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Social Contract on Elderly Caregiving in Contemporary Chile

Perspectives of a group of social scientists

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Abstract

This paper explores the definitions of social contract on elderly caregiving among a group of seven Chilean aging experts. The data show that for Chileans, family remains a strong institution that should provide care of its members, with daughters or daughters-in-law being the preferred person to provide care. Also, age segregation, along with the gradual privatization of services such as health care and the pension system, promotes individuality: this can become a problem for future generations because they are no longer concerned with helping others.

Keywords: *Social Contract, elderly caregiving, informal caregiving, social scientists, Chile, Latin America.*

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Social Contract on Elderly Caregiving in Contemporary Chile

Perspectives of a group of social scientists

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Introduction

Over the past 20 years, it has become clear that the life expectancy at age 60 has improved worldwide (Cotlear 2011). Additional research (UN 2002) suggests that the actual aging patterns are unprecedented and will have different implications in the population. For this reason, the perceptions about the aging population have been changing gradually, from a reflection of social success (Roughan, Kaiser and Morley 1993) to a complex issue, mainly based on the potential implications to the society (Restrepo and Rozental 1994).

In fact, as a consequence of speculation on possible implications, aging has become part of the so-called “apocalyptic demography” (Gee and Gutman 2000), which focuses on the potential burden that a larger aged population can generate on the rest of the society. Following this line of thought, Leeson (2013) suggests that an aging population –or any age combination- is not a threat; instead, the challenge resides on the ability of local and regional structures to adapt to the new demographic profile.

One way to debunk the myths around an increasing aging population is through the understanding of the diversity of aging experiences. This article documents the perspectives of a group of Chilean social scientists regarding the different ways in which post-dictatorship Chile is addressing elderly caregiving when older citizens require some kind of assistance. The research is based on interviews conducted with Chilean aging experts during June and August, 2013. However, it’s important to mention that this sample is not representative of all Chilean social scientists, although it constitutes an effort to contribute to studies on aging.

The article is structured as follows: first, I address the definitions of social contracts for elderly caregiving. Then, because of the rapid demographic transition along with the cultural and political changes experienced during the last forty years, I describe how present-day Chile is a case study for elderly caregiving. Finally, I provide the analysis of the interviews conducted with aging experts which focused on four categories: diagnosis of the aging phenomenon in Chile, social policies, social contract, and research on aging and future implications.

Social Contracts for elderly caregiving

Even though most the elderly population is autonomous, at some point older citizens will need some kind of assistance, either due to a health problem related to a disease, or just some consequence of aging (Sulbrandt, Pino and Oyarzún 2012).

Since the resources to provide elderly caregiving are limited, Bengtson and Achenbaum (1993) suggest that to determine the organization of a care structure requires an implicit agreement between generations, which dictates who deserves care and who is the adequate person to act as the caregiver. This symbolic understanding is known as social contract, and provides a set of norms concerning what it is expected from each participant. Because the assumptions regarding what constitutes support differ across cultures, this social contract will be unique from one culture to another (Hashimoto 1996).

There are two kinds of support available: family caregiving, and formal caregiving. The first is also known as informal caregiving, and refers to kin and non-kin relationships (Tessler and Gamache 2000). The other option is formal caregiving, which can be provided by the State or a private institution (Walker et al 1995). However, both options are not exclusive, and can be used simultaneously, since formal caregiving should not be considered as a substitution: “formal services do not encourage families to reduce or withdraw the amount of care that they provide, nor does home care substitute for nursing home care” (Kane and Penrod 1995:16). Accordingly, it is important to consider both options as complementary rather than exclusive, because elderly caregiving should be a shared responsibility between the family, the State, and the society (Huenchuán 2010).

Although the current demographic transition implies some challenges to the family (Hareven 2000), this does not necessarily lead to family decline (Gee and Gutman 2000). As Popenoe (1988) suggests, the family has always been subject to change, and this plasticity has allowed the family to survive as an entity.

Presently, family caregiving is one of the multiple responses to demographic shifts, and can be considered an example of familiar solidarity and the fortitude of family ties (Abellán, García and Esparza Catalán 2009). However, the consequences for family caregiving have become a concern, especially when the number of people aged 65 and over increases. In addition to the economic costs, there is an academic interest on the health of caregivers and their elderly care-receivers (Van Durme et al. 2012:491), with evaluations focused on caregiver burden and mental health (Mosquera et al. 2016).

These consequences are attributed to the notions of individualist personhood, such as independence, productivity and self-maintenance, that are prevalent in western cultures and have been “exported” to other cultures (Lamb, 2014). In fact, most of the contemporary welfare policies are conceived on the basis that “to be dependent is bad and to be independent is good” (Robertson 1997: 435), although no one is completely independent.

These notions about independence can also influence well-being in senior citizens. Although it is possible to find some cases where the elderly parents expect to receive attention from their adult children, most of them do not want to become a burden and desire to stay active as much as their physical and mental health allows them. (Beyene, Becker, and Mayen 2002; Zhang and Goza 2006; Sokolovsky, 2009).

