

Flygtningenævnets baggrundsmateriale

Bilagsnr.:	227
Land:	Indien
Kilde:	Minority Rights Group International
Titel:	State of the World's Minorities and Indigenous Peoples 2013 – India
Udgivet:	24. september 2013
Optaget på baggrundsmaterialet:	2. januar 2014



State of the World's Minorities and Indigenous Peoples 2013 - India

Publisher [Minority Rights Group International](#)

Publication Date 24 September 2013

Cite as Minority Rights Group International, *State of the World's Minorities and Indigenous Peoples 2013 - India*, 24 September 2013, available at: <http://www.refworld.org/docid/526fb748b.html> [accessed 11 December 2013]

Disclaimer This is not a UNHCR publication. UNHCR is not responsible for, nor does it necessarily endorse, its content. Any views expressed are solely those of the author or publisher and do not necessarily reflect those of UNHCR, the United Nations or its Member States.

Elections that took place in five states in India in the early part of the year had some significant impact on minority issues. First, the country's election commissioner announced that a much awaited implementation of a 4.5 per cent quota for jobs and seats in the education sector for minorities would be put on hold until the elections ended.

The quota proposal suffered a further blow when in May a high court in Andhra Pradesh rejected the government order to implement the quota, saying it was designed purely on religious grounds and had no empirical data to justify the necessity for it. The central government's efforts to override the high court through the country's Supreme Court also failed, when the court refused a stay order against the Andhra Pradesh decision.

In February, Justice Rajinder Sachar, who headed the panel that produced a landmark report on Muslim education in 2006, said in an interview with the *Deccan Herald* that the government was 'fooling' minorities by promising reservations during elections when the greater need was to strengthen the education system to support minorities.

Reports of Muslims being targeted under national security laws for arrest and detention continued. According to media reports, in May, at a special meeting, Muslim leaders under the banner of All India Muslim Majlis-e-Mushawarat expressed concerns about the growing trend of Muslim youth being arrested by police on suspicion of being involved in terrorist groups. The meeting took place against the backdrop of reports that three young men – one from Bihar and two from Kashmir – had been arrested by police that month. In November, the Students Islamic Organisation of India organized a protest march in Delhi, demanding an end to the arrests. Also in November, several Muslim leaders signed a letter to India's Home Affairs Minister making the same call.

February marked ten years since the Gujarat riots, when some 254 Hindus and close to 800 Muslims were killed during communal violence in 2002 that in some areas was sanctioned and supported by Hindu extremists and politicians. The government has taken little action towards achieving justice and accountability. The state of Gujarat has not properly compensated victims and has been very slow to bring perpetrators of crimes to justice. In August, however, in a significant turn of events, a court convicted 32 people, including senior politicians from India's Bharatiya Janata Party for their involvement in the rioting and attacks in Gujarat. The charges were for a variety of crimes ranging from murder to arson. Maya Kodnani, an ex-minister,

received 28 years in jail for her role, while 30 others were given life sentences. Although the verdict caused some embarrassment to Gujarat's Hindu nationalist chief minister Narendra Modi, who held the post during the riots, he managed to win back his seat in December 2012 and remains in power.

In November, Mohamed Ajmal Amir Qassab, the only surviving gunman of the Mumbai 2008 attacks, was executed in a prison in Pune. In September, the Supreme Court upheld his death sentence but the execution happened without warning and Qassab's family was only notified later. The news of the execution sparked mass celebrations on the streets in parts of India, but human rights activists in the country and internationally were critical of the execution and the manner in which it was conducted, adding that it was politically motivated.

Arrests and detention of persons belonging to minorities and indigenous peoples under national security laws continued to take place in West Bengal. The region has been plagued by conflict between the government of India and Maoists for decades. The Communist Party of India, minorities and indigenous peoples have been targeted for attack and human rights violations by both parties to the conflict. Violence in the state reportedly significantly decreased in 2012, according to the Institute of Conflict Management in Delhi. However, targeted violations against minorities continued. The Asian Human Rights Commission (AHRC) has reported at least five prominent cases in 2012 of torture in police custody, some from West Bengal. One was a member of the indigenous community and one was a Muslim.

In July ethnic violence in the north-east between indigenous Bodo people and Muslim settlers saw an upsurge, leaving at least 78 people killed and more than 300,000 displaced. HRW issued a statement calling on the government to rescind 'shoot on sight' orders issued to the police to quell the violence and asked that police action be taken according to international law.

Violence between these two communities has been ongoing and is mainly over land and natural resources. The failure of Assam local government officials to manage the conflict has exacerbated the violence.

In August, nationwide panic swept the country based on rumours of reprisal attacks by Muslims against people from north-east India. Ethnic and tribal community people living and working in India's big cities boarded trains in their millions and fled to their places of origin in fear of being attacked.

In May, India faced its Universal Periodic Review (UPR) by members of the UN Human Rights Council. In September, the Council made a series of recommendations to India to improve its human rights record on issues including torture in police custody; repealing the Armed Forces Special Powers Act; religious freedom; and the rights of minorities and Dalits.

Many international organizations campaigned for Dalit rights issues ahead of India's UPR. Dalits, who make up a little over 16 per cent of the population, suffer consistent and continuous grave human rights violations by members of higher castes and have virtually no access to justice. In December 2012, the brutal gang rape and killing of a girl in Delhi sparked a national outcry as hundreds of thousands of women took to the streets to mourn her death and protest against violations of women's rights in the country. MRG and its partner organizations receive reports of many similar incidents of gang rape on Dalit women that go unreported and unnoticed. Attempts by victims to seek justice are often very difficult, as they face further violations and attacks by the law enforcement authorities they complain to.

