Country Profile: Nigeria

Region: Western Africa

Last Updated: 19 November 2018

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:
- Southern Nigeria Criminal Code Act, 1916

From Health Regulation / Clinical Guidelines:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

From EML / Registered List:
- Essential Medicines List, 2010

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

Concluding Observations:
- CEDAW
- CRC
- CEDAW
- SR HEALTH

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

<table>
<thead>
<tr>
<th>Nigeria</th>
<th>Law Varies By Jurisdiction</th>
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<tbody>
<tr>
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<td>No</td>
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## Legal Ground and Gestational Limit

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### Economic or social reasons

**Varies by jurisdiction**
Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

**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)

### Additional notes

In Nigeria, three systems of criminal law are applicable to abortion: the Penal Code (Northern States) Federal Provisions Act (No. 25 of 1960) (applicable in the northern states), the Criminal Code Act, Chapter 77 Laws of the Federation of Nigeria 1990 (applicable in the southern states) and province-level Sharia penal legislation applicable in twelve northern provinces.

### Foetal impairment

**Varies by jurisdiction**
Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

**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)

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### Rape

**Varies by jurisdiction**
Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

**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)

### Additional notes

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Related documents:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 15)
Incest

Varieties by jurisdiction
Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

WHO Guidance
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Related documents:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 15)

Intellectual or cognitive disability of the woman

Varieties by jurisdiction
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Additional notes
In Nigeria, three systems of criminal law are applicable to abortion: the Penal Code (Northern States) Federal Provisions Act (No. 25 of 1960) (applicable in the northern states), the Criminal Code Act, Chapter 77 Laws of the Federation of Nigeria 1990 (applicable in the southern states) and province-level Sharia penal legislation applicable in twelve northern provinces.

Mental health

Varieties by jurisdiction
Where policies or laws vary by jurisdiction, this is noted with an accompanying note and no interpretation is made.

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)

Additional notes
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Physical health

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**WHO Guidance**

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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.

**Additional notes**

Province-level Sharia penal legislation applicable in the twelve northern provinces regulate abortion could not be accessed in official online versions.

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**Additional notes**

The National Guidelines for Safe Termination of Pregnancy for Legal Indications refer to “termination of pregnancy performed when the fetus has a condition that is incompatible with normal life” as “therapeutic abortion”. However, abortion in these circumstances is not noted in the Criminal Code as an exception to the prohibition of abortion. Province-level Sharia penal legislation applicable in the twelve northern provinces regulate abortion could not be accessed in official online versions.

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**Additional notes**

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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.

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

The National Guidelines on Safe Termination of Pregnancy for Legal Indications list “conditions that may constitute a threat to the life of the woman who is pregnant, who could benefit from safe legal termination of pregnancy” including “psychiatric disorders with suicidal ideation” and “severe depression with suicidal tendencies such as may occur in rape and incest”. They state that termination of pregnancy is also legal in case of “any other maternal pathology that puts the life of a pregnant woman at risk as determined by a qualified medical practitioner.

Province-level Sharia penal legislation applicable in the twelve northern provinces regulate abortion could not be accessed in official online versions.

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law.” However, in Section V which deals with practitioners’ duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.” The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

Additional notes

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

Source document: WHO Safe Abortion Guidance (page 103)

Foetal impairment

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)

Additional notes

The National Guidelines for Safe Termination of Pregnancy for Legal Indications refer to “termination of pregnancy performed when the fetus has a condition that is incompatible with normal life” as “therapeutic abortion”. However, abortion in these circumstances is not noted in the Criminal Code as an exception to the prohibition of unlawful abortion.

Related documents:
- Criminal Code Act (page 15)

Rape

Not specified

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Related documents:
- Criminal Code Act

WHO Guidance

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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)

Additional notes

The National Guidelines on Safe Termination of Pregnancy for Legal Indications list “severe depression with suicidal tendencies such as may occur in rape and incest” among the “conditions that may constitute a threat to the life of the woman who is pregnant, who could benefit from safe legal termination of pregnancy.”

