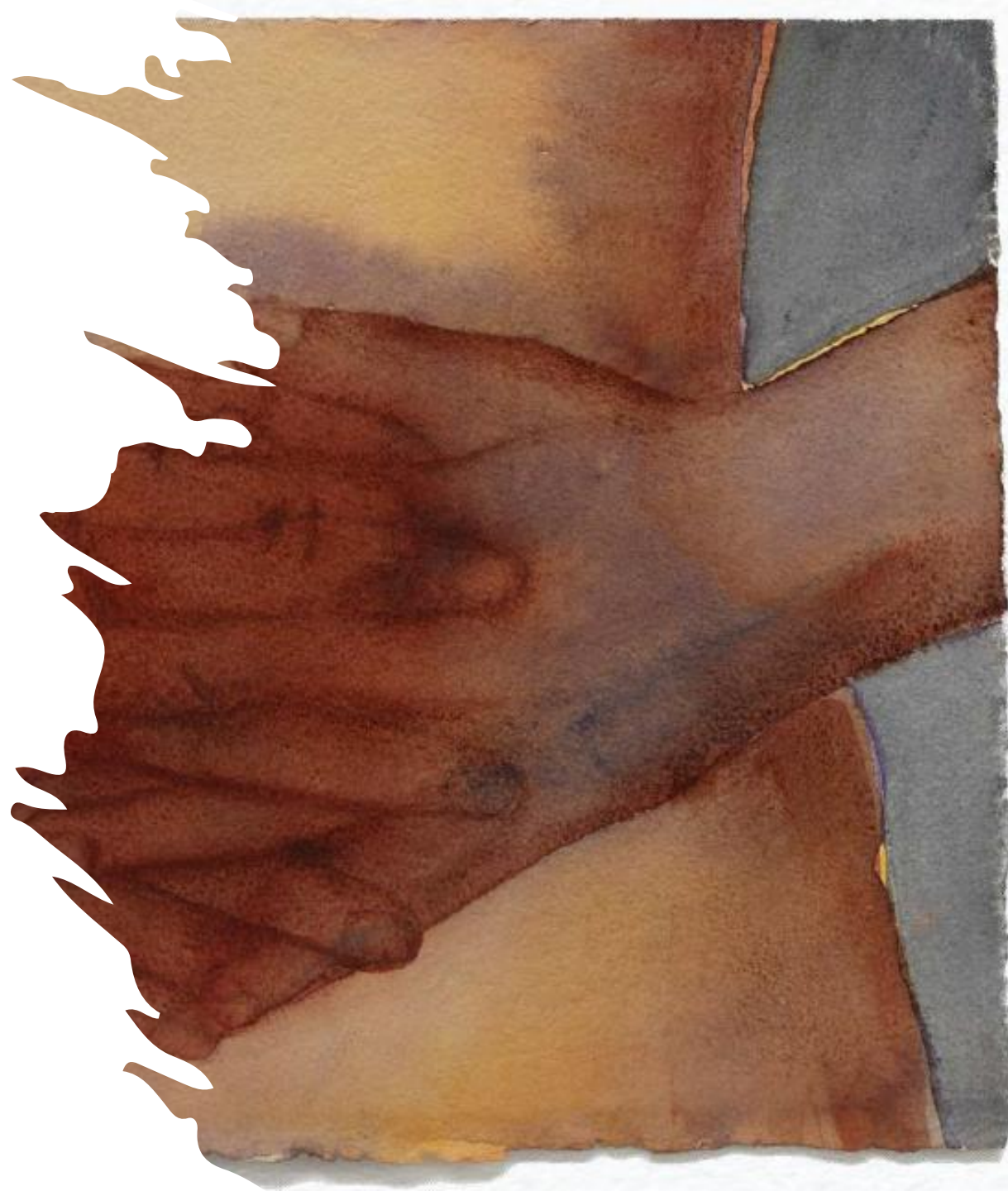


Dyskusja wokół rozumienia,
badania i pomiaru autonomii,
nierówności i sprawiedliwości
reprodukcyjnej

Reproductive Autonomy,
Inequality, and Justice:
Concepts, Research, and
Measurement



