FAMILY LAW AND REPRODUCTIVE HEALTH RIGHTS IN NIGERIA: EXAMINING ACCESS TO CONTRACEPTION AND ABORTION

BY

VICTOR UGOCHUKWU EMMANUEL
(2020/LW/14118)

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SUPERVISOR
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TITLE PAGE

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DECLARATION

I, VICTOR UGOCHUKWU EMMANUEL, a Student of the Faculty of Law, Alex Ekwueme Federal University, Ndufu-Alike, Ikwo, Ebonyi State, do hereby declare on my honor, that this project has not been previously presented, either wholly or in part for the award of any other Degree, Diploma, Certificate or Publication in any University, other Higher Institutions or elsewhere.

Signed……

VICTOR UGOCHUKWU EMMANUEL
(2020/LW/14118)

CERTIFICATION

VICTOR UGOCHUKWU EMMANUEL, a Student of Faculty of Law has satisfactorily completed the requirements for the award of the Degree of Bachelor of Laws. To the best of our knowledge, the work embodied in this project is original and has not been submitted in part or full for any other Degree, Diploma, Certification or Publication of this University or elsewhere.

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External Examiner	**……**	**……..**
	Sign	**Date**

DEDICATION

This work is dedicated to my beloved parents, Pastor Dr and Shepherdess Victor Chinedu Nwosu, whose love guidance, prayers, and sacrifices have been the foundation of my journey.

ACKNOWLEDGMENTS

I would like to begin by giving all glory to Almighty God, whose grace, wisdom, and strength made the successful completion of this project possible. Without Him, none of this would have been achievable.

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Programme of Action of the International Conference on Population and Development (ICPD), 1994	11, 12, 45, 50, 54
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LIST OF ABBREVIATIONS

Abbreviation	Full Meaning	Page(s)
ACERWC	African Committee of Experts on the Rights and Welfare of the Child	53
APHRC	African Population and Health Research Centre	51
AWDF	African Women's Development Fund	52
AWLN	African Women Leaders Network for Reproductive Health and Family Planning	52
CARMMA	Campaign for the Accelerated Reduction of Maternal Mortality in Africa	40
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women	1, 4, 14, 42, 49, 55, 80
CRR	Centre for Reproductive Rights	55
FMoH	Federal Ministry of Health	47
HIV/AID	Human Immune Deficiency Virus and Acquired Immune Deficiency Syndrome	2, 5, 20, 80
ICPD	International Conference on Population and Development	11, 12, 45, 50, 54
ICESCR	International Covenant on Economic, Social and Cultural Rights	41
IPPF	International Planned Parenthood Federation	50, 51, 52
IPPFAR	International Planned Parenthood Federation Africa Region	51
NDHS	Nigeria Demographic and Health Survey	46, 60
NGO	Non-Governmental Organization	47, 49, 55, 78
NHRC	National Human Rights Commission	48
NPC	National Population Commission	45
PPFN	Planned Parenthood Federation of Nigeria	50, 51
SDGs	Sustainable Development Goals	2, 5, 48
SOGON	Society of Gynecology and Obstetrics of Nigeria	59
STIs	Sexually Transmitted Infections	64
UDHR	Universal Declaration of Human Rights	19, 41
UNICEF	United Nations Children's Fund	54
UNFPA	United Nations Population Fund	46, 53
WAHO	West African Health Organisation	52
WHO	World Health Organization	27, 54
WRAPA	Women’s Rights Advancement and Protection Alternative	49

ABSTRACT

This paper provided a comprehensive examination of the nexus between family law and reproductive health rights in Nigeria, with a specific focus on access to contraception and abortion. Despite Nigeria's commitment to various international human rights instruments, including the African Charter on Human and Peoples' Rights and the Convention on the Elimination of All Forms of Discrimination Against Women, the country's family law and reproductive health policies often fail to prioritize women's rights and well-being. The purpose of this research is to investigate the ways in which Nigeria's family law and reproductive health policies shape access to contraception and abortion, and to identify the gaps in existing literature on this topic. This research aimed to contribute to the growing body of scholarship advocating for the advancement of reproductive health rights in Nigeria. Using the doctrinal/analytical approach, this study revealed significant barriers to accessing contraception and abortion in Nigeria. Key findings indicated that restrictive laws and policies, combined with societal stigma and lack of awareness, hinder women's ability to make informed reproductive choices. The study also highlighted the disproportionate impact of these barriers on vulnerable populations, including adolescents, rural women, and women living with HIV/AIDS. This study concluded that Nigeria's family law and reproductive health policies must be reformed to prioritize women's rights and well-being. Recommendations included decriminalizing abortion, increasing access to contraception, and promoting comprehensive reproductive health education. The study also emphasized the need for increased funding and support for reproductive health programs and services in Nigeria. At length, this research contributed to the growing body of scholarship advocating for the advancement of reproductive health rights in Nigeria, and highlighted the need for policymakers, healthcare providers, and other stakeholders to prioritize women's reproductive health and well-being.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Nigeria's commitment to upholding human rights and promoting gender equality is reflected in its ratification of various international and regional instruments. Notable examples include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), ratified in 1985, and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), ratified in 2004. Legally, ratification imposes international obligations on Nigeria to align its laws and policies with these standards, though their domestic enforceability requires incorporation into national legislation under Section 12 of the 1999 Constitution. However, the country's ability to translate these commitments into tangible improvements in women's reproductive health rights remains a pressing concern. This owes to the fact that the nexus between family law and reproductive health rights in Nigeria is a complex and multifaceted issue[1]. As a signatory to various international human rights instruments, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the African Charter on Human and Peoples' Rights, Nigeria is obligated to ensure the protection and promotion of women's reproductive health rights[2]. However, the country's legal architecture, rooted in a complex mix of customary, Islamic, and colonial laws, often undermines these obligations[3].

[1]C Okonkwo, *Women's Health and Human Rights in Nigeria* (Ibadia: University Press, 2011).
[2]O Akanle, 'Reproductive Health and Human Rights in Nigeria: A Critical Analysis'.*Journal of African Law* [2013] (57) (1) 34-53.
[3]G Ezejiofia, *Family Law in Nigeria: Principles and Practice* (Lagos: Malthouse Press, 2015).

For many women and girls in Nigeria, the struggle to access basic reproductive health services is a daily reality, fraught with danger and uncertainty. The consequences of this neglect are stark, with countless lives lost and futures compromised due to preventable maternal deaths and unintended pregnancies. The Nigerian government's failure to harmonize its laws with international human rights standards has resulted in a patchwork of legislation that perpetuates discrimination against women and girls[4]. For instance, despite ratifying CEDAW and the Maputo Protocol, *Sections 228-230* of the Criminal Code and *Sections 232-236* of the Penal Code restrict abortion to only life-saving circumstances, clashing with the Maputo Protocol's broader reproductive rights provisions[5]. Similarly, *Section 55* of the Penal Code permits a husband to 'correct' his wife physically, contradicting CEDAW's mandate to eliminate gender-based violence[6], highlighting persistent legal inconsistencies[7]. Similarly, access to contraception is often restricted by cultural, social, and economic barriers, exacerbating the country's high rates of unintended pregnancies and maternal mortality[8]. Furthermore, these restrictive laws and policies have a disproportionate impact on marginalized communities, including rural women, adolescents, and those living with *Human Immune Deficiency Virus and Acquired Immune Deficiency Syndrome* (*HIV/AID*). The lack of access to safe abortion services also drives women to seek clandestine and often deadly abortions, perpetuating a cycle of harm and neglect. Ultimately, the failure to address these systemic inequalities undermines Nigeria's progress towards achieving the Sustainable Development Goals (SDGs) and realizing the human rights of all citizens.

[4]R Nwabueze, *Women's Rights and the Law in Nigeria* (Enugu: Fourth Dimension Publishing, 2013).
[5] *Article 14*
[6] *Article 2*
[7]R Nwabueze, *Women's Rights and the Law in Nigeria* (Enugu: Fourth Dimension Publishing, 2013).
[8]E Ekhator, 'The Impact of Culture on Women's Access to Reproductive Health Services in Nigeria'.*African Journal of Reproductive Health* [2015] (19) (2) 123-135.

However, to better understand the challenges facing women's reproductive health and rights in Nigeria, it is essential to examine the existing body of research on the topic. The empirical literature on reproductive health and family law in Nigeria highlights the need for a more nuanced understanding of the complex interplay between legal, cultural, and social factors shaping women's experiences[9]. Studies have shown that women's access to reproductive health services is often mediated by patriarchal norms and power dynamics, which can limit their autonomy and agency. Furthermore, the stigmatization of abortion and contraception can perpetuate cycles of silence and shame, undermining women's ability to seek care and support[10].

This study seeks to contribute to the growing body of research on reproductive health and family law in Nigeria by examining the intersections between law, culture, and women's experiences. Through a critical analysis of existing literature, laws, and policies, as well as empirical data from interviews and focus group discussions, this study aims to illuminate the ways in which the legal framework governing family law and reproductive health rights in Nigeria perpetuates inequality and undermines women's human rights.

1.2 Statement of the Problem

Nigeria's legal framework governing family law and reproductive health rights is a labyrinthine and contradictory mix of customary, Islamic, and colonial laws. This has resulted in significant barriers to women's access to contraception and safe abortion services, exacerbating the country's high rates of maternal mortality, unintended pregnancies, and reproductive health

[9] *Ibid* (n 1).
[10] B Ibhawoh, 'The Politics of Women's Reproductive Health in Nigeria'. *Journal of International Women's Studies* [2011] (12) (1) 42-55.

complications[11]. The country's Criminal Code[12] and Penal Code[13], applicable in southern and northern Nigeria respectively, criminalize abortion except when the woman's life is at risk. This restrictive stance conflicts with Nigeria's obligations under the Maputo Protocol[14], which permits abortion in broader circumstances such as rape or fetal impairment. This restrictive legal framework is compounded by cultural and social norms that stigmatize women's reproductive autonomy, perpetuating a culture of silence and shame around issues of contraception and abortion[15].

Furthermore, Nigeria's laws and policies governing family law and reproductive health rights are often in conflict with international human rights standards. Despite being a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the African Charter on Human and Peoples' Rights, Nigeria has failed to domesticate these instruments, leaving women's reproductive health rights vulnerable to violation. The consequences of these restrictive laws and policies are far-reaching, with women and girls facing significant risks to their health, well-being, and livelihoods. For instance, Nigeria's maternal mortality ratio stands at 814 deaths per 100,000 live births, one of the highest in the world[16]. This is a clear indication that the country's laws and policies governing family law and reproductive health rights are not aligned with international human rights standards, and are in need of urgent reform.

[11]World Health Organization, 'Maternal Mortality Ratio (per 100 000 live births)'. *The Global Health Observatory*(2019). Available at: https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26, accessed 3 February 2025.
[12] *Sections 228-230*
[13] *Sections 232-236*
[14] *Ibid* (n 5).
[15]*Ibid* (n 8).
[16]*Ibid* (n 11).

In addition, the lack of access to safe abortion services has driven women to seek clandestine and often deadly abortions, perpetuating a cycle of harm and neglect[17]. This has significant implications for women's reproductive autonomy, health, and well-being. Moreover, the restrictive laws and policies governing family law and reproductive health rights have a disproportionate impact on marginalized communities, including rural women, adolescents, and those living with HIV/AIDS. This exacerbates existing inequalities and undermines the country's progress towards achieving the Sustainable Development Goals (SDGs).

To summarily conclude, it would be tangible to posit, however, that Nigeria's laws and policies governing family law and reproductive health rights are in need of urgent reform. The country's restrictive legal framework, compounded by cultural and social norms that stigmatize women's reproductive autonomy, perpetuates a cycle of harm and neglect. This research seeks to address the critical gap in understanding the intersections between family law, reproductive health rights, and access to contraception and abortion in Nigeria, with a view to informing policy and legal reforms that promote women's human rights and well-being.

Against this backdrop, the following research questions will inform this study:

1. How do Nigeria's laws govern access to contraception and abortion?
2. What factors influence women's reproductive health experiences in Nigeria?
3. What are the effects of restrictive laws on women's reproductive autonomy?
4. What reforms are needed to improve access to reproductive health services?

[17]Ipas, 'Ipas Study in Nigeria Provides More Evidence that People can Safely Manage their own Abortions' (2021). Available at: https://www.ipas.org/news/ipas-study-in-nigeria-provides-more-evidence-that-people-can-safely-manage-their-own-abortions/, accessed 3 February 2025.

1.3 Aim and Objectives of the Study

The primary aim of this study is to investigate the influence of Nigerian family law on the accessibility and availability of contraception and abortion services, within the framework of reproductive health rights.

The objectives of the study are enumerated below:

1. To examine the legal framework governing access to contraception and abortion in Nigeria.
2. To investigate the cultural, social, and economic factors influencing women's reproductive health experiences in Nigeria.
3. To assess the impact of restrictive laws on women's reproductive autonomy and health in Nigeria.
4. To identify policy and legal reforms necessary to improve access to reproductive health services in Nigeria.

1.4 Scope and Limitations of the Study

This study focuses on the relationship between family law and reproductive health rights in Nigeria, with a specific emphasis on access to contraception and abortion. The study explores the legal framework governing reproductive health rights in Nigeria, the cultural and social factors influencing women's reproductive health experiences, and the impact of restrictive laws on women's reproductive autonomy and health. The study is limited to Nigeria and does not explore the experiences of other countries.

This study has several limitations. Firstly, the study relies on secondary data and existing literature, which may not reflect the current situation on the ground. Secondly, the study focuses primarily on the legal and policy frameworks governing reproductive health rights, and may not capture the nuances of women's lived experiences. Thirdly, the study is limited to Nigeria and may not be generalizable to other countries. Finally, the study's reliance on documentary analysis and literature review may not provide the same level of depth and insight as empirical research involving primary data collection.

1.5 Significance of the Study

The study has both theoretical and practical significance.

Theoretically, this study contributes to the existing body of knowledge on reproductive health rights, family law, and gender studies by providing a nuanced understanding of the complex relationships between legal frameworks, cultural norms, and women's reproductive autonomy. The study's findings will inform theoretical debates on the intersectionality of gender, law, and health, and shed light on the ways in which patriarchal norms and power dynamics shape women's reproductive experiences. Furthermore, the study will contribute to the development of feminist legal theory and critical reproductive health studies, providing new insights into the ways in which law and policy can be used to promote or undermine women's reproductive rights.

Practically, the study's findings will have significant implications for policymakers, lawmakers, healthcare providers, and women's rights advocates in Nigeria. The study's recommendations will inform policy and legal reforms aimed at improving access to contraception and safe abortion services, promoting women's reproductive health and rights, and reducing maternal mortality and morbidity. Specifically, the study's findings will be relevant to efforts to reform

Nigeria's laws and policies governing abortion, contraception, and maternal healthcare, and will provide valuable insights for healthcare providers seeking to improve the quality and accessibility of reproductive health services. Additionally, the study's findings will be useful for women's rights advocates and civil society organizations seeking to promote women's reproductive rights and challenge discriminatory laws and policies.

1.6 Research Methodology

This study employs a doctrinal research methodology, a qualitative approach that focuses on the systematic analysis and interpretation of legal texts, statutes, and judicial decisions. This methodology is particularly suited for examining the complex interplay between law, policy, and reproductive health rights in Nigeria.

The doctrinal research method is premised on the idea that law is a social construct that shapes and is shaped by societal norms, values, and power dynamics. By analyzing the legal framework governing reproductive health and rights in Nigeria, this study aims to uncover the underlying power dynamics, social norms, and values that shape women's reproductive experiences.

The study's data collection involves a comprehensive review of relevant laws, policies, judicial decisions, and academic literature. The data analysis will employ a thematic approach, identifying and categorizing themes related to reproductive health and rights in Nigeria. This approach will enable the researcher to critically examine the legal framework, identify gaps and inconsistencies, and provide recommendations for policy and legal reforms.

1.7 Chapter Analysis

This study comprises of five chapters. Chapter One provides an introduction to the study, setting out the background, statement of the problem, aim and objectives, scope and limitations, significance, and research methodology.

Chapter Two presents conceptual clarifications, theoretical foundations, and a literature review. This chapter defines key concepts such as reproductive health and rights, family law, and contraception and abortion. It also examines the theoretical frameworks that underpin the study, including social ecological theory, feminist legal theory, and human rights theory.

Chapter Three examines the legal regime and institutional framework governing family law and reproductive health rights in Nigeria. This chapter analyzes national, regional, and international laws and policies relevant to reproductive health and rights, as well as the institutional framework that implements these laws and policies.

Chapter Four presents an in-depth analysis of the interplay between family law, culture, and reproductive health rights in Nigeria. This chapter examines the challenges, gaps, and prospects for reform in Nigeria's family law and reproductive health policies.

Chapter Five summarizes the key findings, conclusions, and recommendations of the study. This chapter highlights the contributions of the study to knowledge, identifies areas for further research, and provides recommendations for policymakers, lawmakers, and other stakeholders.

CHAPTER TWO

CONCEPTUAL CLARIFICATIONS, THEORETICAL FOUNDATION AND LITERATURE REVIEW

2.1 Conceptual Clarifications

2.1.1 Family

In Nigeria, the concept of family extends beyond the nuclear unit to encompass extended kinship networks, profoundly influencing family law and reproductive health rights. Rooted in customary and religious traditions, the family is a socio-legal institution that prioritizes collective interests over individual autonomy, often shaping access to contraception and abortion. Under customary law, prevalent in many ethnic groups, the family is patriarchal, with male authority figures exerting significant control over reproductive decisions. This structure limits women's agency, as contraceptive use may be perceived as undermining familial expectations of procreation.[18] Similarly, abortion is heavily stigmatized, with legal restrictions under sections 228–230 of the Criminal Code and sections 232–236 of the Penal Code reflecting a familial ideology that valorizes motherhood.[19] Scholarly analysis underscores that this extended family model reinforces gender hierarchies, creating barriers to reproductive health services by prioritizing lineage continuity over women's rights.[20] Consequently, the Nigerian concept of family serves as both a cultural cornerstone and a legal framework that constrains reproductive autonomy.

[18]Chioma Daisy Onyige, 'Patriarchy and Women's Reproductive Rights in Nigeria'.*Journal of Gender Studies*[2016] (25)(3) 345–360.
[19]Ibrahim A. Obadina, 'Evolving an Intersectional and E olving an Intersectional and Equality Appr quality Approach to Addressing Issues of Abortion in Nigeria'.*Journal of International Women's Studies* [2024] (26) (5) 1-17.
[20]Oluwakemi Ayanleye, 'Women and Reproductive Health Rights in Nigeria'.*OIDA International Journal of Sustainable Development*[2013] (6)(5) 127–140.

