Where Do We Go From Here? Towards Enhancement of Human Security in India

Now after completion of our rapid journey across the human security landscape, we have gained a reasonable idea about the situation in India. Notwithstanding India’s many great achievements since its entry into the post-colonial phase, and its massive military power and nuclear arsenal, India is far away from providing reasonable human security to the vast majority of the people throughout the length and breadth of the country. Since, attainment of independence, India all along looked for its security through state-centric discourse of military build-up. Similar is the case of India’s neighbour Pakistan. Its all-pervasive military-centric security concern perhaps has made Pakistan a highly military-centric state wherein the armed forces usurped political power and hijacked the democratic process again and again. Though India has remarkable democratic credentials, it too remained largely unsuccessful in providing security to all its citizens. A large number of India’s citizens are living at the margins of the society lacking basic security. They suffer from a sense of insecurity, uncertainty and fear. They experience alienation from their own society, economy, polity and even history. Those who are secured largely belong to ‘dominant’ gender, castes and class.

In India, one can easily see and feel the very visible security arrangements and services provided to the political class. In the process, the security for the political class has become something like an industry. For the police establishment, safety of the VIPs has become the major security concern. There are different categories of security arrangements for different categories of political leadership depending on their location in the hierarchy of political power and influence. However, the emerging political class does not feel secure despite the massive security arrangements made for them. If that is the
situation for the political class, one can easily imagine the plight of ordinary Indians. It seems that in India, a large number of people do not feel physically safe. These threat perceptions directly affect the most fundamental of all rights, i.e., right to life besides debasing the right to dignity. All this did not happen in one day; it has happened gradually over a long period of time as a part of change in the polity and larger society from the dawn of independence. It would be important to recollect here that India entered the post-colonial phase of its history with the joy of independence after a long anti-colonial struggle and the pain of partition induced by inter-community civil violence. Violence, whether manifest or latent, has been an inseparable part of India's socio-economic and political transformation during the entire post-colonial period. Certain regions like Jammu and Kashmir and the entire North East India, at one stage known for peace, over the years have become highly vulnerable to all kinds of violence—structural to state, and civil/ethnic to gender violence. We feel violence and its resultant insecurity has increased substantially over the years since independence, and has enveloped more areas and more people across the country. Obviously, this has become a part of India's post-colonial economic and political development.

In this study, it has been our endeavour to map the human security situation in India. For this, we took up two critical issues and groups, i.e., security of health and security of shelter and marginalised groups. We have included women, children, refugees and Internally Displaced Persons (IDPs), and the Disabled People as marginalised groups. All these groups experience some kind of marginality, discrimination, exclusion, indignity and insecurity. Hence, the question of their security is of profound importance. Needless to say, security of health and security of shelter are two fundamental issues that are crucial for understanding the human security situation in India.

8.1 SECURITY OF HEALTH

Security of health is one of the most fundamental concerns of human security discourse along with the security of food, shelter, water, education and livelihood. Of course, health security cannot be seen in isolation from other interrelated securities. For example, security of food, shelter, water, sanitation, environment and livelihood have direct bearings on the security of health and vice versa. Since independence,
health has remained a major concern of the Indian state and the people. India was a signatory to the Alma Ata Declaration on Health for All by 2000 long back in 1978. Admittedly, India has remained far behind the stipulated target, and in the wake of globalisation, for all practical purposes, the Indian state has virtually given up this political commitment to the Indian masses.

The Indian people, particularly the common people, living in urban as well as rural areas, lack adequate health security. They suffer from severe insecurity concerning their health and well-being. Besides, gender discrimination has made the women and girl-child much more insecure and vulnerable today than before. Both reproductive health and child health have been neglected severely, reflected unmistakably in high maternal deaths and infant mortality.

India has neither succeeded in controlling communicable diseases nor has been able to provide adequate curative service against non-communicable diseases. Among communicable diseases, TB still continues to be the largest killer in India. Both water and vector borne diseases continue to kill a large number of people every year. At a time when most countries have been able to contain communicable diseases significantly, India has lagged behind. Besides, it has largely failed to provide curative services for non-communicable diseases. This reflects the failure of the health sector in India.

AIDS/HIV, too, has increasingly become a serious threat to the people of India as elsewhere in the world. However, India, like other developing countries, is getting some funding from the developed world to fight against this dreaded disease. However, it is virtually impossible to get such kind of help for fighting communicable disease like TB.

Health service providers are mainly concentrated in urban areas. The rural areas have been grossly neglected despite the state’s commitment to the contrary. The state, which had been playing the dominant role in providing health services, is now gradually withdrawing and the private-corporate sector is increasingly taking over the business of health. Even small towns have experienced the proliferation of so-called private sector nursing homes. Market driven health services are expanding their market space vacated by the state sector. The people are not a part of their agenda. The poor people are utilising the services of crumbling health service provided by the State as they have no other choice before them. Hence, the common people in
India are suffering increasingly from the insecurity of health and well-being. The middle-class, however, is increasingly opting for insurance coverage as a strategy to seek health security.

