

BIBLIOGRAPHIC REVIEW

Population aging and care for the elderly: some sociodemographic considerations in the Cuban context

Envejecimiento poblacional y cuidado a personas mayores: algunas consideraciones sociodemográficas del contexto cubano

Envelhecimento populacional e cuidado ao idoso: algumas considerações sociodemográficas no contexto cubano

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Received: 27-12-2024 Accepted: 16-05-2025 Published: 30-05-2025

ABSTRACT

Introduction: Cuba is experiencing an accelerated process of population aging, impacting social security, the healthcare system, and the social organization of care as an important issue in policy. As it is increasingly positioned in the academic context, the decisive role of the State in establishing dialogues between decision-makers and beneficiaries of public policies is recognized.

Objective: to analyze some characteristics of population aging and its relationship with the challenges of care for the elderly, with an emphasis on the State's role. **Method:** articles from the Google Scholar and SciELO databases were reviewed. References were systematized through a critical analysis of the authors consulted on aging and care, mostly published in the last five years, and individual assessments were made on the topic. **Results:** population aging in Cuba presents distinctive characteristics. Care for older adults represents

a considerable challenge in a context of low birth/fertility rates, rising mortality, and negative migration, where the increase in dependent older adults is very noticeable. Joint responsibility between the State, family, market, and community is required to respond to the growing demand for care. **Conclusions:** population aging is closely linked to care for older adults and represents challenges for the implementation of the National System for Comprehensive Life Care. The goal is to overcome sectoralization, welfare-based approaches, defragmentation, familiarization, and defeminization of care.

Keywords: population aging; care; older adults; social actors; public policies



RESUMEN

Introducción: Cuba experimenta un acelerado proceso de envejecimiento poblacional con impacto en la seguridad social, el sistema de salud y la organización social de los cuidados como un tema de importancia en la política. Al quedar posicionado cada vez más en el contexto académico, se reconoce el decisivo papel del Estado para establecer diálogos entre decisores y beneficiarios de políticas públicas. **Objetivo:** analizar algunas características del envejecimiento poblacional y su relación con los desafíos de los cuidados a personas mayores con énfasis en el rol estatal. **Método:** fueron revisados artículos procedentes de las bases de datos Google Académico y SciELO. Se sistematizaron los referentes por medio de un análisis crítico de los autores consultados sobre envejecimiento y cuidados, mayoritariamente publicados en los últimos cinco años, se asumieron valoraciones propias en torno al tema. **Resultados:** el envejecimiento poblacional en Cuba presenta características que lo distinguen. Los cuidados a las personas mayores representan un desafío considerable en un contexto de baja natalidad/fecundidad, incremento de la mortalidad y saldo migratorio negativo, donde es muy notorio el incremento de los mayores dependientes y se requiere de la corresponsabilidad entre Estado, familia, mercado y comunidad, para dar respuestas a la creciente demanda de cuidados. **Conclusiones:** el envejecimiento poblacional guarda nexo con los cuidados a personas mayores y representa desafíos para la implementación del Sistema Nacional para el Cuidado Integral de la Vida. Se considera superar el sectorialismo, el asistencialismo, desfragmentación, familiarización y desfeminización de los cuidados.

Palabras clave: envejecimiento poblacional; cuidados; personas adultas mayores; actores sociales; políticas públicas

RESUMO

Introdução: Cuba vive um processo acelerado de envelhecimento populacional, impactando a seguridade social, o sistema de saúde e a organização social do cuidado como uma questão política importante. À medida que ganha cada vez mais espaço no contexto acadêmico, reconhece-se o papel crucial do Estado no estabelecimento do diálogo entre tomadores de decisão e beneficiários das políticas públicas. **Objetivo:** analisar algumas características do envelhecimento populacional e sua relação com os desafios do cuidado ao idoso, com ênfase no papel do Estado. **Método:** foram revisados artigos das bases de dados Google Acadêmico e SciELO. As referências foram sistematizadas por meio de análise crítica dos autores consultados sobre envelhecimento e cuidado, publicados majoritariamente nos últimos cinco anos, e realizadas avaliações individuais sobre o tema. **Resultados:** o envelhecimento populacional em Cuba apresenta características próprias. O cuidado com os idosos representa um desafio considerável em um contexto de baixas taxas de natalidade/fertilidade, aumento da mortalidade e migração negativa, onde o aumento de idosos dependentes é significativo. É necessária uma responsabilidade conjunta entre Estado, família, mercado e comunidade para responder à crescente demanda por cuidados. **Conclusões:** o envelhecimento populacional está vinculado ao cuidado ao idoso e representa desafios para a implementação do Sistema Nacional de Atenção Integral à Vida. Considera-se necessário superar o setorialismo, a abordagem assistencialista, a desfragmentação, a familiarização e a desfeminização do cuidado.

