



REGIONAL AND LOCAL RESPONSES IN PORTUGAL

**IN THE CONTEXT OF
MARGINALIZATION
AND GLOBALIZATION**

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**LIVING AND DYING IN PORTUGAL: REFLECTIONS
ON ‘SUPERAGING’ AND THE QUALITY OF LIFE**

Abstract

The last thirty years of the 20th century were times of profound change, affecting economic, social and demographic structures throughout the World, but with particular impact on the so-called developed countries. In addition, new migratory flows developed and concepts were redefined. In these scenarios, prevailing demographic structures changed significantly. Portugal was not unaffected by this process. Life expectancy increased, fertility rates fell, the age of first marriage rose, the number of single-parent families saw a considerable increase, and, at the same time, family structure changed. In less than thirty years, the country has witnessed an unparalleled growth in the number of people aged over 65, while the number of very elderly people also increased. These latter, who are often illiterate and survive on incomes far below the national average, today comprise a growing group of excluded persons. It is on this demographically ‘oldest old’ group that this paper focuses.

1. Introduction

The last half of the 20th century was a time of profound changes for the world, for Europe and also for Portugal. Particularly from the nineteen

seventies onwards, Portugal has both witnessed and played a role in alterations which are reflected in the demographic composition, in the economic and social fabric, in the population structure and in the reorganisation of the country.

In this context of rapid change, rural society is transmuting and acquiring new functions; new mobility patterns are emerging and becoming consolidated, the population is becoming tertiarised, and urbanisation is becoming more prominent, above all in the coastal region. The progressive depopulation of rural areas means that small urban centres are playing more of a leading role, and it is not uncommon to see a strengthening of local government.

In relation to these circumstances, demographic ageing represents one of the central concerns. On the one hand the general ageing of the population is as much of a problem for Portugal as it is for all the countries of the European Union, above all because projections point to a fall in the active population, caused largely by a decrease in fertility. In addition, ageing among the elderly population (superaging) due to a great extent, it is estimated, to an increase in life expectancy, is a fact. It will be principally on this segment of the population that our attention will focus.

2. A brief look at recent Portuguese demographic trends

At the start of the 21st century the population of Portugal was close to 10 355 000 people, an increase of 5% compared with 1991. With a negative natural growth rate, a life expectancy of nearly 80 years, an infant mortality rate of less than 5‰, an average of 1.3 children per mother, living in families whose average size is 2.9 members, the confirmed growth rate (5%) is due to the positive migratory balance. From the beginning of the nineteen nineties, but more particularly from 1995, Portugal has received more and more immigrants from Brazil, Ukraine, Moldova, Romania and Russia, and other countries (CRAVIDÃO, 2003).

Also in common with the European Union it is not ageing in general that has become prominent, but the emergence of the 85 and over group,

which poses new questions in the areas of social security, health care, support for the aged, and in the quality of life of the health care providers...

In this brief look at Portuguese demographic trends it is manifest that during the last century, between the end of the 1920s and the '90s, survival rates doubled; in the last 50 years the number of people over 60 rose from 9.5% of the total to 19%, whereas the numbers of "very elderly" grew by 23%.

On the other hand, in 2001, in the over 60 segment of the population, around 25% had had absolutely no education and 30% of the people working in agriculture were over 65 years old. In a recent study (NOBRE, PORTELA and BAPTISTA, 2002) the elderly residents in a rural environment in Trás-os-Montes had an average age of 75, 60% had no schooling and 70% were living alone or with their spouse, a situation which largely mirrors the rural Portuguese world.

Although some writers have reported that social exclusion is rife among the young unemployed (see A. ALVARENGA, 2001, p. 79), a situation that is evident in Portugal, the analysis of some social indicators nonetheless reveals that it is the oldest people who are the most excluded.

Around 50% of those in the elderly category live in buildings constructed before 1946, 15.1% live without mains water, 18.3% without sanitation facilities. The geographical distribution of figures on ageing and dwelling areas shows that in Portugal the tables showing demographic ageing and those showing the age of houses can almost be superimposed on one another, which may indicate the lack of comfortable living conditions for those people who are in the twilight of their lives. If there are any exceptions they largely relate to new properties built by returning emigrant workers, who live out of Portugal for a part of the year. These emigrants have played a significant part in the revitalisation and recovery of Portugal's stock of housing.

3. The challenges to be faced

The rapid ageing that the so-called developed countries are witnessing is setting new challenges for our institutions and society. The sustainability

of the present pensions system is perhaps the most pertinent concern (see A.ALVARENGA, 2002). In these circumstances, the decline in the active population may also result in fewer job opportunities, given that more pressure will be placed on employers in terms of the contribution system.