In the wake of globalisation, the price of medicine has also increased manifold. This is affecting the poor severely. Another significant development is the decline in the professional ethics of doctors. Massive illegal, unethical sex selective abortion of female fetus would not have taken place without the complicity of a large number of doctors in India. Similar is the case of illegal trade of human organs, particularly of kidney, in India. Human organs of the poor are available for sale in the illegal market to save the lives of the rich who can buy them in collaboration with doctors. Both the law and the system, has failed to stop the unethical abortions and human organ transplants in India. The implications are simple. One is the lowering of the status of the female child and women; and consequently gender imbalance in the demographic structure. The other is exploiting the poverty and degrading the poor to save the lives of the rich. This very bluntly reflects the brutality of the market, perpetrated against the poor. Their vulnerability and insecurity have multiplied in recent times.

Globalisation has deepened health insecurity in India. Obviously, the emerging health scenario unmistakably reflects the emerging socio-economic inequality under the ongoing process of globalisation. It also reflects the failure of the state to respond adequately to the health security of people, particularly marginalised groups. The state has retreated significantly from one of its fundamental responsibilities. The space vacated by the state has been taken over by the private corporate sector with the sole motive of maximisation of profit, and of providing health services only to those who can still afford to pay their bills. At a time when the common people are desperately looking for health security in India, the super-specialty hospitals are gradually emerging as major health destination/service providers for elite patients from inside and outside India. This reflects very clearly the development, crisis and contradictions of the health service delivery system in India wherein the common people are being pushed to insecurity. Any agenda at providing the basic health security of India must put the common people at the centre and must be gender sensitive. Security of health is yet to occupy the centre of the human right discourse in India.
8.2 SECURITY OF SHELTER

The Census data reveal that shelter is still a very serious problem for half of its total 110 billion plus population in India. In terms of quality, only just half of the total population lives in “good” houses. A large section of Indians have no access to proper shelter. Shelterlessness, in other words, is a state of homelessness as well as rootlessness in one’s own society. This is a severe form of social exclusion. This generates social, economic as well as cultural destitution and undoubtedly reflects a profound form of social alienation. This problem, obviously, is much more acute in urban India.

Lack of adequate sanitation is the dominant characteristic of the Indian houses. About 63.6 per cent of households in India do not have latrine within the house. And 53.6 per cent of these houses do not have any drainage connectivity for the wastewater outlet. Besides, Census report also reveals that 63.9 per cent households do not have bathrooms facilities within the household. Households in rural areas have fewer access to sanitation facility compared to urban areas.

Access to safe drinking water is a condition for enhancing the health security of people. Safe drinking water is an asset to a household, for it prevents a large number of water-borne diseases. The census data unmistakably signal that a large number of Indian households do not have access to safe drinking water. In the absence of access to basic necessities like sanitation and water, a shelter is not a shelter at all. It remains incomplete and inadequate. A large number of people in India live in such shelter permanently.

We must also point out that traditionally women are mainly expected to take the responsibility of fetching water for the family. The longer the distance of the source of water, the higher is the strain on the women, as they have to walk longer distance. Access to water has a solid gender dimension in India.

The whole question of security or insecurity will remain incomplete if we ignore the gender question. A large number of women in India suffer severely as a result of being homeless. In the question of access to shelter, besides the poor, women too experience severe marginalisation and exclusion. Perhaps, even compared to the poor, the situation in which women are entrapped is more severe. Hence, we need to emphasise the gender question vis-à-vis shelter in order to make the security of shelter more gender and justice-sensitive.
We have already discussed the situation of shelter India. From this discussion, one can well imagine the water and sanitary situation in the rest of the countries of South Asia. UN in its Millennium Development Goals (UNDP, 2003:116) has very rightly taken up access to water and sanitation as one of the goals of the millennium to be achieved universally by the year 2015. However, the Millennium Development Goals did not take up the issue of providing shelter/home to millions of marginalised and needy homeless people all over the world. Water and sanitation is not enough; the poor must have access to shelter too. Security of shelter along with the access to safe water and proper sanitation should have been part of UN millennium goals.

It is reported that only 55.8 per cent, i.e., little more than half of Indian households, have access to basic energy sources like electricity. Still, little above 43 per cent of the household use kerosene as a source for lighting at night. Users of other sources are very insignificant. There are people in India who do not use any energy for lighting their houses. There are a large number of people in India, who go to bed soon after sunset. They use only natural sources of lighting. All these point to the fact that along with the insecurity of shelter, there exists an all­encompassing energy insecurity in India. Both go hand in hand, and obviously, they deeply affect the people who live at the margins of the Indian society.

The high cost of housing places, conventional or formal housings, is out of the reach of most people. Therefore, the poor are compelled to live in slums and urban streets. In Mumbai, a 10 million plus city, half the inhabitants live in slums. Poor people living in the slums are perpetually under the threat of demolition and displacement. Slums reflect the hard reality of the degradation of the urban poor. The dominant state approach to slums has been one of slum clearance, a policy of forced eviction of slum-dwellers from their tenements, and demolition of their shelter.

