

# The rights of older people in Peru



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

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

Despite ratification of core international and regional human rights treaties, national policies dedicated to the social protection of older people and Peru's National Plan for Older People, the survey findings presented in this summary point to possible failures by the State to take all appropriate measures to protect and promote the rights of older people.

Older women and men in the survey reported that discrimination on the basis of their age was a regular and common experience in their lives. They had experienced extremely high levels of violence and abuse since the age of 50 and reported unmet health needs, neglect in social care 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 100 older women and men interviewed in the survey. They are not intended to be representative of the population of older people as a whole. More information on the survey and how it was conducted can be found on the back page of this summary.

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*age helps*

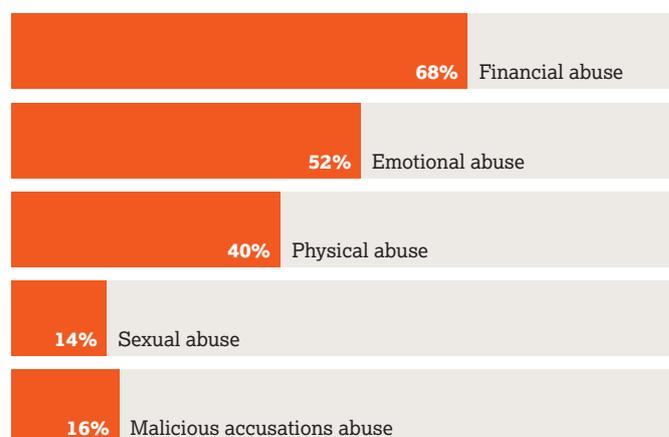
# The right to physical security (protection from crime, violence and abuse)

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

Over half of respondents (54 per cent) stated they did not feel safe from crime and violence, while 83 per cent reported experiencing at least one type of personal crime, violence or abuse since the age of 50, including similar proportions of men and women.

High levels of financial abuse were reported, with just over two-thirds of all respondents (68 per cent) experiencing at least one type of financial abuse since the age of 50 (see Figure 1).

Figure 1: Reported types of crime, violence and abuse



## Financial crime, violence and abuse

Sixty eight per cent of respondents reported experiencing at least one type of financial abuse since the age of 50. Of those who reported financial abuse, 21 per cent had experienced this abuse in the last 12 months and 42 per cent reported experiencing the abuse more than once.

Prevalence was higher among men, those living in rural areas and the Quechua and Mestizo (Mixed) ethnic groups. Nine respondents did not tell anyone about the incident.

Stealing of money, property or possessions was the most commonly reported type of financial crime, violence or abuse (see Figure 2).

Figure 2: Reported types of financial abuse



## Emotional crime, violence and abuse

Fifty two per cent of respondents reported experiencing at least one type of emotional abuse since the age of 50. Of those who reported emotional abuse, 67 per cent had experienced the abuse more than once and 23 per cent had experienced the abuse in the last 12 months. Ten per cent did not tell anyone about the incident. Prevalence was higher among women, people aged 70-79 years, the Quechua and Mestizo (Mixed) ethnic groups and those living in rural areas. The vast majority of perpetrators were spouses, current partners and family members or relatives.

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

Forty per cent of respondents reported experiencing at least one type of physical abuse since the age of 50. Of those who reported physical abuse, 13 per cent had experienced this in the last 12 months and 25 per cent had experienced it more than once.

Prevalence was particularly high among the Quechua and Mestizo (Mixed) ethnic group. Twenty three per cent of respondents reported experiencing violence or force; 12 per cent the use of a knife, gun, stick or other weapon; 12 per cent threats to kill them; and 11 per cent physical restraint, such as being tied up or locked in a room.

While 14 respondents reported this to the police and 5 to a legal centre, a sizeable number did not (see Figure 4). This raises questions about whether these crimes are being committed with impunity and without any form of redress for the victims.

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

Figures represent number of respondents out of 100 surveyed



## Sexual crime, violence and abuse

Fourteen per cent of respondents reported experiencing at least one type of sexual abuse since the age of 50. Of those who reported sexual abuse, 57 per cent had experienced the abuse more than once and 2 per cent had experienced this in the last year.

