



Awareness of Abortion Laws and Readiness to Undergo Abortion among Women in Ekpoma Edo State, Nigeria

ABSTRACT

Reproductive health is one of the most sensitive and delicate discuss in public health domain all over the world. This study explores the level of awareness of abortion laws and the readiness to undergo abortion among women in Ekpoma, Edo State, Nigeria. Despite Nigeria's restrictive abortion laws, many women continue to seek abortion under circumstances such as life-threatening pregnancies or sexual assault. The study used a cross-sectional research design; data were collected from 315 women aged 15–49 through structured questionnaires. Findings revealed that awareness of abortion laws was low among the women (only 18.4% knew abortion is legally regulated), though most respondents supported abortion in cases where the woman's life is at risk (85.4%) or following rape (64.4%). Social media and peers were the main sources of information. Stigma, fear of legal action, and cost were the major barriers to safe abortion. The study concludes that inadequate awareness and restrictive laws perpetuate unsafe abortion practices. It recommends comprehensive reproductive health education, community sensitization, and legal reform to align national laws with the Maputo Protocol.

Keywords: Abortion Laws, Awareness, Maputo Protocol, Reproductive Health, Women's Rights, Nigeria.

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I. Introduction

In Nigeria, reproductive health remains one of the most sensitive and complex public health issues due to prevailing cultural, religious, and legal restrictions. Among the various facets of reproductive rights, abortion stands out as an area of considerable controversy, especially in communities where sociocultural norms often supersede legal clarity. Nigeria's abortion law is among the most restrictive in the world. It is largely criminalized, with exceptions made only if it is performed to save the life of the mother (Okonofua, Omo-Aghoja, & Shittu, 2021). Despite this restriction, abortion particularly the unsafe abortion continues to be widely practiced, often resulting in serious health consequences for women. The issue is further complicated by misinformation and fear of prosecution, which discourages women from seeking legal or safe abortion services (Ajayi and Adeniyi, 2022).

However, the legal provisions remain poorly understood by many women, particularly in rural communities such as Ekpoma in Edo State where these women remain unaware of their reproductive rights. Unwanted pregnancies and lack of access to contraceptive compelled these women to consider abortion as their last resort (International Planned Parenthood Federation, 2020). This knowledge gap, combined with entrenched stigma and limited access to reproductive health education, contributes to the persistence of unsafe abortion practices and associated complications to these women. According to the World Health Organization, (2021) unsafe abortions are a major cause of maternal deaths in developing countries, with Nigeria contributing significantly to the global burden.

In Nigeria 1.2 to 2.0 million abortions occur annually with a rate of 33 abortions per 1000 women age 15-49 (Bankole, et al. 2015). These are considered unsafe with women living within rural area and without education. Ekpoma is a growing semi-urban community in Edo State. The socio-

cultural, religious, and educational landscape contributes to how reproductive health issues are perceived and addressed within that vicinity. Many women in this region are exposed to conflicting messages about reproductive autonomy, family planning, and abortion. These conflicting messages, often rooted in religious doctrine and cultural norms, and it affects their understanding of what the law says about abortion and whether they feel empowered to make informed decisions about their reproductive health.

The Nigerian legal framework, specifically Sections 228, 229, and 230 of the Criminal Code and Section 232 of the Penal Code, criminalizes abortion, except where it is performed to save a woman's life. (Criminal Code Act, Laws of the Federation of Nigeria, 2004; Penal Code Act, Laws of the Federation of Nigeria, 2004). However, these legal provisions are often poorly understood or completely unknown by the general public, especially women in rural and semi-urban areas. This lack of awareness leads to risky health behaviors, including the patronage of unqualified abortion providers and the use of harmful substances to terminate pregnancies. (Katz, et al., 2022). Studies have shown that legal restrictions do not necessarily reduce abortion but increase unsafe practices. Despite the restrictive nature of abortion laws, the prevalence of unsafe abortion remains high, (WHO, 2017, Guttmacher institute, 2018).

In communities like Ekpoma, where there is limited access to comprehensive reproductive health education and services, many women engage in abortion practices without adequate legal or medical guidance. The low level of awareness about what the law actually permits contributes to fear, stigma, and silence around the subject within their environment (Okorie & Abayomi, 2019; Katz et al., 2022; Okonofua, Ntoimo, Bury, Bright, & Hoggart, 2024, Bankole et al., 2015). The readiness to consider abortion as an option often reflects deeper social, psychological, and economic dynamics that need to be understood within the local context.

