Country Profile: Namibia

Region: Southern Africa

Last Updated: 7 May 2017

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

Related Documents

From Health Regulation / Clinical Guidelines:
- Namibia Standard Treatment Guidelines 2011 - First ed

From EML / Registered List:
- Namibia Essential Medicines List

From Abortion Specific Law:
- Abortion and Sterilisation Act 2 of 1975

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

Concluding Observations:
- CEDAW
- CEDAW
- CRC

Persons who can be sanctioned:
- A woman or girl can be sanctioned
- Providers can be sanctioned
- A person who assists can be sanctioned

Abortion at the woman’s request

No

Legal Ground and Gestational Limit

| Economic or social | No |
### Foetal impairment

**Yes**

**Related documents:**
- Abortion and Sterilisation Act of 1975 (page 3)

#### 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)

#### 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:**
- Abortion and Sterilisation Act of 1975

### Rape

**Yes**

**Related documents:**
- Abortion and Sterilisation Act of 1975 (page 3)

#### 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)

### Incest

**Yes**

**Related documents:**
- Abortion and Sterilisation Act of 1975 (page 3)

#### 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)
Intellectual or cognitive disability of the woman

- Abortion and Sterilisation Act of 1975 (page 3)

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:

- Abortion and Sterilisation Act of 1975

WHO Guidance

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

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)

Mental health

- Abortion and Sterilisation Act of 1975 (page 3)

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:

- Abortion and Sterilisation Act of 1975

WHO Guidance

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

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

Source document: WHO Safe Abortion Guidance (page 102)
Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

Source document: WHO Safe Abortion Guidance (page 103)

### Physical health

**Yes**

**Related documents:**
- Abortion and Sterilisation Act of 1975 (page 3)

#### 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:**
- Abortion and Sterilisation Act of 1975

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**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)

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**Additional notes**

No serious threat to her physical health

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### Health

**No**

**Related documents:**
- Abortion and Sterilisation Act of 1975 (page 3)

---

**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)

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### Life

**Yes**

**Related documents:**
- Abortion and Sterilisation Act of 1975 (page 3)

#### 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:**
- Abortion and Sterilisation Act of 1975

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**WHO Guidance**

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

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.
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Abortion and Sterilisation Act of 1975 (page 3)</td>
<td></td>
</tr>
</tbody>
</table>

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

- 2
- Doctor (Specialty Not Specified)
- 1 (3.1)

A medical practitioner who has issued a certificate shall in no way participate in or assist with the abortion in question, and such a certificate, or such certificates issued for the same purpose, shall not be valid if issued by members of the same partnership or by persons in the employ of the same employer.

- Abortion and Sterilisation Act of 1975 (page 3)

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<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
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<tr>
<td><strong>Related documents:</strong></td>
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<td>- Abortion and Sterilisation Act of 1975 (page 4)</td>
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<table>
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<tr>
<th>Judicial authorization for minors</th>
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<tr>
<td><strong>Related documents:</strong></td>
<td></td>
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<tr>
<td>- Abortion and Sterilisation Act of 1975</td>
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</tr>
</tbody>
</table>

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**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.

- Abortion and Sterilisation Act of 1975 (page 3)

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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.

- Abortion and Sterilisation Act of 1975 (page 4)

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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.

- Abortion and Sterilisation Act of 1975 (page 3)
Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman’s partner or spouse. Safe Abortion Guidelines, § 4.2.2

Source document: WHO Safe Abortion Guidance (page 104)
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:
- Abortion and Sterilisation Act of 1975

WHO Guidance

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

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

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:
- Abortion and Sterilisation Act of 1975

WHO Guidance

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

Many women have made a decision to have an abortion before seeking care, and this decision should be respected without subjecting a woman to mandatory counselling. Provision of counselling to women who desire it should be voluntary, confidential, non-directive and by a trained person. Safe Abortion Guidelines, § 2.1.8.1.

Source document: WHO Safe Abortion Guidance (page 19)

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:
- Abortion and Sterilisation Act of 1975

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 46)

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:
- Abortion and Sterilisation Act of 1975

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 107)

Other mandatory STI screening tests

Not specified
When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- Abortion and Sterilisation Act of 1975

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**WHO Guidance**

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

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

*Source document:* [WHO Safe Abortion Guidance](#) (page 88)

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**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.

**Related documents:**
- Abortion and Sterilisation Act of 1975

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**WHO Guidance**

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

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)

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**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 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.

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

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**Restrictions on methods to detect sex of the foetus**

No data found

**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. 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)

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**Other**

No data found

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**Clinical and Service-delivery Aspects of Abortion Care**

**National guidelines for induced abortion**

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,
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.

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.

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

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.

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

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.

