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About the Differential Profiles of Ageing People with and without Disabilities in the Autonomous City of Buenos Aires (CABA) – Argentina, according to the Annual Household Survey, 2011[1]

[1]This research has been conducted within the framework of a project titled "*Perception of health and wellness at the local level: a study of the municipalities of Luján and Tres de Febrero, Buenos Aires*", National University of Tres de Febrero (UNTREF) - Argentina.

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Summary

At the beginning of the 21st century, Argentina, one of the pioneers of demographic transition in Latin America and the Caribbean region, has a higher percentage of population aged 65 years and over[2] (10.6 per cent) than the regional average (6.9 per cent).

On the other hand, the Autonomous City of Buenos Aires (CABA), Argentina's political and economic centre, exhibits the highest proportion of demographic ageing among the country's 24 provinces (first-level political and administrative divisions). The 2010 National Population Census (hereinafter the 2010 Census), the last one taken in Argentina, shows that 16.4 per cent of the total population in the City is aged 65 and over[3], of which 32.5 per cent are people with disabilities, as defined by the recent International Classification of Functioning, Disability and Health, 2001 (hereinafter ICF 2001). Hence, this last group comprises individuals with a "dual" and "new" demographic status as they are both "aged" and "disabled".

Taking into consideration the living conditions of the elderly with disabilities and in line with the Convention on the Rights of People with Disabilities, we assess the potential impact of two processes (population and biological ageing) in order to contribute to designing social policies based on the fundamental human rights as specified in the Convention.

Therefore, the overall purpose of this research is to analyse the profiles of the elderly (i.e. people aged 65 and over) dwelling in housing units[4] in CABA, Argentina, in 2011, and to examine their differences by the presence or absence of disabilities.

The first specific goal of this study is to consider the socio-demographic characteristics of the elderly with and without disabilities and the households where they live. The second one is to look into other attributes of this last unit of analysis, including household type, and economic strategies of households, among others.

[2] As is known and according to a demographic viewpoint, our research defines ageing as the increase of relevance (in absolute and relative values) of people aged 65 years and over in the total population. While age appears to be the most appropriate criterion to establish a threshold of old age, setting a numerical value will always be subject to arbitrariness. The United Nations usually considers age 60 years and over as the threshold of old age. In our case, however, we reckon 65 years and over because it is the legal retirement age in most countries of Latin America and the Caribbean region. Specifically, in Argentina, 65 is the legal retirement age for men and 60 for women. Therefore, the threshold of old age contemplated in our research for the adult population living in the City of Buenos Aires, Argentina, is 65 for both men and women.

[4] It should be noted that it is not the aim of this research to explore the social and demographic conditions of the elderly in collective living quarters like retirement homes.

According to the biopsychosocial conceptualization of disabilities obtained from ICF 2001 and the Convention on the Rights of People with Disabilities, our research was conducted using as the main sources of information the CABA's Annual Household Survey 2011 (*Encuesta Anual de Hogares 2011* – EAH 2011)[5] and its Module on Disability, proposed by the General Bureau of Statistics and Censuses of the City of Buenos Aires (*Dirección General de Estadística y Censos de la Ciudad Autónoma de Buenos Aires* – DGEyC). The EAH 2011 shows the current specific differential profiles of senior people with and without disabilities in CABA. By analysing this information, we will obtain indicators and summary measures accounting for the situation of ageing persons with disabilities as against elderly people with no disabilities. In addition, the statistical results are analysed descriptively and provide new and vital information to study the current specific differential profiles of the elderly with and without disabilities in the City of Buenos Aires, Argentina.

This paper consists of four chapters. Chapter 1 presents the conceptual framework of the research in connection with the recent ICF 2001 and the guidelines of the Convention on the Rights of People with Disabilities, indicating the characteristics of these new ageing and disabled societies.

Chapter 2 discusses the background and main current features of demographic ageing in CABA and the City's relative position vis-à-vis Argentina's total population.

Chapter 3 describes the relationship between ageing and disability in CABA in 2011, according to the EAH 2011. The idea is to show the "dual status" assumed by the City's elderly population.

Chapter 4 illustrates the type of households where the elderly with and without disabilities dwell, their main residential arrangements, and the presence or absence of help and support within their own co-resident household.

[5]The EAH 2011 is a representative sampling of the total local area of CABA and its political and administrative subdivisions (*Comunas*). It is a multipurpose annual survey conducted by DGEyC since 2002. Knowing the status and demographic dynamics of the population is necessary for the design and informed management of public policy. This is a sample operation involving a large number of housing units spread over the City's territory. Its purpose is to collect and analyse data so as to identify the socioeconomic and demographic status of the population and households in the City. The topics included in this survey focus on demographics, education, health, and labour market. In 2011 the Survey included the Disability Module in order to quantify and characterise individuals with disabilities in relation to the many aspects of everyday life within their physical and social environments, and thus obtain data to assess the major obstacles to achieve an active social inclusion and create a basis for consistent performances. This research could be carried out thanks to the contribution of the DGEyC, under the Government of the City of Buenos Aires, only jurisdiction in the country that, according to the recommendations of the Article 31 of the Convention on the Rights of Persons with Disabilities, held on the measurement of disability through the implementation of a set of identification questions on the EAH in 2011 and for a specific module for people with disabilities.

1. Conceptual framework

Ageing is this century's most important demographic phenomenon and is deemed to be a social priority on the public agenda. In addition to pointing to aged populations, a research on ageing involves quantitative aspects related to the age-sex composition of the population, and also refers to the social and economic dimensions of the process. According to Canales (2001: 511), "ageing, as a demographic and social process, implies going from a concern for the ´dynamics of growth´ to a concern for the ´demographic structure', particularly the social structure of demographic differences".

As population ageing has become a pervasive phenomenon in society, a number of political institutions began to be created in the late 19th and early 20th centuries to ensure the welfare of elderly citizens. At the same time, family composition and structure has also changed among ageing societies. Since the mid-20th century, the increase in one-person households of older people, particularly women, and also of couples of married people living alone at an old age is also the result of the ageing process (Garay, Redondo and Montes de Oca, 2012: 22).

