THE INTERSECTION OF LAW AND SOCIETY IN NIGERIA: EXPLORING THE CRIMINALISATION OF ABORTION IN UGBOWO COMMUNITY, BENIN METROPOLIS

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BENIN CITY, EDO STATE

NOVEMBER, 2025

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A LONG ESSAY WRITTEN AND SUBMITTED TO THE FACULTY OF LAW, UNIVERSITY OF BENIN IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF BACHELOR OF LAWS (LLB) OF THE UNIVERSITY OF BENIN, BENIN CITY.

NOVEMBER, 2025

CERTIFICATION

I, **Victor Feranmi ILESANMI** with matriculation number **LAW2002877** hereby certify that aside all references made which have been duly acknowledged, this entire work is a product of my research, and this research work has neither in whole nor in part been presented for another degree elsewhere.

Victor Feranmi ILESANMI

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APPROVAL

We certify that this project was written, completed and submitted by **Victor Feranmi ILESANMI** with matriculation number **LAW2002877** in partial fulfillment of the requirements for the award of the Bachelor of Law (LL.B) degree of the University of Benin.

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PROF. BRIGHT BAZUAYE

DEAN, FACULTY OF LAW **SIGNATURE AND DATE**

DEDICATION

This research work is dedicated to my late eldest brother, Late Mr. Gbenga Ilesanmi. The exemplary lifestyle you led your younger siblings with, coupled with the sacrifices and support towards our academic growth was of immeasurable and unquantifiable degree. Will I blame the caterpillars who devoured the vegetables before its' season? Can I shoot the kola weevils who stole the kolanut's maturity days? Will I blame death for snatching you from us? Definitely not, but your values and legacy continue to speak more than a billion-dollar worth sound system. Continue to rest on great warrior. Likewise, I extend the tentacles of this dedication to my lovely, calm and extremely intelligent late course mate, Late Miss. Blessing Sam. Your impact in the academic voyage of the Luminaries remains evergreen in my memory. Although fate prematurely sapped off just that one thing that was needed to complete this enervating journey on the turbulent ocean, your work, sacrifices, resilience and the memories we shared will continue to speak for you. Rest on great lady, I love you!

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I've learnt a lot over the years. I appreciate the TCCF (Triumphant Christian Campus Fellowship) family, particularly Pastor. Prosper and Mr. Elijah who welcomed me into the University spiritual community. I sincerely appreciate my school father, Dr. Kelly Imafidon who didn't know me hitherto my admission, yet strictly played a fatherly role from my first year in this school and guided me out of going astray in an environment where unrestricted freedom and societal influence could have done otherwise. To a political father, Hon. Augustine Imafidon of the Uhunmwode Local Governemnet Area of Edo State and Mrs. Ruth, thanks for trusting me and teaching me all I needed to know politically on the field. To Com. Great Alasa who found me worthy to give me a NANS appointment at an early stage (my first year in Faculty of Law), before I stepped down from student's politics, I am grateful. I am also sincerely grateful to Dr. Olayinka Joel Ayefele (MON), Mr. Oluwafemi Oladele (Femi Solar) and Mr. Ademola Ogunsusi (Demola Suzi) whose music worked therapeutically during my study periods. Permit me to appreciate my school grandparents in the Faculty of Social Sciences, Prof. KU Omoyibo, Prof. Ugiagbe and Associate Prof. TBE Omorogiuwa. Their role in this journey was in no way insignificant.

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LIST OF ABBREVIATIONS

LAW-RELATED ABBREVIATIONS

All NLR— All Nigeria Law Report

art— Article

Cap — Chapter

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

CIRDDOC — Civil Resource Development and Documentation Centre (Nigeria)

ECSLR — Eastern Central States Law Report

FCA — Federal Court of Appeal

FCT — Federal Capital Territory

FNR — Federal Nigeria Law Report

ICCPR — International Covenant on Civil and Political Rights

ICESCR — International Covenant on Economic, Social and Cultural Rights

ICPD — International Conference on Population and Development

KB — King's Bench

LFN — Laws of the Federation of Nigeria

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

NCR — Nigeria Criminal Report

NWLR — Nigeria Weekly Law Report

s — Section

ss — Sections

UDHR — Universal Declaration of Human Rights

UK / USA / US — Country abbreviations used in law reports and case citations in the United States of America and United Kingdom

UN — United Nations

VAPP Act — Violence Against Persons (Prohibition) Act

Vol — Volume

WACA — West African Court of Appeal

MEDICINE / HEALTH-RELATED ABBREVIATIONS

ACOG — American College of Obstetricians and Gynecologists

AMA — American Medical Association

AMoCo — Abortion-related Morbidity and Mortality in Conflict-affected and Fragile Settings

ART — Assisted Reproductive Technology

CDC — Centers for Disease Control and Prevention

D&C — Dilation and Curettage

EVA — Electric Vacuum Aspiration

ICSI — Intra-Cytoplasmic Sperm Injection

IVF — In-Vitro Fertilization

LARC — Long-Acting Reversible Contraceptives

MARC — Medium-Acting Reversible Contraceptives

MR NIGER DAC — Abbreviation for characteristics of living organisms (Movement, Respiration, Nutrition, Irritability, Growth, Excretion, Reproduction, Death, Adaptability, And Competition)

SARC — Short-Acting Reversible Contraceptives

USG-MVA — Ultrasound-Guided Manual Vacuum Aspiration

WHO — World Health Organization

WMA — World Medical Association

GENERAL / OTHER ABBREVIATIONS

ECLAC — Economic Commission for Latin America and the Caribbean

OED — Oxford English Dictionary

SPSS — Statistical Package for Social Sciences

LIST OF TABLES

ABSRACT

This study examined the societal implications of the criminalisation of abortion in Ugbowo Community, Benin Metropolis and also weighed the responses of the people on this legal standpoint, relying on the sociological jurisprudential theory of Law and the person-centred theory in Medicine. Using a mixed sampling technique and a descriptive cross-sectional research design, data were obtained from 221 community residents and workers, which include youths (students and non-students), medical practitioners, medical students, legal practitioners, traders and others all within the area of study. Descriptive findings showed high level of legal of awareness about the criminalisation of abortion in the community, with 87.3% correctly identifying abortion as criminalised in Nigeria. Despite this high awareness, most respondents argued that the current Laws are inadequate and ambiguous, therefore calling for liberalization. Respondents further recognized strong sociocultural influences, with 90.5% agreeing that cultural and religious factors shape community attitudes towards abortion practices. Therefore, even though many condemn it publicly, they procure it behind the scene and obviously, in the unsafe manner. Findings also revealed that criminalisation has significant societal and health implications. A combined 84.6% believed that restrictive Laws push women toward unsafe practices, while 80.2% associated criminalisation with broader social challenges such as single parenting, out-of-school children and socio-economic problems. Access to safe abortion and reproductive healthcare was perceived as substantially constrained by the abortion restrictive provisions, with 74.7% affirming that the Law prevents medical personnel from offering safe abortion which have been medically proven to be of little to no risk. Inferential statistics confirmed that legal awareness significantly influence societal responses about abortion discourse. It also confirmed that criminalisation significantly contributes to unsafe abortion practices and negative outcomes in the community, therefore access to safe abortion will significantly increase better health and well-being outcomes of women who procure abortion, and to achieve this, the Law needs to be liberalized. Medically-related findings were equally compelling. An overwhelming majority (91%) agreed that unsafe abortion contributes to maternal mortality and 94.6% affirmed that the health consequences of unsafe abortion are severe and long-lasting. Stakeholders' perspectives analysis revealed significant gender differences in perspectives, meaning that men and women do not support abortion liberalization at the same rate while medical and legal practitioners showed no statistically significant differences in their views, meaning both groups broadly supported abortion liberalization. Overall, the findings demonstrated that criminalisation neither reduces abortion incidence nor protects women's health, but instead increases underground procurement, unsafe practices and harmful social outcomes. The study recommends legal clarification especially for medical practitioners who are still uncertain about the extent of the Law, hence scared of legal repercussions, broadened indications for safe abortion beyond the exception of 'to preserve the mother's life', strengthened reproductive health services, and evidence-based Law reform channeled towards the reality of the people.

Keywords; abortion, criminalization, Laws, societal, reproductive healthcare, Ugbowo community, Benin Metropolis.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

From the knowledge of Biology which is predominantly the study of living things and their vital processes, there are ten characteristics of all living organisms.[1] These characteristics are movement, respiration, nutrition, irritability, growth, excretion, reproduction, death, adaptability, and competition which many abbreviate as MR NIGER DAC.[2] Distinct and more crucial among these features is reproduction and death. Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health define reproduction as 'the process by which living organisms give rise to offspring'.[3] Death on the other hand is the 'irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brainstem'.[4] Primarily, these two features give absolute or relative relevance to other characteristics, such that while reproduction is foundational, preceding death and the remaining eight features in any organism, reproduction and the remaining eight features also cease in every organism after death. Secondarily, these two distinct features command the central element of life which is population. They determine the continuity, evolution and extinction of every living

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[1] Encyclopaedia Britannica Editors, *Biology: Definition, History, Concepts, Branches and Facts* (Encyclopaedia Britannica Online, 2025) <https://www.britannica.com/science/biology> accessed 26 July, 2025.

[2]MC Michael, *Essential Biology for Senior Secondary Schools* (10th edn, Tonad Publishers, June 2023) ; Movement: This is the ability of an organism to move the whole or part of its' body from one place to another. Respiration: This involves releasing energy needed by the body from food through metabolic reactions. Nutrition: This includes all processes of taking in food substances for energy and growth. Irritability: This is the ability to give response to stimuli, either internal or external stimuli. Growth: This is an organism's irreversible increase in size, dry mass and complexity. Excretion: This is the ability to remove metabolic waste from the body. Reproduction: This is the ability to produce offspring of the same kind.. Death: This is the ultimate end of life processes. Adaptation: This is the ability to adjust to both external and internal environment in response to environmental changes. Competition: This involves the ability of organisms to struggle for the necessities of life in order to survive in their various environments.

[3] (7th edn, Saunders (Elsevier) 2020) under 'Reproduction'.

[4] Uniform Determination of Death Act 1981, 12 Uniform Laws Annotated 2, s 1.

organism (among who humans are the most advanced due, to their unique brain structures that aid high-level cognitive abilities, reasoning and language which other organisms lack).[5]

Elaborately, the topic of death pivots the central theme of 'survival', because it is exactly what the other characteristics of humans such as movement, nutrition, irritability, growth, excretion, respiration, adaptability and competition seek to control to elongate lifespan and avoid extinction. The need for this control forms the basis of the advancement and revolution of medicine, psychology, socio-coexistence, economic policies, politics, researches, and technology around the globe. Interestingly, just as the discourse of death is central around the globe, the topic of reproduction on the other hand is also of proportional relevance. Since many medical scholars submit that life begins at fertilization,[6] and that it is a process in the preliminary phase of reproduction,[7] then the discourse of reproduction is of equivalent importance to every stakeholder on earth and even God in heaven just as death. To God, the topic is of importance to guarantee the continuity of His creatures and it remains one of his long-standing commands.[8] To an Economist, he needs the discourse to examine the impact of birth growth and decline on the country's scarce resources and its' prudential management.[9] To a Sociologist and Psychologist, there is the need to study the demography, human cognitive and behavioral patterns in

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[5] S Mahon, 'Variation and convergence in the morpho- functional properties of the mammalian neocortex' (20 June, 2024) *18(1413780) Frontiers in Systems Neuroscience* <https://doi.org/10.3389/fnsys.2024.1413780> accessed July 27, 2025.

[6]MedlinePlus, *Fetal development*, U.S. National Library of Medicine, <https://medlineplus.gov/ency/article/002398.htm> accessed July 27, 2025. Some submissions also contradict this assertion, notable is in the landmark decision of *Roe v Wade* 410 U.S. 113 (1973) US SC, where the United States supreme court submitted that life does not begin at fertilization.

[7] *Ibid.*

[8] *The Holy Bible*, Genesis 1:28 (King James Version) — 'And God blessed them, and God said unto them, Be fruitful, and multiply, and replenish the earth, and subdue it'.

[9] M Doekpe and others, 'The Economics of fertility: a new era' in Shelly Lundbery and others (ed) (2023) *1(1) Handbook of the Economics of the Family,* 151-254, <https://doi.org/10.1016/bs.hefam.2023.01.003> assessed July 28, 2025.

accordance with social change and development, of which reproduction is a base factor.[10] To a politician, the discussion of reproduction is important to guide governmental policies towards the populace and review ethnic balancing.[11] To a structural engineer, the topic is important to guarantee the relevance of his construction skill and structural-time modalities.[12] To the military and paramilitary agencies, the topic is important to sustain territorial integrity, peace and order which can only be guaranteed through seamless recruitment.[13] To the international societies, the topic is pertinent to determine territorial sovereignty, territorial status (since population is a crucial feature of every sovereign state), and sustain international relationships.[14] The list of importance and relevance is unending. In parlance, the imperativeness of this phenomenon is a universal concern. Therefore, in the quest that population is sustained, medicine keeps improving and developing assisting reproductive mechanisms such as the 'in vitro fertilization' (IVF), intra-cytoplasmic sperm injection (ICSI), surrogacy, caesarean section and many others to salvage natural and biological reproductive challenges.[15] Contrarily, as the tremendous concerns for reproductive growth and sustainability continues to blossom, the proportionate concerns for its' regulation in response to cultural, economic, political and psychological dynamics also remain a global trend. As reproductive regulatory measures, countries adopt different policies and programs including but not limited to public enlightenment on abstinence from sexual

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[10] J Tan, 'Beyond fertility figures: towards reproductive rights and choices' (2024) *11(112) Humanities and Social Sciences Communication*,<https://doi.org/10.1057/s41599-024-02608-2> accessed July 28, 2025.

[11] X Geng, 'The Socioeconomic Impact of Fertility Rates on Nigeria's Development: A Policy Perspective' (November 2024) *12(1)) Journal of Applied Economics and Policy Studies* <https://doi.org/10.54254/2977-5701/12/2024120> accessed July 28, 2025.

[12] A Jadhav and R Silveria, 'Projected Increase in Population Density Due to Redevelopment and Its Impact on Urban Infrastructure in Pune', (April 2025) *12(04) International Journal of Innovative Science, Engineering & Technology* <https://ijiset.com/vol12/v12s4/IJISET_V12_I04_06.pdf > accessed July 28, 2025.

[13]J Dabbs 'New Directions in Demographic Security: Population in Defense Policy Planning' (2024) <wilsoncenter.org/sites/default/files/media/documents/publication/ECSPReport13_Sciubba.pdf >accessed July 28, 2025.

[14] CC Dibie, '*Essential Government for Senior Secondary Schools'* (8th edn, Tonad Publishers Limited 2023) 5.

[15] Y Cao and B Chen, 'Effect of previous caesarean section on reproductive and pregnancy outcomes after assisted reproductive technology: A systematic review and meta-analysis' (2024**)** *Journal of Assisted Reproduction and Genetics***.**

intercourse or unprotected sexual intercourse, use of contraceptives, ranging from the Short-Acting Reversible Contraceptives (SARC), Medium-Acting Reversible Contraceptives (MARC), and Long-Acting Reversible Contraceptives (LARC),[16] and most controversially, abortion.[17]

Abortion as a subject remains a very polarizing and controversial topic in many jurisdictions of the world, and many of its' debates revolve around the moralist theory, risk contingencies, public policy and right-based claims. Depending on the views of different countries and international organizations, domestic Laws and international treaties are enacted and amended either in support of abortion practices or otherwise. In many African countries particularly in Nigeria, the Law criminalizes abortion, presumably by reason of the Naturalist Theory of Law, whose premises is on morals, religious doctrines and cultural values.[18] Under Nigeria Criminal Law, abortion as an act, and the intention to procure it are both grievous offence according to Section 228, 229 and 230 of the Criminal Code Act[19] in the Southern part of Nigeria and Section 232,233 and 234 of the Penal Code Act[20] as applicable in the Northern Part of Nigeria, and punishment after conviction by a competent court is imprisonment. The only exception the Law provides is when the act is by good faith necessary to save the life of the mother.[21] For many international organizations and some western countries, abortion is a practice which is inalienable from

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[16] World Health Organization (WHO), *Family Planning: A Global Handbook for Providers* (4th edn, 2022). It outlines different forms of contraceptives such as condoms, vasectomy, implants, tubal ligation *et cetera* with their duration of use and effectiveness.

[17] According to Yale School of Medicine, abortion is:

> The termination of a pregnancy before the fetus can survive outside the uterus. It can occur spontaneously, known as a miscarriage, or be induced intentionally through medical or surgical procedures

[18] F Adaramola**,** *Basic Jurisprudence*, (4th edn, LexisNexis Durban, 2008) 35-71 ; A Sanni, *Introduction to Nigerian Legal Method*, (2nd edn, Obafemi Awolowo University Press, 2015) 14. Both discuss the Naturalist Theory of Law and its' tenets.

[19] Cap C38 LFN 2004.

[20] Cap P3 LFN 2004.

[21] Criminal Code Act, Cap C38 LFN 2004, s 297; Penal Code Act, Cap P3 LFN 2004, s.232 ; *Rex v Bourne* (1939) 1 KB 687 UK CCA.

humans' rights, especially women's right to reproduction, right to life and right to freedom of thoughts and conscience.[22]

Theoretically, from different theories of Law, the sociological school of thought stands out. With it, brilliant proponents such as Eugene Ehrlich, Max Weber, Emile Durkheim and many others, interpret Law to be an object for the society, not vice versa.[23] In hindsight, it believes that Law must be dynamic, realistic, flexible and understand the interests of the people it seek to regulate.[24] Conversely, Law should not come across solely as a command, [25] but a perfect reflection of the minds, welfare, needs, disposition and responses of the society it governs. Only if Law takes this route will it achieve its' objective of being an object of the society and in turn enjoy compliance from the citizenry.[26] For instance, Criminal Law is not merely any set of moral standards or commandments with sanctions, it is a body of commandments whose sole aim is to ensure deterrence and reform offenders in the society.[27] Being an object for the society, in situations where the same society or a larger percentage does not adhere to these commandments, the conclusion that such commandments are not in alignment with societal interest becomes clear. If the function of Law is truly to affirm societal abhorrence of an act,[28] yet societal response is at a dichotomous nature with this function, according to Justice Karibi-Whyte,[29] such Law by way of its' non-compliance or non-repression is devoid of achieving the objective of Law and is at best left not enacted at first instance. This is the case in Nigeria where the criminalisation of abortion and its' narrow exception does not reflect the realities of

[22] Convention on the Elimination of All Forms of Discrimination Against Women (adopted 18 December 1979, entered into force 3 September 1981).
[23] Abiola (n18) 19.
[24] *Ibid* 9.
[25] *Ibid* 11.
[26] Abiola (n18).
[27] L Atsegbua and others, *Criminal Law in Nigeria: A Modern Approach*, (2nd edn, Malthouse Press Limited, 2021) 5.
[28] *Ibid*.
[29] AG Karibi- Whyte, *Groundwork of Nigerian Criminal Law* (Nigerian Law Publications Ltd, 1986) 93.

thousands of Nigerians, many of whom resort to unsafe and illegal abortions.[30] Consequentially, even when the restriction may not influence societal reproductive decisions proportionately, it grievously affects societal outcomes and implications exponentially.[31]

In Nigeria, the criminalisation of abortion does not eliminate the practice or drastically reduce its' insurgencies. Instead, researches have constantly proven the insane increment in this practice, resulting in increase in public health crisis,[32] increase in maternal mortality rates owing to clandestine abortion approaches,[33] teenage motherhood and even practice from poor and ignorant people who lack access to 'illegal' safe procedures and pregnancy-preventive measures.[34] The high rate of clandestine abortion and its' effects reflect the ironical approach of the Nigerian society towards its' legal constraint which does comes with disdainful aftermaths. Aside the pre-natal implications, there are myriads of post-natal societal effects ranging from increment in crimes,[35] single parenting,[36] economic retrogression inferably from the dreams of unplanned pregnancy victims (often the females), which such pregnancies shatter and the nemesis the offspring suffer from poor planning.[37] The prevalence of health crisis of children suffering from sickle-cell anemia[38] and other fetal disabilities fall under the societal implications of the

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[30] M Roemer and others, 'Inequities in safe abortion: women's care trajectories in Abuja and Lagos, Nigeria' *BMC Public Health* (August, 2025) 25(2869) <https://doi.org/10.1186/s12889-025-23889-5> accessed November 30, 2025.
[31] *Ibid.*
[32] M Obiyan and others, 'Factors associated with pregnancy and induced abortion among street-involved female adolescents in two Nigerian urban cities: a mixed-method study' (11 January, 2023) *BMC Health Services Research 23(25),*<https://link.springer.com/article/10.1186/s12913-022-09014-x?utm> accessed July 30, 2025.
[33] *Ibid*
[34] *Ibid*
[35] VF Ilesanmi, 'Premarital Pregnancy: A drive towards Nigeria Retrogradation' (2024).
[36] *Ibid*
[37] *Ibid*

[38] According to National Human Genome Research Institute(NIH), sickle cell anemia is:

criminalisation of abortion, as these children pose more problems to the parents and the society at large.

Legal writers that write on abortion subject often restrict themselves to the assessment of the legal frameworks and jurisprudential or bio-ethical arguments, neglecting the societal implications on the populace and societal responses from the populace. Many as well retain the moral robe while the society suffers in anguish. Therefore, this multi-disciplinary and non-doctrinal legal research runs through the field of Law, Medicine and Social Sciences. It seeks to examine the relationship between the legal framework of abortion in Nigeria and its' societal implications, compliance and responses in Ugbowo Community, Benin Metropolis, with the bigger objective of understanding the intersection between the Law and the Nigerian society. Among the societal implications, it will explore the effects of criminalisation of abortion on women's health, public health, while also considering the societal responses for public health and liberalization.

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is a hereditary disease seen most often among people of African ancestry. Caused by mutations in one of the genes that encode the hemoglobin protein, individuals affected are chronically anemic and experience significant damage to their heart, lungs, and kidneys.

1.2. Statement of the Problem

Worldwide, abortion is an explosive, jurisprudential, significant and pervasive socio-legal issue that affects a huge number of people.[39] According to the provisions of Nigeria's Criminal statutes and case Laws, abortion as an act, and the intention to procure it are both criminal offence.[40] However, the soundness of this legal standpoint remains nuanced, vague and controversial. The strict restriction of the Law and the tiny exception it provides, 'to save the mother's life', in truth does not represent the broader interest of the populace on the subject matter.[41] This legal position raises questions about public health, reproductive rights and socio-legal relationships. In the same veil, the justification of the position of the Law on morals makes the abortion provision appear even more evasive and vague, because to a large extent, the Law is not absolutely moral.[42] It even pushes one to ask how abortion is immoral or if morality is sufficient to define the tenets of Criminal Law. Rhetorically, does the moral standpoint not become mutually exclusive and deceptive when it allows a set of people to be immoral when it is presumed that a pregnant woman's life is at risk, yet penalizes others for the same immorality even when the latter is of significance just as the former? Why exactly should the Law which is meant to equally apply to everybody by the principle of the rule of Law[43] wear a bias in its' application?

Alternatively, according to Eguriase, while the aim of the abortion restrictive and punitive provisions may be to preserve lives and give survival privileges to unborn children who before

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[39] K Mayall and others, 'Global progress in abortion Law liberalisation: a comparative legal analysis since the International Conference on Population and Development (1994–2023)'(*2025*) *33(1):2499324 Sexual and Reproductive Health Matters* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12107661/> accessed July 30, 2025

[40] Criminal Code Act, Cap C38 LFN 2004, ss 228–230 ; Penal Code Act, Cap P3 LFN 2004, ss 232–234.

[41] (n21).

[42] Report of the Departmental Committee on Homosexual Offences and Prostitution (Cmd 247, 1957) 187–188 (Wolfenden Report).

[43] The principle of the rule of Law emphasizes the tenets of supremacy of the Constitution, fundamental human rights and equality before the Law.

birth have no legal personality,[44] the societal implications seem to be ironical, as women without access to safe abortion services within the confines of the exception of the Law resolve to clandestine and unsafe mechanisms, ingestion of abortion pills, ingestion of harmful substances and patronage of quack medical personnel, resulting in excruciating effects on victims and the Nigerian society at large. [45] According to research, Nigeria records about 610,000 unsafe abortions annually, and about 20,000 deaths relating to abortion every year.[46] Aside the majority who bypass the confines of the Law to procure the same act the Law criminalizes, the minority who do not as a result of fear of these clandestine effects, inaccessibility of 'illegal' safe abortion mechanisms, illiteracy and lack of awareness also dance to the tunes this prohibition comes with through early motherhood, early parenting, natal complications, death from early pregnancies, school drop-out and more disturbing incidence of crimes.[47] In simple parlance, the restrictive and punitive stance of the Nigerian Legal jurisprudence on abortion does not deter its' societal acceptance and implications, instead it increases the dooms of unsafe mechanisms, individual and societal consequences, which peripherally strengthens its' argument as an infringement of access to professional medical care and decision making.[48]

As a primary gap, scholars that write on the subject approach it solely from their disciplinary standpoint. The legal writers rely solely on the moral standpoint of Law and right-based claims which are at best too conservative. For medical scholars, they review strictly from the angle of

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[44] Adaramola (n18) 65.
[45] U Eguriase, 'Factsheet: Unsafe abortions in Nigeria' (October 28, 2024), <https://lovematters.ng/2024/10/28/factsheet-unsafe-abortions-in-nigeria/> accessed 29 July 30, 2025.
[46] *Ibid.*
[47] BJ Akombi-Inyang and others 'Regional Trends and Socioeconomic Predictors of Adolescent Pregnancy in Nigeria: A Nationwide Study' (2022) 19(13) *International Journal of Environmental Research and Public Health 8222.*
[48] B Hall and others, 'Reproductive Justice as a Framework for Abortion Care' (2023) 66(4) *Clinical Obstetrics and Gynecology 655-664* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10840704/> accessed July 30, 2025.

risk contingencies, and for the Social Scientists, from the angle of myriads of societal factors.[49] Basically, many of the Nigerian legal studies on the subject matter are doctrinal in nature, concentrating predominantly on statutory review and judicial interpretations of Nigeria's abortion Laws. Yet, there are still few to no legal researches that explore Nigeria abortion Laws in relation to societal implications and responses. Painstakingly, a handful of the available few either lack empirical facts on how abortion Laws directly intersect with reproductive decisions and societal outcomes in Nigeria especially at the local level or the available few are by far too outdated for statistical reliability and present presently.[50] Emphatically, only the field of medicine, sociology, or policy research cover this subject empirically, since it is believed that the research is alien to the conservative doctrinal legal methodology.

As a secondary gap, most legal studies on abortion in Nigeria are either from an international, national and inter-state angle, focusing on broader legal arguments. While this perspective give credible insights into different jurisdictional perspectives, it fails to mirror in the heterogeneity of different local communities, through whose lens macro-legal conclusions are reached. As we will unveil subsequently, since abortion is a State matter in Nigeria and there are plurality of religious and cultural beliefs, its' societal implications and societal responses differ and are greatly influenced by multifarious factors such as cultural norms, religious factors, socio-economic conditions and gender relations of local communities. Therefore, the lack of legal studies that explore the societal implications of abortion Laws in Nigeria within the Ugbowo community constitutes a significant gap. These gaps are specifically critical because the restrictive Laws and practice of abortion in Nigeria cannot be separated from local communities or grass root level

[49] SC Nwankwo and JS. Friday, 'Abortion in Okpokwu and its Socio-Religious and Moral Implications' (2025) *NIU Journal of Social Sciences 10 (4), 109–119*, <https://www.researchgate.net/publication/388105812_Abortion_in_Okpokwu_and_its_Socio-Religious_and_Moral_Implications> accessed July 30, 2025.
[50] Okagbue's legal empirical work was published in 1990.

where they start. In communities such as Ugbowo community, situated within the Benin Metropolis, there is obvious differentials in academic portfolio, differentials in age-group and cultural beliefs, and these exert strong influence on reproductive and child-bearing decisions. These factors shape not only how women illegally circumvent the restrictive abortion Laws, they also shape the broader societal consequences of criminalisation, which include but not limited to the prevalence of clandestine abortion practices, procurement from unqualified medical practitioners, medical complications, among others. Therefore, due to the increasing rates of unsafe abortion, abortion-related complications, abortion-related mortality, abortion-restrictive problems at a stretch and the blustery call for liberation of reproductive decisions, it is imminent to study how Nigeria's legal provisions on abortion affects the country directly and examine societal responses to these legal provisions. This study therefore seeks to examine how the criminalisation of abortion in Nigeria affects public health, reproductive decisions, women's health and lastly societal perspective in Ugbowo, Benin Metropolis. Emphatically, this study is justified because existing Nigerian legal researches on abortion are predominantly doctrinal and lacks empirical insight from the community level.

1.3. Objectives of the Study

The objectives of the study are:

i. to access the community's level of understanding and awareness about Abortion Laws in Ugbowo Community, Benin Metroplis.
ii. to assess the societal implications and societal responses to the criminalisation of abortion in Ugbowo Community, Benin Metroplis.
iii. to examine the access to safe abortion and reproductive healthcare in Ugbowo Community, Benin Metroplis.

iv. to examine health and well-being effects of unsafe abortion on women in Ugbowo Community, Benin Metroplis.

v. to examine medical perspectives and policy recommendations on abortion Laws and abortion practices in Ugbowo Community, Benin Metroplis.

vi. To examine broader stakeholders' perspectives and policy recommendations on abortion Laws in Ugbowo Community, Benin Metroplis.

1.4. Research Questions

The research raises the following questions;

i. What is the community's level of understanding and awareness about abortion Laws in Ugbowo Community, Benin Metroplis?

ii. What are the societal implications and societal responses to the criminalisation of abortion in Ugbowo Community, Benin Metroplis?

iii. How accessible is safe abortion and reproductive healthcare in Ugbowo Community, Benin Metroplis?

iv. What are the health and well-being effects of unsafe abortion on women in Ugbowo Community, Benin Metroplis?

v. What are the medical perspectives and policy recommendations on abortion in relation to abortion practices in Ugbowo Community, Benin Metropolis?

vi. What are the broader stakeholders' perspectives and policy recommendations on abortion Laws in Ugbowo Community, Benin Metroplis?

1.5. Research Hypotheses

The research raises the following hypotheses:

i. Community understanding and awareness of Abortion Laws in Nigeria does not affect societal implications and societal responses to the criminalisation of abortion.

ii. The criminalisation of abortion in Nigeria does not significantly contribute to unsafe abortion practices and negative health outcomes for women in Ugbowo community, Benin Metropolis.

iii. There is no significant difference between males and females stakeholders' perspectives and policy recommendations in Ugbowo community, Benin Metropolis.

iv. There is no significant difference between Medical Practitioners and Legal Practitioners' perspectives and policy recommendations in Ugbowo community, Benin Metropolis.

v. The access to safe abortion and reproductive healthcare has no significant relationship with health and well-being effects of unsafe abortion.

