



## The impact of COVID-19 on older persons

# Iran analytical brief

September 2020

### Highlights

- According to the latest reports by the Ministry of Health and Medical Education (MOHME), a total of 416,198 confirmed cases of COVID-19 infections have been identified by 19 September 2020; meanwhile, the total number of deaths has almost reached 24,000. It is estimated that almost 45% of all patients and nearly 74% of deaths from COVID-19 are among the elderly. The same report states that the rate of individuals requiring intensive care is significantly higher among infected individuals aged 60 years old and over.
- Final conclusions with respect to COVID-19 outbreak trends and the government's intervention show that the primary strategy to confront the pandemic is adaptation and socioeconomic coexistence. As a result, controlling the outbreak and reducing its subsequent implications in the short term appear farfetched.
- The socioeconomic and psychological heterogeneity of the elderly subpopulation has diversified their degree of vulnerability and their recovery following COVID-19, along with the range of social, mental, and economic consequences. Accordingly, widespread inequality is observed among the old population of Iran.
- Quantitative and qualitative content analyses of mass media and social networks in Iran demonstrate their significant and effective roles in various dimensions of dealing with COVID-19. This analysis suggests their role has been largely positive and constructive. For instance, most dialogues that have taken place between people on social media are inclined towards respect for humanity and rights, especially regarding older persons.

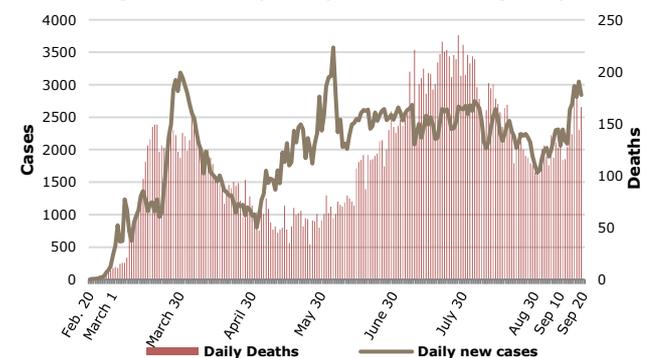
### Changes in national COVID-19 situation

Based on confirmed diagnosis criteria and daily reports published by MOHME, more than 416,198 individuals have been infected with COVID-19 by 19 September 2020; among those infected, almost 24,000 have died and over 355,000 recovered. Additionally, more than 37,000 patients have been admitted to hospitals. The mortality rate has been estimated as 5.7%, which is relatively high compared to that of the world.<sup>1</sup>

Daily reports on the statistics of COVID-19 infections and deaths in Iran show that, after a reduction in number of cases and deaths caused by the disease following initial actions in March, the numbers began rising in early May.

Subsequently, the number of deaths started increasing at the beginning of June, even with a higher peak compared to the first wave. The relative stability in the number of cases and a mortality reduction witnessed in May and early August denoted relative success in controlling the trend in number of cases. Nevertheless, the number of daily deaths caused by COVID-19 has been rising once more, since the beginning of September. This has brought about concerns regarding an increase in both prevalence and mortality rates in the fall of 2020 (Figure 1).

**Figure 1. Trend of daily new cases and fatalities caused by COVID-19, Iran, Feb. 20 to Sep. 19, 2020**



Source: data gathered based on daily reports by MOHME, 2020

## Changes in general context

The COVID-19 pandemic has, more or less, affected the economies of all countries; however, the economy of Iran is experiencing the pressures imposed by both sanctions and dire consequences of the coronavirus. According to a report by the Statistical Centre of Iran (SCI), the economic growth rate (excluding oil) during the first three Persian calendar months (the period from March 20 to June 19, 2020) was 1.7%, which represents an approximate one percentage point reduction compared to the same period in the previous year.<sup>2</sup> The economic conditions resulting from the shrinkage of Iran's economy has led to increased economic pressure on both the government and households. In this regard, even the imports of medicine and medical equipment for dealing with COVID-19 have been restricted. Such a difficult economic situation is unique at the international level, and the government faces a much more difficult road ahead in confronting the pandemic compared to other nations.

