NATIONAL SURVEY

QUALITY OF LIFE OF OLDER ADULTS

IN ARGENTINA | 2024



CRUZ ROJA ARGENTINA

OBSERVATORIO HUMANITARIO

Centro de Referencia de la Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja

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Summary

Argentina is facing a rapid process of population aging. At the same time, there is evidence of an increase of basic care dependence combined with the deterioration of the living conditions in older adults. These statistics highlight an urgent need of studying their living conditions in Argentina, especially considering their vulnerability and their right to a dignified aging. In response, the **Humanitarian Observatory of the Argentine Red Cross** carried out two research in 2021 and 2022 respectively. This report widens those studies by including comparative variables in order to evaluate changes throughout time.

The objective of this research is, on the one hand, to measure the **Older Adults' Well-Being Index (IBAM for its acronym in Spanish)**. The IBAM is a tool created by the Humanitarian Observatory of the Argentine Red Cross to calculate the well-being of this population group and compare its transformation throughout the years. It is composed of 5 different variables related to basic needs satisfaction. This indicator was measured in 2021, 2022 and in 2024. On the other hand, this study intends to analyze the economic, sanitary, recreational, and social treatment environment for older adults in their everyday life in Argentina. Based on a quantitative methodological strategy, **1164 surveys were conducted with older adults over 60 in person, and to a smaller extent by phone, in the 23 provinces and CABA from October 21 st to November 4 th, 2024.** Surveys were adapted and widened based on previous research. All the registers were collected by KoboCollect and the statistical analysis was conducted by SPSS.

Main Findings

- The evidence shows a substantial deterioration in the **Older Adults' Well- Being Index (IBAM), composed of variables related to the satisfaction of basic needs. This suggests an impoverishment of the quality of life of older adults.**

- **The IBAM in 2024 was 4.9**, in a scale which goes from 1 (low well-being) to 10 (high well-being). This result represents a **decrease of 0.8 in relation to 2022 and of 0.3 in relation to 2021.**

- **29% of surveyed individuals have their food needs poorly or not at all satisfied.** This data represents an increase of 12 percentage points in regard to the same group in 2022.

- **46% of surveyed individuals are little or not satisfied at all with their economic needs.** This represents an increase in 13 percentage points compared to this group in 2022.

- **40%** of the surveyed older adults believe that their economic situation **has worsened compared to last year.**

- **50%** of the sample population indicated that **their main income is not sufficient to cover their monthly needs**, while in 2021 this group represented the 38% of the sample and in 2022 the 37%.

- In the cases where their income is not sufficient, **the main complement of monetary help comes from family members and close relations.**

- **80,5% take medicine with medical prescription,** and within this group **more than 75% has access to it through PAMI** (Comprehensive Medical Attention Program - National Institute of Social Services for Retirees and Pensioners), most of them with a discount.

- The vast majority of the surveyed individuals rated their **health** as **good, 46.5%, and fair, 34.9%.**

- In relation to 2022, **the group sample that experienced mistreatment in public offices increased in 15 percentage points (26%), and the group that reported to have suffered mistreatment within the family increased in 7 percentage points (11%).**

- **33%** of the surveyed individuals **declared feeling forgotten or lonely** due to being an older person.

Recommendations

1. Promote the involvement of older adults in the creation of plans and programs of active and healthy life, self-care, and comprehensive well-being.

2. Train and create awareness in the general population about the consequences of mistreatment of older adults, both in public and in private spaces.

3. Promote the role of humanitarian and civil society organizations in supporting and developing the well-being of older adults.

4. Increase the production of local and regional evidence on the conditions and quality of life of older adults to promote concrete actions of support and assistance.

5. Strengthen the pension system and ensure minimum access to means of livelihood with effective and sustainable instruments.

6. Reinforce the access of older adults to the public healthcare system.

Introduction

1.1 Context and Previous Evidence

Argentina is facing a rapid process of population aging (Olivieri, 2020). The aging index revealed an increase of 120% in the last 50 years (INDEC-CNPHV, 2022). Additionally, an increase of basic care dependence (the need of assistance to perform daily life activities) contributes to this process. The estimations of the INDEC show an increase of 3,4 percentage points of the dependence of older adults in the last 30 years, while 45% of this population is found in the households with the two lowest income quintiles (ENCaViAM, 2023).

This context accelerates the need of expanding the study of the life conditions and the means of livelihood of older adults in Argentina. On the one hand, the process of aging in the population highlights the importance of deepening the analysis of this population group to evaluate their current conditions as well as to generate evidence for promoting specific courses of action. On the other hand, the concentration of older adults in households of lower income suggest the importance of assessing and monitoring the evolution of their socioeconomic status.

Older adults' life conditions in Argentina have deep and rapidly worsened in the last years. INDEC official numbers (2023) alert that around 1 million people over 65 are below the poverty line. Last official estimations for the first semester of 2024 indicate that 29,7% of older adults over 65 are poor, and 4% of them are in an extreme poverty situation. (EPH-INDEC, 2024).

The livelihoods of older adults rely on a network of care distributed across family units, public institutions, and the provision of private services. In recent years, there has been a reduction in family support networks, this is due to changes in family compositions as well as reductions of its structures too. This has led to an increase in care needs that are not only material but also health-related, emotional, and recreational. (Roqué, 2023).

Specialized reports acknowledge a care crisis in Argentina, as in other countries of the region, due to the social and demographic changes mentioned (Comas-d'Argemir et al, 2023). This highlights the lack of effective public policies that guarantee the right to care, a healthy life and overall well-being of older adults.

On the other hand, the financial security of older adults is based on retirement payments: in 2022 9 out of 10 people of this age group received a pension or retirement benefit. (INDEC, 2024). These numbers show a substantial improvement during the last 20 years due to the implementation of moratorium regimes. (INDEC- CNPHV, 2022).

In addition, the public health system is fundamental to guarantee the access to healthcare for older adults through PAMI, state healthcare plans, public hospitals, and health centers. This network, together with private healthcare systems, allows the coverage of health care for older adults to be almost universal. (INDEC-CNPHV, 2022).

The analysis presented here signals the relevance of analyzing the conditions of older adults in Argentina for 2024. At the same time, the Humanitarian Observatory of the Argentine Red Cross led two research, in 2021 and 2022, aimed to learn about the quality of life of older adults. The current study is expected to be a source of evidence for promoting effective courses of action on livelihoods, well-being, and the right to a fair and dignified behavior towards older adults.

1.2 Research Objectives

The current study has 4 objectives:

1. **Measure the evolution of the Older Adults' Well-Being Index (IBAM through general satisfaction indicators, in order to make a comparison with the 2021 and 2022 editions.**

2. **Identify and describe the sociodemographic, sanitary, and recreational context of older adults in Argentina.**

3. **Analyze the socioeconomic status of older adults, both actual and retrospective, in order to reveal the conditions that intervene in their livelihoods.**

4. **Inquire the perceptions that older adults have regarding the treatment they receive in the environments where they interact.**

Methodology

It is a descriptive, cross-sectional, and quantitative survey. To collect the information a previously validated **structured questionnaire was developed targeted to the adult population over 60 years old living in Argentina.** The questionnaire was based on the n**ational surveys carried out in 2021 and 2022 by the Humanitarian Observatory of the Argentine Red Cross.** The surveys were revised and adapted to contemplate recent evidence on the life conditions of older adults in the country. Likewise, the questionnaires were validated by mental health and gerontology professionals.

The surveys were conducted in person, and in a lesser extent by phone, between October 21 st and November 4 th , 2024. The field operation was deployed in **23 provinces across the country and the Autonomous City of Buenos Aires. A total of 1164 older adults residing in Argentina were surveyed.**

Software of collection and analyzis: All the registers were collected by KoboCollect. Data analysis was conducted by The Humanitarian Observatory of The Argentine Red Cross using the statistical software package SPSS.

Analytical process: Based on the processing of the database in SPSS, a descriptive statistical analysis of the frequencies of responses to each question was performed, both for single and multiple-choice answers. For the qualitative questions requiring elaboration, an integrated analysis was conducted with the quantitative results. The database was weighted by gender, age, and geographic region to align the sample with population parameters (according to the 2022 National Census data).

Additionally, the Older Adults' Well-Being Index (IBAM) is made of 5 variables of basics needs satisfaction. It is an indicator analyzed from a statistical point of view to identify the corresponding weights. An average of the IBAM was calculated for the complete sample and the disaggregated by age range.

A compared analysis of the questions that coincide with the national surveys of 2021 and 2022 of the Humanitarian Observatory of the Argentine Red Cross is presented.



Studied population:

older adults over 60 years old living in Argentina.



Type of survey:

in person and by telephone, only in cases of specific impediments.



Sample:

random sampling in areas where the **Argentine Red Cross** and university volunteers have presence.



Geographical reach of the sample:

the field operation was deployed in **23 provinces across the country and the Autonomous City of Buenos Aires.**



Date of the field operation:

from October 21 to November 4, 2024.



Number of surveys:

1164 surveys of general population.



Statistical error:

statistical error is not calculated because it is not a probabilistic sample. As an informative data, a probabilistic sample with the indicated number of cases would have a margin of error of +/- 2.9% at a 95% confidence level.



Data privacy:

To guarantee the proper management of the information obtained, the **Policy on the protection of Personal Data from the International Federation of Red Cross and Red Crescent Societies** was implemented. Questionnaires were anonymous and its response not mandatory. Personal information such as Name/Last Name, ID number (DNI), geolocation, telephone number or e-mail was not collected.



Data Storage:

Data from this project is safely stored. The access to the data base was through Kobo Collect exclusively by members of the Humanitarian Observatory. All electronic data is safely kept in an encrypted storage service property of the Argentine Red Cross (organization in charge of the Humanitarian Observatory) These materials will be kept for 5 years from the publication date.

MODULE
3

Analysis of the **Findings**



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SOCIODEMOGRAPHIC CONTEXT

On the **base of 1164 cases**, the sociodemographic profile that represents the sample is presented. As exposed in the methodology, a stratified sample was established, according to the population parameters, analyzed by gender, age range and geographic region.

The geographic distribution of the cases is the following:

TABLE 1

Geographic distribution of the sample

RESIDENCE AREA	%
PBA (Buenos Aires Province)	39,5%
CABA (Autonomous City of Buenos Aires)	8,4%
CENTER	20,4%
NOA	7,0%
NEA	8,3%
CUYO	11,3%
PATAGONIA	5,1%
TOTAL	100%

Base: total number of respondents.

Regarding gender, 57,4% of the respondents identified themselves with the **female gender, 41,5% with the male gender and a 0,6% with other gender identity.** Regarding age range, most frequent ages found were from **60 to 64 and from 70 to 80.**

TABLE 2

Age ranges of the sample

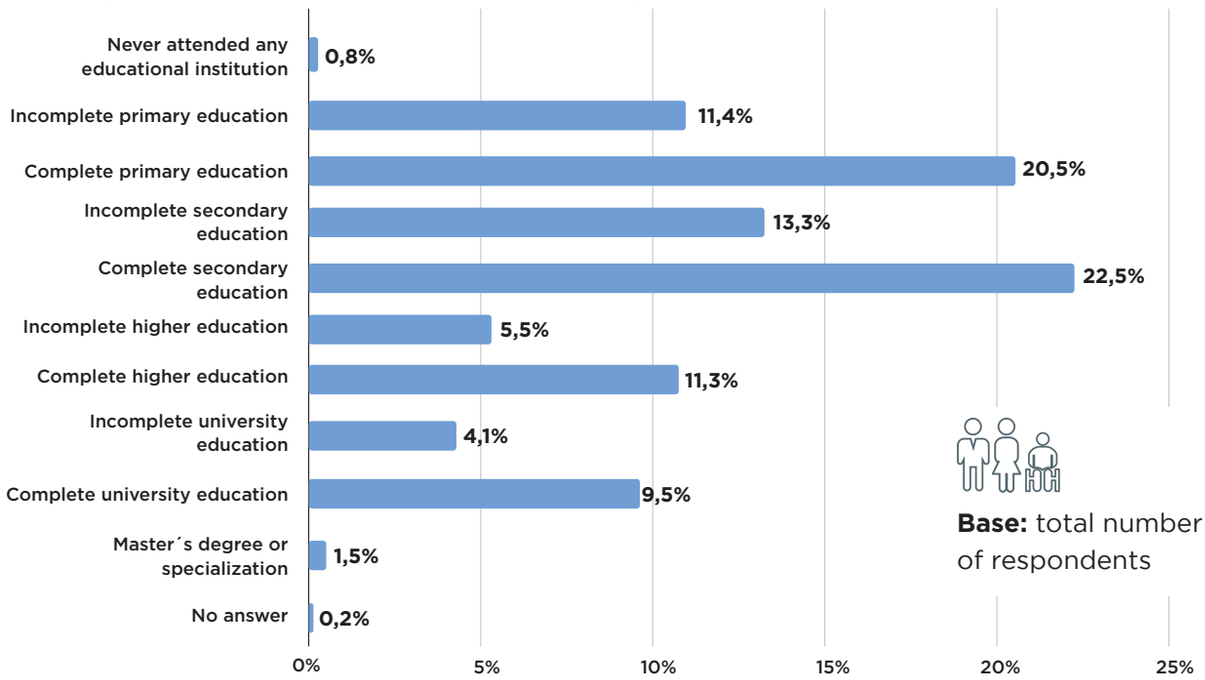
Age Range	%
60 to 64	30,0%
65 to 69	22,3%
70 to 80	32,4%
Over 81	14,9%
No Answer	0,4%

Base: total number of respondents.

