



LEGAL AND POLICY ANALYSIS REPORT ON SEXUAL REPRODUCTIVE HEALTH AND RIGHTS POLICIES IN LAGOS STATE

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SUSTAINABLE DEVELOPMENT

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We also thank the stakeholders who participated in the validation meeting and provided valuable insights that helped shape the recommendations in this report.

This report reflects the collective efforts of the YNCSD team. Special thanks to our Technical Delivery and Impact Lead for coordinating the research with dedication.

We hope this report supports informed advocacy and contributes to strengthening SRHR policy in Lagos State and beyond.

EXECUTIVE SUMMARY

This legal and policy analysis explores the status of abortion access and reproductive rights in Lagos State, Nigeria. It evaluates domestic legal frameworks alongside Nigeria's obligations under international human rights treaties, including the Maputo Protocol, the International Covenant on Civil and Political Rights (ICCPR), and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

While Nigeria has ratified these treaties, they have not been domesticated through national legislation, as required by Section 12(1) of the 1999 Constitution, which states:

"No treaty between the Federation and any other country shall have the force of law except to the extent to which any such treaty has been enacted into law by the National Assembly."

This constitutional limitation weakens the enforceability of international commitments at both federal and state levels.

In Lagos State, abortion remains criminalized except where it is necessary to save the life of the pregnant person¹. This narrow exception fails to reflect internationally accepted standards², which recognize additional grounds for legal abortion, including threats to mental or physical health, rape, and incest. Though the Federal Ministry of Health has issued guidelines on self-managed abortion and reproductive health, these have not yet been adopted or localized within Lagos State policies.

Key legal and policy gaps identified include:

- Failure to domesticate international human rights treaties into Nigerian or Lagos State law
- Restrictive abortion laws that only permit termination to save the pregnant person's life
- Criminal Code provisions that deter both service providers and users, increasing unsafe abortions
- Absence of legal safeguards for the rights to dignity, health, and non-discrimination in reproductive healthcare
- Lack of implementation of federal reproductive health guidelines at the state level

¹ Lagos state Criminal Law, 2011; Sections (145-147)

² Maputo Protocol, CEDAW,

Case studies from South Africa and Tunisia show that progressive legal reforms lead to improved reproductive health outcomes. These countries provide useful models for how national and subnational laws can align with global human rights standards.

This analysis is intended to support policy makers, legal practitioners, and advocates in identifying legal reforms needed to protect reproductive rights and advance access to safe abortion services in Lagos State and across Nigeria.

PREFACE

This Legal and Policy Analysis Report was developed by the Youth Network for Community and Sustainable Development (YNCSD) to examine the legal and policy landscape affecting access to sexual and reproductive health and rights (SRHR) in Lagos State and Nigeria at large. The report highlights existing provisions, identifies gaps, and outlines recommendations for creating a more enabling environment, particularly around issues such as safe abortion, family planning, and protection from gender-based violence.

As part of our participatory and inclusive approach, a validation meeting was held with key stakeholders, including legal experts, government agencies, civil society, and health professionals. Their feedback affirmed the relevance of the analysis and offered practical insights rooted in experience and community realities.

While the original report remains unchanged, a summary of the validation meeting has been included as an annex to reflect stakeholder perspectives. These inputs emphasized that many barriers to SRHR are shaped not just by laws, but also by cultural norms, political framing, and implementation gaps. Importantly, the discussions also pointed to promising developments, such as the domestication of the National Reproductive Health Policy in Lagos State, which, although not yet inclusive of safe abortion, represent progressive steps toward stronger reproductive health governance.

This report is intended to support advocacy, inform policy making, and contribute to ongoing efforts to promote SRHR for all.

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1. INTRODUCTION

1.1 Background and Context

Access to safe and legal abortion services is a critical component of sexual and reproductive health and rights (SRHR). In Nigeria, however, the legal and policy environment surrounding abortion remains highly restrictive, contributing to significant public health challenges, including high rates of unsafe abortions and related maternal morbidity and mortality³. Lagos State, despite being Nigeria's commercial and administrative hub with a relatively progressive health infrastructure, operates under a legal framework that reflects the broader national restrictions on abortion. These include provisions from the Criminal Code Act⁴, the Lagos State Criminal Law (2011), and a lack of state-specific reproductive health policies that affirm bodily autonomy and reproductive choice.

The country's dual legal system, comprising federal laws and state-level statutes, creates legal ambiguities and enforcement inconsistencies, especially in relation to SRHR. Despite ratifying key international human rights treaties such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Covenant on Civil and Political Rights (ICCPR), and the African Charter on Human and Peoples' Rights (ACHPR) with the Maputo Protocol, Nigeria has yet to domesticate or fully align its national laws with these commitments^{5,6}. Consequently, the prevailing legal restrictions perpetuate stigma, criminalize healthcare providers, and expose thousands of women and girls in Lagos to unsafe abortion practices every year.

1.2 Why Abortion Law Reform Matters

Abortion law reform is imperative not only to protect women's lives but also to fulfill Nigeria's constitutional obligations to promote health, human dignity, and non-discrimination (1999 Constitution of the Federal Republic of Nigeria, Section 17(3)(d)). Restrictive abortion laws disproportionately affect young people, low-income women, and marginalized communities, including persons with disabilities and Minority individuals who face barriers to accessing safe and affordable abortion services⁷. Reforming these laws is a necessary step toward reducing preventable maternal deaths,

³ Guttmacher Institute. (2018). Abortion in Nigeria: Factsheet.
<https://www.guttmacher.org/fact-sheet/abortion-nigeria>

⁴ Criminal Code Act, Cap C38, Laws of the Federation of Nigeria (2004)

⁵ UN Human Rights Council. (2021). Universal Periodic Review: Nigeria.

⁶ African Union. (2003). Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol).

⁷ IPAS. (2020). Reproductive Justice and Access to Abortion in Nigeria

ensuring bodily autonomy, and achieving universal access to reproductive healthcare as outlined in the Sustainable Development Goals (SDGs), particularly Goal 3 on Good Health and Well-being and Goal 5 on Gender Equality⁸.

Legal reform in Lagos State holds particular significance given the state's leadership role in health sector innovations and policy implementation in Nigeria. Aligning Lagos State's legal and policy environment with international best practices could serve as a model for broader national reform⁹.

1.3 Objectives of the Report

The primary objective of this report is to conduct a comprehensive legal and policy analysis of the abortion landscape in Lagos State, with a view to:

- Review national and Lagos State laws and policies that regulate abortion and SRHR.
- Identify restrictive or criminalizing legal provisions and assess their impact on women's health and rights.
- Compare national laws with international and regional human rights standards.
- Map key stakeholders and assess their influence on the legal and policy
- Develop actionable legal and policy recommendations to support safe and legal access to abortion services.

1.4 Scope of Analysis

This report focuses specifically on the legal and policy framework affecting abortion in Lagos State, while referencing national legislation and international human rights obligations to provide comparative context. The analysis includes:

- Review of key federal and Lagos State laws such as the Criminal Code, National Health Act (2014), Lagos State Criminal Law (2011), and relevant reproductive health policies.

⁸ UNDP. (2015). Sustainable Development Goals.

<https://www.undp.org/sustainable-development-goals>

⁹ UNFPA Nigeria. (2021). Reproductive Health and Rights in Nigeria: State Progress Report.

