Indicators on access to sexual and reproductive health and rights

Romesh Silva, Ph.D
Data and Analytics Branch, United Nations Population Fund

Session 3: Gender Indicators and Indices
International Workshop on Gender Statistics
28-30 July, 2026 | Wuhan, China

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ENSURING UNIVERSAL ACCESS TO

SEXUAL AND REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

Global impact & coverage targets

UNFPA TR 2
Outcome 2. By 2029, the reduction of preventable maternal deaths has accelerated

SDG 3.1
Reduce the global maternal mortality ratio to less than 70 per 100,000 live births

SDG 3.2
End preventable deaths of newborns and children under 5 years of age

SDG 3.7
Ensure universal access to sexual and reproductive health-care services

SDG 3.8
All people and communities receive the quality health services they need, without financial hardship

SDG 5.2
Eliminate all forms of violence against all women

SDG 5.6
Ensure universal access to sexual and reproductive health and reproductive rights

Every Woman Every Newborn Everywhere (EWENE) coverage targets

Target 1: coverage of four or more antenatal care contacts

Target 2: births attended by skilled birth attendants

Target 3: of women and their babies receive postnatal care within two days of birth

Target 4: access to emergency obstetric care and availability of small and sick newborn units within two hours

Target 5: social determinants - Empowered & informed decision making

Every Woman, Every Newborn, Everywhere

These targets can be achieved by…..

Implementing packages of interventions with Quality and Equity

Antenatal Care

Normal care

- Infection control, screening, health promotion, vaccination, prevention and identification of complications, comprehensive abortion care, referral

Managing complications

- Managing prexisting conditions, and complications,

Skilled care at birth

Normal care

- Infection control, labour management using LCG, prevention and identification of complications, referral

Managing complications

- Manage complications (e.g. PPH, PE/E, PTB, infection, birth asphyxia, appropriate caesarean section)

Postnatal and essential newborn care

Normal care

- Infection control, screening, health promotion, vaccinations, PP FP, essential newborn care, prevention and identification of complications, referral

Managing complications

- Manage complications (e.g. newborn conditions, birth defects, maternal mental health, PPT, PE/E, infections)

Availability of emergency care

Access to emergency care

- Emergency obstetric and newborn care
- Small and sick newborn care units with CPAP
- Intensive care for obstetric and newborn complications (e.g. specialist care, obstetric surgery, NICUs)

Social determinants

Empowered & informed decision making

- Female education and school enrollment
- Gender equality
- Nutrition
- Ending child marriage
- Coordinated multi sectoral action
- Legal protection

Leadership and Governance, Midwifery, Quality assured Commodities, Financial and social protection, Community engagement, Data for Action

Overview of UNFPA's SDG Annual Reporting

UNFPA has 17 priority indicators, spanning 12 SDG targets

Link to further information on this indicator list

GOAL 5:
ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS.

UNFPA is a custodian agency of the following:

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 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

INDICATOR 5.6.2:

Extent to which countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.

UNFPA SDG Reporting Process

Step 1: New surveys identified

Review all new surveys released from the appropriate sources since the last reporting period

Step 2: Select eligible surveys

Determine which contain all required components for calculating SDG 5.6.1 / 5.6.2

Step 3: Indicator Calculation & Validation

Compute SDG 5.6.1 and 5.6.2 using survey microdata, then reshape, clean, and validate the data

Step 4: Final submission to UNSD

Submit all new data points to UNSD for inclusion in database update

Inter-Agency & Expert Group members for development of methodology for SDG indicators 5.6.1 & 5.6.2

UNFPA

unicef

The DHS Program
Demographic and Health Surveys

UN WOMEN
United Nations Entity for Gender Equality and the Empowerment of Women

UNITED NATIONS HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

IPPF International Planned Parenthood Federation

World Health Organization

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

HARVARD FXB
CENTER FOR HEALTH & HUMAN RIGHTS

POPULATION COUNCIL
Ideas. Evidence. Impact.