This study seeks to explore the extent to which women in Ekpoma are aware of Nigeria's abortion laws and how this awareness or lack thereof influences their readiness to undergo abortion.

Objectives of the Study

The aim of this study is to examine the level of awareness of abortion laws and the readiness of women in Ekpoma to seek abortion services. Specifically, the objectives of this study are to:

Examine the level of awareness of abortion laws among women in Ekpoma.

Investigate the sources of information that shape women's perceptions of abortion laws and services in Ekpoma.

Examine the barriers to access safe abortion services in the Ekpoma community.

Research Questions

What is the level of awareness of abortion laws among women in Ekpoma?

What are the main sources of information for women notable exception of an aspect of the abortion law which regarding abortion laws and services in Ekpoma?

What are the barriers in accessing safe abortion services in the Ekpoma community?

II. Literature Review

Overview of Abortion and Reproductive Health Rights Abortion is the termination of pregnancy before the fetus can survive independently outside the uterus. It remains one of the most contested reproductive health issues globally. WHO, (2021) estimates that nearly 73 million induced abortions occur worldwide each year, with nearly half considered unsafe? In developing countries like Nigeria, the incidence of unsafe abortion is particularly high due to restrictive legal frameworks, inadequate access to safe medical services, and widespread misinformation about reproductive health. Reproductive rights, including the right to safe and legal abortion, are recognized under various international human rights instruments. These include the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and more regionally, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol). These frameworks emphasize women's right to make autonomous decisions concerning reproduction, including the right to access comprehensive healthcare (UN Women 2020). Despite these protections, countries like Nigeria still maintain highly restrictive abortion laws that only permit abortion to save a woman's life. (Okorie & Abayomi, 2019;

Okonofua et al., 2024; Bankole et al., 2015; WHO, 2020; Maputo Protocol, 2003). This legal position contradicts international human rights obligations and exacerbates reproductive injustice for Nigerian women, particularly in marginalized communities such as Ekpoma. Worldwide, abortion laws vary from liberal within countries like Canada, Sweden to highly restrictive countries like El Salvador, Malta. According to the Guttmacher Institute (2022), about 40% of the global population lives under restrictive abortion laws. Liberal legal frameworks tend to correlate with lower rates of unsafe abortion and maternal mortality, while restrictive laws are associated with higher rates of unsafe procedures and complications (Okonofua, Hammed, Nzeribe, Saidu, Abass, Adeboye, Adegun, Okolacha, 2009). In Africa, the legal landscape is mixed.

Countries like South Africa and Tunisia permit abortion under broad circumstances, whereas Nigeria, Angola, and DRC maintain restrictive policies. The Maputo Protocol, adopted by the African Union, calls on member states to permit abortion in cases of rape, incest, and threats to the life or health of the mother. Nigeria ratified the Protocol but has yet to fully implement it through legal reforms.

Abortion Laws in Nigeria

The Nigerian legal system, influenced by colonial legacies and religious conservatism, criminalizes abortion under most circumstances. The primary legal instruments governing abortion in Nigeria are the Criminal Code Act (applicable in Southern Nigeria) and the Penal Code (applicable in Northern Nigeria). Under Sections 228, 229, and 230 of the Criminal Code, which state 'any person who unlawfully performs or assists in performing an abortion may face up to 14 years in prison'. Also, a woman who undergoes abortion herself may face up to seven years imprisonment. However, there is a permitted only when the life of the pregnant woman needs to be safe. This exception is poorly understood by both the general public and some medical practitioners, resulting in confusion and fear around seeking or providing abortion services. The law does not permit abortion in cases of rape, incest, or fetal impairment, which places a heavy burden on women facing such traumatic circumstances. (Okorie & Abayomi, 2019; Okonofua et al., 2024; Bankole et al., 2015; WHO, 2020). A few Nigerian states, such as Lagos State, have made attempts to expand reproductive rights under the Safe Motherhood Law, but national policy remains restrictive. Moreover, there is lack of a coherent legal framework for implementing existing abortion rights, which has led to inconsistent application of the abortion law.

Public Awareness and Perceptions of Abortion Laws Numerous studies indicate that awareness of abortion laws among Nigerian women is extremely low. According to the Guttmacher Institute (2018), a significant portion of Nigerian women are unaware of the legal grounds for abortion. This ignorance is not only due to poor dissemination of legal information but also due to the stigmatization of abortion discourse in both public and private domains. Research conducted in regions similar to Ekpoma shows that many women rely on informal sources of information such as peers, traditional healers, and religious leaders when making reproductive health decisions. These sources often provide inaccurate or biased interpretations of the law, reinforcing fear and stigma. (Katz et al., 2022; Okonofua et al., 2024; Izugbara, Egesa, & Okelo, 2015; Okorie & Abayomi, 2019). Consequently, women who might otherwise be eligible for legal abortion in Ekpoma, are sometimes influenced by both traditional beliefs and modern education. These conflicting ideologies may further complicate awareness levels of abortion under Nigerian law often resort to unsafe and illegal procedures due to lack of knowledge.

