



**Joint Submission:
CBM Australia and Australian Disability and Development Consortium (ADDC)**

**Joint Standing Committee on Foreign Affairs, Defence and Trade
Inquiry into the Human rights issues confronting women and girls in the Indian Ocean –
Asia Pacific region**

Achieving Human Rights through Inclusion

“The plight of women with disabilities is not the simple sum of the barriers faced by people with disabilities and the barriers faced by a woman. The combination of their disabilities and their inferior status as a woman goes beyond the mechanical doubling of discrimination to a situation of utter social alienation and policy neglect.”¹

Introduction

CBM Australia and ADDC welcomes the Joint Standing Committee on Foreign Affairs, Defence and Trade’s inquiry into the human rights issues confronting women and girls in the Indian Ocean – Asia Pacific region.

In summary CBM Australia and ADDC recommend that:

1. Any recommendations stemming from the inquiry should pay particular attention to the needs of women and girls with disability. For example, including targets and indicators and budgets on disability;
2. The Australian Government’s post-2014 disability strategy should give particular attention to the issues facing women and girls;
3. Australia should advocate the post-2015 sustainable development goals agenda to be sensitive to the needs of women and girls with disabilities. For example, the inclusion of disability-specific indicators and targets; and
4. Australia should actively encourage and support ratification and implementation of the UNCRPD with partner countries.

¹ Intervention by South Korea at the Human Rights of people with Disabilities Ad-hoc committee – Daily Summaries, August 2, 2005.

Most people living with a disability are in developing countries (70 per cent of all people and 85 per cent of children).² Women and girls with a disability in the Indian Ocean - Asia Pacific region can face three fold barriers to the fulfilment of their human rights; being female, having a disability and being among the poorest of the poor. While there is limited data on women and girls with disability, specifically in the Indian Ocean-Asia Pacific region, it is clear that globally women and girls with a disability are more exposed to discrimination, practices that amount to cruel and inhumane treatment, violence and poverty.

Prior to the development of the United Nations Convention of the Rights of People with Disabilities (UNCRPD) there were a number of human rights frameworks that offered protection to all women and girls. Namely the United Nations Convention on the Elimination of Discrimination Against Women (UNCEDAW) and the United Nations Convention on the Rights of the Child (UNCRC). Whilst these frameworks provide overarching protections for women and girls with disability, the United Nations identified the acute needs of people with disability and took the step of becoming more intentional and thus developed the UNCRPD. The UNCRPD addressed the intersect of the other human rights treaties for people with disability.

While the human rights of women and girls with disability are protected under the UNCRPD there are significant gaps in implementation. Developing countries in particular need support to assist meeting their treaty obligations. For example, legislation and policy may need to be reviewed as well as finding assistance to implement services and programs. Given the significant human rights issues faced by women and girls, CBM Australia and the ADDC urge the committee to ensure that any recommendations coming from this inquiry are inclusive of women and girls with disability.

Framed within the terms of reference, six key issues around the barriers and impediments to human rights issues affecting women and girls with disability will be discussed:

- family and sexual violence;
- health;
- sexual and reproductive rights;
- education;
- leadership; and
- economic issues.

The submission also includes positive examples from CBM Australia's work in the region to demonstrate how some of these barriers have been overcome and as a result women and girls with disability are able to more fully participate in society.

² Governance and Social Development Resource Centre, "Help-desk Research Report: Economic Benefits of Disability-Inclusive Development," <http://www.gsdrc.org/docs/open/HDQ831.pdf> 2012, 2.

Family and Sexual Violence

Women with disability may experience different forms and higher levels of interpersonal violence than women without a disability.³ For example, in Cambodia, 25 per cent of women with disability who were surveyed reported that their family members had been physically violent to them, compared to 11.4 per cent of women without disabilities.⁴ In addition, women and girls with disability often experience an increased impact of violence (emotional and physical) and have a decreased ability to seek redress or escape the situation due to the social isolation, discrimination and exclusion they may experience.⁵

In Solomon Islands, Tonga and Kiribati women with disabilities experience different and additional forms of violence from women without disabilities. These include acts such as the withholding of medication and assistance, denial of food, water or healthcare, and forced isolation, sterilization and medical treatment.⁶

A woman or girl with a disability is also less likely to report a crime given access to the relevant authorities may be reduced or the person who perpetrated the crime is a family member or care provider.⁷ Furthermore, stigma and attitudes surrounding disability in many cultures can contribute to unfair perceptions of a lack of credibility and reliability as reporters or witnesses. In addition, a woman or girl with a disability may be unable to physically access the services or service providers may be discriminatory. They may also fear reprisal violence or ridicule from family members or the perpetrator.

