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The contribution of anti-abortion law on maternal mortality: A case study in Nigeria

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Abstract

Background: Abortion in Nigeria has been controversial, and both the proponents (protagonists) and opponents (antagonists) have good arguments. Proponents of the abortion prohibition law of Nigeria (the pro-life group) argue that human life is sacred and the right to life is basic; hence, on no account should one be deprived of that fundamental human right, not even the fetus in-utero.

Objectives: This review aims to discuss the concepts of abortion and maternal mortality, analyze the Nigerian abortion laws, discuss issues and controversies with abortion in Nigeria as it relates to maternal mortality and morbidity; and discuss the contributions of this Law on maternal mortality and morbidity in Nigeria.

Method: The relevant materials for this article were obtained from search engines such as PubMed and Google Scholar respectively.

Conclusion: Reviewed literature reveals that many of the contributory factors to maternal mortality could be avoided if preventive measures were taken and adequate care was available. In view of this, efforts should be made by governments and policy makers towards the provision of safe, available and effective abortion care to Nigerian women at all levels of health care, most especially at the grass-root level, primary health care. The study also revealed a poor level of awareness of the Nigerian Abortion Law among women. It is therefore necessary to ensure the wide dissemination of the abortion law and its provisions to the Nigerian public in order to arm them with the necessary information to participate actively in campaigns on abortion law reforms.

Keywords: Abortion; Unsafe abortion; Safe abortion; Maternal mortality; Nigerian Abortion Laws

1. Introduction

Maternal mortality has been on the increase in recent times in Nigeria, with detrimental effects on the socioeconomic development of the nation [1] and Nigeria has been mentioned by the United Nations as having one of the highest rates of maternal mortality in the world [2;3]. As a matter of fact, Nigeria still ranks second globally in the number of maternal deaths [4]. Numerous studies reported that one hundred and forty-five (145) Nigerian women die of pregnancy-related

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complications every day [4;5]. This is pathetic, but more worrisome is the fact that maternal mortality is classified among preventable deaths [1].

On the other hand, induced abortion continues to be a major public health issue that evokes social, political, legal, cultural, and religious sentiments and debates in all societies, especially in countries with restrictive abortion laws like Nigeria. Although abortion is among the safest medical procedures when performed according to recommended guidelines [5], certain situations could give rise to serious complications following abortion, such as care providers and settings that fail to meet minimum acceptable standards. Unsafe abortions are most common in countries with restrictive abortion laws [5; 6], mentioned restrictive laws as the leading barrier to accessing safe abortion services. Restricting abortion through restrictive laws has been shown to increase rates of unsafe abortion rather than eliminate the need for abortion; Akande *et al*., [7] argue that strict laws force many women to seek the services of unqualified practitioners, with high morbidity and mortality as a result, both of which are an unacceptable price to pay for pregnancy. [8] stated that women all over the world are highly likely to have an induced abortion when faced with an unplanned pregnancy, irrespective of legal conditions. Research has shown that the more abortion restrictions a state has, the worse women's and children's health outcomes in the state [9]. In Nigeria, an estimated 1,000,000 abortions are performed each year, amounting to approximately 33 abortions per 1,000 women of childbearing age [10], and the majority of these abortions are unsafe because they are performed by unskilled abortion care providers or in an environment that does not meet the minimum medical standards.

These unsafe abortions continue to be a major reproductive health concern in Nigeria, as they are a major contributor to high maternal mortality and morbidity rates, accounting for up to 30-40% of maternal deaths in Nigeria [11] and one in every eight maternal deaths in the West Africa sub-region as a whole [12]. It has also been reported that 50% of such deaths involve adolescents and young women [3]. Against this background, this paper undertakes an exposition of Nigeria's abortion law and its impact on maternal mortality and morbidity in the country. It first analyzes the law, then describes its impact on Nigerian society, especially as it affects maternal mortality and morbidity, and recommends possible ways forward.

