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Introduction

The population aged 60 years and over in 2018 represented 4.8% of the total population. By 2050, this proportion is estimated to grow to 14.5% of the total population. The healthy life expectancy age for women in Mozambique is 54 years, and for men it is 50 years. For the population aged 65 years and older, men are more educated than women: only 20% of older women had primary education compared to 59% of older men.

In Mozambique, 13% of older persons (aged 60 years and more) live alone, 14% live with only their spouses, 27% live independently (either alone or with spouses, but not with anyone else), and 44% live with their children. Percentages for those aged 65 years and older living independently (either alone or with spouses) are disaggregated by sex, and they show that 28% of older men and 34% of older women live independently. A HelpAge International gender analysis carried out in 2018 in several communities in Mozambique similarly found that more older women lived alone than older men: 34% of older men were married and living with their spouses compared to only 17% of older women; and almost half of all the older women (45%) were widowed. According to World Bank data, 62.5% of female heads are poor compared to 52% of male heads; and 52% of female heads have no education, compared to 22% of male heads. These indicators suggest a greater vulnerability of poverty for older women.

National Policies Regarding Ageing and Gender

Mozambique introduced a social pension in 1992, called the Basic Social Subsidy Programme (PSSB), for women as of the age of 55 years, and men at the age of 60. It is non-contributory and means-tested to include those who are unable to satisfy their basic needs and without any member that has labour capacity, and the cash transfer amount is dependent on household size (5 grades are applied). Currently there are 341,188 recipients, and the coverage rate for those aged 60 years and older is 24%. Also, according to 2017 ILO data, 16% of the old age beneficiaries of PSSB are women, compared to 20% men.

Mozambique put in place the Social Protection Law in 2007, followed by a National Strategy for Basic Social Security (ENSSB) in 2010, and a Strategic Operational Plan for Basic Social Security programmes in 2011. The Social Protection Law defines the main components of the social protection system, organizing it in three pillars. The first pillar addresses the social protection rights of the most vulnerable groups and organizes basic social security into four different areas of intervention, two of which relate to older persons directly. The first area of intervention is direct social action, which comprises social transfers to address the needs of the most vulnerable and destitute households (e.g. older people, people with disabilities, those who are chronically ill, and households with orphans and vulnerable children) and to respond to situations of chronic and temporary vulnerability. The second area of intervention related to older persons is health social action, which assures universal access of the most vulnerable populations to primary health care. Older people (females over 55, males over 60) are entitled to free inpatient admittance in general and central public hospitals; free outpatient services; and free access to most drugs at health centres.

In 2016, the government approved ENSSBII for 2016-2024, which proclaims that people in situations of poverty and vulnerability, particularly women, children, elderly people, people with disabilities and people with chronic and degenerative illnesses, are the priority recipients of basic social security. ENSSBII includes an old age grant, a disability grant, and a three-pronged child grant. There is a goal to reach 1 million direct beneficiaries for the old age grant by 2024.

Since 2002, Mozambique introduced several national level policies on ageing with an emphasis on protection of rights, financial support for disabled and health related policies. Some of these policies include the National Policy on Older Persons (2002), National Policy on Ageing (2007), the National Plan for Older People, 2006-2010, and the Law of Promotion and Protection of rights of older people (Law 3/2014 February 5th). There is a specialised and dedicated department for older persons within the Ministry of Women Affairs and Social Action. Ageing issues have been mainstreamed into government health policies, including the National Health Policy (2007) and the National Strategic Plan for HIV and AIDS (2005-2009). The National Poverty Reduction Strategy (PARPA II), and the National 5-year Plans mainstreaming older people’s needs into national poverty reduction plans and programmes.

There is a National Plan for Preventing and Combating Violence against Women, and in 2009, the Law against Domestic Violence (Law No. 29/2008) was instituted. This brings the country in line with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and means that the government now has the mandate to ensure the protection of women and children against abuse and sexual exploitation at home and in the community. There is also a new bill to protect aged from abuse and to give tough penalties for violence related to witchcraft accusations. The government has also established offices for the integrated care of women and children affected by violence, victims’ care centres, private venues in police stations for victims to report violence, and female police officers to handle cases of violence against women and girls.
Key Gender Issues for Older Persons

Poverty and Living Conditions

Data from National Household Budget Survey (2010) showed that 58% of older people in Mozambique live below the official poverty line compared to 54% for the rest of the population.\(^1\) Also, no improvement was made in eradicating poverty from 2003 to 2008; rather, the rate of absolute poverty stagnated.\(^2\) With such a high percentage of the population close to the poverty line, many people are highly vulnerable to shocks to incomes or livelihoods. Mozambique is also the third African country to be exposed to risks from multiple weather-related hazards, such as periodic drought, cyclones, and flooding.\(^3\) Of the households affected by acute food insecurity, 65% are in rural areas.\(^4\) In rural Mozambique, female-headed households were found to be poorer than male-headed households, widows headed 5% of the ultra-poor households and 5.5% of poor households (compared to 0.8% of these households being headed by widowers), and widows who cared for children were amongst the poorest.\(^5\)

