

UNITED NATIONS FOURTEENTH INQUIRY AMONG GOVERNMENTS ON POPULATION AND DEVELOPMENT

MODULE III

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, family planning, sexual and reproductive health, maternal health, sexually transmitted infections, including HIV/AIDS, and induced abortion.

It is important to answer all questions in this module because responses to some of the questions are needed for global monitoring of SDG indicator 5.6.2 on guaranteed universal access to sexual and reproductive health care, information and education.

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

COUNTRY:*			
OFFICE:*			
NAME:		TITLE/POSITION:	
E-MAIL:*		TELEPHONE:	
MAILING ADDRESS:			

* Response is mandatory

This Inquiry Module can be filled and submitted online at:

<https://surveys.desa.un.org/surveyrunner/5/user/0?languageCode=en>

Alternatively, you may return the completed Inquiry Module and any attachments using the following contact information:

E-MAIL:	POPPOLICY@UN.ORG	TELEPHONE:	+1-212-963-3647 / +1-917-367-5198
MAILING ADDRESS:	POPULATION DIVISION DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS TWO UNITED NATIONS PLAZA, DC2-1950 NEW YORK, NY 10017, USA		

A. FERTILITY

III.1 What is the policy of the Government concerning the present level of fertility¹?

RAISE	MAINTAIN AT CURRENT LEVELS	LOWER	NO OFFICIAL POLICY

III.2 Please specify the major underlying reasons for the current fertility policy.

REASON	YES	NO	NOT APPLICABLE
a. To curb population growth			
b. To address population ageing			
c. To counter population decline			
d. To ensure sustainability for future generations			
e. Other (please specify):			

III.3 What is the policy of the Government concerning the following?

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

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.

III.4 Does the Government view the fertility of adolescents² in the country as a matter of concern?

YES		No, NOT A CONCERN
MAJOR CONCERN	MINOR CONCERN	

III.5 Has the Government adopted any measures to improve the coverage of birth registration?

YES, IN THE PAST FIVE YEARS	YES, MORE THAN FIVE YEARS AGO	NO	NOT APPLICABLE ³

III.6 Does the Government provide any of the following leave benefits to improve family/work balance for childbearing and child-rearing?

MEASURE	YES	NO
a. Maternity leave with job security (paid or unpaid)		
b. Paternity leave with job security (paid or unpaid)		
c. Parental leave with job security (paid or unpaid)		

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. The great majority of adolescents are, therefore, included in the age-based definition of “child”, adopted by the Convention on the Rights of the Child, as a person under the age of 18 years. In practice, owing to considerations related to statistical convenience, persons aged 10 to 19 are often considered to be adolescents, divided into early adolescents (10–14 years) and late adolescents (15–19 years).

³ Where birth registration coverage is near universal.

III.7 If YES to III.6a, III.6b or III.6c, please specify the duration of maternity, paternity or parental leave.

DURATION	FULLY PAID	PARTIALLY PAID	UNPAID
a. Duration of maternity leave (in weeks)			
b. Duration of paternity leave (in weeks)			
c. Duration of parental leave (in weeks)			

III.8 Does the Government provide any of the following other benefits to improve family/work balance for childbearing and child-rearing?

MEASURE	YES	NO
a. “Baby bonus” (lump sum payment for childbirth)		
b. Child or family allowance		
c. Tax credit for dependent children		
d. Flexible or part-time work hours for parents		
e. Publicly subsidized childcare		
f. Specific measures to support single-parent families		
g. Measures to promote male participation in equal sharing of household work and care responsibilities		
h. Other (please specify):		

B. SEXUAL AND REPRODUCTIVE HEALTH

III.9 Please specify the legal minimum age at marriage (in years) for women and men.

	LEGAL MINIMUM AGE AT MARRIAGE (IN YEARS)		
	WITHOUT PARENTAL OR OTHER CONSENT	WITH PARENTAL OR OTHER CONSENT	VARIES BY JURISDICTION
a. For women			
b. For men			

III.10 Please specify the legal age of consent to sexual activity.

AGE (IN YEARS)	VARIES BY JURISDICTION

III.11 Has the Government adopted any measures to address the following harmful practices?

TYPE OF HARMFUL PRACTICE	YES, IN THE PAST FIVE YEARS	YES, MORE THAN FIVE YEARS AGO	NO	NOT APPLICABLE ⁴
a. Child, early and forced marriage ⁵				
b. Female genital mutilation (FGM) ⁶				
c. Sexual violence and exploitation ⁷ , including domestic and intimate partner violence				

⁴ Where prevalence of the harmful practice is negligible⁵ Measures could include raising or enforcing minimum legal age at marriage.⁶ Measures could include integrating FGM responses into sexual and reproductive health services.⁷ Sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim. Sexual violence and sexual exploitation can occur in a variety of settings, including in domestic settings and between intimate partners.

III.12 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

III.13 Has the Government adopted any of the following measures to improve the sexual and reproductive health of adolescents?