In Summary, due to the cultural context in which these relationships are embedded, the notions about elderly caregiving, and the consequences for both parties involved, will vary from one culture to another. Diverse perspectives can be found even within the same family.

Chilean Identities

Chile is a unique Latin American country due to its geography, political history, actual economic rise, and its multicultural essence (Gitlin and Fuentes 2012). The sum of these aspects has shaped individual Chilean identities, because one of the characteristics of the country itself is that it has no single identity.

Bengoa (2004) explains that one of the underlying reasons is the cultural diversity that Chile has had from the beginning; there is anthropological evidence that suggests that at least thirteen different ethnic groups

existed in the geographic zone of what it is known today as Chile. Throughout history indigenous people have always been regarded as an extension of the country “The chronology of the indigenous history of Chile is not necessarily the same as the history of Chile” (Pp.14). For this reason, the relationship between the indigenous people and the Chilean State has historically been regarded as problematic because it is a story of meetings and disagreements.

Larraín (2001) describes the Chilean identity as fluctuant, because it is subject to constant changes. For this reason, it is has become difficult to identify which aspects constitute the Chilean identity. Despite this, in a recent study, Mayol, Azócar & Azócar (2013) identified two main layers that constitute the Chilean identity. The first, which is predominant, it that it is based on the Hacienda1 model, which was established during the Spanish colonial era in Latin America, and was characterized by the hegemonic relationship between the Spanish and the indigenous/mestizo population. The second layer is composed of the value system associated to the neoliberal model, which was imposed during the military dictatorship. The result is that the elite group responsible for the socioeconomic reforms during Pinochet’s rule is deeply conservative in matters of morality, religion, and democracy, but simultaneously advocates for total freedom in the economic sphere.

Also, Montecino (1991) describes that among the first Spanish who arrived in Latin America during the Conquista, most were men; therefore, relationships between Spanish men and indigenous women were facilitated, resulting in a large group of "illegitimate" children, which later would be known as mestizos. These hegemonic relationships created an imbalance between men and women, in which men enjoy a better social status than women because they are associated with the public sphere, while women develop in the domestic sphere, the family care environment.

Even though the factors mentioned above come from different historical contexts, the sum of them “promote, explain, justify and legitimize existing inequalities [in Chile]” (Mayol, Azócar and Azócar 2013:20)

An Aging Demographic Profile

Despite those characteristics mentioned above, Chile shares many factors that transform it into a good case study of the different processes related to aging. Aged populations are characterized by a higher number of people over 60, and a lower number of young people. This is mainly a product of low fertility rates and higher life expectancy (Leeson 2013). The following table shows selected demographic indicators for Chile as compared to the world averages:

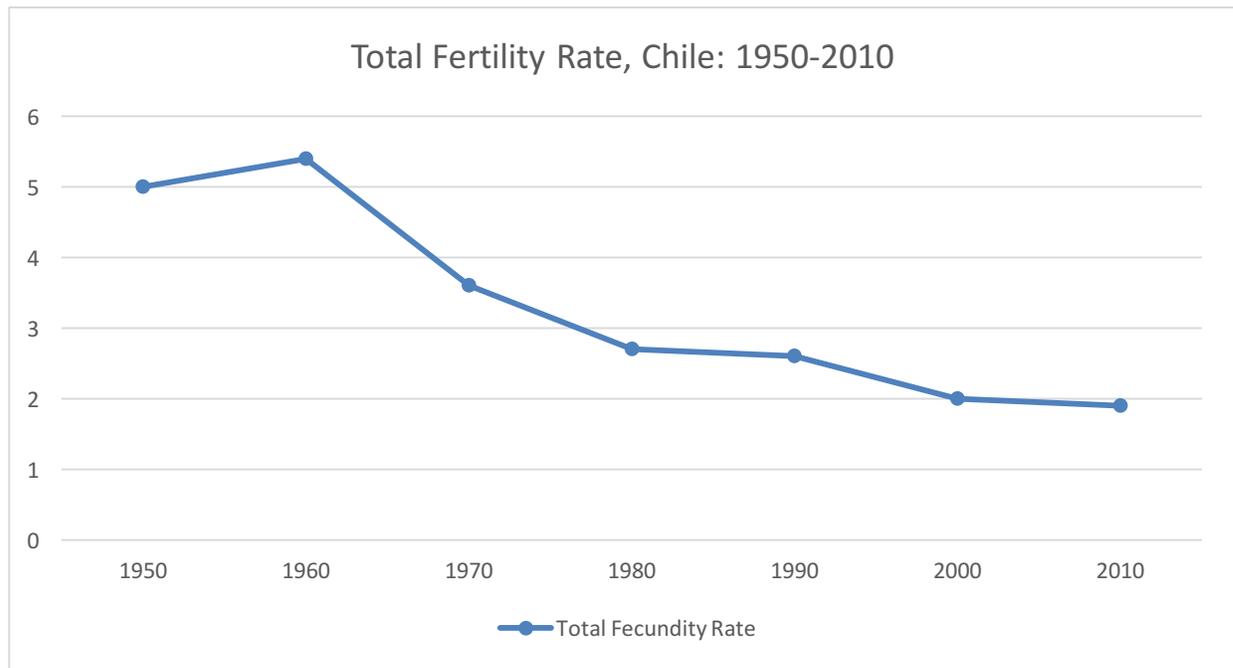
Selected demographic indicators, Chile and world averages