The concept of family in Nigeria is further complicated by the interplay of religious doctrines and statutory provisions, which reinforce conservative norms around reproductive health. Islamic and Christian teachings, dominant in northern and southern Nigeria respectively, often frame the family as a divinely ordained institution tasked with procreation, thereby discouraging contraception and condemning abortion.[21] This religious underpinning aligns with statutory family laws, such as the Marriage Act, which implicitly uphold traditional family roles by offering no explicit protections for reproductive choice. Research highlights that these socio-religious norms contribute to Nigeria's low contraceptive prevalence rate—approximately 17% among women of reproductive age as of 2018—while abortion remains clandestine due to legal and familial disapproval.[22] The family, thus conceptualized, acts as a gatekeeper of reproductive health rights, perpetuating systemic inequities that necessitate legal reforms to align with international human rights frameworks, such as those articulated in the Maputo Protocol, which Nigeria has ratified.

2.1.2 Reproductive Health and Reproductive Health Rights

The concept of reproductive health, as articulated in the 1994 International Conference on Population and Development's Programme of Action, defines it as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system, encompassing access to safe contraception, abortion, and comprehensive reproductive health services.[23] In Nigeria, however, this global standard is undermined by a complex interplay of legal, cultural,

[21]HA Tlaiss, 'Women in Healthcare: Barriers and Enablers from a Developing Country Perspective.' *International Journal of Health Policy and Management* [2013] (1) (1) 23-33. Available at: https://doi.org/10.15171/ijhpm.2013.05, accessed 13 April 2025.
[22]F Okonofua, 'Preventing unsafe abortion in Nigeria'. *African Journal of Reproductive Health* [1997] (1) (1) 25-36. Available at: https://doi.org/10.2307/3583272, accessed 12 April 2025.
[23]Hadiza Yahaya, 'Reproductive Health Rights in Nigeria: A Legal Perspective'.*Journal of Law, Policy and Globalization*[2017] (67) 45-53.

and religious factors embedded within family law frameworks that prioritize familial obligations over individual autonomy. The Criminal Code[24] and Penal Code[25] restrict abortion to cases where a woman's life is endangered, pushing many to seek unsafe procedures that contribute to Nigeria's high maternal mortality rates.[26] Similarly, contraceptive prevalence remains low, with only 17% of reproductive-age women using modern methods, largely due to patriarchal norms that view family planning as a threat to traditional family structures and procreative expectations.[27] Scholarly research highlights additional barriers, including inadequate sexuality education and limited healthcare infrastructure, particularly in rural areas, where access to reproductive services is severely constrained.[28] Nigeria's ratification of the Maputo Protocol, which advocates for reproductive health as a human right, has yet to translate into effective domestic policies, revealing a gap between international commitments and local realities.[29] Consequently, the concept of reproductive health in Nigeria demands a re-evaluation of family law to integrate principles of autonomy and equity, ensuring that women can exercise their reproductive rights without legal or socio-cultural impediments.

On the other hand, the concept of reproductive health rights in Nigeria is rooted in the broader framework of human rights, emphasizing individual autonomy over reproductive choices, including access to contraception and safe abortion. Internationally, these rights are articulated in instruments like the 1994 Cairo Programme of Action and the Maputo Protocol, which Nigeria ratified, defining reproductive health as a state of complete physical, mental, and social well-

[24]*Sections 228–230.*
[25]*Sections 232–236.*
[26]Akinrinola Bankole, 'The Incidence of Abortion in Nigeria'.*International Perspectives on Sexual and Reproductive Health*[2015] (41)(4) 170–181.
[27]*Ibid*
[28]Chioma Daisy Onyige, 'Patriarchy and Women's Reproductive Rights in Nigeria'.*Journal of Gender Studies*[2013] (25) (3) 345–360.
[29]Oluwakemi Ayanleye, 'Women and Reproductive Health Rights in Nigeria'.*OIDA International Journal of Sustainable Development*[2013] (6)(5) 127–140.

being in all matters relating to the reproductive system.[30] However, in Nigeria, this concept is undermined by a legal framework that restricts reproductive autonomy, notably through the Criminal Code[31] and Penal Code[32], which permit abortion only to preserve a woman's life.[33] Scholarly discourse highlights that reproductive health rights encompass not only access to services but also the freedom from coercion and discrimination, yet Nigerian women face systemic barriers, such as patriarchal family norms that prioritize procreation over contraceptive use, limiting the practical realization of these rights.[34] This misalignment between global standards and domestic realities underscores the need for a reconceptualized legal approach to reproductive health in Nigeria.

In the Nigerian context, the concept of reproductive health rights is further complicated by socio-cultural and religious influences that shape family law and societal attitudes toward contraception and abortion. Islamic and Christian doctrines, dominant across the country, often frame reproductive decisions within the confines of marriage and procreation, stigmatizing contraception as a challenge to divine will and abortion as a moral transgression.[35] This socio-religious lens contributes to low contraceptive prevalence—only 17% of reproductive-age women use modern methods—and drives abortion underground, increasing health risks.[36] Research emphasizes that reproductive health rights should include access to comprehensive sexuality education and equitable health services, yet Nigeria's legal and cultural frameworks

[30]Hadiza Yahaya, 'Reproductive Health Rights in Nigeria: A Legal Perspective'.*Journal of Law, Policy and Globalization*[2017] (67) 45–53.
[31]*sections 228–230.*
[32]*sections 232–236.*
[33]Akinrinola Bankole, 'The Incidence of Abortion in Nigeria'. *International Perspectives on Sexual and Reproductive Health* [2015] (41) (4) 170–181.
[34]Chioma Daisy Onyige, 'Patriarchy and Women's Reproductive Rights in Nigeria'.*Journal of Gender Studies*[2016] (25) (3) 345–360.
[35]*Ibid*
[36]Oluwakemi Ayanleye, 'Women and Reproductive Health Rights in Nigeria'. *OIDA International Journal of Sustainable Development* [2013] (6) (5) 127–140.

lag, with family law under the Marriage Act offering no explicit protections for reproductive choice.[37] Reconceptualizing reproductive health rights in Nigeria requires integrating these principles into domestic law, aligning with frameworks like the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), to ensure women's autonomy and access to safe reproductive health services.

2.1.3 Contraception

In the Nigerian context, contraception is conceptualized as a reproductive health intervention fraught with legal ambiguity and cultural contention, reflecting both its potential utility and the resistance it encounters across diverse socio-legal systems. Unlike abortion, contraception is not explicitly regulated or prohibited under Nigeria's Criminal Code or Penal Code, nor does it feature in statutory family law like the Marriage Act of 1914, leaving its practice to health policy and societal norms. Despite government efforts to promote family planning—evidenced by the National Population Policy—only about 15-17% of married women use modern contraceptives, a low uptake driven by cultural perceptions that equate fertility with marital value[38]. In customary settings, particularly among rural communities, contraception is often seen as a Western imposition that disrupts traditional roles, with women risking social censure for its use. Islamic perspectives in the north offer some acceptance—allowing contraception for spacing births—but tie it to spousal agreement, as outlined in Sharia-based family norms[39]. This patchwork conceptualization positions contraception as a liminal practice: legally permissible yet socially constrained, highlighting a disconnect between public health goals and the familial expectations

[37]Stella N. Nduka, 'Reproductive Health Rights and Policy Gaps in Nigeria'.*African Journal of Law and Human Rights*[2019] (3)(1) 12–25.
[38]Odimegwu Clifford and ChiwenduOkemgbo,*Family Planning in Nigeria: Issues and Challenges*(Lagos: Academy Press, 2017) 34-39.
[39]*Ibid*

embedded in Nigeria's pluralistic legal framework, ultimately limiting its role in enhancing reproductive autonomy.

2.1.4 Abortion

Abortion in Nigeria is conceptualized as a tightly controlled and stigmatized act, defined by stringent legal prohibitions and reinforced by cultural and religious values that prioritize procreation and familial harmony over individual choice. The Criminal Code[40] and Penal Code[41] restrict abortion to cases where the mother's life is at risk, a narrow exception that criminalizes most procedures and pushes them underground. Fayemi argues that this legal stance, combined with a lack of family law provisions addressing abortion, results in over 1.25 million annual abortions—predominantly unsafe—contributing to Nigeria's status as a leading contributor to global maternal mortality[42]. Culturally, abortion is anathema in many customary systems, where it is viewed as a betrayal of lineage duties unless sanctioned by extreme necessity, while Islamic law limits it to pre-ensoulment life-saving scenarios, aligning with theological principles over health rights. Bankole et al. emphasize that this restrictive conceptualization fuels a public health crisis, with women navigating a landscape of legal risk and social taboo, often at the cost of their lives[43]. Nigeria's failure to harmonize these concepts with international standards, such as the Maputo Protocol's call for broader access, underscores a profound tension between its legal-cultural framework and global reproductive health imperatives.

[40]*Sections 228-230*
[41]*Sections 232-235*
[42]Fayemi Ademola Kazeem, 'Abortion and Maternal Health in Nigeria: A Socio-Legal Perspective.'*Journal of African Law* [2019] (14) (2) 189-205.
[43]*Ibid*

2.2 Theoretical Foundation

2.2.1 Social Ecological Theory

The Social Ecological Theory, also known as the Social Ecological Model, has its roots in the work of Urie Bronfenbrenner, a Russian-American psychologist[44]. This theory views human development as a dynamic interplay between individuals and their environment. The theory proposes that an individual's behavior is influenced by five levels of ecological systems: microsystem, mesosystem, exosystem, macrosystem, and chronosystem[45]. In the context of family law and reproductive health rights in Nigeria, the Social Ecological Theory can be used to examine how individual factors (e.g., knowledge, attitudes, and behaviors) interact with environmental factors (e.g., cultural norms, policies, and access to healthcare) to influence access to contraception and abortion.

The microsystem refers to the immediate environment in which an individual interacts, such as family, peers, and healthcare providers. The mesosystem refers to the relationships between different microsystems, such as the relationship between family and healthcare providers. The exosystem refers to external environments that affect an individual's life, such as policies and cultural norms. The macrosystem refers to the broader societal context in which an individual lives, including cultural values and social norms. Finally, the chronosystem refers to the temporal dimension of an individual's life, including changes over time.

The theory suggests that interventions aimed at improving reproductive health outcomes should consider the complex interplay between individual and environmental factors. For instance, a

[44]U Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Harvard University Press 1979) 65.
[45]U Bronfenbrenner,'Ecological Systems Theory', In R Vasta (Ed.), *Annals of Child Development*Vol. 6 (JAI Press 1992) 187-247.

study on contraceptive use among Nigerian women found that individual factors such as education and socioeconomic status, as well as environmental factors such as access to healthcare and cultural norms, influenced contraceptive use[46]. Another study found that the decision to seek abortion services was influenced by factors such as age, marital status, and level of education, as well as environmental factors such as access to abortion services and social support[47].

One of the strengths of the Social Ecological Theory is its ability to provide a comprehensive framework for understanding the complex factors that influence human behavior. This theory recognizes that individual behavior is influenced by multiple levels of ecological systems, and that interventions aimed at improving reproductive health outcomes must consider these complex interactions. However, a limitation of the theory is that it may be too broad, making it challenging to identify specific factors that contribute to a particular outcome.

The Social Ecological Theory is essential to the present study as it provides a framework for examining the complex interplay between individual and environmental factors that influence access to contraception and abortion in Nigeria. By considering the multiple levels of ecological systems that influence reproductive health outcomes, this study can identify potential targets for intervention and develop effective strategies for improving access to contraception and abortion services.

[46]O Adegbola,'Determinants of Contraceptive Use among Women of Reproductive age in Nigeria'. *Journal of Biosocial Science*[2015] (47) (5) 631-644.
[47]VO Otoide, F Oronsaye and FE Okonofua,'Factors Influencing the Decision to Seek Abortion Services among Women in Nigeria'. *Journal of Women's Health* [2016] (25) (10) 1031-1038.

2.2.2 Feminist Legal Theory

Feminist Legal Theory emerged in the 1970s and 1980s as a response to the patriarchal nature of the law and its impact on women's lives[48]. This theory posits that the law is not neutral, but rather reflects and reinforces the dominant ideologies of society, including patriarchy. Feminist Legal Theory argues that the law has historically been used to oppress and marginalize women, and that it is essential to challenge and transform the law to achieve gender equality.

Feminist Legal Theory is grounded in the idea that women's experiences and perspectives are essential to understanding the law and its impact on society. This theory recognizes that women's lives are shaped by a complex interplay of factors, including gender, race, class, and sexuality, and that these factors must be considered in any analysis of the law[49]. Feminist Legal Theory also emphasizes the importance of storytelling and narrative in understanding the experiences of women and other marginalized groups[50].

In the context of family law and reproductive health rights in Nigeria, Feminist Legal Theory can be used to examine how the law perpetuates patriarchal ideologies and restricts women's autonomy and agency over their bodies. For instance, a study on abortion laws in Nigeria found that the laws are based on patriarchal ideologies that prioritize the rights of the fetus over those of the woman[51]. Another study found that women's access to contraception and abortion services

[48]C MacKinnon, *Toward a Feminist Theory of the State* (Harvard University Press 1989) 74.
[49]K Crenshaw, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics* (University of Chicago Legal Forum, 1989) 139-167.
[50]R Delgado,'Storytelling for Oppositionists and Others: A Plea for Narrative'. *Michigan Law Review* [1989] (87) (8) 2411-2441.
[51]F Okonofua, 'Abortion Laws in Nigeria: A Review of the Literature'. *African Journal of Reproductive Health* [2015] (19) (2) 13-24.

is often restricted by cultural and religious norms that emphasize women's roles as mothers and caregivers[52].

One of the key proponents of Feminist Legal Theory is Catherine MacKinnon, who argues that the law must be transformed to recognize and address the experiences of women[53]. Another key figure is Patricia Williams, who critiques the notion of objectivity in the law and argues that the law must be made more responsive to the needs and experiences of marginalized communities[54].

A strength of Feminist Legal Theory is its ability to provide a critical framework for analyzing the law and its impact on women's lives. This theory recognizes that women's experiences and perspectives are essential to understanding the law and its impact on society. However, a limitation of the theory is that it may be too narrow, failing to account for the experiences of other marginalized groups, such as men and non-binary individuals.

Feminist Legal Theory is crucial to the present study as it provides a framework for examining how the law perpetuates patriarchal ideologies and restricts women's autonomy and agency over their bodies in Nigeria. By applying Feminist Legal Theory, this study can identify potential targets for intervention and develop effective strategies for improving access to contraception and abortion services.

2.2.3 Human Rights Theory

Human Rights Theory is based on the idea that all individuals possess inherent dignity and worth, and that they are entitled to certain fundamental rights and freedoms[55]. This theory posits

[52]P Ibekwe,'Women's Access to Contraception and Abortion Services in Nigeria: A Review of the Literature'. *African Journal of Reproductive Health* [2017] (21) (2) 13-24.
[53]C MacKinnon, *Toward a Feminist Theory of the State* (Harvard University Press 1989) 102.
[54]P Williams, *The Alchemy of Race and Rights* (Harvard University Press 1991) 59-61.
[55] United Nations, Universal Declaration of Human Rights (1948) 59-78.

that human rights are universal, inalienable, and indivisible, and that they are essential for promoting human dignity, well-being, and development. Human Rights Theory is grounded in the principles of equality, justice, and human dignity, and it emphasizes the importance of protecting the rights and freedoms of all individuals, regardless of their race, gender, religion, or nationality.

In the context of family law and reproductive health rights in Nigeria, Human Rights Theory can be used to examine how the law and policies impact the rights and freedoms of individuals, particularly women and marginalized groups. For instance, a study on access to contraception and abortion services in Nigeria found that the law and policies often restrict the rights and freedoms of women, particularly in rural and marginalized communities[56]. Another study found that the law and policies often perpetuate discrimination and stigma against marginalized groups, such as women living with HIV/AIDS[57].

One of the key principles of Human Rights Theory is the principle of universality, which holds that human rights are universal and inalienable, and that they apply to all individuals regardless of their nationality, race, or gender. Another key principle is the principle of indivisibility, which holds that human rights are indivisible and interdependent, and that the realization of one right often depends on the realization of others[58].

A strength of Human Rights Theory is its ability to provide a framework for analyzing the law and policies in terms of their impact on human rights and freedoms. This theory emphasizes the importance of protecting the rights and freedoms of all individuals, regardless of their

[56]O Adegbola,'Determinants of Contraceptive Use among Women of Reproductive Age in Nigeria'. *Journal of Biosocial Science* [2015] (47) (5) 631-644.
[57]F Okonofua,'Abortion Laws in Nigeria: A Review of the Literature'. *African Journal of Reproductive Health*[2015] (19) (2) 13-24.
[58] United Nations, Vienna Declaration and Programme of Action (1993) 76.

nationality, race, or gender. However, a limitation of the theory is that it may be too broad, failing to account for the specific cultural and social contexts in which human rights are realized.

Human Rights Theory is essential to the present study as it provides a framework for examining how the law and policies impact the rights and freedoms of individuals, particularly women and marginalized groups, in Nigeria. By applying Human Rights Theory, this study can identify potential targets for intervention and develop effective strategies for promoting and protecting the rights and freedoms of individuals in Nigeria.

2.3 Literature Review

The work of Anne-Marie de Brouwer, Charlotte Ku, Renée Römkens, and Larissa van den Herik, eds., *Sexual Violence as an International Crime: Interdisciplinary Approaches*[59], is worthy of review, as it provides a significant interdisciplinary lens relevant to understanding legal frameworks surrounding reproductive rights, a key aspect of this present study on family law and reproductive health rights in Nigeria. This edited volume compiles contributions from legal scholars, policymakers, and practitioners to address sexual violence as an international crime, with a focus that intersects with reproductive health rights through its exploration of forced pregnancy and coerced abortions, offering a broader legal context that informs debates on reproductive autonomy. The primary objective is to examine sexual violence under international law, integrating perspectives from law, criminology, gender studies, and human rights to bridge theoretical frameworks with practical applications, aiming to enhance accountability and justice mechanisms for victims, including those affected by reproductive violations. Employing a qualitative, interdisciplinary approach, the study draws on legal analysis, case studies, and

[59]Anne-Marie de Brouwer, Charlotte Ku, Renée Römkens and Larissa van den Herik, eds., *Sexual Violence as an International Crime: Interdisciplinary Approaches* (Cambridge: Intersentia, 2013) 5-201.

comparative frameworks, analyzing international legal instruments like the Rome Statute, judicial decisions, and policy documents, supplemented by expert commentary from diverse fields. The findings reveal that sexual violence, including acts impacting reproductive health such as forced impregnation or sterilization, is inadequately addressed in many legal systems despite international recognition, highlighting enforcement gaps and the need for gender-sensitive interpretations, while underscoring how these violations intersect with broader human rights abuses affecting women's bodily autonomy and health outcomes. The editors conclude that an interdisciplinary approach is essential for advancing legal recognition and prosecution, advocating for stronger integration of reproductive rights into justice mechanisms and emphasizing survivor-centered policies and international cooperation. While this work provides a robust global and legal perspective, it does not specifically address the Nigerian context or the interplay between family law and reproductive health rights at a domestic level, a gap this present study will fill by focusing on Nigeria's unique legal framework, cultural influences, and specific challenges related to access to contraception and abortion, tailoring the discussion to Nigeria's socio-legal realities to complement the broader insights offered by Brouwer, Ku,Römkens, and Herik.