Palavras-chave: envelhecimento populacional; cuidado; idosos; atores sociais; políticas públicas

How to cite this article:

Zabala Quiñones G. Population aging and care for the elderly: some sociodemographic considerations in the Cuban context. Rev Inf Cient [Internet]. 2025 [cited Access date]; 104:e4916. Available at: <https://revinformatica.sld.cu/index.php/ric/article/view/4916>



INTRODUCTION

Population aging is the result of the combination of different demographic variables, the decrease in mortality rates and the increase in life expectancy. This phenomenon is understood as the progressive increase of people over 60 years of age in relation to the total population. From the demographic perspective, it is explained as a change in the age structure of the population; likewise, it is interpreted as the inversion of the age pyramid where the increase of the elderly is accentuated and a decrease in the proportion of children and young people between 0 and 14 years of age.

This social and demographic phenomenon has become one of the most important contemporary social challenges due to its impact on the socioeconomic structure of regions and countries, by causing greater expenses to social protection systems and by the great needs generated from the biomedical point of view.⁽¹⁾

Cuba is among the countries with the highest longevity in the world and the oldest in the Latin American region. If developed regions are compared, the sociodemographic phenomenon in Latin America and the Caribbean has been more rapid in time; Cuba, Barbados and Uruguay are the most aged nations, with percentages of the population aged 60 years or more of 10% and the proportion of 75 years or more, between 6% and 7%.⁽²⁾

The Cuban case is an expression of a significant social achievement as an underdeveloped nation supported by an inclusive social project that allows exhibiting social indicators comparable to those of developed nations, based on a set of actions emanating from public policies that have allowed guaranteeing the pillars of welfare. Among them, health, education, employment, social security and life care.⁽³⁾ The latter is among the most important challenges if we take into account its structuring in view of the growing demand, including those of long duration in the medium and long term.⁽⁴⁾

All of the above takes place in a heterogeneous socioeconomic context, in which progress can be glimpsed, but also setbacks, crises and stagnation, aggravated by deficiencies in the traditional model of welfare provision. It is here where public policy contributes with dynamic proposals to face the challenges of sufficiency in access to greater equity and social justice. In this sense, Ramos and Yordi state the following: "Care is currently positioning itself as a relevant issue on the public agenda, especially after the Covid-19 pandemic, which took it out of the private, family and domestic world to catapult it as a political issue and a right for all. However, there is still an unfair distribution of care, being the family and especially women who assume it".⁽⁵⁾

The National Office of Statistics and Information (ONEI) of the Republic of Cuba⁽⁶⁾ reveals that the phenomenon has an impact on different structures of society, including: economy, family, services, replacement of human capital, social security and higher medical/epidemiological care costs.



At the same time, territorial differences between urban and rural areas, localities, skin color, socioeconomic strata, mediated by the production and reproduction of inequalities in access to opportunities and gender inequality in the provision of care with repercussions on their personal trajectories, are nuanced.⁽⁷⁾ Thus, the unequal and unfair distribution of care work, as well as the sexual division of labor, assign different roles to women and men.

The aforementioned will be addressed in the development of this work, based on the plurality that characterizes Cuban society. The objective of the work presented is to analyze some of the characteristics of population aging and its relationship with care for the elderly, with emphasis on the role of the state in the Cuban context.

DEVELOPMENT

Since 1978, four decades ago, Cuba has not achieved a fertility rate that exceeds the generational replacement of its population and the percentage of people under 15 years of age has increased. Simultaneously, the decrease in mortality contributed to the increase in life expectancy, factors that have determined the increase in the proportion of people over 60 years of age more rapidly than any other age group⁽⁶⁾. Demographic data warn of a prolonged trend in the coming years, as a result of sustained external emigration, a decrease in birth rate and an increase in mortality.

According to ONEI⁽⁶⁾ data, the country's population continues to age, with an aging rate of 24.4% by the end of 2023. This figure makes its population the oldest in the Latin American region, and it is estimated that by 2030 this proportion will exceed 30%, and by 2050 it will be 33.2%.

