

Speech - Delivered by Frederika Meijer, Representative, United Nations Population Fund, UNFPA, India & Country Director, Bhutan to the delegates during the inaugural function of the National Conference on Reproductive Health with Emphasis on Strategies for Family Planning & 22nd Annual Meeting of the Indian Society for the Study of Reproduction and Fertility held at AIIMS, New Delhi on 19th February, 2012

Distinguished guest on the Dias: Secretary-DHR & DG-ICMR - Dr. V.M. Katoch, Professor AIIMS - Dr. R.C. Deka, Professor ISSRF - Dr. N.K. Lohiya, President of Event - Dr. R.S. Sharma, and the Life time achievement Awardees, Distinguished Delegates, Ladies and gentlemen.

At the outset, I am thankful to ISSRF and AIIMS for inviting me to be part of the inaugural session of this International Conference on Reproductive health with Emphasis on Strategies for Family Planning. It is an honor and a privilege for me to stand before this august gathering of Intellectual doctors of India's health sector. The topic of the Conference is very apt, pertinent to the current and future context of the development of the nation.

As you all know the International Conference on Population and Development, the ICPD Cairo Conference in 1994, is nearly 20 years ago, and the review work starts soon to see how much progress has made since then. Today, we have to look at where family planning matters not just as a right of individuals to plan their families nor as an essential element of a progressive population policy but, also as an important ingredient of an essential maternal health programme.

The presentation of Professor Kulkarni this morning provided a quick overview of changes since the Bucharest Conference on population towards the paradigm shift after Cairo and how this was translated in the population policy in India.

While many targets of the population policy have been met, it is important to jointly review whether we are on the right track to make sure that every person's reproductive health needs are met, and every delivery is safe for mother and child.

India has started experiencing rapid demographic transition since the 1980s. Due to this, a demographic window of opportunity is being experienced by the country in the form of a Youth Bulge. According to 'World Population Prospects, the 2010 Revision', by 2015 India would home the largest ever adolescent and youth population, estimated around 363 million in the age group of 10-24 years and nearly half of them would be girls.

And India is a tale of two countries. There are substantial demographic social and economic variations in the country. All the southern states and a few others in the western region have already attained replacement level of fertility while the northern states still have higher fertility, specifically, higher percentage of females are marrying at younger ages, higher adolescent fertility and higher infant and maternal mortality. The use of contraception is low and there is high unmet need for family planning; both limiting and spacing. The prevailing social and cultural traditions and practices and poor access to and the quality of health care inhibits majority of rural people in India to utilize quality health care services, specifically reproductive health care.

The inhibitions are more profound among the socially disadvantaged, women and vulnerable people. Though there has been headway in improving access and quality of services under NRHM through JSY and other schemes, there is a still lot to be done, as the income quintile analysis on key reproductive health indicators from NFHS reveals lower levels of acceptance and use among the poor and many poor are still excluded from free quality health services.

While the group of poor people are very diverse and with even more diverse needs, let us focus here on one group which may be even the most vulnerable and I hope this conference will give more emphasis in appropriate strategies for them; **the girls which are married before the age of 18**. Professor Deka before me has already highlighted the importance of Sex Education in the country for girls, focusing on knowledge, practice and attitudes towards their own reproductive health.

This morning there was an article in the Hindu revealing the still high prevalence of child marriage in India. Figures of Child marriage vary and I would not like to go into that debate here, however what we do know is that these girls are not in school, or not in school anymore and often out of sight of many social services, including the health service. Often they come into the picture with their first pregnancy. The knowledge about their bodies and about reproductive health is limited, in addition they often have limited skills, possibilities or power to negotiate the time of birth of the first child.

To have a child before the age of 20, impacts badly on health of the mothers and their children.

A huge emphasis is currently put on sterilization but this does not meet the RH needs of these girls. The need is to expand method choice for spacing methods and counseling, products should vary from IUDs, condoms and OCPs and EC for crisis situations.

Reproductive health care should follow a life cycle approach, a comprehensive set of actions of training the providers to promote spacing methods, good quality screening of prospective acceptors and provide treatment such as for RTIs among seeking IUDs,

continuously tracking of users for allaying fears and answering myths and misconceptions and creating an overall programme emphasis in the health system to meet the limiting needs of young population.

In a recent initiative in Barwani district of MP, to address the needs of young people, ASHA's have been systemically training to promote spacing methods. It is heartening to note that there has been a 3% (of total eligible couples) increase in spacing method users in a 5 month period. This has been achieved by promotion of the methods by only 30% of training ASHA's . This speaks of the possibility of tapping the latent demand for spacing methods and further harnessing the promotion of the methods by other ASHA's.

I would like to conclude that the International Conference on Population and Development (ICPD) spelled out a comprehensive plan for empowering women and making family planning universally available as part of a package of reproductive health care. The links between women's status, reproductive health, and social and economic development were then first recognized.

And while thinking through strategies for Family Planning we should not forget this broader frame work and make family planning universally available as part of a package of reproductive health care. When we keep the young women in mind while developing the family planning strategies, the needs of the huge part of the population will be met.

I hope that when you are further working on the strategies of Family Planning, you will keep the young women in mind, especially the vulnerable girls. I am wishing you a successful conference and look forward to listen to more presentations.

“Invest in women. It pays”

Focus on the most vulnerable girls would pay even more.

Thank you