

**ABUAD Law Journal (ALJ)**

Vol. 11, No. 1, 2023, Pages 194-219 <https://doi.org/10.53982/alj.2023.1101.09-j>

Published by College of Law, Afe Babalola University Law Journal,  
College of Law, Afe Babalola University, Km 8.5, Afe Babalola Way,  
P.M.B. 5454, Ado Ekiti, Ekiti State, Nigeria ISSN: 2971-7027  
[www.abuad.edu.ng](http://www.abuad.edu.ng), [abuadlawjournal@abuad.edu.ng](mailto:abuadlawjournal@abuad.edu.ng)

---

**Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion  
with the Socio-Cultural and Religious Issues in Nigeria**

---

**Dike Chijioke Obalum\***  
**Sunday Kenechukwu Agwu\*\***

***Abstract***

*Modern science has developed through the centuries, particularly in the 21<sup>st</sup> century. These developments have constantly met the needs of humans in different aspects of life. The health care sector has not been left out in this rapid development. There has been significant development and improvements in reproduction by aiding families in reproduction and safe delivery. This paper adopted the doctrinal method of research and examined the flipside of healthcare development towards reproduction, which is the prevention through means such as contraceptives, sterilization and particularly abortion. The paper aimed at analyzing the law and ethics of contraception, sterilization and abortion and the relation of cultural and religious issues. In pursuit of this aim, the papers set out objectives such as clarification of the terms contraceptives, sterilization, and abortion, review of the laws and ethics of contraceptives and abortion around the world and analysis of the laws and ethics of contraceptives and abortion in Nigeria. The paper, among other things found that these developments have been met with different reactions from people in different regions of the world. The paper further found that these reactions have been mostly from cultural and religious perspectives. The development in this area of biological sciences has proven to aid better development in certain regions while others have not been met with such encouragement as people have been legally prohibited from using these medicinal instruments. The findings in this paper will be useful to both medical and non-medical practitioners. It will indeed be of immense benefit to the general society. The paper made recommendations for developing countries such as Nigeria on best practices to adapt.*

**KEYWORDS**

Health Laws; Medical Ethics; Abortion; Contraceptives; Sterilization

## 1.0 INTRODUCTION

Throughout history, women have practiced forms of birth control and abortion. These practices have generated intense moral, ethical, political, and legal debates since abortion is not merely a techno- medical issue but "the fulcrum of a much broader ideological struggle in which the very meanings of the family, the state, motherhood and young women's sexuality are contested"<sup>1</sup>. Women have overtly or covertly resorted to abortion, but their access to services has been countered by the imposition of social and legal restrictions, many of which have origin in morality and religion. The norms governing the ethics of abortion have been constantly remolded to suit the times and the social contexts in which they are set. Despite the dissimilarities in their construct, intent and orientation, these norms have invariably been directed at the fulfillment of social needs that do not recognize women's right to determine their sexuality, fertility and reproduction.

---

\* LL.B (Baze), B.L (Abuja), LL.M (UniAbuja), MBBS (UNN), MPH (UniLag), MBA (UniLag), MSc (UNN), FWACS, FMCS, FICS, FACS, FCI Arb (UK), FICMC, FNILA, FMLP, FIMHL. Associate Professor of Orthopaedics and Traumatology, College of Medicine, Baze University and Senior Lecturer, Faculty of Law, Baze University. [obalum@yahoo.co](mailto:obalum@yahoo.co)

\*\*LL.B, B.L, LL.M, PGDE, ACI Arb.(UK), MNIM, AICMC, Lecturer and Clinical Law Administrator, Faculty of Law, Baze University Abuja. [sunday.agwu@bazeuniversity.edu.ng](mailto:sunday.agwu@bazeuniversity.edu.ng), [kenagwusjr@yahoo.com](mailto:kenagwusjr@yahoo.com), 08164724362

<sup>1</sup> A. Jesani and A. Iyer, Women and Abortion, *Economic and Political Weekly*, 28(48) (1993), pp. 2591-2594 (4 pages), available at <<https://www.jstor.org/stable/4400452>> last accessed on 12/4/2023

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>

In its 1859 Convention, the American Medical Association (AMA) declared that the practice of abortion should be outlawed<sup>2</sup>. This was followed a decade later by the Church when, in 1869, the Apostolic Sedes Pius IX pronounced that abortion was a transgression of the faith and a ground for excommunication<sup>3</sup>. Thus, by the 1870s, the medical profession and the Church had joined forces in criminalizing abortion and succeeded in prohibiting its practice. As an exception, induced abortion was allowed only for therapeutic purpose of saving the life of pregnant women. This decree remained in force for a century till 1973 when the American Supreme Court initiated the process of liberalization through its ruling on the *Roe V Wade*<sup>4</sup> case.

In the UK, the Abortion Act of 1967 liberalized abortion services up to 28 weeks of pregnancy. The British Medical Association (BMA) appends this with a cautionary note. It says that; "the doctor should recommend or perform termination after 20 weeks only if he is convinced that the health of the woman is seriously threatened or if there is good reason to believe that the child will be seriously handicapped" (BMA, 1988: 80).<sup>5</sup> The English case of *R v. Bourne*<sup>6</sup>, indicates that the preservation of the mother's life should include safeguarding her physical and mental health. This has been held to support the cause of abortions in the UK.

As the process of liberalization of the law on abortion spread across various countries, international medical organizations were compelled to make their positions clear. Thus the Declaration of Oslo issued by the World Medical Association in 1970 conceded to the need to

---

<sup>2</sup> Life Research Institute, 'The American Medical Association's Positions on Abortion 1859 – 2019' (2019) <<https://www.liferesearchinstitute.org/miscellaneous/the-american-medical-associations-positions-on-abortion-1859-2019/>> accessed 28 February 2023

<sup>3</sup> *Ibid* (Referring to Hurst Hannum, Contemporary Developments in the International Protection of the Rights of Minorities, 66 Notre Dame L. Rev. 1461 (1991). Available at: <<https://scholarship.law.nd.edu/ndlr/vol66/iss5/12>> )

<sup>4</sup> 410 U.S. 113 (1973)

<sup>5</sup> BMA, Abortion: time limits for pregnancy, report of the Board of Science and Education (BMA, London, 1988). Available at <https://www.bma.org.uk/media/3307/bma-the-law-and-ethics-of-abortion-report-march-2023-final-web.pdf>

<sup>6</sup> *R v. Bourne*, [1938] 3 All ER 615 (Eng.)

provide abortion services. The document stated, "where the law allows therapeutic abortion to be performed, the procedure should be performed by a physician competent to do so in premises approved by the appropriate authority". Sub-Saharan Africa (SSA) bears the highest burden of global reproductive ill-health with unsafe abortion being one of the most neglected aspects. Global projections indicate that 33 per 1,000 women terminated a pregnancy between 2014 and 2019, denoting 25% of all pregnancies worldwide and Africa accounted for 8.3% Of all pregnancies terminated<sup>7</sup> . Hitherto, this empirical study focuses on the laws and ethics of contraceptive and abortion with the religious and cultural issues taken into consideration.

