

Unequal treatment

HelpAge

International

What older people say about their rights during the COVID-19 pandemic

Country profile: Kyrgyzstan



Older people's health and lives have been at particular risk from COVID-19. Their rights have also been denied. In October 2020, a consultation was carried out to better understand older people's experience of their rights during the pandemic.

This summary explores themes emerging from the responses. It presents the individual voices of the older people interviewed – voices that, despite the disproportionate impact of COVID-19 on older people, have rarely been heard in discussions on the pandemic. It does not represent the views or experiences of all older people.

Kyrgyzstan is one of ten countries in which the consultation was carried out. A full report from all ten countries is available at www.helpage.org/Unequal_Treatment_report

Details of participants in Kyrgyzstan



9 women
1 man



3 from rural areas
7 from urban areas



1 aged 50–59
4 aged 60–69
5 aged 70–79



Total number of participants

1. Responses discriminating on the basis of age

The government introduced a general population lockdown. There were no specific restrictions for older people.

Some participants said the pandemic had provided them with opportunities to volunteer.

“I’m a volunteer. I provide social services to lonely disabled older people. Due to the pandemic, my workload has increased. When transport services were not functioning, I walked or cycled to the people I support. I didn’t leave them. I’m still delivering food and medicine to them.”

71-year-old woman, retired factory worker living alone in an urban area

However, a number of participants said they felt the loss of family and social connections.

“[I’m experiencing] loneliness and isolation. You fear that you’re not needed by anyone.”

78-year-old woman, retired dentist living with her sister in an urban area

For others, being unable to participate in social activities had had a negative impact on them.

“Before the pandemic, I was active. I’m a volunteer for the organisation, Public Association for Social Protection of the Population. We used to have meetings every month, we communicated with each other and discussed problems. I also attended classes at the Institute of the Third Age, like computer classes, drawing and the Kyrgyz language. I’ve worked as a doctor all my life and I’m used to being with people. But the pandemic has changed our way of life.”

71-year-old woman, retired doctor living alone in an urban area

Some said they had become more afraid for their own and others’ health.

“My wife got ill with coronavirus. I was afraid I would lose her. Now everything is fine. She has recovered.”

60-year-old man, retired teacher and local administrator living with his spouse in an urban area

2. Services failing to reach everyone

The pandemic has exposed the inadequacy of many services, as well as the inequality of access to services among older people and the discrimination they can be subjected to.

Participants said their access to services was often determined by the availability of transport. With the public transport system shutting down, many said they could not reach health services.

“When the lockdown was announced, there was no transport. No one could get anywhere, not even to the clinic.”

56-year-old woman, retired vendor living alone in an urban area

Some participants said that if they could not afford a taxi, they had to rely on an ambulance service that they had little confidence in. Some said there was no ambulance service where they lived.

“We complained to the Fund for Medical Insurance about the lack of ambulances. We raised this issue several times. But the complaint was not solved, maybe because of a lack of funding. The quality of services depends mainly on those people in high positions.”

74-year-old woman, retired factory worker and kindergarten teacher living alone in a rural area

Others said the ambulance service discriminated against older patients because of their age.

“Some older people could not get through to the ambulance service. Some even had to say they were younger than they were so the ambulance would come quicker, but it still only arrived after five hours. During that time, you could die twice and get a stroke twice.”

71-year-old woman, retired factory worker living alone in an urban area

Access to healthcare was also affected by the unavailability or unaffordability of medicines.

“Medicines have become very expensive. Even aspirin, which cost 6 soms [US\$0.07] before the pandemic, now costs 60 soms [US\$0.7].”

61-year-old woman, retired vendor living with her spouse in a rural area

Access also depended on whether a person could afford private medical care.

“The pandemic showed that people were brushed aside in a terrible way. The ambulance service simply did not pick up the phone. Some private medical institutions could do some essential tests for a huge amount of money. Only paid-for, private ambulances would come.”

67-year-old woman, retired teacher living with her children in an urban area

The closure of some health facilities to treat non-COVID-19 related health conditions meant that treatment was not available for some participants.

“It was difficult to see any specialists, such as a neurologist or eye specialist, because they were mostly doing visits, working with coronavirus patients in hospital or were sick themselves. Services [for other conditions] were reduced because they might be a burden on the health system.”

65-year-old woman, retired director of an organisation for persons with disabilities, living with her spouse and son in an urban area

Participants said that the government was not prepared for the pandemic, and that health workers were scared or inadequately trained.

“Medical services were not provided properly. Many of the medical workers were poorly trained. We need to pay more attention to the education of medical professionals.”

60-year-old man, retired teacher and NGO worker living with his spouse in a rural area

Others said that services were unavailable.

