

**TOPIC: ANTI-ABORTION LEGISLATION AND ITS IMPACTS
ON MATERNAL HEALTH CARE IN NIGERIA.**

**A thesis submitted to the Faculty of Health Sciences of
CITY UNIVERSITY, CAMBODIA in partial fulfillment of
the requirements for the award of Doctor of Philosophy
(PhD) in Public Health.**

BY

FALEYE OLUWAKEMI. C.

PhD Student, Department of Public Health

City University, Cambodia.

ABSTRACT

There is a global push for improved delivery of health services to women due to the increase in maternal mortality resulting from child delivery and abortion among other things. In some countries, abortion is legalised, while it is a criminal offence in others due to morality, religion or potential abuse. This study set out to examine the impact of Nigeria's anti-abortion law (the criminal code) on the delivery of maternal health services in Akure metropolis. 380 respondents comprising of women in their reproductive years as well as health workers (male and female) were recruited across health centers, hospitals and caregiving homes within the city. Data was gathered through a close-ended structured questionnaire and open-ended interview schedule, both comprising of a total of 21 questions. To achieve study objectives, four research hypotheses developed from the research questions were tested using linear regression. The first tried to ascertain the level of awareness of women and health workers about the anti-abortion law, while the second sought their perception towards the effectiveness of the law, the third hypothesis tried to understand the extent to which the abortion legislation has impacted the rates of abortion in the city, while the final hypothesis sought to understand whether the criminal code anti-abortion law has or has not significantly affected maternal health service delivery in Akure metropolis. A comparison of observed p-value with the five percent error across all tested hypotheses showed varying results. First, results revealed that awareness about the criminal code anti-abortion law is low amongst women and health workers, which may have led to the general perception that it is ineffective and weak. Nevertheless, because no one want to be used as a scape goat towards enforcing the law, women mostly shun seeking abortion, implying a reduction in abortion rates due to the criminal code. Similarly, health workers mostly do not want to be found engaging in abortion or other related services, as such, they are very hostile to women who visit health centres for abortion-related discussions or request without a careful examination of the situation that may have warranted such request. The implications of the hostile attitudes of some health workers undermine maternal health service delivery within Akure. Given the results of this study, it is recommended that the Nigerian government should embark on the review of its abortion laws, and that health workers ensure careful examination of the health status of women before denying them access to abortion services.

CHAPTER ONE

1. INTRODUCTION

This section provides a background to the issue of maternal health service delivery and abortion in Nigeria as a whole, and Ondo state in particular. It explains Nigeria's anti-abortion laws and tries to relate it to maternal health service delivery in the city of Akure. Research problems, scope and significance of the study are also described, from which research questions are raised, and hypothesis developed.

1.1 Background to the study

The debate on whether or not women in their reproductive ages should have the autonomy to choose whether to have a child or terminate a pregnancy has been a major subject in public health Search and discussions globally (Frederico et al., 2018). This debate has been met with argument and counter-arguments for and against abortions. While some researchers hold the opinion that a woman should indeed be able to decide to have an abortion if it is the best for her and her family at any point in time- and must not be denied access to high quality healthcare regardless of her decision (Al- Matary & Ali, 2014), others suggest that these rights, if given to women may be misused (conscientious objection) (Kung et al., The latter group explained that rather than getting pregnant and subsequently seeking an abortion, a women should consider family planning or the use of contraceptives to prevent pregnancy and all complications that may come with it (staveteig, 2017) A though this opinion seems valid, it fails to cater for the population of vulnerable women who know little or nothing about contraceptives as well as those who in live in war-torn and volatile area where women may be subjected to sexual abuse and rape (Keenan, 2013.).

Regardless of the side of the argument one choses to take research has repeatedly shown that stringent legislation against abortion may lead to increased rate of maternal mortality (Latt et al., 2019). A crisis that may continue to hunt reproductive health and safety of women for a long time, According to Olonade et al.(2019), maternal mortality can impact on health outcomes, economic security of women, their overall well-being, their dignity societal participation, as well as their general life quality, As such, Ezeh et al,(2016) maintained that anti-abortion legislation often seen as a way of exacerbating maternal mortality rates especially in lower and income countries.