1.6. Significance of the Study

This study is significant in several ways;

i. It contributes to legal stance on reproductive decisions and public health in Nigeria.

ii. It provides local insights into how abortion Laws affect people in Nigeria, adopting the Ugbowo Community, Benin Metropolis as a referential benchmark. On that note, seeks to call for enactment of abortion Laws in accordance to societal responses.

iii. It helps to inform the legislature and the civil society groups on the consequences of criminalisation of abortion.

iv. It advocates for a public-health-oriented and person-centred approach to abortion Law liberalisation in Nigeria in line with societal responses and receptiveness.

1.7. Scope and Limitations of the Study

This study will focus on abortion Laws in Nigeria and how they affect the society, using Ugbowo Community in Benin Metropolis as its' area of study. Ugbowo community is a good base for getting input from both old and young, likewise, educated and semi-educated minds. Ugbowo houses the University of Benin, and it is one of the ancient communities in Benin City. University of Benin Teaching Hospital which also serves the medical needs of bulk of Ugbowo residents and Benin Metropolis at large is domiciled in Ugbowo. This study will explore statutory and case Laws on abortion, as well as international treaties to which Nigeria is a signatory as its' legal framework and referential benchmark. Since there are already numerous right-claim researches on the subject, this study will limit itself to the scope of socio-cultural and public health aspects of abortion. It will adopt University of Benin Teaching Hospital as its' only research corporate organization. Primary quantitative data will be gathered from youths (students and non-students), legal practitioners, traders and women within Ugbowo Community, likewise medical practitioners and medical students in the University of Benin Teaching Hospital using close-ended structured research questionnaires. The quantitative primary data will be gotten ethically and analysed using the frequency count, percentages and mean with the aid of Statistical Package for Social Sciences (SPSS. 31.0).

1.8. Synopsis of the Chapters

Chapter One: Introduction

Chapter Two: Conceptual Clarification, Theoretical Framework and Literature Review; Conceptual Clarification, Theoretical Framework, Review of Literature/ Empirical Review; Medical Picturesque of Abortion, Effects of Criminalisation on the Nigerian society, Legal Constraint nexus practical realities(Factors influencing abortion), Advocacy and Proposed

Changes in Nigeria Abortion Law**,** Intersection with Societal Response (Case studies of abortion victims), Conclusion.

Chapter Three: Research Methodology; Doctrinal Methodology; Legal Framework; Statutory Review, Judicial Interpretation of Abortion Laws in Nigeria, Jurisdictional Comparative Analysis, International instruments and resolutions and jurisprudential undertone of abortion legal standpoint, Non-doctrinal methodology; Research Design, Area of Study, Target Population, Sample size, Sampling Technique, Research Instrument, Validity of the Research Instrument, Reliability of the Research Instrument, Method of Data Collection, Method of Data Analysis and Ethical Consideration.

Chapter Four: Data Analysis, Presentation, Results and Discussions.

Chapter Five: Conclusion; Summary of Findings, Recommendations, Contribution to Existing Knowledge, Suggested Areas for Further Studies, Conclusion

1.9. Research Methodology

The research adopts a socio-legal methodology, which combines the legal doctrinal (qualitative approach with the legal non-doctrinal empirical fieldwork (cross-sectional[51] quantitative data) approaches. Basically, the research will fuse the qualitative legal analysis of abortion Laws in Nigeria, with non-doctrinal empirical data collection from medical practitioners, Legal Practitioners, women, traders, religious leaders, youths (students and non-students) and others all within Ugbowo Community in Benin Metropolis.

[51] Cross-sectional research analyses data from input or observation of a population's subset at one specific time and reaches conclusion with that.

a) **Qualitative/Doctrinal Method**: Analysis of the primary statutes such as the Criminal Code Act,[52] Penal Code Act,[53] and the Constitution of the Federal Republic of Nigeria 1999 (as amended),[54] likewise relevant international human rights instruments such as CEDAW[55] and the Maputo Protocol among many others. There will be examination of secondary sources like Law journals, articles, case Laws and comparative legal analysis comparing Nigeria's abortion Laws with those of countries with more liberal or more restrictive Laws.

b) **Non-doctrinal (Empirical) Method**: Collection of quantitative data confidentially and ethically through questionnaires among medical practitioners, legal practitioners, youths (students and non-students), women, traders and many others within the Ugbowo community in Benin Metropolis.

[52] (n19).
[53] (n20).
[54]Constitution of the Federal Republic of Nigeria, 1999 (Fifth Alteration, No. 16) Act, 2023.
[55] (n22).

CHAPTER TWO

CONCEPTUAL CLARIFICATION, THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.0. Introduction

Research has shown that globally, about seventy-three million pregnancies get aborted yearly.[56] Six out of 10 (61%) unintended pregnancies get aborted, while 3 out of 10 (29%) of all pregnancies, get terminated.[57] From another report, about twenty-five million unsafe abortions occur globally each year, and developing countries with restrictive abortion Laws record approximately 97% of these unsafe abortions.[58] Notably, before these recent researches, as far as two to three decades back, Nigeria already had high reports of unsafe abortion incidences.[59] In a survey carried out in different Nigerian states in 1990, the incredulous rate of unsafe abortion, leading to medical complications was already well established.[60] In that survey, Lagos State reported to have had one-hundred and twenty five cases of incomplete abortions in a space of one month.[61] In Oyo State, four hospitals recorded eighty-one cases of incomplete abortions within a one-month period.[62] In Ogun State, one-hundred and fifty cases incomplete abortions were recorded and hundred in Ondo State within one month.[63] In Rivers State, eighty cases were recorded in two hospitals while in Anambra State, over one-hundred and three cases were also recorded in two hospitals.[64] In the northern part of Nigeria, Zaria recorded one-hundred and three

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[56] World Health Organization (WHO), *'Abortion – Key facts'* (17 November, 2025) <https://www.who.int/news-room/factsheets/detail/abortion#:~:text=Six%20out%20of%2010%20unintended,medication%20or%20a%20surgical%20procedure> accessed November 19, 2025.
[57] *Ibid.*
[58] World Health Organization (WHO), *'Abortion Care Guideline'* (2024), <https://www.who.int/publications/i/item/9789240039483> accessed August 10, 2025.
[59] I Okagbue, 'Pregnancy Termination and the Law in Nigeria' (1990) *21(4) Studies in Family Planning*, 221.
[60] The States include Lagos, Oyo, Ondo, Anambra, Rivers, Ogun, Kaduna and Kano States.
[61] (n57).
[62] (n57).
[63] (n57).
[64] (n57).

cases of incomplete abortions,[65] while in Kano State recoded forty cases one month.[66] According to a recent research in 2024, Nigeria records about 610,000 unsafe abortions annually, and about 20,000 deaths relating to abortion every year.[67] For this reason, just as other developing countries, the restrictive nature of abortion Laws in Nigeria continue to be of concern. These revelations and many other unending researches continue to show that despite Nigeria's restrictive Laws, abortion has come to stay and there is an urgent need to review the abortion Laws and how they affects the populace. As a response to this, writers from different fields in Social sciences, Medicine, Law and Religion have continued to write either in support or against these legal provisions and call for refor,. This chapter therefore seeks to examine these existing literatures and researches and their relevance to this essay. This review will be done under four major headings; conceptual clarification, theoretical framework, medical picturesque of abortion and empirical studies. Under these major headings, it will critically give clarification to important terms such as Law, criminalisation, society and abortion. It will provide the theoretical framework on which this work is structured. It will examine the medical picturesque of abortion, and thereafter provide empirical review revealing the legal constraint nexus practical realities of abortion (factors influencing procurement of abortion), explore the effects of criminalisation of abortion, intersect Nigeria's restrictive abortion Laws with societal response by providing case studies of abortion victims, examine the advocacy for abortion and proposed changes in Nigeria's abortion Laws till date and lastly, conclude by also examining the gaps in these existing literatures and statistics and how this socio–legal work seeks to save the day.

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[65] (n57).
[66] *Ibid.*
[67] U Eguriase, 'Factsheet: Unsafe abortions in Nigeria' (October 28, 2024), <https://lovematters.ng/2024/10/28/factsheet-unsafe-abortions-in-nigeria/> accessed 29 July 30, 2025.

2.1. Conceptual Clarification

None can dispute that of a truth, doing justice to reformative and informative topics like is important for legal reforms and legal engineering. The topic as previously stated and will be subsequently seen adds to the legal jurisprudence of the Nigeria legal system and further strengthens the idea of what Law truly should be. However, it is imperative that before delving into the substance of the essay, there is a proper evaluation of key terms such as Law, Criminalisation, Society and Abortion.

2.1.1. Definition of Terms

2.1.1.1. Law

Primarily, the concept 'Law' is nebulous and ubiquitous.[68] This is so because the question of what Law means has been an object of debate for decades and continues to be so because of the differences in what Law ought to be, '*de lege ferenda'*, and what Law truly is '*de lege lata'*. Many define Law in accordance with perspectives, philosophies and ideologies which are confusing. For instance, the naturalists see Law as anything which is morally upright, fair and ethically guided.[69] The positivists define Law as any enactment validly made by lawmakers and ought to be respected by the people.[70] The sociologists see Law as any provision which is in alignment with societal standard and response.[71] The realists define Law as the rules of court and what Judges are likely to do to the facts in dispute.[72] These dichotomies continue to blossom, making the idea of understanding what Law generally and universally mean unrealistic and herculean.

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[68] A Sanni, *Introduction to Nigerian Legal Method*, (2nd edn, Obafemi Awolowo University Press, 2015) 9.
[69]G Duke, 'Modern Natural Law', (2025) *The American Journal of Jurisprudence 70(2) 105–120.*
[70] (n18) 13.
[71] (n81) 17.
[72] (n18) 20.

Nevertheless, as the arguments appear not to end today just as it didn't end yesterday and won't tomorrow, it is only logical and rational to align with the words of Roscoe Pound who opined that Law should be viewed from its' practical functions rather than its' definitions which has no generic acceptance.[73] Law therefore is a body of rules made by the government and other relevant institutions of a geographical territory for the people (natural and artificial), to guide and regulate their conduct in the society. In other words, Law is the standard for measuring conduct acceptability and a regulatory mechanism to curtail human excesses in the ever-evolving society. It invariably distinguishes what is acceptable from what is prohibited in a given place, providing penalties and remedial mechanisms for breaches or violations.[74] Law in the Nigeria statutory context is described according to Section 18 of the Interpretation Act, 1964,[75] as **'**any Law enacted or having effect as if enacted by the legislature of a State and includes any instrument having the force of Law which is made under a Law'. Laws can be divided into different types and forms, including but not limited to Criminal Law, Civil Law, Contract Law, Torts Law, International Law and many others.

2.1.1.2. Criminalisation

Criminalisation is the term used when an act is made an offence under the Law.[76] However, there is more than meets the eye about this concept, meaning that the relevance of the concept 'criminalisation' to this essay is definitely beyond the purview of what criminalisation entails but what crime itself connotes. Crime 'is a wrong which affects the security or wellbeing of the public generally, so that the public has an interest in its' suppression'.[77] Chaudhary and Siddiqui

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[73] AI Munir, 'A Clash of Interests: Evaluating Roscoe Pound's Theory of Social Engineering', (March, 2025) *4(3)* Pakistan Journal of Law, Analysis and Wisdom *1–15.*
[74] C Okonkwo, 'Criminal Law in Nigeria's, (3rd edn, Spectrum Books Limited, 2018).
[75] Cap I23, LFN 2004.
[76] BA Garner (ed), *Black's Law Dictionary* (12th edn, Thomson Reuters, 2024).
[77] Hansbury Laws of England (4th edn) 11(1) Criminal Law, Evidence and Procedure ; R v Peel (1943) 2All ER, 99.

define crime as wrongful acts or conduct which are prohibited by Law in effect at the time and place, and are sanctioned by the state as a felony or misdemeanor.[78] Nigeria Criminal statutes did not define crime expressly but both the Penal Code and the Criminal Code interchangeably define offence as acts and omissions which render offenders liable and culpable under the Law.[79] Essentially, crimes are conducts and omissions which have been deemed to be against societal standards, primarily because they are harmful to the society. Secondarily, acts and omissions are tagged 'crimes' to regulate certain practices or stall anticipations before they manifest or materialize.[80]

Crimes are classified as felonies, misdemeanors and simple offences by virtue of the punishment the Law attaches to them.[81] The scope of crime varies between countries and can include both acts and omissions. In the Nigeria legal space, crimes are covered by the different statutes, primarily the Criminal Code Act ('hereinafter' referred to as the Criminal Code)[82] and the Penal Code Act ('hereinafter' referred to as the Penal Code)[83]. Other secondary criminal legislations include the Violence Against Persons Prohibition Act ('hereinafter' referred to as the VAPP Act)[84], Cyber-Crimes Act[85], and Secret Cult Law[86] among others. The sole aim of criminalisation hitherto was to give punishment, with underlying motives of deterrence and retribution. Hence, in time past, any act the Law criminalizes in Nigeria has its' penalty being death, fine or

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[78] S Chaudhary and F Siddiqui, 'Understanding the Concept of Crime and Criminology' (2023) *3(02) Journal of Legal Subjects 33-41.*

[79] Criminal Code Act (1916) Cap. (C38), LFN 2004, s2; Penal Code Act (1960) Cap. (532), LFN 2007, s28.

[80] L Atsegbua and others, *Criminal Law in Nigeria: A Modern Approach*, (2nd edn, Malthouse Press Limited, 2021) 5.

[81] In Nigeria, according to the Criminal Code Act, felonies are the highest crimes whose punishment is death, life imprisonment, or imprisonment greater than three years. Misdemeanours are intermediate offences that attract punishment of imprisonment not greater than three years while simple offences are punishable by imprisonment for less than six months, fines, or other minor penalties.

[82] Criminal Code Act (1916) Cap. (C38), LFN 2004.

[83] Penal Code Act (1960) Cap. (532) LFN 2007.

[84] Violence Against Persons (Prohibition) Act, Cap V5, LFN, 2015.

[85] Cybercrimes (Prohibition and Prevention) Act, Cap C38, LFN, 2015.

[86] Secret Cult and Similar Activities (Prohibition) Law, Edo State, 2025.

imprisonment as a fulfillment of the aforementioned motives. Commendably, in recent times, the perk of Criminal Law has evolved. It now includes reformative justice and compensation, which goes beyond merely infringement of punishments according to the Austinian theory of Law, but now to reform offenders by making them useful to themselves and the society subsequently and compensate crime victims.[87]

2.1.1.3. Society

Emile Durkheim defines society as a system guided by social facts, or shared norms and values that shape behavior.[88] Society can be of physical nature or mental (emotional and psychological) nature. In its' physical form, it is a structured community of individuals who live together in a defined geographic area with a common value, goal, culture, bond among others. In its' mental and psychological form, it is a web of social interaction, encompassing institutions, norms, values, behaviors, attitudes, and relationships that shape human interactions, including family structures, education systems, economies, and governance. The idea of society is central to every discipline and living organism, because it defines inter-personal relationship which makes living organisms unique and thrives. Streamlining it down to humans who naturally are social beings, the advanced cognitive abilities possessed by humans make interaction highly necessary.[89] It is for this reason that Aristotle submitted that a human who does not exist in a society is either a god or a beast.[90] Rhetorically, society is the entirety of the framework for individual life.

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[87] (n75) para 1238—A court by or before which a person is convicted of an offence on an application or otherwise can make a compensation order requiring him to pay compensation, for any personal injury, damage or loss resulting from that offence or any other which is taken into consideration for sentencing or to make funeral payments for an offence where death occurred from.

[88] C Nickerson, 'Emile Durkheim's Theory', (September 9, 2025), https://www.simplypsychology.org/emile-durkheims-theories.html> accessed August 10, 2025.

[89] (n5).

[90] Aristotle, *Politics; A Treatise on Government*, (Benjamin Jowett tr, first published 350 BC, Dover Publications 2000) bk I, ch 2 <https://www.gutenberg.org/ebooks/6762> accessed August 10, 2025.

Similarly, it is with the concept of society every discipline gains and remains relevant. Essentially, the discipline of Medicine, Law, Politics, Engineering, Banking, Commerce, Technology and others derive their relevance and remains relevant only when the society which is the natural laboratory exist. It is for Law because Law is an object of the society, that is, it is made for the people who are the entirety of the society.[91] Medicine remains a field because there are humans who are being treated and on whose bodies' new medical hypothesis are being experimented. The list is unending. Societies evolve over time through technological and cultural changes, and they provide the general framework for collective living and cooperation.

2.1.1.4. Abortion

The definition of abortion depends on field of study, discipline of approach and criteria. For criteria-based definitions, there is the temporal criterion, intention criterion and clinical-symptom criterion.[92] The temporal criterion is defined and classified based on time of procurement either early or late. Early abortion is a form of abortion that occurs before the 16th week of pregnancy and late abortion occurs between the 17th and 28th weeks of pregnancy.[93] For intention criterion, definition and classification is based on spontaneity or deliberateness. Spontaneous abortion popularly known as miscarriage is an unpremeditated loss of pregnancy and it is one of the frequent complications of early pregnancy and fertility defects, while deliberate abortion popularly regarded as the induced abortion is the planned form of abortion.[94] Deliberate/voluntary abortion is the most popular form of abortion in every society. The clinical-symptom criterion divides abortion into five subtypes: threatened (abortus imminens), initiated

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[91] (n23).
[92] G Bandalović and M Čular, 'Sociological Analysis of Abortion Perceptions: The Case of Young Women in Split, Croatia', (2025) *15(3) Societies 71*< https://doi.org/10.3390/soc15030071> accessed August 11, 2025.
[93] *Ibid*
[94] *Ibid.*

(abortus incipiens), ongoing (abortus in tractus), complete (abortus completus), and incomplete (abortus incompletus).[95]

Based on disciplinary approaches, given the conundrum surrounding the topic and the confusion of determining when exactly conception takes place, medical practitioners, lawmakers and other relevant stakeholders face unending counter-arguments submersed in religious beliefs, morality, political ideology and healthcare knowledge while defining abortion, which continues to altar the possibility of an all-round disciplinary definition.

According to Merriam-Webster Dictionary,[96] abortion is regarded as;

> the termination of a pregnancy after, accompanied by, resulting in, or closely followed by the death of the embryo or fetus: such as (a) spontaneous expulsion of a human fetus during the first 12 weeks of gestation, (b) induced expulsion of a human fetus, (c) expulsion of a fetus by a domestic animal often due to infection at any time before completion of pregnancy.

Oxford Dictionary defines abortion as;

> the expulsion or removal from the womb a developing embryo or fetus, spec. (Med.) in the period before it is capable of independent survival, occurring as a result either of natural causes (more fully spontaneous abortion) or of a deliberate act (more fully induced abortion); the early or premature termination of pregnancy with loss of the fetus. [97]

Medically, Yale School of Medicine defined abortion as;

> The termination of a pregnancy before the fetus can survive outside the uterus. It can occur spontaneously, known as a miscarriage, or be induced intentionally through medical or surgical procedures.[98]

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[95] *Croatian Encyclopedia*, 'Abortion' (Miroslav Krleža Institute of Lexicography, 2013–2025) <https://enciklopedija.hr/natuknica.aspx?ID=48863> accessed 10 August 10, 2025.

[96] *Merriam-Webster.com Dictionary*, 'abortion' (Merriam-Webster, 2025) <https://www.merriam-webster.com/dictionary/abortion> accessed August 10, 2025.

[97] *Oxford English Dictionary*, 'abortion' (Oxford University Press, 2025) <https://www.oed.com> accessed August 10, 2025.

[98] Yale Medicine, 'Abortion' (Yale University, 2025), <https://www.yalemedicine.org/clinical-keywords/abortion accessed July 30, 2025.

Noteworthy, unlike the earlier definitions provided, the standard medical definition of abortion is that it is a pre-fetal viability termination (whether spontaneous or intentional).[99] This translates to mean that abortion can be a spontaneous/involuntary (miscarriage) or a deliberate/voluntary (induced termination) of pregnancy before fetal viability.[100] Therefore, the societal perception that abortion is solely a deliberate/voluntary pregnancy termination is false and at best a misconception, because abortion also covers miscarriages. The National Center for Health Statistics, the Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO) moves forward to define abortion as a pregnancy termination prior to 20 weeks' gestation or a fetus born weighing less than 500grams.[101] Legal references are not explicitly silent on whether or not miscarriages constitute abortion,[102] but a handful of legal work solely covers deliberate/induced abortion. A notable Legal definition is that given by the Legal Information Institute that 'abortion is the voluntary termination of a pregnancy'.[103] This definition is pegged solely on the facts in the United States Supreme Court cases of Roe v Wade[104], Planned Parenthood v Casey[105], and the monumental Dobbs v Jackson Women's Health Organization[106].

Nonetheless, beyond the paradigm shifts and differences in the viability and time standpoints, one phenomenon which is intentionality is central to all definitions. Abortion therefore can be

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[99] *Encyclopaedia Britannica* 'Abortion' (2025) https://www.britannica.com/science/abortion-pregnancy> accessed August 11, 2025.
[100] Gestation refers to the entire period of fetal development, lasting about 40 weeks from the last menstrual period until birth, while viability is typically around 24 weeks, from the last menstrual period, when a fetus can potentially survive outside the womb with medical assistance.
[101] BL Hoffman and others (eds), *'First-Trimester Abortion' in Williams Gynecology* (McGraw-Hill Medical, 2008) 175 <https://obgyn.mhmedical.com/content.aspx?bookid=1758&sectionid=118167822> accessed August 11, 2025.
[102] AS Oppe, *Wharton's Law Lexicon*, (14th edn, Stevens and Sons Limited, 1938) 6 —Abortion is defined as a miscarriage, or a premature expulsion of the contents of the womb before the term of gestation is completed.
[103] Legal Information Institute, 'Abortion', Cornell Law School (2025) <https://www.Law.cornell.edu/wex/abortion> accessed August 11, 2025.
[104] 410 US 113 (1973).
[105] 505 US 833 (1992).
[106] 597 US (2022).

generally said to mean a voluntary and involuntary act of terminating a pregnancy before its' expected time of biological delivery. It is deliberate or voluntary when it is directly and indirectly procured by the woman through the intake of abortion pills or any form of surgical processes. On the other hand, it is involuntary when it is caused by biological factors or other factors which are beyond the control of the pregnant woman. Legal, ethical, and medical perspectives on abortion vary across cultures and jurisdictions, with debates centering on issues like female reproductive rights, public health and morals.

2.2. Theoretical Framework

This work adopts two theoretical frameworks; the Sociological jurisprudential theory of Law and the Person-centred theory in Medical Law and practice.

2.2.1. Sociological Jurisprudential Theory of Law

The sociological jurisprudential theory maintains that to fully understand the concept and relevance of Law, a sociological analysis of the society where the Law is or will be enacted is needed.[107] This theory rose to prominence from mid-nineteenth century into twentieth century with Eugene Ehrlich (1862–1922), an Australian jurist; Jhering (1818–18920), a German jurist; Emile Durkheim (1858–1917), the founding father of the French school of Sociology; Roscoe Pound (1870–1964) among others as the major proponents. The theory sees Law as a social phenomenon which reflects human needs and aspirations, examining it from the reflection of the society where it operates. Therefore, if Laws are inconsistent with the expectation of the society, then it is devoid of legitimacy. According to Prof. Gabriel Arishe, during the 350th inaugural lecture series of University of Benin, he submits that an illegitimate Law for instance an illegitimate constitution will be very difficult to command respect and legitimacy (obedience to

[107] F Adaramola, Basic Jurisprudence, (4th edn, LexisNexis Durban, 2008) 256.

Law) if it does not align either morally, legally or sociologically.[108] It is this sociological alignment the entirety of the sociological jurisprudence of Law is concerned about. For Eugene Ehrlich, Law is based on what he called 'facts of Law', meaning how people react to Law rather than legislations and judicial pronouncements which he termed as the 'norms of Law'.[109] According to him, there is an intersection between Law and conduct, and both influence each other. To fully understand this, he submits that the need to employ some empirical analysis like social scientists is crucial, to provide data upon which the judiciary and lawmakers will recognize the gaps between the Law on paper and the Law in action, and in return come up with reasonable enactments, amendments and judgments that reflect these societal interests and aspirations which in turn realistically drives obedience of Law.[110] The society is the central focus of Law, hence an object for it, not otherwise. Therefore, if Law is widely or significantly at variance with popular conduct and for that unsupported, it is doomed as an instrument of social regulation. For Ehrlich, Law is better understood when its' obedience, execution and enforcement is appraised in the society which is its' labouratory rather than case Laws and statutes. He submitted that;

> The centre of gravity of legal development lies not in legislation nor juristic science nor in judicial decisions but the society itself.[111]

For Jhering, Law exists in the society to achieve some social purposes. For example, the constitution declares that it exists;

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[108] GO Arishe, *The Legitimacy Question of Nigeria's 1999 Constitution: Rethinking Philosophical Underpinning and Constitutional Design* (Ekenhuan: University of Benin Press, 2025) 29.
[109] This 'facts of Law' , Eugene Ehrlich referred to as the living Law, which is the Law operating among the of the people.
[110] E Ehrlich, Fundamental Principles of the Sociology of Law (Harvard University Press, Cambridge, 1936) 493.
[111] *Ibid*.

> for the purpose of promoting the good government and welfare of all persons in our country on the principles of Freedom, Equality and Justice, and for the purpose of consolidating the unity of the people.[112]

This means that Law is to promote the interest of the people and find balance to social interests. When Law fails to reflect these interests, there tends to be problems.

For Roscoe Pound, Law is man's institution, created to satisfy individual and social wants. For him, Law is an instrument of social engineering to balance individual, social and public interest which keeps changing and evolving.[113] In parlance, by looking at Law from these lenses, lawmakers and the judiciary are able to work towards realistic statutory and judicial reform

2.2.2. Person-Centred Theory

The person-centred theory emphasizes the need for each individual to be at the centre of their medical decisions.[114] Rhetorically, each individual is unique in physiological and psychological build-up, therefore, what applies to A should not generally apply to B and what applies to B should not apply to C by default.

Originally developed by Carl Rowers Rogers (1902-1987) in the field of human psychology and counseling, he emphasized that healing comes beyond drugs but through interactions submersed in genuine and reasonable interactions.[115] Michael Balint (1896-1970) laid the foundation of the theory in medical practice through his doctor-patient relationship proposition. He extended Rogers' psychological attribution into medicine, emphasizing that quality and equitable medical intervention depends on assessing and understanding each patient and solving their medical

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[112] Constitution of the Federal Republic of Nigeria 1999 (as amended), s.14(2)(b).
[113] (n171).
[114]K Høj and others, 'Person- centred medicine in the care home setting: development of a complex intervention', (2024) 25 (189) BMC Prim Care.
[115]National Center for Biotechnology Information, 'Person-Centred : Rogarian Therapy' (2022) <https://www.ncbi.nlm.nih.gov/books/NBK589708/> accessed 23rd of August 2025.

challenges after this assessment.[116] George Engel (1913-1999) transformed this theory into what he referred to as the 'Biopsychosocial Model' in 1977, stating that medical conditions are caused by myriads of factors beyond biological factors and in understanding this, there should be a scientific approach i.e. questioning patients before reaching conclusions.[117] The modern person-centred medicine has since then flourished from the early 2000s till date, with key players like the Institute of Medicine, USA who emphasized that patient-centred care is crucial for intensive medical care and it aids holistic healthcare and patient autonomy.[118]

In medical Law and practice, the modern person-centred theory addresses the root causes of medical challenges by examining each individual's medical history, circumstances, future implications, fears, needs, and long-term solution.[119] It involves actively engaging people in decisions about their health and accessing them by peculiar factors other than a general provision of the Law or general medical approach i.e. what may generally be the cure for headache may be harmful or unadvisable to A for many reasons, and administering such may cause more damages. With this theory, medical services and legal interpretations are geared towards one individual at a time, after examining circumstances, to achieve fairness, equity in medical attention. The theory is very critical in promoting fruitful medical interventions that are circumstantially-friendly, non-judgmental and respect the autonomy of each individual.

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[116]R Soreanu, *Balint Groups and the Patient-Doctor Relationship* (University of Essex, 2023), <https://www.essex.ac.uk/research-projects/balint-groups-and-the-patient-doctor-relationship> accessed 23rd August 2025.

[117] MS Barajas and others, 'Integrated Behavioral Health and Intervention Models' (2021) *68(3) Pediatric Clinics of North America*, 669-683 ; A Marschall, *Understanding the Biopsychosocial Model* (2023) <https://www.verywellmind.com/understanding-the-biopsychosocial-model-7549226> accessed 23rd of August, 2025.

[118] ML Nilsen and IT Bjørk , 'A bibliometric review of person- centred care research 2010–2024', (2024) 24 (512) *BMC Health Serv Res.*

[119] *Ibid.*

2.3. Literature Review/Empirical Framework

Reviews of existing related studies with empirical bases in this Chapter are more in line with the objectives of the research.

2.3.1. Medical picturesque of Abortion

The medical sector is not inadvertently silent on abortion, hence many reports and essays have showed the view of medicine on abortion practices, especially its' risk contingencies, types, best forms of procurement and many others. From a medical perspective, abortion involves the termination of pregnancy by qualified medical practitioners either by pharmacological means or surgical mechanisms. The World Health Organization submits that abortion is an essential healthcare procedure and when carried out under healthy and effective protocols, it is one of the safest medical procedures globally, with complication rates significantly lower than many routinely medical procedures such as childbirth or tonsillectomy.[120] However, unsafe abortion involves the termination of an unintended pregnancy, by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.[121]

[120] (n54).

[121] GK Getahun and others, 'Exploring the reasons for unsafe abortion among women in the reproductive age group in western Ethiopia, (August 2023) *22 Clinical Epidemiology and Global Health* <https://doi.org/10.1016/j.cegh.2023.101301> accessed 21st August, 2025.

2.3.1.1. Types of Abortion from the medical perspective

As earlier stated, medically, abortion is classified as spontaneous/involuntary (miscarriage) or a deliberate/voluntary (induced) and these classifications all have the temporal, intention and clinical-symptom criterion. Medically, deliberate/voluntary (induced) abortion is further subdivided based on method and gestation period.[122] There are two principal methods. These methods and the gestational period they are utilized will be examined.

2.3.1.1.1. Medical/Pharmacological abortion

This involves the use of pharmacological means to terminate pregnancy. The usual and best is a combination of the *mifepristone pills* followed by *misoprostol* pills and its' effectiveness has been reported to exceed 95% for pregnancies below ten weeks of gestation.[123] Where mifepristone is unavailable, misoprostol-only regimens is applied, though with lower success rates.[124] Side effects include cramping, nausea, fever and slight bleeding, while serious complications such as hemorrhage or sepsis are rare when it is done correctly, or recommended and prescribed by qualified medical practitioners.[125]

2.3.1.1.2. Surgical abortion

This involves the use of some surgical tools by qualified medical practitioners to procure an abortion. By tools, these can be something as small as a needle. This form of abortion can take different methods and these methods are explained below;

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[122] *Ibid.*
[123] ACOG, 'Practice Bulletin No. 225: Medication Abortion Up to 70 Days of Gestation' (2020), https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2020/10/medication-abortion-up-to-70-days-of-gestation> accessed 21st August, 2025.
[124] M Shami ans Others '*Inducing labor after fetal demise: A systematic review and meta-analysis of the efficacy and safety of mifepristone and misoprostol combination versus misoprostol alone*' (2025) *25(435) BMC Pregnancy Childbirth.*
[125] World Health Organization (WHO), Clinical Practice Handbook for Quality Abortion Care (2024).

