Country Profile: India

Region: South-Central Asia

Last Updated: 14 July 2020

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, 1860

From Ministerial Order / Decree:
- Medical Termination of Pregnancy Rules, 2003

From Health Regulation / Clinical Guidelines:
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Guidance Handbook on Ensuring Access to Safe Abortion and Addressing Gender Based Sex Selection
- India Guide Abortion Sex Selection MoH, 2015
- India Medical Abortion Handbook MoH, 2016

From EML / Registered List:
- National list of Essential Medicines of India, 2015
- Misoprostol -form 46

From Abortion Specific Law:
- The Medical Termination of Pregnancy Act, 1971
- Medical Termination of Pregnancy Bill, 2020
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974

From Other:
- The Pre-conception & Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003
- Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence

List of ratified human rights treaties:
- CEDAW
- 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
- CEDAW
- CESC
Abortion at the woman's request

No

Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Reason</th>
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<tbody>
<tr>
<td>Economic or social</td>
<td>No</td>
</tr>
<tr>
<td>Foetal impairment</td>
<td>Yes</td>
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</tbody>
</table>

Related documents:
- The Medical Termination of Pregnancy Act, 1971 (page 1)
- Medical Termination of Pregnancy Bill, 2020 (page 2)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

**WHO Guidance**

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

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

Source document: WHO Safe Abortion Guidance (page 103)

**Gestational limit**

Weeks: 24

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

- The Medical Termination of Pregnancy Act, 1971 (page 2)
- Medical Termination of Pregnancy Bill, 2020 (page 2)

**WHO Guidance**

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A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

Source document: WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.
<table>
<thead>
<tr>
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<th><strong>Incest</strong></th>
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<tr>
<th><strong>Intellectual or cognitive disability of the woman</strong></th>
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<tbody>
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<td><strong>Related documents:</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>Gestational limit</strong></td>
<td><strong>Weeks: 24</strong></td>
</tr>
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<td>The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. ---</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Medical Termination of Pregnancy Act, 1971 (page 2)</td>
</tr>
<tr>
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**Mental health**

**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)
- Medical Termination of Pregnancy Bill, 2020 (page 2)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

**Gestational limit**

Weeks: 24

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

**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.

**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)
- Medical Termination of Pregnancy Bill, 2020 (page 2)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

**Gestational limit**

Weeks: 24

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

**WHO Guidance**

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

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

**Additional notes**

Yes

**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)
- Medical Termination of Pregnancy Bill, 2020 (page 2)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)
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)

Gestational limit
Weeks: 24

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Additional notes
The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.
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**Source document:** WHO Safe Abortion Guidance (page 103)

### Additional notes

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**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
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### Gestational limit

**Weeks:** 20

**Related documents:**
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 4)

### 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.

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

### Additional notes

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**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)

<table>
<thead>
<tr>
<th>Rape</th>
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**Source document:** WHO Safe Abortion Guidance (page 102)

### Additional notes

The Indian Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Termination of Pregnancy Act of Jammu and Kashmir 1974 provides the following information: Mental anguish is understood to include where any pregnancy occurs as a result of failure of any device or method used by any woman or her partner for the purpose of limiting the number of children or preventing pregnancy, the anguish caused by such pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman. It also includes where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 4)
<table>
<thead>
<tr>
<th>Condition</th>
<th>Incest</th>
<th>Intellectual or cognitive disability of the woman</th>
<th>Mental health</th>
<th>Physical health</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Guidance</td>
<td></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td>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.</td>
<td>The Indian Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Termination of Pregnancy Act of Jammu and Kashmir 1974 provides the following information: Mental anguish is understood to include where any pregnancy occurs as a result of failure of any device or method used by any woman or her partner for the purpose of limiting the number of children or preventing pregnancy, the anguish caused by such pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman. It also includes where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.</td>
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Health

**Gestational limit**

Weeks: 20


**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)

**Additional notes**

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)

Life

- Yes

**Gestational limit**

Weeks: 20


**WHO Guidance**

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

The human right to life requires protection by law, including when pregnancy is life-threatening or a pregnant woman’s life is otherwise endangered. Both medical and social conditions can constitute life-threatening conditions. Safe Abortion Guidelines, § 4.2.1.1.

↓ Source document: WHO Safe Abortion Guidance (page 102)
Additional Requirements to Access Safe Abortion

### India

<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>• The Medical Termination of Pregnancy Act, 1971 (page 1)</td>
<td></td>
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<tr>
<td>• Medical Termination of Pregnancy Bill, 2020 (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

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

1-2, depending on gestational age  
Doctor (Specialty Not Specified), Specialist Doctor, Including OB/GYN

For abortions up to twenty weeks of gestation, the authorisation of one provider is required. For abortions between twenty and twenty-four weeks, the authorisation of two providers is required. In an emergency situation and to save the woman’s life, a practitioner can terminate the pregnancy using his or her discretion.

