

Country Profile: Mozambique

Last Updated: 17 May 2022

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, 2019](#)

From Ministerial Order / Decree:

- [Ministerial Decree on abortion, 2017](#)

From Health Regulation / Clinical Guidelines:

- [Clinical guidelines on abortion and post abortion care, 2017](#)

From EML / Registered List:

- [Essential Medicines List, 2017](#)



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

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Concluding Observations:

- [CEDAW](#)
- [CRC](#)
- [CRC](#)
- [CRC](#)
- [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

✓ Gestational limit: 12

Legal Ground and Gestational Limit

Economic or social reasons

No

Related documents:

- [Penal Code, 2019 \(page 21\)](#)









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 \(page 103\)](#)







<p>Foetal impairment</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Ministerial Decree on abortion, 2017 (page 1) <p>Gestational limit</p> <p>Weeks: 24</p> <p>In case the foetus is not viable, abortion may take place at any point in gestation.</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Ministerial Decree on abortion, 2017 (page 1111) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Rape</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Ministerial Decree on abortion, 2017 (page 1) <p>Gestational limit</p> <p>Weeks: 16</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Incest</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Ministerial Decree on abortion, 2017 (page 1) <p>Gestational limit</p> <p>Weeks: 16</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Intellectual or cognitive disability of the woman</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21)








<p>Mental health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 (page 1) <p>Gestational limit</p> <p>Weeks: 12</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 (page 1111) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Physical health</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Ministerial Decree on abortion, 2017 (page 1) <p>Gestational limit</p> <p>Weeks: 12</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 (page 1111) • Penal Code, 2019 (page 21) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21)
<p>Health</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>










<p>Life</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Ministerial Decree on abortion, 2017 (page 1) <p>Gestational limit</p> <p> 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.</p> <p>The 2018 Ministerial Decree on abortion defines abortion as the termination of pregnancy until 28 weeks of pregnancy. It also stipulates that the committee of the health unit should examine cases not stipulated in the law on a case-by-case basis to ensure that the pregnant woman's access and sexual and reproductive rights is guaranteed.</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 • Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman's life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Other</p>	<p>If it is recommended in the case of chronic-degenerative diseases.</p> <p>Sexual violence, failure of a modern contraceptive method, the woman is infected with HIV/AIDS, the pregnancy is not wanted by a minor who is biologically, socially or psychologically unprepared.</p> <p>The committee of the health unit should examine cases not stipulated in the law on a case-by-case basis to ensure that the pregnant woman's access and sexual and reproductive rights is guaranteed.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 (page 1) • Penal Code, 2019 (page 21) <p> Additional notes</p> <p>The gestational limit in case of sexual violence, failure of a modern contraceptive method, when the woman is infected with HIV/AIDS and when the pregnancy is not wanted by a minor who is biologically, socially or psychologically unprepared is 12 weeks. The committee of the health unit should examine cases not stipulated in the law on a case-by-case basis to ensure that the pregnant woman's access and sexual and reproductive rights is guaranteed.</p>


Additional Requirements to Access Safe Abortion

<p>Authorization of health professional(s)</p>	<p>The Penal Code states that two health professionals different from the one by whom or under whose direction the abortion will be undertaken must verify the circumstances that make the abortion not punishable in a medical certificate, written and signed before the intervention. By contrast, the 2018 Ministerial Decree on abortion states that the circumstances must be certified by a doctor or health professional qualified for this purpose.</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21 06-Mozambique-Ministerial-Decree-on-abortion-2017.pdf)
<p>Authorization in specially licensed facilities only</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 • Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>



<p>Judicial authorization for minors</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 • Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Judicial authorization in cases of rape</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
<p>Police report required in case of rape</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 104)</p>
<p>Parental consent required for minors</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Ministerial Decree on abortion, 2017 (page 1) <p>Can another adult consent in place of a parent?</p> <p>Yes</p> <p>According to the Penal Code, consent by a legal representative is not needed in case of an emergency but in such cases, whenever possible, the physician should seek the advice of one or more additional physicians. The 2018 Ministerial Decree on abortion stipulates that consent may be provided alternatively by the legal representative, or another person who is recognized as having legal custody of the pregnant woman, when the natural or legal guardian cannot be found or refuses to give his consent or even by another adult person without legal responsibility but acting as a confidant.</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Ministerial Decree on abortion, 2017 (page 1111) <p>Age where consent not needed</p> <p>16</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p> <p> Additional notes</p> <p>According to the Penal Code, consent by a legal representative is not needed in case of an emergency but in such cases, whenever possible, the physician should seek the advice of one or more additional physicians. The 2018 Ministerial Decree on abortion stipulates that consent may be provided alternatively by the legal representative, or another person who is recognized as having legal custody of the pregnant woman, when the natural or legal guardian cannot be found or refuses to give his consent or even by another adult person without legal responsibility but acting as a confidant.</p>




