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# Analysis of Senior Citizens' Participation in Social Organizations

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**Abstract:** The present study follows Chilean older persons' social participation in organizations. The methodology used corresponds to the data delivery period from the National Socioeconomic Characterization Survey (CASEN), where the samples used are 2003 ($n$ = 257,077), 2009 ($n$ = 246,924), 2011 ($n$ = 200,302), 2015 ($n$ = 266,968), and 2017 ($n$ = 216,439). The data were processed using SPSS statistical software (version 27.0) for a descriptive analysis of the data and variable crossing, along with a comparison based on presenting the data in maps via QGis geographical software (3.36.6 version). The main finding of the present study is that while social participation in organizations continues a cross-sectional downward trend across Chilean population age groups, there are still good indicators among elderly people, determining non-participation profiles for public policy implementation. Some determinants for participation in this age group above the rest of the population may be due to improved health conditions, more free time after retirement, and cultural determinants inciting active participation in society.

**Keywords:** older persons; social participation; social organizations; social activities; gerontology

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## 1. Introduction

This research seeks to understand the participation trends of the elderly in social organizations, for which we will work with the statistics provided by the CASEN Survey. For this purpose, a quantitative methodology of a descriptive nature will be used, through which we expect to observe participation and non-participation based on different variables provided by the survey. In this sense, this research is expected to be able to contribute to the generation of public policies that promote the participation of this important age group in Chilean society.

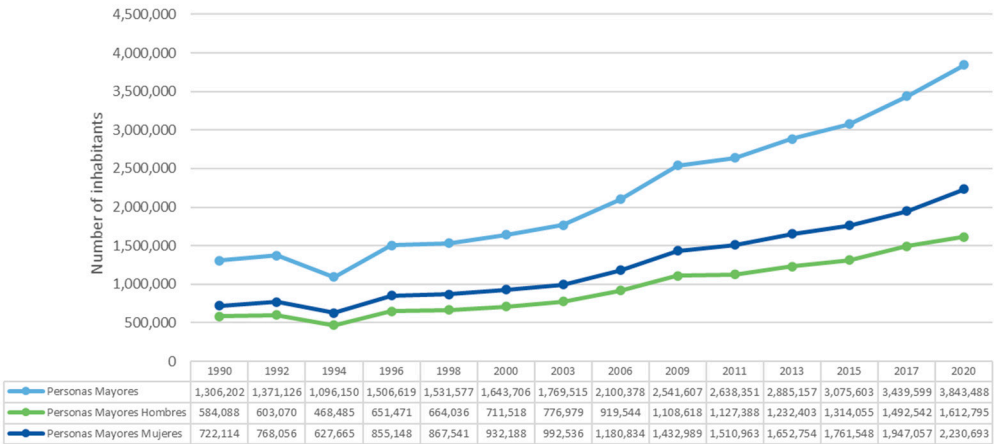
The variables used correspond to changes in participation from 2003 to 2017, types of organizations in which older adults participate, gender differences, urban/rural differences, income levels, sources of income, and type of health insurance. In this sense, the diversity of Chile's territorial units establishes the need to simplify the analysis in its comparison between the entire national territory, the metropolitan region, and the rest of the regions. Likewise, comparisons between territorial units are established between urban and rural, according to the availability of the CASEN Survey.

The growing discussion about how to approach aging as a life stage in the present day has led the World Health Organization (WHO) to establish the importance of this topic, given the growing process of life expectancy to rise to 60 years old or more (Organización

Mundial de la Salud 2023). By 2050, estimates indicate that around 2 billion people will be in this age group (Organización Mundial de la Salud 2023), making it relevant to develop environments for social ties and development, where this important part of the population can achieve fuller lives (Organización Mundial de la Salud 2023).

Within the context of Europe and first-world nations in general, there is a growing perspective that aging cannot be seen as a problem, but as the result of implementing health-care policies and social progress to extend lifespans (Dijkstra et al. 2015). The European Union (EU) has presented exceptional figures in this regard, since, by 2030, the population over 60 is expected to rise from 17.4% to 25.6%, while by 2060, this population is expected to rise further to 30% (Ingrand et al. 2018). The Asia-Pacific region has also seen rapid aging, since in 2016, around 12.4% of the population has been 60 or older. This percentage was projected to rise to 25% by 2050 (Kim 2018). In Latin America and the Caribbean, the population is rapidly aging, and the segment over 60 years old is expected to rise to 25% in a period of 35 years, half the time of that of Europe (United Nations 2017), which has generated concern about how countries can prepare themselves, given that 11% of senior citizens are already dependent on caregivers (Vera 2015).

The growing population of elderly people and societal graying are also common phenomena in Chile. According to the measurements of the National Socioeconomic Characterization Survey (CASEN) and the Pandemic CASEN in 2020, between 1990 and 2020, the country saw its population of senior citizens over 60 years old almost triple (rising by exactly 294.24%) and increased from 1,306,202 to 3,843,488 people residing all around the country. The only time this age group saw a demographic decrease was in the 1994 measurement, decreasing to 1,096,150 elderly people (Figure 1) (Ministerio de Desarrollo Social y Familia 2023). This situation of demographic graying is explained by the birth rate falling while life expectancy rates continue to rise, mainly due to technological advances in medicine. Another key element is that the elderly population in Chile tends to have more females, which has been the case since the CASEN 1990 measurement, and which became starker in the 2009 projections, leading to a peak in the Pandemic CASEN of 2020, where the proportion of women and men reached 52% and 48%, respectively, in the ≥60-year-old age group (Figure 1) (Ministerio de Desarrollo Social y Familia 2023).




| | 1990 | 1992 | 1994 | 1996 | 1998 | 2000 | 2003 | 2006 | 2009 | 2011 | 2013 | 2015 | 2017 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Personas Mayores | 1,306,202 | 1,371,126 | 1,096,150 | 1,506,619 | 1,531,577 | 1,643,706 | 1,769,515 | 2,100,378 | 2,541,607 | 2,638,351 | 2,885,157 | 3,075,603 | 3,439,599 | 3,843,488 |
| Personas Mayores Hombres | 584,088 | 603,070 | 468,485 | 651,471 | 664,036 | 711,518 | 776,979 | 919,544 | 1,108,618 | 1,127,388 | 1,232,403 | 1,314,055 | 1,492,542 | 1,612,795 |
| Personas Mayores Mujeres | 722,114 | 768,056 | 627,665 | 855,148 | 867,541 | 932,188 | 992,536 | 1,180,834 | 1,432,989 | 1,510,963 | 1,652,754 | 1,761,548 | 1,947,057 | 2,230,693 |

**Figure 1.** Increase of the population of senior citizens in Chile (1990–2020). Source: Authors, based upon data from CASEN 1990, 1992, 1994, 1996, 2000, 2006, 2009, 2011, 2013, 2015, and 2017, along with the 2020 Pandemic CASEN.

By certification of the questions under the precept of health problems and their presence or absence in respondents, we can establish a direct comparison between the general national population and the population of senior citizens. Thus, in every CASEN Survey measurement, we can observe (Figure 2) that in the sample of the elderly population (≥60 years), there is a higher percentage of the group with health problems, apart from the atypical case of 1994, where the national population reached 21.5%, while for the elderly,

this figure stood at 15.83% (Ministerio de Desarrollo Social y Familia 2023). In all other measurements, seniors effectively presented a higher rate of people with health problems, with some periods even exceeding 30% of respondents in this age range: 1990 (34.20%), 1992 (35.42%), 1998 (34.81%), and 2015 (33.61%) (Figure 2) (Ministerio de Desarrollo Social y Familia 2023). These data are well removed from the national median, since, as a population, we never see more than 25% of respondents report health problems, and there is a general trend between 11% and 20% (Figure 2) (Ministerio de Desarrollo Social y Familia 2023). It is always good to observe the inverse data, since, although in the elderly population there is a greater number of citizens with health problems, the truth is that in most measurements, over 70% of them are in perfectly apt conditions to carry out community contributions in social and cultural roles, as well as participate in social organizations.

