Country Profile: Turkey

Region: Western 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 Criminal / Penal Code:
- Penal Code

From Civil Code:
- Civil Code, 2011

From Health Regulation / Clinical Guidelines:
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

From EML / Registered List:
- List of drugs, Medicines and Medical Devices Agency, 2016

From Abortion Specific Law:
- Abortion Law, 1983

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

Concluding Observations:
- CEDAW

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: 10
### Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Code (page 29)</td>
<td></td>
</tr>
</tbody>
</table>

#### 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)

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Abortion Law, 1983 (page 2)</td>
<td></td>
</tr>
<tr>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

#### Gestational limit

**Weeks**: No limit specified

- **Abortion Law, 1983 (page 2)**
- **Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization (page 2)**

#### 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)

<table>
<thead>
<tr>
<th>Rape</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related documents:</td>
<td></td>
</tr>
<tr>
<td>• Penal Code (page 29)</td>
<td></td>
</tr>
</tbody>
</table>

#### Gestational limit

**Weeks**: 20

- **Penal Code (page 29)**

#### 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 Penal Code permits abortion “in case a woman gets pregnant as a result of an offense.” It criminalises sexual abuse, child molestation and sexual intercourse between/with persons who have not attained the lawful age.
<table>
<thead>
<tr>
<th>Incest</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Penal Code (page 29)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Intellectual or cognitive disability of the woman</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Penal Code (page 29)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Physical health</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Health</th>
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<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

**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)

<table>
<thead>
<tr>
<th>Life</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>• Abortion Law, 1983 (page 2)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**
## Additional Requirements to Access Safe Abortion

### Authorization of health professional(s)

- **Yes**

  **Related documents:**
  - Abortion Law, 1983 (page 2)

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

- **2**
  - Specialist Doctor, Including OB/GYN

  Authorisation is needed for abortion at gestational ages of more than ten weeks.

  - Abortion Law, 1983 (page 2)
  - Abortion Law, 1983 (page 2)

### 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

Authorisation is needed for abortion at gestational ages of more than ten weeks.

### Authorization in specially licensed facilities only

- **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:**
  - Abortion Law, 1983
  - Penal Code
  - Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

### WHO Guidance

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

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

**Source document:** WHO Safe Abortion Guidance (page 103)
### Judicial authorization for minors

| Yes |

**Related documents:**
- Abortion Law, 1983 (page 2)

### Age where consent not needed

| 18 |

The Civil Code stipulates that the age of majority is eighteen and that a person becomes sui juris by marriage. As a result, like adult women, married minors need to consent to abortion as well as obtaining their husband’s permission.

- Abortion Law, 1983 (page 2)
- Civil Code, 2011 (page 2)

**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 specified |

**Related documents:**
- Abortion Law, 1983
- Penal Code
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

**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 specified |

**Related documents:**
- Abortion Law, 1983
- Penal Code
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

**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...
### Parental consent required for minors

**Yes**

**Related documents:**
- Abortion Law, 1983 (page 2)

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

Yes

Minors need the permission of a parent. In the case of minors under legal guardianship, the consent of the minor and the consent of the legal guardian, as well as the permission of a Justice of the Peace, are required. The requirement of obtaining permission from a parent or from a justice of the peace may be waived if there could be a danger to life or to a vital organ unless urgent action is taken.

- Abortion Law, 1983 (page 2)

#### Age where consent not needed

18

The Civil Code stipulates that the age of majority is eighteen and that a person becomes sui juris by marriage. As a result, like adult women, married minors need to consent to abortion as well as obtaining their husband's permission.

- Abortion Law, 1983 (page 2)
- Civil Code, 2011 (page 2)

---

### Spousal consent

**Yes**

**Related documents:**
- Abortion Law, 1983 (page 2)

---

### 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:**
- Abortion Law, 1983
- Penal Code
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

---

### 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

Minors need the permission of a parent. In the case of minors under legal guardianship, the consent of the minor and the consent of the legal guardian, as well as the permission of a Justice of the Peace, are required. The requirement of obtaining permission from a parent or from a justice of the peace may be waived if there could be a danger to life or to a vital organ unless urgent action is taken.
### 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:**
- Abortion Law, 1983
- Penal Code
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

---

### 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:**
- Abortion Law, 1983
- Penal Code
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

---

### 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:**
- Abortion Law, 1983
- Penal Code
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

---

### 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:**
- Abortion Law, 1983
- Penal Code
Clinical and Service-delivery Aspects of Abortion Care

• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

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)

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:**
- Abortion Law, 1983
- Penal Code
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

