



The Right to Food in Question: A Comparative Analysis of Food Security Policies Aimed at the Elderly in Spain and Argentina

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Abstract

Since the 2008 economic recession, and in the wake of the health and energy crises, many countries have experienced growing precarization, forcing their governments to implement policies to alleviate increasing inequality suffered by the most disadvantaged groups. In this study, we show how this process has affected older people in Spain and Argentina. In particular, we want to determine whether there has been an increase in food insecurity (FI) during this period in two countries that, on paper, recognise the fundamental right of everyone to enjoy adequate food in all its dimensions and also have specific plans for active and healthy ageing. Based on a compilation and comparative analysis of socio-demographic, food and health indicators and policies/programmes targeted at this age group, we describe the profile and main needs of older people, as well as the mechanisms in place to guarantee (or not) this right. We discuss the different conceptions of food security in the two countries, along with the nature and scope of the measures adopted. We conclude that although food security (FS) policies are very different in Spain and Argentina, what they have in common is the absence and/or insufficiency of specific mechanisms for identifying the impact of growing precarization on food practices and health, and those most affected in terms of gender, social class or ethnic origin. We highlight the need to develop intersectional studies capable of diagnosing and detecting FI situations among older people and counteracting possible forms of ageism arising from this lack of knowledge.

Keywords Ageing · Adequate food · Precarization · Food security · Policy · Ageism

Introduction

Population ageing constitutes a major global challenge, and there is currently no administration or non-governmental organisation – whether at the regional, national or international level – that does not recognise this. Though much studied

Extended author information available on the last page of the article

in the countries of the global north, increased ageing is also having a marked impact in other parts of the globe (Huenchuan, 2018). While it is predicted that by 2050, one in every four people living in Europe and North America will be 65 or over (UN, 2020a), in Latin America and the Caribbean, the rapid ageing process the region is undergoing means that older people are also expected to account for 25.1% of the total population – i.e. there will be 2.1 times more older people than in 2022 (CEPAL, 2022).

One of the challenges facing states is managing the transformations resulting from this phenomenon without detrimental effects on the living conditions of their populations, given the strong pressures forecast on health and social protection systems, the labour market, family structures and support networks. This is the context in which international organisations such as the World Health Organisation (WHO), the European Union (EU) and the Pan American Health Organisation (PAHO) have devised a policy framework that, under the heading ‘active and healthy ageing’, promotes the formulation of action plans among member countries that challenge the stereotypes of an old age characterised by passivity, illness and dependence in favour of the recognition of older adults (OAs) participating fully in economic, social and political life (Foster & Walker, 2015). For these institutions, this policy framework is not just an option, but rather the model to follow for people to remain independent and active as they age, and thus minimise the consequences and health or social costs associated with the lengthening of the human lifespan (WHO, 2017; UN 2020b).

In the process of promoting and maintaining the functional capacity necessary to facilitate wellbeing in old age, adequate food (FAO-OHCHR, 2010) plays a central role, understood as the right to Food Security (FS), i.e. having regular, permanent and unrestricted access to food that is quantitatively and qualitatively adequate and sufficient, corresponding to cultural traditions and guaranteeing a satisfactory and dignified life, both physical and mental, individual and collective. However, the fulfilment of this right has become another contemporary global challenge, not only because it depends on a complex set of macro- and micro-structural factors associated with the production, distribution and consumption of food at the global, regional and local level (Hammelman & Hayes-Conroy, 2015; Feuermann, 2023), but also because it has been undermined by the effects of recent global crises on basic needs provision. Indeed, since the great recession of 2008, and considering the impact of the economic, social and health constraints resulting from the COVID-19 pandemic and the energy crisis (Mbah & Wasum, 2022), many people’s nutrition has worsened in numerous countries due to cuts in public spending and the sustained, generalised increase in the price level of goods and services, constituting one of the main concerns of the world economy, particularly in Europe and Latin America (Akter, 2020; CEPAL/FAO, 2020). While it is true that this situation affects all of society, some groups are more vulnerable to being deprived of this right (Gracia-Arnaiz et al., 2021a; Aguirre & Díaz Córdova 2021). Among them, OAs, while socially very heterogeneous (Ivic et al., 2021), are also a potentially more fragile group due to their income level being dependent on the pension system, to poorer health conditions and the requirement

for long-term care (Li & Mutchler, 2020; Dickinson et al., 2022; Govindaraju et al., 2022; Avgerinou et al., 2019; Bloom et al., 2017; Bjørner et al., 2018).

It is worth noting that research on food deprivation in OAs and its consequences on health has grown since the great recession, accentuated during and after the COVID-19 pandemic both globally (Pereira et al., 2022) and in the countries studied here (Díaz-Méndez & García-Espejo 2021; Amadasi et al., 2022). This trend represents a major societal concern, given the increase in households and individuals who are not guaranteed adequate food, also recognised as a priority in the Sustainable Development Goals (SDGs) for 2030, especially goals 2 and 3.¹ According to Vilar-Compte et al. (2017), globally conducted studies on food deprivation in OAs associate FI with income, poverty and home ownership levels, but also and especially with household composition, marital status, extent of ageing, gender, ethnic origin, health status, depression and functionality. Likewise, most have focused on studying FI as a significant risk factor for various health outcomes and nutritional status (Govindaraju et al., 2022; Jura & Kozak, 2016; Johnson et al., 2011; Ahn et al., 2014) studying the determinants of FI among OAs (Dickinson et al., 2022; Gajda & Jeżewska-Zychowicz, 2020); quantitatively assessing the impacts of OA programmes on the prevalence of FI (Pereira et al., 2022; Bloom et al., 2017); reviewing measurement aspects of FI (Carrillo-Álvarez et al., 2021; Vilar-Compte et al., 2017; Vilar-Compte et al., 2014); and adopting qualitative approaches that highlight the feeding of OAs as a complex phenomenon (Avgerinou et al., 2019; Larrea-Killinger et al., 2024; Payne et al., 2020; Rivero-Jiménez et al., 2020). However, none of this research has shown any interest in verifying whether the food and social policies implemented by governments have taken all the aspects involved in guaranteeing this right into account.

