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Research Article

Anti-Abortion Legislation and Its Impacts on Maternal Health Care in Nigeria

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Abstract

There is a global push for improved delivery of health services to women due to the increase in maternal mortality resulting from childbirth and abortion, among other things. In some countries, abortion is legalised, while it is a criminal offence in others due to morality, religion or potential abuse. This study set out to examine the impact of Nigeria's anti-abortion law (the criminal code) on the delivery of maternal health services in Akure metropolis. Three hundred and eighty respondents comprising of women in their reproductive years as well as health workers (male and female) were recruited across health centers, hospitals and caregiving homes within the city. Data was gathered through a close-ended structured questionnaire and open-ended interview schedule. To achieve study objectives, four research hypotheses developed from the research questions were tested using linear regression. The first tried to ascertain the level of awareness of women and health workers about the anti-abortion law, while the second sought their perception towards the effectiveness of the law, the third hypothesis tried to understand the extent to which the abortion legislation has impacted the rates of abortion in the city, while the final hypothesis sought to understand whether the criminal code anti-abortion law has or has not significantly affected maternal health service delivery in Akure metropolis.

Keywords: Criminal code, anti-abolition, abortion legislation, health workers, reproductive years

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Introduction

Background to the study

The debate on whether or not women in their reproductive ages should have the autonomy to choose whether to have a child or terminate a pregnancy has been a major subject in public health Search and discussions globally (Frederico et al., 2018). This debate has been met with arguments and counter-arguments for and against abortions. While some researchers hold the opinion that a woman should indeed be able to decide to have an abortion if it is the best for her and her family at any point in time- and must not be denied access to high quality healthcare regardless of her decision (Al- Matary & Ali, 2014), others suggest that these rights, if given to women may be misused (conscientious objection). The latter group explained that rather than getting pregnant and subsequently seeking an abortion, a women should consider family planning or the use of contraceptives to prevent pregnancy and all complications that may come with it (Staveteig, 2017) A though this opinion seems valid, it fails to cater for the population of vulnerable women who know little or nothing about contraceptives as well as those who in live in war-torn and volatile area where women may be subjected to sexual abuse and rape (Keenan, 2014).

Regardless of the side of the argument one choses to take research has repeatedly shown that stringent legislation against abortion may lead to increased rate of maternal mortality (Latt et al., 2019). A crisis that may continue to hunt reproductive health and safety of women for a long time, According to Olonade et al. (2019), maternal mortality can impact on health outcomes, economic security of women, their overall well-being, their dignity societal participation, as well as their general life quality, As such, Ezeh et al. (2016) maintained that anti-abortion legislation often seen as a way of exacerbating maternal mortality rates especially in lower and income countries.

Although poorer countries tend to suffer more when anti-abortion laws are in place (Berer, 2017). the effect of such laws on women in richer climes has seen massive demonstration in countries like the United States where new anti-abortion laws in Texas has banned abortion later than 42days (Tuma, 2021). Described as the "fetal heartbeat bill", the Senate Bill 8 (SB8) declares that once an ultrasound picks the fetal heartbeat, a woman is no longer allowed to terminate the pregnancy (Bohra, 2021). While this bill may have taken effects, medical experts misleading, since the development of the fetus in the womb is continuous and that what lawmakers currently confuse as a heartbeat is an electrically induced shining and wavering of part of a tissue that soon becomes the infant's heart. Lagu et al. (2013) noted that anti-abortion laws are mostly enacted from a

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place of morality, which is fundamental to many societies today. In addition, Faundes et al. (2019) stressed that politician often claim that anti-abortion laws are avenues to safe-guarding the health of women, even though authors like Haelle (2016) disagree, suggesting that politicians mostly do not have moral justifications to ban abortions.

Anti-abortion legislations are still active in many countries of the world and continue pose serious threat to maternal health, leading to a rise in the death of more and more women especially in sub- Sahara Africa. Sierra Leone is one of such countries that has suffered from the impact of anti-abortion legislation resulting in the nation recording the highest figures with regards to maternal mortality and morbidity rates globally (1.120 maternal mortality per 100,000 live births) (Ministry of Health and Sanitation, 2016). The Republic of Chad and South Sudan are two other where maternal mortality rates are disturbing. Until a new later came into force, maternal mortality was deeply rooted in the Sierra Leonean society, thereby increasing the population of vulnerable (November & Sandall, 2018). As reported by November and Sandall et al. (2018), adolescent girls represent over 30% of all pregnancies in Sierra Leone, with 40% of this population losing their lives due to pregnancy complications. Furthermore, unsafe abortions being one of the strongest contributors to MMM in Sierra Leone has remained a regular practice among young girls and women until a new law for safe abortion was passed (Osborne et al., 2025).

Research by Bussink-Voorend et al. (2020) stressed that given an increase in maternal death in Sierra Leone, there is a need for all hands to be on deck to solve the problem. Elston et al. (2016) noted right and advocacy groups have been involved in the push to get rid of the anti- abortion laws, similar to the case of Nigeria. Nevertheless, it took extended discussions with non- governmental organizations (NGOs) and public health enthusiasts to force President Bai Koroma to sign the abortion bill six years ago (Guilbert, 2015). The leader who was initially against safe abortion prior to parliamentary votes, passed the bill in December of 2015 (Guilbert, 2015). Osborne et al. (2025) reports that unsafe abortions can be traced to one-third of all maternal death in Sierra Leone, necessitating new liberal laws. Within the framework of the new abortion law, a pregnancy can be terminated up to 3months and up to 6months when certain risks are involved.

While countries like Sierra Leone may have started to reap the benefits of liberal abortion laws, the same cannot be said of Nigeria, Africa's most populous nation. The country has two unique anti-abortions laws in place: a "Criminal Code" and a "Penal Code" in the southern and northern regions respectively (Okagbue, 1990), both came into force long

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before her independence & Abayomi (2019) and have since been operational in the country. As reported by Abiodun et al. (2013), the continuous existence of anti-abortion laws in Nigeria continues to undermines maternal health in the country with unsafe abortions increasing from 2.2% in year 2000 to 3% annually in 2012. These abortions are performed in a clandestine manner by untrained person.it is on the premise of these challenges that this study sets out, and aims to examine the impact of anti-abortion laws on maternal health service delivery in Nigeria.

