



INDICATOR ANALYSIS

PROPORTION OF WOMEN AGED 15-49 WHO MAKE THEIR OWN
INFORMED DECISIONS REGARDING SEXUAL RELATIONS, CONTRACEPTIVE
USE AND REPRODUCTIVE HEALTHCARE

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Indicator: Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive healthcare

<p>Overview</p>	<p><i>Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care</i> is the total number of women and girls who:</p> <ol style="list-style-type: none"> a) Are between the ages of 15 and 49, <i>and</i> b) Make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care <p>expressed as a proportion of the total number of women aged 15-49 in the population (1).</p> <p>Calculation of the indicator:</p> <ul style="list-style-type: none"> • P = the population proportion • x = the number of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care • n = the total number of women aged 15-49 in the population <p style="text-align: center;"><i>Indicator Formula: $P = x/n$</i></p> <p>This indicator is part of the United Nations’ Sustainable Development Goals (SDG) as a specific indicator for Target 5.6, which seeks to “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” (1). Both this indicator and Target 5.3 fall under the broader scope of SDG 5 “Gender Equality”, whose primary objective is to “achieve gender equality and empower all women and girls” (1).</p>
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GLOBAL TRENDS	
<p>What are the global patterns for this indicator? Trends, geographic patterns etc.</p>	<p>According to the United Nations Population Fund’s Flagship Report, reproductive rights and choices have, over the past decade, become a reality for an increasing number of women (2). However, the report also illustrates that, despite these gains, vast numbers of women around the world are still not empowered to make fundamental decisions about their own bodies (2). Indeed, across the 51 developing countries where information is available, only 57% of women who are currently married or in a relationship are able to make their own choices over all three sections outlined in this indicator (2).</p> <p>Women’s sexual and reproductive autonomy was greatest in two developing countries: the Philippines and Ukraine, where 81% of women are empowered to make these decisions for themselves (2). Conversely, it was lowest in three countries: Mali, Niger and Senegal. In these countries, only 7% of women are able to make their own choices over all three areas (2).</p>

RELEVANCE TO UNDERSTANDING RELATIONSHIPS AMONG GENDER, HEALTH, FRAGILITY/PEACE	
How could this indicator contribute to our understanding of how gender, health and fragility and peace influence one another?	<p>Women's and girls' autonomy in decision-making over consensual sexual relations, contraceptive use, and access to sexual and reproductive health services is key to their empowerment and their ability to fully exercise their reproductive rights (1). Women who make their own decisions regarding healthcare are considered empowered to exercise their reproductive rights. This in turn makes them more likely to experience better mental and physical health, and lowers their risk of both mental illness and reproductive-related physical illness (1).</p> <p>Furthermore, a society where women can exercise control over their own reproductive decisions is, by extension, a society with greater gender equality, which is a crucial component of safe, secure, and peaceful societies as outlined in the United Nations' Sustainable Development Goals (1).</p>

UTILITY	
What does the indicator measure?	This indicator measures what proportion of women aged 15-59 make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care.
What does it NOT measure - what does it miss?	<p>This indicator does not measure:</p> <ul style="list-style-type: none"> a) Whether women are actually able to access reproductive healthcare when they make the decision to seek it b) What type of contraception women may be using

