The rights of older people in Kyrgyzstan



Information on the extent to which older people enjoy their human rights in Kyrgyzstan is rarely available or included in the State's reports to human rights monitoring and accountability mechanisms.

In response to this lack of data, HelpAge International carried out a survey in 2012 with 100 women and men over the age of 50 in Kyrgyzstan. This summary illustrates the key findings of the survey. These findings provide evidence of gaps in the protection of older people's human rights and reinforce the need for national and international action, mechanisms and processes to ensure that the human rights of older people are better addressed.

Despite ratification of core international human rights treaties, the prohibition of discrimination on the basis of age and guarantees to social protection in the Kyrgyz Constitution and protection of older people from violence in the Kyrgyz Family Code, the survey findings presented in this summary point to possible failures by the State to take all appropriate measures to protect and promote the rights of older people.

Older women and men in the survey reported that they experience discrimination on the basis of their age in different aspects of their lives, including in employment, access to financial services and access to essential goods. They are subject to violence and abuse, with over a third of respondents reporting that they had experienced at least one type of personal crime, violence or abuse since the age of 50. In the vast majority of cases, this appeared to happen with impunity and little access to redress.

The findings presented here aim to capture the position and experiences of the 100 older women and men interviewed in the survey. They are not intended to be representative of the population of older people as a whole. More information on the survey and how it was conducted can be found on the back page of this summary.

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age helps

The right to physical security (protection from crime, violence and abuse)

Experience of at least one form of crime, violence or abuse since the age of 50

Nearly nine out of ten respondents (87 per cent) said they felt completely or very safe from crime and violence. However, more than a third (35 per cent) reported experiencing at least one type of personal crime, violence or abuse since the age of 50. Experience of one type of abuse was higher among the Uzbek ethnic group.

The most common type of abuse was financial abuse which was reported by 23 per cent of respondents (see Figure 1).

Figure 1: Reported types of crime, violence and abuse

23% Financial abuse
1% Sexual abuse
6% Physical abuse
12% Emotional abuse
3 % Malicious accusations abuse

Financial crime, violence and abuse

Nearly a quarter of all respondents (23 per cent) reported experiencing at least one type of financial abuse since the age of 50. Of those who reported experiencing financial abuse, 20 per cent had experienced the abuse more than once and 3 per cent had experienced this in the last 12 months. Experience of financial abuse was higher among women and those from the Russian ethnic group.

Four respondents had reported the incident to the police, 16 had told family and friends and one respondent had not told anyone.

The most common type of financial crime, violence and abuse was stealing money, property or possessions which was reported by 13 per cent of respondents (see Figure 2).

Figure 2: Reported types of financial abuse



Sexual crime, violence and abuse

One respondent reported experiencing at least one type of sexual abuse since the age of 50 (see Figure 3). The respondent reported being forced to have sexual intercourse and other sexual activity against their will within the last year. They said that this had happened more than once and that the perpetrator was a current partner, husband or wife.

The respondent did not tell anyone, seek support from family or friends, or report the incident to the police or other authority.

Figure 3: Reported sexual abuse

Figures represent number of respondents out of 100 surveyed

1 Sexual abuse reported

Physical crime, violence and abuse

Six respondents reported experiencing at least one type of physical abuse since the age of 50. Two had experienced this in the last 12 months, and two had experienced the abuse more than once.

Three respondents reported experiencing violence or force, and one respondent reported physical restraint, such as being tied up or locked in a room. No respondents experienced the use of a knife, gun, stick or other weapon.

No respondents reported the incident to the authorities. Only one respondent had told family or friends (see Figure 4). This raises questions about whether these crimes are being committed with impunity and without any form of redress.

Emotional crime, violence and abuse

Twelve respondents reported experiencing at least one type of emotional abuse since the age of 50. Five had experienced it in the last 12 months and five had experienced the abuse more than once. Seven had not told anyone about the incident.

The most commonly reported form of emotional abuse was being put down, belittled, degraded, humiliated or shamed (see Figure 5). Emotional abuse was higher among women. It was also higher among people aged over 85 and those with a limiting longstanding illness or disability (LLID). Perpetrators included friends or acquaintances, community leadership structures appointed by government, and, to a lesser extent, partners or spouses and other family members or relatives.

Malicious accusation abuse

Three per cent of respondents reported experiencing at least one type of malicious accusation abuse since the age of 50 (see Figure 6).

