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Gendered dimensions of care and support systems

Report of the Working Group on discrimination against women and girls*, **

Summary

In the present report, the Working Group on discrimination against women and girls underscores the central role of care and support in sustaining the well-being of societies. Although care and support constitute a collective responsibility that benefits everyone, they continue to fall disproportionately on women and girls – often at great cost to their human rights. Despite its importance, care and support work is frequently unrecognized as work, and, even when acknowledged, remains undervalued, underpaid and largely unprotected. In the report, the Working Group argues that existing fragmented and insufficient care and support policies amount to gender discrimination. In a rapidly aging world with an existing structural care deficit and growing care needs, the Working Group calls for urgent public investment and transformation of cultural norms to ensure men and boys' equal participation in care work to build gender-responsive, human rights-based care and support systems for all.

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I. Introduction

1. The present report consists of thematic analysis and recommendations on the gendered dimensions of care and support systems. In the annex, an update is provided on the main activities of the Working Group on discrimination against women and girls from the time of the submission of its previous report[1] until April 2025.

2. The Working Group expresses its gratitude to all stakeholders for their valuable contributions to the preparation of the present report, which included responding to a questionnaire, submitting supporting documentation and participating in regional and thematic consultations.[2]

II. Contextual and conceptual framework

3. Research has long demonstrated that care and support work is vital to the economy and to society.[3] However, due to entrenched gender stereotypes and patriarchal social norms,[4] care responsibilities fall disproportionately on women. Often, care and support work is not recognized as work, and when it is, it remains undervalued, underpaid and underrepresented.[5] Women perform 76.2 per cent of all unpaid care work. They also comprise over 70 per cent of workers in the health sector, one of the major areas of the care economy.[6] This both reflects and reproduces the gender division of labour.[7]

4. Care is understood as "the act of caring for oneself, for others and for the planet, and which includes providing support and assistance to those who require it to enable their participation in society with dignity and autonomy".[8] Support is understood as "the act of providing help or assistance to someone who requires it to carry out daily activities and participate in society," in a way that such assistance meets recipients' basic needs while also enabling their participation in society with dignity and autonomy.[9] Care work includes "direct" or "relational" care, such as care of children, the sick, older persons, and persons with disabilities, as well as "indirect care"[10] occurring within and outside the home.

5. Households, market-based, public sector and community-based/non-profit organizations are the main institutions that provide care and support. When States and markets transfer the responsibility and cost of care and support onto families, this increases the workload for women and girls. The coronavirus disease (COVID-19) pandemic exposed this most starkly.[11] Nevertheless, conventional accounts of the economy neglect the importance of care work to the functioning of States and markets.[12] The Working Group has

[1] A/HRC/56/51.

[2] Inputs from States, civil society organizations and national human rights institutions are available at https://www.ohchr.org/en/calls-for-input/2024/call-inputs-mandate-working-group-discrimination-against-women-and-girls.

[3] Silvia Federici, *Wages Against Housework* (Power of Women Collective and Falling Wall Press, 1974); Marilyn Waring, *If Women Counted* (Harpercollins, 1988); Arlie Hochschild, *The Second Shift* (Viking, 1990); and Diane Elson, *Value: The Representation of Labour in Capitalism* (Verso, 2015).

[4] See A/HRC/56/51.

[5] International Labour Organization (ILO), *Decent Work and the Care Economy* (Geneva, 2024), p. 23.

[6] Healthcare workers make up a significant portion of paid care workers, but not the whole portion. There are also paid domestic workers, social workers and education workers who are not included in these statistics. See ILO, *Decent Work and the Care Economy*.

[7] See A/HRC/53/39.

[8] United Nations, "Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda", United Nations system policy paper (2024), p. 4.

[9] Ibid., p. 4; A/HRC/58/43, para. 5; and A/HRC/34/58, paras. 13 and 16.

[10] International Labour Organization (ILO), *Decent Work and the Care Economy*, p. 19.

[11] See https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-COVID-19-and-the-care-economy-en.pdf; and Soraya Seedat and Marta Rondon, "Women's well-being and the burden of unpaid work", *BMJ*, vol. 374, No. 1972 (August 2021).

[12] See A/HRC/44/51.

proposed a model of a feminist human rights-based economy as key to achieving gender equality and sustainable development.[13] The present report builds on this past work, calling for public investment in gender-responsive, human rights-based transformation of care and support systems. As populations age, many countries are facing labour shortages in the care sector, with Africa most acutely affected.[14] Consequently, there is a growing interest in artificial intelligence to automate care work.[15] However, because artificial intelligence relies on "big data" which often reflects and reinforces social inequalities, it risks perpetuating gender, race, class and other inequalities.[16] Moreover, artificial intelligence cannot replace direct care and support work which involves human relations and emotions.

6. War is the ultimate violation of human rights and poses a direct threat to building care and support systems.[17] With 120 conflicts raging around the world today, the Working Group is deeply concerned that some States and non-State actors have deliberately destroyed the civilian care and support infrastructure, including hospitals, schools and housing, and have used starvation and other methods in ways that may amount to war crimes, crimes against humanity and/or genocide, and that this increases women's and girls' care and support work amidst massive displacement and hardship, particularly in the Occupied Palestinian Territory and the Sudan.[18] The substantive protection of women and children has often been neglected, particularly affecting pregnant women and newborn babies, who do not receive appropriate care.[19] The widespread use of rape as a weapon of war, and kidnappings,[20] have a disproportionate impact on women and girls, while their care responsibilities intensify amidst armed conflict, displacement, poverty, unemployment,[21] food insecurity, drastic reductions in international aid, and increasing restrictions on their movement.[22]

7. The demographic changes underlying the care crisis are accompanied by epidemiological and climatic changes and all of these must be tackled together.[23] The countries most at risk of climate change are also those where women and girls are in greatest danger of maternal deaths, child marriage, adolescent pregnancies and gender-based violence.[24] Public investments in care and support are needed in order to

[13] A/HRC/53/39, para. 59.

[14] Mathieu Boniol et al., "The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage?", *BMJ Global Health*, vol. 7, issue 6 (June 2022). In European countries, nursing professionals and home-based care workers are among the 19 occupations with high-magnitude shortages – see https://www.ela.europa.eu/sites/default/files/2023-12/2021_Labour_shortages_surpluses_report.pdf, p. 9.

[15] Jennifer Rhee, "From ELIZA to Alexa: automated care labour and the otherwise of radical care", in *Feminist AI*, Jude Browne et al., eds. (Oxford University Press, 2023), p. 155.

[16] Sharla Alegria and Catherine Yeh, "Machine learning and the reproduction of inequality", *Contexts*, vol. 22, issue 4 (November 2023), pp. 34–39. The Working Group's 2026 thematic report will be devoted to gender equality in our digital lives, including how artificial intelligence can be used to care for communities rather than to exploit them.

[17] See https://www.ohchr.org/en/statements-and-speeches/2025/03/turbulence-and-unpredictability-amid-growing-conflict-and-divided.

[18] See https://www.un.org/unispal/document/gaza-un-human-rights-experts-condemn-israeli-decision-to-re-open-gates-of-hell-and-unilaterally-change-conditions-of-truce-deal/ and https://www.ohchr.org/en/press-releases/2025/05/horrors-sudan-know-no-bounds-warns-turk-urging-end-conflict.

[19] Fourth Geneva Convention, art. 91. See also https://www.justsecurity.org/92562/a-zone-of-silence-obstetric-violence-in-gaza-and-beyond/.

[20] Hannah Davis, "Sectarian violence simmers in Homs", *New Lines Magazine*, 10 March 2025. See also https://euaa.europa.eu/sites/default/files/publications/easo-coi-report-syria-situation-women.pdf.

[21] See https://www.unwomen.org/en/news-stories/press-release/2025/02/three-years-of-full-scale-war-in-ukraine-roll-back-decades-of-progress-for-womens-rights-safety-and-economic-opportunities.

