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Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms

Human rights of older women: the intersection between ageing and gender

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly the report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler, in accordance with Human Rights Council resolution [42/12](#).

* [A/76/150](#).



Report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler

Summary

In the present report, the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler, unpacks the gendered effects of ageing with a focus on the key human rights challenges and concerns of older women. The coronavirus disease (COVID-19) pandemic exacerbated gender-based discrimination and inequalities, while also putting the enjoyment of all human rights by older persons into the spotlight. Generally, less attention has been paid to the intersection between ageing and gender, although women form the majority of older persons worldwide, especially among the oldest age categories. Women do not experience ageing in the same way as men, and their situation is also considerably influenced by other intersectional factors. Their opportunities to take full advantage of increased longevity are limited by gendered disadvantages accumulated throughout the life course and compounded by ageist stereotypes and age discrimination. The report underlines the active roles and vital participation of older women in our communities and societies.

The Independent Expert sets out recommendations addressed to States in order to ensure that older women are able to exercise their human rights and live in dignity. She calls on all relevant stakeholders to place greater focus on the intersection between ageing and gender, including in data collection, research and analysis, and to give more visibility to older women in human rights frameworks and mechanisms.

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I. Introduction

1. The present report is the second report submitted to the General Assembly by the current Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler. Since her first report (A/75/205), the coronavirus disease (COVID-19) pandemic and its considerable impact on older persons worldwide have continued to frame most of her activities under the mandate.

2. In line with her mandate, the Independent Expert participated in the eleventh session of the Open-ended Working Group on Ageing, during which she contributed to the high-level panel discussion on COVID-19 and the substantive session on the right to work. An overview of the activities undertaken over the past year can be found in the most recent report to the Human Rights Council, focusing on ageism and age discrimination (A/HRC/48/53).

3. The mandate of the Independent Expert requires her to integrate a gender perspective throughout her work and to address multiple, intersecting and aggravated forms of discrimination faced by older persons. Previous thematic and country visit reports, as well as other activities, have incorporated a gender dimension and considered, for example, the human rights concerns of older women in relation to informal caregiving, social security and pension systems, social exclusion, violence and abuse, and data collection¹ Building on these earlier observations, the Independent Expert aims, through the present report, to stimulate reflection, debate and action to address gender inequalities and discrimination in older age through a more comprehensive analysis of the intersection between older age and gender and how it affects the enjoyment of human rights by women.

4. The report relies on previous work, extensive desk research and the submissions received from States, national human rights institutions, civil society organizations, academics and other stakeholders in response to the call for contributions issued in January 2021.² The Independent Expert is grateful to all those who contributed to the preparation of her thematic report. Where possible, the report highlights the experiences of older women from different regions, while recognizing challenges in collecting recent, accurate and comparable data and information.

II. Intersection between ageing and gender

5. The global population is rapidly ageing, and in 2050 one in six people is expected to be over the age of 65. Women comprise the majority of older persons, as they tend to live longer than men in all regions, especially at advanced ages. In 2019, for example, there were only 63 men for every 100 women over the age of 80.³ The gendered difference in longevity means longer lives for women and additional opportunities for further contribution and social participation, but also more years living alone, a higher likelihood of disability or illness and increased care needs.

6. Global ageing has led to increased attention to the need to adapt social and economic policies and to ensure that the rights of older persons are protected and fulfilled. The COVID-19 pandemic underscored existing gaps and challenges in this respect by magnifying violations of the rights of older persons. The gender dimension

¹ See A/HRC/30/43, para. 117; A/HRC/39/50, paras. 19, 53 and 59; and A/HRC/45/14, paras. 61 and 63.

² Submissions can be consulted at: www.ohchr.org/EN/Issues/OlderPersons/IE/Pages/cfi-human-rights-of-older-women.aspx.

³ United Nations, Department of Economic and Social Affairs, "Our world is growing older: UN DESA releases new report on ageing", 10 October 2019.

of ageing, however, remains unevenly reflected in policy discussions and decision-making, and many initiatives relating to older persons do not articulate gender-differentiated concerns, needs and actions.

7. Older age is a complex concept. It carries different meanings and significance depending on the context and the purpose for which one seeks to define it. Many international studies use chronological age related to retirement and pension eligibility as a threshold for old age. At the same time, it is important to recall that the meaning of old age differs between and within countries. It is grounded in social constructs and assumptions around later life that may differ on the basis of gender.

8. Moreover, chronological and biological ageing are regularly used in surveys focused on women, such as those on gender-based violence and access to sexual and reproductive health that mostly look at women of reproductive age (defined as 15–49 years). This suggests that women over 50 are regarded as older although their lives are undoubtedly different compared with women in the oldest age groups. Women’s experiences of ageing are closely linked to the diverse economic, social and health realities in which they live. A life-course approach taking into account gender-differentiated opportunities, resources and choices over the lifespan is therefore best suited to examine inequalities and discrimination affecting women in older age.

9. “Gender” refers here to socially constructed identities, attributes and roles of persons attached to biological differences based on sex and which often result in hierarchical relationships and unequal distribution of power.⁴ While in many societies “gender” has been constructed around perceived differences between men and women, the Independent Expert recognizes that gender identities and expressions are wider than this binary order (see [A/HRC/47/27](#), para. 16).

10. The combination of ageism and sexism has a unique and aggravating effect on discrimination and inequality (see [A/HRC/48/53](#)). Stereotypical attitudes about gender do not disappear with age but are compounded with assumptions about later life, such as frailty, dependence, lack of ability and passivity.

11. Ageist attitudes disadvantage older women more than men.⁵ Whereas older men can be seen as wise and experienced, women face greater pressure to hide physical signs of ageing considered unattractive. The menopause has historically framed women’s experiences of ageing through negative associations with the loss of fertility, productivity, youth and importance. This has, for example, translated into erroneous assumptions that sexuality and sexual violence disappear with age. Other societal and cultural norms expect that older women are respected and cared for by their family, which can make it socially unacceptable to speak out and report violence, abuse and neglect. Furthermore, linking older age with passivity and resistance to change obscures the political and social engagement of older women, as illustrated by narratives about Western feminist waves in which “progressive” younger generations take over from their older predecessors.⁶ These stereotypes stand in stark contrast to the active participation of older women in their societies and communities.

12. Older women remain largely invisible in laws and policies, with little attention dedicated to unpacking and addressing the interplay between age and gender. Some national policies and strategies on ageing contain references to gender but without clearly and practically articulating related implementation guidance and measures. Similarly, gender equality laws, policies and strategies rarely consider the situation

⁴ *Women’s Rights are Human Rights* (United Nations publication, Sales No. E.14.XIV.5), pp. 35–36.

⁵ World Health Organization (WHO), *Global Report on Ageism* (Geneva, 2021), pp. 10–11.

