

Developing a life course approach to women's rights and gender equality

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Policy and programme interventions aimed at achieving gender equality and women's empowerment frequently focus on particular life stages or age groups of girls or women, without contextualising their specific and interlinked experiences and needs at different times of their lives, particularly during adolescence and in later life. In this paper we consider some of the impacts of structural inequalities across the entire life course, suggesting that this is an important area that needs more research and analysis.

In an earlier thinkpiece¹, the Gender and Development Network has discussed the way that women and girls face intersecting discriminations on the basis not just of gender but also race, disability and other factors; here, we look specifically at the interface between gender and age.

A life course approach to tackling gender equality

What we call a life course perspective looks at the way that a person's ability to make decisions and their responses to major life events are influenced by the systems and structures within which they live, the opportunities they have and the discrimination they face. It can help policymakers see how a certain response or intervention at one life stage might affect subsequent stages of a person's life, and how a policy or programme that benefits people at a specific life stage may not necessarily be empowering for them at younger or older ages. In addition, it shows how the lives of people from different generations and their needs interact.

Almost a quarter of the world's women are over 50, with the majority of older women living in low- and middle-income countries.² A similar proportion of females are adolescent girls, and yet both older women and adolescent girls are all too often excluded, implicitly or explicitly, from policy and programmes designed to boost

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women's economic empowerment or tackle violence against women and girls.³ For older women, this exclusion happens despite the accumulated impact of gender inequality throughout their lives, as well as the new challenges they face in older age; likewise, for younger women, such an approach ignores how experiences in adolescence are already restricting their opportunities and rights. A 20-year review of implementation of the Beijing Platform for Action and its recommendations showed that older women were still virtually ignored in all areas except poverty and barriers to employment.⁴ This exclusion is partially due to a data gap caused by discriminatory upper age limits in data gathering and partially due to an inherent ageism in the way that we understand gender. For example, the dominant discussion on women's economic empowerment focuses on increasing women's participation and equality in the formal labour force, which is not even the reality for many women of "working age" but is particularly problematic for older women or adolescent girls.

Likewise, women's health interventions tend to focus on reproductive and maternal health, rather than taking a more holistic approach. The exclusion of older women and girls may also be a symptom of a patriarchal mind-set and a dominant economic model that disproportionately values "productive work", combined with the assumptions that underlie categories such as "working age" and "dependency ratios". These categories suggest that older women and men automatically stop working and become 'dependent' on others for income or other support when they reach 65. In reality older women in particular continue to carry out significant unpaid and paid work to support themselves and their households.⁵

Taking a gender-transformative life course approach helps us to understand that women are not a homogenous group, and that each woman's life is made up of many different and interlinked social characteristics, phases, events and transitions that shape her particular experience of discrimination in different ways and at different points throughout her life. It recognises how gender inequality and patriarchy intersect with other systems of oppression, and how these intersections then contribute to unique experiences of oppression and privilege.⁶ It also acknowledges that there are certain challenges that girls and women are more likely to face during particular life stages, including barriers to schooling, adult education, maternal healthcare, and entry and re-entry to the workforce, compounded by intersecting discriminations based on race, disability and other factors.

A life course approach is essential if we are to address the root causes of inequality and patriarchy, recognise the long-term and compounding nature of life events such as marriage or pregnancy, and ensure that no woman is marginalised at any stage of her life. Moreover, it allows us to address the issues facing girls and women living in all the various life stages now, to pre-empt the challenges they will face in the future and in the context of social and demographic change.

In this briefing we look particularly at the way in which the life course interacts with structural gender inequality in the areas of unpaid care, education and paid work, sexual and reproductive health and rights (SRHR), and violence.

A lifetime of unpaid care work: the economic impacts

Estimates show that women do 2.5 times more care work than men.⁷ There has recently been a much-needed effort to move unpaid care work up the political agenda; however, the focus tends to be on women of reproductive age, even though the unequal and gendered distribution of unpaid care work shapes the experiences of girls and women at every stage of their lives. Unpaid care work has an impact not only on women's current earning power, but also on their long-term income security. By the time they reach old age, women have had fewer opportunities than men to accrue assets or pensions, or to participate equally and independently in economic decision-making.

