



The African Women's
Development and
Communication Network

FACT SHEET

SEXUAL REPRODUCTIVE HEALTH AND RIGHTS AT A GLANCE



NIGERIA

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Overview of SRHR in Nigeria

Nigeria has a population of over 140 million and the reproductive age is 15-49 years which constitutes 50% of the Nigerian population¹. Reproductive health indices in Nigeria are improving but they are still not good enough, for example the total fertility rate is 5.7, maternal mortality is 545 deaths per 100,000 live births, contraceptive prevalence of 13% and HIV prevalence of 4.4%². The Federal Ministry of Health developed the reproductive health policy to guide the provision of reproductive health services in the country. Various laws (statutory, customary and religious) are in force to address different areas of reproductive health. However, many of these laws do not reflect the reproductive health concept and are inadequate in actualizing reproductive health rights of Nigerians.

There are other policy documents that seek to address reproductive health system and these include, the National health policy and Strategy (1998) which emphasizes primary health care as the key to health care delivery; National Policy on Population for Development, Unity, Progress and Self Reliance (1988); Maternal and Child Health Policy (1994); National Adolescent Health Policy (1995); National Policy on HIV/AIDS/STI control (1997); National Policy on the Elimination of Genital Mutilation (1998)³. These policies shape the provision of sexual and reproductive health services in Nigeria stated in Revised National Health Policy (Federal Ministry of Health, 2004). In Nigeria, sexual and reproductive health services are provided at all levels of care, that is, tertiary, secondary and primary. All persons in Nigeria (male or female, young or old) are provided with reproductive health services. Barriers to accessing SRHR services in Nigeria include, gender roles, inadequate funding, social taboos, religious factors, lack of proper infrastructure and lack of access to information. The onset of COVID-19 in Nigeria, further compromised the already poor women's access to sexual and reproductive health and rights, due to disruptions in the demand and supply of contraceptive commodities, the diversion of staff and resources to other clinical services, and clinic closures⁴.

SRHR Legal and Policy Framework

- The National Policy on Population for Development, Unity, Progress and Self-Reliance, adopted in 1988, provides for accessible and affordable family planning services to all individuals⁵. However, there is often a shortage of contraceptives at health centres in Nigeria.

¹ National Population Commission and ICF Macro. Nigeria Demographic and Health Survey 2008. Abuja: National Population Commission and ICF Macro; 2009.

² Federal Ministry of Health. National Reproductive Health Policy and Strategy to achieve quality Sexual and Reproductive and Sexual Health for all Nigerians. Abuja: Federal Ministry of Health; 2009.

³ Federal Ministry of Health. Revised National Health Policy. Abuja: Federal Ministry of Health; 2004.

⁴ Nigeria Centre for Disease Control (NCDC). First Case of Corona Virus Disease Confirmed in Nigeria. Accessed on 17 July, 2022 on <https://ncdc.gov.ng/news/227/first-case-of-corona-virus-disease-confirmed-in-nigeria>.

⁵ Aniekwu NI. Examining the reproductive health and rights of Nigerian women – a legal perspective. Univ Benin Law J 2010.

- Section 228, 229 and 230 of the Nigerian criminal code, prohibits abortion except when done to save the life of the expectant mother⁶. As a result of these laws, women undergo unsafe abortions at the hands of quacks and unqualified medical personnel.
- The criminal law of Nigeria does not protect women against sexual violence in private and family life. Forced sexual relations within marriage are accepted and tolerated and husbands are not criminally liable for sexual violence at home⁷.
- The Federal government of Nigeria, enacted AIDS policy in 2000, that provides for the fundamental human rights of people living with AIDS and other sexually transmitted infections and their families to be respected at all times⁸. In addition, people living with HIV/AIDS may not be discriminated against in any public or private health care facility.
- The Nigerian constitution does not explicitly recognize the sexual reproductive health and rights of women. Recognition of these rights could be inferred from the provisions of Section 17 where the state is enjoined to direct its policy toward the provision of adequate medical and health facilities for all persons⁹.

