



# Building Evidence to Address the Menace of Sexual Violence and Unsafe Abortions in **Nigeria**

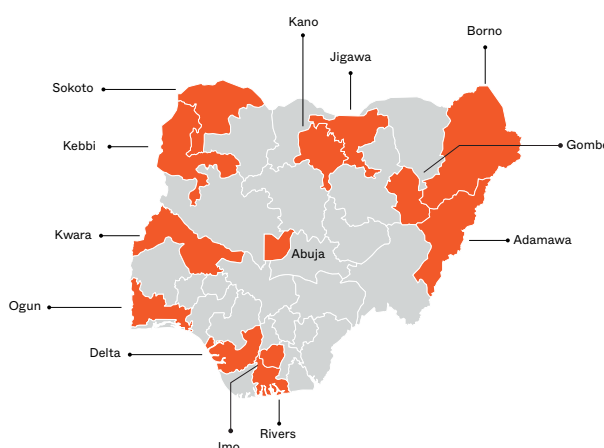
**G**ender-based violence (GBV) is a serious violation of human rights and a life-threatening health and protection issues. Gender-based violence can include sexual, physical, mental, and economic harm.

Sexual and gender-based violence (SGBV) is any act which is carried out without a person's consent, based on gender norms and unequal relationships and where perpetrators often use force, coercion, deception, or manipulation. It includes rape, sexual abuse, sexual exploitation as well as forced sterilization, child marriage and female genital mutilation. Most often SGBV is not recognised or reported.

Sexual violence can have physical harm such as, pain, infections and unwanted pregnancy for women and girls. Many women and girls will decide to end them through an abortion. In Nigeria, due to the restrictive legal abortion context, many abortions are carried out in unsafe environments particularly among vulnerable populations such as poor, rural, and young women. The consequences of these unsafe abortion can be life-threatening, and the current laws which restricts

abortion in Nigeria do not reduce the number of abortions, instead, these strict laws mean that many women are forced to seek the service of unqualified practitioners which contributes to the high maternal morbidity and mortality in Nigeria.

The Violence Against Persons Prohibition Act (VAPP) in Nigeria was passed in 2015, with the National Guidelines for the Safe Termination of Pregnancies for Legal Indications, and the Standard and Guidelines for the Medical Management of Victims of Gender-Based Violence coming into effect in 2018; the VAPP law has now been domesticated by 34 States. Expanding access to safe abortion continues to be a controversial issue, even in cases of rape and incest, despite the increase of SGBV cases. Several studies have linked sexual violence with poor sexual reproductive health outcomes, such as non-use of contraceptives and increased risk of HIV infections. This informed the nationwide study conducted by Ipas to establish the link between sexual violence and unsafe abortion, and the efficacy of the VAPP Law in addressing sexual violence. The study was conducted in 13 states and the Federal Capital Territory (FCT).



To explore the association between sexual violence and unsafe abortion among women and girls and the efficacy of the VAPP Law in Nigeria.

## Objectives of the study:



1. To ascertain the drivers of SGBV in Nigeria.
2. To determine the incidence of sexual violence resulting in pregnancy, pregnancy intentions, and outcomes among survivors of sexual violence.
3. To assess the impact of the VAPP on the incidences of sexual and gender-based violence since its domestication in the States.

## Methods



The study conducted a mixed-method and used secondary analysis, interviews, and Focus Groups to collect data. Ethical clearance was obtained from the National Health Research Ethics Committee (NHREC). The desk-review was conducted from peer-reviewed publications and grey literature including policy documents. The study recruited 2600 participants, 200 per state where FGDs and KIs were conducted among selected stakeholders from the government, non-state actors, traditional and religious leaders and survivors of sexual violence that resulted in pregnancy and women of reproductive age. In the quantitative study, a cross-sectional survey was conducted among survivors of violence aged 15-49 years.



**2600**  
Recruited participants



**200**  
Per State



**15-49yrs**  
a cross-sectional survey was conducted among survivors of violence aged

## Key Findings



1. Perpetrators of violence were close relatives, people known to the survivors or armed gangs/militia especially in the States battling with insecurity.
2. All 12 States reported the same drivers of SGBV.
  - a. Traditions and values which centre on aggression, dominance, thus condoning violence against women and encouraging the culture of silence.
  - b. Patriarchal societies where men control decision-making which limits women's independence, including economic independence.
  - c. Gender stereotypes that promote gender inequality.

3.

**76.1%**

of the respondents were survivors of sexual violence

**43.2%**

had live births

**4.2%**

stated that they were already pregnant

**18%**

had spontaneous abortions

**12.1%**

reported that they got pregnant due to sexual abuse

**10%**

were still pregnant at the time of the study

**32.8%**

Out of those who got pregnant, 32.8% had an induced abortion

**2.8%**

had stillbirths

4. Implementation of the VAPP Law is faced with systemic, and cultural challenges that have either slowed the domestication or impeded the full implementation of the law.
5. There is a good level of awareness of the VAPP Law especially among government and non-state actors.

## Reasons for induced abortion



- » The survivor was too young to have a child, or parents objected to her having a child.
- » The partner or perpetrator made the decision on behalf of the survivor.
- » Some survivors were no longer interested in having more children.
- » There were also reasons like socio-economic considerations regarding childbearing or rearing and risks to maternal or fetal health.

## Recommendations



1. Community level interventions, including social mobilization, community awareness to increase support from power holders, including men and boys around SGBV prevention and sexual and reproductive health and rights.
2. Health interventions and programs that invest in empowering women and girls to promote agency, bodily autonomy to ensure the demand for sexual and reproductive health and rights including prevention of sexual and gender-based violence.
3. Increased efforts are needed to strengthen implementation of the VAPP Law including funding, advocacy, and effective response systems.
4. Multi-sectoral interventions and integration among the structures and mechanisms that are responsible for the implementation of the VAPP Law.
5. There is a need for improved state and country data on sexual violence and abortion to address the gaps needed to reduce maternal morbidity and mortality in Nigeria.

Ipas Nigeria Health Foundation works to empower women and girls to have bodily autonomy and exercise their sexual and reproductive health and rights. As partners for reproductive justice, we build collective action that transforms societies to enable women, girls, and vulnerable persons to manage their fertility and realize their full potential.