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Safe Termination of Pregnancy in Southwest Nigeria: A Critical Review of Legal, Policy, and Health System Challenges for Reform

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Abstract

Background: Unsafe abortion contributes significantly to Nigeria's high maternal mortality rate, estimated at over 1,000 per 100,000 live births, with Southwest Nigeria facing persistent challenges despite advanced healthcare infrastructure. Restrictive laws, policy gaps, and sociocultural stigma drive clandestine procedures, exacerbating maternal morbidity.

Objective: This narrative review critically examines legal, policy, and health system barriers to safe pregnancy termination in Southwest Nigeria, proposing reforms to enhance maternal health outcomes.

Methods: A narrative review was conducted, synthesizing data from peer-reviewed articles (1990-2025), WHO/UNFPA documents, Nigerian laws, court rulings and anecdotal reports. Thematic analysis focused on legal frameworks, policy implementation, health system capacity, and sociocultural factors, with a specific emphasis on Southwest Nigeria.

Key Findings: Nigeria's Criminal and Penal Codes restrict abortion to life-saving cases, pushing 45% of abortions into unsafe settings (WHO, 2024). The suspended Lagos 2022 Guidelines offered progress but faced backlash. The 2025 ECOWAS Court ruling highlighted Maputo Protocol obligations, yet non-domestication stalls reform. Limited provider training, inadequate primary health center infrastructure, and stigma hinder access, particularly for adolescents. Community resistance and weak data systems further complicate reform efforts.

Conclusion: Legal reform to clarify indications, state-level guidelines aligned with WHO standards, and integration of safe abortion into reproductive health services are critical. Capacity-building, improved data collection, and community engagement with faith-based groups can reduce stigma and enhance access, positioning Southwest Nigeria as a model for national reform. With resolute political leadership, Southwest Nigeria can pioneer national reform, ensuring equitable, safe reproductive healthcare.

Keywords:

Safe Termination of Pregnancy, Legal and Health System Challenges, Policy Reform

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Introduction

Unsafe abortion is a critical public health issue, contributing to 8–15% of global maternal deaths, with Nigeria bearing a disproportionate burden (Olofinbiyi et al., 2021; WHO, 2022). In Nigeria, the maternal mortality ratio remains alarmingly high at over 1,000 deaths per 100,000 live births, with unsafe abortions accounting for 20–30% of these deaths (*Abortion in Nigeria | Guttmacher Institute*, 2016). Southwest Nigeria, despite its relatively developed healthcare infrastructure and higher literacy rates, reports an abortion rate of 27 per 1,000 women aged 15–49, driven by restrictive laws and social stigma that force women to seek clandestine, unsafe procedures (Bankole et al., 2015; Olofinbiyi et al., 2019). These statistics highlight the urgent need for reform to address preventable maternal morbidity and mortality.

Recognizing the significant contribution of unsafe abortion to maternal morbidity and mortality in Nigeria, the Royal College of Obstetricians and Gynaecologists (RCOG) launched the *Making Abortion Safe (MAS)* programme in 2019 as a critical life-saving intervention(Okonofua et al., 2024; RCOG, 2020). This initiative strategically targets the persistent barriers to safe abortion—clinical, policy, and sociocultural—through a multipronged, evidence-based approach. Central to the MAS programme is the training of Sexual and Reproductive Health and Rights (SRHR) Champions, who are equipped to deliver high-quality post-abortion care and advocate for safer abortion access in accordance with global standards(Zhou et al., 2020).

The cascade training model has proven effective: National Champions mentor State-level Champions, who in turn engage and empower community-based peer educators across multiple Nigerian states. This networked implementation structure not only enhances capacity at all levels of care but also facilitates community engagement and stigma reduction. By combining clinical skills-building with advocacy and public education, the RCOG MAS(RCOG, 2020) initiative contributes to a sustainable, systemic response to unsafe abortion, aligned with WHO recommendations(WHO, 2022). The overarching goal remains clear: to reduce preventable maternal deaths by transforming unsafe abortion into a medically regulated, safe, and rights-based service accessible to all who need it.

Legal and health system frameworks are pivotal in reducing abortion-related risks. Nigeria's abortion laws, based on colonial-era penal codes, permit termination only to save a woman's life, leading to widespread unsafe practices by unqualified providers(Kanna, 2020). Limited access to post-abortion care, inadequate contraceptive services, and sociocultural barriers exacerbate complications, particularly in underserved communities (Akande et al., 2020a). The 2018 National Guidelines on Safe Termination of Pregnancy for Legal Indications (NGSTPLI) offer a framework for safe abortion within legal limits, yet implementation remains inconsistent (Abdullahi et al., 2019).

