**Country Profile:** Turkmenistan

**Region:** South-Central 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 General Medical Health Act:**
  - Law on Public Health

- **From Criminal / Penal Code:**
  - Penal Code

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**Concluding Observations:**
- CESCR
- CEDAW

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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

---

**Legal Ground and Gestational Limit**

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>Yes</th>
</tr>
</thead>
</table>

**Related documents:**
- Law on Public Health (page 23)
Gestational limit
Weeks: 28

- Law on Public Health (page 23)

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)

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 Public Health states that medical grounds are established for performing an abortion. It further states: “The list of medical and social indications for abortion is defined and approved by the Ministry of Health and Medical Industry of Turkmenistan.” The document containing this list could not be located.

Foetal impairment
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:
- Penal Code

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)

Rape
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:
- Penal Code

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 103)

Incest
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:
- Penal Code
### Intellectual or cognitive disability of the woman

- **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:**
- Penal Code

### Mental health

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

**Related documents:**
- Penal Code

### Physical health

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

**Related documents:**
- Penal Code

### Health

**Yes**

**Related documents:**
- Law on Public Health (page 23)

#### Gestational limit

**Weeks:** No limit specified

**Related documents:**
- Law on Public Health (page 23)
Life

**Additional notes**

The Law on Public Health states that medical grounds are established for performing an abortion. It further states: “The list of medical and social indications for abortion is defined and approved by the Ministry of Health and Medical Industry of Turkmenistan.” The document containing this list could not be located.

**Related documents:**
- Penal Code

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.

**Additional notes**

Article 39.1 of the Penal Code (Extreme Necessity) states: “It is not a crime to cause harm to law-enforceable interests in a state of extreme necessity, that is, to eliminate a danger directly threatening the life, health, rights and legitimate interests of that person or other persons, the interests of society or the state, if this danger under the circumstances could not be eliminated by other means and the limits of extreme necessity were not exceeded.”

Other

Additional Requirements to Access Safe Abortion

<table>
<thead>
<tr>
<th>Authorization of health professional(s)</th>
<th>Not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Law on Public Health</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization in specially licensed facilities only</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>- Law on Public Health (page 23)</td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Additional notes**

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.

**Related documents:**
- Law on Public Health (page 23)
<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
<th>Description</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judicial authorization for minors</td>
<td>Not specified</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>
<td>Law on Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>WHO Guidance</strong></td>
<td>WHO Safe Abortion Guidance (page 105)</td>
</tr>
<tr>
<td>Procedure</td>
<td>WHO Guidance</td>
<td>Related documents</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Ultrasound images or listen to foetal heartbeat required</td>
<td>Not specified</td>
<td>Law on Public Health</td>
<td></td>
</tr>
<tr>
<td>Compulsory counselling</td>
<td>Not specified</td>
<td>Law on Public Health</td>
<td></td>
</tr>
<tr>
<td>Compulsory waiting period</td>
<td>Not specified</td>
<td>Law on Public Health</td>
<td></td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td>Not specified</td>
<td>Law on Public Health</td>
<td></td>
</tr>
</tbody>
</table>
### Clinical and Service-delivery Aspects of Abortion Care

#### Other mandatory STI screening tests

**Not specified**

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

**Related documents:**
- Law on Public Health

#### 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:**
- Law on Public Health

#### Restrictions on information provided to the public

No data found

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

#### Restrictions on methods to detect sex of the foetus

No data found

**Source document:** WHO Safe Abortion Guidance (page 107)

#### Other

**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)

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)

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)

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)
### National guidelines for induced abortion

<table>
<thead>
<tr>
<th>Country recognized approval (mifepristone / mife-misoprostol)</th>
<th>No data found</th>
</tr>
</thead>
</table>

**WHO Guidance**

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

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

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

### Methods allowed

<table>
<thead>
<tr>
<th>Method</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum aspiration</td>
<td></td>
</tr>
<tr>
<td>Dilatation and evacuation</td>
<td></td>
</tr>
<tr>
<td>Combination mifepristone-misoprostol</td>
<td></td>
</tr>
<tr>
<td>Misoprostol only</td>
<td></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 is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). **Safe Abortion Guidelines, Executive Summary, Box 1-Recommendation.**

**Source document:** [WHO Safe Abortion Guidance (page 123)]

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

**Source document:** [WHO Safe Abortion Guidance (page 123)]

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

**Source document:** [WHO Safe Abortion Guidance (page 13)]

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

**Source document:** [WHO Safe Abortion Guidance (page 14)]

### Country recognized approval (misoprostol)

<table>
<thead>
<tr>
<th>Country recognized approval (misoprostol)</th>
<th>No data found</th>
</tr>
</thead>
</table>

**WHO Guidance**

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. **Safe Abortion Guidelines, § 2.2.5**

**Source document:** [WHO Safe Abortion Guidance (page 54)]

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. **Safe Abortion Guidelines, § 3.3.1.1.**

**Source document:** [WHO Safe Abortion Guidance (page 13)]
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

Related documents:
- Source document: WHO Safe Abortion Guidance (page 54)

Primary health-care centres
No
- Law on Public Health (page 23)

Secondary (district-level) health-care facilities
Yes
- Law on Public Health (page 23)

Specialized abortion care public facilities
Not specified
- Law on Public Health

Private health-care centres or clinics
Not specified
- Law on Public Health

NGO health-care centres or clinics
Not specified
- Law on Public Health

Other (if applicable)
Abortion are to be performed in hospitals that have received a license to perform abortions.
- Law on Public Health (page 23)

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)

No data found

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)

No data found
| **Contraception included in post-abortion care** | No data found |
| **Insurance to offset end user costs** | No data found |
| **Who can provide abortion services** | Related documents:  
- **Law on Public Health (page 23)**  

**Nurse**  
Not specified  
- **Law on Public Health**  

**Midwife/nurse-midwife**  
Not specified  
- **Law on Public Health**  

**Doctor (specialty not specified)**  
Yes  
Physicians entitled to provide abortions are those that have a special training.  
- **Law on Public Health (page 23)**  

**Specialist doctor, including OB/GYN**  
Not specified  
- **Law on Public Health**  

**Other (if applicable)** |
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.

Referral linkages to a higher-level facility
Not specified
- Law on Public Health

Availability of a specialist doctor, including OB/GYN
Not specified
- Law on Public Health

Minimum number of beds
Not specified
- Law on Public Health

Other (if applicable)

WHO Guidance

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

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)

Conscientious Objection

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)

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)

Provider type not specified
No data found
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>Category</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neither Type of Provider Permitted</td>
<td>No data found</td>
</tr>
<tr>
<td>Public facilities</td>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Private facilities</td>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Facility type not specified</td>
<td>WHO Guidance</td>
</tr>
<tr>
<td>Neither Type of Facility Permitted</td>
<td>WHO Guidance</td>
</tr>
</tbody>
</table>

The respect, protection and fulfillment 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)
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  

7 (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  

24.4 (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

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

5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure

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

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities

Goal 10. Reduce inequality within and among countries

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

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

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

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 18-29 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

Total fertility rate

Legal marital age for women, with parental consent

Legal marital age for women, without parental consent

Gender Inequalities Index (Value)

Gender Inequalities Index (Rank)

Mandatory paid maternity leave

Median age

Population, urban (%)

Percentage of secondary school completion rate for girls
<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender parity in secondary education</td>
<td>0.959</td>
<td>2014</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>42.1</td>
<td>2002</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>25.8</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.05</td>
<td>2018</td>
</tr>
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