# Country Profile: India – October 2019

**Last Updated:** 29 October 2019

**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 Practicioners
- Law on Health Care Services
- ✓ Other

### Related Documents

**From Criminal / Penal Code:**

- Penal Code, 1860

**From Ministerial Order / Decree:**

- Medical Termination of Pregnancy Rules, 2003

**From Health Regulation / Clinical Guidelines:**

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Guidance Handbook on Ensuring Access to Safe Abortion and Addressing Gender Based Sex Selection
- India Guide Abortion Sex Selection MoH, 2015
- India Medical Abortion Handbook MoH, 2016

**From EML / Registered List:**

- National list of Essential Medicines of India, 2015
- Misoprostol -form 46

**From Abortion Specific Law:**

- The Medical Termination of Pregnancy Act, 1971
- The Medical Termination of Pregnancy as Amended, 2002

**From Other:**

- The Pre-conception & Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003
- Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence

**List of ratified human rights treaties:**

- ✓ CERD
- ✓ CCPR
- Xst OP
- 2nd OP
- ✓ CESCR
- CESCR-OP
- CAT
- CAT-OP
- ✓ CEDAW
- CEDAW-OP
- ✓ CRC
- ✓ CRC:OPSC
- ✓ CRC:OPAC
- CRC:OPIC
- CMW
- ✓ CRPD *
- CRPD-OP
- CED **
- Maputo Protocol

Download data

**Concluding Observations:**

- CEDAW
- CEDAW
- CESCR
- CRC
- CRC
- CRC

**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

✗ **No**

## Legal Ground and Gestational Limit

**Economic or social reasons**

No

**Related documents:**

- The Medical Termination of Pregnancy Act, 1971 (page 1 )
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

### 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)

**Foetal impairment**

Yes

**Related documents:**

- The Medical Termination of Pregnancy Act, 1971 (page 1 )
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

### Gestational limit

**Weeks: 20**

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

- The Medical Termination of Pregnancy Act, 1971 (page 2 )
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

### 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; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. 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)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

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

### Additional notes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

**Rape**

No

**Related documents:**

- The Medical Termination of Pregnancy Act, 1971 (page 1 )
- The Medical Termination of Pregnancy as Amended, 2002
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

### 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 notes

The Comprehensive Abortion Care Service Delivery Guidelines state that: a pregnancy can be terminated by a registered medical practitioner (under the MTP Act) if:

l The continuation of pregnancy involves a risk to the life of the pregnant woman or causes grave injury to her physical or mental health. The anguish caused by the unwanted pregnancy in the following situations is presumed to cause grave injury to the mental health of the pregnant woman, including in cases of rape or incest.

| | |
|---|---|
| **Incest** | No<br><br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 1 )<br>• The Medical Termination of Pregnancy as Amended, 2002<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>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.<br><br>**Source document**: WHO Safe Abortion Guidance (page 102)<br><br>**Additional notes**<br><br>The Comprehensive Abortion Care Service Delivery Guidelines state that: a pregnancy can be terminated by a registered medical practitioner (under the MTP Act) if:<br><br>I The continuation of pregnancy involves a risk to the life of the pregnant woman or causes grave injury to her physical or mental health. The anguish caused by the unwanted pregnancy in the following situations is presumed to cause grave injury to the mental health of the pregnant woman, including in cases of rape or incest. |
| **Intellectual or cognitive disability of the woman** | Yes<br><br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 1 )<br>• The Medical Termination of Pregnancy as Amended, 2002 (page 2)<br><br>**Gestational limit**<br><br>**Weeks: 20**<br><br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.<br><br>• The Medical Termination of Pregnancy Act, 1971 (page 2)<br><br>**Additional notes**<br><br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. |
| **Mental health** | Yes<br><br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 1 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)<br><br>**Gestational limit**<br><br>**Weeks: 20**<br><br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.<br><br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.<br><br>**Source document**: WHO Safe Abortion Guidance (page 102)<br><br>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.<br><br>**Source document**: WHO Safe Abortion Guidance (page 103)<br><br>**Additional notes**<br><br>The Medical Termination of Pregnancy Act states: "Explanation 1.-Where any, pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by such pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman. Explanation 2.-Where any pregnancy occurs as a result of failure of any device or method used by any married woman or her husband for the purpose of limiting the number of children, the anguish caused by such unwanted pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman." Additionally, the Comprehensive Abortion Care Service Delivery Guidelines state that: "The anguish caused by the unwanted pregnancy in the following situations is presumed to cause grave injury to the mental health of the pregnant woman:<br><br>- rape or incest<br><br>- failure of any device or method used by a married woman or her husband for the purpose of limiting the number of children" The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. |