Given the forgone situation in Nigeria, the achievement of the sustainable development goal 3 (target 1) seems uncertain at the moment, raising serious concerns amongst stakeholders and policymakers. As such, there is a need to revisit and re-analyze the anti-abortion laws within the framework of its maternal health impacts

The study aims to examine the impact of one of Nigeria's anti-abortion laws (the criminal code) on the delivery of maternal health services in Akure metropolis. Specific objectives will be to:

a) To understand the level of awareness of the criminal code anti-abortion law amongst women and health service workers in Akure metropolis
b) To understand the general perception of women and health workers in Akure metropolis about the criminal code anti-abortion law
c) To ascertain whether or not the criminal code anti-abortion law has helped in achieving reduced abortions (safe or unsafe) amongst women in Akure metropolis.
d) Determine whether the criminal code anti-abortion law has in any way affected maternal health service delivery in Akure metropolis

Research questions

Developed in line with the forgoing research aim and objectives, this study will look to answer the following research questions:

a) What is the level of awareness of women and health workers about the criminal code anti- abortion law?
b) How do women and Health Workers perceive the criminal code anti-abortion law?
c) To what extent has the criminal code anti-abortion law helped in achieving reduced abortion amongst women in Akure?
d) How has the criminal code anti-abortion law affected maternal health service delivery in Akure metropolis?

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Methodology

Research Design

For the current study, the qualitative method is utilized as the main method and is supported by a complementary method, i.e., the quantitative methods. Nevertheless, the researcher adopted a convergent research design thereby ensuring data duration for both techniques are concurrently gathered, simultaneously analyzed.

Within the mixed method research framework, a case study research design is adopted for the main method, while the complementary method made use of a descriptive study design. The descriptive research design is chosen based on its ability to offer women and health workers a chance to describe how they feel about the criminal code anti-abortion law.

Population and study sample

The population for this study is all women and health service workers in public hospitals across Ondo state offering antenatal and postnatal care and other sexual and reproductive health services. The study adopts purposive sampling to select Akure metropolis, being the capital of the state, and a semi-urban centre. The choice of Akure is also based on the researcher's understanding of the public health situation of the city, and the presence of four maternal healthcare facilities: a central maternal and child care facility known as the "mother and child" hospital, the Federal Medical Centre (FMC) Annex, the Ondo state specialist hospital, and the Arakale Comprehensive Health Centre. Being the capital of the state, Akure has more maternal health centres than all other sub-urban sites within Ondo State.

Population census figures from 2016 revealed that women in their reproductive ages 15-45years in Akure is approximated at 35,000, and health care workers across the 4 public maternal health facilities is estimated as 96. This brings sample population to 35,096 By adopting a confidence interval of 5 and a confidence level of 95%, the sample size from a population of 35,096 using Creative Research Systems (2013), an online sample size calculator, is 380. Calculation from software reveals that the effective sample for a population of 35,096 is 380. Hence, this study adopts a random sample of 380 respondents comprising of women in their reproductive years visiting the different maternal health facilities, as well as healthcare workers across the four public hospitals in Akure. Probability sampling allows researchers to achieve randomly selected participants (e.g., 380 out of the entire women and health workers' population), while the non-probability sampling helps to select women based on reproductive abilities (15- 45years).

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Instrument

A close-ended (structured) questionnaire (quantitative) and an open-ended interview schedule (qualitative) were used to gather the opinions of respondents on the impact of anti-abortion laws on maternal health delivery within Akure metropolis. The open-ended interview schedule is comprised of 10 questions which sought to gather information concerning the awareness of women about anti-abortion law, as well as their experiences when they seek healthcare related to abortion or complications arising from it. The questions were modeled around the central theme of this research, and designed for completion within 20minutes. The questionnaire form also comprises of 10 questions of the Likert scale structure (Joshi et al., n.d.), bearing options rated 1- 3(3-agree; 2-disagree; and 1-undecided), and designed for completion in 10 minutes.

Method of collection, analysis and presentation of data

Data for this study was gathered over a 2-week period (August 15-29, 2021). Given the current global challenge imposed by the COVID-19 pandemic, and following the protocol for social distancing as directed by the Nigeria Centre for Disease Control (NCDC), administration of the instrument carried out virtually vis WhatsApp instant messaging application. Having created the instruments using google forms, the researcher shared the links to the questions across different female-only WhatsApp groups in Akure. These groups include women fellowship groups of some churches, Islamic women group, social and fashion-based group, etc. To achieve this, the research sought opinion of WhatsApp group admins, who in turn discussed with group members on the purpose of the study before access was granted. In each case, the group admin added the researcher to the groups using his personal telephone number. For healthcare workers, the researcher approached responsible authorities and discussed the purpose of the research. Subsequently, designated individuals were nominated to further sensitize healthcare workers on the purpose of the study. This was followed by granted permissions, and the researcher's phone number was soon added to the office-based WhatsApp groups of the different maternal healthcare facilities It was important to seek the consent of the all those who were interested in responding to the instrument. Hence, the researcher, upon being added to the different WhatsApp groups provided information on the study, and explained that consent was needed from anyone who was indeed interested after reading WhatsApp messages on details of the research.

Content analysis was adopted as the tool to analyze interview data for this study. Research by Bengtsson (2016) reports that content analysis deals with the treatment of spoken words or written texts to derive facts therefrom, so as to answer research questions developed around a theme. This is achievable through a few steps as described

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by Zhang and Wildermuth (2005): (i) data preparation; (ii) derivation of analytical units; (iii) developing coding style and themes; (iv) testing the coding scheme; (v) coding of texts; (vi) verification of coding consistency; (vii) conceptualization; (viii) writing out results, and (ix) creation of themes.

For the quantitative treatment of data, the researcher used descriptive statistics, namely measures of central tendency (e.g., mean score) and measures of spread (e.g., ranking of scores). Descriptive statistical tools allow researchers to evaluate averages of numerical datasets, which are often distributed across the data range. Although the adoption of descriptive statistics can be easily achieved (Manikandan, 2011) explained that results are usually unclear and must be verified using other methods (Manikandan, 2011). Hence, the use of a qualitative method alongside their adoption for the current study.