Maternal Health

- Nigeria is among the top six countries in the world that contribute to more than 50% of all global maternal deaths¹⁰. Maternal health persists in Nigeria despite strategies like the promotion of institutional deliveries, trainings and deploying new skilled health workers¹¹.
- Aside medical conditions responsible for maternal mortality in Nigeria, to social, economic and ¹²cultural factors, have a direct influence on maternal mortality, for example among Ibani people of Rivers State, women are not allowed to come out during certain festivals as doing so will amount to severe punishment, not minding her health condition even when she is pregnant¹³.
- 4.2 per cent of public facilities in Nigeria are of internationally acceptable standards for crucial obstetric care Two-thirds of all women in Nigeria deliver outside of health facilities and without medically skilled attendants present¹⁴.
- The maternal mortality ratio in Nigeria is 512 per 100,000 live births and some of the main causes of maternal deaths include obstetric haemorrhage, infection, obstructed labour, unsafe abortion, preeclampsia/eclampsia, malaria, anaemia¹⁵.

⁶ Aniekwu NI. Criminal laws and legislative policies relating to abortion and reproductive rights in Nigeria. *Ann Med Biomed Res* (In press).

⁷ CRLP and International Federation of Women Lawyers. *Women of the world: laws and policies affecting their reproductive lives*. Anglophone Afr 1997; 117.

⁸ National Action Committee on AIDS (NACA). *Situational Analysis Report on STD/HIV/AIDS in Nigeria, 2000*.

⁹ Dada, J. A. (2012). Human rights under the Nigerian Constitution: Issues and problems. *International Journal of Humanities and Social Science*, 2(2), 33-43.

¹⁰ Fawole AO, Shah A, Fabanwo AO, Adegbola O, Adewunmi AA, Eniyewun AB, et al. Predictors of maternal mortality in institutional deliveries in Nigeria. *Afr Health Sci*. 2012;12:32–40.

¹¹ Ariyo O, Ozodiegwu ID, Doctor HV. The influence of the social and cultural environment on maternal mortality in Nigeria: evidence from the 2013 demographic and health survey. *PLoS One*. 2017;12(12):e0190285.

¹³ Nwokocha EE. Pregnancy outcome among the Ibani of Rivers State, Nigeria. Findings from case studies. *African Publication Studies*. 2003

¹⁴ Nigeria Demographic Health Survey (NDHS), 2008. Policy and programme implication Northwest Zone, Abuja, Nigeria. National Population Commission. 2008

¹⁵ National Population Commission (NPC) [Nigeria], ICF: Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.2019.

- Pregnant women in northern Nigeria have limited take-up of health services. For example, the 2013 Demographic and Health Survey reports that in Jigawa State, only 7 percent of women delivered in a health facility compared to 36 percent of women nationwide¹⁶.

Menstrual Health

- 25% of women lack adequate privacy for menstrual hygiene management in Nigeria¹⁷. It is challenging for the government of Nigeria to make available good menstrual hygiene management infrastructure due to lack of resources¹⁸.
- 56% of school girls in Nigeria, are using toilet tissue, cotton wool, or cloth to absorb menstrual blood as opposed to sanitary pads, due to high cost of purchasing sanitary pads¹⁹.
- In most schools in Nigeria, girls' capacity to manage periods is affected by lack of access to affordable hygienic sanitary materials disposal options for used materials, adequate water supply, clean toilets, hand washing facilities and access to changing rooms²⁰.
- COVID-19 has caused a price hike in menstrual products in Nigeria The hike in menstrual and this has led some girls to be involved in sexual violence or trade sex with men in order to afford menstrual products; this has equally caused harm because of the exposure to sexually transmitted diseases²¹.
- In Kaduna state, in Nigeria, only 37% of women age 15–49 have everything they need such as clean materials, a facility, pain medication, and places to dispose of used products for proper menstrual hygiene²²

HIV and AIDS

- Nigeria ranks third among countries with highest burden of HIV and AIDS infection in the world, with 1.9 million people living with HIV and AIDS²³.
- Nigeria has the highest number of annual HIV infections among children in the world (14% of the global total). Progress in this area is very slow²⁴. between 2010 and 2020,

¹⁶ Björkman Nyqvist, Martina, Jessica Leight, and Vandana Sharma. "Community Health Educators and Maternal Health: Experimental Evidence from Northern Nigeria." Working Paper, March 2020.

