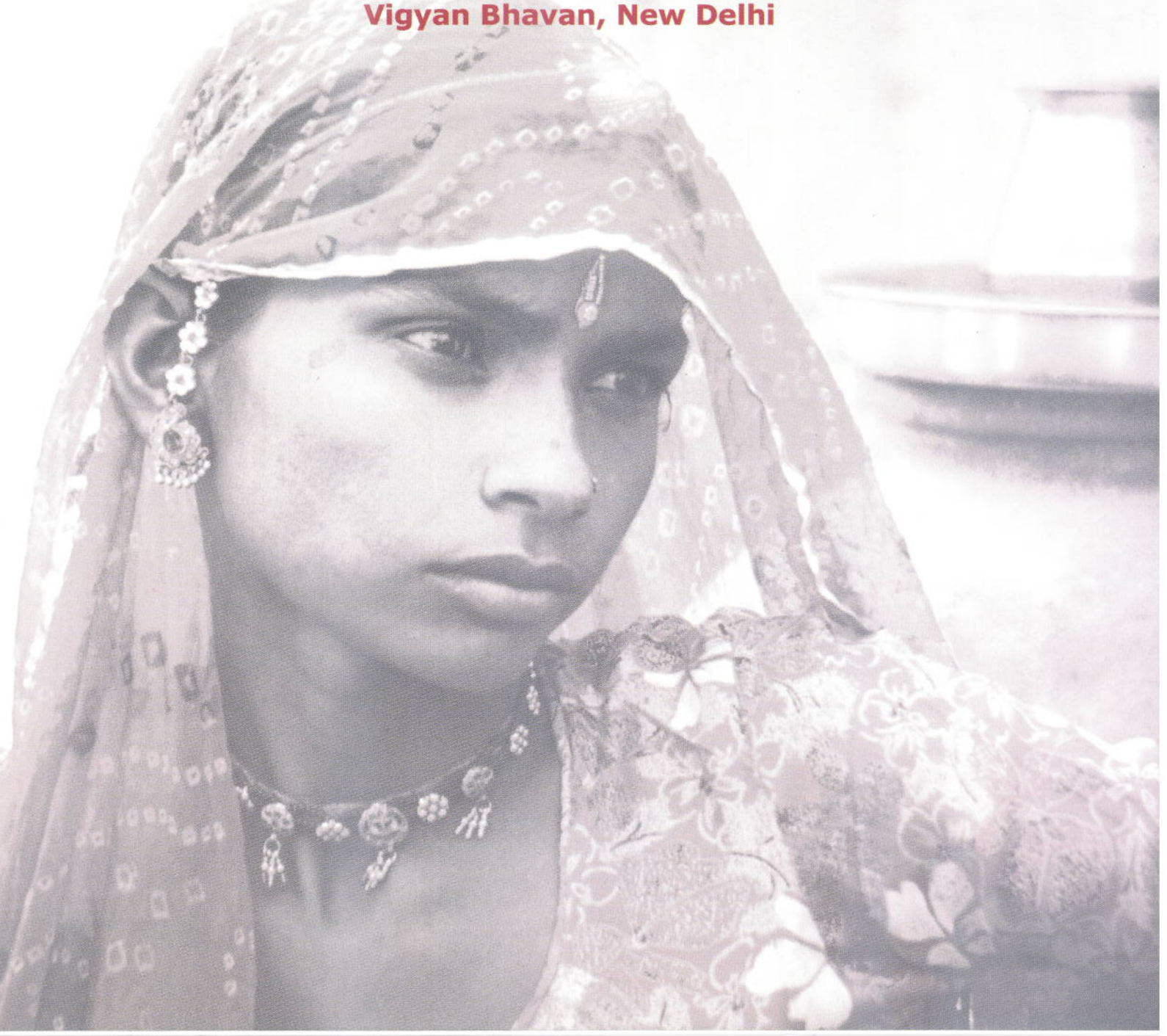
VIOLENCE AGAINST WOMEN: HEALTH SECTOR PERSPECTIVE

WORKSHOP REPORT

October 11, 2004
Vigyan Bhavan, New Delhi



WORKSHOP ON

VIOLENCE AGAINST WOMEN: HEALTH SECTOR PERSPECTIVE

OCTOBER 11, 2004

NEW DELHI

Organised by

National Commission for Women

United Nations Population Fund

Foreword

Violence afflicts women and girls across all cultures, regardless of social and economic divisions. The problem is masked in silence and finds legitimacy in entrenched cultural norms. An increasing amount of research highlights, the health burdens, economic costs, intergenerational effects and the demographic consequences of such violence. Over the last two decades, however, violence against women and young girls is being acknowledged worldwide as a violation of their basic human rights.

The International Conference on Population and Development (ICPD), Cairo, 1994, stressed the need for all countries to take appropriate measures to eliminate all forms of abuse, exploitation, harassment and violence against women, adolescents and children. And yet, the second round of the National Family Health Survey, 1998-99, presents some disturbing facts on violence against women in India. According to the survey, 21 percent of women have experienced violence since age 15 and 19 percent have been beaten or physically mistreated by their husbands.

In India, there is a 'culture of silence' as far as violence against women is concerned. In patriarchal societies such as ours, women are socialized into being silent about their experiences of violence. Traditional norms teach them to accept, tolerate and even rationalise violence. In such situations, health care providers are perhaps the only functionaries that women see in the event of violence. However, there is a long way to go in sensitising health care providers to violence as a public health concern and a cause of a number of physical and mental health problems, including grave reproductive health ailments such as HIV and/or AIDS.