## **2.0 DEFINITION ON TERMS AND CONCEPTS**

This section of the work focuses on providing brief conceptual clarification for the major key terms about Contraception, Sterilization, and Abortion.

### **2.1 Contraceptives**

Contraceptives, sterilization, and abortion are all related to reproductive health and family planning. While each has its own unique characteristics, all three are important tools for individuals to control their reproductive choices. In this paper, we will define each term, discuss their uses and benefits, and examine recent legal situations surrounding them.

Contraceptives are a range of methods used to prevent pregnancy. They can be categorized into several types: which are the Hormonal methods - These include birth control pills, patches, injections, and vaginal rings. Hormonal contraceptives contain synthetic hormones that prevent

---

<sup>7</sup> World Health Organization, 'Maternal Mortality' <<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>> accessed 28 February 2023.; Guttmacher Institute, 'Abortion in Sub-Saharan Africa' <<https://www.guttmacher.org/fact-sheet/abortion-subsaharan-africa>>

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>

ovulation, thicken cervical mucus, and thin the uterine lining to make it difficult for sperm to fertilize an egg<sup>8</sup>. Barrier methods - These include condoms, diaphragms, and cervical caps. Barrier methods physically block sperm from reaching the egg. Intrauterine devices (IUDs) - These are small, T-shaped devices that are inserted into the uterus by a healthcare provider. They work by preventing sperm from fertilizing an egg and by thinning the uterine lining.

Contraceptives are a crucial tool for family planning, allowing individuals to control their fertility and plan their families. They are also beneficial for managing certain medical conditions, such as endometriosis, heavy periods, and polycystic ovary syndrome (PCOS). Contraceptives are safe and effective when used correctly, and they do not increase the risk of sexually transmitted infections (STIs). There are also other methods provided other than contraceptives which as provided for the prevention of pregnancy such as sterilization, Sterilization is a permanent form of contraception that involves surgically blocking or cutting the fallopian tubes (in women) or vas deferens (in men). This prevents the release of sperm or egg, making it impossible for fertilization to occur.

### **2.2 Sterilization**

This is a permanent form of contraception, which involves surgically blocking or cutting the fallopian tubes (in women) or vas deferens (in men) to prevent the release of sperm or egg. Natural methods - These include tracking menstrual cycles and abstaining from sexual intercourse during fertile periods.

---

<sup>8</sup>Drugs.com, 'Hormonal Contraceptives', medically reviewed 6 February 2023, <<https://www.drugs.com/cg/hormonal-contraceptives.html>> accessed 28 February 2023.

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>  
Sterilization is a highly effective method of contraception, with a failure rate of less than 1%<sup>9</sup>.

Sterilization is typically considered a permanent option for individuals who are certain they do not want to have children in the future. However, it is important to note that it is possible to reverse sterilization through surgical procedures, although success rates vary.

### 2.3 Abortion

Abortion on the other hand is not the prevention but rather it is the termination of a pregnancy. It can be done through a medical procedure or through medication. In some cases, abortions are necessary to protect the health of the mother or due to foetal abnormalities<sup>10</sup>. In other cases, abortions are chosen by women for personal reasons, such as financial or social constraints, or simply because they do not wish to continue the pregnancy.

### 3.0 LAWS AND ETHICS OF CONTRACEPTIVE AND ABORTION IN THE WESTERN WORLD

Western countries, also referred to as the Western world, generally encompasses nations located in Europe, North America, and Oceania<sup>11</sup>. The idea of the Western world originated from the

---

<sup>9</sup>Guttmacher Institute, 'Contraceptive Use in the United States', Fact Sheet (2020) <<https://www.guttmacher.org/fact-sheet/contraceptive-effectiveness-united-states>> accessed 28 February 2023.

<sup>10</sup>J. Solis-Moreira, 'When is Abortion considered medically necessary' (Health.com, fact checked by Richard Scherr) <<https://www.health.com/news/abortion-medically-necessary>> accessed 28 February 2023.

<sup>11</sup>Wisevoter, 'Western Countries' <<https://wisevoter.com/country-rankings/western-countries/>> accessed last on 7th July 2023

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j> ancient Greeks and Romans, and it has evolved over time to include various nations that share common historical, philosophical, and societal roots.<sup>12</sup>

For want of space and time, this section of the work is limited in scope to a few of the countries referred to as the Western world.

### 3.1 United States of America

Abortion is a highly controversial issue, with opinions divided on the morality and legality of the procedure. In many countries, including the United States, the legality of abortion is a heavily debated topic. In the U.S., the Supreme Court case of *Roe v. Wade* (1973)<sup>13</sup> established that the constitutional right to privacy includes the right to terminate a pregnancy. However, this decision has been challenged by anti-abortion advocates, and many states have passed laws restricting access to abortion. Just in 2022, the Supreme Court overturned the decision in *Roe v. Wade*<sup>14</sup>.

In the United States, the first birth control clinic was opened by Margaret Sanger in 1916<sup>15</sup>. However, at that time, the use of contraceptives was illegal under the Comstock Laws, which criminalized the distribution of materials related to contraception. It wasn't until 1965 that the Supreme Court's decision in *Griswold v. Connecticut*<sup>16</sup> established a constitutional right to privacy, which included the right to use contraceptives. Since then, various forms of contraception have become widely available, including hormonal contraceptives, intrauterine devices (IUDs), and barrier methods such as condoms and diaphragms.

---

<sup>12</sup>*ibid*

<sup>13</sup>Roe v. Wade, 410 U.S. 113 (1973).

