

REVIEW ARTICLE

A scoping review of abortion law liberalisation in Africa and prospects for Nigeria

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Abstract

Globally, there is a strong trend toward liberalizing safe abortion laws, with Africa leading in expanding legal grounds for safe abortion over the past two decades. Despite this progress, Nigeria still maintains restrictive, century-old abortion laws. Given Nigeria's alarming contribution to maternal deaths and unsafe abortions, this paper examines empirical evidence on the factors influencing abortion policy changes in African countries. The study utilised scoping reviews, which involved a search of databases - Web of Science, Scopus, JSTOR, PubMed - that yielded 8793 records. After screening for relevance, only 14 studies were included in the review, which focused on factors and processes of abortion law liberalisation in African countries. The study found the following factors vital in influencing liberalisation in most African countries: scaling-up awareness through research, medical society engagements, women's movement, the transnational influence of international human rights norms, and multi-stakeholders coalition. Drawing from the lessons of other African countries, liberalising Nigeria's abortion laws and providing accessible safe abortion services can significantly reduce unsafe, illegal abortions. To achieve policy reforms, researchers, advocates, and other stakeholders must strategically navigate Nigeria's murky abortion policy space collectively and strategically. (*Afr J Reprod Health 2026; 30 [3s]: 72-82*).

Keywords: Unsafe Abortion; Abortion Policy Change; Maternal Mortality; SRHR Advocacy; Unplanned Pregnancy

Résumé

À l'échelle mondiale, on observe une forte tendance à la libéralisation des lois sur l'avortement sécurisé, l'Afrique étant à la pointe de l'élargissement du cadre légal en la matière au cours des deux dernières décennies. Malgré ces progrès, le Nigéria maintient des lois restrictives sur l'avortement datant d'un siècle. Compte tenu de la contribution alarmante du Nigéria aux décès maternels et aux avortements non médicalisés, cet article examine les données empiriques relatives aux facteurs influençant l'évolution des politiques d'avortement dans les pays africains. L'étude s'appuie sur des revues exploratoires, impliquant une recherche dans les bases de données Web of Science, Scopus, JSTOR et PubMed, qui a permis d'identifier 8 793 références. Après sélection des études pertinentes, seules 14 ont été retenues pour l'analyse, qui porte sur les facteurs et les processus de libéralisation des lois sur l'avortement dans les pays africains. L'étude a identifié les facteurs suivants comme étant essentiels à la libéralisation dans la plupart des pays africains : la sensibilisation accrue par la recherche, l'engagement des sociétés médicales, le mouvement féministe, l'influence transnationale des normes internationales relatives aux droits humains et les coalitions multipartites. S'inspirant des enseignements d'autres pays africains, la libéralisation des lois nigérianes sur l'avortement et l'accès à des services d'avortement sécurisés pourraient réduire significativement le nombre d'avortements clandestins et non médicalisés. Pour parvenir à des réformes politiques, les chercheurs, les militants et les autres parties prenantes doivent aborder collectivement et stratégiquement le contexte complexe de la politique d'avortement au Nigéria. (*Afr J Reprod Health 2026; 30 [3s]: 72-82*).

Mots-clés: Avortement non médicalisé ; réforme de la politique d'avortement ; mortalité maternelle ; plaidoyer pour les droits sexuels et reproductifs ; grossesse non désirée

Introduction

Nigeria's contribution to the global burden of maternal mortality and unsafe abortion is undoubtedly of great magnitude. The country accounted for 28.7% of global maternal deaths in 2023, the highest worldwide (75,000); over a

million induced abortions have occurred annually since 2010¹. A 2022 Guttmacher report showed that in Nigeria, 2015–2019, there were 10,500,000 pregnancies annually. Of these, 2,990,000 pregnancies were unintended, and 1,430,000 (48%) ended in abortion. Again, the unintended pregnancy rate stayed the same between 1990–1994 and 2015–

2019. During the same period, the abortion rate increased by 39%. The share of unintended pregnancies ending in abortion rose from 35% to 48%². Amidst these realities, Nigeria operates a restrictive abortion space, which has not quelled the need for fewer abortions; instead, such restriction compels women to risk their lives and health by seeking unsafe abortion care³. Studies have shown the association between restrictive abortion laws and unsafe abortion^{4,5,6}. Thus, the key recommendation in the last three decades has been to make abortion safe for those who need it.