Although poorer countries tend to suffer more when anti-abortion laws are in place (Berer,2017). the effect of such laws on women in richer climes has seen massive demonstration in countries like the United States where new anti-abortion laws in Texas has banned abortion later than 42days (Tuma, 2021). Described as the "fetal heartbeat bill", the Senate Bill 8 (SB8) declares that once an ultrasound picks the fetal heartbeat, a woman is no longer allowed to terminate the pregnancy (Bohra, 2021). While this bill may have taken effects, medical experts misleading, since the development of the fetus in the womb is continuous and that what lawmakers currently confuse as a heartbeat is an electrically induced shining and wavering of part of a tissue that soon becomes the infant's heart(Glenza, 2019).

Hannon (2013) noted that anti-abortion laws are mostly enacted from a place of morality, which is fundamental to many societies today. In addition, Bento et al.(2021) stressed that politician often claim that anti-abortion laws are avenues to safe-guarding the health of women, even though authors like Haelle (2016) disagree, suggesting that politicians mostly do not have moral justifications to ban abortions.

Anti-abortion legislations is still active in many countries of the world and continue pose serious threat to maternal health, leading to a rise in the death of more and more women especially in sub-Saharan Africa. Sierra Leone is one of such countries that has suffered from the impact of anti-abortion legislation resulting in the nation recording the highest figures with regards to maternal mortality and morbidity rates globally(1.120 maternal mortality per 100,000 live births) (Ministry of Health and Sanitation, 2016). The Republic of Chad and South Sudan are two other where maternal mortality rates are disturbing. Until a new later came into force, maternal maternal mortality was deeply rooted in the Sierra Leonean society, thereby increasing the population of vulnerable (November & Sandall, 2018). As reported by November and Sandall (2018), adolescent girls represent over 30% of all pregnancies in Sierra Leone, with 40% of this population losing their lives due to pregnancy complications.Furthermore, unsafe abortions being one of the strongest contributors to MMM in Sierra Leone has remained a regular practice among young girls and women until a new law for safe abortion was passed (Tejan-Cole, 2017).

Research by Bussink-Voorend et al.(2020)stressed that given an increase in maternal death in Sierra Leone, there is a need for all hands to be on deck to solve the problem. Elston et al.(2016)noted right and advocacy groups have been involved in the push to get rid of the anti-

abortion laws, similar to the case of Nigeria. Nevertheless, it took extended discussions with non-governmental organizations (NGOs) and public health enthusiasts to force President Bai Koroma to sign the abortion bill six years ago (Guilbert, 2015). The leader who was initially against safe abortion prior to parliamentary votes, passed the bill in December of 2015 (Guilbert, 2015). Tejan- Cole, (2017) reports that unsafe abortions can be traced to one-third of all maternal death in sierra Leone, necessitating new liberal laws. Within the framework of the new abortion law, a pregnancy can be terminated up to 3months and up to 6months when certain risks are involved (Te 2017).

While countries like Sierra Leone may have started to reap the benefits of liberal abortion laws, the same cannot be said of Nigeria, Africa's most populous nation. The country has two unique anti-abortions laws in place: a "Criminal Code" and a "Penal Code" in the southern and northern regions respectively(Okagbue, 1990), both came into force long before her independence & Abayomi, 2019) and have since been operational in the country. As reported by Abiodun et al.(2013), the continuous existence of anti-abortion laws in Nigeria continues to undermines maternal health in the country with unsafe abortions increasing from 2.2% in year 2000 to 3% annually in 2012. These abortions are performed in a clandestine manner by untrained person.it is on the premise of these challenges that this study sets out, and aims to examine the impact of anti-abortion laws on maternal health service delivery in Nigeria.