<p>Spousal consent</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 • Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 105)</p>
<p>Ultrasound images or listen to foetal heartbeat required</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 • Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 19)</p>
<p>Compulsory counselling</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 46)</p>
<p>Compulsory waiting period</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p> <p> Additional notes</p> <p>Wherever possible the woman should sign the consent form at least three days before the intervention.</p>




<p>Mandatory HIV screening test</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Clinical guidelines on abortion and post abortion care, 2017 Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> <p> Additional notes</p> <p>The Clinical guideline on abortion and post-abortion care refers to HIV and syphilis tests as “complementary tests” but it is not stated that these are compulsory. The guidelines also state that the absence of certain laboratory tests should not be a reason for not offering the safe abortion service.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Clinical guidelines on abortion and post abortion care, 2017 (page 11)
<p>Other mandatory STI screening tests</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Clinical guidelines on abortion and post abortion care, 2017 Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> <p> Additional notes</p> <p>The Clinical guideline on abortion and post-abortion care refers to HIV and syphilis tests as “complementary tests” but it is not stated that these are compulsory. The guidelines also state that the absence of certain laboratory tests should not be a reason for not offering the safe abortion service.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Clinical guidelines on abortion and post abortion care, 2017 (page 11)
<p>Prohibition of sex-selective abortion</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Ministerial Decree on abortion, 2017 Clinical guidelines on abortion and post abortion care, 2017 Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p>
<p>Restrictions on information provided to the public</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>

<p>Restrictions on methods to detect sex of the foetus</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>A woman is entitled to know the status of her pregnancy and to act on this information. 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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Other</p>	

Clinical and Service-delivery Aspects of Abortion Care

<p>National guidelines for induced abortion</p>	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>
<p>Methods allowed</p>	<p>Vacuum aspiration</p> <p>Yes (14 WEEKS)</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Dilatation and evacuation</p> <p>Yes (28 WEEKS)</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Combination mifepristone-misoprostol</p> <p>Yes (28 WEEKS)</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Misoprostol only</p> <p>Yes (28 WEEKS)</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Other (where provided)</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 123)</p> <p>The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 14)</p>

<p>Country recognized approval (mifepristone / mife-misoprostol)</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Essential Medicines List 2017 (page 1) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 54)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 13)</p>
<p>Country recognized approval (misoprostol)</p>	<p>Yes, for gynaecological indications</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Essential Medicines List 2017 (page 70) <p>Misoprostol allowed to be sold or distributed by pharmacies or drug stores</p> <p>Yes, with prescription only</p> <ul style="list-style-type: none"> • Essential Medicines List 2017 (page 70) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 54)</p>
<p>Where can abortion services be provided</p>	<p>Related documents:</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Primary health-care centres</p> <p>Yes</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Secondary (district-level) health-care facilities</p> <p>Yes</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Specialized abortion care public facilities</p> <p>Not specified</p> <ul style="list-style-type: none"> • Code of Medical Ethics • Clinical guidelines on abortion and post abortion care, 2017 <p>Private health-care centres or clinics</p> <p>Yes</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>NGO health-care centres or clinics</p> <p>Not specified</p> <ul style="list-style-type: none"> • Code of Medical Ethics • Clinical guidelines on abortion and post abortion care, 2017 • Penal Code, 2019 <p>Other (if applicable)</p> <p>Official health establishment</p> <ul style="list-style-type: none"> • Penal Code, 2019 (page 21) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 18)</p>

