

**Data sources for outcome indicators  
on Article 23:**

# **Respect for home and the family**



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ADVANCE VERSION

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## **23.19 Proportion of women and girls who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (based on SDG indicator 5.6.1) by age and disability, geographical location (idem. 6.19).**

*Level 1: Indicator for which data are already being produced and reported on in at least some countries.*

[Link to the metadata related to this SDG indicator](#)

Current data on the indicator are mainly derived from nationally representative DHS. Data sources increasingly include MICS and GGS, and other country-specific surveys.

Data is collected in line with the methodology used for the relevant national survey.

### Relevant country-specific surveys

Data for SDG indicator 5.6.1 may be collected through existing country-specific surveys. For existing national household surveys, it must be ascertained that the sampling design does not systematically exclude subgroups of the population that are important to SDG 5.6.1, specifically, women of reproductive age (15-49) that are currently married or in union. Surveys that cover only certain population subgroups, such as women who speak the dominant language or women from the main ethnic group, may exclude the experiences of a large number of women. Data on the ethnicity and religion of the survey participants should be collected whenever available. The survey should have a large sample size (usually between 5,000 and 30,000 households), be nationally-representative, and representative, at least, at one administrative level below the national level.

Surveys on unrelated topics may not be good candidates for the incorporation of the SDG 5.6.1 questions. The sensitivity of the topics addressed in health surveys, in particular, those examining women's health, making them a feasible instrument for incorporating questions on women's experience of decision making in sex relations, use of contraceptive, and health care for themselves.

In order to generate data for SDG 5.6.1, all three questions must be included in the survey. The three questions in the Definition section provides generic questions that can be used in country-specific surveys. For the first and the second questions, these should include distinct categories for women making decisions herself, and women making decisions jointly with her husband/partner.

Currently, a total of 57 countries have at least one survey with data on all the 3 questions above which are necessary for calculating Indicator 5.6.1. The 57 countries with data are distributed as follows:

Central Asia and Southern Asia (5)

Eastern Asia and South-eastern Asia (5)

Northern America and Europe (2)

Western Asia and Northern Africa (2)

Latin America and the Caribbean (7)

Sub-Saharan Africa (36)

Several other countries have only one or two of the three questions needed to calculate Indicator 5.6.1. UNFPA engages with major international and regional survey programmes, as well as national and international organizations and agencies to incorporate the questions in relevant household surveys with a view to covering all countries on a global scale.

As long as the optional DHS questions on disability are included, producing this indicator is straightforward. If the MICS is used, disability questions are part of the core questionnaire. Other surveys could also produce the indicator, as long as disability questions are included.

The 2018 [DHS of Nigeria](#) collected data on women’s abilities to negotiate sexual relations with their husband, contraceptive use and reproductive healthcare. However, even for countries that include disability modules in their surveys, such as the DHS of Nigeria, no reports were found that disaggregated information on this subject.

## **23.20 Number of persons with disabilities victims of discrimination on the basis of disability regarding family life and relationships whose rights have been restored or their violations remedied.**

*Level 2: Indicator that can be produced with existing data but has not been reported on*

This indicator includes, for instance:

- Persons formerly deprived of legal capacity on the basis of disability whose legal capacity is restored, restoring in turn family rights, including parental rights (e.g. regaining custody of their children).
- Persons with disabilities who have been subjected to forced sterilization, forced abortions, forced contraception, etc., and are entitled to reparation and redress.

This could be obtained from the national high court’s database of cases where a search can be done on “disability” or the “CRPD”. High courts at a national level commonly have a statistics office tracking thematic action, which can produce a report on disability. National Human Rights Institutions and universities also commonly compile yearly jurisprudence tracking the evolution of human rights standards with a qualitative assessment. The key is that the CRPD is used as a source for assessing discrimination.



For example, the Constitutional Court of Colombia allows for a search of cases according to theme, including disability, accessibility, etc, available at <https://www.corteconstitucional.gov.co/lacorte/estadisticas.php>.

