Country Profile: Barbados

Region: Latin America

Last Updated: 02 September 2022

Identified policies and legal sources related to abortion:

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

Related Documents

- From Criminal / Penal Code:
  - Offences against the Person Act, 1994
- From EML / Registered List:
  - Drug Service List of Available Drugs
  - National Drug Formulary
- From Abortion Specific Law:
  - The Medical Termination of Pregnancy Act, 1983
  - Termination of Pregnancy Regulations, 1983

List of ratified human rights treaties:

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

Concluding Observations:

- 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

- Not Specified

Legal Ground and Gestational Limit

The Medical Termination of Pregnancy Act states: “In determining whether the continuance of a pregnancy would involve such risk of injury to the health of the pregnant woman as is required by subsection (1)(a), the medical practitioner must take into account the pregnant woman's social and economic environment, whether actual or foreseeable.”

WHO Guidance

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

WHO defines health for members 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)

Related documents:

- The Medical Termination of Pregnancy Act, 1983 (page 3)
<table>
<thead>
<tr>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foetal impairment</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td>- The Medical Termination of Pregnancy Act, 1983 (page 3)</td>
</tr>
<tr>
<td><strong>Gestational limit applies</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td>- The Medical Termination of Pregnancy Act, 1983</td>
</tr>
<tr>
<td>- Termination of Pregnancy Regulations, 1983</td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</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>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 103)</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 103)</td>
</tr>
<tr>
<td><strong>Rape</strong></td>
</tr>
<tr>
<td>The Medical Termination of Pregnancy Act considers abortion in case of rape or incest as follows: “The written statement of a pregnant woman stating that she reasonably believes that her pregnancy was caused by an act of rape or incest is sufficient to constitute the element of grave injury to mental health in subsection (1)(a).” No limit is specified.</td>
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<td><strong>WHO Guidance</strong></td>
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<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
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<tr>
<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>
</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 102)</td>
</tr>
<tr>
<td><strong>Incest</strong></td>
</tr>
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</tr>
<tr>
<td>↓ Source document: WHO Safe Abortion Guidance (page 102)</td>
</tr>
<tr>
<td><strong>Intellectual or cognitive disability of the woman</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
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<tr>
<td>- The Medical Termination of Pregnancy Act, 1983</td>
</tr>
<tr>
<td>- Termination of Pregnancy Regulations, 1983</td>
</tr>
</tbody>
</table>
### Mental Health

**Yes**

**Related documents:**
- The Medical Termination of Pregnancy Act, 1983 (page 3 see note)

**Gestational limit applies**

- **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:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

**WHO Guidance**

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

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.

- **Source document:** WHO Safe Abortion Guidance (page 102)

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 states: “In determining whether the continuance of a pregnancy would involve such risk of injury to the health of the pregnant woman as is required by subsection (1)(a), the medical practitioner must take into account the pregnant woman’s social and economic environment, whether actual or foreseeable.”

### Physical Health

**Yes**

**Related documents:**
- The Medical Termination of Pregnancy Act, 1983 (page 3 see note)

**Gestational limit applies**

- **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:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

**WHO Guidance**

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

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

- **Source document:** WHO Safe Abortion Guidance (page 102)

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 states: “In determining whether the continuance of a pregnancy would involve such risk of injury to the health of the pregnant woman as is required by subsection (1)(a), the medical practitioner must take into account the pregnant woman’s social and economic environment, whether actual or foreseeable.”

### Health

- **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:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

**WHO Guidance**

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

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.

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

**Authorization of health professional(s)**

- **Yes**

  Related documents:
  - The Medical Termination of Pregnancy Act, 1983 (page 3)

  **Number and cadre of health-care professional authorizations required**

  2 or 3
  Doctor (Specialty Not Specified)

  An abortion before 20 weeks of gestation requires two authorisations. After 20 weeks three authorisations are required.

  - The Medical Termination of Pregnancy Act, 1983 (page 3 s)

  **WHO Guidance**

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

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

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

  **Additional notes**

  An abortion before 20 weeks of gestation requires two authorisations. After 20 weeks three authorisations are required.

**Authorization in specially licensed facilities only**

- **Yes**

  Related documents:
  - The Medical Termination of Pregnancy Act, 1983 (page 4)

  **WHO Guidance**

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

  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.