Globally, there is an overwhelming trend towards the liberalisation of abortion laws. In the last 30 years, more than 60 countries have liberalised their abortion laws⁷. 24 in Africa, 14 in Europe, 13 in Asia and the Pacific, 9 in Latin America and the Caribbean, and 2 in the Middle East. As of June 2023, 22 countries altogether prohibit abortion under any circumstance (including when the woman's life or health is at risk), including 6 African countries; 43(12 African) countries permit abortion when the woman's life is at risk; 47 countries allow abortion based on health or therapeutic grounds (some of the countries in this category explicitly permit abortion only when the woman's physical health is at risk or to preserve the woman's mental health), including 25 African countries; 12 countries allow abortion on socioeconomic grounds, including 3 African countries; and 78 countries, including 8 Africans permit abortion on request⁸.

Consequently, the African region is seen as a leader in the global progress towards the liberalisation of abortion laws, as the region has the greatest number of countries that have expanded the grounds on which abortion is legal in the past two decades⁹. This feat has not come easy, as the continent has made several stringent commitments to international and regional treaties. Prominent among these is the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, known as the Maputo Protocol, which historically is the first legally binding international human rights instrument to guarantee the right to legal abortion explicitly. According to Article 14(2)(c) of the Protocol, State Parties must permit abortions in circumstances of sexual assault, rape, and incest;

where the pregnancy endangers the life or physical or mental health of the pregnant person; and in cases of specific foetal diagnosis. These regulations have been surpassed by many African nations¹⁰. So far, 44 countries have ratified the Maputo Protocol. 8 countries have signed but not ratified, while 3 countries have neither signed nor ratified the Maputo Protocol⁹.

Despite considerable progress within the continent and ratifying the Maputo Protocol, Nigeria still operates a century-old restrictive abortion law. Abortion in Nigeria is restricted to only saving the mother's life. Despite these restrictive laws, provided for in the criminal code for the 17 southern states and the penal code for the 19 northern states and the FCT, abortions are common, and most are unsafe because they are done clandestinely, by unskilled providers or both^{11,12}. Considering its status as contributing 28% to the global burden of maternal death, Nigeria's restrictive abortion law and its impacts on the spate of unsafe abortions is, therefore, a great cause for concern, especially in the race to reduce maternal death in the region and globally. It is, therefore, essential to learn from the lessons of other African countries that have progressed in their efforts to combat unsafe abortion through liberal legislations and reforms. By implication, this paper identifies and analyzes existing knowledge on empirical evidence demonstrating the factors that influenced abortion policy changes in African countries.

Methods

The primary objective of this scoping literature review was to comprehensively investigate the factors that led to the liberalization of abortion laws across African countries. The search for relevant documents was conducted between August and October 2023, targeting selected bibliographical databases known for their coverage of scholarly research. The databases included Web of Science, Scopus, JSTOR, PubMed, MedNar, and WHO IRIS. Additionally, efforts were made to collect grey literature, which encompassed government documents, research reports, conference reports, publications of international agencies, and relevant online materials.