[22] Views expressed during the Working Group's consultations with civil society organizations from Africa and the Middle East. See also Human Rights Watch, "Yemen: warring parties restrict women's movement", 4 March 2024.

[23] Bruce Barrett, Joel W. Charles and Jonathan L. Temte, "Climate change, human health, and epidemiological transition", *Preventative Medicine*, vol. 70 (2015), pp. 69–75.

[24] See https://www.unfpa.org/press/global-climate-crisis-putting-women-and-girls-extreme-danger-unfpa-warns-new-data.

address these problems rooted in gender inequality. At the same time, care and support policies are critical to building alternatives to current extractive and exploitative models of economic development.[25] Public investments in quality healthcare and childcare and other care and support services have economic multiplier effects and benefit green economies through the creation of low-carbon care jobs.[26]

8. Ensuring the autonomy and dignity of both those providing and those requiring care and support is key to the fulfilment of human rights. Women's and girls' identities, experiences and challenges are shaped not only by gender, but also by disabilities, age, class, race, ethnicity, sexual orientation, and immigration status, among other factors.[27] The Working Group approaches care and support systems from an intersectional feminist perspective that aims to eliminate gender discrimination and advance gender equality as a precondition for all human rights.

9. Advancing gender equality in care and support systems is more urgent than ever in the context of an escalating backlash against gender equality.[28] With aging populations and declining birth rates, many governments today promote pronatalist and "family-oriented" policies.[29] However, tasking women with "reproducing the nation" threatens their hard-won rights, including in the areas of sexual and reproductive rights and efforts to combat gender-based violence.[30] Achieving substantive equality involves transforming cultural norms separating care responsibilities from gender roles. Policies to ensure an egalitarian redistribution of care work are needed for a transformative change in States that uphold care and support as organizing principles. The Working Group notes that holistic approaches are necessary to ensure that care and support systems are economically, socially and environmentally sustainable. The Working Group refers specifically to the CREATE framework that it set forth in its recent Guidance Document on Substantive Gender Equality, which provides a comprehensive and actionable road map for achieving transformative substantive gender equality. Each letter in the name "CREATE" represents a pillar of action that States and other stakeholders are called upon to undertake in order: (a) to counter harmful social norms, discrimination, and violence; (b) to redress socioeconomic inequalities; (c) to eliminate legal and structural barriers; (d) to adopt proactive laws and policies; (e) to transform institutionalized patriarchal power structures; and (f) to enhance the participation and agency of women and girls.[31] The present report builds on the momentum created by Human Rights Council resolution 54/6 and the subsequent report of the United Nations High Commissioner for Human Rights on the human rights-based approach to care and support, which defines key terms and analyses the relevant international human rights standards.[32]

III. The impact of unpaid care and support work on women's and girls' rights

10. Caring for others is intrinsically valuable, yet it remains largely unrewarded in material terms. Daily, women contribute an estimated 12.5 billion hours of unpaid care work, adding at least US$10.8 trillion in value to the global economy. If paid, unpaid

[25] United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), The climate-care nexus: addressing the linkages between climate change and women's and girls' unpaid care, domestic and communal work (New York, November 2023).

[26] Amanda Novello, "Building narratives for a caring green economy" (Feminist Green New Deal Coalition, 2021); and United Nations, "Transforming care systems in the context of the Sustainable Development Goals and Our Common Agenda", p. 7.

[27] A/HRC/38/46, para. 11.

[28] See A/HRC/56/51.

[29] Yakın Ertürk, "Care crisis, anti-gender authoritarianism and feminist possibilities", *Feminist Dissent* (forthcoming).

[30] See https://www.ohchr.org/en/press-releases/2021/03/turkey-withdrawal-istanbul-convention-pushback-against-womens-rights-say.

[31] See A/HRC/WG.11/42/1.

[32] A/HRC/58/43, paras. 6 and 33.

childcare and housework would equal 9 per cent of global gross domestic product (GDP).[33] If a minimum wage were paid, the total value of unpaid care work would be three times the financial value of the global tech industry.[34] While this represents a significant contribution, the disproportionate share of unpaid physical, mental and emotional care and support work by women and girls undermines their ability to fully realize their human rights.

A. Right to equality and non-discrimination

11. Care work's invisibility, undervaluation and relegation to the private or family sphere, and the weak recognition of the centrality of unpaid care work to the overall economy, result in a lack of public investment, and an increase in women's unpaid care labour. Described as both the root cause and the consequence of gender discrimination,[35] gender stereotypes portray girls and women as primarily responsible for serving and nurturing others. This shapes the gendered division of labour, with consequences of gender discrimination in the provision and receipt of care and support.

12. When care work is regarded as "women's work", women are seen as more likely to need leave to take care of families and thus less attractive to employers. Men who want or need to provide care work face challenges such as workplace policies and gender stereotypes.[36] The transformation of sexist stereotypes and "the recognition of the common responsibility of men and women in the upbringing and development of their children"[37] are thus key to ensuring that women and girls can enjoy their human rights. Gender equality can be transformational for men through their greater participation in care and support, more holistic experiences of fatherhood, and more equal and fulfilling intimate partner relations, and through a closer relationship with dependents.[38]

B. Right to education

13. While the right to education is a human right respected in most countries,[39] girls too often interrupt their education to take care of household chores or of family members, or have to struggle to "balance" these different responsibilities, depriving them of their time for play and leisure.[40] Poverty and child labour, including paid and unpaid care labour, drive high dropout and out-of-school rates for girls.[41] The lived experiences shared during the Working Group's consultation with girls (aged from 14 to 18) highlighted the persistent links between poverty, displacement, child marriage and excessive care work, which also have negative impacts on the girls' mental health and on their ability to stay and/or succeed in school.

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[33] ILO, *Care Work and Care Jobs for the Future of Decent Work* (Geneva, 2018).

[34] Clare Coffey et al., "Time to care" (January 2020), cited in Oxfam, *Takers not Makers* (January 2025), p. 40.

[35] See Convention on the Elimination of All Forms of Discrimination against Women, arts. 3, 11, 13 and 14 for the relationship between the care economy and rural women, employment and social benefits. See also https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ohchr.org%2Fsites%2Fdefault%2Ffiles%2Fdocuments%2Fhrbodies%2Fcedaw%2Factivities%2FGeneral-Recommendation-41-gender-stereotypes.docx&wdOrigin=BROWSELINK.

[36] Brigid Schulte, Providing Care Changes Men, 4 February 2021.

[37] Convention on the Elimination of All Forms of Discrimination against Women, art. 5. See also the introduction to and art. 10 of the Convention.

[38] See A/HRC/WG.11/37/1.

[39] For exceptions, see, for example, A/HRC/53/21.

[40] Views expressed during the consultation with girls from Asia, Africa and the Middle East. See also Plan International, Real Choices, Real Lives – Out of Time*:* The Gendered Care Divide and its Impact on Girls (2024).

[41] Kelly Yotebieng, What we know (and do not know) about persistent social norms that serve as barriers to girls' access, participation and achievement in education in eight sub-Saharan African countries (New York, United Nations Girls' Education Initiative, 2021), p. 9; and African Union Strategy for Gender Equality and Women's Empowerment 2018–2028, p. 24.

