HUMAN RIGHTS AND MATERNAL DEATHS: AN ASSESSMENT OF MATERNAL DEATHS IN NIGERIA.

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Abstract

Internationally, right to health was first articulated in the 1946 Constitution of the World Health Organization (WHO) whose preamble defines health as a complete physical, mental and social well-being and not merely the absence of disease or infirmity. Discrimination against women in various forms is nearly universal, although more severe in some countries than others. This paper examines the fact that this widespread societal discrimination has serious consequences to the health of women, children and societies as a whole. Many health risks incurred by women are not incurred by men. Health risk like domestic violence, female genital mutilation, problem in reproductive health and lack of education on family planning. The role of women in the society demonstrates that one of the most effective ways of improving a nation's health is through educating its women. This article suggests the need for effective implementation of various International and National laws with respect to maternal health, and to enhance the prevention of maternal mortality. This is essential in ensuring sustainability of human race and safeguarding the lives of those whose role it is to procreate. The methodology used is the doctrinal study of the key subject of this research; reliance was also placed on other international instruments relevant to the research top.

Keyword: **International Law, Maternal Death, Human Right, Right to Health,**

1. Introduction.

Human rights in its simplest form are those rights that every human being possesses and is entitled to enjoy by virtue of being human. They are inherent in every human and consequently inalienable. These are rights set out in the Universal Declaration of Human Rights (UDHR).[1] They are basic rights and freedom that all people are entitled to regardless of nationality, sex, maternal or ethnic origin, language or other status. These rights as stated by the UDHR include Right to life,[2] freedom from slavery and servitude,[3] freedom from torture, cruel, inhumane or degrading treatment,[4] right to marriage and to found a family,[5] right to health[6] etc.

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[1]Universal Declaration of Human Rights (UDHR) Adopted by United National General Assembly on the 10th of December 1948.

[2] UDHR Art 3.

[3] Art 4.

[4] Art 5

[5] Art 25

[6] International Planned Parenthood Federation Charter. (IPPF) *Sexual and Reproductive Right and Law* (1997)

They concern fundamental freedom and humanity[7] and stem from the notion that all human being are born equal and therefore, have an equal right to enjoy dignity and security. These norms are incorporated into national and international legal systems, which specify mechanisms and procedures to hold the duty-bearers accountable and provide redress for alleged victims of human rights violations.[8]

At first, the theory of human rights applied domestically and did not have a place in international sphere. It was towards the end of the 18th century and the beginning of 19th century that the concern for individual rights filtered into the international system.[9] The United Nations Charter[10] was the first international document to formally give voice to human rights movement after the Second World War.[11]

The Human rights scholars speak of three generations of human rights within the international context.[12] First generation human rights, as embodied in the United Nations International Covenant on Civil and Political Rights (ICCPR), stress civil and political rights over and against the encroachment of the state on individuals.[13] States undertake to respect and insure right to life and personal integrity, due process of law and a freedom to travel within as well as outside one's country, freedom of expression, religion, and conscience, the right to participate in government and free elections, the right to marry and found a family, the right to equality and freedom from discrimination.[14]

Second generation human rights, embodied in the United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR), emphasize economic, social, and cultural rights. Under this Covenant, states are to ensure amongst others the right to the highest attainable standards of physical and mental health.[15]

Third generation of human rights, involve solidarity among developing states as a group, and among states in general. They are said to be collective rather than individual, and

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Regent's College Inner Circle, Regent's park London, United Kingdom p. 17.

[7]P Alson and H J Steiner, *International Human Rights in Context*: Clarendon Press, Oxford University Press. Vol. 3, (1996) Australian Journal of Human Rights p. 133, 115.

[8]P Alson and HJ Steiner, *International Human Rights in Context*: Vol 3, (1996) Australian Journal Of Human Rights P.114

[9] United Nations Charter signed on the 26th of June 1945 entered into force on the 24th of October 1945.

[10] Universal Declaration of Human Right UN General Assembly Resolution 217 A (III) U. N. Doc. A (810) 1948.