In addition, ageing brings about a series of personal and social transformations in physical terms, in economic and functional independence, in participation in the labour market, and in changing family roles, to name a few. Also, one of the major impacts of the ageing process and its relationship to the health condition of the population is the gradual rise of a new unit of analysis; the elderly with disabilities (Massé, 2003: 915; Rodríguez Gauna, 2009)

As is known, the age structure of the population in areas with an increasing proportion of old people currently denotes two processes: biological or natural ageing and demographic ageing. Although different, they are both related to the field of disabilities (Chackiel, 2000).

The rate of biological ageing is accelerated during the last stage of life or in elderly people thus originating a greater number of physical and psychological limitations/restrictions. Also, as a result of demographic ageing, a larger volume of the population will go through this life stage.

The increased number of senior citizens and the ensuing growth in the prevalence of chronic degenerative diseases and disabilities highlights the fact that the population's health not only comprises death but also disease and/or disability (Cardona Arango, Estrada Restrepo & Agudelo García, 2003), defined as "... an evolving concept which is a result of the interaction between people with impairments and barriers linked to attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others". Therefore, governments should include the treatment of such effects on their agendas in order to produce political actions that may promote citizen wellbeing. The latter concept, which is currently used in research on disability, was described as an unavoidable response to the demands of measurement behind a changing social reality. In this sense, in 2001 the World Health Organization (WHO) adopted the ICF 2001 (OMS, 2001), supplementing the

International Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) and the International Classification of External Causes of Injury (ICECI). The ICF 2001 states that disability is an umbrella expression including deficits, activity limitations and participation restrictions, and denotes the negative aspects between an individual (with a health condition) and contextual factors (environmental and personal factors). The biopsychosocial conceptualization is enjoying a boom (Pantano, 2003 and 2009).

Given this conceptual framework (ICF 2001), Argentina carried out the first specific survey on disability, known as the National Survey of Disabled People 2002-2003 (*Encuesta Nacional de Personas con Discapacidad – ENDI*), which supplemented the 2001 National Population Census of Argentina (hereinafter the 2001 Census). The ENDI (2002-2003) was an unprecedented experience of comprehensive and integrated measurement of people with disabilities in the country and provided specific information about different jurisdictions, including CABA. Subsequently, the DGEyC developed the conceptual framework for the EHA 2011, which takes into account the experience of the ENDI (2002-2003), the progress in measuring disability in censuses and surveys in the last decade, and the documents on Family Living Arrangements by the World Health Organization (WHO), particularly the ICF 2001 and the International Convention on the Rights of Persons with Disabilities, which was adopted by the United Nations on December 13, 2006 and was ratified by Argentina on May 3, 2008. The latter Convention recognises the dynamic nature of disability and points out that it is "an evolving concept that results from the interaction between persons with impairments linked to attitudinal and environmental barriers that hinders their full and effective participation in society "(United Nations, 2006a, Preamble, paragraph e).

So, according to the EAH 2011, “persons with disabilities include those who have physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (United Nations, 2006a, Article 1). In order to measure the concept, disability is defined as any activity limitation and participation restriction affecting a person in the long term. It reflects an interaction between the disabled individual and the contextual factors having an impact on his/her daily life and on his/her physical and social environment, by sex and age.

From a healthcare, economic, political, social and cultural perspective, the effect of these two processes should be taken into consideration in order to meet the needs of local public policies, based on a human rights approach through which the government will be challenged to identify ways to contribute to building a society where individuals, regardless of their age or other social differences, may have equal opportunities to realise the respect and full exercise of their human rights and fundamental freedoms (CELADE, 2011).

Thus, the concern about the situation of the elderly is part of a broad worldwide awareness process related to the ageing of society and the economic, social, political and cultural changes that it entails. Since the First World Assembly on Ageing in 1982, followed by the approval of the 1991 United Nations Principles for the Elderly, the main international milestones ensuring older people's continuous participation as full citizens in their societies comprise the following: the Second World Assembly on Ageing in 2001, the 2002 Madrid International Action Plan, and the Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean in 2012 (CEPAL, 2006: 13; CEPAL, 2012).

Therefore, the possible outcomes of the above processes (demographic and biological ageing) may be analysed and human rights-based public policies may be devised through a deeper understanding of the living conditions of the elderly population with disabilities within the framework of the Convention on the Rights of People with Disabilities, which refers to the rights relating to accessibility, personal mobility, freedom of expression and opinion and access to information, respect for household and family, education, health, rehabilitation, labour and employment, standard of living and social protection, among others.

2. Ageing in CABA - Argentina

2.1. Background

As is known, ageing is a phenomenon that impacts differently on the countries around the world. According to Table 1, in 2010, Argentina, one of the pioneers of demographic transition in Latin America and the Caribbean region, along with Uruguay and Chile, has a higher percentage of population aged 65 years and over than the regional average. Meanwhile, Latin America and the Caribbean region show a lower percentage than the European population values as a whole. In the latter case, Germany and Italy take the lead in the ranking of European countries, followed by Spain, France and the United Kingdom. Finally, Argentina's current ageing population is significantly lower than Japan's.

Table 1. Percentage of people aged 65 and over and median age. Selected areas. 2010.

Areas	Percentage of people aged 65 and over	Median age (1)
World	7.6	29.2
• **Japan**	22.7	44.7
• **Europe**	16.2	40.1
○ France	16.8	39.9
○ Germany	20.4	44.3
○ Italy	20.4	43.2
○ Spain	17.0	40.1
○ United Kingdom	16.6	39.8
• **Latin America and the Caribbean**	6.9	27.6
○ **Argentina**	10.6	30.4

Note (1): The median age of a population is that age that divides a population into two groups of the same size, such that half the total population is younger than this age, and the other half older.

Source: World Population Prospects: The 2010 Revision (Available on line: http:// data.un.org)

If Argentina's demographic ageing is higher than Latin America's ageing as a whole, according to Table 2, at the beginning of the 21st century, CABA, Argentina's political and economic centre, exhibits the highest demographic ageing vis-à-vis the 24 first-level political and administrative divisions. CABA has the country's oldest population.

Table 2. Ageing: selected indicators. Argentina - Autonomous City of Buenos Aires (CABA), 2010.

