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## **Editorial**

I am delighted to present the Proceedings of **8th Annual International Conference on Law, Regulations and Public Policy (LRPP 2019)** organized by the Global Science and Technology Forum in Singapore on 24<sup>th</sup>-25<sup>th</sup> June, 2019.

This conference serves as an annual forum for scholars, policy makers, experienced professionals, and business executives to present and exchange new ideas and advances in law, regulations and public policy. We seek the widest possible dissemination of these ideas and advances both within the fields represented at the conference, and to scholars in related fields.

All papers selected for presentation at the conference and for publication in these proceedings have been subjected to double-blind peer review. We are most grateful to review committee members, partner universities, organizing committee members, and especially to the conference participants for making this conference a great success.

I am sure that the participants will benefit from the contributions found in these Proceedings and I trust that this volume will be useful to you in your research endeavours.

**Professor Paul Babie**  
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## **Preface**

We are pleased to welcome you to the 8<sup>th</sup> Annual International Conference on Law, Regulations and Public Policy (LRPP 2019). LRPP 2019 continuously aims to foster the growth of research in law, regulations and public policy and its concomitant benefits for the community at large. The research papers published in the proceedings are comprehensive in that they contain a wealth of information that is extremely useful to academics and professionals working in this and related fields.

It is my pleasure to announce the participation of leading academics and researchers in their respective areas of focus from various countries at this event. The Conference Proceedings and the presentations made at LRPP 2019, are the end result of a tremendous amount of innovative work and a highly selective review process.

We have received research papers from distinguished participating academics from various countries. There will be “BEST PAPER AWARDS” for authors and students, to recognize outstanding contributions and research publications.

We thank all authors for their participation and are happy that they have chosen LRPP 2019 as the platform to present their work. Credit also goes to all Program Committee members and Review Panel members for their contributions in reviewing and evaluating the submissions and for making LRPP 2019, a success and for increasing the standing of this annual conference from year to year.

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# *A Non-Legal Approach to reduce the Alarming Rate of Abortion in Nigeria: The Malaria Experience*

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**Abstract**—The Penal Laws in Nigeria has made it a crime to commit abortion, except to save the life of the mother. If found guilty, the woman as well as the provider are liable to imprisonment of up to 7years and 14years respectively. Despite these laws, a report by Performance monitoring and Accountability (PMA) 2010, in collaboration with Bill and Melinda Gate Foundation indicates that over 2 million cases of abortion occur in Nigeria in 2018, according to the survey conducted between April and May. There has also been several failed attempts to lobby for the passage of a bill to legalize abortion in Nigeria, with the hope of reducing the high rate of abortion. This has revealed the failure on the part of the laws to solve the problem of the alarming rate of abortion in Nigeria. It is against this backdrop that this work set out to initiate the possibility of overcoming the current high rate of abortion in Nigeria using a non-legal approach in the guise of the malaria model encompassing a massive campaign against malaria employed by the Nigerian government which succeeded in reducing to the barest minimum, the high rate of the dreaded disease. This is a library based research aimed at producing critical synopsis of an existing area of research writing. At the end of the work, it became vivid that the malaria model is capable of producing the long awaited result of reduction of the high rate of abortion in Nigeria.

**Keywords**—Abortion, health, Malaria, Mortality, Women

## I. INTRODUCTION (HEADING 1)

The Penal Laws in Nigeria has made it a crime to commit abortion, except to save the life of the mother. If found guilty, the woman as well as the provider is liable to imprisonment of up to 7years and 14years respectively [1]. As a result of the law, most women with unintended pregnancies in Nigeria seek abortion clandestinely [2] leading to serious health consequence, and even death. Abortion has also resulted into long term morbidity for several Nigerian women [3]. ) Nigeria accounts for 20% of global estimate of abortion related deaths [4]. A report by Performance monitoring and Accountability (PMA) 2010, in collaboration with Bill and Melinda Gate Foundation indicates that over 2 million cases of abortion occur in Nigeria in 2018, according to the survey conducted between April and May.

