UNITED NATIONS TWELFTH INQUIRY AMONG GOVERNMENTS ON POPULATION AND DEVELOPMENT

MODULE II

FERTILITY, FAMILY PLANNING AND REPRODUCTIVE HEALTH

This module contains questions about government policies, programmes and strategies, as well as laws and regulations relating to fertility, sexual and reproductive health, family planning, sexually transmitted infections, including HIV/AIDS, and induced abortion.

Please identify the office responsible for coordinating responses to this module and include the contact information of the official who completed the module.

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The Inquiry Module can also be completed online at:
https://icts-surveys.unog.ch/index.php/134937?lang=en

A. FERTILITY

2.1 What is the policy of the Government concerning the present level of fertility[1]?

RAISE	MAINTAIN AT CURRENT LEVELS	LOWER	NO OFFICIAL POLICY
◉	○	○	○

2.2 Please specify the major underlying reasons for the current fertility policy.

REASON	YES	NO	NOT APPLICABLE
a. To counter population decline	◉	○	○
b. To curb population growth	○	◉	○
c. To address population ageing	◉	○	○
d. To ensure sustainability for future generations	◉	○	

2.3 What is the policy of the Government concerning the following?

	RAISE	MAINTAIN AT CURRENT LEVELS	LOWER	NO OFFICIAL POLICY
a. Age at first birth	◉	○	○	○
b. Spacing between births	◉	○	○	○
c. Age at marriage or union formation	◉	○	○	○

[1] Fertility levels are measured by various indicators such as the number of children born each year in the country per thousand population, the number of births each year per thousand women of reproductive age, or the average number of children a woman would have in her lifetime based on current birth rates.

2.4 Does the Government view the fertility of adolescents[2] in the country as a matter of concern?

MAJOR CONCERN	MINOR CONCERN	NOT A CONCERN
◉	○	○

2.5 Has the Government adopted any measures [in the past five years] to improve the coverage of birth registration?

YES	NO	NOT APPLICABLE[3]
◉	○	○

2.6 Has the Government adopted any of the following measures to improve family/work balance for childbearing and child-rearing?

MEASURE	YES	NO
a. Maternity leave for childbirth with job security (paid or unpaid)	◉	○
b. Paternity leave for childbirth with job security (paid or unpaid)	◉	○
c. Parental leave for childcare at home (paid or unpaid)	○	○
d. Baby bonus (lump sum payment)	◉	○
e. Child or family allowances	◉	○
f. Tax credit for dependent children	○	○
g. Flexible or part-time work hours for parents	◉	○
h. Publicly subsidized childcare	◉	○
i. Specific measures to support single-parent families	○	○
j. Promote male participation, equal sharing of household work and care responsibilities	○	○

[2] Adolescence is the period between childhood and adulthood that is considered to begin with puberty. Since legal provisions generally set the age of majority at 18 years, adolescence is often identified as the period between ages 12 and 18. In practice, and owing to considerations related to statistical convenience, persons aged 15 to 19 are often considered to be adolescents.

[3] Where birth registration coverage is near universal.

2.7 If YES to 2.6a, 2.6b or 2.6c, please specify the duration of leave.

TYPE OF LEAVE	DURATION (IN MONTHS)		
	FULLY PAID	PARTIALLY PAID	UNPAID
a. Maternity leave	6		17
b. Paternity leave	3		15
c. Parental leave			

B. SEXUAL AND REPRODUCTIVE HEALTH

2.8 Please specify the legal minimum age at marriage (in years) for women and men.

	WITHOUT PARENTAL OR OTHER CONSENT	WITH PARENTAL OR OTHER CONSENT	VARIES BY JURISDICTION
a. For women	18	18	☐
b. For men	18	18	☐

2.9 Please specify the legal age of consent to sexual activity.

AGE (IN YEARS)	VARIES BY JURISDICTION
	☐

2.10 Has the Government adopted any measures [in the past five years] to address the following harmful practices?

TYPE OF HARMFUL PRACTICE	YES	NO	NOT APPLICABLE[4]
a. Child, early and forced marriage[5]	◉	○	○
b. Female genital mutilation (FGM)[6]	◉	○	○
c. Sexual violence and exploitation, including domestic and intimate partner violence	◉	○	

[4] Where prevalence of the harmful practice is negligible.
[5] Measures could include raising and/or enforcing minimum age at marriage.
[6] Measures could include integrating FGM responses into sexual and reproductive health services.

