



# THE “*FAMILIST*” TRADITION IN LATIN AMERICAN SOCIAL SECURITY SYSTEMS

Doctor NELIDA REDONDO  
SIDOM FOUNDATION

# LATIN AMERICA



# SOCIO-DEMOGRAPHIC PROFILE

- Faster growth of older population than Europe or North America,
- Epidemiological transition, but variety between and within countries, reflecting social inequalities.
- Inequalities in access to health services, that remain highly curative and increasingly privatized, and not very focused on older people.
- The Pan American Health Organization (PAHO, 2012) warned that a lack of long-term services will increase social inequality.

# FAMILISTIC TRADITION IN SOCIAL SECURITY

What does this mean?

1. Social security offers monetary income (pensions) and health care for acute illness,
2. The responsibility for caring falls to families, in most countries reinforced by law (Civil Code).
3. The state only intervenes in cases of indigence and abandonment

# FAMILISTIC TRADITION IN SOCIAL SECURITY

2012 Social Panorama for Latin America (ECLAC)

- Expenditure on caring is higher in households that include elderly adults than in other households, even when these include children under five.

# WHO CARES?

- Support for elderly people with permanent disabilities or dependency is delegated to family members, mainly women in person;
- Or by direct hiring of carers (also mainly women), privately financed, according to the economic level of the disabled persons or their families
- In families without resources to pay for assistance, women are obliged to withdraw from the labor market to care at home.

# PAHO 2012

## **Emphasizes in consequence:**

The lack of formal long-term caring systems will lead to an increase in the already marked social inequality in the region since those most affected would be the poorest families.

