

## **From Policy to Practice: A Scoping Review of Women's Health Rights, Legal Frameworks, and Implementation Gaps in Nigeria**

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### **Abstract**

Women's health outcomes in Nigeria are the result of legal protection/curse, policy commitment/curse, and execution realities. Despite constitutional guarantees, international treaty obligations, and actions guided by sectoral health policies, gaps between policy intent and women's lived experiences and their actual access to care continue to limit women's equitable access to care. This study provides a cartographic, synthetic, and critical overview of available evidence on women's health rights in Nigeria, namely legal regimes, policy frameworks, and implementation procedures. Anchored in a Human Rights-Based Approach and a socio-legal theory, the study employs a systematic, iterative scoping review methodology that draws on literature from 2015 to 2025, encompassing empirical, conceptual, and policy publications. Twelve studies were included, which were primary, secondary, and mixed-methods studies. Thematic analysis identified two broad themes: (1) gaps in legal and policy frameworks, marked by patchy laws, insufficient knowledge of rights, and the incomplete nature of policies, and (2) problems in programme implementation, including structural and resource constraints, socio-cultural barriers, and poor monitoring and accountability mechanisms. There is also evidence of promising practices such as judicial activism, civil society advocacy, and targeted health interventions, though these are not widely institutionalized. The findings highlight further the need to shift from policy proliferation to coordinated implementation, legal accountability, and enhanced health system capacity. The research has suggested the need for an integrated framework that synergises across a continuum from legal reform to institutional strengthening to community-level engagement to fill the gap between women's health rights on paper and in practice.

**Keywords:** Women's Health Rights, Legal Frameworks, Policy Implementation, Scoping Review, Nigeria.

## **Introduction**

Women's health rights have become a central focus in global health governance, international human rights law, and development policy. Globally, women's health is acknowledged not only as a matter of public health concern but also as a fundamental human right upon which is based the belief in gender equality, termed social justice, and for sustainable development. International agreements such as the Universal Declaration of Human Rights, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and Sustainable Development Goals (specifically SDGs 3 and 5) underscore the obligation of States to make accessible, acceptable, available and quality health services for women throughout the life span (Delanerolle et al., 2024; PLOS ONE, 2017). Despite these normative commitments, research shows from around the world that legal recognition of women's health rights has not always translated to improvements in health outcomes, particularly in places in low and middle-income countries.

At the continental level, Africa continues to have a disproportionate burden of maternal mortality, reproductive health challenges and gender-based violence (WHO, 2023; MacPherson et al., 2014; Tazinya et al., 2023). Regional legal frameworks, especially the African Charter on Human and Peoples' Rights and the Protocol to the African Charter on the Rights of Women in Africa (Maputo Protocol), provide positive protections for women's health and bodily autonomy. However, empirical research across Sub-Saharan Africa shows the continued disparity between policy commitments and implementation, and underpins this dichotomy through weak health systems, lack of financing, fragmented governance, and deep-rooted socio-cultural norms (Bennett et al., 2021; Durojaye, 2017). Research further points out how women's health policies frequently fail to cross-examine their intersectional vulnerabilities in relation to age, poverty, disability and geographic marginalisation, and as a result, their effectiveness is limited (Solanke et al., 2022).

In Nigeria, women's health rights are defined within a complex interplay of constitutional provisions, laws, customary practices, and sector-specific health policies. Nigeria has ratified several international and regional human rights instruments as well as adopted national policies dealing with maternal health, sexual and reproductive health, gender-based violence and adolescent health. Nevertheless, the country still experiences poor women's health indicators, including a high maternal mortality rate, poor access to reproductive health-related services and pervasive barriers to care (Okonofua et al., 2015; PLOS Global Public Health, 2023). Scholars are increasingly noting that what is lacking in laws and policies is not what causes the problem; it is the poor implementation of laws and policies that is translated into practice.

Internationally, there has been a consistent finding in scholarship about an implementation gap in women's health rights, where the ambitious and progressive legal and policy frameworks do not translate into practical realities. Comparative studies reveal that gender inequities, low levels of regulation and coordination among institutions are often weak agents thwarting the proverbial realization of women's health entitlements, especially in resource-constrained settings (McDougall et al., 2022; Rees et al., 2020). This gap raises critical concerns about the rights-based health frameworks beyond their formal adoption.