¹⁷ WASH Poverty Diagnostic Washington DC, World bank. A wake up call: Nigeria water supply, sanitation, and hygiene poverty diagnostic. Available from: <http://documents1.worldbank.org/curated/en/530431502696926677/pdf/118241-v2-WP-PUBLIC-A-wake-up-call.pdf> (2017), Accessed 27 July 2022

¹⁸ Z. Ladan. Tackling Period poverty- Understanding menstrual practices and management amongst Nigerian women. The public Health Hub. Available from: <https://www.thepublichealthhub.com/post/how-to-prepare-for-your-upcoming-procedure>, Accessed 27 July 2022.

¹⁹ Upashe SP, Tekelab T, Mekonnen J. Assessment of knowledge and practice of menstrual hygiene among high school girls in Western Nigeria. BMC Womens Health. 2015 Oct 14;15:84

²⁰ United Nations Children's Fund (UNICEF) and Global Health Awareness Research Foundation (GHARF) (2008): Menstruation and Menstrual Hygiene: Trainers and participatory Hygiene and Sanitation Promotion Manual. 107-110. UNICEF Publication 2009.

²¹ Plan international, Coronavirus is making periods worse for Girls and women 2020. Plan international organization. Available from: <https://plan-international.org/news/2020-05-28-coronavirus-making-periods-worse-girls-and-women>, Accessed 28 July 2022.

²² Nigeria, Health watch: Informed commentary, intelligence and insights on the Nigerian Health Sector. New data from PMA2020 shed light on menstrual hygiene management in Kaduna, Nigeria. Available from: <http://nigeriahealthwatch.com/new-data-from-pma2020-shed-light-on-menstrual-hygiene-management-in-kaduna-nigeria/>

²³ Odugbesan JA, Rjoub H. Evaluating HIV/Aids prevalence and sustainable development in sub-Saharan Africa: the role of health expenditure. Afr Health Sci. 2020.

²⁴ Surveys - UNICEF MICS- Nigeria, available from, <https://mics.unicef.org/surveys>].

Nigeria reduced mother-to-child HIV transmission by only 15%, compared to a 70% reduction in South Africa and Uganda.

- 23% of men who have sex with men and 14% of female sex workers have HIV in Nigeria. These marginalized groups are at more risk than other people because they are illegal in the country and this makes it difficult for them to access health services²⁵.
- In 2018, 40% of HIV infections in Nigeria occurred amongst young people (ages 15-24). Only 34% of young men and 43% of young women have the knowhow of HIV prevention²⁶.
- 20% of people living with HIV experience HIV-related stigma and 60% of Nigerians hold discriminatory attitudes towards people with HIV²⁷. This stops people from testing for HIV or accessing treatment if they need it.

Gender Based Violence

- 33% of women age 15-49 in Nigeria have experienced physical or sexual violence, 24% have experienced only physical violence, 2% have experienced only sexual violence, while 7% have experienced both physical and sexual violence²⁸.
- Young people less than 19 years of age, are 23 times more likely to experience sexual violence, than those between 40-59 years of age²⁹
- The most common acts of violence against women in Nigeria include sexual harassment, physical violence, harmful traditional practices, emotional and psychological violence, socio-economic violence and violence against non-combatant women in conflict situation³⁰.
- In 2006, Nigeria adopted a framework and plan of action for the National Gender policy, which prohibits female genital mutilation, harmful widowhood practices, harmful traditional practices and all forms of violence against persons in both private and public life, as a way of curbing gender based violence.
- 45 percent of women aged 15 to 49, never seek help or tell anyone about their experiences of gender based violence.

²⁵ National HIV and AIDS Strategic Plan (2017-2021) [<https://naca.gov.ng/wp-content/uploads/2018/05/National-HIV-and-AIDS-Strategic-Plan-FINAL1.pdf>].

²⁶ Lena F, Michael E, Sanni Y. HIV-related knowledge in Nigeria: a 2003-2018 trend analysis. Arch Public Health. 2018.

²⁷ Genberg BL, Surinda K, Alfred C, Memory S, Suwat C, Konda KA, et al. Assessing HIV/AIDS stigma and discrimination in developing countries. AIDS Behav. 2008.

²⁸ National Population Commission (NPC) Nigeria, ICF International. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, Rockville Maryland USA. 2018. NPC and ICF International.

²⁹ UNICEF. Gender-based violence in emergencies: Gender-based violence reaches every corner of the globe. In emergency settings, GBV soars. Accessed 29 July 2022.

³⁰ UN Women. 2015. A Framework to Underpin Action to Prevent Violence Against Women. New York: United Nations.