⁶ May Chazan and Melissa Baldwin, “Understanding the complexities of contemporary feminist activism: how the lives of older women activists contest the waves narrative”, *Feminist Formations*, vol. 28, No. 3 (2016).

of older women in significant detail, although some do outline provisions and actions focused on older women, for example in Czechia, Mexico or the Philippines.⁷

13. To some extent, gaps in data collection explain the lack of specific attention to the needs and concerns of older women. Information shared with the Independent Expert as well as her previous analysis (see [A/HRC/45/14](#)) underline the dearth of representative and comparable data disaggregated by both sex and age across different thematic areas. This makes it challenging to identify gendered patterns of inequality and discrimination in older age and to develop evidence-based policy interventions. International studies related to women's rights regularly point to the lack of data on women over the age of 50.

14. Moreover, older women are not regularly included or consulted in the development, implementation and monitoring of relevant policies and strategies. Rather, the voice of older women is mostly carried bottom-up through civil society and associations of women or older persons, including networks of older women themselves.⁸

15. Finally, other intersectional factors exacerbate the risk of inequality and discrimination in later life. Numerous submissions highlighted the situation of older women who live with disabilities, are lesbian, bisexual, transgender and intersex, indigenous, of African descent, migrants or internally displaced, belong to minorities or live in rural and remote areas. Socioeconomic circumstances and family and marital status play a determinant role in the level of enjoyment of human rights, for example with older single women and widows at a higher risk of impoverishment and isolation in many regions. Context-specific analysis also reveals differentiated experiences and needs of older women, for example in detention settings.⁹ Data and research on such specific groups are particularly scarce.

III. Inequalities and discrimination experienced by older women

16. Gender inequality in older age is the result of disadvantages accumulated over the life course and further exacerbated by ageism and age discrimination. As a result, many older women are denied their rights, a situation further aggravated by the COVID-19 pandemic with its disproportionate effect on both older persons and women. It is estimated that the impact of the pandemic increased the gender gap by a generation.¹⁰ This means that women will continue to reach older age in a disadvantaged position unless structural changes are made.

A. Education and lifelong learning

17. Access to education, training and lifelong learning is a precondition for the enjoyment of a full range of human rights. Educational attainment and cognitive activity are important for healthy ageing and can have a preventive effect on dementia.¹¹ Nevertheless, adult learning remains a relatively low priority in national policy frameworks,¹² and there is little information about programmes specifically targeting older women. Efforts towards the realization of the right to education mostly

⁷ Submissions by Czechia, Mexico and the Commission on Human Rights of the Philippines.

⁸ Submissions by the Fiji Women's Rights Movement and the Older Women's Network, Europe.

⁹ Submission by the Cyrus R. Vance Center for International Justice Women in Prison Network.

¹⁰ World Economic Forum, *Global Gender Gap Report* (2021).

¹¹ See www.who.int/news-room/fact-sheets/detail/dementia.

¹² United Nations, Department of Economic and Social Affairs, "Substantive inputs on the focus area 'Education, training, life-long learning and capacity-building'", working document submitted to the tenth session of the Open-ended Working Group on Ageing, 15–18 April 2019.

focus on the early stages of life, as illustrated by the targets and indicators developed under Sustainable Development Goal 4 (see [A/HRC/39/50](#), para. 31).

18. Considerable progress has been made in closing the gender education gap. Global gender parity in youth literacy has nearly been achieved, which is promising for future generations of older women. On the other hand, the situation for the current generation of women over the age of 65 is different, as 27 per cent lack basic literacy skills. Two thirds of illiterate older persons worldwide are women.¹³

19. The digital gender divide is particularly pronounced among older women.¹⁴ Less exposure to new technologies and skills due to time spent out of the paid labour force in order to carry out caregiving responsibilities can also lead to a lack of confidence in using digital devices. Older women also tend to be less financially literate than men.¹⁵ These education gaps create challenges for older women to be socially included, independent and able to enjoy access to services.

20. Moreover, older women face barriers in the areas of education, training and lifelong learning, such as accessibility, insufficient digital infrastructure and skills, affordability, age limits for enrolment or having to balance caregiving responsibilities. Their ability to take advantage of lifelong learning opportunities is also limited by gender educational gaps accumulated over life. This is further aggravated by ageist attitudes, for example as employers often regard older women “as non-profitable investments for education and vocational training”.¹⁶

B. Income security, social protection and property rights

21. Many older women undertake significant amounts of paid and unpaid work because of economic necessity and caregiving expectations and needs, and to avoid dependency and remain active and connected. At the global level, 13.2 per cent of women over the age of 65 participated in the labour force compared with 28.2 per cent of men in 2019. In low-income countries, this increased to 33.4 per cent of women and 56.4 per cent of men.¹⁷ Working in older age has both advantages and disadvantages for older women. On the one hand, it increases financial independence, provides a sense of fulfilment and status within a household and can have cognitive advantages. On the other hand, work can negatively affect the physical and mental health of older women owing to poor working conditions, exposure to discrimination and abuse, and the stress of multiple responsibilities at work and at home.

22. Older age aggravates gender-based discrimination and inequality in the labour market. In many countries, the gender pay gap persists and even increases with age, especially for women close to or after retirement age. For example, the gender pay gap is nearly 50 per cent for women over the age of 60 in Nepal and over 30 per cent in Portugal.¹⁸

¹³ United Nations Educational, Scientific and Cultural Organization Institute for Statistics, Fact Sheet No. 45 (September 2017).

¹⁴ Organisation for Economic Co-operation and Development (OECD), “Bridging the digital gender divide: include, upskill, innovate” (Paris, 2018); see also Annapurna Ayyappan and Samah Shalaby, United Nations Educational, Scientific and Cultural Organization Institute for Lifelong Learning, “The gender digital divide: increasing women’s participation in digital learning”, 8 March 2021.

¹⁵ Submission by HelpAge International.

¹⁶ Committee on the Elimination of Discrimination against Women, general recommendation No. 27 (2010), para 19.

¹⁷ International Labour Organization (ILO), dataset on labour force participation rate by sex and age. Available at: <https://ilostat.ilo.org/data>.

¹⁸ ILO, *Global Wage Report 2018/19: What Lies Behind Gender Pay Gaps* (Geneva, 2018), figure 35, pp. 82–85.

23. Discrimination in hiring is often reported, with older women being perceived as less capable and active. Older women tend to work in part-time, precarious and informal jobs, which were particularly affected during the COVID-19 pandemic. Finding stable work can be especially challenging for older women trying to re-enter the labour market after care-related interruptions in employment.¹⁹ Some countries have taken steps to encourage companies to hire and train older workers by offering tax exemptions and other incentives. Croatia, for example, implements a programme to employ women facing difficulties finding work, including women over the age of 50, to provide home-based support and care to older persons mainly in rural and remote areas.²⁰

24. Worldwide, older women are much more likely than older men to provide care to their partners, grandchildren and relatives and to reduce or quit their employment before reaching retirement age for this reason. More older women also tend to live in skipped-generation households in which grandparents live with grandchildren without the middle generation. One reason is the migration of young women for work while leaving their children in the care of grandparents, for example in some countries in South-East Asia.²¹ In Africa, grandmothers play a significant role in caring for grandchildren orphaned as a result of the HIV/AIDS crisis.²² Such responsibilities can strain the already limited resources and incomes of older women, especially when they are the only providers for children in situations in which social protection systems are inadequate.