[11] V Pillai, Ya-Chien Wang and A Maleku, *Women, War and Reproductive right in Developing Countries*. Vol 56, (2017) Journal on Social Work in Health Care. p.3

[12] G J Walters, *Human Rights in Theory and Practice: A Selected and Annotated Bibliography, with an Historical Introduction* (1995). Metuchen, New Jersey & London: Scarecrow Press.ISBN-13: 978-0810830103, ISBN-10:0810830108. Accessed on the 6th of September 2020

[13] *Ibid.*

[14] *Ibid.*

[15] *Ibid*

include people's rights to development, the right to a healthy environment, the right to peace, the right to the sharing of a common heritage, and humanitarian assistance.[16]

Right to health falls within the second generation of human right, the preamble to the World Health Organization (WHO) institution declares that "It is one of the fundamental rights of every human being to enjoy the highest standard of health".[17] The International Covenant on Economic and Social Cultural Rights (ICESCR) further defines the right to health as "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health".[18]

In line with the definition of World Health Organization, health is defined as "a state of complete physical, mental and social well-being not merely the absence of disease or infirmity"[19] and in keeping with international covenant as regards to the right to health, it is the responsibility of the States to make health care accessible and affordable to all its citizens irrespective of social and economic status.

2. Maternal Mortality.

World Health Organization defines maternal mortality as the death of a woman while pregnant or within 42 days of termination of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.[20] Maternal morbidity on the other hand is defined as a condition outside of normal pregnancy, labour and childbirth that negatively affect a woman's health during those times.[21]

The number of women and girls who died each year from complications of pregnancy and childbirth declined globally between 2000 to 2017.[22] These improvements are particularly remarkable in light of rapid population growth in many of the countries where maternal deaths are highest. However this improvement notwithstanding, several women especially in less developed countries are dying each day from complications in

[16] Art. 22, 23, and 24 of the African Charter on Human and Peoples Rights. See also E. Claude and Others. *Human Rights and Development in Africa,* State University of New York Press, (1984), p 26, 317-329.

[17] World Health Organization. Preamble to the Constitution the World Health Organization (1948) adopted by the International Health Conference on the July 1946. Open for signature on the July 22. 1946 and entered into force on the 7th April 1948

[18] Art. 12 of International Covenant of Economic, Social and Political Right 1966.

[19] World Health Organization. Preamble to the Constitution of the World Health Organization (1948) Adopted By the International Health Conference on the July 1946. Open for signature on the July 22. 1946 and entered into force on the 7th April 1948.

[20] World Health Organisation, *International Statistic Classification of Disease and Related Health Problem*. Tenino Vol.2 (2004), instructional manual 2nd edition. Geneva .p.141

[21] SA Orshan *Maternity, Newborn and Women's Health Nursing; Comprehensive Care Across The Life Span. Lippincott William and Wilkins* (2008) ISBN 10:0781776279. ISBN 13 9780781776271 .p15. www.Abebooks.com accessed on the 24th September 2020

[22] *ibid*

pregnancy and childbirth. And for every woman who dies, approximately 20 others suffer serious injuries, infections or disabilities.[23]

About 86 per cent of maternal deaths worldwide emanates from Sub-Saharan Africa and South Asia.[24] Sub-Saharan Africans suffer from the highest maternal mortality at the ratio of 533 maternal deaths per 100,000 live birth a year,[25] this is over two thirds (68 per cent) of all maternal deaths per year worldwide.[26] South Asia follows, with a maternal mortality ratio of 163, maternal deaths a year, resulting to about 19 per cent of the global total.[27]

Every region has advanced, although levels of maternal mortality remain unacceptably high in Sub-Saharan Africa.[28] Almost all maternal deaths can be prevented, as evidenced by the huge disparities found across regions and between the richest and poorest countries. The lifetime risk of maternal death in high-income countries is 1 in 5,400, compared to 1 in 45 in low-income countries.[29]

The Convention on the Elimination of All Forms of Discrimination against Women, (CEDAW) is often described as the international bill of rights for women. Human rights advocates have successfully used provisions in CEDAW to advocate for the non-discriminatory provision of health care services, including the right to access reproductive health services[30] Article 12 of CEDAW contains specific provisions calling on states to guarantee access to family planning and prenatal care, it states that:

