



Update on Development of SDG Indicators 5.6.1 / 5.6.2

10th IAEG – Gender Statistics Meeting
Helsinki, 23 October 2016



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.

Indicators 5.6.1, 5.6.2



- **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: Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education.**



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

Definition: Target speaks to universal reproductive rights.

The indicator is premised on three core elements of women's sexual and reproductive health rights:

1. *Decision on sexual relations*
2. *Decision on use of contraception; and*
3. *Decision on use of reproductive health care*



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

Data sources

- Surveys (DHS, MICS, other national surveys)

Based on DHS the following 3 questions were selected to measure the 3 dimensions:

1. *Whether a woman can say no to her husband/partner if she does not want to have sexual intercourse;*
2. *Whether using or not using contraception is mainly the woman's decision or a joint decision with husband/partner'*
3. *Whether a woman can make own decision about health care for herself.*



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

Specific survey 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? (*DHS phase 7 q. 819 and 820*)

- 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, or someone else?

- RESPONDENT 1
- HUSBAND/PARTNER 2
- RESPONDENT AND HUSBAND/PARTNER JOINTLY 3
- SOMEONE ELSE 4
- OTHER 6



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

Calculation:

The indicator will be defined as the proportion of women in a given country who ***satisfy all three*** empowerment criteria i.e:

- can refuse sex if they do not want; **and**
- decide on use of contraception either by herself or jointly with husband or partner; **and**
- decide on [reproductive] health care for herself either by herself or jointly with husband or partner.

Numerator: Number of women aged 15-49

- 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[reproductive] health care for themselves is not usually made by the husband/partner or someone else

Denominator: Women married or in union aged 15-49

Data can be disaggregated by age, rural/urban residence, education and wealth quintile



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Availability of Data since 2005 (DHS/ MICS):

1. Q1 (say no to sex) - 45 countries (asked of women married or in union)
2. Q2 (decision on contraception) - 59 countries (currently asked of women married or in union **and who are using contraception** / to be asked of those not currently using contraception starting this year)
3. Q3 (**Decision of reproductive health care**) – no DHS/ MICS countries **** (Decision on **HEALTH CARE**) - 60 Countries (asked of women married or in union)

Number of countries with data on three questions (say no to sex, contraception, **health care**) - 45 Countries

Indicator 5.6.1: Data availability (2005+)-DHS

Country	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?;	Would you say that using contraception is mainly your decision, mainly your (husband's/ partner's) decision, or did you both decide together?	Who usually makes decisions about <u>health care</u> for yourself
Latin America & Caribbean			
Bolivia (2008)		X	X
Brazil (2006)		X	X
Colombia (2010;2005)		X	X
Guyana (2009)	X	X	X
Haiti (2006; 2012)	X	X	X
Honduras (2012;)	X	X	X
Honduras (2006)		X	X
Peru (2006, 08-12)		X	X
Peru (2013-14)		X	
Dominican Rep (2007)	X	X	X
Dominican Rep (2013)	X		X

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Arab States Region			
Jordan 2007		X	X
Jordan 2012	X	X	X
Egypt 2005		X	X
Egypt 2007		X	X
Egypt 2014		X	X
Yemen 2013		X	X
Eastern Europe & Central Asia			
Albania (2008-09)	X	X	X
Armenia (2005)			X
Armenia (2010)	X	X	X
Azerbaijan (2006)		X	X
Kyrgyz Republic (2012)	X	X	X
Republic of Moldova (2005)		X	X
Tajikistan (2012)	X	X	X
Ukraine (2007)	X	X	x

Indicator 5.6.1: Data availability (2005+)-DHS-Asia Pacific

Country	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?;	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	Who usually makes decisions about <u>health care</u> for yourself
Asia Pacific			
Bangladesh (2007)			X
Bangladesh (2011)		X	X
Cambodia (2005)	X	X	
Cambodia (2010)	X	X	X
India 2005-06		X	X
Indonesia (2007)		X	X
Indonesia (2007)		X	X
Maldives (2009)		X	X
Nepal (2006)		X	X
Nepal (2011)	X	X	X
Pakistan (2013)		X	X
Philippines (2008)		X	X
Philippines (2013)		X	X
Samoa (2009)		X	
Timor Leste (2010)		X	X

