

0.a. Goal

5 ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

0.b. Target

5.6 Ensuring universal access to sexual and reproductive health and reproductive rights, as agreed and in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the documents resulting from its review conferences

0.c. Indicator

5.6.1 Percentage of women aged 15 to 49 who make their own informed decisions about sexual relations, contraceptive use and reproductive health care

0.d. Series

Percentage of women aged 15 to 49 who make their own informed decisions about sexual intercourse, contraceptive use and reproductive health care

0.e. Metadata update

10/23/2020

0.f. Related indicators

Not applicable

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

Not applicable

1.a. Organisation

NATIONAL INSTITUTE OF STATISTICS

1.b. Contact person(s)

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2.a. Definition and concepts

Proportion of women aged 15 to 49 (married or in union) who make their own decision in the three selected areas, that is, they can say yes or no to sexual intercourse with their husband or partner

2.b. Unit of measure

Percentage

3.a. Data sources

Statistics Portugal, Demographic and health survey (IDS)

3.b. Data collection method

The recommended data sources for calculating this indicator are nationally representative household surveys (IDS) that constitute the data source. In either case, the child's height and weight should be measured following the recommended standard measurement techniques (WHO 2008).

The questionnaire for the collection of data from the Demographic and Health Survey was designed and subsequently tested in the field during the training of the interviewers.

For data collection, the methodology of interviews was applied face to face to the households, applying three types of questionnaires:

- Household Questionnaire
- Women's Questionnaire

- Men's Questionnaire.

The Sample Design

The Demographic and Health Survey comprises a probabilistic, stratified and multi-stage sample, selected from the Data and Cartography of the III General Census of Population and Housing, carried out by INE in 2007.

The data collection lasted for five months starting in June 2011, ending in November 2011.

Response rate

Of the 13,964 households interviewed in the survey, a total of 13,871 eligible women were identified. Interviews were conducted with 13,718 of these women, which resulted in a response rate of 99%.

Introduction • 13 In one third of the IDS household sample, interviews were also conducted with all eligible men found. Thus, of the 4,130 eligible men identified in the subsample of households selected for the men survey, 4,027 were successfully interviewed, giving a response rate of 98%

3.c. Data collection calendar

2021

3.d. Data release calendar

2022

3.e. Data providers

INE, MISAU

3.f. Data compilers

INE, MISAU

3.g. Institutional mandate

Law 7/96 of 5 July

4.a. Rationale

The autonomy of women and girls in making decisions about consensual sexual relations, the use of contraceptives and access to sexual and reproductive health services is essential for their empowerment and the full exercise of their reproductive rights. The woman's ability to say "no" to her husband / partner, if she does not want to have sex, is well aligned with the concept of women's sexual autonomy and empowerment.

Women who make their own decision regarding seeking medical care are considered to be able to exercise their reproductive rights

4.b. Comment and limitations

Women who make their own decision to seek medical care are considered to be able to exercise their reproductive rights.

A key limitation is that the current estimates of the indicator are based on women currently married or in union at the age of reproduction (15 to 49 years) who are using any type of contraception. In the current Demographic and Health Survey (IDS), the question about decision making on contraceptive use is asked only of women who currently use contraceptive methods. As questions about decision-making about sexual relations and health care are restricted to women (15 to 49) currently married or in union, the denominator of Indicator 5.6.1 is women aged 15 to 49, currently married or in union and currently using contraception.

4.c. Method of computation

Numerator: Number of women aged 15 to 49 married or in union

Denominator: Total number of women between 15 and 49 years of age, married or in union

Proportion = (Numerator / Denominator) * 100

4.d. Validation

The field work had close supervision and quality control by the central and provincial technicians, both from INE, MISAU and ICF International staff. In addition, during the data collection, a strict control was established at the level of each team over the collection process, by detecting errors by the field critics, which allowed for immediate correction still on the ground. At the level of central coordination, the data critics carried out a further review of the base data and the problems encountered were communicated to the respective teams.

The interactive and batch processing of information through the CSPro program also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the interviewers, ensuring data quality.

4.h. Methods and guidance available to countries for the compilation of the data at the national level

The Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries in conducting national surveys by sampling, in the areas of population and health. The MEASURE DHS Program aims to:

- Support the formulation of policies and implementation of programs in the areas of population and health;
- Increase the international population and health data base for monitoring and evaluation;
- Improve the survey methodology by sampling, and
- Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.

4.i. Quality management

Quality Management Instrument still to be approved

4.j. Quality assurance

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4.k. Quality assessment

Quality Assessment Instrument still to be approved

5. Data availability and disaggregation

Data are available every 5 years and can be disaggregated by specific age group, rural and urban area of residence, province, education level, employment and wealth quintile

6. Comparability/deviation from international standards

Estimates of Demographic and Health Surveys are based on standardized methodologies and developed by WHO and UNICEF.

Comparability is guaranteed since the Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries to carry out national sample surveys in the areas of population and health. The MEASURE DHS Program aims to:

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7. References and Documentation

Ministry of Health (MISAU), www.misau.gov.mz;

National Statistics Institute (INE), www.misau.gov.mz;

ICF International (ICFI), www.measuredhs.com