Readiness for the Woman to Seek Abortion: The Influencing Factors

The concept of "readiness" to have an abortion encompasses psychological, cultural, legal, and socio-economic dimensions. In Nigeria, several factors influence a woman's decision to seek abortion, even when legally permissible. These include:

Cultural and Religious Beliefs

Nigeria is a deeply religious country, with Christianity and Islam dominating moral discourse. Both religions generally oppose abortion, which significantly affects women's attitudes and decisions. In communities like Ekpoma, Christian doctrines strongly shape public opinion, often framing abortion as sinful regardless of the context.

Fear of Legal Consequences

Due to the criminalization of abortion in Nigeria, many women are fearful of legal repercussions, even when their case may qualify for a legal procedure. This fear is compounded by the lack of legal literacy and unclear implementation of the life-saving exception clause.

Societal Stigma

Abortion is heavily stigmatized in Nigerian society. Women who are known to have undergone an abortion face social ostracism, emotional abuse, and in some cases, domestic violence. This stigma often deters women from seeking safe and legal options, pushing them toward secrecy and unsafe practices (Binuyo, & Ajuwon, 2024).

Economic Constraints

The cost of accessing safe abortion services—especially in private clinics—can be prohibitive. This is especially true in rural and semi-urban communities like Ekpoma, where many women live below the poverty line. As a result, financial limitations may drive women toward cheaper but unsafe alternatives.

Access to Reproductive Health Services

Limited availability of trained healthcare providers, lack of confidentiality in medical settings, and poor infrastructure also affect women's readiness to seek abortion services. Women may avoid healthcare centers for fear of being judged, reported, or mistreated.

Educational Attainment

Education plays a pivotal role in shaping attitudes toward abortion. Studies have consistently shown that women with higher education levels are more likely to understand their reproductive rights and access safe abortion services when needed. (Bankole, et al, 2015)

Unsafe Abortion and Maternal Mortality in Nigeria Unsafe abortion remains one of the leading causes of maternal mortality in Nigeria (Adewole, Oye-Adeniran, Iwasam, & Gbadegesin, 2019). The WHO (2021) reports that approximately 10–13% of maternal deaths in Nigeria result from complications related to unsafe abortions. These complications include hemorrhage, infection, uterine perforation, and infertility. Despite this public health crisis, restrictive abortion laws and low awareness continue to sustain the practice of unsafe abortion. The situation is further aggravated by the proliferation of unqualified abortion providers, including traditional birth attendants and patent medicine vendors, who often lack the skills and equipment to conduct safe procedures (Akinlusi, et al., 2018).

In communities like Ekpoma, such providers may be the only accessible option for women who fear legal exposure or cannot afford proper medical care. A review by Sedgh, Bearak, Singh, Bankole, Popinchalk, Ganatra, Rossier, Gerdts, Tunçalp, Johnson, & Johnston, (2016) revealed that increasing access to legal and safe abortion services significantly reduces abortion-related deaths. Countries that have liberalized their abortion laws such as South Africa and Ethiopia have recorded dramatic reductions in maternal mortality rates. This suggests that legal reform, combined with awareness campaign, can be a powerful tool in improving women's health outcomes. Such reforms would not only reduce the incidence of unsafe abortion but also promote gender equity and reproductive autonomy by aligning national policies with global reproductive rights standards (International Planned Parenthood Federation, 2020; Guttmacher Institute, 2020).

As a signatory to the Maputo Protocol, Nigeria is obligated to ensure women's rights to reproductive health, including access to abortion in cases of sexual assault, rape, incest, or when the life or mental health of the mother is at risk. However, the country has not fully harmonized its domestic laws with the provisions of the protocol in contrast; countries like Mozambique, South Africa, and Tunisia have adopted more liberal abortion policies in line with the Protocol. These countries have seen significant improvements in women's health outcomes, reduced maternal mortality, and increased gender equality. Nigeria's reluctance to domesticate and implement the Protocol remains a key obstacle for reproductive justice.

