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Older Adult Surge and Social Welfare Inequalities in Italy: The Impact of Population Ageing on Pensions and the Welfare System

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Abstract: The accelerated growth of older adults (the over-65s) in Italy fits within the context of the complex, hybrid nature of the pension system and the welfare benefits financed by tax revenues, which often overlap. As a result, older adults are experiencing growing inequalities in living and health conditions across the three Italian macro-areas (the North, Centre, and South and Islands), as well as between genders. This study aims to examine the sustained growth of older adults in Italy, with a particular emphasis on their most vulnerable segment—i.e., the over-85s. Drawing on mortality trends and the consequent increases in life expectancy at advanced ages, through indicators of mortality and life expectancy, the analysis explores how variations in the structure and distribution of pension benefits have produced significant territorial disparities. These disparities have, in turn, contributed to widening inequalities in household living conditions, especially regarding access to social assistance and long-term care services.

Keywords: older adults; gender gap; mortality improvement rate; Italy; pension system



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1. Introduction

This work focusses on one of the most relevant aspects characterising the population dynamics of the last 40 years (1982–2022), namely the population ageing process [1], which has profoundly changed the Italian age structure. The main consequences of this have not only been a disruption of the population's age and gender structure but also progressive burdens and pressures on the welfare system.

The state gradually took over roles previously managed by households, addressing these needs through three primary divisions of the social security expenditure: pensions, health, and welfare. In 2022, 51.65% of public expenditure was allocated to the last two divisions [2]. Of the three expenditure divisions, pensions have a social security nature, while the other two are financed by general taxation and therefore burden the state budget. Pensions and welfare are the expenditure items most directly sensitive to population ageing. Over time, this burden has inevitably increased, and this paper examines its implications, focussing on 2023 [3].

On the one hand, the degree of intervention and the number of pensioners have gradually expanded; on the other hand, older adults are among the weakest and therefore most vulnerable, albeit with great variability in age and social conditions. At the end of 2022, the overwhelming majority of the 16,131,414 pensioners were older adults: more than 40% were assisted fully or partially. The importance of separating welfare from social

security has been frequently emphasised in the debates on pension system sustainability, given the different purpose of these benefits. Nonetheless, their often hybrid nature creates ambiguity, and their separation has not yet occurred [4,5].

Over the past four decades, Italy has experienced a steady increase in life expectancy, with a consequent significant demographic shift. While this trend is often valued positively, it has also generated complex implications, particularly for the pension system. As people live longer, they remain dependent on pension schemes for extended periods, placing increasing pressure on public expenditure [6]. However, this increase in longevity is not evenly distributed across the population: marked differences persist between men and women, as well as among and between Italian territorial macro-areas.

Our study stems from these observations and aims to explore how survival trajectories at older ages have changed over time. Specifically, the first aim of our research is to investigate whether these changes have followed different patterns for men and women and to analyse their consequences on the duration and composition of pension and welfare benefits (RQ1). Furthermore, the analysis considers territorial disparities between the Italian macro-areas of the North, Centre, and Mezzogiorno (South and Islands). Consequently, as a further aim, our study examines the number of outstanding disability, old-age, and survivors' (hereafter IVS) and social assistance pensions at the regional level to determine whether territorial inequalities continue to affect access to and retention in support systems (RQ2).

This article is organised as follows: In Section 2, we provide an overview of the existing literature on the effects of population ageing and increased longevity on the welfare state and pension system. In Section 3, we outline our sources and methodology. In Section 4, we present our findings, starting with descriptive statistics on structural changes among older adults, applying the MIR and calculating gender disparities in life expectancy. Finally, in Section 5, we discuss our findings, address certain limitations, and provide concluding remarks.

2. Background and Literature Review

In recent years, the ongoing population ageing has become increasingly central to the global scientific debate, turning out to be a profound structural change, especially in major economies, and to a greater extent in Italy, as it represents an emerging challenge in both the social sphere and economic sustainability [7,8]. Population ageing arises from the simultaneous occurrence of two effects: the decline in the birth rate and the increase in longevity, leading to a progressive transformation of the age pyramid. These two trends have overlapped over time and are reshaping the entire population structure. The classic image of the pyramid by age no longer holds up: today it is more like a cruise ship with an antenna stretching upwards, i.e., an increasing presence of the over-65s and a gradual thinning out of the younger age groups [9]. This trend has significant consequences, particularly for public expenditure, most notably on pensions and care services [10,11].

Italy faces significant challenges due to rapid population ageing. However, the issue encompasses more than just quantitative aspects. The social security system that supports older adults in Italy is divided between contributory and non-contributory schemes. This system has progressively revealed structural imbalances over time. Benefits often fail to reach those most in need, with persisting extensive inequalities, especially between genders and different regions. The rising demand for pensions, the slow transition into retirement, the fragmented nature of service provision, and limited financial resources all place considerable strain on an already fragile system [12]. The effects of population ageing today are not limited to one area but are spread over several levels. One of the most obvious concerns is the economic resilience of pay-as-you-go (PAYG) pension systems, which are based on the balance between generations: the contributions of those who work today finance the pensions of those who are already retired [13]. Unfortunately, this mechanism

has weakened over time, with profound changes in the labour market, including less linear career paths; more discontinuous working paths, short contracts, and phases of uncertainty; the delayed entry of young people into the labour market; and their consequent late entry while rarely achieving stable conditions. The interaction of these factors has made it much more complicated to keep pension systems based on contributions in balance [14]. It has also contributed to reinforcing the differences between Italian territorial macro-areas, making disparities even more visible, especially between the North and the South [10]. Nevertheless, such inequalities extend beyond these dimensions. Social inequalities are worsening, highlighted by irregular employment patterns and gender disparities. Over time, these differences have been reflected in the timing of pension eligibility and the benefits received [15].

Weaker careers—often to the disadvantage of women or interrupted by long periods of inactivity—produce lower pensions, exposing many people to fragile situations in the long run [12,16].

In many cases, this has led to lower pension entitlements, which often fail to ensure an adequate standard of living for older adults. This issue disproportionately affects women, particularly those with fragmented career paths or persistently low earnings [17,18]. For many women, especially those with discontinuous working paths or low wages, support often originates from basic welfare measures or various forms of family assistance, which remain prevalent within the Italian socio-cultural context. Consequently, low-value pensions are widespread, often insufficient to guarantee long-term economic security. In the absence of effective redistributive mechanisms, this situation has increasingly necessitated reliance on minimal welfare benefits or informal support structures that, albeit partially, compensate for the shortcomings of the formal welfare system [12,19].

Territorial disparities also deserve particular attention, as they are far from marginal. The Italian welfare system shows pronounced imbalances across different areas of the country, which are evident both in the structure and amount of pension benefits disbursed. In several areas of Southern Italy, for instance, welfare-based pensions are significantly more prevalent than contributory ones. This pattern reflects broader labour market dynamics, including the widespread incidence of informal employment and the instability of career trajectories [20,21]. Over time, this imbalance has resulted in an increased exposure to the risk of poverty for older adults, who often provide financial support to children and grandchildren economically, despite having limited resources. Within these regional contexts, older adults often assume the role of *de facto* informal social safety nets, balancing for structural shortcomings in the formal welfare system [22].

Additionally, the regulations concerning access to pensions have undergone multiple changes over the years, following a mainly economic rationale. The reforms introduced have indeed had the clear intention of guaranteeing the financial stability of the system over time, and insufficient attention has often been paid to the effects that these measures could generate in social terms [21,23,24]. These effects raise important equity challenges, not only between generations but also within the same generational cohort, where gender differences are also observed [12].

Our study contributes to the existing literature by applying the Mortality Improvement Rate (MIR), which measures the extent and consistency of the decline in mortality risks over time, to understand changes in survival trajectories. Although the gender gap in life expectancy remains substantial, its pattern varies by age group and geographic context. In certain age groups, the gap decreases, while in others, it increases again. By relating these disparities to the structural rigidity of the Italian pension system, which is often standardised despite demographic heterogeneity, this work offers new empirical insights that can inform more equitable and differentiated policy approaches.