Category	Chile	World averages
<i>Total Fertility Rate</i>	1.8 births per woman	2.4 births per woman
<i>Life expectancy at birth</i>	81 years	71 years
Population aged 65 and above (% of total population)	11%	8.27%

Source: (World Bank 2014)

Considering these numbers, it is evident that Chile is experiencing an advanced aging of its population (CEPAL 2015). To understand these changes, it is necessary to consider the proximate determinants of fertility (Wood 1994), which recognizes the set of factors that play an important role in human fertility, such as socioeconomic status, religious beliefs, and nutritional status, among others.

In Chile, there was an increase in fertility rates especially within the period of 1950-1959; however, there have been several changes that have affected the fertility rates. For example, since 1960, the appearance of contraceptive methods, the incorporation of women into the workforce, and economic development initiated a decline in these rates. In fact, during 1961 Chile reached its highest fertility rate of 5 children per woman. During the period from 1970 to 1979 this rate declined by half, and since then the rates have been declining progressively (INE, 2013). The following graphic shows how the total fertility rate has changed during the last 60 years:



Source: INE (2013)

The current total fertility rate for Chile, 1.9 children per woman, is a number that the Economic Commission for Latin America and the Caribbean (ECLAC) predicted Chile would reach in 2020 (Donoso 2007).

Families/Households

The demographic transition, along with cultural and political changes during the last 50 years, have produced several changes in family patterns, resulting in a diversification in the types of families and households (CERC and ICHEH 1992). For instance, the Ministry of Health describes the current demographic situation as characterized by small families in which couples decide to postpone pregnancies² (MINSAL 2011).

In general terms, these changes altered the composition and size of the household which moved from 5.4 people on average in 1960, to 3.6 in 2002 (INE 2010). Also, the head of the household has changed.: In 2000, 76.8% of the households were headed by men, whereas only 23.2% were women; thirteen years later, the number of households headed by women increased to 37.9%, higher than the 33% average for Latin America (CEPAL 2015). In addition, the household composition has changed as the number of single-person households has increased, and many couples have chosen to delay parenthood or simply prefer to remain childless (MIDEPLAN 2001).

Also, nuptiality rates have decreased. In 1980 it remained stable at around 8.0 marriages per 1000 inhabitants, but today the rate has been reduced to 3.7 (INE 2014). In addition, the average age of marriage has changed for both genders. In 2000, men married at age 28 and women at 26; eleven years later, the average age increased to 32.3 for women and 35.1 for men (INE 2013).

Because many couples prefer to live together without being married (Salinas 2011), in April 2015 the senate approved the law of civil union, which is a contract between two people who share a household (Ministerio Secretaría General de Gobierno 2015). Only a year has passed since the enactment of the law, so there are currently no studies that describe the characteristics and motivations of those who choose this type of union over marriage.

These changes have occurred because women have higher access to education, and they have been gradually incorporated into the workforce. However, this does not mean that men and women live on equal terms. The report “Women in Chile and the labor market: women's labor participation and wage gaps” was conducted by the Instituto Nacional de Estadísticas (INE 2015), and found that the female participation rate rises with increasing educational level. For people who only attended middle school, there are still gender differences, as reflected in employment rates that are currently 35.5 for women and 64.8 for men. In contrast, for people with graduate studies, employment rates are 88.5 for women and 91.1 for men. Additionally, the wage gap resulting from extreme differences in educational level is larger: with a primary education, women receive 42.0% less income than their male counterparts, while women with graduate studies receive on average 36.8% less income than men with the same educational level. This illustrates that in Chile, women are “punished” if they have few or many years of schooling. There is unequal access to the labor market for women and men, which results in significant differences in labor force participation rates for both groups.

It is important to note that over time, the tendency is towards a significant change in gender roles: men have been incorporated into household chores, and women have joined the workforce. Because of this, both men and women have been in conflict over how to combine their work and domestic spheres: although women are working outside the home, this does not mean that they are delegating all domestic chores to men. On the other hand, men are also trying to divide their roles. Historically, the main role of a man was to be the family provider, and today they must continue to fulfill that role, but simultaneously they wish to spend more quality time with their children, and to help in parenting (Olavarría 2001).

Chilean Senior Citizens

As mentioned above, 11% of the Chilean population are people aged 65 and over, and 55.5% are women (Ministerio de Desarrollo Social 2015). The country has an Aging Index of 80, which means that for every 100 people under age 15, there are 80 people over 60 (CELADE, 2008). As a result, Chile is classified as a country with advanced aging. Life expectancy at birth for both genders has increased during the last 30 years. In 1990 it was 73 years; and for 2012 it was 80, higher than the average for Latin America and the Caribbean, which was 74.7 (Huenchuan, 2013). And in Chile, when people reach age 60 their life expectancy is 24 years for both sexes.

