Country Profile: Fiji

Region: Oceania

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:
- Crimes Decree, 2009

From EML / Registered List:
- Essential Medicines List, 2013

From Document Relating to Funding:
- Assessment of Social Health Insurance Feasibility and Desirability

From Other:
- Reproductive Health Policy
- Family Planning and Reproductive Health Commodities Needs Assessment

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

Concluding Observations:
- 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

Not Specified
# Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Crimes Decree 2009</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Crimes Decree 2009 (page 1104)</td>
</tr>
</tbody>
</table>

**Gestational limit**

Weeks: No Limit Specified

Abortions are permitted beyond 20 gestational weeks if the following additional requirements are met including: a) two medical practitioners have agreed that the mother, or the unborn child, has a severe medical condition (undefined) that, in the clinical judgment of those medical practitioners, justifies the procedure, and the abortion is performed in a facility approved by the Minister for Health.

- Crimes Decree 2009 (page 1104)

**WHO Guidance**

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

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

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

Source document: WHO Safe Abortion Guidance (page 103)

<table>
<thead>
<tr>
<th>Rape</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Crimes Decree 2009 (page 1104)</td>
</tr>
</tbody>
</table>

**Gestational limit**

Weeks: 20

- Crimes Decree 2009 (page 1104)

**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.
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.

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.

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.

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.
### 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:**
- Crimes Decree 2009

### Life

**Yes**

**Related documents:**
- Crimes Decree 2009 (page 1104)

#### Gestational limit

**Weeks: No Limit Specified**

**Related documents:**
- Crimes Decree 2009 (page 1104)

### Other

### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crimes Decree 2009 (page 1104)</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, § 4.2.1.1.
Authorization in specially licensed facilities only

Yes

Related documents:
- Crimes Decree 2009 (page 1104)

Additional notes

If at least 20 weeks of the woman's pregnancy have been completed when the abortion is performed, the performance of the abortion is not justified unless 2 medical practitioners have agreed that the mother, or the unborn child, has a severe medical condition that, in the clinical judgment of those medical practitioners, justifies the procedure.

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:
- Crimes Decree 2009

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.

Additional notes

For abortions performed after 20 weeks, the procedure must be performed in a facility approved by the Minister for Health.

Judicial authorization in cases 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:
- Crimes Decree 2009

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.

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:
WHO Guidance

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

- Parental consent required for minors
  - **Yes**

- Related documents:
  - Crimes Decree 2009 (page 1105)

- Can another adult consent in place of a parent?
  - Yes

- Age where consent not needed
  - 16

- Related documents:
  - Crimes Decree 2009 (page 1104)

- Spousal consent
  - **Not specified**

- Related documents:
  - Crimes Decree 2009

- Ultrasound images or listen to foetal heartbeat required
  - **Not specified**

- Related documents:
  - Crimes Decree 2009

- WHO Guidance

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

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

- Source document: WHO Safe Abortion Guidance (page 105)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory counselling</td>
<td>Not specified</td>
<td>Crimes Decree 2009</td>
</tr>
<tr>
<td>Compulsory waiting period</td>
<td>Not specified</td>
<td>Crimes Decree 2009</td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td>Not specified</td>
<td>Crimes Decree 2009</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>Not specified</td>
<td>Crimes Decree 2009</td>
</tr>
</tbody>
</table>

**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.

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.

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

<table>
<thead>
<tr>
<th>National guidelines for induced abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data found</td>
</tr>
</tbody>
</table>

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

WHO Guidance

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

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

Source document: WHO Safe Abortion Guidance (page 75)
### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Country recognized approval (mifepristone / mifepristone-misoprostol)</th>
<th>Country recognized approval (misoprostol)</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>No data found</td>
<td>No data found</td>
<td>[Fiji Essential Medicines List 2013 (page 1)]</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>No data found</td>
<td>No data found</td>
<td>[Fiji Essential Medicines List 2013 (page 20)]</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No data found</td>
<td>No data found</td>
<td></td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>No data found</td>
<td>No data found</td>
<td></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.

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

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3 - Recommendation.

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

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

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

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2 - Recommendation.

