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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled “Women 2000: gender equality, development and peace for the twenty-first century”: implementation of strategic objectives and action in critical areas of concern and further actions and initiatives: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Statement submitted by AARP, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.6/2009/1.



Statement*

AARP is a non-profit, non-partisan organization of 40 million members whose mission is to enhance the quality of life for all as we age. AARP has collaborated with the United Nations for 35 years by participating in major conferences and helping to forge an international constituency on ageing. Since its founding in 1958, AARP has served as a key source of global information and advocacy on issues affecting ageing populations and has brought this wealth of experience to the United Nations to help strengthen the network of policy-makers and advocates who believe that everyone should age with dignity and purpose.

AARP is pleased to participate in the fifty-third session of the United Nations Commission on the Status of Women; and we commend the United Nations on the initiatives it has undertaken over the years to advance the rights and interests of women around the world.

Yet, much remains to be done. If the promise of these landmark agreements is to be fully realized, Governments must step up efforts to implement them, and this requires more political will and resources than are presently allocated. Despite the great strides that have been made, the significant social and economic contributions of women, and older women in particular, continue to go unrecognized and overlooked.

Most caregiving, whether in developed or developing countries, continues to be given by family. In the United States (US), it was estimated that the services caregivers provided in 2006 were equivalent to an economic value of \$350 billion! Globally, women provide the majority of care to the dependent young and old and to their spouses in their final years. This is equally true of developed and developing countries. Yet, this tremendous social contribution is often not recognized, compensated, or supported.

Middle-aged women become particularly vulnerable when caregiving demands on them emanate from both dependent children and increasingly dependent older parents and in-laws. Members of this “sandwich” generation may no longer be able to continue working if they are in the labour force or may be forced to reduce their hours to accommodate caregiving demands.

The substantial role that older women play in caregiving arises primarily from two major causes. First, because they typically marry older men as well as live longer than men, older women tend to become the primary caregiver to their spouses when the latter develop chronic or life threatening illnesses. Such caregiving can extend over many years, jeopardizing the health and wellbeing of older women. Second, because of the illness, death, or absence of adult children due to conditions such as HIV/AIDS, substance abuse, imprisonment, and even emigration, grandparents end up becoming the sole caretakers of ill and dying children and of orphaned or abandoned grandchildren. In southern Africa, for example, up to two-thirds of people living with HIV/AIDS are cared for by parents in their 60s and 70s, and 60% of orphaned children live in grandparent-headed households. It is grandmothers, much more frequently than grandfathers, who assume this role because of cultural

* Issued without formal editing.

expectations or because there is no spouse or partner in the household. Grandmothers who take on this role have a deep sense of responsibility to keep the family together, even with a high personal cost to them.

This situation is not unique to developing countries. In developed countries too, the role of grandmothers with sole custody of orphaned grandchildren has been expanding for similar reasons. AARP has been extending help to such grandparents in the US for some years now by providing critical information about matters, such as access to public benefits and legal rights. AARP continues to advocate that States provide improved benefits, rights, and assistance to grandparents caring for grandchildren.

While many positive benefits accrue to persons engaged in caregiving, these responsibilities often exact a serious toll for the women so engaged. Premature withdrawal from the labour force, the need to reduce working hours, or an inability to engage in work for lack of time may condemn female caregivers to a life of poverty in their older years, contributing greatly to the “feminization” of poverty in old age. This is compounded by the lack of material and social support extended to caregivers.

Many Governments do not provide the home care, respite care, counseling, and other services that are so important to enhance the quality of caregiving and to reduce the tremendous stresses that caregivers can experience. In many countries, they are excluded from public education programs about HIV/AIDS, even though they may be at great risk when taking care of infected children and grandchildren. Grandmothers with sole responsibility for grandchildren are often not eligible to receive the child support grants that younger mothers obtain, yet, may have no other source of income to pay for food, clothing, or school-related costs.

Not surprisingly, women caregivers often feel overwhelmed, depressed, and alone. Relatively few have the opportunity to develop the potential of their later years.

What should be done?

To reduce the burden of family responsibilities on women alone and bring about greater sharing of these responsibilities, change is essential – change in culture, change in expectations, change in traditional gender roles. Equity and the changing nature of the global economy, leading more and more women to enter the labour force, demand that caregiving responsibilities be supported and shared more equitably between men and women.

There is much that Governments can do, either alone or in partnership with the private and non-profit sectors. AARP believes that it is critical to recognize the important social role that family caregiving plays and to find suitable ways to acknowledge and support it. Specific steps could include the provision of:

- Counseling or training for caregivers;

- Information about public benefits and other available resources;
- Education about HIV/AIDS and the care of those infected;
- Home care, day care for the young and old, and other support services;
- Respite care;
- Regular assessment by primary care of the caregivers' health and needs;
- Encouragement to employers to promote flexible time arrangements;
- Legislation requiring parental or other caregiving leave, and the guarantee of equivalent employment upon return to the labour force; and
- Pension credits for years of caregiving.

The lives of men, women, and children would all benefit through such measures, while the well-being of society is enhanced through the reinforcement of family care. In conclusion, AARP congratulates the Commission for organizing this crucial session and encourages all participants to seek outcomes that advance the empowerment of women of all ages.

Thank you.
