Country Profile: Kazakhstan

Region: South-Central Asia

Last Updated: 06 January 2023

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 Reproductive Health Act:
- Law on Reproductive Rights

From Criminal / Penal Code:
- Criminal Code, 2014

From Health Regulation / Clinical Guidelines:
- Decree on approval of the rules and indications for artificial abortion, 2020

From EML / Registered List:
- National Drug Formulary, 2021

Concluding Observations:
- CEDAW
- CESCR
- CRC
- CRPD
- CRPD-OP
- CRC:OPAC
- CMW
- CRPD-OP
- CED **

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

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

- Gestational limit: 12

Legal Ground and Gestational Limit
### Economic or social reasons

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
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</tbody>
</table>

**Related documents:**
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO's definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

### Additional notes

There is a list of specified social indications, which include: 1) spouse's death in the course of the current pregnancy; 2) imprisonment of a woman or her spouse in the places of deprivation of freedom; 3) cases, when a woman and her spouse were recognized in accordance with the established procedure as unemployed; 4) existence of a court’s decision on deprivation or limitation of parental rights; 5) pregnancy after a rape; 6) a woman with a refugee status or a forced migrant; 7) existence of a disabled child in the family; 8) dissolution of marriage during pregnancy; 9) large number of children (4 and more children); 10) minor age. The gestational limit is 22 weeks.

### Poetical impairment

<table>
<thead>
<tr>
<th>Not specified</th>
</tr>
</thead>
<tbody>
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**Related documents:**
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is not viable. Grounds-based approaches that require fetal impairments to be fatal for abortion to be lawful frustrate providers and leave women no choice but to continue with pregnancy. Being required to continue with a pregnancy that causes significant distress violates numerous human rights. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

### Additional notes

Fetal abnormalities incompatible with life and genetic indications in the fetus are listed among medical conditions for abortion.

**Related documents:**
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 1)

### Rape

Pregnancy after rape is among the list of social indications for abortion.

### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

**Related documents:**
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 5)
Incest

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:
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available when carrying a pregnancy to term would cause the woman, girl or other pregnant person substantial pain or suffering, including but not limited to situations where the pregnancy is the result of rape or incest. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 64)

Intellectual or cognitive disability of the woman

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:
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

Mental health

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:
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)

Additional notes

A list of mental disorders are listed as part of medical indications. The list includes: "organic, including symptomatic, mental disorders, schizophrenia of psychotic level, schizotypal and delusional disorders, during an exacerbation and / or with significant personality changes; mood disorders (affective disorders), during an exacerbation dementia; mental and behavioral disorders due to the use of psychoactive substances with a formed dependence syndrome during the period of manifestation of psychotic disorders and amnestic syndrome; disorders of mature personality and behavior in adults, during a period of severe decompensation; mental retardation of moderate, severe and profound severity; emotional and behavioral disorders that usually begin in childhood and adolescence during a period of severe decompensation."

Related documents:
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 3)

Physical health

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:
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

Source document: WHO Abortion Care Guideline (page 16)
Additional Requirements to Access Safe Abortion

### Health

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

**Related documents:**
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Health grounds shall reflect WHO’s definitions of health, which entails a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Abortion Care Guideline § 2.2.2.

- **Source document:** WHO Abortion Care Guideline (page 16)

#### Additional notes

Health is not specified as a ground. However, several health conditions are listed as part of medical indications for abortion.

**Related documents:**
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 3)

### Life

**Yes**

**Related documents:**
- Law on Reproductive Rights (page 9)
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 1)

#### Gestational limit

**Weeks:** No limit specified

Where there are medical indications that threaten the life of the woman abortion can be provided at any time during gestation with the approval of a Committee formed of three experts. The medical indications for which abortion is permitted are set out in the Regulations. They include mental illnesses. The Regulations state that in the case of diseases not specifically listed in the Regulations where the continuation of pregnancy and childbirth pose a threat to life or threaten serious damage to health pregnant, access to an abortion is determined through an individual consultation

- Law on Reproductive Rights (page 9)
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 1)

#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Grounds-based approaches to restricting access to abortion should be revised in favour of making abortion available on the request of the woman, girl or other pregnant person. The Abortion Care Guideline recommends against laws and other regulations that restrict abortion by grounds. The guideline recommends abortion be available on the request of the woman, girl or other pregnant person.

Until they are replaced with abortion on request, any existing grounds should be formulated and applied in a manner consistent with international human rights law. This requires that abortion is available where the life and health of the woman, girl or other pregnant person is at risk. Abortion Care Guideline § 2.2.2.