On the other hand, the calculation of the effective population expresses the profound change in its demographic structure, for every thousand inhabitants aged 0 to 14 years; there are 1,511 people aged 60 years or older. Since 2019, a natural decrease in the population has been reported, as more people die than are born. The migratory tendency towards the exterior is maintained; it is estimated that there are more than 3 million Cubans accumulated abroad; of them 1 million 500 thousand have residence in the country, of which 1 million 100 thousand have effective residence.⁽⁶⁾

The process of demographic aging is irreversible, and it is expected that between 2030 and 2048 the population aged 60 years and over will exceed 30%, and by 2050 it will reach more than one third⁽⁷⁾. The increase of this age group in the Cuban population has an impact on the dependency relationships between the different age groups, which translates into the population in active and non-active ages. This has a direct impact on indicators of social security and social assistance in terms of pensions and retirement, elderly beneficiaries of social assistance; assumed from the responsibility of the Cuban State.

Another notable impact of this process is expressed in the overload on the health care system if we take into account that, as age increases, the risk of chronic health problems and the appearance of others increases, there is a greater demand for the consumption of drugs⁽¹⁾ and the number of dependent persons increases as an inherent condition of the human aging process.



In this regard, the prevalence of diseases in the elderly is evidenced by arterial hypertension, diabetes mellitus, bronchial asthma, cerebrovascular disease and chronic renal insufficiency. The first three causes of death are due to heart disease (ischemic, hypertensive, heart failure). This is followed by cerebrovascular diseases and then by accidental falls, with a higher incidence in the male sex.⁽⁸⁾

Expenditures for monetary benefits charged to the social security budget are measurable by means of certain indicators. Among them: subsidies to retirees and pensioners (for age, total disability and death) in 2022 were 32 437.70 million Cuban pesos, and in 2023 they amounted to 36 932.76 million, to benefit 1 612 666 senior citizens in 2022, and 1 662 176 in the year 2023. Total expenditure by social security system was 38,604.9 million, of which 36,932.8 million was for old age, disability and death pensions. The number of beneficiaries was 1,753,772⁽⁹⁾.

The figure for social assistance expenses rises from 369 million in 2019 to 5 630 million in 2023, distributed among protected nuclei, the elderly, and the disabled, mothers of severely disabled children and beneficiaries of the home social worker service system. Among the main indicators, 56,254 older adults were beneficiaries in 2019; in 2023, they amounted to 114,518. The home social worker service shows a considerable variation in the published figures, although an increase in the number of beneficiaries (5,389, 7,864 and 18,722) from 2019 to 2021 is indicated; in 2022 and 2023 the figures (13,931 and 13,628) show a contraction compared to the previous year.⁽⁹⁾

The above data show how subordination to the economic dimension potentially limits the role of the State as a fundamental actor in the management of care and the impact on access to care for the elderly. At the same time, families face the consequences of the economic crisis and resort to different strategies, where the logic of their responsibility to guarantee the welfare of their long-lived members who require it has been modified.

On the other hand, the reforms implemented in the country to face the unfavorable economic situation, especially since the post-pandemic stage, have conditioned certain readjustments in the state budget. At the same time, tensions are generated in the social organization of care in the midst of transformations generated by population aging and changes in the age structure of families, related to the continuous migratory exodus and declines in birth and fertility rates. As a result, there is a disproportion between those who require care and those who can provide it; therefore the social system is facing a care crisis.

According to the partial results of the doctoral research in progress by the author of this article, related to the structure and interactions of care for the elderly in the municipality of Santiago de Cuba, it is noted that care is structured in a context where social inequalities are accentuated and intersect in relation to gender, economic income, skin color, disability, age and territory. These inequalities are unequally distributed between the family, the State, the market and the community as care providers, as well as between women and men in the redistribution of care work. In this way, the economic value of care work, its necessity and importance for the reproductivity and sustainability of life is made invisible.



Characteristics of population aging in Cuba⁽⁶⁾

The demographic variables with the greatest impact on population aging in Cuba are identified based on fertility/birth rate, mortality/morbidity (more deaths than births), external and internal migration (negative external migratory balance) and degree of aging (24.4%):

- The aging index, expressed by ratio of people over 60 years old with respect to that of 0-14 years old shows an increase.
- Changes in the age structure of the population and proportional decrease of people between 15-59 years considered potentially active.
- The demographic dependency ratio is also increasing and is expressed in the dependency of potentially inactive people (under 15 and over 60 years of age) in relation to the potentially active population, which comprises the 15-19 age group
- 17.4% of the elderly live alone⁽¹⁰⁾
- In urban and rural areas, the degree of aging shows an increase, but rural areas outnumber urban areas.
- The aging values are higher in the female sex in the urban area. In rural areas, it is higher in the male sex.
- The most aged provinces are Villa Clara and Havana. Guantánamo is the one with the lowest degree of aging.

