

## Guidelines on Collecting Data for SDG Indicator 5.6.1 in National Household Surveys

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### Background

The SDG Framework marks 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 and human rights-based dimensions of sexual and reproductive health and reproductive rights (SRHRR). SDG target 5.6, for example, focuses on “ensuring universal access to sexual and reproductive health and reproductive rights” and is measured by SDG indicators 5.6.1<sup>1</sup> and 5.6.2. UNFPA is the Custodian Agency<sup>2</sup> of SDG indicators 5.6.1 and 5.6.2. The two indicators were reclassified from Tier 3 to Tier 2 in the year 2016 and 2018, respectively, and require regular data production from countries for SDG reporting.

SDG 5.6.1 is defined as the proportion of women aged 15-49 years (married or in union) who make their own decision on sexual relations, use of contraceptive, and health care i.e. can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; and decide on their own health care. Only women who provide a “yes” answer to all three components are considered as women who “make her own decisions regarding sexual and reproductive health”.

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<sup>1</sup> 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.

<sup>2</sup> 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 (UNSD). These agencies may publish the country data in their own databases and use it 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.

The Indicator is currently measured from Demographic and Health Surveys (DHS) covering selected low and middle income countries. Currently data for Indicator 5.6.1 is available as follows:

- Data on Question 1 “*Can you say no to your husband/partner if you do not want to have sexual intercourse?*” exists in the DHS for 52 countries, and is asked to women 15-49, who are married or in union.
- Question 2 “*Would you say that using contraception is mainly your decision, mainly your (husband's/ partner's) decision, or did you both decide together?*” This question has been included in DHS in 68 countries conducted since 2005. However, currently the question has been restricted to married or in union women (15-49 years) who are using contraception. For the DHS-7 and later rounds, the question has been extended to all married or in union women, whether they are using family planning or not.
- Regarding Question 3, DHS in 65 countries include the question “*Who usually makes decisions about HEALTH care for yourself?*” which is asked to women who are married or in union.

As of the SDG 2019 official reporting, a total of 51 countries have at least one survey with data on all the three questions above, which are necessary for calculating Indicator 5.6.1 (see annex table). The majority of countries (35 out of the 51) are in sub-Saharan Africa. Other countries with data available for SDG 5.6.1 include 2 European, 5 Latin American and Caribbean, 3 Central Asian and Southern Asian, 4 South-eastern Asian, and 2 Western Asian countries. Immediate actions are required to increase data coverage and understand better the SRHRR 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 5.6.1, in particular, incorporating the three questions for calculating SDG 5.6.1 within an existing national household survey that is deemed appropriate in countries where no DHS/MICS exist, and to advocate for the inclusion of all three questions in upcoming DHS and MICS.

## Relevant national surveys

For existing national household surveys, it must be ascertained that the sampling design does not systematically exclude subgroups of the population that are important to SDG 5.6.1, specifically, women of reproductive age (15-49) that are currently married or in union. Surveys that cover only certain population subgroups, such as women who speak the dominant language or women from the main ethnic group, may exclude the experiences of a large number of women. The survey should have a large sample size (usually between 5,000 and 30,000 households), be nationally-representative, and representative, at least, at one administrative level below the national level.

Surveys on unrelated topics may not be good candidates for the incorporation of the SDG 5.6.1 questions. The sensitivity of the topics addressed in health surveys, in particular, those examining women's health, making them a feasible instrument for incorporating questions on women's experience of decision making in sex relations, use of contraceptive, and health care for themselves.

In order to generate data for SDG 5.6.1, all three questions must be included in the survey. The Box below provides details on how the questions are asked in the DHS questionnaire, which can be useful for other surveys as well. Categories of the second and the third questions should include distinct categories for women making decisions herself, and women making decisions jointly with another person.