As part of a larger study on the impact of the recent crises on the food pathways of non-institutionalised older people,² here we propose a comparative analysis of two countries which, despite their different social, economic and political situations, have points in common regarding the challenges imposed by the ageing process and its related precarization. In recent years, Spain has become one of the longest-lived societies in the world, boasting one of the highest life expectancies at birth in the region (Eurostat, 2023). Although in relative terms it is slightly below the average of the oldest countries in the EU-27, Spain ranks fifth in absolute numbers. Meanwhile, Argentina underwent an early demographic transition process and is now among the three oldest countries in its region (CEPAL, 2022). In this context, they also share challenges associated with precariousness. It has been found that increasing precarization has had consequences for the wellbeing of older people, particularly their physical and mental health (Tinoboras, 2017; Ortega Gaspar et al., 2020; Findling & Ponce, 2023). It is therefore pertinent to ask whether, as has happened among

¹ Goal 2: Zero hunger. Objective 3: Good health and well-being.

² This is the R&D Project entitled Eating Matters: challenges of an inclusive, healthy and sustainable food for better ageing (EatingMatters) (PID2019-104253RB-C21/C22, 2019-2014), funded by the Spanish Ministry of Education, Culture and Sport and led by Mabel Gracia Arnaiz (URV) and Cristina Larrea Killinger (UB).

other age groups in both countries (Moragues Faus & Magaña-González 2022; Salvia et al., 2021), worsening living conditions have translated into a questioning of the right to food. The main objective of this analysis is to clarify whether the respective policy frameworks from 2008 to 2023 have offered specific responses for this population group to the new global pressures and uncertainties. We have chosen this period precisely because of its concurrence with the recent crises and the elaboration of strategies on active and healthy ageing and FS. We are convinced that a diachronic and comparative analysis of data from Spanish and Argentine statistical and documentary sources can provide valuable information to show how these global challenges are being analysed and addressed locally, and to assess whether their particular formulation and implementation are proving effective.

In this regard, we set our analysis within interpretive-based diachronic cross-cultural comparative studies (Archenti & Piovani, 2018). This approach allows us to identify similarities and differences in food security policies geared towards the older adults in the two countries. The analyses that fall within these types of studies not only provide input for the diagnosis of social problems such as food insecurity among the older adults, but also help in making recommendations for the design of local public policies. In addition, they also provide a benchmark and constitute a source of legitimacy for the development of international guidelines based on the analysis of different local situations (e.g., political and economic situation) within the framework of common global trends (in this case, ageing and precariousness as a consequence of the global crises).

Methods

This study is part of a broader quantitative–qualitative socio-anthropological research project that incorporates different levels of analysis derived from the exhaustive review of scientific literature, the collection and analysis of statistical and documentary sources, and empirical supporting fieldwork (Larrea-Killinger et al., 2024). To tackle the aims proposed here, we focused primarily on the collection and analysis of statistical and documentary sources, actively selecting and reviewing surveys of living conditions, health and FS, demographic and socioeconomic indicators related to older people, as well as the content of government plans and strategies linked to FS and active ageing that met the inclusion criteria, that were defined before the start of the intentional search for the documents. The inclusion and exclusion criteria are detailed below in Table 1.

We gathered the sources for both countries by accessing government websites, though we also considered documents from the main international bodies setting the strategies to follow in these regions. Using matrices, we included and classified statistical data published in census reports and official surveys based on common indicators for the general population of each country and for OAs in different periods and available for Spain and Argentina (2008; 2013; 2018; 2020; 2022/2023): life expectancy, demographic weight of OAs, ageing index, masculinity/femininity index, evolution of pensions and retirement, food price trajectories, risk of poverty and destitution, FI and prevalence of diet-related health

Table 1 Criteria for inclusion and exclusion of information sources (statistical and documentary)

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> - Demographic, living and health conditions, socioeconomic situation and FI indicators for the general and older population - Technical reports on trends in ageing, living conditions, health and nutrition of the older population - Global Strategies and Action Plans on Healthy Ageing - Global Action Plans for the Prevention and Control of NCDs - National social protection policies and programmes - National food and nutrition action plans and programmes - National plans, programmes and actions for active and healthy ageing - National provisions, regulations, resolutions and laws related to adequate food - National programmes, projects, materials and guides on ageing and nutrition for the older adult population 	<ul style="list-style-type: none"> - Regional and municipal social protection policies and programmes - Regional and municipal food and nutrition action plans and programmes - Regional and municipal provisions, regulations, resolutions and laws related to adequate food - Regional and municipal active and healthy ageing plans, programmes and actions - Regional and municipal programmes, projects, materials and guides on ageing and nutrition for the older adult - Medical and nutritional recommendations for the older adult population - Health promotion and disease prevention strategies for the older adult population that are not related to nutrition - Information materials (e.g. leaflets) on nutrition for the general population - Measures and actions taken by third sector organisations

Source: compiled by the authors

problems (obesity, malnutrition, high blood pressure, diabetes, cholesterol). Given the breadth and typological diversity of the sources in each of these countries, we have only analysed the indicators of interest that would allow us to compare trends over similar periods of time, following the selection and analysis procedure detailed below (Fig. 1).

We also used matrices to include the most relevant social protection, active ageing and social security policies and measures implemented during the period, classifying them according to year of implementation, policy type, administration and area of government, their objectives, target populations and measures proposed. We carried out a qualitative documentary analysis of 28 documents in total: five sets of international guidelines and 23 state policies and programmes linked to adequate nutrition and active and healthy ageing, ten of them from Spain and 13 from Argentina. We conducted the qualitative analysis of these documents following the thematic analysis method (Guest, 2012) in a similar way to our own studies on food policy analysis (Gracia-Arnaiz, 2017; Gracia-Arnaiz et al., 2020). After identifying the FS aspects of interest for this analysis, we generated the categories to classify the documents and linked them to the text excerpts. This procedure used inductive reasoning, with the categories, based mainly on textual quotations, emerging from the data through meticulous examination and checking. This systematisation allowed for the creation of the matrices for the qualitative analysis and thus facilitated comparison, establishing the recurrent and/or contrasting elements between the documents from each country. The selection and analysis procedures are detailed in Fig. 2.