Aging and care policies

The age structure of the Cuban population, although it is the result of socioeconomic development achieved as a demographic phenomenon, implies important challenges and challenges that mobilize public policies and, in particular, population policies; they have considerable significance and their design is based on the recognition of demographic dynamics and structure.

Public policies should be designed based on existing perceptions and representations at the political and scientific levels of society because science creates perceptions that are later reconfirmed. Thus, the analysis of conceptions about old age as a category should not be carried out outside the sociocultural context where discursive interpretations of common sense are structured, while at the same time formulating ways of understanding old age as a social problem.⁽¹¹⁾

Hence, the characteristics of the population according to urban and rural areas of residence, level of aging, life expectancy, better use of sociodemographic data on internal and external mobility should be considered in the planning of territorial development programs.

In the Cuban case, since 1959, public policies have recognized the population as the object and subject of development, and its age structure, but these have not been explicitly population policies, but have included health, education, social security, family care and other policies. It should be noted that these were times when indicators such as fertility tended to be low and did not mark the trend towards a high level of population aging; the replacement level was maintained until 1978 and, subsequently, a more critical stage began.



The care of the elderly is developed from political definitions led by the Ministry of Public Health, where the State assumes the protection of this population segment by having a prioritized program applicable to all levels of medical care. It provides geriatric and gerontological support to favor a better treatment of the aging population from the social dimension and intersectoral approach.⁽³⁾

Of singular importance is the planning of actions designed from the policy for a heterogeneous group, in order to guarantee active and healthy aging. The Cuban social system conceives the human being as the main objective and protagonist subject in the Conceptualization of the Economic and Social Model of Development until 2030, where the main characteristics of the social policy are exposed, highlighting the investment of financial resources for this purpose.⁽¹²⁾

The conceptualization of this model requires innumerable changes to successfully achieve the goals proposed for 2030; one of them has to do with decentralization processes of resources, functions and decisions that should lead to the gradual increase of the role of territories and localities in the social and economic life of the country; where the strong centralizing tradition, the verticalism not always justified, associated with sectorialism and the weakness of horizontal formulas of integration make the task difficult.⁽¹³⁾

Fundora Nevot⁽¹⁴⁾ argues that social policies aimed at addressing inequalities need to be designed from the local context by offering possibilities to move from a homogeneous and centralized policy model to one of critical universalism. The social actors that configure the management of care for the elderly from the territory should consider this. Therefore, it is one of the challenges and must be overcome without further delay to achieve, then, an effective implementation of the National System for the Integral Care of Life from the territorial approach.

In an interview granted to the author of this paper Dr. C. Antonio Aja Díaz, director of the Center for Demographic Studies (CEDEM) of the University of Havana, notes. "The country has designed policies to address the demographic situation and it is not until the second decade of this century that a population policy to address the demographic dynamics materializes explicitly, with three objectives: focused on fertility, aging and attention to labor resources. It's essential components are given in seeking and betting on possible births and approaching replacement".

Similarly, as part of the Policy for Attention to Demographic Dynamics, the National Demographic Observatory was approved in 2014; more recently, in 2020, they were approved in all provinces of the country. In 2022, the fourth objective is incorporated, where migration is explicitly analyzed, contemplated in the referred policy and where the importance of territorial mobility in the country is recognized.

Among the novelties of this update may be indicated the incorporation of the migration component, the incorporation of academia for policy advice from governmental action, where listening and the role of science are privileged. In this sense, the attention to aging from the articulation of actors, among them the Ministry of Public Health in accompaniment of the Center for Population and Development Studies (CEPDE), belonging to ONEI, stands out.



In the recently approved National System for Integral Life Care (Decree 109/2024) "care is defined as: the social function of assistance and support that is materialized through work, paid or unpaid, aimed at maximizing the autonomy and well-being of persons who, due to age, illness or disability, are in a situation of dependence and require assistance in carrying out the essential acts of daily life".⁽¹⁵⁾

The approved system responds to the questioning of the need to debate whether there really is a public policy of care, or whether we are in the presence of state programs that dialogue more or less informally and spontaneously with other actors involved in the care process.⁽¹⁶⁾

The regulation implies an important advance for the care of life from the perspective of public policies, with a focus on rights and the principle of universality. It recognizes gender inequalities in caregiving and places paid and unpaid caregivers at the center. On the other hand, it responds to the need to structure a care system as one of the challenges of the country's demographic dynamics, intertwined with other economic, social, political and environmental dimensions. On the other hand, it is a substantive change to address the crisis in the social organization of care, by moving from a sectorialized, dispersed and fragmented management to one that recognizes the multi-actor nature of care for the elderly, both in the private and state spheres.