Access to Safe Abortion

- In Nigeria, induced abortion is legal only to save the woman's life, and physical health nonetheless it is a common reproductive health experience³¹.
- Unsafe abortion contributes to Nigeria's high maternal mortality ratio, estimated at 512 maternal deaths per 100,000 live births³².
- In 2012 alone, 1.25 million Nigerian women had an abortion, double the number estimated in 1996, due to the increased number of women of reproductive age. Almost all of the abortions were performed clandestinely, and many of these were performed by unskilled providers or using unsafe methods³³
- Unsafe abortion remains 'an important contributor to maternal morbidity and mortality in Nigeria', with 61,000 women dying annually from abortion or complications during childbirth.
- Accessing a safe abortion in Nigeria can cost as much as N37,000 (approximately \$103). This is already a huge amount considering the poverty rate in Nigeria.

Harmful Practices

- The prevalence of Female Genital Mutilation in Nigeria, increased from 19% in 2003 to 25% in 2013 despite the fact that it is illegal in the country³⁴.
- In Hausa land in Nigeria, the religion being practiced, gives room for polygamous relationships as supported by the Qur'an. This practice exposes women to sexually transmitted diseases, as men are allowed to marry as many wives as they can³⁵.
- Children and teenagers in northern parts of Nigeria, are seen as source of labor and are subjected to street begging, hard menial labors, farm works, regardless of the climatic conditions. These wreak havoc on the physical being and detrimentally deprived them of education and self-worth³⁶.
- Also, peculiar to the Hausa/Fulanis is forced and early marriage. Young girls are forced, coerced and advised to bring home suitors as early as ages 12 and 15. As main victims, some of them are kidnapped and if they resist such, it is believed such act will bring unimaginable disrepute to the name of the family, hence the girls end up giving in³⁷.

³¹ Okonofua F, Shittu O, Shochet T, Diop A, Winikoff B. Acceptability and feasibility of medical abortion with mifepristone and misoprostol in Nigeria. *Int J Gynaecol Obstet*. 2014.

³² Moseson H, Jayaweera R, Raifman S, Keefe-Oates B, Filippa S, Motana R, et al. Self-managed medication abortion outcomes: results from a prospective pilot study. *Reprod Health*. 2020.

³³ Nigeria's abortion provisions. Available at: www.reproductiverights.org/world-abortion-laws/nigeriasabortion-provisions. [accessed 28 July 2022].

³⁴ Onuh, S.O., Igberase, G.O., Umeora, J.O.U., Okogbenin, S.A., Otoide, V.O. and Gharoro, E.P. (2006) Female Genital Mutilation: Knowledge, Attitude and Practice among Nurses. *Journal of the National Medical Association*.

³⁵ Adebola S.O., Ogunkeyede S.A., Obebe F.A., Olaniyan O.D., Fawole O.B., & Salman A. (2016). Profile of pediatric traditional uvulectomy in North-West Nigeria: the need for caution and education. *IntJPediatrOtorhinolaryngol*,

³⁶ UNICEF Child Info, Child Marriage: Progress. January 2012.

http://www.childinfo.org/marriage_progress.html accessed 2nd December, 2020

³⁷ UNICEF. (2020). Early Marriage: A harmful traditional practice. 2005 accessed on 2nd December, UNESCO Publishing.

- The Igbos in Nigeria are known for patriarchal cultural heritage. The culture has preference for male child³⁸. These practices, make women to be overly subservient and subjected to maltreatment like physical abuse.

Sexual Diversity

- Consensual homosexual acts between adults are illegal in Nigeria. Chapter 42, section 214 of the Nigerian Criminal Code penalizes anal sexual intercourse especially between men by 14 years imprisonment and in the Shari’a states the punishment for “sodomy” may be death by stoning³⁹.
- The most common service available to sexual minorities is counselling. Access to this is however limited because of the high level of intolerance. The service providers, are more of rehabilitating than counselling as they believe that homosexuality is disorder.
- Cohabitation between same-sex sexual partners and forming, operating, or supporting LGBTQ clubs, societies and organizations is not allowed in Nigeria.
- Marriage contract or civil union entered into between persons of same sex, is prohibited in Nigeria and shall not be recognized as entitled to the benefits of a valid marriage.
- Bisexuals get married to people of the opposite sex and have families in order to stop pressure from family members and to avoid stigma and discrimination, therefore, homosexual relationship would remain hidden.