<p>National guidelines for post-abortion care</p>	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>
<p>Where can post abortion care services be provided</p>	<p>Primary health-care centres</p> <p>Yes</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Secondary (district-level) health-care facilities</p> <p>Yes</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>Specialized abortion care public facilities</p> <p>Not specified</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 <p>Private health-care centres or clinics</p> <p>Yes</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p>NGO health-care centres or clinics</p> <p>Not specified</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 57)</p>
<p>Contraception included in post-abortion care</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 62)</p>

Insurance to offset end user costs

Yes

Related documents:

- [Ministerial Decree on abortion, 2017 \(page 1112\)](#)

Induced abortion for all women

Yes

- [Ministerial Decree on abortion, 2017 \(page 1111\)](#)

Induced abortion for poor women only

No

- [Ministerial Decree on abortion, 2017 \(page 1111\)](#)

Abortion complications

Yes

- [Ministerial Decree on abortion, 2017 \(page 1111\)](#)

Private health coverage

Not specified

- [Ministerial Decree on abortion, 2017](#)



WHO Guidance

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

Financing of abortion services should take into account costs to the health system while ensuring that services are affordable and readily available to all women who need them. Safe Abortion Guidelines, Executive Summary, Box 6 - Recommendation. Abortion services should be mandated for coverage under insurance plans; women should never be denied or delayed because of the inability to pay. Safe Abortion Guidelines, § 3.6.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 18\)](#)

Who can provide abortion services

Related documents:

- [Penal Code, 2019 \(page 21 \)](#)

Nurse

Not specified

- [Code of Medical Ethics](#)
- [Clinical guidelines on abortion and post abortion care, 2017](#)
- [Penal Code, 2019](#)

Midwife/nurse-midwife

Not specified

- [Code of Medical Ethics](#)
- [Clinical guidelines on abortion and post abortion care, 2017](#)
- [Penal Code, 2019](#)

Doctor (specialty not specified)

Yes

- [Penal Code, 2019 \(page 21 \)](#)

Specialist doctor, including OB/GYN

Not specified

- [Code of Medical Ethics](#)
- [Clinical guidelines on abortion and post abortion care, 2017](#)
- [Penal Code, 2019](#)

Other (if applicable)

Health professional, acting under direction of doctor Surgery technician, ESM licensee, Maternal and Child Nurse, General Medical Technician

- [Penal Code, 2019 \(page 21 \)](#)
- [Clinical guidelines on abortion and post abortion care, 2017 \(page 11\)](#)




WHO Guidance



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

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 \(page 33\)](#)

<p>Extra facility/provider requirements for delivery of abortion services</p>	<p>Referral linkages to a higher-level facility</p> <p>Not specified</p> <ul style="list-style-type: none"> • Code of Medical Ethics • Ministerial Decree on abortion, 2017 • Clinical guidelines on abortion and post abortion care, 2017 • Penal Code, 2019 <p>Availability of a specialist doctor, including OB/GYN</p> <p>Not specified</p> <ul style="list-style-type: none"> • Code of Medical Ethics • Ministerial Decree on abortion, 2017 • Clinical guidelines on abortion and post abortion care, 2017 • Penal Code, 2019 <p>Minimum number of beds</p> <p>Not specified</p> <ul style="list-style-type: none"> • Code of Medical Ethics • Ministerial Decree on abortion, 2017 • Clinical guidelines on abortion and post abortion care, 2017 • Penal Code, 2019 <p>Other (if applicable)</p> <p>Necessary basic equipment, instruments and consumables</p> <ul style="list-style-type: none"> • Clinical guidelines on abortion and post abortion care, 2017 (page 11) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>
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Conscientious Objection

<p>Public sector providers</p>	<p>Related documents:</p> <ul style="list-style-type: none"> • Code of Medical Ethics (page 9) • Ministerial Decree on abortion, 2017 (page 1111) <p>Individual health-care providers who have objected are required to refer the woman to another provider</p> <p>Yes</p> <ul style="list-style-type: none"> • Ministerial Decree on abortion, 2017 (page 1112) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p> <p> Additional notes</p> <p>The right to conscientious objection may be exercised by any physician or health professional qualified to provide pregnancy termination services. There is no right to conscientious objection in cases where abortion is necessary to prevent the risk of death of the pregnant woman, to save the woman's life or prevent serious risks or damage to her health. It is the responsibility of the direction of the Sanitary Unit to indicate another doctor or health professional of Health to carry out the interruption of the pregnancy. If no other doctor or health professional is available, the patient must be transferred to another health unit, following the existing referral procedures. If the conscientious objector is a person responsible for authorizing the medical act of voluntary termination of pregnancy, he or she must be permanently replaced by another doctor or health professional qualified and designated as a substitute for this purpose.</p>
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Private sector providers