Indicator: 5.6.1: Data availability (2005+)-DHS- ESA

Country	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?;	Would you say that using contraception is mainly your decision, mainly your (husband's/ partner's) decision, or did you both decide together?	Who usually makes decisions about <u>health care</u> for yourself
Burundi 2010	X	X	X
Comoros 2012	X	X	X
DRC 2007		X	X
DRC 2012	X	X	X
Ethiopia 2005		X	X
Ethiopia 2011	X	X	X
Kenya 2009		X	X
Kenya 2014	X	X	X
Lesotho 2009	X	X	X
Madagascar 2009	X	X	X
Malawi 2010	X	X	X
Mozambique 2011	X	X	X



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Namibia 2007	X	X	
Namibia 2013	X	X	X
Rwanda 2005	X	X	X
Rwanda 2010	X	X	X
Swaziland 2006-07	X	X	X
Tanzania 2010	X	X	X
Uganda 2006	X	X	X
Uganda 2011	X	X	X
Zambia 2007	X	X	X
Zambia 2013-14	X	X	X
Zimbabwe 2006	X	X	X
Zimbabwe 2013-14	X	X	X

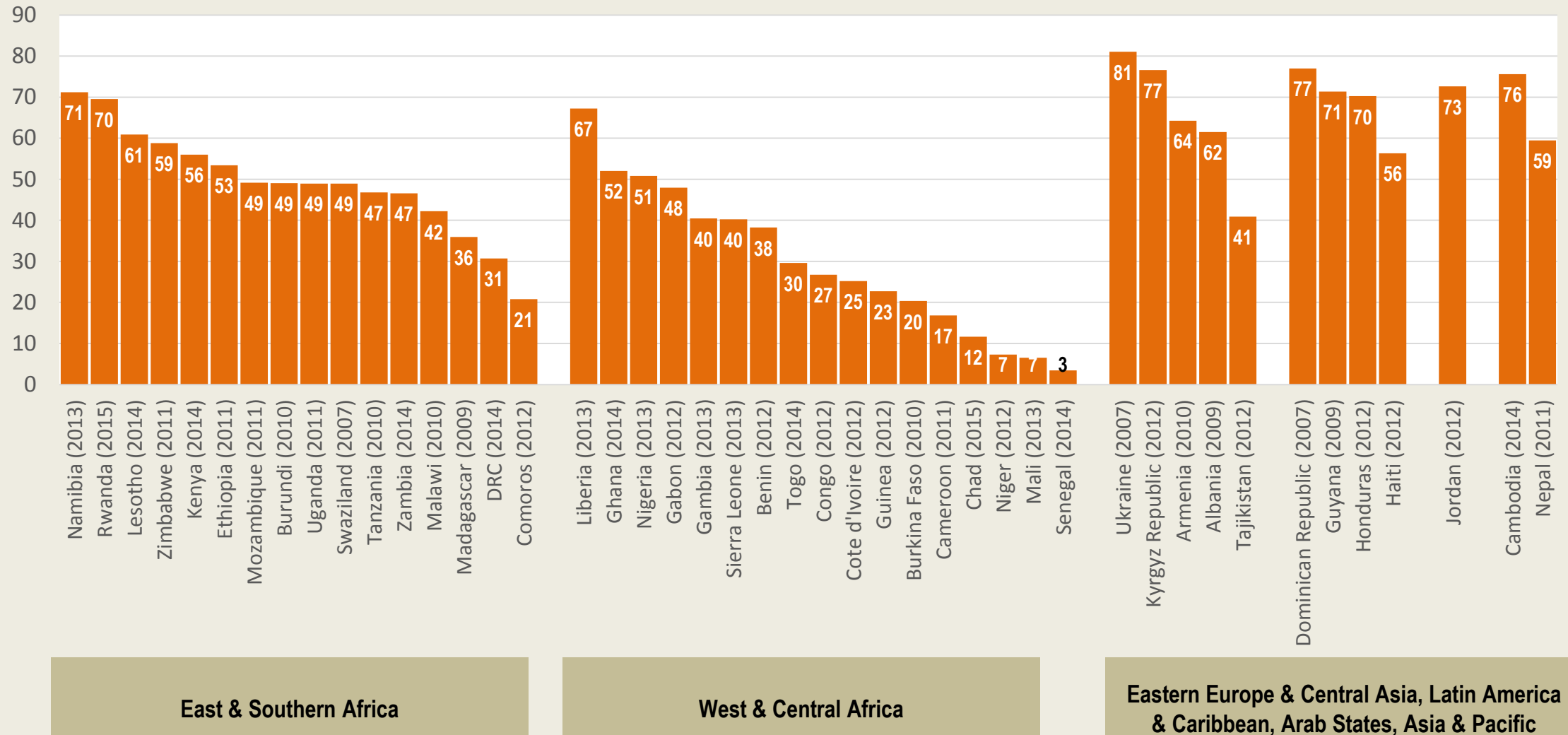
Indicator: 5.6.1: Data availability (2005+)-DHS-WCAR