Ethical considerations

Permission was sought from the Ethical Committee, Ondo State Ministry of Health, Akure, vis-à-vis all the maternal health facilities visited, as well as group admins of all WhatsApp groups. A detailed explanation of the study purpose was made available to potential respondents through a welcome message composed by the researcher.

Results and Discussion

Quantitative data analysis

All 328 copies out of the administered questionnaire were retrieved from the respondents, yielding a 100% return rate. In addition, all the returned questionnaires were found valid and further analyzed. Gathered data were presented in tables, charts, frequency, simple percentages, and thematic analysis. The stated hypotheses were tested using regression analysis with the aid of SPSS and Microsoft software programs.

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Analyses of respondents' demographics

Table 1 Description of the respondents.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A woman in her reproductive years	112	34.1	34.1	34.1
	Attained menopause	47	14.3	14.3	48.5
	A woman in her reproductive years who is also a healthcare worker	100	30.5	30.5	79.0
	A male healthcare worker	56	17.1	17.1	96.0
	A woman who has attained menopause but who is a healthcare worker	13	4.0	4.0	100.0
Total		328	100.0	100.0	

Source: Field Survey Data (2021)

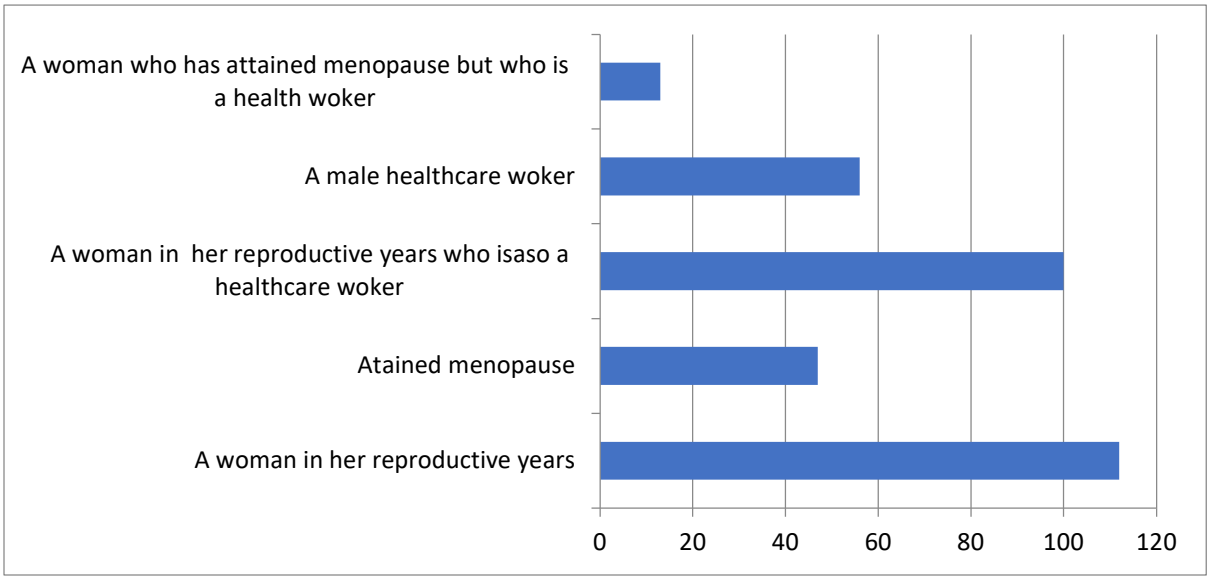

Figure 1. Description of the Respondents

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Table 1 and Figure 1 show that 56 (17.1%) respondents are males while 272 (82.9%) respondents are females Out of the 272 females, 112 (34.1%) are women in their reproductive years; 47(14.3%) are women who have attained menopause; 100 (30.5%) are in their reproductive years who are also healthcare workers; while 13 (4%) are women who have attained menopause but and are also healthcare workers.

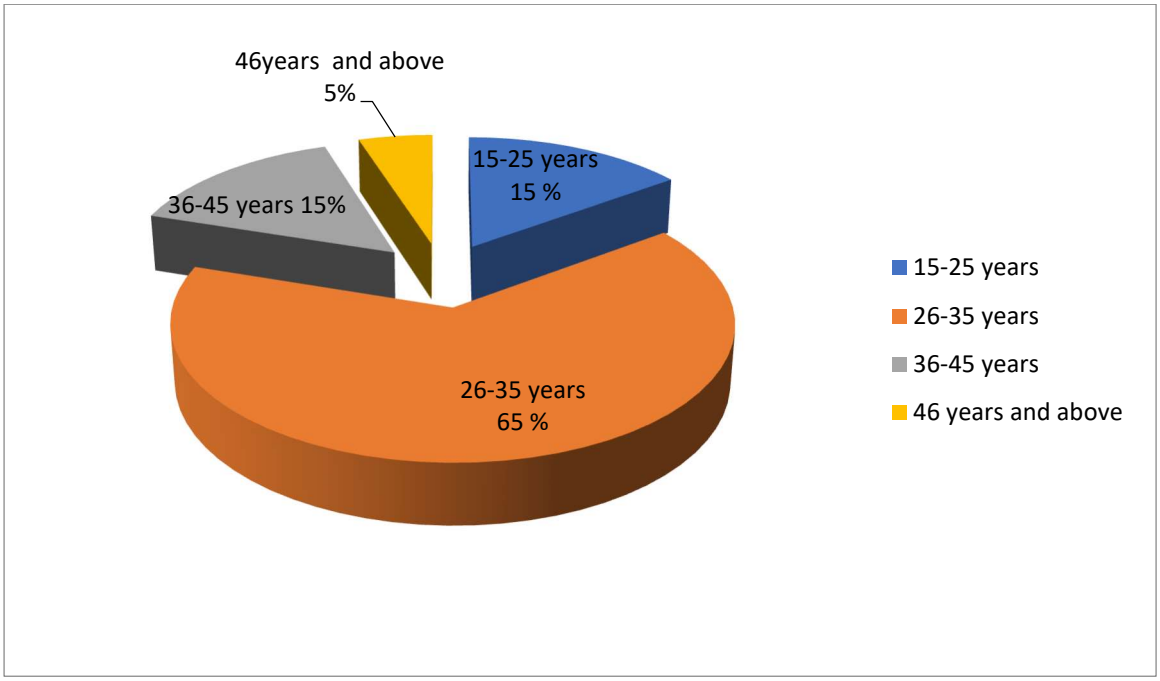

Figure 2. Respondents' age group

Figure 2 revealed that 51 respondents representing 15.5 percent are between 15- 25 years old; 212 respondents representing 64.4 percent are between 26-35 years old: 49 respondents representing 14.9 percent are between 36-45 years, while 16 respondents representing 4.9 percent are between 46 years and above.

