sup>6</sup> CIS-IMSERSO, estudio 2.279, febrero-marzo, 1998.

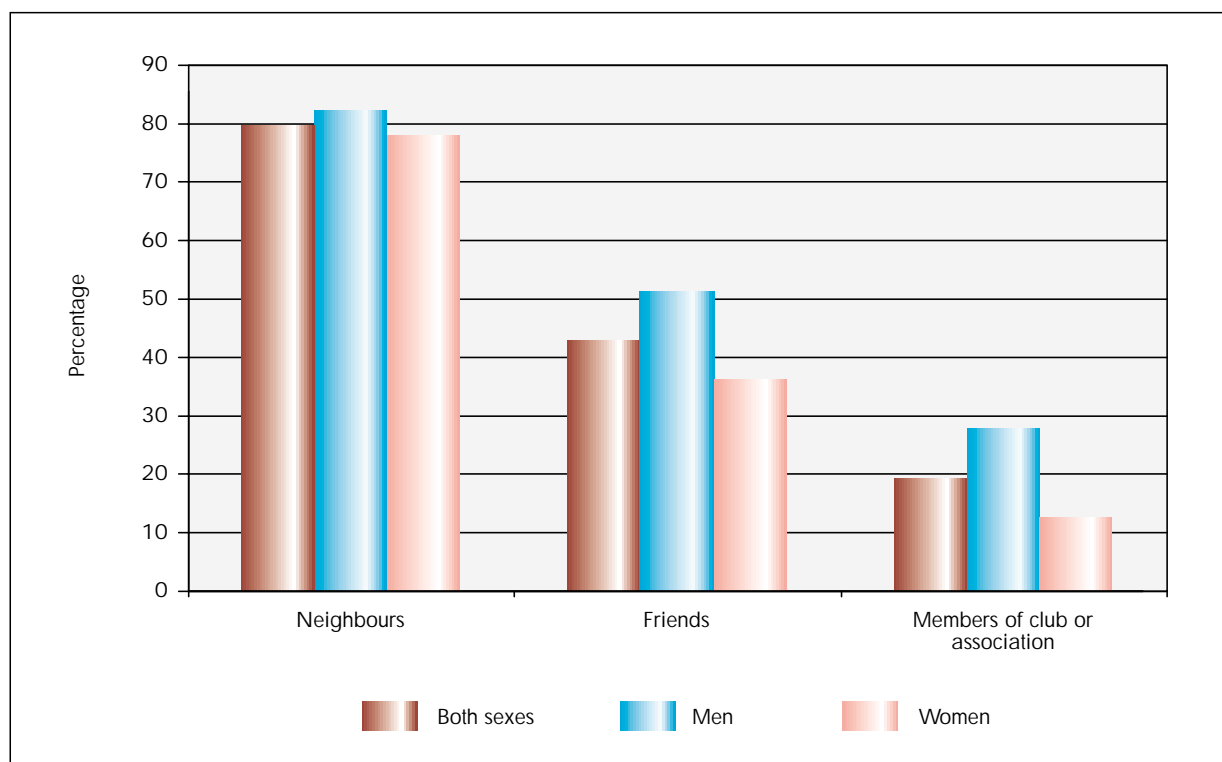
**Figure 5.6**  
**Steps that could be taken by the Public Administration to help those taking care of elderly persons in their family**



Note: responses in order of importance; multiple response (maximum three answers).  
Source: CIS, Estudio 2.439, noviembre 2001.

**Figure 5.7**

**Frequency of contact with neighbours, friends who are not neighbours and members of the same club or association**



Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

**The degree of satisfaction regarding social relations is very high**

Elderly persons are highly satisfied with their social relations: nine out of every ten elderly persons say they are very or quite satisfied in this regard.<sup>7</sup> When evaluating relations with people outside the family their degree of satisfaction is again high, especially in respect of friends and neighbours: nine out of every ten elderly persons say they are very or quite satisfied with these relations and eight out of every ten say the same regarding their relations with club or association members (figure 5.8). Particularly in the case of friends and club or association members, women and people in the older groups give a slightly more negative valuation than the rest.

**5.1.4. Solitude**

**5.1.4.1. Elderly Persons Living Alone**

**Two out of every ten elderly women live alone**

In Spain there are currently over one million elderly persons living alone. The dominance of women in these figures is out of the question: two out of every ten elderly women live alone, as compared to six out of every 100 men. The older the age, the higher the proportion of elderly persons living alone, ranging from 12.9% of those in the 65-69 bracket to 15.2% in the 75-79 age group and 14.6% of those over 79 (table 5.5.). Marital status is one of the main explanations of why elderly per-

**Table 5.5**  
**Characteristics of elderly persons living alone**

Gender	Total	?	
		% vertical	% horizontal
Men	42.6	19.8	6.5
Women	57.4	80.2	19.6
<b>Age</b>			
65 to 69	29.8	27.5	12.9
70 to 74	22.1	21.6	13.7
75 to 79	17.3	18.7	15.2
79 or older	30.7	32.0	14.6
<b>Marital status</b>			
Single	7.9	20.1	35.7
Married	57.4	1.4	0.3
Widow/widower	33.5	74.4	31.2
Separated or divorced	1.0	4.0	56.1
Stable relationship	0.2	-	-

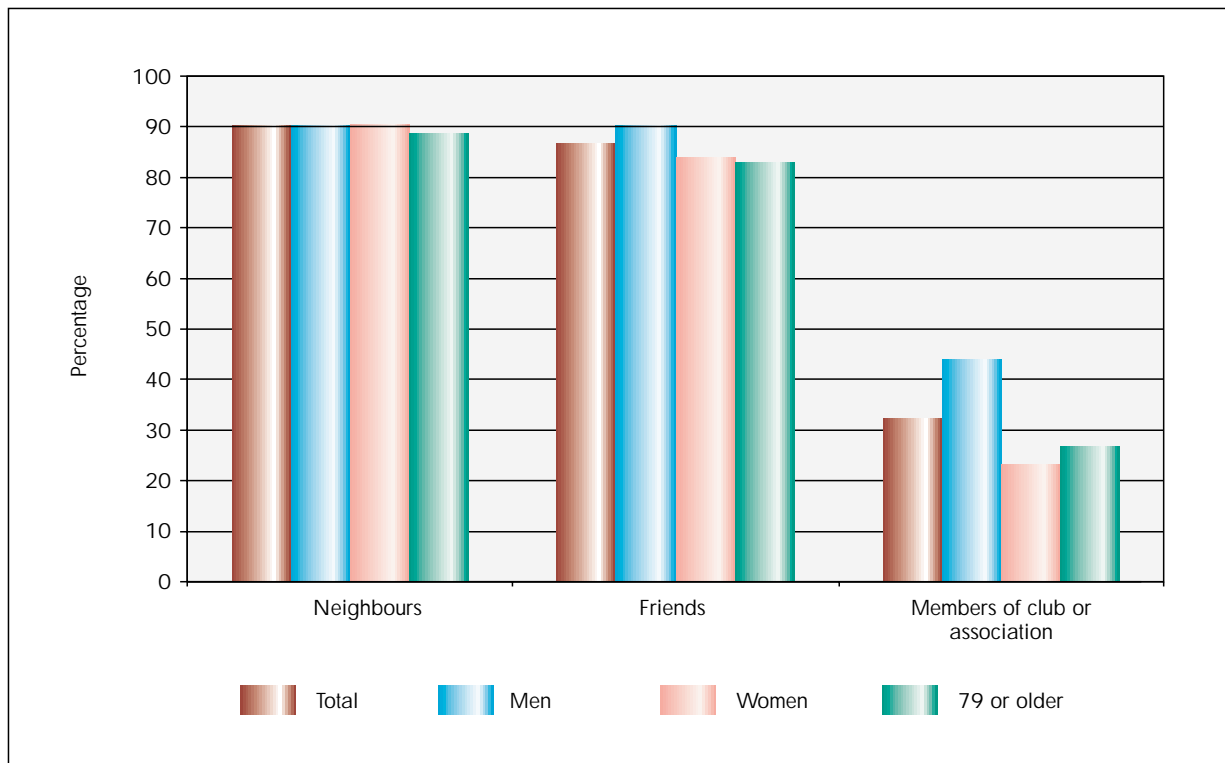
Note: N=2.460.  
Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

sons live alone: the majority of those living alone are widowed (74.4%) or single (20.1%).

The majority of those living alone have done so for a long period—the average is nearly twelve years. The main reason leading them to that situation is not voluntary, because the majority say that they live alone because of circumstances, although they have adapted to that way of life (figure 5.9). However, there is a rela-

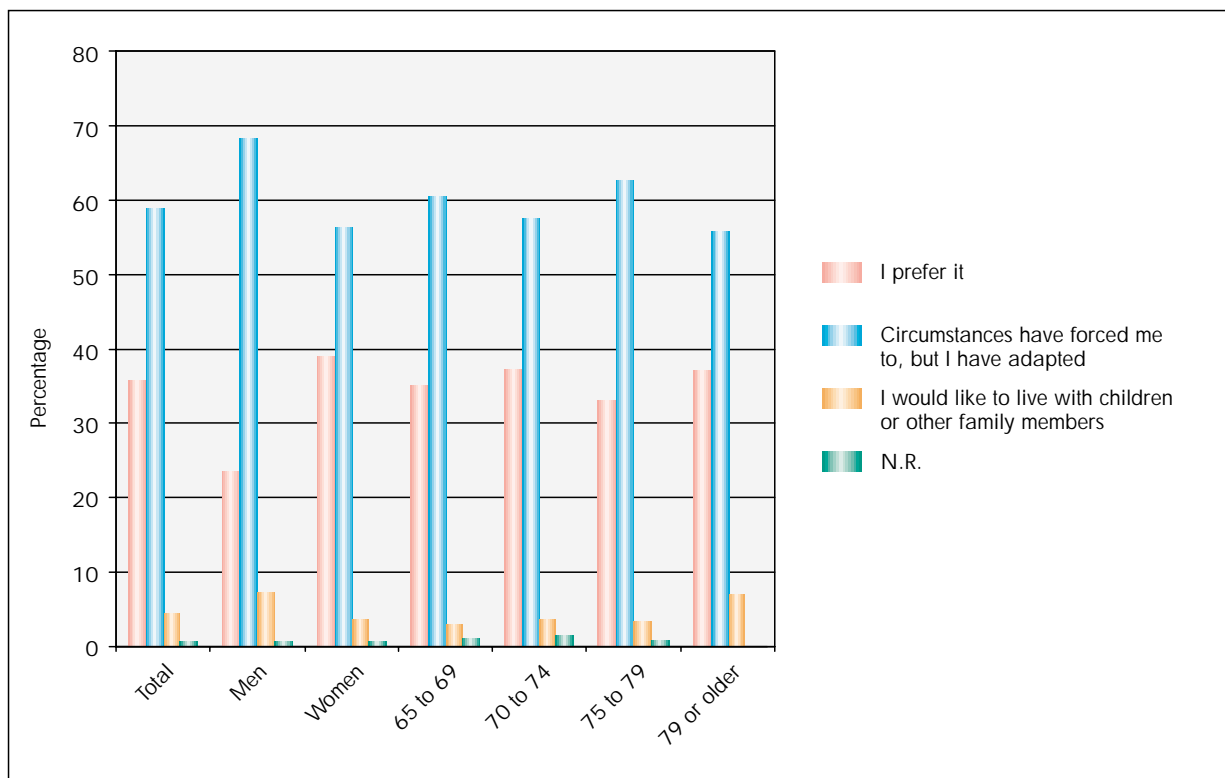
<sup>7</sup> Ibid.

**Figure 5.8**  
**Degree of satisfaction of elderly persons regarding their relations with neighbours, friends who are not neighbours and members of the same club or association.**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.9**  
**Elderly persons living alone: reasons why they live alone by gender and age**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.



tively high proportion of those who prefer living alone to other forms of cohabitation, particularly among women (39% vs. 23.6% of men). On the other hand, just over 7% of the men over 79 living alone would prefer to live some other way, with their children or other relatives. The fact of having children who are alive does not explain the option of living alone because, although among those living alone there are more people without children (30.6% vs. 12.6% of those living with other people), seven out of every ten elderly persons living alone have children who are alive.

The degree of overall satisfaction with this way of life, in keeping with the foregoing, is relatively high: 55.2% are satisfied or very satisfied, although nearly three out of every ten elderly persons living alone say they are quite or very unsatisfied (figure 5.10.). Men say they are unsatisfied less frequently, but they are also indifferent more often (18.4%).

The pattern of 'intimacy at a distance' seems to operate also in the case of elderly persons living alone. Generally relations with their family of elderly persons living alone are relatively frequent, although to a lesser extent than for those living with others. Half of the elderly persons living alone see their children living in the same town more than once a month, and a quarter of those with children living elsewhere (this is equivalent to 93.5% and 58.3%, respectively, of those with children in such circumstance) (figure 5.11.). Contact by phone supplements these relations in the case of one out of every three elderly persons living alone. Relations with grandchildren and other family members are also less intensive than among elderly persons who do not live alone.<sup>8</sup>

Relations with people outside the family are also frequent. 54.4% of elderly persons living alone, as compared to 43.5% of those living with others, see someone living outside their home every day (figure 5.12). When analysing these non-family relations in detail, we can see that those living alone have more social rela-

tions, i.e., there is a compensation between the lack of relations at home and relations outside, which are more frequent than for those living with others (figure 5.13.). 48% of those living alone see friends several times a week and 22% see members of the same club or association, as opposed to 42% and 18.9%, respectively, of those who do not live alone.

The degree of satisfaction with relations in general (including family relations) is lower among elderly persons living alone. Although eight out of every ten say they are satisfied or very satisfied, 17.2% answered that their degree of satisfaction is regular, low or none (figure 5.14). The pattern is repeated when asking about the specific type of relation, especially in the case of neighbours and friends.

#### 5.1.4.2. The Feeling of Loneliness

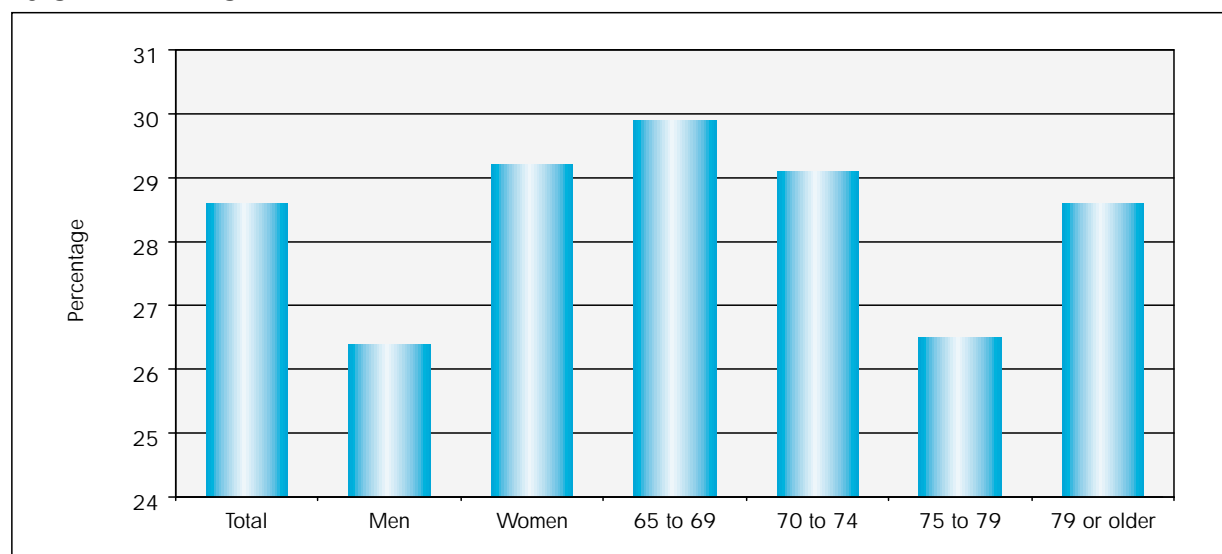
##### *Generally, elderly persons do not feel lonely*

Elderly Spaniards do not seem to be very affected by a feeling of loneliness. Only 2.2% say that they feel very lonely, to which we must add 10% who feel quite lonely and maybe the 17.9% who feel 'regular' (figure 5.15.). Gender and the fact of living alone or with others, however, add a substantial difference. 16% of elderly women feel very or quite lonely, plus another 22% who feel regular; among men these proportions are 7.2% and 13%. Among those living alone these proportions are substantially higher—38% feel very or quite lonely and 36.6% feel regular; only one out of every four do not feel lonely at all.

Regarding what they understand as loneliness, elderly persons basically associate loneliness to a sense of emptiness and sadness (48.8%), to the loss of loved ones (42.3%), and, to a lesser extent, to 'not having anyone in case of need' (28.5%), not having relatives or having them far away (26.8%), or not feeling useful for anybody (17.3%) (table 5.6.). Women and those living alone associate loneliness more often to a sense of emptiness and

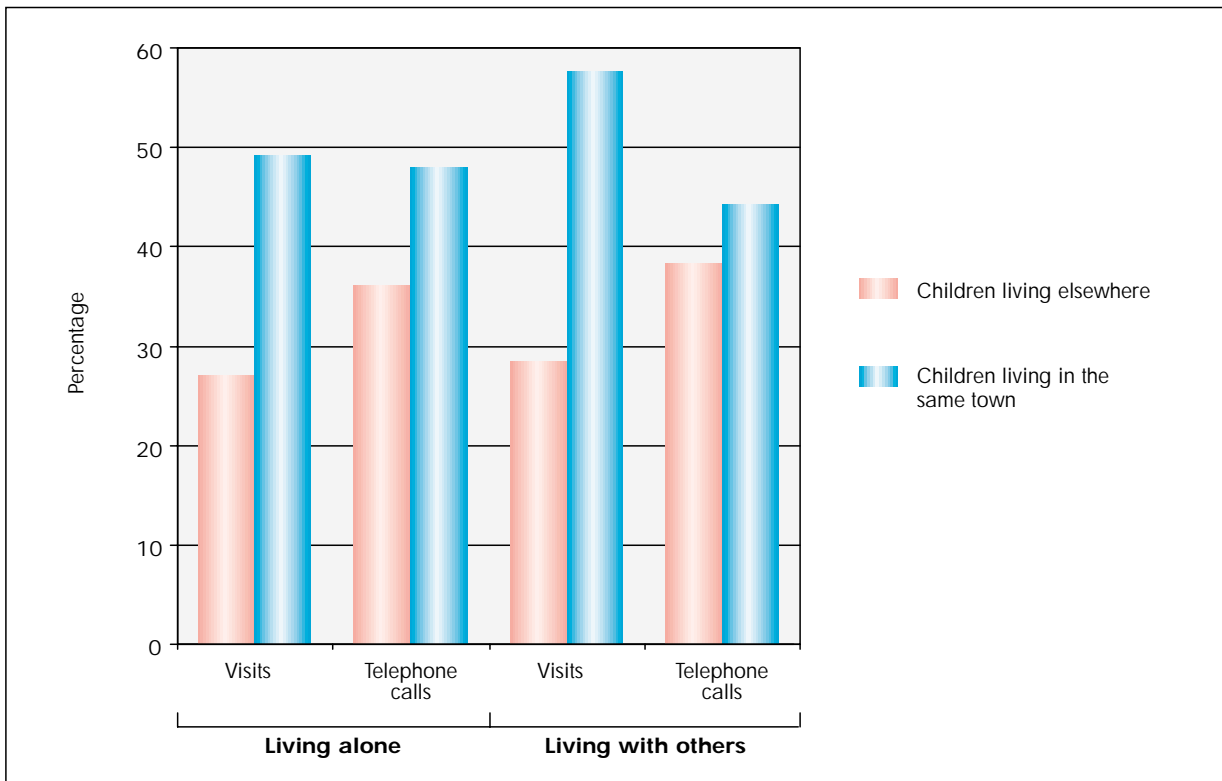
<sup>8</sup> CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.10**  
**Elderly persons living alone: degree of satisfaction with living alone (% unsatisfied or very unsatisfied, by gender and age)**



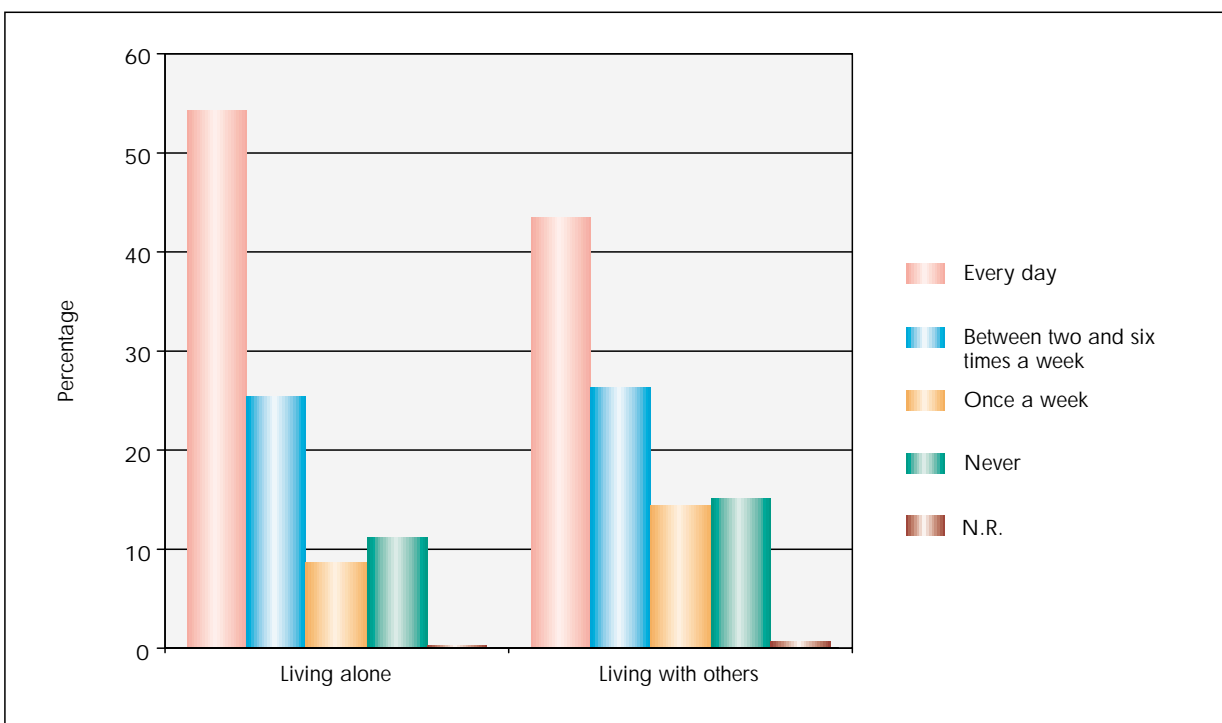
Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.11**  
**Frequency of contact with children by form of cohabitation**



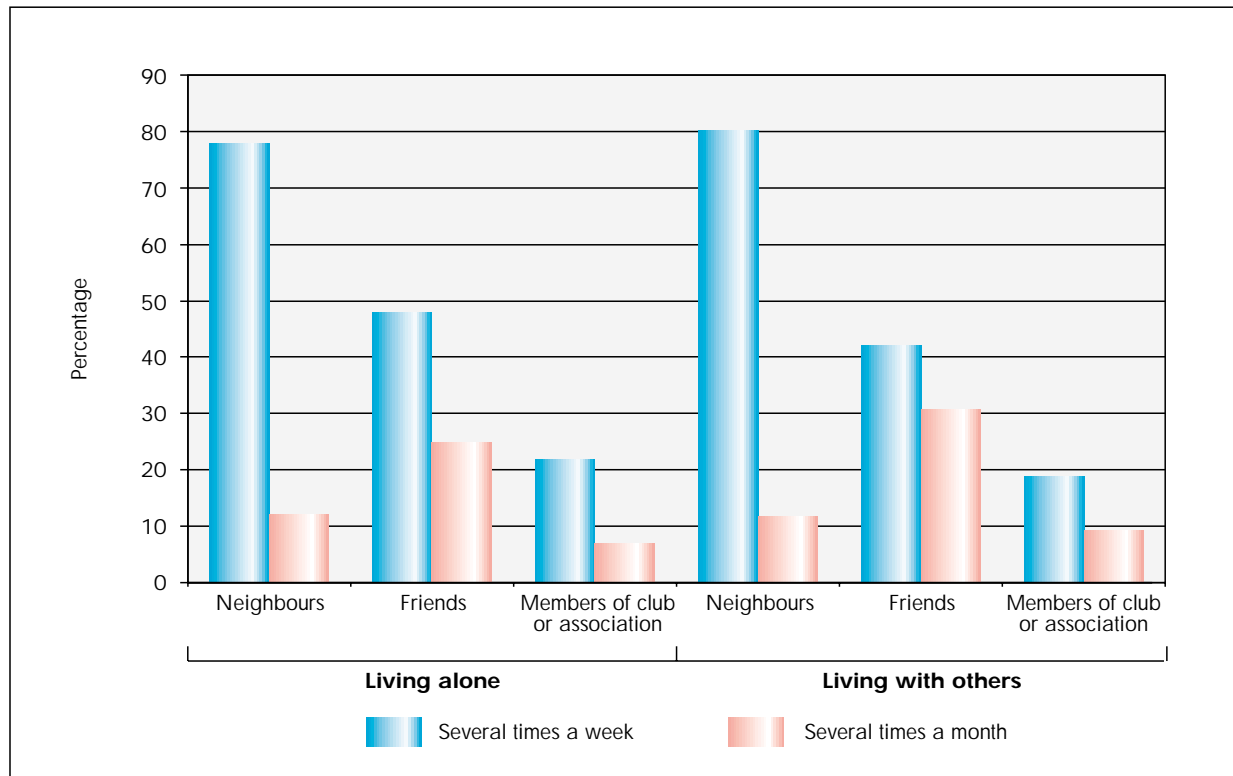
Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.12**  
**Frequency of social intercourse between elderly persons and people living outside the home, by living arrangement**



