

Country Profile: Kyrgyzstan

Last Updated: 14 November 2018

Region: South-Central Asia



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, 2007](#)

From General Medical Health Act:

- [Law on Health Protection, 2005](#)

From Criminal / Penal Code:

- [Criminal Code](#)

From Ministerial Order / Decree:

- [Abortion procedure, 2009](#)
- [Position on abortion for medical indications, 2009](#)
- [Position on abortion for social indications, 2009](#)

From Health Regulation / Clinical Guidelines:

- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)

From EML / Registered List:

- [Law Approving List of Essential Medicines, 2012](#)
- [Medabon registration, 2018](#)



List of ratified human rights treaties:

- ✓ CERD
- ✓ CCPR
- ✓ Xst OP
- ✓ 2nd OP
- ✓ CESC
- ✓ CESC-OP
- ✓ CAT
- ✓ CAT-OP
- ✓ CEDAW
- ✓ CEDAW-OP
- ✓ CRC
- ✓ CRC:OPSC
- ✓ CRC:OPAC
- ✓ CRC:OPIC
- ✓ CMW
- ✓ CRPD *
- ✓ CRPD-OP
- ✓ CED **
- Maputo Protocol

↓ [Download data](#)



Concluding Observations:

- [CEDAW](#)
- [CRC](#)
- [CESCR](#)



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



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, 2007](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)
- [Abortion procedure, 2009](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” contains a list of social indications. These are: the presence of disability I-II group from his wife and / or her husband; death of the husband during the wife's pregnancy; detention in prison of the woman or her husband; presence of court decision on deprivation or restriction of parental rights; woman's or husband's official status as unemployed; woman's official status as a refugee or forced migrant; divorce during pregnancy; pregnancy as a result of rape; large family (five or more children); presence of a disabled child in the family; material insecurity (income per family member is less than the official living wage); the pregnant woman's age is below 18 years. The Protocol states that if a woman has grounds for abortion of a non-medical nature which are not listed, a decision on whether she may terminate the pregnancy will be taken on an individual basis by a commission at the primary health care centre level or by a consultation at the hospital level.

Related documents:

- [Law on Reproductive Rights, 2007 \(page 4 \)](#)
- [Law on Health Protection, 2005 \(page 18 \)](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 11\)](#)

Foetal impairment

Yes

Related documents:

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 24\)](#)

Gestational limit

Weeks: 22

- [Law on Reproductive Rights, 2007 \(page 4\)](#)



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.

↓ **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.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)



Additional notes

Congenital anomalies and hereditary diseases in the foetus are included in the list of medical indications for termination of pregnancy.

<p>Rape</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11) <p>Gestational limit</p> <p>Weeks: up to 22</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 (page 4) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Incest</p>	<p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 • Clinical protocol on medical abortion in the first and second trimester, 2017 • Abortion procedure, 2009 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 102)</p>
<p>Intellectual or cognitive disability of the woman</p>	<p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 • Clinical protocol on medical abortion in the first and second trimester, 2017 • Abortion procedure, 2009 <p> Additional notes</p> <p>The woman's group I or II disability is included in the list of social indications for termination of pregnancy</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical protocol on medical abortion in the first and second trimester, 2017 (page 11)
<p>Mental health</p>	<p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 • Clinical protocol on medical abortion in the first and second trimester, 2017 • Abortion procedure, 2009



WHO Guidance

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

The scope of mental health includes psychological distress or mental suffering caused by, for example, coerced or forced sexual acts and diagnosis of severe fetal impairment. Safe Abortion Guidelines, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)



Additional notes

Abortion for medical reasons may be performed regardless of gestational age. The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” contains a list of medical indications.

Related documents:

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 20\)](#)

Physical 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, 2007](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)
- [Abortion procedure, 2009](#)



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 \(page 102\)](#)



Additional notes

Abortion for medical reasons may be performed regardless of gestational age. The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” contains a list of medical indications.

