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Quarterly Bulletin of the Vienna NGO Committee on the Family

June 2019, No. 110
Deadline for contributions: 31.08. 2019

Vienna NGO Committee on the Family
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Dear Readers of Families International,

At an International Forum, organised by the Vienna NGO Committee on the Family and held at the United Nations Vienna International Centre to observe the United Nations International Day of Families (IDF), in May 2019, Dr. Ehab Salah from the United Nations Office on Drugs and Crime (UNODC) addressed the global situation on HIV/AIDS. Dr. Salah emphasised the stigma, criminalization and discrimination entailed, as well as strategies to end this epidemic, including the role of NGOs. In this 110th issue of Families International, you can find the presentation material.

Further included is a background note, prepared by the United Nations Focal Point on the Family in New York, on 'Families and Climate Action' for the IDF 2019. Also included is a text from UNESCO presenting a study focusing on school bullying in Thailand, based on sexual orientation and gender identity.

Two member organisations of the Vienna NGO Committee on the Family also provide contributions for this issue: The *International Federation for Family Development's* articles deal with care for older persons, especially by family caregivers, and with achievements and future efforts regarding gender equality. *Make Mothers Matter's* contribution deals with various 'Activities of their organisation to Promote Mothers' Role and Rights'. Finally, a list of recent and upcoming events is also included.

Sincerely,

Isabella Nening, M.A.

Deputy Editor

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From the Vienna NGO Committee on the Family

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UNITED NATIONS
VIENNA INTERNATIONAL CENTRE

Monday May 6th 2019

CONFERENCE ROOM CO237

UNITED NATIONS

INTERNATIONAL DAY OF FAMILIES 2019

INTERNATIONAL FORUM

13.00 – 15.00

[Including Discussion with Presenter & Participants]

“The fight against HIV/AIDS –

What we have achieved and what still needs to be done (aligned to the SDGs in particular target 3.3 to end AIDS by 2030 and the [UNAIDS Fast-Track Strategy 2016-2021](#) that calls for a 75 per cent reduction of new HIV infections)”.

Dr. Ehab Salah

[Advisor, HIV/AIDS Section, United Nations Office on Drugs and Crime (UNODC)]

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Deputy Secretary: Dr. Peter Crowley, International Council of Psychologists
Treasurer: Alexandra Lugert, European Union of Women
Board Members:
Prof. Dr. Wolfgang Mazal, University of Vienna, Gerald Williams LDS Charities,
Dr. Maria Riehl, Women’s Federation for World Peace, Dr. Eleonora Teixeira
Da Costa Rossoll, Federation of Catholic Family Associations

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Dr. Ehab Salah, Prisons and HIV Advisor, HIV/AIDS Section, United Nations Office on Drugs and Crime (UNODC) Headquarters in Vienna. Ehab is a medical doctor with more than 20 years of hands on experience in communicable disease research, prevention and control. Prior to joining the HIV/AIDS Section in UNODC, Vienna, he was coordinating UNODC's HIV in Prisons Programme in Sub-Saharan Africa (2011 – 2014). Earlier, he was the HIV focal point in UNODC Regional Office for the Middle East and North Africa region (2007 - 2011).

Abstract:

The presentation addressed the global efforts to end the AIDS epidemic, in light of the Sustainable Development Goal 3 to ensure healthy lives and promote wellbeing for all at all ages, and its target 3.3 to end the AIDS epidemic by 2030. The presentation also highlighted the UNAIDS 2016 - 2021 strategy on the Fast-Track to end AIDS, aiming to reach people being left behind, to close the testing gap and protect the health of the millions of people living with HIV who are still not accessing treatment. While significant progress in ending the AIDS epidemic has been made in recent decades, the presentation also discussed persisting gaps and shortcomings of the response to HIV/AIDS, especially with regard to HIV key populations.

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Da Costa Rossoll, Federation of Catholic Family Associations



Vienna NGO Committee on the Family
Vienna International Center, 6 May 2019

Global Epidemiological Situation of HIV/AIDS
Achievements and Challenges

Ehab Salah
Prisons and HIV Adviser
HIV/AIDS Section
UNODC



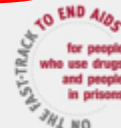
UNAIDS
CONVENING AGENCY



**HIV among
People who
Use Drugs**

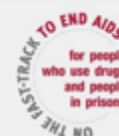


**HIV in
Prison
Settings**



UNODC's Support to Countries

- Promote **human rights and public health** based, **age and gender** responsive and **evidence informed** approaches
- Support to review, adapt, develop and implement **effective legislation, policies and strategies** including on alternative to imprisonment
- Develop and disseminate **guidance documents**
- Build **capacities** of government agencies, CSOs and other national partners



Number of people living with HIV

Total	36.9 million [31.1 million–43.9 million]
Adults	35.1 million [29.6 million–41.7 million]
Women (15+ years)	18.2 million [15.6 million–21.4 million]
Children (<15 years)	1.8 million [1.3 million–2.4 million]

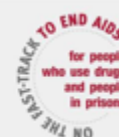
People newly infected with HIV in 2017

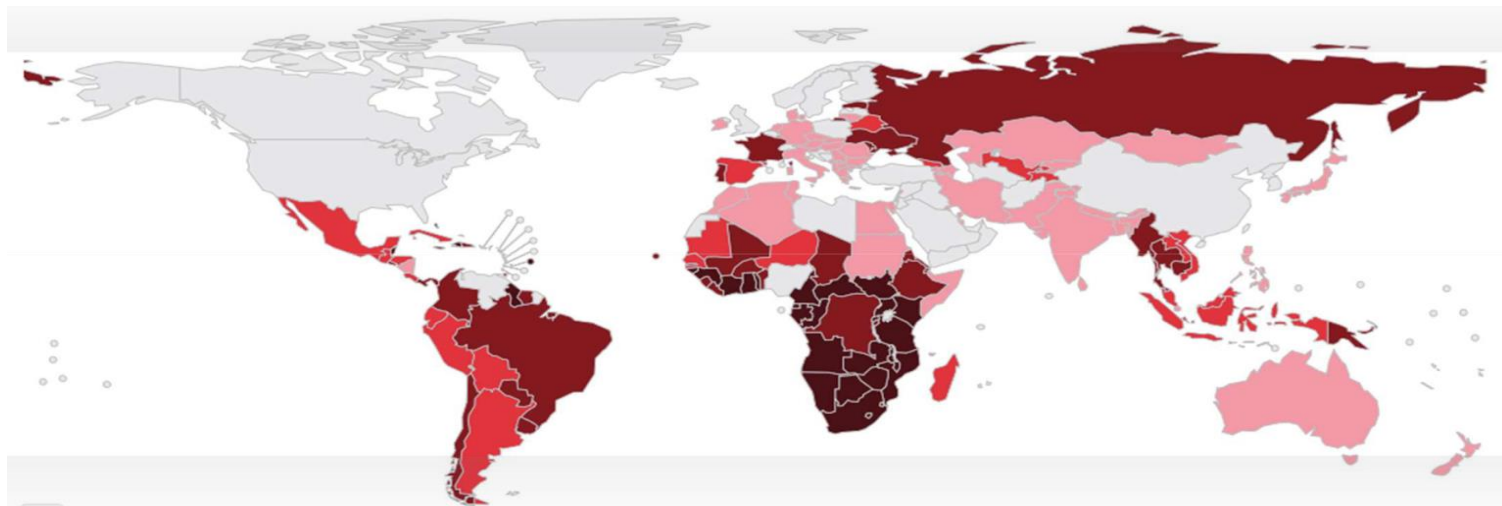
Total	1.8 million [1.4 million–2.4 million]
Adults	1.6 million [1.3 million–2.1 million]
Children (<15 years)	180 000 [110 000–260 000]

AIDS-related deaths in 2017

Total	940 000 [670 000–1.3 million]
Adults	830 000 [590 000–1.2 million]
Children (<15 years)	110 000 [63 000–160 000]

Source: UNAIDS Data 2018. http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf





2017



Source: UNAIDS (2017). Key population atlas. <http://aidsinfo.unaids.org>



36.9 million people are living with HIV around the

Rest of the world **7.8 million**

Thailand **0.4 million**

Indonesia **0.6 million**

Ethiopia **0.6 million**

Brazil **0.9 million**

Kenya **1.5 million**

Nigeria **3.1 million**

South Africa **7.2 million**

Dem. Rep. of the Congo **0.4 million**

Côte d'Ivoire **0.5 million**

Cameroon **0.5 million**

Malawi **1 million**

Zambia **1.1 million**

United Rep. of Tanzania **1.5 million**

Zimbabwe **1.3 million**

Uganda **1.3 million**

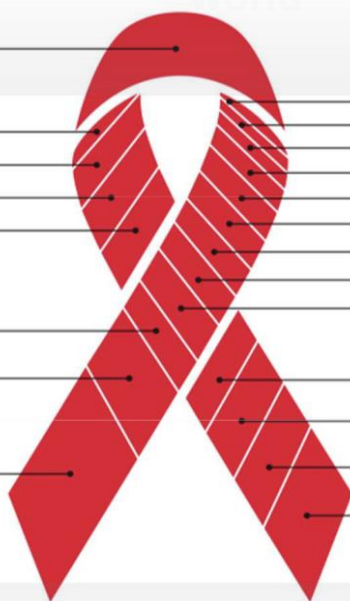
Mozambique **2.1 million**

China

Russian Federation **1 million**

United States of America

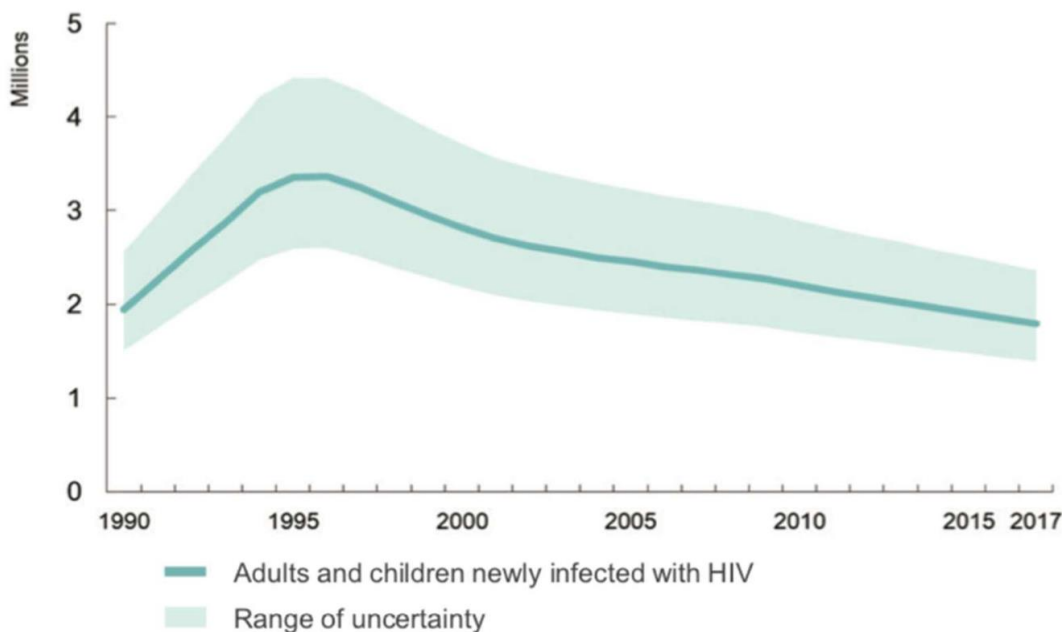
India **2.1 million**



Source: UNAIDS. 2018 estimates.



