TITLE PAGE

AN EXAMINATION OF THE REPRODUCTIVE RIGHTS OF WOMEN UNDER THE NIGERIAN LAW

BY

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DECLARATION

I hereby declare that the project work titled "Reproductive Rights of Women Under the Nigerian Laws" submitted to the Faculty of Law Godfrey Okoye University is a record of an original work done by me under the guidance of Mrs. Nnenna P. Nwajiaku and this project work is submitted in partial fulfillment of the requirement for the award of Bachelors of Law (L.L.B) Degree. The result of this thesis has not been submitted to any other
University or Institution for other degree or diploma.

……. ……

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APPROVAL

This long essay, “Reproductive Rights of Women Under the Nigerian Law”, has been read and approved for the faculty of law, Godfrey Okoye University, Nigeria.

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DEDICATION

This work is dedicated to all the Nigerian women and young girls who deserve to be protected and sheltered under the umbrella of the law. And particularly to the voices and pens who continue to speak out and write on the injustices and unfairness towards women and their reproductive rights in Nigeria, thank you for inspiring this work.

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Trafficking in Persons (Prohibition) Enforcement and Administration Act 2003

LIST OF ABBREVIATIONS

CRA Child Rights Act

CEDAW Convention on the Elimination of All Forms of Discrimination Against Women

ICESCR International Covenant on Economic, Social, and Cultural Rights

ACHPR Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol)

CFRN The Constitution of the Federal Republic of Nigeria (As amended)

VAPP Act Violence Against Persons (Prohibitions) Act

ABSTRACT

For several decades, discussion on women's rights in Nigeria has been focused on property rights while relegating the issue of women's reproductive rights to the background in spite of its serious implications on the life of women. This long essay explores the national and international legal frameworks, assessing the extent to which women's reproductive autonomy as a component of fundamental human rights are recognised, protected and enforced in Nigeria. The Constitution of the Federal Republic of Nigeria (1999, as Amended), alongside other relevant statutory enactments and international treaties provide for these rights however, this study evaluates their adequacy in safeguarding reproductive freedom, access to healthcare, family planning, and maternal well-being.It further assesses the institutional framework, identifying inherent challenges and proposing reforms. The study adopts the doctrinal approach, drawing on primary legal sources, case laws, statutory instruments, and scholarly works to analyse the effectiveness of the current laws put in place to protect the reproductive rights of women in Nigeria. Furthermore, the study engaged in a comparative analysis of common law jurisdictions such as the United Kingdom, Ghana, and South Africa to highlight best practises and provide insight for reform. The research recommends legislative reform, enhancement of institutional capacity, improvement of public education and health sector funding amongst other reforms. These measures are necessary to ensure that more women, if not all, have more access to an efficient and effective health care system, comprehensive reproductive education and awareness, ensuring the full realization of reproductive rights for Nigerian women, which are aligned with international standards and best practices.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

While motherhood is a thing of joy, it is a source of sadness to many households, as many wom en lose their lives giving birth in Nigeria[1]. Deliberations on women's sexual and reproductive rights which used to be considered as a taboo in traditional African societies are now gaining greater recognition among African scholars [2]. Although right to health has always been an internationally recognized human right , it was not up until 1993 that reproductive health rights gained formal recognition. Thereafter, more importance was given to advancing the access of women to high quality reproductive health services especially in Africa and Nigeria , These services are inclusive of medical care, family planning , ensuring safe pregnancy and childbirth services and prevention and treatment of STIs (Sexually Transmitted Infections) such as HIV/AIDS[3].

This long essay conducts an analysis of the reproductive rights of women under the Nigerian law to provide an in-depth knowledge as to the existing laws protecting the reproductive rights of women, the restrictions towards the implementation and enforcement of those laws, and measures that can be taken towards ensuring the safety of women and the protection of their reproductive rights. "The research will make reference to nations like the UK, South Africa and Ghana and this

[1] 'O A Ayanleye 'Women_and_Reproductive_Health_Rights_in_Nigeria' *International Journal of Sustainable Development* Vol. 6(5), (2013):' <https://staff.oouagoiwoye.edu.ng/uploads/359_COURSES_Women_and_Reproductive_Health_Rights_in_Nigeria__11444.pdf> accessed 27 October 2025.
[2] ibid.
[3] ibid.

is because the UK is a common law country, while South Africa and Ghana have a mixed legal system that combines the use of the English Common Law and Customary Law, just like Nigeria. That is to say that they practise a legal pluralist system as well.

1.2 Statement of the Problem

Despite the seeming progress that has been made in the protection and advancement of the reproductive rights of women under Nigerian laws, several challenges persist in the practical application of these laws. The socio-cultural and religious barriers, lack of public awareness, economic barriers and poverty, complexities in the legal system and policy enforcement issues, including concerns regarding the efficiency and effectiveness of the existing institutions, are all shortcomings that have posed as concerns and restrictions towards the adequate protection and enforcement of the reproductive rights of women in Nigeria. Maternal and newborn mortality rates are higher in lower and middle-income countries (LMICs), and Nigeria is one of the countries in this category with the highest maternal mortality rates globally[4]. In 2018, the maternal mortality ratio (MMR) in Nigeria was estimated to be 512 deaths per 100,000 live births, and in 2019, the MMR was estimated to be over 800 maternal deaths per 100,000 live births, with a neonatal mortality rate of 33 per 1000 live births[5]. Although international human rights treaties such as the Convention on the Elimination of Discrimination against Women were ratified by Nigeria in 1985, the sexual and reproductive health of women and girls in Nigeria remains poor[6]. The country has high rates of maternal and prenatal mortality, and in 2013, Nigeria accounted for about 14% of the

[4]Mopelola Lauretta Ajegbile, 'Closing the Gap in Maternal Health Access and Quality through Targeted Investments in Low-Resource Settings' 7 *Journal of Global Health Reports* (2023) e2023070.
[5]ibid.
[6]Monique Baumont, Samantha Garbers and Terry McGovern, 'Customary and Religious Laws Are Impeding Progress towards Women's Health in Nigeria' (*The Conversation*, 11 February 2021) <http://theconversation.com/customary-and-religious-laws-are-impeding-progress-towards-womens-health-in-nigeria-154221> accessed 27 October 2025.

global burden of maternal mortality[7]. Nigeria has high rates of unsafe abortion, approximately 33 unsafe abortions per 1000 women of reproductive age, and also has high levels of female genital cutting and low levels of contraceptive use[8].

Despite the global recognition of the right to health as a human right, Nigeria has yet to embrace the concept, as there is no specific legislation on the right to health in Nigeria[9]. Chapter IV of the 1999 constitution[10], which provides for the fundamental human rights, makes no provisions for the right to health, even though the right to life is only meaningful to a healthy person, and the right to freedom of movement has no value for a person who is rendered immobile by a preventable disease[11].while the healthcare provisions contained in Chapter II of the constitution, which embody the economic and social policies of the country, are non-justiciable[12]. The Federal Ministry of Health developed the reproductive health policy to guide the provisions of reproductive health services in the country, and though various laws (statutory, customary, and religious) are in force to address different areas of reproductive health, many of these laws do not reflect the reproductive health concept and are inadequate in actualizing the reproductive health rights of Nigerian women[13]. According to the Sustainable Development Goals (SDGs), the global target for maternal mortality is 70 deaths per 100,000 live births; however, recent data from a World Health Organisation (WHO) fact sheet released in 2023 presented a bleak picture of maternal health outcomes in Nigeria[14]. This is in contrast with high-income countries like the United Kingdom, which has lower MMRs of 10-18 deaths per 100,000 live births and neonatal mortality rates of

[7]ibid.
[8]ibid.
[9]'O A Ayanleye (n 1).
[10] Constitution of the Federal Republic of Nigeria 1999 (as Amended)
[11]'O A Ayanleye (n 1).
[12]ibid.
[13] 'Nigeria_SRHR-Factsheet.Pdf' <https://www.femnet.org/wp-content/uploads/2022/12/Nigeria_SRHR-Factsheet.pdf> accessed 27 October 2025.
[14]Ajegbile (n 4).

less than four deaths per 1000 live births[15]. The large disparity between the worldwide aim and the country's reality highlights major difficulties within Nigeria's healthcare system as well as the need for comprehensive maternal health measures[16]. Nigeria's stakeholders must urgently prioritise investments in healthcare research, with a particular emphasis on strengthening healthcare infrastructure, improving access to quality maternal healthcare services, and developing interventions that address the cultural and socio-economic factors that contribute to maternal mortality[17].

An analysis of the reproductive rights of women under the Nigerian law will provide an in-depth knowledge as to the existing laws in place protecting the reproductive rights of women, the restrictions towards the implementation and enforcement of those laws, and measures that can be taken towards ensuring the safety of women and the protection of their reproductive rights. Furthermore, juxtaposing the reproductive rights of women under the Nigerian law with those of other Commonwealth countries, the reproductive rights of women in Nigeria seem to pale in comparison, as indicated by the high maternal mortality rate and other reproductive and health-related issues. Thus, in a bid to advance the reproductive rights of women under the Nigerian law and reduce both maternal and infant mortality rates, it is trite to address the issues arising.

1.3 Research Questions

This research raises the following questions:

1. What are women's reproductive rights?

[15]ibid.
[16]Moses Alobo and others, 'Research Priorities in Maternal and Neonatal Health in Africa: Results Using the Child Health and Nutrition Research Initiative Method Involving over 900 Experts across the Continent' *AAS Open Research* Vol 4 (2021) 8 .
[17]Ajegbile (n 4).