Although Chile was considered as the best Latin American country in which to age (HelpAge 2013), was the second Latin American country to become a member of OECD (OECD 2010), and the GDP during the period 2009-2013 was relatively stable (World Bank 2014), Chilean academics, especially from the Social Sciences, have criticized these achievements. Montecino (2004) for example, explains that many of these achievements are measured in indexes but not in quality; therefore, these ‘successful numbers’ may be missing the real impact that each one of these achievements has on the Chilean population. In fact, the country has a GINI index of 50.2, which defines Chile as the most unequal country of the OECD (World Bank 2014).

Privatization of Services: Its Impacts on the Elderly Population

For the last forty years, Chile has faced several cultural and political changes. The most important agent of change was the military dictatorship, which started with the coup led by Augusto Pinochet against the socialist government of Salvador Allende on September 11th 1973, and ended when Patricio Aylwin assumed the presidency after the first democratic election in almost eighteen years (Bitar 1990).

The military regime left 1,209 individuals detained/disappeared, 8,259 tortured political prisoners, and 342,298 deceased (INDH, 2011). In addition, the regime facilitated the transition to a neoliberal country. This change was achieved mainly through the reforms imposed on seven sectors, which per the Military Junta were the most vulnerable: social security, education, workplace, regional decentralization, agriculture, judiciary and health sector (Danus, Silva & De la Cuadra 1982). These reforms were executed through the reorganization of the government functions: instead of investing in social policies, the State favored the creation of funds for private resources, imposing a perception that public services were inefficient, and that only through free choice of private services could Chileans access quality services (Tetelboin 2003).

There are two reforms made during the dictatorship that affected directly the elderly population: the privatization of the pension system and the health care system.

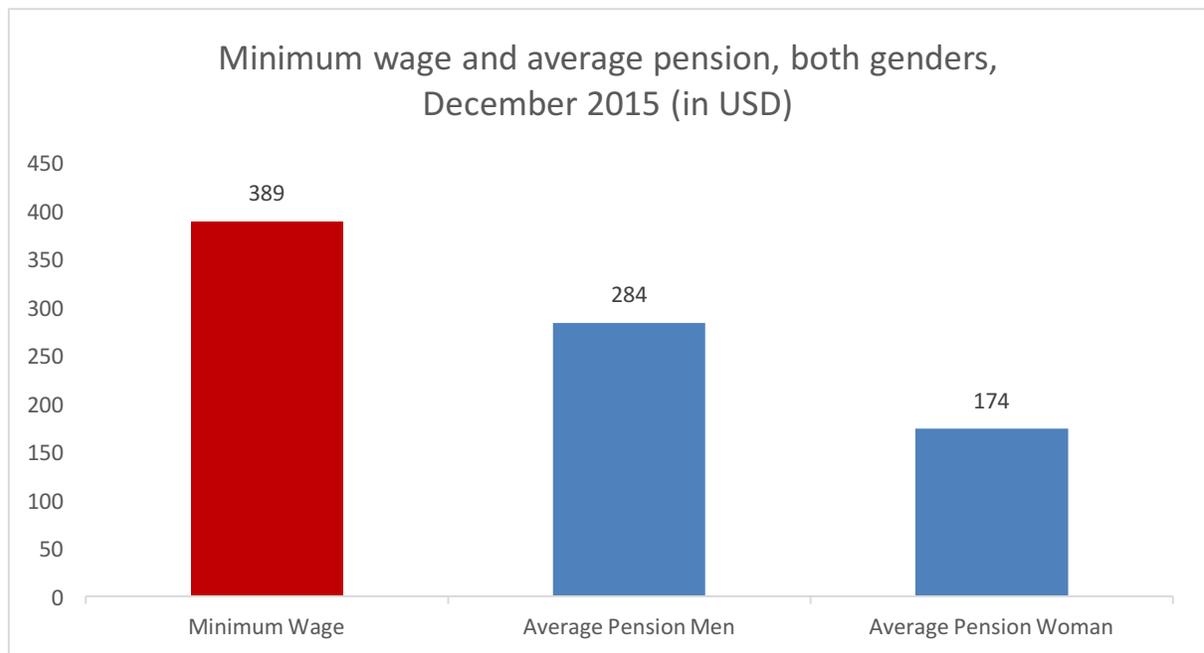
In 1980, the military regime privatized the previous pay-as-you-go (PAYG) scheme to a defined contributions (DC) scheme that was based on individual capital accounts, which were managed by private companies, or pension fund managers (AFP) (OECD 1998). Therefore, Chile was the first country to privatize the pension system (Quintanilla 2011).

The PAYG system was based on “social solidarity”., Since each pension was financed in part by the contributions made by the active workers and the State, the money collected went to a common fund. Furthermore, pensions were determined on the taxable remunerations registered by the worker in the last years before retirement, and included allowances for maternity and widowhood, hard labor, and work in toxic environments (Arellano 1985). However, this system was criticized for the lack of uniformity, because of the “series of parallel systems for different groups of workers, with broad heterogeneity of eligibility rules and benefits” (Fajnzylber and Paraje 2014: 130).