Access to rural water supply is only 36%, and even lower is access to proper rural sanitation at 13%\(^6\). In urban areas, access to clean water was 60% in 2009, and access to sanitation was 47% in 2008.\(^7\) According to a 2012 HelpAge International survey, 81% of older persons identified access to water as a serious problem.\(^8\) A HelpAge International gender analysis conducted in 2018 found that older men were slightly disadvantaged compared to older women in their ability to access water, latrines, sanitation, health services, and social assistance.\(^9\) Only 34% of older men and 46% of older women had access to latrines, and 40% of older men and 45% of older women had access to sanitation.\(^10\)

According to a HelpAge International survey conducted in 2012, 90% of older persons had problems fulfilling their basic needs, and 59% have gone hungry on several occasions.\(^11\) Also, a higher proportion of older women than older men reported experiencing these problems all of the time (54% versus 29%). In a 2018 HelpAge International gender analysis, both older men and older women expressed that their most important need was access to food.\(^12\) For the second most important needs, older women identified cash/income, and older men identified access to healthcare. This may reflect older women’s higher levels of income poverty, and older men’s inability to seek out or access healthcare, both of which warrant further investigation.

Informal and Formal Social Protection and Security

In Mozambique, only 12% of elderly people aged 60 or above receive pensions through the contribution-based social protection system.\(^13\) Also, the coverage rate for the means-tested PSSB amongst those aged 60 years and older is 24%.\(^14\) A 2012 HelpAge International study revealed that 33% of older persons received income from a pension.\(^15\) A 2018 HelpAge International gender analysis revealed that 38% of older men and 44% of older women had access to social assistance, largely in the form of cash subsidies from the PSSB.\(^16\) However, several studies have shown barriers for older people to access the PSSB. In one study, 65% of older people reported that officials from the Institute of Social Action (implementing agency for PSSB) have never visited them, 59% were unaware of the eligibility criteria for PSSB, and 71% have not participated in the selection of their community representative for PSSB.\(^17\) These findings also reflected a deeper disadvantage for older women. A further barrier to accessing PSSB is the requirement of having identity cards. According to a HelpAge International study in Gaza Province in 2009, 40% of the older people did not have identity cards, and they could not be registered for the cash transfer programme.\(^18\)

For the majority (72%) of older persons who did receive cash transfers from PSSB, it was their most important source of household income. A study by HelpAge International in 2013 similarly revealed that 78% of households depended on PSSB cash transfers for between 76 to 100% of their income.\(^19\) PSSB cash transfers were largely used by older men and older women to purchase food (90%), followed by paying for healthcare costs (60%).\(^20\) Also, some elderly PSSB beneficiaries give some money to their grandchildren to pay for education costs.\(^21\)

Family networks have traditionally been an important source of elder care in Mozambique.\(^22\) According to a 2018 HelpAge International gender analysis, approximately 10% of older men and older women received financial support from family members, 7% received some humanitarian aid, and 2% received remittances (presumably from family members working elsewhere).\(^23\) Also, about half of the older men and older women could obtain temporary assistance from their social networks (family and community members) if needed. A HelpAge International study in 2012 found that half of the older persons needed assistance and support with everyday personal care and other activities, yet 35% of those older persons felt neglected.\(^24\) According to a World Bank study, Mozambique's poor could largely obtain assistance from their social networks (extended family, neighbours, friends) if they had the capacity to reciprocate, a capacity that many older persons may not have.

Health and Disability

Almost 9% of persons aged between 50 and 65 years in Mozambique are HIV positive.\(^25\) Also, a 2018 HelpAge International gender analysis found that 44% of older women and 35% of older men had disabilities.\(^26\) Yet, access to healthcare remains a problem for many of Mozambique’s older persons, especially those with limited mobility, less family support, and those living in rural areas added to poor implementation of the law3/2014 which states
free medical treatment and free transportation of Older People in public transportation. Many older persons are unable to pay for the transportation costs to health centres, and many older persons do not have ID documents, needed to qualify for free health care. A tracking survey conducted in 2002 found that compliance with provisions for free health care were often not followed in some health facilities.

A HelpAge International study conducted in 2012 found that some older persons could not receive healthcare when they needed it, with the main reason being their inability to travel to healthcare centres due to illness or disability. Yet, a HelpAge International gender analysis in 2018 found that the majority of older persons and older men could access health services when needed.