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

  **Additional notes**

  Abortions performed after 12 weeks are provided in “a hospital approved by the Minister for this purpose.”
<table>
<thead>
<tr>
<th>Issue</th>
<th>Information</th>
<th>Related documents</th>
</tr>
</thead>
</table>
| **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. | - The Medical Termination of Pregnancy Act, 1983  
- Termination of Pregnancy Regulations, 1983 |
| **WHO Guidance**                           | The following descriptions and recommendations were extracted from WHO guidance on safe abortion. | - Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2  
- Source document: WHO Safe Abortion Guidance (page 105) |
| **Judicial authorization in cases of rape** | - The Medical Termination Act states that the written statement of a pregnant woman stating that she reasonably believes her pregnancy was caused by an act of rape or incest is sufficient for access to abortion on grounds of grave injury to mental health. | - The Medical Termination of Pregnancy Act, 1983 (page 3)  
- Termination of Pregnancy Regulations, 1983 |
| **Police report required in case of rape**  | - The Medical Termination Act states that the written statement of a pregnant woman stating that she reasonably believes her pregnancy was caused by an act of rape or incest is sufficient for access to abortion on grounds of grave injury to mental health. | - The Medical Termination of Pregnancy Act, 1983 (page 3)  
- Termination of Pregnancy Regulations, 1983 |
| **Parental consent required for minors**    | Yes                                                                         | - The Medical Termination of Pregnancy Act, 1983 (page 4)  
- Can another adult consent in place of a parent? Yes  
- Age where consent not needed  16  
- The Medical Termination of Pregnancy Act, 1983 (page 4) |
| **Spousal consent**                        | - 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. | - The Medical Termination of Pregnancy Act, 1983  
- Termination of Pregnancy Regulations, 1983  
- Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.2  
- Source document: WHO Safe Abortion Guidance (page 105) |
### Ultrasound images or listen to foetal heartbeat required

**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:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

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### Compulsory counselling

**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)

**Related documents:**
- Termination of Pregnancy Regulations, 1983 (page 6)

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### Compulsory waiting period

**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:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

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### Mandatory HIV screening test

**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)

**Related documents:**
- The Medical Termination of Pregnancy Act, 1983

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### Other mandatory STI screening tests

**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:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

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### Regulatory, policy and programmatic barriers

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)

**Related documents:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

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### Many women have made a decision to have an abortion before seeking care

**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)

**Related documents:**
- Termination of Pregnancy Regulations, 1983 (page 6)

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### States should consider eliminating waiting periods that are not medically required

**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)

**Related documents:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

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### Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers

**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)

**Related documents:**
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983
### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

<table>
<thead>
<tr>
<th>Related documents:</th>
<th>Source document: WHO Safe Abortion Guidance (page 75)</th>
</tr>
</thead>
</table>
- 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. | |
Methods allowed

<table>
<thead>
<tr>
<th>Methods allowed</th>
<th>Country recognized approval (mifepristone / mifepristone-misoprostol)</th>
<th>Country recognized approval (misoprostol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>No data found</td>
<td>No</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>No data found</td>
<td>Related documents:</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No data found</td>
<td>• Barbados National Drug Formulary (page 473)</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>No data found</td>
<td>Misoprostol allowed to be sold or distributed by pharmacies or drug stores</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td>No data found</td>
<td>No</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

\[\text{Source document: WHO Safe Abortion Guidance (page 123)}\]

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.

\[\text{Source document: WHO Safe Abortion Guidance (page 123)}\]

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

\[\text{Source document: WHO Safe Abortion Guidance (page 13)}\]

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.

\[\text{Source document: WHO Safe Abortion Guidance (page 14)}\]
### Where can abortion services be provided

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Availability</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Not specified</td>
<td><a href="#">The Medical Termination of Pregnancy Act, 1983</a></td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
<td><a href="#">The Medical Termination of Pregnancy Act, 1983</a></td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
<td><a href="#">The Medical Termination of Pregnancy Act, 1983</a></td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Not specified</td>
<td><a href="#">The Medical Termination of Pregnancy Act, 1983</a></td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
<td><a href="#">The Medical Termination of Pregnancy Act, 1983</a></td>
</tr>
</tbody>
</table>

**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](#)*

### National guidelines for post-abortion care

No data found

**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](#)*

### Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Availability</th>
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<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
<td><a href="#">The Medical Termination of Pregnancy Act, 1983</a></td>
</tr>
</tbody>
</table>

**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](#)*
WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 62)

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 18)

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>The Medical Termination of Pregnancy Act, 1983</td>
</tr>
<tr>
<td></td>
<td>Termination of Pregnancy Regulations, 1983</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>The Medical Termination of Pregnancy Act, 1983</td>
</tr>
<tr>
<td></td>
<td>Termination of Pregnancy Regulations, 1983</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Not specified</td>
</tr>
<tr>
<td></td>
<td>The Medical Termination of Pregnancy Act, 1983</td>
</tr>
<tr>
<td></td>
<td>Termination of Pregnancy Regulations, 1983</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

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**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.