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Table 2. Respondents' level of awareness with regards to the illegality of abortion in Nigeria

	Frequency	percent	Valid percent	Cumulative percent
Valid				18.3
Well-informed	60	18.3	18.3	64.3
Aware	151	46.0	46.0	99.4
Unaware	115	35.1	35.1	100.0
Never heard of it	2	6	6	
Total	328	100	100	

Source: Field Survey Data (2021)

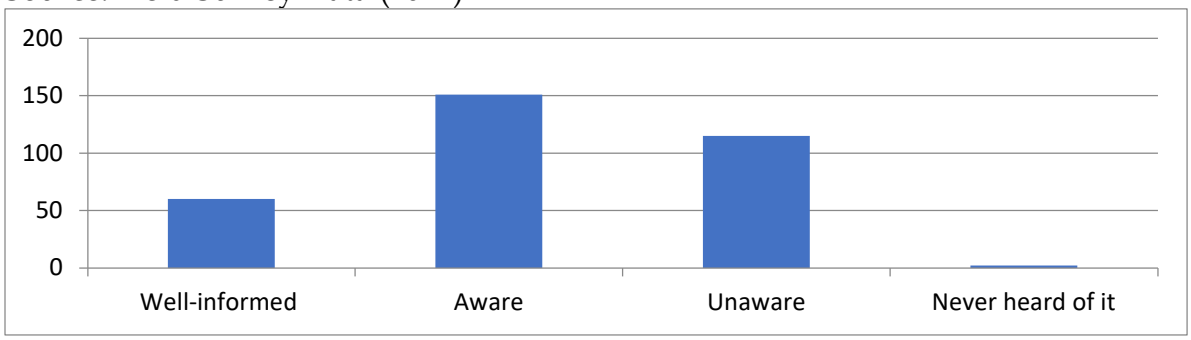

Figure 3. Respondents' level of awareness with regards to the illegality of abortion in Nigeria

Table 2 and Figure 3 revealed that 60 respondents representing 18.3 percent are well informed of the illegality of abortion in Nigeria; 151 respondents representing 46 percent are just aware of the illegality of abortion in Nigeria; 115 respondents representing 35.1 percent are unaware of the illegality of abortion in Nigeria; while 2 respondents representing 0.6 percent have never heard of the illegality of abortion in Nigeria.

Table 3. Level of women's awareness of the illegality of abortion in Nigeria

	Frequency	percent	Valid percent	Cumulative percent
Valid			21.6	21.6
Many seem well-informed	71	21.6	33.8	55.5
Many women are aware of The law	111	33.8	41.8	97.3
Many women are unaware of the law	137	41.8	2.7	100.0
Many are uninterested even though they may be aware	9	2.7	100.0	
Total	328	100.0		

Source: Field Survey Data (2021)

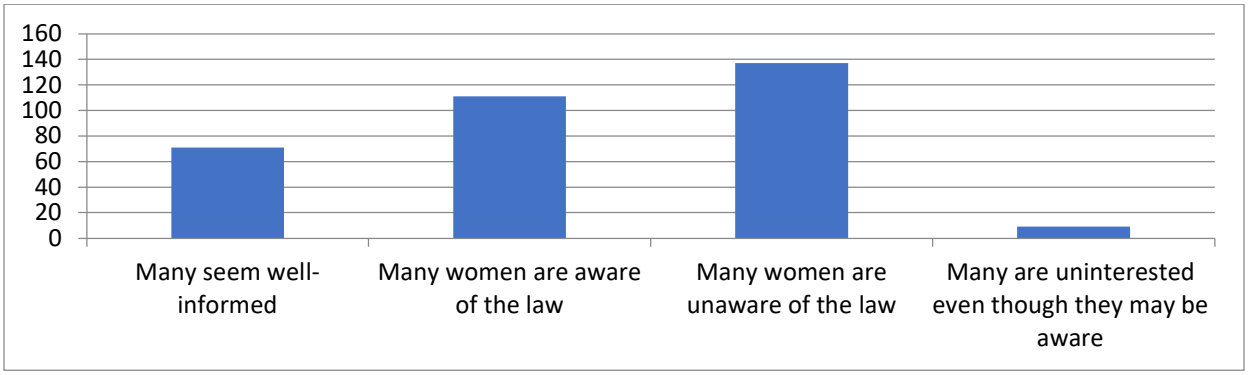

Table 3 and figure 4 above revealed that 71 respondents representing 21.6 percent were of the opinion that many women seem well-informed of the illegality of abortion in Nigeria: 111 respondents representing 33.8 percent were of the opinion that many women are just aware of the law: 137 respondents representing 41.8 percent were of the opinion that many women are unaware of the law, 9 respondents representing 2.7 percent were of the opinion that many women are uninterested even though they may be aware of the illegality of abortion in Nigeria.