It is the responsibility of the State to guarantee the right to care through material conditions necessary for this purpose, with emphasis on those in a situation of dependency. This can be contrasted by the results of the National Survey on Population Aging in 2017(10), where: 48 % of respondents answered that they would like to attend some grandparents' home; others considered it if conditions improve. On the other hand, 37 % of those over 50 years of age would not wish to attend this service, although the least interested turned out to be the very elderly, from which it is inferred their preference for the family space as a care setting.

The aforementioned results ratify the responsibility of the state as a guarantee of the right to care, even when the preference is as indicated above, families need the provision of support and assets for the well-being of their long-lived members. In this way, the imbalances in the social co-responsibility for care would be reversed, so that the State coordinates the participation of various social actors from the State and non-State sectors.⁽¹⁷⁾

It is important to highlight the urgent role of the state in regulating the private sector in the Cuban context, which has reacted incipiently, but notoriously and in accordance with the demands of dependent elderly people with access to care services. For this reason, ceilings should be established on the activities they perform, as well as regulations governing labor market relations with the non-state sector and obligations for the incentive of social initiatives, as well as cost control for the elderly in need of care.



The State is responsible for managing inequalities and promoting equity in the face of the undesirable effects of the market for families lacking assets for their access.^(18,19,20) Failure to foresee this puts at risk the access and sufficiency of care for a heterogeneous population group, and the very essence of the principles of universality and intersectorality explicitly stated in the norm. This does not mean underestimating the role of the latter in social co-responsibility, since to the same extent that participate it commits itself to the principles and approaches contained in the normative instrument, thus reducing inequity and social inequality gaps.

However, the recognition of the importance of care from the system to sustain life, promote the autonomy and well-being of those who require it and of the caregivers is invaluable. Unpaid care work and its social economic contribution are recognized, while generating new employment opportunities for all. These Aspects allow progress in equality, cultural transformation and elimination of the sexual division of labor. "It is for this reason that both gender inequality and socioeconomic inequality stand out as ethical dilemmas associated with the issue."⁽¹⁶⁾

Although Cuban women have achieved considerable progress in access to and equalization of opportunities for inclusion, participation and social integration through education, employment and social security, in addition to being the subject of sexual and reproductive rights, occupying responsibilities outside the family space, their role as caregivers in the family has been reinforced to the detriment of gender equality. However, the advantage of the family playing the role of caregiver is undoubted, as it enables greater emotional security and intimacy, while avoiding psychopathological problems of institutionalization.⁽²¹⁾ This is possible as long as the sexual division of labor is modified and care is distributed equally between men and women within families.

Consequently, women have resorted to certain care alternatives in the formal and informal market, while the State's participation is less. According to Albizu-Campos: "The social organization of care has tended to place the burden on women, whether as caregivers of children, relatives, the sick or the elderly, leading them to abandon economic activity at an early age, in addition to low wages, the absence of an adequate supply of jobs and the emigration of which they are the protagonists".⁽²²⁾

Care is considered a public matter requiring the participation of everyone. Families, the State, the market and community organizations interrelate in a changing way to produce care.^(23,24,25)

In the Cuban context, care for dependent elderly people is structured through the emergence of a new social organization where religious institutions, informal paid and unpaid caregivers, and the private sector are incorporated, in which gender inequalities are also reproduced. In this sense, other analyses are considered where it is noted that in the social imaginary it is sustained that the provision of care should be the responsibility of women and, consequently, care work should also be performed by women; this is due to the reproduction of stereotypes that give women greater capacity to provide it.⁽¹⁰⁾



Seen in this light, social policy towards this population group should be rethought in a context where the role of co-responsibility between family and State in care is invaluable; but the capacity of both is increasingly reduced fundamentally due to changes in the role of women in Cuban society and within the family group, as well as the incidence of the defragmentation in the composition of its structure, generated by various factors among which we can point out: the emigration of younger members, low fertility and birth rate.