**Figure 5.13**

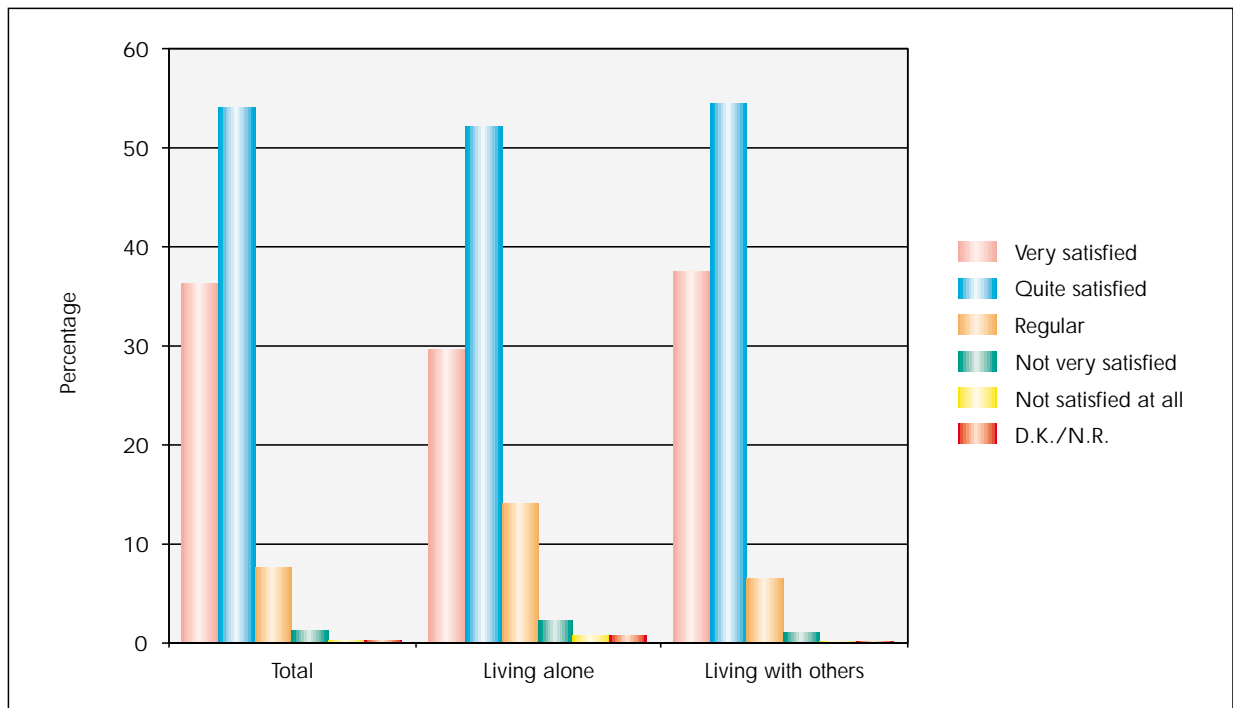
**Frequency of contact with neighbours, friends, and members of the same club or association, by living arrangement**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

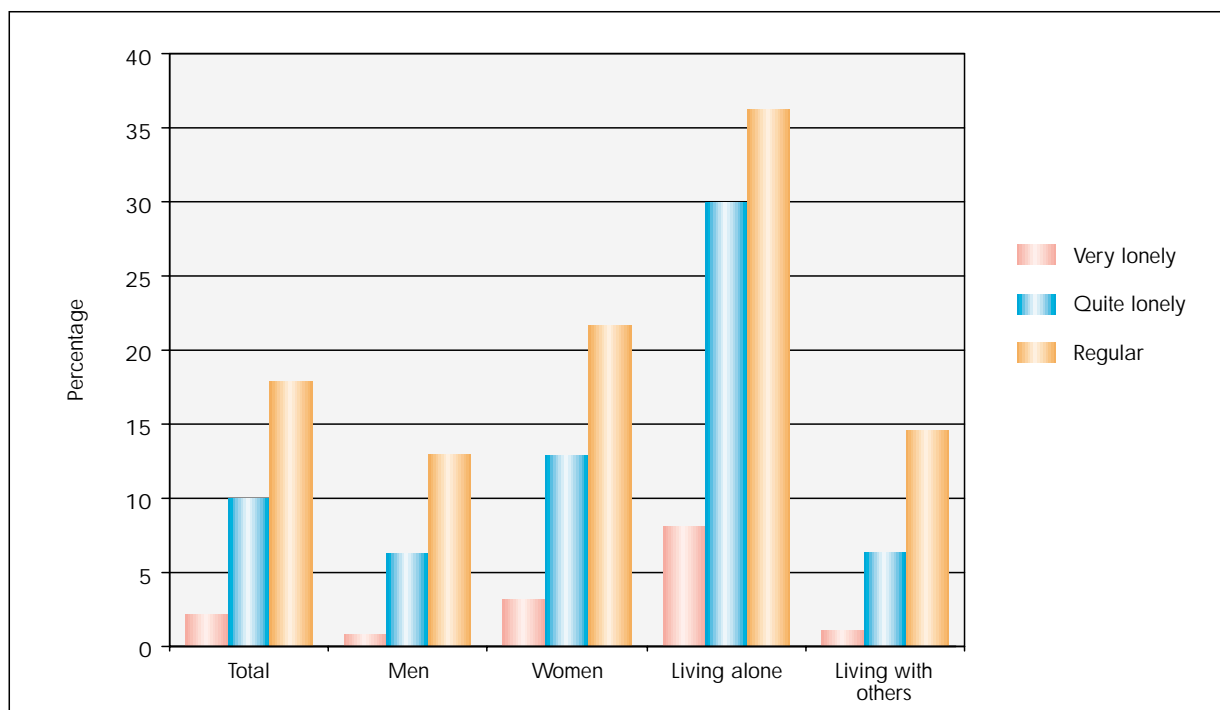
**Figure 5.14**

**Degree of satisfaction with non-family social relations, by living arrangement**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.15**  
Feeling of loneliness by gender and living arrangement



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Table 5.6**  
Definition of the feeling of loneliness by gender and living arrangement

	Total	Gender		Living arrangement	
		Men	Women	Living alone	Living with others
EHas a feeling of emptiness and sadness	48.8	45.3	51.5	53.5	47.9
Does not have anyone to turn to	28.5	29.0	28.2	26.5	28.9
Lacks reason to live	8.8	10.5	7.6	7.6	9.1
Does not feel useful to anyone	17.3	18.0	16.8	16.4	17.5
Feeling of having lost loved ones	42.3	39.6	44.5	47.5	41.4
Feeling that the time to carry out projects has finished	6.4	8.8	4.5	6.5	6.3
Lacks a stable group of friends	4.7	5.8	3.9	5.1	4.7
Does not have family or they are far away	26.8	28.3	25.5	21.8	27.7
Other feelings	3.7	3.9	3.5	4.7	3.5
(N)	1,956	853	1,103	306	1,650

Note: multiple response. maximum three answers.

Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

sadness and to the loss of loved ones and slightly less to other reasons. Among men there appears to be a sixth answer, perhaps the most radical one, which is much stronger than in the rest of the groups—one out of every ten men associate loneliness to a ‘lack of reasons to live.’

Most of the persons surveyed think that there is not a specific moment when loneliness is felt more strongly (53.9%); the rest are inclined to state special occasions (13.7%), at night (12.9%) or whenever they are ill (9%) (table 5.7). With older age there grows a feeling that loneliness is felt ‘all day long,’ a reply that is tantamount to saying that they always feel lonely. The feeling is also more frequent among women (6.1%) and among those living alone (12.5%). Women and those living alone also tend to

feel more lonely at night (15.9% and 32.6%, respectively). Finally, those living alone are the ones who least often choose the answer that says they ‘never’ feel lonely (23.6%).

To avoid feeling lonely elderly persons especially take recourse to radio and television (28.4%), they take a walk (22.7%), resign themselves (12.7%) or pray (7.6%) (table 5.8.). Recourse to the media, to prayers or resignation increase with older age, to the detriment of taking a walk, mostly for health-related reasons. Women also take recourse more often to prayers or resignation and less frequently to taking a walk. Those living alone help themselves with the media more often than those who do not and they tend to resign themselves more often than those who do not live alone.

**Table 5.7**  
**Moments when the feeling of loneliness is stronger by gender and living arrangement**

	Total	Gender		Living arrangement	
		Men	Women	Living alone	Living with others
All day	4.8	3.1	6.1	12.5	3.4
Only at night	12.9	9.1	15.9	32.6	9.4
Only during the day	3.1	1.5	4.4	2.3	3.3
At weekends	2.0	1.0	2.8	2.5	1.9
When sick	9.0	8.9	9.1	12.3	8.4
On other occasions (special occasions)	13.7	12.9	14.4	13.1	13.8
Never	53.9	63.3	46.7	23.6	59.4
N.R.	0.5	0.4	0.6	1.0	0.4
(N)	2,195	962	1,233	334	186

Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

**Table 5.8**  
**Activities for avoiding the feeling of loneliness by gender and living arrangement**

	Total	Gender		Living arrangement	
		Men	Women	Living alone	Living with others
Going for walks	22.7	30.1	18.7	20.5	23.4
Calling by phone	4.0	1.3	5.4	5.3	3.5
Putting radio or TV on	28.4	28.9	28.2	30.5	27.7
Going to church	1.2	-	1.9	2.2	0.9
Going to retired persons home	2.2	3.3	1.6	1.8	2.3
Going to bar, café	0.9	2.3	0.1	1.1	0.8
Going shopping	0.2	0.3	0.2	-	0.3
Talking to self	1.2	0.8	1.4	1.5	1.1
Praying	7.6	3.6	9.8	6.8	7.9
Going to visit someone	2.1	0.8	2.8	2.9	1.8
Talking to neighbours	5.3	5.2	5.3	4.4	5.5
Doing a hobby	7.3	6.4	7.7	5.5	7.9
Giving up	12.7	11.8	13.2	13.7	12.3
D.K.	4.1	4.9	3.6	3.3	4.3
N.R.	0.2	0.3	0.2	0.4	0.2
(N)	998	350	648	252	746

Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

## 5.2. The Meaning of Old Age

### 5.2.1. The Most Important Aspect of Life for Elderly Persons, Main Concerns and General Satisfaction with Life

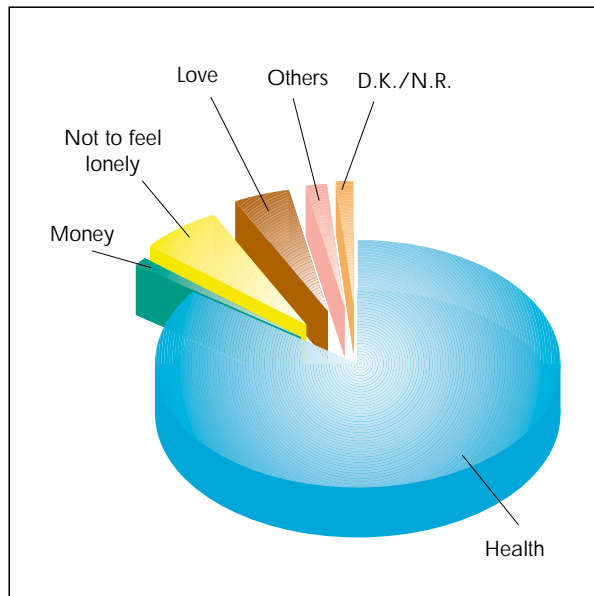
#### *Health is the main concern of elderly persons*

The most important aspect of life for elderly persons is undoubtedly health. This is the answer given by 86.4% of elderly persons, and age, gender or living arrangement do not make much of a difference in this valuation (figure 5.16). At a great distance comes loneliness, which is a major concern for 6.2% of elderly persons. The population across all ages shares these concerns because what is feared the most in connection with old age

is disease (23%), followed by loss of memory (19%), dependence on others (18%), loneliness (16%), or feeling useless (13%) (figure 5.17.). Elderly persons fear more or less the same things, in this order: disease, loss of memory, loneliness, dependence, pain, and feeling useless (figure 5.18.).

Insecurity against crime can be an important source of fear in old age. Nearly one out of every four elderly persons has felt afraid some time or other when walking on the street in daytime (figure 5.18), women (11.2%) more often than men (4.2%). 28.7% are afraid of being alone at night, again women (16.9%) more often than men (4.6%), and also those living alone (13%) more often than those who live with somebody (11.2%). One out of every four are afraid to go out at night, among half of them this is a habitual fear, and

**Figure 5.16**  
**Most important aspect of life for elderly persons**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998

again it is more frequent among women (51.1%) than among men (28.5%), and among those living alone (47.3%) than among those who do not (40.1%). One out of every four are afraid to open the door—among

women and those living alone the proportion rises to one out of two.

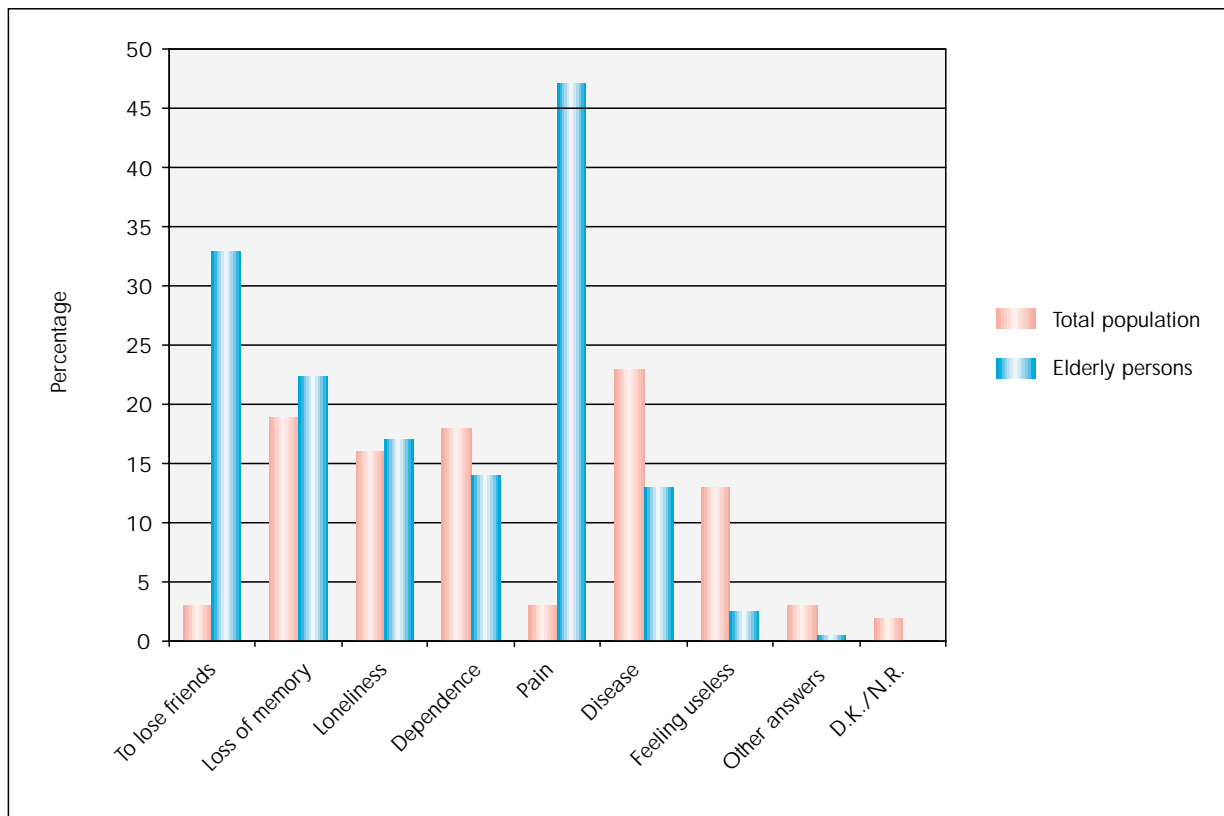
Elderly persons feel quite satisfied regarding their life in general terms (table 5.9): 18.5% feel very satisfied and 56.4% feel quite satisfied; women have a more negative perception of their situation—27.4% feel ‘regular,’ little satisfied or not at all satisfied (vs. 20.5% of men); the same applies for those living alone (39.7% vs. 21.7%).

### 5.2.2. The Social Image of Elderly Persons

***There is a discrepancy between the social image of elderly persons and the way they perceive themselves***

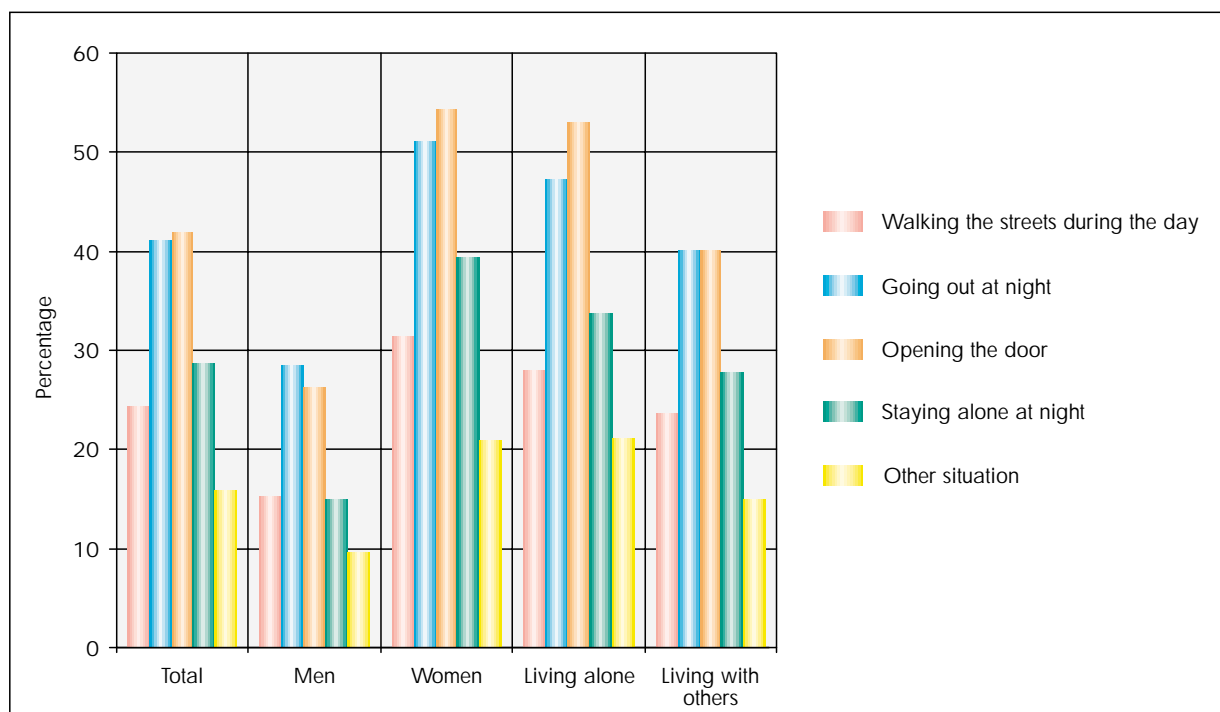
Elderly persons think that the image the rest of society has of them is associated to negative connotations, that society basically perceives them as *ill* (46.5%), *inactive* (46%), *bothersome* (45.5%), and *sad* (42%); only one out of every three thinks that society considers elderly persons as *amusing* and one out of every four as *wise* (figures 5.19 y 5.20). Women generally tend to think that society has a slightly more negative image of elderly persons than men do. There is a big discrepancy between the image they think society attaches to them and the way they see themselves: the epithets that elderly persons reject the most are *bothersome* (seven out of every ten reject this epithet for elderly persons) and *inactive* (rejected by 62%); they also reject *sad* (55.3%)

**Figure 5.17**  
**Expectations regarding old age: circumstance that is feared the most by the population of all ages and by elderly persons**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.18**  
Feeling of insecurity against crime by gender and living arrangement



Note: multiple response, maximum two answers.  
Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

**Table 5.9**  
Overall satisfaction of the elderly population with their situation by gender and living arrangement

	Total	Gender		Living arrangement	
		Men	Women	Living alone	Living with others
Very satisfied	18.5	21.0	16.6	10.1	20.1
Quite satisfied	56.4	58.1	55.0	48.9	57.7
Regular	18.7	15.9	20.8	28.7	16.9
Not very satisfied	3.9	3.5	4.3	7.5	3.3
Not satisfied at all	1.8	1.1	2.3	3.5	1.5
D.K./N.R.	0.7	0.4	1.0	1.4	0.6
(N)	(2,198)	(961)	(1,237)	(335)	(1,863)

Source: CIS-IMSERSO, La Soledad de las Personas Mayores, estudio nº 2.279, febrero de 1998.

and, to a lesser extent, the association between elderly persons and *illness* (28.6% associate *illness* to elderly persons and 49.1% reject it). Conversely, 54.6% think that elderly persons are *amusing* and 43.9% think they are *wise*. Elderly persons think they are largely unknown by the rest of society and that the stereotyped image that society attaches to them as a group is unfair to them. Men are the ones who most strongly reject the negative connotations associated to elderly persons.

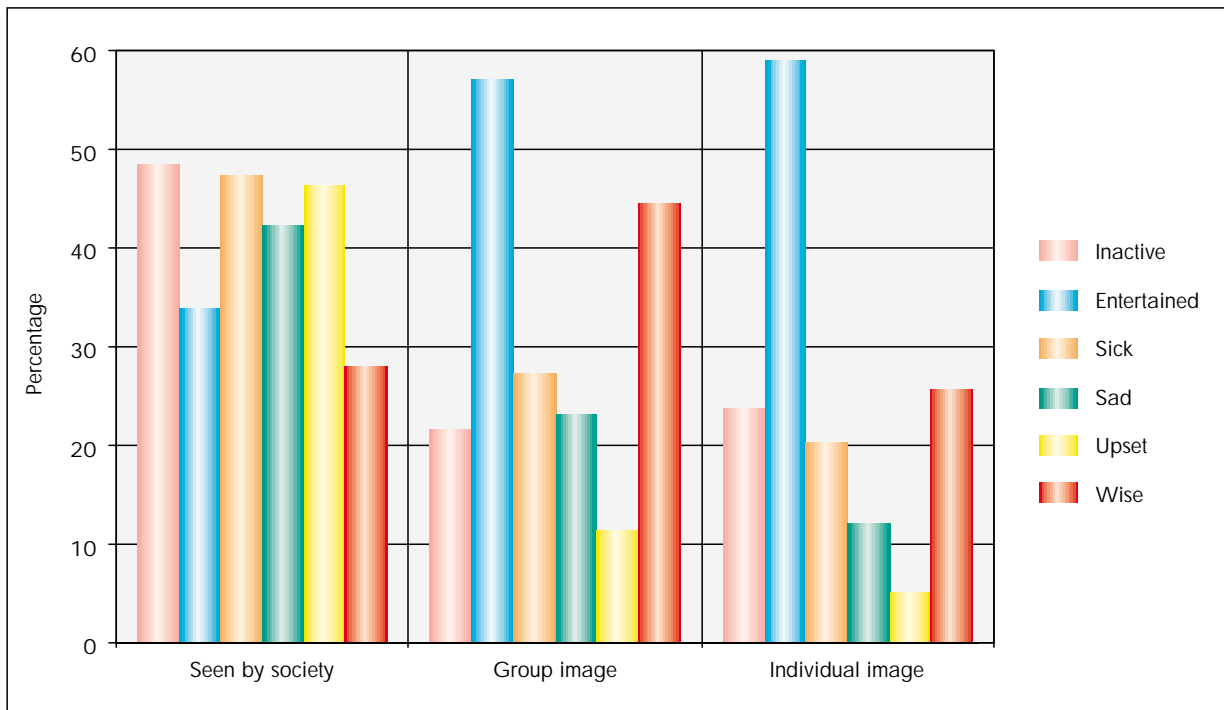
On an individual basis elderly persons see themselves as *amusing* (53.8%), although just one out of every four see themselves as *wise* (23.5%). Among the negative characteristics, one out of every four see themselves as *ill*, shortly behind come *inactive* (21.8%) or *sad* (19.9%), and, at a distance, *bothersome* (7.2%). Again it is men

who have a more positive image of themselves than women: although they consider themselves less active, they think they are more amusing and wiser, and fewer men than women see themselves as sad, bothersome or ill. Those living alone, on the other hand, have a more negative image of themselves than those who live with other people.