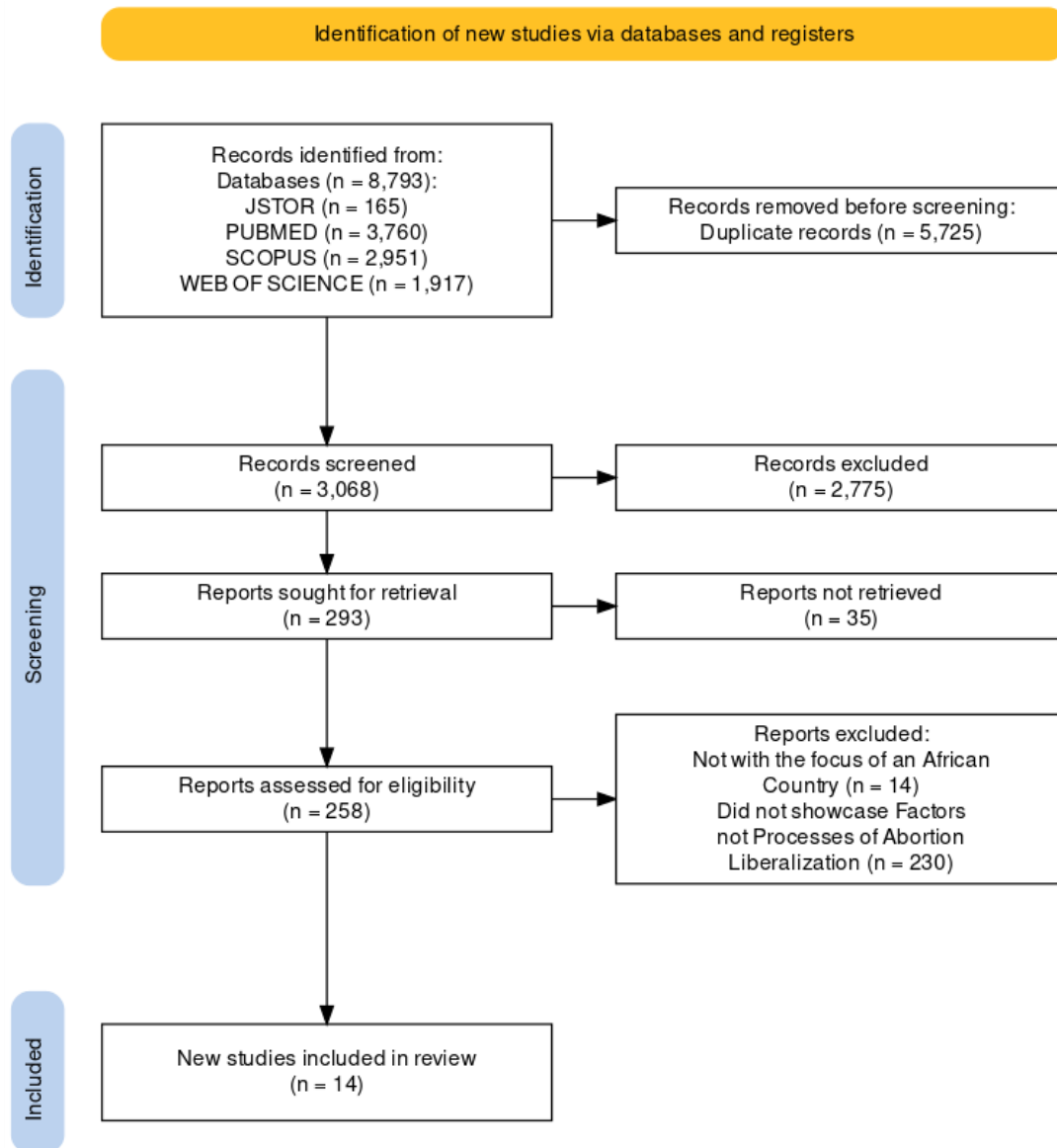


Figure 1: PRISMA-ScR flowchart showing the selection process of publication included in the review

Eligibility and inclusion criteria

To ensure the relevance and quality of the selected literature, specific inclusion criteria were established. Articles considered for inclusion needed to meet the following criteria: Relevance to Abortion Law Reform - the primary focus of the articles should be on identifying the factors or processes that precipitated abortion law reforms in African countries. Geographic Focus - included articles must be centered on African countries,

providing insights into the contextual factors influencing abortion policy changes within the continent. Language - the article must be written in English to facilitate easy comprehension and analysis. Publication Period - the search period extended from the 1994 International Conference on Population and Development (ICPD) to October 2023. This timeframe was chosen as a reference point due to the significance of the ICPD in shaping global reproductive health policies, including discussions on abortion rights and legal reforms.