Procedures	Dimensions of the analysis	Comparable indicators selected*	Conceptual definition	Sources of information **	
1. Identification of the dimensions of analysis. 2. Selection and identification of comparable indicators. 3. Definition of selected indicators. 4. Access to sources of information.	Ageing	Life expectancy	Average number of years a newborn is expected to live according to the prevailing probability of survival at birth.	Household and population censuses.	
		Demographic weight of OAs**.	% of the over-65 population relative to the total.		
		Ageing index.	% represented by OAs relative to the under-16 population.		
		OA male/female index.	Proportion of women in the older population, enabling evaluation of the life expectation differential between the sexes.		
	Conditions of health/illnesses	Prevalence of chronic diseases in the general population vs OAs.	% of the over-18 population suffering from chronic diseases.	National surveys on health, nutrition, health and risk factors.	
		Prevalence of malnutrition in OAs.	% of the over-65 population suffering from malnutrition.		
	Living conditions, socioeconomic situation and FI.	Pension trends.	Variation of average and minimum pensions in terms of amounts received.	National surveys of living conditions and expenditure and income.	
		Food price trends.	Variation in food prices according to consumer price indices.		
		Changing poverty levels in OAs.	Variation in the % of OAs unable to access basic goods, including food.	Third sector reports.	
		Prevalence of FI in the general population and OAs.	% of people and households without regular access to sufficient, safe and nutritious food for normal growth and development to lead an active and healthy life - severity measured by the FIES*** scale.		
	Procedures				
	5. Compilation of matrices with the statistical data of both countries. 6. Identification of convergences, divergences and trends in both countries. 7. Comparative analytical synthesis.				

Fig. 1 Procedures for the selection and analysis of the statistical sources used to analyse the ageing situation, health/disease conditions, socio-economic circumstances and FI of OAs in Spain and Argentina, 2008–2023. *Source: prepared by the authors. Notes: * Available, conceptually defined indicators, measured in comparable ways. ** Specified for each country in Table 2. ***FIES Food Insecurity Experience Scale (FAO)*

The sources of information included in the statistical and documentary analysis can be seen in Table 2.

The selection and analysis procedures for the statistical and documentary information from both countries were carried out by the researchers themselves through triangulation (Forni & De Grande, 2020). This involved reading and analysing the information sources of at least two researchers from each of the countries in order to eliminate possible biases in the selection of sources, as well as in the construction and interpretation of the data from their country of

Table 2 Official statistical and documentary sources analysed (2008–2023)

Sources of information	Spain	Argentina
Sources of official statistics	<p>Demographic census, 2022 (INE)</p> <p>Household Budget Survey (EPF)</p> <p>Continuous Household Survey (ECH)</p> <p>Living Conditions Survey (ECV)</p> <p>National Health Survey (ENSE)</p>	<p>Demographic census, 2010 and 2022 (with projections) (INDEC, 2022a; 2010)</p> <p>Statistical Dossier on Older People 2022 (INDEC)</p> <p>Household Expenditure and Income Survey (ENGHo)</p> <p>Permanent Household Survey (EPH)</p> <p>National Survey on Risk Factors (ENFR)</p> <p>National Nutrition and Health Survey (ENNYs)</p>
Documentary sources (treaties, international guidelines, laws, plans and programmes)	<p>Universal Declaration on the Eradication of Hunger and Malnutrition, 1974</p> <p>International Covenant on Economic, Social and Cultural Rights (ICESCR), 1976</p> <p>Madrid International Action Plan on Ageing, 2002</p> <p>Sustainable Development Goals, 2015</p> <p>Decade of Active and Healthy Ageing, 2020–2030</p> <p>National Gerontological Plan</p> <p>White Book on Active Ageing</p> <p>Law 39/2006 (Promotion of Personal Autonomy and Care for Dependent People)</p> <p>National Strategy on Older People for Active Ageing and Fair Treatment</p> <p>Law 17/2011 Food Security and Nutrition</p>	<p>National Law 27.360/2017 approving the Inter-American Convention on the Protection of the Human Rights of Older Persons</p> <p>National Law 27.700/2022 granting constitutional hierarchy to the convention</p> <p>National Active Ageing and Health Programme for Older Adults (ProNEAS)</p> <p>Law on Retirement and Pensions, Universal Pension for the Elderly and Non-Contributory Old Age Pension</p> <p>Active Ageing Programme for Older Adults/Growing with Rights (Truly Active and Experience Counts)</p> <p>Law 25,724/2003 National Food Security Plan (PNSA) Argentina against Hunger Plan (PAH) (including the Sowing Food Sovereignty Programme and Pro-huerta agricultural Programme, among others)</p>

Table 2 (continued)

Sources of information	Spain	Argentina
	National Plan for Official Control of the Food Chain (PNCOCA)	
	Strategy for Nutrition, Physical Activity and Obesity Prevention (NAOS) (2005)	Healthy Argentina Plan and National Programme for the Promotion of Healthy Eating and Prevention of Obesity
	Food Guidelines for the Spanish Population	Food Guidelines for the Argentine Population
		Self-Care Guide for the Elderly in the decade of healthy aging

Source: prepared by the authors

Procedures for selection and preliminary qualitative thematic analysis	Dimensions of the right to adequate food of interest for the analysis.	Policies and programmes associated with adequate food.				
1. Identification and selection of documents linked to access to adequate food (safe, healthy and culturally acceptable), 2. Identification and classification of policies according to comparable operative thematic categories.		Policy type	Objectives	Main measures	Prioritized target population	
	Economic access (income to obtain sufficient food).	Social protection policies.	To guarantee income to access basic goods, including food.	Income transfer.	OAs Vulnerable groups	
	Access to safe food.	Food security policies. *	To regulate and report on the potential risks associated with food.	Regulation of production and marketing of food.	General population	
	Access to sufficient food.		To enable the vulnerable population to access sufficient and adequate food.	Food education.		
	Access to healthy and culturally acceptable food.	Health and nutrition policies.	To promote a healthy diet and prevent food-related illnesses.	Food education strategies in different environments.	Direct food assistance.	Vulnerable groups
		Healthy ageing policies.	To strengthen autonomy and promote participation and inclusion.	Group and community activities based around themes related to health, wellbeing and OA development.	OAs	
	Procedures for qualitative comparative analysis.					
3. Compilation of matrices and subsequently reports (analytical memos) with preliminary results from both countries. 4. Comparative analysis, identifying convergences and divergences. 5. Development of comparative analytical synthesis.						

Fig. 2 Procedures for the qualitative thematic analysis of official documents, Spain and Argentina. *Source: prepared by the authors. Notes: *The specification of the selected policies and programmes in each country can be found in Table 2. **In this case, the name of the policy and programme as stated in the documents was left unchanged*

residence. This required an artisanal and critical analysis, based on collaborative work and consensus in the definition of procedures, the selection of indicators, the identification of dimensions and analytical categories, and construction and comparative interpretation of the data (Archenti & Piovani, 2018).