2. Discussion of Basic Concepts

2.1. Abortion

The term "abortion" is defined as the spontaneous or induced termination of a pregnancy before the age of viability, while "induced abortion" is defined by the International Federation of Gynecology and Obstetrics (FIGO) Ethics Committee as the termination of a pregnancy using drugs or surgical intervention after implantation and before the embryo or fetus has become independently viable [13]. It is an artificially induced termination of pregnancy with the intention (either express or implied) of bringing about the death of the fetus. The gestational age of attainment of fetal viability is defined as 24 weeks for developed countries and 28 weeks for developing countries.

Abortion is among the safest medical procedures when performed by trained healthcare providers with proper equipment, correct technique and aseptic standards according to recommended guidelines [13] and unsafe when performed by quacks in settings that do not meet minimum acceptable standards. An unsafe abortion is a life-threatening procedure; it includes self-induced abortions, abortions in unhygienic conditions, and abortions performed by a medical practitioner who does not provide appropriate post-abortion attention. WHO defines unsafe abortion as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both [14]. While the definition seems to be linked to the process, characteristics of an unsafe abortion touch on inappropriate circumstances before, during or after an abortion.

2.2. Unsafe Abortion

The following conditions typically characterize an unsafe abortion, sometimes only a few conditions prevail, and sometimes all or most of them

- No pre-abortion counselling and advice
- Abortion is induced by an unskilled provider, frequently in unhygienic conditions, or by a health practitioner outside official/adequate health facilities;
- Abortion is provoked by insertion of an object into the uterus by the woman herself or by a traditional practitioner, or by a violent abdominal massage;

- A medical abortion is prescribed incorrectly or medication is issued by a pharmacist with no or inadequate instructions and no follow-up;
- Abortion is self-induced by ingestion of traditional medication or hazardous substances.

Further hazardous features of unsafe abortion as enumerated by [15] are:

- The lack of immediate intervention if severe bleeding or other emergency develops during the procedure;
- Failure to provide post-abortion check-up and care, including no contraceptive counselling to prevent repeat abortion;
- The reluctance of a woman to seek timely medical care in case of complications because of legal restrictions and social and cultural beliefs linked to induced abortion.

