

# SHOULD SRHR BE AT THE CORE OF POVERTY ALLEVIATION PROGRAMMES IN INDIA?

## POVERTY

**one-third** of the world poor

**136** among 186 countries: Human Development Index 2013

**63** among 119 countries in Global Hunger Index 2013

**120** among 131 in female labour force participation (ILO, 2013)



## SRHR

**36%** of women chronically undernourished and **55%** are anaemic (NFHS-3), adversely affecting women during adolescence, pregnancy, and lactation

**47%** girls married under the legal age of 18 (UNICEF 2013)

Continues to record **one of the highest** prevalence of children under five who are underweight

## WHY IS SRHR CRITICAL TO POVERTY ALLEVIATION?

- Early Marriages
- Unintended, Frequent Pregnancies
- Sexual Violence
- Unsafe Abortion
- Threat to Maternal and Child Survival

- Multiple Vulnerabilities
- Decreased Work Productivity
- Increased Susceptibility to Poverty

- Lack of Access to Safe Reproductive Choices and Services
- Gender Biased Norms and Barriers
- Lack of Comprehensive Sexuality Education

- **EVERY DOLLAR SPENT FOR FAMILY PLANNING**, can save up to 6 dollars for achieving other development goals
- Empowering women and men with **EDUCATION, EQUAL OPPORTUNITIES, and COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES** promotes social and economic development.

# APPEAL to the Policymakers

**Integration** of high quality, comprehensive and rights-based SRH strategies (including Family Planning) in poverty reduction framework.

**Positioning** of SRHR, as an integral part of national planning processes on Poverty Alleviation at all levels.

**Inclusion** of additional key indicators on SRHR for monitoring success of Poverty alleviation efforts in the country.

**Enhanced efforts** for convergence of SRHR components into flagship poverty alleviation programme including mechanism to measure the impact of convergence.

**Ensuring** active participation of civil society organizations and networks at all levels, for planning, monitoring the implementation and reporting.

**Improved** fund allocation to realize SRHR goals within the ambit of national poverty alleviation framework.

**SEXUAL HEALTH** includes healthy sexual development, equitable and responsible relationships and sexual fulfilment, freedom from illness, disease, disability, violence and other harmful practices related to sexuality.

**SEXUAL RIGHTS** are the rights of all people to decide freely and responsibly on all aspects of their sexuality, including protecting and promoting their sexual health, to be free from discrimination, coercion or violence in their sexual lives and in all sexual decisions, expect and demand equality, full consent, mutual respect and shared responsibility in sexual relationships.

**REPRODUCTIVE HEALTH** is the complete physical, mental and social well-being in all matters related to the reproductive system including a satisfying and safe sex life, capacity to have children and freedom to decide if, when and how often to do so.

**REPRODUCTIVE RIGHTS** are the rights of couples and individuals to decide freely and responsibly the number and spacing of their children, to have the information, education and means to do so, attain the highest standards of sexual and reproductive health and make decisions about reproduction free of discrimination, coercion and violence.



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Established in 1949, the Family Planning Association of India (FPAI) is a founding member of IPPF. Its work in sexual and reproductive health (SRH) covers safe motherhood and child survival, empowerment of women, male involvement, adolescent health and youth development.



The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all.

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