Concerning educational level, **22,2%** of the respondents declare to have completed secondary level, while **20,5%** of the older adults surveyed have **completed primary level. 13,3%** have **incomplete secondary education** and **11,4%** have **incomplete primary education**. Only 9,5% have university degree education completed. The **predominance of primary and secondary education pathways as the highest educational levels** among older adults in the sample is observed.

FIGURE 1

Surveyed individuals according to highest educational level



The family context of the surveyed individuals is homogenous. **87,1% declared to have sons/daughters, and 47,1% are married or in a relationship.** 29,1% claim to live alone, while 28% live with his/her couple. Regarding **types of housing there is a majority of the category "house", with a 68,5%.** It is remarkable that a 7,1% live in a senior residence, while a **3,8% live in precarious housing conditions: room in a boarding house, room in a hotel, non-residential space.**

FIGURE 2

Marital status of surveyed individuals

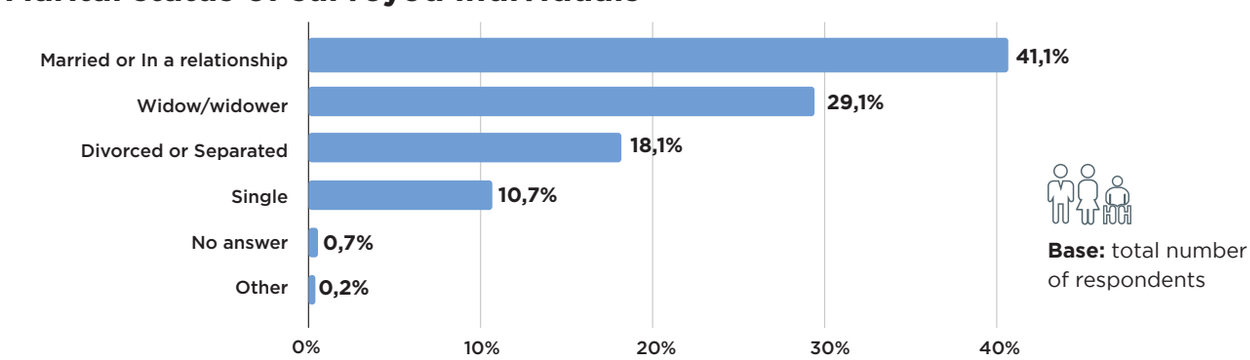


FIGURE 3

Cohabitants of surveyed individuals

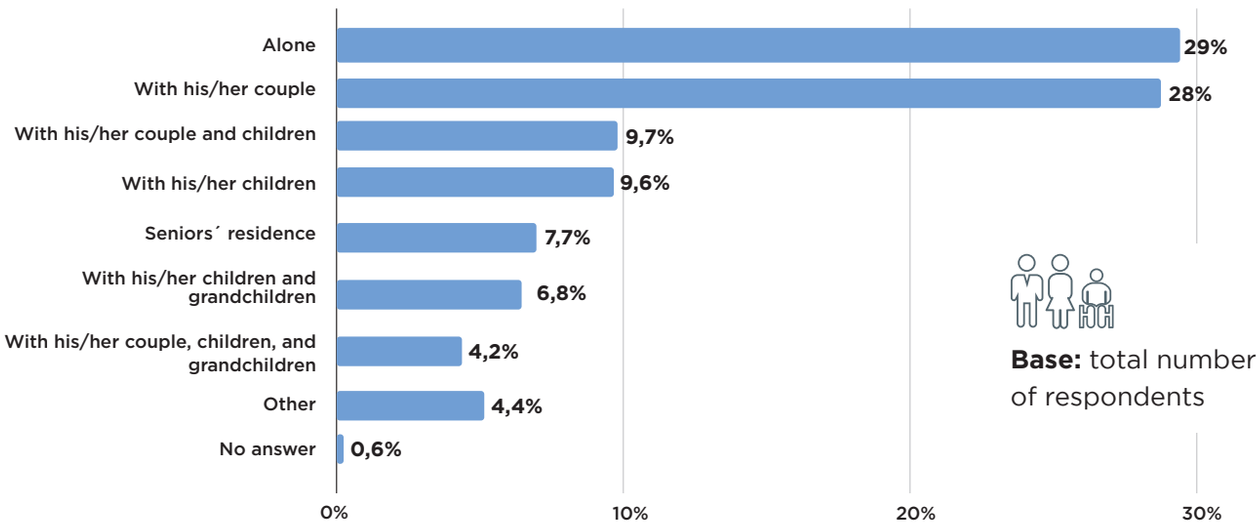
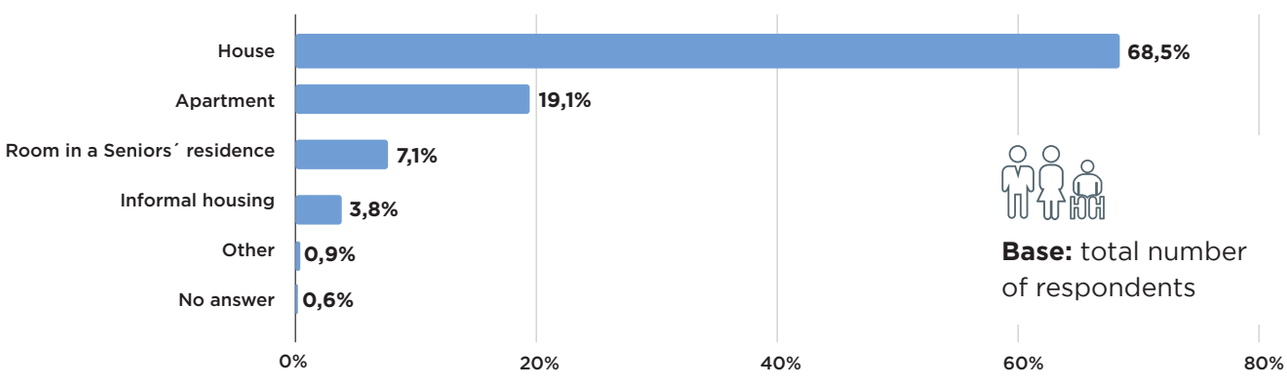


FIGURE 4

Type of housing of surveyed individuals



GENERAL SATISFACTION - OLDER ADULTS' WELL-BEING INDEX (IBAM)

As it was mentioned before, likewise 2021 and 2022, the **Older Adults' Well-Being Index (IBAM) was calculated for the surveyed individuals in 2024.** This tool takes into consideration the guidelines of the 27.360 National Law that approves the Convention on the Inter-American Protection of the Rights of the Elderly adopted by the Organization of American States.

This indicator is measured by making a statistical analysis for identifying the corresponding weights of the 5 variables: satisfaction of food needs, satisfaction of love and affection needs, satisfaction of healthcare needs, satisfaction of recreational needs, satisfaction of economic needs. In each of the variables the period of reference is the last 6 months. The index is composed for the entire sample, and it is also disaggregated by age range and educational level. [1]

The IBAM 2024 score is 4.9 points, on a scale where 1 is low well-being and 10 is high-well-being. This result represents a significant decrease of 0.8 points compared to 2022 and of 0.3 compared to 2021. A deterioration of the general well-being of older adults is evident among the surveyed individuals, even considering the influence of the COVID-19 pandemic during 2021 and 2022.

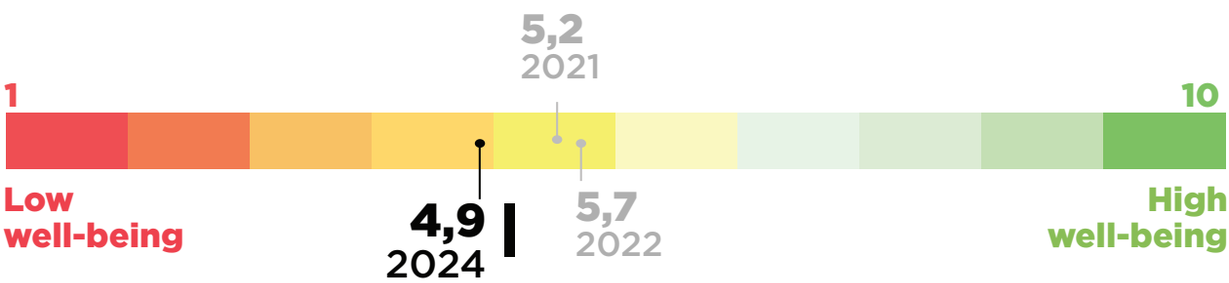
In addition to the deterioration of the IBAM in general, all its variables show values that are even more critical than of those in 2022 and revert – and even worsen – to 2021 levels. This result is a clear reflection of the impoverishment and decline in the quality of life suffered by older adults during times of economic crisis. **The negative result of the IBAM is related and aligned with the official numbers of poverty and indigence of this population group, expressed above.**

1. In cases where respondents chose not to answer, the average score of the variable was assigned to them.

FIGURE 5

OLDER ADULTS' WELL-BEING INDEX (IBAM). COMPARISON 2021-2022-2024

It assesses the quality of life or well-being of this population on a scale from 1 to 10, where 1 represents the lowest level of well-being recorded, and 10 represents the highest.



When disaggregating by age range it is observable that **the lower value in the IBAM, 4.64, corresponds to the age range that goes from 65 to 69 years old,** then the respondents over 81 follows with a 4.90 and individuals from 70 to 80 with 4.91. **The highest value corresponds to the range from 60 to 64 with 5.91**, staying barely above the media.

TABLE 3

IBAM by age range. 2024

Age Range	IBAM Values (From least to greatest)
65 to 69	4.64
Over 81	4.90
70 to 80	4.91
60 to 64	5.19
Total	**4.93**

Base: total number of respondents

The comparison of averages by education level shows that for those surveyed individuals with a **primary education level** (incomplete or complete) the IBAM is 4.41.

For the surveyed individuals with secondary level (incomplete or complete) the **IBAM is 4.94**. Finally, for those older adults that could access to **higher education** (tertiary, university or postgraduate) the **IBAM is 5.47**, higher in 0,57 to the average of the total cases. This means, as it was expected, that the education level has an impact on the well-being of the older adults of the sample.

TABLE 4

IBAM by educational level. 2024

Educational Level	IBAM Value (From least to greatest)
Primary	4.41
Secundary	4.94
Higher Education (tertiary, university, postgraduate)	5.47
Total	4.93

Base: total number of respondents

Following, it is presented the disaggregated analysis by each of the variables that are part of the IBAM.

In **satisfaction of food needs,** in 2024, there is an **increase that is between 8 and 9 percentage points** among the individuals that declare to be **little satisfied with these needs (23%)** and between 4 and 5 percentage points within the group that indicate to be **not satisfied at all (6%)**, compared to 2021 and 2022. On the contrary, there is a **42% (or of 14 percentage points) decrease** in the same period for the group that considers that their food needs are **very satisfied compared to 2022.**

In relation to the **satisfaction of love and affection needs,** the percentage of people that consider to be quite satisfied remains stable from 2022 to 2024, being slightly higher in both years (48% and 49%) compared to 2021. The surveyed individuals that consider to be **non-satisfied at all or little satisfied is 24% considering both categories, 4 percentage points higher than in 2022 and 2 percentage points less than in 2021.**

The **satisfaction of healthcare needs** in 2024 shows a **deterioration regarding 2022,** getting closer to the numbers of 2021. While 23% of surveyed individuals in 2022 considered themselves to be **little or non-satisfied at all, in 2024 this group represented a 30%.** At the same time, respondents indicated that these kinds of needs are **very or quite satisfied, decreasing from 77% in 2022 to 68% in 2024.** Within the category very satisfied there is a reduction of 40% regarding 2022.