## Key changes in situation of older persons



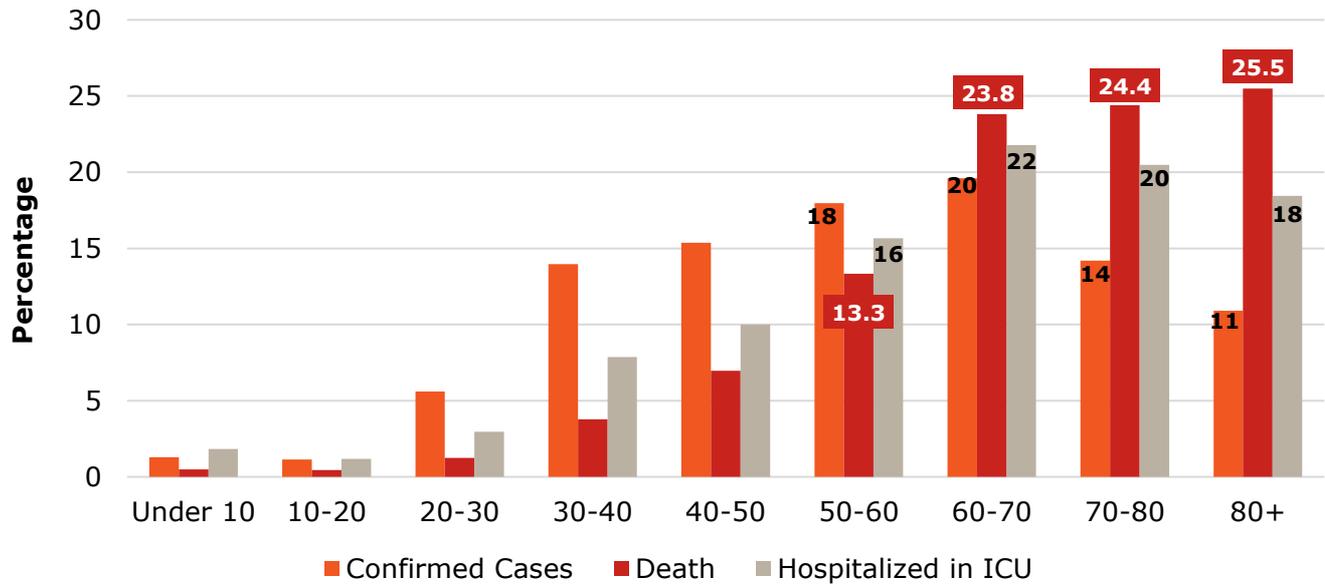
### Health and care

- As emphasized in the UN's guidelines, older persons are the most obvious victims of the COVID-19 crisis.<sup>3</sup> One of the reasons behind this fact involves underlying conditions and illnesses, which reduce resistance against COVID-19 and are more prevalent among the elderly. According to the Global Burden of Diseases estimations by WHO, though the life expectancy of Iranians at the age of 60 is equal to almost 19.7 years, it is expected that each person at this age spends only 14.7 years as a healthy individual.<sup>4</sup> By transforming these two figures into "years lived with disability" using the life table method, it can be estimated that at least nearly one fourth of the elderly at the age of 60 and above suffer from a chronic, disabling illness. Therefore, despite the prevalence of COVID-19 among all age groups, the physical health state of the elderly shows that they are expected to be more exposed to the dangers of suffering from severe forms of illness or even death caused by COVID-19.

Given the age distribution table of COVID-19 cases and deaths, the situation of the older persons are described in more detail below<sup>5</sup>:

- Considering the estimations based on age distribution of the infected, less than 45% of total cases belong to older individuals at the age of 60 and above. Meanwhile, this age group have reduced their presence in social gatherings and have willingly isolated themselves due to their concerns of COVID-19 infection. The number of older individuals who died by the disease by September 19th constitute nearly 74% of total deaths. Consequently, the mortality rate among individuals at the age of 60 and above is almost 10% (and over 13% for those at the age of 80 and above), which is higher than the average for all age groups.
- As shown in Figure 2 regarding the age distribution of the number of cases and deaths, the share of both COVID-19 infections and deaths increases by the age of 70. Alternatively, such a direct relation is not observed between the share of cases and deaths above the age of 70. That is, despite the reduction in the share of this age group among confirmed cases, their share in number of deaths is slightly increased. It can be speculated that factors such as higher rates of employment and social activity and number of social relationships among the majority of younger elderly (60-70 years old) compared to older elderly have resulted in higher rates of infection.
- Estimations suggest that nearly 61% of patients in need of admittance to intensive care units (ICUs) were aged 60 and above. It is clear from details presented in Figure 2 that the elderly infected with COVID-19 are in need of admittance to ICUs to a higher extent than younger patients. As a result, a large portion of the pressure imposed by admittances for hospital care involves cases of infected older persons.
- The good news is that the probability of recovery has been increased by a factor of over 85%, even among the elderly. However, it should be noted that it is still too soon to draw conclusions as to whether those recovered from COVID-19 will remain perpetually immune or free from the side effects of the disease.

**Figure 2. Percentage distribution of diagnosed cases of COVID-19, fatalities, and hospitalized in ICU by age group**



Source: Based on a report prepared for the Elderly Health Department by MOHME, September 2020

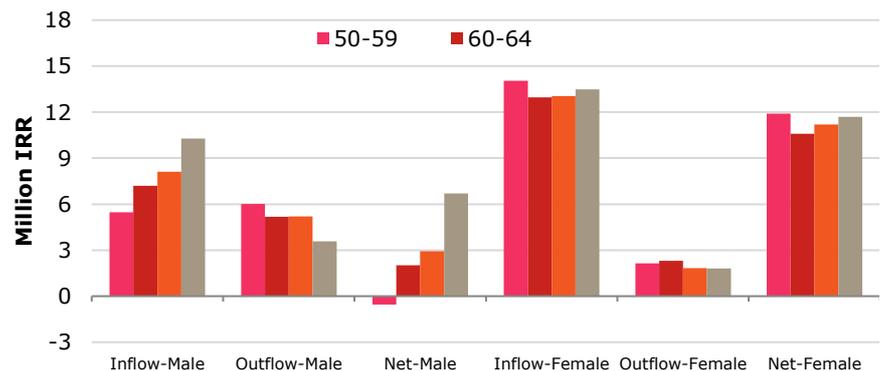


### Income security

A previous study shows that Iran ranks 72 out of 97 countries in terms of elderly income security. In 2013, the old-age pension coverage was about 26%, the proportion of the elderly in households below the poverty line was about 20%, and the relative welfare was about 110, in terms of Global Age Watch Index methodology.<sup>6</sup>

According to the Labor Force Survey before the COVID-19 outbreak and following its continuous decline, the participation rate of older people in February 2020 was about 14.4% and the employment rate was about 98%,<sup>7</sup> which has not been changing significantly in the first quarter the outbreak.<sup>8</sup> In February 2020, about 19% of the elderly were employees (about 10% in the public sector and 90% in the private sector) and 81% were self-employed. Of the total employed population aged 60 years old and over in 2019, about 45% were active in agriculture. It seems that the high share in self-employment and agricultural activities mitigates risk among the elderly. However, income insecurity, the proportion of older people in unskilled labor (10%), rising living costs due to economic pressures and the scarcity of formal assistance continue to put some elderly people at risk.

**Figure 3. Inter-household transfer inflow, outflow and net among population aged 50+ by age group and sex, Iran, 2019**



Source: Calculated based on NTA methodology and data from Household Expenditure-Income Survey 2019.