When questions are asked about their image or feelings, elderly men always seem to be more satisfied or less demanding than women. It should be remembered that elderly men are generally younger than elderly women, the likelihood of their living alone is lower—they usually live with their wife or even with their children, and they are generally better off in economic terms. Therefore, men are generally in a much better objective si-

**Figure 5.19**

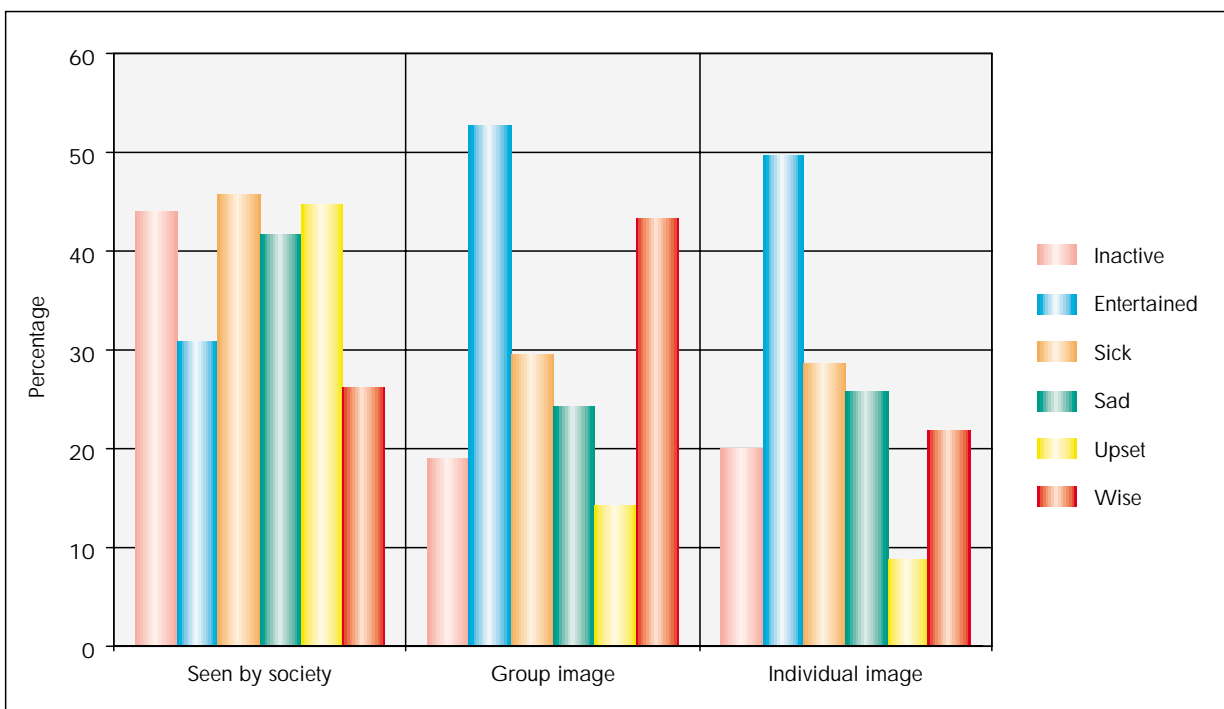
**The social image of elderly people. Elderly persons as they see themselves individually, collectively and how society sees them. Men**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.20**

**The social image of elderly people. Elderly persons as they see themselves individually, collectively and how society sees them. Women**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.



tuation than women, which undoubtedly influences the way they feel when answering these questions.

### 5.2.3. Elderly Persons in Society

***Elderly persons are generally less demanding than the rest of the population when assessing how they are treated and the position that elderly people should have in society***

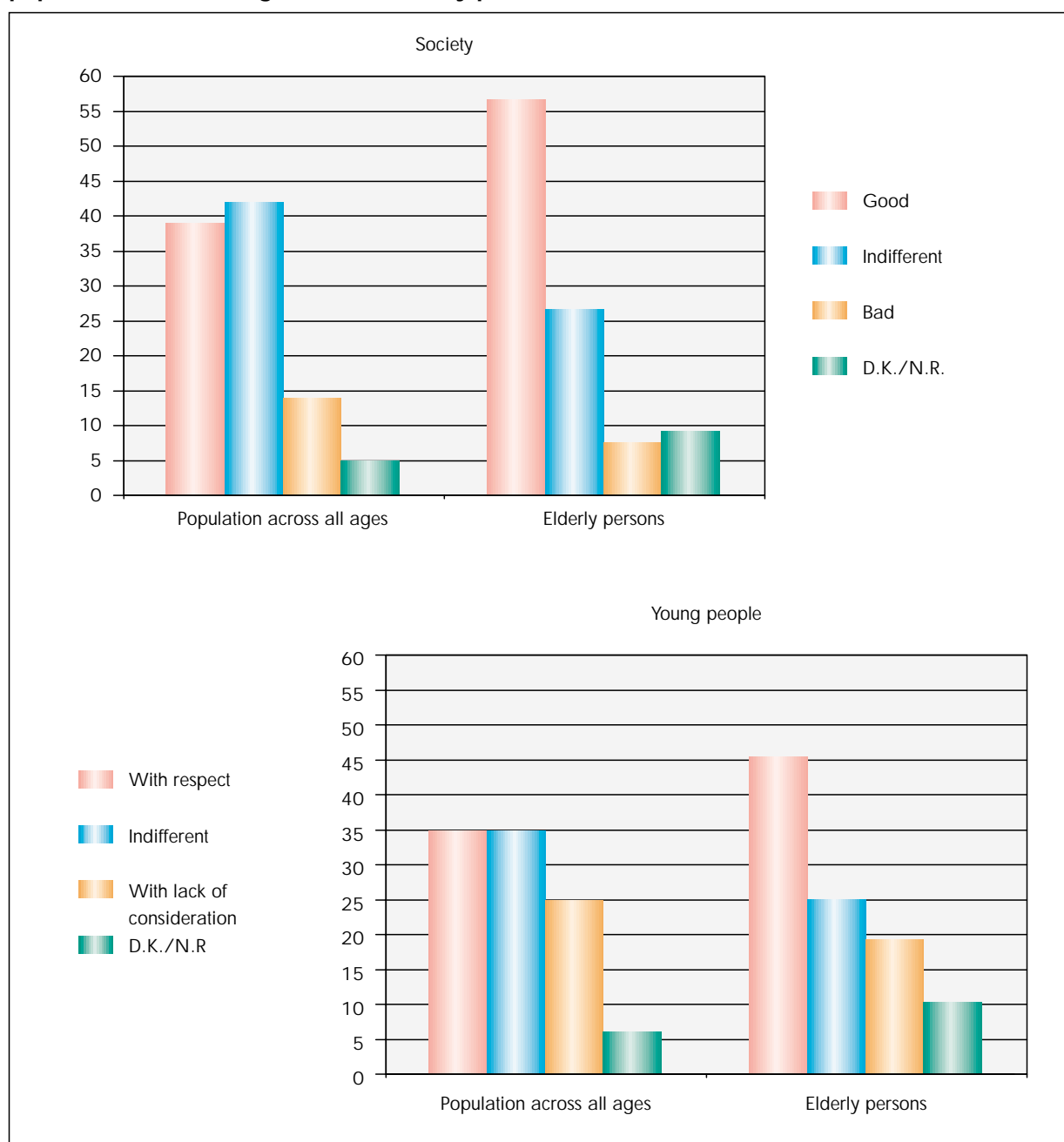
#### 5.2.3.1. How Society Treats Elderly Persons

People across all ages think that society treats elderly persons indifferently (42%) or well (39%). Only 14% con-

sider that they are treated incorrectly (figure 5.21.). Elderly persons seem much less demanding: over half of them consider that society treats them well (56.7%), the proportion of those who feel that they are treated indifferently drops to 26.7%, and only 7.5% consider that they are treated badly; although nearly one out of every ten say they 'don't know' or don't answer. Among all of the elderly persons, those living alone make a poorer assessment of how society treats them, although still one out of every two think they are well treated.

One out of every three Spaniards across all ages think that young people treat the elderly respectfully, another third think they treat them indifferently, and one out of every four think that young people treat the elderly inconsiderately. Again elderly persons have a better opin-

**Figure 5.21**  
How elderly persons are treated by the rest of society and by young people, according to the population across all ages and the elderly persons themselves



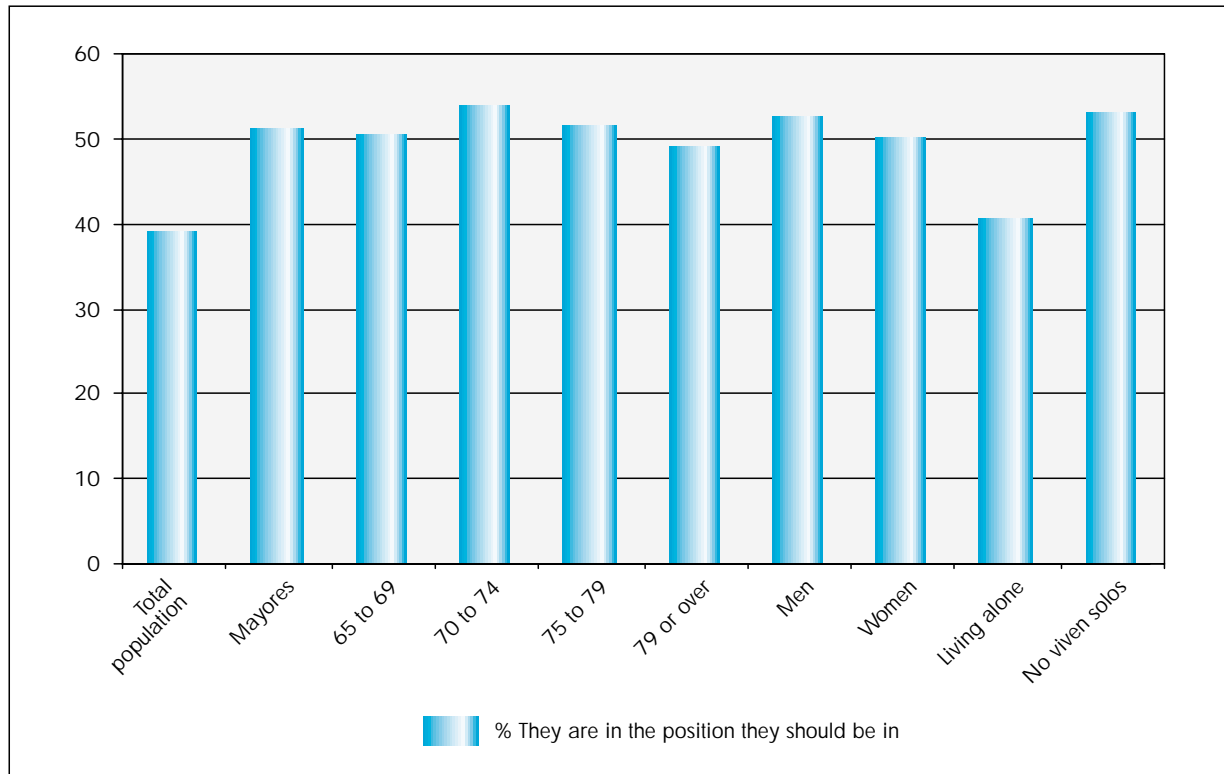
Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

ion of how they are treated, in this case by young people: 45.4% feel that they are respected, one out of every four feel they are treated indifferently and one out of every five think they are treated inconsiderately. Men make a slightly more negative assessment than women, although once again the worst assessment comes from elderly persons living alone. Even so, 39% still feel they are treated respectfully by young people.

### 5.2.3.2. The Place of the Elderly in Society

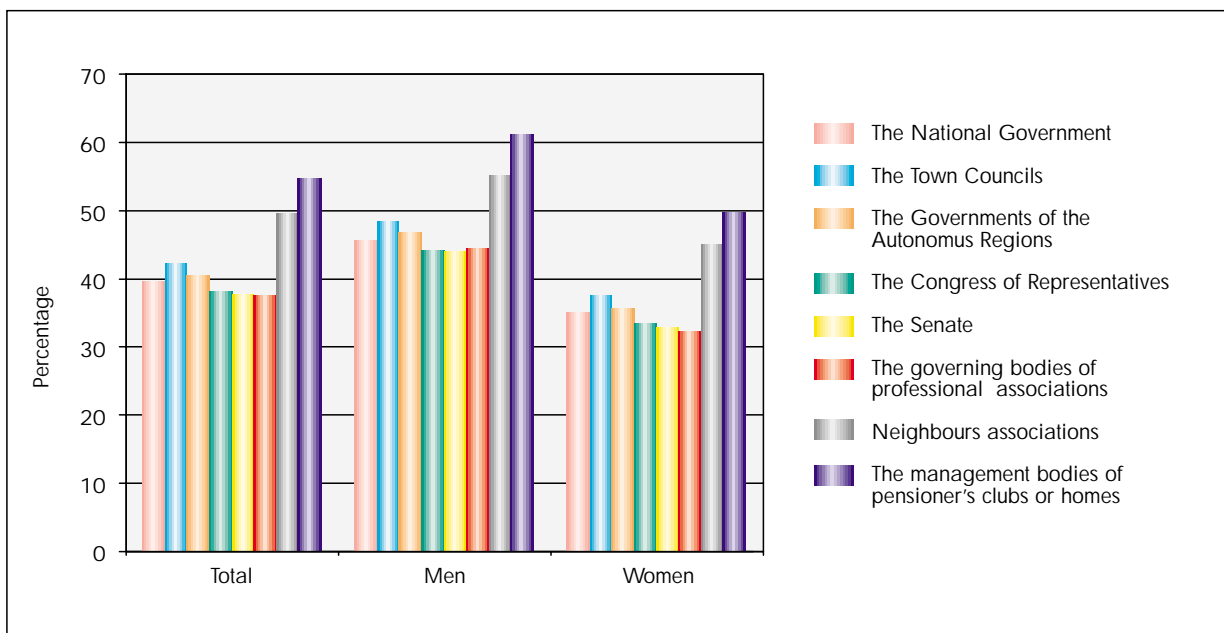
Regarding the place of the elderly in society, half of the Spaniards surveyed think that the elderly are not in the position they should be in, as opposed to 39% who think the opposite (figure 5.22). The elderly do not think the same way: approximately half of them think they are in the position they should be in, one out of every three

**Figure 5.22**  
Assessment of the place of elderly persons in society



Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

**Figure 5.23**  
Valuation of the presence of elderly persons in various domains of public life.



Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

respond negatively and 16% do not answer. With older age there is an increase not of the negative perception but in the number of those who do not answer—the situation is similar among women and men. Again, the most negative assessment is made by those living alone; among these, four out of every ten think they are in the position they should be in and virtually the same proportion think the opposite.

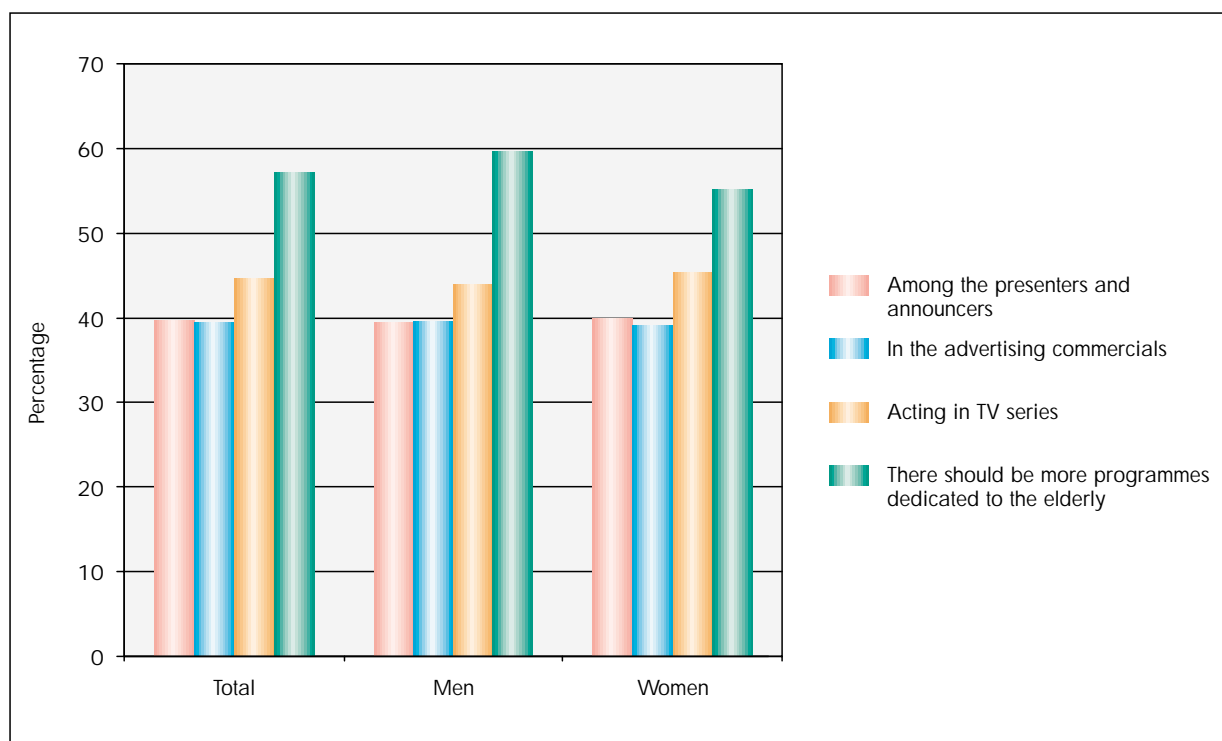
### 5.2.3.3. Assessment of the Presence of Elderly Persons in Various Domains of Public Life

Specifying the assessment of the presence of the elderly in various domains of public life, the outcome is that an important proportion of elderly persons would like people their age to have a greater presence (figure 5.23). Approximately one out of every four elderly persons think they are not in the position they should be re-

garding the national government, the town councils, the territorial governments, Congress, and in the governing bodies of professional associations. One out of every two think the same about neighbourhood associations and 15.5% think they should have a greater presence in the governing bodies of homes for the elderly or pensioner clubs. In overall terms, men appear to be less satisfied than women regarding their presence in these institutions.

Last of all, we are presenting the assessment made by the elderly regarding their presence in the media. With the information available, the elderly, who are large consumers of the media's products, generally do not consider themselves sufficiently represented in the media. One out of every ten elderly persons think that their presence is not as frequent as it should be (figure 5.24). They call for a greater presence of elderly persons in all the proposed domains and they think that there should be more programs dedicated to the elderly.

**Figure 5.24**  
Assessment of the presence of the elderly in the media.



Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo 1998.

# Use of time, Attitudes and Values

LOURDES PÉREZ ORTIZ  
UAM

our attitudes and values regarding what happens around us. The elderly population have their own characteristics in this respect: the overall illiteracy rate among the 65+ age group is 10.8%, although age and gender introduce significant differences (figure 6.1.). This rate is 11.5% for women 65 to 74 and 14.7% for those 75 or older, whereas for men the rate is 6% and 7.4%, respectively. 40% managed to finish their elementary education, 7.5% completed secondary studies, five out of every 100 have a university degree, although the distribution by genders is quite unbalanced: 7.2% among men and 2.7% among women.

## 6.1. Activities and the use of time

### 6.1.1. A Precondition: the Educational attainment of the Elderly Population

*The educational attainment of the elderly is substantially lower than that of other age groups*

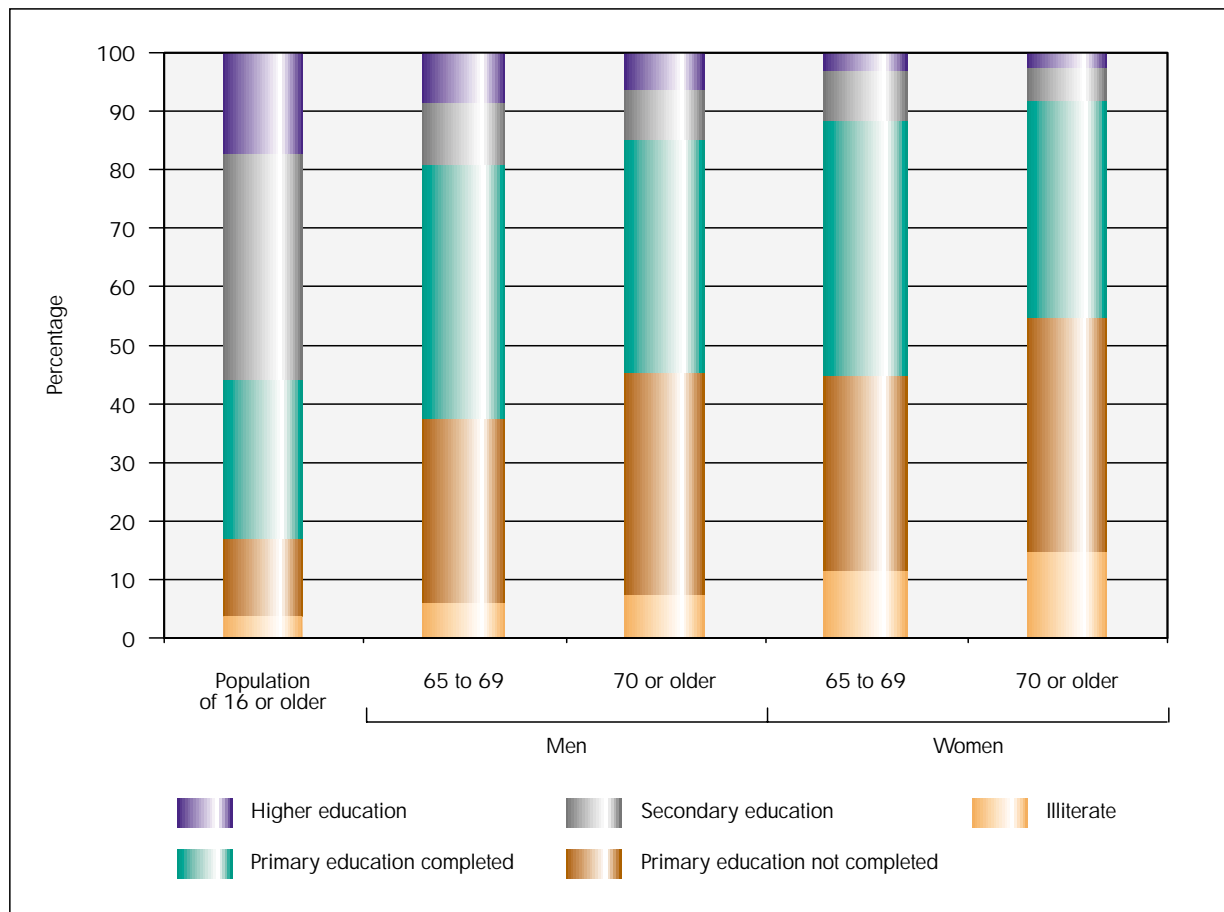
Our educational attainment largely determines our way of life, the activities we dedicate our time to, and

### 6.1.2. Main Activities

*The most prominent activity of the elderly is exposure to the media*

Among the activities that the elderly carry out most often, a prominent position is taken by the mass media (table 6.1.): television (96.9%) and radio (71.4%). But the proportion of those who do other things requiring greater activity is also considerable: 70% usually take walks and a similar percentage go shopping or run errands, half of them read, one out of every three often go to bars or cafeterias and nearly one out of every four go to clubs for elderly persons or similar associations.