This paper critically examines the legal, policy, and health system barriers to safe pregnancy termination in Southwest Nigeria, proposing reforms to enhance maternal health outcomes. It explores how restrictive laws, limited healthcare access, and stigma interact, using regional data and stakeholder perspectives. Southwest Nigeria's urbanized setting, high contraceptive awareness, and persistent abortion-related challenges make it a vital case study for informing national reform efforts.

Methodology

This study employs a narrative review methodology to critically analyze legal, policy, and health system challenges to safe pregnancy termination in Southwest Nigeria. Unlike systematic reviews, this approach prioritizes a comprehensive, interpretive synthesis of diverse evidence to inform policy reform. The data for this study were derived from a combination of primary and secondary sources to ensure comprehensive coverage and contextual relevance. Scholarly literature was obtained from peer-reviewed journals indexed in **PubMed, Scopus**, and the **African Index Medicus**. Additional evidence was drawn from **grey literature**, including government publications, reports by non-governmental organizations (NGOs), and policy briefs.

Key **international technical documents** were reviewed, notably those published by the **World Health Organization (WHO)** and the **United Nations Population Fund (UNFPA). Legal references** included Nigeria's **Criminal Code Act** and **Penal Code,** as well as relevant **court rulings** such as *R v Edgal*, to provide legal context to abortion services.

Furthermore, relevant **national and sub-national policy frameworks** were examined, including the **2018 National Guidelines on Safe Termination of Pregnancy (SToP)** and state-level documents from **Lagos, Ogun,** and **Osun** States. Complementary materials encompassed **standard reference textbooks, thematic paper series**, and expert opinion.

Importantly, **experiential and anecdotal data** were obtained from the **learning and exploratory visit** of key stakeholders from **Ekiti State**, assigned to develop state-specific SToP guidelines, to **Ogun State,** where they engaged with officials involved in SToP policy implementation.

Legal Landscape

Global Perspective on Abortion Laws

Abortion laws vary significantly worldwide, reflecting diverse cultural, religious, and political contexts. In countries like El Salvador and Malta, abortion is completely illegal, criminalizing both providers and women seeking the procedure, often leading to severe penalties, including imprisonment for miscarriages misclassified as abortions (Rights, 2020). This total ban affects 90 million women, driving unsafe abortions that contribute to 4.7–13% of global maternal deaths (WHO, 2024).

Very restrictive laws, as in Nigeria and Senegal, permit abortion only to save the mother's life, with Nigeria's Criminal Code imposing up to 14 years imprisonment for unauthorized procedures (Akande et al., 2020b). Such restrictions push women toward unsafe methods, increasing maternal mortality. Conditional frameworks, like those in India and Thailand, allow abortions for broader reasons, including rape, incest, fetal abnormalities, or socioeconomic factors. India permits abortions up to 24 weeks under these conditions, improving access but facing implementation challenges (Jain & Balu, 2024).Liberal laws in Canada and Sweden allow abortion on request, typically up to 19 and 18 weeks, respectively, with Canada having no legal restrictions, ensuring safer outcomes (Erdman, 2023).

Globally, liberalized laws correlate with a 43% decline in abortion rates, unlike restrictive settings where rates rise (Johnson et al., 2018).

Nigeria's legal abortion position

Nigeria's abortion laws, embedded in the Criminal Code Act (Southern states) and Penal Code Act (Northern states), are highly restrictive, permitting abortion only to save a woman's life. The Criminal Code (Sections 228–230) criminalizes inducing miscarriage, with penalties of up to 14 years imprisonment for providers and 7 years for women, regardless of pregnancy status (Act, 1990; WHARC, 2000). The Penal Code (Sections 232–236) mirrors these provisions but explicitly allows abortion to preserve the mother's life. Judicial precedents like *Rex v. Edgal* and *Rex v. Bourne* interpret "saving the life" to include significant risks to physical or mental health, though this remains narrowly applied (Okagbue, 1990).

