

CASE report 78

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Developing an indicator-based framework for monitoring older people's human rights: panel, survey and key findings for Peru, Mozambique and Kyrgyzstan

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Errors of fact, interpretation or judgement remain with the author.

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Summary

Research aims

This project was commissioned by HelpAge International as a basis for broader efforts to develop an indicator-based system for monitoring older people's human rights in different countries across the world. The project has three key aims:

- To develop an indicator-based system for monitoring older people's human rights, based on the good practice model published by the Office of the High Commissioner for Human Rights (OHCHR);
- To develop a social survey instrument that can be used to build up evidence against the indicators on a country by country basis;
- To present findings based on the survey data for Peru, Mozambique and Kyrgyzstan.

A particular priority has been to address existing research and evidence gaps by extending knowledge and understanding of the outcomes of older people across a range of critical areas of life (or "domains"), including in relation to multidimensional deprivation, discrimination, neglect, maltreatment and abuse. Internationally, there is also a paucity of data on older people's outcomes that is disaggregated by narrow age band and by characteristics such as gender, disability status, ethnic group and area type (urban / rural). Another key priority has been to begin to build up an evidence base of disaggregated data of this type.

The HelpAge panel on the human rights of older people

- The project has resulted in the development of the HelpAge panel on the human rights of older people. The panel is conceptually anchored in the OHCHR good practice model and includes a balance of "structural", "process" and "outcome" indicators.
- The panel currently captures five key human rights that are recognized in international treaties and instruments. These are: the right to an adequate standard of living; the right to the highest attainable standard of physical and mental health; the right to individual life, equal treatment and dignity; the right to physical security (protection from crimes against the person, violence and abuse); and the right to participation, influence and voice.
- It is anticipated that the panel will be expanded over time to incorporate a fuller range of the human rights that are protected and promoted in domestic, regional and international instruments.

The HelpAge survey on the human rights of older people

- The project has resulted in the development of the HelpAge survey on the human rights of older people. The survey has been developed in order to build-up an evidence base on older people's human rights by asking older people over 50 a range of questions about attitudes and discrimination towards older people; problems faced by older people; and personal experiences of multidimensional deprivation, discrimination, maltreatment, abuse and neglect.
- The survey includes questions on areas such as access to basic essential goods, hunger and food allocation within the household; access to healthcare and experiences of maltreatment, neglect and discrimination in healthcare; treatment with dignity and respect, autonomy and social isolation; physical security, including protection from violence, including domestic and sexual violence, and other aspects of elder abuse including financial and emotional abuse and malicious accusations (witchcraft); as well as older people's participation in political affairs and public and community life, and their knowledge and understanding of human rights.
- Information is also gathered on narrow age band and a range of additional disaggregation characteristics including sex, disability, ethnic group and area type.

Survey design

- The HelpAge survey on the human rights of older people involves a depth interview with older people over 50. The interview lasts for about 1 ½ hours. The initial aim has been to interview around 100 older men and women aged 50 or above in each of three countries (Mozambique, Peru and Kyrgyzstan).
- The survey is based on the principle of informed consent which is provided orally by participants since there is an assumption of illiteracy. Since the survey includes questions on domestic and sexual violence and elder abuse, ethical and safety guidelines for conducting the survey have been developed, building on WHO good practice recommendations. In order to protect privacy and confidentiality, data on region is not included in the findings and analysis by multiple characteristics (such as age and gender) has not been undertaken.
- It is important to recognize that the data generated by the survey is not intended at the current stage to provide a basis for making general inferences and calculating population estimates. The key priority in the survey design at the current stage has been to ensure coverage of older people across different age bands and by characteristics such as gender, ethnic group, disability and area type. The findings set out in this report are intended to capture and reflect the position and experiences of the older people interviewed through the survey process, but are not intended to be representative of the population of older people as a whole in each of the relevant countries.

- It is anticipated that the survey methodology including the questionnaire, sample design, quality control, ethical and safety guidelines will all be further developed and refined as the survey is repeated in additional countries.

Key findings: Peru

The survey covered 100 older people aged 50 or above. The survey design was based on the method of disproportionate purposive sampling with quotas set to ensure coverage of urban, peri-urban and rural areas; even representation of males and females; coverage of different ethnic groups; and approximately even representation across five age bands (50-60, 60-70, 70-80, 80+).

The right to an adequate standard of living

- **Access to everyday essentials.** Over half of the participants (56%) 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 16% reporting such difficulties regularly and 12% occasionally. The proportions were similar for men and women. However, the proportion of those reporting experiencing difficulties all of the time was higher amongst older people who experience a limiting longstanding illness or disability (LLID), who live in rural areas and who are from the Black (Afro Peruano), Blanco (White) and Quechua ethnic groups. When these respondents were asked if they felt this was because of their age, just under half of them (49%) felt that this was because of their age.
- **Hunger and food allocation within the household.** A significant proportion of respondents (38%) reported that they had limited or restricted their food consumption so that children or other family or household members could eat more adequately. Of these, 17% indicated that this was not their own decision.
- **Access to income and social security.** 48% of respondents indicated that they received income from formal or informal work; whilst 23% respondents indicated that they received income from a pension. A small number of respondents mentioned when prompted difficulties with receiving or accessing pensions including illness, disability or infirmity making it too difficult to travel to get the money (one respondent), not having the necessary papers / identification or having a problem with papers (one respondent) or the payments being always or often late (one respondent). No respondents reported receiving money or support from social benefits paid to older people; and nine respondents reported receiving money or support from other social insurance protection and social security benefits or receiving allowances paid by government / local government or NGOs.
- **Discrimination at work and in access to financial services.** 48% of respondents said they received an income from paid formal or informal work. However a significant proportion (43%) also indicated that they had personally experienced

being refused work because of their age since they turned 50. Only one respondent reported having received a loan from a bank, NGO or micro credit organization. However 23% indicated having been refused a loan because of their age since they turned 50.

The right to the highest attainable standard of health

- **Access to health care.** 56% of respondents indicated that there was no health facility within half an hour travel time of their home, including 61% of male respondents and 52% of female respondents. The proportion with no access was higher amongst participants in urban locations, with the worst access amongst those in a peri-urban location outside Lima. Lack of access was highest amongst the Mestizo (Mixed) and Black (Afro Peruano) ethnic groups.
- **Unmet health needs.** Just under half (43%) reported that there been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it. Of these respondents, six got advice from someone else eg pharmacist, traditional healer or a shopkeeper but 17 had tried to access healthcare but that they had been refused or denied it.
- **Experiences of discrimination, poor treatment and neglect in healthcare.** Significant numbers of older people feel they are being directly discriminated against in access to health care because of their age. They report being denied treatment, refused health care, given worse health care or having their health care needs neglected because of their age.

The right to individual life, equal treatment and dignity

- **Dignity, autonomy and social isolation.** Significant proportions of participants reported various types of detrimental treatment and lack of autonomy, choice and control associated with older age. In addition 37% felt socially isolated because of their age.
- **Social care and support needs and neglect.** Nineteen respondents indicated that they had a need for help or support with everyday personal care needs and everyday activities. Of these, 18 respondents indicated that they received help or support that they needed from family, friends, professionals, an NGO or other source. Only one respondent indicated that they did not receive such help or support from any source. However five respondents indicated that they felt neglected in relation to their personal care needs where the person responsible for giving the support has failed to do so.
- **Intense informal caring activities.** 26 participants reported undertaking informal unpaid caring activities for relatives or friends who were frail or physically or mentally ill. Of these 26, 14 participants indicated that they provided intense unpaid activities of this type for over 20 hours a week.

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

- **Experience of at least one form of crime, violence or abuse since the age of 50.** 54% of respondents said they did not feel at all safe from crime and violence. 83% of respondents reported experiencing at least one category of personal crime, violence or abuse since they turned 50, including similar proportions of males and females.
- **Financial violence / crime / abuse.** High levels of financial abuse were reported. 68% of respondents reported experiencing at least one of the categories since they turned 50, with 21% experiencing this abuse within the last 12 months. 42% reported experiencing repeated victimisation (i.e. experiencing the abuse more than once). Nine respondents reported not telling anyone about the incident. Prevalence was higher amongst men, those living in rural areas and amongst the Quechua and Mestizo (Mixed) ethnic groups.
- **Emotional violence / crime / abuse.** 52% of respondents reported experiencing at least one category of emotional abuse since they turned 50 with 23 percent reporting experiencing abuse in the last 12 months. Of those who reported experiencing emotional crime / violence / abuse, 67 percent reported experiencing the abuse more than once. Ten respondents reported not telling anyone about the incident. Prevalence was higher amongst women, amongst 70-79 year olds, amongst the Quechua and Mestizo (Mixed) ethnic groups and amongst those living in rural areas. The vast majority of perpetrators were spouses, current partners and family members or relatives.
- **Physical violence / crime / abuse.** 40 percent of respondents reported experiencing at least one category of physical abuse since they turned 50, with 13 percent reporting experiencing abuse in the last 12 months. 25 percent reported experiencing physical abuse more than once. Prevalence was particularly high amongst the Quechua and Mestizo (Mixed) ethnic group and was slightly higher amongst older people who self-identified as experiencing a limiting longstanding illness or disability (LLID). 12% of respondents reported experiencing the use of a knife; gun; stick or other weapon; 23% violence or force; 11% physical restraint such as being tied up or locked in a room; 12% threats to kill them. Whilst some respondents did report this to the authorities, a significant number did not which suggests that these crimes are being committed with impunity and without any form of redress for the victims.
- **Sexual violence / crime / abuse.** 14% of participants reported experiencing at least one category of sexual abuse since they turned 50. Just over half of these reported experiencing the abuse more than once and two percent of respondents reported experiencing this in the last year. This overall figure comprises a higher percentage of females (20%) compared to males (7%), with a higher proportion in rural areas and the peri-urban (outside Lima) area, and amongst members of the Quechua, Mestizo (Mixed), Amazónico and Black (Afro Peruano) ethnic groups. As in the case of physical abuse, a higher proportion of those who experience a limiting longstanding illness or disability (LLID) (20%) reported physical abuse than those

who do not experience a LLID (9%). None of the respondents reported the incident to the police or any other legal authority. None sought medical help. 10 did not tell anyone. This suggests that these crimes are being committed with impunity and with no means of redress or access to justice.

- **Malicious accusation violence / crime / abuse.** 16% of respondents reported experiencing at least one category of malicious accusation abuse since they turned 50. 3% reported experiencing this within the last 12 months. 7% of respondents reported experiencing this more than once. Four respondents reported that they did not tell anyone about the incident. When prompted, no respondents indicated that they had reported the incident to the police. Prevalence was higher amongst females, those in rural areas and in the Peri-urban (outside Lima) area and amongst the Queschua and Mestizo (Mixed) ethnic groups. The percentage of those reporting malicious accusation abuse was considerably higher amongst older people who self-identify as experiencing a limiting longstanding illness or disability (LLID) (27%) compared with those who do not experience a LLID (7%).

The right to influence, participation and voice

- **Political participation.** The vast majority of participants voted (80%) voted in the last national election. Amongst those who did not, reasons given included not being registered to vote (three participants), not being able to get to the polling station (1 participant), not being interested in politics (three participants) and feeling that voting doesn't make a difference (two participants). No respondents cited lack of relevant identity cards or papers, or personal safety or security, as a reason for not voting.
- **Participation in political and public affairs.** Just under three quarters of participants (71%) reported participating in political or public / community life in the last twelve months. This included a slightly higher proportion of females than males, a higher proportion of those living in rural areas and a higher proportion from the Mestizo (Mixed) ethnic group. Participation declined by narrow age band and was lower amongst those older people who self-identify as experiencing a limiting longstanding illness or disability (LLID).
- **Knowledge and understanding of human rights.** The majority of participants in Peru (58%) had not heard of the Universal Declaration of Human Rights. Despite this, 75% felt that older people should stand up more actively for their rights.

Key findings: Mozambique

The survey covered 104 older people aged 50 or above. The survey design was based on the method of disproportionate purposive sampling with quotas set to ensure coverage of urban and rural areas; even representation of males and females; and approximately even representation across five age bands (50-60, 60-70, 70-80, 80+).

The right to an adequate standard of living

- **Discriminatory denial of everyday essentials.** 42% 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 42% reporting such difficulties regularly and 13% occasionally. Only 2% reported experiencing such difficulties “never”. A higher proportion of females (54%) reported experiencing such difficulties all of the time compared with males (29%). When these respondents were asked if they felt this was because of their age, only 25% said that this was never the case.
- **Hunger and food allocation within the household.** A majority of respondents (59%) reported that they had limited or restricted their food consumption so that children or other family or household members could eat more adequately. Of these, 11 respondents indicated that this was not their own decision.
- **Access to income and social security.** 42% of respondents indicated that they received income from formal or informal work; whilst 33% respondents indicated that they received income from a pension. A number of respondents mentioned difficulties with receiving or accessing pensions including illness, disability or infirmity making it too difficult to travel to get the money (one respondent); or the payments being always or often late (29 respondents). Nine percent of respondents reported receiving money or support from social benefits paid to older people; and thirteen percent receiving money or support from other social insurance protection and social security benefits or receiving allowances paid by government / local government or NGOs.
- **Discrimination at work and in access to financial services.** 42% of respondents said they received an income from paid formal or informal work. However, around a third (31%) of respondents indicated that they had personally experienced being refused work because of their age since they turned 50. A slightly smaller percentage (27%) indicated having been refused a loan because of their age since they turned 50. Only two respondents reported having received a loan from a bank, NGO or micro credit organization.

The right to the highest attainable standard of health

- **Access to health care.** 18% of respondents indicated that there was no health facility within half an hour travel time of their home, including 23% of male respondents and 14% of female respondents. The proportion with no access was higher amongst participants in rural locations. Lack of access was higher amongst those older people who self-identified as experiencing a limiting longstanding illness or disability (LLID) and amongst those from the Shangaan, Tsonga and Sena ethnic groups.
- **Experiences of discrimination, poor treatment and neglect in healthcare.** A number of the older people surveyed felt they are being directly discriminated against in access to health care because of their age. They report being denied treatment,

refused health care, given worse health care or having their health care needs neglected because of their age.

- **Unmet health needs.** Around one fifth (19%) reported that there been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it. Of these respondents, 2 had got advice from someone else eg pharmacist, traditional healer or a shopkeeper and 4 had tried to access healthcare but that they had been refused or denied it.

The right to individual life, equal treatment and dignity

- **Dignity, autonomy and social isolation.** Significant proportions of participants reported various types of detrimental treatment and lack of autonomy, choice and control associated with older age. 41% felt socially isolated because of their age.
- **Social care and support needs and neglect.** Just over half of the respondents (52%) indicated that they had a need for help or support with everyday personal care needs and everyday activities. Of these, 24 respondents (44%) indicated that they did not receive such help or support from any source. Of the 29 respondents who said they did receive support, 19 respondents indicated that they felt neglected in relation to their personal care needs where the person responsible for giving the support has failed to do so.
- **Intense informal caring activities.** 14% of participants reported undertaking informal unpaid caring activities for relatives or friends who were frail or physically or mentally ill. Exposure to the burden of intense unpaid caring activities (that is, provision of unpaid caring activities for more than 20 hours a week) was then assessed based on a follow up question. 2 respondents indicated that they provided intense unpaid activities of this type.

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

- **Experience of at least one form of crime, violence or abuse since the age of 50.** 61% of respondents said they did not feel at all safe from crime and violence. 74% of respondents reported experiencing at least one category of personal crime, violence or abuse since they turned 50, including a higher proportion of females (75%) than males (67%).
- **Financial violence / crime / abuse.** 38% of respondents reported experiencing at least one of the categories since they turned 50, and 21% experiencing this abuse within the last 12 months. 72% reported experiencing repeated victimisation (i.e. experiencing the abuse more than once). Reporting levels were similar between men and women and higher amongst those living in rural areas. 20 respondents reported not telling anyone about the incident.
- **Emotional violence / crime / abuse.** 46% of respondents reported experiencing at least one category of emotional abuse since they turned 50 with 35 percent reporting experiencing abuse in the last 12 months. Of those who reported experiencing emotional crime / violence / abuse, 71 percent reported experiencing the abuse more

than once. Ten respondents reported not telling anyone about the incident. Prevalence was higher amongst women (50%) although prevalence was nevertheless experienced by a significant proportion of men (42%). Prevalence was higher amongst the Tsonga and Sena ethnic groups. The majority of the perpetrators were reported as family members or friends and neighbours.

- **Physical violence / crime / abuse.** 19 percent of respondents reported experiencing at least one category of physical violence / crime / abuse since they turned 50, with 16 percent reporting experiencing abuse in the last 12 months. Of those who reported experiencing physical crime / violence / abuse, 75 percent reported experiencing physical abuse more than once. Prevalence rates were higher amongst those living in rural areas and amongst members of the Sena ethnic group and the “other” indigenous tribal group. Physical abuse was also higher amongst those older people who self-identified as experiencing a limiting longstanding illness or disability (LLID) (21%) compared with those with no LLID (17%). 9% of respondents reported experiencing the use of a knife; gun; stick or other weapon; 8% experiencing violence or force; 5% physical restraint such as being tied up or locked in a room; 10% threats to kill them. Whilst some respondents did report this to the authorities, a significant number did not which suggests that these crimes are being committed with impunity and without any form of redress.
- **Sexual violence / crime / abuse.** 6% of participants reported experiencing at least one category of sexual abuse since they turned 50. 3 respondents reported experiencing the abuse more than once and two respondents reported experiencing this in the last year. Of those respondents who reported experiencing sexual abuse, all reported experiencing being forced to have sex against their will. Two respondents reported being forced to have other sexual activity against their will. Two respondents reported attempted sexual abuse. Perpetrators mentioned included a current partner / husband / wife (2 respondents); other friends or acquaintances (2 respondents); local militia or civil enforcement group (2 respondents). No respondent sought medical help and the fact that most did not tell anyone. This suggests that these crimes are being committed with impunity and with no means of redress or access to justice.
- **Malicious accusation violence / crime / abuse.** 41% of respondents reported experiencing at least one category of malicious accusation abuse since they turned 50. 24% reported experiencing this within the last 12 months. 29% of respondents reported experiencing this more than once. 22 respondents reported that they did not tell anyone about the incident. 7 respondents did report this to the police or a legal centre/authority. Prevalence was particularly high (60%) amongst 85+ year olds, in rural areas and amongst the Tsonga and Sena ethnic groups and the “other” indigenous tribal group.

The right to influence, participation and voice

- **Political participation.** The vast majority of participants voted (87%) in the last national election. Amongst those who did not vote, reasons given included lack of

relevant identity cards or papers (1 participant), concern about safety (1 participant); not being able to get to the polling station (6 participants), not knowing about the election (1 participant).

- **Participation in political and public affairs.** Around two thirds (61%) of respondents reported participating in political or public / community life in the last twelve months. This included a slightly higher proportion of females than males and a lower proportion amongst those older people who self-identify as experiencing a limiting longstanding illness or disability (LLID).
- **Knowledge and understanding of human rights.** The majority of participants in Peru (61%) had heard of the Universal Declaration of Human Rights. 82% felt that older people should stand up more actively for their rights.

Key findings: Kyrgyzstan

The survey covered 100 older people aged 50 or above. A three-stage methodology for identifying participants was developed with probability sampling based on area / population in the initial stage and the imposition of quotas for age group and sex in the final stages of the multistage design. Sampling weights have *not* been applied as a basis for the findings for Kyrgyzstan that are set out in the current report.

The right to an adequate standard of living

- **Access to basic essentials.** 5% 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% reporting such difficulties regularly and 47% occasionally. When these respondents were asked if they felt this was because of their age, 8% reported this to be the case all of time or regularly, with a further 31% indicating that they felt this to be the case occasionally.
- **Hunger and food allocation within the household.** Only five percent reported that there has been one or more times when they have gone hungry because there has not been enough food in their household since they turned 50. Of these, three respondents reported that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately. One respondent indicated that this was not their own decision.
- **Income security, including social security.** 32% of respondents said they received an income from paid formal or informal work. 86% percent indicated that they received income from a pension. When prompted regarding difficulties with receiving or accessing pensions, one respondent mentioned illness, disability or infirmity making it too difficult to travel to get the money; and one respondent that the payments are always or often late.
- **Discrimination at work and in access to financial services.** While 32% of respondents said they received an income from paid formal or informal work, about one tenth of the sample (9%) indicated that they had personally experienced being

refused work because of their age since they turned 50. A smaller percentage (4%) indicated having been refused a loan because of their age since they turned 50. No respondents reported having received a loan from a bank, NGO or micro credit organization.

The right to the highest attainable standard of health

- **Access to health care.** 14% of respondents indicated that there was no health facility within half an hour travel time of their home, including 8% of those in urban areas and 21% of those in rural areas. Lack of access was higher amongst those older people who self-identified as experiencing a limiting longstanding illness or disability (LLID)
- **Experiences of discrimination, poor treatment and neglect in healthcare.** Two per cent of respondents indicated that they had been refused or denied medical treatment because of their age, with 5% indicating that they had been refused health insurance because of their age. However, a higher proportion reported experiencing worse treatment by health professionals because of their age (16%) and that their health and medical needs are neglected because of their age (12%).
- **Unmet health needs.** Seven percent of respondents reported that there been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it. A number of barriers to accessing healthcare were mentioned by those with unmet health needs.

The right to individual life, equal treatment and dignity

- **Dignity, autonomy and social isolation.** Low proportions of participants reported various types of detrimental treatment and lack of autonomy, choice and control associated with older age. However 19% felt socially isolated because of their age.
- **Social care and support needs and neglect.** A fifth of respondents (20%) indicated that they had a need for help or support with everyday personal care needs and everyday activities. Of these, 18 respondents indicated that they received such help or support from their husband and wife, family and friends. Only one respondent indicated that they did not receive such help or support from any source. Of the 20 respondents who indicated that they have care needs, one respondent reported feeling neglected and 16 respondents indicated that this was not the case.
- **Intense informal caring activities.** Three participants reported undertaking informal unpaid caring activities for relatives or friends who were frail or physically or mentally ill. Exposure to the burden of intense unpaid caring activities (that is, provision of unpaid caring activities for more than 20 hours a week) was then assessed based on a follow up question. Of these three, one respondent indicated that they provided intense unpaid activities of this type.

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

- **Experience of at least one form of crime, violence or abuse since the age of 50.** 87% of respondents said they felt completely or very safe from crime and violence. Despite this, 35% of respondents reported experiencing at least one category of personal crime, violence or abuse since they turned 50. Prevalence rates were higher amongst the Uzbek ethnic group.
- **Financial violence / crime / abuse.** 23% of respondents reported experiencing at least one of the categories since they turned 50, and 3% experiencing this abuse within the last 12 months. 22% who experienced financial abuse experienced repeat victimisation (i.e. experiencing the abuse more than once). Prevalence rates were higher amongst females and those from the Russian ethnic group. Four respondents told the police, 16 told family and friends and only 1 respondent did not tell anyone.
- **Emotional violence / crime / abuse.** 12% of respondents reported experiencing at least one category of emotional abuse since they turned 50 with five percent reporting experiencing abuse in the last 12 months. Of those who reported experiencing emotional violence / crime / abuse, 42 percent reported experiencing the abuse more than once. Seven respondents reported not telling anyone about the incident. Victimisation was reported by both men and women. It was highest amongst over 85s than other age bands and amongst older people who self-identify as experiencing a limiting longstanding illness or disability (LLID) than those who don't. Perpetrators mentioned included current partners or spouse (1 respondent); other family members or relatives (1 respondent); friends or acquaintances (4 respondents); community leadership structures appointed by government (4 respondents).
- **Physical violence / crime / abuse.** Six respondents (6%) reported experiencing at least one category of physical abuse since they turned 50, with two respondents reporting experiencing abuse in the last 12 months. Two respondents reported experiencing this more than once. Victims included both men and women and reported victimisation was higher amongst the Uzbek and "other" ethnic groups. No respondents reported experiencing the use of a knife; gun; sick or other weapon. Three respondents reported experiencing violence or force; and one respondent physical restraint such as being tied up or locked in a room. Only one respondent told family and friends, which suggests that these crimes are being committed with impunity and without any form of redress for the victims.
- **Sexual violence / crime / abuse.** One participant (1%) reported experiencing at least one category of sexual abuse since they turned 50. The respondent reported experiencing an incident of this type within the last year and more than once. The respondent report being forced to have sex against their will and reported being forced to have other sexual activity against their will. A current partner / husband / wife / was mentioned as the perpetrator. The respondent reported not telling anyone about the incident.

- **Malicious accusation crime / violence / abuse.** Three respondents (3%) reported experiencing at least one category of malicious accusation abuse since they turned 50. No respondents reported experiencing this within the last 12 months and one reported experiencing this more than once. Two respondents reported experiencing accusations of being a witch / spirit possession or sorcery. Perpetrators mentioned included a current partner / husband / wife (1 respondent); another family or relative (1 respondent); a friend or acquaintance (2 respondents). Sources of help and support were limited to family and friends (2 respondents).

The right to influence, participation and voice

- **Political participation.** The vast majority of participants voted (94%) voted in the last national election. Amongst those who did not vote, reasons given included not being registered to vote (1 participant); not being interested in politics (2 participants); feeling that voting doesn't make any difference to things / not supporting any of the parties (1 participant); feeling too old to vote / my age, illness, infirmity or disability prevents me from voting (1 participant).
- **Participation in political and public affairs.** Two respondents (2%) reported participating in political or public / community life in the last twelve months, one of whom indicated that they had undertaken voluntary work.
- **Knowledge and understanding of human rights.** A small majority of participants (55%) had heard of the Universal Declaration of Human Rights but a considerably high proportion (44%) had not. All participants agreed older people should stand up more actively for their rights.

Recommendations on taking the HelpAge survey on the human rights of older people forward

- It is anticipated that the HelpAge panel on the human rights of older people will be further developed over time to incorporate additional human rights and indicators. It is also anticipated that the survey will be repeated in a number of countries in order to build up a broader picture of the human rights of older people and that the survey methodology will be further refined.
- Whilst HelpAge International is likely to subcontract future rounds of the HelpAge survey to partners, there is a need to an element of central management, quality control and ethical review from the centre. Future rounds of the survey should be undertaken under the auspices of an explicit ethics policy based on the ethical and safety guidelines that have been developed for the current project.
- The ethical and safety guidelines developed for the current project are recommended as a basis for future rounds of the survey. Three key issues should be addressed in future rounds: explicit assurance that all interviewers fully understand their responsibilities; the possibility of modifying the informed consent formulation in order

to enhance protection if a risk of serious harm to participants is identified; enhanced guidelines around privacy and disclosure.

- Quality control measures should be introduced in relation to the process of translating the questionnaire and that cognitive testing is undertaken to ensure that the participants understand the survey questions in the way that is intended. Pilots should be undertaken prior to fielding the survey in each country and the pilots should include coding up of survey returns based on the revised questionnaire.
- The quality of training should be continuously enhanced, with central oversight from HelpAge. Full training of all interviewers in the crime/violence/abuse questionnaire and the project ethical and safety guidelines is imperative.

Introduction

This project has been commissioned by HelpAge International as a basis for broader efforts to develop an indicator-based system for monitoring older people's human rights in different countries across the world. The project has three key aims:

- To develop an indicator-based system for monitoring older people's human rights, based on the good practice model published by the Office of the High Commissioner for Human Rights (OHCHR);
- To develop a social survey instrument that can be used to build up evidence against the indicators on a country by country basis;
- To present findings based on the survey data for Peru, Mozambique and Kyrgyzstan.

A particular priority in undertaking the project has been to address research and evidence gaps by extending knowledge and understanding of older people's outcomes across a range of critical areas of life (or "domains"), including in relation to multidimensional deprivation, discrimination, neglect, maltreatment and abuse. Another key priority has been to address the paucity of data on older people's outcomes that is disaggregated by narrow age band and by characteristics such as gender, disability status, ethnic group and area type (urban / rural).

In this research report, we set out the indicator-based system that has been developed to meet these aims (the HelpAge panel on the human rights of older people) together with details of the social survey instrument that has been developed in order to build up an evidence base against the indicators (the HelpAge survey on the human rights of older people). The survey was fielded in Peru, Mozambique and Kyrgyzstan during the course of 2012 and key findings based on the survey for these countries are also reported.

There are three important caveats concerning the status of the findings in this report. First, we anticipate that the HelpAge panel on the human rights of older people will be further developed and refined over time. The panel currently captures five key human rights (the right to an adequate standard of living; the right to the highest attainable standard of physical and mental health; the right to individual life, equal treatment and dignity; the right to physical security (protection from crimes against the person, violence and abuse); and the right to participation, influence and voice. It is envisaged that this coverage will be extended over time to incorporate additional human rights that are recognized in international human rights treaties.

Second, it is also anticipated that the HelpAge survey on the human rights of older people will be further developed and refined over time. It is anticipated that the survey methodology will be further developed and refined as the survey process is repeated in additional countries. The questionnaire as well as sample design, quality control, ethical and safety guidelines may require further development and refinement as the survey process moves forward.

Third, it is important to note that, at the current stage, the data generated by the survey is not intended to provide a basis for population estimates. The survey process to date has covered around 100 participants in each of the countries in which the survey has been fielded. The key priority has been to ensure coverage of older people across different age bands and by characteristics such as gender, ethnic group, disability and area type. In Peru and Mozambique, the survey design was based on the method of disproportionate purposive sampling with quotas set to ensure coverage across subgroups. In Kyrgyzstan, a three-stage methodology for identifying participants was developed, with probability sampling based on area / population 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 on Kyrgyzstan set out in this report. As a result, the findings set out in this report are intended to capture and reflect the position and experiences of the older people interviewed through the survey process, but are not intended to be representative of the population of older people at a whole in each of the relevant countries.

Nevertheless, the data generated by the HelpAge survey provides a rich body of evidence on older people's human rights in Peru, Mozambique and Kyrgyzstan. The findings cover areas such as access to basic needs and critical goods, hunger and food allocation within the household; access to healthcare and experiences of poor treatment, neglect and discrimination in healthcare; treatment with dignity and respect, autonomy and social isolation; physical security, including protection from violence, including domestic and sexual violence, and other aspects of elder abuse including financial and emotional abuse and malicious accusations (witchcraft); as well as older people's participation in political affairs and public and community life, and their knowledge and understanding of human rights.

In some areas (for example, access to basic needs), the HelpAge survey findings take forward discussions and debates by providing data that is gathered elsewhere but is not available by characteristics such as gender, disability, ethnic group, area type and narrow age band. In other areas, the survey provides evidence on issues such as food discrimination against older people, and older people's experiences of domestic and sexual violence and abuse, on which internationally there is very little empirical evidence. Collectively, the findings provide an evidence base on possible gaps in the protection of human rights and the need for national and international action, mechanisms and processes to ensure that the human rights of older people are better addressed.

The remainder of the report is organized as follows.

- Chapter 1 sets out the HelpAge panel on the human rights of older people and the indicator dashboards relating to each of the human rights that are currently included in the system.
- Chapter 2 explains how the HelpAge survey on the human rights of older people has been developed. Our operationalisation of the concept of elder abuse, survey design, quality control and project ethical and safety guidelines are all discussed.

- Chapters 3-5 set out the first sets of survey findings for findings from Peru, Mozambique and Kyrgyzstan.
- Chapter 6 lists a number of recommendations for taking the development of the HelpAge panel and social survey forward.

The report also includes six appendices which provide further information and details of the project outputs and methodology.

- Appendix 1 provides illustrative evidence against the structural and process indicators in the HelpAge panel
- Appendix 2 provides full details of the survey questionnaire (with minor refinements and modifications for the next round).
- Appendix 3 provides details of country specific methodologies and feed-back from HelpAge International offices.
- Appendix 4 provides a record of post-survey de-briefing with HelpAge International offices.
- Appendix 5 provides a record of training materials developed for interviewers (including ethical and safety guidance for conducting the survey).
- Appendix 6 provides weblinks for the survey instruments consulted in developing the HelpAge questionnaire.

1. The HelpAge panel on the human rights of older people

The HelpAge panel on the human rights of older people is a new indicator based system for monitoring compliance with international human rights standards. The panel covers five key human rights (the right to an adequate standard of living; the right to the highest possible attainable standard of physical and mental health; the right to individual life, equal treatment and dignity; the right to physical security (protection from violence, crime and abuse; and the right to participation, influence and voice. A dashboard of indicators has been developed under each of these rights. This enables a systematic evidence base to be built up on the human rights of older people on a country by country basis.

This chapter provides an overview of the HelpAge panel on the human rights of older people. It begins by discussing the increasing use of indicator based systems to monitor compliance with human rights standards at the international level. The conceptual and methodological anchoring of the HelpAge panel on the human rights of older people in the good practice model developed by the Office of the High Commissioner for Human Rights (OHCHR) is then examined. Finally, the HelpAge panel on the human rights of older people is set out together with clarifications of coverage and of how it is anticipated that the panel will be further developed and extended over time.

1.1 Background: using indicators to monitor compliance with international human rights standards

There is increasing emphasis on the use of indicator-based systems and tools for monitoring compliance with international human rights standards. Work by UN human rights monitoring bodies and special rapporteurs in this area¹ has been followed up by the development of a good practice model for using indicators to evaluate the compliance of duty-holders with the obligations that flow from international human rights standards by the Office of the High Commissioner for Human Rights (OHCHR).²

The OHCHR indicator-based system has been developed in response to the growing international demand for indicators that can be used to promote and monitor the implementation of human rights and to make information about the progress that states are making in fulfilling the obligations that flow from human rights available to human rights monitoring bodies and civil society (OHCHR, 2008, 2006b, 2010; Candler et al 2011). It provides a common conceptual and methodological basis for developing human rights

¹ For example, see 'Interim report of the Special Rapporteur of the Commission on Human Rights on the Right of Everyone to Enjoy the Highest Attainable Standard of Physical and Mental Health, Mr. Paul Hunt', (2003) UN Doc A/58/427; UNHCHR, 'Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health', (2006) UN Doc E/CN.4/2006/48.

²OHCHR, 'Report on Indicators for Monitoring Compliance with International Human Rights Instruments,' (2006) UN Doc HRI/MC/2006/7.; OHCHR, 'Report on Indicators for Promoting and Monitoring the Implementation of Human Rights', (2008) UN Doc HRI/MC/2008/3 ; OHCHR, 'Status Note on OHCHR's Work on Indicators for Human Rights dated March 2010' (Personal Communication from Nicolas Fasel to author, made available upon request) (2010).

indicators and has itself been through a process of extensive consultation and validation with United Nations treaty bodies, special rapporteurs and civil society. The Framework has been endorsed by the inter-committee treaty monitoring body and the use of the system is being encouraged by the human rights treaty monitoring bodies. For example, the UN Human Rights Committee has adopted revised guidelines for state reporting and requires states to provide disaggregated statistics based on the OHCHR Indicators Framework when submitting reports under specific provisions of the International Covenant on Civil and Political Rights whilst the UN Committee that monitoring the implementation of the International Covenant on Economic, Social and Cultural Rights requires states to identify indicators and related national benchmarks for each covenant right, taking into account the OHCHR Indicators Framework and list of illustrative indicators when submitting their reports (UN Economic and Social Council 2011; UNCESCR 2009b, Candler et al 2011).

The definition of a human rights indicator suggested by OHCHR is: '[H]uman rights indicators are specific information on the state of an event, activity or an outcome that can be related to human rights norms and standards; that address and reflect the human rights concerns and principles; and that are used to assess and monitor promotion and protection of human rights' (OHCHR, 2006b). The OHCHR system comprises a set of panels for each human right (for example a panel on the right to life, a panel on the right to education and so forth) and a dashboard of indicators for evaluating compliance corresponding to each human right.

An illustration of one of the OHCHR panels (for the right to life) is provided in Figure 1 below. The 'attributes' of the right to life (arbitrary deprivation of life, disappearances of individuals, health and nutrition and death penalty) are specified in the columns of the panel. There are three different types of indicators covered in the OHCHR system which, when combined, provide a spread of different types of evidence pertaining to the human rights situation in a given country.

- 'Structural indicators' provide evidence on the human rights standards to which countries are committed in principle (for example, as evidenced by treaty ratifications and constitutional law).
- "Process indicators" provide evidence on the 'efforts' that are being made by duty holders to meet the obligations that flow from human rights standards (for example, through plans, policies and target setting).
- "Outcome indicators" provide evidence on the human rights position of individuals and subgroups in practice.

The OHCHR puts emphasis on systematic disaggregation of indicators and separate identification of the position of vulnerable/at risk groups. OHCHR illustrative indicators for the right to life are included within the panel cells.

Figure 1: OHCHR panels: Example of the right to life³

	Arbitrary deprivation of life	Disappearances of Individuals	Health and Nutrition	Death Penalty
Structural indicators	<ul style="list-style-type: none"> International human rights treaties, relevant to the right to life, ratified by the State Date of entry into force and coverage of the right to life in the Constitution or other forms of superior law Date of entry into force and coverage of domestic laws for implementing the right to life 	<ul style="list-style-type: none"> Date of entry into force and coverage of habeas corpus provision in the Constitution 	<ul style="list-style-type: none"> Time frame and coverage of national policy on health and nutrition 	<ul style="list-style-type: none"> Number of sub-national administrative entities that have abolished death penalty
Process indicators	<ul style="list-style-type: none"> Proportion of received complaints on the right to life investigated and adjudicated by the national human rights institution, human rights ombudsman or other mechanisms and the proportion of these responded to effectively by the government 	<ul style="list-style-type: none"> Proportion of communications sent by the UN Working Group on Enforced or Involuntary Disappearances responded to effectively by the government in the reporting period 	<ul style="list-style-type: none"> Proportion of population using an improved drinking water source Proportion of births attended by skilled health personnel 	<ul style="list-style-type: none"> Number of convicted persons on death row in the reporting period
Outcome indicators	<ul style="list-style-type: none"> Number of homicides and life threatening crimes, per 100,000 population Number of deaths in custody per 1,000 detained or imprisoned persons, by cause of death (e.g. illness, suicide, homicide) 	<ul style="list-style-type: none"> Reported cases of disappearances (e.g. as reported to the UN Working Group on Enforced or Involuntary Disappearances) 	<ul style="list-style-type: none"> Infant mortality rates Life expectancy at birth Prevalence of and death rates associated with communicable and non-communicable diseases (e.g. HIV/AIDS, malaria and tuberculosis) 	<ul style="list-style-type: none"> Proportion of death penalty sentences commuted Number of executions (under death penalty)
All indicators should be disaggregated by prohibited grounds of discrimination, as applicable and reflected in metadata				

1.2 HelpAge panel on the human rights of older people

The current project has resulted in the development and agreement of a panel for evaluating the human rights of older people (Figure 2). The HelpAge panel on the human rights of older people is anchored conceptually and methodologically in the OHCHR framework and makes use of the distinction between structural, process and outcome indicators. However, the system departs from the OHCHR model in that focuses on the human rights position of a single subgroup (namely, older people) and combines a number of rights on a single panel. Each column in the panel captures and reflects a single right. A dashboard of indicators that will be used to build up a picture of the human rights of older people on a country by country basis is included in each column. It is anticipated that the panel will be expanded over time to incorporate the full range of human rights of older people that are protected and promoted in domestic, regional and international instruments.

Building on recent work to operationalise the OHCHR system in the British context (Candler et al 2011, Vizard 2012), the HelpAge panel brings together different types information for human rights analysis and assessments including:

- information about domestic human rights law and treaty ratifications
- information about human rights case law outcomes (ie violations/breaches)
- information about the regulatory and public policy framework that protects human rights

³ This figure provides extracts from the OHCHR panel on the right to life as set out in (Candler et al (2011)). For the full version see OHCHR (2008)..