- **Source document:** WHO Abortion Care Guideline (page 64)

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-2012.pdf#page=103

#### Additional notes

Where there are medical indications that threaten the life of the woman abortion can be provided at any time during gestation with the approval of a Committee formed of three experts. The medical indications for which abortion is permitted are set out in the Regulations. They include mental illnesses. The Regulations state that in the case of diseases not specifically listed in the Regulations where the continuation of pregnancy and childbirth pose a threat to life or threaten serious damage to health pregnant, access to an abortion is determined through an individual consultation

### Other

#### Additional Requirements to Access Safe Abortion
<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>No</th>
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<tr>
<td>Related documents:</td>
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<tr>
<td>- Decree on approval of the rules and indications for artificial abortion, 2020 (page 1)</td>
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</table>

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

*Source document: WHO Abortion Care Guideline (page 81)*

**Additional notes**

Authorization is required where there are social and medical indications, and when the pregnancy conditions that threaten the life of the pregnant woman and (or) the fetus. An obstetrician-gynecologist of a medical organization of an outpatient-polyclinic level determines the duration of pregnancy, prescribes the necessary examination according to the clinical protocol “Therapeutic abortion”, determines the presence of medical and social indications or contraindications for artificial abortion. When determining medical and social indications for artificial abortion, a woman shall be sent to a medical consultative board (hereinafter referred to as the MCB) consisting of: the head of a health organization (department), an obstetrician-gynecologist, a doctor of the specialty to which the disease (condition) of a pregnant woman belongs and (or) the fetus, where the indications for abortion are considered and confirmed.

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>No</th>
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<tr>
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<tr>
<td>- Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)</td>
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</table>

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

To establish an enabling environment, there is a need for abortion care to be integrated into the health system across all levels (including primary, secondary and tertiary) - and supported in the community - to allow for expansion of health worker roles, including self-management approaches. To ensure both access to abortion and achievement of Universal Health Coverage (UHC), abortion must be centred within primary health care (PHC), which itself is fully integrated within the health system, facilitating referral pathways for higher-level care when needed. Abortion Care Guideline § 1.4.1.

*Source document: WHO Abortion Care Guideline (page 52)*

<table>
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<tr>
<th>Judicial authorization for minors</th>
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<td>Related documents:</td>
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<tr>
<td>- Law on Reproductive Rights</td>
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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

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.

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
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</tr>
<tr>
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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

*Source document: WHO Abortion Care Guideline (page 81)*

<table>
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<tr>
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</table>

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.

The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

*Source document: WHO-Safe-Abortion-Guidance-2012.pdf#page=104*
Police report required in case of rape

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There shall be no procedural requirements to “prove” or “establish” satisfaction of grounds, such as requiring judicial orders or police reports in cases of rape or sexual assault (for sources to support this information). These restrictions subject the individual to unnecessary trauma, may put them at increased risk from the perpetrator, and may cause women to resort to unsafe abortion.

The Abortion Care Guideline recommends abortion be available on the request of the woman, girl or other pregnant person. Abortion Care Guideline § 2.2.2.

**Source document:** WHO Abortion Care Guideline (page 64)

**Additional notes**

Rape is listed among social indications for abortion. The conclusion of a medical consultative board, issued upon the presentation of the result of the forensic medical examination regarding rape, is required.

**Related documents:**
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)

Parental consent required for minors

**Yes**

**Related documents:**
- Law on Reproductive Rights (page 9)
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)

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

**Yes**

- Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)

**Age where consent not needed**

**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.

- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

**WHO Guidance**

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Source document:** WHO Abortion Care Guideline (page 81)

Spousal consent

**Not specified**

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

**Related documents:**
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

**WHO Guidance**

While parental or partner involvement in abortion decision-making can support and assist women, girls or other pregnant persons, this must be based on the values and preferences of the person availing of abortion and not imposed by third-party authorization requirements. Third-party authorization requirements are incompatible with international human rights law, which provides that States may not restrict women’s access to health services on the ground that they do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried, or because they are women. The Abortion Care Guideline recommends that abortion be available on the request of the woman, girl or other pregnant person without the authorization of any other individual, body or institution. Abortion Care Guideline § 3.3.2.