Related documents:

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 20\)](#)

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, 2007](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)
- [Abortion procedure, 2009](#)



WHO Guidance

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

The fulfillment of human rights requires that women can access safe abortion when it is indicated to protect their health. WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.2.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 102\)](#)



Additional notes

The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” states: “Medical indications for abortion are all clinical situations in which prolonged pregnancies pose a serious threat to the life and health of women.” It contains a list of medical indications. It is unclear whether access to abortion in case of a serious threat to the life and health of the woman is limited to the listed medical indications.

Life



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, 2007](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)
- [Abortion procedure, 2009](#)



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 notes

The Ministry of Health "Clinical protocol for medical abortion in the first and second trimesters of pregnancy" states: "Medical indications for abortion are all clinical situations in which prolonged pregnancies pose a serious threat to the life and health of women." It contains a list of medical indications. It is unclear whether access to abortion in case of a serious threat to the life and health of the woman is limited to the

Medical Indications: the presence of disability I-II group from his wife and / or her husband; death of the husband during the wife's pregnancy; detention in prison of the woman or her husband; presence of court decision on deprivation or restriction of parental rights; woman's or husband's official status as unemployed; woman's official status as a refugee or forced migrant; divorce during pregnancy; pregnancy as a result of rape; large family (five or more children); presence of a disabled child in the family; material insecurity (income per family member is less than the official living wage); the pregnant woman's age is below 18 years.

Related documents:

- [Law on Reproductive Rights, 2007 \(page 4 \)](#)
- [Law on Health Protection, 2005 \(page 18 07-Kyrgyzstan-Clinical-protocol-Medical abortion-in-the-first-and-second-trimester-Ministry-of-Health-2017.pdf\)](#)



Additional notes

Listed medical Indications. Social Indications: the presence of disability I-II group from his wife and / or her husband; death of the husband during the wife's pregnancy; detention in prison of the woman or her husband; presence of court decision on deprivation or restriction of parental rights; woman's or husband's official status as unemployed; woman's official status as a refugee or forced migrant; divorce during pregnancy; pregnancy as a result of rape; large family (five or more children); presence of a disabled child in the family; material insecurity (income per family member is less than the official living wage); the pregnant woman's age is below 18 years.

Other

Additional Requirements to Access Safe Abortion

Authorization of health professional(s)

Yes

Related documents:

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 11 \)](#)
- [Abortion procedure, 2009 \(page 1 \)](#)
- [Position on abortion for medical indications, 2009 \(page 1 \)](#)
- [Position on abortion for social indications, 2009 \(page 1\)](#)

Number and cadre of health-care professional authorizations required

1

Commission

For abortions for medical or social reasons after 12 weeks of gestation, a permit issued by a "Commission" is required. The "Commission" decides on the basis of a diagnosis of a disease or finding of a social factor by the doctor from whom the woman seeks a referral for abortion. The Ministry of Health "Clinical protocol for medical abortion in the first and second trimesters of pregnancy" states that if a woman has grounds for abortion of a non-medical nature which are not listed, a decision on whether she may terminate the pregnancy will be taken on an individual basis by a commission at the primary health care centre level or by a consultation at the hospital level. No further information was found on how the "Commission" is constituted or works. In the case of women receiving inpatient treatment and needing an abortion for medical reasons, the abortion permit is issued by a consilium of doctors treating facility. In the case of women being treated in a midwifery-gynecological hospital, an appropriate record is entered in the medical history, certified by the doctor's signatures according to the profile of the condition of the pregnant woman, the treating doctor and the head of the health organization (department).

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 11 \)](#)
- [Abortion procedure, 2009 \(page 1 \)](#)
- [Position on abortion for medical indications, 2009 \(page 1 \)](#)
- [Position on abortion for social indications, 2009 \(page 1\)](#)



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

For abortions for medical or social reasons after 12 weeks of gestation, a permit issued by a “Commission” is required. The “Commission” decides on the basis of a diagnosis of a disease or finding of a social factor by the doctor from whom the woman seeks a referral for abortion. The Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” states that if a woman has grounds for abortion of a non-medical nature which are not listed, a decision on whether she may terminate the pregnancy will be taken on an individual basis by a commission at the primary health care centre level or by a consultation at the hospital level. No further information was found on how the “Commission” is constituted or works. In the case of women receiving inpatient treatment and needing an abortion for medical reasons, the abortion permit is issued by a consilium of doctors treating facility. In the case of women being treated in a midwifery-gynecological hospital, an appropriate record is entered in the medical history, certified by the doctor's signatures according to the profile of the condition of the pregnant woman, the treating doctor and the head of the health organization (department).

