Upholding bodily autonomy, rights, and choices: Tracking Progress through SDG Target 5.6

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IAEG-Gender Statistics
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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:

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<th>Contraceptive use</th>
<th>Sexual relations</th>
</tr>
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<td>Who usually makes the decision on whether or not you should use contraception?</td>
<td>Can you say no to your husband/partner if you do not want to have sexual intercourse?</td>
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</tr>
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</tr>
<tr>
<td>• You and your husband/partner jointly</td>
<td>• Joint decision</td>
<td>• Depends/not sure</td>
</tr>
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<td>• Other, specify</td>
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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:

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

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 12th and 13th 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.

## 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 SRH.
- 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
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
Tracking women’s decision-making for sexual and reproductive health and reproductive rights
Data collection on SDG Indicator 5.6.1

68 countries
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)

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

44% 56%
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 13th and 12th Inquiry

115 Countries: complete data

153 Countries: partial data
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.
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.


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.


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

- **Existence of choice (distal)**
  - Autonomy
  - Goals and motivations related to sex, contraceptive use, and childbearing

- **Exercise of choice (proximate)**
  - Self-efficacy
  - Negotiation
  - Decision-making

- **Achievement of choice**
  - Sex by choice
  - Contraceptive use by choice
  - Pregnancy by choice

- **Agency**
  - A woman’s ability to act in line with her choices and behave in line with achieved choices

- **Resources and Opportunity Structures**
  - Societal
  - Individual

- **Demographic Stages**
  - Adolescence
  - Young Adult
  - Middle Age
  - Older Age