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Older people in Argentina: Various disadvantages in the face of the coronavirus pandemic



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Older people, that is to say people who are 65 and over, bear the most tragic brunt of this pandemic. The probability of dying after contracting COVID-19 is very high and increases with age for this group.

Note: This blog is part of Lustig, N. & Tommasi, M. (2020). El COVID-19 y la protección social de los grupos pobres y vulnerables. UNDP. (Forthcoming)

On the last day of 2019, China reported numerous cases of pneumonia of unknown origin to the World Health Organization (WHO) in Wuhan, Hubei Province. The virus, newly identified a week later, spread very quickly. By the end of January, China already had almost 10,000 confirmed cases of COVID-19, and by the end of February, almost 80,000 (Stein & Valencia, 2020).

On March 11, 2020, the WHO Director-General said that “In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled. There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives.” At the same time, the WHO declared the coronavirus outbreak to be a “pandemic.”

From that moment described by the WHO Director to date, the disease has continued to spread and deaths have continued to increase. Older people, that is to say people who are 65 and over, bear the most tragic brunt of this pandemic. The probability of dying after contracting COVID-19 is very high and increases with age for this group.

It is the case that the prevalence of illnesses that have a critical relationship to coronavirus mortality is higher among the elderly and increases with age. It is also a vulnerable group from a social perspective. The income available to them comes from a social security system that, although it includes most of the group, provides them with a limited amount that only allows them to perhaps cover basic food needs, but not much more. On the other hand, the group has a comparatively low educational level and little experience with the use of information and communication technologies, which makes them more dependent on other population groups (mainly central age group adults) and places them at a disadvantage in today's society.

Mortality

The elderly face a higher risk of death than those in lower age groups. COVID-19, unlike other epidemics and pandemics, attacks older age groups of the population with greater intensity.

It is very useful to have estimates for the COVID-19 case fatality rate. Understanding the relative risk for different sectors of a population makes it possible to focus attention on the most vulnerable sections and improve the allocation of health resources to those who need them most.

The probability of dying for a person between 60 and 69 years is 12 times higher than for a person in the 40-59 range. For the 70-79 age group, the risk is 43 times higher

and it is 67 times higher over 80. The case-fatality rate in Argentina is 30 per thousand or 3%, similar to that registered in China and slightly lower than for Germany.

Despite the importance of the case fatality rate, there are authors who maintain that the number of deaths is a more accurate indicator of the spread of COVID-19.

With the data available to date, it is possible to determine the age and sex for the deaths that have occurred in Argentina. **Deaths reveal a strong bias in regards to males (38/49) and the elderly (36/49).** The average age of death is 68.1 years with a standard deviation of ± 11.6 years.

Deaths due to the disease caused by the coronavirus are rising rapidly in the country and are growing exponentially at a daily rate of 10.5%. Almost all of the registered deaths are among the elderly.

The assumption of a linear growth curve for deaths is completely different from what the data is showing to date. The number of deaths is growing exponentially, and if this growth continues in this way (an assumption perhaps as absurd as that of linear growth), by **June 30** there would be **360 thousand deaths** in the country due only to this disease, a number that equals the total deaths in the country in one year from all causes and in all age groups.

Monetary poverty and non-monetary deprivations

Social distancing requires staying at home. No kind of imposed isolation is pleasant, but it is clear that the quality of this confinement varies, among other things, according to the amount of resources that households command. It is not the same to be confined for weeks in a well-equipped dwelling as it is to stay in a precarious dwelling, or to be confined with a limited availability of monetary resources.

Although the levels of monetary poverty among older people are rather low,^[1] the level of non-monetary deprivations is truly high: one out of every two older people is deprived of exercising at least one of their basic rights, and one in four is severely deprived. The foregoing implies that, in a population estimated at almost 5.2 million, 2.6 million have at least one of their basic rights violated.

