



## **EXECUTIVE SUMMARY: Self-reported needs and priorities of LGBTI+ Older Persons in El Salvador**

### **INTRODUCTION**

There are specific physical, psychological, and social changes that take place in later adulthood, creating unique challenges and needs for older adults. It is very important we understand the unique needs of older adults in order to ensure they age with dignity. This is especially true for LGBTI+ older adults who live at the intersection of ageism, homophobia and transphobia.

Within this context, **CIPAC** and **ASPIDH** with collaboration from SAGE, executed a joint project, the **LGBTI Elders Advancing Initiative**. As part of this initiative, interviews and surveys were conducted with LGBTI+ older adults in Costa Rica and El Salvador on their needs, livelihoods, and personal experiences. The main findings obtained in El Salvador are reported below.

### **METHODOLOGY**

A total of **76 individuals** were interviewed throughout El Salvador between May and June 2022. Participating LGBTI+ seniors 50 years or older, were selected through RDS sampling. The scope of the methodology was replicated by each interviewee who, in turn, provided contact information for 5 other individuals to participate in the survey. Interviews were conducted in person using a standardized mobile survey tool.

Various efforts were made to achieve a sample group that represented different contexts regarding sexual orientation, gender identity, social class, educational level, and place of residence.

Out of the total sample, the following socio-demographic data is highlighted: **81.6%** of the interviewed population resides in urban areas; **84.3%** identified themselves as mestizo; nearly **60%** do not have a steady income and **44.7%** have some type of disability. Only **22.4%** possess health insurance and **73.7%** of the population did not graduate from high school, attaining their highest level of schooling between primary and high school. A small minority of the surveyed group attended university.



## MAIN RESULTS

### INCOME AND HEALTH

Among the population that reported being employed (**83.9%** of the sample), **29%** are government employees or work at a public institution, **19.4%** work in the private sector and **12.9%** are informal workers. Approximately **84.6%** of the interviewees affirmed that they were full-time employees, whereas **16%** stated that they did not have a job.

Although the majority are employed, very few reported having access to healthcare services (**only 22.4%**). Even though half of the interviewees indicated having some type of disability (44.7%) and/or a chronic disease (such as hypertension, HIV and diabetes (60.5%)), 63.2% mentioned not having a social service, economic or healthcare support mechanism. Furthermore, 38.2% of the surveyed population stated that they had not been to a public clinic or healthcare center in the last 6 months.

According to the responses, most were impacted negatively by lack of physical exercise, sleep disturbance, and emotional stress, all which had significantly improved by the time of the interviews.

### CARE AND SUPPORT NETWORKS

Existe un buen nivel de redes de apoyo, donde sobresalen:

- 77.0%** Friends
- 60.8%** Relatives
- 41.9%** Collectives, groups, activists
- 36.5%** Pets
- 28.4%** Partner

Also mentioned: spiritual communities, therapists, and professionals, neighborhood/local individuals, and online communities.

**40.8%** are caretakers themselves, while **13.2%** are cared for by someone else.

### DISCRIMINATION

Almost half of the interviewees (47.4%) reported having experienced some type of discrimination from family members, friends, or people in their community and out this group, 72.2% attributed this to their sexual orientation, 30.6% to their gender identity, 13.9% to their age and the same percentage (13.9%) to their social class.

Regarding healthcare services, the majority did not report discrimination in the last few months. A smaller percentage, 11.8%, reported having



experienced discrimination, but emphasized that it was two-fold- due to their sexual orientation and their social class.

## HOUSING

Regarding housing, **35.5%** pay rent/lease for their home, **31.6%** are homeowners, and **30.6%** claimed to have stable housing. A large percentage (**80%**) indicated that they live with someone else, most of them with relatives (**84.7%**).

More than half of the respondents (**59.2%**) fear that they will lose their homes in their old age, mainly out of concern that they will not be able to continue to afford it.

## PROBLEMS FACED BY AGING POPULATIONS AND THE ELDERLY

***The following were mentioned as issues of great concern among LGBTI+ seniors***

**90.8%** Impact of Covid-19

**86.8%** Lack of a support network to care for them

**85.5%** Discrimination and lack of recognition of their LGBTI+ rights.

Access to social and welfare benefits, discrimination, loneliness/isolation and financial dependance on others, were also emphasized.

***Most concerns about old age among the respondents include:***

**84.2%** Finances, especially not having enough money to make ends meet

**73.7%** Lack of a support network to care for them.

**73.7%** Discrimination and lack of recognition of their LGBTI+ rights.

**72.4%** Loss of independence

Other problems were highlighted such as Covid-19 impacts and access to health, welfare, unemployment, and retirement benefits.

*There is greater concern about these issues among individuals with less schooling/lower educational levels and transgender people.*



## RECOMMENDATIONS

- Promote further Social Science and Scientific research to examine livelihood and socioeconomic conditions of LGBTI+ seniors.
- Promote campaigns to both empower the LGBTI+ population and raise awareness among the population-at-large.
- Coordinate with state and private institutions to advocate for strategies towards a minimum pension to ensure economic stability for all LGBTI+ seniors.
- Significant efforts must be made at a state-wide administrative level to provide better access to healthcare and welfare services. More facilities are required to provide more options for decent housing, care, and shelter.
- Establish mechanisms that favor and systematize inclusive activities and initiatives within the LGBTI+ populations themselves (NGOs, collectives, among others).
- Focused and urgent attention juxtaposed with effective strategies are imperative for LGBTI+ populations to gain better access to different healthcare and welfare benefits as well as other social services. LGBTI+ seniors must also have access to support networks targeted to the LGBTI+ community. Furthermore, state programs must be adopted to attenuate current conditions.
- To strengthen care and support networks for the LGTB+ senior population, LGBTI+ communities must involve and work together with civil society towards this objective.