

A faint, light gray world map is visible in the background, centered on the Americas. The map shows the outlines of continents and countries, with a slightly darker shade for the Americas.

# **GALNET – 2 WORKSHOP – 9 – 10 FEBRUARY - HYDERABAB - INDIA**

Doctor NELIDA REDONDO  
SIDOM FOUNDATION



# **CURRENT CHALLENGES:**

**LACK OF FORMAL LONG-TERM CARE:  
GENDER INEQUALITIES AND HUMAN  
RIGHTS VIOLATIONS**

Doctor NELIDA REDONDO  
SIDOM FOUNDATION

# THE CASE OF ARGENTINA



# LONGEVITY FAST GROWTH

<b>Years</b>	<b>Life expectancy at bird</b>	
	<b>Males</b>	<b>Females</b>
2010	72,5	79,3
2016	74	80,4

# ARGENTINA DEMOGRAPHIC PROFILE

## **Health Life Expectancy (Free of Permanent Limitations) (2010)**

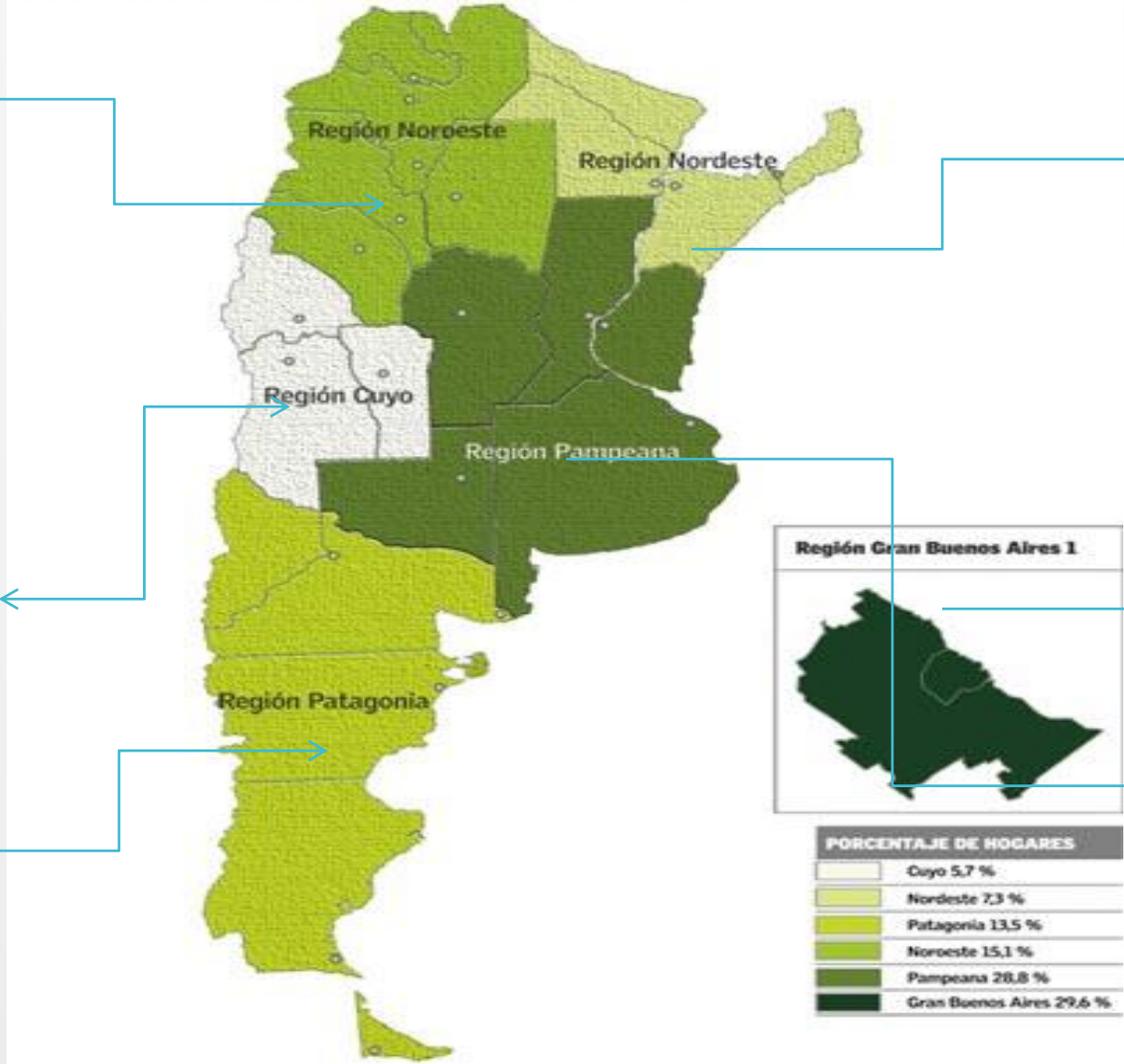
- Female: 64,3 years
- Males: 61,2 years

