TARGET 5·6

UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH AND RIGHTS

GUIDELINES

on Collecting Data for SDG Indicator 5.6.1 on Women's Sexual and Reproductive Health and Reproductive Rights Decision-making in National Household Surveys

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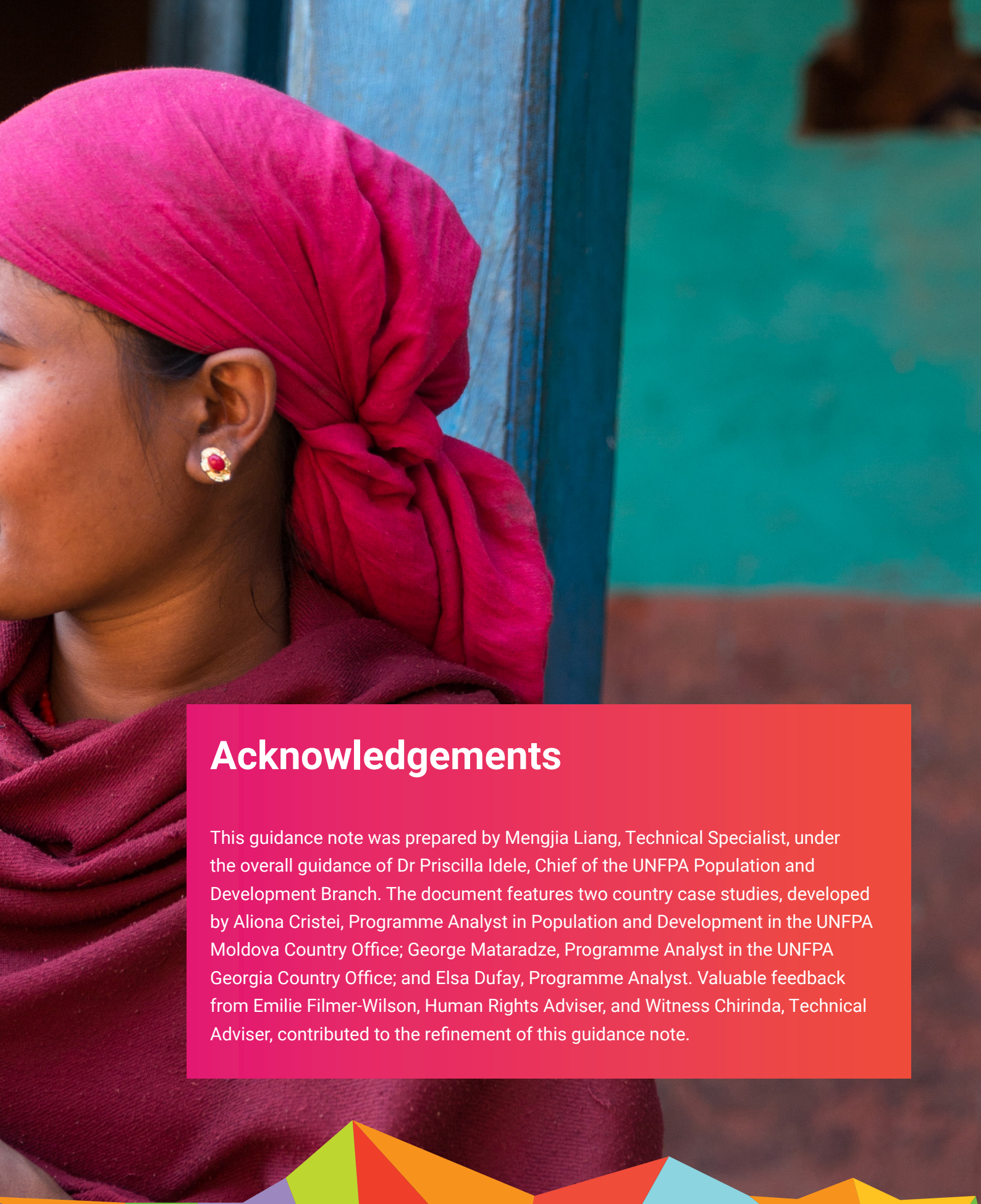

