Paper to Practice

SURVIVORS *of* UNSAFE ABORTION TELL THEIR STORIES

Vision Spring Initiatives

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About Vision Spring Initiatives

Vision Spring Initiatives (VSI) works in Nigeria with women and girls to demand accountability and gender equality.

Our major work on sexual and reproductive health and rights helps women and girls to gain their voices and become part of our advocacy team.

We partner with strategic stakeholders around the globe to support the leadership of women and girls in all spheres of development.

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Acknowledgement

This publication highlights stories of young women who dared to tell their stories of survival from unsafe abortion. Their voices remain the source of our inspiration and commitment.

We wish to thank Dorothy Aken'Ova for writing the preface to this publication and for the kind shoulder she provides at all times.

We commend the staff of Vision Spring Initiatives-Ngozi Nwosu-Juba for the strength to challenge stereotypes and be a loud voice on SRHR debates; Oluwatobi Ayodele whose work inspire women and girls and challenges them to tell their stories. We acknowledge the input of our volunteers especially those working on our Girlimpact Project. We wish to acknowledge Adesoji Erewami's support at all times.

Our special thanks go to Joseph Sewedo Akoro our Consultant – your wealth of knowledge helped to shape this publication.

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Acronyms

CEDAW: Convention on the Elimination of all forms of Discrimination Against Women

CRF: Consolidated Revenue Fund

CSE: Comprehensive Sexuality Education

GBV: Gender-Based Violence

GBVIMS: Gender-Based Violence Information Management System

ICPD: International Conference on Population and Development

NDHS: Nigeria Demographic and Health Survey

PHC: Public Health Care

PoA: Programme of Action

SDG: Sustainable Development Goals

SRH: Sexual and Reproductive Health

SRHR: Sexual and Reproductive Health and Rights

UHC: Universal Health Coverage

UN: United Nations

UNESCO: United Nations Educational, Scientific and Cultural Organization

VSI: Vision Spring Initiatives

WHO: World Health Organization

Preface

Nneye: We will be discussing unsafe abortion and its consequences. We will encourage participants to share their stories.

Zabbiya: Interesting. I can share mine. No qualms.

Nneye: (laughs unbelievably) please, please, please, you have started. Do you mean you have had an abortion before?

Zabbiya: Yes, I have.

Nneye: Which type?

Zabbiya: All the types… safe, unsafe, name it!

Nneye: (laughter, louder this time, drawing attention of others in the hall). Do you have any secret at all in your life? Something you cannot talk about or disclose?

Rubby: what happened? What did she say?

Nneye: (casually) can you imagine? I asked her what type of abortion she has had and she said all the types. This is one person I know who has no secrets.

The United Nations General Assembly on 23rd December 1994 proclaimed a 10-year period from 1 January 1995, The United Nations Decade for Human Rights in its Resolution 49/184. This proclamation was a suggestion that emanated from the World Conference on Human Rights which took place in

Vienna. In its Programme of Action, Para.33 of Section 1, the Declaration stated that human rights education, training and public information were essential. It recommended that States should embark on educational programmes that focus on the full development of the human personality and respect for human rights and fundamental freedoms. This was the backdrop upon which the 1994 International Conference on Population and Development (ICPD), Cairo, and the 1995 Fourth World Conference on Women (FWCW), Beijing, 1995 were held. The role of the civil society was organised in the Vienna Programme of Action, providing leverage for the global feminist movement to influence the Agenda and participate actively towards a strong SRHR outcome document.

The ICPD Cairo caused a paradigm shift from seeing population in terms of numbers and Family Planning as the intervention strategy to reproductive health which it defined as ä state of complete physical, mental, and social well-being and not merely the absence of disease." Its provisions covered the ability of people "to have a satisfying sex life, the capability to reproduce, and the freedom to decide if, when and how often to do so".

The ICPD clearly stated that reproductive health includes sexual health, providing for these services at the primary healthcare level to include:

“prevention and appropriate treatment of infertility; abortion as specified in paragraph 8:25, including prevention of unsafe abortion and the management of the consequences of abortion; … ”

The provisions of the ICPD POA recognized unsafe abortion as a factor that contributes to high maternal and morbidity rates, and framed the negotiations around it as a sexual reproductive health and rights issue and not a moral or cultural one. It also made it possible to integrate abortion in human rights discourse as a right to choice.

The ICPD POA was affirmed by the Beijing PfA and both conferences have continued to influence the negotiations as well as the outcomes of UN meetings beyond the decade of rights as well as in country SRHR policies, laws and intervention strategies. One would expect this development to have resulted in legalisation of abortion or in the least, expanded indicators that enable women gain access to safe abortion services. However, the reverse has been the case even on the UN floor as we could no longer negotiate for more on abortion rights for the fear that we would re-open negotiations and give room for the conservative governments to roll back our gains. The backlash was so severe that pro-lifers were recruited, trained and funded to gate crash SRHR meetings and conferences in country.

Nigeria has not been an exception to this retrogression. SRHR activists painfully pushed for policy and law reform, trained service providers in providing post abortion care. We had a thriving Post Abortion Care Network and eventually, IPAS whose work was centred on awareness creation and advocacy for safe abortion. We drafted a Bill to be presented to the National House of Assembly for the repeal of the sections of the Criminal and Penal Codes that criminalize abortion except to save the life of the pregnant woman. Every good move was fiercely resisted by the pro-life movement and religious fundamentalists. The opposition became so strong that it was difficult to have a constructive open workshop on the issue. NGOs providing SRHR services have been recently attacked and their offices vandalised. Women and girls suspected to have had an abortion continue to be discriminated against and stigmatized even in healthcare facilities.

No wonder, abortion continues to be a subject for hush tone discussion.

Vision Spring Initiatives in partnership with other feminist organisations has continued to challenge the status quo by providing safe spaces for discussions on issues of abortion, and advocating for comprehensive safe abortion services and complimentary interventions including comprehensive sexuality education. One of such activities was the recently

held VSI Tribunal and Unsafe Abortion Stories which are captured in this publication, Paper to Practice – Survivors of Unsafe Abortions tell their Stories. Beyond the survivor stories, VSI presents a vivid picture of the deplorable SRHR state of most women and how providing safe spaces to hold conversations like the dialogue above, can serve as an advocacy tool for policy and law reform.

This book is highly recommended for SRHR activists, comprehensive sexuality educators, policy makers and donors who desire to work or are already working to guarantee that women and girls enjoy their right to choice without discrimination, coercion or violence.

The right to choice is a human right!

Dorothy Ake'nova

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INTRODUCTION

This publication is inspired by the First Mock Tribunal/Dialogue on Sexual and Reproductive Health and Rights in Nigeria organized by Vision Spring Initiatives in November 2019. The dialogue had 50 participants including survivors of unsafe abortion and sexual violence who told their stories. These stories have helped to shape our interventions and our commitment to deepen our approach in supporting the implementation of SRHR in Nigeria. Sexual and reproductive health and rights conversations continue to be shrouded in secrecy; many young women can hardly have honest conversations about their life goals and bodies. There is a struggle between policies *(what we have described in this publication as Paper)* and lived experiences of young women in Nigerian (which we have described as Practice). We are seeking for an alignment of both. We know it is achievable; advocacy is one of the strategies towards achieving this. The goal of the Tribunal held by Vision Spring Initiatives includes enhancing partnership with lawmakers, religious leaders, traditional leaders and media, towards a change in social norms that is at the crux of the divide between Paper and Practice.