More women (20 per cent) than men (7 per cent) reported sexual abuse, with a higher proportion of members of the Quechua, Mestizo (Mixed), Amazónico and Black (Afro Peruano) ethnic groups. A higher proportion of those with a limiting longstanding illness or disability (LLID) (20 per cent) reported physical abuse than those who do not experience a LLID (9 per cent).

No one reported the incident to the police or other legal authority, or sought medical help. Ten respondents did not tell anyone about the abuse (see Figure 5). This raises questions about whether these crimes are being committed with impunity and with no 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 100 surveyed



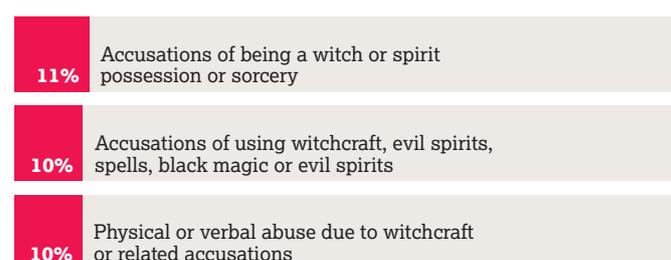
## Malicious accusation abuse

Sixteen per cent of all respondents reported experiencing at least one type of malicious accusation abuse since the age of 50. Of those who reported malicious accusations, 3 per cent had experienced this within the last 12 months and 7 per cent had experienced this more than once. The majority had told their family and friends about the incident, but none had told the police.

Prevalence was higher among women, those living in rural areas and in the peri-urban area (outside Lima), those with a limiting longstanding illness or disability (LLID) and among the Queschua and Mestizo (Mixed) ethnic groups.

The most frequently reported type of malicious accusation was that of being a witch (see Figure 6).

**Figure 6: Reported types of malicious accusations**



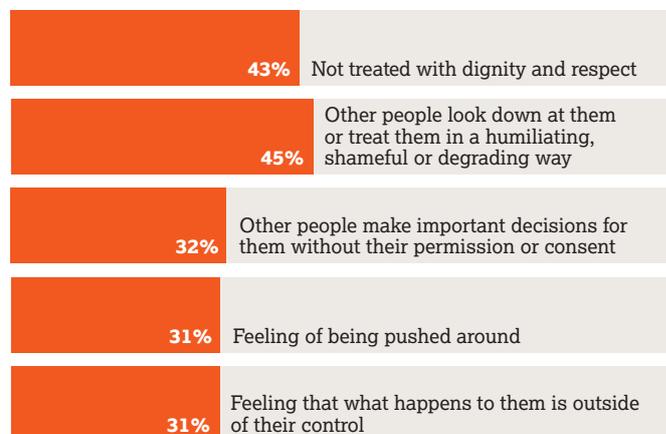
# The right to individual life, equal treatment and dignity

## Dignity, autonomy and social isolation

Thirty seven 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 45 per cent of respondents (see Figure 7).

Figure 7: Types of detrimental treatment reported because of age



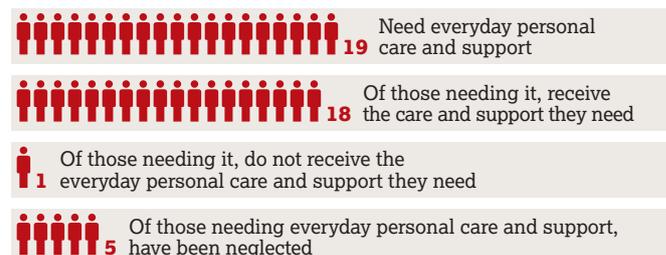
## Social care and support needs and neglect

Nineteen per cent of respondents indicated that they had needed help or support with everyday personal care and activities.

Of those needing personal care and support, 18 respondents indicated that they had received help or support from family, friends, professionals, an NGO or other source. However, five respondents indicated that they had felt neglected in relation to their personal care needs (see Figure 8).