3. Sources and Methods

To conduct our analyses, we integrated data from two main national organisations: the Italian National Institute of Statistics (Istat) and the Italian National Institute for Social Security (INPS). We anchored the analyses to the population age structure as of 1982, covering a reference period of 40 years, from 1982 to 2022.

These data sources allowed us to calculate the share of the population aged 65 years and over (older adults) to assess trends over time and differentials by gender and territorial macro-areas. To this purpose, we also used index numbers, thus referring to relative increases. We then calculated Mortality Improvement Rates (MIRs) on annual death probabilities and geometric averages of the reference period 1982–2022, highlighting the differences between the two sub-periods 1982–2000 and 2001–2022. These indicators provided insight into the evolution of longevity and mortality risks over time, and we used them to estimate the probability of living longer than the remaining life expectancies at certain ages.

In addition, we investigated the gender disparities in life expectancy, calculating e_x , and the gender gap between life expectancies themselves (Δe_x). We also processed the correlation coefficient (Bravais–Pearson) to explore the relationship between this gender gap and e_x calculated for men and women in the different Italian territorial macro-areas, to identify underlying structural or behavioural factors.

Furthermore, we used the standardised pension rates at the regional level in Italy, applying the standard population method using the age structure of the Italian resident population in 2022 and focussing on disability, old-age, and survivors' pensions (IVS), as well as social assistance allowances.

Concerning pensions, we referred to the number of outstanding pensions on 1 January (stock data), divided into the following main category sub-groups:

- IVS pensions, consisting of disability, old-age, and survivors' pensions, and related to the beneficiaries' contributory history. They are paid out when workers reach their statutory retirement age and contribution requirements (direct, i.e., disability, old-age, and seniority pensions). In the event of the death of active workers or pensioners, these benefits may be transferred to eligible survivors (indirect pensions).
- Social assistance pensions, composed of state-funded social pensions/allowances and civil invalidity pensions, not linked to any contribution system. They are benefits consisting of veterans' pensions, pensions for the visually and hearing impaired and disabled civilians, and social pensions or allowances to older adults, with no or insufficient income. The primary goal of these pensions is to ensure a minimum income for individuals who are unable to earn due to congenital or supervening impairments, or simply due to their age. Caregiver allowances are also included in this aggregate, although they are not classified as pensions. Instead, they are intended to support individuals who are no longer self-sufficient in their age-related daily activities

Concerning the structure of Italian territory, we mainly referred to the territorial macro-areas and only in some cases went down to the more disaggregated level of the region. This was driven by the need to ensure statistical robustness, especially when calculating older adults' death probabilities at the final age groups. At these ages, mortality data can be sparse and highly variable, and it becomes essential to rely on a demographic model that captures a consistent and regular mortality pattern. The smaller the territorial unit of analysis (e.g., at the regional/provincial level), the less reliable and statistically meaningful these mortality estimates become.

Specifically, we referred to three macro-areas, i.e., groupings of the Italian regions (which in turn are sets of provinces), as follows:

- North: Piemonte, Valle d'Aosta Liguria, Lombardia, Trentino-Alto Adige, Veneto, Friuli-Venezia Giulia, and Emilia-Romagna;
- Centre: Toscana, Umbria, Marche, and Lazio;
- South and Islands: Abruzzo, Molise, Campania, Puglia, Basilicata, Calabria, Sicilia, and Sardegna.

4. Results

4.1. Older Adult Structural Changes

The growth and current peculiarities of older adults have been determined by the specificity of the age composition of the starting reference population (that of 1982), the dynamics of birth rates and migratory flows in the past, and, above all, the trends in mortality rates. Presently, older adults have an unbalanced composition due to the high proportion of women, especially in the over-85s (roughly twice as many as men), which has had and continues to have major effects on the welfare system. Age increases proportionately to the frequency of people with progressive health problems, chronic diseases, and the risk of passing from frailty to disability increases as well. In the past, many older adults did not have a strong awareness of the importance of social security, due to the significantly different organisation and structure of the labour market at that time. This often caused insufficient contributions or an inability to contribute to a pension.

As a result, they are now dependent on state-funded social pensions administered by INPS, placing considerable strain on the overall welfare system.

Data show a sharp increase in the weight of the over-85s and the Italian differentials between the North, Centre, and Mezzogiorno (South and Islands) regarding the evolution of men and women (Table 1). During the last 40 years, there has been a significant increase in the number of older adults, particularly concerning women, while the overall population has remained relatively stable. By the beginning of 2023, the Italian population had increased by less than 5% compared to 1982. However, national population growth had already settled in 2014 (+6.8%), leading to a slow and continuous decline, which varies across the different territorial areas. In the Italian Mezzogiorno, the population decrease began earlier than elsewhere, starting in 2012.

Table 1. Older adult age structure by gender and Italian territorial macro-areas. Years: 1982 and 2023 (1 January) (percentage compositions). Source: authors' processing of Istat data.

Age Groups (in Years)	Men		Women	
	1982	2023	1982	2023
Italy				
65–74	68.23	52.39	60.91	45.89
75–84	27.41	35.27	31.97	35.55
85 and over	4.36	12.34	7.13	18.55
Total	100.00	100.00	100.00	100.00
North				
65–74	68.72	51.17	60.23	44.29
75–84	27.10	36.28	32.69	36.33
85 and over	4.18	12.55	7.08	19.37
Total	100.00	100.00	100.00	100.00
Centre				
65–74	68.17	51.06	60.82	44.85
75–84	27.38	35.73	31.76	35.90
85 and over	4.45	13.21	7.42	19.24
Total	100.00	100.00	100.00	100.00
South and Islands				
65–74	67.56	55.00	62.16	48.95
75–84	27.88	33.51	30.83	34.17
85 and over	4.55	11.49	7.00	16.88
Total	100.00	100.00	100.00	100.00

Despite an initial increase of 3% for men and 5% for women, by 2023, the total population had slightly decreased compared to 1982 (Table 2). Meanwhile, the largest population increase occurred in the Centre (+8.6%), with the male population peaking in 2017 (+9.7%), and the women peaking in 2015 (+11.2%).

Table 2. Relative increase in the total Italian population and older adults, by age group, gender, and territorial macro-area; 1 January 2023 (index numbers 1982 = 100). Source: authors' processing of Istat data.

Territorial Macro-Areas	Total Population	65 and Over	65–74	75–84	85 and Over
Men					
North (a)	108.2	204.0	151.9	273.1	611.9
Centre (b)	108.6	199.3	149.3	260.1	592.1
South and Islands (c)	98.5	206.0	167.7	247.6	519.7
Italy (d)	104.8	203.7	156.4	262.0	576.7
Women					
North (e)	103.9	180.0	135.6	200.2	468.6
Centre (f)	108.6	183.3	135.2	207.2	475.3
South and Islands (g)	99.5	198.1	156.0	219.5	477.5
Italy (h)	103.9	180.0	135.6	200.2	468.6

Notes: highest values for the total population: (a) 108.6 in 2020; (b) 109.7 in 2017; (c) 102.8 in 2012; (d) 106.4 in 2014; (e) 107.4 in 2014; (f) 111.2 in 2015; (g) 105.1 in 2012; (h) 107.1 in 2014.

When it comes to older adults, the dynamics within their various age groups can vary significantly, although they have relatively similar characteristics in each area (Table 2 and Figure 1). In particular, at the national level, people over 85 have more than quintupled in the case of men and increased slightly less for women. In this age group, especially concerning women, the pension rate registers its highest values, due to the accumulation of several pension and welfare benefits, especially for their precarious economic and health conditions. At the end of the period, older adults in the 75–84 age group multiplied by more than 2.5 and by about 1.5 in the 65–74 age group. Among women in the same age groups, the increase was nearly 2 and 1.4. Several interruptions characterised these increases, especially among the over-85s; however, they were staggered by about 10 years between one age group and another, starting from 65 to 74 years old. Cohort and period effects represent the main causes [25]. Among the former, there were the entry into these age groups of the low-birth cohorts born during the First World War, related to the high infant mortality of those years (visible in 2005-Figure 1), as well as the consequences of the strong emigration flows. These have occurred since the early 1900s, driven by whole households with young children and by the migratory chain effects [26]. Regarding the period effect, the 1983, 1985, and 2003 heat waves caused excess mortality.