<sup>14</sup>Dobbs v. Jackson Women's Health Org. - 142 S. Ct. 2228 (2022)

<sup>15</sup>On October 16, 1916, Sanger — together with her sister Ethel Byrne and activist Fania Mindell — opened the country's first birth control clinic in Brownsville, Brooklyn. Planned Parenthood, 'Our History' <<https://www.plannedparenthood.org/about-us/who-we-are/our-history>> accessed 28 February 2023.

<sup>16</sup>Griswold v Connecticut [1965] 381 US 479

While access to contraception has increased, there are still barriers to access, particularly for marginalized communities. There have been some legal and ethical considerations concerning the use of contraceptives. The practice of contraception raises several legal and ethical considerations, particularly in relation to reproductive autonomy and access to healthcare, the debate goes to state who retains the right to terminate a pregnancy and what granting such a right does to society at large taking into consideration that such a practice will encourage other women in society and normalize this action. From a legal standpoint, the right to access contraception is protected under the Affordable Care Act (ACA), which requires insurance companies to cover the cost of contraception without a copayment<sup>17</sup>. However, there have been efforts to roll back these protections, particularly under the Trump administration, which allowed employers to claim religious or moral objections to providing contraception coverage. While on an ethical standpoint, the use of contraception is often viewed as a means of promoting reproductive autonomy and preventing unintended pregnancy. However, some religious and cultural beliefs view the use of contraception as morally problematic, particularly in cases where it is seen as interfering with the natural order of reproduction.

Having discussed contraceptive it is necessary to take a look at the practice of abortion. The practice of abortion has a long and complex history, with various cultural and religious beliefs shaping attitudes towards the practice. In ancient civilizations, abortion was often used as a means of limiting population growth or preventing the birth of unwanted children. In the United States, abortion was legal in the early years of the country, and it wasn't until the 19th century that states began to criminalize the practice. In 1973, the Supreme Court's decision in *Roe v. Wade* established a constitutional right to abortion, which overturned many of the state laws that

---

<sup>17</sup>Affordable Care Act (ACA), Section 2713. This provision is commonly known as the “contraceptive mandate” and has been in effect since 2012.



criminalized the practice. Since then, access to abortion has been the subject of ongoing legal and political battles, with efforts to restrict access through state laws, regulations, and funding restrictions. These restrictions disproportionately impact marginalized communities, particularly low-income women and women of color<sup>18</sup>. The practice of abortion raises several legal and ethical considerations, particularly in relation to reproductive autonomy, bodily autonomy, and access to healthcare. Taking a look from a legal standpoint, the right to access abortion is protected under the *Roe v. Wade* decision, which established a constitutional right to privacy and the right to access abortion up until viability (around 24 weeks). However, since the *Roe* decision, there have been ongoing efforts to restrict access to abortion through state laws and regulations, including waiting periods, mandatory counseling, and funding restrictions. *Roe v. Wade* was a landmark case decided by the US Supreme Court in 1973, which established a woman's right to choose to have an abortion without excessive government restriction. While many people support the *Roe v. Wade* principle, there are also those who oppose it and argue against the decision. One argument against the *Roe v. Wade* principle is that it violates the right to life of the unborn child. Opponents of the decision believe that life begins at conception and that abortion is therefore equivalent to murder. They argue that the right to life of the unborn child should take precedence over the right to choose of the mother. Another argument against the *Roe v. Wade* principle is that it undermines the role of states in regulating abortion. Opponents of the decision believe that the states should have the power to regulate abortion based on their own moral and ethical beliefs, rather than being forced to follow a one-size-fits-all federal mandate. They argue that *Roe v. Wade* takes away the power of states to make decisions that reflect their own values and beliefs. In addition, opponents of the *Roe v. Wade* principle

---

<sup>18</sup> Alfonseca, K. "Why abortion restrictions disproportionately impact people of color." ABC News. June 24, 2022, 3:43 PM. <https://abcnews.go.com/Health/abortion-restrictions-disproportionately-impact-people-color/story?id=84467809> (accessed February 28, 2023).

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j> argue that it has led to the devaluation of human life and the breakdown of moral values in society. They believe that widespread access to abortion has led to a culture of disregard for human life and has contributed to a decline in traditional moral values.

However, it is important to note that the *Roe v. Wade* decision is a complex issue with many factors to consider. While some people may oppose the principle, others support it as a critical protection for women's reproductive rights and autonomy. The decision allowed women to make their own decisions about their bodies, health, and future, and helps to ensure that they are not forced to carry an unwanted pregnancy to term. Before the Court in *Dobbs* was a Mississippi law that prohibited abortion after fifteen (15) weeks (before viability), except if there was a medical emergency or severe foetal abnormality, which violated *Roe v. Wade*. Therefore, the Court was able to use this case to reconsider the Court's 1973 decision in *Roe*. In holding that the Constitution does not provide a right to abortion, the Court overruled *Roe*. First, the Court held that the right to an abortion is not a fundamental right recognised by neither the Constitution, our Nation's history and traditions, nor encapsulated by other, broader rights. Then, the Court concluded that traditional *stare decisis* (preserving the Court's prior decisions) factors weigh against upholding *Roe*—namely, the nature of the Court's error in *Roe*; the quality of the Court's reasoning in *Roe*; the workability of the rule set forth in *Roe*; *Roe*'s effect on other areas of law; and the reliance interests on the *Roe* decision.<sup>19</sup>

The overturning of *Roe v. Wade* by the Court in *Dobbs v. Jackson Women' Health Organization* could potentially have implications spanning far beyond the legality of, and access to, abortions. *Dobbs* has brought many issues to the forefront—abortion, women's rights,

---

<sup>19</sup> *Dobbs v. Jackson: The Overturning of Roe v. Wade and its Implications on Substantive Due process* By Maddy cittadino. <https://lawreview.syr.edu/dobbs-v-jackson-the-overturning-of-roe-v-wade-and-its-implications-on-substantive-due-process/amp/> accessed last on 27/04/2023

Substantive Due Process, fundamental rights, stare decisis, the proper role of the Court, and what should be left up to individual states—and therefore impacting everything from the individual, to broad constitutional questions and analyses. In our opinion, the *Roe v. Wade* principle provided a critical protection for women's reproductive rights and autonomy. Women had the right to make their own decisions about their bodies, health, and future, and should not be forced to carry an unwanted pregnancy to term. While there are valid concerns about the rights of the unborn child and the role of states in regulating abortion, these concerns must be balanced against the rights and autonomy of women. It is important to ensure that women have access to safe and legal abortion services, and that their reproductive rights are protected. From an ethical standpoint, the practice of abortion is often viewed as a means of promoting reproductive autonomy and bodily autonomy.