2.3. Safe Abortion

Abortions are safe if they are done with a method recommended by WHO that is appropriate to the pregnancy duration and if the person providing or supporting the abortion is trained. Such abortions can be done using tablets (medical abortion) or a simple outpatient procedure. The new framework for measuring and classifying the safety of abortion has progressed from a dichotomy of safe (and legal) abortions and unsafe (and illegal) abortions to a broad spectrum of safety. In this new framework, abortions fall into one of three categories: safe, less safe and least safe [15]. The WHO defines an abortion as safe if it is provided both by an appropriately trained provider, and using a recommended method. Less-safe abortions meet only one of these two criteria: for example, if provided by a trained health worker using an outdated method (such as dilatation and curettage) or self-induced by a woman using a safe method (such as the drug misoprostol) without adequate information or support from a trained individual. Least safe abortions meet neither criterion; they are provided by untrained people using dangerous methods, such as sharp objects, toxic substances, or traditional concoctions [16]. However, the term "unsafe abortion" will be used throughout this paper to refer to less-safe and least-safe abortions. Unsafe abortions are most common in countries with restrictive abortion laws [5;8] posit that women all over the world are highly likely to have an induced abortion when faced with an unplanned pregnancy, irrespective of legal conditions. Hence, limiting abortion through restrictive laws has been shown to increase rates of unsafe abortion rather than eliminate the need for abortion. In Nigeria, Bankole *et al*., [3] reported an estimated abortion rate of 33 abortions per 1,000 women aged 15–49 in 2012. That is to say that one in seven pregnancies (14%) ended in induced abortion in 2012 nationwide. Also, abortion rates vary across the country. In 2012, there were 27 abortions per 1,000 women aged 15–49 in the South West and North Central zones; 31 per 1,000 in the north-west and south-east zones; and 41 and 44 per 1,000 in the north-east and south-south zones, respectively [16]. The proportion of pregnancies ending in induced abortion was lowest in the south-west (11%), and highest in the north-east (16%) and south-south (17%). Abortion rates have declined significantly since 1990 in the developed world but not in the developing world [17]. The main reasons usually given for procuring an abortion include the desire not to interrupt education or career, the tender age of previous babies, pregnancy resulting from rape or incest, relationship problems, age or health problems, too many children, and the fear of social stigmatization [18]. Induced abortion is common in Nigeria despite the restrictive laws [19; 20], and the majority of these abortions are unsafe as they are performed by unskilled abortion care providers or in an environment that does not meet the minimal medical standards, or both. It is estimated that more than 3,000 Nigerian women die each year because of complications from unsafe abortions [19]. Bell *et al*., [21] reported that there were 45.8 abortions per 1,000 Nigerian women of reproductive age in 2018, approximately two-thirds of which were unsafe. Furthermore, for every maternal death associated with unsafe abortion, there are hundreds of women who survive with morbidities associated with unsafe abortion procedures [19]. Prada *et al*., [19] reported that young, educated, and urban women were more likely to have had a recent abortion, while young, uneducated, rural, and poor women were more likely to have had an unsafe abortion. Thus, they held that abortion is very common in Nigeria despite the restrictive laws and that unsafe abortion is an issue of health inequity, with the most disadvantaged women most likely to experience an unsafe abortion. More or less, because the restrictive laws, coupled with widespread patriarchal beliefs and practices, make access to safe abortion services extremely limited for Nigerian women, and even more out of reach for girls [22]. Also, stigmatization (94.3%) was the most reported socioeconomic factor that affected unsafe abortion among a population of adolescents in Enugu [23]. Various findings argued that this is as a result of restrictive abortion laws, as most abortions cannot be carried out in public health institutions, and this drives the practice underground, making it unsafe [18;23]. These unsafe abortions continue to be a major reproductive health concern in Nigeria, as they are a major contributor to high maternal mortality and morbidity rates, accounting for up to 30-40% of maternal deaths in Nigeria [11] and one in every eight maternal deaths in the West Africa sub-region [12].

2.4. Maternal Mortality

Maternal mortality, also known as maternal death, is defined as the death of a woman while pregnant or within 42 days of the termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes [24]. It refers to deaths due to complications from pregnancy or childbirth. Similarly, maternal morbidity refers to any physical or mental illness or disability directly related to pregnancy and/or childbirth [25]. Many times, this often results in an inability to function properly and, in many situations, affects the victim's economic, social, and fertility roles [1]. These may not necessarily be life-threatening but can have a significant impact on the quality of life. Examples include: urinary incontinence, hemorrhoids, dyspareunia, fistulas (vesico-vaginal, vesico-rectal), uterine prolapse, postpartum depression, and psychosis [1].

Several factors have been noted to be responsible for the high prevalence of this preventable menace, ranging from medical (direct) causes (hemorrhage, sepsis, hypertensive disorders of pregnancy, unsafe abortion and its complications, obstructed labor), indirect causes (conditions that existed before pregnancy but were aggravated by pregnancy, examples, sickle cell disease, anemia, HIV/AIDS), socio-economic determinants (ignorance and illiteracy, poverty, place of residence), and cultural factors (harmful traditional practices), to knowledge and attitudes towards seeking healthcare. 70% of maternal deaths in Nigeria are caused by one of five complications: hemorrhage, infection, unsafe abortion, hypertensive diseases of pregnancy, and obstructed labor [26].

Despite numerous attempts at mitigating its unenviable contribution, unsafe abortion remains a common cause of maternal morbidity and mortality, especially in low- and medium-income countries [27]. Nigeria has one of the highest maternal morbidity and mortality rates in the world, mostly due to unsafe abortions [22], as these unsafe abortions are often associated with complications ranging from sepsis, hemorrhage requiring blood transfusion, uterine and bowel perforation, pelvic abscess, endotoxic shock, renal failure, and death to long-term sequelae like ectopic pregnancy, cervical incompetence, cervical dystocia, chronic pelvic pain, and infertility, with grave implications for the future reproductive health of the woman.