INTERNATIONAL WOMEN'S HEALTH COALITION

CENTER FOR REPRODUCTIVE RIGHTS

GUTTMACHER INSTITUTE

SDG Target 5.6.1

Monitoring and Reporting

Definition of SDG Indicator 5.6.1

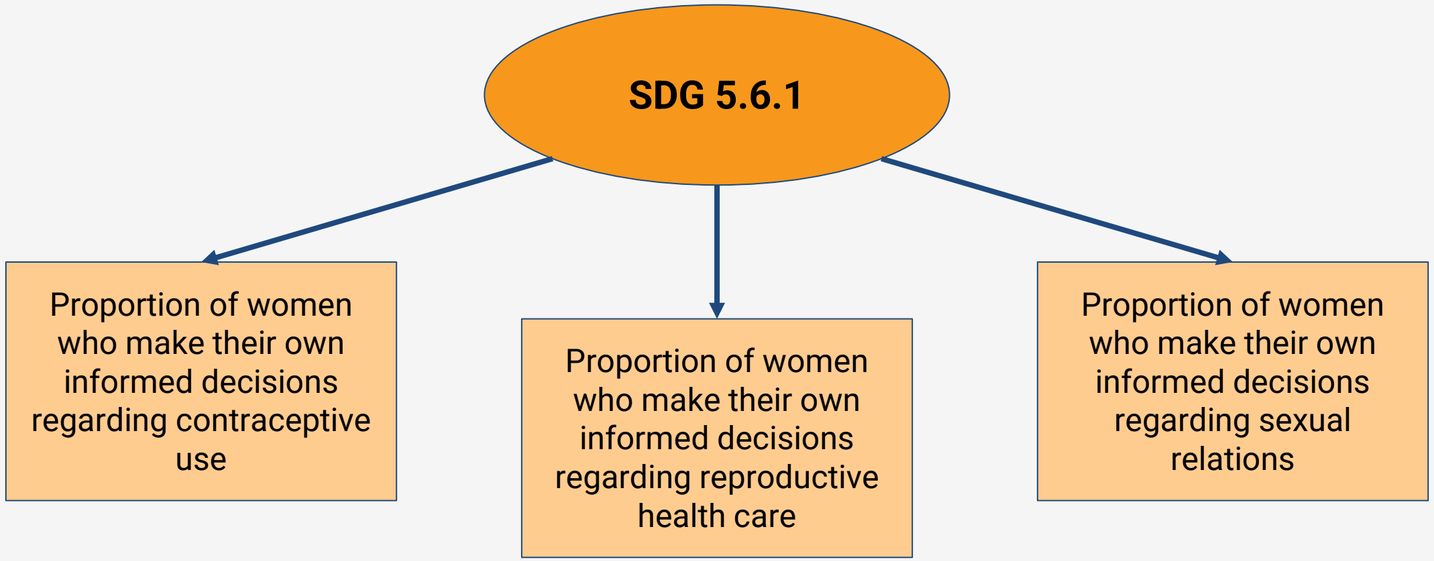
Proportion of women aged 15-49 years who make their own decisions regarding sexual and reproductive health and rights (including deciding on their own health care, deciding on the use of contraception; and can say no to sex)

A woman is considered to have autonomy in their sexual and reproductive health and rights if they make decisions in all three of the following components:

Reproductive health care	Contraceptive use	Sexual relations
Who usually makes decisions about health care for yourself?	**Who usually makes the decision on whether or not you should use contraception?**	**Can you say no to your husband/partner if you do not want to have sexual intercourse?**
• **You** • Your husband/partner • **You and your husband/partner jointly** • Someone else	• **Mainly respondent** • Mainly husband/partner • **Joint decision** • Other, specify	• **Yes** • No • Depends/not sure

Reporting on SDG Target 5.6.1

- Once all new DHS, MICS and GGS surveys are identified, we review each one to check whether **all three components** of this indicator are included in the survey questions (only those with data for all three questions can be used)
- Next, we use **R to process the microdata** for all eligible surveys and calculate SDG 5.6.1 in alignment with the method of computation outlined in the metadata for this indicator
- Microdata is processed to **compute the composite indicator** 5.6.1, as well as the **three sub-indicators**



CALCULATING SDG TARGET 5.6.1

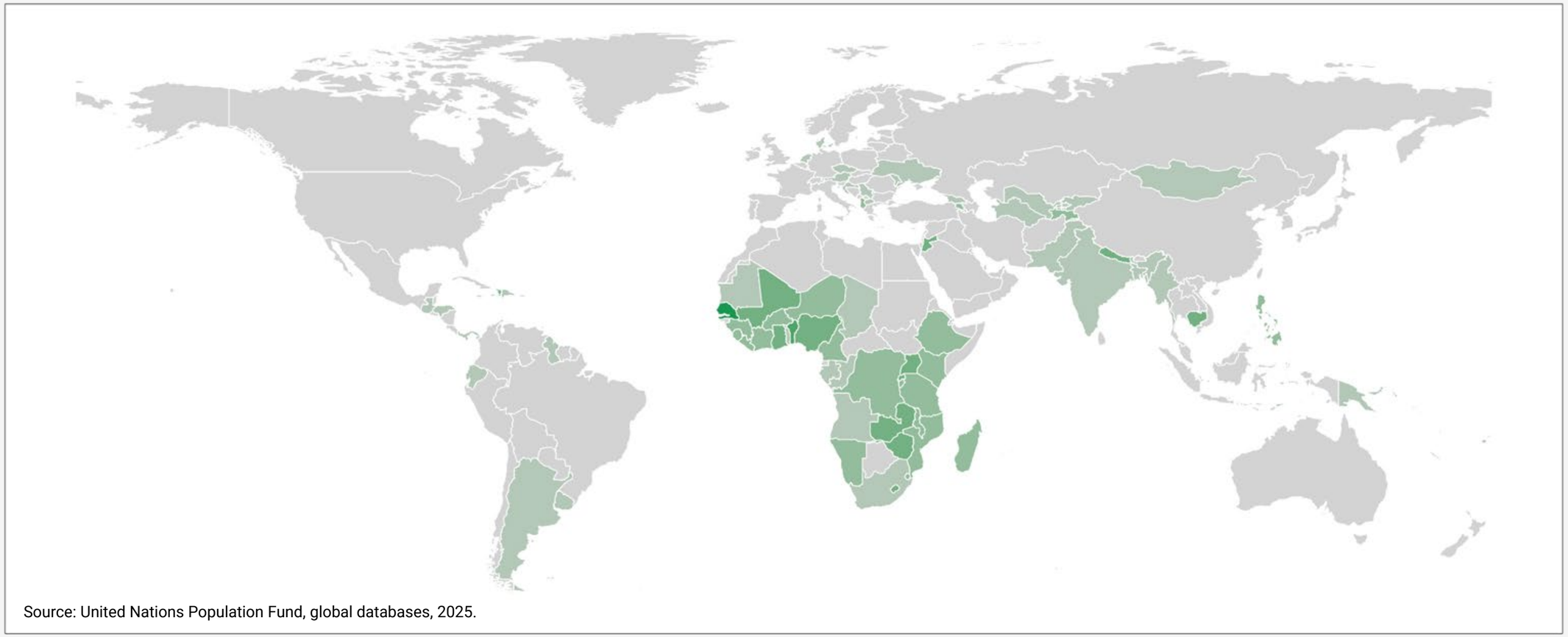
SDG 5.6.1 is equal to the following numerator divided by the denominator, multiplied by 100 percent:

Numerator: Number of married or in union women and girls aged 15-49 years old who satisfy all 3 empowerment criteria (decision on health care is not usually made by husband/partner or someone else; decision on contraception is not mainly made by husband/partner; and can say no to sex)

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

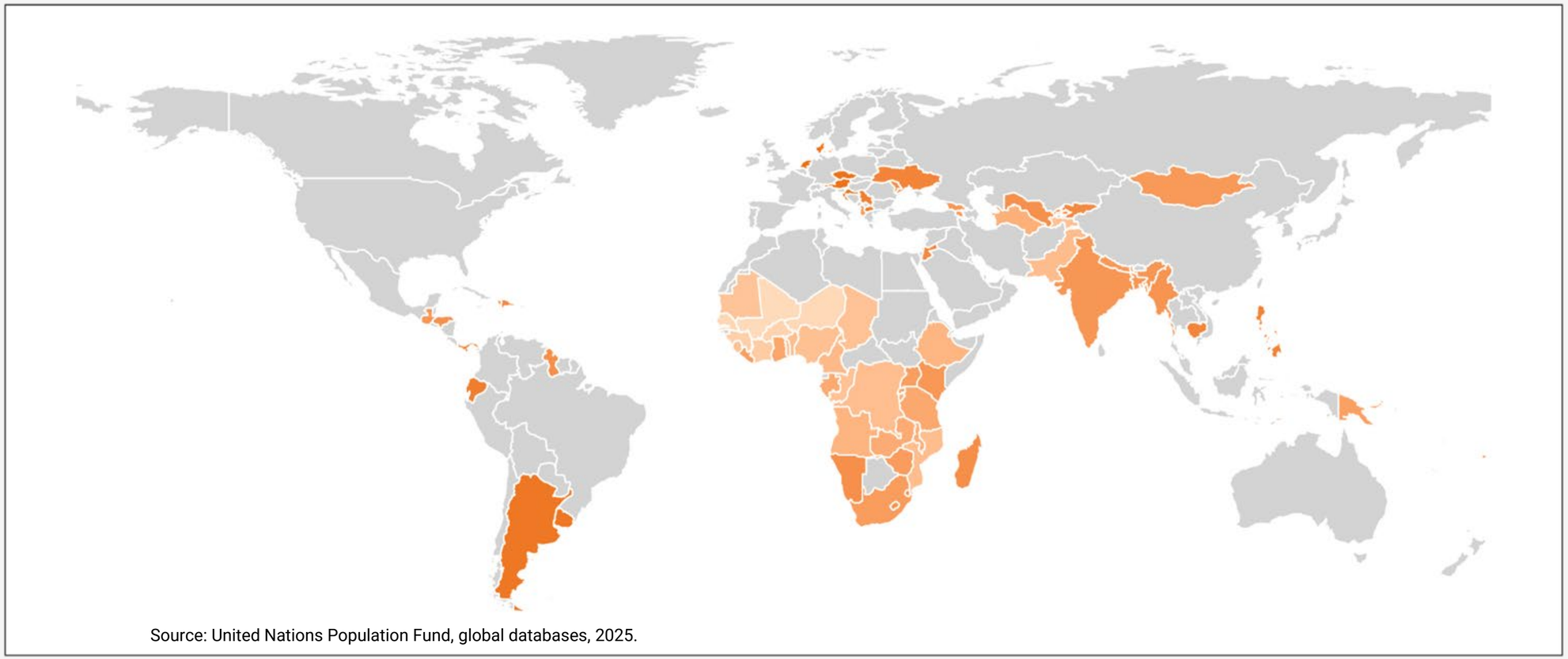
SDG Target 5.6.1 Data Availability

There are 78 countries with data for SDG 5.6.1. Of those 78 countries, only 36 have data for more than one year.