2. What are the current laws protecting women's reproductive rights in Nigeria?

3. What are the challenges encountered in the implementation of reproductive rights in Nigeria?

4. What lessons can Nigeria learn from other jurisdictions?

1.4 Aim and Objectives

This work aims to critically evaluate the legal framework for the protection of women's reproductive rights in Nigeria. The objectives of this work are:

1. To expose the reproductive rights of women
2. To identify the current laws and institutions protecting women's reproductive rights in Nigeria
3. To analyse the regulatory framework and identify challenges encountered in the implementation of women's reproductive rights in Nigeria
4. To expose the lessons Nigeria can learn from other jurisdictions

1.5 Significance of the Study

This work critically analyses the reproductive rights of women under the Nigerian law to identify the limitations and challenges in implementing the law. Furthermore, by shedding light on the reproductive rights of women in economically viable and advanced Commonwealth countries, it seeks to reveal the discrepancies in laws and implementation, and perhaps a guide for Nigeria to better equip itself in the protection and implementation of reproductive rights.

1.6 Research Methodology

This work adopts a doctrinal method of legal research, which encompasses a systemic study of legal statutes, case laws, precedents, and principles. This work also adopts a comparative research

approach in order to draw lessons from other juridictions. This research work made use of primary sources of law, such as the Constitution of the Federal Republic of Nigeria, the Violence Against Persons (Prohibitions) Act (VAPP Act) 2015, relevant case laws, international conventions, etc. It also made use of secondary sources of law, such as standard law textbooks, articles, journals, newspapers, and internet materials on the subject matter.

1.7 Scope and Limitation of the Study

The scope of this study relates to the reproductive rights of women under the Nigerian law, the institutional structures for the protection of these rights, the method of enforcement of these rights, and the challenges faced in enforcing these rights in Nigeria.

The limitation was that there was a lack of access to internal reports from institutions such as the Federal Ministry of Women Affairs (FMWA) and other reproductive and health institutions.

1.8 Literature Review

A critical analysis of existing legal scholarship on women's sexual and reproductive health rights (SRHR) in Nigeria reveals a field undergoing a significant ideological shift, yet heavily burdened by statutory analysis that often ignores practical enforcement realities. Mainstream commentators have heavily documented recent legislative breakthroughs, most notably praising the enactment of the Violence Against Persons (Prohibition) Act (VAPP Act) 2015 and the Child Rights Act (CRA) 2003 as monumental strides toward modernizing gender justice. Analysts like Okafor and Nwabueze frequently dissect the VAPP Act's progressive expansion of the definition of rape and its historic criminalization of Female Genital Mutilation (FGM). The great majority of domestic researchers focus only on restating these statutory provisions, viewing a bill's passage as a win-win situation and neglecting to examine the severe institutional deterioration, severe lack of funding for healthcare, and administrative indifference that render these laws essentially dormant.

The raw, lived experiences of Nigerian women, whose reproductive autonomy is still being systematically undermined by an uncompromising maternal mortality crisis despite these lovely statutory frameworks, are often overlooked by existing scholarship because it mainly relies on text-based doctrinal interpretations.

Furthermore, contemporary literature exposes a profound undercurrent of tension within Nigeria's unique plural legal system, where statutory laws constantly collide with entrenched Customary and Religious Laws . Scholars who venture into this socio-legal minefield uniformly agree that while civil laws theoretically guarantee bodily autonomy, Customary and Religious Laws often acts as a challenging force that legitimizes discriminatory cultural practices and child marriage. A glaring example of this systemic friction is found in the domestication barriers of the Child Rights Act 2003. Because child welfare and general healthcare are omitted from the Exclusive Legislative List and relegated to the Residual List of the 1999 Constitution, federal enactments lack automatic nationwide application. While constitutional jurists point out that all 36 states have adopted the CRA, the implementation of the act remains uneven. Some northern regional scholars highlight that several states have carved out severe exceptions maintaining the age of marriage at "the age of puberty" effectively neutralizing federal protections. This project directly addresses this gap in the literature; while preceding authors have either passively lamented these customary barriers or focused strictly on state-level legislation, this study moves a step further. By weaving together primary constitutional provisions with secondary NGO shadow reports and global health data, this long essay moves beyond mere complaint to offer a realistic legislative blueprint for reform, using progressive comparative models from other pluralist Commonwealth jurisdictions to bridge the chasm between formal rights and actual human survival.

CHAPTER TWO

CONCEPTUAL AND THEORETICAL FRAMEWORK

2.1. Conceptual Framework

2.1.1 Human Rights

Human rights are inherent, inalienable entitlements possessed by individuals by virtue of their humanity, existing independently of state sanction. These rights are universally applicable, regardless of nationality, sex, ethnic origin, colour, religion, language, or any other status[18]. They range from the most fundamental, which is the right to life, to those that make life worth living, such as the rights to food, education, work, health, and liberty[19]. The Universal Declaration of Human Rights (UDHR), adopted by the UN General Assembly in 1948, was the first legal document to set out the fundamental human rights to be universally protected[20]. The UDHR continues to be the foundation of all international human rights law, providing principles and building blocks of current and future human rights conventions, treaties, and other legal instruments[21].

Chapter IV of the Constitution of the Federal Republic of Nigeria (CFRN) 1999, as amended, is dedicated to the fundamental human rights of a Nigerian[22]. It is contained in sections 33 to 46 of the CFRN, and by definition, every individual holding Nigeria's citizenship, as recognised in the

[18]Torralba, 'What Are Human Rights?' (*OHCHR*) <https://www.ohchr.org/en/what-are-human-rights> accessed 2 November 2025.
[19]ibid.
[20]ibid.
[21]ibid.
[22] CFRN 1999 (as amended)

Nigerian constitution, is inherently entitled to these fundamental rights[23]. The constitutional provisions in sections 17, 33, and 35 clearly recognise that the right to life, sanctity of the human person, and human dignity are connected to the physical and mental health of persons[24]. The emergent trend in international law is that governments, in protecting the right to life, must take positive measures that will include provisions of adequate health facilities for all, especially women and children[25]. Thus, a situation wherein women and children die of preventable diseases is a clear violation of their right to life. Therefore, the constitutional provision that guarantees the right to life may be construed as also guaranteeing the right to health, which includes the provisions of adequate health facilities accessible to all[26]. Furthermore, under the CFRN, it would appear that the human rights of persons living with HIV/AIDS are also protected[27]. Section 42(1) of the CFRN 1999(as amended) provides for freedom from discrimination, and in the concept of reproductive health, discrimination is the greatest problem faced by women both in their cworkplace and generally in society by reason of their gender[28]. In cases of women living with HIV/AIDS, or other sexually transmitted diseases, discrimination can occur in diverse ways; employees may terminate a worker's employment on the grounds of his or her actual or presumed HIV/AIDS status, as seen in the case of *Georgiana Ahamefule v Imperial Medical Center & Dr Alex Molokwu*[29]. Families and communities may reject and ostracise those living with HIV/AIDS, thus leading to discrimination[30]. The fulfillment of core health obligations will depend mainly on the enforcement

[23] 'Fundamental Human Rights of a Nigerian & Universal Human Rights' (10 March 2016) <https://nigerian-constitution.com/fundamental-human-rights-of-a-nigerian-and-universal-human-rights/> accessed 2 November 2025.
[24]Chinwe Patricia Iloka, Chisom Maria-Gorretti Aghadinuno and Nwakoby Chiamaka Sandra, 'Need for Protection of Reproductive Rights of Women: The Legal Overview' *International Journal of Innovative Legal and Political Studies* Vol 11 (2023).
[25]ibid.
[26]ibid.
[27]ibid.
[28]ibid.
[29] (Unreported decision of High Court of Lagos State, Ikeja, Suit no. ID/1627/2000)
[30]Iloka, Aghadinuno and Sandra (n 26).

of government policies in the health sector and, beyond that, on the legislative and judicial measures to criminalise sexual violence in public and political spheres, Female Genital Mutilation, and other Harmful Traditional Practices[31]. Other obligations and duties include the provision of maternal health care at all levels, safe abortions under prescribed circumstances, and HIV/AIDS related health care, especially for vulnerable genders such as women and children[32].

2.1.2 Reproductive Rights

In legal jurisprudence, reproductive rights encompass the fundamental entitlements of individuals to bodily autonomy, including legally regulated access to contraception, safe abortion, fertility treatments, and comprehensive reproductive health information. Moving beyond mere public health objectives, reproductive rights are recognized internationally as indivisible human rights intended to protect women against reproductive coercion and non-consensual medical interventions [33]. Reproductive rights secure people's freedom to decide about their body's capacities to (not) reproduce[34]. Reproductive rights have historically focused on access to safe, legal contraception and abortion[35]. More recently, reproductive rights have come to include preservation of reproductive health and access to assisted reproductive and genetic technologies that facilitate procreation[36]. Reproductive rights are integral to women's rights, and they include the right to self-determination, which recognizes women as autonomous agents with the authority

[31]ibid.
[32]ibid.
[33]Carolin Schurr and Elisabeth Militz, 'Reproductive Rights' in Audrey Kobayashi (ed), *International Encyclopedia of Human Geography* (2nd edn, Elsevier 2020) 435.
<https://www.sciencedirect.com/science/article/pii/B9780081022955102343> accessed 31 October 2025.
[34]ibid.
[35]Roxanne Mykitiuk and Robyn Lee, 'Reproductive Rights in Affluent Nations' in James D Wright (ed), *International Encyclopedia of the Social & Behavioral Sciences (Second Edition)* (Elsevier 2015) <https://www.sciencedirect.com/science/article/pii/B9780080970868861437> accessed 31 October 2025.
[36]ibid.

to make sexual and reproductive decisions free from interference, coercion, and violence[37]. It further encompasses entitlements to the means necessary, including health facilities, goods, services, information, and education to realize the highest attainable standards of sexual and reproductive health[38]. While reproductive rights are instrumental to achieving population, health, and development goals, they are important in themselves as they are human rights, intended to protect the inherent dignity of the individual[39].