- Comparative analysis with international frameworks, including CEDAW, ICCPR, and Maputo Protocol.

- Stakeholder mapping involving government institutions, civil society organizations, healthcare providers, and community actors.

- Recommendations for legal and policy reforms at the state level, with relevance for national advocacy

2. METHODOLOGY

2.1 Research Design

This study employed a qualitative legal and policy analysis approach to assess the regulatory framework governing abortion in Lagos State. The methodology was structured to critically examine statutory laws, policy documents, and international treaties, alongside conducting stakeholder mapping and impact assessments. This approach allowed for a nuanced understanding of how existing laws affect access to safe abortion and compliance with international human rights obligations (Patton, 2002).

2.2 Data Collection Methods

2.2.1 Legal and Policy Document Review

The core of the research relied on an extensive desk review of primary and secondary legal texts. Key documents analyzed include:

- National Legal Instruments:

- Criminal Code Act (Cap C38, LFN 2004)

- Constitution of the Federal Republic of Nigeria (1999, as amended)

- Lagos State Legal Instruments:

- Lagos State Criminal Law (2011)

- Lagos State Health Sector Reform Law (2006)

- Relevant circulars and public health directives, where applicable

- Policy Documents:

- National Policy on Sexual and Reproductive Health and Rights (SRHR)

All legal and policy documents were obtained from official government gazettes, law compendiums, and verified digital repositories such as Nigeria's Legal Information Institute (NigerLII).

2.2.2 International and Regional Framework Analysis

A doctrinal review of relevant international and regional human rights instruments was conducted to benchmark Nigerian and Lagos State laws against global standards. These include:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- International Covenant on Civil and Political Rights (ICCPR)
- African Charter on Human and Peoples' Rights (ACHPR) and its Protocol on the Rights of Women in Africa (Maputo Protocol)

2.2.3 Stakeholder Mapping

A mapping exercise was undertaken to identify key stakeholders in abortion law and policy reform. The process involved a review of grey literature, previous advocacy reports, donor-funded program data, and online sources to profile:

- Government ministries (Health, Justice, Women Affairs)
- Legislative actors in Lagos State
- Civil society and feminist advocacy groups
- Religious institutions and cultural gatekeepers
- Media outlets and public opinion influencers

2.3 Data Analysis

Legal texts and policy documents were thematically analyzed to identify:

- Restrictive legal provisions and their interpretations
- Inconsistencies between national/local laws and international obligations
- Policy gaps and enforcement issues
- Impacts of these laws on health outcomes and rights realization

Thematic coding was applied to structure findings into four key areas: legal barriers, policy incoherence, stakeholder influence, and international alignment.

Comparative analysis was also used to contrast Lagos/Nigerian laws with more liberal jurisdictions in Africa (e.g., South Africa, Tunisia) using best practice standards defined by the WHO and UN human rights bodies.

2.4 Ethical Considerations

Although this report did not involve human subjects or field data collection requiring ethics board clearance, care was taken to represent legal texts accurately and to avoid misinterpretation or political bias. The analysis upholds principles of objectivity, human rights, and evidence-based advocacy.

3. LEGAL AND POLICY ENVIRONMENT IN LAGOS STATE

3.1. National Legal Framework

3.1.1 Criminal Code

The Nigeria Criminal Code ACT(1990) is the primary legal instrument regulating abortion in Nigeria's southern states including Lagos. Under Chapter 21 titled “Offences Against Morality,” the following sections are crucial:

- **Section 228 – Criminalizes third-party procurement of miscarriage:**

“Any person who, with intent to procure the miscarriage of a woman whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, is guilty of a felony, and is liable to imprisonment for fourteen years.” (Nigeria Criminal Code, Section 228, p. 53)

This provision criminalizes anyone attempting to cause miscarriage by any means, regardless of whether the woman is pregnant, with a penalty of up to 14 years imprisonment.

- **Section 229 – Criminalizes self-induced abortion:**

“Any woman who, with intent to procure her own miscarriage, whether she is or is not with child, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatever, or permits any such thing or means to be administered or used to her, is guilty of a felony, and is liable to imprisonment for seven years.” (Nigeria Criminal Code, Section 229, p. 53)

This section makes it a felony for a woman to attempt to procure her own miscarriage, punishable by up to seven years imprisonment.

- **Section 230 – Criminalizes supply or procurement of abortion materials:**

“Any person who unlawfully supplies to or procures for any person anything whatever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child, is guilty of a felony, and is liable to imprisonment for three years.” (Nigeria Criminal Code, Section 230, p. 53)

This provision targets those who provide abortion materials or means, with a penalty of up to three years imprisonment.

- **Exception – Section 297: Life-Saving Abortions**

While abortion is criminalized in most circumstances, Section 297 of the Criminal Code provides a limited exception:

- **Section 297:**

“A person is not criminally responsible for performing in good faith and with reasonable care and skill a surgical operation upon any person for his benefit, or upon an unborn child for the preservation of the mother’s life...”

This section is interpreted to mean that abortion is legal only when performed in good faith by a qualified practitioner to save the life of the pregnant woman. Although medication abortion is not mentioned specifically, Section 297 is often extended to cover both surgical and medical abortion, provided the intent is to preserve the woman’s life

In summary, the Nigerian Criminal Code criminalizes unlawful abortion-related acts by third parties and by women themselves, as well as the supply of means for abortion, but it allows for lawful medical procedures when performed with due care to preserve the mother's life.

3.1.2 Constitution of Nigeria

The Constitution of the Federal Republic of Nigeria (1999, as amended) is the supreme legal framework guaranteeing fundamental rights to all individuals. Of particular

importance to reproductive rights advocates are the provisions under Chapter IV: Fundamental Rights, which provide a powerful foundation for safeguarding women's autonomy and access to safe abortion services.

- **Section 33:**

“Right to Life affirms that every person has the right to life. While often cited in anti-abortion arguments, a progressive interpretation recognizes that this right should extend to protecting the lives and health of pregnant persons, ensuring access to safe medical care, including abortion, to prevent unnecessary maternal mortality and morbidity.”

- **Section 42(1)(a):**

“Prohibition of Discrimination on the Basis of Sex explicitly forbids discrimination against individuals based on sex. This provision mandates equal access to healthcare services, including sexual and reproductive health services. Denying safe abortion disproportionately affects women and girls, constituting a form of gender discrimination contrary to constitutional guarantees.”

- Additional rights such as the Right to Dignity of the Human Person (Section 34) and the Right to Private and Family Life (Section 37) support a person's autonomy over their body and reproductive choices, free from inhumane treatment or undue government interference.

Although the Nigerian Constitution does not explicitly mention abortion, its provisions create a robust legal framework to advocate for the decriminalization of abortion and the promotion of reproductive justice. Upholding women's rights to make informed decisions about their reproductive health aligns with constitutional commitments to equality, dignity, and life.

In this light, restrictive abortion laws conflict with Nigeria's constitutional principles by placing disproportionate burdens on women, violating their fundamental rights, and perpetuating inequality. Legal reforms informed by constitutional values are necessary to ensure that every Nigerian has access to safe, legal, and respectful reproductive healthcare, including abortion.