Country	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	Would you say that using contraception is mainly your decision, mainly your (husband's/ partner's) decision, or did you both decide together?	Who usually makes decisions about <u>health care</u> for yourself
Benin 2006	X	X	X
Benin 2011/12	X	X	X
Burkina Faso 2010	X	X	X
Cameroon 2011	X	X	X
Chad 2015	X	X	X
Congo-Brazzaville 2011	X	X	X
Cote d'Ivoire 2011/12	X	X	X
Equatorial Guinea 2011		X	
Gabon 2012	X	X	x
Ghana 2008	X	X	X
Guinea 2005	X	X	X
Guinea 2012			X
Liberia 2007	X	X	
Liberia 2013	X	X	X
Mali 2006 & 2013	X	X	X
Niger 2006 & 2012	X	X	X

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Country	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?;	Would you say that using contraception is mainly your decision, mainly your (husband's/ partner's) decision, or did you both decide together?	Who usually makes decisions about <u>health care</u> for yourself
Nigeria 2009	X	X	X
Nigeria 2013	X	X	X
Sao Tome & Principe 2009		X	X
Senegal 2005	X	X	X
Senegal 2010/11	X	X	X
Senegal 2012/13		X	X
Senegal 2014		X	X
Sierra Leone 2008			X
Sierra Leone 2013	X	X	X
The Gambia 2012	X	X	X
Togo 2014	X	X	X