2.11 Does the Government have a national policy, programme or strategy to address sexual and reproductive health issues?

YES	NO	NAME OF POLICY, PROGRAMME OR STRATEGY
◉	○	MCH strategy

2.12 Has the Government adopted any of the following measures [in the past five years] related to improving the reproductive and sexual health of adolescents?

MEASURE	YES	NO	NOT APPLICABLE[7]
a. Expand girls' secondary school enrolment/retention	○	○	○
b. Provide school-based sexuality education	◉	○	○
c. Provide adolescent-friendly clinics and/or community outreach services	○	○	○

2.13 Does the Government have any law(s) or regulation(s)[8] that guarantee HPV (Human Papillomavirus) vaccine to adolescent girls?

YES	NO
◉	○

2.14 If YES to 2.13, are there any plural legal systems[9] contradicting the above?

YES	NO
○	○

[7] Where coverage or availability is near universal.

[8] "Regulations" include executive, ministerial or other administrative orders or decrees. Only regulations with national-level application are considered.

[9] "Plural legal systems" include traditional legal systems and "customary laws" (e.g., religious, indigenous), which might restrict the applicability of the law(s) or regulation(s) to certain population groups.

2.15 Does the Government have any law(s), regulation(s)[8] or national policies that make sexuality education a mandatory component of the national school curriculum?

YES	NO
○	○

2.16 If YES to 2.15, are there any plural legal systems[9] contradicting the above?

YES	NO
○	○

2.17 If YES to 2.15, are the following eight topics included in the sexuality education curriculum?

CURRICULUM TOPIC	YES	NO
a. Relationships	○	○
b. Values, rights, culture and sexuality	○	○
c. Understanding gender	○	○
d. Violence and staying safe	○	○
e. Skills for health and well-being	○	○
f. The human body and development	○	○
g. Sexuality and sexual behavior	○	○
h. Sexual and reproductive health	○	○

2.18 Does the Government have any law(s) or regulation(s)[8] that guarantee access to maternity care?

YES	NO
◉	○

2.19 If YES to 2.18, are there any plural legal systems[9] contradicting the above?

YES	NO
○	○

2.20 Does the law(s) or regulation(s)[8] identified in Q 2.18 include any restrictions based on any of the following characteristics?

RESTRICTION	YES	NO
a. Age	○	○
b. Marital status	○	○
c. 3rd party authorization (e.g. spousal, parental/guardian, medical)	○	○

2.21 Has the Government expanded any of the following measures [in the past five years] to improve the health of newborns and mothers in the country?

MEASURE	YES	NO	NOT APPLICABLE[10]
a. Coverage of comprehensive prenatal care	◉	○	○
b. Coverage of deliveries by skilled birth attendants	◉	○	○
c. Coverage of emergency obstetric care	○	○	○
d. Coverage of essential postnatal and newborn care	◉	○	○
e. Access to effective contraception	○	○	○
f. Access to safe abortion care	◉	○	○
g. Access to post-abortion care	◉	○	○
h. Recruitment and training of skilled birth attendants	◉	○	○

[10] Where coverage or access is near universal.