### 3.2 The United Kingdom

The United Kingdom has been more progressive than other countries in this regard as the British society has completely embraced and recognized the right of women to choose if they are capable of raising a child and the choice and a choice to terminate the pregnancy or to participate in preventing unwanted pregnancies however this does not come without its restrictions in other to ensure that there is order and the right or process is not abused.

In the United Kingdom, the use of contraception and abortion has been legal since the 1960s. The Abortion Act of 1967 legalized abortion up to 24 weeks of pregnancy, with exceptions for cases where the woman's life is at risk, the fetus has a severe abnormality, or the woman's physical or mental health is at risk<sup>20</sup>. The use of contraception is also widely available, with

---

<sup>20</sup>The Abortion Act of 1967, Section 1(1)(a).

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j> access to contraception provided through the National Health Service (NHS) and various community organizations.

In recent years, access to abortion has become a political issue, with debates over funding and access to services. In Northern Ireland, abortion was illegal until 2019 when the Northern Ireland (Executive Formation) Act 2019 legalized abortion up to 12 weeks of pregnancy<sup>21</sup>. From an ethical standpoint, the use of contraception and abortion in the UK is often viewed as a means of promoting reproductive autonomy and preventing unintended pregnancy. However, there are religious and cultural beliefs that view the use of contraception and the practice of abortion as morally problematic. Contraceptives and abortion are highly debated issues that are influenced by social, cultural, and religious factors. In this context, we can examine how these factors shape the access to and use of contraceptives and abortion services in the UK.

Social and cultural factors play an important role in the use of contraceptives and abortion in the UK. The UK is a diverse society with a variety of cultural and religious beliefs that affect attitudes towards family planning and reproductive health. While there is a general acceptance of contraception in the UK, there are still some groups that view contraception negatively, either for religious or cultural reasons. In some cultural and religious communities, contraception is still considered a taboo subject, and many women face pressure from their families and communities to have large families. For example, some Muslim and Hindu communities in the UK view contraception as a sin, and some women may face stigma and discrimination if they seek contraceptive services. Similarly, in some African and Caribbean communities, there is a cultural preference for larger families, which can make it difficult for women to access contraception.

---

<sup>21</sup>Northern Ireland (Executive Formation) Act 2019, Section 9. This section came into effect on October 22, 2019.

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>

Religious beliefs are also important in shaping attitudes towards contraceptives and abortion in the UK. While the UK is a secular country, religion still plays a significant role in many people's lives. Some religious groups, such as Catholics and some evangelical Christians, are opposed to contraception and abortion, while others are more accepting of these practices. In the UK, the Catholic Church and some evangelical Christian groups have been vocal opponents of contraception and abortion, and there have been efforts to restrict access to these services in certain areas. However, the majority of religious groups in the UK are more accepting of contraception and abortion, and many religious organizations support access to reproductive health services.

The social, cultural, and religious factors surrounding contraceptives and abortion can have a significant impact on women's health in the UK. When women are unable to access contraceptive services, they may be at risk of unintended pregnancies, which can lead to unsafe abortions or childbirth complications. Similarly, when access to safe and legal abortion services is restricted, women may resort to unsafe methods, leading to serious health risks and even death.

In the UK, access to contraception and abortion is generally good, with a range of contraceptive methods available, including the pill, condoms, and intrauterine devices (IUDs). Abortion is legal in England, Scotland, and Wales, and there are a range of abortion services available, including medical and surgical abortion. However, there are still some areas of the UK where access to reproductive health services is limited, particularly in rural areas and in areas with large ethnic minority communities. In addition, there have been efforts to restrict access to abortion services in certain areas, such as Northern Ireland, where abortion was only legalized in 2019.

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>

Social, cultural, and religious factors continue to shape attitudes towards contraceptives and abortion, with some groups opposing these practices.

However, access to reproductive health services is generally good in the UK, with a range of contraceptive methods and safe and legal abortion services available. It is important to prioritize women's health and ensure that all women have access to the reproductive health services they need, regardless of their social, cultural, or religious background. By promoting open dialogue and education about contraception and abortion, we can ensure that women have the knowledge and resources they need to make informed decisions about their reproductive health.

In France, the use of contraception and abortion has been legal since the 1970s. Loi Veil (Veil Law) of 1975 legalized abortion up to 12 weeks of pregnancy, with exceptions for cases where the woman's life is at risk or the fetus has a severe abnormality<sup>22</sup>. The use of contraception is also widely available, with access to contraception provided through the French healthcare system. The use of contraception and abortion in France is often viewed as a means of promoting reproductive autonomy and preventing unintended pregnancy. However, there are religious and cultural beliefs that view the use of contraception and the practice of abortion as morally problematic. In recent years, access to abortion has become a political issue, with debates over funding and access to services. In 2021, a new law was passed in France that extended the legal limit for abortion from 12 to 14 weeks of pregnancy, and also removed the requirement for a seven-day reflection period before the procedure<sup>23</sup>.

---

<sup>22</sup>Voluntary Interruption of Pregnancy Law, Article 1, also known as the Veil Law

<sup>23</sup>This law is called the “Loi relative à la contraception, à l’information sur l’interruption volontaire de grossesse et à la stérilisation volontaire” in French, which translates to the “Law on Contraception, Information on Voluntary Termination of Pregnancy, and Voluntary Sterilization” in English.

The law was passed by the French parliament in June 2021 and came into effect on September 1, 2021

Overall, while the legal and ethical considerations of contraception and abortion vary across Europe, countries like the United Kingdom and France have generally taken a pro-choice stance, prioritizing reproductive autonomy and access to healthcare. However, there are still challenges in terms of access to services, particularly for marginalized communities.

### 3.3 The Middle East

The middle east is another region that provides a great opportunity to analyze the perception of contraceptive and abortion in the 21<sup>st</sup> century. It is important to note that the Middle East is a diverse region with varying cultural, religious, and political contexts, and attitudes towards contraception and abortion can vary widely between different countries and communities. In many Middle Eastern countries, the use of contraception and abortion is generally less accepted and less accessible than in Western countries. Some countries in the region, such as Saudi Arabia and Iran, have strict laws that prohibit or heavily restrict the use of contraception and abortion. In other countries, such as Turkey, Tunisia, and Lebanon, the use of contraception and abortion is legal but still controversial and stigmatized.

