Statement of India
Midterm Review of the Asian and Pacific Ministerial Declaration on Population and Development
Bangkok, 26-28 November 2018

Agenda item No. 2:

Mr. Chair

First of all let me Congratulate you for election as chair of the meeting and effective management of the proceedings.

- I am happy to be here at the Midterm review of the Asian and Pacific Ministerial Declaration on Population and Development. I look forward to enriching deliberations and learn from the best practices and challenges faced by member states.

- Government of India is focused to deliver on its commitments to inclusive and sustainable development. Gender equality is a key driver of inclusive growth. It can enhance economic growth, social progress and provide equal opportunities to women for their overall development, which in turn results in the progress of the society and country as a whole. Our Government is committed to making sure that women are recognised and encouraged to participate in all spheres and are equal partners in the development of the country.

- India is working from Women Development to Women Led Development which is reflected in government programmes and schemes across ministries and sectors, such as Beti Bachao Beti Padhao (celebrate the girl child, enable her education), Make in India, Digital India, Skill India, Jan Dhan Yojana (bank the unbanked), Mahila Shakti Kendras, MUDRA Yojana (financing women entreprenuers) etc.

Mr. Chairperson/Madam Chair

- I would like to highlight that India is one of the first countries to recognize the impact of population on the development and formulate a National Family Planning Programme in 1952 "to stabilize the population at a level consistent with the requirement of national economy".
• The program has come a long way and currently family planning program has been repositioned to not only achieve population stabilization but also to reduce maternal mortality and infant and child mortality, which has contributed to gender equality and women's empowerment. Over the years, there has been a transition from a population control centric approach to an integrated RMNCH+A (Reproductive, maternal, newborn and child health and adolescents) program strategy which has provided a platform for addressing the needs of reproductive health for women and advancement towards gender equality.

• The recent policy on health "National Health Policy, 2017, takes into consideration the changing understanding on population, reproductive health, equity and rights as the policy calls for a comprehensive approach to population stabilisation. The policy also addresses the social determinants of health, promoting women's empowerment and education, adopting a target-free approach, and encouraging community participation. Socio-cultural factors such as age at marriage, age at first birth and education of girls for maternal and infant well-being also feature prominently in the policy along with promoting a basket of contraceptive choices.

• Speaking of legislations, Medical Termination of Pregnancy (MTP) Act, 1971 provides for availability of safe services for safe termination of pregnancies by registered medical practitioners to prevent death and disabilities suffered by women. The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act was enacted in 1994 to address the misuse pre-natal diagnostic techniques for sex determination leading to female foeticide. Government is working towards effective implementation of these acts. The Maternity Benefit Act, 2017 has been amended to extend the period of mandatory paid maternity leave for working women from 12 weeks to 26 weeks.

• Besides the legislative framework, Government of India has undertaken various schematic interventions for gender equality and women's empowerment. The government's flagship programme, Beti Bachao Beti Padhao, is to address the declining Child Sex Ratio (CSR) and related issues of empowerment of women over a life-cycle continuum. The POSHAN Abhiyan – National Nutrition Mission launched by our Hon'ble PM covers over 100 million beneficiaries and targets to reduce stunting, under-nutrition, anemia among young children, adolescent girls and women, and low birth weight.
• The **Pradhan Mantri Matru Vandana Yojana (PMMVV)** provides for partial compensation for the wage loss in terms of cash incentive to pregnant and lactating mother to enable her to take adequate rest pre-post delivery and exclusively breastfeed the child. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides assured, comprehensive and quality antenatal care, free of cost, to all pregnant women on 9th of every month.

• The health scenario in India has witnessed the most landmark milestone in recent times with the launch of the **Ayushman Bharat scheme which includes the largest public health insurance programme (PMJAY)** covering 50 million families and 500 million people.

**Mr. Chairperson/Madam Chair**

• India has been able to realize significant improvements in the health indicators especially life expectancy at birth, Maternal Mortality ratio (MMR) and Infant Mortality Rate (IMR). Improvement in health indicators have been the consequence of improvement in maternal and child health indicators with women and children getting access to antenatal checkups, neonatal checkups, registrations, post natal care. There has also been an increase in institutional deliveries to almost 80% (2015-16) from only 38.7 % in 2005-06.