Another possible source is the Ombudsperson's Office. In Colombia, the Ombudsperson's Office ([Defensoría del Pueblo](#)) monitors court decisions specifically issued by the Constitutional Court, concerning constitutional rights and including the rights of persons with disabilities. Information about the rights of persons with disabilities in Colombia can be found under the [Observatory of Constitutional Justice](#).

## **23.22 Number of persons with disabilities accessing mainstream or disability specific assistance and support services for the exercise of parental responsibilities, disaggregated by sex, age and disability, type of assistance/support, and proportion they represent out of persons accessing those services.**

*Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms which are currently not in place.*

A [UNICEF report](#) explains the various modalities of general parental support and who provides them. To compute this indicator, administrative data from all of these sources would have to be reported to a focal point, which would then compile the data.

An added difficulty with disability-specific services is apportioning which disability assistance and supports are specific to parental rights. For example, the 2012 report "[Rocking the Cradle: Ensuring the Rights of Parents with Disabilities and Their Children](#)" of the National Council on Disability of the United States of America has an expanded focus on personal assistance services, housing, healthcare, income support and other supports to improve participation in general, not just for the exercise of parental responsibilities.

One approach is to record those supports that are requested in the process of interacting with agencies assisting with the exercise of parental responsibilities.

## **23.24 Level of satisfaction of persons with disabilities with support services for the exercise of parental rights.**

*Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms which are currently not in place.*

Customer satisfaction surveys of users of support services could record the level of satisfaction of persons with disabilities for the exercise of parental rights. Using a general household survey would most likely run into sample size problems. Satisfaction surveys particularly focussed on persons with disabilities could be expanded to include a question on these services. Australia carried out its [National Satisfaction Survey of Clients of Disability Services](#), and published its results, in 2000.

## **23.26 Number and proportion of children with disabilities in alternative care as compared to all children in alternative care ((n a family setting / in small group homes or other residential care facilities), disaggregated by sex, age, disability and kind of setting. (idem 7.26)**

*Level 2: Indicator can be produced with existing data but has not been reported on*

According to [Petrowski, Cappa and Gross “Estimating the number of children in formal alternative care: Challenges and results”](#), the main sources of data for this indicator comes from relevant government ministries.

In 2009, [Eurochild](#) collected information on the number of children in alternative care, including those in residential and family-based care. A total of 30 European countries participated in the survey, with data mainly provided by administrative records from relevant government ministries and national statistical offices.

The [Transformative Monitoring for Enhanced Equity](#) has created a database with over 400 indicators relevant to the social and economic well-being of children, young people and women in 28 countries of central and eastern Europe and of the European Union, including the number of children in institutions or family care. Each year, country-specific data collection templates are shared with the national statistical organisations, filled in and submitted, by the countries, by the end of September, with the data from the previous year. The template asks countries to report on children in different types of care situations, by gender, age, cause of care necessity and disability status. Countries generally report on some, but not all variables, as can be seen in the example in Table 6, from the Czech Republic.

**Table 6: Child Protection in the Czech Republic**

Title and name of the variable	2013	2014
Children without parental care		
Total number of children left without parental care (during the year)	5,992	5,935
Number of children with disabilities left without parental care (during the year)	3,523	3,281
Total number of children without parental care, placed into care during the current year	6,683	6,063
Children in residential care		
Total number of children in residential care (at the end of the year)	22,602	22,810
Total number of children with disabilities in residential care (at the end of the year)	11,898	11,569
Public residential care		
Total number of children in public residential care (at the end of the year)	20,857	21,067
Total number of children with disabilities in public residential care (at the end of the year)	11,898	11,569
Total number of children with disabilities in non-public residential care (at the end of the year)		
Family-type care		
Foster care		
Number of children with disabilities in foster care (at the end of the year)	243	323
Guardian care	-	-
Total number of children in guardian care (at the end of the year)	2,908	3,005
Number of children with disabilities in guardian care (at the end of the year:)		
Total number of adopted children with disabilities (during the year)		
Number of children with disabilities adopted internationally (during the year)		
Number of children with disabilities available for adoption (at the end of the year)		

Source: TransmonEE, *Czech Republic Country Data, 1989-2015* (January 7, 2016)