25. The cumulative disadvantages of lower labour force participation, the gender pay gap, interrupted employment patterns due to caregiving, and part-time, precarious and informal work create challenges for women to contribute to pension insurance and eventually result in lower pensions for women.

26. In the European Union, for example, the average gender pension gap is estimated to be 37.2 per cent (see [A/HRC/47/36/Add.1](#), para. 15), which is more than twice as high as the gender pay gap of 14.1 per cent.²³ Persisting discriminatory laws and practices with regard to women's pension rights aggravate the situation.²⁴ Lower pensionable ages for women reduce the length of time over which they can contribute, but still apply in about one third of the world's economies. For instance, more than half of the economies in the Middle East and North Africa have a retirement age for women that is at least five years less than it is for men.²⁵

27. Contributory pension systems are disproportionately unfavourable to women, and policies reinforcing the link between contributions and benefits exacerbate the situation. Private pension schemes can be even less accessible for women as they favour continuous, full-time and well-paid employment.²⁶ Older migrant women can be particularly disadvantaged as years of work in different countries and frequent

¹⁹ Submission by AGE Platform Europe; see also Economic Commission for Europe, "Gender equality in ageing societies", Policy Brief No. 23 (March 2020), p. 22.

²⁰ Submission by Croatia.

²¹ Submission by the International Longevity Centre Global Alliance Committee on Gender and Ageing.

²² Submissions by the Stephen Lewis Foundation and the Centre for Human Rights, University of Pretoria.

²³ See https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/equal-pay/gender-pay-gap-situation-eu_en#facts-and-figures.

²⁴ Frances Raday, *Economic Women, Gendering Inequality in the Age of Capital* (Routledge, 2019), pp. 107–108.

²⁵ World Bank Group, *Women, Business and the Law 2021* (Washington, D.C., 2021), p. 14.

²⁶ Submissions by Just Fair, the Women's Budget Group, Backto60 and the National Pensioners Convention (Women's Working Party).

engagement in low-paid, precarious and informal work may be either not recognized or insufficient to qualify for a State pension.²⁷

28. Excluding women from public pension insurance during caregiving periods in which no support services are available to reconcile childcare and work can amount to a violation of the right to social security in old age, as found in the case of a Moldovan woman who left employment to care for her daughter with severe disabilities for 20 years.²⁸ The same right was also violated in the case of an unpaid domestic worker in Ecuador whose pension was denied when five years of her voluntary contributions were unknowingly annulled because she was unable to make payments for six consecutive months, although she did pay them retroactively.²⁹ Both cases illustrate the indirect and intersectional dimensions of discrimination that many women face in relation to social protection owing to gendered caregiving roles and prejudicial contributory pension schemes.

29. The need to compensate periods of caregiving spent outside the workplace is gaining ground in some countries, notably through the introduction of care credits for pension accrual.³⁰ This is particularly important in the context of the COVID-19 pandemic as women provided the bulk of additional caregiving responsibilities at home, which widened gender gaps in labour participation and pay. Pension credits are mainly used to cover parental childcare but should be also extended to other forms of caregiving, including for older relatives.

30. Non-contributory pensions play an important role in ensuring women's access to an income in older age. Progress in extending pension coverage through non-contributory and universal pensions has been made, particularly in developing countries, which has helped in reducing gender gaps in pension coverage. However, the benefit levels of non-contributory pensions are often modest and not sufficient to cover basic needs or to compensate for the lack of contributory coverage.

31. Globally, one in three people above retirement age does not receive a pension, with significant disparities across regions and countries.³¹ Women represent 65 per cent of those without any regular pension.³² This has a severe impact on their income security and means that they have to rely on support from families or continue working in often precarious, informal and low-paid jobs.

32. The ability to acquire and control assets, including land, over the life course affects women's wealth accumulation and adequate standard of living in older age. Discriminatory marital property and inheritance regimes continue to disadvantage women, including in older age. In at least 37 countries, women and men do not have equal rights to inherit assets from their spouses.³³

33. Even when statutory laws recognize inheritance rights, older widows can be excluded because of customary rules, social and cultural norms and a lack of awareness about legal rights. This puts older widows, especially those without children, at risk of eviction and property grabbing, often leaving them destitute and homeless. Action against disinheritance or property grabbing has been taken, for

²⁷ Submission by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).

²⁸ Committee on the Elimination of Discrimination against Women, *Ciobanu v. Republic of Moldova*, communication No. 104/2016, views of 4 November 2019.

²⁹ Committee on Economic, Social and Cultural Rights, *Trujillo Calero v. Ecuador*, communication No. 10/2015, views of 26 March 2018.

³⁰ Submission by Make Mothers Matter.

³¹ ILO, *World Social Protection Report 2017–2019: Universal Social Protection to Achieve the Sustainable Development Goals* (Geneva, 2017), p. 79.

³² ILO, *Women at Work Trends 2016* (Geneva, 2016), p. 33.

³³ UN-Women, *Progress of the World's Women 2019–2020* (New York, 2019), chap. 4.

example in Kenya, Malawi, Mozambique and Zambia, by, inter alia, criminalizing the practice, establishing a special victim support unit within the police force, raising awareness and providing legal support.³⁴ In other contexts, older women are expected and pressured to waive their inheritance in favour of their children or a male family member. Legal action to counter this practice includes imposing conditions and a waiting period before a woman can legally waive her inheritance rights, as introduced in Jordan and the State of Palestine.³⁵

34. As a consequence of all these accumulated disadvantages, older women are more likely than men to live in poverty. Intersectional factors exacerbate the situation, as does being divorced, unmarried or widowed.³⁶ European Union figures for 2019 indicate that, above the age of 75, the risk of poverty or social exclusion is higher for women, at 23.3 per cent, compared with men, at 16 per cent, with vast disparities among countries ranging from 13.3 per cent in Luxembourg to 62.4 per cent in Bulgaria.³⁷

35. This means that access to safe and secure housing can be especially challenging for older women and can lead to further violations of human rights, including the rights to liberty and security of the person, independent living, privacy and health. Owing to limited income and savings, unequal access to property and assets and a lack of affordable community-based care services, older women can be at particular risk of losing their homes, being institutionalized or living in inappropriate and unsafe housing. Studies suggest that older women are less able to obtain access to mortgage credit³⁸ and are at a growing risk of homelessness that is invisible, as older women tend to “manage” by staying with family and friends or live in overcrowded dwellings.³⁹

C. Right to health

36. Factors accumulated during the life course, such as exclusion from social security and health insurance linked to formal employment as well as a lack of affordable and accessible health care, undermine the right of older women to meet their health-related needs. Moreover, women make up a significant proportion of the oldest age groups globally. That is why they have more interactions with the health-care system and higher long-term care needs and represent the majority of residents in care homes. They are also more affected by certain conditions such as dementia, Alzheimer’s disease, osteoporosis, depression and anxiety.