Related documents:

- [Code of Medical Ethics \(page 9 \)](#)
- [Ministerial Decree on abortion, 2017 \(page 1111\)](#)

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

Yes

- [Ministerial Decree on abortion, 2017 \(page 1112\)](#)



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

The right to conscientious objection may be exercised by any physician or health professional qualified to provide pregnancy termination services. There is no right to conscientious objection in cases where abortion is necessary to prevent the risk of death of the pregnant woman, to save the woman's life or prevent serious risks or damage to her health. It is the responsibility of the direction of the Sanitary Unit to indicate another doctor or health professional of Health to carry out the interruption of the pregnancy. If no other doctor or health professional is available, the patient must be transferred to another health unit, following the existing referral procedures. If the conscientious objector is a person responsible for authorizing the medical act of voluntary termination of pregnancy, he or she must be permanently replaced by another doctor or health professional qualified and designated as a substitute for this purpose.

Provider type not specified

Yes

Related documents:

- [Code of Medical Ethics \(page 9 \)](#)
- [Ministerial Decree on abortion, 2017 \(page 1111\)](#)

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

Yes

- [Ministerial Decree on abortion, 2017 \(page 1112\)](#)



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

The right to conscientious objection may be exercised by any physician or health professional qualified to provide pregnancy termination services. There is no right to conscientious objection in cases where abortion is necessary to prevent the risk of death of the pregnant woman, to save the woman's life or prevent serious risks or damage to her health. It is the responsibility of the direction of the Sanitary Unit to indicate another doctor or health professional of Health to carry out the interruption of the pregnancy. If no other doctor or health professional is available, the patient must be transferred to another health unit, following the existing referral procedures. If the conscientious objector is a person responsible for authorizing the medical act of voluntary termination of pregnancy, he or she must be permanently replaced by another doctor or health professional qualified and designated as a substitute for this purpose.

Neither Type of Provider Permitted

Related documents:

- [Code of Medical Ethics \(page 9 \)](#)
- [Ministerial Decree on abortion, 2017 \(page 1111\)](#)

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

Yes

- [Ministerial Decree on abortion, 2017 \(page 1112\)](#)



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

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<p>Public facilities</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Code of Medical Ethics Ministerial Decree on abortion, 2017 Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Private facilities</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Code of Medical Ethics Ministerial Decree on abortion, 2017 Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Facility type not specified</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Code of Medical Ethics Ministerial Decree on abortion, 2017 Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Neither Type of Facility Permitted</p>	<p> 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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> Code of Medical Ethics Ministerial Decree on abortion, 2017 Penal Code, 2019 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>

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

3.1.1 Maternal mortality ratio	289 (2017)
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3.1.2 Proportion of births attended by skilled health personnel	No data
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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
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3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	135.2 (2015-2020)
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3.8.2 Number of people covered by health insurance or a public health system per 1,000 population	No data
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3.c.1 Health worker density and distribution	No data
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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
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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
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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
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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
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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
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5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	No data
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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
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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
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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
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5.b.1 Proportion of individuals who own a mobile telephone, by sex	No data
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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
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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
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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
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Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning	23.1 (2015)
Percentage of births attended by trained health professional	54.3 (2011)
Percentage of women aged 20-24 who gave birth before age 18	40 (2009-2013)
Total fertility rate	4.852 (2018)
Legal marital age for women, with parental consent	16 (2009-2017)
Legal marital age for women, without parental consent	18 (2009-2017)
Gender Inequalities Index (Value)	0.55 (2017)
Gender Inequalities Index (Rank)	138 (2017)

Mandatory paid maternity leave	No (2020)
Median age	17.6 (2020)
Population, urban (%)	35.988 (2018)
Percentage of secondary school completion rate for girls	0.25 (2013)
Gender parity in secondary education	0.919 (2015)
Percentage of women in non-agricultural employment	11.4 (1990)
Proportion of seats in parliament held by women	39.6 (2017)
Sex ratio at birth (male to female births)	1.02 (2018)