“In one district, there are no medical centres within a radius of over 70 kilometres, except for the territorial and district hospitals. I think the government should take measures to ensure there are health centres in every village, as in Soviet times.”

78-year-old woman, retired dentist living with her sister in an urban area

3. Gaps in understanding rights

Older people understand their rights in different ways. They have varying levels of knowledge of their rights, with some having significant gaps.

Some participants said they were aware of their rights but others said that older people were not. They said that improving older people's own awareness of their rights would enable them to claim their rights.

“To be honest, I don't know what entitlements we have. Well, maybe just the pension which might help, but not much. There are a number of medications and pills that are provided free of charge at the expense of the Fund for Medical Insurance. If I better understood my rights, then of course I would claim them. For example, in hospital I'd turn to the chief doctor.”

60-year-old man, retired teacher and NGO worker living with his spouse in a rural area

Some thought that the authorities were aware of their rights but were not taking action to protect them. Others thought the authorities did not know what their rights were. They said that if the authorities knew what older people's rights were, it would make a difference.

“I'm not certain that the authorities know what our rights are. They probably know that we have to get our pension on time, and that's why it's paid on time, but they don't know how our other rights are being violated because they're not interested. If the authorities understood our rights better, there would be fewer patients and people would not be dying.”

65-year-old woman, retired director of an organisation for persons with disabilities living with her spouse and son in an urban area

Some said that better awareness by the government of older people's rights would lead to improved service provision, more social and public spaces for older people to meet, and better digital connections.

“If the authorities better understood our rights they would improve internet and mobile connection in our village. People there, including older people, wouldn't feel isolated. They would get all the information about prevention measures during the pandemic via the internet.”

61-year-old woman, retired vendor living with her spouse in a rural area

Attitudes towards older people would also change.

“If the authorities better understood our rights, attitudes towards older people would change and our lives would become better. We would be calmer, healthier, more cheerful and live longer.”

67-year-old woman, retired teacher living with her children in an urban area

4. Changes older people would like to see

Older people identified a number of changes they would like to see to the response to the pandemic that would better protect their rights and improve their lives.

Some participants said they wanted to see access to affordable medication and better quality care.

“In the response to the pandemic I'd like to see more awareness-raising, available medicines and trained doctors. Our doctors were not well prepared to treat people for COVID-19. There was no algorithm for [managing] treatment and many people died prematurely because of this. The Ministry of Health could have trained all doctors. There was time to do this, but it was not done, and services were inadequate.”

77-year-old woman, retired pharmacy manager living with her children in an urban area

Others said it important to improve older people's connections with others through the use of social and public spaces, digital communication and other online services.

“It would be good to teach [older people] how to use WhatsApp and [use it to] send them essential information. You could probably teach them how to use Zoom. Volunteers or relatives could help. Through Zoom, you could arrange for them to have some psychological consultations, enjoy some positive moments, and maybe do some physical exercises together, etc.”

65-year-old woman, retired director of an organisation for persons with disabilities living with her son and spouse in an urban area

Bringing services closer to older people was a common thread running through participants' suggestions for change. They wanted to see more public services for older people in the places where they chose to live.

“We have very few public organisations that work with older people. I think that we need to create such organisations in every district, city and village. And these nursing homes are certainly not a good place for older people. Older people should live with their children and relatives.”

65-year-old woman, retired director of an organisation for persons with disabilities living with her spouse and son in an urban area

One participant said the government should pay more attention to ordinary people.

“I'd like the authorities to pay more attention to the problems of ordinary people. That's all. I wish everyone good health.”

67-year-old woman, retired teacher living with her children in an urban area

What a convention would do

A UN convention on the rights of older people would:

1. **Be a solid base for a fairer society.** It would help ensure that all older people everywhere are treated in a fairer and more just way.
2. **Result in better services for all.** It would help ensure that governments, the private sector and others design and deliver services that respect older people's rights.
3. **Be a clear guide.** It would be the go-to place to get guidance on what older people's rights are and how to respect them.
4. **Be a driver for change.** It would set in motion a chain of events that would improve older people's lives.

How the consultation was conducted

The consultation was carried out in October 2020 with nine women and one man over the age of 50. Due to COVID-19 public health restrictions, individual interviews were done by phone and WhatsApp using non-probability sampling based on convenience and who was accessible to those carrying out the consultation.

The consultation questions were broad to allow respondents to talk about what was important to them. Questions focused on changes in their lives due to the pandemic, their experience of service delivery, knowledge of their rights, rights guaranteed in law and things they would like the government to do differently.

The findings are intended to capture the views of the ten older people interviewed and are not intended to be representative of the population of older people as a whole.

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