2.22 Does the national list of essential medicines include the following 13 commodities?

COMMODITY	YES	NO
a. Oxytocin	○	○
b. Misoprostol	○	○
c. Magnesium sulfate	○	○
d. Injectable antibiotics	○	○
e. Antenatal corticosteroids	○	○
f. Chlorhexidine	○	○
g. Resuscitation devices for newborns	○	○
h. Amoxicillin	○	○
i. Oral rehydration salts	○	○
j. Zinc	○	○
k. Female condoms	○	○
l. Contraceptive implants	○	○
m. Emergency contraception (levonorgestrel)	○	○

C. FAMILY PLANNING

2.23 Does the Government have any law(s) or regulation(s)[8] that guarantee the following services/rights?

CONTRACEPTIVE SERVICE/RIGHT	YES	NO
a. Access to contraceptive services	○	○
b. Access to emergency contraception	○	○
c. Provision of full, free and informed consent of all individuals before receiving contraceptive services (includes sterilization)	○	○

2.24 If YES to 2.23a, 2.23b or 2.23c, are there any plural legal systems[9] contradicting the above?

CONTRACEPTIVE SERVICE/RIGHT	YES	NO
a. Access to contraceptive services	○	○
b. Access to emergency contraception	○	○
c. Provision of full, free and informed consent of all individuals before receiving contraceptive services (includes sterilization)	○	○

2.25 What is the policy of the Government concerning the provision of modern contraceptive methods?

POLICY	YES	NO
a. Directly provide contraceptive methods through governmental sources	○	○
b. Provide financial support for the provision of contraceptive methods by non-governmental sources	○	○
c. Permit non-governmental sources to provide contraceptive methods, without providing financial support to such sources	○	○
d. Restrict access to contraceptive methods	○	○
e. Charge clients for family planning services or commodities provided through governmental sources	○	○
f. Subject family planning commodities to duties, import taxes or other fees	○	○

2.26 Does the Government have any law(s) or regulation(s)[8] restricting access to contraceptive services based on any of the following criteria? [*Please select all that apply.*]

CONTRACEPTIVE SERVICE	MINIMUM AGE	SEX	MARITAL STATUS	3RD PARTY AUTHORIZATION (E.G. SPOUSAL, PARENTAL/GUARDIAN, MEDICAL)
a. Access to regular contraceptive services	☐	☐	☐	☐
b. Access to emergency contraception	☐		☐	☐

2.27 If YES to minimum age in 2.26a or 2.26b, please specify the minimum age.

CONTRACEPTIVE SERVICE	MINIMUM AGE (IN YEARS)	
	FOR WOMEN	FOR MEN
a. Access to regular contraceptive services		
b. Access to emergency contraception		

D. SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS

2.28 Does the Government view HIV/AIDS in the country as a matter of concern?

MAJOR CONCERN	MINOR CONCERN	NOT A CONCERN
◉	○	○

2.29 Has the Government adopted any of the following measures to address sexually transmitted infections, including HIV/AIDS?

MEASURE	YES	NO	NOT APPLICABLE[11]
a. Conduct information and education campaigns	◉	○	○
b. Target high-risk and vulnerable groups	◉	○	○

[11] Where prevalence of sexually transmitted infections, including HIV/AIDS is negligible.

c. Strengthen voluntary counselling and testing	◉	○	○
d. Promote abstinence before marriage	○	○	○
e. Promote partner faithfulness	○	○	○
f. Promote the use of male and female condoms	◉	○	○
g. Conduct routine screening of blood	◉	○	○
h. Prevent mother-to-child transmission	◉	○	○
i. Provide subsidized antiretroviral treatment	◉	○	○
j. Adopt legal provisions prohibiting discrimination of those infected	◉	○	○

2.30 Does the Government have any law(s) or regulation(s)[8] that guarantee the following services/rights?

HIV/AIDS SERVICE/RIGHT	YES	NO
a. Voluntary HIV counselling and testing services	◉	○
b. HIV treatment and care services	◉	○
c. Protection of the confidentiality of all people living with HIV	◉	○

