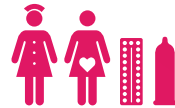




Ensure universal access to sexual and reproductive health and reproductive rights


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

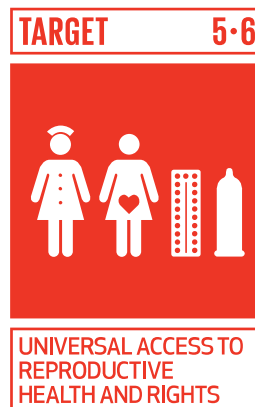
INDICATOR 5.6.1: Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

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 education¹.

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.

Ensure universal access to sexual and reproductive health and reproductive rights

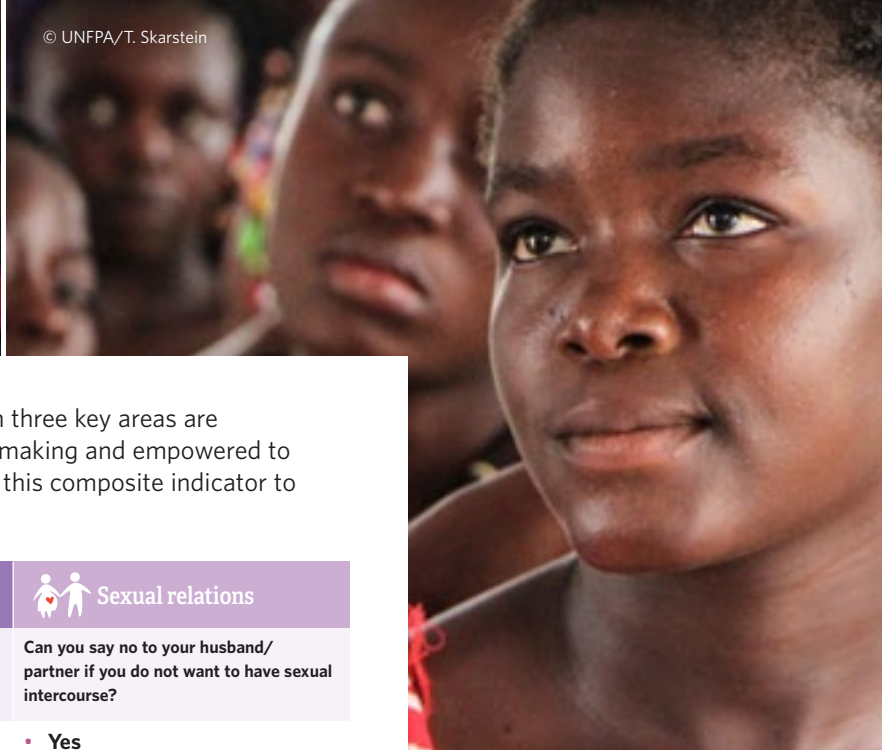
MEASURING SDG TARGET 5.6



Tracking women's decision-making for sexual and reproductive health and reproductive rights



**SUSTAINABLE DEVELOPMENT
GOAL INDICATOR 5.6.1**



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?
<ul style="list-style-type: none">• You• Your husband/partner• You and your husband/partner jointly• Someone else	<ul style="list-style-type: none">• Mainly respondent• Mainly husband/partner• Joint decision• Other, specify	<ul style="list-style-type: none">• 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 (GGG) and other country-specific surveys.



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

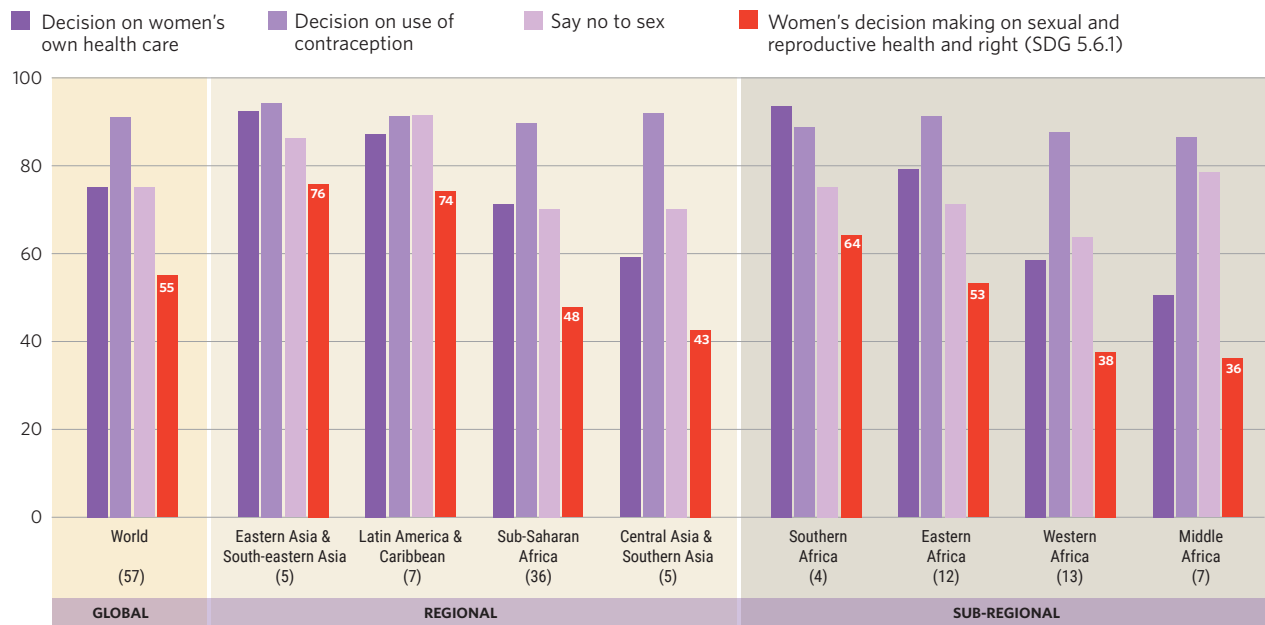
Only 55 per cent of married or in-union women aged 15 to 49 make their own decisions regarding sexual and reproductive health and rights, based on data from 57 countries. Data thus far reveal large disparities among regions², from less than 40 per cent empowered in Middle Africa and Western Africa to 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).

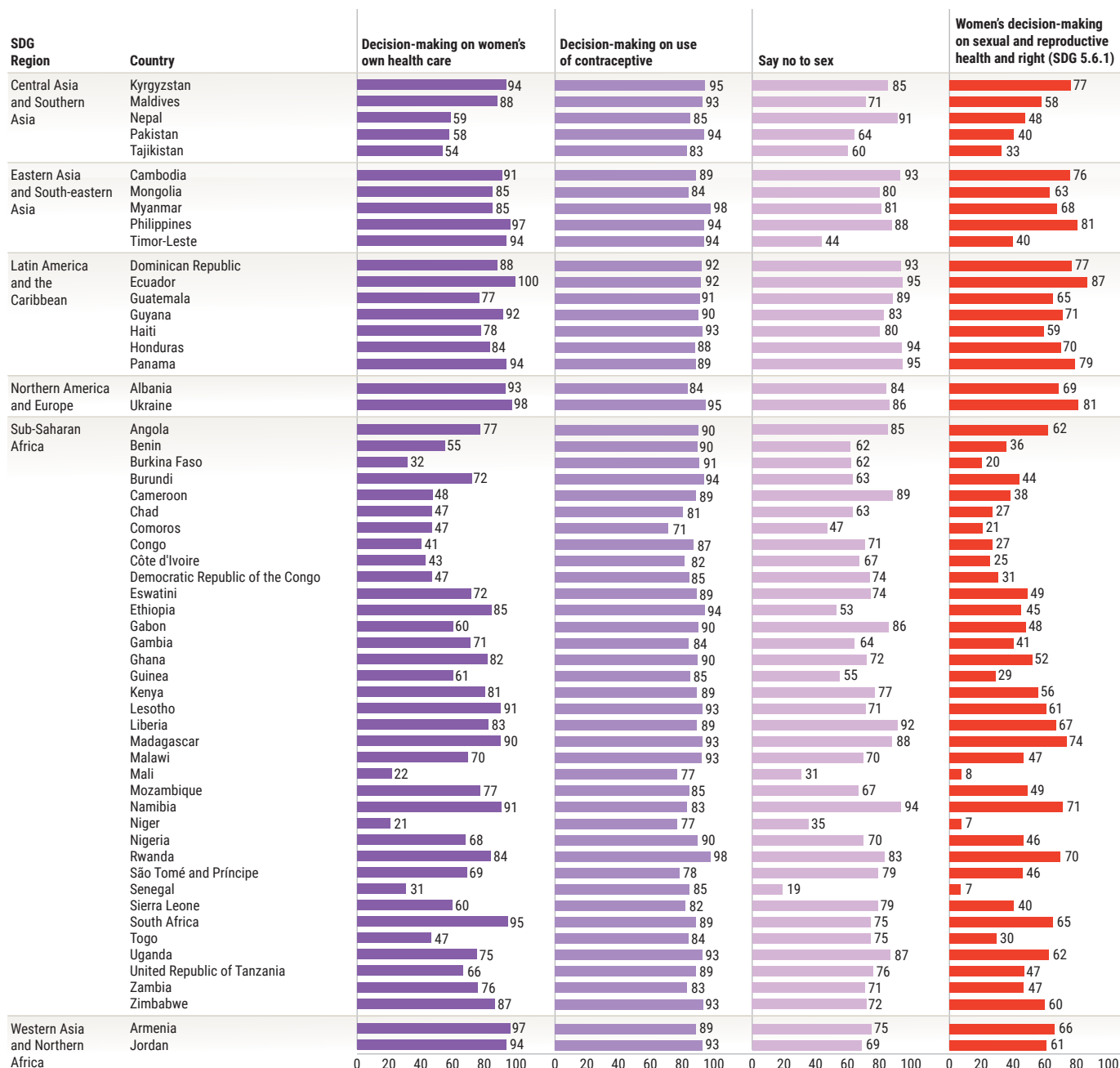
Figure 1. Proportion of women aged 15-49 years who make their own decisions regarding sexual and reproductive health and rights (including deciding on their own health care, deciding on the use of contraception; and can say no to sex); by SDG region, most recent data 2007-2018.



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

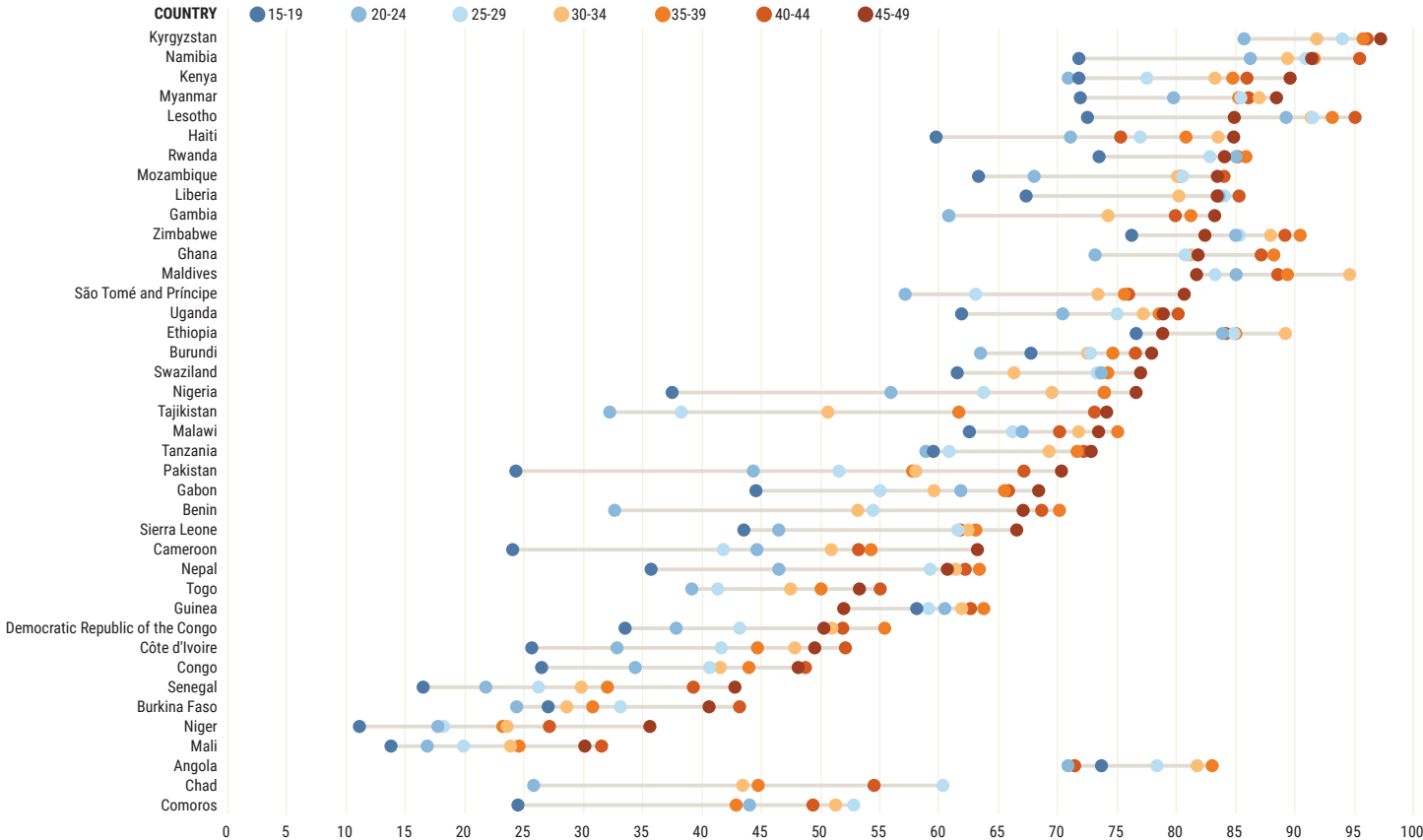
Variations are found at the national level for each type of decision. In some countries such as Jordan, Tajikistan and Zimbabwe, older women are more likely to have the ability

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



live. Substantial variations at the sub-national level are observed in a number of countries. In Pakistan, over half married or in-union women living in the province of Sindh and Islamabad Capital Territory (ICT) make their own decisions on health care, compared with approximately 10 per cent of their peers living in FATA and Balochistan. Similarly, in Mozambique, over 70 per cent women living in Maputo and Inhambane have autonomy in health care decision-making, compared with less than 10 per cent of women living in Tete (figure 7.a).

