

# SDG indicator metadata

(Harmonized metadata template - format version 1.1)

## 0. Indicator information (SDG\_INDICATOR\_INFO)

### 0.a. Goal (SDG\_GOAL)

Goal 5: Achieve gender equality and empower all women and girls

### 0.b. Target (SDG\_TARGET)

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

### 0.c. Indicator (SDG\_INDICATOR)

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 education

### 0.d. Series (SDG\_SERIES\_DESCR)

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 (%)  
SH\_LGR\_ACSRHE

(S.1) 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:  
Section 1: Maternity Care (%) SH\_LGR\_ACSRHES1

(S.2) 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:  
Section 2: Contraceptive and Family Planning (%) SH\_LGR\_ACSRHES2

(S.3) 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:  
Section 3: Sexuality Education (%) SH\_LGR\_ACSRHES3

(S.4) 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:  
Section 4: HIV and HPV (%) SH\_LGR\_ACSRHES4

(S.1.C.1) 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: Component 1: Maternity Care (%) SH\_LGR\_ACSRHEC1

(S.1.C.2) 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: Component 2: Life Saving Commodities (%) SH\_LGR\_ACSRHEC2

(S.1.C.3) 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: Component 3: Abortion SH\_LGR\_ACSRHEC3

(S.1.C.4) 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: Component 4: Post-Abortion Care (%) SH\_LGR\_ACSRHEC4

(S.2.C.5) 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: Component 5: Contraceptive Services (%) SH\_LGR\_ACSRHEC5

(S.2.C.6) 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: Component 6: Contraceptive Consent (%) SH\_LGR\_ACSRHEC6

(S.2.C.7) 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: Component 7: Emergency Contraception (%) SH\_LGR\_ACSRHEC7

(S.3.C.8) 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: Component 8: Sexuality Education Curriculum Laws (%) SH\_LGR\_ACSRHEC8

(S.3.C.9) 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: Component 9: Sexuality Education Curriculum Topics (%) SH\_LGR\_ACSRHEC9

(S.4.C.10) 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: Component 10: HIV Counselling and Test Services SH\_LGR\_ACSRHEC10

(S.4.C.11) 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: Component 11: HIV Treatment and Care Services (%) SH\_LGR\_ACSRHEC11

(S.4.C.12) 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: Component 12: HIV Confidentiality (%) SH\_LGR\_ACSRHEC12

(S.4.C.13) 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: Component 13: HPV Vaccine (%) SH\_LGR\_ACSRHEC13

#### **0.e. Metadata update** (META\_LAST\_UPDATE)

2022-03-31

#### **0.f. Related indicators** (SDG\_RELATED\_INDICATORS)

Indicator 3.1.1: Maternal mortality ratio

Indicator 3.1.2: Proportion of births attended by skilled health personnel

Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations

Indicator 3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods

Indicator 3.7.2: Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group

Indicator 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

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.

#### **0.g. International organisations(s) responsible for global monitoring**

(SDG\_CUSTODIAN\_AGENCIES)

United Nations Population Fund (UNFPA)

## 1. Data reporter (CONTACT)

### 1.a. Organisation (CONTACT\_ORGANISATION)

---

United Nations Population Fund (UNFPA)

## 2. Definition, concepts, and classifications (IND\_DEF\_CON\_CLASS)

### 2.a. Definition and concepts (STAT\_CONC\_DEF)

---

#### **Definition:**

Sustainable Development Goal (SDG) Indicator 5.6.2 seeks to measure the extent to which countries have national 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.

The indicator is a percentage (%) scale of 0 to 100 (national laws and regulations exist to guarantee full and equal access), indicating a country's status and progress in the existence of such National laws and regulations. Indicator 5.6.2 measures only the existence of laws and regulations; it does not measure their implementation.