The workshop on *Violence against Women: Health Sector Perspective* organised by the National Commission for Women and the United Nations Population Fund aimed at creating awareness on the devastating health and other consequences of violence against women. The workshop was intended to highlight forms, trends and manifestations of violence through the lifecycle of women. The presentations at the workshop included analyses of patterns and responses to violence as well as the success stories of certain hospital based crisis intervention centres that have begun to cater to the needs of women facing violence.

The solutions to addressing violence against women are not simple. The presentations and recommendations made at the workshop convey a range of observations and suggestions reflecting the issue's complexity. This report based on the views and experiences shared by the participants is intended for diverse audiences with a view to providing them information, stimulating debate as well as guiding policy processes towards effectively addressing violence against women.

P. Advani

Dr. Poornima Advani
Chairperson,
National Commission for Women

Preface

Violence against women has emerged as a major issue on the international human rights agenda. This recognition has been achieved largely through the persistent advocacy efforts of women's organizations around the world. The level of violence that women and girls are encountering has recently increased to alarming proportions. This is especially true for young girls and women caught in the crossfire of war or other emergencies. Although important progress has been made in establishing violence against women as a human rights concern, little headway has been made in addressing it as a public health issue.

The National Commission for Women and the United Nations Population Fund organised a workshop on ***Violence against Women: Health Sector Perspective*** on 11th October 2004 in Delhi. The overarching aim of the workshop was to sensitise health care providers to the issue of violence against women as a public health concern. The workshop brought together government officials, medical practitioners, academicians, media, Non-Governmental Organisations and donor agencies who shared their concerns and viewpoints on violence against women and its negative impact on the physical and mental well-being of women and girls.

An information kit was released during the workshop to help health service providers address violence against women. Among the issues raised at the workshop, it was observed that lack of legal aid and legal mechanisms places women facing violence in a vulnerable situation. Discussions focused on the situational analysis of violence against women in India and policy and programme perspectives to address it. This report is a compilation of the discussions and recommendations, including a resolution, unanimously adopted at the workshop, to address violence against women as a public health concern.

During the workshop, the need for proper documentation of medico legal cases and implementation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) were highlighted. In the policy and programme context, it was pointed out that care providers could often also become perpetrators of violence in mental care institutions, health care institutions, prisons and other custodial settings. Attention was drawn to the fact that there is a 'culture of silence' as far as violence against women is concerned and in order to break this silence a 'system's approach' is required. One of the important points made in this regard was the need for a multi-sectoral approach to address violence against women. The discussions emphasized the critical role of the health care system, by recognizing among their clients, those women facing violence and addressing their needs. It was suggested that the reporting of violence against women in health institutions should be made mandatory along with the implementation of a gender sensitive population programme, in order to provide an enabling environment to address violence against women.

It is hoped that this report is able to advocate for addressing violence against women on an urgent basis and recognizing a health care facility as one of the important settings for intervening in this public health concern.

Hendrik van der Pol
UNFPA India Representative

Contents

Introduction

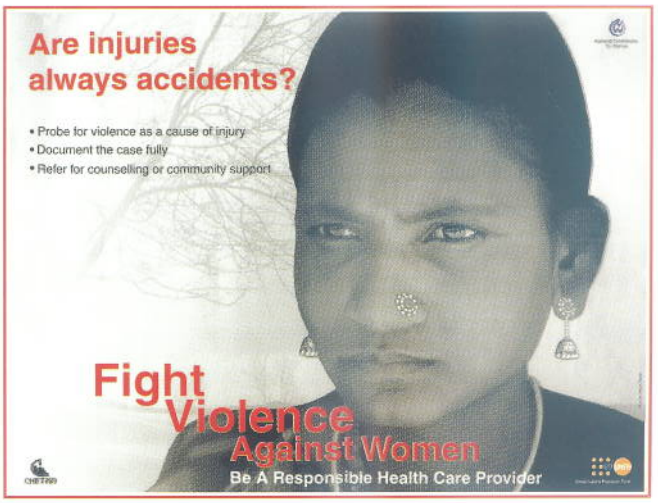
Violence against Women (VAW) is a universal problem that exists in all countries, cutting across boundaries of age, class, caste, education, income, culture and religion. Article 1 of the UN Declaration on the Elimination of Violence Against Women defines violence as, "any act of gender-based violence that results in or likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life."

Data from the National Family Health Survey, 1998-99, show that 21 per cent of the Indian women experienced some form of violence since the age 15 and 19 per cent have been beaten or physically mistreated by their husbands. Two per cent have been beaten or physically mistreated by in-laws and 3 per cent by other persons. The data implies that among women who report beatings, 9 out of 10 have been beaten by their husbands, 1 out of 7 have been beaten by other persons, and 1 out of 12 have been beaten by their in-laws. Women facing violence, experience not only psychological and emotional trauma but also serious reproductive and sexual health complications including HIV and/or AIDS.

These startling facts and grave consequences of VAW in India were discussed in-depth at a national-level workshop on *Violence against Women: Health Sector Perspective* held on October 11, 2004 at Vigyan Bhavan, New Delhi. The workshop was organised by the National Commission for Women (NCW), in collaboration with United Nations Population Fund (UNFPA). Medical practitioners, Non-Governmental Organisations (NGOs), donor agencies, media and academicians attended the workshop.

The workshop on VAW – health sector perspective aimed at:

- Providing an overview on the situation pertaining to VAW in India;
- The steps taken to address the issue and successful experiences of addressing violence in health settings; and
- Promoting discussions on policy perspectives and programme strategies to evolve a concrete health sector response to VAW



The negative impact of VAW on reproductive health is only beginning to be recognised. Health service

providers are perhaps the only functionaries that women see in the event of violence. Yet, there is a long way to go in sensitising providers to violence as a public health issue. Virtually every clinical health and mental health care provider treats women facing domestic violence, although most may be unaware that their clients have formerly or recently been abused. As a group, healthcare providers may have even more contact with victims of violence than they realize possibly because women facing violence are likely to have more health problems than other women.