37. Despite living longer, older women rate their health more poorly than men, with loneliness, a lack of affordable health care and unmet medical needs cited among the reasons.⁴⁰ The COVID-19 pandemic increased risks of social isolation and mental health issues given that older women are more likely to live alone. Continued caregiving responsibilities may take a considerable toll on the physical and mental well-being of carers, including older women. In some cases, social and cultural

³⁴ Office of the United Nations High Commissioner for Human Rights (OHCHR) and UN-Women, *Realizing Women’s Rights to Land and Other Productive Resources* (New York and Geneva, 2020), p. 67.

³⁵ *Ibid.*, p. 58.

³⁶ Andrew Byrnes, “Poverty, older persons and human rights”, in *Research Handbook on Human Rights and Poverty*, Martha F. Davis, Morten Kjaerum and Amanda Lyons, eds. (Edward Elgar Publishing, 2021).

³⁷ See <https://ec.europa.eu/eurostat/web/income-and-living-conditions/data/database>.

³⁸ Finance Watch, “A wrinkle in the process: financial inclusion barriers in an ageing Europe” (2021), p. 38.

³⁹ Australian Human Rights Commission, “Older women’s risk of homelessness: exploring a growing problem”, background paper (April 2019).

⁴⁰ Submissions by Dobroe Delo, GRAVIS and the National Commission for the Promotion of Equality of Malta.

expectations that women will look after older relatives and family members with disabilities lead to reluctance to seek support from formal or informal care services. Increased longevity also means that older women increasingly provide care to their parents and relatives in the oldest age categories.

38. Age and gender biases compound challenges to meet health needs and mean that older women may be less likely to receive preventive care and treatment for certain conditions.⁴¹ As recognized by the Committee on the Elimination of Discrimination against Women, “post-menopausal, post-reproductive and other age-related and gender-specific physical and mental health conditions and diseases tend to be overlooked by research, academic studies, public policy and service provision”.⁴² Women, including older women, are underrepresented in clinical trials. Misconceptions that some conditions are predominantly “male” lead to a lack of knowledge and recognition of symptoms more common in women, incorrect and delayed diagnosis and gaps in preventive care. This is the case with cardiovascular disease, which is the leading cause of death for women globally, and its frequency significantly increases after menopause.⁴³

39. Dementia disproportionately affects women, but little research has been conducted directly involving women with dementia as participants and focusing on the gender issues associated with this condition.⁴⁴ The voices of women with dementia remain largely unheard, and more needs to be done to dispel misconceptions and stigma associated with dementia. This is of particular concern given the higher vulnerability of persons with dementia to denial of their basic rights and freedoms.

40. Although it is specifically recognized in the Beijing Platform for Action (para. 95), the issue of the sexual and reproductive rights of older persons remains marginal in health-related agendas as well as in policies on ageing.⁴⁵ Persistent taboos and misconceptions about sexuality in older age lead to gaps in policy and service provision, such as overlooking the continued risk of sexually transmitted infections. In some regions, older women appear to face significant barriers in access to information, testing and treatment for HIV/AIDS and are ignored in related educational campaigns.⁴⁶

41. In many countries, women are excluded from cervical cancer screening programmes past a certain age although research indicates that incidence and mortality remain high in older women.⁴⁷ Marginalized groups, such as women of African descent, women living in rural areas, those with low incomes and older women with disabilities, can be particularly disadvantaged in terms of access to cervical cancer screenings and gynaecological care.

42. This is also the case for lesbian, bisexual, transgender and intersex women, including older such women, who have lower rates of gynaecological check-ups. Owing to fears and previous experiences of discrimination and stigma, they may also feel pressure to conceal their sexual orientation, gender identity and sex

⁴¹ Joan Chrisler and others, “Ageism can be hazardous to women’s health: ageism, sexism, and stereotypes of older women in the healthcare system”, *Journal of Social Issues*, vol. 72, No. 1 (2016).

⁴² Committee on the Elimination of Discrimination against Women, general recommendation No. 27, para. 21.

⁴³ Mark Woodward, “Cardiovascular disease and the female disadvantage”, *International Journal of Environmental Research and Public Health*, vol. 16, No. 7 (2019).

⁴⁴ Submission by Alzheimers New Zealand.

⁴⁵ Isabella Aboderin, “Sexual and reproductive health and rights of older men and women: addressing a policy blind spot”, *Reproductive Health Matters*, vol. 22, No. 44 (2014).

⁴⁶ Submission by the Centre for Human Rights, University of Pretoria.

⁴⁷ Mary C. White and others, “Cervical cancer screening and incidence by age: unmet needs near and after the stopping age for screening”, *American Journal of Preventive Medicine*, vol. 53, No. 3 (2017).

characteristics from health-care providers and therefore delay seeking treatment and services. Studies indicate that older lesbian, bisexual, transgender and intersex women report higher levels of illness associated with poverty and age, such as obesity and diabetes, and are more likely to suffer from depression.⁴⁸

D. Autonomy and independence

43. Autonomy and independence are critical for a life in dignity, well-being and enjoyment of all human rights (see [A/HRC/30/43](#)). Gendered inequalities, discrimination and ageism impede the right of older women to make free and informed decisions about their lives, including in terms of living arrangements, family life, participation in the community, income and asset management and access to health and care services. Some older women describe being disempowered in family affairs, decisions about money and resources or even leaving their homes freely.⁴⁹ Moreover, requirements for independent living, such as personal assistance, access to adequate housing and mobility aids receive insufficient attention. Older women, including older women with disabilities, may face barriers in retaining and exercising their legal capacity owing to discriminatory inheritance and property laws or in cases of dementia and psychosocial disabilities (see [A/74/186](#), paras. 29–30).

E. Long-term care and support

44. As women tend to live longer and as functional ability tends to decline with age, they are more likely to need long-term care and support to maintain their autonomy and independence. In the European Union, for example, 33 per cent of women aged 65 and over need long-term care compared with 19 per cent of older men.⁵⁰ Globally, however, long-term care is neglected in national policies and laws.⁵¹ In 2020, 49 per cent of countries reported having a national policy on long-term care, but there are large disparities between world regions.⁵²

45. This has a double impact on women as they are the principal care providers and the main care recipients in older age. Already disadvantaged in terms of income and assets, older women may find it particularly hard to pay for long-term care and support in the absence of publicly funded programmes. The accessibility and quality of care and support have been further weakened as a result of some of the measures taken to contain the COVID-19 pandemic. With respect to palliative care, some studies suggest that women experience a gender bias in pain management and do not have the same end-of-life choices as men.⁵³

46. In many countries, the family is considered responsible for the well-being of its older members, and for many older persons family care is the preferred or only option. Care models relying solely on families, however, place a disproportionate burden on women and may limit their choice of living and care arrangements. Furthermore, they are increasingly unsustainable as demographic and mobility trends mean that families are becoming smaller and more likely to live apart.⁵⁴ Families may also not have the

⁴⁸ Submissions by SAGE and ILGA World.

⁴⁹ HelpAge International, “Freedom to decide for ourselves: what older people say about their rights to autonomy and independence, long-term care and palliative care” (London, 2018).

⁵⁰ European Commission, *Long-term Care Report: Trends, Challenges and Opportunities in an Ageing Society* (2021).

⁵¹ Xenia Scheil-Adlung, “Long-term care protection for older persons: a review of coverage deficits in 46 countries”, ILO Extension of Social Security series, Working Paper No. 50 (Geneva, 2015).