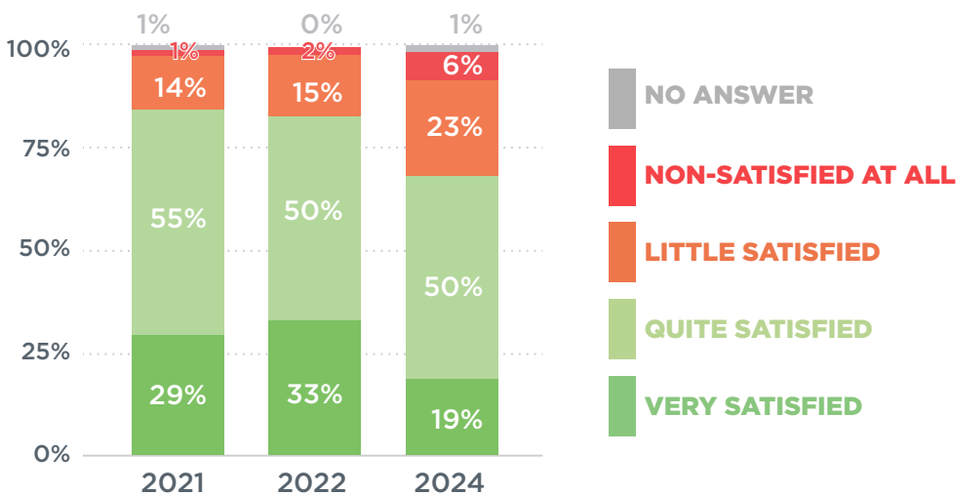
Considering **recreation needs,** it is observable an improvement in 2024 compared to 2021, but a **worsening in the current period compared to 2022.** Likewise, the previous variable, percentages by group within the surveyed individuals, are similar to the ones in 2021 —year with a significant incidence of the COVID-19 pandemic. In 2024, **41% of surveyed individuals stated that these types of needs are little or non-satisfied at all**, in 2022 this group represented the 36% and in 2021 the 56%. At the same time, there is a **3 and 7 percentage points decrease** in 2024 compared to 2022 among the groups that considered to be **quite and very satisfied** regarding their recreation needs.

Lastly, **the satisfaction of economic needs is substantially deteriorated in 2024 both in relation to 2021 and 2022. 46% of the respondents in 2024 considered that these needs were little (34%) or non-satisfied at all (12%)**, compared to 2022 when this group represented 33%. There is 13 percentage points increase, and 5 percentual points increase compared to 2021, when this group represented 41%.

Likewise, in 2024 the percentage of people that answered to be **very (9%) or quite (43%) satisfied with their economic needs was 52%,** different from the 2022 period that it was of 66% and of 56% in 2021. Compared to 2022, there is a **57% reduction of the group that considers these types of needs very satisfied.**

FIGURE 5

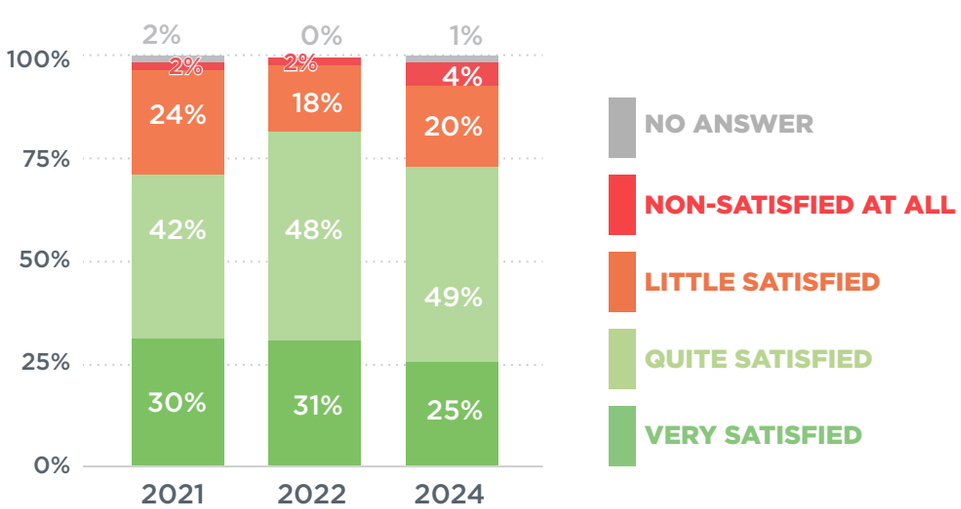
Satisfaction of Food Needs. Comparison 2021-2022-2024



Note. *Base: total number of respondents. Percentages are rounded up. The comparison is made based on the research made in 2021 and 2022 on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

FIGURE 6

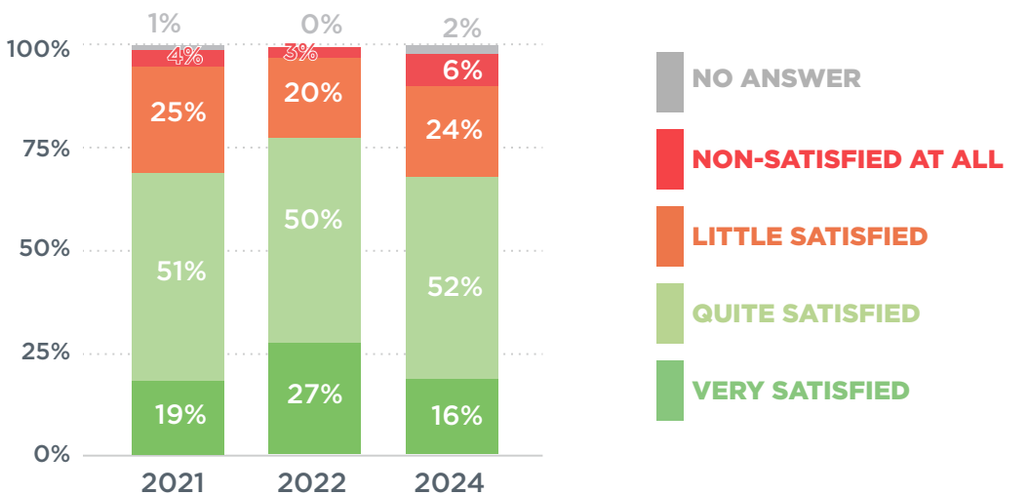
Satisfaction of Love and Affection Needs. Comparison 2021-2022-2024



Note. *Base: total number of respondents. Percentages are rounded up. The comparison is made based on the research made in 2021 and 2022 on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

FIGURE 7

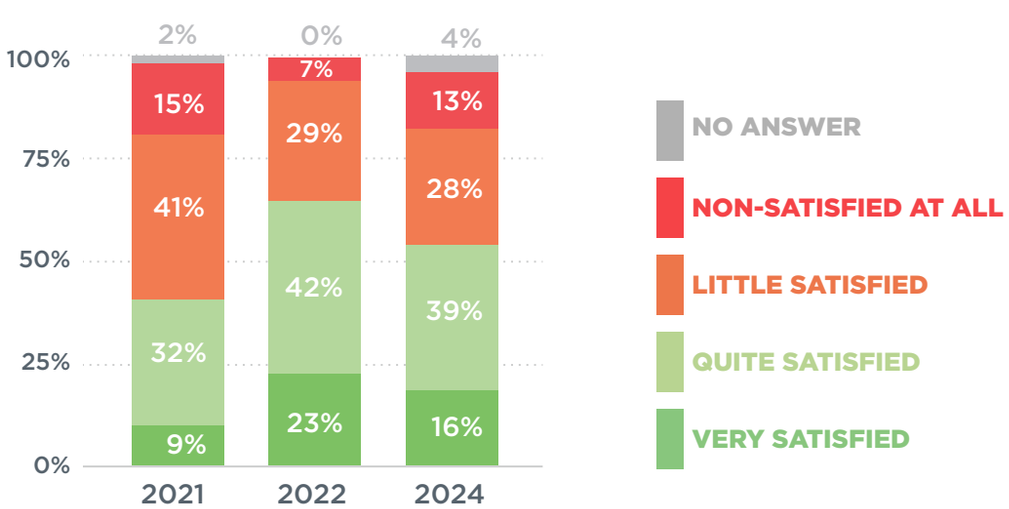
Satisfaction of Healthcare Needs. Comparison 2021-2022-2024



Note. *Base: total number of respondents. Percentages are rounded up. The comparison is made based on the research made in 2021 and 2022 on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

FIGURE 8

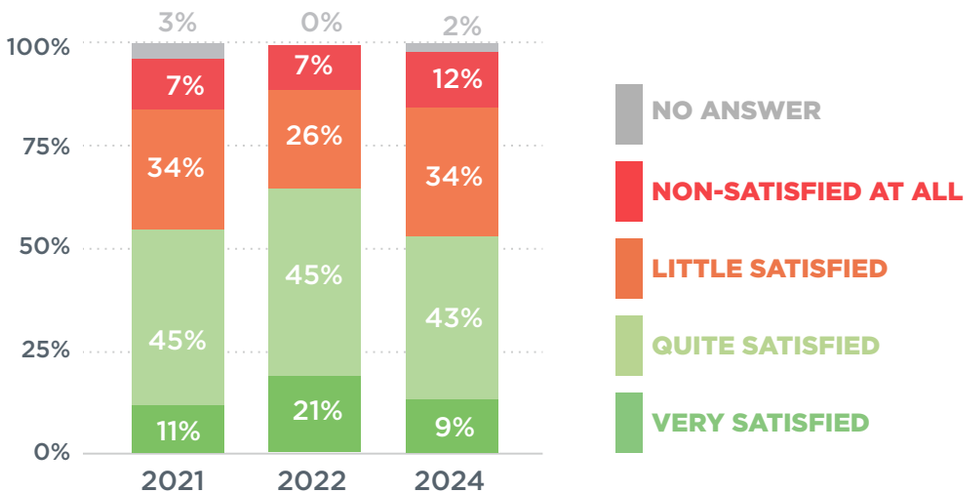
Satisfaction of Recreation Needs. Comparison 2021-2022-2024



Note. *Base: total number of respondents. Percentages are rounded up. The comparison is made based on the research made in 2021 and 2022 on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

FIGURE 9

Satisfaction of Economic Needs. Comparison 2021-2022-2024



Note. *Base: total number of respondents. Percentages are rounded up. The comparison is made based on the research made in 2021 and 2022 on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

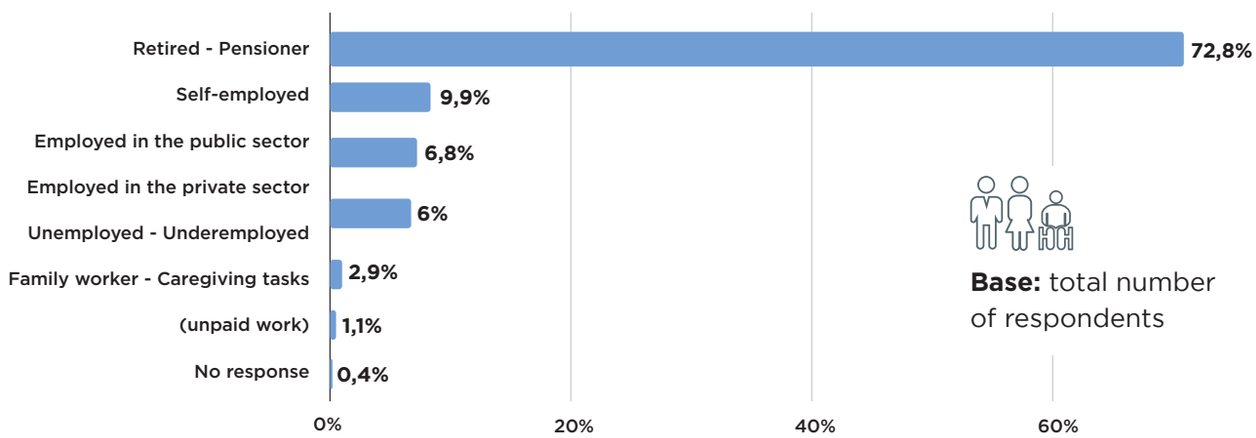
SOCIOECONOMIC SITUATION

The socioeconomic conditions of surveyed older adults were assessed, including their current economic situation, a retrospective evaluation, and an inquiry into possible changes in their economic context related to income.