Discrepancies exist between federal and state frameworks. Lagos State's 2011 Criminal Code amendment and 2022 Guidelines on Safe Termination of Pregnancy for Legal Indications expanded exceptions to include physical health risks, such as ectopic pregnancies or severe pre-eclampsia (Vanguard, 2022a). However, these guidelines were suspended for further stakeholder engagement due to public backlash, leaving their implementation uncertain (Vanguard, 2022b). Federal law, unchanged, prevails, creating tension with progressive state initiatives.

Recent developments highlight reform pressures. The Economic Community of West African States (ECOWAS) Court of Justice's 2025 ruling held Nigeria accountable for failing to provide safe abortion services, citing obligations under Article 14 of the Maputo Protocol, which permits abortion for rape, incest, or health risks (Geng, 2019). Nigeria, a 2005 signatory, has not domesticated the Protocol, rendering it unenforceable domestically. This gap fuels legal ambiguities, as providers face prosecution risks under restrictive federal laws, while patients, particularly poorer and rural women, resort to unsafe abortions, contributing to 5,000 annual maternal deaths (PRB, 2025).These ambiguities create a precarious environment. Providers risk 14-year sentences without clear guidelines on "life-saving" conditions, deterring safe abortions. Patients face stigma and legal penalties, driving reliance on unqualified practitioners, with 30% of maternal deaths linked to unsafe abortions (Olofinbiyi et al., 2019). The suspended Lagos Guidelines and unimplemented Maputo Protocol underscore the urgent need for legal clarity and reform to align with human rights obligations.

State-Level Guidelines for Safe Abortion in Southwest Nigeria

Nigeria's national guidelines for the legal and clinical management of pregnancy termination, notably the 2018 National Guidelines on Safe Termination of Pregnancy for Legal Indications, provide a critical framework for health professionals(Ministry of Health, 2018). However, these guidelines fall short without state-level adaptations that address local realities. Southwest Nigeria's diverse sociocultural landscapes, varying healthcare infrastructures, and uneven provider awareness necessitate tailored policies to curb unsafe abortions, which contribute to 30% of maternal deaths (PRB, 2025). Region-specific responses are vital to bridge the gap between national policy and local needs, ensuring equitable access to safe reproductive care.

Remarkably, Lagos, Osun, and Ogun have pioneered state-specific guidelines, yielding tangible progress in preventing unsafe abortions. Lagos' 2022 Guidelines, though suspended amid public backlash, expanded legal indications to include health risks, setting a precedent for safe abortion access (Vanguard, 2022b). Ogun's guidelines have driven significant reductions in abortion-related complications, with a 15% drop in hospital admissions for post-abortion care, attributed to enhanced provider training and community awareness(Daily Post, 2024). Osun's efforts focus on integrating abortion services into maternal health programs, leveraging its robust emergency obstetric care system(Innovation, 2023).

Meanwhile, there are anecdotal reports that Ekiti is aggressively drafting its Safe Termination of Pregnancy (SToP) guidelines; and collaborating with Ogun State for experiences and diplomatic relations in the prevention of abortion-related morbidities and mortalities. Ekiti State also stands out as a leading light in Nigeria's adoption of the Royal College of Obstetricians and Gynaecologists' *Making Abortion Safe (MAS)* initiative(Olugbolade Cole, 2023). Demonstrating bold commitment, Ekiti State has strategically engaged adolescents and young adults within its tertiary institutions, equipping them as MAS Champions and peer educators. These trained youths now form a dynamic, youth-driven network at the forefront of tackling unsafe abortion and broader reproductive health challenges across communities. These state-led initiatives, grounded in WHO's 2022 Abortion Care Guideline, showcase the power of localized policy to transform maternal health outcomes, offering a blueprint for national reform.

Despite the limited availability of documented data on the Safe Termination of Pregnancy (SToP) structure in Ondo and Oyo States, emerging anecdotal evidence suggests that both states are actively mobilizing resources and stakeholders toward the development of context-specific SToP guidelines. This signals a growing commitment to addressing maternal health challenges and aligning with national efforts to ensure safe, evidence-based reproductive healthcare services.

Health System Barriers

Health system barriers significantly impede safe abortion access in Southwest Nigeria. Limited provider training on safe abortion techniques, such as manual vacuum aspiration (MVA) and medical abortion with misoprostol, is a critical issue(Begum et al., 2014). Only 14–24% of obstetrician-gynecologists in Nigeria perform abortions, often due to inadequate training and restrictive laws, leading to a reliance on outdated methods like dilatation and curettage (Turk et al., 2021). Inadequate infrastructure in primary health centers (PHCs) exacerbates access challenges. Many PHCs lack dedicated MVA rooms or audio-visual privacy, compromising patient confidentiality and hindering accurate history-taking, which can lead to misdiagnosis (Obure et al., 2024).

