



Upholding bodily autonomy,  
rights, and choices:

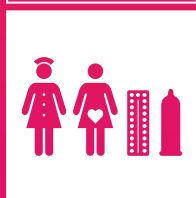
# Tracking Progress through SDG Target 5.6

Mengjia Liang

*IAEG-Gender Statistics*

*Johannesburg, South Africa | 28 August 2023*

TARGET 5.6



UNIVERSAL ACCESS TO  
REPRODUCTIVE  
HEALTH AND RIGHTS



SUSTAINABLE DEVELOPMENT  
GOAL **TARGET 5.6**



# 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:

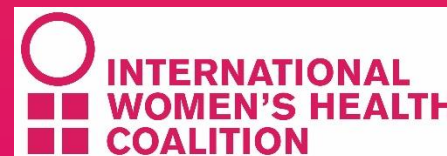
Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

## INDICATOR 5.6.2:

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






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



# Measurement of SDG Indicator 5.6.1

Only women who make their own decisions in all three key areas are considered to have autonomy in reproductive health decision-making and empowered to exercise their reproductive rights:

 <b>Reproductive health care</b>	 <b>Contraceptive use</b>	 <b>Sexual relations</b>
<b>Who usually makes decisions about health care for yourself?</b>	<b>Who usually makes the decision on whether or not you should use contraception?</b>	<b>Can you say no to your husband/partner if you do not want to have sexual intercourse?</b>
<ul style="list-style-type: none"> <li>• <b>You</b></li> <li>• Your husband/partner</li> <li>• <b>You and your husband/partner jointly</b></li> <li>• Someone else</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Mainly respondent</b></li> <li>• Mainly husband/partner</li> <li>• <b>Joint decision</b></li> <li>• Other, specify</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Yes</b></li> <li>• No</li> <li>• Depends/not sure</li> </ul>



# SDG INDICATOR 5.6.2

measures 13 components (C1–C13) in four sections

## Maternity Care

- C1: Maternity Care
- C2: Life-saving Commodities
- C3: Legal Status of Abortion
- C4: Post-abortion Care

## Comprehensive Sexuality Education (CSE) and Information

- C8: CSE Law
- C9: CSE Curriculum

## Contraception and Family Planning

- C5: Contraception
- C6: Consent for Contraceptive Services
- C7: Emergency Contraception

## HIV and HPV

- C10: HIV Testing and Counselling
- C11: HIV Treatment and Care
- C12: Confidentiality of Health Status for Men and Women Living with HIV
- C13: HPV Vaccine