The Mock Tribunal was an opportunity to discuss those issues that many people don't like talking about, but which still causes pains, struggle and continue to ravage the society.

-Dr. Godwin Akaba Consultant Obstetrician and Gynecologist, Gwagwalada Abuja Teaching Hospital Abuja. - VSI Tribunal Abuja, November 2019

Sexual and Reproductive Health and Rights (SRHR) are very controversial issues at all levels – international, regional and national. Generally, topics related to sex have always been dealt with in very hush manner as it challenges several 'moral' standards based on religious belief, culture and tradition. The silence on sex and sexuality leaves a lot of very important conversations necessary for human existence unaddressed. Very often, SRHR is spoken about in silos without recognizing how it determines and contributes to total well-being including political, social, economic and cultural life. Also, SRHR is considered to only concern women and girls but in reality, everyone regardless of gender or sexuality has sexual and reproductive health needs that should be provided and rights that should be protected.

While recognizing the vast nature of sexual and reproductive health and rights, this publication focuses on safe abortion as one of the sexual and reproductive health needs of women and girls and strategy to reduce maternal morbidity and mortality associated with unsafe abortion. We are

We see the need to form a movement; a very important movement against the hypocritical attitudes exhibited against SRHR conversations.

- Ngozi Nwosu-Juba,
Project Director Vision Spring Initiatives- VSI Tribunal Abuja,
November 2019

positioning laws that challenge bodily integrity and the real lived experiences of women and girls who have critical decision-making roles about their safety, their sexual and reproductive health and rights. We hopeto find a fine balance and push advocacy for law reforms and attitudes.

This publication highlights the various international, regional and national laws and policies that support SRHR – herein we describe the various laws and policies on SRHR applicable in Nigeria, and that require reform especially because they contradict the lived realities of young people in Nigeria as recorded at the Tribunal conducted by Vision Spring Initiatives.

We sincerely hope that contradictions that exist between laws and policies, especially on abortion, the various consensus documents that Nigeria has signed and the real life experiences of young women who desire information to make informed choices will necessitate urgent conversations for positive transformation in beliefs, attitudes, laws and policies.

Terminologies:

- **Reproductive Health:** According to the World Health Organization reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relation to the reproductive system and to its functions and processes.
- **Sexual and Reproductive Health and Rights:** Sexual and reproductive health and rights encompass efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services, including contraceptive services, and to address sexually transmitted infections (STI) and cervical cancer, violence against women and girls, and sexual and reproductive health needs of adolescents. Source: WHO
- **Abortion:** A deliberate procedure to end a pregnancy. It uses medicine or surgery to remove the embryo or fetus and placenta from the uterus.
- **Gender discrimination:** An unequal or disadvantageous treatment of an individual or group based on their gender.
- **Sexual violence:** Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Source: WHO
- **Economic justice:** This is the idea that the economy will be more successful if it is fairer. Universal basic income, income equality by gender and race, equal opportunity for employment and credit, and allowing all to reach their full potential are all tenets of economic justice. *Source: Investopia*

Framework:

The publication begins with a background that explores the history of abortion practices, the criminalization of procuring and providing abortion, and liberation of abortion laws. This is important in recognizing where we are coming from in the context of abortion and how we have arrived at the current stage. Following this is an exploration of what we have on paper and what is currently in practice. Within the framework of this publication, we have focused on treaties and consensus document related to abortion. Given that there are a lot of resources where these documents have been explored in detail, we have only concentrated on highlights relevant to the discussion in this publication. In the section on "What might be slowing progress in the SRHR debate?", we took the approach of highlighting practices that could be considered as root causes of unsafe abortion. To buttress these practices, we have inserted quotes from survivors of unsafe abortion and statements from activist in addition to the presentations made during the Tribunal on the impact of unsafe abortion. This leads to the affirmative conclusion that safe abortion is possible if what is present on paper is reconciled with actual practices in the society. At the end of the publication, we made recommendations that could be considered for policy changes.

BACKGROUND

History of Abortion:

Every social issue needs to be understood from its origin and root cause, for a sustainable solution to be proffered. For this reason, it is pertinent to recall the history of abortion, its criminalization and evolution of the same. By definition, according to the Harvard Medical School, "abortion is the removal of pregnancy tissue, products of conception or the fetus and placenta (afterbirth) from the uterus. In general, the terms fetus and placenta are used after eight weeks of pregnancy. Pregnancy tissue and products of conception refer to tissue produced by the union of an egg and sperm before eight weeks." Therefore, abortion should be understood as a process of discontinuation of the conception process of human cells, which could either be as a result of natural occurrence or through an induced process.

For the purpose of this publication, the term abortion refers to induced abortion. Induced abortion is a deliberate process of terminating the conception process during pregnancy and has been in existence since ancient history. In fact, the history of abortion dates back to the pre-modern era, Greco-Roman world, and what we have today. There are evidence of induced abortion from the Egyptian Ebers Papyrus (1550 BC), the Latin works of Pliny the Elder (23 to 79 AD) and Dioscofides (De materia medica, c

58 to 64 AD), and the Greek writings of Soranus (Gynecology, c 100 AD). What is very significant to note is that throughout these eras, the practice, methods, criminalization or not, of abortion have evolved steadily. For instance, in the pre-modern era, we have the records of the Vedic and Smrti laws of India having concerns about preserving the male seed of the three upper castes, and by religion, women who procure abortion are punished in several ways and priests who provide abortion are excommunicated. The methods employed differ from culture to culture, they were predominantly non-surgical and include physical activities difficult enough to upset the conception process during pregnancy. Some of these physical activities include climbing, paddling, heavy weight-lifting, etc. In some other cases where physical activities are not employed, they use herbal concoctions, laying on heated coconut shell and the use of hot water against the abdomen. However, there are archaeological records that show that there have been early surgical attempts at the extraction of a fetus, albeit considered not to have been a common practice at the time. In the Greco-Roman era, there was more reliance on the use of herbs such as silphium as an abortifacient and contraceptive. The use of herbs differ from region to region and the herbs adapted to procure abortion differ depending on the plants available.

Social reaction to abortion has always been controversial from the on-set. The controversy started with; where was it morally fine to terminate a pregnancy? The Stoics[1] believed that the fetus is not to be considered a human being until the moment of birth. In the same vein, Aristotle had written that "the line between lawful and unlawful abortion will be marked by the fact of having sensation and being alive." Therefore, Aristotle did not consider abortion as the killing of a human being. Among doctors, there were two factions, those who would perform abortions based on the Hippocratic Oath[2] and those like Soranus[3] who suggested that abortion can be procured where there exist health complications including emotional immaturity. There are also religious dimensions to how abortion is regarded. For instance, the Didache – an early

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1. Stoicism is a philosophy of personal ethnics informed by its system of logic and its views on the natural world.

2. The Hippocratic Oath is an oath of ethics historically taken by physicians. It is one of the most widely known of Greek medical texts. In its original form, it requires a new physician to swear, by a number of healing gods, to uphold specific ethical standards.

3. Soranus of Ephesus was a Greek physician. He was born in Ephesus but practiced in Alexandria and subsequently in Rome, and was one of the chief representatives of the Methodic school of medicine.