Adults and children newly infected with HIV | 1990–2017



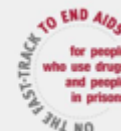
Source: UNAIDS Data 2018. http://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf



Number of people receiving antiretroviral therapy out of total number of people living with HIV, by region, 2014

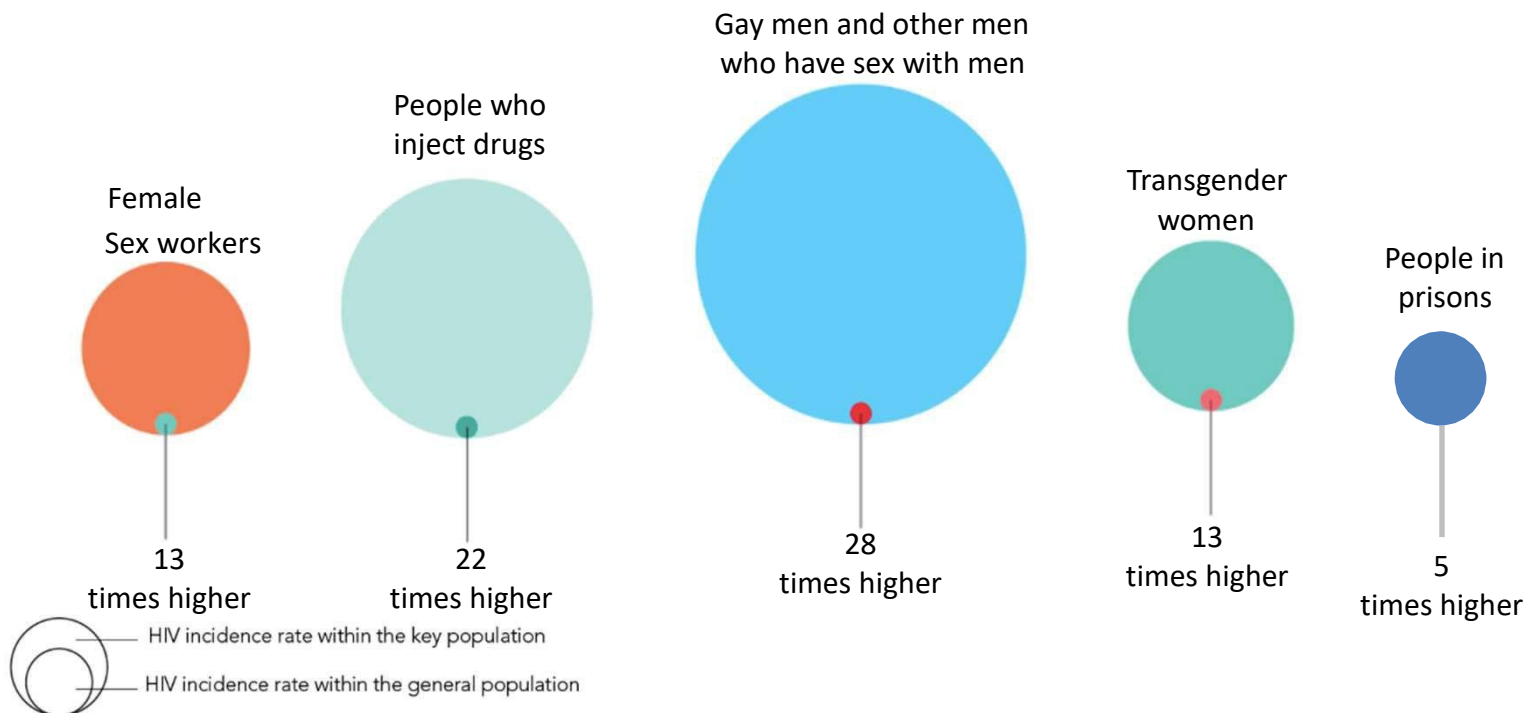


Source: How AIDS changed everything—MDG 6: 15 years, 15 lessons of hope from the AIDS response. Geneva: UNAIDS, 2015.

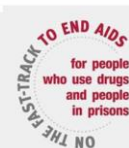


KEY POPULATIONS and their sexual partners account for

- 47% of new HIV infections globally
- 95% of new HIV infections in EECA and ME



Relative risk of HIV acquisition, by population group compared to the general population, global, 2017



➤ At any given day, **10.74 million** people are imprisoned globally

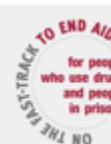
➤ People in prisons are **5 times** more likely to be living with HIV than adults in the community

- ☐ 3.8% HIV
- ☐ 15.1% HCV
 - 4.8% chronic HBV
 - 2.8% active TB

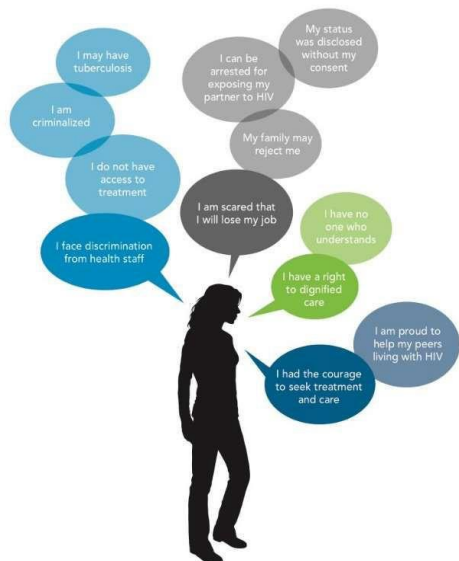
➤ HIV/AIDS and TB are among the main **causes of death** in prisons



Source: Dolan et al. (2016) Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *The Lancet*, 388 (10049), 1089-1102.



I am a person living with HIV. I face these issues.



I am an injecting drug user. I face these issues.



I am a prisoner. I face these issues.



THE TOP 4 REASONS

01

Human rights violations, stigma and discrimination

02

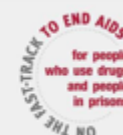
Access to treatment and services

03

Gender-based inequalities

04

Criminalization and exclusion



UNAIDS 2016-2021 Strategy: On the Fast-Track to end AIDS

UNAIDS | 2016-2021 Strategy

On the Fast-Track to end AIDS



UNAIDS 2016-2021 Strategy



UNAIDS 2016-2021 Strategy

TARGETS FOR 2020

90% of PLHIV know their status, 90% of PLHIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads

ZERO new HIV infections among children and mothers are alive and well

90% of women and girls live free from gender inequality and gender-based violence

Fewer than 500,000 new HIV infections

Fewer than 500,000 AIDS-related deaths

90% of women and men have access to HIV combination prevention and sexual and reproductive health services

90% of key populations have access to HIV combination prevention services

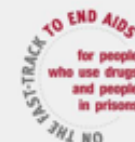
90% of people living with, at risk of and affected by HIV report no discrimination, especially in health, education and workplace setting

Elimination of HIV-related discrimination

STRATEGIC MILESTONES FOR 2020



SUSTAINABLE DEVELOPMENT GOALS



Ensure Healthy lives and promote well-being for all at all ages



Target 3.3
End the AIDS epidemic by 2030

- Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment
- New HIV infections among children are eliminated and their mother's health and well-being is sustained



Achieve gender equality and empower all women and girls



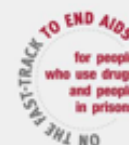
- Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV



Reduce inequalities in access to services and commodities



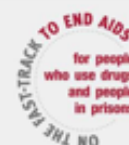
- Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV
- Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and people in prisons, as well as migrants



Promote just, peaceful and inclusive societies



- Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed



Revitalise the global partnership for sustainable development



- AIDS response is fully funded and efficiently implemented based on reliable strategic information
- People-centered HIV and health services are integrated in the context of stronger systems for health



Roles of civil society in the AIDS response



SOURCE: UNAIDS 2016-2021 STRATEGY.





ZERO new HIV infections
ZERO discrimination
ZERO AIDS-related deaths

Putting people at the centre of the three zeros



ON THE FAST-TRACK TO END AIDS
for people who use drugs and people in prisons

Technical guidance and tools

UNODC
United Nations Office on Drugs and Crime

HIV and AIDS in places of detention

FAST TRACK TO END AIDS BY 2030: FOR PEOPLE IN PRISONS

A toolkit for policymakers, programme managers, prison officers and health care providers in prison settings

POLICY BRIEF
HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions

Women and HIV in prison settings

THE COMPREHENSIVE PACKAGE: 15 KEY INTERVENTIONS

ON THE FAST-TRACK TO END AIDS for people who use drugs and people in prisons

UNODC
United Nations Office on Drugs and Crime

Thank you!