## **Fertility rate (2010)**

- 2,4 children per woman
- Different patterns by regions and social strata

# HLE PATTERNS

República Argentina. Porcentaje de hogares en los que al menos una persona se reconoció perteneciente o descendiente de un pueblo indígena, según regiones. Año 2001.



IIB. HIGHEST LEWD + HIGHEST LEW SEVERE LEVEL OF DISABILITIES

IIA. LOWEST HALE+ HIGHER LEW SEVERE LEVEL OF DISABILITIES

III. NATIONAL PATTERN

I. HIGHEST HALE LOWEST LEWD

III. NATIONAL PATTERN

Para el INDEC, la región Gran Buenos Aires (GBA) comprende Ciudad de Buenos Aires y 24 partidos del Gran Buenos Aires.

Nota: se representa la proporción de de hogares con al menos una persona perteneciente o descendiente de un pueblo indígena del total del país.

FUENTE: INDEC. Censo Nacional de Población, Hogares y Viviendas 2001.

# LACK OF SERVICES FOR DEPENDENT OLDER PERSONS

- Children and young people in poor households produce a greater demand on the public health services.
- Since 2016 counter health transition caused by the serious dengue, zika and chucungunya epidemic.
- This is one reason why long-term care systems have not yet been developed for the frail and dependent elderly.

# ARGENTINA: A “PRO AGING” COUNTRY

- Retirement and widowhood pensions and old age pensions are virtually universal for the elderly.
- Health coverage is virtually universal by means of social security for people in formal employment and retired persons, the health prepayment plans and the state programmes.
- Women have more extended retirement, pension and health coverage than men.

# PENSION INCOME COVERAGE

Gender and age group	Both sexes		Male		Female	
	Population in private houses	Receives retirement pension	Population in private houses	Receives retirement pension	Population in private houses	Receives retirement pension
		<u>                    </u> %				
<b>Total 65 years and over</b>	<b>3,979,032</b>	<b>93.0</b>	<b>1,632,039</b>	<b>89.7</b>	<b>2,346,993</b>	<b>95.3</b>
80 and over	930,714	97.7	309,946	97.9	620,768	97.6

NB Homeless are included

Source: Drawn up by the author from National Census of Population, Homes and Housing, 2010, Table P.13INDEC, 2012 .

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# HEALTH COVERAGE

Age groups	Both sexes		Male		Female	
	Number in population	% Health coverage through social security or prepayment	Number in population	% Health coverage through social security or prepayment	Number in population	% Health coverage through social security or prepayment
		%		%		%
<b>Total 65 years and over</b>	<b>3,979,032</b>	<b>95.0</b>	<b>1,632,039</b>	<b>93.2</b>	<b>2,346,993</b>	<b>96.2</b>
80 and over	930,714	97.0	309,946	96.7	620,768	97.1

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# SOCIAL PROTECCION FOR AGED

- The social protection system in Argentina follows a “familistic” tradition (Esping-Andersen, 1990; 2002; Sunkel, 2006) as used to be true in some parts of Southern Europe.
- Laws oblige adult children (or other heirs to assets), to provide food and care for parents and direct relatives.
- The State only intervenes in cases in which people don't have family or are very poor.