Indicators	Argentina			Autonomous City of Buenos Aires		
	Total	Male	Female	Total	Male	Female
Percentage of people 65 years and over	10.2	8.6	11.8	16.4	13.0	19.3
Percentage of people 80 years and over	2.5	3.4	4.8	5.1	3.3	6.6
Ageing index (1)	40.2	32.2	48.3	100.3	71.9	129.8
Parent support ratio (2)	18.0	12.3	23.1	30.4	20.5	38.2
Median age	30	29	31	37	35	39
Total population	**40,117,096**	**19,523,766**	**20,593,330**	**2,890,151**	**1,329,681**	**1,560,470**

Note (1): The ageing index is calculated as the number of persons 65 years old or over per hundred persons under age 15.

Note (2): The parent support ratio is a measure used to assess the demands on families to provide support for their oldest-old members. The ratio is the number of persons 85 years old and over per one hundred persons 50 to 64 years.

Source: Argentina's National Census of Population and Housing (2010).

CABA's leadership of ageing people in Argentina's demographic history dates from the 1950s to the present. Demographic transition started at an earlier stage in Argentina as a whole. According to Lattes, Andrada and Caviezel (2010: 147), in the mid-20th century, the City's total population amounted to about 3 million inhabitants, while the percentage of people aged 65 years and over was 5.8 per cent.

Thirty years later, the City maintained the same number of inhabitants but their composition by age showed an exceptional increase of ageing people. By 1980, the proportion of people aged 65 years and over was 14.6 per cent of the City's total population, i.e. it was doubled over a period of thirty years.

By 2010, i.e. thirty years later, the Autonomous City of Buenos Aires had the same population size as sixty years earlier (1950). In other words, its population in terms of volume was almost stagnant at around 3 million people since the mid-20th century; however, in terms of structure by age and sex it had changed considerably. According to Argentina's 2010 Census, the proportion of people 65 years and over at the beginning of the 21st century is about 16.4 per cent of the City's total population, which indicates an increase compared to thirty years earlier.

There are various reasons accounting for this stationary size phenomenon also found in many central areas in large cities around the world. Being Argentina's political and economic hub, CABA exhibits a remarkable concentration of political, economic and administrative functions, which have displaced its residential functions. At the same time, a great number of geographical areas near the boundaries of CABA have expanded and have increased their population, thus giving rise to the Greater Buenos Aires area, which straddles part of the province of Buenos Aires with no political or administrative borders (Lattes, Andrada, and Caviezel, 2010: 155).

2.2. Present times

As already mentioned, the 2010 Census, the last one taken in Argentina, shows that 16.4 per cent of CABA's total population is aged 65 and over. The significance of CABA's demographic process is highlighted by the fact that the volume of population aged 65 and over amounts to nearly 474,000 inhabitants[6] and that the population between 0 and 14 years of age totals around 472,000 inhabitants.

Likewise, CABA's ageing index evidences a special feature – there are 100 people aged 65 years and over per 100 children under 15. The difference vis-à-vis Argentina's total population is significant, where the ageing index is only 40.2 people aged 65 years and over per 100 children under 15. Also the percentage of people aged 80 and over in CABA doubles that of Argentina as a whole (Table 2).

[6] Refers to people residing in housing units and also in collective living quarters.

Indicators in Table 2 show the relevance of CABA's demographic ageing. In 2010, the percentage of people aged 65 and over and the median age (the selected indicator to calculate population ageing) resemble certain European countries, like France or the United Kingdom, as seen in Table 1.

Table 2 also illustrates the well-known ratio between demographic ageing and the feminisation of population. CABA has approximately 130 females aged 65 years or over per 100 females under 15 years. Both characteristics are relevant if we compare these values to Argentina's total figures.

According to Table 2, the process of demographic ageing in the City was more intense among females than among males, and it was especially strong among people aged 80 and over. In 2010, for every three women aged 65 years and over, one of them was 80 or over. Among males, the ratio is nearly one man aged 80 or over per four men aged 65 years and over.

If the sex ratio among people aged 65 and over is approximately 57 men per 100 women, the index value among those aged 80 and over amounts to approximately 38 men per 100 women. These figures confirm the well-known effect of male mortality on CABA's overall population in the 2010s.

On the other hand, the parent support ratio, a measure used to assess the demands on families to provide support for their oldest-old members, indicates that CABA currently has 30.4 persons aged 80 years and over per 100 persons 50-64 years.

All these indicators illustrate CABA's demographic ageing and feminisation process. However, this phenomenon is not unique to CABA as it is also found in other large cities and countries around the world, as also described by Paredes, Ciarniello and Brunet (2010).

3. Ageing and disability: the "dual status"

According to Canales (2001), ageing is clearly not restricted to a mere quantitative increase in a demographic age group; it implies new forms of social construction. Not only because of the presence of "more" older people and "less" young individuals but also because of "new" seniors and "new" youth. Moreover, this concept of "new" refers to the quantity but, above all, to the social matrices that give meaning to these demographic structures.

Now, what is meant by "new" among the people aged 65 and over? As already mentioned, the increase in the number of citizens aged 65 and over is accompanied by a consequent growth in the prevalence of chronic degenerative diseases and disabilities. In other words, the population's health is usually related to death but also to disease or disability (Cardona Arango, Estrada Restrepo & Agudelo García, 2003). This last knowledge indicates a new social reality, so that learning about the lives of older people should include an analysis of the presence or absence of disabilities.

Furthermore, CABA bears witness to this new social reality. According to EAH 2011, while the prevalence of people with disabilities in CABA as a whole is 9.9 per cent, this percentage rises to 32.5 among those aged 65 years and over, much higher than the value corresponding to the population under 15, with less than 3.0 per cent of prevalence of disability, and to the population aged 15-64, with less than 6.0 per cent of disabled people (Table 3).

Table 3. Total population living in households. Prevalence of disability, by age and sex. Autonomous City of Buenos Aires (CABA), 2011.

Age group	Prevalence of disability		
	Total	Males	Females
0 - 14	3.1	3.8	2.3
15 - 64	6.0	5.0	6.9
65 and over	32.5	27.1	36.0
Total	9.9	7.8	11.7

Source: EAH 2011.