In terms of crucial issue like access to shelter, another important issue in rural areas is that of the growing scarcity of traditional building materials. Houses built with the traditional building materials, needless to say, are more eco-friendly. Deforestations and its consequent effects have meant that traditional materials and technologies have become more expensive and less accessible. This has particularly affected people living in rural and inaccessible hill areas.
Privatisation and liberalisation have further marginalised the poor and denied them access to adequate housing materials and technology and failed to offer them shelter. India's structural adjustment policy has ultimately resulted in the reduction of bank interest rate. And, this has had a very decisive impact on housing financial institutions and borrowers in India. Compared to 18 to 19 per cent interest rate in the early nineties, the interest rate of the housing loan has come down substantially to 7 to 8 per cent per annum now. As a result, the Indian middle-class has been largely able to realise their dream of having a decent house through easily available loans from banks and other financial institutions. For those who have a secured job, access to loans has become very easy. Besides, the income tax rebate on loan interests and the principal amount further helped ease significantly the financial burden of the growing Indian middle-class. For the middle class, housing loans have become easily accessible. This has obviously enhanced the security of shelter for a large section of the Indian middle-class. Neo-liberal economic policies have also helped immensely in the expansion of the urban housing market. However, rural areas and the urban poor have largely remained outside the recent boom in the housing market; they continue to suffer from the insecurity of shelter.

It must be pointed out that the boom in the urban housing market has also helped growth of markets for cement, steel and other building materials produced by MNCs and other large corporate houses.

The question of shelter has become, increasingly, an issue of fundamental right for citizens, and it is to be looked into in that light if we want to scrutinise it from the human security perspective. The Supreme Court of India has passed judgments and ruled that housing constitute a fundamental right under Article 21 of the Indian Constitution—the right to life. Notwithstanding the constitutional-legal support given to them, the poor have failed to realise this crucial and fundamental right. There exists a vast gap between the ideal and real situation. Insensitive administration and inadequate civil society initiatives have together allowed the poor to suffer perpetually from the insecurity of homelessness. The housing right as a “right discourse” too has largely failed to catch the imagination of academics and the media. However, grassroots organisations have emerged to take up housing right as a fundamental right issue. But at the present stage of political development, the vested interests are too powerful to be displaced from their present position to set in motion a poor-friendly and a rights-
oriented housing policy in India. In the wake of globalisation, now the government of India is thinking of allowing Foreign Direct Investment (FDI) of up to 100 per cent in the housing market. Needless to say, the housing market never tried to address the insecurity of shelter experienced by very large groups of marginalised people in India, i.e., the poor and the women. The brutality of the housing market is potent. This may become much more brutal in the future in the wake of globalisation of the Indian economy. The state, too, has failed to address basic issues like housing, sanitation, water and electricity, putting the poor perpetually at a disadvantage.

8.3 SECURITY OF WOMEN

Nearly half of India's population is women. They suffer from gender-based exploitation and insecurity, notwithstanding changes that have taken place during the entire post-colonial period. Socio-economic as well as institutional reasons and a market-based development regime have isolated women from the development process. The chief problem of a woman's employment situation is her invisibility, i.e., women work as hard as men and sometimes even more; yet women's work has never been recognised by society as "real work." Women's domestic chores are considered as "free and voluntary service", which need not be accounted for. Women receive far less wages than men, the working hours, amount of work and kind of work being the same. Interestingly enough, women's work is also not considered as "productive work." By and large, society believes that women do not contribute to the economy of a country. Women's labour remains virtually invisible and consequently unrecognised.

Women also devote much more time than men in activities such as washing, cleaning, sweeping, collecting fuel wood and water, cooking, child rearing, farming, etc. In India, women spend approximately 34.5 hours a week in these activities, whereas, these work take up only 3.6 hours of men's time per week. Though a good number women in urban India today work gainfully outside their homes, they too are required to do most household works. Most urban husbands do not adequately share household works with their wives. Marriage, despite several changes in urban India, still remains a largely patriarchal and oppressive institution. Perpetuation of a gendered division of labour, within the structure of the patriarchal family, is still a hard empirical reality in urban India.
In terms of education and literacy rate, women continue to remain far behind men. Not only the state, even the family does not give adequate importance to the education of girl child. The girl child faces discrimination not only in society but also within the structure of family.

Although the number of women voters in India has been consistently going up, their participation as contestants remains low compared to men. According to the Human Development Report, 2003, women held 8.8 per cent of the total seats in the Lower House and 10.3 per cent of the total seats in the Upper House in the year 2000. At present, women represent only 4 per cent of the total seats, if all the State Legislative Assemblies are taken into account. The process of politically empowering women through reservations in locally elected bodies has helped in the wider mobilisation of women. What remains to be seen is whether such changes can be brought about in the Parliament and State Legislative Assemblies. Women’s gross under-representation in representative bodies not only affects women’s representation, but it also affects severely the very foundation of democracy.

Health care in India, as elsewhere, obviously has a gender dimension wherein women are situated in a marginal position. There definitely exist biases in India in terms of health care of women as compared to men. The increasing mortality rate of women is the result of this bias. Although there is a greater survival chance of women, their mortality rate is higher than that of men. This happens because women are neglected when it comes to providing them with better healthcare and nutritional facilities. It has also something to do with ‘sex selective abortion’. In short, we can conclude that girls are fast disappearing from India due to a deliberate neglect and gender discrimination by society. Women in India do not have a right over their bodies. They cannot even decide whether to have a baby or not and when to have a baby. Many families force women to abort a baby if it is a girl child. Moreover, in the adoption of permanent family planning methods women virtually have no choice. Hence, one can see that more women than men are adopting permanent family planning methods.