In November 2019 (a few months before the outbreak of the COVID-19), the average income of the elderly household with about 2.8 members was equal to 389 million IRR (about 9,239 USD). The share of labor income in the total income of elderly households was about 58%, the share of transfers was about 38% (33% public transfers and 5% private transfers) and the share of property income was about 4% of the total household income. In the area of inter-household transfers, with the exception of men in the pre-ageing phase (50-59 years old), net transfers are positive at all ages, and there is a significant gender difference in the net transfers and transfer inflow.<sup>9</sup>



## Social issues

- The results of qualitative content analysis of interviews conducted with older persons demonstrate that within this heterogeneous subpopulation, the manner of encountering COVID-19 also varies. Thus, the elderly are vulnerable to different extents. Such diversity is determined by various degrees of economic, social, and cultural capitals. The ability of the elderly to deal with the disease is increased by possessing more resources such as retirement insurance, sustainable and steady income, economic independence, housing, and economic and welfare facilities. Moreover, other factors such as higher levels of education, higher cultural consumption, and significant presence in virtual and social media, health literacy, and better self-care equip the elderly with a more resistant lifestyle. These factors also maintain their quality of life and mental health at higher levels by offering them new opportunities for leisure. Finally, the interviews suggest that higher degrees of spirituality and religiosity and particularly having a clear mentality and narrative regarding life and death have a positive influence on quality of life. Essentially, weaknesses in any of these capitals would place older individuals in a more vulnerable state when faced with issues caused by the coronavirus period, such as loneliness and a sense of isolation.<sup>10</sup>

Results of quantitative and qualitative content analysis on mass media and social networks, conducted by the research team, show that:

- Iranian media initially addressed the issue of coronavirus and the elderly through an informing, educational outlook. To this aim, they frequently reminded the population that older persons and those with pre-existing conditions are considered more exposed to the dangers of infection with coronavirus. Aside from the important role in inducing sensitivity towards the elderly, these messages may have also had negative impacts by creating excessive fear among older individuals. It is however noteworthy that the sensitivity and concern towards the elderly during the coronavirus epidemic has been on the decline among Iranian users. For instance, the frequency of Instagram posts related to this subject has declined from 4,000 posts on February 20th to 200 posts in early June 2020.
- The overall climate within the nation's media and their users with respect to the elderly also suggest intergenerational, ethical, and humanitarian solidarity. Accordingly, in addition to releasing positive educational and informing messages, the Iranian media and their users were also gravitating towards messages intended to support older individuals amidst the coronavirus crisis.
- Another positive influence of the media involved lowering the level of mental pressure imposed on the elderly by questioning the cliché that the coronavirus is a definite killer of the older population. Consequently, a significantly large volume of positive, motivational news regarding elderly people's recovery from the disease were spread on Twitter, Telegram, Instagram, news outlets and websites, and other media. These stories tell of older persons from different cities in Iran who managed to recover from COVID-19, contributing to a positive and hopeful environment.
- Another effect observed from Iranian social media was related to conversations about how society and social institutions have presented the circumstances of the elderly during the pandemic. These media and their users criticized how certain domestic and foreign parties treated the older population. These criticisms were expressed as a response to the comments of certain national officials, Islamic Republic of Iran Broadcasting (IRIB) news coverage and general age discrimination against the elderly. For instance, one twitter user tweeted @sarahjoon33:

*"Dear IRIB! Is it really that easy for you to suggest that coronavirus only kills the old people and there's nothing to worry about? Wouldn't you think, for a second, that these old people might be our parents?!"*

## Responses

- The impact of COVID-19 on older people has directed politicians and health programmers to prioritize some resources towards senior citizens. For example, currently the Ministry of Health is facilitating import of an H1N1 vaccine for free coverage, and also plans are being set in motion to add older people residing in nursing homes to coverage by Primary Health Care services. Also currently, the National Council of Older People in collaboration with UNFPA is planning to provide nursing homes with technical equipment for online visits and meetings with family and friends.<sup>11</sup>