According to the results of ENDI (2002-2003), the Supplementary Survey to the 2001 Census, ten years earlier the prevalence of disability in CABA as a whole was 7.0 per cent, and 24.6 per cent for the population aged 65 and over. These results were also very different from those relating to children under 15, where the prevalence of disability was less than 3.0 per cent, and to people aged 15-64 with disability below 4.0 per cent.

According to these results, CABA's ageing process is probably impacting the age-sex population composition. This phenomenon is particularly relevant when considering the prevalence of disability in older ages. In order to define a person with disabilities, ENDI (2002 -2003) and EHA (2011) applied conceptual frameworks based on ICF 2001. Thus, the fact that in 2011 the prevalence of disability in the age 0-14 years is similar to that obtained for the same indicator and age group 10 years before, and that such prevalence has grown slightly in the potentially active age (15-64 years) and significantly among the population aged 65 and over, underlines the impact of the ageing process in CABA and its relationship to health, especially in the latter age group. We therefore want to focus our analysis on the gradual rise of a new unit of analysis made up of people with a “dual status” as they are both “elderly” and “disabled”.

Another point of view relates to the concurrent process of feminisation among the urban population. All the above indicators become more relevant if the values for the female unit of analysis are taken into account. In the case of women, the prevalence of disability increases significantly among the female population aged 65 and over, reaching 36.0 per cent, which is much higher than the prevalence of disability (27.1 per cent) in the male population aged 65 and over (Table 3). These figures indicate the impact of both ageing and feminisation in CABA and their relationship to health and disabilities.

Table 4 illustrates the relevance of the "new" older people with disability. It may be noted that more than half of the population with disability comprises people aged 65 and over. Particularly in the case of females, approximately 6 out 10 women aged 65 and over are disabled. This is confirmed by the last results obtained in CABA in 2011, which show that women seemingly go through the ageing process enduring the resulting effects of disability at older ages than men.

Table 4. People with and without disabilities by age group and sex. Autonomous City of Buenos Aires (CABA), 2011.

Age group	People without disability			People with disability		
	Total	Male	Female	Total	Male	Female
0 - 14	18.8	20.1	17.5	5.4	9.3	3.2
15 - 64	68.8	68.8	68.7	39.8	42.5	38.2
65 and over	12.5	11.0	13.8	54.8	48.2	58.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: EAH 2011.

While the first paragraphs show the relevance of ageing, the last one highlights a different reality and focuses on the new disabled population aged 65 years and over. This group has acquired a "dual status" (elderly with disability). As these persons get older, their self-care ability is reduced and they face the challenge of rearranging their lives as disability increases.

Table 5 describes the profile of people with "dual status". These individuals consist mostly of women, heads of households and belong to the younger age group (65-79 years). Also, an important fact emerges in connection with the median age of origin of the oldest disability. As we can see, this last indicator reaches 68 years of age, which means that this population group has attained the threshold of old age, i.e. 65 years, with no disability that may produce activity limitations or participation restrictions for the development of their daily lives. We do not refer here to old people with disabilities but to elderly people who have become disabled due to old age. Both population groups make up two very different scenarios. These new seniors with disabilities must adapt to their activity limitations and/or restrictions on participation as they are more vulnerable and require assistance and support to carry out their daily lives. The results in Table 6 provide elements to ponder upon this last idea.

Table 5. People with "dual status" by sex, relationship, age group and median age of origin of the oldest disability. Autonomous City of Buenos Aires (CABA), 2011.

Profile of people with "dual status"	Percentage
Sex	
Male	32.5
Female	67.5
Relationship	
Head of household	62.7
Spouse	19.6
Other family member	17.2
Non family member	0.5 [a]
Age group of elderly	
65 - 79 years	57.0
80 years and over	43.0
Median age of origin of the oldest disability	**Years**
Median age	68

Note (a): Cell Value for guidance (the coefficient of variation greater than 20%.

Source: EAH 2011.

Table 6 shows the differences seen in the disability status of older adults and other people with disabilities but who have not yet reached 65 years of age. Among people with "dual status" the presence of more than one disability prevails in a higher proportion than among disabled people under 65. As for the type of disability, in the whole population of older adults with disabilities, physical and hearing disabilities are more prevalent.

Table 6. Population with disabilities. Number and type of disability by age group. Autonomous City of Buenos Aires (CABA), 2011.

Number and types of disabilities	People aged under 65	People aged 65 and over
Total	**100.0**	**100.0**
Only one disability	72.3	53.1
Only motor disability	43.9	76.8
Only visual disability	10.2 [a]	7.5 [a]
Only hearing disability	7.8 [a]	11.3 [a]
Only speech disability	1.4 [b]	0.2 [b]
Only mental and intellectual disability	6.5 [a]	4.0 [b]
Only cater for yourself personal care (washing, dressing or eating)	0.4 [b]	0.0 [b]
Other disability	2.1 [b]	0.2 [b]
Two disabilities	19.1	27.2
Three and more disabilities	8.6 [a]	19.7

Note (a): Cell Value of indication (the coefficient of variation is between 10% and 20%).

Note (b): Cell Value for guidance (the coefficient of variation is greater than 20%).

Source: EAH 2011.

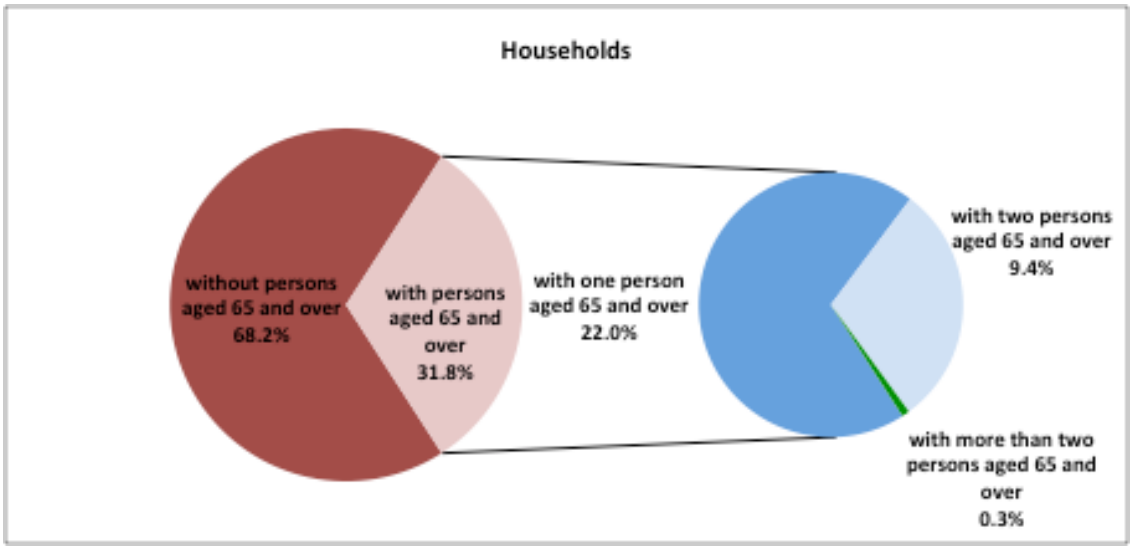
4. Households with elderly people with and without disability