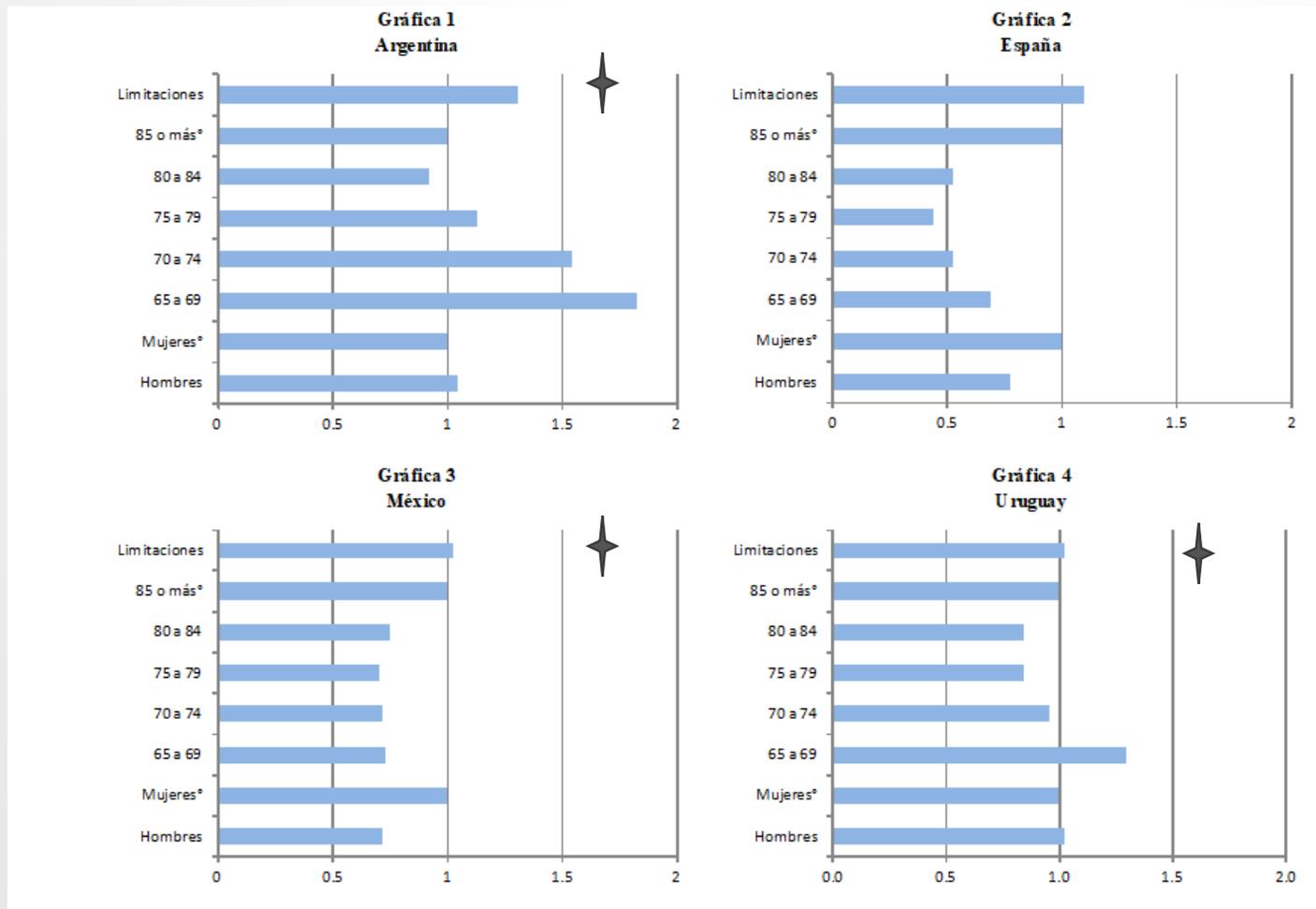
# FORMAL LONG TERM CARE

- Only in **Uruguay** has the State a model for caring involving families, state, community and market in a situation of co-responsibility.
- But the impact of Uruguay's national care system has been negligible.
- Latin American care services similar to how Hennessy described OECD in the 1980s, before diversified services: small geriatric homes, without adequate specialization, where the only alternative is family care.

# LIVING ARRANGEMENTS AND CARE

- Hennessy (1995) argued that formal services for dependency affect how families organize their lives.
- In order to test Hennessy's claim, a team carried a comparative study in Mexico, Argentina, Uruguay and Spain.
- Differences were noted between residential arrangements in Spain, the only country that has developed formal services for dependency, and the three Latin-American countries.

# PROBABILITIES OF ELDERLY INDIVIDUALS RESIDING IN EXTENDED OR MULTIGENERATIONAL HOUSEHOLDS



★ Pv:0,05

# EMPIRICAL EVIDENCE

- The severity functional limitation is statically associated with extended family arrangements in Latin American countries, but not Spain.
- Spain was the only country where a high share of people with severe disability (three or more permanent limitations and cognitive limitations) reside in single-person households.
- In the three Latin American countries, the proportion of individuals in single-person households with this type of limitations was below average.

# SUPPORT TO THE FAMILY CARER

- In Spain, the long-term services system provides monetary support and formal services to family units including disabled elderly members.
- In the three Latin American countries all the personal effort and expenditure involved in attention to elderly dependents falls upon their families.
- In Latin America countries, in the absence of institutional conditions that offer alternatives for caring, families take it on their own shoulders.

# EVIDENCE OF LARGE GAPS IN FAMILY CARE FOR DEPENDENT OLDER PEOPLE

- More than 35 per cent of severely dependent older people in Chile reported receiving no care support, even though most lived with other family members.
- More than half older Brazilians with care needs received no support in 2013.
- Of those older Brazilians with care needs, 51 per cent of women (45% of men) who lived with non-elderly adults still reported no care support.
- Access to home-based care and formal LTC services are especially limited for socioeconomically disadvantaged older people.

# PERCENTAGE OF PEOPLE AGED 65 AND OVER BY LEVEL OF DEPENDENCY, LIVING ARRANGEMENT AND CARE SUPPORT, CHILE 2009

FAMILY SUPPORT	Not dependent	Light dependence	Moderate dependence	Severe dependence
Live alone	16.2	12,3	11.9	7.9
No contact with immediate family member	7.6	5.7	3.2	13.1
Less than monthly contact with immediate family member	6.4	9.2	7.0	5.4
No availability of assistance (material, company, advice) when needed	35.9	27.1	29.9	36.1

SENAMA 2010

# PROPORTION OF BRAZILIANS AGED 65 OR OVER WITH DIFFICULTY WITH AT LEAST ONE ADL BY SOURCE OF CARE RECEIVED

GENDER	No help	Unpaid carer	Paid family carer	Paid non-family carer
Men	59.7	35.7	4.2	2.8
Women	55.5	38.7	2.1	5.9

ADAPTED FROM CAMARANO, 2017

# QUALITY OF CARE

- Often unpaid family carers, almost always women, lack basic knowledge about caring for a frail older person and are exposed to high levels of stress.
- A survey of 52 family carers for people with dementia in Colombia found 56 per cent had been performing this demanding role for over three years and most had little knowledge of the condition (Cerquera Córdova et al., 2012).
- A survey of Mexican older people with long-term disabilities (excluding those who were significantly cognitively impaired) living at home found 32 per cent reported experiencing some form of abuse during the previous year (Giraldo-Rodríguez et al, 2015).

# CHALLENGES FACING LONGEVITY IN LATIN AMERICA COUNTRIES

- Too often, the lack of LCT, mainly based on community care, generates abuses and subjugation of human rights.
- In the next presentation I will illustrate this point with the Argentine case.

**THANK YOU VERY MUCH FOR YOUR  
ATTENTION**