> States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning. States Parties shall ensure to provide women with appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where

[23] United National Children's Fund (UNICEF). *Monitoring the situation of Children and Women September (2017).* www/maternal/mortality/UNICEF DATA. Html accessed on the 18th August 2020
[24] *Ibid*
[25] *Ibid*
[26] *Ibid*
[27] *Ibid*.
[28] *Ibid.*
[29] *World Health Organization, United Nations Children's Fund, and The World Bank, Trends in Maternal Mo rtality: 2000 to 2017 WHO, Geneva, (2019).*
[30] Alyne da Silva Pimentel Teixeira v. Brazil Communication No. 17/2008, UN Doc. CEDAW/C/49/D/17/2008 (CEDAW 2011). See also L.C. v. Peru, Communication No. 22/2009, UN Doc. CEDAW/C/50/D/22/2009 (CEDAW 2011).

necessary, as well as adequate nutrition during pregnancy and lactation. [31]

In 2011, the Convention on the Elimination of All Forms of Discrimination against Women the (CEDAW) Committee issued a historic decision involving the government's responsibilities with respect to maternal health and abortion. In the decision, *Alyne da Silva Pimentel Teixeira v. Brazil*,[32] CEDAW Committee became the first international treaty body to hold a nation accountable for preventable maternal death, the Committee determined that the failure of the Brazilian public health system to provide non-discriminatory health services to Alyne da Silva Pimentel Teixeira violated her rights to health.[33] The aforementioned case concerned Alyne da Silva Pimentel, a Brazilian woman of African descent who died from pregnancy-related causes after her local health centre misdiagnosed her symptoms and delayed providing her with emergency obstetric care.

Her mother took the case to the CEDAW Committee, arguing that national authorities had made no effort to establish professional responsibility and that she had been unable to obtain justice in Brazil. Alyne's death exemplifies circumstances that are all too common everywhere, preventable maternal deaths seem to be concentrated among marginalized groups of women and they are marked by a lack of accountability.[34]

United Nation's agencies including the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the World Bank issued a joint statement in 1999[35] to address the issue of Safe Motherhood. The statement details three key areas for action which are:

a. Safe motherhood can be advanced through respecting existing human rights, through empowering women to make choices in their reproductive lives with the support of their families and communities.

[31] United Nations General Assembly: Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), GA Res 34/180, 34 UN GAOR Supp. (No 46) at 193, UN Doc. A/34/46, 1979.

[32] Alyne da Silva Pimentel Teixeira v. Brazil, Communication Op Cit

[33] R..J. Cook. *Human Rights and Maternal Health: Exploring the Effectiveness of the Alyne decision*. Journal of law Medicine And Ethics.(2013).http://doi.org/10.1111/jlme.12008 accessed on the 24th September 2020. See also Alyne da Silva Pimentel Teixeira v. Brazil, Communication Op Cit.

[34] United Nations Human Rights Council *: The Millennium Development Goals report 2011.* New York; (2011). http://www.un.org/millenniumgoals/11_MDG%20Report_EN.pdf accessed on the b5th July 2020

[35] United Nations Agencies Issue Joint Statement For Reducing Maternal Mortality. Press Release WHO 28th October 1999.

b. The access to and quality of maternal health services need to be improved. All deliveries should be overseen by skilled attendants and essential care should be available when obstetric complications arise.

c. Women need to be able to choose if and when to become pregnant, through ensured access to voluntary family planning information and services.[36]

The need to ensure good maternal health can never be overemphasised especially as the mother has a significant impact on the welfare of the family. The death of a mother may be the beginning of poverty, malnutrition, lack of education for children and a countless of other adverse socioeconomic consequence which may affects her family and the society at large.[37] Maternal Health is a fundamental subject with enormous global and economic implications in the life of humans. The health of a woman during pregnancy, childbirth and within the weeks after childbirth is indispensable to ensure the adequate wellbeing of the home and family especially in matters relating to childbirth, childcare, breastfeeding, home care etc.