At the continental level, African nations are struggling to keep the promises made in regional commitments on women's health and to ensure their effective implementation at the

country level. Despite the normative power of the Maputo Protocol, there is evidence that legal pluralism, weak judicial implementation, and poor institutional capacity underpin the patchy protection of women's health rights on the continent (Durojaye, 2020; *Frontiers in Global Women's Health*, 2022).

Nationally, Nigeria has so far set the example of these issues in its acute form. Although several laws and policies focus on women's health along with gender-based violence, across federal, state, and local levels of these practices, implementation is inconsistent. Research emphasises poor enforcement, inadequate health funding, limited women's rights awareness, and socio-cultural practises that limit access to care (Awolayo, 2019; Kiu et al., 2024). Sector-specific analyses, concerning the support for survivors of intimate partner violence, identify fragmented institutional responses as well as a lack of coordination between legal systems and health systems (Kiu Publication Extension, 2024). Although there has been a growing body of literature, current studies on women's health rights in Nigeria remain scattered, encompassing legal scholarship, public health research, and socio-cultural analyses. This disconnection is reflected in the lack of alignment between the legal frameworks and the implementation of the health system, with the rights-based provisions not being well translated into practice (Obadina, 2023; Olayanju, 2024). Furthermore, policy analyses show overlaps and weak coordination of interventions in Nigeria's health system, resulting in inefficiencies and implementation gaps (Nwokedi et al., 2025; Nasir et al., 2022). There are also structural inconsistencies, including the presence of multiple legal systems (criminal, customary, and religious law), that further contribute to the unequal protection of women's health rights (Jibril & Hussain, 2026). Furthermore, sector-specific studies that focus on maternal health, reproductive rights, or gender-based violence do not necessarily adopt an integrated approach, thereby hindering a comprehensive understanding (Amodu et al., 2021; Akinlusi et al., 2025). Therefore, a comprehensive scoping review is needed to systematically chart out the legal frameworks, policy instruments, and implementation gaps, and to help close the policy-practice gap in promoting women's health rights in Nigeria. Hence, a scoping review that will map legal frameworks, policy instruments, and implementation gaps regarding women's health rights in Nigeria.

### **Theoretical Framework**

This research is anchored on the Human Rights-Based Approach to Health (HRBA supported by the Socio-Legal Theory. Together, these frameworks provide a strong basis for analysing women's health rights, legal frameworks, and implementation gaps in Nigeria.

### **Human Rights-Based Approach (HRBA) to Health.**

The Human Rights-Based Approach to health has its bases in human rights law on an international level as well as in work of global institutions, such as the United Nations Office of the High Commissioner for Human Rights (OHCHR) and WHO. Key proponents are Hunt (2002, 2008), Gruskin and Tarantola (2017), and Yamin (2016), who conceptualise health as a legally enforceable human right, not a discretionary social good. The HRBA has many underlying assumptions. First of all, Health, especially women's health, is a fundamental human right that stems from the right to life, dignity and equality. Second, states are duty-

bearers that have legal obligations to respect, protect and fulfil health rights through appropriate laws, policies and institutions. Third, the rights must be realised in accordance with the principles of availability, accessibility, acceptability and quality (AAAQ). Finally, accountability, participation, non-discrimination, and transparency are very important to translate health rights from codified normative commitments into reality.

In relation to this study, the HRBA provides a normative framework for assessing the extent to which governments, through national-level laws and policies in Nigeria, demonstrate international and regional standards in the management of women's health rights. It informs the scoping review process about the extent to which existing laws and policies do or do not address women's health as a right, and the extent to which institutional mechanisms exist to ensure that these rights are actually put into practice. The approach also enables systematic identification of implementation gaps, such as poor accountability structures, limited access to remedies, and disempowering service delivery arrangements, including inequitable distribution of health services, that weaken women's enjoyment of health rights.