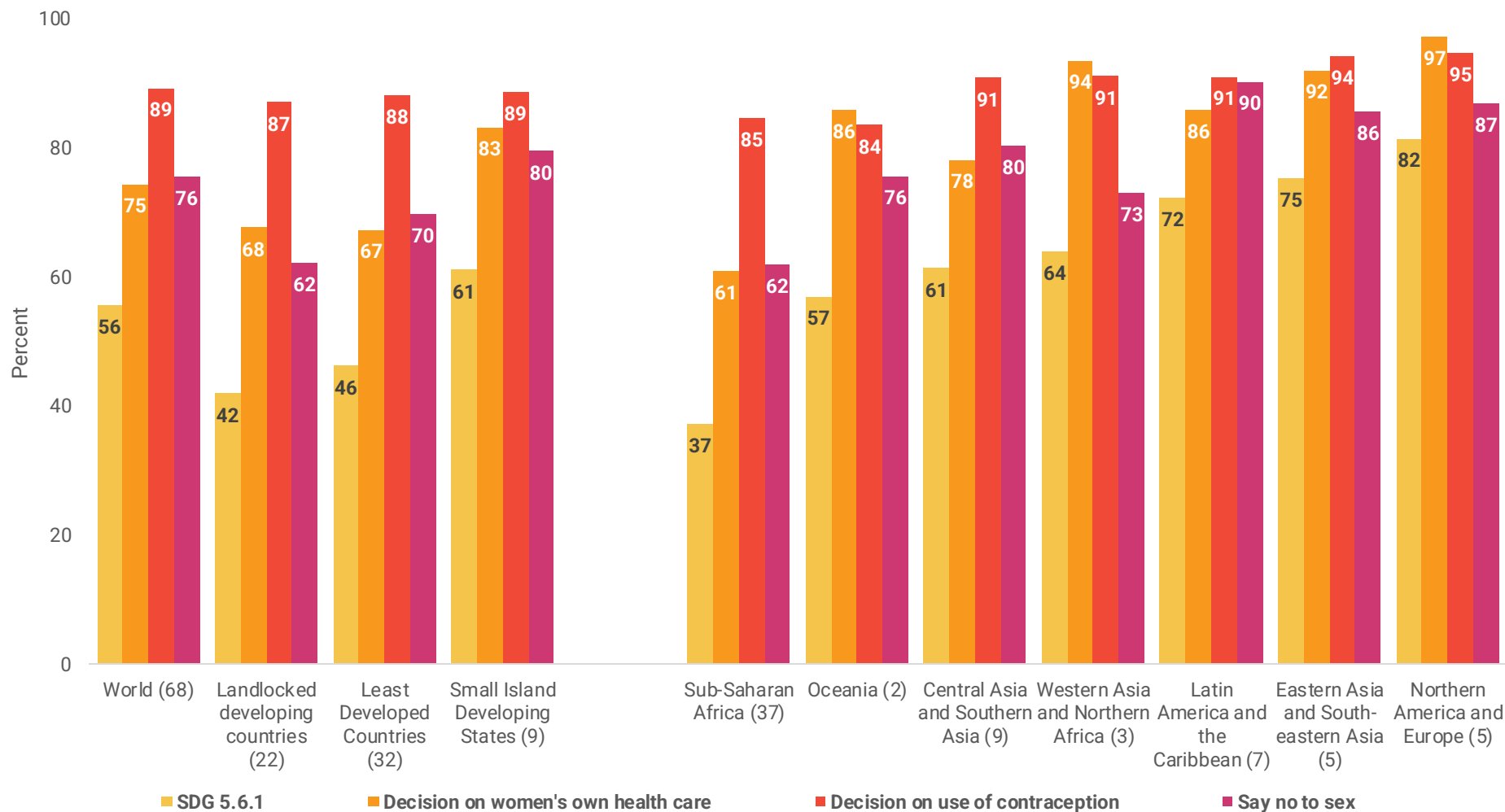


# For Each Component, *UN Population and Development Inquiry* Collects Information On:

Legal/regulatory <u>enablers</u>	Legal/regulatory <u>barriers</u> (restrictions and contradictory plural legal systems)
<p>Does the country have any law(s) or regulation(s) that provide for access to maternity care? (Yes/No)</p>	<p>Do the law(s) or regulation(s) include any <b>restrictions</b> by:</p> <ul style="list-style-type: none"> <li>• <b>Age</b> (Yes/No)</li> <li>• <b>Marital status?</b> (Yes/No)</li> <li>• <b>3<sup>rd</sup> Party authorization</b> (e.g., spousal, parental/guardian, medical) (Yes/No)</li> <li>• <b>Sex</b> (Yes/No) (where applicable- in other components)</li> </ul> <p>Are there any other <b>plural legal systems</b> that <b>contradict</b> (in part or in total) the law(s) or regulation(s)? (Yes/No)</p>

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

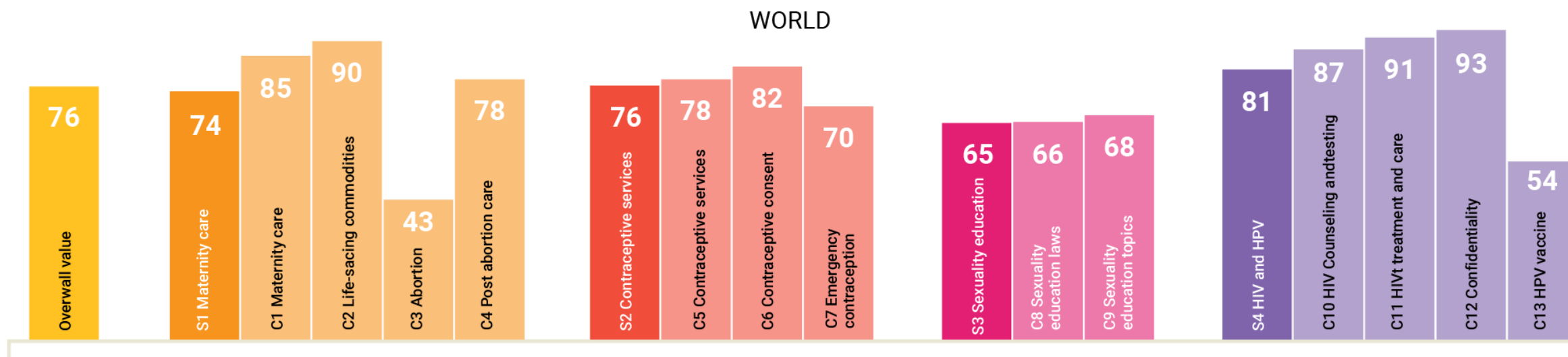
**SDG 5.6.1:** Proportion of women aged 15-49 years who make their own decisions regarding sexual and reproductive health and rights (including deciding on their own health care, deciding on the use of contraception; and can say no to sex); most recent data 2007-2022.