Data on each core element reflect the enormous heterogeneity of access to sexual and reproductive health education and services, and to reproductive rights. To achieve the Goal by 2030, unnecessary legal, medical, clinical and regulatory barriers to the utilization of sexual and reproductive health services must be removed, and changes in social norms and government policies that allow women and girls to fully exercise their reproductive rights must be prioritized.

FIGURE 3 - AGE GROUP (CONTINUED)

Figure 3.b Decision-making on contraception use, by age, select countries, per cent

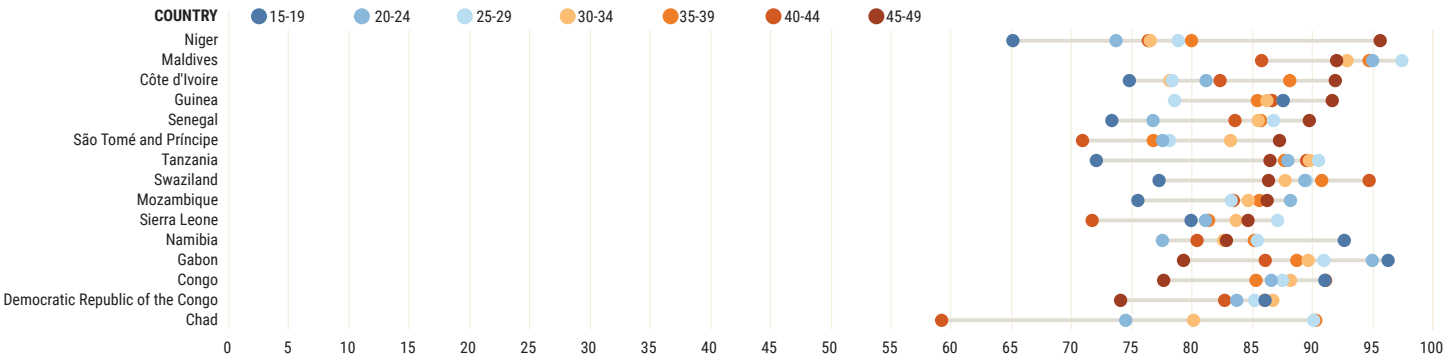
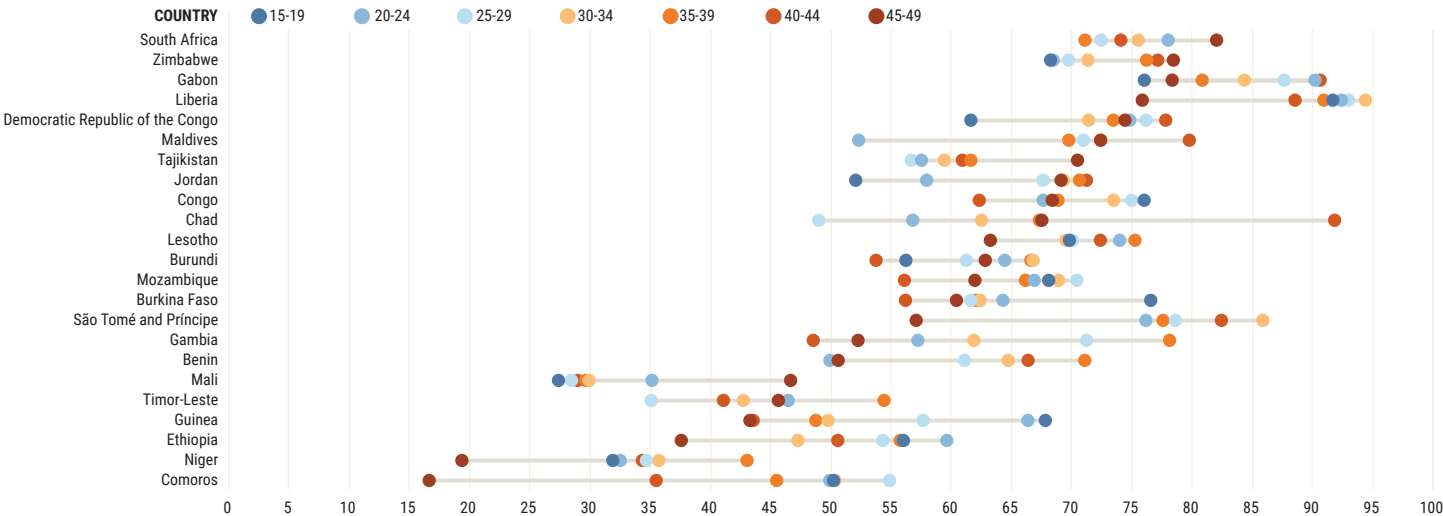


Figure 3.c Say no to sex, by age group, select countries, per cent



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 4 – HIGHEST LEVEL OF EDUCATION

Figure 4.a Decision-making on women’s own health care, by women’s level of education, select countries, per cent

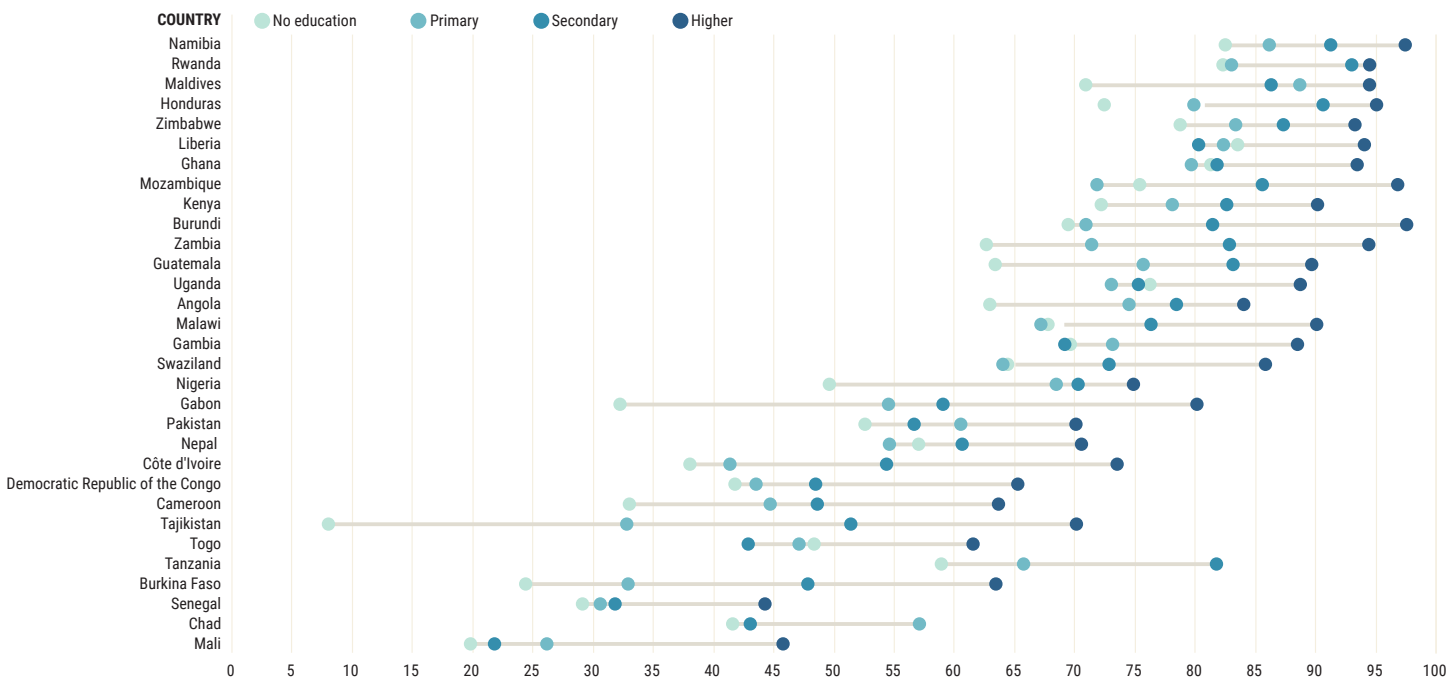
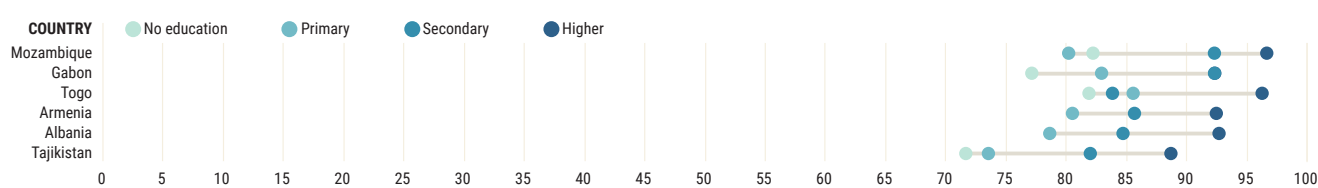


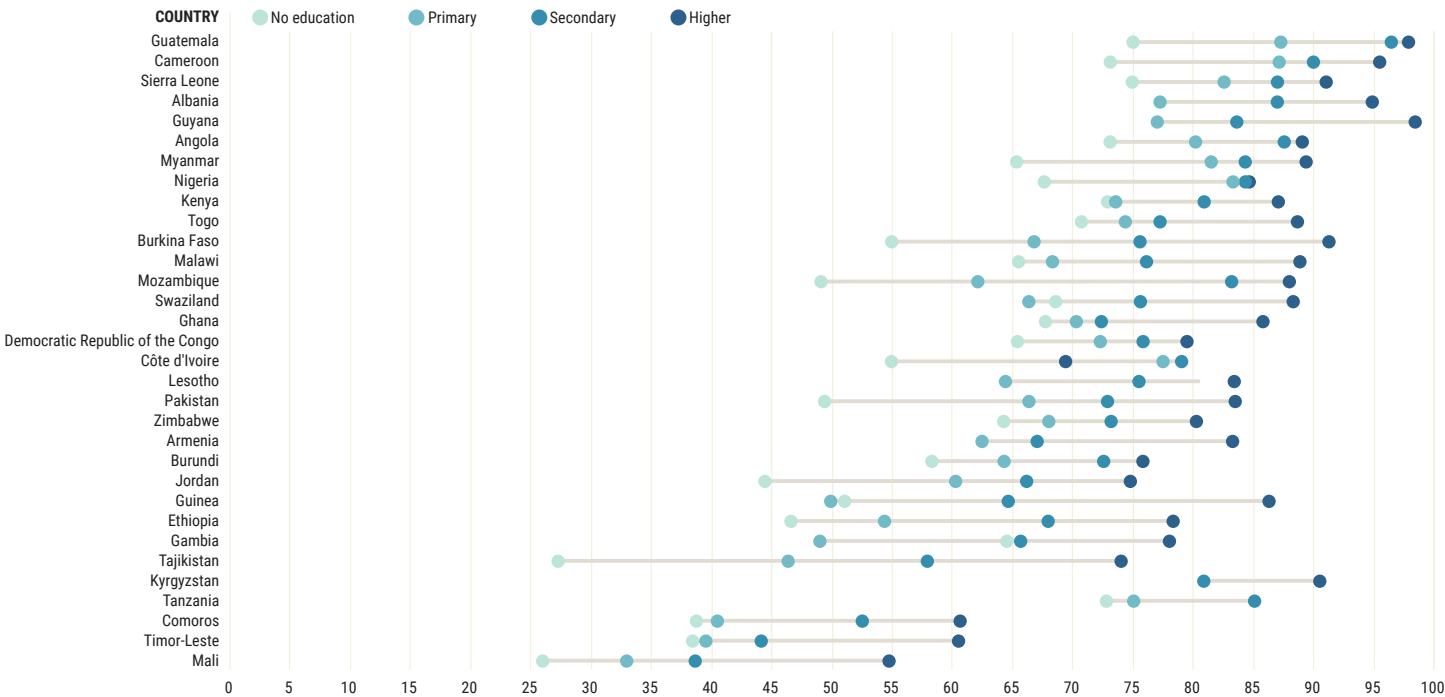
Figure 4.b Decision-making on contraception use, by women’s level of education, select countries, per cent



To achieve the Goal by 2030, unnecessary legal, medical, clinical and regulatory barriers to the utilization of sexual and reproductive health services must be removed.