**Livelihoods and Income**

Most Mozambican households depend on subsistence farming for their livelihoods, and many others work in the informal economy. A Poverty and Vulnerability Survey (PVS) conducted by the World Bank in 2006 revealed that many of the rural and urban poor carried out casual labour work, and the urban poor also often coped with their poverty by selling assets, reducing food consumption, and begging. According to World Bank data, 86% of female heads work in agriculture compared to 71.5% of male heads; and 60% of female heads are self-employed with no employees (indicating small-scale informal sector work), compared to 47% of male heads. Women in Mozambique have a slightly higher unemployment rate than men (27% versus 23.5%), and women are engaged as contributing family workers at a much higher rate than men (57% versus 13%).

Mozambique's older persons tend to work well into old age out of necessity. According to World Bank data, in 2015, 85% of older men (aged 65 years and older) and 76% of older women were still in the labour force. According to a HelpAge International study in 2012, 42% of older persons received an income from formal or informal work. A HelpAge International gender analysis in 2018 revealed that 87% of older persons still performed paid work. The majority performed paid agricultural activities (80%), followed by small-scale businesses (4%), and unskilled labour work (3%). However, there was a striking difference between older men and older women: while 49% of older men said that they had access to employment opportunities, only 3% of older women did. This reveals a very high indicator of vulnerability to poverty for older women.

National data reveals that 15% of all small and medium sized farms are headed by individuals aged 60 years and older, which is high considering that older persons only make up 5% of the country's total population. However, there is a gender disparity with only one out of three of these small and medium sized farms being headed by older women. A HelpAge International gender analysis in 2018 revealed that while a large proportion of older women and older men were able to control agricultural land (70% and 62% respectively), very few of them had access to agricultural equipment and inputs, and the land that they controlled was often of poor quality and unsuitable for cultivation. Also, while a large proportion of older women and older men were in control of their dwellings (76% and 66% respectively), very few of them had access to agricultural land. Women in Mozambique were heavily involved in unpaid childcare and domestic work.

In addition, older women in Mozambique were heavily involved in unpaid childcare and domestic work. Older women often are the caretakers of grandchildren and greatgrandchildren when their own children have died from malaria, TB or HIV/AIDS. A HelpAge International survey in Tete province found that over half of all households with orphans were headed by an older person. HelpAge International data from Changara district revealed that older persons cared for 54% of orphans. Older women's domestic work and unpaid childcare work means that they will have less time to carry out paid activities, resulting in a higher poverty level.

**Harmful Traditional Practices (HTPs) and Sexual and Gender-Based Violence (SGBV)**

The prevalence of GBV in Mozambican women's lifetime is 32%. National data reveals that 36% of women aged 15 to 49 believe that a husband has right to beat his wife/partner, and the acceptance of domestic violence is more common in rural areas (39%) than in urban areas (31%).

Along with acceptance of GBV being a problem for women in Mozambique, is the realization that abuse of older persons is a serious problem. According to older persons who report being victims of abuse, the abuse occurs in the home and in the community, and the most common forms are psychological, emotional, and verbal. A 2018 gender analysis conducted by HelpAge International revealed that 8% of older women and 4% of older men had concerns with moving around their communities due to fear of violence, with heightened fear of violence in the Xai Xai and Manhica areas. This study also revealed that older women are more affected by domestic violence than older men: 57% of older women, and 43% of older men reported having to seek medical services after being physically abused by their spouses. According to a 2012 HelpAge International survey in Mozambique, 75% of older women and 67% of older men reported experiencing at least one category of crime/violence/abuse since they turned 50. Prevalence rates were also higher amongst older people who lived in rural areas, who had a chronic illness or disability, and those who belonged to Shangaan and Sena ethnic groups, and the “other indigenous tribal group”.

a HelpAge International study in 2012, 42% of older persons received an income from formal or informal work. A tracking survey conducted in 2002 found that compliance with provisions for free health care were often not followed in some health facilities.

Yet, a HelpAge International gender analysis in 2018 found that the majority of older persons and older men could access health services when needed.
Research carried out by HelpAge International in 2012 offers extensive information on how violence affects older men and older women. More than half (61%) of older persons did not feel safe from crime and violence. The most common type of abuse was emotional, affecting 50% of older women, and 42% of older men, with perpetrators being family members, friends, or neighbours. Financial abuse was also reported by 38% of older persons. The most common type of financial abuse was having one's money, property, or possessions stolen, which affected 29% of older persons. Physical abuse affected 19% of older persons, yet very few older persons reported this abuse to police, which means that these crimes are largely being committed with impunity. Some older women also reported experiencing sexual abuse (being forced to have sexual intercourse) since the age of 50. A substantial number of older persons (39%) had also experienced malicious accusations and abuse since the age of 50, with the most common type being witchcraft accusation. Prevalence was particularly high among people aged 85 and above, those living in rural areas, and amongst members of the Tsonga, Sena and “other” indigenous tribal groups. Only one-third of these older persons reported this abuse to the police. Another form of financial abuse that occurs is that of widows losing their inheritance. Not only is this a human rights issue, but this also increases older women's vulnerability to poverty.