- concerns highlighted by domestic and international human rights monitoring bodies (for example, United Nations treaty monitoring committees)
- findings of investigations, inquiries and reviews
- allegations and concerns raised by Non-Government Organisations (NGOs) and other civil society mechanisms such as media reports
- statistical information drawing on a wide range of administrative and social survey sources.

The dashboard of indicators for each right includes a balance of structural, process and outcome indicators (based on the OHCHR model). This balance ensures that the evidence base under each panel incorporates information relating to the formal commitment to the human right in question in principle (for example, through treaty ratifications), the steps being taken by duty holders to discharge the obligations that flow from human rights (for example, primary law, policy and guidance, and target setting) and the results achieved in practice (in terms of the position and experiences of older people on the ground).

More specifically, each indicator dashboard begins with two **structural indicators** that capture and convey information about the formal commitment to human rights in the relevant country. This includes information on the protection of human rights in domestic law (including in 'higher' law) and the status of the ratification of regional and international human rights instruments; and information about precedents in legal judgements and principles established in international standard-setting processes.

A **process indicator** is also included within the indicator dashboard for each right. These capture and convey information about the steps that duty holders are taking to fulfil the obligations that flow from human rights. This includes information about the public policy framework for the protection of human rights (including primary legislation, policies, plans, targets, codes, guidance and resource allocations).

Finally, each indicator dashboard also includes a number of 'outcome indicators'. The first 'outcome indicator' under each right is a qualitative indicator that captures key concerns on the human rights position of older people raised by national, regional and international human rights monitoring bodies. The remaining indicators are quantitative statistical indicator that capture and convey information about the human rights position and experiences of older people in practice.

Appendix 1 provides illustrations of how an evidence base can be build up against the structural and process indicators in the HelpAge panel. The remainder of this report focuses on building up evidence against the outcome indicators for each of the rights in the HelpAge panel. In order to build up specific, disaggregated evidence against these indicators, the HelpAge survey has been developed and undertaken in three initial countries (Peru, Mozambique and Kyrgyzstan). It is intended that coverage will be extended over time to include additional countries, in order to build up a more complete evidence base on the position of older people against these indicators in different parts of these world.

Figure 2: HelpAge panel on the human rights of older people

HelpAgePanel on the Human Rights of Older People					
	The right to an adequate standard of living ⁴	The right to the highest possible standard of physical and mental health	The right to individual life, equal treatment and dignity ⁵	The right to physical security (including protection from crime, violence, abuse)	The right to participation, influence and voice
Structural Indicators (Indicators of commitment 'in principle')	1. Domestic, regional and international human rights commitments 2. Precedents and principles established in key human rights cases and regional and international standard-setting processes	1. Domestic, regional and international human rights commitments 2. Precedents and principles established in key human rights cases and regional and international standard-setting processes	1. Domestic, regional and international human rights commitments 2. Precedents and principles established in key human rights cases and regional and international standard-setting processes	1. Domestic, regional and international human rights commitments 2. Precedents and principles established in key human rights cases and regional and international standard-setting processes	1. Domestic, regional and international human rights commitments 2. Precedents and principles established in key human rights cases and regional and international standard-setting processes
Process Indicators (Indicators of 'steps taken' – including legal, regulatory and public policy measures)	3. Regulatory and public policy framework	3. Regulatory and public policy framework	3. Regulatory and public policy framework	3. Regulatory and public policy framework	3. Regulatory and public policy framework
Outcome Indicators (indicators of the position of older people in practice)	4. Key concerns raised by national, regional and international human rights monitoring bodies, media, NGOs, etc. Indicator 5 Access to basic needs Evidence from HelpAge Survey 2012: Percentage of older people who report struggling with everyday basic needs and essentials such as food, water, shelter, heating, fuel and clothing <u>all of the time, regularly, occasionally or never.</u>	4. Key concerns raised by national, regional and international human rights monitoring bodies, media, NGOs etc. 5. Access to healthcare Percentage of older people who have access to a health facility within half an hour travel time of their home	4. Key concerns raised by national, regional and international human rights monitoring bodies, media, NGOs, etc. 5. Dignity, autonomy and social isolation Percentage of older people who feel that they are not treated with dignity and respect because of their age Percentage of older people who feel that other people look down at them or treat them in a humiliating, shameful or degrading way because of their age Percentage of older people who feel that other people make important decisions for them without their permission or consent because of their age Percentage of older people who feel pushed around because of their age Percentage of older people who I feel that what happens to them is out of their control Percentage of older people who report that they feel socially isolated because of their age	4. Key concerns raised by national, regional and international human rights monitoring bodies, media, NGOs etc. 5. Physical security Percentage of older people experiencing at least one incidence of personal crime, violence or abuse since they were 50 (age disaggregated, with separate reporting of financial abuse, emotional abuse, physical abuse, sexual abuse, and malicious accusations such as witchcraft) and percentage of those experiencing at least one incident of elder abuse who reported / told someone about the incident	4. Key concerns raised by national, regional and international human rights monitoring bodies, media, NGOs etc. 5. Voting Percentage of older people who did not vote in the last national election

⁴ Includes poverty, social security, income sources such as pension, benefits, social protection

⁵ Includes consent, legal capacity and autonomy

	The right to an adequate standard of living⁶	The right to the highest possible standard of physical and mental health	The right to individual life, equal treatment and dignity⁷	The right to political influence, participation and voice
Outcome Indicators (indicators of the position of older people in practice)	<p>Indicator 6. Hunger and food allocation within the household</p> <p>Evidence from HelpAge Survey 2012: Percentage of older people reporting going to bed hungry because there is not enough food in your household on at least one occasion since they were 50</p> <p>For older people reporting going to bed hungry because there is not enough food in their household on at least one occasion since they were 50, percentage who report limiting or restricting their consumption of food so that children or other family or household members by reason (more important that children and younger family members consume food than older people; don't want to be a burden your family or household; needs of older people tend to come last in family or household; other family or household members put pressure on you not to have your fair share of the household food)</p> <p>Indicator 7. Access to critical goods</p> <p>Evidence from HelpAge Survey 2012: Percentage of older people reporting that the following are serious problems in their everyday lives: Poor quality water Poor quality sewage and sanitation Poor quality air Access to electricity Access to fuel Keeping warm when its cold Keeping cool when its hot Regular access to a telephone Access to newspapers, radio and / or TV Access to internet</p> <p>Indicator 8. Income, pensions and social protection</p> <p>Evidence from HelpAge Survey 2012: Percentage of older people reporting income from any kind of work, receipt of a pension and receipt of social protection / social security</p> <p>Indicator 9. Age discrimination at work or in financial markets</p> <p>Evidence from HelpAge Survey 2012: Percentage of older people who feel that they have been refused work because of their age</p> <p>Percentage of older people who feel that they have been refused a loan because of their age</p>	<p>6. Unmet health needs</p> <p>Evidence from HelpAge Survey 2012:Percentage of older people who have needed health care or medical equipment who have not received this on at least one occasion</p> <p>7. Discrimination, poor treatment and neglect in health care</p> <p>Evidence from HelpAge Survey 2012: Percentage of older people who report being refused or denied medical treatment, refused health insurance, and experienced worse treatment by health professionals since you turned 50, because of their age</p>	<p>Indicator 6. Unmet need for social care</p> <p>Evidence from HelpAge Survey 2012: Percentage of older people who report needing help with personal care needs who report receiving help with personal care needs who receive such help from a. husband/wife/partner b. other family / friends; c. professional (public, private, NGO)</p> <p>Indicator 7. Intense informal caring activities</p> <p>Evidence from HelpAge Survey 2012: Provision of informal caring activities for more than 20 hours</p>	<p>Indicator 6. Participation in political and public affairs</p> <p>Evidence from HelpAge Survey 2012:Percentage of older people participating in national or local political affairs or in public / community life in the last 12 months</p> <p>Indicator 7. Knowledge and understanding of human rights</p> <p>Evidence from HelpAge Survey 2012: Knowledge and understanding of the Universal Declaration of Human Rights</p>

⁶ Includes poverty, social security, income sources such as pension, benefits, social protection

⁷ Includes consent, legal capacity and autonomy

2 Populating the panel: the HelpAge survey on the human rights of older people

This chapter provides an overview of the HelpAge survey on the human rights of older people. The survey has been developed to “populate” the HelpAge panel on the human rights of older people (which was discussed in Chapter 1) by building up an evidence base on older people’s outcomes in different parts of the world.

The chapter begins with an explanation how the HelpAge survey on the human rights of older people has been developed. The operationalisation of the concept of elder abuse for the purposes of the survey is examined and survey design, quality control and project ethical and safety guidelines are all discussed. Subsequent chapters go on to set out findings based on the survey for Peru, Mozambique and Kyrgyzstan.

2.1 Aims of the HelpAge survey on the human rights of older people

The aim of the project was to interview around 300 older men and women over fifty in three countries (Mozambique, Peru and Kyrgyzstan) with around 100 interviews in each country. It was anticipated that in future rounds the coverage of the survey would be extended to include additional countries, in order to build up an evidence base on the human rights of older people in different parts of the world.

A key priority in developing the survey design was to ensure inclusion within the sample of smaller and more hard to reach groups of older people with coverage across narrow age bands (including “transitional older”, “younger older” and “older older” age groups). It was decided that this should be achieved by imposing a system of quotas that aims to ensure coverage of older people across five age bands (50-60, 60-70, 70-80, 80+) and by explicitly building coverage by characteristics such as gender, disability, ethnic group and urban/rural area type into the survey design.

The survey includes a number sensitive questions including sensitive questions around domestic and sexual violence and elder abuse. The following dimensions of elder abuse are captured in the our questionnaire: financial abuse, emotional / psychological abuse, physical abuse, sexual abuse, malicious accusations such as witchcraft, together with other forms of maltreatment such as neglect. This approach builds the proposals for developing operational measures of maltreatment, abuse and neglect suggested in O’Keeffe (2009) and Mowlam (2009). Including questions of this type within a survey instrument raises a number of ethical and safety issues. Ethical and safety guidelines for conducting the survey have therefore been developed, building on WHO good practice recommendations. These are discussed below.

It is important to recognize that the data generated by the survey is not intended at the current stage to provide a basis for population estimates. The survey process to date has covered around 100 participants in each of the countries in which the survey has been fielded. The key priority has been to ensure coverage of older people across different age bands and by characteristics such as gender, ethnic group, disability and area type. As a result, the findings set out in this report are intended to capture and reflect the position and experiences of the older people interviewed through the survey process, but are not intended to be representative of the population of older people at a whole in each of the relevant countries.

It is anticipated that the survey methodology will be further developed and refined as the survey process is repeated in additional countries. The questionnaire as well as sample design, quality control, ethical and safety guidelines may all require further development and refinement as the survey process moves forward.

Recommendations on refinements and improvements to the survey process based on the experiences of fielding the survey in Peru, Mozambique and Kyrgyzstan are set out in Chapter 6.

2.2 How has the HelpAge survey on the human rights of older people been developed?

An initial draft questionnaire was provided by HelpAge and this was further developed and refined following a review of good practice questions in other social surveys. Wherever possible, in developing the HelpAge questionnaire we have tried to build on established good practice questions that have been already tested in the field. We have reviewed the sources set out below in developing the questionnaire and we have built on the survey questions established in these instruments in some cases. A full list of weblinks to these surveys is provided in Appendix 6.

- World Health Survey
- World Bank Living Standards Measurement Surveys
- National Household Surveys such as the Tanzania National Panel Survey
- WHO Multi-country Study on Women's Health and Domestic Violence
- Kyrgyzstan survey on domestic violence (in the context of a European Union funded project on rights)
- OPHI Multidimensional Poverty Survey Modules (includes a physical safety module)
- Northern Ireland Life and Times Survey (the 2008 survey covered attitudes to ageism and ageing and experiences of ageism)
- British Crime Survey
- British Natcent/Comic Relief/Kings College specialist survey on abuse and maltreatment of older people O'Keeffe (2009) and Mowlam (2009)
- Citizenship Survey
- World Values Survey

2.3 Defining and operationalising the concept of elder abuse

A key challenge in developing the HelpAge survey was to conceptualize and develop operational definitions of the idea of elder abuse and to capture and reflect these definitions in survey questions. A review of existing survey instruments and questions on domestic and sexual violence and elder abuse was undertaken. The following sources were identified:

- **WHO Multi-country Study on Women's Health and Domestic Violence (WHO 2005)**
 - Physical violence (women were asked whether a current or former partner had ever: slapped her, or thrown something at her that could hurt her ; pushed or shoved her ; hit her with a fist or something else that could hurt ; kicked, dragged or beaten her up ; choked or burnt her on purpose ; threatened her with , or actually used a gun, knife or other weapon against her).
 - Sexual violence (defined by the following three behaviours: Being physically forced to have a sexual intercourse against her will ; having sexual intercourse because she was afraid of what her partner might do ; being forced to do something sexual she found degrading or humiliating)
 - Emotional or psychological violence (e.g. intimidation and humiliation and controlling behaviour)
 - Perpetrated by intimate partners
- **British Crime Survey**
 - Physical violence (e.g. slapping, kicking, hitting, beating)
 - Sexual violence (e.g. forced intercourse and other forms of coerced sex)
 - Emotional or psychological violence and controlling behaviour (e.g. intimidation and humiliation)
 - Financial abuse
 - Perpetrator by both intimate partners / other family or relative / other person known to victim
- **British Natcent/Comic Relief/Kings College specialist survey on abuse and maltreatment of older people (O'Keeffe et al 2009) and Mowlam et al 2009)**
 - This was a UK focussed study which covered older peoples experience of violence, abuse and neglect over 65. Defines maltreatment as elder abuse and / or neglect, with elder abuse was conceptualized as having four dimensions: physical abuse (violence and threats); financial abuse; psychological / emotional abuse; sexual abuse).
 - **Financial abuse** was defined as "the unauthorised and improper use of funds, property or any resources of an older person" including the use of theft, coercion or fraud to obtain or try to obtain the older person's money, possessions or property / taking or attempting to take power of attorney were

also included.

➤ **Psychological abuse** was defined as “the persistent use of threats, humiliation, bullying, swearing and other verbal conduct, and/or of any other form of mental cruelty that results in mental or physical distress” For example: verbal threats and insults and behaviour designed to undermine, exclude or isolate the older person with 10 or more incidents in the past year.

➤ Under **physical abuse**, respondents were asked whether they had experienced a range of behaviours, including physical violence (slapping, hitting, punching or kicking), threats to use or actual use of a weapon like a knife or gun, physical restraint (being tied up or locked in a room) or overmedication.

➤ **Sexual abuse** was defined as "direct or indirect involvement in sexual activity without consent" with respondents were asked whether someone had made them watch pornography against their will, talked to them or touched them in a sexual way, or had sexual intercourse with them against their will. They were also asked whether anyone had tried to carry out each of these behaviours.

➤ **Neglect** was defined as the "repeated deprivation of assistance needed by the older person for important activities of daily living", for example, repeated deprivation of assistance needed by the older person for important activities of daily living including day to day activities such as: shopping and meal preparation; personal care like washing and dressing; and taking medications at the correct time and dose. In each case, the older person must have stated that they needed and normally received help with the activity, and that they would have difficulty carrying out the activity without help. Failure to help was classed as neglect if help was not provided at least 10 times in the past.

- **The Tanzania National Panel 2008-2009**

➤ This asked women about whether they agree that a husband is justified in hitting or beating his wife for a specific reason. A further question asks about personal experiences of domestic violence and covers women 15-50 years old. This question is formulated as follows: has your current partner, or any partner... ever... in the past 12 months... Slapped or thrown something at you that could hurt you? Pushed you or shoved you? Hit you with his fist or with something else that could hurt you? Kicked you, dragged you, or beaten you up? Choked or burnt you on purpose? Threatened to use or actually used a gun, knife or other weapon against you? Physically forced you to have sexual intercourse when you did not want to? Did you ever have sexual intercourse you did not want because you were afraid of what he might do? (National Bureau of Statistics; n.d., 33, 56)

- **Kyrgyzstan survey questions on domestic violence**

➤ Knowledge of victimisation (not personal experiences). A recent survey on elder abuse and domestic violence has also been undertaken in Kyrgyzstan (in the context of a European Union funded project on rights). This

asked about knowledge of victimisation in general (rather than individuals own personal experiences of victimisation). The Medical Demographic Survey 2012 in Kyrgyzstan also included some questions on violence against women aged 16-59.

Our review suggested that it is common practice to exclude older people from social surveys that examine domestic and sexual violence. As well as imposing an age cut off , social survey questions on domestic and sexual violence are generally asked to women and not to men.

- The WHO Multi-country Study on Women's Health and Domestic Violence Against Women restricted questions on domestic and sexual violence to women only. The questions were read out rather than using a self-completion questionnaire.
- The Tanzania National Panel Survey restricts questions on domestic and sexual abuse to women 15-50. The questions are read out rather than making use of a self-completion module.
- The British Crime Survey restricts eligibility for the domestic violence and sexual victimisation module to men and women aged 16-59. The questions are also posed under enhanced privacy conditions using a self-completion module that the respondent fills in him or herself.

Internationally, one survey was identified that specifically asked older people about their experiences of sexual and domestic abuse. This was a very specialist survey on abuse, neglect and maltreatment of older people and covered both women and men. Some of the questions were posed orally by the interviewer but a self-completion module that the respondent fills in him or herself was also used for the most sensitive questions, allowing for enhanced privacy conditions (O'Keeffe et al 2009 / Mowlam et al 2009).

An important aim of the HelpAge survey has been to extend coverage of social survey questions on domestic and sexual violence and abuse to older people. The concept of elder abuse is broader than that of sexual abuse and domestic violence, and applies to both men and women. Both men and women are covered in the HelpAge survey, including in the module on physical security (protection from violence, crime and abuse) module which includes questions on domestic and sexual violence and elder abuse. We have not made use of a self-completion module because of a zero literacy assumption.

2.4 Ethical and safety considerations

The key ethical and safety considerations for this project relate to 1) the potentially vulnerable / at risk position of the survey participants; (2) the sensitive nature of the questions on domestic violence, sexual abuse and elder abuse; (3) the potential for / risk of harm given follow up questions on perpetrators (including spouses and family members); the responsibilities of interviewers in asking these questions, terminating questioning where necessary, and ensuring that the survey ethical and safety guidelines (including privacy conditions and post-survey counselling arrangements) are satisfied.

Ethical and safety guidelines were developed as part of the WHO Multi-country Study on Women's Health and Domestic Violence Against Women. These are summarized in the Box below and are used internationally to inform and shape good practice in relation to the conduct surveys on domestic and sexual violence.

Figure 3: WHO ethical and safety guidelines

- The safety of respondents and the research team was taken to be paramount, and guided all project decisions
- The Study aimed to ensure that the methods used built upon current research experience about how to minimize the underreporting of violence and abuse
- Mechanisms were established to ensure the confidentiality of women's responses
- All research team members were carefully selected and received specialized training and support
- The Study design included actions aimed at minimizing any possible distress caused to the participants by the research
- Fieldworkers were trained to refer women requesting or needing assistance to available local services and sources of support. Where few resources existed, the Study created short-term support mechanisms
- In each country, WHO funds were committed to help ensure that the study findings were disseminated, and research teams were encouraged to use the findings to advance policy and the development of interventions.

Source: WHO 2005⁸

We have built on the wording in the WHO Multi-country Study on Women's Health and Domestic Violence Against Women in designing our questionnaire, including by providing similar text to read to respondents who do and do not disclose instances of violence and abuse, in relation to help, support and advice. Strict privacy, consent

⁸ The WHO Recommendations are set out on page 21, Box 3.2 and generally in "Chapter 3 Sample design, ethical and safety considerations, and response rates". The recommendations build on the findings in "Building on Putting women first: ethical and safety recommendations for research on domestic violence against women", Geneva, World Health Organization. 1999 (WHO/EIP/GPE/99.2).

and safety conditions for the interview have also been developed for the project and are set out in Figure 4.

We considered but rejected both the use of a self-completion module and showcards. The use of a self-completion module was not feasible due to literacy considerations. Literacy and numeracy considerations also ruled out standard showcards which often make use of either numbers or words. Introducing showcards with pictures for the sexual and domestic abuse questions was considered but ultimately rejected. It was decided that the optimum mode of communication given the context of the interviews would be for the interviewer to read out the questions to the respondent, including the sensitive questions on domestic and sexual violence and elder abuse.

Figure 4: HelpAge survey ethical and safety guidelines

- **Confidentiality.** Participants should be made aware that the data will only be used in an anonymous way. Details of respondents names are not being collected.
- **Informed consent.** Informed consent prior to the interview. Participation is voluntary and consent can be withdrawn at any point. The respondent will be reminded that he / she can choose not to answer questions prior to the sensitive questions on abuse and violence.
- **Privacy.** The interviews must be conducted in a private space either at the participants home or in community places.
- One respondent per household. For safety and privacy reasons, only one person from each household should be selected as a respondent for the survey
- **Sex matching.** The sex of the interviewer and respondents will be “matched” (i.e. women will interview women, and men will interview men)
- **On-hand and post-interview support and advice.** On hand support immediately after the interview and oral communication and written details of help and support organizations

If these conditions cannot be met then the questions on domestic abuse and sexual abuse should NOT be asked. The interviewer should move onto the next questions and simply omit these questions. It is essential that all interviewers understand this from their training.

The project ethical and safety guidelines were discussed with the HelpAge offices in Peru, Mozambique and Kyrgyzstan. The local offices fed back that it would be possible to satisfy these conditions. However, the Peru Office felt that same sex matching could not be achieved in all cases and it was agreed that the sensitive questions on domestic and sexual violence and elder abuse would not be asked in these cases. It was agreed by all three Offices that procedures for on-hand support and post-interview support and advice would be put in place. In particular:

Information cards including:

- Contact details for professional help, support and legal advice should be provided in writing for all respondents on an information card. However, some respondents will not be literate so the details should be explained immediately following the interview.
- The HelpAge or partner representative contact details should also be provided on information cards.

On-hand support and advice including;

- Immediately following the interview, a HelpAge or partner representative should be available to provide help, support advice.
- All respondents should be able to talk to someone immediately after the interview and to contact someone from HelpAge or a partner representative on another day or subsequently.

Further details of information cards and on-hand support and advice for each country are provided in Appendix 3 (country specific methodologies).

The issue of financial and other incentives was discussed with local offices in the light of WHO advice. Two of the offices (Peru and Mozambique) decided not to use financial or other incentives of any kind. However, in Kyrgyzstan, it is usual practice locally to provide small financial payments as a compensation for the costs incurred through participation in the survey. It was decided that as long as payments did not amount to an undue incentive and were intended to cover loss of earnings (time at work, formal or informal) or to compensate for costs such as time, travel costs or food costs then this methodology should not be considered inappropriate.

The project ethical and safety guidelines are integrated into the training materials for interviewers set out in Appendix 5.

2.5 Survey design

The HelpAge survey on the human rights of older people involves a depth interview with older people over 50. The interview lasts for about 1 ½ hours. The initial aim has been to interview around 100 older men and women over aged 50 or above in each of three countries (Mozambique, Peru and Kyrgyzstan).

The survey is based on the principle of informed consent which is provided orally by participants since there is an assumption of illiteracy. Since the survey includes questions on domestic and sexual violence and elder abuse, ethical and safety guidelines for conducting the survey have been developed, building on WHO good practice on research on domestic violence. In order to protect privacy and confidentiality, data on region is not included in the findings and analysis by multiple characteristics (such as age and gender) has not been undertaken.

At the current stage, the data generated by the survey is not intended to provide a basis for inferring population estimates. The key priority in the survey design at the current stage has been to ensure coverage of older people across different age bands and by characteristics such as gender, ethnic group, disability and area type. It is anticipated that the survey methodology including the questionnaire, sample design, quality control, ethical and safety guidelines will all be further developed and refined as the survey is repeated in additional countries.

Country specific survey design

Given the survey objectives and the budget, a purposive sampling method with (disproportionate) quotas for area type, gender and age band was suggested to HelpAge local offices. This method is non-random, non-probability sampling and can provide important insights into the lives and experiences of subgroups. Whilst it does not provide a basis for general inferences to the population as a whole, it supports the inclusion of specific types of cases by different characteristics. For example, coverage of different subgroups of older people including by sex, rural / urban area type, different ethnic groups as well as even representation across narrow band age groups including the “oldest older” group.

It was originally thought that all of the participants in the survey would be identified through HelpAge and partner contacts and other NGO, social and professional networks (e.g. health centres). The assumption was that potential respondents would then be pre-screened based on HelpAge and partner local information or through direct questions to establish eligibility for the survey based on being an older person over 50.

In practice, in Peru and Mozambique, the survey design was based on the method of disproportionate purposive sampling with quotas set to ensure coverage across subgroups. These were set to ensure:

- coverage of urban, peri-urban (Peru) and rural areas;
- even representation of males and females
- coverage of different ethnic groups (Peru only);
- approximately even representation across five age bands (50-60, 60-70, 70-80, 80+)

Target cell sizes based on this methodology were identified and are set out in Appendix 3. It was agreed with the offices that quotas would not be imposed quotas rigidly and should be regarded as a target only.

In Kyrgyzstan, a similar methodology involving disproportionate purposive sampling based on target cell sizes and identification of participants through HelpAge and partner contacts was considered. However, the Kyrgyzstan HelpAge office felt that notwithstanding the small sample size (fixed at n=100) it would be advantageous for

advocacy reasons to develop a probability-based sampling design with a view to achieving a representative sample. Three options were considered as a basis for the sample design. These were:

- **Proportionate sampling by 10 year age band.** Sampling based on equal representation of men and women, combined with proportional sampling by 10 year age band;
- **Proportionate sampling by sex, area and age group.** Sampling in proportion to the frequency of individuals by sex, area and age group in the population.
- A combination of **probability sampling + quotas** (to ensure inclusion of adequate cases by gender, area and age group) + **sampling weights** (in order to adjust the weight given to cases in proportion to their frequency in the population as a whole).

The third of these options was preferred given the priority given to ensuring inclusion of adequate numbers of cases by different characteristics – for example, older people by narrow age band and gender. A three-stage methodology for identifying participants was developed, with probability sampling in the initial stage and the imposition of quotas in the final stages of the multistage design. More specifically, the following three-stage methodology was adopted:

- Stage 1: Selection of villages/settlements with probability proportionate to population size;
- Stage 2: Imposition of sex and age quotas at the village/settlement level and generation of random numbers for stage three;
- Stage 3: Selection of respondents based on primary healthcare facility lists which cover local populations (with the selection of individuals based on random numbers and quotas set in stage 2).

Sampling weights have *not* been calculated or applied in the current research report to the findings for Kyrgyzstan. Therefore, the findings for Kyrgyzstan, like the findings for Peru and Mozambique, are valid for the respondents in the sample only.

Further details of country specific methodologies, post-survey de-briefings with HelpAge international offices and training materials are provided in Appendices 3-5.

3. Key findings: Peru

In this Chapter we report findings against the outcome indicators in the HelpAge panel on older people for Peru. The findings reported in the Chapter are based on data generated by the HelpAge survey on older people which was fielded in Peru in 2012. It is important to note that the findings are not intended to provide population estimates and are valid for the Peruvian sample only. The Peruvian sample comprised 100 older people identified through disproportionate purposive sampling methods that aimed at:

- 1) coverage of urban, peri-urban and rural areas;
- 2) even representation of males and females
- 3) even representation of ethnic groups
- 4) approximately even representation across five age bands (50-60, 60-70, 70-80, 80+)

Further details of methodology and survey design are provided in Chapter 2 and Appendices 3-5.

3.1 Right to an adequate standard of living

In this section we report findings against the outcome indicators in the HelpAge panel on the right to an adequate standard of living. The indicator dashboard for the right to an adequate standard of living includes Indicator 5 (access to basic needs), Indicator 6 (hunger and food allocation within the household), Indicator 7 (access to critical goods), Indicator 8 (income, pensions and social protection) and Indicator 9 (discrimination at work or in financial markets).

Indicator 5: access to basic needs

Indicator 5 under the right to an adequate standard of living is *access to basic needs*.

High proportions of respondents identified fulfilling basic needs is a serious problem faced by older people living in Peru (98 out of 100 respondents), with three quarters (73%) identifying access to water as a serious problem.

Participants in the HelpAge survey were also asked whether lack of access to everyday essentials and food is a serious problem for them *personally*. The majority of participants (56%) reported experiencing such difficulties all of the time, with a further 16% reporting such difficulties regularly and 12% occasionally.

Disaggregating the findings by different characteristics, the proportions were similar for men and women. However, the proportion of those reporting experiencing difficulties all of the time was higher amongst older people who self-identify as

experiencing a limiting longstanding illness or disability (LLID), who live in rural areas and who are from the Black (Afro Peruano), Blanco (White) and Quechua ethnic groups.

In order to examine the phenomenon of age discrimination, participants were asked whether they feel that they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age. Just under half the sample indicated that this had never happened in their experience. However, 19 respondents indicated that they experienced this all of the time; 7 regularly; and 23 occasionally.

Figure 5: Indicator dashboard for the right to an adequate standard of living

Indicator 5. Access to basic needs

Percentage of older people who report struggling with everyday basic needs and essentials such as food, water, shelter, heating, fuel and clothing all of the time, regularly, occasionally or never.

Percentage of individuals who report that they feel they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age

Indicator 6. Hunger and food allocation within the household

Percentage of older people reporting going to bed hungry because there is not enough food in your household on at least one occasion since they were 50

Of those who report having gone to bed hungry: percentage who report that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately

Indicator 7. Access to critical goods

Percentage of older people reporting serious problems with access to critical goods. Covers:

Poor quality water

Poor quality sewage and sanitation

Poor quality air

Access to electricity

Access to fuel

Keeping warm when it's cold

Keeping cool when it's hot

Regular access to a telephone

Access to newspapers, radio and / or TV

Access to internet

Indicator 8. Income, pensions and social protection

Percentage of older people reporting income from any kind of work, receipt of a pension and receipt of social protection / social security

Indicator 9. Discrimination at work or in financial markets

Percentage of older people who feel that they have been refused a loan because of their age
Percentage of older people who feel that they have been refused work because of their age

Table 1: Percentage of older people who identify lack of access to everyday essentials and food is a serious problem for them personally

	Never		All of the time		Regularly		Occasionally		Missing		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	14	14.00	56	56.00	16	16.00	12	12.00	2	2.00	100	100.00
Gender												
Male	6	13.04	27	58.70	5	10.87	7	15.22	1	2.17	46	100.00
Female	8	14.81	29	53.70	11	20.37	5	9.26	1	1.85	54	100.00
Disability												
No Disability (LLID)	12	21.82	26	47.27	9	16.36	6	10.91	2	3.64	55	100.00
Disability (LLID)	2	4.44	30	66.67	7	15.56	6	13.33	0	0.00	45	100.00
Area type												
Urban	10	33.33	10	33.33	5	16.67	5	16.67	0	0.00	30	100.00
Rural	0	0.00	32	80.00	4	10.00	3	7.50	1	2.50	40	100.00
Peri-Urban (outside Lima)	4	13.33	14	46.67	7	23.33	4	13.33	1	3.33	30	100.00
Ethnicity												
Quechua	0	0.00	20	90.91	0	0.00	2	9.09	0	0.00	22	100.00
Mestizo (Mixed)	14	26.92	18	34.62	11	21.15	8	15.38	1	1.92	52	100.00
Amazonico	0	0.00	1	14.29	4	57.14	1	14.29	1	14.29	7	100.00
Blanco (White)	0	0.00	2	100.00	0	0.00	0	0.00	0	0.00	2	100.00
Black (Afro Peruano)	0	0.00	15	88.24	1	5.88	1	5.88	0	0.00	17	100.00
Age												
50-54	1	25.00	2	50.00	0	0.00	0	0.00	1	25.00	4	100.00
55-59	3	12.00	17	68.00	2	8.00	2	8.00	1	4.00	25	100.00
60-64	2	25.00	4	50.00	2	25.00	0	0.00	0	0.00	8	100.00
65-69	0	0.00	15	78.95	2	10.53	2	10.53	0	0.00	19	100.00
70-74	3	23.08	5	38.46	5	38.46	0	0.00	0	0.00	13	100.00
75-79	2	15.38	8	61.54	2	15.38	1	7.69	0	0.00	13	100.00
80-84	1	12.50	3	37.50	1	12.50	3	37.50	0	0.00	8	100.00
85+	2	20.00	2	20.00	2	20.00	4	40.00	0	0.00	10	100.00

Source: HelpAge survey on the human rights of older people, Peru, 2012.

Table 2: Percentage of individuals who report that they feel they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age

	Unweighted count	Percent
Never	48	48.00
All of the time	19	19.00
Regularly	7	7.00
Occasionally	23	23.00
Don't know/declined	2	2.00
Missing	1	1.00
Total	100	100.00

Source: HelpAge survey on the human rights of older people, Peru, 2012

Indicator 6. Hunger and food allocation within the household

The next indicator in the dashboard for the right to an adequate standard of living is *Indicator 6.: hunger and food allocation within the household*. Data against this indicator is presented in Tables 3 and 4.

More than half of respondent (56%) reported that there has been one or more time when they have gone hungry because there has not been enough food in their household. A high proportion of these (38 respondents) indicated that they had indeed limited or restricted their food consumption so that children or other family or household members could eat more adequately. Amongst the reasons given, 24 respondents said that they felt that it was more important that children and younger family members consume food than older people; 23 respondents said that they didn't want to be a burden on their family or household; and 13 respondents said that the needs of older people tend to come last in their family or household. Four respondents indicated that other family or household members had put pressure on them not to have their fair share of the household food.

Table 3: Individuals who report that, since they turned 50, there has been one or more times when they have gone hungry because there has not been enough food in their household

	Unweighted count	Percent
No	40	40.00
Yes	56	56.00
Don't know/declined	4	4.00
Total	100	100.00

Question 4: And since you turned 50, has there been one or more times when you have gone hungry because there is not enough food in your household?

Source: HelpAge survey on the human rights of older people, Peru, 2012

Table 4: Percentage of respondents who reported that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately

	Unweighted count	Percent
No	8	8
Yes	38	38
I live on my own / do not have family /	4	4
Don't know/declined /Missing	6	6
Total	56	56

Question 5: Thinking about the last time you went hungry because there was insufficient food in your household, please could you tell me, did you limit or restrict your consumption of food so that children or other family or household members could eat more adequately?

Restricted to those who report "yes" under Question 4, Var: Fooddisc1 if hunger ==1,missing

Source: HelpAge survey on the human rights of older people, Peru, 2012

Indicator 7: Access to critical goods

The next indicator in the dashboard on the right to an adequate standard of living is *Indicator 7: access to critical goods*. Significant proportions of respondents indicated serious personal difficulties in accessing critical goods such as poor quality water (45%), poor quality sewage and / or sanitation (50%), poor quality air (35%), access to electricity (33%), access to fuel (47%), keeping warm when it is cold (37%) and keeping cool when it is hot (27%). In relation to access to communications and media, 49% of respondents indicated serious problems with accessing a telephone, 72% with access to the media (newspapers, radio and / or TV) and 16% with access to the internet.

Table 5: Percentage who report that access to critical goods is a problem for them personally – by type of critical good

	No	Yes	Don't know/declined	Missing	Total
Poor quality water	54.00	45.00	1.00		100.00
Poor quality sewage and / or sanitation	50.00	50.00			100.00
Poor quality air	60.00	35.00	5.00		100.00
Access to electricity	66.00	33.00	1.00		100.00
Access to fuel	50.00	47.00	15.00	2.00	100.00
Keeping warm when it is cold	58.00	37.00	3.00	2.00	100.00
Keeping cool when it is hot	72.00	27.00	1.00		100.00
Regular access to a telephone	44.00	49.00	7.00		100.00
Regular access to the media (newspapers, radio and / or TV)	23.00	72.00	5.00		100.00
Regular access to the internet	76.00	16.00	6.00	2.00	100.00

Source: HelpAge survey on the human rights of older people, Peru, 2012

Indicator 8: Income, pensions and social protection

In order to populate an evidence base under Indicator 8: income, pensions and social protection, participants were asked about their sources of income and financial support. Forty eight percent of respondents indicated that they received income from formal or informal work; whilst twenty three respondents indicated that they received income from a pension. A small number of respondents mentioned when prompted difficulties with receiving or accessing pensions including illness, disability or infirmity making it too difficult to travel to get the money (one respondent), not having the necessary papers / identification or having a problem with papers (one respondent) or the payments being always or often late (one respondent).

No respondents reported receiving money or support from social benefits paid to older people; and nine respondents receiving money or support from other social insurance protection and social security benefits or receiving allowances paid by government / local government or NGOs.

Table 6: Income, pensions and social protection (percentages)

	Yes	No/missing
Income from any type of paid work activity (formal or informal)	48	52
Income from a pension	23	77
Money or support from social benefits paid to older people	0	100
Money or support from other social insurance protection and social security benefits or receiving allowances paid by government / local government or NGOs	9	91
Percentage of respondents who report receiving money / support from husband / wife	8	92
Percentage of respondents who report receiving money / support from family / friends	33	67
Percentage of respondents who report receiving money from an loan or borrowing credit (e.g. from a bank, NGO or microcredit organization)	1	99
Percentage of respondents who report receiving income from the sale of property, assets or possessions / withdrawal of savings / interest on savings	1	99
Percentage of respondents who report receiving money / support from a charity / NGO / religious organisation	3	97
Percentage of respondents who report receiving money from a money lender	3	97

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? income from any type of paid work activity (formal or informal) [INCLUDE INCOME FROM ANY TYPE OF PAID WORK ACTIVITY SUCH AS WAGES FROM WORKING IN AN ENTERPRISE, COMPANY, THE GOVERNMENT OR WORKING FOR ANY OTHER INDIVIDUAL; PAYMENTS FROM A PRODUCER COOPERATIVE; INCOME FROM A OWNING A BUSINESS OR PROPERTY; INCOME FROM SELF EMPLOYMENT (OWN ACCOUNT WORK E.G. OWN BUSINESS, ENTERPRISE OR FARM OWNED BY SELF); INCOME FROM FAMILY EMPLOYMENT EG INCOME FROM WORKING ON A FARM OWNED OR RENTED BY SOMEONE WHO IS A HOUSEHOLD OR FAMILY. INCLUDE INCOME BOTH FROM REGULAR WORK AND FROM OCCASIONAL / TEMPORARY / CASUAL WORK (E.G. CASUAL FARM WORK, STREET / KIOSK / MARKET STALL / DOOR TO DOOR SELLING OF PRODUCE OR GOODS, CASUAL SALES OF ANIMAL HUSBANDRY/AGRICULTURAL GOODS, CASUAL WORK AS A MAID, GARDENER ETC IN SOMEONE ELSE'S HOUSEHOLD FOR WAGES). INCLUDE INCOME BOTH FROM WORK UNDERTAKEN IN THE FORMAL SECTOR AND ALSO FROM WORK UNDERTAKEN IN THE INFORMAL SECTOR].