FIGURE 4 - HIGHEST LEVEL OF EDUCATION (continued)

Figure 4.c Say no to sex, by women's level of education, select countries, per cent



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 5 – HOUSEHOLD WEALTH

Figure 5.a Decision-making on women's own health care, by household wealth, select countries, per cent

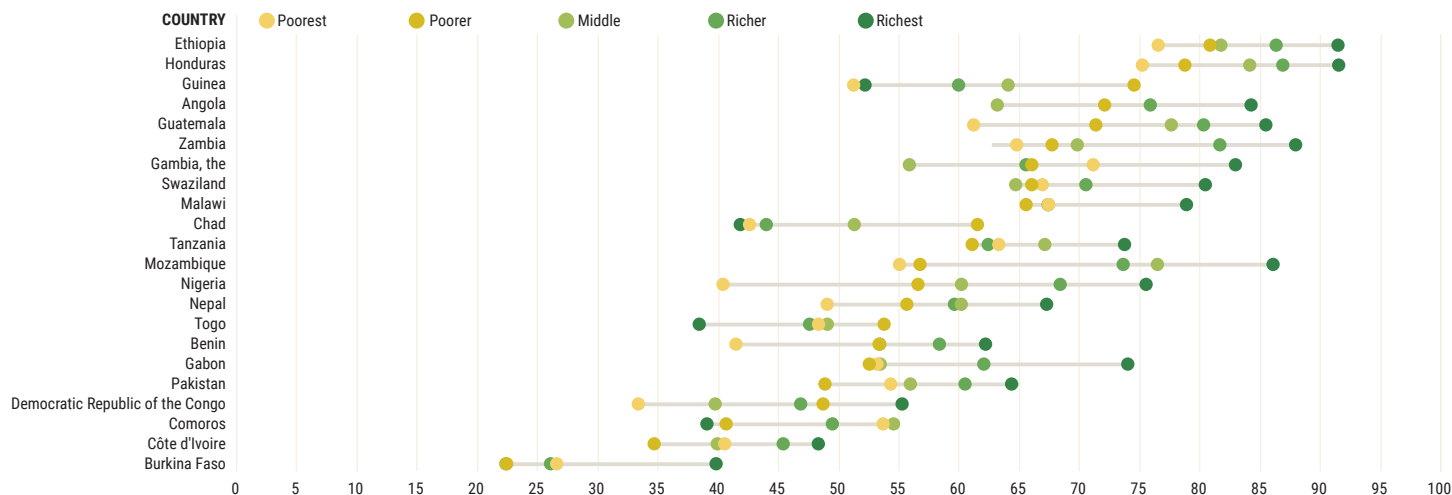


Figure 5.b Decision-making on contraception use, by household wealth, select countries, per cent

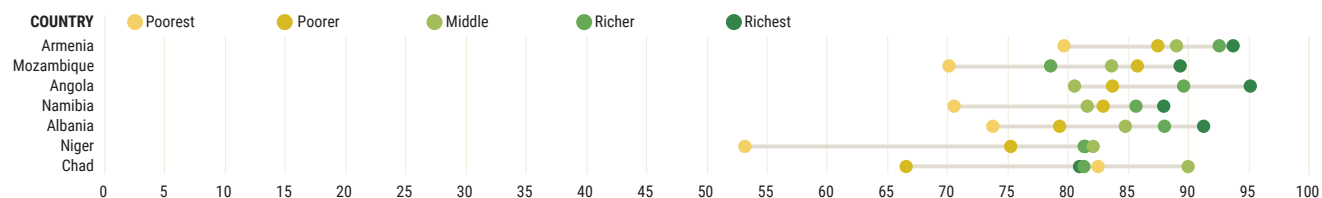
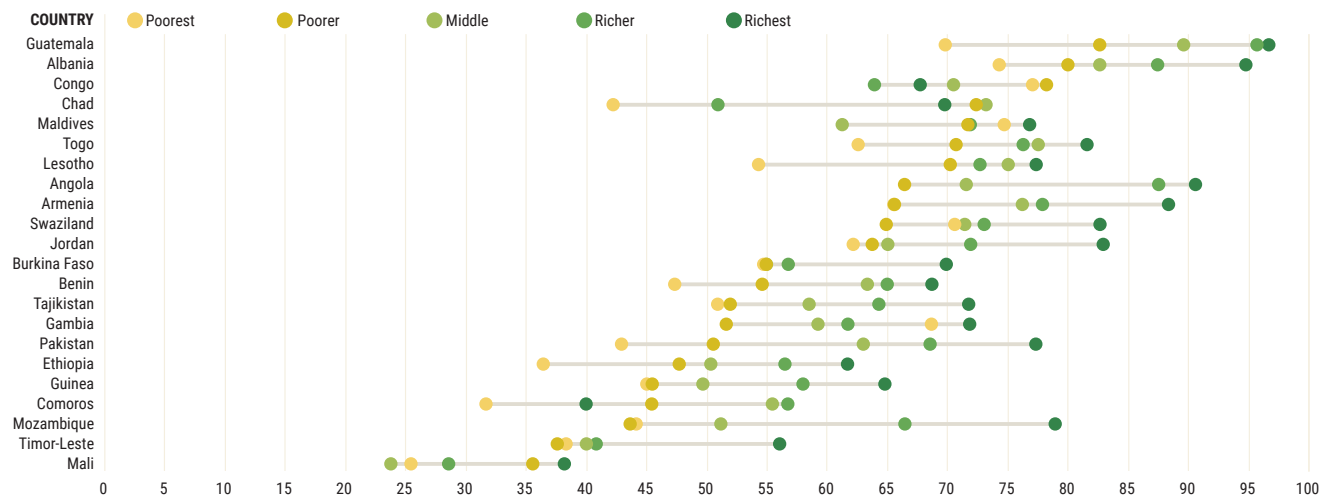


Figure 5.c Say no to sex, by household wealth, select countries, per cent



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 6 - PLACE OF RESIDENCE

Figure 6.a Decision-making on women's own health care, by place of residence, select countries, per cent

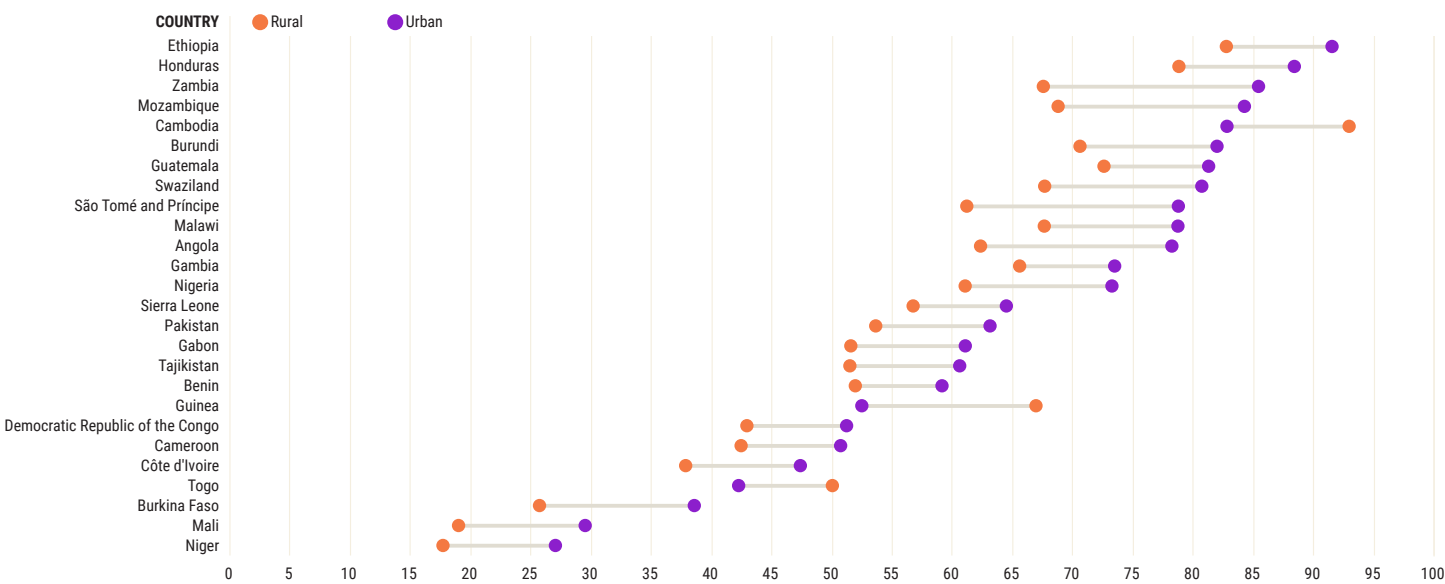


Figure 6.b Decision-making on contraception use, by place of residence, select countries, per cent

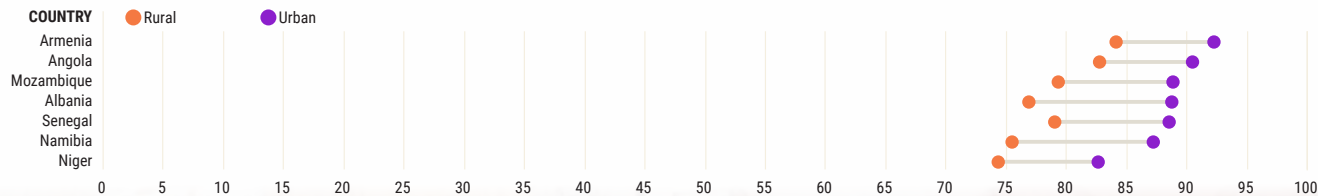
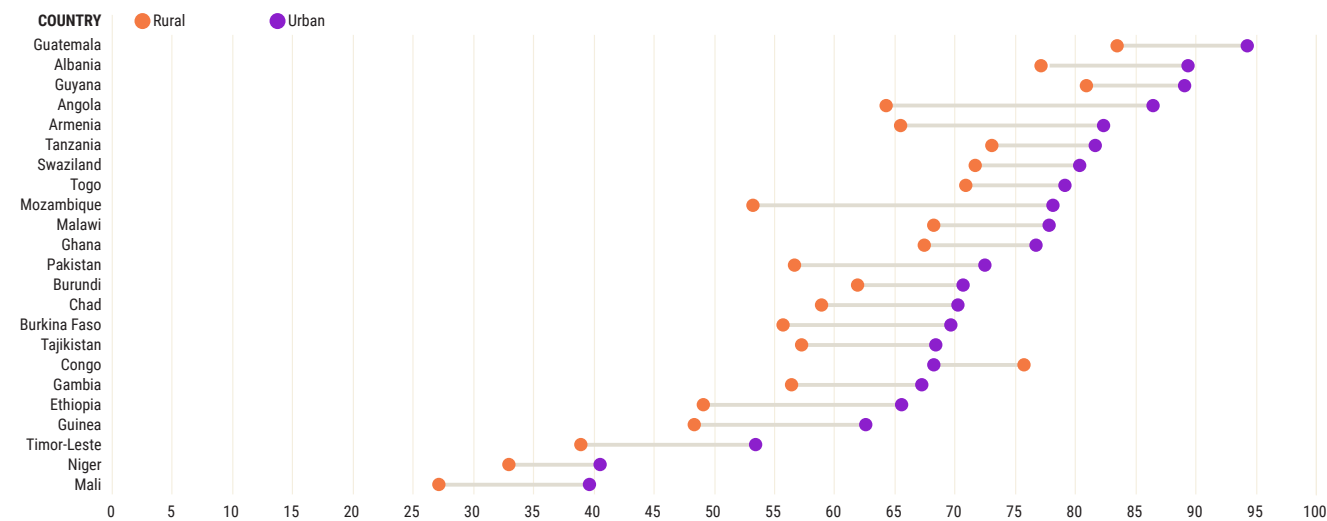


Figure 6.c Say no to sex, by place of residence, select countries, per cent



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.

Quantifying who is left behind

The majority of the following factors are significantly associated with a woman making her own decision on sexual relations, use of contraception and her own health care: age, age at first marriage, education level, wealth, exposure to media, place of residence and region of the world. Increasing levels of education has the greatest effect on women's decision-making on sexual and reproductive health and reproductive rights. Receiving at least some primary education provides a boost to women's autonomy; women who have some primary education are 38 per cent more likely (95%CI[1.33-1.44]) to meet the Indicator 5.6.1 criteria than those who do not receive any education.

In general, as women increase in age, they are more likely to make their own decisions. The greatest gains are seen as women move

through their 20s up to 34 years of age. After 35 years of age, women still are much more likely than those between 15-19 years old to achieve autonomy, but it appears that the effect levels off.

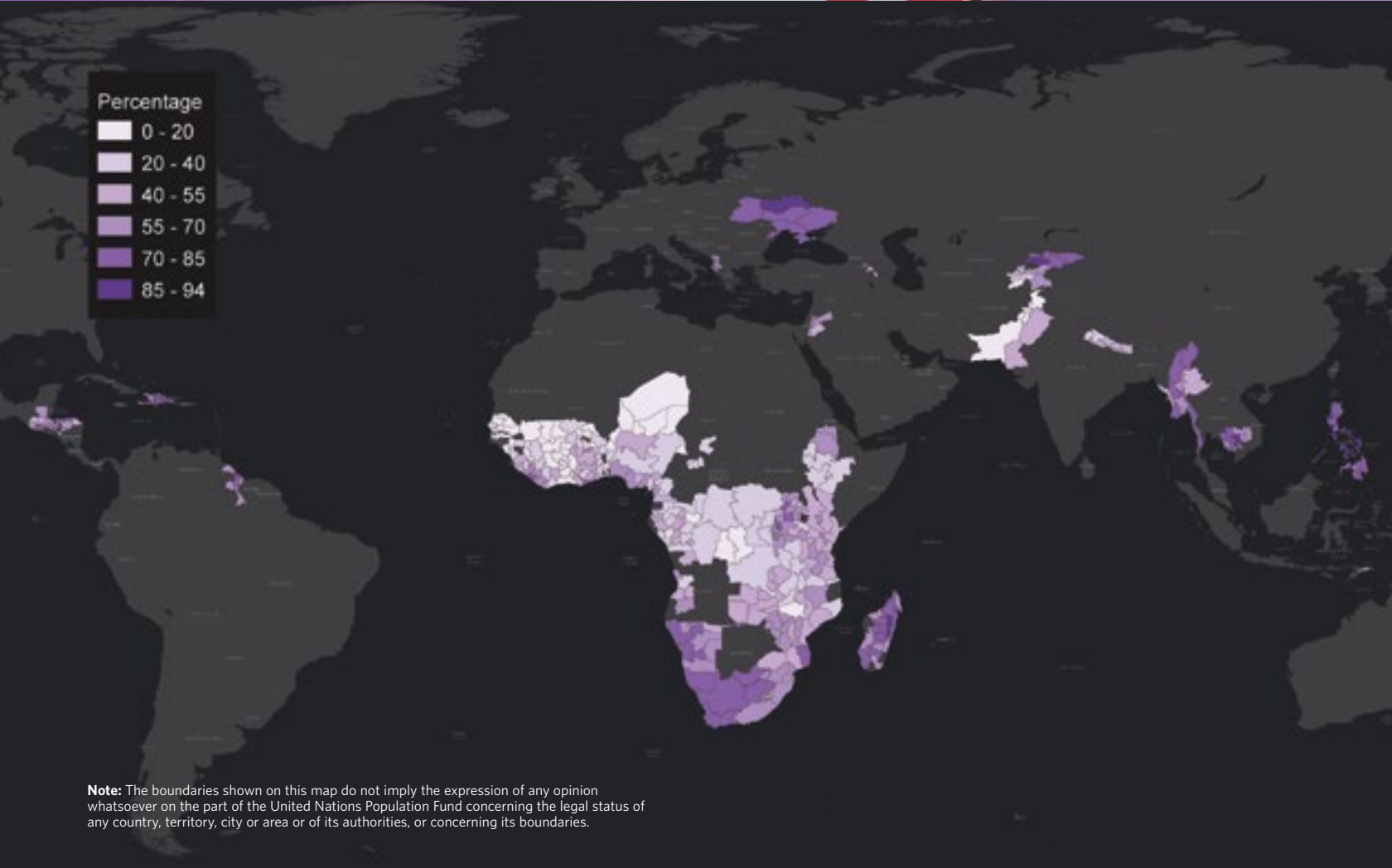
Higher levels of wealth⁴ had an effect on women's autonomy, although not as large as education. In fact, there was no significant difference between the poorest and next poorer wealth quintiles. Having first married at age 18 or older had a slight but significant effect, compared with those who were married before 18 (OR:1.06;95%CI[1.05-1.10]) as did having some weekly media exposure to newspaper, television or radio (OR:1.12; 95%CI[1.09-1.16]). However, living in a rural or urban setting did not seem to have an effect on women's decision-making regarding their sexual and reproductive health and rights.