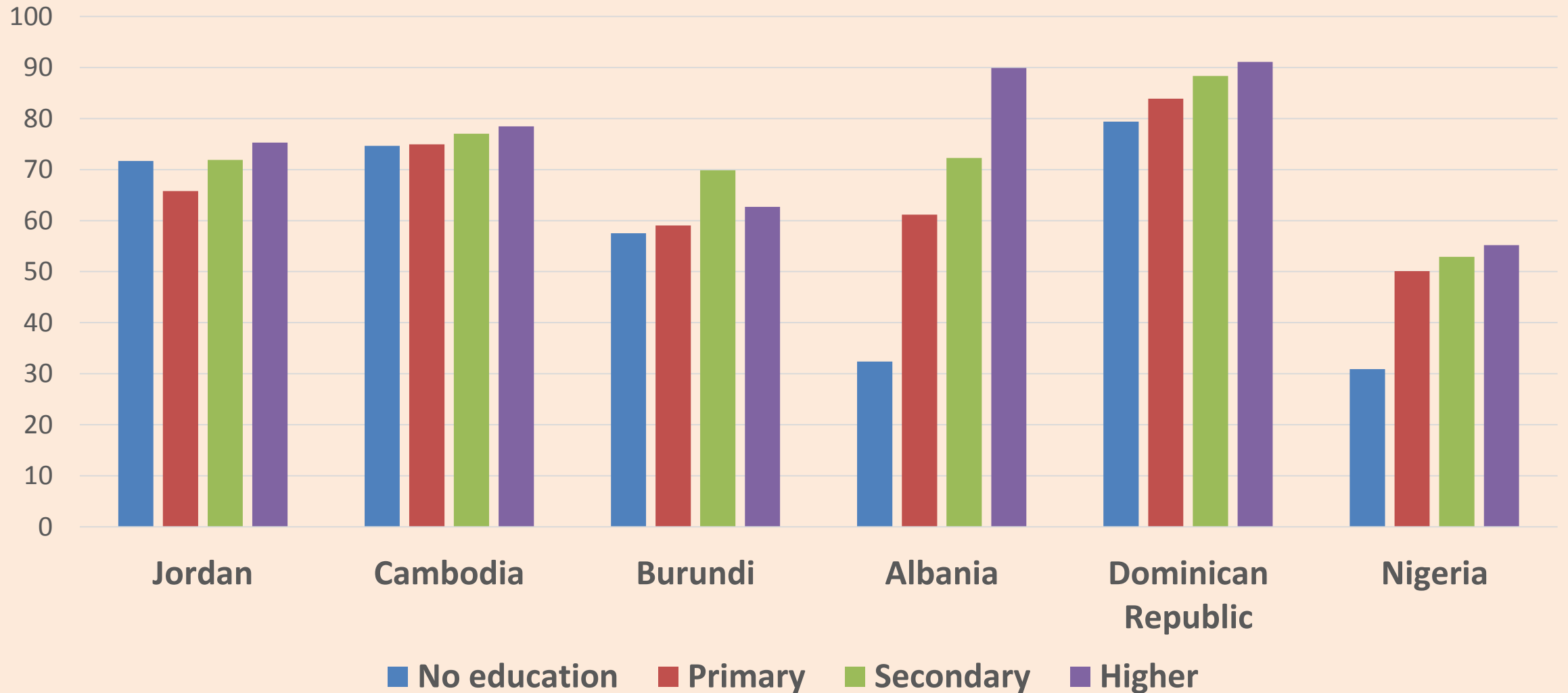
Percent of Women currently married or in union that are using any type of contraception by SRH decision-making status