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**Conscientious Objection**

**Public sector providers**

<table>
<thead>
<tr>
<th>Related documents:</th>
<th>The Medical Termination of Pregnancy Act, 1983 (page 4 See note)</th>
</tr>
</thead>
</table>

**Individual health-care providers who have objected are required to refer the woman to another provider**

- **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.

  - The Medical Termination of Pregnancy Act, 1983

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**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.

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**Additional notes**

Section 10. (1) Subject to subsection (4), no person is under any legal duty to participate in any treatment for the termination of a pregnancy to which he has a conscientious objection.

(2) In legal proceedings, the burden of proving the conscientious objection lies on the person making the allegation.

(3) The burden of proof referred to in subsection (2) may be discharged by the person testifying on oath or affirmation to the fact of his conscientious objection.

(4) Subsection (1) does not affect the duty of a person to participate in treatment for the termination of a pregnancy that is immediately necessary to save the life of the pregnant woman or to prevent grave permanent injury to her physical or mental health.
Individual health-care providers who have objected are required to refer the woman to another provider

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.

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)

Additional notes

Section 10. (1) Subject to subsection (4), no person is under any legal duty to participate in any treatment for the termination of a pregnancy to which he has a conscientious objection.

(2) In legal proceedings, the burden of proving the conscientious objection lies on the person making the allegation.

(3) The burden of proof referred to in subsection (2) may be discharged by the person testifying on oath or affirmation to the fact of his conscientious objection.

(4) Subsection (1) does not affect the duty of a person to participate in treatment for the termination of a pregnancy that is immediately necessary to save the life of the pregnant woman or to prevent grave permanent injury to her physical or mental health.
Neither Type of Provider Permitted

Individual health-care providers who have objected are required to refer the woman to another provider

- **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.
  - [The Medical Termination of Pregnancy Act, 1983](#)

**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)

**Additional notes**

Section 10: (1) Subject to subsection (4), no person is under any legal duty to participate in any treatment for the termination of a pregnancy to which he has a conscientious objection.

(2) In legal proceedings, the burden of proving the conscientious objection lies on the person making the allegation.

(3) The burden of proof referred to in subsection (2) may be discharged by the person testifying on oath or affirmation to the fact of his conscientious objection.

(4) Subsection (1) does not affect the duty of a person to participate in treatment for the termination of a pregnancy that is immediately necessary to save the life of the pregnant woman or to prevent grave permanent injury to her physical or mental health.

### Public facilities

- **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:**

- [The Medical Termination of Pregnancy Act, 1983](#)
- [Termination of Pregnancy Regulations, 1983](#)

**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.

- **Source document**: [WHO Safe Abortion Guidance](#) (page 106)

### Private facilities

- **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:**

- [The Medical Termination of Pregnancy Act, 1983](#)
- [Termination of Pregnancy Regulations, 1983](#)

**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.

- **Source document**: [WHO Safe Abortion Guidance](#) (page 106)

### Facility type not specified

- **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:**

- [The Medical Termination of Pregnancy Act, 1983](#)
- [Termination of Pregnancy Regulations, 1983](#)

**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.

- **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
27 (2017)

3.1.2 Proportion of births attended by skilled health personnel
No data

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

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
37.3 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population
No data

3.c.1 Health worker density and distribution
No data

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

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
No data

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

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex
No data

5.2.1 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

Related documents:
- The Medical Termination of Pregnancy Act, 1983
- Termination of Pregnancy Regulations, 1983

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.

Source document: WHO Safe Abortion Guidance (page 106)
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

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

No data

16.2.2 Number 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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>19.9</td>
<td>2012</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99</td>
<td>2015</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>1.619</td>
<td>2018</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>16</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.28</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>60</td>
<td>2017</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>No</td>
<td>2020</td>
</tr>
<tr>
<td>Median age</td>
<td>40.5</td>
<td>2020</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>31.147</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>1.02</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.039</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>52</td>
<td>2013</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>19.6</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.04</td>
<td>2018</td>
</tr>
</tbody>
</table>