#### **Concepts:**

**Laws:** laws and statutes are official rules of conduct or action prescribed, or formally recognized as binding, or enforced by a controlling authority that governs the behavior of actors (including people, corporations, associations, 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:** are 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 the 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:** are defined as legal systems in which multiple sources of law co-exist. Such legal systems have typically developed over a period because of colonial inheritance, religion, and other socio-cultural factors. Examples of sources of law that might co-exist 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 this methodology, “guarantee” is understood as 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.

---

## 2.b. Unit of measure (UNIT\_MEASURE)

---

Percent (%)

---

## 2.c. Classifications (CLASS\_SYSTEM)

---

Adopted by 179 governments, the 1994 International Conference on Population and Development (ICPD) Programme of Action (PoA) marked a fundamental shift in global thinking on population and development issues. It shifted from an emphasis on meeting particular demographic targets to a focus on individual women's and men's needs, aspirations, and rights.. The PoA asserted that everyone counts, that the true focus of development policy must be the improvement of individual lives and the measure of progress should be the extent to which we address inequalities. For more information on ICPD PoA, please visit [https://www.unfpa.org/sites/default/files/pub-pdf/programme\\_of\\_action\\_Web%20ENGLISH.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/programme_of_action_Web%20ENGLISH.pdf)

---

## 3. Data source type and data collection method (SRC\_TYPE\_COLL\_METHOD)

---

### 3.a. Data sources (SOURCE\_TYPE)

---

Indicator 5.6.2 is calculated based on official government responses collected through the United Nations Inquiry among Governments on Population and Development. The Inquiry has been conducted since 1963. All questions required for indicator 5.6.2 are integrated into Module II on fertility, family planning, and reproductive health of the Inquiry.

---

### 3.b. Data collection method (COLL\_METHOD)

---

The Inquiry is sent to the Permanent Missions by UN Population Division (DESA). UNFPA then follow-up with UNFPA Country Offices to facilitate the data submissions from national governments.

---

### 3.c. Data collection calendar (FREQ\_COLL)

---

Baseline data was collected in 2019 through the 12<sup>th</sup> Inquiry and a second round was collected in 2021-2022 through the 13<sup>th</sup> inquiry. Further data collection will be scheduled every 4 years.

---

### 3.d. Data release calendar (REL\_CAL\_POLICY)

---

Every 4 years.

---

### 3.e. Data providers (DATA\_SOURCE)

---

Data will be provided by relevant government ministries, departments and agencies.

---

### 3.f. Data compilers (COMPILING\_ORG)

---

United Nations Population Fund (UNFPA), in collaboration with UN Population Division.

### 3.g. Institutional mandate (INST\_MANDATE)

---

The mandate of UNFPA, as established by the United Nations Economic and Social Council (ECOSOC) in 1973 and reaffirmed in 1993, is (1) to build the knowledge and the capacity to respond to needs in population and family planning; (2) to promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems; (3) to assist their population problems in the forms and means best suited to the individual countries' needs; (4) to assume a leading role in the United Nations system in promoting population programmes, and to coordinate projects supported by the Fund.

At the International Conference on Population and Development (ICPD), held in Cairo in 1994, these broad ideas were elaborated to emphasize the gender and human rights dimensions of population. UNFPA was given the lead in helping countries carry out the Programme of Action (PoA) adopted by 179 governments at the Cairo Conference. In 2010, the United Nations General Assembly extended the ICPD beyond 2014, which was the original end date for the 20-year PoA.

## 4. Other methodological considerations (OTHER\_METHOD)

### 4.a. Rationale (RATIONALE)

---

Indicator 5.6.2 seeks to provide the first comprehensive global assessment of legal and regulatory frameworks in line with the 1994 International Conference on Population and Development (ICPD) Programme of Action (PoA)<sup>1</sup>, the Beijing Platform for Action<sup>2</sup>, and international human rights standards<sup>3</sup>. The indicator measures the legal and regulatory environment across four thematic sections, defined as the key parameters of sexual and reproductive health care, information and education according to these international consensus documents and human rights standards:

- Maternity care
- Contraception services
- Sexuality education
- HIV and HPV

Each of the four thematic areas (sections) is represented by individual components, reflecting topics that are: i) critical from a substantive perspective, ii) span a broad spectrum of sexual and reproductive health

---

<sup>1</sup> United Nations (1994) International Conference on Population and Development: Programme of Action. Cairo, Egypt.

