

**The Convention on the Elimination of all Forms of
Discrimination Against Women (CEDAW)
2017 Civil Report**

-To Establish LOHAS Promotion Mechanism for Healthy Older Women

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I Abstract

- A. Basis for establishing a LOHAS promotion mechanism for healthy older women
- B. Current situation of the LOHAS promotion for healthy older women
- C. Dilemmas of the LOHAS promotion for healthy older women
- D. Suggestions for dealing with the challenges to implement CEDAW article 11, 12, 13(c) and establish the LOHAS promotion mechanism for healthy older women.
- E. Follow up on “Home care service personnel & the right of employment as stated per CEDAW Article 11, 2013”

II Main

- A. Basis for establishing a LOHAS promotion mechanism for healthy older women

Besides CEDAW article 3 and 4, the basis for establishing a LOHAS promotion mechanism for healthy older women are as follows:

- (A) According to CEDAW article 11

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular:

(a) The right to work as an inalienable right of all human beings;

(b) The right to the same employment opportunities, including the application of the same criteria for selection in matters of employment;

(c) The right to free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training;

(d) The right to equal remuneration, including benefits, and to equal treatment in respect of work of equal value, as well as equality of treatment in the evaluation of the quality of work;

(e) The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;

(f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

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3. Protective legislation relating to matters covered in this article shall be reviewed periodically in the light of scientific and technological knowledge and shall be revised, repealed or extended as necessary.

(B) CEDAW article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

(C) CEDAW article 13(c)

States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular:

(c) The right to participate in recreational activities, sports and all aspects of cultural life.

(D) Pertinent content per CEDAW general recommendation No. 24: Article 12 of the Convention (women and health)

13. The duty of States parties to ensure, on a basis of equality of men and women, access to health-care services, information and education implies an obligation to respect, protect and fulfil women's rights to health care. States parties have the

responsibility to ensure that legislation and executive action and policy comply with these three obligations. They must also put in place a system that ensures effective judicial action. Failure to do so will constitute a violation of article 12.

24. The Committee is concerned about the conditions of health-care services for older women, not only because women often live longer than men and are more likely than men to suffer from disabling and degenerative chronic diseases, such as osteoporosis and dementia, but because they often have the responsibility for their ageing spouses. Therefore, States parties should take appropriate measures to ensure the access of older women to health services that address the handicaps and disabilities associated with ageing.

(E) Pertinent content per CEDAW general recommendation No. 27 on older women and protection of their human rights

8. Older women are not a homogeneous group. They have a great diversity of experience, knowledge, ability and skills, however, their economic and social situation is dependent on a range of demographic, political, environmental, cultural, social, individual and family factors. The contribution of older women in public and private life as leaders in their communities, entrepreneurs, caregivers, advisers, mediators, among other roles, is invaluable.

29. State parties must recognize that older women are an important resource to society, and have the obligation to take all appropriate measures, including legislation, to eliminate discrimination against older women. States parties should adopt gender-sensitive and age specific policies and measures, including temporary special measures, in line with article 4, paragraph 1 of the Convention and general recommendations No. 23 (1997) and No. 25(2004) of the Committee, to ensure that older women participate fully and effectively in the political, social, economic, cultural and civil life, and any other field in their societies.

39. States parties have an obligation to ensure that older women have the opportunity to participate in public and political life, and hold public office at all levels and that older women have the necessary documentation to register to vote and run as candidates for election.

40. States parties have an obligation to ensure equal opportunity in the field of education for women of all ages, and to ensure that older women have access to adult

education and lifelong learning opportunities as well as to the educational information they need for their well-being and that of their families.

41. States parties have an obligation to facilitate the participation of older women in paid work without discrimination based on their age and gender. States parties should ensure that special attention is paid to addressing problems that older women might face in their working life, and that they are not forced into early retirement or similar situations. States parties should also monitor the impact of gender-related pay gaps on older women.

45. States parties should adopt a comprehensive health-care policy aimed at protecting the health needs of older women in line with the Committee's general recommendation No. 24 (1999) on women and health...

47. States parties have an obligation to eliminate discrimination in all its forms against older women in economic and social life. All barriers based on age and gender to accessing agricultural credit and loans should be removed and access to appropriate technology for older women farmers and small landholders should be ensured. States parties should provide special support systems and collateral-free microcredit, as well as encourage microentrepreneurship for older women. Recreational facilities for older women should be created and outreach services should be provided to older women who are confined to their homes. States parties should provide affordable and appropriate transportation to enable older women, including those living in rural areas, to participate in economic and social life, including community activities.