Related documents:
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Incest

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Related documents:
- Criminal Code Act

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### Intellectual or cognitive disability of the woman

**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:**
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 15)

### Mental health

**Not specified**

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

**Related documents:**
- Criminal Code Act

### Physical health

**Not specified**

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**Related documents:**
- Criminal Code Act

### 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.**

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### Additional notes

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**Not specified**

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**Related documents:**
- Criminal Code Act

### WHO Guidance

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**Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.**

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### Health

**Not specified**

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

**Related documents:**
- Criminal Code Act

### 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**
Additional Requirements to Access Safe Abortion

**Nigeria**

**Authorization of health professional(s)**: Yes

**Related documents:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 16)

**Number and cadre of health-care professional authorizations required**:
- 2 Clinician
Authorization in specially licensed facilities only

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:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

WHO Guidance

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

Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

Source document: WHO Safe Abortion Guidance (page 106)

Judicial authorization for minors

Not specified

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

Related documents:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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.

Source document: WHO Safe Abortion Guidance (page 105)

Additional notes

The number of doctors within the group providing authorization is Not Specified. The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

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### Judicial authorization in cases of rape

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#### WHO Guidance

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

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

### Police report required in case of rape

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### Parental consent required for minors

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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 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.

### Spousal consent

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<thead>
<tr>
<th>Source document: WHO Safe Abortion Guidance (page 105)</th>
</tr>
</thead>
</table>

#### WHO Guidance

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

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by 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.

### Ultrasound images or listen to foetal heartbeat required

<table>
<thead>
<tr>
<th>Source document: WHO Safe Abortion Guidance (page 105)</th>
</tr>
</thead>
</table>

#### WHO Guidance

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

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:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
<table>
<thead>
<tr>
<th>Regulation Type</th>
<th>Status</th>
<th>Related Documents</th>
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<tbody>
<tr>
<td>Compulsory counseling</td>
<td>No</td>
<td>National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 17)</td>
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<td>Compulsory waiting period</td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
<tr>
<td></td>
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<td>National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018</td>
</tr>
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<td>Mandatory HIV screening test</td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
<tr>
<td></td>
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<td>National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>Not specified</td>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018</td>
</tr>
</tbody>
</table>
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:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**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)

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)

**Additional notes**


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)

**Other**

Northern Nigeria (Nigeria)

**Authorization of health professional(s)**

Yes

**Related documents:**
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 16)

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

2

Clinician

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of
The condition and month of pregnancy as provided for by law. However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.” The Code of Ethics is accessible at: [http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf](http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf).

### WHO Guidance

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

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

**Source document:** [WHO Safe Abortion Guidance](http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf) (page 105)

### Additional notes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law. However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.” The Code of Ethics is accessible at: [http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf](http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf).

### Authorization in specially licensed facilities only

**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:**

### Judicial authorization for minors

**Not specified**

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

**Related documents:**

### Judicial authorization in cases of rape

**Not applicable**

**Source document:** [WHO Safe Abortion Guidance](http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf) (page 105)
Police report required in case of rape

Not applicable

Parental consent required for minors

Not specified

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

Related documents:
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Spousal consent

Not specified

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

Related documents:
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Ultrasound images or listen to foetal heartbeat required

Not specified

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

Related documents:
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
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.

**Related documents:**
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**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.

**Related documents:**
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**Compulsory counselling**

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<thead>
<tr>
<th>Description</th>
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**Compulsory waiting period**

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**Mandatory HIV screening test**

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**Other mandatory STI screening tests**

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**Source document:** WHO Safe Abortion Guidance (page 19)

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.