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Money from a pension paid

by an employer or the Government such as contributory work place pension, national / universal pension, other old age pension and widows pension

: Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Other money or support from social benefits paid to older people (not pension)

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Money or support from other social insurance protection and social security benefits or allowances paid by government / local government or NGOs [includes benefits from social protection and social security such as unemployment allowance, sickness allowance, invalidity and old age benefits, widows allowance, social insurance payments from micro-insurance schemes run by ngos etc. also include other support for everyday needs and essentials such as food stamps / food/shelter/housing allowance. does not include pension]

Source: HelpAge survey on the human rights of older people, Peru 2012

Indicator 9: Discrimination at work or in financial markets

The final indicator under the dashboard on an adequate standard of living is *Indicator 8: discrimination at work or in financial markets*. Participants were asked about their experiences of discrimination at work and in gaining access to a loan since they turned 50. A significant proportion (43%) indicated that they had personally experienced being refused work because of their age since they turned 50. A somewhat smaller proportion (21%) indicated having been refused a loan because of their age since they turned 50.

Table 7: Individuals who report being refused work because of their age since they turned 50

	Unweighted count	Percent
No	43	43
Yes	43	43
Don't know / declined to answer	9	9
Missing	5	0
Total	100	100.00

Q15: And thinking now generally about your experiences since you were 50: Do you feel that anyone has refused you work because of your age?

Source: HelpAge survey on the human rights of older people, Peru, 2012

Table 8: Individuals who report being having been refused a loan because of their age since they turned 50

	Unweighted count	Percent
No	51	51
Yes	23	23
Don't know / declined to answer	21	21
Missing	5	5
Total	100	100.00

Q15: And thinking now generally about your experiences since you were 50: And do you feel that you have ever been refused a loan because of your age?

Source: HelpAge survey on the human rights of older people, Peru, 2012

3.2 Right to the highest possible standard of physical and mental health

In this section we report findings against the indicators in the HelpAge panel on the right to the highest possible standard of physical and mental health. The indicator dashboard for the right to the highest possible standard of physical and mental health includes Indicator 5 (access to healthcare), Indicator 6 (unmet health needs) and Indicator 7 (experiences of discrimination, poor treatment and neglect in healthcare).

Figure 6: Indicator dashboard for the right to an adequate standard of living

<p>Indicator 5: Access to healthcare Percentage of older people who have access to a health facility within half an hour travel time of their home</p>
<p>Indicator 6: Unmet health needs</p> <p>Percentage of older people who have needed health care or medical equipment who have not received this on at least one occasion since they turned 50</p>
<p>Indicator 7: Experiences of discrimination, poor treatment and neglect in healthcare</p> <p>Percentage of older people who report being refused or denied medical treatment, refused health insurance, and experienced worse treatment by health professionals since you turned 50, because of their age</p>

Indicator 5: Access to healthcare

Indicator 5 in the dashboard on the right to the highest attainable standard of physical and mental health is *access to healthcare*.

Amongst the Peruvian sample, 56% indicated that there was no health facility within half an hour travel time of their home, including 61% of male respondents and 52% of female respondents. The proportion with no access was higher amongst participants in urban locations, with the reported lack of access worst access amongst those in a peri-urban location (outside Lima). Lack of access was highest amongst the Mestizo (Mixed) and Black (Afro Peruano) ethnic groups.

Indicator 6: Unmet health needs

The next indicator in the dashboard for the right to the highest attainable standard of physical and mental health is *Indicator 6: access to unmet health needs*.

Just under half of the Peruvian sample (43%) reported that there been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it. Barriers mentioned by respondents included their illness, disability or infirmity making it too difficult for you to travel (three respondents); the health facility being too far away (six respondents); lack of access to transport (1 respondent); transport being too expensive (one respondent); seeing a medical professional, or health equipment such as bandages and or medicine, being too expensive (24 respondents); the health facility being of a low quality or the staff often being absent (13 respondents); not having health insurance (14 respondents); being treated badly in the past by health professions (21 respondents).

Table 9: Respondents who report that there is no health facility within 30 minutes travel time from where they live

	No		Yes		Don't know/Declined to answer		Missing		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	56	56.00	38	38.00	5	5.00	1	1.00	100	100.00
Gender										
Male	28	60.87	14	30.43	3	6.52	1	2.17	46	100.00
Female	28	51.85	24	44.44	2	3.70	0	0.00	54	100.00
Area type										
Urban	20	66.67	9	30.00	0	0.00	1	3.33	30	100.00
Rural	13	32.50	23	57.50	4	10.00	0	0.00	40	100.00
Peri-Urban (outside Lima)	23	76.67	6	20.00	1	3.33	0	0.00	30	100.00
Disability										
No Disability (LLID)	33	60.00	19	34.55	2	3.64	1	1.82	55	100.00
Disability (LLID)	23	51.11	19	42.22	3	6.67	0	0.00	45	100.00
Ethnicity										
Quechua	8	36.36	12	54.55	2	9.09	0	0.00	22	100.00
Mestizo (Mixed)	36	69.23	14	26.92	1	1.92	1	1.92	52	100.00
Amazónico	1	14.29	6	85.71	0	0.00	0	0.00	7	100.00
Blanco (White)	1	50.00	1	50.00	0	0.00	0	0.00	2	100.00
Black (Afro Peruano)	10	58.82	5	29.41	2	11.76	0	0.00	17	100.00
Age										
50-54	3	75.00	1	25.00	0	0.00	0	0.00	4	100.00
55-59	14	56.00	9	36.00	2	8.00	0	0.00	25	100.00
60-64	3	37.50	5	62.50	0	0.00	0	0.00	8	100.00
65-69	10	52.63	9	47.37	0	0.00	0	0.00	19	100.00
70-74	8	61.54	5	38.46	0	0.00	0	0.00	13	100.00
75-79	8	61.54	3	23.08	2	15.38	0	0.00	13	100.00
80-84	6	75.00	1	12.50	0	0.00	1	12.50	8	100.00
85+	4	40.00	5	50.00	1	10.00	0	0.00	10	100.00

Source: HelpAge survey on the human rights of older people, Peru, 2013

Others reported that they had tried to access healthcare but that they had been refused / denied healthcare (17 respondents); they went to get advice from someone else such as a pharmacist, traditional healer or practitioner, a faith healer or a shopkeeper (6 respondents); they felt that they were too old to bother or didn't want to be a burden on your family / relatives (2 respondents); or they were too busy with work / household responsibilities / other commitments (five respondents).

Table 10: Respondents who report that there been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it

	Unweighted count	Percent
No	53	53
Yes	43	43
Don't know / declined to answer	3	3
Missing	1	1
Total	100	100

Q20: And please can you tell me, has there been at least one occasion since you were 50 that you have needed healthcare but you did not receive it?

Source: HelpAge survey on the human rights of older people, Peru, 2012

Indicator 7: Experiences of discrimination, poor treatment and neglect in healthcare

The final indicator in the dashboard for the right to the highest attainable standard of physical and mental health is *Indicator 7: experiences of discrimination, poor treatment and neglect in healthcare*.

Around a third of participants (30%) indicated that they had been refused or denied medical treatment because of their age, with 37% indicating that they had been refused health insurance because of their age. A significant proportion reported experiencing worse treatment by health professionals because of their age (41%) and that their health and medical needs are neglected because of their age (34%).

Table 11: Respondents who report having been refused or denied medical treatment because of their age (percent)

	No	Yes	Don't know/declined	Total
Respondents who report having been refused or denied medical treatment because of their age	68	30	2	100
Respondents who report being <u>refused health insurance</u> because of their age	57	37	6	100
Respondents who report experiencing worse treatment by health professionals because of their age	55	41	4	100
Respondents who report that their health and medical needs are <u>neglected</u> because of their age	49	34	15	100

A19: Do you feel that you have ever been refused or denied medical treatment because of your age?

Q19: Do you feel that you have ever been refused health insurance because of your age?

Q19: Do you feel that you have experienced worse treatment by health professionals since you turned 50 because of your age, for example, not being listened to, having your wishes ignored, or being put down or talked about as if you are not there, or by not being treated with dignity and respect? By health professionals I mean doctors, nurses, community nurses, dentists and so on

Q19: Do you feel that your health and medical needs are neglected because of your age?

Source: HelpAge survey on the human rights of older people, Peru, 2012

3.3 Right to individual life, equal treatment and dignity⁹

In this section we report findings against the indicators in the HelpAge panel on the right to individual life, equal treatment and dignity. The indicator dashboard on the right to individual life, equal treatment and dignity includes Indicator 5: dignity, autonomy and social isolation; Indicator 6, unmet need for social care; and Indicator 7, intense informal caring activities.

⁹ Includes consent, legal capacity and autonomy

Figure 7: Indicator dashboard for the right to individual life, equal treatment and dignity

Indicator 5: Dignity, autonomy and social isolation

Percentage of older people who feel that they are not treated with dignity and respect because of their age

Percentage of older people who feel that other people look down at them or treat them in a humiliating, shameful or degrading way because of their age

Percentage of older people who feel that other people make important decisions for them without their permission or consent because of their age

Percentage of older people who feel pushed around because of their age

Percentage of older people who I feel that what happens to them is out of their control

Percentage of older people who report that they feel socially isolated because of their age

Indicator 6: Unmet need for social care

Percentage of older people who report needing help with personal care needs who do not receive such help

Indicator 7. Intense informal caring activities

Provision of informal caring for more than 20 hours a week

Indicator 5: Dignity, autonomy and social isolation

Indicator 5 in the HelpAge panel on the right to individual life, equal treatment and dignity is *dignity, autonomy and social isolation*.

Significant proportions of participants reported various types of detrimental treatment associated with older age. Just under half of the sample (43%) agreed with the statement that they are not treated with dignity and respect because of their age. A further 45% agreed with the statement that other people look down at them or treat them in a humiliating, shameful or degrading way because of their age. Somewhat smaller proportions reported lack of autonomy, choice and control driven by age, with 32% reporting that other people make important decisions for them without their permission or consent because of their age; 31% that they felt pushed around because of their age; and 31% reporting that they feel that what happens to them is outside of their control. 37% felt socially isolated because of their age.

Table 12: Perceptions of dignity, autonomy and social isolation (percentages)

	Strongly Agree	Agree	Disagree	Strongly disagree	Missing	Don't Know / declined	Percent
Percentage of respondents who feel that they are not treated with dignity and respect because of their age	20.00	23.00	30.00	24.00	3.00		100.00
Percentage of respondents who feel that <i>other people look down at them or treat them in a humiliating, shameful or degrading way because of their age</i>	21.00	24.00	28.00	23.00	3.00	1.00	100.00
Percentage of respondents who feel that other people make important decisions for them without their permission or consent because of their age	11.00	21.00	30.00	35.00	3.00		100.00
Percentage of respondents who feel pushed around because of their age	13.00	18.00	30.00	36.00	3.00		100.00
Percentage of respondents who that what happens to them is outside of their my control	12.00	19.00	30.00	29.00	6.00	4.00	100.00
Percentage of respondents who feel socially isolated because of their age	17.00	20.00	32.00	28.00		3.00	100.00

Q37: how much do you agree or disagree with the following statements? Please say whether you agree strongly, agree, disagree or strongly disagree –

I feel that I am not treated with dignity and respect because of my age

I feel that other people look down at me or treat me in a humiliating, shameful or degrading way because of my age

I feel that other people make important decisions for me without my permission or consent because of my age

I feel pushed around because of my age

I feel that what happens to me is out of my control

I feel socially isolated because of my age

Source: HelpAge survey on the human rights of older people, Peru, 2012

Indicator 6. Unmet need for social care

The next indicator in the dashboard on the right to individual life, equal treatment and dignity is *Indicator 6: unmet need for social care*.

Nineteen respondents indicated that they had a need for help or support with everyday personal care needs and activities such as dressing or undressing; washing, bathing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; washing clothes and bedding; doing routine housework and shopping for groceries or clothes; or any other day-to-day activity.

Of the 19 respondents who indicated that they need help and support, 18 respondents indicated that they received help or support that they needed from family, friends, professionals, an NGO or other source. One respondent indicated that they did not receive such help or support from any source.

Participants were asked if they felt neglected in relation to their personal care needs, in the sense that someone who is responsible for giving them help or support with everyday personal care needs and activities failed to provide this support. Five respondents indicated that they felt neglected in relation to their personal care needs.

Indicator 7. Intense informal caring activities

The next indicator in the dashboard on the right to individual life, equal treatment and dignity is *Indicator 7: intense informal caring activities*.

In order to identify older people who provide informal caring activities, participants were first asked whether they undertake a range of unpaid activities such as unpaid housework; fetching water, collecting / preparing firewood or fuel materials; caring for / watching over children; caring for household pets or animals, growing crops etc; unpaid activities as a worker in own/family/household business.

Within this block of questions, participants were asked if they provide unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities (such as dressing or undressing; washing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; doing routine housework and shopping for groceries or clothes) or watched over them since their behaviour can be upsetting or dangerous to themselves or others. For example, providing unpaid care to a sick, disabled or elderly relative, wife, husband or friend, or a sick or disabled child or grandchild.

26% of participants reported undertaking informal unpaid caring activities of this type. Exposure to the burden of intense unpaid caring activities (that is, provision of unpaid caring activities for more than 20 hours a week) was then assessed based on a follow up question. When prompted, fourteen participants indicated that they provided intense unpaid activities (that is, for more than 20 hours a week).

Table 13: Percentage of respondents who report undertaking unpaid caring activities

	Unweighted count	Percent
Yes	26	26
No / Don't know / declined to answer / Missing	74	74
Total	100	100.00

Q13: And please may I ask, during the last 12 months, have you undertaken any of the following activities without any pay? Provided unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities (such as dressing or undressing; washing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; doing routine housework and shopping for groceries or clothes) or watched over them since their behaviour can be upsetting or dangerous to themselves or others. For example, providing unpaid care to a sick, disabled or elderly relative, wife, husband or friend, or a sick or disabled child or grandchild?

Option not selected / 0 are coded as “No”

Follow up question for carers

Table 14: Time that carers spend caring

	Unweighted count
No care provided / missing	
Less than 10	8
Between 10 and 20 hours a week	4
More than 20 hours a week	14
Total	26

Q14: You just mentioned that during the past year you have provided unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities. May I check, how many hours a week do you provide this special care for?

Restricted to those who indicated that they are unpaid carers in the previous question. 31, whereas only 26 indicated that they were carers in the previous question. The additional responses have been retained.

3.4 Right to physical security (protection from crime, violence and abuse)

In this section we report findings against the indicators in the HelpAge panel on the right to physical security (protection from crime, violence and abuse). The indicator dashboard on the right to physical security (protection from crime, violence and abuse) includes Indicator 13: physical security. In order to build up an evidence base against this indicator, the HelpAge Survey asks participants about their experiences

of personal crime, violence and abuse since the age of 50. It also includes follow up questions on repeat victimisation; on perpetrators and their relationship to the victims; and on sources of help and support.

Figure 8: Indicator dashboard for right to physical security (including protection from crime \ violence \ abuse)

Indicator 5. Physical security

Percentage of older people experiencing at least one incidence of personal crime, violence or abuse since they were 50 (covering financial, emotional, physical and sexual dimensions and malicious accusations such as witchcraft).

Indicator 5. Physical security

Indicator 5 in the dashboard for the right to physical security (protection from crime, violence and abuse) is *physical security*.

83% of respondents reported experiencing at least one category of personal crime, violence or abuse since they turned 50, including similar proportions of males and females. The highest proportions were amongst the Quechua, amongst the Mestizo (Mixed), Amazónico and Mestizo (Mixed) ethnic groups. The proportion reporting at least one category of crime / violence / abuse was also higher amongst older people who self-identified as experiencing a limiting longstanding illness or disability (87%) than those without a LLID (80%).

Table 15: Categories of crime \ violence \ abuse mentioned by respondents by type

	Unweighted count	Percent
Financial abuse	68	68.00
Emotional abuse	52	52.00
Physical abuse	40	40.00
Sexual abuse	14	14.00
Malicious accusations abuse	16	16.00

Source: HelpAge survey on the human rights of older people, Peru, 2012

Table 16: Percentage of respondents who report experiencing at least one category of crime / violence / abuse since 50 (covers financial, emotional, physical and sexual dimensions and malicious accusations)

	No		Yes		Total	
	Unweighted count	Percent	Unweighted count	Percent	Unweighted count	Percent
All	17	17.00	83	83.00	100	100.00
Gender						
Male	8	17.39	38	82.61	46	100.00
Female	9	16.67	45	83.33	54	100.00
Disability						
No Disability (LLID)	11	20.00	44	80.00	55	100.00
Disability (LLID)	6	13.33	39	86.67	45	100.00
Area type						
Urban	7	23.33	23	76.67	30	100.00
Rural	6	15.00	34	85.00	40	100.00
Peri-Urban (outside Lima_	4	13.33	26	86.67	30	100.00
Ethnicity						
Quechua	0	0.00	22	100.00	22	100.00
Mestizo (Mixed)	9	17.31	43	82.69	52	100.00
Amazonico	1	14.29	6	85.71	7	100.00
Blanco (White)	1	50.00	1	50.00	2	100.00
Black (Afro Peruno)	6	35.29	11	64.71	17	100.00
Age						
50-54	0	0.00	4	100.00	4	100.00
55-59	2	8.00	23	92.00	25	100.00
60-64	4	50.00	4	50.00	8	100.00
65-69	1	5.26	18	94.74	19	100.00
70-74	2	15.38	11	84.62	13	100.00
75-79	1	7.69	12	92.31	13	100.00
80-84	5	62.50	3	37.50	8	100.00
85+	2	20.00	8	80.00	10	100.00

Source: HelpAge survey on the human rights of older people, Peru, 2012

3.5 Financial crime \ violence \ abuse

68% of respondents reported experiencing at least one of the categories of financial crime \ violence \ abuse since they turned 50. 21% reported experiencing a category of financial categories of financial crime \ violence \ abuse within the last 12 months.

Prevalence was higher amongst men, those living in rural areas and amongst the Quechua and Mestizo (Mixed) ethnic groups. A significant proportion (42%) of respondents experienced the first category of financial crime / violence / abuse (stealing of money, property or possessions). Somewhat smaller proportions reported experiencing money, property or possessions being taken away by force; by tricking or cheating; or being prevented from having their fair share of money, inheritance, property or possessions. Eight respondents reported being made to leave a house, farm or property by force or without their permission or consent; and three respondents reported other people making financial decisions for them without their permission or consent. Of those who experienced financial crime / violence / abuse, 42% reported experiencing repeated victimisation (i.e. experiencing the abuse more than once).

Perpetrators mentioned included a current partner, wife or husband (4 respondents); another member of family or relative (27 respondents); a friend, neighbour or other acquaintance (22 respondents); community leadership structure appointed by government, such as village leaders) (1 respondent).

Sources of help and support included the police (14 respondents); legal authorities / centre (7 respondents); NGOs (two respondents); family or friends (38 respondents); community village leaders (4 respondents). Nine respondents reported not telling anyone about the incident.

3.6 Emotional crime \ violence \ abuse

52% of respondents reported experiencing at least one category of emotional crime / violence / abuse since they turned 50 years old. 23 percent reported experiencing at least one category of emotional crime / violence / abuse in the last 12 months.

Prevalence was higher amongst women, amongst 70-79 year olds, amongst the Quechua and Mestizo (Mixed) ethnic groups and amongst those living in rural areas.

Significant proportions (34%) reported experiencing being put down; belittled, degraded, humiliated or shamed; with 29% reporting experiencing being excluded or ignored; and 11 percent reporting experiencing controlling behaviour such as being prevented from seeing or having contact with friends or family, or by threatening to hurt you or someone you care about, or being subjected to controlling behaviour in some other way. Of those who reported experiencing emotional crime / violence / abuse, 67 percent reported experiencing the abuse more than once.

Perpetrators mentioned included current partners or spouse (7 respondents); other family members or relatives (30 respondents); friends or acquaintances (16 respondents); community leadership structures appointed by government (1 respondent); community leadership structures not appointed by government (3 respondents).

Sources of help and support include the police (six respondents); legal centre / authorities (4 respondents); hospital / health centre (1 respondent); religions leader (1 respondent); family / friends (32 respondents). Ten respondents reported not telling anyone about the incident.

3.7 Physical crime abuse \ violence \ abuse

40% of respondents reported experiencing at least one category of physical crime / violence / abuse since they turned 50. 13 percent reported experiencing this in the last twelve months.

Prevalence was particularly high amongst the Quechua and Mestizo (Mixed) ethnic group and was slightly higher amongst older people who self-identified as experiencing a limiting longstanding illness or disability (LLID).

12% of respondents reported experiencing the use of a knife; gun; sick or other weapon; 23% experiencing violence or force; 11% physical restraint such as being tied up or locked in a room; 12% threats to kill them. Of those who experienced physical abuse, 25 percent reported experiencing abuse more than once.

Perpetrators mentioned included a current partner / husband / wife (9 respondents); another family or relative (16 respondents); a friend or acquaintance (14 respondents); a community leadership structure not appointed by government (1 respondent); a local militia or civil enforcement group (one respondent).

Sources of help and support mentioned included the police (14 respondents); a legal centre / legal authorities (five respondents); a hospital / health centre (three respondents); a community or village leader (one respondent); family or friends (24 respondents). Four respondents reported that they did not tell anyone about the incident.

Sexual crime \ violence \ abuse

14% of participants reported experiencing at least one category of sexual abuse since they turned 50. Two percent of respondents reported experiencing this in the last year.

This overall figure comprises a higher percentage of females (20%) compared to males (7%), with a higher proportion in rural areas and the Peri-urban (outside Lima) area, and amongst members of the Quechua, Mestizo (Mixed), Amazónico and Black (Afro Peruano) ethnic groups. As in the case of physical abuse, a higher

proportion of those who experience a limiting longstanding illness or disability (LLID) (20%) reported physical abuse than those who do not experience a LLID (9%).

12% reported being forced to have sex against their will. 6 percent reported being forced to have other sexual activity against their will, for example, by physically forcing you, or threatening you, or demanding that you do something sexual that you didn't want to do, or touching you sexually, or doing something else to you sexually against your will. 4 percent reported attempts. Of those who experienced sexual abuse, just over half reported experiencing the abuse more than once.

Perpetrators mentioned included a current partner / husband / wife (10 respondents); other family members or relatives (2 respondents); friends or acquaintances (2 respondents).

Sources of support included community / village leaders (1 respondent; religions leasers (1 respondent) and family / friends (3). Ten respondents reported not telling anyone about the incident. When prompted, no respondents mentioned reporting the incident to the police.

Malicious accusation crime / violence / abuse

16% of respondents reported experiencing at least one category of malicious accusation abuse since they turned 50. 3% reported experiencing this within the last 12 months.

Prevalence was higher amongst females, those in rural areas and in the Peri-urban (outside Lima) area and amongst the Queschua and Mestizo (Mixed) ethnic groups. As in the context of physical and sexual abuse, the percentage of those reporting malicious accusation abuse was considerably higher amongst older people who self-identity as experiencing a limiting longstanding illness or disability (LLID) ((27%) compared with those who do not experience a LLID (7%).

11% of respondents reported experiencing accusations of being a witch / spirit possession or sorcery; 10% accusations of using witchcraft, evil spirits, spells, black magic or evil spirits; 10% physical or verbal abuse due to witchcraft or related accusations. Of those who experienced malicious accusations, 7% of respondents reported experiencing this more than once

Perpetrators mentioned included a current partner / husband / wife (1 respondent); another family or relative (eight respondents); a friend or acquaintance (five respondents).

Sources of help and support include a religious leader (1 respondent); family and friends (nine respondents). Four respondents reported that they did not tell anyone about the incident. When prompted, no respondents indicated that they had reported the incident to the police.

3.8 Right to participation, influence and voice

In this section we report findings against the indicators in the HelpAge panel on the right to participation, influence and voice. The indicator dashboard on the right to participation, influence and voice includes Indicator 5 (voting), Indicator 6 (participation in political and public affairs) and Indicator 7 (knowledge and understanding of human rights).

Figure 9: Indicator dashboard for right to participation, influence and voice

Indicator 5: Voting Percentage of older people who did not vote in the last national election
Indicator 6: Participation in political and public affairs Percentage of older people participating in national or local political affairs or in public / community life in the last 12 months
Indicator 7: Knowledge and understanding of human rights Percentage of individuals who have heard of the Universal Declaration of Human Rights

Indicator 5: Voting

Indicator 5 of the dashboard on participation, influence and voice is voting.

The vast majority of participants voted (80%) voted in the last national election. Amongst those who did not, reasons given included not being registered to vote (three participants), not being able to get to the polling station (1 participant), not being interested in politics (three participants) and feeling that voting doesn't make a difference (two participants). No respondents cited lack of relevant identity cards or papers, or personal safety or security, as a reason for not voting.

Table 17: Percentage of respondents who voted in the last national election

	Unweighted count	Percent
Yes	80	80
No	19	19
Missing	1	1
Total	100	100.00

Q38: May I ask, did you vote in the last national election, that is the national election held on [DATE OF LAST NATIONAL / GENERAL / PRESIDENTIAL ELECTION IN COUNTRY]?

Source: HelpAge survey on the human rights of older people, Peru, 2012

Indicator 6: Participation in political, public and community affairs

The next indicator in the dashboard on participation, influence and voice is Indicator 6: participation in political and public life.

Just under three quarters of participants (71%) reported participating in political or public / community life in the last twelve months. This included a slightly higher proportion of females than males, a higher proportion of those living in rural areas and a higher proportion from the Mestizo (Mixed) ethnic group. Participation declined by narrow age band and was lower amongst those older people who self-identify as experiencing a limiting longstanding illness or disability (LLID).

Indicator 7: Knowledge and understanding of human rights

The next indicator in the dashboard on participation, influence and voice is Indicator 7: knowledge and understanding of human rights.

A majority of participants in Peru (58%) had not heard of the Universal Declaration of Human Rights.

Table 18: Percentage of respondents with knowledge of the Universal Declaration of Human Rights

	Unweighted count	Percent
No	58	58
Yes	40	40
Declined to answer	2	2
Total	100	100

Q42: May I check, have you heard of the Universal Declaration of Human Rights?

Source: HelpAge survey on the human rights of older people, Peru, 2012

Table 19: Participation in political life and public / community affairs

	No		Yes		Total	
	Number	Percent	Number	Percent	Number	Percent
All	29	29.00	71	71.00	100	100.00
Gender						
Male	12	26.09	34	73.91	46	100.00
Female	17	31.48	37	68.52	54	100.00
Disability						
No Disability (LLID)	15	27.27	40	71.73	55	100.00
Disability (LLID)	14	31.10	31	68.89	45	100.00
Area type						
Urban	9	30.00	21	70.00	30	100.00
Rural	11	27.50	29	72.50	40	100.00
Peri-Urban (outside Lima)	9	30.00	21	70.00	30	100.00
Ethnicity						
Quechua	4	18.18	18	81.82	22	100.00
Mestizo (Mixed)	16	30.77	36	69.23	52	100.00
Amazonico	4	57.14	3	42.86	7	100.00
Blanco (White)	1	50.00	1	50.00	2	100.00
Black (Afro Peruano)	4	23.53	13	76.47	17	100.00
Age						
50-54	1	25.00	3	75.00	4	100.00
55-59	4	16.00	21	84.00	25	100.00
60-64	2	25.00	6	75.00	8	100.00
65-69	5	26.32	14	73.68	19	100.00
70-74	5	38.46	8	61.54	13	100.00
75-79	4	30.77	9	69.23	13	100.00
80-84	4	50.00	4	50.00	8	100.00
85+	4	40.00	6	60.00	10	100.00

Q40: And over the past twelve months have you participated in national or local political affairs or in public / community life in any of the following ways? Stood as a candidate yourself in an election such as a village, district, provincial, national or other election Contacted a politician, attended a public meeting, demonstration or protest, signed a petition Been a member of an older people's group, NGO, trade union or community, Church or religious group Been a volunteer Other

Source: HelpAge survey on the human rights of older people, Peru, 201

4. Key findings: Mozambique

In this Chapter we report findings against the outcome indicators in the HelpAge panel on older people based on the data generated by the HelpAge survey on older people in Mozambique. The findings reported in the Chapter are based on data generated by the HelpAge survey on older people which was fielded in Mozambique in 2012. It is important to note that the findings are not intended to provide population estimates and are valid for the Mozambique sample only. The Mozambique sample comprised 104 older people identified through disproportionate purposive sampling methods that aimed at:

- 1) coverage of urban and rural areas;
- 2) even representation of males and females
- 3) approximately even representation across five age bands (50-60, 60-70, 70-80, 80+)

Further details of methodology and survey design are provided in Chapter 2 and Appendices 3-5.

4.1 Right to an adequate standard of living

In this section we report findings against the outcome indicators in the HelpAge panel on the right to an adequate standard of living. The indicator dashboard for the right to an adequate standard of living includes Indicator 5 (access to basic needs), Indicator 6 (hunger and food allocation within the household), Indicator 7 (access to critical goods), Indicator 8 (income, pensions and social protection) and Indicator 9 (discrimination at work or in financial markets).

Indicator 5: access to basic needs

Indicator 5 under the right to an adequate standard of living is *access to basic needs*.

High proportions of respondents identified fulfilling basic needs is a serious problem faced by older people living in Mozambique (90%), with 81% identifying access to water as a serious problem.

Participants were also asked whether lack of access to everyday essentials and food is a serious problem for them personally. 42% of respondents reported experiencing such difficulties all of the time, with a further 42% reporting such difficulties regularly and 13% occasionally. Only 2% reported experiencing such difficulties “never”.

Disaggregating the findings by different characteristics, a higher proportion of females reported experiencing such difficulties all of the time compared with males (54% compared with 29%). Older people who self-identify as experiencing a limiting longstanding illness or disability (LLID) are at greater risk, with 46% of respondents

reporting access to everyday essentials being a serious problem for them personally all of the time, compared with 36% of those who do not self-identify as experiencing a LLID. The proportions reporting that access to everyday essentials is a serious problem for them personally all of the time was also particularly high amongst older people from the Tsonga, Shangaan and Sena ethnic groups.

Figure 10: Indicator dashboard for the right to an adequate standard of living

Indicator 5. Access to basic needs

Percentage of older people who report struggling with everyday basic needs and essentials such as food, water, shelter, heating, fuel and clothing all of the time, regularly, occasionally or never. Percentage of individuals who report that they feel they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age

Indicator 6. Hunger and food allocation within the household

Percentage of older people reporting going to bed hungry because there is not enough food in your household on at least one occasion since they were 50

Of those who report having gone to bed hungry: percentage who report that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately

Indicator 7. Access to critical goods

Percentage of older people reporting serious problems with access to critical goods.

Covers:

Poor quality water

Poor quality sewage and sanitation

Poor quality air

Access to electricity

Access to fuel

Keeping warm when it's cold

Keeping cool when it's hot

Regular access to a telephone

Access to newspapers, radio and / or TV

Access to internet

Indicator 8. Income, pensions and social protection

Percentage of older people reporting income from any kind of work, receipt of a pension and receipt of social protection / social security

Indicator 9. Discrimination at work or in financial markets

Percentage of older people who feel that they have been refused a loan because of their age. Percentage of older people who feel that they have been refused work because of their age

Table 20: Respondents who identify lack of access to everyday essentials and food is a serious problem for them personally

	Never		All of the time		Regularly		Occasionally		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	2	1.92	44	42.31	44	42.31	14	13.46	104	100.00
Gender										
Male	2	4.17	14	29.17	23	47.92	9	18.75	48	100.00
Female	0	0.00	30	53.37	21	37.50	5	8.93	56	100.00
Disability										
No Disability (LLID)	0	0.00	18	37.50	26	54.17	4	8.33	48	100.00
Disability (LLID)	2	3.57	26	46.43	18	32.14	10	17.86	56	100.00
Area type										
Urban	2	4.76	20	47.62	13	30.95	7	16.67	42	100.00
Rural	0	0.00	23	37.70	31	50.82	7	11.48	61	100.00
Missing	0	0.00	1	100.00	0	0.00	0	0.00	1	100.00
Ethnicity										100.00
Tsonga	0	0.00	2	50.00	0	0.00	2	50.00	4	100.00
Shangaan	0	0.00	21	63.64	7	21.21	5	15.15	33	100.00
Sena	1	4.17	11	45.83	8	33.33	4	16.67	24	100.00
Other indigenous tribal group	1	2.33	10	23.26	29	67.44	3	6.98	43	100.00
Age										
50-54	0	0.00	0	0.00	1	100.00	0	0.00	1	100.00
55-59	0	0.00	4	57.14	2	28.57	1	14.29	7	100.00
60-64	0	0.00	11	68.75	4	25.00	1	6.25	16	100.00
65-69	0	0.00	6	37.50	9	56.25	1	6.25	16	100.00
70-74	0	0.00	10	45.45	5	22.73	7	31.82	22	100.00
75-79	1	6.25	4	25.00	11	68.75	0	0.00	16	100.00
80-84	1	6.25	7	43.75	6	37.50	2	12.50	16	100.00
85+	0	0.00	2	20.00	6	60.00	2	20.00	10	100.00

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

In order to examine the phenomenon of age discrimination, participants were asked whether they feel that they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age. Around half of the sample (45%) reported that they felt this to be the case all of time or regularly, with a further 32% indicating that they felt this to be the case occasionally. A quarter of the sample (24%) reported that they never feel that they are denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age.

Table 21: Individuals who report that they feel they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age

	Unweighted count	Percent
Never	25	24.04
All of the time	24	23.08
Regularly	23	22.12
Occasionally	32	30.77

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Indicator 6. Hunger and food allocation within the household

The next indicator in the dashboard for the right to an adequate standard of living is *Indicator 6: hunger and food allocation within the household*. Data against this indicator is presented in Tables 22 and 23.

A majority of participants (59%) reported that they has been one or more times when they have gone hungry because there has not been enough food in their household since they turned 50. Amongst those who reported this to be the case, 75% reported that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately. Reasons cited including feeling that it is more important that children and younger family members consume food than older people (27 respondents); not wanting to be a burden on family or household (19 respondents); the needs of older people tending to come last in your family or household (8 respondents); and other family or household members putting pressure on you not to have your fair share of the household food (3 respondents).

Table 22: Individuals who report that, since they turned 50, there has been one or more times when they have gone hungry because there has not been enough food in their household

	Unweighted count	Percent
No	43	41.35
Yes	61	58.65
Total	104	100.00

Question 4: And since you turned 50, has there been one or more times when you have gone hungry because there is not enough food in your household?

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Table 23: Respondents who reported that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately

	Unweighted count	Percent
Yes	46	75.41
No	8	13.11
I live on my own / do not have	5	8.20
Missing	1	1.64
Don't know / declined	1	1.64
Total	61	100.00

Question 5: Thinking about the last time you went hungry because there was insufficient food in your household, please could you tell me, did you limit or restrict your consumption of food so that children or other family or household members could eat more adequately? Restricted to those who report "yes" under Question 4, Var: Fooddisc1 if hunger ==1,missing

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Indicator 7: access to critical goods

The next indicator in the dashboard on the right to an adequate standard of living is *Indicator 7: access to critical goods*. Significant proportions of respondents indicated serious personal difficulties in accessing critical goods such as poor quality water (56%), poor quality sewage and / or sanitation (50%), poor quality air (33%), access to electricity (60%), access to fuel (55%), keeping warm when it is cold (62%) and keeping cool when it is hot (40%). In relation to access to communications and media, 27% of respondents indicated serious problems with accessing a telephone, 35 % with access to the media (newspapers, radio and / or TV) and 3% with access to the internet.

Table 24: Percentage who report that access to critical goods is a serious problem for them personally – by type of critical good

	No	Yes	Don't know/declined	Missing	Total
Poor quality water	42.31	55.77		1.92	100.00
Poor quality sewage and / or sanitation	45.19	50.00	3.85	0.96	100.00
Poor quality air	50.00	32.69	13.46	3.85	100.00
Access to electricity	39.42	59.62		0.96	100.00
Access to fuel	44.23	54.81		0.96	100.00
Keeping warm when it is cold	31.73	61.54	5.77	0.96	100.00
Cool when it is hot	46.15	40.38	13.46		100.00
Regular access to a telephone	71.15	26.62		1.92	100.00
Regular access to the media (newspapers, radio and / or TV)	64.42	34.62		0.96	100.00
Regular access to the internet	84.62	2.88	6.73	5.77	100.00

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Indicator 8: Income, pensions and social protection

In order to populate an evidence base under Indicator 8: income, pensions and social protection, participants were asked about their sources of income and financial support. Forty two percent of respondents indicated that they received income from formal or informal work; whilst thirty three percent indicated that they received income from a pension. A number of respondents mentioned when prompted difficulties with receiving or accessing pensions including illness, disability or infirmity making it too difficult to travel to get the money (one respondent); or the payments being always or often late (29 respondent).

Nine percent of respondents reported receiving money or support from social benefits paid to older people; and thirteen percent receiving money or support from other social insurance protection and social security benefits or receiving allowances paid by government / local government or NGOs.

Table 25: Income, pensions and social protection (percentages)

	Yes	No/missing
Income from any type of paid work activity (formal or informal)	41.35	58.65
Income from a pension	32.69	67.31
Money or support from social benefits paid to older people	8.65	91.35
Money or support from other social insurance protection and social security benefits or receiving allowances paid by government / local government or NGOs	12.50	87.50
Percentage of respondents who report receiving money / support from husband / wife	1.92	98.08
Percentage of respondents who report receiving money / support from family / friends	17.31	82.69
Percentage of respondents who report receiving money from an loan or borrowing credit (e.g. from a bank, NGO or microcredit organization)	1.92	98.08
Percentage of respondents who report receiving income from the sale of property, assets or possessions / withdrawal of savings / interest on savings	1.92	98.08
Percentage of respondents who report receiving money / support from a charity / NGO / religious organisation	2.88	97.12

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? income from any type of paid work activity (formal or informal) [INCLUDE INCOME FROM ANY TYPE OF PAID WORK ACTIVITY SUCH AS WAGES FROM WORKING IN AN ENTERPRISE, COMPANY, THE GOVERNMENT OR WORKING FOR ANY OTHER INDIVIDUAL; PAYMENTS FROM A PRODUCER COOPERATIVE;

INCOME FROM A OWNING A BUSINESS OR PROPERTY; INCOME FROM SELF EMPLOYMENT (OWN ACCOUNT WORK E.G. OWN BUSINESS, ENTERPRISE OR FARM OWNED BY SELF); INCOME FROM FAMILY EMPLOYMENT EG INCOME FROM WORKING ON A FARM OWNED OR RENTED BY SOMEONE WHO IS A HOUSEHOLD OR FAMILY. INCLUDE INCOME BOTH FROM REGULAR WORK AND FROM OCCASIONAL / TEMPORARY / CASUAL WORK (E.G. CASUAL FARM WORK, STREET / KIOSK / MARKET STALL / DOOR TO DOOR SELLING OF PRODUCE OR GOODS, CASUAL SALES OF ANIMAL HUSBANDRY/AGRICULTURAL GOODS, CASUAL WORK AS A MAID, GARDENER ETC IN SOMEONE ELSE'S HOUSEHOLD FOR WAGES). INCLUDE INCOME BOTH FROM WORK UNDERTAKEN IN THE FORMAL SECTOR AND ALSO FROM WORK UNDERTAKEN IN THE INFORMAL SECTOR].