Among European Union countries the situation of Portugal is one of particular concern. Because it has grown old rapidly. Because this phenomenon has made only a belated entry into the concerns of the government and citizens. Because, as one of the peripheral countries of the European Union with serious structural problems to resolve, where education and health are those that most directly affect this age group, its ability to find an answer to the phenomenon of ageing in general, and of superaging in particular, is greatly diminished, or much harder.

4. The over 85s in Portugal: evolution and geography

4.1 A demographic question – a social problem

The recent projections published by the National Institute of Statistics (Instituto Nacional de Estatística) reveal that demographic trends in Portugal will continue to be marked by the scenarios that have started to become evident in recent years.

Taking two scenarios into consideration – the first one of ageing, the second one including a certain amount of rejuvenation¹, the population of Portugal in 2005 will comprise, under the first hypothesis, 7 467 000 inhabitants, among which there will be 365 elderly people for every 100 young people^{**2}; in the second scenario the total population will be 10 027 000, practically the same figure as in 2001. In this case the ratio of elderly persons to young persons is estimated to be 190 to 100. It is our conviction

¹ This scenario envisages an increase in fertility, and increasing migratory balances.

² Note that these figures were actually recorded in 2001 for some municipalities in the interior of the country.

that the evolution of the population of Portugal will be closer to the first scenario, which is of ageing. This assertion is backed up by the evolution of certain demographic indicators, among which are the ageing rate figures, which in many regions of the country have long surpassed the highest anticipated figures. In the interior of Portugal at the end of the 20th century there were municipalities where the number of elderly per 100 young people was more than 400.

That being the case, and taking the 2001 census as a basis, the active population will continue to diminish, falling to approximately 4 057 000 in 2050, that is, 2 million fewer workers. Moreover it must be stressed that even by 2025, 15 years from now, the active population in Portugal will have decreased by one million workers.

Although this report is concerned above all with the very elderly, the whole development of the pyramid is cause for concern and, apart from this, is very similar to the behaviour observed in countries in the euro zone (see A. ALVARENGA, 2003).

Of the 15 countries of the European Union in 2000, Sweden was the country with the highest percentage of very elderly (4.9%), followed by United Kingdom (4.0%) and Denmark (3.9%). The European average was close to 2% (1.7%).

As mentioned earlier, the most recent projections indicate a considerable rise in the very elderly age group (Table 1):

Table 1 - Population over the age of 85 in Portugal (1981-2005)³

1981_____	54 684
1991_____	87 481
2001_____	146 005
2010_____	180 199
2020_____	232 009
2050_____	421 038

Source: *Censos da População, 1981, 1991 and 2001*, INE, Lisbon
. Projecções de População Residente, 2000-2050, INE, Lisbon, 2003

³ The figures relating to 2010, 2020 and 2050 are projections.

According to the latest census (2001) the total population over the age of 85 was 146 005. In one scenario, without taking major changes in fertility into consideration, and with a positive migratory balance and a life expectancy of nearly 80 years, in 2010 - that is, in less than 15 years - this figure will grow by 23%. The figures projected for 2020 represent a 60% increase compared with the beginning of the 21st century, and by 2050 superageing will have increased by practically 200% (190%).

In addition to it being only very recently that this age group has started to concern all levels of authority involved in running the country, it is also a fact that only from 1991 have the population censuses made a distinction between groups of people over 75⁴.

The rise will have an overwhelming effect on the Social Security System, since in 2000 pensions represented 12.9% of GDP and in 2020 will represent 15.5%. Society will be faced with a substantial increase the amount of consumption, above all in services directly or indirectly linked to health. Of particular importance is the rise in costs related to invalidity, and in the case of dependent persons the role played by civil society will continue to increase, as will that played by the community to which the oldest members of society belong. The establishment of a permanent human resource of people specifically trained to work with this section of society is necessary, as is an increase and improvement in the health care provision system.

4.2 The very old and social exclusion

These are just some of the facts of a general nature, but the situation of the very elderly is no less worrying, for the reason that in Portugal they form a particularly excluded group. If there is no significant change in current scenarios, this group is principally to be found in the interior region where the services offered are not only fewer but less differentiated.

⁴ It is worth noting that the 1911 census, the first after the Implantation of the Republic in Portugal, did share this concern, though for somewhat different reasons.

Coming from a generation which did not enjoy universal education, a significant segment of this population did not have any formal education at all. During their active years the women were mostly housewives, while the men worked in agriculture or industry, almost always with no or few qualifications. Because of this they receive very low pensions today, placing them below the poverty line.

In 2000, almost 10% of the population, 900 000 elderly Portuguese people, or 80.5% of the total number of individuals covered by the general pension system, received a pension of less than 300 euros. And it should be pointed out that 44.0% (494 818) had a pension of less than 170 euros. The situation is particularly serious in that many of the elderly are stigmatised because of their age. As a result, the family and the community fulfil an essential function whether by integrating or reintegrating them into society, or by offering them the quality of life to which they have a right.