Adolescents and SRHR

- Very few (2.9%) adolescents, aged 15–19 years use any method of contraception in Nigeria⁴⁰
- HIV infection is very high among adolescents in Nigeria. 40% of all new HIV infections occur among 15–24 -year-olds and a global report showed that Nigeria recorded the highest number of HIV-infected adolescents⁴¹.
- Adolescents who are socially and economically marginalised are the most vulnerable to the SRHR problems that are driven by poverty, illiteracy, unemployment, lack of parental communication and negative social pressure. They are also more vulnerable to sexual exploitation and abuse.
- Although, the abortion law and policy in Nigeria prohibits legal access to legal abortion services, about 1.25 million adolescents, commit induced abortion yearly and do not get post abortion care⁴².

³⁸ OHCHR, UNFPA, UNICEF, UN Women and WHO, Preventing gender-biased sex selection: an interagency statement. 2011 Accessed on 29 July, 2022.

³⁹³⁹ Petchesky P. R (2008): Conflict and Crisis Settings: Promoting Sexual and Reproductive Rights. Reproductive health Matters vol.16 No.31

⁴⁰ National Population Commission (NPC) [Nigeria] and ICF

. Nigeria demographic and health survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF, 2019.

⁴¹ UNICEF: UNAIDS, the Joint United Nations Programme on HIV/AIDS

. Opportunity in crisis: preventing HIV from early adolescence to young adulthood, 2011. Available: https://www.unicef.org/aids/files/Opportunity_in_crisis-Report_EN_052711

- In Nigeria, teen mothers are twice as likely as older women to die of pregnancy related causes and the children are more likely to die in infancy.

Disability and SRHR

- In Nigeria, most Women with disabilities are considered less eligible for marriage because they are perceived as being unable to fulfill their gendered roles as wives and mothers, as they are seen as asexual not able to give birth and not able to undertake daily domestic tasks⁴³.
- Women with disabilities experience many barriers to accessing sexual and reproductive health care, for example, the physical environment surrounding and within health care facilities in Nigeria, may be inaccessible to wheelchairs.
- 2.4% of women with disabilities in Nigeria have HIV, as compared to 1.4% of the men with disabilities⁴⁴. This shows that women are more susceptible to sexually transmitted infections including HIV.
- Girls and women with hearing impairments, rely on family or friends to communicate with health professionals on their behalves, which deprives them of patient confidentiality and also does not guarantee that the information provided to them is accurate.
- In 2014, Nigeria adopted the HIV and AIDS Anti-Discrimination Act, which guarantees a right to be free from discrimination based on HIV status.⁴⁵ However, persons with disabilities themselves are invisible in the Act, and their situations are not adequately addressed.

⁴² Ipas. Abortion law and policy in Nigeria: Barriers to women's access to safe and legal care. 2017. <http://www.ipas.org/en/Resources/Ipas%20publications/Abortion-law-and-policy-in-Nigeria-Barriers-to-women's-Access-to-safe-and-legal-care.aspx> Accessed 27 July, 2022.

⁴³ World Health Organization, Maternal Mortality: Factsheet No. 348 (Nov. 2015), <http://www.who.int/mediacentre/factsheets/fs348/en/>.

⁴⁴ Enhancing Nigeria's HIV/AIDS Response (ENR) Program, HIV/AIDS and Sexual Behaviors of Persons with Disabilities in Nigeria 26 (2015).

⁴⁵ HIV and AIDS (Anti-Discrimination) Act, 2014, § 3 (Nga.)

