



Update on Development of SDG Indicators 5.6.1 & 5.6.2

by

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IAEG – Gender Statistics Meeting

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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. (Re-classified to Tier II)**
- **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 (Tier III, Indicator refined)**

Expert Group members



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 reproductive rights:
 1. Decision on sexual relations
 2. Decision on use of contraception; and
 3. Decision on use of reproductive health care
- A woman is considered to have autonomy in reproductive health decision making and to be empowered to exercise her reproductive rights if she:
 - can say “NO’ to sex with their husband/partner if she does not want to,
 - decides on use/ non-use of contraception, and
 - decides on reproductive health care for herself.
- Only women who provide a “yes” answer to all three components are considered as women who “make their own decisions regarding sexual and reproductive health”.

The indicator is calculated based on women's responses to three questions focused on women's reproductive rights:

1. *Can you say no to your (husband/partner) if you do not want to have sexual intercourse?*
 2. *Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?*
 3. *Who usually makes decisions about reproductive health care for yourself?*
- Whilst questions exist in most DHS, on women's decision on sexual relations and use of contraception, there is currently no question on decision-making on "reproductive health care".
 - Instead, there is a question on decision-making on "health care", yet the aspiration is to have a question(s) that will speak directly to decision-making about **reproductive health care**
 - Indicator 5.6.1 currently measured based available data on women's decision on "health care" while work continues to finalize the Reproductive Health care question and collection of relevant data.

Next step:

- Support national capacity strengthening on calculation methodology to ensure national level generation of estimates for 5.6.1

