Country Profile: Guatemala

Region: Latin America

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 Practitioners
- Law on Health Care Services
- Other

Related Documents

From Criminal / Penal Code:
- Guatemala Penal Code, 1999

From Health Regulation / Clinical Guidelines:
- Guidelines on Post-abortion Care, 2011

From EML / Registered List:
- Medicines List, 2014

Concluding Observations:

- CEDAW
- CEDAW-OP
- CRC
- CRC:OPAC
- CRC:OPIC
- CRC:OPSC
- CRPD
- CRPD-OP
- CESCR
- CESCR-OP
- CAT
- CAT-OP
- CEDAW
- CEDAW-OP
- CRC
- CRC:OPAC
- CRC:OPIC
- CRPD
- CRPD-OP
- CED
- Maputo Protocol

List of ratified human rights treaties:

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

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

<table>
<thead>
<tr>
<th>Ground</th>
<th>Permitted</th>
</tr>
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<tbody>
<tr>
<td>Economic or social reasons</td>
<td>No</td>
</tr>
<tr>
<td>Foetal impairment</td>
<td>No</td>
</tr>
<tr>
<td>Rape</td>
<td>No</td>
</tr>
<tr>
<td>Incest</td>
<td>No</td>
</tr>
<tr>
<td>Intellectual or cognitive disability of the woman</td>
<td>No</td>
</tr>
<tr>
<td>Mental health</td>
<td>No</td>
</tr>
</tbody>
</table>

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**Related documents:**
- Penal Code Decree No. 17-73 (page 41)

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**WHO Guidance**

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

- **Economic or social reasons**
  - 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**
  - 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)

- **Rape**
  - 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)

- **Incest**
  - 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)
| Physical health | No |
| Health | No |
| Life | Yes |

**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.

**Additional notes**
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>• Penal Code Decree No. 17-73 (page 41)</td>
<td></td>
</tr>
</tbody>
</table>

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

2
Specialist Doctor, Including OB/GYN

<table>
<thead>
<tr>
<th><strong>Related documents:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Penal Code Decree No. 17-73 (page 41)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

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

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Penal Code Decree No. 17-73</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
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</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Penal Code Decree No. 17-73</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

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

| Judicial authorization in cases of rape | Not Applicable |
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

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

Source document: WHO Safe Abortion Guidance (page 104)

Not Applicable

Parental consent required for minors

Not specified

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

Related documents:
- Penal Code Decree No. 17-73

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)

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:
- Penal Code Decree No. 17-73

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 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.

Source document: WHO Safe Abortion Guidance (page 105)

Not specified

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:
- Penal Code Decree No. 17-73

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

- **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:**
- Penal Code Decree No. 17-73

**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)

### 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:**
- Penal Code Decree No. 17-73

**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)

### Mandatory HIV screening test

- **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:**
- Penal Code Decree No. 17-73

**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)

### 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:**
- Penal Code Decree No. 17-73

**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.
<table>
<thead>
<tr>
<th>Clinical and Service-delivery Aspects of Abortion Care</th>
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</thead>
<tbody>
<tr>
<td><strong>National guidelines for induced abortion</strong></td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
</tbody>
</table>
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Methods allowed

Vacuum aspiration
Yes (12 WEEKS)
- [Guidelines on Postabortion Care, 2011 (page 35)]

Dilatation and evacuation
Yes (12-20 WEEKS)
- [Guidelines on Postabortion Care, 2011 (page 38)]

Combination mifepristone-misoprostol
Not specified
- [Guidelines on Postabortion Care, 2011]

Misoprostol only
Yes (20 WEEKS)
- [Guidelines on Postabortion Care, 2011 (page 23)]

Other (where provided)

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](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](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](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](WHO Safe Abortion Guidance (page 14)].

Country recognized approval
(mifepristone / mife-misoprostol)
No

Related documents:
- [Medicines List, 2014 (page 1)]

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](WHO Safe Abortion Guidance (page 13)].

