

The Challenges of Demographic Aging in Mexico

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Photos by Antonio Nava/AVE

One of the emerging phenomena that the world must face today is the rapid growth of its elderly population.¹ Sooner or later, it will affect all the nations of the world. In fact, demographers predict that in the next half century the number of elderly adults (people 65 and older) will increase 3.5 times, going from 418 million to 1.461 billion, and that their relative weight in the total population will jump from 6.9 percent to 16.4 percent. These estimates make not only debate on this issue, but also the adoption of measures to deal with its current and future consequences, imperative.

We can say with total certainty that Mexico will also “go grey and get old.”² The average age of the Mexican population will increase from 27 to 30 years in this decade, and later, between 2030 and 2050, it will go from 38 to 45. Simultaneously, the population 65 and over will increase from 4.8 million to 17 million between 2000 and 2030, reaching about 32.5 million in the year 2050. This means that while today one out of every 20 Mexicans is an older adult, in 2030, one out of every eight will be and in 2050, one out of every four.

These changes will tend to undermine the way many of our institutions operate, and social actors will organize and exert pressure for new institutional arrangements to more closely reflect the

new patterns of demands and needs. Let us look at it more graphically. In the sphere of politics, demographic aging will mean a profound recomposition of the electorate. While today, over-65-year-old adults make up around 8 percent of the population of voting age, in 2030, they will be more than 17 percent; and in the year 2050, 30 percent. As a result, the agenda of the executive and legislative branches, as well as the social organizations’ and political parties’ platforms will seek to adapt themselves to this new demographic reality and care for the aged will become increasingly important politically.

The impact will soon be felt in manufacturing: not as many toy and children’s wear factories will be needed, but many

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more plants that make items for older adults' domestic, nutritional and mobility needs will be. The service sector will require fewer day care facilities, schools for elementary education and obstetrical and pediatric establishments, and more hospitals, homes, shelters and recreational services as well as specialists in geriatrics and care for the aged. Suffice it to say that now there are 11 senior citizens for every 100 people in the work force, whereas by the years 2030 and 2050, that ratio will rise to 24 and 45 per hundred, respectively.

Many other aspects of our daily life will change. Life styles, consumption and nutritional patterns will be different; organizations and groups for the protection and defense of the rights of over-65-year-old adults will proliferate; the cities will change and neighborhoods with large concentrations of the elderly will spring up; the interior of dwellings will transform to adapt to the needs of old people; urban transportation will change; ramps on street corners will abound; and more attention will be paid to equipping our cities to facilitate the mobility of this segment of the population.

Aging will also spur profound changes in our way of life and our thinking: men and women of all ages will have to adapt themselves to new rhythms of life in society, changing perceptions of life's course and the emerging norms and expectations related to age. It will also change residential and domestic arrangements and undoubtedly have diverse ramifications and multiple consequences for social, family, gender and intergenerational relations.³ The transformation of old age into a social problem stems not only from the growing number of individuals who reach it, but mainly from the institutional rigidity in responding to their needs and demands. Aging becomes a social problem when it is accompanied by poverty, illness, being physically challenged and social isolation. The different dimensions of inequality like social class, ethnicity and gender intersect and reinforce each other in old age, trapping people in the web of multiple disadvantages from which it is very difficult to escape today.

Retirement or definitive withdrawal from economic activity, as a social transition that leads the way to old age, is in the best of cases only partially institutionalized in

Mexico. For a minority, retirement from work with the protection of a pension is an aspiration and a possibility, while for the great majority, given their need of income to subsist, the only option is to continue working to the limits of their strength and ability. The confluence of these experiences explains the high rates of participation in the work force after the age of 65 and establishes late and highly disperse retirement age in Mexico, with a median age of 69.4 and an interquartile range of approximately 20 years.

Sooner or later, unless people die, old age forces them to stop working, making older adults totally dependent on payment transfer systems. Every society has mechanisms to redistribute resources that determine the opportunities and scenarios for the lives of older adults. They may live on state stipends, resources from their homes and social and family support networks, on their savings or public charity. These options are not exclusionary and are frequently combined.

