Country Profile: Comoros

Region: Eastern Africa

Last Updated: 7 May 2017

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:
- Comoros Penal Code

Concluding Observations:

None

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:
- Comoros Penal Code (page 61)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Not supported</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foetal impairment</td>
<td>No</td>
<td>Comoros Penal Code (page 61)</td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>No</td>
<td>Comoros Penal Code (page 61)</td>
</tr>
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<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incest</td>
<td>No</td>
<td>Comoros Penal Code (page 61)</td>
</tr>
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<td><strong>WHO Guidance</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual or cognitive disability of the woman</td>
<td>No</td>
<td>Comoros Penal Code (page 61)</td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>No</td>
<td>Comoros Penal Code (page 61)</td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additional Requirements to Access Safe Abortion

Authorization of health professional(s)

Yes

Related documents:
- Comoros Penal Code (page 62)

Number and cadre of health-care professional authorizations required

2

Doctor (Specialty Not Specified)

The Penal Code states that authorization must be given by "at least" two doctors.

Related documents:
- Comoros Penal Code (page 62)
- Comoros Penal Code (page 62)
Authorization in specially licensed facilities only

**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:**
- Comoros Penal Code

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:**
- Comoros Penal Code

Judicial authorization in cases of rape

Not applicable

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.

**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.

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)

Parental consent required for minors

**Not specified**
### Spousal consent

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:**
- Comoros Penal Code

**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)

### Ultrasound images or listen to foetal heartbeat required

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:**
- Comoros Penal Code

**WHO Guidance**

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

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.

**Source document:** WHO Safe Abortion Guidance (page 19)

### Compulsory counselling

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:**
- Comoros Penal Code

**WHO Guidance**

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

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.

**Source document:** WHO Safe Abortion Guidance (page 46)
<table>
<thead>
<tr>
<th>Compulsory waiting period</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Comoros Penal Code</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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.

**Source document:** WHO Safe Abortion Guidance (page 107)

<table>
<thead>
<tr>
<th>Mandatory HIV screening test</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Comoros Penal Code</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

**Source document:** WHO Safe Abortion Guidance (page 88)

<table>
<thead>
<tr>
<th>Other mandatory STI screening tests</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Comoros Penal Code</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

**Source document:** WHO Safe Abortion Guidance (page 88)

<table>
<thead>
<tr>
<th>Prohibition of sex-selective abortion</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Comoros Penal Code</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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.

**Source document:** Preventing Gender-Biased Sex Selection (page 17)

| Restrictions on information provided to the public | No data found |
Clinical and Service-delivery Aspects of Abortion Care

**National guidelines for induced abortion**

No data found

**WHO Guidance**

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
  
  No data found

- Dilatation and evacuation
  
  No data found

- Combination mifepristone-misoprostol
  
  No data found

- Misoprostol only
  
  No data found

- Other (where provided)
  
  No data found

**WHO Guidance**

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.
Country recognized approval (mifepristone / mife-misoprostol)

No data found

**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)

No data found

**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:
- Comoros Penal Code

**Primary health-care centres**

Not specified
- Comoros Penal Code

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

Not specified
- Comoros Penal Code

**Specialized abortion care public facilities**

Not specified
- Comoros Penal Code

**Private health-care centres or clinics**

Not specified
- Comoros Penal Code

**NGO health-care centres or clinics**

Not specified
- Comoros Penal Code

**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)*

National guidelines for post-abortion care

No data found

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be
## Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>No data found</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>No data found</td>
</tr>
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<td>Specialized abortion care public facilities</td>
<td>No data found</td>
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<td>Private health-care centres or clinics</td>
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</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
</tr>
</tbody>
</table>

An official document providing norms and standards on post-abortion care appears to exist but could not be located.

## Contraception included in post-abortion care

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
<td></td>
</tr>
</tbody>
</table>

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

## Insurance to offset end user costs

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
<td></td>
</tr>
</tbody>
</table>

An official document providing norms and standards on post-abortion care appears to exist but could not be located.
### Related documents:
- WHO Safe Abortion Guidance (page 18)
- Comoros Penal Code
- Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

### Who can provide abortion services

<table>
<thead>
<tr>
<th>Role</th>
<th>Parent Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Comoros Penal Code</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>Comoros Penal Code</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Comoros Penal Code</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Comoros Penal Code</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Parent Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Comoros Penal Code</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Comoros Penal Code</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>Comoros Penal Code</td>
</tr>
</tbody>
</table>

### Conscientious Objection

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

Conscientious Objection: Who can provide abortion services

Who can provide abortion services

- Nurse
  - Not specified
- Midwife/nurse-midwife
  - Not specified
- Doctor (specialty not specified)
  - Not specified
- Specialist doctor, including OB/GYN
  - Not specified

**WHO Guidance**

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

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.

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

Extra facility/provider requirements for delivery of abortion services

- Referral linkages to a higher-level facility
  - Not specified
- Availability of a specialist doctor, including OB/GYN
  - Not specified
- Minimum number of beds
  - Not specified
- Other (if applicable)

**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 33)
<table>
<thead>
<tr>
<th>Provider type</th>
<th>Not specified</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sector providers</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>
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</tr>
<tr>
<td>Private sector providers</td>
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<td></td>
</tr>
<tr>
<td>Provider type 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></td>
</tr>
<tr>
<td>Neither Type of Provider Permitted</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></td>
</tr>
</tbody>
</table>

**Related documents:**
- Comoros Penal Code
- WHO Safe Abortion Guidance (page 106)

**WHO Guidance**

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)
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.

**Public facilities**

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**Related documents:**

- Comoros Penal Code

**WHO Guidance**

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

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.

**Private facilities**

<table>
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**Related documents:**

- Comoros Penal Code

**WHO Guidance**

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**Facility type not specified**

<table>
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**Related documents:**

- Comoros Penal Code

**WHO Guidance**

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**Neither Type of Facility Permitted**

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**Related documents:**

- Comoros Penal Code

**WHO Guidance**

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The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are...
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)

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

1.a.2 Proportion of total government spending on essential services (education, health and social protection)

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

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

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

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

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

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

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
| 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 |
| 5.6.2 | 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 18-29 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
32.3 (2012)

Percentage of births attended by trained health professional
82.2 (2012)

Percentage of women aged 20-24 who gave birth before age 18
17 (1996)

Total fertility rate
4.205 (2018)

Legal marital age for women, with parental consent
18 (2009-2017)

Legal marital age for women, without parental consent
No data

Gender Inequalities Index (Value)
No data

Gender Inequalities Index (Rank)
No data

Mandatory paid maternity leave
yes (2020)
<table>
<thead>
<tr>
<th><strong>Median age</strong></th>
<th>20.4 (2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage of secondary school completion rate for girls</strong></td>
<td>No data</td>
</tr>
<tr>
<td><strong>Gender parity in secondary education</strong></td>
<td>1.067 (2018)</td>
</tr>
<tr>
<td><strong>Percentage of women in non-agricultural employment</strong></td>
<td>18 (1996)</td>
</tr>
<tr>
<td><strong>Proportion of seats in parliament held by women</strong></td>
<td>6.1 (2017)</td>
</tr>
<tr>
<td><strong>Sex ratio at birth (male to female births)</strong></td>
<td>1.05 (2018)</td>
</tr>
</tbody>
</table>