SOCIAL POLICIES, FAMILY ARRANGEMENTS AND POPULATION AGEING IN CUBA

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1. Introduction

Mortality decrease - and particularly fertility reduction, coupled with sustained emigration rates - has led significant changes in the Cuban population´s age structure. Fertility levels have not guaranteed generational replacement in the last three decades. The swift ageing process that has taken place is one of the main challenges that faces and will continue to face the Cuban State, in the context of a fragile economy.

Three are the main objectives of this paper: 1) to illustrate particularities of the Cuban population ageing process; 2) to categorize some of the current challenges in relation with the new family arrangements and support networks; 3) to introduce the social policies and programmes for the elderly population care.

2. Population ageing in Cuba.

According to different estimates by 2010, 60 years and over individuals might exceed those younger than 15 years old. Currently, 17% of Cuban population has reached 60 years and over. The speed of the ageing process is accompanied by its homogeneity. Urban areas show 16.2% of 60 and over of inhabitants, while rural ones reach 14.5%.

3. Family arrangement and some challenges for social policies.

The Cuban family has become less numerous. The (persons per home) average in Cuba has decreased in size from 4.9 to 3.2 persons per home in the last 50 years. Nuclear-type homes have relative predominance (54% of all types of homes), but non nuclear homes (extended and composed) are increasing, representing a 32% of the total. In Cuba, the vital cycle of the homes, seems to correspond, as an average, to the advanced stages of the traditional cycle, since mean and median age of these homes (measured by the age of the chief), has been definitively increased, as a result of ageing. As the age of the head of the family increases, more than two generations could be co-residents in the homes. Non nuclear homes, specially the extended ones, show a relative steady growth during the successive stages of the vital cycle, mainly after the 55 year level. Unipersonal homes represented 14% in the 2002 Census. This issue could be associated to the increased female life expectancy, but also to the increase in the delay of marriage and to the increase in the breakdown of unions (36.7% of home heads were single and 33.7% divorced and/or separated).

According to the results of Health, Welfare and Ageing Survey (SABE 2000), 93% of the elderly received help, in the following order of importance: services, “things”, money and human company. The ranking of the help provider in the support network showed, in first place, “other

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co- residents" above co-resident children, followed by the children that live out of home, brothers and sisters, other relatives and friends, and, finally, the community. On the other hand, the kind of help provided by the elderly ranked as follows: 78% gave it mainly in services; in second place, providing "things", in third place, money; in fourth, children´s care and in the last place, company. (There is really a relative high reciprocity).

4. Social policies and programmes.

Generated pressures in Cuba constitute permanent challenges for the social policies. Cuban society model is so articulated that family takes part and interrelates with social policies at the same time that develops its own strategies, makes adjustments and tries to adapt to each new circumstance.

4.1. Social Security and pension system: The social security system covers all working people in Cuba. A new Law on Social and Security Assistance came into effect on January 2009. Among other aspects, the new law modifies retirement age, increasing it by 5 years. This increase will be gradual. From 2009 onwards, retirement age will be raised six months each year, up to the year 2018, when it would be established at 60 years for women and 65 for men.

4.2. Elder´s Care National Programme: In 1984 the Nurse and Family Doctor Programme was established, greatly contributing to the improvement of attention to the elder population. Through this modality of community care, a doctor and a nurse take care of about 120 families in each community (some 600 to 700 persons). In 1997 the current National Programme for the Attention of the Elderly was approved and is operational at all levels (local, municipal, provincial and national). The National Programme is integrated by 3 sub programmes:

4.2.a. Hospital care sub programme: Consist in linking hospital and community care, with the goal of keeping the elderly interned for just the strictly necessary time and to reincorporate him promptly to his own environment, while providing him/her with the highest levels of care, promotion, prevention, treatment and rehabilitation.

4.2.b. Institutional care sub programme: Its goal is to perform actions of health promotion, prevention, treatment and rehabilitation in those elders whose only alternative is to stay in an institution for the elderly, but with family, community, and political and mass organizations support, in order to increase their quality of life. Different institutions are integrated to the programme:

- "Elders Homes": Provides short, middle and/or long stays for frail elders that are lacking better socioeconomic conditions, and who are not benefited with other alternatives in the community. These institutions are the home of only 0.6% of the 60 years and over population; the majority of the elders stay in the community
- "Medical and Psycho-pedagogic Centers": These centres of the National Health System

provide preventive, medical and rehabilitation services with the participation of certified experts. The include attention to the mentally retarded.

4.2.c. Elder´s community care sub programme: Constitute the basic link in caring for the elderly because they incorporate both the strengths of the family and of the community in its management. Under this programme the following new modalities are included:

- "Grandparents' houses": These are social institutions that bring comprehensive day care (during 8 – 10 hours) to elders lacking families or relatives that could care them during the daytime. Also cared for in these institutions are the elderly with some degree of incapacity in normal, daily activities. During their stay in these centres, they receive breakfast, lunch and medical attendance. They return home in the late afternoon. The elderly stays in its usual environment (family link, the community); it makes possible to the family to alternate its activities with the care required by the elder.
- "Grandparents' clubs": Grandparents´ clubs are community-based elderly groups that carry out sports, cultural, recreational, promotion and prevention activities that lead to a healthy aging and a satisfactory longevity. It also includes the performing of exercise under the guidance of a professional.
- Besides, there are Multidisciplinary Gerontologic Care Teams dedicated to comprehensive communitarian care to the elderly, and support the family medicine team (Family Doctor), promoting other formal and not formal modalities of communitarian care. There are Social Workers who visit and care for persons who live alone or are highly dependent.
- 5. Some of the new challenges. Final Considerations:
- Progressive increase in the need for resources for a population, that ages in institutions and communities, including the need for specialized attendants. Repair and maintenance of long-term institutions, Homes for the Aged, Grandparents´ Clubs and their possible enlargement.
- Need to deepen the specialized studies of elderly women, who carry the heaviest burdens of their shoulders during times of crisis and who usually are responsible for the care of the oldest and the infirm.
- Population ageing, linked to the increase of separations and divorces, is significantly impacting the social and demographic profile of Cuban homes. The most remarkable change in the composition of Cuban homes is the progressive growth of unipersonal homesteads.
- Prevalence of the extended type homes and of tri-generational. The shortage of dwellings is not only quantitative but also qualitative, limiting the spontaneous formation of new family nucleus. It is also associated to the difficulty in the constitution and stability of new couples. New families are added, probably, with different families survival strategies. The forced sharing of a single dwelling has made housing, sometimes, a source of conflict.