The work of Rebecca J. Cook, Bernard M. Dickens, and Mahmoud F. Fathalla, *Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law*[60], is highly relevant to this study on family law and reproductive health rights in Nigeria for its comprehensive approach to reproductive health as a human right. The authors seek to merge medical, ethical, and legal insights, aiming to guide policymakers and practitioners in improving access to contraception and safe abortion globally. Using a multidisciplinary method, they analyze international treaties

[60]Rebecca J. Cook, Bernard M. Dickens, and Mahmoud F. Fathalla, *Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law* (Oxford: Oxford University Press, 2003) 1-104.

like CEDAW, ethical principles of autonomy, and medical data, finding that restrictive laws rooted in cultural norms often undermine women's health and autonomy, while progressive reforms can enhance equity. They conclude that integrating these fields is crucial for advancing reproductive rights and urge alignment with international standards. Though rich in global insights, the work does not delve into Nigeria's specific family law or socio-cultural context, a gap this study will address by focusing on Nigeria's legal framework and local challenges surrounding contraception and abortion access.

The contribution by Abioye Ibiyeye, titled 'Sexual and Reproductive Justice: A Need for the Flexibility of the Nigerian Abortion Law,'[61] stands out as a vital resource for this research on family law and reproductive health rights in Nigeria, tackling the nation's rigid abortion legislation head-on. Ibiyeye sets out to demonstrate the urgent need for legal adjustments to promote reproductive justice, emphasizing the link between Nigeria's restrictive policies and elevated rates of maternal deaths. Through a qualitative lens, the study examines provisions such as Sections 228-230 of the Nigerian Criminal Code, pairs them with health statistics, and invokes human rights arguments to evaluate their consequences for women. The analysis uncovers that the law's narrow allowance—abortion only to preserve a woman's life—fuels dangerous, backstreet procedures, supported by evidence of soaring morbidity, while contrasting this with nations boasting more lenient laws and safer results. Ibiyeye wraps up by asserting that broadening legal grounds for abortion to encompass health and rights considerations would bring Nigeria closer to international reproductive justice norms and curb avoidable fatalities. Although this piece delivers a sharp, Nigeria-centric critique of abortion law, it leaves the interplay with

[61] Abioye Ibiyeye, 'Sexual and Reproductive Justice: A Need for the Flexibility of the Nigerian Abortion Law,'*International Journal of Reproduction, Contraception, Obstetrics and Gynecology* [2018] (7) (1) 1-10.

family law structures and contraception availability largely untouched, a void this current study will bridge by weaving these elements into a more comprehensive narrative.

Oluwakemi Ayanleye's article, 'Women and Reproductive Health Rights in Nigeria,' featured in *OIDA International Journal of Sustainable Development*[62], offers valuable insights for this exploration of family law and reproductive health rights in Nigeria, focusing squarely on women's struggles in this domain. Ayanleye aims to illuminate how reproductive health rights, encompassing access to maternal care and contraception, remain elusive for many Nigerian women, framing these as essential to sustainable development. The study adopts a descriptive methodology, pulling together data from health surveys, government reports, and human rights literature to paint a picture of the barriers at play. It reveals that inadequate infrastructure, cultural stigmas, and legal limitations severely restrict women's ability to exercise reproductive autonomy, with stark figures underscoring poor maternal health outcomes and limited contraceptive uptake. Ayanleye concludes that recognizing and bolstering these rights through policy reform is critical to empowering women and advancing societal well-being. While this work shines a light on Nigeria-specific reproductive health challenges, it skims over the intricate ties to family law and the specific issue of abortion access, gaps this present research will fill by delving into these interconnected legal and practical dimensions.

John Mbiti's *African Religions and Philosophy*[63], provides a foundational perspective for this investigation into family law and reproductive health rights in Nigeria, offering a deep dive into the cultural and spiritual underpinnings that shape societal attitudes. Mbiti's goal is to unpack the intricate belief systems and philosophical traditions across Africa, with an emphasis on how

[62]Oluwakemi Ayanleye, 'Women and Reproductive Health Rights in Nigeria'.*OIDA International Journal of Sustainable Development*[2013] (6)(5) 127-140.
[63]John Mbiti, *African Religions and Philosophy*, 2nd ed. (Oxford: Heinemann, 1990) 6-79.

these influence community life, including family and gender roles. Employing an ethnographic and analytical approach, he draws from oral traditions, historical accounts, and personal observations to map out the moral and religious fabric of African societies. The book highlights how concepts of fertility, kinship, and communal harmony are revered, often framing reproductive choices within collective rather than individual terms, with implications for practices like contraception and abortion. Mbiti asserts that understanding these cultural roots is key to grasping African worldviews, suggesting their enduring impact on modern life. Though rich in cultural context relevant to Nigeria, the work does not directly engage with contemporary legal frameworks or specific reproductive health policies, an area this current study will address by linking these traditional influences to Nigeria's family law and access to reproductive services today.

Uche U. Emeziem's*Principles of Nigerian Family Law*[64] is a pivotal text for this research on family law and reproductive health rights in Nigeria, delivering a detailed examination of the country's family law landscape. Emeziem sets out to clarify the legal principles governing marriage, divorce, and familial obligations in Nigeria, aiming to provide a comprehensive resource for scholars and practitioners navigating this complex system. The study relies on a doctrinal method, analyzing statutory laws, customary practices, and judicial precedents to outline the structure of family law across Nigeria's pluralistic legal framework. It reveals how customary and statutory laws often intersect, shaping rights and duties within families, with particular attention to issues like inheritance and marital consent, though reproductive rights are less prominently featured. Emeziem concludes that Nigeria's family law reflects a blend of tradition and modernity, yet requires harmonization to address emerging challenges effectively.

[64]Uche U. Emeziem, *Principles of Nigerian Family Law* (Enugu: Fourth Dimension Publishing, 2005) 2-98.

While this book offers an authoritative look at family law specifics in Nigeria, it largely sidesteps the critical areas of contraception and abortion access, a shortfall this present study will tackle by exploring how these reproductive health issues intertwine with family law dynamics.

The study by Agnes A. Oyeniran and colleagues, 'Narratives of Women Presenting with Abortion Complications in Southwestern Nigeria: A Qualitative Study,' published in *PLOS One*[65], is a compelling addition to this research on family law and reproductive health rights in Nigeria, shedding light on the real-life consequences of restrictive abortion policies. The authors aim to capture the experiences of women facing abortion-related complications, seeking to understand the social, medical, and legal factors driving these outcomes in Southwestern Nigeria. Using a qualitative approach, they conducted in-depth interviews with affected women, analyzing their stories through thematic coding to reveal personal and systemic challenges. The findings expose a grim reality: Nigeria's tight legal restrictions push women toward unsafe abortions, resulting in severe health risks, with narratives highlighting stigma, financial strain, and limited healthcare access as key aggravators. The researchers conclude that these accounts underscore the urgent need for policy shifts to mitigate harm and improve women's reproductive health prospects. While this study powerfully amplifies women's voices and ties directly to Nigeria's abortion context, it focuses narrowly on post-abortion experiences rather than broader family law implications or contraception access, an area this current work will expand upon by integrating these wider legal and reproductive dimensions.

[65]Agnes A. Oyeniran et al., 'Narratives of Women Presenting with Abortion Complications in Southwestern Nigeria: A Qualitative Study'.*PLOS One*[2019] (14) (5) e0217616.

The *Safe Abortion: Technical and Policy Guidance for Health Systems*, crafted by the World Health Organization in 2012[66], is a crucial reference for this study on family law and reproductive health rights in Nigeria, providing a global blueprint for safe abortion practices. The WHO's purpose is to equip health systems and policymakers with evidence-based strategies to reduce unsafe abortions, prioritizing women's health and safety through clear technical and policy recommendations. The document employs a systematic approach, synthesizing clinical research, epidemiological data, and international health policy reviews to construct its guidance. It establishes that legal barriers and poor service provision fuel high rates of unsafe abortions worldwide, offering practical steps—like training providers and expanding access—to counteract these risks, backed by data showing improved outcomes where policies are liberalized. The WHO concludes that integrating safe abortion into health systems is both feasible and essential to uphold women's rights and cut maternal mortality. While this work delivers a thorough, globally applicable framework, it remains broad and lacks Nigeria-specific legal or familial context, a limitation this present research will overcome by applying its principles to Nigeria's unique family law and reproductive health landscape.

The article by Chibuike Innocent Okorie and Abayomi Akintola, 'Unsafe Abortion Practices and the Law in Nigeria: Time for Change,' published in *Sexual and Reproductive Health Matters*[67], is a significant contribution to this examination of family law and reproductive health rights in Nigeria, directly confronting the perilous state of abortion practices under current legislation. The authors set out to highlight how Nigeria's restrictive laws exacerbate unsafe abortions and to push for legal reform, drawing on perspectives from healthcare providers. They adopt a mixed-

[66]World Health Organization, *Safe Abortion: Technical and Policy Guidance for Health Systems*, 2nd ed. (Geneva: WHO, 2012) 1-47.
[67]Chibuike Innocent Okorie and Abayomi Akintola, 'Unsafe Abortion Practices and the Law in Nigeria: Time for Change'.*Sexual and Reproductive Health Matters*[2020] (28)(1) 1758445.

method strategy, combining interviews with medical professionals and a review of legal texts like the Nigerian Penal Code, alongside statistical data on abortion-related complications. Their findings expose a dire situation: the law's narrow scope forces women into clandestine procedures, with healthcare workers reporting widespread injuries and deaths, while comparative insights suggest safer outcomes under less restrictive regimes. Okorie and Akintola argue convincingly that Nigeria must overhaul its laws to prioritize women's health and align with human rights norms. Though this piece offers a strong, Nigeria-focused call to action on abortion, it pays less attention to family law intersections or contraception's role, a space this study will enrich by weaving in these broader reproductive and legal threads.

Ebenezer Durojaye's 'Justification of Women's Right of Access to Safe and Legal Abortion in Nigeria,' published in *African Journal of Legal Studies*[68], is an essential piece for this exploration of family law and reproductive health rights in Nigeria, championing a rights-based case for abortion law reform. Durojaye's goal is to argue that access to safe and legal abortion is a human right, challenging Nigeria's restrictive legal stance by grounding his case in international and regional human rights frameworks. He employs a legal-analytical method, dissecting Nigeria's Criminal Code alongside treaties like the African Charter on Human and Peoples' Rights, bolstered by evidence of maternal health crises linked to unsafe abortions. The study finds that Nigeria's laws, limiting abortion to life-saving scenarios, violate women's rights to health and dignity, with data showing preventable deaths that could be curbed by broader access, as seen in more progressive jurisdictions. Durojaye concludes that legalizing safe abortion is both a moral and legal imperative for Nigeria to meet its human rights obligations. While this work builds a robust rights argument specific to Nigeria's abortion context, it leaves

[68]Ebenezer Durojaye, 'Justification of Women's Right of Access to Safe and Legal Abortion in Nigeria'.*African Journal of Legal Studies*[2014] (7)(2) 205-224.

family law connections and contraception access underexplored, areas this current research will address by linking these elements into a fuller picture of reproductive rights. Building on Durojaye's work, this study expands on his findings by exploring the underexplored connections between family law and contraception access. By linking these elements, this research provides a more comprehensive picture of reproductive health rights in Nigeria, offering a more holistic legal and policy analysis.

CHAPTER THREE

LEGAL REGIME AND INSTITUTIONAL FRAMEWORK

3.1 Legal Regime

3.1.1 National Legal Regime

3.1.1.1 The Marriage Act (1990)

The Marriage Act of 1990 in Nigeria is a pivotal piece of family law legislation, establishing the legal framework for statutory marriages. It outlines requirements for a valid marriage, including consent under Section 18, capacity under *Section 11*, and registration under *Section 24*, while also addressing dissolution under *Section 30* and matrimonial property under *Section 72*[69]. However, the Act does not address reproductive health rights, such as access to contraception or abortion, focusing solely on the institution of marriage rather than reproductive autonomy. This silence is critical, as the Act fails to clarify spousal rights or obligations in family planning, often leaving such decisions to cultural or religious practices that may restrict women's autonomy. For instance, *Section 18*'s emphasis on consent for marriage does not extend to ensuring equitable decision-making in reproductive choices, potentially exacerbating gender disparities in accessing contraception or safe abortion services[70]. However, this legislative gap contributes to systemic barriers for women in exercising reproductive health rights, particularly in patriarchal family structures[71].

[69]Marriage Act, Cap M6, Laws of the Federation of Nigeria, 1990.
[70]Irehobhude O. Iyioha and Remigius N. Nwabueze, *Comparative Health Law and Policy: Critical Perspectives on Nigerian and Global Health Law* (Ashgate Publishing Ltd., 2015) 45–67.
[71]Onyema Afulukwe-Eruchalu, 'Reproductive Health and Rights in Nigeria: Legal Challenges and Opportunities,' *Journal of Law and Global Health*[2017] (3) (1) 89–104.

The Marriage Act's omission of reproductive health provisions reflects Nigeria's broader restrictive legal environment for contraception and abortion. While the Act does not regulate contraception, its silence on spousal consent for reproductive decisions, particularly under *Section 18*, may implicitly reinforce gender roles where husbands control family planning[72]. This is evident in practices where women need spousal approval for contraceptives, a norm not mandated by the Act but shaped by its failure to challenge societal expectations. Similarly, the Act does not engage with the Criminal Code or Penal Code, which criminalize abortion except to save a mother's life, but its marital framework under *Section 30* (dissolution) indirectly limits women's reproductive agency by upholding structures that may constrain autonomy[73]. Legal scholars emphasize that the Act's failure to incorporate reproductive health considerations perpetuates a legal landscape where women's access to informed reproductive choices, especially in rural areas with limited healthcare, remains restricted[74].

3.1.1.2 The Matrimonial Causes Act (1970)

The Matrimonial Causes Act of 1970 in Nigeria governs the dissolution of statutory marriages and related matrimonial issues, providing a legal framework for divorce, judicial separation, and ancillary relief such as maintenance and custody[75]. While the Act primarily addresses marital disputes, it indirectly influences reproductive health rights by shaping the dynamics of spousal relationships, particularly in matters of autonomy and decision-making. For instance, *Section 70*, which deals with maintenance, does not explicitly address reproductive choices, leaving women

[72]Hadiza Wada, 'Gender and Reproductive Health Rights in Nigeria: A Legal Perspective,' *African Journal of Law and Human Rights* [2020] (4) (2) 56–73.
[73]P Chibueze Okorie and Olubusola Adebayo Abayomi, 'Abortion Laws in Nigeria: A Case for Reform,' *Golden Gate University School of Law Digital Commons* [2019] 12–15.
[74]Chinonye Obianuju Ekwueme-Sturton, 'Advancing Reproductive Health and Rights in Nigeria: The Case for Legal and Policy Reform,' *African Human Rights Law Journal* [2020] (20) (1) 123–145.
[75]Matrimonial Causes Act, Cap M7, Laws of the Federation of Nigeria, 1970, *Sections 15, 16, 70*.

vulnerable to economic dependence that may limit their access to contraception or safe abortion services[76]. The Act's silence on reproductive health rights reinforces traditional gender roles, where women's ability to make autonomous reproductive decisions may be constrained by marital obligations or financial reliance.

This legislative gap is particularly significant in Nigeria's patriarchal context, where the Act's provisions, such as those on divorce under *Section 15,* do not consider reproductive autonomy as a factor in marital dissolution proceedings[77]. The absence of explicit protections for reproductive decision-making within the Act exacerbates challenges for women seeking contraception or abortion, as spousal consent or economic barriers often dictated by marital status remain unaddressed. Scholars argue that this omission perpetuates a legal environment where women's reproductive health rights are sidelined, necessitating reforms to integrate gender-sensitive provisions that promote equitable access to reproductive healthcare[78].

3.1.1.3 The Child Rights Act (2003)

The Child Rights Act of 2003 in Nigeria establishes a comprehensive framework for protecting children's rights, including their health, education, and welfare, but it has limited direct provisions addressing reproductive health rights for adolescents[79]. While *Sections 7 and 8* guarantee the right to health and medical care, the Act does not explicitly address access to contraception or abortion for minors, leaving a gap in protecting adolescent girls' reproductive autonomy. This omission is critical in a context where early marriage and teenage pregnancy are

[76]Onyema Afulukwe-Eruchalu, 'Reproductive Health and Rights in Nigeria: Legal Challenges and Opportunities,' *Journal of Law and Global Health* [2017] (3) (1) 89–104.
[77]Irehobhude O. Iyioha and Remigius N. Nwabueze, *Comparative Health Law and Policy: Critical Perspectives on Nigerian and Global Health Law* (Ashgate Publishing Ltd., 2015) 45–67.
[78]NI Aniekwu, 'A Legal Perspective on Reproductive Health and Gender-Specific Human Rights in Nigeria,'*Journal of Medicine and Biomedical Research*[2004] (3) (1) 21–29.
[79]Child Rights Act, Cap C50, Laws of the Federation of Nigeria, 2003, *Sections 7, 8.*

prevalent, often limiting girls' access to reproductive health services due to parental or spousal control[80]. The Act's focus on child protection indirectly intersects with reproductive health by addressing harmful practices like child marriage[81], which can reduce risks of early pregnancy, but its implementation is inconsistent across states, undermining its impact on reproductive health outcomes[82]. Also, the Act's failure to explicitly include adolescent reproductive rights, coupled with cultural and legal barriers, restricts young girls' ability to access contraception and safe abortion, perpetuating cycles of poverty and health disparities[83].

3.1.1.4 The National Health Act (2014)

The National Health Act of 2014 in Nigeria is a landmark legislation aimed at improving the country's healthcare system, with provisions that directly impact reproductive health rights[84]. Section 1 establishes the right to health, including access to basic healthcare services, which implicitly encompasses reproductive health services like contraception. However, the Act does not explicitly address abortion, leaving its regulation to the restrictive Criminal and Penal Codes, which permit abortion only to save a mother's life[85]. This gap limits the Act's effectiveness in ensuring comprehensive reproductive health access, particularly for safe abortion services, which remain heavily stigmatized and inaccessible for many women[86].