3.2 Lagos state Legal Provisions

3.2.1 Criminal Law of Lagos state 2011

Lagos State's Criminal Law framework remains one of the most restrictive in Nigeria regarding abortion, reflecting a legal regime that criminalizes nearly all forms of abortion, with very narrow exceptions that fail to adequately safeguard women's reproductive rights and health.

1. Section 145 of the Lagos State Criminal Law criminalizes any person who,

“with intent to cause miscarriage, whether the woman is pregnant or not, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses force or any other means whatsoever.”

The harsh penalties, up to three years' imprisonment, or seven years if done without the woman's consent, underscore the law's punitive approach toward abortion providers, often driving the practice underground and increasing risks to women's health.

2. The law further criminalizes self-managed abortion attempts under Section 146,

“Any woman who, with intent to procure her own miscarriage, whether or not she is pregnant, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatsoever, or permits any such thing or means to be administered or used on her, is guilty of a misdemeanour, and is liable to imprisonment for two years.”

Penalizes women who seek to control their own reproductive health with imprisonment of up to two years. This reflects a deeply problematic legal stance that punishes women for bodily autonomy and self-care, rather than providing supportive healthcare frameworks.

3. Section 147:

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

(2) The offender under subsection (1) of this section cannot be arrested without warrant.”

compounds these restrictions by criminalizing those who supply drugs or instruments intended to procure abortion, with penalties of up to three years and requiring a warrant for arrest. This provision disproportionately impacts pharmacists, community health workers, and informal providers who may be the only accessible sources of care for many women, especially those marginalized by poverty or stigma.

4. While Section 201:

“A medical doctor is not criminally responsible for performing in good faith, with reasonable care and skill a surgical operation on any person for his benefit, or on an unborn child for the preservation of the mother’s life and physical health, if the performance of the operation is reasonable, having circumstances of the case.”

offers a narrow legal exception, protecting medical practitioners performing abortions “in good faith for the preservation of the life of the mother,” this clause is limited in scope and vague in application. It fails to explicitly include the preservation of a woman’s physical or mental health and omits broader circumstances that international human rights bodies recognize as essential to safe abortion access.

5. The law’s definitions relating to the unborn in Sections 212, 214, and 234 emphasize the legal personhood of the fetus, criminalizing acts that cause fetal death and imposing severe penalties, including life imprisonment. While intended to protect life, these provisions often conflict with the rights and health needs of pregnant people, especially in cases of unsafe abortion, fetal anomalies, or risk to the mother’s wellbeing.

3.2.2 Protection Against Domestic Violence Law

While Nigeria’s federal Violence Against Persons (Prohibition) Act (VAPP Act) of 2015 provides a comprehensive legal framework for addressing gender-based violence, Lagos State has yet to domesticate this Act. Instead, it operates under its own law, the Protection Against Domestic Violence Law (PDVL), enacted in 2007. Though progressive for its time, the PDVL reflects a more limited approach compared to the VAPP Act and emerging global best practices.

The PDVL provides critical legal protection for survivors of domestic abuse, empowering courts to issue protection orders and intervene in cases involving physical, emotional, psychological, verbal, and economic abuse. These provisions offer crucial recourse for women and girls, who disproportionately bear the burden of domestic and intimate partner violence in both private and public spheres. The law represents an important mechanism to uphold the rights to dignity, bodily autonomy, and personal safety as enshrined in the Nigerian Constitution and international human rights instruments.

However, despite its foundational role, the PDVL's scope remains narrow and outdated, lacking provisions that reflect the complex and intersectional nature of gender-based violence (GBV) in contemporary society. Unlike the VAPP Act, the PDVL fails to address critical issues such as:

- Female Genital Mutilation (FGM)
- Harmful traditional practices including widowhood rites, denial of inheritance, or forced isolation
- Broader definitions of sexual violence, including sexual coercion, marital rape, and stalking
- Digital and technology-facilitated violence, which disproportionately affects women and girls

Moreover, the PDVL is silent on sexual and reproductive health and rights (SRHR), particularly in relation to access to safe abortion services. This legal gap is concerning given the high rates of unsafe abortion in Nigeria and its contribution to maternal mortality. In Lagos State, abortion continues to be governed by the restrictive Criminal Code, which permits termination of pregnancy only where necessary to save the life of the pregnant person (Section 297, Criminal Code Act). The PDVL neither challenges nor expands these limitations, nor does it provide legal protection for individuals who seek or provide safe abortion services

3.2.3 Lagos State Health Sector Reform Law

The Lagos State Health Sector Reform Law, enacted by the Lagos State House of Assembly and effective as of January 16, 2006, was designed to regulate and strengthen the delivery of healthcare services in the state. The law provides the legal framework for establishing a more coordinated and structured state health system,

including institutional arrangements for health facility licensing, service delivery, public health planning, and oversight.

While this legislation is an important step toward improving health governance and accountability, it remains largely administrative in scope and does not explicitly incorporate broader human rights principles, including those related to sexual and reproductive health and rights (SRHR), non-discrimination, gender equality, or access to safe and legal abortion services.

Despite operating in a state where the burden of maternal mortality remains high and inequities in access to health services persist, the law does not integrate a rights-based approach to healthcare delivery. It also omits any direct alignment with international human rights frameworks, such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), to which Nigeria is a signatory, and which guarantees the right to the highest attainable standard of physical and mental health.

As a result, the Health Sector Reform Law, though progressive in its effort to improve structural efficiency, fails to provide legal backing for the protection, promotion, and fulfillment of essential SRHR components, including access to comprehensive sexuality education, adolescent health services, contraception, and safe abortion care where legally permitted.

3.3 Lagos state Current Reality - The STOP Guideline

3.3.1 Background

The National Guideline on Safe Termination of Pregnancy for Legal Indications was developed under the leadership of the Federal Ministry of Health (FMOH) in collaboration with Population Services International (PSI), Society of Gynaecology and Obstetrics of Nigeria (SOGON), development partners, and other key stakeholders. The FMOH expressed "sincere appreciation" for the "considerable resources, time and efforts dedicated to the development of this guideline" ¹⁰, ¹¹. The guideline aims to build the capacity of medical professionals to identify pregnancies where the law allows termination and to provide ethical and safe medical management. It provides information on the Nigerian legal framework for abortion, medical indications where pregnancy endangers a woman's life, and step-by-step clinical management protocols¹².

¹⁰ Federal Ministry of Health. (2021). National guideline on safe termination of pregnancy for legal indications. Federal Ministry of Health.

¹¹ Population Services International. (2021). Safe abortion care in Nigeria: Guidelines for health professionals. Population Services International

¹² Society of Gynaecology and Obstetrics of Nigeria. (2021). Medical management of legal indications for safe termination of pregnancy. Society of Gynaecology and Obstetrics of Nigeria.

3.3.2 Implementation of the Lagos State STOP Guidelines

On June 29, 2022, the Lagos State Government officially launched its own State Guidelines on Safe Termination of Pregnancy for Legal Indications, developed by the Directorate of Family Health and Nutrition within the Ministry of Health. The guidelines were intended to develop safe, lawful abortion services aligned with the state's criminal law and improve evidence-based care by public and private health workers¹³.¹⁴. The initiative sought to address gaps in clinical management and reduce maternal mortality by providing health workers with clear guidance on legal and safe termination procedures¹⁵

3.3.3 Suspension of the Lagos State STOP Guidelines

Less than two weeks after the launch, on July 7, 2022, the Lagos State Governor Babajide Sanwo-Olu ordered the suspension of the guidelines to allow the Executive Council to deliberate further. This decision was made following "criticism from different interest groups" and concerns raised by religious organizations¹⁶. Lagos State Commissioner for Health, Professor Akin Abayomi, explained the suspension as necessary to allow for "adequate public

¹³ Lagos State Ministry of Health. (2022). State guidelines on safe termination of pregnancy for legal indications. Lagos State Ministry of Health.