III. Theoretical Framework

This study employed the Health Belief Model (HBM) and Feminist Legal Theory. The Health Belief Model posits that a person's health-related behavior is influenced by their perception of threat posed by a health issue and the benefits of avoiding that threat. In the context of this study, women's readiness to undergo abortion can be explained by how they perceive the risks (e.g., stigma, illegality, health consequences) and benefits (e.g., avoiding unwanted pregnancy, economic relief).

Feminist Legal Theory, on the other hand, emphasizes how laws and legal institutions perpetuate gender inequalities. By applying this framework, the study explores how Nigeria's abortion law reflects and reinforces patriarchal values that restrict women's autonomy and access to safe reproductive healthcare. The intersectionality of gender, class, and social norms is also considered in analyzing women's reproductive choices.

These theories are germane to this study as it considers legal framework and attitude of persons toward health-related matter just as it concerns attitude to abortion and awareness of aborting law.

IV. Methodology

This study adopted a descriptive cross-sectional survey design. This design is chosen because it allows for the collection of quantitative data from a sample population at a single point in time. The primary aim of this design is to assess the level of awareness of abortion laws and the readiness of women in Ekpoma to undergo abortion. The study population consisted of women aged 15 to 49 years who resided in Ekpoma. This age range aligns with the World Health Organization's definition of women of reproductive age. Participants included students, married and unmarried women, working-class individuals, and unemployed women. Women within this reproductive age group were considered most likely to be directly affected by abortion policies and thus relevant to the study. A multistage sampling technique was used for this study: Ekpoma was divided into five major zones: Ihumudumu, Ujemen, Eguare, Iruekpen, and Emuhi. Three zones (Ihumudumu, Ujemen, and Eguare) were randomly selected using a simple balloting method. Within each selected zone, systematic sampling was used to select households. Every 5th household was chosen based on an enumerated household listing. Within selected households, one eligible woman was randomly selected using the Kish grid method to administer the questionnaires to ensure unbiased respondent selection. A total of 315 women of reproductive age (15–49 years) participated in this study. Structured, self-administered questionnaire was used for data collection over a period of four weeks. Respondents were briefed on the purpose of the study; assured of confidentiality, and consent was obtained verbally and in writing. In cases where respondents were unable to read, the questionnaire was read aloud in English, Pidgin, and the local Esan language. Descriptive statistics (frequencies, percentages) were used to analyze the data.

Tables 1: Distribution of respondent's awareness, sources of information, readiness to undergo abortion and the barrier to accessing safe abortion.

| Women Awareness of abortion laws | Are you aware that abortion is illegal under all conditions in Nigeria? | Yes | No |
|--|---|------------|----------------|
| | | 187(59.4%) | 128(40.6) |
| | Are you aware that abortion is allowed to save a woman's life in Nigeria? | 134(42.5) | 181(57.5) |
| | Do you know there is a law that regulate abortion in Nigeria | 58(18.4) | 257(81.6) |
| Sources of information of abortion law | Social media | Frequency | Percentage (%) |
| | | 102 | 32.4 |
| | Friend / peers | 74 | 23.4 |
| | Health care workers | 60 | 19.0 |
| | Television / radios | 54 | 17.1 |
| | Religious institution | 15 | 4.8 |
| | Formal education | 10 | 3.2 |

| Readiness and conditions to undergo abortion if these women are given the opportunity | If the pregnancy threatens your life | Yes | No |
|---|--|----------------|-----------|
| | 269(85.4) | 46(12.6) | |
| | If the pregnancy results from rape (incest) | 203(64.4) | 112(36.0) |
| | If the fetus is found to be disabled (health complication) | 152(48.3) | 163(51.7) |
| If you are not financially constrained or emotionally ready | | 107(34.0) | 208(66.0) |
| Barriers to accessing safe abortion services in Nigeria | Frequency | Percentage (%) | |
| | 156 | 49.5 | |
| Barriers to accessing safe abortion services in Nigeria | Lack of knowledge about legal abortion | 54 | 17.1 |
| | Fear of health complications | 46 | 14.6 |
| | Cost of safe abortion (no access to safe services) | 35 | 12.0 |
| | Lack of nearby facilities | 24 | 7.6 |
| Total | | 315 | 100 |

Table 2: The Respondent's perception and attitude towards abortion

| Perception and attitude of these women towards abortion | Abortion should be legalized | Agree | Disagree | Neutral |
|---|--|-----------|-----------|----------|
| | | 112(35.6) | 139(44.1) | 64(20.3) |
| | Women should have autonomy over Reproductive choices / right | 206(65.4) | 89(28.3) | 20(6.3) |
| | Religious beliefs should dictate abortion laws | 130(41.3) | 100(31.5) | 85(27.0) |
| | Abortion is morally wrong under all circumstances | 142(45.1) | 95(30.2) | 78(24.8) |

