

Written Statement of the International Federation of Business and Professional Women (IFBPW) for CSW 63

Priority theme: Social protection systems, **access to public services** and **sustainable infrastructure** for gender equality and the empowerment of women and girls

Education

Education is a right. It empowers women and girls in the context of global economic and technological changes and promotes development. Yet girls still represent the majority of out of school children, and women still represent the majority of the illiterate.

BPW International emphasizes that education and training are essential to employment and access to labour markets. Skills for life can empower young women to be tomorrow's leaders and take forward the 2030 Agenda.

Educated, well-trained women can advocate for themselves, develop and use their leadership abilities to enhance their domestic, economic, social and professional position and overcome the stereotyping and discrimination that keep them frequently in poverty and informal jobs, unequal to men and subject to violence.

Recommendations:

- Fully implement target 4.5 of the SDGs: "By 2030 eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous people, and children in vulnerable situations".
- Fully implement target 4.3 of the SDGs: "By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university", so that vocational secondary and tertiary level education, especially for women and girls, becomes a reality in a world of emerging economic competencies.
- Improve access of girls to STEM (Science, Technology, Engineering, Mathematics Education) and encourage young women to pursue science and technology careers essential in a knowledge-based economy.
- Facilitate vocational and in-service training, ICTs and life-long learning programs to increase women's employment opportunities.
- Facilitate and acknowledge women's organizations and partner with them to bring this about.

- Support gender/ sex-disaggregated data and gender sensitive information collection.
- Develop curricula to eliminate all gender-bias, particularly in TVET and STEM, girls remain under-represented, so as to take up the new global challenges and take forward the 2030 Agenda.

Healthcare

Access to health care for women and girls at all stages of life is essential to their empowerment and their ability to contribute to the advancement of society. Such access should include all aspects of care, including mental health, and be available for all women, including older women with disabilities.

Population ageing trends worldwide are unprecedented. According to data from *World Population Prospects: the 2017 Revision*, the number of people aged over 60 is expected to more than double by 2050 and triple by 2100. The older the population, the more people with disabilities.

The difference in the lifespan between men and women is substantial, as women live on average 5% longer than men. As a consequence, the ratio of older women to older men is 2:1. This difference results in a higher vulnerability and a higher tendency to disability for women.

Women with disabilities constitute around 7% of the world population but are mostly an **invisible group in society**. Because of the intersection of disability and gender, they are twice as likely to be victims of domestic violence and discrimination.

The Convention on the Rights of Persons with Disabilities (CRPD), adopted by the U.N. General Assembly in 2006, recognized that “*women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation*” and emphasized “*the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms of persons with disabilities.*”

Despite progress in society, women with disabilities, who suffer from inherited diseases, chronic diseases (such as cardiovascular diseases, obesity, diabetes,

cancer, neurodegenerative diseases, osteoporosis, etc.) and post-traumatic events with para- and tetraplegia have been left behind in the struggle for equality and women's empowerment. Despite huge budgets for health care in the European Union and the USA, **public services and institutions worldwide are currently inadequate** to cover the needs and requirements of people with disabilities, so family members become their main caregivers.

Regardless of the gender of the person with disability, it is estimated that 66% of caregivers are women, and these become invisible workers.

The average caregiver is a woman between 45 and 65 years of age who leaves paid employment to care for a family member with a disability. Because, worldwide, benefits paid to people with disabilities are inadequate for their care, and caregivers are not remunerated, these women may face severe financial problems of their own, unable to maintain a stable occupation or save for retirement, even losing their homes and their network of support.

Often, caregivers are "annulled" by their loved one's illnesses, abandoning themselves in favor of their charges. This in turn sparks a series of psychological and physical problems in the caregiver, such as depression, detachment from friends and the community, neglect of their own physical condition, which results in the onset of chronic diseases.

BPW International calls for action for adequate social protection systems to sustain women caregivers, part of a large yet invisible group of our society.

In line with SDG 10 (Reduce Inequality, Equality for women and girls with disabilities); SDG 5 (Gender Equality); and the Legal Convention on The Rights of Persons with Disabilities, BPW International's goal, working with Dianne Glenn, BPW New Zealand, and Luisa Monini, BPW Italy, is to **obtain public monetary and psychological support for caregivers.**

IFBPW acts for and supports the implementation of measures at national level that are able effectively to guarantee adequate support to all caregivers. The action should be coordinated with the public sector, social entities, employers' associations, and other people in the community.

Recommendations:

- **Launch the International Women Caregivers' day to best promote their rights through their recognition (date to be determined);**
- **Act** to support caregivers through social protection, healthcare, and welfare at regional and national level.
- **Promote** financial support to caregivers through an allowance for healthcare and financial help for home adaptations.
- **Reach an agreement** with insurance companies for better insurance deals for caregivers.
- **Promote** agreements with employers' associations to achieve better work flexibility to **improve** the quality of life of elderly disabled people and their caregivers and relatives.
- **Recognize** and value the role of caregivers and foster communication with social and care-workers through courses and programmes at city level.
- **Guarantee** aid measures to support the caregivers' medical competences and cope with physical and mental stress.
- **Drive** governments towards the development of building plans that envisage the use of home automation and telematics when building homes for elderly and disabled people (smart houses) to support the demanding work of caregivers.