Furthermore, the years 2020 and 2021 were influenced by COVID-19, resulting in a noticeable decline in the populations aged 74–84 and over 85, who were most affected by the pandemic.

Concerning the data of the total Italian population, at the beginning of 2023, the incidence of older adults was 21.6% for men and 26.3% for women. At the territorial macro-areas, the profiles over these 40 years have been very similar, though with varying intensities. Notably, there has been a strong correlation between the ageing process in the North and Centre for women, while for men, the correlation strengthened after 2010. In contrast, the Mezzogiorno macro-area shows a paradoxical divergence, with a lower share of older adults, especially among women, despite the relatively greater increase in this group. This is a crucial indicator for assessing population ageing regarding territorial disparities in social security and welfare systems [27].

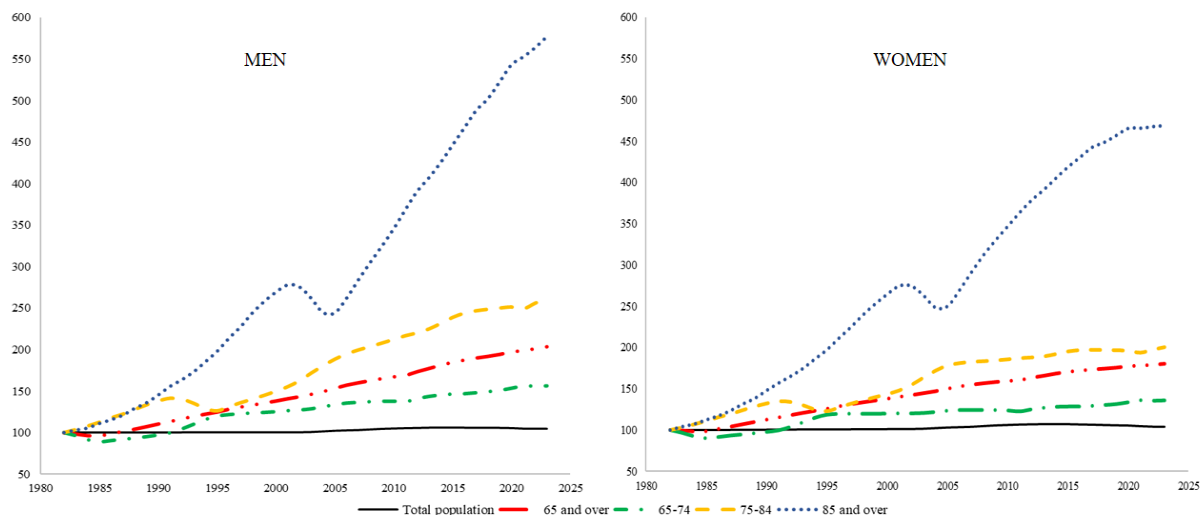


Figure 1. Relative increase in the total Italian population and older adults, by age group and gender; 1 January 1982–2023 (index numbers 1982 = 100). Source: authors’ processing of Istat data.

4.2. Older Adult Differential Mortality by Gender and Italian Territorial Macro-Area

The demographic trends among older adults were determined by the number of those born in 1917–1958, who gradually reached these ages in 1981–2022, and by the evolution of over-65 mortality. Migration also played a role, albeit limited, given the age groups analysed.

Demographic ageing has become increasingly important as a result of demographic transition, declining mortality, and consequently increased life expectancy, making Italy one of the countries with the longest life expectancy in the world [6,28]. This is due above all to the decline in mortality from cardiovascular diseases, followed by cancer, which are the most significant causes of death among older adults. These improvements are linked to ongoing therapeutic advances and the promotion of healthy lifestyles [29,30].

We analysed the annual changes in the time series of death probabilities $q_{x,t}$ at each five-year age group x ($x = 65\text{--}69, \dots, 100\text{--}104$) between $t - 1$ and t ($t = 1982, \dots, 2022$), calculating the Mortality Improvement Rate—MIR [31].

$$\text{MIR}_{x,x+4; t-1 \text{ to } t} = 1 - (q_{x,x+4,t}/q_{x,x+4,t-1}) \quad (1)$$

At the national level, the results indicate a first phase (1982–2000) almost devoid of excess mortality, followed by a phase (2001–2022) during which excess mortality became more frequent. Consequently, the decline in mortality rates during this later period was slower compared to earlier years. This is mainly due to anomalous heat waves, which have recurred several times after 1983 [32]. In the excess mortality of 2015, the anticipatory effect of over-85 deaths played a role, also due to certain criticalities in the vaccination campaign. In 2020, COVID-19 had a significant impact on the frailest older adults, especially those at advanced ages, with multiple comorbidities, and from lower socioeconomic backgrounds [33]. Notably, during the COVID-19 pandemic, mortality was higher among men—unlike in previous years and under different conditions, when it was generally higher among women. Fluctuations in the MIR (1), and thus the excess mortality, have a gradually negative effect as age increases, and the summary we proposed by the MIR calculated as period–geometric average (1982–2022) reproduces this:

$$\text{MIR}_{x,x+4; t \text{ to } t+k} = 1 - (q_{x,x+4,t+k}/q_{x,x+4,t})^{(1/k)} \quad (2)$$

Focussing on the aforementioned 40 years, no territorial macro-area emerges, and improvements are distributed throughout Italy at the various ages of older adults. However, the decrease in mortality for men has shown greater variability than for women. Nonetheless, different settings in the three Italian macro-areas resulted from Equation (2) (Figure 2).

In the North and Centre, men experienced a greater reduction in mortality compared to women, although this trend was limited to the ages of 75 and 78, respectively. In contrast, in the Mezzogiorno, the improvement in mortality among women was significantly higher than for men across all age groups.

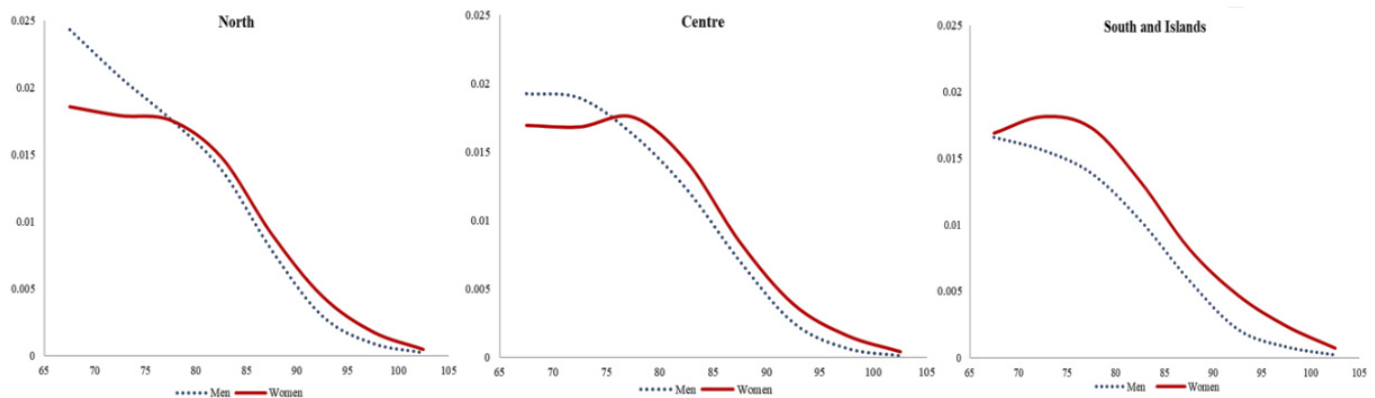


Figure 2. Older adult Mortality Improvement Rate—MIR—by Italian macro-area, age, and gender (1982–2022). Period–geometric average. Source: authors’ processing of Istat data.

As a result, the effects of these varied reductions in mortality risk have been significant, leading to a general reduction in the differences in life spans and pushing mortality beyond the threshold of old age.