 UNFPA state of world population 2025

THE REAL FERTILITY CRISIS

The pursuit of
reproductive agency
in a changing world

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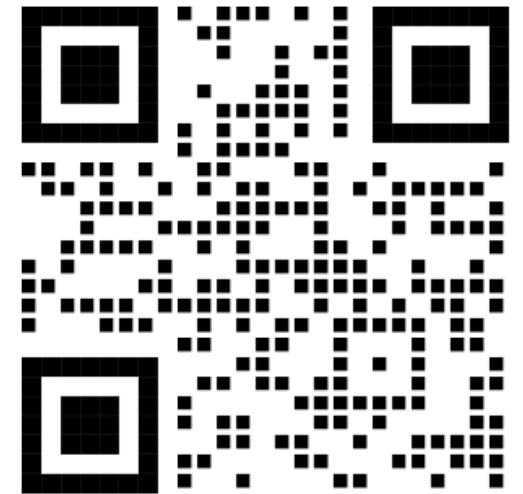
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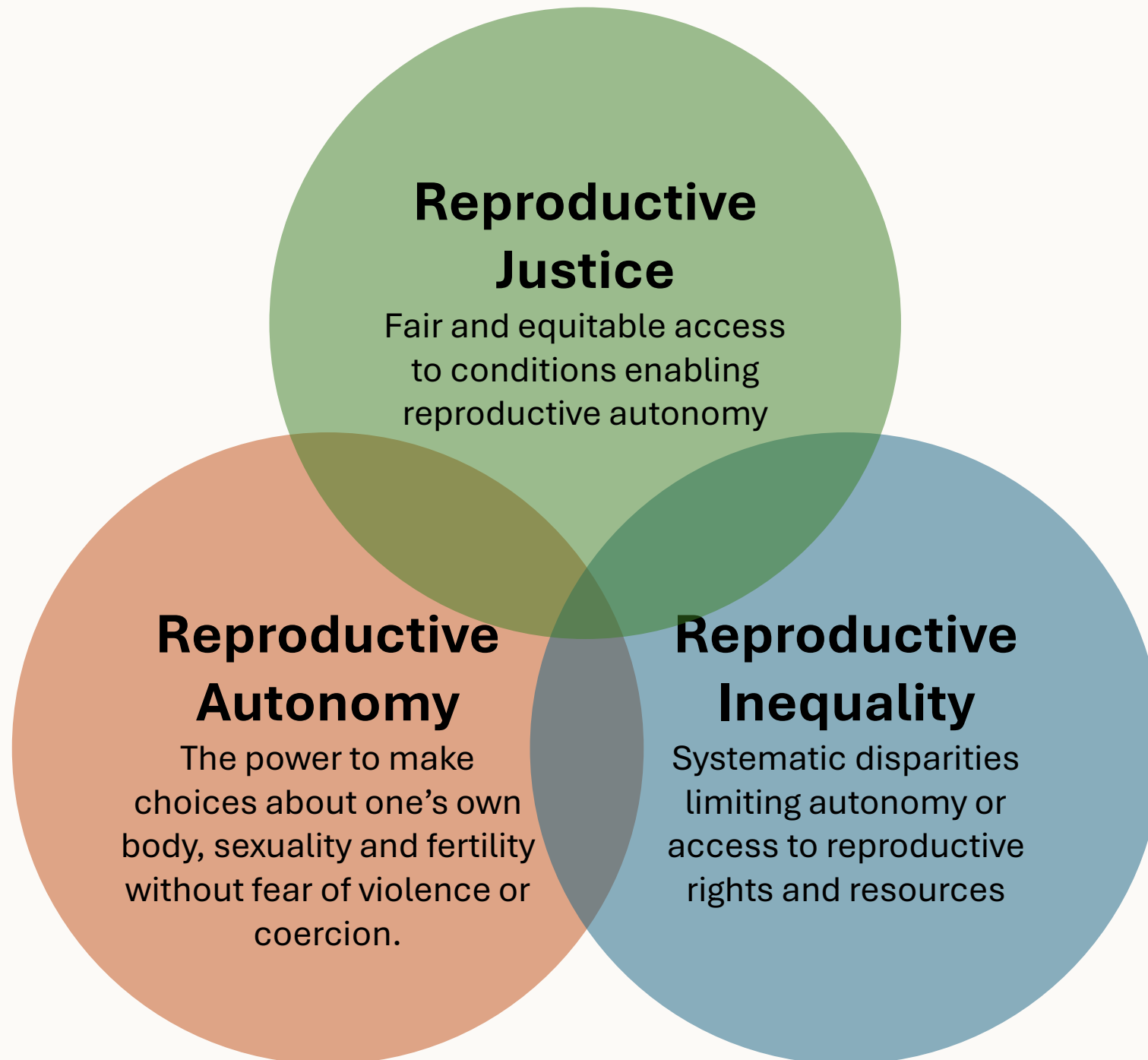
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From rights to agency: Evolution of reproductive autonomy