Results

Ageing and Social Conditions of Life

Several reports on OAs produced in both Spain and Argentina show a significant demographic weight in relation to other age groups and a great socioeconomic heterogeneity (Pérez Díaz et al., 2022; Amadasi et al., 2022; Oddone, 2018). These older people are considered both as active agents of development and change given their potential participation in the social, political and economic life of the country and, at the same time, as a group whose care and protection requires vast public resources. Both countries recognise the over-ageing of their populations, in that there are more and more people over 80, with specific needs and demands stemming from the ageing process. According to the census data published by INE (2022) on the structure of the Spanish population, 20.08% are 65 or over, and the projections indicate that this will reach 31.44% by the year 2050, with a dependency rate of 58.7%, the second highest in Europe. Many of these people live in urban municipalities, accounting for over 60%. While Argentina has a lower percentage, adults over 65 also weigh significantly within its population structure, presenting an upward trend. According to available data (INDEC, 2022a), 11.8% of the population is over 65 years old, while projections for 2040 see an increase to 15.2%. As of 2022, the dependency ratio is 51.3% (Fig. 3).

The main causes of this significant increase are the reduction in mortality and morbidity, the growth in life expectancy and the decline in both the birth rate and migration flows, as well as the arrival in this age group the of so-called *baby boomers* (people born between 1946 and 1964 and who represented a demographic explosion). As with the Spanish example, most older people in Argentina live in urban populations.

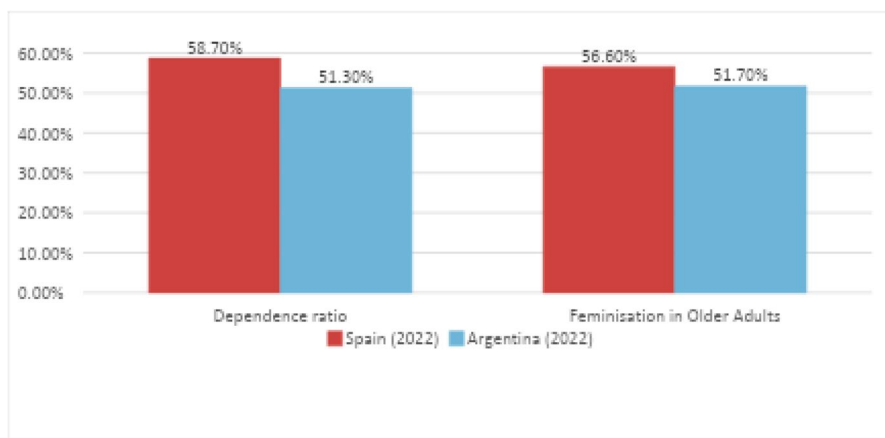


Fig. 3 Dependent People and feminisation in Older Adults over 65 years old, Spain and Argentina. Source: prepared by the authors in base INE, 2022 & INDEC, 2022a

Similarly, the population transformation has been accompanied by a feminisation of ageing, which increases as the age goes up. While the percentage of women in the general Spanish population is 51.04%, they represent 56.6% of OAs and 63.2% of those over 80 (INE, 2023a). Argentina evidences the same tendency. Some 51.7% of the general population are women, but according to census data (INDEC, 2022a), that rises to 57% of those over 60 years of age, 60.2% of those over 70, and 66% of those over 80 (Fig. 1).

However, although the life expectancy of women in both countries is higher than that of men (85.06 and 79.5 years respectively in Spain; 79 and 72 respectively in Argentina), so is the probability of living alone. The fact that widowhood is more common among women has influenced the structure of households and at the same time affects their social conditions for living and health. In 2020, there were almost five million people living alone in Spain, 43.6% of them aged 65 or over, and of these, 70.9% were women (INE, 2021). Argentina shows a similar trend: a high incidence of single-person households made up of older people, especially women. And out of the total of single-person households (18%), 39% are comprised of men and women, and these, more than half are comprised of women (INDEC, 2019).

While women live longer than men, they do so in worse social and health conditions as they are at greater risk of being poor and suffer from more diseases, especially chronic ones. Moreover, and despite the at-risk-of-poverty rate being lower than for other age groups in both countries,³ older women's pensions are lower than men's. In Spain, this difference is as high as 32%. Whereas in January 2023, the average pension was 1,437.36 euros/month for men, the monthly amount received by women was 964.15 euros. And three in every four of the 15% of pensioners who receive less than 700 euros a month are women. In the case of Argentina, 70% of those receiving minimum pensions in January 2022 were women, resulting in a 35% gap in retirement incomes between men and women. On average, women received Arg\$44,616/month in retirement (equivalent to 378.67 euros/month), as against an average of Arg\$68,632 for men (equivalent to 582.51 euros/month). A large part of this differential is due in both countries to many women receiving a widow's or non-contributory pension, which is substantially lower. The great recession and impact of COVID-19, for their part, have had negative repercussions not only on health, but also on incomes. According to INE (2023c), which takes account of the Living Conditions Survey (ECV), there was a significant increase in the risk of poverty and social exclusion rate in among OAs, rising from 14.5% in 2019 to 20.6% in 2022 among men, and from 14.4% to 20.6% among women. The same trend has been seen in Argentina due to the inflationary crisis, which, together with the impact of the pandemic, has pushed up the poverty index among OAs from 11.3% in 2018 to 13.8% in 2021.

The percentage of time lived in good health is different between the two countries. Women in Spain enjoy 51.5 years of good health, compared with 62.7 for men. By contrast, the number of years lived in good health is higher for women than for

³ The persistence of income poverty is related to the fact that in Spain, 80% of older people have a pension, which goes up to 90% for Argentina.

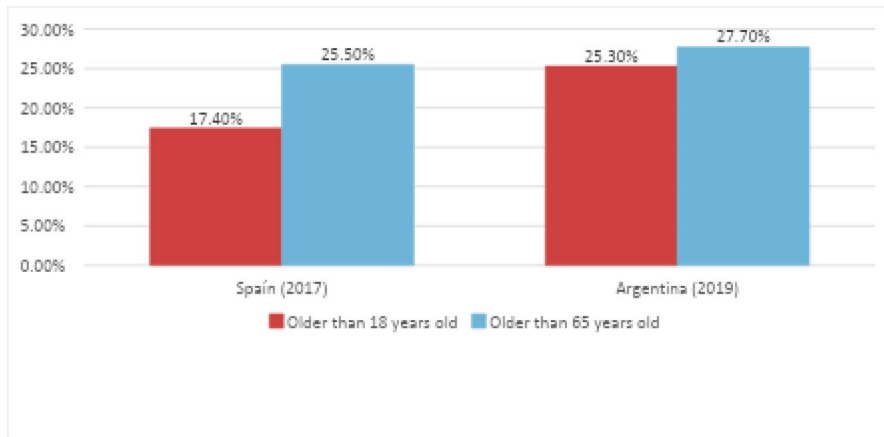


Fig. 4 Prevalence of obesity in total population and older than 65 years old, Spain and Argentina. Source: prepared by the authors in base National Health Survey (MS, 2017) and National Survey on Risk Factors (MS, 2019)