C. Right to employment and economic participation

14. Unpaid care and support work leads to women's concentration in informal, part-time, low-wage and often non-union employment, negatively impacting their overall earnings.[42] Unpaid care work is the primary reason for women being outside of the labour market,[43] with men more likely to cite other reasons, such as education and health. Of the 748 million people not participating in the global labour force due to care responsibilities in 2023, 708 million were women.[44]

15. The lack of public investment in affordable and high-quality childcare, including especially for children with disabilities, was a recurring issue brought up during the regional consultations. Women's disproportionate share of unpaid care work, which causes time poverty, exhaustion, and caregiver burnout, accounts also for the pay gap between men and women, which is higher for women of colour and Indigenous women.[45] Current trends suggest that the pay gap will not close for another 134 years.[46] Once women and girls become mothers, their unpaid care work and financial and care needs increase, but their earnings decrease due to the motherhood penalty.[47] By contrast, men benefit from a "fatherhood bonus".[48]

D. Right to health

16. Women's ability to enjoy their right to health depends on a complex set of factors, including their levels of unpaid care work. The kinds of care work performed, and their repetitive or menial nature, vary not only between caregivers in high- and low-income countries, but also among different income groups within countries.[49] While direct unpaid care work, such as playing with children, may be stress-reducing and fulfilling, women who lack the financial means to outsource are burdened with indirect care, such as time-consuming and physically demanding domestic tasks, leading to fatigue and stress. Women who perceive household tasks and childcare as highly stressful have higher cortisol levels and slower recovery to normal cortisol levels than women who report low stress from this kind of unpaid work,[50] partially explaining adverse mental health outcomes, including depression. Moreover, cognitive and emotional involvement, along with a lack of leisure, self-care, and communication with family and friends, can lead to distress, depression and anxiety.[51] Single parents, including those who are single mothers by choice, and

[42] See A/HRC/44/51.

[43] See https://www.ilo.org/resource/news/unpaid-care-work-prevents-708-million-women-participating-labour-market; and Organisation for Economic Co-operation and Development, *Joining Forces for Gender Equality: What is Holding us Back?* (Paris, 2023).

[44] ILO, The impact of care responsibilities on women's labour force participation, statistical brief, 29 October 2024, p. 1.

[45] American Association of University Women, The not so simple truth about the gender pay gap, 2025 update.

[46] World Economic Forum, *Global Gender Gap Report 2024* (Geneva, 2024).

[47] See A/HRC/53/39.

[48] YoonKyung Chung et al., The parental gender earnings gap in the United States (United States Census Bureau, November 2017); and A/HRC/44/51.

[49] UN-Women, "Caring families, caring societies", in *Progress of the World's Women 2019–2020: Families in a Changing World*, pp. 140–173.

[50] A. Sjörs, T. Ljung and I.H. Jonsdottir, cited in Soraya Seedat and Marta Rondon, "Women's well-being and the burden of unpaid work", *BMJ*, vol. 374, No. 1972 (August 2021).

[51] Bruce S. McEwen, "Central effects of stress hormones in health and disease: understanding the protective and damaging effects of stress and stress mediators", *European Journal of Pharmacology*, vol. 583 (April 2008), cited in Soraya Seedat and Marta Rondon, "Women's well-being and the burden of unpaid work".

homosexual couples, may experience added pressures and not discuss their needs as pregnant people and parents.[52]

17. During health and environmental crises, an excess share of unpaid care and support work further undermines women and girls' meeting of their own health needs and leads to an increased risk of gender-based violence. The COVID-19 pandemic revealed how women and girls suffered from excessive unpaid care, social isolation, decreased access to health and social services, and intensification of gender-based violence.[53] Women and girls face exacerbated stigma, discrimination and social marginalization as caregivers for persons living with illness and ill-health, including HIV and rare diseases, while they may also be living with such illnesses themselves.[54] Such stigma and discrimination undermine their access to healthcare services. When water becomes depleted and polluted, due to environmental degradation caused by extractive industries, women and girls, who are typically responsible for collecting water, must travel longer distances. Polluted water sources can also lead to illnesses among family members, further increasing care work.[55] Such increases in unpaid care work may exacerbate physical and mental exhaustion and time poverty of women and girls.

E. Right to social security

18. Social security requires high-quality public services, which are indispensable to care and support systems.[56] To ensure an equal sharing of unpaid care and support work, and gender equality, it is necessary to combine maternity, paternity, parental and family benefits with access to quality childcare services. Norwegian policies, combining specific incentives for both fathers and mothers to take paternity leave and ensuring that no household pays more than "6 per cent of total taxable income for a place in kindergarten", exemplify how institutional change can lead to a more egalitarian distribution of care work.[57] Similarly, availability of rights-based rehabilitation and long-term care and support services, assistive devices, and accessible housing and infrastructure are important supplements to disability benefits and old-age pensions to promote the autonomy of persons with disabilities and older persons and their independent living, and thus to alleviate unpaid care and support needs for caregivers.

F. Right to participate in political and public life

19. Women's care work also has an impact on their underrepresentation in politics. In 2024, women worldwide held only 27 per cent of seats in national parliaments and 35.5 per cent of seats in local governments. A total of 107 countries have never had a woman Head of State.[58] Unpaid care work consumes time and energy, preventing women from engaging in public life. In turn, women's underrepresentation leads to a lack of attention and resources for issues that directly impact them: including high-quality childcare and long-term care and support, sexual and reproductive health and gender-based violence, and migrant labour policies.

[52] Views expressed during regional consultations. See Elia Psouni, Julia Berg and Hanna Persson, "Solo mothers' by choice experiences during pregnancy and early parenthood: thoughts and feelings related to maternal health services", *Sexual and Reproductive Healthcare*, vol. 33 (September 2022).

[53] UN-Women, *Measuring the Shadow Pandemic: Violence against Women During COVID-19* (2021).

[54] See https://www.unwomen.org/en/what-we-do/hiv-and-aids.

[55] Ibid.

[56] A/HRC/53/39, paras. 44–47. See also Sustainable Development Goals, target 5.4.

[57] Written contribution from Norway.

[58] See https://www.unwomen.org/en/news-stories/explainer/2024/09/five-actions-to-boost-womens-political-participation.

IV. Gender inequalities in paid care and support work

20. Due largely to gender stereotypes, women are overrepresented in the care sector, which is often seen as a natural extension of women's unpaid care work and thus undervalued by association.[59] This has implications for wages, job quality, career advancement, pensions and retirement savings.[60] Women are overrepresented among paid care and support workers, including in healthcare (as nurses, nurses' aides and home health aides), childcare (as preschool teachers, teacher's assistants and daycare workers), care for older persons, disability support (as assisted living facility staff, home care providers and professional personal assistants), social work (as social workers, counsellors and case managers) and domestic work (as nannies, cooks and cleaners). Women in paid care, especially healthcare workers and domestic workers, including migrant women, are at higher risk of gender-based discrimination and violence in their workplaces.[61]

A. Healthcare work

21. Sixty-seven per cent of workers in the health and care sector worldwide are women. Average earnings in the sector are lower than in other sectors.[62] Women comprise 70 per cent of the global health workforce yet occupy only 25 per cent of senior roles in healthcare.[63] Female health workers are clustered into lower-status and lower-paid roles, and are further disadvantaged by horizontal occupational segregation driven by gender stereotypes branding some jobs suitable for women (e.g. nursing) or men (e.g. surgery). Vertical and horizontal occupational segregation and women's concentration in lower-paid roles within the healthcare sector explain much of the gender pay gap (25 to 26 per cent) in the sector.[64] Different titles and types of healthcare and nursing professionals serve to create precarity, extending social protection to some and denying it to others, such as in the case of "nurses that are not technically nurses".[65] In Asia and Southern Africa, women, as the majority of community health workers, provide essential services under tremendous resource constraints, but are not paid. Even those who are paid (e.g. in India) do not usually have social security benefits.[66]

22. Women are often "at the front lines" in hospitals, where they experience harassment and violence.[67] Research from different countries demonstrates an association between being a female healthcare worker and an increased risk of workplace violence, with younger women being at higher risk. While patients, patients' relatives, colleagues and supervisors are the main perpetrators of workplace violence, sexual harassment against nurses tends to be perpetrated by physicians.[68]

[59] In the current context of inflation and rising food prices, mentioned by participants during the regional consultations, women's lower earnings pose serious problems.

