Country Profile: Republic of Korea

Region: Eastern Asia

Last Updated: 7 May 2017

Identified policies and legal sources related to abortion:
- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Ministerial Order / Decree
- Civil Code
- 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:
- Mother and Child Health Act (Limited Permission of Induced Abortion Operations)
- Enforcement Decree of the Mother and Child Health Act - Article 15 (Limited Permission for Induced Abortion Operations)

From General Medical Health Act:
- Medical Service Act as Amended, 1962

From Criminal / Penal Code:
- Criminal Act

Concluding Observations:
- CEDAW
- CEDAW
- CEDAW
- CEDAW
- CESCR
- CESCR
- CESCR
- CESCR
- CRC
- CRC
- CRC
- CRC
- CRC
- CRPD
- Maputo Protocol
- CRPD
- CED
- Maputo Protocol
- CRPD
- CED
- Maputo Protocol
- CRPD

List of ratified human rights treaties:
- CERD
- CCPR
- Xst
- 2nd
- OP
- CESC
- CESC
- CAT
- CAT
- OP
- CEDAW
- CEDAW
- CEDAW
- CRC
- CRC
- CRC
- CRC
- CRC
- CRPD
- CRPD
- CED

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

Abortion at the woman’s request

No
## Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td><img src="#" alt="Republic of Korea: Criminal Act (page 23)" /></td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
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</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td><img src="#" alt="WHO Safe Abortion Guidance (page 103)" /></td>
</tr>
<tr>
<td>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.</td>
<td><img src="#" alt="Source document" /></td>
</tr>
<tr>
<td><strong>Source document:</strong></td>
<td><img src="#" alt="WHO Safe Abortion Guidance (page 103)" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td><img src="#" alt="Mother and Child Health Act (page 5)" /></td>
</tr>
<tr>
<td><strong>Gestational limit</strong></td>
<td><img src="#" alt="Enforcement Decree of The Mother and Child Health Act (page 4)" /></td>
</tr>
<tr>
<td><strong>Weeks:</strong> No limit specified</td>
<td><img src="#" alt="Enforcement Decree of The Mother and Child Health Act (page 4)" /></td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
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</tr>
<tr>
<td>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.</td>
<td><img src="#" alt="Source document" /></td>
</tr>
<tr>
<td><strong>Source document:</strong></td>
<td><img src="#" alt="WHO Safe Abortion Guidance (page 103)" /></td>
</tr>
<tr>
<td>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.</td>
<td><img src="#" alt="Source document" /></td>
</tr>
<tr>
<td><strong>Additional notes</strong></td>
<td><img src="#" alt="WHO Safe Abortion Guidance (page 103)" /></td>
</tr>
<tr>
<td>The Enactment Decree on the Mother and Child Health Act states in Article 15: “Eugenic or genetic mental disabilities or physical diseases due to which an induced abortion operation may be performed pursuant to Article 14 1 of the Act, shall be achondrogenesis, cystic fibrosis, and other genetic diseases, which expose embryos to high risk. Infectious diseases due to which an induced abortion operation may be performed pursuant to Article 14 of the Act, shall be German measles, toxoplasmosis, and other infectious diseases which medically expose embryos to high risk.”</td>
<td><img src="#" alt="Additional notes" /></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Rape</th>
<th>Yes</th>
</tr>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td><img src="#" alt="Mother and Child Health Act (page 5)" /></td>
</tr>
<tr>
<td><strong>Gestational limit</strong></td>
<td><img src="#" alt="Enforcement Decree of The Mother and Child Health Act (page 4)" /></td>
</tr>
<tr>
<td><strong>Weeks:</strong> 24</td>
<td><img src="#" alt="Enforcement Decree of The Mother and Child Health Act (page 4)" /></td>
</tr>
<tr>
<td><strong>WHO Guidance</strong></td>
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</tr>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
<td><img src="#" alt="WHO Safe Abortion Guidance (page 103)" /></td>
</tr>
<tr>
<td>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.</td>
<td><img src="#" alt="WHO Safe Abortion Guidance (page 103)" /></td>
</tr>
</tbody>
</table>
### Incest

**Related documents:**
- Mother and Child Health Act (page 5)

### Gestational limit

**Weeks:** 24

- Enforcement Decree of The Mother and Child Health Act (page 4)

#### WHO Guidance

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

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman's complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

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

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

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

#### Additional notes

The Law on Mother and Child Health permits abortion "where pregnancy is taken place between blood relatives or matrimonial relatives who are legally unable to marry."

### Intellectual or cognitive disability of the woman

**Yes**

**Related documents:**
- Mother and Child Health Act (page 5)

### Gestational limit

**Weeks:** 24

- Enforcement Decree of The Mother and Child Health Act (page 4)

#### Additional notes

The limited permission for induced abortion extended by the Law for Mother and Child Health extends to circumstances where the woman "suffers from any eugenic or genetic mental disability or physical disease prescribed by Presidential Decree", where she "suffers from any contagious disease prescribed by Presidential Decree" or "where the continuation of pregnancy severely injures or might injure the health of the pregnant woman for health or medical reasons."

