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Statement submitted by Catholic Health Association of India, 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.

* The present statement is issued without formal editing.

Statement

Socioculturally, women in India have been relegated to child rearing, domestic work, and face discrimination in terms of educational, nutritional and health-care needs. Through the vast urban-rural expanse and divide, there are varying levels of empowerment of women and while urban women are becoming more resilient and self-reliant, gender issues such as lack of dignity, domestic discrimination, educational and nutritional deprivation still continue to plague rural women. Female infanticide and feticide are rampant in Northern states of India despite stringent measures through the Prenatal and Neonatal Sex Determination Act which bears a hefty penalty for sex disclosure and diagnosis through ultrasound. The latest census conducted in 2011 still shows a highly unfavourable sex ratio of 914 females per 1,000 males.

Sexual violence occurs frequently against women and the issue is compounded among women belonging to a lower caste. Lack of access to safe sanitation and basic facilities for privacy for bathing, defecation and breast feeding is not uncommon and denial of these rights among Indian women makes India an unfavourable and inhospitable place for a girl child. Female children are breast fed for a shorter period than boys, receive food in lesser quality and quantity than boys and this malnutrition is further impacted by repeated pregnancies leading to intrauterine growth retardation and maternofetal mortality.

Catholic Health Association of India works through 3,441 Member Institutions to promote physical, mental, social and spiritual well-being with a special focus on vulnerable and marginalized populations and through its various programs ensures equity of access to health across genders. A major thrust area of Catholic Health Association of India includes provision of support for comprehensive tailor made and rights based assistance to children and youth with disabilities in low income countries. Disability in itself is a social construct where the disabled population faces a lot of discrimination, but when woven with other social constructs such as gender, it results in being doubly oppressive.

Girl children who are polio survivors present a unique example of the neglect and discrimination a girl child can come across in India. The Catholic Health Association of India has done yeoman services in the area of disability and girl children and some of the experiences and findings in this area wherein Catholic Health Association of India has been working with female polio survivors extrapolate the challenges yet to be overcome.

Multiple discrimination traps

Disabled women face double discrimination, one at the level of a “disability” where she faces prejudices around differences in abilities and the other at the level of “gender” where she is discriminated on the basis of being a woman. Similarly in a diverse country like India, there are various other constructs such as religion, caste, economic status which further add on to this discrimination. For instance, a dalit (one of the lowest considered caste in India) woman who is affected by polio would face multiple discriminations on the grounds of not only her disability but also her gender as well as caste.

Persons falling within the multiple discrimination traps have been discriminated and denied access in the education and employment front. They have

also been denied their basic traditional roles as they are considered incapable of marriage and starting their own family. Such kind of isolation and confinement based on culture and age old traditions have a severe impact on persons discriminated on multiple grounds. They are socialized to be dependent and such dependency in turn fosters low self-esteem, increases vulnerability, low literacy level and furthers experiences of neglect within their own families. This leads to the creation of physical and attitudinal barriers and thereby denying access to basic rights.

A basic study on participation of polio survivors was done by Catholic Health Association of India to get a better understanding about the extent where stigma and discrimination have affected their participation. It was found that 40 per cent of the participants stated to face severe restriction across all spheres of their life of which more than half of them were women polio survivors. Around 33 per cent were stated to face moderate restriction while 23 per cent faced mild restriction in terms of participation. A larger number of female participants perceived that they faced severe restriction in participation as compared to males. This exemplifies the multiple discrimination aspect wherein gender and disability play a role in stigma and discrimination. It was also observed that the polio survivors still faced difficulties in the area of social relationships particularly marriage. They stated that due to their disability, they faced difficulties in finding a spouse for a long-term commitment.

Catholic Health Association of India is also involved with provision of nutrition, rehabilitation and palliative care for orphans and vulnerable children, youth infected by and affected by HIV. The impact of the global epidemic further worsens the plight of the girl child with studies showing that the first children to drop out from school in HIV affected families are the girl children. Given the limited resources, affected families would rather spend more on the education of boys than girls. Women affected by HIV are much less likely to seek health care and face difficulties, stigma and discrimination while seeking health care.

The diagnosis of HIV mainly stems from two sources. Among high risk groups and key populations, people tested include men having sex with men, commercial sex workers, migrants and truckers. Among the general population, people tested include antenatal women prior to labour and men suffering from reproductive tract infections. Women who are diagnosed with HIV are labelled as indulging in high risk behaviour and often ostracized by families. Family support varies by gender and while 5.5 per cent of females living with HIV/AIDS have been asked to leave home after being tested positive, only 1.9 per cent of the males living with HIV/AIDS have been subjected to this.

The Fourth World Conference on Women, Beijing, 1995, called for action from the International community and civil society, including non-governmental organizations and the private sector on 12 areas of concern. Several gains have been made in the areas of inequalities and inadequacies in and unequal access to education and training, health-care access, violence against women, stereotyping in mainstream media, however several crucial areas remain where work can be expanded and more can be done. The reduction of the burden of poverty on women in the vast ethnos of India is a colossal task and requires more synergy from the government and Central Statistics Organizations. The effects of armed or other kinds of conflict on women, including those living under foreign occupation is

difficult to assuage due to the lack of political and administrative control over these areas. Institutional mechanism for the advancement of women have begun to be put in place and safer work environments are being developed with the needs and rights of women in concern.

Certain initiatives that require further focus to achieve equality for women in the areas of education, nutrition, health-care access and human rights include multi-stakeholder participation and synergy which involves persons with work in gender issues, bureaucrats, technocrats, corporate functionaries, governmental and non-governmental organizations and media in the gender equality movement. The Pre-Natal Diagnostic Techniques Act is a step in the correct direction and compliance needs to be enhanced in areas where coverage is poor. The reversal of gender roles has begun in urban India, however in strongholds where caste discrimination and gender discrimination is still an enormous social burden to reckon with, gradual social change with sensitization of men, local leaders, the encouragement and assurance of equal rights to women through political machinery and the involvement of women in policymaking needs to be in place. The provision of basic dignity, privacy and the safeguarding against violence and wanton disregard of human rights needs to be curbed to assure an equal place for the girl child and women in India.