

Sustainable Development Goals and Family Planning

Background

The Sustainable Development Goals (SDGs) adopted in 2016 are a universal set of 17 goals, which serve as a blueprint to achieve a better and more sustainable future for all by 2030. All the 193 United Nations Member States, including India, have adopted the Sustainable Development Goals¹. Goal-3 on Health and well-being and Goal-5 on Gender Equality and Empowerment of Women and Girls of the SDGs make specific references to family planning and emphasises on reducing maternal mortality, reducing premature, neo-natal and child deaths and ensuring universal access to sexual and reproductive health care services, including for family planning, information and education².

It is well established that family planning offers many benefits, including preventing high-risk and unplanned pregnancies, empowering women to decide the number of children they wish to have, better health and survival of mothers and children, gender equality and human capital development³. Recognising the importance of family planning in achieving multiple development goals, governments of member countries have framed their agenda and policies to achieve the agreed outcomes by 2030.

India and SDGs

In its commitment to achieving the SDGs, Government of India initiated a series of welfare and developmental programs since 2016. The government is further committed to enhance inclusivity and equality through the ‘Sabka Saath, Sabka Vikas with Sabka Vishwas’ which is implemented in the spirit of the SDG motto of “Leaving No One Behind”⁴.

Over the years, India has made considerable progress in reducing the fertility rates through measures such as increasing access to contraceptives, enhancing women’s empowerment and reducing child marriage. However, the unmet need for family planning is a concern – 13% currently married women in the age group 15-49 years and 22% young women in the age group 15-24 years wish to delay or avoid pregnancy but do not have access to contraceptives⁵.

As a signatory of the SDGs, India has pledged to provide universal access to reproductive health services including FP services by 2030. In 2017, the Government of India expanded the basket of choice for contraceptives in the public health system from five to eight methods, with the addition of Centchroman, Progestin Only Pills (POPs)⁶ and the injectable contraceptive, Medroxyprogesterone Acetate (MPA).

SDGs in the context of family planning

Family planning is a cross-sectoral investment which impacts all the 17 goals of the SDGs, either directly or indirectly. SDG Goal-3 on Health and Well-being and Goal-5 on Gender Equality and Women’s Empowerment have a direct reference to family planning. Goals-1 and 2 which are about ending poverty and hunger, Goal-4 which focuses on ensuring quality education for all, and Goal-8, which aims at promoting sustained economic growth cannot be achieved without ensuring that every woman has access to quality family planning services.

The many ways in which family planning can address the challenges faced by SDGs are detailed below:

SDGs 1 and 2 concerning **poverty and hunger**: Economic growth which is a critical driver to reduce poverty and hunger gets constrained with a high population growth rate. Increase in labour supply can also negatively impact poverty and hunger, through unemployment and lower wages. Family planning reduces fertility rates and contributes to economic growth as observed by several global studies and the study⁷ by Population Foundation of India.

SDG-3 concerning **Good health and well-being**: Adequate interventions in family planning and availability of contraceptives can prevent pregnancy-related deaths, HIV/AIDS prevalence, avert infant and child deaths⁸. It can also reduce the spread of communicable diseases by lowering population density. Adequate birth spacing and making contraceptives available and accessible to avoid unintended pregnancies, is crucial for reducing the risk and mortality of both mother and child. Spacing births will also have far reaching effects on the growth of the child thus leading to a reduction in malnutrition, stunting, wasting and under-weight children.

SDG-4 on **education**: Family planning reduces the inequalities in resource allocation made by households on education of their children especially investing more in educating boys and neglecting the education requirements of girl children. Early marriage and early motherhood are a cause and consequence of girls dropping out of school. As girls complete higher level of education, their autonomy also increases with regard to deciding the number of children they wish to have. Fewer children per woman and delayed marriage could mean more resources per child and better health and survival rates for mothers and children. Birth spacing also helps mothers to continue education and achieve their employment goals⁹. Access to contraceptives lowers healthcare expenditures and helps in keeping more girls in schools.