In order to address the issues of preventing maternal mortality and promoting maternal health globally, several conferences and measures have been held like the United Nations Decades for Women Population Conference which was held in Mexico (1984), the Safe Motherhood Initiative which was launched in Nairobi, Kenya (1984), the International Conference on population and development in Cairo, Egypt (1994), the Beijing Conference for Women (1995), the Maternal Health Targets of the Millennium Development Goals as well as the Sustainable Development Goals held in the years 2000 and 2015 respectively, the Maputo Declaration and Action Plan, Safer Pregnancies Initiative, Mother Care Project (1988-1998) amongst others.
The implementation of these programmes and initiatives has indeed contributed to the lowering trends of maternal mortality ratios around the world with maternal mortality ratios as low as 6 per 100,000 live-births in Australia.[38] However, in developing countries, despite reducing maternal mortality ratios,[39] the number of maternal deaths

[36]B. C. Ozumba. *Improving Maternal Health in Developing Countries: The Nigerian Experience*. Inaugural lecture given by the Provost, College of Medicine University Of Nigeria Nsukka . 2008
[37]GO Ikhioya *Maternal Mortality and the Safe Motherhood Programme in Nigeria: Implication for Reproductive Health. Vol. 2 No. 10 (2014)* International Journal of Education and Research. p.5.
[38] HE Burchett and SH Mayhew. *Maternal Mortality in Low-Income Countries: What Interventions Have Been Evaluated and How Should The Evidence Based be Further Developed?* (2009) International Journal of Gynaecology Obstetric. Htpp://punmed.ncbi.nim.nih.gov/19201403 accessed on the5th of September 2020.
[39] *Ibid*

remains unacceptably high with maternal mortality ratios of 814 per 100,000 live-births in Nigeria and 319 per 100,000 live-births in Ghana, [40]

3. Maternal Mortality in Nigeria.

In Nigeria, notwithstanding the implementation of maternal health policies and services, the administration of a wide range of maternal health strategies including free antenatal care, training of skilled birth attendants, the adoption of Maternal and Prenatal Death Surveillance and response (MPDSR) by Nigeria's Federal Ministry of Health to track and rectify the causes of maternal mortality,[41] the situation of maternal health remains one of the worst in Africa as evidenced by prevailing maternal mortality ratios.[42] Nigeria contributes greater than 10 percent of maternal death globally. [43]

The maternal health care system in Nigeria is one which is characterized amongst others by the presence of a number of cultural (female genital mutilation, early marriage) and socioeconomic factors.[44] The traditional and faith based health providers linked with the socioeconomic and detrimental cultural determinants of maternal health has contributed to the seemingly weak health system. This is evident in the number of pregnancies being managed by orthodox methods, the inability to recognize danger signs in pregnancy and the resultant high maternal death rates.[45]

Apart from the problems posed by these factors, maternal health is also plagued with problems of poverty, illiteracy, lack of knowledge, delay in reaching health facilities either due to inaccessibility, poor roads, poor communication networks, poor transportation systems or long distances to be covered, as well as delays in receiving appropriate care at health facilities which is characterized by absence of quality maternal

[40] RN Ogu, and BC Ephraim. *Nigerian Government Expenditure, Economic Productivity and the Prevention of Maternal Mortality: A Call to Action*. (2018)Journal of Economics, Management and Trade 21(1): 1-9, (2018): Article No JEMT. 39799. ISSN 2456-9216.p.4 accessed on 4th September 2020

[41] A Josephine and Others, Maternal *death Review And Surveillance: The case of Central Hospital Benin City, Nigeria(* 2019). doi:10.1371/journals.pone.0226075, PMID: 31856173 accessed on 5th August 2020.

[42] *Ibid*

[43] MA Kana and Others . *Maternal and Child Health Interventions in Nigeria: A Systematic Review of Published Studies from 1990 to 2014*. (2015) BMC Public Health 15,332.http://doi.org/10.1186/s12889-015-1688-3 accessed on the 17th of September 2020

[44] RN Ogu and KN Agholor . *Engendering the Attainment of the SDG-3 in Africa: Overcoming the Socio-Cultural Factors Contributing to Maternal Mortality (2016).* African Journal of Reproductive Health P. 2-7