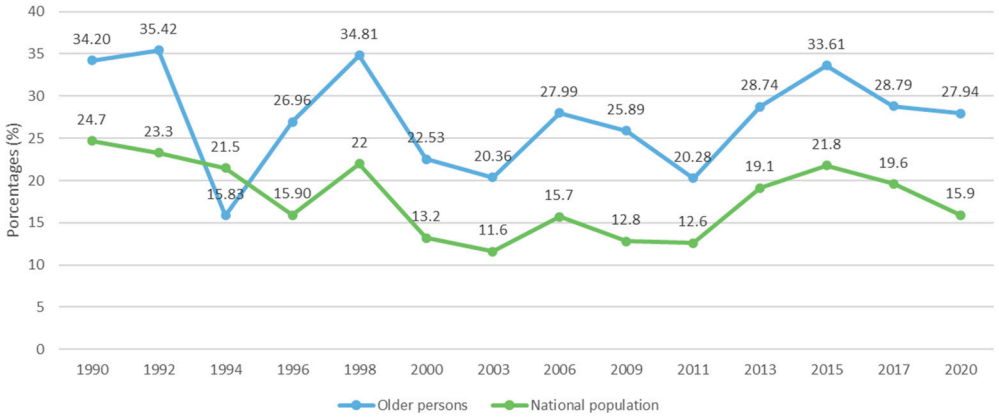



**Figure 2.** Health problems as reported by the national population and senior citizens. Source: Authors, based upon CASEN data from 1990, 1992, 1994, 1996, 2000, 2006, 2009, 2011, 2013, 2015, and 2017, along with the 2020 Pandemic CASEN.

Regarding the general description of the current study, it is expected that this study will contribute to the decision of public policies dedicated to the participation of the elderly in different social organizations and will have an effect on a regional and national scale. In this sense, the only relevant indicator on this matter refers to the data provided by the CASEN survey, which is administered by the Ministry of Social Development and Families of Chile and is applied by the National Institute of Statistics, with an approximate recurrence of every three years. In each of the measurements, it incorporates over 150 questions and is constituted as a panel data survey that recurrently establishes representativeness of the population at communal, provincial, regional, and national scales.

Likewise, the current study is a qualitative analysis of quantitative data issued by the CASEN survey, as there are no inferential statistics involved. In addition, it should be noted that the data represent the population and, therefore, inferential statistics are not needed in this case.

## 2. Conceptualization

### *2.1. Citizenship and Participation*

Discussions about the idea of being a citizen have their origins in classical Greece, going back to Athens in the 5th and 4th centuries B.C. and continuing in Rome from the 3rd century B.C. to the 1st century A.D. Even in this epoch, there were concepts which gave rise to two ideas and traditions: the particular political idea of the Greek polités, where Aristotle provided a theoretical body for the notion of political citizenship during the 5th and 4th centuries B.C., which granted ethical support, and the legal tradition of the Latin civis, characterized by being a legal statute as a basis to demand rights and not as a tie seeking responsibilities (Olivo 2020).

This is the logic that serves as the theoretical basis for the expression Zoión politikón, literally understood as a "political animal" (Aristóteles 2015). As far back as this historical

period, the social character of the subject was already being discussed. Aristotle described it as a fact of nature rather than the result of a process. At the present time, there is still no entirely pure vision of citizenship, with some discussion of integration of traditions. In this sense, there is a stronger trend towards the deliberative theory of democracy from Habermas, who took the defense of subjective rights from the liberal model, while using the republican model as the source for the importance of communicative power as the only element capable of legitimizing political life. Thus, "(. . .) man is a being who in his social life seeks agreements, when they are sought in community, in deliberation with other members of society, and where one can enter the plane of citizenship" (Giroux 2016).

To continue with the previous analysis, citizenship is understood as the political relations between an individual and a political community, by virtue of which the individual is a full member of this community and owes it permanent loyalty (Cortina 1997). While the term citizenship is not new in its general acceptance, various authors have raised questions about the dimensions to be considered in the idea of constructing citizenship. Given this question, the following citizenship dimensions are established (Cabrera 2002):

> The dimension of politics and justice, associated with a legal status that demands the recognition of rights for the citizen, as well as responsibilities in the present day. In this case, we discuss citizenship as status.
>
> The psychological dimension associated with an identity of citizen, which makes one feel part of a collective, within which one is identified and recognized. In this case, we discuss citizenship as a desirable practice or as a process, as presented herein.

Cortina (2004) indicates that active citizenship is "undoubtedly constructed via political participation in places which are able to generate not only material wealth, but also social and moral wealth: Not only physical capital, but also social and ethical capita, without which nations do not prosper, far less the republic of humankind" (Cortina 2004). Cortina (1997) also mentioned that one learns to be a citizen, going into the deepest levels of being oneself, especially within the educational field regarding the way that work must be carried out in teaching spaces to incorporate the practice of citizenship in a complex society, which provides greater openness to the traditional perspective on the concept (Bartolomé 2002).

To refer to the construction of citizenship from the aforementioned perspectives, in the situation of the elderly, we consider it pertinent to appeal to the idea of citizen consciousness. This makes it necessary to refer to the meaning of the concept of consciousness (Espíndola 2009) as the capacity to integrate some into life factors, such as the ability to see oneself reflected in others, autonomy and proactivity, ability to act at different community levels, generation of a vision, levels of emotion and rationality, motivations and life objectives, relationship with nature, ecology and beauty, and self-esteem (Espíndola 2009; Olivo 2017).

The present contribution will use this perspective to approach citizenship based on the capacity theory of Amartya Sen, who stated that to be able to think about human development, "the true wealth of a nation is in its people. Without a doubt, the basic objective of development is to increase human freedom in a process which can expand personal capacities while also increasing the alternatives available for people to live a full and creative life" (Programa de las Naciones Unidas para el Desarrollo 2002, p. 157). By this same logic, "(. . .) social participation is another relevant need for the elderly, given that it promotes their wellbeing and quality of life. It has even been shown that elderly people who participate in community organizations have better performance in functional activities and greater life satisfaction" (Curilem et al. 2021, p. 4). In developed societies, such as Japan, social participation acts as a protective element against future isolation arising from the trend towards nuclear families. This makes it possible to see how to reduce isolation and improve mental and functional health, with some gender differences appearing. Participation in hobby and sport groups was effective for men, and participation in one or more organizations is more important than the specific type of organization for women (Curilem et al. 2021; Ejiri et al. 2019). Participation in a range of groups with a sense

of belonging to a shared neighborhood is associated with greater wellbeing and lower perceived loneliness. Social identification with the neighborhood has a more generalized impact on wellbeing and health indicators than belonging to the group (Moyano and Mendoza 2021).

Another study from Japan compared the relation between social participation, including work, and the effect on functional deterioration among urban and rural senior citizens, indicating that for both groups, promoting social participation, including sports, hobby groups, and work support seems to be an important aspect of public health policies to avoid functional decay. Complementarily, alluding to the concept of friendly cities, it is interesting to consider the possibility of moving rural senior citizens into urban centers when their physical health begins to decay, due to the possibility of accessing more services, organizations, and interactions. Studies on this topic in Japan are awaiting verification of their efficacy (Ide et al. 2020).

Under these premises, the present study with elderly people will seek the construction of three knowledge areas: citizen consciousness, human development, and political citizenship, which liberate old people from the current conception as passive subjects, infantilized and dependent, and presents the option of full citizenship in the following proposal:

> Participating in decisions and experiences with the community, in a committed effort towards desirable and needed alternatives for a good daily life.
>
> Facing all the results and consequences of a culture with intergenerational integration, and not merely becoming part of the established system where old people face discrimination and exclusion.
>
> Emphasizing an integrative, multicultural, and legitimating commitment to construct a world society with elderly people as full citizens.