Another element that connects with the aforementioned has to do with the intertwining of inequalities between men and women in the households, as women are at the center of the work of caring for elderly dependents. The evidence shows that whatever the strategy implemented by these households, the adjustment entails economic and psychological costs for women and girls, or puts at risk the effective possibility of receiving the care required by those who need it, or both.⁽²⁶⁾

On the other hand, the weakening of the state's management capacity in care services, the impact of the economic crisis, the measures taken to face it and its direct incidence on the lives of the elderly, generate disparities in pensions, which are increasingly far from being sufficient to meet basic needs such as: acquisition of medicines, food, accessibility to transportation and other essential services such as health.

It is important to highlight the role of governmental management, which should be aimed at facilitating spaces for social actors to meet in order to favor cooperative actions, thus guaranteeing greater effectiveness, quality and impact in the different contexts. Azcuy Aguilera states: "The challenge consists in unifying and integrating these sectoral policies and programs into cooperative actions that eliminate sectoralism; starting from the fact that the elderly, by tradition, have received sectorialized attention, and today they are a recurrent topic on the government agenda and require an integrating vision".⁽²⁷⁾

In this sense, there is an urgent need for actions adapted to the local conditions of each territory where training programs aimed at the social actors in charge of their management are taken into account, from an integrating dimension that incorporates elements based on socio-demographic data on this and other potential age groups.⁽¹⁰⁾

The analysis of the advances and challenges in the attention to aging and care in the country, presenting a very high aging indicator, proposes as objectives of the population policy. On the one hand, to maintain a balance in the age structures, especially in the younger ones, and on the other hand, in a way, it proposes the search for pro-natalist policies, was the opinion of Dr. C. Aja Díaz. In the opinion of the author of this article, the above-mentioned finds avenues of realization, supported by important political actions promoted in the current Cuban context:

- Conceptualization of the Economic and Social Development Model
- Policy to address Demographic Dynamics
- Code of the Families from the legal protection
- Protection and Social Security System



- National System for the Integral Care of Life, placing care at the center of the policy from a legal and gender perspective
- Biotechnological development for medical care for the elderly
- Science and innovation as a variable of socioeconomic development⁽²⁸⁾
- University-business link
- Demographic Observatory in all provinces
- Program for the Advancement of Women
- Policies that transversalize demographic dynamics

The inclusive vision of care in articulation with the demographic dynamics of the country makes it possible to direct actions to specific population groups and ensures the sustainability of society.

Based on the above, it can be affirmed that the context described above does not impact all sectors of the population in the same way; in the elderly in need of care, despite receiving social protection, it is not reflected in pensions, social benefits, or in the family economy in general to meet their basic needs, as it does not cover the demand and needs of all families.⁽²⁹⁾

Therefore, care should constitute a right, a citizen's duty and is a central node for human welfare and a necessary condition for the enjoyment of a dignified life, not for a few people, but for all.⁽²⁵⁾ On the other hand, care is vulnerable both for the actors involved and for the aging population, hence its relevance and need to raise awareness and transform the realities characterized by social, age and gender inequalities.⁽³⁰⁾

FINAL CONSIDERATIONS

Everything previously discussed about population aging in Cuba is linked to the challenges of care for the elderly, where state responsibility has a special relevance; among such challenges, the following are noted:

- a) Territorial implementation of the National System for Integral Life Care
- b) Breaking the scheme that population aging "must be faced, is a problem or must be reversed and recognize the population over 60 years old in the territorial development strategies", elements addressed by Dr. C. Aja Díaz in the interview
- c) To understand the elderly as social actors
- d) Overcoming traditional welfare and socially constructed stigmas
- e) Ethical challenge from the approaches of law, gender, territorial, in correspondence with the heterogeneity of the age group
- f) Overload for the health and social security systems, families and women within them⁽³¹⁾
- g) Training of human resources
- h) Strengthening state responsibility to counteract inequalities
- i) Developing infrastructure for end-of-life care, in urban and rural contexts
- j) Articulate social work from its different modes of action



- k) Greater interaction between the State, the family, the market and civil society to energize public policy
- l) Manage external financing to reduce pressure on the financial sustainability of care
- m) Promote social development
- n) Communicate, raise awareness, and train social actors.

THANKS

To Dr. C. Antonio Aja Díaz, director of the Center for Demographic Studies (CEDEM) of the University of Havana, for the interview granted to the author of the article, as part of the doctoral research in Sociological Sciences.

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Conflict of interest:

The author declares that there is no conflict of interest.

Financing:

No funding was received for the development of this article.