[60] A/HRC/44/51, para. 14.

[61] UN-Women policy brief, From evidence to action: tackling gender-based violence against migrant women and girls (2021); and May-Elizabeth Pere-ere Ajuwa et al., "Workplace violence against female healthcare workers: a systematic review and meta-analysis", *BMJ Open*, vol. 14, No. 8 (August 2024).

[62] ILO and World Health Organization, *The Gender Pay Gap in the Health and Care Sector: A Global Analysis in the Time of COVID-19* (2022).

[63] WHO, *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce* (2019).

[64] Ibid.

[65] Views expressed during the Working Group's consultations.

[66] Working Group's consultations in Asia and the Pacific and in Africa. See also Madeleine Ballard et al., "Payment of community health workers", *The Lancet Global Health*, vol. 10, issue 9 (September 2022).

[67] May-Elizabeth Pere-ere Ajuwa et al., "Workplace violence against female healthcare workers: a systematic review and meta-analysis".

[68] Ibid., pp. 5–7.

B. Domestic work

23. The care crisis is currently "managed" by a transnational and racialized gendered division of care labour taking place in the context of racism, xenophobia and anti-immigrant discourse and policies. Eighty per cent of the 67 million domestic workers in the world are women, and one out of five are migrants, the vast majority of whom are from the global South.[69] Domestic work comprises 2.3 per cent of global employment, and 4.5 per cent of female employment worldwide.[70] Migrant domestic workers face widespread human rights violations due to their isolation and dependent structural position in labour markets, and to stereotypes related to their national, religious and ethnic backgrounds. Women migrant domestic workers experience long working hours, sexual and gender-based violence, confiscation of passports, forced labour and wage theft. When they are victims of crimes, the law is often not enforced in their favour, and the rates of prosecution and the fines are too low to deter violators.[71] As reported during the Working Group's Asia-Pacific consultation: "We have a variety of very good laws that simply are not implemented."

24. Risks and vulnerabilities are further aggravated for migrant domestic workers in an irregular situation, not least because they often risk deportation if they contact State authorities to seek protection from an abusive employer. Access to justice is a major challenge for migrant domestic workers who live with their employers, as is in some instances required by law, and who may lack the relevant language skills and other resources. In many countries, the existing minimum wage laws do not apply to migrant workers, and migrant domestic workers suffer from hunger and lack of proper sleeping quarters and privacy. Participants in the regional consultations also reported an exclusion of domestic workers in general, and migrant domestic workers in particular, from labour laws, including in relation to the minimum wage and to social security. Additionally, during armed conflicts and natural disasters, migrant domestic workers are excluded from shelters.

C. Agricultural work

25. Some forms of agricultural work, such as growing, harvesting and processing food for one's family, and caring for animals and crops, can be considered care work. In the global South, rural women make up at least half of the agricultural workforce, working on family and community plots, in formal and informal employment.[72] Despite their key roles in fishing or growing food for family consumption and income,[73] women are undervalued, underpaid and underrepresented.[74] The Food and Agriculture Organization of the United Nations (FAO) estimates that female-headed households suffer significantly more income declines due to heat stress and floods compared to male-headed households.[75] By the middle of this century, climate change could drive up to 158 million additional women and girls into poverty, exceeding the total number of men and boys affected by a figure of 16 million.[76] Men's migration to urban areas for employment often leaves women as the

[69] See https://www.iom.int/news/iom-releases-guidelines-labour-recruiters-migrant-domestic-workers.

[70] Charlotte Junghus and Anna Olsen, Making Decent Work a Reality for Domestic Workers: Progress and Prospects in Asia and the Pacific Ten Years After the Adoption of the Domestic Workers Convention, 2011 (No. 189) (ILO, Bangkok, 2021).

[71] Views expressed during the Working Group's Middle East and North Africa and Asia-Pacific consultations.

[72] Food and Agriculture Organization of the United Nations (FAO), *The Status of Women in Agrifood Systems* (Rome, 2023).

[73] Oxfam International, Position paper on gender justice and the extractive industries (March 2017), p. 6.

[74] Shalmali Guttal, Food systems transformation through feminist climate justice, Feminist Climate Justice Think Pieces No. 4 (New York, UN-Women, 2024).

[75] FAO, *The Unjust Climate: Measuring the Impacts of Climate Change on Rural Poor, Women and Youth* (Rome, 2024).

[76] Laura Turquet et al., *Feminist Climate Justice: A Framework for Action* (New York, UN-Women, 2023).

sole or primary managers of the family's subsistence and cash-crop farms. When land is unavailable for farming and foraging, food security and livelihoods are threatened. When soil is depleted, and water is polluted, women tend to work harder, longer, or further from home to make a living.[77] Women's displacement from agricultural jobs pushes them into seeking highly precarious forms of daily domestic work.[78]

V. Gender discrimination against women and girls who require care and support

26. Despite providing most of the unpaid and paid care work, women and girls do not receive the care and support they need, due to poverty, social isolation, multiple forms of discrimination, poor access to housing, healthcare and social services, violence, and lack of opportunities to contribute to and participate actively in society.[79] Colonial legacies, decades of neoliberal policies and the privatization of healthcare have left large numbers of people who cannot afford healthcare behind, increasing women's time spent taking care of sick people, and negatively impacting women's opportunities for decent jobs[80] and their ability to receive needed care.[81]

A. Women and girls with disabilities

27. These challenges are compounded for women with disabilities who provide care and support. In addition, they face unique gender-specific challenges as both providers and receivers of care and support. Societal attitudes often perpetuate stereotypes that view women and girls with disabilities either as a burden or solely as caregivers, neglecting their dignity, autonomy, agency and social inclusion. Moreover, their perspectives and rights are often not represented by either the gender or disability movements, leaving them with no voice in shaping the policies that directly affect their lives, including on care and support systems. Girls with disabilities are at risk of harmful practices, which are often justified by sociocultural and religious customs.[82] The marriage of girls with disabilities, especially intellectual disabilities, is often justified under the pretext of providing future security, care and financing.[83] Girls with disabilities experience social isolation, and segregation and exploitation inside the family, including being excluded from family activities, prevented from leaving home and attending school, and forced to perform housework. Despite advocacy by women with disabilities, disability policies and insurance continue to neglect gender issues.[84] For instance, in Australia, only 37 per cent of participants in the National Disability Insurance Scheme,[85] an otherwise progressive policy that serves 600,000 persons with disabilities, are women and girls.[86] The gender gap in accessing disability services is compounded for those living in rural areas.

[77] Oxfam International, Position paper on gender justice and the extractive industries, pp. 6 and 7.
[78] Input from Women's Action Network (Sri Lanka).
[79] Women with Disabilities Australia, "The status of women and girls with disability in Australia", position paper (November 2019).
[80] A/HRC/53/39, para. 21. See also Lourdes Benería, Günseli Berik and Maria S. Floro, "Paid and unpaid work: meanings and debates", in *Gender, Development and Globalization: Economics as if All People Mattered* (New York, Routledge, 2016).
[81] African Union Strategy for Gender Equality and Women's Empowerment 2018–2028, p. 25.
[82] These include "mercy killings", infanticide, accusations of "spirit possessions", and feeding and nutrition restrictions. See Committee on the Rights of Persons with Disabilities, general comment No. 3 (2016), para. 36.
[83] Committee on the Rights of Persons with Disabilities, general comment No. 3 (2016), para. 36.
[84] Views expressed during the Working Group's consultations.
[85] See https://www.ndis.gov.au/understanding/what-ndis.
[86] See https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability.

28. Gender bias in identifying support needs for women and girls with disabilities creates barriers to accessing support.[87] Lack of gender-disaggregated data hampers efforts to identify and address gender-specific needs and outcomes. For example, an estimated 80 per cent of autistic girls remain undiagnosed by the age of 18.[88] Autistic individuals, especially women and gender-diverse people, face significant barriers to healthcare, compounded by gender bias within the system.