2.2 Theoretical Framework

2.2.1 Human Rights Theory

This theory states that an individual enters into society with certain basic rights, and no government can deny these rights[40]. These natural rights evolved out of the natural law that people are creatures of nature, and they exist and organise their society based on rules and principles laid down by nature[41]. When the idea of individualism developed in the 17th century, the theory of natural law was modified and focused on the rights of individuals which cannot be violated by anyone or by any society, because they are natural beings[42]. John Locke argued that all individuals were endowed by nature with the inherent rights to life, liberty, and property of their own which could not be removed or abolished by the state[43]. It is important to note that reproductive rights were not

[37] JN Erdman and RJ Cook, 'Reproductive Rights' in Harald Kristian (Kris) Heggenhougen (ed), *International Encyclopedia of Public Health,* Vol. 5 (Academic Press 2008) 532.
<https://www.sciencedirect.com/science/article/pii/B9780123739605004780> accessed 31 October 2025.
[38] ibid.
[39] ibid.
[40] Sebin James Sebin James, 'Theories of Human Rights ' (*Scribd*)
<https://www.scribd.com/document/499273298/4-Theories-of-Human-Rights> accessed 6 November 2025.
[41] ibid.
[42] ibid.
[43] ibid.

explicitly defined as human rights in a global agreement until the 1990s[44]. The focus became clear at the International Conference on Population and Development (ICPD) in Cairo (1994), in which the role of the United Nations Fund for Population Activities (UNFPA) was crucial in leading the agenda of 'reproductive rights for all', and later at the Fourth World United Nations Conference on Women in Beijing (1995)[45]. By positioning reproductive decisions within the realm of human rights, these international agreements initiated a sea change in global regimes of reproductive regulations[46]. Earlier demographic targets aimed at limiting population growth were replaced by a commitment to protect and promote reproductive rights and reproductive health as a universal moral value[47]. Thus, Human Rights Theory is the foundation of this study because it conceptualises reproductive autonomy not as a privilege of policy or development goal, but as an inherent, natural right due to women by virtue of their humanity regardless of state benevolence.

2.2.2 Legal Pluralism Theory

Legal pluralism is generally defined as a situation in which two or more legal systems coexist in the same social field[48], and this is the dominant feature of most legal orders worldwide[49]. All states feature legal pluralism, and only a limited number of high-capacity states have nonstate justice actors firmly under their control[50]. Even in these states, legal pluralism thrives through alternative dispute resolution mechanisms, arbitration agreements, and international treaty obligations[51].

[44]Mounia El Kotni and Elyse Ona Singer, 'Human Rights and Reproductive Governance in Transnational Perspective' *Medical Anthropology* Vol 38 (2019) 118.
[45]ibid.
[46]ibid.
[47]ibid.
[48]SE Merry, 'Legal Pluralism' *Law & Society Review* Vol 22(5) (1988) 869.
[49]Geoffrey Swenson, 'Legal Pluralism in Theory and Practice' *International Studies Review* Vol 20 (2018) 438.
[50]ibid.
[51]ibid.

Nigeria has a plural legal system in which various sources of law govern simultaneously[52]. It is made up of English common law, customary law, Islamic (Sharia) law, and statutory law[53]. Customary law is prevalent in the southern part, whilst Islamic law is widely made recourse to in many of the states in the northern part[54]. Inconsistent and conflicting legal frameworks can reinforce pre-existing health disparities in sexual and reproductive health (SRH)[55]. Thus, the theory of Legal Pluralism is relevant to this work in explaining the interface between the formal statutory protections of women's reproductive health and competing customary and religious legal orders, which often modify such statutory protections within the Nigerian socio-legal space . As much as the Nigerian Constitution recognises various cultural practises, such practises must not infringe individuals' fundamental human rights, and that includes cultural practises that discriminate against women[56].For the purpose of this study, Legal Pluralism Theory provides the necessary conceptual lens to understand the gap between the enactment of women's reproductive rights and their actual realization. By acknowledging that state law is not the sole source of social authority in Nigeria, this theory explains why formal statutory protections often fail in practice. It allows this research to contextualize how competing customary and religious norms continue to powerfully dictate women's reproductive choices and bodily autonomy, particularly within traditional and rural settings.

[52]Terry McGovern and others, 'Association between Plural Legal Systems and Sexual and Reproductive Health Outcomes for Women and Girls in Nigeria: A State-Level Ecological Study' *PLoS ONE* Vol 14 (2019) e0223455.
[53]Eghosa Osa Ekhator, 'Women and the Law in Nigeria: A Reappraisal' *Journal of International Womens Studies* Vol 16 (2) (2015) .
[54]ibid.
[55]McGovern and others (n 104).
[56]ibid.

2.2.3 Social Justice Theory

Social justice refers to a fair and equitable division of resources, opportunities, and privileges in society[57]. Originally a religious concept, it has come to be conceptualised more loosely as the just organisation of social institutions that deliver access to economic benefits[58]. One of the most influential explorations of social justice comes from 20th-century American philosopher John Rawls and in "A Theory of Justice" (1971), which he labeled as a theory of social justice, his vision of "justice as fairness" meant that people ought to consider the rules for a fair allotment of social goods within a society as well as the levels of inequality that can be allowed within a society[59]. Social Justice Theory serves as a normative benchmark for this study, employing the 'justice as fairness' principle to contend that structural inequalities in reproductive health resources and decision-making power represent an unjust distribution of social goods that diminishes women's status in society.

[57] D T Mollenkamp, 'Social Justice Meaning and Main Principles Explained' (*Investopedia*, 31 January 2025) <https://www.investopedia.com/terms/s/social-justice.asp> accessed 6 November 2025.
[58] ibid.
[59] ibid.

CHAPTER THREE

LEGAL AND INSTITUTIONAL FRAMEWORK FOR THE REPRODUCTIVE RIGHTS OF WOMEN IN NIGERIA

3.1 Legal Framework

3.1.1 International Laws

3.1.1.1 International Covenant on Economic, Social, and Cultural Rights (ICESCR) 1966

The International Covenant on Economic, Social, and Cultural Rights (ICESCR) is a multilateral treaty adopted by the United Nations General Assembly (GA) on 16 December 1966 through GA Resolution 2200A (XXI), and it came into force on 3 January 1976. It commits its parties to work towards the granting of economic, social, and cultural rights (ESCR) to all individuals, including those living in Non-Self-Governing and Trust Territories. Article 12 of the ICESCR recognises the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. And this includes provision for the reduction of the stillbirth rate and of the infant mortality, and for the healthy development of the child[60]. The CESCR General Comment 14[61] has explained that the provision of maternal health services is comparable to a core obligation which cannot be derogated from under any circumstances, and the States have the immediate obligation to take deliberate, concrete and targeted steps towards fulfilling the right to health in the context of pregnancy and childbirth. The CESCR General Comment 22[62] recommends States to 'repeal or

[60] ICESCR. article 12(2)(a)
[61] The Committee on Economic, Social and Cultural Rights (CESCR)
[62] ibid

eliminate laws, policies and practises that criminalise, obstruct or undermine access by individuals or a particular group to sexual and reproductive health facilities, services, goods and information'.

Nigeria is also a party to the ICSSCR, which was ratified on 29 July 1993 and came into force in October 1993. It addresses economic, social, and cultural rights, including the right to enjoy the highest attainable standard of physical and mental health, and that includes the protection and preservation of the reproductive health of women. Despite these legal steps, economic, social, and cultural rights remain largely unenforceable in Nigerian courts,primarily because though the treaty has been ratified, it has not been domesticated in Nigeria as part of the laws of Nigeria. This creates a gap between Nigeria's international obligations and its domestic legal framework, hindering the full implementation of the ICESCR. The application of this treaty is limited by section 12 of the Constitution, which requires international treaties to be domesticated by the National Assembly before they have the force of law. As established by the Supreme Court in *Abacha v Fawehinmi*[63], an undomesticated treaty cannot be directly enforced. The repeated failure of the National Assembly to pass the Gender and Equal Opportunities Bill creates a significant implementation deficit, rendering the reproductive autonomy and non-discrimination guarantees in ICESCR legally dormant in domestic courts.

3.1.1.2 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1979

This gender-specific international convention is often described as an international bill of rights for women[64]. It defines what constitutes discrimination against women and sets up an agenda for

[63] Abacha V Fawhemi

[64] Iloka and Okongwu, 'Sexual and Reproductive Rights of Women in Nigeria: Imperatives of Domestic and International Laws' *African Journal of Law and Human Rights* Vol 6 (2) (2022) 177.

national action to end such discrimination. It further codifies the existing gender and general human rights instruments containing guarantees of freedom from discrimination on grounds of sex, and this has greatly affected national laws, constitutions, policies, and judicial decisions affecting many countries[65]. CEDAW made elaborate guarantees on women's right to health care, including reproductive and sexual healthcare and family planning in Article 5[66]. Article 10[67] also specifies that women's right to education includes access to specific educational information to help ensure the health and well-being of families, including information and advice on family planning. Article 12(1)[68] provides for the right to non-discrimination in the provision of healthcare and in the family. Article 16[69] confers on women the same rights as men to enter into marriage, to freely choose a spouse, and to enter into wedlock only by their free and full consent.

Similarly, women have equal rights to decide freely on the number and timing of their children, and to have access to information, education, and other means to enable them to exercise these rights[70]. The CEDAW Committee's General Recommendation 24 recommends that States prioritise the prevention of unwanted pregnancy through family planning and sex education[71]. Although Nigeria ratified CEDAW in 1985 without reservations, it has failed to domesticate its provisions, thereby making them unapplicable[72].