[45] FEOkonofua , LF Ntoimo and RN, Ogu *Women's Perceptions of Reasons For Maternal Deaths: Implications For Policies And Programs For Preventing Maternal Deaths In Low-Income Countries* (2018) Health Care For Women International P. 95-109.http/ 14. PMID : 28829240 accessed on the 24th September 2020.

health services, inadequacy of skilled birth attendants, inadequate medical supplies during labor, delivery and after the delivery, un-booked obstetric emergencies [46]

Motherhood is often a positive and fulfilling experience, for many women in Nigeria however it is associated with pain, ill health and even death.[47] In 2017 according to fragile state index, Nigeria was listed to be one out of the 15 countries with a high rate of maternal death,[48] with estimated maternal mortality rate of 840/100 000 per live birth.[49] The Nigeria Demographic and Health Survey also revealed a National Maternal Mortality Rate (MMR) of 596 death per 100 000 live birth and 549 death per 100 000 live birth in 2013 and 2008 respectively.[50]

Sadly, while developed countries like the UK have made extensive efforts to eliminate death arising from childbirth or pregnancy, many developing countries including Nigeria, are still grappling with the challenges of maternal mortality. Nigeria is regarded as one country that has made insufficient progress towards addressing maternal mortality in a view of meeting the target for the Millennium Development Goals.[51]

The health situation of most women in Nigeria is very unsafe and receives very limited attention from the responsible health authorities. Health facilities are mostly limited in rural areas, the available health clinics are either not functional or they are poorly staffed and equipped. One of the overwhelming evidence from maternal and prenatal death surveillance (MPDSR) summary report are fall out of un-booked cases and delay in referral from primary health care centres, traditional birth attendant to secondary health facilities.[52] When a pregnant woman is not booked for antenatal care or does not deliver in a health centre, she misses all the opportunity offered by the antenatal care, emergency

[46] SAUzoigwe *Maternal Mortality in the First Year of New Millennium at the University Of Port Harcourt*. Vol. 9 No 1 (2004) International Journal Of Medicine And Health Development p.8
[47] World Health Organization. *Beyond the numbers: Reviewing maternal death and complications, to make pregnancy safer* (2004). www.who/document accessed on 5th August 2020.
[48] *ibid*
[49]World Health Organization. *Trends in Maternal Mortality*. (2008) Geneva, estimated developed by UNICEF, UNEPA and World Bank 2010.
[50] National Population Commission Federal Republic of Nigeria. *Nigeria Demographic and Health Survey (2013)*. See also J Hussein, A Hirose and O Oluwatoyin. *Maternal Death and Obstetric Care Audit in Nigeria: A Systematic Review of Barriers And Enabling Factors In Provision Of Emergency Care*. Vol. 13, No 47.(2016) Reproductive Health Journal https://doi.org/10.1186/s12978-016-0158-4 accessed on the 5th of September 2020
[51]D Ebenezer, *Substantive and Equality Maternal Mortality in Nigeria*. (2012) Journal of legal pluralism and unofficial law p.104.
[52] R Sageer and E Kongnyny, *Causes and Contributory Factors of Maternal Mortality: Evidence from Prenatal Death Surveillance and Response in Ogun.* Article number 63 BCM Pregnancy And Childbirth (2019).https://doi.org.10.1186/s12884019-22021 accessed on 6th of September 2020

obstetric care and management of puerperal period, thereby having higher risk of maternal death.[53]
Equally, Government allocations over the years to the health sector have hovered around 4-5 percent of the annual budget.[54] During the Abuja Declaration in 2001, African governments agreed to commit at least 15 percent of their annual budgetary allocations to health sector[55] sadly however a UN report showed that only few countries excluding Nigeria have fulfilled that promise.[56]

Daily Nigeria loses about 2,300 less than five years old and 145 women in child bearing age.[57] What is more devastating is that these deaths could have been prevented by basic investigations in the primary health care and availability of basic infrastructure in rural health centres.[58] Nigeria has a number of policies in the health sector, like the National Health Policy 2016[59] which clearly stipulates in its chapter 4 that one of the goals of the policy is to reduce maternal mortality and morbidity in Nigeria and promote universal access to comprehensive and reproductive health services. The objectives of the policy are:

a. To reduce maternal mortality and morbidity.
b. To reduce childhood mortality and ensure optimal growth protection and development for all new born and children under five.
c. To improve access to adolescent health information and services.
d. To ensure the awareness of and access to comprehensive reproductive health services.
e. To reduce the risk associated with pregnancy through promotion of comprehensive obstetrics at all level.[60]