Poor availability of misoprostol and MVA kits is a persistent bottleneck(Clark et al., 2017). Despite WHO's inclusion of misoprostol on its essential medicines list, stock-outs are common due to weak supply chain management and bureaucratic barriers to registration (Barot, 2014). Weak referral systems further complicate care, as transportation and communication gaps prevent timely transfers to higher-level facilities, increasing risks of complications (Orjingene & Morgan, 2020). Data collection and integration into Health Management Information Systems (HMIS) are hindered by under-reporting, driven by stigma and the informal nature of many abortions, making it difficult to track outcomes or allocate resources effectively (Ganatra et al., 2017).

Stigma and provider bias significantly deter access. Providers' reluctance, often rooted in cultural or religious beliefs, leads to delays or denial of care, with 53% of obstetricians unable to make effective referrals due to lack of knowledge (Sagar et al., 2023). This pushes women toward unsafe abortions, with 45% of abortions in Africa classified as unsafe, often performed by untrained individuals in the informal sector using dangerous methods like herbal concoctions or invasive tools (WHO, 2024). In Southwest Nigeria, informal sector involvement is rampant, contributing to 30% of maternal deaths from complications like hemorrhage or infection (PRB, 2025).

Socio-Cultural and Ethical Considerations

Religious and cultural resistance significantly shapes abortion access in Southwest Nigeria (Olofinbiyi et al., 2019, 2021). Predominantly Christian and Muslim communities view abortion as a moral and religious taboo, rooted in beliefs that life begins at conception (Barot, 2014; Olofinbiyi et al., 2019). These norms drive widespread disapproval, with 53% of Nigerians opposing abortion in all circumstances, reinforcing restrictive laws and deterring women from seeking safe services. The Catholic Church and Islamic leaders, as seen in the backlash against Lagos' 2022 Guidelines, often lead opposition, framing abortion as sinful, which intensifies stigma (Vanguard, 2024).Public misconceptions and abortion stigma exacerbate barriers. Myths that abortion leads to infertility or is inherently immoral are prevalent, with 60% of women in Southwest Nigeria citing fear of social exclusion as a reason for avoiding formal care (Oni et al., 2023). Stigma disproportionately affects unmarried women and adolescents, who face accusations of promiscuity, pushing them toward unsafe abortions in the informal sector, contributing appreciably to maternal deaths.

Adolescents and young people (10–24 years) are particularly vulnerable due to low contraceptive uptake (2% among 15–19-year-olds) and societal norms discouraging premarital sex (Commission, 2019); early marriage and poor parent-child communication on sexual health limit access to services, with 19% of female adolescents having begun childbearing, often facing coercion or stigma when seeking abortions. Rural and poor youth face heightened risks due to limited healthcare access.

Ethical dilemmas for providers arise from unclear legal protections under Nigeria's restrictive laws, which permit abortion only to save a mother's life(Okorie & Abayomi, 2019a) . Providers face prosecution risks, with 14-year sentences possible, leading to conscientious objection or refusal to perform legal abortions due to fear of social stigma (Okorie & Abayomi, 2019b). This ambiguity creates a conflict between professional duty and personal beliefs, with 40% of providers citing religious objections, often masking fears of community backlash (Krawutschke et al., 2024).

Recommendations

Legal Reform: Nigeria's restrictive abortion laws, rooted in the Criminal Code (Sections 228–230) and Penal Code (Sections 232–236), should be amended to clarify permissible indications, aligning with the Maputo Protocol's provisions for rape, incest, fetal anomalies, and health risks (Geng, 2019). The 2025 ECOWAS Court ruling underscored Nigeria's failure to domesticate these obligations, contributing to 30% of maternal deaths from unsafe abortions (PRB, 2025). Legislative reform should explicitly define "health risks" to include physical and mental health, drawing on *Rex v. Bourne* precedents, and provide legal protections for providers to reduce prosecution fears, currently a 14-year sentence risk (Okorie & Abayomi, 2019a). A national task force, including legal experts and health advocates, should draft amendments, learning from South Africa's Choice on Termination of Pregnancy Act, which reduced abortion-related mortality by 90% (Klausen, 2023).