Authorization in specially licensed facilities only

Yes

Related documents:

- [Law on Reproductive Rights, 2007 \(page 4 \)](#)



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 \(page 106\)](#)

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:

- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)
- [Abortion procedure, 2009](#)



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 \(page 105\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 104\)](#)

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 104\)](#)

Parental consent required for minors



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 105\)](#)



Additional notes

The 2007 Law on Reproductive Rights states: “Artificial termination of pregnancy for minors is performed with the consent of minors and parents or their legal representatives.” By contrast the 2017 Ministry of Health “Clinical protocol for medical abortion in the first and second trimesters of pregnancy” states: “The counsellor needs to agree with the adolescent on the support of adult family members. But to ensure confidentiality, the adolescent girl needs independent counselling, without the involvement of the parents, if she does not want it.

Related documents:

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 16\)](#)

Spousal consent

No

Related documents:

- [Law on Reproductive Rights, 2007 \(page 4 \)](#)



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

There is a spousal consent requirement for abortions on social grounds.

Ultrasound images or listen to foetal heartbeat required



Not specified

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

Related documents:

- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)
- [Abortion procedure, 2009](#)















WHO Guidance

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

Regulatory, policy and programmatic barriers, one example of which is the requirement for mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed. Safe Abortion Guidelines, Executive Summary, Box 7 - Recommendation.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 19\)](#)

<p>Compulsory counselling</p>	<p>Yes</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 (page 4) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 46)</p>
<p>Compulsory waiting period</p>	<p>No</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical protocol on medical abortion in the first and second trimester, 2017 (page 15) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>
<p>Mandatory HIV screening test</p>	<p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 • Law on Health Protection, 2005 • Clinical protocol on medical abortion in the first and second trimester, 2017 • Abortion procedure, 2009 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> <p> Additional notes</p> <p>Blood tests for RW, HIV, coagulogram (platelets, blood clotting), blood type and Rh factor are not necessary before a medical abortion, but the Clinical Protocol on Medical Abortion specifies that due these tests are necessary in the case of surgical abortion. In health organizations, where all women conduct laboratory tests to exclude STIs, in the absence of clinical signs of infection, induced abortion should not be postponed until the results of these tests are obtained.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical protocol on medical abortion in the first and second trimester, 2017 (page 7)
<p>Other mandatory STI screening tests</p>	<p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 • Law on Health Protection, 2005 • Clinical protocol on medical abortion in the first and second trimester, 2017 • Abortion procedure, 2009 <p> WHO Guidance</p>

	<p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 88)</p> <p> Additional notes</p> <p>Blood tests for RW, HIV, coagulogram (platelets, blood clotting), blood type and Rh factor are not necessary before a medical abortion, but the Clinical Protocol on Medical Abortion specifies that due these tests are necessary in the case of surgical abortion. In health organizations, where all women conduct laboratory tests to exclude STIs, in the absence of clinical signs of infection, induced abortion should not be postponed until the results of these tests are obtained.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical protocol on medical abortion in the first and second trimester, 2017 (page 7)
<p>Prohibition of sex-selective abortion</p>	<p> Not specified</p> <p>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.</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 • Law on Health Protection, 2005 • Clinical protocol on medical abortion in the first and second trimester, 2017 • Abortion procedure, 2009 <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: Preventing Gender-Biased Sex Selection (page 17)</p>
<p>Restrictions on information provided to the public</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 107)</p>
<p>Restrictions on methods to detect sex of the foetus</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 103)</p>
<p>Other</p>	

Clinical and Service-delivery Aspects of Abortion Care

<p>National guidelines for induced abortion</p>	<p>Yes, guidelines issued by the government</p> <p>Related documents:</p> <ul style="list-style-type: none"> • Clinical protocol on medical abortion in the first and second trimester, 2017 (page 1)
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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

Not specified

Abortion by means of a surgical technique is used as an alternative in case of failure of medical abortion.

- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 11\)](#)

Dilatation and evacuation

Not specified

Abortion by means of a surgical technique is used as an alternative in case of failure of medical abortion.

- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)
- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 11\)](#)

Combination mifepristone-misoprostol

Yes (22 WEEKS)

Medical abortions up to 71 days from the first day of the menstrual period can be performed in primary health care facilities and hospitals. After 71 days they may be performed only in hospitals.

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 10\)](#)

Misoprostol only

Not specified

- [Clinical protocol on medical abortion in the first and second trimester, 2017](#)

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.

↓ **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:

- [Medabon registration 2018 \(page 1\)](#)

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.

- [Medabon registration 2018](#)



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 \(page 13\)](#)

Country recognized approval (misoprostol)

Yes, indications not specified

Related documents:

- [Law Approving List of Essential Medicines, 2012 \(page 10\)](#)

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.

- [Law Approving List of Essential Medicines, 2012](#)



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 \(page 54\)](#)

Where can abortion services be provided

Related documents:

- [Law on Reproductive Rights, 2007 \(page 5\)](#)

Primary health-care centres

Not specified

- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)

Secondary (district-level) health-care facilities

Yes

- [Abortion procedure, 2009 \(page 1\)](#)

Specialized abortion care public facilities

Yes

- [Law on Reproductive Rights, 2007 \(page 4\)](#)

Private health-care centres or clinics

Not specified

- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)

NGO health-care centres or clinics

Not specified

- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)

Other (if applicable)

Artificial termination of pregnancy is conducted in health organizations which have a license for this type of medical activity. When the pregnancy is up to 12 weeks - in day hospitals, organized on the basis of specialized research institutes, clinical, multi-profile hospitals, regional hospitals, urban maternity hospitals. In rural areas, the operation of artificial termination of pregnancy is performed in the hospitals

of medical organizations that have the appropriate conditions for the manufacture of surgery and who have an obstetrician-gynecologist in the staff. Artificial abortion of pregnancy up to 12 weeks in women with a history of obstetrical anamnesis (scar on the uterus, ectopic pregnancy), uterine myoma, chronic inflammatory processes with frequent exacerbations, abnormalities of development of genital organs and other gynecological pathology, with extragenital diseases, allergic diseases (conditions) , and also in later terms, is made only in a hospital. Artificial termination of pregnancy in the II trimester (13-22 weeks) is advisable to produce in a multi-profile, equipped with the appropriate equipment, a territorial hospital or a clinical maternity hospital.

- [Abortion procedure, 2009 \(page 1\)](#)



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

Artificial termination of pregnancy is conducted in health organizations which have a license for this type of medical activity.

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 1\)](#)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 75\)](#)

Where can post abortion care services be provided

Primary health-care centres

No data found

A Kyrgyz Republic Ministry of Health Decree of 21 October 2008 № 539 On approval of clinical protocols in obstetrics-gynecology exists but could not be accessed.

A Kyrgyz Republic Ministry of Health Decree dated September 23, 2011 № 466 On approval of the clinical protocol in obstetrics-gynecology exists but could not be accessed.

Secondary (district-level) health-care facilities

No data found

A Kyrgyz Republic Ministry of Health Decree of 21 October 2008 № 539 On approval of clinical protocols in obstetrics-gynecology exists but could not be accessed.

A Kyrgyz Republic Ministry of Health Decree dated September 23, 2011 № 466 On approval of the clinical protocol in obstetrics-gynecology exists but could not be accessed.

Specialized abortion care public facilities

No data found

A Kyrgyz Republic Ministry of Health Decree of 21 October 2008 № 539 On approval of clinical protocols in obstetrics-gynecology exists but could not be accessed.

A Kyrgyz Republic Ministry of Health Decree dated September 23, 2011 № 466 On approval of the clinical protocol in obstetrics-gynecology exists but could not be accessed.

Private health-care centres or clinics

No data found

A Kyrgyz Republic Ministry of Health Decree of 21 October 2008 № 539 On approval of clinical protocols in obstetrics-gynecology exists but could not be accessed.