2.3.1.1.2.1. Saline Abortion

This surgical method involves the introduction of a quantity of concentrated saline solution into the amniotic sac where the fetus resides, after some quantity of the amniotic fluid has been drawn out.[126] This is done via a long needle inserted through the pregnant woman's abdomen, directly below her navel and it is always done after thirteen weeks gestation. The fetus inhales and swallows this saline, which resultantly poisons it and causes severe burns to its' skin.[127] Within 24 hours, the pregnant woman goes into labour and delivers a stillborn. Nevertheless, there are cases where the fetus survives, though with fatal injuries. This form of surgical abortion is also referred to as the 'salting out'.

2.3.1.1.2.2. Hysterectomy

This method of surgical abortion is often utilized when other late-term methods such as the 'salting out' fail. It is a mini-cesarean section where the mother undergoes surgery, and the fetus is removed from the womb.[128] At this stage, because the child may survive outside the womb, saline solution may be administered beforehand to ensure the fetus dies before the removal.

2.3.1.1.2.3. Dilation and Curettage

This method of surgical abortion requires the dilation of the cervix with some instruments, followed by the insertion of a sharp, curved knife,[129] which is utilized in cutting the fetus

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[126] K Madhuri and H Sagili, 'Extra- amniotic saline instillation versus combination of oral mifepristone and vaginal misoprostol for second trimester termination of pregnancy in women with previous one caesarean section', (2023) *45(4) Sri Lanka Journal of Obstetrics and Gynaecology, 159- 169*

[127] *Ibid.*

128 KE Okagua and others**,** 'Peripartum Hysterectomy: 5 Year Review of Prevalence, Trend, Risk Factors and Obstetric Outcomes in a Tertiary Centre in Southern Nigeria', (May 2024) *7(1) Asian Research Journal of Gynaecology and Obstetrics 124-134* <https://10.9734/arjgo/2024/v7i1219> accessed 21st August, 2025.

[129] TM Kalifa and others, 'Maternal and Neonatal Outcomes of Women Conceived Less Than 6 Months after First Trimester Dilation and Curettage (D&C)' (2022) *11(10):2767.*Journal of Clinical Medicine. <https://10.3390/jcm11102767> accessed 21st August, 2025.

manually and the fragment is eventually removed in fragments out of the uterus.[130] One of the major risks associated with this method is excessive bleeding, in the cause of the removal, which can lead to maternal complications, including anemia or even death. This method of abortion is carried out in the first trimester, within seven to twelve weeks gestation.

2.3.1.1.2.4. Dilation and Evacuation

This surgical form of abortion resembles dilation and curettage, because they follow almost the same pattern but in the case of the evacuation, the fetus is older and the gestational period is more extended. It is a relatively recent procedure for late abortion, at a time the fetus is weighing about a pound and measuring up to a foot long.[131] However, it is considered to be among the safest and less emotionally distressing for pregnant women, although it appears to be the most traumatic for medical practitioners by reason of the obvious growth of the fetus involved.

2.3.1.1.2.5. Dilation and Vacuum Aspiration

This method is often carried out between the seventh and fourteenth weeks of pregnancy, and it is a very common early surgical abortion method.[132] In this case, the cervix is first dilated with some instruments, after which a suction tube with a sharp-edged knife is inserted into the uterus. The inserted tube cuts off the placenta and tears it into pieces, after which the torn placenta is sucked into a jar.[133] After this method of abortion, the body parts of the fetus are seen in bits, in the flowing morass of blood and tissues.

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[130] *Ibid.*
[131] AF Sium and others, 'Dilation and evacuation versus medication abortion at 15–24 weeks of gestation in a low-middle income country: a retrospective cohort study', (2024*) 6:100110* Contraception X. < https://doi.org/10.1016/j.conx.2024.100110> accessed 21st August, 2025.
[132] JPW Chung and others, 'Intrauterine adhesion in ultrasound-guided manual vacuum aspiration (USG-MVA) versus electric vacuum aspiration (EVA): a randomised controlled trial', (2024) 24:135 *BMC Pregnancy Childbirth*. <https://doi.org/10.1186/s12884-024-06328-y> accessed 21st August, 2025.
[133] *Ibid.*

2.3.1.1.2.6. Prostaglandin Chemical Abortion

This is considered a more modern approach. It takes the form of just an injection, involving the injection of synthetic hormone-like compounds into the womb, which causes the womb to shrink, and thereafter the fetus is pushed out.[134]

Amongst all, dilation and vacuum aspiration (manual or electric), effective up to 14 weeks of gestation is reported by World Health Organization as the most medically recommended because it is associated with minimal complication rates when performed by qualified medical practitioners.[135] For late abortions, dilation and evacuation is medically recommended, while the World Health Organization frowns against dilation and curettage due to its' higher risks.[136] Unfortunately, it is this same dilation and curettage frowned at many unqualified persons use in carrying out surgical abortions, leading to profuse bleeding, hemorrhage and sepsis. In the same vein, medical/pharmacology abortion is not only preferable but safe in early pregnancy for privacy, provided it is recommended and prescribed by a qualified medical practitioner.

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[134]AR Jahromi and others, *'*A comparison of misoprostol with and without methylergometrine and oxytocin in outpatient medical abortion', (2023) *16 (257) BMC Res Notes, 2023;16:257.*

[135] (n123).

[136]World Health Organization, Abortion Care Guideline (2024) WHO <https://www.who.int/publications/i/item/9789240039483> accessed August 12, 2025.

2.3.2. Safety and Risk Contingencies of abortion

Both medical/pharmacological and surgical abortion under clinical supervision, are exceedingly safe.[137] Medical-related researches reveal that serious complications such as uterine perforation, severe hemorrhage or sepsis occur in less than 1% of cases of abortion properly carried out by qualified medical practitioners.[138] Conversely, according to AMoCo study in 2023, clandestine or unsafe abortion exposes women to significantly higher risks of incomplete abortion, chronic pelvic infections, infertility, and death.[139] As earlier revealed, globally, approximately 45% of abortions are unsafe, especially in Africa, resulting in high rate of mortality and severe complications.[140] Medical abortion and surgical abortion done properly end up being successful in early pregnancies,[141] while clandestine abortion often carried out with unprescribed drugs, traditional ways or weird styles lack sterility and post-abortion care, therefore increases risks.[142] Researches have continued to reveal that access to safe, legal abortion care reduces maternal mortality, improves reproductive health and guide reproductive decisions.[143]

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[137] (n122).
[138] *Ibid*
[139] E Pasquier and others, 'High severity of abortion complications in fragile and conflict-affected settings: a cross-sectional study in two referral hospitals in sub-Saharan Africa (AMoCo study)', (2023) *23(143) BMC Pregnancy and Childbirt*h <10.1186/s12884-023-05427-6> accessed 21st of August 2025.
[140] (n56).
[141] (n121).
[142] (n137).
[143] (n118).

2.4. Legal Constraint nexus practical realities (Factors influencing Abortion)

There are several subjective reasons why women procure or may want to procure an abortion, and these reasons are cross-national irrespective of legal provisions or limitations. Although these reasons may be overlapping, what remains a fact is that to satisfy these underlying reasons, people often do not give credence to the position of the Law. Rightly put, criminalizing abortion in any country does not actually prevent the procurement or reduce the incidences when compared to countries with liberal Laws. Instead, criminalizing abortion aggressively intensifies underground procurement.[144] For instance, in regions with restrictive abortion Laws such as Africa and Latin America, abortion rate is 30-34 per 1,000 women of childbearing age and 24-41 per 1,000 women respectively while the rate in Western Europe where it is more liberalized, is 11-17 per 1,000 women.[145] This gives clarity that the same factors drive the procurement of abortion all over the world, and these factors with economical, medical, psychological and emotional undertone cannot be overridden by any Law irrespective of the enforcement mechanisms. Cross-national researches adopted in this essay to explain these reasons will be based on the United States of America and Nigeria. The reason for choosing the two countries is to further affirm the uniformity in reasons between both countries, despite different Legal provisions for many years (although the United States has now taken a different route in the case of Dobbs v Jackson Women's Health Organization in 2022). Below are some of the reasons why women procure abortion or may wish to procure an abortion;

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[144] World Health Organization (WHO), 'Abortion' (Fact Sheet, May 2024) <https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion> accessed 23rd of August, 2025.

[145] J Bearak and others, 'Country-Specific Estimates of Unintended Pregnancy and Abortion Incidence: A Global Comparative Analysis of Levels in 2015–2019' (2022) *7(3) e007151 BMJ Global Health* ; Guttmacher Institute, *Unintended Pregnancy and Abortion Worldwide (2022): Country-Level Estimates Fact Sheet*

2.4.1.1. **Economic Reasons**

Economical and financial reasons contribute immensely as one of the most prominent reasons why women procure abortion. Childbirth and child-raising is a financially-tasking responsibility especially to individuals who are not financially stable. These set of persons can decide to opt for abortions instead of bringing forth pregnancies to life. For example, according to Guttmacher Institute, in the United States, about 41% of people obtaining abortions have incomes below the federal poverty level and about 30% have incomes between 100%–199% of the federal poverty level.[146] In Nigeria, multi-site survey data and facility research likewise identify lack of money as a common reason driving women to procure abortions. National Performance Monitoring for Action (PMA) survey and recent report reveal first-hand statements such as 'we didn't have money… no need to have children that will suffer' more frequently, affirming that economic hardship and poverty are prominent reasons for abortion procurement. [147] This factor is particularly true in a country like Nigeria where the economic condition is unfavorable and many are finding it hard to survive the economic crisis.

2.4.1.2. **Medical Reasons**

Women procure abortion due to medical maternal complications, especially when the mother's life is at risk or the fetus formation pose intense risk to the mother.[148] The Law of most countries recognizes this, even countries where abortion is criminalized. The reason for this is that it is assumed that the life of the mother is more precious than that of the fetus, a belief backed up by

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[146] Guttmacher Institute, *Abortion in the United States: Fact Sheet*, (Guttmacher Institute, April, 2025).
[147] LB Ayamolowo and others, 'Factors influencing unintended pregnancy and abortion among unmarried young people in Nigeria; a scoping review', (2024) *24(1494) BMC Public Health.*
[148] SJ Etuk and others, 'Maternal morbidity and death associated with pregnancy loss before 28 weeks in Nigeria' (2024) 131(Suppl 3) *BJOG: An International Journal of Obstetrics and Gynaecology.*

different international treaties. However, this reason or type of abortion forms an infinitesimal fragment of the statistical data for abortion in Nigeria or anywhere in the world.[149] Medical reasons could also entail cases of fetal abnormalities after it has been revealed through medical technologies such as amniocentesis and CVS (Chorionic Villus Sampling) which is more recent.[150]

2.4.1.3. Pregnancy from rape, incest, or any form of sexual exploitation

Sexual exploitation is a phenomenon that has eaten deep into our society, especially in third world countries. This animalistic behavior is very prevalent even in our elites' environment. In 2020, a state of emergency on rape was declared in Nigeria, yet, in 2022, 65% of women in a Nigerian survey submitted that they had experienced rape.[151] As a result of these horrible encounters, sexual violence survivors opt or may opt to abort pregnancies to protect their mental and psychological health. Likewise, many of these victims if allowed to deliver these children have no one to identify as the biological father and it is undoubtedly believed that these children may be mentally affected after knowing the circumstances surrounding their birth. The National Bureau of Statistics reported between 2021 and 2022, the incidence of rape increased from 48% to 65%.[152] Although reports of these encounters that lead to pregnancy do not align with this statistics likely because victims personally seek immediate and comprehensive medical attention to prevent occurrence of pregnancy after the act, as provided for by Section 38 of the Vapp Act,

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[149] Centers for Disease Control and Prevention (CDC), Abortion Surveillance Findings and Reports (2024) <https://www.cdc.gov/reproductive-health/data-statistics/abortion-surveillance-findings-reports.html> accessed 23rd of August, 2025.

[150] Amniocentesis is a medical procedure performed during pregnancy, where a doctor inserts a thin needle through the abdomen of a pregnant woman to collect a small sample of amniotic fluid from the sac surrounding the fetus. The fluid is thereafter tested to detect genetic or chromosomal abnormalities, infections, or other health conditions in the unborn baby.

[151] K Strek, *I was crying, there was no anaesthesia: the fight for legal and safe abortion in Nigeria* (The Guardian, 13 January 2025), <https://www.theguardian.com/global-development/2025/jan/13/abortion-rights-nigeria-sexual-violence-women> accessed 23rd of August, 2025.

[152] National Bureau of Statistics (NBS), *Statistical Report on Women and Men in Nigeria, 2022* (2023) 57.

nevertheless, victims who still get pregnant from this ordeal may opt for abortion services or procedures.

2.4.1.4. Incidence of unplanned pregnancy

Guttmacher Institute Fact Sheet in 2022 report that one hundred and twenty-one million unintended pregnancies occur each year, with about 61% translating into seventy-three million resulting in abortion.[153] Unintended pregnancies are a major drive of abortion worldwide. In the United States, national surveillance data indicate that the majority of abortions occur from unplanned pregnancies, with over 600,000 abortions recorded in 2022 alone. [154] Many women mention reasons related to unpreparedness, including financial inability to raise a child, interference with work or education, or not wanting to be a single parent reasons for terminating unintended pregnancies.[155] Similarly, in Nigeria, surveys and community-based researches continue to reveal that unintended pregnancy is a leading reason women seek abortion. Among adolescents and unmarried women, the prevalence of unintended pregnancy is estimated at 35.9%, with approximately 33.5% of respondents reporting induced abortion following these pregnancies.[156] Together, these findings indicate that, in both developed and developing countries, abortion is commonly a response to pregnancies that women did not intend to carry to term. Noteworthy, this reason is not restricted to unmarried persons, but it extends to couples who have no plan for additional children. There are instances where married couples or one of the parties decide to procure abortions. For instance, though uncommon, in the United States, both couples may decide to procure an abortion in instances of unintended pregnancies.

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[153] Guttmacher Institute, *Induced Abortion Worldwide: Global Incidence and Trends* (Fact Sheet, March 2022)
[154] S Ramar and others, *Abortion Surveillance - United States, 2022* (2024) 73(No. SS-7) ; 1-28 <http://dx.doi.org/10.15585/mmwr.ss7307a1> accessed 23rd of August, 2025.
[155] *Ibid.*
[156] (n145).

2.4.1.5. Partner-related reasons

In Nigeria, relationship or marital concerns such as domestic violence, relationship instability, parent-partner opposition, single parent dynamics, religious differentials, late genotype incompatibility revelation among others can be a ground for the incidence of abortion.[157] In the United States for example, a study revealed that 31% of pregnant women are likely to procure an abortion for partner-related issues while another revealed that 48% respondent revealed that they opt for abortion due to single parenting concerns.[158]

2.4.1.6. Personal factors

Age, education, marital status, career among other reasons is personal factors why a lady may procure an abortion. In Nigeria, pregnancy often has negative effects on women's career or education, whether married or not. In most instances, many teenagers after conception drop out of school. Some undergraduate also drop out of their respective programmes after conception. For the married ones, their career gets frustrated as they have to channel their energy into training children, thereby affecting the effectiveness and concentration their career needs. For this reason, many women who are not ready to make these sacrifices may opt for abortion. Age may also be a determining factor, with many claiming that they are too young to have children. In some instances, parents may stand against their teenage daughters having a child at a young age and for that reason may sponsor or push for abortion. In the United States, most women (74%) in a survey submitted that they had abortion because having a child would interfere with their education, career or ability to care for their dependents. Personal factors also play a

[157] MO Obiyan and others, 'Factors Associated with Pregnancy and Induced Abortion among Women in Nigeria: A National Survey' (2023) *BMC Women's Health* 23(62) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9832642/> accessed 23rd of August, 2025.

[158] LB Finer and others, 'Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives' Perspectives on Sexual and Reproductive Health, 110–118 <https://doi.org/10.1363/3711005> accessed 23rd of August, 2025.

significant role in motivating women to seek abortion in Nigeria. Unintended or unwanted pregnancies are consistently identified as a primary reason, particularly among adolescents and unmarried women, with prevalence in some studies with statistics ranging from 23% to over 90%.[159] In a study in Niger State, many women mention partner-related issues, including rejection of the pregnancy, doubt about paternity, or instability in the relationship, as critical reasons for their decision to terminate a pregnancy.[160] Socioeconomic factors, such as financial inability to raise a child or the need to continue education or employment, also contribute significantly.[161] Furthermore, social and cultural stigma associated with premarital childbearing or pregnancy outside of wedlock frequently drives women to seek abortion.

2.3.3.7. The need to regulate family size.

This is a conscientious concern for married couples and single mothers who have completed childbearing. In this light, they see abortion as a family planning mechanism to control their family size and focus on other children. In a United States of America survey, 48% of respondent tied the reason they aborted to the need to focus on their other children.**[162]** In Nigeria, women also lay claim to the need to focus on their children.

2.3.3.8. Contraceptives misuse or failure

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[159]MO Obiyan and others, 'Factors associated with pregnancy and induced abortion among street-involved female adolescents in two Nigerian urban cities: a mixed-method study' (2023) *23(25) BMC Health Services Research* <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-09014-x> accessed 25th of August, 2025.
[160] PA Adejoh and HO Sawyerr, *An Assay on the Reasons and Awareness of Consequences of Abortion among Women of Childbearing Age in Chanchaga, Bosso LGA, Niger State, Nigeria* (Jan, 2025) <https://rsisinternational.org/journals/ijrsi/articles/an-assay-on-the-reasons-and-awareness-of-consequences-of-abortion-among-women-of-childbearing-age-in-chanchaga-bosso-local-government-area-niger-state-nigeria/> accessed 25th of August, 2025.
[161] M Roemer and others, 'Inequities in safe abortion: women's care trajectories in Abuja and Lagos, Nigeria' (2025) *25(2869) BMC Public Health* <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-025-23889-5> accessed 25th of August, 2025.
[162] (n144).

Some women resolve to abortion or may likely abort due to contraception misuse or contraception failure. Aside the use of condoms which is known to also be to prevent sexually transmitted diseases, other contraception techniques are to prevent pregnancy. When these contraceptives fail, the user resolve to abortion to salvage the results for whose purpose contraceptives were adopted initially. In a Nigerian survey carried out at Ile–Ife, Osun State**,** majority of the respondents, with an estimate of 67.2% had never used contraceptives and those who did resolved to abortion when the contraception failed.[163]

2.3.3.9. Premarital and uncontrolled childbirth-induced stigmatization

The African society, especially the Nigerian society is one where premarital pregnancies are frowned against by many and even used a yardstick to measure a lady's waywardness. In the same light, women who continually give birth unplanned usually become a subject of discussion, ridicule and mockery even among their fellow females. These contribute in no insignificant way to why many procure abortion. According to the American Medical Association, there are instances where parents even suggest or can suggest abortion to safe their religious and moral reputation in the public.[164]

2.3.3.10. Socioeconomic factors

[163] IE Ojo and others, 'Why Do Married Women Procure Abortion? Experiences from Ile-Ife, South-Western Nigeria' (2021) 21(1) BMC Women's Health 327 <https://pmc.ncbi.nlm.nih.gov/articles/PMC8356588/> accessed 23rd August, 2025.

[164] Code of Medical Ethics Opinion: Mandatory Parental Consent to Abortion, 2022 <https://code-medical-ethics.ama-assn.org/ethics-opinions/mandatory-parental-consent-abortion> accessed 25th of August, 2025.

In most countries, the most pointed reason for procuring abortion is the socioeconomic reason, which is an agglomeration of more than one reason in the aforementioned. These reason ranges from educational purposes, family rigidity, dependent factor, cultural factors and child-care responsibilities among others.

2.4. Effects of Criminalisation of Abortion on the Society

As subsequent Chapters will further reveal, criminalizing abortion in Nigeria have far-reaching effects on the population and these effects cannot be overemphasized. World Health Organization identifies unsafe abortion as a major public health concern, that unfavorably affect low-income and middle-income countries such as Nigeria.[165] Researches continue to reveal the damages of unsafe abortion among many effects in our dear country year in and out. Beyond the shores of Nigeria, the criminalisation of abortion compels women in all countries especially in third world countries, with similar legislations to adopt dangerous means of terminating pregnancies. These mechanisms include but are not limited to intake of unrecompensed abortion pills and unreliable mixtures such as alcoholic gins, potash and many others which are either improperly used or of great harm to the reproductive organs like the ovary, fallopian tube or uterus. Studies reveal that while many neglect the services of qualified medical personnel, for obvious reasons, among which criminalisation falls, they opt for the services of unqualified personnel, while many abortions are done personally or by peer assistance via dangerous technical tactics involving knitting needles, soap or lead solutions through syringes, crochet hooks, hot baths, blows to the back and kicks or heavy pressure on the abdomen. In retrospect, the increasing rate of unsafe abortion has been highly influenced by the limitations of the Law. Whether or not these clandestine abortions were successful or not is an issue that can never be

[165] World Health Organization (WHO), *Abortion Fact Sheet* 2023) <https://www.who.int/health–topics/abortion> accessed 25th of August, 2025.

fully discussed, as oftentimes, these procedures are accompanied with either short-term or long-term post-complications such as PID or sepsis which later warrants the need of a septic abortion. [166] Akande submit that unsafe abortion is one of the leading causes of maternal mortality in Nigeria, with an estimated 456,000 unsafe abortions occurring annually.[167] Adejumo reiterated this, observing that about 63% of abortions in Nigeria are unsafe, thus directly undermining Nigeria's maternal mortality reduction targets under the Sustainable Development Goals.[168] Beyond medical implications, others include stigma and psychological trauma.

Noteworthy, these unfortunate reports and incidences didn't begin today. Exactly twenty-seven years after its' proposed bill, 'Termination of Pregnancy bill' died from criticism in the House of Representatives, in the year 2008, the Society of Gynecology and Obstetrics of Nigeria reported that 11% of maternal deaths in Nigeria as at then were caused by unsafe abortions.[169] In Nigeria where abortion is only lawful to save a woman's life, approximately 6,000 women die from complications related to unsafe procedures, accounting for 10% of pregnancy-related deaths in the country.[170] One of the effects of criminalizing abortion therefore is the increase in female mortality rate in recent years from unsafe abortions. Based on the most widely cited national-level study, historically, approximately 212,000 women were treated for complications of unsafe abortion in 2012, representing a treatment rate of 5.6 per 1,000 women of reproductive age, while an additional 285,000 women experienced serious abortion-related health consequences

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[166] *Ibid.*
[167] OW Akande and others, 'Unsafe Abortion Practices and the Law in Nigeria: Time for Change' (2020) *28(1) Sexual and Reproductive Health Matters* 1758445, <pmc.ncbi.nlm.nih.gov/articles/PMC7888045/> accessed 25th of August, 2025.
[168] OA Adejumo, 'Demystifying the Legal Restrictions on Abortion in Nigeria: Time to Change the Narrative' (2024) *24(2) African Human Rights Law Journal* 559–578 <https://www.ahrlj.up.ac.za/adejumo-oa> accessed 25th of August, 2025.
[169] Pew Research Centre, *Abortion Laws around the World*, (Sept. 30, 2008) <http://www .pewforum.org/2008/09/30/abortion–Laws–around–the–world/> accessed 26th of August, 2025.
[170] (n150).

but did not receive the care they needed.[171] Recent hospital-based studies from 2023 to 2025 reaffirm that unsafe abortion continues to contribute substantially to maternal morbidity and mortality, particularly among adolescents and young women. For example, tertiary hospitals in Lokoja, Bayelsa and Benue reported case fatality rates among women treated for complications ranging from 2.9% to 6.1%**,** with the majority experiencing serious conditions such as incomplete abortion, hemorrhage, sepsis, and pelvic abscess.[172] A 2025 study in Abuja and Lagos further highlighted that nearly 45% of abortions carried out are done under conditions classified as highly unsafe, disproportionately affecting economically disadvantaged women with limited access to safe abortion or post-abortion care.[173] Collectively, these findings demonstrate that unsafe abortion continues to pose a significant risk to women's health in Nigeria. While the 2012 national report provide a valuable baseline, recent evidence indicates that unsafe abortion remains a persistent problem, though there is no recent nationwide study that replicates the exact treatment and morbidity figures. Therefore, any discussion of abortion-related complications should acknowledge both the historical reports and the continuing burden reflected in recent hospital and community studies. These unsafe abortions results from women seeking clandestine procedure or self-care with non-recommended methods outside the formal healthcare system, which is particularly true in the context of legal limitations. The availability of abortion pills worsen the situation, as many pregnant teenagers or young adults with no medical knowledge opt for this pharmacological procedure at the risk of their reproductive health or life entirely. Consequentially, many of these forms of abortion bring about complications which results to

[171]A Bankole and others. 'The Incidence of Abortion in Nigeria' (2015) Int J Gynecol Obstet. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4970740/ accessed 28th of August, 2025.

[172] OD Obadina and others, 'The Burden of Unsafe Abortion Six Years before the COVID-19 Era in a Nigerian Tertiary Hospital: An Analytical Retrospective Study' (2023) W*est African Journal Medical 90-96* <https://pubmed.ncbi.nlm.nih.gov/36716707/> accessed 28th of August, 2025.; O Irowa and others, 'A 10-Year Review of Unsafe Abortion in a Tertiary Hospital in North-Central Nigeria' (2024) *42(3) Tropical Journal of Obstetrics and Gynaecology* <https://tjog.org/index.php/tjog/article/view/419> accessed 28th of August, 2025.

[173] (n30).

death. These pregnancy-induced deaths are unusual in Western countries where abortion is at best liberalized. In parlance, the Nigeria restrictive Law is more breached than it is complied with, because it does not display the realities of the Nigerian society. Women procure abortion for various reasons ranging from financial and emotional inability to care for a baby, fear of rejection by partners, parents, peer groups, religious and community leaders and society if the pregnancy is discovered, as means of birth control, physical and mental reasons, if they are too young or too sick to have a baby, desire to get rid of unwanted pregnancies arising from several reasons including rape or failure of contraception among other reasons. These women do not care about what happens to them in the process, but care more about the termination. As the Law has limited the mechanisms available, what is left is to follow any channel irrespective of the risk factor.

The incidence of single parenting also has traces in the criminalisation of abortion in Nigeria. People are made to give birth and raise children they did not plan for. This form of lifestyle not only poses a threat to affected victims, the future of the offspring is also jettisoned. Oftentimes, most products of unwanted pregnancies end up being raised in single parenting homes by a parent who was forced into parenthood by the rigidity of the Law.[174] Even married couples with no contraception or failed contraception are compelled to deliver more than the children they are capable of caring for.

There is a corresponding relationship between crimes and abortion restrictive Laws in Nigeria. When people are forced to start a life they did not plan for, a life of being a parent, they resolve to crimes to sustain that lifestyle. Many women have gone into prostitution and their male counterparts into fraudulent activities as a way of providing for children they never planned for.

[174] (n35).

Likewise, when children are delivered without adequate preparation from parents, those children grow into adulthood to pick up crimes as their saving grace. This was the state of things in the United States before abortion was liberalized in the case of Roe v Wade in 1973. Conversely, after this liberalization, in a debate by Stanford Law School professor John J. Donohue III and University of Chicago Economist Steven D. Levitt twenty-seven years later on the relationship between abortion and crime, their findings reveal that legal abortions have prevented the births of many would-be criminals in the United States.[175] The truth remains that even if the decision has now been overridden by the Dobbs judgment in 2022, it remain a fact that liberalization judiciously served its' purpose and the United States has now adjusted and embraced different mechanisms to avoid unplanned pregnancies, unlike Nigeria where the spontaneity of unplanned pregnancies seem like a party souvenir.

The disdainful economic impact cannot be overemphasized as an effect of the criminalisation of abortion in Nigeria. When people are made to sacrifice their career and dreams for unplanned pregnancies, the country loses the economic value these set of persons could have added. In Nigeria, a pregnant young girl who gets pregnant and is unable to abort before her parent discovers is withdrawn from her academics and she rarely goes back even after delivery.[176] In a descriptive survey of 187 teenage girls at Awkuzu community in Anambra Sate, the study reports an unintended pregnancy prevalence of 63.6% among respondents, and 46.5% dropped out of school due to pregnancy, with many citing stigma, lack of support among others as

[175] JJ Donohue III and SD Levitt, 'The Impact of Legalized Abortion on Crime' *(2000) 1 Stanford Law School Public Law and Legal Theory Working Paper* <https://Law.stanford.edu/wp-content/uploads/2020/09/The_Impact_of_Legalized_Abortion_on_Crime.pdf> accessed 28th of August, 2025.
[176] OE Odiri and OE Anthonia, '*The Aftermath Implications of Teenage Pregnancy on the Girl-Child Education* (2023) 8(1) International Journal of Counseling and Education <https://counsedu.iicet.org/index.php/counsedu/article/view/396>

reasons for non-return.[177] In another research survey targeting secondary school students in Oye Ekiti Local Government in Ekiti State, findings showed that teenage pregnancy adversely affects academic performance, with many pregnant girls performing poorly and facing a high risk of dropping out.[178] These set of young girls definitely lose their prospective productivity because of the rigidity of abortion Law. Due to the high number of post-abortion cases in hospitals from medical complications, medical personnel are also diverted from other pressing health issues.

Essentially, criminalizing abortion has proved to be of immense disadvantage to the Nigeria society. It poses more threat to the development of the country and for rhetoric, does not showcase the realities of the Nigeria society because the Laws are regularly being flouted.

2.5. Intersection with Societal Response (Case studies of abortion victims)

Below are some case studies that exemplify how abortion Laws in Nigeria affect societal responses;[179]

1. Joy, 19 years old lady procured an abortion from an unqualified medical personnel. According to her, it was at a small and dirty building who had no billboard to identify it as a medical facility, under intense heat and unfavorable conditions but she had to go ahead because she didn't want the child and despite the 'NO' responses from registered hospitals, she wanted the pregnancy gone. After the abortion, she started to struggle from intense abdominal pain and diarrhea, which forced her to open up to her elder sister who

[177] EE Ukwubile and OE Kosiso, 'Impact of Unintended Pregnancy on the Educational Pursuits of Teenage Girls in Awkuzu, Anambra State, Nigeria' *(2025) 8(1) International Journal of Social Sciences and Arts Review* <https://www.ijssar.com/paper/impact-of-unintended-pregnancy-on-the-educational-pursuits-of-teenage-girls-in-awkuzu-anambra-state-nigeria> accessed 28th of August, 2025.
[178] O Aderibigbe and others, 'Effect of Teenage Pregnancy On Girls' Child Education in Selected Secondary Schools In Ekiti State, Nigeria', (Nov, 2024) *6(11) Euro Afro Studies International Journal 1-19* <www.doi.org/10.5281/zenodo.14290570> accessed 28th of August, 2025.
[179] All cases are real cases from (n149), but names and other personal details were changed while stories remain unmodified.

immediately rushed her to the Teaching hospital where she was diagnosed with post–abortion sepsis, bowel perforation and abdominal swelling which only a surgery could resolve.