Christian practice before 100 CE – considers abortion the killing of a child. Tertullian – a 2nd an 3rd century Christian theologian – sharing the same position gave an exception of procuring abortion when there is an abnormal positioning of the fetus in the womb and in case where it is likely to be harmful to the life of the pregnant woman. In Judaism, abortion is seen more from a social perspective than from a theological perspective, the life of the woman is considered priority.

Criminalization of Abortion:

The criminalization for the procurement of abortion has been and still is a very controversial topic globally. The polemic discussion on criminalization of abortion started from the school of thoughts of whether abortion could be considered homicide or not. Or, when it can be considered homicide, pre-quickening[4] or post-quickening? It should be recalled that the social attitudes concerning abortion shifted in a backlash response against the women's rights movement as the 19th century experienced significant improvement in the field of anesthesia, surgery and sanitation. Therefore, abortion has been largely practiced and legal under common law when procured in early pregnancy – pre-quickening – until the English passed a law against

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[4] *This is the moment in pregnancy when the pregnant person starts to feel or perceive fetal movements in the uterus.*

abortion at all stages of pregnancy. This law against abortion was first codified in legislation under sections of the Malicious Shooting or Stabbing Act 1803. The punishment for procuring a post-quickening abortion was death penalty.

In Nigeria, the criminalization of abortion resulted from the colonization legacy from Britain and the spread of the restriction of abortion continued globally. However, it is important to know that the anti-abortionist earned more scores not because they cared about the safety of the fetus but due to the high maternal mortality rate resulting from unsafe abortion. Despite the criminalization of abortion, adoption practices has not stopped. Women across the world continue to opt for abortion when in situations that warrant the termination of pregnancy. Notably of these situations are women and girls who have been subjected to sexual violence with no desire to keep a pregnancy resulting from it, and also married women who do not have desire to have more children – family planning.

The legal system[5] in Nigeria condemns the procurement of abortion altogether, it is a criminal offence in Nigeria except in situations where it is performed to save the life of the woman. Relevant legal provisions are; in the

[5] *The Nigerian legal system comprise the English law, Common law, Customary law and Sharia (Islamic) law.*

South of Nigeria, the Criminal Code Act of 1916, Cap 38 Laws of the Federation of Nigeria 2004, in the North, the Penal Code Act 1960 Cap 532 Laws of the Federal Capital Territory of Nigeria 2007, and in States where the Sharia law is enforced, abortion is criminalized by the Sharia Penal Law. For instance, in Bauchi State (North-East of Nigeria), the Sharia law condemns abortion in sections 208-212.

Liberalization of abortion laws:

The beginning of the 20th century saw the liberalization of abortion law in different corners of the world. In Russia, for instance, abortion was first made legal by the Russian Soviet Federative Socialist Republic. They make it available on request at little or no cost. The rationale for this was to reduce the activities of non-qualified practitioners by providing a safe environment for abortion, with qualified doctors. The effect of this legislation was however not felt equally in the urban and rural areas. In rural areas, old practices and unsafe abortion continued due to lack of access to qualified doctors and other necessities to provide safe abortion. Abortion practice remained a political topic in the Soviet Union and it was made illegal again due to concerns about population growth. Joseph Stalin – the then Soviet Union leader – encouraged increase in child-birth and had a strong position on the importance of family to communism.

This trend of liberalization continued to spread across the world such as in Spain, Great Britain and the United States. In Great Britain, the 1967 Abortion Act ensued on the claims of reducing diseases and deaths related to illegal abortion. This Act permitted abortion to prevent grave permanent injury to the pregnant woman's physical or mental health, or if there is evidence of abnormality in the development process of the fetus and indications of severe physical and mental disabilities of the end-product. In the United States, an abortion reform movement emerged in the 1960s. In 1964, the death of Gerri Santoro of Connecticut while trying to procure illegal abortion resulted in the pro-choice movement. It created an outrage among the women's rights movement and groups started to provide floating abortion services, using the accessibility code “Jane”. In 1967, Colorado became the first state in the United States to decriminalize abortion provided by a doctor in cases where the pregnancy may result in permanent physical and mental injury on the woman.

To date, the conversation about the liberalization of abortion continues and we see different approaches to addressing safety and protection by law. The Center for Reproductive Health have categorized countries into five as illustrated in the box below;

Category	Restriction limits	Number of countries
Category I	Prohibited altogether	26
Category II	To save the woman's life	39
Category III	To preserve health	56
Category IV	Broad social or economic grounds	14
Category V	On request while gestational limits varies.	66

Data source: www.worldabortionmap.org

Nigeria is in category II which implies that abortion is only permitted when the pregnant woman's life is at risk.

National, Regional and International commitments on Sexual and Reproductive Health and Rights by Nigeria.

International Conference on Population and Development Programme of Action.

The 1994 International Conference on Population and Development (ICPD) became a significant event in history when the Programme of Action (PoA) was signed by 179 governments, in their commitment to prevent unsafe abortion globally. The PoA made a clear argument on recognizing abortion within the continuum of reproductive rights and reproductive health that should be promoted, protected and provided by every nation state. The PoA sets an international precedent on approaching abortion as human rights of women and girls that should be promoted and protected. In the same vein, restrictive abortion laws have been recognized, by Independent Experts appointed by the UN Human Rights Council, to have a harmful impact on the exercise of women's human rights. It has been established through several reports including the groundbreaking report of the UN Special Rapporteur on Human Rights that restrictive abortion laws may lead to the violation of women's rights to highest attainable healthcare, rights to life, dignity, freedom from cruel, inhuman and degrading treatment as well as

"As issues of unsafe abortion is addressed it is also addressing other issues that affect women and men. Men because, there is also male responsibility in reproductive health which is provided for in the ICPD Programme of Action of Cairo and Nigeria is a signatory to the Cairo Consensus document"
– Dorothy Aken'ova

freedom from discrimination. It is noteworthy that the report of the Special Rapporteur indicated that the criminalization of abortion mostly compels the women to procure illegal abortion services, which is usually unsafe. Also, it suffices to mention that the ICPD PoA is not a document developed in isolation. On 3 September 1981, the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) established in 1979, entered into force. The Convention, in Article 16e, guarantees equality for women and men that they must have "… the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights." Currently, 189 member states of the United Nations have ratified this Convention. Nigeria has been a state party to the Convention since 1985 though it is yet to domesticate it.

Protocol to the African Charter on Human and Peoples' Rights

At the regional level, in Africa, the rights of women have been a subject of great concern and discussion at the African Union. In 2003, the African Union established a Protocol to the African Charter and in 2005 the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa entered into force after some 15 member states have ratified the protocol in their respective countries. The Protocol which is popularly known at the 'Maputo Protocol' recognizes that the right to legal and safe abortion aligns with the fundamental human rights of women to life and dignity. It goes

further to guarantee comprehensive right to improved autonomy in women's reproductive health decisions including the right to control their fertility, the right to decide the number of children and the spacing of children, the right to choose any method of contraception and the right to have family planning education plus comprehensive sexuality education. Similar positions have been made at the European Union and the Inter-American Commission.

UN Sustainable Development Goals 2030 and the AU Agenda 2063

Another important document and global commitment is the Agenda 2030 of the UN Sustainable Development Goals (SDGs). The SDGs comprise 17 ambitious goals of which Goal 5 is committed to achieving gender equality and empowering all women and girls. The goal targets include “universal access to sexual and reproductive health and reproductive rights” in line with the ICPD PoA and the Beijing Platform for Action. In a similar manner at the African regional level, the African Union established the Agenda 2063 entitled the Africa we want, with seven aspirations of which Aspiration 3 envisages an Africa of good governance, respect for human rights, justice and the rule of law, includes commitment to gender equality. The document aspires that “Africa by 2063 will be a continent that fully adheres to the universal principles of human rights, justice and the rule of law, including respect and protection of human rights of women and girls.”