**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.

**Additional notes**

According to the Medical Termination of Pregnancy Amendment 2020, a pregnancy may be terminated by a registered medical practitioner: (a) where the length of the pregnancy does not exceed twenty weeks, if such medical practitioner is, or (b) where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules made under this Act, if not less than two registered medical practitioners are, of the opinion, formed in good faith, that (i) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or (ii) there is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality.

**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.
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:
- The Medical Termination of Pregnancy Act, 1971
- Medical Termination of Pregnancy Bill, 2020
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Medical Termination of Pregnancy Rule, 2003

Judicial authorization in cases of rape

No

Related documents:
- Medical Termination of Pregnancy Bill, 2020 (page 2)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)
- Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence (page 5)

Police report required in case of rape

No

Related documents:
- Medical Termination of Pregnancy Bill, 2020 (page 2)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)
- Guidelines and Protocols - Medicolegal Care for Survivors/ Victims of Sexual Violence (page 5)

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 105)

Additional notes

The guidelines and protocols on medico-legal care for survivors/victims of sexual violence state: “Sexual assault victims cannot be denied treatment in either of these hospitals when they approach them as denial has lately been made a cognizable criminal offence punishable with appropriate jail terms or fines or both. As is known rape law has been made more stringent with zero tolerance for offenders and through these guidelines the aim is to ensure a sensitive and humane approach to such victims, their proper treatment apart from attending or treating doctors responsibility and duty in recording and documenting the medical aspects in order that such cases when they come up before the criminal justice system are not found wanting in the quality of evidence produced by the prosecution during trial.”

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<th>Parental consent required for minors</th>
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<table>
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<th>Can another adult consent in place of a parent?</th>
<th>Yes</th>
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</table>

<table>
<thead>
<tr>
<th>Age where consent not needed</th>
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<tbody>
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<td><strong>Source document:</strong> WHO Safe Abortion Guidance (page 105)</td>
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<tr>
<th><strong>Additional notes</strong></th>
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<table>
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</table>

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<thead>
<tr>
<th><strong>Additional notes</strong></th>
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<tr>
<td>The 2018 Comprehensive Abortion Care Service Delivery Guidelines specifically state that “Only the consent of the woman is required to terminate the pregnancy.”</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Ultrasound images or listen to foetal heartbeat required</th>
<th>Not specified</th>
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<tr>
<td><strong>Related documents:</strong></td>
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<td>- Medical Termination of Pregnancy Rule, 2003</td>
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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.
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.

Source document: WHO Safe Abortion Guidance (page 19)

**Compulsory counselling**

No

Related documents:
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 33)

**Compulsory waiting period**

Not specified

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Related documents:
- The Medical Termination of Pregnancy Act, 1971
- Medical Termination of Pregnancy Bill, 2020
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Medical Termination of Pregnancy Rule, 2003

**Mandatory HIV screening test**

Not specified

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Related documents:
- The Medical Termination of Pregnancy Act, 1971
- Medical Termination of Pregnancy Bill, 2020
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Medical Termination of Pregnancy Rule, 2003

**Other mandatory STI screening tests**

Not specified

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Related documents:
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<tr>
<th>Requirement</th>
<th>Yes/No</th>
<th>Related Documents</th>
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<tbody>
<tr>
<td>Prohibition of sex-selective abortion</td>
<td>Yes</td>
<td>The Pre-conception &amp; Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003 (page 35)</td>
</tr>
<tr>
<td>Restrictions on methods to detect sex of the foetus</td>
<td>Yes</td>
<td>The Pre-conception &amp; Pre-natal Diagnostic Techniques (Prohibition of Sex Selection Act and Rules as Amended, 2003 (page 35)</td>
</tr>
<tr>
<td>Restrictions on information provided to the public</td>
<td>Not specified</td>
<td></td>
</tr>
</tbody>
</table>
Authorization of health professional(s)

Yes

Related documents:
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 4)

Number and cadre of health-care professional authorizations required

1-2, depending on gestational age
Registered Medical Practitioner

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. The Termination of Pregnancy Act of Jammu and Kashmir 1974 requires the authorisation of one medical practitioner at 12 weeks and for abortions between twelve and twenty weeks the authorisation of two registered medical practitioners is required. In an emergency situation and to save the woman’s life, a practitioner can terminate the pregnancy using his or her discretion.

- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 4)
- The Medical Termination of Pregnancy Act, 1971 (page 1)

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)

Additional notes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

Related documents:
- The Medical Termination of Pregnancy Act, 1971 (page 1)

Authorization in specially licensed facilities only

Yes

Related documents:
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 4)

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

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

Related documents:
- The Medical Termination of Pregnancy Act, 1971 (page 1)

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:
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
### Judicial authorization in cases of rape

**Not applicable**

**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:**
- [The Medical Termination of Pregnancy Act, 1971](#)

### Police report required in case of rape

**Not applicable**

**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:**
- [The Medical Termination of Pregnancy Act, 1971](#)

### Parental consent required for minors

**Yes**

**Related documents:**
- [Jammu and Kashmir Medical Termination of Pregnancy Act, 1974](#)

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

**Yes**

**Related documents:**
- [Jammu and Kashmir Medical Termination of Pregnancy Act, 1974](#)

**Age where consent not needed**

18

**Related documents:**
- [Jammu and Kashmir Medical Termination of Pregnancy Act, 1974](#)

**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.

**Related documents:**
- [The Medical Termination of Pregnancy Act, 1971](#)

**Additional notes**

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

**Related documents:**
- [The Medical Termination of Pregnancy Act, 1971](#)
Ultrasound images or listen to foetal heartbeat required

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:**
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974

**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.

**Source document:** WHO Safe Abortion Guidance (page 105)

**Additional notes**

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)

Compulsory counselling

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:**
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974

**WHO Guidance**

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

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

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

**Additional notes**

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 1)
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related documents</th>
<th>Source document</th>
<th>Additional notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsory waiting period</td>
<td><strong>Not specified</strong></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>
<td>WHO Safe Abortion Guidance (page 107)</td>
<td></td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td><strong>Not specified</strong></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>
<td>WHO Safe Abortion Guidance (page 88)</td>
<td></td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td><strong>Not specified</strong></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>
<td>WHO Safe Abortion Guidance (page 88)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

- **Compulsory waiting period**
  
  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.

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

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

**Related documents:**

- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974
- The Medical Termination of Pregnancy Act, 1971
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:
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974

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)

Additional notes

The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir.

Restrictions on information provided to the public

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:
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1971 (page 1)

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

India

National guidelines for induced abortion

Yes, guidelines issued by the government

Related documents:
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 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)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 49)
- India Medical Abortion Handbook MoH, 2016 (page 24)

#### Dilatation and evacuation
Yes (20 WEEKS)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 80)

#### Combination mifepristone-misoprostol
Yes (63 DAYS 9 WEEKS)
Medical Abortion by MTP Act is legal up to 49 days. However, Comprehensive Abortion Care Guidelines have a footnote indicating that it is safe up to 63 days. Combi-pack (1 tablet of mifepristone 200mg & 4 tablets of misoprostol 200mcg) has been approved by Central Drugs Standard Control Organisation for up to 63 days gestation in December 2008.
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 65)
- India Medical Abortion Handbook MoH, 2016 (page 5)

#### Misoprostol only
Not specified
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

#### Other (where provided)
Extra-amniotic instillation (20 WEEKS)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 83)

### 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)

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

### Related documents:
- National list of Essential Medicines of India, 2015 (page 63)

### Pharmacy selling or distribution
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.
- National list of Essential Medicines of India, 2015
### Country recognized approval (misoprostol)

<table>
<thead>
<tr>
<th>Description</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines.</td>
<td>Safe Abortion Guidelines, § 2.2.5</td>
</tr>
<tr>
<td>Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services.</td>
<td>Safe Abortion Guidelines, § 3.3.1.1.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Source document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
<td>WHO Safe Abortion Guidance (page 13)</td>
</tr>
</tbody>
</table>

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.

- National list of Essential Medicines of India, 2015
- Misoprostol -form 46

### Where abortion services can be provided

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Yes</td>
</tr>
<tr>
<td>According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places:</td>
<td></td>
</tr>
<tr>
<td>A hospital established or maintained by the Government</td>
<td></td>
</tr>
<tr>
<td>A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee</td>
<td></td>
</tr>
<tr>
<td>In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site.</td>
<td></td>
</tr>
</tbody>
</table>

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26) |

| Secondary (district-level) health-care facilities | Yes |
| The Medical Termination of Pregnancy Act 1971 states that it extends to the whole of India except the State of Jammu and Kashmir. |

