

AGING

TRENDS

GUATEMALA

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Guatemala is the second most populous Central American nation, with an estimated 8.9 million inhabitants in 1989. The country presently has a young age structure, with 45 percent of the population under 15 years of age (figure 1). Infant mortality has been significantly reduced in recent decades, and the total fertility rate, though declining, is still over 5 children per woman.

Guatemala's population, however, is slowly aging. Declining fertility is reducing the growth of the very young population. Concurrently, improvements in mortality at older ages are accelerating the growth of the older population. As a result, older age groups are gaining proportionately greater weight in the overall age structure.

Compared with the population as a whole, the older age components will grow quite rapidly in the coming decades. While the total population is projected to increase 2.2 percent per year during the next 16 years, the 65 to 74 age group will grow 40 percent faster, and the 75-and-over age group, 70 percent faster (table 1).

In 1989, 7.4 percent of all Guatemalans (650,000 persons) are at least 55 years old, somewhat less than the aggregate Middle American percentage (table 2). By 2020, this proportion will exceed 11 percent, representing 1.8 million people. The cohorts of the oldest old also will assume greater relative importance. The number of persons aged 75 years and older is projected to more than triple between 1989 and 2020.

Figure 1.
Percent Distribution of Population, by Age and Sex:
1989 and 2020

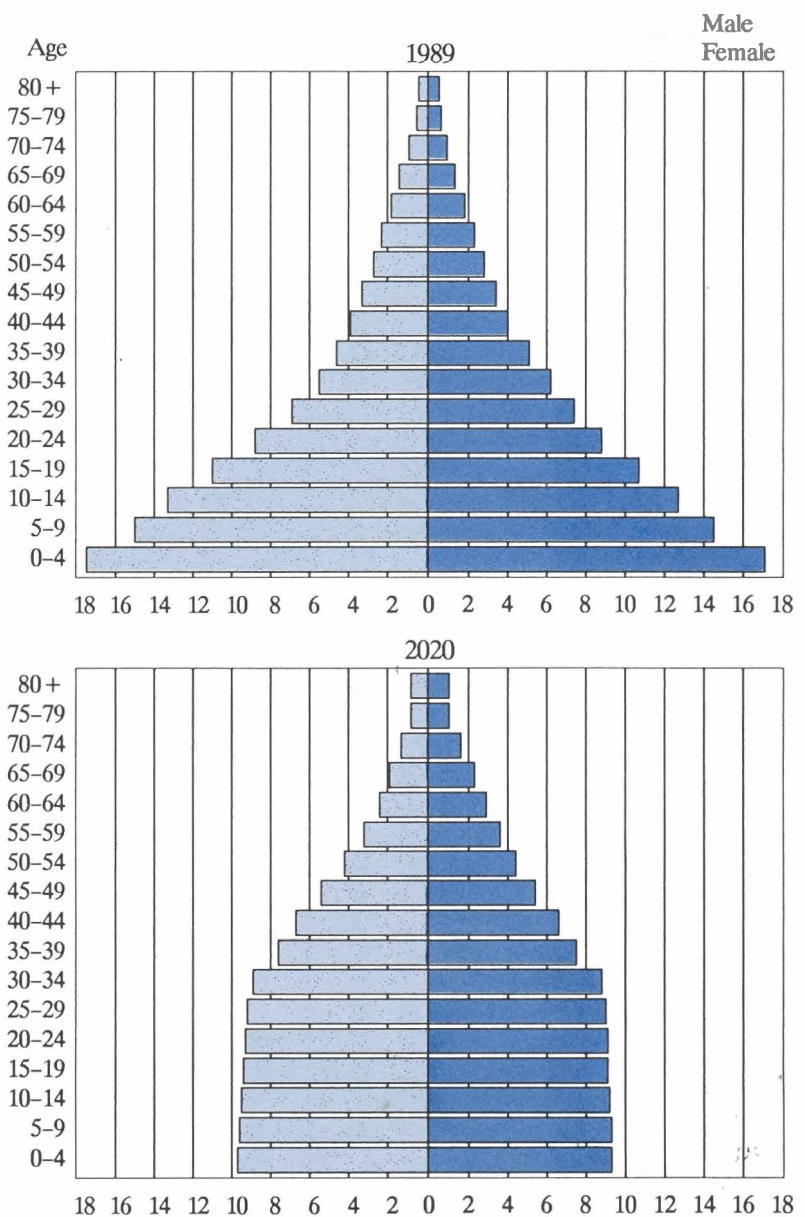


Table 1.
Average Annual Percent Growth of Older Population:
1989 to 2005 and 2005 to 2025