Universal Health Coverage

On 23 September 2019, Heads of State and Government including their representatives committed for the first time to Universal Health Coverage globally in line with achieving the SDGs, to ensure a healthier world for everyone. The declaration is very well grounded “in the principle of gender equality and will serve as guidance for governments to enact UHC at the national level.” In the declaration, among other commitments, the Heads of State committed to taking “ … measures to reduce maternal, neonatal, infant and child mortality and morbidity and increase access to quality health-care services for newborn, infants, children as well as all women before, during and after pregnancy and childbirth, including in the area of sexual and reproductive health.”

Abortion Laws in Nigeria (Criminal Code, Penal Code and Shariah Law)

Procuring of abortion is illegal in Nigeria unless on condition that it is provided to save the life of the pregnant woman. Legislations on Abortion defer from North to South depending on the laws applicable in the region.

In the Criminal Code, Section 228 – Attempt to Procure Abortion provides that “any person who, with intent to procure miscarriage of a woman whether she is or is not with child, unlawfully administers to her or causes her to take any poison or other noxious thing, or uses any force of any kind, or uses any other means whatsoever, is guilty of a felony and is liable to imprisonment for

fourteen years." Likewise, the Penal code in Section 232 – Causing a Woman to Miscarry "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." The Sharia law also condemns abortion unless with the aim of saving the life of the pregnant woman.

Ironically, despite the fact that Nigeria is a party to all of the international treaties and consensus documents committing to the reproductive health and rights of women and girls, the restrictive laws on abortion still goes contrary to standards of protecting and promoting the rights of women through the provision of adequate reproductive health, in policies and services.

What might be slowing progress in the SRHR debate?

It is observed that certain practices hinder the progress of ensuring complete access to sexual and reproductive health and rights services, especially in the context of legal abortion amongst others. These practices are root causes of unsafe abortion; leading to an increase in morbidity and mortality rate associated with illegal abortion. While these are common in other countries particularly in Africa, our focus is on Nigeria;

Patriarchy: The discourse on abortion reveals the intersection of very complex issues of power, hegemonic masculinities, and gender. There is a consensus, at least within the human rights movement, that the criminalization of abortion is a consistent denial of the rights of women, their bodily autonomy and their integrity. The notion that women's body belong to men just goes to show the power flexing of male privilege and supremacy in the abortion controversy. The history of criminalization of abortion buttresses the abuse of power on women and patriarchal attitudes altogether. For instance, in the Roman republic, the punishment of abortion was inflicted on the woman as a violation of the father's right to his offspring. The life of the woman did not matter; it was all about the man and his right to his child. According to Braam and Hessini, 2004 "patriarchal power lies at the core of understanding abortion as a contested and political issue. Patriarchy is the systematic, structural, unjustified domination of women by men." This statement is apt in the review of controversies relating to the liberalization of abortion laws. Most decisions on the criminalization of abortion are made by men. A typical example is the constitution of the Nigerian National Assembly where a greater majority of representatives and senators are men. If abortion laws were to be reviewed

> ***We must challenge this patriarchy through reinterpretation of the religious statutes and institutions, we must reclaim our culture and enforce women's rights into social lives and agree on the interest of victimized girls.***
>
> *-Sani Mayana, lawyer and human rights activist -Zamfara state Nigeria - VSI Tribunal Abuja, November 2019*

today in Nigeria, it would be reviewed by men and would it be any surprise that it would not be in the favor of women? The danger of bad legislation is that it has ripple effects on shaping the ideas of morality in society. Laws have significant power of shaping the societal values and giving legitimacy to a particular opinion on an issue. Little wonder why procurement of abortion comes with guilt and shame – at best and self-hate and stigma – at worst. To date, patriarchal attitudes are still at play in deciding the fate of women and contribute negatively to how women are regarded in making decisions on their reproductive health and rights. Despite the provisions in international and regional treaties, and consensus documents about the rights of the women to decide the number and spacing of their children, these rights are still censored; preventing women from enjoying these rights fully. It suffices to mention here that having women to make decisions on their reproductive health and rights does not exclude male equal responsibility in the decision-making process but to accord women the ultimate decision-making power of the use of their bodies.

> ***Nigeria and the people are not comfortable with male responsibility in reproductive health, thinking women are the only ones looking for abortion. Sometimes men are also looking for it, because they don't want to be associated with certain pregnancies and the girl, and they push her and force her with no proper counselling, without taking her to skilled provider to give information... Hopefully these testimonies will shed more light on the dark corners.***
>
> *-Dorothy Akenova Executive Director, INCRESE Minna Nigeria*
> *- VSI Tribunal Abuja, November 2019*

Economic injustice: Gender discrimination in the context that women are less likely to be disposed to sufficient resources to live a decent and good standard of living leaves women in a more disadvantaged position of suffering the impact of economic injustice than men. There are also anecdotes that women and girls take to offering their bodies in return for money so that they will be able to meet their needs and in some other cases the needs of their nuclear family. In some cases, they do not voluntarily engage in transactional or commercial sex work but are forced by the situation they find themselves within the society and the family.

Unsafe abortion can be addressed if economic injustice are tackled seriously through gender equality. This is true for contexts where abortion is legalized and in those where it is criminalized. For instance, in countries where abortion is legal, there is a need to ensure accessible and affordable, if not outright free, abortion services. This will be one of the ways to address the issues of cost-associated reasons for procuring abortion from unqualified healthcare practitioners and curbing unsafe abortion. Where abortion could only be provided to save the life of the pregnant woman, it is important to take the same measures. In countries where abortion is criminalized completely, this might be more complicated, but it is possible to enable services that will prevent women and girls susceptible to unwanted pregnancies thereby reducing the need for unsafe abortion.

Sexual violence: According to the World Health Organization (WHO) sexual violence is defined as: “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” They come in different forms such as; — rape within marriage or dating relationships; — rape by strangers; — systematic rape during armed conflict; — unwanted sexual advances or sexual harassment, including demanding sex in return for favors; — sexual abuse of mentally or physically disabled people; — sexual abuse of children; — forced marriage or cohabitation, including the marriage of children; — denial of the right to use contraception or to adopt other preventive measures to protect against sexually transmitted diseases; — forced abortion; — violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity; — forced prostitution and trafficking of people for sexual exploitation. In all of these forms of sexual violence, the most common consequence is unwanted pregnancy. Sexual violence is prevalent in Nigeria and according to the 2018 Nigeria Demographic and Health Survey (NDHS), "nine per cent of women age 15-49 reported that they had ever experienced sexual violence, and 4% said that they had experienced sexual violence in the past 12 months. Four per cent of women first experienced sexual violence before age 18."