It must be pointed out that in developing countries children of disadvantaged groups miss their adolescence; they normally jump directly from childhood to adulthood bypassing the stage of adolescence. India too is no exception to this. Once a girl attains puberty, she is regarded as fit for marriage, and for sexual and reproductive activities. Despite
the minimum statutory age for marriage i.e., 18 years for girls and 20 years for boys, this law is violated widely throughout the country and rampantly so in Northern India. The state, which passed this law long back, does not bother at all about its implementation. In other words, child and adolescent marriage are widely prevalent in India.

Social status, education or culture seems irrelevant in categorising offenders. Even independent, assertive women can become victims of domestic violence. These women are physically, sexually or psychologically abused and even killed by those whom they love and whom they ought to be able to trust the most—their husbands, lovers or partners. Thus, domestic violence cuts across caste, race, family background, religion and sexuality. Since domestic violence is, by and large, socially accepted, therefore it is shrouded by silence. Cases of domestic violence go unreported. Hence, only a part of the problem is visible. Domestic violence is all-pervasive and widely prevalent across classes. However, the response to domestic violence vary from class to class.

Another feature that has put the security of women in India at stake is the practice of dowry. Like domestic violence, harassment of women in dowry cases is also under-reported. A number of women have been tortured and killed when they failed to pay dowry to husband/in-laws. Despite having strong laws, the Indian state and society have failed to check this degrading practice. This generates severe insecurity among girls and their parents.

Trafficking in women continues to be a major problem in India and is inseparably linked with the issue of woman’s security. Surveys show that most girls end up either as sex workers or are married off to individuals without the knowledge of the girl’s parents. India has about 4 lakhs children working as sex workers. With the demand for younger sex workers alarmingly high, girls and increasingly, young boys have become victims of sexual abuse. From this perspective, we can come to the conclusion that in India the rights of the child and the security of the girl child are at stake. Not only women, but also children are exploited and treated as mere ‘sex objects’ to entertain males. Trafficking poses a serious threat and challenge to human security and gender equity in India. Both the state and civil society need to be sensitised in order to recognise this threat and accept the challenge to formulate an appropriate policy response and its subsequent implementation.
A large number of women from their childhood onwards feel a deep sense of fear of being molested and raped in addition to other forms of physical violence. For many this actually happens. It is not the poor alone but all women are vulnerable to such threats and actualisation. This is all-pervasive and affects the plight of the girl child in India in such a way that from a young age she is taught to protect herself and her body. She is taught that the body is pious or sacred and if she is raped, she becomes ‘polluted’ forever. It is also taught that a polluted girl is also a ‘bad’ girl and therefore, society has every right to disown her. In the process, the girl suffers perpetually from physical as well as mental insecurity. And significantly, this insecurity continues to haunt her throughout her life.

It has been found out that vulnerability of women increases in case of conflict situations in India like in Jammu and Kashmir and the North East. Here, women have suffered immensely at the hands of “security” forces who were supposed to provide them security. Besides, in communal violence in India, Muslim women become much more vulnerable to sexual and physical abuse. This has happened in the 2002 communal violence in the Indian state of Gujarat. In all these cases, the role of the state is questionable.

Another form of violence faced by women is caste-based violence. In India, there have been many cases of high caste men who have raped low caste women. There have been many cases where lower caste women have been paraded naked on village streets by upper caste men to seek revenge. Caste-based violence is widely practiced in Northern India not only against male Dalits but also against Dalit women. There exists severe caste barriers in marriage, but there is virtually no restriction on upper caste feudal males involved in sexually assaulting lower caste women. Both caste and religion-based violence is widely used against women.

It seems that the state, caste, religion and patriarchy; all exploit women and push them into perpetual insecurity. Now a girl child is not even safe in her mother’s womb. Sex selective abortion has become rampant and has threatened to widen the gender gap in the demographic structure. In the process, we are going in for a “male nation!” All these elements reflect the widening and deepening of insecurity among the women in India.

The insecurity of women is obviously multi-layered, multi-staged, and very complex indeed. Simply speaking, a very large number of
women in India, whether a girl child or an adolescent, an adult or an old woman, perpetually suffer from a deep sense of insecurity throughout her life. They lack security both in the mental and the physical sense. We must not forget to locate the degree of such insecurity compared to men. Undoubtedly, the insecurity of women is much larger and deeper than that of men. Indeed, insecurity has a very complex gender dimension in addition to overlapping human dimensions. Obviously, they are inescapably linked with one another. Both patriarchy and the state, are involved in propelling a kind of perpetual unequal structure, and so radical restructuring of such structure is essential for liberating women from insecurity.

8.4 SECURITY OF CHILDREN

Children, the very foundation of society, are the greatest asset of humanity. Investment in children is in reality an investment in the future of the world and global society. All round development of children is a precondition for the development of a country, nation or society. However, children are the most vulnerable and voiceless section living at the mercy of others. History is replete with innumerable examples of various forms of exploitation and abuse of children. Millions of children all over the world are silent sufferers of malnutrition, hunger, illiteracy, death, destitution, disease and various other forms of structural violence. Of course, this is in addition to their exposure to the unending cycle of violence and abuses both visible and invisible.

