

Goal: 5 Achieve gender equality and empower all women and girls

Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Indicator 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Institutional information

Organization(s):

United Nations Population Fund (UNFPA)

Concepts and definitions

Definition:

Proportion of women aged 15-49 years (married or in union) who make their own decision on all three selected areas i.e. can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; and decide on their own health care. Only women who provide a “yes” answer to all three components are considered as women who “make her own decisions regarding sexual and reproductive”.

Whilst the aspiration of the indicator is to measure, among the three components, women’s decision – making on reproductive health care, current data provides information on women’s decision- making on health care in general. Expert group consultations recommended a specific, scenario-based question that speaks directly to decision-making about reproductive health care as follows:

“Who takes the decision on when you can go to seek reproductive health care, for example, if you experience a painful or burning sensation when urinating?”

-Mainly respondent

-Mainly husband/ partner

-Joint decision

-Other (specify)

Efforts are under way to pilot and refine the question for inclusion in future national surveys including in DHS and MICS. Whilst the process to collect data on women’s decision on reproductive health care are under way, data on Indicator 5.6.1 will be based on available information on women’s decision-making on “health care”.

Women’s autonomy in decision-making and exercise of their reproductive rights is assessed from responses to the following three questions:

1. Can you say no to your (husband/partner) if you do not want to have sexual intercourse?
 - YES 1
 - NO2
 - DEPENDS/NOT SURE8

2. Would you say that using contraception is mainly your decision, mainly your (husband's/ partner's) decision, or did you both decide together?

- MAINLY RESPONDENT 1
- MAINLY HUSBAND/PARTNER 2
- JOINT DECISION 3
- OTHER SPECIFY

3. Who usually makes decisions about health care for yourself?

- YOU,
- YOUR (HUSBAND/PARTNER),
- YOU AND YOUR (HUSBAND/PARTNER) JOINTLY,
- SOMEONE ELSE?

A woman is considered to have autonomy in reproductive health decision making and to be empowered to exercise their reproductive rights if they (1) can say “NO’ to sex with their husband/partner if they do not want to, (2) decide on use/ non-use of contraception and (3) decide on health care for themselves.

Rationale:

Women’s and girls’ autonomy in decision making over consensual sexual relations, contraceptive use and access to sexual and reproductive health services is key to their empowerment and the full exercise of their reproductive rights.

A woman’s ability to say “no” to her husband/partner if she does not want to have sexual intercourse is well aligned with the concept of sexual autonomy and women’s empowerment.

Regarding decision-making on use of contraception, the expert views as well as the initial data charts for several countries indicated that a clearer understanding of women empowerment is obtained by looking at the indicator from the perspective of decisions being made “mainly by the partner”, as opposed to decision being made “by the woman alone” or “by the woman jointly with the partner”. Depending in the type of contraceptive method being used, a decision by the woman “alone” or “jointly with the partner” does not always entail that the woman is empowered or has bargaining skills. Conversely, it is safe to assume that a woman that does not participate, at all, in making contraceptive choices is disempowered as far as sexual and reproductive decisions are concerned.

Women who make their own decision regarding seeking healthcare for themselves are considered empowered to exercise their reproductive rights.

Concepts:

A union involves a man and a woman regularly cohabiting in a married like relationship.

Comments and limitations:

A key limitation is that current estimates of the indicator are based on currently married or in union women of reproductive age (15-49 years old) who are using any type of contraception. In the current DHS, the question on decision-making on use of contraception is only asked to women who are currently using contraception. Because the questions on decision- making on sexual relations and health care are restricted to women (15-49) currently married or in union, the denominator for Indicator 5.6.1 is women 15-49, who are currently married or in union and currently using contraception.

However, agreement has been reached with Macro/ICF for upcoming DHS surveys to ask the question on decision on use of contraception to all married/ in union women aged 15-49 years, whether they are currently using any contraception or not. The DHS model questionnaire for Phase 7 already includes the question on decision-making for women who are not currently using any contraception (DHS7 Woman’s Questionnaire, 17 May 2016 version, Q820.)