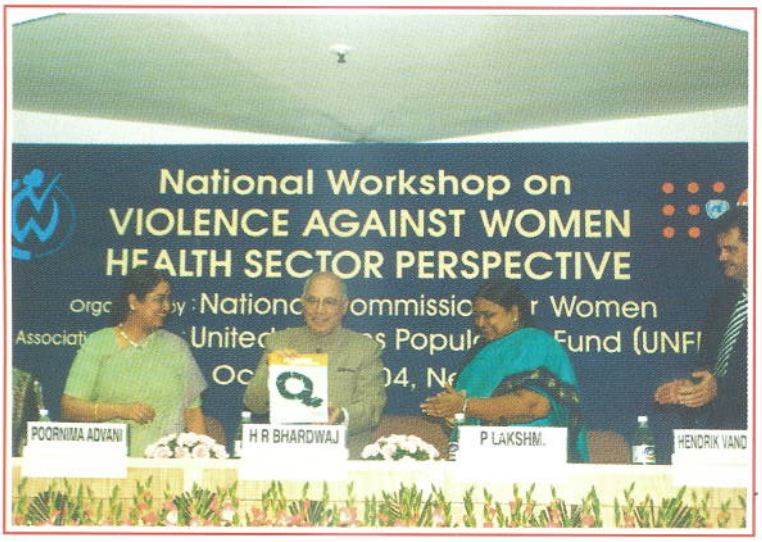
Health care providers in different settings can help women facing violence to get curative services besides getting justice for them. However, often there is very little information available with service providers as to what interventions can be taken up in the service delivery settings to address this serious concern. The workshop intended to emphasise orientation of health service providers so that they could actively identify clients as women facing violence and undertake appropriate referrals to enhance the health outcomes for women. The workshop consisted of three key sessions covering a situational analysis of VAW in India and discussions on policy and programme perspectives.

Inaugural Session

Ms. Nafisa Hussain, member, NCW, welcomed the distinguished guests and the participants. She reminded the audience that women in India neglect their own health by giving priority to the health of their family members. She hoped that the workshop would bring forth issues and recommendations that would help to create greater awareness among women and the community at large about violence and other health related issues.

The Union Law Minister, Shri H.R. Bharadwaj, inaugurated the workshop. Quoting the Vedas, Shri Bharadwaj reminded that prosperity exists where women are honoured and respected. He lamented the fact that traditions and customs have been distorted over the years leading to unequal treatment of women. He stressed on the need to clarify and cure these distortions. He observed that women face prejudice in all walks of life be it education, property or income. Speaking of the situation of the elderly women in India, he noted that they are often ill-treated and do not have access to legal aid. Shri Bharadwaj emphasized that lack of legal aid and legal mechanisms put women facing violence in a vulnerable situation. In conclusion, Shri Bharadwaj suggested that it was important to promote an institutional approach to reduce unequal treatment of women.

In her opening remarks, Dr. Poornima Advani, Chairperson NCW observed that lack of trained health care providers in rural areas is a barrier to ensuring health care services for women in remote places. Due to inadequate and non- availability of health services in rural areas, women in these areas have to often depend on untrained health service providers such as *dais* to meet their health needs. Furthermore, women facing violence are at a risk of not receiving appropriate treatment and counselling.



While highlighting the need to address VAW at the grassroots levels, Dr. Advani argued that despite 41 gender-related laws, VAW continues to persist. She suggested that there is an urgent need to focus on 'victimology' and not just on the penal code. For this purpose, it is extremely crucial to cull out 'doable' policies to address the health needs of women facing violence, especially those in rural areas.

Mr. Hendrik van der Pol, UNFPA Representative for India, delivered the keynote address. He highlighted the fact that the 1994 International Conference on Population and Development (ICPD), Cairo, moved the agenda forward to address VAW. He observed that there is a culture of silence as far as consequences of VAW on health are concerned. Women are rarely asked about symptoms of violence in health settings as a result of which women facing violence do not get treatment on time. Moreover, due to lack of institutional support, health care providers are not trained to identify their clients as women facing violence. Therefore, the first step in addressing VAW is to sensitise health care providers to increase the levels of trust within their clients.

In her speech, the Union State Minister for Health and Family Welfare, Smt. P. Lakshmi highlighted that the health care system is the only institution that interacts with almost every woman at some point in her life. With adequate training of health care professionals and establishments of protocols, screening can be effective in deselecting cases of abuse. The single most important thing a health care provider can do for a battered woman is to ask about the violence she has experienced. She stressed on the need for the public health sector, in particular, to strengthen its health information database to incorporate the concept and consequences of violence against women in a comprehensive and systematic manner. She highlighted the importance of a health sector perspective as one of the means in formulating tangible and corrective measures of dealing with the consequences of VAW. Smt. P. Lakshmi, along with Union Law Minister, Shri Bharadwaj, released an information kit to help health service providers to address VAW as a public health concern. The kit consists of a poster, an information booklet and a facilitator's guide to sensitize medical officers in the public health system.