### Mental health

**No**

**Related documents:**
- Republic of Korea: Criminal Act (page 23)
- Mother and Child Health Act (page 5)

#### 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)

### Physical health

**No**

**Related documents:**
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

The limited permission for induced abortion extended by the Law for Mother and Child Health extends to circumstances where the woman “suffers from any eugenic or genetic mental disability or physical disease prescribed by Presidential Decree”, where she “suffers from any contagious disease prescribed by Presidential Decree” or “where the continuation of pregnancy severely injures or might injure the health of the pregnant woman for health or medical reasons”.

Related documents:
- Mother and Child Health Act (page 5)

Gestational limit

Weeks: 24

Related documents:
- Enforcement Decree of The Mother and Child Health Act (page 4)

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)

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

Source document: WHO Safe Abortion Guidance (page 103)

Additional notes

The limited permission for induced abortion extended by the Law for Mother and Child Health extends to circumstances where the woman “suffers from any eugenic or genetic mental disability or physical disease prescribed by Presidential Decree”, where she “suffers from any contagious disease prescribed by Presidential Decree” or “where the continuation of pregnancy severely injures or might injure the health of the pregnant woman for health or medical reasons”.

Related documents:
- Mother and Child Health Act (page 5)

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)

Related documents:
- Republic of Korea: Criminal Act (page 23)
- Mother and Child Health Act (page 5)

Other

Where the woman’s spouse suffers from any eugenic or genetic mental disability, physical disease or contagious disease prescribed by Presidential Decree. Where the maintenance of pregnancy severely injures or might injure the health of the pregnant woman for health or medical reasons.

Related documents:
- Mother and Child Health Act (page 5)
### Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional notes</strong></td>
<td>The gestational limit is 24 weeks.</td>
</tr>
<tr>
<td><strong>Related documents:</strong></td>
<td>Enforcement Decree of The Mother and Child Health Act (page 4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Mother and Child Health Act</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
</tbody>
</table>

| Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2. |
| **Source document:** WHO Safe Abortion Guidance (page 105) |

<table>
<thead>
<tr>
<th>Authorization in cases of rape</th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Mother and Child Health Act</td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
</tbody>
</table>

| Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4. |
| **Source document:** WHO Safe Abortion Guidance (page 106) |

<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Mother and Child Health Act</td>
</tr>
</tbody>
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<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
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</table>

| 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) |

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
<th><strong>Not specified</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td>Mother and Child Health Act</td>
</tr>
<tr>
<td>Topic</td>
<td>Information</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Police report required in case of rape</td>
<td>- Police report required in case of rape</td>
</tr>
<tr>
<td></td>
<td>- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
<tr>
<td></td>
<td>- Related documents:</td>
</tr>
<tr>
<td>Parental consent required for minors</td>
<td>- Parental consent required for minors</td>
</tr>
<tr>
<td></td>
<td>- When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.</td>
</tr>
<tr>
<td></td>
<td>- Related documents:</td>
</tr>
<tr>
<td>Spousal consent</td>
<td>- Spousal consent</td>
</tr>
<tr>
<td></td>
<td>- 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.</td>
</tr>
</tbody>
</table>
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:
- Mother and Child Health Act

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)

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:
- Mother and Child Health Act

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

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

Source document: WHO Safe Abortion Guidance (page 46)

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:
- Mother and Child Health Act

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

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.

Source document: WHO Safe Abortion Guidance (page 107)

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:
- Mother and Child Health Act

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

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

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:
- Mother and Child Health Act

Prohibition of sex-selective abortion

Not specified

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

Related documents:
- Mother and Child Health Act

WHO Guidance

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

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

Source document: WHO Safe Abortion Guidance (page 88)

Restrictions on information provided to the public

No data found

WHO Guidance

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

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

Source document: WHO Safe Abortion Guidance (page 107)

Restrictions on methods to detect sex of the foetus

Yes

Related documents:
- Medical Service Act 1962, amended (page 8)

List of restrictions

The 1962 Medical Service Act, as amended by Act no. 9906 of 31 December 2009 stipulates in Article 20:

(1) Any medical person shall not conduct a diagnosis or examination of a pregnant woman for the purpose of predicting the gender of a baby, or help any other person to commit such an act for the same purpose.

(2) Any medical person shall not inform any pregnant woman, her family member or any other person of the gender of a fetus he/she becomes aware of in the course of performing a diagnosis or examination of the fetus or pregnant woman before 32 weeks of pregnancy

WHO Guidance

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

A woman is entitled to know the status of her pregnancy and to act on this information. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.
### Clinical and Service-delivery Aspects of Abortion Care

#### National guidelines for induced abortion

No data found

**WHO Guidance**

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

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

#### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>WHO Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>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</td>
</tr>
</tbody>
</table>
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)