- The Iranian government is easing restrictions, reopening businesses and religious places, and normalizing other activities throughout the country, while adhering to health protocols and educating the public, necessitating the use of facemasks, and enforcing a number of other policies. These steps show the government's strong determination in adapting to the disease and continuing normal life and activities in society, regardless of the rise in number of cases.<sup>12</sup>
- As a public institution, the Iranian Red Crescent Society has taken extensive actions since the coronavirus outbreak throughout the nation. Some of these actions included producing and distributing more than 25,000 subsistence and hygiene packages among the elderly and families affected by COVID-19, as well as facemasks and disinfectant gels and liquids. Members of the public across all provinces also paid the elderly a visit to show their support as a part of the Representation Plan. The Iranian Red Crescent Society also: monitored the situation and empowerment of the elderly at the Red Crescent Comprehensive Empowerment Centers; published instructions on how to care for the elderly during the epidemic; educated older persons on self-care methods; provided pamphlets on strategies to prevent and deal with COVID-19; offered free counselling phone calls to the elderly and other vulnerable groups with the help of volunteer paramedics and psychologists; presented remote education to the families of the elderly; disinfected the houses of older persons; and facilitated communication between the elderly and their families over the phone.
- A meeting was held with NGO professional network managers for consultation and cooperation. Following the assembly of the National Committee for Combating Coronavirus and formation of the National Working Group for Public Participation, a national professional network of NGOs and the Coronavirus Control Taskforce (KOMAK Network) were established and began their activities. This network currently covers over 2000 NGOs across the country. Despite the widespread activities of NGOs in fighting the COVID-19, an assessment of their actions suggests a lack of attention to the elderly with respect to dealing with the disease. Nevertheless, since chronic illnesses such as diabetes, cardiovascular diseases, and cancer affect the elderly to a higher extent than other groups, the NGOs' actions addressing these illnesses somewhat related to this age group.<sup>13</sup>

### **Case study: Roghayeh (75 years old) and Asghar (92 years old)**

Roghayeh, 75 years old, is illiterate and lives with her husband Asghar in a village near Tabriz. They live with one of their divorced daughters and sons and one of their single sons. Asghar lacks any retirement pension and does not have any stable source of income. Furthermore, Roghayeh is unable to walk due to severe arthritic legs and neck. She is not able to even get in a car. Her daughter is her caregiver and nurse. However, Asghar is in better health compared with his spouse. They both suffer from hearing problems. Their daughter says "My mother's last condition is that she can no longer walk even in the house let alone go out. Her health has been deteriorating a lot lately, she must treat her illness but because Tabriz is currently in the red condition of Corona and because of her fear of Corona, she cannot go to public hospitals and private hospitals cost a fortune, which she cannot afford. Her physical activity has reduced a lot. She used to go out and buy some bread, go to his daughter's house, go on a walk, go to stores and buy things, go out and see a few people. She has always been staying at home during the Corona period and her health condition has worsened. She is also depressed because she has stayed at home for a long time and she cannot go out. Their children also understand the Corona condition and have been coming less frequently to their house. My father used to go to typical hangouts such as teashops but now he cannot go or he rarely goes there. My father has become depressed and sleeps all days."

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## **Endnotes**

1. Based on gathering daily reports on new cases and fatalities by the Ministry of Health and Medical Education.
2. [Report on GDP growth in Spring \[in Persian\]](#). Statistical Center of Iran, August 2020.
3. Issue Brief: Older Persons and Covid-19, A Defining Moment for Informed, Inclusive and Targeted Response, United Nations, Department of Economic and Social Affairs, April 2020.

4. These figures extracted from '[Mortality and global health estimates](#)'. World Health Organization.
5. Based on a report prepared for the Elderly Health Department by MOHME, September 2020.
6. Wellbeing of Older People in Iran: An Application of the Global AgeWatch Index. Koosheshi M., et al, *Pertanika Journal of Social Science and Humanities* 28(1):409-424, 2020.
7. [Labor Force Survey \(Seasonal Report\) February 2020](#). Statistical Center of Iran, March 2020.
8. [Labor Force Survey \(Seasonal Report\) April 2020](#). Statistical Center of Iran, July 2020.
9. [Household Expenditure-Income Survey November 2019](#). Statistical Center of Iran, September 2020.
10. Based on results of interviews with the elderly conducted by research team.
11. Government Approvals, Assessment of services providing system to the elderly in day care centers and integration in PHC. 2 September 2020.
12. COVID 19 newsletter. MOHME, No. 31, 8 July 2020.
13. Performance Report of National and specialized network of non-government organizations and corona control working group (Help Network), August 2020

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