



Health. Access. Rights.

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October 31, 2016

Committee on the Elimination of Discrimination against Women (CEDAW)
Office of the High Commissioners for Human Rights
Geneva, Switzerland

RE: Supplementary information on Nigeria's 7th and 8th Periodic Reports scheduled for review by the CEDAW Committee during its 67th Pre-Sessional working group in November 2016.

Dear Committee Members:

This shadow letter is intended to complement the 7th and 8th periodic reports submitted by the State of Nigeria for your consideration during the 67th Pre-sessional Working Group of the CEDAW Committee. Ipas is an international organization that works to promote women's sexual and reproductive rights with a country office in Nigeria. This letter is intended to provide the Committee with supplementary information about the violations of CEDAW that result from the State's restrictive abortion law.

Ipas would first like to commend the Government of Nigeria for the passage of the Violence Against Persons (Prohibition) Act, 2015 (VAPP Act), which criminalizes all forms of gender-based violence both in public and private spaces and ensures that victims of violence have a right to comprehensive healthcare treatment under the law. The Government of Nigeria through the Ministry of Health should also be praised for efforts to develop Standard and Guidelines for the Medical Management of Victims of Violence, which is aimed at operationalizing the health provisions of the VAPP Act. Unfortunately, this law is only applicable in the FCT and there are still very high recorded cases of gender-based violence in other areas of Nigeria, where there is no guarantee of treatment for victims of violence. Additionally, though Ipas acknowledges and commends the advances made by the Government of Nigeria in increasing access to sexual and reproductive health services, particularly under the leadership of the present Minister of Health with the introduction of the Primary Health Care Centre per ward policy, there is need for more concerted efforts to be put in place to address the high incidence of maternal mortality and morbidity attributable to unsafe abortion, which is still unacceptably high in the country.

The abortion law in Nigeria criminalizes abortion in all cases except where it is done to save a woman's life. The restrictive law violates **Article 2(f)** of the Convention, which requires State Parties to "take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices which constitute discrimination against women." CEDAW **General Recommendation 24** on Women and Health states, "When possible, legislation



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criminalizing abortion should be amended, in order to withdraw punitive measures imposed on women who undergo abortion.”

Due to the restrictive law, safe abortion is largely inaccessible in Nigeria, in violation of **Article 12** of the Convention (the rights of women to health and nondiscrimination) and **Article 16(e)** (the rights of women to decide freely and responsibly on the number and spacing of their children). This Committee has consistently criticized restrictive abortion laws, framing such laws as a violation of the rights to life and health and asking state parties to review legislation making abortion illegal.¹ This Committee has also examined the discriminatory effects of legislation making abortion illegal, noting that “it is discriminatory for a State party to refuse to provide legally for the performance of certain reproductive health services for women.”²

Without access to safe abortion, women in Nigeria risk their health and lives by resorting to unsafe abortion. In Nigeria, maternal deaths account for 32 percent of all deaths among women of reproductive age (15-49)³. Nigeria has one of the highest maternal mortality rates in the world – 576 per 100,000 live births⁴ – and unsafe abortion is a direct contributor to maternal death and injury⁵. An estimated 1.25 million induced abortions occurred in Nigeria in 2012, many of which were clandestine and unsafe⁶. One in four women who undergo an abortion in Nigeria report serious complications, possibly due to a lack of trained providers, but only a third of those women with complications receive treatment.⁷ Most women who have had an abortion in Nigeria report that they were not on contraception at the time they became pregnant⁸. Unmet need for family planning is high in Nigeria – about 25% of women report being sexually active and not wanting a child soon but are not using contraception⁹.

This Committee has previously expressed concern about Nigeria’s very high maternal mortality rate, at the time of the last session estimated as the second highest in the world, writing in the

¹ See, e.g., **Bolivia**, 31/05/95, U.N. Doc. A/50/38, par. 393; **Mauritius**, 31/05/95, U.N. Doc. A/50/38, par. 196; **Paraguay**, 09/05/96, U.N. Doc. A/51/38, par. 131.

² Committee on the Elimination of Discrimination against Women, *General Recommendation 24: Women and Health* (20th Sess., 1999), in *Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies*, at 244, par. 11, U.N. Doc. HRI/GEN/1/Rev.5 (2001).

³ National Population Commission (NPC) [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

⁴ National Population Commission (NPC) [Nigeria] and ICF International. 2014. *Nigeria Demographic and Health Survey 2013*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International.

⁵ Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division; Guttmacher Institute, *Abortion in Nigeria*, October 2015 Fact Sheet, <https://www.guttmacher.org/fact-sheet/abortion-nigeria>.

⁶ Bankole, Akinrinola et al. *The Incidence of Abortion in Nigeria*. *International perspectives on sexual and reproductive health* 41.4 (2015): 170–181. PMC. Web. 18 Oct. 2016.

⁷ Guttmacher Institute, *Abortion in Nigeria*, October 2015 Fact Sheet.

⁸ Ibid.

⁹ Ibid.