 @UNODC_HIV



From the United Nations



**United Nations Department of Economic and Social Affairs
Division for Inclusive Social Development**



**United Nations
Global Communications
Civil Society**



**INTERNATIONAL
DAY OF FAMILIES
15 MAY 2019**

Families and Climate Action: Focus on SDG13

Civil Society Briefing
Thursday, 16 May 2019, 11 am - 12:45 pm
UN HQ New York
ECOSOC Chamber

Background Note

The annual observance of the International Day of Families reflects the importance the international community attaches to families and their role in development.

Since the adoption of the 2030 Agenda, the annual observances of the International Day of Families focused on the role of families and family policies for the achievement of SDGs1-5 and SDG16. This year's observance focuses on SDG13: Climate Action.

The main goal of the event is to focus on SDG 13 target 13.3: Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning and SDG 13 target 13.2: integrate climate change measures into national policies, strategies and planning

The topics to be covered in panel discussion include:

- The role of families in improving education, awareness-raising and human capacity on climate change
- Innovative ways to integrate climate change measures into national policies, strategies and planning

- Intergenerational perspectives on sustainability
- Youth perspectives on climate action
- Sustainable development education & practice
- Sustainable family farming from indigenous perspective
- The United Nations and sustainable action including 'greening the blue' initiatives
- Good practices at local and community levels

The observance is organised by the Division for Inclusive Social Development of the Department of Economic and Social Affairs and the Global Communications Civil Society.

The event is open to the public and targets civil society, Permanent Missions, academics and practitioners. Special passes will be secured for those without a valid UN ID by the UN Global Communications Civil Society. More information on registration will follow.

For further information contact Ms. Renata Kaczmarek, Social Affairs Officer, Focal Point on the Family, DISD/UNDESA at kaczmarek@un.org, tel. 1 212 963 4596.

From UNESCO

A brief on school bullying on the basis of sexual orientation and gender identity

LGBT-friendly Thailand?

Introduction

According to universal human rights principles, including the Universal Declaration of Human Rights (article 26), every human being has the right to education.²

Bullying and harassment can violate this right by interrupting the attendance and participation in school of those affected, and the quality of learning and school life more broadly.³ As a recognized form of violence⁴, bullying also undermines other fundamental rights to health, safety, dignity and freedom from discrimination.⁵

While potentially any learner can be affected, those who are different from the majority are most likely to be singled out for abuse.⁶ In particular, students who are, or who are perceived to be, lesbian, gay, bisexual or transgender (LGBT) tend to be disproportionately affected.⁷ In many Western and Asian contexts, over half of LGBT students report having been bullied because of their same-sex attraction or because of their transgender expressions.⁸

Studies on this kind of bullying have linked it to depression, anxiety, and low self-esteem⁹, as well as increased risk of drug use, unprotected sex, HIV infection, self-harm and suicide.¹⁰ LGBT students often try to protect themselves from violence and intimidation by hiding their gender identity or sexuality from their friends and families.¹¹

Thailand is often perceived by both foreigners and some of its own population as very accepting of sexual and gender diversity. A Thai government agency makes use of this perception in a campaign aimed at increasing the number of foreign LGBT tourists in Thailand, gothai.befree.¹² Yet some researchers have suggested that Thai society is “tolerant but unaccepting” toward same-sex attracted individuals and concluded that the perception of Thailand as a “gay heaven” is a myth.¹³ There has been research on school

bullying in Thailand¹⁴, but only anecdotal evidence on bullying specifically targeting students who are, or are perceived to be, LGBT, or mechanisms to counter it in Thai schools.¹⁵

This study aimed to fill this gap in evidence, and to identify policy and programme implications. **It is the first systematic study on the issue in Thailand.**

The analysis presented here is from a study commissioned by UNESCO Bangkok and Plan International Thailand, and conducted by Mahidol University.¹

The study collected quantitative and qualitative data from students, administrators and teachers in five provinces in four regions (Bangkok, Central, North, Northeast and South) of Thailand.

2,070 students completed a computerized, self-administered survey. Qualitative data were collected from over 450 people including students, teachers and school administrators through in-depth interviews and focus group discussions.

All students were in levels 1-6 of secondary education (grades 7-12); their ages ranged from 13 to 20 years.

Thai understandings of bullying

Both students and teachers described a continuum of behaviours ranging from kan yok-lo (teasing), considered harmless, through kan klaeng, used for less serious kinds of bullying or rough teasing, to kan rangkae, which is the academic Thai term for “bullying,” and was used for the most severe cases.

Students’ differentiation depended often on perceived intent (hostile vs. friendly) and the relationship between those involved (friend, enemy, or neither). These were recognised to include

physical, verbal, social, sexual and online behaviours. Teachers often associated bullying primarily with physical fights.

While “teasing” was not seen always as a problem by different parties, it appeared to contribute to the legitimisation of subsequent, more severe behaviours among same-sex attracted and transgender youth.

Anti-LGBT bullying

More than half (56%) of self-identified LGBT students in the study reported having been bullied within the past month because of their sexual orientation or gender identity.

Among students that did not identify as LGBT, 25% reported being bullied because they were perceived to be transgender or same-sex attracted. This confirms research suggesting that it is the mere perception of same-sex attraction or of transgender identity that puts people at risk.¹⁶

A range of behaviours were described by those who identified as LGBT (see right), including verbal abuse (e.g., face-to-face and online name-calling), physical abuse (e.g., slapping, kicking), social abuse (e.g., face-to-face and online social exclusion), and sexual harassment (e.g., unwanted touching).¹⁷

Among male gay and bisexual, and trans*women, students, placing victims into sexually humiliating positions and mimicking intercourse and/or rape also emerged as a form of bullying. Toms¹⁸, or female students with masculine gender identity/presentation, seemed to be the least liked group; some schools mentioned specifically antitom hate groups.

When compared, lesbian, female bisexual and tom students had a higher prevalence of victimisation due to their perceived sexual orientation or gender identity than gay or bisexual males or trans*women students. This was true overall, as well as for each type of bullying.

“Sometimes kids are just playing and adults think it’s bullying [kan rangkae, kan klaeng]. But really, we’re just having fun, playing.”

“I think bullying [kan rangkae] is different from teasing [kan klaeng], because the emotion you have when teasing is just wanting to have a laugh, to have fun...But bullying is like we’re angry, we hate, we don’t like them, and so we bully them. It’s a different emotion.”

“Teasing is like we’re playing [yok lo len]; even if it’s for real, we’re not pushing, pulling or rubbing them, we’re not doing violence to them. But bullying [kan rangkae] is hurting them outright... both physically and psychologically. Teasing [klan klaeng] is not so violent as bullying, but if you ask me if they’re similar...Whether you’re teasing [klan klaeng] or bullying [rangkae], neither of these are good things.”

The proportion of participants who were victimised due to perceived or actual LGBT status was higher in Bangkok, the South and the Northeast than in Central or Northern regions.

There were no significant differences between overall levels of victimisation between lower- and upper-secondary students; however physical and verbal bullying was more common among lower-secondary students (see right).

In terms of the location of bullying, gay, bisexual and trans*women reported often being teased or bullied by other boys near the male toilets. Some did not use any toilets at all during the day, or used them when no one else was present. Some suggested the need for third gender toilets.

Some students described school policies that seemed to constitute a form of structural or social violence. For example, strict adherence to student hairstyle and uniform regulations based on sex at birth was noted by transgender students as making them feel uncomfortable, and coerced to follow the norms of the opposite sex. Many schools find these aspects as trivial issues, but these practices were directly linked to bullying behaviours. For example, forcing trans*women students to wear cropped hair makes them seem ridiculous in the eyes of other students, who duly choose them as targets for bullying.

What bystanders do

Bystanders who witness teasing and bullying incidents in which the victim is perceived to be LGBT react in various ways, depending on the situation, harshness of the behaviours and their relationship with the victim.

These reactions include:

- doing nothing (because they think it is just playing among friends),
- joining the bullying,
- trying to get the bully to stop, and
- informing other school staff, if the incident is particularly severe.

Different reactions can be seen in a single incident.

The qualitative research findings suggest that students' conformity to gender norms based on their sex at birth is more important than whether they are attracted to the same sex, another sex, or more than one sex. The clearest indication of this in the quantitative findings can be seen with male students who considered themselves as less masculine than other boys; 70 per cent of them had been teased or bullied due to their perceived LGBT characteristics. This is the highest prevalence of such teasing or bullying seen among any group in this study.

"Some don't care, some try to stop it if it's their close friend. If they're not close friends, they would not get involved."

"Sometimes they even take pictures...they post the pictures on Facebook...they'll tag the pictures, on and on, within the class."

"If they didn't join in the teasing, they would just stand there, watching...and laugh."

"...if it gets unbearable, then they intervene."

What victims do

Around two-thirds (68%) of victims of anti-LGBT bullying said they did not report these incidents or even talk about them with anyone. Nearly a quarter (23%) of those that did nothing said that this was because "nothing would happen even if someone were told".

The majority of those that did react to bullying said that they fought back (63%) or consulted a friend (51%). Very few students informed school

staff such as teachers (8%), guidance counselors (6%), school disciplinarians (3%), other school personnel (2%) or school directors (0.5%).

How it impacts them

When compared to those who had not been bullied at all, a significantly higher proportion of those who had been bullied on the basis of perceived transgender identity or same-sex attraction had missed classes in the past month, drank alcoholic beverages, were depressed, had unprotected sex in the past 3 months, and had attempted suicide in the past year. They were also significantly more likely to be depressed or have attempted suicide when compared to those who had been bullied for other reasons.

For example:

- Nearly one-quarter (23%) of those bullied because of their perceived sexual orientation or gender identity/expression were depressed, as compared to only 6% of those that had not been bullied at all.

- Nearly one-third (31%) of those bullied (either due to their perceived sexual orientation/gender identity or for other reasons) reported unauthorized absences in the past month, as compared to only 15% among those who hadn't been bullied.

- Nearly 7% percent of those bullied because of their perceived sexual orientation or gender identity/expression reported having attempted suicide in the past year, compared to only 1.2% among those that had not been bullied for any reason and 3.6% among those that had been bullied for other reasons.