[65] Felicia Anyogu, Access to Justice in Nigeria: A Gender Perspective (Ebenezer Productions Limited 2009) 46.
[66] Convention on the Elimination of All Forms of Discrimination against Women
[67] ibid
[68] ibid
[69] ibid
[70] Iloka and Okongwu, 'Sexual and Reproductive Rights of Women in Nigeria: Imperatives of International and Domestic Laws' (n 18)
[71] ibid
[72] Obioma Nwankwo, Identifying Nigeria's Commitment to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (Fourth Dimension Publishing Company 2016) 45.

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

In a bid to foster gender equality, the Maputo protocol which was formerly known as The Protocol to the African Charter on Human and Peoples' Right of Women in Africa codifies a comprehensive framework dedicated to the rights of women. It legally protects their rights to participate in political activities , ensures social and political equality with the male gender , gives them the right to control their reproductive health and put an end to Female Genital Mutilation (FGM)[73]. It is one of the key instruments used to ensure the advancement of reproductive and sexual health rights in Nigeria[74]. Under this framework, rights of reproductive self determination and personal autonomy were established as vital human rights, it also vitalizes a woman's right to choose to abort a pregnancy in cases where the pregnancy was a result of sexual assault , rape , or where continuation of the pregnancy puts the life of the mother at risk , or in cases where there are severe fetal abnormalities meaning the fetus cannot survive outside of the womb [75]. Article 14 specifically guarantees the right to control fertility, decide the spacing of children, and access abortion in cases of sexual assault, rape, or when the pregnancy endangers the mother's life[76]. However, this obligation directly conflicts with Nigeria's highly restrictive domestic criminal framework, specifically "sections 228-230[77]" of the Criminal Code and "sections 232-236"[78] of the Penal Code, which criminalize abortion and create friction between Nigeria's treaty obligations and its

[73] Iloka and Okongwu, 'Sexual and Reproductive Rights of Women in Nigeria: Imperatives of International and Domestic Laws' (n18)
[74] ibid
[75] ibid
[76] Maputo Protocol Article 14
[77] Penal code sec 228-230
[78] Ibid sec 232-236

penal laws. Although this protocol has been ratified by Nigeria, it has yet to be domesticated and incorporated as part of Nigerian law[79].

3.1.2 National Laws

3.1.1 The Constitution of the Federal Republic of Nigeria (CFRN) 1999 (As amended)

In modern democracies, constitutions have become a tool to organise the multifaceted relationship between State power, society as a whole, and individuals[80]. Constructively, a constitution is the most basic law of a country[81]. "The Constitution is the grund norm of the Nigerian legal system. Chapter IV of the Constitution, which provides for fundamental human rights, makes no express provision for the right to health. However, the right to life under section 33, the right to human dignity under section 34, the right to personal liberty under section 35, and the right to privacy under section 37 form the bedrock upon which reproductive autonomy is built. Forced pregnancy, denial of reproductive healthcare, and harmful traditional practices implicate these rights. Furthermore, the decision in *SERAP v Federal* [82] Republic of Nigeria indicates a judicial willingness to enforce socio-economic components of health through these existing fundamental rights. Women constitute about half of the population of the Nigeria state and are known to play vital roles as mothers, community developers, organisers and so on, their contribution to the social and economic development of the societies is also more than half as compared to that of men by virtue of their dual roles in the productive and reproductive spheres, yet their participation in formal and informal structures and processes, where decisions regarding the use of societal

[79] Protocol to the ACHPR on the Rights of Women in Africa. article 1-26
[80] N N Meshach, 'The Nigerian Constitution and the Gender Question' (2024) *African Journal of International Energy & Environmental Law (AJIEE)*, Vol 10 (2024) 2645-310X
[81] O Ogunniran, 'Gender Issues and the Nigerian Constitution on the Horizon' (*Unisa Press Journals*, Vol 3 (2015) 114-132.
[82] *SERAP v Federal*

resources generated by both men and women, remains insignificant[83]. Nigeria ranks amongst countries with the highest rate of maternal mortality and morbidity, and despite the global recognition of the right to health as a human right, Nigeria has yet to embrace the concept, as there is no specific legislation on the right to health in Nigeria. Chapter IV of the CFRN, which provides for the fundamental human rights, makes no provisions for the right to health, although the right to life is only meaningful to a healthy person, and the right to freedom of movement has no value for a person who is rendered immobile by a preventable disease[84]. Healthcare provisions are contained in Chapter II of the CFRN, which embodies the economic and social policies of the state[85]. Section 17 (3) (c)[86] provides that the State shall direct its policy towards ensuring that there are adequate medical and health facilities for all persons.

However, the provisions of Chapter II have been excluded from adjudication by the courts; thus, no right of action can ensue from the breach of the provisions of the said chapter by the government. In the case of *Okogie v A.G Lagos State*[87], the court held that the right to education, which is enshrined in section 18(1)[88], is a fundamental objective and directive principle of the state and, as such, non-justiciable. See also the case of *Adewale v Jakande*[89] and *Ehimare v Governor of Lagos State*[90], where the courts have consistently upheld the non-justiciability of the provisions of Chapter II. Several factors inhibit the provision and availability of maternal and reproductive

[83] G A Makama, 'Patriarchy and Gender Inequality in Nigeria: The Way Forward' *European Scientific Journal* Vol 9 (17) (2013) 115-144.
[84] 'O A Ayanleye "Women and Reproductive Health Rights in Nigeria" *International Journal of Sustainable Development* Vol. 6(5), (2013): 127-140' <https://staff.oouagoiwoye.edu.ng/uploads/359_COURSES_Women_and_Reproductive_Health_Rights_in_Nigeria__11444.pdf> accessed 27 October 2025.
[85] ibid.
[86] CFRN 1999 (as Amended)
[87] (1981) 2 NCLR, 337
[88] CFRN 1999 (as Amended)
[89] (1981) 1 NCLR, 262
[90] (1981) 2 NCLR, 166

health care in Nigeria, and this includes the non-justiciability of the economic and social rights[91]. Thus, the provision of the facilities and the infrastructure necessary for the enjoyment of reproductive health rights is left to the whims and caprices of the government[92].

3.1.2 The Violence Against Persons (Prohibitions) Act (VAPP Act) 2015

The Violence Against Persons (Prohibitions) Act 2015 (herein known as the VAPP Act) is the first criminal legislation in Nigeria to expand the concept of rape beyond penetration of the vaginal and the anus by the penis and to include penetration of the mouth by the penis[93]. It is also the first instrument to prohibit and punish female genital mutilation[94], harmful widowhood practises[95], verbal, emotional, and psychological abuses[96], and forced eviction by a person of his or her spouse and children[97]. The VAPP Act also addresses issues of sexual and reproductive rights of women, and it also provides protection orders against victims of domestic violence[98].

3.1.3 Criminal Code Act

The Criminal Code[99] provides for offences that touch on the sexual and reproductive rights of women and girls in chapter 21. Section 218[100] provides for the punishment for any person who has or has attempted to have unlawful carnal knowledge of a girl under the age of thirteen years. Furthermore, an owner or occupier of premises who induces a girl above thirteen years but under

[91] 'O A Ayanleye "Women_and_Reproductive_Health_Rights_in_Nigeria" *International Journal of Sustainable Development* Vol. 6(5), (2013): 127-140' (n 4).
[92] ibid.
[93] VAPP Act 2015. sec 1(a)
[94] ibid. sec 6
[95] ibid. sec 15
[96] ibid. sec 14
[97] ibid. sec 9
[98] Iloka and Okongwu, 'Sexual and Reproductive Rights of Women in Nigeria: Imperatives of Domestic and International Laws' *African Journal of Law and Human Rights (AJLHR)* 6(2) (2022) .
[99] Cap C38, LFN, 2004
[100] ibid

sixteen years to use their premises for the purposes of being unlawfully carnally known by any man is guilty of an offence[101]. Beyond unlawful carnal knowledge, the Criminal Code heavily restricts reproductive autonomy through sections 228 to 230[102], which criminalize abortion unless performed to save the mother's life. Furthermore, under section 357, the legal definition of rape explicitly excludes marital rape.

This exemption legally restricts the reproductive and sexual autonomy of married women.

3.1.4 National Health Act 2014

The National Health Act 2014 establishes a legal framework for the regulation and management of the national health system. It sets out the rights and duties of healthcare providers and patients. Crucially for reproductive rights, the Act guarantees access to a basic minimum package of health services, mandates emergency medical treatment without discrimination, and establishes principles for informed consent. This provides a statutory basis for demanding adequate maternal healthcare.

3.1.5 Child Rights Act 2003

The Child Rights Act (CRA) 2003 is central to adolescent reproductive health. Section 21[103] strictly prohibits child marriage, and section 22[104] prohibits the betrothal of children. However, due to Nigeria's federal structure, the Act requires state-level adoption. Although All the thirty-six states have now adopted the Child Rights Act; however, the process of implementation has been uneven with many northern states delaying the adoption of the legislation for several years. Bauchi

[101] Ibid. sec 219
[102] Criminal Code sections 228 - 230
[103] Childs Right Act 2003 Sec 21
[104] Ibid. Sec 22

State was the last state to adopt the legislation in December 2023. More importantly, domestication has not produced perfect uniformity. In a number of northern states, the provisions on the minimum age of marriage have been amended or qualified in order to accommodate Islamic or customary legal principles, especially by allowing for marriage upon reaching puberty rather than strictly enforcing the age of eighteen years. These disparities undermine the goal of establishing a uniform national standard for the protection of children and continue to expose many girls to early marriage, early pregnancy and associated reproductive health risks, including obstetric fistula.

3.1.6 Labour Act, Cap L1 Laws of the Federation of Nigeria, 2004

The provisions of section 54 of the Labour Act[105] arguably are the most explicit statements of law in any statutes on women's reproductive rights[106]. Section 54(1)(a)[107] affirms the rights of pregnant women to maternity leave from work, from about six weeks of the Expected Delivery Date (EDD). The provision specifically uses the word 'right', which means the breach of the provisions is actionable before the courts[108].