2. Zarah is a 25 year old auxiliary nurse, who takes care of minor illness and sells drugs for that purpose in her small chemist. Alongside, she sells abortion pills such as the misoprostol and mifepristone, spanning from her multiple abortion experiences which she believes has educated her. These medicines are supposed to only be administered in hospitals to save women who are in peril of immediate death such as obstetric situations, yet she supplies them on request to at least four women each month. She said that she herself once procured an abortion, which landed her in the hospital due to complications. She had a second abortion in 2024 using both drugs and the encounter went really well and since then, not only has she continued to administer it for her subsequent abortions, she also began the sale of these medicines, assuring her customers that they are safe and have nothing to fear, even when she isn't qualified and totally oblivious of the complications recurrent intake of these medicines could cause her ignorant customers in the long-run.
3. With teary eyes, Idia, 20 years old who was a victim of rape at a hotel where she worked narrated her story. According to her, she was raped multiple times by the manager of her hotel and after one of the encounters, she got pregnant. Left with no choice as many public hospitals were bound by Nigeria's abortion restrictive Laws and with the sheer need to protect her future, which being a single mother could salvage and to also avoid harshness which the emotional trauma from the encounter could pass to the unborn child, she turned in for an abortion at a clinic which she could barely describe. She narrated the

experience as being an horrible one that she will never wish for any woman. However, when she eventually got clue that there are medically–safe ways to procure abortion, she had taken it upon herself to sensitize women about them. Although she agrees that it is a criminal offense to do so and could be prosecuted for that one day, she remains unshaken.

4. Osato, 22 years old also narrated her experience of unsafe, painful and life–threatening abortion. After getting pregnant, she subscribed for an induced abortion by clandestine means, but she recounted that the pain she went through, she doesn't wish it on her enemy. She recounted that after the abortion, she had to seek medical support before she could recover from the complications that came along, which nearly claimed her life.

These case studies display the need and imperativeness of addressing abortion Laws in Nigeria putting societal responses into cognizance to ensure that these health conditions do not keep reoccurring. By putting these into cognizance, we can work towards creating a broader legislation that accommodates the responses and grievances of everyone in the society.

2.6. Advocacy and Proposed Reform in Nigeria's Abortion Laws From 1960 Till Date

There have been a couple of legal interventions channeled towards elaborating the confines of Lawful abortion in Nigeria, after putting into consideration the numerous effects. Unfortunately, many of these proposed reforms never saw the light of the day, mainly on moral grounds.

The first and most monumental of these legal interventions was from the Nigerian Society for Gynecology and Obstetrics in 1981 through a sponsored Bill (Termination of Pregnancy Bill), in the House of Representatives of the National Assembly. The fashion and wordings of the bill created modalities similar to the United Kingdom's Abortion Act of 1967, making provision for abortion when it is done by a medical practitioner under the recommendation of two registered

medical practitioners, where such pregnancy poses physical or mental risk to the life of the pregnant woman or any existing children of her family.[180] The Bill also provided for abortion where it is clear that if the child is born, it would suffer severe fetal abnormalities.[181] A gestational limit of 12 weeks was allowed, after which abortion would only be permitted to save the life of the pregnant woman, and abortion could only be carried out in medical facilities approved by the Ministry of Health or by any Law.[182] In all, the bill from its' wordings tried to introduce into the Nigeria abortion legislations more broader grounds where both married and unmarried could tap from to ensure that they are not coerced into bringing to life a child they have no plan for, and also provide clarity for medical practitioners who the obscurity the Law overshadows. Unfortunately, the bill was welcomed initially but was eventually stroke out at the committee stage because of opposition from some pressure groups consisting mainly of religious leaders and the National Association of women societies solely for moral reasons.

Likewise, In 2012**,** during the Rochas Okorocha-led administration, the Imo State Government amended its' Violence Against Persons (Prohibition**)** Law to liberalize procurement of abortion, allowing medical abortion in cases of sexual violence such as rape, incest, or where the pregnancy endangers the mother's health in its' VAPP Law**.**[183] Unfortunately**,** similar groups, consisting of religious leaders and religious medical practitioner's body such as the Association of Catholic Medical Practitioners mounted pressure on the state government to repeal the Law

[180] Section 1(1)(a)) of the Termination of Pregnancy Bill, 1981.
[181] Section 1(1)(b)) of the Termination of Pregnancy Bill, 1981.
[182] Section 1(2) of the Termination of Pregnancy Bill, 1891.
[183] Section 40(1) of the Imo State Violence Against Person (Prohibition) Law, 2012 (repealed in 2013).

for moral reasons and the state government eventually repealed it in 2013, barely one year after its' enactment.[184]

On 29 June 2022, after four years of collaboration between doctors, Lawyers and Lawmakers, the Babajide Sanwo-Olu-led Lagos state government released guidelines designed to clarify when therapeutic abortion could take place, and to provide clarity for the medical sector. Just after the release of these guidelines, intense opposition sprang from religious leaders calling on the State government to revert its' guidelines for moral reasons. Assumedly, being a year for federal and state elections, and with the government knowing the stake these leaders, the governor ordered for the guidelines to be suspended on 8th of July, 2022, barely eight days after its' release.[185]

Nevertheless, there is commendable progress in Ogun State. In May 2023, the Dapo Abiodun-led Ogun State government implemented guidelines on safe abortion, extending legal exceptions to cases of sexual violence such as rape, incest, risk to health and cases around cancer and hypertension.[186] This for now hasn't been revoked despite controversies from the same set of religious leaders and similar groups for moral reasons. Although, this is a commendable feat and has placed the State on the frontline of States with progressive abortion rights, nonetheless the exceptions it provide do not fully reflect the societal response in lieu of the major factors that bring about procurement of unsafe abortion or abortion generally.

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[184] Channels Television, *Imo Government Repeals Abortion Law* (4 October, 2013) <https://www.channelstv.com/2013/10/04/imo-government-repeals-abortion-Law/> assessed 1st of September, 2925.
[185] C Obinna, *Lagos suspends guidelines on safe abortion* (Vanguard News, 2022) <https://www.vanguardngr.com/2022/07/lagos-suspends-guidelines-on-safe-abortion/> accessed 1st of September, 2025.
[186] A Folorunsho-Francis, "Ogun Releases Abortion Guidelines for Rape Victims, Others (Punch Newspaper, 18 May 2023) https://punchng.com/ogun-releases-abortion-guidelines-for-rape-victims-others/ accessed 3rd of September, 2025.

Just as a couple of other legal interventions have been discussed, it's imminent to also reference the Violence Against Persons (Prohibition) Act. Although it's a federal legislation and its' acceptance is limited, it was enacted in 2015 to fight violence, especially sexual violence, and to ensure sexual survivors are provided with medical services,[187] If critically construed, it could include medical abortion but unfortunately, since it still suffers judicial interpretation and blessings, therefore there are enforcement lacunas.

In view of these constant oppositions and revocations even when effects are glaring, many scholars continue to call on Lawmakers to review Nigeria abortion Laws, and they should do that unmoved by religious idiosyncrasies and hypocrisies. Adebimpe in an empirical study focusing on pregnancies resulting from rape, submitted that legislative review of abortion Laws, particularly in cases of sexual violence such as of rape and incest, would reduce unsafe abortion practices.[188] Noteworthy, around July of 2025, rumour had it that a Federal High court in Nigeria widened the exception of legal abortion to include cases of sexual violence such as rape and incest. Unfortunately, till the end of this research work, nothing about the case was accessible for reference despite several attempts made by the researcher. Nevertheless, even if that is true, the question of whether or not this Federal High Court judgment is binding nationwide will be a puzzle the Appeal court and probably the Supreme court will have to solve. Therefore, the rumoured judicial position, though welcoming cannot be relied upon. Likewise, Obadina after exploring how cultural and religious factors interact with Nigeria's abortion Laws calls for a need for review that reflects gender equality and objectivity.[189] Internationally, Nigeria's

[187] Section 38 of the VAPP Act, 2015.
[188] RJ Adebimpe, 'Liberalisation of Nigeria's Abortion Laws with a Focus on Pregnancies Resulting from Rape: An Empirical Analysis' (2021) *21 African Human Rights Law Journal* 469-493.
[189] IA Obadina, 'Evolving an Intersectional and Equality Approach to Addressing Issues of Abortion in Nigeria' (2024) *26(5) Journal of International Women's Studies* 8,

abortion Laws has been brutally criticized by many international bodies, including but not limited to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), whose instruments Nigeria is a signatory to. This work has come to add voice to the same advocacy as it is long needed and religious beliefs must not keep overriding public interest and glaring societal effects.

2.7. Conclusion

In conclusion, this chapter shows that the criminalisation of abortion in Nigeria continues to shape reproductive decisions, health and social wellbeing. Empirical evidence shows that restrictive Laws do not eliminate abortion but instead push it underground, leading to unsafe practices, preventable complications and high levels of maternal morbidity and mortality. The chapter looked into the different ways of procuring abortion known to medical practice, and the medically recommended ones, while also examining the safety and risk contingencies associated with these abortion procedures as proved by world medical standard. The chapter further established that statistically, socio-economic reasons, partner-related issues, cultural influence, contraception unavailability and failure among others significantly influence abortion procurement irrespective of legal provisions. Furthermore, recent Nigerian studies reveal the wider social effects, including school withdrawal among adolescents especially the females, crimes, economic retrogression among many other disadvantages. There are also real life case studies of abortion victims in Nigeria, coupled with advocacies and proposed changes for abortion Laws in Nigeria till date. However, while these existing researches and revelation

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https://vc.bridgew.edu/context/jiws/article/2818/viewcontent/5._Evolving_an_Intersectional_and_Equality_Approach_to_Addressing_Issues_of_Abortion_in_Nigeria_revised.pdf> accessed 5th of September, 2025.

provides a strong foundation, there are still gaps regarding the availability of legal researches that provide empirical facts on the topic and community-level researches in places such as Ugbowo, Benin Metropolis. Therefore, this study seeks to fill that gap by examining how the interplay of abortion Laws shape societal outcomes and societal responses in Ugbowo Community, Benin Metropolis.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This work adopts a mixed research methodology. It adopts a socio-legal methodology which fuses both the doctrinal legal methodology with the non-doctrinal legal methodology. This chapter therefore extensively examines the research methodology adopted for this research work.

3.1. Doctrinal Legal Methodology

Basically, legal writing cannot be done without a proper examination of the legal framework of the subject matter.. Therefore, the analysis of the legal frameworks governing abortion in Nigeria will involve the analysis of both the primary and secondary legal frameworks of abortion in Nigeria which are the Criminal Code, Penal Code, Shari'ah Law, the Constitution of the Federal Republic of Nigeria, judicial interpretation of these statutory provisions, legal textbooks, Law journals and articles. There will also be a jurisdictional comparative legal analysis of abortion Laws among different countries of the world. International instruments and resolutions on the subject will be explored and lastly, the jurisprudential undertone to abortion legal frameworks will be used to explain the bio-ethical concerns for abortion practices.

3.1.1. Statutory Framework of Abortion in Nigeria

Abortion is highly restrictive in Nigeria by virtue of the Criminal Code, Penal Code, Shari'ah Law, and quite vaguely, the Constitution of the Federal Republic of Nigeria. Primarily, the Criminal Code applicable in the Southern part of Nigeria and the Penal Code applicable in the Northern part of Nigeria, being the primary statute books for Criminal Law in Nigeria lay the statutory, and main legal background for abortion in Nigeria. For the Criminal Code, the relevant provisions are sections 228, 229, 230 and 297 and the Penal Code, sections 232, 233, 234 and 235.[190] The Sharia Penal Code Law for States where Sharia Law has been adopted is not silent on the criminalisation of abortion either. In Jigawa State for instance, the Shari'ah Penal Code[191] criminalizes abortion in Section 207, 208, 209, 210, 211, 212 and 213. The stance of the constitution remains unclear.

The Criminal Code provisions are formed in alignment with England's Section 58 of the Offenses Against the Person Act, 1862[192], while corollary sections of the Penal Code are scripted from the Scottish common Law. With similar wordings, there are few draft gaps i.e. punishment, but there was a crucial gap with intense legal implications between the two primary legislations

[190] Noteworthy, abortion is a State matter in Nigeria, because crime is generally a residual matter. Hence, the Criminal Code Act does not apply to all Southern States in Nigeria by default, except in respect to federal offenses, i.e. offenses relating to matters listed under the Exclusive Legislative List of the Constitution among which abortion doesn't fall. All Southern States have their Criminal Code Laws, but abortion remains a crime in these States because their provisions are similar to the Criminal Code Act. Likewise, the Penal Code Act, although a federal legislation, does not apply to all Northern States in Nigeria, but only in the Federal Capital Territory, except in respect to federal offenses offences emanating from matters under the Exclusive Legislative List, contained in the Federal Penal Code (Northern States) Federal Provisions Act, Cap. (P3) LFN 2004. This is because crime is not expressly included in the Exclusive or Concurrent Legislative List of the Constitution. The Penal Code Act only apply in Northern States that have not adopted the Sharia Legal System or to non-Muslims in Northern States that have adopted the Sharia Legal System but have no Penal Code Law. All Northern states have their hybrid Penal Code Laws, but abortion only remains a crime in these States because the provisions are similar. Interestingly, if any State decides to amend their Criminal Statutes to decriminalize abortion, they will be vindicated. Unfortunately, the parochial and implied single party Nigeria operates makes that unpractical.

[191] Jigawa State Shari'ah Penal Code Law, 2000 (Jigawa State Gazette Vol 1, No 12, December 18, 2000)

[192] (UK), 24 and 25 Vict c 100.

before the decision of Rex v Edgal[193] corrected the lacuna and uniformed the Law. The gap was that while the Criminal Code created an ambiguity, providing for Lawful abortion only through a surgical operation which is done in good faith to preserve the mother's life,[194] the Penal Code allows for Lawful abortion through all medium beyond surgical operation provided it is done in good faith to preserve the mother's life.[195] Thankfully, in the case of Rex v Edgal,[196] the West Africa Court of Appeal, the then apex court in West Africa, held that any form of abortion done in good faith in preservation of the mother's life is deemed Lawful. This has since brought in uniformity between the two statute books. Moving on, we shall observe the position of these primary legislations, the Shari'ah Law and the Constitution on abortion.

3.1.1.1. Criminal Code Act

1. Section 228 of the Criminal Code Act (Intention to Procure Abortion for a woman)

> 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 whatsoever, is guilty of a felony and is liable to imprisonment for fourteen years.

This section provides for a penalty of fourteen years imprisonment for any person who for the purpose of procuring an abortion unlawfully administers 'any poison or noxious thing', causes a woman to use 'any poison or noxious thing', forces her to do anything or uses any means whatsoever to procure such abortion. In the case of State v Njoku, the court held that any substance having a harmful effect, whether or not it is in actual fact an 'abortifacient' is a 'noxious thing'.[197] Under this Section, people i.e. chemists who recommend any form of

[193] (1938) 4 WACA 133.
[194] Criminal Code Act (1916) Cap. (C38), LFN 2004, s297.
[195] Penal Code Act (1960) Cap. (532), LFN 2007, s232.
[196] (n191).
[197] (1973) ECSLR 638.

substance or activity that may lead to post-implantation abortion are guilty. This for a fact is because intention is sufficient for liability. Likewise, asking a woman to do something very tasking or forceful with the aim of causing her abortion is also a crime under this Section, whether or not she is pregnant.

By 'any other means', we construe Section 228 alongside Section 297 of the Criminal Code to identify what suffices as 'any other means'. This is necessary because both sections are the only sections where the offender must to be a second party, not the woman on whose body abortion is to be procured or procured.

2. Section 297 of the Criminal Code Act (Abortion through surgical operation - Lawful or unlawful)

> Any 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.

This section erases culpability for any 'surgical operation' done on an unborn child only when it is done in good faith and in the dire need to preserve the mother's life. Inferably, this Section provides that a 'surgical operation' done by another person for the protection of a pregnant woman's life count as an act which falls under 'any other means' in Section 228 of the Criminal Code where abortion through a second party has already been criminalized. Unarguably, prior to Rex v Edgal,[198] it was only this Section that legalized abortion in the Southern part of Nigeria (which means abortion procurement can only be accepted by Law is if it is done as a surgery).

In the words of Graham Paul J in Rex v Edgal, he submits;

[198] (n191).

> ….apart from Section 297, there is no indication in the Code of the circumstances in which any of these things may be lawfully done, and that Section relates to surgical operations.

On that note therefore, this section is not without many shores of legal obscurity and riddles. First, what constitutes a 'surgical operation' in respect to Section 297 of the Criminal Code? Is it defined by Law or by Medicine? In light of 'surgical operation' being the only defence in Section 297 of the Criminal Code for lawful abortion, does any act distinct from surgery, incision of tissue or manual operation represent 'surgical operation'? Secondly, who can carry out 'surgical operation'? Can it be anybody with an idea of what constitutes 'surgical operation' or it must be a qualified medical practitioner? Lastly, what and when does the condition 'preservation of the mother's life become satisfied? Is the requirement only fulfilled when there is evidence of peril of immediate death or other factors are considered? What is even 'life'?

For the first question, Nigerian courts remain unsurprisingly insolent in providing any legal definition as to what it means explicitly. Interestingly, Okorie and Abayomi raised the same question in their work and the response was;

> It would seem that the term 'surgical operation' is strict and is deliberately used to indicate the necessity to save the life of the mother. It is, therefore, unlikely that the defense will countenance other means of procuring a miscarriage.[199]

Unfortunately, in my opinion, they vehemently jumped the radar by answering that question speedily, better put, unintellectual. They simply jumped clarity and closure for conclusion, because they still didn't define what 'surgical operation' means. Frankly, while the second sentence is sensible and appears to truly be the only mechanism for lawful abortion in the Criminal Code, nothing in the first sentence infer possible meaning of 'surgical operations'. Back

[199] PC Okorie and OA Abayomi, 'Abortion Laws in Nigeria: A Case for Reform' (2019) *23(1) Annual Survey of International & Comparative Law* 172.

to the question, in defining surgical operation, first, reverence can be paid to the meaning of a 'surgeon',[200] who is a person who treats ailments or injuries by manual operations, instruments or interventions and secondly, the words of Section 17(1a) (5) and (7) of the Medical and Dental Practitioners Act,[201] which state;

> 17**.** (1) Subject to subsections (6) and (7) of this section, if any person who is not a registered medical practitioner– (a) for or in expectation of reward, practices or holds himself out to practice as a medical practitioner; or (b) takes or uses the title of physician, surgeon, doctor or licentiate of medicine, medical practitioner or apothecary; or…….. (5) A person who is guilty of an offence under this section shall- (a) on summary conviction, to a fine not exceeding N5,000; (b) on conviction or indictment, to a fine not exceeding N10,000 or imprisonment for a term not exceeding five years or to both such fine and imprisonment…..(6) Where any person is acknowledged by the members generally of the community to which he belongs as having been trained in the system of therapeutic medicine traditionally in use in that community, nothing in paragraph (a) of subsection (1) or paragraph (a) of subsection (2) of this section shall be construed as making it an offence for that person to practice or to hold himself out to practice that system…….(7) The exemption conferred by subsection (6) of this section shall not extend to any activity involving an incision in human tissue or to administering, supplying or recommending the use of any dangerous drugs within the meaning of Part V of the Dangerous Drugs Act.

From the wordings of the exemption Section (Section 17(7)), I unarguably submit that the only statements which appear to be a representation for surgical operations is any act which involves any 'incision in human tissue' or 'manual operations, instruments or interventions' for medical reasons, which has been left in the hands of only surgeons in Section 17(1). Likewise going with legal dictionaries, the Law Dictionary describes surgical operation as 'the name that is given to the procedure where a surgeon cuts into a person's body to remove a tumour or to fix a defect' and it defines 'operation' in surgical practice as;

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[200] (n100) 968 ; Bouvier's Law Dictionary (8th edn, 1984) 3209.
[201] Cap M8, LFN 2004.

> an act or succession of acts performed upon the body of a patient, for his relief or restoration to normal conditions, either by manipulation or the use of surgical instruments or both, as distinguished from therapeutic treatment by the administration of drugs or other remedial agencies.[202]

Therefore, 'surgical operation' involves the summation of the act(s) that include making a cut or a mark in the human tissue for the sake of correction or extraction. In my opinion therefore, just as Opara,[203] the interpretation of Section 297, in conjunction with Section 228 of the Criminal Code is that any abortion that takes the form of any administration of 'poison or noxious things' in Section 228 of the Criminal Code Act ordinarily doesn't take this surgical interpretation, therefore unlawful even if was done reasonably and in good faith for the preservation of the life of the unborn child's mother. Could this be the intention of the legislature? Definitely No! It is most probable it was for this reason the judges in Rex v Edgal[204] adopted the rationale used in the landmark case of Rex v Bourne,[205] where the court ruled that a lawful abortion is 'any abortion done in good faith for preservation of the mother's life', which therefore translates that any other acts now done within Section 228, 229 and 230 of the Criminal Code, although still subject to the condition of 'good faith' and 'preservation of mother's life' in Section 297 can be termed lawful. Thankfully, some Nigerian courts have also affirmed this.[206] For the second question, ordinarily, anyone who practices as a medical practitioner without being one will be criminally liable to the extent of the provision of the Medical and Dental Practitioners Act.[207] Nevertheless, let us cast our mind back to the culpability Section of the Medical and Dental Practitioners (Section 17(1a)), where it is clear that the only hindrance a non–medical

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[202] *The Law Dictionary.org*, 'Surgical Operation and surgical practice' <https://theLawdictionary.org/surgical-operation/> accessed 28 August 11, 2025.
[203] VN Opara, 'Re-characterizing Abortion in Nigeria' (2004) *11(143) ILSA Journal of International and Comparative Law* 152-153 <https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1495&context=ilsajournal> accessed August 11, 2025.
[204] (n191).
[205] (1939) 1KB 687
[206]Attah v The State (1993) 4 NWLR (Pt 290) 647.
[207] Cap M8, LFN 2004, s17(5).

practitioner has from practicing medicine of which surgery is a branch is when it is done 'in expectation of reward'. Rhetorically, construed with the doctrine of necessity and good faith emphasized in Section 297 of the Criminal Code Act, anybody who is not a medical practitioner can still perform a surgical operation without being criminally liable provided three conditions are fulfilled (it is done in good faith i.e. without expectation of a reward, there is need for preservation of life and he has reasonable skill).[208] What is reasonable in this regard is an objective test and it doesn't have to be the full knowledge or skill of medicine, but what is minimally expected to have the surgical operation done. It is for this reason that Dr. Oye Adeniran said abortion can be performed by a carpenter who has reasonable skill.[209] Unfortunately, most non-medical practitioners who perform abortion services fail at least one of these tests, by either lack of good faith i.e. they get paid for it, there is no glaring need for preservation of life or they lack reasonable skills. For the third question, although Nigeria courts have reached a conclusion that agrees that lawful abortion is the one for preservation of life, they are still silent on what constitutes 'the preservation of life…… at the time' (if it is peril of immediate death or includes life in its' mental therapeutic state). This is unfortunate because the United Kingdom in the case of Rex v. Bourne,[210] the same case that gives Nigeria the interpretation for lawful abortion has already concluded that 'preservation of the mother's life' is a combination of both physical and mental element and likewise can be immediate and relative. The case defined 'life' to be a mix of physical health and mental health, hence a need for lawful abortion to have a therapeutic indication. Unfortunately, the dichotomies surrounding the controversy as regards what 'preservation of mother's life' constitute continue to grow in Nigeria

[208] (n203).
[209]CIRDDOC Nigeria, *National Tribunal on Reproductive Health and Abortion in Nigeria* (Fourth Dimension Publishing Co Ltd 2002) 16.
[210] (n205).

as Nigerian courts are still yet to indicate whether or not therapeutic instances falls within the interpretation of lawful abortion. Even in the case of Rex v Edgal[211] where the rationale in Rex v Bourne[212] was adopted, blind eyes was paid to therapeutic interpretation which explains the mental inclusion of life. Therefore, generally in Nigeria, abortion only remains lawful in peril of death (in cases of medical complications and cases of incomplete abortion) while it remains unlawful for rape victims or maybe when exceptions are made, there are strict regulatory conditions.[213]

3. Section 229 of the Criminal Code Act (Procurement of Abortion by a Woman)

> 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.

This Section criminalizes the unlawful intent to procure an abortion by a woman for herself whether or not she is pregnant through the intake of any 'poison or noxious thing', force or any means, providing for a punishment of seven years imprisonment. If a woman take an abortion pill, whether or not she is pregnant, provided the intention is proved that he intend to abort, she will be punished. Although in reality, this rarely happens because a woman who ordinarily could have been guilty of this will keep silent especially when there is no complication afterwards. In this case, Section 297 of the Criminal Code Act does not apply, because the Section will only apply when there is an offender and a victim.

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[211] (n191)
[212] (n205)
[213] One notable condition is the collection of a Police Report.

4. Section 230 of the Criminal Code Act (Supplying Drugs and Instruments for Abortion Purposes)

> 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.

Section 230 of the Criminal Code criminalizes the unlawful supply of anything intended to be utilized to procure an abortion, pegging culpability at three years imprisonment. This was the Section under which the decision of Rex v Edgal[214] which will be subsequently discussed was decided. Under this Section, suppliers of professional and quack abortionists can also be tried provided it can be proved that they know what they supplied or are supplying is for abortion purposes. Likewise, the most harmless thing such as water can bring about a conviction provided it was for the sole purpose of abortion.[215] Knowledge of the intention is paramount as a supplier can not be convicted if he had no knowledge that what he supplied was for abortion purposes.

3.1.1.2. **Penal Code Act**

1. Section 232 of the Penal Code Act (Causing Abortion for a Pregnant Woman)

> 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 unlike the Criminal Code is devoid of ambiguities. It punishes a second party who knowingly causes abortion for a woman and pegs punishment at fourteen years imprisonment,

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[214] (n191).

[215] In the Edgal case, '*abia soko' leaves, blue powder, 'unie' and kaun (potash)* were not proved to be abortifacients, but since they were for abortion purposes, they were classified as noxious things.

except when such abortion is done in good faith for the purpose of saving the life of the woman. The legal implication of this is that unlike the Criminal Code where the only form of Lawful abortion is through surgical operation, for this provision, Lawful abortion covers a wide range of mechanism i.e. poison or noxious thing, force, surgical operation, and any other means provided any of the mentioned mechanism is done in good faith for preservation of the mother's life, just as all acts become unlawful and penalized if they are not done in good faith for preservation of the mother's life. It is important to contrast the use of force here to that in Section 234 of the Penal Code. Voluntary use of force can be a defence for good faith and preservation of life under this Section, but for Section 234 of the Penal Code however, the force is unintentional and involuntary, and hence it is a strict liability offence with no defence.[216]

This section also applies to a woman who procures abortion on herself. On this note, unlike the Criminal Code where Section 297 does not apply to the woman because of the bi-personae element, for this Section, the woman can carry out any form of abortion on herself including surgical operation, be punished if guilty and acquitted if it is done in preservation of her life. Under this provision, the accused must prove that the abortion was done in good faith for preservation of mother's life to avoid culpability, else the defence will be not avail him or her. In a similar English case of R v Bliss in 1936 where a medical doctor who was arraigned for procuring abortion on women was convicted and sentenced to penal servitude for doing so. Her defence was that she only did on women who were already suffering from attempted abortion, a defence which falls under the defence of good faith and protection of mother's life as provided for by Section 58 and 59 of the Offences against Persons Act. The court however held that

[216] A strict liability offence is a crime where the prosecuting counsel does not need to prove mens rea (intention) before he or she is convicted. Once the prohibited actus reus (act or omission) is proved beyond reasonable doubt, the offender can be convicted regardless of intent, knowledge, or negligence.

though sufficient, her defence was not properly proved, therefore unbelievable and without proof.[217]

2. Section 233 of the Penal Code Act (Actions made with intention of abortion which leads to death)

> Whoever with intent of causing the miscarriage of a woman, whether with child or not does any act which causes the death of such woman, shall be punished– a. with imprisonment for a term which may extend to fourteen years and shall also be liable to fine; and b. if the act is done without the consent of the woman, with imprisonment for life, or for any less term and shall also be liable to fine.

This provision criminalizes any act done in lieu of the intention to cause an abortion on a woman whether or not she is pregnant which subsequently leads to her death. Such action can be recklessness, negligence and many others. For this to suffice, there must be clear and irresistible evidence against the accused that what was done was with an intention to procure an abortion and that was the cause of the death of the victim.

3. Section 234 of the Penal Code Act (Unintentional Force-induced Abortion)

> Whoever uses force to any woman and thereby unintentionally causes her to miscarry, shall be punished– a. with imprisonment for a term which may extend to three years or with fine or with both; and b. if the offender knew that the woman was with child he shall be punished with imprisonment for a term which may extend to five years or with fine or with both.'

This provision criminalizes the use of unintentional force to cause abortion on a woman. A contrast has already been made between the 'force' in this Section and the one which may

[217] 'When is Abortion Lawful?' (1937) *British Medical Journal 393,* <https://doi.org/10.1136/bmj.1.3972.393> accessed August 11, 2025.

emanate from the Section 232 of the Penal Code. The abortion induced here for rhetoric is unintentional, the force may be Lawful and the accused may be ignorant of the woman's pregnancy, but the offender will still be convicted. If the accused is ignorant of the pregnancy, the penalty is a maximum of three years imprisonment or fine or both. If accused is aware of the pregnancy, penalty is a maximum of five years imprisonment or fine or both.

4. Section 235 of the Penal Code Act (Preventing a Unborn Child From surviving after Birth)

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

This provision is applicable to the saline and hysterectomy forms of abortion called where a mother is injected with concentrated saline solution and after few days, the unborn child is born dead.[218] The punishment for this is a maximum of fourteen years imprisonment fine or both, except when such act(s) is done in good faith in preservation of the life of the mother. When the child is born dead, punishment can streak into Section 236 of the Penal Code which views such as homicide. It is also safe to say that it is under this section that administration of prostaglandin injections done in good faith for the preservation of the mother's life can be regarded as an abortion, not under Section 297 of the Criminal Code Act.[219] Interestingly, in a situation where the child is

[218] EP Polo and OA Olanrewaju, 'Abortion and Nigeria's Abortion Provisions: An Evaluation' *(2024) 4(1) International Journal of Intercultural Values and Indigenous Ecoethics*, 74 and 76 <https://philpapers.org/archive/POLAAN-3.pdf> accessed August 10, 2025.

