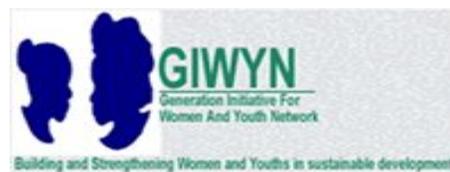


# **IMPLEMENTATION OF REPRODUCTIVE HEALTH POLICIES AND LAWS IN THE NIGERIAN NATIONAL HEALTH POLICY**

**A Policy Brief Paper in Completion of  
Advocacy and Abortion Stigma in Nigeria (ASTIN)  
A Safe Abortion Action Fund (SAAF) Project**

**April 15 2016**



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## **LIST OF ACCRONIMS**

**ASTIN;** Abortion Advocacy and Abortion Stigma in Nigeria

**ICPD :** International Conference on Population and Development

**MCH:** Maternal and Child Health and Family Planning

**FP:** Family Planning

**GIWYN:** Generation Initiative For Women and Youth Network

**PoA:** Program of Action

**WHO:** World Health Organization

**VAPP:** Violence Against Persons Prohibition Act

**SAAF :** Safe Abortion Action Fund

## **1. INTRODUCTION**

According to 2006 census, out of 140 million people in Nigeria, more than 69 million were women<sup>i</sup>. More than half of these women live in the rural communities and are ignorant of their reproductive rights. As a result, they have their health at a very high risk due to inaccessibility of reproductive health information and services. Still, Nigeria is yet to reform restrictive domestic laws and policies that place women's and girls' health and lives at risk and prevent them from exercising their reproductive rights – to which the Nigerian government has promised under international laws. Nigeria is also obligated to implement the 2030 global Sustainable Development Goals agreed by the world's governments at the United Nations in September 2015, which include a target of universal access to sexual and reproductive healthcare

### **1.2. Key Messages**

- Nigerian Government has signed many international treaties and is obligated to respect, protect and fulfill them.
- International laws and standards including treaties, conferences and principles are important to hold the government accountable for non-fulfillment of broad reproductive health choices including women's right to Safe and legal abortion
- Human Right Mechanism can be used for advancing women's right to decide and make the right for reproductive health choices
- Monitor the level of implementation of human rights and international laws in Nigeria including identifying gaps

## **1.3 BACKGROUND**

### **1.3.1. THE NATIONAL AND INTERNATIONAL COMMITMENTS**

In September 1994, Nigeria participated in the International Conference on Population and Development (ICPD), held in Cairo, Egypt. The ICPD marked the beginning of the paradigm shift from the concept of Maternal and Child Health and Family Planning (MCH/FP) to Reproductive Health. At the ICPD, the nations of the world reached an understanding on the key concepts of reproductive health and reproductive rights and agreed that reproductive health is a right for all men, women and adolescents. The global community at the ICPD further agreed that reproductive health and rights are indispensable to people's health and development, and set the goal of achieving universal access to reproductive health information and services for the year 2015. The ICPD Program of Action recognizes that unsafe abortion is a leading cause of maternal mortality and morbidity, with harmful effects on women and their families. States committed “to reduce greatly the number of deaths and morbidity from unsafe abortion, and to take measures to prevent unsafe abortion, such as by expanding and improving family planning services. Particular attention should be paid to adolescents and young women in the provision of programs to prevent unwanted pregnancies and treat unsafe abortions. Finally, under the ICPD Program of Action, states agreed that all cases, women should have access to quality services for the management of complications arising from abortion” and post-abortion counselling, education and family-planning services should be offered promptly<sup>ii</sup>

Thus it becomes imperative for Nigeria to operationalize the reproductive health concept and promote quality reproductive health services in the interest of the well-being of the people, enhanced social life of the community, national development, and the future of the human society.

As defined at the ICPD, “*reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive System and to its functions and processes*”<sup>iii</sup> .