29. Placing care and support responsibilities solely on women undermines the rights of persons with disabilities who require care and support. Depriving caregivers of rest and time for self-care undermines not only the health and well-being of caregivers but also the quality of care and support they can provide. It may lead to neglect or abuse of persons with disabilities whom they support. Depriving caregivers of opportunities for employment and a livelihood may also lead to destitution of the household. This may be further exacerbated when caretakers themselves are persons with disabilities. Additionally, persons with disabilities and those providing care and support for them are often stigmatized and ostracized. Disability rights advocates emphasized that the needs and rights of persons with disabilities as caregivers and the needs of family caregivers of persons with disabilities often "fall between the cracks of both the disability movement and the women's rights movement".

B. Older women

30. Many older women who need care and support often also provide care for others.[89] In many countries, grandmothers are the primary care providers for grandchildren.[90] In parts of Africa where public services are severely lacking, older women often care for orphaned and/or sick family members and those with HIV.[91] Yet, older women face challenges in accessing care and support for themselves. The gender gap in earnings results in a gap in pensions and savings and increased poverty among older women.[92] In many countries, publicly provided long-term care is not available to all and/or is not of good quality.[93] Older women without resources or livelihoods may find themselves involuntarily isolated in the home or a substandard care facility.[94] Responses to the Working Group's questionnaire indicate that lack of regulation of employment conditions in care homes, high costs and low quality of care are common problems.[95] Even in countries that invest in research and policy on long-term care, the gendered dimensions of long-term care needs are

[87] Ibid.

[88] Robert McCrossin, "Finding the true number of females with autistic spectrum disorder by estimating the biases in initial recognition and clinical diagnosis", *Children*, vol. 9, No. 2 (February 2022), p. 272.

[89] Views expressed during the Working Group's consultations. See also Cong Zhang et al., "The rise of maternal grandmother childcare in urban Chinese families", *Journal of Marriage and Family*, vol. 81, No. 5 (2019), pp. 1174–1191.

[90] State responses to the Working Group's questionnaire indicate that some States (e.g. Singapore) provide tax relief for "working mothers who engage the help of their parents, grandparents, parents-in-law or grandparents-in-law to take care of their children".

[91] Input from Scalabrini Centre (South Africa). See also UN-Women, Landscape of care work in Uganda (2024).

[92] Marta Roig and Daisuke Maruichi, Economic well-being at older ages: prospects for the future (policy brief), Department of Economic and Social Affairs, January 2023.

[93] Views expressed during the Working Group's consultations. See also the written contribution from Uganda.

[94] A/HRC/41/33, paras. 28 and 55. See also A/HRC/53/39.

[95] Mimi Alphonsus, "Calls grow to regulate elders' homes as Lanka's elderly population increases", *The Sunday Times*, 28 January 2024.

neglected.[96] In addition, older LBTQI+ women experience distinct challenges and discrimination in accessing institutional care.[97]

C. Migrant women and girls

31. Dominant economic growth-based development models thrive on women's and girls' "depletion" and the draining of care resources from poorer to richer nations through a "global care chain".[98] As poverty, unemployment, climate change and armed conflict "push" many to migrate, the demands for care and support owing to changes in family structures, aging societies, and an increase in women's employment in middle- and high-income countries "pull" women into the care sector in these countries. In their responses to the Working Group's questionnaire and the consultations, migrant women from all regions reported a lack of social protection, including a lack of access to hospitals, to maternity benefits and to retirement/pension benefits. For undocumented migrant women and girls, these problems are compounded, in the context of rising anti-immigrant and xenophobic rhetoric and policies, which increase their risk of experiencing human rights violations.[99] Policies that purport to "protect" women, such as restrictions on women migrating for work, violate their human rights.[100] Despite such bans, women migrate, for economic reasons and to escape human rights violations, including gender-based violence. However, irregular migration increases their vulnerability and their risk of exploitation and human trafficking.[101]

32. The lack of gender-responsiveness in most social protection schemes is apparent in their exclusion of sexual and reproductive health services and health conditions, failure to provide for leave and benefits for domestic violence-related harms, and absence of support for women and girls in their roles as carers or as care-receivers throughout their life cycle, and in making benefits contingent on the rights holders' marital and formal employment status or on specific documentation that is inaccessible to women.[102]

D. People deprived of liberty and their family members

33. Women of colour, Indigenous women and migrant women are at increased risk of institutionalization, incarceration and detention. In addition to having distinct needs in prison and detention systems, including for arrangements to be made for the care of their children,[103] women and girls are also impacted when they visit, deliver food, and advocate for the well-being of incarcerated family members and their children. Women provide their relatives deprived of liberty with the necessary goods for subsistence, which the State should guarantee.[104] They often face discrimination, and experience health problems due to high levels of stress, anxiety and anguish, undue financial burdens imposed on family

[96] Kristina Chelberg and Linda Steele, "Hidden in plain sight: women and gendered dementia dynamics in the Australian Aged Care Royal Commission", *Journal of Aging Studies*, vol. 71 (December 2024).

[97] Input by Kaos GL (Türkiye). See also https://www.17mayis.org/images/publish/pdf/yaslaniyoruz-lubunya-anket-gorusmeler-ve-calisma-raporu-16-05-2022.pdf; and A/75/258, para. 12.

[98] See A/HRC/44/51.

[99] See https://www.ohchr.org/en/press-releases/2021/07/racism-and-xenophobia-put-human-rights-human-trafficking-victims-risk-un.

[100] See https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40asia/%40ro-bangkok/%40ilo-kathmandu/documents/publication/wcms_792239.pdf.

[101] See https://www.ohchr.org/en/press-releases/2021/07/racism-and-xenophobia-put-human-rights-human-trafficking-victims-risk-un.

[102] See A/HRC/53/39.

[103] See the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules).

[104] Ibid.

members, such as specific health examinations at entry and exit, and problems with regular visits in safe and dignified conditions.[105]

E. Rural women and girls

34. Due to gender inequality, discriminatory development, and legacies of colonialism, slavery, racism and environmental destruction, women in rural areas have been excluded from meaningful health, education and employment opportunities.[106] Rural areas often lack doctors, meaning that women's and girls' basic healthcare needs are underserved, while their excessive unpaid care and support work increases. Rural women and girls also face challenges in realizing their sexual and reproductive health rights. For girls aged from 15 to 19, maternal conditions are among the top causes of disability.[107] Fertility rates are higher, and more teenage births occur, in rural areas than in urban areas.[108] Access to contraceptives is low, while maternal mortality and morbidities, such as obstetric fistula and uterine prolapse, are high.[109]

35. Older women face distinct challenges in accessing basic healthcare in rural areas as their children tend to live in urban areas for jobs.[110] People living in rural areas tend to suffer more from home and farm accidents and resulting disabilities, as they lack insurance and access to healthcare. Worldwide, millions of women work as agricultural workers, sometimes in dangerous conditions involving machinery, rugged terrain and transportation infrastructure-related challenges.[111] The dangers include exposure to pesticides, and heat stress, which increases the risk of certain gendered harms, especially for menstruating and pregnant women.[112] The rate of labour informality in agriculture is 93.6 per cent, and agricultural workers tend to be excluded from existing legal provisions and social protections.[113]

VI. Self-care and collective care

36. The World Health Organization defines self-care as the ability of individuals, families and communities to promote their own health, prevent disease, maintain health, and cope with illness – with or without the support of a health or care worker.[114] Although self-care is not explicitly codified in human rights documents, it has been a vital theme in feminist scholarship and advocacy.[115] Self-care is a crucial dimension of the rights to

[105] Principles and Good Practices on the Protection of the Rights of Women Relatives of Persons Deprived of their Liberty (Bogotá Principles), International Network of Women Relatives of Persons Deprived of their Liberty, October 2022.