[219] Prostaglandin takes the form of an injection, involving the injection of synthetic hormone-like compounds into the womb, which causes the womb to shrink, and thereafter the fetus is pushed out.

also delivered alive and well, the accused can still be convicted based on the intention even when the act(s) done fails.[220]

From the languages of these statutory provisions, the repetition of the word 'unlawfully' points out that for a fact, the Nigeria abortion restrictive Laws do not absolutely criminalize abortion, but unlawful abortion and makes one to inquire what Lawful abortion means. It is unfortunate that not only does both Criminal Codes not define what Lawful or unlawful abortion is, the Interpretation Act, 1964[221] is also utterly silent on the attribute of what makes a conduct or omission lawful or unlawful. The question of what Lawful abortion means at a time was central to medical field and discourse, prior to the determination of the classicus case of R v Bourne.[222] This question was as a result of the decision in the R v Bliss case which brought about few among medical practitioners on the ground of what makes a Lawful abortion.[223]

In the case of R v Edgal, the Judges answered the question according to what the existing precedent and statutes which are the extant Laws in Nigeria says Lawful abortion is.[224] Therefore, it is unwise to say that what Lawful abortion means is relative and jurisdictional. Lawful abortion is that abortion which is done within the confines of the provided legal framework of a territory. In a more elaborate tone, lawful abortion is a procedure to end a pregnancy in accordance to the Laws of a particular jurisdiction. Legal framework provides legal status for abortion in any territory. For instance, if an abortion is speculation-induced or because a woman does not want to bear a child when

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[220] (n62).
[221] (n19).
[222] (n205).
[223] (n73).
[224] Lawful abortion is any abortion that follows the decision in Rex v Bourne Section 12 of the Protectorate Courts Ordinances which adopts Common Law into Nigeria—Per Kingdom C.J and Graham Paul J.

the territorial Law doesn't provide for such, then it is done at a peril. In the United States, flowing from the recent groundbreaking judgment in Dobbs v Jackson Women's Health Organization,[225] a lawful abortion is that which is done within the confines of the legal position of the States where it is procured and positions differ from State to State. Even though our Nigeria courts are yet to generally accept the legality of rape-induced abortion, they have all come to agree with the decision in R v Edgal that lawful abortion is that which is done to save the life of the mother.[226]

2.1.1.3. Shari'ah Penal Code

Since early 2000 when Shari'ah Law was first adopted into the Nigeria legal system by Zamfara State, to adjudicate matters concerning Muslims and those who responsibly submit to it for adjudication,[227] a total of twelve northern states all together have now accepted it into their Criminal and Civil matters over the years.[228] As for Criminal Law, many have now enacted separate Shari'ah Penal Codes while some only add some aspect of the Sharia Law to their existing Penal Code Laws. These Penal Codes are however not silent on the issue of abortion. Though with similar provisions with the Penal Code Act, there are discrepancies in the punishment. For instance, the Jigawa State Shari'ah Penal Code criminalizes abortion from Section 207 to Section 213. The wordings of the provisions are similar to the provisions of sections 232, 233, 234 and 235 of the Penal Code Act but differ in the punishment. The

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[225] (n104).
[226] (n191).
[227] R Peters, 'The Reintroduction of Shariʿa Criminal Law in Nigeria: New Challenges for the Muslims of the North,' *Shariʿa, Justice and Legal Order: Egyptian and Islamic Law: Selected Essays (Leiden: Brill, 2020)*, 547 <https://doi.org/10.1163/9789004420625_030> accessed August 11, 2025.
[228] Zamfara, Kano, Sokoto, Katsina, Bauchi, Borno, Jigawa, Kebbi, Kaduna, Niger, Gombe and Yobe

punishment under the Shari'ah Penal Code ranges from payment of compensation (ghorrrah, diyyah) to caning and retaliation (qisas).[229]

3.1.1.4. The Constitution

The constitution provides for the right to life, privacy and private family life.[230] While some interpret that depriving a woman abortion services is an infringement of her right to life, which can be measured by both mental and physical life, some have also submitted that permitting abortion is tantamount to murder, even when an unborn child has no legal personality in Nigeria. Likewise, based on the United States Supreme Court decisions in Roe v Wade[231] which liberalized abortion under the right to privacy,[232] and Planned Parenthood v Casey,[233] which justified it still under liberty grounds, some argue that since Nigeria have similar constitutional provisions, then criminalizing abortion is unconstitutional.

Whatever the vague provisions of the constitution means regarding abortion, it is crucial to know that unlike the United States Constitution, Nigeria Constitution subjects these rights to protection of public safety, public morality, and public health, and public order, on whose ground abortion is often opposed, and it is for this subjection we say that the Nigeria constitution itself frowns towards abortion.[234] Essentially, as it stands, abortion at any stage of pregnancy in Nigeria is generally criminalized, except when it is performed to preserve the physical life of the woman.

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[229] 'Ghorrah' means compensation, which is equivalent to one twentieth of Diyah paid in respect of causing miscarriage of fetus ; 'Diyah' means a fixed amount of money paid to a victim of bodily hurt or to the deceased's agnatic heir in murder cases, the quantum of which is equivalent to one thousand dinar, or twelve thousand dirhan or 100 camels ; 'Qisa' means retributive justice, allowing a victim or their family to seek punishment equal to the harm caused, especially in cases of intentional murder or bodily injury.

[230] Constitution of the Federal Republic of Nigeria (1999) (as amended), ss33,35,37.

[231] (n102).

[232] Grisworld v Connecticut (1965) 381 U.S. 479, where the court submitted that if the right of privacy means anything, it is the right of the individual, married or single, to be free from unwanted governmental intrusion in matters so fundamentally affecting a person as the decision whether or not to bear or beget a child'.
(n103).

[234] Constitution of the Federal Republic of Nigeria (1999) (as amended), s45.

3.1.2. Judicial Interpretation of Abortion Laws in Nigeria

The following cases are only cases prosecuted under the applicable sections on abortion. Others cases found were prosecuted as homicide.[235]

3.1.2.1. Judicial Interpretation Abortion Provisions under the Criminal Code

3.1.2.1.1. Rex v Edgal[236]

The landmark Nigeria case and leading authority in the Criminal Code Act interpretation this case. Four persons were arraigned before the Enugu High Court under Section 230 of the Criminal Code for unlawfully supplying drugs to procure an unlawful abortion. The noxious things administered for the victim were ‘‘abio soko” leaves, blue powder, “unie” seeds, and kaun (potash)'. Three of them were convicted of the offense and three appealed to the West African Court of Appeal, which at that time was the penultimate court of appeal for all British colonies in West Africa.6 The issue of determination was to ascertain when an abortion can be Lawful as the Criminal Code was not clear with its’ words. The court went beyond surgical operation and adopted the rationale in Rex v Bourne to state that when an abortion is done to preserve a woman’s life, it is Lawful. In the instant case, the supply of these materials wasn’t to preserve life, so their appeal was dismissed and the lower court decision was upheld.

3.1.2.1.2. State v Njoku[237]

The victim got pregnant through the first defendant, who in turn wrote a letter to her advising her to procure an abortion, for whose purpose he sent some drugs, injections and six naira. The

[235] R v Ejikeme (1944) 10 WACA 252 ; R v Idiong and Umo (1950) 13 WACA. 30 ; Commissioner of Police of Midwestern Region of Nigeria v Oruware (1974) All NLR. Part II, 85.
[236] (n191).
[237] (n195).

second defendant on the other hand arranged for the sum of five Naira to be paid to a native doctor (the third defendant) for the abortion. Second defendant brought the deceased to the house of the third defendant who administered to her, powdered medicine mixed with garri, which caused the victim's abortion. The court held the first defendant guilty under section 230 of the Criminal Code because by sending drugs and injections, for the purpose of abortion' there is a supply of instruments and drugs with intent to abort. The third defendant causing the victim to swallow the garri–mixed medicine with intent to procure and which in fact procured her own abortion was guilty under, section 228 of the Criminal Code Act. The victim and the second defendant were held for abetting and conspiracy.

3.1.2.1.3. State v Akpaete[238]

The deceased with a two months old pregnancy approached the defendant, a native doctor for abortion. As a means of the procurement, second defendant inserted a nut in the deceased's vagina which caused her to bleed, contract tetanus and die afterwards. He was charged with murder because the consent of the deceased cannot vindicate him but the trial Judge convicted him of manslaughter instead on the ground that in his community, he is seen as a man with knowledge of traditional medicine as provided by Section 17(6) of the Medical and Dental Practitioners Act [239] and consequently, no reasonable man in the community could have thought that his act could cause death. The irrelevance of consent here will not apply if the issue was to be judged with Section 233 of the Penal Code Act where consent can exonerate.

[238] (1976) 2 FNR 101.
[239] (n201).

3.1.2.2. Judicial Interpretation Abortion Provisions Under The Penal Code Act

3.1.2.2.1. Commissioner of Police v Modebe[240]

Just like the facts in R v Bliss, in this instant case, the accused, a medical practitioner, was charged under Section 233 of the Penal Code Act for causing a woman's death through procurement of an abortion. Evidence before the court however showed that the deceased has before then tried to cause her own abortion by taking some abortion pills before the intervention of the doctor. On this ground, the doctor asserted that his act was done in good faith to preserve the life of the woman who already had an incomplete abortion before contact with him. The court on the ground held that the was able to convince the court that his action was for the benefit of the deceased, and on that ground discharged and acquitted him. Though with similar facts in R v Bliss, the doctor in that case had a track record of procuring abortion for women hitherto, and she was also unable to convince the court that her act was done in good faith to preserve lives.

3.1.2.2.2. Attorney-General of the Federation v Ogunro[241]

Here, a pregnant woman suffering from breathlessness a bad condition was under admittance in an hospital in Abuja. As her condition was getting severe, she was medically advised to abort the

[240] (1980) 1 NCR 367.
[241] (2001) 10 NWLR (Pt 707) 1.

pregnancy so as to be relieved but she refused. She eventually died from what the hospital reported as congestive cardiac failure and her aggrieved family sued the hospital owner and medical director under Section 233 of the Penal Code for death occasioned by action with intent to abort. Medical evidence, autopsy, ordered and done at the Ahmadu Bello Hospital revealed that she died from blood loss occasioned by criminal abortion. The trial court nevertheless set aside the medical evidence and acquitted and discharged the accused on the ground that prosecution could not prove his case beyond reasonable doubt and was unable to show how the accused caused the deceased's death. The Court of Appeal upheld this judgment on appeal.

3.1.2.2.3. Pam-Tok v State[242]

In this case, the accused procured abortion of a three month old pregnancy for a young lady, a secondary school student infact which contravened Section 232 of the Penal Code. Upon trial, his defence was that the abortion was done in good faith to save the girl's life that was already in danger as she had formerly undergone partial abortion through clandestine means and was already bleeding. The court convicted him regardless on the ground that his defence was not proved satisfactorily. On appeal to the Court of Appeal, the decision was upheld for the same reason.

3.1.3. Abortion as an Human Right Discussion; International Instruments and Resolutions on Abortion

There are several international treaties, resolutions and commentaries on abortion, which affirms the universality of the topic. All these resolutions, commentaries and treaties, which are binding on member states and many of which Nigeria is a signatory, have similar provision for abortion, accepting it as a necessary medical care and reproductive right for women with only a few

[242] No. FCA/K78 (Nigeria).

stating otherwise.[243] From the global front, all United Nations treaties and commentaries from treaty monitoring bodies have a thing or two to say about abortion. Maputo Protocol which is also a treaty of African setting also has a thing or two to say. Though with similar provisions, we will examine these treaties and conventions briefly.

United Nations Human Rights Committee, provides that member States parties must provide safe access to abortion to protect the life and health of pregnant women, and in situations in which carrying a pregnancy to term would cause the woman substantial pain or suffering, especially where the pregnancy is the result of rape or incest or when the fetus suffers from fatal impairment. Likewise, member states should not make regulations that will further increase unsafe abortion, or regulations such as criminalizing abortion for unmarried women or health practitioners.[244] During the negotiations for the drafting of the ICCPR, an amendment to recognize that life begins at conception was rejected and the current article 6 and subsequent commentary by the Human Rights Committee in accordance with the UDHR indicates that life begins at birth and that doesn't apply to unborn children, hence abortion is a fully recognized reproductive right. United Nations Committee on Economic, Social and Cultural Rights, provides that member states must not limit or deny anyone access to sexual and reproductive health, including through Laws criminalizing sexual and reproductive health services and information, must repeal and reform policies that impede the exercise of the right to sexual and

[243] Among all the international frameworks, the ICPD Programme of Action (1994) and the Beijing Platform for Action (1995) offer different opinion on abortion. The ICPD initially focused on preventing unwanted pregnancies through family planning and counseling, and did not promote abortion as a primary solution, although it recognized that women should have access to safe abortion where legal. In contrast, the Beijing Platform for Action addressed abortion primarily from the perspective of unsafe procedures and their implications for women's health**,** emphasizing the need to reduce maternal morbidity and mortality. Over time, subsequent interpretations and follow-up processes of the ICPD, particularly after 2014, have expanded its' stance to recognize safe abortion as an essential reproductive healthcar**e**, which should be accessible to women beyond the limitations imposed by restrictive national Laws.

[244] General comment No. 36 on article 6 of the International Covenant on Civil and Political Rights on the right to life, 2018, para 8, 12, and 13.

reproductive health, like abortion and its' corollaries.[245] The United Nations Committee for the Elimination and Discrimination Against Women provides that when possible, legislation criminalizing abortion could be amended to remove punitive provisions imposed on women who undergo abortion.[246] The United Nations CRC provides in para 60 and 61 of its' instrument he need for member States to decriminalize abortion to ensure that girls have access to safe abortion and post-abortion services.[247] The 2024 Abortion Care guideline of the World Health Organization sees abortion as an essential healthcare for this, its' Law and Policy section provides for decriminalisation and removal of barriers.[248] In the African setup, the Maputo Protocol, which Nigeria is also a signatory is also not silent on abortion. It authorizes 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.[249]

3.1.4. Jurisdictional Comparative Legal Analysis

As briefly examined under this heading, just like Nigeria where abortion is highly restrictive except under limited grounds, same applies to many other countries. Likewise, while many allow abortion on broader grounds, others allow based on gestational period or request and while do not allow at all.

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[245] General comment No. 22 on article 12 of the International Covenant on Economic, Social and Cultural Rights, 2016, para 34 and 40.
[246] General Recommendation No. 24, 20th session on article 12 of Convention for the Elimination and Discrimination Against Women, 1999, para 31(c).
[247] General comment no. 20 on the implementation of the rights of the child during adolescence, 2016.
[248] World Health Organization, Abortion Care Guideline (2024) WHO <https://www.who.int/publications/i/item/9789240039483> accessed August 12, 2025.
[249] Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, 2003, Art. 14(2)(c) .

3.1.4.1. Africa

Despite the 2003 African Charter on Human and Peoples' Rights on the Rights of Women signed by many African countries for the protection of the reproductive rights of women by authorizing abortion in instances of sexual violence and where pregnancy is highly detrimental to the mental and physical life of the mother or the fetus and the comment from the African Commission on Human and People's Rights in 2014,[250] only few African countries have adopted these international legal provisions, either by Law or in practice. In parlance, many African countries still follow the outdated position of their colonial masters. In countries like Kenya and Uganda, the position of their Laws synchronizes with the decision reached in R v Bourne that abortion is only legal when it is done in the preservation of the mother's physical and mental life.[251] In Sierra Leone, abortion remains criminalized under Section 58 and 59 of the England's Offenses Against the Person Act, 1861 and no court has applied Bourne or widened the abortion grounds.[252] In South Africa, under the Choice on Termination of Pregnancy Act, abortion is legal on request up to 12 weeks of pregnancy, while from 13 to 20 weeks, it is permitted on broader grounds such as socioeconomic and medical conditions and only on serious medical conditions after 20 weeks of pregnancy.[253] Because of this, South Africa is widely described as having one of the most liberal abortion Laws in Africa.[254] In Tunisia, there is provision for legal abortion on request in the first trimester.[255] In Burundi, abortion is illegal except in cases of risk

[250] (n257).
[251] (n212).
[252] (n195).
[253] Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996), as amended by Choice on Termination of Pregnancy Amendment Act 1 of 2008.
[254] G Njokwe and Y Kijima, 'Abortion legalization, teen sexual and reproductive health behaviors, and women's empowerment in South Africa' (2025) *44(302) Journal of Health Population and Nutrition* <https://doi.org/10.1186/s41043-025-01034-7> accessed August 28, 2025.
[255] Article 214 of the Penal Code of Tunisia, 1913 (as amended 2005) permits abortion up to a gestational age of three months (the first trimester).

to life or health.[256] In Zambia, abortion is only permitted on broad socio-economic and health grounds such as risk to life or health of mother or existing children, risk of serious fetal abnormalities, and socio-economic circumstances.[257] Essentially, in its' last report, Guttmacher Institute submitted that apart from countries where abortion can be gotten on request, abortion still remains highly restricted in Africa.[258] Although many unlike Nigeria accept that it should be gotten in cases of sexual violence, if properly construed that does not fully capture the position of the Maputo protocol.

3.1.4.2. The United States of America

The legal framework for abortion in the United States of America is with a judicial undertone. By this, unlike many countries whose abortion legal framework was reached via statutory provisions, that of the United States is realistically driven. Prior to the determination of Roe v Wade,[259] there were blustery controversies for the legal provisions and constitutionality of abortion in the

[256] The Penal Code of Burundi, 2017 prohibits abortion, but Article 511 removes criminal liabilities if the pregnancy poses a threat to the life or health of the mother.
[257] Zambia's Termination of Pregnancy Act, 1972
[258] About 93% of women of reproductive age live in countries where abortion is limited or prohibited in Africa. Abortion remains completely prohibited or permitted with no explicit exception to save the woman's life in Angola, the Central African Republic, Congo-Brazzaville, the Democratic Republic of the Congo, Egypt, Gabon, Guinea-Bissau, Madagascar, Mauritania, São Tomé and Principe, and Senegal. Countries that allow abortion only to save the woman's life include Côte d'Ivoire, Libya, MaLawi, Mali, Nigeria, Somalia, South Sudan, Sudan, Tanzania and Uganda. Other countries that permit abortion to preserve a woman's physical health and save life include Burkina Faso, Burundi, Cameroon, Chad, Comoros, Djibouti, Equatorial Guinea, Eritrea, Guinea, Kenya, Lesotho, Morocco, Niger, Togo and Zimbabwe. A further group allows abortion on mental grounds in addition to life and physical health grounds, including Algeria, Botswana, The Gambia, Ghana, Liberia, Mauritius, Namibia, Seychelles, Sierra Leone, Eswatini and recently Ethiopia and Rwanda due to legal reform. Only a small number of African countries have relatively liberal abortion Laws and they include Cape Verde, Mozambique, South Africa, Tunisia and, since its' 2021 reform, Benin Republic permit abortion on request within gestational limits, while Zambia allows abortion on broad socio-economic and health grounds.
[259] (n102).

United States. However, in 1973, the controversies were brought to rest when the U.S. Supreme Court in Roe v Wade recognized abortion as a right under the United States Constitution, ruling that in the first trimester of pregnancy, a woman cannot be restricted by Law to procure an abortion and for the second and third trimester, the State only make Laws not to criminalize it, but either in protection of the mother's health or protection of the fetus who has reached viability, although still subject to the mother's physical and mental health. The United States Supreme Court submitted that criminal abortion Laws like the one in place in Texas in 1973 violated the United States constitutional right to privacy, this Texas Law at the time was similar to Nigeria's Law, which legally permitted abortion only to save the life of the pregnant woman.[260] As a result of the Roe decision, the Supreme Court of the United States recognized a constitutional privacy right to the safe and legal termination of pregnancy. In 1989, the US Supreme Court in Webster v Reproductive Health Service, ruled that States may bar public employees and public hospitals from being used for abortions and States may also require doctors to conduct viability test for advanced pregnancies, but this does not in any way affect women's reproductive right to abortion under the United States constitution. In 1992, the US Supreme Court in Planned Parenthood of Southeastern Pennsylvania v. Casey, the court further affirmed that abortion was a reproductive right by virtue of the right of human dignity and privacy in the constitution. More so, it affirmed that the requirements of a mandatory 24 hours delay before procuring an abortion, consent from parents of minors among other procedures were constitutional.[261] However, in 2022, the position of the court changed, when in the case of Dobbs v Jackson Women's Health, the US Supreme

[260] *Ibid.*
[261] (n103).

Court held that nothing in the constitution supports abortion and for that purpose, States are at liberty to make Laws to either criminalize or decriminalize it.[262]

3.1.4.3. United Kingdom

The abortion Law in the United Kingdom was in line with that of Nigeria before the United Kingdom took a different route in 1967. Prior to 1967, the Offences against the Person Act, 1861 after which the relevant sections of the Nigeria' Criminal and Penal Code on abortion was fashioned gave the modalities for abortion in the United Kingdom and Northern Ireland. The United Kingdom took a turn in 1967 when it enacted the United Kingdom Abortion Act 1967 as amended by section 37 of the Human Fertilisation and Embryology Act, 1990 which repealed section 58 and 59 of the Offences against the Person which has now made it for Lawful for a registered medical practitioner to terminate a pregnancy, if two registered medical practitioners are of the opinion, formed in good faith that:

1. The pregnancy has not exceeded twenty four weeks and its continuance would involve risk, greater than if the pregnancy were terminated, or injury to the physical or mental health of the pregnant woman or any existing children of her family; or
2. the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or
3. the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or
4. there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.

Although with some criticisms, it is glaring that the United Kingdom has left Nigeria behind. Nevertheless, it should be noted at enactment, the new Law only applied to England, Scotland, and Wales while Northern Ireland maintained the Offences against Persons Act, 1861 and the

[262] (n104).

Criminal Justice Act (Northern Ireland) 1945, the Nigeria abortion Law prototype, although 'preservation of life' there was held to include both in peril of death and in therapeutic situations such as rape, incest and other sexual exploitative conditions. Therefore, in 2018, the CEDAW Committee,[263] in a report urged the United Kingdom to repeal the relevant Sections of the Offences against the Person Act, 1861 which Northern Ireland still follows so that no charges can be brought against women who procure abortion or medical practitioners or others who are instrumental to the procurement. The United Kingdom did so in 2019, enacting regulations permitting women to procure abortion on request in the first trimester, with specific grounds after that and regulations have been instant even in Northern Ireland since 30 March 2020.[264]

3.1.4.4. Middle East

Generally, abortion is restricted in Arabian countries like Iran, Iraq and others for obvious religious reasons.[265] Nevertheless, it is legal on request in Turkey up to the end of the 10th week of pregnancy but with husband's permission for married women.[266] In Tunisia, abortion is legal on request for all women during the first trimester of pregnancy provided it is done at a medical facility by a medical practitioner.[267]

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[263] Committee on the Elimination of Discrimination against Women, Report of the Inquiry Concerning the United Kingdom of Great Britain and Northern Ireland under Article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women, U.N. Doc. CEDAW/C/OP.8/GBR/1 (23 Feb. 2018), <https://digitallibrary.un.org/record/1480026/files/CEDAW_C_OP-8_GBR_1-EN.pdf> accessed August 11, 2025.

[264] Northern Ireland (Executive Formation) Act, 2019 (UK for N. Ir.), ss 9(2-6) : The Abortion (Northern Ireland) Regulations 2020, SI 2020/345 (UK for N. Ir.).

[265] Human Rights Watch, *Iran: Population Law Violates Women's Rights* (November, 2021), <https://www.hrw.org/news/2021/11/10/iran-population-Law-violates-womens-rights> accessed August 12, 2025.

[266] Turkish Criminal Code (Law No. 5237, 2004) ss 99,100,101.

[267] In Tunisia, gestational limit is 90 days or three months calculated from the first day of the last menstrual period which is considered to occur two weeks prior to conception.

3.1.4.5. Europe

According to the 2025 European Parliamentary Forum for Sexual and Reproductive Rights (EPF), forty-eight European countries allow abortion either on request (full grounds during early pregnancy) or on limited grounds,[268] nine countries still regulate abortion in their criminal codes, exposing either patients, accomplices or medical practitioners to potential penalties, [269] while Sweden is the only country with greater access to abortion.[270] Similarly**,** a 2025 summary by Center for Reproductive Rights says that as of September 2025, abortion is now legal in almost all European countries at least in early pregnancies.[271] In countries like Greece, Germany and Latvia, abortion is relatively permitted in the first 12 weeks of pregnancy, after which it becomes subject to conditions such as preservation of mother's life, sexual exploitation and instances of fetal abnormalities.[272] In Russia, abortion is fully unconditional up to 12 weeks of pregnancy, after which it can further be permitted only under limited grounds such as rape and certain medical grounds.[273] Since 2007, abortion in Portugal has been unconditional up to 10 weeks of

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[268] These countries are Albania, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Moldova, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye, Ukraine, United Kingdom (England and Wales), Poland (restricted, but still permits in very narrow situations), Liechtenstein (permits in narrow exceptions), and Malta (exceptions for life/health).

[269] These countries are Andorra, Malta, Poland, Liechtenstein, Monaco, Cyprus, Portugal, Italy, and Germany

[270] *European Parliamentary Forum for Sexual & Reproductive Rights,. European Abortion Policy Atlas 2025. (2025).* This countries include Albania, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, France, Finland, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Moldova, Montenegro, Netherlands, North Macedonia, Norway, Portugal, Romania, Highly restrictive Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and Ukraine.

[271] Center for Reproductive Rights (2025) *Europe Abortion Laws 2025: Policies, Progress and Challenges*.

[272] Center for Reproductive Rights, *European Abortion Laws - A Comparative Overview* (Center for Reproductive Rights, 2023) <https://reproductiverights.org/wp-content/uploads/2023/09/European-Abortion-Laws-A-Comparative-Overview-new-9-13-23.pdf> accessed 13 August 2025.

[273]Federal Law No. 2300-1 On the Protection of Reproductive Health, 1993, (amended 2020) ; L Latypova, 'In Russia, International Safe Abortion Day Is a Reminder of Reproductive Rights Backsliding,', (September, 2024) *The Moscow Times* .< In Russia, International Safe Abortion Day Is a Reminder of Reproductive Rights Backsliding - The Moscow Times> accessed August 13, 2025.

pregnancy and on social or medical grounds from 13 to 22 weeks of pregnancy. [274] Although in 2015, Portugal enacted a Law aimed at making women pay to terminate pregnancy and imposing requirements for stringent tests before the procedure can be conducted, the Law was revoked barely six months after its' enactment.[275] In Catholic Spain, by virtue of the Organic Law in 2010, abortion is unconditional up to 14 weeks of pregnancy and on certain conditions after this gestational period. [276] In The Netherlands however, abortion is allowed on request up to 24 weeks and after 24 weeks, for therapeutic or medical reasons.[277] Since November 1984, women in the Netherlands have been able to obtain abortions free of charge under the government-sponsored national health insurance system.[278] In France, according to the Public Health Code, abortion on request up to 14 weeks of pregnancy is legal.[279] In Finland, after a 2022 legal reform, abortion is now legal on request without medical justification up to the end of the 12th week of pregnancy and that became effective from September 2023.[280] In Norway, abortion is available on demand within the first 18 weeks of gestation and the service is free for residents.[281] Contrarily, in Poland, according to the Criminal Code, abortion is only legal in cases where the pregnancy is a result of a criminal act or when the woman's life or health is in danger , but while

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[274]RTE News, *Portugal President Approves New Abortion Law* (April, 2007) <Portugal president approves new abortion Law> accessed August 13, 2025.

[275] Portugal, Lei 134/2015, 7 September 2015 (on 'taxa moderadora' for IVG).; Portugal, Lei 3/2016, 29 February 2016 (revoking fees for IVG).

[276] (n265).

[277]The Dutch Termination of Pregnancy Act, 1984 (amended 2008) ; Government of the Netherlands. 2025. *What is the time limit for having an abortion?* <https://www.government.nl/ministries/ministry-of-health-welfare-and-sport/documents/questions-and-answers/what-is-the-time-limit-for-having-an-abortion> .accessed August 12, 2025.

[278] *Ibid*.

[279]Public Health Code (Code de la santé publique), art L2212-1 to L2212-5, 1953 (re-codified 2000) *;* European Newsroom*., From Amsterdam to Valletta: Mapping the EU's liberal and restrictive abortion regimes* (2025) <https://europeannewsroom.com/from-amsterdam-to-valletta-mapping-the-eus-liberal-and-restrictive-abortion-regimes/> accessed August 12, 2025.

[280]Act on Induced Abortions, 1970 (as amended 2022) ; Euro news. *Finland's parliament approves reform to strict abortion Laws* (2022.) *https://www.euronews.com/2022/10/26/finland-parliament-approves-liberalisation-to-strict-abortion-Laws* accessed August 12, 2025.

[281]Act on Abortion (Lov om svangerskapsavbrudd), 1978, amended 2020: Y Litvinova and IS Saunes, 'New abortion Law comes into force in Norway' (Feb, 2025) *Health Systems and Policy Monitor* <https://eurohealthobservatory.who.int/monitors/health-systems-monitor/updates/hspm/norway-2020/new-abortion-Law-comes-into-force-in-norway> accessed August 13, 2025.

medical practitioners and accomplices are criminally liable for abortion practices, women who procure it are not subject to criminal liability.[282] For this reason, in July 2024, a bill was sponsored by the Donald Tusk government to allow abortion on request during the first trimester in Poland, but it was rejected by the Polish lower house in a 218 215 vote.[283]

3.1.4.6. The Caribbean and Latin America

According to a 2024 regional report from Economic Commission for Latin America and the Caribbean (ECLAC), almost all Caribbean and Latin American countries, except Belize, Uruguay, Barbados, Cuba, Mexico and some parts of Argentina of recent have highly restrictive abortion Laws.[284] In 2012, the Uruguay parliament gave its' approval to the termination of pregnancies up to 12 weeks regardless of instances, and up to 14 weeks gestational period in cases of sexual exploitation, which is subject to medical panel's examination.[285] In 2006, Colombia's Constitutional in a case brought by Mónica del Pilar Roa López and some group of Lawyers against the State of Colombia ruled that abortions can be performed where there is fetal abnormalities or where the mother's physical or mental life is on the line and instances of sexual violence.[286] In Cuba, women may procure abortions on request for up to 10 weeks gestation period and later abortions by approval.[287]

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[282]Polish Criminal Code, 1997 art 152–154: D Welle, 'Controverisal Polish abortion Law goes into effect' (January, 2021) *DW News* <https://www.dw.com/en/poland-thousands-protest-as-abortion-Law-comes-into-effect/a-56363990> accessed August 13, 2025.

[283] W Kość, 'Poland's Tusk hits a wall on legalizing abortion' (24 July 2024) *Politico* <https://www.politico.eu/article/poland-prime-minister-donald-tusk-abortion-Laws-protests/> accessed August 13, 2025.

[284] ECLAC, *Population, Development and Rights in Latin America and the Caribbean* (2024) *in Latin America and the Caribbean* (2024) <https://celade.cepal.org/documentos/plataforma/Update/Segundo%20InformeRegional_junio26_2024/S2400528_en.pdf > accessed August 12, 2025.

[285] Voluntary Termination of Pregnancy Act (Ley de Interrupción Voluntaria del Embarazo), 2012 ss 2,3,6,10,11

[286]Judgment C- 355/2006 (Colombian Constitutional Court)

[287] Health System Regulation, 1965 ; The Cuban Penal Code, 2022 art 355(1-2).

3.1.5. Jurisprudential undertone to abortion Legal Frameworks; Pro-life, Pro-Choice and Double-Effect Concerns

There are three jurisprudential stand point as far as abortion legal framework is concerned, and these factions all have moral, medical and legal undertone.

