

Informed decision-making regarding sexual relations, contraceptive use and health care: Methodological aspects and recent insights on SDG 5.6.1 using the Generations and Gender Survey

Isabella Buber-Ennsner, Daria Shapoval
Vienna Institute of Demography / Austrian Academy of Sciences



Informed decision making regarding sexual relations, contraceptive use and health care

- It is a fundamental **human and constitutional right**
 - It is a key factor affecting one's **sexual and reproductive health**
 - Health outcomes depend not only on access to health services, but also on the agency to make informed decisions
 - It is crucial that individuals:
 - Can say no to their partner if they don't want to have a sexual intercourse
 - Decide themselves or equally with their partner on using contraception
 - Make themselves or equally with their partner decisions about own healthcare
- It is essential for **gender equality** as is measured by the **SDG Indicator 5.6.1**

Sustainable Development Goal (SDG) 5

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

SDG 5.6: Ensure universal access to sexual and reproductive health and reproductive rights.

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

SDG 5.6.2: Indicator for the 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

Relevance of informed decision making regarding sexual relations, contraceptive use and health care

Women's empowerment and health

- **Sexual health:** Lower risk of STIs and unwanted condomless sex (Willie et al., 2018, 2023), greater likelihood of condom use at first intercourse (Impett et al., 2006)
- **Safer sex communication:** Less fear to request safer sex practices (Willie et al., 2023) and greater ability to discuss condom use with partner (Raj et al., 2005)
- **Contraceptive use and reproductive outcomes:** More frequent use of modern contraceptive methods (Viswan et al., 2017), lower risks of unwanted pregnancy (Abada & Tenkorang, 2012) and lower neonatal and infant mortality (Memiah et al., 2019)
- **Sexual Wellbeing:** More positive, satisfying, and consensual sexual experiences (Bond et al., 2020) and enhanced capacity to communicate sexual desires (Zimmer-Gembeck, 2013)
- **Relevance for Men:** Helps adolescent boys resist rigid masculinity norms that undermine contraceptive use and sexual health (Pleck et al., 2010)

Data and method

Data Source:

- Gender and Generation Survey (GGS-II)
- Fieldwork started in 2020

Sample:

- 27,425 respondents across ten countries
- Individuals aged 18–49 years in a partnership
- Focus on **women**, but also **men** and **other gender identities** included
- Focus on married or cohabiting individuals, but also **LAT** included

Method:

- Descriptive and multivariate analyses

Weights:

- adjusting for age and gender
- adjusting for different country sample sizes

Country of residence	Female	Male	Non-binary	Total
Argentina (AR)	343	281	4	628
Austria (AT)	2,235	1,379	7	3,621
Czechia (CZ)	1,583	899	0	2,482
Denmark (DK)	2,279	1,550	0	3,829
France (FR)	2,526	1,708	6	4,240
Hong Kong (HK)	817	625	2	1,444
Croatia (HR)	2,054	1,266	0	3,320
Moldova (MD)	1,843	898	0	2,741
Netherlands (NL)	2,097	1,134	5	3,236
Uruguay (UY)	1,227	656	1	1,884
Total	17,004	10,396	25	27,425

Measuring SDG 5.6.1 in GGP



Healthcare autonomy

Who usually makes decisions about health care for yourself?

- **Always me**
- **Usually me**
- **Equally me and partner**
- Usually partner
- Always partner
- Always or usually someone else



Contraception autonomy

Who usually decides on using contraception?

- **Always me**
- **Usually me**
- **Equally me and partner**
- Usually partner
- Always partner
- Always or usually someone else






Sexual autonomy

Can you say no to your partner if you do not want to have sexual intercourse?

- **Yes**
- No

„Informed decision making“ if answers for the three questions fall into these categories