- **1970s–80s – Reproductive rights:** legal access to contraception & abortion, freedom from interference
- **1994 – Cairo ICPD:** empowerment, women's agency
- **2000s – DHS measurement:** ability to decide on contraception, to refuse sex, to decide on fertility



Measurement of SDG Indicator 5.6.1

Only women who make their own decisions in all three key areas are considered to have autonomy in reproductive health decision-making and empowered to exercise their reproductive rights:

 Reproductive health care	 Contraceptive use	 Sexual relations
Who usually makes decisions about health care for yourself?	Who usually makes the decision on whether or not you should use contraception?	Can you say no to your husband/partner if you do not want to have sexual intercourse?
• You • Your husband/partner • You and your husband/partner jointly • Someone else	• Mainly respondent • Mainly husband/partner • Joint decision • Other, specify	• Yes • No • Depends/not sure

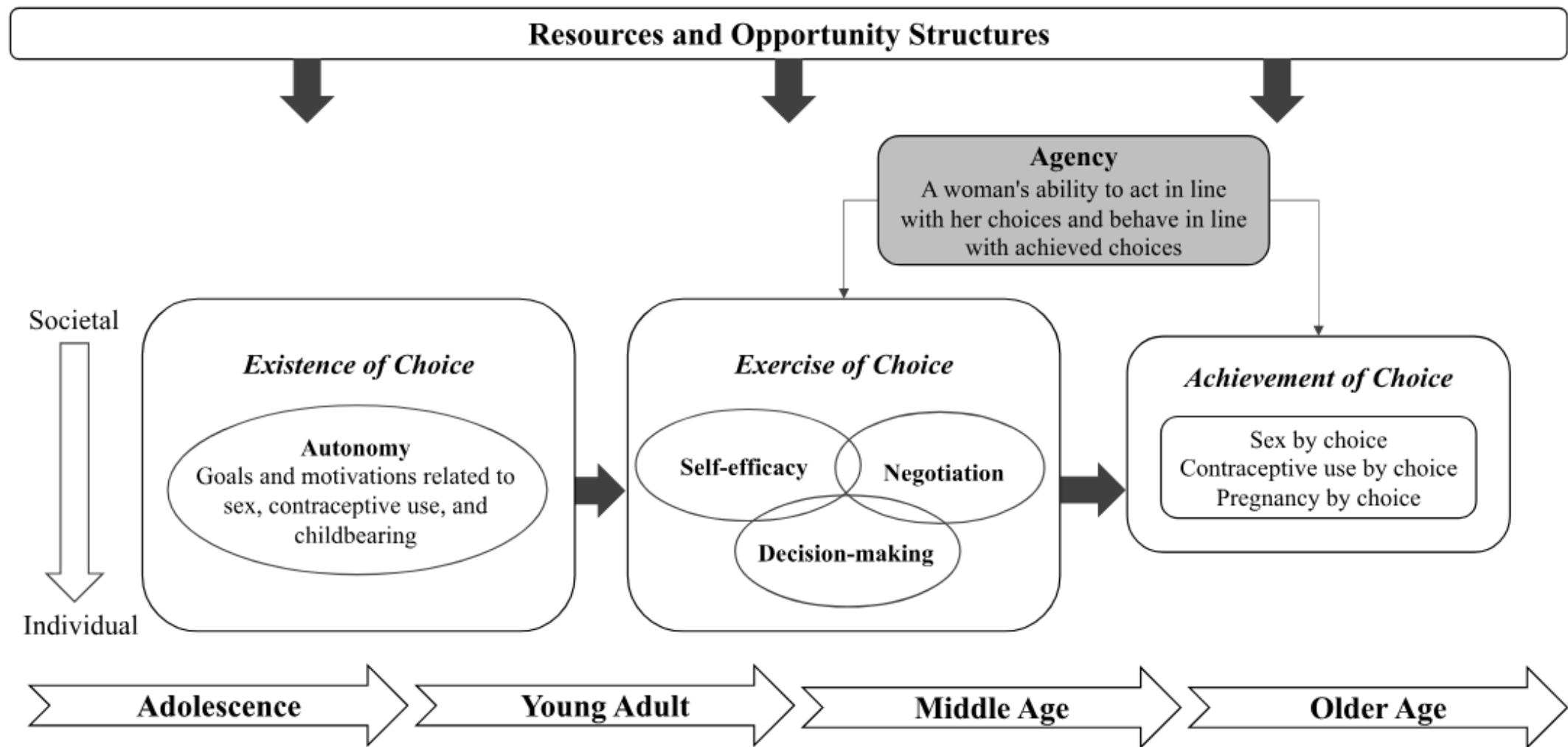
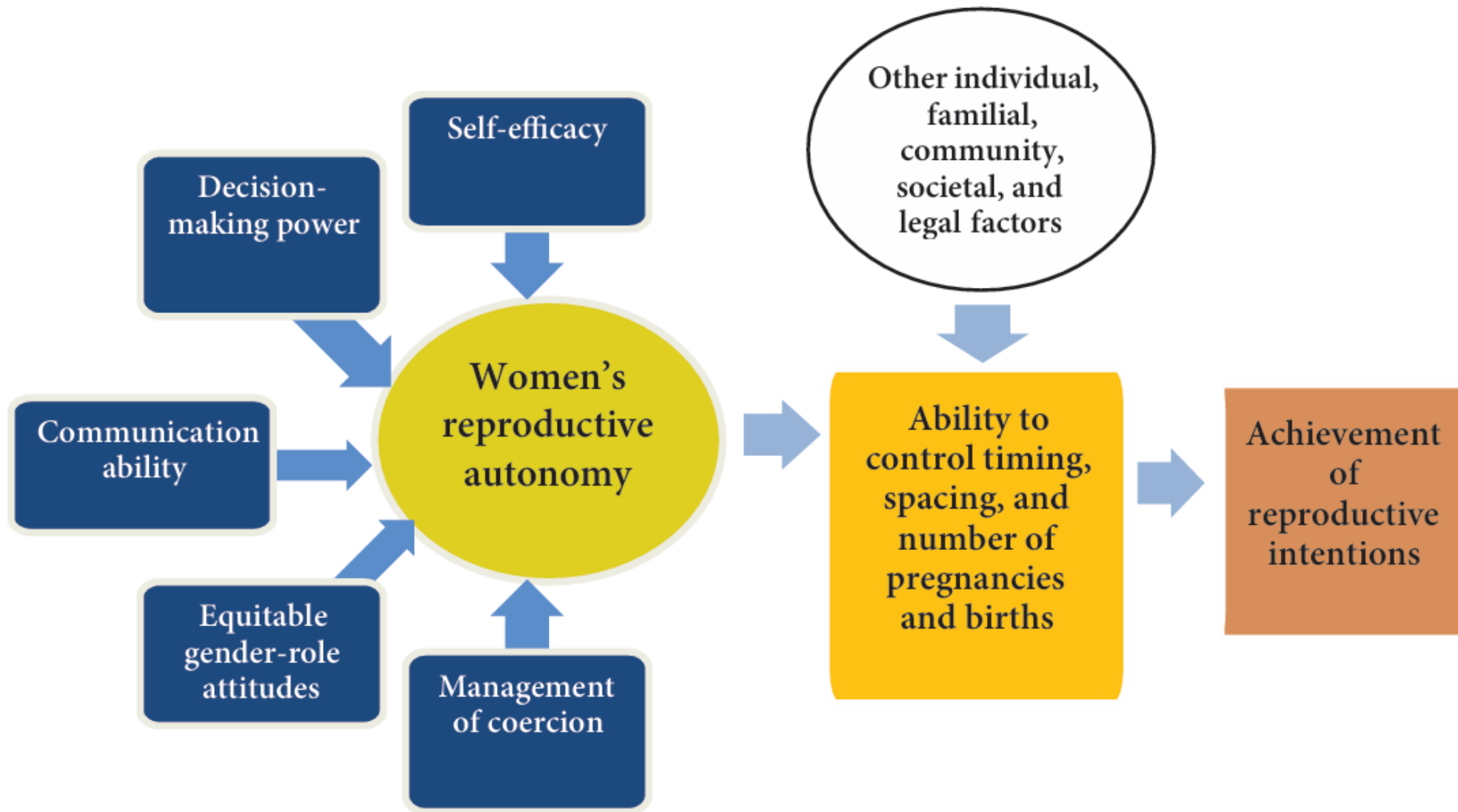