72.8% identified as retirees or pensioners. To a lesser extent, the sample included economically active individuals: 9.9% were self-employed, 6.8% were employed in the public sector, and 6% were employed in the private sector. Additionally, **2.9% reported being unemployed, in this group, 60.2% stated that they had sought paid work in the past six months.**

FIGURE 10

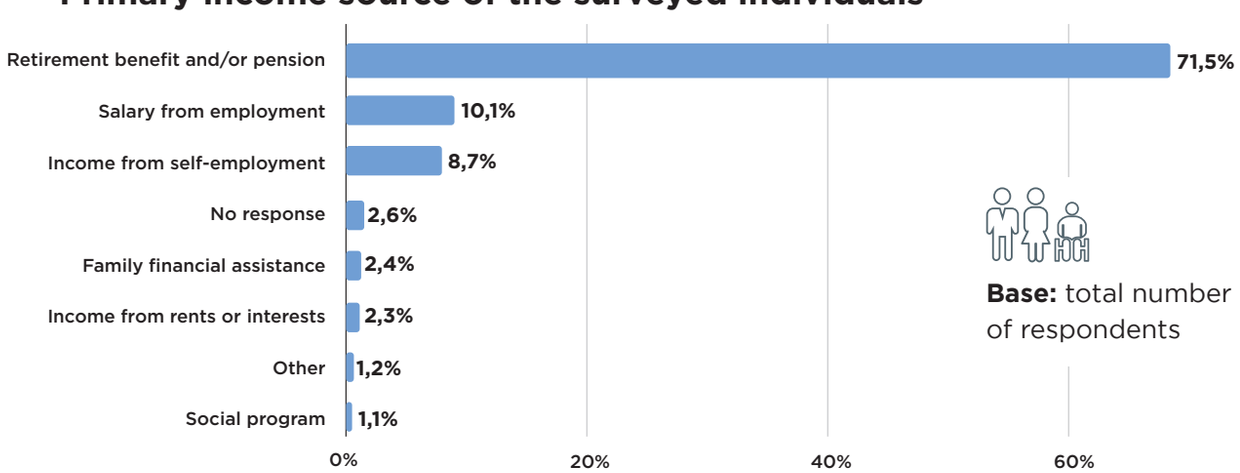
Main economic status of the surveyed individuals



These data align with findings that **71.5% identified pensions as their primary source of income, while approximately 18.8% derived their income from paid work:** 10.1% from wage employment, 8.7% from self-employment.

FIGURE 11

Primary income source of the surveyed individuals

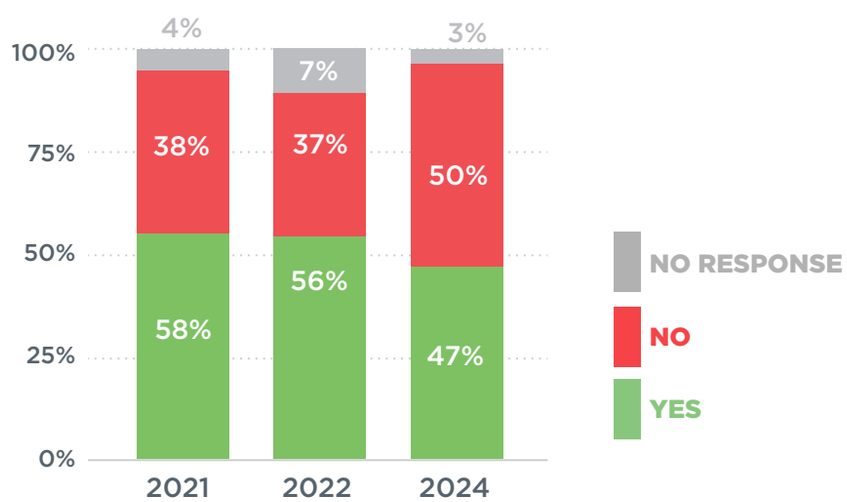


Regarding the sufficiency of their primary income to cover monthly expenses and needs, the surveyed individuals were divided: **50% stated that their income was insufficient, while 47% considered it sufficient.** Compared to samples from previous years, there was a **decrease of 11 percentage points in those who considered their income sufficient between 2021 and 2024, and a decrease of 9 percentage points between 2022 and 2024.**

As a result, **there was a 31% increase in the surveyed individuals unable to meet their basic needs with their primary income between 2021 and 2024, and a 35% increase in this group between 2022 and 2024.**

FIGURE 12

Sufficiency of primary income to cover monthly expenses and needs. Comparison 2021-2022-2024.

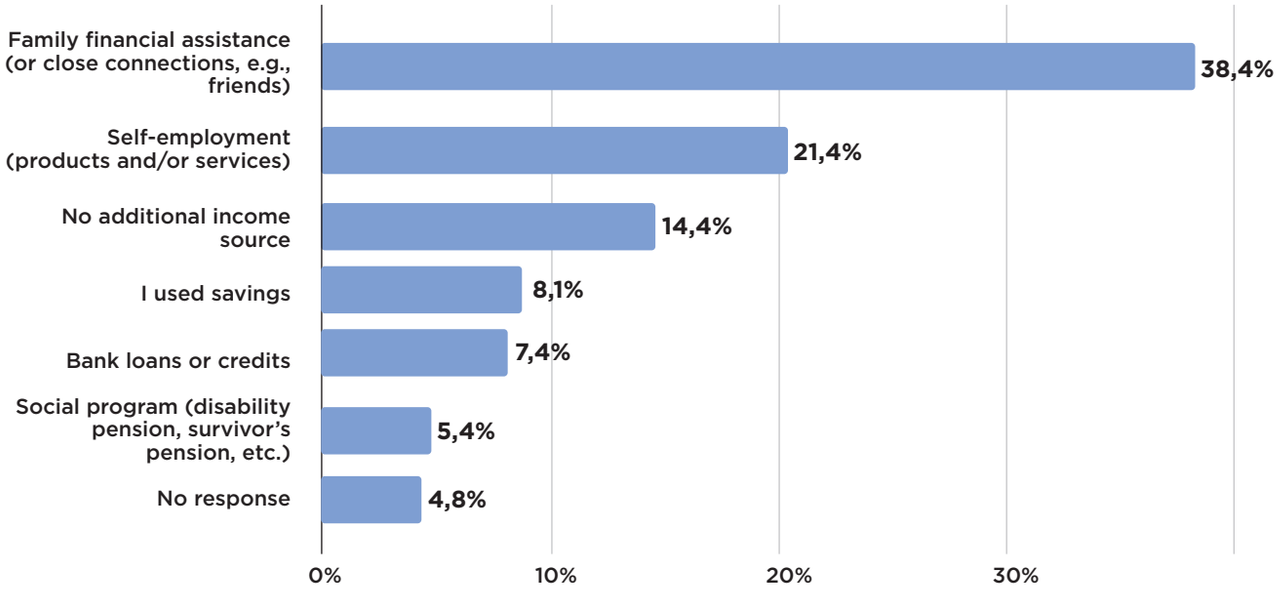


Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021-2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

Returning to the 2024 results, within the group that declared their primary income insufficient to cover expenses, inquiries were made about the sources of supplementary support. **A total of 38.4% indicated they supplemented their primary income with monetary assistance from family or close social networks.** Additionally, 21.4% reported engaging in self-employment. Notably, **14.4% stated they do not supplement their income when it is sufficient.**

FIGURE 13

Supplementation of primary income when it is insufficient to cover expenses and needs.

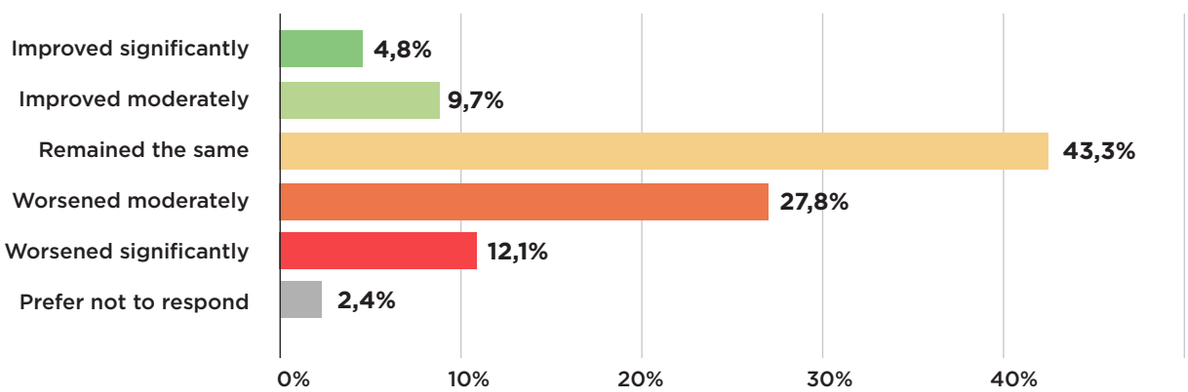


Note. *These percentages correspond to the 588 cases (47%) who reported their income as insufficient. Base: 47% of the surveyed individuals.*

When asked about their retrospective perception of their economic situation, **43.3% of the surveyed older adults assessed that their economic situation had remained the same** over the past six months. Only 14.5% believed it had improved significantly (4.8%) or somewhat (9.7%), while **39.9% evaluated that it had worsened significantly (12.1%) or somewhat (27.8%).**

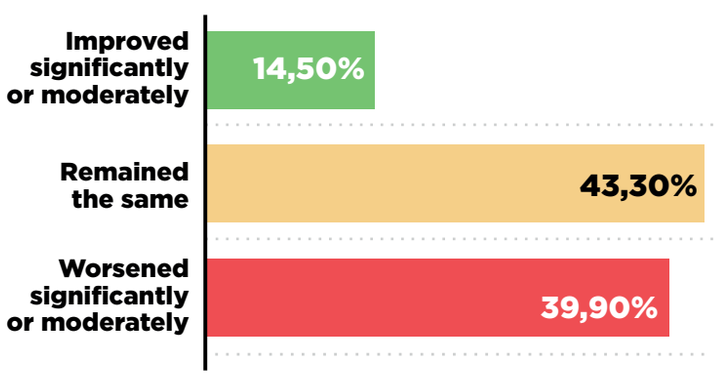
FIGURE 14

Evolution of their economic situation over the past six months



Base: total number of respondents.

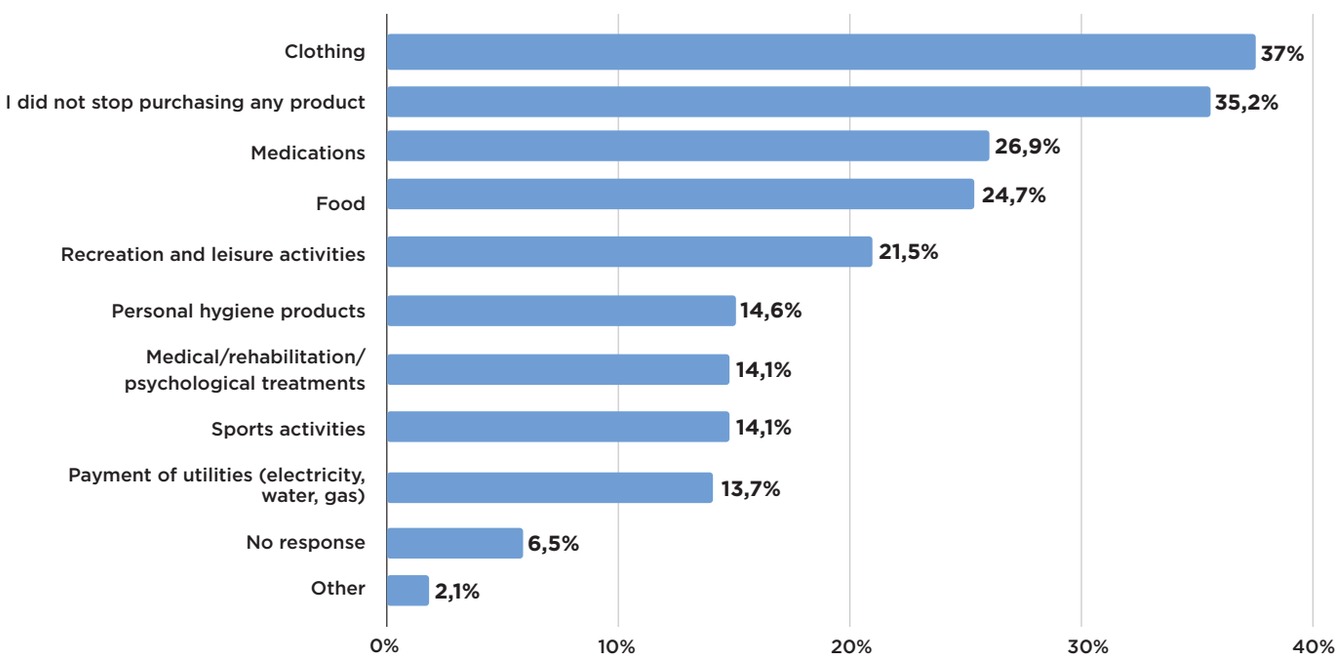
Evolution of their economic situation over the past six months



