**Country Profile: Thailand**

**Region:** South-Eastern Asia

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

**Related Documents**

**From Criminal / Penal Code:**
- Criminal Code
- Thailand Penal Code Amendment, 2021

**From Case Law:**
- Thailand Constitutional Court, 2020

**From Health Regulation / Clinical Guidelines:**
- Medical Council Regulations
- Clinical Practice Handbook for Safe Abortion Care, 2015

**From EML / Registered List:**
- Essential Drugs List, 2012
- Registration of Medabon

**From Medical Ethics Code:**
- Declaration of Patients' Rights

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

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### Concluding Observations:
- CEDAW
- CRC
- CEDAW
- CRPD
- CESCR

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

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**Abortion at the woman's request**

**Gestational limit:** 12

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

Related documents:
- Criminal Code (page 58)
- Thailand Penal Code Amendment, 2021 (page 2)

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)

Foetal impairment

Yes

Related documents:
- Thailand Penal Code Amendment, 2021 (page 2)

Gestational limit

Weeks: 20

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)

Rape

Yes

Related documents:
- Thailand Penal Code Amendment, 2021 (page 2)

Gestational limit

Weeks: 20

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 2021 Amendment states that abortions are not punishable if a woman confirms to a medical practitioner that she is pregnant due an offence listed under the "Offences against Sex" chapter of the Penal Code.

Incest

No

Related documents:
- Criminal Code (page 58)
- Thailand Penal Code Amendment, 2021 (page 2)

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)
### Intellectual or cognitive disability of the woman

No

**Related documents:**
- Criminal Code (page 58)
- Thailand Penal Code Amendment, 2021 (page 2)

### Mental health

Yes

**Related documents:**
- Thailand Penal Code Amendment, 2021 (page 2)

#### Gestational limit

**Weeks:** 20

**Related documents:**
- Thailand Penal Code Amendment, 2021 (page 2)

**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)

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)

### Physical health

Yes

**Related documents:**
- Thailand Penal Code Amendment, 2021 (page 2)
- Medical Council Regulations (page 1)

#### Gestational limit

**Weeks:** 20

**Related documents:**
- Thailand Penal Code Amendment, 2021 (page 2)

**WHO Guidance**

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

Physical health is widely understood to include conditions that aggravate pregnancy and those aggravated by pregnancy. Safe Abortion Guidelines, § 4.2.1.2.

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

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

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

### Health

No

**Related documents:**
- Thailand Penal Code Amendment, 2021 (page 2)
- Medical Council Regulations (page 1)

**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)

### Life

No

**Related documents:**
- Thailand Penal Code Amendment, 2021 (page 2)

**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)

### Other

None

**Related documents:**
- Thailand Penal Code Amendment, 2021 (page 2)

**WHO Guidance**

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

None of the provided documents specifically address other considerations for accessing safe abortion.
<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Medical Council Regulations (page 1)</td>
<td></td>
</tr>
<tr>
<td>- Thailand Penal Code Amendment, 2021</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and cadre of health-care professional authorizations required</th>
<th>2 (1 in addition to medical practitioner performing procedure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor (Specialty Not Specified)</td>
<td></td>
</tr>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>- Medical Council Regulations (page 1)</td>
<td></td>
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<table>
<thead>
<tr>
<th>Judicial authorization for minors</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Medical Council Regulations, Thailand Penal Code Amendment, 2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Medical Council Regulations (page 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judicial authorization in cases of rape</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td>Criminal Code, Medical Council Regulations, Thailand Penal Code Amendment, 2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO Guidance</th>
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<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO Guidance</th>
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<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
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</tbody>
</table>

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<td>Source document: WHO Safe Abortion Guidance (page 105)</td>
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</tbody>
</table>

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<thead>
<tr>
<th>WHO Guidance</th>
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</thead>
<tbody>
<tr>
<td>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</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 104)</td>
</tr>
<tr>
<td>Topic</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Police report required in case of rape</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Parental consent required for minors</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Spousal consent</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Ultrasound images or listen to foetal heartbeat required</td>
</tr>
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<td></td>
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</tbody>
</table>
### Compulsory counselling

- **Related documents:**
  - Medical Council Regulations

### Compulsory waiting period

- **Related documents:**
  - Medical Council Regulations

### Mandatory HIV screening test

- **Related documents:**
  - Medical Council Regulations

### Other mandatory STI screening tests

- **Related documents:**
  - Medical Council Regulations

### Prohibition of sex-selective abortion

- **Related documents:**
  - Medical Council Regulations
  - Thailand Penal Code Amendment, 2021

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**WHO Guidance**

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

**Compulsory counselling**

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**

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**

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)*

**Other mandatory STI screening tests**

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

*Source document: WHO Safe Abortion Guidance (page 88)*

**Prohibition of sex-selective abortion**

In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women’s access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.