**Figure 6.1**  
Educational level attained by the adult Spanish population and by the elderly by gender and age, 2<sup>nd</sup> quarter 2001



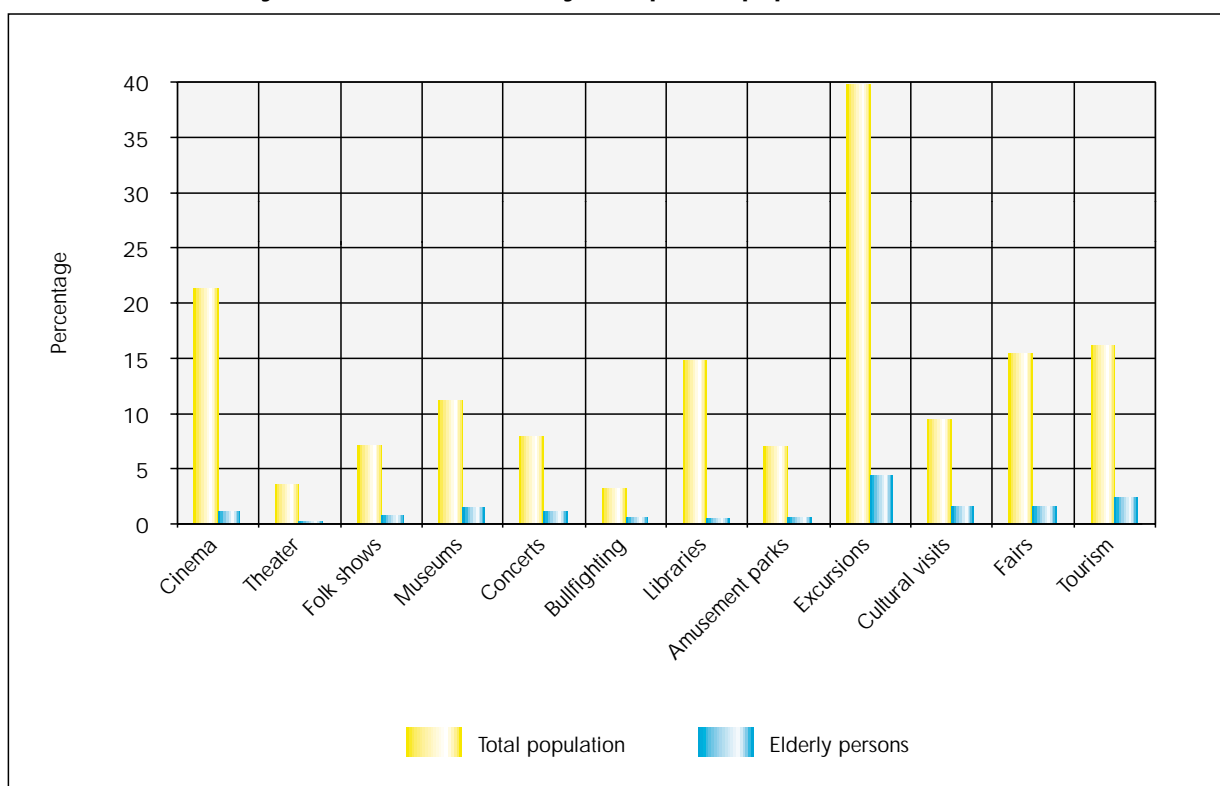
Source: INE, Encuesta de Población Activa, resultados detallados, II trimestre 2001.

**Table 6.1**  
**Leisure activities carried out by the elderly in the last week, by living arrangement and gender**

	Total	Living alone	Living with others	Men	Women
Reading	51.1	48.1	51.7	58.5	45.4
Listening to the radio	71.4	71.8	71.3	76.2	67.6
Watching TV	96.9	96.0	97.0	97.8	96.2
Going to bar, café	32.0	27.6	32.8	51.5	16.8
Going to the park, for walks	70.0	70.3	70.0	77.7	64.1
Going shopping, running errands	68.8	82.0	66.4	61.0	74.8
Going to shows	6.9	7.7	6.8	8.2	5.9
Going to conferences, concerts	3.6	4.4	3.4	3.1	4.0
Going to a club, home, recreational society or elderly persons' association	23.7	25.1	23.4	34.0	15.6
Playing a sport	7.1	4.7	7.5	9.2	5.4
(N)	2,186	331	1,855	956	1,230

Source: CIS-IMSERSO, estudio 2.279, febrero-marzo 1998.

**Figure 6.2**  
**Cultural and leisurely activities carried out by the Spanish population in the last four weeks**



Source: INE (1997), Estudio piloto sobre empleo del tiempo en España.

A comparison with the activities carried out by the population at large shows that elderly persons perform fewer cultural and leisurely activities. In the repertoire of activities shown on the following figure (figure 6.2.), elderly persons are always less active than the rest of the population. Besides this, the frequency with which the elderly carry out each of these activities is very low: only 4.4% went on an excursion in the four weeks referred to in the survey; 2.4% made tourist trips; 1.6% made

cultural visits, attended fairs, and 1.5% went to a museum. Some elderly persons say they have embarked on new activities after retiring, among which a salient place is taken by tourism (42.7%), participation in an association (31.1%) or in cultural activities (25.6%), handicrafts courses (19.2%), and sports (17%).<sup>1</sup>

<sup>1</sup> National Consumption Institute: *La Tercera Edad y el Consumo*, Madrid, 2000.

### 6.1.3. The Active Side of the Elderly: Professional Activity and Taking Care of Others

**An important proportion of elderly persons are willing to continue making active contributions to society: working, transmitting part of their professional knowledge to others, or taking care of others who need it**

In spite of a preliminary impression of inactivity, the elderly are willing to make active contributions to society. Regarding labour activity, 28% of those 65 or older consider themselves capable of continuing working. That willingness is greater among men (30%) than among women (24%), a logical difference considering that the larger part of elderly women have never worked outside the domestic sphere. It is also greater among those who have attained a higher educational level: 50% of those with a university degree and 36% of those who completed secondary studies, vs. 12% of those without studies. It is higher among those who are satisfied with their health condition (36% vs. 11%), or among those who consider themselves still useful (52%) or with the drive to do new things (37%).<sup>2</sup> An equally significant proportion state that they are capable of transmitting their

<sup>2</sup> Ibid.

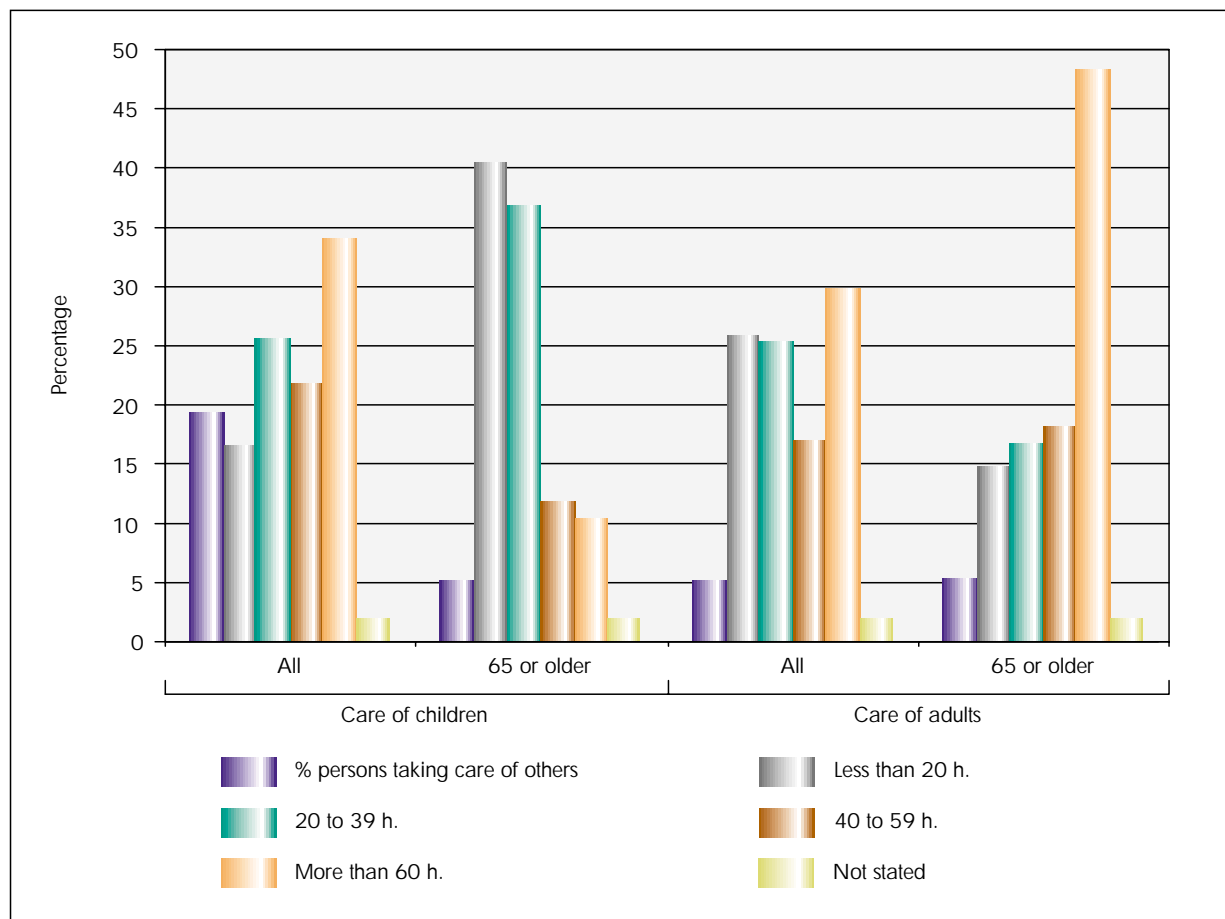
professional know-how to young workers, particularly the younger ones (37% of those in the 65-69 bracket; 10% of those over 85); men (34% vs. 19% of the women); those living alone (22% vs. 19% of those living alone), and those who state their satisfaction with their health condition (26% vs. 12% among those who are dissatisfied).<sup>3</sup>

Beyond their intentions, we have an indicator that shows the actual contribution of the elderly in caring for other persons. Although the main caretakers of adults and children are not 65 or older, but in the 30-64 bracket, 5.2% of elderly persons take care of children on a daily basis and without remuneration, and 5.3% of them take care of adults (figure 6.3). In absolute terms there are around 315,300 elderly persons taking care of children and around 325,800 taking care of adults. Regarding how intensive their dedication to caring for children is, the elderly dedicate fewer hours than any other age group: 77.4% dedicate fewer than 40 hours a week to the task, as compared to 42.2% among the general population. However, taking care of adults (presumably other elderly persons) is much more intensive among the 65+ group: half of the elderly caretakers spend 60 or more hours a week taking care of other adults.

Regarding their intentions, an important proportion of elderly persons state their willingness to take care of

<sup>3</sup> Ibid.

**Figure 6.3**  
Adults by age and hours they spend taking care of children and adults, 1997



Source: EUROSTAT, European Community Household Panel.

their grandchildren or other young children (40%) or even to take care of other persons who are in poor health condition (23%). Their willingness declines with older age, and strangely men—who actually contribute the least—are the ones who most often state their willingness to help out (figure 6.3). The degree of satisfaction with their health condition and the amount of spare time makes an important difference; the same applies to the form of cohabitation—those living alone are less willing to collaborate. Regarding the intensity of their contribution to caring for others, two out of every three elderly persons say that they can avail of more than five hours a week.<sup>4</sup>

#### 6.1.4. The Mass Media

Watching and listening to the mass media, as we stated above, is one of the most important activities in the life of the elderly: nine out of every ten watch television every day or almost every day and one out every two listen to the radio (figure 6.5.). Watching TV is a frequent occupation among the population at large, but that frequency increases in the older age groups and peaks in the 65+ bracket. The opposite occurs to listening to the radio: audience declines slightly with older age and reaches a low in the group of the elderly. The fact of having worked earlier in life determines a higher following of both these media. Listening to or watching programs specifically for the elderly on the radio or TV is an occupation among 37% of elderly

persons, more among women (40%) than among men (33%).<sup>5</sup>

It is undeniable that following the mass media is a relatively 'passive' activity insofar as it does not require a response on the part of elderly persons. However, there are some aspects of this activity that are often neglected. To begin with, watching TV or listening to the radio does not require exclusive dedication, i.e., they are compatible with doing other things at the same time. Secondly, regarding the function of the media for the elderly, we have seen that they especially have recourse to TV when they feel lonely. Also, in the extent that radio and TV follow uniform daily or weekly programming schedules, they contribute to articulate the time of the elderly when neither labour activity nor family obligations can do so.

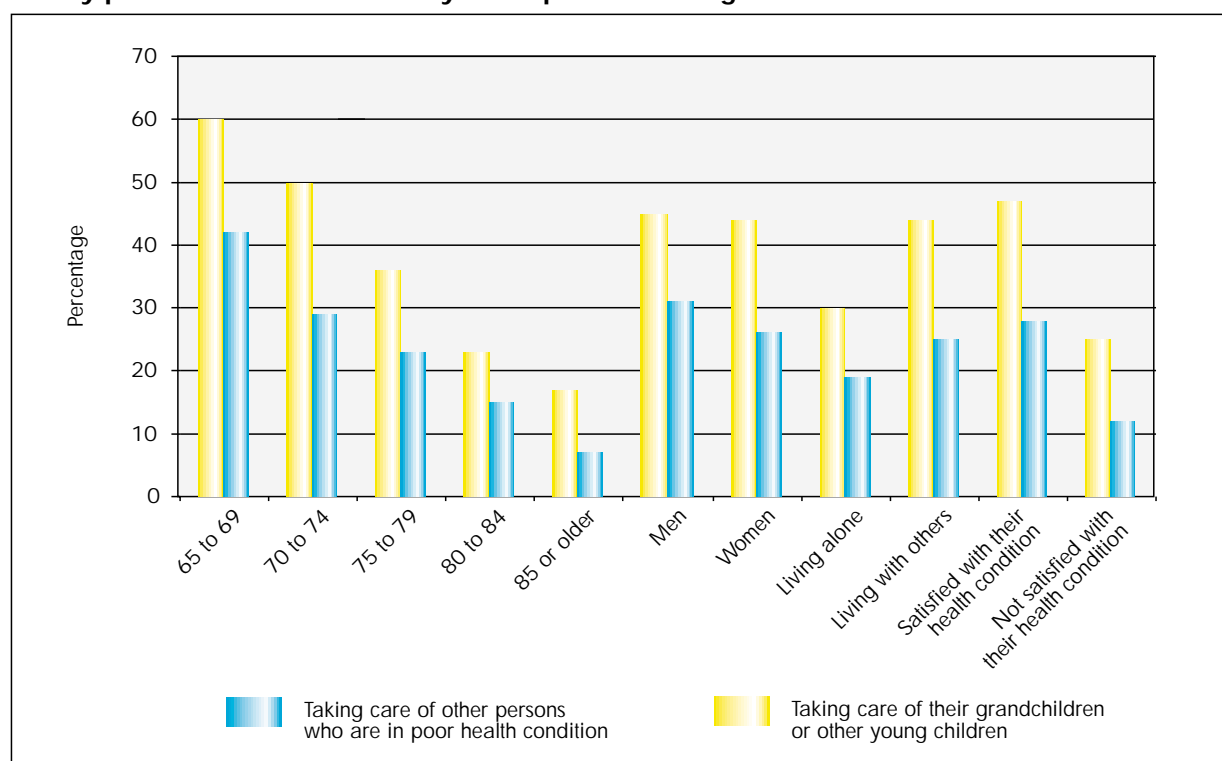
#### 6.1.5. Reading Habits

One out of every five elderly persons reads the newspaper every day or nearly every day, as compared to 30% of the overall population (figure 6.6.). Reading daily newspapers regularly increases up to the age of 35-44, when it peaks (38%), subsequently decreasing to a minimum among the 65+ group. Factors such as the educational level, difficulty in accessing points of sale of daily newspapers and even difficulty in reading the small type of newspapers can explain in part why elderly persons are less inclined to reading daily newspapers. The most widely read type of daily newspapers are those dedi-

<sup>4</sup> Ibid.

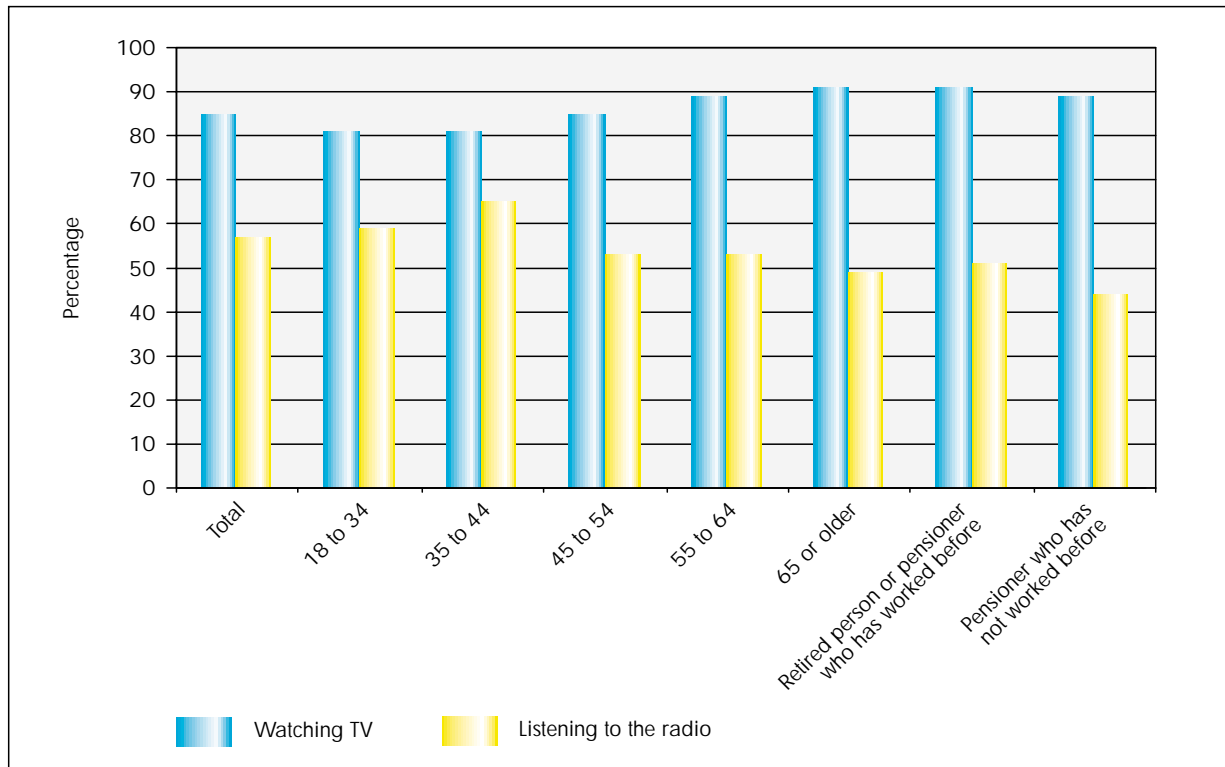
<sup>5</sup> CIS-IMSERO, estudio 2.279, febrero-marzo, 1998.

**Figure 6.4**  
Elderly persons who state that they are capable of taking care of others



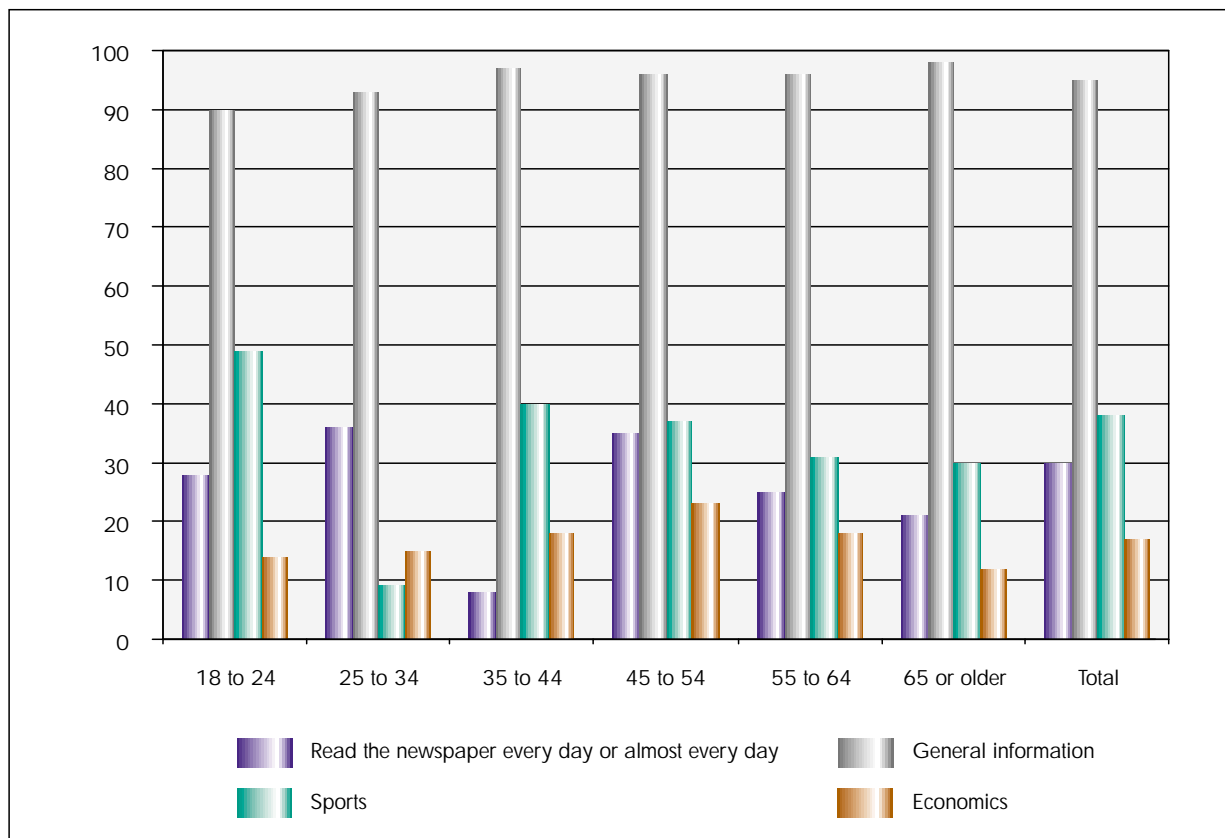
Source: INC (2000), *La Tercera Edad y el Consumo*, Madrid.

**Figure 6.5**  
Persons who watch TV or listen to the radio every day or nearly every day by and relation with prior work



Source: CIS, Estudio 2.238, febrero 1997.

**Figure 6.6**  
People who read a newspaper every day or almost every day and type of newspaper they read by age groups



Source: CIS-IMSERO, Estudio 2.264, octubre 1997.



cated to general information, followed by sports journals, which are read by one out of every three elderly persons, and the economic press, read by 12% of them. The sports press particularly interests younger readers. In the 18-24 age group, one out of every two persons who read a newspaper every day include a sports journal. After that age their interest declines until reaching a minimum among the 65+ group. Regarding the economic press, there is a rising interest up to the 45-54 age group, and then it declines thereafter. Weekly and monthly magazines are followed much less than daily newspapers. Only 16% of elderly persons read them at least three or four times a week. Actually this type of press is interesting especially for younger people; their interest declines as they get older and reaches minimum values in the 55-64 group and the 65+ bracket (figure 6.7.).

The frequency with which people read books also declines as they grow older, from 29% among young people aged 18 to 24 to 8% among those 65 or older (figure 6.8.). Once again educational attainment and physical difficulties in relation to reading can partially account for the lack of interest. Professional books are obviously read even less often by elderly persons—to the above circumstances we must add the fact that they are no longer linked to the labour force. This can explain, at least in part, why only 3% of elderly persons read this kind of books frequently, as compared to 28% of the people in the 18-24 age group, who surely dedicate a lot of time to reading manuals and text books related to their studies, or 16% of those aged 25 to 44.