All respondents were asked whether they had to stop paying for or consuming certain products and/or services in the past six months due to their economic situation. **The most frequently discontinued product was clothing, reported by 37%.** The second most common response was **"I did not stop purchasing any product"; at 32.5%.** The next three most frequently cited categories **were medications (26.9%), food (24.7%), and recreational and leisure activities (24.7%).**

FIGURE 15

Products and/or services the surveyed individuals stopped paying for or consuming in the past six months due to their economic situation



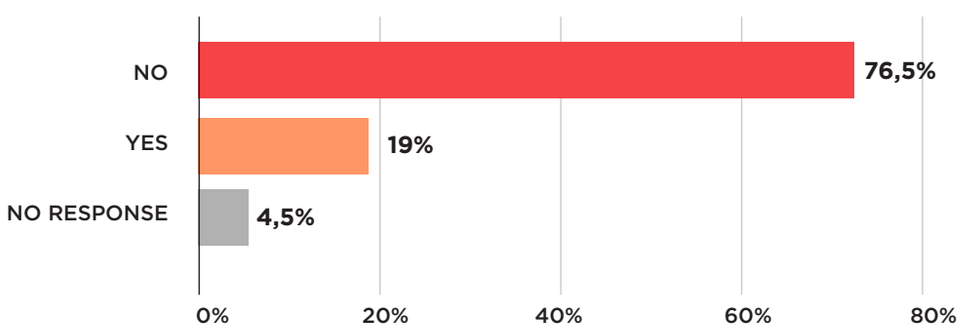
Note. *Base Total number of respondents. As this was a multiple-choice question, the prevalence of each category is presented based on the total respondents. Therefore, percentages are relative and do not add up to 100%.*

For those who selected “Other”; among the categories, qualitative responses were analyzed to determine which products and services were no longer paid for or consumed in the past six months due to insufficient income. **The most common items included electronics, payment for cable and internet services, recreational outings and travel, home maintenance, fuel, and car repairs.**

Lastly, respondents were asked whether they had noticed a reduction or elimination of a state aid program or plan in the past six months. The majority responded negatively; however, 19% answered affirmatively.

FIGURE 16

Reduction or elimination of a state aid program or plan



Base: total number of respondents.

In these 206 cases, qualitative inquiries were made to identify which plans or programs had been affected. The most frequently mentioned was the coverage and discounts for medications provided by PAMI. **A total of 76.21% of these cases referred to a reduction in full or partial coverage of medications and essential supplements.** Other mentions included subsidies for utilities such as electricity and gas, the “Tarjeta Alimentar” (Food Card), the receipt of food packages, and healthcare coverage through social insurance.

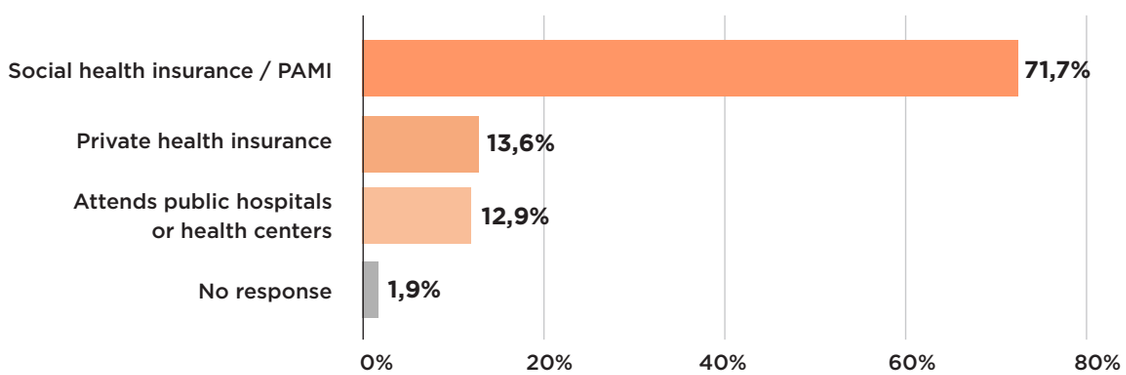
GENERAL HEALTH STATUS

The following section presents the results regarding the general health status of the surveyed individuals. It explores their healthcare contexts, the presence of health problems, basic dependency, and access to mental health services.

First, medical coverage among the surveyed older adults was examined. **A total of 71.7% indicated they were covered through PAMI or social insurance,** 13.6% reported having private insurance, and 12.9% relied on public hospitals or health centers.

FIGURE 17

Medical coverage of the surveyed individuals



Base: total number of respondents

Regarding the general health status of the sample, **the majority of surveyed individuals rated their health as good (46.5%) or fair (34.9%).** A smaller proportion rated it as poor (5.7%) or very poor (2.8%), while only 9.1% rated their general health as very good. **In the comparative analysis, 2024 recorded the lowest percentage of older adults rating their health as very good**. Additionally, there was a 3-percentage-point increase in the very poor category in the 2024 sample compared to the two previous periods.

Medical coverage of the surveyed individuals

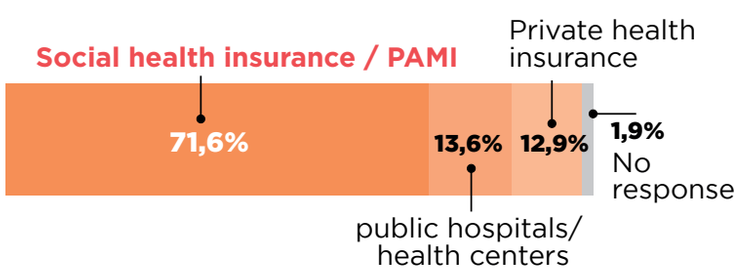
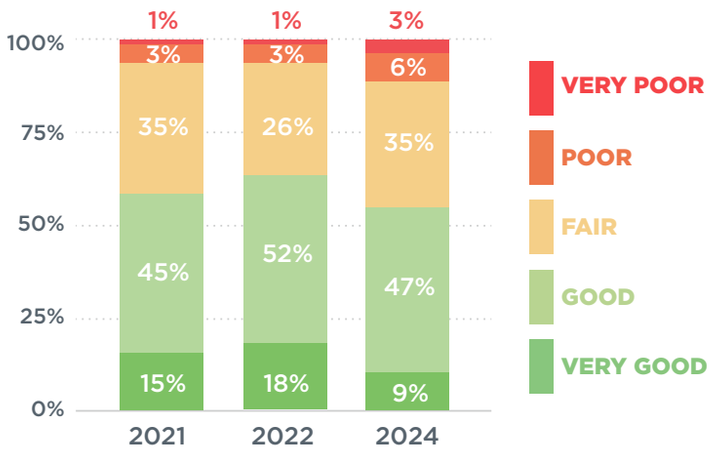


FIGURE 18

Rating of general health status: Comparison 2021-2022-2024

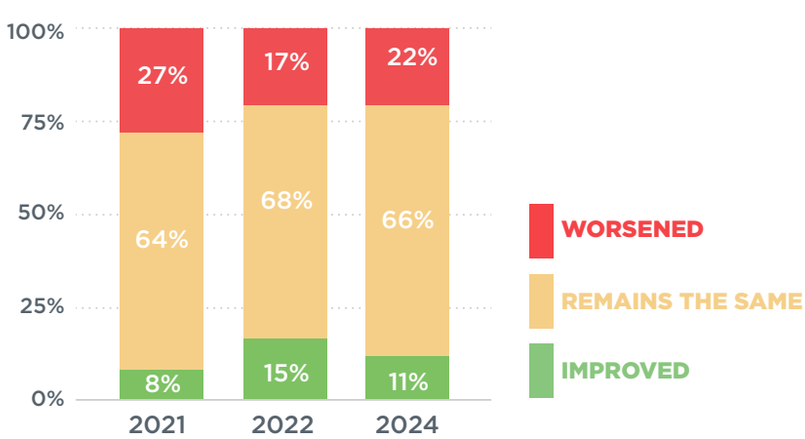


Note. *Base: total number of respondents. Percentages are rounded. The "No response" category is excluded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

In retrospect, **66.2% considered that their health status remained the same over the past year. A total of 10.6% believed it improved, while 22.3% evaluated a deterioration in their health over the last year.** A slight improvement in retrospective health perception was observed in the 2024 sample compared to 2021. However, **between 2022 and 2024, there was a 5-percentage-point increase in the surveyed individuals reporting a deterioration in their health** and a 4-percentage-point decrease in those who believed their health improved in retrospect.

FIGURE 19

Evolution of Health Status Over the Past Year Comparison 2021-2022-2024



Note. *Base: total number of respondents. Percentages are rounded. The "No response" category is excluded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

When asked about **the regular use of prescribed medication, 80.5% responded affirmatively, while 18.6% stated they did not take prescribed medications.** For the 950 affirmative cases, access to prescribed medication was examined. **Over 75% accessed medication through PAMI, with 59.2% receiving it at a discounted rate and 16.1% receiving full coverage**, meaning they obtained it for free. To a lesser extent, 8.8% accessed medication at a discount through private insurance, and 6.2% reported paying for it out of pocket.

FIGURE 20

Regular use of prescribed medication

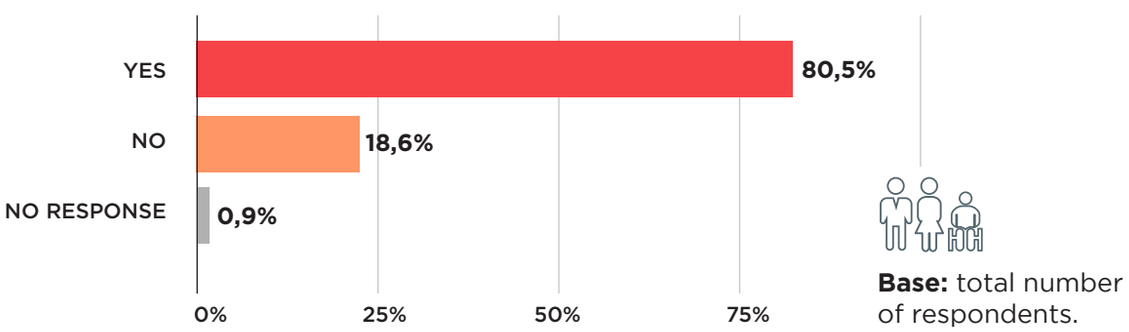
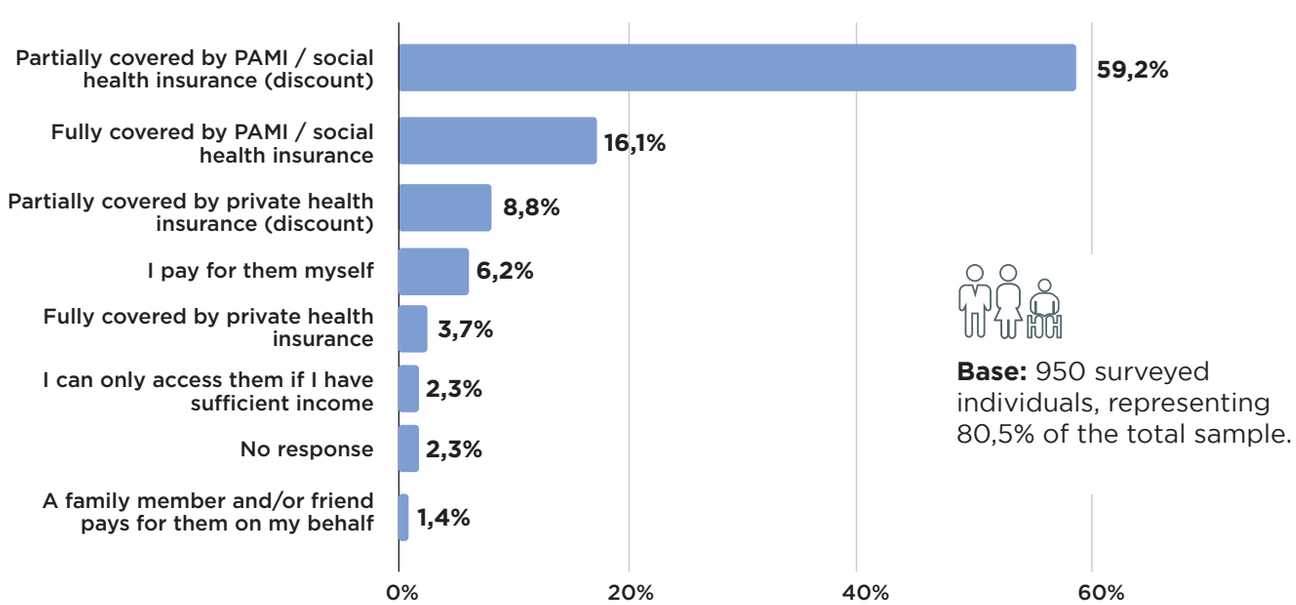


