

3.7.1. Women

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The maternal mortality ratio was 993 per 100 000 live births in 2023, compared to 197.3 in the world and 442.1 in Africa.^{[1196](#)} In 2024, the maternal mortality rate was 512 deaths per 100 000 live births,^{[1197](#)} a reduction from 1 344 in 2000 and 993 in 2023.^{[1198](#)} Maternal mortality rates are more prevalent in Northern Nigeria, in rural areas, and among the poorest households.^{[1199](#)} The WHO 2023 report on Trends in Maternal Mortality from 2000-2020 revealed that nearly 28.5% of global maternal deaths occur in Nigeria, with women in Nigeria having 1 in 19 lifetime risk of dying during pregnancy, childbirth, or postpartum compared to the 1 in 4 900 in most developed countries.^{[1200](#)} The high rate of maternal mortality rate is the result of, among other things, the criminalisation of abortion, which pushes women into illegal and unsafe abortions,^{[1201](#)} and the limited access to reproductive and sexual health services.^{[1202](#)} Access to quality health services and emergency obstetric care is not widely available^{[1203](#)} due to underfunding and mismanagement of the healthcare system, and poor maintenance of healthcare infrastructure.^{[1204](#)}

Family planning is ‘often unavailable or inaccessible’, particularly for those living in poverty.^{[1205](#)} According to UNFPA, Nigeria is well below the global average of women using modern contraceptives (16 % in Nigeria, 44 % worldwide), and that many women do not use contraceptives for several reasons, mainly because they do not know how to use them or because their husbands and partners forbid them, in addition to common misconceptions such as the belief that contraceptives cause sterilisations or that they should be used after the third or fourth child.^{[1206](#)} The USDOS report indicated that in some states, ‘health-care workers frequently required women to provide proof of spousal consent prior to accessing contraceptives’ and that ‘unmarried women were denied emergency contraceptives by health-care providers’.^{[1207](#)} The same source indicated that in northern Nigeria, where sharia law prevails, ‘societal and cultural norms prevented women from leaving the house unaccompanied, making reproductive health services less accessible’.^{[1208](#)}

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