2.31 If YES to 2.30a, 2.30b or 2.30c, are there any plural legal systems[9] contradicting the above?

HIV/AIDS SERVICE/RIGHT	YES	NO
a. Voluntary HIV counselling and testing services	○	○
b. HIV treatment and care services	○	○
c. Protection of the confidentiality of all people living with HIV	○	○

2.32 Does the Government have any law(s) or regulation(s)[8] that restrict access to the following HIV services/rights based on any of the following characteristics? [*Please select all that apply.*]

HIV/AIDS SERVICE/RIGHT	MINIMUM AGE	SEX	MARITAL STATUS	3RD PARTY AUTHORIZATION (E.G. SPOUSAL, PARENTAL/GUARDIAN, MEDICAL)
a. Voluntary HIV counselling and testing services	☐	☐	☐	☐
b. HIV treatment and care services	☐	☐	☐	☐
c. Protection of the confidentiality of all people living with HIV	☐	☐	☐	☐

E. ABORTION

2.33 Does the Government view the number and safety of induced abortions in the country as a matter of concern?

	MAJOR CONCERN	MINOR CONCERN	NOT A CONCERN
a. Number	◉	○	○
b. Safety	○	○	○

2.34 Please indicate the legal grounds on which abortion is currently permitted in the country.

Not permitted on any ground ☐

LEGAL GROUND FOR ABORTION	YES	NO	VARIES BY JURISDICTION	NOT SPECIFIED
a. To save a woman's life	◉	○	○	○
b. To preserve a woman's physical health	○	○	○	○
c. To preserve a woman's mental health	○	○	○	○
d. In cases of rape	○	○	○	○

e. In cases of incest	○	○	○	○
f. In cases of fetal impairment	○	○	○	○
g. In cases of disability (physical, intellectual or cognitive) of the woman	○	○	○	○
h. For economic or social reasons	◉	○	○	○
i. On request	◉	○	○	○

2.35 If induced abortion is legal on some or all grounds but additional restrictions apply, please indicate the restrictions.

RESTRICTION	YES	NO	VARIES BY JURISDICTION	NOT SPECIFIED
a. Gestational limits apply	◉	○	○	○
b. Authorization of medical professional(s) required	◉	○	○	○
c. Parental consent required for minors	○	○	○	○
d. Judicial consent required for minors	○	○	○	○
e. Husband's consent required for married women	○	○	○	○
f. Authorized in licensed facilities only	◉	○	○	○
g. Compulsory counselling or waiting periods	◉	○	○	○
h. Prohibition of sex-selective abortion	○	○	○	○

2.36 Can any of the following persons be criminally charged for an illegal abortion? [*Please select all that apply.*]

WOMAN	PROVIDER	PERSON WHO HELPS A WOMAN OBTAIN AN ABORTION	NOT APPLICABLE
☐	☐	☐	■

2.37 Does the Government have any law(s) or regulation(s)[8] that ensure access to post-abortion care, irrespective of the legal status of abortion?

YES	NO
○	○

2.38 If YES to 2.37, are there any plural legal systems[9] contradicting the above?

YES	NO
○	○

2.39 Does the Government have any law(s) or regulation(s)[8] that restrict access to post-abortion care services based on any of the following characteristics?

RESTRICTION	YES	NO
a. Age	○	○
b. Marital status	○	○
c. 3rd party authorization (e.g. spousal, parental/guardian, medical)	○	○

2.40 Please provide any additional comments and information, including references and links to relevant legal and policy documents.

2.6 maternity/paternity leave

in private sector: In the case of normal pregnancies mothers can take leave 730 calendar days, out of which 183 days are payable.
In the case of complicated or multiple births or premature childbirth (before the 26th week of pregnancy): 200 calendar days,are payable.
Adoptive mother (newborn child): can take leave 550 calendar days from the child's birthday, out of which 90 days are payable.
(Changes came into force since January, 1 2014)

In public sector:

— END OF MODULE II —