**Source document:** WHO Safe Abortion Guidance (page 46)

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

**Source document:** WHO Safe Abortion Guidance (page 88)
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<td>WHO Guidance</td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
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<tr>
<td>Restrictions on methods to detect sex of the foetus</td>
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<td>Related documents:</td>
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<tr>
<td>- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 16 )</td>
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<tr>
<td>Number and cadre of health-care professional authorizations required</td>
<td>2 Clinician. The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): &quot;Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law.&quot; However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: &quot;A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.&quot;</td>
</tr>
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</table>


Authorization in specially licensed facilities only

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.

Source document: WHO Safe Abortion Guidance (page 105)

Additional notes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): “Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law.” However, in Section V which deals with practitioners’ duties towards patients, the Code states in Article 141: “A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent.”


Authorization in cases of rape

WHO Guidance

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

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a “chilling effect” (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or
Police report required in case of rape

**WHO Guidance**

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

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

**Related documents:**

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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Parental consent required for minors

**WHO Guidance**

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

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

**Related documents:**

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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Spousal consent

**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 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.

**Related documents:**

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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Ultrasound images or listen to foetal heartbeat required

**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.

**Related documents:**

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
<table>
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<th>Requirement</th>
<th>Relevant Documents</th>
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<tr>
<td>Compulsory counselling</td>
<td>* Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 15)*</td>
</tr>
<tr>
<td>Compulsory waiting period</td>
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<td>Mandatory HIV screening test</td>
<td>* Not specified*</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
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</tr>
<tr>
<td>Prohibition of sex-selective abortion</td>
<td>* Not specified*</td>
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</tbody>
</table>
Clinical and Service-delivery Aspects of Abortion Care

Nigeria

<table>
<thead>
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<th>National guidelines for induced abortion</th>
<th>Yes, guidelines issued by the government</th>
</tr>
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</table>

Related documents:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 1)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

Vacuum aspiration

Yes (12 WEEKS)
WHO Guidance

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

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1-Recommendation.

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 13)

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

Source document: WHO Safe Abortion Guidance (page 14)

Related documents:
- Essential Medicines List 2010 (page 1)

WHO Guidance

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

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

Source document: WHO Safe Abortion Guidance (page 13)

Related documents:
- Essential Medicines List 2010 (page 50)
WHO Guidance

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

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

Additional notes

Misoprostol is listed for management of incomplete abortion and miscarriage.

Where can abortion services be provided

<table>
<thead>
<tr>
<th>Where can abortion services be provided</th>
<th>Related documents:</th>
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<tbody>
<tr>
<td></td>
<td>National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018</td>
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</table>

Primary health-care centres

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Secondary (district-level) health-care facilities

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Specialized abortion care public facilities

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Private health-care centres or clinics

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

NGO health-care centres or clinics

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Other (if applicable)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 18)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 1)

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)

Where can post abortion care services be provided

Primary health-care centres

Not specified

- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
### Contraception included in post-abortion care

Yes

**Related documents:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 23)

### Insurance to offset end user costs

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:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

### Who can provide abortion services

**Nurse**

**Related documents:**
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 11)
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.

### 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.
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)

### Northern Nigeria (Nigeria)

<table>
<thead>
<tr>
<th>National guidelines for induced abortion</th>
<th>Yes, guidelines issued by the government</th>
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**Related documents:**
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 1)

### Methods allowed

**Vacuum aspiration**

Yes (12 WEEKS)

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 20)

**Dilatation and evacuation**

Yes

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 21)

**Combination mifepristone-misoprostol**

Yes

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 18)

**Misoprostol only**

Yes

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 18)

**Other (where provided)**

---

### 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)

**Vacuum aspiration**

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1-Recommendation.

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 123)

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

Source document: WHO Safe Abortion Guidance (page 13)

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

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

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

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

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

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

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

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</thead>
<tbody>
<tr>
<td></td>
<td>- Nigeria Essential Medicines List 2010 (page 50)</td>
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</table>

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

- **Not specified**

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

  - Nigeria Essential Medicines List 2010

**WHO Guidance**

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

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

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

**Additional notes**

Misoprostol is listed for management of incomplete abortion and miscarriage.