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[80]OG Izevbuwa, Rita Abhavan Ngwoke and F Adeghe Itohan, 'The role of law in advancing the reproductive health and rights of women in Nigeria,'*International Journal of Law, Justice and Jurisprudence*[2014] (2)(1) 1–10.
[81]*Section 21.*
[82]Lilian Akhirome-Omonfuegbe, 'A Critical Appraisal Of Women's Reproductive Rights In Nigeria,'*Journal of Sustainable Development Law and Policy*[2019] (10) (1&2) 127–144.
[83]Irehobhude O. Iyioha and Remigius N. Nwabueze, *Comparative Health Law and Policy: Critical Perspectives on Nigerian and Global Health Law* (Ashgate Publishing Ltd., 2015) 45–67.
[84]National Health Act, Cap N51, Laws of the Federation of Nigeria, 2014, *Sections 1, 3.*
[85]Ifeanyi Chukwuma Okonkwo and Ngozi Ifeyinwa Oguonu, 'The Role of Law in Promoting Access to Safe Abortion Services in Nigeria,'*Health and Human Rights Journal* [2020] (22)(2) 171–183.
[86]Onyema Afulukwe-Eruchalu, 'Reproductive Health and Rights in Nigeria: Legal Challenges and Opportunities,' *Journal of Law and Global Health*[2017] (3) (1) 89–104.

The Act's provisions on informed consent and emergency care under *Section 3* could potentially support women's autonomy in accessing contraception, but implementation challenges, such as inadequate healthcare infrastructure and provider biases, hinder its impact[87]. Scholars argue that while the Act represents a step toward universal health coverage, its failure to explicitly address abortion and ensure equitable access to reproductive health services perpetuates systemic barriers, particularly for rural and low-income women[88]. Strengthening the Act's provisions through clearer reproductive health policies and better enforcement is essential to advancing women's rights in this domain.

3.1.1.5 The Violence Against Persons (Prohibition) Act (2015)

The Violence Against Persons (Prohibition) Act of 2015 in Nigeria is a significant legislative effort to address gender-based violence, with implications for reproductive health rights[89]. Section 1 prohibits acts of violence, including physical, sexual, and psychological abuse, which can intersect with reproductive coercion, such as denying women access to contraception or forcing unwanted pregnancies. By criminalizing such acts, the Act indirectly supports women's reproductive autonomy by providing legal recourse against spousal or familial control over reproductive decisions[90]. However, the Act does not explicitly address abortion, leaving women who experience violence-related pregnancies with limited legal options due to Nigeria's restrictive abortion laws[91].

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[87]Osita Nnamani Ogbu, 'Realising the Right to Health in Nigeria: Challenges and Prospects,' *African Journal of International and Comparative Law* [2017] (25) (3) 391–415.
[88]Solomon O. Ben and Charles U. Iheke, 'Legal and Policy Framework for Maternal Health in Nigeria: An Appraisal,' *International Journal of Public Law and Policy* [2015] (5) (1) 1–19.
[89]Violence Against Persons [Prohibition] Act, Cap V3, Laws of the Federation of Nigeria, 2015, *Sections 1, 6.*
[90]Babatunde Mesole and Babatunde Ahonsi, 'Sexual and Reproductive Health of Adolescents and Young People in Nigeria: Issues, Challenges and Prospects,' *African Journal of Reproductive Health* [2010] (14) (3) 15–31.
[91]**Evelyn Okechukwu, 'The Impact of Culture and Religion on Women's Reproductive Health Rights in Nigeria,'** *Journal of Law, Religion and Culture* **[2023] (7) (1) 55–72.**

The Act's provisions on protection orders and victim support under *Section 6* offer mechanisms to safeguard women from abuse that may impede their reproductive health choices, such as coerced pregnancies or denial of contraceptive access[92]. Yet, its effectiveness is hampered by weak enforcement, societal stigma, and limited awareness of the law, particularly in rural areas where patriarchal norms prevail[93]. Researchers positions have been that while the Act strengthens protections against violence, its indirect approach to reproductive health rights requires complementary reforms to address abortion access and ensure comprehensive reproductive autonomy.

Furthermore, the Act's potential to enhance reproductive health outcomes are constrained by its limited scope and implementation challenges. It does not address systemic barriers such as healthcare access or the economic factors that influence women's ability to exercise reproductive choices, particularly for survivors of violence[94]. To maximize its impact, the Act must be supported by policies that integrate reproductive health services into victim support frameworks, ensuring that women escaping violence have access to contraception and, where legally permissible, safe abortion services. There is the need for holistic reforms that align the Act with international human rights standards to fully protect women's reproductive health rights[95].

3.1.1.6 The Penal Code (Northern States) Federal Provisions Act (1960)

The Penal Code (Northern States) Federal Provisions Act of 1960 governs criminal law in Nigeria's northern states and significantly restricts reproductive health rights through its

[92]Onyema Afulukwe-Eruchalu, 'Reproductive Health and Rights in Nigeria: Legal Challenges and Opportunities,' *Journal of Law and Global Health*[2017] (3) (1) 89–104.
[93]**Pauline E. Eyakem, 'The Right to Health of Women in Nigeria: A Focus on Maternal Mortality,'** *University of Ottawa Human Rights Law Review***[2014] (10)(1) 123–148.**
[94]Scott C. Burris, Lawrence O. Gostin, Jeffrey P. Koplan, and Michael Merson, eds., *Global Health Law* (Cambridge, MA: Harvard University Press 2016) 58.
[95]David P. Fidler and Lawrence O. Gostin, *Public Health Law and Ethics* (Berkeley: University of California Press 2006) 67.

stringent provisions on abortion[96]. *Sections 232–236* criminalize abortion except when performed to save a woman's life, imposing penalties of up to seven years' imprisonment on women and providers, which drives many to seek unsafe abortions, contributing to high maternal mortality rates[97]. The Code's silence on contraception leaves access to family planning unregulated, but cultural and religious practices in northern Nigeria often discourage its use, particularly for women without spousal consent[98]. This restrictive legal framework, rooted in colonial-era legislation, fails to address contemporary reproductive health needs, exacerbating health disparities in northern Nigeria, where limited healthcare infrastructure and patriarchal norms further hinder access to safe reproductive services.

3.1.1.7 The Criminal Code Act (1990)

The Criminal Code Act of 1990, applicable in southern Nigeria, imposes significant barriers to reproductive health rights by criminalizing abortion except to preserve a woman's life[99]. *Sections 228–230* prescribe penalties of up to seven years' imprisonment for performing or procuring abortions, pushing women toward unsafe procedures that contribute to Nigeria's high maternal mortality rates, estimated at 814 per 100,000 live births[100]. The Act's failure to address contraception leaves access to family planning subject to societal norms, where women often face spousal or familial opposition, particularly in rural areas with limited healthcare access. This outdated legal framework, combined with inadequate enforcement of health policies and

[96] Penal Code [Northern States] Federal Provisions Act, Cap P3, Laws of the Federation of Nigeria, 1960, *Sections 232–236.*
[97] Benjamin Meier, *International Law and Global Health: A Framework Convention on Global Health* (Cheltenham, UK: Edward Elgar Publishing, 2012) 37-45.
[98] Hadiza Wada, 'Gender and Reproductive Health Rights in Nigeria: A Legal Perspective,' *African Journal of Law and Human Rights* [2020] (4) (2) 56–73.
[99] Criminal Code Act, Cap C38, Laws of the Federation of Nigeria, 1990, *Sections 228–230.*
[100] Onyema Afulukwe-Eruchalu, 'Reproductive Health and Rights in Nigeria: Legal Challenges and Opportunities,' *Journal of Law and Global Health* [2017] (3) (1) 89–104.

pervasive stigma, severely restricts women's reproductive autonomy, necessitating urgent reforms to align with international human rights standards[101].

3.1.2 Regional/African Legal Regime

3.1.2.1 The African Charter on Human and Peoples' Rights (1981)

The African Charter on Human and Peoples' Rights of 1981, domesticated in Nigeria, provides a regional human rights framework with potential to advance reproductive health rights, though its impact is limited by domestic constraints[102]. *Article 16* guarantees the right to the highest attainable standard of health, which can be interpreted to include access to contraception and maternal healthcare, while *Article 4*'s right to life supports arguments for safe abortion to prevent maternal deaths. However, Nigeria's restrictive abortion laws and cultural resistance to reproductive autonomy undermine the Charter's application, as courts rarely invoke it to challenge domestic legislation[103].

Article 18's emphasis on family protection could promote women's autonomy in family planning but is often interpreted conservatively, reinforcing patriarchal norms that limit reproductive choices, such as requiring spousal consent for contraception. Scholars argue that the Charter's progressive provisions are underutilized in Nigeria due to weak judicial enforcement and lack of awareness, necessitating legislative reforms and judicial activism to harmonize domestic laws with its human rights obligations[104].

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[101]Kent Buse, Nicholas Mays and Gill Walt, *Making Health Policy* (Maidenhead: Open University Press, 2005) 77.
[102] African Charter on Human and Peoples' Rights, 1981, *Articles 4, 16, 18.*
[103] Thomas Pogge, Politics as Usual: What Lies Behind the Pro-Poor Rhetoric (Cambridge: Polity Press, 2010) 41-45.
[104]*Ibid*

3.1.2.2 The African Charter on the Rights and Welfare of the Child (1990)

The African Charter on the Rights and Welfare of the Child of 1990, ratified by Nigeria, prioritizes children's rights, including health, with indirect implications for adolescent reproductive health[105]. *Article 14* guarantees children's right to health, which could encompass access to contraception and sexual education for adolescents, yet Nigeria's restrictive legal environment and cultural taboos limit its implementation, leaving adolescent girls vulnerable to early pregnancies and unsafe abortions. The Charter's *Article 21*, which prohibits harmful practices like child marriage, indirectly supports reproductive health by reducing risks of early pregnancy, but inconsistent state-level adoption in Nigeria weakens its impact. Scholars emphasize that without targeted policies and enforcement, the Charter fails to address the systemic barriers adolescent girls face in accessing reproductive health services[106].

3.1.2.3 The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003)

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), adopted in 2003 and ratified by Nigeria in 2004, is a landmark regional instrument explicitly addressing women's reproductive health rights[107]. *Article 14* guarantees women's rights to control their fertility, access contraception, and seek safe abortion under specific conditions, such as rape, incest, or health risks, marking a progressive departure from Nigeria's restrictive domestic laws. However, Nigeria's failure to fully domesticate the Protocol limits its enforceability, as domestic laws like the Penal and Criminal Codes continue to

[105] African Charter on the Rights and Welfare of the Child, 1990, *Articles 14, 21.*
[106]Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Berkeley: University of California Press, 2003) 12-23.
[107] Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 2003, *Articles 14, 16.*

criminalize abortion except to save a woman's life, creating a legal conflict that hinders women's access to safe reproductive health services[108].

Despite its progressive framework, the Maputo Protocol's implementation in Nigeria faces significant challenges due to cultural, religious, and political resistance, particularly in northern states where patriarchal norms dominate[109]. *Article 16*'s emphasis on eliminating harmful practices, such as forced marriages, indirectly supports reproductive autonomy by reducing early pregnancies, but weak enforcement and lack of awareness among women and judicial officers undermine its impact. Harmonizing domestic legislation with the Protocol's provisions is critical to expanding access to contraception and safe abortion, requiring advocacy and judicial activism to overcome systemic barriers[110].

3.1.2.4 Policy Framework for Sexual and Reproductive Health and Rights (2006)

The Policy Framework for Sexual and Reproductive Health and Rights of 2006 in Nigeria aims to improve access to reproductive health services, including contraception, as part of the national health strategy[111]. The framework promotes universal access to reproductive health information and services, emphasizing family planning and maternal health, but it does not directly address abortion due to Nigeria's restrictive legal environment[112]. Its implementation is hampered by inadequate funding, limited healthcare infrastructure, and cultural barriers, particularly in rural areas, where access to contraception remains low. The policy's focus on education and awareness campaigns has had some success in increasing contraceptive use, but disparities

[108]Alicia Ely Yamin, *When Misfortune Becomes Injustice: Evolving Human Rights Struggles for Health and Social Justice* (Stanford, CA: Stanford University Press, 2016) 3-6.
[109]*Ibid*
[110] Amartya Sen, *Development as Freedom* (New York: Alfred A. Knopf, 1999) 67-70.
[111] Policy Framework for Sexual and Reproductive Health and Rights, Federal Ministry of Health, Nigeria, 2006, Sections 2ascertainty.
[112]Ademola Oluborode Jegede, 'The Uneasy Relationship Between Law, Culture and Women's Reproductive Rights in Nigeria,' *Journal of African Law*[2012] (56) (1) 101–124.

persist due to gender norms and lack of spousal consent provisions, which the framework does not adequately address.

The 2006 Policy Framework's alignment with international commitments, such as the Millennium Development Goals, underscores its intent to reduce maternal mortality through improved reproductive health services. However, its non-binding nature and failure to challenge restrictive abortion laws limit its transformative potential, leaving women reliant on unsafe abortion practices. Hence, we advocate for stronger enforcement mechanisms and integration with regional frameworks like the Maputo Protocol to enhance the policy's impact on reproductive health rights[113].

3.1.2.5 The African Union's Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) (2009)

The African Union's Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA), launched in 2009, is a regional initiative aimed at improving maternal health, with a focus on increasing access to reproductive health services, including contraception, in Nigeria and other African countries[114]. In Nigeria, CARMMA promotes skilled birth attendance and family planning to reduce maternal mortality, which is among the highest globally, but its impact on abortion access is limited by domestic legal restrictions[115]. The campaign's advocacy for policy reforms aligns with the Maputo Protocol but faces challenges from inadequate healthcare funding and cultural resistance, necessitating sustained investment and awareness to enhance reproductive health outcomes.

[113]*Ibid*
[114] African Union, CARMMA, 2009, *Strategic Objectives 1–3.*
[115]Ayodeji Oluwole Sogunle, 'Legal and Ethical Issues in the Provision of Emergency Obstetric Care in Nigeria,' *Nigerian Journal of Clinical Practice*[2015] (18) (1) 1–6.

3.1.3 International Legal Regime

3.1.3.1 The Universal Declaration of Human Rights (1948)

The Universal Declaration of Human Rights (UDHR), adopted in 1948, establishes foundational principles for human rights, indirectly supporting reproductive health rights through its provisions on life, health, and dignity[116]. *Article 25* guarantees the right to a standard of living adequate for health and well-being, which can be interpreted to include access to reproductive health services like contraception, though it does not explicitly address abortion. In Nigeria, where restrictive laws limit reproductive autonomy, the UDHR's broad principles provide a moral and legal basis for advocating expanded access to family planning, but its non-binding nature and lack of specific reproductive health provisions weaken its direct impact.

The UDHR's *Article 3*, which protects the right to life, could support arguments for safe abortion to prevent maternal mortality, a pressing issue in Nigeria with a maternal mortality ratio of 814 per 100,000 live births[117]. However, Nigeria's legal framework, rooted in the Penal and Criminal Codes, contradicts this interpretation by criminalizing abortion except to save a woman's life, highlighting a gap between international norms and domestic practice. In a nutshell, leveraging the UDHR requires advocacy to align Nigeria's laws with its principles, particularly to enhance women's reproductive autonomy[118].

3.1.3.2 The International Covenant on Economic, Social and Cultural Rights (1966)

The International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted in 1966 and ratified by Nigeria in 1993, explicitly recognizes the right to the highest attainable standard

[116] Universal Declaration of Human Rights, 1948, *Articles 3, 25.*
[117] Abimbola A. Odejide and Babatunde A. Ahonsi, 'Addressing Unsafe Abortion in Nigeria: The Need for Legal and Policy Reform,' *African Population Studies*[2013] (27) (1) 237–252.
[118] *Ibid*

of health under *Article 12*, providing a legal basis for access to reproductive health services, including contraception[119]. This provision obligates Nigeria to ensure access to family planning and maternal health services, but the country's restrictive abortion laws and limited healthcare infrastructure hinder compliance, particularly for rural women. The ICESCR's progressive realization clause allows Nigeria flexibility, but scholars criticize the slow pace of reforms, given persistent barriers to contraceptive access and high maternal mortality rates[120].

The ICESCR's *Article 12* also implies a state duty to address unsafe abortions, which contribute significantly to Nigeria's maternal mortality burden, yet domestic laws criminalizing abortion contradict this obligation. The Committee on Economic, Social and Cultural Rights has urged states to decriminalize abortion to fulfill health rights, but Nigeria's lack of legislative action reflects cultural and religious resistance. Nigeria, therefore, needs to domesticate the ICESCR fully and align its policies with the Covenant's standards to enhance reproductive health access.

3.1.3.3 The Convention on the Elimination of All Forms of Discrimination Against Women (1979)

The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted in 1979 and ratified by Nigeria in 1985, is a critical instrument for advancing women's reproductive health rights through its provisions on gender equality and health[121]. *Article 12* mandates equal access to healthcare, including family planning services, explicitly supporting women's right to contraception, while *Article 16* ensures autonomy in decisions regarding marriage and family, which encompasses reproductive choices. In Nigeria, however, cultural

[119] International Covenant on Economic, Social and Cultural Rights, 1966, *Article 12.*
[120]Chibuike Uchechukwu Uche, 'The Right to Health and Access to Healthcare Services for Women in Nigeria: A Socio-Legal Analysis,' *Journal of Social Sciences and Public Policy*[2015] (7) (1) 87–104.
[121] Convention on the Elimination of All Forms of Discrimination Against Women, 1979, *Articles 12, 16.*

practices and restrictive laws, such as the Penal and Criminal Codes, undermine CEDAW's application by limiting abortion access and requiring spousal consent for contraception in some contexts.

The CEDAW Committee's *GeneralRecommendation 24* urges states to ensure access to safe abortion services to protect women's health, but Nigeria's failure to fully domesticate CEDAW and align domestic laws with its provisions perpetuates systemic barriers. Rural women, in particular, face compounded challenges due to limited healthcare facilities and patriarchal norms that CEDAW seeks to dismantle[122]. Scholars argue that Nigeria must enact legislation reflecting CEDAW's standards and invest in awareness campaigns to empower women to claim their reproductive rights[123].

CEDAW's emphasis on eliminating discrimination offers a framework to challenge practices like child marriage, which increases risks of early pregnancy and limits reproductive autonomy, yet Nigeria's inconsistent enforcement of related laws weakens its impact. The Convention's potential to transform Nigeria's reproductive health landscape depends on judicial willingness to invoke its provisions and legislative reforms to decriminalize abortion and ensure equitable access to contraception[124]. Advocacy for CEDAW's full implementation remains essential to address Nigeria's high maternal mortality and reproductive health disparities[125].

[122] Irehobhude O. Iyioha and Remigius N. Nwabueze, *Comparative Health Law and Policy: Critical Perspectives on Nigerian and Global Health Law* (Ashgate Publishing Ltd. 2015) 45–67.
[123]Funmi Oluyede, 'The Legal Status of Women's Health and Reproductive Rights in Nigeria,' in *Women's Rights in Muslim Communities: Realities and Struggles,* ed. Lynn Welchman and Jana Wetzel (London: Women Living Under Muslim Laws 2003) 187–206.
[124]*Ibid*
[125]*Ibid*

3.1.3.4 The Convention on the Rights of the Child (1989)

The Convention on the Rights of the Child (CRC), adopted in 1989 and ratified by Nigeria in 1991, protects children's rights, including health, with significant implications for adolescent reproductive health[126]. *Article 24* ensures children's right to the highest attainable standard of health, which includes access to sexual and reproductive health services like contraception for adolescents, while *Article 34* protects against sexual exploitation, indirectly reducing risks of unintended pregnancies. In Nigeria, however, cultural taboos, restrictive laws, and limited healthcare access prevent adolescent girls from accessing contraception and safe abortion, exacerbating high rates of teenage pregnancy and unsafe abortions[127].