A faction known as the pro-choice and reproductive rights, which doubles as the medical faction support the long-standing view of Judith Jarvis Thomson that abortion is a reproductive right and inalienable because a woman owns her body and can decide what suit the body.[288] To them, abortion could also be a form of birth control or contraception, and denying a woman these services is tantamount to coercion and an abrupt infringement on her right to privacy, liberty and opinion. This faction believes that an unborn child is not a human, because life does not begin at conception but birth,[289] therefore its' termination is of no impunity and cannot be classified as murder.[290] In essence, they display a lassie-faire attitude towards abortion, to the extent that abortion is individualistic and a matter of choice for women and should remain as such not criminalized, because criminalizing it brings about clandestine mediums of procurement which make victims privy to medical challenges.[291]

Alternatively, there is the pro-life faction with religious and moral undertone who believe that abortion denial is not an infringement of any right and in fact is regarded as murder because life begins at conception.[292] For them, every unborn innocent child has the right to life.[293] The fertilized ovum has the human chromosome pattern containing all the inheritable factors, and it can never grow into anything else other than a human being and a termination is tantamount to

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[288] JJ Thomson, *A Defense of Abortion* (Belmont: Wadsworth Publishing Company 1988).
[289] SA Jacobs, 'The Scientific Consensus on When a Human's Life Begins' (2021) *36 Issues in Law & Medicine 1* <https://issuesinLawandmedicine.com/wp-content/uploads/2023/09/Jacobs_36n2.pdf> accessed August 13, 2025.
[290] Mary Ann Warren holds this view by submitting that even though the embryo possesses the potentiality of becoming a person, it however does not in any way sufficiently resemble a person.
[291] (n288).
[292] US Conference of Catholic Bishops (USCCB), *Pastoral Plan for Pro-Life Activities* (2025) <https://www.usccb.org/prolife/pastoral-plan-pro-life-activities> accessed August 29, 2025.
[293] *Ibid.*

murder.[294] 'Pro-life' advocates also condemn abortion as being evil and morally wrong on the premise that it is an abrupt disrespect for the dignity and value of human life.[295] In Nigeria, just like many other African countries, and among the Latin Americans and Caribbean, the restrictive abortion Laws follow a pattern of this jurisprudential undertone which gives priority to the unborn child, and the exceptions provided do not display an element of choice but medical necessity.[296] Consequentially, regardless of the ethical and moral justifications surrounding these restrictive abortion Laws, a large number of the pregnant women affected are ready to risk their lives in clandestine abortions in the hands of unskilled practitioners, and through life-endangering mediums, subjecting themselves to a high risk of serious bodily injury, sterility, or death, rather than carry the child to term.[297]

Finally, there is a mix of the pro-life and pro-choice factions at unequal levels. Under this jurisprudential undertone, abortion cannot be said to be totally wrong or entirely right, depending on circumstances, therefore pro-choice and pro-life are both accommodated.[298] This approach is regarded as the 'Double Effect' jurisprudential standpoint and it happens to be the unique legal overview of abortion, where there cannot be said to be full support or opposition to abortion discourse because Law itself is dynamic.[299] This is where the legal framework of countries with broader abortion–liberating Laws and many international resolutions fall, with many permitting abortion at request at a stage of pregnancy or circumstantially as a reproductive right and a need to protect the life of the mother at other stages.

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[294] *Ibid.*
[295] John Paul II defines abortion 'as the direct and deliberate killing of a human person'.
[296] (1916) Cap. (C38), LFN 2004, s297 ; Penal Code Act (1960) Cap. (532), LFN 2007, s232.
[297] (n54).
[298] (n218).
[299] *Ibid.*

3.2. Non-doctrinal Legal Methodology

Non-doctrinal legal research methodology is a contemporary style for writing empirical, interdisciplinary, reality-based and people-centred legal essays, where Law is to be appraised from a societal standpoint, with the aid of Social Sciences research instruments such as questionnaires, interviews, surveys, observation, and statistical analysis to gather data.[300] According to Ngwoke, Mbano and Helynn, non-doctrinal research moves the study of Law from the Law library to the field, focusing on Law as it operates in action rather than as it is stated in statute books or case Laws.[301] Likewise, Eugene Ehrlich who is one of the early proponents of the Sociological jurisprudential theory of Law, coined the phrasal verb 'living Law' to support non-doctrinal legal work, by arguing that Law must be studied through its' actual operation in the society, not merely through statutes or court decisions.[302] This segment therefore examines the different non-doctrinal research methods and procedures that will be adopted for the data collection and presentation of this monumental research work. Listed and explained below are the non-doctrinal research methods and procedures that will be adopted in carrying out this study;

- ✓ Research Design
- ✓ Area of Study
- ✓ Target Population
- ✓ Sample size

[300] CO Emedolu and others, 'Intersection of Studious Legal Research Philosophies and Scientific Chics in Nigeria: A Comprehensive Analysis' (2024) *3(8) Journal of Ecohumanism* 5928-5947 <https://ecohumanism.co.uk/joe/ecohumanism> accessed August 28, 2025.
[301] RA Ngwoke and others, A critical appraisal of doctrinal and Non-doctrinal legal research methodologies in contemporary times (2023) *3(1) International Journal of Civil Law and Legal Research* 8-17.
[302] E Ehrlich, *Fundamental Principles of the Sociology of Law* (Harvard University Press, 1936) 493.

- ✓ Sampling Technique
- ✓ Research Instrument
- ✓ Validity and Reliability of the Research Instrument
- ✓ Method of Data Collection
- ✓ Method of Data Analysis.
- ✓ Ethical Considerations

3.2.1. Research Design

This work used a descriptive cross-sectional design. A descriptive cross-sectional design is one in which data is collected from a population or sample at a single point in time for the purpose of describing the, attitudes, perceptions or relationships between phenomenon without manipulating any variable.[303] Although the study examined the cause and effect implications of the criminalisation of abortion on the society, it did not attempt to establish causality through experimental manipulation. Instead, the study only described and analysed the perceived causal relationships as reported by respondents. The design enabled the researcher to capture a snapshot of the community's views, thereby providing a comprehensive description of the societal implications of the Law, without any longitudinal follow up.

3.2.2. Area of Study

This research was carried out in Ugbowo Community, Benin Metropolis. Ugbowo is a popular community in Benin Metropolis, Edo State, located in the southern part of Nigeria. It sits on two of the big Local Government Areas in Edo State (the Ovia North-East Local Government and Egor Local Government Area). Ugbowo measures about 2,301 square kilometres, if measured by

[303] C Maier and others, 'Cross-sectional research: A critical perspective, use cases, and recommendations for IS research' (2023) *70 International Journal of Information Management* <https://doi.org/10.1016/j.ijinfomgt.2023.102625> accessed August 28, 2025.

the two Local Governments where it sits, with a tropical climate and mean annual rainfall between about 1,500 mm and 2,500 mm, and average monthly temperatures in the 25-28°C range. Ugbowo houses major institutions, most notably the University of Benin (UNIBEN) main campus (often called Ugbowo Campus), the Federal Government Girls College and the University of Benin Teaching Hospital (UBTH) which are all Federal institutions. While University of Benin and the Federal Government Girls College serve as academic grounds for many all over the country, University of Benin Teaching Hospital and its' subsidiary, College of Nursing and Institute of Health, Science and Technology is the ground of healthcare services and healthcare training for many in the State and its' environs. Ugbowo covers several smaller residential communities such as the Ekosodin Community, Benin Development and Planning Authority (BDPA) housing estate, Uwasota, Osasogie, and many others. These localities are residential for University of Benin staffs, students, University of Benin Teaching Hospital staffs, College of Nursing and Institute of Health, Science and Technology students and indigenes. Basically, the social composition of Ugbowo is heterogeneous. On one hand, there is a relatively large young literate population associated with the students, staffs and medical workers that reside and work there. On the other hand, the area also hosts local residents, traders, and indigenes, with little or no levels of formal education and literacy.

3.2.3. Target Population

The target population consisted of medical practitioners (doctors, nurses, labouratory experts) with focus on University of Benin Teaching Hospital, students (Law students, medical students and other students) who were mainly youths and very literate, traders who were relatively of average age and partially-educated, Legal practitioners and others like religious leaders, police

officers, artisans, public administrators, social workers and many others within the area of study. Therefore, the work adopted a target population of 495 persons and their distribution is represented below:

3.2.3.1. Population Distribution

S/N	Group	Number Targeted
1	Law Students	95
2	Medical Students	65
3	Other Students	135
4	Legal Practitioners	25
5	Medical Personnel	60
6	Traders	40
7	Others	75
	Total	**495**

Source: Researcher's Target Population (August, 2025)

3.2.4. Sample size

A sample size refers to the number of observations or individuals in a sample. The sample size is a subset of the population that is being studied. It is a measure of the amount of data collected in a study. The size of the sample can greatly affect the accuracy of the conclusions drawn from the study. A larger sample size can lead to more accurate results, as it is more likely to be

representative of the population. However, larger samples also require more resources to collect and analyse. Determining the appropriate sample size for a study is a complex process that involves considering factors such as the population size, the margin of error that can be tolerated, and the level of confidence desired in the results. There are various statistical methods and formulas that can be used to calculate the optimal sample size for a study. For this study, the Taro-Yamme formular for sample size determination was used:

$$n = \frac{N}{1 + N\,(e)^2}$$

Where N = Target Population = 495

e = margin of error/ level of precision/accuracy = usually 5% or 0.05

n = sample size =?

$$n = \frac{495}{1 + 495\,(0.05)^2} = 222.229 \approx 221$$

Sample size = 221

Adding 10% attrition/non-response rate = 10% of 221 = 21.2

221 + 21 = 242

A total of 242 questionnaires were administered.

Inclusion criteria for distribution were availability and display of interest in the research by the respondents through consent. Exclusion criteria were unavailability, non-interest in the research, consent disapproval and consent withdrawal from any of the target population.

3.2.5. Sampling technique

Sampling technique refers to the process of selecting the subset of the population to obtain information from about the entire population.[304] Sampling technique can be probability sampling i.e. simple random sampling, systematic sampling, stratified sampling and others or non-probability sampling such as the convenience sampling technique and many others.[305] This work adopted a mixed sampling technique (probability stratified random sampling, non-probability convenient sampling technique and non-probability purposive sampling technique). Probability stratified random sampling involves dividing the general population of Ugbowo Community into subgroups based on relevant characteristics such as gender, age, occupation, educational level and many others.[306] Afterwards, a random sample was selected from each subgroup to ensure that different groups within the area of study were adequately represented in the study. For the non-probability convenience sampling technique, it involves sampling individuals who were available and showed interest at the time of study exercise.[307] Therefore, only persons who showed availability and interest in the research were sampled in this research. Additionally, the non-probability purposive sampling technique was used to select medical practitioners, medical students, Law Students, legal practitioners, traders and other stakeholders whose specialized knowledge was very essential.[308] This mixed sampling technique enhanced representativeness while ensuring the inclusion of stakeholders' perspectives.

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[304] SK Mishra and M Lavate, *Sampling Methods in Social Science Research* (2023) <SamplingMethodsinSocialScienceResearch.pdf> accessed September 25, 2025

[305] *Ibid.*

[306] *Ibid.*

[307] *Ibid*

[308] F Nyimbili and L Nyimbili 'Types of Purposive Sampling Techniques with Their Examples and Application in Qualitative Research Studies' (2024) 5(1) British Journal of Multidisciplinary and Advanced Studies <https://bjmas.org/index.php/bjmas/article/view/808> accessed September 25, 2025.

3.2.6. Research Instrument

The researcher drafted a structured questionnaire with focus on the societal implication of criminalisation of abortion in Ugbowo Community, Benin Metropolis, to ascertain the direct and indirect influences of Nigeria Abortion Laws on the society, likewise to gauge societal responses of the understanding, awareness and perception of abortion legal framework in the community. These questionnaires were used as the instrument of data collection. The questionnaires were formatted in a closed style, the Likert-style fashion, with four-point scales for 'Strongly Agree, 'Agree', 'Strongly Disagree' and 'Disagree' (SA, A, SD and D). The questionnaire was divided into seven sections (Section A covered the socio-demographic information of respondents, Section B assessed respondents' understanding and awareness about Abortion Laws in Nigeria, Section C examined the societal implications and community's responses to the criminalisation of abortion, Section D asked questions relating to access to safe abortion and reproductive healthcare services, Section E looked into the health and well-being effects associated with unsafe abortion, Section F captured medical perceptions and experiences on abortion and it was exclusively answered by medical practitioners and medical students, while Section G looked at stakeholders' perspectives and policy recommendations). To indicate how much respondents agree or disagree with the statements in the instrument, respondents were given instructions. These questionnaires were distributed among all the sample sizes that make up the target population, to gather quantitative data on their perceptions and experiences on abortion practices and the influence of Law on these practices. The questionnaires were administered in two formats (the web-based (Goggle form) format and the hardcopy format). Due to higher literacy level and the time efficiency of the web-based format, it covered majorly the youths (students and non-students) used for the research work, while the hardcopy format covered the rest of the

target population. 221 responses were retrieved in total; 109 responses from the web-based format questionnaires, and 112 responses from hardcopies.

3.2.7. Validity of the Instrument

Content validity was used to validate the instrument, through the scrutiny of the project supervisor and other experts vast with the relevant knowledge. This was to ensure that the instrument was well-drafted and suited for the research objectives. This was achieved by submitting a copy of the instrument to the supervisor who scrutinized it for adjustments. Corrections and comments made were inputted before the final draft of the instrument was produced for administration. With the permission and approval of the project supervisor, researcher engaged guidance from lecturers from Social Sciences and the services of a professional data analyst who is vast in the knowledge of empirical researches and figures.

3.2.8. Reliability of the instrument

Reliability refers to the consistency of the instrument in producing similar results when used in different situations or with different respondents. In other to ensure that the instrument is able to accurately measure the objectives of the study, it was tested prior to the field work for the research. This served as a pilot study aimed at detecting and observing any form of inaccuracy, ambiguity or items that may not be relevant or well-suited for the purpose it was intended for. This was achieved by using the test and retest method in which 21 copies (10% of the sample) was administered to respondents who are not part of the study but share similar characteristics with the target population (the same class of the target population residing or working at Sapele Road axis, Benin Metropolis, Edo State). Cronbach alpha statistics was used to analyse reliability for items on the ‘community’s level of understanding and awareness about Abortion Laws in Nigeria, ‘the societal implications and societal responses to the criminalisation of abortion in

Nigeria', 'access to safe abortion and reproductive healthcare', 'health and well-being effects of unsafe abortion on women', 'medical perspectives of Abortion Laws in relation to abortion practices', and the 'broader stakeholders' perspectives and policy recommendations'. Reliability coefficients of 0.812, 0.793, 0.818, 0.941, 0.80 and 0.81 respectively were obtained. These reliability results were accepted.

3.2.9. Method of Data Collection

Data were collected through face-to-face contact and through electronic medium from the respondents. For the web-based questionnaires, the link was sent to mainly youths (students and non-students) social media groups all within the area of study and respondents who filled the hardcopies were approached face-to-face. Respondents were briefed on the purpose of the study, after which those who provide consent proceeded to fill the research instrument. After completion, those who filled electronically submitted (multiple responses was restricted), and for the hardcopies, they were retrieved immediately in order to minimize loss of copies of the instrument. The researcher also guided the respondents on how to fill the questionnaires. In other to enhance the smooth conduct of the exercise, administration of all questionnaires was carried out within a two-week period (Mondays to Fridays).

3.2.10. Method of Data Analysis

Data collected were subjected to statistical analysis using the Statistical Package for Social Sciences (SPSS. 31.0). All the research questions were answered using descriptive statistics (frequency count, simple percentage, mean and standard deviation). Research hypothesis were

analysed using inferential statistics (Pearson Product-Market Correlation and Simple Independent t-test.[309] Analysis entailed the use of tables showing frequency distribution and percentages of variables investigated, test of hypothesis using the chi-square statistics.

3.2.11. Ethical Consideration

In carrying out a research, certain principles must be adhered to in other to enhance success and ensure that due processes are followed. These principles include ethical guidelines, ethical clearance, informed consent/voluntary participation, confidentiality/anonymity and risk control.

3.2.11.1. Ethical Guidelines

This study adhered to the World Medical Association Declaration of Helsinki,[310] the National Health Research Ethics Committee (NHREC) Code for Health Research Ethics,[311] and the UBTH (University of Benin Teaching Hospital) Health Research Ethics framework on health researches.

3.2.11.2. Ethical Clearance: In carrying out this research, ethical clearance was sought from the authority of the institution where the research took place (University of Benin Teaching Hospital). The aim was for easy access to the target population of medical practitioners and medical students for the purpose of data gathering. This was achieved through formal submission of letter of identification from the Faculty of Law, University of Benin to the authority of the University of Benin Teaching Hospital through the Chief Medical Director.

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[309] The Pearson Product-Market Correlation is used to explore the strength and direction of relationships between tools/items e.g. what's the relationship between Law and the Society? ; Simple Independent t-test is used to access the difference in understanding the perspectives of different categories e.g. what are the perspectives of medical practitioners about abortion Laws in Nigeria?

[310] WMA Declaration Of Helsinki – Ethical Principles For Medical Research Involving Human Participants, 1964 (as amended at the 75th WMA General Assembly, Helsinki, Finland, October 2024) <https://www.wma.net/policies-post/wma-declaration-of-helsinki/> accessed 10 November, 2025.

[311] National Code for Health Research Ethics, 2007 <https://healthresearchwebafrica.org.za/files/NCHRECurrentVersion.pdf?> accessed 10 November, 2025.

3.2.11.3. Informed Consent/Voluntary Participation: In other to ensure that ethics of research is not violated, informed consent was sought from all respondents. This was to ensure that nobody is coerced or unduly influenced to partake in the study, hence participation was of their volition. This was achieved by presenting a consent form which respondents agreed to (both the web-based and the hardcopy version of the research instrument), before administering the research instrument after details of the purpose, benefits and rights of the respondents had also been explained. Respondents were given the opportunity to withdraw their consent at any point during administration and to decide what they wish to give answers to.

3.2.11.4. Confidentiality/Anonymity: Confidentiality and anonymity of all respondents was strictly maintained throughout the field work given the sensitive nature of the research topic where disclosure of identity could expose respondents to stigma or legal repercussions. Respondents were assured that their identities will not be disclosed under any circumstances. All data collected was solely for the purpose of this study, therefore were stored securely on a password-protected folder on researcher's electronic device, only accessible to the researcher for a period of five years (for reference purposes), after which it will be destroyed through permanent deletion.

3.2.11.5. Risk Control

This study involves minimal psychological risk due to the sensitivity of the topic. Respondents were not asked to disclose any illegal behaviour or admit to committing abortion-related offences. For any question any respondent found uncomfortable, they were given the option to skip.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, RESULTS AND DISCUSSIONS

4.0. Introduction

This chapter presents the results, analysis and discussions of data collected and analysed. The analysis and presentations were done in accordance with the research questions and hypotheses of the study. The discussion of the findings from the analysis was in accordance with the research questions, hypotheses of the study and existing literature where applicable. The chapter began

with a detailed presentation and analysis of the demographic characteristics of respondents, providing necessary context for understanding the occupation, marital status, gender, age and duration of stay/service of those surveyed in Ugbowo community. Descriptive statistics, such as frequencies, percentages, means, and standard deviations were used to summarize responses across the questionnaire's major sections.

Subsequently, inferential statistical methods were employed to test the study's hypotheses. Pearson Product-Moment Correlation was used to explore the strength and direction of relationships between tools/items. Simple independent t-test was applied to assess the difference in understanding the perspectives of different categories. Each analytical segment was carefully linked to the corresponding research questions and objectives.

4.1 Descriptive Analysis of Respondents' Demographics

Table 4.1: Demographic Distribution of Respondents (n = 221)

ITEMS	Categories	Frequency	Percent (%)
Gender	Male	69	31.20
	Female	144	65.20
	Prefer Not To Say	8	3.60
Age-Group	<18years	4	1.80

	18-25years	134	60.60
	26-35years	46	20.80
	36-45years	21	9.50
	>46years	16	7.20
	Single	154	69.70
Marital Status	Married	57	25.80
	Divorced/Widowed	10	4.50
	None	4	1.90
	Primary	3	1.40
Educational Level	Secondary	9	4.10
	Tertiary	181	81.90
	Postgraduate	24	10.90
	Law Students	42	19.00
	Medical Students	37	16.70
	Other students	28	12.70
Occupation	Medical Personnel	59	26.70
	Legal Practitioner	8	3.60
	Traders	20	9.00
	Others	27	12.30
	<1year	30	13.60
Duration of Stay and service in Ugbowo	1-5years	120	54.30
	6-10years	43	19.50
	>10years	28	12.70

Source: Survey Field, (2025)

The demographic details of the respondents as represented in Table 4.1 give essential information for interpreting the findings of this study. A total of 222 individuals participated in the survey, providing a broad representation of residents and stakeholders in the community.

The gender distribution showed that 69 respondents (31.20%) were male, 144 respondents (65.20%) were female and 8 respondents (3.60%) preferred not to disclose their gender. This analysis shows that the study captured perspectives from both men and women in the community

(especially women), allowing for a more inclusive understanding of attitudes towards abortion, abortion Laws and related health issues.

Respondents were drawn from diverse age groups. The highest proportion, 134 individuals (60.60%) were between 18-25years, reflecting the youthful population found around the Ugbowo axis. This is followed by 46 respondents (20.80%) aged 26–35years, while 21 respondents (9.50%) fell within the 36–45years age-range. 4 respondents (1.80%) were below 18 years, and 16 respondents (7.20%) were 46 years and above. This mix of younger and older participants provides a balanced perspective on community perceptions across generations.

The marital status distribution showed that 154 respondents (69.70%) were single, while 57 respondents (25.80%) were married. Also, 10 respondents (4.50%) were divorced or widowed. The dominance of single respondents reflects the area's high student population, which is relevant because unmarried individuals may have different experiences and perspectives on reproductive decisions than married adults.

Most respondents were well educated. A significant 181 participants (81.90%) reported having a tertiary education, while 9 respondents (4.10%) had completed secondary school. Another 24 respondents (10.90%) had postgraduate qualifications. 3 respondents (1.40%) had primary education, while 4 respondents (1.90%) had no formal education. This high level of educational attainment strengthens the reliability of the responses, especially on legal awareness and health-related issues.

The occupational distribution showed a varied respondent pool. The largest group consisted of 59 medical personnel (26.70%), followed by 42 Law students (19.00%) and 37 medical students. There were 28 students (12.70%) from other academic disciplines, 20 traders (9.00%), 8 legal

practitioners, and 27 respondents (12.30%) selected 'others' which range from religious leaders, police officers, artisans, tech experts, social workers, accounting experts and many others. This multidisciplinary mix is valuable because it integrates insights from Medicine, Law, Religion, Finance and Academia, which collectively shape societal responses to abortion.

Respondents had lived or worked in Ugbowo for varying lengths of time. The majority which is 120 respondents (54.30%) had spent between 1-5 years in the community, while 43 respondents (13.60%) had stayed or worked for 6–10 years. Also, 30 respondents (13.60%) had stayed or worked for less than a year while 28 respondents (12.70%) had stayed for more than 10 years. This range shows that the study included both long-term residents with deep community experience and newer residents who may offer fresh perspectives.

In summary, the demographic characteristics reflect a diverse population with a strong representation from youths (students) and non-students, middle-aged individuals from different walks, particularly traders who are partially literate, medical Practitioners, legal practitioners and others all within Ugbowo community. This diversity enhances the credibility of the findings and ensures that the study captures a broad spectrum of views on the criminalisation of abortion and its' societal implications.

4.2. Analysis of Research Questions

Research Question One; What is the community's level of understanding and awareness about Abortion Laws in Ugbowo Community, Benin Metroplis?

Table 4.2.1: Respondents' Understanding and awareness about Abortion Laws in Ugbowo Community, Benin Metropolis

Item	SA	A	D	SD	Mean	Std. D	Decision
I am aware that	79(35.7%)	114(51.6%)	18 (8.1%)	10(4.5%)	1.81	0.767	High

abortion is criminalized under Nigerian Law							Understanding
The Nigerian legal framework needs to be reviewed to accommodate safe abortion in broader circumstances	85(38.5%)	93(42.1%)	30(13.6%)	13(5.9%)	1.87	0.861	High Understanding
Legal reform on abortion would help reduce unsafe abortion practices.	93(42.1%)	101(45.7%)	21(9.5%)	6(2.7%)	1.73	0.744	High Understanding

Note: n = 221, Cronbach's Alpha = 0.812; SA= STRONGLY AGREE, A= AGREE, D = DISAGREE, SD= STRONGLY DISAGREE

The findings from the analysis of respondents' understanding and awareness about Abortion Laws in Ugbowo community, Benin Metropolis showed that the tool has a Cronbach's alpha reliability test value of ≥ 0.75 (α = 0.812) which is acceptable while decision (High, Mid, or Low understanding) was taken on each item with a weighted average scale of (High:1.0 - 1.99, Mid: 2.0 – 2.1, Low: 2.1 - 4.0.)

The responses from participants show a strong level of understanding and awareness about abortion Laws in Nigeria. The first item, which assessed whether respondents were aware that

abortion is criminalized under Nigerian Law, has a very high understanding score (1.81 ± 0.767); a combined 87.3% of participants either strongly agreed (35.7%) or agreed (51.6%), while the remaining 12.6% expressed disagreement to any degree. This suggests that most respondents clearly understood the legal restriction, with minimal variation in their responses. This reflects strong public awareness of Nigeria's restrictive abortion Laws. Also, the majority of the respondents supported that the Nigerian legal framework needs to be reviewed to accommodate safe abortion in broader circumstances; a combined 80.6% of respondents either strongly agreed (38.5%) or agreed (42.1%) that the Law needs to be reviewed, compared to 19.5% who disagreed. This item shows a high understanding score (1.87 ± 0.86) indicating overall agreement but with slightly more variability. This means that while support for liberalisation is strong, a small portion of respondents still hold reservations. Finally, respondents show a high understanding (1.73 ± 0.74) as to whether liberalisation would help reduce unsafe abortion practices; a combined 87.8% of respondents either strongly agreed (42.1%) or agreed (45.7%), while the remaining 12.2% disagreed. This indicates that most participants believe legal restrictions currently drive unsafe practices and that liberalisation could improve health outcomes.

Research Question Two; What are the societal implications and societal responses to the criminalisation of abortion in Ugbowo Community, Benin Metroplis?

Table 4.2.2: Societal Implications and Societal Responses to Criminalisation of Abortion in Ugbowo Community, Benin Metropolis

Item	SA	A	D	SD	Mean	Std. D	Remark
Criminalisation drives women to seek	89	98	27	7	1.78	0.779	High

unsafe abortion	(40.3%)	(44.3%)	(12.2%)	(3.2%)		Implication
Cultural and religious beliefs strongly influence views on abortion in Ugbowo.	72 (32.6%)	128 (57.9%)	20 (9.0%)	1 (0.5%)	1.77	0.62 High Implication
Criminalizing abortion contributes to high incidence of crimes, single parenting, out-of-school children among others and the negative effects of criminalisation outweigh its' benefits	61 (27.6%)	116 (52.6%)	35(15.8%)	9 (4.1%)	1.96	0.774 High Implication
The community's response to abortion Laws is often ironic (e.g., public condemnation but private tolerance).	91 (41.2%)	112 (50.7%)	14 (6.3%)	4 (1.8%)	1.69	0.672 High Implication

Note: n = 221, Cronbach's Alpha = 0.793; SA= STRONGLY AGREE, A= AGREE, D = DISAGREE, SD= STRONGLY DISAGREE

The findings from the analysis of societal implications and societal responses to criminalisation in Ugbowo, Benin Metropolis showed that the tool has a Cronbach's alpha reliability test value ≥ 0.75 (α = 0.793) which is accepted while decision (High, Mid, or Low Implication) was taken on each item with a weighted average scale of (High:1.0 - 1.99, Mid: 2.0 – 2.1, Low: 2.1 - 4.0).

The analysis showed a strong and consistent belief among participants that the criminalisation of abortion has significant effects on the community. A total of 84.6% of respondents either strongly agreed (40.3%) or agreed (44.3%), while only 15.4% expressed disagreement that

criminalisation drives women to seek unsafe abortion. This shows a high implication (1.78 ± 0.78) which implies a strong consensus. This finding indicated that most respondents recognized the legal restriction as a significant factor pushing women toward clandestine and harmful procedures. Also, respondents acknowledged that cultural and religious beliefs strongly influence views on abortion in Ugbowo. About 90.5% either strongly agreed (32.6%) or agreed (57.9%), while only 9.5% disagreed, which results in a high implication decision (1.77 ± 0.62) showing a high level of uniformity in responses. This suggests that beyond legal provisions, deeply rooted cultural and religious norms play a significant role in shaping community attitudes toward abortion. The belief that criminalizing abortion contributes to high incidence of crimes, single parenting, out-of-school children, among others and the negative effects of criminalisation outweigh its' benefits, also showed a high implication decision (1.96 ± 0.77). A combined 80.2% of the respondents either agreed (52.6%) or strongly agreed (27.6%), compared to 19.9% who disagreed, indicating firm agreement. This highlights that many respondents associate the restrictive Law with long-term social outcomes affecting both families and the wider community. Lastly, majority of the respondents 91.9%, either agreed (50.7%) or strongly agreed (41.2%), while the remaining 8.1% disagree that the community's response to abortion Laws is often ironic (e.g. public condemnation but private tolerance). This decision also shows a high implication score (1.69 ± 0.69), which showed that respondents clearly recognize the gap between public moral discourse and private abortion practices in reality at Ugbowo.

Research Question Three; How accessible is safe abortion and reproductive healthcare in Ugbowo Community, Benin Metroplis?

Table 4.2.3: Access to Safe Abortion and Reproductive Healthcare in Ugbowo Community, Benin Metropolis

Item	SA	A	D	SD	Mean	Std. D	Remark
Legal restrictions prevent medical personnel from offering abortion-related care.	59 (26.7%)	106 (48.0%)	44 (19.9%)	12 (5.4%)	2.04	0.827	High
Legal restrictions have increased unsafe abortion practices	66 (29.9%)	114 (51.6%)	34 (15.4%)	7 (3.2%)	1.92	0.758	High
Criminalisation has negatively affected women's access to reproductive healthcare.	42 (19.0%)	101 (45.7%)	71 (32.1%)	7 (3.2%)	2.19	0.776	Low

Note: n = 221, Cronbach's Alpha = 0.818; SA= STRONGLY AGREE, A= AGREE, D = DISAGREE, SD= STRONGLY DISAGREE

The findings from the analysis of the access to safe abortion and reproductive healthcare in Ugbowo Community, Benin Metropolis shows that the tool has a Cronbach's alpha reliability test value of ≥ 0.75 ($\alpha = 0.818$) which is accepted while decision was taken on each item with a weighted average scale of (High:1.0 - 1.99, Mid: 2.0 – 2.1, Low: 2.1 - 4.0.)

Table 4.2.3 above showed that a combined 74.7% of respondents either strongly agreed (26.7%) or agreed (48.0%), compared with 25.3% who disagreed, with a high assertion decision (2.04 ± 0.83) that legal restrictions prevent medical personnel from offering abortion-related care. This

suggests that respondents perceived the Law as limiting the ability of qualified professionals to assist women safely. Also, 81.5% of the respondents either agreed (29.9%) or strongly agreed (51.6%), while the remaining 18.6% expressed disagreement that legal restrictions have increased unsafe abortion practices, with a high assertion decision (1.92 ± 0.76). This indicates the view that when safe and regulated options are restricted, women are more likely to resort to risky alternatives. Finally, a total of 64.7% respondents either strongly agreed (19.0%) or agreed (45.7%), while the remaining 35.3% disagreed that criminalisation has negatively affected women's access to reproductive healthcare, with a low assertion decision (2.19 ± 0.78). This suggests that while most respondents recognize the negative impact on healthcare access, a sizeable minority feel that reproductive healthcare is influenced by factors beyond legal restrictions alone.