Additional notes

Misoprostol is not listed in the Essential Medicines List 2008. However, the 2011 Standard Treatment Guidelines refer to Misoprostol in regard
Where can abortion services be provided

Related documents:
- Abortion and Sterilisation Act of 1975 (page 4)

Primary health-care centres
Not specified
- Abortion and Sterilisation Act of 1975

Secondary (district-level) health-care facilities
Not specified
- Abortion and Sterilisation Act of 1975

Specialized abortion care public facilities
Not specified
- Abortion and Sterilisation Act of 1975

Private health-care centres or clinics
Not specified
- Abortion and Sterilisation Act of 1975

NGO health-care centres or clinics
Not specified
- Abortion and Sterilisation Act of 1975

Other (if applicable)
An abortion may be procured only at a State-controlled institution or an institution designated in writing for the purpose by the Minister.
- Abortion and Sterilisation Act of 1975 (page 4)

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>Topic</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td><strong>Contraception included in post-abortion care</strong></td>
<td>Included in post-abortion care. Namibia Standard Treatment Guidelines 2011 - First ed</td>
</tr>
<tr>
<td><strong>Insurance to offset end user costs</strong></td>
<td>No data found</td>
</tr>
<tr>
<td><strong>Who can provide abortion services</strong></td>
<td>Nurse, Midwife/nurse-midwife, Doctor (specialty not specified)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

- **Contraception included in post-abortion care**
  - 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: Namibia Standard Treatment Guidelines 2011 - First ed

- **Insurance to offset end user costs**
  - Source document: WHO Safe Abortion Guidance (page 57)

- **Who can provide abortion services**
  - Source document: WHO Safe Abortion Guidance (page 62)
  - Related documents: Abortion and Sterilisation Act of 1975 (page 3)
Conscientious Objection

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)

Extra facility/provider requirements for delivery of abortion services

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Source</th>
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<tbody>
<tr>
<td>Referral linkages to a higher-level facility</td>
<td>Abortion and Sterilisation Act of 1975 (page 3)</td>
</tr>
<tr>
<td>Availability of a specialist doctor, including OB/GYN</td>
<td>Abortion and Sterilisation Act of 1975 (page 3)</td>
</tr>
<tr>
<td>Minimum number of beds</td>
<td>Abortion and Sterilisation Act of 1975 (page 3)</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>Abortion and Sterilisation Act of 1975 (page 3)</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)

Conscientious Objection

Related documents:
- Abortion and Sterilisation Act of 1975 (page 7)

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

Not specified

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

- Abortion and Sterilisation Act of 1975

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

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

- **Not specified**
  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- **Abortion and Sterilisation Act of 1975**

**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)

Provider type not specified

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

- **Not specified**
  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- **Abortion and Sterilisation Act of 1975**

**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)

Neither Type of Provider Permitted

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

- **Not specified**
  When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- **Abortion and Sterilisation Act of 1975**

**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

- **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:
- Abortion and Sterilisation Act of 1975

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Private facilities

- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Abortion and Sterilisation Act of 1975

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Facility type not specified

- **Not specified**
  - When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

Related documents:
- Abortion and Sterilisation Act of 1975

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Neither Type of Facility Permitted

- **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:
- Abortion and Sterilisation Act of 1975

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WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

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

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

### Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)  

<table>
<thead>
<tr>
<th>Status</th>
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<tbody>
<tr>
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</table>

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

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<thead>
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<th>Status</th>
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</table>

1.a.2 Proportion of total government spending on essential services (education, health and social protection)

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</table>

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

3.1.1 Maternal mortality ratio

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<th>Value</th>
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<tbody>
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<td>195 (2017)</td>
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</table>

3.1.2 Proportion of births attended by skilled health personnel

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<thead>
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<th>Status</th>
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<tbody>
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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

<table>
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<tr>
<th>Status</th>
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<tbody>
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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

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</tr>
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<tbody>
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<td>73.8 (2015-2020)</td>
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3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

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<th>Value</th>
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3.c.1 Health worker density and distribution

<table>
<thead>
<tr>
<th>Status</th>
<th>Value</th>
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</table>

### 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

<table>
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<th>Value</th>
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</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Status</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Status</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Status</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Data Status</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>5.b.1 Proportion of individuals who own a mobile telephone, by sex</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.5.2 Unemployment rate, by sex, age and persons with disabilities</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.2 Number of victims of human trafficking per 100,000 population, by sex and form of exploitation</td>
<td>No data</td>
</tr>
<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>
</tbody>
</table>
### Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>17.5 (2013)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>88.2 (2013)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>17 (2009-2013)</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>3.396 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>21 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.47 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>115 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>no (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>21.8 (2020)</td>
</tr>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>50.032</td>
<td>2018</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.97</td>
<td>2013</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>1.148</td>
<td>2007</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>46.9700012</td>
<td>2018</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>36.3</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>1.03</td>
<td>2018</td>
</tr>
</tbody>
</table>