⁵² WHO, *Decade of Healthy Ageing: Baseline Report* (Geneva, 2020), p. 86.

⁵³ Merryn Gott and others, “Gender and palliative care: a call to arms”, *Palliative Care and Social Practice*, vol. 14 (2020).

⁵⁴ UN-Women, *Progress of the World's Women 2019–2020*, chap. 5.7.

means and guidance needed to provide appropriate care. Some initiatives aim to address the gendered inequality in reconciling care responsibilities with work life, such as the European Union directive on the work-life balance for parents and carers, which provides for paid leave for working carers supporting a relative or a person living in the same household, paid paternity leave, at least two months of non-transferable parental leave for both parents and the right to flexible working arrangements for workers with family responsibilities.⁵⁵

47. In some contexts, the lack of adequate and affordable home and community-based care services may mean that there is no alternative other than to move to care homes, where older women are the majority of residents and where choices over care, life and daily routines may be limited. Older women with disabilities are more likely to be institutionalized, also owing to a lack of support and financial resources to live in the community.⁵⁶

48. Many older lesbian, bisexual, transgender and intersex women report social isolation, loneliness and a feeling that they have no one to rely on for care as they age. Moving to care homes brings anxiety over losing their identity and facing stigma if they reveal their sexual orientation, gender identity and sex characteristics, particularly for older transgender women who may be at risk of more extreme experiences of discrimination and abuse. Staff in care homes are often not trained or sensitive to the specific health-care needs of older lesbian, bisexual, transgender and intersex women, while such settings generally remain heavily heteronormative and in some contexts even hostile to lesbian, gay, bisexual, transgender and intersex individuals, with cases of violence and abuse reported.⁵⁷

F. Violence, abuse and neglect

49. Economic insecurity, challenges in access to quality and affordable health and care services, limited autonomy and independence and other disadvantages mean that older women are at greater risk of violence, abuse and neglect. How the intersection between age and gender compounds and affects risk factors, types of perpetrators, forms and impacts of violence, abuse and neglect is, however, insufficiently understood and researched. For instance, some theoretical approaches to elder abuse focus on pressure on caregivers, whether in private or institutional settings, rather than on gendered power imbalances as factors behind violence, abuse and neglect of older persons.

50. Laws, policies and awareness-raising campaigns on elder abuse often do not integrate a gender perspective and, vice versa, there is little indication that campaigns on violence against women consider the specific risks and disadvantages faced by women in older age. In both cases, brief references to “gender” and “age” are mostly made when listing compounding intersectional factors. The specific experiences of older women therefore remain largely invisible and unaddressed. This is compounded by the scarcity of gender-disaggregated data on the prevalence of violence, abuse and neglect of older persons, which limits the possibility of revealing differentiated violence and abuse patterns. The World Health Organization estimates that, in the past year, one in six people over the age of 60 experienced abuse in community settings and that two thirds of staff in care institutions reported having committed abuse. The incidence increased during the COVID-19 pandemic.⁵⁸

⁵⁵ Directive (EU) 2019/1158 of the European Parliament and of the Council of the European Union of 20 June 2019.

⁵⁶ Submission by Women Enabled International.

⁵⁷ Submissions by Germany, ILGA World and SAGE.

⁵⁸ See www.who.int/news-room/fact-sheets/detail/elder-abuse.

51. Data on violence against women are mainly available with respect to intimate partner violence and sexual violence. Most surveys are limited to the 15–49 age range, resulting in a significant gap with regard to the experiences of women above the age of 50. For example, in the 2018 global estimates on intimate partner violence and non-partner sexual violence published by the World Health Organization, less than 10 per cent of eligible data included women aged 50 and older. Moreover, these data are mainly from high-income countries, where prevalence rates are comparatively lower.⁵⁹ Overall findings indicating that the prevalence of these forms of violence declines with age may be misleading given the data limitations and underreporting of such cases.

52. Intimate partner violence in later age is often a continuation of abuse lasting many years or even decades. The power and control dynamics in such abusive relationships are also likely to be exacerbated with age owing to accumulated inequalities or new age-related care needs. These elements can result in greater risk of harm and escalation of violence and abuse.

53. Sexual violence against older women has long been hidden because of pervasive taboos and stereotypes and is believed to be significantly underreported. The limited studies on the topic show that the perpetrators are predominantly men, most commonly an intimate partner, a family member or a caregiver. Older women with cognitive impairments or physical care needs appear to be particularly at risk, while their ability to express consent and resist coercion can be more limited. The consequences of sexual violence against older women are often devastating and include serious bodily injury, severe emotional trauma, long-term health problems, loss of independence, moving to a care facility and accelerated death.⁶⁰

54. Information shared with the Independent Expert also shows that older women face diverse forms of violence and abuse, with emotional, financial and material, physical and sexual abuse as well as neglect regularly cited. In a significant number of cases, adult children are reported to be the perpetrators. One of the few prevalence studies specifically addressing domestic abuse and violence against older women conducted in five European countries found that 28.1 per cent of women reported experiencing violence or abuse, most commonly emotional abuse, followed by financial abuse.⁶¹

55. The prevalence of violence, abuse and neglect is estimated to be higher in institutional settings, where women often form the majority of residents. The way gender shapes related risks, forms and consequences has not been sufficiently explored. Abuse and neglect in care homes have been documented in many countries, including during the COVID-19 pandemic. Concerns were raised, for example, about the overmedication of residents, especially those with dementia, and the administration of antipsychotic drugs without free and informed consent to “manage” residents in care homes with inadequate staff numbers and training.⁶²

⁵⁹ WHO, *Violence against Women Prevalence Estimates, 2018: Global, Regional and National Prevalence Estimates for Intimate Partner Violence against Women and Global and Regional Prevalence Estimates for Non-partner Sexual Violence against Women* (Geneva, 2021) p. 22.

⁶⁰ Submission by the Castan Centre for Human Rights Law; see also Ruthy Lowenstein Lazar, “Me too? The invisible older victims of sexual violence”, *Michigan Journal of Gender and Law*, vol. 26, No. 2 (2020).

⁶¹ See https://ec.europa.eu/justice/grants/results/daphne-toolkit/content/prevalence-study-abuse-and-violence-against-older-women-avow-1_en.

⁶² Submission by Human Rights Watch.

56. Gender-related killings, or femicides, are the most extreme form of violence against women.⁶³ The limited available research and data on femicides of older women suggest that there are differences in the characteristics, circumstances and criminal justice responses compared with cases involving younger women.⁶⁴ Intimate partners are still the most common perpetrators, but killings by strangers and (primarily male) adult children appear to be more frequent.

57. Older women, especially widows with no children or grandchildren, are at a higher risk of violence, torture, killing and banishment from their homes and communities as a result of accusations related to witchcraft, a practice documented in some countries in Africa, Asia and the Pacific.⁶⁵ Accusations can follow what appear to be unexplained events and deaths, particularly of male spouses, be motivated by a desire to seize the woman's property and inheritance or be used as an explanation for undiagnosed dementia and other cognitive conditions, as found during visits to Mozambique and Namibia (see [A/HRC/42/43/Add.2](#) and [A/HRC/36/48/Add.2](#)).