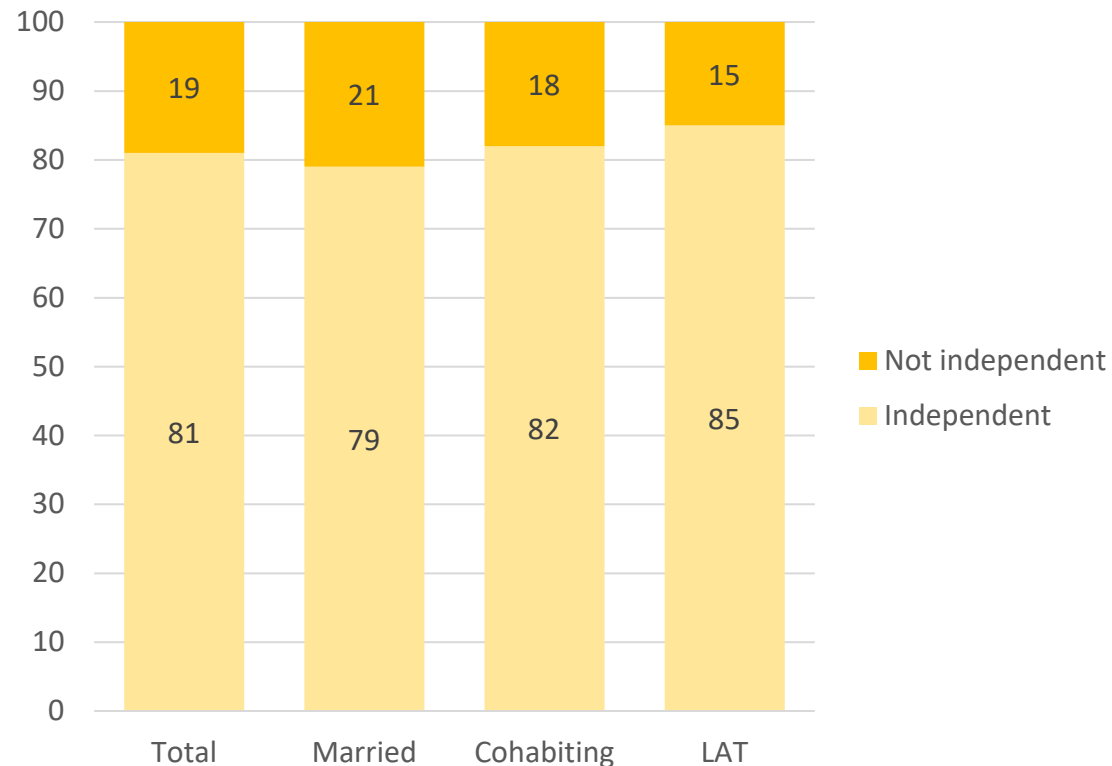
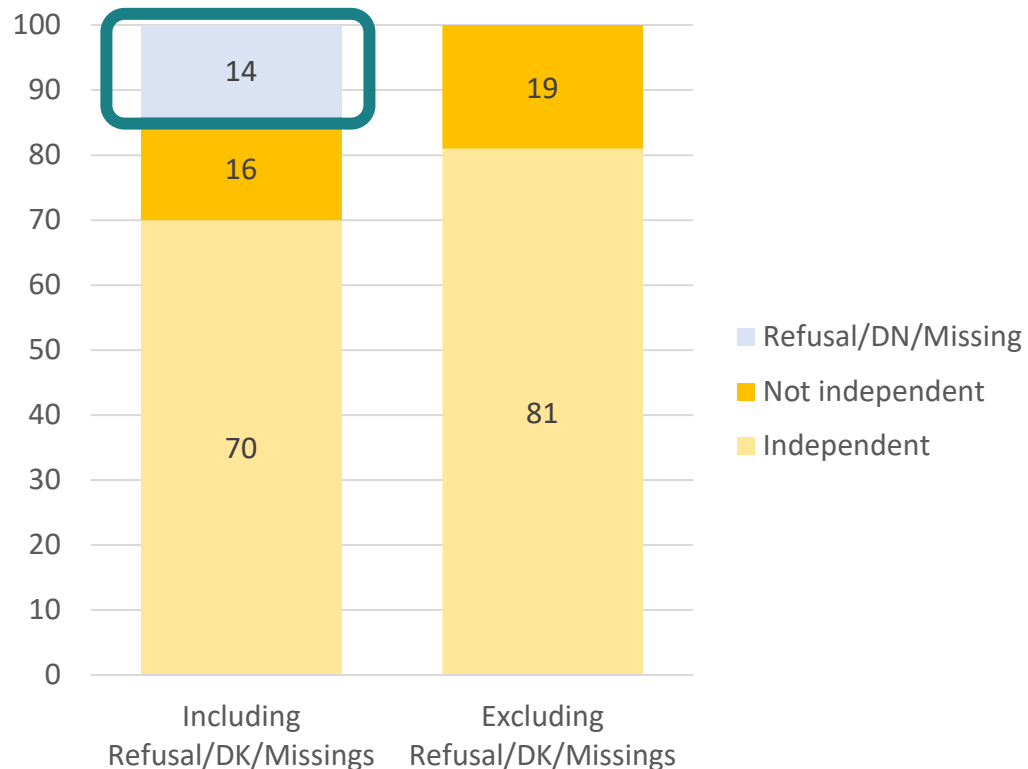
Methodological approach and challenges