The current challenge is to shrink the gap between total life expectancy and healthy life expectancy, which is possible through better health care that is integrated and patient-centered (Organización Mundial de la Salud 2023), healthy lifestyles, and social participation. Together with this, the generational rise in technological innovation and education will contribute to functional independence and better social insertion (Albalá 2020). The joint creation of usable digitalized services and the facilitation of satisfactory use for digital technology could support social participation for old people via activities that they consider relevant in their lives, and which could subsequently let them live at home longer (Fischl et al. 2020).

### *2.2. Old People and Social Participation in Institutionalization, from Aging to Old Age*

According to the international classification of functions (ICF), social participation is defined as the activities and duties needed to participate in social life beyond the family environment and within the sphere of society, civil society, and the community. Depending on the resources shared, social participation can be communitarian, productive, or political. Communitarian social participation seems to be more important for senior citizens' health than the other two participation types.

There are various international cases that have approached the topic of aging and old age and considered the construction of active citizenship among old people, strengthening their social and political participation. One such case was the Second World Assembly on Aging of 2002, which adopted two official documents. One is a political declaration that includes the commitments that governments take on when facing the challenges of aging. The second is the Madrid International Action Plan on Aging, an instrument that includes recommendations in three priority areas: old people and development; increased health and wellbeing; and creating favorable environments for old people. The active aging category is suggested, since "habilitating elderly people and promoting their full participation are essential elements for active aging" (Organización de los Estados Americanos 2023, p. 3).

Active aging "arose in the late 1990s, when the WHO proposed adopting a broader focus considering other factors beyond health which determine how individuals and populations age. The emphasis gradually moved towards optimizing health opportunities,

participation, and security in order to improve quality of life for people as they and the societies where they live age" (Calvo 2013, p. 50). This applies to individuals and groups, and in order for it to take shape, it is essential for people to strengthen themselves physically, socially, and mentally. The term active is centered on the participation of old people in a continuous way in cultural, economic, civic, and spiritual aspects, "and not only on the capacity to be physically active or participate in the labor force" (Mendoza et al. 2018, p. 113). In a practical sense, this concept implies empowering old people in the social, psychological, and biological environments where they live (Mendoza et al. 2018). Social participation is therefore an indicator of successful and healthy aging and receives considerable attention in reports on recent policies and studies. In 2002, the WHO policy framework proposed that improving social participation is a key component when responding to populational aging (Fu et al. 2021).

In this sense, it is relevant to consider that in political terms, empowerment is a new model of social confrontation based on strengthening groups that lacked power by promoting the revision and transformation of cultural codes and new social practices particular to multicultural societies. Empowering therefore requires understanding how a given discourse or idea of reality was established in order to reconstruct it from another ideology and fundamentally attempt to make the marginal become central (Iacub 2013; Arias 2015).

Empowerment implies a process of reconstructing identity, which assumes the attribution of power and a sensation of greater capacity and competence to promote changes in the personal and social aspects of each subject. Understanding this type of consciousness about personal interests and how these relate with others' interests produces a new self-representation and generates the dimension of a collective with common central demands. In turn, this determines the importance granted to this term among minority groups in increasing their power. Applying this term to old people has been very important, since, along with the so-called preconceptions associated with ageism, it has allowed the gerontological movement to situate the search for a political movement that can modify the power position of this group (Butler 1969).

The ideological basis is one of the central axes for the possibility of empowerment, since it allows the subject to be read from a different system of ideas and constitutes one of the pieces that permits their identitarian transformation (Iacub 2013). Even when there are older people who require significant social support, the majority are capable of maintaining full autonomy. Many of them seek to participate in their decisions without perceiving themselves as patients and do not want to abandon their own judgments for the decisions of others.

### *2.3. Empowerment as a Psychological Resource*

The psychology of aging has provided many theoretical contributions about psychological adjustment to biological, social, and psychological changes during aging. Many of these have emphasized control (Jochen and Werner 1994; Heckhausen and Schulz 1995), while others have focused on using available resources (Baltes 2000), setting goals (Carstensen 1995), or self-efficacy levels (Bandura 1987).

The interest in considering empowerment as a specific resource to strengthen and grant power to the subject allows us to understand the capacity to stimulate the psychological mechanisms of adjustment or adaptation. Various researchers thus consider that empowerment helps increase resources or revert the problems that arise during decision-making (Simon 1994) in situations of apathy, alienation (Seeman 1959), or interest and commitment, in learned helplessness or hopefulness (Seligman 1975; Zimmerman 1975), in control mechanisms (Rotter 1975), or in beliefs about efficacy (Bandura 1987).

There is another dimension articulated by Berger and Neuhaus (1977), in which they found that organizations and institutions had "mediating structures", which provide individuals with opportunities to be involved in their outcomes, reducing feelings of helplessness, aiding in learning new skills, developing a sense of community, and more

(Maya 2004), along with empowerment (Zimmerman 1975). Organizational environments can have concrete effects on empowerment mechanisms and are reflected in the generation of leadership, positive beliefs, and social support (Dalton et al. 2001).

In recent decades, old people have seen notable lifestyle changes, transcending the limits of the home and exclusive family contexts. At the present time, a high number of senior citizens actively participate in various recreational, social, cultural, political, educational, and artistic spaces, among others (Iacub and Arias 2017). However, beyond the explicit and specific objectives that each of these spaces pursues, establishing new relations, creating groups, generating projects, solving problems, strengthening self-esteem, and boosting the development of potential in this life stage are some of the additional achievements for the elderly as individuals and as a social collective (Iacub and Arias 2010).

In this logic, social participation is strongly associated with the physical and psychological problems and the welfare of old people. Therefore, in terms of social participation among the elderly, research will offer new knowledge about how to achieve healthy aging, making it important for related professionals, particularly nurses and other healthcare professionals, to transfer and adopt the findings from studies related to social participation when providing care to senior citizens (Fu et al. 2021).

### *2.4. Social Participation among Old People in Chile*

Chile has shown particular concern for the social roles and participation of old people. The 1996 National Policy on Senior Citizens highlighted the relevance of raising the visibility of social roles for old people, and the Integral Positive Aging Policy for Chile 2012–2025 mentioned the importance of valuing their contribution to the social fabric (Piña and García 2016). "According to the CASEN 2017 survey, 35.5% of old people participated in social organizations, a figure which stands at 24.8% for the population between 15 and 59 years old. There is a notable participation rate for elderly women, at over 38%. Among people who said they participated, 33% do so in neighborhood associations or other territorial organizations, 24.1% in religious or church organizations, 20.6% in seniors' clubs, and the remaining 22.3% in other types of organizations including sport clubs and cultural identity groups, among others" (Aranda et al. 2022, p. 25).

Some studies from Chile also indicate that "social activities and participation are fundamental for senior citizens to have integral development, remaining physically and cognitively active. Currently, 44% of old people say they participate in some type of social organization. Within this set, participation in a 'religious or church group' and in 'neighborhood organizations' are the main types of groups" (Rosell et al. 2017, p. 59). The main activities carried out at least once by senior citizens are "visiting and receiving family members", "meeting with friends", and "practicing a pastime". In this survey, questions were included that aimed to measure autonomy, reflecting that most old people "made decisions about daily affairs", "decided how to spend their free time", and felt that "their family respected their decisions" (Rosell et al. 2017, p. 59). Social participation helps to significantly protect people against mortality in old age in highly unequal societies, such as Chile (. . .) contributing greatly to improving health, life expectancy and survival. (Sandoval and Sánchez 2022).

