Country Profile: Eritrea

Region: Eastern Africa

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:
- Penal Code

From EML / Registered List:
- National List of Medicines 2010

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

Concluding Observations:
- CEDAW
- CEDAW

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:
- Penal Code (page 204)
WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 103)

Foetal impairment

No

Related documents:
- Penal Code (page 204)

Rape

Yes

Related documents:
- Penal Code (page 205)

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:
- Penal Code

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 102)

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)

Incest

Yes

Related documents:
- Penal Code (page 205)

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:
- Penal Code

WHO Guidance

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

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.
<table>
<thead>
<tr>
<th>Category</th>
<th>Answer</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual or cognitive disability of the woman</td>
<td>No</td>
<td>- Penal Code (page 204)</td>
</tr>
<tr>
<td>Mental health</td>
<td>Yes</td>
<td>- Penal Code (page 205)</td>
</tr>
<tr>
<td>Physical health</td>
<td>Yes</td>
<td>- Penal Code (page 205)</td>
</tr>
</tbody>
</table>

**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:**

- Penal Code

**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)

**Health**

- No
  
  **Related documents:**
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Penal Code (page 205)</td>
</tr>
</tbody>
</table>

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

1

- 1 Doctor (Specialty Not Specified)

- Penal Code (page 205)

**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.

**Additional notes**

The opinion of a medical practitioner is needed in cases where the pregnancy might endanger the physical or mental health of the woman and it is impossible to avert in any other way.

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Penal Code (page 205)</td>
</tr>
</tbody>
</table>

### Life

**Related documents:**

- Penal Code (page 204)

**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)

### Other

**Termination performed on a girl under the age of 18.**

**Related documents:**

- Penal Code (page 205)

**Additional notes**

No gestational limit specified.
### 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:**
- Penal Code

### Judicial authorization in cases of rape

**Yes**

**Related documents:**
- Penal Code (page 205)

### Police report required in case of rape

**Not specified**

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

**Related documents:**
- Penal Code

### 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
### 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.

**Related documents:**
- Penal Code

### 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:**
- Penal Code

### 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

### 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
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

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.

Prohibition of sex-selective abortion

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.

Restrictions on information provided to the public

No data found

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)

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)

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

#### National guidelines for induced abortion

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>The recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation.</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Dilation and evacuation (D&amp;E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks.</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age).</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age).</td>
</tr>
</tbody>
</table>

#### Other (where provided)

- No data found

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

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

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

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

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

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

**Source document:** [WHO Safe Abortion Guidance (page 14)](#)
### Country recognized approval (mifepristone / mifepristone)

No

**Related documents:**
- National List of Medicines 2010 (page 1)

### 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.

### Country recognized approval (misoprostol)

No data found

**Related documents:**
- National List of Medicines 2010 (page 63)

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

Not specified

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

- National List of Medicines 2010

### 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

No data found

- Primary health-care centres
- Secondary (district-level) health-care facilities
- Specialized abortion care public facilities
- Private health-care centres or clinics
- NGO health-care centres or clinics
- Other (if applicable)

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 18)

### 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 (page 75)

<table>
<thead>
<tr>
<th>Where can post abortion care services be provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary health-care centres</strong></td>
</tr>
<tr>
<td>No data found</td>
</tr>
<tr>
<td><strong>Secondary (district-level) health-care facilities</strong></td>
</tr>
<tr>
<td>No data found</td>
</tr>
<tr>
<td><strong>Specialized abortion care public facilities</strong></td>
</tr>
<tr>
<td>No data found</td>
</tr>
<tr>
<td><strong>Private health-care centres or clinics</strong></td>
</tr>
<tr>
<td>No data found</td>
</tr>
<tr>
<td><strong>NGO health-care centres or clinics</strong></td>
</tr>
<tr>
<td>No data found</td>
</tr>
<tr>
<td><strong>Other (if applicable)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contraception included in post-abortion care</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</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 (page 57)

<table>
<thead>
<tr>
<th>Insurance to offset end user costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Who can provide abortion services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td>Penal Code (page 205)</td>
</tr>
</tbody>
</table>

Related documents:
### Extra facility/provider requirements for delivery of abortion services

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>No data found</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>No data found</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>No data found</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>No data found</td>
</tr>
</tbody>
</table>

#### WHO Guidance

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

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

**Source document:** [WHO Safe Abortion Guidance (page 75)](http://www.who.int/reproductivehealth/publications/abortion/guidelines/en/)

### Conscientious Objection

<table>
<thead>
<tr>
<th>Public sector providers</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No data found</td>
</tr>
</tbody>
</table>

#### 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)](http://www.who.int/reproductivehealth/publications/abortion/guidelines/en/)
<table>
<thead>
<tr>
<th>Private sector providers</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider type not specified</td>
<td><strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion.&lt;br&gt;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.</td>
</tr>
<tr>
<td>Neither Type of Provider Permitted</td>
<td>No data found</td>
</tr>
<tr>
<td>Public facilities</td>
<td><strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion.&lt;br&gt;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.</td>
</tr>
<tr>
<td>Private facilities</td>
<td>No data found</td>
</tr>
<tr>
<td>Facility type not specified</td>
<td><strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion.&lt;br&gt;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.</td>
</tr>
</tbody>
</table>
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  
480 (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  
51 (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

No data
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

No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

No data

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

No data

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

No data

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

No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

No data

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

No data

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

No data

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

No data

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

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

No data

Goal 10. Reduce inequality within and among countries

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

No data

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

No data

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

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

No data

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

No data
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data as of</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.2 Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>17.8.1 Proportion of individuals using the Internet</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

**Additional Reproductive Health Indicators**

- Percentage of married women with unmet need for family planning: **28.5** (2002)
- Percentage of births attended by trained health professional: **34.1** (2010)
- Percentage of women aged 20-24 who gave birth before age 18: **19** (2009-2013)
- Total fertility rate: **4.056** (2018)
- Legal marital age for women, with parental consent: No data
- Legal marital age for women, without parental consent: **18** (2009-2017)
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>No data</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>No data</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>No (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>19.2 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>No data</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>No data</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.909 (2018)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>31.1 (1996)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>22.0 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05 (2018)</td>
</tr>
</tbody>
</table>