<table>
<thead>
<tr>
<th>Where abortion services can be provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018</td>
</tr>
</tbody>
</table>

**Primary health-care centres**

- Not specified

  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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

- Not specified

  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**Specialized abortion care public facilities**

- Not specified

  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**Private health-care centres or clinics**

- Not specified

  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**NGO health-care centres or clinics**

- Not specified

  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

**Other (if applicable)**
National guidelines for post-abortion care

Where can post-abortion care services be provided

- Primary health-care centres
  - Not specified
  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
- Secondary (district-level) health-care facilities
  - Not specified
  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
- Specialized abortion care public facilities
  - Not specified
  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
- Private health-care centres or clinics
  - Not specified
  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
- NGO health-care centres or clinics
  - Not specified
  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018
- Other (if applicable)

Contraception included in post-abortion care

- Yes

Related documents:
  - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 23)
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

Related documents:
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

WHO Guidance

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

Related documents:
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Who can provide abortion services

- Nurse
  - Not specified
    - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

- Midwife/nurse-midwife
  - Not specified
    - Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

- Doctor (specialty not specified)
  - Yes

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 11)

Specialist doctor, including OB/GYN

- Not specified

The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (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)

Extra facility/provider requirements for delivery of abortion services

Referral linkages to a higher-level facility
Not specified
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Availability of a specialist doctor, including OB/GYN
Not specified
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Minimum number of beds
Not specified
- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Other (if applicable)

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)

Southern Nigeria (Nigeria)

National guidelines for induced abortion
Yes, guidelines issued by the government

Related documents:
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 1)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 75)

Methods allowed

Vacuum aspiration
Yes (12 WEEKS)
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 20)

Dilatation and evacuation
Yes
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 21)

Combination mifepristone-misoprostol
Yes
WHO Guidance

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

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1-Recommendation.

- Source document: WHO Safe Abortion Guidance (page 123)

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

- Source document: WHO Safe Abortion Guidance (page 123)

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

- Source document: WHO Safe Abortion Guidance (page 13)

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

- Source document: WHO Safe Abortion Guidance (page 14)

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

- Source document: WHO Safe Abortion Guidance (page 13)

Misoprostol is listed for management of incomplete abortion and miscarriage.

- Source document: WHO Safe Abortion Guidance (page 54)

Additional notes

Misoprostol is listed for management of incomplete abortion and miscarriage.
Where can abortion services be provided

Related documents:
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Primary health-care centres
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Secondary (district-level) health-care facilities
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Specialized abortion care public facilities
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Private health-care centres or clinics
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Other (if applicable)

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 18)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 1)

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)

Where can post abortion care services be provided

Primary health-care centres
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Secondary (district-level) health-care facilities
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Specialized abortion care public facilities
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Private health-care centres or clinics
Contraception included in post-abortion care
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Insurance to offset end user costs
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Other (if applicable)

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

The facilities and skills required to manage most abortion complications are similar to those needed to care for women who have had a spontaneous abortion (miscarriage). Safe Abortion Guidelines § 2.2.6.

Source document: WHO Safe Abortion Guidance (page 57)

Contraception included in post-abortion care
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.

Source document: WHO Safe Abortion Guidance (page 62)

Who can provide abortion services
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Nurse
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Midwife/nurse-midwife
Not specified
- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

Doctor (specialty not specified)

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

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#### WHO Guidance

- 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.
- 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.
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- The Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018 (page 11)

**Specialist doctor, including OB/GYN**

- Not specified
- The CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." However, in Section V which deals with practitioners' duties towards patients, the Code states in Article 141: "A therapeutic abortion may be performed if the intervention is the only means to save the life of the mother. When the safety of the mother that is seriously threatened requires a termination of pregnancy or the utilization of a therapeutic intervention that is capable of interrupting the pregnancy, the practitioner must consult at least two other doctors chosen for their competence, who, after review of the case, should jointly make a decision. A copy of the report of the consultation should be given to the patient and a copy kept by each of the two consultants. Also a memorandum of the decision that does not mention the name of the patient must be sent by registered mail to the Council. If there is a therapeutic indication for the termination of pregnancy, the practitioner must yield to any refusal by the patient who is duly informed. This rule does not apply in the case of emergency and when the patient is incapable of giving consent." The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