Session: Introduction to Violence Against Women – A Health Issue

Chair: Ms. Ena Singh, UNFPA

Co-Chair: Ms. Anusuiya Uike, Member, NCW

Discussant: Ms. Gitanjali Singh, Programme Officer – Human Rights, UNIFEM

Presenters: Ms. Nandita Bhatla, ICRW; Ms. Padma Deosthali and Dr. Seema Malik, Dilaasa; Ms. Aparna Joshi, AAROHI

In this session, Ms. Nandita Bhatla from International Centre for Research on Women (ICRW) gave a situational analysis of trends, patterns and responses on VAW. She asserted that VAW is an issue of concern as it has serious health, economic and development consequences. VAW is pervasive, on the increase and yet under-reported. She cited statistics from the National Crime Record Bureau (NCRB), which show that:

- Every day 337 cases of crimes against women are reported
- There is an increase in reported crimes against women of 8.4 per cent between 1997-98 and 3.3 per cent between 1998-99

Ms. Bhatla pointed out that acts of violence manifest at each stage of the life cycle of women and girls. She further elaborated on three forms of VAW, which include domestic violence, sexual violence and sex selection. Speaking of domestic violence in Indian homes, she asserted that contrary to the widely accepted perception, dowry is only one of the causes of domestic violence. Non-performance of gender roles is another important cause. She concluded her presentation by making the following recommendations:

- Improve surveillance systems for collecting data on crime against women
- Incorporate reduction of VAW as an important goal in all development initiatives
- Provide capacity building inputs to all service providers and law enforcers to handle cases of VAW
- Increase budgetary allocations for support services to women facing violence
- Strengthen policies and programmes aimed at improving women's economic status
- Ensure male involvement in addressing VAW and also formulate programmes to address perpetrators of violence, including the family and the community at large
- Accept VAW as a grave and life threatening offence

Ms. Padma Deosthali and Dr. Seema Malik discussed the conceptualisation of 'Dilaasa'- a public hospital crisis center for women facing violence in Mumbai. They explained, based on an initial survey of hospital staff, how they were able to identify the lacunae and what needed to be done to help women facing violence. Based on the results of the survey, a curriculum to sensitise the hospital staff at various levels was developed. The crisis center was established as a joint initiative of CEHAT and Mumbai Municipal Corporation. Dilaasa functions through links with shelter homes, legal aid centres and other women's organisations. Services provided at Dilaasa include emotional support, registration of medico legal cases, facilitation to register police complaints and legal intervention in collaboration with the NGO, Majlis, and other NGOs.

Speaking of the lessons learnt from their experience of managing Dilaasa, the presenters suggested that it was possible to run such a centre with hospital resources, if training, research and technical support are provided. They argued that the expected roles of doctors, nurses and social workers must be defined clearly for the smooth functioning of the centre. Moreover, they added that counselling services for women facing violence should be provided only by trained social workers.

They concluded their presentation by making the following observations:

- Violence faced by health professionals themselves is not addressed
- Training of staff at all levels of the health care system needs to be undertaken and an effective referral system needs to be put in place
- There is a need to create a sustainable system for ongoing training of health service providers

Ms. Aparna Joshi briefed the audience on how AAROHI - a counselling center for women and youth based in Chatrapathi Shivaji Maharaj Hospital, Thane Municipal Corporation – focused on providing holistic services to women facing violence and helping them negotiate their space, become self-reliant, develop a positive self-image and enhance participatory decision-making capacity. AAROHI also endeavors to address the non-criminal aspects of domestic violence. AAROHI provides services such as counselling individual women facing violence, couple and family therapy services, facilitation for medical help, police help, pre-legal counselling, legal aid, 48 hours shelter and referral services. She stressed on the importance of an egalitarian relationship between women facing violence and their therapists.

Explaining the rationale for establishing the counselling center, Ms. Joshi said that the health system is an important and socially sanctioned entry point for women facing violence, yet there are many barriers to effective responses from the health professionals. Therefore, there is a need to sensitise and train health professionals on VAW, its impact and their role in responding to the issue. She concluded that it is extremely critical to create non-judgemental and healing spaces within the health system and provide psychosocial services to women facing violence.

The discussant of the session, Ms. Gitanjali Singh from UNIFEM, reiterated some of the critical observations of the session, which included the need for proper documentation of medico legal cases, the importance of training health care providers to address VAW, implementation of Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and upholding human rights through government policies and programmes.

During the discussions that followed the presentations, Dr.Kundu from Indian Centre for Medical Research (ICMR) pointed out that violence affects women in various ways and violence need not always amount to crime. It was also observed that data to understand the magnitude of violence is required. It was important to understand the conditions of those households that report no violence. Ms. Padma Deosthali observed that violence is a learnt behavior and that there is no pill to stop domestic violence. It is important to look into the psychosocial aspects of domestic violence. Dr. Jaswal from Tata Institute of Social Sciences (TISS) stressed the importance of addressing emotional and psychological violence in addition to more apparent physical violence.

The Chair for the meeting, Ms. Ena Singh from UNFPA, summarised some of the important points of the session's discussions. She reiterated that VAW is a health issue and not just a reproductive health issue. She emphasised that a multi-sectoral approach is needed to address VAW, in which the health sector has a critical role to play. She emphasised the importance of instituting policies and programmes that are 'doable' at the primary, secondary and tertiary levels of the health care system.