In the first place, all these results raise the question of who provides assistance and support to this new group of people so as to ensure their continuous participation as full citizens in their societies. As is known, in the absence of concrete government actions for providing care and support, family members have to bear the burden of care. CABA's demographic change calls for an analysis of the characteristics, outcomes, and options for an ageing society and older adults with disabilities. Therefore, an important indicator for the study of the living conditions of the elderly population with and without disabilities is their inclusion in the household context, because this is the environment where the elderly reside and receive and require support, among others. (CEPAL, 2006:113)

4.1. Living arrangements

According to EAH 2011, the total volume of CABA households[7] amounts to 1,221,208. Figure 1 shows that one person aged 65 years and over resides in 3 out of 10 CABA households. Moreover, nearly 70 per cent of these households contain only 1 person of this age group, while the remaining 30 per cent include 2 or more seniors.

Figure 1. Total households with and without elderly people by number of older people. Autonomous City of Buenos Aires (CABA), 2011.



Source: EAH 2011.

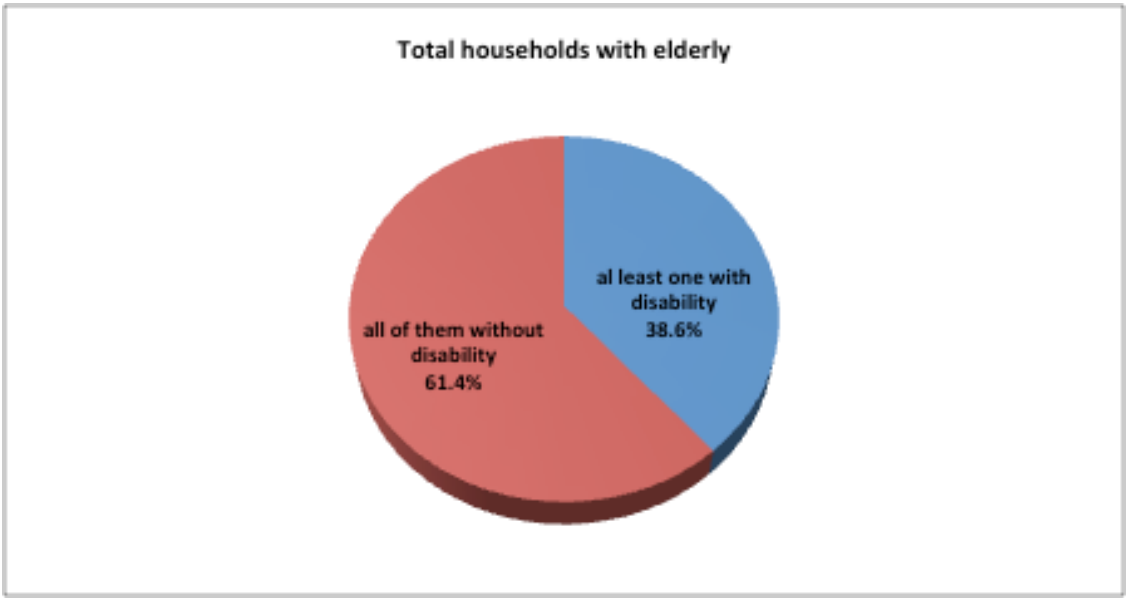
[7]The concept of household used in EHA 2011 refers to people living under the same roof and sharing the cost of food.

Therefore, according to Garay, Redondo and Montes de Oca (2012), one-person households composed exclusively of a senior person still prevail in Argentina's urban areas in the early 21st century. These researchers have shown that approximately 21 per cent of people aged 65 and over lived in one-person households during 2001-2006. Also, that the extension of the social security system to old people through their retirement or pension coverage would probably provide more independent living arrangements to those aged 65 years and over.

Furthermore, the expansion of social security benefits to old age may likely account for these current residential types in the City of Buenos Aires. In CABA's specific case, the 2010 Census results show that social security provides coverage to 91.5 per cent of the total population aged 65 years and over.

Figure 2 shows that 4 out of 10 households happen to be households with at least one person with dual status ("elderly" and "disabled").[8] In other words, this last group consists of individuals with impairments linked to attitudinal and environmental barriers hindering their full and effective participation in society on an equal basis with others.

Figure 2. Total households with elderly people, by presence of older people with disabilities. Autonomous City of Buenos Aires (CABA), 2011.