**Source document:** WHO Abortion Care Guideline (page 81)
<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
<th>Related documents</th>
<th>Source document</th>
</tr>
</thead>
</table>
| Ultrasound images or listen to foetal heartbeat required | Compulsory counselling
- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
- Related documents:
  - Law on Reproductive Rights  
  - Decree on approval of the rules and indications for artificial abortion, 2020  
WHO Guidance
- The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.  
- The right to refuse information, including the right to refuse viewing ultrasound images, must be respected. The Abortion Care Guideline recommends against the use of ultrasound scanning as a prerequisite for providing abortion services for both medical and surgical abortion. Abortion Care Guideline § 3.3.5.  
- Source document: WHO Abortion Care Guideline (page 85)  
- Compulsory waiting period
- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
- Related documents:
  - Law on Reproductive Rights  
  - Decree on approval of the rules and indications for artificial abortion, 2020  
WHO Guidance
- The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.  
- Mandatory waiting periods delay access to abortion, sometimes to the extent that women’s access to abortion or choice of abortion method is restricted. The Abortion Care Guideline recommends against mandatory waiting periods for abortion. Abortion Care Guideline § 3.3.1.  
- Source document: WHO Abortion Care Guideline (page 79)  
- Mandatory HIV screening test
- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
- Related documents:
  - Law on Reproductive Rights  
  - Decree on approval of the rules and indications for artificial abortion, 2020  
WHO Guidance
- The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.  
- Regulatory, policy and programmatic barriers – as well as barriers in practice – that hinder access to and timely provision of quality abortion care should be removed. Abortion Care Guideline § Box 2.1.  
- Source document: WHO Abortion Care Guideline (page 59)  
- Other mandatory STI screening tests
- Not specified
- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.  
- Related documents:
  - Law on Reproductive Rights  
  - Decree on approval of the rules and indications for artificial abortion, 2020  
WHO Guidance
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- Source document: WHO Abortion Care Guideline (page 59)
### Clinical and Service-delivery Aspects of Abortion Care

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related Documents</th>
</tr>
</thead>
</table>
| **Prohibition of sex-selective abortion** | When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made. | - Law on Reproductive Rights  
- Decree on approval of the rules and indications for artificial abortion, 2020 |
| **Restrictions on information provided to the public** | No data found | - Preventing Gender-Biased Sex Selection (page 17) |
| **Restrictions on methods to detect sex of the foetus** | No data found | - Preventing Gender-Biased Sex Selection (page 74) |
| **Other** | | |

#### National guidelines for induced abortion

Yes, guidelines issued by the government

**Related documents:**
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 1)

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

**Source document:** WHO Abortion Care Guideline (page 50)
**Methods allowed**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>Yes</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Not specified</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>Not specified</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
</tr>
</tbody>
</table>

- **Medical abortion, minor cesarean section**
  - Decree on approval of the rules and indications for artificial abortion, 2020 (page 1)

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**Related documents:**

- National Drug Formulary, 2021 (page 164)

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**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 Drug Formulary, 2021

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**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Vacuum aspiration is recommended for surgical abortions at or under 14 weeks to be provided by traditional and complementary medicine professionals, nurses, midwives, associate/advanced associate clinicians, generalist medical practitioners and specialist medical practitioners.

The Abortion Care Guideline recommends against the practice of dilatation and sharp curettage (D&C), including for sharp curette checks (i.e. to "complete" the abortion) following vacuum aspiration. Abortion Care Guideline § 3.4.1.

Dilation and evacuation (D&E) is recommended for surgical abortions at or over 14 weeks to be provided by generalist medical practitioners and specialist medical practitioners. Vacuum aspiration can be used during a D&E. Abortion Care Guideline § 3.4.1.

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Abortion Care Guideline § 3.4.2.

The Abortion Care Guideline recommends the use of misoprostol alone, with a regime that differs by gestational age. Evidence demonstrates that the use of combination mifepristone plus misoprostol is more effective than misoprostol alone. Abortion Care Guideline § 3.4.2.

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**Country recognized approval**

- **Yes**

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**WHO Guidance**

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 μg), are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 μg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

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<table>
<thead>
<tr>
<th>Country recognized approval (misoprostol)</th>
<th>Yes, indications not specified</th>
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</thead>
</table>

**Related documents:**
- National Drug Formulary, 2021 (page 153)

**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.
  - National Drug Formulary, 2021

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Mifepristone and misoprostol should be listed in relevant national EMLs (NEMLs) or their equivalent and should be included in the relevant clinical care/service delivery guidelines.

Inclusion in the NEML is one important component of ensuring that quality medicines are available.

For induced abortion, Mifepristone (200 mg) and misoprostol (200 μg) are recommended in the WHO EML. The EML specifically mentions the following co-packaged formulation: 1 tablet mifepristone (200 mg) + 4 tablets misoprostol (200 μg).

Restrictions on prescribing authority for some categories of health workers may need to be modified or other mechanisms put in place to make the medicines available for these health workers within the regulatory framework of the health system. Abortion Care Guideline § 1.4.4.