Session: Violence Against Women - Policy Context

Chair: Ms. Firoza Mehrotra, UNIFEM

Discussant: Mr. A. R. Nanda, Population Foundation of India

Presenters: Dr. Abhijit Das, Sahyog; Dr. Surinder Jaswal, Tata Institute of Social Sciences

Dr. Abhijit Das from Sahyog highlighted the need to 'de-ghettoise' the issue of violence. He drew attention to the fact that the health sector is a huge employer of women and stressed on the need to focus attention on violence that takes place within the ambit of the health sector. Dr. Das reviewed the potential of certain policies such as the National Health Policy 2002, the National Population Policy 2000 and the National Policy on Empowerment of Women to address VAW. For instance, in an interesting analysis, he made the following observations regarding the National Population Policy 2000:

- The policy acknowledges declining sex ratio, discrimination against the girl child, higher mortality of women at all ages up to 45 years and vulnerability of the elderly
- Thrust areas in the policy within the rubric of VAW include reduction of infant mortality; delaying age at marriage; reduction of maternal mortality; registration of birth, deaths and marriages; services for adolescents; strengthening abortion services; and addressing men to reduce gender inequality

He concluded with the following recommendations:

- Acknowledge VAW as a public health issue
- Incorporate VAW related aspects into medical education and training, health service delivery and health-related Information Education and Communication, research, and documentation
- Ensure free and accessible medical examination system particularly in cases of violence requiring concrete medical evidence
- Ensure greater coordination with law enforcement and judicial system
- Review all public health programmes from the point of view of gender discrimination and potential for contributing to VAW

- Institute personnel policies which provide safe working environment for women frontline workers such as anganwadi workers and ANMs
- Institute a grievance redressal system for personnel and clients

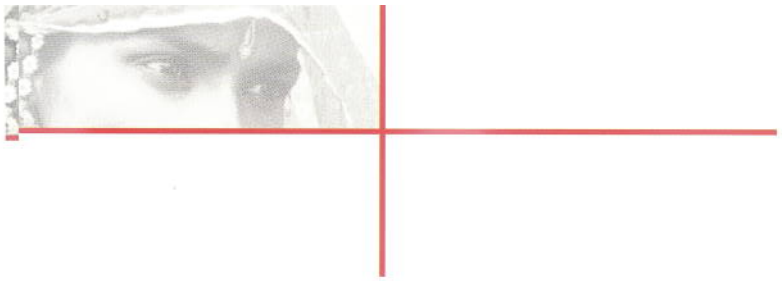
Dr. Surinder Jaswal from Tata Institute of Social Sciences (TISS) pointed out that there is a high reporting of VAW in community based and hospital based health facilities. However, these data remain obscure. Moreover, data that is available is often superficial and incomplete. Health providers who record data are not trained to recognise symptoms of VAW and thereafter provide sensitive counselling and referral. She stressed on the importance of making reporting of VAW in the health institutions mandatory.

She further suggested that forensic testing and other services should be made available at public hospitals.

In conclusion, Dr. Jaswal asserted that it was important to create a cohesive and uniform information gathering and reporting system capable of being shared by other sectors involved in addressing violence related issues (police, legal systems, etc.) She further suggested that local and national studies should undertake research on correlates, determinants and consequences of violence against women. She stressed on the need to study other nuanced aspects of violence such as societal perceptions of options available to women to protect themselves from VAW and the attitudes of perpetrators.

The discussant of the session Mr. A.R. Nanda from the Population Foundation of India (PFI) emphasised that the implementation of a gender sensitive population programme is pivotal for tackling VAW. In his discussion, he reiterated some of the key concerns articulated in the ICPD Program of Action (PoA). These key concerns include sustained economic growth and sustainable development; gender equality, equity and empowerment of women; and reproductive rights and reproductive health. He also reviewed the commitments and goals formulated in the National Population Policy 2000.

During the discussions that followed this session, it was suggested that religious leaders could play an important role in sensitising people about the undesirable consequences of violence. One of the participants suggested the involvement of private health care sector in addressing VAW. It was pointed out that joint training programs for health service providers and the police could help prevent VAW. Moreover, the community, the family and the women themselves need to be sensitised about VAW.



Session: Violence Against Women - Programme Context

Chair: Dr. Poornima Advani, National Commission for Women

Discussant: Ms. Indu Capoor, CHETNA

Presenters: Ms. Manju Nair, Kerala Health Services Dept; Mr. Subhash Mendhapurkar, SUTRA; Ms. Jaya Velankar, Jan Swasthya Abhiyan

In her presentation, Ms. Manju Nair provided observations on the current situation of VAW in India. She pointed out that in the health system, there is a 'culture of silence' as far as violence against women is concerned. In order to break this silence, a 'system's approach' is required and an integrated health program is pivotal to prevent VAW. It is important to institutionalise the issue of VAW by making a clear policy statement outlining VAW as a specific health sector concern. She emphasised that the health care institutions should aim at facilitating screening of clients to identify women facing violence, ensure support referrals and provide appropriate care. She added that it was necessary to develop a reporting system to track reports of VAW through the health sector. She concluded that the health system can play a proactive role in creating awareness in the community in the following ways:

- Make available booklets and posters on violence against women
- Provide relevant, researched and culturally sensitive materials for women informing them of the services
- Provide information for health service providers to remind them of protocols in treating and counselling women facing violence

Mr. Subhash Mendhapurkar from SUTRA, elaborated on some of the programme strategies and interventions adopted in Himachal Pradesh to address VAW. He discussed how Mahila Mandals in Himachal Pradesh worked closely with Gram Sabhas to cater to the needs of women facing violence. Mahila Mandals were motivated to create pressure on local representatives to demand for primary schools in their village. Groups of Mahila Mandals were organised to get a centrally located primary school upgraded. The idea behind this was that as long as the girl is in school, pressure to marry her off is lessened. Mahila Mandal members were also provided interest-free loans for education of girls. Mr. Mendhapurkar added that prevention of violence against women was one of the main goals of the Mahila Mandals. Groups of women and adolescents made periodic visits to police stations to enquire about instances of violence and the action taken by the police personnel. Women visiting police stations in big groups helped in sensitising police personnel to the undesirable consequences of VAW. He highlighted the following enabling and disabling factors that affected the functioning of the Mahila Mandals:

Enabling factors

- Availability of State support
- Every Mahila Mandal is recognised as an institution to take cognisance of offences under the Dowry Prohibition Act
- Registered Mahila Mandals got identity cards from the Superintendent of Police. The Mahila Mandals used this 'power' with caution and gender sensitivity

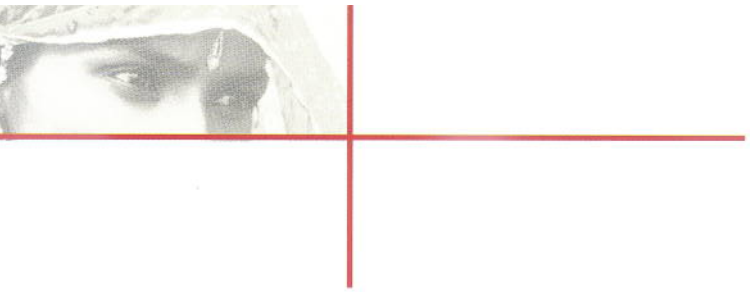
Disabling factors

- Ministry of Health and Family Welfare does not yet recognise violence against women as a health issue
- Service providers are yet not sufficiently oriented on gender issues
- Women are still treated as 'subjects of change' rather than 'agents of change'

In her discussion on VAW, Ms. Jaya Velankar from Jan Swasthya Abhiyan, Maharashtra, focused attention on how providers could also become perpetrators of violence in mental care institutions, prisons and other custodial settings. She drew attention to the fact that while violence causes ill health, ill health of women can also lead to violence against them, such as in cases where women suffer from Tuberculosis (TB), Sexually Transmitted Infections (STIs) etc. In her presentation, she highlighted the following premises as the basis for any intervention to address VAW:

- VAW cuts across class, caste, region, religion, though women from lower strata of society are at greater risk
- VAW is a powerful patriarchal tool to maintain control over women's sexuality, production, reproduction as well as allocation and distribution of resources
- It needs to be recognised that there are many different perpetrators of violence, including the State
- There is a need for an integrated approach rather than a sectoral one in designing interventions that address violence against women
- Interventions should aim at equality and justice while adopting a non instrumentalist approach

Ms. Indu Capoor from CHETNA summarised the session's proceedings by suggesting that programmes to prevent VAW can be integrated into the existing reproductive and child health programmes. She highlighted the need to institutionalise redressal and monitoring mechanisms to address and prevent VAW. Ms. Capoor highlighted that it was necessary to recognise the criticality of the health system's response to VAW in conflict situations. She further added that it was important to explore opportunities within existing policies, programs and institutions for addressing VAW. She concluded by emphasising the need to address issues of violence throughout a woman's /girl's life.



Resolution

The workshop was concluded with Dr. Poornima Advani, Chairperson, NCW presenting the draft resolution to address VAW as a public health concern based on the suggestions and recommendations emerging from the deliberations of the workshop. She also suggested that the facilitator's guide for capacity building of Medical Officers to address VAW, needs to be piloted by 2-3 states with the initiative of State Departments for Health and Family Welfare. The participants adopted the resolution with some changes. The final resolution reads as follows:

Violence against women is globally pervasive. It exists in some form in all countries across cultures, ages as well as caste and class groups. In India, the 1998-99 National Family Health Survey recorded that 21 per cent of the women have experienced some form of violence since age 15.

The National Commission for Women in collaboration with the United Nations Population Fund organised a national level workshop in New Delhi in October 2004 to hold intensive discussions on the growing prevalence of violence through the women's lifecycle and its grave consequences on the health of women and girls. The elimination of girls leading to the sharply declining child sex ratio was particularly highlighted.

The participants of the workshop appreciated the efforts of the National Commission for Women in highlighting the devastating consequences of violence on women's health. The socio-cultural aspects giving rise to violence were recognised and a change of mindset in the society in general, and in the health system in particular, was emphasised. The role of men as supportive partners in eliminating violence was further stressed. After having deliberated on the policy and programme perspectives for addressing the issue as a public health concern, the participants of the workshop unanimously adopted the following resolution to:

- **Note** that violence poses an obstacle in ensuring women's dignity and human rights as well as overall health and well-being
- **Emphasise** that addressing violence against women requires a multi-sectoral approach, in which the health care system has a key role to play. Women continue to perceive health care institutions as providing socially accessible spaces for seeking assistance
- **Recognise** that violence against women is a public health concern. It has severe physical and mental health implications including fatal and non-fatal consequences. Among other health consequences, some are unwanted pregnancies, miscarriages, psychological trauma, severe physical morbidity and sexually transmitted infections including HIV and/or AIDS

- **Affirm** that a responsive health care system is crucial in dealing with violence against women. A health care provider can play a critical role in improving health outcomes for women facing violence. Women and girls are particularly vulnerable in conflict situations requiring a supportive health care system response
- **Further recognise** that training and protocols are required to equip the health care providers to proactively respond to women facing violence. The curriculum for medical and paramedical providers needs to include health related gender concerns and crucial health implications of violence against women to build capacities of health care providers to address them
- **Acknowledge** the need to institutionalise redressal and monitoring mechanisms to address violence against women as a public health concern along with required allocation of resources

Programme Schedule

Violence against Women: Health Sector Perspective

Inaugural Session

09.30-10.00	Registration	
10.00-10.05	Welcome Address	Ms. Nafisa Hussain, Member NCW
10.05-10.15	Inaugural Address	Sh. H.R. Bharadwaj, Union Law Minister
10.15-10.30	Opening Remarks	Dr. Poornima Advani, Chairperson, NCW
10.30-10.40	Keynote Address	Mr. Hendrik van der Pol,UNFPA
10.40-11.00	Release of the Kit	Mrs. P. Lakshmi, Minister of State for Health and Family Welfare
11.00-11.30	Tea	