FIGURE 21

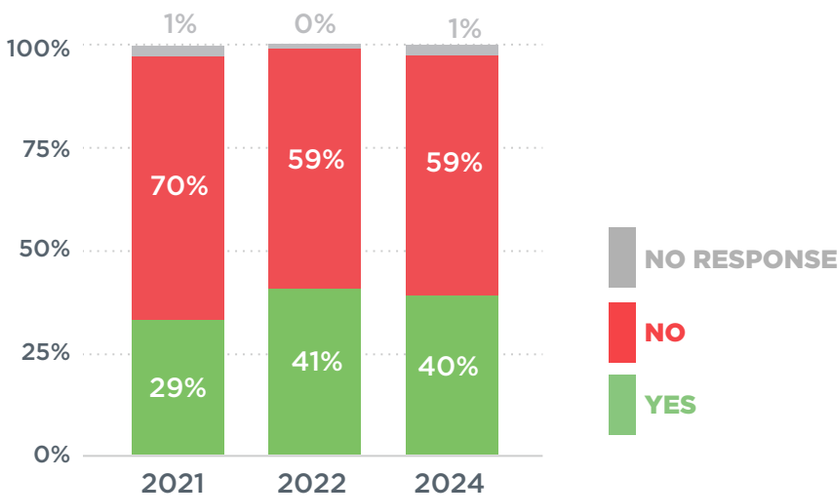
Access to Prescribed Medication



Additionally, **59% reported not regularly taking over-the-counter medication**, while 40.1% stated they frequently consumed such medications. **An increase in the surveyed individuals consuming non-prescribed medication was observed compared to 2021, with levels remaining consistent with 2022.**

FIGURE 22

Regular use of non-prescribed medication: Comparison 2021, 2022 and 2024



Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

Regarding the presence of health problems in the past year, the most frequently reported conditions were **high blood pressure (51.3%), cholesterol (30.9%), and diabetes (25%).** Less frequently reported issues included arthritis, bone problems, stress, digestive issues, distress, heart problems, depression, and anxiety.

TABLE 5

Presence of health problems in the past year	%
High blood pressure	51,3%
Cholesterol	30,9%
Diabetes	25,0%
Arthritis	17,6%
Bone problems	16,4%
Stress	15,1%
Digestive issues	14,8%
Distress	13,4%
Heart problems	13,3%
Depression	11,6%
Anxiety	10,0%
Pneumonia	9,5%
None	9,1%
Cataracts	9,0%
Respiratory infections	8,1%
Other	5,6%
Kidney problems	4,7%
COPD	3,9%
No response	2,8%
Stroke or cerebrovascular disease	1,3%

Note. *Base total number of respondents. As this was a multiple-choice question, the prevalence of each category is presented relative to the total number of respondents. Therefore, percentages are relative and do not add up to 100%.*

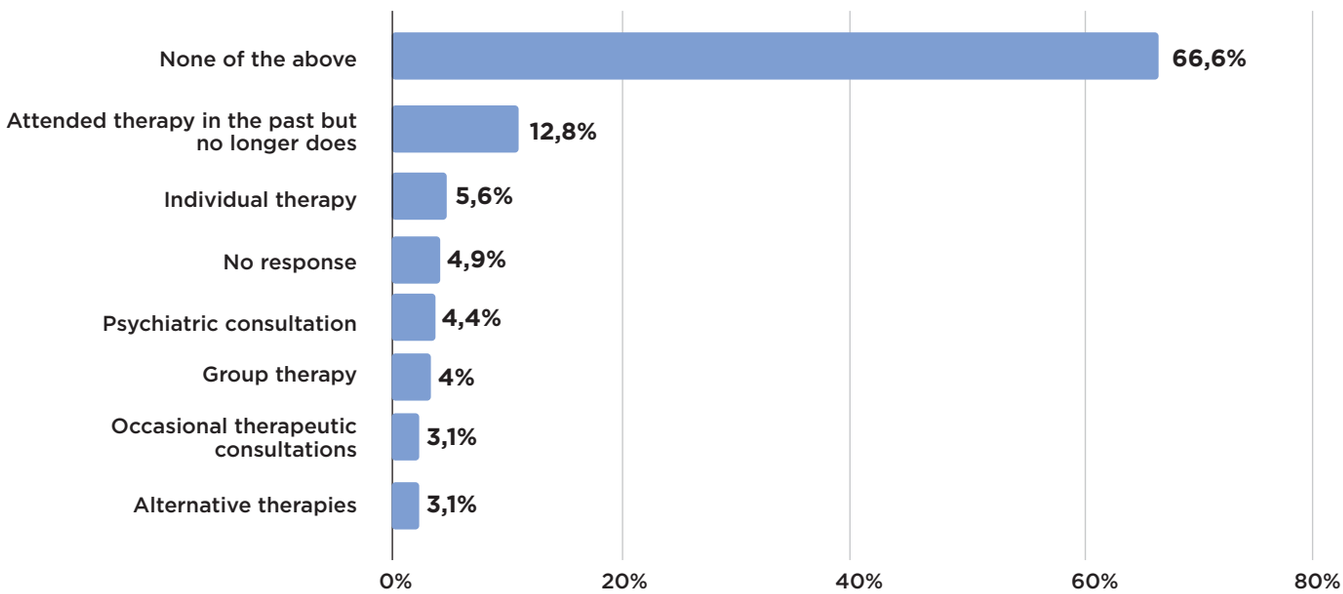
Notably, **mental health conditions** were reported among the surveyed individuals. Although their frequencies are relatively low, they reflect a growing awareness of mental health within the sample.

These findings are complemented by an inquiry into whether respondents currently attend any type of therapy. The most frequent response (66.6%) was **"none of the above," indicating that they did not engage in any of the therapy types included in**

the survey categories. The second most common response was **"attended therapy in the past but no longer" at 12.8%.** The remaining categories reported frequencies below 10% and 5%.

FIGURE 23

Participation in Any Type of Therapy

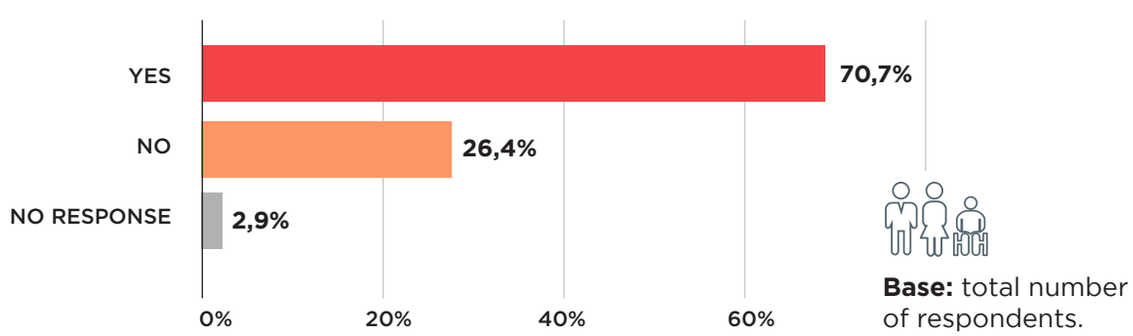


Note. *Base total number of respondents. As this was a multiple-choice question, the prevalence of each category is presented relative to the total number of respondents. Therefore, percentages are relative and do not add up to 100%.*

Additionally, **26.4% stated they did not have regular and sufficient access to nutritious and healthy food,** while 70.7% believed they did.

FIGURE 24

Regular and sufficient access to nutritious and healthy food

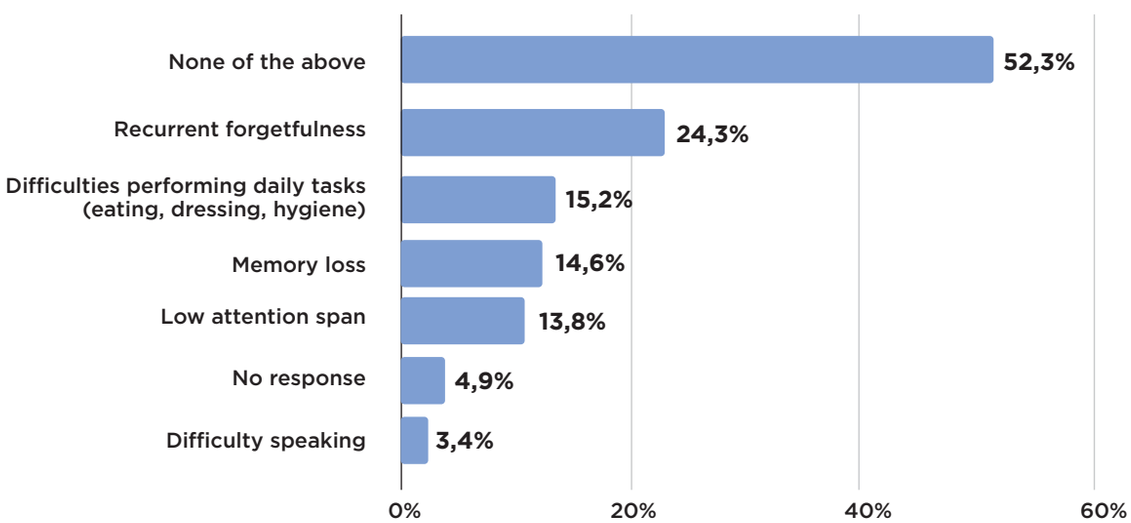


Lastly, the survey explored various difficulties experienced in old age to determine levels of basic dependency within the population. The most frequently reported category was "none of the mentioned difficulties" (52.3%). However, other categories were relatively common, including **recurrent forgetfulness (24.3%), difficulties performing daily tasks (15.2%), and memory loss (14.65%).**

Additionally, approximately **35% of the sample reported experiencing falls in the past year,** of which 26.4% resulted in fractures or severe injuries.

FIGURE 25

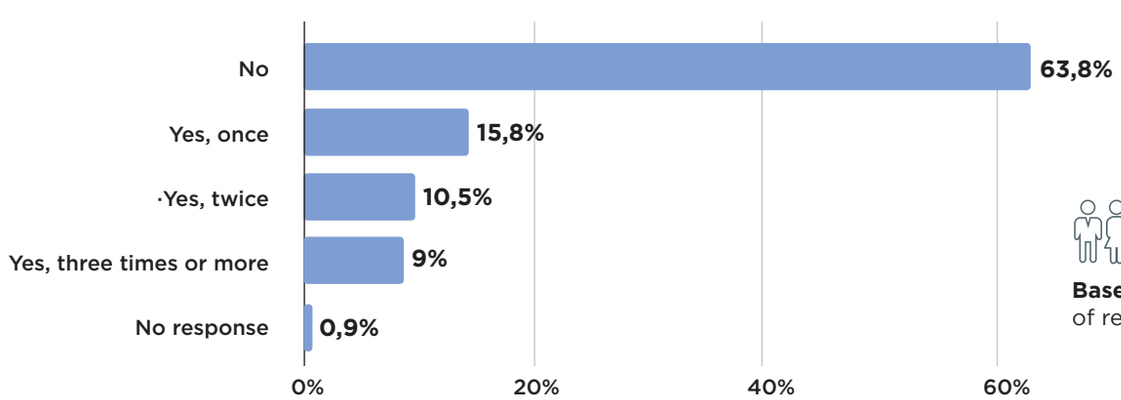
Experiencing various difficulties in daily life



Note. *Base total number of respondents. As this was a multiple-choice question, the prevalence of each category is presented relative to the total number of respondents. Therefore, percentages are relative and do not add up to 100%.*

FIGURE 26

Incidence of falls in the past year



Base: total number of respondents.

