Country Profile: Seychelles

Region: Eastern Africa

Identified policies and legal sources related to abortion:

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

Related Documents

From Criminal / Penal Code:
- Penal Code

From EML / Registered List:
- Seychelles List of Basic Essential Medicines Ministry of Health 2010

From Abortion Specific Law:
- Termination of Pregnancy Act

From Other:
- Seychelles Reproductive Health Policy MoH, 2012

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

Download data

Concluding Observations:

- CEDAW
- CRC
- 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

Not Specified
**Legal Ground and Gestational Limit**

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Termination of Pregnancy Act
- Penal Code

**WHO Guidance**

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

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

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

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
</table>

**Related documents:**
- Termination of Pregnancy Act (page 2)

**WHO Guidance**

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

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

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

<table>
<thead>
<tr>
<th>Gestational limit</th>
<th>Weeks: 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>The gestational limit is 12 weeks unless in the opinion of the Director of Health Services there are exceptional grounds for a later termination. Abortion is presently defined as the termination of a pregnancy before the foetus is capable of extra-uterine life. The gestational age of viability is 26 completed weeks or birth weight of 800 grams.</td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Termination of Pregnancy Act (page 2)
- Seychelles Reproductive Health Policy MoH, 2012 (page 13)

**WHO Guidance**

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

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

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

<table>
<thead>
<tr>
<th>Rape</th>
<th>Yes</th>
</tr>
</thead>
</table>

**Related documents:**
- Termination of Pregnancy Act (page 2)

**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 103)
Incest

Related documents:
- Termination of Pregnancy Act (page 2)

Gestational limit

Weeks: 12

The gestational limit is 12 weeks unless in the opinion of the Director of Health Services there are exceptional grounds for a later termination. Abortion is presently defined as the termination of a pregnancy before the foetus is capable of extra-uterine life. The gestational age of viability is 26 completed weeks or birth weight of 800 grams.

- Termination of Pregnancy Act (page 2)
- Seychelles Reproductive Health Policy MoH, 2012 (page 13)

Additional notes

Abortion is permitted in cases where the pregnant woman is unfit to have the care of a child because she is mentally retarded or deficient. The Termination of Pregnancy Act specifies the requirement that the pregnant woman has been interdicted in terms of article 489 to 512 of the Civil Code or section 37 of the Mental Treatment Act and the interdiction has not been lifted.

Related documents:
- Termination of Pregnancy Act (page 2)
- Seychelles Reproductive Health Policy MoH, 2012 (page 13)

Intellectual or
cognitive disability of
the woman

Yes

Related documents:
- Termination of Pregnancy Act (page 2)

Gestational limit

Weeks: 12

The gestational limit is 12 weeks unless in the opinion of the Director of Health Services there are exceptional grounds for a later termination. Abortion is presently defined as the termination of a pregnancy before the foetus is capable of extra-uterine life. The gestational age of viability is 26 completed weeks or birth weight of 800 grams.

- Termination of Pregnancy Act (page 2)
- Seychelles Reproductive Health Policy MoH, 2012 (page 13)

Mental health

Yes

Related documents:
- Termination of Pregnancy Act (page 2)

Gestational limit

Weeks: 12

The gestational limit is 12 weeks unless in the opinion of the Director of Health Services there are exceptional grounds for a later termination. Abortion is presently defined as the termination of a pregnancy before the foetus is capable of extra-uterine life. The gestational age of viability is 26 completed weeks or birth weight of 800 grams.

- Termination of Pregnancy Act (page 2)
- Seychelles Reproductive Health Policy MoH, 2012 (page 13)

WHO Guidance

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- Source document: WHO Safe Abortion Guidance (page 102)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The 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:**
- Termination of Pregnancy Act (page 2)

### Gestational limit

**Weeks:** 12

The gestational limit is 12 weeks unless in the opinion of the Director of Health Services there are exceptional grounds for a later termination. Abortion is presently defined as the termination of a pregnancy before the foetus is capable of extra-uterine life. The gestational age of viability is 26 completed weeks or birth weight of 800 grams.

- Termination of Pregnancy Act (page 2)
- Seychelles Reproductive Health Policy MoH, 2012 (page 13)

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 102)

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

Source document: WHO Safe Abortion Guidance (page 103)

**Health**

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:**
- Termination of Pregnancy Act
- Penal Code

**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)

**Life**

Yes

**Related documents:**
- Termination of Pregnancy Act (page 2)

### Gestational limit

**Weeks:** 12

The gestational limit is 12 weeks unless in the opinion of the Director of Health Services there are exceptional grounds for a later termination. Abortion is presently defined as the termination of a pregnancy before the foetus is capable of extra-uterine life. The gestational age of viability is 26 completed weeks or birth weight of 800 grams.
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Termination of Pregnancy Act (page 2)
Seychelles Reproductive Health Policy MoH, 2012 (page 13)

### WHO Guidance

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.

*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)

### Additional notes

The gestational limit is 12 weeks unless in the opinion of the Director of Health Services there are exceptional grounds for a later termination.

---

**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>- Termination of Pregnancy Act (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

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

3

Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN
The Director of Health Services

- Termination of Pregnancy Act (page 2)

**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 (page 105)

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Termination of Pregnancy Act (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

**Additional notes**

Abortions may be performed only in Victoria Hospital, Mahe.
### Judicial authorization for minors

| Related documents: | Termination of Pregnancy Act |

### Judicial authorization in cases of rape

| Yes |

| Related documents: | Termination of Pregnancy Act (page 2) |

### 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

### Additional notes

In addition to rape, judicial authorisation for an abortion is required in the case of incest and defilement and where the pregnant woman is mentally challenged.