¹⁴ Vanguard News. (2022, June 29). Lagos state launches guidelines for safe termination of pregnancy. Vanguard news

<https://www.vanguardngr.com/2022/07/lagos-suspends-guidelines-on-safe-lawful-abortion/>

¹⁵ Punch. (2022, June 30). Lagos government introduces new guidelines on abortion. Punch <https://punchng.com/lagos-releases-guidelines-on-abortion/>

¹⁶ ThisDay Live. (2022, July 7). Lagos suspends abortion guidelines amid criticism. ThisDay Live. <https://www.thisdaylive.com/2022/07/08/legalisation-of-abortion-in-lagos-state/>

sensitisation and stakeholder engagement to reach a consensus" before proceeding¹⁷
"Following this, the guideline was developed over four years through painstaking work by experts in Law and in Obstetrics and Gynaecology with a focus on creating the opportunity to reduce maternal mortality and in line with existing laws.

"These guidelines have generated immense public interest which has necessitated escalating it to Mr Governor, who has advised further sensitization of the public and key stakeholders to ensure a clearer understanding of the objectives of the guidelines.

"To this end, we are suspending the implementation of these guidelines in the meantime for the Executive Council to deliberate on this matter and ensure adequate public sensitization and stakeholder engagement to reach a consensus required for successful guideline development.

"The Lagos State Ministry of Health remains committed to planning, devising, and implementing policies that promote qualitative, affordable, and equitable healthcare services to the citizenry."

The Catholic Church, particularly the Lagos Archdiocese, publicly rejected the guidelines, claiming the government's assertion of broad stakeholder consultation was "untrue," and stating that they "will not lend ourselves to any process aimed at terminating the life of a baby in the womb" ¹⁸).

3.3.4 Rationale for the Guidelines and Need for Public Engagement

The Lagos State government emphasized that, although therapeutic termination of pregnancy is legally permissible under the state's laws, the lack of clear clinical guidelines had hindered proper implementation, contributing to preventable maternal deaths. Commissioner Abayomi stated: "The absence of clear guidelines had stalled the effective implementation at appropriate levels of care, resulting in preventable deaths"¹⁹. The government also highlighted the need for further sensitization of the public and stakeholders to clarify the objectives of the guidelines and foster greater understanding..

¹⁷ Nigerian Tribune. (2022, July 7). Lagos suspends new abortion guidelines, says Governor. Nigerian Tribune.<https://tribuneonlineng.com/lagos-state-releases-new-guidelines-on-abortion/>

¹⁸ <https://thenationonlineng.net/catholic-church-rejects-lagos-abortion-guidelines/>

¹⁹ Nigerian Health Watch. (2022). Lagos state's abortion guideline suspension: A call for further engagement and public understanding. Nigerian Health Watch.

3.4 National Policies

3.4.1 National Guidelines on Self-Care for Sexual, Reproductive, and Maternal Health, 2020 (Nigeria)

The Federal Ministry of Health (FMOH), with WHO and partners, developed these legally binding national guidelines to standardize self-care interventions for sexual, reproductive, and maternal health (SRMH) across Nigeria (FMOH & WHO, 2021). They promote a rights-based, people-centred approach, emphasizing access to accurate information, respectful care, and elimination of stigma.

The guidelines address safe abortion within Nigeria's restrictive legal framework, recommending self-care practices such as medical abortion self-assessment only under legal indications and in authorized health facilities.

While binding at the federal level, Lagos State has not yet formally adopted or domesticated these guidelines, limiting their implementation locally. This creates a gap in Lagos's health policy and presents an opportunity to strengthen access to safe, legal SRMH services through formal adoption.

3.4.2 National Reproductive Health Policies, 2001

The National Reproductive Health Policy (2001) represents an important national commitment to improving reproductive health outcomes, including recognizing the serious public health challenge posed by unsafe abortion in Nigeria. However, while it acknowledges the prevalence of unsafe abortions and the need to reduce maternal mortality, the policy remains tethered to Nigeria's highly restrictive legal framework on abortion, which only permits termination to save a woman's life.

From a rights-based perspective, this narrow legal stance creates significant barriers for women and pregnant people seeking safe abortion care. The policy's emphasis on prevention through family planning and sexual education is important but insufficient without expanding legal access to safe abortion services. Restrictive laws push abortion underground, increasing the risk of unsafe procedures and contributing substantially to Nigeria's maternal mortality rates.

Furthermore, the policy lacks clear provisions to protect and expand access to safe abortion within the confines of the law, such as ensuring availability of safe medical abortion drugs, clear clinical guidelines, or harm-reduction strategies. The absence of explicit support for safe abortion services within reproductive health limits the policy's effectiveness and perpetuates stigma, discrimination, and misinformation.

Implementation challenges, underfunding, infrastructure deficits, and socio-cultural resistance, compound these problems, leaving vulnerable women, especially young, poor, and rural populations, with limited real options

Legal Framework / Law	Key Provisions on Abortion & Reproductive Health	Exceptions / Legal Allowances	Rights & Protections Mentioned	Notes / Observations
Lagos State Criminal Law (2015)	Criminalizes abortion except to save the life of the pregnant woman; defines unlawful abortion and penalties for offenders	Abortion allowed to save the life of the woman	Protects the right to life of the pregnant woman	Lagos law reflects restrictive abortion stance, focusing on life-saving exceptions
Lagos State Health Sector Reform Law (2007)	Supports access to reproductive health services; mandates improvement of healthcare quality including maternal health	Emphasizes health system strengthening rather than explicit abortion provisions	Rights to quality health care and maternal health services	Sets groundwork for health rights but not specific on abortion laws
National Guidelines for Comprehensive Abortion Care (2021)	Provides protocols for safe abortion care, including counselling, informed consent, and post-abortion care	Allows abortion under broader conditions: rape, incest, fetal impairment, or health risks	Protects reproductive rights and autonomy of women	Progressive guidelines supporting safe abortion access under certain conditions
Nigerian Criminal Code	Criminalizes abortion except when necessary to save the life of the pregnant woman	Exception to save woman's life	Protects fetal life implicitly; woman's life prioritized	National law is restrictive, aligned with Lagos Criminal Law
Nigerian Constitution (1999)	No explicit provision on abortion; guarantees right to life and dignity	Implied protection of life from conception to natural death	Protects fundamental human rights including dignity and life	Ambiguous on abortion, allowing restrictive interpretations

Protection Against Domestic Violence Law	Addresses violence against women including reproductive coercion and abuse	Provides protection for women's safety and health, indirectly supporting reproductive rights	Protects women's rights to safety and bodily integrity	Supports a broader human rights framework that can impact reproductive health
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4. COMPARATIVE ANALYSIS WITH INTERNATIONAL STANDARDS

4.1 Overview of international instruments

4.1.1 Committee on the Elimination of All forms of Discrimination Against Women

Adopted by the United Nations General Assembly in 1979 and entering into force in 1981, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is a landmark human rights treaty that builds on foundational instruments such as the UN Charter and the Universal Declaration of Human Rights (United Nations, . Nigeria ratified CEDAW in 1985, thereby committing to uphold and implement its provisions²⁰.