AVAILABILITY

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Sources for indicator (CRVS, DHS etc.);	<p>Current data on the indicator are derived from nationally representative demographic surveys and domestic household surveys. Plans are underway to broaden the data sources to include MICS and other country specific surveys (1). This indicator is measured from demographic and health surveys covering selected low and middle-income countries (1). Currently, a total of 51 countries have at least one survey with data on all the 3 areas of the indicator, which are necessary for calculating this indicator. The 51 countries with data are distributed as follows (1):</p> <ul style="list-style-type: none"> • Central Asia and Southern Asia (3) • Eastern Asia and South-eastern Asia (4) • Northern America and Europe (2) • Western Asia and Northern Africa (2) • Latin America and the Caribbean (5) • Sub-Saharan Africa (35) <p>Indicator data are available from the following sources:</p> <ol style="list-style-type: none"> 1. World Bank Data Bank (country level from 2000-2020): https://databank.worldbank.org/reports.aspx?source=2&series=SG.DMK.SRCR.FN.ZS&country= 2. Global SDG database (country level 2000-2021): https://unstats.un.org/sdgs/indicators/database/
Most recent data available;	Most recent data is available for 2021.
Availability across geographic areas;	Data for the indicator is not widely available and depends on the country and the frequency of household surveys.
Availability in conflict affected settings;	Household surveys to establish baseline indicators are often conducted within fragile and conflict affected settings for accessible populations. However, the reliability of that data is unknown since there are segments of the population that cannot be reached through survey methods. Data availability in conflict affected settings is highly limited: Yemen (No data); South Sudan (No data); Libya (No Data); Somalia (No Data), DRC (2007 and 2014), Afghanistan (No Data), Syria (No Data).

GRANULARITY

Disaggregation at national level

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Data disaggregated by sex;	No.
Data disaggregated by age;	No.
Data disaggregated by identity group (race, ethnicity);	No.
Data disaggregated by income	No.
<i>Disaggregation at sub-national level</i>	
Data disaggregated by geographic region;	No.
Data disaggregated by identity group (race, ethnicity);	No.
Data disaggregated by income.	No.

SOURCES OF BIAS	
What bias can exist with this data?	<p><i>Selection bias:</i> the selected respondents may not be an accurate representation of the entire population; thus, the women and girls surveyed may not accurately reflect the degree to which women are empowered to make their own informed decisions.</p> <p><i>Social desirability bias:</i> sometimes, respondents seek to gain the approval of the person/institution conducting the survey. For this reason, women surveyed may provide an answer that does not accurately reflect their experiences;</p> <p><i>Social Desirability bias (continued):</i> this indicator concerns subject matter that may be highly sensitive or stigmatized. Thus, respondents may not answer truthfully, and some individuals may not come forward as respondents at all.</p>

VALIDITY

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<p>Clear and accepted international standards for indicator;</p>	<p>This SDG indicator has been classified as a tier 2 indicator by the Inter-agency and Expert Group on SDG Indicators. A tier 2 indicator is described as: "Indicator is conceptually clear, has an internationally established methodology and standards are available, but data are not regularly produced by countries" (3) . According to the United Nations, women's autonomy in decision-making and exercise of their reproductive rights is assessed from responses to the following three questions (1):</p> <ol style="list-style-type: none"> 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 your health care?
<p>Validity of measurement of indicator generally accepted;</p>	<p>Issues with bias in survey response may undermine the validity of the measurement in a particular setting.</p>

RELIABILITY

<p>Reliability of indicator generally accepted;</p>	<p>The internationally established methodology for the indicator should produce reliable estimates.</p>
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COMPLEXITY

<p>Enables analysis across time and location.</p>	<p>Depending on the frequency of the data gathered, it can provide an opportunity for comparisons across time and location.</p>
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OTHER REFLECTIONS

<p>Are indicator values imputed/modelled?</p>	<p>No country level estimates are modelled or imputed (1). Regional aggregates are based on countries where data are available within the region. <i>Uncertainty bounds are not provided with regional estimates. As such, caution should be exercised when comparing values.</i></p>
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References

1. United Nations Statistics Division. Indicator 5.6.1: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care [Internet]. United Nations Statistics Division; 2021. Available from: <https://unstats.un.org/sdgs/metadata/files/Metadata-05-06-01.pdf>
2. UNFPA. Vast numbers of women lack decision-making power over their own bodies, says UNFPA flagship report [Internet]. United Nations Population Fund. [cited 2021 Sep 29]. Available from: <https://www.unfpa.org/news/vast-numbers-women-lack-decision-making-power-over-their-own-bodies-says-unfpa-flagship-report>
3. United Nations Statistics Division. Tier Classification for Global SDG Indicators [Internet]. United Nations Statistics Division; 2020. Available from: https://unstats.un.org/sdgs/files/Tier%20Classification%20of%20SDG%20Indicators_17%20July%202020_web.v2.pdf