Percentage of women age 15-49 who experienced sexual violence by specific exact ages, according to current age and current marital status, Nigeria DHS 2018

Background characteristic	Percentage who first experienced sexual violence by exact age: 10	12	15	18	22	Percentage who have not experienced sexual violence	Number of women
Age							
15-19	0.4	0.4	3.2	na	na	92.4	1,885
20-24	0.4	0.5	1.9	5.9	na	89.7	1,655
25-29	0.3	0.6	1.3	3.5	5.9	90.8	1,902
30-39	0.3	0.5	1.2	4.1	5.9	89.4	3,296
40-49	0.2	0.4	1.0	2.6	3.5	92.8	1,940
Marital status							
Never married	0.6	0.7	2.7	5.7	7.3	92.3	2,317
Ever married	0.2	0.4	1.3	4.1	5.8	90.4	8,361
Total	0.3	0.5	1.6	4.4	6.1	90.9	10,678

na = Not applicable

(Culled from the 2018 Nigeria Demographic and Health Survey NDHS)

The table above illustrates the prevalence of sexual violence suffered by women in Nigeria between the ages of 15 and 49 years. According to the 2018 report of the Gender-Based Violence (GBV) sub-sector through the Gender-based violence information management system (GBVIMS), 22% of GBV was reported to have been survived by a child, 15% of which were in form of sexual violence; suggesting that about 45% of the reported incidents survived by a child were in form of rape or other forms of sexual assault. By implication, this suggests that the number of girls who will require abortion services due to the circumstances of sexual violence is relatively high in Nigeria.

However, the question here is, are these services readily available and accessible to women and girls? In a story published by the Daily Trust in January 2020;

A chief magistrate court in Kafanchan remanded a community doctor and another man in a custodial centre for alleged criminal conspiracy and causing the death of an unborn child. The girl's father filed the complaint. The doctor is the owner of a private hospital in Kafanchan and was charged for allegedly aborting a pregnancy for a 14-year-old girl. The girl was said to have been defiled and impregnated by her foster father, who later took her to the doctor for an abortion. Both men were arrested by the Nigeria Security and Civil Defence Corps in collaboration with Salama Sexual Assault Referral Center (SARC).

This is a typical case of where a young girl has been abused and provided abortions services to (probably) save her life. However, what happens based on the laws on abortion effective in Nigeria, the provider is regarded to have perpetrated a crime, therefore apprehended and prosecuted by law. Given that the abortion laws in Nigeria allow the provision of abortion to save the life of the woman, in this case, a girl, one would think it should be justified that an abortion provided to the girl child should be considered legal under the law, for the sole reason of saving the girl's life from the consequences of the pregnancy that might not only have an impact on her physical health but also her mental health and entire life plan.

Marginalization of vulnerable populations: The discourse of abortion has often marginalized groups which are most vulnerable to violence and discrimination that increase their susceptibility of unwanted pregnancy and invariably their need to procure an abortion. These groups include but not limited to adolescent girls, female persons with disabilities, commercial sex workers and drug users. Due to vulnerabilities related to age, ability, sexual activities and other risky behaviors respectively, they are more likely to

experience sexual violence that may lead to unwanted pregnancy and in need of abortion services. What is experienced today, at least in Nigeria, is that these groups are not prioritized in the provision of sexual and reproductive health and rights services. The marginalization experienced by these groups is often due to negligence in the case of adolescent girls and female persons with disabilities, and social discrimination in the case of female commercial sex workers and female persons who use drugs.

It suffices to mention that these marginalized populations are disproportionately affected by multiple factors including practices that have been mentioned above. For instance, women and girls with disabilities are mostly affected by the system of injustices that make them economically powerless and subject them to multiple layers of discrimination including sexual and gender-based violence. According to the report of the Situational Analysis on Access to Sexual and Reproductive Health Services by Women and Girls with Disabilities in Nigeria, women with disabilities often experience obstacles in accessing health care including safe abortion. These barriers include but not limited to lack of affordable healthcare, lack of accessible communication facilities and stigma expressed by health care providers.

Furthermore, adolescent girls have specific SRH needs proportionate to their age and life skills. Some studies have shown that adolescent girls in

Nigeria would prefer abortion to the use of contraceptives. According to the report of the studies, adolescent girls believe that contraception will reduce their fertility rate in the future, when they are eventually ready to procreate. Therefore, they prefer abortion as an immediate solution to unwanted pregnancy; leading them to procure an unsafe abortion in most cases.

Female commercial sex workers and female drug users are often exposed to practices that increase their vulnerability to sexual violence that may lead to unwanted pregnancy. Likewise, due to social attitudes and opinion on sex work and drug use, they are more likely to experience stigma and discrimination when accessing SRH services including the procurement of safe abortion. As a result, they are more susceptible to opt for unsafe abortion including other reasons including the cost of procuring a safe abortion.

VSIS Tribunal and unsafe abortion stories

“Unsafe abortion puts undue pressure on existing medical care in Nigeria”

-Dr. Godwin Akaba, Consultant Obstetrician and Gynecologist, Gwagwalada Teaching Hospital Abuja Nigeria - VSI Tribunal Abuja, November 2019VSIS Tribunal and unsafe abortion stories

Based on the laws and policies on SRHR, Vision Spring Initiatives has been working with young people to find a balance between laws and practices in Nigeria. In November 2019, the organization hosted a Tribunal/Dialogue where more than ten young people spoke about their unsafe abortion experiences in the country.

The dialogue was attended by more than 50 participants including key influencers in Nigeria, activists and media whose role shape sexual and reproductive health and rights conversation in Nigeria. They include Sani Mayana-a Legal practitioner from Zamfara state Ministry of Justice, Pamela Maria Benjamin Okwoli, the Executive Director of Global Women's Health rights and Empowerment Initiative, Benue state, Asma'u Joda, Executive Chair of Centre for Women and Adolescent Empowerment Adamawa state, Dorothy Akenova, Executive Director of International Centre for Reproductive health and Sexual rights, Duchess Irene Ojiugo Ogbogu the Executive Director of Disability Rights Action Centre (DRAC), Bukola

Williams, the Executive Director Education as a Vaccine. At the mock tribunal, Dr. Godwin O. Akaba a Senior Lecturer at the University of Abuja and also Consultant in Obstetrics and Gynecology at the Gwagwalada Specialist University of Abuja Teaching Hospital Abuja presented staggering figures of unsafe abortion describing these as the global burden of unsafe abortion:

- Worldwide, an estimated 25 million unsafe abortions occur each year.
- The majority of unsafe abortions or 97% occurred in developing countries in Africa, Asia and Latin America.
- Women in developing countries like Nigeria are disproportionately impacted, contributed 13% of global maternal deaths (USAID)

In Nigeria according to him, unsafe abortion contributes at least 13% of the maternal mortality

- Of the women who survive unsafe abortion many suffer acute and short-term complications including hemorrhage, sepsis, peritonism, trauma to various organs as well as well as long-term sequetae like infertility, increased risk of ectopic pregnancy and spontaneous abortions.
- Children lose their mothers and entire families suffer
  Children who have lost their mothers are 10 times more likely to die prematurely

He mentioned the following as the short term consequences of unsafe abortion:

- Excessive bleeding
- Injury to pelvic organs like uterus perforations and bowel injury
- Sepsis/Infection
- Genital track injury
- Renal failure
- Coma
- Death

Long term consequences of unsafe abortion according to Dr. Akaba include:

- Pelvic inflammatory disease
- Tubal occlusion
- Ectopic pregnancy
- Infertility
- Chronic pelvic plain
- Psychosocial problems

He stated that the cost of unsafe abortion puts undue pressure on medical care as many young people present at the hospital after they have exposed themselves to grave danger by engaging in some of the following:

- Drinking turpentine, bleach or tea made with livestock manure
- Inserting herbal preparations into the vagina or cervix

- Placing a foreign body, such as a stick, coat hanger or chicken bone, into the uterus
- Jumping from the top of stairs or a roof

Dr. Akaba continuing his presentation at the Tribunal noted that unsafe abortion has health related consequences such as morbidities, mortalities, negative effect on health care planning and development and infrastructure, low self-esteem due to stigmatization and disabilities and increasing maternal mortality and poor health indices.