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KEYWORDS:

SDG INDICATOR 5.6.1, SEXUAL AND REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS DECISION-MAKING, BODILY AUTONOMY, HOUSEHOLD SURVEYS, DATA COLLECTION

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A. Background

The Sustainable Development Goals (SDGs) Framework signifies enormous progress in addressing women's reproductive rights. For the first time, an international development framework includes not only targets on sexual and reproductive health services (SDG target 3.7) but also targets that address the barriers to accessing these services and human rights-based dimensions of sexual and reproductive health and rights. SDG target 5.6 focuses on "ensuring universal access to sexual and reproductive health and rights" and is measured by SDG indicators 5.6.1 and 5.6.2. The United Nations Population Fund (UNFPA) is the custodian agency[1] of SDG indicators 5.6.1 and 5.6.2. The two indicators require regular data from countries for reporting on the SDGs.

1 Custodian agencies are United Nations bodies (and in some cases other international organizations) responsible for compiling and verifying country data and metadata, and for submitting the data, along with regional and global aggregates, to the United Nations Statistics Division. These agencies may publish the country data in their own databases and use such data for thematic reporting. The country data need to be internationally comparable. To this end, the agencies are also responsible for developing international standards and recommending methodologies for monitoring.

SDG indicator 5.6.1 is the proportion of women aged 15–49 years (married or in union) who make their own decisions about their own reproductive health care, their use of contraception and whether or not to engage in sexual intercourse with their husband or partner. Only a woman who can decide on all three components is considered able to "make her own decisions regarding sexual and reproductive health".

Data are mainly derived from nationally representative household surveys, including Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Generations and Gender Surveys (GGS) and other country-specific household surveys. The DHS has been the main source of data until the recent inclusion of the relevant questions in the MICS and the GGS.

Until recently, the indicator captured results for married or in-union women and adolescent girls of reproductive age (15–49 years) who were using any type of contraception. In the seventh phase of the DHS and later rounds of the survey, and in other data collection instruments, including the MICS and the GGS, all female respondents (15–49 years old) are asked these questions, whether they are using contraception or not. The measure does not cover women and girls who are not married or not in union, as they are not expected to consult with their partners and make "joint decisions" on their own health care.

The official report on the SDGs for 2023 showed that a total of 68 countries had at least one survey with data on all three questions necessary for measuring indicator 5.6.1 (see the table in the annex). These countries are categorized according to the SDG regional classifications as follows:

- **Sub-Saharan Africa (37)**
- **Central Asia and Southern Asia (9)**
- **Latin America and the Caribbean (7)**
- **Eastern Asia and South-eastern Asia (5)**
- **Northern America and Europe (5)**
- **Western Asia and Northern Africa (3)**
- **Oceania (2)**

Immediate action is required to increase data coverage and better understand the sexual and reproductive health and rights dynamics in countries where data are limited or do not exist. The purpose of this brief is to provide guidance on collecting data for SDG indicator 5.6.1 in particular, incorporating the three questions for calculating the indicator (provided below) in any upcoming relevant national household surveys, including the MICS and DHS.

B. Measuring SDG indicator 5.6.1 on sexual and reproductive health and reproductive rights decision-making: recommended questions

Women's autonomy in decision-making and exercising their reproductive rights is assessed from responses to the following questions.

1. **Who usually makes decisions about health care for yourself?**
   - respondent
   - husband/partner
   - respondent and husband/partner jointly
   - someone else
   - other (specify)

2. **Who usually makes the decision on whether or not you should use contraception?**
   - respondent
   - husband/partner
   - respondent and husband/partner jointly
   - someone else
   - other (specify)

3. **Can you say no to your husband/partner if you do not want to have sexual intercourse?**
   - yes
   - no
   - depends/not sure

The questions are part of the standard Demographic and Health Surveys (DHS) Women's Questionnaire and the Generations and Gender Surveys (GGS) questionnaire and are available as an optional MICS module (see Box 1) that can be added to the standard Multiple Indicator Cluster Surveys (MICS) Questionnaire for Individual Women. Deviations from the standard wording may compromise the data's utility in calculating the indicator; therefore, it is recommended that the questions be asked exactly as suggested.