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Money from a pension paid by an employer or the Government such as contributory work place pension, national / universal pension, other old age pension and widows pension

: Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Other money or support from social benefits paid to older people (not pension)

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Money or support from other social insurance protection and social security benefits or allowances paid by government / local government or NGOs [includes benefits from social protection and social security such as unemployment allowance, sickness allowance, invalidity and old age benefits, widows allowance, social insurance payments from micro-insurance schemes run by ngos etc. also include other support for everyday needs and essentials such as food stamps / food/shelter/housing allowance. does not include pension]

Source: HelpAge survey on the human rights of older people, Mozambique 2012

Indicator 9: Discrimination at work and in financial markets

The final indicator under the dashboard on an adequate standard of living is *Indicator 8: discrimination at work or in financial markets*. In order to examine the phenomenon of age discrimination, respondents were asked about their experiences of discrimination at work and in gaining access to a loan since they turned 50. Around a third (31%) of respondents indicated that they had personally experienced being refused work because of their age since they turned 50. A slightly smaller percentage (27%) indicated having been refused a loan because of their age since they turned 50.

Table 26: Individuals who report being refused work because of their age since they turned 50

	Unweighted count	Percent
No	71	68.27
Yes	31	29.81
Don't know / declined to answer	1	0.96
Missing	1	0.96
Total	104	100.00

Q15: And thinking now generally about your experiences since you were 50: Do you feel that anyone has refused you work because of your age?

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Table 27: Individuals who report being having been refused a loan because of their age since they turned 50

	Unweighted count	Percent
No	74	71.15
Yes	28	26.92
Don't know / declined to answer	1	0.96
Missing	1	0.96
Total	104	100.00

Q15: And thinking now generally about your experiences since you were 50: And do you feel that you have ever been refused a loan because of your age?

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

4.2 Right to the highest possible standard of physical and mental health

In this section we report findings against the indicators in the HelpAge panel on the right to the highest possible standard of physical and mental health. The indicator dashboard for the right to the highest possible standard of physical and mental health includes Indicator 5 (access to healthcare), Indicator 6 (unmet health needs) and Indicator 7 (experiences of discrimination, poor treatment and neglect in healthcare).

Figure 11: Indicator dashboard for the right to the highest possible standard of physical and mental health

Indicator 5: Access to healthcare Percentage of older people who have access to a health facility within half an hour travel time of their home

Indicator 6: Unmet health needs

Percentage of older people who have needed health care or medical equipment who have not received this on at least one occasion since they turned 50

Indicator 7: Experiences of discrimination, poor treatment and neglect in healthcare

Percentage of older people who report being refused or denied medical treatment, refused health insurance, and experienced worse treatment by health professionals since you turned 50, because of their age

Indicator 5. Access to healthcare

Indicator 5 in the dashboard on the right to the highest attainable standard of physical and mental health is *access to healthcare*.

Amongst the Mozambique sample, 18% indicated that there was no health facility within half an hour travel time of their home, including 23% of male respondents and 14% of female respondents. The proportion with no access was higher amongst participants in a rural location than in urban locations. Lack of access was higher amongst those older people who self-identified as experiencing a limiting longstanding illness or disability (LLID) and amongst those from the Shangaan, Tsonga and Sena ethnic groups.

Indicator 6. Experiences of discrimination, poor treatment and neglect in healthcare

The next indicator in the dashboard for the right to the highest attainable standard of physical and mental health is *Indicator 6: access to unmet health needs*.

13% of respondents indicated that they had been refused or denied medical treatment because of their age, with 6% indicating that they had been refused health insurance because of their age. A significant proportion reported experiencing worse treatment by health professionals because of their age (14%) and that their health and medical needs are neglected because of their age (22%).

Table 28: Respondents who report that there is no health facility within 30 minutes travel time from where they live (percentages)

	No		Yes		Declined to answer		Missing		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	19	18.27	81	77.88	3	2.88	1	0.96	104	100.00
Gender										
Male	11	22.92	35	72.92	2	4.17	0	0.00	48	100.00
Female	8	14.29	46	82.14	1	1.79	1	1.79	56	100.00
Area type										
Urban	4	9.52	38	90.48	0	0.00	0	0.00	42	100.00
Rural	15	24.59	42	68.85	3	4.92	1	1.64	61	100.00
Missing	0	0.00	1	100.00	0	0.00	0	0.00	1	100.00
Disability status										
NO LLID	7	14.58	38	79.17	3	6.25	0	0	48	100.00
LLID	12	21.43	43	76.79	0	0	1	1.79	56	100.00
Ethnic group										
Tsonga	1	25.00	3	75.00	0	0.00	0	0.00	4	100.00
Shangaan	10	30.30	22	66.67	1	3.03	0	0.00	33	100.00
Sena	4	16.67	19	79.17	0	0.00	1	4.17	24	100.00
Other indigenous tribal group	4	9.30	37	86.04	2	4.65	0	0.00	43	100.00
Age										
50-54	0	0.00	1	100.00	0	0.00	0	0.00	1	100.00
55-59	2	28.57	5	71.43	0	0.00	0	0.00	7	100.00
60-64	3	18.75	12	75.00	1	6.25	0	0.00	16	100.00
65-69	4	25.00	12	75.00	0	0.00	0	0.00	16	100.00
70-74	5	22.73	16	72.73	1	4.55	0	0.00	22	100.00
75-79	1	6.25	15	93.75	0	0.00	0	0.00	16	100.00
80-84	2	12.50	12	75.00	1	6.25	1	6.25	16	100.00
85+	2	20.00	8	80.00	0	0.00	0	0.00	10	100.00

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Table 29: Experiences of discrimination, poor treatment and neglect in healthcare (percentages)

	Respondents who report having been refused or denied medical treatment because of their age	Respondents who report being <u>refused health insurance</u> because of their age	Respondents who report experiencing worse treatment by health professionals because of their age	Respondents who report that their health and medical needs are <u>neglected</u> because of their age
	Percent	Percent	Percent	Percent
No	87.50	83.65	84.62	75.00
Yes	12.50	5.77	13.46	22.12
Don't know / declined to answer		10.58	1.92	0.96
Missing				1.92
Total	100.00	100.00	100.00	100.00

A19: Do you feel that you have ever been refused or denied medical treatment because of your age?

Q19: Do you feel that you have ever been refused health insurance because of your age?

Q19: Do you feel that you have experienced worse treatment by health professionals since you turned 50 because of your age, for example, not being listened to, having your wishes ignored, or being put down or talked about as if you are not there, or by not being treated with dignity and respect? By health professionals I mean doctors, nurses, community nurses, dentists and so on

Q19: Do you feel that your health and medical needs are neglected because of your age?

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Indicator 7. Unmet health needs

The final indicator in the dashboard for the right to the highest attainable standard of physical and mental health is *Indicator 7: experiences of discrimination, poor treatment and neglect in healthcare*.

Around a fifth (19%) of the Mozambique sample reported that there had been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it. A number of barriers to accessing healthcare were mentioned by those with unmet health needs. Reasons cited included illness, disability or infirmity making travel too difficult (13 respondents); the health facility being too far away (11 respondents); not having access to transport (9 respondents); transport being too expensive (6 respondents); seeing a medical professional is too expensive / health equipment such as bandages and / or medicine is too expensive (3 respondents); not having health insurance (7 respondents); being badly treated by health providers in the past (7 respondents); the health facility being of a low quality or the staff often absent (3 respondents). Four respondents reported having tried to access healthcare but being refused / denied healthcare. Two respondents mentioned going to get

advice from someone else such as a pharmacist, traditional healer or practitioner, a faith healer or a shopkeeper; and two reported that they felt that they that you were too old to bother or you didn't want to be a burden on their family / relatives.

Table 30: Respondents who report that there been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it

	Unweighted count	Percent
No	82	78.85
Yes	20	19.23
Don't know / declined to answer	1	0.96
Missing	1	0.96
Total	104	100.00

Q20: And please can you tell me, has there been at least one occasion since you were 50 that you have needed healthcare but you did not receive it?

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

4.3 Right to individual and family life, equal treatment and dignity

In this section we report findings against the indicators in the HelpAge panel on the right to individual life, equal treatment and dignity. The indicator dashboard on the right to individual life, equal treatment and dignity includes Indicator 5: dignity, autonomy and social isolation; Indicator 6, unmet need for social care; and Indicator 7, intense informal caring activities.

Indicator 5: Dignity, autonomy and social isolation

Indicator 5 in the HelpAge panel on the right to individual life, equal treatment and dignity is *dignity, autonomy and social isolation*

Significant proportions of participants reported various types of detrimental treatment associated with older age. Around half of the sample (47%) agreed with the statement that they are not treated with dignity and respect because of their age. 51% agreed with the statement that other people look down at them or treat them in a humiliating, shameful or degrading way because of their age. Significant proportions reported lack of autonomy, choice and control, with 38% reporting that other people make important decisions for them without their permission or consent because of their age; 47% that they felt pushed around because of their age; and 29% reporting that they feel that what happens to them is outside of their control. 41% felt socially isolated because of their age.

Figure 12: Indicator dashboard for the right to individual and family life, equal treatment and dignity

Indicator 5: Dignity, autonomy and social isolation

Percentage of older people who feel that they are not treated with dignity and respect because of their age

Percentage of older people who feel that other people look down at them or treat them in a humiliating, shameful or degrading way because of their age

Percentage of older people who feel that other people make important decisions for them without their permission or consent because of their age

Percentage of older people who feel pushed around because of their age

Percentage of older people who I feel that what happens to them is out of their control

Percentage of older people who report that they feel socially isolated because of their age

Indicator 6: Unmet need for social care

Percentage of older people who report needing help with personal care needs who report receiving help with personal care needs who do not receive such help

Indicator 7. Intense informal caring activities

Provision of informal caring for more than 20 hours a week

Table 31: Perceptions of dignity, autonomy and social isolation (percentages)

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know / declined to answer	Missing	Total
Percentage of respondents who feel that they are not treated with dignity and respect because of their age	15.38	31.73	29.81	20.19	2.88		100.00
Poor quality sewage and / or sanitation	21.15	29.81	26.92	17.31	4.81		100.00
Percentage of respondents who feel that other people make important decisions for them without their permission or consent because of their age	15.38	23.08	37.50	19.23	4.81		100.00
Percentage of respondents who feel pushed around because of their age	17.31	29.81	29.81	16.35	6.73		100.00
Percentage of respondents who that what happens to them is outside of their my control	8.65	20.19	39.42	20.19	9.62	1.92	100.00
Percentage of respondents who feel socially isolated because of their age	15.38	25.96	32.69	24.04	1.92		100.00

Q37: how much do you agree or disagree with the following statements? Please say whether you agree strongly, agree, disagree or strongly disagree –
I feel that I am not treated with dignity and respect because of my age
I feel that other people look down at me or treat me in a humiliating, shameful or degrading way because of my age
I feel that other people make important decisions for me without my permission or consent because of my age
I feel pushed around because of my age
I feel that what happens to me is out of my control
I feel socially isolated because of my age

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Indicator 6. Unmet need for social care

The next indicator in the dashboard on the right to individual life, equal treatment and dignity is *Indicator 6: unmet need for social care*.

Just over half the sample (52%) indicated that they had a need for help or support with everyday personal care needs and activities such as dressing or undressing; washing, bathing or going to the toilet; having medicine at the correct time or dose or

using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; washing clothes and bedding; doing routine housework and shopping for groceries or clothes; or any other day-to-day activity.

Of the 54 respondents who indicated that they need help and support, 29 respondents indicated that they received help or support that they needed from family, friends, professionals, an NGO or other source. 24 respondents (44%) indicated that they did not receive such help or support from any source.

Participants were asked if they felt neglected in relation to their personal care needs in the sense that someone who is responsible for giving you special help or support with their everyday personal care needs and activities failed to provide this help and support. Nineteen respondents indicated that they felt neglected in this way.

Indicator 7. Intense caring activities

The next indicator in the dashboard on the right to individual life, equal treatment and dignity is *Indicator 7: intense informal caring activities*.

In order to identify older people who provide informal caring activities, participants were first asked whether they undertake a range of unpaid activities such as Unpaid housework; fetching water, collecting / preparing firewood or fuel materials; caring for / watching over children; caring for household pets or animals, growing crops etc; unpaid activities as a worker in own/family/household business.

Within this block of questions, participants were asked if they provide unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities (such as dressing or undressing; washing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; doing routine housework and shopping for groceries or clothes) or watched over them since their behaviour can be upsetting or dangerous to themselves or others. For example, providing unpaid care to a sick, disabled or elderly relative, wife, husband or friend, or a sick or disabled child or grandchild.

14% of participants reported undertaking informal unpaid caring activities of this type. Exposure to the burden of intense unpaid caring activities (that is, provision of unpaid caring activities for more than 20 hours a week) was then assessed based on a follow up question. Two participants indicated that they provided intense unpaid activities of this type.

Table 32: Percentage of respondents who report undertaking unpaid caring activities

	Unweighted count	Percent
Yes	15	14.42
No	89	85.58
Total	104	100.00

Q13: And please may I ask, during the last 12 months, have you undertaken any of the following activities without any pay? Provided unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities (such as dressing or undressing; washing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; doing routine housework and shopping for groceries or clothes) or watched over them since their behaviour can be upsetting or dangerous to themselves or others. For example, providing unpaid care to a sick, disabled or elderly relative, wife, husband or friend, or a sick or disabled child or grandchild?

Option not selected / 0 are coded as “No”

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Table 33: Time that carers spend caring

	Unweighted count	Percent
No care provided / missing	85	81.73
Less than 10	2	1.92
Between 10 and 20hours a week	9	8.65
More than 20 hours a week	2	1.92
Don't know / declined to answer	6	5.77
Total	104	100.00

Q14: You just mentioned that during the past year you have provided unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities. May I check, how many hours a week do you provide this special care for?

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

4.4 Right to physical security (including protection from crime, violence and abuse)

In this section we report findings against the indicators in the HelpAge panel on the right to physical security (protection from crime, violence and abuse). The indicator dashboard on the right to physical security (protection from crime, violence and abuse) includes Indicator 13: physical security. In order to build up an evidence base against this indicator, the HelpAge Survey asks participants about their experiences of personal crime, violence and abuse since the age of 50. It also includes follow up questions on repeat victimisation; on perpetrators and their relationship to the victims; and on sources of help and support.

Figure 13: indicator dashboard for the right to physical security (protection from crime, violence and abuse)

Indicator 5. Physical security

Percentage of older people experiencing at least one incidence of personal crime, violence or abuse since they were 50 (covering financial, emotional, physical and sexual aspects and malicious accusations such as witchcraft).

Indicator 5. Physical security

Indicator 5 in the dashboard for the right to physical security (protection from crime, violence and abuse) is *physical security*.

74% of respondents reported experiencing at least one category of crime / violence / abuse since they turned 50, including a higher proportion of females than males. Prevalence rates were also higher amongst older people who self-identified as experiencing a limiting longstanding illness or disability (LLID), amongst the Shangaan and Sena ethnic group and amongst the “Other indigenous tribal group”.

Table 34: Percentage of respondents reporting experiencing at least one category of crime / violence / abuse since 50 (covers financial, emotional, physical and sexual dimensions and malicious accusations)

	No		Yes		Total	
	Number	Percent	Number	Percent	Number	Percent
All	30	28.85	74	71.15	104	100.00
Gender						
Male	16	33.33	32	66.67	48	100.00
Female	14	25.00	42	75.00	56	100.00
Area type						
Urban	10	23.81	32	76.19	42	100.00
Rural	19	31.15	42	68.85	61	100.00
Missing	1	100.00	0	0.00	1	100.00
Disability						
No LLID	16	33.33	32	66.67	48	100.00
LLID	14	25.00	42	75.00	56	100.00
Ethnicity						
Tsonga	0	0	4	100.00	4	100.00
Shangaan	12	36.36	21	63.64	33	100.00
Sena	7	29.17	17	70.83	24	100.00
Other indigenous tribal group	11	25.58	32	74.42	43	100.00
Age						
50-54	1	100.00	0	0.00	1	100.00
55-59	1	14.29	6	85.71	7	100.00
60-64	4	25.00	12	75.00	16	100.00
65-69	2	12.50	14	87.50	16	100.00
70-74	12	54.55	10	45.45	22	100.00
75-79	5	31.25	11	68.75	16	100.00
80-84	3	18.75	13	81.25	16	100.00
85+	2	20.00	8	80.00	10	100.00

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Table 35: Abuse categories mentioned by respondents by type

	Unweighted count	Percent
Financial abuse	40	38.46
Emotional abuse	48	46.15
Physical abuse	20	19.23
Sexual abuse	6	5.77
Malicious accusations abuse	41	39.42

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Financial violence / crime / abuse

38% of respondents reported experiencing at least one of the categories of financial crime / violence / abuse since they turned 50. A fifth of participants (21%) reported experiencing an incident of this type in the last year.

Similar proportions reported financial crime / violence / abuse amongst men and women. Prevalence rates were higher amongst those living in rural areas.

29% respondents reported experiencing stealing of money, property or possessions. Smaller proportions reported experiencing money, property or possessions being taken away by force; by tricking or cheating; or being prevented from having their fair share of money, inheritance, property or possessions. Seven respondents reported being made to leave a house, farm or property by force or without their permission or consent; and four respondents other people making financial decisions for them without their permission or consent. Of those who experienced financial abuse, more than two thirds reported experiencing repeat victimisation (i.e. experiencing an incident of this type more than once).

Perpetrators mentioned a member of family or relative (not current partner or spouse) (16 respondents); a friend, neighbour or other acquaintance (13 respondents); community leadership structure appointed by government, such as village leaders) (3 respondent) and not appointed by government (1 respondent).

Sources of help and support included the police (5 respondents); health centre / hospital (1 respondent); family or friends (9 respondents); NGO (1 respondent); community village leaders (10 respondents). Twenty respondents reported not telling anyone about the incident.

Emotional violence / crime / abuse

46% of respondents reported experiencing at least one category of emotional abuse since they turned 50. 35 percent of respondents experienced this in the last year.

Reported prevalence rates were higher amongst women (50%) although prevalence was nevertheless experienced by a significant proportion of men (42%). Prevalence was higher amongst the Tsonga and Sena ethnic groups.

Significant proportions (42%) reported experiencing being put down; belittled, degraded, humiliated or shamed; with 35% reporting experiencing being excluded or ignored; and 17 percent reporting experiencing controlling behaviour such as being prevented from seeing or having contact with friends or family, or by threatening to hurt you or someone you care about, or being subjected to controlling behaviour in some other way. Of those who reported experiencing emotional abuse, 71 percent reported experiencing the abuse more than once.

Perpetrators mentioned included current partners or spouse (1 respondent); other family members or relatives (23 respondents); friends or acquaintances (23 respondents); community leadership structures appointed by government (2 respondents); community leadership structures not appointed by government (2 respondents); local militia or enforcement group (two respondents).

Sources of help and support include the police (five respondents); hospital / health centre (1 respondent); support organisation / counsellor (three respondents); community / village leaders (9 respondents); family / friends (8 respondents); Chief (1 respondent). Twenty two respondents reported not telling anyone about the incident and one respondent didn't know / couldn't remember.

Physical violence / crime / abuse

19% of respondents reported experiencing at least one category of physical violence / crime / abuse since they turned 50. 16% of participants reported experiencing this in the last twelve months.

Prevalence rates were high amongst 80-84 year olds (31%) and 85+ year olds , amongst those living in rural areas and amongst members of the Sena ethnic group and the "other" indigenous tribal group. Physical abuse was also higher amongst those older people who self-identified as experiencing a limiting longstanding illness or disability (LLID) (21%) compared with those with no LLID (17%).

9% of respondents reported experiencing the use of a knife; gun; sick or other weapon; 8% experiencing violence or force; 5% physical restraint such as being tied up or locked in a room; 10% threats to kill them. Of those who experienced physical abuse, 75 percent reported experiencing abuse more than once.

Perpetrators mentioned included a family or relative (not current partner / husband / wife) (12 respondents); and a friend or acquaintance (8 respondents).

Sources of help and support include the police (six respondents); legal centre / authorities (1 respondent); hospital / health centre (1 respondent); support organisation / counsellor (2 respondents); community / village leader (7 respondents);

religious leader (2 respondents); NGO (1 respondent); family / friends (6 respondents); Six respondents reported not telling anyone about the incident.

Sexual violence / crime / abuse

6 participants (6%) reported experiencing at least one category of sexual abuse since they turned 50 including a similar proportion of females and males. Three respondents reported experiencing this in the last year.

Of those respondents who reported experiencing sexual abuse, all reported experiencing being forced to have sex against their will. Two respondents reported being forced to have other sexual activity against their will. Two respondents reported attempted sexual abuse. Three respondents reported experiencing the abuse more than once.

Perpetrators mentioned included a current partner / husband / wife (2 respondents); other friends or acquaintances (2 respondents); local militia or civil enforcement group (2 respondents).

Sources of support mentioned included police (1 respondent); community /village leader (1 respondent) and family / friends (1 respondent). Four respondents reported not telling anyone about the incident.

Malicious accusation crime / violence / abuse

41% of respondents reported experiencing at least one category of malicious accusation abuse since they turned 50. 24% of participants reported experiencing this within the last 12 months.

Prevalence was particularly high (60%) amongst 85+ year olds, in rural areas and amongst the Tsonga and Sena ethnic groups and the “other” indigenous tribal group.

37% of respondents reported experiencing accusations of being a witch / spirit possession or sorcery; 27% accusations of using witchcraft, evil spirits, spells, black magic or evil spirits; 26% physical or verbal abuse due to witchcraft or related accusations. Of those who reported experiencing malicious accusations, 29% of respondents reported experiencing this more than once.

Perpetrators mentioned included a current partner / husband / wife (2 respondents); another family or relative (31 respondents); a friend or acquaintance (11 respondents).

Sources of help and support include the police (five respondents); a legal centre / legal authorities (2 respondents); a hospital health centre (1 respondent); a support organisation / counsellor (3 respondents); a religious leader (4 respondents); a community / village leader (8 respondents); a NGO (2 respondents); family and

friends (7 respondents). 22 respondents reported that they did not tell anyone about the incident.

4.5 Right to participation, influence and voice

In this section we report findings against the indicators in the HelpAge panel on the right to participation, influence and voice. The indicator dashboard on the right to participation, influence and voice includes Indicator 5 (voting), Indicator 6 (participation in political and public affairs) and Indicator 7 (knowledge and understanding of human rights).

Figure 14: Indicator dashboard for the right to participation, influence and voice

<p>Indicator 5: Voting</p> <p>Percentage of older people who did not vote in the last national election</p> <p>Indicator 6: Participation in political and public affairs</p> <p>Percentage of older people participating in national or local political affairs or in public / community life in the last 12 months</p> <p>Indicator 7: Knowledge and understanding of human rights</p> <p>Percentage of individuals who have heard of the Universal Declaration of Human Rights</p>
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Indicator 5: Voting

Indicator 5 of the dashboard on participation, influence and voice is voting.

The vast majority of participants voted (87%) voted in the last national election. Amongst those who did not vote, reasons given included lack of relevant identity cards or papers (1 participant), concern about safety (1 participant); not being able to get to the polling station (6 participants), not knowing about the election (1 participant).

Table 36: Percentage of respondents who voted in the last national election

	Unweighted count	Percent
Yes	87	83.65
No	15	14.42
Declined to answer	2	1.92
Total		
	104	100.00

Q38: May I ask, did you vote in the last national election, that is the national election held on [DATE OF LAST NATIONAL / GENERAL / PRESIDENTIAL ELECTION IN COUNTRY]?

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Indicator 6: participation in political and public affairs

The next indicator in the dashboard on participation, influence and voice is Indicator 6: participation in political and public life.

Around two thirds of participants (61%) reported participating in political or public / community life in the last twelve months. This included a higher proportion of females than males and a lower proportion amongst those older people who self-identify as experiencing a limiting longstanding illness or disability (LLID).

Table 37: Participation in political life and public / community affairs

	Yes, I have participated in national or local affairs in the last 12 months		No / missing		Total	
	Unweighted count	Percent	Unweighted count	Percent	Unweighted count	Percent
All	63	60.58	41	39.42	104	100.00
Gender						
Male	19	39.58	29	60.42	48	100.00
Female	44	78.57	12	21.43	56	100.00
Area type						
Urban	31	73.81	11	26.19	42	100.00
Rural	32	52.46	29	47.54	61	100.00
Missing	0	0.00	1	100.00	1	100.00
Disability status						
No LLID	33	68.75	15	31.25	48	100.00
LLID	30	53.57	26	46.43	56	100.00
Ethnicity						
Tsonga	2	50.00	2	50.00	4	100.00
Shangaan	24	72.73	9	27.27	33	100.00
Sena	15	62.50	9	37.50	24	100.00
Other indigenous tribal group	22	51.16	21	48.83	43	100.00
Age						
50-54	0	0.00	1	100.00	1	100.00
55-59	6	85.71	1	14.29	7	100.00
60-64	14	87.50	2	12.50	16	100.00
65-69	8	50.00	8	50.00	16	100.00
70-74	11	50.00	11	50.00	22	100.00
75-79	8	50.00	8	50.00	16	100.00

80-84	10	62.50	6	37.50	16	100.00
85+	6	60.00	4	40.00	10	100.00

Q40: And over the past twelve months have you participated in national or local political affairs or in public / community life in any of the following ways? Stood as a candidate yourself in an election such as a village, district, provincial, national or other election Contacted a politician, attended a public meeting, demonstration or protest, signed a petition Been a member of an older people's group, NGO, trade union or community, Church or religious group Been a volunteer Other

Source: HelpAge survey on the human rights of older people, Mozambique, 2012

Indicator 7: knowledge and understanding of human rights

The next indicator in the dashboard on participation, influence and voice is Indicator 7: knowledge and understanding of human rights.

A majority of participants (61%) had heard of the Universal Declaration of Human Rights.

Table 38: Percentage of respondents with knowledge of the Universal Declaration of Human Rights

	Unweighted count	Percent
No	39	37.50
Yes	63	60.58
Declined to answer	2	1.92
Total	104	100

Q42: May I check, have you heard of the Universal Declaration of Human Rights?

Source: HelpAge survey on the human rights of older people, Mozambique.

5 Key findings: Kyrgyzstan

In this Chapter we report findings against the outcome indicators in the HelpAge panel on older people for Kyrgyzstan. The findings reported in the Chapter are based on data generated by the HelpAge survey on older people which was fielded in Kyrgyzstan in 2012.

It is important to note that the findings are not intended to provide population estimates and are valid for the Kyrgyzstan sample only. The methodology in undertaking the HelpAge survey in Kyrgyzstan differed from that in Peru and Mozambique in that the aim was to use probability sampling with a view to achieving a representative sample of the older population (rather than to adopt purposive sampling methods).

In practice, a three-stage methodology for identifying participants 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 the current report.

For these reasons, the findings set out in this chapter, like those for Peru and Mozambique, should be viewed as capturing and reflecting the position and experiences of the older people interviewed through the survey process (rather than as being representative of the population of older people in Kyrgyzstan).

Further details of methodology and survey design are provided in Chapter 2 and Appendices 3-5.

5.1 Right to an adequate standard of living

In this section we report findings against the outcome indicators in the HelpAge panel on the right to an adequate standard of living. The indicator dashboard for the right to an adequate standard of living includes Indicator 5 (access to basic needs), Indicator 6 (hunger and food allocation within the household), Indicator 7 (access to critical goods), Indicator 8 (income, pensions and social protection) and Indicator 9 (discrimination at work or in financial markets).

Indicator 5: access to basic needs

Indicator 5 under the right to an adequate standard of living is *access to basic needs*.

High proportions of respondents identified fulfilling basic needs is a serious problem faced by older people living in Kyrgyzstan (90%), with 52% identifying access to water as a serious problem. Participants were also asked whether lack of access to everyday essentials and food is a serious problem for them personally. 5% of respondents reported experiencing such difficulties all of the time, with a further 27%

reporting such difficulties regularly and 47% occasionally. 21% reported experiencing such difficulties “never”.

Disaggregating by characteristics, those living in rural areas were less likely to say that they never experienced difficulties with accessing basic needs and more likely to indicate that lack of access to everyday essentials and food is a serious problem for them all of the time, regularly or occasionally.

Indicator 5. Access to basic needs

Percentage of older people who report struggling with everyday basic needs and essentials such as food, water, shelter, heating, fuel and clothing all of the time, regularly, occasionally or never.

Percentage of individuals who report that they feel they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age

Indicator 6. Hunger and food allocation within the household

Percentage of older people reporting going to bed hungry because there is not enough food in your household on at least one occasion since they were 50

Of those who report having gone to bed hungry: percentage who report that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately

Indicator 7. Access to critical goods

Percentage of older people reporting serious problems with access to critical goods.

Covers:

Poor quality water

Poor quality sewage and sanitation

Poor quality air

Access to electricity

Access to fuel

Keeping warm when it's cold

Keeping cool when it's hot

Regular access to a telephone

Access to newspapers, radio and / or TV

Access to internet

Indicator 8. Income, pensions and social protection

Percentage of older people reporting income from any kind of work, receipt of a pension and receipt of social protection / social security

Indicator 9. Discrimination at work or in financial markets

Percentage of older people who feel that they have been refused a loan because of their age

Percentage of older people who feel that they have been refused work because of their age

Table 39: Respondents who identify lack of access to everyday essentials and food is a serious problem for them personally (Percentage)

	Never		All of the time		Regularly		Occasionally		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All	21	21	5	5	27	27	47	47	100	100.00
Gender										
Male	10	19.61	2	3.92	13	25.49	26	50.98	51	100.00
Female	11	22.45	3	6.12	14	28.57	21	42.86	49	100.00
Disability										
No disability	15	18.99	4	5.06%	16	20.25	44	55.70	79	100.00
Disability (LLID)	6	28.57	1	4.76	11	52.38	3	14.29	21	100.00
Area type										
Urban	15	28.85	2	3.85	14	26.92	21	40.38	52	100.00
Rural	6	12.50	3	6.25	13	27.08	26	54.17	48	100.00
Ethnicity										
Kyrgyz	12	20.34	4	6.78	12	20.34	31	52.54	59	100.00
Uzbek	5	31.25	1	6.25	3	18.75	7	43.75	16	100.00
Russian	2	11.11	0	0.00	9	50.00	7	38.89	18	100.00
Other	2	28.57	0	0.00	3	42.86	2	28.57	7	100.00
Age										
50-54	3	27.27	1	9.09	3	27.27	4	36.36	11	100.00
55-59	1	7.14	0	0.00	5	35.72	8	57.14	14	100.00
60-64	4	23.53	2	11.76	5	29.41	6	35.29	17	100.00
65-69	0	0.00	0	0.00	2	25.00	6	75.00	8	100.00
70-74	3	18.75	0	0.00	3	18.75	10	62.50	16	100.00
75-79	1	11.11	1	11.11	2	22.22	5	55.56	9	100.00
80-84	7	50.00	0	0.00	3	21.43	4	28.57	14	100.00
85+	2	18.18	1	9.09	4	36.36	4	36.36	11	100.00

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

In order to examine the phenomenon of age discrimination, participants were asked whether they feel that they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age. A small proportion of the sample (7%) reported that they felt this to be the case all of the time or regularly, with a further 31% indicating that they felt this to be the case occasionally. Two thirds of the sample (60%) reported that they never feel that they are denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age.

Table 40: Individuals who report that they feel they are sometimes denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of their age

	Unweighted count	Percent
Never	60	60.00
All of the time	1	1.00
Regularly	7	7.00
Occasionally	31	31.00
Missing	1	1.00
Total	100	100.00

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 6. Hunger and food allocation within the household

The next indicator in the dashboard for the right to an adequate standard of living is *Indicator 6: hunger and food allocation within the household*. Data against this indicator is presented in Tables 41 and 42. The vast majority of participants (95%) reported that there has *not* been one or more times when they have gone hungry because there has not been enough food in their household since they turned 50. Amongst those who reported this to be the case (5%), three respondents reported that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately. Reasons cited including feeling that it is more important that children and younger family members consume food than older people (2 respondents); and other family or household members putting pressure on them not to have their fair share of the household food (1 respondent).

Table 41: Individuals who report that, since they turned 50, there has been one or more times when they have gone hungry because there has not been enough food in their household

	Unweighted count	Percent
No	95	95
Yes	5	5
Total	100	100

Question 4: And since you turned 50, has there been one or more times when you have gone hungry because there is not enough food in your household?

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Table 42: Respondents who reported that they have limited or restricted their food consumption so that children or other family or household members could eat more adequately

	Unweighted count	Percent
Yes	3	60.00
No	0	0.00
I live on my own / do not have family / household members	2	40.00
Missing	0	0.00
Total	5	100

Question 5: Thinking about the last time you went hungry because there was insufficient food in your household, please could you tell me, did you limit or restrict your consumption of food so that children or other family or household members could eat more adequately?

Restricted to those who report "yes" under Question 4, Var: Fooddisc1 if hunger ==1,missing

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 7: access to critical goods

The next indicator in the dashboard on the right to an adequate standard of living is *Indicator 7: access to critical goods*. Significant proportions of respondents indicated serious personal difficulties in accessing critical goods such as poor quality water (56%), poor quality sewage and / or sanitation (50%), poor quality air (33%), access to electricity (60%), access to fuel (55%), keeping warm when it is cold (62%) and keeping cool when it is hot (40%). In relation to access to communications and media, 27% of respondents indicated serious problems with accessing a telephone, 35 % with access to the media (newspapers, radio and / or TV) and 3% with access to the internet.

Table 43: Percentage who report that access to critical goods is a serious problem for them personally – by type of critical good (percentages)

	No	Yes	Don't know/declined	Missing	Total
Poor quality water	42.31	55.77		1.92	100.00
Poor quality sewage and / or sanitation	45.19	50.00	3.85	0.96	100.00
Poor quality air	50.00	32.69	13.46	3.85	100.00
Access to electricity	39.42	59.62		0.96	100.00
Access to fuel	44.23	54.81		0.96	100.00
Keeping warm when it is cold	31.73	61.54	5.77	0.96	100.00
Keeping cool when it is hot	46.15	40.38		13.46	100.00
Regular access to a telephone	71.15	26.92		1.92	100.00
Regular access to the media (newspapers, radio and / or TV)	64.42	34.62		0.96	100.00
Regular access to the internet	84.62	2.88	6.73	5.77	100.00

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 8: Income, pensions and social protection

In order to populate an evidence base under Indicator 8: income, pensions and social protection, participants were asked about their sources of income and financial support. Thirty two percent of respondents indicated that they received income from formal or informal work; whilst 86% percent indicated that they received income from a pension. When prompted regarding difficulties with receiving or accessing pensions, one respondent mentioned illness, disability or infirmity making it too difficult to travel to get the money; and one respondent that the payments are always or often late.

One respondent reported receiving money or support from social benefits paid to older people; and nine receiving money or support from other social insurance protection and social security benefits or receiving allowances paid by government / local government or NGOs.

Table 44: Income, pensions and social protection (percentages)

	Yes	No
Income from any type of paid work activity (formal or informal)	32	68
Income from a pension	86	14
Money or support from social benefits paid to older people	1	99
Money or support from other social insurance protection and social security benefits or receiving allowances paid by government / local government or NGOs	9	91
Percentage of respondents who report receiving money / support from husband / wife	10	90
Percentage of respondents who report receiving money / support from family / friends	49	51

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? income from any type of paid work activity (formal or informal) [INCLUDE INCOME FROM ANY TYPE OF PAID WORK ACTIVITY SUCH AS WAGES FROM WORKING IN AN ENTERPRISE, COMPANY, THE GOVERNMENT OR WORKING FOR ANY OTHER INDIVIDUAL; PAYMENTS FROM A PRODUCER COOPERATIVE; INCOME FROM A OWNING A BUSINESS OR PROPERTY; INCOME FROM SELF EMPLOYMENT (OWN ACCOUNT WORK E.G. OWN BUSINESS, ENTERPRISE OR FARM OWNED BY SELF); INCOME FROM FAMILY EMPLOYMENT EG INCOME FROM WORKING ON A FARM OWNED OR RENTED BY SOMEONE WHO IS A HOUSEHOLD OR FAMILY. INCLUDE INCOME BOTH FROM REGULAR WORK AND FROM OCCASIONAL / TEMPORARY / CASUAL WORK (E.G. CASUAL FARM WORK, STREET / KIOSK / MARKET STALL / DOOR TO DOOR SELLING OF PRODUCE OR GOODS, CASUAL SALES OF ANIMAL HUSBANDRY/AGRICULTURAL GOODS, CASUAL WORK AS A MAID, GARDENER ETC IN SOMEONE ELSE'S HOUSEHOLD FOR WAGES). INCLUDE INCOME BOTH FROM WORK UNDERTAKEN IN THE FORMAL SECTOR AND ALSO FROM WORK UNDERTAKEN IN THE INFORMAL SECTOR].

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Money from a pension paid by an employer or the Government such as contributory work place pension, national / universal pension, other old age pension and widows pension: Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Other money or support from social benefits paid to older people (not pension)

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year? Money or support from other social insurance protection and social security benefits or allowances paid by government / local government or NGOs [includes benefits from social protection and social security such as unemployment allowance, sickness allowance, invalidity and old age benefits, widows allowance, social insurance payments from micro-insurance schemes run by ngos etc. also include other support for everyday needs and essentials such as food stamps / food/shelter/housing allowance. does not include pension]

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 9: Discrimination at work and in financial markets

The final indicator under the dashboard on an adequate standard of living is *Indicator 9: discrimination at work or in financial markets*. In order to examine the phenomenon of age discrimination, respondents were asked about their experiences of discrimination at work and in gaining access to a loan since they turned 50. About one tenth of the sample (9%) indicated that they had personally experienced being refused work because of their age since they turned 50. A smaller percentage (4%) indicated having been refused a loan because of their age since they turned 50.

Table 45: Individuals who report being refused work because of their age since they turned 50

	Unweighted count	Percent
No	90	90.00
Yes	9	9.00
Don't know / declined to answer		
Total	100	100.00

Q15: And thinking now generally about your experiences since you were 50: Do you feel that anyone has refused you work because of your age?

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Table 46: Individuals who report being having been refused a loan because of their age since they turned 50

	Unweighted count	Percent
No	95	95.00
Yes	4	4.00
Missing	1	1.00
Total	100	100.00

Q15: And thinking now generally about your experiences since you were 50: And do you feel that you have ever been refused a loan because of your age?

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012.

5.2 Right to the highest possible standard of physical and mental health

In this section we report findings against the indicators in the HelpAge panel on the right to the highest possible standard of physical and mental health. The indicator dashboard for the right to the highest possible standard of physical and mental health includes Indicator 5 (access to healthcare), Indicator 6 (unmet health needs) and Indicator 7 (experiences of discrimination, poor treatment and neglect in healthcare).

Figure 15: Indicator dashboard for the right to the highest possible standard of physical and mental health

Indicator 5: Access to healthcare Percentage of older people who have access to a health facility within half an hour travel time of their home

Indicator 6: Unmet health needs

Percentage of older people who have needed health care or medical equipment who have not received this on at least one occasion since they turned 50

Indicator 7: Experiences of discrimination, poor treatment and neglect in healthcare

Percentage of older people who report being refused or denied medical treatment, refused health insurance, and experienced worse treatment by health professionals since you turned 50, because of their age

Indicator 5. Access to healthcare

Indicator 5 in the dashboard on the right to the highest attainable standard of physical and mental health is *access to healthcare*.

Amongst the Kyrgyzstan sample, 14% indicated that there was no health facility within half an hour travel time of their home, including 8% of those in urban areas and 21% of those in rural areas. Lack of access was higher amongst those older people who self-identified as experiencing a limiting longstanding illness or disability (LLID).