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](WHO Safe Abortion Guidance (page 54)].
### Country recognized approval (misoprostol)

Yes, for gynaecological indications

**Related documents:**
- Medicines List, 2014 (page 47)

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### 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.

- Medicines List, 2014

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### 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)

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### Where can abortion services be provided

**Related documents:**
- Guidelines on Postabortion Care, 2011 (page 22)

#### Primary health-care centres

Not specified

- Penal Code Decree No. 17-73
- Guidelines on Postabortion Care, 2011

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

Yes

- Penal Code Decree No. 17-73 (page 41)
- Guidelines on Postabortion Care, 2011 (page 22)

#### Specialized abortion care public facilities

Not specified

- Penal Code Decree No. 17-73
- Guidelines on Postabortion Care, 2011

#### Private health-care centres or clinics

Not specified

- Penal Code Decree No. 17-73
- Guidelines on Postabortion Care, 2011

#### NGO health-care centres or clinics

Not specified

- Penal Code Decree No. 17-73
- Guidelines on Postabortion Care, 2011

#### Other (if applicable)

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### 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)

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### National guidelines for post-abortion care

Yes, guidelines issued by the government

**Related documents:**
- Guidelines on Postabortion Care, 2011 (page 1)
Where can post abortion care services be provided

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Availability</th>
</tr>
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<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Not specified</td>
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<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
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<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
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<tr>
<td>Private health-care centres or clinics</td>
<td>Not specified</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

Related documents:
- Guidelines on Postabortion Care, 2011

Contraception included in post-abortion care

Yes

Related documents:
- Guidelines on Postabortion Care, 2011

Insurance to offset end user costs

Not specified

Related documents:
- Penal Code Decree No. 17-73
- Guidelines on Postabortion Care, 2011
Who can provide abortion services

- Nurse
  Not specified
  
  - Penal Code Decree No. 17-73
  - Guidelines on Postabortion Care, 2011

- Midwife/nurse-midwife
  Not specified
  
  - Penal Code Decree No. 17-73
  - Guidelines on Postabortion Care, 2011

- Doctor (specialty not specified)
  Not specified
  
  - Penal Code Decree No. 17-73
  - Guidelines on Postabortion Care, 2011

- Specialist doctor, including OB/GYN
  Not specified
  
  - Penal Code Decree No. 17-73
  - Guidelines on Postabortion Care, 2011

- Other (if applicable)

Extra facility/provider requirements for delivery of abortion services

- Referral linkages to a higher-level facility
  Not specified
  
  - Guidelines on Postabortion Care, 2011

- Availability of a specialist doctor, including OB/GYN
  Not specified
  
  - Guidelines on Postabortion Care, 2011

- Minimum number of beds
  Not specified
  
  - Guidelines on Postabortion Care, 2011

- Other (if applicable)
Conscientious Objection

<table>
<thead>
<tr>
<th>Provider type</th>
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</tr>
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<tbody>
<tr>
<td>Public sector providers</td>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Private sector providers</td>
<td>WHO Guidance</td>
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<tr>
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<td>WHO Guidance</td>
</tr>
<tr>
<td>Neither Type of Provider Permitted</td>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Public facilities</td>
<td>WHO Guidance</td>
</tr>
</tbody>
</table>

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

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

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

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

Goal 1. End poverty in all its forms everywhere

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

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

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

Goal 3. Ensure healthy lives and promote well-being for all at all ages
3.1.1 Maternal mortality ratio  
95 (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  
70.9 (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
### 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

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

### Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

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

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

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

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

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

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

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

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

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

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

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

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

17.8.1 Proportion of individuals using the Internet
## Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>13.9 (2015)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>65.5 (2015)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>22 (2009-2013)</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>2.87 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
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<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
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<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.49 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>120 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>No (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>22.9 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>51.054 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.94 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.953 (2018)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>72.77 (2017)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>12.7 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05 (2018)</td>
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</tbody>
</table>