The 2019 UC-Caja Los Andes Fifth National Survey on Quality of Life in Old Age indicated that "it is positive to observe a rise in smartphone ownership and a growing trend towards using information and communication technologies, which are relevant aids for development, socialization, and participation in virtual activities" (Herrera et al. 2019, p. 6). There were also indications that following the Chilean riots in late 2019, "(. . .) various activities were resented, both those carried out within the house (reading, listening to the radio, watching TV, pastimes) and outside the house (workshops, religious activities, visits)" (Herrera et al. 2019, p. 9). For participation in any type of organization, there is a notable decline from the year 2010 (Sandoval and Sánchez 2022). Another point stressed herein was that "(. . .) with regards to participation, 84% of people between 60–69 years old mentioned leaving the house various times per week, which fell off to 54% after 80 years old.

Higher education correlated with higher odds of leaving the house. Women participated more in social organizations than men. Cultural event participation is very low, with the highest figures being for the movies (11%) and sporting events (8%)" (Herrera et al. 2019, p. 59).

The 2021 Sixth National Survey on the Social Inclusion and Exclusion of Old People in Chile indicated that "(. . .) of all respondents, 70% said that they did not take advantage of contributions from the elderly. Significantly, the most negative evaluations are concentrated in the people who have D-E class socioeconomic status (80%), medium education levels (77%), and describe themselves as being lower or lower-middle class (76%). The less pessimistic evaluations come from those with a C2-class socioeconomic status (61%), greater education levels (62%), and describe themselves as being middle class (63%) or upper-middle (58%). One possible factor which could influence this "better perception" about the contributions which people can make may be due to greater work participation in valued positions, and the self-provision of income by older people within wealthier segments" (Thumala et al. 2021, p. 52).

In social ties, old age should take place within contexts that can value the participation and social integration of old people, as indicated by a study that focused on determining the sociocultural factors that constructed the social perception of senior citizens' social roles in Chile during the period of 2002–2012. There was notable interest in "active participation" among old people, although it is necessary to strengthen their integration in the design and implementation of gerontological proposals (Piña and García 2016).

With regards to the current institutionalization of aging and old age in Chile, as of 1 September 2017, "Chile has ratified and promulgated the Inter-American Convention on the Protection of the Human Rights of Older Persons, meaning that our country has assumed the obligations established in the Convention. As a state, this means that its policies, plans, and programs must include recognition of the rights of older persons, identifying and granting greater visibility to the problems they face" (SENAMA 2017, p. 1). The text of the convention recognizes "that people, as they grow old, must continue to enjoy a full, independent, and autonomous life, with health, safety, integration, and participation within the economic, social, cultural, and political spheres of their societies" (Organización de los Estados Americanos 2023, p. 2). We should mention that some scopes and challenges for lifting the baseline of the mechanisms implemented by the State of Chile in fulfilling the Inter-American Convention on the Protection of the Human Rights of Older Persons mean that to "Maintain the list of mechanism and actions for the Convention up to date will help to feed the citizen participation component of the monitoring and follow-up system of the Convention, a position corresponding to the basic information which citizens can observe to carry out public controls on state actions concerning senior citizens' human rights" (Aranda et al. 2022, p. 29).

## 3. Methodology

The present study is a quantitative investigation that "(. . .) uses data gathering to test hypotheses based on numerical measurement and statistical analysis, in order to establish behavior patterns and test theories" (Hernández 2014, p. 4), focusing on tracing social participation in organizations compared with national, regional, and age group data. To this end, we used the data provided by the CASEN Survey, carried out by the Family and Social Development Ministry of the Chilean Government, and covering the timeframe for data provision between 2003 and 2017 (Ministerio de Desarrollo Social y Familia 2023) with samples from 2003 ($n$ = 257,077), 2009 ($n$ = 246,924), 2011 ($n$ = 200,302), 2015 ($n$ = 266,968), and 2017 ($n$ = 216,439). The data presented are high-quality, since the CASEN Survey has an expansion factor making the data generalizable to the entire national population. This survey was administered by the Family and Social Development Ministry and was applied with help from the National Statistics Institute. It is a panel data survey with an average application of every three years. The sample used is representative at the municipal, regional, and national scales. These data packets were analyzed based upon the

delivery of open data in .sav format, which were processed with Statistical Package for the Social Sciences (SPSS) software version 27.0 (Rivadeneira et al. 2020). Similarly, the data were used for descriptive statistics and data crossing (Hernández 2014; Cea D'Ancona 1996, 2012), with the following variables as central questions to be consulted.

Based on these questions, there was a subsequent homologation of the results using the calculation of social participation figures by organizations, establishing a regrouping in "Territorial and women's organizations", "Cultural and recreational organizations", "Political organizations", "Self-Help and Senior Citizens' Organizations", "Productive organizations and unions", "Religious organizations and others", and "Not participating". This regrouping was performed in order to facilitate comparisons between all CASEN measurements based upon the target question, since the concept of organizations changed over the study period. This new categorization also establishes a more didactic way to present the data at a territorial level. It should be mentioned that while Table 1 presents the principal variables, the data presented were crossed with other variables from the CASEN surveys, which let us establish participation and non-participation with more clarity, contemplating cross-sectional variables for all measurements, including sex, urban/rural residency, income, retirement status, and health insurance type. These data were used comparatively between national regions with national data and other age groups. Similarly, all the data were established with the use of the regional expansion factor (Variable: expr) as weighting, and the central work of the study required case selection to consider older persons, establishing sample segmentation for the elderly, which was constituted as being 60 years of age or older ($\geq$60), the age defined for public policy implementation in Chile.

**Table 1.** CASEN variables considered as principle analysis questions.

| Year | Variable | Survey Question |
|---|---|---|
| 2003 | R18 | Do you participate in any of the following organizations? |
| 2005 | --- | No similar question was applied |
| 2009 | T18a | Do you currently participate in any organization or organized groups? |
| 2011 | R9 | Do you currently participate in any organization or organized group? |
| 2013 | R9 | Participation in organizations or organized groups |
| 2015 | R6 | In the last 12 months, have you participated in any of the following organizations or organized groups? |
| 2017 | R6 | In the last 12 months, have you participated in any of the following organizations? |
| 2003–2017 | --- | Sex |
| 2003–2017 | --- | Zone (Urban–Rural) |
| 2003–2017 | Y1 | In the past month, what was your net salary or pay in your main job? |
| 2003–2017 | O28 | Did you make any payments into any pension system during the last month? |
| 2003–2017 | Y26.1 | In the past month, did you receive any income from pensions, retirement funds, or funds for military dependents? |
| 2003–2017 | S12 | What health care coverage do you use? |

Source: Authors.

Following this analysis, we used the free QGis software (3.36.6 version) as a geographical information system (GIS) in order to present the data that had previously been worked on with SPSS for maps (QGis 2022). For this purpose, we worked with the shape or layer established based upon the vectorization of Chilean regions, made freely available by the Instituto Geográfico Militar (IGM), followed by adding a data layer with the descriptively handled information from the CASEN (Biblioteca del Congreso Nacional de Chile 2023). This effort made it necessary to join the shape attributes table with the regions' vectors and the data provided about social participation in organizations in percentages for comparison, which is presented in maps with breakdowns. This data presentation offers a visual perspective on changes in social participation and non-participation in organizations by Chilean senior citizens (Piña et al. 2022).

The questions that guided the study and can be observed in the responses within the results section are as follows:

P1: How does social participation in organizations by elderly Chileans during the 2003–2017 period show up in the results? Is there growth in the period?

P2: How does social non-participation in organizations by elderly Chileans during the 2003–2017 period show up in the results? Which elements can be highlighted in comparison with other age groups, regions, and the national median?

P3: How does social participation in organizations by Chilean old people manifest with regards to the gender variable?