Table 4. Respondents' perception of Nigeria's anti-abortion laws

		Frequency	percent	Valid percent	Cumulative percent
Valid	It makes no sense and should be scrapped	90	27.4	27.4	27.4
	I don't know much about it, so I'm indifferent	80	24.4	24.4	51.8
	It has some moral and maternal health benefits	68	20.7	20.7	72.6
	It should be revised and adjusted	98	27.4	27.4	100.0
	Total	328	100.0	100.0	

Source: Field Survey Data (2021)

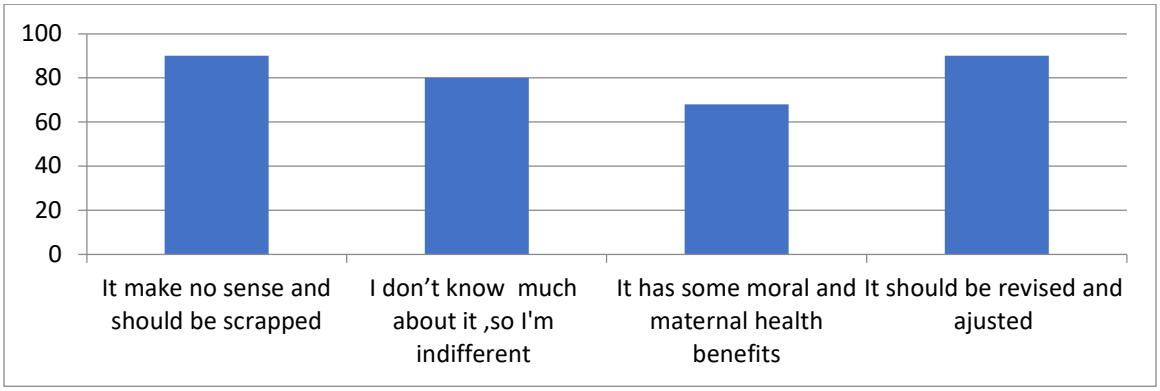

Figure 5. Respondents' perception of Nigeria's anti-abortion laws

Table 4 and figure 5 above revealed that 90 respondents representing 27.4 percent perceive that Nigeria's anti-abortion law makes no sense and should be scrapped, 68 respondents representing 20.7 percent opined that Nigeria's anti-abortion law has some moral and maternal health benefits: 90 respondents representing 27.4 percent feel that Nigeria's anti-abortion law should be revised and adjusted, while 80 respondents representing 24.4 percent do not know much about Nigeria's anti-abortion law and so are indifferent.

Table 5. Women and maternal health workers' general perception of the anti-abortion laws

	Frequency	percent	Valid percent	Cumulative percent
Valid Many women don't care since government isn't enforcing it	162	49.4	49.8	49.8
	123	37.5	37.8	87.7
Many women are careful not to be used as scapegoats	40	12.2	12.2	100.0
The government does not even remember there's any such law	325	99.1		
Total	3	9	100.0	
Missing system	328	100.0		
Total				

Source: Field Survey Data (2021

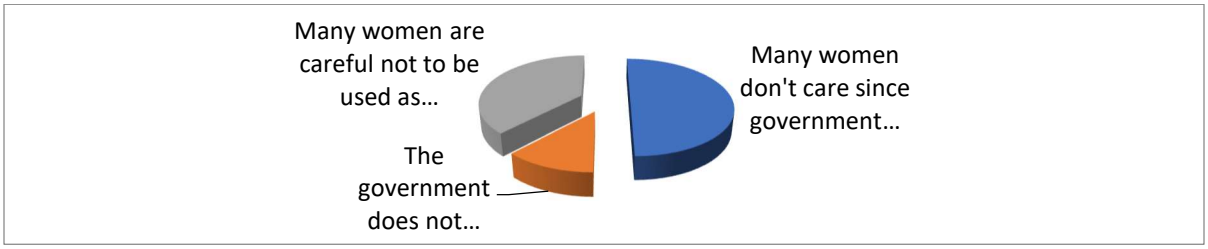

Figure 6. Women and maternal health workers' general perception of the anti-abortion laws

Table 5 and Figure 6 show that 3 respondents out of 328 representing 0.9 percent did not respond to this question; as such, the responses of 325 respondents were considered valid and used for analysis. 162 respondents representing 49.8 percent perceive that many women don't care about anti-abortion laws since government isn't enforcing it, 123 respondents representing 37.8 percent perceive that Many women are careful about anti-abortion laws not that they will not be used as scapegoats; 40 respondents representing 12.3 percent perceive that many women are feel that the government does not even remember there's any such law.

Table 6. Would you say the anti-abortion law has reduced the rate of abortion?

		Frequency	percent	Valid percent	Cumulative percent
Valid	Yes	87	26.5	26.7	26.7
	No	170	51.8	52.1	78.8
	Maybe	55	16.8	16.9	95.7
	I don't know	14	4.3	4.3	100.0
	Total	326	99.4	100.0	
Missing	System	2	.6		
Total		328	100.0		

Source; Field Survey Data(2021)

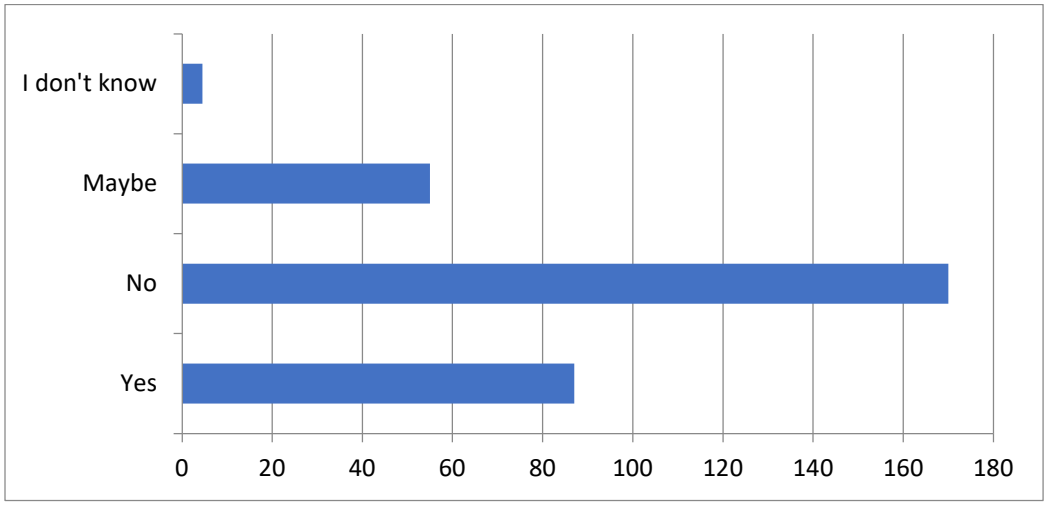

Figure 7. Anti-abortion law and reduction in abortion rate

Table 6 and figure 7 show that 2 respondents out of 328 representing 0.6 percent did not respond to this question, as such the responses of 326 respondents were considered valid and used for analysis. 87 respondents representing 26.7 percent strongly agreed that the anti-abortion law has reduced the rate of abortion: 170 respondents representing 52.1 percent strongly disagreed that the anti-abortion law has reduced the rate of abortion: 55 respondents representing 16.9 percent mildly agreed that the anti-abortion law has reduced the rate of abortion; while 14 respondents presenting 4.3 percent not aware of the effects of the anti-abortion law on the reduction of the rate of abortion.