Note: The number of countries with comparable survey data included in the regional aggregations is presented in parentheses. Based on the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys conducted in the 2007-2022 period.

Source: United Nations Population Fund, global databases, 2023.

**SDG 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, including Section (S1-S4) and Component (C1-C13) values, 2022 (per cent).



Notes: Based on official responses to the United Nations 12<sup>th</sup> and 13<sup>th</sup> Inquiry among Governments on Population and Development. Data for SDG 5.6.2 are based on 115 countries with complete data; data for each Section is based as follows: 120 countries for Section 1 Maternity Care, 148 countries for Section 2 Contraceptive Services, 140 countries for Section 3 Sexuality Education, and 150 countries for Section 4 HIV and HPV.

Sources: United Nations Population Fund, global databases, 2022.





# UNFPA Progress on Measuring SDG 5.6



## 1. Methodology, Data Collection and Capacity Strengthening

- Tier 3 indicators - methodological work for SDG indicators 5.6.1 and 5.6.2 completed.
- Upgraded SDG indicator 5.6.2 to Tier 1 through two rounds of data collection on SDG 5.6.2 completed through the UN 12th and 13th inquiries - 153 countries reported data.
- Increased data coverage for SDG 5.6.1 from 45 countries in 2017 to 68 countries as of January 2023, through partnerships with DHS, MICS, GGS, Regional Commissions, and key national governments.
- Technical guidance for SDG 5.6.1 data collection and its roll out.
- Capacity strengthening webinars and workshops on SDG 5.6 data collection.

## 2. Research, Knowledge Management and Thought Leadership

- Annual reporting
- State of World Population 2021 - My Body is My Own.

### **5.6.1 research highlights**

- SDG 5.6.1 analysis and research: levels, trends and disparities (geospatial and LNOB analysis).
- What key elements support women's decision making for SRHR? Analysis of data for policy and programming.
- Associations between 5.6 and SRH outcomes.

### **5.6.2 research highlights**

- Impact of SRHR laws for uptake of SRH services.
- A global review of restrictions to supportive laws for SRHR.
- Programming guidance on steps to take to ensure that supportive laws are implemented.

## 3. Advocacy and Data for Action

- Launch event at the 2020 Statistical Commission.
- High-level events and CSW and Generation Equality Forum (GEF).
- Major media release of the data and findings in 2020; with coverage in top international media outlets.
- Inclusion of SDG 5.6 indicators in regional development and measurement frameworks, and global initiatives.

# Post-Agenda 2030: Comprehensive Measurement Framework for Reproductive Agency and Related Themes



**Societal**  
(Laws, regulations, policies, health system, etc.)

**Community**  
(Norms, sociocultural, etc.)

**Interpersonal**  
(Interaction, triggers, partners' characteristics, etc.)

**Individual**

**Health care provider**

**Partner communication and negotiation; self-efficacy**

**Coercion and violence**

**Social norms**

**Social support**



# Way Forward

## Country Engagements

- Facilitate national multistakeholder dialogues to operationalize and strengthen ownership of SDG 5.6 data
- Upcoming Expert Group Meeting

**Post-Agenda 2030:** towards a strengthened measurement framework on reproductive agency

## Program Implications

For more information, visit  
[www.unfpa.org/sdg-5-6](http://www.unfpa.org/sdg-5-6)

 **SUSTAINABLE DEVELOPMENT**  
GOAL **TARGET 5.6**





UNFPA

Delivering a world where  
every pregnancy is wanted  
every childbirth is safe and  
every young person's  
potential is fulfilled



United Nations Population Fund  
[www.unfpa.org](http://www.unfpa.org)