The concept is centered on human needs and development throughout the entire life cycle, from the womb to the tomb. Reproductive health care covets a wide range of services. These are defined as follows in the ICPD Program of Action (PoA):

*"Reproductive Rights embrace certain human rights that are already recognized in the national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health<sup>iv</sup>.*

In addition to the above commitment, Nigeria ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol) in 2004, promising to protect the rights of women and girls and guarantee the right to sexual and reproductive health. Article 14 (2) (c) of the Maputo Protocol urges all ratifying countries to "protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus."<sup>v</sup> This portion of the Protocol was further elaborated in a General Comment by the African Commission on Human and People's Rights issued in 2014 .In May 2015, the Violence Against Persons Prohibition (VAPP) Act<sup>vi</sup> was adopted and signed into law at the national level, which includes the Federal Capital Territory and federal health institutions in Nigeria. The Act seeks to end violence, particularly sexual violence and protect the rights of survivors to receive comprehensive medical services<sup>vii</sup>

Nigeria as a member of the global community and in the interest of her people's health and development is committed to the implementation of the concept of reproductive health and reproductive rights as agreed at the ICPD, and has adopted and launched the African regional strategy. This commitment would enable the country to effectively address the major reproductive health challenges and the current trend of poor reproductive health status and services<sup>viii</sup>. This policy document is, among others, an expression of the desire and determination of Generation Initiative For Women and Youth Network (GIWYN) and The National Coalition Member Organizations in this regard urging the government to reform restrictive domestic laws and policies that place women's and girls' health and lives at risk and prevent them from

exercising their reproductive rights to which the Nigerian government has promised under international law.<sup>ix</sup>

### **1.3.2 LEGALY BINDING INTERNATIONAL INSTRUMENTS ON NIGERIA**

Having signed and ratified the following multilateral treaties, Nigeria is bound legally to ensure the effective promotion and protection of the provisions and state obligations contained therein which are relevant to reproductive health and rights. The following instruments are relevant to our review .-

- i. The Protocol on the Rights of Women in Africa: - ratified on 16-12-2004.
- ii. The African Charter on Human and Peoples' Rights: - ratified on 22-6-1983.
- iii. The African Union Charter on the Rights and Welfare of the Child: - ratified on 23-7-2001.
- iv. UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW): - ratified on 13-6-1985.
- v. UN Convention on the Rights of the Child (CRC): - ratified on 19-4-1991.
- vi. UN Convention against Torture and other cruel, inhuman or degrading treatment or punishment (CAT): - ratified on 28-6-2001.
- Vii. International Covenant on Civil and Political Rights (ICCPR): - ratified on 29-7-1993.
- viii. International Covenant on Economic, Social and Cultural Rights (ICESCR): - ratified on 29-7-1993.
- ix. The Universal Declaration of Human Rights, December 10, 1948, though not a treaty, has nevertheless today acquired the character of binding nature as customary rules of international law and Jus cogens,<sup>2</sup>

especially the core provisions under review relevant to reproductive health and rights.<sup>x</sup>

### **1.3.3 NON-BINDING INSTRUMENTS/STANDARDS**

The non-binding instruments/standards relevant to reproductive health and rights that are applicable to Nigeria are as follows: -

- i. The 1993 Vienna Declaration and Program of Action.
- ii. The Program of Action of the 1993 UN International Conference on Population and Development (ICPD).
- iii. The 1995 Beijing Declaration and Platform for Action, UN Fourth World Conference on Women.

## **2. CONSTITUTIONAL LAW AND WOMEN HUMAN RIGHTS**

Domestically, the 1999 constitution was amended in 2011<sup>xi</sup> and is the supreme law of the land containing provisions under sections 33 to 45 that are relevant for the promotion and protection of reproductive health and rights in Nigeria. The Constitution of the Federal Republic of Nigeria and human rights of women are discussed under the following:

### **2.1 Section 33(1)**

#### **(A) The right to life<sup>xii</sup>**

*Every person has a right to life and no-one shall be deprived intentionally of his life, save in execution of the sentence of a court in respect of a criminal offence of which he has been found guilty in Nigeria.*

The emergent trend in international law is that governments, in protecting the right to life have to take positive measures that will include provision of adequate health facilities for all, especially women

and children. Thus, a situation wherein women and girls die out of unsafe abortion because they do not have access to safe and legal abortion is a clear violation of their right to life. In addition, autonomy is a central component of the rights to life, privacy, and liberty, amongst others, and includes individuals' rights to make informed decisions about their bodies, to determine the number and spacing of their children, and to be free from coercion, discrimination and violence.<sup>xiii</sup> A key component of the ICPD Program of Action was the recognition that, compelling individuals to carry out states' coercive population-based laws, policies, or practices constitutes a human rights violation and should be abolished. States also agreed to abolish laws, policies, and practices that interfere with individuals' rights to autonomous decision making and to ensure that third parties do not interfere with the right to autonomy. In order to fulfill this principle, states further agreed to provide individuals with access to information and services that enable them to exercise their autonomy.