Source: United Nations Population Fund, global databases, 2025.

Only 56% of married/in-union women aged 15-49 make their own decisions on health care, use of contraceptives and can say no to sex.



Source: United Nations Population Fund, global databases, 2025.

The **5 lowest values** are associated with: Mali, Niger, Senegal, Burkina Faso, and Guinea

The **5 highest values** are associated with: Netherlands, Austria, Croatia, Czech Republic, and Denmark

Data can be accessed here.

SDG Target 5.6.2

Monitoring and Reporting

Measurement of indicator 5.6.2.

Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education

Measures 13 components in four sections

Maternity care

Maternity Care
Life-saving Commodities
Legal Status of Abortion
Post-abortion Care

Contraception and family planning

Contraception
Consent for Contraceptive Services
Emergency Contraception

Comprehensive sexuality education (CSE) and information

CSE Law
CSE Curriculum

HIV and HPV

HIV Testing and Counselling
HIV Treatment and Care
Confidentiality of Health Status for Men and Women Living with HIV
HPV Vaccine

Reporting on SDG Target 5.6.2

For each of the 13 components, the United Nations Inquiry among Governments on Population and Development collects data on the following:

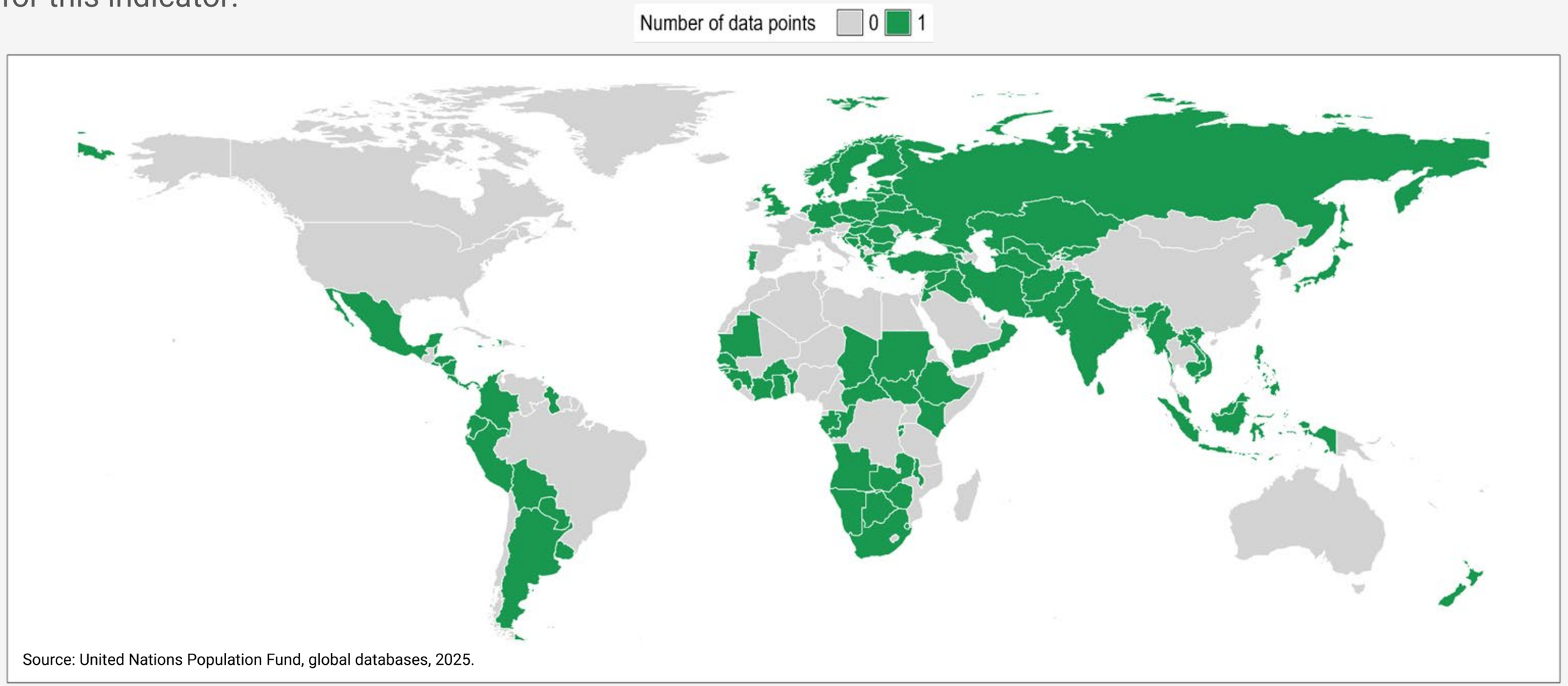
Legal/regulatory enablers	Legal/regulatory barriers (restrictions and contradictory plural legal systems)
Does the country have any law(s) or regulation(s) that provide for access to maternity care? (Yes/No)	Do the law(s) or regulation(s) include any **restrictions** by: • **Age** (Yes/No) • **Marital status?** (Yes/No) • **3rd Party authorization** (e.g., spousal, parental/guardian, medical) (Yes/No) • **Sex** (Yes/No) (where applicable- in other components) Are there any other **plural legal systems** that **contradict** (in part or in total) the law(s) or regulation(s)? (Yes/No)