48. States Parties should take necessary measures to ensure older women have access to adequate housing that meet their specific needs, and all barriers, architectural and other, that hinder the mobility of older persons and lead to forced confinement should be removed. States parties should provide social services that enable older women to remain in their homes and live independently for as long as possible. Laws and practices that negatively affect older women's right to housing, land and property should be abolished. States parties should also protect older women against forced evictions and homelessness.

B. Current situation of the LOHAS promotion for healthy older women

(A) Current situation: From data perspective

According to the statistics data by Department of Household Registration of Ministry of the Interior, there are 3,106,105 people of the population aged 65 years or over (13.2% out of the all ages population 23,539,816 people) which includes 1,673,707 women that is 53.89% and 1,432,398 men that is 46.11% of the population aged 65 years or over until the end of 2016. These statistics reveal that Taiwan society is already aging, and moves forward to an Aged Society, the ratio between older women and men is 1.17:1.

According to the 2015 Health Promotion Administration Annual Report, which was published in 2017 by Health Promotion Administration of Ministry of Health and Welfare, that there were 81.60% women and 82.70% men, that were of the population aged 65 years or over, feel themselves have good healthy (which includes “good” or “very good”). The “White Paper on an Aged Society”, which was published in October 2015 by Social and Family Affairs Administration of Ministry of Health and Welfare, mentions that over 80% of our country’s older population is not disability, but rather to be healthy and sub-healthy people (World Health Organization’s definition of health is “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, but there is no definition of sub-health which usually refers to the state between health and disease). These two statistics are quite the same, thus it is necessary to establish a LOHAS promotion mechanism to help healthy and sub-healthy older people, especially older women, to maintain their physical well-being state. Once this kind of mechanism is successfully set up, it can improve older people’s living quality, maintain their dignity, reduce their chances of entering into unhealthy state and the social burden to take care of them, activate human resources and slow down the social impact by low fertility.

(B) Current situation: From policy perspective

The “White Paper on an Aged Society” points out the necessity to satisfy the diverse needs of the elderly or aging people. In September 2009, the Executive Yuan approved Phase One of the “Friendly Health Care Services Program for Senior Citizens” which incorporates three core principles: “Active Aging”, “User Friendly Environments for Seniors” and “Generation Fusion”; furthermore, the Executive Yuan has approved that all government agencies will utilize their resources to integrate the three core principles with strategies to promote the “Friendly Health Care Services Program for Senior Citizens” in order to achieve a more nurturing social structure for seniors. Phase Two of the “Friendly Health Care Services Program for Senior Citizens” was approved by the Executive Yuan in December 2014. Phase Two, using the UN Millennial Development Goals (MDGs) as a reference, emphasizes five goals, including “Healthy Aging”, “Active Aging”, “In-Place Aging”, “Intelligence Aging”, and “Continued Education for the Aging”. Currently, the Executive Yuan has authorized 12 ministries, agencies, and commissions to plan and promote eighty-four work projects. Working together, the central government and local governments will actively promote the implementation and completion of these projects. In 2012, Taiwan has completed a nationwide pact with all counties and cities signing on to adhere to the UN “Age-Friendly Cities Project (AFCP)”.

(C) Current situation via Convention-specific Document second draft (public version) of Third CEDAW National Report, R.O.C.

According to the statistics shown in Convention-specific Document second draft (public version) of Third CEDAW National Report on the atypical employment of women aged 65 years or over, they work part-time which is 8.33% out of total women employment, while men is 6.1% (11.13); they do temporary and dispatch work is 7.56% out of total women employment, while men is 2.2% (11.14).

With regard to the right to health, the “Taiwan Longitudinal Study on Aging (TLSA)”, “Nutrition and Health Survey in Taiwan (NAHSIT)”, and the twelfth “Family and Fertility Survey” were completed in 2016, and there was plan on “National Health Interview Survey in Taiwan” in 2017 to explore the health differences among women of all ages. With regard to the Elderly health status, according to “National Health Interview Survey in Taiwan”, the fall down prevalence rate on women of or over 65 in the past one year is 26.2% in 2005 (while men is 16.5%), it lowers to be 19.1% in 2009 (while men is 13.6%), then lowers to be 17.3% in 2013 (while men is 15.3%), but the average fall down prevalence rate of women in the past years is higher than men (12.53). The rate of “Insufficient Physical Activity by W.H.O. definition” on women of or over 65 in 2013 is 74.6%, higher than 68.5% on men (12.54). Concerning the promotion of elderly health, “Health-Promoting Program of Elderly”, which was accelerated since 2009, combines health care system with community, and sets up primary preventive care system via services as health promotion, visit for caring, phone call for caring, and nutritious diet. There are 2,347 community-based care centers joining the health promotion activity in 2016, with more than 234,000 elder participants (12.57). There are continuous grants on senior citizen adult education program and elderly welfare activity for NGOs, to provide diverse access for learning, increase chances for social participation and self-realization. Furthermore, to propose dynamic life and encourage elderly team-up for health promotion related races from each village (town, city, district), there are over one hundred thousand elderly team-up for health promotion races in 2016, older women is about 70% among them (12.58).