Health

Article 25 of the UNCPRD specifies clear rights in attaining the highest standards of health without discrimination. However, access remains a significant barrier to women and girls with disability. In the World Health Organization's (WHO) World Disability Report, women with disability in low income countries reported that the main reason they didn't access health care was because they could not afford the visit or transport costs, the health care skills were inadequate and some were denied care.⁸ In addition, in some cultural contexts women with disability may experience reduced access to aids and equipment than men with disabilities.⁹ This can then affect their mobility and ability to undertake everyday activities and participate in community life.

Another barrier to women with disability realising their human right to health care is the controlling behaviour of family members or partners. A study of women with and without

³ Nina Vallins and Briana Wilson, "Triple Jeopardy, Gender Based Violence, Disability and Rights Violations Amongst Women in Cambodia", *Gender Matters, International Women's Development Agency* (Issue 3: August 2012) 4.

⁴ Ibid.

⁵ Joanna Spratt, *A Deeper Silence: The Unheard Experience of Women with Disabilities – Sexual and Reproductive Health Violence in Kiribati, Solomon Islands and Tonga*, (UNFPA Pacific Sub-Regional Office) March 2013, 16.

⁶ Ibid, 14.

⁷ Ibid, 16.

⁸ World Health Organization & World Bank, *World Report on Disability*, 2011, World Health Organization, 63.

⁹ Ibid, 109.

disability in Cambodia revealed that women with disability are 2.5 times more likely to need the permission of partners before seeking health care for themselves.¹⁰ This then has an impact on their psychosocial wellbeing as well as their physical health.

The World Health Assembly, which is currently sitting (19-24 May 2014), is anticipated to adopt the WHO Action Plan on Disability 2014 – 2021. The overall goal of the plan is to contribute to achieving optimal health, functioning well-being and human rights for persons with disabilities. Its key objectives include: removal of barriers of access to health for persons with disabilities; strengthened rehabilitation and habilitation services; and improved collection of data on disability. Within the plan there are measures that will focus specifically on women and girls with disability.

Sexual and Reproductive Rights

A woman with disability is entitled to equal access to sexual and reproductive health care. Article 23 of the UNCRPD reinforces the right of people with disabilities to establish and maintain a family and to retain their fertility on an equal basis with others. However, there is evidence to show that women with disability experience significant barriers to realising their sexual and reproductive rights, including forced sterilization.¹¹ Ignorance and attitudes of both the community and individuals (including health care professionals) represent one of the main barriers for women accessing this type of health care.¹² Society prejudices often assume women with disabilities are ‘asexual’ and are therefore not sexually active and unable to manage their own sexuality and fertility.¹³ This stigma and discrimination then affects the access, level and availability of sexual and reproductive health services.

Education

Article 24 of the UNCRPD recognises the right of people with disability to an inclusive education. Yet a girl with a disability is less likely to attend school than a girl without disability. In a WHO study on disability, it was found that in the 51 countries examined, 41.7 per cent of girls with a disability go to school compared to 52.9 per cent of girls without a disability.¹⁴ This could be for a multitude of reasons including being unable to physically access the school or the classrooms, the curriculum not being adapted or the family wanting to protect the girl from bullying. Not being included at school then has a significant impact on the ability of a girl with disability to gain employment, which in turn continues the cycle of poverty and disability. story from Bangladesh - at

helps to illuminate the positive impact on communities that a young women with disability can have in overcoming discrimination within the education system.

¹⁰ Vallins and Wilson, “Triple Jeopardy,” 20.

¹¹ Spratt, *A Deeper Silence*, 13.

¹² World Health Organisation and United Nations Population Fund Guidance Note, “Promoting Sexual and Reproductive Health for Persons with Disabilities” 2009, 1.

¹³ Spratt, *A Deeper Silence*, 18.

¹⁴ World Health Organization & World Bank, *World Report on Disability*, 206.

One of the related barriers to fulfilling the human rights of women and girls with disability is the loss of educational opportunities and income that derives from carers staying at home to support the person with disability. Children, especially girls, are often relied upon to care for family members with a disability. This results in many girls dropping out of school, which impedes their future education, health and economic prospects.¹⁵ Therefore an inclusive society not only positively affects the individual and their community, but in this case, also has a positive consequence for a young girl who would otherwise be in school.

Leadership

Women with disabilities are less likely to be in leadership positions than men with disabilities. In addition, often organisations that focus on women's and girls human rights, neglect the specific needs of women with disabilities. This can partially stem from women with disability not being adequately represented in women's organisations. Similarly, women with disability may not be adequately represented in disabled person's organisations.