WHO Guidance

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

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

**Source document:** Preventing Gender-Biased Sex Selection (page 17)

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

No data found

WHO Guidance

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

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

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

Other

No data found

WHO Guidance

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

Clinical and Service-delivery Aspects of Abortion Care
Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>Country recognized approval (mifepristone / mifepristone-misoprostol)</th>
<th>Country recognized approval (misoprostol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td>No data found</td>
<td>No, indications not specified</td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td>No data found</td>
<td>Yes, indications not specified</td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td>No data found</td>
<td>Misoprostol allowed to be sold or distributed by pharmacies or drug stores</td>
</tr>
<tr>
<td>Misoprostol only</td>
<td>No data found</td>
<td>Not specified</td>
</tr>
<tr>
<td>Other (where provided)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WHO Guidance

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

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

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3-Recommendation.

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

Where mifepristone is not available, the recommended method for medical abortion is misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2-Recommendation.

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

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.
### Where can abortion services be provided

**Primary health-care centres**
Yes

Facilities providing abortions at gestational ages up to ten weeks must be specialized in gynecology and obstetrics. They can be official medical institutions, private hospitals or the consultation rooms of gynecologists or obstetricians. Abortions at gestational ages of more than ten weeks can be performed in official medical institutions with beds or in private hospitals.

- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

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

Facilities providing abortions at gestational ages up to ten weeks must be specialized in gynecology and obstetrics. They can be official medical institutions, private hospitals or the consultation rooms of gynecologists or obstetricians. Abortions at gestational ages of more than ten weeks can be performed in official medical institutions with beds or in private hospitals.

- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

**Specialized abortion care public facilities**
Yes

Facilities providing abortions at gestational ages up to ten weeks must be specialized in gynecology and obstetrics. They can be official medical institutions, private hospitals or the consultation rooms of gynecologists or obstetricians. Abortions at gestational ages of more than ten weeks can be performed in official medical institutions with beds or in private hospitals.

- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

**Private health-care centres or clinics**
Yes

Facilities providing abortions at gestational ages up to ten weeks must be specialized in gynecology and obstetrics. They can be official medical institutions, private hospitals or the consultation rooms of gynecologists or obstetricians. Abortions at gestational ages of more than ten weeks can be performed in official medical institutions with beds or in private hospitals.

- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

**NGO health-care centres or clinics**
Not specified

- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

**Other (if applicable)**

---

### Additional notes

Facilities providing abortions at gestational ages up to ten weeks must be specialized in gynecology and obstetrics. They can be official medical institutions, private hospitals or the consultation rooms of gynecologists or obstetricians. Abortions at gestational ages of more than ten weeks can be performed in official medical institutions with beds or in private hospitals.

---

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

<table>
<thead>
<tr>
<th>Setting</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>• Abortion Law, 1983</td>
</tr>
<tr>
<td></td>
<td>• Penal Code</td>
</tr>
<tr>
<td></td>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>• Abortion Law, 1983</td>
</tr>
<tr>
<td></td>
<td>• Penal Code</td>
</tr>
<tr>
<td></td>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>• Abortion Law, 1983</td>
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<td>• Penal Code</td>
</tr>
<tr>
<td></td>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>• Abortion Law, 1983</td>
</tr>
<tr>
<td></td>
<td>• Penal Code</td>
</tr>
<tr>
<td></td>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>• Abortion Law, 1983</td>
</tr>
<tr>
<td></td>
<td>• Penal Code</td>
</tr>
<tr>
<td></td>
<td>• Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

Contraception included in post-abortion care

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

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

Related documents:
- Abortion Law, 1983
- Penal Code
- Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization

WHO Guidance

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

All women should receive contraceptive information and be offered counseling for and methods of post-abortion contraception, including emergency contraception, before leaving the health-care facility. Safe Abortion Guidelines, § 2.3.
Insurance to offset end user costs

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.

Related documents:
- Abortion Law, 1983 (page 1)
- Nurse
  - Not specified
    - Abortion Law, 1983
    - Penal Code
    - Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization
- Midwife/nurse-midwife
  - Not specified
    - Abortion Law, 1983
    - Penal Code
    - Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization
- Doctor (specialty not specified)
  - Yes
    - Abortions before 10 weeks of gestation can be performed by obstetricians gynaecologists or by general practitioners who have studied in institutions opened by the Ministry, who have a license to practice and who are under the control and observation of gynecologists and obstetricians. Abortions after 10 weeks of gestation must be performed by obstetricians gynaecologists.
    - Abortion Law, 1983 (page 1)
    - Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization (page 1)
- Specialist doctor, including OB/GYN
  - Yes
    - Abortions before 10 weeks of gestation can be performed by obstetricians gynaecologists or by general practitioners who have studied in institutions opened by the Ministry, who have a license to practice and who are under the control and observation of gynecologists and obstetricians. Abortions after 10 weeks of gestation must be performed by obstetricians gynaecologists.
    - Abortion Law, 1983 (page 1)
    - Regulations Concerning the Administration and Control of Womb Evacuation and Sterilization (page 1)
- 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.