FIGURE 7 – SUB-NATIONAL LEVEL

Figure 7.a Women's decision-making on sexual and reproductive health and rights (SDG 5.6.1), at the sub-national level, per cent



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Note: The boundaries shown on this map do not imply the expression of any opinion whatsoever on the part of the United Nations Population Fund concerning the legal status of any country, territory, city or area or of its authorities, or concerning its boundaries.

FIGURE 7 - SUB-NATIONAL LEVEL (continued)

Figure 7.b

Decision-making on women's own health care; decision making on use of contraceptive; decision making on sexual relations, at the sub-national level, per cent

Percentage



Note: The boundaries shown on this map do not imply the expression of any opinion whatsoever on the part of the United Nations Population Fund concerning the legal status of any country, territory, city or area or of its authorities, or concerning its boundaries.

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.

Decision-making on women's own health care

Decision-making on use of contraceptive

Decision-making on sexual relations

What are the links with Indicator 5.6.1 and other development outcomes?

Meeting the Indicator 5.6.1 criteria is associated with better reproductive health knowledge and outcomes, as women who met this indicator are more likely to be able to identify how to prevent HIV, have the number of prenatal visits recommended by the World Health Organization, and have their most recent delivery with a skilled birth attendant (Table 1). There also appears to be significant associations between meeting Indicator 5.6.1 and gender-equal outcomes. Women who meet the three criteria are more likely to own their home and land (alone or jointly with their partner), be currently working and have health insurance coverage. They are also significantly less likely to have ever experienced intimate partner violence.

The high level of women who are **NOT** able to make their own decisions on their sexual and reproductive health and rights highlights the urgent need for policies and programmes to focus not only on the provision of services but to address women’s autonomy. Doing so will not only impact sexual and reproductive health outcomes, but contribute to achieving the broader 2030 Agenda and the Sustainable Development Goals.



Table 1. Proportion of women with desired reproductive health outcomes, by SDG 5.6.1 Status

HEALTH OUTCOME	Number of cases	Meets SDG561	Does not meet SDG561
Proportion of women who identify condom use AND having a single sexual partner to prevent HIV infection*	126,056	78.8%	70.3%
Comprehensive HIV Knowledge*	118,801	38.6%	32.7%
Proportion of women with at least 4 prenatal visits with last pregnancy*	83,398	71.7%	61.1%
Proportion of women with at least 8 prenatal visits with last pregnancy*	83,398	23.7%	12.7%
Proportion of women whose most recent baby weighed at least 2500g at birth*	67,078	92.2%	90.8%
Proportion of women with skilled birth attendance at last delivery*	66,231	78.8%	70.1%
Proportion of women with skilled birth attendance at any delivery*	66,234	80.3%	72.7%

* Pearson’s chi-squared test, p<0.001

ANNEX 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 country, most recent data 2007-2018.

COUNTRY	Survey Year	Reference Year	Decision making on women's own health care	Decision making on use of contraceptive	Say no to sex	Women's decision making on sexual and reproductive health and rights (SDG 5.6.1)
Albania	2017-2018	2018	93.3	83.8	84.2	68.6
Angola	2015-2016	2016	77.3	90.1	85.3	62.1
Armenia	2015-2016	2016	96.6	88.8	75.0	66.0
Benin	2017-2018	2018	55.4	89.5	61.6	35.7
Burkina Faso	2010	2010	31.5	91.0	62.1	20.3
Burundi	2016-2017	2017	72.0	93.6	63.1	43.9
Cambodia	2014	2014	91.3	88.9	92.9	75.6
Cameroon	2011	2011	47.8	88.7	88.6	38.1
Chad	2015	2015	47.2	80.7	63.3	27.1
Comoros	2012	2012	47.0	71.3	47.4	20.8
Congo	2012	2012	40.6	87.3	70.8	26.8
Côte d'Ivoire	2012	2012	42.9	81.6	67.3	25.2
Democratic Republic of the Congo	2014	2014	47.0	84.7	73.8	30.7
Dominican Republic	2007	2007	88.2	92.3	93.3	77.0
Ecuador	2018	2018	99.5	92.0	94.6	86.7
Eswatini	2007	2007	71.7	89.3	74.4	48.9
Ethiopia	2016	2016	84.8	94.4	53.0	45.2
Gabon	2012	2012	60.2	90.2	85.6	48.0
Gambia	2013	2013	71.3	84.2	64.3	40.5
Ghana	2014	2014	82.1	89.9	72.0	52.0
Guatemala	2015	2015	76.7	91.3	88.6	64.8
Guinea	2018	2018	60.5	85.1	54.8	28.9
Guyana	2009	2009	91.8	90.3	82.8	71.3
Haiti	2016-2017	2017	78.1	93.0	80.3	59.4
Honduras	2012	2012	83.7	88.0	94.2	70.3
Jordan	2017-2018	2018	93.8	93.0	68.7	60.7
Kenya	2014	2014	80.5	89.4	77.2	56.0
Kyrgyzstan	2012	2012	93.7	94.6	85.4	76.6
Lesotho	2014	2014	90.5	93.0	71.4	60.9
Liberia	2013	2013	82.6	89.2	91.6	67.2
Madagascar	2009	2009	90.2	92.6	87.9	73.6
Malawi	2015-2016	2016	69.6	92.5	70.0	46.7
Maldives	2016-2017	2017	88.1	92.8	71.4	57.9
Mali	2018	2018	22.0	76.7	30.8	7.7
Mongolia	2018	2018	85.0	83.9	80.3	63.2
Mozambique	2011	2011	77.3	84.7	67.0	49.1
Myanmar	2016	2016	84.9	97.9	81.4	67.5
Namibia	2013	2013	90.6	83.1	93.5	71.2
Nepal	2016	2016	59.1	85.2	91.4	47.7

COUNTRY	Survey Year	Reference Year	Decision making on women's own health care	Decision making on use of contraceptive	Say no to sex	Women's decision making on sexual and reproductive health and rights (SDG 5.6.1)
Niger	2012	2012	20.6	77.0	35.3	7.3
Nigeria	2018	2018	68.2	89.6	70.0	46.3
Pakistan	2017-2018	2018	58.0	94.1	64.0	40.3
Panama	2014	2014	94.1	88.8	94.8	79.1
Philippines	2017	2017	96.6	93.8	87.8	80.6
Rwanda	2015	2015	84.2	97.9	83.4	69.5
São Tomé and Príncipe	2008	2008	69.4	78.4	79.3	46.2
Senegal	Continuous 2017	2017	30.7	84.6	19.2	6.9
Sierra Leone	2013	2013	60.1	82.2	79.0	40.2
South Africa	2016	2016	94.8	88.6	74.6	64.9
Tajikistan	2017	2017	53.9	82.9	60.3	32.5
Timor-Leste	2016	2016	94.1	94.1	43.5	39.6
Togo	2014	2014	46.7	84.3	74.5	29.6
Uganda	2016	2016	75.4	92.6	86.9	62.3
Ukraine	2007	2007	97.5	94.9	86.3	81.0
United Republic of Tanzania	2010	2010	66.4	88.6	75.9	46.8
Zambia	2014	2014	75.8	83.2	71.0	46.6
Zimbabwe	2015	2015	86.6	93.2	72.2	59.9

	Reference Year	Decision making on women's own health care	Decision making on use of contraceptive	Say no to sex	Women's decision making on sexual and reproductive health and rights (SDG 5.6.1)
GLOBAL AND REGIONAL					
World (57)	2020	75.2	91.1	75.1	55.0
Northern America and Europe (2)	2020	97.4	94.4	86.2	80.5
Europe (2)	2020	97.4	94.4	86.2	80.5
Latin America and the Caribbean (7)	2020	87.2	91.2	91.4	74.1
Central Asia and Southern Asia (5)	2020	59.1	91.9	70.1	42.6
Central Asia (2)	2020	72.3	88.3	71.9	52.9
Southern Asia (3)	2020	58.3	92.2	70.0	42.0
Eastern Asia and South-eastern Asia (5)	2020	92.3	94.3	86.2	75.8
Eastern Asia (1)	2020	85.0	83.9	80.3	63.2
South-eastern Asia (4)	2020	92.5	94.5	86.4	76.0
Western Asia and Northern Africa (2)	2020	94.5	91.9	70.3	62.1
Western Asia (2)	2020	94.5	91.9	70.3	62.1
Sub-Saharan Africa (36)	2020	71.3	89.6	70.2	47.7
Landlocked developing countries (LLDCs) (18)	2020	71.7	90.5	68.7	47.4
Least Developed Countries (LDCs) (30)	2020	71.1	90.3	72.4	49.6
Small Island Developing States (SIDS) (7)	2020	84.0	92.1	86.1	68.3

Note: 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.

ANNEX 2

Changes in 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.

	Survey Year	Reference Year	Decision making on women's own health care	Decision making on use of contraceptive	Say no to sex	Women's decision making on sexual and reproductive health and rights (SDG 5.6.1)
Albania	2017-2018	2018	93.3	83.8	84.2	68.6
Albania	2009	2009	86.6	87.7	74.5	61.5
Armenia	2015-2016	2016	96.6	88.8	75.0	66.0
Armenia	2010	2010	95.1	82.8	80.7	64.3
Benin	2017-2018	2018	55.4	89.5	61.6	35.7
Benin	2012	2012	66.9	80.6	63.5	38.2
Benin	2006	2006	55.3	86.0	80.6	41.1
Burundi	2016-2017	2017	72.0	93.6	63.1	43.9
Burundi	2010	2010	80.3	92.7	64.4	49.0
Cambodia	2014	2014	91.3	88.9	92.9	75.6
Cambodia	2010	2010	90.6	88.8	91.6	74.6
Democratic Republic of the Congo	2014	2014	47.0	84.7	73.8	30.7
Democratic Republic of the Congo	2007	2007	44.4	84.9	51.1	19.3
Ethiopia	2016	2016	84.8	94.4	53.0	45.2
Ethiopia	2011	2011	82.5	96.4	63.0	53.4
Ghana	2014	2014	82.1	89.9	72.0	52.0
Ghana	2008	2008	69.9	91.2	85.3	54.1
Guinea	2018	2018	60.5	85.1	54.8	28.9
Guinea	2012	2012	45.9	91.7	50.3	22.7
Haiti	2016-2017	2017	78.1	93.0	80.3	59.4
Haiti	2012	2012	70.7	91.4	85.4	56.3
Haiti	2006	2006	64.2	95.2	87.3	53.6
Jordan	2017-2018	2018	93.8	93.0	68.7	60.7
Jordan	2012	2012	90.0	95.3	84.2	72.6
Lesotho	2014	2014	90.5	93.0	71.4	60.9
Lesotho	2009	2009	86.6	88.9	68.0	53.8
Malawi	2015-2016	2016	69.6	92.5	70.0	46.7
Malawi	2010	2010	59.4	89.4	75.8	42.2
Mali	2018	2018	22.0	76.7	30.8	7.7
Mali	2013	2013	18.0	81.0	28.5	6.5
Mali	2006	2006	22.3	81.9	41.7	9.6
Namibia	2013	2013	90.6	83.1	93.5	71.2
Namibia	2007	2007	87.8	79.0	92.0	67.1
Nepal	2016	2016	59.1	85.2	91.4	47.7
Nepal	2011	2011	69.8	87.4	94.3	59.5

	Survey Year	Reference Year	Decision making on women's own health care	Decision making on use of contraceptive	Say no to sex	Women's decision making on sexual and reproductive health and rights (SDG 5.6.1)
Niger	2012	2012	20.6	77.0	35.3	7.3
Niger	2006	2006	29.7	75.1	31.4	9.3
Nigeria	2018	2018	68.2	89.6	70.0	46.3
Nigeria	2013	2013	69.0	84.6	82.8	50.8
Nigeria	2008	2008	66.9	81.6	78.8	47.1
Rwanda	2015	2015	84.2	97.9	83.4	69.5
Rwanda	2010	2010	74.5	96.5	80.9	60.1
Senegal	Continuous 2017	2017	30.7	84.6	19.2	6.9
Senegal	Continuous 2016	2016	18.6	88.9	19.3	4.9
Senegal	Continuous 2015	2015	24.0	87.5	24.3	7.1
Senegal	2011	2011	37.2	83.2	35.5	13.2
Tajikistan	2017	2017	53.9	82.9	60.3	32.5
Tajikistan	2012	2012	60.2	86.2	70.4	40.9
Uganda	2016	2016	75.4	92.6	86.9	62.3
Uganda	2011	2011	61.7	89.4	88.6	49.0
Uganda	2006	2006	62.8	90.0	82.3	48.0
Zambia	2014	2014	75.8	83.2	71.0	46.6
Zambia	2007	2007	66.5	79.8	71.9	39.5
Zimbabwe	2015	2015	86.6	93.2	72.2	59.9
Zimbabwe	2011	2011	84.5	88.5	75.8	58.8
Zimbabwe	2006	2006	83.5	91.5	68.1	52.5

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.

