

The rights of older people in Mozambique



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

In response to this lack of data, HelpAge International carried out a survey in 2012 with 104 women and men over the age of 50 in Mozambique. This summary illustrates the key findings of the survey. These findings provide evidence of gaps in the protection of older people's human rights and reinforce the need for national and international action, mechanisms and processes to ensure that the human rights of older people are better addressed.

Mozambique has yet to ratify the International Covenant on Economic, Social and Cultural Rights but it has ratified other core international and regional human rights treaties. There are a number of policies, instruments and programmes in place to protect the rights of older people in Mozambique, such as the National Policy of Older People, the Basic Social Subsidy Programme and the draft Law on the Promotion and Protection of Older People's Rights. Despite this, the survey findings presented in this summary point to possible failures by the State to take all appropriate measures to protect and promote the rights of older people.

Older women and men reported that discrimination on the basis of their age was a regular and common experience in their lives. They reported high levels of violence and abuse that appears to be committed with impunity and little access to redress. They also reported considerable levels of neglect in social care and support and being treated in a degrading or humiliating way because of their age. However, in spite of the discrimination they face, older women and men reported that they participate actively in political and community life.

The findings presented here aim to capture the position and experiences of the 104 older women and men interviewed in the survey. They are not intended to be representative of the population of older people as a whole. More information on the survey and how it was conducted can be found on the back page of this summary.

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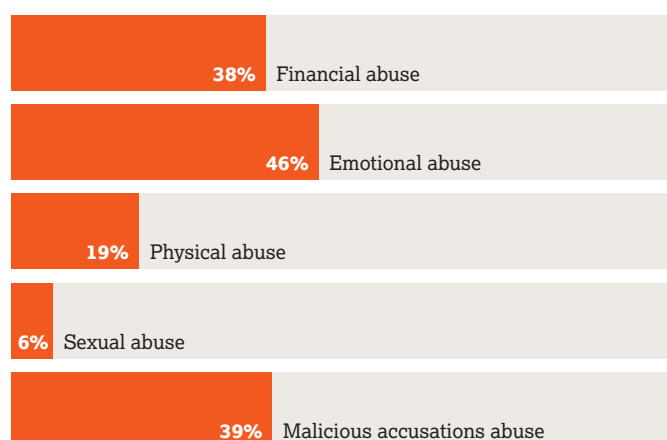
The right to physical security (protection from crime, violence and abuse)

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

More than half of respondents (61 per cent) said they did not feel safe from crime and violence. Nearly three quarters (74 per cent) reported experiencing at least one type of personal crime, violence or abuse since the age of 50, including a higher proportion of women (75 per cent) than men (67 per cent).

The most common type of abuse was emotional abuse which was reported by 46 per cent of respondents (see Figure 1).

Figure 1: Reported types of crime, violence and abuse



Financial crime, violence and abuse

Over a third of respondents (38 per cent) reported experiencing at least one type of financial abuse since the age of 50. Reporting levels were similar among men and women and higher among those living in rural areas. Of those who reported experiencing financial abuse, 72 per cent reported experiencing the abuse more than once, 21 per cent had experienced abuse within the last 12 months, and 19 per cent did not tell anyone about the abuse.

The most common type of financial crime, violence and abuse was stealing money, property or possessions which was reported by 29 per cent of respondents (see Figure 2).

Figure 2: Reported types of financial abuse



Emotional crime, violence and abuse

Nearly half of respondents (46 per cent) reported experiencing at least one type of emotional abuse since the age of 50. Of those who reported experiencing emotional abuse, 35 per cent had experienced it in the last 12 months, 71 per cent had experienced the abuse more than once, and 10 per cent did not tell anyone about the incident.

High levels of abuse were reported by women (50 per cent) and men (42 per cent). The majority of the perpetrators were reported to be family members, friends or neighbours.

The most commonly reported form of emotional abuse was being put down, belittled, degraded, humiliated or shamed (see Figure 3).