The presentation by unsafe abortion survivors at the Tribunal reflected the stories of girls failed by laws and policies and a contradiction of their lived experiences. Young women and girls who have little or no sexuality education may fall victim of deceit and emotional blackmail that might lead them into sexual activities contrary to their wish. In a testimony shared by one of the beneficiaries of an event organized by Vision Spring in 2017, it is clear that young women and girls who are not adequately informed on their sexuality are more vulnerable to sexual violence and likely

"It is hoped that as the testifiers of the survival of Sexual Rights and Health complications do come out to testify, their listeners are not just 'consumers of trauma' but are poised to take these stories and return to their respective states of representation to influence those conversations."

-Bukola Williams, Executive Director - Education as a Vaccine -VSI Tribunal Abuja, November 2019

to procure unsafe abortion than those who are adequately informed on their sexuality. When information is available, women and girls are likely to seek help in the right places and from the right people when they need sexual and reproductive health services. This was the case of a 17-year-old adolescent who would have procured unsafe abortion, but benefitted from VSI's ending abortion stigma event. This is her story:

"The day I attended the ending abortion stigma workshop organized by Vision Spring Initiatives I was pregnant. That was the day my life changed. My friend and I had made arrangements to visit someone to get rid of the pregnancy. After listening to one of the facilitators who is a medical doctor and learning about the dangers of unsafe abortion I was terrified. I made up my mind to see a qualified doctor, who confirmed that I had an ectopic pregnancy. The doctor said it was good I came to the facility as quacks might have done more harm than good. Thank you Vision Spring Initiatives for providing that knowledge that saved my life."

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17 year adolescent and beneficiary of Vision Spring Initiatives' ending abortion stigma event 2017

Comprehensive sexuality education ensures that young people are positioned to make informed choices and reduce the risk associated with unsafe abortion.

A woman or girl becomes vulnerable to sexual violence when seeking abortion. Their vulnerability is often increased because of the clandestine nature of procuring abortion that puts them at the mercy of the provider. Should abortion be legal, accessible and available, this vulnerability will likely not exist or at worst be reduced. Clandestinely procuring an abortion has serious implications on women and girls. In most cases, these abortion services are being provided by unskilled health-workers who during the procedure put the life or health of the woman or girl at risk, by increasing their chances of death or leaving them with grave physical or mental illness or disability that is related to the pregnancy. Another related anecdote reads thus:

"I missed my period for two months. My mother who usually checks my used monthly menstrual towel suspected that I was pregnant. She took me to the local pharmacist who was instructed to examine me. When my mother left, he told me I was pregnant and will undergo a procedure. He also informed

me that he will have sex with me before the procedure and my mother must not hear about it. He said the sex will help push down the fetus growing in me. This happened at his shop with only a white cloth separating us from the entire shop where he sells medicines. Later on, I endured a very painful procedure which lasted for about 30 minutes. When I got home, my mother insisted I must not mention what happened as it is a shame to our religion... I have gained the voice to share my story of abuse."

Testimony of an adolescent for Vision Spring Tribunal, November 2019

During the Tribunal/dialogue, Vision Spring Initiatives heard stories of young women whose realities have not been taken into consideration in the implementation of laws that impact their lives: Another survivor has this to say:

"I was fourteen years old; my mother said my friend bought clothes for the mother and I sit around to eat her food... I assured her I will do same and her response was when?

That day I visited our neighbors' daughter and enquired to know how I can bring gifts back to my mother... A year later, I noticed I was feeling sick and nauseous, I told my friend and she took me to a man whom she confided takes 'care' of her. The man requested that we visit in the evening. On

paying some amount, he inserted some metals in my vagina and later informed me that he had taken care of the pregnancy. He gave me some tablets and instructions on how to use them. Till date, I did not tell my mother and have since left home working for my survival- I currently work as a sex worker."

---24 year testifier at VSI Tribunal, Abuja Nigeria

In 1994, the International Conference on Population and Development in Cairo called for universal coverage of sexuality education (UN 1995). In 2012, the 45th session of the Commission on Population and Development noted that despite the inclusion of sexuality education in global and regional health strategies and ministerial declarations, the call made in Cairo has only been partially acted upon (UN 2012). Furthermore, a 2012 UNESCO report concluded that only small pockets of adolescents aged 10–19 years in most developing countries are reached by such programmes (UNESCO 2012).

In developed countries too, the picture is mixed. CSE only reaches high coverage in countries where it is compulsory and where support for its application has not waned (UNESCO 2012). In many African countries young people are socialized to be silent and when they try to break from this situation to speak out they are not heard: This was confirmed by another testifier at the Tribunal:

"My mother is always in church, most evenings when she attends vigils she leaves me with a cousin. I was 12 and he was 18. Every time my mother leaves for church he forces himself on me and tells me that if I tell my mother, my mother will die. This kept me silent for a long time, each time I braced up to tell my mother, she shuts me up. At age 15 I became pregnant. I spoke to a nurse who took me to a Chemist shop. The Chemist owner had sex with me several times before he terminated the pregnancy. I have never discussed this with any member of my family. I have a feeling that my mother hated me because she never listened to me. After the procedure I did not menstruate for 1 year. Vision Spring Initiatives must speak to parents. Many of us are abused by close family members and our stories are never believed."

---Nkechi, Testifier, VSI dialogue November 2019

Conversation around sexuality is shrouded in secrecy leaving young people with little or no information. The culture of respect and insistence on respecting adults without questioning or challenging adults and in some cases abusive adults, church leaders, teachers and lecturers has put many young people in harm's way. Another testifier shared this at the Tribunal:

"The major challenge we face as girls is lack of trust from our parents. I was abused by my father's friend. One of those days when he visited, my father

was not around. He said he wanted to help me discover some pleasure. Knowing how much my parents liked and spoke highly about him I obliged him, when I told him I missed my period, he encouraged me to find a young man to pin the pregnancy on. With threat from him, I made friends with a boy whom I had sex with. Eventually he took me to a chemist where the pregnancy was terminated. The guilt I have is not about the procedure, but the lies and deceit. This man was our family friend for long and I was too afraid to mention it."

---Doyin, VSI Dialogue beneficiary, Abuja November 2019

Vision Spring Initiatives' work at the community level is aimed at pushing for legal reforms, in mobilizing young people to demand implementation of/and policy frameworks or monitor their implementation. This role was expressed by the series of deliberations at the tribunal.

"I terminated a pregnancy through the help of a friend. I bled profusely and suspect something has gone wrong. Since that procedure I have deliberately had sex without protection, and I have never gotten pregnant. I have this fear that they did something wrong as I bled for many days. I also felt some nasty smell from my vagina part. I have been to hospitals and have been cured of the smell, but deep inside, I know something went wrong. Government should listen to our stories and help other young people so that they do not make the same mistakes we have made."