One respondent had experienced this abuse more than once. No respondents had experienced the abuse in last 12 months. Two respondents had experienced accusations of being a witch, spirit possession or sorcery. Perpetrators included a current partner, husband or wife, a family or relative, and a friend or acquaintance. Sources of help and support for those who had experienced this abuse were family and friends.

Figure 4: Sources of help and support sought by those reporting physical abuse



Figure 5: Reported types of emotional abuse

Figures represent number of respondents out of 100 surveyed

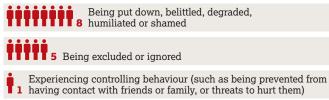
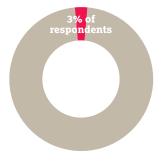


Figure 6: Reported malicious accusation abuse



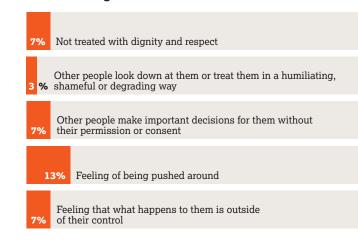
The right to individual life, equal treatment and dignity

Dignity, autonomy and social isolation

Nearly one in five (19 per cent) respondents felt socially isolated because of their age.

The most common form of detrimental treatment and lack of autonomy, choice and control associated with older age was being pushed around which was reported by 13 per cent of respondents (see Figure 7).

Figure 7: Types of detrimental treatment reported because of age



Social care and support needs and neglect

Twenty per cent of respondents indicated that they had needed help or support with everyday personal care and activities (see Figure 8).

Of those needing this personal care and support, 90 per cent said they had received it. In every case the care and support was provided by their husband or wife, family or friends.

Of those who indicated that they had care needs, 5 per cent reported feeling neglected. Three answers were missing.

Exposure to intense informal caring activities

Three respondents reported undertaking informal unpaid caring activities for relatives or friends who were frail or physically or mentally ill.

Of the five respondents who answered the question on time spent providing unpaid care for others, one indicated that they provided intense unpaid caring activities of more than 20 hours a week (see Figure 9).

Figure 8: Provision of everyday personal care and support

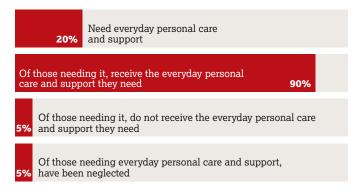


Figure 9: Time spent on unpaid care for others

Figures represent number of respondents providing unpaid care, out of 100 surveyed



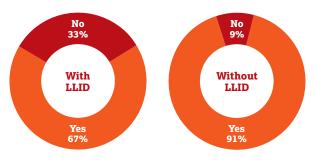
The right to the highest attainable standard of health

Access to healthcare

Fourteen per cent of respondents indicated that there was no health facility within 30 minutes travel time of their home, including 8 per cent of those living in urban areas and 21 per cent in rural areas.

Lack of access was higher among those with a limiting longstanding illness or disability (LLID) (see Figure 10).

Figure 10: Access to healthcare facility within 30 minutes



Experiences of discrimination, poor treatment and neglect in healthcare

Only 2 per cent of respondents indicated that they had been refused or denied medical treatment because of their age, and 5 per cent said that they had been refused health insurance because of their age. However, a higher proportion (16 per cent) had experienced worse treatment by health professionals because of their age and 12 per cent said that their health and medical needs had been neglected because of their age (see Figure 11).

Figure 11: Age discrimination in accessing healthcare

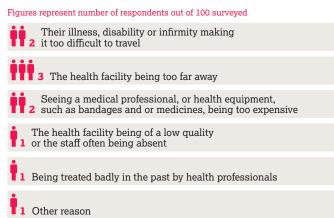


Unmet health needs

Seven per cent of all respondents reported that there had been at least one occasion since the age of 50 when they had needed healthcare but did not receive it.

The most common barrier to accessing healthcare was because the health facility was too far away (see Figure 12).

Figure 12: Barriers to accessing healthcare



The right to an adequate standard of living

Discriminatory denial of everyday essentials

Five per cent of respondents reported lack of access to everyday essentials such as food, water, shelter, heating, fuel and clothing as a serious problem for them personally all of the time, with a further 27 per cent reporting such difficulties regularly and 47 per cent occasionally.