Figure 3: Reported types of emotional abuse



Physical crime, violence and abuse

Nineteen per cent of respondents reported experiencing at least one type of physical abuse since the age of 50. Of those who reported experiencing physical abuse, 16 per cent had experienced this in the last 12 months and 75 per cent had experienced it more than once.

Prevalence rates were higher among those living in rural areas and among members of the Sena ethnic group and “other” indigenous tribal group.¹

Ten respondents reported experiencing threats to kill them; nine the use of a knife, gun, stick or other weapon; eight violence or force; and five physical restraint such as being tied up or locked in a room.

Only six respondents reported this abuse to the police (see Figure 4). This raises questions about whether these crimes are being committed with impunity and without any form of redress.

1. The survey asked respondents if they came from Tsonga, Shangaan, Manyika, Sena and “other” indigenous tribal group.

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

Figures represent number of respondents out of 104 surveyed



Sexual crime, violence and abuse

Six respondents reported experiencing at least one category of sexual abuse since the age of 50. Three reported experiencing the abuse more than once and two experienced this in the last year.

Of those respondents who reported sexual abuse, all experienced being forced to have sexual intercourse against their will. Two respondents reported being forced to have other sexual activity against their will, and two reported attempted sexual abuse. Perpetrators included a current partner, husband or wife, friends or acquaintances, local militia or civil enforcement groups.

Only one respondent who had experienced sexual abuse told the police. Four told no one (see Figure 5). Again, this raises questions about whether these crimes are being committed with impunity and with no means of redress or access to justice.

Figure 5: Sources of help and support sought by those reporting sexual abuse

Figures represent number of respondents out of 104 surveyed



Malicious accusation abuse

A substantial proportion (39 per cent) reported experiencing at least one type of malicious accusation abuse since the age of 50. The most frequently reported type of accusation was that of being a witch (see Figure 6). Prevalence was particularly high among people aged 85 and above, those living in rural areas, and members of the Tsonga, Sena and “other” indigenous tribal group.

Seven respondents reported this abuse to the police, a legal centre or authority. However, 22 did not tell anyone about the incident.

Figure 6: Reported types of malicious accusations



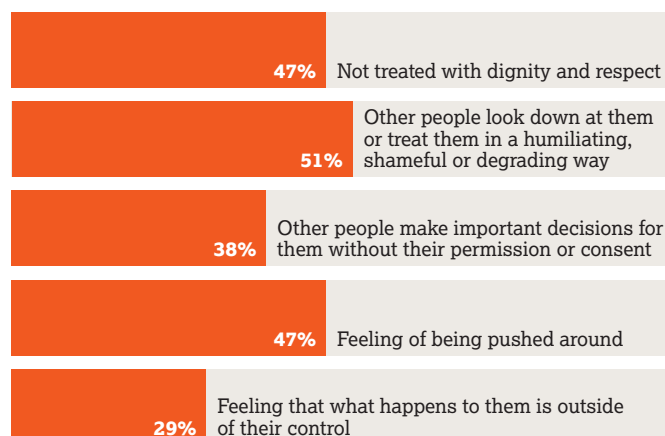
The right to individual life, equal treatment and dignity

Dignity, autonomy and social isolation

Forty per cent per cent of respondents felt socially isolated because of their age.

The most common form of detrimental treatment and lack of autonomy, choice and control associated with older age was other people looking down at them or treating them in a humiliating, shameful or degrading way which was reported by 51 per cent of respondents (see Figure 7).

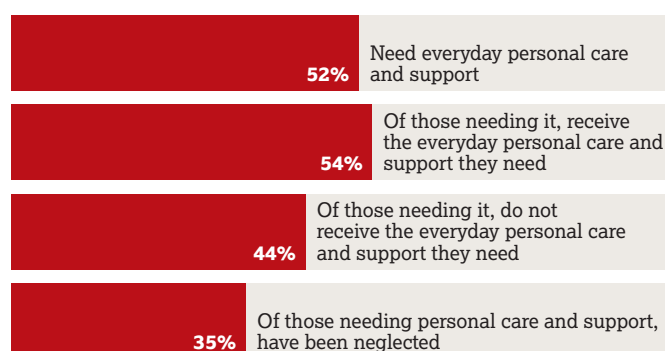
Figure 7: Types of detrimental treatment reported because of age



Social care and support needs and neglect

Fifty two per cent of respondents indicated that they needed help or support with everyday personal care and other activities (see Figure 8). Of those needing this personal care and support, 44 per cent said they did not receive such help or support from any source and 35 per cent felt neglected in relation to their personal care needs.