Demographic and Health Surveys (DHSs) are nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health and nutrition. Managed by the DHS Programme, this international survey programme has successfully conducted over 400 surveys in more than 90 countries. The programme is funded by the United States Agency for International Development (USAID) together with other donors and participating countries.

The Generations and Gender Surveys (GGS) is a panel survey that deals with topics related to family, partners, parents, work and everyday life. The survey seeks to study the factors that influence family formation, having children and relationships between younger and older generations. The survey is the core element of the Generations & Gender Programme, a cross-national, comparative, multidisciplinary, retrospective and prospective study of the dynamics of family relationships in contemporary industrialized countries. The programme is coordinated by the Netherlands Interdisciplinary Demographic Institute (NIDI) and the United Nations Economic Commission for Europe in Geneva.

The Multiple Indicator Cluster Surveys (MICS) are an international household survey programme developed and supported by the United Nations Children's Fund (UNICEF). Implemented through a collaboration between UNICEF and countries' ministries of health and national statistics offices, MICS is designed to collect estimates of key indicators that can be used to assess the situation of children and women.

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BOX 1.

MICS optional module on informed decisions on reproductive health care

INFORMED DECISION ON REPRODUCTIVE HEALTH CARE ID			
ID1. Check MA1: Is woman currently married or living together with someone as if married?	YES, MA1=1 OR 2. NO, MA1-3 OR BLANK.	1 2	2 → End
ID2. Can you say no to your husband/ partner if you do not want to have sexual intercourse?	YES NO NOT SURE/DEPENDS	1 2 8	
ID3. Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else? *If someone else or together, probe: Could you tell me (with) who(m)?*	RESPONDENT HUSBAND/PARTNER RESPONDENT AND HUSBAND/ PARTNER JOINT DECISION OTHER (specify)	1 2 3 6	
ID4. Who usually makes the decision on whether or not you should use contraception, you, your (husband/ partner), you and your (husband/ partner) jointly, or someone else?	RESPONDENT HUSBAND/PARTNER RESPONDENT AND HUSBAND/ PARTNER JOINT DECISION OTHER (specify)	1 2 3 6	

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C. Relevant national surveys

In addition to the international survey programmes such as the DHS and the MICS, and regional survey programmes such as the GGS, questions for measuring SDG indicator 5.6.1 may also be added to other national surveys. Existing national household surveys must ascertain that subgroups of the population essential for calculating the indicator, specifically women of reproductive age (15–49) who are married or in union, are not systematically excluded by the sampling design. Surveys that cover only certain population subgroups, such as women who speak the dominant language or women from the main ethnic group in a country, may exclude the experiences of a large number of women, and hence would not be appropriate for calculating the indicator for the country. The survey should have a large sample size (usually between 5,000 and 30,000 households) and should be representative at national level and at least one administrative level below national level.

National surveys that focus on health or gender topics may be appropriate candidates for the incorporation of the questions necessary for calculating SDG indicator 5.6.1. For example, the sensitivity of the topics addressed in health surveys, in particular those examining women's health, make them suitable instruments for incorporating questions on women's decision-making on their reproductive health care, use of contraception and sexual relations.

To generate data for SDG indicator 5.6.1, all three of the relevant questions must be included in the survey (see section B).

D. Key variables and personal characteristics of respondents

Although women often struggle with autonomy in decision-making and exercising their reproductive rights in all settings and contexts, some groups of women are affected disproportionately. To effectively guide policies, surveys must include sufficient detail about the personal characteristics of respondents. In addition, SDG indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, immigration status, disability, geographical location or other characteristics, in accordance with the Fundamental Principles of Official Statistics.[2]

To summarize, the personal characteristics on which data should be collected in such surveys include:

- **age**
- **age at first marriage**
- **place of residence**
- **highest level of education**
- **race**
- **ethnicity**
- **immigration status**
- **disability**
- **geographical location**
- **income or wealth index**

It is worth mentioning that disaggregation will have implications in terms of sample size and, therefore, costs.