Note:

- The nature and number of enablers and barriers is component specific
- No data was collected on legal barriers in relation to the two operational components: C2 (Life-saving commodities) and C9 (CSE curriculum)

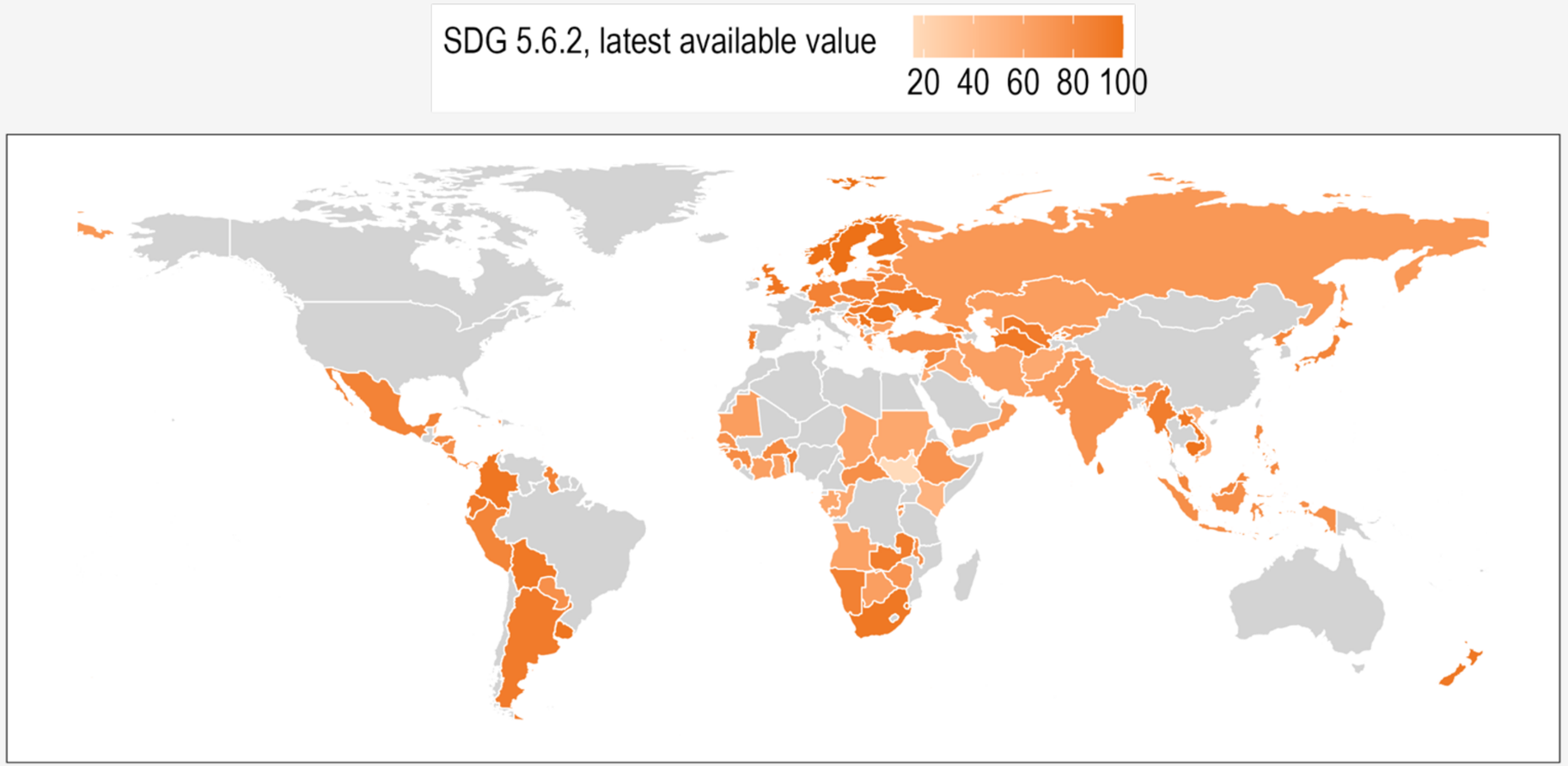
SDG Target 5.6.2 Data Availability

There are 115 countries with data for SDG 5.6.2. All countries only have one data point (i.e. reported value) for this indicator.



Source: United Nations Population Fund, global databases, 2025.

Among countries with data, the average extent to which laws and regulations guarantee full and equal access for women and men aged 15 and older to sexual and reproductive health care, information, and education is **76%**.



Source: United Nations Population Fund, global databases, 2025.

The **5 lowest values** are associated with: South Sudan, Samoa, Trinidad and Tobago, Saint Lucia, Brunei Darussalam

The **5 highest values** are associated with: Netherland, Norway. Sweden, Serbia, Cambodia, Croatia, Estonia, Finland, Romania, Eswatini

Data can be accessed here.