In the current system, each worker has a personal account where their contributions are deposited, and they will earn the profitability of the investments that the AFP made with those funds (Superintendencia de Pensiones 2014). Under this system women are at a disadvantage: most of the older ones didn’t have a paid job during their adulthood, or if they did, they possibly got maternity leave, or constant absences due to childbearing or taking care of another family member, resulting in less investment in an AFP, and therefore, obtaining a lower pension.

Considering the above, in 2008, the government of Michele Bachelet undertook a reform of the DC system to introduce a solidarity pension system designed to promote gender equity and reduce the inequities that the individual capitalization system was generating (Larrañaga, Huepe and Rodriguez 2014).

Despite these efforts, the average old-age pensions are lower than the minimum wage, and there is still a gap between genders. In December 2015, the minimum wage was USD\$389 for adults aged 18 to 65 years (Dirección del Trabajo 2015), and the average pension for men was USD\$284, and for women USD\$ 174 (Superintendencia de Pensiones, 2016b). The following chart shows the difference of income between men and women:



Source: (Dirección del Trabajo 2015; Superintendencia de Pensiones 2016)

The financial situation is even harder for the retirees who have a basic solidary pension (Pensión Básica Solidaria-PBS). Only people aged 65 and over who belong to the poorest 60% of the population can gain access this benefit. In December 2015, the amount was USD \$136 monthly (IPS 2015), which is equivalent to 35% of the minimum wage, and 45% of the total of retirees received this benefit (Superintendencia de Pensiones 2016a). Also, the National Socioeconomic Profile (CASEN) surveys showed that within the 65-75 age group, at least one in five adults is still working; which shows that the actual pension system “does not allow adults over 65 to retire from the job market” (Fajnzyblber and Paraje, 2014:129).

During the dictatorship, the healthcare system also was privatized. In the early seventies, before the coup, the Chilean healthcare system comprised four agencies: Health Ministry (Ministerio de Salud, MINSAL), National Health Service (Servicio Nacional de Salud, SNS), National Employees’ Health Service (Servicio Médico Nacional de Empleados, SERMENA), and the private sector (Aedo, 2000). Then, in 1973, the reforms to the healthcare system began, and concluded with the creation of the new health system in 1981. Health reforms consisted of several phases: elimination of staff linked to the previous government, separation of the agents who developed the main functions, and finally, a change in the axis of power in the health sector (Tetelboin 2003).

The actual healthcare system can be defined as a mixed one, consisting of the public and private sub-systems. The public system is called FONASA (Fondo Nacional de Salud), which is funded through State contributions, mandatory contributions from workers (7% of taxable income), and co-payments. FONASA beneficiaries are divided into 4 groups according to their income, from category A: indigents, vulnerable people and basic solidarity pension beneficiaries, to category D: people who receive a monthly taxable income higher than USD\$ 495 (Superintendencia de Salud 2015). The private system, ISAPRE is funded using the same 7% of taxable income, plus an additional amount which will depend on the plan of each beneficiary (Arteaga 2008).

Today a worker must earn at least USD\$ 565 to enroll the ISAPRE system if they don't have dependents; otherwise, the baseline will rise (Superintendencia de Salud 2015). Considering the current minimum wage, this means that only a small group of the population can afford healthcare services through the private sector, and some age groups, such as senior citizens are discriminated against, because as stated above, the average pension and basic solidary pensions are below the minimum wage.

Methods

This is an exploratory research whose main purpose is to provide a description, through interviews with aging experts, of how contemporary Chile is facing the aging of its population. However, it is important to note that this study is not representative of the opinions of the whole community of Chilean social scientists.

The project was approved by the University of Florida Institutional Review Board 02 (IRB), Protocol #2013-U-0728. To participate in the project, the participants had to fulfil at least two of the following requirements:

- Have received a degree in Social Sciences
- Conducted research on aging in Chile at least during the last five years
- Taught an aging-related class
- Worked at the SENAMA, the Ministry of the Elderly (*Servicio Nacional del Adulto Mayor*), as member of the aging research institute or as part of the advisory council.

Using the snowball method, a total of seven experts were considered to participate. The seven experts belong to three different disciplines: Sociology, Social Work and Public Health. The data was collected through semi structured interviews conducted during June and August, 2013 in three cities: Santiago, Curicó and Chillán.

The interviews were conducted in person, in Spanish, during one session of one hour. Later, the interviews were transcribed and analyzed in Spanish. Only relevant passages were translated to English.

Analysis

I conducted an issue-focused analysis which, as the name implies, is focused on specific issues; this is also known in the Spanish literature as “Análisis temático”. The analytical process requires the reading of the transcripts of the interviews to make them familiar to the analyst, and then identification of thematic clusters to later organize data according to the relationships that can be established between these concepts (Kornblit, 2007).

This analysis was conducted through four steps: coding, sorting, local integration, and inclusive integration (Weiss 1994). The first step, coding, consisted of linking the responses from the interviews with concepts and categories that will arise based on the interview material. Secondly, the categories were sorted into folders. The third phase was the local integration stage, in which the interview material was integrated with the observations that were made. During the final step, inclusive integration, the results from the local integration were used to create general conclusions.