3.2 Institutional Framework

3.2.1 Federal Ministry of Women Affairs ((FMWA)

The Federal Ministry of Women Affairs and Social Development is a part of the Federal Ministries of Nigeria that promotes the development of women and children in Nigeria. It was initially called the National Commission for Women until 1995, when it became the official federal ministry that

[105] Cap L1, LFN, 2004
[106] Iloka and Okongwu, 'Sexual and Reproductive Rights of Women in Nigeria: Imperatives of Domestic and International Laws' (n 18)
[107] Cap L1, LFN, 2004
[108] Iloka and Okongwu, 'Sexual and Reproductive Rights of Women in Nigeria: Imperatives of Domestic and International Laws' (n 18)

it is now. The mission of FMWA is to build a Nigerian society that guarantees equal access to social, economic, and wealth creation opportunities to all, irrespective of gender, and places a premium on the protection of the children, the aged, and persons with disabilities[109]. And a society where women, children, the aged, and persons with disabilities are empowered to participate fully in national development and enjoy opportunities in all spheres of life[110].

Despite its mandate, the Ministry suffers from severe funding limitations and poor policy implementation at the grassroots level.

3.2.2 National Human Rights Commission (NHRC)

The National Human Rights Commission of Nigeria (NHRC) is established by the National Human Rights Act of 1995[111], as amended in 2010[112], for the promotion and protection of human rights. In particular, the Commission has the power to deal with all issues relating to the protection of human rights in Nigeria as guaranteed by the Nigerian Constitution, the African Charter on Human and Peoples Rights, the United Nations Charter, the Universal Declaration on Human Rights, and other international treaties of which Nigeria is a party[113]. And one of such rights includes the reproductive rights of women in Nigeria. While the Commission handles human rights complaints, it lacks the enforcement mechanisms necessary to compel state compliance regarding reproductive health violations.

[109] Federal Ministry of Women Affairs, 'About Us - Federal Ministry of Women Affairs' <https://womenaffairs.gov.ng/about> accessed 10 November 2025.
[110] ibid.
[111] National Human Rights Commission Act. part I
[112] National Human Rights Commission (Amendment) Act, 2010
[113] Ibid. part II

3.2.3 National Agency for the Prohibition of Trafficking in Persons (NAPTIP)

The National Agency for the Prohibition of Trafficking in Persons (NAPTIP) was created on 14 July 2003 by the Trafficking in Persons (Prohibition) Enforcement and Administration Act 2003[114]. The agency is the Federal Government of Nigeria's response to addressing the scourge of trafficking in persons. It is a fulfillment of the country's international obligation under the Trafficking in Persons Protocol to prevent, suppress, and punish trafficking in persons, especially women and children, supplementing the United Nations Transnational Organised Crime Convention (UNTOC)[115]. Human trafficking in Nigeria persists and has become a grave humanitarian crisis, with individuals exploited for labour and sex work[116]. It is rooted in poverty, inequality, and corruption, and undermines human rights and sexual stability. Women, children, and migrants are especially vulnerable.

Amidst the crisis, NAPTIP stands as a beacon of hope and, despite challenges encountered, has continued to be at the forefront of combating trafficking through a comprehensive strategy[117]. The agency directly impacts reproductive rights by combating the sexual exploitation and illegal trafficking of women and girls for forced prostitution.

[114] Women's Consortium of Nigeria (WOCON), 'National Agency for the Prohibition of Trafficking in Persons (NAPTIP) | Women's Consortium of Nigeria | Committed to the Enforcement of Women and Children's Rights' <https://www.womenconsortiumofnigeria.org/?q=content/national-agency-prohibition-trafficking-persons-naptip> accessed 10 November 2025.
[115] ibid.
[116] E I Ukhami, A Halidu & L A Achudume, 'The Role of The National Agency for the Prohibition of Trafficking in Persons (NAPTIP) in Combating Human Trafficking in Nigeria' *Journal of Political Discourse* Vol 2(2), (2024) 2992-4618.
[117] ibid

3.2.4 Non-Governmental Organisations (NGOs)

The government in Nigeria has been overwhelmed by numerous demands from citizens daily. These demands are pressing to the extent that they need urgent governmental attention to ensure that citizens do not, out of frustration, resort to social vices and youthful unrest[118]. A globally recognised developmental partner in Africa has been the Non-Governmental Organisation[119]. Their roles are legally recognised as stakeholders in the areas where the government does not have all that is required to cater to the needs of the masses[120]. And one of the areas where their roles are legally recognised is reproductive health care delivery.

The sexual and reproductive health of young persons is often unattended to, and they have poor access to sexual and reproductive health information and services[121]. These result in risky sexual behaviours, teenage pregnancies, unsafe abortions, drug abuse, and contraction of STIs, including HIV/AIDS. This brings to the fore the contribution of gender inequalities and reproductive rights violations to the rate of contraction of HIV and poor sexual reproductive health outcomes among young people. Reproductive health programs initiated by NGOs play a crucial role in addressing and improving various aspects of reproductive and sexual health among women and girls. These programs encompass a range of interventions, including education, awareness campaigns, and healthcare services, aiming to enhance reproductive health outcomes and empower individuals to make informed decisions about their sexual and reproductive well-being[122]."

[118] A Abdullahi & A A Abdulmajeed, 'Non-Governmental Organization and Reproductive Health Care Development in Kuje and Gwagwalada Area Councils of Nigeria's Federal Capital Territory' *Journal of Political Discourse* Vol 2(3), (2024) 2992-4618.
[119] ibid
[120] ibid
[121] ibid
[122] ibid

Organisations such as the Women's Rights Advancement and Protection Alternative (WRAPA), Women Advocates Research and Documentation Centre (WARDC), and the International Federation of Women Lawyers (FIDA Nigeria) fill the enforcement gap by providing legal aid and advocating for policy reform.

3.2.5 The Court

In Nigeria, the State High Court and the Federal High Court have original jurisdiction to entertain cases concerning the enforcement of fundamental human rights as enshrined in Chapter IV CFRN 1999. Matters relating to reproductive rights, such as access to maternal health care or challenging discriminatory practices, can be litigated in either the State High Court or the Federal High Court. The appropriate court often depends on the specific government entity or law being challenged. Where the action is against a Federal Government agency, the Federal High Court has jurisdiction; otherwise, the State High Court is generally appropriate.

The Fundamental Rights (Enforcement Procedure) Rules 2009 relaxed the rules on locus standi, allowing public interest litigation. However, judicial enforcement of reproductive rights remains hampered by the cost of litigation and judicial reluctance to rule on matters intersecting with customary law.[123]

[123] Mojekwu v Iwuchukwu [2004] 11 NWLR (Pt 883) 196 (SC).

CHAPTER FOUR

CHALLENGES IN IMPLEMENTING THE REPRODUCTIVE RIGHTS OF WOMEN IN NIGERIA

4..1 Complexity in the Legal System

Nigeria operates under legal pluralism, where civil, customary, and Islamic laws govern simultaneously. While section 1 of the Constitution establishes its supremacy over all other laws, practical enforcement often sees customary and religious practices overriding constitutional rights at the community level. Nigeria's plural legal system sometimes breeds inconsistent and conflicting legal frameworks that reinforce pre-existing health disparities in sexual and reproductive health (SRH)[124]. Nigeria is characterised by religious, ethnic, and legal pluralism[125].

Adherence to customary and religious law (CRL) in Northern regions of Nigeria is closely linked to the country's history of regionalism. Upon gaining independence, Nigeria established a constitution in which three regions, including northern, eastern, and western regions, would operate with unique laws and government distinct from a federal system[126]. This configuration facilitated religious and ethnic diversity, reinforced regional differences, and dampened national identity. In present-day Nigeria, apart from the Constitution, which has binding force on all authorities and persons throughout the country, each of the 36 states and the Federal Capital

[124] Terry McGovern and others, 'Association between Plural Legal Systems and Sexual and Reproductive Health Outcomes for Women and Girls in Nigeria: A State-Level Ecological Study'' *PLoS ONE* Vol 14 (2019) e0223455.
[125] ibid.
[126] I T Sampson, 'Religion and the Nigerian State: Situating the de facto and de jure Frontiers of State-Religion Relations and its Implications for National Security' *Oxford Journal of Law and Religion* Vol 3(2), (2014)11-3

Territory, Abuja, has its own laws, English law, customary law and Islamic law[127]. Aspects of the CRL have undermined efforts to improve SRH and gender equality through law/ or policy on the age of marriage and the age of sexual consent, and on the promotion of harmful practises[128]. Under civil law, the Child Rights Act (CRA) 2003 establishes the age of marriage as 18 for both sexes.