Islamic law, which is the primary legal framework in many Middle Eastern countries, generally prohibits abortion except in cases where the mother's life is at risk. However, there are also some Islamic scholars who argue that abortion may be permissible in certain cases, such as when the pregnancy is a result of rape or when there is a risk to the mother's mental health<sup>24</sup>. Access to contraception in the Middle East can also be limited, particularly for unmarried women. In some countries, contraception is only available with a husband's consent, and in others, it is only provided to married women.

---

<sup>24</sup>O. Suleiman, 'Islam and the Abortion Debate' (2017) Yaqeen Institute for Islamic Research <<https://yaqeeninstitute.org/read/paper/islam-and-the-abortion-debate>> accessed 28 February 2023.

OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>

Social and cultural norms also often discourage discussions about sex and contraception, making it difficult for individuals to access information and resources. However, there are also efforts to increase access to contraception and improve reproductive health in the region. Some countries, such as Tunisia, have made efforts to increase access to contraception and promote family planning as a means of reducing poverty and improving health outcomes. Non-governmental organizations and women's rights groups are also working to increase awareness about contraception and reproductive rights. Attitudes towards contraception and abortion in the Middle East are complex and vary widely between different countries and communities. While the use of contraception and abortion is generally less accepted and less accessible than in Western countries, there are also efforts to increase access to reproductive health services and promote reproductive rights in the region.

#### **4.0 LAWS AND ETHICS OF CONTRACEPTIVE AND ABORTION IN SUB-SAHARAN AFRICA**

Africa as a region has not been exempted from the practice of contraceptives and abortion, access to contraception in Africa has been limited, particularly in rural areas, and there can be social and cultural barriers to its use. For example, in some communities, there may be a stigma attached to the use of contraception, and women may not have access to the necessary information or resources to make informed decisions about their reproductive health. In many African countries, abortion is highly restricted or prohibited by law. In some cases, the only exceptions may be to save the life of the mother, while in other cases, there may be no exceptions at all. This can lead to unsafe and clandestine abortions, which can have serious health consequences for women. However, there are also efforts to increase access to



contraception and improve reproductive health outcomes in Africa. For example, some countries have implemented national family planning programs to increase access to contraception, while others have decriminalized abortion or expanded access to safe and legal abortion services<sup>25</sup>. Non-governmental organizations and women's rights groups are also working to increase awareness about contraception and reproductive rights. In some African communities, traditional practices related to contraception and family planning are still widely used. For example, some women may use traditional herbal remedies or traditional methods of contraception such as withdrawal or the rhythm method. However, these methods may not be as effective as modern forms of contraception and may also carry certain health risks. Attitudes towards abortion in Africa are complex and vary widely between different countries and communities. While there are barriers to accessing reproductive health services in many African countries, there are also efforts to increase access to contraception and promote reproductive rights in the region. The law and ethics of contraception and abortion in sub-Saharan Africa, including Nigeria, have a complex and contentious history, shaped by a variety of cultural, religious, social, and political factors. This article will later explore the legal and ethical frameworks of contraception and abortion in Nigeria, examining the historical context, current laws, and debates surrounding these issues. The law and ethics of contraceptive and abortion in Sub-Saharan Africa have been shaped by various historical, cultural, and religious factors. In modern times, there has been a growing awareness of the need to ensure reproductive rights for women, but many countries still face legal and ethical challenges when it comes to providing access to contraception and safe abortion.

---

<sup>25</sup>Some of these African countries are South Africa which in 1966 legalised abortion subject to certain conditions; Ethiopia in 2005 introduced the Health Extension Program aimed at increasing contraceptive methods; Tunisia legalised abortion in 1973 and Ghana decriminalised abortion under certain circumstances in 1985.

The history of contraception and abortion in Sub-Saharan Africa can be traced back to pre-colonial times when traditional methods such as herbs, plants, and rituals were used to prevent pregnancy or terminate unwanted pregnancies. However, with the arrival of European colonial powers, attitudes towards contraception and abortion began to change, and these practices were increasingly viewed as sinful and immoral. During the colonial era, many African countries adopted strict laws that prohibited contraception and abortion. These laws were often influenced by religious beliefs and values that were introduced by European missionaries. The criminalization of contraception and abortion persisted even after many African countries gained independence in the 1960s, as these practices continued to be viewed as immoral and contrary to traditional values. The use of contraception and abortion in sub-Saharan Africa has a long and complicated history. In many traditional African societies, women used a variety of methods to control their fertility, including herbs, roots, and other natural remedies. These methods were often shared between women and passed down through generations. However, with the introduction of Western medicine and religion during colonialism, many traditional practices were suppressed or outlawed.

In Nigeria, the use of modern contraception began to increase in the 1960s, following the country's independence from Britain. However, the use of these methods has remained low compared to other parts of the world, in part due to cultural and religious beliefs that discourage or prohibit their use. Abortion has been largely illegal in Nigeria, with few exceptions since the passage of the Criminal Code in 1916<sup>26</sup>. However, in recent decades, there has been a shift in attitudes towards contraception and abortion in many Sub-Saharan African countries. Women's

---

<sup>26</sup>Nigeria's Criminal Code of 1916, Section 228 criminalizes abortion. The section states that anyone who procures or attempts to procure a miscarriage is guilty of a felony and could face imprisonment for up to 14 years. The provision remains in force in several Nigerian states.

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>

rights movements, international organizations, and healthcare providers have advocated for greater access to reproductive healthcare services, including contraception and safe abortion.

The legal framework for contraception and abortion in Sub-Saharan Africa varies from country to country. Some countries have legalized abortion under certain circumstances, such as when the woman's life is at risk, while others have very strict laws that prohibit abortion entirely. For example, in South Africa, abortion is legal up to 12 weeks of pregnancy, and under certain circumstances, such as when the pregnancy is a result of rape or incest or if the woman's life or health is at risk<sup>27</sup>. In contrast, in countries such as Nigeria<sup>28</sup> and Uganda<sup>29</sup>, abortion is only legal if the woman's life is in danger, and even then, the procedures are heavily restricted. Similarly, access to contraception also varies across Sub-Saharan Africa. While some countries have made significant progress in expanding access to contraception, others have limited access due to restrictive laws and policies, lack of funding, and cultural and religious beliefs.