To advocate for the inclusion of the three questions relevant to SDG indicator 5.6.1 in the MICS and other national surveys, it is highly recommended that UNFPA and partners engage in the consultation with survey sponsors and stakeholders early in the planning phases of the national surveys and periodically at specific stages of the surveys. UNFPA is available to provide technical support for this process.

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2 Fundamental Principles of Official Statistics (A/RES/68/261 from 29 January 2014).

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E. Country case studies

The case studies below provide practical examples of how SDG 5.6.1 questions have been incorporated into the GGS and MICS in the Republic of Moldova and Georgia, respectively. The following sections presents the methodology, key challenges and enablers associated with the design and implementation of these surveys.

Republic of Moldova

The Republic of Moldova's GGS was the first survey that was not part of the MICS or DHS programmes to successfully integrate questions to measure SDG indicator 5.6.1.

Interest in conducting the GGS in the Republic of Moldova was expressed in 2014, and funding was agreed in 2018. Data collection for the GGS in the Republic of Moldova officially started on 29 January 2020. The survey used a traditional face-to-face method of data collection using computer-assisted personal interviews. The fieldwork was conducted by Magenta Consulting SRL and was coordinated by the UNFPA country office (CO) in the Republic of Moldova and the National Bureau of Statistics (NBS), along with NIDI, which provided technical support and guidance regarding data storage. To decide on the inclusion and content of the questions relating to SDG indicator 5.6.1, a working group made up of key stakeholders was created. While numerous challenges were encountered in integrating these questions, the importance of the topic prompted the working group to push for and succeed in the inclusion of the desired questions. The following section presents the key challenges and enablers encountered by the Republic of Moldova's UNFPA CO during its work.

Key challenges and mitigation measures

Notwithstanding general fieldwork challenges, such as difficulties in hiring and retaining personnel, a low participation rate and the added complexity of the COVID-19 outbreak, the major challenges pertaining to questions relating to SDG indicator 5.6.1 were as follows.

- **Sensitivity of the questions.** Questions regarding SDG indicator 5.6.1 can be particularly sensitive. As a result, it became important to ensure the enumerators were trained in addressing the sensitive questions. Sexual and reproductive health (SRH) and gender experts were involved in training the enumerators to increase their knowledge about the way in which the sensitive questions should be addressed in different situations. Quality control checks were performed on the data, as the sensitivity of the questions can increase the risk of false responses. In the case of the Republic of Moldova, following the interview, the enumerators would fill in a questionnaire to record their perceptions of the quality of the data. Questions such as "Did any other people seem to influence any of the answers given by the respondents?", "How willing was the respondent to answer the questions?" and "How would you judge the information the respondents gave?" were answered by the interviewers to help gauge the reliability of the data.

- **Resistance to the inclusion of questions.** The inclusion of new questions, especially sensitive ones, was met with initial resistance from the NBS. However, the creation of a stakeholder working group, the involvement of gender and SRH experts in training the enumerators and sensitization sessions focused on the relevance and usefulness of the data helped change the NBS's view on the inclusion of the questions.

- **Data-processing skills.** As the NBS did not have the advanced skills necessary for final data processing, an international consultant was hired to process the data, while UNFPA helped NIDI and the NBS to validate the data.

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Key enablers

The key enablers pertaining to questions relating to SDG indicator 5.6.1 were as follows.

- **Stakeholder engagement.** Stakeholder engagement was identified as the most critical enabler of success. The participation of several government agencies, especially some of the most important public institutions, such as the Demographic Policies Division of the Ministry of Labour and Social Protection, the Ministry of Health, the Ministry of Economy and the Ministry of Education, Culture and Research, and the involvement of the NBS, civil society organizations, research institutions, academia, United Nations agencies and other relevant international institutions promoted the alignment of the major parties.

- **"Champions".** In the case of the Republic of Moldova, the Ministry of Labour and Social Protection championed the survey. It was the survey's main donor and played a strong advocacy role, helping convince the more reluctant stakeholders to be involved in the survey. To ensure that all voices and concerns were heard, a steering committee for the Generations & Gender Programme was established. The committee discussed the most critical aspects and challenges of the project and agreed on appropriate solutions.