| | |
|---|---|
| **Physical health** | Yes<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 1 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)<br>**Gestational limit**<br>**Weeks: 20**<br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.<br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.<br>**Source document**: WHO Safe Abortion Guidance (page 102)<br>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.<br>**Source document**: WHO Safe Abortion Guidance (page 103)<br>**Additional notes**<br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. |
| **Health** | No<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 1)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. 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, § 4.2.1.2.<br>**Source document**: WHO Safe Abortion Guidance (page 102) |
| **Life** | Yes<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 1 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)<br>**Gestational limit**<br>**Weeks: 20**<br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.<br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 102)<br>Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.<br>**Source document**: WHO Safe Abortion Guidance (page 103)<br>**Additional notes**<br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. |
| **Other** | The anguish caused by the unwanted pregnancy in the following situations is presumed to cause grave injury to the mental health of the pregnant woman where there has been failure of any device or method used by a married woman or her husband for the purpose of limiting the number of children.<br>**Related documents:**<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26) |

## Additional Requirements to Access Safe Abortion

| | |
|---|---|
| **Authorization of health professional(s)** | Yes<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 1 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)<br>**Number and cadre of health-care professional authorizations required**<br>**1-2, depending on gestational age**<br>**Doctor (Specialty Not Specified),Specialist Doctor, Including OB/GYN**<br>For abortions up to twelve weeks of gestation, the authorisation of one provider is required. For abortions between twelve and twenty weeks, the authorisation of two providers is required. In an emergency situation and to save the woman's life, a practitioner can terminate the pregnancy using his or her discretion.<br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26 )<br>• The Medical Termination of Pregnancy as Amended, 2002 (page 1)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 105)<br>**Additional notes**<br>For abortions up to twelve weeks of gestation, the authorisation of one provider is required. For abortions between twelve and twenty weeks, the authorisation of two providers is required. In an emergency situation and to save the woman's life, a practitioner can terminate the pregnancy using his or her discretion. The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. |
| **Authorization in specially licensed facilities only** | Yes<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• The Medical Termination of Pregnancy as Amended, 2002 (page 1 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.<br>**Source document**: WHO Safe Abortion Guidance (page 106)<br>**Additional notes**<br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. |
| **Judicial authorization for minors** | **Not specified**<br>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.<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.<br>**Source document**: WHO Safe Abortion Guidance (page 105) |

| | |
|---|---|
| **Judicial authorization in cases of rape** | No<br>**Related documents:**<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25 )<br>• Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence (page 5)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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<br>**Source document**: WHO Safe Abortion Guidance (page 104)<br>**Additional notes**<br>The guidelines and protocols on medico-legal care for survivors/victims of sexual violence state: “Sexual assault victims cannot be denied treatment in either of these hospitals when they approach them as denial has lately been made a cognizable criminal offence punishable with appropriate jail terms or fines or both. As is known rape law has been made more stringent with zero tolerance for offenders and through these guidelines the aim is to ensure a sensitive and humane approach to such victims, their proper treatment apart from attending or treating doctors responsibility and duty in recording and documenting the medical aspects in order that such cases when they come up before the criminal justice system are not found wanting in the quality of evidence produced by the prosecution during trial.” |
| **Police report required in case of rape** | No<br>**Related documents:**<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25 )<br>• Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence (page 5)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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<br>**Source document**: WHO Safe Abortion Guidance (page 104)<br>**Additional notes**<br>The guidelines and protocols on medico-legal care for survivors/victims of sexual violence state: “Sexual assault victims cannot be denied treatment in either of these hospitals when they approach them as denial has lately been made a cognizable criminal offence punishable with appropriate jail terms or fines or both. As is known rape law has been made more stringent with zero tolerance for offenders and through these guidelines the aim is to ensure a sensitive and humane approach to such victims, their proper treatment apart from attending or treating doctors responsibility and duty in recording and documenting the medical aspects in order that such cases when they come up before the criminal justice system are not found wanting in the quality of evidence produced by the prosecution during trial.” |
| **Parental consent required for minors** | Yes<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25 )<br>• The Medical Termination of Pregnancy as Amended, 2002 (page 2)<br>**Can another adult consent in place of a parent?**<br>Yes<br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.<br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25 )<br>• The Medical Termination of Pregnancy as Amended, 2002 (page 2)<br>**Age where consent not needed**<br>18<br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.<br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25 )<br>• The Medical Termination of Pregnancy as Amended, 2002 (page 2)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 105)<br>**Additional notes**<br>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. |