What schools are doing to prevent and respond to bullying

Most schools offer standard measures to manage bullying among students in general. These can include: relationship-building activities, morality promotion, fraternity systems, assigning teachers to oversee specific students, or mediation attempts. In cases considered serious by the school, the perpetrator may have points deducted or even be suspended or dismissed from school. Remedial measures for the victims are rarely provided, and only in cases involving a fight or a theft. While teachers and directors seemed to have confidence in the effectiveness of these measures, the prevalence of bullying due to perceived LGBT status or other motivations suggests these are inadequate.

Most participating schools did not have general anti-bullying policies, and none had anti-LGBT bullying policies. School directors and teachers likely did not believe this was required as:

1. They understood bullying to refer primarily to physical acts of violence.
2. Most bullying incidents targeting students who are, or are perceived to be, LGBT are not reported to teachers or directors.
3. Most teachers do not see LGBT students as perpetrators or victims of bullying.
4. They believe the number of LGBT students is small¹⁹; hence there is no need for specific bullying prevention programmes.

In some schools ad hoc preventive measures had been put in place (e.g., granting permission for feminine male students to sleep separately from other male students in a school camp). But these were few and far between.

Many schools reported encouraging LGBT students to express themselves through school activities, such as cheerleading, doing flower arrangements, or as a master of ceremonies in school events. This was seen by schools as demonstrating their skills, and promoting acceptance. However, some students complained that these were done in such insensitive ways that they may have fostered further prejudice against LGBT students. Others noted that these typically involved trans*women, and again toms were left out.

Where examples of responses to anti-LGBT bullying were provided, the schools' responses mostly consisted in punishing perpetrators when bullying was brought to their attention. Even in these cases, some trans*women students protested that the punishment other boys got for bullying them was milder than if they had bullied girls. Tom students were reported to not receive such support as they do not to inform teachers when they are teased or bullied.

Many schools had guidance counsellors that could provide individual support to victims of bullying, yet they were seldom being used. Some students complained that when they complained to teachers about being bullied, they were told that it was their own fault.

The study found that teachers need significantly more support to understand sexual/gender diversity issues. Teachers' language about LGBT students was stigmatizing. "Sexually deviant" was a common term used by teachers, even when describing LGBT students positively, suggesting that they did not intentionally condemn such students. The term "mentally disordered" was also used, often to express "sympathy" for LGBT learners.

In some schools, sex education was provided as part of health studies by subdistrict health promotion hospital officials from the Ministry of Public Health. However, the sex education that was given was reportedly did not widely cover sexual/gender diversity topics, and emphasized delayed sexual debut beyond graduation. Teachers mentioned the need for teaching materials, external speakers, and training on sexual/gender diversity.

In most schools, the necessary first step is to build awareness of the high prevalence of bullying and its negative impact on students who self-identify as, or who are perceived to be, LGBT. If teachers understand the role that myths about being LGBT play in bullying, they will also become aware of the necessity to teach about sexual/gender diversity in order to counter such myths and thereby reduce bullying that stems from such myths.

Conclusions and recommendations

This in-depth study, which is the first of its kind in Thailand, provides an unprecedented look into bullying against those who identify as, or are perceived to be, LGBT in Thai schools. It demonstrates the toxic effects on victims, from absenteeism to depression and even attempted suicide. The study concludes with the following recommendations:

For schools

- Develop and enforce clear anti-bullying policies (covering students of all genders) that establish clear mechanisms for addressing perpetrators, and do not discriminate on the sex, sexual orientation or gender expression of either perpetrators or victims.
- Integrate content and participatory activities increasing understanding of the extent and consequences of bullying into existing school subjects, and promote comprehensive sexuality education

that emphasises acceptance of diversity and mutual respect regardless of sex, gender, sexual orientation, gender identity or gender expression.

- Build acceptance of sexual/gender diversity through activities that enable LGBT students to fully express their identities and abilities, and ensure that students of all genders can participate in all activities and become student leaders.
- Create safe spaces for LGBT students in schools, and challenge prevailing myths among students, teachers, and parents about LGBT youth such as those suggesting that they are deviant, mentally abnormal, over-emotional, or prone to violate school regulations.

For society at-large

- Promote acceptance of sexual/gender diversity within society at large through public campaigns, popular media, or activities of civil society organisations.
- Create collaboration networks between schools and civil society organisations working on sexual/gender diversity and gender-based violence.

For policy makers

- Establish policies and enforcement mechanisms to address school-related gender-based

violence, including bullying on the basis of sexual orientation and gender identity, as well as policies enabling school regulations with greater flexibility on school uniforms and obligatory hairstyles. Monitor the implementation of these policies, and reward schools that show progress in reducing bullying and discrimination.

- Remove biased terminology and explanations related to sexual/gender diversity in existing school curricula, and develop additional materials to support the prevention of bullying.
- Build understanding of sexual/gender diversity in teacher training programmes so that future teachers will understand and have increased capacity to teach about them.
- Provide channels of assistance to bullied students, e.g. hotlines, web boards, or mobile applications.

For further research

- Continued research on these topics is needed for up-to-date information about the situation, and further research required on bullying in specific settings such as boarding schools, religious schools, juvenile observation and protection centres, vocational colleges and non-formal education centres.

Endnotes

¹ For the full research report, see Mahidol University, Plan International Thailand, UNESCO. 2014. Bullying targeting secondary school students who are or are perceived to be transgender or same-sex attracted: Types, prevalence, impact, motivation and preventive measures in 5 provinces of Thailand. Bangkok: UNESCO. This includes detailed results of the review, along with extensive information on the research process including the ethical guidelines, sampling frames, qualitative and quantitative research tools, data collection, and data analysis. <http://unesdoc.unesco.org/images/0022/002275/227518e.pdf> :

² UN. 1948. Universal Declaration of Human Rights. General Assembly Res. 217A (III), UN Doc A/810. These rights have been further enshrined in the Millennium Development Goals, the Dakar Framework for Action and the Yogyakarta Principles. See in particular, Principle 16 of the Yogyakarta Principle which states: "Every-

one has the right to education, without discrimination on the basis of, and taking into account, their sexual orientation and gender identity". Clause E under Principle 16 specifies that States shall "ensure that laws and policies provide adequate protection for students, staff and teachers of different sexual orientations and gender identities against all forms of social exclusion and violence within the school environment, including bullying and harassment". International Commission of Jurists (ICJ). 2007. The Yogyakarta Principles. Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity. Geneva: ICJ. ³ Pinheiro, P.S. 2006. World Report on Violence against Children. United Nations Secretary-General's study on violence against children. Geneva, Switzerland.

⁴ Ibid. See also: Leach, F. and Dunne, M. with Salvi, F. 2013. School-related Gender-based Violence: A global review of current issues and approaches in policy, programming and implementation responses to School-related Gender-

based Violence (SRGBV) for the Education Sector. Background research paper prepared for UNESCO. University of Sussex.

⁵ UN, Committee on the Rights of the Child, General Comment No. 4 (2003) on Adolescent Health and Development, para.2.

⁶ The World Report on Violence against Children (2006) quotes studies from several low- and middle income countries that reveal extensive school bullying directed particularly at members of lower socio-economic groups or ethnic minorities. The report finds that most bullying is sexual- or gender-based: both in terms of the selection of victims (i.e. those perceived as not conforming to prevailing sexual and gender norms) as well as in the nature of the abuse, with verbal bullying consisting predominantly of sexual and gender derogatory language.

⁷ UNESCO. 2012. Education Sector Responses to Homophobic Bullying. Good policy and practice in HIV and health education: Booklet 8. Paris: UNESCO. Available at: <http://unesdoc.unesco.org/images/0021/002164/216493e.pdf>

⁸ For studies on this issue in a range of settings see: Khan, S., et al. 2005. From the Front Line: The impact of social, legal and judicial impediments to sexual health promotion, and HIV and AIDS related care and support for males who have sex with males in Bangladesh and India. Kathmandu: Naz Foundation International. Kosciw, J.G., Greytak, E.A, Diaz, E.M. and Bartkiewicz, M.J. 2010. The 2009 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN. Berlan, E.D., Corliss, H.L., Field, A.E., Goodman, E., and Austin, S.B. Sexual orientation and bullying among adolescents in the growing up today study. *J. Adolesc Health* 2010; 46(4): 366-371. Birkett, M., Espelage, D.L. and Koenig, B. LGB and Questioning Students in Schools: The Moderating Effects of Homophobic Bullying and School Climate on Negative Outcomes. *J Youth Adolesc* 2009; 38(7): 989-1000. Hillier et al. 2010. Writing themselves in 3. The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. Mian, L. (prepared). 2013. Report of the Online Survey on Homophobic and Transphobic Bully-

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⁹ Russell, S.T. et al. 2010. Safe Schools Policy for LGBTQ students. *Social Policy Report*, 2010; 24(4): 1-17.

¹⁰ Lancet Editorial Board. Health concerns of adolescents who are in a sexual minority. *The Lancet*, 2011;377(9783):2056.

¹¹ Takács, J. 2006. Social exclusion of young lesbian gay, bisexual and transgender (LGBT) people in Europe. Brussels, & Amsterdam: IGLYO and ILGA Europe.

¹² The Tourism Authority of Thailand has developed a website (<http://gothaibefree.com/>) to convince foreign LGBT people that Thailand accepts sexual/gender diversity, and that they should patronize the tourism industry in Thailand.

¹³ Jackson (1999) described Thai society as "tolerant but unaccepting" toward same-sex attracted individuals and concluded that the perception of Thailand as a "gay heaven" is a mere myth. A review of recent research on the problems faced by LGBT individuals in Thailand (Ojanen, 2009) suggested that many of the problems noted by Jackson (1999) were still common. Heterosexism and transprejudice dominate Thai society, which therefore does not genuinely accept transgender and same-sex attracted people (Ojanen, 2009). Jackson, P.A. 1999. Tolerant but unaccepting: The myth of a Thai "gay paradise." In P.A. Jackson & N.M. Cook (Eds.) *Genders and sexualities in modern Thailand*. Chiang Mai, Thailand: Silkworm Books, pp. 226-242. Ojanen, T.T. *Sexual/gender minorities in Thailand: Identities, challenges and voluntary-sector counseling*. *Sexuality Research & Social Policy*; 2009; 6(2): 4-34.