State-Level Guidelines: All Southwest states (Lagos, Ogun, Osun, Ekiti, and Ondo) should develop and implement guidelines modelled on Lagos' 2022 Guidelines on Safe Termination of Pregnancy, which permitted abortions for health risks before suspension due to public backlash (Vanguard, 2024). These guidelines should align with WHO's 2022 Abortion Care Guideline(WHO, 2022). States must engage community leaders early to mitigate resistance, as seen in Lagos, and establish monitoring committees to ensure compliance. Ogun's high contraceptive prevalence (aOR=1.36) offers a foundation for integrating abortion services (Abubakar & Abubakar, 2024). Osun's emergency obstetric care pilots can be expanded to include abortion care, while Ekiti should prioritize rural access.

Integration of SToP into Reproductive Health Services: Safe abortion services must be embedded in routine reproductive health programs, including family planning and maternal care. Zambia's integration model, which increased access by 25%, offers a blueprint(Zulu et al., 2018). In Southwest Nigeria, primary health centers (PHCs) should be equipped with manual vacuum aspiration (MVA) kits and misoprostol, addressing the 60% stock-out rate. Partnerships with NGOs like IPAS can strengthen supply chains, ensuring consistent availability. This integration can reduce the 45% of abortions performed unsafely in informal settings.

In Nigeria, family planning remains a sensitive issue often entangled with religious and cultural beliefs. However, it is noteworthy that no major religion in the country explicitly rejects family planning. What varies is the degree of acceptance, largely shaped by interpretation and cultural context. By actively engaging religious and moral leaders and sensitizing them to the devastating consequences of unsafe abortion-such as maternal deaths, infertility, and long-term reproductive complications-communities can begin to embrace contraceptive use as a life-saving, morally responsible alternative. When family planning is presented as a tool for preserving health, protecting families, and upholding moral values, it becomes more palatable and less controversial among faith-based stakeholders.

In parallel, it is imperative to address the needs of adolescents, who remain especially vulnerable to unwanted pregnancies (Olofinbiyi B.A., 2022). Promoting adolescent-friendly contraceptive services is no longer optional; it is an urgent public health priority! Current legal and social barriers that criminalize or stigmatize adolescent access to contraception must be dismantled. Adolescents need access to safe, affordable, and socially acceptable methods of contraception delivered in confidential, youth-friendly settings. Without such

access, they are often left with limited options, increasing their risk of resorting to unsafe abortions with dire consequences.

Ultimately, widespread acceptance and consistent utilization of family planning services (by both adolescents and adults) will significantly reduce the religious and sociocultural tensions surrounding abortion. This pragmatic shift will also help resolve the confusion and moral burden imposed by Nigeria's ill-defined abortion law, offering a pathway to safer reproductive health outcomes for all.

The Urgent Need for Compassionate Care in Addressing Unsafe Abortion: Evidence has consistently shown that women, driven by personal, social, or economic circumstances, may go to extraordinary lengths either to achieve pregnancy or to terminate one, regardless of the legal or medical consequences involved (Guttmacher, 2023). In contexts where abortion laws are restrictive, many women, particularly adolescents, are forced to pursue unsafe and often life-threatening abortion methods, undeterred by the risks of prosecution or fatal complications. Despite ethical and conscientious objections to abortion on demand, public health ethics and human rights principles underscore the necessity of nonjudgmental, comprehensive follow-up care for all women seeking to terminate a pregnancy (Krawutschke et al., 2024). The World Health Organization (WHO) affirms that the refusal of care or stigmatization of women, especially adolescents, who decline to continue a pregnancy, even after rigorous counselling, contributes significantly to maternal morbidity and mortality due to unsafe abortion (WHO, 2022).

As such, healthcare providers must strike a balance between personal beliefs and professional obligations. Compassionate care, including post-abortion counselling, timely medical treatment of complications, and access to contraception, is essential to reducing preventable maternal deaths. Rejection or condemnation only fuels the cycle of secrecy and unsafe procedures, particularly among vulnerable populations such as adolescents.

Capacity-Building: Training healthcare workers is critical, as only 14–24% of Nigerian obstetricians perform abortions due to skill gaps and bias(Turk et al., 2021). Scaling FIGO's Values Clarification and Attitude Transformation (VCAT) training, successful in Zambia, can address provider stigma and improve competency in MVA, including the choice and conduct of appropriate anaesthetic techniques for MVA (especially paracervical block) and medical abortion (Melissa, Kottke &Mimizieman, 2008; WHO, 2024). Training should target mid-level providers in PHCs, where more than 70% of women seek care, and include simulation-based learning to enhance skills. Continuous professional development and mentorship programs can sustain quality.