As a result of the reproductive health of Nigerian women which has continue to deteriorate in the face of high number of abortions, the government of Nigeria has initiated quite a

number of policies to ensure an improved reproductive health for women in Nigeria. One of such policies is the effort by Nigerian government to achieve Goal 5 of the United Nations Millennium Development Goals (MDGs) which deals with maternal health, encompassing reduction of maternal mortality and provision of access to reproductive health by 2015. Three years, going to the fourth year after setting up this goal, no significant progress has been made to indicate or suggest that Nigeria will be able to achieve Goal 5 of the MDGs [5]. Combating HIV/AIDS, malaria and other diseases like tuberculosis, is the concern of MDG 6. However, since this work is targeted at the malaria experience, the other aspects of MDG 6 will be left out, while concentration will be solely on combatting malaria in Nigeria. The Nigerian government had over the years, initiated several measures to combat the spread of malaria in the country. It could be said that, if not for the fact that the Nigerian government in the past few years has relented its efforts in the fight against malaria, the MDG 6, as far as malaria is concerned would have been achieved to the fullest. It can therefore be said that the implication of MDGs 5 & 6 has received mixed feelings regarding their actualization. The challenges in the realization of the MDGs with the 15 years benchmark, led to the global adoption of a post 2015 development agenda known as the Sustainable Development Goals (SDGs), comprising about 17 developmental goals [6]. Although a wider version of the MDGs, Goal 3 of the SDG i.e., ensuring healthy lives and comprehensive wellbeing for all ages [7] fits perfectly into the MDGs 5 & 6 which is the concern of this work.

It is the believe of this work that if the Nigerian government can dedicate the same efforts it employed to reduce malaria, to the fight against abortion, then there will be a drastic reduction in the rate at which women seek abortion in Nigeria. This will lay to rest totally, the agitation to liberalize or legalize abortion in Nigeria. This is the so much talked about non-legal means to reduce the high rate of abortion in Nigeria.

## II. COMPARING THE PREVALENCE OF ABORTION (AND ITS RELATED ISSUES) AND MALARIA IN NIGERIA

Hemorrhage, sepsis, toxemia and complications from abortion account for 62% of maternal deaths in Nigeria [8]. On the other hand, Nigeria alone accounts for nearly 25% of the total malaria burden within Africa [9]. Malaria is endemic in this country with year-round transmission and as much as 90% of population is at risk of malaria. In Nigeria, malaria accounts for approximately 60% of outpatient visits, 30% of all hospitalization and up to 11% of all maternal mortality, 25% of all infant mortality and 30 % of under-five mortality [10]. In the last couple of years, Nigeria has made dramatic progress in the scale-up for impact (SUFI) of malaria prevention and control activities. In 2009, the Nigeria Ministry of Health, committed to an ambitious goal of reducing the national malaria burden by 50% by using a combination of proven malaria control and prevention strategies: increasing the availability and appropriate use of accurate diagnostic technologies, improving the quality of malaria case management with ACTs (Artemisinin-based Combination Therapy), distributing long-lasting insecticide-treated bed nets and providing consistent delivery of intermittent preventive treatment to pregnant women [11].

The commendable malaria control effort in Nigeria will be the largest public health intervention ever to be launched by a country against a single disease [12]. If such an effort could be taken by the Nigerian government against malaria, which is as deadly as abortion, then nothing stops the federal ministry of health in Nigeria to launch the same massive campaign against abortion. This action by the government will discourage women from making abortion a choice.

However, this efforts by the Nigerian government in the area of malaria control suffered a setback in 2010. It was reported that death from malaria in Nigeria were the highest in the world [13]. This appears to be a very strange phenomenon taking into consideration the huge efforts by the Nigerian government to guard against the disease. The reasons for this challenge could not be farfetched. The reasons ranges from inadequate healthcare infrastructure in the rural areas, poor drug distribution, increase in drug resistant parasites, increase in insecticide resistance mosquitoes, poverty leading to poorly constructed rural dwellings and individuals' non-compliance with the control program due to high level of illiteracy [14]. When one looks deeply at the challenges above, it will dwell on us all that the Nigerian government had indeed played its part to a very high extent by providing necessary, though inadequate or misused facilities to combat malaria in Nigeria. The drugs and insecticides that proved resistance will have to be worked on by the relevant department of the health ministry. Most work to reduce malaria in Nigeria would be geared towards the identified challenges. Once this is done, malaria will again, be a thing of the past in Nigeria.