Despite the strength of normative value, the HRBA has been criticised for being a weakly operationalised concept in low-resource settings. Critics also suggest that rights-based frameworks tend to focus too much on legal recognition and are not always sufficient to tackle underlying constraints in areas such as poverty, weak institutions, and inadequate health financing (**Patterson, 2024; Arimoro, 2023; Ibe-Ojiludu, 2024**). Others argue that HRBA may not place sufficient emphasis on the beliefs and actions of non-state actors, nor inspire individual actions by the state, because it tends to be state-centric and underestimates the role of informal norms (**Herbert, 2015; Sieder & McNeish, 2013; Musa, 2026**). Customary norms and non-state actors, which can, especially the way structure influences multiple governance of health matters in plural legal systems, particularly in Nigeria (Hellum, 2013; Olayanju, 2024; African Union, 2025).

### **Socio-Legal Theory**

Socio-legal theory has been drawn from interdisciplinary work in law and the social sciences. Prominent contributors include Pound (1910), Cotterrell (2006), and Merry (2006), who emphasise the need to understand law in its social, cultural, political, and institutional context. In the fields of health and gender studies, this view has been used by socio-legal scholars to intertwine the problems of legal norms, social practices, and power relations. Socio-legal theory assumes that law does not operate in isolation and that its meaning and effectiveness are affected by social structures, institutional practises, cultural norms, etc. (**Creutzfeldt, Mason, & McConnachie, 2020; Cotterrell, 1992**). It rejects a pure doctrinaire conception of the law and plays down the difference between "law on the books" and "law in action." (**Allison, 2015; Pound, 1910**). The theory is further based on the assumption that the legal outcomes are mediated by actors such as health workers, courts, bureaucracies, communities and civil society organisations (**Farina, 2021; Pinto, 2020; Sieder & McNeish, 2013**).

This theory is particularly relevant to the present study's emphasis on implementation gaps. It facilitates the analysis of women's health law and policy in Nigeria, interpreted, enforced or undermined in concrete settings. Through a socio-legal lens, the scoping review examines issues such as federal-state governance dynamics, institutional fragmentation, socio-

cultural resistance, and informal practices that affect the translation of women's health rights into practice. For the same, it supports the inclusion of empirical and qualitative evidence along with the legal texts.

Socio-legal theory has been criticised as too descriptive, which some believe detracts from its prescriptiveness and creates few areas for legal reform. In addition, its broad scope in analysis may make it difficult to obtain concrete policy prescriptions from it. Critics also point out that socio-legal analyses may de-emphasise the normative power of law by placing greater emphasis on social constraints than on legal obligations.

### **Methodology**

This study uses a scoping review methodology, an iterative and systematic approach used to identify, assess, and synthesise existing and emerging literature on a given topic. Scoping reviews are especially useful for mapping the extent, range, and nature of evidence, identifying gaps in the evidence, and developing research trends in a specific area (Mak & Thomas, 2022). Given the changing discourse on women's health rights, legal frameworks and policy implementation in Nigeria, this method gives a structured and yet flexible framework for the analyses of empirical studies, policy documents and legal frameworks relevant to women's health.

To uphold methodological rigour, the study conformed to the guidelines of Peters et al (2020) which describes a structured process of carrying out such scoping reviews. This included formulation of research questions which focused on the status, challenges and implementation gaps for women's health rights in Nigeria, inclusion and exclusion criteria were clearly defined, a systematic search strategy was developed using Boolean operators and pre-defined keywords, and a replicable decision flowchart and data extraction method for the studies were used to improve transparency and reproducibility.

### **Methods of Eligibility and Literature Review**

To ensure this review covered all empirical, policy, and legal studies on women's health rights in Nigeria, a structured eligibility framework was adopted. Included studies were limited to publications between 2015 and 2025, written in English, and specifically focused on the Nigerian context. Eligible studies focused on the development and enforcement of women's rights to health, a legal and policy framework in relation to access to healthcare services, governance, the social determinants of health and implementation challenges. Both qualitative, quantitative or mixed-methods studies published in peer-reviewed journals were included. In addition, policy documents, government reports and grey literature of high quality were taken into consideration, if they had empirical insights into women's health rights and policy implementation. Studies that have been theoretical, editorial, or commentary nature in nature were excluded, as well as those that promoted women's health in general without references to legal, policy, or implementation aspects in Nigeria.