**Source document:** WHO Abortion Care Guideline (page 55)

### Where can abortion services be provided

<table>
<thead>
<tr>
<th>Services provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary health-care centres</strong></td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td><strong>Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secondary (district-level) health-care facilities</strong></td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td><strong>Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialized abortion care public facilities</strong></td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td><strong>Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Private health-care centres or clinics</strong></td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td><strong>Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NGO health-care centres or clinics</strong></td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td><strong>Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services provided</th>
<th>Related documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other (if applicable)</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient polyclinics; medical organizations of obstetrics and gynecological profile, comprising of an operating unit, a 24-hour intensive care unit and day care wards to ensure post-abortion observation.</td>
<td></td>
</tr>
<tr>
<td>At a gestation period of up to 63 days, the artificial abortion shall be carried out in outpatient polyclinics. At a gestation period of more than 63 days up to 22 weeks of pregnancy, the artificial abortion shall be carried out in medical organizations of obstetrics and gynecological profile, comprising of an operating unit, a 24-hour intensive care unit and day care wards to ensure post-abortion observation.</td>
<td></td>
</tr>
<tr>
<td><strong>Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where it is lawful, abortion must be accessible in practice. This requires both ensuring that health-care facilities, commodities and services are accessible (including sufficient providers), and that law and policy on abortion is formulated, interpreted and applied in a way that is compatible with human rights. Abortion Care Guideline § 1.3.1.

**Source document:** WHO Abortion Care Guideline (page 48)
### National guidelines for post-abortion care

**Yes, guidelines issued by the government**

**Related documents:**
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 1)

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#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

National standards and guidelines for abortion care should be evidence based and periodically updated and should provide the necessary guidance to achieve equal access to comprehensive abortion care. Leadership should also promote evidence-based SRH services according to these standards and guidelines. Abortion Care Guideline § 1.3.3.

**Source document:** WHO Abortion Care Guideline (page 50)

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

**Primary health-care centres**
- Not specified
  - Law on Reproductive Rights
  - Decree on approval of the rules and indications for artificial abortion, 2020

**Secondary (district-level) health-care facilities**
- Not specified
  - Law on Reproductive Rights
  - Decree on approval of the rules and indications for artificial abortion, 2020

**Specialized abortion care public facilities**
- Not specified
  - Law on Reproductive Rights
  - Decree on approval of the rules and indications for artificial abortion, 2020

**Private health-care centres or clinics**
- Not specified
  - Law on Reproductive Rights
  - Decree on approval of the rules and indications for artificial abortion, 2020

**NGO health-care centres or clinics**
- Not specified
  - Law on Reproductive Rights
  - Decree on approval of the rules and indications for artificial abortion, 2020

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#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends the option of telemedicine as an alternative to in-person interactions with the health worker to deliver medical abortion services in whole or in part. Telemedicine services should include referrals (based on the woman’s location) for medicines (abortion and pain control medicines), any abortion care or post-abortion follow-up required (including for emergency care if needed), and for post-abortion contraceptive services. Abortion Care Guideline § 3.6.1.

**Source document:** WHO Abortion Care Guideline (page 133)

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### Contraception included in post-abortion care

**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:**
- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

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#### WHO Guidance

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

All contraceptive options may be considered after an abortion. For individuals undergoing surgical abortion and wishing to use contraception, Abortion Care Guideline recommends the option of initiating the contraception at the time of surgical abortion. For individuals undergoing medical abortion, for those who choose to use hormonal contraception, the Abortion Care Guideline suggests that they be given the option of starting hormonal contraception immediately after the first pill of the medical abortion regimen. For those who choose to have an IUD inserted, Abortion Care Guideline suggests IUD placement at the time that success of the abortion procedure is determined. Abortion Care Guideline § 3.5.4.

**Source document:** WHO Abortion Care Guideline (page 126)
**Insurance to offset end user costs**

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:**
- Law on Reproductive Rights

**Other (if applicable)**

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

**Who can provide abortion services**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

Where user fees are charged for abortion, this should be based on careful consideration of ability to pay, and fee waivers should be available for those who are facing financial hardship and adolescent abortion seekers. As far as possible, abortion services and supplies should be mandated for coverage under insurance plans as inability to pay is not an acceptable reason to deny or delay abortion care. Furthermore, having transparent procedures in all health-care facilities can ensure that informal charges are not imposed by staff. Abortion Care Guideline § 1.4.2.