SOCIAL TREATMENT

As in 2021 and 2022, the survey examined whether older adults perceived being mistreated due to their age in various areas of daily life: healthcare centers, their neighborhood, public offices, and their family environment. **In all these areas, 2024 showed an increase in the percentage of people who felt mistreated compared to the two previous periods.**

In 2024, **21%** of older adults surveyed reported feeling **mistreated in healthcare centers** due to their age. By comparison, this group represented 12% of the sample in 2022 and 19% in 2021.

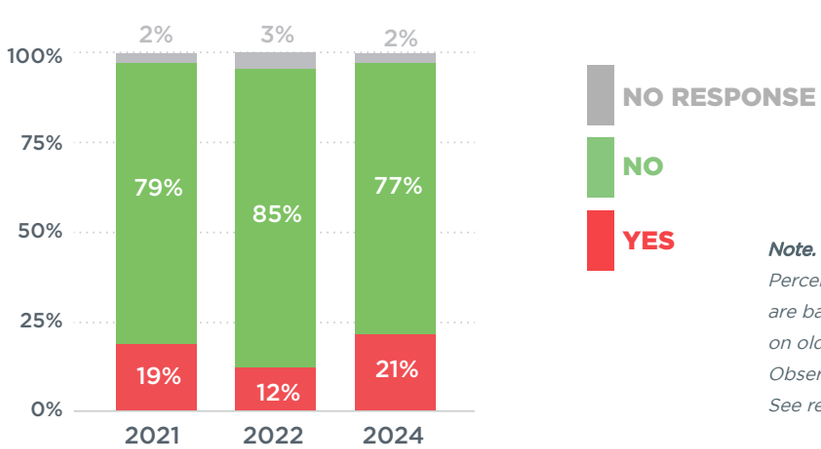
8% of the sample reported feeling **mistreated in their neighborhood** due to being an older adult, compared to 4% in 2022 and 5% in 2021. This represents a **100% increase in the group reporting mistreatment in this area.**

In **public offices, 26% of the surveyed individuals in 2024 reported feeling mistreated** due to being an older adult. Across the three analyzed periods, this was the area with the highest percentage of respondents reporting mistreatment. In 2022, this was 11%, representing a **136% increase.**

Finally, in 2024, **11% of the total sample reported feeling mistreated in their family environment** for being an older adult. This percentage is nearly double the 6% recorded in 2021 and significantly higher than the 4% reported in 2022. Compared to the latter period, there was a **175% increase** in the group experiencing mistreatment in this area.

FIGURE 27

Mistreatment in Healthcare Centers Due to Being an Older Adult: Comparison 2021–2022–2024

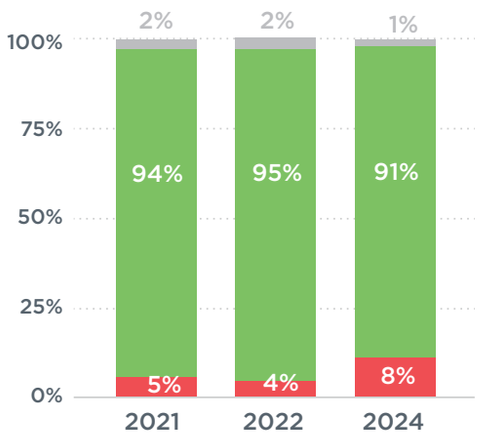


Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

Note. *Base: total personas encuestadas. Se redondean los porcentajes.Las comparaciones son en base a*

FIGURE 28

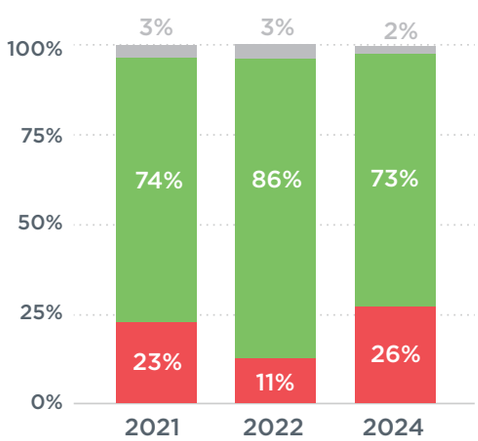
Mistreatment in the neighborhood due to being an older adult: Comparison 2021–2022–2024.



Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

FIGURE 29

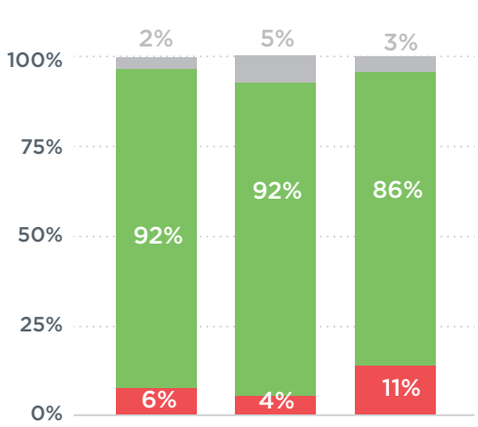
Mistreatment in public offices due to being an older adult. Comparison 2021-2022-2024.



Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

FIGURE 30

Mistreatment in the family environment due to being an older adult: Comparison 2021–2022–2024.



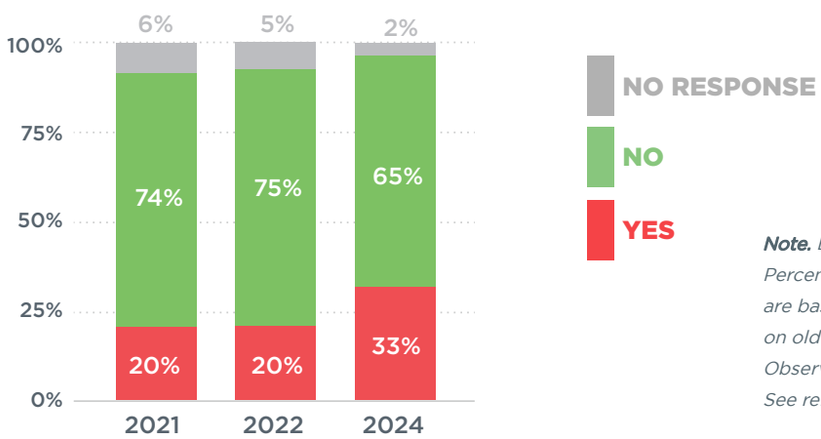
Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

Note. *Base: total personas encuestadas. Se redondean los porcentajes.Las comparaciones son en base a*

Lastly, respondents were asked whether **they frequently felt neglected and/or lonely** due to being an older adult. This variable also showed a significant increase in affirmative responses in 2024 compared to 2022. In the current period, **33% reported having this sensation, compared to 20% in both 2021 and 2022.**

FIGURE 31

Feeling of neglect and/or loneliness due to being an older adult: Comparison 2021–2022–2024.



Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

Note. *Base: total personas encuestadas. Se redondean los porcentajes.Las comparaciones son en base a*

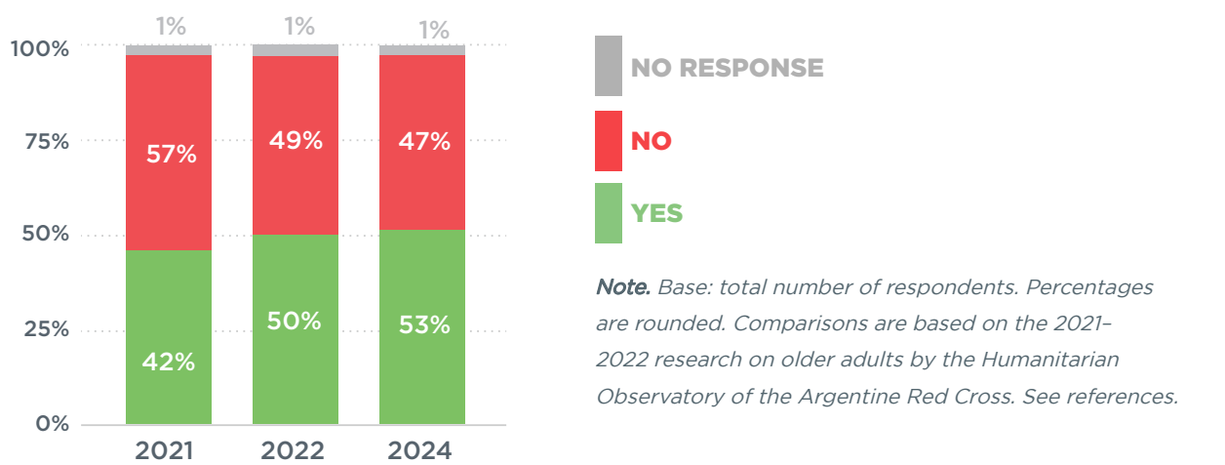
LEISURE TIME

A brief inquiry was made regarding whether the surveyed individuals engaged in leisure activities. First, **52.5% of older adults in the sample reported having done physical activity in the past month**, while 46.7% had not. There was a slight increase in those engaging in physical activity between 2022 and 2024 and a **significant 9-percentage-point increase in the population engaging in recent physical activity between 2021 and 2024.**

Among the 551 affirmative cases in 2024, 53.3% reported engaging in physical activity two or more times per week, 29.9% once per week, and 10.4% two or three times per month.

FIGURE 32

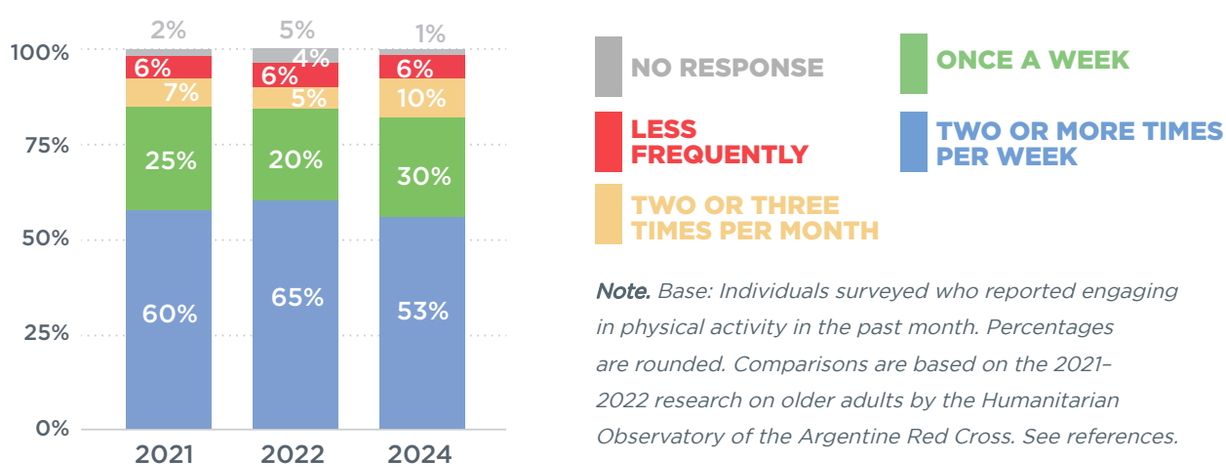
Engagement in physical activity in the past month: Comparison 2021–2022–2024.



Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

FIGURE 33

Frequency of physical activity in the past month: Comparison 2021–2022–2024.

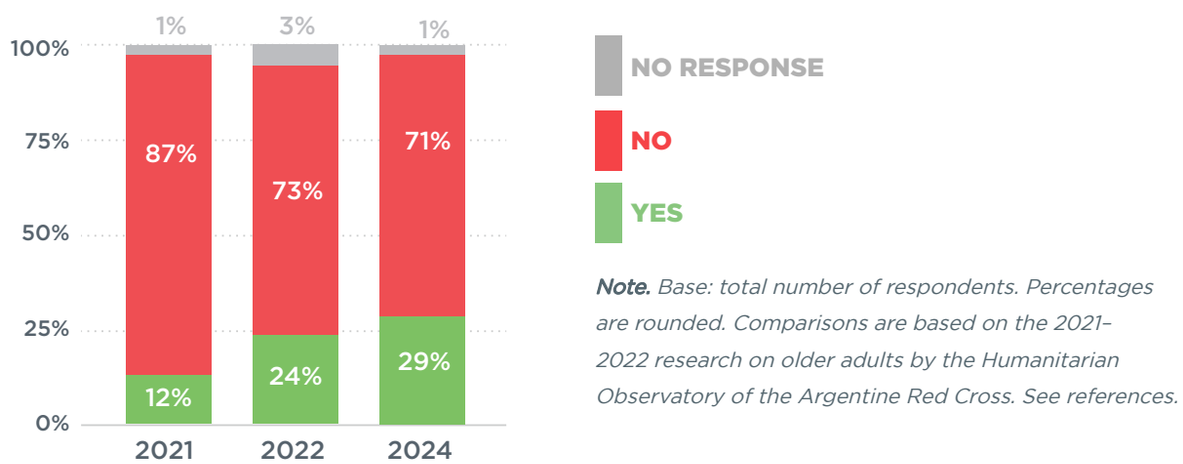


Note. *Base: Individuals surveyed who reported engaging in physical activity in the past month. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

On another note, **70.7% reported not regularly participating in any type of workshop, activity, course, or training of interest.** Conversely, **67.7% stated that they frequently met with friends and close social connections.** A significant increase was observed in 2024 compared to 2021 and 2022 among those engaging in these types of activities and maintaining regular meetings with close social ties. The impact of the COVID-19 pandemic on the 2021 and 2022 results is noteworthy.