Figure 8: Provision of everyday personal care and support

Figures represent number of respondents out of 100 surveyed



## Exposure to intense informal caring activities

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

Of these, 14 respondents indicated that they had provided intense unpaid 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 100 surveyed



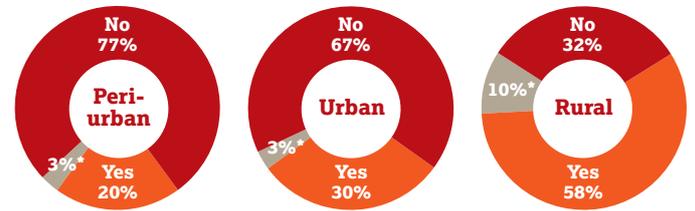
# The right to the highest attainable standard of health

## Access to healthcare

Over half (56 per cent) of respondents indicated that there was no health facility within 30 minutes travel time of their home, including 61 per cent of men and 52 per cent of women.

The worst access was among those in a peri-urban location outside Lima (see Figure 10). Lack of access was highest among the Mestizo (Mixed) and Black (Afro Peruano) ethnic groups.

Figure 10: Access to healthcare facility within 30 minutes

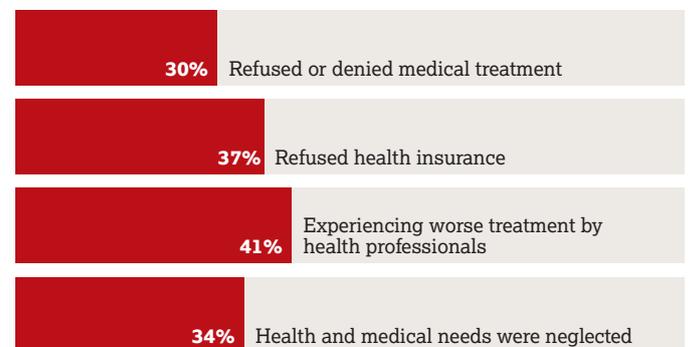


\* Do not know or declined to answer

## Experiences of discrimination, poor treatment and neglect in healthcare

A considerable proportion of older people felt they were being directly discriminated against in access to healthcare because of their age. Thirty per cent said they had been refused or denied treatment, 37 per cent refused health insurance, 41 per cent given worse healthcare, and 34 per cent had their healthcare needs neglected because of their age (see Figure 11).

Figure 11: Age discrimination in accessing healthcare

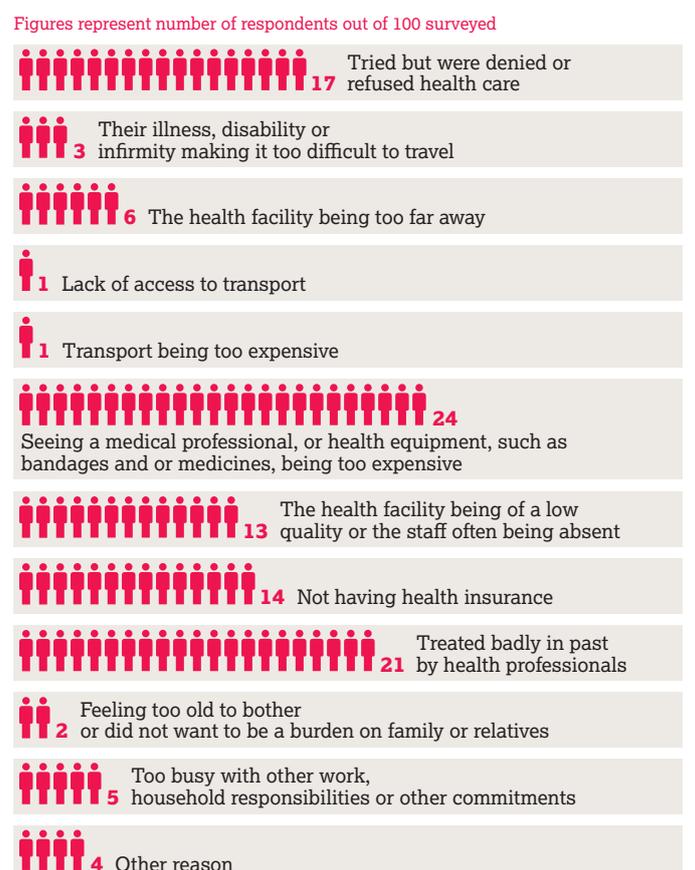


## Unmet health needs

Forty three respondents reported at least one occasion since the age of 50 when they had needed healthcare but had not received it. Of these respondents, six had received advice from someone else, for instance, a pharmacist, traditional healer or a shopkeeper, and 17 had tried to access healthcare but had been refused or denied it.