Additional notes

Abortions before 10 weeks of gestation can be performed by obstetricians gynaecologists or by general practitioners who have studied in institutions opened by the Ministry, who have a license to practice and who are under the control and observation of gynecologists and obstetricians. Abortions after 10 weeks of gestation must be performed by obstetricians gynaecologists.
### Conscientious Objection

<table>
<thead>
<tr>
<th>Provider type</th>
<th>Data available</th>
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</thead>
<tbody>
<tr>
<td>Public sector providers</td>
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<tr>
<td>Private sector providers</td>
<td>No data found</td>
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<tr>
<td>Provider type not specified</td>
<td>No data found</td>
</tr>
</tbody>
</table>

**WHO Guidance**

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

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

↓ **Source document:** WHO Safe Abortion Guidance (page 106)
<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
<th>No data found</th>
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</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman’s life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.</td>
<td></td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public facilities</th>
<th>No data found</th>
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</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private facilities</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility type not specified</th>
<th>No data found</th>
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</thead>
<tbody>
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<td><strong>WHO Guidance</strong></td>
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</tr>
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<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neither Type of Facility Permitted</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Guidance</strong></td>
<td>The following descriptions and recommendations were extracted from WHO guidance on safe abortion.</td>
</tr>
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<td></td>
</tr>
<tr>
<td>Source document: WHO Safe Abortion Guidance (page 106)</td>
<td></td>
</tr>
</tbody>
</table>
Indicators

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

Goal 1. End poverty in all its forms everywhere

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)</td>
<td>No data</td>
</tr>
<tr>
<td>1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable</td>
<td>No data</td>
</tr>
<tr>
<td>1.3.2 Proportion of total government spending on essential services (education, health and social protection)</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1 Maternal mortality ratio</td>
<td>17 (2017)</td>
</tr>
<tr>
<td>3.1.2 Proportion of births attended by skilled health personnel</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</td>
<td>No data</td>
</tr>
<tr>
<td>3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group</td>
<td>25.8 (2015-2020)</td>
</tr>
<tr>
<td>3.8.2 Number of people covered by health insurance or a public health system per 1,000 population</td>
<td>No data</td>
</tr>
<tr>
<td>3.c.1 Health worker density and distribution</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>Indicator</td>
<td>Data Available</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18</td>
<td>No data</td>
</tr>
<tr>
<td>5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td>5.b.1 Proportion of individuals who own a mobile telephone, by sex</td>
<td>No data</td>
</tr>
<tr>
<td><strong>Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</strong></td>
<td></td>
</tr>
<tr>
<td>8.5.2 Unemployment rate, by sex, age and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td><strong>Goal 10. Reduce inequality within and among countries</strong></td>
<td></td>
</tr>
<tr>
<td>10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities</td>
<td>No data</td>
</tr>
<tr>
<td>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</td>
<td>No data</td>
</tr>
<tr>
<td><strong>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</strong></td>
<td></td>
</tr>
<tr>
<td>16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation</td>
<td>No data</td>
</tr>
<tr>
<td>16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18</td>
<td>No data</td>
</tr>
<tr>
<td>16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms</td>
<td>No data</td>
</tr>
<tr>
<td>16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months</td>
<td>No data</td>
</tr>
<tr>
<td>16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)</td>
<td>No data</td>
</tr>
</tbody>
</table>
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

Additional Reproductive Health Indicators

Percentage of married women with unmet need for family planning

5.9 (2013)

Percentage of births attended by trained health professional

97.4 (2014)

Percentage of women aged 20-24 who gave birth before age 18

8 (2009-2013)

Total fertility rate

2.069 (2018)

Legal marital age for women, with parental consent

16 (2009-2017)

Legal marital age for women, without parental consent

18 (2009-2017)

Gender Inequalities Index (Value)

0.32 (2017)

Gender Inequalities Index (Rank)

69 (2017)

Mandatory paid maternity leave

yes (2020)

Median age

31.5 (2020)

Population, urban (%)

...
<table>
<thead>
<tr>
<th>Category</th>
<th>Value (Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.65 (2013)</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>0.974 (2015)</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>26 (2013)</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>14.6 (2017)</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05 (2018)</td>
</tr>
</tbody>
</table>