## III. NON-LEGAL MEANS TO REDUCE THE HIGH RATE OF ABORTION IN NIGERIA

The point being raised here is that is not in all situations and problems that the law can offer the desired results. The problem of abortion in Nigeria has been a social menace [15] requiring to look elsewhere other than law to proffer solution [16]. Whether the law is restrictive on abortion or not, the stand of this researcher is that; the law might not be capable to eradicate or reduce the rate at which women resort to abortion in Nigeria. For example, Legalization of abortion alone does not guarantee availability of safe abortion services. In Ethiopia, Cambodia and Nepal (although Nepal has recorded some success since abortion was legalized in the country, research have shown that many challenges still remain) [17] studies have shown that weak health systems possess a significant challenge to the roll out of abortion services [18].

Furthermore, worldwide evidence confirms that abortion promotion, through its legalization or liberalization only lead to greater numbers of abortion and does not solve the underlying health problems (solving underlying health problems is a non-legal way to reduce the high rate of abortion that cause maternal death. For instance, legalized abortion has not bettered the health of the Ghana people, and according to the World Health Organization (WHO), Ghana remains off target for achieving the health related Millennium Development Goals [19]. It is the lack of modern medicine and quality health care which results in high maternal mortality rate, and no prohibition of abortion [20]. In the developing countries where maternal health care is poor, legalization of abortion, or its liberalization would further increase the number of women who die or are harmed by abortion [21].

In other words, non-legal means can offer the required solution to reduce the rate of abortion by women in Nigeria. Consequently therefore, it is required that the Nigerian government should make concerted efforts to ensure that Nigerian women should not continue to suffer or be harmed unnecessarily as a result of unsafe abortion [22]. This, the government can achieve through the provision of modern medicine and quality health care in various hospitals in Nigeria. This can be achieved if the government of Nigeria can promote and encourage free access to contraceptive services (women seeking such services should not be required to pay in the hospitals) to Nigerian women in order to prevent unintended pregnancies [23].

The leading contributory factors to unintended pregnancies in Nigeria is low contraceptive usage [24]. The current prevalence rate of contraceptive use in Nigeria is approximately 11%-13% [25]. Wide spread awareness of the various contraceptive methods ranges between 29% and 69% depending on the method [26]. Research has shown that 60% of women with an unintended pregnancy were not using any form of contraception. With these statistics, the consequences of low contraceptive use among Nigerian women leads to an estimate

of 1.5 million unintended pregnancies with half of these resulting to elective abortions [27].

It is against this backdrop that a non-legal means of reducing the high rate of abortion in Nigeria is being canvassed bringing the Nigerian government to task to embark on a massive awareness campaign (like it did to malaria) through jingles in the radio and television stations, as well as in every social media informing the entire Nigeria of the availability of free access to contraceptive services to Nigerian women in order to prevent unintended pregnancies [28]. Having provided these free access to contraceptive services, the Nigerian government should not rest on its oars, as much effort is still needed to encourage the use of these contraceptives by Nigerian women. This is necessary because research has shown that about 97% of Nigerian women are aware of one form or other of contraception, but only 21% of these women have tried the use of any form of contraception. This revealed that there exist a wide gap between awareness and usage [29].

The main reason for this gap can be linked to lack of adequate information or misinformation. It could also be as result of religious or traditional beliefs by Nigerian women in general [30]. Engaging health officials who will be saddled with the duty to constantly counsel women on the benefits of contraceptive usage is very important if this wide gap should be closed up. The Federal Ministry of Health in Nigeria through its counselling and monitoring departments can carry out this functions effectively. The counselling should also include sensitization on the various types and methods of contraception available.

These women need to be informed on the type of contraception that will suit them individually. They need to be informed too of the side effects of each of the contraceptives. This will further inform them on the type to opt for. The list of contraceptive methods and types abounds, but the notable amongst them are; combined hormonal contraceptives (CHCs), Progestogen-only contraceptives (POCs), emergency contraceptive pills (ECPs), intrauterine devices (IUDs), copper IUD for emergency contraception (E-IUD), barrier methods (BARR), fertility awareness-based methods (FAB) and lactational amenorrhea method (LAM) [31]. All these methods can be used by women in Nigeria to prevent unintended pregnancies.