A Kyrgyz Republic Ministry of Health Decree dated September 23, 2011 № 466 On approval of the clinical protocol in obstetrics-gynecology exists but could not be accessed.

NGO health-care centres or clinics

No data found

A Kyrgyz Republic Ministry of Health Decree of 21 October 2008 № 539 On approval of clinical protocols in obstetrics-gynecology exists but could not be accessed.

A Kyrgyz Republic Ministry of Health Decree dated September 23, 2011 № 466 On approval of the clinical protocol in obstetrics-gynecology exists but could not be accessed.

Other (if applicable)



WHO Guidance

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

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

↓ **Source document:** [WHO Safe Abortion Guidance \(page 57\)](#)

Contraception included in post-abortion care

Yes

Related documents:

- [Clinical protocol on medical abortion in the first and second trimester, 2017 \(page 8\)](#)



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 \(page 62\)](#)

Insurance to offset end user costs



Not specified

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

Related documents:

- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)

Other (if applicable)



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:

- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)

Nurse


Not specified


- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)

Midwife/nurse-midwife



Not specified







- [Law on Reproductive Rights, 2007](#)
- [Law on Health Protection, 2005](#)

	<p>Doctor (specialty not specified)</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 • Law on Health Protection, 2005 <p>Specialist doctor, including OB/GYN</p> <p>Not specified</p> <ul style="list-style-type: none"> • Law on Reproductive Rights, 2007 • Law on Health Protection, 2005 <p>Other (if applicable)</p> <p>Medical abortion is conducted by a specially trained medical professional (certificate).</p> <ul style="list-style-type: none"> • Clinical protocol on medical abortion in the first and second trimester, 2017 (page 12) <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)</p>
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<p>Extra facility/provider requirements for delivery of abortion services</p>	<p>Referral linkages to a higher-level facility</p> <p>No data found</p> <p>Availability of a specialist doctor, including OB/GYN</p> <p>No data found</p> <p>Minimum number of beds</p> <p>No data found</p> <p>Other (if applicable)</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 75)</p>
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Conscientious Objection

<p>Public sector providers</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Private sector providers</p>	<p>No data found</p> <p> WHO Guidance</p>

	<p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Provider type not specified</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Neither Type of Provider Permitted</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Public facilities</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Private facilities</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Facility type not specified</p>	<p>No data found</p> <p> WHO Guidance</p> <p>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</p> <p>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.</p> <p>↓ Source document: WHO Safe Abortion Guidance (page 106)</p>
<p>Neither Type of Facility Permitted</p>	<p>No data found</p> <p></p>



WHO Guidance

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

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 106\)](#)

Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)

No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable

No data

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

No data

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

3.1.1 Maternal mortality ratio

76 (2015)

3.1.2 Proportion of births attended by skilled health personnel

No data

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

No data

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

38.1 (2015-2020)

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

No data

3.c.1 Health worker density and distribution

No data

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

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

No data

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

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

No data

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

No data

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

No data

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

No data

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

No data

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

No data

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.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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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

No data

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	No data
16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)	No data
16.6.2 Proportion of the population satisfied with their last experience of public services	No data
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	No data
16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	No data
16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months	No data
16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	No data

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

17.8.1 Proportion of individuals using the Internet	No data
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Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning	18 (2012)
Percentage of births attended by trained health professional	98.4 (2014)
Percentage of women aged 20-24 who gave birth before age 18	2 (2009-2013)
Total fertility rate	3.1 (2016)
Legal marital age for women, with parental consent	No data
Legal marital age for women, without parental consent	18 (2009-2017)
Gender Inequalities Index (Value)	0.39 (2017)
Gender Inequalities Index (Rank)	91 (2017)

Mandatory paid maternity leave	yes (2016)
Median age	25.1 (2015)
Population, urban (%)	36.1 (2017)
Percentage of secondary school completion rate for girls	0.98 (2013)
Gender parity in secondary education	1.001 (2016)
Percentage of women in non-agricultural employment	41.5 (2013)
Proportion of seats in parliament held by women	19.2 (2017)
Sex ratio at birth (male to female births)	1.06 (2017)