Figure 8: Provision of everyday personal care and support



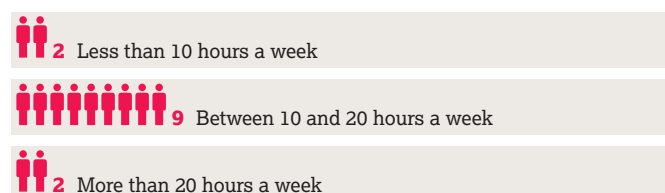
Exposure to intense informal caring activities

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

Of these, two respondents indicated that they had provided intense unpaid caring activities of more than 20 hours a week (see Figure 9).

Figure 9: Time spent on unpaid care for others

Figures represent number of respondents providing unpaid care, out of 104 surveyed



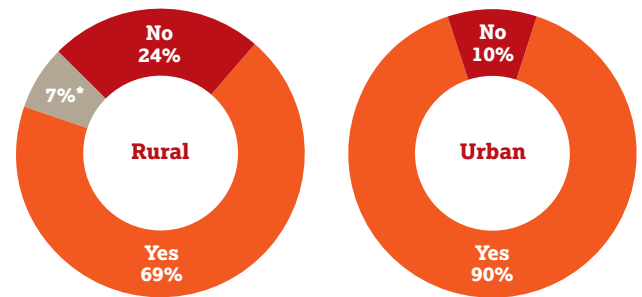
The right to the highest attainable standard of health

Access to healthcare

Eighteen per cent of respondents indicated that there was no health facility within 30 minutes travel time of their home, including 23 per cent of men and 14 per cent of women. The proportion with no access was higher among those living in rural locations (see Figure 10).

Lack of access was higher among older people with a limiting longstanding illness or disability (LLID) and among those from the Shangaan, Tsonga and Sena ethnic groups.

Figure 10: Access to healthcare facility within 30 minutes

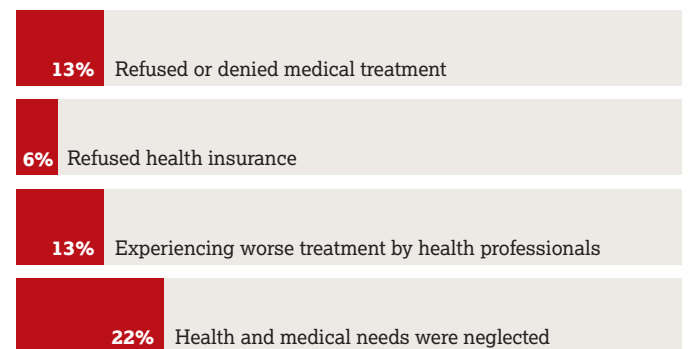


* Do not know or declined to answer

Experiences of discrimination, poor treatment and neglect in healthcare

Thirteen per cent of respondents said they had been refused or denied medical treatment because of their age; 6 per cent had been refused healthcare; 13 per cent had been given worse healthcare; and 22 per cent said their healthcare needs had been neglected (see Figure 11).

Figure 11: Age discrimination in accessing healthcare



Unmet health needs

Twenty respondents reported that there had been at least one occasion since the age of 50 when they had needed healthcare but had not received it. Of these respondents, two received advice from someone else, for instance, a pharmacist, traditional healer or a shopkeeper, and four had tried to access healthcare but had been refused or denied it.

The most common barrier to accessing healthcare was because their illness, disability or infirmity made it too difficult to travel (see Figure 12).