Case Study:

SDG Target Progress Assessment

SDG Progress Assessment - Overview

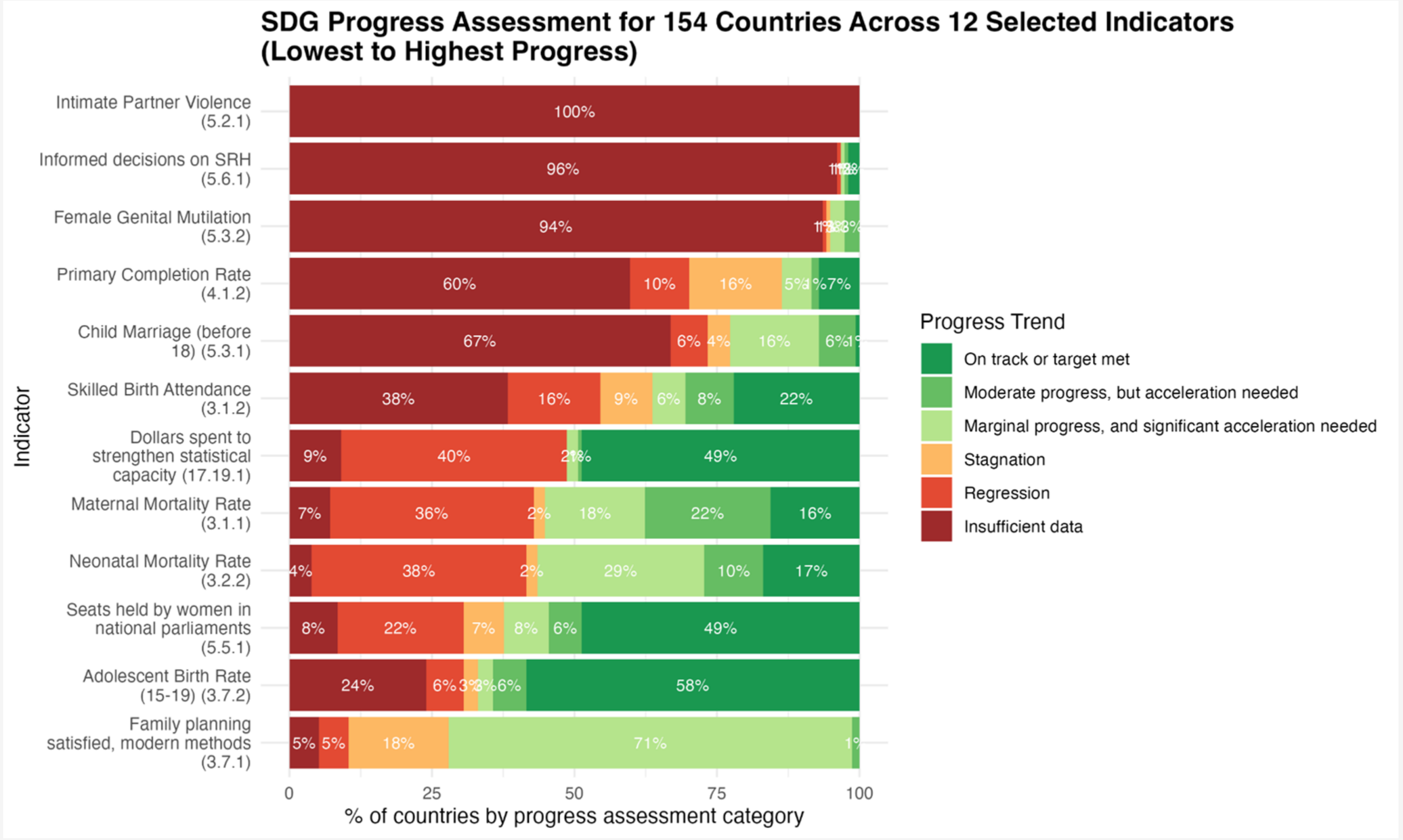
Purpose: Quantify how countries are progressing in selected SDG indicators using nationally representative data between 2015 and 2025, with a focus on progress relative to past trends

Scope: Focus on **12 key indicators** relevant to UNFPA's mandate across **154 countries**

Data Sources: United Nations Maternal Mortality Estimation Inter-agency Group (2025), United Nations Population Division (2024), and Global SDG Indicators Database (accessed April 2025)

Approach (based on UN Statistics Division methodology note):

a. SDG progress trends are assessed per indicator and country.
b. Countries are categorized based on status: On track, Moderate progress, Marginal progress, Stagnation, Regression, or Insufficient data (*i.e. no data or only one data point*)
c. Results support targeted policy and investment decisions.