When these respondents were asked if they felt this was because of their age, 1 per cent reported this to be the case all of the time, 7 per cent regularly, and 31 per cent occasionally (see Figure 13).

Figure 13: Denial of everyday essentials on the basis of age

	60%	Never
1% All of the time		
7% Regularly		
31%	Occasionally	

Access to income and social security

Just under a third of respondents (32 per cent) said they received an income from formal or informal work. A large majority (86 per cent) indicated that they received income from a pension (see Figure 14).

When asked about difficulties in receiving or accessing pensions, one respondent cited illness, disability or infirmity making it difficult to travel to get the pension, and another cited that payments were always or often late.

Figure 14: Access to income and social security

32%	Any type of paid work activity (formal or informal)			
	86% Pension			
1% Money or support from social benefits paid to older people				
Money or support from other social insurance protection and social security benefits or receiving allowances paid by government or local government or NGOs				
10% Money or support from husband or wife				
	Money or support from family or friends			

Discrimination at work and in access to financial services

Nine per cent of respondents indicated that they had experienced being refused work because of their age since the age of 50.

Four per cent had been refused a loan because of their age since the age of 50 (see Figure 15).

Figure 15: Discrimination in access to work and loans



The right to political voice and participation

Political participation

The vast majority of respondents (94 per cent) had voted in the last national election in Kyrgyzstan. Among those who did not vote, reasons given were not being registered to vote, not being interested in politics, feeling that voting does not make any difference or not supporting any of the parties, feeling too old to vote, or age, illness, infirmity or disability preventing voting (see Figure 16).

Figure 16: Reasons for not voting

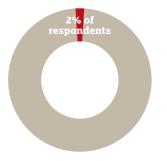
Figures represent number of respondents out of 100 surveyed

 Not registered to vote
2 Not being interested in politics
Feeling that voting does not make a difference or do not support any of the parties
Feeling too old to vote or age, illness, infirmity or disability prevents voting

Participation in political and public affairs

Only 2 per cent of respondents reported participating in political or public or community life in the last 12 months (see Figure 17). Of those who had participated, one respondent indicated that they had undertaken voluntary work.

Figure 17: Participation in political life and public or community affairs in the last 12 months

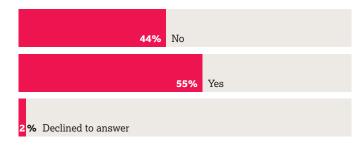


Knowledge and understanding of human rights

Fifty five per cent of respondents had heard of the Universal Declaration of Human Rights but 44 per cent had not (see Figure 18).

All respondents agreed older people should stand up more actively for their rights.

Figure 18: Knowledge of the Universal Declaration of Human Rights



Survey on the human rights of older people in Kyrgyzstan

The aim of the survey is to extend knowledge and understanding of older people's rights in Kyrgyzstan by providing data on critical areas, systematically disaggregated by a range of characteristics such as sex, disability, ethnic group, area type and narrow age band. The survey questions were based on a panel of indicators that was developed in line with the Office of the High Commissioner for Human Rights' framework of human rights indicators. The findings cover areas such as older women's and men's access to basic essential goods, hunger and food allocation within the household: access to healthcare and experiences of poor treatment, neglect and discrimination in healthcare. Questions also focused on older women's and men's experience of dignity and respect, autonomy and social isolation; physical security, including protection from violence, and other aspects of elder abuse such as financial and emotional abuse and malicious accusations (for example witchcraft). Further, the questions covered older people's participation in political affairs and public and community life, and their knowledge and understanding of human rights.

How the survey was conducted

The survey was carried out in 2012 with 100 women and men over the age of 50 in rural and urban areas in Jalabat region, Osh oblast, Batken region, Chu oblast, Naryn oblast, Talas region and Issyk-kul region. A three-stage methodology for identifying respondents was developed with probability sampling in the initial stage and the imposition of quotas for age group and sex in the final stages of the multistage design. However, sampling weights have not been applied as a basis for the findings in this summary. Ethical and safety guidelines from the WHO Multi-country Study on Women's Health and Domestic Violence Against Women were used to inform the survey design.

Note about disaggregation

For ethical and safety reasons, data is not presented disaggregated by multiple characteristics. This is due to the sensitive nature of the questions on domestic violence, sexual abuse and elder abuse and any potential harm to respondents should their identity be disclosed.

A full research report is available at www.helpage.org/monitoringrights

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HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives.

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