---Abigail, VSI Dialogue Beneficiary Abuja November 2019

Lack of comprehensive sexuality education affects girls in communities where patriarchy and male son preference is still rampant. Most girls whose parents are not educated face the challenge of inability to provide sexuality education. This is a reality that has existed from generation to generation, leaving girls in the hands of peers who lack adequate information. The only communication available to most girls in rural areas exists in the form of threat. A testifier during the Tribunal said she was sent to live with her grandmother as her father chose to educate only male children and she was expected to be married off. She has this to say:

"My mother took me to live with my grandmother who sells provisions in a local community... some of the customers call me their wife and though I did not understand it, it gave me a sense of maturity. In my growing up days, my father sent the boys to school and said education of the girl was a waste. I was thrilled when men describe me as beautiful and charming as all I got from my father was abuse. While living with my grandmother, many of her male customers gave me gifts and eventually one of them had sex with me when my grandmother went to another town to re-stock her shop. I had no prior information on sex. All I got was threat from my mother who said if I went near a man I will become pregnant. On missing my period, I informed my school mate who took me to a neighbouring village where we waited for our turn to be attended to by a middle aged man. After the procedure, the

last thing I remembered was fainting and waking up in a market with surrounded by people. They taunted me and I managed to stagger to my grandmothers shop with people clapping and following as I was drenched in blood. It is a day I will never forget. Though I have forgiven my parents, till date I still don't have good relationship with my father."

---Praise-Testifer at VSI's dialogue, Abuja November 2019

This lack of information and guidance according to Dr. Akaba during the Tribunal has forced young girls to desperately seek other means of terminating unwanted pregnancies. A testifier confirmed this information when she narrated her experience:

"I do not have any relationship with my mother. My father sent her away and I think she transferred the hatred to us the children-my stepmother did try but was preoccupied with her marriage to my father. I eventually left home and moved to the city with friends who introduced me to a number of boys. At one of our outings, I was given a substance and gang raped. I remember taking some concoction made by my friend. That night I bled. I still cannot say what damage has been done to my reproductive organ and I have not forgiven my mother. Parents need to pay attention to their children and show them love. This is just one of my stories."

---Patience, Panelist at VSI dialogue Abuja November 2019

The Mock Tribunal provided the avenue to remind Nigerian government that SRHR is a critical part of health in Nigeria and that it is important not to leave women and girls behind. The Tribunal confirmed that adolescent girls are vulnerable beyond the issues of pregnancy as they have the right to access to information. The participants at the Dialogue regretted judgmental attitudes young people face when they go and ask questions in health facilities. There was a consensus that young people should be provided with and have access to the services that they deserve including contraceptives and other services they require.

Nigeria is one of five developing countries reported in 2012 by UNESCO to have scaled up and sustained their national programming on comprehensive sexuality education. In the Nigerian context, it is referred to as the Family Life HIV Education Curriculum. While this is progress at the country level, it is not without controversies about how it is highly censored and still conservative in addressing sexualities. Why is this important in an abortion discourse? According to[6] IPAS, "Comprehensive sexuality education programs have a positive impact on young people's sexual and reproductive health—and their ability to make safe and informed decisions. The topic of abortion however remain absent from most programs, even in places where abortion is legal. This diminishes young people's ability to avoid the dangers of unsafe abortion, to make fully informed choices, and to

6 *https://www.ipas.org/*

exercise their right to safe, legal abortion." Likewise, the updated United Nation's International Technical Guidance on Sexuality Education released in January 2018 provides new evidence on how comprehensive sexuality education reduces unwanted pregnancy and unsafe abortion.

While CSE is often thought to be provided mostly within formal education curriculum, it is important to mention that parents and guidance share the responsibility of ensuring that their wards are educated at home.

The provision of information and knowledge on sexuality is a right-based approach of addressing sexual and reproductive health and rights, particularly as it concerns adolescents and youths. It remains the most effective way of putting decision making power in the hands of young women. It seeks to equip young people with skills, knowledge, values and attitudes they require to determine and enjoy their sexuality without mere interruption and disruption. When a person is equipped with the right information about their sexuality, they are in a better position to determine, when to have sex, with whom and how to do so. This has an impact on how

Let VSI teach us to say no, no is no, there is no adequate access to information in this country; we should be responsible by passing the right information.

-Lovelyn Nwabrije, Executive Director, Committed Soul Women's Health Advancement Africa Initiative (COSWOHI) Oyo state, Nigeria- VSI Tribunal Abuja, November 2019

young people or anyone else takes responsibility for their actions when they decide to have sex. This implies that when they choose to have sex, they are aware of the consequences. For instance, a woman or girl who has benefited from comprehensive sexuality education will know that having unprotected sexual intercourse may result in contracting sexually transmitted infections (STIs) or/and pregnancy whether or not it is wanted. In a situation where they become infected with any STIs or/and become pregnant, they will be informed on the symptoms early enough and the opportunities to seek treatment that will prevent the aggravation of the situation.

The SRHR needs of persons with disabilities remains unattended to. “Making it work” project of Disability Rights Action Project in Nigeria initiated action on the National Policy on SRHR of Persons With Disabilities with emphasis on Women and Girls. The project was conceptualized based on the situation analysis carried out in 2015, where it was found that despite the fact that Women and Girls with Disability face the same health challenges as other women without disability, they are always at disadvantage and unable to access the same health services and facilities. For instance, visually impaired girls who are raped have no voice, even

'People with disability do have rights but no one is speaking for them, even in schools where sexuality education are being taught, they exclude the children with disabilities'

-Duchess Irene Ojiugo Ogbogu
-Disability Rights Action Centre
-VSI Tribunal Abuja, November 2019

though they might know the person who raped them, they are not often believed.; Likewise, pregnant women with hearing impairment attend ant-natal clinics without understanding what is communicated and are often shut down when they try to seek audience. People with disability do have rights but only a few people are speaking for them, even in schools where sexuality education are being taught, children with disabilities are often marginalized. On a daily basis, children, girls, women with disabilities face all sorts of abuse both violations to their sexual and reproductive rights and nobody knows and, in most cases, because nobody is listening. Honest conversations with persons with disabilities will ensure that no one is left behind and promote the slogan of 'Health for all'.

Nigeria is signatory to many regional and international laws and commitments that promote the realization of the SRHR needs of women and girls in Nigeria. Different arguments arose and at the International Conference on Population and Development (ICPD) in 1994, the abortion discourse received great attention that was reflected in the Programme of Action. This document established that the Right to Abortion is human rights and that every woman should be at the center of making decisions on abortion while emphasizing the right to bodily autonomy. In the same light, the regional organizations such as the African Commission, European Commission and Inter-American Commission made statements in favor of safe abortion and the right of women to be able to procure an abortion and

that in no way should abortion be used as a means of population control. Likewise, consensus documents followed suit by recognizing abortion in the context of gender equality (the UN SDG and AU Agenda 2063) and the context of quality healthcare (Universal Health Coverage). The Universal Health Coverage is the latest of such commitments. As mentioned earlier, at the international level, countries made a strong commitment to ensuring universal health coverage at the domestic level. One may wonder what the implication of that will be on safe abortion. It is logical that when the healthcare system is revitalized, access to safe abortion will be improved. In Nigeria, UHC has been an important topic in ensuring an improved healthcare system. In 2009, a National Strategic Health Development Plan was adopted and then reviewed in 2017-2021 plans to operationalize the National Health Act 2014 and the National Health Policy 2017. The National Health Act 2017 commits to the allocation of at least 1% of the Consolidation Revenue Fund (CRF) to capitalize the Basic Healthcare Provision Fund that will enable the financing of the Public Health Care (PHC) as a means to achieving the Universal Health Coverage. It could be inferred that when the Public Health Care covers essential health care provision such as contraceptives, STI treatment and safe abortion services, the dangers of procuring unsafe abortion due to cost-related reasons will reduce, and invariably reduce maternal morbidity and mortality.