FIGURE 34

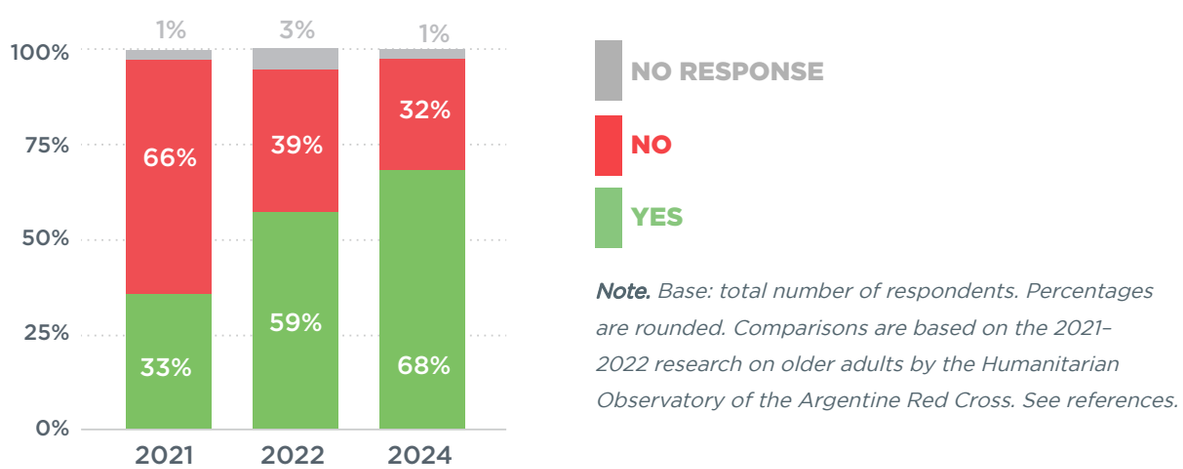
Participation in Any Type of Workshop, Activity, Course, or Training of Interest: Comparison 2021–2022–2024.



Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

FIGURE 35

Regular Meetings with Friends and Close Social Connections: Comparison 2021–2022–2024.



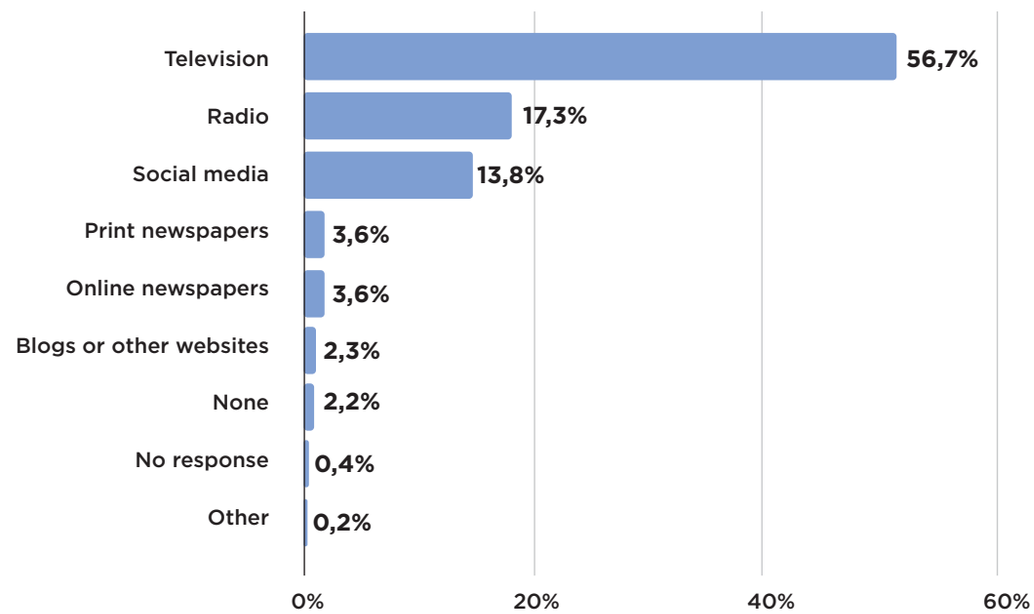
Note. *Base: total number of respondents. Percentages are rounded. Comparisons are based on the 2021–2022 research on older adults by the Humanitarian Observatory of the Argentine Red Cross. See references.*

ADDITIONAL INFORMATION: MEDIA AND SOCIAL MEDIA USE

To conclude the analysis, two additional questions were included to determine the main media and social media platforms used by the respondents. **56.7% identified television as their primary source of communication, followed by radio at 17.3%, and social media at 13.8%.** Among social media platforms, **Facebook was the most widely used.** The second most frequent response was "none of the above," followed by YouTube and Instagram.

FIGURE 36

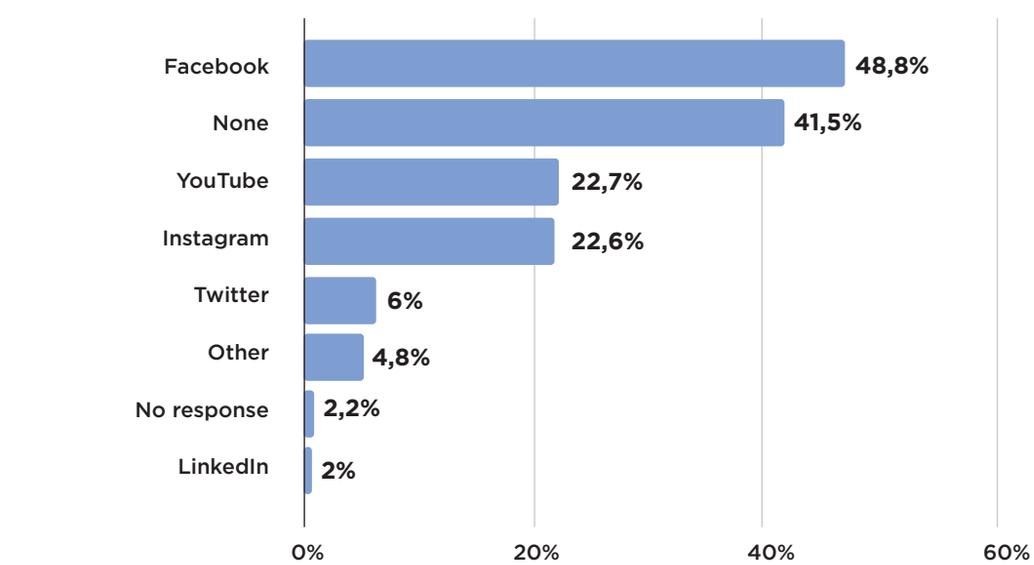
Main media source of communication



Base: total number of respondents.

FIGURE 37

Social media platforms frequently used



Base: total number of respondents. As this was a multiple-choice question, the prevalence of each category is presented over the total number of respondents. Therefore, the percentage is relative and does not accumulate to 100%.

CONCLUSIONS

This research aimed to understand the sociodemographic, economic, health, and recreational context of adults over 60 years old in Argentina, based on a non-probabilistic sample. Additionally, it calculated the General Well-Being Index for Older Adults 2024, which measures the fulfillment of needs across various domains. Furthermore, it explored perceptions of mistreatment in different aspects of daily life among the observed population.

One of the most significant findings is the Older Adults Well-Being Index (IBAM) 2024 score of 4.9, on a scale from 1 (low well-being) to 10 (high well-being). This represents a decline of 0.8 compared to 2022 and 0.3 compared to 2021. A worsening of the general well-being of surveyed older adults is evident, even with the impact of the COVID-19 pandemic in 2021 and 2022. The deterioration in IBAM 2024 aligns and is contextualized with official statistics on poverty and extreme poverty within this population, as previously mentioned. Notably, there is a decline in the satisfaction variables for food needs and economic needs when comparing IBAM results from 2021, 2022, and 2024.

Regarding the sociodemographic context, the main findings include: the majority of the surveyed individuals completed primary and secondary education, though incomplete education is also present to a lesser extent. Family contexts show some homogeneity: most respondents have children and are married or in a partnership. Although a high percentage of the observed population lives in houses, 7.1% reside in care homes for older adults, while approximately 3.8% live in precarious conditions, such as rented rooms, hotel rooms, or structures not intended for housing.

Concerning economic circumstances, over 70% of the sample identify as retirees or pensioners, relying primarily on retirement benefits as their main source of income. However, 50% of respondents report that their main income is insufficient to cover expenses and needs. This variable shows a worsening compared to observations in 2021 and 2022, with an increase of between 31% and 35% of people declaring insufficient income. Furthermore, the primary financial support comes from family or close connections, which impacts their economic autonomy.

4

In retrospect, about 40% of respondents believe their economic situation worsened over the past year. A notable decline in purchasing power for clothing, medications, food, and recreational activities was observed.

In 2024, a smaller percentage of people consider their health to be very good compared to 2021 and 2022. This coincides with an increase in respondents who feel their health has worsened over the past year.

Moreover, 80.5% take doctor-prescribed medication, which they primarily obtain at a discount through PAMI. Beyond health issues expected for older adults, some cases report problems associated with mental health. However, this does not translate into greater utilization of mental health services.

Basic dependency issues include forgetfulness, difficulty with daily tasks, and memory loss. Additionally, 35% of respondents experienced falls in the past year.

Finally, there is an increase in the perception of mistreatment in all areas of daily life explored in the survey among older adults. A significant rise in reported mistreatment in neighborhoods, healthcare centers, and family environments is observed. Moreover, a higher percentage of older adults report feelings of neglect and/or loneliness compared to previous periods.

The findings of this research underscore the importance of highlighting the quality of life of older adults in Argentina to foster evidence-based actions that ensure their rights to dignity, autonomy, and appreciation. In the context of an aging population, coupled with increased basic dependency and declining quality of life, it is urgent to strengthen socio-economic, healthcare, recreational, and respectful environments from a human rights perspective for older adults.

RECOMMENDATIONS

1. **Foster the participation of older adults in the development of plans and programs for active and healthy living, self-care, and comprehensive well-being.**
2. **Train and raise awareness among the general population about the consequences of mistreatment of older adults in both public and private spheres.**
3. **Promote the role of humanitarian organizations and civil society in supporting and enhancing the well-being of older adults.**
4. **Increase the production of local and regional evidence on the conditions and quality of life of older adults to drive concrete actions for support and assistance.**
5. **Strengthen the pension system and ensure minimum access to means of subsistence through effective and sustainable instruments.**
6. **Enhance older adults' access to the public healthcare system.**

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The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to provide assistance without discrimination to the wounded on the battlefield, strives, both internationally and nationally, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and ensure respect for human beings. It promotes mutual understanding, friendship, cooperation, and lasting peace among all peoples.

Impartiality

It makes no discrimination based on nationality, race, religious beliefs, class, or political opinions. It seeks to relieve the suffering of individuals guided solely by their needs, giving priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement must not take sides in hostilities or engage at any time in controversies of a political, racial, religious, or ideological nature.

Independence

The Movement is independent. National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so they can act at all times in accordance with the principles of the Movement.

Voluntary Service

It is a voluntary relief movement not motivated in any manner by the desire for profit.

Unity

There can only be one Red Cross or Red Crescent Society in any given country. It must be open to all and carry out its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share the same responsibilities and duties in helping each other, is worldwide.

ABOUT THE HUMANITARIAN OBSERVATORY

The **Humanitarian Observatory of the Argentine Red Cross** is a **Reference Center of the International Federation of Red Cross and Red Crescent Societies (IFRC) and a member of the Red Cross and Red Crescent Research Consortium (RC3)**. It is a space dedicated to research for action. Through knowledge and awareness-raising, it aims to foster understanding and address the various situations that arise in society from a humanitarian perspective.

https://cruzroja.org.ar/observatorio-humanitario/

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