



**Permanent Mission of the Kingdom of Swaziland
to the United Nations**

**STATEMENT BY
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**DURING THE
53RD SESSION OF THE
COMMISSION ON THE STATUS OF WOMEN**

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Please Check Against Delivery

Chairperson,

At the outset allow me to extend my warmest felicitations to you and the Bureau on your election. My delegation pledges its full support for a successful outcome of the deliberations of the Commission.

My delegations aligns itself with the statement delivered by the Sudan on behalf of the Group of 77 and China as well as the statement read by South Africa on behalf of the Southern African Development Community (SADC).

We would like to thank the Secretary-General for the reports submitted under the priority theme of this 53rd Session of the Commission on the Status of Women, "the equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS".

Chairperson,

Allow me to deliberate further on the efforts of the Government of the Kingdom of Swaziland towards the promotion of gender equality and the empowerment of women as follows:

- i. **Policy and Legal Framework for women's rights protection**
 - a. **Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)**

The Kingdom of Swaziland acceded to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) on 26th March 2004. The accession attested to the country's recognition of discrimination against women as a problem and to Government's commitment to recognize and promote women's rights in the attainment of gender equality. On the same date, the country also acceded to the United Nations Covenant on Civil and Political Rights (ICCPR), United Nations Covenant on Economic, Social and Cultural Rights (ICESCR) as well as the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) which all contain the recognition and protection of important fundamental human rights also applicable to women.
 - b. **SADC Gender and Development Protocol**

The Kingdom of Swaziland is party to the newly adopted SADC Gender and Development Protocol which seeks to address various issues pertaining to the rights of women in the SADC region. The Protocol recognizes the challenges women face in the enjoyment of their full rights and places an obligation upon SADC Member States to ensure the

necessary changes to laws, cultures and practices to create an enabling environment for women to exercise their human rights on an equal basis with men.

c. The National Constitution

The Constitution of the Kingdom of Swaziland which entrenches provisions pertaining to equality, non-discrimination and the rights and freedoms of women can be viewed as being part of the implementation of measures aimed at domesticating CEDAW and a further confirmation of Swaziland's commitment to the principles of equality and non-discrimination espoused and promoted by CEDAW.

d. National legislation

In recognition of the need to update and align existing legislation to the national constitution, the government of Swaziland is presently engaged in a process of law reform of key pieces of legislation that impact on the rights of women. These include the Marriage Act of 1964, the Administration of Deceased's Estates Act of 1902 and the Deeds Registry Act of 1968. In addition, to address issues of gender based violence, the government is working with civil society organizations to enact the Domestic Violence and Sexual Offences Act to complement various administrative measures that have already been taken to fight this scourge.

e. Gender Policy

The government of the Kingdom of Swaziland established a Gender Coordination Unit in 1997 for purposes of coordinating all gender related activities in the country. One of the key mandates of this Unit is to mainstream gender into all government policies, programmes and activities. Through this Unit, the government has developed a gender policy to facilitate the achievement of gender equity and equality in the country. At present, the Draft policy has been finalized and is awaiting approval by Cabinet. In addition, the Gender Unit was tasked with the responsibility of sensitization of the entire populace on Gender and Sustainable Development.

i. Sharing the caring – Swaziland's experiences

One is reminded of the commitments that Swaziland was part of the Beijing Declaration and platform for action that called member states to adopt policies that promote the equal sharing of responsibilities for the family by men and women including appropriate legislation, incentives and encouragement for such actions. Women and Girls in Swaziland continue to bear the major responsibility for domestic and care giving responsibilities. Domestic and care giving roles are still most often ascribed to women and girls rather than distributed equally among

family members. This is caused by among other factors, the fact that within families more power and rights is given to males than to females. However like many other countries, our Government acknowledges that women carry a disproportionate burden of care and support which is now exacerbated by the impact of HIV and AIDS.

In Swaziland, women provide 90% of all care and support for people with AIDS related illnesses. The 2006 HIV /AIDS infection prevalence rate was 38.6% which is slightly less than 2004 which was 42.6%. These statistics clearly indicate the burden shouldered by women as it is culturally expected that they provide social services in families and the community at large. On the other hand men are culturally expected to generate family assets, provide shelter and security and give political leadership in families and community setting, which has changed with time as women also participate in economic and political decision making.