The most common barrier to accessing healthcare was because seeing a medical professional or buying health equipment was too expensive (see Figure 12).

Figure 12: Barriers to accessing healthcare



# The right to an adequate standard of living

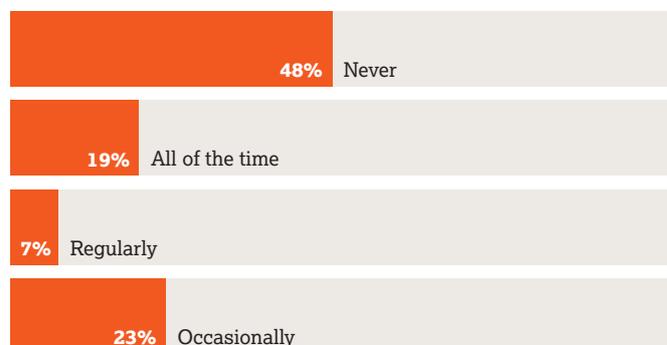
## Discriminatory denial of everyday essentials

Over half of respondents (56 per cent) 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 per cent experiencing such difficulties regularly and 12 per cent occasionally.

The proportion of those experiencing difficulties all of the time was higher among older people with a limiting longstanding illness or disability (LLID), those who live in rural areas and those who are from the Black (Afro Peruano), Blanco (White) or Quechua ethnic groups.

Of those who reported lack of access to everyday essentials, 49 per cent said this was because of their age (see Figure 13).

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

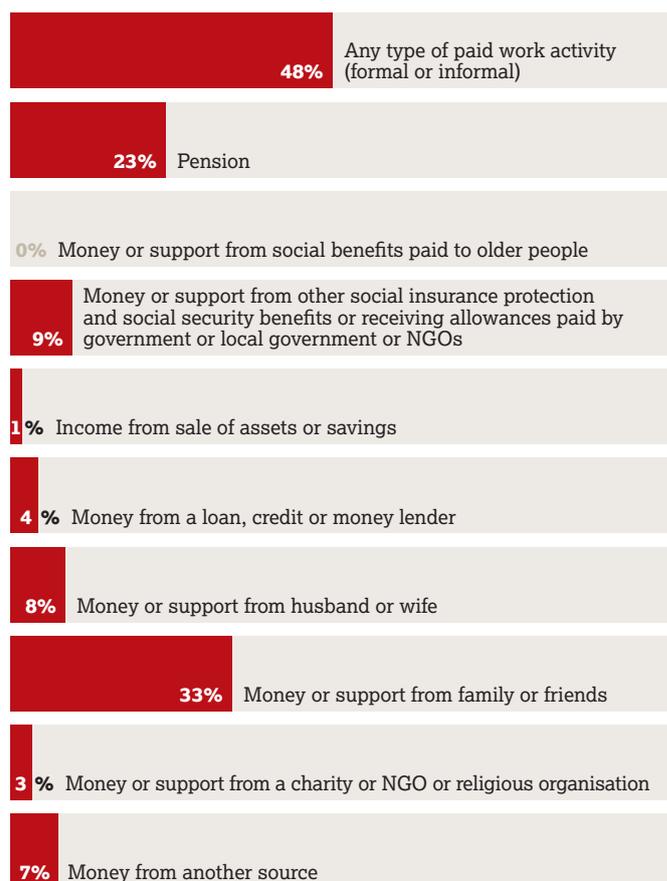


## Access to income and social security

Nearly half of respondents (48 per cent) indicated that they had received income from formal or informal work. Only 23 per cent received income from a pension. No respondents reported receiving money or support from social benefits paid to older people (see Figure 14).

Only three respondents mentioned difficulties with receiving or accessing pensions. The reasons given were illness disability or infirmity making it too difficult to travel to get the money; not having the necessary papers or identification or having a problem with these papers; or payments being always or often late.

Figure 14: Access to income and social security



## Discrimination at work and in access to financial services

Forty three per cent of respondents reported they had been refused work because of their age since the age of 50.