# Tracking women's decision-making for sexual and reproductive health and reproductive rights

TARGET 5.6

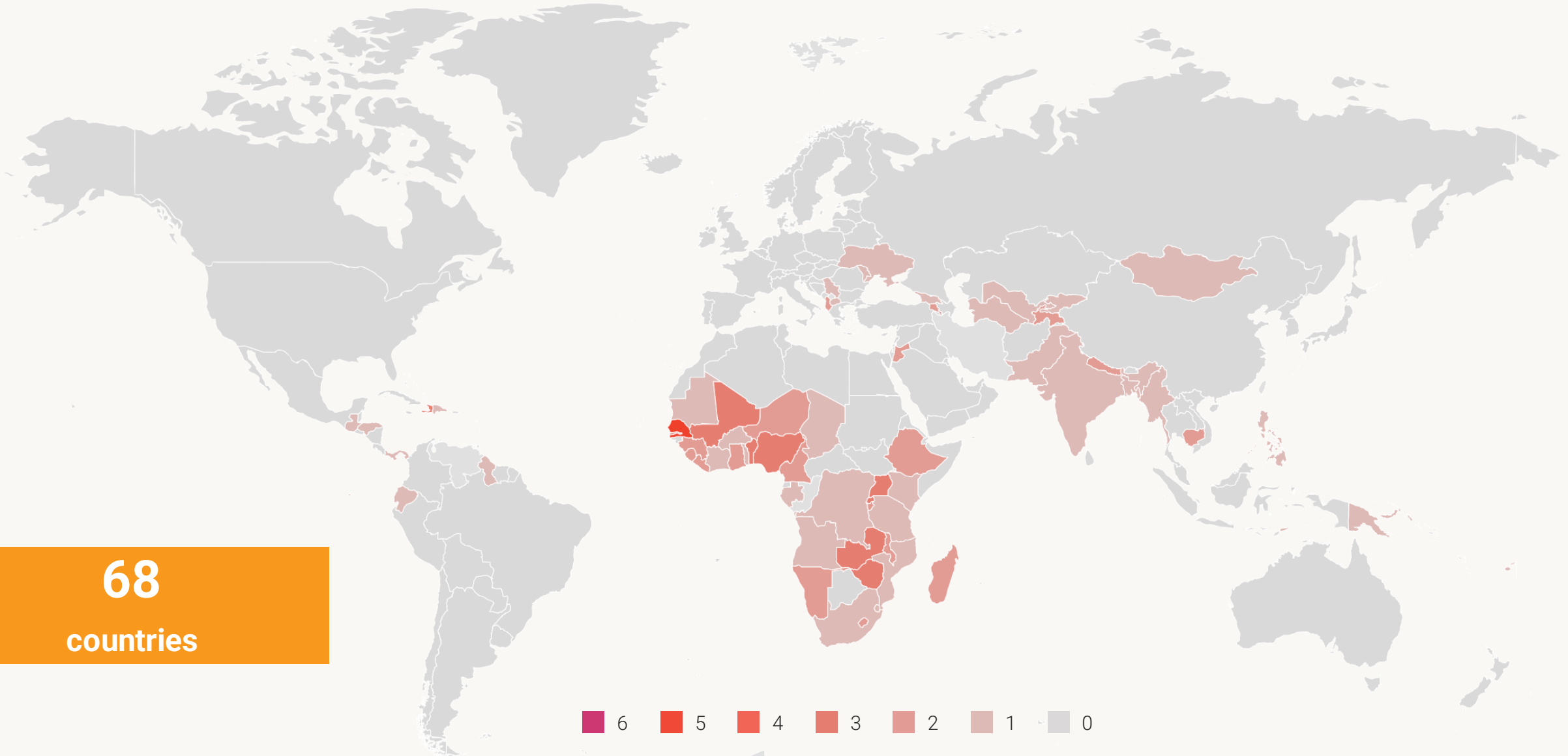


UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH AND RIGHTS



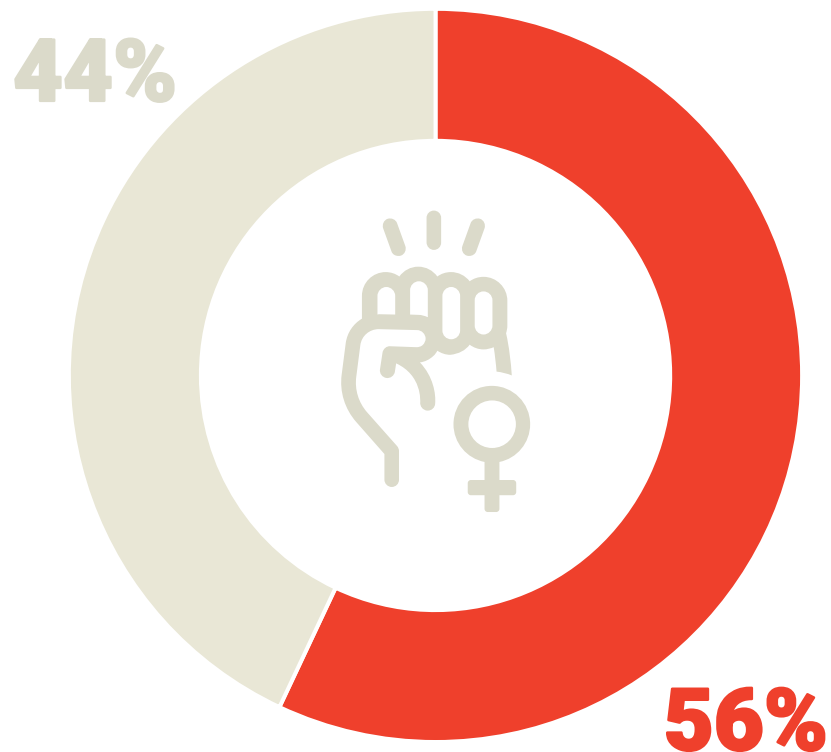
**SUSTAINABLE DEVELOPMENT**  
GOAL **INDICATOR 5.6.1**