58. Dependence on others for care, medicines, mobility, housing, food, financial and any other support often prevents older women from speaking out and seeking help. They may also feel embarrassment, self-blame and shame and may not recognize what has happened to them as a violation of their rights. They may remain in abusive relationships because of social expectations and beliefs, as well as pressure to care for an ageing partner or to not leave a long-lasting relationship.

59. The lack of accessible and adequate support and protection further discourages reporting as existing protective mechanisms are often not responsive to the needs of older women. For example, shelters may not be able to accommodate older women with bathing, dressing, mobility and other care needs, while social workers, caregivers and the police are not sufficiently sensitized and trained to recognize, respond and cooperate in cases involving older women. Some encouraging practices have been reported, such as the establishment of specialized agencies, programmes and protocols dedicated to provide support, legal advice, referrals to services and in some cases the competence to conduct preliminary investigations, for example in Argentina, Chile and Mexico.⁶⁶ Elsewhere, there are projects whose objective is to improve prevention and responses and develop a multi-agency model to help to protect and support older women at high risk of abuse.⁶⁷

60. Even when violence, abuse and neglect of older women are reported, they can be met with disbelief and scepticism because of ageist and sexist assumptions. As an example, one study points to lighter sentences for femicides of older women, with a number of cases being labelled as “mercy killings” by the media, police and defence teams. While this reflects the perpetrator's narrative that the killing was motivated by relieving suffering, it can obscure the reality lived by the woman, including potential long-standing abuse.⁶⁸ In addition, older women with memory problems and other cognitive issues can face barriers to being considered credible witnesses. Additional evidence and witnesses may therefore be required for legal cases to succeed, and these can be difficult to obtain, with the result that low numbers of legal cases are brought

⁶³ The Special Rapporteur on violence against women, its causes and consequences called for the establishment of national femicide watches and systematic data collection (see [A/71/398](#)).

⁶⁴ Myrna Dawson, “Patterns in femicide of older women in Ontario, Canada, 1974–2012”, in *Femicide*, vol. 8 (Academic Council on the United Nations System Vienna Liaison Office, 2017).

⁶⁵ Beliefs and practices relating to witchcraft are diverse and not easily defined. For a more comprehensive discussion, see [A/HRC/37/57/Add.2](#); [A/HRC/41/33](#), para. 28; and [A/HRC/23/49/Add.2](#).

⁶⁶ Submissions by the Public Prosecution Service of the Autonomous City of Buenos Aires, Chile and the Human Rights Commission of Mexico City.

⁶⁷ See, for example, www.work-with-perpetrators.eu/projects/marvow.

⁶⁸ See the 2009–2018 femicide census of the United Kingdom of Great Britain and Northern Ireland.

and convictions obtained. All these factors create significant challenges for older women in obtaining access to justice in cases of violence and abuse.

G. Conflict and emergency contexts

61. A report by the previous mandate holder found that older persons are disproportionately affected in emergency situations (see [A/HRC/42/43](#)). Conflicts, natural disasters, pandemics and other emergencies often cause considerable hardships for women and girls, such as increased sexual and gender-based violence, insecurity, unavailable or inadequate health-care services and additional care, domestic and livelihood responsibilities. For example, in emergencies brought on by climate change impacts, older women might be viewed as a burden and therefore be vulnerable to abuse and neglect (see [A/HRC/47/46](#), para. 36). The specific risks and impacts for older women are, however, generally invisible. This has also been illustrated throughout the COVID-19 pandemic as data disaggregated by sex and age have mostly been missing, for example in reports on long-term care, as well as in analyses of impacts on older persons.

62. In armed conflicts, older women have been victims of serious human rights violations, such as arbitrary detention, torture, inhuman and degrading treatment, sexual violence and arbitrary killings.⁶⁹ Older women, and older women with disabilities in particular, may be unable to flee violence owing to limited mobility and difficulties in undertaking long and unsafe journeys. As a result, older persons, including women, have died when their homes and villages were attacked by State and non-State forces.

63. Owing to deep ties to their homes and lands, older persons are also more likely to stay behind, including in areas outside the control of the State. This can translate into a heightened risk of abuse, violence and deprivation. In some cases, women, including older women, reported being threatened not to undertake livelihood activities outside their homes, which severely restricted their access to food.⁷⁰

64. Humanitarian emergencies, including situations of forced displacement, put a particular strain on older women, many of whom find themselves living alone, with no income, access to food or health care, and responsibilities to care for others.⁷¹ In such contexts, older women have to depend on others to fulfil their basic needs; this also places them at heightened risks of violence, exploitation and abuse. Limited literacy and gendered expectations of their social roles can make it difficult for older women to have access to information, assistance and services, apply for documents and participate in community activities. This is frequently coupled with a degradation of support systems in emergency situations, including health care and pensions, as well as the breakdown of traditional family structures. In Georgia, for example, older women account for the majority of displaced persons and are at particular risk of poverty and marginalization (see [A/HRC/39/50/Add.1](#), para. 46).

⁶⁹ Submission by Human Rights Watch.

⁷⁰ Amnesty International, *My Heart is in Pain: Older People's Experience of Conflict, Displacement, and Detention in Northeast Nigeria* (London, 2020).

⁷¹ HelpAge International, "If not now, when? Keeping promises to older people affected by humanitarian crises" (London, 2020).

IV. Promoting and protecting the rights of older women

A. Legal and policy frameworks

65. The international human rights framework provides important guarantees and protections for the rights of older women, which are more concretely elaborated compared with those pertaining to older persons in general. While there is no international instrument dedicated to older persons, the Convention on the Elimination of All Forms of Discrimination against Women enshrines rights and protection from discrimination of all women regardless of age. Where discrimination based on sex and gender is aggravated and compounded by other factors, including age, States are required to legally recognize and prohibit such intersecting forms of discrimination.⁷² The Convention includes a specific reference to old age in relation to the right to social security (art. 11 (1) (e)).

66. The Committee on the Elimination of Discrimination against Women is the human rights treaty body that has most consistently addressed issues relating to older persons, with an obvious focus on older women.⁷³ In its general recommendation No. 27 (2010) on older women and the protection of their human rights, the Committee outlines the multiple and multidimensional inequalities and discrimination in older age, including the fact that these are neither adequately covered in data collection nor sufficiently addressed by States parties. A number of other general recommendations also refer to older age as a factor shaping the experiences of women, for example with respect to gender-based violence, gender-related dimensions of disaster risk reduction in the context of climate change and the rights of rural women.⁷⁴

67. Furthermore, the Committee examines State party practices in relation to the situation of older women through existing reporting mechanisms, for example on gender-based violence, age-disaggregated data or adequate social protection and pensions. That said, the consideration of specific concerns of older women is not systematic, and references to older age are often listed among a number of intersecting factors requiring attention. Of the 23 lists of issues and questions on State party reports or lists of issues and questions prior to reporting adopted by the Committee between January 2020 and March 2021, only 10 contained specific references to older women, mostly combined with other disadvantaged or marginalized groups. Similarly, in concluding observations and recommendations, references focusing only on older women appear to be limited.⁷⁵

68. Attention to older women by other international human rights mechanisms is more restricted. The Committee on Economic, Social and Cultural Rights has mostly considered older persons in general but has also recognized that age can lead to multiple and compounded discrimination in the enjoyment of economic, social and cultural rights by women and reiterated the requirement for equality in retirement ages, pension schemes and marital property and inheritance rights.⁷⁶ Nevertheless, the specific needs of and challenges encountered by older women are not widely

⁷² Committee on the Elimination of Discrimination against Women, general comment No. 28 (2010), para. 18.