Aside free contraceptive services to women in Nigeria, the government could ensure the free distribution of contraceptives in all hospitals, whether public or private within and around Nigeria [32]. This will further boost the morale of women to seek and obtain contraceptives to prevent unintended pregnancies. In 2012, at the Family Planning 2020 Summit in London, the Nigerian government made a commitment to increase the contraceptive prevalence rate to 36% by 2018 and to raise total spending on reproductive health commodities from US\$12million to US\$45.5million by 2016 [33]. This is quite a laudable and commendable effort on the part of the Nigerian government to pursue the path of a non-legal means to reduce the high rate of abortion in country.

Another non-legal approach to reduce the high rate of abortion in Nigeria is the insistence by the Federal Government of

Nigeria on the inclusion of sex education in the curriculum of various secondary schools across the nation. This effort by the government should be complemented by the parents at home, through given necessary sex education to their children from home.

Much of the problems associated with women's health in Nigeria begin at the time of adolescence, leading to adverse consequences and miseries in later life. Nigerian adolescence are increasingly becoming sexually active and due to lack of adequate information, they are at risk of unintended pregnancy and criminal abortion [34]. Of all maternal deaths, 50% occurs as a result of criminal abortions, particularly in teenage and young women [35]. In order to ensure that youth are equipped with the information, motivation or personal insight and skills to protect their sexual and reproductive health, it is imperative that schools, in cooperation with parents, the community, counsellors in schools and also healthcare professionals, play a major role in sexual health education and promotion [36].

The most important prevention of unintended pregnancy is to educate oneself about it and be able to device methods of preventing the occurrence. In order to help prevent girls from becoming pregnant, introduction and teaching of sex education in school by teachers, health educators or health workers and at homes by parents, is very important [37]. Study has revealed the need for increased roles of parents and teachers in early sexuality education of adolescent girls. This can be done by increasing capacity of parents to discuss sexuality issues with their children [38].

Early sex education by teachers in schools and parents at home can help prevent Nigerian adolescents from unwanted pregnancies, and consequently, prevent them from seeking abortion clandestinely.

In other words, Nigerian women will only been seen to be pregnant whenever they are ready to be. So, the issue of abortion will not even arise in the first place. The Nigerian government, through its concerted efforts would have taken care of the contraceptive medical needs of Nigerian women through a non-legal approach which will definitely reduce the rate at which these women seek abortion.

#### IV. CONCLUSION AND RECOMMENDATIONS

It has been imagined that the high rate of abortion under gone by Nigerian women can be drastically reduced using a non-legal approach in the failure of Nigerian laws. This non-legal approach has also been properly conceptualized within lessons derived from the massive campaign against malaria embarked upon by the Nigerian government. Hence, using this fight against malaria theory, it is the believe of this researcher that, if the government of Nigeria is determined to put an end to the high rate of abortion, it can do just that by going all out on making the use of contraceptives by Nigerian women a default habit or behavior. The government of Nigeria should use all means within its power to ensure this.

The following are therefore recommended;

1. Nigerian government should first and foremost ensure that modern medicines are made available to all

hospitals within the country. This will boost the existence of a vibrant health system, rather than the weak one available.

2. Because of the huge financial resources that will be needed in order to make sure that contraceptives are made available, the Nigerian government should be able to provide all necessary funds for all public hospitals. The government of Nigeria should also strive to give some assistance to privately owned hospitals in order to provide contraceptive services to the teeming number of Nigerian women needing such services.
3. These funds should be geared towards the procurement of all necessary drugs and materials relating to contraception to afford that the end users (women) are able to get these contraceptives.
4. Health officials knowledgeable in contraceptive usage and family planning should be deployed to hospitals. This will ensure a firsthand dissemination of quality information needed by Nigerian women to shape their lives regarding pregnancy.
5. Each hospital is expected to go public on the preferred day of the week to be tagged "Contraceptive Service". This will enable women to plan their time and know which of the hospitals they will visit to receive the free contraceptive service. It is also preferable that contraceptive should be distributed to women during this service based on their needs, to be assisted by the health officials.

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