| | |
|---|---|
| **Spousal consent** | No<br>**Related documents:**<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)<br><br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by a spouse 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.<br>**Source document**: WHO Safe Abortion Guidance (page 105)<br>**Additional notes**<br>The 2018 Comprehensive Abortion Care Service Delivery Guidelines specifically state that "Only the consent of the woman is required to terminate the pregnancy." |
| **Ultrasound images or listen to foetal heartbeat required** | **Not specified**<br>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.<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018<br>• Medical Termination of Pregnancy Rule, 2003<br><br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.<br>**Source document**: WHO Safe Abortion Guidance (page 19) |
| **Compulsory counselling** | No<br>**Related documents:**<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 33)<br><br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.<br>**Source document**: WHO Safe Abortion Guidance (page 46) |
| **Compulsory waiting period** | **Not specified**<br>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.<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018<br>• Medical Termination of Pregnancy Rule, 2003<br><br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 107) |
| **Mandatory HIV screening test** | **Not specified**<br>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.<br>**Related documents:**<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018<br><br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.<br>**Source document**: WHO Safe Abortion Guidance (page 88) |

| | |
|---|---|
| **Other mandatory STI screening tests** | **Not specified**<br>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.<br>**Related documents:**<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.<br>**Source document**: WHO Safe Abortion Guidance (page 88) |
| **Prohibition of sex-selective abortion** | Yes<br>**Related documents:**<br>• The Pre-conception & Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003 (page 1)<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women's access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.<br>**Source document**: Preventing Gender-Biased Sex Selection (page 17) |
| **Restrictions on information provided to the public** | **Not specified**<br>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.<br>**Related documents:**<br>• The Medical Termination of Pregnancy Act, 1971<br>• The Medical Termination of Pregnancy as Amended, 2002<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018<br>• Guidance Handbook on Ensuring Access to Safe Abortion and Addressing Gender Based Sex Selection<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 107) |
| **Restrictions on methods to detect sex of the foetus** | Yes<br>**Related documents:**<br>• The Pre-conception & Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003 (page 35)<br>**List of restrictions**<br>"No person, including a specialist or a team of specialists in the field of infertility, shall conduct or cause to be conducted or aid in conducting by himself or by any other person, sex selection on a woman or a man or on both or on any tissue, embryo, conceptus, fluid orgametes derived from either or both of them. Prohibition on sale of ultrasound machines, etc., to persons, laboratories, clinics, etc. not registered under the Act- No person shall sell any ultrasound machine or imaging machine or scanner or any other equipment capable of detecting sex of foetus to any Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic or any other person not registered under the Act."<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 103) |
| **Other** | |

## Clinical and Service-delivery Aspects of Abortion Care

**National guidelines for induced abortion**

Yes, guidelines issued by the government

### Related documents:

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 1)

### 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)

**Methods allowed**

### Vacuum aspiration

Yes (12 WEEKS)

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 49 )
- India Medical Abortion Handbook MoH, 2016 (page 24)

### Dilatation and evacuation

Yes (20 WEEKS)

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 80)

### Combination mifepristone-misoprostol

Yes (63 DAYS 9 WEEKS)

Medical Abortion by MTP Act is legal up to 49 days. However, Comprehensive Abortion Care Guidelines have a footnote indicating that it is safe up to 63 days. Combi-pack (1 tablet of mifepristone 200mg & 4 tablets of misoprostol 200mcg) has been approved by Central Drugs Standard Control Organisation for up to 63 days gestation in December 2008.

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 65 )
- India Medical Abortion Handbook MoH, 2016 (page 5)

### Misoprostol only

Not specified

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

### Other (where provided)

Extra-amniotic instillation (20 WEEKS)

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 83)

### 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- Recommendation.

**Source document**: WHO Safe Abortion Guidance (page 123)

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.