SRHR Indicators Table

SRHR Area	Indicators	Status 2022
Sexual and reproductive health	Existence of SRHR policies/guidelines	2005 - 2015
	Existence of laws and policies that allow adolescents to access SRH services without third party authorisation	2003 Policy
	Provision of free menstrual ware	No
	Removal of Value Added Tax (VAT) on menstrual ware	No
	Basic drinking water status (%)	48
	Access to basic sanitation (%)	33
	Contraceptive prevalence rate amongst women aged 15-49 (%)	16.6
	Unmet need for contraception amongst women aged 15-49 (%)	16.1
	Females involved in decision-making for contraceptive use amongst women aged 15-49 (%)	75
	Age of access to contraception	15
	Maternal Mortality Ratio (per 100,000)	576
	Antenatal Care Visits (At least one visit) %	61
	Antenatal Care Visits (At least four visits) %	56.8
	Skilled attendance at birth (per 100)	52
	Post natal care coverage %	49
	Neonatal mortality (per 1 000)	36
	Nursing and midwifery personnel per 10 000 of the population	20
	Universal Health Coverage	41
Health expenditure as proportion of GDP	3.03	
Health expenditure as proportion of total government expenditure	15.9	
Adolescent SRHR	CSE curriculum that reflects international standards	Yes
	Age of access to contraceptives	15
	Legal age to consent to sex (M)	18
	Legal age to consent to sex (F)	18
	Adolescent fertility rate (births per 1000 women, 15–19 years of age).	102
Safe unrestricted abortion	Legal status of abortion	Restricted
	Post abortion national guidelines	Limited
	Contraception included in post abortion care	Yes

SRHR Area	Indicators	Status 2022
HIV and AIDS	Overall prevalence (%)	1.4
	Women who are HIV positive as a % of total	56.03
	Women aged 15 to 49 HIV prevalence rate	0.9
	Men aged 15 to 49 HIV prevalence rate	1.9
	HIV prevalence among young women (15-24)	3.3
	HIV prevalence among young men (15-24)	3.0
	Sex workers - HIV prevalence (%)	25
	Sex workers - Condom use (%)	85.5
	MSM - HIV prevalence (%)	20
	MSM - Condom use (%)	81.1
	Women age 15+ who know their HIV status	49.8
	Men age 15+ who know their HIV status	30,2
	Condom use at last high risk sex – women	36
	Condom use at last high risk sex – men	65
	Coverage of pregnant women who receive ARV for PMTCT (%)	32
	Mother to child transmission rate	23
	Comprehensive knowledge of HIV and AIDS	45.6
	Knowledge about HIV prevention among young women aged 15-24	24
	Knowledge about HIV prevention among young men aged 15-24	34
	% of those living with AIDS who are on ARV treatment	86
Women aged 15 and over receiving ART	98	
Men aged 15 and over receiving ART	73	
Children aged 0 to 14 receiving ART	45	
GBV	Proportion (%) of women and girls aged 15-49 who experienced intimate partner violence (IPV) in the previous 12 months (2016)	20
	Proportion (%) of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime (2013)	23.3
	Proportion (%) of women and girls aged 15 years and older subjected to physical and sexual violence by a partner in the previous 12 months (2013)	13.8
	Proportion (%) of women aged 15-49 years experiencing physical and/ sexual violence perpetrated by someone other than an intimate partner at least once in their lifetime (1995–2013)	4
	Laws on domestic violence in 15 countries	Yes

SRHR Area	Indicators	Status 2022
	Laws on sexual assault in 15 countries	Yes
	Human trafficking laws in 16 countries	Yes
	Sexual harassment laws in 16 countries	Yes
	Integrated approaches: national action plans in 16 countries	Yes
	Accessible, affordable and specialised services, including legal aid, to survivors of GBV in 16 countries	Yes
	Specialised facilities, including places of shelter and safety, in 16 countries	Yes
	Comprehensive treatment, including post-exposure prophylaxis (PEP) in 16 countries	Yes
Harmful Practices	Minimum legal age of consent to marriage for women	18
	Minimum legal age of consent to marriage for men	18
	Exceptions for women	None
	Exceptions for men	None
	Female Genital Mutilation Prevalence	19.5
	Percentage young women married by Age 18	78
	Percentage young women married by Age 15	48
Sexual diversity	Consensual same-sex acts decriminalised	No
	Protection from discrimination - Specific constitutional provisions	No
	Protection from discrimination - Broad protections	No
	Protection from discrimination - Employment	No
	Hate crimes/ aggravated circumstances	No
	Incitement to hatred/ violence	Yes
	Ban on conversion therapy	No
	Same sex marriages	No
	Civil unions	No
	Joint adoption of children	No
	Second parent adoption of children	Yes
	Changing sex/ gender markers	No
	Name change	Yes
	LGBTI organisations able to register	No
LGBTI organisations able to operate freely	No	

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6. Childinfo, 2021, http://www.childinfo.org/marriage_progress.html accessed 2nd August 2022
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24. National Population Commission and ICF Macro. *Nigeria Demographic and Health Survey 2008*. Abuja: National Population Commission and ICF Macro; 2009.
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