Unintended or unplanned pregnancy is the precursor to induced abortion; unfortunately, rates of unintended pregnancy and unsafe abortion remain high in Nigeria [3]. Pregnancy may be termed unintended if the woman's plan for her life at the time does not include motherhood. Common causes of unintended pregnancy and hence induced abortion in our locality include the sexual permissiveness of society, especially premarital sex; pressure from a sexual partner not to use a contraceptive device; low socioeconomic status; and poverty. This, coupled with poor knowledge, availability and accessibility of family planning services, contraceptive failure, and lack of family life (sex) education, makes unwanted pregnancy a continuing problem in our society. In a study of women who essentially had unplanned pregnancies and either desired or had already undergone a pregnancy termination, reported by Enabudoso *et al*.,[27], 59.8% of the 92 subjects had induced abortion, and 45.8% had spontaneous abortion. Among those who presented for post-abortion care following induced abortion, the main method used for inducing the abortion process was drugs (80.5%), predominantly Misoprostol [27].

3. The Nigerian Abortion Laws

Nigeria has dual criminal law systems; the Criminal Code (which operates in the 17 predominantly Christian states of the southern part of the country) and the Penal Code (which operates in the 19 predominantly Muslim states of the northern part as well as the Federal Capital Territory of Abuja) [13]. The laws were introduced by the British colonial masters in 1916. The criminal code was then adopted throughout the country, and 43 years later, the penal code was introduced to replace the criminal code in northern Nigeria to reflect the norms of Islam, being the predominant religion in the northern region of Nigeria. The Nigerian statutory law on abortion is set out in these two laws.

Below are the enabling Laws governing abortion in Nigeria

3.1. Criminal Code Act [Cap. C.28 of the Laws of the Federation of Nigeria (2004)]

The provisions relating to abortions are clearly stipulated in the following sections; SS 228-230, 297, 309 of the above law.

- Attempt to procure abortion: Section 228 of the Criminal Code Act (supra) provides that;

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

Any person (including medical practitioners and health workers) who attempts to terminate any pregnancy by any means whatsoever, even where the woman is not certified pregnant, is punishable with 14-years of imprisonment under this provision.

- Attempt to procure owns miscarriage by a woman: Section 229 of the Criminal Code Act (supra) provides that;

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.

Under this provision, it is an offense punishable with 7-years imprisonment for a woman to attempt to terminate her pregnancy by any means whatsoever. It is also immaterial that the woman is, in fact, not pregnant. It would, therefore, constitute an offense under this provision if, for example, a woman, upon suspicion that she is pregnant (perhaps after missing her monthly period), drinks salt water with the intention of securing a miscarriage, even if it turns out that she was never pregnant.

- Supplying drugs or instruments to procure abortion: Section 230of the Criminal Code Act (supra) provides that;

Any person who unlawfully supplies to or procures for any person anything whatever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child, is guilty of a felony, and is liable to imprisonment for three years. (The offender cannot be arrested without warrant).

The provision creates an offense against any person who supplies or procures anything which he or she knows is intended to be used to procure an abortion, whether or not the woman is pregnant. It follows that a local chemist who sells drugs to a pregnant woman or an errand boy who mixes salt water, being aware of the use intended, may well be guilty of an offense under the provision.

The repeated use of the word "unlawfully" in the above sections of the law indicates that there are circumstances where carrying out an abortion would not constitute a criminal offence under the criminal code. In such instances where abortion is regarded as lawful, it would not crystallize into a criminal offence.

- Surgical operation (the lawful abortion): Section 297 of the Criminal Code Act (supra) provides that

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

Two basic issues of interpretation arise from this provision. First, what qualifies as a surgical operation? Is it synonymous with medical? Does it include the medical termination of pregnancy, considered to be one of the safest and most effective methods of procuring abortion in the first trimester? Some authors argued that the term “surgical operation” is strict and is deliberately used to indicate the necessity to save the life of the mother; therefore, it is unlikely that the defense will countenance other means of procuring an abortion [28].