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Table 7. Advice to government with regards to regulating abortions or retaining the ban

		Frequency	percent	Valid percent	Cumulative percent
Valid	Government should Regulate abortions	114	34.8	34.8	34.8
	Abortion should remain Banned	97	29.6	29.6	64.3
	Women should be given autonomy to do as they wish	113	34.5	34.5	98.8
	None of the above	4	1.2	1.2	100.0
	Total	328	100.0	100.0	

Source; Field Survey Data (2021)

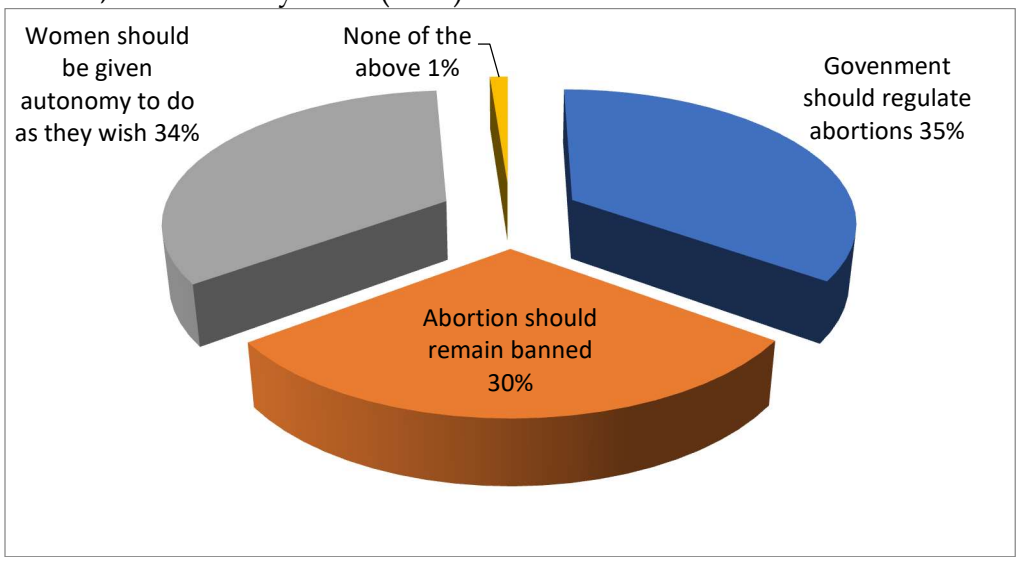

Figure 8. Advise to government with regards to regulating abortions or retaining the ban

114 respondents representing 34.8 percent suggested that the government should regulate abortions; 97 respondents representing 29.6 percent recommended that abortion should remain banned; 113 respondents representing 34.5 percent were of the opinion that women should be given autonomy to do as they wish, while 4 respondents representing 1.2 percent (Table 7 and Figure 8).

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Table 8. Methods through which healthcare workers handle abortion-related, sexual, and reproductive health issues

		Frequency	percent	Valid percent	Cumulative percent
Valid	Health workers are in support of the laws and	90	27.4	27.6	27.6
	would report such a case	111	33.8	34.0	61.7
	Many don't take the law seriously so they act like	120	36.6	36.8	98.5
	it does not exist	5	1.5	1.5	100.0
		326	99.4	100.0	
	Health-workers mostly Avoid getting involved with such cases	2	.6		
	None of the above		100.0		
	Total	328			
Missing	System				
Total					

Source; Field Survey Data (2021)

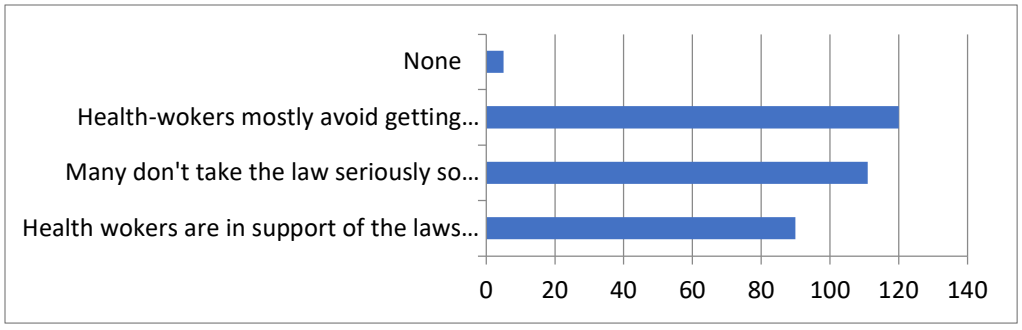

Figure 9. Methods through which healthcare workers handle abortion-related issues of women, given the anti-abortion laws.

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Table 8 and figure 9 show that 2 respondents out of 328 representing 0.6 percent did not respond to this question, as such the responses of 326 respondents were considered valid and used for analysis. 90 respondents representing 27.6 percent suggested that healthcare workers are in support of the anti-abortion laws and would report abortion, sexual, and women's' reproductive health issues: 111 respondents representing 34 percent were of the opinion that that many healthcare workers don't take the law seriously so they act like it does not exist: 120 respondents representing 36.8 percent were of the opinion that health-workers mostly avoid getting involved with such cases; while 5 respondents representing 1.5 percent, rejected all the suggested methods.

