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Commission on the Status of Women Fifty-third session 2-13 March 2009 Item 3 (a) (i) of the provisional agenda* **Follow-up to the Fourth World Conference on Women and** to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Statement submitted by International Association of Schools of Social Work, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.6/2009/1.



Statement*

We applaud and support the courageous women around the world who are both victims and heroines in the devastation being wreaked by HIV/AIDS. We urge Member States to step up their efforts to create balance in the burden of care for those who suffer from HIV/AIDS, related mental and physical illnesses, and for the caregivers themselves.

Women as Victims

Women are victimized by the HIV/AIDS pandemic in multiple ways. In many countries around the world, women and girls have little power in their sexual relationships. In some cultures it is believed that having sex with a virgin can cure AIDS, placing girl children at great risk. A shocking number of girls are introduced to sex by rape or incest, and remain powerless as they grow into adulthood. A recent report by UNAIDS reveals that three-quarters of those who are infected in the 15-24 age range are females. Even as adults, research shows that most women contract the disease from their husbands and partners, while remaining faithful in monogamous relationships. If they ask for condom use, they can be at risk of abuse and violence. Further, women who suffer from HIV/AIDS can be stigmatized and socially shunned through no fault of their own. Out of fear and humiliation, they often suffer silently through the pain and loneliness as the disease progresses. Poor women are especially vulnerable to becoming infected and succumbing to death, for lack of information, support and access to medication.

Women often fight the lonely vigil of caring for their children long after they themselves have become infected. Mothers with young children are an especially vulnerable group who must make plans for their children in case of their demise. Research shows that in many developing countries, women do not have access to counseling to discuss their situation. Nor do they have a voice in who will raise their children after their death.

Although traditionally, children were absorbed into the paternal family, increasingly, the maternal relatives—primarily maternal grandmothers and aunts—are raising the orphaned children. But these women are overburdened, caring for many orphans because so many mothers have died. The few who are living cannot support them.

Mothers who suffer from AIDS fear that their children will be robbed of the material inheritance that they may leave for their children. Under guise of tradition and caring for the children, neighbors and even family members seize their property in a despicable practice called 'property grabbing'. Women seldom have the means to make succession plans to designate guardians for their children and to will their property. Some children remain in child-headed households, end up on the streets or are exploited in child labour, including in prostitution. Social workers working in these challenging contexts know too well that girls and women are victimized, not only sexually and physically, but also socially and emotionally. But women are not just victims.

^{*} Issued without formal editing.

Women as Heroines

Women are also the valiant heroes in the HIV/AIDS pandemic. They are the girls who, while watching their parents decline in health and productivity, care for the younger children and often become the head of the household. They are the grandmothers who raise multiple grandchildren when their own health and stamina are waning. Instead of being cared for by their children in old age, they find themselves in the reverse situation, of caring for their sick children and/or the children they leave behind. They are the aunts that, in addition to their own children and despite their own poverty, take in their nieces and nephews and love and care for them. They are the neighbors who share their meagre resources with the child-headed household next door. Women are the heroines who defy the odds and care for others while experiencing great hardship themselves.

However, caring for others has its costs. The girl who is caring for her sick parents or younger siblings is not attending school. She does not have time for age-appropriate developmental activities. Robbed of her own childhood or adolescence, she has been relegated to the class of women who will be marginalized in her own society, due to lack of education or marketable skills. When girl children already lag behind boys in school enrollment and attendance, the girl who is burdened with caring for her family faces multiple barriers to a successful transition to self-sufficiency and dignified life.

Caring for orphaned children—the 13 million who have lost one or both parents due to AIDS—falls typically to female-headed households. These are already stretched thin in terms of resources and adults available to care for children. The grandmothers who care for their grandchildren often face tremendous difficulties. Research has firmly established that they suffer from problems of ill health, lack of resources, and lack of knowledge to negotiate parenting with a different generation than their own. Aunts too, experience resource scarcity, challenges to their parenting, issues within their own families related to raising kin children, and even social stigma attached to HIV/AIDS.

Recommended Action Priorities for Member States

As social work educators around the globe who train professionals to work with these vulnerable populations, the International Association of Schools of Social Work calls on Member States to adhere to the principles of human rights enshrined in the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women. By so doing, political will can make balancing the burden of care for those suffering from HIV/AIDS a national priority.

First, we urge Member States to continue their efforts to establish and strengthen a health system that can directly address the AIDS pandemic, by creating effective measures to prevent, treat and support those suffering from HIV/AIDS. Prevention should include the following:

- Education regarding children's rights and women's rights to be free from sexual abuse and assault.
- Recognizing that early diagnosis is key to helping victims live a productive life even after HIV infection, we call for community-based outreach, such as door-to-door testing, as has been done successfully in Uganda.

- We call on resourced nations to fully meet their pledges to the Global AIDS, TB and Malaria fund, as well provide bi-lateral assistance.
- We call on all nations to tackle this issue with full intent and energy.
- We urge Member States to focus particularly on serving women who suffer from HIV/AIDS, understanding their various needs such as their need to care for young children, and to help in planning for their future.

Second, we call on Member States

• To step up the campaign to encourage sexual responsibility and equality between the genders. Parity in relationships is an important subject that should be built into the educational curriculum early on. Research shows that typically, one man infects a number of women, due to culturally accepted mores and the culturally imbedded lack of women's ability to be assertive about safe sex. Changing customs to empower girls and women takes time, but this type of campaign has taken root in various parts of the world with positive results. The media should be involved, in collaboration with governments and NGOs, to change the perception that women should not be equal in relationships, sexual or otherwise.

Third, we urge Member States

- To promulgate and support policies and programmes that help equalize the caring burden within each household. For example, children both boys and girls should be supported in attending school rather than caring for their sick parents.
- This should be a priority so that children are not victimized to become the next generation of citizens without the resources to live a productive life. While it is noble to care for those who are sick, gender-based expectation that the responsibility of care falls only on women places an undue burden on them and places impediments to their economic and social activities.

Finally, we urge Member States

• To provide material assistance and respite care for caregivers of those who suffer from HIV/AIDS and related diseases, and for those who care for orphaned children. We affirm that it is the responsibility of Governments, communities, and family members - both men and women - to shoulder the responsibility of care. Community-based care should utilize both men and women in their efforts to address the needs of individuals and families.