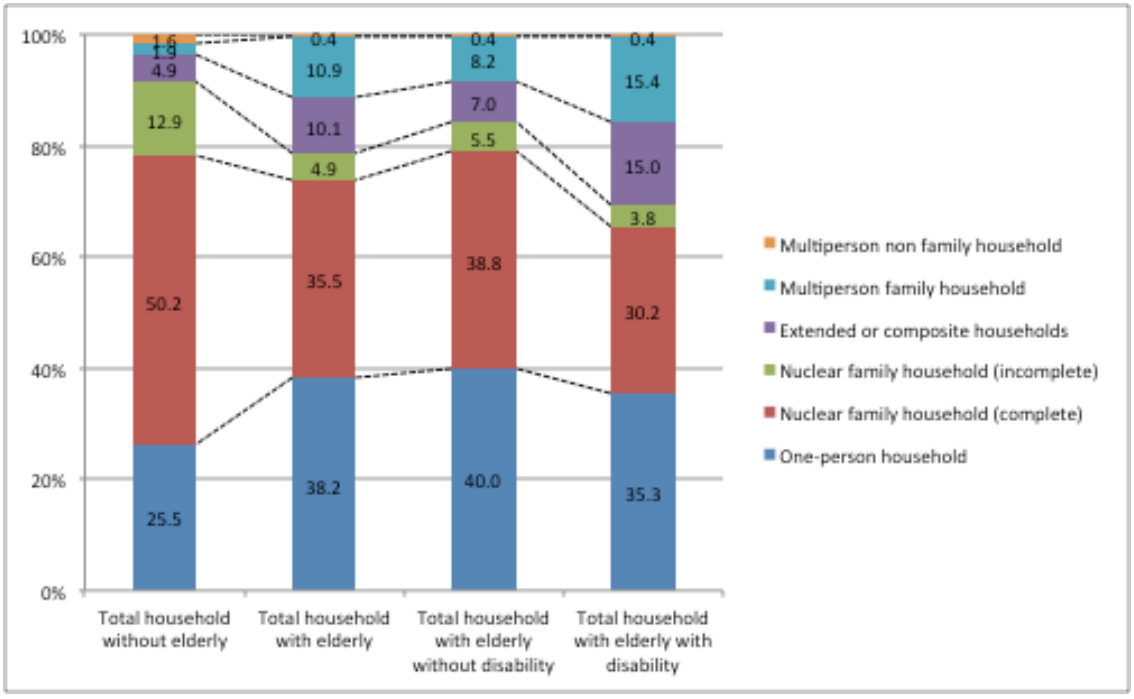
Source: EAH 2011.

Figure 3 shows that in CABA in 2011 38.2 percent of households with at least one person aged 65 years and over is living in a one-person household, i.e. living alone. Meanwhile, that proportion is significantly lower (25.5 percent) in the case of households with no older adults. Thus, the predominance of one-person households composed exclusively of one old-age individual is a current feature of the City, so that

[8] It should be noted that households with older adults without disabilities may include also people under 65 with disabilities. It is clear, though, that these households do not include persons with a "dual status".

much attention should be paid to the special external support and assistance required by this population group. However, this phenomenon is not restricted to CABA. The fact that a large part of the population aged 65 and over resides in CABA alone or with a spouse/partner is similar to the present living arrangements found among older adults in Europe and North America (Garay, Redondo and Montes de Oca, 2012).

Figure 3. Total households[9] with and without elderly people and households with elderly people with and without disability, by type of household. Autonomous City of Buenos Aires (CABA), 2011.



Source: EAH 2011

According to Garay, Redondo and Montes de Oca(2012: 34), Argentina has one of the oldest and largest social security systems for old age in Latin America. Specifically, CABA stands apart for providing the widest social security coverage to people aged 65 and over, i.e. more than 90 percent of beneficiaries. Hence, it may be said that this system contributes to maintaining a high number of one-person elderly households in the City.

It is striking to observe that households with an adult person without disabilities indicate greater relative importance of people living alone (40.0 per cent) and consequently a lower proportion of these individuals living alone (15.4 per cent) (Figure 3).

Also, Figure 3 illustrates the low percentage of people with "dual status" (aged and disabled) living alone. On the other hand, extended and/or composite households, as well as family or non-family multi-person households, considered as a whole, account for up to 30.8 per cent when compared to non-disabled elderly households. Therefore, this phenomenon may be due to the presence of an elderly person with disabilities

[9] Refers to households without paid domestic staff.

requiring more support or assistance from another co-resident family or non–family member.

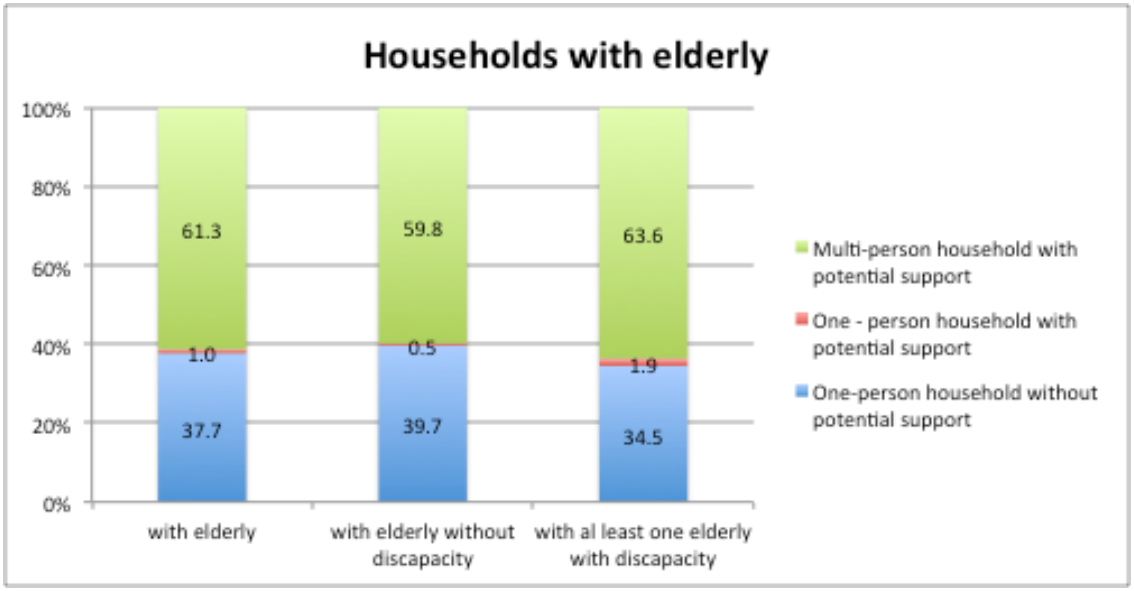
It should be noted that the social security coverage in the City has no substantial differences in either case, that is, in persons aged 65 years and over with or without disabilities. Elderly disabled persons receive social security retirement benefits in the case of men and pension benefits in the case of widows whose spouse has made contributions to Social Security during his working life. Also, the social security coverage provided to women through non-contributory pension schemes, like those obtained by moratorium or otherwise, contributes to their livelihood. The results corresponding to CABA agree with the conclusions reached by other Latin American researchers, namely, that early ageing countries and a far-reaching social security system in old age provide support to people aged 65 years and over living in one-person households. Moreover, these findings apply to older adults with and without disabilities living alone.