From a young age, girls drop out of school and training to care for siblings or sick or frail relatives. Later in life, women take up precarious and insecure positions in the formal and informal economies to balance unpaid care work with earning an income. Mothers of young children are still in many contexts expected to take on the role of primary carer. Older women often continue in their caring roles and take on new responsibilities, carrying out unpaid care work for multiple generations simultaneously: spouses, children, grandchildren, older parents, other relatives or community members.⁸

Gender inequalities in care responsibilities continue in older age, and in the poorest places they become more unequal in older age.⁹ Analysis of time use data in 30 countries shows that older women carry out an average of 4.3 hours a day of unpaid care and domestic work—more than double that of men.¹⁰ In Bangladesh, amongst older women aged 65–69 who are not in paid employment, 50 per cent cite family responsibilities as the reason; it was only at older ages that health issues became a more common reason.¹¹

The continuing burden of unpaid care work on older women is due to a range of factors including economic migration, health pandemics like HIV/AIDS, and a lack of healthcare services to manage the growing incidence of chronic (non-communicable) diseases—all of which can increase care needs in a family or community while reducing the number of people available to provide it. A study of five sub-Saharan African countries found that between 40 and 60 per cent of orphaned grandchildren were being cared for by their grandparents.¹²

To fully understand the nature of unpaid care and shape appropriate responses, investment is needed to expand data sets and fund research into the complex intergenerational structures and roles of individuals within households. Existing evidence shows that households are largely benefiting from the unpaid care work that older women do, which enables younger women and men to join the paid workforce, has positive impacts on girls' education and nutrition, and prevents children (particularly girls) from having to do unpaid care themselves.¹³

Publicly funded childcare and long-term adult care are both needed to help recognise, reduce and redistribute unpaid care work, acknowledging the role that younger and older women play and ensuring that they too have a choice. Whilst adolescent girls and younger women often care for their younger siblings, older women often care for their older spouses or others who are frail or ill. Investment in integrated long-term care, support systems and treatment for non-communicable diseases could help to reduce their care load. An understanding on the part of governments and employers of the significant role of older women in childcare would also help support older carers.

Recognising that grandmothers bringing up grandchildren often experience emotional stress over their ability to send them to school or provide meals, a pilot scheme in Tanzania showed how a cash transfer, comprising a pension and a child benefit per child in their care, had a huge impact on decreasing their worry.¹⁴ Childcare policies should take into account not just parental challenges, but also those of the wider household and especially skipped-generation families where grandmothers and daughters tend to play greater roles in providing care. Support for older carers to balance work and unpaid care, claim their right to rest and leisure time, and return to work if they wish is needed, alongside specific support for younger mothers who may wish to return to education or training.

Discrimination in paid work and social protection

Interventions for women's economic empowerment often focus on paid work for women of what is deemed "productive age", equating empowerment with female labour force participation. A life course approach reveals the ways in which this focus should be expanded, and recognises the particular problems women face at work around childbirth.

Firstly, despite the use of phrases such as "working age" and "retirement age" that imply a finite working career, many women continue to do paid work throughout their lives, often invisibly in the informal sector. One in seven women aged 65 and over in low and middle income economies is in the labour force.¹⁵ Women of all ages have a right to decent work, and the assumption that women simply stop working when they reach a certain age hides the realities of older women's lives. Meanwhile, many

adolescent girls are working while they attend school, regardless of any set legal working age where they live.

Secondly, paid employment is not always empowering. The discrimination and disproportionate unpaid care burdens that girls and women face from childhood restrict employment choices and leave women at each life stage confined to informal, insecure work without access to workplace rights or social protection schemes. Many women are employed in informal settings where they have no recourse for workplace harassment, discrimination and injury.¹⁶ Although there can be many benefits for women to continue working in later life—financial independence, more decision-making power and a sense of identity—these are only possible if the work is decent. In poorer countries, where the main reason older women work is the economic necessity of supporting themselves and others, decent work is sadly not the norm.¹⁷ Furthermore, older women who have developed chronic health conditions or disabilities may have no choice but to find or continue in unsuitable work roles like agricultural or other heavy labour.¹⁸ Women also face low pay as a result of childbearing and low access to quality secondary and tertiary education, and available data shows a gender pay gap after childbirth which continues to increase with each child and widens for older women.¹⁹ While all women face barriers to accessing decent work, women in older age face additional disadvantages such as negative assumptions about their skills and abilities due to their age.²⁰ In a recent study, an older woman in Serbia said, “When it comes to sacking people, they first lay off those women over 55, because their performance is allegedly lower. I know this from personal experience.”²¹

Moreover, paid work alone is not enough for many women around the world to support themselves and their families, and yet social protection for women at key stages in their lives is lacking. Although progress has been made in maternity leave policies, 830 million women workers remain unprotected, and where schemes exist, many are unpaid or employer-funded.²² In a recent ILO study, only 42 per cent of countries out of 184 with available data met the minimum standards set out in the ILO Maternity Protection Convention No. 183.²³ Provisions for paternity leave are on the increase, but the majority of countries, particularly developing countries, do not have any leave available for fathers.²⁴