Figure 12: Barriers to accessing healthcare

Figures represent number of respondents out of 104 surveyed



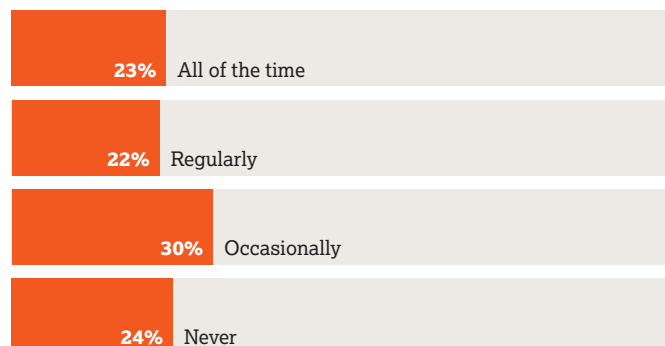
The right to an adequate standard of living

Discriminatory denial of everyday essentials

Forty-two per cent of respondents reported lack of access to everyday essentials such as food, water, shelter, heating, fuel and clothing as a serious problem for them personally all of the time, 42 per cent reported such difficulties regularly and 13 per cent occasionally. Only 2 per cent reported never experiencing such difficulties. A higher proportion of women (54 per cent) than men (29 per cent) experienced such difficulties all of the time.

Of those who reported lack of access to everyday essentials, only 24 per cent said this was never because of their age (see Figure 13).

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

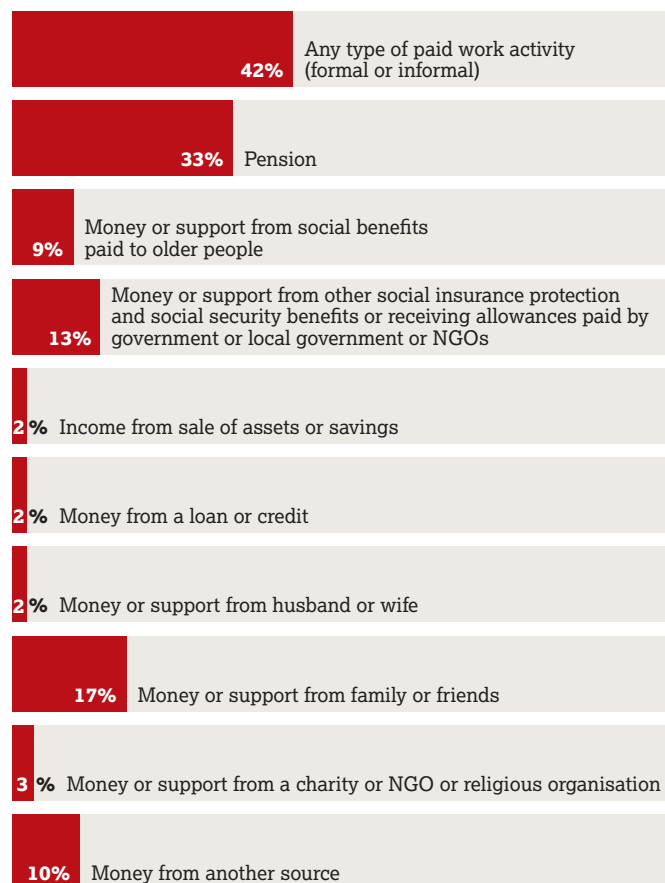


Access to income and social security

Forty-two per cent of respondents indicated that they had received income from formal or informal work, while 33 per cent indicated that they had received income from a pension (see Figure 14).

Twenty nine respondents said they had difficulty accessing pensions because payments were always or often late. One respondent cited illness, disability or infirmity making it difficult to travel to get the pension.

Figure 14: Access to income and social security

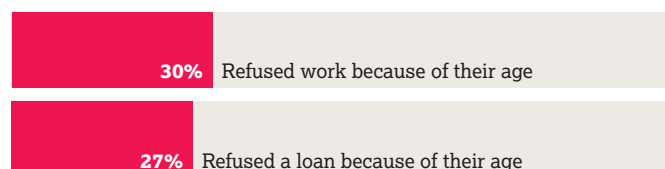


Discrimination at work and in access to financial services

Thirty per cent of respondents indicated that they had been refused work because of their age since the age of 50.