men in Argentina (64 v. 61 years). Even so, women report a higher incidence of chronic diseases and more problems with functional autonomy, which is linked to performing daily activities such as shopping, cooking, getting dressed and grooming – or even eating with others. As other studies (Payne et al., 2020; Jura & Kozak, 2016) show, many these health problems that older people present with are related to food and diet: diabetes, hypertension, cholesterolemia – and above all malnutrition and obesity. Obesity in particular, the main manifestation of malnutrition due to excess weight, is also more prevalent in this age group. In the case of Spain, according to the National Health Survey (MS, 2017), while the prevalence is 17.4% in adults over 18 and higher among men, the relationship is reversed in those over 65, reaching 24.9% in women and 18.7% in men. National Survey on Risk Factors (ENFR) data (MS, 2019) for Argentina reveals a similar trend for obesity, with a higher prevalence in OAs (27.7%) than the general population (25.3%), but unlike Spain, no significant disparities in obesity rates are observed between older men and women (Fig. 4).

On the other hand, we do see protein-energy malnutrition, the causes of which are related to physical and/or economic difficulties in obtaining and/or preparing adequate food. In Spain this is reported as one of the most frequent geriatric syndromes given its high prevalence and the fact that it varies according to the state of health and level of dependence for daily life activities (Salvá Casanovas & Serra Rexach, 2008).⁴ However, there are hardly any data on undernutrition outside the

⁴ Available data on the prevalence of protein-energy malnutrition is highly variable due to the methodology employed. In a study conducted in nursing homes in Spain, "84% of patients had an intake below their estimated energy expenditure and 30% below their baseline metabolic rate, yet only 5% of these patients received a supplement" (Salvá Casanovas & Serra Rexach, 2008: 28).

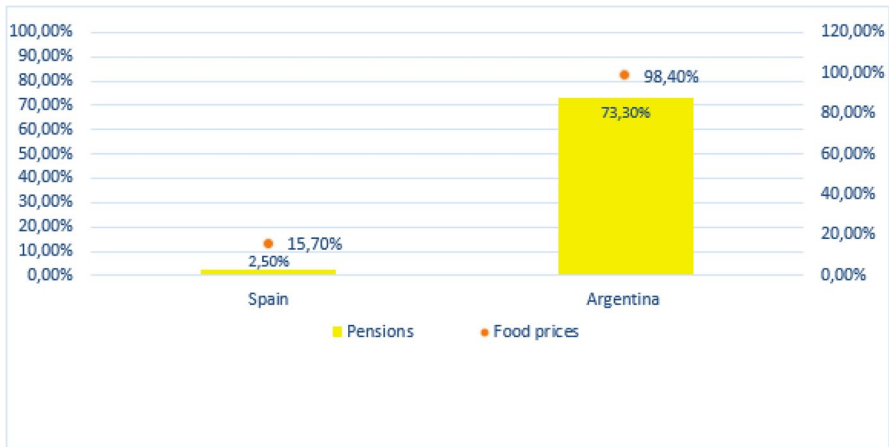


Fig. 5 Rising pension and food prices in Spain and Argentina, 2022–2023. Source: prepared by the authors

hospital setting. Argentina, for instance, has no data on protein-energy malnutrition in the older people –because obesity is the most prevalent form of malnutrition. Official figures at the population level come from the national survey of nutrition and health (ENNyS) conducted in 2018, but that only collects data on undernutrition in children and adolescents, not on obesity in the over-18 population.

Although, as we have seen above, some aspects of the ageing process differ in the two countries, the data converge in showing that OAs have a growing demographic weight, with a feminisation that increases with age and the implication that many women live alone in old age. There is similar agreement that the bulk of their income depends on state pension systems, with a notable difference between the amounts received by women and men in favour of the latter. The data also confirm a greater impoverishment of this age group in recent years. As regards health, OAs in both countries present a higher prevalence of food-related problems, manifesting particularly in obesity.

Food Insecurity in the Context of Public Policies Aimed at Older People

Living conditions are determined to a large extent by the price trajectory of basic goods and services, with the cost of housing, utilities, food and medicines being particularly relevant among older people. In general, certain privations are accentuated and become more acute in old age. In the context of the latest international crisis, the increase in food prices has been considerable in both countries. In Spain, prices rose by 15.7% in 2022 alone, while pensions went up by just 2.5%. In Argentina, on top of the conditions created by the global energy crisis, food prices have risen as a result of inflationary processes driven by domestic economic dynamics. Thus, the increase in food prices in 2022 was 98.4% (a monthly average of 5.7%), and even with the automatic system in place for increasing pensions according to the course of inflation and income support, the minimum pension was raised by the

considerably lower figure of 73.3%. In both countries, therefore, food purchasing power has significantly weakened (Fig. 5).

While it is true that some statistical sources such as the Spanish Consumption Panel or the National Health Survey in Argentina identify OAs as people who ‘eat better’ due to the greater volume of plant-based foods they buy and/or report compared with other food groups (Cerdeño, 2020; Tamburini & Zapata, 2022; Balasteros et al., 2022), the truth is that relative to 2010, they consume fewer fresh products, vegetables/fruits, fish, meats and oils. However, it is not clear whether the lower consumption of certain products is due to the loss of purchasing power resulting from rising inflation or whether it has led to specific forms of food deprivation. The information available comes from indirect proxy data on situations of deprivation. For example, Spain’s ECV (Living Conditions Survey) contains only one question on food deprivation (*not being able to afford a meal of meat, fish or vegetarian equivalent at least every two days*), which has been taken as an indicator of minimum protein intake. According to the latest ECV (2022), 5.2% of Spaniards would be in this situation, almost three times more than the 2014 figure of 1.8% (INE, 2023b). For its part, Argentina’s Household Expenditure and Income Survey (ENGHo) defines the foods and quantities that make up the basic food basket – the set of foods and drinks that meet nutritional, kilocaloric and protein requirements, and whose composition reflects the eating habits of a group of households whose consumption covers these needs. The value of this basket is used as a reference for extreme poverty indices, which seek to establish periodically through the Consumer Price Index (IPC) whether households and the individuals they comprise have sufficient income to cover a basic food basket capable of meeting a minimum threshold of energy and protein needs. According to data from the end of 2022, 14.5% of Argentine OAs are poor (lacking access to basic services, including food), and within this cohort 1.7% are considered extremely poor or indigent – a figure that has doubled since 2016, as it has in Spain, where 7.4% were considered poor and 0.9% indigent (INDEC, 2022b).