<sup>2</sup> United Nations (1995) Fourth World Conference on Women: Programme of Action. Beijing, China.

<sup>3</sup> 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](http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf); CESCR General Comment no. 14. Accessed online 23 May 2018:

<http://www.refworld.org/pdfid/4538838d0.pdf>; CESCR General Comment no. 20. Accessed 24 May 2018:

<http://www.refworld.org/docid/4a60961f2.html>; CESCR General Comment no. 22. Accessed online 23 May 2018: <https://www.escr-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>.

care, information, and education, and iii) the subject of national legal and regulatory frameworks. In total, Indicator 5.6.2 measures 13 components, categorized as follows:

#### **SECTION I: MATERNITY CARE**

Component 1. Maternity care

Component 2. Life-saving commodities

Component 3. Abortion

Component 4. Post-abortion care

#### **SECTION II: CONTRACEPTION SERVICES**

Component 5. Contraception

Component 6. Consent for contraceptive services

Component 7. Emergency contraception

#### **SECTION III: SEXUALITY EDUCATION**

Component 8. CSE law

Component 9. CSE curriculum

#### **SECTION IV: HIV and HPV**

Component 10. HIV testing and counselling

Component 11. HIV treatment and care

Component 12. Confidentiality of health status for men and women living with HIV

Component 13. HPV vaccine

For each of the 13 components, information is collected on the existence of i) specific legal *enablers* (positive laws, and regulations) and ii) specific legal *barriers*<sup>4</sup>. Such barriers encompass *restrictions* to positive laws, and regulations (e.g. by age, sex, marital status and requirement for third party authorization), as well as *plural legal systems that contradict* co-existing positive laws and regulations. For each component, the specific enablers and barriers on which data are collected are defined as the principle enablers and barriers for that component. 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.

The percentage value reflects a country's status and progress in the existence of national laws and regulations that guarantee full and equal access to sexual and reproductive health care, information, and education. By reflecting the "extent to which" countries guarantee full and equal access to sexual and reproductive health care, information, and education, this indicator allows cross-country comparison and within-country progress over time to be captured.

#### **4.b. Comment and limitations** (REC\_USE\_LIM)

---

Indicator 5.6.2 measures exclusively the existence of laws and regulations and their barriers. It does not measure the implementation of such laws/regulations. In addition, the 13 components are intended to be indicative of sexual and reproductive health care, information, and education, instead of a complete or exhaustive list of the care, information, and education. These components were selected because they were identified as key parameters according to international consensus documents and human rights standards.

---

<sup>4</sup> Legal barriers are not deemed applicable for the two operational components: C2: life-saving commodities and C9: CSE curriculum.

#### 4.c. Method of computation (DATA\_COMP)

---

The indicator measures specific legal enablers and barriers for 13 components across four sections. The calculation of the indicator requires data for all 13 components.

The 13 components are placed on the same scale, with 0% being the lowest value and 100% being the most optimal value. Each component is calculated independently and weighted equally. Each component is calculated as:

$$C_i = \left( \frac{e_i}{E_i} - \frac{b_i}{B_i} \right) \times 100$$

where;

$C_i$ : Data for component i

$E_i$ : Total number of enablers in component i

$e_i$ : Number of enablers that exist in component i

$B_i$ : Total number of barriers in component i

$b_i$ : Number of barriers that exist in component i

As legal barriers are not deemed applicable for C2: life-saving commodities and C9: CSE curriculum, they are calculated as:

$$C_i = \frac{e_i}{E_i} \times 100$$

where;