A large number of children are marginalised and excluded from the larger society. They are deprived and dispossessed. Here, we must point out that the issue of security of children is yet to gain centrality in the human security discourse. Any attempt at understanding human security will remain incomplete without understanding the security of children. The security of children is linked with the question of human security of larger society. In many cases, the security of children is inherited i.e., children carry the security and insecurity of their parents the way they carry the advantage and disadvantage of their parents. The children of poor families carry the vicious burden of their parental poverty. Because of poverty, children often drop out of school, which entrap them into lifelong poverty in most cases. Existing social inequalities make the children of marginalised groups suffer even more. Inequalities based on wealth, caste, race, religion, ethnicity and gender in different parts of the world violate the rights of children,
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particularly those belonging to impoverished groups. These children are invariably denied their right to survival, protection and development.

Once we understand the security/insecurity of women, it becomes easier to understand the question of security/insecurity of children. It has already been clear that the status of the girl child, by and large, is much inferior to the male child. The girl child prefigures the women. Hence, there exists an unbreakable continuity. Today, the girl child is not even safe in her mother’s womb. She is being increasingly threatened by patriarchy armed with a new technology. One can visualise the future of human security by looking at the present situation of the security of children. What we have found is that children are a major component of various groups whose security has been threatened constantly.

Insecurity of children and their degradation is very pertinently reflected in the existence and continuity of widespread prevalence of child labour throughout the country, cutting across both the rural and the urban divide. This issue has already been discussed widely. From the human security perspective, we would like to stress that child labour is inseparably linked with wider issues like economic security, i.e., freedom from want. It is economic insecurity which forced the poor to lend their children to be exploited, degraded and abused. Once a child joins the labour force for which s/he is neither physically nor mentally fit, it affects his or her access to family, school, community, and health. This increases the vulnerability of children towards exploitation, physical and mental abuse and enhances the insecurity of children. Children are obviously bound to suffer from insecurity much longer than adults. Notwithstanding the legal-constitutional framework and the commitment of the state towards its elimination, the practice of using child labour continues unabated. Not only does India have a huge army of child labour, but it is now building up a large army of child sex workers also. A good number of children have become victims of paedophile tourists. India, too, is in the way of becoming a major destination of child-sex tourism. All these factors have deepened the insecurity of children.

Besides, another distinct sub-group has emerged within the marginalised group of children i.e., street children. They have become very visible in urban India. In a recent demolition of slums in Mumbai, about 1 lakh children were denied access to education besides suffering the brunt of being slum dwellers’ children. A large number of children
have become victims of communal riots and ethnic violence. All kinds of displacements affect children severely.

Every year millions of children directly experience or witness increasing violence and abuse in their homes, neighbourhood and schools. The children of broken homes that are abandoned and destitute are easy targets of unscrupulous elements. The tender age, innocence and lack of experience of these children add to their vulnerability. A statistical analysis of the crimes of India, discloses that there has been a gradual increase in the incidence of child rape followed by kidnapping, abduction, exposure and abandonment and trafficking of minor girls. Besides infanticide, feticide, selling and buying of minor girls are other forms of child abuse.

Powerless and voiceless children are also sexually abused. Abused children mainly belong to the poor and marginalised section of society. With regard to sexual abuse, girls are more vulnerable than boys. Besides a high proportion of children become victims of sexual abuse when they are 14 or above 14 years of age. There is a strong association between sex and the number of abusers. Males are usually abused sexually by one person, while girls are generally assaulted by more than one person. The victims of sexual abuse are generally from the lower strata of society in terms of socio-economic conditions. Sexual abuses take place both outside and inside the home. Children are, neither safe inside nor outside their homes from sexual abusers.

Thus various studies make it clear that girl children are in a more disadvantageous situation than boys. Society assumes that girls are inferior, physically and mentally weak and above all sexually vulnerable. Various studies stress the sexual vulnerability of the girl child inside and outside their homes. They are subject to consistent neglect and discrimination in the family as well as in society. From various studies, it is clear that irrespective of class and caste, discrimination against girls can be found everywhere. As a result of this, a girl child grows up with the sense of severe insecurity, marginalisation and helplessness, which further inculcates vulnerability.

Education has expanded since India attained independence. Despite massive expansion of education, the literacy rate has not gone beyond 70 per cent. Significantly, India has failed to live up to its constitutional commitment of providing universal primary education. A very large number of children are still outside the primary school system and are bound to grow up as illiterate citizens.
We have already noted the high degree of insecurity of health in India. Even children suffer from severe insecurity of health services. India claims to have a large health care infrastructure. According to official statistics, 100 per cent of the urban population and 80 per cent of the rural population have access to health care facilities. Despite having such medical facilities, the Infant Mortality Rate of India is 79 and under 5 years mortality rate is 119 per 1000 live birth. Out of 25 million children born every year, 2 million die before reaching the age of one. A majority of these deaths are due to avoidable infections and malnutrition. There are variations of the Infant Mortality Rate in different states/regions. While in Kerala the rate is 17, in Orissa it is 114 (The India Times, 1994). With regard to nutrition, while 250 million people presently suffer from varying degrees of malnutrition, children suffer the most as 43.8 per cent of children suffer from moderate degrees of malnutrition. About 30 per cent of all babies born have low birth weight, 2.2 million children are afflicted with cretinism and 6.6 million children are mildly retarded. The reason of high Infant Mortality Rate is not that children are not given ORS when they suffer from dehydration, but those children become susceptible to diarrhoea as they are malnourished as there is not enough food to eat. For poor, malnourished and pregnant women, it is a vicious cycle beginning from a childhood of under nourishment and lack of proper health care, who then grows up to be undernourished anaemic adults, ultimately giving birth to underweight children.