# Data collection on SDG Indicator 5.6.1



**68**  
countries





- Women's decision making on sexual and reproductive health and rights (SRHR)
- No SRHR agency

### SDG 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)

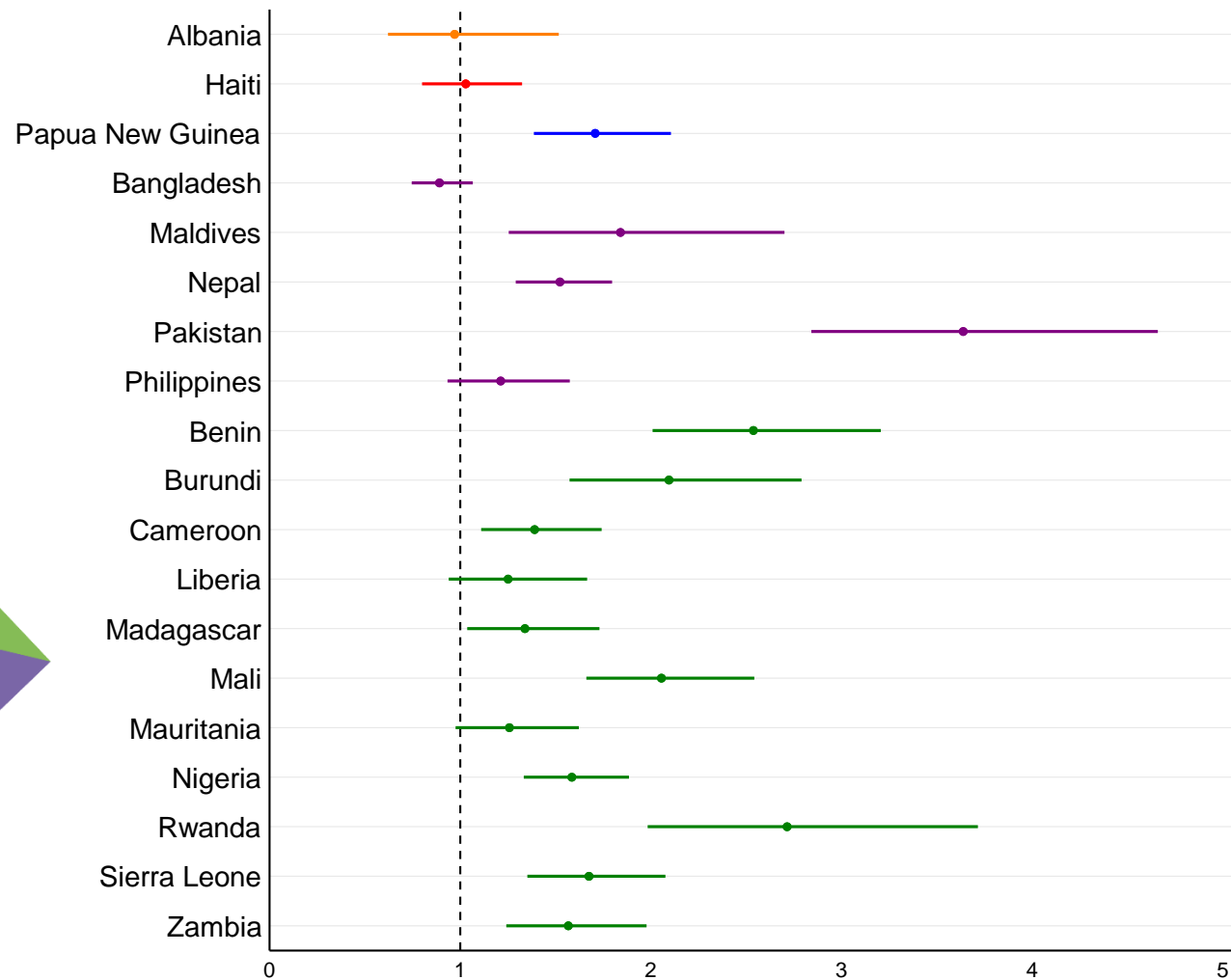
# What affects women's ability to decide on their SRHR?