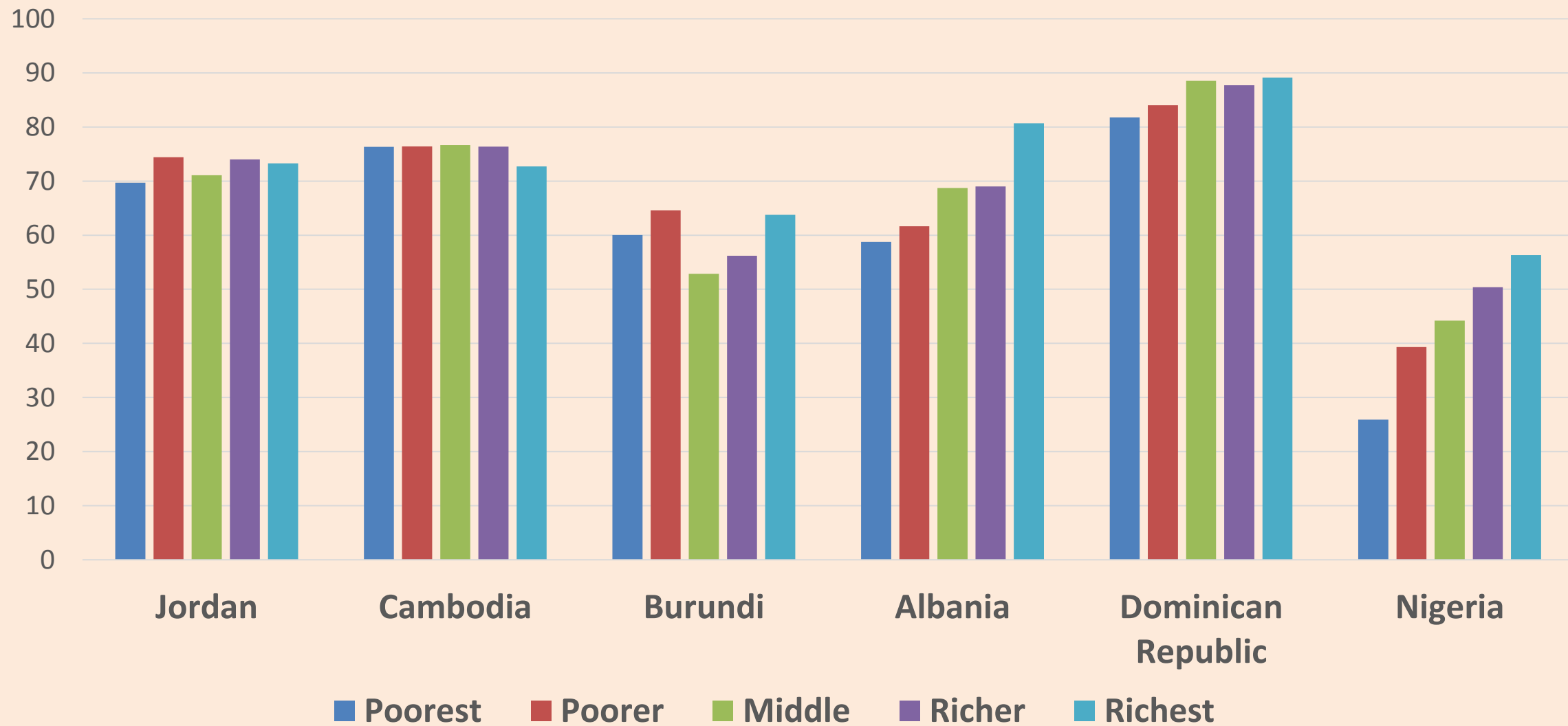
Percent of Women currently married or in union that are using any type of contraception by SRH decision-making status

Region/ Country	Year	Condition 1	Condition 2	Condition 3	Composite
		She can say no to her husband/partner if she do not want to have sexual intercourse	Make a decision on using contraception either by herself or jointly with partner	Makes decision about healthcare either by herself or jointly with partner	All three conditions fulfilled
WACR					
Benin	2012	63.5	80.6	66.9	38.2
Burkina Faso	2010	62.1	91.0	31.5	20.3
Cameroon	2011	39.2	89.5	48.7	16.8
Chad	2015	27.2	81.7	43.1	11.6
Congo- Brazaville	2012	70.8	87.3	40.6	26.8
Cote d'Ivoire	2012	67.3	81.6	42.9	25.2
Gabon	2012	85.6	90.2	60.2	48.0
Gambia, the	2013	64.3	84.2	71.3	40.5
Ghana	2014	72.0	89.9	82.1	52.0
Guinea	2012	50.3	91.7	45.9	22.7
Liberia	2013	91.6	89.2	82.6	67.2
Mali	2013	28.5	81.0	18.0	6.5
Niger	2012	35.3	77.0	20.6	7.3
Nigeria	2013	82.8	84.6	69.0	50.8
Senegal	2014	12.8	90.9	24.7	3.4
Sierra Leone	2013	79.0	82.2	60.1	40.2
Togo	2014	74.5	84.3	46.7	29.6