1.2 Research problems

Even though anti-abortions laws are operational in Nigeria, abortion rates have yet to reduce, There are reports that some qualified medical practitioner still performs the procedure on women, albeit, secretly. Nevertheless, many others are still adhering to the laws. By implication, many women and girls' resort to patronizing quacks to get their pregnancies terminated (Attwood, 2014) and surroundings that are unsafe and without the required medical equipment that can ensure safety. In fact, an account by Akande et al.(2020) revealed how women had abortions carried out usind objects like cloth hangers and bicycle spokes in some parts of Nigeria. The use of herbal concoctions is also on the rise, the same is the insertion of twigs into the reproductive organs of some women (Akande et al., 2020). Jumping has also been used to induce abortions in some case leading to abdominal trauma (Haddad & Nour, 2009). While all of the forgone evidences are

worrisome, more disheartening is the fact that adolescent girls, who are the most vulnerable population are the most affected by the issue of unsafe abortions.

As early as the year 1989, the challenges of unsafe abortions have been massively recorded in Nigeria. Between 1987 and 1989, Adetoro et al. (1991) reported that the number of hospital visits following an unsafe abortion increased in Ilorin, a north-central suburb of Nigeria. The researcher explained that only 30% of the reports were married women, while all others were adolescent school girls aged 15-19 years. Hemorrhage and sepsis were also characterized as the main reason many of these women and girls reported to the hospital. Enzuladu et al. (2017) gave a similar account in Plateau state where adolescent girls try to escape stigma by getting rid of their pregnancies. In a study by Abiodun et al. (2013), more than half of 102 female patients who visited health centres in the month of February 2012 in Ekiti state were treated for sepsis and perforated uterus resulting from post-abortion complications, and all of these women were below 25 years.

Another problem threatening maternal health in Nigeria is the low uptake of contraceptive. Although civil society groups and NGOs are putting in massive efforts, provision and uptake of family planning (FP) services is still not encouraging (Akamike et al., 2020). Influenced by low socio-economic status and illiteracy. Gueye et al. (2015) reports that many Nigerian women still believe the many myths around family planning procedures, leading to the poor uptake found in urban centres. In rural settings, women are often not well-informed about sexual reproduction health and contraceptives, hence they mostly are not willing to take up family planning methods (Morhason-Bello & Fagbamigbe, 2020)

Given the forlorn situation in Nigeria, the achievement of the sustainable development goal 3 (target 1) seems uncertain at the moment, raising serious concerns amongst stakeholders and policymakers. As such, there is a need to revisit and re-analyze the anti-abortion laws within the framework of its maternal health impacts

1.3 Scope of the study

This study will focus on Akure metropolis, the capital city of Ondo state in the southwestern part of Nigeria. Choice of the city is based on the researcher's experience of its maternal health situation, having worked with the state's health department/ ministry for more than 15 years. As a result, only the anti-abortion law operational in the southern part of Nigeria, i.e., the criminal code,

will be considered for the purpose of analysis. Furthermore, the researcher will make efforts to cover a large population, so that study results can be generalized over the entire Ondo state.

1.4 Research aim and objectives

The study aims to examine the impact of one of Nigeria's anti-abortion laws (the criminal code) on the delivery of maternal health services in Akure metropolis. Specific objectives will be to:

- a) To understand the level of awareness of the criminal code anti-abortion law amongst women and health service workers in Akure metropolis
- b) To understand the general perception of women and health workers in Akure metropolis about the criminal code anti-abortion law
- c) To ascertain whether or not the criminal code anti-abortion law has helped in achieving reduced abortions (safe or unsafe) amongst women in Akure metropolis.
- d) Determine whether the criminal code anti-abortion law has in any way affected maternal health service delivery in Akure metropolis

1.5 Research questions

Developed in line with the forgoing research aim and objectives, this study will look to answer the following research questions:

- a) What is the level of awareness of women and health workers about the criminal code anti-abortion law?
- b) How do women and Health Workers perceive the criminal code anti-abortion law?
- c) To what extent has the criminal code anti-abortion law helped in achieving reduced abortion amongst women in Akure?
- d) How has the criminal code anti-abortion law affected maternal health service delivery in Akure metropolis?

1.6 Research hypotheses

The following null hypotheses will be tested at 0.05 level of significance.

H₀₁: The level of awareness of women and Health Workers about the criminal code anti-abortion law is low.