The ethics of contraception and abortion in Sub-Saharan Africa are complex and often intertwined with cultural, religious, and socio-economic factors. Many people in the region view contraception and abortion as morally wrong, and religious beliefs play a significant role in shaping attitudes towards these practices. Furthermore, there are concerns about the safety and effectiveness of contraceptive methods and the risks associated with unsafe abortions. In countries where abortion is illegal, women often resort to unsafe methods that can result in serious health complications or even death. There are also ethical arguments in favor of

---

<sup>27</sup>Section 1(1)(a) of the Choice on Termination of Pregnancy Act of 1996 legalizes abortion on request up to 12 weeks of pregnancy. Section 1(2) allows for abortion between 13 and 20 weeks if the pregnancy endangers the woman's physical or mental health, if there is a risk of foetal abnormality, or if the pregnancy is the result of rape or incest

<sup>28</sup>Under the Penal Code, Section 306 and the Criminal Code, Section 233

<sup>29</sup>Penal Code Act, Section 15(3).

OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j> expanding access to contraception and safe abortion. Advocates argue that women have the right to control their reproductive health and make informed decisions about their bodies. Providing access to contraception and safe abortion can also help to reduce maternal mortality and improve women's overall health.

#### **4.1 LEGAL AND JUDICIAL ATTITUDE TOWARDS CONTRACEPTIVE AND ABORTION IN NIGERIA**

In Nigeria, contraception is legal and widely available<sup>30</sup>, but there are still significant barriers to access for many women. According to the most recent Demographic and Health Survey (DHS) conducted in Nigeria in 2018, only 12 percent of married women between the ages of 15 and 49 use modern contraceptives, and access to these methods varies significantly based on socioeconomic status, education, and geographic location<sup>31</sup>. The Nigerian government has taken steps to increase access to contraception in recent years, including through the development of a national family planning strategy and the establishment of family planning clinics in public health facilities. However, many challenges remain, including inadequate funding, limited training and support for healthcare providers, and resistance from religious and cultural leaders. Abortion is largely illegal in Nigeria, with a few exceptions. The Criminal Code of Nigeria allows for abortion in cases where the life of the mother is at risk or when the pregnancy

---

<sup>30</sup>In Nigeria, the law that makes contraception legal is the National Health Act of 2014. This law recognizes the importance of family planning and provides for the provision of family planning services, including contraceptives, by public health institutions. The law also mandates the Federal Government to ensure the availability, accessibility, and affordability of family planning commodities and services to all Nigerians, especially women and girls. Additionally, the Child Rights Act of 2003 and the Maternal and Child Health Law of 2007 also support access to family planning and reproductive health services, including contraception.

<sup>31</sup>National Population Commission (NPC) [Nigeria] and ICF International. (2019). Nigeria Demographic and Health Survey 2018 Final Report, Table 10.3, p. 96. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF International. Available at: <https://dhsprogram.com/pubs/pdf/FR359/FR359.pdf> Accessed last 28/02/23.

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j> was the result of rape or incest. However, access to safe and legal abortion is extremely limited, and many women turn to unsafe and illegal methods that put their health and lives at risk.

The ethics of contraception and abortion in Nigeria are complex and multifaceted. On one hand, many people argue that contraception is a fundamental human right that enables women to control their fertility and make informed decisions about their reproductive health. They argue that access to contraception is essential for improving maternal and child health outcomes, reducing poverty, and empowering women to participate fully in society. On the other hand, there are those who argue that contraception and abortion are morally wrong and violate religious and cultural beliefs. Some religious leaders in Nigeria have spoken out against the use of contraception, arguing that it promotes promiscuity and undermines traditional values. Similarly, many people believe that abortion is morally wrong and that it should be illegal in all circumstances, except when the life of the mother is at risk. The law and ethics of contraception and abortion in Nigeria are complex and contentious issues that are shaped by a variety of factors, including cultural, religious, social, and political beliefs. While contraception is legal and widely available in Nigeria, there are still significant barriers to access for many women, and the use of these methods remains relatively low. Abortion is largely illegal in Nigeria, and access to safe and legal abortion is extremely limited, leading many women to turn to unsafe and illegal methods. The ethical debates surrounding contraception and abortion in Nigeria are likely to continue, highlighting the need for continued advocacy, education, and dialogue around these issues.

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>

The Judicial attitude to the subject has not been quite different from the general views of Nigerians. For instance, in the case of *State v. Njoku*<sup>32</sup>, the first defendant had sexual intercourse with A, resulting in A's pregnancy. The first defendant wrote to A, advising her to procure her own miscarriage and also sent her some tablets and ampoules of injection, giving direction for their use.<sup>33</sup> He also gave A N6.00 (six Naira) to pay for the abortion. The second defendant arranged for the sum of N5.00 (five Naira) to be paid to the third defendant, a native doctor, and brought A to the third defendant's house where the latter administered to A, some powdered medicine stuffed in garri, which caused A to miscarry.<sup>34</sup> The court held as follows:

(a) That by sending the tablet and ampoules to A with intent that she should use them to procure her miscarriage, the first defendant was guilty of felony under section 230 of the criminal code.

(b) That since the date of the giving of the N6.00 stated in the charge differed from the date stated by A in her evidence in court, the prosecution had failed to prove its case as charged, with respect to that count.

(c) That it was proved that the third defendant caused A to swallow medicine with intent to procure and which in fact procured her own miscarriage, and he was therefore guilty of a felony under section 228 of the criminal code. The word "poison or noxious thing" in the section means any substance calculated to injure the health of the woman concerned by causing her to miscarry. It was not a necessary pre-requisite for a conviction to establish that the substance was an abortifacient.

(d) A was an accomplice in the conspiracy to procure her own abortion<sup>35</sup>

In *State v. Akpaete*<sup>36</sup>, the accused, a native doctor, performed an operation on the deceased to secure her abortion of a two months old pregnancy by inserting a not into her vagina.<sup>37</sup> On withdrawing it, the deceased bled and later, contracted tetanus and died. He was charged with murder. Ndoma Egba, J, found him guilty of manslaughter instead on the ground that no reasonable man in the community in which the accused lived could have thought that his act

---

<sup>32</sup> *State v. Njoku*, [1973] ECSLR 638 (Nigeria)

<sup>33</sup> *State v. Njoku*, [1973]

<sup>34</sup> *State v. Njoku*, [1973]

<sup>35</sup> *State v. Njoku*, [1973]

<sup>36</sup> *State v. Akpaete*, [1976] 2 FNR 101 (Nigeria)

<sup>37</sup> *State v. Akpaete*, [1976]

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j> would endanger human life or caused death.<sup>38</sup> However, the fact that the deceased consented to the abortion did not exonerate the accused from criminal responsibility.<sup>39</sup>

The law and ethics of contraception and abortion in Sub-Saharan Africa are complex and reflect the historical, cultural, and religious factors that have shaped attitudes towards reproductive healthcare practices in the region. While progress has been made in expanding access to contraception and safe abortion, there are still significant legal and ethical challenges that need to be addressed.