At the same time, the characteristics of this 30.2 percent of complete nuclear family for households with elderly with disability deserve attention: 9 out of 10 households with older adults with disabilities consist of a couple without children, i.e. an elderly couple whose children no longer live with them in the same household. A similar internal composition is observed in elderly households without disabilities, albeit in the latter case there are more complete nuclear households (38.8 per cent) than in the former type of households due to the lack of activity limitations or participation restrictions to carry out their daily lives. The relative importance of these types of living arrangements corroborates the findings of other studies indicating that the elderly with financial resources and/or in better health tend to live alone or in couples (Garay, Redondo and Montes de Oca, 2012: 38). Finally, households without elderly members, which include a higher proportion of complete nuclear family households (50.2 per cent), contain a large proportion of nuclear families with children.

4.2. Potential co-residential support

Another interesting factor when analysing households with elderly members is to note their domestic positioning. An indicator to consider here is the possibility of receiving aid or assistance, whether actual or potential, from others. From a demographic viewpoint, this information may be obtained at the City level by considering the number of active earners per hundred inactive or dependent persons. On this occasion and in order to gain a deeper insight into the situation of elderly households, a similar indicator was used but considering the household as a unit of analysis. As the EAH 2011 does not provide information on who is responsible for providing support or assistance to seniors, co-residence with other family members will be regarded as an indicator of "potential" support from others, whether actual or not. Co-residence of an elderly person with other family members could become one of his/her few options to ensure his/her well being (CELADE, 2002: 40), as illustrated in Figure 4.

Figure 4. Total households[10] with elderly people with and without disability, by type of household. Autonomous City of Buenos Aires (CABA), 2011.



Source: EAH 2011

With regard to one-person households, there are differences between elderly households without disabilities and households with members with "dual status". In the case of elderly households without disabilities, in nearly 4 out of 10 households members do not have any potential help in the household, i.e. they live alone without, for example, the support of paid live-in domestic staff. We do not know, at least so far, whether or not these households have some type of live out domestic help.

On the other hand, in households with members with "dual status", 3 out of 10 one-person households have no "potential" support (Figure 4). At the same time, and although on a much smaller scale, there is a difference in the potential support provided to one-person elderly households with disabilities by live-in domestic staff (1.9 per cent)[11] (Figure 4). Although households having live-in domestic staff are quantitatively scarce, and the coefficients of variation call for caution when using the above percentage value, it is very revealing that the relative importance should be doubled in the case of households with adults with "dual status". In fact, this has become an option to living in a residential institution in the absence of family support within the household.

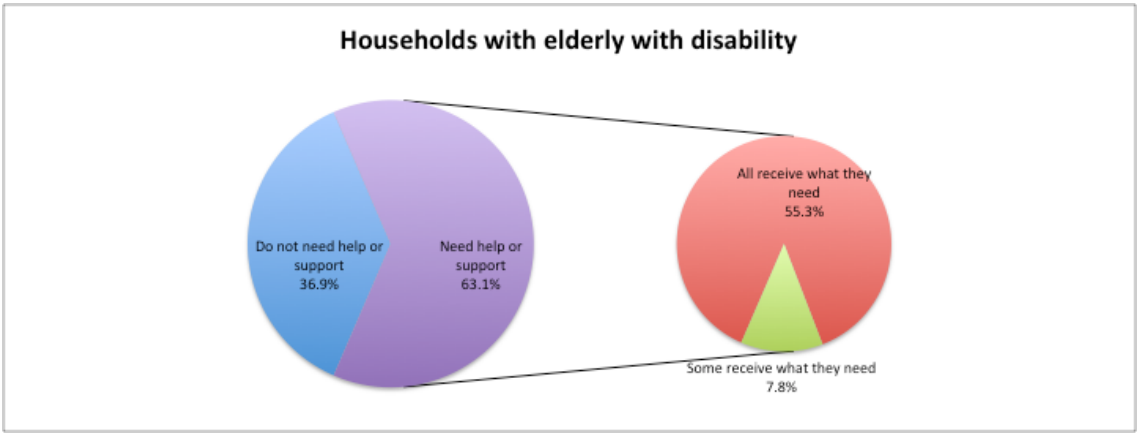
[10] Refers to households with paid domestic staff.
[11] Cell Value for guidance. The coefficient of variation is greater than 20 per cent.

The EAH 2011 adopts the international criterion for measuring the accessibility of the elderly to help and support within the household. In relation to the issue of help and support from people in households with at least one disabled adult, Article 9[12] of the Convention on the Rights of Disabled Persons refers to several dimensions of the principle of "accessibility" regarding the independent life and participation of people with disabilities in all aspects of daily life.

Therefore, in connection with the importance of co-residence with family members, the disabled elderly need the presence of others to receive care, support or assistance for the development of their daily living activities. This support takes various forms, ranging from direct monetary aid to care for people with disabilities or health problems to good emotional support. According to Article 19 of the Convention on the Rights of Persons with Disabilities, they must have access to a variety of home care services, residential and other support services in the community, including personal assistance required for their livelihood and inclusion in the community.

Figure 5 shows that more than 6 out 10 households with disabled persons aged 65 years and over need help and assistance to perform their daily living activities. Some of these aspects include their access to care and support to eat or drink, wash or take care of their appearance, do housework, make purchases and go places or take public transportation. Also, 9 out of 10 households with disabled adult members requiring help receive it.

Figure 5. Total households[13] with elderly people with disability, by need of help or support and provision of what people need. Autonomous City of Buenos Aires (CABA), 2011.