P4: What do the data tell us about social participation in organizations by Chilean senior citizens with regards to the urban/rural variable?

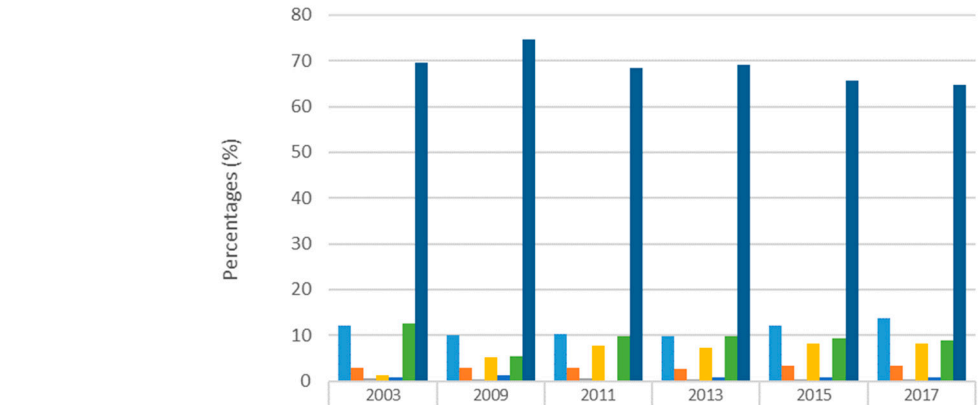
P5: What do the surveys say about social participation in organizations by Chilean old people concerning the income variable?

P6: What do the data tell us about social participation in organizations by Chilean senior citizens concerning the variable for retirement income?

P7: What do the data tell us about social participation in organizations by elderly people in Chile regarding the health insurance type variable?

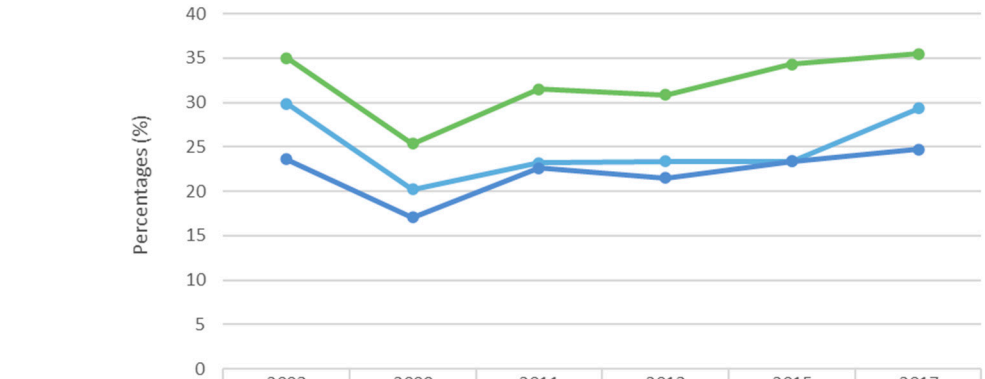
## 4. Results

Concerning the social participation in organizations by elderly people in Chile during the period of 2003–2017 (P1), according to the data provided by the CASEN measurements of the period, we can establish that the strongest trend is "non-participation", which reached its highest point in the 2009 CASEN, with social non-participation at 74.67% (Figure 3). Despite this, we can observe that levels of social participation in organizations for this age group began to rise with the 2011 survey, beginning with a total social participation rate of 31.49%, before declining to 30.87% in 2011 and 34.31% in 2015, and increasing to 35.46% in 2017 (Figure 4). The same participation trends appear for the age group of the metropolitan region and the other regions as a set.




| | 2003 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|
| Territorial and women's organizations | 12.17 | 10.14 | 10.38 | 9.74 | 12.14 | 13.71 |
| Cultural and recreationals organizations | 2.94 | 2.88 | 2.90 | 2.74 | 3.47 | 3.43 |
| Political organizations | 0.52 | 0.29 | 0.69 | 0.40 | 0.32 | 0.44 |
| Self-help and senior citizens organizations | 1.18 | 5.27 | 7.77 | 7.32 | 8.19 | 8.26 |
| Productive and Union organizations | 0.82 | 1.20 | 0.00 | 0.80 | 0.78 | 0.84 |
| Religious organizations and others | 12.69 | 5.55 | 9.74 | 9.87 | 9.41 | 8.90 |
| Do not participate | 69.67 | 74.67 | 68.51 | 69.13 | 65.69 | 64.72 |

**Figure 3.** Social participation by senior citizens divided by organizational type at the national level, in percentages. Source: Authors, based upon data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN database. Case selection is established for elderly people in Chile (≥60 years).




| | 2003 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|
| Metropolitan region | 29.86 | 20.23 | 23.21 | 23.35 | 23.35 | 29.36 |
| Other regions | 23.63 | 17.03 | 22.59 | 21.48 | 23.40 | 24.74 |
| National | 35.01 | 25.33 | 31.49 | 30.87 | 34.31 | 35.46 |

**Figure 4.** Series for social participation in organizations among old people at the national level, in the metropolitan region, and in other regions, in percentages. Source: Authors, based upon data from the CASEN 2003, 2009, 2011, 2013, 2015, and 2017 databases. Case selection is established for senior citizens in Chile (≥60 years).

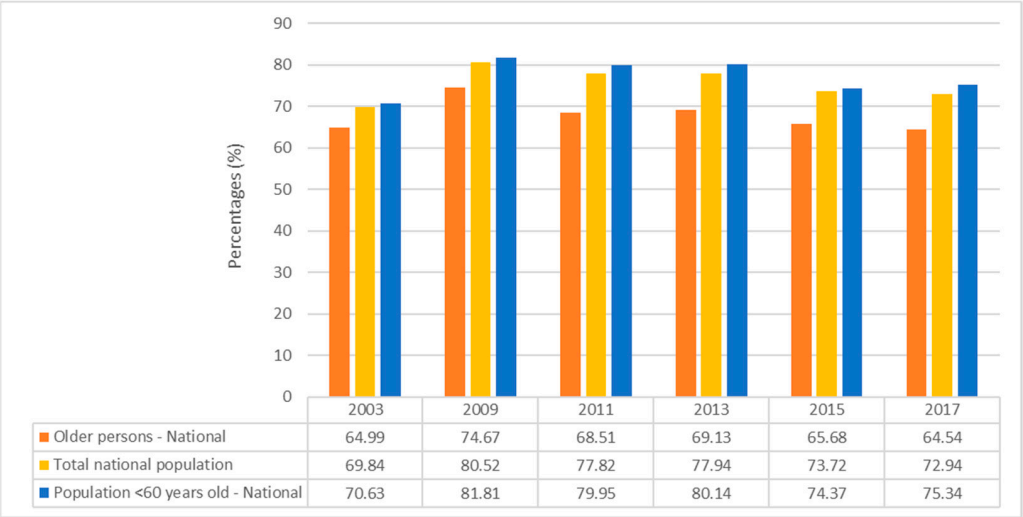
For the population of older persons in the country, the highest social participation appears in the "Women's and territorial organizations" at 13.71% of all respondents in 2017, followed by "Religious organizations and others" with 12.69% in 2003, and finally, "Senior Citizens' and Self-Help Organizations" at 8.26% in 2017 (Figure 3). These participation patterns remain fairly constant, despite the participation drops observed in the 2009 CASEN as previously mentioned. Thus, the overall trend is that greater social participation by Chilean old people in organizations is situated within "Territorial and women's organizations" at 12.17% in 2003, 10.14% in 2009, 10.38% in 2011, 12.14% in 2015, and 13.71% of respondents in 2017 (Figure 3).