- **Funding.** Securing funding for the survey was also critical. The UNFPA CO was instrumental in securing funding for the GGS. Having argued for and persuaded the Moldovan government of the necessity for the GGS and better demographic policies, UNFPA agreed to co-finance this exercise with an initial amount of 75,000 United States dollars and eventually increasing to 240,000 United States dollars (approximately 32% of the total budget). To cover additional costs, such as those associated with the specialized training of enumerators, communication campaigns or hiring experts, an adequate funding strategy was required. In the case of the Republic of Moldova, the inclusion of questions relating to SDG indicator 5.6.1 did not generate more costs, as the adjustment of the questionnaire was done pro bono by NIDI as part of the commitment stipulated in the memorandum of understanding signed by the partners. In addition, the involvement of SRH and gender experts was requested initially for the fertility section of the GGS, which includes many sensitive questions relating to sexual intercourse, the use of contraception, infertility issues, etc. As a result, identifying links with other work is key to mitigating possible cost increases.

- **Specialized training.** Special sessions focusing on the treatment of sensitive questions were organized. A gender trainer and an SRH trainer were hired; they role-played simulations with the enumerators to improve their ability to handle more sensitive situations.

- **Plan for dissemination and use.** Having a clear action plan for the use and dissemination of the data collected in coordination with NIDI and the Ministry of Labour and Social Protection to increase stakeholders' confidence in the use and necessity of the data was seen as an important step. The aim of the action plan was to increase the use of GGS data by different stakeholders, including national academia, research institutions, policymakers and independent national and international researchers.

Georgia

After several successful iterations of the Reproductive Health Survey in Georgia (in 1999, 2005 and 2010), and following a cut in funding after the 2010 survey, the UNFPA CO in Georgia continued looking for opportunities to collect population-based reproductive health data. In 2018, the MICS programme was identified as a good opportunity to resume the collection of reproductive health data and to integrate questions to measure SDG indicator 5.6.1.

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Fieldwork for the MICS6 in Georgia was conducted in 2018, with primary data officially released in November 2019. The survey was conducted by the National Statistics Office of Georgia, with technical and financial support from UNICEF and the National Center for Disease Control and Public Health. The Swedish International Development Cooperation Agency, the United States Agency for International Development, the French Development Agency, the Swiss Agency for Development and Cooperation, UNFPA, the United Nations Development Programme, the World Health Organization, the World Bank and the Italian National Institute of Health also provided financial support for the survey. To implement the survey, the UNFPA CO signed a UN–UN agreement with the UNICEF CO, which outlined the general framework for technical collaboration and principles governing the partnership on SRH-related data. UNFPA played a key role in the implementation of the survey, making a financial contribution of 90,000 United States dollars, and was represented in the MICS steering and technical committees, where formal decisions were made.

The nature of the MICS questionnaire made it a good candidate for the integration of questions relating to SDG indicator 5.6.1. While it is understood that the MICS questionnaire cannot replace the Reproductive Health Survey, it provided the necessary opportunity to include key questions relevant to sexual and reproductive health and reproductive rights. It should be noted that Georgia was one of the first countries to include questions on indicator 5.6.1 in the MICS.

Key challenges and mitigation measures

The major challenges pertaining to questions relating to SDG indicator 5.6.1 were as follows.

- **Adaptation of the MICS questionnaire.** Designing a survey questionnaire is a complex exercise in which the balance between getting all the necessary answers and the practicality of delivering the questionnaire must be carefully considered. Adding to the already substantive MICS questionnaire was therefore a challenge. Multiple meetings and negotiations had to take place between the key stakeholders during the inter-agency planning process to reach a compromise.

- **Complexity of questions.** After reviewing the results, it appeared that some questions were not answered because the interviewees had issues in understanding them. It is therefore important to ensure that the questions, especially the sensitive ones, are written in clear language and that the interviewers are trained to explain the questions in simpler terms.

- **Lack of training of interviewers.** One of the key reasons for pushback on the inclusion of SRH questions was concerns that the interviewers would not be trained to ask such sensitive questions. However, training on these sensitive topics was successfully integrated into the general training for interviewers, with no additional costs.

Key enablers

The key enablers pertaining to questions relating to SDG indicator 5.6.1 were as follows.