Conclusions
The welfare of the elderly must be made a larger government priority, given the increase in numbers of older women and older men in future years. Traditional and informal social safety nets are not sufficient, and cannot be solely relied upon. Older women in Mozambique, particularly those in rural areas, are highly vulnerable to poverty, violence, and marginalisation. It is vitally important to consider how gender norms in different communities in Mozambique lead to older women's vulnerability to poverty and violence. It is also important to ensure that differences between older men and older women are taken into account in government policies, programmes, and strategies.

Policy Recommendations
National Level

- Increasing the focus on older women, widows and soon to be widows in all social programs and policies, given that they are the most vulnerable to poverty, low health status etc.
- Ensuring that national poverty reduction strategies and programmes focus on and include older persons, especially older women
- Providing universal pensions and additional targeted social assistance (e.g. to the People with Disabilities)
- Ensuring better access by older persons to free health care, and investigating and addressing any barriers to health care for older men and older women
- Establishing an authority/unit solely responsible for planning, coordinating and executing health interventions for older people; and making physical structures of health facilities older people friendly and gender-responsive
- Identifying and providing older women carers and households affected by HIV and AIDS with dedicated support, information and resources, including cash transfers, to enable them to effectively carry out their roles as carers and educators and prevent their own risk of infection
- Reviewing and implementing laws criminalising the seizure of property (property grabbing) and assets on the death of a spouse
- Allocating a specific and adequate budget for policies and programmes concerning older persons
- Devising policies and programmes that support older women's income security, investing on life skills for Older People
- Implementing legislative changes to address elder abuse in Mozambique, instituting elderly protection units in police stations, punishing perpetrators, and putting in place a central registry to document abuse cases
- Addressing violence and abuse of older women, including women's right to inheritance and witchcraft accusations
- Organising all older persons into old age associations so they can voice their problems, rights and potential, ensuring the equal participation and leadership of older women in these associations, and ensuring these associations have sufficient financial and human resources to operate effectively
- Developing improved care infrastructure and services, such as childcare, and support for carers, and
time and labour-saving equipment to reduce older women's workloads

- Generating more information on the intersecting inequalities experienced by older women, and using this information to inform policy and programming
- Improving provision of adequate sanitation and hygiene to households, particularly in rural areas

**Local Levels**

- Supporting groups and organizations that are intervening to tackle the root causes of witchcraft accusations and that aim to improve the living conditions of vulnerable older women in rural areas
- Engaging local communities (men and women of all ages) on the issue of elder abuse, and supporting local and traditional systems of conflict resolution
- Supporting community-based programmes to improve food security, shelter, and access to basic services in households headed by older persons
- Providing support to families that are taking care of elderly family members within their households
- Holding awareness campaigns in urban and rural areas to make older men and older women (who are more likely illiterate and bound to the home) to be more aware of their rights and entitlements
- Holding awareness campaigns in urban and rural areas to promote positive attitudes towards ageing and older persons
- Ensuring that any changes to the law and mechanisms to implement them are made known at the community level particularly by poor, older, illiterate women, through village and district government structures
- Improving ability of disabled older persons to access health care in their communities (e.g. transport)
- District Councils to put measures in place that challenge and address the intimidation, isolation, and abuse of older women which can result from allegations of witchcraft
- Minimising the risks to older women of all forms of neglect, abuse and violence by increasing public awareness of, and protecting older women from, such neglect, abuse and violence
- Training Village committee members in women's and widow's rights, and making them aware of the harmful consequences of witchcraft allegations, misconceptions about HIV and other illnesses
- Working closely with local government officials, religious leaders and the media
- Training community members as paralegal advisers to provide advice on land, inheritance and marriage rights
- Raising awareness on the gender division of labour, and challenging norms in order to have a more equal sharing of domestic work between men and women

**(Endnotes)**


11 HelpAge International, 2017, “Cash transfers and older people’s access to healthcare: A multi-country study in Ethiopia, Mozambique, Tanzania and Zimbabwe”.

12 HelpAge International, 2017, “Cash transfers and older people’s access to healthcare: A multi-country study in Ethiopia, Mozambique, Tanzania and Zimbabwe”.


33 HelpAge International, 2017, “Cash transfers and older people’s access to healthcare: A multi-country study in Ethiopia, Mozambique, Tanzania and Zimbabwe”.


35 HelpAge International, 2017, “Cash transfers and older people’s access to healthcare: A multi-country study in Ethiopia, Mozambique, Tanzania and Zimbabwe”.


59  HelpAge International, “Living together: Meeting the economic needs of older carers in Mozambique”.