In many national contexts, household surveys, which are the main data source for this indicator, exclude the homeless and are likely to under-enumerate linguistic or religious minority groups.

Methodology

Computation Method:

Numerator: Number of married or in union women aged 15-49 years old:

- who can say “no” to sex; **and**
- for whom the decision on contraception is not mainly made by the husband/partner; **and**
- for whom decision on health care for themselves is not usually made by the husband/partner or someone else

Only women who satisfy all three empowerment criteria are included in the numerator.

Denominator: Total number women aged 15-49 years old), who are married or in union.

Proportion = Numerator X 100/Denominator

Disaggregation:

Based on available DHS data, disaggregation is possible by age, geographic location, place of residence, education, and wealth quintile.

Treatment of missing values:

- At country level

No attempt from UNFPA to provide and publish estimates for individual countries or areas when country or area data are not available.

- At regional and global levels

Regional aggregates are based on countries where data are available within the region. They should not be treated as country-level estimates for countries with missing values within the region.

Regional aggregates:

Global and regional aggregates are computed as weighted averages of country level data. The weighting is based on the estimated population of married women aged 15-49, who are using any type of contraception. The estimates of number of women married/ in union and contraceptive prevalence rate are obtained from UN Population Division¹.

Sources of discrepancies:

Not applicable.

¹ United Nations, Department of Economic and Social Affairs, Population Division (2016). Estimates and Projections of the Number of Women Aged 15-49 Who Are Married or in a Union: 2016 Revision. New York: United Nations.
United Nations, Department of Economic and Social Affairs, Population Division (2016). Model-based Estimates and Projections of Family Planning Indicators 2016. New York: United Nations.

Data Sources

Description:

Current data on the indicator are derived from nationally representative demographic and surveys (DHS). Plans are underway to broaden the data sources to include MICs and other country specific surveys.

Collection process:

Data is collected in line with the methodology used for the relevant national survey.

Data Availability

Description:

The Indicator is measured from demographic and health surveys (DHS) covering selected of low and middle income countries. Currently data for Indicator 5.6.1 is available as follows:

- Data on Question 1 “*Can you say no to your husband/partner if you do not want to have sexual intercourse?*” exists in Demographic and Health Surveys for 45 countries, and is asked to women 15-49, who are married or in union.
- For Question 2 “*Would you say that using contraception is mainly your decision, mainly your (husband's/ partner's) decision, or did you both decide together?*” This question has been included in DHS in 66 countries conducted since 2005. However, currently the question has been restricted to married or in union women (15-49 years) who are using contraception. For the DHS7 and later rounds, the question will be extended to all married or in union women, whether they are using family planning or not.
- Currently there is no DHS that includes the question on decision-making for reproductive health care: “*Who usually makes decisions about reproductive health care for yourself/ in line with the aspiration of the indicator 5.6.1.* However, DHS in 63 countries include the question “*Who usually makes decisions about HEALTH care for yourself?*” which is asked to women who are married or in union.

Currently, a total of 45 countries have at least one survey with data on all the 3 questions above which are necessary for calculating Indicator 5.6.1. The 45 countries with data are distributed as follows:

- Central Asia and Southern Asia (3)
- Eastern Asia and South-eastern Asia (1)
- Northern America and Europe (2)
- Western Asia and Northern Africa (2)
- Latin America and the Caribbean (4)
- Sub-Saharan Africa (33)

Several other countries have only one or two of the three questions needed to calculate Indicator 5.6.1. UNFPA will engage with MICS, other organizations and agencies to incorporate the relevant questions in other national surveys with a view to covering all countries on a global scale.

Time series:

Currently data comes from the DHS which have three to five- year cycles.

Calendar

Data collection:

As per DHS, MICS and national survey cycles

Data release:

On-going as new data becomes available

Data providers

Agencies responsible for the DHS at national level.

Data compilers

UNFPA

References

URL:

Not available.

References:

Not available.

Related indicators

Indicator 5.6.2