Endnotes

- 1 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).
- 2 SDG geographic regions, based on the geographic regions defined under the Standard Country or Area Codes for Statistical Use (known as M49) of the United Nations Statistics Division.
- 3 Select countries with larger variations in each type of decisions are presented in the figures.
- 4 The wealth quintiles refer to the household wealth quintile the woman is in within her particular country, not the wealth quintiles of the entire sample.

5 GENDER
EQUALITY



Legal Commitments for
Sexual and Reproductive
Health and Reproductive
Rights for All



**SUSTAINABLE DEVELOPMENT
GOAL INDICATOR 5.6.2**



A global assessment of the legal and regulatory environment

Indicator 5.6.2 seeks to provide the first comprehensive global assessment of legal and regulatory frameworks regarding access to SRHRR. In doing so, it aims to increase the number of countries with laws and regulations that guarantee women and men full and equal access to sexual and reproductive health care, information and education, and to compel countries to remove legal barriers that interfere with this full and equal access.

The development of the methodology for indicator 5.6.2 has been guided by international human rights laws, which require that States repeal and eliminate laws, policies and practices that criminalise, obstruct or undermine an individual's or a particular group's access to health facilities, services, goods and information.¹ Based on these laws as well as international consensus documents and human rights standards,² the indicator measures the legal and regulatory environment across four broad parameters of SRHRR.

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

Sexual Health and Well-Being

- 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



Each component within these four sections addresses areas that are susceptible to regulation by law. For each of the components, data are collected on the existence of legal enablers (positive laws and regulations) and legal barriers. Such barriers encompass restrictions to positive laws and regulations — for example, requirements for third-party authorization that compel individuals to obtain consent from a party beyond their health-care provider, such as a parent, spouse, judge or medical committee — as well as plural legal systems that contradict co-existing positive laws and regulations. These laws may permit cultural and religious customs or practices, some of which are discriminatory, to persist. Even where positive laws are in place, legal barriers can undermine full and equal access to sexual and reproductive health care, information and education; the methodology is designed to capture this.

Data for indicator 5.6.2 are reported by national governments, including national statistics authorities and line ministries. The data are collected through the United Nations Twelfth Inquiry Among Governments on Population and Development, Module II on Fertility, Family Planning and Reproductive Health.³

Data were reported by 107 countries in 2019, covering 75 per cent of the world’s population. Of the 107 countries, 75 countries reported complete data, allowing calculation of indicator 5.6.2. For the 33 countries that reported partial data, data for components and sections have been calculated where possible. See Annex 1 for a full table of data.

Indicator 5.6.2 data tells a positive story

Among the 75 countries with complete data on 5.6.2, countries have in place, on average, 73 per cent of the laws and regulations needed to guarantee full and equal access to SRHR. With this access guaranteed in laws and regulations for many countries, the focus should therefore be on ensuring that policies, budgets and actions can translate the laws into practice.

The findings from these data are particularly encouraging when it comes to HIV: on average, countries have achieved 87 per cent of enabling laws and regulations for HIV counselling and test services; 91 per cent for HIV treatment and care services; and 96 per cent for HIV confidentiality. Meanwhile, countries have an average of 79 per cent of relevant enabling laws and regulations that stipulate full, free and informed consent of individuals before they receive contraceptive services, including sterilization. This indicates a mostly supportive protection framework from coerced or forced practices.

But gaps are also evident

The section that is weakest in terms of positive laws and regulations is sexuality education curriculum. Countries have an average of 57 per cent of enabling laws, regulations or national policies that make sexuality education a mandatory component of the national school curriculum. Of countries where such positive laws and regulation exist, three quarters

Example of information on legal enablers and barriers collected by the United Nations Inquiry for SDG Indicator 5.6.2 Component C1, Maternity Care

LEGAL/REGULATORY ENABLERS	LEGAL/REGULATORY BARRIERS (Restrictions and contradictory plural legal systems)	
Does the country have any laws or regulations that provide for access to maternity care? (Yes/No)	Do the laws or regulations include any restrictions by: <ul style="list-style-type: none">▪ Age (Yes/No)▪ Marital status (Yes/No)	<ul style="list-style-type: none">▪ Third party authorization (e.g., spousal, parental/guardian, medical) (Yes/No)▪ Sex (Yes/No) (where applicable — in other components)
	Are there any other plural legal systems that contradict (in part or in total) any laws or regulations? (Yes/No)	

include all key concepts recommended by international norms and standards for sexuality education,⁴ and all but two concepts — relationships, and sexuality and sexual behaviour — are included by over 90 per cent. Moreover, in the sexual health section of the indicator, countries only have an average of 45 per cent of enabling laws or regulations that guarantee human papillomavirus (HPV) vaccine to adolescent girls.

The United Nations Commission on Life-Saving Commodities has identified 13 commodities across reproductive, maternal, newborn and child health that, if implemented at scale, could make the most significant impact in reducing preventable deaths;⁵ only two in five countries reported that their national lists of essential medicines includes all of the 13 commodities. Nearly all of these countries include oxytocin, injectable antibiotics, amoxicillin and oral rehydration solution (ORS) in the lists, but just over half include female condoms.

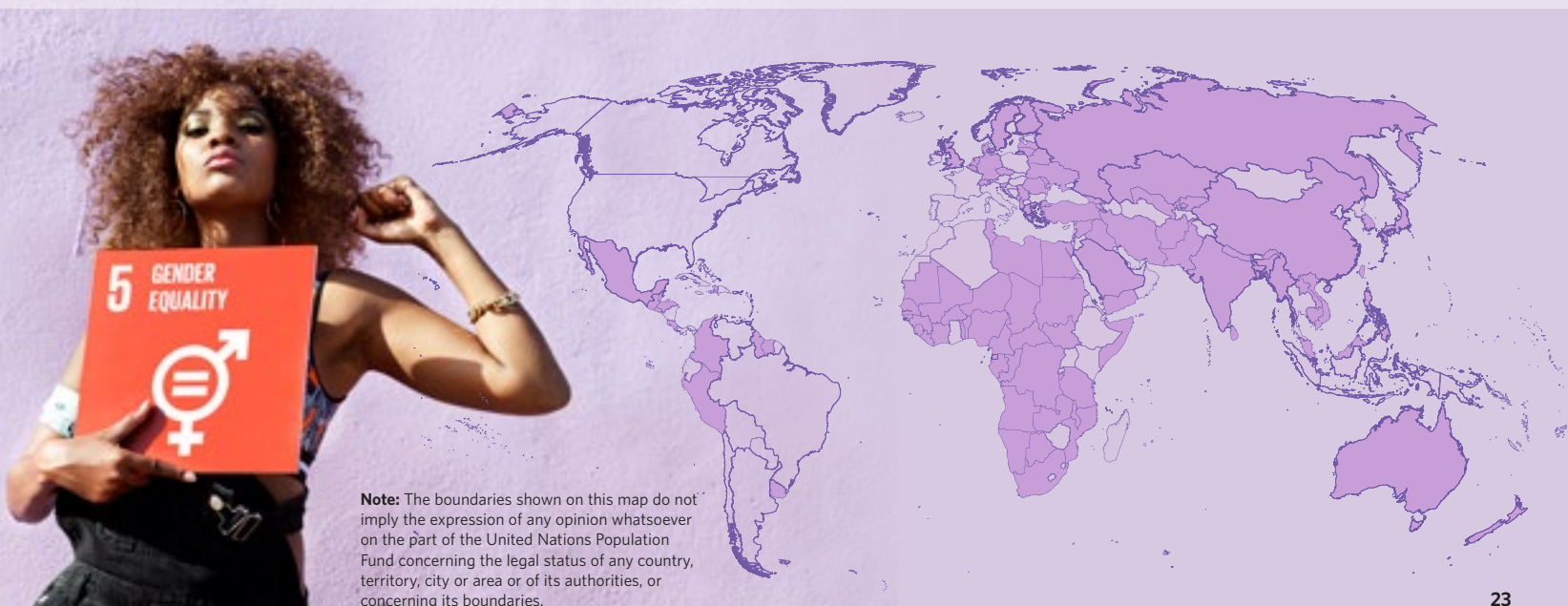
The data also tells us that legal barriers to full and equal SRHRR access exist in a number of areas. Such barriers are most prevalent in the case of legal access to abortion, with an average of just 31 per cent achievement in this component. Although

abortion is legal on some or all grounds⁶ in 93 per cent of reporting countries, a husband's consent is required for married women to access the service in 28 per cent of these countries, and judicial consent is required for minors in 29 per cent. Furthermore, women can be criminally charged for an illegal abortion in more than half of the 107 countries.

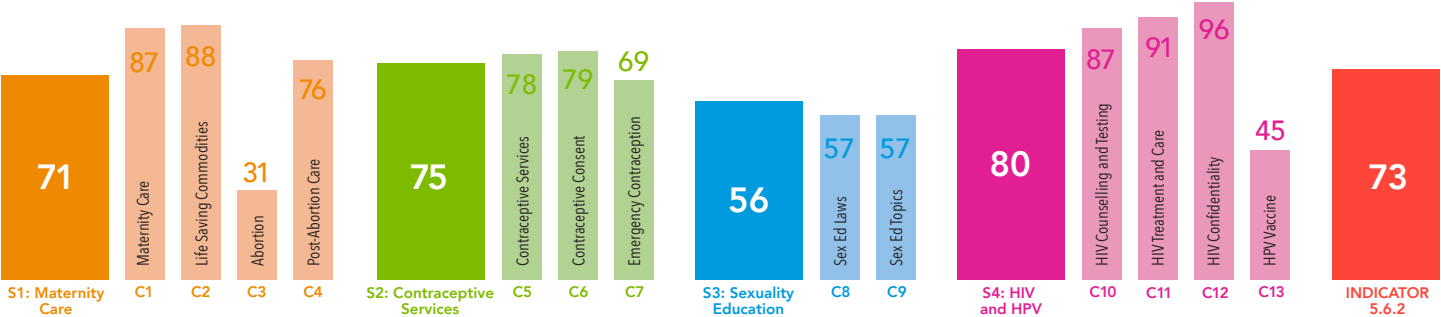
Moreover, although laws and regulations exist to guarantee access to maternity care in 95 per cent of reporting countries, 9 per cent of these countries have restrictions based on marital status; 10 per cent have restrictions based on age; and 11 per cent have restrictions based on third-party authorization including spousal, parental or guardian, and medical.

Access to contraceptive services is also restricted for a number of groups. In 12 per cent of reporting countries where laws protect access to contraceptive services, plural legal systems contradict the positive laws and regulations. Furthermore, 28 per cent of the countries have contraceptive restrictions based on a minimum age, 21 per cent have restrictions based on a requirement for third-party authorization and 6 per cent have restrictions based on marital status.

107 countries reported complete or partial data for indicator 5.6.2 in 2019



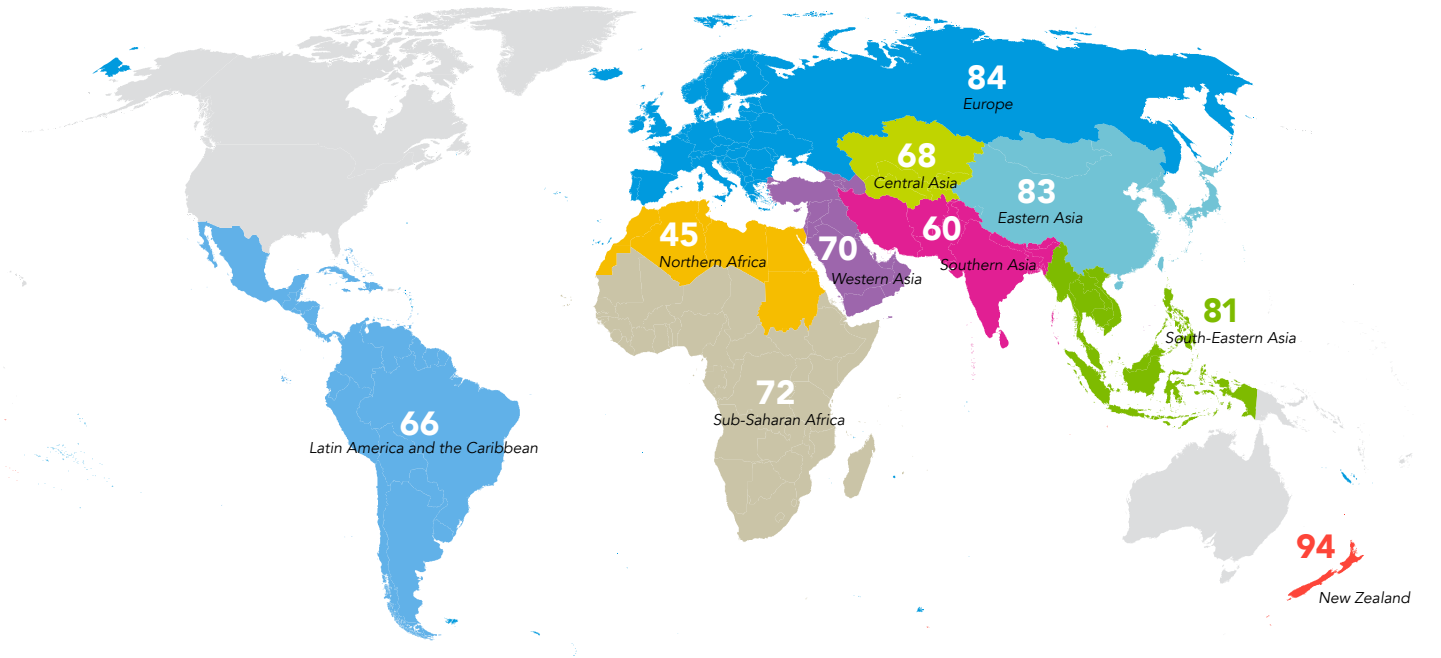
Extent to which countries have laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education, including Section (S1-S4) and Component (C1-C13) values, 2019 (per cent).