A life course approach to social protection provides security against all the various risks that arise from events in the life course including raising a family, disability, old age and unemployment; currently, however, only 29 per cent of the global population is covered by comprehensive social security systems.²⁵ Inadequate pensions are a key example here, as they show how older women suffer as a result of discrimination earlier in life. The loss of wages and pension contributions that come with breaks in paid work to have children—the so-called *maternity penalty*—leads to a gender pension gap as well as lower levels of savings.²⁶ Women’s concentration in the informal sector also means few have jobs with a formal pension. Even state-provided pension schemes are often contributory, ignoring women’s unpaid care work and

relying on traditional male work patterns and continuous contributions.²⁷ A social protection system that includes universal social pensions can go some way toward mitigating the cumulative impacts of gender inequalities throughout the life course, and feasibility studies have found that it is possible for countries to introduce universal pensions at low cost—indeed, many lower- and middle-income countries have already done so in recent years.²⁸

The financial exclusion of women is well documented, but less widely reported are older women being refused microcredit based on their age, which affects their ability to start businesses, including petty trade. “We are prohibited from getting credit or microfinance because we are older women. They believe we are too old and may die at any time,” said a 69-year-old woman from Nigeria.²⁹ Similar exclusions exist for younger women who often cannot access financial services and assets without a parent or guardian’s consent, or without government identification cards, which are often inaccessible for younger women. What is more, local inheritance laws that prevent women from inheriting property combined with gender- and age-based discrimination can lead to devastating consequences for widows.³⁰

Violence against women and girls throughout the life course

Violence against women and girls (VAWG) is one of the most pervasive violations of human rights. From an early age and throughout the rest of their lives, women and girls are subjected to different forms of violence, including physical, sexual, psychological and emotional violence, both at home and in public spaces and workplaces. This can include intimate partner violence, female genital mutilation, early and forced marriage, widow inheritance and abuse, and sexual violence in conflict. Such violence is usually recurrent, happening to the same person at multiple times over the life course and often passed from one generation to another.³¹

VAWG is a continuum and affects women and girls in different ways at different points in their lives.³² The debate and evidence also still largely overlook multiple discriminations, including in relation to older women, and fail to reflect how effective prevention measures and responses will vary for different age groups. Women aged over 49 comprise a quarter of the world’s women, yet they are often excluded from internationally comparable data on gender-based violence. These women are just as affected by abuse as younger women, as anecdotal evidence shows they face specific types of economic, physical and psychological violence.³³ Women with disabilities are also at heightened risk of violence, and these disabilities are likeliest to emerge in later life.³⁴

There is also growing evidence of the need to target interventions to adolescent girls.³⁵ In their teenage years, girls experience violence in the home, at school and in the community. This violence takes many forms—physical, sexual, psychological—and may come at the hands of trusted adults, intimate partners, peers or strangers. In some countries, mostly in Africa, 30–40 percent of adolescent girls become victims of sexual violence before the age of 15; amongst those cases, 45–77 percent of sexual violence against girls was found to be perpetrated by a romantic or intimate partner.³⁶

Despite violence affecting women of all ages and life stages, interventions and services can often prioritise some women to the exclusion of others. For example, a study of intimate partner violence in South Asia found that violence screening programmes were offered as part of pregnancy-related health services, thus excluding older women and girls.³⁷ Violence against older women is often classified instead as “elder abuse”; such an approach disregards the intersectional causes of violence and, argues Women’s Aid, risks barring older women from accessing justice or appropriate support from domestic violence services.³⁸ Likewise adolescent girls often fall at the intersection of “violence against children” and “violence against women”, leaving them neglected by both sets of systems.³⁹ Research by Womankind Worldwide into specialist VAWG services, particularly shelters, illustrates this problem with evidence that pregnant young girls and young women face difficulties accessing VAWG services.⁴⁰

Healthcare and sexual and reproductive health and rights (SRHR) for all women and girls

A commitment was made in the Beijing Platform for Action to “increase women’s access throughout the life cycle to appropriate, affordable and quality healthcare, information and related services”, but this has largely not been implemented.⁴¹ Healthcare and SRHR continue to be primarily geared toward women of reproductive age, failing to meet the needs of girls and ignoring women after menopause, with a tendency to focus narrowly on reproductive health rather than the full range of SRHR.

Regressive gender norms restrict and shape girls’ and young women’s access to SRHR services, information and education, leaving many without access or choice when it comes to contraceptives, and in ignorance about how to manage their menstrual cycle. In sub-Saharan Africa and South Central and South East Asia, more than 60 per cent of adolescents who wish to avoid pregnancy do not have access to modern contraception.⁴² Early and forced marriage can also lead to lifelong inequalities, as adolescent childbearing may force girls to leave school, and poses significant health risks.⁴³ Unplanned and/or frequent pregnancies come with severe health consequences, such as unsafe abortions, pregnancy complications and increased rates of maternal and infant mortality. The realisation of girls’ and

adolescents' sexual and reproductive rights is crucial for every aspect of their lives; for example, comprehensive sexuality education is vital in shifting the stubborn gender norms that reproduce inequalities—yet it is contested and inadequate around the world. Meanwhile older women and men are often overlooked due to stereotypes about sexual activity, and excluded from education about their sexuality and sexual health, with damaging consequences.⁴⁴ Women remain sexual beings in later life and need protection from HIV and AIDS and other sexually transmitted infections, as well as support for the fulfilment of their sexual rights, just as younger women do.

