

CROATIA

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Statement by
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at the General debate
on national experience in population matters:
Fertility, reproductive health and development

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Mr. Chairman,

I am honored to address the 44th session of the Commission on Population and Development on behalf of the Republic of Croatia on the important topic on Fertility, reproductive health and development.

At the outset, allow me to congratulate you on your election as Chairman of the current session of the Commission, and the other members of the Bureau, and we look forward to a successful outcome under the Bureau's capable stewardship.

Mr. Chairman,

Allow me to underscore that the Croatian Government is fully engaged in efforts towards realizing its development agenda, especially bearing in mind that Croatia has made an important transition from a development-aid recipient-country to a donor country.

However, the risk of lagging behind in development projects dealing with social, health and educational areas has increased alarmingly in the face of on-going negative impacts caused by the global economic and financial crises. As a result, it is increasingly difficult to secure resources through both foreign and domestic investment. In Croatia, we are fully aware that the impact of this on its development agenda could be long term.

The international community's concern voiced over fertility, reproductive health and development issues has been reflected in many documents and programmes, especially through the elaboration of the Millennium Development Goals (MDGs) dealing with children's' and maternal health in MDGs goals 4 and 5. In Croatia measures ensuring reproductive health, safe motherhood and family planning are among the top priorities in the country's overall development agenda.

Croatia's total fertility rate stands at approximately 1.5 births per woman. The country's declining fertility rate has remained stable over years. Unfortunately, current trends already forecast that fertility will rather continue to decline instead of grow, due to several identified factors which create an unfavorable climate for possible fertility growth. These can be identified within the context of the global economic crisis which is consequently impacting Croatia's development agenda, as well as through the postponement of marriage among young men and women. A direct consequence of marriage postponement in Croatia has led to a decreasing number of females aged 35 years or older giving birth of their first child.

An important dimension to regulating rapid population growth is the role of policies and programmes. Croatia's mandatory national health insurance system represents one of the main measures in our country towards ensuring women's health care in relation to perinatal and antenatal care. Croatia has established measures in the context of family policies to create an enabling environment which facilitates both women and men to combine work and having children in current day lifestyles. For example, Croatian women have the right to a minimum of 6 months mandatory maternity leave coupled with the option to take additional maternity leave. Furthermore, Croatian women have the right to shorter working hours, as well as to breastfeeding breaks during the first year after the birth of their child. Croatia too, has made significant steps in promoting breast-feeding through breast-feeding support groups. Initially

there were 16 such groups organized in 2006. By 2010 there were a total of 105 groups active in this area, with 100 support groups organized by visiting nurses and 5 by NGO groups.

By way of conclusion Mr. Chairman,

Allow me to use this opportunity to share with the Commission best practices culminating from two successful programmes implemented in Croatia. The first of these initiatives is its "***Baby-Friendly Maternity Hospitals***" Programme. Under this nation-wide initiative, women have the possibility to choose the manner of birth including water births. Currently, 15 of 30 maternity hospitals in Croatia have been designated as "*Baby-Friendly Maternity Hospitals*", ensuring that women have the right to in-room care which provides continual breast-feeding possibilities for the first 24 hours following the birth of their child.

The second example pertains to Croatia's **National Programme for Early Breast Cancer Detection** which has been implemented over the last four years. Under this nation-wide initiative, the number of women voluntarily examined annually has gradually increased. Consequently it is expected that these early detection screenings will have an important impact on reducing the occurrence of advanced breast cancer. In fact, owing to these preventative measures, in the past three years, a notable number of breast cancer cases (1,400) have been detected and successfully cured.

Thank you Mr. Chairman.