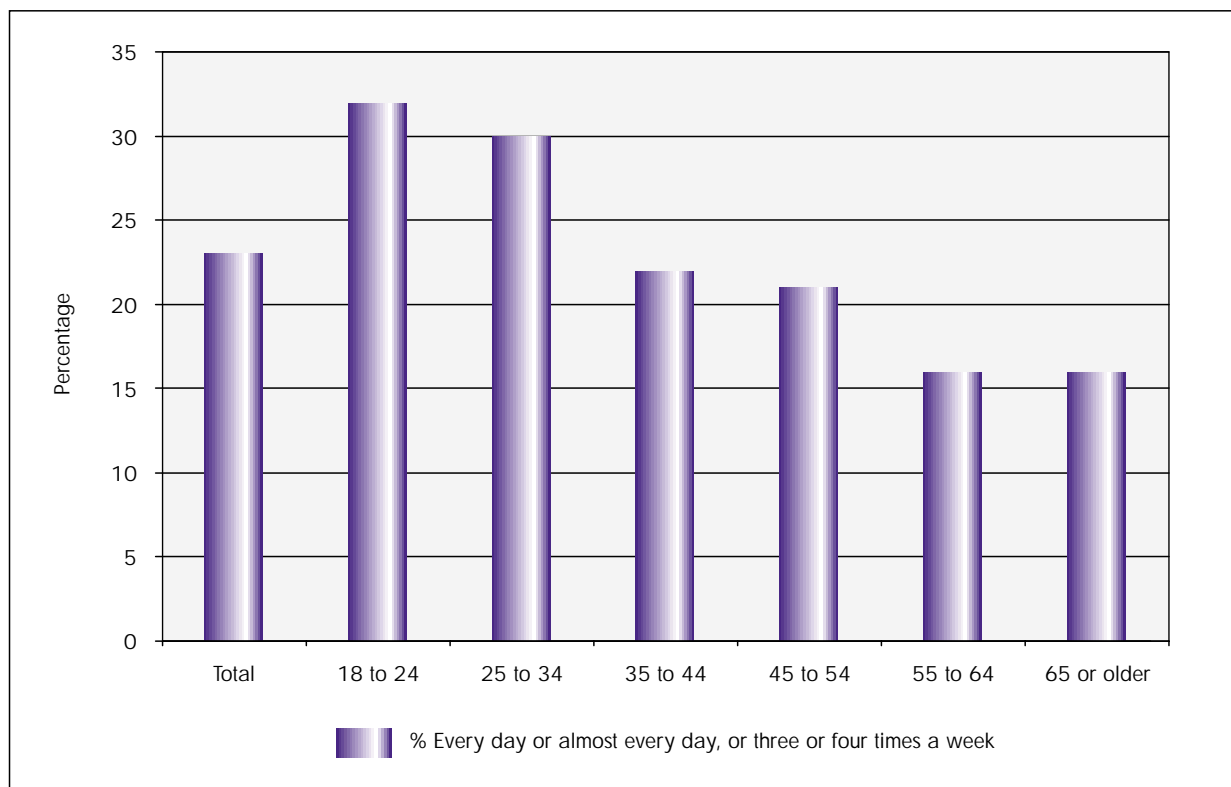
## 6.2. Attitudes and Values

### 6.2.1. Religious Beliefs and Practice

#### *A large proportion of the elderly have religious beliefs and many of them practice their religion*

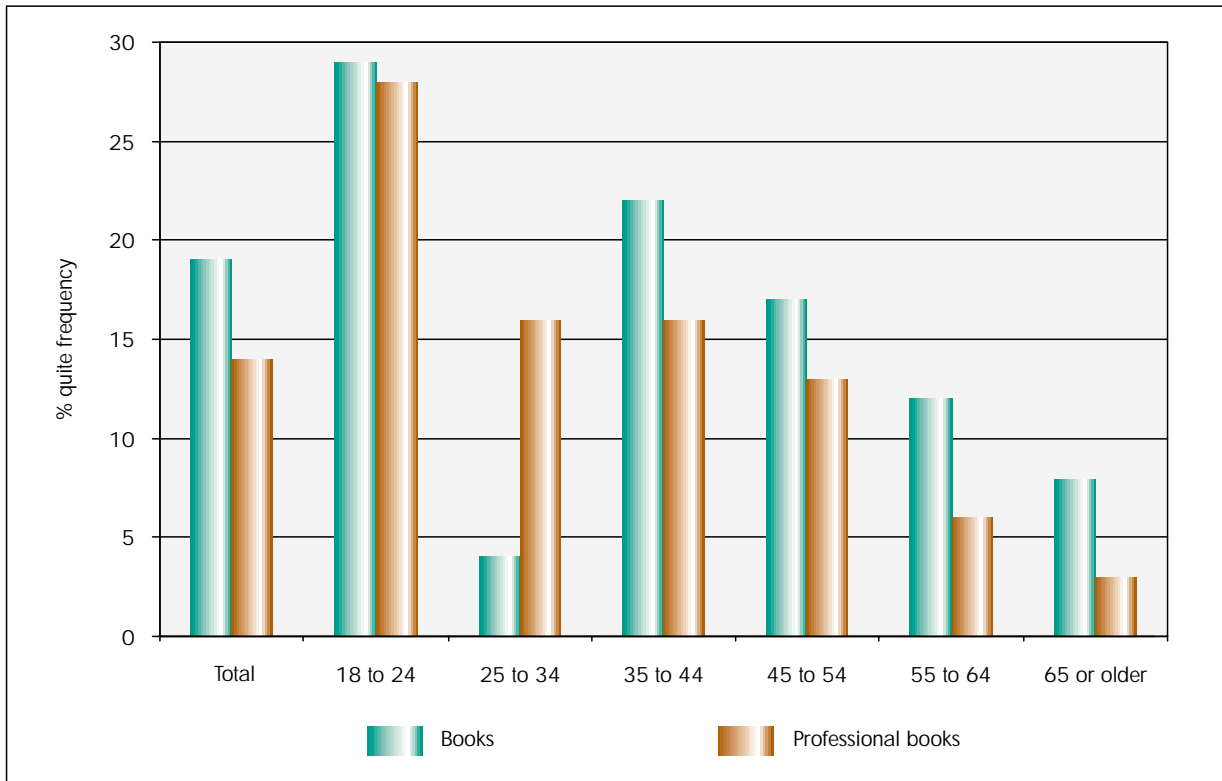
A large proportion of the elderly have religious beliefs and many of them practice their religion. 93.9% are Roman Catholics, especially women (96.6%); only 4.3% say they are indifferent as far as religion is concerned, non-believers or atheists, and here the proportion is higher among men (7.5%) (figure 6.9). 41.3% attend mass or other religious services nearly every Sunday and on holidays or several times a week. Among women the proportion reaches 49.5%, and 50.8% among those living alone (figure 6.10.). These are very high rates, especially considering that one out of every ten women and one out of every twenty men say they do not attend religious services because they are unable to. The religious beliefs of elderly Spaniards cannot be attributed solely to their age, that is, it cannot be asserted that old age leads individuals to pay more attention to spiritual matters. Rather it seems to be something inherited from the historical period in which these people began their lives and became adults, because secularisation is a recent development in Spain that may not have reached the elderly.

**Figure 6.7**  
Frequency of magazine readership by age groups



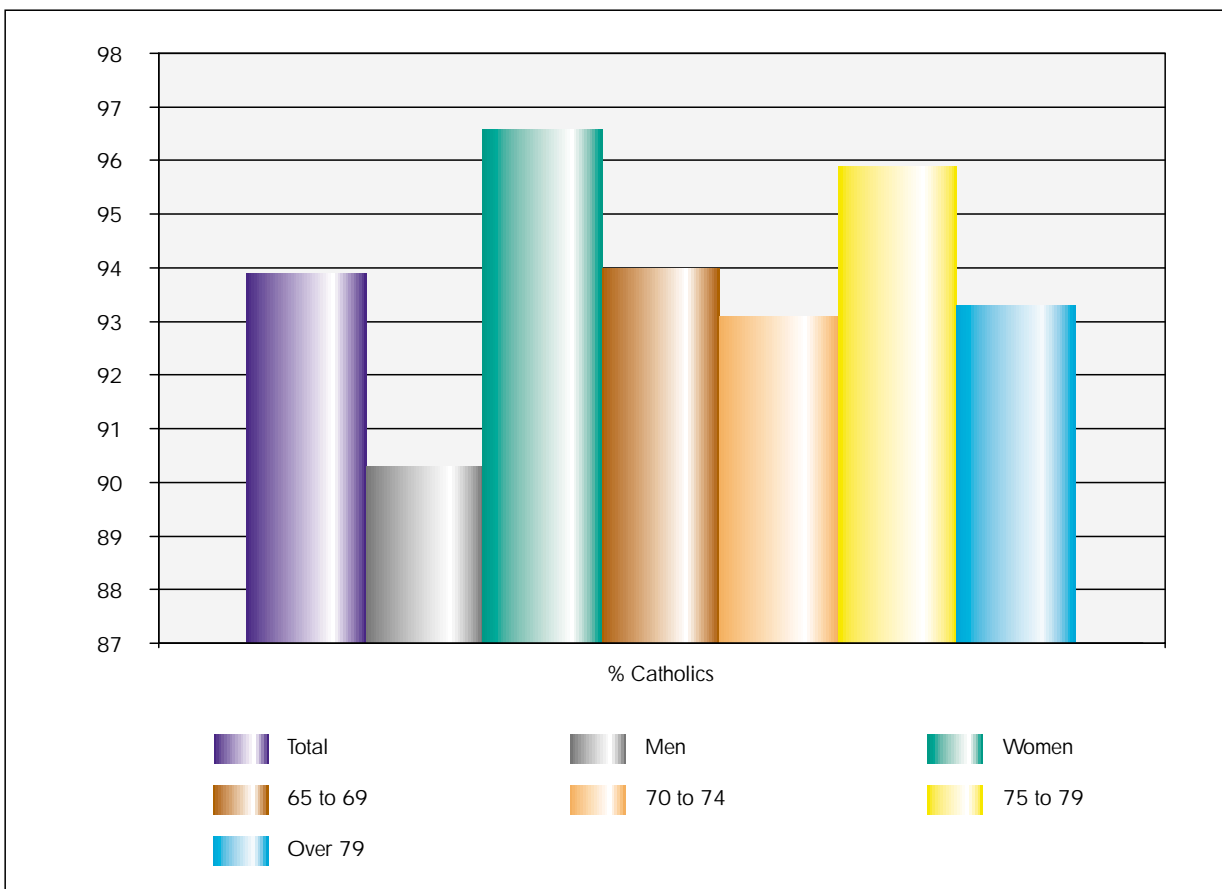
Source: CIS, Estudio 2.264, octubre 1997.

**Figure 6.8**  
**Frequency of book and professional book readership by age groups**



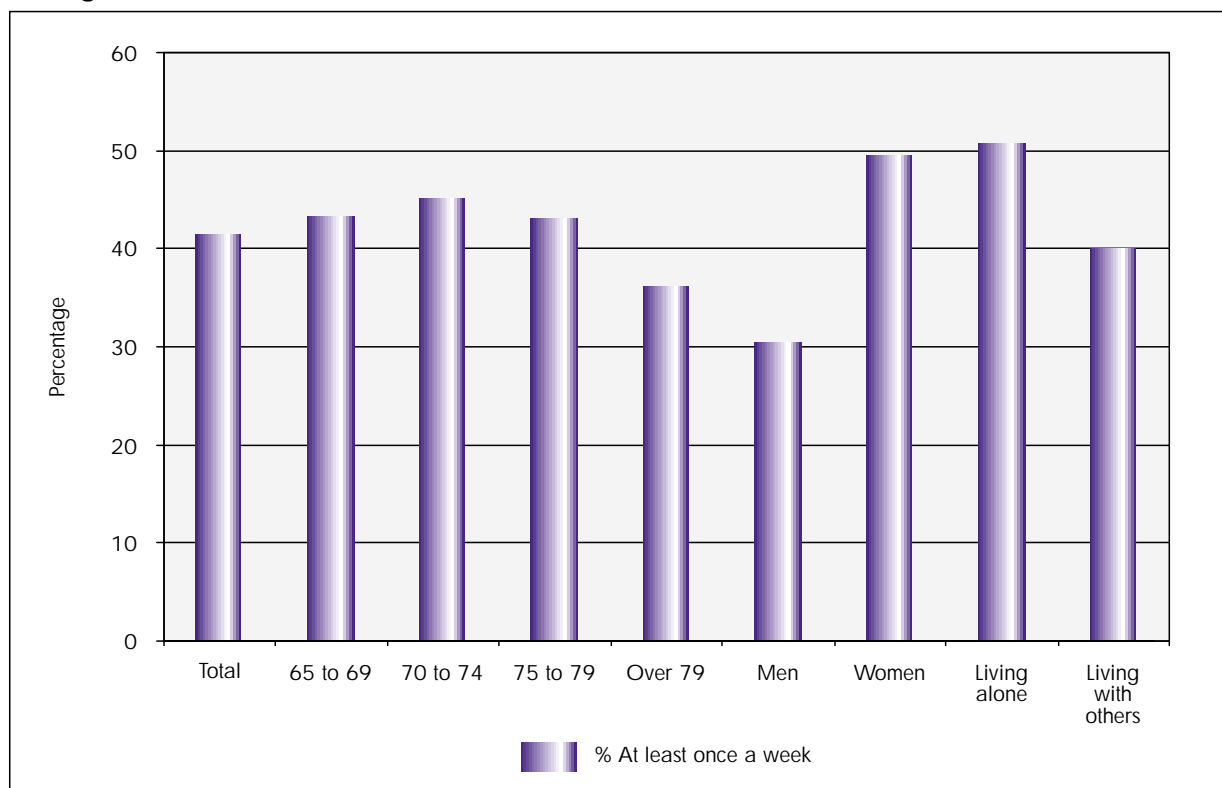
Source: CIS, Estudio 2.264, octubre 1997.

**Figure 6.9**  
**Religious beliefs by gender and age**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

**Figure 6.10**  
**Frequency of attendance to mass and other religious services by gender, age groups and living arrangements**



Source: CIS-IMSERO, Estudio 2.279, febrero-marzo 1998.

### 6.2.2. Family-related Values

***In keeping with the intensity of their religious beliefs, the elderly largely adhere to 'traditional' family-related values***

The adhesion of elderly persons to more traditional forms of family can partly be explained by their strong religious beliefs. In this respect, 87% of the elderly prefer a Church marriage to any other alternative when setting up a stable relationship (figure 6.11.). Actually, in this assessment they are quite close to the age group immediately below (45 to 64); differences in respect of the under 45 group are much more significant—to the extent that they could be termed a generational gap. Below the age of 45, adhesion to Church marriage remains high, but it is reduced to the less than half of those surveyed, whereas other alternatives gain ground, for instance living together before marrying, supported by 34% of those in the 18-24 group vs. 4% of the elderly, or the establishment of common-law marriage, that is, the possibility of living together without any marital bond whatsoever—this is the chosen possibility for 16% of young people vs. 3% of the elderly.

Marriage is a very important institution in Spanish society—77% of the population consider it is very or quite important. This institution is considered more relevant the older the persons surveyed and it peaks in the 65+ group, 92% of whom consider marriage very or quite important. (figure 6.12).

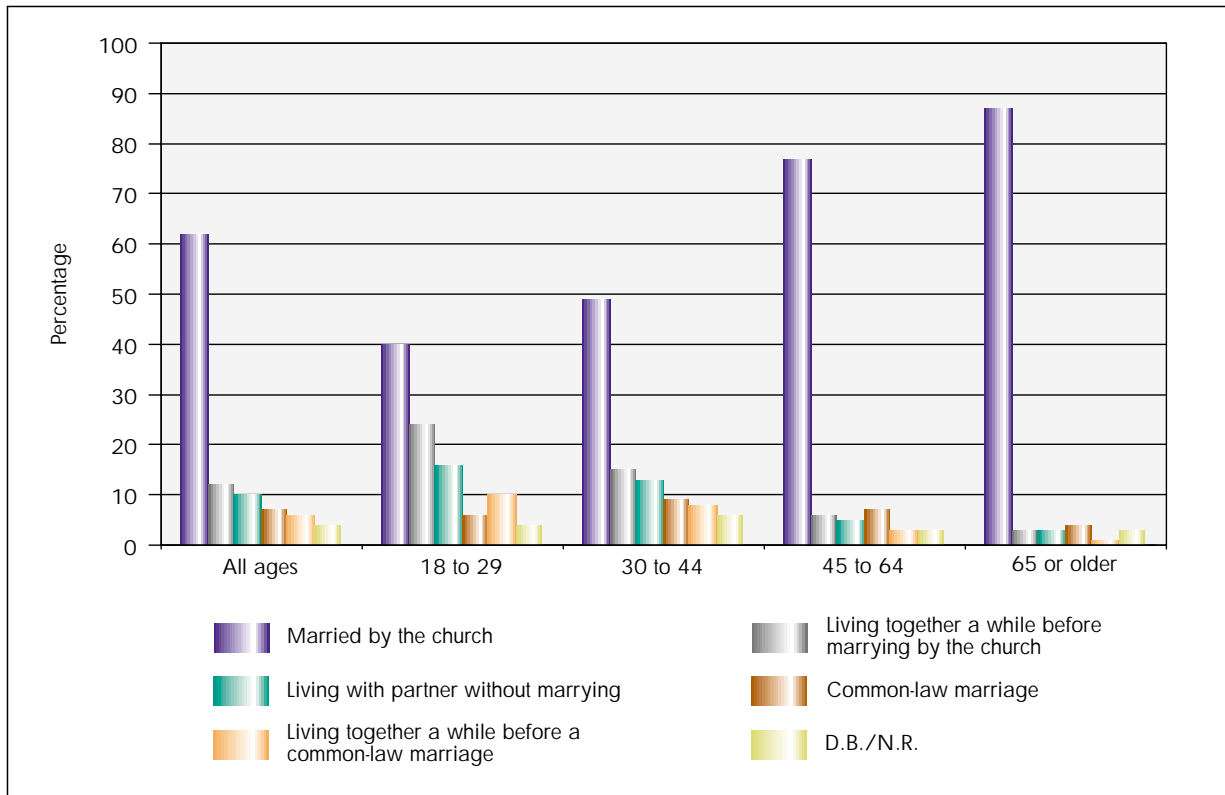
However, in spite of the importance attached to marriage as a social institution, there are many elderly

persons who support new forms of marriage and other developments regarding the family institution. Three out of every four Spaniards are willing to accept the same status, in terms of rights and obligations, for common-law marriage. That acceptance, as could be expected, is higher among younger people, but even among those 65 or older it is high, 57% (figure 6.13). Regarding homosexual couples, support and acceptance of equal rights and obligations in respect of married couples is less frequent. Among those 65 or older, one out of every four would be willing to accept equality of rights, as opposed to 82% in the 18-24 age bracket.

There are other novel aspects relating to the family that also receive considerable support among the elderly (figure 6.14). Something that is predominantly supported by the elderly is divorce, as a solution for a couple with problems—it is supported by 63% of the elderly persons surveyed. This is followed by liberty for women to have children out of wedlock. In this case, although support declines as people get older, it is still accepted by 44% of those 65 or over, a percentage that is about half that of the under 35 group. The assertion that the decision to have an abortion corresponds exclusively to women is supported by 37% of elderly persons, as opposed to 60% among people under 45. Finally, 38% of elderly persons think that homosexuality is a personal option that is just as acceptable as heterosexuality—the percentage exceeds 80% among those under 35.

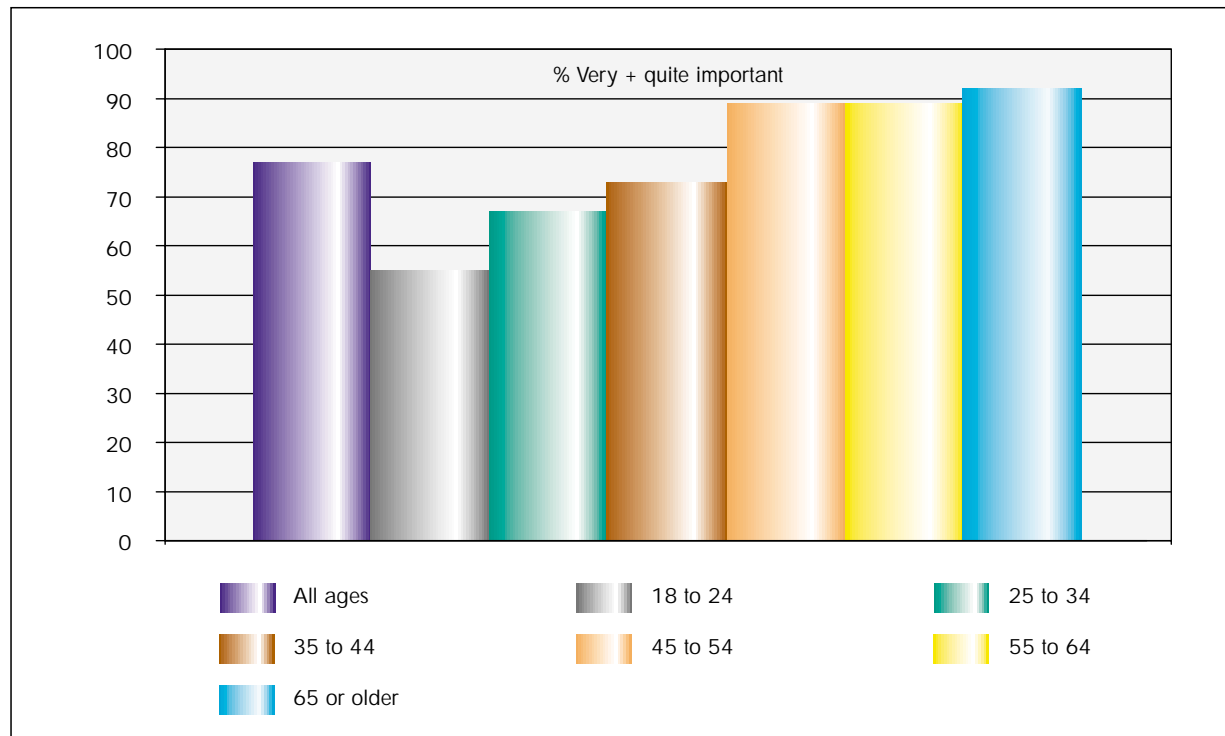
Although all these values are accepted less frequently by the elderly than by younger people, particularly re-

**Figure 6.11**  
**Preferences when it comes to setting up a stable relationship by age groups**



Source: EUROSTAT, European Community Household Panel.

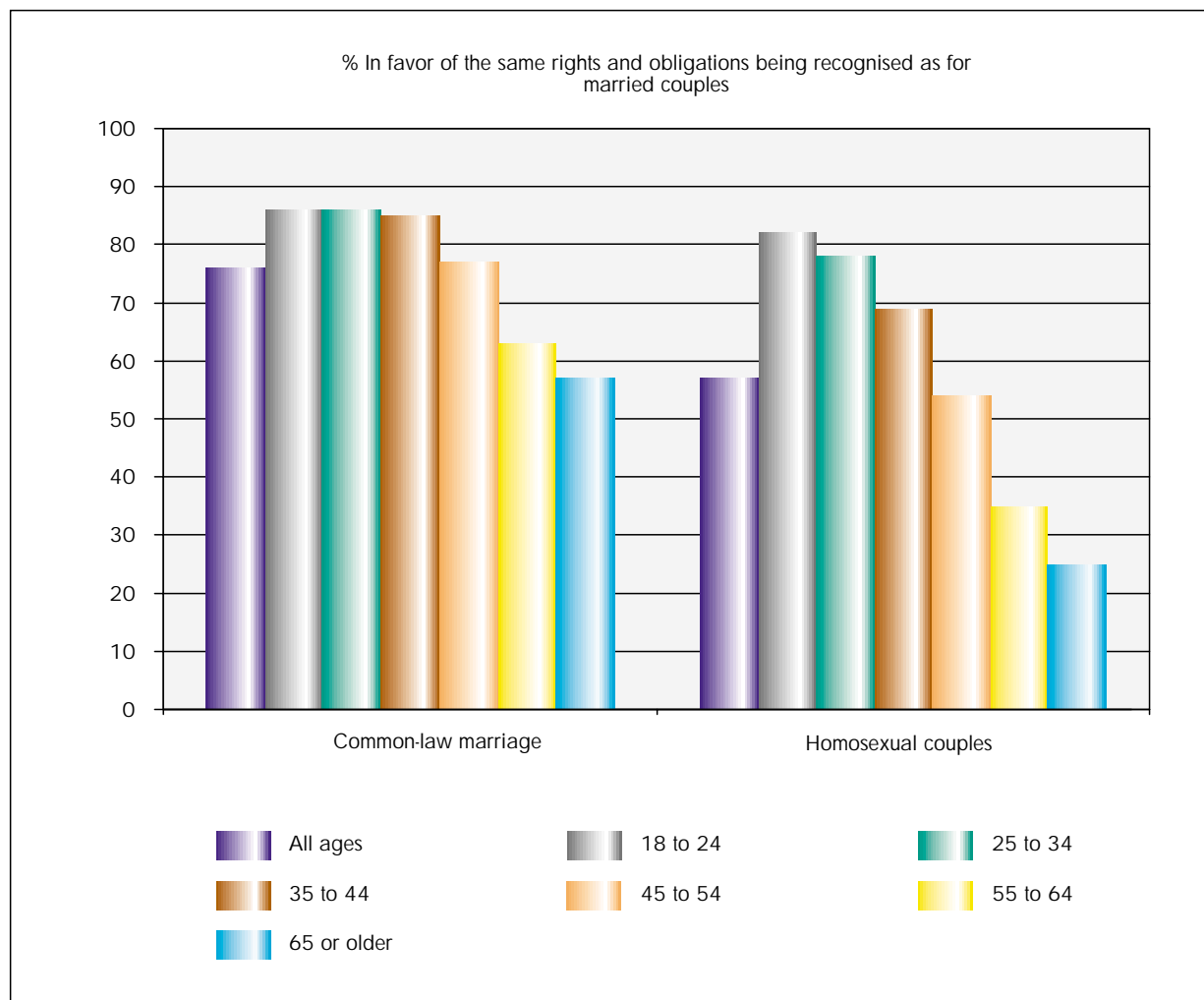
**Figure 6.12**  
**Importance of marriage by age groups**



Source: CIS, Estudio 2.248, mayo 1997.