H₀₂: Women and Health Workers perceive the criminal code anti-abortion law as unforgotten

H₀₃: Criminal code anti-abortion law has not significantly helped in achieving reduced abortion amongst women in Akure

H₀₄: The criminal code anti-abortion law has not significantly affected maternal health service delivery in Akure metropolis

1.7 Research significance

This study will be significant to policy makers in that results will guide them into understanding whether existing laws are still useful, given developmental, social and healthcare changes that have occurred since its enactment. It will be significant to the women population in Nigeria as a whole and in Akure specifically, as it will increase the awareness of women on the fact that there is a law that guides against abortion, thereby increasing the uptake of contraceptives and embrace of family planning. To health workers, this study will encourage them into pushing harder for more liberal abortion laws. It will also help them become better prepared and equipped to advice women or methods to adopt so as to prevent unwanted pregnancies that may lead to abortion. From a moral viewpoint, this study will be significant to parents, teachers and religious leaders on the need to further imbibe sex-education into teachings and trainings. Parents, teachers and religious leaders should not shy away from this responsibility but must jointly ensure that information related to unplanned pregnancies and sex before marriage should be taught to adolescents and youths

1.8 Chapter synopsis

Chapter I provides a background to the study by explaining existing challenges as posed by anti-abortion laws around the world, and streamlining it to the situation in Nigeria. The chapter sets out a research problem from which a set of study objectives have been developed, and questions raise

In the chapter provides operational definitions of crucial terms as used through-out the length of the report. Chapter 2 describes relevant past research by drawing out conceptual, theoretical and empirical work on anti-abortion and maternal health around the world and in Nigeria. It also explains existing initiatives aimed at surpassing the challenges imposed by the criminalization of abortion. In chapter 3, a brief description of the study area is done. In addition the research method, i.e. mixed method is described. The procedure for data gathering and individual methods derived from the mixed method research are also explained. Chapter 4 show analysis and interpretation of gathered field data and also provides detailed discussion of the results, while section 5 draws on how the study results contribute to informing policy and further research. A few recommendations are also made in this section.

1.9 Definition of crucial terminologies

Abortion: refers to the termination of a pregnancy via fetal or embryo removal

Anti-abortion legislation/law: a law that disallows the termination of a pregnancy, and set punishment for persons that violates it

Maternal mortality: the yearly death of women resulting from pregnancy and childbirth complications and management (without considering accidental or incidental causes) and/or happening in the first 42 days of the termination of pregnancy (World Health Organization (WHO) 2019)

Family planning: a process of controlling the number of childbirth in a given household in a way that the children have reasonable intervals between them via voluntary sterilization or contraception (World Health Organization (WHO), 2020)

Contraception: an act of preventing the occurrence of a pregnancy

Contraceptive: a drug or any other material used to prevent a pregnancy

CHAPTER FIVE

5. CONCLUSION

This chapter provides a summary of the dissertation and draws a conclusion based on study findings. It describes the benefits of the study and recommends the way forward, given the current realities of poor maternal service delivery as a result of the criminal code anti-abortion law.

5.1 Summary of the study

This project was informed by the necessity to examine the impact of Nigeria's anti-abortion laws (the criminal code) on the delivery of maternal health services in Akure metropolis. The specific objectives of the study were to understand the level of awareness of the criminal code anti-abortion law amongst women service workers; to understand the general perception of women and health service workers in Akure metropolis about the criminal code anti-abortion law; to ascertain whether or not the criminal code anti-abortion law has helped in achieving reduced abortions (safe or unsafe) amongst women in Akure metropolis; and finally to determine whether the criminal code anti-abortion law has in any way affected maternal health service delivery in Akure metropolis. Relevant literatures dealing with the subject under investigation were reviewed to ascertain the view of scholars who had discussed extensively on Nigeria's anti-abortion laws (the criminal code) and maternal health services delivery. Survey research design was adopted for the study, with the administration of questionnaire to selected health workers in Akure through survey monkey. The stated hypotheses were tested using regression and content analysis respectively, with finding re-presented below in subsequent sections of this chapter.