CASE STUDY: *Women's Leadership*

is an only child in a poor family in Bangladesh and contracted polio at two years of age. After experiencing discrimination from her family and community, she came into contact with a local NGO. Discerning her leadership character and with the support of CBM Australia's local partner, she undertook 28 days of leadership training. now leads a self-help group and plays a vital role in communicating with local Government and other organisations to include people with disability. Under her dynamic leadership the self-help group has organised training in cattle rearing, fisheries and tailoring and assisted students with disabilities to obtain some education funding. Today the same neighbours who discriminated against her, now come to her for assistance. With her efforts 30 persons in her neighbourhood, including 15 people with disability, have received training in homestead gardening and now they are cultivating different green vegetables and earning on a regular basis. was also a candidate in the local government election and is now as a member of the local government.

Source: CBM Australia

CBM Australia's field programs strive to understand gender roles in their given context and develop strategies for promoting decision making and a voice for all. This means that women and girls with disability are active participants in the development process. CBM Australia's programs specifically encourage women with disabilities to take up leadership training and positions in disabled people's organisations as well as mainstream community groups. This is not just about building the confidence of women with disabilities: it also means engaging families. For example, in India, husband and wife teams visit homes to build trust with the families and help them to see the value of participation.

As the case study demonstrates, clearly there is a substantial amount of untapped leadership potential held by women with disability, which not only has an inclusive flow on effect for others with disability, but can also greatly contribute to the economic growth of a whole community.

¹⁵ Ibid, 142-143.

Economic Impact

Article 27 of the UNCRPD recognises the right of people with disability to work on an equal basis to others and in a work environment that is inclusive and accessible. However, globally 53 per cent of men with a disability and 20 per cent of women with a disability are in employment, compared with 65 per cent for men and 30 per cent for women without a disability.¹⁶ Lack of accessibility due to non-inclusive infrastructure, transport and education is compounded by community and employer perceptions that people with disability are unable to work and contribute to society. This then has economic consequences for the individual, their family and local community.¹⁷

Women with disability face multiple barriers to reaching their livelihood potential. Access to livelihood opportunities is fundamental to ending the cycle of poverty and disability. These barriers include negative attitudes, lack of access to training, information and inaccessible work places when seeking employment. In recognition of this, skills development and economic empowerment need to be encouraged for women and girls with a disability.

Due to the attitudinal systems and cultural barriers associated with people with disability working, it is estimated that globally 3-7 per cent of country GDP is reduced.¹⁸ There is however a shortage of data, especially in relation to the Asia-Pacific region. This shows the untapped economic potential of people, especially women with disability. If a women with a disability wants to work and can be employed, this has positive economic benefits not only for herself and her family, but through contributions to the local and national economy.

Conclusion

Recommendation 1

Any recommendations stemming from the inquiry should pay particular attention to the needs of women and girls with disability

If the economic and social rights of women and girls with disability are promoted and supported in the Indian Ocean-Asia Pacific region, girls are more likely to attend school, seek health care and subsequently pursue livelihood opportunities.

Recommendation 2

The Australian Government's post-2014 disability strategy should give particular attention to the issues facing women and girls

The Australian Government's strategy "Development for All: Towards a disability-inclusive Australian aid program 2009-2014," and its successor currently in development, is an essential tool to help address the cycle of poverty and disability. The Australian Government and the non-government sector have made important improvements to aid and international development practices to improve the effectiveness through inclusion of

¹⁶ World Health Organization, *World Health Survey*, 2002-2004, <http://www.who.int/healthinfo/survey/en/>.

¹⁷ Governance and Social Development Resource Centre, "Help-desk Research Report," 6.

¹⁸ Sebastian Backup, "The Economic Consequences of Excluding people with Disabilities from the World of Work," *International Labour Force* (Employment Working Paper No. 43: 2009).

people with disability. However, more needs to be done. The current development of a post-2014 strategy is a crucial step to help address the many human rights abuses that many women and girls with disability experience. It should be ensured that the special needs of women and girls are considered at all stages of the development and implementation of the plan.

Recommendation 3

Australia should advocate the post-2015 sustainable development goals agenda to be sensitive to the needs of women and girls with disabilities.

As the international community is working on the post-2015 development framework, Australia has the opportunity to play a leadership role in ensuring that the new framework is inclusive of, and accessible to, people with disability and especially women and girls.

The inclusion of people with disability in the post-2015 development framework would help to address the barriers faced by people with disability when participating in their communities. Such issues include accessing services and programs, education, health care, and employment. Due to these barriers people with disability have a greater risk of living in poverty and becoming marginalised in society.

A focus on inclusive development would positively impact those with disability, and work towards lowering the stigma and discrimination faced by people with disability around the world.

Recommendation 4

Australia should actively encourage and support implementation of the UNCPRD.

As a global leader in disability inclusive development, Australia should actively encourage and support our Indian Ocean-Asia Pacific neighbours to implement the UNCPRD. If the human rights of people with disability are realised, especially women and girls, families and communities will be strengthened and will benefit from their full inclusion and participation.