CEDAW explicitly recognizes that discrimination against women remains pervasive worldwide, undermining their dignity, autonomy, and full participation in all spheres of life²¹. It affirms the principle of substantive equality, obligating States Parties, including Nigeria to take all appropriate legislative, policy, and other measures to eliminate discrimination against women in both public and private spheres²¹.

The Convention mandates the removal of legal and structural barriers that impede women's equal access to education, employment, health care, and economic and social opportunities. It insists on the protection and advancement of women's rights in family life, including equal decision-making power in marriage, parental responsibilities, and property rights²¹.

While CEDAW's text does not explicitly mention safe abortion or termination of pregnancy, subsequent interpretations—particularly General Recommendation No. 24 (1999) by the CEDAW Committee—emphasize that access to reproductive health services, including safe abortion, is integral to realizing women's rights to health,

²⁰ United Nations Treaty Collection, 1985

²¹ United Nations, 1979

autonomy, and freedom from discrimination²². Denying such access perpetuates discrimination by limiting women's control over their bodies and life choices.

By ratifying CEDAW, Nigeria is legally bound to align its national laws and policies with the Convention's mandates, including the obligation to eliminate discriminatory practices and promote gender equality. The Committee established under CEDAW monitors States' compliance through regular reporting and recommendations, reinforcing the treaty's role as a critical tool for advancing gender justice and women's human rights globally

4.1.2 The International Covenant on Civil and Political Rights (ICCPR)

The International Covenant on Civil and Political Rights (ICCPR) is a major human rights treaty adopted in 1966 and in force since 1976. Nigeria ratified it on October 29, 1993, committing to uphold the rights it guarantees²³

Article 6 of the ICCPR protects the right to life, stating no one shall be arbitrarily deprived of life. This right cannot be suspended, even during emergencies. While the ICCPR doesn't explicitly mention abortion, the UN Human Rights Committee clarified in 2018 that restrictive abortion laws can violate the right to life when they force women to seek unsafe abortions or deny access in life-threatening situations. The Committee also states that safe abortion must be accessible in cases of rape, incest, or when the pregnancy risks a woman's life or causes serious suffering (UN Human Rights Committee, 2018).

In Nigeria, abortion is mostly illegal except to save the woman's life (Criminal Code Act). This has contributed to high rates of unsafe abortion, a major cause of maternal deaths. Over 60% of abortions in Nigeria are unsafe, causing many preventable deaths and injuries²⁴.

The ICCPR also guarantees non-discrimination and equality (Articles 2 and 26), meaning denying women access to safe abortion care can amount to gender discrimination. Nigeria's ratification of the ICCPR, alongside regional commitments like the Maputo Protocol (ratified in 2004), creates a strong legal basis for reforming abortion laws and improving access to reproductive health services.

²² CEDAW Committee, 1999

²³ United Nations Treaty Collection, 2024

²⁴

<https://businessday.ng/opinion/article/unsafe-abortion-is-not-a-choice-how-stigma-pushes-women-into-danger/>

These international commitments underline Nigeria's obligation to protect women's rights, health, and dignity through safe and legal abortion access, especially in cases where their lives or health are at risk.

4.1.3 Maputo Protocol

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, commonly known as the Maputo Protocol, is a groundbreaking regional legal instrument adopted by the African Union (AU) on 11 July 2003 in Maputo, Mozambique. It supplements the 1981 African Charter by specifically addressing the rights of women and girls, including strong provisions on sexual and reproductive health and rights (SRHR)—most notably, the right to access safe abortion under certain conditions.

Article 14 of the Protocol, titled Health and Reproductive Rights, asserts a woman's right to control her fertility and reproductive life. Crucially, Article 14(2)(c) obliges States Parties to:

"Take all appropriate measures to protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus."

This clause is widely recognized as a historic breakthrough, making the Maputo Protocol the first binding human rights treaty to explicitly require legal access to abortion under such conditions.

As of 2024, Nigeria has signed (in 2003) and ratified (in 2004) the Maputo Protocol, committing to uphold its provisions. However, the country has not yet domesticated or fully implemented Article 14(2)(c) within its national legal framework. Nigeria's abortion laws remain highly restrictive, allowing abortion only to save the life of the mother under the Criminal and Penal Codes applicable in the South and North, respectively. This disconnect between international commitment and national law has left millions of Nigerian women without access to safe abortion, contributing to the high rates of unsafe procedures and maternal mortality²⁴.

The Protocol recognizes that denying access to safe abortion violates women's rights to dignity, health, and autonomy. The World Health Organization identifies unsafe abortion as a leading cause of maternal deaths in sub-Saharan Africa, especially among young and marginalized women²⁵.

²⁵ WHO, 2021

For the Maputo Protocol to fulfill its transformative potential, States Parties like Nigeria must align domestic laws with Article 14, remove punitive legal barriers, and invest in accessible, safe, and stigma-free reproductive health services. The African Commission on Human and Peoples' Rights monitors compliance, and the African Court on Human and Peoples' Rights may interpret and enforce provisions of the Protocol when required.

4.2 Global Best Practices: Examples From Countries With Progressive Abortion Laws

4.2.1 South Africa

South Africa's Choice on Termination of Pregnancy Act (1996) allows abortion on request up to 12 weeks and under specific conditions up to 20 weeks. The law emphasizes autonomy, dignity, and access, resulting in a significant reduction in unsafe abortions and related maternal deaths²⁶. The policy is supported by public sector provision and national reproductive health strategies²⁷.

4.2.2 Tunisia

Tunisia legalized abortion in 1973, permitting it on request during the first trimester and later under medical or social grounds. Integrated into the public health system, the policy ensures universal access and reflects a long-standing commitment to gender equality and public health^{28,29}.

These examples demonstrate how legal reform, state investment, and rights-based policies can significantly reduce unsafe abortions and uphold reproductive autonomy

4.3 Legal obligations Nigeria has as a signatory

4.3.1 Maputo Protocol (ratified in 2004)

Nigeria is legally bound by the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), which in Article 14(2)(c) explicitly obligates States to:

- Protect women's reproductive rights, including the right to access safe abortion in cases of sexual assault, rape, incest, or when the pregnancy endangers the life or health of the mother.

²⁶ Jewkes, R., Rees, H., Dickson, K., Brown, H., & Levin, J. (2005). The impact of abortion legislation on maternal mortality in South Africa. *Studies in Family Planning*, 36(2), 83–90

²⁷ South African Department of Health. (2007). *Policy Guidelines for Youth and Adolescent Health*

²⁸ Hessini, L. (2007). Abortion and Islam: Policies and Practice in the Middle East and North Africa. *Reproductive Health Matters*, 15(29), 75–84.

²⁹ UNFPA. (2017). *State of World Population Report: Worlds Apart – Reproductive Health and Rights in an Age of Inequality*

- Adopt legislative and other measures to give effect to these rights.