1. Women's **socio-economic characteristics** and **knowledge** related to sexual and reproductive health and reproductive rights
2. **Position of the husband or partner** in the decision-making process
3. **Communication** between partners or spouses
4. **Gender norms**
5. Issues of **access, affordability and acceptability** of health services
6. Contraceptive **side effects**



# Association between contraceptive autonomy and contraceptive use



Controlling for women's age, age at first marriage/cohabitation, education level, household wealth, exposure to media, urban/rural residence, and barriers to access health care

- In 13 of the 19 studied countries, contraceptive autonomy is associated with a higher likelihood of using contraceptives among women ages 15-49 years old.
- In the other six countries (Albania, Haiti, Bangladesh, Philippines, Liberia, and Mauritania), there was no significant difference in uptake of contraceptives by contraceptive autonomy.

NOTE: Demographic and Health Survey Program data; color corresponds with world region (orange=North Africa/West Asia/Europe; red=Latin America & Caribbean; blue=Oceania; purple=South & Southeast Asia; green=Sub-Saharan Africa).

# SDG INDICATOR 5.6.2

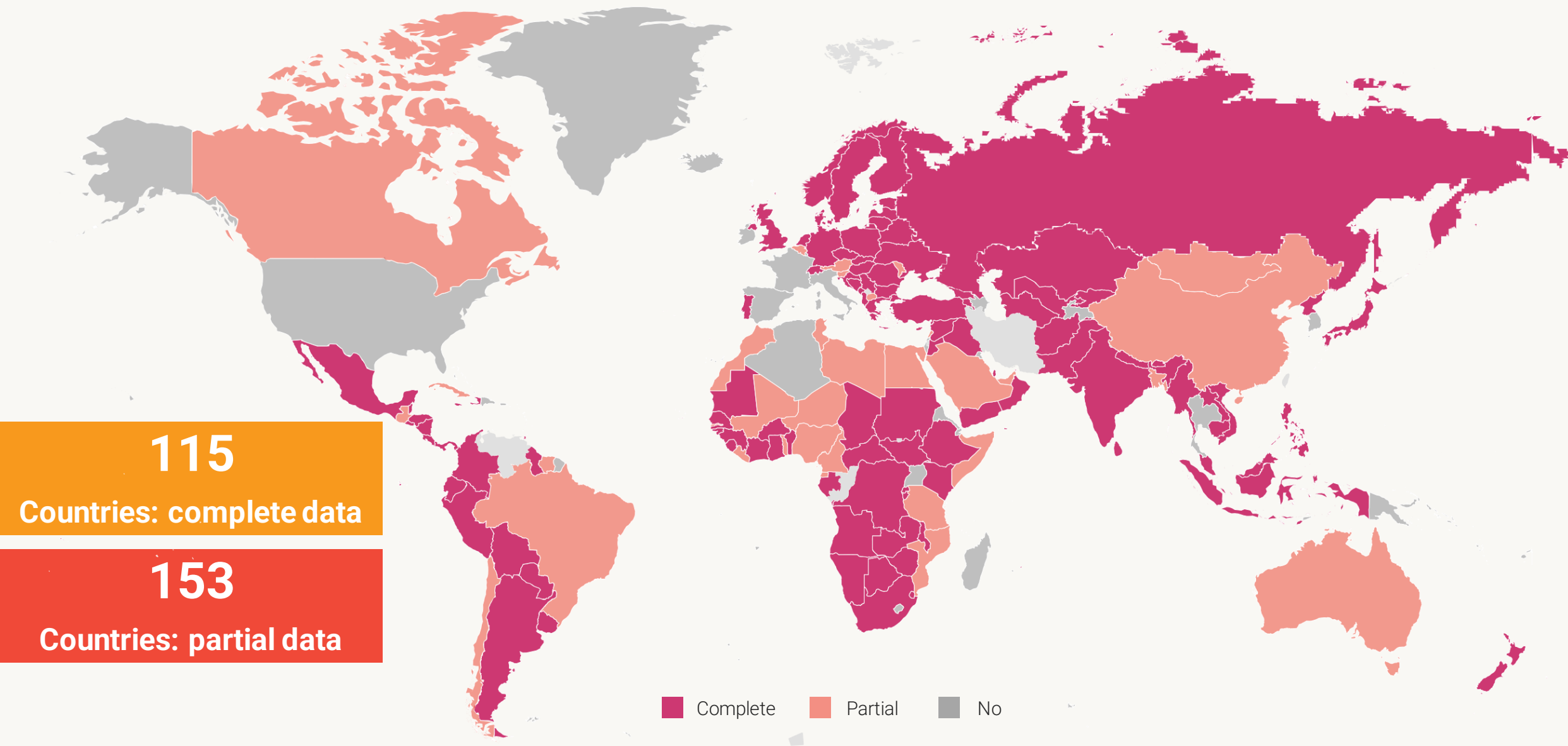
**INDICATOR 5.6.2: Number of countries with laws and regulations that guarantee *full and equal* access to women and men aged 15 years and older to sexual and reproductive health care, information and education.**