It is interesting to highlight senior citizens' social non-participation in organizations at the national level during the 2003–2017 period (P2). The inverse of our previous statement occurs, and we can observe that the "non-participation" trend in organizations has continually fallen since the 2009 CASEN, standing at 68.51% in 2011, 69.13% in 2013, 65.69% in 2015, and finally 64.72% in 2017 (Figure 5). While it appears that the participation trend is low for this age group, the truth is that older people in this territory maintain lower non-participation rates compared with other national population age groups. Thus, the overall national population had a "non-participation" rate of 77.82% in 2011, 77.94% in 2013, 73.72% in 2015, and 72.94% in 2017, indicating that the elderly had higher participation indicators than other ages groups and the national median (Figure 5).

Another interesting comparison concerning "non-participation" is in the national population under 60 years old, which reached historic rates during the study period at 79.95% in 2011, 80.14% in 2013, 74.37% in 2015, and 75.34% in 2017 (Figure 5). The highest figures for social non-participation in organizations appear in the under-60 age group in the Maule region, which reached 83.24% in 2009. In this case, we can note that the elderly population in the region had better figures despite the low participation trend in the territory (Figure 5).

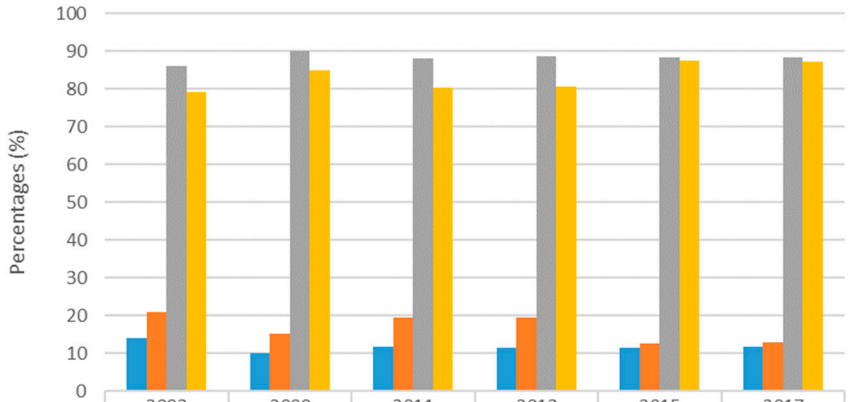
Based on the objectives established for the present article, we also consider it interesting to analyze senior citizens' social participation in organizations regarding the gender variable (P3). Following this question, we crossed the data from the regional population variable (with sample selection by age being ≥60 years old), the question on social participation in organizations, and the gender variable present in the CASEN surveys during the study period. This let us establish that female senior citizens' participation was consistently higher than elderly men, with female participation rates at 20.96% in 2003, 15.24% in 2009, 19.62% in 2011, 19.46% in 2013, 12.57% in 2015, and 12.91% in 2017 (Figure 6). Similarly,

social participation among elderly men is always lower than for women, at 14.05% in 2003, 10.09% in 2009, 11.87% in 2011, 11.41% in 2013, 11.58% in 2015, and 11.79% in 2017. This is partly explained by the higher female proportion in the national elderly population (Figure 6).




| | 2003 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|
| Older persons - National | 64.99 | 74.67 | 68.51 | 69.13 | 65.68 | 64.54 |
| Total national population | 69.84 | 80.52 | 77.82 | 77.94 | 73.72 | 72.94 |
| Population <60 years old - National | 70.63 | 81.81 | 79.95 | 80.14 | 74.37 | 75.34 |

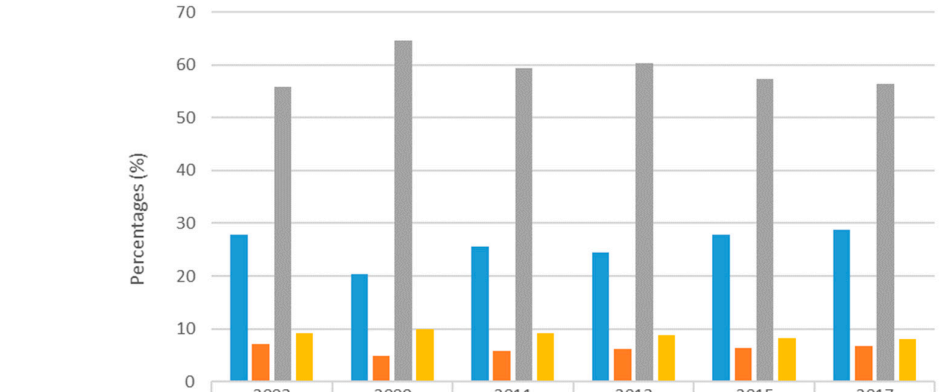
**Figure 5.** Social non-participation in organizations for elderly people nationwide, compared with age groups and territories. Source: Authors, based on data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN database.




| | 2003 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|
| Male participation | 14.05 | 10.09 | 11.87 | 11.41 | 11.58 | 11.75 |
| Female participation | 20.96 | 15.24 | 19.62 | 19.46 | 12.57 | 12.91 |
| Male non-participation | 85.95 | 89.91 | 88.13 | 88.59 | 88.42 | 88.25 |
| Female non-participation | 79.04 | 84.76 | 80.38 | 80.54 | 87.43 | 87.09 |

**Figure 6.** Senior citizens' national-level social participation in organizations by gender, in percentages. Source: Authors, based upon data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN databases.

For the following question, it was important to establish the indicators on older persons' social participation in organizations regarding the urban/rural variable (P4). After crossing the variables for social participation in organizations and the region, we could establish that given the continual increase of the Chilean urban population since the 1950s due to rural–urban migration, participation by elderly people in this territorial division mainly corresponds to people living in urban areas. This is also well-represented for social non-participation in all the CASEN measurements reviewed (Figure 7). In this sense, urban senior citizens' participation in social organizations is notable at 22.91% in 2003, 20.41% in 2009, 25.59% in 2011, 24.58% in 2013, 27.93% in 2015, and 28.79% in 2017 (Figure 7).

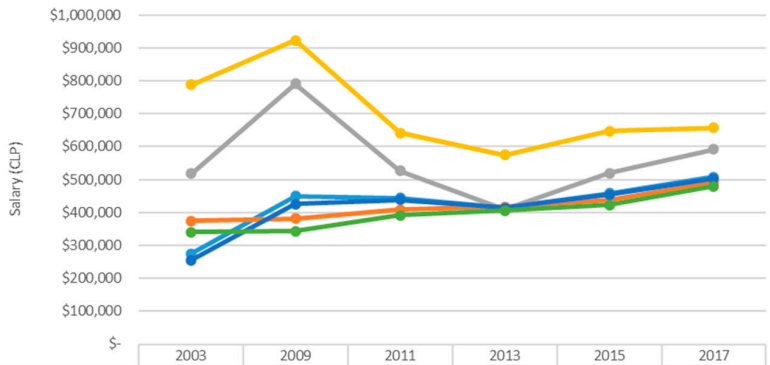



| | 2003 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|
| Urban participation | 27.91 | 20.41 | 25.59 | 24.58 | 27.93 | 28.79 |
| Rural participation | 7.10 | 4.92 | 5.90 | 6.30 | 6.39 | 6.68 |
| Urban non-participation | 55.82 | 64.69 | 59.32 | 60.34 | 57.41 | 56.44 |
| Rural non-participation | 9.17 | 9.98 | 9.19 | 8.79 | 8.27 | 8.09 |

**Figure 7.** Older persons' social participation in organizations nationwide, divided by urban/rural residents in percentages. Source: Authors, based upon data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN databases.

Social participation in rural zones stood at 7.10% in 2003, 4.92% in 2009, 5.90% in 2011, 6.30% in 2013, 6.39% in 2015, and 6.68% in 2017, indicating a need to focus public policies in order to improve social participation in these zones (Figure 7). Social non-participation in urban zones is quite disconcerting, since after meticulously reviewing the CASEN measurements, we can observe that this rate is almost twice the level of social participation within the same residence zone in the 2011 and 2013 measurements. Even in 2009, non-participation was three times the social participation rate for older persons nationwide (Figure 7).