**Figure 6.13**

**Acceptance of equal rights and obligations for common-law marriage and homosexual couples**



Source: CIS, Estudio 2.248, mayo 1997.

garding the decision to have an abortion and homosexuality it seems that elderly persons are far from being intolerant. It is true that their values are not as progressive as those of younger people, but the degree of agreement with each of these values remains relatively high even after the age of 65.

### 6.2.3. The Elderly and New Technologies

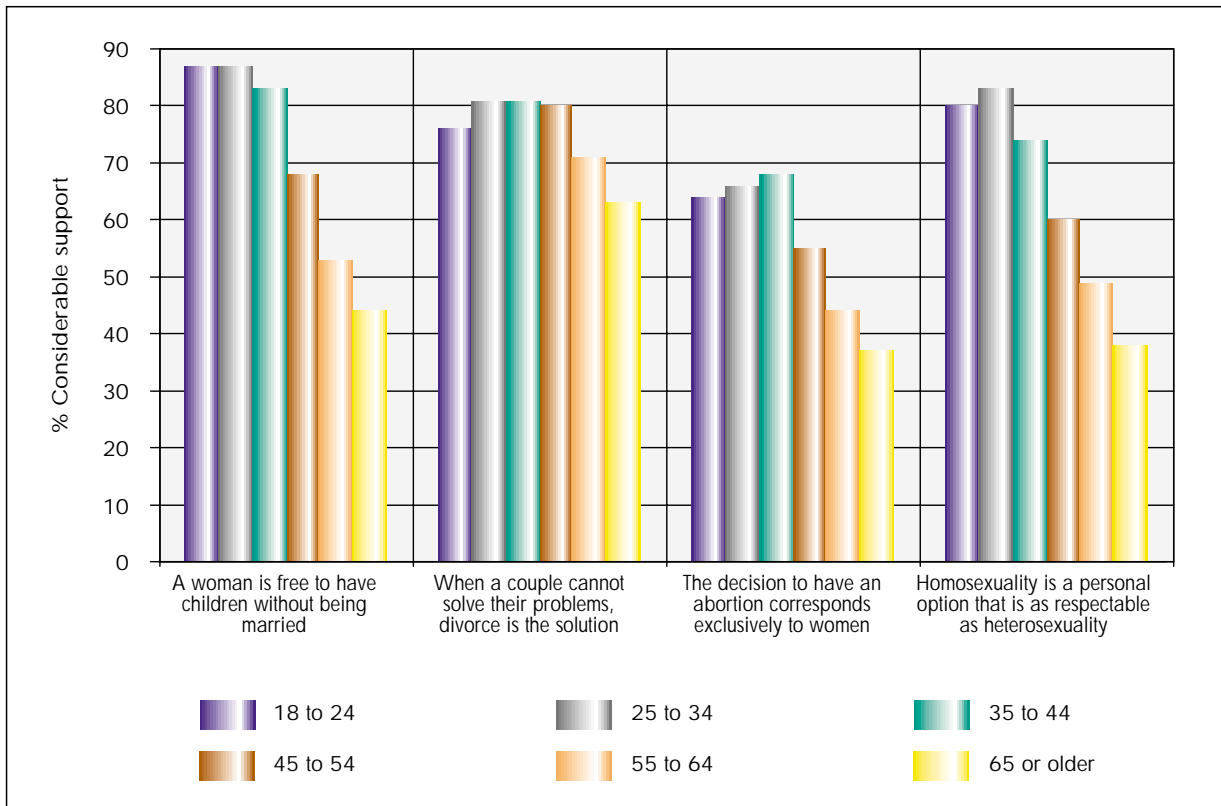
***In general terms, the elderly do not seem to be too interested in new scientific and technological developments***

As a measurement of the distance in terms of opinions, attitudes and values that there might exist between the elderly and the rest of society, we have selected a number of indicators regarding how interested the elderly are in one of the most novel features of present-day society: scientific and technological developments. In general terms, the elderly do not seem to be too inclined to the developments made available by science and technology: one out of every four say they

are very or quite interested in these matters, as opposed to 55% of the population across all ages (figure 6.15). In fact—this seems quite obvious—these kinds of innovations are particularly interesting for younger people, although the distance in respect of the 45-64 group is still important. By age groups we can split up the population into three large groups according to the way they face scientific and technological developments: high interest (young people and adults under 45), moderate interest (adults aged 45 to 64), and fairly low interest (the 65+ group).

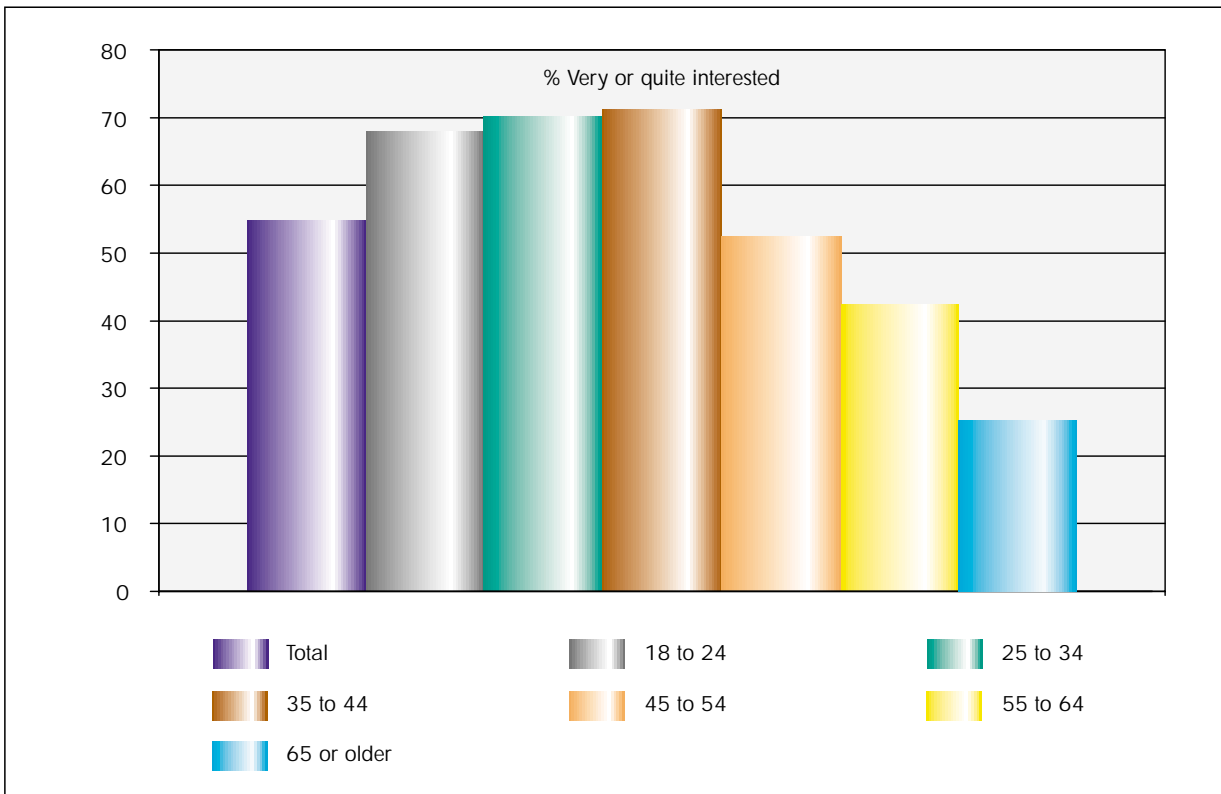
Specifically, when asking for a valuation on the need to use certain devices and services relating to new technologies, again the elderly are less interested than other age groups. The developments that are furthest from the everyday life of the elderly have to do with the internet and e-mail (figure 6.16.). PCs draw somewhat more interest (26.3% of the elderly consider them very or quite necessary). But among all the modern devices, the cell phone stands out for its usefulness—one out of every three elderly persons consider it very or quite necessary for everyday life. As of September 2001, 17.3% of the elderly population already had a cell phone, as opposed to 58% of the population at large, and

**Figure 6.14**  
Degree of agreement with different opinions relating to the family by age groups



Source: CIS, Estudio 2.203, diciembre 1995.

**Figure 6.15**  
Interest in scientific and technological developments by age groups



Source: CIS, Estudio 2.429, septiembre 2001.

another 3.6% planned to buy one soon.<sup>6</sup> Among those who have a cell phone, however, they do not use it often—18.2% use it every day, whereas 43.2% use it less than once a week.<sup>7</sup>

Regarding PCs, although one out of every ten elderly persons have one in their home, a mere 3% say they use it themselves. The main reasons for not using a PC are that they think they are too old to learn how to handle them (51.1%) and lack of interest (31.6%). Their lack of interest is also the reason they state most often to explain why they do not have a PC at home.<sup>8</sup>

### 6.3. Politics and Civic Involvement

#### **The electoral reliability of the elderly: high participation and high loyalty to political parties**

The growth in the volume of the elderly population has drawn attention on their ability to influence political decisions. It has even been said that the elderly could

exert their political 'market share' to impose their claims and rights onto other age groups, especially children, who cannot vote. In light of their involvement in different forms of political participation (figure 6.17.), that does not seem to be the intention of the elderly. Any of those forms of participation are less frequent among the elderly than in any other age group. In spite of this, at least one out of every ten elderly persons has taken part in a demonstration or strike on some occasion or have signed a petition.

An examination of the most visible form of political participation—in elections—yields radically different results. The last legislative elections held in Spain took place on 12 March 2000, in which nearly 90% of the elderly population cast a vote, an additional 5% were unable to vote for a number of reasons and only the remaining 5% had decided not to vote (figure 6.18). Participation in elections increases with older age, from 69% among those under 25 to 90.1% in the 55 to 64 age bracket. Among those who did not vote, the main reasons were political, basically lack of trust in the political parties or candidates, but among the elderly there were 22% who stated reasons having to do with their health.<sup>9</sup>

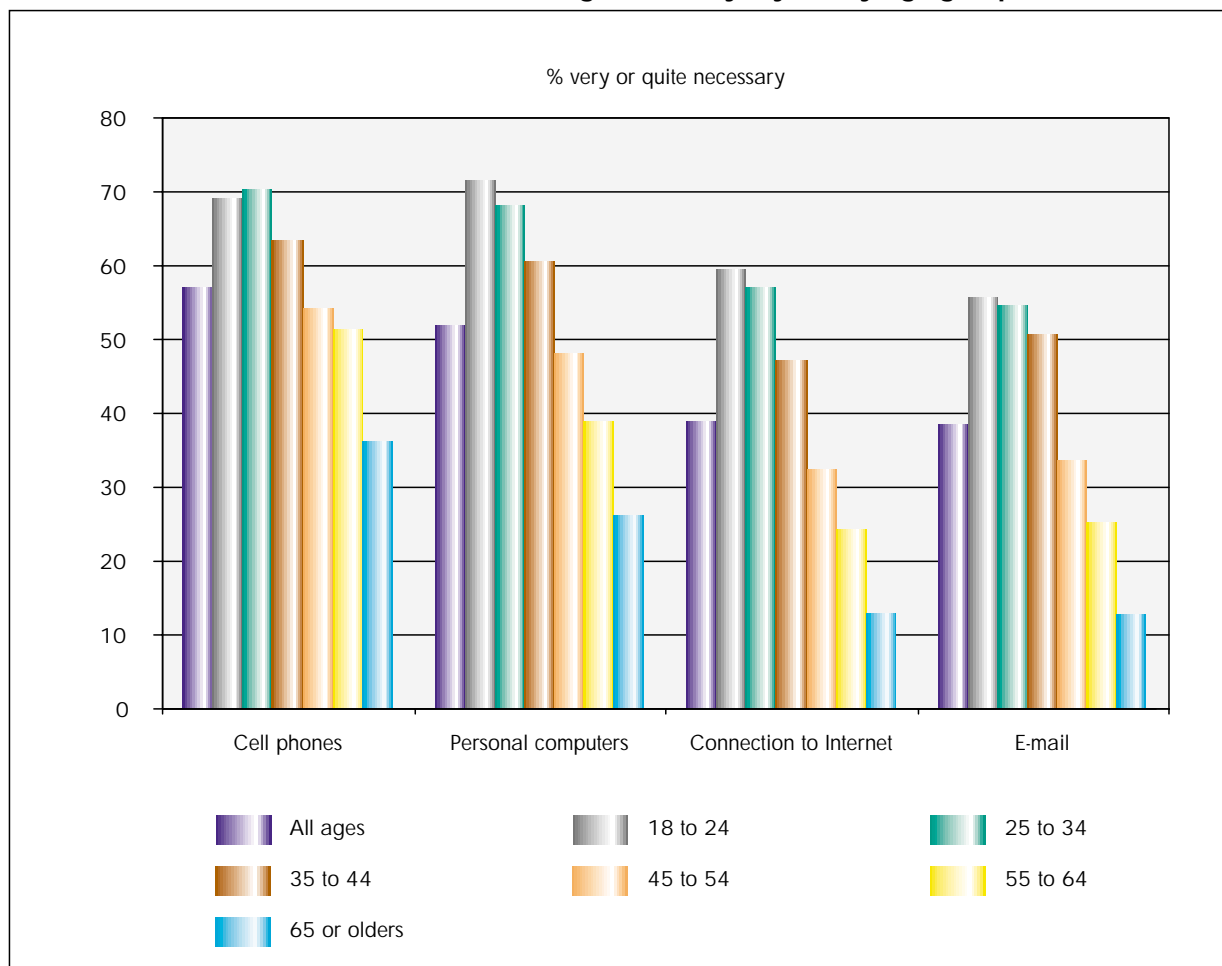
<sup>6</sup> CIS, Estudio 2.429, septiembre 2001.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

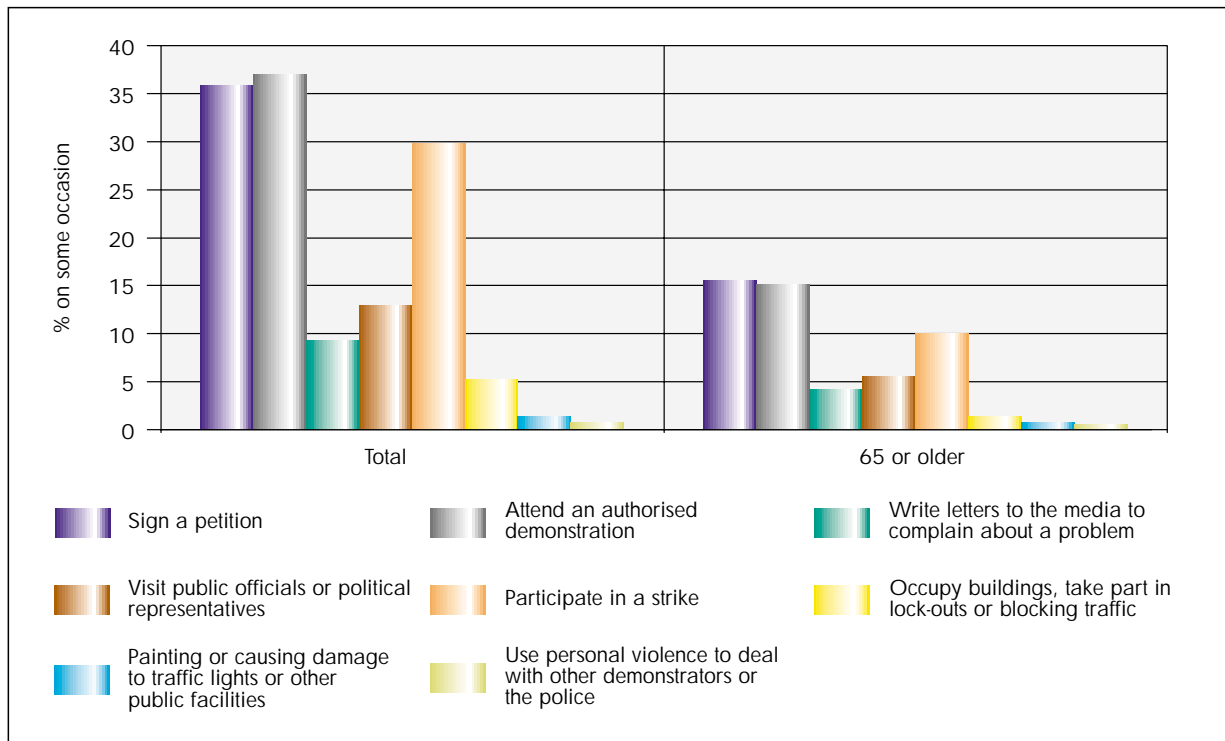
<sup>9</sup> CIS, Estudio 2.384, marzo-abril 2000.

**Figure 6.16**  
**Valuation of the need to use various technologies in everyday life by age groups**



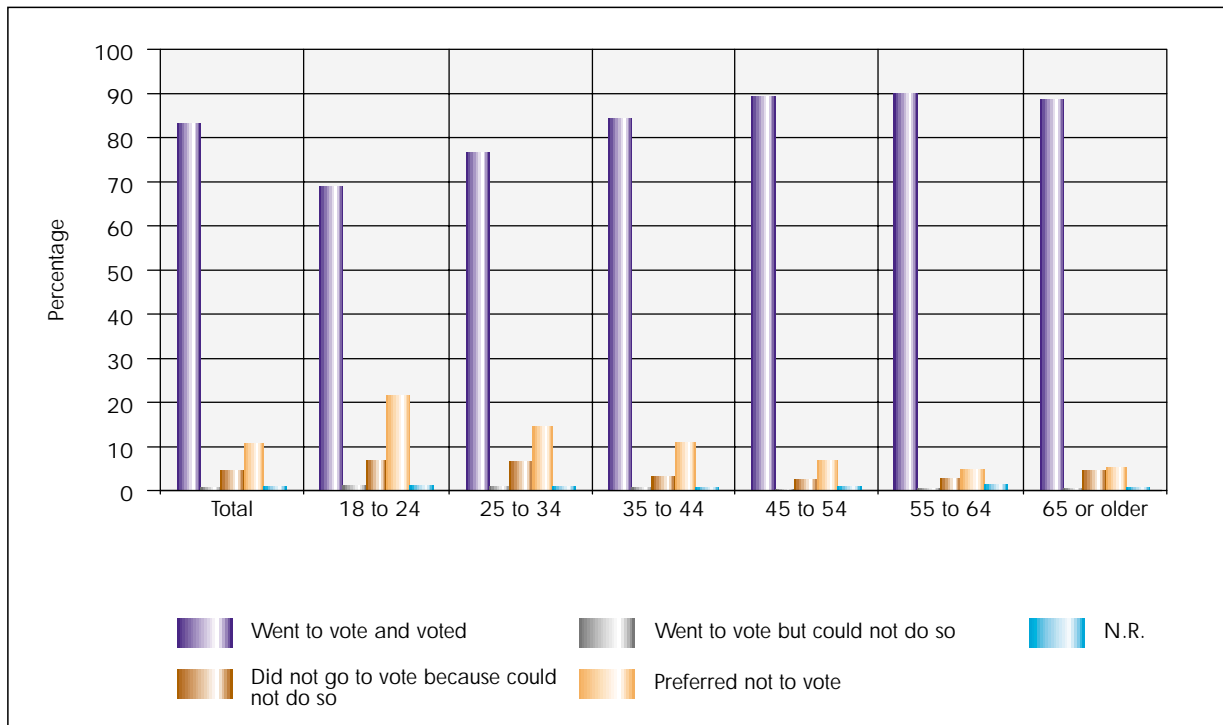
Source: CIS, Estudio 2.429, septiembre 2001.

**Figure 6.17**  
**Political participation via different types of action: the elderly and the population across all ages**



Source: CIS, Estudio 2.384, marzo-abril 2000.

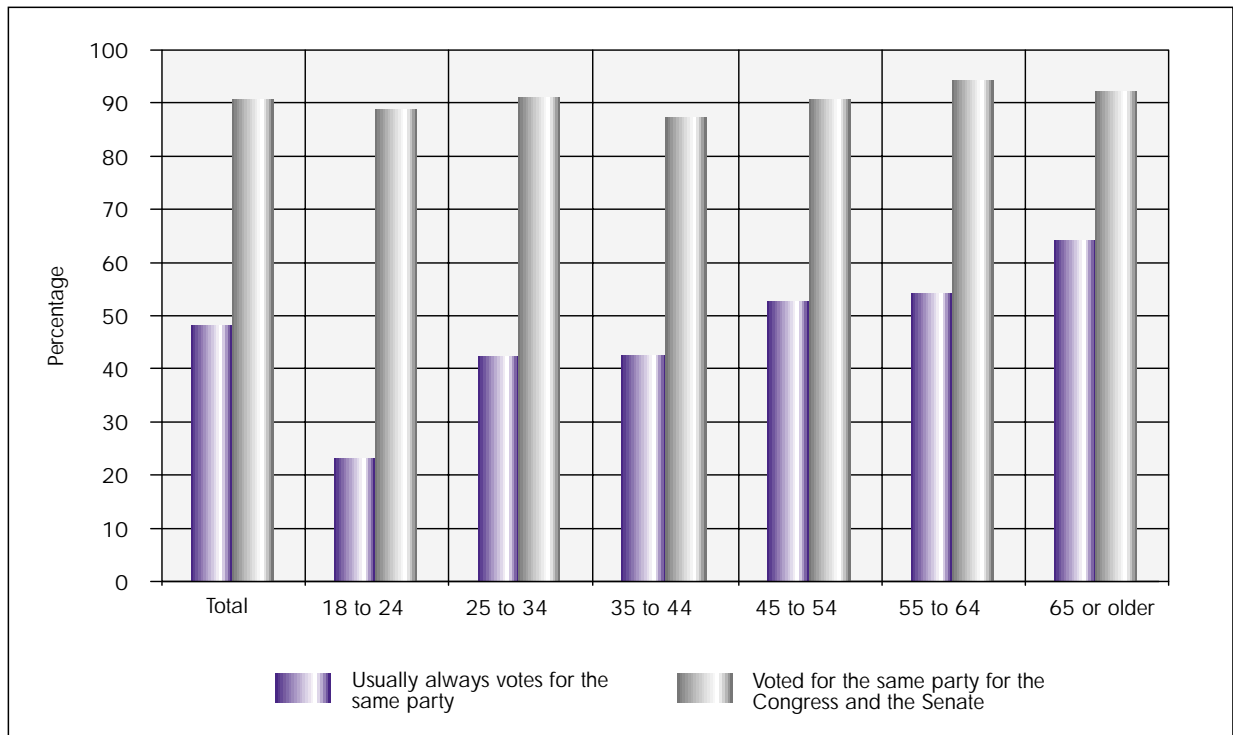
**Figure 6.18**  
**Participation in the last general election (12 March 2000) by age groups**



Source: CIS, Estudio 2.384, marzo-abril 2000.

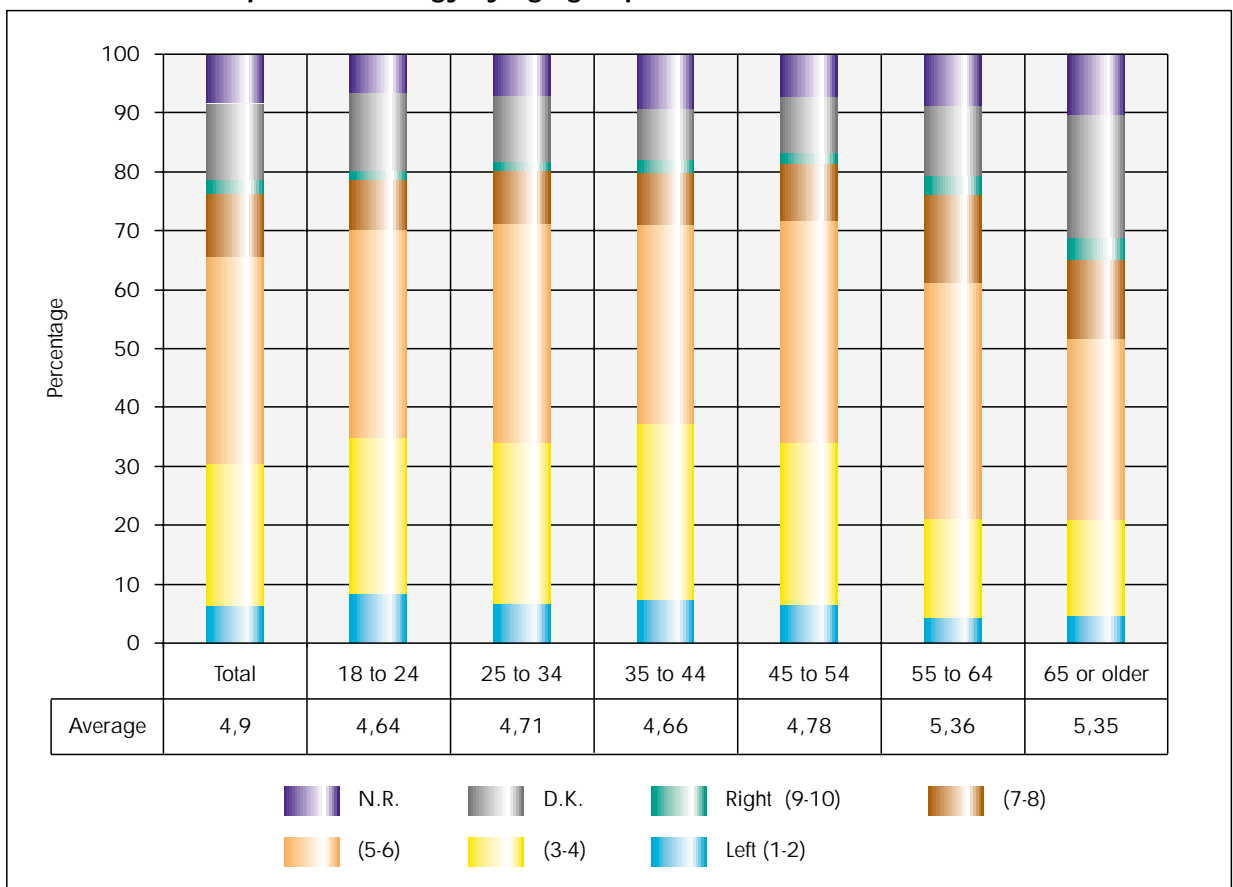


**Figure 6.19**  
**Voter loyalty by age groups**



Source: CIS, Estudio 2.384, marzo-abril 2000.

