Country Profile: Afghanistan

Region: South-Central Asia

Last Updated: 7 May 2017

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

Related Documents

From Criminal / Penal Code:
- Penal Code (1976)

From Health Regulation / Clinical Guidelines:

From EML / Registered List:
- National Essential Medicine List of Afghanistan (2014)

From Other:
- National Reproductive Health Strategy (2012-2016)

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

Concluding Observations:
- CEDAW

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

Abortion at the woman’s request

No
<table>
<thead>
<tr>
<th>Legal Ground and Gestational Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic or social reasons</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>• Penal Code (1976) (page 130)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 103)

<table>
<thead>
<tr>
<th>Foetal impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>• Penal Code (1976) (page 130)</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Rape</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>• Penal Code (1976) (page 130)</td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Incest</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>• Penal Code (1976) (page 130)</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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Source document: WHO Safe Abortion Guidance (page 102)

<table>
<thead>
<tr>
<th>Intellectual or cognitive disability of the woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>• Penal Code (1976) (page 130)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
</tbody>
</table>

No related documents.
The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

**Physical health**

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)

**Health**

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)

**Life**

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)

**Gestational limit applies**

Not specified

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

Related documents:
- Penal Code (1976)

**Other**

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 Requirements to Access Safe Abortion**

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Not specified</th>
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</thead>
<tbody>
<tr>
<td></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>
</tbody>
</table>

**Related documents:**
- Penal Code (1976)

**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>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>
</tbody>
</table>

**Related documents:**
- Penal Code (1976)

**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)*

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td></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>
</tbody>
</table>

**Related documents:**
- Penal Code (1976)

**WHO Guidance**

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

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

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

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Status</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Police report required in case of rape</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Parental consent required for minors</td>
<td>Not specified</td>
</tr>
<tr>
<td>Spousal consent</td>
<td>Not specified</td>
</tr>
<tr>
<td>Ultrasound images or listen to foetal heartbeat required</td>
<td>Not specified</td>
</tr>
</tbody>
</table>

### 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:**
- Penal Code (1976)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related documents</th>
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<tbody>
<tr>
<td>Compulsory counselling</td>
<td>Compulsory counselling</td>
<td>WHO Safe Abortion Guidance (page 19)</td>
</tr>
<tr>
<td>Compulsory waiting period</td>
<td>Compulsory waiting period</td>
<td>WHO Safe Abortion Guidance (page 46)</td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td>Mandatory HIV screening test</td>
<td>WHO Safe Abortion Guidance (page 107)</td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>Other mandatory STI screening tests</td>
<td>WHO Safe Abortion Guidance (page 88)</td>
</tr>
<tr>
<td>Clinical and Service-delivery Aspects of Abortion Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prohibition of sex-selective abortion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Not specified</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- Penal Code (1976)

**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)

**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**

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

**National guidelines for induced abortion**

**No data found**

**WHO Guidance**

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

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service,
## Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Country recognized approval (mifepristone / mifepristone-misoprostol)</th>
<th>Country recognized approval (misoprostol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>No data found</td>
<td>No</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>No data found</td>
<td>No</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No data found</td>
<td>No</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>No data found</td>
<td>No</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### WHO Guidance

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

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C).

*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.

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

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age).

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

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age).

*Source document: WHO Safe Abortion Guidance (page 15)*

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines.

*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.

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

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

- No

**Related documents:**
- National Essential Medicine List of Afghanistan (2014) (page 1)

### Country recognized approval (misoprostol)

- Yes, for gynaecological indications

**Related documents:**
- National Essential Medicine List of Afghanistan (2014) (page 23)

### 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.
## 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

### Where can abortion services be provided

<table>
<thead>
<tr>
<th>Category</th>
<th>Availability</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 54)</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 54)</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 54)</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 54)</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 54)</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>No data found</td>
<td>WHO Safe Abortion Guidance (page 54)</td>
</tr>
</tbody>
</table>

### National guidelines for post-abortion care

Yes, guidelines issued by the government

**Related documents:**


### National guidelines for post-abortion care

Yes, guidelines issued by the government

**Related documents:**


### Where can post abortion care services be provided

**Primary health-care centres**

Yes


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

Yes


**Specialized abortion care public facilities**

Not specified

- National Reproductive Health Strategy (2012-2016)
Private health-care centres or clinics
- Not specified
  - National Reproductive Health Strategy (2012-2016)

NGO health-care centres or clinics
- Not specified
  - National Reproductive Health Strategy (2012-2016)

Other (if applicable)

### Contraception included in post-abortion care

| Yes |

#### Related documents:
- National Reproductive Health Strategy (2012-2016) (page 27)
- National Standard Treatment Guidelines for the Primary Level, Ministry of Public Health, Afghanistan (2013) (page 84)

### 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)

### Insurance to offset end user costs

No data found

### Other (if applicable)

### 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

| Nurse |
| Midwife/nurse-midwife |
| Doctor (specialty not specified) |
| Specialist doctor, including OB/GYN |

No data found

### Other (if applicable)
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)

Referral linkages to a higher-level facility

Availability of a specialist doctor, including OB/GYN

Minimum number of beds

Other (if applicable)

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

Abortion facilities within both the public and private sectors should be available at all levels of the health system, with appropriate referral mechanisms between facilities. Safe Abortion Guidelines, § 3.3.1.

Source document: WHO Safe Abortion Guidance (page 75)

Conscientious Objection

Public sector providers

No data found

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)

Private sector providers

No data found

Provider type not specified

No data found

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)
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)
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)

1.1.3 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

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

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

3.1.1 Maternal mortality ratio

3.1.2 Proportion of births attended by skilled health personnel

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

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

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

3.c.1 Health worker density and distribution

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

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

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

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

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

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, 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

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

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

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

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

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

24.5 (2015)

Percentage of births attended by trained health professional

50.5 (2015)

Percentage of women aged 20-24 who gave birth before age 18

26 (2009-2013)

Total fertility rate

4473 (2018)

Legal marital age for women, with parental consent


Legal marital age for women, without parental consent

16 (2009-2017)

Gender Inequalities Index (Value)

0.65 (2017)

Gender Inequalities Index (Rank)

153 (2017)

Mandatory paid maternity leave

No (2020)

Median age

18.4 (2020)

Population, urban (%)

25.4 (2018)

Percentage of secondary school completion rate for girls

0.17 (2013)
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender parity in secondary education</td>
<td>0.571</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>18.4</td>
<td>2008</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>27.4</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>