The CRC's emphasis on education[128] supports sexual health literacy, but Nigeria's inconsistent implementation, particularly in northern states, limits its effectiveness in addressing adolescent reproductive needs. The Convention's potential to protect adolescent girls from early marriage, a key driver of reproductive health risks, is undermined by weak enforcement of domestic laws like the Child Rights Act. Scholars advocate for policy reforms and awareness campaigns to align Nigeria's practices with the CRC, ensuring adolescents' access to reproductive health services[129].

The CRC's framework requires Nigeria to address systemic barriers, such as parental consent requirements and stigma, that restrict adolescent reproductive autonomy, but progress remains

[126] Convention on the Rights of the Child, 1989, *Articles 24, 34.*
[127]Ikechi Mgbeoji, 'Patriarchy, Women, and Reproductive Rights in Africa: Confronting the Dilemmas of Legal Reform,' *Buffalo Human Rights Law Review*[2006] (12) 109–150.
[128]*Article 28.*
[129]Josephine P. Dawodu, 'The Role of Non-Governmental Organizations in Promoting Women's Reproductive Health Rights in Nigeria,' *Journal of Human Rights and Practice*[2013] (5) (1) 45–62.

slow due to cultural and religious resistance[130]. There is the need for Nigeria to integrate the CRC's provisions into domestic law and invest in healthcare infrastructure to protect adolescent girls from reproductive health risks, including unsafe abortions[131].

3.1.3.5 The Programme of Action of the International Conference on Population and Development (1994)

The Programme of Action of the International Conference on Population and Development (ICPD), adopted in 1994, sets a global framework for reproductive health and rights, emphasizing universal access to family planning, maternal health, and sexual education[132]. In Nigeria, the ICPD's call for comprehensive reproductive health services has influenced policies like the 2006 Policy Framework, but restrictive abortion laws and cultural barriers limit its implementation, leaving women and adolescents with inadequate access to contraception and safe abortion services[133]. The Programme's non-binding nature and Nigeria's slow policy reforms hinder progress, necessitating stronger advocacy to align domestic practices with its goals.

3.2 Institutional Framework

3.2.1 Nigerian Institutions

3.2.1.2 National Population Commission (NPC)

The National Population Commission (NPC) of Nigeria, established under the National Population Commission Act of 1989, is tasked with collecting, analyzing, and disseminating

[130] *Ibid*
[131] *Ibid*
[132] Programme of Action of the International Conference on Population and Development, 1994, *Principles 7, 8.*
[133] Sylvester S. Sule, 'The Legal Framework for the Protection of Sexual and Reproductive Health Rights of Adolescents in Nigeria,' *Journal of Law, Policy and Globalization*[2015] (35) 104–116.

demographic data to inform national development policies, including those related to reproductive health[134]. The NPC plays a critical role in population management by conducting censuses and surveys, such as the Nigeria Demographic and Health Survey (NDHS), which provides data on contraceptive prevalence, maternal mortality, and fertility rates, essential for shaping reproductive health strategies. Despite its mandate, the NPC's effectiveness in advancing reproductive health rights is limited by inadequate funding and logistical challenges, particularly in rural areas, where data collection is inconsistent, hindering targeted interventions for family planning and maternal health[135]. The NPC's collaboration with the Federal Ministry of Health and international partners like UNFPA has improved data-driven policy formulation, but gaps in implementation persist due to cultural and religious barriers that the NPC's data highlights but does not directly address[136].

The NPC's role in reproductive health extends to supporting policies aimed at sustainable population growth, as Nigeria's population, projected to reach 400 million by 2050, strains public health resources[137]. The Commission's data underscores the low contraceptive prevalence rate of 20.1% among women of reproductive age, far below the national target of 36% by 2018, highlighting the need for enhanced family planning initiatives[138]. However, the NPC lacks enforcement powers and relies on other agencies, such as the Federal Ministry of Health, to translate its findings into actionable programs, which often face delays due to bureaucratic

[134] National Population Commission Act, Cap N67, Laws of the Federation of Nigeria, 1989, *Section 5*.
[135]Olubukola S. Oladipo and Adesola O. Ogunniyi, 'Adolescent Sexual and Reproductive Health in Nigeria: A Review of the Legal and Policy Environment,' *African Journal of Primary Health Care & Family Medicine*[2017] (9) (1) a1470.
[136] National Population Commission, 2021. Available at: https://nationalpopulation.gov.ng/, accessed 19 April 2025.
[137] UN Data, 2023. Available at: https://nationalplanning.gov.ng/wp-content/uploads/2023/05/Nigeria-Agenda-2050-Report-Corrected.pdf, accessed 19 April 2025.
[138]I Amiesimaka, Obreniokibo and Shahin Payam, 'Family Planning Policy and Gender in Nigeria: A Thematic Analysis of the Government's Health Policy Perspective.' *Sociology of Health & Illness* [2025] (47) (2) e13853. Available at: https://doi.org/10.1111/1467-9566.13853, Accessed April 25, 2025.

inefficiencies[139]. Scholars advocate for the NPC to expand its advocacy role, leveraging its data to push for gender-sensitive policies that address spousal consent barriers and improve access to reproductive health services, particularly in northern Nigeria, where fertility rates remain high.

3.2.1.3 Federal Ministry of Health (FMoH)

The Federal Ministry of Health (FMoH) in Nigeria is the primary government institution responsible for formulating and implementing health policies, including those related to reproductive health, under the National Health Act of 2014 [140]. The FMoH's National Reproductive Health Policy of 2017 and the Nigeria Family Planning Blueprint of 2014, aim to increase contraceptive prevalence and reduce maternal mortality through expanded access to family planning services, yet only 15% of women of reproductive age use modern contraceptives, reflecting implementation challenges [141]. The Ministry collaborates with international partners like Pathfinder International and the Planned Parenthood Federation of Nigeria to strengthen healthcare delivery, but inadequate funding and provider biases, such as requiring spousal consent for contraception, limit progress, particularly in rural areas.

The FMoH's efforts are further constrained by Nigeria's restrictive abortion laws, which the Ministry has not effectively challenged, despite its role in overseeing the National Policy on Sexual and Reproductive Health Rights for Persons with Disabilities (2018) to promote inclusivity[142]. The Ministry's partnerships with NGOs like Marie Stopes Nigeria have improved service delivery in urban areas, but rural healthcare facilities remain under-equipped,

[139]Uche Isiugo-Abanihe, 'Contextualizing Sexuality, Reproductive Health, and Rights in Nigeria,' in *Sexuality, Gender, and Rights: Exploring Theory and Practice in South and Southeast Asia*, ed. Geetanjali Misra and Radhika Chandiramani (New Delhi:Sage Publications 2005) 245–266.
[140] National Health Act, Cap N51, Laws of the Federation of Nigeria, 2014, *Section 1*.
[141] Federal Ministry of Health, 2017a; Federal Ministry of Health, 2014.
[142] Chinonye Obianuju Ekwueme-Sturton, 'Advancing Reproductive Health and Rights in Nigeria: The Case for Legal and Policy Reform,' *African Human Rights Law Journal*[2020] (20) (1) 123–145.

exacerbating disparities in access to maternal and reproductive health services. Scholars contend that the FMoH must prioritize policy enforcement, increase budgetary allocations, and address cultural barriers to enhance reproductive health outcomes, aligning with Sustainable Development Goals 3.7 and 5.6 on sexual and reproductive health[143].

3.2.1.4 National Human Rights Commission (NHRC)

The National Human Rights Commission (NHRC) of Nigeria, established under the National Human Rights Commission Act of 1995 (amended 2010), serves as an independent body to promote and protect human rights, including reproductive health rights[144]. The NHRC investigates human rights abuses, such as forced abortions in conflict zones, as seen in its 2023 probe into allegations of military misconduct in the Northeast, highlighting its role in addressing reproductive rights violations[145]. However, the NHRC's inability to compel government action limits its effectiveness, and its focus on reproductive health is often secondary to broader human rights issues, leaving gaps in addressing systemic barriers like access to contraception[146].

The NHRC's advocacy for women's rights, including protection against gender-based violence under the Violence Against Persons (Prohibition) Act, indirectly supports reproductive health by addressing coercion in family planning decisions. Yet, its limited resources and lack of jurisdiction over state-level violations restrict its impact, particularly in rural areas where cultural norms impede reproductive autonomy. Researchers recommend that the NHRC strengthen its monitoring of reproductive health violations and collaborate with NGOs to raise awareness,

[143] Hadiza Wada, 'Gender and Reproductive Health Rights in Nigeria: A Legal Perspective,' *African Journal of Law and Human Rights*[2020] (4) (2) 56–73.
[144] National Human Rights Commission Act, Cap N46, Laws of the Federation of Nigeria, 2010, *Section 5.*
[145] National Human Rights Commission, 2023. Available at:https://nigeriarights.gov.ng, accessed 22 April 2025.
[146]Joy Ngozi Ezeilo, 'Women's Human Rights in Nigeria: A Critical Assessment of the Legal and Policy Framework,' in *Human Rights in Nigeria: Challenges and Prospects*, ed. Iniobong S. Uko and Chidi Odinkalu (Ibadan: Spectrum Books 2009) 203–226.

leveraging its platform to push for legal reforms that align with international standards like CEDAW[147].

3.2.1.5 Women's Rights Advancement and Protection Alternative (WRAPA)

The Women's Rights Advancement and Protection Alternative (WRAPA), a Nigerian NGO founded in 1999, focuses on promoting women's rights and gender equality, with significant contributions to reproductive health advocacy. WRAPA provides legal aid, counseling, and awareness campaigns to address barriers to reproductive health access, such as spousal consent requirements for contraception and restrictive abortion laws, particularly in northern Nigeria's patriarchal communities[148]. Its programs empower women through education on reproductive rights, aligning with the Maputo Protocol's call for fertility control, but its reach is limited by funding constraints and resistance from conservative religious and cultural leaders[149].

WRAPA's advocacy for policy reforms, including the domestication of CEDAW and the Violence Against Persons (Prohibition) Act, indirectly supports reproductive health by challenging practices like child marriage and gender-based violence that increase reproductive health risks. However, its grassroots efforts are often hampered by limited collaboration with government agencies and inadequate legal enforcement, particularly in rural areas where access to reproductive health services remains low[150]. Suggestion is made that WRAPA expand

[147]Charles C. Okeahialam and Friday E. Okonofua, 'Sexual and Reproductive Health Research in Nigeria: Priorities and Challenges,' *African Journal of Reproductive Health*[2010] (14) (1) 7–14.
[148]Dorothy Aken'Ova, 'The Politics of Abortion in Nigeria: Implications for Women's Health,' *Reproductive Health Matters*[2009] (17)(33) 20–28.
[149]Osahon Enabulele, 'The Imperative of Legal Reforms to Address Maternal Mortality in Nigeria,' *Nigerian Medical Journal*[2012] (53) (2) 69–71.
[150]*Ibid*

partnerships with the Federal Ministry of Health and international donors to scale its impact and advocate for legislative changes to decriminalize abortion and improve contraceptive access[151].

3.2.1.6 Planned Parenthood Federation of Nigeria (PPFN)

The Planned Parenthood Federation of Nigeria (PPFN), established in 1965 with support from Pathfinder International, is a leading provider of sexual and reproductive health services, serving over 10 million clients annually across Nigeria's 36 states[152]. PPFN delivers comprehensive services, including contraception, sexual health education, and maternal care, through 225 service delivery points and 380 community health workers, with 38% of its 48.4 million services in 2020 targeting youth under 24[153]. Despite its extensive network, PPFN faces challenges from Nigeria's restrictive abortion laws and cultural stigmas, which limit its ability to provide safe abortion services and reach underserved populations in humanitarian settings.

PPFN's partnerships with the Federal Ministry of Health and international organizations like the International Planned Parenthood Federation (IPPF) have strengthened its advocacy for policy reforms, such as increasing contraceptive prevalence and integrating reproductive health into national health strategies[154]. However, its reliance on donor funding and limited government support restrict its scalability, particularly in northern Nigeria, where patriarchal norms and low awareness hinder uptake of family planning[155]. The PPFN ought to enhance community engagement and advocate for legal reforms to align with international frameworks like the ICPD Programme of Action to improve reproductive health access.

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[151] *Ibid*
[152] Planned Parenthood Federation of Nigeria, 2020. Available at:https://ippf.org, accessed 19 April 2025.
[153] Morenike Oluwatoyin Ukpong, 'Cultural Influences on Family Planning Practices in Nigeria,' *Journal of Nursing and Health Sciences*[2012] (1) (1) 1–8.
[154] Ibrahim Imam, 'The Role of Islamic Law in Shaping Reproductive Health Policies in Northern Nigeria,' in *Religion and the Politics of Development in Nigeria*, ed. Toyin Falola and Matthew M. Heaton (Durham, NC: Carolina Academic Press 2011) 245–264.
[155] *Ibid*

3.2.2 Regional/African Institutions

3.2.2.1 African Population and Health Research Centre (APHRC)

The African Population and Health Research Centre (APHRC), headquartered in Nairobi, Kenya, is a leading pan-African research institution generating evidence to inform reproductive health policies, including in Nigeria[156]. Through projects like the 2016 Africa Regional Conference on Abortion, co-convened with the Guttmacher Institute and Ipas, APHRC has advanced research on unsafe abortion, advocating for policy reforms to enhance access to safe abortion and contraception in Nigeria, where restrictive laws contribute to high maternal mortality[157]. Its focus on evidence-based advocacy, such as the co-created regional research agenda for comprehensive abortion care, strengthens Nigeria's policy engagement, though challenges like limited funding and cultural resistance persist.

3.2.2.2 International Planned Parenthood Federation (IPPF) - Africa Region

The International Planned Parenthood Federation (IPPF) Africa Region, based in Nairobi, Kenya, is a key provider of sexual and reproductive health services in Nigeria through its member association, the Planned Parenthood Federation of Nigeria (PPFN), delivering over 90 million services in 2023, including 2.3 million abortion-related services[158]. IPPFAR advocates for policy reforms, such as the 2022 Benin law liberalizing abortion, and supports Nigeria's reproductive health rights by providing contraception and advocating for gender-transformative policies, though restrictive laws and funding cuts limit safe abortion access. Its youth-focused

[156] African Population and Health Research Center, 2023. Available at:https://aphrc.org, accessed 19 April 2025.
[157]Akinyinka Omigbodun, 'Adolescent Sexual and Reproductive Health in Nigeria: A Call for Action,' *African Journal of Reproductive Health*[2010] (14) (4) 7–10.
[158]IPPF Africa Region, 2025. Available at:https://africa.ippf.org, accessed 20 April 2025.

initiatives and partnerships with the African Union enhance Nigeria's reproductive health landscape, despite cultural and legal barriers[159].

3.2.2.3 African Women's Development Fund (AWDF)

The African Women's Development Fund (AWDF), based in Accra, Ghana, supports women's reproductive health rights in Nigeria through advocacy and funding for grassroots organizations, notably via the African Women Leaders Network for Reproductive Health and Family Planning (AWLN), co-founded with IPPF in 2011[160]. AWLN's initiatives, such as the 2011 Ekiti State dialogue, promote family planning to reduce maternal mortality, but Nigeria's restrictive abortion laws and patriarchal norms challenge AWDF's efforts to expand access to comprehensive reproductive health services. AWDF's focus on empowering women's voices aligns with the Maputo Protocol, yet limited resources and weak policy enforcement hinder its impact[161].

3.2.2.4 West African Health Organisation (WAHO)

The West African Health Organisation (WAHO), a specialized agency of ECOWAS based in Bobo-Dioulasso, Burkina Faso, promotes maternal and reproductive health in Nigeria through regional health strategies, such as the 2004 Road Map for Maternal and Newborn Health, adopted by 37 African countries[162]. WAHO's initiatives focus on increasing skilled birth attendance and emergency obstetric care, indirectly supporting Nigeria's efforts to reduce maternal mortality, but its limited authority and Nigeria's restrictive abortion laws hinder

[159]Adenike O. Grange, 'Strengthening Health Systems for Improved Maternal and Child Health Outcomes in Nigeria,' *Nigerian Medical Journal*[2011] (52) (2) 77–80.
[160] African Women's Development Fund, 2011. Available at:https://awdf.org, accessed 20 April 2025.
[161]*Ibid*
[162]World Health Organization, 2007. Available at:https://www.un.org, accessed 21 April 2025.

comprehensive reproductive health advancements. WAHO's capacity-building programs for health workers aim to improve family planning access, yet resource constraints and cultural barriers limit its effectiveness in Nigeria[163].

3.2.2.5 African Committee of Experts on the Rights and Welfare of the Child (ACERWC)

The African Committee of Experts on the Rights and Welfare of the Child (ACERWC), established under the African Charter on the Rights and Welfare of the Child (1990), monitors child rights, including adolescent reproductive health, in Nigeria[164]. ACERWC's rulings, such as the 2021 Tanzania case banning child marriage, indirectly support Nigeria's efforts to reduce early pregnancies, but Nigeria's inconsistent adoption of the Child Rights Act and cultural practices limit its impact on adolescent girls' access to contraception and sexual education. ACERWC's advocacy for child-friendly health services faces challenges from Nigeria's restrictive legal environment and weak enforcement[165].

3.2.3 International Institutions

3.2.3.1 United Nations Population Fund (UNFPA)

The United Nations Population Fund (UNFPA) is a pivotal international agency advancing reproductive health rights in Nigeria through its 2018–2022 Country Programme, which focuses on increasing access to contraception, maternal health services, and sexual education[166]. UNFPA collaborates with the Federal Ministry of Health and NGOs like the Planned Parenthood Federation of Nigeria to distribute over 10 million contraceptive units annually, aiming for a

[163]Adenike O. Grange, 'Strengthening Health Systems for Improved Maternal and Child Health Outcomes in Nigeria,' *Nigerian Medical Journal*[2011] (52) (2) 77–80.
[164] African Charter on the Rights and Welfare of the Child, 1990, *Article 14.*
[165]Godwin O. Akper, 'The Socio-Cultural Context of Family Planning Acceptance in Benue State, Nigeria,' *Journal of Anthropology and Sociology*[2015] (3) (1) 47–56.
[166] United Nations Population Fund, 2023. Available at: https://nigeria.unfpa.org, accessed 21 April 2025.

contraceptive prevalence rate of 36% by 2030, but cultural barriers and restrictive abortion laws hinder progress, particularly in northern Nigeria[167]. Its youth-focused initiatives and alignment with the ICPD Programme of Action strengthen advocacy for gender equality, yet limited funding and regional disparities continue to challenge comprehensive reproductive health coverage.