[106] See A/HRC/53/39.

[107] World Health Organization, Global Health Estimates 2020: Deaths by Cause, Age, Sex, by Country and by Region, 2000–2019 (Geneva, 2020).

[108] Mathias Lerch, "Regional variations in the rural-urban fertility gradient in the global South", *PLOS One*, vol. 14, No. 7 (2019). See also https://www.choiceforyouth.org/assets/Docs/198f89dc19/PositionPaper_CSW_DEF.pdf and https://www.apa.org/pubs/reports/rural-women-summary.pdf.

[109] See A/HRC/47/38 and https://www.choiceforyouth.org/assets/Docs/198f89dc19/PositionPaper_CSW_DEF.pdf.

[110] Kevin Kinsella, "Urban and rural dimensions of global population aging: an overview", *The Journal of Rural Health*, (2001) vol. 17, No. 4, pp. 314–322.

[111] Views expressed in the Working Group's Middle East and North Africa consultation. See also ILO and FAO, *Extending Social Protection to Rural Populations: Perspectives for a Common FAO and ILO Approach* (Geneva, 2021).

[112] European Agency for Safety and Health at Work, "Reproductive effects caused by chemical and biological agents", 23 November 2012.

[113] ILO, *Women and Men in the Informal Economy: A Statistical Picture*, third edition (Geneva, 2018).

[114] See https://www.who.int/news-room/fact-sheets/detail/self-care-health-interventions.

[115] Laura Pautassi, "El cuidado como cuestión social desde un enfoque de derechos" (Care as a social issue from a rights-based perspective), *Serie Mujer y Desarrollo*, No. 87 (Economic Commission for

health, bodily autonomy, and rest and leisure, and thus is indispensable for achieving gender equality in care and support systems. Unequal care responsibility significantly compromises women's ability to care for themselves. When caregivers – whether paid or unpaid – are unable to maintain their own health and well-being, the quality of care they provide inevitably suffers. When women and girls are cared for and supported by others, it is also important that they have space and autonomy to exercise self-care of their choice, including through peer support. Ensuring time, space and resources for self-care is thus not a luxury, but a necessary precondition for dignified care relationships and for the fulfilment of human rights.

37. Systematic violations of bodily autonomy and sexual and reproductive health rights, as well as restrictions on movement outside the home, limit women and girls in their ability to self-care. Nearly half of the women in 57 developing countries are denied the right to decide whether to have sex with their partners, to use contraception or to seek healthcare.[116] The autonomy of women and girls with disabilities is often further denied.[117] Nearly half of all pregnancies, totalling 121 million each year globally, are unintended, with over 60 per cent of these ending in abortion. An estimated 45 per cent of all abortions are unsafe, causing 5 to 13 per cent of all maternal deaths. More than 30 countries restrict women's right to mobility outside the home.[118]

38. The right to leisure, essential for ensuring self-care, is a human right that recognizes the risks of working excessive hours without adequate rest, not only for individuals but also for their families.[119] Time poverty is a pervasive social condition that disproportionately impacts women, and girls, largely due to their unpaid care responsibilities, [120] with significant consequences for health and well-being, contributing to negative physical and mental outcomes.[121] Time poverty also affects communities, as individuals' lack of time weakens social ties and limits opportunities to connect and to support and care for one another.

39. One example of collective care was developed by women activists who offered each other emotional grounding as well as advice on how to eat and live well during the AIDS epidemic in Africa in the 1990s.[122] This model of collective care as essential to self-care is also reflected in the work of human rights defenders such as the Mesoamerican Initiative of Women Human Rights Defenders, who offer collectivist alternatives for the protection, self-care and safety of women.[123] This approach extends to care for the planet. When vital resources such as air, water and land become scarcer and polluted, everyone's health deteriorates, and women's unpaid care work increases.[124] Self-care and collective care are possible through the preservation of vital natural resources and the creation of a social and physical infrastructure of care that enables people to exercise rights that are directly relevant to self-care: the rights to rest and leisure, and the rights to bodily autonomy, and health, including sexual and reproductive health.[125]

Latin America and the Caribbean, October 2007), cited in Laura Pautassi, "The right to care: from recognition to its effective exercise" (Friedrich Ebert Stiftung, March 2023).

116 United Nations Population Fund, *State of World Population 2021 – My Body Is My Own: Claiming the Right to Autonomy and Self-Determination*.

117 Committee on the Rights of Persons with Disabilities, general comment No. 3 (2016).

118 Ibid.

119 Universal Declaration of Human Rights, art. 24.

120 Plan International, *Real Choices, Real Lives – Out of Time: The Gendered Care Divide and its Impact on Girls*; and Make Mothers Matter, "Time poverty and the motherhood penalty", 9 July 2024.

121 Elizabeth Hyde, Margaret E. Greene and Gary L. Darmstadt, "Time poverty: obstacle to women's human rights, health and sustainable development", *Journal of Global Health*, vol. 10, No. 2 (November 2020).

122 Written contribution from the Joint United Nations Programme on HIV/AIDS (UNAIDS).

123 See https://im-defensoras.org/en/2022/12/protecci%C3%B3n-integral-feminista/.

124 Oxfam International, Position paper on gender justice and the extractive industries, p. 1.

125 See A/HRC/47/38.

VII. Promising practices

40. There are some promising developments and good practices for the recognition, reduction and redistribution of unpaid care work, and for rewarding more fairly and representing in decision-making those in paid care work.[126] Since 2008, Ecuador has recognized care done in the home as productive work and committed to "provide services for childcare, care for persons with disabilities, and other services as needed for workers to be able to perform their labour activities", referring to "the joint responsibility and reciprocity of men and women in domestic work and family obligations".[127] Since the 2020 reform of its Social Security Act (art. 201), Mexico allows both male and female caregivers who are rights holders of contributory schemes to enrol their children in childcare services.[128] The Government of Canada passed a law in 2024 that enshrines a right to care for all children, implementing this with the "$10-a-day childcare".[129] The Canadian policy also focuses on the rights of Indigenous communities and children to high-quality, affordable and accessible childcare.[130] In Tunisia, Law No. 37, adopted in 2021, regulates domestic work, extends social security to those providing unpaid care in the home, and prohibits child employment.[131] In China, article 1088 of the Civil Code (2020) provides financial compensation for the spouse providing more childcare or care for older persons in the family in a divorce situation.[132] At the municipal level, promising models include the Manzanas del Cuidado in Bogotá, where women spend time in job training, sports or studying, while staff take care of their family members, with these services offered free of charge; in addition to the expansion of affordable childcare facilities.[133] Civil society campaigns, such as Men Care, function across different regions to transform cultural norms to encourage a more equal distribution between men and women in caring for children.[134]

41. There are also some promising models of publicly provided non-institutional long-term care and support services, including home-based primary care and geriatric evaluation for veterans, and respite care benefits for caregivers, in the United States of America and Norway. While home care services and nursing homes often remain too expensive for most older people, many governments acknowledge the need for home-based care, and some (e.g. Estonia) have reformed their welfare policies to allow older people to "age in place".[135] Responses to the Working Group's survey show that government policies including national-level direct compensation such as allowances and payments, and indirect compensation such as tax relief and tax credit policies, may help family caregivers. In Ethiopia, where formal social safety nets are lacking, Indigenous community-led initiatives increasingly engage in care and support.[136] In Asia, there is a trend towards developing

[126] For other promising practices, see A/HRC/58/43 and A/HRC/55/34.

[127] Art. 333 of the Constitution of Ecuador, cited in UN-Women, Global Gender Equality Constitutional Database. See also arts. 325 and 329.

[128] Views expressed during the Working Group's consultations. See also https://www.unicef.org/innocenti/media/10246/file/UNICEF-Innocenti-GRASSP-MexicoReport-December-2024.pdf, p. 28.