A detailed literature search was conducted across multiple databases in law, public health, and the social sciences. These included PubMed, Scopus, Web of Science, JSTOR, PsycInfo, African Journals Online (AJOL), HeinOnline, Sage Journals Online, Academic Search Ultimate, ProQuest Sociology, and PAIS Index. Supplementary searches were

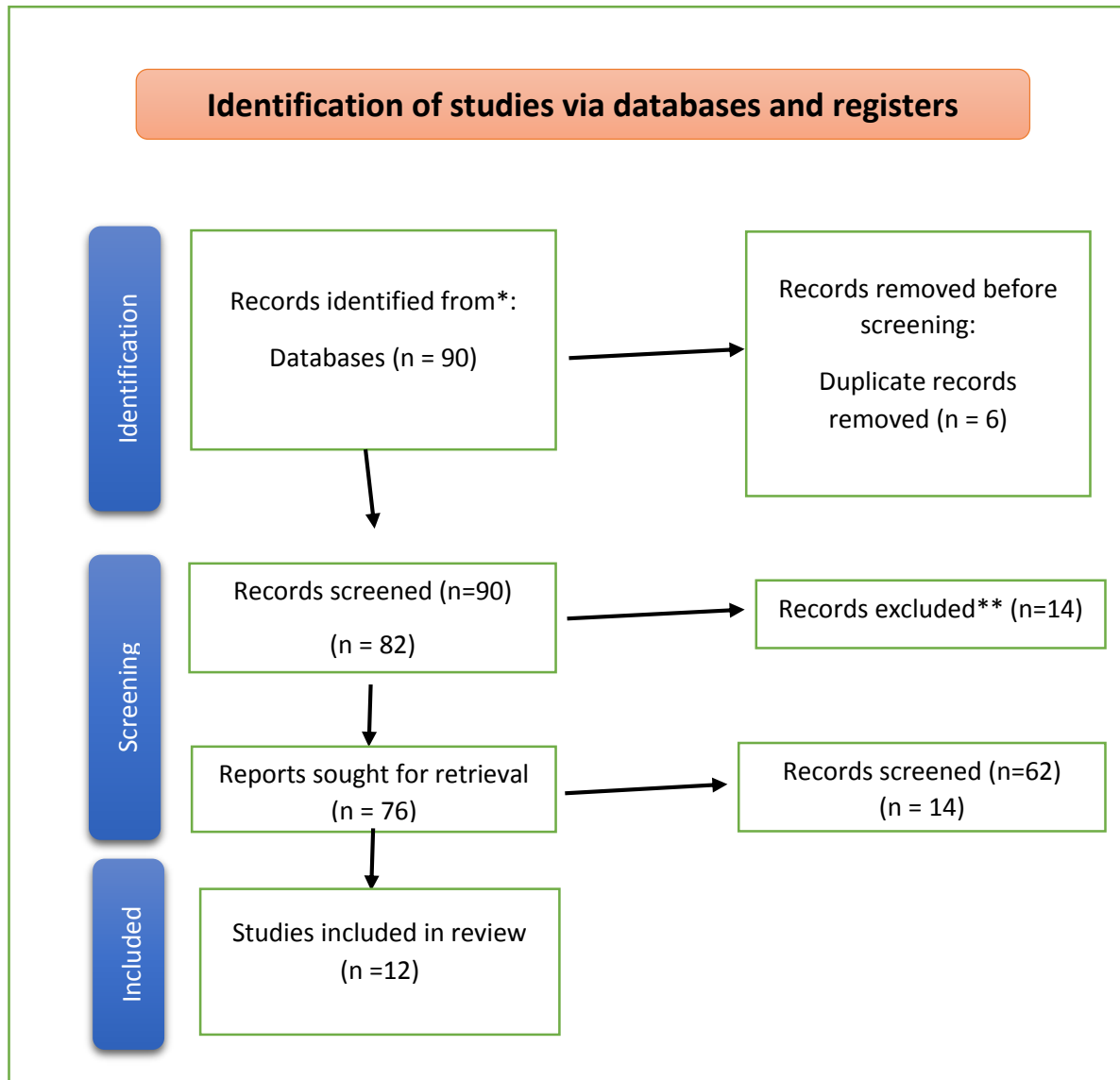
conducted on Google Scholar and Google to identify grey literature and non-indexed sources on women's health rights in Nigeria. A systematic search approach was used, using search descriptors (Boolean Diagrams) containing generic terms combined with specific terms, to optimise the retrieval of relevant studies. Key search strings included: Women's Health Rights in Nigeria, Gender and Healthcare policy Nigeria, legal frameworks for women's health in Nigeria, maternal and reproductive health in Nigeria, implementation gaps in women's health policy in Nigeria and Nigeria health governance and women.