**Figure 6.20**  
**Self-assessment of political ideology by age groups**



Source: CIS, Estudio 2.384, marzo-abril 2000.

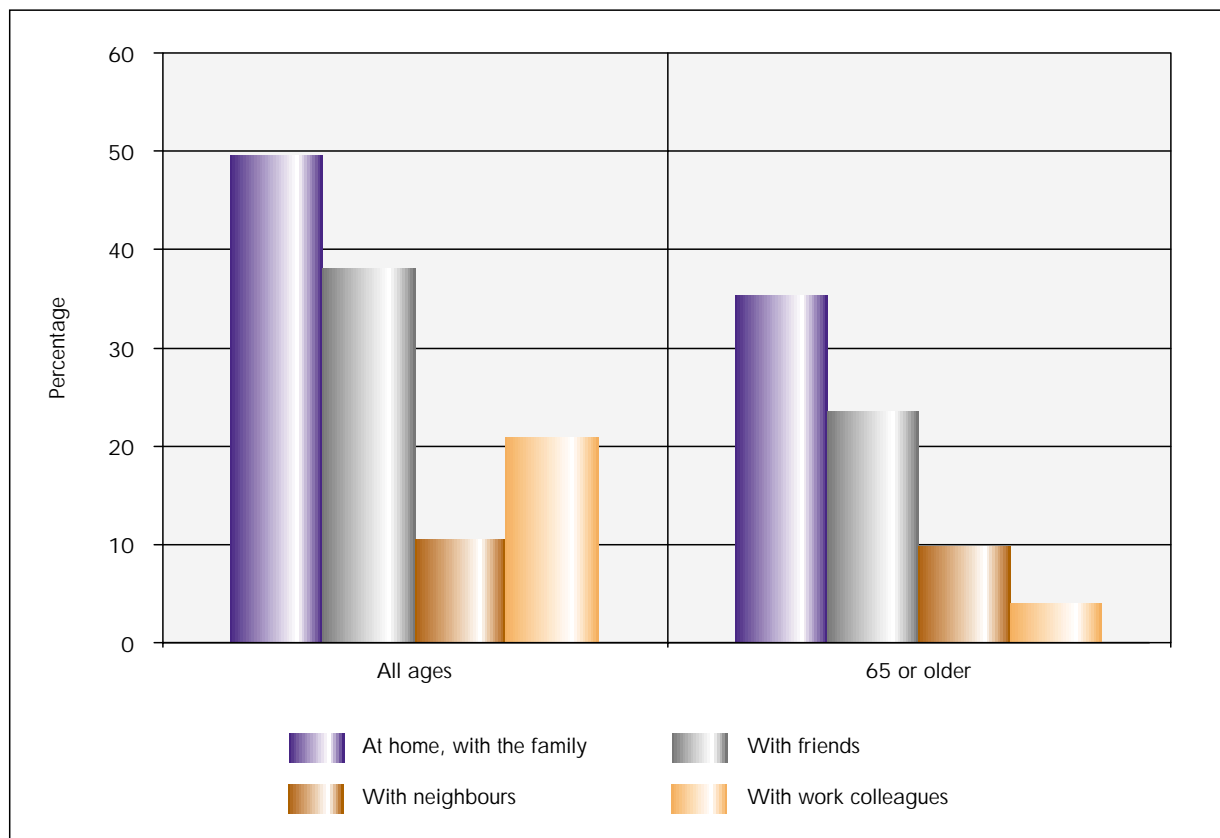
Elderly persons not only vote in a greater proportion than other age groups, but they are also more loyal in their decisions: 64.1% of the elderly persons who voted in the elections in the year 2000 voted for the same party that they usually vote for (figure 6.19.). Loyalty to a political party increases as people get older, starting at 23.1% in the 18-24 group (part of whom voted for the first time in the year 2000 or had voted very few times before then), reaching 40% rapidly after the age of 25, and then rising in little increments until the 45-54 bracket, when it surpasses 50%. In light of these results, elderly persons appear to be an extraordinarily reliable and efficient social group in their electoral participation, yet it is hard to anticipate ways in which they could use that reliability and efficiency.

Regarding their political ideology, in a scale of political self-placement, elderly persons are slightly more to the right than the population at large, with an average score of 5.35 over 10 as compared to 4.90 among the overall population (figure 6.20). The score of the elderly is very close to the 55 to 64 group (5.36%). There is a salient circumstance in this table, shared by other political indicators relating to the elderly, namely the high proportion of elderly persons who do not answer, 31.1% (among the rest of the age groups the *no answer* values are below 20%). It could be that among elderly persons a sort of taboo regarding politics comes into the fore, as a result of past experiences. It should not be forgotten that these elderly persons were born before the Civil

War: the experience of the war and the 40 years of dictatorship that ensued may have prompted the habit of not speaking openly of political matters, and the habit may still be with them. In fact, when elderly persons are asked whether the elections were a topic of conversation with their personal relations, affirmative responses were less frequent than among the rest of the population. In more private domains, 35.3% of the elderly persons surveyed said that the elections were a conversational topic with their families and 23.6% with their friends. The proportions for the population across all ages were 49.6% and 38.1%, respectively (figure 6.21.).

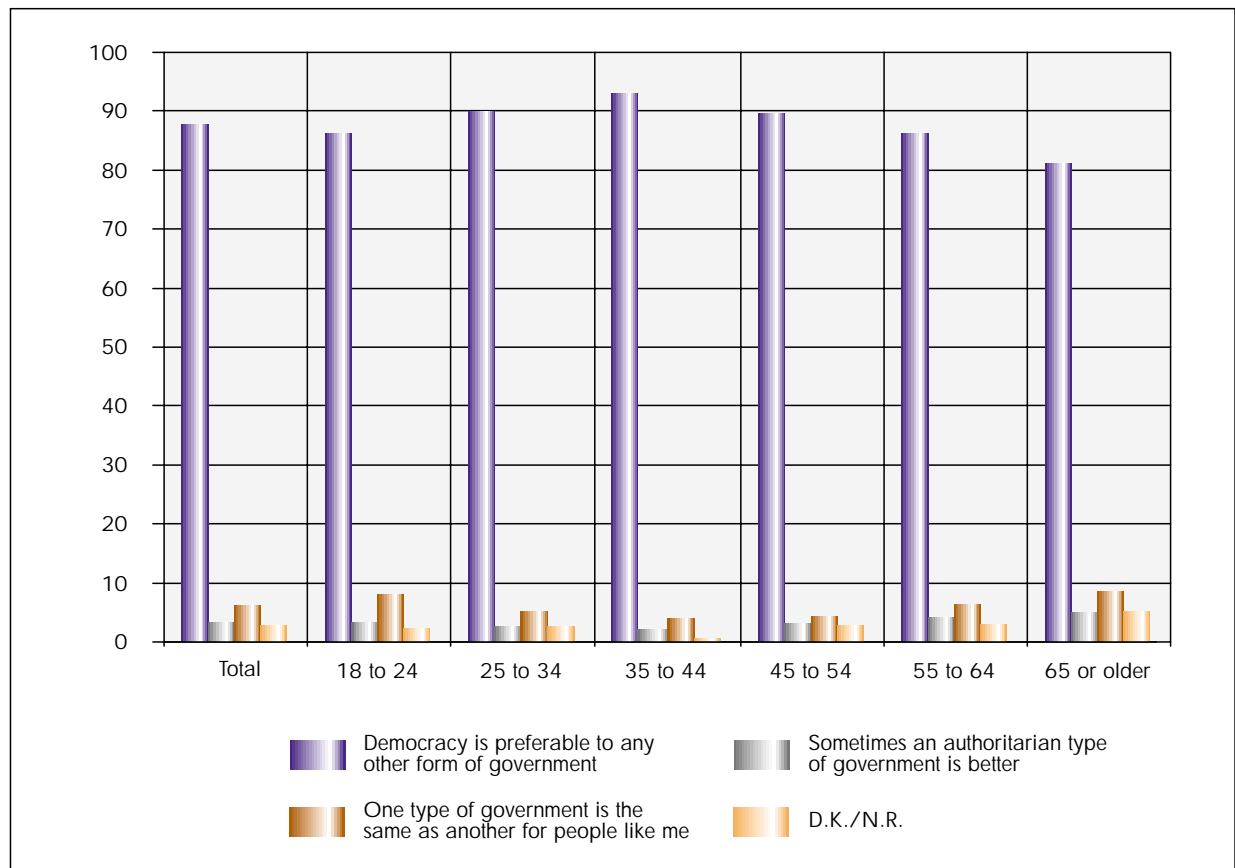
Although there may be ideological differences between the elderly and other age groups, it must be stated that the elderly clearly support democracy. Spanish society largely values democracy over authoritarian systems, which are supported by a mere 3% of the population across all ages, plus another 6% who are indifferent to one political system or another (figure 6.22). Among the elderly, support for democracy falls a little below that of other age groups, although the difference is small (81.7% among the elderly and 87.6% across all ages). In fact, support for democracy is greater in the central age groups (35-44) and then it declines until reaching a minimum value precisely after the age of 65. However, the differences are so small that it is not a question of asserting that there are big ideological differences between the elderly and other age groups.

**Figure 6.21**  
**Extent to which the last general election (12 March 2000) was a topic of conversation with their personal relations. Elderly persons and the overall population**



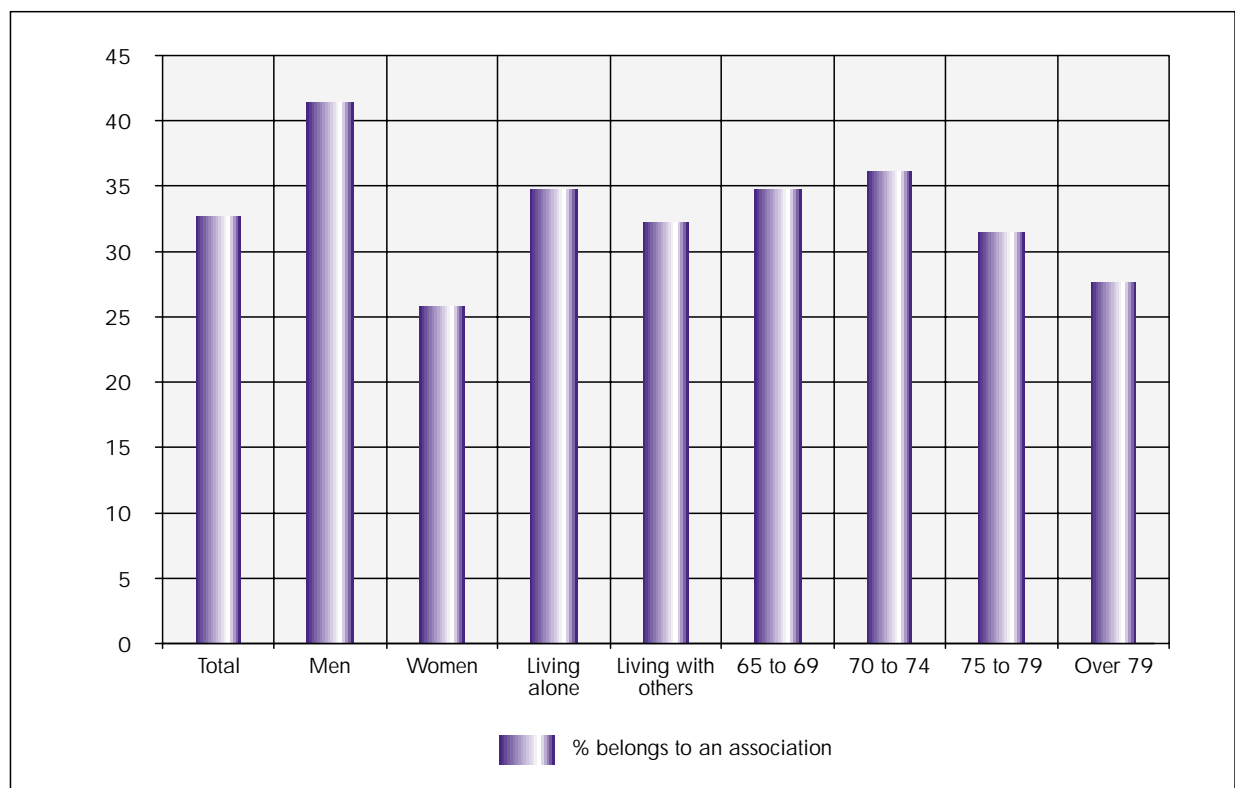
Source: CIS, Estudio 2.384, marzo-abril 2000.

**Figure 6.22**  
Valuation of democracy vs. other systems by age groups



Source: CIS, Estudio 2.384, marzo-abril 2000.

**Figure 6.23**  
Membership in associations of the elderly population by gender, age and living arrangement



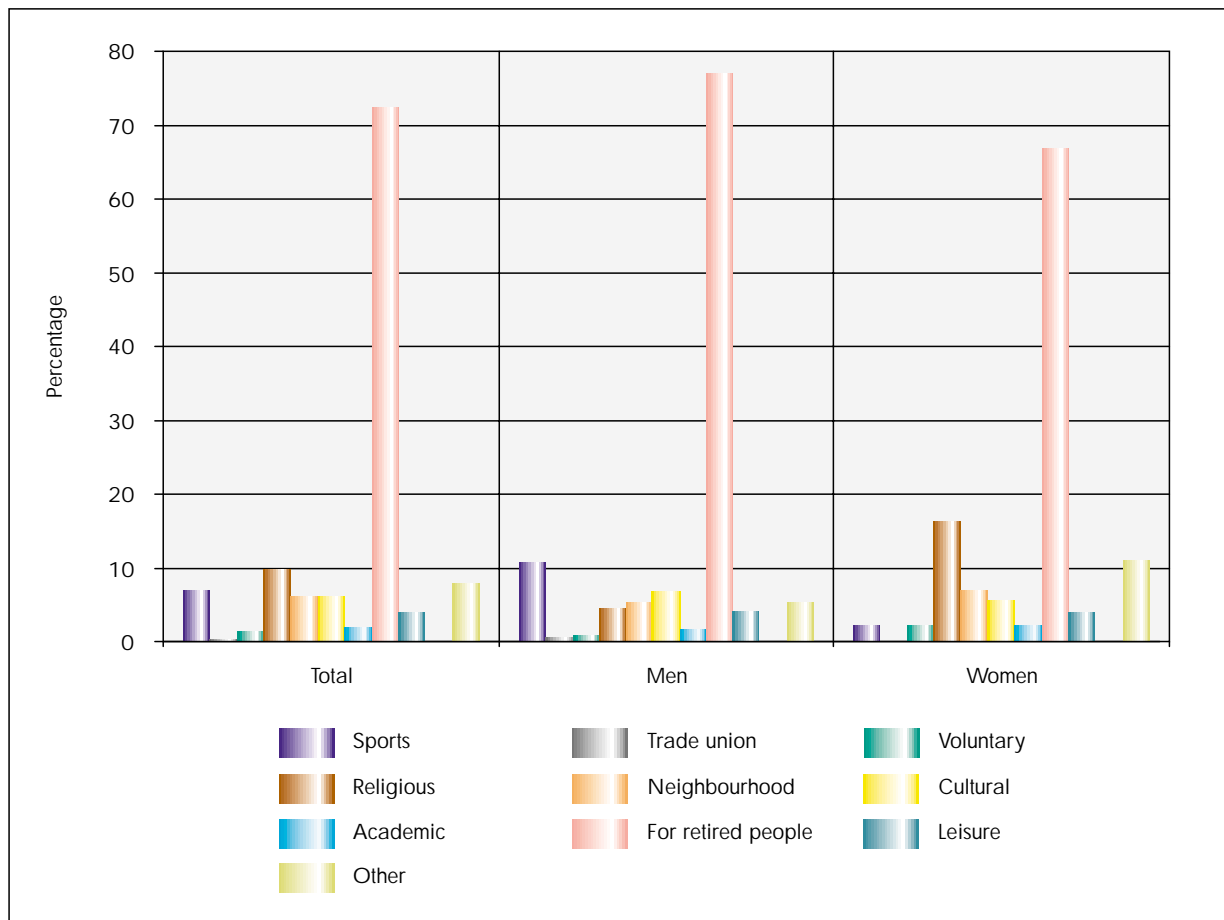
Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo, 1998.

**Low membership in associations and low participation in volunteer activities**

As a final demonstration of the political participation of the elderly, following are number of indicators in relation to the membership in associations of the elderly and their participation in volunteer activities. Precisely one of the major features of active ageing could be the possibility of filling in the spare time of elderly persons, who are free of work occupations, with this kind of activities. Nearly one out of every three elderly persons belong to an association (figure 6.23.). This percentage, as could be expected, becomes lower with older age, it is substantially higher among men (41.4%) than among women (25.9%), and it is slightly higher among those living alone (34.8% vs. 32.3% for those living with others).

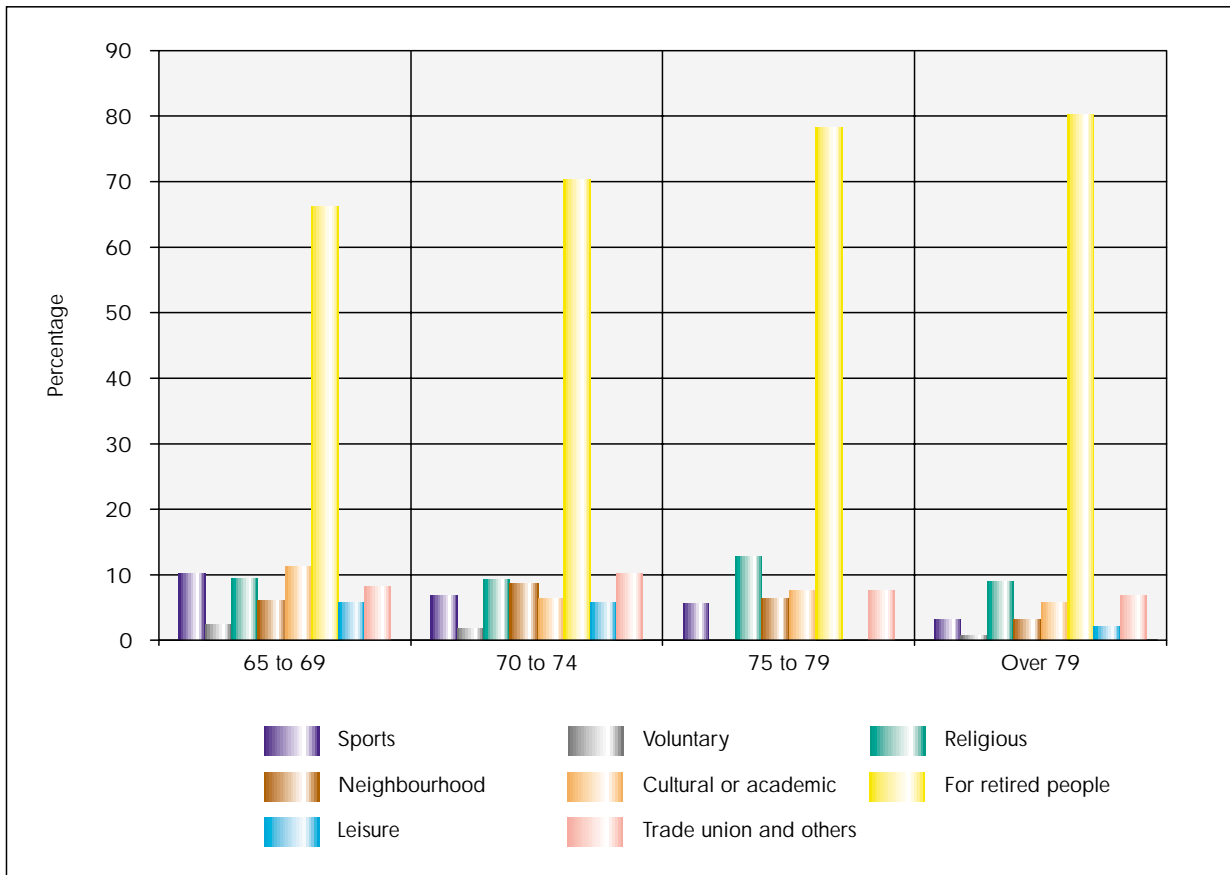
The most frequent type of association caters to 'pensioners,' followed by religious associations, which are participated mostly by women (16.4% vs. 4.7% of men), and sports associations, where it is men who are present more often (figure 6.24.). Only 1.4% admits that they belong to an association of volunteers. With older age associations of 'pensioners' become more important, to the detriment of sports associations (figure 6.25.). The type of associations that elderly persons belong to do not seem to be the most appropriate for channelling the time and energy that this social group could devote to the rest of society. Also, membership in an association, regardless of what kind of association it is, is in many cases just a nominal affair, without actual involvement of the elderly persons in its activities.

**Figure 6.24**  
**Type of association that elderly persons are members of by gender**



Source: CIS-IMRSO, Estudio 2.279, febrero-marzo, 1998.

**Figure 6.25**  
**Type of association that elderly persons are members of by age group**



Source: CIS-IMSERSO, Estudio 2.279, febrero-marzo, 1998.

# Basic Description of the Current Public System for the Protection of the Elderly in Spain

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Introduction: from Welfare to Social

Security for all citizens

From the initiative of Bismarck to ensure the subsistence of workers when, among other risks, they were unable to remain active because of age to the present day, public mechanisms of social protection have evolved much further beyond where their clairvoyant forerunners could have imagined.

In Spain, in 1900 it became mandatory to provide insurance for industrial accidents and subsequently a number of Social Insurances were established, including Worker Retirement (1919). The Fundamental Provisions of Social Security of 1963 and its Articulating Law of 1966 were the statutory foundations of the step from Welfare (*Previsión Social*) to Social Security (*Seguridad Social*), from risk as the object of protection, which merely focuses on repair, to *contingency*, which also includes preventive and recovery measures. The consolidated text of 1974 served to update Spanish regulations regarding Social Security.

The current law stems from the 1978 Constitution, the 1<sup>st</sup> article of which defines Spain as 'a social and democratic State applying the rule of Law.' Article 41 obliges 'the public authorities' to maintain 'a public Social Security system for all citizens, guaranteeing care and sufficient social benefits in situations of need.'

The statutory development of this obligation took place in Royal Legislative Decree 1/1994, of the 20<sup>th</sup> of June, passing the General Social Security Act that is currently in force, which regulates not only economic protection but also healthcare and other supplementary social benefits. This Act has an evident *universalistic* component, insofar as access to certain benefits is open to all, without demanding that the beneficiaries be linked to the System by the performance of a professional activity; if besides this we consider other initiatives such as guaranteeing a minimum amount, it can be asserted that the law has gone beyond *contingencies*, to protect the constitutional *state of necessity* once it is proven that one lacks certain means.

But there are more articles in the Spanish Constitution that must be mentioned here. Article 43 admits the right to the protection of health, article 44 establishes the right to have access to culture, article 47 establishes the right to have a decent home, and article 49 obliges public authorities to protect persons with disabilities. Finally, it seems appropriate to reproduce article 50, which must always be referred to by the various public policies regarding elderly persons:

"Public authorities will guarantee, by means of appropriate pensions that are updated from time to time, economic sufficiency for those who are senior citizens. Also, regardless of family obligations, they will promote their well-being by way of a system of social services that will address their specific problems regarding healthcare, housing, culture and leisure."

The statutory development of all these rights and therefore the exercise thereof is also affected by Title VIII of the Constitution, which regulates, among other matters, what powers can be assumed by the self-governing communities and what powers are to be exclusively exercised by the State.

