

As written

NATIONAL ALLIANCE OF WOMEN
REPRESENTED BY ITS PRESIDENT MRS. RUTH MANORAMA AT THE ICPD + 5 HAGUE FORUM
ON 10.2.99 AT THE PLENARY SESSION

Respected Madam President, Excellencies, Dignitaries and Fellow Workers, Women and Men in the NGO and Peoples Movements.

First of all let me congratulate the efforts of the United Nations Population Fund (UNFPA) and for providing us the historical momentum which is ICPD + 5 at The Hague, Netherlands to review the commitments and the progress made at Cairo in 1994.

The National Alliance of Women, whom I represent in this august body, is a national coalition of women's organisations from all over the country (India) formed during the preparations of pre-Beijing processes and got consolidated as a national body during November'95 and popularly known as NAWO to ensure that the promises, concerns, commitments made by our government are translated into policies and policies into action to make a difference in the lives of millions of women and specially the poor and the marginalised sections of our society.

We the members and leaders of NAWO strongly believe that "the issues of population cannot be disassociated from the larger context of survival, autonomy and gender. The crisis in development strategies require urgent redressal. The disassociation of the larger predicament of survival from population perceptions is an error that will have long term consequences of the well being of our population".

Despite the glorious Global Fiscal restructuring and the market being a great leveller, poverty has grown.

- Absolute deprivation is very high in rural India with 40% below the poverty line. 60% of the 50 million urban poor are women and children.
- There is also a wide variation in the literacy of women with average mean 39.42% and this coming down to 7% among the tribal population.
- 1% of all deaths in urban area and 0.8% rural India are still due to complications of pregnancy and childbirth.

India ranks very high on the list of countries with high maternal mortality at 570 per 1,00,000 live births. While a high fertility rate of 3.07 is a matter of concern (the state of world population 1997 -- UNFPA) from the demographic angle, the high risk of maternal mortality is a cause for greater worry for women in the reproductive in the age group in India.

A serious problem faced by pregnant women is anaemia. It has been identified as one of the causes of low birth weight babies and high infant mortality in the country.

Health care system in India is dominated by a large private sector concentrating on curative health care. Consequently the traditional system of medicines and practitioners of those systems become critical for the health of the people. Families spend on health care for the available services that are predominant in the private sector. Given inadequate income resources, expenditure of health care for women always gets a lower priority. Micro level studies have shown that families hesitate to spend on the health care of women and girls unless the illnesses are of very serious nature. Boys and men on the other hand get greater priority in the expenditure on health care.

One of the problems in India is early marriage and early pregnancy. With inadequacies in nutrition and health care, the adolescent girl gets burdened with child bearing before she is ready. This has a severe impact on her health as well in the health of the child for the rest of their lives. The recent emphasis on the reproductive and the child health (RCH) of Ministry of the Health should help women with better options to suit their needs.

The incidence of HIV/AIDS has become a great threat to women even in their homes. Alongwith losing immunity their exposure to other opportune killer diseases like malaria, typhoid, tuberculosis has increased health hazards for both men and women and maybe more for women owing to their vulnerability.

Increasing violence against women in our society is a serious threat to the well being of women and it violates the womens rights to the enjoyment of the highest attainable standard of physical and mental health. Violence against women is a serious abberation of human rights, that it should be considered as a "Public Health" as well as "Human Rights" issue.

Since women, specifically the poorer women have had to shoulder extraordinary burdens of inequitable development strategies and skewed sets of patriarchal power relations, what need to be strengthened are the development perspectives, the economic and social agenda specifically in the case of most marginalised women – the rural and urban poor, the labouring class of women, the dalits and the tribals, adoloscent firls and boys and children, being stated as co-existent with the human rights agenda.

The call of the ICPD + 5 must go out far-reaching reforms and restructuring of health care systems in terms of services offered , their substance and quality and their availability to women. Governments should take up the responsibility to put an end to war and conflicts of all nature, external and internal, and provide women and children to live in security and dignity and be free from all forms of violence including rape, sexual abuses and harassments.

Some of the efforts of NAWO in fulfilling the commitments of ICPD :-

1. Women's empowerment through Womens Human Rights training for women at the grassroot level.
2. Collaborated with UNIFEM on the Global Campaign to eliminate violence against women.
3. HIV/AIDS eduction and awareness camps through cultural programmes.
4. Lobbying and organised major nation-wide canpaigns to achieve 33% reservation for women at the Legislature and the Parliament.
5. Active co-operation with the government and the local communities and the civil society through continuous of sharing of information on PFA of the Beijing conference, POA of the Cairo conference on Popluation and Development, Human Rights and various other conventions, particularly CEDAW.
6. NAWO members participated in the Think Tank formed by the UNIFEM in India, while the formulation of the Ninth Five Year Plan to mainstream gender issues as well mainstream issues of crucial concerns of Womens Human Rights, Reproductive Health Rights, Education, Poverty and impoverishment among women , Basic needs etc., thereby a separate womens component in the Ninth Five Year Plan was evolved.
7. Adolescent girls education and improving reproductive health care specially in the urban poor settlements.
8. Demanding our Central and State governments of the additional resources to improve the comprehensive health care, specifically at the juncture of subsidy cut on social sectors etc.
9. Commitment made must be honoured . The NGO's/the Peoples Movements are ever ready to work along with the Government – in partnership in responding to the needs of our populations. A large committed force of men, women from NGO and the Women's Movements and Health Sector are emerging in our society to commit to the cause in respecting the well being of all citizens and particualrly Women, Youth and children.

Thank You Madam , President.