Fig. 1. Women's and girls' empowerment in sexual and reproductive health (WGE-SRH) framework.

FIGURE 1 Conceptual framework used to develop the Reproductive Autonomy Scale





When choice is denied

→ **Overachieved fertility**

A person has more children than they desire

Achievement
of
reproductive
intentions

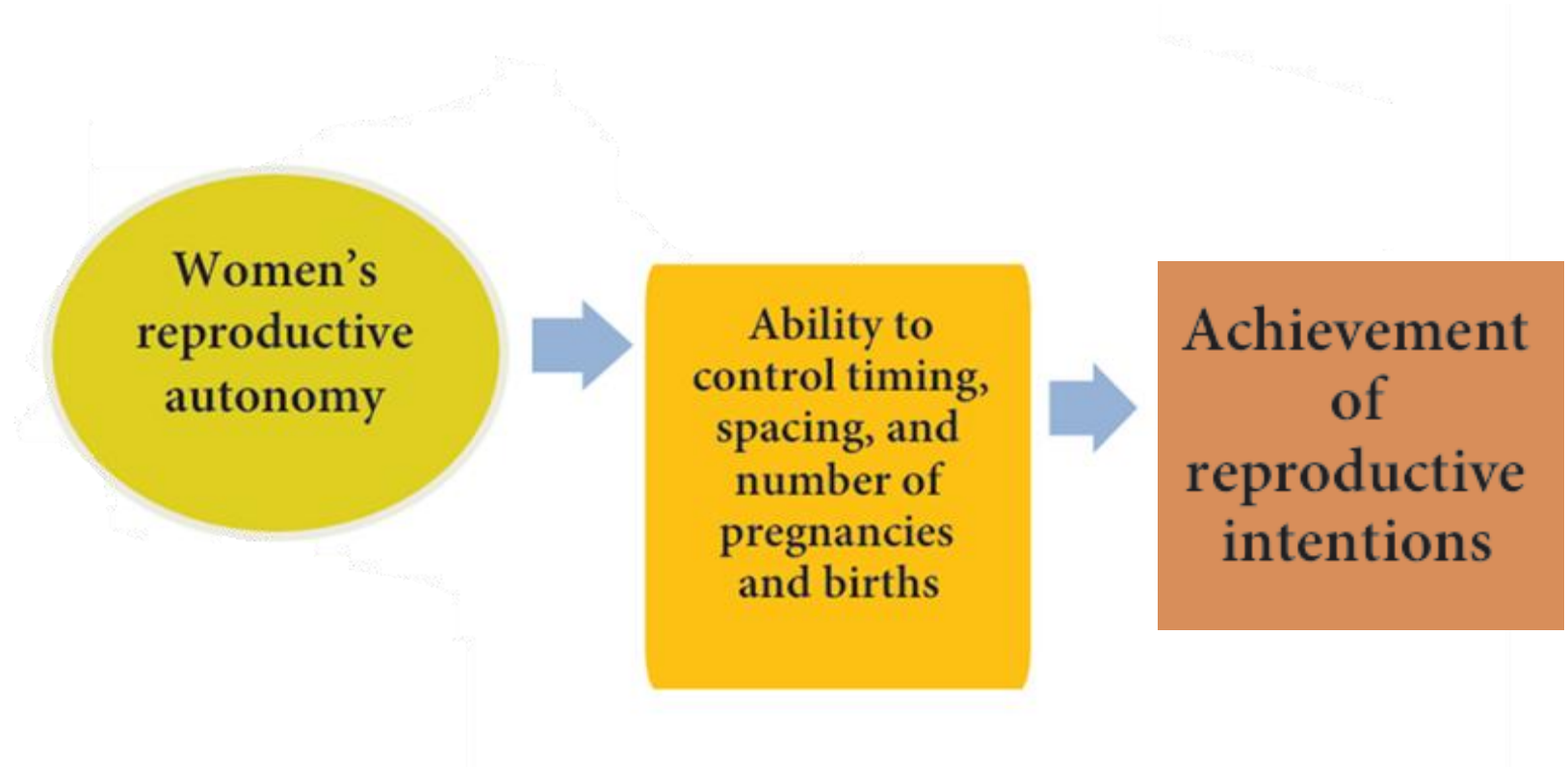
When choice cannot be realized

→ **Underachieved fertility**

A person has fewer children than they desire.



- **Health:** reproductive, general health, access to health services