Among older people, 13% live in houses with poor-quality roofs, floors, and walls. A large part of this population does not have access to the gas and sewer network, as well as to the potable water network. Many of the elderly who face these vulnerabilities live in households with people in the central age group (30-59). It should be noted that, in the current context, this implies being in close quarters with the group with the highest prevalence rate for COVID-19. Housing deficiencies also affect the possibility of the personal hygiene that is appropriate for the circumstances.

An additional difficulty is not having anyone to help with the care of the elderly (who are more likely to die once they have contracted the disease). In addition to social distancing, either alone or in the company of other people,

there are the conditions of poverty that often affect an appreciable number of older people who live alone and are also poor. These people are unevenly distributed over the country's geography and require special attention and treatment.

Non-communicable diseases

Mortality for the elderly in the presence of the virus is more likely to occur due to the higher prevalence in this age group of preexisting diseases. Older people, and poor older people, are more likely than the rest of the population to suffer from diabetes, hypertension, and obesity (NCDs).

The incidence of three types of Non-Communicable Diseases (NCDs) mentioned increases with age and reaches high levels for those over 40, which is the age group with the highest number of deaths recorded, according to the available data. Keep in mind that these health conditions make recovery from a COVID-19 infection more difficult.

China has data on preexisting diseases for COVID-19 deaths. Cardiovascular diseases rank first, followed by diabetes, chronic respiratory diseases, and hypertension. Note that, in the case of Argentina, the higher male mortality might be due to the higher prevalence of cardiovascular diseases and hypertension in this part of the population, although the data from Argentina does not show significant differences in the prevalence of these diseases between the sexes.

There are strong NCD prevalence differentials according to the income stratum of the household where the elderly live. Prevalence decreases as family income increases. The groups with the highest sensitivity to the three NCDs considered here are the 40-49 and 50-59 age groups. Again, disadvantages are detected in these groups that can be decisive in defining the outcome of the disease caused by the coronavirus.

Educational level and technological literacy

The way to achieve isolation is to stay at home. Thanks to the availability of the internet and the minimum essential equipment at home, this stay can even be pleasant or, in the worst case, a good second alternative to engaging in activities outside the home. As we all know, it is possible to pay for services, make transfers, and buy different merchandise online without leaving home. But how many older people have computers at home? How widespread is internet use among them? Do older people normally use cell phones?

Older people have absolutely justifiable basic difficulties that prevent them from acquiring skills for the use of Information Communication Technology Services (ICTS). They need help from younger people, who, in turn, have the highest risk of contagion. First of all, it should be said that older people's educational level is significantly lower than that of current generations. According to data from the Permanent Household Survey, adults in Argentina

between 25 and 54 years old had 12 years of schooling, those 55-64 years old had 10.8, while those 65 and over had 9.5 years.

This level of education, equivalent to a little more than 2 years of secondary school, implies that a good number of these people have less than that. In fact, the income-poor population 65 and over has an average of 6.9 years of schooling. In addition, not only did they have fewer years of school, but they began their schooling from the late 1930s to the 1950s. A simple mental exercise is sufficient to realize how far away they were at that time from the technological innovations that are used on a daily basis today. So, the difficulty they have with access to new information and communication technologies is not surprising.

The number of older people who have internet access at home is significantly lower than the number of people in other age groups who have it. The consequence is that they must leave their confinement to shop and pay for services. Poor older people face a double vulnerability due to their age and social status.

Actions that could prevent contagion

What is mentioned here focuses only on the elderly population: 65 years old and older.

- Carry out a technological literacy campaign, using videos and talks that could be broadcast on television and radio and published in printed mass-circulation newspapers.
- Promote, with “nudges”, the use of ICTS, ATMs, etc., placing more emphasis on the most disadvantaged regions and the

most vulnerable social sectors.

- An awareness campaign in this regard aimed at adults in the central age group encouraging them to help elderly people, especially those **who live alone and lack resources**.
- Provide internet services to the most vulnerable sectors, through cell phones or television, at least for the duration of the mandatory quarantine.

[1] 14% for the first semester of 2019.

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