



IAPPD Newsletter

A Bi-monthly Newsletter of Indian Association of Parliamentarians on Population and Development

Parliamentarians' Agenda for Action: Reproductive Health and Rights in South Asia

Chiang Mai, Thailand , 28-29 May, 2011

The South-Asian Parliamentarians' Workshop on 'Advancing Reproductive Health and Rights' was organized by the Asian Forum of Parliamentarians on Population and Development (AFPPD) in cooperation with the International Planned Parenthood Federation South Asia Regional Office (IPPF SARO) on 28-29 May, 2011 at Chiang Mai, Thailand. The workshop aimed to provide a common platform where parliamentarians could share experiences, learn from each other, and analyze the critical challenges facing Sexual and Reproductive Health Rights (SRHR) in the region, particularly among the poorest and most vulnerable populations.

31 Members of Parliament from the South Asian countries of Afghanistan, Bangladesh, India, Iran, Maldives, Pakistan, and Sri Lanka were warmly welcomed by Hon. Ms. Narumol Paravat, Deputy Governor of Chiang Mai, Thailand. In her welcome remarks she emphasized that advancing Reproductive Health (RH) is an important step to be taken if countries wish to improve their public health care provision. It is particularly important as young people need to receive RH education as well as services and guidance in order to enable them to make responsible decisions about their sexual and reproductive health.

The IAPPD delegation comprising Dr. Ram Prakash, MP, Mr. Avinash Rai Khanna, MP, Mrs. Vasanthi Stanley, MP, and Mr. Manmohan Sharma, Executive Secretary, IAPPD, attended the workshop.

Ms. Anjali Sen, Regional Director, IPPF SARO, introduced the workshop by stressing that Parliamentarians can play an important role in promoting SRHR up to 2015 and beyond. IPPF SARO works with key decision-makers such as parliamentarians, who have a major role in promoting and achieving SRHR in every country context. They also encourage parliamentarians to intensify their legislative, budgetary, oversight and advocacy functions.

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Group photo of the participants.



The preliminary findings of Census 2011 revealed that for the under-six age group, there were only 914 girls for every 1,000 boys. This child-sex ratio (CSR) was 927 girls per 1000 boys in the 2001 Census. The CSR has declined in 28 of the 35 states. While the economy is getting better day by day in the country, the CSR is getting worse for girls and women.

More alarming is the inverse correlation between declining child-sex ratio and increased economic growth. In Gujarat, where economic growth is much heralded, this shortfall of girls is seen starkly between backward and non-backward districts, with the former at 923 and the latter at 873. Ironically, regions with large tribal communities, in general, have better CSRs than the high-growth areas of the country. States like Tamil Nadu, which were historically gender agnostic, have begun to show a marked decline in CSRs as well.

What can we learn from these depressing census figures? First, rising education in itself is not enough. We are becoming more literate and less gender-friendly. Increased female education is neither a sufficient nor necessary condition to ensure stable gender ratios. Income growth can simply increase access to technological tools that perform selective abortions. Richer people are not necessarily wiser or more decent. Legal restrictions have not been effective. We already have the Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994, but it hasn't improved the CSR. India's modernisation has worsened the practice of dowry rather than reduced it.

Governments can't usually alter cultures, but laws can be creatively used to help. If girls are undervalued because they don't earn as much as men, countervailing policies can be made. Since our growing economy unduly favours men, there is a role for government to help create employment opportunities for women. Mandating benefits for gender-neutral employers, or ensuring legal protection for female staff, can increase women's employment opportunities and in turn contribute to increasing the economic 'value' of a girl child.

It is in this context, two international workshops were organized - Parliamentarians' Agenda for Action: Reproductive Health and Rights in South Asia at Chiang Mai, Thailand during 28-29 May, 2011 and The Global Summit of Parliamentarians Workshop under the theme "Girls

and Population: The Forgotten Drivers of Development", by the European Parliamentary Forum on Population and Development's (EPFPD) at the French National Assembly during 16-17 May, 2011.

Intense and thought-provoking sessions in both the workshops enabled all the participants to share and discuss ideas relating to the vital role that girls and young women play in population dynamics and development as a whole. We heard messages of horror of the indignities suffered by girls and young women across the world; but we also heard messages of hope from people who are achieving real results on the ground. And common conclusions were identified and articulated, that there can be no more cost-effective way to drive development than investing in the developing world's 600 million girls and young women. As Aïcha Bah Diallo, from the Forum of African Women Educationalists said, "Investing in women will give a boost to health, education, the economy and democracy. It will also promote peace and stability."