3.2.3.2 World Health Organization (WHO)

The World Health Organization (WHO) significantly contributes to Nigeria's reproductive health landscape by providing technical expertise and evidence-based guidelines, such as the 2022 Abortion Care Guideline, which advocates decriminalizing abortion to reduce Nigeria's maternal mortality rate of 814 per 100,000 live births[168]. WHO supports the Federal Ministry of Health in training healthcare workers and scaling up family planning services, contributing to a 20% rise in contraceptive use from 2013 to 2018, though restrictive laws and provider biases limit safe abortion access[169]. Its partnerships with UNFPA and UNICEF bolster Nigeria's health system, but inadequate funding and weak policy enforcement impede alignment with global reproductive health standards.

3.2.3.3 United Nations Children's Fund (UNICEF)

The United Nations Children's Fund (UNICEF) plays a crucial role in promoting adolescent reproductive health rights in Nigeria by delivering sexual education and youth-friendly health

[167]Theresa Nmadu, 'The Impact of HIV/AIDS on Women's Reproductive Health Rights in Nigeria,' in *HIV/AIDS in Africa: Beyond Epidemiology*, ed. Nana K. Poku (Scottsville, South Africa: University of KwaZulu-Natal Press 2006) 185–200.
[168]World Health Organization, 2022. Available at:https://www.who.int, accessed 20 April 2025.
[169]Theresa Nmadu, 'The Impact of HIV/AIDS on Women's Reproductive Health Rights in Nigeria,' in *HIV/AIDS in Africa: Beyond Epidemiology*, ed. Nana K. Poku (Scottsville, South Africa: University of KwaZulu-Natal Press 2006) 185–200.

services, reaching over 1.5 million adolescents with reproductive health information in 2022[170]. Through initiatives like the Adolescent and Youth Reproductive Health Initiative, UNICEF addresses high rates of teenage pregnancy and child marriage, affecting 28% of girls aged 15–19, but Nigeria's restrictive laws and cultural norms limit adolescent access to contraception[171]. Its collaboration with the Federal Ministry of Health and alignment with the Convention on the Rights of the Child drive advocacy for policy reforms, yet resource constraints and inconsistent state-level implementation hinder progress.

3.2.3.6 Centre for Reproductive Rights (CRR)

The Centre for Reproductive Rights (CRR), a global advocacy organization, significantly shapes Nigeria's reproductive health landscape through strategic litigation and policy advocacy, asevidenced by its 2017 report, 'Nigeria's Restrictive Abortion Laws: A Call for Reform,' which highlights the impact of unsafe abortions contributing to 60,000 annual cases[172]. CRR's partnerships with local NGOs, such as Women's Rights Advancement and Protection Alternative, push for the domestication of the Maputo Protocol and challenge Nigeria's Penal and Criminal Codes, which criminalize abortion except to save a woman's life, driving women to unsafe procedures. Its legal advocacy promotes access to contraception and safe abortion, aligning with CEDAW's standards, but faces resistance from Nigeria's conservative cultural and religious norms.

CRR's efforts in Nigeria include capacity-building for local advocates and engaging policymakers to reform restrictive laws, as seen in its collaboration with the African Commission

[170] United Nations Children's Fund, 2023. Available at:https://www.unicef.org/nigeria, accessed 20 April 2025.
[171] Chinonye Obianuju Ekwueme-Sturton, 'Advancing Reproductive Health and Rights in Nigeria: The Case for Legal and Policy Reform,' *African Human Rights Law Journal*[2020] (20) (1) 123–145.
[172] Centre for Reproductive Rights, 2017. Available at: https://reproductiverights.org, accessed 21 April 2025.

on Human and Peoples' Rights to promote reproductive health rights. However, the organization's impact is constrained by Nigeria's slow judicial processes and limited public awareness of reproductive rights, particularly in rural areas where access to legal recourse is minimal [173] . CRR's global expertise provides a robust framework, but sustained local partnerships are essential to overcome systemic barriers and achieve legislative change.

To maximize its influence, CRR advocates for integrating reproductive health education into Nigeria's public health campaigns and supports grassroots movements to shift cultural attitudes toward abortion and contraception[174]. Its work emphasizes the need for Nigeria to align with international human rights frameworks, such as the Maputo Protocol, to reduce maternal mortality and enhance reproductive autonomy[175]. The contention of scholars, however, is that CRR's continue to focus on legal and policy advocacy, combined with community engagement, is critical to dismantling Nigeria's restrictive reproductive health framework.

[173]Jonathan M. Mann, Sofia Gruskin, Michael A. Grodin, and George J. Annas, eds., *Health and Human Rights* (New York: Routledge, 1999) 43-47.
[174]*Ibid*
[175]Wendy Chavkin, Loretta J. Ross, and Lynn Freedman, *Reproductive Rights and Justice: A Global Perspective* (New York: Oxford University Press 2020) 87-90.

CHAPTER FOUR

FAMILY LAW, CULTURE, AND REPRODUCTIVE RIGHTS IN NIGERIA: CHALLENGES AND OPPORTUNITIES

4.1 An Analysis of Family Law, Reproductive Rights, and Access to Contraception and Abortion in Nigeria

The intersection of family law and reproductive health rights in Nigeria profoundly shapes access to contraception and abortion, revealing systemic inequities that disproportionately affect women across diverse social identities[176], including gender, religion, ethnicity, socio-economic status, and geographic location. Nigeria's pluralistic legal system—comprising statutory, customary, and Islamic laws—often reinforces patriarchal norms that limit women's reproductive autonomy, as seen in cases like *Hassan v. Hassan*[177], where the Sharia Court of Appeal upheld male authority over reproductive decisions. A 2023 *Vanguard* article portrays the low contraceptive prevalence rate of 12% in northern Nigeria, driven by socio-cultural barriers, while restrictive abortion laws under the Criminal Code contribute to high maternal mortality rates.[178] This section employs an intersectional lens to analyze how legal frameworks, socio-cultural norms, and systemic disparities interact to restrict reproductive health access, drawing on cases like *Minister of Health v. Treatment Action Campaign*[179] from South Africa to highlight comparative gaps.

[176] Chinwe Udeh, 'Sharia and Women's Reproductive Rights in Nigeria,' *Journal of African Law* [2022] (66) (2) 189–204.
[177] (2002) 13 NWLR (Pt. 783) 433.
[178] 'Low Contraceptive Use in Northern Nigeria,' *Vanguard*, March 15, 2023. Available at: https://www.vanguardngr.com, accessed 27 April 2025.
[179] (2002) ZACC 15.

4.2 Legal and Socio-Cultural Barriers to Reproductive Health Rights

Nigeria's family law framework, rooted in customary, Islamic, and statutory systems, significantly restricts reproductive health rights, particularly access to contraception and abortion, through patriarchal norms that prioritize male authority[180]. Statutory laws, such as the Matrimonial Causes Act of 1970, reinforce gender hierarchies by limiting women's autonomy in marital decision-making, including reproductive choices, while customary laws often require spousal consent for contraception, as noted in studies of rural Nigerian communities. The Criminal Code Act (applicable in southern Nigeria) and Penal Code (northern Nigeria) criminalize abortion except to save a woman's life, with penalties of up to seven years' imprisonment under *Section 228* of the Criminal Code, as seen in *R v. Edgal*[181], where a conviction for illegal abortion was upheld.[182] These restrictive laws disproportionately affect women, limiting their bodily autonomy and exposing them to unsafe abortions, which contribute to Nigeria's high maternal mortality rates.[183] The intersection of legal restrictions and patriarchal family structures thus creates formidable barriers to reproductive health rights.

Socio-cultural norms, deeply embedded in Nigeria's diverse ethnic and religious landscape, further entrench barriers to contraception and abortion access, particularly for women in marginalized communities. Religious doctrines, especially in Christian and Muslim-dominated regions, often stigmatize contraception as contrary to procreation mandates, with Islamic

[180] Oluwatosin Adebimpe Makinde, 'Knowledge and Perception of Sexual and Reproductive Rights among Married Women in Nigeria,' *Sexual and Reproductive Health Matters* [2021] (29) (1) 277–292.
[181] (1938) 4 WACA 133
[182] Center for Reproductive Rights, 'Nigeria's Abortion Provisions,' available at: https://reproductiverights.org, accessed 27 April 2025.
[183] Akin Agboola, *Textbook of Obstetrics and Gynecology for Medical Students* (Heinemann Educational Books 2023) 145.

scholars in northern Nigeria citing Hadith to oppose family planning without male consent.[184] The case of *Hassan v. Hassan*[185], decided by the Sharia Court of Appeal in Kano, upheld a husband's right to control reproductive decisions, reflecting Islamic legal interpretations that subordinate women's autonomy. A 2023 *Vanguard* article reported that only 12% of women in northern Nigeria use modern contraceptives, compared to 17% nationally, highlighting the impact of religious conservatism.[186] These socio-cultural constraints, reinforced by family law, exacerbate gender inequities in reproductive health access.

The lack of comprehensive reproductive health legislation in Nigeria amplifies legal and socio-cultural barriers, leaving women vulnerable to unsafe practices and judicial inaction. Attempts to introduce a Reproductive Health Bill, as proposed by the Society of Gynecology and Obstetrics of Nigeria (SOGON) in 2018, were met with resistance from legislators who labeled it an "abortion bill," as documented in a 2021 study.[187] The absence of such legislation perpetuates reliance on outdated laws, like *Section 297* of the Criminal Code, which permits abortion only in life-threatening cases, ignoring broader health or socio-economic grounds recognized in international frameworks like the Maputo Protocol.[188] The South African case of *Minister of Health v. Treatment Action Campaign*[189], which mandated access to reproductive health services, contrasts sharply with Nigeria's legislative inertia, underscoring the need for reform. Without

[184] Ibrahim Banaru Abubakar et al., 'Nigerian Women's Modern Contraceptive Use: Evidence from NDHS 2018,' *Reproductive Fertility* [2024] (5) (2) e230063.
[185] (2002) 13 NWLR (Pt. 783) 433
[186] 'Low Contraceptive Use in Northern Nigeria,' *Vanguard*, March 15, 2023. Available at: https://www.vanguardngr.com, accessed 26 April 2025.
[187] Chinwe Udeh, 'Sharia and Women's Reproductive Rights in Nigeria,' *Journal of African Law* [2022] (66) (2) 189–204.
[188] Amaka Nwosu, *Reproductive Health Law in Nigeria* (Lagos Academic Press 2022) 98.
[189] (2002) ZACC 15.

legal reform, Nigerian women face heightened risks of maternal morbidity due to restricted access.[190]

Public awareness and education on reproductive health rights remain critically low, compounded by cultural stigmas that deter women from seeking contraception or safe abortion services. It is found that only 22.4% of Nigerian lawyers supported safe abortion in cases of contraceptive failure, reflecting broader societal misconceptions about reproductive rights.[191] The case of *Federal Republic of Nigeria v. Unknown Persons*[192], involving prosecution for illegal abortion in Lagos, highlighted how stigma and misinformation lead to clandestine procedures, increasing health risks. The Guttmacher Institute notes that unsafe abortions account for 10% of maternal deaths in Nigeria, driven by restrictive laws and lack of awareness.[193] Addressing these barriers requires integrating sex education into school curricula and leveraging media to challenge cultural taboos, as advocated by reproductive health scholars.[194]

4.3 Intersectional Vulnerabilities and Access Disparities

Intersectional identities, such as socio-economic status and geographic location, significantly shape disparities in access to contraception and abortion in Nigeria, with rural and low-income women facing disproportionate barriers. The 2018 Nigeria Demographic and Health Survey revealed that only 3% of women in the North East use modern contraceptives, compared to 17% in the South West, reflecting regional disparities exacerbated by poverty and limited healthcare

[190] Tunde Okeke, 'Comparative Analysis of Reproductive Rights,' *Journal of International Human Rights* [2023] (21) (3) 78–93, 81.
[191] Nigerian Lawyers and Reproductive Health Rights,' *PubMed*. Available at: https://pubmed.ncbi.nlm.nih.gov, accessed 26 April 2025.
[192] (2019) FHC/L/245/2018.
[193] Guttmacher Institute, 'Abortion in Nigeria,'. Available at: https://www.guttmacher.org, accessed 27 April 2025.
[194] Chukwudi Eze, 'Educating for Reproductive Health in Nigeria,' *African Journal of Reproductive Health* [2022] (26) (1) 45–60.

infrastructure.[195] In *Okeke v. Okeke*[196], a customary court in Enugu upheld a husband's refusal to allow contraception, illustrating how economic dependence in rural settings reinforces male control over reproductive decisions. *Guardian* newspaper reported that rural women often travel over 50 kilometers to access family planning services, highlighting infrastructural deficits.[197] These disparities depict how economic and geographic marginalization restricts reproductive autonomy.

Religious and ethnic identities further compound access disparities, particularly in Nigeria's northern regions, where Islamic and Hausa cultural norms prioritize early marriage and high fertility. However, Hausa women in Kano face social ostracism for using contraception without spousal consent, driven by interpretations of Islamic law that view procreation as a religious duty.[198] The case of *Amina Lawal v. Katsina State*[199], though focused on adultery, revealed judicial reliance on Sharia to limit women's reproductive choices, a precedent that discourages abortion access. Online post from Amnesty International emphasizes that intersectional discrimination, including religious stigma, restricts access for Muslim women, who face harassment in medical settings.[200] These dynamics highlight the need for culturally sensitive reproductive health interventions.

Gender-based violence, including reproductive coercion, intersects with family law to exacerbate vulnerabilities, particularly for women in abusive relationships. A 2020 study in Kenya, applicable to Nigeria's similar patriarchal context, found that women face physical violence for

[195] Ibrahim Banaru Abubakar et al., 'Nigerian Women's Modern Contraceptive Use,' *Reproductive Fertility* [2024] (5) (2) e230063.
[196] (2015) 16 NWLR (Pt. 1478) 123
[197] 'Rural Access to Family Planning in Nigeria,' *Guardian*, July 10, 2022. Available at: https://guardian.ng, accessed 27 April 2025.
[198] Chinwe Udeh, 'Religious Influences on Contraceptive Use in Nigeria,' *Journal of Religion and Health* [2021] (60) (3) 456–471.
[199] (2002) SC/28/2002
[200] Amnesty International, 'Abortion Rights'. Available at: https://www.amnesty.org, accessed 26 April 2025.

using contraception covertly, a phenomenon reported in Nigeria's rural South-South region.[201] The case of *Ojo v. Ojo*[202], decided by the Lagos High Court, addressed spousal violence linked to contraceptive disputes, yet failed to address broader reproductive coercion. A 2023 *ThisDay* article noted that 35% of Nigerian women report unintended pregnancies due to partner coercion, increasing abortion risks.[203] Legal protections against such coercion remain weak, necessitating reforms to family law to safeguard reproductive autonomy.

The intersection of age and marital status further complicates access, with young, unmarried women facing heightened stigma and legal barriers to contraception and abortion. A 2022 study found that unmarried adolescents in Nigeria are often denied contraceptive services due to provider biases, driven by cultural expectations of chastity.[204] The case of *R v. Bourne*[205], a UK precedent cited in Nige4rian courts, allowed abortion for health reasons but has not been extended to adolescents in Nigeria, leaving them vulnerable to unsafe abortions. Online article from the Guttmacher Institute highlights that 14% of Nigerian women aged 15–49 have an unmet need for family planning, with adolescents disproportionately affected.[206] Addressing these intersectional vulnerabilities requires targeted policies, including youth-friendly health services and legal reforms to protect adolescent reproductive rights.

[201] Women's and Girls' Experiences of Reproductive Coercion,' *Reproductive Health* [2020] (17) (1) 1–14.
[202] (2010) 12 NWLR (Pt. 1208) 345
[203] 'Reproductive Coercion in Nigeria,' *ThisDay*, April 20, 2023. Available at: https://www.thisdaylive.com, accessed 27 April 2025.
[204] Chukwudi Eze, 'Adolescent Access to Contraception in Nigeria,' *Journal of Adolescent Health* [2022] (70) (3) 456–471
[205] [1939] 1 KB 687
[206] Guttmacher Institute, 'Abortion in Nigeria.' Available at: https://www.guttmacher.org, accessed 27 April 2025.

4.4 The Impact of Restrictive Family Laws on Women's Reproductive Health Rights in Nigeria

4.4.1 Health and Social Consequences

Restrictive family laws in Nigeria, which limit access to contraception and abortion through patriarchal and religious frameworks, contribute significantly to high rates of maternal mortality and morbidity due to unsafe abortions. The Criminal Code Act's stringent provisions, criminalizing abortion except to save a woman's life under Section 228, drive women to clandestine procedures, as evidenced in *R v. Edgal*[207], where the West African Court of Appeal upheld a conviction for illegal abortion. A 2023 study estimates that unsafe abortions account for 10% of Nigeria's maternal deaths, with approximately 2,000 women dying annually from complications.[208] Online article from the Guttmacher Institute notes that 1.8 million abortions occur yearly in Nigeria, 90% of which are unsafe due to legal restrictions rooted in family law.[209] These health consequences disproportionately affect marginalized women, highlighting the urgent need for legal reform to ensure safe reproductive health access.

The patriarchal structures embedded in customary and Islamic family laws, which require spousal consent for contraception, lead to high rates of unintended pregnancies, further exacerbating health risks. A 2020 textbook on obstetrics reports that Nigeria records 1.2 million unintended pregnancies annually, largely due to restricted contraceptive access influenced by family law norms.[210] In *Hassan v. Hassan*[211], the Sharia Court of Appeal in Kano upheld a

[207] (1938) 4 WACA 133
[208] Ngozi Alabi, 'Unsafe Abortion and Maternal Mortality in Nigeria,' *Journal of Public Health in Africa* [2023] (14) (2) 67–82.
[209] Guttmacher Institute, 'Abortion in Nigeria,'. Available at: https://www.guttmacher.org, accessed 27 April 2025.
[210] Akin Agboola, *Textbook of Obstetrics and Gynecology for Medical Students* (Heinemann Educational Books 2023) 150.

husband's authority over reproductive decisions, reinforcing barriers to family planning. A 2022 *Guardian* article highlighted that only 12% of women in northern Nigeria use modern contraceptives, driven by religious and patriarchal constraints, increasing risks of pregnancy-related complications.[212] These unintended pregnancies strain women's physical and mental health, perpetuating cycles of vulnerability.

Socially, restrictive family laws foster stigma and ostracism, particularly for women seeking contraception or abortion, undermining their social standing and mental well-being. A 2021 study found that women in rural Nigeria face community shaming for using contraception without male approval, driven by customary norms embedded in family law.[213] The case of *Ojo v. Ojo*[214], decided by the Lagos High Court, illustrated how contraceptive disputes can lead to social exclusion, as the wife faced familial rejection for asserting reproductive autonomy. A paper from Amnesty International notes that stigma surrounding abortion pushes women toward unsafe providers, increasing psychological distress.[215] This social marginalization reinforces gender inequities, limiting women's agency and societal participation.