Table 47: Respondents who report that there is no health facility within 30 minutes travel time from where they live (percentages)

	No		Yes		Total	
	Unweighted count	Percent	Unweighted count	Percent	Unweighted count	Percent
All	14	14.00	86	86	100	100.00
Disability						
No LLID	7	8.86	72	91.14	79	100.00
LLID	7	33.33	14	66.67	21	100.00
Gender						
Male	10	19.61	41	80.39	51	100.00
Female	4	8.16	45	91.84	49	100.00
Area type						
Urban	4	7.69	48	92.31	52	100.00
Rural	10	20.83	38	79.17	48	100.00
Ethnicity						
Kyrgyz	8	13.56	51	86.44	59	100.00
Uzbek	4	25.00	12	75.00	16	100.00
Russian	1	5.56	17	94.44	18	100.00
Other	1	14.26	6	85.71	7	100.00
Age						
50-54	0	0.00	11	100.00	11	100.00
55-59	1	7.14	13	92.86	14	100.00
60-64	2	11.76	15	88.24	17	100.00
65-69	1	12.50	7	87.50	8	100.00
70-74	1	6.25	15	93.75	16	100.00
75-79	3	33.33	6	66.67	9	100.00
80-84	4	28.57	10	71.43	14	100.00
85+	2	18.18	9	81.82	11	100.00%

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 6. Experiences of discrimination, poor treatment and neglect in healthcare

The next indicator in the dashboard for the right to the highest attainable standard of physical and mental health is *Indicator 6: access to unmet health needs*.

Virtually no respondents (only 2%) indicated that they had been refused or denied medical treatment because of their age, with 5% indicating that they had been refused health insurance because of their age. A higher proportion reported experiencing worse treatment by health professionals because of their age (16%) and that their health and medical needs are neglected because of their age (12%).

Table 48: Experiences of discrimination, poor treatment and neglect in healthcare

	Respondents who report having been refused or denied medical treatment because of their age	Respondents who report being <u>refused health insurance</u> because of their age	Respondents who report experiencing worse treatment by health professionals because of their age	Respondents who report that their health and medical needs are <u>neglected</u> because of their age
	Percent	Percent	Percent	Percent
No	97	94	82	86
Yes	2	5	16	12
Don't know / declined to answer	1	1	2	2
Total	100	100	100	100

A19: Do you feel that you have ever been refused or denied medical treatment because of your age?

Q19: Do you feel that you have ever been refused health insurance because of your age?

Q19: Do you feel that you have experienced worse treatment by health professionals since you turned 50 because of your age, for example, not being listened to, having your wishes ignored, or being put down or talked about as if you are not there, or by not being treated with dignity and respect? By health professionals I mean doctors, nurses, community nurses, dentists and so on

Q19: Do you feel that your health and medical needs are neglected because of your age?

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 7. Unmet health needs

The final indicator in the dashboard for the right to the highest attainable standard of physical and mental health is *Indicator 7: experiences of discrimination, poor treatment and neglect in healthcare*.

A small number of respondents in the Kyrgyzstan sample (7) reported that there had been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it. A number of barriers to accessing healthcare were mentioned by those with unmet health needs. Reasons cited included illness, disability or infirmity making travel too difficult (2 respondents); the health facility being too far away (3 respondents); seeing a medical professional is too expensive / health equipment such as bandages and / or medicine is too expensive (2 respondents); being badly treated by health providers in the past (1 respondent); the health facility being of a low quality or the staff often absent (1 respondent).

Table 49: Respondents who report that there been at least one occasion since they were 50 that they have needed healthcare but they didn't receive it

	Unweighted count	Percent
No	92	92
Yes	7	7
Missing	1	1
Total	100	100

Q20: And please can you tell me, has there been at least one occasion since you were 50 that you have needed healthcare but you did not receive it?

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 5: Dignity, autonomy and social isolation

Indicator 5 in the HelpAge panel on the right to individual life, equal treatment and dignity is *dignity, autonomy and social isolation*

Low proportions of participants reported various types of detrimental treatment associated with older age. The vast majority (93%) disagreed with the statement that they are not treated with dignity and respect because of their age. 97% disagreed with the statement that other people look down at them or treat them in a humiliating, shameful or degrading way because of their age. Low proportions also reported lack of autonomy, choice and control, with 7% reporting that other people make important decisions for them without their permission or consent because of their age; 13% that they felt pushed around because of their age; and 7% reporting that they feel that what happens to them is outside of their control. However, 19% felt socially isolated because of their age.

5.3 Right to individual and family life, equal treatment and dignity

In this section we report findings against the indicators in the HelpAge panel on the right to individual life, equal treatment and dignity. The indicator dashboard on the right to individual life, equal treatment and dignity includes Indicator 5: dignity, autonomy and social isolation; Indicator 6, unmet need for social care; and Indicator 7, intense informal caring activities.

Figure 16: Indicator dashboard for the right to individual and family life, equal treatment and dignity

Indicator 5: Dignity, autonomy and social isolation

Percentage of older people who feel that they are not treated with dignity and respect because of their age

Percentage of older people who feel that other people look down at them or treat them in a humiliating, shameful or degrading way because of their age

Percentage of older people who feel that other people make important decisions for them without their permission or consent because of their age

Percentage of older people who feel pushed around because of their age

Percentage of older people who feel that what happens to them is out of their control

Percentage of older people who report that they feel socially isolated because of their age

Indicator 6: Unmet need for social care

Percentage of older people who report needing help with personal care needs who report receiving help with personal care needs who do not receive such help

Indicator 7. Intense informal caring activities

Provision of informal caring for more than 20 hours a week

Table 50: Perceptions of dignity, autonomy and social isolation (percentages)

	Strongly Agree	Agree	Disagree	Strongly disagree	Missing	Total
Percentage of respondents who feel that they are not treated with dignity and respect because of their age	2	5	54	39		100.00
Percentage of respondents who feel that <i>other people look down at them or treat them in a humiliating, shameful or degrading way because of their age</i>	1	2	52	45		100.00
Percentage of respondents who feel that other people make important decisions for them without their permission or consent because of their age	1	6	61	32		100.00
Percentage of respondents who feel pushed around because of their age	1	12	55	28	4	100.00
Percentage of respondents who that what happens to them is outside of their my control	0	7	46	46		100.00
Percentage of respondents who feel socially isolated because of their age	1	18	57	24		100.00

Q37: how much do you agree or disagree with the following statements? Please say whether you agree strongly, agree, disagree or strongly disagree –

I feel that I am not treated with dignity and respect because of my age

I feel that other people look down at me or treat me in a humiliating, shameful or degrading way because of my age

I feel that other people make important decisions for me without my permission or consent because of my age

I feel pushed around because of my age

I feel that what happens to me is out of my control

I feel socially isolated because of my age

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 6. Unmet need for social care

The next indicator in the dashboard on the right to individual life, equal treatment and dignity is *Indicator 6: unmet need for social care*.

A fifth of the sample (20%) indicated that they had a need for help or support with everyday personal care needs and activities such as dressing or undressing; washing, bathing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and

personal affairs; washing clothes and bedding; doing routine housework and shopping for groceries or clothes; or any other day-to-day activity.

Of the 20 respondents who indicated that they need help and support, 18 respondents indicated that they received help or support that they needed from their husband and wife, family or friends (with no mentions of professionals or NGOs). Only one respondent indicated that they did not receive such help or support from any source.

Participants were asked if they felt neglected in relation to their personal care needs, in the sense that someone who is responsible for giving you special help or support with your everyday personal care needs and activities (such as dressing or undressing; washing, bathing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; washing clothes and bedding; doing routine housework and shopping for groceries or clothes) has failed to provide this support for you. Of the 20 respondents who indicated that they have care needs, one respondent reported feeling neglected, and 16 respondents indicated that this was not the case. Three answers were missing.

Indicator 7. Intense caring activities

The next indicator in the dashboard on the right to individual life, equal treatment and dignity is *Indicator 7: intense informal caring activities*.

In order to identify older people who provide informal caring activities, participants were first asked whether they undertake a range of unpaid activities such as unpaid housework; fetching water, collecting / preparing firewood or fuel materials; caring for / watching over children; caring for household pets or animals, growing crops etc; unpaid activities as a worker in own/family/household business.

Within this block of questions, participants were asked if they provide unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities (such as dressing or undressing; washing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; doing routine housework and shopping for groceries or clothes) or watched over them since their behaviour can be upsetting or dangerous to themselves or others. For example, providing unpaid care to a sick, disabled or elderly relative, wife, husband or friend, or a sick or disabled child or grandchild.

Three participants reported undertaking informal unpaid caring activities of this type. Exposure to the burden of intense unpaid caring activities (that is, provision of unpaid caring activities for more than 20 hours a week) was then assessed based on a follow up question. One participant indicated that they provided intense unpaid activities of this type.

Table 51: Percentage of respondents who report undertaking unpaid caring activities

	Unweighted count	Percent
Yes	3	3.00
No/Missing	97	97.00
Total	100	100.00

Q13: And please may I ask, during the last 12 months, have you undertaken any of the following activities? Provided unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or is getting old or weak and needs help with their everyday personal care needs and activities (such as undressing; washing or going to the toilet; having medicine at the correct time or dose or using medical bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing personal affairs; doing routine housework and shopping for groceries or clothes) or watched over them because their behaviour can be upsetting or dangerous to themselves or others. For example, providing unpaid care to an elderly relative, wife, husband or friend, or a sick or disabled child or grandchild?

Option not selected / 0 are coded as "No"

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Table 52: Time that carers spend caring

	Unweighted count
Less than 10 hours a week	0
Between 10 and 20 hours a week	4
More than 20 hours a week	1
Total	100

Q14: You just mentioned that during the past year you have provided unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities. May I check, how many hours a week do you provide this special care for?

Note: NB only three respondents indicated that here were carers in previous question. However, five respondents answered this question. We have retained their answers under this table in order to retain maximum possible information (rather than treating these answers as missing). However, these individuals are not declared as carers under the previous table.

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012.

5.4 Right to physical security (including protection from crime, violence and abuse)

In this section we report findings against the indicators in the HelpAge panel on the right to physical security (protection from crime, violence and abuse). The indicator dashboard on the right to physical security (protection from crime, violence and abuse) includes Indicator 13: physical security. In order to build up an evidence base against this indicator, the HelpAge Survey asks participants about their experiences of personal crime, violence and abuse since the age of 50. It also includes follow up questions on repeat victimisation; on perpetrators and their relationship to the victims; and on sources of help and support.

Figure 17: indicator dashboard for the right to physical security (protection from crime, violence and abuse)

Indicator 5. Physical security

Percentage of older people experiencing at least one incidence of personal crime, violence or abuse since they were 50 (age disaggregated, with separate reporting of financial abuse, emotional abuse, physical abuse, sexual abuse, and malicious accusations such as witchcraft) and percentage of those experiencing at least one incident of elder abuse who reported / told someone about the incident

Indicator 5. Physical security

Indicator 5 in the dashboard for the right to physical security (protection from crime, violence and abuse) is *physical security*.

35% of respondents reported experiencing at least one category of crime / violence / abuse since they turned 50. Prevalence rates were higher amongst the Uzbek ethnic group.

Table 53: Percentage of respondents reporting experiencing at least one category of crime / violence / abuse since 50 (covers financial, emotional, physical and sexual dimensions and malicious accusations)

	No		Yes		Total	
	Unweighted count	Percent	Unweighted count	Percent	Unweighted count	Percent
All	65	65.00	35	35.00	100	100.00
Gender						
Male	35	68.63	16	31.37	51	100.00
Female	30	61.22	19	38.78	49	100.00
Age						
50-54	7	63.64	4	36.36	11	100.00
55-59	10	71.43	4	28.57	14	100.00
60-64	10	58.82	7	41.18	17	100.00
65-69	4	50.00	4	50.00	8	100.00
70-74	10	62.50	6	37.50	16	100.00
75-79	4	44.44	5	55.56	9	100.00
80-84	12	85.71	2	14.29	14	100.00
85+	8	72.73	3	27.27	11	100.00
Area type						
Urban	33	63.46	19	36.54	52	100.00
Rural	32	66.67	16	33.33	48	100.00
Ethnic group						
Kyrgyz	40	67.80	19	32.20	59	100.00
Uzbek	9	56.25	7	43.75	16	100.00
Russian	12	66.67	6	33.33	18	100.00
Other	4	57.14	3	42.85	7	100.00
Disability						
No LLID	52	65.82	27	34.18	79	100.00
LLID	13	61.90	8	38.10	21	100.00

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Table 54: Abuse categories mentioned by respondents by type

	Unweighted count	Percent
Financial abuse	23	23.00
Emotional abuse	12	12.00
Physical abuse	6	6.00
Sexual abuse	1	1.00
Malicious accusations	3	3.00

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Financial violence / crime / abuse

23% of respondents reported experiencing at least one of the categories of financial crime / violence / abuse since they turned 50. Three respondents (3%) reported experiencing this in the last year.

Prevalence rates were higher amongst females and those from the Russian ethnic group.

13% of respondents reported experiencing stealing of money, property or possessions. 1 respondent reported experiencing money, property or possessions being taken away by force. 12 respondents reported being denied money, property or possessions (such as savings, pension, a house, land or jewellery) that was owed to them and one respondent reported being made to leave a house, farm or property by force or without their permission or consent. One respondent reported other people making financial decisions for them without their permission or consent.

Of those who experienced financial violence / crime / abuse, five (around a fifth) reported experiencing repeat abuse (i.e. experiencing the abuse more than once).

Perpetrators mentioned included a current partner or spouse (1 respondent); a member of family or relative (not current partner or spouse) (1 respondent); a friend, neighbour or other acquaintance (10 respondents).

Sources of help and support included the police (4 respondents); and family or friends (16 respondents). One respondent indicated that they had not told anyone about the incident.

Emotional violence / crime / abuse

12% of respondents reported experiencing at least one category of emotional abuse since they turned 50. Five respondents experienced this in the last year.

Victimisation was reported by both men and women. It was higher amongst over 85s than other age bands and amongst older people who self-identify as experiencing a limiting longstanding illness or disability (LLID).

Eight respondents reported experiencing being put down; belittled, degraded, humiliated or shamed; with 5 respondents reporting experiencing being excluded or ignored; and 1 respondent experiencing controlling behaviour such as being prevented from seeing or having contact with friends or family, or by threatening to hurt you or someone you care about, or being subjected to controlling behaviour in some other way. Of those who reported experiencing emotional abuse, five respondents (42%) reported experiencing the abuse more than once.

Perpetrators mentioned included current partners or spouse (1 respondent); other family members or relatives (1 respondent); friends or acquaintances (4 respondents); community leadership structures appointed by government (4 respondents).

Sources of help and support include the police (one respondent); community / village leader (one respondent); family / friends (two respondents). Seven respondents reported not telling anyone about the incident.

Physical violence / crime / abuse

Six respondents (6%) reported experiencing at least one category of physical violence / crime / abuse since they turned 50. Two participants reported experiencing this in the last twelve months.

Victims included both men and women and reported victimisation was higher amongst the Uzbek and “other” ethnic groups.

No respondents reported experiencing the use of a knife; gun; sick or other weapon. Three respondents reported experiencing violence or force; and one respondent physical restraint such as being tied up or locked in a room. Two respondents reported experiencing this more than once (repeat victimisation).

Perpetrators mentioned included a current partner / husband / wife / (1 respondents); another family or relative (1 respondent); a friend or acquaintance (2 respondents). One respondent mentioned community leadership structures appointed by Government.

The only source of help and support mentioned was family / friends (1 respondent). Four respondents reported not telling anyone about the incident.

Sexual violence / crime / abuse

One participant (1%) reported experiencing at least one category of sexual abuse since they turned 50. The respondent reported experiencing an incident of this type within the last 12 months and also reported experiencing repeat victimisation (i.e. experiencing an incident of this type more than once).

The respondent reported being forced to have sex against their will reported being forced to have other sexual activity against their will.

A current partner / husband / wife / was mentioned as the perpetrator.

The respondent reported not telling anyone about the incident.

Malicious accusation crime / violence / abuse

Three respondents (3%) reported experiencing at least one category of malicious accusation abuse since they turned 50. No respondents reported experiencing this within the last 12 months and one reported experiencing this more than once.

2 respondents reported experiencing accusations of being a witch / spirit possession or sorcery.

Perpetrators mentioned included a current partner / husband / wife (1 respondent); another family or relative (1 respondent); a friend or acquaintance (2 respondents).

Sources of help and support included family and friends (2 respondents).

5.5 Right to participation, influence and voice

In this section we report findings against the indicators in the HelpAge panel on the right to participation, influence and voice. The indicator dashboard on the right to participation, influence and voice includes Indicator 5 (voting), Indicator 6 (participation in political and public affairs) and Indicator 7 (knowledge and understanding of human rights).

Figure 18: Indicator dashboard for the right to participation, influence and voice

<p>Indicator 5: Voting</p> <p>Percentage of older people who did not vote in the last national election</p> <p>Indicator 6: Participation in political and public affairs</p> <p>Percentage of older people participating in national or local political affairs or in public / community life in the last 12 months</p> <p>Indicator 7: Knowledge and understanding of human rights</p> <p>Percentage of individuals who have heard of the Universal Declaration of Human Rights</p>
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Indicator 5: voting

Indicator 5 of the dashboard on participation, influence and voice is voting.

The vast majority of participants voted (94%) voted in the last national election. Amongst those who did not vote, reasons given included not being registered to vote (1 participant); not being interested in politics (2 participants); feeling that voting doesn't make any difference to things / not supporting any of the parties (1 participant); feeling that I am too old to vote / my age, illness, infirmity or disability prevents me from voting (1 participant).

Table 55: Percentage of respondents who voted in the last national election

	Unweighted count	Percent
Yes	94	94
No	6	6
Total	100	100

Q38: May I ask, did you vote in the last national election, that is the national election held on [DATE OF LAST NATIONAL / GENERAL / PRESIDENTIAL ELECTION IN COUNTRY]?

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 6: participation in political and public affairs

The next indicator in the dashboard on participation, influence and voice is Indicator 6: participation in political and public life.

Only two respondents (2%) reported participating in political or public / community life in the last twelve months, one of whom indicated that they had undertaken voluntary work.

Table 56: Participation in political life and public / community affairs

	Unweighted count	Percent
No / missing / didn't participate	98	98.00
Yes	2	2
Total	100	100

Q40: And over the past twelve months have you participated in national or local political affairs or in public / community life in any of the following ways? Stood as a candidate yourself in an election such as a village, district, provincial, national or other election Contacted a politician, attended a public meeting, demonstration or protest, signed a petition Been a member of an older people's group, NGO, trade union or community, Church or religious group Been a volunteer Other

Source: HelpAge survey on the human rights of older people, Kyrgyzstan, 2012

Indicator 7: knowledge and understanding of human rights

The next indicator in the dashboard on participation, influence and voice is Indicator 7: knowledge and understanding of human rights. A small majority of participants (55%) had heard of the Universal Declaration of Human Rights but a considerable proportion (44%) had not.

Table 57: Percentage of respondents with knowledge of the Universal Declaration of Human Rights

	Unweighted count	Percent
No	44	44
Yes	55	55
Missing	1	1
Total	100	100

Q42: May I check, have you heard of the Universal Declaration of Human Rights?

Source: HelpAge survey on the human rights of older people, Kyrgyzstan 2012

6 Recommendations on taking the HelpAge panel and survey on the human rights of older people forward

This final chapter sets out a series of recommendations for the further development of the HelpAge panel and survey on the human rights of older people. The recommendations build on the lessons learnt from fielding the HelpAge survey on the human rights of older people in Peru, Mozambique and Kyrgyzstan and are intended to improve the efficiency and quality of the survey process in future rounds as well as to ensure that the survey process is regulated by appropriate ethical and safety guidelines.

- **Recommendation 1: Further development of the HelpAge panel and survey on the human rights of older people.**

- It is anticipated that the HelpAge panel on the human rights of older people will be further developed over time to incorporate additional human rights and indicators.
- The HelpAge survey should be repeated in a number of countries in order to build up a broader picture of the on the human rights of older people and to further refine methodology and survey design.

- **Recommendation 2: Central quality control and ethical review**

Whilst HelpAge and HelpAge local offices are likely to subcontract future rounds of the HelpAge survey to partners, the sensitive nature of the sections of the questionnaire and the potential risks to participants mean that there is a need to an element of central management, quality control and ethical review from the centre. Future rounds of the survey should be undertaken under the auspices of an explicit ethics policy based on the ethical and safety guidelines that have been developed for the current project. For example, HelpAge might like to ensure an element of central responsibility for:

- Appropriate training and training materials.
- Implementation of the ethical and safety guidelines.
- The development of a central ethical policy and procedures and mechanisms for ethical review

- **Recommendation 3: Further development of the ethical and safety guidelines governing the survey**

The ethical and safety guidelines developed for the current project are recommended as a basis for future rounds of the survey. Three key issues should be addressed in future rounds.

➤ **Explicit assurance that all interviewers fully understand their responsibilities**

The LSE Research Ethics Committee has recommended that explicit assurances should be obtained to ensure that all interviewers fully understood their responsibilities and the ethical and safety guidelines. Ethical concerns arise because of the potential risks to participants should they disclose domestic, sexual or elder crime/violence/abuse and the considerable responsibility that is placed on interviewers when making judgements about whether and how far to pursue questions of this nature.

➤ **Informed consent**

The current formulation of informed consent included in the questionnaire does not permit the storage of identifiable information under any circumstances. However, during the course of the current survey issues were raised about what the interviewers should do if they felt the safety or wellbeing of a participant is at risk of serious harm. Arguably, a duty of care arises that indeed makes this a responsibility of interviewers which has to be balanced with duties to protect anonymity. In Kyrgyzstan, additional explicit consent was invited for retaining identifiable information of at risk individuals. Alternative formulations of the informed consent form might also be considered.

The LSE Research Committee has suggested that one possible formulation of informed consent that would enable identifiable information to be stored where there is a serious risk of harm would be: "anything you tell me will be treated in strictest confidence - unless, of course, you reveal you or someone else is in grave danger and in need of urgent protection". However, the Committee also recognises that overcomplicated confidentiality undertakings can be counterproductive and that some risks can't be foreseen. There are occasions on which anonymity undertakings might have to be waived and it would be advisable to have a mechanism in place for interviewers to liaise with supervisors and HelpAge under these circumstances where there is a serious risk of harm to a participant. The Committee further suggested that it is advisable for projects involving especially vulnerable participants to have an ethics consultant or an advisory panel on hand with whom to discuss problems that might unexpectedly arise during fieldwork.

➤ **Disclosure**

From an ethics point of view there is also a responsibility to balance the advantages of disaggregation with the preservation of anonymity and the principle of non-disclosure. The responsibility of non-disclosure will require continuous review in repeats of the HelpAge survey, based on the number of participants and the pattern of responses.

- **Recommendation 4: survey design**

The precision of survey estimates depends on 1) sample size 2) the extent to which the sample is representative of the population being observed. It is anticipated that both the sample size may be increased as the HelpAge survey is taken forward. However, even if this is feasible, whether or not samples can be drawn that are intended to be representative of national populations of over 50s will depend on the country and conditions at hand. Where the aspiration of developing national population survey estimates is not realistic, disproportionate purposive sampling can provide important insights and evidence on the lives and experiences of older people over 50. However, care should be taken not to over-interpret data based on small sample numbers / unrepresentative samples and to ensure that the social scientific status of such data is explained and communicated in an appropriate manner.

Quality control measures could be usefully introduced in relation to the process of translating the questionnaire and that cognitive testing could be usefully undertaken to ensure that the participants understand the survey questions in the way that is intended. Pilots should be undertaken prior to fielding the survey in each country. The pilots should include coding up of survey returns based on the revised questionnaire.

- **Recommendation 5: Improving the quality of survey returns**

The quality of training should be continuously enhanced, with central oversight from HelpAge. Full training of all interviewers in the crime/violence/abuse questionnaire and the WHO ethical and safety guidelines is imperative. Particular issues have arisen in the current round around sections of the questionnaire being left blank and training should emphasise the importance of ensuring that all sections of the questionnaires should be completed with specific coding for don't know / declined as appropriate.

- **Recommendation 6: Use of handheld coding devices**

Consideration should be given in repeat rounds to the purchase of mini-devices which would automate the process of data gathering.

- **Recommendation 7: Production of technical reports by partner organisations**

Partner organisations should provide technical reports covering translation, training, ethics and safety, survey design and other aspects of survey implementation.

Appendix 1: Further illustrative indicators

This appendix provides illustrations of the type of evidence base that can be built up under the HelpAge panel, alongside the evidence generated through the HelpAge survey.

Structural indicators

Figure 19: Status of ratification of relevant international conventions on human rights, Peru

COUNTRY	TREATY	STATUS
Peru	CAT-Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	Ratification
	CAT-OP-Optional Protocol to the Convention Against Torture and Cruel Inhuman or Degrading Treatment or Punishment	Accession
	CCPR-International Covenant on Civil and Political Rights	Ratification
	CCPR-OP1-Optional Protocol to the International Covenant on Civil and Political Rights	Ratification
	CCPR-OP2-DP-Second Optional Protocol to the International Covenant on Civil and Political Rights	No Action
	CED-Convention for the Protection of All Persons from Enforced Disappearance	No Action
	CEDAW-Convention on the Elimination of All Forms of Discrimination against Women	Ratification
	CEDAW-OP-Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women	Ratification
	CERD-International Convention on the Elimination of All Forms of Racial Discrimination	Ratification
	CESCR-International Covenant on Economic, Social and Cultural Rights	Ratification
	CESCR-OP-Optional Protocol to the Covenant on Economic; Social and Cultural Rights	No Action
	CMW-International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	Ratification
	CPD-Convention on the Rights of Persons with Disabilities	Ratification

	CPD-OP-Optional Protocol to the Convention on the Rights of Persons with Disabilities	Ratification
	CRC-Convention on the Rights of the Child	Ratification
	CRC-OP-AC-Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	Ratification
	CRC-OP-SC-Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	Ratification

Source: UN Treaty body database,
<http://www.unhcr.ch/tbs/doc.nsf/Statusfrset?OpenFrameSet>, accessed 19
December 2011

Figure 20: Status of ratification of relevant international conventions on human rights, Mozambique

COUNTRY	TREATY	STATUS
Mozambique	CAT-Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	Accession
	CAT-OP-Optional Protocol to the Convention Against Torture and Cruel Inhuman or Degrading Treatment or Punishment	No Action
	CCPR-International Covenant on Civil and Political Rights	Accession
	CCPR-OP1-Optional Protocol to the International Covenant on Civil and Political Rights	No Action
	CCPR-OP2-DP-Second Optional Protocol to the International Covenant on Civil and Political Rights	Accession
	CED-Convention for the Protection of All Persons from Enforced Disappearance	No Action
	CEDAW-Convention on the Elimination of All Forms of Discrimination against Women	Accession
	CEDAW-OP-Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women	Accession
	CERD-International Convention on the Elimination of All Forms of Racial Discrimination	Accession

	CESCR-International Covenant on Economic, Social and Cultural Rights	No Action
	CESCR-OP-Optional Protocol to the Covenant on Economic; Social and Cultural Rights	No Action
	CMW-International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	No Action
	CPD-Convention on the Rights of Persons with Disabilities	Signature only
	CPD-OP-Optional Protocol to the Convention on the Rights of Persons with Disabilities	No Action
	CRC-Convention on the Rights of the Child	Ratification
	CRC-OP-AC-Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	Accession
	CRC-OP-SC-Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	Accession

Source: UN Treaty body database,
<http://www.unhcr.ch/tbs/doc.nsf/Statusrset?OpenFrameSet>, accessed 19
December 2011

Figure 21: Status of ratification of relevant international conventions on human rights, Kyrgyzstan

COUNTRY	TREATY	STATUS
Kyrgyzstan	CAT-Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment	Accession
	CAT-OP-Optional Protocol to the Convention Against Torture and Cruel Inhuman or Degrading Treatment or Punishment	Accession
	CCPR-International Covenant on Civil and Political Rights	Accession
	CCPR-OP1-Optional Protocol to the International Covenant on Civil and Political Rights	Accession
	CCPR-OP2-DP-Second Optional Protocol to the International Covenant on Civil and Political Rights	Accession
	CED-Convention for the Protection of All Persons from Enforced Disappearance	No Action
	CEDAW-Convention on the Elimination of All Forms of Discrimination against Women	Accession
	CEDAW-OP-Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women	Accession
	CERD-International Convention on the Elimination of All Forms of Racial Discrimination	Accession
	CESCR-International Covenant on Economic, Social and Cultural Rights	Accession
	CESCR-OP-Optional Protocol to the Covenant on Economic; Social and Cultural Rights	No Action
	CMW-International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	Accession
	CPD-Convention on the Rights of Persons with Disabilities	Signature only
	CPD-OP-Optional Protocol to the Convention on the Rights of Persons with Disabilities	No Action
	CRC-Convention on the Rights of the Child	Accession
	CRC-OP-AC-Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	Accession

	CRC-OP-SC-Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography	Accession
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Source: UN Treaty body database,
<http://www.unhcr.ch/tbs/doc.nsf/Statusrset?OpenFrameSet>, accessed 19
December 2011

Legal precedents – principles established in key cases and in international standard-setting processes

Figure 22: International Network for Economic, Social and Cultural Rights Case Law database: cases involving older persons' rights

Date	Case title ↑	Forum	Country	Nature of the Case
January 19, 2001	Amilcar Menéndez, Juan Manuel Caride, et al. Case N° 11.670. Report N° 03/01	Inter-American Commission on Human Rights	Argentina	Petition alleging court delay in protecting right to social security. Consequences on right to health, wellbeing and life. Competence of Inter-American Commission of Human Rights to hear tried violations of economic, social and cultural rights enshrined in American Declaration on Human Rights.
December 21, 2009	Case No. 2009-43-01 On Compliance of the First Part of Section 3 of State Pensions and State Allowance Disbursement in 2009 – 2012) insofar as it Applies to	Constitutional Court of the Republic of Latvia	Latvia	Petition brought by pensioners to challenge the constitutionality of the state pension law, which temporarily restricted payment of pension funds; Right to social security; Domestic application of international law; Older person's

	State Old-Age Pension with Article 1, Article 91, Article 105 and Article 109 of the Satversme (Constitution) of the Republic of Latvia.			rights.
February 28, 2003	Case of the "Five Pensioners" v. Perú	Inter-American Court of Human Rights	Peru	Complaint alleging violation of rights to property and judicial protection, as well as of obligation to achieve progressive realization. Violation of right to judicial protection through failure to comply with final court decisions. Violation of right to property through decrease in pension amount.
March 4, 2004	Khosa & Ors v Minister of Social Development & Ors. Cited as: 2004(6) BCLR 569	Constitutional Court of South Africa	South Africa	Application alleging that exclusion of non-citizens from social grant entitlements was unconstitutional

[\(CC\)](#)

on basis of
Sections 27, 28 9,
10 and 11 South
African
Constitution ;
unfair
discrimination ;
reasonableness ;
general
limitations clause

Source: http://www.escr-net.org/caselaw/caselaw_results.htm, accessed

Figure 23: ILO Case Law index

62 cases involving allegations of age discrimination

NB. Further analysis required to determine relevance.

Source:

http://www.ilo.org/dyn/triblex/triblexmain.showList?p_word=age+discrimination

Figure 24: Specific references to the rights of older persons in International Human Rights Conventions

CONVENTION	ARTICLE	CLAUSE
UDHR	25	everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including ... medical care and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control
CEDAW	11	the right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families		Age specified as a prohibited grounds of discrimination

Figure 25: Specific references to the rights of older persons in regional human rights instruments

INSTRUMENT	ARTICLE	CLAUSE
African Charter on Human and Peoples' Rights	18	The aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs.
Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)	22 Special protection of elderly women	<p>The States Parties undertake to:</p> <ul style="list-style-type: none"> • provide protection to elderly women and take specific measures commensurate with their physical, economic and social needs as well as their access to employment and professional training; • ensure the right of elderly women to freedom from violence, including sexual abuse, discrimination based on age and the right to be treated with dignity.
Revised European Social Charter	23 The right of elderly persons to social protection	<p>With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in co-operation with public or private organisations, appropriate measures designed in particular:</p> <ul style="list-style-type: none"> • to enable elderly persons to remain full members of society for as long as possible, by means of: <ul style="list-style-type: none"> a. adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life; b. provision of information about services and facilities available for elderly persons and their opportunities to make use of them; • to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of: <ul style="list-style-type: none"> a. provision of housing suited to their needs and their state of health or of adequate support for adapting their housing; b. the health care and the services necessitated by their state;

		<ul style="list-style-type: none"> to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.
Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights	17 Protection of the Elderly	<p>Everyone has the right to special protection in old age. With this in view the States Parties agree to take progressively the necessary steps to make this right a reality and, particularly, to:</p> <p>a. Provide suitable facilities, as well as food and specialized medical care, for elderly individuals who lack them and are unable to provide them for themselves;</p> <p>b. Undertake work programs specifically designed to give the elderly the opportunity to engage in a productive activity suited to their abilities and consistent with their vocations or desires;</p> <p>c. Foster the establishment of social organizations aimed at improving the quality of life for the elderly.</p>

Source: Based on material drawn from the *Report of the Independent Expert on the question of human rights and extreme poverty, Magdalena Sepúlveda Carmona*, 31 March 2010, <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G10/125/83/PDF/G1012583.pdf?OpenElement>

Process indicators

Figure 26: Protection of older people in national laws (Peru)

NB This figure records information on national instruments that protect older people in Peru that was gathered in a HelpAge training exercise on rights.

Constitution of Peru	The most important law in Peru. Section 4.- "The community and the State provides special protection to children, adolescents, mothers and elderly who have been abandoned..."
Civil code	<p>Article 474.- Mutual Obligation food</p> <p>Food must be reciprocally:</p> <p>A. -The spouses.</p> <p>2.-The ancestors and descendants.</p>

	<p>3.-The Brothers. Food means the indispensable for sustenance, shelter, clothing and medical care, according to the situation and possibilities of the family.</p>
<p>Penal code</p>	<p>Chapter IV: Exposure to danger or neglect of persons in distress</p> <p>Offenses against persons Hazardous exposure or abandonment "Article 125.-Exposing the danger of death or serious and imminent harm to health or abandoned under the same circumstances to a minor or a person unable to fend for herself that are legally under their protection or who are in fact under his care, shall be punished by imprisonment of not less than one nor more than four years. " Article 126.- Failure of relief and exposure to dangerWho fails to provide relief to a person who is injured or incapacitated, endangering his life or health shall be punished with imprisonment not exceeding three years.</p> <p>Article 127.- Failure to rescue or notice to the authority Who finds a wounded or any other person in imminent danger and immediate assistance is omitted to do, without risk to himself or fails to give notice to the authority, shall be punished by imprisonment for not more than one year or thirty to one hundred twenty days' fine.</p> <p>Article 128.- Exposure to danger of dependent Exposing to danger the life or health of a person under its authority, dependency, guardianship, wardship or supervision depriving them food or essential care, either by subjecting it to excessive or inadequate work or abusing the means of correction or discipline shall be punished with imprisonment of not less than one and no more than four years.</p>
<p>Law No. 26260</p>	<p>Protection against Family Violence and amendments Definition of family violence</p> <p>Article 2.- For purposes of this Act, the term family violence, any act or omission which causes physical harm or psychological abuse without injury, including serious threat or coercion and /or repeated, as well as sexual violence, which occurs between:</p> <ul style="list-style-type: none"> a)Spouses. b) Former spouses. c) Cohabitants. d) Former cohabitants. e) Ancestors. f) Descendants. g) Collateral relatives within the fourth degree of

consanguinity or second degree.

h) Those who live in the same household, provided that no contractual or employment relationships mediate.

i) Those who have fathered children in common, whether they live together or not, the time of the violence.

Article 3.-Permanent policy of the state is fighting against all forms of family violence, must be developed for this purpose the following:

a) Strengthen all levels of education in the teaching of ethical values, absolute respect for the dignity and rights of women, child, adolescent and family in accordance with the Constitution of the State and international instruments ratified by Peru

b) Undertake campaigns, in order to sensitize the society about the social problems identified above, to spread the scope of this Act and condemn acts of violence.

c) To promote study and research on the causes of family violence and measures their correction.

d) Establish effective legal process for victims of family violence, characterized by a minimum of formality and the tendency to provide injunctive relief and restitution for the damages and provide free care in the medical examinations required by the Police prosecutor.

e) Promote the active participation of organizations, public institutions at central, regional and local and private institutions dedicated to the protection of children and adolescents, the elderly, women and general family matters, work to develop preventive and control over the implementation of precautionary measures and to support and treatment of violence and rehabilitation of offenders.

f) Promote municipal level policies, programs and services for prevention, care and rehabilitation, as Defender of Women, temporary shelter homes, counseling, self-help groups, Defenders Municipal Child and Adolescent Rehabilitation Services aggressors, among others.

g) Train prosecutors, judges, doctors, lawyers, health workers, education officers and staff of the National Police, the Ombudsmen for Children and Adolescents and municipal services to assume an effective role in combating violence family. The actions provided for in this Article shall be coordinated by the Ministry of Women MIMPV.

h) Establish the necessary actions of prevention and family violence in rural areas of the country.