Note: Data for SDG 5.6.2 are based on 75 countries with complete data; data for Sections are based as follows: 79 countries for Section 1 Maternity Care, 104 countries for Section 2 Contraceptive Services, 98 countries for Section 3 Sexuality Education, and 101 countries for Section 4 HIV and HPV.

Source: United Nations Population Fund, global databases, 2020.

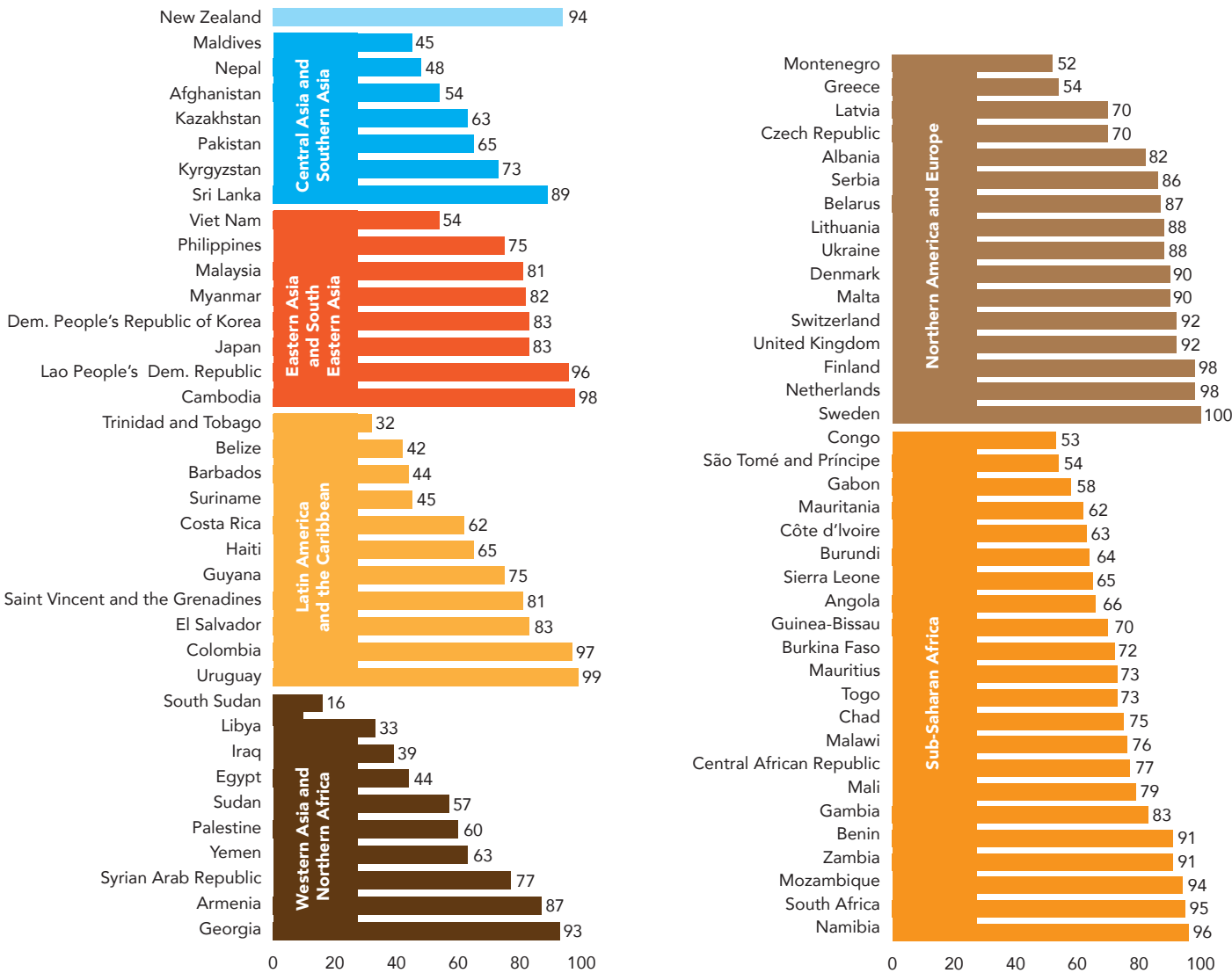
Indicator 5.6.2 at the regional level by SDG regional grouping, 2019 (per cent).



Note: The boundaries shown on this map do not imply the expression of any opinion whatsoever on the part of the United Nations Population Fund concerning the legal status of any country, territory, city or area or of its authorities, or concerning its boundaries.

Source: United Nations Population Fund, global databases, 2020. Based on official responses to the United Nations 12th Inquiry among Governments on Population and Development.

Indicator 5.6.2 at the national level: clustered by SDG regional groupings, 2019 (per cent).

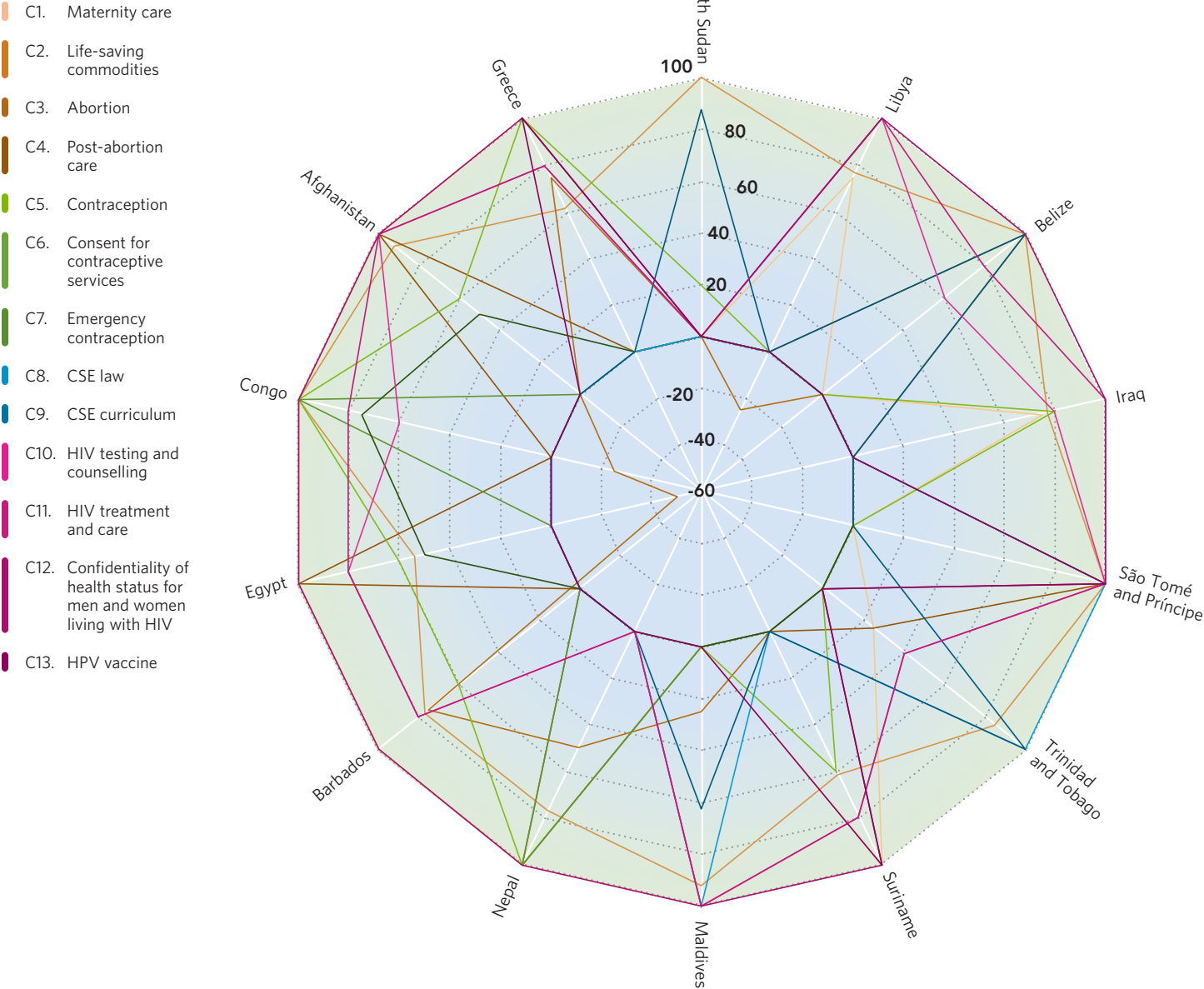


Source: United Nations Population Fund, global databases, 2020. Based on official responses to the United Nations 12th Inquiry among Governments on Population and Development.

The five countries with the highest overall value for indicator 5.6.2 are Sweden (100), Uruguay (99), Cambodia (98), Finland (98) and Netherlands (98). The five countries with the lowest data are South Sudan (16), Trinidad and Tobago (32),

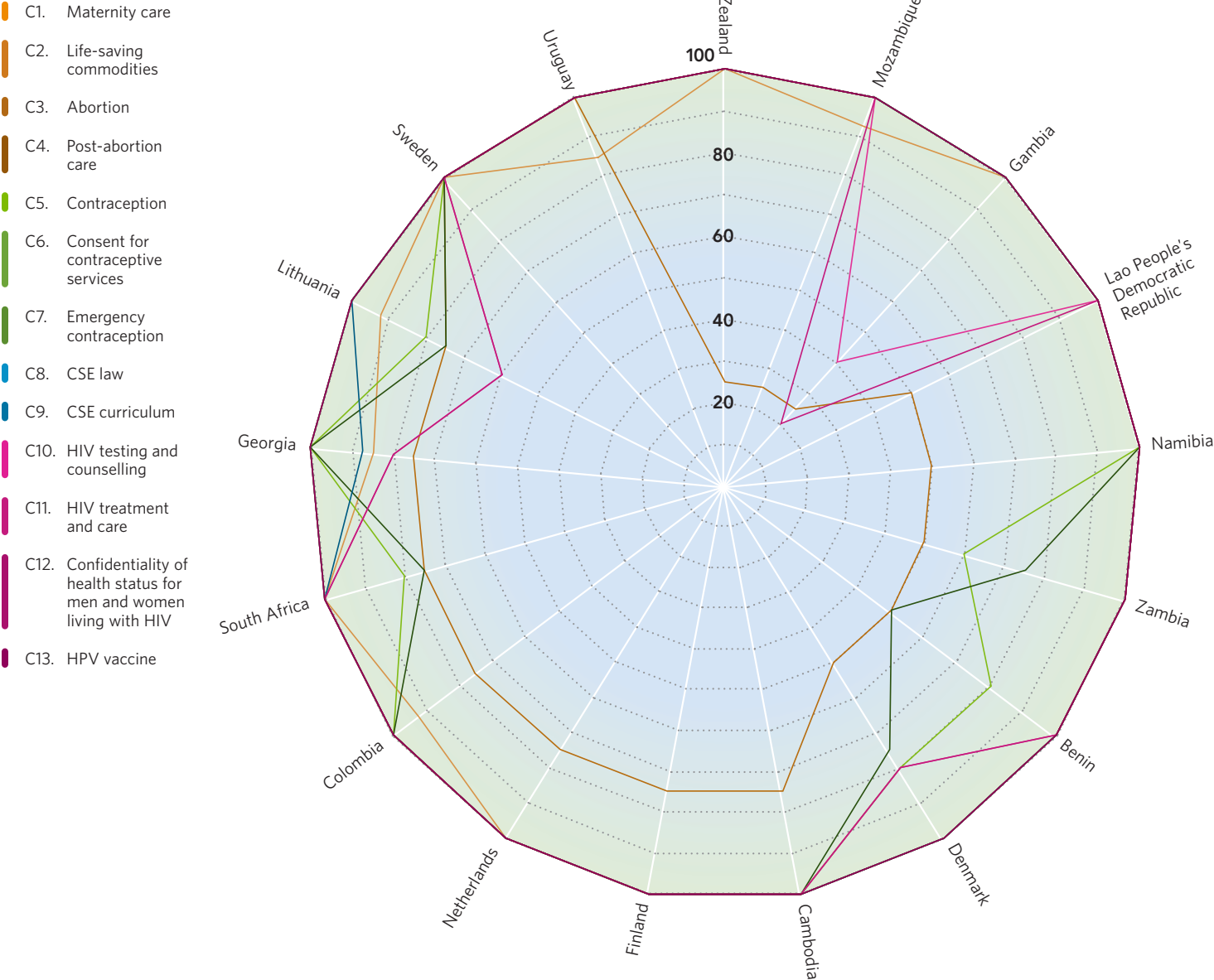
Libya (33), Iraq (39) and Belize (42). What is interesting to note is that the countries with the highest and lowest values are found across regions, highlighting the global nature of trends.

Variations within a select group of countries, component data at the national level, per cent, year 2019 (5 or more components have a value of 0)



Source: United Nations Population Fund, global databases, 2020. Based on official responses to the United Nations 12th Inquiry among Governments on Population and Development.