Country	Period	55 to 64 years	65 to 74 years	75 years and over
Guatemala	1989–2005	2.8	3.1	3.7
	2005–2020	3.5	3.4	3.7
Belize	1989–2005	2.5	2.6	2.9
	2005–2020	6.3	4.0	3.0
Haiti	1989–2005	1.8	2.2	2.5
	2005–2020	3.5	2.6	2.7
Honduras	1989–2005	3.7	3.7	4.7
	2005–2020	4.5	4.4	4.4

Table 2.
Percentage of Population in Older Age Groups: 1989 to 2020

Region or country	Year	55 and over	65 and over	75 and over
Middle America	1989	8.1	3.9	1.5
	2005	10.3	5.1	1.9
	2020	15.0	7.1	2.7
Guatemala	1989	7.4	3.3	1.0
	2005	8.5	4.0	1.3
	2020	11.4	5.3	1.8
Belize	1989	7.3	3.5	1.2
	2005	6.9	3.4	1.2
	2020	11.2	4.4	1.4
Honduras	1989	6.4	2.8	.8
	2005	7.9	3.5	1.1
	2020	11.7	5.2	1.7

SUPPORT RATIO

The elderly support ratio (number of persons aged 65 and over per 100 population aged 20 to 64) tracks the size of the elderly age group relative to the working-age population. An increasing ratio indicates greater potential economic dependency of the elderly and signals a society's need to plan for appropriate services.

In developing countries, the elderly support ratio tends to increase slowly in the earlier periods of the demographic transition as large birth cohorts enter the working age population (i.e., the ratio denominator). However, as these cohorts reach old age, and the number of annual entrants to the labor force declines (the result of declines in fertility), the elderly support ratio may increase substantially.

The Guatemalan population currently has an elderly support ratio of

8.1. This is projected to increase very slowly over the next three decades, reaching 9.3 by the year 2020 (figure 2). During the same period, Guatemala's youth support ratio (persons under age 20 per 100 population aged 20 to 64) is expected to fall dramatically, from 137 in 1989 to 66 in 2020.

Beyond 2020, Guatemala can expect a rapidly increasing elderly support ratio. The trend after 2020 for Guatemala will resemble the trend for Costa Rica during the period 1989–2020. Costa Rica, which had major mortality and fertility declines well in advance of Guatemala, will experience a significant increase in its elderly support ratio, from 9 in 1989 to 15 by 2020. By way of comparison, Uruguay and many Euro-

pean countries now have ratios between 20 and 30.

EDUCATIONAL ATTAINMENT

Educational attainment contributes to the well-being of the elderly. Formal education enhances economic prospects and permits young adults to prepare for their old age. In most societies, the average educational attainment of the elderly is considerably lower than that of the younger population. This is particularly true in developing countries.

Guatemala's elderly have had very limited educational opportunities. Among persons 65 years and older in 1981, only 3 percent of men and 2 percent of women had completed schooling at the secondary level. Even these low percentages represented an improvement since 1973, when the figures were around 1 percent for each gender.

The educational level of the elderly will continue to improve as the population ages. Guatemalans aged 25 to 44 are better educated than the current elderly. In 1981, more than 7 percent of men and 5 percent of women in this age range had completed their high school education (table 3).

Figure 2.
Elderly Support Ratios: 1989 to 2020

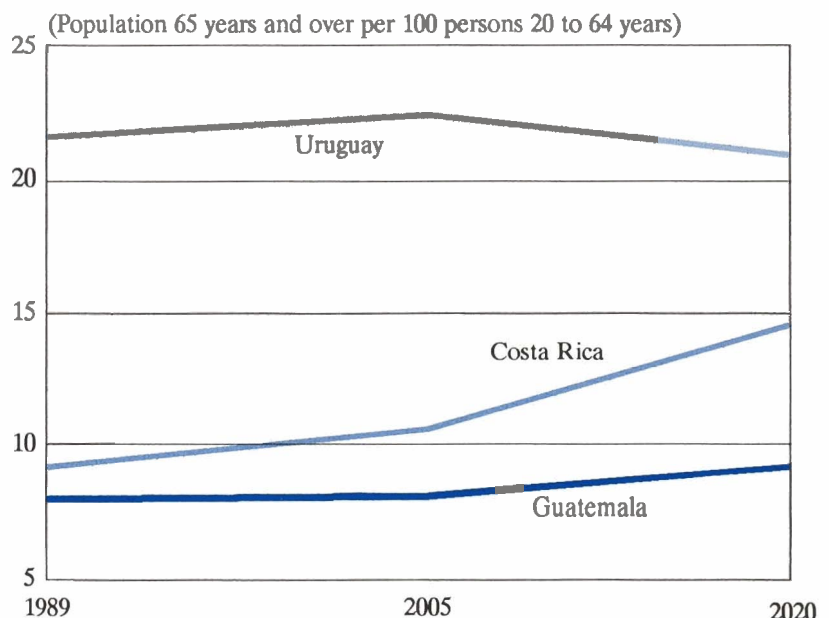


Table 3.