Session Introduction to Violence against Women: A Health Issue

Chair: Ms. Ena Singh, UNFPA

Co-Chair: Ms. Anusuiya Uike, Member, NCW

Discussant: Ms. Gitanjali Singh, Programme Officer – Human Rights, UNIFEM

11.30-11.45	Violence against Women – A situation Analysis of Trends, Patterns and Responses	Ms. Nandita Bhatla, International Centre for Research on Women
11.45-12.00	Experiences from the field – Dilaasa Project	Ms. Padma Deostahali and Dr. Seema Malik, Dilaasa -Crisis Centre for Women, Mumbai
	Hospital based Counselling Centre of Thane Municipal Corporation	Ms. Aparna Joshi, AAROHI

12.00-12.45	Open Discussion	
12.45-13.00	Summing up	Ms. Ena Singh, UNFPA
13.00-14.00	**Lunch**	

Session Violence Against Women and the Policy Context

Chair: Ms. Firoza Mehrotra, UNIFEM

Discussant: Mr. A. R. Nanda, Population Foundation of India

14.00-15.00	Violence against Women: Locating the issue in the context of health, population and women's empowerment policies	Dr. Abhijit Das, Sahayog Dr. Surinder Jaswal, TISS
15.00-15.20	Population and Gender	Mr. A. R. Nanda, PFI
15.20-16.15	Open Discussion	
16.15-16.30	Tea	

Session Violence Against Women and the Programme Context

Chair: Dr. Poornima Advani, Chairperson, NCW

Discussant: Ms. Indu Capoor, Chetna

16.30-17.30	Violence against Women: Examining Programme Strategies and inter-sectoral interventions	Ms. Manju Nair, Kerala Health Services Dept; Mr. Subhash Mendhapurkar, SUTRA; Ms. Jaya Velankar, Jan Swasthya Abhiyan
17.30-17.45	Summing up	Ms. Indu Capoor, CHETNA
17.45-18.15	Wrap-up and presentation of the draft resolution	Dr. Poornima Advani, NCW

Speeches

Inaugural Address: Shri Bharadwaj, Union Law Minister

Poornimaji, Chairperson, National Commission for Women, Mr. van der Pol, Mrs. Lakshmi, Minister of State for Health, members of the National Commission for Women, respected sisters and friends: it is a great honour for me to say a few words for a noble cause. India is a cradle of civilisation. In the Vedas it is clearly mandated that prosperity exists where women are worshiped. This is confirmed when one understands the role of consorts in the divine existence. Lord Shiva – the consort is Parvathi – he is known as the *Ardhnarishvar*. Then Lord Vishnu's consort is Sakshath Laxmi. And then, Brahma… all these divine deities are always accompanied by their consorts. Wherever you see, the consorts' presence is necessary. Nothing moves without cooperation from both sides.

When you marry, according to the Rig Veda, you make promises before the sacred fire. And every one knows what the promises are: equality, consultation and cooperation. These are the rituals in our ethos; our society from ancient times has given a very important place to women. Lord Ganesh got himself beheaded only to obey his mother. And he is the first to be worshipped in our society. So, our traditions are very high. But we have departed from the basic tenets of our religion- there is a complete distortion of our values. And it has worsened - for the sake of property we used to burn women in the name of sati.

If you go back to our social values, you have to show respect to women. And what to talk of violence against women? The woman is the first God. If you read the Upanishads – *matru devo bhava,* Mother is the first God... because she gives birth. She goes through so much of pain, agony to give birth to a child. Yet she is happy to give birth after handling the pangs of delivery. And then we ill-treat her. This is unacceptable.

I am glad that the international community has awakened the society and the UN has taken the lead. But distortions do come into society and we have to cure them. Now there is an awakening. Article 14 of our constitution should guide us in ensuring equality. Our efforts should be to ensure that women are given equality, and that our daughters be given affection and love. They should be given a better quality of education. They should be empowered with rights. I tried in earlier days when I was the minister in 1985-86, to give equal property rights. We are a federal structure and the proposal was referred to the state. So, the first thing we should insist as a civilized country is equal rights to women in property. Unfortunately, the situation today is different. When a daughter is born she is not entitled to any rights in her father's property unless the father dies. She does not get anything from the husband's property unless the husband dies. We are very indifferent to the rights of women.

An economically dependent woman does not get any rights. She has to depend on her husband. If the husband is not kind then the woman is in a vulnerable situation. Sometimes women are left homeless by their husbands or angry relatives. There is no mechanism to put her back under the roof. Certain mechanisms must be provided

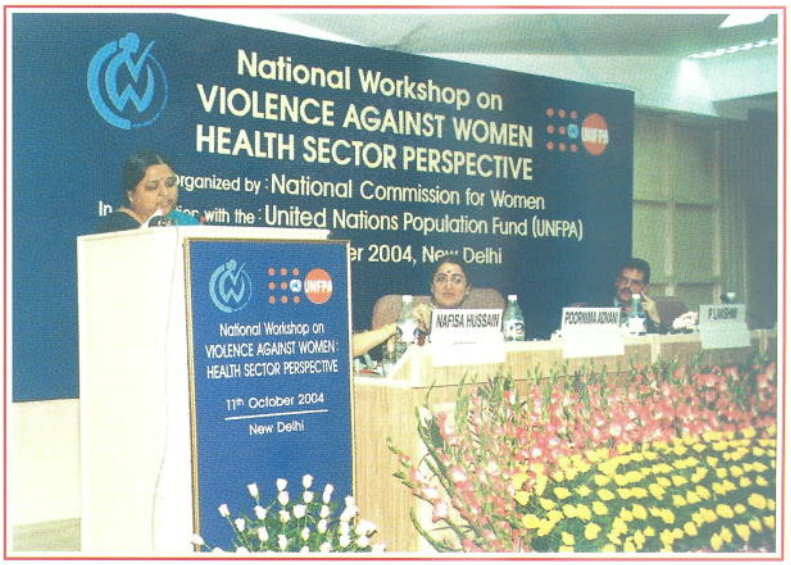
- it is lacking in India. There is no legal aid, there is no legal support. So I proposed creation in each place in the districts some mechanisms where there are women lawyers to help women, particularly elderly women. I have seen wealthy people ill-treating their mothers. We have to do a lot work. National Commission for Women must build a powerful movement for the rights of women...for this we need Roosevelt's approach. If something comes in our way, we should be ruthless.