Health

In India, discrepancies in health outcomes occur on the basis of region, gender and social group. Although there is a lack of health data for minority and indigenous groups, the wide discrepancies between regional provisions of services and health outcomes in India is telling. The majority of

India's Scheduled Castes (SCs) and Scheduled Tribes (STs) live in rural areas, where there is worse health care provision and worse health outcomes than in urban areas. Similarly, health indicators for regions such as Uttar Pradesh and Nagaland, which have relatively large populations of SCs/STs, are consistently poorer than for other regions such as Goa.

Infant mortality rates are 25 per cent higher for SCs/STs than for non-SCs/STs, according to a 2007 study by the UNDP. More recent studies in Andhra Pradesh show that infant mortality rates among SCs are double the national average and maternal mortality rates are 50 per cent higher than average.

According to a 2007 UNDP study, a higher number of SCs/STs have no access to public health services compared to other groups; furthermore, since 1990, in some regions, the number of people with access to health services had actually declined.

Problems with lack of health services are compounded by broader socio-economic problems faced by communities. Examples include malnutrition caused by poverty, and the inability to take time off work to travel to health facilities or see a health worker. It was calculated by UNDP that, in 2000, 23 per cent more SC children, and 27 per cent more ST children, were undernourished than their non-SC/ST counterparts nationwide.

For many groups living in remote or forested areas, who have never had access to health care services, medicinal plants and traditional healing practices are a crucial resource for their health. Yet many communities, such as the Sartang in the Monpa area and the Baiga of northern Chhattisgarh, face threats from the unsustainable exploitation of forest resources by outsiders who gather valuable plants like ginseng for trade. Forest peoples in India face a number of threats to their cultures and livelihoods, through biodiversity loss and urban migration. The unsustainable harvesting of medicinal plants simultaneously threatens the well-being of communities while withholding any compensation for resources taken from their land.

Discrimination suffered by marginalized groups also affects their health. In 2012, for example, the AHRC reported that an Ahirwar Dalit community in Maregoan village, Madhya Pradesh was being deprived access to water and food following their refusal to carry animal carcasses; the local shopkeeper had been intimidated into refusing to provide rations to the Ahirwar by the dominant caste, and the local water pump and communal water tank were fenced in. The AHRC similarly noted in 2012 that the dominant caste preventing access of Dalits, tribal and minority communities to government welfare schemes is a common practice in Madhya Pradesh, Uttar Pradesh, Bihar and Orissa.

This kind of discrimination and exclusion makes minority groups much more vulnerable to disease, and dramatically increases the risks of malnourishment. It also directly affects their ability to access treatment from health services. In 2000, Action Aid found that in 21 per cent of 555 villages sampled from 11 states in India, SCs were denied access to health centres. The same study found that 48 per cent of villages denied SCs access to public water or drinking places. A 2010 study by Navsarjan, a grassroots Dalit rights organization, and the Robert F. Kennedy Center for Justice and Human Rights, found that doctors in 10 per cent of villages would refuse to treat Dalit patients. A follow-up study in 2012 found that three times more Dalit children were unvaccinated against polio than non-Dalit children.

Minority and indigenous groups in India also face discrimination in the way in which their land is appropriated and their voices ignored in the drive to capitalize on India's natural resources, in particular through the mining industry. The effects of mining on health are twofold. First, removing a population from the land on which they depend without adequate compensation results in impoverishment and ensuing indirect health effects. And, second, there are the direct impacts on health from pollution resulting from the mining. The first kind of deprivation was shown in 2008, when hundreds of displaced villagers from Jagatsinghpur district in Odisha protested against

inadequate compensation from Paradeep Phosphate Ltd. The second kind has been demonstrated across India, from reproductive health problems due to uranium mining in Jharkhand to skin disorders associated with bauxite mines and refineries in Orissa and Andhra Pradesh.

The well-publicized case of the indigenous Dongria Kondh's battle with the UK mining company Vedanta Resources and its Indian subsidiary's plans to open a mine on land held sacred by the local community had a positive moment in April 2013, however, with India's Supreme Court ruling that the indigenous communities will have the final decision on any bauxite mine plans.

The ongoing unrest in Jammu and Kashmir has also had drastic health consequences for the population there. Violence or the threat of physical violence continue to have significant effects on mental health, with a number of studies in recent years identifying high prevalence of mental health problems, from post-traumatic stress disorder and bipolar disorder to high levels of generalized anxiety, panic and phobia.

The increased presence of the military also makes it difficult for some people to access health care. Nomads like the Gujjars, who traditionally live in higher altitudes, have been left unable to access facilities, or unable to sustain their livelihoods due to restrictions on movement and access to land. One study, published in 2012, revealed that 39 per cent of the Gujjar community had relinquished their migratory tradition during the past two decades of conflict.

Copyright notice: © Minority Rights Group International. All rights reserved.

Search Refworld

by keyword

and / or country

All countries



Clear

Search

[Advanced Search](#) | [Search Tips](#)

Countries

- [India](#)

Topics

- [Bengalis](#)
- [Communal conflict / Social conflict](#)
- [Dalit](#)
- [Housing, land and property rights \(HLP\)](#)
- [Minorities](#)
- [Minority rights](#)
- [Muslim](#)
- [Public health](#)