

Who decides on women’s sexual and reproductive health and rights?

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One of the key United Nations Sustainable Development Goals (SDG) is gender equality. Of particular importance is women’s autonomy regarding sexual and reproductive health and reproductive rights. The Generations and Gender Survey provides valuable insight into these issues. Recently collected data shows for various developed regions that decisions on women’s own reproductive health are often a joint decision with a (male) partner.

In its 2030 Agenda for sustainable development, the United Nations identified ‘achieving gender equality and empowering all women and girls’ as a key goal for the future. One of the targets in this ambition focuses on ensuring universal access to sexual and reproductive health and reproductive rights. This is measured by the proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and health care (SDG 5.6.1). A recent UNFPA report looked at data from 57 developing countries, mostly in Sub-Saharan Africa. As it turns out, only half of the married or in-union women aged 15 to 49 can make their own decisions regarding sexual and reproductive health and rights. How does this finding compare to the current situation in economically (more) developed countries? And how large is the variation between developed countries across the world?

The general picture across the countries shows that women have autonomy in their decisions regarding sexual relations, contraceptive use and health care. However, with respect to contraceptive use, the majority of joint decisions seems to point to more variation in the degree of (full) autonomy.

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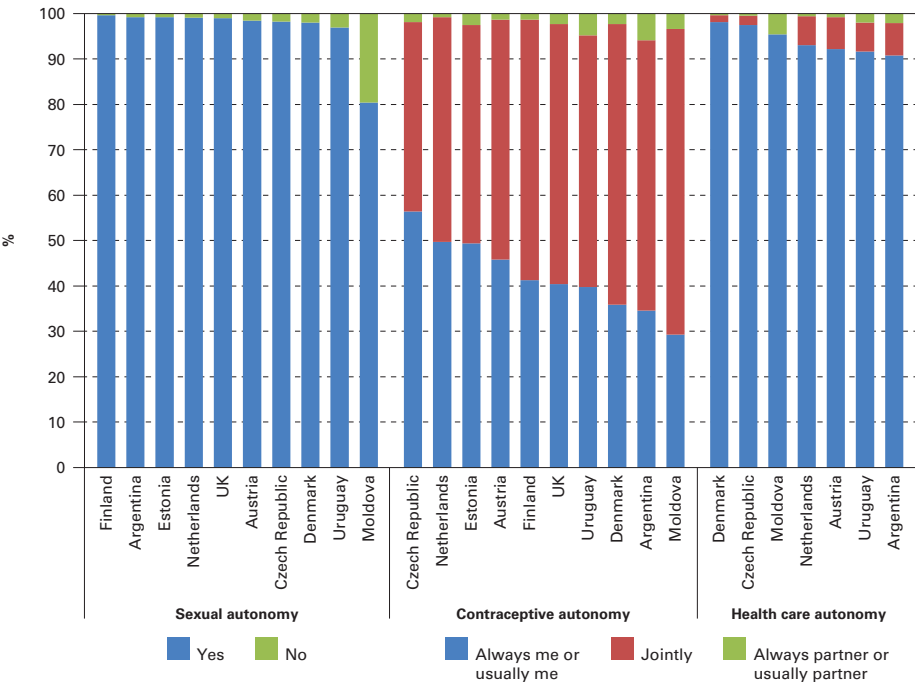
LITERATURE:

- UNFPA (2020), *Tracking women’s decision-making for sexual and reproductive health and reproductive rights*. Geneva: United Nations Population Fund.

The second round of the Generations and Gender Survey (GGS-II) provides an unique opportunity to investigate and monitor women’s autonomy regarding sexual and reproductive health and reproductive rights. Because of the wide geographical coverage, these data allow for comparisons among an economically and culturally diverse set of countries and regions. The baseline questionnaire includes three items that measure the SDG 5.6.1: women’s autonomy in decisions regarding sexual relations, the use of contraception and health care. We present findings for ten countries that fielded a full wave of GGS-II and for which data have been released, or will soon be released (in the case of the Netherlands).

Overall, almost all women can decide on sexual relations, except for Moldova where 20 per cent of the women answered “no” to the question on sexual autonomy (see the figure). Compared to the indicators on sexual relations and health, women’s answers on decisions on contraceptive use stand out. In almost all of the countries, a large share of women report to make these decisions ‘jointly’ with their partner, ranging from 42 per cent in Czech Republic to 67 per cent in Moldova. In the Netherlands, almost 50 per cent of the women report making their own decision while the other half report making joint decisions. When it comes to health autonomy, the majority of women report making their own decisions in all regions, ranging from 90 per cent in Argentina (Buenos Aires) to 98 per cent in Denmark.

Distribution of the answers on indicators for autonomy regarding reproductive health and rights among married or in-union women aged 18 to 49 years in ten countries, 2020-2023



Source: Generations and Gender Survey Round II 2020-2023.
 Notes: 1. Exact wording survey questions on indicators for SDG 5.6.1 - Sexual autonomy - “Can you say no to your partner if you do not want to have sexual intercourse?” [answer options “Yes” or “No”]; and Contraceptive autonomy - “Who usually decides on using contraception?” [answer options “Always me”, “Usually me”, “Joint”, “Usually partner”, or “Always partner”]; Healthcare autonomy - “Who usually makes decisions about health care for yourself?” [answer options “Always me”, “Usually me”, “Joint”, “Usually partner”, or “Always partner”]. 2. Finland, UK and Estonia did not include the question on health care autonomy.