Law 26497	<p>National Registry of Identification and Civil Status RENIEC</p> <p>The elderly constitute a priority group for RENIEC, particularly those who are in conditions of neglect or have restricted mobility.</p> <ul style="list-style-type: none"> ✓ Not having your ID, no access to programs or social benefits. ✓ Guidance to authorities on the procedure for late registration of birth. ✓ Supporting the search for birth certificates in remote areas and in case of abandonment or neglect of the identity of the older adult. ✓ Processed by the ID movement to shelters
Law 27972	<p>Organic Law of Municipalities</p> <p>ARTICULO I.-Mayoralty</p> <p>Mayoralty is a local and basic government with neighborhood participation; with local authority, territory and population. We have provincial and district municipalities.</p> <p>ARTICLE 82°.- EDUCATION, CULTURE, SPORTS AND RECREATION</p> <p>Municipalities, in education, culture, sports and recreation, have the skills and specific functions shared with regional and national government as follows:</p> <p>17. Promote opportunities for participation, education and recreation for local seniors.</p> <p>ARTICLE 84 °. - PROGRAMS SOCIAL RIGHTS ADVOCACY</p> <p>Municipalities, on social programs, defense and promotion of rights, perform the following duties:</p> <p>2.4. Organize, manage and implement local assistance programs, protection and support to the population at risk, children, adolescents, women, seniors, people with disabilities and other population groups subject to discrimination.</p> <p>3. Specific functions of the district municipalities shared:</p> <p>3.1. Disseminate and promote the rights of children and adolescents, women and the elderly, offering opportunities for participation in the municipal level.</p> <p>3.2. Promote, organize and maintain, according to their abilities, cots and child care facilities to protect children and people with disabilities and the elderly destitute, and houses of refuge.</p> <p>5.4. Design and implement programs to support and protect children and senior citizens and persons with disabilities who are in a state of neglect</p>
Law 27050	<p>Requiring the public transport service to provide preferred seating for the elderly, disabled, pregnant women and young children.</p>
Laws 27408 and	<p>The law establishes special and preferential attention in</p>

<p>28 68 3</p>	<p>public and private places to pregnant women, mothers with children, the elderly.</p>
<p>Law 27050</p>	<p>General Law of People with Disabilities.</p>
<p>Law 28803</p>	<p>Law Older People sets out the obligations of the State with the elderly</p> <p>This rule seeks to ensure the legal mechanism for the full exercise of the rights recognized in the Constitution and international treaties in force of the elderly. Under this law, in Peru elderly means any person who is 60orolder.</p> <p>Care Centers for the Elderly (CIAM) Healthy spaces comprehensive socialization, benefiting the elderly population and ensuring the inclusion of older persons with disabilities and their families who have elderly dependents dependent.</p> <p>On CIAM meet older people who voluntarily decide to register and participate in its programs, and its main purpose:</p> <ol style="list-style-type: none"> 1. Develop bonds of mutual understanding and friendship among participants. 2. Identify individual problems, family or local in general. 3. Prevent health problems common in this age group. 4. Activities and practices for recreational and integrative. 5. Participate in self-esteem workshops, maintenance of higher mental functions and prevention of chronic diseases. 6. Give special importance working against the analphabetism 7. Implement manufacturing facilities and development of specific job skills. 8. Participate in social events and informative analysis of local problems and alternative solutions. 9. Promote citizenship treatment diligent, respectful and supportive of older persons. 10. Propose solutions to the problems affecting the elderly. <p>R.M. No. 613-2007-MIMDES Guidelines and recommendations for the operation of the Centers Care for the Elderly (CIAM)</p> <p>CIAM will be supported by an interdisciplinary team at least trained with Gerontology focus that would facilitate the provision of its services and programs, according to the needs of its population and local reality.</p>

	<p>Priority service of CIAM designed to develop cognitive, physical, emotional and social, as well as social legal advice, abuse prevention and health promotion.</p> <p>According to cultural and gender diversity, meeting the needs and characteristics of older people, involving the family in an active role.</p>
Law 28867	<p>Discrimination: Who discriminates against a person or persons or group of persons, or incites or promotes discriminatory acts in public, for the racial, religious, sexual, genetic factor, affiliation, age, disability, language, ethnic and cultural identity, clothing, political or any kind, or economic status, with the aim of nullifying or impairing the recognition, enjoyment or exercise of the rights of the individual shall be punished by imprisonment of not less than two years nor more than three. If the agent is official or public servant shall be not less than two years.</p>
Law 29344	<p>Framework for Universal Health Insurance Ensure the full and progressive right of everyone to social security in health, and regulate access and regulatory functions, financing, provision and oversight assurance. In the Plan Health Insurance Essentials (PEAS) are the elderly.</p>
Law 29633	<p>Protection of the incapacitated or elderly by modifying various articles of the Civil Code Power to appoint own curator Any elderly person with full capacity to exercise their civil rights may appoint guardian, curator or curators deed substitutes for the presence of two (2) witnesses in anticipation of being declared legally injunction in the future, inscribing the act in the Register Staff SUNARP. The judge in the interdiction process collects the certificate of registration in order to verify the existence of the appointment. The designation made by the individual links to the judge. Also, the older person can identify who never will be named, also set the scope of the powers who shall be appointed as conservator. " Priority of guardianship legitimate 1. The spouse or legally separated or notary. 2. Parents. 3. The descendants, being preferred over the more remote and equal degree, the most suitable. Preference is decided by the judge hearing the advice of family necessarily. 4. The grandparents and other ancestors, regulating the designation under the foregoing paragraph. 5. The brothers.</p>

Law No. 27920	Establishing Penalties for Breach of Building Standards Urban and Architectural Adaptation for Persons with Disabilities.
Law No. 28084	Law Regulating the Special Parking Occupied Vehicle Persons with Disabilities.
Law No. 28530,	Law for the Promotion of Internet access for people with disabilities and adequacy of physical space in Internet kiosks.
SECTORIAL P O L I C I E S	<p>Policy Guidelines for the Prevention of Abuse and Protection of Rights of Older Persons. Ministerial Resolution 156-2005-MIMDES Guidelines for comprehensive health care of older people</p> <p>Health Minister Guidelines for Comprehensive Health Care of Older Persons – 2005 Which contains the basis for the needs of nutrition, sexual health, mental health and the consequences of polypharmacy and self-medication, under the principles of universality, comprehensiveness, quality of care, Equity, Solidarity and Participation.</p> <p>RM 576 -2010 - MIMDES approve the "Directive of the procedure for Monitoring Residential Care for Older Persons (CARPAM) and the granting of the Permit Sector", the "Instructions for the Supervision of Residential Care Facilities adults and Seniors (CARPAM) and the granting of authorization Sector"</p> <p>RM-594 -2010 MIMDES "Basic Guide to Comprehensive Care for Elderly in Nursing Homes"</p> <p>National Education Plan 2005 - 2015 has among its objectives the disappearance of illiteracy, a priority group is the rural elderly.</p> <p>Urban and Building Building Technical Standard NTE U.190. Urban Adaptation for Persons with Disabilities. Technical Standard NTE A.060 Building. Architectural Adaptation for Persons with Disabilities.</p>

Source: HelpAge training materials, Peru

Outcome indicators

Figure 27: Concerns about the human rights of older people raised by international human rights monitoring bodies

United Nations Human Rights Committee

- UNHRC, July 2011, *List of issues to be taken up in the absence of the initial report of Mozambique*

13. What actions have been taken to improve the social situation of older women, including in terms of their poverty and isolation? Please specify any measures taken to challenge traditional views regarding older women, particularly accusations of witchcraft, and to provide them with identity cards in order to guarantee full access to social services and social protection. P 2

http://www.ccprcentre.org/doc/HRC/Mozambique/CCPR_C_MOZ_Q_1_en.pdf, accessed 7 December 2011

Committee on the Elimination of Discrimination Against Women (CEDAW)

Concluding Observations, Kyrgyzstan 2008

<http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-KGZ-CO-3.pdf>

Rural women identified as a vulnerable group and comprehensive statistical data disaggregated by age, sex, occupational group, income etc requested in Kyrgyzstan's Fourth Periodic Report. P 8.

Concluding Observations, Mozambique 2007

<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N07/375/78/PDF/N0737578.pdf?OpenElement>

The Committee expressed concern about “the social situation of older women, including their poverty, isolation and lack of identity cards as well as cultural beliefs about older women, and accusations of witchcraft against them.” The Committee recommended “that the State party pay special attention to the precarious situation of older women, women with disabilities, women refugees and internally displaced persons, to ensure that, as appropriate, they have full access to health and social services and to decision-making processes, and that they have adequate jobs in the labour market. The Committee further urges the State party to adopt special programmes to alleviate poverty within those groups of women, and to combat all forms of discrimination against them. The Committee also urges the State party to challenge traditional views regarding older women, particularly accusations of witchcraft, and to provide identity cards free of charge, in order to guarantee their full access to social services and social protection.” P 8.

UN Committee on Economic, Social and Cultural Rights (UNCESCR)

Concluding Observations, Kyrgyzstan 2000

<http://www.unhcr.org/refworld/publisher,CESCR,CONCOBSERVATIONS,KGZ,3f6caf5e4,0.html>

The Committee noted its “deep concern” about poverty affecting people over the age of 60, particularly in the remote southern rural areas of Kyrgyzstan. P 3

Concluding Observations of the Committee on Economic, Social and Cultural Rights : Kyrgyzstan. 01/09/2000.

7. The Committee welcomes the initiatives taken by the State party to combat poverty, including “Araket”, the National Programme on Overcoming Poverty (1998-2005), and the related government programmes to address problems of employment, older persons, women, health and education, as well as the establishment of the National Poverty Alleviation Commission in 1998. The Committee also notes with appreciation the monitoring of the situation of poor families and the compilation of “maps of poverty”.

E/C.12/1/Add.49. (Concluding Observations/Comments)

[http://www.unhchr.ch/tbs/doc.nsf/\(Symbol\)/E.C.12.1.Add.49.En?Opendocument](http://www.unhchr.ch/tbs/doc.nsf/(Symbol)/E.C.12.1.Add.49.En?Opendocument)

Report of the Special Rapporteur on violence against women, its causes and consequences, Rashida Manjoo Addendum Mission to Kyrgyzstan A/HRC/14/22/Add.2

28. Some studies indicate that certain groups of women are more likely to be the victims of domestic violence. These groups include women aged between 25 and 44 years, women with no children and women with three children or more.³² During the mission, other vulnerable categories of women also came to light, such as elderly women and young, economically dependent women living with their in-laws where their husbands have migrated

41. Ak-Tuz was once a prosperous mining town and an important centre of coalmining and heavy metal production during the Soviet era. Since the collapse of the Soviet Union, mining activities stopped and consequently, employment and all services, including water and heating for houses. Difficult life conditions and lack of economic activities forced people to leave the settlement and to look for better lives elsewhere. Today, in conditions of extreme poverty, only elderly, women and invalids live in Ak-Tuz settlement. The community is under serious environmental and health threats from the radioactive and hazardous mining wastes deposited around the town, in the region, on the banks of flood-prone rivers and at the foothills that are prone to mudslides or earthquakes.

[http://daccess-dds-](http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G10/137/59/PDF/G1013759.pdf?OpenElement)

[ny.un.org/doc/UNDOC/GEN/G10/137/59/PDF/G1013759.pdf?OpenElement](http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G10/137/59/PDF/G1013759.pdf?OpenElement)

Report of the United Nations High Commissioner for Human Rights on technical assistance and cooperation on human rights for Kyrgyzstan

(b) The Government should develop a comprehensive national housing

strategy to ensure the inclusion of more diversified forms of housing to be provided for vulnerable groups, such as low-income households, large families, single mothers with young children, minorities, persons with disabilities, the elderly, internal migrant workers, refugees and asylum-seekers;

<http://daccess-dds>

[ny.un.org/doc/UNDOC/GEN/G11/124/06/PDF/G1112406.pdf?OpenElement](http://daccess-dds.un.org/doc/UNDOC/GEN/G11/124/06/PDF/G1112406.pdf?OpenElement)

Appendix 2: Questionnaire

HELPAge SURVEY ON OLDER PEOPLE'S RIGHTS

INTERVIEW INSTRUCTIONS

ALL QUESTIONS SHOULD BE COMPLETED. IT IS VERY IMPORTANT THAT THERE IS AN ANSWER FOR EACH QUESTION. IF THE RESPONDENT DECLINES TO ANSWER THE QUESTION SHOULD BE CODED AS PROMPTED (FOR EXAMPLE, AS 99).

INFORMED CONSENT FORM

[READ OUT TO RESPONDENT]

Hello, I am (interviewer's name) and I am conducting this interview on behalf of HelpAge.

HelpAge are carrying out a study on the rights of older people in different parts of the world. This survey is part of the overall study and is designed to collection information on the position of older women and men, and on the fulfilment and violation of their rights, in three countries.

The interview takes about [1 HOUR AND 30 MINUTES]. I will ask you questions about:

- Your background
- Your views on the position of older people in [COUNTRY]
- Your own experiences as an older person aged over 50
- Your views on the rights of older people in [COUNTRY]

You have been selected to be a participant in the survey because you are in contact with a HelpAge regional office and you are over 50. The information is being collected for research. Answering the questions will not directly result in improved services for you. But the findings may be used to improve the design of programmes by HelpAge and its partners, and to advocate for better protection of older people's rights at the local, national and international levels, and might be disseminated through research reports and in work with the media.

Some of the questions I am going to ask are quite personal and sensitive. I will let you know when we get to this part of the survey. Your participation is voluntary. You do not have to answer any question if you do not want to and you can stop the interview at any time. Your

input will be treated as strictly confidential. We will not record your name or use it in any way and the answers to the questions you give us will remain anonymous.

When the research is completed we will share our findings with you.

Do you understand what is expected of you and give us permission to ask you the questions and to use the information in the ways I have just mentioned?

Yes	NO
[MOVE ON TO SECTION 1]	[THANK PARTICIPANT FOR THEIR TIME AND END INTERVIEW]

SECTION 1: GENERAL PERCEPTIONS

Q58 [ASK ALL]

I am going to begin the interview by reading you a list of problems that older people around the world sometimes face in their everyday life.

Please could you tell me which you think are serious problems for older people living in [COUNTRY] today?

[CODE ALL THAT APPLY]

	Yes - this is a serious problem	No - this is <i>not</i> a serious problem	[DO NOT PROMPT] Don't know / declined to answer
PROB_BN Older people not having sufficient income / pension to cover everyday basic needs and essentials such as food, clothing, housing, transport, fuel or electricity	1	0	99
PROB_WAT Older people having insufficient access to clean water and sanitation	1	0	99
PROB_HC Older people having insufficient access to health facilities or medical treatment	1	0	99
PROB_CARE Older people not getting the additional help they need with activities of daily living, such as washing, dressing, cooking and managing money	1	0	99
PROB_CRI Older people experiencing crime, violence and / or abuse	1	0	99
PROB_ISO Older people experiencing social isolation -	1	0	99

for example, living on their own without adequate contact with family and friends			
PROB_ATT Negative social attitudes towards older people – for example, older people being viewed as having a lower social status / being “looked down at” by others	1	0	99
PROB_SH Older being treated in a humiliating, shameful or degrading way	1	0	99
PROB_DI Older people being discriminated because of their age – for example, being refused medical treatment, a loan or a job because of their age	1	0	99
PROB_AU1 Older people feeling ignored or pushed around	1	0	99
PROB_AU2 Older people feeling that other people make critical decisions about their lives without their permission or consent	1	0	99
PROB_INF The needs of older people not being treated seriously by Government or local authorities	1	0	99
PROB_RIG Older people not having good knowledge and understanding of their rights	1	0	99
PROB_NO None of the above are problems for older people living in [COUNTRY] today	1	0	99

Q59 [ASK ALL]

And how much do you agree or disagree with the following statements? Please tell me if you agree strongly, agree, disagree or strongly disagree.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	[DO NOT PROMPT] Don't know / declined to answer
EQUAL I feel that, generally speaking, older people in [COUNTRY] are treated fairly and equally	1	2	3	4	5	99
DIGNITY I feel that, generally speaking, older	1	2	3	4	5	99

people in [COUNTRY] are treated with dignity and respect						
---	--	--	--	--	--	--

SECTION 2: RIGHT TO AN ADEQUATE STANDARD OF LIVING

[READ OUT]

Moving on, I would now like to ask you some questions about your own personal experiences as an older person over 50 in [COUNTRY].

Thinking first about your own personal standard of living:

Q60 [ASK ALL]

BASIC_ESS

Please tell me, do you ever struggle with everyday basic needs and essentials such as food, water, shelter, heating, fuel and clothing? Please tell me if you struggle with everyday basic needs and essentials of this type all of the time, regularly, occasionally or never.

All of the time	Regularly	Occasionally	Never	[DO NOT PROMPT] Don't know / declined to answer
1	2	3	0	99

NEGLECT_ESS

And do you feel that you are ever denied everyday basic and essentials such as food, water, shelter, heating, fuel and clothing because of your age? Please tell me if this happens to you all of the time, regularly, occasionally or never.

All of the time	Regularly	Occasionally	Never	[DO NOT PROMPT] Don't know / declined to answer
1	2	3	0	99

Q61 [ASK ALL]

HUNGER

And since you turned 50, has there been one or more times when you have gone hungry because there is not enough food in your household?

YES	NO	[DO NOT PROMPT] Don't know / declined to answer
1	0	99

Q62 [ASK IF Q61=YES]**FOOD_DISC1**

Thinking about the last time you went hungry because there was insufficient food in your household, please could you tell me, did you limit or restrict your consumption of food so that children or other family or household members could eat more adequately?

Yes	1
No	2
I live on my own / do not have family / household members	3
[DO NOT PROMPT] Don't know / declined to answer	99

Q63 [ASK IF Q62=YES]**FOOD_DISC2**

And please tell me, was this for any of the following reasons?

[CODE ALL THAT APPLY]

FOOD_DISC2_C1 You felt that it was more important that children and younger family members consume food than older people	1
FOOD_DISC2_C2 You didn't want to be a burden your family or household	2
FOOD_DISC2_C3 The needs of older people tend to come last in your family or household	3
FOOD_DISC2_C4 Other family or household members put pressure on you not to have your fair share of the household food	4
FOOD_DISC2_C5 Other reason	5
[SPECIFY IF POSSIBLE] FOOD_DISC2_C5_OPEN	
[DO NOT PROMPT] Don't know / declined to answer	99

Q64 [ASK ALL]

And may I check, which of the following you feel is a serious problem for you personally.

[CODE ALL THAT APPLY]

	Yes this is a serious problem for me	No this is <u>not</u> a serious problem for me	[DO NOT PROMPT] Don't know / declined to answer
WATER Poor quality water	1	0	99
SEWAGE Poor quality sewage and sanitation	1	0	99
AIR Poor quality air	1	0	99
ELECT Access to electricity	1	0	99
FUEL Access to fuel	1	0	99
KEEP_WARM Keeping warm when its cold	1	0	99
KEEP_COOL Keeping cool when its hot	1	0	99

Q65 [ASK ALL]

And do you have regular access to the following?

[CODE ALL THAT APPLY]

	Yes	No	[DO NOT PROMPT] Don't know / declined to answer
TELEPH A telephone	1	0	99
MEDIA Newspapers, radio and / or TV	1	0	99
INTNET Internet	1	0	99

Q66 [ASK ALL]

INCOME

Now thinking about your of main sources of income and support / assistance for everyday living, may I ask whether you have received any of the following over the last year?

[CODE ALL THAT APPLY]

	Yes	No	[DO NOT PROMPT] Don't know / declined to answer
<p>INCOME1</p> <p>Income from any kind of work</p> <p>[INCLUDE INCOME FROM ANY TYPE OF PAID WORK ACTIVITY SUCH AS WAGES FROM WORKING IN AN ENTERPRISE, COMPANY, THE GOVERNMENT OR WORKING FOR ANY OTHER INDIVIDUAL; PAYMENTS FROM A PRODUCER COOPERATIVE; INCOME FROM A OWNING A BUSINESS OR PROPERTY; INCOME FROM SELF EMPLOYMENT (OWN ACCOUNT WORK E.G. OWN BUSINESS, ENTERPRISE OR FARM OWNED BY SELF); INCOME FROM FAMILY EMPLOYMENT EG INCOME FROM WORKING ON A FARM OWNED OR RENTED BY SOMEONE WHO IS A HOUSEHOLD OR FAMILY. INCLUDE INCOME BOTH FROM REGULAR WORK AND FROM OCCASIONAL / TEMPORARY / CASUAL WORK (E.G. CASUAL FARM WORK, STREET / KIOSK / MARKET STALL / DOOR TO DOOR SELLING OF PRODUCE OR GOODS, CASUAL SALES OF ANIMAL HUSBANDRY/AGRICULTURAL GOODS, CASUAL WORK AS A MAID, GARDENER ETC IN SOMEONE ELSE'S HOUSEHOLD FOR WAGES). INCLUDE INCOME BOTH FROM WORK UNDERTAKEN IN THE FORMAL SECTOR AND ALSO FROM WORK UNDERTAKEN IN THE INFORMAL SECTOR].</p>	1	0	99
<p>INCOME2</p> <p>Money from a <u>pension</u> paid by an <u>employer</u> or the <u>Government</u> such as contributory work place pension, national / universal pension, other old age pension and widows pension [ONLY INCLUDE PENSIONS HERE]</p>	1	0	99
<p>INCOME3</p> <p>Money or support from other social benefits paid to older people [ONLY INCLUDE SOCIAL BENEFITS THAT ARE SPECIFICALLY FOR OLDER PEOPLE HERE – INCLUDE OTHER TYPES OF SOCIAL BENEFITS IN ROW BELOW. DO NOT INCLUDE PENSION]</p>	1	0	99
<p>INCOME4</p> <p>Money or support from other social insurance protection and social security benefits or allowances paid by government / local government or NGOs [INCLUDE BENEFITS FROM SOCIAL PROTECTION AND SOCIAL SECURITY SUCH AS UNEMPLOYMENT ALLOWANCE, SICKNESS ALLOWANCE, INVALIDITY AND</p>	1	0	99

OLD AGE BENEFITS, WIDOWS ALLOWANCE, SOCIAL INSURANCE PAYMENTS FROM MICROINSURANCE SCHEMES RUN BY NGOS ETC. ALSO INCLUDE OTHER SUPPORT FOR EVERYDAY NEEDS AND ESSENTIALS SUCH AS FOOD STAMPS / FOOD/SHELTER/HOUSING ALLOWANCE. DO NOT INCLUDE PENSION]			
INCOME5 Income from the sale of property, assets or possessions / withdrawal of savings / interest on savings	1	0	99
INCOME6 Money from an loan or borrowing credit (e.g. from a bank, NGO or microcredit organization)	1	0	99
INCOME7 Money / support from husband / wife	1	0	99
INCOME8 Money / support from family / friends	1	0	99
INCOME9 Money / support from a charity / NGO / religious organisation	1	0	99
INCOME10 Money from a MONEY LENDER	1	0	99
INCOME11 Money from BEGGING	1	0	99
INCOME12 Income / money from other source	1	0	99
[IF POSSIBLE SPECIFY SOURCE] INCOME12open			
INCOME13 [DO NOT PROMPT] I do not have a source of income or support	1	0	99

Q67 [ASK IF INCOME1=0]

NOWORK

You mentioned that you do not receive income from any type of work over the last year. May I check, did you have to stop working because of an illness, disability or infirmity?

YES	NO	[DO NOT PROMPT] Don't know / declined to answer
1	0	99

Q68 [ASK IF Q10=YES]

RETRAIN

And may I check, have you been offered retraining so that you can find a more suitable job?

YES	NO	[DO NOT PROMPT] Don't know / declined to answer
1	0	99

Q69 [ASK IF INCOME=2 WAS SELECTED IN Q9]

PENSION

You mentioned that you receive income from a pension. Have you encountered any of the following problems in receiving your payments?

Select all that apply

The pension is never paid / often not paid	1
The payments are always or often late	2
My illness, disability or infirmity makes it too difficult for me to travel to get the money	3
I don't have the necessary papers / identification or there is a problem with my papers	4
I have not experienced any problems	5
[DO NOT PROMPT] Don't know / declined to answer	99

Q70 [ASK ALL]

UNPAID_ACT

Select all that apply

And please may I ask, during the last 12 months, have you undertaken any of the following activities without any pay?

	Yes	No	[Do not prompt] Don't know / declined to answer
<i>UNPAID_ACT_1</i> Unpaid housework such as cleaning and cooking / serving food, minor household repairs, shopping for household, knitting, and sewing and mending, washing clothes or garments, or performing maintenance work on your home?	1	0	99
<i>UNPAID_ACT_2</i>	1	0	99

Fetching water, collecting / preparing firewood or fuel materials			
UNPAID_ACT_3	1	0	99
Caring for / watching over children			
UNPAID_ACT_4	1	0	99
Caring for household pets or animals, growing plants/crops that are not for sale, or fishing or hunting for food for you or your family or friends to consume?			
UNPAID_ACT_5	1	0	99
Unpaid worker in own / family / household business e.g. agricultural business, farm, handicraft business, shop			
UNPAID_ACT_6	1	0	99
Provided unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities (such as dressing or undressing; washing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; doing routine housework and shopping for groceries or clothes) or watched over them since their behaviour can be upsetting or dangerous to themselves or others. For example, providing unpaid care to a sick, disabled or elderly relative, wife, husband or friend, or a sick or disabled child or grandchild?			

Q71 [ASK IF UNPAID_ACT=6 WAS SELECTED IN Q70]

CARE_TIME

You just mentioned that during the past year you have provided unpaid care to a relative or friend (adult or child) because the person has a physical or mental illness or disability, or is getting old or weak and needs help with their everyday personal care needs and activities.

May I check, how many hours a week do you provide this special care for?

Less than 10 hours a week	Between 10 and 20 hours a week	More than 20 hours a week	[DO NOT PROMPT] Don't know / declined to answer
1	2	3	99

Q72 [ASK ALL]

And thinking now generally about your experiences since you were 50:

	Yes	No	[DO NOT PROMPT] Don't know / declined to answer
DISC_WORK Do you feel that anyone has refused you work because of your age?	1	0	99
DISC_LOAN And do you feel that you have ever been refused a loan because of your age?	1	0	99

SECTION 3: RIGHT TO HEALTH

Thinking now about your own personal experiences of health care and medical treatment:

Q73 [ASK ALL]

DISAB

May I first check, do you have a long-standing illness, disability or infirmity? By long-standing I mean a problem or condition that has troubled you over a period of time or that is likely to affect you over a period of time?

Yes	No
1 [ASK Q74]	0 [GO TO Q75]

Q74 [ASK IF Q73 =YES]

LIM_DISAB

Does this illness, disability or infirmity limit your everyday activities such as walking and moving around inside or outside of your home, performing everyday activities such as working, household activities such as cooking or cleaning, or family activities, or personal care activities such as washing, dressing or eating?

Yes	No
1	0

Q75 [ASK ALL]

HEALTH_ACC

And may I also check, is there a health facility within 30 minutes travel time (one way) from where you live?

[INCLUDE ANY FACILITY WHERE RESPONDENT CAN ACCESS A TRAINED HEALTH WORKER SUCH AS DOCTOR, NURSE OR COMMUNITY HEALTH WORKER. FOR

EXAMPLE: A HOSPITAL, CLINIC, COMMUNITY HEALTH CENTRE, PUBLIC HEALTH POST, MOBILE CLINIC RUN BY GOVERNMENT, AN NGO, RELIGIOUS ORGANIZATION OR THE CHURCH, OR PRIVATE SECTOR]

Yes	No	[DO NOT PROMPT] Don't know / declined to answer
1	0	99

Q76 [ASK ALL]

Now thinking generally about any problems that you might have faced as an older person over 50 in accessing healthcare and medical treatment:

Select all that apply

	Yes	No	[DO NOT PROMPT] Don't know / declined to answer
HE_DISC1 Do you feel that you have ever been <u>refused or denied</u> medical treatment because of your age?	1	0	99
HE_DISC2 Do you feel that you have ever been <u>refused health insurance</u> because of your age?	1	0	99
HE_DISC3 Do you feel that you have experienced <u>worse treatment by health professionals</u> since you turned 50 because of your age, for example, not being listened to, having your wishes ignored, or being put down or talked about as if you are not there, or by not being treated with dignity and respect? By health professionals I mean doctors, nurses, community nurses, dentists and so on	1	0	99
HE_NEGLECT Do you feel that your health and medical needs are <u>neglected</u> because of your age?	1	0	99

Q77 [ASK ALL]

HE_NEED

And please can you tell me, has there been at least one occasion since you were 50 that you have needed healthcare but you did not receive it?

Yes	No	[DO NOT PROMPT] Don't know / declined to answer
1 [ASK Q78]	0 [GO TO Q79]	99

Q78**[ASK IF Q77=YES]*****BARRIER_H***

Thinking about the last time that you needed healthcare but did not receive it, was this for any of the following reasons?

[CODE ALL THAT APPLY]

Your illness, disability or infirmity made it too difficult for you to travel	1
The health facility was too far away	2
You didn't have access to transport	3
Transport was too expensive	4
Seeing a medical professional is too expensive / health equipment such as bandages and / or medicine is too expensive	5
You didn't have health insurance	6
You have been badly treated by health providers in the past	7
The health facility is of a low quality or the staff are often absent	8
You tried but you were refused / denied healthcare	9
You went to get advice from someone else such as a pharmacist, traditional healer or practitioner, a faith healer or a shopkeeper	10
You felt that you were too old to bother or you didn't want to be a burden on your family / relatives	11
You were too busy with work / household responsibilities / other commitments	12
Other reason	13
[DO NOT PROMPT] Don't know / declined to answer	99

Q79 [ASK ALL]***CARE_NEED***

May I now check, as an older person over 50, do you need any special help or support with everyday personal care needs and activities such as dressing or undressing; washing, bathing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; washing clothes and bedding; doing routine housework and shopping for groceries or clothes; or any other day-to-day activity?

Yes	No	[DO NOT PROMPT] Don't know / declined to answer
1 [ASK 23]	0 [ASK Q83]	99

Q80 [ASK if Q79=YES]***CARE_HELP***

And thinking about the activities that you need help with, since the age of 50, have you received any help with everyday personal care needs and activities such as dressing or undressing; washing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; doing routine housework and shopping for groceries or clothes; or any other day-to-day activity?

Yes	No	[DO NOT PROMPT] Don't know / declined to answer
1 [ASK Q81]	0 [ASK Q82]	99

Q81 [ASK IF Q80=YES]

CARE_WHO

Who provides this help or support with everyday personal care needs and activities for you?

[CODE ALL THAT APPLY]

Husband / wife	1 [ASK Q82]
Other family member	2 [ASK Q82]
Friend	3 [ASK Q82]
Professional (public, private or NGO)	4 [ASK Q82]
Other	5 [ASK Q82]
[DO NOT PROMPT] Don't know / declined to answer	99 [ASK Q82]

Q82 [ASK IF Q79=YES]

NEGLECT

And do you feel that you have ever been *neglected* in relation to your personal care needs since you turned 50?

By *neglect* I mean either that you do not receive the help and support that you need with your everyday personal care needs and activities, or that someone who is responsible for giving you special help or support with your everyday personal care needs and activities (such as such as dressing or undressing; washing, bathing or going to the toilet; having medicine at the correct time or dose or using medical equipment such as bandages; preparing meals, eating and / or cutting up food; getting around indoors or outside; managing your finances and personal affairs; washing clothes and bedding; doing routine housework and shopping for groceries or clothes) has failed to provide this support for you.

Yes	No	[DO NOT PROMPT] Don't know / declined to answer
1	0	99

SECTION 4: PROTECTION FROM CRIME, VIOLENCE AND ABUSE

Now thinking about your own personal experiences of crime, violence and abuse:

Q83 [ASK ALL]

	Completely safe	Very Safe	Slightly safe	Not safe at all	DON'T PROMPT: Don't know / declined to answer
SAFE Generally speaking, how safe do you feel from crime and violence?	1	2	3	4	99
SAFE_H And how safe from crime and violence do you feel when you are at home alone?	1	2	3	4	99
SAFE_N And how safe do you feel from crime and violence when walking down the street alone after dark?	1	2	3	4	99
SAFE_T And how safe do you feel from crime and violence while travelling – for example, on a bus, train, coach or in a car?	1	2	3	4	99

[READ OUT]

[REMINDER: THESE QUESTIONS SHOULD ONLY BE ASKED IN PRIVATE WITH SAME SEX MATCHING OF INTERVIEWER AND RESPONDENT. SKIP QUESTIONS IF THESE CONDITIONS CANNOT BE SATISFIED OR IF THE RESPONDENT INDICATES THAT THEY DO NOT WISH TO ANSWER THE QUESTIONS, IF THE INTERVIEW IS NOT BEING UNDERTAKEN IN PRIVATE, OR IF YOU HAVE CONCERNS FOR THE SAFETY OR INTIMIDATION OF THE RESPONDENT IN ANY WAY.]

I am now going to ask you some sensitive, personal questions about your experiences of crime, violence and abuse as an older person over 50. Please answer the questions as honestly as you can. Remember that the answers you give are completely confidential.

If you do not wish to answer any question please let me know.

Although the questions might seem quite shocking to you, it is only from hearing from older people themselves that we can really understand about older people's experiences of maltreatment, violence and abuse. Your answers will help us to understand more about these types of crimes in different parts of the world and what needs to be done to help and support victims and to protect older people's rights.

Please remember that if at any point you decide you do not wish to answer any question, you can just tell me.

Q84 [ASK ALL]

[CODE ALL THAT APPLY]

Thinking about your money such as your income and savings, money due to you such as an inheritance, property such as your home or your farm, and possessions such as jewellery. Please can you tell me whether since you turned 50 anyone has done any of the following to you:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
ABUSE_FI1 <u>Stolen</u> your money, property or possessions (such as savings, pension, a house, land or jewellery)	1	0	98	99
ABUSE_FI2 Tried to make you give away your money, property or possessions (such as savings, pension, a house, land or jewellery), or money such as savings or a pension) <u>against your will</u> or by <u>forcing you or threatening you</u>	1	0	98	99
ABUSE_FI3 Obtained your money, property or possessions (such as savings, pension, a house, land or jewellery) by <u>tricking or cheating you</u> - for example, by forging your signature or pretending to be you	1	0	98	99
ABUSE_FI4 <u>Denied you</u> money, property or possessions (such as savings, pension, a house, land or jewellery) that they owed you	1	0	98	99
ABUSE_FI5 <u>Prevented you</u> from having your fair share of household money, inheritance or property such as land or a farm, or possessions?	1	0	98	99
ABUSE_FI6 Made you <u>leave</u> or <u>threw you out of</u> where you were living such as a	1	0	98	99

house, farm or property by force or without your permission or consent?				
ABUSE_FI7 Made financial decisions on your behalf without your <u>permission or consent</u>	1	0	98	99
ABUSE_FI8 <u>Attempted</u> any of the above	1	0	98	99
ABUSE_FI9 Did something else with <u>your money</u> , property or possessions (such as savings, pension, a house, land or jewellery) that you felt was abusive in some other way?	1	0	98	99
	[If POSSIBLE PLEASE SPECIFY WHAT HAPPENED] ABUSE_FI_open			

Q85 [ASK IF “YES” WAS SELECTED IN ANY OF THE PARTS OF Q84]

[CODE ALL THAT APPLY]

May I check, who was the person / people that did this to you?

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
PERP_FI_P A current partner / husband / wife	1	0	98	99
PERP_FI_FA Another member of your family or a relative, such as a son, daughter, brother, uncle or cousin	1	0	98	99
PERP_FI_FR A friend, neighbour, acquaintance or someone else you already knew [NOT FAMILY / RELATIVES]	1	0	98	99
PERP_FI_LEAF Community leadership structure appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY	1	0	98	99

GOVERNMENT]				
PERP_FI_LEAINF Community leadership structure <u>not</u> appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY COMMUNITY, NOT BY GOVERNMENT]	1	0	98	99
PERP_FI_MIL Local militia or civil enforcement group	1	0	98	99
PERP_FI_OTH Someone else	1	0	98	99
	PLEASE SPECIFY IF POSSIBLE / APPROPRIATE			
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>PERP_FI_OTH_open</p> </div>			
PERP_FI_UNKNOWN [CODE AS YES IF RESPONDENT SAYS THE PERSON WAS IDENTIFIED / SEEN BUT THEY DON'T KNOW THEIR NAME / OR IF THE PERSON / PEOPLE WHO DID THIS ARE	1	0	98	99

UNKNOWN]				
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And please can I ask:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
ABUSE_FI_REPEAT Has this type of incident happened to you more than once since you were 50 - for example, a few times or many times?	1	0	98	99
ABUSE_FI_12 Has an incident like this happened to you within the last 12 months?	1	0	98	99

ABUSE_FI_TELL

And please may I also check, after any of the incidents, did you report the incident to the authorities, tell anyone about the incident, or go to anyone for help?

[CODE ALL THAT APPLY]

ABUSE_FI_TELL

ABUSE_FI_TELL1 I told the police	1
ABUSE_FI_TELL2 I told / sought advice from legal centre / legal authorities	2
ABUSE_FI_TELL3 I went to a hospital / health centre for help	3
ABUSE_FI_TELL4 I told a support organization / counsellor	4
ABUSE_FI_TELL5 I told community / village leader/s	5
ABUSE_FI_TELL6 I told religious leader	6
ABUSE_FI_TELL7 I told a NGO	7
ABUSE_FI_TELL8 I told my family / friends	8
ABUSE_FI_TELL9 I told someone else	9
[IF POSSIBLE PLEASE SPECIFY] ABUSE_FI_TELL9_open	
ABUSE_FI_TELL10 I did <u>NOT</u> tell anyone about the incident	10
ABUSE_FI_TELL11	98

[DO NOT PROMPT] Don't know /cant remember	
ABUSE_FI_TELL12 [DO NOT PROMPT] Declined to answer	99

Q86 [ASK ALL]

[CODE ALL THAT APPLY]

Thinking now about your emotional and psychological wellbeing and your treatment by others. Please can you tell me whether since you turned 50 anyone has done any of the following to you:

ABUSE_EM1 Treated you in any way that made you feel put down, belittled, degraded, humiliated or shamed, for example, by repeatedly calling you names, excluding you, bullying or intimidating you, or making you feel undermined or worthless?	1	0	98	99
ABUSE_EM2 Repeatedly excluded you and / or ignored your wishes or views	1	0	98	99
ABUSE_EM3 Used controlling behaviour against you - for example, by preventing you from seeing or having contact with friends or family, or by threatening to hurt you or someone you care about, or by trying to control you in some other way?	1	0	98	99
ABUSE_EM4 Attempted the above	1	0	98	99
ABUSE_EM5 Did something else that caused you extreme emotional or psychological distress, or that you felt was emotionally or psychologically abusive?	1 [If POSSIBLE PLEASE SPECIFY WHAT HAPPENED]	0	98	99
	ABUSE_em_open			

Q87 [ASK IF "YES" WAS SELECTED IN ANY OF THE PARTS OF Q29]

[CODE ALL THAT APPLY]

May I check, was the person that did this, or one of the people who did this:

	Yes	No	[DO NOT	[DO NOT
--	------------	-----------	----------------	----------------

			PRO MPT] Don' t know /cant rem emb er	PRO MPT] Decli ned to answ er
PERP_EM_P A current partner / husband / wife	1	0	98	99
PERP_EM_FA Another member of your family or a relative, such as a son, daughter, brother, uncle or cousin	1	0	98	99
PERP_EM_fr A friend, neighbour, acquaintance or someone else you already knew [NOT FAMILY / RELATIVES]	1	0	98	99
PERP_EM_LEAF Community leadership structure appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY GOVERNMENT]	1	0	98	99
PERP_EM_LEAINF Community leadership structure <u>not</u> appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY COMMUNITY, NOT BY GOVERNMENT]	1	0	98	99
PERP_EM_MIL Local militia or civil enforcement group	1	0	98	99
PERP_EM_OTH Someone else	1	0	98	99
	PLEASE SPECIFY IF POSSIBLE / APPROPRIATE			

	<i>PERP_EM_OTH-open</i>			
PERP_EM_UNKNOWN [CODE AS YES IF RESPONDENT SAYS THE PERSON WAS IDENTIFIED / SEEN BUT THEY DON'T KNOW THEIR NAME / OR IF THE PERSON / PEOPLE WHO DID THIS ARE UNKNOWN]	1	0	98	99

And please can I ask:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
ABUSE_EM_REPEAT Has this type of incident happened to you more than once since you were 50 - for example, a few times or many times?	1	0	98	99
ABUSE_EM_12 Has an incident like this happened to you within the last 12 months?	1	0	98	99

And please may I also check, after any of the incidents, did you report the incident to the authorities, tell anyone about the incident, or go to anyone for help?