*Source document: Preventing Gender-Biased Sex Selection (page 17)*
Clinical and Service-delivery Aspects of Abortion Care

Restrictions on information provided to the public

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 107)</td>
</tr>
</tbody>
</table>

Restrictions on methods to detect sex of the foetus

<table>
<thead>
<tr>
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Other

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Between 12 weeks and 20 weeks, an examination and alternative counselling from medical practitioners is required. These should be in line with the rules and procedures prescribed by the Minister of Public Health, and instructions of the Medical Council and related agencies as required by the law on the prevention and resolution of pregnancy problems in adolescence.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 103)</td>
</tr>
<tr>
<td>Related documents:</td>
</tr>
<tr>
<td>• Thailand Penal Code Amendment, 2021 (page 2)</td>
</tr>
</tbody>
</table>

Clinical and Service-delivery Aspects of Abortion Care

National guidelines for induced abortion

| Yes, guidelines issued by the government |
| Related documents: |
| • Clinical Practice Handbook for Safe Abortion Care, 2015 (page 1) |

<table>
<thead>
<tr>
<th>WHO Guidance</th>
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</thead>
<tbody>
<tr>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 75)</td>
</tr>
</tbody>
</table>
## Methods allowed

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>Yes</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>Yes</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>Yes</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>Yes</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
</tr>
</tbody>
</table>

### WHO Guidance

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

- **Vacuum aspiration**: The recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1 - Recommendation.

- **Dilatation and evacuation**: 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.

- **Combination mifepristone-misoprostol**: 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

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

<table>
<thead>
<tr>
<th>Approval</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice Handbook for Safe Abortion Care, 2015 (page 78)</td>
<td></td>
</tr>
<tr>
<td>Clinical Practice Handbook for Safe Abortion Care, 2015 (page 81)</td>
<td></td>
</tr>
<tr>
<td>Clinical Practice Handbook for Safe Abortion Care, 2015 (page 49)</td>
<td></td>
</tr>
</tbody>
</table>

### WHO Guidance

- **Combination mifepristone-misoprostol**: 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

### Country recognized approval (misoprostol)

<table>
<thead>
<tr>
<th>Approval</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice Handbook for Safe Abortion Care, 2015 (page 49)</td>
<td></td>
</tr>
</tbody>
</table>

### WHO Guidance

- **Misoprostol only**: The recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2 - Recommendation.

### Additional notes

- **Medabon**: Medabon is registered in Thailand but it was not possible to determine the details of the registration due to language limitations. Mifepristone and/or combination mifepristone-misoprostol are not contained in the Thailand Essential Drug List 2012. A more recent Essential Drug List exists but could not be located.

- **Related documents**: Essential Drugs List, 2012 (page 1)
Where can abortion services be provided

Primary health-care centres
Yes
The limit of 12 weeks gestational period applies to clinics outside hospitals. There is no gestational limit set for abortions done in hospitals. Therefore, the gestational limit is specific to the site where the abortion is conducted.

Termination of pregnancy pursuant to Criminal Code Articles 305(1) and (2) must be performed in the following medical premises:
(1) A government hospital or government agency that provides overnight admission service to patients, or a medical infirmary that has beds for patients for overnight stay in accordance with the Medical Premise Act, these medical premises are allowed to perform appropriate therapeutic termination of pregnancy.
(2) A medical clinic in accordance with the Medical Premise Act, is allowed to perform therapeutic termination of pregnancy where the gestational age is not over twelve weeks.

Secondary (district-level) health-care facilities
Yes
The limit of 12 weeks gestational period applies to clinics outside hospitals. There is no gestational limit set for abortions done in hospitals. Therefore, the gestational limit is specific to the site where the abortion is conducted.

Termination of pregnancy pursuant to Criminal Code Articles 305(1) and (2) must be performed in the following medical premises:
(1) A government hospital or government agency that provides overnight admission service to patients, or a medical infirmary that has beds for patients for overnight stay in accordance with the Medical Premise Act, these medical premises are allowed to perform appropriate therapeutic termination of pregnancy.
(2) A medical clinic in accordance with the Medical Premise Act, is allowed to perform therapeutic termination of pregnancy where the gestational age is not over twelve weeks.