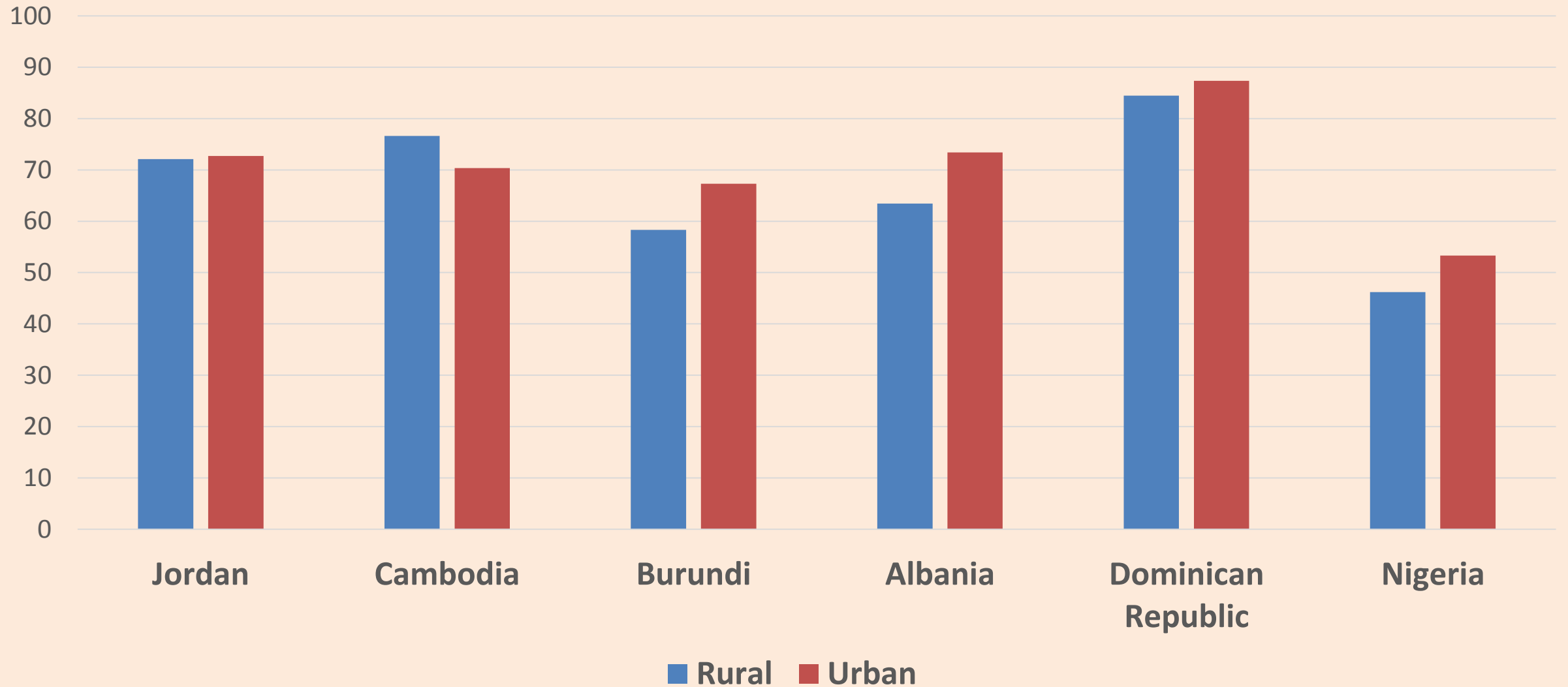
% of Women currently married or in union who make decisions on sexual relations, contraception and health care- disaggregated by education (select countries)



% Women currently married or in who can make decisions on sexual relations, contraception and health care - disaggregated by wealth quintile (select countries)



% of women currently married or in union able to make decisions on sexual relations, contraception and health care - disaggregated by rural-urban residence (select countries)





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*

Methodological decisions:

- The aspiration is to have a question(s) that will speak directly to measuring decision-making about **reproductive** health care.
- A pilot question was included in the recent Belize MICS.
- Regional consultations with National Statistics Offices (NSOs) this fall (4 of 6 complete) – to discuss substantive / political trade-offs of adding questions on different dimensions of reproductive health care, versus staying with health care alone?
- Expert Group meeting in November will review Belize pilot data, and discuss final formulation.



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“Reproductive Health Care” is many things....

Ranging from the spectrum of maternal care (prenatal to postnatal)

..... to contraception/ abortion

..... to sexual health care (STI / HIV screening /treatment)

Asking about decision-making on “reproductive health care” lacks needed specificity – as the term includes both “contested” and “non-contested” decisions.