⁷³ OHCHR, “Update to the 2012 analytical outcome study on the normative standards in international human rights law in relation to older persons”, working paper (March 2021).

⁷⁴ Submission by the Committee on the Elimination of Discrimination against Women.

⁷⁵ With respect, for example, to gender-based violence and the right to education, training and lifelong learning, see OHCHR, “Update to the 2012 analytical outcome study on the normative standards in international human rights law in relation to older persons”, paras. 125 and 176.

⁷⁶ Committee on Economic, Social and Cultural Rights, general comment No. 16 (2005), paras. 5, 26 and 27.

considered in some thematic areas, for example in guidance on the right to sexual and reproductive health.⁷⁷ The Convention on the Rights of Persons with Disabilities requires States to adopt age- and gender-sensitive measures, which is particularly relevant for older women with disabilities.⁷⁸ The Committee against Torture has expressed concerns about the negative impacts of accusations related to witchcraft on older women.⁷⁹ In the past decade, only two decisions on individual complaints related to the rights of older women appear to have been adopted (see para. 28 above). In 2019, the Human Rights Council convened a panel discussion on the rights of older women and their economic empowerment (see [A/HRC/44/36](#)).

69. In practice, therefore, the wide spectrum of experiences and concerns affecting older women is not visible enough in the international human rights system to tackle structural disadvantages and discrimination at the intersection between gender and older age. This has to do with the already busy agendas of existing international human rights treaty bodies, but also with the fragmented and inconsistent coverage of the rights of older persons in the international human rights framework, which does not sufficiently protect the human rights of older persons, including older women.

70. International non-binding policy initiatives are not sufficient to cover these gaps but they direct attention to these concerns and to the challenges faced by older women. The Beijing Declaration and Platform for Action recognizes the impact of age discrimination and contains recommendations for actions in specific areas affecting older women. Nonetheless, older women remain largely invisible in review processes and discussions.⁸⁰ The 25-year review and appraisal of the implementation of the Beijing Declaration and Platform for Action mainly referred to older women in relation to social protection, pensions and the sustainability of long-term care systems, while noting the lack of data and information on violence and associated support services (see [E/CN.6/2020/3](#)). The Madrid International Plan of Action on Ageing recognized the need for gender mainstreaming and included a number of recommendations for action focused on women. The most recent completed review cycle, however, identified only a few measures taken by States with specific attention to older women (see [E/CN.5/2017/6](#)).

71. At the regional level, three legal instruments elaborate State obligations on gender equality, and particularly on violence against women. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa enshrines the rights of widows (arts. 20 and 21.1) and special protection of older women (art. 22). Without explicitly referring to older women, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence covers intergenerational elder abuse and applies to older women, including the responsibility to put in place adequate preventive measures.⁸¹ Under the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, States parties have obligations to take measures that take into account the heightened vulnerability to violence of certain groups, including older women (art. 9).

72. Regional instruments on the rights of older persons can also reinforce and complement protections of the rights of older women. Gender equity and equality and

⁷⁷ Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016).

⁷⁸ The Committee on the Rights of Persons with Disabilities specifically addressed the application of the Convention on the Rights of Persons with Disabilities to women and girls with disabilities in its general comment No. 3 (2016).

⁷⁹ OHCHR, "Update to the 2012 analytical outcome study on the normative standards in international human rights law in relation to older persons", para. 81.

⁸⁰ OHCHR, "Beijing+20 review: 'Older women must not remain invisible' – UN expert urges all Governments", 12 March 2015.

⁸¹ Council of Europe, Explanatory Report to the Council of Europe Convention on preventing and combating violence against women and domestic violence (2011), paras. 42 and 87.

the life-course approach are among the general principles framing the Inter-American Convention on Protecting the Human Rights of Older Persons, and a gender perspective should specifically be taken into account with respect to the elimination of violence, long-term care, eradication of illiteracy and the right to property. The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa, yet to enter into force, contains specific provisions on the protection of older women (art. 9) as well as obligations to eliminate harmful practices, including witchcraft accusations (art. 8).

73. At the national level, States have the responsibility to take measures to protect and fulfil the human rights of older women in compliance with international and regional standards. A number of positive examples of national action are mentioned throughout the report.

B. Participation, contribution and agency of older women

74. Older women themselves are the best advocates for their needs, concerns and rights. It is vital to respect, protect and fulfil older women's participation rights in line with international human rights law and to create meaningful opportunities for their inclusion in all relevant policy dialogues. This comprises steps to ensure access to information on legislation, policies and services.

75. Making the perspectives of older women visible and recognizing their essential contribution to society also helps to combat harmful and prejudicial gender stereotyping as required under international human rights law. Older women in leadership positions in politics, business, culture, civil society, academia and other sectors offer powerful examples to challenge persisting and patronising perceptions of passivity and dependence in later age coupled with assumptions about the traditional family-based caring roles of grandmothers. On the contrary, some women view older age as an opportunity for activism and volunteering. Activist organizations such as Raging Grannies and Knitting Nannas have aptly subverted stereotypes around old age to draw attention to social justice issues and the protection of the environment, respectively.

76. National human rights institutions, civil society, professional associations, academia and other stakeholders also play a significant role in advancing the rights of older women on a number of fronts. Examples shared with the Independent Expert include a wide range of activities such as improving the lives of older lesbian, gay, bisexual, transgender and intersex persons, promoting greater geriatric education for medical trainees to better communicate with and care for older women,⁸² examining and promoting financial security among older women in East and South-East Asia or undertaking research and raising awareness about treatment and coping with symptoms of menopause at work.⁸³

77. Many submissions shared with the Independent Expert emphasize the intergenerational role of older women as well as their extraordinary resilience in supporting and caring for others while dealing with economic adversity and inadequate social protection. In sub-Saharan Africa, for example, older women have been instrumental in responding to the HIV/AIDS crisis by providing financial, physical and emotional support to orphaned grandchildren and sick family members. Transregional initiatives, such as the Grandmothers to Grandmothers Campaign, proved to be powerful tools of support, advocacy and change in this context.⁸⁴

⁸² Submission by International Longevity Centre Canada.

⁸³ Submission by the International Longevity Centre Global Alliance Committee on Gender and Ageing.

⁸⁴ Submission by the Stephen Lewis Foundation.