When the Panchayati Raj Act was enacted during Rajiv Gandhi's time, I was the minister. There was constitutional opposition. But you cannot have unequal treatment...women have to be given opportunity. The prime minister mandated the constitutional amendment. With my efforts an institute to train women sarpanches was set up in Bhopal where they are trained as leaders of society. Some have risen very high. So we have to start a movement.

I remember in 1937, Maulana Ashraf Ali Khalid...he fought women's rights for divorce and it was granted. So women have to come forward. Women have to come forward in large numbers. Because of their inbuilt socialization they cannot be leaders...that has to be shaken now, you are the best leaders. Wherever there are women leaders they are the best leaders. Another movement that I spearheaded was to have women judges in all my courts. I elected the first woman Supreme Court judge and she proved to be the best judge... Kiran Bedi proved to be one of the most outstanding police officers. As teachers, professors and in all walks of life we see women doing better. So there is a future. So with Poornimaji's leadership and with all of you determined, our support will be continued. We want the best law on domestic violence and on all aspects of women's emancipation. I assure you my fullest cooperation and whatever suggestions you bring forth, the enactment will be the best and it will be enacted as soon as possible. Thank you very much.

Speech: Mrs. P. Lakshmi, Minister of State for Health and Family Welfare

Dr. Poornima Advaniji, Chairperson, National Commission for Women, Mr. van der Pol, Ms. Nafisa Hussain, member NCW, other delegates and friends, good morning to all. I am indeed privileged to be here amongst a galaxy of eminent academicians, policy makers and representatives of women activist groups from different parts of the country, who have all gathered to deliberate on a very important and emotive issue of Violence against Women: Health Sector Perspective. Women even today comprise the largest section of population living in absolute poverty. They also face discrimination in their daily lives, irrespective of the strata and class of society to which they belong.



Even today, each year all over the world, about 60,000 women die during pregnancy and child birth and 30 times that number suffer injuries which, in the words of UNICEF, "are usually untreated, unspoken of and are often humiliating, painful and debilitating life long." Increasingly violence against women is being recognized as a major public health concern and a violation of human rights. The effects of violence can be devastating to a woman's reproductive health as well as to other aspects of her physical and mental well-being. In addition to

causing injury, violence increases women's long-term risk of number of other health problems, including chronic pain, physical disability, drug and alcohol abuse and depression.

Women with a history of physical or sexual abuse are also at an increased risk of unintended sexually transmitted infections, and adverse pregnancy outcomes. Yet, victims of violence who seek care from health professionals often have needs that providers do not recognise adequately, do not ask about, and do not know how to address.

The recent slide in the sex ratio between the 0-6 age group, even in Haryana and Punjab, the two affluent states, suggests that legislation alone cannot solve the problem of son-preference in our country. The PNDT Act (1994) has not fully prevented some medical practitioners and parents from covertly conducting sex-selective abortions and indulging in violence against the girl even before her birth. The systematic worsening of the sex ratio, i.e. decrease in the number of girls is a cause for great concern.

Gender based violence has direct effects on women's ability to exercise reproductive and sexual autonomy. Early marriage, especially without the consent of the girl, is another form of human rights violation where virginity is given a high social value and young girls are married off at an extremely young age. A large number of female deaths in the 15-19 age group indicates high mortality of teenage mothers. Many women's decision making on contraceptive use is shaped by fear of violence from their disapproving male partners. The spread of diseases like STDs, HIV and AIDS has taken a critical dimension for women's health with an increase in cases of infection among ANC mothers.

By all accounts, the largely hidden health consequences of violence against women take a heavy toll on the well-being of women. Rape and domestic violence emerge as a significant cause of disability and death among women of reproductive age in both industrial and the developing world. For many women, the psychological effects of abuse are more debilitating than the physical effects.

The health care system is the only institution that interacts with almost every woman at some point in her life. Thus, health care providers often are well placed to recognise victims of violence and to help them. Moreover, because violence increases the risk of other health problems for women, early help can prevent serious conditions. Institutions at all levels of the health care delivery system and in community can best respond to the needs of women if they are trained and organised to do so. With adequate training of health professionals and establishment of protocols, screening can be effective in detecting cases of abuse. The single most important thing a provider can do to help a battered woman is to ask about violence she had experienced. The public health sector in particular needs to service its health information database to incorporate the concept and consequences of gender based violence in a comprehensive and systematic manner. Reaching out through community-based workers, including social workers is critical to any efforts to change social values at the community level as well.

The health sector along with other formal sectors should work in keeping with community responses. I am sure that this workshop organised by the National Commission for Women, will provide valuable direction on how the health sector and other sectors can respond in a more concerted way to the challenge of increasing occurrence of violence against women. Thank you.

Annexure III

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