

# AUNO Statement of the 53rd Session of the United Nations Commission on the Status of Women to the Anglican Primates

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This year's 53rd Session of the United Nations Commission on the Status of Women (CSW) was focused on the priority theme of the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS. Fifty Anglican delegates from 27 of our 38 provinces came with country status reports out of which they identified advocacy points for speaking to the official Draft Agreed Conclusions. The delegates drew strength from sessions of worship that provided a faith perspective and value base for their responses. They worked hard and participated effectively and competently in all aspects of the two weeks programs, including engaging country Missions.

From the beginning it was clear that much of care giving took place at the household level and yet resources did not accompany these rising chores. This skewed process was further exacerbated by the fact that as the most productive and reproductive age group is being wiped out, the face of the caregiver is increasingly that of old matriarchs and young girls. Both these categories are severely under resourced and located in areas where there is poor shelter, infrastructure and access to information to support their role.

There were also regional-specific concerns, for example, in Asia where the face of caregivers is of migrant women who frequently work as domestic workers. Often, on account of their illegal status, these women find themselves predisposed to infection and exploitation by the tourist and sex industry. The Korean Mission representative reaffirmed this when she cited the plight of migrant women who, in search of better livelihoods, often married older men but ended up suffering domestic violence due to differences in cultural expectations from their spouses.

Girls are being deprived of education as they act as caregivers for ill parents or orphaned siblings. This will increase as a direct consequence of the current financial crisis. In addition to multi-tasking for no pay, women find themselves forced to choose between going out to work for pay, or stay at home to meet the needs of a family member. This is made worse by the fact that there is no care for the caregivers. Psycho-social support is directed to those infected, yet caregivers are also traumatized and stigmatized.

Then there are special groups, such as the rising number of often HIV/AIDS-infected migrant women, who double up as caregivers to infected spouses or family members. They often migrate for economic reasons but also in search of free public healthcare. But countries of asylum do not budget for extra home-based care that migrants undertake outside hospice and institutionalized nursing homes. The other category of women burdened by the pandemic and caregiving are the minority and indigenous groups, for example in the USA, New Zealand and India.

It is recognized that the current financial crisis will affect women to a greater extent than men. The urgency arises from that fact that the current financial crisis is going to increase the burden of care and diminish further the finances in households. Remittances from migrants working abroad are dropping and it is anticipated that overseas development assistance too shall drop as rich countries focus on addressing domestic financial needs, including instituting protection measures. This will negate even the modest gains made towards achieving the Millennium Development Goals (MDGs), especially gender-based goals and targets. This crisis, however, can be turned into an opportunity to involve women as equal participants in decision making, and to ensure gender perspectives in financial decisions. This requires vigilance on the part of governments, civil society and the church in targeting funds to women.

In a significant number of countries, the number of women in decision-making roles has increased and girls' access to education has improved. The delegation learned about innovative services for those living with HIV/AIDS; legislation that provided a framework for empowerment of women and girls, as was the case in Rwanda. But the concern continues to be failure to quantify the contribution of women in the care economy, so that policies are developed and supported by legislation to ensure financing and gender budgets.

According to a statement made by the United Nations Secretary General Ban Ki Moon, three million girls are still being subjected to harmful cultural practices each year, requiring urgent action by all concerned. Other acts of violence against women and girls, and the spread of HIV were raised. In some cases women have limited rights and are thus unable to negotiate safe sex. This, plus lack of education, puts girls, single and in some cases married women, at increased risk of HIV infection. The vulnerability of women and girls in areas of armed conflict and the use of sexual violence as a weapon of war is an area of deep alarm. Gender stereotyping is still a major hindrance in moving the gains against the pandemic ahead, which now needs to be addressed by clear policy actions throughout the world.

As the Anglican delegates made plans for advocacy and follow up, some of them responded to their government invitation to work on a joint press statement for telecast back home. In recognition of best practices in care and education of orphans, one delegate has been invited by her government to work on a side event on education for CSW 2010. Others have been asked to be part of the government delegation for CSW 2010. These are great strides and wonderful opportunities for further advocacy, especially for home-based care and the care economy.

The Anglican delegates to CSW 2009 are committed to working closely with their churches to address economic injustice and gender impact of financial crisis, harmful societal and norms and cultural practices, re-socialization of men and boys, elimination of gender stereotyping, empowerment of women in the context of care giving, and women in decision making.