Ensure universal access to sexual and reproductive health and reproductive rights

MEASURING SDG TARGET 5.6

TARGET 5·6

UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH AND RIGHTS

The Sustainable Development Goals *mark tremendous progress in addressing women's sexual and reproductive health and reproductive rights. For the first time, an international development framework includes not only targets on services (Targets 3.1 and 3.7), but also targets that address the barriers and human rights-based dimensions (Target 5.6). Target 5.6 on universal access is measured by two indicators designed to complement each other (Indicators 5.6.1 and 5.6.2).*

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[1].

Combined, they provide a comprehensive picture of key dimensions of sexual and reproductive health and reproductive rights, measuring women's ability to make her own decisions on contraceptive use, reproductive health care and sexual relations, as well as the legal and regulatory environment. This allows a complementary examination of whether a country has a positive enabling legal and normative framework, and whether its provisions go the last mile to empower all women and girls.

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Tracking women's decision-making for sexual and reproductive health and reproductive rights
SUSTAINABLE DEVELOPMENT GOAL INDICATOR 5.6.1
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Only women who assert that they make their own decisions in three key areas are considered to have autonomy in reproductive health decision-making and empowered to exercise their reproductive rights. Three questions are used in this composite indicator to assess women's autonomy:

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

Until recently, the indicator captured results for married and in-union women and adolescent girls of reproductive age (15–49 years old) who are using any type of contraception. In the next phase of the national Demographic and Health Survey (DHS–7) and later rounds, the questionnaire will be extended to respondents whether they are using contraception or not. One limitation of the data is that unmarried women and girls are not included.

As of early 2020, a total of 57 countries, the majority in sub-Saharan Africa, have at least one survey with data on all three questions necessary for calculating Indicator 5.6.1. Broader data sources are needed and efforts to increase data coverage are underway. Current data on the indicator are derived from the DHS and efforts are being made to include the Multiple Indicator Cluster Surveys (MICS), the Generation and Gender Survey (GGS) and other country-specific surveys.


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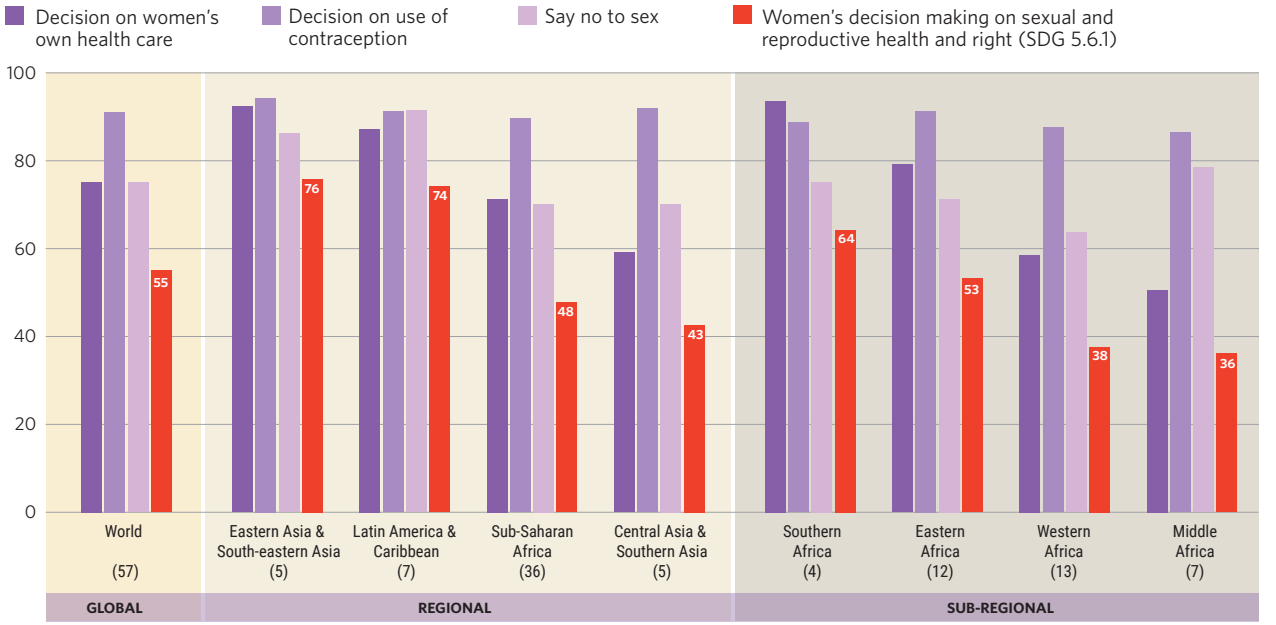
Levels in women's decision-making regarding sexual and reproductive health