5.2 Empirical findings

The study empirically discovered the following:

- i. The first finding of the study is that the level of awareness of women and health service workers about the criminal code anti-abortion law is low. ($R^2=0.006$, $F_{1, 326} = 1.81$, $\beta = 0.142$, $p > 0.05$), that is, only 0.6% of the variance observed in compliance to anti-abortion law is accounted for by the level of awareness of women and health service workers about the criminal code.
- ii. The second finding of the study is that women and health care workers perceive the criminal code anti-abortion law as ineffective and forgotten ($R = 0.052$, $F_{1, 18.032}$, B perception 0.101 , $p < 0.05$), that is, 5.2% of the variance observed in the state of the criminal code anti-abortion law is explained by how women and health service workers perceive the criminal code anti-abortion law.
- iii. The third finding of the study is that criminal code anti-abortion law has significantly helped in achieving reduced abortion amongst women in Akure ($r=0.577$, $p < 0.05$). This implies that 46.6% of the variance observed in the reduced abortion rate amongst women in Akure is explained by criminal code anti-abortion law.
- iv. The last finding of the study showed that the criminal code anti-abortion law has significantly affected maternal health service delivery in Akure metropolis ($R^2 = 0.175$, $F_{1, 326} = 69.301$, $BCCAA = 0.21$, $p < 0.05$), that is, 17.5% of the variance observed in maternal health service delivery in Akure metropolis is explained by the adherence to criminal code anti-abortion law by women and health workers.

5.3 Contributions to knowledge

5.3.1 Benefits/contributions of the to Nigeria and Ondo state.

Findings from this study will help public health departments, legislative arm of government and policy makers in Nigeria and Ondo state to holistically institute a review of the existing anti-

abortion law (criminal code) with the goal of making it more updated in line with current realities and international best practices. Since laws, big or small, are expected to serve as moral compasses and shapen the conscience of society, public health laws in highly populated and dynamic societies like Nigeria must continually undergo reviews that justify the existing situation. Otherwise, such laws are soon perceived ineffective (as seen within this study), thereby leading to secret violation. In addition, without regular check and balances on existing laws, abuse and misuse is inevitable. For instance, this study found that maternal service delivery is impacted due to the code abortion law. This is because, instead of health workers to carefully verify the situation upon which a woman is requesting for an abortion, they just ignore, and base their decision on the fact that a law is in place. As such, they indirectly violate the law which stipulates that if a woman is at risk, then pregnancy termination can go ahead.

5.3.2. Research contributions to existing global abortion/anti-abortion knowledge

The last 15-months have seen tough discussions globally in relation to abortion and its legalisation (Eks & Murray, 2001). Prominent amongst recent happenings is the abortion in Poland with the exception of cases of rape, incest, and when the pregnancy may endanger the mother (Koper & Plucinska, 2021). In the same vein, the state of Texas in the United States passed an anti-abortion law from six weeks. In contrast, Argentina officially legalized abortion, while citizens of San Marino voted in favour of a relaxed abortion law (Amante, 2021)

As a result of the forgoing global situation, this study contributes to extant literature in that it shows that there may be a need for more awareness prior to legalization or illegalization of abortion around the world, especially in countries with large rural and sub-urban population. In addition, it may be crucial for governments and abortion policy makers to analyse the perception of the population with regards to laws that affect their very existence. This may be useful to shape social

and health impact of health-related laws, which are indeed crucial to the sustainability of such Laws.

5.4 Recommendations

Based on the above conclusion, the following recommendations were made:

- a) The Nigerian government should embark on the review of its abortion laws which seem to have existed for too long without any kind of re-modeling or re-evaluation.
- b) Beyond the enactment of laws, policy formulators and law-makers should start integrating the process of awareness which could justify enforcement.
- c) There should be timely and appropriate access to information on pregnancies and also access to abortion services such as reasons for likely termination (when necessary) should be made available
- d) Civil right groups, non-governmental organizations and the Nigerian government should be encouraged to set structures in place to tackle the incidence of maternal mortality from abortion-related sources. One way to achieve this is to embark on massive sensitization of the use of contraceptive that may prevent unplanned pregnancies especially amongst vulnerable populations.
- e) Since abortions remains illegal in Nigeria, it is recommended that special considerations be given to women and girls who are rape victims, and who may choose to terminate pregnancies resulting from rape situations, whether the pregnancy puts them at risk or not.