Percentage of Population Having Completed Secondary Education: 1973 and 1981

	25 to 44 years	45 to 54 years	55 to 64 years	65 years and over
1973				
Males	3.0	2.1	1.8	1.5
Females	1.5	1.1	.9	.6
1981				
Males	7.2	4.1	2.9	2.9
Females	5.4	3.1	2.3	2.3

LABOR FORCE PARTICIPATION

The labor force participation of Guatemalans follows a pattern common to many developing countries. More than 95 percent of adult men between the ages of 25 and 54 work. For the cohorts aged 55 and over, the proportion of men working declines with age (figure 3). Nevertheless, two-thirds of all men aged 65 and over were economically active in 1981.

Formal female labor force participation rates are much lower than those of men. Only 15 percent of women aged 25 to 44 were reported to be working at the time of the 1981 census, and the rate for women aged 65 and over was less than 7 percent. These levels, low even by developing country standards (elderly women in neighboring Mexico are three times more likely to report economic activity), are suggestive of the difficulty that women face in accumulating assets for old age.

As economic development and urbanization increase, individuals tend to quit working at an earlier age. There is some indication that such a trend is under way in Guatemala. Among men aged 65 and over in 1973, 70 percent worked; by 1981, the level had fallen slightly, to 67 percent. This decline is likely to continue as other means of income (retirement benefits, savings, etc.) become increasingly available.

Elderly workers in Guatemala are primarily agrarian. The latest two population censuses show that this situation has persisted through the 1970's and into the 1980's. In 1981, nearly two-thirds of the 68,000 elderly workers were engaged in agriculture (figure 4). The second most

dustrial sector in the cities, and the fact that elderly workers in rural areas tend to continue working longer than their urban counterparts.

LIFE EXPECTANCY AND MORTALITY

As social conditions improve in a country, the life expectancy of the population increases. Guatemala's level of life expectancy is low, compared with many Latin American countries, but relatively large improvements for the country are expected. Life expectancy at birth is presently around 62 years, and is projected to increase to nearly 69 years by 2005 (table 4). In Guatemala, as elsewhere, women generally live longer than men. While men live 60 years on average, women

common occupation among the elderly is production (manufacturing). Labor force members aged 25 to 44 also are concentrated in agriculture, although less so than elderly workers; younger workers have a 25 percent higher concentration in production jobs than do the elderly. These differences reflect the rise of the in-

Figure 3.

Formal Labor Force Participation Rates: 1973 and 1981

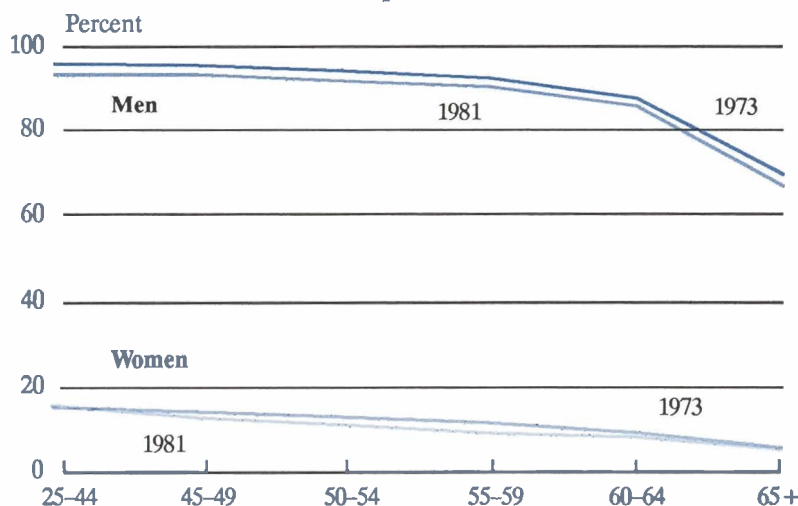
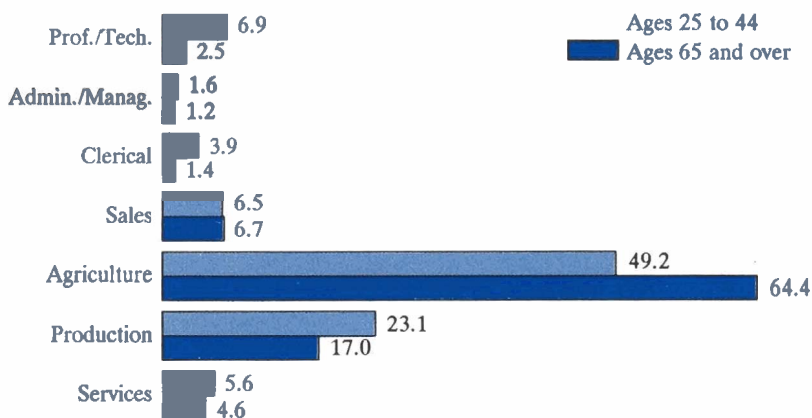


Figure 4.