- The Medical Termination of Pregnancy Act, 1971 (page 4) |

| Specialized abortion care public facilities | Not specified |
| According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be performed at the following places: |
| A hospital established or maintained by the Government |
| A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee |
| In case of the termination of an early pregnancy of up to seven weeks using mifepristone (RU486) and misoprostol, the registered medical practitioner, as defined by the MTP Act, can prescribe the drugs at his/her clinic provided he/she has access to a place approved for terminating pregnancies under the MTP Act. The clinic should display a certificate to this effect from the owner of the approved place. In other words, the clinic where medical abortion drugs are prescribed by an approved registered medical practitioner does not need approval as long as it has referral access to an MTP approved site. |

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26) |
Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion

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

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
### National guidelines for post-abortion care

<table>
<thead>
<tr>
<th>Yes, guidelines issued by the government</th>
</tr>
</thead>
</table>

**Related documents:**
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 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 18)

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### Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Primary health-care centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

<table>
<thead>
<tr>
<th>Secondary (district-level) health-care facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

<table>
<thead>
<tr>
<th>Specialized abortion care public facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

<table>
<thead>
<tr>
<th>Private health-care centres or clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

<table>
<thead>
<tr>
<th>NGO health-care centres or clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not specified</td>
</tr>
</tbody>
</table>

- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018

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### Contraception included in post-abortion care

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

**Related documents:**
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 34)
- India Medical Abortion Handbook MoH, 2016 (page 5)

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### 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)

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### Insurance to offset

<table>
<thead>
<tr>
<th>No data found</th>
</tr>
</thead>
</table>
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)

Who can provide abortion services

**Related documents:**
- The Medical Termination of Pregnancy Act, 1971 (page 2)
- Medical Termination of Pregnancy Bill, 2020 (page 2)
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 26)

**Doctor (specialty not specified)**

Yes

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgery in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities.

- The Medical Termination of Pregnancy Act, 1971
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)

**Nurse**

Not specified

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgery in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities.

- The Medical Termination of Pregnancy Act, 1971
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)

**Midwife/nurse-midwife**

Not specified

According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act can provide abortion service. The Rules further prescribe that only those with the following experience or training can perform MTPs:

Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.

Up to 20 weeks gestation A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgery in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities.

- The Medical Termination of Pregnancy Act, 1971
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018
- Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)
Extra facility/provider requirements for delivery of abortion services

- Referral linkages to a higher-level facility
  - Yes
  - For Medical Methods of Abortion (MMA), up to seven weeks gestation, drugs can be prescribed in outdoor clinics with an established referral linkage to an MTP approved site.
    - Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)

- Availability of a specialist doctor, including OB/GYN
  - Yes
  - According to the 2018 Guidelines for Comprehensive Abortion Care Service Delivery, under the MTP an abortion can be provided by a registered medical practitioner who possesses a recognised medical qualification as defined in the Indian Medical Council Act, 1956; whose name has been entered in a state medical register; and who has such experience or training in gynaecology and obstetrics as prescribed by the MTP Rules made under this Act. The Rules further prescribe that only those with the following experience or training can perform MTPs:
    - Up to 12 weeks gestation: A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.
    - Up to 20 weeks gestation: A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology; A practitioner who has completed six months of house surgery in obstetrics and gynaecology; A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities.

- Minimum number of beds
  - Not specified

- Other (if applicable)
  - Comprehensive Abortion Care Training and Service Delivery Guidelines, 2018 (page 25)

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.
**Jammu and Kashmir (India)**

<table>
<thead>
<tr>
<th>National guidelines for induced abortion</th>
<th>no data found</th>
</tr>
</thead>
</table>

**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.

**Methods allowed**

- **Vacuum aspiration**
  - no data found


- **Dilatation and evacuation**
  - no data found


- **Combination mifepristone-misoprostol**
  - no data found


- **Misoprostol only**
  - no data found


- **Other (where provided)**

**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.

- **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)**

- **Yes**

  **Related documents:**

  **Pharmacy selling or distribution**
  - Not specified
<table>
<thead>
<tr>
<th>Country recognized approval (misoprostol)</th>
<th>Yes, for gynaecological indications</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
</table>

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

*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)

<table>
<thead>
<tr>
<th>Where can abortion services be provided</th>
<th>Related documents:</th>
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</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 5)</td>
</tr>
<tr>
<td>Not specified</td>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
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<tr>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 5)</td>
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</tr>
<tr>
<td>Specialized abortion care public facilities</td>
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<tr>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
<td></td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
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</tr>
<tr>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
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<tr>
<td>NGO health-care centres or clinics</td>
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<tr>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
<td></td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>A hospital established or maintained by the Government, or a place for the time being approved for the purpose of this Act, by the Government.</td>
</tr>
<tr>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 5)</td>
<td></td>
</tr>
</tbody>
</table>
National guidelines for post-abortion care

