
London Family Planning Summit, July 2012

The WaterAid perspective

WaterAid congratulates the UK Government on its efforts to organise a high-level summit on family planning, and for its support to women's rights to freely decide their own family planning needs.

While contraception is indeed a critical factor for family planning, other determinants play a critical role in ensuring that women can realise their right to decide whether, when and how many children they have, as well as more broadly on their reproductive health.

The recent briefing from the UK Gender and Development Network noted that “reproductive health is about more than just family planning. DFID’s work on, for example, gender, child health, water and sanitation, agriculture and food security, fragility, and nutrition also have a bearing on reproductive health and it would be good to see the initiative addressing these interrelationships”¹.

WaterAid wishes to reinforce this assertion, and asks DFID to:

- **Ensure that the discussions of the Summit and its resulting outcomes make reference to the broader determinants to family planning; and**
- **Identify existing and needed strategies that address these determinants, in particular existing DFID work on gender, child health, water and sanitation, agriculture and food security, fragility, and nutrition.**

The links between family planning, health and poverty reduction are not one-directional; it is not only the case that reduced fertility and better birth spacing will improve the life chances of women and children, as well as their health. As DFID’s own research and policies emphasise, poverty and the lack of access to basic services impact women’s ability to make use of family planning services. WaterAid believes that to deliver results on family planning, and more broadly on reproductive health outcomes, it is crucial **to identify the most neglected and off-track areas of development and, in this context, act on those that have a bearing on reproductive health. This will require developing integrated approaches and avoiding narrow, sector-specific interventions.** Interventions to improve women’s access to sanitation and drinking water are not only essential for the survival of mothers during and immediately after childbirth; they also play a crucial role in improving gender equality and women and girls’ empowerment – both of which are major determinants of women’s health.

¹ Gender and Development Network, June 2012: “DFID’s Golden Moment initiative on family planning: A Gender and Development Network response”. <http://www.gadnetwork.org.uk/storage/GADN%20Briefing%201%20->

Links between water, sanitation and hygiene (WASH), and reproductive health

Indirect: The availability of sanitation facilities, including the availability of facilities for managing menstrual hygiene at school can impact on the drop-out rate of girls from full time education. Also, when water is not available close to the home, it is often girls who are tasked with fetching water, a time-consuming activity. Access to water, sanitation and hygiene (WASH) affects the duration of girls' education, with a knock on effect on their age at marriage and the age at which they first give birth. WASH provision therefore has a bearing on efforts to reduce the number of unintended pregnancies, adolescent fertility rates and the number of unsafe abortions.

Direct: Access to WASH directly relates to women's health and their vulnerability to the risks involved with pregnancy and child birth, through unhygienic home birth environments, unhygienic health facilities, and intestinal helminth infections and associated anaemia that contributes to maternal mortality.



WaterAid transforms lives by improving access to safe water, hygiene and sanitation in the world's poorest communities. We work with partners and influence decision-makers to maximise our impact.

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