#### **(b) S.42(1) RIGHT TO FREEDOM FROM DISCRIMINATION**

S.42 (1) of the Constitution provides as follows:

A citizen of Nigeria of a particular community, ethnic group, and place of origin, sex religion or political opinion shall not, by reason only that he is such a person:

*a) be subjected either expressly by, or in the practical application of any law in force in Nigeria or any executive or administrative action of the government, to disabilities or restrictions to which citizens of Nigeria of other communities, ethnic group, places of origin, sex, religious or political opinions are not made subject to; or*

*b) be accorded expressly by; or in the practical application to any law in force in Nigeria, or any such executive or administrative action, any privilege or advantage that is not accorded to citizens of Nigeria of other communities, ethnic group, places or origin, sex, religions or political opinion.*

Further, S. 42(2) provides:

*No citizen of Nigeria shall be subjected to any disability or deprivation of merely by reason of the circumstances of his birth.*

Discrimination, or any of the grounds mentioned, under S.42 is not only wrong in itself, but also sustains conditions leading to societal vulnerability to infections, in particular resulting in lack of access to an enabling environment, that will promote behavioral change and knowledge.

The right to non-discrimination requires states to eradicate discriminatory policies and practices, and take affirmative measures to ensure that everyone is afforded the same rights in law and in practice. In addition to eradicating formal discrimination in laws and policies, states must also eradicate substantive discrimination including by adopting measures to address the conditions and attitudes that perpetuate discrimination. Policies and practices that place undue onus on women in order to access comprehensive reproductive health care, such as spousal authorizations, constitute discrimination and must be eradicated. Furthermore, states must take measures to combat the social and cultural beliefs that contribute to the diminished status of women worldwide and that have a negative impact on their sexual and reproductive health.<sup>xiv</sup>

### **(c) RIGHT TO DIGNITY OF HUMAN PERSON**

The constitution provides for right to dignity of the human person, that no person shall be subjected to torture, or inhuman, or degrading treatment. Degrading treatment was seen as “the element of lowering the societal status, character, value or position of a person”. From the perspective of women seeking health services it means that segregation and stigmatization of person seeking abortion service violates their right to dignity.

### **(d) RIGHT TO PERSONAL LIBERTY**

The constitution also provides for a right to personal liberty, and that no person shall be deprived of his liberty except in certain circumstances. One such circumstances is “in the case of persons suffering from infectious or contagious diseases/

### **(e) RIGHT TO PRIVATE AND FAMILY LIFE**

The Constitution provides that the privacy of citizens, their homes correspondences, telephone conversations and telegraphic communications is hereby guaranteed.

#### **(f) RIGHT TO PRIVATE AND FAMILY LIFE**

The Constitution provides that the privacy of citizens, their homes correspondences, telephone conversations and telegraphic communications is hereby guaranteed and protected. The right to privacy involves obligation to respect physical privacy, including the obligation to seek informed consent to abortion and to safeguard privacy of information, including the need to respect confidentiality of all information relating to Reproductive Health Services. The community has an interest in maintaining privacy, so that people will feel safe and comfortable in using public health measures, such as new technologies, treatment services.

#### **(g) RIGHT TO FREEDOM OF EXPRESSION AND THE PRESS**

The Constitution provides under S.39 that:

*“Everyone shall be entitled to freedom of expression including freedom to hold opinion and to receive and impart ideas and information without interference.”*

This right includes the right to seek, receive, and impart abortion and post abortion care related information and prevention of unwanted pregnancy prevention and options. Thus, the Nigerian Government is obliged to ensure that appropriate and effective information on methods to prevent unwanted pregnancy, unsafe abortion and contraceptive use be developed, and disseminated for use by the entire population. The media should be respectful of human rights and dignity, especially the right of privacy and use appropriate language when reporting on abortion related issues. Media reporting on Reproductive Health including abortion and post abortion care should be safe reliable scientific and confidential according to WHO’s standard.