- **Economic:** work, child-care options, income, housing
- **Partnership:** suitable partner, partner's influence and involvement, gender roles
- **Social norms:** pressure from others, religion



YouGov survey: 14 countries

(November 2024, N=14,256)

TFR <1.5

Republic of Korea (0.75)

Thailand (1.2)

Italy (1.2)

Germany (1.4)

Sweden (1.4)

Hungary (1.5)

TFR 1.5 - 2.1

United States (1.6)

Brazil (1.6)

Mexico (1.9)

India (1.9)

Indonesia (2.1)

TFR > 2.1

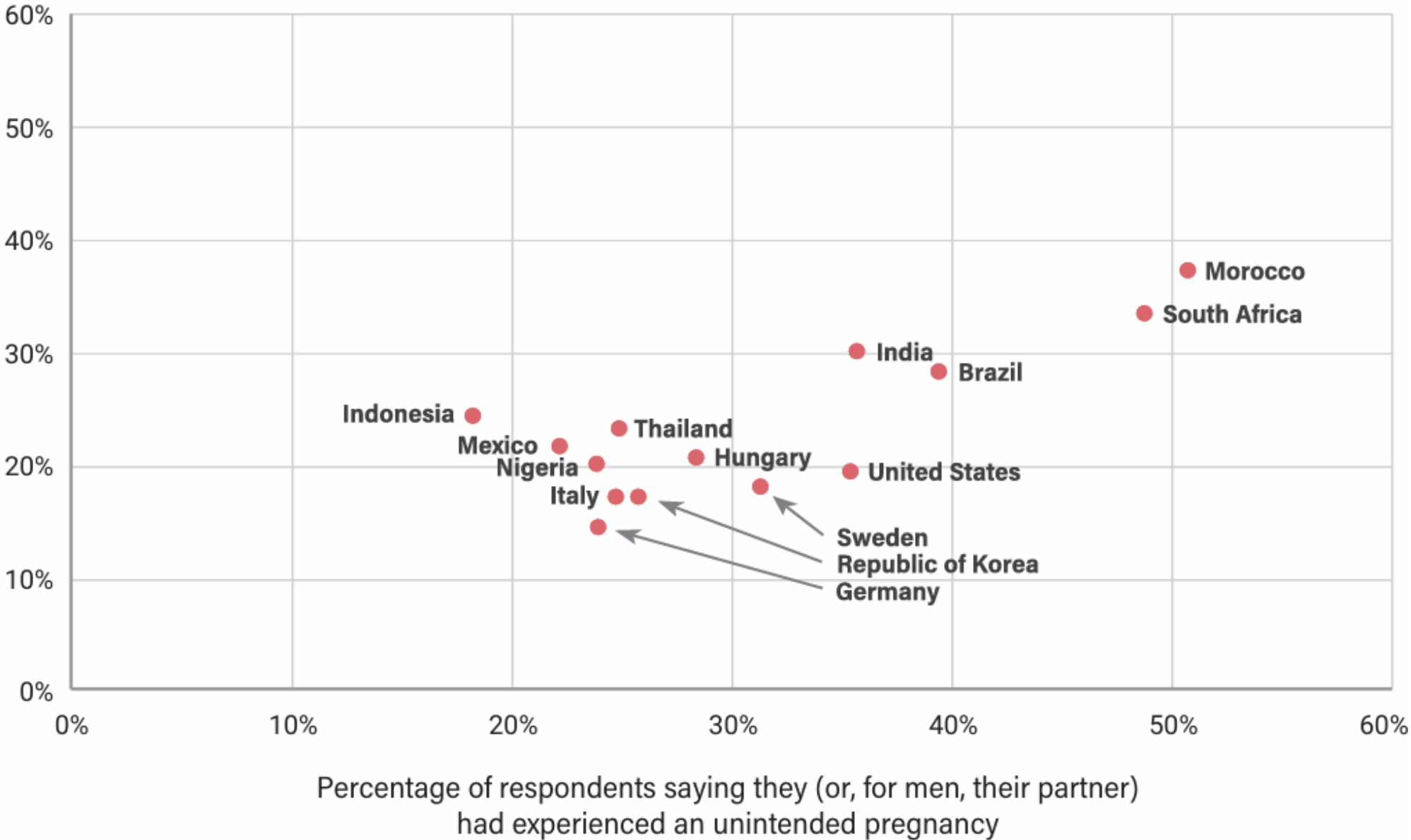
Morocco (2.2)