$C_i$ : Data for component i

$E_i$ : Total number of enablers in component i

$e_i$ : Number of enablers that exist in component i

In addition, as C3: Abortion collects information on four types of legal ground (to save a woman's life, to preserve a woman's health, in cases of rape, and in cases of fetal impairment), and that the legal barriers apply to each type, it is calculated as:

$$C_i = \frac{e_i}{E_i} \left( 1 - \frac{b_i}{B_i} \right) \times 100$$

where;

$C_i$ : Data for component i

$E_i$ : Total number of enablers in component i

$e_i$ : Number of enablers that exist in component i

$B_i$ : Total number of barriers in component i

$b_i$ : Number of barriers that exist in component i

Value for Indicator 5.6.2 is calculated as *the arithmetic mean of the 13-component data*. Similarly, the value for each section is calculated as the arithmetic mean of its constituent component data.

#### 4.d. Validation (DATA\_VALIDATION)

---

Country consultation is conducted for every round of data collection. Indicator data and methodology are shared back with National governments together with the original submissions. Indicator 5.6.2 relies on official responses provided by National governments. UNFPA may follow up with national governments and request further information if the responses differ from country-specific information on legal and regulatory developments on issues about respective mandates of key stakeholders including UN Country teams and UN agencies. UNFPA also encourages each country to establish a national validation committee to review and validate all input from the Inquiry.

#### 4.e. Adjustments (ADJUSTMENT)

---

No adjustments are made at the global level.

#### 4.f. Treatment of missing values (i) at country level and (ii) at regional level (IMPUTATION)

---

- **At country level:**  
No imputation will be made for a country with missing data.
- **At regional and global levels:**  
No imputation will be made at regional and global levels.

#### 4.g. Regional aggregations (REG\_AGG)

---

Global and regional aggregates are computed as unweighted averages of country-specific data for constituent countries.

#### 4.h. Methods and guidance available to countries for the compilation of the data at the national level (DOC\_METHOD)

---

Indicator 5.6.2 is calculated based on official government responses collected through the United Nations Inquiry among Governments on Population and Development. The Inquiry, mandated by the General Assembly in its resolution 1838 (XVII) of 18 December 1962, has been conducted by the Secretary-General since 1963. All questions required for indicator 5.6.2 are integrated into Module II on fertility, family planning and reproductive health of the Inquiry.

#### 4.i. Quality management (QUALITY\_MGMT)

---

Not applicable

#### 4.j Quality assurance (QUALITY\_ASSURE)

---

Indicator 5.6.2 relies on official responses provided by national governments. UNFPA performs quality checks and follows-up with national governments, requesting further information if the responses differ from country-specific information on legal and regulatory developments on issues about respective mandates of key stakeholders including UN Country teams and UN agencies, or if the responses are incomplete or differ from the government's responses to a previous Inquiry. UNFPA also encourages each country to establish a national validation committee to review and validate all input from the Inquiry.



#### 4.k Quality assessment (QUALITY\_ASSMNT)

---

Not applicable

### 5. Data availability and disaggregation (COVERAGE)

---

**Data availability:**

153 countries have complete or partial data for indicator 5.6.2, covering 89 percent of the world's population. A total of 115 countries have complete data, allowing calculation of data for indicator 5.6.2.

**Time series:**

Not applicable

**Disaggregation:**

Data will be disaggregated by section and component. This will enable countries to identify the areas of sexual and reproductive health care, information and education in which progress is required.

### 6. Comparability / deviation from international standards (COMPARABILITY)

---

**Sources of discrepancies:**

Not applicable, as indicator 5.6.2 relies on official data provided by National governments, and no estimation is produced at the international level.

### 7. References and Documentation (OTHER\_DOC)

---

<https://www.unfpa.org/sdg-5-6>

**References:**

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](http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf); CESCR General Comment no. 14. Accessed online 23 May 2018:

<http://www.refworld.org/pdfid/4538838d0.pdf>; CESCR General Comment no. 20. Accessed 24 May 2018:

<http://www.refworld.org/docid/4a60961f2.html>; CESCR General Comment no. 22. Accessed online 23 May 2018: <https://www.escr-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>.