SDG Progress Assessment for 154 Countries Across 12 Selected Indicators (Lowest to Highest Progress)
Indicator
Intimate Partner Violence (5.2.1)
Informed decisions on SRH (5.6.1)
Female Genital Mutilation (5.3.2)
Primary Completion Rate (4.1.2)
Child Marriage (before 18) (5.3.1)
Skilled Birth Attendance (3.1.2)
Dollars spent to strengthen statistical capacity (17.19.1)
Maternal Mortality Rate (3.1.1)
Neonatal Mortality Rate (3.2.2)
Seats held by women in national parliaments (5.5.1)
Adolescent Birth Rate (15-19) (3.7.2)
Family planning satisfied, modern methods (3.7.1)
100%
96%
94%
60%
10%
16%
67%
6%
4%
38%
16%
9%
6%
8%
22%
9%
40%
49%
7%
36%
2%
18%
22%
16%
4%
38%
29%
10%
17%
8%
22%
7%
6%
49%
24%
6%
58%
5%
5%
18%
71%
0
25
50
75
100
% of countries by progress assessment category
Progress Trend
On track or target met
Moderate progress, but acceleration needed
Marginal progress, and significant acceleration needed
Stagnation
Regression
Insufficient data

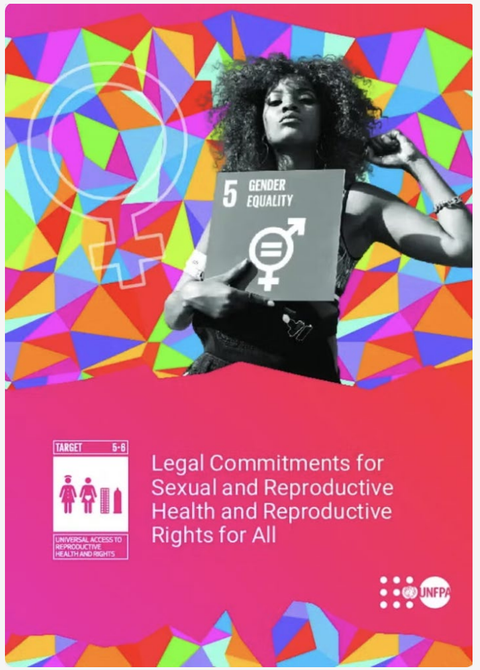
How UNFPA can support governments in strengthening SDG monitoring?

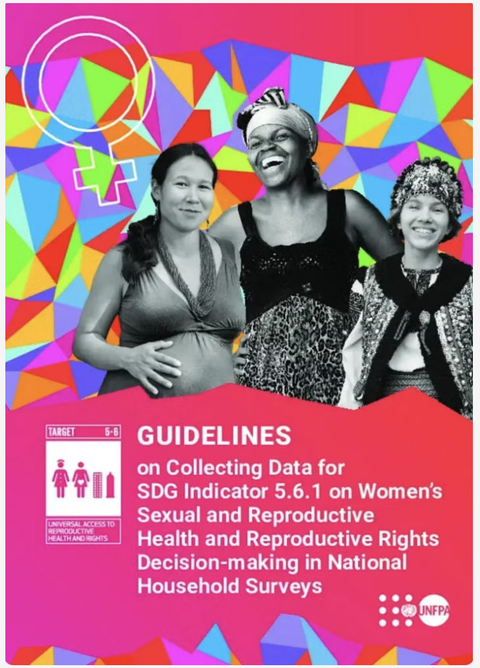
How can UNFPA help governments strengthen SDG monitoring?

1. **Strengthen national statistical systems** by providing technical assistance and guidance for censuses, surveys, CRVS, and administrative data collection efforts.
2. **Improve data quality** by supporting harmonised standards and quality assurance.
3. **Build institutional capacity** for SDG reporting, indicator methodologies, and alignment with national development plans.
4. **Ensure national progress is accurately reflected globally** by validating data and addressing any identified discrepancies.
5. **Promote evidence-based policy dialogue** through analysis, dashboards and multi-stakeholder engagement.

Key Resources

- Guidelines on Collecting Data for SDG Indicator 5.6.1 (April 2025) (link)
- Legal Commitments for Sexual and Reproductive Health and Reproductive Rights for All (April 2025) (link)
- SDG 5.6.1 metadata (link)
- SDG 5.6.2 metadata (link)
- Sexual and Reproductive Agency (link)





CONTACT US

Dr. Romesh Silva

Programme Specialist Statistics & Monitoring

Email: rosilva@unfpa.org

Website: https://www.unfpa.org/SRA

THANK YOU

kNOwVAWdata: Building a sustainable pipeline of high -quality evidence on gender -based violence (2016-2029)

kNOwVAWdata
know the data: end violence against women

UNFPA

Australian Aid

01

On-demand technical support

- Direct and brokered support to production and use of violence against women data
- Advancing methods for measuring violence against women

02

THE UNIVERSITY OF MELBOURNE

Annual kNOwVAWdata course

Comprehensive professional training available in-person and online, building national and regional capacity for data production and use

UNFPA

ANROWS
AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

03

Expert Network

Nurturing and growing a network of local experts through:

- Technical specialist rosters
- Community of Practice
- Active mentoring of national experts