#### **(h) RIGHT OF PEACEFUL ASSEMBLY AND ASSOCIATION**

The Constitution also guarantees that:

*“Everyone shall be entitled to assemble freely and associate with other persons, and in particular he may form or belong to any political party, trade union, or any other association for the protection of his interest.”*

The Universal Declaration of Human Rights also provides that, “Everyone has the right to freedom of peaceful assembly and association”. In the context of Reproductive Health , the freedom of assembly and association with others is essential to the formation of Safe Abortion related advocacy, lobbying and creation coalitions and allies including human right organizations, civil societies, individuals. Furthermore, women seeking abortion should be protected against direct or indirect discrimination and stigma

### **(i) RIGHT TO FREEDOM OF MOVEMENT**

The Constitution stipulates that every citizen of Nigeria is entitled to move freely throughout Nigeria, and to reside in any part of the country, and no citizen of Nigeria shall be expelled from Nigeria, or refused entry.

There is no public health rationale for restricting liberty of movement, or choice of residence on the grounds of seeking reproductive health service including abortion service Other fundamental rights guaranteed under the Constitution include the right to freedom of thought, conscience and religion,<sup>13</sup> the right to a fair-hearing,<sup>14</sup> and the right to acquire and own immovable property, anywhere in Nigeria.

## **3. LEGAL STATUS OF ABORTION IN NIGERIA**

Penal Code (Northern States) Federal Provisions Act, Chapter 345 of the Laws of the Federation of Nigeria (Revised ed. 1990 Articles 232-236 Criminal Code Act, Chapter 77 of the Laws of the Federation of Nigeria (Revised ed. 1990), Articles 228-230, 297, 309, 328 <sup>xv</sup>

(See Annex 1)

Furthermore, the criminal law in Nigeria makes the performance of an abortion a criminal offence unless it is performed to save a pregnant woman's life. Hence abortions are illegal regardless of the duration of pregnancy; the laws prohibit abortions performed at all stages of fetal or embryonic development from the time of fertilization. However, the laws do not clearly distinguish between abortions performed by registered medical practitioners and unregistered medical practitioners.

The restriction of the grounds upon which abortion may be performed to saving the woman's life is too narrow and may be insensitive to the difficulties posed by peculiar experiences of women. For example in terms of rape

Though the Violence Against Persons Act (VAPP) 2015:

The court shall also award appropriate compensation to the victim of rape as it may deem fit in the circumstance"<sup>xvi</sup> A rape survivor who becomes pregnant is not still entitled to abortion here not minding that this is clearly a case of unwanted and forced pregnancy.

There should be an express provision in this law that a rape or incest survivor with unwanted pregnancy should be able to secure a legal abortion service on consent.

The trauma experienced by rape victims who find themselves pregnant should be sufficient to grant liberalization of abortion laws so that they can have access to safe and legal abortion. When it is appreciated that rape carries with it risk also of HIV infection, the least the law, could do is to be a sensitive to the danger and consequent fears of the victims of rape. **(See stories in Annex 2)**

#### **4. UNSAFE ABORTION AND ITS CONSEQUENCES**

Given Nigeria's high rate of mortality in the female adolescent population resulting from unsafe abortion, there is need for urgent and serious rethink of the restrictive abortion laws. By prohibiting legal abortion except for where the life of the mother is in danger, most adolescents have recourse to affordable, illegal service usually rendered by quacks. Unsafe abortion is a major contributor to the country's high levels of maternal death, ill health and disability. Nigeria has one of the highest maternal mortality ratios in the world, and little improvement

has occurred in recent years. Unsafe abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both<sup>xvii</sup>.