Search strategy

The search strategy employed Boolean logic to combine key concepts related to abortion law reform with specific geographic terms (e.g., "Africa"). The following key search terms were utilized: "Abortion law" "Abortion liberalization" "Maternal mortality" "Abortion law reform" "Unsafe Abortion" "Changes in abortion law" "Abortion legalization" "Abortion law review" "Abortion law amendment." These search terms were combined using Boolean operators (AND, OR) to refine the search results and ensure comprehensive coverage of relevant literature.

Screening process

The database searches yielded 8793 records. Of these, 5725 were excluded as duplicates, leaving 3068 records for the initial screening. Based on the title and abstract relevance, a further 2775 records were removed, leaving 293 studies to be sought for retrieval. However, only 258 complete reports were retrieved. After applying the eligibility criteria (factors and processes of abortion law liberalization in African countries), 230 were removed (for not showcasing factors or processes of abortion law reform), and 14 reports were further removed (for not focusing on Africa). Consequently, only 14 studies were included in the scoping literature review, having fulfilled the inclusion criteria (see Figure 1 for graphical representation of the screening process).

Data extraction and reporting

The final selection of articles meeting the inclusion criteria underwent data extraction, wherein relevant information regarding abortion law reforms in African countries, including factors and processes, were synthesized and analyzed. The reporting of the review adhered to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) reporting guideline for scoping reviews (PRISMA-ScR) to ensure transparency and methodological rigor.

Results

Through the scoping literature review, the studies below (in Table 2) were included in the study. Four

of these studies focused on South Africa, five on Ethiopia, one on Kenya, two on Malawi, one on Rwanda, and one on Mauritius. Most of the studies were qualitative narratives based on country case findings. The factors that influenced abortion law liberalization in these countries are multifaceted, and the processes that culminated in these changes are diverse.

The scoping review revealed several key factors (as highlighted in Table 1) that contributed to abortion law liberalization across Africa. It is apparent from our findings that recurrent factors/themes were crucial. These includes public health consideration and public awareness of unsafe abortion, women's rights movements, multi-stakeholders' coalition, and transnational influences.

Use of evidence to support advocacy

Across these countries, using statistics was crucial for the abortion law liberalization processes. Abortion debates and motivation to change existing law on abortion was well rooted in considerations of the prevailing women's morbidity arising out of clandestine procedures. Through research, data can be gathered on the extent of unsafe abortion and testimonies of victims could be fundamental for organised debates, values clarification exercises, launching of petitions, and production of awareness-raising materials. For instance, in Kenya, there was a National Assessment that investigated the Magnitude and Consequences of Unsafe Abortion, conducted in 2003, which showed that over 300,000 women undergo unsafe abortions every year. Around 20,000 women with complications of unsafe abortion are admitted to public hospitals, of which over 2,000 are estimated to die annually, a 10% case fatality.¹³

In Ethiopia, the coalition groups joined forces to produce timely data and present evidence to decision-makers on the health and social consequences of unsafe abortion by outlining ways to reduce maternal mortality and fulfil the rights outlined in the country's Constitution.¹⁴ In Rwanda, data were also gathered on the extent of unsafe abortion and testimonies of young Rwandan women in prison for abortions.¹⁵ Likewise, in South Africa, the Joint Working Group (JWG) on Reproductive Health in 1994 conducted a study on