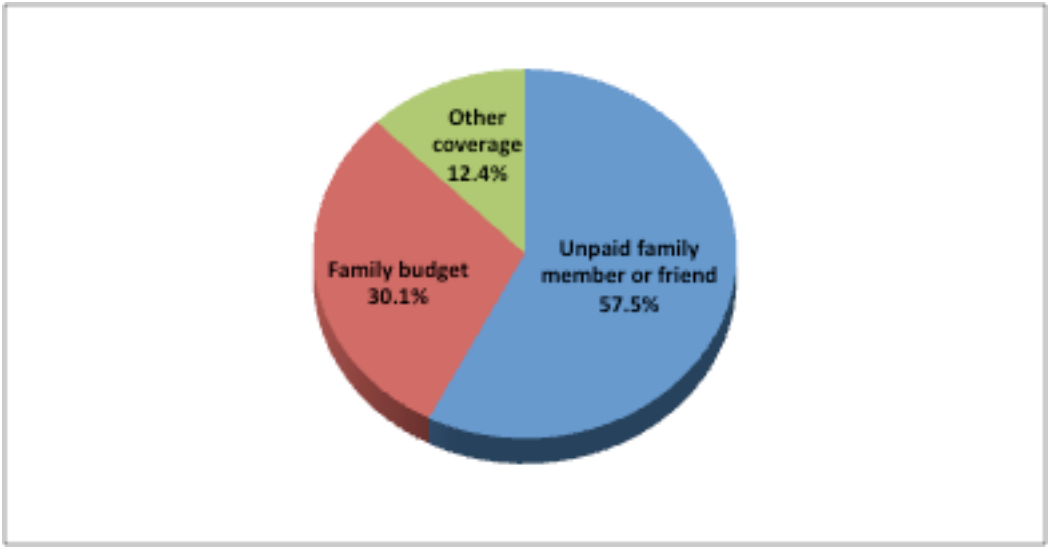
Source: EAH 2011

[12] *Article 9: Accessibility. "To enable people with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure access for persons with disabilities on an equal basis with others, to physical environment, to transportation, to information and communications, including computer systems and information technology and communications, and other facilities and services open to the public or for public use, both urban and rural areas..."*

[13] Refers to households with paid domestic staff.

Finally, it is interesting to know who is providing the care and support required by those living in the above households. Figure 6 shows that in 6 out of 10 elderly households with disabilities the care and support needed is provided by unpaid family members or friends, and in 3 out of 10 households support is paid using the family budget. This means that in households with at least one adult with disabilities the family is the great provider, either directly (by its members) or indirectly (paying for services, help or support).

Figure 6. Total households[14] with elderly people with disability, by coverage of help or support. Autonomous City of Buenos Aires (CABA), 2011.



Source: EAH 2011

[14] Refers to households with paid domestic staff.

Conclusions

Our research has confirmed the new demographic reality observed in CABA as Argentina's political, economic, and administrative centre. This phenomenon is also seen in other countries in the Southern Cone as well as in certain European societies undergoing a process of demographic and biological ageing.

CABA not only shows an increase in the population aged 65 and over but also in people with the "dual status" of being "elderly" and "having one or more disabilities", which requires different life strategies than those needed by non-disabled older adults.

Based on our findings regarding living arrangements and the relevance of the socio-demographic characteristics of older adults as a whole, and specifically of older adults with disabilities, a series of considerations should be made on the government's role in providing healthcare services to these population groups, as reported by the Convention on the Rights of Persons with Disabilities, the First World Assembly on Ageing, followed by the approval of the United Nations Principles for Older Persons, the Second World Assembly on Ageing, the International Action Plan in Madrid and the Third Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean regarding human rights and the achievement of an independent life.

The scenario of an elderly person who becomes disabled at the age of 68 is very different from that of an older adult who has been disabled most of his/her life. The livelihood strategies developed and the support obtained are not the same. Therefore, due to the large percentage of elderly disabled people, it is important to identify both situations so as to establish prevention programmes for those who reach old age without any problems and need to handle the effects of old age.

In addition, with rising life expectancy and the ensuing increase in people aged 65 and over, the government should acknowledge the situation to be faced in this regard in forthcoming years through health plans, prevention, rehabilitation, and by improving the quality of life of people with disabilities (more facilities, rehabilitation and specialised training in areas relating to disability, etc.), as well as programmes linked to the achievement of independence.

Empirical evidence shows that the older population should be addressed, in most cases, on aspects related to the quantity and quality of the service provided or received.

In general, this population group comprises people under the care or protection of a given healthcare system, who have become disabled in the final stages of life and need rehabilitation services, hospitalisation, day hospitals, recreation, services encouraging social and community integration to attain an independent life, and third-party assistance to undertake some daily living activities within the household or outside in the street. In this sense and according to the Convention, as the majority of older adults are only affected by motor disability, the improvement of public spaces is particularly required so that architectural and urban barriers may be removed, as well as communication barriers affecting people with disabilities in general and specifically older adults with sensory disabilities.

With regard to the feminisation of ageing and the rising number of widows living alone, the government should develop social policies to provide welfare assistance to these women. For example, given the above results, the government should design policies that foster independence and self-determination of elderly people, build hospitals or day-care centres, and set up recreation programmes.

As demonstrated in this paper, disability is no longer an issue affecting an individual but is a family concern, and it should also be a matter of public interest. The disability situation should be assessed considering that the family is a domestic unit whose members interact on a daily basis to ensure biological reproduction, the preservation of life, and the fulfilment of economic and non-economic activities that may optimise the material and non-material life conditions (Torrado, 1981). And it is within the family that decisions are made combining the capabilities and resources of its members so as to carry out production, distribution, and reproduction tasks.

While most elderly adults with disabilities live in one-person households and are therefore heads of household, they nonetheless require the support of their children or family members who help the disabled person to perform his/her daily living activities. On the other hand, a large percentage of disabled elderly people live with relatives either because of their own disability or for economic reasons. In any case, in most situations it is the family who has to see to the needs of the elderly adults with disabilities and sometimes make decisions on their behalf.

In this sense, the government and NGOs should make use of statistical information not only to improve the lives of disabled people but also to consider the situation of families cohabiting with elderly disabled persons and becoming increasingly involved in their care. The government should design and implement social policies to provide benefits and support to the families of elderly people with disabilities so that they may delegate certain tasks and obligations related to the care of the disabled person.

Another matter of interest in connection with social policies, and which is included in the Convention, is the level of independence of people with disabilities. Public policies should acknowledge this situation because the instrumental activities performed at home and transportation within the community need the most support and assistance from others who are usually family members.

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