**Source document**: WHO Safe Abortion Guidance (page 123)

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

**Source document**: WHO Safe Abortion Guidance (page 13)

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.

**Source document**: WHO Safe Abortion Guidance (page 14)

**Country recognized approval (mifepristone / mife-misoprostol)**

Yes

### Related documents:

- National list of Essential Medicines of India, 2015 (page 63)

### Pharmacy selling or distribution

**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.

- National list of Essential Medicines of India, 2015

### WHO Guidance

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

**Source document**: WHO Safe Abortion Guidance (page 54)

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.

**Source document**: WHO Safe Abortion Guidance (page 13)

**Country recognized approval (misoprostol)**

Yes, for gynaecological indications

**Related documents:**

- National list of Essential Medicines of India, 2015 (page 63 )
- Misoprostol -form 46 (page 1)

### Misoprostol allowed to be sold or distributed by pharmacies or drug stores

**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.

- National list of Essential Medicines of India, 2015
- Misoprostol -form 46

### WHO Guidance

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

**Source document**: WHO Safe Abortion Guidance (page 54)

**Where can abortion services be provided**

**Related documents:**

- The Medical Termination of Pregnancy Act, 1971 (page 2 )
- The Medical Termination of Pregnancy as Amended, 2002
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

#### Primary health-care centres

Yes

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places:

A hospital established or maintained by the Government

A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee

In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site.

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

#### Secondary (district-level) health-care facilities

Yes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

- The Medical Termination of Pregnancy Act, 1971 (page 4,)

#### Specialized abortion care public facilities

Not specified

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places:

A hospital established or maintained by the Government

A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee

In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site.

- The Medical Termination of Pregnancy Act, 1971
- The Medical Termination of Pregnancy as Amended, 2002
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

#### Private health-care centres or clinics

Yes

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places:

A hospital established or maintained by the Government

A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee

In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site.

- India Guide Abortion Sex Selection MoH, 2015 (page 43)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

#### NGO health-care centres or clinics

Not specified

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places:

A hospital established or maintained by the Government

A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee

In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site.

- The Medical Termination of Pregnancy Act, 1971
- The Medical Termination of Pregnancy as Amended, 2002
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

### Other (if applicable)

A place for the time being approved for the purpose of this Act by Government or a District Level Committee constituted by that Government with the Chief Medical officer or District. Health officer as the Chairperson of the said Committee. In case of termination of early pregnancy up to seven weeks using a combination of mifepristone with misoprostol, the RMP can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancy under the MTP Act. In case of an emergency; any pregnancy may be terminated by an RMP to save the life of the woman at an unapproved place.

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places:

A hospital established or maintained by the Government

A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee

In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site.

- The Medical Termination of Pregnancy as Amended, 2002 (page 1 )
- India Guide Abortion Sex Selection MoH, 2015 (page 25)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

### 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)

### Additional notes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

**National guidelines for post-abortion care**

Yes, guidelines issued by the government

### Related documents:

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 1)

### 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)

**Where can post abortion care services be provided**

### Primary health-care centres

Not specified

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

### Secondary (district-level) health-care facilities

Not specified

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

### Specialized abortion care public facilities

Not specified

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

### Private health-care centres or clinics

Not specified

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

### NGO health-care centres or clinics

Not specified

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

### WHO Guidance

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.

**Source document**: WHO Safe Abortion Guidance (page 57)

| | |
|---|---|
| **Contraception included in post-abortion care** | Yes<br><br>**Related documents:**<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 34 )<br>• India Medical Abortion Handbook MoH, 2016 (page 5)<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>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.<br><br>**Source document**: WHO Safe Abortion Guidance (page 62) |
| **Insurance to offset end user costs** | No data found<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>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.<br><br>**Source document**: WHO Safe Abortion Guidance (page 18) |

**Who can provide abortion services**

**Related documents:**

- The Medical Termination of Pregnancy Act, 1971 (page 2 )
- The Medical Termination of Pregnancy as Amended, 2002
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

### Nurse

Not specified

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgency in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities.

- The Medical Termination of Pregnancy Act, 1971
- The Medical Termination of Pregnancy as Amended, 2002
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)

### Midwife/nurse-midwife

Not specified

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgency in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities.