Efforts to improve access to reproductive healthcare services should take into account cultural and religious beliefs, as well as the socio-economic factors that contribute to limited access to these services. By promoting reproductive rights and ensuring access to contraception and safe abortion, Sub-Saharan Africa can improve the health and well-being of women and girls and promote gender equality.

## **5.0 IMPACT OF SOCIO-CULTURAL AND RELIGIOUS BELIEFS ON CONTRACEPTION, STERILIZATION, AND ABORTION**

Cultural and religious beliefs play a significant role in shaping attitudes towards contraception, sterilization, and abortion. These beliefs can impact an individual's decision-making process and affect their access to and use of these services. In this article, we will explore some common cultural and religious beliefs about contraception, sterilization, and abortion. Cultural and religious beliefs about contraception vary widely, depending on the individual's cultural and religious background. In some cultures, contraception is seen as a way to limit the number of

---

<sup>38</sup> State v. Akpaete, [1976]

<sup>39</sup> State v. Akpaete, [1976]

## OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j> children and promote family planning. However, in other cultures, contraception is viewed as a way to interfere with the natural order of reproduction and may be seen as morally objectionable.

In some religious traditions, contraception is allowed or even encouraged. For example, many Jewish and Christian denominations permit the use of contraception. In contrast, some religious traditions prohibit the use of contraception, such as certain conservative branches of Islam and Catholicism.

Sterilization is a permanent form of contraception that involves the surgical removal of the fallopian tubes or vas deferens<sup>40</sup>. Cultural and religious beliefs about sterilization can vary widely, depending on the individual's cultural and religious background. In some cultures, sterilization is seen as a way to limit the number of children and promote family planning. However, in other cultures, sterilization is viewed as a way to interfere with the natural order of reproduction and may be seen as morally objectionable. In some religious traditions, sterilization is allowed or even encouraged. For example, many Jewish and Christian denominations permit sterilization in certain circumstances. In contrast, some religious traditions prohibit sterilization, such as certain conservative branches of Islam and Catholicism

Abortion is the termination of a pregnancy before the foetus can survive outside the womb<sup>41</sup>. Cultural and religious beliefs about abortion can vary widely, depending on the individual's cultural and religious background. In some cultures, abortion is seen as a way to protect the health and well-being of the mother or to limit the number of children. However, in other

---

<sup>40</sup>American College of Obstetricians and Gynecologists. "Sterilization for Women and Men: Frequently Asked Questions." Last updated June 2022. Last reviewed November 2021. <<https://www.acog.org/womens-health/faqs/sterilization-for-women-and-men>.> Accessed last 28/2/23.

<sup>41</sup>Harvard Health Publishing, Harvard Medical School. "Abortion (Termination Of Pregnancy)." January 9, 2019. <<https://www.health.harvard.edu/medical-tests-and-procedures/abortion-termination-of-pregnancy-a-to-z>.> Accessed last 28/2/23.



OBALUM & AGWU

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>  
cultures, abortion is viewed as morally objectionable and may be seen as a violation of the sanctity of life. While in some religious traditions, abortion is allowed or even encouraged in certain circumstances. For example, many Jewish and Christian denominations permit abortion in cases where the mother's life is at risk. In contrast, some religious traditions prohibit abortion in all circumstances, such as certain conservative branches of Islam and Catholicism.

## **6.0 THE ROLE OF HEALTHCARE PROVIDERS IN ADDRESSING THE SOCIO-CULTURAL ISSUES AROUND CONTRACEPTION, STERILIZATION, AND ABORTION**

Cultural and religious beliefs about contraception, sterilization, and abortion can significantly impact an individual's decision-making process and affect their access to and use of these services. Healthcare providers should be sensitive to these beliefs and work to provide care that is respectful and culturally appropriate. By understanding the cultural and religious beliefs of their patients, healthcare providers can develop strategies to navigate these issues effectively and ensure that patients receive the care they need while respecting their beliefs and values.

The role of health workers is very important in determine the use of contraceptives and abortion as the cultural religious beliefs vary from the application of these medical options. Cultural and religious beliefs can significantly impact an individual's decision-making process when it comes to contraception and abortion. For healthcare providers, navigating these issues can be challenging, as it requires sensitivity to the beliefs and values of their patients.

In this paper, we shallrecommendsuggested roles of healthcare providers in navigating cultural and religious issues related to contraception and abortion.

### **6.1 Understanding the Patient's Beliefs and Values**

The first step in navigating cultural and religious issues related to contraception and abortion is to understand the beliefs and values of the patient. Healthcare providers should be trained to inquire about the patient's cultural and religious beliefs and how they may impact their decision-making process. This can help the provider to tailor their approach to the patient's needs and provide appropriate care.

### **6.2 Respectful Communication**

Effective communication is essential when navigating cultural and religious issues related to contraception and abortion. Healthcare providers should approach the patient with an open and non-judgmental attitude, using language that is clear and respectful. They should avoid imposing their beliefs on the patient and instead seek to understand the patient's perspective. Providers should also be prepared to answer questions and provide information about contraception and abortion, as well as any potential risks or complications associated with these procedures.

### **6.3 Cultural Competence**

Cultural competence is the ability of healthcare providers to understand and respect the beliefs, values, and practices of patients from diverse cultural and religious backgrounds. Healthcare providers should receive training on cultural competence and be equipped with the necessary skills to provide care that is sensitive to the needs of diverse populations. This includes understanding the impact of cultural and religious beliefs on healthcare decision-making and developing strategies to navigate these issues.