### Police report required in case of rape

| Not specified |

| Related documents: | Termination of Pregnancy Act |

### 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

### Seychelles Reproductive Health Policy MoH, 2012 (page 13)

### Can another adult consent in place of a parent?

| Not specified |

### Seychelles Reproductive Health Policy MoH, 2012

### Age where consent not needed

18
### 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:**
- Termination of Pregnancy Act

### 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:**
- Termination of Pregnancy Act

### 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:**
- Termination of Pregnancy Act

### Compulsory waiting

**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.

**Source document:** WHO Safe Abortion Guidance (page 46)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory HIV screening test</td>
<td><strong>Not specified</strong>&lt;br&gt;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>
<td><strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion. &lt;br&gt;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.</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td><strong>Not specified</strong>&lt;br&gt;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>
<td><strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion. &lt;br&gt;Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</td>
</tr>
<tr>
<td>Prohibition of sex-selective abortion</td>
<td><strong>Not specified</strong>&lt;br&gt;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>
<td><strong>WHO Guidance</strong>&lt;br&gt;The following descriptions and recommendations were extracted from WHO guidance on safe abortion. &lt;br&gt;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.</td>
</tr>
<tr>
<td>Restrictions on information provided to the public</td>
<td><strong>No data found</strong></td>
<td><strong>Source document</strong>: Preventing Gender-Biased Sex Selection (page 17)</td>
</tr>
</tbody>
</table>
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.

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.

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.

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.

### Country recognized approval (mifepristone / mife-misoprostol)

- **No**

**Related documents:**
- List of Basic Essential Medicines Ministry of Health 2010 (page 1)

### Country recognized approval (misoprostol)

- **Yes, for gynaecological indications**

**Related documents:**
- List of Basic Essential Medicines Ministry of Health 2010 (page 14)

#### 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.

**Related documents:**
- List of Basic Essential Medicines Ministry of Health 2010 (page 14)

### Where abortion services can be provided

**Related documents:**
- Termination of Pregnancy Act (page 2)

**Primary health-care centres**

- **No**

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

- **No**

**Specialized abortion care public facilities**

- **No**

**Private health-care centres or clinics**

- **No**

**NGO health-care centres or clinics**

- **No**
<table>
<thead>
<tr>
<th>National guidelines for post-abortion care</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
<td>Source document: WHO Safe Abortion Guidance (page 18)</td>
</tr>
</tbody>
</table>

**Where can post abortion care services be provided**

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

**Contraception included in post-abortin care**

<table>
<thead>
<tr>
<th>WHO Guidance</th>
<th>Source document: WHO Safe Abortion Guidance (page 57)</th>
</tr>
</thead>
</table>

**Insurance to offset end user costs**

|-------------------------------------------|------------------------------------------------------|
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)

<table>
<thead>
<tr>
<th>Who can provide abortion services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
</tr>
<tr>
<td>Nurse</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Other (if applicable)</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral linkages to a higher-level facility</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td><strong>Availability of a specialist doctor, including OB/GYN</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td><strong>Minimum number of beds</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>Other (if applicable)</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)
<table>
<thead>
<tr>
<th>Provider type</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public sector providers</td>
<td>- Termination of Pregnancy Act (page 3 See note)</td>
</tr>
</tbody>
</table>

**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.
  - Termination of Pregnancy Act

**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.

**Additional notes**

The Termination of Pregnancy Act states that the fact that health providers have the right to conscientiously object shall not affect any duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health, of a pregnant woman.

**Related documents:**
- Termination of Pregnancy Act (page 3)

<table>
<thead>
<tr>
<th>Private sector providers</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Termination of Pregnancy Act (page 3 See note)</td>
</tr>
</tbody>
</table>

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

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  - Termination of Pregnancy Act

**WHO Guidance**

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**Additional notes**

The Termination of Pregnancy Act states that the fact that health providers have the right to conscientiously object shall not affect any duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health, of a pregnant woman.

**Related documents:**
- Termination of Pregnancy Act (page 3)
**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.

- **Termination of Pregnancy Act**

**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 Termination of Pregnancy Act states that the fact that health providers have the right to conscientiously object shall not affect any duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health, of a pregnant woman.

**Related documents:**

- Termination of Pregnancy Act (page 3)

---

**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.

- **Termination of Pregnancy Act**

**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 Termination of Pregnancy Act states that the fact that health providers have the right to conscientiously object shall not affect any duty to participate in treatment which is necessary to save the life, or to prevent grave permanent injury to the physical or mental health, of a pregnant woman.

**Related documents:**

- Termination of Pregnancy Act (page 3)

---

**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:**

- **Termination of Pregnancy Act**
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  
No data

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  
56.9 (2015-2020)

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

3.c.1 Health worker density and distribution  
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,  
No data
by age

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

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

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

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

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

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

Goal 10. Reduce inequality within and among countries

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

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

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

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

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

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18

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

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

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)

16.6.2 Proportion of the population satisfied with their last experience of public services

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.8.1 Proportion of individuals using the Internet</td>
<td>No data</td>
</tr>
</tbody>
</table>

Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>No data</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99 (2012)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>2.41 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>15 (2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>No data</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>No data</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Median age</td>
<td>34.2 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>56.691 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>1.01 (2013)</td>
</tr>
<tr>
<td>Category</td>
<td>Value (Year)</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.068 (2018)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>52.8 (2011)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>21.2 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06 (2018)</td>
</tr>
</tbody>
</table>