Specialized abortion care public facilities
Not specified

Private health-care centres or clinics
Not specified

NGO health-care centres or clinics
Not specified

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

Yes, guidelines issued by the government

Related documents:
- Clinical Practice Handbook for Safe Abortion Care, 2015 (page 1)

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)
### Contraception included in post-abortion care

Where there is evidence of the existence of a source document that could not be accessed, including those that could not be translated for any reason, this information is provided in an accompanying note.

**WHO Guidance**

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

All women should receive contraceptive information and be offered counselling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines § 2.3.

*Source document: WHO Safe Abortion Guidance (page 62)*

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### Insurance to offset end user costs

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, § 3.6.2.

*Source document: WHO Safe Abortion Guidance (page 18)*
Conscientious Objection

Who can provide abortion services

- Nurse
  - Not specified
- Midwife/nurse-midwife
  - Not specified
- Doctor (speciality not specified)
  - Yes
- Specialist doctor, including OB/GYN
  - Not specified
- Other (if applicable)
  - The physician who performs the therapeutic termination of pregnancy according to this regulation shall be the medical practitioner under the law.

Related documents:
- Medical Council Regulations (page 2)
- Medical Professional Act (page 1)

Extra facility/provider requirements for delivery of abortion services

- Referral linkages to a higher-level facility
  - Not specified
- Availability of a specialist doctor, including OB/GYN
  - Not specified
- Minimum number of beds
  - Not specified
- Other (if applicable)
  - The therapeutic termination of pregnancy must be performed in the following medical premises:
  1. A government hospital or government agency that provides overnight admission service to patients, or a medical infirmary that has beds for patients for overnight stay in accordance with the Medical Premise Act, these medical premises are allowed to perform appropriate therapeutic termination of pregnancy.
  2. A medical clinic in accordance with the Medical Premise Act, is allowed to perform therapeutic termination of pregnancy where the gestational age is not over twelve weeks.

- The limit of 12 weeks gestational period applies to clinics outside hospitals. There is no gestational limit set for abortions done in hospitals. Therefore, the gestational limit is specific to the site where the abortion is conducted.

- Termination of pregnancy pursuant to Criminal Code Articles 305(1) and (2) must be performed in the following medical premises:
  1. A government hospital or government agency that provides overnight admission service to patients, or a medical infirmary that has beds for patients for overnight stay in accordance with the Medical Premise Act, these medical premises are allowed to perform appropriate therapeutic termination of pregnancy.
  2. A medical clinic in accordance with the Medical Premise Act, is allowed to perform therapeutic termination of pregnancy where the gestational age is not over twelve weeks.

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

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

Source document: WHO Safe Abortion Guidance (page 75)
### Public Sector Providers

No data found.

**WHO Guidance**

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

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

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

**Additional notes**

A Declaration on Patients’ Rights exists but could not be reflected here due to language limitations.

**Related documents:**
- Declaration of Patients’ Rights (page 1)

### Private Sector Providers

No data found.

**WHO Guidance**

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

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

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

**Additional notes**

A Declaration on Patients’ Rights exists but could not be reflected here due to language limitations.

**Related documents:**
- Declaration of Patients’ Rights (page 1)

### Provider Type Not Specified

No data found.

**WHO Guidance**

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

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

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

**Additional notes**

A Declaration on Patients’ Rights exists but could not be reflected here due to language limitations.

**Related documents:**
- Declaration of Patients’ Rights (page 1)

### Neither Type of Provider Permitted

No data found.

**WHO Guidance**

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

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

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

**Additional notes**

A Declaration on Patients’ Rights exists but could not be reflected here due to language limitations.

**Related documents:**
- Declaration of Patients’ Rights (page 1)
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)

Additional notes

A Declaration on Patients’ Rights exists but could not be reflected here due to language limitations.

Related documents:
- Declaration of Patients’ Rights (page 1)
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  
37 (2017)

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  
51 (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

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

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

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

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

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

Total fertility rate

Legal marital age for women, with parental consent
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal marital age for women, without parental consent</td>
<td>20</td>
<td>2009-2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.39</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>93</td>
<td>2017</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>no</td>
<td>2020</td>
</tr>
<tr>
<td>Median age</td>
<td>40.1</td>
<td>2020</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>49.949</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.88</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.980</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>51.4199982</td>
<td>2018</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>4.8</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.06</td>
<td>2018</td>
</tr>
</tbody>
</table>