Mental Health

Globally, approximately 300 million people are affected by depression. More women are affected than men.

Globally an estimated 275 million people are affected by anxiety disorder. Around 62 percent (170 million) are female.

Globally, an estimated 40 million people in the world are affected by bipolar disorder, with 55 percent being female.

Worldwide about 10% of pregnant women and 13% of women who have just given birth are affected by a mental disorder, primarily depression. In developing countries this is even higher, i.e. 15.6 percent during pregnancy and 19.8% after childbirth.

Mental health conditions account for approximately 16% of the global burden of disease and injury in people aged 10-19 years (WHO 2018c). Gender differences have been documented for psychological distress, anxiety and depression, with girls reporting significantly higher scores than boys.

Urgently needed are more validated information, awareness, cultural sensitivity, knowledge and access, especially for women and girls, to health care and mental health services.

Recommendations:

- Early detection and treatment.
- Promotion and prevention by stakeholders and politicians.
- Promotion and prevention in building resilience- multilevel approach for women and girls, for example, with digital media, health or social care settings, schools, or the community.
- Funding for mental health, funding for women's mental health. Currently, the global resources spent in mental health care (cf. Mental Health Atlas/WHO) including prevention and promotion, are disproportional to the costs incurred by mental ill health.
- **Evidence-based analysis**, studies, and systematic controls.
- **Inclusion** of the *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to support country implementation-WHO 2017*. This approach assists governments in responding to the health needs of adolescents in their countries, including mental health. (WHO 2018c. Adolescent mental health. Key facts).
- **Inclusion** of the *Global Strategy for Women's, Children's and Adolescents' Health 2016–2030*. This strategy emphasizes that every woman and girl has a right to attain physical and mental well-being and identifies adolescents as central to achieving the Sustainable Development Goals 2015-2030.
- **Adoption** of *Mental Health Action Plan 2013–2020*. WHO's Mental Health Gap Action Programme (mhGAP), provides evidence-based technical guidance, tools and training packages to expand countries'

health services and access to health services, particularly in low-resourced contexts.

Review theme: Women's empowerment and the link to sustainable development (agreed conclusions of the sixtieth session)

Access to and equal management of water and sanitation (and as a minimum access to basic services on WASH) are prerequisites for women's development and empowerment. The water-related labor market, financial independence, education and good health are all unlocked by access to water and sanitation. Women play a pivotal role in water management. Although this principle (3) has been part of the legacy of and policy on water since 1992 (Dublin principles), implementation needs a real boost. Acknowledging women's traditional and modern roles can help unlock women's potential in achieving SDG 6 and 5 and the wider 2030 Agenda. To reach the SDG targets it is imperative to ensure and enhance women's professional and voluntary roles and involvement in water.

It should be emphasized that pursuant to the human right to water and sanitation, countries have an obligation to progressively provide safe drinking water and adequate sanitation services, including in the workplace. Countries also have the obligation to guarantee that the right to water is enjoyed without discrimination and equally between men and women. Meeting this obligation will remove one of the major hurdles to women having the opportunity to go to school, obtain the appropriate education and training, and hold positions in the workplace, further adding to the economies' skilled human resource capacity. Clean, safe and readily (uninterrupted) available water in medical posts, homes, schools, and other training institutions is therefore another prerequisite to a healthy economy (OECD, 2011a). As such, investing in water is a winning proposition from economic, environmental and social standpoints.

In many countries, droughts, floods and deforestation increase the risks for women and girls, compounded by lack of information, persistent cultural roles, etc. They increase unpaid time girls and women spend to retrieve water for household chores and small-scale farming e.g., leaving them less time for education or earning an income (ILO, 2013a; UNDP, 2014). Lack of coping mechanisms leads to exponential

increase of female-headed / one parent households and internal displacement. Supporting women, giving them a seat at the table to decide on policies and measures to prevent disasters, finding the right coping mechanisms, building their resilience are crucial elements to prevent death and destruction as a result of natural disasters.

Recommendations:

- **Follow-up** on the recommendations of the special rapporteur on the gender aspects of human rights to water and sanitation:
https://www.ohchr.org/Documents/Issues/Water/Pamplet_GenderEquality.
- **Follow-up** on the recommendations of the World Water Development Report 2016: A number of measures can be undertaken to improve women's participation in, and contribution to the water-related workforce, including: adopting equal opportunity policies and measures; improving sex-dissaggregated workforce data sets; addressing cultural barriers, social norms and gender stereotypes; and expanding access to public services and investment in time- and labor saving infrastructure.
- **Acknowledge** women's traditional and modern roles to unlock women's potential in achieving SDG 6 and 5 combined and the wider 2030 Agenda. To reach the SDG targets it is imperative to ensure and enhance women's professional and voluntary roles and involvement in water.
- **Agree** to a dedicated World Water Day on water and women, to help unblock this major, persistent issue.