In both countries, the most specific data on FI are from third sector/university reports and most of them focus on autonomous communities in Spain (Moragues Faus et al., 2022; Ayala et al., 2022; Novo Vázquez & Alonso Ibañez, 2023), or on specific metropolitan areas in Argentina (Amadasi et al., 2022). At the state level, there is scarcely any information on FI in older people at the national level. For example, a recent study carried out by the UB/Carasso Foundation using the FIES scale (FAO/UNICEF/WHO, among others) and entitled *Feeding a sustainable future* (Moragues Faus & Magaña-González 2022), has shown that 13.3% of Spanish households experience FI, affecting more than six million people. The percentage of households in this situation before COVID-19 was 11.9%. Unfortunately, little data is provided by age, even though in terms of household type, the survey includes single-person households with occupants over 65 years of age. This report indicates that, of those households experiencing moderate or severe FI, 31.9% are in the ‘other households’ group, 20% are couple households with children, 18.9% are single-person households under 65, followed by single-person households over 65, childless couples and single-parent households. The picture is similar in Argentina, as the data on FI are provided by the Observatory of Argentine Social Debt (ODSA)

of the Pontifical Catholic University of Argentina (UCA), who use the same scale. According to this source, 18.6% of households had FI in 2019, rising to 22.1% in 2020 and falling to 18.6% in 2022. In the case of the over-60 s, the 2019 data show that 12.7% suffered FI.

This lack of information is despite the fact that both states have declared themselves guarantors of the right to FS by signing and ratifying international guidelines (the International Covenant on Economic, Social and Cultural Rights – ICESCR – in 1976; the Universal Declaration on the Eradication of Hunger and Malnutrition in 1974 and the Sustainable Development Goals – SDGs – in 2015), recognising the right of everyone to be protected from hunger and to enjoy healthy food. Specifically, the SDGs call not only for ‘ending hunger, achieving FS and improved nutrition’; in relation to OAs, they propose to prevent older people from falling into poverty and call for flexible retirement policies, tax-funded minimum pensions, social security and access to health services and long-term care (WHO, 2020).

As well as these FS-related guidelines, both states have also subscribed to the Madrid International Plan of Action on Ageing, which includes ‘access to food and adequate nutrition for all older persons’ (UN, 2002, p. 33) among its objectives. In particular, Article 50 of the Spanish Constitution itself (1978) states that the public authorities must guarantee economic sufficiency through adequate pensions, promoting public welfare by means of a system of social services addressing citizens’ specific issues of health, housing, culture and leisure. Actions have also coalesced through the National Gerontological Plan of 1988–1992, which already adopts the perspective of active ageing and preferential care in the home environment, a programme for the promotion of personal autonomy and care for people in a situation of dependency. More recently, within the framework of Law 39/2006, we find the *White Paper on Active Ageing* (2011) and the *National Strategy for Active Ageing and Good Treatment of Older People* (2017). Argentina has also incorporated in its constitution – since its 1949 reform, in article 75, paragraph 23 – the rights of older people to assistance, housing, food, clothing, health care, recreation, work, peace and quiet, and respect. Two laws have recently been passed that express their agreement with the Madrid International Plan of Action on Ageing (2022): Law No. 27.360 ratifying it, and Law No. 27.700, by which it acquires constitutional status. Specific guidelines and programmes have also been established for the planning of policies aimed at the older population. As can be seen, these documents explicitly state that older people should have access to adequate food, water, housing, clothing and health care through the provision of income and the support of their families and community. However, ratification of the guidelines implies that states must incorporate them not only in the design but also in the implementation of their policies.

Despite the lack of specific indicators on FI, and in response to the legal frameworks and programmes outlined above, both Spain and Argentina deploy a series of measures intended to guarantee the rights of OAs following the approaches to active and healthy ageing provided by international guidelines. While the active ageing policies designed in both countries are aimed at promoting health with a rights-based approach, their priority objectives do not include the target population’s right to FS. Their governments consider indirect measures, such as those that supposedly guarantee FS. The protection systems, mainly through pensions, should mitigate the

effects of inequalities accumulated over a lifetime and reduce the likelihood of older people living in households afflicted by poverty. In Spain, the pension system is the public policy with the highest coverage in this population: 90% of the over-65 s have some kind of pension, with retirement and widowhood predominating (INSS, 2024). Argentina has a similarly high coverage: almost 90% of the older population has a retirement or other state pension. However, there are notable heterogeneities among households in the lower socioeconomic strata, with just over 50% of retirement and other state pensions providing only a minimum income that does not cover access to basic foodstuffs. In both cases, we have seen that retirement and pensions show marked differences for men and women, with the latter's being more than 30% lower.

In addition to income protection measures, Spain has food-related programmes involving various ministerial departments – such as the 2005 ‘Strategy for Nutrition, Physical Activity and Obesity Prevention’ (NAOS Strategy) and the 2011 ‘Food Security and Nutrition Law’. These adopt a health perspective and aim to put on the agenda 1) the prevalence of obesity as a disease and risk factor, and 2) the recognition and effective protection of the right to FS – understanding this, above all, as the right to know the potential risks associated with a food and/or any of its ingredients throughout the food chain (*food safety*) rather than the right to access adequate food in all its dimensions. These programmes and strategies, though primarily targeted at children, adolescents, pregnant women and the most vulnerable groups, are addressed towards the general population without any specific mention of OAs. In Argentina, different state departments implement measures aimed at FS, but in contrast to the emphasis the Spanish state puts on food safety, here the safety measures are implemented through the regulation of food production, marketing, industrial processing, distribution and sale, with the regulatory epicentre being the Argentine Food Code (Bonet et al., 2022). And those related to access are concentrated in the Ministry of Social Development. Argentina has a long history of emergency food programmes (Abeyá Gilardón, 2016; Feuermann, 2023), but following the 2001 crisis, the ‘National Food Security Plan’ (PNSA) was created, including among its target population OAs in a situation of socioeconomic vulnerability. Then in 2019, the fight against FI was announced as one of the main policies for overturning the situation of food inaccessibility that resulted from the inflation suffered from 2015 to 2019. As part of the PNSA, the ‘Argentina against Hunger’ Plan recognises FI as the most pressing social problem and also embraces the older population within its target population. It currently focuses on food security and sovereignty, introducing the requirement for access to sufficient, varied, healthy and safe food. Among its components are traditional measures such as the strengthening of third sector community canteens and outdoor cafes, which assist people in their community spaces, focusing on children and adolescents, pregnant women, breastfeeding mothers, OAs and adults in situations of social vulnerability, along with relatively novel measures such as the ‘Alimentar Card’.⁵ But for the most part, they seek to satiate hunger by