According to recent research an estimated 1.25 million induced abortions occurred in Nigeria in 2012, equivalent to a rate of 33 abortions per 1,000 women aged 15-49. The estimated unintended pregnancy rate was 59 per 1,000 women aged 15-49. Fifty-six percent of unintended pregnancies were resolved by abortion. About 212,000 women were treated for complications of unsafe abortion, representing a treatment rate of 5.6 per 1,000 women of reproductive age, and an additional 285,000 experienced serious health consequences but did not receive the treatment they needed.<sup>xviii</sup> Nationally, one in seven pregnancies (14%) ended in induced abortion in 2012.

## **5. NATIONAL COMMITMENTS**

The Federal Ministry of Health (FMOH) is responsible for establishing/formulating health policies in Nigeria. The Nigerian government adopted the National Health Policy and Strategy to achieve health for all Nigerians,<sup>xix</sup> which articulates the goal of enabling all Nigerians to achieve socially and economically productive lives. According to the National Health Policy, health is an essential component of social and economic development as well as being an instrument of social Justice and national security. The Health Policy establishes Primary Health Care (PHC) as an integral part of the national health system and a priority for national development. PHC is defined in the policy in accordance with World Health Organization (WHO) guidelines to include general health services, preventive, curative, promotive and rehabilitative care.

Although the National Health Policy does not specifically provide for reproductive health care, PHC encompasses basic treatment, maternal and child health, and family planning services, the prevention and control of infectious diseases, and the provision of essential drugs and supplies.

Thus, the National Health Policy fails to provide for comprehensive reproductive health concerns including safe abortion, and focuses primarily on family planning, maternal and child healthcare.

Likewise, the National Adolescent Health Policy falls short, by neglecting to integrate contraception provision into adolescent health program. Furthermore, the RH Policy noted that while the various laws in force in Nigeria address different areas of reproductive health, many of these laws, however, do not reflect the reproductive health concept and so are inadequate to meet the needs of actualizing reproductive rights as contemporarily understood. While the provisions of many of the policies in the health sector are relevant to promotion of reproductive health, their targets are sometimes contradictory or outdated or both.

## **6. RECOMMENDATIONS**

The recommendations in this policy paper are according to World Health Organization's "Safe Abortion" technical and Policy guidance for health systems". Nigerian government should incorporate Safe Abortion service in the National Health Policy and take action as follows:

1. Prevent unsafe abortion, including by amending restrictive laws that threaten women's, including adolescents' lives<sup>xx</sup>.
2. Provide legal abortion in cases where the continued pregnancy endangers the health of women, including adolescents. It is therefore essential that there are trained providers of abortion services, that services are available and known, and that treatment for complications of unsafe abortion is widely available. Saving a woman's life might be necessary at any point in the pregnancy and, when required, abortion should be undertaken as promptly as possible to minimize risks to a woman's health.
3. Make express provision of legal abortion in cases of rape and incest. Prompt, safe abortion services should be provided on the basis of a woman's complaint, rather than requiring forensic evidence or police examination. Administrative requirements should be minimized and clear protocols established for both policy and health-care providers, as this will facilitate referral and access to care.

## **APPENDIX 1**

### **NIGERIA'S ABORTION PROVISIONS**

Penal Code (Northern States) Federal Provisions Act, Chapter 345 of the Laws of the Federation of Nigeria (Revised ed. 1990), Articles 232-236

Criminal Code Act, Chapter 77 of the Laws of the Federation of Nigeria (Revised ed. 1990), Articles 228-230, 297, 309, 328

Penal Code (Northern States) Federal Provisions Act, Chapter 345 of the Laws of the Federation of Nigeria (Revised ed. 1990), Articles 232-236

(This law applies in the northern states of Nigeria.)

#### 232. Causing miscarriage.

Whoever voluntarily causes a woman with child to miscarry shall, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman, be punished with imprisonment for a term which may extend to fourteen years or with fine or with both.

#### 233. Death caused by act done with intent to cause miscarriage.

Whoever with intent to cause the miscarriage of a woman whether with child or not does any act which causes the death of such woman, shall be punished-

(a) with imprisonment for a term which may extend to fourteen years and shall also be liable to fine; and

(b) if the act is done without the consent of the woman, with imprisonment for life or for any less term and shall also be liable to fine.