The philosophy behind UN Convention on Rights of the Child (1989), is that children are equals but not alike. This calls for extension of special support during childhood in the best interest of the child. Article 3.1 of the convention states that, “in all actions concerning children whether undertaken by public or private, government welfare institutions, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration.” The policies of various nations also regard children as important asset and their nurture as the primary responsibility of the nation. Nevertheless, children are facing barriers in enjoying their basic rights.

What we have seen through our study is that children in India, notwithstanding many international as well as constitutional commitments, have failed to get the necessary condition for their growth as healthy and educated future citizens of India. If the present is any indication, the future of children does not look very bright from the human security perspective.
8.5 SECURITY OF REFUGEES AND THE IDPs

Refugees and the Internally Displaced Persons/People (IDPs) are two marginalised groups in India and we should situate their position in the larger context of human security. Only in recent times, has there been a proliferation of studies on refugees and IDPs throughout South Asia. India is obviously no exception to it. These studies have been mainly concerned with the question of rights, protection and rehabilitation of refugees and IDPs. The international community, too, has been concerned not only with the problems of refugees but also with the problems of IDPs. Since the end of the cold war and the collapse of the Soviet Union, the number of refugees has come down substantially. At the same time, the number of IDPs has increased substantially particularly in Asian and African countries. These two problems have also affected all South Asian countries with the exception, perhaps, of Maldives. India too, experienced massive inflow of refugees in the wake of partition of India in 1947, and again very severely in the wake of the liberation movement of Bangladesh in 1971. India continued to receive refugees additionally from Tibet, Bangladesh, Sri Lanka, Bhutan and Myanmar. India has even received refugees from Afghanistan. On the other hand, because of complex reasons, India also experienced the emergence of IDPs in various parts of the country. IDPs, of late, have become a very visible marginalised and excluded group in India.

The refugee situation is very much a problem both in India and in South Asia. Political conflicts and resultant violence have generated massive refugee flows repeatedly in South Asia. Conflict within the territory of a country obviously has its spillover affects in the neighbouring country. India, being the largest country, had to bear the biggest burden of refugees since independence. Of course, that does not mean that other countries are free from this problem. Bangladesh and Pakistan, too, had to bear the brunt of refugee burden from neighbouring countries. However, none of the South Asian countries has signed the International Refugee Protocol. Refugees continue to suffer from homelessness, insecurity and fear. None of the South Asian countries has any clear-cut legal-constitutional framework to handle the refugee situation. Nor do any of them have a clear-cut refugee policy. Hence, whenever, there is a massive refugee flow and consequent humanitarian crisis, it deepens further in the absence of a legal-constitutional framework. The response to humanitarian crisis solely depends on the whims of the state. Many a
times, states have behaved irresponsibly, and one can well imagine the consequences of such a situation. This deepens the insecurity and uncertainty of refugees. They remain in the vicious cycle of constant fear and marginalisation whether they live in their own country or in a neighbouring country. Refugees need dignity, protection, and security.

South Asian countries are not only generating refugees by pushing them outside the territory of the country, but most countries in the region are also generating internal refugees, i.e., IDPs within their own territory. In India, we find all kinds of IDPs, beginning from conflict-induced IDPs to environment and development-induced IDPs. Being marginalised and excluded, their plights are very similar. They suffer from a large set of vulnerabilities and insecurities.

Among the various other victims of threats to human security, are forced migrants—refugees and IDPs who need the attention of national and international communities. More than anything else, displacement results in the refusal of these people’s access to the basic amenities of life. The insecurity of home, livelihood and social life are noticeable hardships that the displaced passes through. Lack of home creates the sense of physical as well as mental insecurity. In addition, due to frequent food shortages, displaced people also face serious psycho-social problems stemming from long-term stays in relief camps. These include the sense of despondency, loss of self-esteem, alcoholism and depression. Thus, displacement creates a high risk of chronic impoverishment that occurs along with several dimensions: homelessness, joblessness, marginalisation, food insecurity, morbidity, social disarticulation etc. In such a situation, women and children are bound to suffer immensely. During displacement, the worst-affected segments of society are women and children, who are especially vulnerable. They are targets of human rights violation to a great extent. Most of the time, gender-specific needs in the encamped situation are overlooked. In camps, women are victims of rape and other form of sexual abuses, forced marriage, forced labour and trafficking. Besides, the family burden on women increases in camp life. There is also very little data available on the gender dimensions of the problem. Consequently, compensation packages ignore women and women’s needs of water, fuel and fodder. Women also suffer because of their lower position in the family. As inequalities of women and female children at the levels of education, health and nutrition etc already exist, these disparities get aggravated at times of crisis. Women’s interests are systematically ignored in the resettlement
process because transactions are invariably undertaken with male members. Gender biases are also reflected in amenities provided at resettlement sites. Most resettlement sites have been found lacking in sanitation, privacy and access to facilities that have direct bearing on the well-being of women. Even the compensation and resettlement and rehabilitation packages are determined on the basis of the male head of the family as he is the owner of land and property. Thus women are victims of double marginalisation during displacement due to male biases in society, on the one hand, and the lack of a special policy for displaced women, on the other.