Thanks to the efforts of all the parliamentarians present, the development community has a powerful document in form of the declarations made in the workshops, to show its leaders of the importance and urgency to invest in the developing world's most vulnerable and its most valuable asset, and the influence it will have on global population.

Manmohan Sharma
Executive Secretary, IAPPD

AFPPD Secretary-General Hon. Senator Anan Ariyachaipanich, MD and Chair of the Standing Committee on Public Health in Thailand, noted that the theme of the workshop was one of the most challenging topics on the public health agenda as RH is closely related to performance on the health related Millennium Development Goals (MDGs), in addition to being a nexus to sustainable development.

In her opening remarks, Ms. Nobuko Horibe, Director, UNFPA Asia and the Pacific Regional Office (APRO), stressed that for every minute, one woman would die in pregnancy and childbirth and 20-30 women would suffer from serious injury or disability. "Promoting and investing in women's health is not only the right thing to do; it is smart economics. Women deliver enormous social and economic benefits for their families, communities and nations."

Following the presentations a lively discussion ensued focusing on issues such as increasing the involvement of fathers and male MPs in promotion of SRHR, the importance of budgetary allocations and ensuring availability of funds for programmes, managing population growth, addressing early marriage, and making SRHR a priority agenda item in Parliament.

Mr. Avinash Rai Khanna, MP, and Dr. Anup Kumar Saha, MP, made a presentation on reproductive health situation in India. While presenting the key programmes, Indian laws relating to women and challenges related to SRHR in India, Mr. Khanna stressed on investment in young people to improve their mental, sexual and reproductive health.

Mrs. Vasanthi Stanley, MP, and Dr. Anup Kumar Saha, MP, participated in a discussion focusing on Identifying Priorities on South Asia Reproductive Health Rights. Some priorities for the region that emerged based on country reports included: gender equality within the framework of CEDAW, unmet need for family planning, reproductive health financing, and youth and reproductive health. The participants expressed their views that a declaration should be developed that would detail the role that parliamentarians would be playing in promoting SRHR in their home countries

Dr. Ram Prakash, MP, India, moderated a session on sharing best practices for involving parliamentarians in Reproductive Health and Rights.

Seen above in the pictures: (from top) Mr. Avinash Rai Khanna, MP; Mrs. Vasanthi Stanley, MP; Dr. Anup Kumar Saha, MP; and Dr. Ram Prakash, MP; speaking during their respective presentation/discussion. (Below) The IAPPD Delegation during the workshop.



Child Sex Ratio Worse in Prosperous, More Education States - Census 2011

The provisional figures for the 2011 Census sounding an alarm over the falling child sex ratio in the country. Available figures show that it's not the poorest and least literate people and communities who are responsible for falling child sex ratio.

The 2011 census shows that the states with the worst child sex ratio (CSR) are not the most backward: the prosperous agrarian states of Haryana and Punjab bear that ignominy with the neighbouring industrial hubs of Delhi and Chandigarh only slightly better. Uttar Pradesh has a better CSR than Maharashtra and Gujarat, while Bihar betters the national average. Since the CSR counts the number of girls for every 1,000 boys under the age of six, this is one trend that cannot be explained away by high outmigration. This indicates that mere education has not been enough to correct a deep societal and cultural bias that the India seems to have against girls.

At a caste and community level, tribal societies have always had much better CSRs. In 2011, this is borne out by the far higher CSRs of states that have a high tribal population - Mizoram, Meghalaya, Chhattisgarh and Arunachal Pradesh, have a better CSR than even Kerala, India's default model state.

Parliamentarians Urge G8/G20 to Invest in Girls and Women

The Global Summit of Parliamentarians under the theme
"Girls and Population: The Forgotten Drivers of Development"
16-17 May, 2011, Paris, France

Nine Asia-Pacific parliamentarians were among the 60 parliamentarians calling upon the members of the G8 and the G20, partner governments, funding organizations and development banks and agencies to invest substantially in projects and policies that aim to protect girls and to make the challenges posed by the world's current population dynamics a development priority.

The Global Summit of Parliamentarians Ahead of 2011 under the theme "Girls and Population: The Forgotten Drivers of Development", was hosted by the European Parliamentary Forum on Population and Development's (EPF). The conference was organized by EPF, Equilibres and Populations (E&P) and the French Movement for Family Planning (MFPF) on 16-17 May, 2011 at National Assembly, Paris, France.