¹⁴ Sombat Tapanya [สมบัติ ตาปัญญา]. 2006. รายงานการสำรวจปัญหาการรังแกกันของนักเรียน [Report on a survey on bullying between students]. Chiang Mai, Thailand: Faculty of Medicine, Chiang Mai University. Wisdom Society for Public Opinion Research of Thailand. 2009. พฤติกรรมการชมเหยียดรังแกผ่านโลกไซเบอร์ของเยาวชนไทยเขตกรุงเทพมหานคร [Cyberbullying behaviours among Thai youth in Bangkok]. Bangkok, Thailand: Wisdom Society for Public Opinion Research of Thailand. These studies did not indicate whether LGBT students were being bullied more than other groups of students, and whether the motivations behind bullying against these

students were the same as motivations behind bullying targeting other students.

¹⁵ Ibid; See also: De Lind van Wijngaarden, J.W. 2012. Reducing hetero-normativity by promoting respect for sexual & gender diversity in Thai schools: A review of evidence for homo/transphobic bullying in Thai educational institutions & recommendations for UNESCO Bangkok's response. Unpublished consultant report for UNESCO Bangkok. UNESCO has also produced a film showcasing good practices in certain schools in Thailand, where the health and well-being of LGBT students are promoted. Available at: <http://www.unesco.org/resources/multimedia/video/addressinghomophobia-in-and-through-schools-promising-examples-fromthailand/>

¹⁶ Office of the High Commission on Human Rights (OHCHR). 2013. Fact Sheet: Homophobic and Transphobic Violence. New York: OHCHR.

Acknowledgments

The analysis presented here draws from the research report, Bullying targeting secondary school students who are or are perceived to be transgender or same-sex attracted: Types, prevalence, impact, motivation and preventive measures in 5 provinces of Thailand, produced by Mahidol University, Plan International Thailand and UNESCO Bangkok (2014). The full report can be accessed at <http://unesdoc.unesco.org/images/0022/002275/227518e.pdf>.

This research was commissioned by Plan International Thailand and UNESCO's Asia Pacific Regional Bureau for Education in Bangkok with funding support provided by the Swedish Inter-

¹⁷ For a detailed breakdown of types of behaviours included in these different categories, see the full research report (ref. 1).

¹⁸ Thai terminology for sexuality and gender identity is complex. For a detailed explanation of the categories used for participants to self-identify as "being LGBT" see full research report (ref. 1).

¹⁹ This misunderstanding is significant in two important respects. First, the proportion of LGBT-identified students (12% in this review) is much higher than teachers think. Most teachers thought that of the thousands of students in their school, only a handful were LGBT. Second, based on the affected students' selfidentification, most were not in fact LGBT, but they were nevertheless affected by this type of bullying.

national Development Agency (SIDA) and UNAIDS Unified Budget Results and Accountability Framework (UBRAF) funding to UNESCO. It was designed in collaboration with the Center for Health Policy Studies, the Department of Society and Health, and the Center for Health Law (all at the Faculty of Social Sciences and Humanities, Mahidol University). The Center for Health Policy Studies was charged with primary responsibility for conducting the study.

The publication of this brief is made possible through funding from the Dutch Ministry of Education, Science and Culture and UNAIDS Unified Budget Results and Accountability Framework (UBRAF) funding to UNESCO.

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THA/DOC/HP2/14/009-200



A growing need for decent works

Cross-cutting issues involved in long-term care for older persons

1 March 2019



Meeting the challenge of ensuring that paid care work is decent work will also improve the well-being of older persons who receive care since evidence shows that the wages and working conditions of care workers correlate with the quality of care. [1]

As noted above, the ageing of populations across regions suggests an ever-growing need for formal care workers. Care work in general, which has largely centred around child care, will increasingly be concentrated on older persons. In 2015, the ILO noted that the care economy, along with the green economy, are two commonly identified sources of future job growth across countries. [2] Long-term care is among the fastest growing sectors, with the potential to

generate both employment and economic growth. Investments in the quality of care jobs are critical to realizing that potential.

As of 2015, the world was experiencing a shortage of about 13.6 million formal long-term care workers. [3] The shortages were largest in the Asia-Pacific region, at 8.2 million workers, and smallest in Africa and the Americas, at 1.5 and 1.6 million workers, respectively. In Europe, the shortage amounted to 2.3 million workers. Inadequate numbers of care workers point to the exclusion of older persons from formal care, increasing the burden of unpaid family caregivers or, in some cases, leaving care needs unmet.

The 2030 Agenda and the Sustainable Development Goals have the achievement of decent work for all as a central objective. Work that is safe, productive and fulfilling and that provides a fair income and opportunities for growth is aspired to for its own sake as well as to foster other aims, such as full participation in society, inclusive and sustained economic growth, economic empowerment and inclusion, in particular for vulnerable groups, shared prosperity and security. SDG 8 specifically commits Governments to promoting full and productive employment and decent work for all women and men and to protecting labour rights and promoting safe and secure working environments for all workers, including migrant workers, in particular women, and those in precarious employment. Efforts to realize the Agenda and attain the Goals will not succeed without addressing the considerable decent work deficits of millions of workers who provide care to the world's rapidly growing numbers of older persons.

Extracts from the Report of the UN Secretary-General to the Second World Assembly on Ageing (A/73/213). Available at: undocs.org/A/73/213.

The paid care labour force comprises a broad spectrum of workers, from domestic workers and nursing staff to allied health professionals, such as physical and occupational therapists and geriatric specialists. They work in both home and institutional settings, including day-care centres, residential nursing homes, community and acute hospitals and inpatient hospices. Levels of skill, wages and benefits differ greatly. In OECD countries, about 70 per cent of formal care workers are personal care workers for whom no standard or minimum qualifications are mandated in many countries, [4] while the remaining 30 per cent are nurses with a minimum number of years of training.

As is the case for family care work, paid care work is largely undertaken by women, many of whom are migrants, and is widely perceived to be a female profession. Compared to other occupations, care work is generally undervalued and holds low status in society. Paid care work often provides workers with low wages, little job security, poor working conditions and few or no benefits. In addition to the low or absent qualifications required to enter into many care jobs, training opportunities while employed in care work are also limited or lacking, further preventing upward mobility in the field. In particular, workers are often inadequately trained regarding the rights and dignity of care recipients. In some cases, care workers are also subjected to verbal and physical abuse, sexual harassment and discrimination on the part of care recipients and their relatives. [1]

Caregivers tend to be underpaid even in comparison to other occupations whose workers have similar skills, education and experience, which has been referred to as the care penalty. [5] Wage penalties in care are associated with sex segregation in occupations, although they persist after controlling for segregation [6] and are higher where income inequality is high and union activity is low and where public sectors are small and public spending on care is low. [7]

These aspects of care work, along with schedules that involve long working hours and shift work and the lack of recognition, contribute to the undesirability of long-term care jobs and high turnover and low morale in those who hold them. Yet interventions can improve the terms and status of care work. In New Zealand, for example, care worker earnings were raised considerably by a pay equity settlement which led to care work becoming more valued, along with care workers. [8]

Paid care work tends to be unregulated, particularly in developing countries, many of which have seen patterns of growth in the provision of private and nonprofit care services. Across countries, absent or inadequate regulations or their enforcement can put at risk decent work or prospects for decent work, as well as the quality of care, and can even increase the vulnerability of older persons to abuse. Effective regulation of care work has been shown to facilitate interaction between care workers and care recipients, lowering the likelihood of low worker morale and job turnover because of poor wages and working conditions. Regulation also improves the likelihood of training for care workers that is sensitive to

the needs and preferences of older care recipients. [9]

WHO highlights three areas of action for effective, sustainable and equitable long-term care systems, two of which give significant attention to the role of decent work for caregivers. [10] They address capacity-building of the care labour force through, for instance, training and opportunities for advancement and the improvement of care quality through, inter alia, the establishment of minimum standards and accreditation for care providers. [11] These areas also closely correspond with the concerns of many Member States regarding the fulfilment of older persons' rights to long-term care. Shortages of qualified caregivers and the need to secure better training for workers are government priorities, along with the need to facilitate ageing in place. The Russian Federation also identifies as a challenge the lack of a unified system for training and retraining long-term care specialists. [12]

At the global level, average public expenditure for long-term care is low, at less than 1 per cent of GDP. [13] Greater investment will be needed not only to keep up with the growing numbers and proportions of older persons but also to provide better training and support to caregivers. Conversely, cutbacks in public spending are likely to have a detrimental effect on the quality and availability of care jobs and hence on access to and the quality of care as well. Austerity measures, for example cuts in disability and long-term care benefits, can lead to expanded waiting lists for benefits and services, as well as staff reductions, wage cuts and reduced hours and more short-term contracts among affected care workers.

A range of steps can be taken to enhance the quality of care jobs and, in turn, the quality of care itself. As a starting point, it is crucial that Governments recognize domestic and care workers as workers protected under national labour law, which is still not the case in some countries. National training standards can lay out the core skills and competencies required of care work, which can be developed through the establishment and improvement of regulated training facilities that provide multiple levels of training and certification to promote career advancement. [14] Working conditions can be improved through adhering to international labour standards and national labour laws. In particular, the

ILO Domestic Workers Convention, 2011 (No. 189), was the first international instrument to extend basic protections and rights to domestic workers, many of whom provide care to older persons. Nonetheless, as of June 2018, the Convention has been ratified by only 25 countries, [15] although in some countries progress in line with the Convention is occurring more rapidly at local levels. With regard to working hours, reducing the duration of shifts and adopting flexible work arrangements can serve to improve morale and retention. It should also be noted that new technology can contribute to decent work in caregiving, for example by easing physically challenging tasks; facilitating online learning and dissemination of information about worker rights and mobilization; and communication, including with family members.

In order to improve and standardize wages for care workers, pay scales can be established through systematic job evaluations. [16] Higher wage levels should be accessible based on an expanded job scope, upgraded skills or career progression. Where there are care workers shortages, which is particularly the case with nurses, workers should leverage global competition to demand higher wage levels. Moreover, the gender stereotyping of care jobs must be challenged so that care work becomes equally accessible and attractive to men and women and garners greater value by society.