ABUSE_EM_TELL

[CODE ALL THAT APPLY]

I told the police	1
I told / sought advice from legal centre / legal authorities	2
I went to a hospital / health centre for help	3
I told a support organization / counsellor	4
I told community / village leader/s	5
I told religious leader	6
I told a NGO	7
I told my family / friends	8
I told someone else	9
[IF POSSIBLE PLEASE SPECIFY]	
I did <u>NOT</u> tell anyone about the incident	10
[DO NOT PROMPT] Don't know /cant remember	98
[DO NOT PROMPT] Declined to answer	99

Q88 [ASK ALL]

[CODE ALL THAT APPLY]

Now thinking now about your physical wellbeing. Please can you tell me whether since you turned 50 anyone has done any of the following to you:

ABUSE_PH1 Used a <u>knife, gun, stick or other weapon</u> against you	1	0	98	99
ABUSE_PH2 Used <u>violence or force</u> against you (for example by slapping, hitting, punching or biting you, by choking or strangling you, by pushing you or holding you down, deliberately burning or scalding you or throwing something at you, dragging you or beating you)	1	0	98	99
ABUSE_PH3 Used <u>physical restraint</u> against you (for example, by tying you up or locking you in a room)	1	0	98	99
ABUSE_PH4 <u>Threatened</u> to kill you or to use a <u>knife, gun, stick or other weapon</u> against you or someone close to you	1	0	98	99
ABUSE_PH5 <u>Threatened</u> to use some other kind of force against you or someone close to you	1	0	98	99
ABUSE_PH6 <u>Attempted</u> any of the above	1	0	98	99
ABUSE_PH7 Mistreated you physically in any other way or did something else that you feel was <u>physically</u>	1 [If POSSIBLE PLEASE	0	98	99

<u>abusive?</u>	SPECIFY WHAT HAPPENED]			
	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> ABUSE_PH7_open </div>			

Q89 [ASK IF “YES” WAS SELECTED IN ANY OF THE PARTS OF Q31]

May I check, was the person that did this, or one of the people who did this:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
PERP_PH_P A current partner / husband / wife	1	0	98	99
PERP_PH_FA Another member of your family or a relative, such as a son, daughter, brother, uncle or cousin	1	0	98	99
PERP_PH_fr A friend, neighbour, acquaintance or someone else you already knew [NOT FAMILY / RELATIVES]		0	98	99
PERP_PH_LEAF Community leadership structure appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY GOVERNMENT]	1	0	98	99
PERP_PH_LEAINF	1	0	98	99

Community leadership structure <u>not</u> appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY COMMUNITY, NOT BY GOVERNMENT]				
PERP _ PH _ MIL Local militia or civil enforcement group	1	0	98	99
PERP _ PH _ OTH Someone else	1	0	98	99
	PLEASE SPECIFY IF POSSIBLE / APPROPRIATE			
	PERP _ PH _ OTH _ open			
PERP _ PH _ UNKNOWN [CODE AS YES IF RESPONDENT SAYS THE PERSON WAS IDENTIFIED / SEEN BUT THEY DON'T KNOW THEIR NAME / OR IF THE PERSON / PEOPLE WHO DID THIS ARE UNKNOWN]	1	0	98	99

And please can I ask:

	Yes	No	[DO NOT	[DO NOT
--	------------	-----------	----------------	----------------

			PROMPT] Don't know /cant remember	PROMPT] Declined to answer
ABUSE_PH_REPEAT Has this type of incident happened to you more than once since you were 50 - for example, a few times or many times?	1	0	98	99
ABUSE_PH_12 Has an incident like this happened to you within the last 12 months?	1	0	98	99

And please may I also check, after any of the incidents, did you report the incident to the authorities, tell anyone about the incident, or go to anyone for help?

ABUSE_PH_TELL

[CODE ALL THAT APPLY]

I told the police	1
I told / sought advice from legal centre / legal authorities	2
I went to a hospital / health centre for help or told a doctor / medical professional	3
I told a support organization / counsellor	4
I told community / village leader/s	5
I told priest/religious leader	6
I told a NGO	7
I told my family / friends	8
I told someone else	9
[IF POSSIBLE PLEASE SPECIFY]	
I did <u>NOT</u> tell anyone about the incident	10
[DO NOT PROMPT] Don't know /cant remember	98
[DO NOT PROMPT] Declined to answer	99

Q90 [ASK ALL]

[CODE ALL THAT APPLY]

The next question is a very difficult and sensitive question, I would be very grateful if you felt able to answer. Thinking of your sexual integrity, please can you tell me whether since you turned 50 anyone has done any of the following to you:

	Yes	No	[DO NOT PROMPT] Don't know	[DO NOT PROMPT] Declined to answer

			w /cant reme mber	
<p>ABUSE_SE1 Forced you to have sex against your will? For example, by physically forcing you or threatening you or demanding you to have sexual intercourse with them against your will?</p> <p>[CODE AS 1: COERCED SEX AGAINST THE PERSON'S WILL SUCH AS COERCED SEXUAL INTERCOURSE; COERCED ORAL SEX OR ANAL SEX; COERCED MALE ON MALE SEX; FEMALE OR MALE RAPE. THE QUESTION SHOULD BE POSED TO BOTH MEN AND WOMEN.]</p>	1	0	98	99
<p>ABUSE_SE2 Forced you to have any other sexual activity with them against your will? For example, by physically forcing you, or threatening you, or demanding that you do something sexual that you didn't want to do, or touching you sexually, or doing something else to you sexually <u>against your will</u>?</p> <p>[CODE AS 1 IF RESPONDENT SAYS THAT THEY HAVE BEEN FORCED TO PARTICIPATE IN OTHER TYPES OF SEXUAL ACTIVITY AGAINST THEIR WILL OR HAVE HAD SOMETHING ELSE DONE TO THEM SEXUALLY AGAINST THEIR WILL E.G. UNWANTED TOUCHING]</p>	1	0	98	99
<p>ABUSE_SE3 <u>Attempted</u> any of the above</p>	1	0	98	99
<p>ABUSE_SE4 Mistreated you sexually in any other way, or did something else to you that you feel was sexually abusive?</p>	1	0	98	99
	<p>[If POSSIBLE PLEASE SPECIFY WHAT HAPPENED]</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>ABUSE_SE_open</p> </div>			

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Q91 [ASK IF “YES” WAS SELECTED IN ANY OF THE PARTS OF Q112]

May I check, was the person that did this, or one of the people who did this:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
PERP_SE_P A current partner / husband / wife	1	0	98	99
PERP_SE_FA Another member of your family or a relative, such as a son, daughter, brother, uncle or cousin	1	0	98	99
PERP_SE_fr A friend, neighbour, acquaintance or someone else you already knew [NOT FAMILY / RELATIVES]				
PERP_SE_LEAF Community leadership structure appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY GOVERNMENT]	1	0	98	99
PERP_SE_LEAINF Community leadership structure <u>not</u> appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY COMMUNITY, NOT BY GOVERNMENT]	1	0	98	99
PERP_SE_MIL Local militia or civil enforcement group	1	0	98	99
PERP_SE_OTH	1 PLEASE SPECIFY IF POSSIBLE / APPROPRIATE	0	98	99

	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> PERP_SE _OTH_open </div>			
PERP_SE_UNKNOWN [CODE AS YES IF RESPONDENT SAYS THE PERSON WAS IDENTIFIED / SEEN BUT THEY DON'T KNOW THEIR NAME / OR IF THE PERSON / PEOPLE WHO DID THIS ARE UNKNOWN]	1	0	98	99

And please can I ask:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
ABUSE_SE_REPEAT Has this type of incident happened to you more than once since you were 50 - for example, a few times or many times?	1	0	98	99
ABUSE_SE_12 Has an incident like this happened to you within the last 12 months?	1	0	98	99

And please may I also check, after any of the incidents, did you report the incident to the authorities, tell anyone about the incident, or go to anyone for help?

ABUSE_SE_TELL

[CODE ALL THAT APPLY]

I told the police	1
I told / sought advice from legal centre / legal authorities	2

I went to a hospital / health centre for help	3
I told a support organization / counsellor	4
I told community / village leader/s	5
I told religious leader	6
I told a NGO	7
I told my family / friends	8
I told someone else	9
[IF POSSIBLE PLEASE SPECIFY]	
I did <u>NOT</u> tell anyone about the incident	10
[DO NOT PROMPT] Don't know /cant remember	98
[DO NOT PROMPT] Declined to answer	99

Q92 [ASK ALL]

[CODE ALL THAT APPLY]

And thinking now about malicious accusations concerning witchcraft or sorcery. Please can you tell me whether since you turned 50 anyone has done any of the following to you:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
ABUSE_ACC1 <u>Accused you of being</u> a witch or of spirit possession or sorcery?	1	0	98	99
ABUSE_ACC2 <u>Accused you of using</u> witchcraft ,evil spirits spells, black magic or evil spirits to cause the ill-health of someone else or to affect their behaviour or mind against their will?	1	0	98	99
ABUSE_ACC3 <u>Physically or verbally abused you</u> because of such an accusation?	1	0	98	99
ABUSE_ACC4 <u>Attempted the above</u>	1	0	98	99
	[If POSSIBLE PLEASE SPECIFY WHAT HAPPENED]			

<p>ABUSE_ACC5 Made some other type of malicious accusation against you</p>	<p>1</p> <p>[If POSSIBLE PLEASE SPECIFY WHAT HAPPENED]</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><i>ABUSE_ACC5_open</i></p> </div>	<p>0</p>	<p>98</p>	<p>99</p>
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Q93 [ASK IF “YES” WAS SELECTED IN ANY OF THE PARTS OF Q35]

May I check, was the person that did this, or one of the people who did this:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
<p>PERP_ACC_P A current partner / husband / wife</p>	1	0	98	99
<p>PERP_ACC_FA Another member of your family or a relative, such as a son, daughter, brother, uncle or cousin</p>	1	0	98	99
<p>PERP_ACC_fr A friend, neighbour, acquaintance or someone else you already knew [NOT FAMILY / RELATIVES]</p>	1	0	98	99
<p>PERP_ACC_LEAF Community leadership structure appointed by Government [E.G. VILLAGE LEADERS APPOINTED BY GOVERNMENT]</p>	1	0	98	99
<p>PERP_ACC_LEAINF Community leadership structure <u>not</u> appointed by</p>	1	0	98	99

Government [E.G. VILLAGE LEADERS APPOINTED BY COMMUNITY, NOT BY GOVERNMENT]				
PERP_ACC_MIL Local militia or civil enforcement group	1	0	98	99
PERP_ACC_OTH Someone else	1	0	98	99
	PLEASE SPECIFY IF POSSIBLE / APPROPRIATE			
	PERP_ACC_OTH_open			
PERP_ACC_UNKNOWN [CODE AS YES IF RESPONDENT SAYS THE PERSON WAS IDENTIFIED / SEEN BUT THEY DON'T KNOW THEIR NAME / OR IF THE PERSON / PEOPLE WHO	1	0	98	99

DID THIS ARE UNKNOWN]				
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And please can I ask:

	Yes	No	[DO NOT PROMPT] Don't know /cant remember	[DO NOT PROMPT] Declined to answer
ABUSE_ACC_REPEAT Has this type of incident happened to you more than once since you were 50 - for example, a few times or many times?	1	0	98	99
ABUSE_ACC_12 Has an incident like this happened to you within the last 12 months?	1	0	98	99

And please may I also check, after any of the incidents, did you report the incident to the authorities, tell anyone about the incident, or go to anyone for help?

ABUSE_ACC_TELL

[CODE ALL THAT APPLY]

I told the police	1
I told / sought advice from legal centre / legal authorities	2
I went to a hospital / health centre for help	3
I told a support organization / counsellor	4
I told community / village leader/s	5
I told religious leader	6
I told a NGO	7
I told my family / friends	8
I told someone else	9
[IF POSSIBLE PLEASE SPECIFY]	
I did <u>NOT</u> tell anyone about the incident	10
[DO NOT PROMPT] Don't know /cant remember	98
[DO NOT PROMPT] Declined to answer	99

SECTION 5: RIGHT TO PRIVATE AND FAMILY LIFE

Q94 [ASK ALL]

Moving on, how much do you agree or disagree with the following statements? Please say whether you agree strongly, agree, disagree or strongly disagree

	Agree	Agree	Neither	Disagree	Strongly	DON'T
--	--------------	--------------	----------------	-----------------	-----------------	--------------

	strongly		agree nor disagree		disagree	PROMPT Don't know / declined to answer
FA_LIFE I feel socially isolated because of my age	1	2	3	4	5	99
DR I feel that I am not treated with dignity and respect because of my age	1	2	3	4	5	99
SHAME I feel that other people look down at me or treat me in a humiliating, shameful or degrading way because of my age	1	2	3	4	5	99
AU1 I feel that other people make important decisions for me without my permission or consent because of my age	1	2	3	4	5	99
AU2 I feel pushed around because of my age	1	2	3	4	5	99
AU3 I feel that what happens to me is out of my control	1	2	3	4	5	99

SECTION 6: RIGHT TO PARTICIPATION, INFLUENCE AND VOICE

Now thinking about your own personal experiences of voting and participating in political affairs and community life:

Q95 [ASK ALL]

VOTE

Lots of people find it difficult to get out and vote. May I ask, did you vote in the last national election, that is the national election held on [DATE OF LAST NATIONAL / GENERAL / PRESIDENTIAL ELECTION IN COUNTRY]?

No	Yes	[DO NOT PROMPT]
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		Don't know / declined to answer
1 [ASK Q96]	0 [GO TO Q97]	99

Q96 [ASK IF Q95=NO]

BARRIER_V

You mentioned that you did not vote in the last election, may I check why?

[CODE ALL THAT APPLY]

I am not registered to vote	1
I do not have an identity card or the right papers	2
I couldn't get to the polling station	3
I am concerned about safety	4
There is no alternative to voting in person e.g. postal vote	5
I am not interested in politics	6
I feel that voting doesn't make any difference to things / I don't support any of the parties	7
I didn't know about the election	8
I feel that I am too old to vote / my age, illness, infirmity or disability prevents me from voting	9
Other	10
[DO NOT PROMPT] Don't know / declined to answer	99

Q97 [ASK ALL]

PART

And over the past twelve months have you participated in national or local political affairs or in public / community life in any of the following ways?

[CODE ALL THAT APPLY]

Stood as a candidate yourself in an election such as a village, district, provincial, national or other election	1
Contacted a politician, attended a public meeting, demonstration or protest, signed a petition	2
Been involved in a decision-making in a decision-making body (e.g. a village council, local government committee or a school board) / taken part in a consultation or involved in a group to discuss local issues, problems or political issues	3
Been a member of an older people's group, NGO, trade union or community, Church or religious group	4
Been a volunteer	5
Other	6
None of the above	10

[DO NOT PROMPT] Don't know / declined to answer	99
---	----

Q98 [ASK ALL]

INFL

And if you wanted to influence national political decisions or local affairs what would you do to get your voice heard?

[CODE ALL THAT APPLY]

Contact a politician, local government committee or political organization	1
Contact a community group such as an older people's group or a trade union	2
Organize a meeting, petition or demonstration	3
Contact the media, newspaper or TV, or use the internet	4
Do something else	5
I wouldn't attempt to influence political decisions	10
[DO NOT PROMPT] Don't know / declined to answer	99

Q99 [ASK ALL]

UD

Finally, I am going to finish the interview with some questions about human rights.

May I check, have you heard of the Universal Declaration of Human Rights?

Yes	No	[DO NOT PROMPT] Don't know / declined to answer
1	0	99

Q100 [ASK ALL]

I am now going to read you a list of rights. Please could you tell me which of these rights you think that older people should have as someone living in [COUNTRY] today.

	Yes	No
RIGHTS_PRO Right to protection from crime, violence and abuse	1	0
RIGHTS_HEA Right to health and social care	1	0
RIGHTS_ELE Right to participate in free elections and public life	1	0
RIGHTS_ADEQ Right to an adequate standard of living including adequate food, shelter, housing and social security	1	0
RIGHTS_EQU	1	0

Right to be treated fairly and equally		
RIGHTS_DIG Right to be treated with dignity and respect	1	0
RIGHTS_ALL All of these	1	0
RIGHTS_NONE None of these	1	0

Q101 [ASK ALL]

I am now going to read out the list of rights again. This time, could you tell me which of the rights you *actually enjoy in practice* as an older person living in [COUNTRY] today?

	Yes	No
RIGHTH_PRO Right to protection from crime, violence and abuse	1	0
RIGHTH_HEA Right to health and social care	1	0
RIGHTH_ELE Right to participate in free elections and public life	1	0
RIGHTH_ADEQ Right to an adequate standard of living including adequate food, shelter, housing and social security	1	0
RIGHTH_EDU Right to be treated fairly and equally	1	0
RIGHTH_DIG Right to be treated with dignity and respect	1	0
RIGHTH_ALL All of these	1	0
RIGHTH_NONE None of these	1	0

Q102 [ASK ALL]

STANDUP

And to what extent do you agree / disagree with the following statement?

Older people should stand up more actively for their rights

Strongly agree	1
Agree	2
Neither agree nor disagree	3
Disagree	4
Strongly disagree	5

PERSONAL DETAILS

[READ OUT]

Before we finish the interview, I have two quick background questions about yourself.

Q103 [ASK ALL]

AGE

First, please may I check how old you are?

ENTER AGE	I do not know my age	Declined to answer
	98	99

[ASK IF RESPONDENT DOES NOT KNOW AGE]

May I check, do you know approximately which one of these age bands you fall within?

Age2

50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85+	I do not know my age	Declined to answer
1	2	3	4	5	6	7	8	98	99

[TO BE COMPLETED BY INTERVIEWER IF THE RESPONDENT DOES NOT KNOW EITHER HIS OR HER AGE OR AGE BAND]

AGE3

INTERVIEWER ESTIMATE OF RESPONDENT'S AGE							
50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85+
1	2	3	4	5	6	7	8

Q104 [ASK ALL]

ETHNIC

And now, may I ask, to which of these ethnic groups do you consider you belong?

Kyrgyzstan

E_Kyrg

Kyrgyz	1
Uzbek	2
Russian	3

Dungan (ethnic Chinese Muslims)	4
Ukrainian	5
Uygur	6
Other	7 PLEASE SPECIFY

Mozambique

E_Mozambique

Makua	1
Tsonga	2
Shangaan	3
Chokwe	4
Manyika	5
Sena	6
Other indigenous tribal group	7 PLEASE SPECIFY
European, Euro-African, Indian or other	8

Peru

E_Peru

Aymara	1
Quechua	2
Mestizo (Mixed)	3
Amazónico	4
Blanco (White)	5
Black (Afro Peruano)	6
Oriental (Japanese / Chinese)	7
Other	8

[END OF INTERVIEW]

Thankyou very much for helping us and answering these questions. The information you have given us is extremely important.

[READ OUT TO RESPONDENTS WHO HAVE NOT DISCLOSED AN INCIDENT OF ABUSE]

We understand that these questions may have upset you or that you may need help and support but it is only from hearing from older people themselves that we can really understand about older people's experiences of maltreatment, violence and abuse.

Here is a card with some names and contacts for organizations that can provide information, help and support as well as counselling and legal advice in [AREA OF COUNTRY]. Please do contact them if you would like to talk to them or if you know of someone who might need help. You can go whenever you feel ready to, either soon or later on.

A HelpAge or partner representative will also ask you immediately after this interview whether you need any information, help or support today. Contact details for a HelpAge or partner representative are also provided on the card. You can also contact them in the future for information, help and support.

[HAND CARD TO RESPONDENT AND READ OUT DETAILS]

[READ OUT TO RESPONDENTS WHO HAVE DISCLOSED AN INCIDENT OF ABUSE]

Thankyou for helping us. We understand that these questions may have upset you or that you may need help and support but it is only from hearing from older people themselves that we can really understand about older people's experiences of maltreatment, violence and abuse.

From what you have told us, I can tell that you have had some very difficult times in your life. No one should be treated in that way and I can see that you have survived through some very difficult circumstances.

Here is a card with some names and contacts for organizations that can provide information, help and support as well as counselling and legal advice in [AREA OF COUNTRY]. Please do contact them if you would like to talk over your situation with someone. You can go whenever you feel ready to, either soon or later on.

A HelpAge or partner representative will also ask you immediately after this interview whether you need any information, help or support today. The contact details of the HelpAge or partner representative are also provided on the card. You can contact them in the future for information, help and support.

[HAND CARD TO RESPONDENT AND READ OUT DETAILS]

[FOR INTERVIEWER TO COMPLETE]

COUNTRY

UNIQUE RESPONDENT NUMBER

[PROVIDE UNIQUE INTERVIEW IDENTIFICATION NUMBER - 1,2,3 ETC]

[CODE SEX AS OBSERVED]

SEX

FEMALE	MALE
1	0

[CODE AREA AS OBSERVED]

Kyrgyzstan

AREA_KOC

1	Batken oblast
2	Jalal-Abad oblast
3	Issyk-Kul oblast
4	Нарынская область
5	Osh oblast
6	Talas oblast
7	Chuy oblast
8	Bishkek city
9	Osh city

AREA_UR

Rural	Urban
2	1

Peru

AREA_UR

Rural	Urban	Peri-urban (outside Lima)
-------	-------	---------------------------

2	1	3
---	---	---

If rural area, which type:

AREA_PR

Rural Amazonas	Rural Afro Peruano	Rural Aymara/Quechua
1	2	3

Mozambique

AREA_MPROV

Tete Province	1
Gaza Province	2
Sofala Province	3

AREA_UR

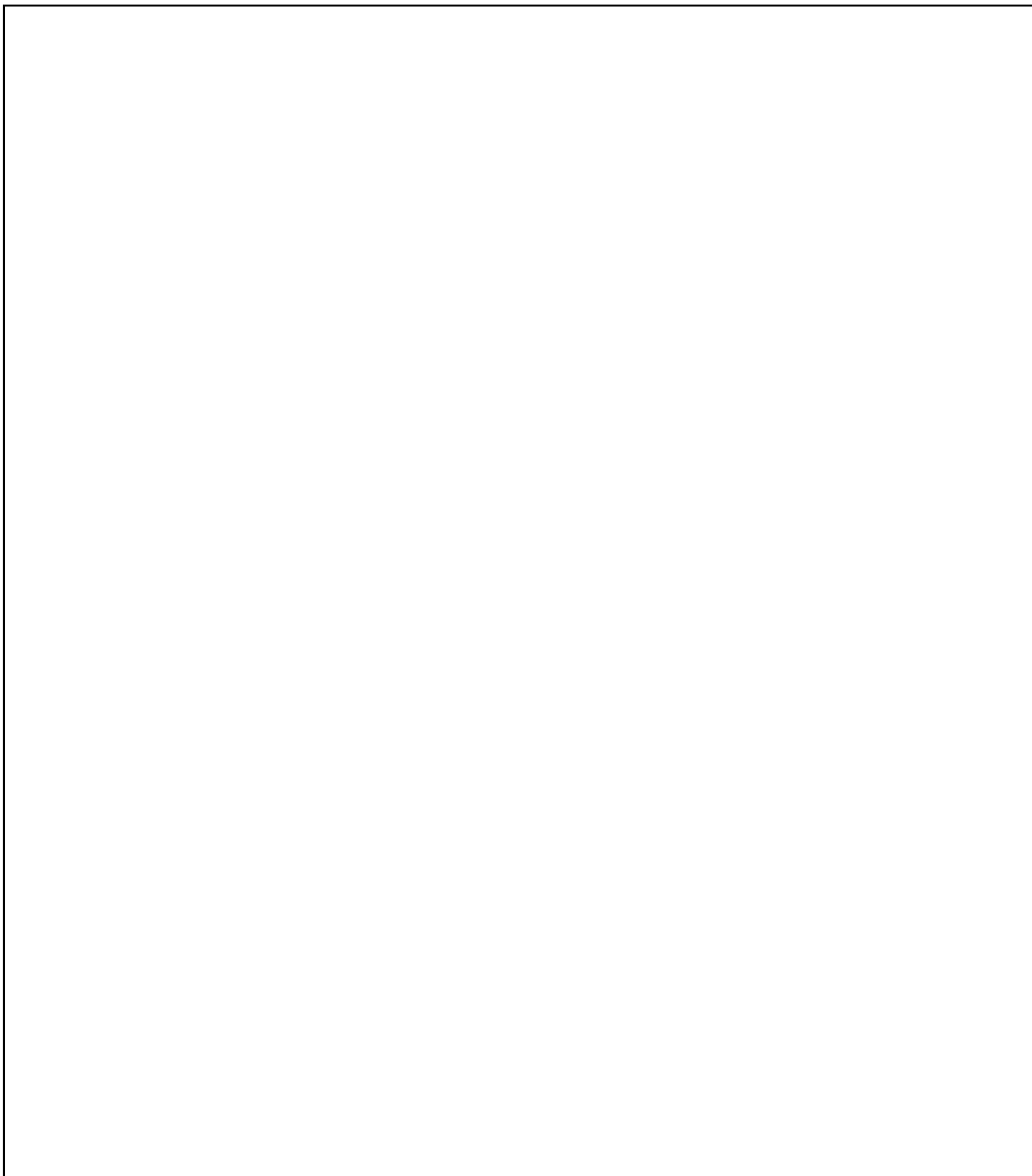
Rural	Urban
2	1

TRAINING

	Yes	No
Has the respondent received HelpAge (or partner) training?	1	0
Will the respondent receive HelpAge (or partner) training in the future?	1	0

INTERVIEWER OBSERVATIONS

PLEASE PROVIDE AND FEEDBACK AND SUGGESTIONS THAT YOU CAN – INCLUDE ANY PROBLEMS THAT YOU FOUND WITH THE SURVEY, ANY ISSUES WITH THE SENSITIVE QUESTIONS ESPECIALLY AROUND SEXUAL ABUSE AND DOMESTIC VIOLENCE, ANY PROBLEMS THAT YOU IDENTIFIED WITH THE WORDING OR MEANING OF PARTICULAR QUESTIONS, AND / OR WHETHER THERE WERE ANY QUESTIONS THAT YOU FELT WERE DIFFICULT FOR THE RESPONDENT TO UNDERSTAND. MANY OF THE QUESTIONS IN THE SURVEY WERE NEW AND YOUR FEEDBACK AND SUGGESTIONS WILL BE VERY HELPFUL AS WE LEARN LESSONS AND DEVELOP THE SURVEY IN THE FUTURE.

A large, empty rectangular box with a thin black border, intended for the respondent to provide their feedback and suggestions as requested in the text above.

Appendix 3: Details of survey methodology provided by HelpAge offices

Country specific methodology: Peru

Peru adopted a disproportionate purposive sampling methods that aimed at:

- 1) coverage of urban, peri-urban and rural areas;
- 2) even representation of males and females
- 3) coverage of different ethnic groups
- 4) approximately even representation across five age bands (50-60, 60-70, 70-80, 80+)

Target cell sizes based on this methodology were identified. It was agreed with the offices that quotas would not be imposed quotas rigidly and should be regarded as a target only.

Table 105: Peru - target cell size

Urban (n=30)	Periurban Outside LIMA (n=30)	Rural Aymara/Quechua (n=19)	Rural Afro peruano (n=13)	Rural Amazonas (n=7)
Women (15) Men (15)	Women (15) Men (15)	Women (11) Men (8)	Women (7) Men (6)	Women (4) Men (3)
50-60 – (4+4)	50-60 – (4+4)	50-60 – (4+3)	50-60 – (2+2)	50-60 – (1+1)
60-70 – (4+4)	60-70 – (4+4)	60-70 – (3+3)	60-70 – (2+2)	60-70 – (1+1)
70-80- (4+4)	70-80- (4+4)	70-80- (3+1)	70-80- (2+1)	70-80- (1+1)
80+ - (3+3)	80+ - (3+3)	80+ - (1+1)	80+ - (1+1)	80+ - (1+0)

Further details provided in advance by the Peru office

Selection of participants

Older people over 50 were identified in these countries through a list of Help and / or partner contacts (Mozambique) and HelpAge and / or partner contacts and older people's groups (Peru).

Training

Selection of interviewers In Perú the interviewers are experienced in working with older people, because they belong to the Peruvian network (partners of HelpAge), as well as being skilled in interview techniques. Some of interviewers have more than 7 years of experience on the field, with older people organizations. So they are: partners experienced in working with older people, they have experience in interviewing older people, and they are skilled in interview techniques.

Supervision of interviewers The supervision of interviewers is going to be responsibility of PROCESO SOCIAL, the HelpAge partner who is developing this BMZ project on rights. This means that Proceso Social is going to train the interviewers, and also is going to follow all the interview process.

On-hand and post-interview support and advice On hand support immediately after the interview and oral communication and written details of help and support organizations. The post interview support is going to be given by the partner in each region, but also the legal center support that each local government has.

De-briefing and support for interviewers Proceso Social has responsibility for managing this.

Ethical and safety guidelines. The Peru team is aware of the project ethical and safety guidelines and is confident that these can all be met in Peru with the exception of same sex matching of interviewers and respondents. This could only be achieved in 80% of cases. It was decided that the sexual and domestic abuse questions would be omitted in Peru where same sex matching of interviewers and respondents couldn't be achieved.

Mercedes Viera who is managing the work at Proceso Social supervised the WHO Multi-country Study on Women's Health and Domestic Violence Against Women work in WHO research on abuse in Lima and therefore has excellent knowledge and understanding of the ethical and safety issues.

Translation The questionnaire will be translated to Spanish, but also will be read in local languages

Financial incentives

No financial or other incentives are being used

Figure 28: Information card (Peru)

**Organizaciones de Contaco
A nivel nacional**

Centros Emergencia Mujer, atiende a las personas afectadas por violencia familiar y sexual sin importar su condición social, edad o sexo. La población más vulnerable al maltrato, que acude a estos servicios, lo constituyen niños, niñas adolescentes, mujeres, personas adultas mayores y personas con discapacidad.

Linea 100

- Atención las 24 horas
- Servicio Gratuito
- Confidencialidad y anonimato en cada llamada
- Fácil acceso desde cualquier teléfono fijo, público ó celular.

Existen en todo el país, hay 149 oficinas a las que son derivadas las llamadas para la atención legal, social y psicológica.

En Lima

La referencia es el Centro Proceso Social, socio de HelpAge cuyo teléfono es 381889, brindamos apoyo a las personas mayores que tiene problemas y quieren consultar y a las municipalidades que deseen implementar el servicio sociolegal en el CIAM.

Team

In Peru, Peru Centro Proceso Social was the principal NGO involved with the fieldwork, working closely with IPEMIN (Instituto para el Desarrollo de la Pesca y la Minería), CCC-UNSCH (Centro de Capacitacion de Campesino de la Universidad Nacional San Cristobal de Huamanga), Auquis de Ollantay and ANAMPER (Asociación Nacional del Adulto Mayor del Perú).

Country specific methodology: Mozambique

Mozambique adopted a disproportionate purposive sampling method that aimed at:

- 1) coverage of urban and rural areas;
- 2) even representation of males and females
- 3) approximately even representation across five age bands (50-60, 60-70, 70-80, 80+)

Target cell sizes based on this methodology were identified. It was agreed with the offices that quotas would not be imposed quotas rigidly and should be regarded as a target only.

Table 106: Mozambique: Target cell size

Tete Province				Gaza Province				Sofala Province			
Urban (n=10)		Rural (n=20)		Urban (n=10)		Rural (n=20)		Urban (n=20)		Rural (n=20)	
Me n (5)	Wom en (5)	Me n (10)	Wom en (10)	Me n (5)	Wom en (5)	Me n (10)	Wom en (10)	Me n (10)	Wom en (10)	Me n (10)	Wom en (10)
50-60 - (n=0)	50-60 - (n=1)	50-60 - (n=0)	50-60 - (n=2)	50-60 - (n=0)	50-60 - (n=1)	50-60 - (n=0)	50-60 - (n=2)	50-60 - (n=0)	50-60 - (n=2)	50-60 - (n=0)	50-60 - (n=2)
60-70 - (n=2)	60-70 - (n=2)	60-70 - (n=4)	60-70 - (n=3)	60-70 - (n=2)	60-70 - (n=2)	60-70 - (n=4)	60-70 - (n=3)	60-70 - (n=4)	60-70 - (n=3)	60-70 - (n=4)	60-70 - (n=3)
70-80 (n=2)	70-80 (n=1)	70-80 (n=4)	70-80 (n=3)	70-80 (n=2)	70-80 (n=1)	70-80 (n=4)	70-80 (n=3)	70-80 (n=4)	70-80 (n=3)	70-80 (n=4)	70-80 (n=3)
80+ - (n=1)	80+ - (n=1)	80+ - (n=2)	80+ - (n=2)	80+ - (n=1)	80+ - (n=1)	80+ - (n=2)	80+ - (n=2)	80+ - (n=2)	80+ - (n=2)	80+ - (n=2)	80+ - (n=2)

Further details provided in advance by the Peru office

Identification of participants

Older people over 50 are being identified in these countries through a list of Help and / or partner contacts (Mozambique) and HelpAge and / or partner contacts and older people's groups (Peru).

Selection of interviewers Interviewers will be selected from the ones we normally use in other surveys with older people. They are experienced and have participated in a number of trainings. Selection will however be on competitive basis. The one who will do well during the training and pre test will be picked.

Supervision of interviewers We will have 1 supervisor for 3 interviewers. We plan to have 3 interviewers per community which means we will be 1 supervisor per community. Supervisors will be selected from HAI and partner staff. They will also take part in the training. The total number of supervisors will depend on whether the interviews will be conducted at the same time in different communities and provinces.

On-hand and post-interview support and advice In case of advice and support the interviewees would be linked to trained activists (e.g. paralegals, listeners health activists etc) in the communities who will make further references if needed.

De-briefing and support for interviewers Before and after the interviews each day they would be a de-briefing with the interviewers lead by the team leader for emphasizing certain points, correcting mistakes observed etc. Individual coaching will also be done by supervisors during and after the course of the interviews whenever they note something

Ethical and safety guidelines The project ethical and safety guidelines can all be satisfied in Mozambique.

Translation into Portuguese

Financial or other incentives

No financial or other incentives are being used

Figure 29: Information cards: Mozambique

Provincia	Organizacao	Endereco
Tete	1. Liga dos Direitos Humanos de Tete	Bairro Francisco Manyanga, Unidade Sergio Vieira, Rua Emilia Dausse, proximo ao centro de saude numero 3 Contacto: Manuel Catequeta- 846789777
	2. Gabinete de Combate a Violencia contra a Mulher e Crianca	Bairro Matundo, unidade Kanyungue, proximo a 3a Esquadra Contacto: Elsa Maria Matavele 825959130
	3. Direccao Provincial da Mulher e Accao Social	Av. Da Liberdade Contacto: Josela Ferrao 824290203

	4. Instituto de Patrocinio Juridico	Bairro Francisco Manyanga, Av. Keneth Kaunda-edificio Palacio da Justica Contacto: Telefone fixo 25223853
	5. HelpAge International	Bairro Matema Contacto: Telefone fixo 252 220584
Sofala	1. ASADDEC	Estrada Nacional Nr. 6, Bairro Samora Machel – Dondo Contacto: Henriques V. Henriques 824182210.
	2. Gabinete de Combate a Violencia contra a Mulher e Crianca	Bairro da Ponta Gea - Cidade da Beira Contacto: Maria Odete 82 5181450
	3. AVOMS	Rua do Regulo Luis (CDC de Muabvi) Contacto: Inehifinha 829919608
Gaza	1. VUKOXA - Associação Humanitária de Apoio a Velhice	Rua dos combatentes – Chókwe Contacto: Michaque Ubisse 824090280 Telefone fixo 28120744
	2. Liga dos direitos Humanos	Rua Acordos de Nkomati - Xai-Xai Contacto: Carlos Mhula 848149920
	3. Gabinete de Combate a Violência contra a Mulher e Criança	Xai-Xai Rua Carpintaria de Mukhokhwene Contacto: 827895090 Chokwe Av. Eduardo Mondlane Contacto: Latifa Amade 845284462
	4. Instituto de Patrocinio Jurídico	Rua da Diocese - Xai-Xai Contacto: Dr. Langa 820431010
	5. Direcção Provincial da Mulher e Acção Social	Mártires de Wiriam - Xai-Xai Contacto : Bento Mugabe 844108819

Team

The fieldwork was undertaken by the following: Vukoxa (Chokwe), Conselho Cristão de Mozambique (Maputo), HelpAge International (Maputo and Tete) and Acção para Desenvolvimento Comunitário (ASADDEC) (Sofala).

Country specific methodology: Kyrgyzstan

The following information was provided in advance of the implementation of the survey in Kyrgyzstan

- **Selection and training of interviewers** There will be two teams of three people (each comprising a field supervisor and male and female interviewers). Interviewers will be experienced professionals aged between 35-40 years of age or older as the interviewers, who have experience to conduct interviews, are conducive and have good interpersonal skills. A psychologist will be invited for the training of interviewers for half a day, who can explain the main approaches to work with the older people and people with mental health issues, as well as methods how to support morally such people.
- **On-hand and post-interview support and advice** According to the observation of the interviewer, all the cases where the respondent needs a support or assistance, will be passed to the field supervisor of the team. The supervisor/the team should give the prepared cards with all the addresses of organizations that can help the respondents to solve such problems, and support the respondent. The team should stay in the household, to find the words to balance the state of the respondent and organize a tea party (for that purpose the team should bring tea, candy, cookies), which should be from the budget.
- **De-briefing and support for interviewers** All the interviewer's problems should be solved by the field supervisor. The field supervisor is responsible for the quality work of the team. Their functions include different tasks ranging from establishing good contact with the family, to ensuring safety of interviews, the correctness of the interview. If it is necessary to support the respondent, the supervisor should support him/her to conduct the survey. He/she is responsible for the appropriate use of funds.
- **Financial incentives** A small financial incentive payment will be made to provide compensation for time spent in interview.
- **Translation** - translation into Russian and Kyrgyz

Figure 30: Information card (translated into Russian and Kyrgyz)

In case of family violence you can call to the Crises Centers		
Crises Center	Phone	Address
«Ak-Jurok»	(03222) 4 59 76, t. 4 60 22	205, Lenin Str. Room 210, Osh city
«Aruulan»	(03222) 5 56 08	205, Lenin Str., room 211, Osh city
«Meerban»	(03222) 4 96 74	98, Massaliev Str., Osh city
«Akytkarachach»	(03234) 5 12 84	Normatov Str., Gulcha v., Alay rayon, Osh oblast Alay rayon, Gulcho v.
«Kaniet»	(03722) 5 50 84	7, Toktogul Str. Apt.1, Jalal-Abad town
«Ayalzet»	(03922) 5 10 91	105, Abdrakhmanov Str. Karakol town,
«Altynay»	(03943) 6 27 03, 6 26 69	Sovetskaya Str. 221, Cholpon-Ata town Issyk-Kul oblast,
«Tendesh»	(03522) 5 02 70	31, Kyrgyz Str., apt. 3, Naryn town
«Maana»	(03422) 5 58 85	297, Frunze Str., Talas town
«Shans»	(0312) 43 53 01	27, Kievskaya Str., apt.503, Bishkek city
«Sezim»	(0312) 51 26 40	117, Djantoshev Str., Bishkek city

Contact details of HelpAge International Office:

HelpAge International Office
204, Abdrakhmanov Str., 4th floor
Bishkek 720040, Kyrgyz Republic
Telephone: 996 (312) 664636

Options for survey design proposed by Kyrgyzstan office

A methodology involving disproportionate purposive sampling based on target cell sizes and identification of participants through HelpAge and partner contacts was considered. However, the Kyrgyzstan office felt that notwithstanding the small sample size (fixed at n=100) it would be advantageous for advocacy reasons to adopt a method of random or probability sampling and to aim at a representative sample. There was some discussion of this proposal (especially the fact that the ability to make general inferences from a sample depends on both sample size and sample design and that n=100 is a small sample size relative to the population of older people). The following options set out below were proposed by the Kyrgyzstan office.

OPTION 1. Equal sample distribution by sex and are combined with the proportional distribution of age groups.

With such a distribution comparison of the results on gender and area is possible. Sex and age composition can be represented by two categories of 50-59 and 60+. In general, the results will still be affected by answers of respondents from urban area.

OPTION 2. Proportional sample distribution by sex, area and age groups. With this distribution it is possible to compare the results by gender, and areas. Age structure can be represented by two categories of 50-59 and 60+.

OPTION 3. Equal distribution of the sample, where respondents are equally represented by gender, area and age group (10 year age group).