SDG-5 on **gender equality**: Lack of access to family planning can contribute to the perpetuation of inequalities, as women are more often denied the opportunity to work outside of the home, pursue education and participate in public life. Access to contraception is critical for women to make reproductive choices and take informed decisions on family planning methods. This ability to decide if and when they want to bear children, is fundamental for women's control over the circumstances of their lives and is in line with the goal of gender equality and equity¹⁰. This can be achieved only when women have awareness, knowledge and agency to control and manage their reproductive choices by accessing contraception methods; giving birth when a woman is physically, economically and psychologically ready.

SDG-8 on **economic growth and employment**: When resources can be freed from having to expand basic services, as described above, then governments will have more money to invest in different key sectors that can boost economic productivity¹¹. Family planning can also make women more productive by giving them a greater ability to participate in the economy. As women are empowered to manage or contribute to their household incomes, they spend more on food, health, clothing and education for their children. The potential from the demographic dividend which India currently has can be leveraged by investing more in family planning by helping young people achieve their reproductive goals, create more opportunities for them to build their skills and engage in productive employment that augments and contributes to the nation's income and also of the households.

Therefore, one can see family planning is a smart economic investment. According to the Copenhagen Post - 2015 Consensus on Cost-Benefit Analysis of the 169 SDG targets, family planning is one among the crucial development targets when prioritised effectively and made available to all, can help achieve four times more benefits¹². India being a member of the FP2020 in the last decade stood by its commitment to increase the modern contraceptive prevalence rate, reduce unmet need for family planning and meet the demands for family planning through modern contraceptives. However, more needs to be done in terms of increasing access and reduce the unmet need for contraceptives. The FP2030 agenda aligns with the SDGs to provide universal access to family planning where women and adolescent girls everywhere have the freedom and ability to lead healthy lives, make their own informed decisions about using contraception and having children, and participate as equals in society and its development¹³.

References

- ¹ <http://www.un.org.cn/info/6/620.html>
- ² <https://sdgs.un.org/goals>
- ³ Ellen Starbird, Maureen Norton and Rachel Marcus, 2016, "Investing in Family Planning: Key to Achieving the Sustainable Development Goals", Global Health: Science and Practice
- ⁴ SDG India Index and Dash Board:2019-20, NITI Aayog and United Nations, November 2019
- ⁵ International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), India, 2015-16: Mumbai: IIPS
- ⁶ Progestin Only Pills (POPs) is yet to be made available in the public health facilities
- ⁷ Population Foundation of India, 2018, "Cost of Inaction in Family Planning in India: An Analysis of Health and Economic Implications", New Delhi
- ⁸ [https://www.mcsprogram.org/family-planning-key-un-sustainable-development-goals/#:~:text=The%20answer%20is%20simple%3A%20invest%20in%20family%20planning.&text=Greater%20access%20to%20FP%20resources,Sustainable%20Development%20Goals%20\(SDGs\).](https://www.mcsprogram.org/family-planning-key-un-sustainable-development-goals/#:~:text=The%20answer%20is%20simple%3A%20invest%20in%20family%20planning.&text=Greater%20access%20to%20FP%20resources,Sustainable%20Development%20Goals%20(SDGs).)
- ⁹ Ellen Starbird, Maureen Norton and Rachel Marcus, 2016, "Investing in Family Planning: Key to Achieving the Sustainable Development Goals", Global Health: Science and Practice
- ¹⁰ Ellen Starbird, Maureen Norton and Rachel Marcus, 2016, "Investing in Family Planning: Key to Achieving the Sustainable Development Goals", Global Health: Science and Practice
- ¹¹ Family Planning: the key to sustainable development; <https://www.eldis.org/document/A75363>
- ¹² https://www.copenhagenconsensus.com/sites/default/files/expert_outcome_one_pages_combined.pdf
- ¹³ <http://www.familyplanning2020.org/Building2030>
http://www.familyplanning2020.org/sites/default/files/Beyond2020/Key_Concepts_Vision_Framework_2019.10.07.pdf