South Africa (2.2)

Nigeria (4.3)

Unintended pregnancy and challenges having children

Percentage of respondents saying they felt unable to fulfill a desire for a child at their preferred time



0% 20% 40% 60% 80% 100%

South Korea



Thailand

Italy

Hungary

Germany

Sweden

Brazil

Mexico

US

India

Indonesia

Morocco

South Africa

Nigeria

experienced both (unintended pregnancy and obstacles to fulfill desire for a child)

experienced unintended pregnancy

felt unable to fulfill desire for a child

none



Reproductive Autonomy

The power to make choices about one's own body, sexuality and fertility without fear of violence or coercion.

Control over contraception

Unable to use the contraceptive method of one's choice

Social or partner pressure

Pressured to have, keep, or avoid pregnancy

Sexual agency

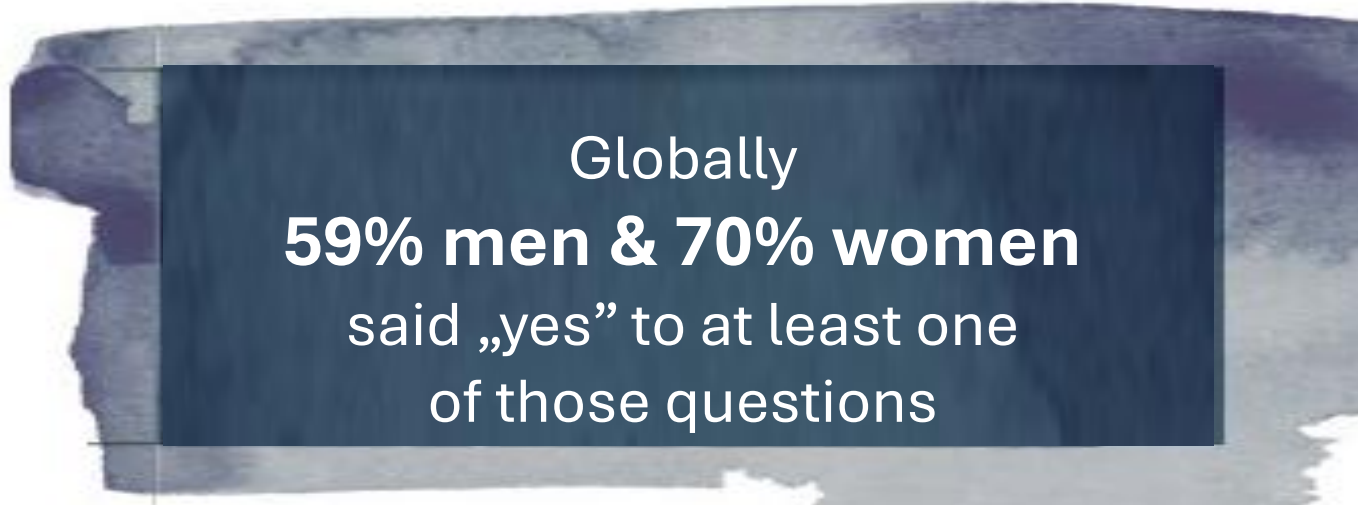
Unable to refuse sexual intercourse

Access to reproductive healthcare

Barriers to services or medical help related to procreation or contraception

Have you ever...