- **"Championship".** It is crucial to have key national government stakeholders on board. In the case of Georgia, the Ministry of Health, Labour and Social Affairs played a central role in pushing for the integration of the questions relevant to SRH. To ensure the ministry's buy-in, the UNFPA team reached a preliminary agreement with it on which indicators from the Reproductive Health Survey standard questionnaire were worth including and the level of detail/disaggregation needed. UNFPA also explored alternatives with the ministry in case negotiations failed to reach the optimal outcome.

- **Pre-existing national commitment.** Prior commitment at national level can be used to support the negotiations. In the case of Georgia, the country's national and international commitments to supporting the monitoring of the situation of women and young girls was a cornerstone in these advocacy efforts.

- **Funding.** UNFPA CO made a financial contribution of 90,000 United States dollars (approximately 6% of the total budget, or 1.5 million United States dollars). The amount was determined based on the volume and complexity of the women's questionnaire and funding availability, and was informed by the CO's experience with three prior Reproductive Health Surveys. UNFPA CO also supported the UNICEF-led external fundraising efforts.

- **Experts.** UNFPA deployed a respected local expert, who was instrumental in integrating the SRH considerations in survey planning and justifying their relevance.

- **Access to training.** Following the finalization of the survey questionnaire and before the beginning of fieldwork, the UNFPA team attended a MICS data-processing workshop, where the data-processing staff were provided with training in customizing the additional SRH-related data entry, editing, generating and tabulation programmes.

- **Strong working relationships.** Good relationships between stakeholders strengthen their bargaining power. Bringing in good negotiators in positions of authority is crucial when there is a divergence of opinion among decision makers.

Annex. Mapping of data availability for SDG indicator 5.6.1

Country	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Albania			DHS									DHS					
Angola											DHS						
Armenia					DHS						DHS						
Bangladesh													DHS				
Benin	DHS						DHS						DHS				
Burkina Faso					DHS												
Burundi					DHS							DHS					
Cambodia					DHS				DHS								
Cameroon						DHS							DHS				
Chad										DHS							
Comoros							DHS										
Congo							DHS										
Côte d'Ivoire						DHS											
Democratic Republic of the Congo		DHS							DHS								
Dominican Republic		DHS															
Ecuadro													ENSANUT				
Eswatini		DHS															
Ethiopia						DHS					DHS						
Fiji																MICS	
Gabon							DHS										
Gambia, the								DHS							DHS		
Georgia													MICS				
Ghana			DHS						DHS								
Guatemala										DHS							
Guinea							DHS						DHS				
Guyana				DHS													
Haiti	DHS						DHS					DHS					
Honduras							DHS										

Country	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
India																NFHS/ DHS	
Jordan							DHS						DHS				
Kenya									DHS								
Kyrgyzstan							DHS										
Lesotho				DHS					DHS								
Liberia								DHS							DHS		
Madagascar				DHS												DHS	
Malawi					DHS						DHS						
Maldives												DHS					
Mali	DHS							DHS					DHS				
Mauritania																DHS	
Moldova															GGS		
Mongolia													MICS				
Mozambique						DHS											
Myanmar											DHS						
Namibia		DHS						DHS									
Nepal						DHS					DHS						
Niger	DHS						DHS										
Nigeria			DHS					DHS					DHS				
North Macedonia														MICS			
Pakistan													DHS				
Panama									ENASSER								
Papua New Guinea													DHS				
Philippines												DHS					
Rwanda					DHS					DHS					DHS		
Sao Tome and Principe				DHS													
Senegal						DHS			DHS	DHS	DHS	DHS					
Serbia														MICS			
Sierra Leone								DHS						DHS			
South Africa											DHS						
Tajikistan							DHS					DHS					
Timor-Leste											DHS						

Country	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Togo									DHS								
Turkmenistan														MICS			
Uganda	DHS					DHS					DHS						
Ukraine		DHS															
United Republic of Tanzania					DHS												
Uzbekistan																	MICS
Zambia		DHS							DHS				DHS				
Zimbabwe	DHS					DHS				DHS							

Notes: ENASSER, National Survey on Sexual and Reproductive Health; ENSANUT, National Survey of Health and Nutrition

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