**Reported as:**

*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



# Data collection: UN 13<sup>th</sup> and 12<sup>th</sup> Inquiry



## SDG 5.6.2 SRH Law Restrictions Spotlight:

**72%**

of reporting countries have laws, regulations or national policies that make **sexuality education** a mandatory component of the national school curriculum.

In **22%**

of the countries where enabling laws for **access to contraceptive services** exist, spousal, parental or medical authorization is required

In **28%**

of the countries where induced abortion is legal on some or all grounds, **a husband's consent** is required to access **abortion** for married women

In **63%**

of the countries in the analysis, **women can be criminally charged for an illegal abortion.**

# Restrictions to laws for sexual and reproductive health

Overarching research question:

- What populations and specific SRH services are most impacted by restrictions associated with supportive laws?

Aims:

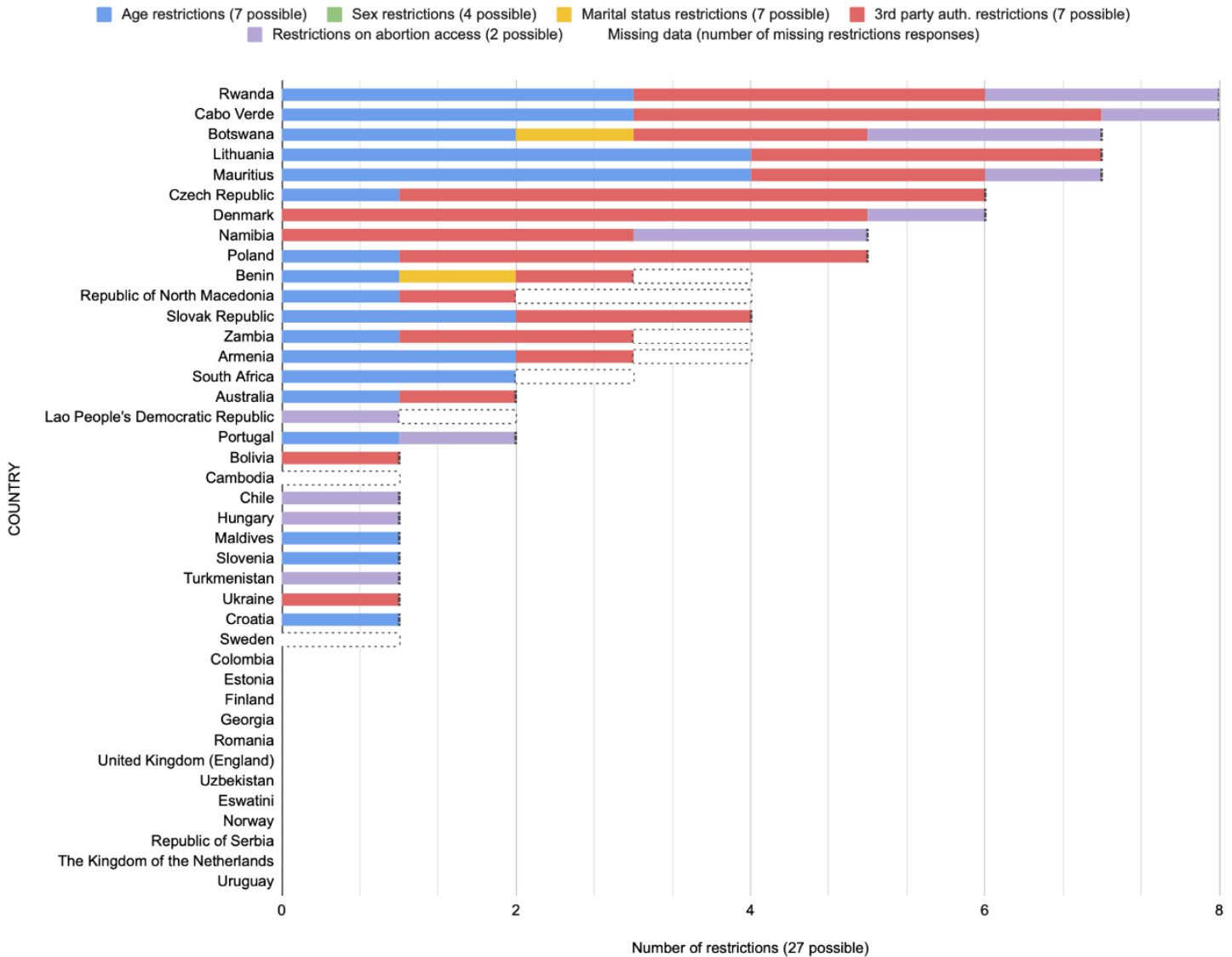
- Where supportive laws are in place, to identify what types of restrictions exist, which SRH topics face the most legal restrictions, and who is most impacted by restrictions.
- To highlight patterns in restrictions that may have program and policy implications.

