Identified policies and legal sources related to abortion:

- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- Other

Related Documents

From General Medical Health Act:
- Law on Protection of People's Health, 1989

From Criminal / Penal Code:
- Criminal Law

From Health Regulation / Clinical Guidelines:
- Decree on Administrative Penalty for Violation of Population and Children's Policies
- Guidelines on Practice and Operation licenses for Health Facilities
- National Standard Guideline on Reproductive Healthcare
- Population Ordinance
- Implementation of Population Ordinance

From EML / Registered List:
- Pharmaceutical Portfolio

From Document Relating to Funding:
- Law on Health Insurance

From Other:
- Decision Approving Population and Reproductive Health Strategy

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
- 2nd
- OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CRPD-OP
- CED **
- Maputo Protocol

Concluding Observations:
- CEDAW
- CEDAW
- CRC
- HRC

Persons who can be sanctioned:
- A woman or girl can be sanctioned
- Providers can be sanctioned
- A person who assists can be sanctioned
### Abortion at the woman’s request

- **Yes**

### Legal Ground and Gestational Limit

#### Economic or social reasons

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Law on Protection of People's Health, 1989
- Population Ordinance
- Implementation of Population Ordinance

#### Foetal impairment

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Law on Protection of People's Health, 1989
- Population Ordinance
- Implementation of Population Ordinance

#### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

**Source document:** WHO Safe Abortion Guidance (page 103)

#### Rape

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Law on Protection of People's Health, 1989
- Population Ordinance
- Implementation of Population Ordinance

#### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

**Source document:** WHO Safe Abortion Guidance (page 102)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Information</th>
<th>Related documents</th>
<th>Source document</th>
</tr>
</thead>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

**Source document**: WHO Safe Abortion Guidance (page 102)
Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Law on Protection of People's Health, 1989</td>
</tr>
<tr>
<td></td>
<td>Population Ordinance</td>
</tr>
<tr>
<td></td>
<td>Implementation of Population Ordinance</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women’s access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Law on Protection of People's Health, 1989 (page 6)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

Source document: WHO Safe Abortion Guidance (page 102)
### Judicial authorization for minors

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Law on Protection of People's Health, 1989
- Population Ordinance
- National Standard Guideline on Reproductive Healthcare

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)

### Judicial authorization in cases of rape

**Not applicable**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)

### Police report required in case of rape

**NOT APPLICABLE**

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)

### Parental consent required for minors

**Not specified**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Law on Protection of People's Health, 1989
- Population Ordinance
- National Standard Guideline on Reproductive Healthcare

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by parents may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

**Source document:** WHO Safe Abortion Guidance (page 105)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related documents</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spousal consent</strong></td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td>WHO Safe Abortion Guidance (page 105)</td>
</tr>
<tr>
<td><strong>Ultrasound images or listen to foetal heartbeat required</strong></td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td>WHO Safe Abortion Guidance (page 19)</td>
</tr>
<tr>
<td><strong>Compulsory counselling</strong></td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td>WHO Safe Abortion Guidance (page 46)</td>
</tr>
<tr>
<td><strong>Compulsory waiting period</strong></td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td>WHO Safe Abortion Guidance (page 46)</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
<td>Related documents</td>
<td>Source document</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td>WHO Safe Abortion Guidance (page 107)</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td>WHO Safe Abortion Guidance (page 88)</td>
</tr>
<tr>
<td>Prohibition of sex-selective abortion</td>
<td>Yes</td>
<td>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.</td>
<td>WHO Safe Abortion Guidance (page 88)</td>
</tr>
<tr>
<td>Restrictions on information provided to the public</td>
<td>No data found</td>
<td>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</td>
<td>Preventing Gender-Biased Sex Selection (page 17)</td>
</tr>
<tr>
<td>Restrictions on methods to detect sex</td>
<td>Yes</td>
<td>States should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly. Safe Abortion Guidelines, § 4.2.2.6.</td>
<td>Preventing Gender-Biased Sex Selection (page 17)</td>
</tr>
</tbody>
</table>
Related documents:
- Implementation of Population Ordinance (page 2)
- Decree on Administrative Penalty for Violation of Population and Children’s Policies (page 3)

**List of restrictions**
A doctor must not tell the woman the sex of the fetus. Diagnosis for fetal sex can include those through measures identifying symptoms, pulse, blood tests, genetic amniotic fluid cells, ultrasound

- Implementation of Population Ordinance (page 2)
- Decree on Administrative Penalty for Violation of Population and Children’s Policies (page 3)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