234. Causing miscarriage unintentionally.

Whoever uses force to any woman and thereby unintentionally causes her to miscarry, shall be punished-

(a) with imprisonment for a term which may extend to three years or with fine or with both; and

(b) if the offender knew that the woman was with child, he shall be punished with imprisonment for a term which may extend to five years or with fine or with both.

235. Act done with intent to prevent child being born alive or to cause it to die after birth.

Whoever before the birth of any child does any act with the intention of thereby preventing that child from being born alive or causing it to die after its birth and does by such act prevent that child from being born alive or causes it to die after its birth, shall, if such act be not caused in good faith for the purpose of saving the life of the mother, be punished with imprisonment for a term which may extend to fourteen years or with fine or with both.

236. Causing death of quick unborn child by act amounting to culpable homicide.

Whoever does any act in such circumstances that, if he thereby caused death he would be guilty of culpable homicide, and does by such act cause the death of a quick unborn child, shall be punished with imprisonment for life or for a less term and shall also be liable to fine.

Criminal Code Act, Chapter 77 of the Laws of the Federation of Nigeria (Revised ed. 1990), Articles 228-230, 297, 309, 328

(This law applies in the southern states of Nigeria.)

228. Attempts to procure abortion.

Any person who, with intent to procure miscarriage of a woman whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, is guilty of a felony, and is liable to imprisonment for fourteen years.

229. Attempt to procure own miscarriage.

Any woman who, with intent to procure her own miscarriage, whether she is or is not with child, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, or permits any such thing or means to be administered or used to her, is guilty of a felony, and is liable to imprisonment for seven years.

230. Supplying drugs or instruments to procure abortion.

Any person who unlawfully supplies to or procures for any person anything whatever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child, is guilty of a felony, and is liable to imprisonment for three years.

The offender cannot be arrested without warrant.

### 297. Surgical operations.

A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his benefit, or upon an unborn child for the preservation of the mother's life, if the performance of the operation is reasonable, having regard to the patient's state at the time and to all the circumstances of the case.

### 309. Death by acts done at childbirth.

When a child dies in consequence of an act done or omitted to be done by any person before or during its birth, the person who did or omitted to do such act is deemed to have killed the child.

### 328. Killing unborn child.

Any person who, when a woman is about to be delivered of a child prevents the child from being born alive by any act or omission of such a nature that, if the child had been born alive and had then died, he would be deemed to have unlawfully killed the child, is guilty of a felony, and is liable to imprisonment for life

## ANNEX 2

### STORIES ILLUSTRATING VIOLATION OF ABORTION RIGHTS

#### CASE STUDY 1

Sometimes I feel like killing myself, I feel I should not have listened to my parents because I feel, I am useless. Adeola is a fifteen years old girl that was gang raped during an armed robbery incident in her house. She became pregnant. She expressed her desire to abort the resultant pregnancy to her parents, but the parents refused and insisted that she should carry the pregnancy to term. Adeola carried the pregnancy to full term and delivered a baby girl. She now faces a life threatening stigmatization from family and society. According to Adeola, during her interview section, “sometimes I felt like killing herself, and felt she should not have listened to her parents because she felt, she was useless”. She had to drop out from school because of these. She practically struggles on her own to take care of her baby. “It has not been easy; I have to do all sorts of things to take care of my baby. She also explained that all these are because her parents refused to listen to her request because she is just girl and should listen to her parent’s advice. She expressed with a heavy heart and tear filled eyes during her interview with us.

#### Case Study. 2.

#### “I LOST MY WOMB AT THE AGE OF SEVENTEEN SEEKING ABORTION FROM A QUACK“

Chikoma was in tears as she told the story of how she lost her womb as a teenager. Then a Senior Secondary School pupil, she was impregnated by her neighbor who was a student in one of the federal polytechnics in the country. “Confused and afraid of the consequence of my action, both I and my boyfriend approached a medicine store in Ikeja, Lagos State capital, to terminate the pregnancy,” she said. But, unfortunately, her small intestine was perforated in the process. Sensing that she might die from chronic infection, the doctor referred her to the Lagos University Teaching Hospital where she got a proper clean up. Though the operation was successful, the doctors told her parents that she might not be able to become pregnant again because the infection had affected her womb.