Hypotheses testing

Regression analysis was used to test the stated hypotheses with the aid of Statistical Package for Social Sciences (SPSS), at a 0.05 level of significance. In regression analysis, the coefficient of determination (R^2), a statistical tool that is used to measure the level of effect or the contribution an independent variable has on a dependent variable. R^3 is always between 0% and 100%, 0% indicates that the independent variable explains none of the variability in the dependent variable, while 100% indicates that all the success recorded in the dependent variable is contributed by or accounted for by the independent variable. To test whether the R^2 is statistically significant or not. The p-value (sig.) of the result is compared with the level of significance used for the study. A low p-value (<0.05) indicates that the independent variable has a significant effect on the dependent variable, there by rejecting the null hypothesis (Ho) while the alternative hypothesis (Hi) is accepted, Conversely, a larger (insignificant) p-value (>0.05) indicates that the independent variable does not affect the dependent variable, there by accepting the null hypothesis (Ho) while the alternative hypothesis (H_1) is rejected.

Research question one: What is the level of awareness of women and health care workers about the criminal code anti-abortion law?

Hypothesis one (Ho_1): The level of awareness of women and health care workers about the criminal code anti-abortion law is low.

Testing the hypothesis through regression analysis;

Independent variable (X) = Level of awareness (Questionnaire item 3)

Dependent Variable (Y) = Knowledge about abortion being illegal in Nigeria (Questionnaire item 12)

Model	R	R Square	Adjusted R Square	Std.Error of the Estimate	F	Sig.
1	.074	.006	.002	1.38468	1.810	.179[a]

a.Predictors: (Constant), level of awareness

The model summary above shows the level of awareness of women and health service workers about the law. The study shows that 0.6% of the variance observed in compliance to anti-abortion law is accounted for by the level of awareness of women and health service workers about the criminal code. The result is statistically insignificant because the p-value for the result (0.179) is greater than the level of significance (0.05) used for the study, and the calculated F ratio of 1.81 is less than the tabulated F ratio value of 3.00 (F),328 = 3.00).

Compliance to anti-abortion law -2.124+0.142 (Level of awareness)

An evaluation of the unstandardized coefficient of Level of awareness in the coefficient table and its associated p-value shows that Level of awareness (B sum = 0142, p>0.05) is statistically insignificant and cannot be used in predicting women's compliance to anti-abortion law

Decision
Based on these results; R^2=0.006, $F_{1,32=}$.81.8, B-0.142 and p>0.05, null hypothesis is accepted. This implies that the level of awareness of women and health care workers about the criminal code anti-abortion law is low. Practically, health care workers are aware that the women on the street are unaware of the law. The number of health worker compared with the number of women between 15 to 49 years old is quite insignificant.

Research question two: How do women and health care workers perceive the criminal code anti-abortion law?

Hypothesis two (Ho_2): Women and health care workers do not perceive the criminal code anti- abortion law as effective.

Regression analysis was also used to test this hypothesis
Independent variable (X) = Women and health service workers perception (Questionnaire item 4). Dependent variable (Y) - Description of abortion law in Nigeria (Questionnaire item 13)

Model	R	R Square	Adjusted R.Square	Std.Error of the Estimate	F	Sig.
1	.229[a]	.052	.050	.499	18.032	.000[a]

The model summary above shows the extent to which and health service workers perceive the criminal code anti-abortion law forgotten. The coefficient of determination

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(R = 0.052, p value < 0.05) shows that 5.2% of the variance observed in the state of the criminal code anti- abortion law is explained by how women and health service workers perceive the criminal code anti-abortion law. The result is statistically significant because the p-value for the result (0.000) is less than the level of significant (0.05) used for the study, and the calculated F ratio of 18.032 is greater than the tabulated F ratio value of 3.00 (F123.00).

The simple regression model is given as:

$$Y_2 = B_O + X_2$$

State of the law = 1.00 +0.101 (Women and health service workers' perception)

An evaluation of the unstandardized coefficient of Women and health care workers' perception of the criminal code anti-abortion law in the coefficient table and its associated p-value shows that perception (B perception = 0.101, p<0.05) is statistically significant and can be used in predicting the state of the law.

Decision

Based on these results; R=0.052, F1,326 18.032, Perception 0.101, and p<0.05, null hypothesis is rejected while the alternative hypothesis is accepted. This implies that women and health care workers perceive the criminal code anti-abortion law as ineffective and forgotten. Although the law is in place, it is not being enforced by law enforcement agents. This is the main reason why both women and health care workers perceive the criminal code anti-abortion law as ineffective and forgotten. The law is held with levity by the ministry of health in Nigeria.

Research question three: To what extent has the criminal code anti-abortion law helped in achieving reduced abortion amongst women in Akure?

Hypothesis three (H_{03}): The criminal code anti-abortion law has not significantly helped in achieving reduced abortion rates amongst women in Akure

Regression analysis was also used to test this hypothesis

Independent variable (X) = Criminal code anti-abortion law (Questionnaire item 19)

Dependent variable (Y) Reduced abortion rate (Questionnaire item 14)

Model	R	R Square	Adjusted R.Square	Std.Error of the Estimate	F	Sig.
1	.683[a]	.466	.465	.842	284.713	.000[a]

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The model summary above shows the extent to which criminal code anti-abortion law has helped in achieving reduced abortion amongst women in Akure. The coefficient of determination (R2 = 0,466, p-value < 0.05) shows that 46.6% of the variance observed in the reduced abortion rate amongst women in Akure is explained by criminal code anti-abortion law. The result is statistically significant because the p-value for the result (0.000) is less than the level of significant (0.05) used for the study, the calculated F ratio of 284.713 is greater than the tabulated F ratio value of 3.00 (F1326-3.00).

The simple regression model is given a

$$Y_1\ B_0+B_3\ X_3$$

Reduced abortion amongst women in Akure = 0.391 +0.764 (Criminal code anti-abortion law) An evaluation of the unstandardized coefficient of Criminal code anti-abortion the deficient table and its associated p-value shows that perception (BCCAA= 0.764, p<0.05) is statistically significant and can be used in reducing abortion amongst women in Akure.