***Building State-Level Resilience: Establishing the SToP Network for Safer Reproductive Health*:** To address the persistent burden of unsafe termination of pregnancy (SToP) and its associated complications, there is an urgent need to institutionalize a structured *SToP Network* across all Nigerian states. This network should comprise a *State SToP Technical Working Group (TWG)*-including representatives from the Ministry of Health, the Primary Healthcare Development Agency, reproductive health program managers, professional associations (SOGON, NANNM), youth-led groups, civil society organizations, legal/faith-

based stakeholders, and law enforcement agents. Working alongside *RCOG State Champions* and a vibrant base of trained peer educators, the network would coordinate advocacy, training, and service linkage efforts. Their core roles would include sensitizing communities on the dangers of unsafe abortion, promoting adolescent-friendly family planning services, and linking women and adolescents in need-particularly victims of abortion-related complications-to safe, compassionate healthcare providers.

Furthermore, this structure will drive state-level accountability, support data collection for decision-making, and foster continuous stakeholder engagement. By creating synergy among technical experts, trained youth, and communities, the SToP Network becomes a sustainable platform to reduce preventable maternal deaths and uphold reproductive justice. With coordinated effort, each state can transform this life-saving agenda into a reality.

***Reframing Abortion Terminology for Public Health Impact*:** The term "safe termination of pregnancy" emphasizes a clinical, evidence-based procedure, reducing stigma associated with "abortion," which often carries negative social and political connotations (MSF, 2023). This linguistic shift promotes access to safe, legal procedures, critical for preventing morbidity and mortality from unsafe abortions. The World Health Organization (WHO) notes that unsafe abortions, performed by unskilled individuals or in substandard conditions, account for 4.7–13.2% of maternal deaths globally, with approximately 25 million unsafe procedures annually, primarily in developing countries (WHO, 2022). Using "safe termination" highlights the need for trained providers and proper facilities, encouraging women to seek regulated care without fear of judgment. This reduces reliance on dangerous methods like toxic substances or unqualified providers, which lead to complications such as hemorrhage, infection, or infertility, affecting 7 million women yearly. Furthermore, "safe termination" aligns with human rights frameworks, promoting bodily autonomy and equitable healthcare access, especially for marginalized groups (Dzelme, 2024). Decriminalization and destigmatization, as WHO recommends, alongside comprehensive reproductive health services, significantly lower maternal mortality rates, as seen in South Africa, where legal reforms reduced unsafe abortion deaths appreciably.

The term **"safe termination of pregnancy"** operates as a powerful tool across several public health dimensions. Firstly, it **reduces stigma and encourages care-seeking** by reshaping public perception. This terminology helps to normalize medical intervention and reduces the guilt and shame that are often associated with the word "abortion." Reports from *The Guardian* and *Médecins Sans Frontières (MSF)* indicate that this linguistic shift significantly increases the likelihood that women will seek timely, appropriate care rather than delay or conceal complications. Secondly, the term **frames abortion within a public health perspective** rather than as a moral or legal controversy. By situating it in the realm of clinical safety and reproductive healthcare, it aligns with global health standards, including those outlined by the **World Health Organization (WHO),** and supports efforts to integrate abortion care into comprehensive health systems. Additionally, it **strengthens policy and legal recognition**. In countries with unclear or restrictive laws, clinically grounded language provides clarity on permissible services and facilitates provider adherence, ultimately supporting policy reform. Finally, the standardized use of this term **improves data collection**

and monitoring. It allows for more accurate classification of procedures and outcomes, enhancing reproductive health surveillance and informing evidence-based decision-making.

***Role of Telemedicine in Safe Termination of Pregnancy for Adolescents*:** Telemedicine enhances access to safe termination of pregnancy for women, especially adolescents, by offering discreet, convenient, and timely care, critical for this vulnerable group facing stigma and legal barriers. Studies show telehealth medication abortion, using mifepristone and misoprostol, achieves 95–97% efficacy without in-person visits, comparable to in-clinic care(Wiebe et al., 2020). Adolescents benefit from no-test protocols relying on medical history, reducing travel and exposure risks. Telehealth mitigates privacy concerns, crucial for adolescents fearing parental consent issues or social judgment, with majority reporting high satisfaction. However, challenges include ensuring equitable access, as low-income or rural adolescents may lack devices or internet. Comprehensive telehealth policies and digital infrastructure are essential to support adolescents' reproductive autonomy.