Source document: WHO Abortion Care Guideline (page 53)

**Related documents:**
- Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)

**Nurse**

Not specified

- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

**Midwife/nurse-midwife**

Not specified

- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

**Doctor (specialty not specified)**

Not specified

- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

**Specialist doctor, including OB/GYN**

Yes

- Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

The Abortion Care Guideline recommends against regulation on who can provide and manage abortion that is inconsistent with WHO guidance. Abortion Care Guideline § 3.3.8.

Source document: WHO Abortion Care Guideline (page 97)

**Referral linkages to a higher-level facility**

Not specified

- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

**Availability of a specialist doctor, including OB/GYN**

Yes

- Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)

**Minimum number of beds**

Not specified

- Law on Reproductive Rights
- Decree on approval of the rules and indications for artificial abortion, 2020

**Other (if applicable)**

At a gestation period of more than 63 days up to 22 weeks of pregnancy, the artificial abortion shall be carried out in medical organizations of obstetrics and gynecological profile, comprising of an operating unit, a 24-hour intensive care unit and day care wards to ensure post-abortion observation.

- Decree on approval of the rules and indications for artificial abortion, 2020 (page 2)

**WHO Guidance**

The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.

There is no single recommended approach to providing abortion services. The choice of specific health worker(s) (from among the recommended options) or management by the individual themself, and the location of service provision (from among recommended options) will depend on the values and preferences of the woman, girl or other pregnant person, available resources, and the national and local context. A plurality of service-delivery approaches can co-exist within any given context. Given that service-delivery approaches can be diverse, it is important to ensure that for the individual seeking care, the range of service-delivery options taken together will provide access to scientifically accurate, understandable information at all stages, access to quality-assured medicines (including those for pain management); back-up referral support if desired or needed; linkages to an appropriate choice of contraceptive services for those who want post-abortion contraception. Best Practice Statement 49 on service delivery. Abortion Care Guideline § 3.6.1.

Source document: WHO Abortion Care Guideline (page 132)
### Conscientious Objection

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Description</th>
<th>Related documents</th>
<th>WHO Guidance</th>
</tr>
</thead>
</table>
| Public sector providers | Not specified | - Law on Reproductive Rights  
- Decree on approval of the rules and indications for artificial abortion, 2020 | The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.  
The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfills abortion seekers’ rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. |
| Private sector providers | Not specified | - Law on Reproductive Rights  
- Decree on approval of the rules and indications for artificial abortion, 2020 | The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.  
The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfills abortion seekers’ rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. |
| Provider type not specified | Not specified | - Law on Reproductive Rights  
- Decree on approval of the rules and indications for artificial abortion, 2020 | The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.  
The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfills abortion seekers’ rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. |
| Neither Type of Provider Permitted | Not specified | - Law on Reproductive Rights  
- Decree on approval of the rules and indications for artificial abortion, 2020 | The following descriptions were extracted from WHO Abortion Care Guideline. Where there is a specific Recommendation, this is stated. Otherwise, these are excerpts.  
The Abortion Care Guideline recommends that access to and continuity of comprehensive abortion care be protected against barriers created by conscientious objection. It is critical that States ensure compliance with regulations and design/organize health systems to ensure access to and continuity of quality abortion care. If it proves impossible to regulate conscientious objection in a way that respects, protects and fulfills abortion seekers’ rights, conscientious objection in abortion provision may become indefensible. Abortion Care Guideline § 3.3.9. |
### 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

<table>
<thead>
<tr>
<th>Goal 1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 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</td>
<td>No data</td>
</tr>
<tr>
<td>1.a.2 Proportion of total government spending on essential services (education, health and social protection)</td>
<td>No data</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
<td>No data</td>
</tr>
<tr>
<td>16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms</td>
<td>No data</td>
</tr>
<tr>
<td>16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.2 Proportion of the population satisfied with their last experience of public services</td>
<td>No data</td>
</tr>
<tr>
<td>16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions</td>
<td>No data</td>
</tr>
<tr>
<td>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age</td>
<td>No data</td>
</tr>
<tr>
<td>16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

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

Additional Reproductive Health Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of married women with unmet need for family planning</td>
<td>10.6 (2018)</td>
</tr>
<tr>
<td>Percentage of births attended by trained health professional</td>
<td>99.4 (2015)</td>
</tr>
<tr>
<td>Percentage of women aged 20-24 who gave birth before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>2.84 (2018)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>No data</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.20 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>43 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2020)</td>
</tr>
<tr>
<td>Indicator</td>
<td>Value</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Median age</td>
<td>30.7 (2020)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>57.42 (2018)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>1 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.010 (2019)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>50.6 (2013)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>22.1 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.07 (2018)</td>
</tr>
</tbody>
</table>