# PRESSURE POINTS ON THE "FAMILIST" SYSTEM

- Increasing longevity
- Growing ageing of the population
- Increasingly women work
- Migration of young adults
- Potential catastrophic costs for some families

# MAIN CONSEQUENCES OF LACK OF INTEGRATED SERVICES

- Inappropriate admissions to long-stay institutions,
- Neglect of care
- Violation of human rights
- Gender inequality, especially for older women.
- Financial abuse

# STUDIES

2006: a representative survey of “geriatric homes”, in the Metropolitan Area of Buenos Aires (Redondo, 2010).

2008-9: study on health services provided at home (and as hospital in-patients for more complex services) for dependent elderly people in the city of Buenos Aires (Redondo et al., 2013).

2016, an innovative research design to provide an in-depth case study of long-term care services in the city of La Plata, Argentina (Lloyd Sherlock; Penhale and Redondo, 2018)

2014-2016, longitudinal, prospective, follow up 12 months, study on an elderly population with advanced chronic diseases and severe dependence. Metropolitan Area of Buenos Aires (Redondo, SIDOM Foundation in progress).

# RESULTS 2006

- Highest proportion of elderly people in institutions were taken there because of the need for some kind of help that they could not get when they were living alone in their single-person homes.
- Over half of those interviewed said that when they were taken to the home, they were still capable of taking a bath or shower (including getting in and out of the bath tub), getting dressed, eating (including cutting their food), sitting down on and getting up from the toilet, walking across a room and taking their medicine by themselves.
- Putting the frail and dependent elderly in long-stay homes is financed almost exclusively privately, with the elderly person's own money or that of their relatives.

# RESULTS 2006

- The care plan for residents is drawn up in most cases by the home's doctor, or, in second place, by other professionals, but only 15% of the homes let residents have a say in the drawing up of their care plan, while slightly over 20% include relatives in the planning.
- The predominant care plan at the institutions researched seems, on the contrary, to be designed for the convenience of the organization's activities and staff.
- Around 70% of the homes interviewed employ physical restraints for residents to stop them from falling, and psychotropic drugs widely used (more than high blood pressure medicine).

# RESULTS 2008/9

- Sample of upper middle class dependent people.
- Family expenses, mostly paid by the elderly people, are the only source of financing for home medical services, personal and domestic care, support elements, medicine, supplies and paying for long-stay institutions
- In cases of slight and moderate levels of dependency, expenditure in private households is lower than in long-term institutions. On the other hand, long-stay institutions seem more economically efficient for elderly with severe levels of dependence or dementia.

# RESULTS 2008/9

- over 75% of family carers were women,
- Costs of dependence are greater for elderly women who live in private homes, because of the increased costs of hiring workers to provide personal care.
- This is due to: a) the relatively longer life of women and b) men do not usually provide personal care.