Table 1: Characteristics of the studies included in the review

SN	Author/(Year) (Title)	Type of Article and country of focus	Factors that influenced Abortion Law Liberalisation
1	Wild, J., and Kunst, J. (1995): Abortion Is a Woman's Right	Peer-review commentary: South Africa	1. the use of essential statistics was crucial for the abortion law liberalisation process. Abortion debates and motivation to change existing law on abortion was rooted in considerations of women's morbidity rising from clandestine procedures. 2. with the history of apartheid, transitioning into a more equal and just state became the priority of the new democratic government. Hence, sexual reproductive health issues (including safe abortion) that were perceived as unfair to the blacks and coloured South Africans were overturned. 3. women's organisations, such as Abortion Reform Action Group (ARAG), played significant roles in the abortion law liberalization process in South Africa.
2	Guttmacher, S., Kapadia, F., Naude, J., & Pinho, H. (1998): Abortion Reform in South Africa: A Case Study of the 1996 Choice on Termination of Pregnancy Act	Special Report: South Africa	1. abortion right for South African women were well integrated among the many laws that changed during the democratic transition of South Africa. Access to legal abortion was integral to a national health program drafted by the African National Congress (ANC) leaders during the 1994 elections. 2. there was a significant influence of the agitations by women's rights organisations like the Women's Health Project, Reproductive Rights Alliance, and ARAG for expanding the circumstances for legal abortions.
3	Althaus, F. (2000): Work in Progress: The Expansion of Access to Abortion Services in South Africa Following Legalisation	Special Report: South Africa	1. democratisation and the end of apartheid provided a window of opportunity for sexual reproductive health and right of women, including abortion. 2. the commitment of the new ANC led government towards public health, racial and gender equality allowed the framing of abortion in terms of women's health.
4	Ashenafi Meaza. (2004): Advocacy for Legal Reform for Safe Abortion	Peer-review Article: Ethiopia	1. Women organisation lobbying (Women Lawyers Association {EWLA}); 2. advocating for broad issues that affect women's health. Recording gradual successes for amendments on Issues such as FGM, early marriage, forced marriage (abduction), rape, HIV/AIDS pandemic, served as morale booster for abortion advocacy.
5	Brookman-Amisshah Eunice & Moyo Josephine Banda. (2004); Abortion Law Reform in Sub-Saharan Africa: No Turning Back	Peer-review Article: Kenya	1. A National Assessment of the Magnitude and Consequences of Unsafe Abortion in Kenya, conducted in 2003. 2. multi-stakeholder coalition (The Federation of Women Lawyers, Ipas Africa Alliance, the Kenya Medical Association, and the Kenyan Society of Obstetricians and Gynaecology played & are still playing crucial roles in the abortion law liberalization efforts in Kenya).
6	Daire Judith, Kloster Maren, Storeng Katerini. (2018); Political Priority for Abortion Law Reform in Malawi: Transnational and National Influences	Peer-review Article: Malawi	1. The Convergence of transnational influences and domestic advocacy. The heavy reliance of Malawi on external funding for public service provided the platform of influence for international actors in the safe abortion advocacy. 2. Conducting research to show evidence on the severity of abortion in Malawi.
7	Umuhoza Chantal et al. 2013: Advocating for safe abortion in Rwanda: how young people and the personal stories of young women in prison brought about change	Peer-review Article: Rwanda	1. gathered data on the extent of unsafe abortion and testimonies of young Rwandan women in prison for abortions.