Despite this, men have consistently exhibited higher mortality risks than women, with life expectancy (e_x) lower at all ages [34]. Our comparative analyses with previous years highlight the extent of this disparity today: men’s life expectancy at birth in Italy in 2022 was 80.59 years, a figure that women had already reached in 1992 (80.58 years). From 1982 to 2022, there was indeed some convergence between the life expectancies of women and men, but this only occurred up to early adulthood. Thereafter, this convergence gradually diminished and, at more advanced ages, the gap between men’s and women’s life expectancies widened in favour of women, showing an accelerated increase in the older adult population. The correlation coefficient (Bravais–Pearson) r is calculated at each age between the mortality differentials, measured by the gap between e_x of women and men ($\Delta e_x = e_x^F - e_x^M$; $x = 0, 5, 10, \dots$), and the corresponding e_x reflect these results.

Over this period, life expectancy has been on an upward trend at all ages throughout Italy, albeit with clear differences in the territorial macro-areas. In the North and Centre, where indeed the profiles of the r curves are nearly overlapping, Δe_x has been decreasing as age x increases; this is until around the age of 65; i.e., the residual life expectancy gender gap has tended to narrow (Figure 3).

At later ages, however, this strong inverse relationship loses robustness, and around ages 70–74, Δe_x remains constant throughout the period, with r equal to zero. At the following ages, with increasingly modest growths in e_x , Δe_x also increases as $r = 1$ at age 85. The same occurs in the Mezzogiorno, but the inverse correlation between e_x and Δe_x is weaker and decreases at younger ages than in the Centre and North. The correlation coefficient is zero between the ages of 55 and 60 but begins to rise at older ages, showing a comparatively early increase in the life expectancy gap between genders.

Our age- and time-based analysis of these profiles reveals convergence and divergence of life histories. Considering these differences and the results provided by (2) regarding mortality trends, we can observe not only the impact on life expectancy at these ages but also a key parameter for social security payments. Concerning men, the largest gains, in relative terms, in residual life expectancy between 1981 and 2022 occurred in the North, where they reached nearly 47.5% at age 75, followed by the Centre, where they arrived at almost 40% at

age 74, and then the Mezzogiorno, with 34.6% at age 75. For women, on the other hand, the largest increase in (e_x) was recorded in the Mezzogiorno (36.6% at the age of 80), then in the North (35.1% at the age of 80) and in the Centre (23.8% at the age of 75). Again, in the case of the Mezzogiorno, this is a remarkable result, considering the regional health inequalities in Italy and this territorial macro-area [33,35,36]. As a result, while in 1982, men in the North had the lowest life expectancy from age 65, in 2022, it became the highest, alongside that in the Centre, with only minimal differences, while the lowest was in the Mezzogiorno. In 1982, women registered the lowest life expectancy in this macro-area; in 2022, the highest value was still in the North, but the Centre and Mezzogiorno were almost on the same level. This confirms the results achieved so far, i.e., that the trend in the mortality of women over 65 was homogeneous throughout Italy. This differential mortality evolution has also gradually changed the population's gender composition.

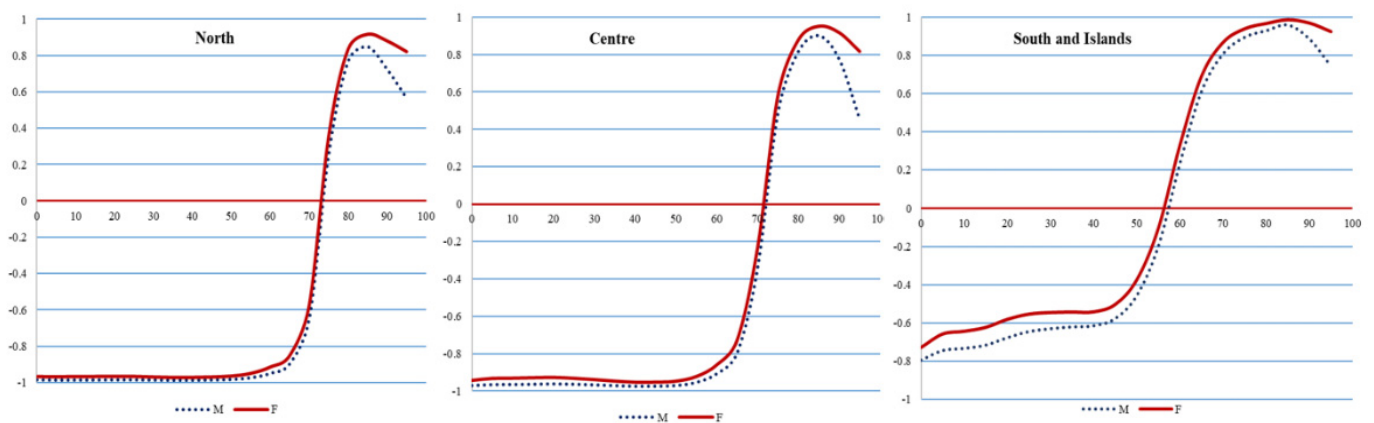


Figure 3. Correlation coefficient r between e_x and the related Δe_x by Italian macro-area, age, and gender; 1982–2022. Source: authors' processing of Istat data.

As of 1 January 2023, from a territorial perspective, the situation closely resembles that of 1982, with a gradual gender convergence taking place over the examined 40 years analysed. In any case, population ageing has also coincided with the ageing of households, leading to significant impacts on their dynamics, affecting them in both composition and size.

Mostly at older ages, the mortality differential has produced a significant gender imbalance, related to the great disproportion between widowers and widows. As of 1 January 2023, there was one widower for every five widows in the Mezzogiorno, with a slightly higher ratio in the North and the Centre. The proportion of widows over 75 stands out for its prominence compared to married women. Given their age-related vulnerability, these widows are at greater risk of losing their independence and experiencing instability, which has significant implications for social security and welfare [37,38].

4.3. Increasing Longevity and Impact on the Social Security System

Over the past four decades, the increase in life expectancy has profoundly affected the age structure of Italian pension beneficiaries, and their age is increasing. The analysis of the time series of the total number of outstanding pensions in Italy on 1 January, from 1998 to 2023, shows that beneficiaries' average age has changed significantly and has differentiated according to their categories examined (IVS and social assistance pensions) and gender (Figure 4A,B).

The overall average age of beneficiaries (considering IVS and social assistance pensions) increased more rapidly between 1998 and 2001: from 69.4 to 70.2 for men (Figure 4A) and from 71.2 to 72.1 for women (Figure 4B). The drop in 2002 reflected the inclusion of previously unavailable civil invalidity pensions, which are characterised by a younger age structure.