The final analysis of the interviews was focused on four elements: Diagnosis of the aging phenomenon in Chile; Public Policies; Social Contract; and research on aging and future implications.

Results

The following section contains the analysis of the interviews conducted with aging experts, based on the four categories previously mentioned.

1. Diagnosis of the Aging Phenomenon in Chile

The participants were asked to provide their vision regarding the current situation of the Chilean elderly population. Within this theme, two subtopics emerged: heterogeneity of aging experiences and inclusion/exclusion of senior citizens.

a) Heterogeneity of Aging Experiences

The seven experts agreed that the first topic to be addressed was the heterogeneity of the aging phenomenon in Chile, especially in terms of socioeconomic differences:

“It is an extremely heterogeneous reality, considering socioeconomic and educational terms (...) Education is a factor that affects every area, not just the living conditions, but also how they see themselves” (Informant 1)

Additional research conducted in other cultures (Cohen, 1999 Harper, 2006; Sokolovsky, 2009) also suggests that a key aspect of studying aging is to recognize the variety of experiences, even within a country. Since Chile is a centralized country (OECD, 2009), in which most the resources stay in its capital, Santiago, it was expected that most of the differences would manifest between Santiago and other regions; instead, all seven experts agreed that the biggest differences are found within cities, rather than between cities:

“The place where do you live is extremely important in Chile...that place will shape everything: your education, your acquaintances and your job. For example, here in Santiago, there is a huge difference between living in Vitacura [a high-income sector] and living in Cerro Navia [a low-income sector]. People from Vitacura will have a better quality of life just because they were born in a better place” (Informant 6)

The main reason behind these inequalities is the unequal distribution of income. Although Chile is considered as an upper middle-income country (Gitlin and Fuentes, 2012), the problem is that economic growth has benefited only a small portion of the population, the already high-income sector, and as mentioned before, Chile has one of the highest GINI indices of the countries participating in the OECD (World Bank 2015).

b) Inclusion/Exclusion of Senior Citizens

In addition, the experts addressed the ageist vision of the Chilean population. Ageism is understood as “a process of systematic discrimination against people because they are old” (Cohen 2001: 576). In the case of Chile, this is measured through the surveys and studies that SENAMA -the Ministry of the elderly- conducts regularly at a national level.

The latest “National Survey of Social Inclusion and Exclusion of the Elderly in Chile” and “National Survey about Quality of Life of the Elderly in Chile” showed that 73% of the the respondents perceive the elderly as a frail and dependent group. However, the statistics show that only 25% of the elderly have some degree

of dependency (SENAMA and FACSO 2015; PUC 2013). This kind of opinion leads to ageism: there is discrimination against the elderly because the population in general, think that they can't do things on their own.

This opinion is not only present in the general population, but also in people who are in the parliament:

"People just deny their age. For example, look at the senators...you can see that most of them are relatively older, they are at least 60 years...but they do not want to assume that they are aging; because if they did it, that means that they would have to assume this huge 'backpack' full of prejudice against the elderly" (Informant 2)

The main problem with opinions like this is that they are less likely to address the issues and concerns that emerge with an aged population because they do not ascribe to this group. Even though the demographic change is evident in Chile, some sectors do not address the whole spectrum of aging experiences. Chile, being a highly age segregated country, offers few instances in which the elderly can interact with younger generations, especially outside the family context. For example, one of the main stereotypes of the elderly population presented in media and books is the "grandparent" (In Spanish: abuelito or abuelita). A study conducted by Jorquera (2010) showed that in the official textbooks provided by the ministry of education, the predominant conceptions about the old age and aging are: aging as a biological phenomenon and isolated from other life stages; senior citizen as a synonym of grandparent; and the elderly as a passive citizen, retired from work.

2. Public Policies

In Chile, the elderly was not a target population for social policies (except pensions) until the military dictatorship. During previous decades, there were two kinds of institutions that cared for the elderly: state-owned, and faith-based organizations, such as ANIPSA, a conglomerate of catholic institutions which includes international partners such as Caritas (Aldunate and Gutierrez, 1985).

Then, in 1995 the National Committee for Older Adults (CONAMA) was created to make a diagnosis of the current situation of the elderly population and suggest ideas to address issues and concerns related with aging. In 2003, the current Ministry of the elderly, SENAMA, was created. Currently, SENAMA is the institution in charge of encouraging active aging⁴ and the development of social services for the elderly (SENAMA 2014). The last major policy implemented by SENAMA is the "Integral Policy for Positive Aging in Chile", a policy created in conjunction with the advisory committee, regional teams, and the Regional Advisory Councils (which represents organizations from their different regions of the country). This policy is based on a multi-sectorial perspective because it involves different ministries: Ministry of labor, Ministry of Transport and Telecommunications, Ministry of Women (SERNAM), Ministry of Social Development, and Ministry of Education (SENAMA 2014).