MEASURE	YES, IN THE PAST FIVE YEARS	YES, MORE THAN FIVE YEARS AGO	NO	NOT APPLICABLE ⁸
a. Expand girls' secondary school enrolment/retention				
b. Provide school-based sexuality education ⁹				
c. Conduct public awareness campaigns or community outreach services to inform out-of-school adolescents about sexual and reproductive health care and services				
d. Improve adolescents' access to sexual and reproductive health services by creating adolescent-friendly health facilities ¹⁰				

⁸ Where coverage or availability is near universal.

⁹ Includes comprehensive sexuality education, as applicable.

¹⁰ Defined as health facilities that provide accessible, acceptable, and equitable sexual and reproductive health services to all adolescents, including treating adolescents with respect and protecting confidentiality.

III.14 Does the Government have any law(s), regulation(s)¹¹ or national policies that make sexuality education a mandatory component of the national school curriculum?

YES	No

III.15 If YES to III.14, are there any plural legal systems¹² contradicting the above?

YES	No

III.16 If YES to III.14, are the following 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 its development		
g. Sexuality and sexual behavior		
h. Sexual and reproductive health		

¹¹ “Regulations” include executive, ministerial or other administrative orders or decrees. Only regulations with national-level application are considered.

¹² “Plural legal systems” are defined as legal systems in which multiple sources of law co-exist. Such legal systems have typically developed over a period of time as a consequence of colonial inheritance, religion and other socio-cultural factors. Examples of sources of law that might co-exist under a plural legal system include: English common law, French civil or other law, statutory law, and customary and religious law. The co-existence of multiple sources of law can create fundamental contradictions in the legal system, which result in barriers to full and equal access to sexual and reproductive health care, information and education.

III.17 Does the Government have any law(s) or regulation(s)¹¹ that guarantee HPV (Human Papillomavirus) vaccine to adolescent girls?

YES	No

III.18 If YES to III.17, are there any plural legal systems¹² contradicting the above?

YES	No

III.19 Does the Government have any law(s) or regulation(s)¹¹ that guarantee access to maternity care?

YES	No

III.20 If YES to III.19, are there any plural legal systems¹² contradicting the above?

YES	No

III.21 Do the law(s) or regulation(s)¹¹ identified in III.19 include any restrictions based on any of the following characteristics?

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

III.22 Has the Government expanded any of the following measures to improve maternal and newborn care in the country?

MEASURE	YES, IN THE PAST FIVE YEARS	YES, MORE THAN FIVE YEARS AGO	No	NOT APPLICABLE ¹³
a. Coverage of comprehensive prenatal care ¹⁴				
b. Coverage of deliveries by skilled birth attendants				
c. Coverage of emergency obstetric care				
d. Coverage of essential postnatal and newborn care				
e. Recruitment and training of skilled birth attendants				

III.23 Does the national list of essential medicines or other type of national/regional authorized list for recommended drugs include the following commodities?

COMMODITY	YES	No
a. Oxytocin		
b. Misoprostol		
c. Magnesium sulfate		
d. Carbetocin (heat stable)		
e. Tranexamic acid		
f. Mifepristone - Misoprostol (combined pack)		

¹³ Where coverage or access is near universal.

¹⁴ Comprehensive prenatal care is defined as the care provided by health-care professionals to ensure the best health conditions for both mother and baby during pregnancy. The components of comprehensive prenatal care include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion.

g. Oral contraceptive pills (combined oral contraceptive; progestogen only pills)		
h. Injectable hormonal Contraceptives (DMPA-IM; DMPA-SC or Sayana Press; NET-EN; combined injectable contraceptive)		
i. IntraUterine Devices (copper IUD; Hormonal IUD or LNG IUD)		
j. Intravaginal contraceptives (combined vaginal ring; progesterone vaginal ring)		
k. Male and Female condoms		
l. Implantable contraceptives (1-rod Etonogestrel implant; 2-rod Levonorgestrel implant)		
m. Emergency contraceptive pills (Levonorgestrel; Ulipristal)		
n. Calcium (elemental)		

C. FAMILY PLANNING

III.24 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. Charge clients for family planning services or commodities provided through governmental sources		
e. Subject family planning commodities ¹⁵ to duties, import taxes or other fees		

¹⁵ Family planning commodities include medical products, vaccines, and technologies related to the contraceptives.

III.25 Does the Government have any law(s) or regulation(s)¹¹ 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 before receiving contraceptive services (includes sterilization)		

III.26 If YES to III.25a, III.25b or III.25c, are there any plural legal systems¹² 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 before receiving contraceptive services (includes sterilization)		

III.27 Do the law(s) or regulation(s)¹¹ identified in III.25a or III.25b include any restrictions based on any of the following criteria? [*Please select all that apply*]

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

III.28 If YES to minimum age in III.27a or III.27b, please specify the minimum age.