Distribution of Workers by Occupational Category: 1981



average nearly 65 years of life (figure 5).

The leading causes of death among the aged of Guatemala are influenza and pneumonia, intestinal infections, and nutritional deficiencies (PAHO, 1986, Vol. I). The pattern of mortality in Guatemala is typical of less developed countries where infectious and parasitic diseases have not yet been widely and uniformly controlled.

Table 4.
Estimated and Projected Life Expectancy at Birth: 1989 to 2020

Country	1989	2005	2020
Guatemala	62.3	68.7	73.3
Honduras	65.0	71.9	76.2
Mexico	71.3	76.8	79.6
Costa Rica	76.1	79.7	81.2

Pertinent to the efficient use of limited public health resources is the recognition of high risk factors with respect to mortality. For example, mortality among the Mayan Indian population is estimated to be 50 percent higher than that of the mestizo population. Also, mortality is estimated to be a third higher in rural areas than in urban areas (PAHO, 1986, Vol. II). Programs to reduce mortality where the levels are most troublesome will undoubtedly have the greatest impact on overall levels of life expectancy in the country.

WIDOWHOOD

The divergent mortality rates of older men and women affect the marital status and often the living arrangements of the elderly. Among the population 65 years and over in 1981, 52 percent of women versus 19 percent of men were widowed (figure 6). The number of widows aged 65 and over in Guatemala increased by 30 percent (to 49,000) during the period 1973-81, while the number of widowers in the same age group grew only 16 percent (to 17,000). Since the ratio of women to men among the elderly is projected to increase in the future (U.S. Bureau of the Census, 1987), Guatemala is likely to experience rapidly growing numbers of elderly widows.

Figure 5.
Life Expectancy at Birth: 1989

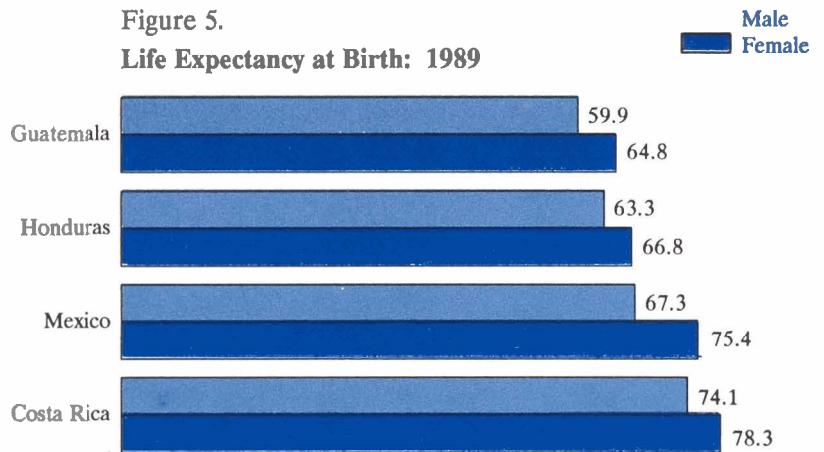
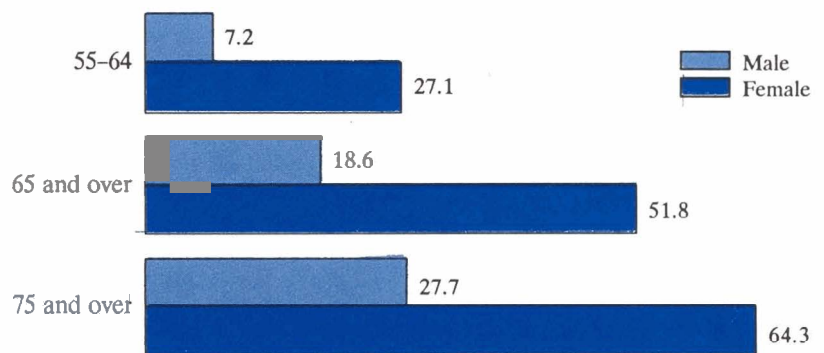


Figure 6.
Percent of Older Population Widowed, by Age: 1981



The prevalence of the extended family in many developing societies means that the family has been and remains primarily responsible for the care of the elderly. As the processes of modernization begin to change traditional familial support systems, Guatemala will need to be concerned about the well-being of older persons in vulnerable conditions such as widowhood and solitary living arrangements.

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