In addition, children have their own issues. According to the Conventions on the Rights of the Child, every child must have the right to survival, development, protection and participation, which becomes of serious concern in displaced situations. In a situation of complete breakdown of all social security systems and internal mechanisms like the protection of home, children are often physically and psychologically exploited. Deprived of education, food and play, the mental and physical health of children are retarded.

Both the refugees and IDPs are highly marginalised groups who suffer from homelessness, joblessness and various other insecurities. They suffer silently as they lack voices; they lack a political constituency as well. Therefore, they suffer indefinitely. The state and international community take a lot of time to address their insecurities. It is crucial to ensure freedom from fear and freedom from want of refugees and the IDPs.

8.6 SECURITY OF DISABLED PERSONS
India has a large number of disabled people. Though from the percentage it looks somewhat meager, i.e., only 2.13% of the total populations are disabled in India as per Census of India 2001, however, if we look at the situation from their numerical status, then the number is enormous, i.e., 21 million plus people in India suffer from some kind of disability. We have observed that the actual number of disabled people is much larger than what the Census of India has recorded. Needless to say, disabled people are a highly neglected, discriminated, marginalised, and sometimes stigmatised and excluded group. Not much attention has been paid to the plight of the disabled in India; even academics have given scanty attention to disability studies. In the
process, the question of the security/insecurity of the disabled has remained not only largely neglected but also invisible in public discourse. Only in recent times some attention has been paid to this issue.

The issue of disability is not so much about numbers but the quality of life as it affects the capability of an individual to function in a normal manner. This is particularly true of individuals with disabilities from birth or early childhood. In such cases, the access and means to acquire literacy, education and skills may be significantly reduced, affecting their capability to participate effectively and perhaps as productively as normal individuals. Not only does a disabled person require resources to overcome handicap(s), but he or she may also require additional resources to meet their specific needs of education, training and skill formation. The problems for a disabled are compounded by physical, social, cultural and attitudinal barriers that may restrict their livelihood opportunities and access to basic public services or social transfers. Disability severely affects and restricts the basic human rights of disabled persons.

Disability and poverty are closely related. While disability causes poverty, in a country with mass poverty it is also possible that poverty causes disability. The mechanisms are malnutrition, exposure to disabling diseases, inadequate access to preventive and curative health care and an enhanced risk of occupation-related accidents and environment-induced diseases among the poor. Disability increases poverty through lack of employment and means of living. Thus poverty, illness, disability and unemployment go round in a vicious circle, making people powerless, and depriving them of their dignity. The sight of a disabled beggar is the most direct and commonly understood link between poverty and disability for most of us in India. South Asia, too, is no exception.

According to the World Health Organisation (WHO), about 50 per cent of the disability case is preventable because it is directly linked with the consequences of poverty. It is estimated that only 2 per cent of people with disabilities in developing countries have access to rehabilitation and the appropriate basic services. Poor nutrition, limited access to vaccination programmes and health, and maternity care, poor hygiene, bad sanitation, inadequate information about causes of impairment and natural disasters are some of the causes of disabilities in rural India.
While low-esteem and conventions of passivity on the part of disabled individuals may hamper their social participation and reinforce their isolation, the social attitudes of the non-disabled are also known to affect the social integration of disabled people. The more severe and visible the deformity is, the greater is the fear of contagion, hence the attitudes of aversion and segregation towards the crippled. Ignorance of needs and capacities may hinder social relationships. Disabled people may be feared as evil, as cursed, and spiritually afflicted. They may be segregated as contagious, particularly those afflicted with leprosy. Additionally, or alternatively, they are overprotected.

Disability has a strong gender dimension, which needs deeper understanding and analysis. Women of all ages, whether in urban or rural areas, suffer discrimination in health care, employment, education and basic human rights. If they are poor and disabled as well, the disadvantages are tripled. Disabled women experience high level of abuse, as they are often in situations of economic and social dependence. Whether they live in institutions, with relatives or with families, they are powerless, anonymous and isolated, which deepens their vulnerability to abuse and violence. The common forms of abuse of woman with disability can include criminal acts such as physical and sexual assault or negligence (not washing, feeding or toileting an individual); verbal taunting, degrading and humiliating behaviour, rough handling or isolation through silence. Abuse can take place once or as an on-going affair. Many offenders are sure they will never be punished.

As they struggle to achieve their potential of a fulfilled, dignified, secure and useful life, and to enjoy equal citizenship rights, they are most frequently victims of extreme social prejudice and ostracism. For the disabled people, some kind of apartheid continues to exist in India. Being the largest democratic country in the world, the Indian state should have taken an all-inclusive policy to ensure the participation of all citizens, including the disabled people, in the democratic process. Perhaps in terms of participation in the democratic processes, disabled people are the most excluded and marginalised group. This ‘democratic exclusion’ is basically coercive in nature wherein disabled people have no control of their own lives. Secondly, due to lack of access to information, transport, mobility and communication barriers and societal apathy, they are excluded from the political process of voting and decision-making. The hostile nature of electioneering and polling booths prevents them from exercising their most basic political right to
vote with dignity and secrecy. In a sense, they are disenfranchised by the political system, in what is supposed to be the largest democracy in the world. For the disabled, elections, instead of becoming an inclusive process, excludes them as if democracy is exclusively meant for persons without disability alone.