[129] Views expressed in the Working Group's consultations. See also Government of Canada, Toward $10-a-day: early learning and childcare, available at https://www.canada.ca/en/employment-social-development/campaigns/child-care.html; and https://globalnews.ca/news/10328712/national-child-care-system-legislation/.

[130] Working Group's consultations.

[131] Working Group's consultations. See also Avocats sans frontières, "Towards stronger protection for domestic workers in Tunisia: challenges and recommendations", policy brief, 22 June 2023.

[132] See https://en.humanrights.cn/2024/04/17/2412743810154240a2937e9f3f510b47.html.

[133] Working Group's consultations with participants from Latin America and Spain, and from Eastern Europe and Western Asia. See also the written contribution from the Colombian Ombudsman's Office, and the National Care Strategy of Colombia.

[134] See A/HRC/WG.11/37/1, and https://www.mencare.org.

[135] Views expressed during the Working Group's consultations, and written contributions received from civil society organizations. See also the document of the National Audit Office of Estonia available at https://www.riigikontroll.ee/DesktopModules/DigiDetail/FileDownloader.aspx?FileId=19686&AuditId=6596.

[136] Written contribution from the Ethiopian Human Rights Commission.

community-based social care that is provided through collaboration between formal care institutions and informal care, which plays a critical role in caring for older persons at home in their own community.[137]

42. The fact that migrant workers are increasingly visible and organized,[138] and the efforts to provide skills training for them, are also promising developments.[139] Migrant domestic workers participating in the Asia-Pacific consultation pointed to ongoing efforts, and the need, to create fair and ethical recruitment systems to protect migrant domestic workers, giving the example of a system implemented in Jordan that involves migrant women's advocacy as a good practice. "One-stop service centres" in many national healthcare institutions in Sri Lanka offer a good practice for care and support of survivors of gender-based violence.[140] There are also promising models of community-based care and support for survivors of gender-based violence, such as SASA! in Uganda and Oxfam Novib's programme in Mozambique, which work with community activists to conduct culturally appropriate awareness-raising on gender inequality and violence to challenge gender stereotypes and transform gender roles.[141] Feminist legal scholarship that is aimed at centring care in international law is also a promising exploration of the connections between self-care and collective care.[142]

VIII. Conclusions and recommendations

A. Conclusions

43. **Transforming care and support systems is essential for eliminating discrimination against women and girls and achieving substantive gender equality. Existing care and support policies are inadequate and services are often inaccessible and/or unaffordable, preventing many women and girls from enjoying their basic human rights. This structural deficit stems from the absence of universal social protection and assistance amidst persistent poverty, deepening inequality, armed conflict, militarization, and recurring economic, ecological and health crises. While the consequences of these failures affect everyone, women and girls – who provide three quarters of all unpaid care globally – are disproportionately affected by the deficit in care and support provision.**

44. **Emerging demographic and political trends, including aging populations, intensifying gender backlash, and the resurgence of pronatalist and "family-oriented" policies, are likely to further increase the unequal share of unpaid care and support and human rights violations for women and girls, especially those experiencing poverty and marginalization, including women and girls with disabilities, older women, rural and minority women and girls, and women migrant domestic workers.**

45. **Colonial legacies and violence, along with discrimination based on race, colour, gender, descent, and national or ethnic origin, continue to compound the structural care deficit. These factors shape global care chains sustained by migrant women's labour. In order to build care and support systems that work for all, these historical and structural injustices and inequalities must be addressed through appropriate remedies and reparations. The current extractive, profit-driven economic system must**

[137] Sasakawa Peace Foundation, *Community-based Care for Older Persons* (2019).

[138] See https://medium.com/iom-development-fund-newsletter/raising-the-voices-of-migrant-domestic-workers-in-jordan-a-project-by-migrants-for-migrants-51c143269b21.

[139] These specific projects were mentioned in the Asia-Pacific consultations. See https://thailand.iom.int/promise-programme.

[140] Written contribution from Women's Action Network (Sri Lanka).

[141] Michau (2008), cited in Kelly Yotebieng, What we know (and do not know) about persistent social norms that serve as barriers to girls' access, participation and achievement in education in eight sub-Saharan African countries, p. 9.

[142] See https://www.durham.ac.uk/news-events/latest-news/2024/12/new-project-puts-care-at-the-centre-of-international-law-research/.

be transformed and a social system centred on care for people and the planet should be promoted.

46. **Care and support are provided through four main institutions: the family, the market, the public sector and community-based/non-profit organizations. In the context of care and support, any transfer of responsibility and cost from the State and the market onto families means an increased workload for women and girls. Conversely, strengthened public investment by States in gender-responsive, inclusive and human rights-based care and support systems is essential for States to meet their obligations under international human rights law.**

47. **The COVID-19 pandemic exposed the persistence and depth of structural and gendered inequalities in the existing care and support systems, and the vital nature of care to the well-being of societies. However, the world is still off track to achieve gender equality by 2030, especially regarding unpaid care and domestic work, decision-making regarding sexual and reproductive health, and gender-responsive budgeting. Women's health services continue to be poorly funded. Women, as unpaid and paid care and support workers and as those requiring care and support, remain woefully underrepresented in decision-making. This situation is unsustainable and undermines both gender equality and the well-being of societies. The international community, and States, must urgently address these obstacles to equality, and eliminate all forms of discrimination to ensure that all people requiring care and support and all people who provided these can enjoy their human rights. It is vital to invest in an enabling social care infrastructure, including but not limited to paid care leave, in-home support services, respite care and community resource centres, along with the public provision of high-quality care and support services, and to ensure that caregivers and those requiring care and support find the time, energy and resources to exercise self-care and collective care.**

48. **Advancing gender equality and building more robust care and support systems are intricately linked and are critical to other goals such as reducing poverty, and promoting the health, education, social protection and well-being of all people. An intersectional feminist and human rights-based approach to care and support is needed to achieve these goals and to close the structural care deficit. This approach is premised on the idea that care is vital to the functioning of society, including the economy, which itself should support human dignity, human rights and the well-being of all people. Harmful gender stereotypes and cultural norms must be transformed, and caring for others must be promoted as a foundational value decoupled from gender. Policies must engage men and boys in caregiving roles and foster shared responsibility for care within households and communities.**

49. **Given the relationship between existing gender inequalities and women's and girls' disproportionate care work as detailed in the present report, equal treatment before the law is not enough to meet the critical needs of people who need and provide care. International and regional human rights mechanisms must be strengthened to hold States accountable for their obligations to eliminate discrimination and build gender-responsive and inclusive care systems. Holistic approaches are necessary to ensure that care and support systems are economically, socially and environmentally sustainable. The above-mentioned CREATE framework [143] can serve as a comprehensive and actionable road map for States in this regard.**

B. Recommendations

50. **States should take measures to build gender-responsive, inclusive, human rights-based and sustainable care and support systems to realize human rights for all people and to achieve gender equality, inter alia by:**

[143] A/HRC/WG.11/42/1.