Given the insufficiencies and inequalities of our development, the great majority of senior citizens, around 8 out of every 10, have no pension, and almost two-thirds of those who do have one do not receive enough to cover their basic needs. The inescapable process of demographic aging demands that we make considerable efforts to provide older adults with decent, adequate pensions, broaden out the coverage of social security systems and ensure their viability and financial stability. Given current insufficiencies in the social security system, a substantial part of the responsibility for protecting dependent senior citizens has fallen to their families and social and family support networks. Socioeconomic, institutional

and demographic changes have altered the basis upon which cultural values regarding intergenerational solidarity and family support to the aged were originally developed. Some of these changes tend to become growing sources of tension for the family.⁴ This could contribute to the deterioration of the role of the family as sole source of support for aged adults, just as it could suggest the need to design mechanisms and strategies for attention to poor multi-generational households.

The Mexican population's changing epidemiological profile, dominated increasingly by chronic-degenerative conditions like cancer and heart and circulatory disease, will determine that illness and death will continue to concentrate increasingly among older age groups in coming decades. As a result, the problems of incapacitation of elderly adults will be increasingly intense and visible to the whole society. It is estimated that the number of persons with some risk of functional deterioration in old age will grow from 2 million in 2000 to 7.3 million in 2030 and 15.1 million in 2050. The new demographic and epidemiological realities will exert strong pressure on health infrastructure; they will impel a considerable reassignment of resources to meet their demands and will demand profound reforms in the strategies, scope, functioning and organization of this sector. In that process, actions to promote health and the prevention of an ailment-filled old age must play an increasingly preponderant role and be implemented long before people become elderly, something which would undoubtedly bring about radical changes in life styles.

Each society and culture has its own model of old age and judges aged adults accordingly. Perpetually ambivalent, our



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culture tends to disseminate contradictory images of old age and the elderly. It pays homage to them, encourages compassionate discourses, pities them, resigns itself to their existence or simply despises them, with the obvious individual, family and social repercussions. Given this, we need policies for the elderly that would propitiate a profound cultural revolution to contribute to eradicating the values that promote a pejorative image of old age, strengthen intergenerational solidarity, encourage social revaluing of aged adults and their full insertion into family, social and community life and avoid at all costs that social death precede biological death. All of this suggests that to make human and civil rights for senior citizens a reality and guarantee their ability to fully exercise them, profound cultural transformations are needed and changes must be introduced into laws, public policy priorities and the coverage, characteristics and reach of social programs. In summary, we must aspire as a people and as individuals to age well. To do that we need not only to add more years to our lives, but to put more life into the years. The depth of cultural, institutional, economic and social

change will determine whether in the future we will be capable of forging a new social ethic and a new moral economy of the life cycle and aging. **MM**

NOTES

¹ In the long term, the decrease of mortality and fertility causes the base of the population pyramid to become smaller and its top to broaden out. On the one hand, the decline in mortality makes for a progressive increase in life expectancy; therefore, an increasing number of people live longer. At the same time, the drop in fertility means both a lower number of births and the systematic reduction in the proportion of children and young people in the total population. The combination of both these trends leads to demographic aging.

² Federico Reyes Heróles, *Reforma* (Mexico City), 13 July 1999.

³ The predicted increase between 2000 and 2050 in life expectancy of the Mexican population from 75 to 84 years will contribute to increasing the "time of family life" and will make the interaction of four or even five generations of persons related to each other commonplace.

⁴ For example, as members of more recent generations, who are less numerous because of decreased fertility, become involved in forming their own families, they will be obliged to deal with simultaneously caring for children and parents, and for a longer and longer time. In addition, there will be fewer brothers and sisters to share that responsibility with: for some, this will mean supporting both minors and the aged, and for others, it will mean taking care of their parents as they themselves approach retirement.