India's estimated 40 million disabled voters for years together; many of them have been unable to exercise their fundamental rights to vote in elections as they cannot access polling booths, or in the case of the blind, read instructions. Although technology has ensured the move from ballot papers to electronic voting machines, no one has thought of incorporating instructions in Braille, in the new machines. Things are worse for the physically challenged people who cannot access polling booths as stairs and security measures like barricades impede wheelchair-users.

There exists a tendency to treat disabled persons 'as objects to be worked upon, to be “normalised” or made as normal as possible.' Instead, he sees that the struggle for a better life for the disabled is part of a larger effort to create a world where more values are placed on being human than on being normal—a world where war and poverty and despair no longer disable the children of today, who are leaders of tomorrow.

We tend to look only at the inabilities of the disabled, but not their abilities. We see only what they cannot do; rather looking at what they can do and even more importantly, what they are able to do. Even worse is that we tend to respond to disabled woman and men, boys and girls, with ignorance, prejudice, revulsion and rejection, consciously or tacitly placing insurmountable economic, social, architectural, educational, legal, transport, cultural, health and other barriers. These prevent them from achieving a life fulfilled to their full potential. Most disabled people, therefore, experience humiliation, segregation and indignity in many ways throughout their lives. Moreover, in the case of disabled persons, who also belong to traditionally socially discriminated categories such as women, backward castes, tribal and minorities, social ostracism is likely to be enhanced further.

Notwithstanding the gravity of the situation and the severe form of exclusion and marginalisation of the disabled in India, a new positive trend is gradually emerging i.e., the agenda for action and discourses on disability is distinctly moving forward from conventional charity and welfare to the rights and dignity of the disabled. This is likely to
enhance the human security of the disabled in India. Here lies the hope for the future.

8.7 WHERE DO WE GO FROM HERE?

From our rapid and long excursion on the human security situation in India, we can perhaps safely say that despite some remarkable achievements in the socio-economic, political and scientific fields, a major chunk of India’s 11 billion plus people suffer from a deep sense of insecurity, marginalisation, exclusion, indignity and violence. They desperately need security—human security—a more humane society, polity and economy where they can live with dignity. Undoubtedly, the most important resource of India is its people. If all the people do not feel safe and secure inside their own country, society, city, village, schools, offices, and homes, they are bound to become rootless in their own land. If all people can live with the freedom from fear and freedom from want, they can contribute immensely not only towards their own country and the region; but they will also contribute very positively towards a more humane and secure global society.

In this exercise, we took up two major issues i.e., security of health and security of shelter. Both are very fundamental issues for those who are concerned with the enhancement of human security in India. Unfortunately, a large number of people in India have no access to health service and a home of their own. These two issues have become much more crucial in the wake of the globalisation of the Indian economy. Whatever little responsibility, the Indian state had taken since independence to maintain and expand health services, now it has reduced its burden substantially in the wake of globalisation much before emergence of any viable alternative to the state sector. Hence, insecurity of health has deepened further. Shelter has remained a major issue for millions of Indians. It seems that the Indian state did not give adequate attention to these two fundamental issues. It remained and has now become a much more serious problem with the growth of population and unplanned urbanisation in the face of globalisation. In India, only the rich and the middle class have access to and security of shelter. A good shelter must include proper sanitation, safe water and uninterrupted power supply. A large number of people are excluded from access to these basic facilities, including many who have access to shelter. Shelter as a human security issue deserves much more attention than it has been paid till now.
Indian society has its own quota of groups living at the edge/margins of the society experiencing perpetual insecurity, indignity and exclusion from the larger society. Despite being members of the larger society, their social, political and economic space is very small indeed. That small space, too, is not safe for them. We included only women, children, refugees and IDPs, and finally disabled people to map their situation in India from the perspective of human security. Because of limitations of time and space, we could not take up other marginalised groups like certain religious and ethnic minorities in India. It would be important to put together issues of human security and human development in order to enhance the security, dignity and inclusion of these groups within the larger society. Besides, it would need the back-up of “right discourse” and/or certain essential “entitlements” for the people, which are recognised and guaranteed by both the state and the society. Needless to say, state, civil society, NGOs, UN, international and multilateral organisations must work together in order to enhance and ensure human security in India as well as in global society. However, we must sound a warning: the task is not easy; it is going to be arduous. In enhancing human security, there are certain hurdles/liabilities in India, i.e., corruption, inefficiency and lack of commitment of the political class. India desperately needs to shed these liabilities. But India also has its assets, the most important being its democracy. It is within the orbit of possibility to enhance human security in India. But, India must be ready to pay for it and “start making sensible trade-off. And trade-off is the really right word. Every one of us, everyday of our lives, makes security trade-offs.... When we brush our teeth in the morning, we are making a security trade-off: time spent brushing in exchange for a small amount of security against tooth decay” (Bruce, 2003).

Enhancing human security through the human development agenda perhaps needs to address and interrogate the problem of existing structural as well as class inequalities. It would be imperative to rethink the entire discourse of human security by locating people at the level of class. No doubt there exists an unequal structure of “security.” One’s security or/and insecurity is determined by his/her location in the existing class structure. We all consume security or insecurity unevenly depending on our class location in local, national and global society. Dismantling the structure of inequality is a
precondition for dismantling the structure of human insecurity. Are we all prepared for that situation?

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