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

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

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

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)]

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

**Source document:** [WHO Safe Abortion Guidance (page 13)]
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

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

Source document: WHO Safe Abortion Guidance (page 18)

Additional notes
Misoprostol is classified as Level 1 and restricted to divisional hospitals only.
**Where can post-abortion care services be provided**

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

**Contraception included in post-abortion care**

<table>
<thead>
<tr>
<th>Contraception included in post-abortion care</th>
<th>Data Availability</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.

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.

**Insurance to offset end user costs**

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

**WHO Guidance**

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 § 2.6.
### Who can provide abortion services

<table>
<thead>
<tr>
<th>Role</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Crimes Decree 2009 (page 1104)</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>Crimes Decree 2009</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Crimes Decree 2009</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Crimes Decree 2009</td>
</tr>
</tbody>
</table>

The Crimes Decree defines medical practitioner as any person lawfully registered under a law of Fiji to practise as a medical practitioner.

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>Crimes Decree 2009, Reproductive Health Policy, Fiji Family Planning and Reproductive Health Commodities Needs Assessment</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Crimes Decree 2009, Reproductive Health Policy, Fiji Family Planning and Reproductive Health Commodities Needs Assessment</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Crimes Decree 2009, Reproductive Health Policy, Fiji Family Planning and Reproductive Health Commodities Needs Assessment</td>
</tr>
</tbody>
</table>

---

**WHO Guidance**

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.

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.
### Conscientious Objection

<table>
<thead>
<tr>
<th>Public sector providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

**Related documents:**
- Crimes Decree 2009
- Reproductive Health Policy
- Fiji Family Planning and Reproductive Health Commodities Needs Assessment

**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.

**Private sector providers**

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

**Related documents:**
- Crimes Decree 2009
- Reproductive Health Policy
- Fiji Family Planning and Reproductive Health Commodities Needs Assessment

**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.

<table>
<thead>
<tr>
<th>Provider type not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
</tbody>
</table>

**Related documents:**
- Crimes Decree 2009
- Reproductive Health Policy
- Fiji Family Planning and Reproductive Health Commodities Needs Assessment

**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.

<table>
<thead>
<tr>
<th>Neither Type of</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not specified</strong></td>
</tr>
</tbody>
</table>

**Related documents:**
- Crimes Decree 2009
- Reproductive Health Policy
- Fiji Family Planning and Reproductive Health Commodities Needs Assessment

**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.
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:**
- Crimes Decree 2009
- Reproductive Health Policy
- Fiji Family Planning and Reproductive Health Commodities Needs Assessment

---

**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)

---

**Public facilities**

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:**
- Crimes Decree 2009
- Reproductive Health Policy
- Fiji Family Planning and Reproductive Health Commodities Needs Assessment

---

**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**

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:**
- Crimes Decree 2009
- Reproductive Health Policy
- Fiji Family Planning and Reproductive Health Commodities Needs Assessment

---

**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**

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:**
- Crimes Decree 2009
- Reproductive Health Policy
- Fiji Family Planning and Reproductive Health Commodities Needs Assessment

---

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
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  
34 (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  
43.9 (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
### Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

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

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

| 5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex | No data |
| 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age | No data |
| 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence | No data |
| 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 | No data |
| 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age | No data |
| 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care | No data |
| 5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education | No data |
| 5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure | No data |
| 5.b.1 Proportion of individuals who own a mobile telephone, by sex | No data |

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

| 8.5.2 Unemployment rate, by sex, age and persons with disabilities | No data |

### Goal 10. Reduce inequality within and among countries

| 10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities | No data |
| 10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law | No data |

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

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months  
No data

16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation  
No data

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18  
No data

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms  
No data

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months  
No data

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)  
No data

16.6.2 Proportion of the population satisfied with their last experience of public services  
No data

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions  
No data

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age  
No data

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months  
No data

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law  
No data

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

17.8.1 Proportion of individuals using the Internet  
No data

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning  
No data

Percentage of births attended by trained health professional  
99.9 (2015)

Percentage of women aged 20-24 who gave birth before age 18  
No data

Total fertility rate  
2.774 (2018)
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
<td></td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.35 (2017)</td>
<td></td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>79 (2017)</td>
<td></td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>27.9 (2020)</td>
<td></td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>56.248 (2018)</td>
<td></td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.99 (2013)</td>
<td></td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.108 (2012)</td>
<td></td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>29.6 (2005)</td>
<td></td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>16 (2017)</td>
<td></td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 (2018)</td>
<td></td>
</tr>
</tbody>
</table>