(a) **Recognizing care and support as vital to the sustainability of societies, economies and the planet, and essential to both the achievement of gender equality and the enjoyment of all other internationally recognized human rights;**

(b) **Respecting, protecting and fulfilling the rights of those providing and requiring care and support and fully recognizing their dignity, autonomy and agency, and ensuring substantive gender equality in care and support systems in compliance with all relevant international human rights and labour standards applicable to each country;**

(c) **Making care and support work visible and valued as a central pillar of the overall economy, and meeting the needs of women and girls as providers and recipients of care, as well as their needs for self-care;**

(d) **Taking appropriate measures to implement the 5R framework of recognizing the value of care and support work and the rights of those providing and requiring care and support; reducing unpaid care and support work, without compromising care and support for those requiring them; redistributing unpaid care and support work between households and the State, business and the community, and between genders; rewarding paid care and support workers; and ensuring the representation and participation of those providing and requiring care and support and their organizations;**

(e) **Transforming harmful gender stereotypes that reinforce restrictive roles and contribute to discrimination against women and girls;**

(f) **Promoting the equal participation of boys and men in unpaid and paid care and support;**

(g) **Recognizing the distinct care and support needs of different groups, including girls, older women, women and girls with disabilities and those with rare diseases, and ensuring their dignity, autonomy and agency;**

(h) **Ensuring the participation of women and girls facing intersecting forms of discrimination – especially those with disabilities, rural women, older women and migrant and refugee women – in the design, implementation and monitoring of care and support systems, and continuous data collection and research on care and support needs.**

51. **States should strengthen legal, labour and economic protections for paid and unpaid care and support workers, inter alia by:**

(a) **Guaranteeing the rights of paid care workers, including decent wages, safe working conditions, social protection and collective bargaining, in conformity with all international human rights and labour standards applicable to each country;**

(b) **Ensuring the representation and participation of care worker organizations, including those of domestic workers, community health and care workers, and migrant workers, in policymaking, and ensuring their equal treatment and protection in line with international human rights and labour standards;**

(c) **Promoting gender-responsive employment and macroeconomic policies that create decent jobs, including through the formalization of informal care jobs and enterprises, and the prevention of informalization of formal ones.**

52. **States should provide gender-responsive and universal basic care and support, including healthcare, education and social protection, for their populations, inter alia by:**

(a) **Enabling women to make pregnancy-related decisions that will enhance their life choices and ability to enjoy their rights;**

(b) **Guaranteeing universal and gender-responsive social protection, including universal child, maternity/paternity/parental and pension benefits; and taking into consideration disability-related extra costs and expanding the coverage to informal and migrant workers;**

(c) **Supporting the care responsibilities and needs of rural women, including those in agricultural sectors, by investing in rural infrastructure, transportation, childcare and health services to alleviate poverty and ensure access to education and decent work opportunities;**

(d) **Involving community and women's organizations in gender-responsive budgeting for public services, infrastructure and social protection.**

53. **States should actively work for systemic change to develop a care-centred administration, economy and community, inter alia by:**

(a) **Upholding international humanitarian law to ensure that civilians are not harmed, and that healthcare and humanitarian workers and civilian care infrastructure are not targeted in armed conflict;**

(b) **Shifting public resources away from militarization and towards building societies rooted in human rights and ecological sustainability;**

(c) **Taking a holistic and systemic perspective that links social reproduction, economic production and ecological regeneration;**

(d) **Supporting self-care and collective care initiatives through legislation and public services that enable those providing and requiring care and support to enjoy their rights to leisure, rest, health, community inclusion and equal participation in public, social and cultural life;**

(e) **Protecting human rights defenders, including women's rights defenders and environmentalists whose work involves care for people and the planet;**

(f) **Reforming public budgets and taxation to fund care and support systems that are economically, ecologically and socially sustainable, focusing on distributive justice and fair fiscal policies, including proportional and progressive taxation for high-income earners and corporations;**

(g) **Integrating care and support into national sustainable development and climate strategies;**

(h) **Collecting and disseminating data on care and support work that is disaggregated by income, sex, age, race, ethnicity, migration, Indigenous and minority status, disability, geographical location and other relevant characteristics in order to measure the scope and value of, and the need for, paid and unpaid care and support to inform policy and legal design.**

54. **The international community, including international financial institutions, should:**

(a) **Advance equitable trade and investment policies, and debt cancellation or debt relief, to prioritize gender-responsive resource redistribution, human rights and well-being;**

(b) **Ensure corporate accountability for environmental pollution and tax evasion, inter alia.**

56. **Corporations and the States and regional and international organizations exercising jurisdiction and control over them should:**

(a) **Implement the 2024 International Labour Organization (ILO) resolution concerning decent work and the care economy to ensure the realization of human rights, including by actively working to end discrimination against women and girls;**

(b) **Create workplace cultures and practices, including remote and hybrid work, and shorter work weeks, that balance work and home lives, with the recognition that "flexible working time" arrangements do not necessarily benefit women workers or gender equality, but must be designed intentionally for these outcomes;**

(c) **Recognize the value of the skills developed through care and support work in recruitment policies;**

(d) **Collaborate with other employers and local governments to develop care and support services for workers, families and communities.**

Annex

Main Activities of the Working Group (May 2024–April 2025)

I. Sessions

1. At its fortieth session, held in New York from 29 April to 3 May 2024, the Working Group met with the UN Secretary-General, the Assistant Secretary-General for Human Rights, academics, civil society organizations, and the private sector. It also met with representatives of the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Expert Mechanism on the Right to Development (EMRTD), and Member States. The third annual session of the Working Group in 2024 was cancelled due to the UN liquidity crisis.

2. From 14 to 18 October 2024, the Working Group held a regional convening for Southern Africa. During the convening, it met with judges, academics, civil society representatives, and girls' organizations, as well as representatives of the South African Commission for Gender Equality, the UN Resident Coordinator's Offices in Southern Africa, and African regional institutions. The Working Group also held a hybrid discussion with Afghan women human rights defenders on the codification of gender apartheid.[1]

3. At its forty-first session, held in Geneva from 13 to 17 January 2025, the Working Group held meetings with Member States, the High Commissioner for Human Rights, the President of the Human Rights Council (HRC), the Committee on the Rights of the Child, civil society organizations, and girls from various regions. It also organized a launch event for its guidance document on conscientious objection to abortion,[2] as well as consultations on care and support with UN agencies and OHCHR representatives. On this occasion it also published a guidance document on gender equality and gender backlash.[3] In April 2025, it further published a guidance document on substantive gender equality, which introduces the CREATE Framework – a comprehensive and actionable road map to guide States and other relevant actors, including international economic institutions and business enterprises, in achieving transformative substantive gender equality.[4]

II. Country visits

4. The Working Group visited the Dominican Republic from 22 to 31 July 2024 and Thailand from 2 to 13 December 2024. It thanks the Governments for their cooperation and encourages States to respond positively to its requests for visits.

III. Communications and press releases

5. The Working Group addressed several communications to Governments and other stakeholders, individually or jointly with other mandate holders. The communications concerned discriminatory laws and practices; the rights of women human rights defenders; women deprived of liberty; women and girls affected by armed conflict; gender-based violence, both online and off-line; violations of sexual and reproductive health rights; and gendered impact of fiscal policies mandated by international financial institutions, among

[1] A/HRC/WG.11/40/1.
[2] A/HRC/WG.11/41/1.
[3] A/HRC/WG.11/41/2.
[4] A/HRC/WG.11/42/1.

others. The Working Group issued press releases, both individually and jointly with other mandate holders, the human rights treaty bodies and regional mechanisms.[5]

IV. Other activities

6. Members of the Working Group undertook numerous other activities in their official capacity. In particular, the Chair presented an oral report to the General Assembly at its seventy-ninth session, addressed the Commission on the Status of Women at its sixty-ninth session and participated in a panel discussion on violence against children at the forty-fifth ordinary session of the African Committee of Experts on the Rights and Welfare of the Child (ACERWG). Moreover, members of the Working Group participated in meetings of the HRC President's Advisory Board on Gender Equality, the High-Level Political Forum 2025 Expert Group Meeting on SDG 5, meetings organized by the United Nations Convention Against Corruption (UNCAC) Coalition, an expert meeting on the situation of Afghan women and girls convened by UN-Women Afghanistan, and the HRC Panel discussion on States' obligations concerning the role of the family in supporting the human rights of its members. The Working Group continued to actively participate in the Platform of Independent Expert Mechanisms on the Elimination of Discrimination and Violence against Women.

[5] All communications are available at https://spcommreports.ohchr.org/TmSearch/TMDocuments, and press releases at Latest | OHCHR.