Research Question Four; What are the health and well-being effects of unsafe abortion on women in Ugbowo Community, Benin Metroplis?

Table 4.2.4: Health and Well-being Effects Unsafe Abortion on women in Ugbowo Community, Benin Metropolis

Item	SA	A	D	SD	Mean	Std. D	Remark
Unsafe abortion contributes to maternal mortality in Nigeria	97 (43.9%)	104 (47.1%)	18 (8.1)	2 (0.9%)	1.66	0.666	High Awareness

Criminalisation of abortion worsens women's physical and mental health.	67 (30.3%)	103 (46.4%)	49 (22.2%)	2 (0.9%)	1.94	0.748	High Awareness
The health consequences of unsafe abortion are severe and long-lasting.	113 (51.2%)	96 (43.4%)	8 (3.6%)	4 (1.8%)	1.56	0.655	High Awareness
Government should promote safe reproductive healthcare to reduce abortion-related deaths.	124 (56.1%)	72 (32.6%)	19 (8.6%)	6 (2.7%)	1.58	0.762	High Awareness

Note: n = 221, Cronbach's Alpha = 0.941; SA= STRONGLY AGREE, A= AGREE, D = DISAGREE, SD= STRONGLY DISAGREE

The findings from the analysis of the health and well-being effects of abortion on women in Ugbowo Community, Benin Metropolis shows that the tool has a Cronbach's alpha reliability test value of ≥ 0.75 (α = 0.941), which is accepted while decision was taken on each item with a weighted average scale of (High:1.0 - 1.99, Mid: 2.0 – 2.1, Low: 2.1 - 4.0.)

Table 4.2.4 showed that the majority 91% of the respondents agreed (43.9%) or strongly agreed (47.1%), while the remaining 9% disagreed that unsafe abortion contributes to maternal mortality in Nigeria, with a high awareness (1.66 ± 0.67) decision. This shows that respondents are highly aware of the link between unsafe abortion and maternal deaths. Also, a combined 76.7% of the

respondents agreed (46.4%) or strongly agreed (30.3%), compared with the remaining 23.1% who disagreed that criminalisation of abortion worsens women's physical and mental health, with a high awareness (1.94 ± 0.75) decision; this suggests that while most participants see criminalisation as harmful to women's overall well-being. A small portion may hold different views. About 94.6% of the respondents agreed (43.1%) or strongly agreed (51.2%), while the remaining 5.4% expressed disagreement that the health consequences of unsafe abortion are severe and long-lasting, with a high awareness (1.56 ± 0.66) decision. This high level of awareness shows that respondents clearly understand the significant risks women face when resorting to unregulated abortion methods. Finally, a total of 88.7% of respondents agreed (32.6%) or strongly agreed (56.1%), while the remaining 11.3% disagreed that government should promote safe reproductive healthcare to reduce abortion-related deaths, with a high awareness (1.58 ± 0.76) decision. This reflects the community's clear expectation that the government should adopt more supportive and preventive health measures.

Research Question Five; What are the medical perspectives and policy recommendations on abortion Laws in relation to abortion practices in Ugbowo Community, Benin Metroplis?

Table 4.2.5: Medical Perspectives and policy recommendations on abortion Laws in relation to abortion practices in Ugbowo community, Benin Metropolis

Item	SA	A	D	SD	Mean	Std. D	Remark
Many women who seek abortions do so because of socio-economic challenges, stigma, unintended pregnancies among others despite its' criminalisation in Nigeria.	49 (52.1%)	41 (43.6%)	4 (4.3%)	0 (0.0%)	1.52	0.582	High Assertion

The criminalisation of abortion in Nigeria exposes women to unsafe medical practices and preventable health complications such as hemorrhage, uterine perforation, cervical injury, pelvic infection or sepsis, peritonitis, infertility, chronic pelvic pain.	48 (50.0%)	40 (41.7%)	7 (7.3%)	1 (1.0%)	1.59	0.674	High Assertion
Abortion when performed under proper and safe medical mechanisms comes with little to no health or societal risk.	41 (42.7%)	45 (46.9%)	8 (8.3%)	2 (2.1%)	1.7	0.713	High Assertion
Cultural, religious, and societal beliefs influence both patients' decisions and medical practitioners' attitudes toward abortion in Ugbowo more than the legal framework.	43 (45.3%)	49 (51.6%)	3 (3.2%)	0 (0.0%)	1.58	0.557	High Assertion
Existing abortion Laws in Nigeria are unclear, that they create ethical and professional dilemmas for medical practitioners.	25 (26.6%)	60 (63.8%)	8 (8.5%)	1 (1.1%)	1.84	0.61	High Assertion
Reviewing Nigeria's abortion Laws to allow medically supervised procedures would reduce maternal mortality and safeguard women's health.	37 (39.0%)	51 (53.7%)	5 (5.3%)	2 (2.1%)	1.71	0.666	High Assertion

Note: n = 96, Cronbach's Alpha = 0.80; SA= STRONGLY AGREE, A= AGREE, D = DISAGREE, SD= STRONGLY DISAGREE

Findings from the medical response analysis from medical practitioners and medical students show that the tool has a Cronbach's alpha reliability test of ≥ 0.75 (α = 0.80) while decision was taken on each item with a weighted average scale of (High:1.0 - 1.99, Mid: 2.0 – 2.1, Low: 2.1 - 4.0.)

From the Table 4.2.5 above, it is seen that most of the respondents, 95.7%, either strongly agree (52.1%) or agree (43.6%) with a high assertion (1.52 ± 0582) that many women who seek abortions do so because of socio-economic challenges, stigma, unintended pregnancies among others despite its' criminalisation in Nigeria. This reflects that medical practitioners recognize

multiple social pressures that drive women toward abortion regardless of legal barriers. Also, with a high assertion (1.59 ± 0.674), majority of the respondents, 91.7%, either agreed (41.7%) or strongly agreed (50.0%) that the criminalisation of abortion in Nigeria exposes women to unsafe medical practices and preventable health complications such as hemorrhage, uterine perforation, cervical injury, pelvic infection or sepsis, peritonitis, infertility, chronic pelvic pain. This strong response underscores the awareness among medical professionals that restrictive Laws directly contribute to avoidable health risks and severe complications. Also, majority of respondents 89.6%, either agree (46.9%) or strongly agree (42.7%) with a high assertion (1.7 ± 0.713) that abortion when performed under proper and safe medical mechanisms come with little to no health or societal risk. This suggests that most respondents understand the distinction between safe, regulated procedures and unsafe alternatives, and recognize the safety of properly supervised abortion care. Likewise, most respondents 98.9%, either agree (51.6%) or strongly agree (45.3%) that cultural, religious, and societal beliefs influence both patients' decisions and medical practitioners' attitudes toward abortion in Ugbowo more than the legal framework, with a high assertion (1.58 ± 0.557). This shows that healthcare workers recognize that non-legal factors often shape abortion-related behaviours and clinical interactions. Furthermore, majority of the medical Practitioners 90.4%, either strongly agree (26.6%) or agree (63.8%) that existing abortion Laws in Nigeria are unclear, that they create ethical and professional dilemmas for medical practitioners, with a high assertion (184 ± 0.61). This suggests that many medical workers find the Laws confusing and believe they create ethical or professional dilemmas in clinical settings. Finally, majority 92.7% of the respondents, either agree (53.7%) or strongly agree (39.0%) that reviewing Nigeria's abortion Laws to allow medically supervised procedures would reduce maternal mortality and safeguard women's health, with a high assertion (1.71 ±

0.666). This indicates widespread recognition among healthcare providers that liberalisation could protect women's lives and improve overall health outcomes.

Research Question Six; What are the broader stakeholders' perspectives and policy recommendations on abortion Laws in Ugbowo Community, Benin Metroplis?

Table 4.2.6: Stakeholders' Perspectives and Policy Recommendations on abortion Laws in Ugbowo Community, Benin Metropolis

Item	SA	A	D	SD	Mean	Std. D	Remark
Medical enthusiasts in Ugbowo support the liberalization of abortion	53 (33.3%)	71 (44.7%)	33 (20.8%)	2 (1.2%)	1.9	0.765	Strong

Legal enthusiasts support reforming Nigeria's abortion Laws	30 (28.0%)	67 (62.6%)	10 (9.4%)	0 (0.0%)	1.81	0.585	Strong
Non legal and medical enthusiasts support reforming Nigeria's abortion Laws	25 (20.5%)	62 (50.8%)	29 (23.8%)	6 (4.9%)	2.13	0.792	Weak
Youths in Ugbowo would support abortion Law reform if it ensures women's safety.	81 (36.7%)	113 (51.1%)	21 (9.5%)	6 (2.7%)	1.78	0.725	Strong
Women in Ugbowo would support abortion Law reform	59 (26.7%)	115 (52.0%)	43 (19.5%)	4 (1.8%)	1.96	0.731	Strong
Liberalizing abortion would reduce unsafe abortion practices	77 (34.8%)	103 (46.6%)	33 (14.9%)	8 (3.6%)	1.87	0.793	Strong

Note: n = 221, Cronbach's Alpha = 0.81; SA= STRONGLY AGREE, A= AGREE, D = DISAGREE, SD= STRONGLY DISAGREE

Findings from the analysis of stakeholders' perspectives and policy recommendations on abortion Laws in Ugbowo Community, Benin Metropolis show that the tool meets the standard Cronbach's alpha reliability test of ≥ 0.75 ($\alpha = 0.81$) while decision was taken on each item with a weighted average scale of (High:1.0 - 1.99, Mid: 2.0 – 2.1, Low: 2.1 - 4.0.)

From the Table 4.2.6 above, it is seen that most of the respondents, 78.0% either strongly agreed (33.3%) or agreed (44.7%) with a strong assertion (1.9 ± 0.765) that medical enthusiasts in Ugbowo support the liberalization of abortion. This suggests that many individuals with medical backgrounds recognise the public health benefits of adopting more liberal abortion Laws. The

majority of the respondents, 90.6% either agreed (62.6%) or strongly agreed (28.0%) that legal enthusiasts support reforming Nigeria's abortion Laws, with a strong assertion (1.81 ± 0.585). This implies that individuals with legal training or interest see the need to update Nigeria's abortion Laws to reflect current health realities and societal needs. Also, majority 87.8% of the respondents, either agreed (51.1%) or strongly agreed (36.7%) with a strong assertion (1.78 ± 0.725) that youths in Ugbowo would support liberalisation if it ensures women's safety. This aligns with demographic trends in the community, where younger individuals often show higher awareness of health rights and modern reproductive health needs. Likewise, most of the respondents, 78.7% either strongly agreed (26.7%) or agreed (52.0%) that women in Ugbowo would support liberalisation, with a strong assertion (1.96 ± 0.731). This reveals that many women agree liberalisation due to the risks and limitations imposed by the current restrictive framework. Finally, the majority of the respondents, 81.4% either strongly agreed (34.8%) or agreed (46.6%) that liberalizing abortion would reduce unsafe abortion practices. This indicates that most respondents see liberalisation as a practical strategy for improving societal outcomes and reducing preventable complications. On the other hand, with a weak assertion (2.13 ± 0.792), the majority of the respondents, 71.3% either strongly agreed (20.5%) or agreed (50.8%) that non-legal and medical enthusiasts support reforming Nigeria's abortion Laws, indicating that while many community members favour liberalisation, a portion remain uncertain or opposed.

4.3 Hypothesis Testing

H_{01}: Community's understanding and awareness about abortion Laws in Nigeria does not affect societal implications and societal responses to the criminalisation of abortion.

Table 4.3.1: Summary of Pearson Product-Moment Correlation showing the Influence of Community's understanding and awareness about Abortion Laws in Nigeria on Societal Implications and Societal Responses to the Criminalisation of Abortion.

Variables	Mean	Std. D	N	R	Sig.	Remark
Societal implications and responses to criminalisation of abortion.	1.802	0.4828				
			221	0.389	0	Significant
Respondents understanding of the abortion Laws in Nigeria	1.8039	0.5944				

**** Correlation is significant at the 0.01 level (2-tailed).**

Table 4.3.1 showed the effect (relationship) of respondents' understanding and awareness about Abortion Laws in Nigeria does not affect societal implications and societal responses to the criminalisation of abortion. The table showed that there is a weak and positive effect of respondents' understanding and awareness about Abortion Laws in Nigeria does not affect societal implications and societal responses to the criminalisation of abortion, which is statistically significant ($n = 221$; $r = 0.389$; $p < .01$). Hence, we reject the null hypothesis. Therefore, the result implies that respondents' understanding and awareness about Abortion Laws in Nigeria has an influence on societal implications and societal responses to the criminalisation of abortion.

H_{02}: The criminalisation of abortion in Nigeria doesn't significantly contribute to unsafe abortion practices and negative health outcomes for women in Ugbowo, Benin Metropolis.

Table 4.3.2: Summary of Pearson Product-Moment Correlation showing the Influence of Awareness of Criminalisation of abortion in Nigeria on Unsafe Abortion Practices and Negative Health Outcomes for Women in Ugbowo community, Benin Metropolis.

		Mean	Std. D	1	2
1	I am aware that abortion is criminalized under	1.81	0.767	1	

	Nigerian Law				
2	Criminalisation drives women to seek unsafe abortion	1.78	0.779	.176**	1
3	Criminalizing abortion contributes to high incidence of crimes, single parenting, out-of-school children among others and the negative effects of criminalisation outweigh its' benefits	1.96	0.774	.226**	.281**

**** Correlation is significant at the 0.01 level (2-tailed).**

Table 4.3.2 showed the bivariate correlation analysis of the research hypothesis. The study showed that for H_{01}**,** there's a weak positive relationship between respondents' awareness of abortion being criminalized under Nigerian Law, awareness that criminalisation drives women to unsafe abortion ($r = 0.176$, $p < .01$), and awareness that criminalizing abortion contributes to high incidence of crimes, single parenting, out-of-school children among others and that the negative effects of criminalisation outweigh its' benefits ($r = 0.226$, $p < .01$). The observed relationship is statistically significant therefore, the null hypothesis is rejected. This implies that the criminalisation of abortion in Nigeria significantly contributes to unsafe abortion practices and negative health outcomes for women in Ugbowo, Benin Metropolis.

H_{03}: There's no significant difference between male and female stakeholders' perspectives and policy recommendations in Ugbowo community, Benin Metropolis

Table 4.3.3: Summary of t-test showing difference in males and females perspectives and policy recommendations in Ugbowo, Benin Metropolis.

Test Variable	Grouping Variable (Gender)	n	Mean	Std. D	Df	t	Sig.	Remark
Stakeholders' perspectives and policy Recommendations	Male	69	2.035	0.62449	211	2.65	0.009	Significant
	Female	144	1.824	0.50147				

Table 4.3.3 showed the results of stakeholders' perspectives and policy recommendations of males and females respondents in Ugbowo, Benin Metropolis. The table shows that the mean score for male respondents is 2.035 while that of females is 1.824. The mean scores revealed a significant difference. This difference is statistically significant between male and female respondents on stakeholders' perspectives and policy recommendations (df = 211; t = 2.65; p<.01). Hence, we the null hypothesis is rejected. This implies that perspectives and policy recommendations in Ugbowo, Benin Metropolis, between males and females toward abortion Laws are not the same.

H_{04}: There's no significant difference between Medical Personnel and Legal Practitioners' perspectives and policy recommendations in Ugbowo community, Benin Metropolis.

Table 4.3.4: Summary of t-test showing difference in Medical Personnel and Legal Practitioners' perspectives and policy recommendations in Ugbowo, Benin Metropolis.

Test Variable	Grouping Variable (Occupation)	N	Mean	Std. D	Df	T	Sig.	Remark
Stakeholders' perspectives and	Medical Personnel	59	1.7161	0.59252	65	-0.306	0.761	Not Significant
	Legal Practitioner	8	1.7813	0.24776				

policy

Recommendations

Table 4.3.4 showed the result of perspectives and policy recommendations of medical Practitioners and legal practitioners in Ugbowo, Benin Metropolis. The table shows that the mean score for medical personnel is 1.7161 while that of Law personnel is 1.7813. The values of the mean scores do not reveal any appreciable difference. The difference observed is not statistically significant between medical personnel and legal practitioners regarding perspectives and policy recommendations ($df = 65$; $t = -0.306$; $p > .05$). Hence, the null hypothesis is not rejected. This implies that perspectives and policy recommendations in Ugbowo, Benin Metropolis, between medical personnel and practitioners toward abortion are the same.

H_{05}: The access to safe abortion and reproductive healthcare has no significant relationship with health and well-being effects of unsafe abortion.

Table 4.3.5: Summary of Pearson Product-Moment Correlation showing the Influence of Access to Safe Abortion and Reproductive Healthcare on Health and Well-being Effects of Unsafe Abortion in Ugbowo community, Benin Metropolis.

Variables	Mean	Std. D	n	R	Sig	Remark
The access to safe abortion and	2.0513	0.59321	221	0.528	0.00	Significant

reproductive healthcare		
The health and well-being effects of unsafe abortion	1.6844	0.49221

Table 4.3.5 showed the effect (relationship) that access to safe abortion and reproductive healthcare has on the health and well-being effects of unsafe abortion. The table showed that there is a strong and positive effect of access to safe abortion and reproductive healthcare on the health and well-being effects of abortion which is statistically significant ($n = 221$; $r = 0.528$; $p < .01$). Hence, the null hypothesis is rejected. Therefore, the result implies that access to safe abortion and reproductive healthcare has effect on the health and well-being effects unsafe of abortion.

4.4. Discussion of Findings

Research Objective One; Access the community's level of understanding and awareness about Abortion Laws in Ugbowo Community, Benin Metropolis.

The findings on research objective one is reflected in Table 4.2.1. It indicated a high level of awareness among respondents regarding the criminalisation of abortion in Nigeria, with a

combined 87.3% of participants agreeing or strongly agreeing that abortion is a crime in Nigeria. The restrictive legal provisions have also been widely discussed in empirical and doctrinal literatures, which supports that public awareness of abortion legal status is relatively high. Furthermore, the findings showed that 80.6% of respondents believe that the current abortion Law should be reviewed to permit safe abortion under broader circumstances**,** while 87.8% agree that liberalization would significantly reduce unsafe abortion occurrences. These findings agree with the World Health Organization May 2024 submission that restrictive abortion Laws do not eliminate abortion but instead pushes the practice underground, increasing the prevalence of unsafe abortions and related complications.[312] Multiple Nigerian and international literatures, coupled with researches earlier reviewed showed that unsafe abortion is a leading contributor to maternal morbidity and mortality, and they also advocate liberalization as an essential intervention. The high level of support for liberalization among respondents therefore reflects growing cry, particularly among educated youths that criminalisation fails to protect women's health and instead contributes to preventable complications and deaths. The finding that participants believe liberalization would reduce unsafe abortion and complication affirms the World Health Organization, Abortion Care Guideline in 2024 which revealed that safe abortion risk is relatively low, and that liberalization alongside quality services will reduce unsafe abortion and abortion-related complications.[313] Therefore, respondents' perceptions aligned with multidisciplinary research in Law and Medicine. Likewise, the observed combination of high legal awareness and strong support for liberalization aligns with reviewed literatures on the reasons why people procure abortion in Nigeria. However, it is notable to state that the study population includes a high proportion of young, tertiary-educated respondents**,** many of whom

[312] (n143).
[313] (n135).

are students or medically inclined persons**.** Such demographic characteristics likely contributed to the strong levels of legal awareness and support for liberalization.

Research Objective Two; Assess the societal implications and societal responses to the criminalisation of abortion in Ugbowo Community, Benin Metropolis.

The findings for research objective two are reflected in Table 4.2.2. It demonstrates that respondents overwhelmingly see criminalisation of abortion in Nigeria as a reason for unsafe abortion practices. A total of 84.6% of the respondents agreed that restrictive Laws push women toward unsafe alternatives, reflecting Eguriase's submission that where abortion is legally restricted, women will resort to clandestine and unsafe practices that expose them to severe health complications and death.[314] This supports numerous Nigerian studies which continue to show that that Nigeria's restrictive abortion Laws do not eliminate abortion but instead unsafe practices are on the increase. Additionally, an overwhelming 90.5% of respondents agreed that cultural and religious norms strongly shape community attitudes toward abortion. This perception aligns with the American Medical Association that demonstrates that socio-religious factors play a role in abortion decisions all over the world.[315] Researchers have repeatedly shown that religious lifestyle and cultural expectations often push negative perception towards abortion in public, leading to secrecy, avoidance of medical care, and vulnerability among women seeking to terminate pregnancies. Respondents also indicated that abortion criminalisation contributes to broader societal problems, with 80.2% agreeing that the legal restrictions bring about issues like single parenting, out-of-school children, and increased crime rates. This finding aligns with literature linking unintended pregnancies and the inability to safely terminate them to socio-economic challenges, including school dropout, increased financial burdens on households, and

[314] (n45).
[315] (n169).

long-term poverty cycles. Scholars argue that when abortion is inaccessible or unsafe, the resulting socio-economic pressures significantly affect both the individual and the society at large. 91.9% of respondents agreed that community responses to abortion are characterized by 'public condemnation but private tolerance'. This paradoxical statement aligns with Eguriase's assertion that while people publicly oppose abortion due to moral, cultural, or religious reasons, they still privately seek the same abortion services when faced with unintended pregnancy.[316] This, I believe stems from stigma and the society conception of morality. The demographic composition of the sample which includes many young, educated respondents may also explain the high level of awareness of the social consequences of abortion criminalisation, reflecting findings from reviewed literatures that criminalizing abortion comes with huge disadvantages, and most times, victims of these consequences are youths, hence their exposure to the implications that comes with the restrictive Laws.

Research Objective Three; Examine the access to safe abortion and reproductive healthcare in Ugbowo Community, Benin Metropolis.

The findings for research objective three is reflected in Table 4.2.3, indicating that most respondents agreed that legal restrictions prevent medical personnel from offering safe abortion and reproductive healthcare, meaning that restrictive legal frameworks hinder safe abortion provision as highlighted in the WHO Abortion Care Guideline. Furthermore, a substantial proportion of respondents reported that legal limitations have increased the prevalence of unsafe

[316] *Ibid.*

abortions, a finding that is consistent with Nigerian data demonstrating that unsafe abortion remains widespread due to restrictive legal provisions, as shown in the national reports in Bankole's work and the recent hospital-based research of Obadina.[317] These studies affirm that due to restrictive abortion Laws, there is no access to safe abortion in Nigeria. Although majority of respondents recognised the unavailability of safe abortion and reproductive healthcare due to of criminalisation of abortion, Table 4.2.3 also showed that a notable minority of respondents disagreed that legal restrictions negatively affect women's access to safe and reproductive healthcare. This suggests that some individuals perceive factors such as stigma, cultural attitudes, cost or poor health facility, even medical practitioner's judgmental attitudes and religious beliefs as barriers and not legal provisions. This view aligns with WHO findings which emphasize that socio-cultural factors also shape access to safe abortion.[318] Additionally, the attitudinal trends found in Table 4.2.3 correspond with the sociological theoretical framework in chapter two, which argue that Laws disconnected from realities generate contradictions between public expression and private practices, fueling secrecy and unsafe practices of abortion. When considered alongside stakeholders' perspectives, the findings indicate that professionals' especially medical practitioners within Ugbowo community generally support liberalization, as it will reduce fear of punishments, hence promote access to safe abortion and reproductive healthcare, a standpoint that has been recommended by United Nation bodies and the Maputo Protocol.[319] Overall, the results reveal that restrictive abortion Laws are widely detrimental to access to safe abortion and reproductive healthcare.

[317] (n170 and 171).
[318] (n56).
[319] (n243 and 248).

Research Objective Four; Examine health and well-being effects of unsafe abortion in Ugbowo Community, Benin Metropolis.

The findings on research objective four are majorly reflected in Table 4.2.4. It indicated that an overwhelming majority of respondents (91%) agreed or strongly agreed that unsafe abortion contributes significantly to maternal mortality, a perception supported by the very low mean score of 1.66 which reflects high awareness of the dangers associated with unsafe procedures. This aligns with Bankole and the WHO Abortion Care Guideline, which emphasized that unsafe abortion remains a leading cause of preventable maternal deaths in Nigeria and other developing countries.[320] The respondents' belief that criminalisation worsens women's physical and mental health further demonstrates the widespread recognition that restrictive Laws drive women toward unregulated and clandestine methods of terminating unwanted pregnancies. This perception affirms the submission from Akande and that of Obadina that criminalisation of abortion fuels delays in seeking care, increases the occurrence of complications like hemorrhage, sepsis, pelvic inflammatory disease, and infertility, and predisposes women to long-term psychological distress. [321] Similarly, the very high level of agreement (94.6%) with the statement that the health consequences of unsafe abortion are severe and long-lasting, reflected in a mean score of 1.56, shows strong public understanding that unsafe practices produce not only immediate medical emergencies but also future chronic reproductive and mental health issues. This is in congruence with long-lasting effects such as retained product of conception, infertility, septic shock, and even death as mentioned earlier. Furthermore, 88.7% of respondents agreed that the government should promote safe reproductive healthcare to mitigate abortion related deaths, demonstrating broad community support for public health-centred interventions rather than punishments, as

[320] (n170 and 58).
[321] (n166 and 171).

revealed by the WHO guideline and Adebimpe that access to safe abortion services and comprehensive post-abortion care significantly reduces maternal morbidity and mortality.[322]

Research Objective Five; Examine medical perspectives and policy recommendations on abortion Laws and abortion practices in Ugbowo Community, Benin Metropolis.

The findings in objective five are majorly reflected in Table 4.2.5. It revealed that an overwhelming majority of medical practitioners and medical students (95.7%) agreed that many women who seek abortions do so because of socio-economic challenges, stigma, and unintended pregnancies despite the criminalisation of abortion in Nigeria. This observation agrees with the beliefs that restrictive abortion Laws do not deter women from seeking abortions, but instead push the practice underground, especially among women facing poverty, partner issues, stigma shame and many others.[323] The Table further showed that 91.7% of respondents agreed that the criminalisation of abortion exposes women to unsafe medical practices and preventable health complications such as hemorrhage, uterine perforation, cervical injuries, pelvic infection or sepsis, peritonitis, infertility, and chronic pelvic pain, with a high assertion mean of 1.59. This aligns with reports the AMoCo study, which revealed that unsafe abortion often performed by unqualified persons or in non-sterile environments as opposed to the WHO Abortion Care Guideline carries a significantly higher risk of severe complications and maternal death.[324] The respondents' further demonstrated strong awareness that abortion performed under proper and safe medical mechanisms carries little to no health or societal risk, with 89.6% agreeing and a mean of 1.70. This affirms the World Health Organization submission that when abortion is performed by qualified practitioners with approved pharmacological or surgical methods, it is

[322] (n158 and 187).
[323] (n144 and 145).
[324] (n139).

one of the safest medical procedures globally, with complication rates significantly lower than those associated with childbirth.[325] A similarly high proportion (98.9%) agreed that cultural, religious, and societal beliefs strongly influence both patient decisions and medical practitioners' attitudes toward abortion more than legal provisions, as reflected by a mean of 1.58. This finding corresponds with Obadina's work, which explains that cultural and religious ideologies often overshadow legal frameworks in shaping abortion related decisions. Additionally, 90.4% of medical respondents agreed that existing abortion Laws in Nigeria are unclear and create ethical and professional confusions for medical practitioners, with a high assertion mean of 1.84. This also support arguments made by writers such as Okagbue and Adebimpe, who stressed that ambiguous provisions in the Criminal Code and Penal Code cause confusion among medical practitioners, discourage legal abortion-related care even in permissible situations, and foster fear of criminal prosecution.[326] Finally, a large majority (92.7%) agreed that reviewing Nigeria's abortion Laws to allow medically supervised procedures would significantly reduce maternal mortality and safeguard women's health, with a high assertion mean of 1.71. This aligns with results from other objectives which showed that liberalization, improved access to safe abortion care, and strengthened reproductive health services will reduce abortion-related deaths and complications.

Research Objective Six; Examine broader stakeholders' perspectives and policy recommendations on abortion Laws in Ugbowo Community, Benin Metropolis.

The findings from research objective six are majorly reflected in Table 4.2.6. It revealed that a substantial proportion of stakeholders in Ugbowo strongly support the liberalization of abortion,

[325] (n54).
[326] (n59 and 187).

with 78.0% of medical enthusiasts agreeing or strongly agreeing that liberalization is necessary. The strong support expressed by medical enthusiasts is consistent with the earlier medical evidence that demonstrated that safe, medically supervised abortion carries minimal risk, whereas clandestine practices significantly increase mortality and morbidity. Likewise, the table shows overwhelming agreement (90.6%) among legal enthusiasts that Nigeria's abortion Laws should be reviewed or liberalized. This finding reflects Adebimpe and Obadina work that submit that the current Laws are outdated, doesn't reflect circumstances of sexual violence, and inconsistent with modern human rights frameworks such as CEDAW and the Maputo Protocol (both of which stress the necessity of accessible safe abortion as a component of gender equality).[327] The sociological theoretical frameworks reviewed in Chapter Two also emphasises that restrictive abortion Laws have historically failed to account for the socio-economic and psychological realities women face, and thus calls for legislative modernization grounded in equity and public interest. Non-medical and non-legal enthusiasts also demonstrated majority support for liberalization (71.3%), though at a weaker intensity (mean = 2.13), which means that while they favour changes, their views may be influenced by cultural, religious, or social hesitations. This pattern corresponds with earlier findings that socio-cultural factors, particularly stigma, religious beliefs and many others shape community attitudes toward abortion more strongly than legal provisions.[328] The table further indicates that 87.8% of youths in Ugbowo would support abortion liberalization if such liberalization guarantees women's safety. This further affirms what findings from objective two tells us that young people, especially students, are more exposed to information about reproductive health, abortion practices and societal implications, therefore more likely to support liberalization that reduce unsafe abortion

[327] (n187 and 188)
[328] (n188).

complications. Similarly, 78.7% of women indicated they would support liberalization, with a strong assertion mean of 1.96, demonstrating substantial, though slightly divided support among women. This aligns with AMoCo study indicating that women, being most affected by restrictive Laws recognize the severe health consequences of unsafe abortion and are likely to support liberalization aimed at protecting reproductive decision-making and health.[329] Finally, 81.4% of stakeholders agreed that liberalizing abortion Laws would reduce unsafe abortion practices, reflected in a strong assertion mean of 1.87. This finding aligns with WHO's position and Bankole's study on Nigeria's abortion incidence, which show that countries with liberalized abortion Laws record lower rates of unsafe procedures, lower maternal mortality and better reproductive health outcomes when compared with restrictive countries like Nigeria.[330] Overall, the responses in Table 4.2.6 indicate wide support across medical, legal, youth, and women groups for liberalizing Nigeria's abortion Laws, with the strongest support coming from medical and Law professionals whose professional knowledge gives them direct insight into the dangers of unsafe abortion and abortion Laws.