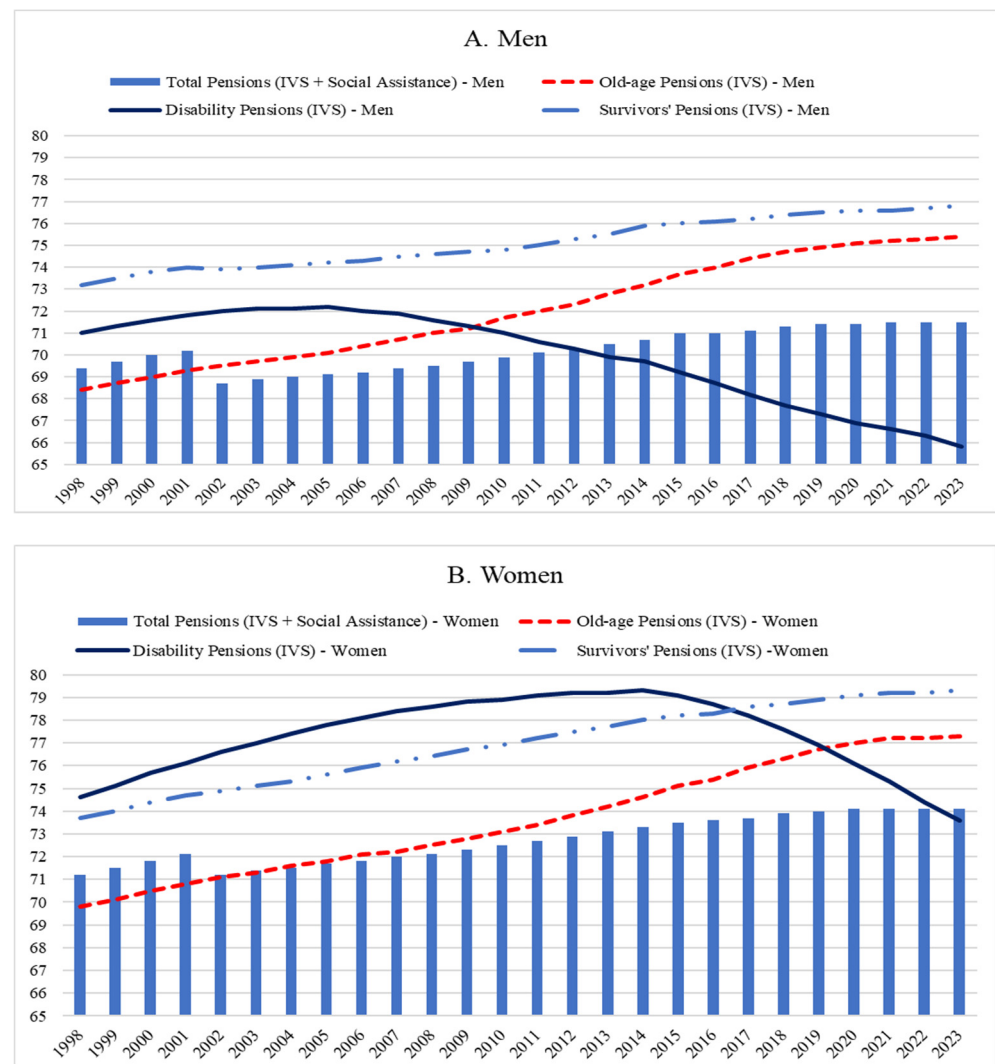


Figure 4. Outstanding pensions on 1 January, by category, beneficiaries' average age and sex ((A) for men and (B) for women); 1998–2023. Values in years. Source: authors' processing of INPS data.

The average age started rising again in 2003, to 71.5 years for men and 74.1 years for women in 2023, with an average annual percentage change of +0.1% and +0.2%, respectively, and an overall change over the 25 years considered of +3.0% and +5.2%. Women have a higher average age, with the gap widening over time: for total pensions, it is an average of 2.5 years more than men over the time considered. Detailing the pension categories, and focussing on IVS pensions, the average age of the beneficiaries of old-age pensions shows a greater balance between men and women, although women still have a higher average age by 1.6 years. This has increased from 69.8 years in 1998 to 77.3 years in 2023 for women, and from 68.4 to 75.4 for men. Although both groups registered the same average annual percentage change (+0.4%), the overall increase was slightly higher for women (+10.7% vs +10.4% for men).

In survivors' pensions, the advantage of women spreads to 1.8 years on average over men, with their average age increasing from 73.7 to 79.3 years from 1998 to 2023, compared to 73.2 and 76.8 for men. The average annual increase for women is 0.3%, while the total increase is 7.6%; the corresponding increases for men are reduced to 0.2% and 4.9%.

Concerning the disability pensions, the gender gap for average age here is the widest, with 7.3 years more for women, reaching up to 10 years more in 2016 and 2017. The average age has decreased by over 25 years, with −0.3% and −0.1% being the average annual

percentage change values for men and women (-7.3% and -1.3% are the total decreases). For men, the average age has changed from 71.2 years in 1998 to 65.8 in 2023; for women, this was from 74.6 to 73.6 years.

Within social assistance pensions, from 1998 to 2023, the average age of beneficiaries has increased for both social pensions and civil invalidity. For social pensions, the average age of male beneficiaries has passed from 73.2 to 74.8 years, and that of women has passed from 74.6 to 75.8, and, as in other categories, women consistently have a higher average age than men (on average by 1.9 years). In the civil invalidity category, the age structure is decidedly younger, especially among men, with the average age of men rising from 54.2 in 2002 to 55 in 2023; that of women rose from 65.9 to 69, averaging about 13 years higher than that of men and resulting in be the highest value of all categories. This change aligns with the overall age structure of the population; it also highlights the cumulative impact of women's frailty and their historically limited access to stable careers in the labour market [12].

When examining the total number of pensions across all categories, it is evident that women outnumber men among beneficiaries: the total number of outstanding pensions increased from 15,240,201 (of which 9,121,069 were received by female beneficiaries) in 2023. The sex ratio among pension beneficiaries has become more balanced, increasing from 67 men for every 100 women in 1998 to 81 in 2023. This reflects the high number of women among beneficiaries of nearly all pension categories, particularly in survivors' pensions; however, this does not include old-age pensions (Figure 5). The latter are most closely linked to the contribution history dictated by inclusion and permanence in the labour market. In this category, male beneficiaries are both more numerous and increasing in proportion (in 2023, there were nearly 134 men for every 100 women; in 1998, there were 120.5).

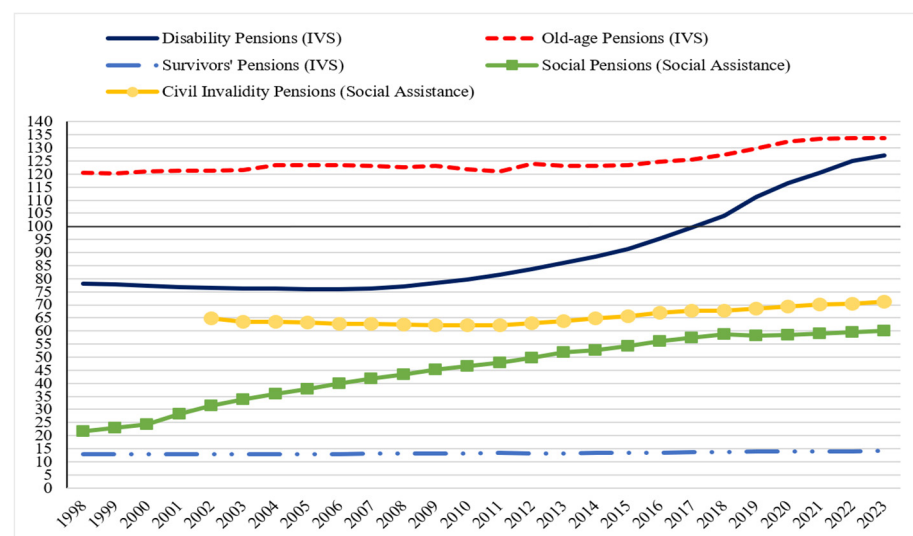


Figure 5. Outstanding pensions on 1 January, by category (IVS and social assistance) and beneficiary sex ratio; 1998–2023. Men per 100 women. Source: authors' processing of INPS data.

From 1998 to 2023, the number of male disability pension beneficiaries increased significantly, from 78.2 per 100 women to 137.1. The system is currently facing a plethora of older adult beneficiaries, who are frail and composed mostly of women.

As a whole, Figure 5 shows how progressive Italian population ageing has reshaped pension structures. Yet, in recent years, the greater availability of data on pension benefits has opened up new insights into the condition of older adults in Italy and the evolution of the welfare system, with particular attention to women's role, the diversification of benefits provided, and population ageing effects [15]. An updated overview through 2023 reiterates that ongoing events are radically changing the gender and age composition of pensioners

and the allocation of public expenditure between contributory and assistance schemes, shedding light on residual inequalities [10,14].

4.4. Interdependencies Between Population Ageing, Social Security, and Welfare Benefits

By integrating INPS data, at the beginning of 2023, we found that women were the over-65 pensioner majority for both social security (54.6%) and welfare benefits (59.3%), across private-sector-employed, self-employed, and public-sector-employed workers (59.6%). In general, older adults, especially women over 65, dominated every pension category.

However, as of 1 January 2023, women received 46.7% of the total pension amounts distributed, compared to 53.3% for men. Moreover, while in many cases pensions are a key component of income for older adults, and particularly for those still in the workforce—in 2021, 444,000, likely self-employed [33]—data on the amounts received by individuals relying solely on pensions reveal deep gender disparities, as well as differences across Italian macro-areas and pension management type.