No data FOUND

### 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:**
- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act

**Primary health-care centres**

Not specified

- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act

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

Not specified

- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act

**Specialized abortion care public facilities**

Not specified

- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act

**Private health-care centres or clinics**

Not specified

- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act

**NGO health-care centres or clinics**

Not specified

- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act

**Other (if applicable)**

### 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)

### National guidelines for post-abortion care

No data found

### WHO Guidance

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

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

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Not specified</td>
</tr>
<tr>
<td>- Mother and Child Health Act</td>
<td></td>
</tr>
<tr>
<td>- Enforcement Decree of The Mother and Child Health Act</td>
<td></td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Not specified</td>
</tr>
<tr>
<td>- Mother and Child Health Act</td>
<td></td>
</tr>
<tr>
<td>- Enforcement Decree of The Mother and Child Health Act</td>
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</tr>
<tr>
<td>Specialized abortion care public facilities</td>
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<tr>
<td>- Enforcement Decree of The Mother and Child Health Act</td>
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<tr>
<td>Private health-care centres or clinics</td>
<td>Not specified</td>
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<td>- Mother and Child Health Act</td>
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<td>- Enforcement Decree of The Mother and Child Health Act</td>
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<tr>
<td>NGO health-care centres or clinics</td>
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<tr>
<td>- Mother and Child Health Act</td>
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<tr>
<td>- Enforcement Decree of The Mother and Child Health Act</td>
<td></td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

### Contraception included in post-abortion care

- Not specified

#### Related documents:
- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act

### Insurance to offset end user costs

- Not specified

#### Related documents:
- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act

### Source document

- WHO Safe Abortion Guidance (page 75)
- WHO Safe Abortion Guidance (page 57)
- WHO Safe Abortion Guidance (page 62)
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:
- [Mother and Child Health Act (page 5)]

#### Nurse
Not specified
- [Mother and Child Health Act](#)
- [Enforcement Decree of The Mother and Child Health Act](#)

#### Midwife/nurse-midwife
Not specified
- [Mother and Child Health Act](#)
- [Enforcement Decree of The Mother and Child Health Act](#)

#### Doctor (specialty not specified)
Yes
- [Mother and Child Health Act (page 5)]

#### Specialist doctor, including OB/GYN
Not specified
- [Mother and Child Health Act](#)
- [Enforcement Decree of The Mother and Child Health Act](#)

#### Other (if applicable)

### WHO Guidance

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

Subject to gestational age and method, abortion care can be safely provided by any properly trained health-care provider, including specialist doctors, non-specialist doctors; associate and advanced associate clinicians; midwives; and nurses. Health Worker Roles in Safe Abortion Care, p 33- Recommendation.

Source document: Health Worker Roles in Safe Abortion Care and Post-Abortion Contraception (page 33)

### Extra facility/provider requirements for delivery of abortion services

#### Referral linkages to a higher-level facility
Not specified
- [Mother and Child Health Act](#)
- [Enforcement Decree of The Mother and Child Health Act](#)

#### Availability of a specialist doctor, including OB/GYN
Not specified
- [Mother and Child Health Act](#)
- [Enforcement Decree of The Mother and Child Health Act](#)

#### Minimum number of beds
Not specified
- [Mother and Child Health Act](#)
- [Enforcement Decree of The Mother and Child Health Act](#)

#### Other (if applicable)
Conscientious Objection

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Status</th>
<th>Description</th>
<th>Related documents</th>
</tr>
</thead>
</table>
| Public sector providers | 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. | - Mother and Child Health Act  
- Enforcement Decree of The Mother and Child Health Act  
- Medical Service Act 1962, amended |
| Private sector providers | 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. | - Mother and Child Health Act  
- Enforcement Decree of The Mother and Child Health Act  
- Medical Service Act 1962, amended |
| Provider type not specified | 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. | - Mother and Child Health Act  
- Enforcement Decree of The Mother and Child Health Act  
- Medical Service Act 1962, amended |

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

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

Source document: WHO Safe Abortion Guidance (page 106)
Neither Type of Provider Permitted

**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:**
- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act
- Medical Service Act 1962, amended

**WHO Guidance**

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

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

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

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Public facilities

**Not specified**

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

**Related documents:**
- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act
- Medical Service Act 1962, amended

**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)

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Private facilities

**Not specified**

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**Related documents:**
- Mother and Child Health Act
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- Medical Service Act 1962, amended

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

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Facility type not specified

**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:**
- Mother and Child Health Act
- Enforcement Decree of The Mother and Child Health Act
- Medical Service Act 1962, amended
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


3.1.2 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 1.6 (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
No data
the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

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

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

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

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

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months

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

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

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

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

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

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

17.8.1 Proportion of individuals using the Internet

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

Percentage of births attended by trained health professional

Percentage of women aged 20-24 who gave birth before age 18
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fertility rate</td>
<td>1.172 (2016)</td>
</tr>
<tr>
<td>Legal marital age for women, with parental consent</td>
<td>18 (2009-2017)</td>
</tr>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>19 (2009-2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.06 (2017)</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>10 (2017)</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>yes (2016)</td>
</tr>
<tr>
<td>Median age</td>
<td>40.6 (2015)</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>81.5 (2017)</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.87 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.001 (2015)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>43.1 (2013)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>16.3 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.07 (2017)</td>
</tr>
</tbody>
</table>