The Key to Achieving the Millennium Development Goals: Universal Access to Family Planning and Reproductive Health

In her one-room house in Kampala, Faridah Nalubega calculates what it costs to take care of a child. “School fees, meals, [health] treatment, clothing …” Then, she multiplies by six. Faridah, 26, thinks about the fish she will have to sell. The money she will make. She worries if it will be enough. “There are many and the more they grow, the more they consume … And yet I earn very little.” She didn’t want it to be this way. She planned to have two or three children — a number she felt she could afford with the money from her small fried fish business.

Faridah is one of an estimated 215 million women worldwide who want to avoid pregnancy but need modern contraception,1 a key tool in achieving all the United Nations’ Millennium Development Goals (MDGs).

The MDGs offer precise time-bound targets for promoting global development. MDG Target 5B calls for universal access to reproductive health care.2 By adding this target, world leaders reaffirmed that access to reproductive health care—including family planning services and supplies—is essential to reducing poverty and advancing human well-being.

Fulfilling the global demand for family planning can significantly reduce the costs of achieving the U.N. targets, especially in maternal health and education.3 In Kenya alone, providing universal access to contraception could generate a $200 million net savings for the social sector in meeting the MDGs.4 By investing in reproductive health and family planning, countries can cost-effectively accelerate progress towards achieving the MDGs to:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability, and
8. Develop a global partnership for development.5

Investments in maternal, newborn, child and reproductive health programs are a great success story. But progress toward achieving the MDGs will be lost unless countries immediately commit more funding and improve practices.

MDG 1: Eradicate Extreme Poverty and Hunger

Increased access to family planning and reproductive health services supports women’s social and economic well-being by enabling them to choose the number and spacing of their children.

Women who are able to delay childbearing are more likely to meet their educational goals, obtain productive employment, increase household income, and thus help reduce extreme poverty. Every year, $15 billion in productivity is lost due to pregnancy-related death among women as well as newborns who die because of losing their mothers, according to
a USAID study. Providing access to family planning would make interventions to address poverty, hunger, unemployment, and malnutrition easier to achieve.7

MDG 2: Achieve Universal Primary Education

Despite free education programs and support for girls’ enrollment in many countries, only 55 percent of girls in Sub-Saharan Africa enroll in the last grade of primary school.8 For teenage girls, early pregnancy often brings an end to education—a 2008 study in Uganda found that more than one-third of adolescent mothers dropped out of school.9 By increasing access to family planning, teenage girls would be more likely to stay in school, and in turn, send their own daughters to school. In poor Brazilian households, educated and empowered mothers were found more likely to send their daughters to school.10

Reducing unintended pregnancies by fulfilling the need for family planning programs is a cost-effective strategy for increasing access to education for all children. In 16 Sub-Saharan African countries alone, fulfilling the demand for family planning would save the education sector over $1 billion and would allow more money to be allocated to each student.11

MDG 3: Promote Gender Equality and Empower Women

A woman’s ability to plan her family is critical to gender equality and empowerment. Unplanned pregnancies that result from a lack of contraceptives can impede a woman’s ability to support herself. A study found that in Uganda, adolescent mothers were half as likely as adult mothers to earn a salary to support themselves and were more likely to experience violence at home.12

Approximately two-thirds of women working in developing countries do so either on their own or unpaid, and they often lack a secure source of income.13 When women are empowered and are decision-makers in their families, they spend more resources on their children’s nutrition, healthcare and education.14

MDG 4: Reduce Child Mortality

Providing reproductive health care services to expectant and new mothers and their newborns would significantly improve infant survival.15 These services include antenatal care and skilled attendants at birth. In Nepal, a community health care program

that provided care to mothers and their newborns decreased infant mortality by 30 percent.16

Birth spacing through family planning reduces child mortality. A recent study at Johns Hopkins University found that children born three to five years apart are 2.5 times more likely to survive than children born two years apart.17 This optimal birth spacing lowers the risk of fetal death and premature birth.18

Failing to provide adequate reproductive health and family planning services to young mothers also passes risks on to their children. In Uganda, adolescent mothers were less likely to seek and receive health visits during pregnancy and were less likely to vaccinate their children.19 In 16 Sub-Saharan African countries, fulfilling the need for family planning would save each country an average of $22 million in immunization costs between 2005 and 201520 and make universal immunization feasible.