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

Figure 15: Discrimination in access to work and loans



# The right to political voice and participation

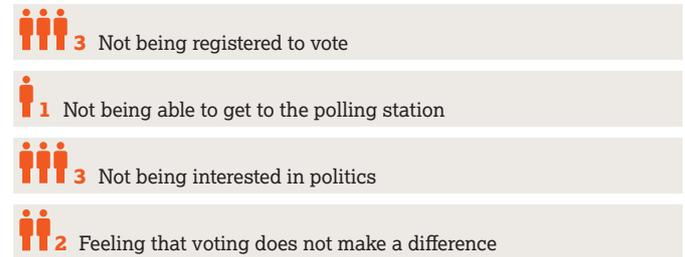
## Political participation

The vast majority of respondents (80 per cent) had voted in the last national election in Peru. Among those who did not vote, reasons included not being registered to vote, being unable to get to the polling station, not being interested in politics and feeling that voting doesn't make a difference (see Figure 16).

No respondents cited lack of relevant identity cards or papers, or personal safety or security, as a reason for not voting.

Figure 16: Reasons for not voting

Figures represent number of respondents out of 100 surveyed

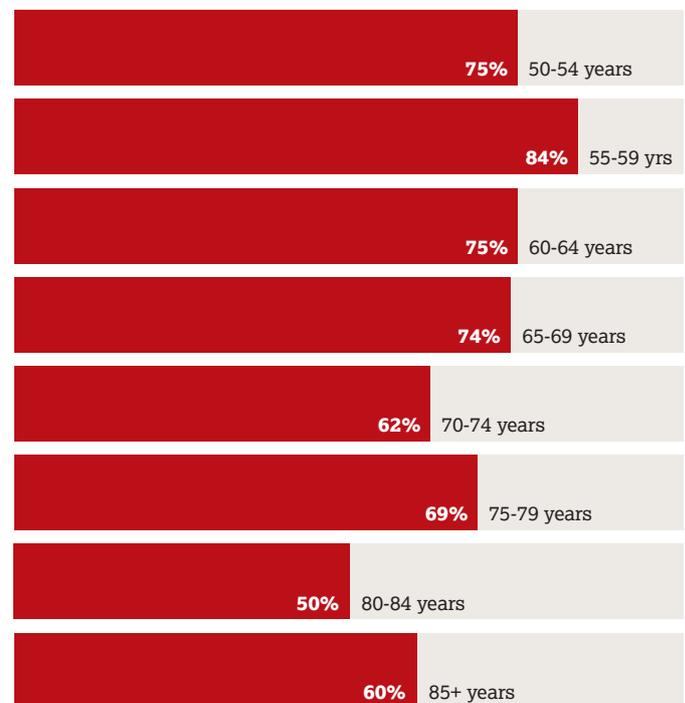


## Participation in political and public affairs

Nearly three quarters of respondents (71 per cent) reported participating in political, public or community life in the last 12 months. This included a slightly higher proportion of women than men, those living in rural areas and those from the Mestizo (Mixed) ethnic group. Participation was lower among respondents with a limiting longstanding illness or disability (LLID) than among those without an LLID.

Participation declined as people got older (see Figure 17).

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

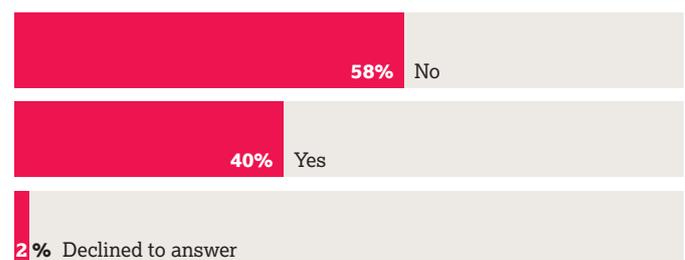


## Knowledge and understanding of human rights

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

Despite this, 89 per cent of respondents 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 Peru

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

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

## How the survey was conducted

The survey was carried out in 2012 with 100 women and men over the age of 50 in peri-urban areas of Lima Metropolitana and urban and rural areas of Chincha, Chiclayo, Piura, Loreto, Ayacucho, Cajamarca and Abancay. Disproportionate purposive sampling with quotas was used to ensure coverage across different subgroups, including those hardest to reach and 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 100 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](http://www.helpage.org/monitoringrights)

## Acknowledgements

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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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