With regard to the social participation, there are grants for local government to apply and set up senior citizens learning center (13.29), manage senior citizens learning camp (13.30) which provides diverse learning access with high quality for elderly citizens. With respect to rural women empowerment program, housekeeping class system has been diversified, there are special programs on elderly class, immigrants class, indigenous people class, Tian-mama class and cultivation class etc. (14.17). With respect to the program on health, education and social protection, there are 23 rural community-based service centers provide services as preventive health care advice, psychological counseling services, calling for caring, visit for caring, accompany to the hospital, housekeeping service, diet delivery service, visit disability etc. for remote countryside and rural women, to animate elderly women in rural area. In 2015, there are 12 local governments which set up 109 tribe culture caring stations by grants, they provide collective caring service 2 to 3 times every week to elderly with the same content, thus

set up preventive and continuous caring service system. At the same year, there are 4,305 elderly people got this service, and women benefited from the service is 70% among all (14.42). Since 2015, there are 121 stations set up by “Indigenous people tribe culture health care program”, women benefited from the service is 68% among all (14.43). With regard to the disaster prevention in the remote countryside, the Ministry of Health and Welfare organizes annual flood control and rehabilitation conference, disaster prevention drills, and job review every year in response to flood season and typhoon season, supervises local government’s implementation on the caring for vulnerable people in place of accommodation as whether the space needs of elderly and disabilities are taken into consideration, whether the needs for special livelihood materials of people of different ages and genders, disabilities, and other vulnerable people are taken into consideration (14.57).

C. Dilemma of the LOHAS promotion for healthy older women

Although the government has implemented these aforesaid polices, and it is common to see related activities be held everywhere, for example, by the commonly-used internet search function, there are a lot of related information on elderly LOHAS which is quite abundant. However, the related information and statistics on the website of government are not only fragmented but also incomplete. For example, while searching for the community-based care center’s information on the website of Social and Family Affairs Administration of Ministry of Health and Welfare, information between 2011 and 2014 is available, but randomly click the link according to its description, there is no way to find out information by regions, and the available information from “Result summary table of community-based care center” is not complete at all, there are only annual information, from 2011 to 2015, of Kaohsiung city, Yunlin county, Chiayi county, Keelung city, and Taichung city. The information is incomplete thus it is hard to see the whole picture, and no way to supervise and follow systematically. This situation reveals the lack of accessibility of information, and it is apparently far away from the complete and systematic figure revealed via the Government Reports.

D. Suggestions for dealing with the challenges to implement CEDAW article 11, 12, 13(c) and establish the LOHAS promotion mechanism for healthy older women.

According to aforesaid data information to see the LOHAS promotion for healthy older women, the necessity to set up the LOHAS promotion mechanism for healthy and sub-healthy older people (especially older women) is already mentioned. Meanwhile, once that kind of mechanism is successfully set up, benefits incidental on the mechanism is mentioned as well. They would be more protection on elderly human right, the respect of their personality, reduction in the needs of long-term care, a decrease in the social cost on elderly’s care, activating human resources and slowing down the impact of low fertility. Here are two examples to explain the desire for LOHAS promotion mechanism of healthy elderly women:

(A) A grandmother living in the city

One retired professor who is more than 80 years old, still healthy and living in the city area. She thinks she has good and accessible family and social resources, and has no regret this life. However, she still emotionally expressed that elderly is not respected in our society, the key to solve the problem is via educating young generation to respect elderly, on the other hand, elderly also needs to self-growth as someone worthy to be respected. She mentioned that the “road-smoothing project” is not implemented thoroughly, there was women more elderly than her who fell and got injured because uneven ground of veranda, this is the safety problem of walk and without attention; the characters of restaurant menu are too small for elderly to read, and food is not cooked softly enough for elderly to eat, this is the unfriendly aspect on diet for elderly; as for the commonly used elderly sign which is a hunchback with crutch, but not all elderly are hunchbacked, there are a lot of healthy and normal spine elderly who are very active, thus this is lack of understanding for elderly, and this kind of design by young generation perspective reveals the stereotype for elderly, it brings about falling ill and weaken the elderly, it should be removed and presented healthy image of elderly. All of these reveal that the needs of elderly have not been seen, and the opinions of elderly have not been respected, she expected that government should get to understand the needs of elderly, and provides a friendly living environment for elderly in every aspect as food, clothes, living, walk, and recreation.