- The Medical Termination of Pregnancy Act, 1971
- The Medical Termination of Pregnancy as Amended, 2002
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)

### Doctor (specialty not specified)

Yes

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgency in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities.

- The Medical Termination of Pregnancy as Amended, 2002 (page 5 )
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)

### Specialist doctor, including OB/GYN

Yes

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgency in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities.

- The Medical Termination of Pregnancy Act, 1971 (page 2 )
- The Medical Termination of Pregnancy as Amended, 2002 (page 5 )
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)

## WHO Guidance

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

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

**Source document**: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

## Additional notes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

| | |
|---|---|
| **Extra facility/provider requirements for delivery of abortion services** | **Referral linkages to a higher-level facility**<br>Yes<br>For Medical Methods of Abortion (MMA), up to seven weeks gestation, drugs can be prescribed in outdoor clinics with an established referral linkage to an MTP approved site.<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)<br>**Availability of a specialist doctor, including OB/GYN**<br>Yes<br>According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places:<br>A hospital established or maintained by the Government<br>A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee<br>In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site.<br>• The Medical Termination of Pregnancy Act, 1971 (page 2 )<br>• The Medical Termination of Pregnancy as Amended, 2002 (page 1)<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)<br>**Minimum number of beds**<br>Not specified<br>• The Medical Termination of Pregnancy Act, 1971<br>• The Medical Termination of Pregnancy as Amended, 2002<br>• Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018<br>**Other (if applicable)**<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 75) |

## Conscientious Objection

| | |
|---|---|
| **Public sector providers** | No data found<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 106) |
| **Private sector providers** | No data found<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 106) |
| **Provider type not specified** | No data found<br>**WHO Guidance**<br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br>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.<br>**Source document**: WHO Safe Abortion Guidance (page 106) |

| | |
|---|---|
| **Neither Type of Provider Permitted** | No data found<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>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.<br><br>**Source document**: WHO Safe Abortion Guidance (page 106) |
| **Public facilities** | No data found<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.<br><br>**Source document**: WHO Safe Abortion Guidance (page 106) |
| **Private facilities** | No data found<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.<br><br>**Source document**: WHO Safe Abortion Guidance (page 106) |
| **Facility type not specified** | No data found<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.<br><br>**Source document**: WHO Safe Abortion Guidance (page 106) |
| **Neither Type of Facility Permitted** | No data found<br><br>**WHO Guidance**<br><br>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.<br><br>The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.<br><br>**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 | **174** (2015) |

| | |
|---|---|
| 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 | **23.1** (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 |
| 5.2.1 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 |
| 5.2.2 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 | No data |

| | |
|---|---|
| 16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation | No data |
| 16.2.3 Proportion of young women and men aged 1829 years who experienced sexual violence by age 18 | No data |
| 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 | No data |
| 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 | No data |
| 16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar) | No data |
| 16.6.2 Proportion of the population satisfied with their last experience of public services | No data |
| 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 | No data |
| 16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age | No data |
| 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 | No data |
| 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 | No data |

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

| | |
|---|---|
| 17.8.1 Proportion of individuals using the Internet | No data |

### Additional Reproductive Health Indicators

| | |
|---|---|
| Percentage of married women with unmet need for family planning | **12.9** (2016) |
| Percentage of births attended by trained health professional | **85.7** (2016) |
| Percentage of women aged 20-24 who gave birth before age 18 | **22** (2009-2013) |
| Total fertility rate | **2.326** (2016) |
| Legal marital age for women, with parental consent | No data |
| Legal marital age for women, without parental consent | No data |
| Gender Inequalities Index (Value) | **0.52** (2017) |
| Gender Inequalities Index (Rank) | **127** (2017) |
| Mandatory paid maternity leave | **yes** (2016) |
| Median age | **26.6** (2015) |
| Population, urban (%) | **33.6** (2017) |

| | |
|---|---|
| Percentage of secondary school completion rate for girls | **0.53** (2013) |
| Gender parity in secondary education | **1.017** (2016) |
| Percentage of women in non-agricultural employment | **19.3** (2010) |
| Proportion of seats in parliament held by women | **11.6** (2017) |
| Sex ratio at birth (male to female births) | **1.11** (2017) |