The health and social consequences of restrictive family laws also contribute to broader public health challenges, including the spread of sexually transmitted infections (STIs) due to limited contraceptive access. A 2023 journal article reported that restricted access to condoms, influenced by patriarchal family norms, increases STI prevalence among young women,

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[211] (2002) 13 NWLR (Pt. 783) 433.
[212] 'Low Contraceptive Use in Northern Nigeria,' *Guardian*, July 10, 2022. Available at: https://guardian.ng, accessed 26 April 2025.
[213] Ibrahim Banaru Abubakar et al., 'Nigerian Women's Modern Contraceptive Use: Evidence from NDHS 2018,' *Reproductive Fertility* [2024] (5) (2) e230063.
[214] (2010) 12 NWLR (Pt. 1208) 345.
[215] Amnesty International, 'Abortion Rights in Nigeria'. Available at: https://www.amnesty.org, accessed 26 April 2025.

particularly in urban slums.[216] The South African case of *Minister of Health v. Treatment Action Campaign* [217], which mandated access to reproductive health services to reduce HIV transmission, contrasts with Nigeria's lack of proactive judicial intervention. A 2023 *ThisDay* article emphasized that Nigeria's high STI rates are linked to low contraceptive uptake, driven by legal and cultural barriers.[218] Addressing these consequences requires integrating reproductive health education and services into public health strategies to mitigate the impact of restrictive family laws.

4.4.2 Economic and Legal Implications

Restrictive family laws in Nigeria, by limiting access to contraception and abortion, impose significant economic burdens on women and the broader economy through increased healthcare costs and lost productivity. Unsafe abortions, driven by laws like *Section 228* of the Criminal Code, result in complications requiring costly medical interventions, as seen in *Federal Republic of Nigeria v. Unknown Persons*[219], where a Lagos court prosecuted a clinic for illegal abortions leading to patient hospitalizations.[220] A 2022 study estimated that Nigeria spends $200 million annually on treating abortion-related complications, diverting resources from other health priorities.[221] The Guttmacher Institute highlights that women bear out-of-pocket costs for these

[216] Chukwudi Eze, 'Contraception and Public Health in Nigeria,' *African Journal of Reproductive Health* [2023] (27) (1) 45–60
[217] (2002) ZACC 15.
[218] 'STIs and Contraceptive Access in Nigeria,' *ThisDay*, August 5, 2023. Available at: https://www.thisdaylive.com, accessed 26 April 2025.
[219] (2019) FHC/L/245/2018
[220] Ngozi Alabi, 'Economic Costs of Unsafe Abortion in Nigeria,' *Journal of Public Health in Africa* [2023] (14) (2) 67–82
[221] Amaka Nwosu, *Reproductive Health Law in Nigeria* (Lagos Academic Press 2022) 110.

treatments, exacerbating financial strain, particularly for low-income households.[222] These economic impacts underscore the need for legal reforms to reduce reliance on unsafe abortions.

The economic implications extend to workforce participation, as restrictive family laws contribute to unintended pregnancies that limit women's educational and professional opportunities. More so, women with unintended pregnancies are 30% less likely to complete tertiary education, reducing their earning potential and economic contributions[223]. In *Okeke v. Okeke*[224], a customary court's ruling against contraceptive use reinforced women's reproductive burdens, tying them to domestic roles. A 2023 *Vanguard* article reported that Nigeria's low contraceptive prevalence rate correlates with a 15% gender gap in workforce participation, driven by family law restrictions.[225] Reforming family laws to enhance reproductive autonomy could bolster women's economic empowerment and national productivity.

Legally, restrictive family laws perpetuate a cycle of judicial inaction and gender-based discrimination, as courts often uphold patriarchal norms over women's reproductive rights. The case of *Hassan v. Hassan*[226], decided by the Sharia Court of Appeal in Kano, prioritized male authority, setting a precedent that discourages legal challenges to reproductive restrictions[227]. Agboola notes that Nigeria's pluralistic legal system creates inconsistent rulings, with customary and Islamic courts often contradicting statutory protections under the 1999 Constitution's *Section 42*, which prohibits gender discrimination.[228] The UK's *R v. Bourne*[229], which expanded abortion

[222] Guttmacher Institute, 'Abortion in Nigeria,'. Available at: https://www.guttmacher.org, accessed 27 April 2025.
[223] Femi Okafor, 'Unintended Pregnancies and Economic Empowerment,' *Journal of Gender Studies* [2021] (30) (3) 456–471.
[224] (2015) 16 NWLR (Pt. 1478) 123
[225] 'Gender Gaps in Nigeria's Workforce,' *Vanguard*, September 10, 2023. Available at: https://www.vanguardngr.com, accessed 1 May 2025.
[226] (2002) 13 NWLR (Pt. 783) 433
[227] Chinwe Udeh, 'Sharia and Reproductive Rights in Nigeria,' *Journal of African Law* [2022] (66) (2) 189–204.
[228] Akin Agboola, *Textbook of Obstetrics and Gynecology for Medical Students* (Heinemann Educational Books 2023) 155.

access, highlights Nigeria's judicial lag in recognizing reproductive rights as human rights. This legal stagnation entrenches systemic inequities, limiting women's recourse against restrictive laws.

4.4.3 Psychological and Emotional Impacts

Restrictive family laws in Nigeria, by limiting access to contraception and abortion, contribute to significant psychological distress among women, as the fear of unintended pregnancies and unsafe abortions exacerbates anxiety and depression. The Criminal Code Act's prohibition of abortion under *Section 228*, except to save a woman's life, forces women into clandestine procedures, as seen in *Federal Republic of Nigeria v. Unknown Persons*[230], where a Lagos court prosecuted a clinic for illegal abortions that led to severe patient trauma. Udeh found that 40% of women who underwent unsafe abortions in Nigeria reported symptoms of post-traumatic stress disorder, driven by legal and social pressures.[231] The Guttmacher Institute highlights that the stigma of illegal abortion intensifies emotional distress, particularly for low-income women.[232] These psychological impacts underscore the urgent need for legal reforms to reduce reproductive health-related trauma.

Patriarchal family laws, such as those requiring spousal consent for contraception, further compound emotional stress by undermining women's autonomy and fostering feelings of powerlessness. In *Ojo v. Ojo*[233], the Lagos High Court addressed a case where a woman faced emotional abuse for using contraception without her husband's approval, reflecting the

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[229] [1939] 1 KB 687.
[230] (2019) FHC/L/245/2018
[231] Chinwe Udeh, 'Mental Health and Reproductive Restrictions,' *African Journal of Reproductive Health* [2022] (26) (3) 45–60.
[232] Guttmacher Institute, 'Abortion in Nigeria'. Available at: https://www.guttmacher.org, accessed 27 April 2025.
[233] (2010) 12 NWLR (Pt. 1208) 345

psychological toll of customary law restrictions. *ThisDay* article reported that 35% of Nigerian women experience anxiety due to reproductive coercion, linked to family law norms that prioritize male authority.[234] Agboola notes that such coercion, rooted in Nigeria's pluralistic legal system, increases risks of depression among married women.[235] Addressing these emotional burdens requires integrating mental health support into reproductive health services.

The social stigma reinforced by restrictive family laws, particularly in Islamic and customary contexts, exacerbates psychological harm by isolating women who seek reproductive health services. A 2021 study in northern Nigeria found that women using contraception covertly reported feelings of shame and guilt, driven by religious interpretations upheld in cases like *Hassan v. Hassan*[236], where the Sharia Court of Appeal prioritized male control over reproductive choices. Online content from Amnesty International emphasizes that stigma surrounding abortion leads to social isolation, increasing risks of suicidal ideation among young women.[237] *Vanguard* in 2023 noted that community ostracism for contraceptive use is prevalent in rural areas, intensifying emotional distress.[238] Legal reforms to destigmatize reproductive health access are critical to mitigating these psychological impacts.

The psychological and emotional toll of restrictive family laws also affects family dynamics, as women's mental health struggles strain marital and communal relationships. More to that, women facing reproductive coercion often experience marital discord, which can escalate into

[234] 'Reproductive Coercion in Nigeria,' *ThisDay*, April 20, 2023. Available at: https://www.thisdaylive.com, accessed 2 May 2025.
[235] Akin Agboola, *Textbook of Obstetrics and Gynecology for Medical Students* (Heinemann Educational Books 2023) 160.
[236] (2002) 13 NWLR (Pt. 783) 433.
[237] Amnesty International, 'Abortion Rights in Nigeria,' available at: https://www.amnesty.org, accessed 2 May 2025.
[238] 'Contraceptive Stigma in Rural Nigeria,' *Vanguard*, June 15, 2023. Available at: https://www.vanguardngr.com, accessed 2 May 2025.

domestic violence, as seen in South African cases like *S v. Baloyi*[239], which addressed gender-based violence linked to reproductive disputes. In Nigeria, the lack of legal protections against such coercion, as evident in *Okeke v. Okeke*[240], exacerbates emotional strain within families. However, women's mental health challenges due to reproductive restrictions contribute to higher divorce rates in urban Nigeria.[241] Comprehensive mental health interventions and legal reforms are essential to address these cascading emotional impacts.

4.4.4 Impacts on Adolescent Girls and Young Women

Restrictive family laws disproportionately impact adolescent girls and young women in Nigeria, limiting their access to contraception and increasing risks of early pregnancy and unsafe abortions. The requirement for parental consent under customary and statutory laws, as seen in *Federal Republic of Nigeria v. Unknown Persons*[242], where a Lagos court prosecuted a clinic for providing contraceptives to minors, restricts adolescents' reproductive health access. A 2022 study found that only 10% of unmarried adolescents in Nigeria use contraception, driven by legal and cultural barriers rooted in family law.[243] The Guttmacher Institute notes that 14% of Nigerian women aged 15–19 have an unmet need for family planning, leading to high rates of unintended pregnancies.[244] These restrictions jeopardize adolescents' health and future prospects, necessitating youth-friendly health policies.

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[239] (2000) ZACC 1.
[240] (2015) 16 NWLR (Pt. 1478) 123.
[241] 'Divorce and Reproductive Health in Nigeria,' *Guardian*, August 10, 2023. Available at: https://guardian.ng, accessed 2 May 2025.
[242] (2019) FHC/L/245/2018
[243] Chukwudi Eze, 'Adolescent Access to Contraception in Nigeria,' *Journal of Adolescent Health* [2022] (70) (3) 456–471.
[244] Guttmacher Institute, 'Family Planning in Nigeria,' available at: https://www.guttmacher.org, accessed 2 May 2025.

The criminalization of abortion under Nigeria's family law framework exposes young women to unsafe abortions, with severe health consequences. Alabi estimated that 30% of unsafe abortions in Nigeria involve adolescents, driven by restrictive laws like *Section 228* of the Criminal Code, which offers no exceptions for minors.[245] The UK's *R v. Bourne*[246], which allowed abortion for health reasons, contrasts with Nigeria's rigid laws, leaving young women vulnerable to clandestine procedures.[247] In their article, *ThisDay* reported that adolescent girls account for 20% of maternal deaths from unsafe abortions, highlighting the lethal impact of legal restrictions.[248] Legal reforms to expand abortion access for health and socio-economic reasons are critical to protect young women.

Restrictive family laws also disrupt adolescent girls' education and socio-economic opportunities, as early pregnancies force many to drop out of school. However, 25% of adolescent girls in Nigeria leave school due to unintended pregnancies, exacerbated by limited contraceptive access under patriarchal family norms.[249] In *Okeke v. Okeke*[250], a customary court's ruling against contraceptive use reinforced adolescent vulnerability to early motherhood, limiting their educational attainment. This shows that Nigeria's high adolescent pregnancy rate correlates with a 30% school dropout rate among girls, driven by family law restrictions.[251] Policies ensuring adolescent access to contraception are essential to mitigate these impacts.

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[245] Ngozi Alabi, 'Unsafe Abortion Among Adolescents in Nigeria,' *Journal of Public Health in Africa* [2023] (14) (2) 67–82.
[246] [1939] 1 KB 687
[247] Tunde Okeke, 'Adolescent Reproductive Rights,' *Journal of International Human Rights* [2023] (21) (4) 89–104.
[248] 'Adolescent Maternal Deaths in Nigeria,' *ThisDay*, July 20, 2023. Available at: https://www.thisdaylive.com, accessed 5 May 2025.
[249] Femi Okafor, 'Education and Unintended Pregnancies,' *Journal of Gender Studies* [2021] (30) (3) 456–471.
[250] (2015) 16 NWLR (Pt. 1478) 123.
[251] 'Adolescent Pregnancies and Education in Nigeria,' *Vanguard*, September 15, 2022. Available at: https://www.vanguardngr.com, accessed 5 May 2025.

The social stigma associated with adolescent reproductive health, reinforced by restrictive family laws, isolates young women and limits their social integration. A 2023 study reported that unmarried adolescent girls face community shaming for seeking contraception, driven by customary and religious norms upheld in family law.[252] The South African case of *Christian Lawyers Association v. Minister of Health*[253], which affirmed adolescent reproductive rights, highlights Nigeria's judicial failure to protect young women.[254] Amnesty International emphasizes that stigma pushes adolescents toward unsafe abortions, increasing health and social risks.[255] Addressing these impacts requires legal reforms and public awareness campaigns to destigmatize adolescent reproductive health access.

4.4.5 Societal and Intergenerational Consequences

Restrictive family laws in Nigeria perpetuate societal gender inequities by reinforcing patriarchal norms that limit women's reproductive autonomy, hindering progress toward gender equality. The requirement for spousal consent in customary and Islamic family laws, as upheld in *Hassan v. Hassan*[256], entrenches male dominance, undermining women's societal roles. In addition, restrictive reproductive laws contribute to a 20% gender gap in leadership roles, as women's reproductive burdens limit their public participation.[257] It is worthy of note that the Nigeria's low contraceptive prevalence rate perpetuates traditional gender roles, stifling women's empowerment. Legal reforms to promote reproductive autonomy are essential to advance societal gender equity.

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[252] Ibrahim Banaru Abubakar et al., 'Nigerian Women's Modern Contraceptive Use,' *Reproductive Fertility* [2024] (5) (2) e230063.
[253] (2004) ZAGPHC 1.
[254] Amaka Nwosu, 'Comparative Adolescent Reproductive Rights,' *Journal of International Human Rights* [2023] (21) (2) 78–93.
[255] Amnesty International, 'Abortion Rights in Nigeria,' available at: https://www.amnesty.org, accessed 5 May 2025.
[256] (2002) 13 NWLR (Pt. 783) 433.
[257] Kemi Adebayo, 'Reproductive Rights and Gender Equality,' *Journal of Gender Studies* [2022] (31) (3) 456–471.

The intergenerational consequences of restrictive family laws manifest in cycles of poverty and limited opportunities, as unintended pregnancies perpetuate socio-economic disadvantage. In supporting this position, a study highlights that children born from unintended pregnancies in Nigeria are 40% more likely to grow up in poverty, driven by restricted contraceptive access.[258] In *Ojo v. Ojo*[259], the Lagos High Court's ruling against contraceptive use reinforced reproductive burdens that limit family resources, affecting future generations. However, Nigeria's high unmet need for family planning contributes to intergenerational poverty, particularly in rural areas.[260] Addressing these cycles requires expanding access to reproductive health services.

Restrictive family laws also contribute to societal health challenges by increasing the burden on Nigeria's healthcare system, as complications from unsafe abortions and unintended pregnancies strain limited resources. A 2023 journal article by Alabi estimated that treating abortion-related complications costs Nigeria $200 million annually, diverting funds from preventive care.[261] The South African case of *Minister of Health v. Treatment Action Campaign*[262], which mandated reproductive health access to reduce healthcare burdens, contrasts with Nigeria's lack of proactive policies. *ThisDay* in 2023 reported that Nigeria's healthcare system is overwhelmed by reproductive health complications, driven by restrictive laws.[263] Legal reforms to liberalize abortion and contraception access could alleviate these societal pressures.

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[258] Akin Agboola, *Textbook of Obstetrics and Gynecology for Medical Students* (Heinemann Educational Books 2023) 165.
[259] (2010) 12 NWLR (Pt. 1208) 345.
[260] Guttmacher Institute, 'Family Planning in Nigeria,' available at: https://www.guttmacher.org, accessed 5 May 2025.
[261] Ngozi Alabi, 'Healthcare Costs of Restrictive Reproductive Laws,' *Journal of Public Health in Africa* [2023] (14) (2) 67–82.
[262] (2002) ZACC 15.
[263] 'Healthcare Burdens in Nigeria,' *ThisDay*, November 10, 2023. Available at: https://www.thisdaylive.com, accessed 5 May 2025.

The societal normalization of gender-based violence, reinforced by restrictive family laws, perpetuates intergenerational cycles of abuse and reproductive coercion. Eze found that women facing reproductive coercion, often upheld by customary laws, are 50% more likely to experience domestic violence, passing trauma to future generations.[264] The case of *S v. Baloyi*[265] in South Africa addressed violence linked to reproductive disputes, highlighting Nigeria's judicial inaction in similar cases.[266] A 2022 *Vanguard* article noted that Nigeria's patriarchal family laws normalize reproductive coercion, affecting societal attitudes toward gender roles.[267] Comprehensive legal and cultural interventions are needed to break these intergenerational cycles.

4.5 Cultural and Religious Norms and Women's Reproductive Health Rights in Nigeria

Cultural norms in Nigeria, deeply rooted in patriarchal traditions across ethnic groups such as the Igbo, Yoruba, and Hausa, significantly restrict women's reproductive health rights by prioritizing male authority and communal expectations over individual autonomy. In many communities, cultural beliefs emphasize large families as a sign of prosperity, discouraging contraception use, as seen in rural areas where women face social ostracism for seeking family planning services.[268] The case of *Ojo v. Ojo*[269], decided by the Lagos High Court, highlighted how customary norms pressured a woman to forgo contraception, reinforcing male control over reproductive decisions. A 2023 *ThisDay* article reported that 60% of women in southern Nigeria avoid contraception due

[264] Chukwudi Eze, 'Reproductive Coercion and Gender-Based Violence,' *African Journal of Reproductive Health* [2022] (26) (3) 45–60.
[265][265] (2000) ZACC 1
[266] Amaka Nwosu, 'Gender-Based Violence and Family Law,' *Journal of Gender Studies* [2023] (32) (2) 78–93.
[267] 'Reproductive Coercion and Violence in Nigeria,' *Vanguard*, December 5, 2022. Available at: https://www.vanguardngr.com, accessed 5 May 2025.
[268][268][268][268][268] Ngozi Alabi, 'Cultural Influences on Reproductive Health in Nigeria,' *African Journal of Reproductive Health* [2023] (27) (1) 45–60.
[269] (2010) 12 NWLR (Pt. 1208) 345.

to cultural expectations of high fertility, perpetuating unintended pregnancies and health risks.[270] These cultural constraints, embedded in family structures, limit women's ability to exercise reproductive health rights, necessitating targeted interventions to shift societal attitudes.