Data Collection and Monitoring: Robust Health Management Information Systems (HMIS) are critical for accurately tracking abortion-related outcomes and informing responsive policy action. Currently, under-reporting remains a major barrier, with stigma contributing to the concealment of approximately 80% of abortion cases, thereby distorting public health planning. To address this gap, states should institutionalize routine, standardized reporting of abortion services and complications across both public and private health sectors. Leveraging digital innovations, such as India's anonymized reporting platform, has proven effective in improving confidentiality and accuracy in data collection. Adoption of similar digital tools in Nigeria and other West African countries can enhance the fidelity of reproductive health surveillance. Furthermore, integrating abortion data into national health dashboards will enable real-time analysis and more equitable resource allocation, particularly in underserved regions. To ensure data-driven decision-making, quarterly audits should be conducted, complemented by robust accountability frameworks. These should include meaningful participation from civil society organizations, professional associations, and women's rights groups to promote transparency, build public trust, and facilitate adaptive policy reforms. Ultimately, strengthening data systems not only improves clinical outcomes but also elevates the political visibility of unsafe abortion as a solvable public health crisis.

***Importance of Research on Safe Termination of Pregnancy*:** High-quality quantitative and qualitative research on safe termination of pregnancy (SToP) is essential for informing evidence-based strategies aimed at reducing maternal morbidity and mortality. Furthermore, adequately funded research enables the implementation of rigorous study designs, including randomized controlled trials, which have demonstrated that trained mid-level providers can safely perform first-trimester terminations, thereby expanding access and workforce capacity An integrated, mixed-method research agenda is critical to addressing the complex interplay of medical, social, and systemic factors affecting abortion care. Sustained investment in such research is necessary to9 enhance patient-centered services, reduce complications such as hemorrhage and infection, mitigate stigma, and advance progress toward achieving Sustainable Development Goal 3 on health and well-being.

Political Will for Prompt Action: Addressing unsafe abortion in Southwest Nigeria demands urgent political will to drive transformative reform. Nigeria's restrictive abortion laws, unchanged since colonial times, contribute to 30% of maternal deaths through unsafe procedures. The 2025 ECOWAS Court ruling, mandating compliance with the Maputo Protocol, underscores the need for swift legislative action to legalize abortions for rape, incest, and health risks. Political inertia, fuelled by cultural and religious resistance, has stalled the domestication of these obligations, leaving women vulnerable.

Prompt action requires policymakers to prioritize legal amendments to the Criminal and Penal Codes, clarifying permissible indications and protecting providers from prosecution. The suspended Lagos 2022 Guidelines demonstrate that state-level leadership can catalyze change, but national commitment is essential to scale these efforts. Political will must translate into funding for health system strengthening, including training and commodity supply. Decisive leadership can save lives and align Nigeria with global health standards.

Conclusion

Unsafe abortion remains a critical driver of maternal mortality in Southwest Nigeria, fuelled by restrictive laws, policy gaps, and health system deficiencies. Nigeria's Criminal and Penal Codes, limiting abortion to life-saving cases, drive women to unsafe procedures, contributing to 30% of maternal deaths. The suspended Lagos 2022 Guidelines and the ECOWAS Court's 2025 ruling signal reform potential, yet legal ambiguities and entrenched sociocultural stigma persist. Health system barriers, limited provider training, inadequate infrastructure, and scarce commodities like misoprostol-disproportionately harm adolescents. This review underscores the urgent need for comprehensive reform aligned with the WHO and Maputo Protocol standards. Decisive political will is paramount to enact legal clarity on permissible indications, including rape and health risks, and to protect providers from prosecution fears. State-level guidelines, modelled on Lagos' framework, must be implemented across Southwest Nigeria, integrating safe abortion into routine reproductive health services. Capacity-building for healthcare workers, robust data systems, and community engagement with faith-based groups can dismantle stigma. Advocacy for a revised national reproductive health policy is critical to operationalize international obligations. With bold leadership, Southwest Nigeria can pioneer equitable, safe reproductive healthcare, significantly reducing abortion-related morbidity and mortality.

Conflict of Interest

The authors affirm that there are no conflicts of interest related to the development or publication of this manuscript.

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