The right to health has equally been recognized in some international treaties which Nigeria is a State party to, like Universal Declaration of Human Rights, in its Article 25 (1) affirms that everyone has the right to a standard of living adequate for the health of

[53] United Nations. Millennium Development Goal Report MDGs Report (2012) .www.un.org/en/development/publication/mdg report 2012.html accessed on the 5th of August 2020.
[54] *Ibid*
[55] World Health Organization : Abuja Declaration (2001). http/www.who.int. accessed on the 30th of August 2020.
[56] D Ebenezer. *Substantive and Equality Maternal Mortality in Nigeria*. (2012) Journal of Legal Pluralism and unofficial Law p.104.
[57] *Ibid.*
[58] World Health Organization. *Maternal Death Surveillance and Response. Technical Guidance Information for Action to Prevent Maternal Death* (2013). www/who.int/maternal child adolescents/document/ maternal death surveillance. accessed August 5th 2020.
[59] National Health Policy 2O16. *Promoting the Health of Nigerian to Accelerate Social Economic Development. Federal Ministry Of Health* September (2016)
[60] *Ibid*

himself and his family. The International Covenant on Economic, Social and Cultural Rights provides in Article 12(1) also states the right to everyone's enjoyment of the highest attainable standard of living, physical and mental health.[61]

The right to health is equally recognized in Article 5 of the International Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). Nigeria is a party to these Conventions. Nigeria ratified CEDAW, she has equally domesticated Africa Charter of human and peoples right (ACHPR) by virtue of the Africa Charter of Human and Peoples right Ratification and Enforcement Act 1990.[62] However, in spite of the impressive provisions of the policies on reproductive health care, the country is still far below international standard in implementing the provisions of the treaties with regards to the health rights of women as stipulated in the Conventions.

In a patriarchal society where women's role is subordinated to that of men, and the purpose of women's lives is virtually confined to their reproductive functions in service to a society where men's interests reign supreme, it can only be expected that women's reproduction will be controlled by men. Nigeria has many pervasive traditional, cultural and religious beliefs like the Female Genital Mutilation (FGM), early marriage, early and repeated child bearing, unequal female status and gender based violence (GBV), widowhood rites and inheritance that limit women's exercise of their reproductive choices and expose their health to injury which put women's health at risk.

This culture has pervasive influence on how woman are treated, practice like Female Genital Mutilation has a damaging effect on women. CEDAW committee had recommended that all States should enact and enforce laws to prevent the practice of FGM.[63] The practice of FMG as described by World Health Organization includes procedure that intentionally alters or cause injury to the female genital organ for no medical reason.[64] There are no health benefits in FGM, but the practice instead exposes women to severe health challenges and death.[65]

The UN Committee on Economic, Social and Cultural Rights (ICESCR) has interpreted Article 12 of the convention to require state parties to Committee on Economic, Social

[61] The International Covenant on Economic, Social and Cultural Rights 1966 Entered Into Force By 3rd January 1976

[62]Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Adopted 18 December 1979 entered into force 3rd Sept 1981.

[63] Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee General Recommendation No. 24 Women and Health UN DOC A/54/38/Rev. (1) 199.CEDAW committee General Recommendation No.24 Female Circumcision UN DOC.A/45/38 (SUPP) (1990). P.438

[64] World Health Organization, *Female Genital Mutilation* Fact Sheet No. 241 (2014) .Maternal Mortality In 2005.