Unpaid care work

While the 2030 Agenda and the Sustainable Development Goals give particular attention to the promotion of decent work, the issue of unpaid care is also specifically addressed. Target 5.4 highlights unpaid care and domestic work, with Governments affirming that they will: "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate." With most unpaid care around the world carried out by women, it is necessary to explore the gender dynamics of caregiving and to reduce the burden of providing unpaid care, while providing recognition and support to those who choose to undertake it.

Globally, most care provided to older persons is carried out by family members. To varying degrees, caring for older relatives is a social norm across most societies, considered to be more a duty of families than of the public sector. Many older persons themselves prefer to be cared for by family members with whom they have close relationships. Overreliance on families for the provision of high-quality care to older persons who require it, however, is not without risk.

Numerous assumptions are inherent to the institution of family care. For example, it is assumed that women are naturally providers of care; that family members choose to engage in unpaid care work to the extent required by the care recipient; that they are equipped with the knowledge and resources to provide high-quality care; that all older persons have children or other relatives to provide care; and that family caregivers can afford to forego paid work and other responsibilities and aspirations to provide the level of care required. In fact, some Member States have legislation mandating that children or other close relatives provide care or support for their older family members. Often, these assumptions do not fully match the actual experiences of families.

Given demographic changes whereby the number and proportion of older persons in populations are on the rise and the current dearth in many countries of long-term care systems, the provision of care for older persons can be expected to pose ever greater strain on families. While Europe and northern America are currently the regions most affected by population ageing, its pace is advancing fastest in the developing regions. [17] Accordingly, even where populations currently have a large number of potential caregivers (youth and adults) for every individual older person who may or may not need care, this ratio will rise. Already, it is in low-income and middle-income countries that care needs are greatest owing to factors such as limited resources with which to establish and develop long-term care systems, competing policy priorities, weak public health systems and the disproportionate effects of noncommunicable diseases in these countries; therefore, the development and strengthening of care systems and strategies, particularly in developing countries, will take on greater urgency over time.

Across countries, the allocation of caregiving responsibilities in families is not random. On average,

the amount of time that women spend on caregiving exceeds the amount of time spent by men by a factor of about three. [18] In part, gender disparities in the provision as well as the receipt of care can be explained by the tendency of women to have longer life expectancy and to marry men who are older than they are. Nonetheless, whether out of affection, duty or necessity, care tends to be shouldered by daughters, wives, daughters-in-law and granddaughters, with friends and neighbours sometimes contributing. It also happens that care responsibilities are passed on to some women, in particular younger female family members with lower status, by older relatives, often women, through manipulation or coercion. [19]

At the same time, older women across countries are more likely than older men to live alone — 17.6 per cent to 8.7 per cent — a living arrangement that reduces the likelihood of receiving care or financial assistance from others. [20] Residential patterns among older persons aged 80 and over suggest that women across age groups are more likely than men to provide care to older persons and less likely than men to receive it in their old age. [21]

Within countries, the distribution of care work and its intensity are especially influenced by family structure and composition, income, the availability of infrastructure to meet household needs (such as water and sanitation) and the accessibility of health and care services. [22] As such, among other challenges to family care is the evolving structure of families themselves, in particular the decline of traditional extended family households, which are increasingly giving way to nuclear ones, reducing the likelihood of having a resident family member available to provide unpaid care. Decreased fertility and increased mobility due to urbanization and outmigration have also led to smaller household sizes. Moreover, women's increasing participation in the labour market puts pressure on their often 'traditional' role as family care providers. In parallel to these trends, there is constant tension among the various sources of care, including family care and public, for-profit and non-profit care services. Where any one source is strained, such as owing to funding cuts or worker shortages, the others must compensate, with families often bearing the brunt of the burden. Many Governments and non-governmental organizations, in their inputs to the ninth session of the Open-

ended Working Group on Ageing, cited changing household structures as a challenge to the access of older persons to care. [23] Nonetheless, both older persons and families should have choices about whether and how to receive and give care.

As family care work is unpaid and is not reflected in GDP or labour force surveys, it tends to be unrecognized and undervalued despite the fact unpaid care work enables all other work to be done. It should be noted that caregiving is a unique kind of labour for which there is no ideal way of assigning value. There are, however, efforts to measure and to assign monetary value to unpaid care work, in particular by utilizing time-use surveys, in order to make such work visible and understood as worthy of support and investment. In the United Kingdom, for example, it was estimated that time spent in 2014 on adult care by unpaid family caregivers — if valued at basic market rates — would equal more than US\$70 billion. [24]

In addition to this lack of recognition, caregivers often experience multiple burdens, such as caring for dependent children and older relatives, some of whom may require intense care, managing household chores and finances and engaging in income-generating activities.

Further, caregivers who are overworked are at risk of providing poor-quality care. At the same time, there are examples of family members undertaking care responsibilities out of self-interest in order to gain access to the pensions or assets of care recipients.

Lack of adequate training commensurate with the needs of care recipients and lack of support for caregivers are also significant barriers to the provision of high quality family care for older persons. Family caregivers may lack the specific skills and knowledge to ensure the well-being of older persons under their care. There is often a dearth of care literacy or understanding of the ageing process and how it evolves, of frailty, of what caregiving entails, and of knowing where to turn for services and information that can be of assistance and how to monitor and improve the quality of care. [25] The Russian Federation, for example, reported that there is insufficient awareness among family caregivers of available sources of assistance. [26] Initiatives such as the Helping Carers to Care intervention of the 10/66 Dementia Research Group strive to improve dementia

care in low-income and middle-income countries. [27]

Unpaid family caregivers sometimes experience declining physical and mental health themselves, especially in cases where their care recipients have significant and complex care needs. [28] Furthermore, unpaid family caregivers often confront economic strain, having taken on caregiving expenses and reduced their paid working hours or otherwise become further detached from the labour market to meet care demands, which makes reintegration more challenging over time. For these reasons, caregiving entails important opportunity costs in terms of foregone wages, time and achievements in paid employment that could lead to advancement and training, not to mention foregone leisure time, which is crucial for personal well-being and the quality of care provided to older persons. In the United States, it is estimated that family caregivers aged 50 and over who leave the labour market to provide care for a parent give up an average of almost \$304,000 in wages and benefits over their lifetimes. [29]

Support to family caregivers is needed in order to improve care outcomes for older persons and enhance the well-being of care providers. Existing support programmes, which tend to be small in scale, have few resources and focus on women, must be invested in and expanded to be accessible to all, including men. The absence or inadequacy of support for family carers may in fact be more costly in the long term than the provision of such support when needed, taking into account the loss of the capacity older persons and the hospitalizations that could result from poor or inadequate care.

Interventions by Governments should aim to recognize, reduce and redistribute unpaid care and among other benefits they should include cash allowances to family caregivers to help offset lost wages; infrastructure developments that generate time savings and lower labour intensity; the provision of respite care, which is often the greatest need experienced by caregivers; the provision of training courses and information materials to increase the capacity of carers; the promotion of paid family leave for men and women by employers; the establishment and expansion of formal, integrated longterm care systems that provide a continuum of care at home and in day centres and residential institutions; and long-

term care insurance programmes to enhance the accessibility and affordability of formal care services. Ideally, support for care should be comprehensive and should provide a range of services and support. The provision of in-kind care services to older persons, for example, may be preferred to cash services

in order to reduce the risk of their financial exploitation. In the Republic of Korea, the long-term care insurance scheme has reduced the time burden of unpaid caregivers by improving access to home-based care services and has lowered out-of-pocket payments. [30]

[1] Nancy Folbre, 'Demanding quality: worker/consumer coalitions and 'high road' strategies in the care sector', *Politics and Society*, vol. 34, No. 1 (2006); and United Nations Educational, Scientific and Cultural Organization, *A Review of the Literature: Early Childhood Care and Education (ECCE) Personnel in Low- and Middle-Income Countries* (Paris, 2015). [2] ILO, *Report of the Director-General on the future of work centenary initiative, International Labour Conference, 104th Session, 2015 (ILC.104/DG/I)* (Geneva, 2015). [3] Scheil-Adlung, loc. cit. [4] European Commission and Social Protection Committee, *Adequate Social Protection for Long-term Care Needs in an Ageing Society* (Luxembourg, 2014). [5] Paula England, Michelle Budig and Nancy Folbre, 'Wages of virtue: the relative pay of care work', *Social Problems*, vol. 49, No. 4 (November 2002). [6] Michelle J. Budig and Joya Misra, 'How care-work employment shapes earnings in cross-national perspective', *International Labour Review*, vol. 149, No. 4 (2010). [7] Shahra Razavi and Silke Staab, 'Underpaid and overworked: a cross-national perspective on care workers', *International Labour Review*, vol. 149, No. 4 (2010); and Budig and Misra, loc. cit. [8] *Inputs of the New Zealand Human Rights Commission to the ninth session of the United Nations Open-ended Working Group on Ageing*, 23–26 July 2018. [9] Razavi and Staab, loc. cit. [10] *The other action area is the development and continual improvement of the long-term care system infrastructure*. [11] *Inputs of the World Health Organization to the ninth session of the United Nations Open-ended Working Group on Ageing*, 23–26 July 2018. [12] *Inputs of the Russian Federation to the ninth session of the United Nations Open-ended Working Group on Ageing*, 23–26 July

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Women's challenges and opportunities

Renewed efforts for gender equality and unpaid work recognition

1 May 2019



Positive parenting is focused on the understanding that children come into the world primed with the tools and capacities to follow a path of optimal growth and development.

This outlook is drawn from positive psychology, which is the study of how people flourish. This movement in the field of psychology arose to counteract the heavily present disease/illness model of human functioning and to focus on what goes right.

It is based on the view that all individuals want to have lives that are meaningful and fulfilling by exploring, enhancing, and using our individual strengths and to be able to enjoy love,

play, and work. Keyes and Haidt [4] identify four hallmark behaviors that express what is needed for people to flourish:

- Being resilient — the ability to meet the challenges of life and use setbacks and adversity as learning and growing experiences by relying on oneself and having a positive attitude.
- Able to engage and relate to others.
- Finding fulfillment through being productive and creative.
- Looking past ourselves to help others flourish, as well.