04

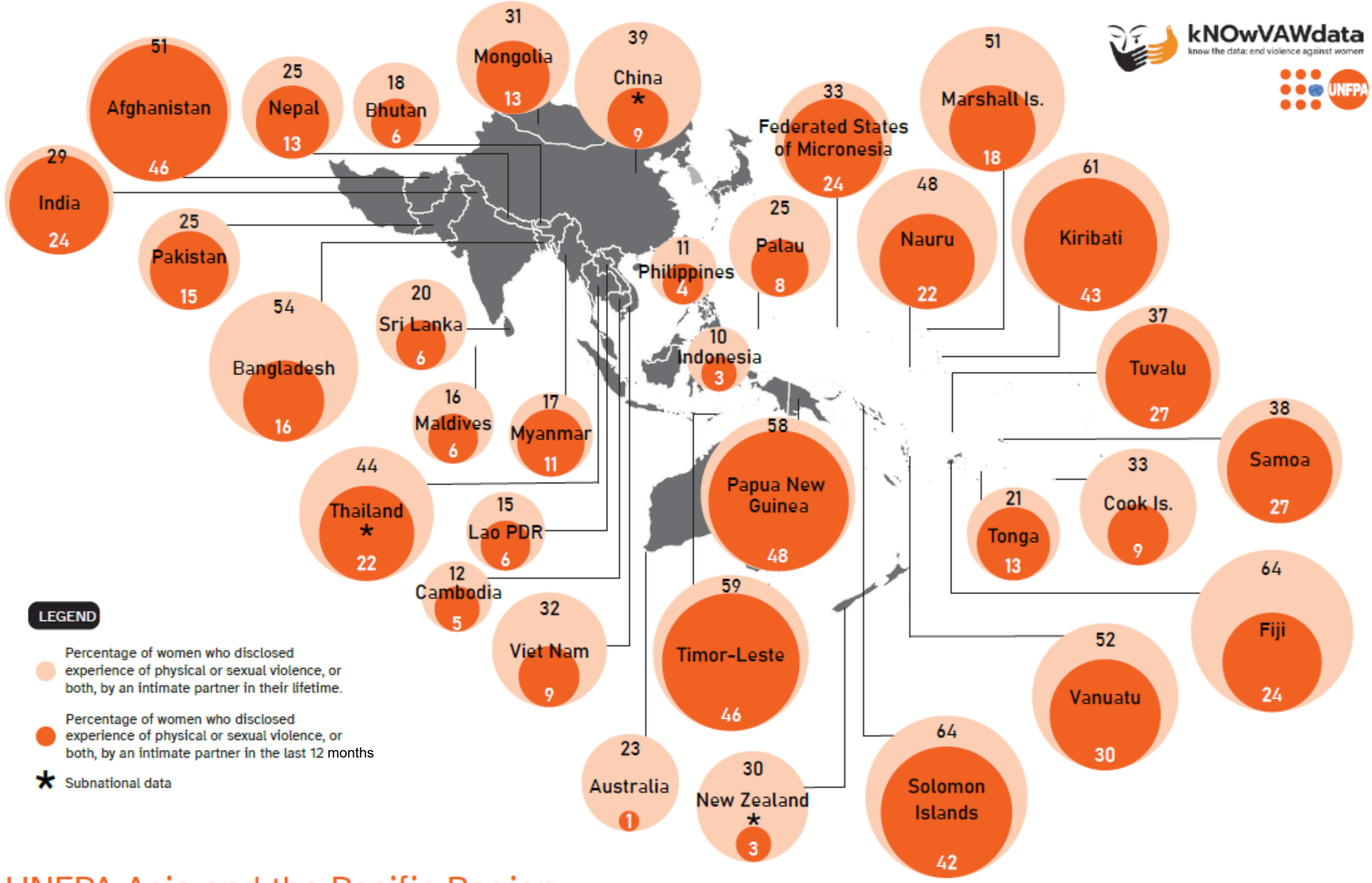
Knowledge Capture

Systematic sharing of insights via:

- Lessons learned
- Knowledge products
- Webinars and events

Ultimate Goal

Sustainable evidence ecosystems that are **safe** , **ethical** and **robust** and build an understanding of how many women experience violence, in which ways, and where, and how to take informed action.



kNOwVAWdata
know the data: end violence against women

UNFPA

Australian Aid

UNFPA Asia and the Pacific Region

WOMEN WHO EXPERIENCE INTIMATE PARTNER VIOLENCE 2000-2025

The VAW Data Ecosystem: A Complementary View

Population Census

Scope: Entire population.

Role: **Not for direct VAW questions**.

Provides sampling frame and insights into household structures and risk factors.

Administrative Data

Sources:

- Police & Justice
- Health services
- Survivor services
- Crisis hotlines

Insight: Service utilization and reported cases. "Tip of the iceberg."

Prevalence (Survey)

Dedicated Studies: WHO Multi-country methodology.

Modular Surveys: DHS & MICS modules.

Primary Goal: Estimating the actual magnitude of violence in the population.

Other Evidence

- Qualitative data
- Big data
- Citizen generated
- Meta-analyses
- Cohort studies

Deeper context on "why" and "how" the data is used to inform policy.

*"...administrative data **cannot** provide an estimate of the prevalence of violence against women taking place within a population..."*

—UN Guidelines on Producing Statistics on VAW (UNSD, 2014)