8	Mekdes Daba Feyssa & Saba Kidanemariam Gebru. (2022): Liberalising abortion to reduce maternal mortality: expanding access to all Ethiopians	Commentary: Ethiopia		1. Multi-stakeholder coalition: The law's revision was spearheaded by a coalition of Ethiopians representing the medical, political, and women's rights communities. 2. These groups also joined forces to produce timely data and present evidence for decision makers on the health and social consequences of unsafe abortion. 3. Strong government support for global human rights conventions.
9	Albertyn Cathi. (2015): Claiming and Defending Abortion Rights in South Africa	Peer-review Article: South Africa		1. The political will of the new ANC-led government was crucial in enabling gender equality and reproductive right in South Africa. 2. The democratic transition provided the avenue to introduce new constitutional and legal guarantees to abortion. 3. Feminist movements. 4. The use of right-based arguments
10	Prata Ndola & Summer Anna. (2015): Assessing Political Priority for Reproductive Health in Ethiopia	Peer-review Article: Ethiopia		1. Government readiness to address issues of reproductive health aimed to balance rapid population growth with economic and social development. 2. The influence of international health networks like the ICPD of 1994. 3. The political transition created opportunities for the introduction of new policies and priorities, such as reproductive health policies
11	Mahadew Roopanand. (2015): Mauritius Decriminalises Abortion in Certain Circumstances-Lessons from the Travaux Preparatoires	Law Mauritius	Review:	1. Parliamentarians taking responsibility. 2. The role of international human rights organisations, specifically the CEDAW Committee, in pressuring the government to protect women's rights.
12	Storeng et al. (2018): Behind the Scenes: INGO's influence on Reproductive Health Policy in Malawi and South Sudan	Peer-review Article: Malawi		1. International NGOs like Ipas built close relationships with Malawi's Ministry of Health's Reproductive Health Unit. 2. worked with the government to increase awareness of the burden of unsafe abortion. 3. helped form stakeholders coalition, COPUA.
13	Holcombe Sarah & Gebru Saba. (2022). Agenda setting and socially contentious policies: Ethiopia's 2005 reform of its law on abortion	Peer-review Article: Ethiopia		1. Advocacy by civil society organisations. 2. Stakeholder coalition (Advocacy Working Group) 3. The advent of a new political regime led by the EPRDF in 1991 was receptive to reforms that improved women's status and opened political space for civil society to emerge and act. 4. Public Health outreach on the burden of maternal mortality and unsafe abortion.
14	Holcombe Sarah Jane. (2018): Medical Society Engagement in Contentious Policy Reform: the Ethiopian Society for Obstetricians and Gynecologists (ESOG) and Ethiopia's 2005 reform of its Penal Code on abortion	Peer-review Article: Ethiopia		The role of medical societies like ESOG. 2. A receptive government.

abortion and found that women from all socioeconomic backgrounds sought abortions. However, poor people living in rural areas were more likely to experience complications from unsafe abortions.¹⁶ This research highlighted the urgent need for safe and legal abortion services, which became essential for advocacy. Again, as a startup for advocacy in Malawi, Ipas International provided the Malawian Ministry of Health with technical and financial support to conduct studies

on abortion in 2009.¹⁷ These studies became crucial for building an evidence-based abortion advocacy in the country.

Role of relevant professionals body

Another consistent pattern we observed from the review is that medical societies played essential roles in the liberalisation process in African countries mainly because they are front liners in

Table 2: Summary of factors that influenced abortion law liberalization in some countries identified in the selected studies

<p>South Africa Apartheid regime transitioning Women's rights advocacy Public health consideration International influence Multistakeholders' coalition Integration of abortion right into a broader woman right demand</p> <p>Kenya Advocacy and activism by civil society organisations Public health concerns The 2010 review of the Constitution Transnational influence Influence of medial and legal professionals</p>	<p>Ethiopia High maternal mortality rate Pressure from international organisations Grassroot activism Government recognition of the problem and readiness to solve it A progressive constitution Medical society engagements</p> <p>Malawi Evidence on the high maternal mortality International pressure / transnational influence Stakeholder coalition Domestic advocacy</p>
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addressing complications emerging from unsafe abortion. They often offer insight into the impact of restrictive laws on women's and their families' health. They witness and treat patients with complications arising from backstreet and clandestine abortions. In Ethiopia, there was the Ethiopian Society of Obstetricians and Gynecologists (ESOG).^{18,19} In Kenya, the Kenya Medical Association (KMA) also played an essential role in achieving changes in the Kenyan abortion space.¹³ However, Kenya is still a work in progress, as abortion is only allowed to preserve the mother's health. In most cases, these medical societies provide leadership for multi-stakeholders' coalitions. These coalitions sometimes include women's health activists and advocates, obstetrician-gynaecologists and other physicians, nurses, midwives and other health care providers, health service managers, medical researchers, statisticians, social scientists, family planning providers, lawyers, judges, policymakers, parliamentarians, governmental and intergovernmental agencies and officials, health economists, journalists, community leaders, trade unionists, women and women's groups at the grassroots level, not to mention artists, novelists and filmmakers. These groups thereby organise themselves in various activities aimed at advocating for abortion law liberalization, such as public awareness campaigns, advocacy meetings with

policymakers, and legal support for women seeking abortion services, lobbying for law reforms.