The 2030 Agenda and the Sustainable Development Goals has the achievement of gender equality and empower all women and girls as one of its goals.

More specifically, target 5.4 mentions the recognition and value of “unpaid care and domestic work through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and the family.”

Many efforts have been made towards the achievement of this goal and its targets up until now, but more commitment, data, innovative approach and political support are needed.

This Report shows the UN System’s efforts, along with Governments and Partnerships, to support the implementation of gender equality at all levels.

Extracts from the Annual report of the Administrator on the implementation of the UNDP gender equality strategy in 2018 (DP/2019/11).

Improvements were made across all outcome areas and signature solutions to support women as agents of change, especially with strong results in supporting women’s political participation. The year also saw an increase in results to empower women as decision makers in natural resource management, energy and climate risk reduction and adaptation. However, more progress is required to engage women in leadership positions within recovery mechanisms, social dialogue and reconciliation mechanisms.

There has been a significant work done in improving access to jobs, basic services, financial services and non-financial assets, and in addressing unpaid care work, particularly through better access to clean energy. Yet more needs to be done to remove structural barriers to women’s economic empowerment and to close gender gaps.

Various efforts have been undertaken to prevent and address gender-based violence by strengthening legal frameworks and policies and ensuring access to justice and multi-sectorial services, as of the European Union-United Nations Spotlight Initiative to eliminate violence against women and girls.

Also, more innovative initiatives such as the partnerships to address discriminatory gender and social norms; expansion of partnerships with international

financial institutions and the private sector to transform business practices and help direct capital investments to advance gender equality; pioneering solutions to advance gender equality such as crowdfunding platforms to finance shelters for survivors of domestic violence; incubator programmes to identify marketable interventions to address security; employment and political participation of women; and application of behavioral science to inform decision-making.

Gender equality today

The equality setting in 2018 was shaped by ongoing and emerging trends such as persistent multidimensional poverty and inequalities, [1] increasing global warming, [2] protracted conflicts and high levels of violence [3] and the changing nature of work. All these trends have distinct impacts on women and men due to their different roles, rights and opportunities in society, which are enhanced or constrained by intersecting forms of discrimination. [4]

More women participate in paid employment today, particularly in developed countries, where women and men have nearly equal educational achievements. [5] However, women remain economically disadvantaged, with fewer asset holdings, gender gaps in labor force participation and a concentration in the informal sector, which leaves them without social protection.

While women's representation in governance structures has been growing, women, on average, account for just 24 per cent of parliamentarians worldwide. Of countries that track gender parity in public administration, only 20 per cent reached gender parity in decision-making positions. [6] In the private sector, women accounted for only 4.8 per cent of chief executive officers of Fortune 500 companies in 2018. [7]

Sexual and gender-based violence is a concern in all regions and contexts as it has significant impacts on women's health, basic rights and opportunities and undermines progress towards gender equality and national development.

While there has been more attention to women's active agency in addressing impacts of climate change, women continue to be disproportionately affected by disasters and are insufficiently represented in climate change decision-making processes.

Eradicating poverty in all its forms and dimensions

Gender equality is an imperative for eradicating poverty in all its forms and dimensions. Increasing women's income, providing better training and skills development and improving access to and control over assets and resources have positive effects on women's productivity and their participation in the labour market, strengthening their bargaining power and improving living standards.

A lot of work on gender equality in 2018 focused on the areas of women's economic empowerment through interventions as of:

- (a) Mainstreaming gender in national planning;
- (b) Improving access to basic services, financial and non-financial assets and jobs;
- (c) Strengthening energy access;
- (d) Reducing unpaid care work; and
- (e) Eliminating gender-based violence.

Gender mainstreaming in national planning

Throughout 2018, it was ensured a support for Sustainable Development Goal planning and implementation was gender-responsive, including through the

Mainstreaming, Acceleration and Policy Support (MAPS) framework. For example, eight countries were supported in Latin America and the Caribbean to assess and strengthen their development plans and review statistical and financial systems, while contributing to designing road maps and identifying gender-sensitive accelerators. In line with the MAPS approach, gender equality and women's empowerment were identified as a stand-alone accelerator in six countries in Europe and Central Asia.

Improving access to basic services, financial and non-financial assets and jobs

The report shows an active support to women's access to jobs, livelihoods and basic services. In India, provisions benefited more than 450,000 women who participated in training and micro-enterprise development activities. In the Republic of Moldova, more than 165,000 women gained access to better infrastructure with improved social services due to targeted interventions in over 100 communities.

Globally, 4.1 million more women benefited in 2018 to access basic services (including health services), financial services and non-financial assets. In Fiji, an integrated government servicedelivery platform for remote communities was promoted and provided nearly 38,000 services, including legal aid, disability benefits and banking services, to 21,587 women. In Cambodia, UNDP together with the Government and civil society helped nearly 3,000 women with disabilities to receive a disability allowance. In the Democratic Republic of Congo, the revised Family Code widened opportunities for women's economic empowerment by eliminating requirements for marital authorization for women to sign labour or commercial banking contracts.

Strengthening women's access to clean energy

Achieving gender equality in access to clean, affordable and sustainable energy, including renewable energy, is vital for eradicating poverty. The results various projects show that gender equality is beneficial for the environment, women's health and the reduction of unpaid work. In 2018, nearly 612,000 women-headed households benefited from access to clean energy. In Niger, for example, women represented 51 per cent of the population who gained access to modern energy services thanks to the installation of multifunctional platforms. This reduced

the time the women spent on domestic work, increased their income and improved nutrition and food security.

In Brazil, the construction of ecological stoves enabled women to save four hours walking to transport 20 kilograms of firewood three times a week. The time saved also allowed the women to make better use of subsistence agriculture and improve their nutrition.

Unpaid care work

The recognition, reduction and redistribution of unpaid care and domestic work that women disproportionately perform is critical to achieving gender equality, with significant benefits for economic development and labour market outcomes, improved well-being and poverty reduction.

In El Salvador, the Government developed its national care policy and includes gender analysis in the universal social protection system. In Sierra Leone, the creation of new clean water facilities located closer to residential dwellings, resulting in increased children's study time and women's engagement in trading and small businesses. In Timor-Leste, an extension of new water supply taps was implemented, reducing the time spent by women on water collection.

Reinforcing efforts to eliminate gender-based violence

Eliminating gender-based violence is crucial for achieving gender equality and eradicating poverty in its multiple forms among women and girls and men and boys. The elimination of gender-based violence contributes to better health and well-being, improves educational outcomes and supports women's rights to decent work and income security.

In 2018, strengthening efforts have been made to prevent and respond to gender-based violence at work through reinforcing legal frameworks and policies; providing comprehensive multi-sectorial services; improving access to justice for and safety of survivors; and raising awareness and social mobilization. Three notable global initiatives in this regard are:

(a) European Union-United Nations Spotlight Initiative;

(b) UNDP project on ending gender-based violence and achieving the Sustainable Development Goals (2018-2020) which examines how prevention and response can be integrated within sectorial programming; and

(c) Global programme on strengthening the rule of law and human rights for sustaining peace and fostering development (2016-2020), which has addressed sexual and gender-based violence in nearly 40 priority countries affected by crisis, fragility or conflict.

In all regions, UNDP works with Governments to adopt critical legal and policy reforms to combat violence against women and eliminate all forms of discrimination. In Albania, improvements and alignments have been promoted to align national legislation with the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, including the criminal procedural code and by-law on domestic violence. In Peru, the implementation of the National Plan on Violence Against Women has been promoted, along with the law that established the National System for the Prevention, Sanction and Eradication of Violence Against Women and Family Members at the local level.

Governments have been supported to generate evidence and data to better understand the root causes of gender-based violence as in Argentina, Costa Rica, El Salvador, Guyana and Honduras.

In 11 countries, women and girls have gained access to justice for crimes of sexual and genderbased violence; 47 per cent of gender-based violence cases, which were reported to authorities, received judgment in the formal justice system.

In conclusion, the report features significant achievements in promoting women's political participation and economic empowerment, especially while recognizing, reduction and redistribution of unpaid care and domestic work that women disproportionately perform as critical to achieving gender equality. The report also shows the progress achieved in empowering women as decision-makers in natural resource management and addressing impacts of climate change with significant benefits for economic development and labour market outcomes, improved well-being and poverty reduction. However, despite the progress made, limited impact was found in transforming power relations and achieving structural change. Women are still treated as programme beneficiaries rather than as active agents of change. Moreover, within UNDP women remain underrepresented at middle management level, and there is a persisting gap in the experiences of men and women in the workplace. More concerted and systematic efforts are therefore needed to advance gender equality, remove structural barriers, and promote women's agency and leadership.

Highlights of 2018 *

- **UNDP continued to strengthen women's economic empowerment.** Over 4.1 million more women gained access to basic services, financial services and non-financial assets in 2018 with UNDP support.
- **UNDP continues to be a vital actor in supporting women's political participation.** Forty-eight per cent of all voters registered with UNDP support in 39 countries were women, and across all regions special measures were implemented to ensure a conducive environment for women's political participation.
- **UNDP continues to support women in crisis and post-crisis contexts.** Fifty-nine per cent of all beneficiaries of recovery programmes were women.
- **UNDP demonstrated strong performance against the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women 2.0,** meeting or exceeding 87.5 per cent of the performance indicators. Notable achievements include: policy and strategic planning; knowledge and communications; inter-agency coordination; and evaluation, for which UNDP exceeded requirements for the first time.
- **UNDP achieved gender parity at senior management level.** The Assistant Secretary-General team is composed of 50 per cent women and 50 per cent men and resident representative appointments comprise 51 per cent women and 49 per cent men.

* Based on the Annual report of the Administrator on the implementation of the UNDP gender equality strategy in 2018 (DP/2019/11).