Another important variable when defining the effects of public policies in this matter is senior citizens' social participation in organizations at the national level in terms of the income variable (P5). Historically (including the studied period), poorer people have higher and more constant participation in organizations (Figure 8). The median principal income of older persons who socially participate in organizations lies between CLP 375,045 and 490,838, which is always close to the national minimum wage (Figure 8).




| | 2003 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|
| National non-participation | $275,654 | $449,503 | $444,454 | $413,853 | $458,711 | $508,529 |
| National participation | $375,045 | $382,001 | $408,766 | $417,164 | $437,768 | $490,838 |
| Non-participation (Metropolitan region) | $518,560 | $791,446 | $526,572 | $409,803 | $519,004 | $592,648 |
| Participation (Metropolitan region) | $787,579 | $923,955 | $641,728 | $575,495 | $646,838 | $657,859 |
| Non-participation (Other regions) | $255,412 | $425,079 | $438,588 | $414,142 | $454,404 | $502,921 |
| Participation (Other regions) | $340,668 | $343,290 | $392,126 | $405,854 | $422,834 | $479,703 |

**Figure 8.** Older persons' social participation in organizations by territory at the national level, according to median primary income. Source: Authors, based upon data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN database.

By contrast, with older people who did not participate in organizations, although their median primary income tended to be fairly voluble and cyclical, these tended to remain above the national minimum wage, with a minimum of CLP 275,654 in 2003 and a peak of CLP 508,529 in 2017 (Figure 8). While these figures appear low, they explain a certain amount of the identification that Chilean citizens have with social classes regarding matters strongly tied with income, along with the need for social participation in organizations by other population sectors in order to fill in economic shortfalls.

It was also important to consider social participation with regards to the retired/non-pensioned variable (P6). In this way, retirees' participation in social organizations nationwide stood at 22.42% in 2003, 15.42% in 2009, 21.26% in 2011, 18.28% in 2013, 24.49% in 2015, and 18.28% in 2017, with a cyclical participation rate during the study period (Figure 9). Non-pensioned people were a population section that remained active in the labor market or that did not achieve the minimum sum for their pension funds; therefore, they had less time for social participation.

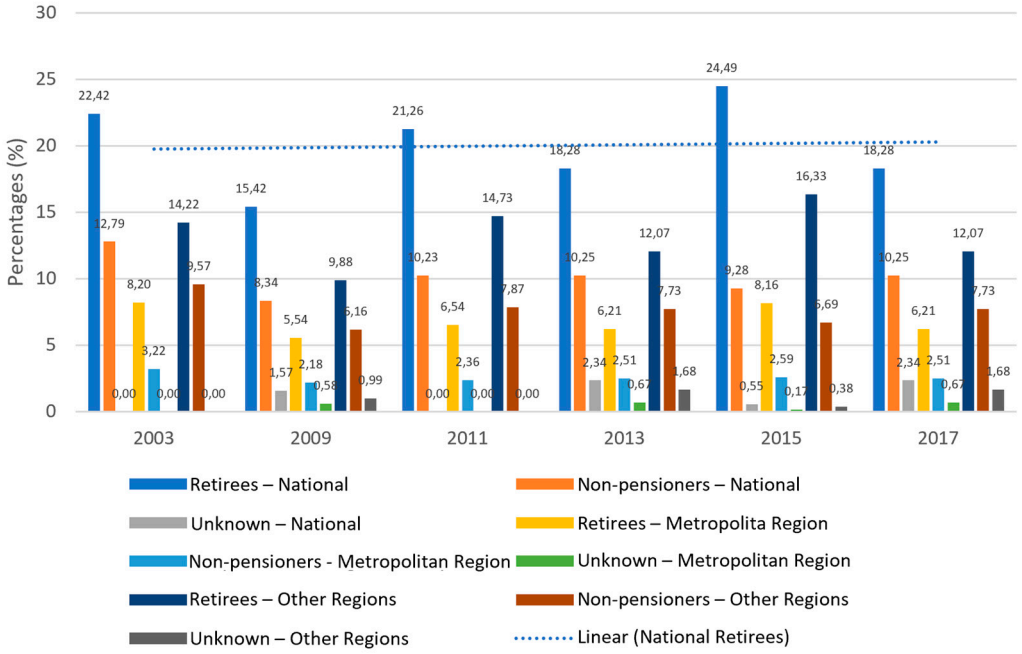



**Figure 9.** Senior citizens' social participation in organizations nationwide, according to retiree or non-pensioned status in percentages. Source: Authors, based on data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN database.

As with the prior case, the population of elderly people who did not socially participate in organizations corresponds to retirees, but there is a trend towards stability in the figures given that during the entire period, they remained around 40–50% (Figure 10). Another significant matter is that non-pensioners have seen their non-participation fall during the study period, reaching 16.55% in 2017 (Figure 10).

One final element was older persons' social participation in organizations broken down by their healthcare coverage affiliation, since this indicator is widely recognized as a class element in Chile, with differences between the public system (FONASA) and private insurance (ISAPRES), along with the differentiated coverage granted to military and police personnel and veterans (P7). Regarding social participation, FONASA affiliation predominates (with the rest being almost residual), standing at 28.70% in 2003, 21.90% in 2009, 28.02% in 2011, 26.88% in 2013, 29.53% in 2015, and 30.36% in 2017 (Figure 11). The same situation occurs with social non-participation regarding affiliation with the public FONASA system (since, again, the rest are almost residual), at 52.75% in 2003, 63.47% in 2009, 59.15% in 2011, 59.20% in 2013, 55.69%

in 2015, and 54.56% in 2017 (Figure 12). In the latter case, FONASA exceeds 50% in all the CASEN measurements.