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Options:

Define a universal proxy service? (family planning the only option garnering support in multiple regional meetings – but not widely agreed)

Ask several and create an index? (some notable support but regional variations)

Alternative – stay with “health care”

This “minimum threshold” may be best for a global indicator at present – given that the ability/inability to seek health care for any reason is critical, and once at the health service some women will have liberties to ask about private health matters.



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Next Steps :

Agree on formulation (“health care”, proxy SRH, or list of reproductive health care services) by December 2016

Solicit surveys (global reach) in 2017 – explore hh survey opportunities in countries not covered by DHS or MICS: China, NSFG USA, Reproductive Health Survey Brazil, others.



Shifting to 5.6.2

INDICATOR 5.6.2

Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education

Structural indicator

Primary source: official records

Rationale behind proposed indicator 5.6.2

- To ensure **universal access to sexual and reproductive health and reproductive rights** for all, states should adopt legislation on equal access to health care;
- The human rights obligation to **fulfill reproductive rights** requires states to adopt legislative, budgetary, administrative, and judicial measures towards the full realization of human rights;
- The indicator will exclusively measure legal frameworks and barriers and **not measure implementation** of such laws;
- The indicator will track restrictions placed on women's access to sexual and reproductive health care and information, for example, by marital status or age, or by requiring third party authorisation.
- The indicator has **complementarity with 5.6.1** and other indicators under goal 3 and 5.

Overview of 5.6.2: Three components

Component I:	Component II:	Component III:
<p>Access without third party authorization?</p> <p>✓ Existence of laws/regulations requiring third party authorization, including by:</p> <ul style="list-style-type: none"> - <i>family, parent</i> - <i>guardian</i> - <i>spouse</i> 	<p>Access irrespective of marital status?</p> <p>✓ Existence of laws/regulations restricting access to SRH services* for unmarried persons?</p> <p><i>*as defined based on the ICPD PoA, para 7.6 and 8.25</i></p>	<p>Access to education and information at all levels?</p> <p>✓ Are laws and regulations in place compliant with UNESCO International Guidelines on Comprehensive Sexuality Education?</p>

For all three components, the following to be assessed:

- **The barriers:** existence of restrictive/negative laws and regulations
- **The enablers:** existence of positive laws and regulations

Overview of 5.6.2: Three components

In popular terms, complying countries would be able to answer “yes” to each of the three distinct components:

- (i) access without third party authorization;***
- (ii) access irrespective of marital status; and***
- (iii) access to education and information at all levels.***

Survey Development for 5.6.2.

Columbia University – Survey must be comprehensive, and address access to each of the components of sexual and reproductive health care, information and education:

- Pregnancy & Childbirth
- Contraception & Family Planning
- Abortion (including post-abortion care)
- Sexual Health & Well-Being
- Comprehensive Sexuality Education & Information

Cross-cutting considerations:

- Change to age 15+
- Focus on restrictions by marital status and third party authorization

Development of 5.6.2.

Challenges

Survey will provide information on laws and regulations across 4 components of sexual and reproductive health... these may vary within country, e.g. restriction/permissions by marital status may differ by SRH service. Only once the variance is known can we define scoring.

Terms such as "*guarantee*" – possibly replaced?

Plurality of laws / legal systems in countries – define “which laws”.

Data sources

- ***Proposed self-reporting by governments*** through a survey. This procedure was applied for the **ICPD+20 review survey** with support to governments from UNFPA's country offices
- Information provided by States could be ***validated further*** by information from UN treaty monitoring bodies, including CEDAW, CRC and CESCR Committees. A combined use of these three committees as additional sources of information would enhance coverage, and other actors with a ***monitoring role*** such as regional human rights mechanisms, national human rights institutions (NHRIs) and civil society organizations can provide information on the components covered by this indicator.
- ***UN Country Teams and UN agencies*** such as WHO, UNFPA, UNPD and UN Women also compile country specific information on legal and regulatory developments on issues pertaining to their respective mandates.

Status - Next Steps.

Expert group meeting has met in September to reduce survey questions from several hundred to 45 -

Next EGM early November 2016 to:

- Review and further refine specific survey questions
- Discuss overall survey strategy



Thank you