With such a distribution it is possible to compare the results of the survey on gender, place, and the age group. However, in this case, the effect of respondents' answers related to older age groups and living in urban areas will be overstated and, therefore it will be necessary to use weighting.

At

The information provided by the Kyrgyzstan office suggested that each of these options would result in different sample distributions (as set out in the tables below). In 2012, the population in Kyrgyzstan at age 50 years and above was 831566 people, of which 55,7% are women.

Table 107: Distribution of population by sex and place of residence

(people)

	Total	Out of them:		Urban		Rural	
		men	women	men	Women	Men	women
Population	831566	368171	463395	124820	178650	243351	284745
50-54	274872	130321	144551	44600	54427	85721	90124
55-59	188393	86653	101740	29424	38612	57229	63128
60-64	128882	56775	72107	20310	29347	36465	42760
65-69	56844	24474	32370	8699	13573	15775	18797
70-74	78325	31786	46539	10821	18755	20965	27784
75-79	51305	19655	31650	5845	11569	13810	20081
80-84	34832	12624	22208	3460	8005	9164	14203
85-89	13673	4751	8922	1320	3335	3431	5587
90-94	3384	928	2456	292	803	636	1653
95-99	711	154	557	39	169	115	388
100++	345	50	295	10	55	40	240

Table 108: Sample Distribution

	city								
	men				women				
	50-59	60-69	70-79	80+	50-59	60-69	70-79	80+	+
Batken oblast		1	1	0	1	1	1	0	0
Jalal-Abad oblast		1	0	1	1	1	1	0	0
Issyk-Kul oblast	1	0	1	1	1	0	0		
Naryn oblast		1	0	1	1	0	1	1	0
Osh oblast		1	1	0	1	0	0	1	1
Talas oblast		0	1	1	0	0	0	1	2
Chuy oblast		0	1	1	0	1	1	0	1
Bishkek city		0	1	1	0	1	1	2	1
Osh city		1	1	1	1	1	1	1	1
Total		6	6	7	6	6	7	6	6

Sample Distribution

	village								
	men				women				
	50-59	60-69	70-79	80+	50-59	60-69	70-79	80+	+
Batken oblast		1	1	1	1	1	1	1	0
Jalal-Abad oblast		1	1	1	1	1	0	1	1
Issyk-Kul oblast		1	0	1	0	1	1	1	2
Naryn oblast		1	1	1	1	1	1	0	1
Osh oblast		1	1	1	1	1	1	1	1
Talas oblast		1	1	1	1	1	1	1	0
Chuy oblast		1	1	0	1	0	1	1	2
Bishkek city		0	0	0	0	0	0	0	0
Osh city		0	0	0	0	0	0	0	0
Total		7	6	6	6	6	6	6	7

Under option 3 it was also suggested that three-stage sampling will be used in the selection of respondents.

1. the first stage we will select the villages with probability of proportional population size. Given the fact that the sample size is small, to expand the geographic scope, we will set the cluster size that is equal to 1, which almost corresponds to a simple random sample. In this case, unbiased estimates will be obtained.
2. In the second stage, in select villages we will select household addresses we want to visit.
3. In the third stage in the selected households, respondent will be selected in accordance with the quota provided by sex and age group.

Sample achieved in practice

In practice, the methodology set out in Option 3 was selected because it is the option that best supports narrow age band analysis and provides better coverage of “older older” people in the sample. This resulted in the development of a three-stage sample design with probability sampling in the first stage and the imposition of quotas in the later stages of the multistage design.

The description of the three-stage sample design set out in the Kyrgyzstan technical report is as follows.

- In the first phase, the villages/settlements were selected with a probability of proportional size of targeted population (PPS–probability proportional to size). For the survey of 100 respondents, the PPS selection tool was used, and 79 villages/settlements were selected.
- In the second phase, the entire sample was distributed among selected villages/settlements based on age and sex quotas. For each village/settlement pre-defined gender and age groups of the respondents were identified, who were supposed to be interviewed, as well as a random number for the selection of the respondents in the next phase.
- In the third phase the selection of respondents was achieved in the field in strict accordance with the prescribed selection procedures. The entire population of the Kyrgyz Republic is attached to primary health care facilities that provide primary health care and conduct prophylactic activities among attached population in that place (village/town/district). The list of attached population is up-dated regularly. These lists were used for selection of respondents at third stage of sampling. The respondent selection procedure was to find a number in the target population corresponding to the random number for specified locality. In case, a selected person fit the sample by

gender and age group for the village, her/his address was written and the team went to the place of his/her residence. If the selected person didn't fit for a given sample of the village, then next person, who meet the sample requirements, in the list was chosen.

For example, in the village Pokrovka, Talas region, we should interview a woman at age 50-59, according to the sample distribution. From the list of health care facility we should find an order number 774, a woman at age 50-59. If we find her, we go to visit her. If No, then we look for a woman with necessary which is nearest to the number 774. This procedure is performed in all of the villages/districts. Individual number is shown for each respondent, and serves as a guide for selection of the respondent.

Table 109: Kyrgyzstan - Distribution of sample

	Total	Out of them:		Urban		Rural	
		Men	women	men	women	men	women
Population at age 50 and above	100	50	50	25	25	25	25
50-59	25	13	12	6	6	7	6
60-69	25	12	13	6	7	6	6
70-79	25	13	12	7	6	6	6
80++	25	12	13	6	6	6	7

Table 110: Kyrgyzstan - Distribution of 100 respondents aged 50 and older in 79 settlements (villages/towns).

The sample for the route 1 (North)	Sample size	Men				Women			
		50-59	60-69	70-79	80+	50-59	60-69	70-79	80+
Address									
Таласская область, Манасский р-н, Покровский а/а, с. Покровка	1					774			
Таласская область, Кара-Бууринский р-н, Кара-Бууринский а/а, с.Кызыл-Адыр	1		615						
Таласская область, Кара-Бууринский р-н, Бейшекенский а/а, с.Кара-Буура	1	98							
Таласская область, Бакай-Атинский р-н, Боо-Терекский а/а, с. Боо-Терек	1			169					
Таласская область, Бакай-Атинский р-н, Озгерюшский а/а, с. Озгерюш	1				536				
Таласская область, Таласский р-н, Бердике-Баатыра а/а, с. Кум-Арык	1							268	
Таласская область, г.Талас (Гсв №2)	5		40	124				208	292, 376
Таласская область, Таласский р-н, Долонский а/а, с. Ак-Джар	1						232		
Чуйская область, Панфиловский р-н, Вознесенский а/а, с. Вознесенка	1							51	
Чуйская область, Жайылский р-н, г.Кара-Балта (Гсв №2, ул.Кожомбердиева-117)	1			127 0					
Чуйская область, Сокулукский р-н, им.Крупской а/а, с. Сокулук (ул.Больничная -1)	1								1017
Чуйская область, Ысык-Атинский р-н, Новопокровский а/а, с. Ленинское	1				38				
Чуйская область, Аламудунский р-н, Лебединовский а/а, с. Лебединовка (ул.Ленина -1)	1	770							
Чуйская область, Ысык-Атинский р-н, Ак-Кудукский а/а, с. Кировское	1		304						
Чуйская область, Ысык-Атинский р-н, г.Кант	1		326						

Чуйская область, г. Токмок	2					491	762		
Чуйская область, Чуйский р-н, Искринский а/а, с. Искра	1								4
Чуйская область, Кеминский р-н, пгт. Кемин	1								258
Чуйская область, Кеминский р-н, Чон-Кеминский а/а, с. Калмак-Ашуу	1						20		
Нарынская область, Жумгалский р-н, пгт. Мин-Куш	1			39					
Нарынская область, Жумгалский р-н, Чаекский а/а, с. Чаек	1				165				
Нарынская область, Кочкорский р-н, Чолпонский а/а, с. Чолпон	1						104		
Нарынская область, Кочкорский р-н, Кочкорский а/а, с. Кочкорка	1					22			
Нарынская область, Нарынский р-н, Он-Арчинский а/а, с. Эчки-Баши	1								55
Нарынская область, Ат-Башинский р-н, Ат-Башинский а/а, с. Ат-Баши	1			143 4					
Нарынская область, Ак-Талинский р-н, Ача-Каиндинский а/а, с. Ача-Каинды	1	9							
Нарынская область, г. Нарын (Гсв№4, ул.Жакыпова,90)	5	28		180	332		396	484	
Иссык-Кульская область, г.Балыкчи	1					643			
Иссык-Кульская область, Тонский р-н, Кюн-Чыгышский а/а, с.Боконбаево	1								345
Иссык-Кульская область, Тонский р-н, пгт. Каджи-Сай	1	214							
Иссык-Кульская область, Жети-Огузский р-н, Ак-Дебенский а/а, с.Ак-Дебе	1			92					
Иссык-Кульская область, Жети-Огузский р-н, Оргочорский а/а, с.Боз-Бешик	1					132			
Иссык-Кульская область, г.КараКол (ГсвУмут, ул.Абдрахманова-137)	2			242			776		
Иссык-Кульская область, г.КараКол, Пристань-Пржевальск	1				335				
Иссык-Кульская область, Ак-Суйский р-н, Караколский а/а, с.Чолпон	1	109							

Иссык-Кульская область, Тюпский р-н, Сары-Булакский а/а, с.Балбай	1								188
Иссык-Кульская область, Иссык-Кульский р-н, Абдрахмановский а/а, с.Жаркынбаево	1							270	
Иссык-Кульская область, Иссык-Кульский р-н, Ананьевский а/а, с.Ананьево(ГСВ, ул.Ленина - 296)	1						92		

г.Бишкек (ЦСМ №1, Гсв №9, ул.Фучика,15)	2		105					210	
г.Бишкек (ЦСМ №1, Гсв №9, ул.3-я линия-25)	2			153				306	
г.Бишкек (ЦСМ №3, Гсв №10, ул. Жибек-Жолу-495)	1					195			
г.Бишкек (ЦСМ №6, Гсв №1, ул. ул.Жукеева-Пудовкина,75)	2						213		330

The sample for the route 2 (South)	Sample size	Men				Women			
		50- 59	60- 69	70- 79	80+ +	50- 59	60- 69	70- 79	80+ +

Ошская область, Кара- Сууский р-н , г.Кара-Суу	1	127 7							
Ошская область, Кара- Сууский р-н , Жоошский а/а, с.Маданият	1		16						
Ошская область, Кара- Сууский р-н , Наримановский а/а, с.Джаны-Махалла	1			43					
Ошская область, Кара- Сууский р-н , Шаркский а/а, с.Шарк	1				328				

г.Ош (ЦСМ Жагалмай, Гсв№43, ул.Подгорная,27)	4	46	125	204	283				
г.Ош (ЦСМ Дени сак эл, Гсв №9, ул.Гагарина,24)	4					16	96	176	256

Ошская область, Араванский р-н , С.Юсуповский а/а, с.Араван (Гсв 1)	1	648							
Ошская область, Ноокатский р-н , г.Ноокат (Гсв №5, ул.Кызыл-Кийская -37)	1		142 2						
Ошская область, Ноокатский р-н , Кенешский а/а, с.Шанкол	1					219			
Ошская область, Алайский р- н , Гульчинский а/а, с.Гульча	1						150		

(Гсв №1)									
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Ошская область, Узгенский р-н, г.Узген (Гсв №3, ул.Ленина 186)	3				233			468	703
Ошская область, Узгенский р-н, Заргерский а/а, с.Кутурган	1							131	
Ошская область, Узгенский р-н, Терт-Кельский а/а, с.Ана-Кызыл	1								64

Джалал-Абадская область, Сузакский р-н, Сайпиддин-Атабековский а/а, с.Бек-Абад	1					100			
Джалал-Абадская область, Базар-Коргонский р-н, Акманский а/а, с.Колот	1	154							
Джалал-Абадская область, Ноокенский р-н, Аралский а/а, с.Интернационал	1			248					
Джалал-Абадская область, Базар-Коргонский р-н, Кенешский а/а, с.Кара-Джыгач	1		4						
Джалал-Абадская область, Ноокенский р-н, г. Кочкор-Ата	1	433							

Джалал-Абадская область, г. Шамалды-Сай (Гсв №5, ул.Нарынская,2)	1				442				
Джалал-Абадская область, г.Таш-Кумыр, с. Кызыл Джар	1							49	
Джалал-Абадская область, г. Кара-Куль (Гсв №2, ул.Сабирова, 2)	1					292			
Джалал-Абадская область, г. Джалал-Абад (Гс В №6, мкр.Пригородный, ул.Центральный №51)	2			1				76	
Джалал-Абадская область, Сузакский р-н, Курманбекский а/а, с.Кара-Чолок	1				162				
Джалал-Абадская область, Сузакский р-н, Курманбекский а/а, с. Саты	1								2

Баткенская область, г.Кызыл-Кия, с.Караван	1							586	
Баткенская область, Кадамжайский р-н, Уч-Коргонский а/а, с.Уч-Коргон	1					487			
Баткенская область, Кадамжайский р-н, Абсамат-Масалиевский а/а, с.Таш-Коргон	1				90				

Баткенская область, Кадамжайский р-н , пгт.Кадамжай (Гсв №3, ул.Звездная-7)	1				252				
Баткенская область, Кадамжайский р-н , пгт.Айдаркен (Гсв №4, ул.Курманжан-Датка -20)	1		161						
Баткенская область, Баткенский р-н , Кыштутский а/а, с.Сомент	1	81							
Баткенская область, г.Баткен (Гсв №2, ул.Саликова)	1					140			

Баткенская область, Лейлекский р-н , Маргунский а/а, с.Маргун	1		30						
Баткенская область, г.Сулюкта (Гсв№1, ул.Пушкина)	1						119		
Баткенская область, Лейлекский р-н ,г.Исфана	1	232							
Баткенская область, Лейлекский р-н , Сумбулинский а/а, с.Искра	1			38					
Баткенская область, Кадамжайский р-н , Кыргыз- Кыштакский а/а, с. Кыргыз- Кыштак	1							34	

To implement the sampling and conduct the survey, two teams were established, consisting of the head, male interviewer and female interviewer and a driver. The team was formed based on qualifications and age and sex.

Team members:

Team №1 (North)

Демиденко Людмила Геннадиевна	руководитель группы
ХамдамоваМуяссарУмаржановна	интервьюер женский
КанназаровАйбекДомонович	интервьюер мужской

Team №2 (South)

Сатканадиева Светлана Джумалиевна	руководитель группы
ЖоробековаГульжамал	интервьюер женский
КамчибековАбдыбай	интервьюер мужской

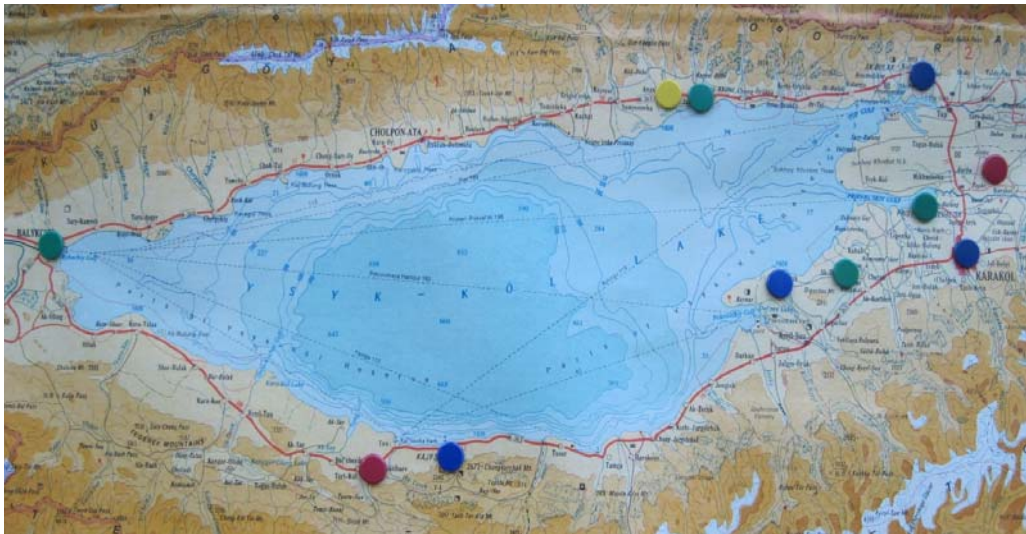
For each team the route was developed and the maps were prepared with indication of location of selected villages/towns (Appendix).

Team leaders and interviewers were trained 2-day trainings, where they learnt about confidentiality, behavior rules during interview, how to use questionnaire, and psychological issues related to older people.

The teams were given tools and funding. The tools include cards with addresses and telephones of crises centers in case the respondents need.

All cases requiring attention and support were documented when the respondent agreed with that, by the team leader and offered to the HAI. Main difficulties were related to respondent's health, and low level of income.

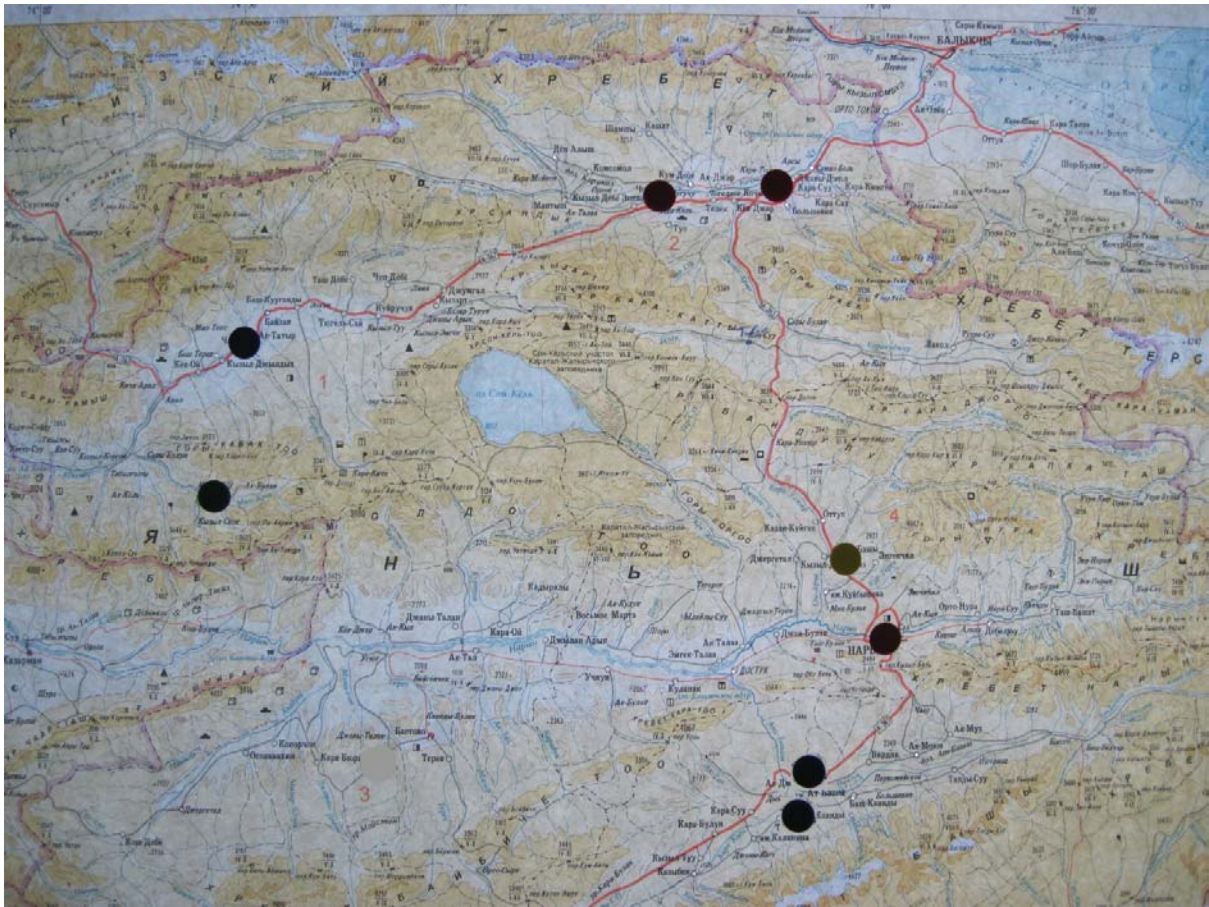
Issyk-Kul region



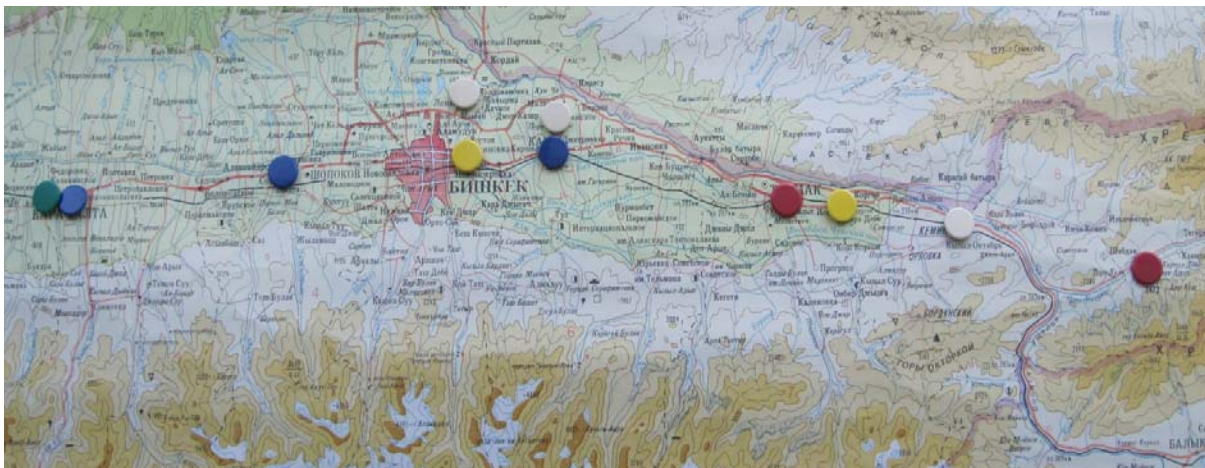
Talas region



Naryn oblast



Chu oblast



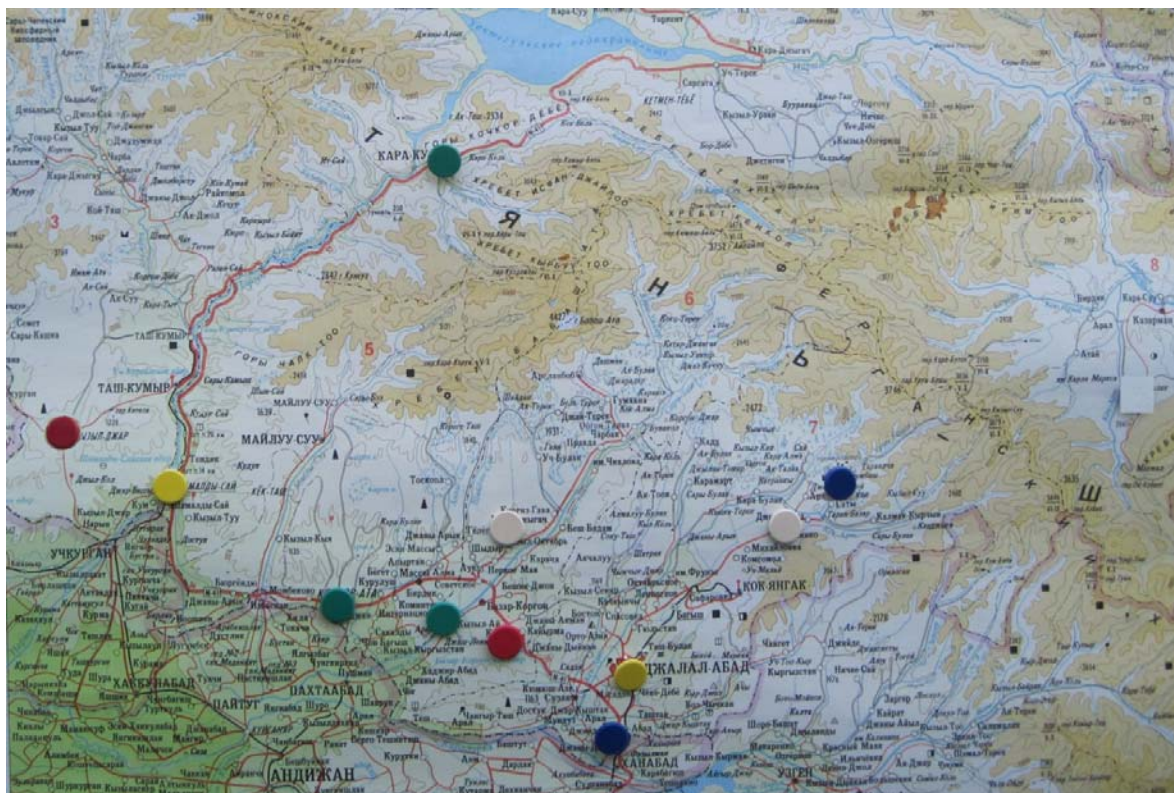
Batken region



Osh oblast



Jalalabat region



Weights

Discussions were had with the Kyrgyzstan office about the possibility of calculating sample weights. It was suggested that these could be calculated taking account of the ratio of the sampled population by age, sex and area given national demographic data.

Table 111: Kyrgyzstan -Weighting coefficient

Age groups	Weighting coefficient			
	Urban		Rural	
	Men	Women	Men	Women
50-59	12337	15507	20421	25542
60-69	4835	6131	8707	10260
70-79	2381	5054	5796	7978
80++	854	2061	2231	3153

It should be noted that sampling weights of this type have *not* been applied in the current project at the current stage and that the findings for Kyrgyzstan are based on unweighted data. However, this could be done in further research.

Team leader

Galina Samokhleba, National Statistics Committee of the Kyrgyz Republic

Team members

Svetlana Satkanalieva, Guljamal Jorobekova, Abdybay Kamchibekov, Aibek Kannazarov, Ludmila Dimidenko, Muyassar Khamdamova

Organisations who carried out the training:

Darika Asanbaeva, Public Association "Ayalzat", Karakol town
Mukhabat Koshoeva, Public Association "Resource Centre for Older People", Balykchy town
Munira Naruzbaeva, Maana Crises Center, Talas town
Gulumkan Shabdanbekova, "Lady Shirin" Public Foundation, Kara-buura village
Saida Kudaiberdieva and Nazgul Sanjarova, Public Foundation "Mekhr Shavkat", Kara-Suu district
Layla Akchurina, Public Association of Social Protection named after Fomova, Kant town
Sharapat Altanova, Public Association of Parents on Children's protection, Naryn town
Rakhat Ashirova, Foundation for Tolerance International, Batken town

Appendix 4: Post-survey de-briefings with HelpAge offices

Peru

Post-survey debriefing with the Peru regional office raised issues of translation and whether culturally equivalent concepts were always feasible. Concerns were raised that the concept of rights is essentially a Western concept and that participants confused the concepts of rights and needs. Interviewers made efforts to explain the concept of rights in terms of “something bigger than law”. However, participants were often illiterate and disadvantaged. Some interpreted rights as, for example, “the right of them to hit you”. In terms of the questions on abuse, the interviewer spoke the same language and used culturally equivalent / appropriate concepts to raise the issues. A pilot was conducted before rolling out the survey in Lima and interviews with participants took about 1.5 hours to conduct.

Further issues arose in the context of questions around financial crime / violence and abuse. In Peru customary law has a weighting alongside ordinary law, and when land is not in use it can be taken by the community. This is a specific power that is vested in the community. A widow can also lose land when a man dies. That is, the community can have the right to take land.

Mozambique

Post-survey debriefing with the Mozambique regional office suggest that the translation process had been successful. Translation was into a number of languages and had not raised any concerns around words that were particularly difficult to translate. The Interviewers were successfully trained using the training guidelines and all elements were covered. This included the project ethical and safety guidelines with interviewers receiving awareness training on the WHO Guidelines for conducting survey research on domestic and sexual violence. Post-survey counselling arrangements were put into place and no identifiable information was stored on hard copy or computer. Recommendations for the future included integrated and harmonized training events for all interviewers.

In terms of the sample achieved and the identification of participants, some areas sampled were areas where the Mozambique local office is established and had a network of pre-existing contacts. However, the office did not directly work with the community in Sofala and in Gaza one area was completely new. Where there were no pre-existing contacts, HelpAge worked through older people’s councils and community / government structures. In Gaza, conversations were had with community leaders and political since there was no older people’s councils and there was a process of negotiation. In Sofala in an urban area there were some complexities including contesting of who should participate and issues of partiality.

Kyrgyzstan

Some difficulties were reported around the questions on abuse. Some of the interviewers had reservations and some participants were initially resistant to the line of questioning whilst others perceived some of the abuse questions to be rude and inappropriate. With training of interviewers and further discussion with participants enabled this resistance to be overcome in some cases. However, one interviewer was firmly against the questions and whilst in the North of the country broadly the questions were acceptable in the South of the country the sensitive questions were difficult to field.

No difficulties were reported with translation. Training was undertaken by a psychologist who worked with the interviewers and covered all issues including how to avoid risky situations and what to do if something happened. Six interviewers were hired. A technical report was prepared providing full details of the survey methodology.

Interviewers were made aware of ethical and safety guidelines. Respondents were provided with a list of crisis centres near their location (addresses, telephones). There were some referrals. Some individuals needed post-interview psychological help and others were provided with financial support to access such support (e.g. assistance with transport costs). A key concern was that support is in many cases a significant distance from the location of the respondent and that it is not easy to access a OPG or crisis centre.

Participants were provided with a small sum (150 som, approximately \$3,26) to compensate for time.

Concerns were expressed around the small number of participants in the sample and the difficulty of achieving national population estimates in the context of such a small survey. In terms of the identification of participants, option 1 set out in the survey design section was followed. A healthcare facilities list with information about individuals living in the area, date of birth and household was used as a sampling frame. Numbers were randomized and the sample was divided by gender.

Although the interviewers were aware that no identifiable information was to be stored, the names of individuals who were identified as needing support were provided to HelpAge. Where names were stored, participants explicitly agreed for their names to be recorded and the information shared with HelpAge. This information has not been shared with partner organizations.

Appendix 5: Training materials for interviewers

Training subject 1: Sensitivity to and understanding of the survey aims and goals

Interviewers should be made aware of and understand the aims of the survey as set out in the Guidelines. Interviewers should be:

- Have a basic understanding of the aims and goals of the survey
- Be sensitive to the particular issues around working with older people
- Have an awareness and basic understanding of the issues covered in the survey including elder abuse and maltreatment and the sensitive questions on sexual and domestic abuse

Training subject 2: Skills for interviewing and technicalities – how the survey works and familiarity with design / content / layout

1. Interviewers should be trained so that they have the skills for undertaking the interview effectively fully understand the technicalities of how the survey questionnaire works including:
 - The interview should be conducted orally with the questionnaire being read out to all respondents.
 - The introductory comments for each section of the questionnaire are critical. These should be part of the training, making it clear that they should be read out to participants.
 - “Informed consent” is required and the consent form must be completed before the interview commences
 - Participation in the survey is voluntary: respondent can withdraw consent at any point in which case the interview should be terminated
 - Confidentiality assurances in introductory text should always be provided
 - Capitalized text in [] provides instructions for the interviewers and should not be read out
 - Some questions are filtered – the interviewers need to fully understand and be familiar with the “routing” of the questions, of filtering methodology, when to ask questions, when questions should be skipped etc.
 - Whilst asking the sensitive questions on violence and abuse, if the respondent seems upset or intimidated the interviewer should check if he / she wishes to proceed or whether the respondent needs a break. If there is an interruption e.g. someone else comes into the room, the interviewer should move onto other less sensitive questions and return to the sensitive questions when privacy conditions are satisfied.
 - At the end of the interview, there is different text to read out for respondents who disclose instances of violence and abuse, and those who do not – the interviewer needs to be aware that only one of these should be read out

- Section for interviewer “observations” at end of interview should also be highlighted in the training. Suggestions from Peru for comments include: observations on the behavior of the respondent at the time of the interview, sincerity of the answers, respondents understanding of the questions, reasons for non-completion of individual questions. Other ideas: any interruptions to the interview, issues around the sensitive questions on sexual and domestic abuse e.g. feelings of embarrassment / intimidation by the respondent, respondent saying that the questions were inappropriate.
- Achieving appropriate closure – after the sensitive questions ,read out the help and advice section and then try to finish off the interview on a more upbeat / positive note, discussing political participation and human rights
- More generally all interviewers should fully understand how the survey works and be familiar with design / content / layout
- A black pen should be used to code up the questionnaire. In case of errors the incorrect response should be crossed out and a corrected response added, with a signature from the interviewer.
- Many of the questions ask about the experiences of the respondent since they were 50. Interviewers should fully understand the importance of conveying “**since 50**”.

Training subject 3: Estimating age where the respondents do not have age information

Sometimes older people do not know their age. This might be because of a lack of a birth certificate, identification papers or other factors. If the respondent is unable to provide an age then age should be estimated by the interviewer in the space provided on the questionnaire.

Training subject 4: Awareness of ethical and safety guidelines

We have included a number of very sensitive questions on domestic and sexual abuse in the questionnaire. Internationally there are various good practice and ethical guidelines for asking questions of this type in social surveys. Building on international good practice, we have tried to capture and reflect the following dimensions of elder abuse in our questionnaire: financial abuse, emotional / psychological abuse, physical abuse, sexual abuse, malicious accusations and other forms of maltreatment such as neglect.

Interviewers should be made fully aware of our ethical and safety guidelines for conducting the interview which require the following conditions for the sensitive questions on domestic and sexual abuse to be satisfied:

Conditions of interview

- **Confidentiality** Participants will be made aware that the data will only be used in an anonymous way. Details of respondents names are not being collected.
- **Informed consent.** Informed consent prior to the interview. Participation is voluntary and consent can be withdrawn at any point. The respondent will be

reminded that he / she can choose not to answer questions prior to the sensitive questions on abuse and violence.

- **Privacy** The interviews must be conducted in a private space either at the participants home () or in community places.
- **One respondent per household.** For safety and privacy reasons, **only one person from each household** should be selected as a respondent for the survey
- **Sex matching** The sex of the interviewer and respondents will be “matched” (i.e. women will interview women, and men will interview men)
- **On-hand and post-interview support and advice** On hand support immediately after the interview and oral communication and written details of help and support organizations
- **De-briefing and support for interviewers**

If these conditions cannot be met then the questions on domestic abuse and sexual abuse should NOT be asked. The interviewer should move onto the next questions and simply omit these questions. It is essential that all interviewers understand this from their training.

Good practice on ethical and safety guidelines for undertaking research on sexual violence are set out in the WHO Multi-country study on women’s health and domestic violence (<http://www.who.int/reproductivehealth/publications/violence/24159358X/en/index.html>).

A useful manual “Researching violence against women: a practical guide for researchers and activists” also sets out these ethical and safety guidelines and is available at <http://www.who.int/reproductivehealth/publications/violence/9241546476/en/index.html>

Interviewers should be made aware of the WHO ethical and safety guidelines as well as our own policies as part of their training.

Training subject 5: The question on sexual abuse

Question 33 – the question is in four parts.

ABUSE_SE1 interviewers need to be aware that the operational definition of coerced sex being adopted in the survey covers coerced sexual intercourse and other types of coerced sex such as coerced oral sex or anal sex; coerced male on male sex; female or male rape.

ABUSE_SE2 covers other types of coerced sexual activity eg. unwanted touching

ABUSE_SE3 covers attempted coerced sex and attempted other types of coerced sexual activity

ABUSE_SE4 is an open-ended question that enables the respondent to provide details of other types of sexual abuse they have experienced

Q112 [ASK ALL]

The next question is a very difficult and sensitive question, I would be very grateful if you felt able to answer. Thinking of your sexual integrity, please can you tell me whether since you turned 50 anyone has done any of the following to you:

<p>ABUSE_SE1</p> <p>Forced you to have sex against your will? For example, by physically forcing you or threatening you or demanding you to have sexual intercourse with them against your will?</p> <p>[CODE AS 1: COERCED SEX AGAINST THE PERSON'S WILL SUCH AS COERCED SEXUAL INTERCOURSE; COERCED ORAL SEX OR ANAL SEX; COERCED MALE ON MALE SEX; FEMALE OR MALE RAPE.]</p>	1	0	98	99
<p>ABUSE_SE2</p> <p>Forced you to have any other sexual activity with them against your will? For example, by physically forcing you, or threatening you, or demanding that you do something sexual that you didn't want to do, or touching you sexually, or doing something else to you sexually <u>against your will?</u></p> <p>[CODE AS 1 IF RESPONDENT SAYS THAT THEY HAVE BEEN FORCED TO PARTICIPATE IN OTHER TYPES OF SEXUAL ACTIVITY AGAINST THEIR WILL OR HAVE HAD SOMETHING ELSE DONE TO THEM SEXUALLY AGAINST THEIR WILL E.G. UNWANTED TOUCHING]</p>				
<p>ABUSE_SE3</p>	1	0	98	99

Attempted any of the above

ABUSE_SE4

Mistreated you sexually in any other way, or did something else to you that you feel was sexually abusive?

Sexual violence can be a serious problem for males as well as females and the questions on abuse should be posed to all respondents (i.e. both men and women). A useful reference here is the discussion of sexual violence against boys and men in WHO World Report on Violence and Health 2002 Chapter 6 , Box 6.1, which covers the different types of sexual violence against males and its consequences, and which could usefully be distributed with training materials (available at http://whqlibdoc.who.int/publications/2002/9241545615_chap6_eng.pdf).

Appendix 6: Social survey sources consulted in developing the questionnaire

World Bank Living Standards Measurement Study Surveys

<http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTLSM/S/0,,contentMDK:21610833~pagePK:64168427~piPK:64168435~theSitePK:3358997,00.html>

National Household Surveys such as the Tanzania National Panel Survey

<http://www.nbs.go.tz/tnada/index.php/catalog/10>

WHO (2005) WHO Multi-country Study on Women's Health and Domestic Violence against Women, Initial results on prevalence, health outcomes and women's responses, García-Moreno, C., Jansen, H., Ellsberg, M., Heise, L. and Watts, C. World Health Organisation: Geneva.

http://www.who.int/gender/violence/who_multicountry_study/en/

OPHI Multidimensional Poverty Survey Modules

Module on physical safety

<http://www.ophi.org.uk/research/missing-dimensions/physical-safety/>

Northern Ireland Life and Times Survey (especially 2008 questionnaire)

<http://www.ark.ac.uk/nilt/>

British Crime Survey

<http://ukdataservice.ac.uk/>

British Natcen/Comic Relief/Kings College specialist survey on abuse and maltreatment of older people (O'Keeffe et al 2009 and Mowlam 2009)

<http://assets.comicrelief.com/cr09/docs/elderabuseprev.pdf>

http://assets.comicrelief.com/cr09/docs/older_people_abuse_report.pdf

Citizenship Survey

<http://ukdataservice.ac.uk/>

World Values Survey

<http://www.worldvaluessurvey.org/>

World Health Survey

<http://www.who.int/healthinfo/survey/en/>

Kyrgyzstan survey on domestic violence (in the context of a European Union funded project on rights)

(provided by personal communication)

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- Vizard P (2012) ‘Evaluating Compliance using Quantitative Methods and Indicators: Lessons from the Human Rights Measurement Framework’ *Nordic Journal of Human Rights - Special Issue - Quantifying Human Rights*, No. 3:12, Vol. 30