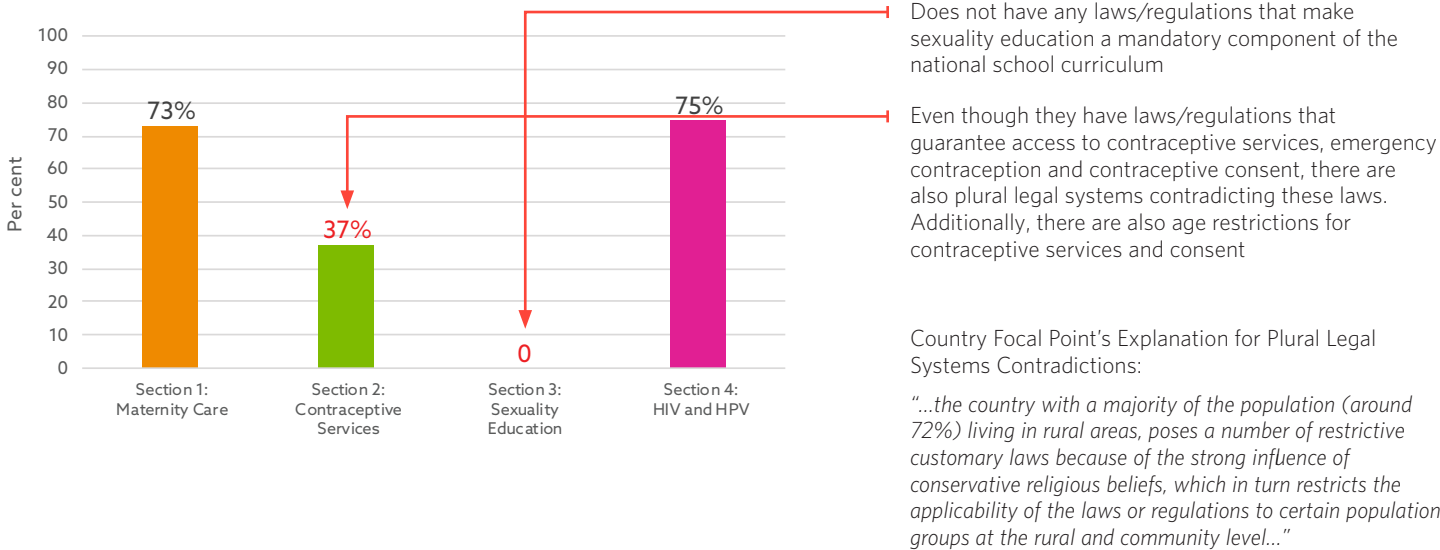
Variations within a select group of countries, component data at the national level, per cent, year 2019 (no component has a value of 0)



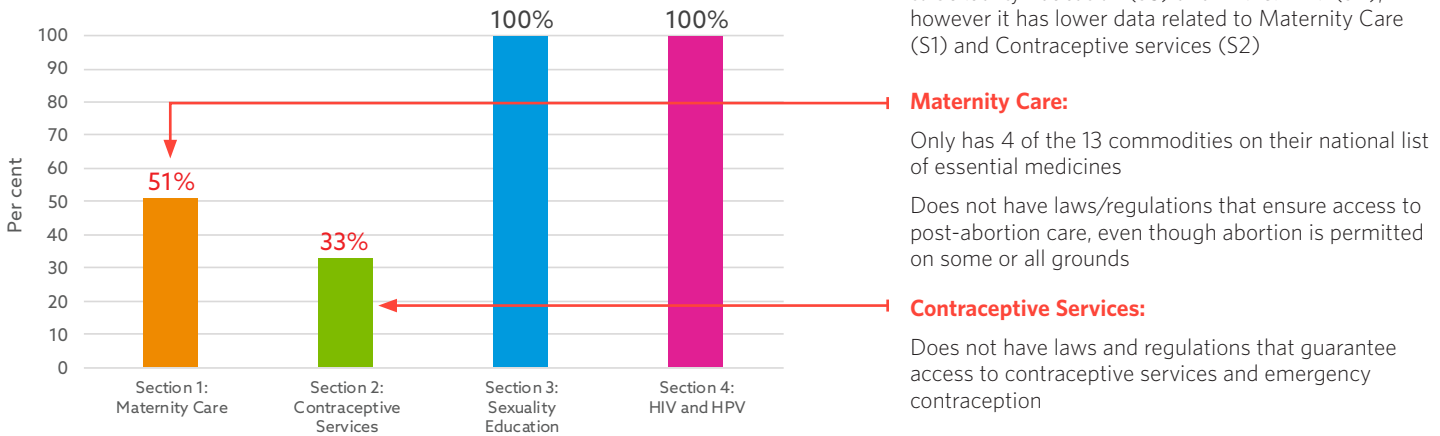
Source: United Nations Population Fund, global databases, 2020. Based on official responses to the United Nations 12th Inquiry among Governments on Population and Development.

Examples of how Indicator 5.6.2 data can be used at the country level to identify strengths and weakness in the legal and regulatory environment for SRHRR

Case Study: Country X (54%)



Case Study: Country Y (70%)



Key Findings

Enablers

Laws and regulations exist to guarantee access to **maternity care** in **95%** of reporting countries.

Abortion is legal on some or all grounds in **93%** of reporting countries.

91% of reporting countries have laws and regulations that guarantee access to **contraceptive services**.

98% of reporting countries have laws and regulations that guarantee access to **voluntary HIV counselling and testing services**.

99% of reporting countries have laws and regulations that guarantee **protection of the confidentiality of all people living with HIV**.

87% of reporting countries have laws and regulations that ensure **full, free and informed consent of individuals** before receiving contraceptive services, including sterilization.

Barriers

Only **62%** of reporting countries have laws, regulations or national policies that make **sexuality education** a mandatory component of the national school curriculum.

Only **79%** of reporting countries have laws or regulations that **ensure access to post-abortion care** irrespective of the legal status of abortion. And in **54%** of reporting countries, women can be criminally charged for having an illegal abortion

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.


Among countries with enabling laws and regulations:


- **9%** have **marital status restrictions** to access **maternity care services**.
- **28%** have **minimum age requirements** to access **contraceptive services**.
- **21%** have **restrictions based on third-party authorization** to access **contraceptive services**.
- **24%** have **minimum age requirements** for **voluntary HIV counselling and testing services**.
- **20%** have **plural legal systems** contradicting some of the positive national laws and regulations.

Conclusion

As the international community gears up for a Decade of Action to deliver on the SDGs, the need to amplify our actions on gender equality is a leading priority that has been repeatedly emphasized by the Secretary-General. The new national data gathered through indicator 5.6.2 of the SDGs highlights a major opportunity for these actions: focusing our effort on laws and regulations that support equal sexual and reproductive health and reproductive rights, and — just as crucially — focusing on the implementation of these laws and regulations. At the same time, the findings from this indicator shed light on the numerous legal barriers and conflicting plural legal systems that prevent many women, and adolescents in particular, from making autonomous decisions about their reproductive their sexual and reproductive health. These barriers also need to be brought down and these plural systems reconciled as part of our amplified efforts in the Decade of Action to ensure that all women and men will be able to exercise their equal rights to sexual and reproductive health.

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, 2019 (per cent).

COUNTRY	SECTION 1 MATERNITY CARE				SECTION 2 CONTRACEPTION SERVICES			SECTION 3 SEXUALITY EDUCATION		SECTION 4 HIV AND HPV				SECTION 1 Maternity Care	SECTION 2 Contraceptive Services	SECTION 3 Sexuality Education	SECTION 4 HIV and HPV	INDICATOR 5.6.2 
	C1 Maternity Care	C2 Life Saving Commodities	C3 Abortion	C4 Post- Abortion Care	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum Laws	C9 Curriculum Topics	C10 HIV Counselling and Test Services	C11 HIV Treatment and Care Services	C12 HIV Confidentiality	C13 HPV Vaccine					
Afghanistan	100	92	0	100	60	0	50	0	0	100	100	100	0	73	37	0	75	54
Albania	100	77	50	100	80	100	75	100	100	80	100	100	0	82	85	100	70	82
Angola	100	62	0	100	100	100	100	0	0	100	100	100	0	65	100	0	75	66
Antigua and Barbuda	-	85	0	100	0	100	0	0	0	100	100	100	0	-	33	0	75	-
Armenia	75	100	100	100	80	100	100	100	100	80	100	100	0	94	93	100	70	87
Australia	100	-	0	100	80	100	100	0	0	100	100	100	0	-	93	0	75	-
Bangladesh	0	85	-	100	0	0	0	100	88	40	40	75	0	-	0	94	39	-
Barbados	100	77	75	0	60	0	0	0	0	80	80	100	0	63	20	0	65	44
Belarus	100	85	75	100	100	100	100	100	100	100	100	75	0	90	100	100	69	87
Belgium	-	-	100	0	100	100	100	100	100	100	100	100	100	-	100	100	100	-
Belize	0	100	0	100	0	0	0	0	100	60	80	100	0	50	0	50	60	42
Benin	100	100	50	100	80	100	50	100	100	100	100	100	100	88	77	100	100	91
Botswana	100	92	-	0	80	100	100	100	88	40	80	100	100	-	93	94	80	-
Burkina Faso	75	100	0	100	80	0	75	100	50	60	100	100	100	69	52	75	90	72
Burundi	75	92	50	100	40	0	75	0	100	100	100	100	0	79	38	50	75	64
Cambodia	100	100	75	100	100	100	100	100	100	100	100	100	100	94	100	100	100	98
Cameroon	100	92	25	100	100	100	100	0	0	-	-	-	0	79	100	0	-	-
Central African Republic	100	100	0	100	60	100	50	100	88	100	100	100	0	75	70	94	75	77
Chad	100	100	75	100	100	100	100	0	0	100	100	100	0	94	100	0	75	75
China	100	62	-	100	100	100	100	-	-	100	100	100	0	-	100	-	75	-
Colombia	100	92	75	100	100	100	100	100	100	100	100	100	100	92	100	100	100	97
Congo	100	100	-25	0	100	100	75	0	0	60	80	100	0	44	92	0	60	53
Costa Rica	100	77	25	0	100	100	0	0	0	100	100	100	100	50	67	0	100	62
Côte d'Ivoire	100	100	25	0	100	100	100	0	0	100	100	100	0	56	100	0	75	63
Czechia	100	15	100	100	0	0	0	100	100	100	100	100	100	79	0	100	100	70
Democratic Republic of the Congo	100	92	-	100	80	100	75	-	-	100	100	100	0	-	85	-	75	-
Denmark	100	100	50	100	80	100	75	100	100	80	80	100	100	88	85	100	90	90
Egypt	100	54	-50	100	60	0	50	0	0	80	80	100	0	51	37	0	65	44
El Salvador	100	100	-25	100	100	100	100	100	100	100	100	100	0	69	100	100	75	83
Equatorial Guinea	-	100	-	-	-	-	-	0	0	100	100	100	0	-	-	0	75	-
Finland	100	100	75	100	100	100	100	100	100	100	100	100	100	94	100	100	100	98
Gabon	100	100	0	100	40	0	25	100	100	40	100	50	0	75	22	100	48	58
Gambia	100	100	25	100	100	100	100	100	100	40	20	100	100	81	100	100	65	83
Georgia	100	85	75	100	100	100	100	100	88	80	80	100	100	90	100	94	90	93
Germany	100	46	50	75	80	100	75	-	-	100	100	100	100	68	85	-	100	-
Greece	100	62	75	0	100	0	0	0	0	80	80	100	100	59	33	0	90	54
Guatemala	100	85	-	0	80	100	75	100	100	80	80	100	0	-	85	100	65	-
Guinea	100	100	-	100	100	100	100	-	100	100	100	100	0	-	100	-	75	-
Guinea-Bissau	100	100	100	0	80	100	75	0	100	80	80	100	0	75	85	50	65	70
Guyana	100	92	75	100	60	100	50	100	100	60	60	75	0	92	70	100	49	75
Haiti	100	92	0	100	80	100	75	0	0	100	100	100	0	73	85	0	75	65
Honduras	50	-	-25	0	80	100	0	0	0	100	100	100	0	-	60	0	75	-
India	-	85	75	-	100	100	100	0	0	60	100	100	-	-	100	0	-	-
Iran, Islamic Republic of	100	100	0	-	100	100	100	0	0	100	100	100	0	-	100	0	75	-
Iraq	75	77	0	0	80	0	0	0	0	80	100	100	0	38	27	0	70	39
Japan	100	85	0	0	100	100	100	100	100	100	100	100	100	46	100	100	100	83
Kazakhstan	75	69	75	100	100	100	0	0	0	100	100	100	0	80	67	0	75	63