Among these inequalities, the gap between public-sector and private-sector pension categories stands out as the clearest indicator of differentiated treatment among pensioners. Paradoxically, it also reveals a further peculiarity. Unlike the private sector, the public-sector pension system not only recorded the highest deficit among all pension schemes but also benefited from a significant additional contribution. As with the deficit, this additional funding is covered by the state through general taxation [2].

Our analysis confirms the gender pension gap [12,19]. Except for survivors' pensions, the average pension received by women is consistently lower than that of men, reflecting the gender pay gap in the labour market and the numerous inequalities women face. For older adults in vulnerable conditions, there are additional forms of economic support, such as social and civil invalidity allowances. These benefits are more equally distributed across the country than social security pensions, but they tend to be smaller on average. More than half of men receiving disability pensions are under the age of 60, while women are primarily concentrated in the over-80 age group, with more than 45% of them in this category.

Our findings confirm that, as age increases, the share of disability pensions among women increases at a faster rate than among men, while the share of old-age pensions decreases. This can be attributed to the fact that, in the past, relatively few women had continuous employment histories that allowed for sufficient pension contributions. Furthermore, the greater women's longevity, highlighted by the probability of living longer than the residual life expectancy (Figure 6), helps explain why many older women receive multiple pensions, including civil invalidity pensions. We observed that the pension receipt rates for men and women converge around age 77, initially favouring men, but shifting in favour of women at more advanced ages.

Next, we examined current levels of population ageing and the incidence of social security (IVS) and welfare (social assistance) pensions by calculating standardised pension rates. Using the standard population method, we considered the age structure of the Italian resident population in 2022. This approach ensured consistency in the comparison between ageing levels and pension rates, given that older adults are the main recipients of IVS pensions.

Although this method is fully appropriate for IVS pensions, it is less appropriate for social assistance pensions, since eligibility is not age-restricted. However, even in this case, the share of beneficiaries over 65 is significant, largely due to the predominance of older women among beneficiaries (Figure 7).

Our findings confirmed the Italian regional gradient between the Central, Northern, and Southern areas, with Liguria and Lazio as exceptions. In the Centre and North, a high share of over-65s prevailed with a high IVS pension rate, but a low social assistance pension rate. The Mezzogiorno, as well as Lazio and Umbria, showed high social assistance pension rates regardless of the proportion of over-65s with lower levels of the IVS pension rate.

However, if we also consider the pension categories, we find that old-age or early retirement pensions, the highest average amounts, are more widespread in the North, in Toscana, and Marche, while their frequency falls below the national average in Umbria, Lazio, and the Southern regions.

On the other hand, the frequency of old-age pensions, the lowest on average, is below the national average in the North, including Sardinia, with the exception of Liguria. The opposite is true in the Mezzogiorno, where Calabria and Lazio show the highest prevalence; at the margins of the average are Toscana, Abruzzo, and Molise.

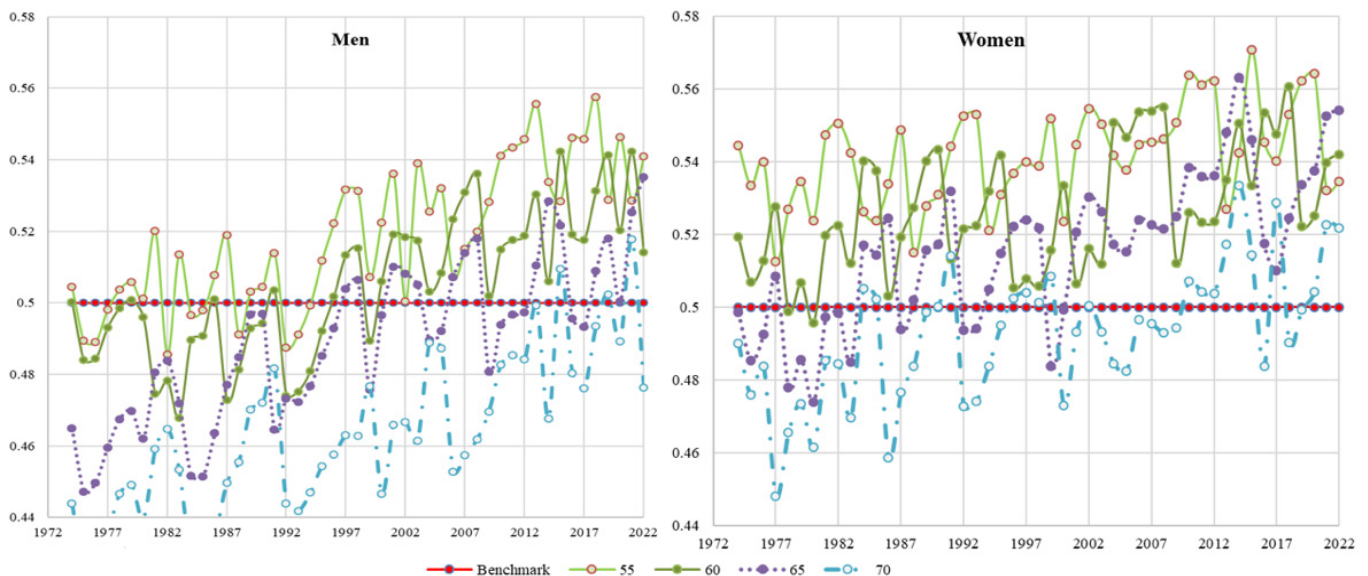


Figure 6. Probability of living longer than the remaining life expectancy at certain ages (55, 60, 65, and 70 years) in Italy by gender. Years: 1974–2022. Source: authors' processing of Istat data.

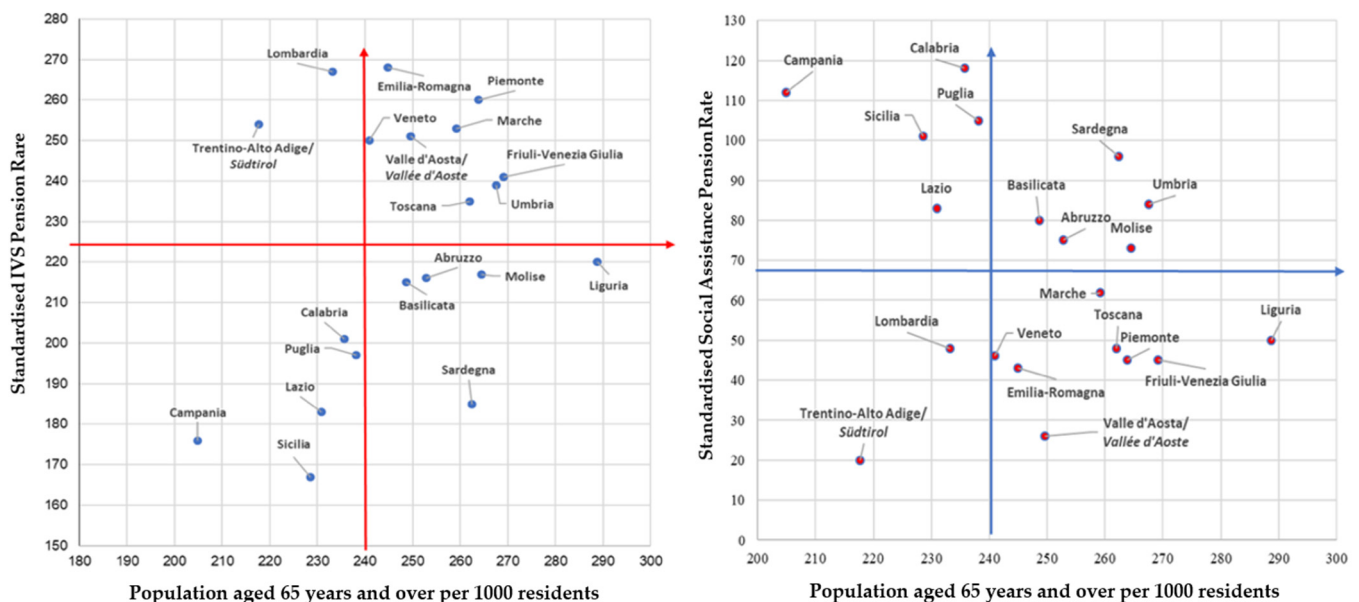


Figure 7. Population aged 65 years and over and standardised IVS and social assistance pension rate by Italian region. Values per 1000 residents. Year: 2022. Source: authors' processing of Istat and INPS data.