Only 55 per cent of married or in-union women aged 15 to 49 make their own decisions regarding sexual and reproductive health and rights, based on data from 57 countries. Data thus far reveal large disparities among regions[2], from less than 40 per cent empowered in Middle Africa and Western Africa to nearly 80 per cent in some countries in Europe, South-eastern Asia, and Latin America and the Caribbean. Analysis of the three sub-indicators shows that while women seem to have the most autonomy in deciding to use contraception, with 91 per cent empowered, only three in four women can decide on their own health care or say no to sex.

Dynamics in sexual and reproductive health decision-making vary substantially across regions. In Southern Africa, 92 per cent of married or in-union women make decisions on their health care and 75 per cent can say no to sex. In comparison, in Middle Africa, 50 per cent of women make decisions of their health care, and close to 80 per cent can say no to sex. Although In Eastern Asia and South-eastern Asia, and Latin America and the Caribbean over 85 per cent of women are able to make at least one of the three types of decisions, only three in four can make decisions for all of them. In summary, gaps still exist in women's autonomy, even where high levels of individual decision-making are observed in some dimensions.

The levels in women's decision-making regarding sexual and reproductive health care greatly varied across countries. Among the 57 countries with data, Ecuador has the highest level, at 87 per cent, followed by the Philippines and Ukraine where 81 per cent of married or in-union women decide on sexual and reproductive health care for themselves. Mali, Niger and Senegal are among the countries with the lowest levels, where less than 10 per cent of married or in-union women participate in the decisions on sexual and reproductive health care (figure 2).

Figure 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); by SDG region, most recent data 2007-2018.



Notes: The number of countries with comparable survey data included in the regional aggregations is presented in parentheses.

Source: United Nations Population Fund, global databases, 2020. Based on the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys conducted in the 2007-2018 period.

Figure 2. 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); by country, most recent data 2007-2018.

Source: United Nations Population Fund, global databases, 2020. Based on the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys conducted in the 2007-2018 period.

Leaving no one behind

The 2030 Agenda for Sustainable Development elevates as a core principle the objective to "leave no one behind." Leaving no one behind will require the use of disaggregated data, to allow an in-depth look at trends across different population groups. Overall, older women, more educated women, women living in urban areas, and women living in the wealthier households are more likely to make their own decisions.[3]

Variations are found at the national level for each type of decision. In some countries such as Jordan, Tajikistan and Zimbabwe, older women are more likely to have the ability to say no to sex; while in other countries such as Comoros, Ethiopia and Guinea, older women are less likely to have the ability say no to sex (figure 3.c). In contrast, older women are more likely to make their own decisions on their health care in almost all of the countries with data available (figure 3.a). More consistent disadvantages among less educated women, women living in poorer households, and women living in rural areas are found in the vast majority of the countries across all three components of the indicator.

To leave no one behind, it is important to know if the situation of the most vulnerable is improving, regardless of where they

FIGURE 3 – AGE GROUP

Figure 3.a Decision-making on women's own health care, by age, select countries, per cent