COUNTRY	SECTION 1 MATERNITY CARE				SECTION 2 CONTRACEPTION SERVICES			SECTION 3 SEXUALITY EDUCATION		SECTION 4 HIV AND HPV				SECTION 1 Maternity Care	SECTION 2 Contraceptive Services	SECTION 3 Sexuality Education	SECTION 4 HIV and HPV	5.6.2 
	C1 Maternity Care	C2 Life Saving Commodities	C3 Abortion	C4 Post- Abortion Care	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum Laws	C9 Curriculum Topics	C10 HIV Counselling and Test Services	C11 HIV Treatment and Care Services	C12 HIV Confidentiality	C13 HPV Vaccine					
Kyrgyzstan	100	92	50	50	60	100	50	100	88	60	100	100	0	73	70	94	65	73
Lao People's Democratic Republic	100	100	50	100	100	100	100	100	100	100	100	100	100	88	100	100	100	96
Latvia	100	31	75	0	0	100	0	100	100	100	100	100	100	51	33	100	100	70
Liberia	100	92	-	100	80	100	75	0	0	100	100	100	0	-	85	0	75	-
Libya	75	77	-25	0	0	0	0	0	0	100	100	100	0	32	0	0	75	33
Lithuania	100	92	75	100	80	100	75	100	100	60	60	100	100	92	85	100	80	88
Malawi	25	100	-50	75	80	100	100	100	100	80	80	100	100	38	93	100	90	76
Malaysia	75	77	-25	75	80	100	75	100	100	100	100	100	100	50	85	100	100	81
Maldives	0	92	25	0	0	0	0	100	63	100	100	100	0	29	0	81	75	45
Mali	100	100	50	100	80	100	100	0	0	100	100	100	100	88	93	0	100	79
Malta	100	100	-25	100	100	100	100	100	100	100	100	100	100	69	100	100	100	90
Mauritania	50	85	-25	0	100	100	100	0	0	100	100	100	100	27	100	0	100	62
Mauritius	100	85	50	100	60	100	50	0	0	100	100	100	100	84	70	0	100	73
Mexico	100	-	-	0	100	100	100	100	88	-	-	-	100	-	100	94	-	-
Montenegro	75	100	75	75	60	0	50	0	0	80	80	75	0	81	37	0	59	52
Mozambique	100	92	25	100	100	100	100	100	100	100	100	100	100	79	100	100	100	94
Myanmar	100	92	-25	100	100	100	100	100	100	100	100	100	0	67	100	100	75	82
Democratic People's Republic of Korea	75	77	100	100	100	100	100	100	25	100	100	100	0	88	100	63	75	83
Namibia	100	100	50	100	100	100	100	100	100	100	100	100	100	88	100	100	100	96
Nepal	100	77	50	100	100	100	0	0	0	0	0	100	0	82	67	0	25	48
Netherlands	100	100	75	100	100	100	100	100	100	100	100	100	100	94	100	100	100	98
New Zealand	100	100	25	100	100	100	100	100	100	100	100	100	100	81	100	100	100	94
Niger	100	100	-	100	100	100	100	100	100	80	100	100	100	-	100	100	95	-
Nigeria	-	100	75	0	100	100	100	100	100	100	100	100	100	-	100	100	100	-
Pakistan	100	92	-50	100	100	100	100	0	0	100	100	100	0	61	100	0	75	65
Peru	100	-	-	100	80	100	100	100	100	100	100	100	100	-	93	100	100	-
Philippines	100	77	-25	100	60	100	0	100	100	80	80	100	100	63	53	100	90	75
Republic of Moldova	75	100	75	100	100	100	0	100	-	80	80	75	100	88	67	-	84	-
Romania	-	-	-	-	-	-	-	0	0	-	-	-	-	-	-	0	-	-
Russian Federation	100	77	-	100	100	100	100	0	0	100	100	100	0	-	100	0	75	-
Saint Lucia	100	92	-	100	60	100	50	100	100	80	80	75	100	-	70	100	84	-
Saint Vincent and the Grenadines	100	62	25	100	80	100	100	100	100	80	100	100	0	72	93	100	70	81
São Tomé and Príncipe	0	100	0	100	0	0	0	100	0	100	100	100	100	50	0	50	100	54
Saudi Arabia	75	-	-	-	100	100	100	-	-	100	100	100	0	-	100	-	75	-
Senegal	25	92	-	100	40	0	25	0	0	40	80	75	-	-	22	0	-	-
Serbia	100	92	25	100	100	100	100	100	0	100	100	100	100	79	100	50	100	86
Sierra Leone	100	100	50	0	100	100	100	0	0	100	100	100	0	63	100	0	75	65
Slovenia	100	54	-	100	100	100	100	-	-	100	100	100	100	-	100	-	100	-
Somalia	0	85	-	100	0	0	0	0	0	100	100	100	0	-	0	0	75	-
South Africa	100	100	75	100	80	100	75	100	100	100	100	100	100	94	85	100	100	95
South Sudan	0	100	0	0	20	0	0	0	88	0	0	0	0	25	7	44	0	16
Sri Lanka	100	77	-25	100	100	100	100	100	100	100	100	100	100	63	100	100	100	89
State of Palestine	100	77	-50	100	80	100	75	0	0	100	100	100	0	57	85	0	75	60
Sudan	100	85	25	100	60	0	75	0	0	100	100	100	0	77	45	0	75	57
Suriname	100	62	0	0	60	0	0	0	0	80	80	100	100	40	20	0	90	45
Sweden	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

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, 2019 (per cent).

COUNTRY	SECTION 1 MATERNITY CARE				SECTION 2 CONTRACEPTION SERVICES			SECTION 3 SEXUALITY EDUCATION		SECTION 4 HIV AND HPV				SECTION 1 Maternity Care	SECTION 2 Contraceptive Services	SECTION 3 Sexuality Education	SECTION 4 HIV and HPV	5.6.2 ♀♂
	C1 Maternity Care	C2 Life Saving Commodities	C3 Abortion	C4 Post-Abortion Care	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum Laws	C9 Curriculum Topics	C10 HIV Counselling and Test Services	C11 HIV Treatment and Care Services	C12 HIV Confidentiality	C13 HPV Vaccine					
Switzerland	100	100	0	100	100	100	100	100	100	100	100	100	100	75	100	100	100	92
Syrian Arab Republic	100	85	-50	100	80	100	100	100	88	100	100	100	0	59	93	94	75	77
Tanzania	100	100	-	100	100	100	100	100	100	100	100	100	100	-	100	100	100	-
Togo	100	100	50	100	100	100	100	0	0	100	100	100	0	88	100	0	75	73
Trinidad and Tobago	25	85	0	25	0	0	0	100	100	40	40	0	0	34	0	100	20	32
Tunisia	100	100	-	100	100	-	-	0	0	0	0	75	0	-	-	0	19	-
Turkey	100	100	0	100	80	100	75	-	-	80	100	100	0	75	85	-	70	-
Ukraine	100	69	75	100	100	100	100	100	100	100	100	100	0	86	100	100	75	88
United Kingdom of Great Britain and Northern Ireland	100	100	0	100	100	100	100	100	100	100	100	100	100	75	100	100	100	92
Uruguay	100	85	100	100	100	100	100	100	100	100	100	100	100	96	100	100	100	99
Uzbekistan	100	69	75	-	100	100	0	-	-	-	-	-	0	-	67	-	-	-
Viet Nam	50	77	25	0	80	0	75	0	100	100	100	100	0	38	52	50	75	54
Yemen	25	100	0	100	100	100	100	0	0	100	100	100	0	56	100	0	75	63
Zambia	100	100	50	100	60	100	75	100	100	100	100	100	100	88	78	100	100	91

GLOBAL AND REGIONAL ESTIMATES	SECTION 1 MATERNITY CARE				SECTION 2 CONTRACEPTION SERVICES			SECTION 3 SEXUALITY EDUCATION		SECTION 4 HIV AND HPV				SECTION 1 Maternity Care	SECTION 2 Contraceptive Services	SECTION 3 Sexuality Education	SECTION 4 HIV and HPV	5.6.2 ♀♂
	C1 Maternity Care	C2 Life Saving Commodities	C3 Abortion	C4 Post-Abortion Care	C5 Services	C6 Consent	C7 Emergency	C8 Curriculum Laws	C9 Curriculum Topics	C10 HIV Counselling and Test Services	C11 HIV Treatment and Care Services	C12 HIV Confidentiality	C13 HPV Vaccine					
World	87	88	59	31	76	86	78	79	69	57	87	91	96	45	71	75	80	73
Northern America and Europe	98	80	59	83	85	86	74	80	74	93	94	96	76	80	81	76	90	84
Europe	98	80	59	83	85	86	74	80	74	93	94	96	76	80	81	76	90	84
Latin America and the Caribbean	86	85	25	60	67	76	50	59	64	85	88	91	41	66	65	61	75	66
Central Asia and Southern Asia	78	85	28	81	75	73	45	40	34	76	84	98	10	66	64	37	67	62
Central Asia	92	77	67	75	87	100	17	50	44	80	100	100	0	76	68	47	70	68
Southern Asia	71	88	11	83	70	63	56	38	31	75	80	97	14	62	63	34	66	60
Eastern Asia and South-eastern Asia	89	83	22	75	91	89	83	88	91	98	98	100	56	67	88	89	88	82
Eastern Asia	92	74	50	67	100	100	100	100	63	100	100	100	33	67	100	81	83	83
South-eastern Asia	88	87	13	79	87	83	75	83	100	97	97	100	67	67	82	92	90	81
Western Asia and Northern Africa	85	85	3	82	77	64	70	30	28	83	88	98	8	63	70	29	69	62
Western Asia	81	89	11	86	88	88	81	50	46	90	98	100	13	67	85	48	75	70
Northern Africa	94	79	-17	75	55	0	42	0	0	70	70	94	0	53	27	0	58	45
Sub-Saharan Africa	83	96	29	75	77	79	76	47	52	85	92	95	48	70	77	49	81	72
Oceania	100	100	13	100	90	100	100	50	50	100	100	100	50	81	97	50	88	94
Australia and New Zealand	100	100	13	100	90	100	100	50	50	100	100	100	50	81	97	50	88	94
Landlocked developing countries (LLDCs)	83	94	41	84	78	78	60	59	63	75	85	93	44	75	72	59	75	69
Least Developed Countries (LDCs)	78	94	25	87	75	73	72	45	50	85	88	95	41	71	73	47	78	71
Small Island Developing States (SIDS)	69	86	29	63	42	54	31	46	51	82	85	88	31	60	42	49	71	57

Source: United Nations Population Fund, global databases, 2020. Based on official responses to the United Nations 12th Inquiry among Governments on Population and Development.

Key Terms

Laws: Laws and statutes are official rules of conduct or action prescribed, formally recognized as binding, or enforced by a controlling authority that governs the behaviour of actors (including people, corporations, associations and government agencies). They are adopted or ratified by the legislative branch of government and may be formally recognized in the Constitution or interpreted by courts. Laws governing sexual and reproductive health are not necessarily contained in one law.

Regulations: Regulations are considered to be executive, ministerial or other administrative orders or decrees. At the municipal level, regulations are sometimes called ordinances. Regulations and ordinances issued by governmental entities have the force of law, although circumscribed by the level of the issuing authority. Under this methodology, only regulations with national-level application are considered.

Restrictions: Many laws and regulations contain restrictions in the scope of their applicability. Such restrictions, which include, though are not limited to, those by age, sex, marital status and requirement for third-party authorization, represent barriers to full and equal access to sexual and reproductive health care, information and education.

Plural legal systems: These are defined as legal systems in which multiple sources of law coexist. Such legal systems have typically developed over a period of time as a consequence of colonial inheritance, religion and other sociocultural factors. Examples of sources of law that might coexist under a plural legal system include: English common law; French civil or other law; statutory law; and customary and religious law. The co-existence of multiple sources of law can create fundamental contradictions in the legal system, which result in barriers to full and equal access to sexual and reproductive health care, information and education.

“Guarantee” (access): For the purpose of this methodology, “guarantee” is understood in relation to a law or regulation that assures a particular outcome or condition. The methodology recognizes that laws can only guarantee in principle; for the outcomes to be fully realized in practice, additional steps, including policy and budgetary measures, will need to be in place.

Endnotes

- 1 CESC (2016) General Comment no. 22. Accessed at https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=E/C.12/GC/22&Lang=en
- 2 United Nations (1994) International Conference on Population and Development: Programme of Action. Cairo, Egypt. United Nations (1995) Fourth World Conference on Women: Programme of Action. Beijing, China. CEDAW General Recommendation no. 24. Accessed online 24 May 2018: <http://www.refworld.org/docid/453882a73.html>; CEDAW General Comment no. 35 (2017). Accessed online 23 May 2018: http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf; CESC General Comment no. 14. Accessed online 23 May 2018: <http://www.refworld.org/pdfid/4538838d0.pdf>; CESC General Comment no. 20. Accessed 24 May 2018: <http://www.refworld.org/docid/4a60961f2.html>; CESC General Comment no. 22. Accessed online 23 May 2018: <https://www.escri-net.org/resources/general-comment-no-22-2016-right-sexual-and-reproductive-health>; CRC General Comment No. 15. Accessed 24 May 2018: <http://www.refworld.org/docid/51ef9e134.html>; CRPD Articles 23 and 25. Accessed online 24 May 2018: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>.
- 3 The United Nations Inquiry gathers policy data for monitoring the implementation of the Programme of Action of the International Conference on Population and Development and other international programmes. Mandated by the General Assembly in its resolution 1838 (XVII) of 18 December 1962, it has been conducted by the Secretary-General at regular intervals since 1963. The Twelfth Inquiry consists of multiple-choice questions, organized in three thematic modules: Module I on Population Ageing and Urbanization; Module II on Fertility, Family Planning and Reproductive Health; and Module III on International Migration.
- 4 UNFPA (2018) International Technical Guidance on Sexuality Education. Accessed at <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>.
- 5 Oxytocin, misoprostol, magnesium sulfate, injectable antibiotics, antenatal corticosteroids (ANCs), chlorhexidine, resuscitation devices, amoxicillin, oral rehydration salts (ORS), zinc, female condoms, contraceptive implants and emergency contraception. UN Commission on Life-Saving Commodities for Women and Children (2012) Commissioners' Report. Accessed at https://www.unfpa.org/sites/default/files/pub-pdf/Final%20UN%20Commission%20Report_14sept2012.pdf.
- 6 Including to save a woman's life, to preserve a woman's health, in cases of rape and in cases of fetal impairment.

UNFPA is the Custodian Agency for SDG indicators 5.6.1 and 5.6.2. Custodian agencies are 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 (UNSD). To this end, the agencies are also responsible for developing international standards and recommending methodologies for monitoring. UNFPA developed the methodology for 5.6.1 and 5.6.2 in collaboration with UN-DESA (population division), UN-Women and WHO. The work has also been supported through an expert group involving a wide range of international and national experts including the following institutions: UNSD, UNICEF, OHCHR, the School of Public Health at Columbia University, International Women's Health Coalition, International Planned Parenthood Federation, O'Neill Institute for National and Global Health Law at Georgetown University Law Center, The Population Council, ICF-Demographic and Health Surveys Program, the Guttmacher Institute, and the National School of Statistical Sciences (ENCE) of the Brazilian Institute of Geography and Statistics (IBGE).

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