For older women, health needs change significantly at the menopause and beyond.⁴⁵ Although women live an average of 4.6 years longer than men, these will not necessarily be healthy years.⁴⁶ Women may experience specific sex- and age-related health issues, including heart disease and risk of stroke, gynaecological malignancies and osteoporosis.⁴⁷ Older age can be a time of particular need for access to health services, with older women likely to be living with one or more chronic conditions, but they also face specific barriers to accessing affordable and appropriate health care. For example, in some contexts older women and men are entitled to free healthcare but required to present government-issued identification to access it—and many older women do not have appropriate documents because their births were not formally registered. When they arrive at the health centre, older women's particular health issues are often not catered for, with the result that they are sent home with over-the-counter painkillers or told that what they are experiencing is “just old age”.⁴⁸ Non-communicable diseases—including heart disease and hypertension, both particular and increasing risks for older women—receive inadequate attention and investment compared to communicable diseases, despite causing 70 per cent of deaths of all ages globally.⁴⁹

Conclusion

Policy and programme interventions to promote gender equality and women's rights are more likely to succeed if they integrate a life course approach, acknowledging the intersection of age and gender discrimination and other forms of oppression. More thought and analysis is needed to refine approaches, but a starting point could be to recognise that:

- women and girls have different needs, priorities and circumstances at different points in their lives
- policymaking too often focuses on women of “productive” and reproductive age, ignoring the rights, needs and valuable contributions of girls and older women
- interventions that are beneficial to one age group will not necessarily be empowering for all
- structural inequalities have long-lasting effects, and the design of interventions in earlier life need to take into account the impact on later stages in life, addressing underlying power imbalances and gender inequalities

- the lives of different generations and their needs interact

While the exact implications will vary in specific contexts, some observations can be made. The first is that **women and girls in all age groups must be made visible in data collection, and their specific needs addressed in policy and programming.** Damaging ageist and sexist norms have resulted in women being reduced to their reproductive capacities, manifested in the exclusion of girls and older women in data collection, evidence and policymaking. Yet, in reality, older women and girls undertake unpaid care work, and many older women also continue to engage in paid employment, so they need to be part of discussions on women's economic empowerment; older women, adolescents and girls must be part of VAWG prevention and responses, and both have SRHR needs and rights that need to be met.

The second observation is that **a life course approach is particularly important in allocating public expenditure.** Gender-responsive budgeting, including gender audits of government departments and gender impact assessments of specific government policies, can use a life course approach to ensure budgets are spent in ways that promote gender equality for girls and women at every stage of their lives. This should include increased public expenditure on universal healthcare, childcare, long-term care and support, as well as universal access to non-contributory and adequate social protection, thus enabling girls and women to fulfil their rights throughout their whole lives.

Learn more

- [Transforming gender relations in an ageing world: a policy discussion paper](#), by Ann Stewart and Jennifer Lander (Warwick Law School) with HelpAge International, 2018
- [Global strategy and action plan on ageing and health](#), World Health Organization, 2017
- [Who cares? Why older women's economic empowerment matters for the Sustainable Development Goals](#), Age International, 2018
- [Between work and care: older women's economic empowerment](#), Overseas Development Institute, 2018
- [Women count: a casebook for gender responsive budgeting groups](#), Women's Budget Group, 2018.
- [Care jobs and care work for the future of work](#), International Labour Organization (2018)
- [Promoting women's economic empowerment: recognizing and investing in the care economy](#), UN High-Level Panel on Women's Economic Empowerment, 2018
- [OECD policy dialogue on women's economic empowerment: summary report](#), 2018
- [Global population ageing: peril or promise?](#) World Economic Forum, 2012
- [Progress of the world's women 2015–16: transforming economies, realizing rights](#), UN Women, 2015

- [Protecting women's income security in older age: toward gender-responsive pension systems](#), UN Women policy brief no. 3, 2015

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¹³ ODI 2018.

¹⁴ REPSSI, World Vision and HelpAge Deutschland. 2008. *Salt, soap and shoes for school: the impact of pensions on the lives of older people and grandchildren in the KwaWazee project in Tanzania's Kagera region*. London: HelpAge International.

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Acknowledgements

Written by Kate Horstead (Age International) with support from the GADN Secretariat, the GADN Women's Economic Justice working group, and the GADN VAWG working group.

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