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

D. SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV/AIDS

III.29 Does the Government view HIV/AIDS in the country as a matter of concern?

YES		No, NOT A CONCERN
MAJOR CONCERN	MINOR CONCERN	

III.30 Has the Government adopted any of the following measures to address sexually transmitted infections, including HIV/AIDS?

MEASURE	YES	NO	NOT APPLICABLE ¹⁶
a. Conduct information and education campaigns			
b. Target high-risk and vulnerable groups			
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			

¹⁶ Where prevalence of sexually transmitted infections, including HIV/AIDS is negligible.

i. Provide subsidized antiretroviral treatment			
j. Adopt legal provisions prohibiting discrimination of those infected			

III.31 Does the Government have any law(s) or regulation(s)¹¹ 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		

III.32 If YES to III.31a, III.31b or III.31c, are there any plural legal systems¹² 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		

III.33 Do law(s) or regulation(s)¹¹ identified in III.31a, III.31b or III.31c include any restrictions based on any of the following criteria? [*Please select all that apply*]

HIV/AIDS SERVICE/RIGHT	MINIMUM AGE	SEX	MARITAL STATUS	THIRD 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

III.34 Does the Government view the number or safety of induced abortions in the country as a matter of concern?

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

III.35 Please indicate whether induced abortion is currently permitted in the country on the following legal grounds?

Not permitted on any ground

[In case legal grounds for induced abortion vary by jurisdiction within the country, please click here [], and provide information for the jurisdiction with the least restrictive abortion law.]

LEGAL GROUND FOR ABORTION	YES	NO
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		

III.36 If induced abortion is legal on some or all grounds listed in III.35 but additional restrictions apply, please indicate the restrictions.

RESTRICTION	YES	No
a. Gestational limits ¹⁷ apply		
b. Authorization of medical professional(s) beyond the person providing the abortion 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		

III.37 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

¹⁷ Gestational limit refers to the limit, set by the law, on the gestational age of pregnancy by which induced abortion is allowed on a certain ground.

III.38 Does the Government have any law(s) or regulation(s)¹¹ that ensure access to post-abortion care, irrespective of the legal status of abortion?

YES	No

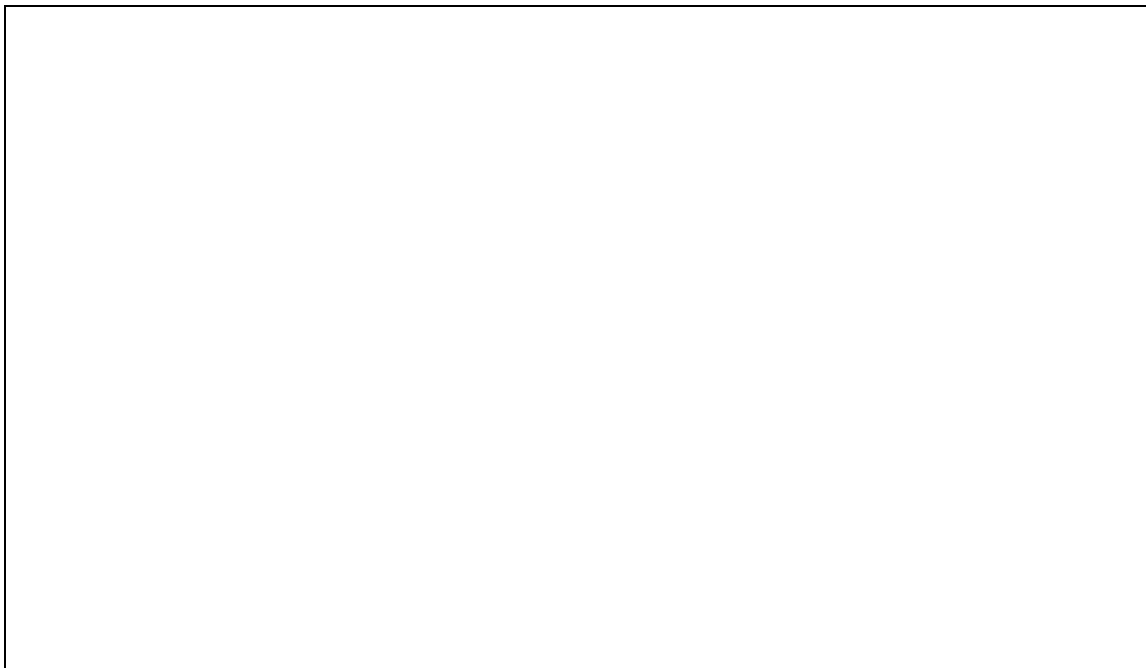
III.39 If YES to III.38, are there any plural legal systems¹² contradicting the above?

YES	No

III.40 Do the law(s) or regulation(s)¹¹ identified in III.38 include any restrictions based on any of the following criteria?

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

III.41 Please provide any additional comments and information, including references and links to relevant legal and policy documents.



— END OF MODULE III —