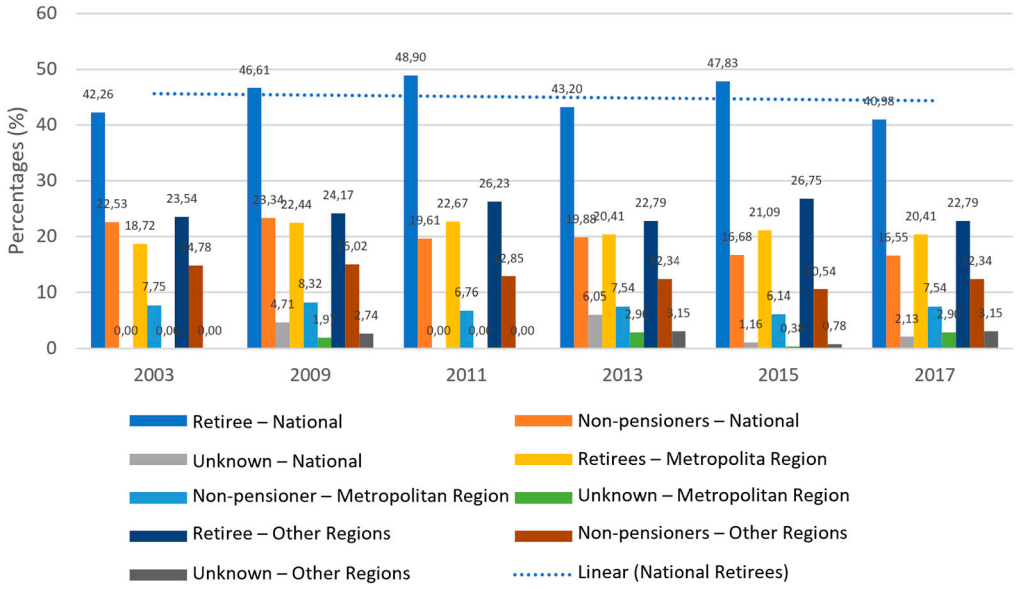
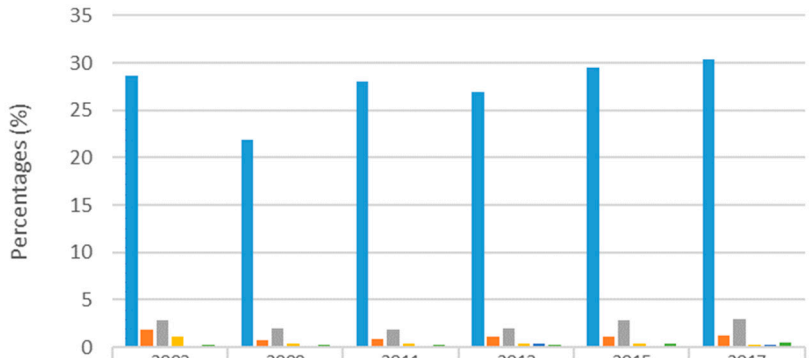
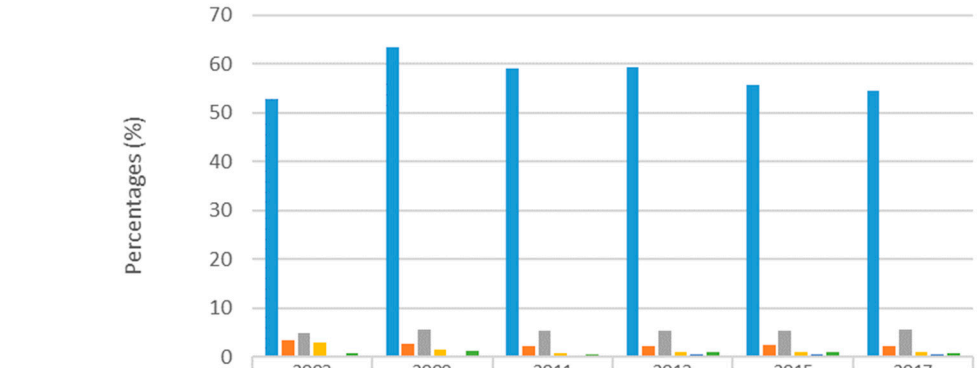



**Figure 10.** Older persons' social non-participation in organizations at the national level, by retirement or non-pensioner status in percentages (2003–2017). Source: Authors, based upon data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN database.




| | 2003 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|
| FONASA (Public Insurrance) | 28.70 | 21.90 | 28.02 | 26.88 | 29.53 | 30.36 |
| Military and Police | 1.91 | 0.72 | 0.86 | 1.08 | 1.18 | 1.20 |
| ISAPRE (Private Insurrance) | 2.85 | 2.01 | 1.89 | 1.94 | 2.81 | 2.95 |
| No insurrance | 1.17 | 0.38 | 0.35 | 0.36 | 0.33 | 0.29 |
| Other system | 0.16 | 0.12 | 0.15 | 0.33 | 0.15 | 0.20 |
| Unknown | 0.22 | 0.20 | 0.23 | 0.28 | 0.32 | 0.45 |

**Figure 11.** Senior citizens' social participation in organizations nationwide, according to health system affiliation in percentages (2003–2017). Source: Authors, based upon data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN database.




| | 2003 | 2009 | 2011 | 2013 | 2015 | 2017 |
|---|---|---|---|---|---|---|
| FONASA (Public Insurrance) | 52.75 | 63.47 | 59.15 | 59.20 | 55.69 | 54.56 |
| Military and Police | 3.47 | 2.60 | 2.18 | 2.12 | 2.34 | 2.15 |
| ISAPRE (Private Insurrance) | 4.81 | 5.68 | 5.37 | 5.44 | 5.29 | 5.55 |
| No insurrance | 3.01 | 1.44 | 0.87 | 1.02 | 1.03 | 0.94 |
| Other system | 0.20 | 0.29 | 0.29 | 0.42 | 0.43 | 0.45 |
| Unknown | 0.75 | 1.19 | 0.65 | 0.93 | 0.91 | 0.88 |

**Figure 12.** Senior citizens' social non-participation in organizations nationwide, sorted by health system affiliation in percentages. Source: Authors, based upon data gathered from the 2003, 2009, 2011, 2013, 2015, and 2017 CASEN database.

## 5. Conclusions

To conclude, we can establish that at the national level, we can see improvements in participation for this age group, with the best figures in 2017. Despite this fact, public policy efforts need to focus on the points with lower participation, specifically on elderly women, urban areas, people with income below the Chilean minimum wage, non-pensioners, and people within the FONASA public health system.

For the results, we can conclude that gerontological planning spaces are needed to strengthen the exercise of active citizenship among older persons, including their interests in the initial situation, trajectory design, and the trajectory and final situation (Piña et al. 2022). This will help aim at the challenges in the Inter-American Convention on Protecting the Rights of Older Persons, which emphasizes participation and social integration (Fischl et al. 2020). The fact that women tend to have better participation in social organizations is directly related to the findings of the diagnosis and citizen consultation regarding aging in Chile, which highlights a gender focus characterized by feminization, which perpetuates historically and culturally assigned roles (Canals and Belloni 2022). It is fundamental to consider aging and culture in Chile as one of the pillars in terms of social participation for older persons' groups. Their high participation can stimulate the growth of intergenerational workshops, which strengthen their integration and coexistence with people of all ages. We can mention that when analyzing the challenges and improvements in the identification of the mechanisms established by the State of Chile to fulfill the Inter-American Convention on Protecting the Rights of Older Persons, it is notable that keeping up-to-date records on the mechanisms and actions related to the Convention is fundamental to strengthen citizens' participation in the monitoring and follow-up system from the aforementioned Convention. This is because such basic data allow citizens to influence state actions for the human rights of older persons.

The present study reinforces the idea and vision from some studies in Chile that the elderly population shows broad participation in religious and territorial social organizations, which can make the contributions from this age group to the rest of society more dynamic. As indicated in the theory section, it will be necessary to rethink how participation is articulated, because since the COVID-19 pandemic, a series of measures have been implemented involving the use of technology, which can facilitate participation in this population. In

this sense, the center of the discussion now focuses on the possibilities of mediation by individuals so they can facilitate interaction with others.

For greater transparency, it should be noted that the present study was limited by only incorporating the use of secondary databases. Although these were of good quality, the study is constrained by sticking solely to the questions incorporated within the CASEN Survey questionnaire. However, it has also generated possible action or impact pathways for public policies, since it has detected both problems and positive conditions among the elderly population in the country. These data facilitate decision-making by the National Older Persons' Service and the Social Organizations Division, a dependency of the General Secretariat Ministry of the Republic of Chile.

Finally, we can add that by detecting older persons' participation and non-participation spaces within social organizations, as indicated by secondary data, there is room for a wide range of future studies. These may include observing causality elements, either via quantitative questionnaires and using inferential statistics, or via qualitative methodologies and case studies. With these elements, we can better focus public policies through a broader perspective.

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**Institutional Review Board Statement:** The study was not based on experiments on human beings and, as such, did not require the approval of the Ethics Committees of the Universidad Católica del Maule, Chile. However the research was conducted in accordance with the Declaration of Helsinki and the Law No. 20,120, on Scientific research on human beings, their genome, and prohibiting human cloning of the Republic of Chile.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** The data used herein are available on the website of the Social Observatory of the Chilean Social Development and Family Ministry: https://observatorio.ministeriodesarrollosocial.gob.cl/encuesta-casen (accessed on 12 December 2023). The databases can be downloaded for each year in SPSS and Stata.

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**Conflicts of Interest:** The authors declare no conflicts of interest.

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