In summary, as a consequence of the application of what has been provided in the Constitution, there are different levels of public social protection in Spain, depending on if we are dealing with economic, healthcare or social service benefits for the elderly. The above mentioned General Social Security Act of 1994 and Act 14/1986, the *General Healthcare Act*, allow us to speak of a Social Security System and a National Healthcare System that demand, throughout the entire State, the same access requirements for a homogeneous catalogue of benefits, subject to, in the case of healthcare, the assumption of powers by the self-governing communities.

But the same does not occur in respect of Social Services; today one cannot say that there is a National Social Services System, possibly due to a certain interpretation of the constitutional text, and the degree of development and coverage of existing services does not reach that of the other systems that have been mentioned. The following pages present some general features (main benefits, most relevant access requirements, coverage, Administrations handling them, etc.) of that threefold protection—economic, healthcare and social services.

## 7.1. The Economic Protection of Elderly

### Persons

Economic benefits on a regular basis are the most relevant item of public social protection for elderly persons in Spain, not only because they represent the most important expenditure in the field of social protection for the treasury, but because they are the main source of income in many households. Within the Public Pension System, the most salient benefits in terms of how many they are and the expenditure they represent are those included in the Social Security System, which is regulated by the Social Security Act.

#### 7.1.1. Pensions in the Social Security System

As from Act 26/1990, of the 20<sup>th</sup> December, establishing non-contributive benefits in Social Security, the System has two protection levels: contributive and non-contributive. The *contributive level* is rooted in the historical tradition of a Bismarckian Social Security system such as the one in force in Spain, which protects those who pay or have paid when fulfilling an occupation (*holders*) from contingencies provided by law and, as the case may be, the family members or others depending on the holder (*beneficiaries*). The *non-contributive level* goes further: under the conditions established by

law, it protects those individuals who are in need and who are not entitled to contributive protection. The greatest item in the funding of the Social Security system is corporate and worker contributions, followed by public contributions.

### Contribution Level

*Retirement pensions* have more elderly persons as beneficiaries than any other kind of pension. We must also state the elderly persons who, when they were active in the labour market, were granted *permanent disability* pensions in some degree or other (today the official denomination *permanent disability pensioner* becomes *retirement pensioner* once they are 65). The degrees of permanent disability include *great disability*, which entails a 50% increase in the amount of the pension, and is meant for those who need help in the performance of activities of daily living.

Among other requirements for accessing these benefits, we must state retirement age (ordinarily 65, sometimes earlier in certain circumstances) and the onset of a permanent disability barring professional activity (for disability benefits); also, one must prove that they have contributed during a minimum period to be entitled to a retirement pension and to certain permanent disability benefits. Since 2002 it is possible to combine the reception of part of one's retirement pension with the performance of a part-time job.

There are also elderly persons benefiting from *death and survival benefits*: we must point out *widowhood* pensions, followed by those in favour of family members—parents, grandparents, children, brothers and sisters may have access to these benefits after the holder has died provided that the requirements established by law are fulfilled. In 2002 substantial improvements were incorporated to these benefits, particularly in the access to and determination of widowhood pensions.

The amounts of contributive pensions, updated according to the annual inflation rate, are directly linked to the contributions made by the holder, and a minimum amount is guaranteed in the event a certain limit is not exceeded. There are peculiarities in the access and determination of the amount of these benefits according to how the holder fits into the Social Security system.

The National Social Security Institute (INSS, a management entity depending on the Ministry of Labour and Social Affairs) manages contributive pensions. These pensions include entitlement to healthcare and the social services of the Social Security system.

### Non-contributive Level

Only two pensions are included here: retirement and disability. To have access to either of these, aside from other requirements, one must prove that they lack means. A disability pension may entail a 50% increase in the amount in the event one needs help for activities of daily living. Unlike assistance pensions (see 7.1.2), subjective rights are established in the access to retirement or disability pensions, and being entitled to these pensions includes coverage by the healthcare and social services of the Social Security system.

The fixed amount of these pensions, which is well below that of contributive retirement and disability pensions, is established on an annual basis, and may be reduced if there are other sources of income. They are managed by the self-governing community administrations.

### 7.1.2. Economic Benefits Outside the Social Security System

#### CPE Pensions, Subsidies included in Act 13/1982 and Assistance Pensions

The Social Security of an important number of civil servants and members of the armed forces are not regulated by the General Social Security Act but by other specific laws, and the protection they include is basically twofold: on the one hand, healthcare assistance and other supplementary benefits, managed by *Administrative Mutualism*; on the other hand, *CPE* pensions, nowadays managed by the Ministry of Finance, which have very similar characteristics—in their definition, access requirements and determination of the amount—to Social Security System contributive pensions.

Act 13/82, on the *social integration of the handicapped*, created, among other benefits for disabled persons, a subsidy to guarantee minimum income and another third-party assistance subsidy. Some elderly persons still benefit from these, which will eventually be *extinguished*. The amount of these pensions, below that of non-contributive pensions, is updated annually, and they are managed by the self-governing community administrations.

On the other hand, old age and illness assistance pensions were already in place prior to Act 26/1990 and, in spite of the transfer of beneficiaries to non-contributive pensions and the fact that their amounts were lower, they still remain in force. Their amounts are fixed and updated annually and they are also managed by the self-governing community administrations.

The following table summarises the main economic benefits that can be enjoyed by elderly persons in Spain, with an indication of the administration that manages them.

### List of major economic benefits on a regular basis that can be enjoyed by elderly persons, and the Administration in charge of them

Type of Benefit	Administration in Charge
Contributive retirement/disability	General State Administration (INSS)
Death and survival benefits	General State Administration (INSS)
Non-contributive retirement/disability	Self-governing Community Administrations
CPE pensions	General State Administration (Ministry of Finance)
Act 13/82 subsidies	Self-governing Community Administrations
Assistance pensions	Self-governing Community Administrations

## 7.2. Public Healthcare and the Elderly

The virtual entirety of the Spanish population, including elderly persons, receive public, free healthcare assistance of the Social Security system, managed by the National Healthcare System, provided their right to do so is acknowledged by the INSS. The healthcare assistance of the Social Security System is another *universal* benefit, comprising two protection levels—contributive and non-contributive. The former protects holders and their beneficiaries; the latter protects those who are unable to access Social Security healthcare assistance via other means and, among other requirements, are able to prove that they lack certain means.

All of the self-governing communities have already assumed the powers granted to them by the Constitution in the field of healthcare, and they have established or are in the process of establishing their respective healthcare services, which altogether make up the National Healthcare System.

Social Security healthcare protection covers disease, accidents and maternity; the benefits included are merely healthcare benefits, supplemented as the case may be (ortho-prosthesis, healthcare transportation, diet therapy and oxygen therapy at home) and pharmaceutical benefits, including free pharmaceutical prescriptions for pensioners and their beneficiaries, and partially subsidised prescriptions for the rest of the groups in society. We can distinguish between Primary and Specialised Healthcare.

### 7.2.1. Primary Care Benefits

This care is provided, via consultation services and healthcare centres or home services, by general practitioners, paediatricians and nursing staff, and there are support services such as family planning, mental health, physiotherapy and dental care units. It comprises, among others, the benefits listed on the following table.

#### Benefits Included in Primary Healthcare

Type of Benefit
Healthcare and health-oriented education
Vaccinations (with a calendar of recommended vaccinations for elderly persons)
Parenteral treatments
Cures and minor surgery
Prevention and detection of problems in elderly persons
Geriatric assessment
Home care for chronically ill and terminal patients

According to a report issued by the Ombudsman,<sup>1</sup> the limitations that have been recorded regarding the scope of Primary Care for elderly persons are basically due to the lack of time that healthcare professionals have available for each user, to the scarce geriatric and gerontologic preparation of those professionals,

<sup>1</sup> Defensor del Pueblo (2000): *La atención sociosanitaria en España: perspectiva gerontológica y otros aspectos conexos*. Defensor del Pueblo, Madrid: 2000.

and to the inexistence of geriatric services to use as a reference.

### 7.2.2. Specialised Care Benefits

In its ambulatory and hospital modes, this kind of care comprises all the medical and surgical specialisations acknowledged by Law. Access to Specialised Care is generally done following an indication made by the Primary Care Practitioner for ambulatory care (via consultation or day-care hospitals) or by the specialist practitioner or via emergency services for hospital care. Referential services, which are very specialised services that are available only in certain hospitals, are accessed via an indication made by another specialised service. The general content of Specialised Care is shown on the following table.

#### General Specialised Care Benefits

Type of Benefit
Examinations and diagnoses, treatments or procedures
Treatments and surgery
Treatment of complications
Rehabilitation
Prostheses
Medication, cures, medicinal gases and healthcare products
Food and basic hotel services
Enteral and parenteral nutrition
Stay in a shared room
Other services and benefits

In the specific case of elderly persons, notwithstanding their access to general Specialised Care, we must add that there is a specialised geriatrics service, although the number of available geriatricians and geriatrics services is insufficient. According to a study,<sup>2</sup> in 1997 in Spain there were 12 hospital services authorised to teach geriatrics, 17 more services or units not authorised to teach, and 14 geriatric assessment teams. Altogether, this specialisation was only represented at 43 hospitals of a total of nearly 800. The situation varies across the self-governing communities: some have several geriatrics services and others have none. According to data included in the above mentioned report of the Ombudsman, there are 55 *Geriatric Day-care Hospitals* in Spain, 24 *Acute Geriatrics Units*, and 46 *Part-time Stay Units*—these figures are all very far from what had been planned.

These specialised services, duly coordinated with social services, would seem to be the most appropriate means of channelling the administration of specialised healthcare and social care to the elderly, who are the largest consumers of stays in hospital. It is a known fact that many elderly persons occupy hospital beds owing to the absence of other healthcare means that would be better suited to their needs and possibly less onerous.

<sup>2</sup> Guillén, F. y Ribera, J. M. (1997): "Situación y perspectivas de la asistencia geriátrica hospitalaria en España", en *Revista Española de Geriatría y Gerontología*, 1997, 32.



### 7.3. Public Social Services for the Elderly

In spite of the significant advances in the last 20 years, there is not a sufficient or homogeneous level of coverage of public social services in Spain. The various Administrations in charge adopt initiatives with differing scopes and characteristics that are not always well coordinated. As in the case of healthcare, the self-governing communities have assumed the powers granted to them by the Constitution, even though the local Administration provides Social Services to a significant extent, particularly those provided in the community. Many of these powers were formerly exercised by the General State Administration (especially IMSERSO).

Social Services in Spain began to develop substantially starting in the 80s, and in the 90s steps were taken towards decentralisation, with the General State Administration delegating to the self-governing communities, which in turn delegated to the local Administrations, and the Administrations involved assumed, in the 90s, the need to carry out an appropriate planning of policies for the elderly, mainly on the basis of a referential technical document, the National Gerontology Plan (IMSERSO, 1993).

The fact is that today we can find public Social Services for the elderly which, depending on where they live, may or may not be available and, if they are, may have different scopes and access modes. Following we shall describe some of the most relevant Social Services for the elderly.

#### 7.3.1. Services that Help People Remain in their own Home

##### The Home Care Service and Related Services

Continuing with the foregoing, Spanish citizens may access very different Home Care Services (SAD in the Spanish acronym), depending on where they live. Even with similar SAD technical concepts, the extent of the budget allocations funding them may determine the conditions under which they may be accessed, their intensity and their quality. Thus on many occasions the service merely consists of the performance of household chores during a small number of hours per week, with very little technical supervision; at the other extreme, the service can include all the help needed by the user, with appropriate supervision.

The Administration in charge (normally the local Administration) defines the SAD and the procedure for granting it, including the requirements that must be met by the users and, as the case may be, their economic contribution; therefore, there are not homogeneous access conditions throughout Spain. In some cases, just as with other Social Services, limits are established regarding access which may seem arbitrary: having medium to low income or having some form of family support could be reasons for refusing to grant the service.

Notwithstanding the public ownership of the SADs, they are usually administered by companies, NGOs or cooperative associations. The coverage of this public service, as shown on the figure at the end of this section, is very limited: according to IMSERSO, there were only 138,101 users of this service in 2000, 2,05% of the total population 65 or older—far from the 8% ratio established in 1993 by the Gerontology Plan, and irrespective of the quality or the intensity of the service.

Beneficiaries of the Tele-care Service are usually beneficiaries of the SAD also. Generally the Tele-care Service is managed in a similar way as the home care service. According to IMSERSO, in 2000 there were 73,500 Tele-care users—around 1.2% of the total population 65 or older. The Gerontology Plan established a ratio of 12.5% of the elderly persons living alone (around one million), therefore we are still far from what was initially planned.

Last of all, we must state that there are other supplementary public services, for instance meals on wheels, laundry at home, as well as architectural adaptations of the homes of elderly persons.

##### Day-care Assistance and Temporary Stays

Day-care assistance is provided via the *Day-care Centres*. They are meant for elderly persons with functional shortcomings, with the object, if possible, of recovering part of that function, maintain whatever they have or at least slow down the loss. At the same time, it is also meant to give a break to the family members taking care of the elderly person. According to IMSERSO, in 2000 there were 9,000 individual places to look after persons during the day, either in public facilities or private facilities with special arrangements with the administration—this gives us a ratio of approximately 0.13% of the total population 65 or older.

These ends are also shared by the Temporary Stay program, which, unlike the preceding centres, provides care for elderly persons who are residents during short, continuous stays. According to the *Report 2000*, in January 1999 there were 155 centres, normally residential homes, offering 1,683 beds in public facilities or private facilities with special arrangements, giving a ratio of less than 0.05% of the overall elderly population.

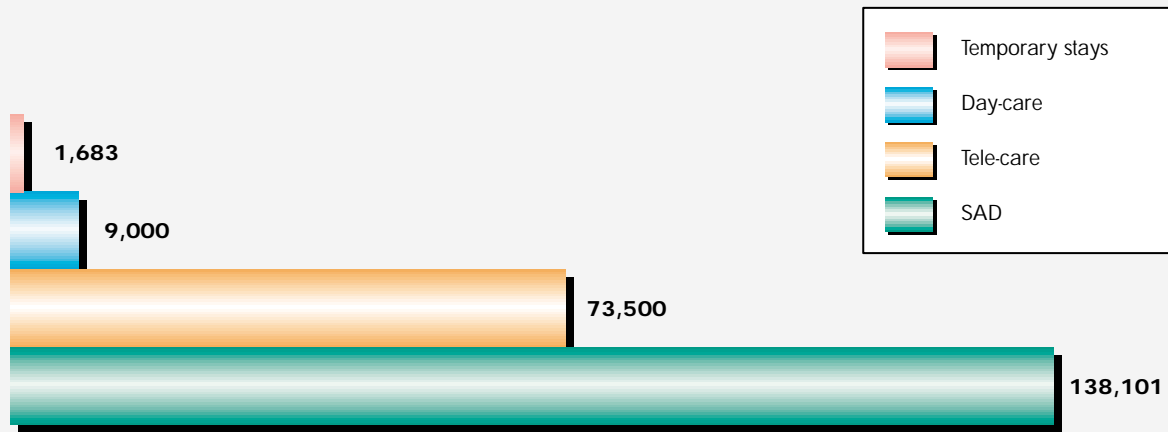
These two services are managed along the same lines as the SAD. The figure below shows the figures stated above regarding public coverage of the services discussed in this section.

#### 7.3.2 Alternatives to Living in One's Own Home

##### Homes for the Elderly

Originally set up for independent users for the performance of activities of daily living, there was a distinction between *able* and *assisted* residents, whereas today that dichotomy seems to be overcome, and these homes are increasingly designed for users who depend on others to carry out their activities of daily living. The characteristics of the current 'beds' in publicly sponsored homes for the elderly (whether they are public homes or private homes receiving public funds because they assist users sent by the public Administration) vary in terms of size, concept, services they provide, staff, economic contributions to be made by the users, etc. Once again, the Administrations in charge (mainly the self-governing communities), set the procedure for the concession of a residential bed (access is usually allowed after the age of 60), they establish the economic contribution to be fulfilled by the users, manage their own homes and, as the case may be, establish the mechanisms required to occupy beds in private homes.

**Social services helping elderly persons remain in their homes, SAD and Tele-assistance users and available o individual places in other services. January 1999**



If we consider the total number of beds available in homes for the elderly in 2000, 213.398 according to IMSERSO, we arrive at an acceptable ratio of 3.17% of the total elderly population, improving on the 3% provided in the Gerontology Plan. Now if we consider how many of those beds are publicly managed, the figure drops to 78,141 in January 1999, that is, access is available for only 1.26% of the elderly.

**Other Alternatives**

In spite of their *institutional* character, which they have in common with homes for the elderly, there are other types of lodging that are closer to living at home; normally they are small centres, located in or near the town where the users originally came from; these users have different degrees of dependence regarding the performance of activities of daily living. These types of lodging include apartments for the elderly, supervised homes, mini homes for the elderly and a novel type of establishment called *Cohabitation units for dependent elderly persons*. These services are managed by the Administrations in charge in ways similar to residential care. *Report 2000* states that in January 1999 there were 464 supervised homes for the elderly, with a total 3,052 beds, giving a ratio of 0.05% of the total population 65 or older.

**7.3.3. Other Services**

Depending on their place of residence, in Spain there is a wide range of benefits for elderly persons, who may access, in advantageous conditions—sometimes even free—, cultural services, public transportation, etc. These cultural services include universities for the elderly and other educational and cultural initiatives, pensioner homes and clubs for the elderly, Holidays and social Thermal Care programs. Because of the wide scope of the latter, we shall deal with them in separate sections.

**Homes and Clubs for the Elderly**

They are present across Spain, and most of them depend on the local Administration (IMSERSO gives a total of 3,045 of such pensioner homes, with an estimated total of 2,516,844 users, in 2001), although there are also some depending on private entities. Normally access is free of charge, provided that one registers as a member after a certain age (usually 60) or if one is in a certain condition. They promote the social integration of the elderly in their community, creating the environment for cohabitation and the performance of activities such as the ones included on the following table.

**List of services available at pensioner homes and clubs**

Services
Information and consultancy for professionals
Library
Bar/Restaurant
Hair dressers/Podology
Recreational activities
Other activities
Services (SAD, food and laundry at home, day-care assistance)

**Holidays and Thermal Care**

These programs, set up by IMSERSO and spread across Spain, are now offered by other Administrations. Catering to elderly persons who can fend for themselves, there are now initiatives promoting social tourism for dependent elderly persons and their informal caretakers. They are very well accepted by the elderly insofar as

they allow them to enjoy services which, at market prices, are normally beyond their reach. These services contribute to the activity and social integration of the elderly, even fostering rehabilitation (thermal care), and at the same time they help promote tourism outside the normal season, with beneficial consequences for employment.

The figures attained by these programs are spectacular: IMSERSO alone offered 85,000 individual places for thermal care in 2001 and 400,000 for holidays in the 2001-2002 season. IMSERSO's Holidays Program is available, under certain conditions, for pensioners in the Public Pension System, and the ordinary access age is established at 65; for thermal care, a medical opinion prescribing treatment is required.

#### 7.4. Epilogue: the Necessary Adaptation to New Social Developments

The greater part of the support received by dependent elderly persons (a study conducted by IMSERSO<sup>3</sup> sets the figure at 86.5%) is informal, i.e., provided by the family, especially by women, in what is a commendable yet unheeded and little noticed task, lacking support from the Administration and little known or acknowledged by the Administration and by Society itself. We have seen the low coverage of basic services such as SAD, day-care assistance, temporary stays, and alternative lodging other than one's own home.

<sup>3</sup> IMSERSO/CIS: *Las personas mayores en España. Perfiles. Reciprocidad familiar. Colección Servicios Sociales, nº 127. Madrid: IMSERSO, 1995.*

But there are also changes in the social foundations of the *informal* structure of care-taking for dependent persons, because:

- Life expectancy is rising and, as a result, there are increasing numbers of elderly and very elderly persons.
- There is an increase in the number of separations, divorces and new marriages.
- The geographical mobility of family members is growing.
- A greater number of women work outside the home, changing their social role little by little.

As a result of this, an increase in the demand of family care is expected, along with a decline in the capacity to assist of family members, at least under *traditional* parameters. We must add to this the need for dependent persons to be assisted by professionals with appropriate training in the fields of gerontology and geriatrics.

Going back to what we stated in the introduction, the present situation is similar in some regards to the early stages of Social Security: at the time it seemed that it was a utopian quest to expect the State to establish mechanisms to attend those who, either because of old age or disease, were unable to continue providing for themselves and their family; today it may seem utopian for the State to provide mechanisms to assist hundreds of thousands of dependent persons.

Something that should encourage us in taking up this challenge is that apparently fewer efforts would be required to reform a public welfare system that cannot be waived now because of how deep-rooted it has become in society, grounded on solid theoretical, political, economic and legal foundations, than what would be necessary to create something from scratch. If in the past that challenge was met, there are many more reasons to think that now we can provide for the new needs that have arisen.

# Looking into the future

The elderly persons of tomorrow will have different demographic, social and economic characteristics. The decline of widowhood, higher cultural level, and more regular income are among the positive aspects. The increase in the number of elderly persons, the concentration of persons in the higher age groups, less healthy habits among women (addiction to tobacco), more lonely homes and greater demands will be aspects affecting the rate of dependence or the preparation of care programs.

If the rate of dependence among elderly persons remains at similar levels in the future, there will be more dependent persons because the elderly population will be more numerous. If the rate by age groups remains the same, the overall rate will increase because the elderly will continue to grow older. If it falls, the number of dependent persons may not decline for the same reason. The Spanish family, which traditionally provides care to dependent elderly persons, will no longer be able to perform the same role in the immediate future. There will be greater pressure on the formal caretaking system.

Taking as our reference the gradual advancement of public social protection throughout the 20<sup>th</sup> century, it would be a serious mistake not to carry forth the historical effort of adapting that protection to the reality of Spanish society. Thus, among other initiatives, that protection must include care for dependent persons, which cannot be assumed exclusively by informal caretakers much longer.

There will be a substantial increase of the number of women entitled to a contributive pension, and this will help reduce gender-based inequalities in pension coverage.

In the year 2000 the Spanish pension system had a ratio of 2.22 contributors for each pension. The improvement of labour market conditions allowed a substantial improvement in relation to the levels reached in the middle of the 1990s (1.98 contributors per pension) and it can be presumed that the ratio will continue to improve

thanks to greater labour activity and, at the same time, because of the retirement of non-numerous generations of workers. Besides, since several years ago Spain has a reserve deposit which, though modest, will continue to fatten in the coming years, with a permanent surveillance mechanism under the form of a Covenant involving the trade unions and employers' associations (the *Pacto de Toledo*). All of this provides us with a measure of security in respect of the future of the pension system. However, it should be borne in mind that in the not too distant future (around 2020) the numerous baby boomers will start to reach their retirement age.

The economic well-being of elderly persons will continue to increase as better prepared generations grow old, both in terms of rights and in relation to the pension system, as well as other forms of protection and financial assets. Insofar as these sources of revenue reduce the dependence of elderly persons on the pension system, it is foreseeable that economic inequality among elderly persons will rise.

The process of bringing forth the age of retirement is backing away in recent years as a consequence of the improvement of the labour market situation. The reversal of the trend, insofar as it becomes consolidated in the future, represents an activation of an important reserve of the labour force, which will help relieve pension system finances. However, the volume of working-age population will start to decline in Spain between 2015 and 2020.

Elderly persons will increasingly remain independent in terms of residence, they will continue living in their home with their spouse, and quite often with children who have not left home, considering that in Spain children leave their parents' home much later than before. There will also be an increase, though perhaps at a slower rate than in other countries, in the proportion of elderly persons living alone. In this respect, there will continue to be a consolidation of the "distant closeness" option, with frequent and satisfactory family relations, though in separate dwellings.

The social image of elderly persons will slowly improve in the future insofar as: ageing is no longer considered a historical novelty in Spain; the presence of active, capable elderly persons is more apparent in different areas of society and distances in the educational level and economic situation of elderly persons and the rest of society are reduced.

The political reliability of elderly persons in terms of electoral participation and voting loyalty will entail a greater general interest in all matters relating to old age. There will be an increasing interest in ethical topics referring to the treatment of chronic disease, new drugs, the application of state-of-the-art technology, the extended lifespan of elderly persons and their living conditions.

The relentless ageing process, greater longevity and better cultural and professional preparation of the new retirees will make greater sense of the concept and practice of active ageing.



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## Centro de Investigaciones Sociológicas (CIS)

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(www.msc.es)

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(www.msc.es/insalud)

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(www.seg-social.es/imserso)

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- Mapa de prestaciones de naturaleza no contributiva.

## Instituto Nacional de Empleo (INEM)

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- Estadística de Empleo. Mensual.
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## Instituto Nacional de la Seguridad Social (INSS)

(www.seg-social.es/inss)

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## Eurostat

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