AFPPD facilitated the attendance of 9 parliamentarians from the Asia-Pacific region: Hon. Mr. Kamal Safi from Afghanistan, Hon. Mr. Anwarul Ashraf Khan from Bangladesh, Hon. Ms. Sam An Krouch and Hon. Mr. Damry Ouk from Cambodia, Hon. Dr. E.M. Sudarsana Natchiappan from India, Hon. Ms. Meutya Viada Hafid from Indonesia, Hon. Ms. Toshiko Abe from Japan, Hon. Mr. Ramesh Lekhak from Nepal, and Hon. Mr. Rodante Marcolena from the Philippines.



*Dr. E.M. Sudarsana
Natchiappan, MP*

UNFPA Deputy Executive Director Mari Simonen underscored that parliamentarians "are uniquely positioned to support this agenda and promote the human rights of adolescent girls around the world, including their right to sexual and reproductive health. You can speak out and call on your counterparts in other countries to do the same. Those who are poor, vulnerable and often voiceless need your support and we applaud your commitment."

The French Minister in charge of Cooperation, Hon. Henri de Raincourt stated that the implementation of the right for women to access RH services and quality family planning, if they wish, also requires awareness within wider society. Other speakers at the summit included French Minister in charge of Solidarity and Social Cohesion, Hon. Roselyne Bachelot; World Bank Gender and Development Group Director, Mayra Buvinic; UN Women Executive Director, Michelle Bachelet, and IPPF Director-General, Gill Greer.

New ideas promoted by the parliamentarians in the final statement "are within reach of the G8 and G20 leaders and they are fair, simple and realistic." These ideas "stand to improve the performance of development assistance and will



Group photo of the participants.

target those who need it most – girls and young women – by investing in activities that are affordable and will bring about many positive results. They also have the potential to transform many lives, families and societies, breaking the cycle of inter-generational poverty, and this will all come about thanks to greater access to family planning.” The MPs further urged leaders not to miss the financial pledges that have been made, by maintaining commitment to the goal of increasing public development assistance to 0.7% of GNI, in accordance with the commitments that were made at both the UN and EU levels, and by critically analysing the public development assistance expenses. Concluding that “It is everyone’s responsibility to ensure that development aid is used transparently and efficiently, and to promote democracy and international agreements whilst reinforcing the efforts made to achieve the MDGs.

Conference Highlights

It has been said that educating a girl is perhaps the most socially sound investment one could make yet developing country statistics continue to show a high level of school dropout among young girls. A biased education system, social stigmas, cultural hurdles and fear for safety impede a girl’s chance at succeeding in the classroom and in the work place. The conference drew light upon a female agenda in development that has been too long undervalued and often ignored. The participants agreed that the role of girls and women in development must be identified and addressed if the Millennium Development Goals are to be achieved.

Working Group Highlights

Women and girls are particularly vulnerable to the risk of obtaining HIV from a sexual partner or aggressor. For every three African females with the HIV virus between the age of 15 and 24 there is one male. While prevention of the HIV is extremely important, the working group conclusion was that HIV drugs must be more readily available to the many women suffering from the virus today. Furthermore, more information and medical services should be made available to pregnant woman with HIV.

The conference revealed a need to develop a strategy that encompasses concerns over population and women with climate change. Uwe Kekeritz from EPF said woman are too often seen as objects in the development process and not subjects and that woman need to be engaged as agents of change. Henriette Martinez, representing E&P, said that woman’s issues in development must be integrated into the greater agenda both vertically, in direct programs for woman, and horizontally in other economic, social and health agendas. Kekeritz also emphasized the role of educating boys to respect women and the crucial role of men in defending the rights and position of women in society. He further urged Parliamentarians and development practitioners across the board to look beyond masculine and feminine stereotypes that often hinder the success of policy in practice. He said, for example, that married girls are often neglected as an area of concern as though their position gave them greater security; however, they too are faced with teenage pregnancy, rape, and are often taken out of school at an early age.



Asian Population and Development Association

1 April 2011

Hon. Prof. P.J. Kurien
Chair

Indian Association of Parliamentarians on Population and Development (IAPPD)

Dear Hon. Prof. P.J. Kurien,

I wish to express my deep gratitude for IAPPD’s condolences and thoughtful considerations to all those who have been affected by the Tohoku Earthquake off the Pacific coast on 11 March 2011.

The generous relief supplies, comprising of as many as 25,000 blankets and various provisions provided by the Indian government and the Indian people, are of essential assistance to the victims of the disaster. Furthermore, the Indian relief and rehabilitation team from the National Disaster Management Authority on aid mission has been of significant encouragement for the Japanese people.