[65] ibid

and Cultural Rights to protect women from being carried to participate in this harmful cultural practice.[66]

These practices are usually presented as part of our identity which must be preserved against encroaching westernization and globalization of culture. Even where statutory law exists to outlaw some of these disadvantageous customary and religious practices, historical evidence is that enforcement level is so low suggesting only a careless commitment on the part of the State and its agents.[67]
The legal system complicity in compromising women's reproductive health is also evident in the status of Nigeria Law on abortion.[68] Nigeria law restricts legal abortion to abortion carried out to save the mother's life only, and criminalizes all other forms of abortion.[69] The law does not only punish the person who carries out the abortion but equally on the women on whom the abortion is carried out, where she had consented to the abortion.[70] In spite of legal restriction on abortion, the act is still very common and many thus resort to unsafe abortions. Available statistics place deaths due to induced abortion at 40% of all maternal deaths.[71] Unsafe abortion places serious burden on the nations system as well as the well-being of women. According to WHO's estimate in different countries, unsafe abortion can cause 25 to 50 percent of maternal death, basically because women lack access to family planning service or safe procedure of abortion.[72]

Most women in rural area lack access to information about diseases/infections, access to information about family planning, modern contraceptive and absence of reproductive health education. This in turn impinge on the freedom to exercise informed choice in determining the number and spacing of their children and services needed to go safely through pregnancy and child birth.[73]

4. Conclusion and Recommendations

The right to health, including sexual and reproductive health, comprises both the freedom to control one's health and body as well as the right to enjoy a variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of

[66] Committee on Economic, Social and Cultural Rights (ICESCR) General Comment No. 14, *To Highest Attainable Standard of Health*, UN. DOC E/C.12/200014. 11 May 2000 Para 22, 35
[67] C O, Benjamin Improving Maternal Health in Developing Countries. Op Cit
[68] FE Okonofua and others, *Perceptions of Policymakers in Nigeria towards Unsafe Abortion and Maternal* Mortality. International Perception on Sexual and Reproductive Health, A Journal Of Peer-Reviewed Research Vol. 35 issue 4, 2009 P.196.
[69] Section 228 and 229 Criminal Code Law Of The Federation Of Nigeria 1999
[70] *Ibid*
[71] CO, Benjamin Improving Maternal Health in Developing Countries. Op Cit
[72]World Health Organisation: *Unsafe Abortion. Global and Regional Estimate of Incidence of Unsafe Abortion and Associated Mortalit*y in 2003. 5th edition. (2007).p 5
[73] *ibid*

health. Maternal death is one of the most critical public health and developmental challenges globally, especially in the less developed regions where maternal mortality remains very high.
The high rate of maternal mortality is a pressing concern for the nation, and various efforts have being put in place towards combating the challenge, but all remain inconclusive. It is therefore important to focus on an overall health reform program that will involve maternal education, access to health care services and women empowerment which will enable women and young girls make informed decisions on issues relating to their reproductive life.
Basic education is essential in improving individual's health status and in particular, women's education is critically influential in improving women's reproductive health. Ignorance about human reproduction, sexual health and reproductive health is a major contributory factor to the non-attainment of reproductive health and rights.
The importance of Health education like counselling pregnant women on the danger and warning signs of obstetric complications, caution to take during birth preparedness and readiness to avert delay in women with obstetric emergencies, by preventing pregnancy through family planning, early detection of complications, and preventing death or disability from complications. These can be achieved by putting up measure of intervention at various levels of care (home, primary, and secondary health facilities).
Nigeria is a party to many international treaties that out rightly condemns some cultural practices,[74] it is therefore pertinent that strict laws be enacted towards the total eradication of harmful cultural practice across the country and effort put in place for its effective implementation.

Apart from problem of early marriage which is basically prevalent in the northern part of Nigeria, Women in the north are also increasingly vulnerable to maternal mortality due to the impact of adverse effect of internal armed conflict like book` haram activities, effort must therefore be made to provide health care services in conflict zone areas, using strategies that do not encroach on the already fragile health care institute available. Many of the contributory factors of maternal mortality could be avoided if preventive measures are taken, adequate care available, stability and security restored in conflict zone areas.
To end preventable maternal deaths, the Federal Government through the Ministry of Health, Ministry of Women Affairs and Ministry of Education can map out strategies that will ameliorate the pending danger of maternal death in Nigeria and also effectively develops a systems and processes that ensure the ability to count every maternal death and identify the cause of death and contributing conditions.

[74] Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Adopted 18 December 1979 entered into force 3rd Sept 1981.Universal Declaration of Human Rights 1948.