By ratifying the Maputo Protocol, Nigeria is required to harmonize domestic laws and policies with these provisions, ensuring access to safe abortion services in the stated circumstances.

4.3.2 International Covenant on Civil and Political Rights (ICCPR) (ratified in 1993)
Nigeria has committed to uphold fundamental civil and political rights under the ICCPR. Key obligations include:

- Protecting the right to life (Article 6), interpreted by the UN Human Rights Committee to include access to safe and legal abortion to prevent maternal mortality and suffering (General Comment No. 36).
- Upholding equality and non-discrimination (Articles 2 and 26), including in access to health services. Denial of abortion may constitute gender-based discrimination and a violation of the right to dignity and health.

4.3.3 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (ratified in 1985)

As a CEDAW State Party, Nigeria is obligated to:

- Eliminate discrimination against women in healthcare (Article 12), including access to family planning and reproductive services.
- Ensure women's right to decide freely on matters related to reproduction and protect their access to services without coercion or discrimination.
- Implement legal and policy reforms to dismantle cultural and legal barriers that impede reproductive rights (General Recommendation No. 24).

4.4 Lagos State's compliance (or lack thereof) with these obligations

Although Nigeria is a signatory to the Maputo Protocol (ratified in 2004), the International Covenant on Civil and Political Rights (ICCPR) (ratified in 1993), and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (ratified in 1985), Lagos State has not fully domesticated or implemented the

abortion-related provisions of these treaties into its legal or policy frameworks. This section outlines Lagos State's compliance under each treaty:

4.4.1 Maputo Protocol – Article 14 (Reproductive Health and Rights)

Obligations: State parties must ensure the right to access safe abortion in cases of rape, incest, sexual assault, and when the pregnancy endangers the woman's mental or physical health or life.

Status in Lagos: Lagos State operates under the Criminal Code, which only permits abortion to save the life of the pregnant person (Section 297). There is no provision for legal abortion in cases of rape, incest, or threats to health, which directly conflicts with the explicit obligations in Article 14(2)(c) of the Maputo Protocol.

Implication: Lagos fails to meet the minimum threshold of compliance, as the current legal framework does not reflect the broader grounds for abortion stipulated in the Protocol.

4.4.2 ICCPR – Articles 6 (Right to Life) and 26 (Non-Discrimination)

Obligations: States must protect the right to life and ensure equality before the law without discrimination. According to General Comment No. 36 (2018), restrictive abortion laws that cause women to seek unsafe services may violate the right to life.

Status in Lagos: Despite high rates of maternal mortality linked to unsafe abortion, Lagos has not reformed its legal stance or adopted a rights-based abortion policy. Access remains restricted, disproportionately impacting low-income, rural, and marginalized women.

Implication: By failing to ensure access to safe and legal abortion in circumstances that threaten a woman's health or dignity, Lagos may be in breach of its obligations to protect the right to life and uphold non-discrimination under the ICCPR.

4.4.3 CEDAW – Article 12 (Health) and General Recommendation No. 24

Obligations: States are required to eliminate discrimination in health care access, including in the area of sexual and reproductive health, and to ensure availability of services that meet women's health needs.

Status in Lagos: While Lagos has made notable progress in family planning and maternal health services, it has not legislated or operationalized access to safe abortion in line with CEDAW's principles. The continued criminalization of abortion, except to save a woman's life, constitutes a barrier to full reproductive autonomy.

Implication : Lagos's failure to address the legal and structural barriers to abortion services amounts to non-compliance with its obligations to guarantee women's equal access to health care and remove discriminatory practices.

4.5 Key Areas of Divergence

Dimension	Nigerian Law / Lagos State	International Best Practice	Implications
Legal Grounds for Abortion	Permitted only to save a woman's life; Lagos guidelines mention other indications but legal force.	Permitted for broad health, social, and economic reasons, and on request in many countries.	Denial of access leads to unsafe abortion, maternal mortality, and health inequities.
Criminalization	Abortion is criminalized for both providers and pregnant persons (Sections 228–230 of the Criminal Code).	Decriminalization strongly recommended to protect human rights.	Creates a chilling effect on healthcare providers and restricts access to safe abortion.
Consent and Autonomy	No provisions supporting access based on woman's consent alone.	Full recognition of a woman's right to make decisions about her reproductive life.	Limits agency and perpetuates gender-based discrimination.
Access for Minors and Vulnerable Groups	No special legal protections or facilitative provisions.	Additional safeguards and support recommended for minors, survivors of sexual violence, and vulnerable populations.	Barriers worsen inequalities and exclude those most in need.
Post-Abortion Care	Widely available and included in national health policies.	Mandated under all circumstances, regardless of legality of abortion.	Nigeria aligns with global norms here, although stigma still limits uptake.

Policy vs. Law	Lagos guidelines attempt expansion through policy but lack statutory status.	Legal reforms attempt to institutionalize rights and ensure enforceability.	Legal ambiguity leads to inconsistent service delivery and fear of prosecution.
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4.6 Summary of Key Discrepancies

Issue Area	International Standards	Lagos State/National Law	Discrepancy
Discrimination	Prohibited under CEDAW, Maputo	Constitutional ban; no operational state law	Lack of gender equality legislation
Reproductive Health Access	Universal, equitable access mandated	Poor implementation; underserved slums	Implementation gap
Abortion	Permitted in certain cases under Maputo	Criminalized broadly	Misalignment with Maputo
Harmful Practices	Mandated prohibition under law	No Lagos law criminalizing FGM/child marriage	Lack of state-level enforcement
GBV	Mandated prevention & punishment	Lagos has laws, but gaps in enforcement	Weak implementation and survivor services

5. LEGAL GAPS AND IMPACT ASSESSMENT

Nigeria's ratification of key international and regional human rights instruments—the Maputo Protocol, CEDAW, and ICCPR—creates a clear legal obligation to uphold and protect women's sexual and reproductive rights, including access to safe abortion under defined conditions. However, these commitments are not yet adequately reflected in domestic or subnational legislation.

Under the Criminal Code (applicable in Lagos and Southern Nigeria), abortion remains a criminal offence except to save the life of the pregnant person. This stands in contrast to Article 14(2)(c) of the Maputo Protocol, which obligates states to authorize abortion in cases of sexual assault, rape, incest, and health risks. Similarly, CEDAW (General Recommendation 24) and the ICCPR (General Comment 36) stress that denial of safe abortion services, especially where they impact life, health, or dignity, violates a state's duty to ensure non-discrimination, equality, and the right to life.

Yet, despite these clear international norms, Nigeria's constitutional framework under Section 12(1) "No treaty between the Federation and any other country shall have the force of law except to the extent to which any such treaty has been enacted into law by the National Assembly." requires domestication of treaties through national legislation before they can be enforceable. No such comprehensive legislation currently exists to domesticate the Maputo Protocol, CEDAW, or ICCPR in a manner that protects reproductive rights in line with these standards.

Lagos State, while relatively advanced in sexual and reproductive health programming, has not enacted any legal reforms to broaden access to safe abortion beyond the life-saving exception. The state still operates under the restrictive Criminal Code framework, thereby falling short of obligations under CEDAW Article 12 and ICCPR Article 6, both of which require states to ensure non-discriminatory access to health care, including reproductive services. This legislative inertia limits policy innovation at the state level and restricts the capacity of health systems to respond to the needs of women, girls, and marginalized populations.