⁵ ‘Alimentar’ means ‘to feed’. This is a pre-loaded card that enables the purchase of foodstuffs, with the exception of alcoholic beverages, for mothers or fathers with children up to 14 (inclusive) and in receipt of the Universal Child Allowance (AUH). It is also for pregnant women after their first three months if

promoting the consumption of ultra-processed food, contradicting guidelines on adequate food (Abeyá Gilardón, 2016). Moreover, in an attempt to deal with non-emergency situations, nutritional policies such as the Healthy Argentina Plan (2009) and the National Programme for the Promotion of Healthy Eating and Prevention of Obesity (2016) have been implemented by the health sector, but all oriented towards the general population and with nothing to say about the older population. As one action aimed at the older population, the 2022 manual ‘Self-care of the Older Person in the decade of healthy ageing’ stands out, elaborating a series of guidelines that include adequate food. In Argentina, therefore, the problems linked to the economic inaccessibility of food are associated with other vulnerable populations, leaving specific needs and problems related to this age group invisible.

Despite these conceptual differences, public policies, programmes and social services directed at FS are limited in both countries because they are either focused on specific age groups (such as mothers and children) or restricted to emergency situations. In all cases, food is understood as a risk factor rather than a set of actions around food that, depending on availability, access and use, becomes in itself an indicator of poverty and a social determinant of health and disease (Payne et al., 2020; Kopperapu et al., 2020; Campanera et al., 2023).

It should also be noted that the guidelines of international organisations call on member states not only to ensure that their food systems are healthy and inclusive – meaning that they must have food that is affordable, nutritious, safe and suitable for the entire population – but also that they are sustainable and resilient, and therefore environmentally friendly and able to cope with any type of crisis. But they also call for the public’s participation in making decisions that affect their food. Perhaps because sustainability, cultural acceptability and citizen agency are subsequent additions to the initial dimensions of FS (availability, accessibility, use and stability) (Moragues Faus et al., 2022), concerns about them are recent and barely go beyond the discursive level in some food guides aimed at the general population. In both countries, these guidelines promote the consumption of fresh, minimally processed, home-cooked, seasonal and local foods. This is the case with the Food Guidelines for the Spanish Population (SENC, 2016) and the Food Guidelines for the Argentine Population (MS, 2016). In this sense, although they show a certain institutional interest in moving towards more sustainable food systems, the truth is that they do not indicate how they are going to guarantee the right to adequate food for all people, including the most vulnerable OAs, in the face of growing precarization.

Footnote 5 (continued)

they are in receipt of the pregnancy allowance, people with disabilities and mothers with seven or more children who receive non-contributory pensions.

Discussion and Conclusions

In a context with similar demographic trends but different social, economic and political situations, we have shown that Spain and Argentina have been active in subscribing to the guidelines promoted by international organisations such as the FAO, WHO, EU and PAHO on the right to adequate food and active and healthy ageing. For both countries, the policy framework articulated around active and healthy ageing strategies is not conceived as a possible alternative, but as the model to follow in order to guarantee the active life of OAs as they age and simultaneously reduce the costs associated with illness and dependency. In this desire on the part of administrations to promote and maintain the functional capacity of individuals to facilitate wellbeing in old age, adequate food assumes a central role and securing it becomes a challenge for a variety of reasons. As we have seen, it is now conceived not simply as the right 'to be fed', but as the right to feed oneself in dignity. This means that people are expected to be able to meet this need using their own means and resources, while governments are expected to work to ensure that the food available is affordable, healthy, safe, culturally and personally acceptable, and environmentally sustainable.

However, social expectations have been undermined by the consequences of the recent global economic, health and energy crises. In this scenario, many people's living conditions have been made more precarious (Lorey, 2016) by cuts in income and health co-payments at the same time as rising food and energy prices. In this context, the fragility of the elderly compared with other age groups highlighted by the literature (Li & Mutchler, 2020) gains in political and social significance. We have seen here that this is a group which, despite a guaranteed income from pension and retirement schemes and a lower risk of poverty, is also conditioned by vulnerabilities of a physiological, cognitive, affective or relational nature that accentuate the inequalities acquired over the course of their lives. Our analysis also shows a mismatch between, on the one hand, the discourse expressed in policy frameworks on the centrality of adequate nutrition in old age and, on the other, the actions implemented to guarantee this right. The main problem lies in the lack of robust data or a diagnosis that would make it possible to accurately identify the challenges involved in addressing all the aspects recognised by the Food and Agriculture Organization (FAO-OHCHR, 2010). In this sense, we do not know whether this right is being fulfilled among OAs because it is the group with the least information available.

The socioeconomic indicators for Spain and Argentina show, first of all, that in both countries OAs with scarce resources could be at considerable risk in terms of securing adequate food compared with previous periods. But, as stated, neither of these countries has official statistical measurements or qualitative studies that report from a right to FS approach on the food access situation of the older people at the national level, or that take their heterogeneities into account and allow us to know if their food is indeed healthy and secure. This situation is hidden in population averages of approaches to food deprivation. In a context of uncertainty typical of crisis experiences, the insufficiency of reliable data makes it impossible