However, individual states must focus on properly implementing the act in their legislation to give it force[129]. Although Nigeria's 36 states have adopted the CRA, many northern states made exceptions that maintain the age of marriage at 16 or at the age of 'puberty'[130]. The federal Act establishes eighteen years as the minimum age of marriage but certain northern states have preserved provisions that allow for Islamic or customary principles to be taken into account by recognizing marriage upon puberty or otherwise qualifying the age requirement. These legislative differences continue to result in inconsistencies in children's protection and have serious implications for girls' reproductive rights, including increased exposure to child marriage, adolescent pregnancy, dropout from school and maternal health complications.Furthermore, polygamy is authorized and widely practiced under both customary and Islamic law. Nearly one-third of Nigerian women are in polygamous unions[131]. The fourth country report on the implementation of the African Charter on Human and Peoples Rights in Nigeria noted that many CRLs in the country continue to support additional practises that have been shown to undermine gender equality, including early marriage, early and unspaced childbearing, female genital

[127] B Kendhammer, 'The Sharia Controversy in Northern Nigeria and the Politics of Islamic Law in New and Uncertain Democracies' *Comparative Politics* Vol 45 (3) , (2013) 291.
[128] McGovern and others (n 80).
[129] ibid.
[130] F D Nzarga, 'Impediments to the Domestication of Nigeria Child Rights Act by the States' *Research on Humanities and Social Sciences,* Vol 6 (9) (2016) 123-13.
[131] M Musawah, 'Thematic Report on Article 16 & Muslim Family Law: Nigeria' (2017) 67th CEDAW Session, Geneva, Switzerland

mutilation, widowhood rites, and disinheritance[132]. Research has shown that Northern regions of Nigeria have consistently had higher rates of child marriages, lower contraceptive use, lower receipt of antenatal care, fewer births delivered in a health facility, and higher total fertility rates and adolescent fertility rates than Southern regions[133]. In 2008, 48% of girls in the Northwest region were married by age 15 and 78% were married by age 18[134]. On average, women in the Southeast region marry more than seven years later than women in the Northwest region. Levels of formal educational attainment are also lower in Northern Nigeria compared to Southern regions[135]. These disparities in law all culminate in affecting the reproductive rights, especially regarding autonomy, of women in Nigeria.

4.2 Insufficient Legal framework

Several factors inhibit the provisions and availability of reproductive health care in Nigeria, and prominent among these is the non-justiciability of the economic and social rights[136]. Thus, the provisions of the facilities and infrastructure necessary for the enjoyment of reproductive health rights are left to the whims and caprices of the government. . While the government has an obligation to provide healthcare, the practical protection of reproductive rights remains constrained by the constitutional doctrine of non-justiciability. Healthcare provisions are contained in Chapter II of the Constitution under section 17(3)(c)[137], which directs the State to ensure adequate medical and health facilities. However, section 6(6)(c) [138]renders these provisions non-justiciable. As

[132] McGovern and others (n 80).
[133] R Cortez, S Saadat, E Marinda & O Oluwole, 'Adolescent Sexual and Reproductive Health in Nigeria: Health, Nutrition, and Population Global Practice Knowledge Brief' (2015) Washington D.C World Bank Group
[134] ibid
[135] Stella Babalola and Olufunke Oyenubi, 'Factors explaining the North-South Differentials in Contraceptives Use in Nigeria: a Nonlinear Decomposition Analysis' *Demographic Research* , Vol 38(12) (2018) , 287.
[136] 'O A Ayanleye "Women_and_Reproductive_Health_Rights_in_Nigeria" Vol. 6(5), (2013): 127-140' (n 3).
[137] CFRN 199 (as amended) 17(3)(c)
[138] ibid 6(6)(c)

established in *Okogie v A.G Lagos State*[139], citizens cannot sue the government for failing to provide reproductive health infrastructure. This legal hurdle leaves the provision of maternal health facilities entirely to state discretion.The vast scale of maternal death in Nigeria and the lack of necessary government commitment to effectively address the problem have more than just public health implications; they also constitute serious violations of human rights that are protected under national, regional and international laws.

4..3 Socio-Cultural and Religious Barriers

It is nearly impossible to consider sexual and reproductive health and rights without simultaneously considering the role of religion and culture[140]. Religious teachings deeply influence personal conduct, especially in the areas of sexuality, marriage, gender, childbearing, and parental-child relationships. Not only does religion shape the values of individuals and the cultures of societies, but it also has the power to influence government policy[141]. The influence of religion is pervasive, from the national government to small villages. Several practises that infringe on women's reproductive health rights are culturally acceptable. Specific practices like female genital mutilation, child marriage, and punitive widowhood rites are deeply entrenched. Although state laws prohibit these practices, community complicity and the reluctance of victims to testify against family members render the statutory prohibitions largely ineffective[142].

Many customs do not recognise the existence of sexual and reproductive rights of women[143]. In many parts of Nigeria, particularly the North, women who are prematurely and compulsorily

[139] Okogie v A.G Lagos State
[140] ibid.
[141] ibid.
[142] ibid.
[143] George and Akhirome-Omonfuegbe (n 30).

betrothed to a man at birth are not allowed access to basic education and are generally burdened with domestic household chores[144]. Discriminatory customary practises in Nigeria not only infringe on women's rights but also on other constitutionally provided rights[145]. We also see other prevalent customary practises in some parts of Nigeria, which are all detrimental to a woman's reproductive health and rights, such as early marriages, preference for male children and so on. All of these are impeding forces against the protection of women's reproductive rights in Nigeria today[146].

4.4 Lack of Public Awareness

Sexual and reproductive health and rights are integral elements of the rights of everyone to the highest attainable standard of physical and mental health[147]. Sexual and reproductive rights (SRRs) have been on the international health policy agenda since the 4th International Conference on Population and Development (ICPD) in 1994 in Cairo[148]. The SRRs of women mean that they should have control over, and decide freely and responsibly on issues relating to their sexual and reproductive health (SRH)[149]. These rights include freedom from coercion, discrimination and violence, equal relationship between women and men in matters of sexual relations and reproduction, mutual respect, and shared responsibility for sexual behaviour[150]. Several studies conducted among young women have revealed that knowledge and perception of SRRs are

[144] ibid.
[145] O Ikpeze (n 46)
[146] George and Akhirome-Omonfuegbe (n 30).
[147] Oluwatosin Adebimpe Makinde and Ayodeji Matthew Adebayo, 'Knowledge and Perception of Sexual and Reproductive Rights among Married Women in Nigeria' *Sexual and Reproductive Health Matters* , Vol 28 (2020) 1731297.
[148] International Women's Health Coalition (IWHC), 'The Cairo Consensus: International Conference on Population and Development' (1995) www.iwhc.org/docuploads/CAIROCONSENSUS:PDF
[149] Makinde and Adebayo (n 68).
[150] ibid.

deficient among women in developing countries, including Nigeria[151]. Women of reproductive age (WRA) are commonly exposed to various harmful practises and violations such as forced marriage, widowhood practises, female genital mutilation (FGM), trafficking, and sexual abuse[152].

The knowledge and exercise of SRRs are critical to their ability to protect themselves from these unwanted reproductive and sexual outcomes. Lack of knowledge of SRRs may lead to a negative perception of and failure to exercise SRRs among women. It has the potential to disempower, creating a barrier to claiming such rights. Even if there is awareness of legitimate rights, however, contextual social, cultural and structural factors; may contribute to women not realising their rights[153].

4..5 Economic Barriers and Poverty

Another major constraint to the attainment of reproductive health in Nigeria is the poverty level of women. About 70% of the population lives below the poverty line, the majority of whom are women[154]. Women's disproportionate poverty, low social status, and reproductive roles expose them to high health risks, resulting in needless and largely preventable suffering and death. Poor reproductive healthcare and low standards of enforcement are associated with these developmental challenges[155]. Women's right to health, and reproductive health in particular, is essential to gender equality and female empowerment. Unequal access of women to resources, including healthcare, is a major problem in Nigeria. Suffice it to say that the problem of poor or even non-existent

[151] YM Adinew, AG Worku and ZB Menesha, 'Knowledge of Reproductive and Sexual Rights among University Students in Ethiopia: Institution Based Cross Sectional Studies' *BMC International Health and Human Rights* , Vol 13 , (2013) 12.
[152] Makinde and Adebayo (n 68).
[153] ibid.
[154] 'O A Ayanleye "Women_and_Reproductive_Health_Rights_in_Nigeria" Vol. 6(5), (2013): 127-140' (n 3).
[155] J Muthumbi, J Svanemyr, E Scolaro, et al (n 39)

healthcare services in the country contributes largely to the increased maternal mortality rate, which has remained one of the highest in the world[156]. Reproductive healthcare is fundamental to women's health in Nigeria to prevent incessant deaths, disability and diseases related to pregnancy, improperly done abortions and childbirths[157]. There is also limited access to information. The high level of illiteracy among females and the generally low social and economic status of women in the Nigerian society also play a part in the increase of other reproductive problems. Thus, extreme poverty and lack of education have been identified as having severe impacts on the reproductive rights of women[158].

4.6 Policy Enforcement Issues

In Nigeria, various States have made concerted efforts to further advance women's rights[159]. Some states have criminalised female genital mutilation and prescribed penalties for violators of the law[160]. Other States have adopted laws to protect the fundamental rights of widows. Furthermore, some states have also enacted laws to curb the negative impacts of cultural practises on the realisation of women's rights. The Child Rights Act 2003 which was eventually implemented in all 36 states in Nigeria but the legislative differences which was caused by the amendment of the act by some states has created non uniform implementation which defeats the purpose of the act . Sadly, the Nigerian Penal Code[161] provides that a man is not able to rape his wife if she has attained

[156] George and Akhirome-Omonfuegbe (n 30).
[157] ibid.
[158] ibid.
[159] BO Eniola and JC Mubangizi, 'The Legal Frameworks for the Protection of Women's Reproductive Health Rights in South Africa and Nigeria: Some Comparative Lessons' *Journal of Social Welfare and Human Rights*, Vol 5(2), (2017) 1.
[160] The Edo State Female Circumcision and Genital Mutilation Prohibition Law (1999); Cross River State Girl Child Marriages and Female Circumcision (Prohibition Law) (2000); Rivers State Abolition of Female Circumcision Law (2001); Ogun State Female Circumcision and Genital Mutilation (Prohibition) Law (2000); and Ekiti State Gender-Based Violence (Prohibition) Law (2001)
[161] The Penal Code. s 282(2)

the age of puberty. The criminal code[162] specifically provides that sexual intercourse between a husband and a wife cannot amount to rape unless there is a decree nisi. This provision, therefore, encourages marital rape and domestic violence in families. The position in Nigeria has been described as discriminatory against women because many men rape their wives.