This natural disaster caused devastation and human loss on an inconceivable scale, leaving us speechless. Moreover, the circumstances surrounding the Fukushima nuclear plant in Japan’s Tohoku Region is still of grave concern. Notwithstanding, I firmly believe that support and advice from India and other countries will further bring us a hopeful future.

With this, I thank you very much again for your kind message and thoughts.

Sincerely,

Yasuo Fukuda

Member of the House of Representatives

Chair, Asian Population and Development Association (APDA)

Chair, Japan Parliamentarians Federation for Population (JPFP)

Chair, Asian Forum of Parliamentarians on Population and Development (AFPPD)

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Letter of Mr. Yasuo Fukuda, MP and Chair, APDA, written to Prof. P.J. Kurien, MP and Chairman, Standing Committee, IAPPD, in response to the condolence resolution on Earthquake and Tsunami in Japan sent by IAPPD.

Average Infant Mortality Rate Down 30% in Past 10 Years

Tamil Nadu Reduced Rate by 46%, West Bengal 37%, Urban Delhi Unchanged

Recently released data on infant deaths across states in India has thrown up surprising results, leaving health experts puzzled. Average infant mortality rate for the country as a whole stood at 50 in 2009, down by 30% compared to a decade ago. The rate is much higher than developed countries but the pace at which it is declining is encouraging. But the surprises lurk in state level data.



Three states - Tamil Nadu, West Bengal and Maharashtra - emerge as front runners in reducing baby deaths over the past decade. Tamil Nadu has reduced infant mortality by a whopping 46%, West Bengal by 37% and Maharashtra by 35%.

Infant mortality is measured as number of babies dying before they reach 1 year of age for every 1000 live births. It is an important indicator of both the health status of people and availability of health infrastructure. The data is part of the latest Sample Registration Survey (SRS) report released by the Census office at New Delhi. It covered a sample of 15 lakh households or nearly 72 lakh persons. The survey was done in 2009.

What is puzzling experts and policy makers alike is that factors behind some states, like West Bengal, doing so well remain unclear. Tamil Nadu appears to be doing well because of a better healthcare delivery system reaching down to the grassroots. Maharashtra also has shown improvement due to this.

But West Bengal's record in implementing the National Rural Health Mission (NRHM) is patchy, says T Sundararaman, director, National Health Systems Resource Centre of the health ministry. Even institutional deliveries are not showing much improvement. "Clearly, other factors are at work in Bengal," he says.

Among the factors that may have led to the sharp decline in West Bengal are a stronger mobilisational effect of the panchayat system and no female infanticide, says Sundararaman. West Bengal is one of the rare states with no difference in the infant mortality rates between boys and girls - both are 33. Another state with no such gender difference is Bihar, but at a much higher level of 52.

A 2002 survey by the Ministry of Health and Family Welfare had found availability of government hospitals was much better in Bengal. While 79% of all hospitalization cases in rural areas were dealt with in government hospitals in Bengal, the all India average was just 42%. This indicates the presence of infrastructure and its utility.

The positive impact of programs like the Janani Suraksha Yojana - for encouraging institutional deliveries - is visible in decline in baby deaths in rural Chhattisgarh and Orissa, which are economically backward states.

The SRS report also brings out the continuing crisis of urban health care. Infant mortality has declined by only 23% in a decade in urban areas across India as opposed to a 27% decline in rural areas. Two states, Karnataka and Assam have shown an increase in baby deaths in urban areas, while urban Delhi is unchanged for the past ten years.

Kerala continues to top the rankings by having the lowest IMR of 12 among all Indian states. Delhi is the only major state which has registered a worsening of the IMR over the past decade, driven by an increase in infant mortality in the rural areas. Recent resettlement of slum dwellers in the rural periphery of Delhi without access to basic civic amenities appears to be causing this deterioration, say experts.

That civic amenities have an important role in the health of people is shown dramatically by the case of West Bengal. Between 2002 and 2008, households having an improved source of drinking water increased from a mere 25% to 91%, according to the 3rd District level Household and Facility Survey (DLHS-3) conducted by the Ministry of Health and Family Welfare. Since water borne diseases are one of the biggest killers for babies this may have helped bring down the infant mortality rate.

Source: The Times of India, May 18, 2011.