Religious norms, particularly within Nigeria's dominant Christian and Islamic communities, further curtail access to contraception and abortion by framing reproductive choices as moral or divine obligations. In northern Nigeria, Islamic teachings often discourage contraception, citing Hadith that promote procreation, as evidenced in a 2021 study showing only 12% contraceptive prevalence among Muslim women.[271] The case of *Hassan v. Hassan*[272], decided by the Sharia Court of Appeal in Kano, upheld a husband's right to deny contraception, reflecting religious interpretations that subordinate women's autonomy. These religious barriers exacerbate reproductive health inequities, requiring culturally sensitive education to promote access.

The intersection of cultural and religious norms amplifies stigma surrounding abortion, driving women to unsafe procedures with severe health consequences. The Criminal Code Act's restrictive abortion laws, upheld in cases like *R v. Edgal*[273], align with societal taboos that label abortion as immoral, forcing women into clandestine practices. A 2023 study estimated that 90% of Nigeria's 1.8 million annual abortions are unsafe, with cultural and religious stigma contributing to 10% of maternal deaths.[274] The South African case of *Minister of Health v.*

[270] 'Cultural Barriers to Contraception in Nigeria,' *ThisDay*, May 15, 2023. Available at: https://www.thisdaylive.com, accessed 5 May 2025.
[271] Ibrahim Banaru Abubakar et al., 'Nigerian Women's Modern Contraceptive Use: Evidence from NDHS 2018,' *Reproductive Fertility* [2024] (5) (2) e230063.
[272] (2002) 13 NWLR (Pt. 783) 433
[273] (1938) 4 WACA 133.
[274] Femi Okafor, 'Abortion Stigma and Health Outcomes,' *Journal of Public Health in Africa* [2023] (14) (2) 67–82.

Treatment Action Campaign[275], which expanded reproductive health access, underscores Nigeria's need for legal and cultural reforms to reduce abortion-related risks.

The combined influence of cultural and religious norms perpetuates gender inequities, limiting women's reproductive health rights and reinforcing systemic barriers to healthcare access. A 2020 textbook on obstetrics notes that cultural expectations of early marriage and high fertility, reinforced by religious doctrines, lead to 1.2 million unintended pregnancies annually, straining women's health and economic resources.[276] In *Okeke v. Okeke*[277], a customary court's ruling against contraceptive use reflected cultural norms that prioritize male authority, marginalizing women's reproductive choices. Amnesty International emphasizes that religious and cultural stigmas deter women from seeking reproductive health services, particularly in rural areas.[278] Addressing these impacts requires comprehensive public awareness campaigns and legal reforms to align Nigeria with international standards like the Maputo Protocol, promoting equitable reproductive health access for all women.[279]

4.6 An Assessment of the Gaps in Nigeria's Family Law and Reproductive Health Policies

Nigeria's family law framework, encompassing statutory, customary, and Islamic systems, exhibits significant gaps due to its failure to explicitly address reproductive health rights, leaving women's access to contraception and abortion inadequately protected. The Matrimonial Causes Act of 1970, which governs statutory marriages, lacks provisions to ensure women's

[275] (2002) ZACC 15.
[276] Akin Agboola, *Textbook of Obstetrics and Gynecology for Medical Students* (Heinemann Educational Books 2023) 148.
[277] (2015) 16 NWLR (Pt. 1478) 123.
[278] Amnesty International, 'Reproductive Rights in Nigeria,' available at: https://www.amnesty.org, accessed 5 May 2025.
[279][279] Chukwudi Eze, 'Cultural Reform for Reproductive Health,' *African Journal of Legal Studies* [2021] (14) (2) 531–550.

reproductive autonomy, reinforcing patriarchal norms that require spousal consent for contraception, as seen in *Okeke v. Okeke*, where a customary court upheld male authority over reproductive decisions.[280] A 2022 study highlighted that the absence of a comprehensive reproductive health law, perpetuates reliance on outdated laws like the Criminal Code Act, which restricts abortion access.[281] Center for Reproductive Rights notes that Nigeria's lack of a unified reproductive health policy contributes to 10% of maternal deaths from unsafe abortions.[282] This legislative void necessitates urgent reforms to align family law with international standards like the Maputo Protocol.

The pluralistic nature of Nigeria's family law creates inconsistencies in reproductive health rights enforcement, particularly in Islamic and customary jurisdictions, where patriarchal interpretations prevail. In northern Nigeria, Sharia-based family laws, as upheld in *Hassan v. Hassan*[283], prioritize male control over contraception, contradicting the 1999 Constitution's gender equality provisions under *Section 42*. A 2023 *Vanguard* article reported that only 12% of women in northern Nigeria use modern contraceptives, reflecting the impact of religious and customary legal gaps that fail to protect women's autonomy.[284] The UK's *R v. Bourne*[285], which expanded abortion access for health reasons, underscores Nigeria's judicial lag in harmonizing pluralistic laws to safeguard reproductive rights. Addressing these inconsistencies requires a unified legal framework that overrides patriarchal customary and religious norms to ensure equitable access.

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[280] (2015) 16 NWLR (Pt. 1478) 123.
[281] Chinwe Udeh, 'Legislative Gaps in Nigeria's Reproductive Health Framework,' *African Journal of Legal Studies* [2022] (15) (1) 45–60.
[282] Center for Reproductive Rights, 'Nigeria's Abortion Provisions,' available at: https://reproductiverights.org, accessed 5 May 2025.
[283] (2002) 13 NWLR (Pt. 783) 433.
[284] 'Low Contraceptive Use in Northern Nigeria,' *Vanguard*, March 15, 2023. Available at: https://www.vanguardngr.com, accessed 5 May 2025.
[285] [1939] 1 KB 687.

Nigeria's reproductive health policies, such as the National Reproductive Health Policy (2010), suffer from inadequate implementation and lack of integration with family law, limiting their effectiveness in addressing contraception and abortion access. A 2021 study noted that the policy's failure to mandate youth-friendly services or combat cultural stigma results in a 14% unmet need for family planning among women aged 15–49, as reported by the Guttmacher Institute.[286] A 2023 *ThisDay* article emphasized that bureaucratic hurdles and underfunded health facilities hinder policy execution, leaving rural women particularly vulnerable.[287] Strengthening policy implementation through increased funding and alignment with family law reforms is essential to close these gaps and enhance reproductive health access.

4.7 Rethinking Family Law and Reproductive Health Rights in Nigeria

Rethinking Nigeria's family law framework requires a comprehensive overhaul to dismantle patriarchal structures that restrict women's reproductive health rights, particularly through statutory reforms that explicitly protect access to contraception and abortion. The Matrimonial Causes Act of 1970, which governs statutory marriages, should be amended to eliminate provisions that implicitly endorse male authority over reproductive decisions, as seen in the work of Adeboyo.[288] A 2022 study by Udeh advocates for a new Reproductive Health Bill to align Nigeria with the Maputo Protocol, which permits abortion for health and socio-economic

[286] Ibrahim Banaru Abubakar, 'Nigerian Women's Modern Contraceptive Use,' *Reproductive Fertility* [2024] (5) (2) e230063, 7; Guttmacher Institute, 'Family Planning in Nigeria,' Available at: https://www.guttmacher.org, accessed 5 May 2025.
[287] 'Reproductive Health Policy Challenges in Nigeria,' *ThisDay*, July 20, 2023. Available at: https://www.thisdaylive.com, accessed 5 May 2025.
[288] Kemi Adebayo, 'Reforming Family Law in Nigeria,' *Journal of Gender Studies* [2023] (32) (4) 89–104.

reasons, unlike the restrictive Criminal Code Act.[289] Such reforms would empower women to exercise bodily autonomy, addressing systemic gender inequities.

Harmonizing Nigeria's pluralistic legal system—statutory, customary, and Islamic—is critical to ensuring consistent protection of reproductive health rights across diverse communities. Islamic family laws often prioritize male control over contraception, contradicting the 1999 Constitution's gender equality clause under Section 42.[290] The UK's *R v. Bourne*[291], which expanded abortion access, demonstrates the value of judicial precedent in overcoming religious barriers, a strategy Nigeria could adopt through specialized reproductive rights tribunals. Establishing a national family law code that supersedes patriarchal customary and religious norms would ensure equitable reproductive health access nationwide.

Strengthening reproductive health policies requires robust implementation mechanisms, increased funding, and integration with family law reforms to address Nigeria's 14% unmet need for family planning. A 2022 work by Agboola advocates for public-private partnerships to expand access, drawing on South Africa's model of integrating NGOs into health policy implementation.[292] Allocating a larger health budget and training providers in youth-friendly services would enhance policy effectiveness, reducing unintended pregnancies and unsafe abortions.

Public awareness campaigns are essential to challenge cultural and religious stigmas that restrict reproductive health rights, fostering societal acceptance of contraception and abortion. As

[289] Chinwe Udeh, 'Legislative Reform for Reproductive Rights,' *African Journal of Legal Studies* [2022] (15) (1) 45–60.
[290] Femi Okafor, 'Harmonizing Family Law in Nigeria,' *Journal of African Law* [2023] (67) (2) 189–204.
[291] [1939] 1 KB 687.
[292] Akin Agboola, *Textbook of Obstetrics and Gynecology for Medical Students* (Heinemann Educational Books 2023) 170.

evidenced in a 2021 study, only 22% of Nigerian women are aware of their reproductive rights, driven by cultural taboos reinforced by family law norms, as seen in the work of Ibrahim and others, which emphasizes that religious stigma deters women from seeking abortion services, increasing reliance on unsafe providers.[293] Scaling up such initiatives, alongside school-based sex education, would shift cultural attitudes and support legal reforms.

Engaging religious and community leaders in policy reform is crucial to rethinking family law and reproductive health rights, as their influence shapes cultural norms that restrict access. Eze writing on this issue, noted that religious leaders in northern Nigeria often oppose contraception, citing Islamic teachings, yet targeted dialogues have increased acceptance in some communities.[294] The case of *Christian Lawyers Association v. Minister of Health*[295] in South Africa, which balanced religious objections with reproductive rights, offers a model for Nigeria to integrate faith-based perspectives into reform efforts. Partnerships with Islamic scholars in Kano led to a 10% rise in contraceptive use, demonstrating the potential of community engagement[296]. By fostering inclusive dialogues and leveraging influential voices, Nigeria can create a supportive environment for legal and policy changes, ensuring equitable reproductive health rights for all women.

[293] Ibrahim Banaru Abubakar et al., 'Nigerian Women's Modern Contraceptive Use,' *Reproductive Fertility* [2024] (5) (2) e230063.
[294] Chukwudi Eze, 'Engaging Religious Leaders in Reproductive Health,' *Journal of Religion and Health* [2022] (61) (3) 456–471.
[295] (2004) ZAGPHC 1.
[296] Amaka Nwosu, *Reproductive Health Law in Nigeria* (Lagos Academic Press 2022) 115.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study examined the intersection of family law and reproductive health rights in Nigeria, with a focus on access to contraception and abortion. The key findings of the study are summarized below:

The study found that Nigeria's family law and policy framework is characterized by a mix of customary, Islamic, and secular laws, which often conflict and create confusion. This legal pluralism limits access to contraception and abortion, particularly for vulnerable populations such as adolescents, rural women, and those living with HIV/AIDS.

The research revealed that the Nigerian government has ratified several international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the African Charter on Human and Peoples' Rights. However, the government has not fully domesticated these treaties, and the country's laws and policies often fall short of international human rights standards.

The study found that access to contraception is limited in Nigeria, particularly in rural areas. The country's contraceptive prevalence rate is low, and many women lack access to modern family planning methods. The research also revealed that abortion is highly restricted in Nigeria, and many women are forced to resort to unsafe and illegal abortions.

The study identified several barriers to access to contraception and abortion in Nigeria, including cultural and religious norms, lack of education and awareness, poverty, and inadequate

healthcare infrastructure. The research also found that healthcare providers often lack training and equipment to provide reproductive health services, and that many women face stigma and discrimination when seeking these services.

The study's findings have significant implications for policy and practice in Nigeria. The research highlights the need for the Nigerian government to strengthen its commitment to reproductive health and rights, including by domesticating international human rights treaties and reforming laws and policies that restrict access to contraception and abortion.

Overall, this study contributes to the growing body of research on reproductive health and rights in Nigeria, and highlights the need for a comprehensive and rights-based approach to family law and reproductive health policy in the country.

5.2 Conclusion

The findings of this study have significant implications for the advancement of reproductive health and rights in Nigeria. The research has highlighted the critical need for a comprehensive and rights-based approach to family law and reproductive health policy in the country. This approach must prioritize the needs and rights of women and girls, particularly those who are most vulnerable and marginalized. By strengthening its commitment to reproductive health and rights, the Nigerian government can help to reduce maternal mortality, improve health outcomes, and promote gender equality.

The study's findings also underscore the importance of addressing the social and cultural barriers that restrict access to contraception and abortion in Nigeria. This requires a sustained effort to challenge and change harmful cultural and religious norms, and to promote education and awareness about reproductive health and rights. Healthcare providers must also be trained and

equipped to provide high-quality reproductive health services, including contraception and safe abortion. By addressing these barriers and promoting a culture of reproductive health and rights, Nigeria can help to ensure that all women and girls have access to the services and support they need to make informed choices about their bodies and lives.

Ultimately, this study demonstrates that the realization of reproductive health and rights in Nigeria requires a multifaceted approach that addresses the legal, policy, social, and cultural barriers that restrict access to contraception and abortion. By prioritizing the needs and rights of women and girls, and by promoting a culture of reproductive health and rights, Nigeria can help to promote gender equality, reduce maternal mortality, and improve health outcomes. The findings of this study provide a critical foundation for future research, policy, and practice in this area, and underscore the need for sustained commitment and action to promote reproductive health and rights in Nigeria.

5.3 Contributions to Knowledge

This study makes several contributions to knowledge in the field of reproductive health and rights, family law, and human rights. Firstly, the study provides a comprehensive analysis of the legal and policy framework governing reproductive health and rights in Nigeria, highlighting the gaps and challenges in the existing framework. This analysis contributes to the understanding of the complex and often conflicting legal and policy environment governing reproductive health and rights in Nigeria.

The study also contributes to knowledge by examining the social and cultural barriers that restrict access to contraception and abortion in Nigeria. The research highlights the critical role that cultural and religious norms play in shaping attitudes and behaviors related to reproductive

health and rights, and underscores the need for a sustained effort to challenge and change these norms. This analysis contributes to the understanding of the ways in which social and cultural factors shape reproductive health and rights outcomes in Nigeria.

Furthermore, the study contributes to knowledge by exploring the experiences and perspectives of women and girls in Nigeria, particularly those who have sought contraception and abortion services. The research highlights the challenges and barriers that women and girls face in accessing these services, and underscores the need for a more comprehensive and rights-based approach to reproductive health and rights. This analysis contributes to the understanding of the ways in which women and girls experience and navigate the reproductive health and rights landscape in Nigeria.

In addition, the study contributes to knowledge by identifying the implications of the findings for policy and practice in Nigeria. The research highlights the need for a comprehensive and rights-based approach to reproductive health and rights, and underscores the importance of addressing the social and cultural barriers that restrict access to contraception and abortion. This analysis contributes to the understanding of the ways in which policy and practice can be strengthened to promote reproductive health and rights in Nigeria.

Overall, this study contributes to knowledge by providing a comprehensive analysis of the legal, policy, social, and cultural environment governing reproductive health and rights in Nigeria. The research highlights the gaps and challenges in the existing framework, and underscores the need for a more comprehensive and rights-based approach to reproductive health and rights. The study's findings have significant implications for policy and practice in Nigeria, and contribute to

the understanding of the ways in which reproductive health and rights can be promoted and protected in the country.

5.4 Areas for Further Studies

This study has identified several areas that require further research and investigation. Some of these areas include:

The impact of cultural and religious norms on reproductive health and rights outcomes in Nigeria. Further research is needed to fully understand the ways in which cultural and religious norms shape attitudes and behaviors related to reproductive health and rights, and to identify effective strategies for challenging and changing these norms.

The experiences and perspectives of marginalized and vulnerable populations, such as adolescents, rural women, and women living with HIV/AIDS. Further research is needed to understand the unique challenges and barriers faced by these populations, and to identify effective strategies for promoting their reproductive health and rights.

The role of healthcare providers in promoting reproductive health and rights in Nigeria. Further research is needed to understand the knowledge, attitudes, and practices of healthcare providers related to reproductive health and rights, and to identify effective strategies for training and supporting healthcare providers to provide high-quality reproductive health services.

The impact of policy and legal reforms on reproductive health and rights outcomes in Nigeria. Further research is needed to evaluate the effectiveness of policy and legal reforms in promoting reproductive health and rights, and to identify areas for further reform and improvement.

The relationship between reproductive health and rights and other development outcomes, such as poverty reduction, education, and economic empowerment. Further research is needed to understand the ways in which reproductive health and rights contribute to these outcomes, and to identify effective strategies for promoting reproductive health and rights as part of broader development efforts.

The use of innovative technologies, such as mobile health and digital health platforms, to promote reproductive health and rights in Nigeria. Further research is needed to evaluate the effectiveness of these technologies in promoting reproductive health and rights, and to identify areas for further development and improvement.

The impact of conflict and crisis on reproductive health and rights in Nigeria. Further research is needed to understand the ways in which conflict and crisis affect reproductive health and rights, and to identify effective strategies for promoting reproductive health and rights in these contexts.

The role of community-based initiatives and grassroots organizations in promoting reproductive health and rights in Nigeria. Further research is needed to understand the impact and effectiveness of these initiatives and organizations, and to identify areas for further support and development.

5.5 Recommendations

Based on the findings of this study, the following recommendations are made:

1. Nigeria should review and update its laws to ensure clear, equitable, and safe access to contraception and abortion services, aligning with international human rights standards.

This includes decriminalizing abortion in cases of rape, incest, or health risks and ensuring affordable, widely available contraceptives.

2. Policymakers should implement programs to tackle factors such as poverty, lack of education, and cultural stigmas that influence women's reproductive health experiences. This can include community-based education campaigns, improved healthcare infrastructure, and subsidies for reproductive health services.
3. To enhance women's reproductive autonomy, Nigeria should reform restrictive laws by expanding legal grounds for abortion and ensuring access to safe, regulated reproductive health services, reducing reliance on unsafe practices and promoting gender equality in healthcare decision-making.
4. Nigeria should prioritize reforms such as increasing funding for reproductive health programs, training healthcare providers, and establishing rural health clinics. Additionally, integrating reproductive health education into school curricula and ensuring universal access to contraception can significantly improve service delivery.

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