Recent research coordinated by us (see VERISSIMO, 2001 and M.SILVA, 2004) demonstrates on one hand the need to work ever harder towards achieving a sustainable Social Security system and, on the other hand, the need to consolidate an increasingly significant role for the family and community.

In a study whose geographical area of research was the district of Coimbra, and where an effort was made to evaluate the health care needs and the impact on the quality of life of carers, it was concluded that 70.7% of those questioned were illiterate or had not completed basic primary school; for 97.6% their old age pension was their sole source of income, and 70.7% received less than 250 euros per month; the cost of medicaments and health related materials swallowed up 82.2% of their budget.

4.3 The elderly and the health system – one of the mirrors of exclusion

In the last 20 years Portugal has been approaching the level of the European Union in various areas. The ratio of the number of doctors per 1000 inhabitants is one example. In 2001 there were 3.2 doctors for every 1000 people in Portugal, but there was a clear disparity in regional

distribution. The Coastal region had the highest figures, in some cases reaching 9.4 per 1000. The Interior (inland region), where the average age is higher, not because there is a higher life expectancy but because facts such as emigration, reduced fertility rates and the movement of young people to urban areas increase the average, has a considerably lower ratio. Just to give some examples: in the central region of Portugal there are clusters of municipalities where the number of doctors per 1000 inhabitants is less than 1 (0.7), for example in Pinhal Interior Norte and Pinhal Interior Sul, and there are numerous municipalities with figures of less than 2 per 1000. In the Alentejo, the region of Portugal with the highest percentage of elderly, the average figure in 2001 was 1.67 per 1000 inhabitants.

As already described, the ageing that has been being registered has been particularly marked in the very elderly age group, and this is being expressed in a considerable rise in the demand for healthcare. Healthcare provision thus needs to be properly channelled, since we are dealing with a group with distinctive characteristics. In this context the rises that have occurred in the demand for certain health services are not surprising. Between 2000 and 2001, outpatient appointments at hospitals rose by 8%; and there was a 13% increase in complementary diagnostic tests. The areas of the country with the highest ageing factor exceeded the national average of home visits. In Portugal as a whole there are 2.7 domiciliary visits per inhabitant, in the Central Region the figure is 3.0 and in the Alentejo it is 3.2.

Analysis of mortality by age groups reveals a marked rise in the numbers of very elderly. Knowing that regional imbalances exist, economically, socially and in the provision and accessibility of healthcare, it is of little surprise that there is also a marked difference in the death statistics.

In 1970 the percentage of people dying at the age of 65 and over was 60%, in 1990 75%, in 2001 79%, of whom almost 61% were aged between 75 and 89 and 33.2% of the deaths were of people aged 85 or over.

For the 0 to 15-year old group, meanwhile, the percentage of total deaths in 1970 was 15%, in 1990 it was 2% and in 2001, the figure was 1%.

Just as the so-called developed countries have observed, the leading cause of death in Portugal is cardiovascular accident (39%). We know that cardiovascular disease causes a high degree of dependency and that it is linked to longer

life expectancy. In the case of Portugal, therefore, with its confirmed regional imbalances, low incomes and low levels of education, this means the elderly, and especially the very old, the very poorest, the most excluded.

4.4 The elderly and the community

If we analyse the environment of the carer we can see that in 36.5% of cases it is the spouse and in 44.4% of cases it is the son or daughter. The levels of education, although slightly different, continue to reveal a low level of schooling, 41.3% have completed primary education, 27% did not complete primary education and 9.5% are illiterate. Given that this world includes a younger generation it is not surprising that there is an improvement in the levels of education. But in any case, the majority of the oldest people are still cared for by people with poor education, which is reflected in the quality of the care given, and therefore in the quality of life.

In a recent investigation carried out in the Central Region (C. VERISSIMO, 2001), it was confirmed that in the environment which was analysed, persons aged 75 or over, females predominate and more than 80% are illiterate. Care is normally given by family members whose average age is 60 (60.3). Being a carer proved to be prejudicial to the vocational development of those people still actively working, leading to quarrels over family organisation and the distribution of free time. Tensions that frequently arise can lead to conflict (VALENTE ROSA, 1993).

5. To sum up

Almost 15 years after having written that “the consequences of the demographic ageing of the population of Portugal will be felt in various ways, such as in a fall in the school age population, a higher number of dependent people, a slackening in the rate of demographic growth, higher social costs, the need to create a larger number of support structures for the elderly, higher prices - particularly in healthcare, and the political

importance of the elderly as a group of electors...” (CRAVIDÃO and MATOS, 1990) we still believe that our statement remains very true today. We are convinced that during this period of time the very old have grown in numbers, and today they constitute the largest group of people excluded from Portuguese society.

“The elderly have the right to economic security and living and social conditions, in the family and community, which respect their personal freedom and avoid and overcome isolation or social marginalisation” (Constitution of the Republic of Portugal, Article 72).

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