5. Discussion and Concluding Remarks

This study examines the demographic increase in the older adult population, defined as individuals aged 65 years and over, focussing on trends and their broader implications for

social and economic systems. The increase in the relative share of older adults corresponds to the ageing of the upper segment of the population age pyramid. In contrast, fertility rates in Italy fell below two children per woman by the mid-1970s [9], which has altered generational balances by eroding the base of the age pyramid and contributing to the process of population ageing from below [39]. Italy is currently at the forefront of this demographic transition, with a trend that is expected to continue and intensify in the coming decades [40].

In this context, women, who live longer, are over-represented in the highest age groups, where widowhood and illness-related frailty are particularly widespread. These groups also receive a higher number of pension and welfare benefits, although these benefits are often more fragmented and have a lower average value [15].

Our findings generally support our first research hypothesis (RQ1): over the 40 years from 1982 to 2022, mortality risks have steadily declined, as shown by both annual measurements and geometric averages of Mortality Improvement Rates (MIRs). At the same time, our analysis of gender-based disparities in life expectancy shows that while overall longevity has improved, the gap between male and female life expectancy remains notable. Men continue to experience higher mortality risks than women at every age, resulting in consistently lower life expectancy. These patterns suggest that although life spans are becoming more uniform in length—a trend we take as a general homogenisation of longevity—the benefits of improved mortality outcomes are not equally distributed across genders.

In alignment with the aims of our second research question (RQ2), our analysis investigates the relationship between gender disparities in life expectancy and various demographic and structural factors. We place particular emphasis on territorial macro-area differences and welfare dynamics. To achieve this, we conducted a correlation analysis to examine the relationship between a higher number of pension and welfare benefits, aiming to identify any underlying structural or behavioural factors.

From a territorial point of view, it almost always turned out, with a few exceptions at extreme ages. In the case of men, the largest reduction in mortality at any age occurred in the Northern Italian macro-area, and the smallest occurred in the South. For women, however, mortality declined most significantly in the South during the first sub-period (1981–2000). In the second sub-period (2001–2022) and over the entire 40 years considered, territorial differences became less pronounced, with improvements more sporadically distributed across territorial macro-areas and age groups.

Another important aspect that emerged concerns assistance-based benefits, particularly civil invalidity pensions and allowances. These actions, although designed for a broader audience, are significantly concentrated among older adults and female segments of the population. For instance, women over 80 represent more than 58% of civil invalidity pension beneficiaries. Data show that as age increases, the share of women receiving this form of support grows more rapidly, while the share of those receiving old-age pensions declines. This trend reflects long-standing structural inequalities: many women among older adults did not participate in the formal labour market to a degree sufficient to secure full contribution to pensions, making assistance-based benefits a more common support pathway [12].

Territorial disparities further highlight this pattern. In Central and Northern Italy, contributory pensions are more prevalent, whereas in the South, assistance-based benefits represent a larger share, even after controlling for older adult size [3]. This inequality also reflects disparities in employment history, access to social security contributions, and the prevalence of informal employment. All these factors have a substantial impact on the structure and sustainability of the pension system [10,14].

Despite the breadth of the analyses and the completeness of the sources we used to carry out this research, it is important to highlight some limitations of this study. The

influence of demographic trends on the financial sustainability of the pension system is a complex issue that necessitates further in-depth analysis. This includes studying expenditure dynamics as a percentage of GDP, examining in detail the regulations governing various pension schemes, understanding the retirement requirements and flexible exit options, and assessing replacement rates, among other factors.

It is essential to analyse the socio-demographic and economic characteristics of pension beneficiaries more thoroughly. For instance, the common stereotype associates pensioners with persons at high risk of poverty, whereas, instead, according to the latest available data, the risk of poverty is lower among households with pensioners [9,41]. Older adults, indeed, especially in the Mezzogiorno, often provide their family sphere's caregivers' economic support, thanks to their pension and (or) welfare income. The ongoing demographic and social changes have gradually modified household structures and strengthened informal support networks from family members and close relatives.

Concerning the gender gap, although women make up the majority of pension beneficiaries, men account for more than half of the allocated funds. As particularly emphasised in the paper, this imbalance reflects women's generally lower pension amounts, stemming from their more fragmented working careers and lower labour market participation. A deeper understanding of these dynamics would require microdata to incorporate additional explanatory variables.

Nevertheless, these limitations do not diminish the validity of the findings we illustrated. On the contrary, they serve as a starting point for further investigations, intending to contribute to a more comprehensive and nuanced understanding of population ageing and the functioning of the Italian pension and welfare systems.

The results achieved in our study confirm the need to further investigate the interaction between the socio-demographic characteristics of pensioners and the households' contexts in which they live. Using multidimensional data analysis techniques to cluster individuals with similar socio-demographic and economic profiles can provide valuable insights for designing more targeted and successful social policies.

As we found, in Italy, the financial pressures of social security and welfare systems are only partially related to population ageing. These strains are more directly linked to demographic changes among older adults, particularly among over-85s, leading to a growing demand for assistance. This trend reflects a broader transformation in the nature of ageing and its implications for welfare provision.

The uneven distribution of IVS and social assistance pensions across the country reveals deep-rooted territorial disparities in living conditions and labour market dynamics. These differences expose the limitations of a welfare system that has not adequately addressed the irregularities in contribution schemes, often stemming from precarious or informal employment, especially in certain regions.

In response to these challenges, policy measures need to account for regional diversity. A one-size-fits-all approach is unlikely to succeed in a country where structural inequalities between the North and South continue to persist. National policies must therefore be adapted to reflect sub-national realities, particularly in the planning and provision of welfare services. At the same time, there is a pressing need to reform contribution systems to better adapt non-linear working careers, which mainly affect women and workers not covered by formal employment contracts. Furthermore, integrating social assistance with the healthcare system is essential. Investment in community-based and long-term care services—which remain limited in many parts of the country—must be a priority to plug the structural gaps in the system that drain its capacity to serve the most vulnerable.

Finally, a territorially sensitive and inclusive welfare strategy is needed: ensuring equitable access to care and assistance will require not only adequate financial resources but

also improved coordination between social and health services, as well as across different levels of government.

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Informed Consent Statement: Informed consent was not sought from individual participants, in accordance with ethical guidelines for the use of publicly available data. The dataset contains no personally identifiable information.

Data Availability Statement: The data presented have been processed using datasets that are available in aggregated form on the official websites of Istat (<https://www.istat.it/en/data/databases/>, accessed on 29 April 2025) and INPS (<https://www.inps.it/it/it/dati-e-bilanci/open-data.html>, accessed on 29 April 2025).