Secondly, does the term "preservation of the mother’s life" mean that she must actually be in danger of dying? Again, Nigerian courts have not interpreted this term. However, the English case of R v. Bourne, decided under a similar provision, indicates that the preservation of the mother’s life should include safeguarding her physical and mental health [28].

Also, it was held in R. v. Edgal that the term "lawful" has the same meaning that it bears in common law [28]. In this case, the appellants were convicted of supplying drugs to procure abortions, contrary to section 230 of the criminal code. On appeal, it was held by the West African Court of Appeal in deciding the question of when it is lawful to procure a miscarriage that it is only lawful for the purpose of preserving the life of the mother. In all other cases, it is unlawful

[28]. In common law, an abortion is only lawful if it is done for the purpose of preserving the life of the mother. Hence, abortion may be lawful in the following instances:

- Where a person, in good faith and with reasonable care and skill, performs a surgical operation on a person for her benefit. The important consideration here is that the performance of the operation is reasonable considering the patient's state of health and all other circumstances of the particular case.
- He is also not criminally responsible where he performs a surgical operation in good faith and with reasonable care and skill on an unborn child for the preservation of the mother's life. The important consideration here is also that the performance of the operation is reasonable considering the patient's state and all other circumstances of the particular case.

Furthermore, in State v. Akpaete, the accused, a native doctor, performed an operation on the deceased to secure her abortion of a two-month-old pregnancy by inserting a knot into her vagina. On withdrawing it, the deceased bled and later contracted tetanus and died. He was charged with murder, and the trial judge found him guilty of unlawful abortion and manslaughter instead, on the ground that no reasonable man in the community in which the accused lived could have thought that his act would endanger human life or cause death [28]. However, the fact that the deceased consented to the abortion did not exonerate the accused from criminal responsibility.

Also note that an attempt to procure an abortion is punishable under the law, and that the act of carrying out an abortion was not brought into fruition is not a defense in law and cannot avail the offender. See section 229.

3.2. Penal Code [Penal Code Act, Laws of Northern Nigeria, Cap. 89, 1963]

The provisions relating to abortions are clearly stipulated in the following sections; SS 232-235 of the above law.

- Causing a woman to miscarry: Section 232of the Penal Code Act (supra) provides that;

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

This provision illegalizes induced abortion except if done in good faith for the purpose of saving the life of the woman. The provision also applies to a woman who causes herself to miscarry. The provision combines the offense of causing a woman to miscarry with the defense of good faith for the purpose of saving the life of the woman, contained in section 297 of the criminal code. However, unlike the criminal code, there is less ambiguity here as to the mode of procuring a legal abortion [28].

- Causing death of a woman with the intent of causing her miscarriage: Section 233of the Penal Code Act (supra) provides that;

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

- With imprisonment for a term which may extend to fourteen years and shall also be liable to fine, and
- If the act is done without the consent of the woman, with imprisonment for life or for any less term and shall also be liable to fine.

This provision provides a specific offense for causing the death of a woman with the intent to cause her miscarriage, unlike under the Criminal Code where death resulting from abortion may be murder or manslaughter depending on the circumstances [28]. In either case, consent is not a defense, though consent is a mitigating factor under the Penal Code.

According to Section 233 of the Penal Code, if it is proven that the offender intended to cause miscarriage to a woman, the offender will be liable if his action results in the death of the woman, and the fact that the woman was not carrying any child in the first place is no defense in law. It is sufficient to ground conviction if it is proved that the act of the offender actually caused the death of the woman. In Attorney General of the Federation v. Ogunro, as cited in Aramide *et al*., [29] the court held that to ground a conviction in a case of murder, the prosecution must, with credible evidence, establish the cause of the death of the woman and also establish that it was the accused's actions, with intent to cause miscarriage, that resulted in the death of the woman.