78. In emergency settings, older women often provide intergenerational support and caregiving while also contributing to household income. Moreover, they play important roles in peacebuilding and conflict resolution as carriers of pre-conflict narratives and experiences of shared living, countering extremist nationalist tendencies, preventing radicalization and acting as repositories of knowledge about community dynamics.⁸⁵

V. Conclusions and recommendations

79. **The feminization of ageing has important implications for gender equality as well as for the rights of older persons. Not only do women constitute the majority of older persons but the proportion of older women in the global female population will also increase. The vital contributions, experiences and concerns of older women, however, remain largely invisible and disregarded.**

80. **The intersection between discrimination based on age and gender produces unique forms of inequality, including negative stereotypes that combine ageism and sexism. Too often, older women are expected to provide unpaid care work to others, before being perceived as unproductive and a burden when requiring care themselves. The policy neglect of long-term care services that promote autonomy and independence thereby becomes a gender issue that requires urgent attention.**

81. **Disadvantages accumulated over the life course result in women reaching older age with lower levels of education and learning opportunities, fewer savings, assets and property, and lower or no pensions. This significantly impedes their enjoyment of rights such as the rights to an adequate standard of living, social protection and the highest attainable standard of health, especially as women are likely to live longer than men while lacking the necessary resources and support to meet their evolving needs. Instead, many older women have to rely on others for basic needs, resulting in limited independence and autonomy as well as heightened exposure to the risk of violence, abuse and neglect. Eliminating gender inequality and discrimination at all stages of the life course, from childhood to later life, is essential for current and future generations of older women to live in dignity and be able to enjoy their human rights.**

82. **The COVID-19 pandemic has exacerbated existing inequalities, with particularly negative impacts on social exclusion, loneliness and widespread mental health issues among older women. Certain factors have a further aggravating impact, such as marital status, living in rural and remote areas, living with a disability, poverty, sexual orientation and gender identity, migrant status or being of African descent.**

83. **The international human rights and policy frameworks provide important guarantees and tools for the promotion and protection of women's rights. Nonetheless, specific concerns and challenges faced by older women are not made sufficiently visible in current reporting and monitoring mechanisms. Certain issues of particular importance to older women, such as long-term care and support, palliative care, independence and autonomy, legal capacity, specific forms of violence and abuse, access to education and lifelong learning or negative gender stereotyping in older age, are largely overlooked. The Independent Expert reiterates that this may be explained by the lack of a comprehensive and**

⁸⁵ Bela Kapur, "Older women in emergency crises: vulnerabilities, capacities and opportunities", paper presented at the expert group meeting on older persons in emergency crises, New York, 15–17 May 2019.

integrated international legal instrument to promote and protect the rights and dignity of older persons.

84. The Independent Expert recommends that States:

(a) Fulfil their obligations to eliminate discrimination against women and to respect, protect and fulfil their human rights throughout the life course, taking an intersectoral approach to effectively address multiple and aggravated forms of discrimination. To this end, national policies and strategies on gender equality and domestic violence should mainstream an ageing perspective and be updated and implemented in line with general recommendation No. 27 (2010) of the Committee on the Elimination of Discrimination against Women;

(b) Mainstream a gender perspective into all legislation, policies and action plans related to ageing and older persons, including specific measures and indicators to address the differentiated challenges and needs of older women;

(c) Ensure the systematic, meaningful and effective participation of older women in policy dialogues as well as in political, civil, economic, social and cultural life;

(d) Develop and implement measures to combat gendered ageism and stereotypes, including by recognizing and increasing awareness about the varied and active roles and contributions of older women, for example through dedicated campaigns, support for organizations of older women and intergenerational initiatives;

(e) Systematically collect and disaggregate data by age, gender and other sociodemographic variables to capture the lived realities of older women and to inform evidence-based policies and measures across thematic areas; and review data collection methodologies to ensure that no one is excluded from surveys, such as those on violence against women or specific categories of women, including residents in care homes, older migrant women and older women with disabilities. Age cohorts for data collection need to be granular enough to reflect the difference in experiences at different stages of later life;

(f) Adopt measures to mitigate gendered education and skills gaps in later life, with a specific focus on digital skills, accessibility and affordability. Information about legal rights, entitlements and services must be made available in accessible and appropriate formats so that all older women can claim their rights and make free and informed decisions about their lives;

(g) Design targeted programmes to empower and train older women and build and update skills that enable them to gain access to the labour market, including secure and well-paid jobs. The work of older women providing unpaid care should be recognized through access to social and economic benefits and support such as childcare benefits, counselling and respite care;

(h) Undertake gender-responsive pension reforms, notably by enacting non-contributory and universal schemes, repealing discriminatory provisions and practices, introducing adequate contribution credits to compensate for periods of unpaid care work and regularly adjusting benefit levels. Entitlements under non-contributory pensions need to be set high enough to keep older women out of poverty and ensure an adequate standard of living, including in terms of housing;

(i) Remove discriminatory property and inheritance laws and customary practices that disadvantage older women and adopt robust preventive and protection measures, for example in relation to land grabbing;

(j) Ensure the provision of non-discriminatory, accessible and affordable quality health care, including with respect to mental health, cognitive impairments, sexual and reproductive health, menopausal and post-menopausal symptoms and preventive care, especially for marginalized groups of older women and those living in rural and remote areas. Health-care workers should be trained and sensitized in this regard;

(k) Invest in accessible, affordable, integrated and quality infrastructure for long-term and palliative care that is based on free and informed consent, privileges home and community-based services and reflects a gender perspective. Robust standards and safeguards must be in place to ensure the well-being, dignity and rights of older persons;

(l) Undertake and support more extensive data collection, research and analysis on older women's experiences of violence, abuse and neglect, including on motivations, circumstances, risk factors and other elements, in order to develop evidence-based prevention and protection measures; ensure that policies, measures and campaigns on violence against women consider the particular vulnerabilities, risks, protection needs and barriers to reporting and access to justice faced by older women; and develop coordinated prevention and response procedures as well as ensure appropriate training for social and care workers and law enforcement personnel to protect and support older women at risk of violence and abuse;

(m) Identify and integrate the specific needs and vulnerabilities of older women into the planning, response and recovery stages of emergency and humanitarian action as well as in climate change and disaster risk reduction measures; and ensure that reviews of responses to the COVID-19 pandemic analyse the differentiated impacts on older women so as to develop more effective preventive and preparedness strategies in the future;

(n) Provide detailed information about the specific position of older women and related measures taken in their reports to human rights treaty bodies and other mechanisms, including the universal periodic review, as well as in reviews under the Beijing Platform of Action and the Madrid International Plan of Action on Ageing;

(o) Accelerate work to close remaining gaps and shortcomings in the international human rights framework concerning the rights of older persons and pay particular attention to the intersection between gender and ageing within the Open-ended Working Group on Ageing for the purpose of strengthening protection of the human rights of older persons.

85. The Independent Expert calls on the United Nations system to place a more specific focus on older persons, including the intersection between discrimination based on age and gender as well as discrimination on other grounds, for example in monitoring progress against the Sustainable Development Goals and in driving change in reporting and data collection on violence and abuse against older women.

86. The Independent Expert recommends that civil society organizations and national human rights institutions prioritize older persons, particularly older women, in order to make their human rights situation visible and to further the paradigm shift from viewing older persons as beneficiaries of social welfare to viewing them as rights holders.