# Overall legal environments



## Total number of restrictions

Among countries with all possible supportive laws, how many restrictions are reported?



- Forty countries report having all of the legal guarantees asked about in place, 20 of which are in Europe.
- Thirteen of the 40 countries with all legal guarantees report no associated restrictions.
- The vast majority of countries have at least eight out of 11 laws that guarantee access to services in place.
- However, in many countries, restrictions to these laws exist that negatively impact access for specific populations, particularly young people.

# Implications



## Implications of findings, restriction types:

- The high percentage of third-party authorization requirements is indicative of a widespread lack of legal autonomy over health and SRH-related decision making; efforts to remove third-party authorization requirements may use internationally accepted norms, such as States' obligation to prevent third parties from interfering with the right to health, to align their legislation with human rights standards.

## Implications of findings, restrictions by topic:

- The lack of supportive laws and high rate of restrictions on access to contraception, access to emergency contraception, and abortion indicate the critical and widespread need for legal reform in these areas that includes both introducing new supportive legislation and removing obstructive legislation such as restrictions and laws around criminalization.

## Implications of findings, restrictions and plural legal systems:

- The number of restrictions and plural legal system contradictions are higher in sub-Saharan Africa than other SDG sub-regions.

These analyses suggest that **one of the populations most affected by restrictions to SRH services as they appear in the legal and regulatory frameworks is adolescent girls and young women seeking abortion or contraceptive services in sub-Saharan Africa.**

# Moving from paper to practice



- Organizational steps help move from laws on paper to impacting people's lives include:
  - budget allocation
  - development of technical guidance
  - health worker training
  - population awareness creation and
  - demand generation.
- It is also important to address sociocultural challenges such as:
  - entrenched inequalities
  - conservative cultural and religious beliefs and
  - the potential existence of customary law.
- Local specificities in structures, systems and cultures bring opportunities and challenges, highlighting the need for tailored actions.



# Post-Agenda 2030: Towards a strengthened measurement framework on reproductive agency



# Understanding the current landscape



1. **Reproductive Empowerment Scale (Data for Impact, 2023):** (1) communication with healthcare providers, (2) communication with partners, (3) reproductive health (RH) decision making, (4) social support for RH, and (5) social norms related to women's RH and fertility.
2. **Reproductive Coercion Scale (McCauleya et al. 2017):** pregnancy coercion and condom manipulation
3. **Cross-cultural index of women's and girls' empowerment in sexual and reproductive health (WGE-SRH) (Moreau et al. 2020):** existence of choice, defined as SRH motivational autonomy, and exercise of choice, defined as SRH self-efficacy, decision-making and negotiation—for the three outcomes: sex, contraceptive use and pregnancy.
4. **Contraceptive Autonomy Measure (Senderowicz, 2020):** informed choice, full choice, free choice
5. **Reproductive Autonomy Scale (Upadhyay et al. 2014):** freedom from coercion, communication, decision-making
6. **SPA Quality of Care Framework (USAID):** provision of care, experience of care, human resources, physical resources
7. **Mother's Autonomy in Decision Making (MADM) scale (Vedam et al. 2017)**

# Example: Conceptual framework for Women's and Girl's Empowerment in Sexual and Reproductive Health