**Source document:** WHO Safe Abortion Guidance (page 103)

### Clinical and Service-delivery Aspects of Abortion Care

<table>
<thead>
<tr>
<th>National guidelines for induced abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, guidelines issued by the government</td>
</tr>
</tbody>
</table>

**Related documents:**
- National Standard Guideline on Reproductive Healthcare (page 391)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

**Source document:** WHO Safe Abortion Guidance (page 75)

<table>
<thead>
<tr>
<th>Methods allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>- National Standard Guideline on Reproductive Healthcare (page 393)</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>- National Standard Guideline on Reproductive Healthcare (page 393)</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>- National Standard Guideline on Reproductive Healthcare (page 393)</td>
</tr>
<tr>
<td>Misoprostol only</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>- National Standard Guideline on Reproductive Healthcare</td>
</tr>
<tr>
<td>Other (where provided)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1-
Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

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The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

Related documents:
- Pharmaceutical Portfolio (page 1)
- Pharmaceutical Portfolio (page 35)
- National Standard Guideline on Reproductive Healthcare (page 401)
### National guidelines for post-abortion care

**Yes**, guidelines issued by the government

**Related documents:**
- National Standard Guideline on Reproductive Healthcare (page 391)

### Where can post abortion care services be provided

#### Primary health-care centres
Not specified
- National Standard Guideline on Reproductive Healthcare

#### Secondary (district-level) health-care facilities
Not specified
- National Standard Guideline on Reproductive Healthcare

#### Specialized abortion care public facilities
Not specified
- National Standard Guideline on Reproductive Healthcare

#### Private health-care centres or clinics
Not specified
- National Standard Guideline on Reproductive Healthcare

#### NGO health-care centres or clinics
Not specified
- National Standard Guideline on Reproductive Healthcare

#### Other (if applicable)

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6: Recommendation.

**Source document:** WHO Safe Abortion Guidance (page 18)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

**Insurance to offset end user costs**

Yes

**Related documents:**
- Law on Health Insurance (page 6)

**Induced abortion for all women**

Yes

Under ‘cases which are not entitled to the benefits of health insurance’ is stipulated: Use of reproductive support techniques, family planning services, and abortion services, except for the case of termination of pregnancy due to certified pathological reasons of the fetus or the expectant mother.

- Law on Health Insurance (page 6)
- https://abortion-policies.srhr.org/documents/countries/See note

**WHO Guidance**

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

**Who can provide abortion services**

**Related documents:**
- Population Ordinance (page 1)
- Guidelines on Practice and Operation licenses for Health Facilities (page 1)
- National Standard Guideline on Reproductive Healthcare (page 393)

**Nurse**

Not specified

- National Standard Guideline on Reproductive Healthcare

**Midwife/nurse-midwife**

Yes
## Conscientious Objection

### Extra facility/provider requirements for delivery of abortion services

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>Yes</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Yes</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>Specific kinds of equipment Medical abortion (mifepristone/misoprostol) may be provided at central-level hospitals up to 63 days of gestation, at province level up to 56 days of gestation and at district level up to 49 days of gestation in facilities determined by the Director of the Department of Health in view of their condition, equipment and personnel.</td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

**Source document**: WHO Safe Abortion Guidance (page 75)

---

### Doctor (specialty not specified)

- Abortion may be provided by trained doctors, midwives and pediatric surgeons.
- **Doctor (specialty not specified)**: Yes

### Specialist doctor, including OB/GYN

- Abortion may be provided by trained doctors, midwives and pediatric surgeons.
- **Specialist doctor, including OB/GYN**: Yes

### Other (if applicable)

- Assistant doctor (Obstetric-Pediatric specialist) can provide MVA
  - **Other (if applicable)**: Assistant doctor (Obstetric-Pediatric specialist) can provide MVA

## WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

**Source document**: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)
Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)  
No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable  
No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)  
No data

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio  
43 (2017)

3.1.2 Proportion of births attended by skilled health personnel  
No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods  
No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group  
27.3 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population  
No data
### 3.c.1 Health worker density and distribution

No data

### Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

No data

### Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

No data

5.1.2 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

No data

5.2.1 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

No data

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

No data

5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education

No data

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure

No data

5.b.1 Proportion of individuals who own a mobile telephone, by sex

No data

### Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities

No data

### Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

No data

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

No data
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)

16.6.2 Proportion of the population satisfied with their last experience of public services

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

Percentage of births attended by trained health professional

Percentage of women aged 20-24 who gave birth before age 18
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.3 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>67 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>32.5 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>35.919 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.84 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.897 (1998)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>54.9000015 (2018)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>26.7 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.12 (2018)</td>
</tr>
</tbody>
</table>