Women-led advocacy

Another striking experience is the role of women's organisations and movements. Women groups were also seen at the forefront of advocating for abortion law liberalization. These groups have pushed for changes in restrictive abortion laws across the continent. Notable among these groups are; in South Africa, the Women's Lobby, the Women's National Coalition, the National Council of Women, the Young Women's Network, the Women's Health Project, Women in COSATU, the Black Sash, the Umtata Women's Theology Group.^{16,19,20,21} Likewise, in Ethiopia, the Ethiopian Women Lawyers Association (EWLA), the Ethiopian Women's Association (EWA), and the Ethiopian Midwives Association (EMA) all played essential roles in the decriminalisation of abortion in Ethiopia.^{22,23} There was the Federation of Women Lawyers in Kenya. Ipas and Women¹³ and Law Southern Africa-Malawi, a regional women's rights group, also took the lead in establishing a group of individuals and organisations in Malawi called the Coalition for Prevention of Unsafe Abortion (COPUA) in 2010.²³ The network initially consisted of 12 organisations but expanded to over 60 by 2016. This coalition united legal, human rights, healthcare professionals, reproductive health

organisations, and community leaders for abortion law liberalization in Malawi.

Transnational influence

The nuanced patterns identified in our scoping review also revealed that transnational influence was crucial. This relates to pressures due to expected adherence to international agreements and treaties, which most African countries are parties to. These treaties, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), provide a framework for holding governments accountable for ensuring women's rights and can pressure governments to change their policies.^{24,25} Likewise, the domestic operations of some international NGOs could engender an environment for agitations on sexual reproductive health and rights issues. For instance, in the case of Malawi, following multiparty elections in 1994, international reproductive health organisations began working in the country. They included Population Services International (1994), Care (1998), Ipas (1999), EngenderHealth, and Jhpiego (1999), in addition to the Family Planning Association of Malawi (registered as a national nongovernmental organisation in 1999 and an affiliate of the International Planned Parenthood Federation from 2004).^{17,24} These organisations began to influence the government to liberalise the service delivery environment by creating family planning and post-abortion care programs.

The International Conference on Population and Development in 1994 was another important landmark that drew attention to reproductive health in Ethiopia and many other African countries, and post-ICPD, reproductive health issues continued to be at the forefront of the healthcare debate.²⁶ In Ethiopia, priority for reproductive health was evident in the time and resources devoted to collaboration between various ministries linked to population programs, and a large awareness campaign involving the media began.²⁶ The Mauritius experience further highlights the role of international human rights organisations in influencing local laws that protect women's rights.²⁵ The pressure put on the government by the CEDAW Committee is proof of this.

Discussion

The scoping review's results provide useful insights into the variables and processes that have impacted abortion policy changes in African countries. The consequences of these observations are substantial for Nigeria, a country with restrictive abortion regulations and a high incidence of unsafe abortions leading to maternal mortality. This section discusses the implications of the study result for Nigeria, emphasising evidence-based advocacy, appropriate professional organisations, women-led advocacy, and transnational influences.

The findings highlight the crucial importance of evidence in pushing for the liberalisation of abortion. Statistics and research have played a crucial role in emphasising the scale and repercussions of unsafe abortions, leading to increased awareness and advocacy for policy changes. Nigeria can utilise comparable methods by undertaking thorough assessments to collect data on unsafe abortions and their consequences on women's health. Stakeholders can effectively convey the necessity of changing strict abortion regulations to decrease maternal mortality and uphold women's rights by employing evidence-based advocacy techniques.