MDG 5: Improve Maternal Health

The fifth Millennium Development Goal sets two targets for maternal health: to reduce maternal mortality and to achieve universal access to reproductive health care. Achieving universal access to reproductive health, including family planning, is much more than a target—it is a means for saving women’s lives.

Reducing maternal mortality is hindered by lack of access to family planning and reproductive health services. Hundreds of thousands of women die each year from pregnancy-related causes, and almost all of these deaths take place in the developing world. In Nigeria, where fewer than 10 percent of women used modern contraceptive methods and only a third of women received skilled pregnancy and delivery care, maternal mortality increased between 1999 and 2004.22

But what has been successful in reducing maternal mortality is a package of interventions covering maternal, newborn, child and reproductive health. Family planning allows for adequate spacing between births for mothers, resulting in improved maternal health outcomes. Mothers who wait three to five years before having another child have a lower risk of pre-eclampsia, hemorrhage, and other complications.23

Addressing the need for family planning worldwide would prevent 53 million unintended pregnancies each year, protecting the health of women and their children. Each year, there would be 25 million fewer abortions and 150,000 fewer maternal deaths.
Approximately 600,000 children would not lose their mothers.24

MDG 6: Combat HIV/AIDS, Malaria and Other Diseases

Family planning and reproductive health services are essential to preventing the spread of HIV/AIDS. Worldwide, an estimated 33 million people are living with HIV or AIDS, half of whom are women.25 In Sub-Saharan Africa, sexual intercourse and mother-to-child transmission are the most common methods of transmission.26 Improving access to reproductive health services, including contraception, is one of the most important interventions for effective HIV prevention, treatment and care.

Improving access to male and female condoms can reduce the number of infections acquired through sexual intercourse. Increasing contraception use among HIV-positive women through voluntary family planning services can avert almost 30 percent more cases of mother-to-child transmission than antiretrovirals alone.27

Access to family planning makes treatment goals more attainable. A comprehensive prevention strategy that includes family planning, sexuality education, and skills to negotiate safer behavior will slow the rate of new infections. HIV is also a major contributor to maternal mortality, accounting for up to a third of maternal deaths worldwide,28 and family planning could serve as an entry point to better link HIV and maternal health services and improve health outcomes in both areas.

Access to family planning services and supplies is still far from universal, and thus it is critical for all donors and developing country governments to redouble efforts to strengthen women’s rights, improve their status, and to increase access to health care, including contraceptives.

MDG 7: Ensure Environmental Sustainability

Family planning and reproductive health are critical components of strategies that promote environmental sustainability. Couples who can plan their own childbearing are better able to manage other aspects of their lives, including use of natural resources.

Rapid population growth creates an increased need for resources such as water for drinking, forests for fuel, and arable land for food.29 The governments of 37 least developed countries have identified rapid population growth as a factor that increases human vulnerability to the impacts of climate change in their countries.30

The slower population growth that would result from meeting women’s needs for family planning and reproductive health contributes to strategies that promote environmental sustainability. When women are empowered to plan the timing of their own childbearing and the size of their families, they can be more powerful agents in negotiating the unpredictable impacts of climate change, and ensuring the survival of their families.

MDG 8: Develop a Global Partnership for Development

Only five countries (Denmark, Luxembourg, Netherlands, Norway, and Sweden) have set their official development assistance levels at 0.7 percent or more of their gross national income – a repeated international commitment and target for MDG 8.31

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Donor countries such as the U.S. should fully fund family planning and reproductive health services as a key intervention to achieve all of the Millennium Development Goals and uphold past commitments to human rights. U.S. investments in foreign assistance should emphasize integrated approaches that address the needs of people living in the least-developed countries and ensure a coordinated, sustainable approach to development.

Recommendations

Globally, donor nations need to invest around $6.7 billion to meet international family planning goals.32 The U.S. government should invest $1 billion annually for family planning, its fair share.33 Sustained and coordinated financial and political support are needed to make commitments to universal access to reproductive health and family planning a reality. Increasing access to family planning and reproductive health services is critical to achieving the broad spectrum of MDGs.
Endnotes


15. Although the MDGs measure skilled attendants at birth, skilled attendance, defined by UNFPA as “a skilled attendant operating within an enabling environment or health system capable of providing care for normal deliveries as well as appropriate emergency obstetric care for all women who develop complications during childbirth,” provides a better measure of care at delivery.