Country data availability and reporting

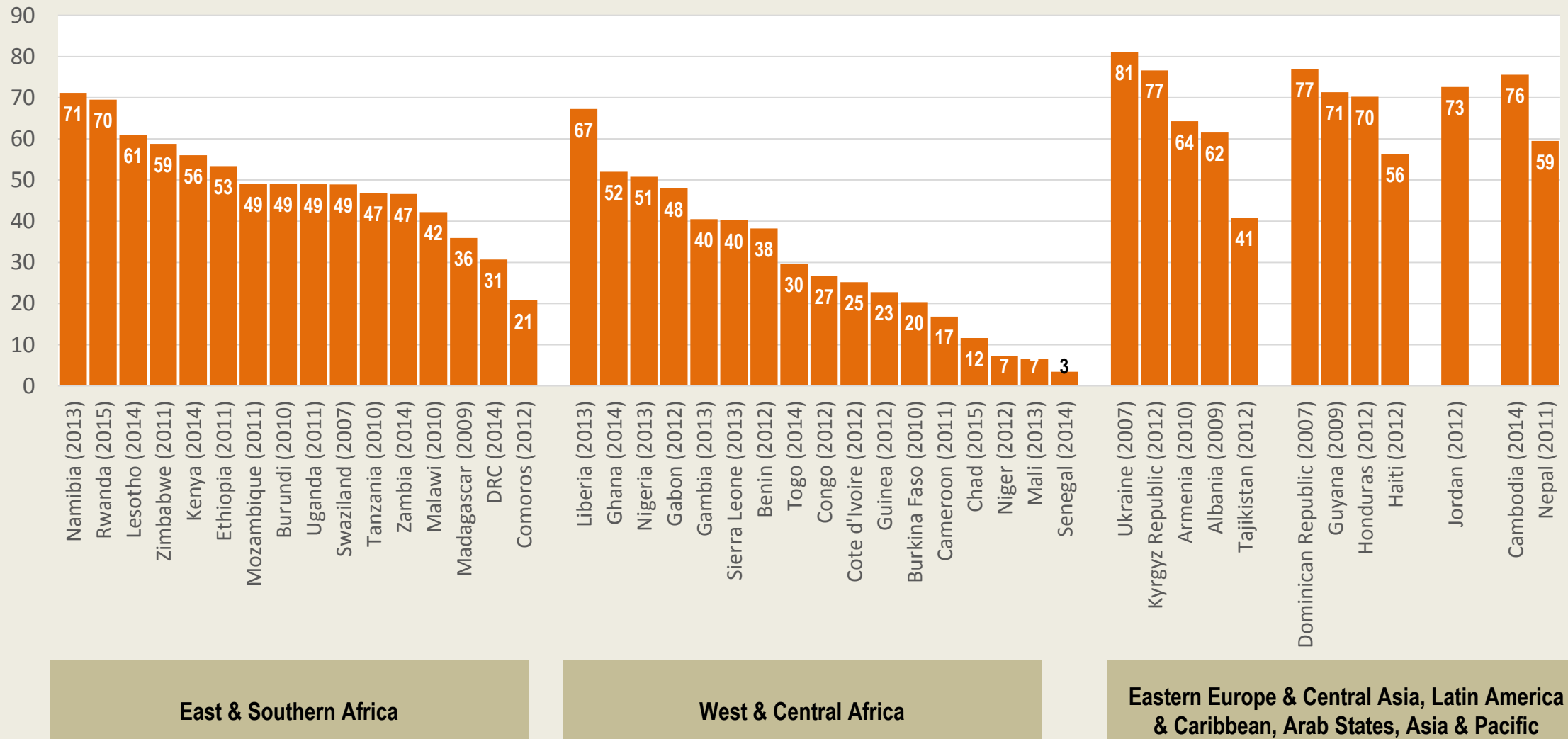


- Currently data for Indicator 5.6.1 is derived from DHS. Globally, from DHS:
 - Data on Q1 (say no to sex)- 45 countries (asked of women married or in union)
 - Data on Q2 (decision on contraception)- 59 countries (currently asked of women married or in union **and who are using contraception. DHS will extend this question** to be asked of those women not currently using contraception starting 2017).
 - Data on Q3 (**Decision of reproductive health care**) – **0 countries**
 - Data on decision on **HEALTH CARE** - 60 Countries (asked of women married or in union)
 - Data on **all the three core questions** (say no to sex, decide on contraception, and decide on **health care**) - **45 Countries**.
- The data was included, for the first time, in the UNSD SDG database in 2017 and included in the 2017 SDG Report

Next steps

- Advocate for inclusion in national surveys of all 3 component questions and broadening the target to include all women married or in union, whether or not they are using any contraception
- Advocate for inclusion of Indicator 5.6.1 in national DHS reports where data is available

Percent of women currently married or in union and using any type of contraception who make their own decision on sexual relations, contraception and their own health care



Country data validation

- Because of the specific nature of the calculation methodology, and noting that the indicator is not routinely published in DHS national reports, the indicator is currently calculated by UNFPA HQ from relevant primary DHS data which is publicly accessible online.
- Through UNFPA Country Offices, National Statistics Offices/ departments responsible for DHS in countries with data were provided with the estimates for their validation- as per CCSA guidance.
- To date about half of the 45 the countries have validated the estimates.

Next step:

- Follow-up with countries to ensure 100% validation

Methodological refinement- towards measuring decision-making on RH

- Whilst the aspiration of the indicator is to have a question(s) that will speak directly to decision-making about reproductive health (RH) care, the challenge, is that **“RH care” is many things**, ranging from:
 - the spectrum of maternal care (prenatal to postnatal),
 - to use of contraception / abortion or post-abortion care,
 - to sexual health care (STI / HIV screening / treatment)
- Pilot testing of the question on “decision-making on RH care“ during the Belize MICS in 2015, showed that asking about **decision-making on RH care** requires greater specificity if the respondents are to have a common understanding of what is being asked.
- The Expert Group Meeting (EGM) of 22 November 2016 recommended development of a "scenario-based" question to measure women's decision-making in the area of RH care.

decision-making on RH cont...

- A follow-up EGM (24 Jan 2017) proposed the question that was further reviewed internally within UNFPA to ensure focus on the decision-making aspect:
 - ***“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?”***
- Piloting of the question so far confirmed as follows:
 - Jordan (2017 DHS);
 - Tajikistan (2017 DHS,
 - Philippines (2017 DHS);
 - Malawi (2018 MICS)
- Approaching China, Brazil – national surveys
- Additional countries with surveys in early 2018 under consideration

Next steps

- Analysis of pilot test results and finalization of the scenario-based question
- Advocacy for inclusion of scenario-based question in national surveys

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Shifting to 5.6.2

INDICATOR 5.6.2 (Tier III)

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

Since last IAEG-GS (Oct 2016)

- Refinement of 5.6.2: Following the 4th and 5th IAEG-SDG meetings in Geneva and Ottawa, the 48th session of the United Nations Statistical Commission held in March 2017 agreed to refinement of SDG indicator 5.6.2 to:
“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”
- EGM 22 November 2016 reviewed measurement of the refinement and the proposed methodology to ensure effective implementation at global, regional and country level.

Indicator 5.6.2- Measurement context



- Measures existence of laws and regulations; and not their implementation.
- Sexual and reproductive health care, information and education defined in accordance with the Programme of Action of ICPD & the Beijing Platform for Action.
- 4 domains:
 - pregnancy & childbirth /
 - contraception /
 - comprehensive sexuality education & information /
 - sexual health & well-being
- Assessing both *legal barriers* (restrictive laws & regulations) and *legal enablers* (positive laws & regulations)
- Will track in particular restrictions due to marital status, age, and requirement for third party authorization as cross-cutting aspects

Proposed Methodology

- Building on methodology and survey tool proposed by Columbia University: Expert group reduced the survey questions from over 180 to 45 whilst ensuring coverage of the main components of SRH in line with the ICPD Programme of Action; and further reduced to 33 questions.
- Self-reporting survey by governments
- National Validation Committee: Government; UN Country teams; civil society – reviewing federated systems; pluralism; observations & recommendations from UN human rights processes
- To cover all countries, all regions
- Some components of survey already familiar to governments
 - e.g. the UN 5-yearly Inquiry among Governments on Population and Development, since 1963 led by the Population Division of DESA, includes a Module on “Fertility, Family Planning and Reproductive Health”

Piloting of the survey tool for 5.6.2

- Survey tool and methodology to be pilot-tested in 6 countries in 2017 (Oct-Nov):
 - Mexico
 - Albania
 - Sri Lanka
 - Tunisia
 - Zambia
 - Nigeria- to be confirmed

Next steps

- Analysis of pilot test results
- Finalization of survey tool, methodology and scoring formula based on results of pilot tests
- Presentation of final methodology to the IAEG-SDG in March 2018, and request for Tier reclassification
- Data collection to start in 2018 to obtain baseline data for all countries.



Thank you