In general, SENAMA offers several programs for the elderly population. For example, long-term care centers called ELEAM (In Spanish, Establecimientos de Larga Estadía). These facilities are distributed throughout the country, and provide shelter to senior citizens with low socioeconomic status (SENAMA, 2015a). SENAMA also offers a program called "senior advisors", in which retired teachers can volunteer to teach the poorest children in the country. In addition, there are some programs directed to empower the elderly, such as the "schools for elderly leaders" program, and the National Fund for the Elderly that provides funding to organizations of senior citizens.

Although SENAMA provides tools and funding for organizations conformed by senior citizens, these programs are not enough in terms of public policies. For example, one interviewee mentioned that the problem lies in the separation between health and social policies:

“I think that we are lacking a debate between ministries, and because of that, we only provide below-average policies to our elders. And well, it’s important to add that SENAMA has made great efforts, especially in terms of housing policies. However, as a modern society we need better policies: for health, pension and well-being” (Informant 4)

The problem is that even though there is a ministry for the elderly in Chile, this ministry does not have the power to create holistic policies that incorporate all the aspects that affect the quality of life of the elderly. The present-day healthcare system was “designed to meet the needs of a younger, more homogenous population rather than those of the emerging group of older adults” (Glantz 2009: 270). And the lack of geriatricians in Chile is an example of this:

“There are only 39 certified geriatricians in the country. In addition, 40 doctors work as geriatricians but they do not have the certification. So, we have about 80 geriatricians available to take care a total of 2 million of elderly (...) the problem is that almost all of them are in Santiago, and only a few live and work in other regions. The universities do not show Geriatrics as an option in medical schools”. (Informant 7)

The lack of interest in teaching Geriatrics medical schools is related to the ageist vision that some sectors show in Chile. For instance, a study conducted by Arnold-Cathalifaud and colleagues (2008) explored the perceptions about old age among 682 college students, and found that the younger generations have a negative perspective about age: most of them think of the elderly as a conservative, frail, and marginalized group.

3. Social Contract: From Family Support Towards Social Support

Regarding the contract between generations, experts generally agreed that the family is still a strong institution which provides care of their elderly when needed. The preferred caregiver is a woman, usually a daughter:

“I would say that before, the caregiver by-default was the unmarried daughter. Today we know that wives, daughters or even daughters-in-law take care of their elders. However, this means a really big burden for them and for the family ...because they do it without any kind of help”. (Informant 3)

The opinions of the experts match with additional research done in Chile: 44% of elderly caregivers are their adult children, and 83.7% of them are women (SENAMA 2014). The average woman caregiver is between 40-60 years old (Jofré and Sanhueza 2010), is of a lower socioeconomic status, has poor social networks and does not possess or have access to any caregiving training (Jofré and Mendoza 2005).

As discussed in the families/household section, even though gender dynamics are shifting, the traditional gender roles still prevail, therefore, women are socialized to develop specific skills and abilities to help others (Herrera and Kornfeld 2008). So, because it is considered as a “duty” that women should provide care, the role of women as caregivers is taken for granted and not appreciated (Vaquiro and Stieповich 2010). Some statistics show that in Chile there is reciprocity between parents and their adult children, which is expressed in the exchange of resources throughout the entire life cycle, and with a greater emphasis on times of greatest need (Herrera and Fernandez 2013). Simultaneously, additional data from the National Survey on Elderly’s Quality of Life suggest that ideas about filial obligation are slowly changing: in 2010, 45.9% of the participants believed that it is always mandatory for adult children to take care of their parents when they can’t be independent any longer, and in 2013, only 41.9% believed so (PUC 2010, 2013).

Usually, studies about intergenerational relationships highlight the benefits to the elderly, instead of the other way around. The seven experts also mentioned that it’s important to address the significant role of the elderly in their families:

“Today the grandparents are strong pillars in their families from an economic point of view, because they help taking care of their grandchildren, so their daughters or daughters-in-law can work. But it is like we take it for granted; we do not thank our elders for their help”. (Informant 5)

To generate positive intergenerational relationships, it's necessary to address the dependency between generations in positive terms (Lamb, 2014). For instance, for the Chilean elderly, the family is very important in terms of their quality of life. A study conducted in Antofagasta, one of the largest cities in the northern part of Chile, found that social support provided by their families was the first item that older adults mentioned in a survey about quality of life (Urzúa et al 2011). This is because Chileans, just like other Latin Americans, consider it necessary to “count” with potentially available people who will provide material, instrumental, emotional support, companionship, and advice when needed (Montes de Oca 2001).

In summary, the seven experts agree that there is intergenerational solidarity within the Chilean families; however, the problem extrapolation of this solidarity to the rest of the elderly population, the ones who are not “our grandparents”. One of the experts argues that the privatization of services contributes to individualism:

“The current elderly population has better conditions than the ones that we will have in the future. I think it is because their pension system was supportive/solidary. However, nowadays we have a different system, of individual savings...so we are not contributing to other's pensions...if you think about it, the 2008 pension reform was targeted to the younger generations, because with their income, their resources we can fund the pensions of current older citizens”. (Informant 6)

The privatization of services, such as the pension system, can, in fact, contribute to individualism. As the interviewee suggests, in the current pension system which is based on defined contributions (DC), everyone funds their own pension. Instead, in the previous system (contributive), the pensions were financed with the funds provided by the active workers. Simultaneously, the latest “National Survey of Social Inclusion and Exclusion of the Elderly in Chile” showed that 54.1% of the respondents would be willing to pay specific taxes for old age if it is guaranteed (SENAMA and FACSO 2015). Therefore, even though the privatization of services can facilitate individualism, the fact that the aging population is increasing in Chile it seems to contribute to a deep reflection on the role each has in an aging society.