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)

Additional notes


Where can post abortion care services be provided

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Primary health-care centres</strong></td>
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<tr>
<td></td>
<td>- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
</tr>
<tr>
<td><strong>Secondary (district-level) health-care facilities</strong></td>
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<td></td>
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<td>- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
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<tr>
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<td><strong>Other (if applicable)</strong></td>
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<tr>
<td></td>
<td>- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 5)</td>
</tr>
<tr>
<td>Contraception included in post-abortion care</td>
<td>Not specified</td>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>

**Related documents:**
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974

<table>
<thead>
<tr>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 62)</td>
</tr>
</tbody>
</table>

**Additional notes**

<table>
<thead>
<tr>
<th>Insurance to offset end user costs</th>
<th>No data found</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 18)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Who can provide abortion services</th>
<th>Related documents:</th>
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<tbody>
<tr>
<td>Nurse</td>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 4)</td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>Registered medical practitioner</td>
</tr>
<tr>
<td>Registered medical practitioner</td>
<td>Jammu and Kashmir Medical Termination of Pregnancy Act, 1974 (page 4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 57)</td>
</tr>
</tbody>
</table>
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)

### Additional notes


<table>
<thead>
<tr>
<th>Extra facility/provider requirements for delivery of abortion services</th>
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<tbody>
<tr>
<td><strong>Referral linkages to a higher-level facility</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>• Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
</tr>
<tr>
<td><strong>Availability of a specialist doctor, including OB/GYN</strong></td>
</tr>
<tr>
<td>Not specified</td>
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<tr>
<td>• Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
</tr>
<tr>
<td><strong>Minimum number of beds</strong></td>
</tr>
<tr>
<td>Not specified</td>
</tr>
<tr>
<td>• Jammu and Kashmir Medical Termination of Pregnancy Act, 1974</td>
</tr>
<tr>
<td><strong>Other (if applicable)</strong></td>
</tr>
</tbody>
</table>

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 75)

### Conscientious Objection

**India**

<table>
<thead>
<tr>
<th>Public sector providers</th>
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**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)

<table>
<thead>
<tr>
<th>Private sector providers</th>
<th>No data found</th>
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</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.
<table>
<thead>
<tr>
<th><strong>Category</strong></th>
<th><strong>Description</strong></th>
<th><strong>Source document</strong></th>
<th><strong>Page</strong></th>
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<tr>
<td>Provider type not specified</td>
<td>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.</td>
<td>WHO Safe Abortion Guidance (page 106)</td>
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</tr>
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<td>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.</td>
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<td>Public facilities</td>
<td>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.</td>
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<td>106</td>
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<td>Private facilities</td>
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<td>WHO Safe Abortion Guidance (page 106)</td>
<td>106</td>
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<tr>
<td>Facility type not specified</td>
<td>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.</td>
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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)

### Jammu and Kashmir (India)

#### Public sector providers

**Not specified**

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**Related documents:**
- Jammu and Kashmir Medical Termination of Pregnancy Act, 1974

**WHO Guidance**

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

**Additional notes**


#### Private sector providers

**Not specified**

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

**Additional notes**


#### Provider type not specified

**Not specified**

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Source document: WHO Safe Abortion Guidance (page 106)

Additional notes

The comprehensive abortion care guidelines issued by the Health and Welfare Department of the Government of Jammu and Kashmir could
not be accessed.

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<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
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Related documents:
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Related documents:
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<td><strong>Additional notes</strong></td>
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</tr>
<tr>
<td></td>
<td></td>
<td><strong>Additional notes</strong></td>
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</tbody>
</table>

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

#### 3.1 Maternal mortality ratio

| 3.1.1 Maternal mortality ratio | 145 (2017) |

#### 3.2 Proportion of births attended by skilled health personnel

| 3.1.2 Proportion of births attended by skilled health personnel | No data |

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

| 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 | 23.1 (2015-2020) |

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

| 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 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

| 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 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

| 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 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

| 5.2.1 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 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

| 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 |

| 5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education | No data |
5.1 (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

5.1 (b) 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

**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>12.9</td>
<td>2016</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>85.7</td>
<td>2016</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>22</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>2.222</td>
<td>2018</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>No data</td>
<td></td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.52</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>127</td>
<td>2017</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes</td>
<td>2020</td>
</tr>
<tr>
<td>Median age</td>
<td>28.4</td>
<td>2020</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>34.03</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.53</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.038</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>80.27</td>
<td>2018</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>11.6</td>
<td>2017</td>
</tr>
</tbody>
</table>
Sex ratio at birth (male to female births)

1.10 (2018)