(B) A grandmother living in the countryside

A grandmother who is about 80 years old and very healthy, she lives in a well-off family in the countryside, after her graduation from senior high school, she worked at a nearby Farmer’s Association that is quite fresh then. She has a foreign daughter-in-law, therefore she understands well the situation and dilemma of immigrants, so she helps her daughter-in-law manage a store, hire immigrants nearby, to solve employment problem of immigrants, furthermore, since she has to take care of her grandson, she starts the after-school tutoring activity for immigrants’ children. She is a capable, enthusiastic and creative grandmother, she said to live is to act, she chooses to be a laborer rather than a businessman, and says to abandon job is equal to wait for death. According to her observation about her environment, she found that all the young people from the countryside go out for earning money, when elderly in their family needs people to take care of their living, they usually hire foreign caretaker, however, elderly cannot communicate well with foreign caretaker thus feels lonely and their needs are hard to be satisfied, but they bear loneliness and inconvenience because they think of their children work hard outside. This kind of situation can be solved via “elderly co-living”, to hire one foreign caretaker to take care of elderly, and there is rotation for accompany the elderly by family members, so the elderly have partners to chat with; another alternative is to open an “elderly day care center” which can take care about 5 to 6 elderly, and it is in one volunteer resident’s house without large-scale reconstruction, the elderly can accompany with one another, and manager can help to take care of elderly and has an income, thus it solves both the care problem of sub-healthy elderly and reemployment problem of middle aged and elderly.

After aforesaid review, it is quite certain that the government has proposed policies that meet the spirit of CEDAW, for example, the “White Paper on an Aged Society” already reveals that its core principles is “health promotion”, and the policy goals are to “increase years of healthy life”, “reduce disability population”. The government has implemented that policy, but as these two grandmothers’ expectations foresaid, government’s implementation still does not meet the needs of elderly, so we propose following suggestions to protect elderly’s human right:

1. Set up older people specific zone on website

We suggest to classify the policy implementation results, present them systematically to make up the defects of lack of data and information. This is also the reference for supervising and policy implementation in the future, to help to realize a friendly aged society.

2. Establish a mechanism for developing the LOHAS on the basis of villages/community-based care centers

It is quite common that the community-based care center (set up by village or community development association) provides visit for caring, phone call for caring, nutritious diet, and health promotion etc., this means that the elderly who lives near the community-based care center is used to walk around out there. Furthermore, Ministry of Health and Welfare has promoted “Healthy community building program ” since 1999, thus the community-based care center plus the “Healthy community building program” can reinforce the establishment of elderly exercise system to educate elderly by experts, to strengthen elderly health and prevent falling; with the assistance of supporting measures such as senior citizens learning to raise the life quality and social participation of elderly, and then develop and shape a healthy older women LOHAS mechanism should be highly feasible. As for the social participation, it includes two types—with payment and non-payment—and it could also include “Intergenerational Cooperation” mode.

3. Promote “Time Bank” system

“Time Bank” is a concept proposed by American professor EDGAR in 1980, there are already more than 30 countries, more than 1,000 NPOs or government authorities promote Time Bank. Professor EDGAR defines Time Bank as “Time Bank is the bridge between money economy and social economy.” According to foreign research, it has been found that the “investment” to raise living quality of the elderly not only takes care of elderly’s health, but also contributes to the society to apparently economize the caring cost. The concept of Time Bank is to contribute service or knowledge, and “save” to the Time Bank by the unit of hour, while one day these contributors have needs then they can “withdraw” for enjoying other contributor’s service. Whether it is old or young can participate this kind of reciprocal human service network, it promotes not only the interaction of caring and trust among people, but also creates a friendly environment for

senior citizens.

E. Follow up on “Home care service personnel & the right of employment as stated per CEDAW Article 11, 2013”

Long-Term Care Services Act was announced on 3 June 2015, and came into effect on 3 June 2017. The government takes following measures to encourage home care service workers stay in the job: (1) Adjust the service fee up to 200 TWD / hour in July 2014, and provided clearly that the hourly wage of the aforesaid workers should not lower than 170 TWD, as the residual 30 TWD should be used on necessary expense such as employment welfare etc.; (2) Raise the traffic grants for the workers in the rural area from 1000 TWD to 1500 TWD since 2012; (3)Subsidize the home care service agencies to provide simple equipment to assist care service; (4) Raise the grants of the labor insurance, health insurance and pensions for the workers that the home care service agencies should afford. The grants can be up to 90% depending on the level of wage. There will be more effort done to strive for financial resources to invest in the promotion on the workers’ wage level and working conditions. The home care service supervisors who are the important manpower of long-term care program 2.0, their wage also get raised up, their working conditions and treatment have been considerably improved.