The burden of proof here rests on the prosecution, and the standard of proof is proof beyond reasonable doubt. See Sections 135 and 139 of the Evidence Act, 2011. See also, the case of Abdullah v State [30], where the Court held that "it is a cardinal requirement of our criminal justice system that the prosecution must prove its case beyond all reasonable doubt". It must also be noted that proof beyond reasonable doubt does not necessarily mean proof beyond all shadows of doubt. It is not proof of mathematical precision and accuracy. Once the prosecution has adduced evidence, disclosing all the ingredients of the offense, and the court is satisfied with the evidence before it, the court will go ahead and issue an order for conviction. In the case of Bello v FRN 2019, the court held that "proof beyond reasonable doubt does not require that the proof attain certainty, but it must carry a high degree of probability required in the criminal trial. Proof beyond reasonable doubt does not require that the prosecution prove its case with mathematical exactitude" [30].

- Using force on a woman to cause her miscarriage: Section 234of the Penal Code Act (supra) provides that;

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

  - With imprisonment for a term which may extend to three years or with fine or with both, and
  - If the offender knew that the woman was with child, he shall be punished with imprisonment for a term which may extend to five years or with fine or with both.

This provision creates an offense where a person unintentionally causes a woman to miscarry by using force on her. The miscarriage need not be intended, the force need not be unlawful, and the offender need not know that the woman was carrying a child. Therefore, this would seem to be a strict liability offense.

Section 235 of the Penal Code Act (supra) provides that:

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

Hence, the position of the law on abortion (both Criminal and Penal Codes) at any stage of pregnancy is that it is illegal except where it is done to save the life of the mother [30]. So, before deciding whether abortion is permitted in Nigeria, the pertinent question is whether allowing the pregnancy to continue till birth or not, will put the mother's life in danger. The answer to this will determine the legality or otherwise of the abortion in that particular instance.

Although not expressly stated in the Criminal Laws of Nigeria, certain foreign cases which have persuasive authority in Nigeria have recognized other grounds upon which an abortion may be legally carried out on a pregnant woman. A law or a case is said to have persuasive authority where the courts in another country consult those cases or laws as a guide in reaching a decision concerning a case [29]. Although this does not mean the courts necessarily have to follow those cases or laws. A case being persuasive simply means that it's not binding on the court to follow the precedent laid down in the case. Generally, English cases have persuasive authority in Nigeria. In a particular English case, Rex. v. Bourne, the court held that abortion is allowed in order to save a woman's life or her physical and mental health. In practice, Nigeria has also allowed therapeutic abortion in such cases [29]. These cases may be related to instances of rape or incest. Also, in May 2015, the Violence Against Persons (Prohibition) (VAPP) Act was signed into law. The Act seeks to end violence, particularly sexual violence, and protect the rights of survivors to receive comprehensive medical services. It has been argued that appropriate standards and guidelines be developed for implementation of the VAPP Act by providing comprehensive medical care and services to victims of rape, incest, and sexual assault. These guidelines are to be developed at all levels of the health system to ensure that women can access modern methods of contraception as well as comprehensive abortion care to the full extent of the law [28]. Also, Imo state introduced a law in 2012 which has been termed by its opponents as an anti-life legislation encouraging abortion. Section 40 of the Violence against Persons Law of Imo State provides for abortions in cases of incest and rape. Public outcry from traditional and religious leaders led to the repeal of the law in 2013.

4. Conclusion

Access to comprehensive reproductive health care, including safe and legal abortion and post-abortion care, is critical to promoting better maternal and infant health outcomes. According to pro-life assertions, research suggests that the rigors and complications caused by barriers to accessing safe abortion services may be significantly contributing to poor maternal health outcomes (mortality and morbidity). The good news is that most of the contributory factors of maternal mortality could be avoided if preventive measures were taken and adequate care was available. As a matter of fact, maternal deaths are globally classified as preventable deaths. Proactive measures, including reforms in the present

abortion laws to improve access to safe abortion and post-abortion services, as well as improvements in the areas of provision of age-appropriate sex education and quality family planning services, are therefore necessary to help address the maternal mortality crisis in Nigeria. Nigerian women should be allowed to exercise and enjoy their reproductive health rights to the fullest. Failure to do this would amount to failing to prevent foreseeable loss of life and a violation of the right to life of people who fall victim.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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