• Over the last decade, India has achieved certain crucial gains. The number of women marrying before 18 years of age has declined by almost half. The teenage pregnancies have reduced from 15.7% to 7.6%.

• India’s sustained efforts over the years to achieve population stabilisation have yielded positive results. Overall, our country has accepted the small family norm and Total Fertility Rate (TFR) has been declining at a steady rate from 3.6 in 1991 to 2.3 in 2013, 2.2 in 2015-16.

• Family Planning services with maternal, child as well as adolescent health which is beyond a simple strategy for achieving population stabilization has led to an improved universal access to sexual and reproductive health for women. The RMNCH + A programme has made contraceptives easily accessible and affordable however, the among the various family planning measures share of female sterilization, followed by condoms, pills and IUCD. The share of male sterilization is lowest.
• With more emphasis on reproductive and child care health, there has been a positive impact of Family Planning Programme (FPP) on women empowerment in India, and Indian states are increasingly actively integrating their population policies with their women's empowerment policies.

• Government of India has been undertaking various schematic interventions like the Mission Parivar Vikas for substantially increasing the access to contraceptives and family planning services in the high fertility districts of seven high focus states. Three new contraceptives viz. Injectable contraceptive (under Antara programme), Centchroman and Progesterone Only Pills (POP) have been added to the existing basket of choices.

• A major focus in the government programme on family planning has been on promoting and providing services for permanent methods—in particular, female sterilization. Efforts are being made to involve more men into these programmes and making family planning a shared responsibility. Then only gender equality will be achieved in real terms.

Mr. Chairperson/Madam Chair

• We believe that there is a need to emphasise on changing mindsets and challenging gender stereotypes that put the maximum onus of family planning on women, enabling women to take decisions regarding their own health will bring about more gender equality. Generation of material for gender sensitization of men and portraying men role models positively through media etc. will be useful.

• Women who control their income tend to have fewer children, and fertility ratio have shown to be inversely related to national income growth. Women are also more willing than their male counterparts to send their daughters and sons to school, even when they earn less than men. Emphasis on education, enforcing the legal minimum age of marriage, promotion of employment opportunities for women, improve women’s role in decision making and encouraging inter-spousal communication in family affairs can encourage adoption of family planning and reduction of fertility in India. Economic empowerment of women can lead to success of family planning programmes.
• Women should have the choice and the right to take decisions regarding their healthcare. Giving more autonomy to women will yield better results for example, NFHS 4 data indicates that with improvement in education and wealth quintile an improvement in institutional deliveries, immunization, children's nutritional Status (Stunting & underweight) has been observed.

• The Juvenile Justice (Care and Protection of Children) Act, 2015 has made both males and females as equals in the adoption process. Further, females are actually made more than equal as single females can adopt any sex children. The single females over 40 years of age are being given six months ante-date seniority in the adoption waiting list, where in they are being able to build their families at an earlier time frame.

Mr. Chairperson/Madam Chair

• Violence against women is a serious concern of Government of India and to address this issue and to provide assistance to women affected by violence various legislative framework and schematic interventions have been undertaken. The amendments to the Indian criminal law significantly broadened the definition of sexual assault and harassment, increased penalties for offenders, The Sexual Harassment of Women at Work Place Act 2013 aims to provide a enabling environment for women to work. The Protection of Women from Domestic Violence Act 2005 comprehensively addresses the issue of violence against women in the domestic sphere. The schematic intervention such as the One Stop Centre, Women Helpline, Emergency Response Support System, Projects for Safe Cities under Nirbhaya Fund, 33% reservation of women in police force have been undertaken to combat violence against women.

• In conclusion, I would like to reaffirm that Government of India is committed to achieve gender equality and provide women affordable and accessible healthcare services. Government initiatives have led to universal access to sexual and reproductive health and reproductive rights of women.

Thank You!!