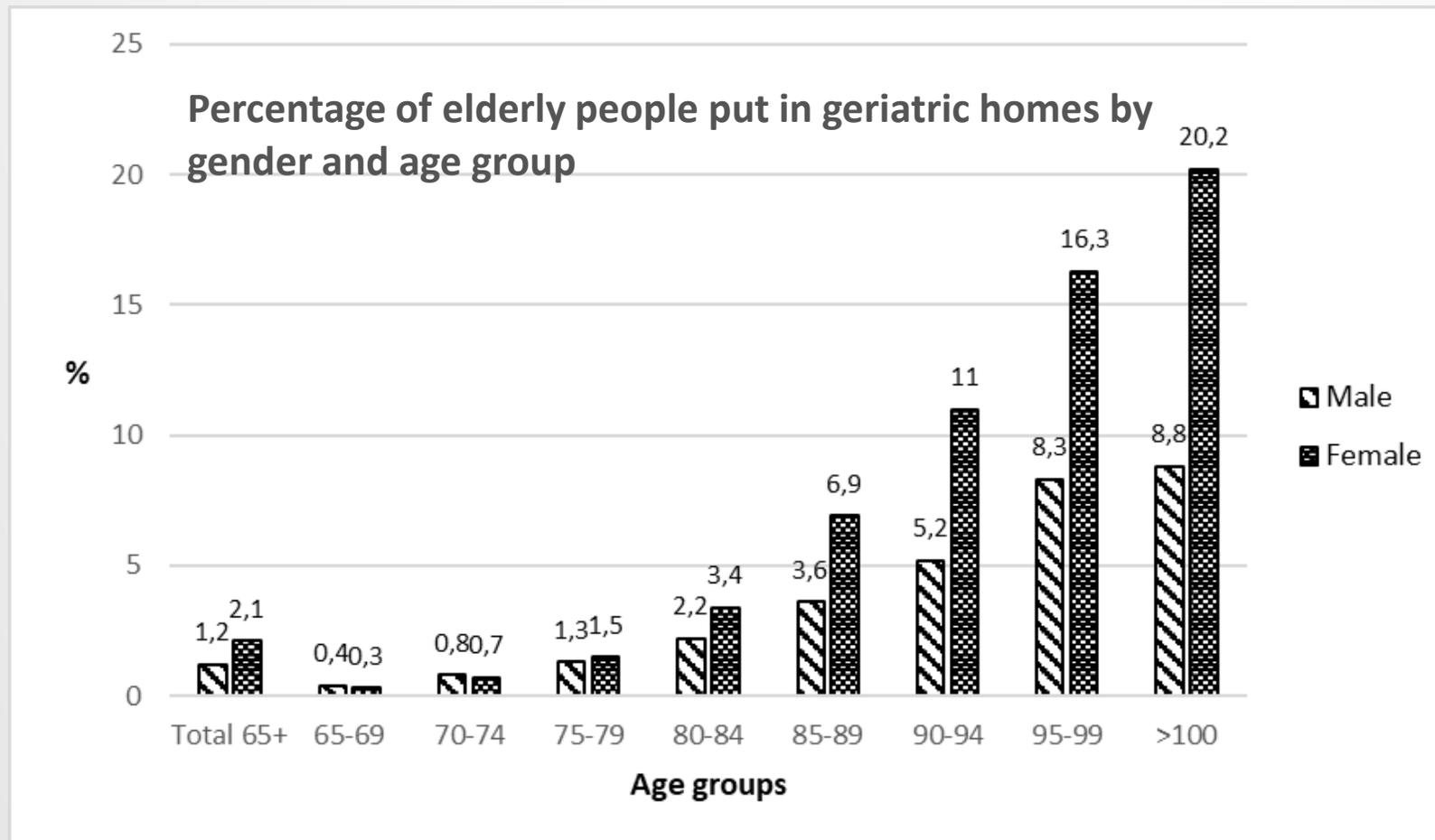
# RESULTS 2016

- In depth study carried in La Plata city.
- Verifies previous finding: a substantial proportion of older people admitted into homes are not highly care-dependent.
- This raises questions about the grounds for admitting them. In some cases, this may be due to homelessness or the genuine unavailability of family members to provide low-level care.
- More problematically, admission may be a consequence of limited family willingness to care or efforts by relatives to take full possession of older person property.
- Care home owners sometimes appeared to collude with family members in inappropriately admitting residents.

# RESULTS 2016

- Failure of state agencies to develop appropriate legal frameworks to safeguard rights, and their limited capacity to enforce whatever safeguards do exist.
- Increased economic opportunity gaps between older people and younger generations,
- Minimal state support for family carers
- Inheritance law which fails to protect the interests of surviving spouses also increase the risk of coercive admission.

# GENDER INEQUITY AT THE END OF THE LIFE



**Source:** Elaborated by the author based on the National Census of Population, Households and Housing 2010, INDEC, 2012

**MANY THANKS FOR YOUR  
ATTENTION**