Again, medical societies consistently advocate for the liberalisation of abortion across African countries. Professional organisations like the Nigerian Medical Association (NMA), Medical and Dental Consultants Association of Nigeria (MDCAN), Society of Gynaecology and Obstetrics of Nigeria (SOGON) can advocate for policy reforms using their firsthand experiences in managing complications from unsafe abortions. Medical societies may support multi-stakeholder coalitions in Nigeria to promote abortion rights and improve access to safe reproductive healthcare services by offering leadership and expertise.

The study also highlights the important role of women's organisations and movements in promoting abortion law liberalization in Africa. Women's groups in Nigeria can enhance the push for legislative improvements by amplifying the voices of women impacted by stringent abortion restrictions. Women-led advocacy campaigns can advocate for legislative changes that prioritise

women's reproductive rights and health by mobilising grassroots support and forming coalitions with other stakeholders.

The impact of international agreements and organisations on changes in abortion legislation is significant and should not be underestimated. Nigeria, as a party to international agreements like CEDAW and the Maputo Protocol, must ensure women's rights, including the provision of safe and lawful abortion services. International human rights organisations and NGOs can provide additional support to domestic campaigning in Nigeria by emphasising the country's responsibilities under international accords and encouraging policymakers to harmonise national legislation with global norms.

Conclusion

By offering a comprehensive overview, this scoping review contributes to the foundation of knowledge in understanding the factors that have influenced abortion law liberalization in Africa. As our findings show, provision of evidence through research, medical society engagement and taking leadership in advocacy, creation of multi-stakeholders coalition, women's movements/activism, transnational influence and the role of international human rights networks, are all crucial in driving change. Again, it can be argued that political actors' political readiness and commitment to facilitate abortion law reforms is equally critical.

However, in the case of Nigeria, there has been longstanding advocacy for abortion law reform, especially by those led by the Campaign Against Unwanted Pregnancy (CAUP) in the 90's. However, the political will of political actors has been characteristically thin. In recent times, the unwillingness to assent to bills that can further liberalise abortion law and the sudden U-turn by others undoubtedly raises a big question on the political will and commitment of political actors in the country. This, therefore, shows the intensity required in engaging political actors. Also, considering the trend of opposition, which is not so different from the experiences in other African countries, oppositions to abortion law liberalization

have been largely religious organisations. These oppositions are largely conservative groups who view abortion as threatening traditional values and religious beliefs. There is, therefore, the need to engage further with these bodies. Again, harnessing the federal nature of Nigeria, where states can also promulgate their laws and abortion guidelines, as seen in the cases of Ogun, Osun, Anambra, Akwa Ibom, Jigawa, and Gombe, offer an opportunity to target state governors in achieving state-level intervention. The incessant agitations for restructuring and constitutional review could also provide a window of opportunity for abortion law reform.

The Boko Haram insurgency and other forms of insecurity in the country through which girls/women are abducted and raped could be optimised as a potential ground for advocating a better basis for safe abortion service access to women who needs it. Most of these victims undergo numerous physical, social, and psychological damage going through the trauma of rape and the burden of carrying an unwanted pregnancy. Again, liberalising Nigeria's abortion laws and providing accessible safe abortion services can significantly reduce unsafe, illegal abortions. To achieve policy reforms, researchers, advocates, and other stakeholders must strategically navigate Nigeria's murky abortion policy space collectively and strategically.

Authors' contribution

KO conceptualized the study, conducted the literature review, and led the drafting of the manuscript. KO was responsible for the development of the research framework, data extraction, and synthesis of findings. AA provided critical supervision throughout the research process, contributing significantly to refining the research design and methodology. AA also performed a thorough review and editing of the manuscript, ensuring academic rigor and coherence. Both authors read and approved the final version of the manuscript for submission.

Conflicts of interest

There are no conflicts of interest.

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