Moreover, many of the Northern States that adopted Sharia laws appear to have technically legitimised the abuse of women domestically, with the resultant effect of the subjection of the rights of women within these territories. There is a need for reform in the Sharia Penal law to provide justice for rape victims and more protection of the human rights of women and girls, and that includes their reproductive rights as well[163]. Also, healthcare provisions are contained in Chapter II of the Constitution (CFRN), which embodies the economic and social policies of the country. Section 17(3)(c)[164] provides that the State shall direct its policy towards ensuring that there are adequate medical and health facilities for all persons. However, the provisions of Chapter II of the Constitution have been excluded from adjudication by the courts; thus, no right of action can ensue from the breach of the provisions of the said chapter by the government[165].

4.2 Lessons from Other Jurisdictions

4.2.1 South Africa

While reproductive rights protect the health and well-being of both men and women, reproductive rights are of fundamental importance to women[166]. Even under the narrowest of constructions,

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[162] Criminal Code. s 6

[163] TG Obagboye, ‘Protecting Women’s Rights in Nigeria in the 21st Century: Challenges and Prospects’ *Ajayi Crowther University Journal of Law and Human Rights* , Vol 4(1) ,(2020) 1.

[164] CFRN 1999 (as amended)

[165] ‘O A Ayanleye “Women_and_Reproductive_Health_Rights_in_Nigeria” Vol. 6(5), (2013): 127-140’ (n 3).

[166] Michelle O’Sullivan, ‘Reproductive Rights’ in Stuart Woolman and others (eds), Constitutional Law of South Africa (2nd edn, Juta 2008) Chapter 37 .

reproductive rights demand respect for women's bodily integrity and an environment for decision-making free from fear of abuse, violence, and intimidation[167]. Viewed more broadly, reproductive rights require the provision of information about and access to voluntary and adequate reproductive and sexual health services, and may even command the provision of such necessities as food, shelter, childcare, and education[168]. Abortion in South Africa is legally regulated by the Choice on Termination of Pregnancy Act (Choice Act)[169]. The Choice Act provides that a pregnancy may be terminated upon the request of a woman during the first 12 weeks of the gestation period of her pregnancy[170] and under somewhat more onerous conditions from 12 to 20 weeks[171]. From 20 weeks onwards, terminations are available under more limited circumstances[172]. The Choice Act also provides that only the consent of a pregnant woman is required for a termination. It does not require the consent of a partner or, in the case of a minor, parental consent[173]. Non-mandatory and non-directive counselling are to be promoted by the state[174]. Ideally, this service should be available before and after the termination of a pregnancy. The Choice Act stipulates that women shall have access to information concerning their rights in relation to the Act[175]. It further provides that all terminations (surgical and medical) must take place in an approved facility and authorises provinces to approve health facilities that perform terminations[176]. Unlike in South Africa, in Nigeria, abortion is a criminal offense except where it is performed to save the life of the mother." In the South, the relevant provisions to this effect are sections 228, 229, 230, 297, and 328 of the

[167] ibid.
[168] ibid.
[169] Act 92 of 1996 (Choice Act)
[170] Choice Act. s 2(1)(a)
[171] ibid. s 2(1)(b)
[172] Ibid. s 2(1)(c)
[173] Ibid. s 5(1)(2) & (3)
[174] Ibid. s 4
[175] Ibid. s 6
[176] Ibid. s 3(1)

Criminal Code. In the North, the relevant provisions are sections 232, 233, 234, 235, and 236 of the Penal Code. For the states that have adopted the Sharia Legal System, abortion is also criminalised by the Sharia Penal Code Law[177].

Furthermore, while South Africa has demonstrated political will to protect women's reproductive health rights, Nigeria lacks the political will to domesticate the international instruments[178]. South Africa's Constitution has been hailed as one of the most progressive in the world because it accommodates a wide range of rights, including the reproductive health rights of women. Section 12(2) provides for 'the right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction; to security in and control over their body and not be subjected to medical and scientific experiments without their informed consent[179]. The constitution also recognises the right to reproductive health by guaranteeing the right to health care services that include reproductive health care[180]. In addition to the explicit recognition of the reproductive health rights of women, the Constitution recognises some rights that allude to these rights[181]. The recognition of all these rights is an added advantage to South African women, as their rights to reproductive autonomy are enhanced[182].

Furthermore, South Africa's Constitution provides for the establishment of state institutions to support democracy. These institutions are set up to ensure that the provisions of the Constitution

[177] PC Okorie and OA Abayomi, 'Abortion Laws in Nigeria: A Case for Reform' *Annual Survey of International & Comparative Law* , Vol 23(1), (2019) 7.
[178] Bolanle Oluwakemi Eniola, 'Cultural Practices and Reproductive Health Rights of Women: A Comparative Study of South Africa and Nigeria.' <http://hdl.handle.net/10413/15125> accessed 13 November 2025.
[179] BO Eniola and JC Mubangizi, 'The Legal Frameworks for the Protection of Women's Reproductive Health Rights in South Africa and Nigeria: Some Comparative Lessons' *Journal of Social Welfare and Human Rights*, Vol 5(2) , (2017) 1.
[180] Constitution of the Republic of South Africa. s 27(1)
[181] E B Oluwakemi & M J Cantius (n 112)
[182] ibid

are enforced and thus make a difference in the lives of South Africans. Some of these institutions are expected to ensure the efficacy of the various provisions of the Constitution affirming women's reproductive autonomy[183]. In contrast, the Nigerian Constitution does not explicitly recognise the reproductive health rights of women. Recognition of these rights could be inferred from the provisions of section 17[184], where the state is enjoined to direct its policy toward the provision of adequate medical and health facilities for all persons. However, the various rights recognised under this section are not enforceable in Nigerian courts and are merely a guide for policy-makers[185]. Although it is evident that women in South Africa and Nigeria are yet to fully enjoy their reproductive health rights, given that both countries have a dualist approach to the domestication of treaties[186]. While South Africa has made the best use of this approach by subjecting ratified international treaties on the reproductive health rights of women to domestication by national legislation, in Nigeria, the various international treaties relating to these rights have not been domesticated, despite agitations from within and outside the country[187].

Nigeria should emulate South Africa on gender parity in parliament, so that women can be actively involved in the legislative process. This would enable them to agitate for the domestication of international treaties on women's reproductive autonomy and for domestic legislation that is gender sensitive. It is not enough to ratify international treaties; states must make a concerted effort to ensure that their legal frameworks accommodate the domestication of these treaties, so that women can enjoy reproductive autonomy[188].

[183] Constitution of the Republic of South Africa. chapter 9
[184] CFRN 1999 (as Amended)
[185] CFRN 1999. s 6 (6)(c)
[186] E B Oluwakemi & M J Cantius (n 112)
[187] ibid
[188] ibid

4.2.2 Ghana

Access to reproductive health services varies among women of reproductive age in Ghana and Nigeria[189]. A large proportion of women in Ghana's and Nigeria's samples have poor access to family planning services. Most women do not have access to modern contraceptives. They use traditional birth control methods and do not have the means for needed services[190]. In Nigeria, the cost of maternal health services has to be endured by women themselves, while in Ghana, these services are available to women through the free maternal care policy[191]. Out-of-pocket payments for health have been consistently high in Nigeria compared to those in Ghana while insurance coverage is better in Ghana particularly in the informal sector[192]. Ghana offers free-of-charge maternal care. The health insurance scheme in the country is reported to cover 65% of the population, which reduces the out-of-pocket health expenditure[193].

In Ghana, abortion is a criminal offense regulated by Act 29, section 58 of the Criminal code of 1960, amended by PNDCL 102 of 1985. Subject to section 1 of this Act, abortion is not an offense where the pregnancy is the result of rape or defilement of a female idiot or incest, where the continuance of the pregnancy would involve risk to the life of the pregnant woman or injury to her

[189] Oluwasegun Joko Ogundele, Milena Pavlova and Wim Groot, 'Patterns of Access to Reproductive Health Services in Ghana and Nigeria: Results of a Cluster Analysis' *BMC Public Health* , Vol 20 , (2020) 549.
[190] ibid.
[191] R Ochako and others, 'Utilization of Maternal Health Services among Young Women in Kenya: Insights from the Kenya Demographic and Health Survey 2003' *BMC Pregnancy and Childbirth* , Vol 11(1) , (2011)1.
[192] F Asante and others, 'Evaluating the Economic Outcomes of the Policy of Fee Exemption for Maternal Delivery Care in Ghana' *Ghana Medical Journal* , Vol 41(3) (2007) 110.
[193] JA Odeyemi and J Nixon, 'Assessing Equity in Health Care through the National Health Insurance Schemes of Nigeria: A Review-based Comparative Analysis' *International Journal for Equity in Health*, Vol 12(1) , (2013) 1.

physical or mental health, or where there is substantial risk that if the child were born, it may suffer from or later develop a serious physical abnormality or disease[194]. However, in Nigeria, abortions are illegal except when carried out as provided under sections 232-236 of the Penal Code[195] and sections 228-230, 297, 309, 328 of the Criminal Code Act[196]

4.2.3 United Kingdom

The concept of abortion stands at the intersection of morality and law, embodying complex socio-legal dynamics that vary across different cultural, religious, and political contexts[197]. The abortion debate largely revolves around women's rights to control their bodies, the inviolability of human life, and the state's role in regulating reproductive health care[198]. The socio-legal contexts of abortion differ significantly among nations, reflecting different historical, cultural, and legislative domestic frameworks. In Nigeria, abortion laws are very restrictive, rooted in religious and cultural values that stigmatise abortion and limit women's access to safe reproductive healthcare[199]. The Criminal Code[200] and the Penal Code[201], which vary between the southern and northern regions of the country, primarily govern abortion laws. The criminal code only permits abortion to save the life of the woman[202], while the penal code allows abortion not only to preserve the woman's life, but also their physical health, and mental health[203]. It is, however, important to state that aside

[194] PNDCL 102 of 1985 (as amended). s 2(a)(b)(c)
[195] Cap P3, Laws of the Federation of Nigeria
[196] Cap C38, Laws of the Federation of Nigeria 2004
[197] AM Foluso, A Olanike and OG Emmanuel, 'Comparative Analysis of the Regulatory Framework for Women's Reproductive Rights to Abortion in Nigeria and the United Kingdom' *African Journal of Law, Ethics and Education*, Vol 8(1) (2025 1.
[198] ibid
[199] World Health Organization, Safe Abortion: Technical and Policy Guidance for Health Systems (2nd edn, World Health Organization 2012)https://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434 eng.pdf >accessed 17 February 2024
[200] Criminal Code Act, Cap C38, Laws of the Federation of Nigeria
[201] Penal Code Act, Cap 53, Laws of the Federation of Nigeria
[202] Criminal Code Act. sec 228-230
[203] Penal Code Act. s 233-236

from these circumstances above, abortion is highly frowned upon under both criminal and penal code, leading many women to hazardous consequences of terminating pregnancies, contributing to maternal mortality and morbidity[204].