5.1 Impact Of Current SRHR Laws:

5.1.1. Maternal Morbidity and Mortality

- High contribution of unsafe abortion to maternal deaths:
Lagos State reflects Nigeria's national pattern, where unsafe abortions account for approximately 10-30% of maternal deaths ³⁰
- Due to restrictive abortion laws, many women resort to unsafe methods, leading to severe complications like hemorrhage, infection, infertility, and death.
- Maternal mortality ratio (MMR) in Lagos remains elevated, with unsafe abortion as a major preventable cause (estimated MMR in Nigeria ~512 per 100,000 live births).

³⁰ WHO, 2021

5.1.2. Unsafe Abortion Prevalence

- Nigeria has an estimated 1.25 million induced abortions annually, with Lagos, as a populous urban center, having a substantial share..
- Majority of these abortions are unsafe due to restrictive laws that allow abortion only to save the woman's life (Criminal Code Act, Lagos State Penal Code).
- Unsafe abortion complications result in over 200,000 hospital admissions annually in Nigeria, many from Lagos³¹
- Adolescents and marginalized groups face disproportionate risk of unsafe abortion.

5.1.3. Stigma and Criminalization

- Abortion is highly stigmatized culturally and legally in Lagos.
- Women and providers fear prosecution, which drives abortion underground and hinders seeking post-abortion care (PAC).
- Stigma particularly impacts young women and unmarried girls, forcing secrecy and delay in care, increasing health risks.
- Providers face criminal sanctions under the Criminal Code and Penal Code.

5.1.4. Access Barriers for Adolescents, Poor Women, and Minority Persons

- **Adolescents:** Limited SRHR education and fear of stigma prevent adolescents from accessing safe abortion or contraception.
- **Poor women:** Financial barriers and lack of safe service availability push them towards unskilled providers.
- **Minority persons:** Face compounded stigma and discrimination, with almost no targeted services or legal protections, increasing risk of unsafe abortions.
- Legal restrictions exacerbate barriers, as providers often refuse services or demand high fees for “discreet” care.

³¹ National Demographic and Health Survey - NDHS 2018

5.1.5. Health System Burdens

- Lagos health facilities bear a heavy load of managing complications from unsafe abortions — up to 30% of gynecological admissions are post-abortion complications³²
- This strains limited resources, including staff time, blood supplies, antibiotics, and surgical equipment.
- Funds are diverted from other maternal health needs to manage preventable complications.
- Lack of clear guidelines and training for providers on safe abortion and post-abortion care worsens system inefficiency.

6. STAKEHOLDER MAPPING AND INFLUENCE

6.1 Key Stakeholders in Abortion Law Reform Process in Lagos

Stakeholder Group	Role / Interest in Reform	Influence on Policy	Influence on Public Sentiment	Notes
Government Authorities	- Lawmakers (State House of Assembly) - Ministry of Health - Lagos State Attorney General	High: They draft, approve, and enforce laws. Their stance can enable or block reforms.	Medium: Government messaging shapes public understanding but often cautious due to political sensitivity.	Politically cautious; conservative views often dominate.

³² Suzanne O Bell, Elizabeth Omoluabi, Funmilola OlaOlorun, Mridula Shankar, Caroline Moreau - Inequities in the incidence and safety of abortion in Nigeria: BMJ Global Health 2020;5:e001814

Religious Organizations	Christian and Muslim religious leaders and bodies	High: Significant sway over lawmakers and communities; often oppose liberal abortion laws.	Very High: Shape public moral views, largely against abortion.	Their opposition can strongly mobilize public resistance to reform.
Health Sector (Doctors, Nurses, NGOs)	Provide SRHR services and advocate for safe abortion access	Medium to High: Can provide evidence and advocate for reform but limited direct policymaking power.	Medium to High: Influence public opinion via health education and services.	Often underfunded and stigmatized but key in harm reduction messaging.
Women's Rights & Feminist Groups	Advocacy for reproductive rights and abortion law reform	Medium: Lobby policymakers, run campaigns, and organize public support	High: Raise awareness and shift societal norms, especially among youth and urban populations	Often face backlash but critical to framing abortion as a human right.
Traditional Leaders & Community Elders	Custodians of cultural norms, influencers in communities	Medium to Low: Can endorse or oppose reforms; influence depends on engagement	High: Their views heavily shape grassroots opinions	Typically conservative; their buy-in is crucial for community acceptance.
Media Outlets & Journalists	Inform public, frame narratives on abortion and reforms	Medium: Can influence policymakers by shaping public discourse	High: Critical in shaping societal views through news, talk shows, social media	Mixed coverage; some outlets supportive, others conservative.

Youth & Student Groups	Often more progressive and open to reform	Low to Medium: Limited direct influence on policy	High: Influence social media and peer attitudes	Growing force for change but need support and organization.
International Donors & Human Rights Bodies	Provide funding and technical support for advocacy	Medium: Influence through conditional funding and advocacy	Low to Medium: Public influence indirect via funded programs	Can help build capacity but may face nationalist pushback.
Legal Professionals & Academia	Interpret laws, provide research and legal opinions	Medium: Influence law reform through expert advice and litigation	Medium: Influence educated public and policymakers	Important for framing reform within constitutional and human rights frameworks.

- Strongest influence on policy: Government authorities and religious organizations. Their positions can make or break reform efforts.
- Strongest influence on public sentiment: Religious leaders, media, and community elders shape societal attitudes strongly, often conservatively.
- Key allies for reform: Women's rights groups, youth movements, progressive health professionals, and supportive media outlets.
- Major barriers: Conservative religious and cultural values, political risk aversion by lawmakers, stigma around abortion.
- Strategic opportunities: Engaging traditional leaders and youth, leveraging media narratives on maternal health risks and women's rights, and using evidence from health professionals to frame reform as a public health necessity.

7 RECOMMENDATIONS

7.1. Legal Reforms

- Expand the legal grounds for abortion in Lagos State beyond life-saving to include rape, incest, fetal anomalies, and mental health. Ethiopia's 2005 reform provides a strong precedent, reducing maternal mortality significantly after liberalization³³
- Establish legal protections for abortion providers who offer care within the law, safeguarding them from prosecution and harassment. South Africa's Choice on Termination of Pregnancy Act enabled provider protection and contributed to a 91% reduction in deaths from unsafe abortion³⁴

7.2. Policy Reforms

- Develop a Lagos State SRHR Policy that explicitly addresses access to safe abortion under permitted grounds, institutionalizes post-abortion care, and establishes referral mechanisms or support the MDAs to review and update existing policies to reflect current realities. Kenya's National PAC Guidelines improved service quality and access in similar settings³⁵
- Ensure inclusion of adolescents, Minority persons, and persons with disabilities in SRHR policies and programming. Ghana's Adolescent Health Strategy successfully integrated youth-friendly services, increasing uptake of SRHR services among young people³⁶

³³ Center for Reproductive Rights. (2012). The World's Abortion Laws Map.

³⁴ Guttmacher Institute. (2021). Abortion in South Africa: A Decade of Progress

³⁵ Ipas Africa Alliance. (2020). Improving Post-Abortion Care in Kenya.

³⁶ UNFPA Ghana. (2016). State of the World Population Report.

³⁷ Ipas Rwanda. (2018). Legal Environment Assessment for Abortion in Rwanda.