 Healthcare autonomy	 Contraception autonomy	 Sexual autonomy
Who usually makes decisions about health care for yourself?	Who usually decides on using contraception?	Can you say no to your partner if you do not want to have sexual intercourse?
<ul style="list-style-type: none">• Always me• Usually me• Equally me and partner• Usually partner• Always partner• Always or usually someone else	<ul style="list-style-type: none">• Always me• Usually me• Equally me and partner• Usually partner• Always partner• Always or usually someone else	<ul style="list-style-type: none">• Yes• No

- However: Non-negligible proportion answering “Don’t know”, “Refusal”, “Missings”
- Sensitive topic
- Excluding DKs, refusals and missings might “distort” the results

Methodology – reflection on exclusions

Proportion of people making independent decisions regarding sexual relations, contraceptive use and health care

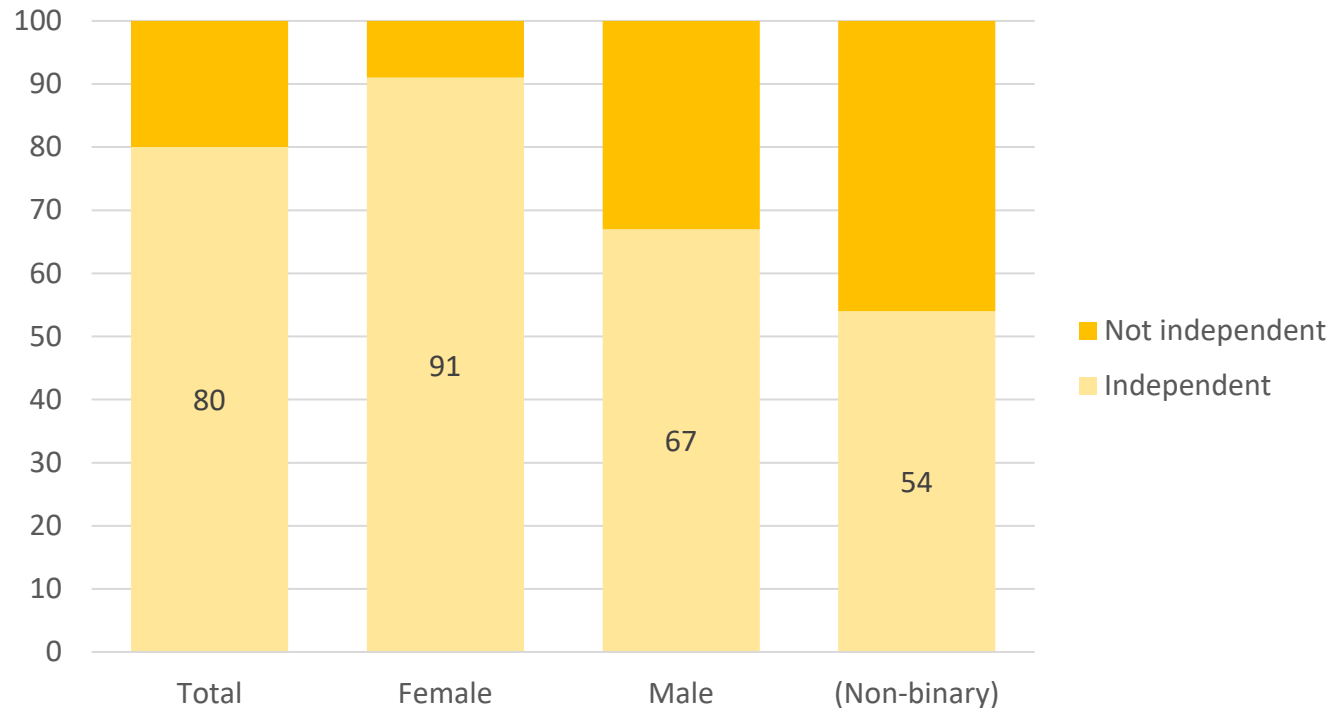


14% will be excluded due to
 Refusal (8%)
 Don't know (4%)
 Missings (2%)