**Other (if applicable)**

- Southern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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**Source document:** Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)
Conscientious Objection

**Nigeria**

### Public sector providers

- **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:**
  - National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

### 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 CEDEAO/ECOWAS Harmonised Code of Ethics and Practice (2013) (which has no indication of being an official government document) states in Article 21 in Section I (general duties of practitioners): "Voluntary interruption of pregnancy cannot be practiced unless otherwise provided for by law. However, the practitioner is always free to refuse to perform such an act, but he should inform the person concerned of the condition and month of pregnancy as provided for by law." In addition, Article 141 in Section V (practitioners’ duties towards patients) states: "If the practitioner considers that his conviction does not allow him to advise or perform an abortion, he may withdraw while ensuring the continuity of care by a qualified colleague." The Code of Ethics is accessible at: http://www.medecins.ci/documents/Code-Harmonise-CEDEAO.pdf.

### Private sector providers

- **Not specified**

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  **Related documents:**
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### Provider type not specified

- **Not specified**

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  **Related documents:**
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Source document: WHO Safe Abortion Guidance (page 106)

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Neither Type of Provider 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:
- National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018

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)

Additional notes

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Public facilities

Not specified

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Private facilities

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**Additional notes**

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<table>
<thead>
<tr>
<th>Provider type not specified</th>
<th>Not specified</th>
</tr>
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<tbody>
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**Related documents:**
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**WHO Guidance**

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Source document: WHO Safe Abortion Guidance (page 106)

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### Public facilities

- **Not specified**
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  Related documents:
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### Private facilities

- **Not specified**
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  Related documents:
  - [Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018](#)

### 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:
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<thead>
<tr>
<th>Facility Type</th>
<th>Notes</th>
<th>Related documents</th>
<th>WHO Guidance</th>
<th>Additional notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither Type of Facility Permitted</td>
<td>Not specified</td>
<td>- Northern Nigeria National Guidelines on Safe Termination of Pregnancy for Legal Indications 2018</td>
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<td></td>
</tr>
<tr>
<td>Private sector providers</td>
<td>Not specified</td>
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<td>Not specified</td>
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Indicators
Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere
1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)  
No data

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

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

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

3.1.1 Maternal mortality ratio  
917 (2017)

3.1.2 Proportion of births attended by skilled health personnel  
No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods  
No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group  
107.3 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population  
No data

3.c.1 Health worker density and distribution  
No data

**Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

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

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

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex  
No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age  
No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence  
No data

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18  
No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age  
No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care  
No data
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Status</th>
</tr>
</thead>
<tbody>
<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>
<tr>
<td>Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</td>
<td></td>
</tr>
<tr>
<td>8.5.2 Unemployment rate, by sex, age and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td>Goal 10. Reduce inequality within and among countries</td>
<td></td>
</tr>
<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>
<tr>
<td>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</td>
<td></td>
</tr>
<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, age 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>
<tr>
<td>16.6.2 Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions</td>
<td>No data</td>
</tr>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
</tbody>
</table>
16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

No data

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

No data

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

17.8.1 Proportion of individuals using the Internet

No data

**Additional Reproductive Health Indicators**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>18.9</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>43.4</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>29</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>5.387</td>
<td>2018</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>18</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>21</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>no</td>
<td>2020</td>
</tr>
<tr>
<td>Median age</td>
<td>18.1</td>
<td>2020</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>50.344</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.910</td>
<td>2013</td>
</tr>
<tr>
<td>Category</td>
<td>Value</td>
<td>Year</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>21.1</td>
<td>2005</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>5.8</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06</td>
<td>2018</td>
</tr>
</tbody>
</table>