to know not only whether the right to food is being guaranteed, but also what the extent of deprivation is in order to determine policy orientations. Moreover, the available studies mostly look at situations of deprivation in urban populations. The fact that this information is collected in urban areas renders the older population living in rural areas even more invisible. The ageing process in rural settings involves more unfavourable social and economic conditions, with less access to basic services and food (Huenchuan, 2018; CEPAL, 2022; Rivero-Jiménez et al., 2020). There is therefore a need to generate regular data collection covering different settings because this could show the extent and nature of food deprivation in OAs at different scales. Secondly, the specific FI data available are provided by the third sector or universities and use the FIES scale, which, having been validated by experts from international organisations, only states whether in the past year there has been an involuntary reduction in food portions and/or the perception of experiences of hunger due exclusively to economic problems. It is therefore an indicator that measures access (Carrillo-Álvarez et al., 2021) but leaves aside other aspects of FS such as nutritional quality, food safety or acceptability. At the same time, this information is mostly obtained via very short telephone surveys, which can involve added difficulty when it comes to older people understanding the statements and having to respond quickly to questions about their dietary practices as well as deficiencies. In addition, the form and type of data collection do not allow us to account for the strategies deployed by households or the distribution of food among all their members beyond the period covered by the survey (12 months) – or to see either the possible internal inequalities or the subject's agency capacity to seek resources in the medium and long term. Nor does the data include questions that might describe the security/insecurity continuum that is common in FI situations (Hendriks, 2015). This is key because, although protection mechanisms exist for the older people through social transfers, we do not know what use they make of support networks and emergency systems in adverse contexts. Previous studies indicate that OAs, and particularly women, are reluctant to seek food assistance from social services and, faced with the loss of purchasing power, tend to reduce the number of meals and modify the content of dishes (Gracia-Arnaiz et al., 2021b). For these people, food represents an item of expenditure that can be made more flexible in the face of other unavoidable payments such as rent, medicines or expenses related to housing maintenance and access to services and supplies. In this regard, statistical tools have to incorporate sociologically significant questions and be complemented with qualitative approaches that allow a holistic approach to the living conditions of older populations in order to better understand the uniqueness of their eating practices and health problems compared with other age groups (Gajda & Jeżewska-Zychowicz, 2020; Bloom et al., 2017; Bjørner et al., 2018).

The absence of specific indicators obscures the effects of FI on OAs and shows both countries' lack of political interest in incorporating this problem into the management tools that guide actions to improve the quality of life and reduce social discrimination among this population. On the one hand, we can observe that the framework of active and healthy ageing subscribed to by both countries is configured to reduce the care costs of ageing and activate social participation rather than

improve the quality and conditions of life and health, moving away from integrated approaches that include the quality of life, physical and mental wellbeing and social participation of OAs (Foster & Walker, 2015). On the other hand, FS policies and legislative frameworks in Spain are oriented only towards the safety of the food chain, while delegating responsibility for meeting the basic needs of the most disadvantaged people to charitable and humanitarian organisations (Escajedo et al., 2018). For their part, FS policies and programmes in Argentina are oriented – given the state of constant emergency – towards guaranteeing access to food for all vulnerable groups, prioritising children and adolescents. However, having policies that intervene on access to FS for the vulnerable population has not proved sufficient to solve the situation of FI in Argentina, given its worse socioeconomic indicators relative to Spain, pointing to a need to go deeper into the measures governments must take to address locally all aspects of the right to food in a context of crisis and global challenges.

Although both countries have healthy eating policies for the general population along with, for example, official figures on child malnutrition and plans to prevent child malnutrition – specifically child obesity–,⁶ there are no data or plans aimed at the problems of the older population, who have a high prevalence of food-related diseases that are inherent to the life cycle (Avgerinou et al., 2019; Payne et al., 2020) as well as being prescribed by international guidelines. In this regard, they point to OAs' vulnerability to FI and recognise that families and care programmes often prioritise young people (WHO, 2020). It is necessary to counteract this form of institutional ageism and to follow the guidelines on ageing and SDGs (PAHO, 2021) by treating malnutrition situations in the older population as a priority issue for statistical data collection and policy planning.

In our view, the fulfilment of the right to food in OAs is assumed to be based on indirect mechanisms, such as the pension system. However, although the functioning of these social transfers helps to alleviate the inequality of low-income households, it is insufficient in the face of the crisis effects and inflationary trends experienced by the two countries. There are, in addition, deep gender gaps in these transfers. This confirms that the reach of the income protection measures adopted is unknown due to the lack of available data; but it also fails to take into account the differential nature and dimensions of FI associated with the feminisation of ageing evidenced in the indicators of both countries: that women live longer, in poorer health and with lower pensions than men because of their late entry into the labour market and/or their dedication to caring responsibilities. Age is therefore not the only defining variable that explains their vulnerability, but also class and gender, which, when interconnected, structure differentiated life paths that explain the inequalities. That is why it is necessary to bolster policies that, from an intersectional approach, work to improve the amounts of the lowest pensions and promote access to healthier, safer and more sustainable food. Finally, although the guidelines on FS policies such as active and healthy ageing

⁶ Such as The Strategic Plan for the Prevention of Childhood Obesity in Spain, 2022-2030 or the Plan for Healthy Eating in Childhood in Argentina, 2019.

proclaim the participation of the population in the problems that affect them and recognise their capacities and contributions, in the absence of specific policies dedicated to this group, their potential to participate beyond their capacity to consume is denied. Guaranteeing the involvement of older people in matters that are their concern requires public policies based on respect for human rights and citizen participation that also contribute to counteracting institutional ageism linked to the absence of statistical data and specific policies for the older population (PAHO, 2021).

We conclude that the current situation of increasing precarization and FI in both countries poses numerous challenges associated with the ageing process. The analysis of the demographic and socio-economic indicators of Spain and Argentina shows common aspects of the evolution of the population and the socio-economic situation. It especially highlights the fact that the responses to these challenges must be both global and local. Population ageing and food insecurity are phenomena that affect all regions of the world, albeit with different intensities and rhythms. In this sense, they must be addressed in accordance to the determining factors of each context. It is true that some of these indicators could not be compared because they were not constructed in the same way or did not belong to the same year. Likewise, there are parameters used in one country that are not replicated in the other.

In spite of the fact that the analysis of international guidelines and state policies in both countries has provided an overview of the typology of policy actions undertaken and shared, we have not been able to make interpretations beyond the published reports. It should be noted that not being able to include regional documents and third sector reports in this study is a limitation, insofar as their consideration could also help in understanding the extent of these phenomena on a larger scale and how public policies address them. However, in neither case do we have direct assessments of the effects of the measures taken on the food security of the older people. It is important that anti-ageing policies are backed by solid evidence and accurate data on the experiences and needs of older people. In our view, public policies are an essential tool and a real opportunity to ensure a more inclusive, healthy and sustainable food system. To this end, it is central that the older population is given due prominence in line with its growing demographic, socio-economic and political value.

Author contributions Mabel Gracia-Arnaiz contributed to the study conception and design. Material preparation, data collection and analysis were performed by Mabel Gracia-Arnaiz, Flavia Demonte and Aldana Boragnio. The first draft of the manuscript was written by Mabel Gracia-Arnaiz and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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Data availability The data that support the findings of this study are available from institutional repository of digital documents the University of ANONYMOUS (ANONYMOUS). The data are, however, available from the authors upon reasonable request and with the permission of ANONYMOUS.

Declarations

Conflict of Interests The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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