## ENDNOTES

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<sup>i</sup> National Population Of Nigeria, 2015 <http://www.population.gov.ng/>

<sup>ii</sup> ICPD AND HUMAN RIGHTS: 20 years of advancing reproductive rights through UN treaty bodies and legal reform. **June 2013 | [www.reproductiverights.org](http://www.reproductiverights.org)**

<sup>iii</sup> ICPD AND HUMAN RIGHTS: 20 years of advancing reproductive rights through UN treaty bodies and legal reform. June 2013 | [www.reproductiverights.org](http://www.reproductiverights.org)

<sup>iv</sup> Ibid

<sup>v</sup> African Union. (2003). Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Maputo: African Union

<sup>vi</sup> Nigeria: Violence Against Persons (Prohibition) Act, 2015 (VAPP) [Nigeria], 25 May 2015, available at: [http:// www.refworld.org/docid/556d5eb14.html](http://www.refworld.org/docid/556d5eb14.html) [accessed 10 ,April 2016].

<sup>vii</sup> IPAS Nigeria, 2015 Abortion Law and Policy in Nigeria: Barriers to Women's Access to Safe and Legal Care .

<http://www.ipas.org/en/Resources/Ipas%20Publications/Abortion-Law-and-Policy-in-Nigeria-Barriers-to-Womens-Access-to-Safe-and-Legal-Care.aspx>(accessed April 2016)

<sup>viii</sup> Federal Ministry of Health( 2001) NATIONAL REPRODUCTIVE HEALTH POLICY AND STRATEGY

To achieve quality reproductive and sexual health for all Nigerians. Abuja Nigeria. <http://www.gamji.com/article5000/NEWS5997.htm>

<sup>x</sup> Federal Ministry of Health( 2001) NATIONAL REPRODUCTIVE HEALTH POLICY AND STRATEGY

To achieve quality reproductive and sexual health for all Nigerians. Abuja Nigeria. <http://www.gamji.com/article5000/NEWS5997.htm>

<sup>xi</sup> 1999 Constitution of The Federal Republic of Nigeria. With The Amendments 2011 NO. 24

<sup>xii</sup> 1999 Constitution of The Federal Republic of Nigeria. With The Amendments 2011 NO. 24

<sup>xiii</sup> ICPD AND HUMAN RIGHTS: 20 years of advancing reproductive rights through UN treaty bodies and legal reform. June 2013 |

[www.reproductiverights.org](http://www.reproductiverights.org)(accessed ,(April 2016)

<sup>xiv</sup> Ibid

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<sup>xv</sup> Center For Reproductive Rights : Nigeria’s Abortion Provisions,  
<http://www.reproductiverights.org/world-abortion-laws/nigerias-abortion-provisions#cca>

<sup>xvi</sup> Nigeria: Violence Against Persons (Prohibition) Act, 2015 (VAPP) [Nigeria], 25 May 2015, available at: [http:// www.refworld.org/docid/556d5eb14.html](http://www.refworld.org/docid/556d5eb14.html) [accessed 10 April 2016]. .

<sup>xvii</sup> . United Nations; Human Rights Committee In Safe abortion: technical and policy guidance for health systems

<sup>xviii</sup> Bankole A1, Et el,( 2015) , The Incidence of Abortion in Nigeria Int Perspect Sex Reprod Health. 2015 Dec;41(4):170-81. doi: 10.1363/4117015.

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<sup>xix</sup> Muhammed T. L.,(2006) review of existing reproductive health policies and legislations in nigeria: a paper presented at a one - day stakeholders’ forum on reproductive health in nigeria. The independent policy group, Abuja.

<sup>xx</sup> Human Rights Committee. General comment no. 28: equality of rights between men and women (article 3), 20 March 2000. United Nations; Human Rights Committee In Safe abortion: technical and policy guidance for health systems

Compiled by The following Organizations

1. Generation Initiative for Women and Youth Network (GIWYN)
2. Federated Women Alliance
3. Safe The Girl Child
4. Mother Care Initiative
5. Azaraegbelu Orphans and Widows
6. Women and Girls Emancipation.
7. Royal Skills Empowerment
8. Women of Faith Ministries
9. Learning Word