V. Findings and Discussion of Result

Awareness of abortion laws was generally poor among respondents. Only about 18% were aware of the existence of laws regulating abortion in Nigeria. This is consistent with the findings of Bankole et al. (2015), who reported that a majority of Nigerian women are unaware of the specifics of abortion legislation. Similarly, Okorie and Abayomi (2019) argue that restrictive abortion laws remain poorly understood by women, even those with higher education. The low level of awareness suggests that women are left vulnerable to misinformation and unsafe practices, often relying on informal sources of information (Abiodun, & Balogun, 2021).

Indeed, sources of information on abortion laws were dominated by social media, followed by peers and healthcare workers. While the rise of digital platforms has made reproductive health information more accessible (Bell et al., 2020), the reliance on peers and non-professional sources also increases the risk of misinformation. In contrast, healthcare workers and formal education contributed minimally as sources of awareness, reflecting gaps in the health system and curriculum that could otherwise provide reliable guidance.

When examining conditions under which respondents would consider abortion, the findings showed broad support for abortion in cases where the pregnancy threatened the woman's life (85.4%) and in cases of rape or incest (64.4%). These findings are consistent with similar studies across Nigeria and East Africa, which report widespread support for abortion under exceptional circumstances (Katz et al., 2022; Izugbara et al., 2015). However, fewer women supported abortion for reasons such as fetal disability or financial/emotional constraints, echoing findings from a recent

African meta-analysis that restrictive attitudes remain pervasive outside of life-threatening scenarios (Haile, et al., 2024).

Barriers to safe abortion were also clearly identified. Fear of stigma and judgment was the most frequently cited barrier (49.5%), reflecting the entrenched culture of silence and moral condemnation surrounding abortion in Nigeria. Studies across sub-Saharan Africa similarly highlight abortion stigma as a major driver of unsafe practices (Binuyo, & Ajuwon, 2024; Guttmacher Institute, & CRERD 2020; WHO, 2020). Other barriers identified, including lack of knowledge of the law, fear of complications, cost, and lack of facilities, mirror structural and systemic challenges widely documented across the region (Haile et al., 2024).

The attitudes of respondents toward abortion showed a divided perspective. About one-third supported legalization, while a slightly larger group opposed it. This ambivalence is consistent with the findings of Okorie and abayomi (2019), who noted that debates around abortion legalization in Nigeria are shaped by deeply embedded cultural and religious values. However, it is significant that nearly two-thirds of respondents believed women should have autonomy over their reproductive rights, reflecting global advocacy trends emphasizing reproductive justice (WHO, 2020; Guttmacher Institute, 2018).

Overall, these findings suggest that while restrictive laws and religious beliefs continue to limit acceptance of abortion in Nigeria, there is growing recognition of women's right to autonomy, particularly in life-threatening or traumatic circumstances. The results reflect the tension between entrenched socio-cultural norms and evolving perspectives shaped by education, digital information, and global reproductive health discourses.

VI. Conclusion and Recommendations

This study confirms that Nigerian women's awareness of abortion laws remains low, their readiness to undergo abortion is shaped by circumstance and stigma, and their attitudes are influenced by deep cultural and religious values. Compared with other African contexts, Nigeria demonstrates a persistent gap in law awareness, service access, and social acceptance of abortion. Addressing these gaps requires a holistic approach that combines legal reform with education, health system support, and stigma reduction. Without such efforts, unsafe abortion will remain a major contributor to maternal morbidity and mortality in Nigeria.

Based on the findings of this study, the following recommendations were made to improve awareness, policy, and practice around abortion laws and reproductive health in Nigeria:

Restrictive abortion law not only endangers women but also undermines public health goals. Experiences from South Africa, Ethiopia, and Zambia demonstrate that legal reform, coupled with implementation, improves maternal outcomes.

Targeted information campaigns should be developed to improve women's knowledge of existing abortion laws, particularly clarifying the circumstances under which abortion is permitted (such as saving the woman's life).

Social media platforms, which were identified as the primary source of information, can be strategically harnessed to disseminate accurate, evidence-based content while combating misinformation.

Given the high level of formal education among respondents but low awareness of abortion laws, reproductive health education—including legal and safe abortion practices—should be incorporated into secondary and tertiary curricula. This will ensure that young women and men enter adulthood with a clear understanding of reproductive rights and legal frameworks.

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