## Key variables and personal characteristics of respondents

Although women are struggling with autonomy in decision-making and exercise of their reproductive rights in all settings and contexts, some groups of women are affected disproportionately. In order to effectively guide policies, the potential survey must include sufficient detail about the personal characteristics of respondents. In addition, Sustainable Development Goal indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental

## Principles of Official Statistics<sup>3</sup>.

### Box. Recommended core questions

Women's autonomy in decision-making and exercise of their reproductive rights is assessed from responses to the following three questions:

1. Can you say no to your (husband/partner) if you do not want to have sexual intercourse?
  - YES ..... 1
  - NO ..... 2
  - DEPENDS/NOT SURE ..... 8
2. Would you say that using contraception is mainly your decision, mainly your (husband's/ partner's) decision, or did you both decide together?
  - MAINLY RESPONDENT ..... 1
  - MAINLY HUSBAND/PARTNER ..... 2
  - JOINT DECISION ..... 3
  - OTHER SPECIFY
3. Who usually makes decisions about health care for yourself?
  - YOU,
  - YOUR (HUSBAND/PARTNER),
  - YOU AND YOUR (HUSBAND/PARTNER) JOINTLY,
  - SOMEONE ELSE

In DHS-7 round, Q1 of 5.6.1 is under HIV/AIDS module, which results two possible issues: a) countries choose to skip this questions (e.g. Tanzania DHS 2015, India NFHS 2015-16, etc.); b) HIV/AIDS module is based on sub-samples and further reduces the sample size of the indicator denominator (e.g. Cameroon DHS 2011, Madagascar DHS 2008, Turkey DHS 2003, and Kenya DHS 2014 based on 1/2 sample, and Chad DHS 2014 based on 1/3 sample). In the new DHS-8 round, UNFPA has proposed to ICF to move Q1 from HIV/AIDS module to the Women's empowerment/Women's work module.

To summarize, the personal characteristics for which data shall be collected in such a survey include the following. It is worth mentioning that disaggregations will have implications in terms of sample size and, therefore, costs.

- Age
- Age at first marriage
- Place of residence
- Highest level of education
- Race
- Ethnicity
- Migratory status

<sup>3</sup> Resolution 68/261.

- Disability
- Geographic location
- Income or wealth index

To advocate for the inclusion of the three questions for SDG indicator 5.6.1, 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 survey and undertaken periodically at specific stages. HQ/RO will be able to provide technical support to this process.

The focal points for questions related to SDG 5.6.1 data collection are Mengjia Liang (liang@unfpa.org) and Tapiwa Jhamba (jhamba@unfpa.org).

### Annex. SDG indicator 5.6.1 data availability mapping

Country	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Albania				DHS									DHS
Angola												DHS *	
Armenia						DHS						DHS *	
Benin		DHS						DHS					
Burkina Faso						DHS							
Burundi						DHS							DHS
Cambodia	DHS					DHS				DHS			
Cameroon							DHS						
Chad											DHS		
Comoros								DHS					
Congo, Democratic Republic of			DHS							DHS			
Congo, Republic of the								DHS					
Cote d'Ivoire							DHS						
Dominican Republic			DHS										
Ethiopia							DHS					DHS *	

Gabon								DHS					
Gambia, the									DHS				
Ghana				DHS						DHS			
Guatemala											DHS		
Guinea								DHS					
Guyana					DHS								
Haiti		DHS						DHS					DHS *
Honduras								DHS					
Jordan								DHS					
Kenya										DHS			
Kyrgyz Republic								DHS					
Lesotho					DHS					DHS			
Liberia									DHS				
Madagascar					DHS								
Malawi						DHS							DHS *
Mali		DHS							DHS				
Mozambique								DHS					
Myanmar												DHS	
Namibia			DHS						DHS				
Nepal								DHS					DHS *
Niger		DHS							DHS				
Nigeria				DHS						DHS			
Philippines													DHS
Rwanda							DHS					DHS	
Sao Tome and Principe					DHS								
Senegal								DHS			DHS	DHS	DHS
Sierra Leone				DHS					DHS				
Swaziland			DHS										

Tajikistan								DHS					DHS
Tanzania						DHS							
Timor-Leste												DHS *	
Togo									DHS				
Uganda		DHS					DHS					DHS	
Ukraine			DHS										
Zambia			DHS						DHS				
Zimbabwe		DHS					DHS				DHS		

\* Includes non-users of contraception