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MMM ACTIVITIES TO PROMOTE MOTHERS' ROLE AND RIGHTS

“When mothers get involved, it works” – MMM France 25th anniversary dinner

MMM France, the French arm of Make Mothers Matter, celebrated its 25th anniversary on 26 March 2019 with a special “working dinner” at the Assemblée Nationale in Paris. The evening under the motto “Quand les mères s’en mêlent... ça marche !” – “When mothers get involved, it works” was themed around 15 concrete solutions offered by 15 speakers for the economy, peace and health, with mothers at the core.

It was a rich evening with a programme that featured diverse speakers – both public figures and from within MMM itself. They each brought a personal perspective on the key issues: improving child care services despite budget constraints, facilitating work/life balance, encouraging social cohesion in a popular neighbourhood, preventing maternal burnout, fighting child obesity and educating mothers on health amongst many other topics.

Guests heard from a young mother with a handicapped child who turned to Facebook to mobilise action... and the inspirational peace message of Latifa Ibn Ziaten, a mother who lost a son to a terrorist attack in Toulouse. Pauline Ambroggi and Gabrielle de Milleville, MMM Representatives at UNESCO, also delivered two strong messages of peace and education on health.

On the strength of their commitment and experience, elected politicians and association activists were all able to discuss and present their good practices. MPs, local politicians and association stakeholders had the opportunity to learn about many initiatives concerning mothers – a source of inspiration for implementation in their own territories.

The 15 innovative solutions presented during the dinner are also detailed in a book and completed

with 12 additional initiatives or activities from various stakeholders, including our European and UN Delegations.

For more information visit <https://makemothersmatter.org/quand-les-meres-sen-melent-ca-marche-whenmothers-get-involved-it-works/>

Mothers' Rights are Human Rights – MMM at the 40th session of the Human Rights Council

MMM made several oral statements at the 40th session of the Human Rights Council, which took place in March 2019 at the Palais des Nations in Geneva.

On the impact of economics reforms on mothers and families

Taking the floor during the discussion on the Guiding principles on human rights impact assessments of economic reforms, MMM reaffirmed the necessity to make the unpaid work of caring for children, older persons and other dependents visible and be taken into account by policy makers, especially when devising economic policy.

MMM also called on States to take a long-term perspective and assess the impact of economic reforms and policy on families. Parents must be able to provide adequate nurturing care and education for their children, which is particularly crucial during the early formative years. No economic reform or policy should penalise mothers and families. For too long, families have been adjusting to the economy and the labour market. It is time the economy adjusts to families.

Access the full statement on the MMM website <https://makemothersmatter.org/no-economic-reform-or-policy-should-penalize-mothers-and-families/>

On the young women's right to work

The world currently hosts the largest generation of young people in history, yet in comparison to adults, they are three times more likely to be unemployed.

Within this group, young women are three times more likely to be unemployed than young men and this is due to the fact that across many regions and cultures, they are expected to spend a large part of their day meeting the expectations of their domestic and reproductive roles. Women, and especially mothers, spend two to ten times more time on unpaid care work than men, and the more they do it, the more their employment situation worsens compared to young men. Very worrying statistics...

We at MMM urge States to give unpaid carers social protection, training, and include unpaid care work in pension calculations. We support all policies promoting shared family responsibilities for work in the home, and policies tackling job discriminations faced by women of child-bearing age.

We believe it is especially necessary for OECD countries, where birth rates are declining rapidly, to enable women to have a balanced work-family life.

Access the full statement on our website: <https://makemothersmatter.org/the-worlds-richest-economies-have-a-problem-and-the-good-news-is-womenomics-can-fix-it/>

On empowering mothers in the fight against air pollution

Air pollution contributes to seven million premature deaths annually. It has a greater impact on certain vulnerable populations, especially children. In developing countries, women suffer the most from household air pollution because of their primary role in cooking. It is, in particular, responsible for negative birth outcomes.

At the household and local levels, women, especially mothers, must not be considered only as victims: they can also be vectors of transformation, provided they are recognised as such, educated and supported in their multiple roles.

In developing countries, mothers can drive communities to adopt clean cooking technologies introduced by State programs. Around the world, countries that are engaging women in local communities and local governance are seeing positive results for the development of their communities.

In developed countries where air pollution is mainly ambient, one English mother might set a precedent that could inspire the world. Her nine-year-old daughter, Ila, died in 2013 from asthma attacks. The family lived near London's South Circular road, filled with diesel fumes. When she found out that her daughter's attacks were correlated to air pollution peaks, she engaged in a battle to put air pollution on her daughter's death certificate. The Attorney General has backed her application and the High Court is being petitioned to authorise it. Rosamund Adoo-Kissi-Debrah is now running for London Assembly. She is just one mother who could change the course of air pollution.

Therefore, MMM calls upon empowering women in the fight against air pollution instead of seeing them only as victims.

Access the full statement on the MMM website <https://makemothersmatter.org/mothers-in-action-against-air-pollution/>

MMM response to EU consultation on gender pay gap

The EU Delegation of MMM responded to the public consultation of the European Commission on "equal pay" in April 2019; the objective was to gather views from stakeholders on the impact of EU rules on equal pay and assess if the current legal framework needed to be reviewed. Currently, the gender pay gap is on average 16% at EU level and it is stagnating in many countries.

MMM highlighted that the gender pay gap is the result of many complex factors, including vertical and horizontal occupational segregation, as well as direct pay discrimination, but that it is mainly linked to what is called the "motherhood penalty". In a society where unpaid care work (household work, caring for children, the disabled, elderly and frail) isn't valued, the motherhood penalty refers to the pay gap (care gap) between mothers and childless women.

MMM also underlined that women's unequal pay does not just hurt women but that it is a cost to society as a whole due to the strong link between the gender pay gap and child poverty, skills shortages, and a cost to the economy because of the underuse of women's skills.

We presented the state of play of the gender pay gap in the European Union, the underlying causes which arise from the unequal distribution of unpaid care work, a summary of the Belgian current situation and finally some recommendations.

To access the response to the consultation and the annex, please visit <https://makemothersmatter.org/motherhood-and-unpaid-care-work-at-the-root-of-the-gender-pay-gap/>.

International Day of Families: Families play a pivotal role in accelerating the transition to a circular economy

On 14 May, Make Mothers Matter celebrated the International Day of Families by hosting a seminar highlighting the importance of engaging mothers and families as changemakers for sustainable development.



Policymakers, researchers, civil society representatives and other circular economy practitioners gathered at the European Economic and Social Committee in Brussels to discuss how to accelerate the transition to a circular economy through good practices.

The event was organised by the EU Delegation of Make Mothers Matter in partnership with the European Economic and Social Committee and was webstreamed. Olalla Michelena, Director of the EU Delegation, presented the [CIRC4life](#) research project, funded by the Horizon 2020 programme, which aims to develop new business

models based on a circular economy. We highlighted how we are engaging families as consumers and actors in the project in order to accelerate the transition to a circular economy.

[Read the full press release here.](#)

MMM celebrated the adoption of the work-life balance directive by the European Parliament

On 4 April 2019, the EU Delegation went behind the scenes at the heart of decision-making, the European Parliament, to attend the vote of the work-life balance directive and to get reactions from MEPs about what really matters to mothers and families in Europe, and we produced a [video](#) titled #MothersMatterforEU.



It was a day of celebration when the [European Parliament adopted, with a vast majority, the WorkLife Balance Directive](#) after four years of hard work and negotiations. Since the proposal for this directive had been published by the European Commission in April 2017, we at MMM have been actively following the legislative process and engaging with policymakers to voice the needs and concerns of mothers and families. MMM, together with an alliance of NGOs, has long advocated and pushed forward the adoption of these social changes that will allow families in Europe to better reconcile work and family life.

The Directive represents a minimum standard for all EU countries that must be considered as such. However, it represents an improvement of the situation for families in all countries to a greater or lesser degree, depending on what their current situation is. Nothing prevents Member States from raising this standard. It includes:

- 10 days of paternity leave granted to the father following the birth of a child, paid at least at sick-pay level (according to national legislation);
 - 4 months of parental leave, including 2 non-transferable months between parents, with a salary determined by Member States for these two months;
 - carer's leave, equal to 5 days per worker per year, whose payment will be decided by national governments;
 - the right to request flexible working conditions for all parents of children until 8 years and carers (teleworking, reduction of working time and flexible working hours).
- We regret, however, that this agreement does not take into account:
- maternity-leave provisions, which are outdated, and we hope the next European Commission will propose a revision of the EU Directive;
 - the right to request flexible working conditions for all parents of children until age 18;
 - the situation of the self-employed.

About Make Mothers Matter – MMM

Make Mothers Matter (MMM) advocates and supports mothers as change-makers for a better world. Created in 1947, MMM is an international, apolitical and non denominational NGO, with UN General Consultative Status with ECOSOC.

Compiled by Irina Pálffy-Daun-Seiler, MMM Representative to the United Nations in Vienna, with input from Valérie Bichelmeier, MMM Representative to the United Nations in Geneva, and Olalla Michelena, Secretary General of the European Delegation of MMM.

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Recent and Upcoming Events

2019

July

- 02. – 05.: Sacramento Family Conference
<https://familyconferences.org/events/family-conference/sacramento/>
- 03. – 05.: Gender, Inclusivity and Protecting the 21st Century Family (London, UK)
<https://www.icflpp.com/conferences-meetings-and-seminars/>
- 10. – 12.: National Family and Community Engagement Conference (Reno, NV, USA)
<http://www.cvent.com/events/2019-national-family-and-community-engagement-conference/event-summary-e2a59162916c4981b6d2beafbaddbb6d1.aspx?dvce=1>

July/August

- 29. – 03.: Big Sandy July Family Conference (Big Sandy, TX, USA)
<https://familyconferences.org/events/family-conference/bigsandy19-july/>
- 30. – 03.: IVE Meeting (Rome, Italy); <https://www.ivemeeting.org/?lang=en>

September

- 20.: GM1 Family Meeting (San Diego, CA, USA); <https://curegm1.org/>

Impressum

Projects of the Vienna NGO Committee on the Family are supported by:

- ❖ Austrian Federal Government
- ❖ Bank Austria
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- ❖ United Nations Trust Fund on Family Activities

'Families International' is published by:

Vienna NGO Committee on the Family:

Office of the Chairperson:

MAG. WOLFGANG ENGELMAIER

PAULANERGASSE 11

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