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Concluding Observations from the 41st Session in 2008 its “regrets that there has been no progress in reducing the maternal mortality rate since the consideration of the State party’s combined fourth and fifth periodic report in 2004.”¹⁰ The Committee also noted the various contributing factors to this high maternal mortality rate, such as “unsafe abortions and inadequate post-abortion care,” and called upon State party to “assess the impact of its abortion law on the maternal mortality rate and to give consideration to its reform or modification.”¹¹ In addition, the Committee on the Rights of the Child expressed concern in the Concluding Observations to the 54th Session about “health challenges facing adolescents, such as abortion complications and deaths of girls as a result of unsafe abortions, lack of access to information and services relating to reproductive health for adolescents” and the “restrictive abortion law.”¹² The Committee went on to strongly recommend that State party “Consider the recommendations by the Committee on the Elimination of Discrimination against Women to review and amend the Sate party’s abortion laws.”¹³

We urge this Committee to recommend that the government put in place concrete action plan to reform the abortion law in order to address the problem of unsafe abortion. We also urge this Committee to acknowledge that a reformed abortion law should not contain barriers that will hinder access to safe abortion for women in Nigeria.

In particular, a reformed law on abortion must not include provisions that limit the type of provider that can legally provide abortion. According to the World Health Organization (WHO), safe abortion can be provided by a range of trained health care professionals, including nurses and midwives.¹⁴ Access to safe abortion services for rural women is particularly compromised by a restrictive law. The WHO estimates that there are approximately 39.5 medical doctors for every 100,000 people living in Nigeria but there are 160.5 nurses and midwives for every 100,000 people.¹⁵ Given this limited supply of doctors in the Nigeria, a provision limiting provider type would mean that vulnerable women—in particular young women, poor women and women living in rural areas—are more likely to obtain needed abortion through illegal and unsafe methods.

¹⁰ CEDAW, *Concluding comments of the Committee on Elimination of Discrimination Against Women: NIGERIA*, para. 33, (July, 2008).

¹¹ CEDAW, *Concluding comments of the Committee on Elimination of Discrimination Against Women: NIGERIA*, para. 34, (July, 2008).

¹² CRC, *Concluding comments of the Committee on Elimination of Discrimination Against Women: NIGERIA*, para. 61, (JUNE, 2010).

¹³ Ibid.

¹⁴ World Health Organization. 2012. *Safe Abortion: Technical and Policy Guidance for Health Systems*. Second Edition. Geneva: WHO.

¹⁵ World Health Organization. 2013. *Country Cooperation Strategy at a glance: NIGERIA*: http://www.who.int/Nigeriafocus/cooperation_strategy/briefs/en/



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A reformed law on abortion must also take into account the current health care delivery system. Poor women and women living in rural areas may rely more heavily on care provided in local health clinics. The reformed abortion law should not have overly burdensome facility requirements such that these clinics are unable to provide safe and legal abortion services.

In addition to poor women, rural women and adolescents, other groups with high vulnerability need to be ensured access to reproductive health services at health facilities without impediments.

In recent months, Ipas entered partnership with the Australian Government through the Australian Aid in piloting the provision of Sign Language Interpreters at selected health facilities in the FCT to increase access to reproductive health services for deaf women. Such initiatives should be expanded to ensure all women can exercise their rights to reproductive health care.

We request that the Committee pose the following questions to the state of Nigeria during the 67th Pre-Sessional Working Group of the CEDAW Committee:

1. What concrete steps the State is taking to ensure that the restrictive abortion law is reformed to address the problem of high maternal deaths from unsafe abortion?
2. What steps the State is taking to increase efforts to end gender-based violence, pass the VAPP Act in states other than the FCT, and ensure the provision of comprehensive healthcare services to survivors of violence?
3. How will the State ensure that women have access to safe and legal reproductive health care services including contraception and safe abortion care in order to protect and fulfill their rights to health and nondiscrimination?
4. What steps the State is taking to ensure that post-abortion and safe abortion care are integrated into the public health care system at all levels, including for poor women and women living in rural areas who may seek such services?

Restrictions on access to abortion violate a woman's right to health under **Article 12** of the Convention. In Nigeria the restrictive law means that every year approximately hundreds of thousands of women who wish to terminate a pregnancy in this restrictive setting face a threat to their physical, mental, and social well-being. A woman who turns to an untrained provider or attempts to self-induce can experience devastating life-long effects on her physical health, including infertility, injury, or even death. Abortion restrictions discriminate against women by



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criminalizing a health care procedure that only women need, and the impact of these restrictions are primarily felt by women who must carry the burden of unwanted pregnancy or else risk her life and health by seeking an unsafe abortion.

The government of Nigeria should be strongly urged to remove legal restrictions on abortion and ensure that services are safe and accessible to all women who need them, and the government should ensure that this occurs in a timely manner.

We hope that this information will be useful for your review of the State of Nigeria's compliance with the CEDAW Convention.

Very Sincerely,

A handwritten signature in blue ink, appearing to read "Hauwa Shekarau", is written over a faint, larger version of the signature.

Ms Hauwa Shekarau
Country Director
Ipas Nigeria