Hypothesis One; **Community's understanding and awareness about abortion Laws in Nigeria does not affect societal implications and societal responses to the criminalisation of abortion.**

The findings for hypothesis one is majorly reflected in Table 4.3.1 which reveal the Pearson correlation coefficient of r = 0.358 with a significance level below 0.05 indicating a statistically significant relationship between community understanding and awareness of abortion Laws and societal implications and responses to the criminalisation of abortion, which leads to the rejection

[329] (n139).
[330] (n58 and 170).

of the null hypothesis. This result demonstrated that the extent to which individuals understand and are aware about abortion Laws strongly influences how they perceive the societal implications of its' criminalisation and how they call for either liberalization or otherwise. This relationship is reflected in the positions held by different demographic groups within the study area e.g. youths (students and non-students), legal practitioners and medical practitioners with higher levels of legal awareness and understanding called more for the liberalisation of abortion Law**s**, primarily because their understanding of the Law enables them to evaluate its' medical, ethical, and social implications more objectively. This standpoint aligns with Adebimpe's submission that people with adequate knowledge tend to support liberalization when evidence shows that restrictive abortion Laws increase unsafe practices and related health complications.[331] These people recognize the limitations and ambiguities of the legal provision and thus call for liberalization that promote safety, clarity and improved reproductive health. However, the findings also showed that not all individuals who understand the Law support liberalization. Some respondents who are aware of the provisions of Nigeria's abortion Law still hold the position that the Law should remain restrictive, either due to personal reasons, religious beliefs, or moral reasons. This means that even in despite high level of awareness, moral and cultural projection can strongly shape societal responses to abortion. Thus, understanding the Law does not uniformly mean support for liberalization, it can also go the other way round. In contrast, the study indicates that individuals who have little or no awareness of the abortion Laws tend to display mixed or uncertain opinions, which may fluctuate based on cultural, religious or social influences rather than factual knowledge.

[331] (n187).

Hypothesis Two; The criminalisation of abortion in Nigeria doesn't significantly contribute to unsafe abortion practices and negative health outcomes for women in Ugbowo community, Benin Metropolis.

The findings for hypothesis two are majorly reflected in Table 4.3.2. Table 4.3.2 showed the Pearson correlation coefficient between the criminalisation of abortion and the prevalence of unsafe abortion practices and negative health outcomes among women in Ugbowo with Pearson correlation coefficient of r = 0.358 with a significance level below 0.05. Because the p-value is less than the 0.05 threshold, the null hypothesis is rejected, indicating that the criminalisation of abortion in Nigeria significantly contributes to unsafe abortion practices and negative health outcomes for women in Ugbowo community. This means that criminalisation is statistically linked with women's reliance on unsafe practices, which in turn increase their vulnerability to complications. This result is consistent the World Health Organization May 2024 submission which emphasized that restrictive abortion Laws drive abortion practices underground and create conditions where women resort to untrained providers, harmful methods or late post-abortion care.[332] Criminalisation is one of the strongest reasons for unsafe abortion, because medical practitioners who can actually carry out safe abortions are withheld by legal repercussions, therefore people are left with no other option but to procure it the clandestine ways. Rhetorically, the provisions of the Law discourage medical practitioners from providing abortion and post-abortion care, therefore encourage women to adopt unsafe alternatives and seek post-abortion very late. This finding aligns with the position of World Health Organization that unsafe abortion

[332] (n143).

and its' effect is more common in countries with restrictive abortion Laws like Nigeria (it was statistically supported by Eguarise).[333]

Hypothesis Three; There's no significant difference between male and female stakeholders' perspectives and policy recommendations in Ugbowo community, Benin Metropolis

The findings for hypothesis three are majorly reflected in Table 4.3.3. The results presented in Table 4.3.3 showed that male stakeholders had a mean score of 2.035 while female stakeholders had a mean score of 1.824, and the difference between these scores was statistically significant, as indicated by a t-value of 2.65 and a p-value of 0.009. This leads to the rejection of the null hypothesis and demonstrated that male and female stakeholders in Ugbowo do not share the same perspectives and policy recommendations regarding abortion Laws. The difference between the two groups suggests that gender plays an important role in shaping how individuals understand and respond to issues surrounding abortion. Women often express views that reflect their closer interaction with reproductive health challenges and the consequences of restrictive abortion Laws, which may explain why their mean score differs from that of men. In contrast, male respondents probably formed form their opinions based on broader social, cultural or moral point of view which can create variations in how they perceive the need for liberalization or retaining current Laws the way they are. The rationale is similar to instances where youths and medical professionals support liberalizing abortion Laws because they recognize the public health and societal implications more. Women, who face the direct risks associated with unsafe abortion practices tend to advocate more strongly for liberalisationation and improvements to reproductive healthcare access. Men on the other hand, may hold more varied or mixed views depending on their level of awareness or personal beliefs. Generally, the significant difference

[333] (n58 and 67).

found in Table 4.3.3 shows that gender influences stakeholder perspectives and policy recommendations in Ugbowo community. Women supported liberalization aimed at protecting health and ensuring safer reproductive outcomes more, while men demonstrate a wider range of positions that may be shaped by culture, personal values among others.

Hypothesis Four ; There's no significant difference between Medical Personnel and Legal Practitioners' perspectives and policy recommendations in Ugbowo community, Benin Metropolis.

The findings for hypothesis four are majorly reflected in Table 4.3.4. The results in Table 4.3.4 showed that medical personnel had a mean score of 1.7161, while legal practitioners recorded a mean score of 1.7813 on stakeholders' perspectives and policy recommendations concerning abortion in Ugbowo, Benin Metropolis. Although the mean for legal practitioners is slightly higher, the difference between the two groups is very small. The t-value of –0.306 and the p-value of 0.761 indicate that this difference is not statistically significant, which means the null hypothesis is accepted. This confirms that medical personnel and legal practitioners hold generally similar views regarding abortion Laws and the changes they believe should be considered. This similarity shows that both groups, despite having different professional backgrounds, approach the issue of abortion within the same social, cultural and legal ambience, bringing about similar views. Medical personnel focused more on health and safety implications, while legal practitioners over the years have also considered legal standards such as human rights, international provisions, jurisdictional comparative standpoints and jurisprudential standpoints. Essentially, the realities of the community appear to guide their perspectives in the same direction. The findings also imply that both groups may be influenced by the restrictive abortion

Laws and the societal attitudes surrounding it, resulting in congruence of opinions. Overall, the findings show that medical and legal professionals in Ugbowo community do not differ significantly in how they view abortion Laws or in the recommendations they offer for its' review.

Hypothesis Five; The access to safe abortion and reproductive healthcare has no significant relationship with health and well-being effects of unsafe abortion.

The findings for hypothesis five are majorly reflected in Table 4.3.5. The results presented in Table 4.3.5 show that access to safe abortion and reproductive healthcare had a mean score of 2.0513 with a standard deviation of 0.59321, while the health and well-being effects of unsafe abortion had a mean score of 1.6844 with a standard deviation of 0.49221. The Pearson correlation coefficient of $r = 0.528$ with a significance value below 0.05 indicated a statistically significant relationship between the two variables. Based on this result, the null hypothesis is rejected, meaning that access to safe abortion and reproductive healthcare is significantly related to the health and well-being effects experienced by women who undergo unsafe abortion. This significant positive relationship suggests that when access to safe and medically supervised abortion services is limited or restricted, women are more likely to experience negative health outcomes associated with unsafe abortion. The strength of the correlation also implies that inadequate access to safe services contributes to higher risks of complications, poorer health conditions, and general well-being challenges among affected individuals. Conversely, where access is improved, the harmful consequences of unsafe abortion are likely to reduce. Generally, the findings demonstrate that access to safe abortion and reproductive healthcare plays a meaningful role in determining how severely women are affected by unsafe abortion practices,

highlighting the importance of availability, accessibility, and quality of reproductive health services in promoting better health and well-being results.

CHAPTER FIVE

CONCLUSION

5.0. Introduction

The previous chapters have explored and analyzed how Law intersects with the society, by revealing how the criminalisation of abortion under Nigeria's legal frameworks affect the people and how these people react to these legal provisions. This chapter therefore summarized the major findings from the previous chapters and gave recommendations based on the findings gathered. It also outlined the study's contributions to knowledge, suggested areas for future studies and drew conclusion from the analysis done thus far. The chapter did this by making use of the results of the empirical fieldwork and the reviewed literatures to provide an understanding of how the criminalisation of abortion in Nigeria affects the public health, reproductive decisions and stakeholder perspectives among others within Ugbowo community, Benin Metropolis. With this, the chapter provided a holistic closure to the research while affirming its' significance to the discipline of Law, Social Sciences and Medicine.

5.1. Summary of Findings

This study examined the intersection of Law and Society in Nigeria by exploring the criminalisation of abortion and its' societal implications in Ugbowo community, Benin Metropolis. It adopted a socio-legal research methodology that combined legal doctrinal analysis of Nigeria abortion Laws, international provisions and jurisdictional provisions with empirical data from 221 respondents across diverse demographic groups all with the area of study about the implications of these Laws and how they perceive it. Respondents were drawn from major areas in the community such as Ekosodin, Benin Development and Planning Authority (BDPA) housing estate, Uwasota, Isihor while medical practitioners and medical students were drawn

from the University of Benin Teaching Hospital. The study was hinged on the Sociological Jurisprudential theory of Law and the Person-Centred theory in medical practice, which emphasized that reality of individuals, should supersede Laws and general medical practices respectively. The study generated significant findings that aligned directly with the research objectives and they are summarized below.

The study revealed that the level of understanding and awareness of abortion Laws among the target population in Ugbowo community was remarkably high. A substantial majority (87.3%) of respondents demonstrated clear awareness that abortion is criminalised under Criminal Code and Penal Code. This showed that the restrictive legal framework is well known among both educated and semi-educated individuals within the community. Furthermore, 80.6% of the respondents believed that the legal frameworks need to to be reviewed to permit safe abortion under broader circumstances, indicating a strong collective perception that the present statutory framework did not adequately address real life reproductive health challenges faced by women. Similarly, 87.8% of respondents agreed that liberalization would significantly reduce unsafe abortion practices. These responses showed that the community not only understand the Law but also revealed the health consequences associated with its' restrictiveness.

Likewise, the study found that criminalisation of abortion had profound societal implications within Ugbowo community. An overwhelming 84.6% of respondents agreed that the prohibition actively pushes women toward clandestine and unsafe abortion methods. This confirmed longstanding public health concerns that restrictive Laws have never reduced abortion incidence but instead increase its' incidences and dangers. Furthermore, 90.5% agreed that cultural and religious beliefs strongly shape community attitudes toward abortion, showing that Law,

morality and religious affiliations are all factors that shape people's views in Ugbowo community. Respondents also associated criminalization with broader social effects, as 80.2% believed that restrictions contributed to increased single parenting, out of school children, and socio-economic hardship for families forced to raise unplanned children around the community. Additionally, 91.9% agreed that community responses to abortion Laws were often characterised by public condemnation but private tolerance, reflecting a deep contradiction driven by stigma and societal pressures. This indicates that while abortion practices are publicly condemned due to moral and religious expectations, privately, many individuals still sought abortion services when faced with unintended pregnancies.

Moving on, the study found that access to safe abortion and reproductive healthcare in Ugbowo community is significantly hindered by legal restrictions. Most respondents agreed that restrictive Laws prevent medical practitioners from offering safe abortion related services, thereby increasing the likelihood of unsafe practices. A substantial proportion also believed that criminalization plays a direct role in the rising cases of unsafe abortion in the community. Although a minority attributed limited access to socio-cultural factors such as stigma or financial reasons, the major view was that the Law itself is the major reason for unsafe abortion practices. Statistical analysis further showed a strong positive relationship between access to safe abortion and women's health outcomes, implying that improved access would reduce complications and preventable deaths. These findings confirmed that the legal provisions significantly shape the healthcare services available to women in Ugbowo community.

Furthermore, the findings showed that unsafe abortion have severe and wide ranging health and wellbeing effects on women within Ugbowo community. The study established that 91% of

respondents believed unsafe abortion have contributed significantly to maternal mortality within the community. Respondents, especially 94.6% of medical practitioners and medical students also agreed that the health effects of unsafe abortion are severe and long lasting, including cases of hemorrhage, sepsis, infertility, chronic pelvic diseases, and repeated admissions in the hospital. The findings further revealed that respondents understood that the psychological effects, such as trauma, fear, stigma and anxiety are equally severe. A large majority (88.7%) believed that government intervention in safe reproductive healthcare would substantially reduce abortion related deaths. These findings supported the conclusion that unsafe abortion is a major public health crisis in Ugbowo, fuel largely by the restrictive Laws and the absence of accessible safe alternatives.

The study further showed that medical practitioners and medical students in Ugbowo overwhelmingly supported liberalization of abortion and safer reproductive healthcare. 95.7% agreed that women sought abortions primarily because of socio-economic constraints, stigma, partner issues, and unintended pregnancies despite legal restrictions. This indicated that criminalization did not deter demand for abortion but instead encouraged women to engage in unsafe procedures within the area. Nearly all respondents (98.9%) believed that cultural and religious expectations influence both medical practitioners and patients when it comes to abortion more strongly than the Law itself. The study also found that medical practitioners view existing abortion Laws as unclear and professionally restrictive, which discourages them from providing even legally permissible abortion care. A majority agreed that clarifying the Law will also substantially reduce maternal deaths.

Lastly, the study revealed widespread support for liberalization among broader stakeholders, though the intensity of support varies across groups. Medical enthusiasts (78%) and legal professionals (90.6%) strongly support liberalization due to health, safety, and human rights reasons. Youths, who formed the largest demographic in the study demonstrated even stronger support (87.8%) for liberalization, especially when women's safety are guaranteed. Women also showed high support (78.7%), which was unsurprising given their direct experience with reproductive challenges and vulnerability to unsafe abortion. Non-medical respondents displayed moderate but majority support (71.3%), though their responses reflected stronger influence from cultural and religious standpoints. The study further revealed that medical personnel and legal practitioners held similar perspectives on liberalization, as statistical analysis showed no significant difference between their views. This indicated that both professional groups, though trained differently, respond to the realities of Ugbowo community in a similar direction.

Generally, the study found that the criminalization of abortion in Nigeria significantly affect people's health, contribute to negative societal outcomes and fail to reduce abortion prevalence in the community. While awareness of the Law was high, support for its' liberalisation was equally strong across multiple stakeholder groups, especially among youths, medical professionals, and women. The findings revealed the massive call for a more responsive legal framework that aligns with contemporary public health realities, human rights, international provisions and the lived experiences of the Nigerian communities.

5.2. Recommendations

Based on the findings from this study, the following recommendations are suggested to lawmakers, judiciary, medical practitioners, religious institutions and community stakeholders in order to improve reproductive health results and address the effects of criminalizing abortion in Ugbowo community;

1. The legislature at both federal and State levels should review the existing restrictive abortion provisions under the Criminal Code Act, Penal Code Act, relevant statutes and their equivalent in respective Nigeria States by expanding the grounds for safe abortion to include abortion at request in the first trimester up to at least twenty-two weeks after conception, abortion in cases of sexual violence and cases of fetal abnormalities. Emphatically, since abortion is not a federal matter because crimes are concurrent matters under the constitution, States should begin to adjust their abortion provisions even if the federal legislatures refuse to. The judiciary can also widen the interpretation of the exception the Law provides 'to save the life of the mother' to include all these grounds mentioned if the legislatures refuse to amend the existing Laws. Expanding the legal grounds for safe abortion will help reduce the risks associated with unsafe abortion, significantly reduce preventable maternal mortality and salvage other societal implications.
2. Nigeria abortion-related policies should adopt a public health approach rather than a purely criminal one. Since criminalisation does not stop abortion but only increases its' unsafe procurement, shifting toward a health-centred model will promote safer practices and ensure women receive appropriate medical care.

3. Comprehensive sexual education should be integrated into school curricula and community programmes. Educating children and young adults on reproductive health, contraception, consent, and responsible sexual behaviour will reduce unintended pregnancies which is the primary cause of abortions.
4. Legal and medical stakeholders should collaborate with government on developing clear professional guidelines on abortion. Their level of professionalism and experience will be very instrumental in channelling the development of those guidelines towards the health and rights of the people. This will also eliminate confusion among medical practitioners on when exactly they can go ahead with abortion.
5. Community leaders and religious institutions should adopt supportive and compassionate approaches when addressing reproductive health issues. Likewise, they should join in the call for liberalization of abortion. Some women procure abortions due to the stigma that comes from unintended pregnancies in their worship places and communities. Likewise, many religious institutions are hell-bent on their belief that abortion is a sin, therefore since their members want to appear as saints, they nod their heads in agreement in pubic, yet go behind the scene to procure the same abortion. Religious houses need to start informing their members about the implications of unsafe abortion, and also join in the advocacy for abortion Law reforms. The statistics on abortion in Nigeria are not from goats or birds, but from human beings with religious affiliations.
6. More socio-legal researches should be carried out at the legal field on how abortion Law affects the people. This will help to monitor abortion trends, evaluate Law effectiveness, and help hasten Law reforms that respond to emerging reproductive health needs.

5.3. Contribution to Existing Knowledge

This study makes several significant contributions to existing knowledge in Law, Social Science and Medical practice particularly reproductive health in Nigeria;

1. This study provides a contemporary empirical understanding of how abortion Laws are perceived within the Ugbowo community. While existing legal studies often focus on national, international and human right arguments, this study offers local, community-based evidence that highlights how individuals currently interpret and respond to the Law. This contribution will serve as a valuable reference for writers examining the practical impact of Law on the society and societal impact of restrictive abortion Laws.
2. The study introduces new evidence on the strong relationship between legal restrictions and unsafe abortion practices. By statistically establishing that access to safe abortion correlates positively with women's health outcomes, the study advances current public health research and will guide future interventions aimed at reducing maternal mortality.
3. This research adds to socio-legal works by demonstrating how cultural, religious, and moral beliefs interact with Law in shaping reproductive-health decisions. It shows that community members presently make abortion decisions within a myriad of factors such as legal sanctions, stigma, economic factors and religious beliefs among others. This will guide future interdisciplinary researches in Law and Social Sciences.
4. The study provides primary data on the perspectives of medical practitioners, medical students, and legal practitioners regarding abortion Law review. Their near-consensus in support of liberalisation offers a new dimension to reform discussions that have been dominated by political or religious narratives for years. This evidence will help shape future debates on reforms in accordance to professional realities.

5. The study enhances knowledge on the socio-economic implications of criminalizing abortion. It highlights how restrictive Laws presently contribute to increased single parenting, educational disruption, financial strain, and psychological distress. These findings will guide future socio-economic researches.
6. This research contributes a model for analysing abortion within local communities from a socio-legal and public-health perspective. This approach will inspire future legal studies to also adopt interdisciplinary methodologies that reflect the lived experiences of affected people.

5.4. Suggested Areas for Further Studies

In other to add to the already existing literature, other intending researches could improve on the current study, therefore the following areas are suggested;

1. Comparative community-based studies on abortion and its' societal implications in Nigeria.
2. Longitudinal studies on the effects of the criminalisation of abortion in different communities in Nigeria.
3. Impact of religious and cultural institutions on abortion practices in Nigeria.
4. Socio-legal comparative studies between Nigeria and countries with liberal and reformed abortion Laws.
5. Medical practitioners' ethical and professional dilemmas under the Nigeria abortion framework.

5.5. Conclusion

This study examined how the criminalisation of abortion in Nigeria intersects with societal realities, using Ugbowo Community in Benin Metropolis as a case study. It revealed that despite the strict legal restrictions under the Law, abortion practices still persist widely, driven by socio-economic reasons, cultural expectations and fear of stigma among other reasons. The findings showed that the Law did not significantly deter abortion but instead contributed to the rise of unsafe and clandestine practices, exposing women to severe health complications, emotional trauma, and preventable deaths. The study also established that the restrictive legal framework create disparities in access to safe reproductive healthcare and influenced community attitudes. Furthermore, the perspectives of medical practitioners, legal practitioners and community stakeholders demonstrated that the Law does not align with societal behaviour and public-health needs. Overall, the study concluded that Nigeria's current legal stance on abortion neither reflects societal realities nor effectively protects the health and dignity of women. It therefore called for the urgent need for a more practical and public-health-oriented legal framework that addresses the root causes of unsafe abortion and promotes the wellbeing of individuals and the community at large.

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APPENDICES

INFORMED CONSENT FORM

FACULTY OF LAW
UNIVERSITY OF BENIN
BENIN CITY
INFORMED CONSENT FORM

TITLE OF STUDY

THE INTERSECTION OF LAW AND SOCIETY IN NIGERIA: EXPLORING THE CRIMINALIZATION OF ABORTION AND ITS' SOCIETAL IMPLICATIONS IN UGBOWO COMMUNITY, BENIN METROPOLIS.

RESEARCHER / PRINCIPAL INVESTIGATOR
VICTOR FERANMI ILESANMI

INSTITUTION
Faculty of Law, University of Benin.

PARTICIPATION
Your participation in this study is entirely voluntary. Refusing to participate will involve no penalty or loss of any benefits to which you are otherwise entitled. You may discontinue your participation at any time without penalty. The researcher may withdraw you from the study if it is not possible to obtain the necessary information.

INTRODUCTION
I am conducting a research with the title; Intersection of Law and Society in Nigeria : Exploring the Criminalisation of Abortion and its' Societal Implications in Ugbowo community, Benin Metropolis.

PROCEDURES
If you agree to participate, you will be asked to complete a questionnaire covering the following:

- ✓ Socio-Demographic Information
- ✓ The understanding and awareness about Abortion Laws in Nigeria
- ✓ The societal implications and societal responses to criminalization of abortion.
- ✓ The access to safe abortion and reproductive healthcare
- ✓ The health and well-being effects of unsafe abortion
- ✓ The medical perception and experiences on abortion
- ✓ Stakeholders' perspectives and policy recommendations

BENEFITS
Participation in this study may help to critically understand how Abortion Laws on paper and abortion practices and perception in the society intersect. Likewise, it may help lawmakers to review Abortion Laws in accordance with medical standards, societal responses, perception and outcomes.

COMPENSATION
There is no financial or material compensation for participating in this study.

DURATION OF PARTICIPATION
This study only requires the completion of the questionnaire. There is no follow-up or further requirement beyond this.

ELIGIBILITY
This study focuses on youths (students and non-students), medical practitioners, Legal practitioners, traders, religious leaders and many others within Ugbowo Community in Benin Metropolis who are willing to provide information about their perception, opinions and attitudes about Abortion Laws in Nigeria and how they intersect with societal outcomes.

ETHICAL GUIDELINES

This study will adhere to the National Code of Health Research Ethics**,** the Declaration of Helsinki, and the UBTH Health Research Ethics Framework on human subject researches.

CONFIDENTIALITY
All information you provide will be kept strictly confidential. Your name or any personal identifiers will not be collected. All data collected will be used for this study, stored securely on a password-protected folder on researcher's electronic device and only accessible to the researcher for a period of five years (for reference purposes), after which it will be destroyed via permanent deletion.

RISK CONTROL

This study involves minimal psychological risk due to the sensitivity of the topic. You will not be asked to disclose any illegal behaviour or admit to committing any abortion-related offence. For any question any respondent find uncomfortable, they may skip providing any answer.

CONTACT INFORMATION
If you have questions about your rights as a research participant, or if you experience any research-related concerns, please contact researcher / principal investigator via;

Faculty of Law, University of Benin.
Phone: (+2347083967567)
ilesanmivictoor@gmail.com

CERTIFICATION OF CONSENT

Having full capacity to consent for myself, I hereby agree to participate in this research study. The purpose, procedures, and expected risks of the study have been explained to me. I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction.

I understand that I may withdraw from the study at any time without any penalty or prejudice.

Participant's Signature: _____ **Date:** _____

Researcher's Signature: _____ **Date:** _____

RESEARCH QUESTIONNAIRE

FACULTY OF LAW
UNIVERSITY OF BENIN
BENIN CITY

RESEARCH QUESTIONNAIRE
Research Title: The Intersection of Law and Society in Nigeria: Exploring the Criminalization of Abortion and its Societal Implications in Ugbowo Community, Benin Metropolis

Dear Respondent,

I am a final year undergraduate of the above named faculty and institution, currently carrying out a research on the above mentioned research title. This questionnaire is designed to gather necessary information about the said academic research from you and I will be glad if you can join me on this academic voyage. Please, be assured that your responses will be kept strictly confidential and used solely for this research purpose. Thank you.

VICTOR FERANMI ILESANMI
Researcher / Principal Investigator

Section A: Socio-Demographic Information
Please tick (✔)
1. Age: ☐ Below 18 ☐ 18–25 ☐ 26–35 ☐ 36–45 ☐ 46 and above

2. Gender: ☐ Male ☐ Female ☐ Prefer not to say

3. Marital Status: ☐ Single ☐ Married ☐ Divorced/Widowed

4. Educational Level: ☐ None ☐ Primary ☐ Secondary ☐ Tertiary ☐ Postgraduate

5. Occupation: ☐ Law Student ☐ Medical Student ☐ Other Student ☐ Medical personnel ☐ Legal Practitioner ☐ Trader ☐ Others (specify) _____

6. Duration of Stay and service in Ugbowo: ☐ Less than 1 year ☐ 1–5 years ☐ 6–10 years ☐ Above 10 years

Section B: This section asks questions on community's understanding and awareness about abortion Laws in Nigeria
Please tick (✔) the option that best represents your view.

1. I am aware that abortion is criminalized under Nigerian law.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. The Nigerian legal framework needs to be reviewed to accommodate safe abortion in broader circumstances.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. Legal reforms on abortion would help reduce unsafe abortion practices.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Section C: This section asks questions on the societal implications and societal responses to criminalization of abortion.
Please tick (✔) the option that best represents your view.

1. Criminalization drives women to seek unsafe abortion.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. Cultural and religious beliefs strongly influence views on abortion in Ugbowo.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. Criminalizing abortion contributes to high incidence of crimes, single parenting, out-of-school children among others and the negative effects of criminalization outweigh its' benefits.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

4. The community's response to abortion laws is often ironic (e.g., public condemnation but private tolerance).

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Section D: This section asks questions on the access to safe abortion and reproductive healthcare in Ugbowo Community, Benin Metropolis
Please tick (✔) the option that best represents your view

1. Legal restrictions prevent medical personnel from offering abortion-related care.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. Legal restrictions have increased unsafe abortion practices.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. Criminalization has negatively affected women's access to reproductive healthcare.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Section E: This section asks questions on the health and well-being effects of unsafe abortion on women in in Ugbowo Community, Benin Metropolis
Please tick (✔) the option that best represents your view.

1. Unsafe abortion contributes to maternal mortality in Nigeria.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. Criminalization of abortion worsens women's physical and mental health.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. The health consequences of unsafe abortion are severe and long-lasting.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

4. Government should promote safe reproductive healthcare to reduce abortion-related deaths.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Section F: This section ask questions solely relating to medical perception and experiences on abortion in Ugbowo Community, Benin Metropolis
Please tick (✔) the option that best represents your view.

NOTE: THIS SECTION IS TO BE ANSWERED BY ONLY **MEDICAL PRACTITIONERS AND MEDICAL STUDENTS ("medical" in this regard is not restricted to medical doctors or medicine students).**

1. Many women who seek abortions do so because of socio-economic challenges, stigma, unintended pregnancies among others despite its' criminalization in Nigeria.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. The criminalization of abortion in Nigeria exposes women to unsafe medical practices and preventable health complications such as hemorrhage, uterine perforation, cervical injury, pelvic infection or sepsis, peritonitis, infertility, chronic pelvic pain, menstrual irregularities, uterine rupture, intrauterine adhesions (Asherman's syndrome), hormonal imbalance, depression, anxiety, post-traumatic stress disorder (PTSD), emotional distress, and even maternal death.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. Abortion when performed under proper and safe medical mechanisms come with little to no health or societal risk

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

4. Cultural, religious, and societal beliefs influence both patients' decisions and medical practitioners' attitudes toward abortion in Ugbowo more than the legal framework

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

5. Existing abortion laws in Nigeria are unclear, that they create ethical and professional dilemmas for medical practitioners.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

7. Reviewing Nigeria's abortion laws to allow medically supervised procedures would reduce maternal mortality and safeguard women's health.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Section G: This section asks questions on stakeholders' perspectives and policy Recommendations
Please tick (✔) the option that best represents your view

NOTE: ANSWER EITHER 1, 2 OR 3 BEFORE PROCEEDING TO ANSWER 4, 5 and 6.

1. Medical enthusiasts in Ugbowo support the liberalization of abortion.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. Legal enthusiasts support reforming Nigeria's abortion laws.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. Non legal and medical enthusiasts support reforming Nigeria's abortion laws.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

4. Youths in Ugbowo would support abortion law reform if it ensures women's safety.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

5. Women in Ugbowo would support abortion law reform.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

6. Liberalizing abortion would reduce unsafe abortion practices.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Wow!!!

Thanks for your time and cooperation. Your input to this research work is duly acknowledged and appreciated. You are the real MVP!

Do have a fruitful day, remember to stay fresh and remain blessed. Shalom!!

HEALTH RESEARCH ETHICS COMMITTEE (HREC)

UNIVERSITY OF BENIN TEACHING HOSPITAL

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NHREC-UBTH-HREC/24/12/2022B

PROTOCOL NUMBER: ADM/E 22/A/VOL. VII/14865491255383

PROPOSAL TITLE: **"THE INTERSECTION OF LAW AND SOCIETY IN NIGERIA: EXPLORING THE CRIMINALIZATION OF ABORTION IN UGBOWO COMMUNITY, BENIN CITY METROPOLIS"**

PRINCIPAL INVESTIGATOR(S): **ILESANMI VICTOR FERANMI**

DEPARTMENT/INSTITUTION: **FACULTY OF LAW, UNIVERSITY OF BENIN, BENIN CITY, EDO STATE**

DATE CONSIDERED: NOVEMBER 28TH, 2025

DECISION OF THE COMMITTEE: APPROVED

THIS APPROVAL DATES 28/11/2025 TO 27/7/2026. IF THERE IS DELAY IN STARTING THE RESEARCH, PLEASE INFORM THE HREC SO THAT THE DATES OF APPROVAL CAN BE ADJUSTED ACCORDINGLY

REMARK:

CHAIRMAN: PROF. (MRS) A.N. OFILI **SIGNATURE & DATE**

UNIVERSITY OF BENIN TEACHING HOSPITAL ETHICS & RESEARCH COMMITTEE Sign..... Date 28/11/25 BENIN CITY P.M.B. 1111

SUPERVISOR (S): DR. ANDREW OKPOSIN

DECLARATION BY INVESTIGATOR(S):
PROTOCOL NUMBER (please quote in all enquiries)
Note that no participant accrual or activity related to this research may be conducted outside of these dates. All informed consent forms used in this study must carry the HREC assigned number and duration of HREC approval of the study. In multiyear research, endeavor to submit your annual re-port to the HREC early in order to obtain renewal of your approval and avoid disruption of your research. No changes are permitted in the research without prior approval by the HREC except in circumstances outlined in the Code. The HREC reserves the right to conduct compliance visit your research site without previous notification

Signature & Date. 28th November, 2025