CONCLUSION

The abortion discourse has been a very controversial issue for ages, indicating that it is an important social issue that should be addressed progressively. Abortion practices occurred in different cultures and traditions and it was provided differently; from engaging in physical activities to the administration of local herbs that facilitated the process of abortion. Surgical means of providing abortion started with the advancement of medical science, which made it an important subject of discussion for medical practitioners who were divided in the school of thoughts on a moral and professional ethical basis. Abortion did not start by being criminalized until it was perceived to challenge male hegemonies. As mentioned in the background session, the Romans will punish a woman who procures abortion on the basis that it constituted a violation of paternal rights to the child. The woman is not often considered in this decision-making process. Then, after a few years of experience in dealing with abortion, several issues appeared on the radar including the increase of unsafe abortion on maternal morbidity and mortality rate associated with abortion, the rights of the fetus and the issues of human rights of the woman. The rights of the fetus borders around whether or not a fetus should be considered a living being and even at what stage of the pregnancy should the fetus be considered to be a human being who deserves fundamental human rights especially rights to life. Even human rights (women's) movement is much divided on this issue. These

controversies were taken to different parliaments and deliberations determined the legality or criminality of abortion.

As the abortion discourse became a global issue, it required a global response, not only on issues of rights but also on dealing with the consequences of unsafe abortion. Civil society organizations including the women's rights movements and networks of medical professionals began to analyze the concept of abortion to determine what the right thing to do is indeed. Two things became clear in the abortion discourse – Gender and Health. Nevertheless, countries around the world have different views about abortion and have addressed it differently. This is apparent in the laws on abortion that exist in different countries. There are countries where abortion is prohibited out rightly, somewhere it could be procured and provided to save the woman's life and preserve the health system, some countries permit abortion on socio-economic grounds and others have allowed abortion on request with varying gestation limits. Regardless of the different approaches taken to address abortion at country levels, there are restrictions from high to low. Depending on the level of restrictions, the rate of unsafe abortion differs.

Despite all the 'progress' made on addressing the issues of unsafe abortion, which are often presented on paper, this publication attempts to explore issues of unsafe abortion in practice. These include patriarchy, economic

injustice exacerbated by gender discrimination and injustices, sexual and gender-based violence, highly censored comprehensive sexuality education, the inadequate provision of universal health care and marginalization of populations whose living conditions make them highly susceptible to the situation leading to procuring an unsafe abortion.

It will be over-ambitious to think every country of the world will address unsafe abortion in the same manner but what is clear is that unsafe abortion can be prevented if the root causes are destabilized and eliminated. Recognizing that whether or not abortion is made legal, women will still require abortion services and will seek ways to procure them; what is therefore important is to ensure that when a woman procures an abortion, she receives quality services that do not threaten her existence i.e. physical, mental and socio-economic existence. What is on paper today are laws that are not in tandem with the lived realities of young women and girls; we must work at reducing their vulnerability to sexual and gender based violence, as well as increasing their access to knowledge and information on their sexual and reproductive health and right including access to quality health care.

The magnitude of maternal mortality and morbidity represent perhaps the greatest social injustice of our time. It highlights the failure and even refusal of political religious, health and legal institutions to address the most fundamental way in which women are different from men.

We do hope that this publication becomes an entry point to where the influencing has to start, to use these stories and the data available to push the governments to the priorities required to advance health for all in Nigeria. We are optimistic and see the participants from the Tribunal return to engage with their policy makers on what exactly an inclusive and equitable health system should look like. The Universal Health Coverage, the National Health Assurance and the lofty ideals behind them are all about people and communities.

RECOMMENDATIONS

It is necessary to build these intersections in order to demystify and unmask those traditional and cultural values that have entrapped people and made them incapable of defining who they are and making the right choices for themselves

- Tobi Ayodele- Program Officer Vision Spring Initiatives - VSI Tribunal Abuja, Nov. 2019

Ensuring comprehensive legal grounds for abortion

- Take action to prevent unsafe abortion, including by amending restrictive laws that threaten women's, including adolescents', lives. Provide legal abortion in cases where the continued pregnancy endangers the health of women, including adolescents.
- Provide legal abortion in cases of rape and incest.
- Amend laws that criminalize medical procedures, including abortion, needed only by women and/or that punish women who undergo those procedures.

Planning and managing safe abortion care

- Ensure timely access to a range of good-quality sexual and reproductive health services, including for adolescents, which are delivered in a way that ensures a woman's fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives.

- Reduce maternal morbidity and mortality in adolescents, particularly caused by early pregnancy and unsafe abortion practices, and develop and implement programs that provide access to sexual and reproductive health services, including family planning, contraception and safe abortion services where abortion is not against the law.
- Provide information on sexual and reproductive health, and mechanisms to ensure that all women, including adolescents, have access to information about legal abortion services.

Eliminating regulatory, policy and access barriers

- Remove third-party authorization requirements that interfere with women's and adolescents' right to make decisions about reproduction and to exercise control over their bodies.
- Eliminate barriers that impede women's access to health services, such as high fees for health-care services, the requirement for preliminary authorization by spouse, parent or hospital authorities, long distances from health facilities and the absence of convenient and affordable public transport, and also ensure that the exercise of conscientious objection does not prevent individuals from accessing services to which they are legally entitled.
- Implement a legal and/or policy framework that enables women to access abortion where the medical procedure is permitted under the law.

Providing treatment of abortion complications

- Provide timely treatment for abortion complications regardless of the law on induced abortion, to protect a woman's life and health;
- Ensure access to affordable health care by revitalizing the National Health Insurance scheme, for universal health coverage;
- Eliminate the practice of extracting confessions for prosecution purposes from women seeking emergency medical care as a result of illegal abortion and the legal requirement for doctors and other health-care personnel to report cases of women who have undergone an abortion.

Creating an enabling environment

- Respect, protect and fulfil the human rights of women, including women's dignity, autonomy and equality;
- Promote and protect the health of women, as a state of complete physical, mental and social well-being;
- Minimize the rate of unintended pregnancy by providing good-quality contraceptive information and services, including a broad range of contraceptive methods, emergency contraception and comprehensive sexuality education;
- Prevent and address stigma and discrimination against women who seek abortion services or treatment for abortion complications;
- Reduce maternal mortality and morbidity due to unsafe abortion, by

ensuring that every woman entitled to legal abortion care can access safe and timely services including post-abortion contraception;

- Meet the particular needs of women belonging to vulnerable and disadvantaged groups, such as poor women, adolescents, single women, refugees and displaced women, women living with HIV, women with disabilities, and survivors of rape;
- Invest in a youth-friendly and accessible Primary Health Care;
- Ensure that the needs of people with disabilities especially women and girl are included in SRHR programming and services;
- Increase access to comprehensive sexuality education as well as friendly SRH services to adolescents;
- Build capacities, build alliances, form networks and collaborate with grassroots stakeholder through partnerships that address root causes of unsafe abortion.

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