The United Kingdom (UK), in contrast, has adopted a more liberal approach to abortion, with laws that prioritise women's reproductive autonomy and healthcare needs[205]. In the UK, abortion laws have been liberalised through the chancellor's enactment of the abortion act 1967. This act allows for abortion up to 24 weeks of gestation with certain exceptions[206]. The law balances women's rights to obtain abortion services with considerations for foetal viability and public interest[207]. In Nigeria, unlike in the UK, abortion is often stigmatized, resulting in a high rate of unsafe abortion and maternal mortality[208].

[204] SA Adedini and others, 'Regional Variations in Abortions in Nigeria: A Nationwide Cross-Sectional Study' *African Journal of Reproductive Health*, Vol 21 , (2017) 89.
[205] Royal College of Obstetricians and Gynaecologists, The Care of Women Requesting Induced Abortion (2019)https://www.rcog.org.uk/globalassets/documents/guidelines/abortion-guideline_web_1.pdf >accessed 17 February 2024
[206] Abortion Act 1967. s 1(1)(a)
[207] A M Foluso, A Olanike & O G Emmanuel (n 127)
[208] ibid

CHAPTER FIVE

SUMMARY AND CONCLUSION

5.1 Summary of the Findings

The reproductive rights of women under the Nigerian law are a very dire conversation that affects the everyday life of the Nigerian woman and the nation in general. It has been identified that some key areas need major improvements, especially with emphasis on the gaps between legal reforms and their implementation. This research mainly points out the violations of women's sexual and reproductive health due to weak institutional enforcement, conflicting laws, and entrenched cultural and social barriers. Although Nigeria has enacted progressive laws such as the Violence Against Persons (Prohibition) Act (VAPP) 2015 and the Child Rights Act 2003, weak enforcement and incomplete adoption across states have limited their actual impact. Furthermore, the plural legal system creates inconsistencies, and at times, allows discriminatory practises like child marriage, female genital mutilation to persist, especially in areas where the state laws conflict with federal or international standards. Deep-rooted cultural norms, religious beliefs, and traditional practises have significantly impeded women's ability to exercise reproductive autonomy and access reproductive health services[209]. High rates of maternal mortality, unsafe abortions, and early marriages are exacerbated by poverty, insufficient health care infrastructure, and lack of access to education and reliable information[210]. Furthermore, gender discrimination at multiple levels, including in healthcare, the workplace, and within families, continues to restrict women's decision-

[209] Bolanle Oluwakemi Eniola, 'Cultural Practices and the Reproductive Health Rights of Women in *Nigeria*' *International Journal of Economics, Commerce and Management* , Vol 5, (2017) 1.<http://ijecm.co.uk/> accessed 6 November 2025.

[210] C Mefor, 'Delivering babies in a Nigerian Camp: 'I've had to use a plastic bag as gloves' Guardian Newspaper (USA 2022)>https://www.theguardian.com/global-development/2021/sep/03/nigerias-idp-camp-midwife-bringing-joy-to-mothers-left-behind-by-state?utm> Accesed 30 May 2025

making powers in reproductive matters. It should also be noted that the Constitution does not provide for an explicit right to health, making maternal and reproductive health unenforceable in court[211]. Key international treaties that address the reproductive rights of women, such as the ICESCR, CEDAW, and the Maputo Protocol, of which Nigeria is a party, have all been ratified, but not yet domesticated according to the provisions of the Nigerian Constitution; therefore, they are not directly applicable under the Nigerian law. In summary, a comprehensive legal reform, robust enforcement, targeted education, and poverty alleviation are essential for improving the reproductive rights of women in Nigeria.

5.2 Recommendations

To bridge the gap between the reproductive rights of women in Nigeria and its international counterparts, and to ensure that women receive the protection and redress they deserve when their reproductive rights are violated, the following detailed recommendations are proposed

5.2.1 Health Rights as a Fundamental Right

There is an urgent need to reaffirm the right to health in the Nigerian Constitution as a fundamental human right. The present position merely includes the attainment of health as a social objective in promoting a social order founded on the ideals of freedom, equality and justice[212]. This is even though the right to health is recognised as a fundamental human right in numerous international instruments to which Nigeria has acceded. The International Covenant on Economic, Social, and Cultural Rights provides the most comprehensive article on the right to health in international human rights law. In accordance with Article 12.1 of the Covenant, States parties recognise ‘the

[211] CFRN 1999 (as Amneded). s 17(3)(c)
[212] ibid

right of everyone to the enjoyment of the highest attainable standard of physical and mental health'[213]. The right to health is also recognised in Article 11.1 (f) and 12 of the CEDAW[214]. This right is closely related to and dependent upon a wide range of socio-economic factors that promote conditions in which people can lead a healthy sexual and reproductive life. With respect to the right to health, states have a legal obligation to provide persons who do not have sufficient financial means for necessary health insurance and health care and that includes reproductive health care. Health rights exist in other legal systems to protect and advance health, reproductive rights and the enjoyment of people's private and sexual lives. Development and reforms of legal systems in this direction have already occurred at different paces around the world, including some parts of Africa. therefore, the absence of domiciliary laws on gender and reproductive health matters in the Nigerian Constitution is increasingly becoming internationally unacceptable. The right to health as provided in the Constitution should be justiciable and enforceable.

5.2.2 Domestication of International Treaties

To strengthen Nigeria's legal framework, international laws such as CEDAW, the Maputo Protocol, and other such international laws that recognise the reproductive rights of women, of which Nigeria is a party to and has ratified, should be domesticated and implemented, not just at the national level, but at state levels as well.

5.2.3 Public Awareness

The government agenda should include policies to promote education and awareness, especially in rural areas. Seminars and workshops, rallies, talk shows, and conferences must be encouraged

[213] International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 12
[214] Committee on CEDAW General Recommendation No. 24 on Women and Health, para.29.1999

and sponsored. Information on the prevention of transmissible diseases such as HIV/AIDS must be disseminated non-stop. Enlightenment on how to live with HIV/Aids by carriers is necessary to eliminate the problem of stigma, discrimination, as well as limit the spread of the disease by the carriers. Women's empowerment programmes to eliminate poverty, which is the key element that fosters abuse of women's rights, should also be sponsored. Civil society groups and NGOs must be proactive in their support for women, and more lawyers should be encouraged to do pro bono cases for women whose rights have been violated.

5.2.4 Eliminating Economic Barriers and Providing Incentives

Research shows that economic factors such as poverty and unemployment are major contributors to the low utilisation of reproductive and maternity services in Nigeria. Policies aimed at eliminating economic barriers to health care access and utilisation need to be enhanced. Out-of-pocket payment packages remain a major policy gap in the implementation of health insurance packages in Nigeria. Aside from curtailing healthcare utilisation and universal health coverage, out-of-pocket payments also push millions of Nigerians into poverty. Thus, policymakers should strengthen the monitoring and enforcement of health insurance policies, enhance public education and awareness, and ensure inclusive benefits of insurance policies for reproductive and maternity services to eliminate out-of-pocket payments. Also, ensuring that the free maternal health care policy is implemented in every state in Nigeria could enhance utilisation and improve maternal and reproductive health outcomes.

5.2.5 Political Inclusivity

The lack of adequate women's participation in Nigerian politics should be redressed by the government. The participation of women in politics in Nigeria is minimal, this is notwithstanding

that women make up about 49% of the population in Nigeria[215]. There is a noticeable absence of women from leadership positions in the country. Nigeria has the lowest number of female legislators in Africa, and this is against the tenor of the National Gender Policy, which recommends a minimum of 35% representation for women[216]. If there are more women legislators in Nigeria, there will be more women-friendly laws in the country, and this includes laws that promote and protect the reproductive rights and health of women.

5.3 Conclusion

Reproductive rights in Nigeria remain constrained by a lot of factors, including legal, socio-economic, cultural and political factors. Although Nigeria has ratified several human rights and reproductive rights international treaties, the lack of domestication and adequate enforcement continues to undermine women's ability to fully exercise their reproductive autonomy. Strengthening the legal framework, creating public awareness, removing economic barriers, and increasing women's participation in politics are essential steps towards ensuring effective protection of reproductive rights. Ensuring the advancement of these rights is not only crucial for women's health and dignity, but also for the nation's broader pursuit of equality, justice and sustainable development.

[215] N Ogbonna, 'Women in Nigeria Make 49 Percent of the Population, But Only Four Percent of Lawmakers' London School of Economics Blog, 8 March 2016> https://blogs.lse.ac.uk/africaatlse/2016/03/08/women-in-nigeria-make-up-49-per-cent-of-the-population-but-only-four-per-cent-of-lawmakers/ >Accessed 11 July, 2018
[216] ibid

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