Decision

Based on these results; R^2 = 0.466, F133 284,713, BCCAA= 0.764 and p <0.05, null hypothesis is rejected while the alternative hypothesis is accepted. This implies that criminal code anti-abortion law has significantly helped in achieving reduced abortion amongst women in Akure. Criminal code anti-abortion law has significantly helped in achieving reduced abortion amongst women in Akure because when pregnant women go to public hospitals and community health care centers, they are discouraged from embarking on this life-threatening activity. This could be as a result of free health care given system run in public hospitals as against huge money charge in public hospitals. Public health workers are under oath to abide by the law as such they tell women the criminal nature of committing abortion.

Research question four: How has the criminal code anti-abortion law affected maternal health service delivery in Akure metropolis?

Hypothesis four (Ho_4): The criminal code anti-abortion law has not significantly affected maternal health service delivery in Akure metropolis
Regression analysis was also used to test this hypothesis
Independent variable (X) Criminal code anti-abortion law
Dependent variable (Y) Maternal health service delivery

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Model	R	R Square	Adjusted R.Square	Std.Error of the Estimate	F	Sig.
1	.419[a]	175	173	.364	69.301	.000[a]

The model summary above shows the extent to which criminal code anti-abortion law has affected maternal health service delivery in Akure metropolis. The coefficient of determination (R -0.175. P-value < 0.05) shows that 17.5% of the variance observed in maternal health service delivery in Mure metropolis is explained by the adherence to criminal code anti-abortion law by women and health workers. The result is statistically significant because the p-value for the result (0,000) is less than the level of significant (0.05) used for the study, and the calculated F ratio of 69 301 is greater than the tabulated F ratio value of 3.00 ($F_{1,236}$. 3.00).

The simple regression model is given as:

$$Y_4 = Bo + B_4 X_4$$

Maternal health service delivery = 0.84+0.21 (Criminal code anti-abortion law)
An evaluation of the unstandardized coefficient of Criminal code anti-abortion law in the coefficient table and its associated p-value shows that perception (BECAA= 0.21, p < 0.05) is statistically significant and can be used in delivering superior maternal health services.

Decision
Based on these results; R^2 = 0.175, F13 69.301. BCCAA 0.21, p < 0.05) Null hypothesis is rejected while the alternative hypothesis is accepted. This implies that the criminal code anti- abortion law has significantly affected maternal health service delivery in Akure metropolis.

Discussion on findings
The first finding of the study showed the level of awareness of women and health service workers about the criminal code anti-abortion law is low. (R^2 = 0.006, F32 1.81, B=0.142. p>0.05). That is only 0.6% of the variance observed in compliance to anti-abortion law is accounted for by the level of awareness of women and health service workers about the criminal code. This is supported by the study of Doan & Schwarz (2020), who found that the female gender is a group lacking in essential knowledge and therefore needs protection against their own ignorance as well as against the practices of abortion service providers, most of whom were classified as an immoral group of health-care providers.

The second finding of the study showed that women and health service workers perceive the criminal code anti-abortion law as ineffective and forgotten. This result is in line with McGovern & Tamang (2020), who reported that there is an increase in unsafe abortions because some anti- abortion policies are more disadvantageous than advantageous. Consequently, the policy they reported (GGR) was reported to have been withdrawn in 2021 (Sully et al., 2022). On the contrary, Rodgers et al. (2021) suggested that relaxing anti-abortion laws will have positive excess impacts on the educational attainment of women as well as on the supply of labor. This present study is against his view, as he also added that improved access to abortion services can contribute to enhancing children's human capital, even though the political economy surrounding legislation related to abortions remains controversial and complicated. The third finding of the study showed that the criminal code anti-abortion law has significantly helped in achieving reduced abortion rates amongst women in Akure. On the other hand, Kim et al. (2020) argued that the decriminalizing of abortion will lead to a total reversal of abortion service providers' legal duty from the obligatory stance to refuse abortion services to the rather obligatory requirement to provide them. They suggested that doctors ought to be allowed the legal rights to exercise their rights in the form of conscientious objections to abortion, on the grounds of their moral integrity, lack of hindrance to those needing abortion healthcare services, and the responsibilities of the government.

The last finding of the study showed that the criminal code anti-abortion law has significantly affected maternal health service delivery in Akure metropolis; that is, 17.5% of the variance observed in maternal health service delivery in Akure metropolis is explained by the adherence to the criminal code anti-abortion law by women and health workers

Conclusion

This study was informed by the necessity to examine the impact of Nigeria's anti-abortion laws (the criminal code) on the delivery of maternal health services in Akure metropolis. The specific objectives of the study were to understand the level of awareness of the criminal code anti-abortion law amongst women service workers; to understand the general perception of women and health service workers in Akure metropolis about the criminal code anti-abortion law; to ascertain whether or not the criminal code anti-abortion law has helped in achieving reduced abortions (safe or unsafe) amongst women in Akure metropolis; and finally to determine whether the criminal code anti-abortion law has in any way affected maternal health service delivery in Akure metropolis. Relevant literature dealing with the subject under investigation was reviewed to ascertain

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the view of scholars who had discussed extensively on Nigeria's anti-abortion laws (the criminal code) and maternal health services delivery. Survey research design was adopted for the study, with the administration of a questionnaire to selected health workers in Akure through SurveyMonkey. The stated hypotheses were tested using regression and content analysis, respectively, with findings presented in subsequent sections of this chapter.

Recommendations

Based on the above conclusion, the following recommendations were made:

a) The Nigerian government should embark on the review of its abortion laws, which seem to have existed for too long without any kind of re-modelling or re-evaluation.
b) Beyond the enactment of laws, policy formulators and lawmakers should start integrating the process of awareness, which could justify enforcement.
c) There should be timely and appropriate access to information on pregnancies and also access to abortion services, such as reasons for likely termination (when necessary), should be made available
d) Civil rights groups, non-governmental organizations and the Nigerian government should be encouraged to set structures in place to tackle the incidence of maternal mortality from abortion-related sources. One way to achieve this is to embark on massive sensitization of the use of contraceptives that may prevent unplanned pregnancies, especially amongst vulnerable populations.
e) Since abortions remain illegal in Nigeria, it is recommended that special considerations be given to women and girls who are rape victims, and who may choose to terminate pregnancies resulting from rape situations, whether the pregnancy puts them at risk or not.

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