4. Research on Aging and Future Implications

Because the seven participants defined themselves as Social Scientists, they were asked to provide a diagnosis about the current state of aging research on Social Sciences, and the future implications.

Most of them mentioned the difficulties associated with conducting social research in Chile because of the lack of proper funding for Social Sciences, and especially for aging research. They also argue that even though the population is more conscious about the increase of the aging population, there is not a niche for aging research:

In our department we really wanted to create a Master in Gerontology...but we could not do it because a market study showed that even though people were interested in aging, they would not enroll the program, because they do not feel that the State or the universities are demanding professionals with gerontological skills”. (Informant 2).

Even though aging was considered for priority research by FONDAP, the National Fund for Research Centers in priority areas (FONDAP 2014), the funding usually goes to biomedical research instead of social

research, making it harder to conduct research because of the lack of appropriate funding.

Another challenge that the Chilean experts faced, is the need for a local aging perspective, because most of the theories and research come from Europe and the United States. And even though Chile and Latin America share some of the characteristics of the demographic transition, data shows that in Latin America the process has been faster in relation to other places (Cotlear 2011).

This lack of aging research in the country creates a gap of information, and most of the time, Chilean experts are working with theories adopted from other places, different to Chile:

“I feel that we -as social scientists- just replicate foreign theories (from the US and Europe) and from biology, biomedicine, psychology...or from international organizations: WHO, ECLAC, United Nations, World Bank (...) As a sociologist I really think that we need to empower our elders, providing a territorial vision of their aging” (Informant 7)

Even though cross-cultural research is also useful to engage debate, the problem is that every country also needs to know about their own situation to create solutions to problems and improve the quality of life of its citizens.

To conclude, is important to note that despite the challenges, the experts also agree that in general terms, Chileans age aging well because the living conditions have improved during the last decade, and the following cohort of older citizens will live a better old age. In words of one of the experts:

“The educational level of the Chilean population is increasing, so future older adults also will have a better aging...because they will get the knowledge to take care of themselves, to be more active, to cultivate friendships during their life course (...) Also, the fact that women also are working outside the home will get them more social networks, and a better quality of life. I think that we have ahead a bright future: not only for ourselves, but also for the future generations” (Informant 3).

Conclusions

In Chile, most of the elderly population is independent; however, when they need some kind of assistance, family is the primary source for social support. Within the families, women, especially daughters or daughters-in-law, are the preferred person to provide care, and this role is taken for granted because of the traditional gender roles.

Even though the latest surveys have shown that the sense of filial responsibility is decreasing among the Chileans, there is still a sense of intergenerational solidarity within the families. The problem is how to extrapolate that solidarity to the rest of the elderly population, because the existence of stereotypes of the elderly as a frail and dependent group, and the privatizations of services are leading some sectors of the Chilean population toward individualism. However, some data also showed that other sectors will be willing to pay an extra tax to guarantee adequate care in old age.

Information is the best way to debunk myths, and for this reason it's necessary to engage in more aging research in Chile. Even though today the population aged 60 and over is 2,2679,910, and it's expected that in 2020 this number will increase to 3,271,990 (INE 2014); there aren't enough studies about the elderly population in Chile. We need more multigenerational studies, and longitudinal studies, to understand generational ties, instead of conducting studies of each generation in separated, which has been the common practice.

Although there are some groups in Latin America focused on the study of old age and aging, there is not a real articulation between those groups. To have a "Latin American perspective on aging", it is necessary to engage the debate between researchers from different countries and different disciplines. Even though the group of social scientists interviewed is not representative of the Chilean community, this paper was an effort to bring together perspectives of different social scientists, to understand one piece of the bigger (and complex) picture that is population aging.

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NOTES

i Haciendas were large landed estates located on the countryside in most of Latin American countries. "Peasant workers lived and worked on these estates in serf-like conditions" (Lyons, 2006: 3).

ii Additionally, is important to mention that abortion, in any way is still illegal in Chile (Gobierno de Chile 2016). However, during 2015, the Government presented a bill to decriminalize abortion in three causals: lifetime risk of woman, unviable fetus and pregnancy resulting from rape. In March, 2016, the House of Representatives approved the bill and now is awaiting discussion in the Senate (Cámara de Diputados 2016).

iii This index measures the distribution of income among individuals. The values go from 0, which means that is an equal country; and the highest value is 100, which means that is the most unequal country (World Bank 2015).

iv Even though in their webpage they do not address specifically how they define active aging, because of the description of their program, it could be deducted that they refer to citizens who stay healthy in their own context, considering the physical limitations that some elderly can present (SENAMA 2015).