5.5 Study limitations and suggestions for further studies

This research was conducted using a cross sectional technique to gather data from women and health workers, it therefore does not provide information regarding causal relationship of variables (e.g maternal health delivery and abortion rates) (Eskezia et al., 2016). As such, future researchers should consider longitudinal research data collection method that would yield better results.

Longitudinal data sources that are those collected over a period of time through repeated contacts with the same and others respondents to arrive at more detailed information.

In addition, there are several other communities and locations in Ondo state from which data could have been curated, albeit, data collection only focused on Akure. As such, future researchers may look cover more communities within Ondo state. This would allow for more generalizable results. Since the anti-abortion law stipulates that abortion can be performed on a woman whose life may be at risk as a result of her pregnancy, more research are needed on specific situations that qualifies a woman for abortion. This will be useful to health workers in that the safety of more and more women can be determined prior to rejecting abortion requests.

Lastly, a distinction the perspectives of public health workers and health workers working in the private hospitals should be studied with respect to Nigeria's anti-abortion laws (the criminal code) on the delivery of maternal health services in Akure metropolis. This is because whilst health workers in public facilities frown seem to frown at abortions as seen within this study. private healthcare facilities in Nigeria and Ondo state still see such services as avenues to make money.

• REFERENCES

- Okonofua FE, Hammed A, Nzeribe E, et al. Perceptions of policymakers in Nigeria toward unsafe abortion and maternal mortality. *Int Perspect Sex Reprod Health*. 2009;[35](#):194–202. DOI:[10.1363/ifpp.35.194.09](#) doi: 10.1363/3519409
- Okagbue I. Pregnancy termination and the law in Nigeria. *Stud Fam Plann*. 1990;[21](#):197–208. doi: 10.2307/1966614
- Ademiluyi IA, Aluko-Arowolo SO. Infrastructural distribution of healthcare services in Nigeria: an overview. *J Geogr Reg Plann*. 2009;[2](#):104–110.
- Akinlusi FM, Rabiun KA, Adewunmi AA, et al. Complicated unsafe abortion in a Nigerian teaching hospital: pattern of morbidity and mortality. *J Obstet Gynaecol*. 2018;[38](#):961–966. doi: 10.1080/01443615.2017.1421622
- Haddad LB, Nour NM. Unsafe abortion: unnecessary maternal mortality. *Rev Obstet Gynecol*. 2009;[2](#):122–126.
- Abiodun OM, Balogun OR, Adeleke NA, et al. Complications of unsafe abortion in South West Nigeria: a review of 96 cases. *Afr J Med Med Sci*. 2013;[42](#):111–115.
- Ibrahim IA, Jeremiah I, Abasi IJ, et al. Pattern of complicated unsafe abortions in Niger Delta University Teaching Hospital Okolobiri, Nigeria: a 4 year review. *Niger Health J*. 2011;[11](#):5.
- Odia OJ. The relation between law, religion, culture and medical ethics in Nigeria. *Global Bioethics*. 2014;[25](#):164–169. doi: 10.1080/11287462.2014.937949
- Ilobinso L-KO. Policy on abortion in the Nigerian society: ethical consideration [master's thesis]. Linköpings: Linköpings Universitet; 2016.
- Worrell M. Nigeria: gynaecologists, obstetricians, seek liberalization of abortion laws. *Women on Web*, 2018. [cited 2020 Feb 23]. Available from: <http://www.womenonweb.org/en/page/17174/nigeria-gynaecologists-obstetricians-seek-liberalization-of-abortion-laws>.

- Oye-Adeniran BA, Umoh AV, Nnatu SNN. Complications of unsafe abortion: a case study and the need for abortion law reform in Nigeria. *Reprod Health Matters*. 2002;[10](#):18–21. doi: 10.1016/s0968-8080(02)00024-1
 -
- Okorie PC, Abayomi O. Abortion laws in Nigeria: a case for reform. *Annu Surv Int Comp Law*. 2019;23:165.