- ...been unable to use a **contraceptive method of your choice**?
- ...felt **pressured by anyone to have a baby** or keep a pregnancy when you did not want to?
- ...felt **pressure by anyone to keep using contraception to prevent pregnancy** when you wanted to have a child?
- ...felt **unable to say no to a partner** if you did not want to have sexual intercourse?
- ...felt **unable to access health services or medical help** related to procreation or contraception?



Globally
59% men & 70% women
said „yes” to at least one
of those questions



	Men	Women	Have you ever been in a situation where you were unable to use a contraceptive method of your choice?	Have you ever felt pressured by anyone to have a baby or keep a pregnancy when you did not want to?	Have you ever felt pressured by anyone to keep using contraception to prevent pregnancy when you wanted to have a child?	Have you ever been in a situation where you felt unable to say no to a partner if you did not want to have sexual intercourse?	Have you ever been in a situation where you felt unable to access health services or medical help related to procreation or contraception?	Ever experienced any of these limitations in reproductive agency
Countries listed from low to high total fertility								
Republic of Korea	12%	15%	14%	16%	10%	22%	12%	50%
Thailand	14%	17%	19%	11%	14%	17%	14%	50%
Italy	17%	12%	9%	9%	8%	17%	8%	55%
Hungary	15%	19%	16%	14%	8%	23%	12%	53%
Germany	13%	14%	13%	9%	5%	19%	9%	48%
Sweden	20%	20%	16%	13%	9%	22%	8%	57%
Brazil	27%	32%	24%	21%	21%	33%	26%	66%
Mexico	48%	45%	20%	18%	17%	32%	21%	73%
United States	17%	20%	18%	18%	15%	23%	11%	60%
India	34%	27%	30%	26%	29%	34%	31%	61%
Indonesia	22%	18%	15%	18%	18%	28%	20%	60%
Morocco	27%	25%	21%	22%	19%	No data	31%	69%
South Africa	21%	34%	24%	19%	18%	31%	19%	78%
Nigeria	13%	25%	10%	27%	10%	21%	14%	36%
Total	22%	23%	18%	17%	15%	23%	17%	59%



Reproductive Autonomy

**Not a single right or experience
but a multi-layered, dynamic process**

- ability to realized one's fertility intentions
- reproductive health and well-being
- sexuality and gender relations
- freedom from violence and coercion
- access to information and resources
- decision-making power and self-efficacy



Technical Advisory Group Sexual and Reproductive Agency Measurement

TARGET 5.6



UNIVERSAL ACCESS TO
REPRODUCTIVE
HEALTH AND RIGHTS

 SUSTAINABLE DEVELOPMENT
GOAL **TARGET 5.6**



ASSESSING APPROACHES TO DEMAND-SIDE FAMILY PLANNING MEASUREMENT WITH A REPRODUCTIVE JUSTICE AND RIGHTS FRAMEWORK

- **Narrow and fragmented indicators**

Main focus: contraceptive use and unmet need;
weak attention to context, norms, and relational
dynamics

- **Under-representation of key groups**

Men, youth, migrants, people with disabilities...

- **Cross-sectional data limitations**

Little understanding of how preferences and
decisions change over time and life-course

- **Neglect of uncertainty and ambivalence**

How they fit with agency and autonomy?



Reproductive autonomy cannot exist without attention to context—to supports, to barriers, to social policy, to social norms.

Johnston & Zacharias, “The Future of Reproductive Autonomy” (Hastings Center Report, 2017)

Reproductive autonomy worth having means:

- not only *freedom from interference*,
- but also *access, support, and capacity* to act in line with one’s values and priorities.

It calls for:

- **Policies** that remove structural barriers,
 - **Institutions** that provide real options,
 - **Norms** that enable—not constrain—choice.
- 