Women are, in addition to the culturally expected assignments, now bread winners and have extended their cultural responsibilities into the national response of care-giving, whereas men have not done so. Men, it is reported in national reports that they are not making full contribution to national response, as it is expected of them. Care giving has significant implications to gender equality and women's empowerment. While care giving is viewed as integral to social development and contributes to economic growth, provision of care both paid and unpaid tended to be disproportionately allocated to women and girls. Yet it is a known fact that a lot of time is spent by women on unpaid care work. Care work remains undervalued and unrecognized. Women volunteer their time and if at all paid, they are just given a stipend which usually fails to compensate them for their efforts. This is particularly true for women in rural areas.

Women spend more time than men in unpaid care work, over and above time spent at paid work, which results in women having longer working days than men. There is also stereotyping that women are the national choice as care providers. This could be mainly because paid care providers typically earn low wages and are afforded little or no social security or employment rights.

The extra responsibility for care and support taken on by women also has enormous implications for their own health and well being yet the provision of the constitution protects women and children. This is critical with the ravaging impact of HIV and AIDS in families and communities where women find themselves shouldering all the care and support with minimum home based care supplies to protect themselves. This means that women and girls spend enormous amount of time doing physically and emotionally taxing work, taking care of their families and relatives. This scenario can be seen in all the national hospitals and households.

In 2002 a community based study supported by UNICEF revealed that care giving has engaged young girls and children, which is culturally termed as an abnormal situation which has shifted the roles of elder family members to children. This situation is not evident only in Swaziland but in other countries impacted by this HIV pandemic. The use of girls and children in caring for the sick is reversing the gains made by Swaziland in equalizing the school enrolment rate for boys and girls. They are also exposed to psychosocial stresses which traditionally children were protected from.

With the traditional Safety Nets such as extended family being unraveled, the concept of home based care has recently been resuscitated as many sick people are sent home to be cared by their families. This programme compensates for the inadequacies of public health systems due to the impact of HIV and AIDS. The rural health motivators who are women shoulder this heavy burden of supporting such families, sometimes with their own food if the situation demands.

The Swaziland government and communities, with the maturing of the pandemic have initiated impact mitigation interventions to minimize the impact of the pandemic in families and communities According to the 2006/ 07 Swaziland Development Health Survey, Orphaned and Vulnerable Children constitute of 31% of all children. Women in Swaziland provide most of the response services to OVC's such as home based care, psychosocial support services, health, education and protection in neighborhood care points and families.

Through the assistance by the Global Fund and other donor initiatives, a pilot has been done on how caregivers could be compensated for the time spent in caring for those infected and affected by HIV and AIDS.

Other interventions include:

- Establishment of the Gender Unit and gender policy to conserve and promote the aspects of Swazi culture which uphold equal opportunities for females and males and discard negative cultural aspects.
- Constitutional provisions on the protection of women and children.
- Establishment of the Children's Unit and children's policy
- National CEDAW report (recommendations made by the NTWG) e.g. the Domestic relations bill that redefines the roles and relationships between adults in marriage and other social unions.

- Community dialogues on positive parenting whose objective is to equip parents with proper skills on how to treat their children , both boys and girls equally, giving them equal opportunities
- The Ministry of Health initiatives of supporting rural health motivators financially
- Other government and civil society initiatives of supporting home based care (lihlombe lekukhalela and emadladla endlunkhulu)
- Change of curriculum to remove stereotyping and to encourage girls to enter into non-traditional fields (sciences and engineering)
- Career guidance and offering of scholarships for training to female students to pursue “male preferred” careers

Chairperson,
Challenges

Despite all the Kingdom’s accomplishments, challenges regarding the equal sharing of responsibilities between women and men , including care-giving in the context of HIV/AIDS , and its impact on gender equality and the advancement of women still persist.

Like most African societies, Swaziland is a patriarchal society, gender roles are clearly defined between women and men. The full enjoyment of the rights of women is hindered by a plethora of challenges including;

- Outdated legislation for the protection of the rights of women
- Slow implementation of the National Constitution due to slow law reform processes
- Abuse of traditional laws and cultural practices to subordinate women
- Abuse of religion to suppress women.

The Government of the Kingdom of Swaziland remains committed to gender equality and the advancement of women and hopes that this Session’s priority theme will make an invaluable contribution in mapping out a way forward for the achievement of our common objectives.

I thank you.