LAT will be excluded

Differences by gender in independent decision making

Proportion of people making independent decisions regarding sexual relations, contraceptive use and health care



When excluding Refusal/DN/Missing and LAT-partnerships: 20,126 respondents

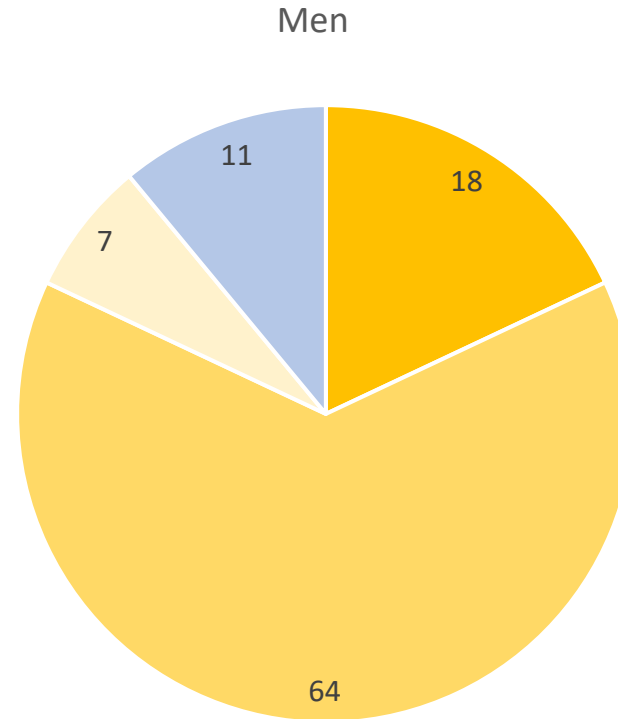
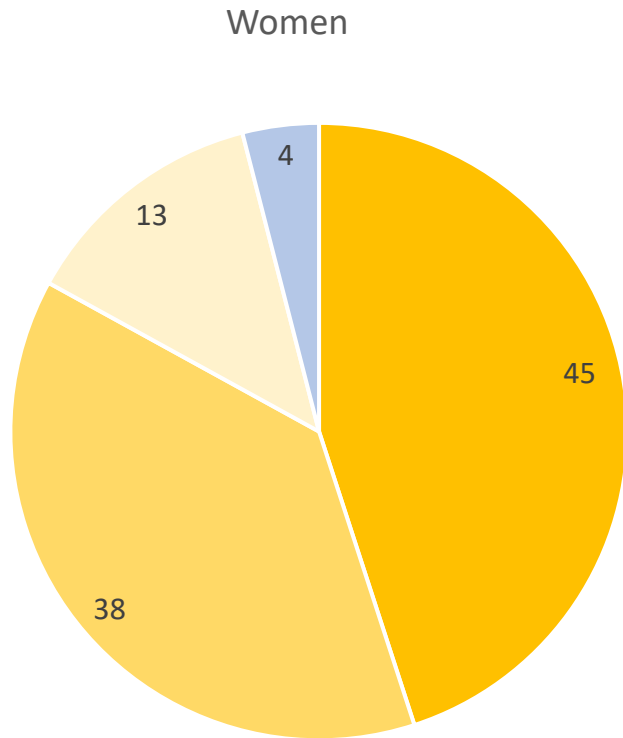
80% are able to make independent decisions

Large gender differences:

91% of women and 67% of men

54% of persons with non-binary gender

„Reasons“ for not being able to make decisions independently

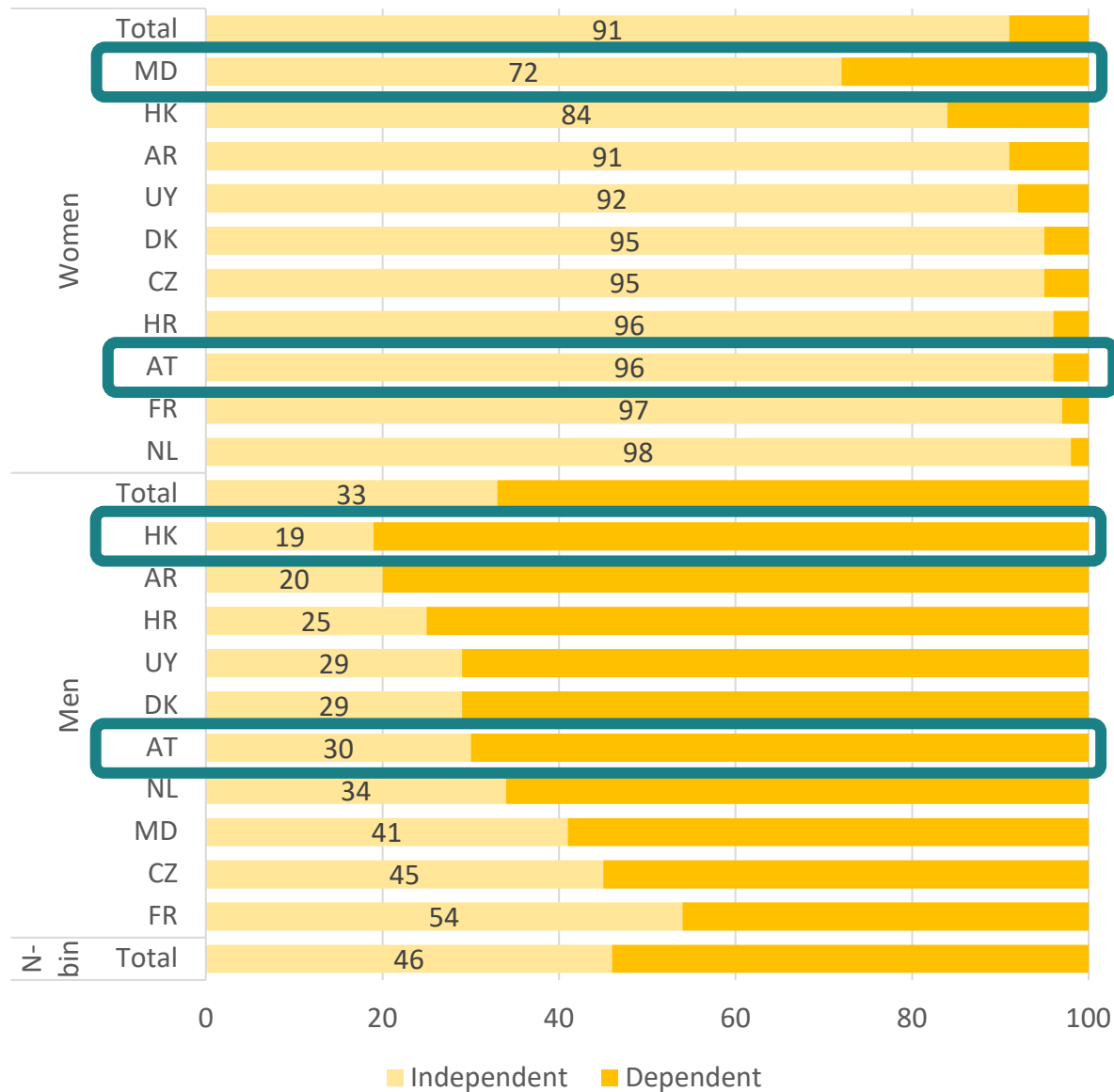


Large gender differences:
Women: No sexual
autonomy is main reason

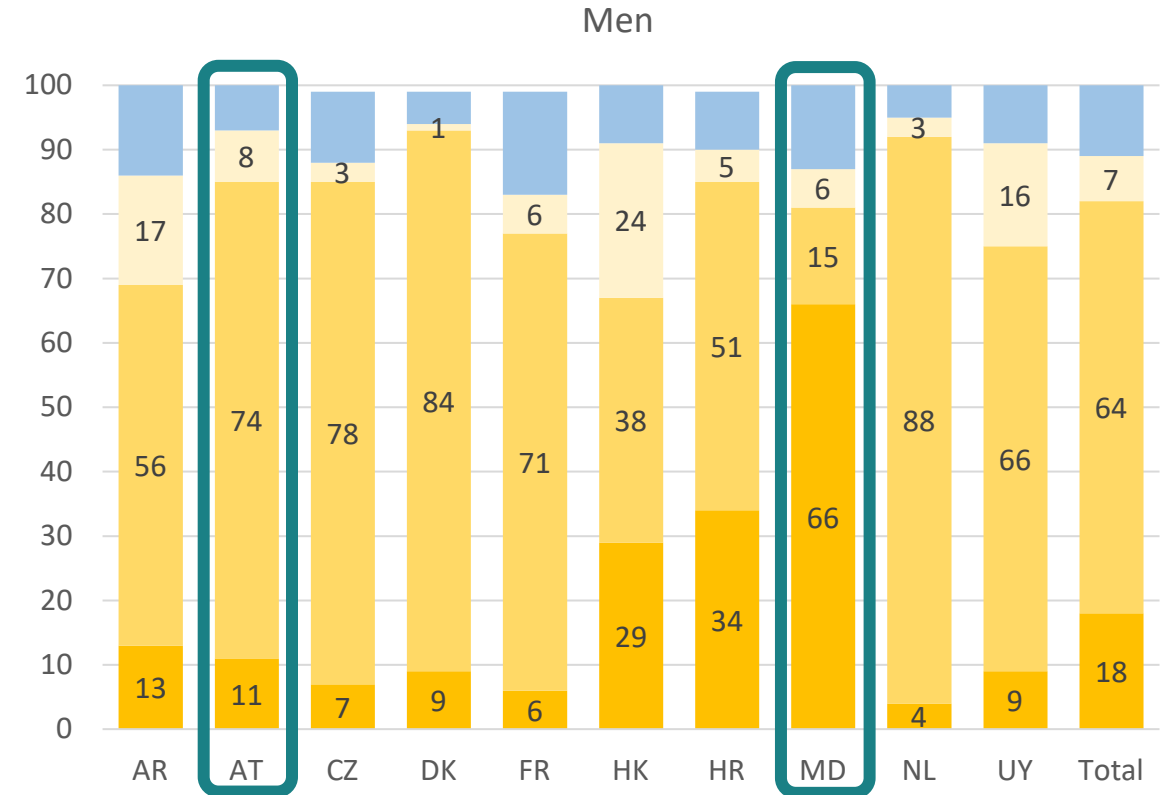
Men: No contraceptive
autonomy is main reason

- No sexual autonomy, but contraceptive and healthcare autonomy
- No contraceptive autonomy, but sexual and healthcare autonomy
- No healthcare autonomy, but sexual and contraceptive autonomy
- No autonomy in two or three dimensions

Independent decision making across countries and gender



„Reasons“ for not being able to make decisions independently



- No sexual autonomy, but contraceptive and healthcare autonomy
- No contraceptive autonomy, but sexual and healthcare autonomy
- No healthcare autonomy, but sexual and contraceptive autonomy
- No autonomy in two or three dimensions

Ability to make decisions independently in multivariate context

Lower and **higher**
levels of autonomy
(*Significant differences*)

	All	Women	Men
Gender	Men, non-binary		
Age		25-29	35-49
Education		Tertiary education	Tertiary education
Education of partner		Tertiary education	
Country of birth		Immigrant	
Couple type		Lesbian couple	Gay couple
Making ends meet		With (great) difficulties	
Marital status			Unmarried
Country		Moldova	France, Czechia
	N=20,126	N=12,757	N=7,359

Sample including LAT: higher level of autonomy in LAT-partnership

(N=23,853)

Summary

Relevance of SDG5:

- Human and constitutional right; gender equality and empowerment of all women and girls
- Mainly discussed in the context of developing countries, enhance discussion also in developed countries

Methodological aspects on measurement of SDG-5.6.1:

- Exclusion of Refusals, DKs and Missings is worth discussing
- Inclusion of LATs
- Age group 15-49: Minors difficult to cover in “general” social surveys
- Focus in women

Being able to make decisions independently:

- Large differences by gender and by country (Moldova low levels)
- Main “reason” for not being independent differs between women (sexual autonomy) and men (contraception autonomy)

Substantial differences between socio-demographic groups:

- Age, gender, education, immigrant status, couple type, economic situation
- Strong association with wellbeing (causality!)

Generations and Gender Programme Austria Consortium (GGP.AT)

The GGP is a social science infrastructure for research on population and family dynamics and provides evidence for population policies.

Meet us at the GGP.AT poster!

www.ggp-austria.at/en