Twenty seven per cent had been refused a loan because of their age (see Figure 15).

Figure 15: Discrimination in access to work and loans



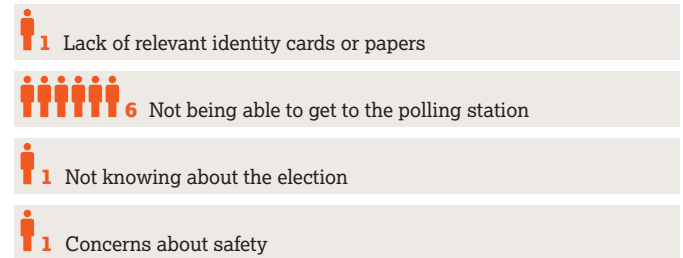
The right to political voice and participation

Political participation

The vast majority of respondents (87 per cent) had voted in the last national election in Mozambique. Among those who did not vote, reasons given were a lack of relevant identity cards or papers, not being able to get to the polling station, not knowing about the election and concerns about safety (see Figure 16).

Figure 16: Reasons for not voting

Figures represent number of respondents out of 104 surveyed



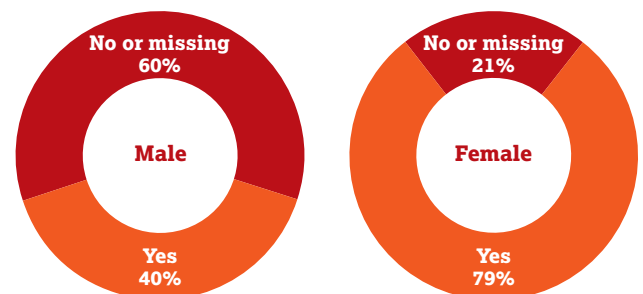
Participation in political and public affairs

Nearly two-thirds of respondents (61 per cent) reported participating in political or public or community life in the last 12 months.

A lower proportion of people with a limiting longstanding illness or disability (LLID) said they participated (54 per cent) compared to those without an LLID (69 per cent).

A lower proportion of men (40 per cent) than women (79 per cent) reported participating (see Figure 17).

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

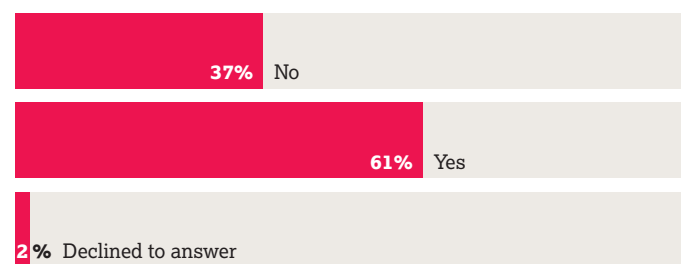


Knowledge and understanding of human rights

The majority of respondents (61 per cent) had heard of the Universal Declaration of Human Rights (see Figure 18).

Eighty two per cent felt that older people should stand up more actively for their rights.

Figure 18: Knowledge of the Universal Declaration of Human Rights



Survey on the human rights of older people in Mozambique

The aim of the survey is to extend knowledge and understanding of older people's rights in Mozambique by providing data on critical areas, systematically disaggregated by a range of characteristics such as sex, disability, ethnic group, area type and narrow age band.

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

How the survey was conducted

The survey was carried out in 2012 with 104 women and men over the age of 50 from rural and urban communities in Tete, Gaza and Sofala provinces. Disproportionate purposive sampling with quotas was used to ensure coverage across the subgroups, including those hardest to reach and the those over 80 years old. The findings in this summary are intended to capture the position and experiences of the older people interviewed in the survey. As the sample was limited to 104 people, the findings are not intended to be representative of the population of older people as a whole. Ethical and safety guidelines from the WHO Multi-country Study on Women's Health and Domestic Violence Against Women were used to inform the survey design.

Note about disaggregation

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

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

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

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