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References

1. Calot, G.; Sardon, J.P. Les facteurs du vieillissement démographique. *Population* **1999**, *54*, 509–552. [CrossRef]
2. Centro Studi e Ricerche Itinerari Previdenziali (Ed.) Il Bilancio del Sistema Previdenziale Italiano. Andamenti Finanziari e Demografici Delle Pensioni e Dell’assistenza per L’anno 2022; Rapporto n.11. 2024. Available online: <https://www.itinerariprevidenziali.it/site/home/biblioteca/pubblicazioni/undicesimo-rapporto-bilancio-del-sistema-previdenziale-italiano.html> (accessed on 24 February 2025).
3. INPS. Coordinamento Generale Statistico Attuariale (a Cura di) Gestione Dipendenti Pubblici: Pensioni Vigenti all’1.1.2023 e Liquidate Nel 2022; Statistiche in breve. 2023. Available online: <https://servizi2.inps.it/servizi/osservatoristatistici> (accessed on 24 February 2025).
4. Ferrera, M.; Fargion, V.; Jessoula, M. *Alle Radici Del Welfare All’italiana. Origini e Futuro di un Modello Sociale Squilibrato*; Marsilio: Padova, Italy, 2012.
5. INPS. Assistenza e Previdenza. Studi e Analisi. 2022. Available online: <https://www.inps.it/it/it/dati-e-bilanci/attivita-di-ricerca/pubblicazioni/studi-e-analisi/2022.html> (accessed on 24 February 2025).
6. Culotta, F. Life Expectancy Heterogeneity and Pension Fairness: An Italian North-South Divide. *Risks* **2021**, *9*, 57. [CrossRef]
7. Schoeni, R.F.; Ofstedal, M.B. Key themes in research on the demography of aging. *Demography* **2010**, *47*, S5–S15. [CrossRef] [PubMed]
8. Harper, S. *Ageing Societies*; Routledge: London, UK, 2014.
9. Istat. Istat Data 2023. Available online: <https://esploradati.istat.it/databrowser/> (accessed on 15 April 2025).
10. Lorenti, A.; Dudel, C.; Myrskylä. The legacy of the great recession in Italy: A wider geographical, gender, and generational gap in working life expectancy. *Soc. Indic. Res.* **2019**, *142*, 283–303. [CrossRef]
11. Schön, M. Demographic change and the rate of return in pay-as-you-go pension systems. *J. Popul. Econ.* **2023**, *36*, 1799–1827. [CrossRef]
12. Abatemarco, A.; Lagomarsino, E.; Russolillo, M. Gender Pension Gap in EU Countries: A Between-Group Inequality Approach. *Risks* **2023**, *11*, 63. [CrossRef]

13. Cipriani, G.P. Population aging and PAYG pensions in the OLG model. *J. Popul. Econ.* **2014**, *27*, 251–256. [CrossRef]
14. Börsch-Supan, A.; Härtl, K.; Leite, D.N.; Ludwig, A. Preventing reforming unequally. *J. Popul. Econ.* **2023**, *36*, 2889–2924. [CrossRef]
15. Chłoń-Domińczak, A. Gender Gap in Pensions: Looking Ahead. European Union. 2017. Available online: <http://www.europarl.europa.eu/supporting-analyses> (accessed on 7 April 2025).
16. Leythienne, D.; Pérez-Julián, M. Gender pay gaps in the European Union: A statistical analysis. In *EUROSTAT Statistical Working Papers*; Eurostat, Publications Office of the European Union: Luxembourg, 2021. Available online: <https://ec.europa.eu/eurostat/web/products-statistical-working-papers/-/ks-tc-21-004> (accessed on 7 April 2025).
17. Cornali, F.; Saracino, B. Donne in pensione. Le disuguaglianze di genere dal mercato del lavoro alle prestazioni previdenziali. In *Generazioni al Lavoro. Differenze, Disuguaglianze e Giustizia Distributiva*; Franco Angeli: Milano, Italy, 2013; pp. 129–160.
18. De Luigi, N.; Rizza, R.; Santangelo, F. Women and pensions in Italy: Gender imbalances and the equalization of retirement age. *Front. Sociol.* **2021**, *6*, 707591. [CrossRef]
19. Zanier, M.L.; Crespi, I. Facing the gender gap in aging: Italian women's pension in the European context. *Soc. Sci.* **2015**, *4*, 1185–1206. [CrossRef]
20. O'Higgins, N. Italy: Limited policy responses and industrial relations in flux, leading to aggravated inequalities. In *Work Inequalities in the Crisis*; Edward Elgar Publishing: Cheltenham, UK, 2011.
21. Trentini, M. Retirement timing in Italy: Rising age and the advantages of a stable working career. *Ageing Soc.* **2021**, *41*, 1878–1896. [CrossRef]
22. Albertini, M.; Tosi, M. Grandparents, family solidarity and the division of housework: Evidence from the Italian case. *Genus* **2022**, *78*, 21. [CrossRef]
23. Brugiavini, A.; Galasso, V. The social security reform process in Italy: Where do we stand? *J. Pension Econ. Financ.* **2004**, *3*, 165–195. [CrossRef]
24. Jessoula, M. Istituzioni, gruppi, interessi. La “nuova politica pensionistica” in Italia. *Riv. Ital. Di Politiche Pubbliche* **2011**, *6*, 211–242.
25. Reynaud, C.; Miccoli, S. Population ageing in Italy after the 2008 economic crisis: A demographic approach. *Futures* **2019**, *105*, 17–26. [CrossRef]
26. Sori, E. *L'Emigrazione Italiana dall'Unità alla Seconda Guerra Mondiale*; Il Mulino: Bologna, Italy, 1979.
27. Armenise, M.; Benassi, F.; Carella, M.; Misuraca, R. Accessibility and Older and Foreign Populations: Exploring Local Spatial Heterogeneities across Italy. *Economies* **2024**, *12*, 248. [CrossRef]
28. Pace, R.; Mignolli, N. The Impact of Sub-National Demographic Transitions on Demographic Dividends in Italy. In *Demographic Dividends: Emerging Challenges and Policy Implications*; Pace, R., Ham-Chande, R., Eds.; Springer International Publishing: Cham, Switzerland, 2016; pp. 135–174.
29. Wilmoth, J.R.; Robine, J.M. The World Trend in Maximum Life Span. *Popul. Dev. Rev.* **2003**, *29*, 239–257.
30. Kinsella, K.; Phillips, D.R. Global Aging: The Challenge of Success. *Popul. Bull.* **2005**, *60*, 1–44.
31. Hunt, A.; Villegas, A.M. Mortality Improvement Rates: Modeling, Parameter Uncertainty, and Robustness. *N. Am. Actuar. J.* **2022**, *27*, 47–73. [CrossRef]
32. Capocaccia, R.; Farchi, G.; Mariotti, S.; Verdecchia, A.; Angeli, A.; Scipione, R.; Morganti, P.; Panichelli Fucci, M. (Eds.) *La mortalità in Italia Nell'anno 1983*; Rapporti ISTISAN, 87/54; Istituto Superiore di Sanità: Roma, Italy, 1987.
33. Istat. Condizioni di Vita Dei Pensionati. Anni 2020–21. Statistiche Report 2022. Available online: <https://www.istat.it/comunicato-stampa/condizioni-di-vita-dei-pensionati-anni-2020-2021/> (accessed on 24 February 2025).
34. Maccheroni, C. Diverging tendencies by age in sex differentials in mortality in Italy. *South-East Eur. J. Political Sci.* **2014**, *2*, 42–58.
35. Cartabellotta, A.; Mosti, M.; Luceri, R.; Orsi, F.; Cottafava, E. (Eds.) *Livelli Essenziali di Assistenza: Le Diseguaglianze Regionali in Sanità*; Report Osservatorio GIMBE n. 2/2022; Fondazione GIMBE: Bologna, Italy, 2022.
36. Betti, M.; De Tommaso, C.V.; Maino, F. Health Inequalities in Italy. Comparing regions among prevention, community health services and hospital assistance. *Soc. Dev. Issues* **2023**, *45*, 61–76. [CrossRef]
37. Dabergott, F. The gendered widowhood effect and social mortality gap. *Popul. Stud.* **2022**, *76*, 295–307. [CrossRef] [PubMed]
38. Cornwell, B.; Qu, T. “I Love You to Death”: Social Networks and the Widowhood Effect on Mortality. *J. Health Soc. Behav.* **2024**, *65*, 273–291. [CrossRef] [PubMed]
39. Mencarini, L.; Vignoli, D. *Genitori Cercasi: L'Italia Nella Trappola Demografica*; EGEA S.p.A.: Milano, Italy, 2018.
40. Tommasini, C.; Vignoli, D. *Rapporto Sulla Popolazione. Le Famiglie in Italia. Forme, Ostacoli, Sfide*; Il Mulino: Bologna, Italy, 2023.
41. Mazzola, P.; Rimoldi, S.M.L.; Rossi, P.; Noale, M.; Rea, F.; Facchini, C.; Maggi, S.; Corrao, G.; Annoni, G. Aging in Italy: The need for new welfare strategies in an old country. *The Gerontologist* **2016**, *56*, 383–390. [CrossRef]

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