Government plans to subject abortions to more checks

New Strategies to Address Skewed Sex Ratio



A high-level meeting convened by the Prime Minister's Office on Friday to consider urgent strategies to tackle India's sliding child sex ratio will look at the possibility of making abortions subject to checks like mandatory counselling and medical advice.

Government studies of the alarming data on the state of the girl child thrown up by the 2011 census found that India's no-questions-asked abortion policy, while being pro-choice and an empowering option for women, was being misused to legally abort female fetuses.

Victims of a powerful "son philosophy", women are pressured by their families to go in for abortions after illegal scanning show a female child. This was aggravating the effect of illegal or backstreet abortions carried out by unscrupulous doctors or quacks after the first trimester of pregnancy.

The census figures for the overall sex ratio and child population in the 0-6 age group revealed that the girls were subject to a double-whammy. Females were not only aborted before birth but were also victims of prejudice after birth. Girls were discriminated against with regard to nutrition, medical attention and general care as compared to male children.

While government is keen to implement the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act that makes sex determination a crime more strictly than is the case, it is looking at more innovative strategies to address the unbroken decline in India's sex ratio since 1961.

The PMO meeting, to be attended by Ministries of Women and Child Development, Health and Information & Broadcasting, is expected to discuss measures like offering mandatory counselling to women or couples who seek abortion. This would be a non-intrusive aid to judge the reasons why abortion is being sought.

It is also felt that persons seeking abortions - particularly married couples - do not always know that terminating pregnancies can have an implication for future conception. Sometimes, even a genuine family planning decision of delaying a birth needs to be more carefully considered, officials said.

The meeting will also look at how the reconstituted central supervisory board under the PC and PNDT Act can be more effective and the possibility of setting up an inter-ministerial task force. The possibility of registering pregnancies and tracking data is being looked at along with much stronger social intervention to combat the son-preference philosophy.

Periodic visits by social workers who could speak to opinion makers and families to press home the need to ensure proper care of female children and to also highlight incentives offered by central and state governments is another proposal. This would need to be supplemented by panchayat members, particularly women, to ensure scrutiny and some degree of social pressure.

Source: The Times of India, May 20, 2011.

Janani-Shishu Suraksha Karyakram (JSSK)

Free medicines for pregnant women in govt hospitals

In a major bid to reduce maternal and infant mortality in India, the Centre has decided to offer free supplementary diet, diagnostic facilities, and drugs to every pregnant mother visiting a government facility anywhere in the country.

To be formally launched by UPA chairperson Sonia Gandhi in the Mewat region of Haryana on June 1, the scheme is expected to help India arrest the high maternal mortality rate (MMR) and infant mortality rate (IMR) of 264 per one lakh live births and 59 per 1,000 live births. India's MMR is higher than that of even Sri Lanka, which has managed to reduce the same to 39.



Faced with the challenge of faltering on the Millennium Development Goal of reducing maternal mortality rate by three quarters between 1990 and 2015, the Ministry of Health has now decided to offer free consumables to pregnant mothers at all government facilities besides free X-rays and other diagnostic facilities along with a special supplementary diet for expecting mothers.

"This would be in addition to whatever the women get under the National Rural Health Mission," Health Minister Ghulam Nabi Azad said here today. The most important decision taken by the Centre is the offer of free two-way transport to the pregnant women, who, until now, were only being given free transport for admission to the hospital. They were required to go back on their own and more often than not they would leave the hospital without fully recuperating, thus aiding to the MMR.

"Now the mother would be under our supervision till she is declared medically fit to leave. Free transport would further our efforts to reduce MMR," Azad said. The move would also help India arrest IMR, he added. He was speaking about his ministry's achievements over two years. As regards MMR, India is currently ranked 116th among 171 countries.

Source: Aditi Tondon/TNS, The Tribune, 26.5.2011

Did you know?

Stillbirth

WHO definition of stillbirth is a birth weight of at least 1,000 gm. or a gestational age of at least 28 weeks (third trimester stillbirth).

Still Birth Rates: deaths per 1,000 live births.

India's Still Birth Rate: 22

Countries with lowest stillbirth rates: Finland and Singapore (2 per 1,000 births)

Countries with highest stillbirth rates: Nigeria (42), Pakistan (47)

Top 5 Causes of Stillbirths

Childbirth complications

Maternal infections in pregnancy, e.g.: syphilis

Maternal conditions, especially hypertension and diabetes

Foetal growth restriction

Congenital abnormalities

Proposed preventive Measures

Folic acid fortification during pregnancy

Syphilis screening and treatment

Obstetric care

Diabetes and hypertension management



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