7.3. Strategic Actions

- Train police officers, magistrates, and legal aid providers on SRHR laws, women's rights, and ethical enforcement. Rwanda's legal education program for justice actors reduced arbitrary arrests of women and clarified legal procedures³⁷
- Launch a culturally sensitive advocacy campaign involving religious and traditional leaders to destigmatize abortion and support access. Uganda's "Get Involved" campaign effectively engaged faith leaders and shifted public opinion on SRHR³⁸
- Secure and track dedicated SRHR budget lines for safe abortion, contraception, and post-abortion care at state level. Senegal's budget tracking model increased transparency and funding efficiency in reproductive health^{39;40}.

³⁸ UNFPA Uganda. (2019). Get Involved: Engaging Religious Leaders for SRHR.

³⁹ Options UK. (2020). Strengthening Budget Accountability for Health in Senegal.

⁴⁰ World Bank. (2021). Reproductive Health Financing in Sub-Saharan Africa.

ANNEX X: SUMMARY OF VALIDATION MEETING ON YNCSD LEGAL AND POLICY ANALYSIS REPORT

1. Summary of Validation Meeting

A validation meeting was convened to review the draft Legal and Policy Analysis Report developed by YNCSD. The session brought together stakeholders from government agencies, legal institutions, human rights bodies, civil society organizations, and health practitioners. The goal was to ensure that the legal and policy recommendations were aligned with current realities, stakeholder experiences, and evolving social norms, while capturing practical insights and evidence from the field.

2. Stakeholder Feedback

a) Legal Interpretation and Criminal Code Clarification

- A representative from the Human Rights Commission clarified the interpretation of Section 297 of the Criminal Code. He noted that "reasonable care and skill" refers to "due care" grounded in good medical ethics.
- Another stakeholder confirmed that the amendment of the Criminal Code (2011) is still pending, indicating a gap between legislative intent and implementation.

b) Policy Gaps, Implementation Challenges, and Normative Barriers

- Stakeholders stressed that social norms—not policy alone—are driving resistance to SRHR reforms. Family planning remains a controversial topic among families despite national efforts.
- The failure of the STOP Guidelines in Lagos State was linked to inadequate stakeholder engagement during COVID-19, which led to backlash and an absence of consensus.

c) Framing and Language of SRHR Policies

- Language emerged as a critical barrier. For instance, "child spacing" is often preferred over "family planning" to improve cultural acceptance.
- The withdrawal of Sex Education from the Basic Education Curriculum in November 2022 was cited as an example of how religious and social factors, amplified by poor advocacy framing, can derail policy.

d) Overlapping and Conflicting Legal Instruments

- The Protection Against Domestic Violence Law (PDVL) is already operational in Lagos State, which partly explains why the VAPP Act has not been domesticated.
- A participant noted that although there is speculation that the PDVL is under review, there is currently no official evidence to substantiate that.

e) Traditional and Religious Influences

- The case of the Oro Festival was cited as an example of the influence traditional leaders can wield in reshaping cultural norms. Traditionally, women were not allowed to go out for three days during the festival. However, after community members appealed to a reigning Oba, highlighting the negative impact on women's livelihoods, he reduced the restriction to one day. This demonstrates that traditional leaders have the authority and social power to influence and modify entrenched practices, especially when approached through respectful dialogue and evidence-based advocacy.
- It was also emphasized that what is often presented as traditional belief may, in reality, be politically driven. Some cultural practices are sustained not solely because of community values but due to underlying political agendas or interests. This suggests that "tradition" can sometimes be a mask for political decisions, and, as such, can be challenged or changed through strategic advocacy and community engagement.

f) Health Systems and Service Delivery

- The Young Mothers Clinic in Lagos supports girls aged 10–18 who are pregnant. These girls are classified as "matured minors."
- Participants stressed the need to include mental health definitions in SRHR laws to support clinical decision-making by medical professionals.

g) Medical Practice and Regulation

- Stakeholders emphasized the need for medical practitioners to be trained on SRHR ethics and procedures, particularly with regard to abortion and mental health exceptions.
- There was also a call to pay closer attention to Female Genital Mutilation (FGM), which remains prevalent in Lagos State communities.

h) Policy Advances and Limitations

- The Lagos State Government, through collaboration with the Saving One Million Lives Program for Results, has domesticated the National Reproductive Health Policy.
 - This policy prioritizes family planning, safe motherhood, and adolescent reproductive health.
 - It acknowledges the role of Traditional Birth Attendants (TBAs) and calls for their training, regulation, and registration to reduce complications.
- However, the current national policy does not directly mention safe abortion, though stakeholders view it as a step forward.
- It was noted that Lagos will not implement the 2017 version of the policy wholesale. Instead, it is being refined and rolled out in phases to suit the state's demographic and health needs.

3. Points of Consensus

- Social norms are a major barrier to SRHR policy implementation and require targeted framing.
- There is a need for improved stakeholder advocacy, particularly during the policy formulation stage.
- The training and regulation of health providers (especially TBAs and SRHR professionals) is crucial.
- Inclusion of mental health within SRHR policies is urgently needed.

- The domestication of the National Reproductive Health Policy by Lagos State represents a hopeful and progressive step toward strengthening reproductive health services. While safe abortion is not explicitly mentioned, the policy's focus on family planning, adolescent health, and maternal care signals a shift in the right direction and provides a foundation upon which more comprehensive SRHR reforms, including safe abortion, can be built.

4. Areas of Disagreement or Suggested Revisions

- There was some debate over the level of influence community leaders truly wield.
- Uncertainty remains around the status of PDVL review and the feasibility of repealing or amending the VAPP Act.
- Framing around sex education and family planning continues to provoke tension, with some suggesting a complete terminology overhaul.

5. Action Points or Next Steps

- Continue stakeholder advocacy to support the amendment—not repeal—of SRHR-related laws (e.g. VAPP).
- Promote inclusion of precise definitions for mental health in laws affecting abortion and reproductive health.
- Strengthen social change communication strategies to improve policy framing (e.g. family planning vs. child spacing).
- Advocate for SRHR to be addressed in future iterations of the National Reproductive Health Policy.
- Encourage training, registration, and regulation of TBAs as part of broader maternal health strategies.
- Address FGM through both legal and community-level strategies, particularly in underreported localities.

ANNEX Y: LIST OF PARTICIPANTS – VALIDATION MEETING ON LEGAL AND POLICY ANALYSIS REPORT

The following individuals participated in the validation meeting convened by YNCSD to review the draft Legal and Policy Analysis Report:

Name	Organization
Dr Adeyemi Wuraola	Lagos State Ministry of Health
Lucas Koyejo	National Human Rights Commission
Christiana Njokwu	Centre for Citizens With Disability
Sekinah O Adeleke	Community Women's Right Foundation
Alexandra Maduagwu	The Initiative for Equal Rights (TIERS)
Rosemary Obeta Asogwa	Inclusive Hub for Sustainable Development Initiative
Nzegwu Queenet C.	National Human Rights Commission
Vivian Emesowum	Grassroot People and Gender Development Centre
Victoria Agholo	Vision Spring Initiatives
Tife Adenisimi	Think Positive Live Positive Initiative

Note: This list includes representatives from government agencies, civil society organizations, and human rights institutions.



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