### **6.4 Shared Decision-Making**

Shared decision-making is an approach to healthcare that involves the patient and healthcare provider working together to make decisions about treatment. This approach is particularly important when navigating cultural and religious issues related to contraception and abortion, as it allows the patient to make an informed decision that aligns with their beliefs and values. Healthcare providers should provide information about all available options for contraception and abortion, including the risks and benefits of each option. They should also encourage the patient to ask questions and express their concerns.

### **6.5 Referral to Specialized Care**

In some cases, healthcare providers may encounter patients with cultural or religious beliefs that conflict with contraception or abortion. In these cases, it may be appropriate to refer the patient to a provider who specializes in caring for patients with similar beliefs. This can ensure that the patient receives care that is sensitive to their needs and beliefs.

Navigating cultural and religious issues related to contraception and abortion can be challenging for healthcare providers. However, by understanding the patient's beliefs and values, communicating respectfully, developing cultural competence, promoting shared decision-making, and referring patients to specialized care when necessary, healthcare providers can provide care that is sensitive to the needs of diverse populations. It is essential for healthcare providers to recognize the impact of cultural and religious beliefs on healthcare decision-making and to develop strategies to navigate these issues effectively. By doing so, they can help to ensure that patients receive the care they need while respecting their beliefs and values.

In Nigeria, cultural and religious beliefs about contraception, sterilization, and abortion can significantly impact an individual's decision-making process and affect their access to and use of

these services. Contraception is viewed differently depending on the cultural and religious background of the individual. Some cultures promote large families and view contraception as a way of limiting the number of children. However, other cultures see having many children as a sign of prosperity and fertility. Islam and Christianity are the dominant religions in Nigeria, and their beliefs about contraception can vary. In Islam, contraception is generally permitted and can be used for family planning purposes. However, some conservative Muslim sects view contraception as against the will of God and believe that it interferes with the natural process of procreation. In Christianity, the use of contraception is permitted, but some denominations view certain methods of contraception, such as sterilization and the morning-after pill, as morally objectionable, sterilization is not widely accepted due to cultural and religious beliefs. In some cultures, sterilization is seen as a way to limit the number of children, but in other cultures, it is viewed as a way to interfere with the natural order of reproduction. In Islam, sterilization is generally discouraged as it is viewed as a way of interfering with Allah's plan for procreation. Similarly, some Christian denominations believe that sterilization is against God's will.

Abortion is however viewed differently depending on the cultural and religious background of the individual. Many Nigerians believe that abortion is morally wrong and a violation of the sanctity of life. However, others see abortion as necessary in certain circumstances, such as when the mother's life is at risk, abortion is generally not permitted except in cases where the mother's life is in danger. Similarly, some Christian denominations believe that abortion is morally wrong and should be avoided. Cultural and religious beliefs about contraception, sterilization, and abortion can significantly impact an individual's decision-making process and affect their access to and use of these services. Healthcare providers should be sensitive to these beliefs and work to provide care that is respectful and culturally appropriate. By understanding the cultural and

religious beliefs of their patients, healthcare providers can develop strategies to navigate these issues effectively and ensure that patients receive the care they need while respecting their beliefs and values. It is important to provide accurate and comprehensive information about contraception, sterilization, and abortion to empower individuals to make informed decisions about their reproductive health.

## **7.0 FINDINGS AND CHALLENGES**

From the foregoing the paper finds that the topics of contraception and abortion are complex and multifaceted, with socio-cultural, and religious implications. As such, it is crucial that we continue to explore and address these issues to promote better reproductive health and well-being for individuals and communities. In this response, we will discuss the importance of continuing to explore and address social, cultural, and religious issues related to contraception and abortion.

It is found also that in Nigeria, the law permits the use of contraceptives, but abortion is only legal when it is necessary to save the life of the woman. The criminal code considers abortion a criminal offense, and those found guilty face imprisonment for up to fourteen years. The ethics of contraception and abortion are a matter of personal choice and religious beliefs. However, the practice of contraception and abortion is perceived differently across different cultures and religions. In Nigeria, where religion plays a significant role in society, the debate on the morality of contraception and abortion remains contentious.

Socio-cultural, and religious beliefs play a significant role in shaping the practice of contraception and abortion in Nigeria. Most Nigerians practice a form of religion, and these beliefs shape their views on contraception and abortion. For instance, in Islam, contraception is allowed only in specific circumstances, while abortion is prohibited entirely. In Christianity, the

Analysis of the Laws and Ethics of Contraception, Sterilization and Abortion with the Socio-Cultural and Religious Issues in Nigeria <https://doi.org/10.53982/alj.2023.1101.09-j>  
Catholic Church opposes both contraception and abortion, while other Christian denominations have varying views on the subject.

In Nigerian culture, contraception and abortion are viewed differently. Some cultures are more conservative and do not support the use of contraception, while others are more liberal and open to it. Abortion is generally frowned upon in Nigerian culture and is often seen as a taboo subject.

## **8.0 RECOMMENDATIONS**

The following are recommendations are therefore suggested:

**8.1 Education:** Education is essential to promote family planning and reproductive health. The

Nigerian government should invest in sex education programs in schools to educate young people about contraceptive methods and their importance. This will help to reduce the rate of unintended pregnancies and unsafe abortions.

**8.2 Access to contraceptives:** The government should ensure that there is easy access to contraceptives across the country, especially in rural areas. Family planning clinics should be set up in remote areas to make contraceptives readily available. The government should also provide subsidies for contraceptives to make them affordable to all.

**8.3 Improve healthcare facilities:** The government should invest in improving healthcare facilities to provide safe and legal abortion services to women who need it. This will help to reduce the incidence of unsafe abortions that are responsible for many maternal deaths in the country.

**8.4 Legal reforms:** The Nigerian government should review its laws on abortion to allow safe and legal abortions in cases of rape, incest, and when the woman's life is at risk. This will help to reduce the number of deaths resulting from unsafe abortions.

**8.5 Awareness campaigns:** The government should organize awareness campaigns to educate the public about the importance of family planning and reproductive health. This will help to reduce the stigma associated with contraception and abortion and encourage people to seek help when they need it.

## 9.0 CONCLUSION

Nigeria needs to prioritize family planning and reproductive health if it wants to reduce the high maternal mortality rate in the country. The government should invest in education, improve access to contraceptives, improve healthcare facilities, review its laws on abortion, and organize awareness campaigns to promote family planning and reproductive health. By taking these steps, Nigeria can reduce unintended pregnancies, unsafe abortions, and maternal deaths, and improve the health of its citizens.