#### **Box 1. Database Search Terms and Keywords**

Searches were carried out in several databases such as PubMed, Scopus, Web of Science, JSTOR, PsycInfo, AJOL, HeinOnline, Sage Journals Online, Academic Search Ultimate, ProQuest Sociology, PAIS Index. Boolean Operators and combination of Keywords were used to make possible the broadest retrieval of literature relevant to this development, enforcement and implementation of women's health rights in Nigeria. Boolean Search Strategy: ("Women's health rights Nigeria " OR "Maternal health(ies) policy Nigeria " OR "Reproductive health Nigeria " OR legal frameworks women health(ies) Nigeria " OR "Implementation gaps women health(ies) Nigeria " OR access to healthcare women Nigeria " OR "Policy enforcements women health(ies) Nigeria " Original:ational research ) OR implementation gaps in women's health in Nigeria OR access to healthcare women Nigeria OR policy enforcement of women's health in Nigeria.

#### **Study Selection**

A total of 90 studies first identified. After the title and abstract screening, 14 were found to be ineligible, and the research was stopped. The remaining 76 studies were targeted for full-text retrieval (although 2 were not accessible). Out of the 74 studies assessed in full, 62 were excluded because they did not meet the predefined inclusion criteria. The other 12 studies were meticulously reviewed, including reference searches and further hand searching using Google and Google Scholar. Ultimately, 12 studies met all the inclusion criteria and were included in the final review.



**Figure 1:** PRISMA flowchart showing the inclusion of studies of Women's Health Rights, Legal Frameworks, and Implementation Gaps in Nigeria  
Source: Author (2026)

### Data Extraction and Analysis

A Microsoft Excel template was created to systematically extract study characteristics, methods, key findings, and limitations. Due to the heterogeneity of studies and the diversity of methods, statistical meta-analysis was not possible. Instead, a summary of findings was provided through tables and figures, as well as a narrative summary. The Thematic Analysis framework, the cookie cutter, and the guided coding of Braun and Clarke (2006) guided the studies. The authors independently examined and coded the studies to identify recurring themes and insights regarding legal frameworks, policy implementation, and gaps in women's rights to health in Nigeria, using NVivo 14.

The 12 included studies used primary data (3), secondary data (6), and mixed methods (3). Qualitative and quantitative approaches were applied in 9 studies, and 3 were conceptual

and theoretical reviews that provided an overview of women's health rights, legal systems, and implementation gaps in Nigeria.

| Study Topic                                                                                                   | Author                                                   | Method of Data Collection             | Source of Data Collection                                                                                |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------|
| Menstrual health rights and policy/legal frameworks in LMICs                                                  | Okoro RN, Aluh DO, Aguiyi-Ikeanyi CN (2025)              | Systematic narrative review           | Major databases (PubMed, Scopus, Web of Science, Google Scholar) + grey literature (WHO, UNICEF reports) |
| Evidence-based interventions and policy implementation for SRHR & GBV in Sub-Saharan Africa and the Caribbean | Tubi-Nwangwu I (2025)                                    | Literature review / secondary data    | Published books, journals, reports from UN and regional health agencies                                  |
| Domestic violence prohibition and legal structures for sexually abused women in Nigeria                       | Aina-Pelemo AD, Olujobi OJ, Yebisi ET (2023)             | Document and legal framework analysis | National legal documents, policy reports, academic literature                                            |
| Roles of stakeholders in adolescent SRH service provision in Southeast Nigeria                                | Agu C, Mbachu C, Agu I, Iloabachie U, Onwujekwe O (2022) | Mixed methods (interviews + survey)   | Field data from health facilities, government and NGO reports                                            |
| Health policies supporting intimate partner violence survivors in Nigeria                                     | Kiu, P. (2023)                                           | Policy and legal review               | National laws, healthcare policies, institutional reports                                                |
| Child marriage and maternal health risks in Nigeria                                                           | Adedokun O, Adeyemi O, Dauda C (2016)                    | Cross-sectional survey                | Field data in Adamawa State, Nigeria                                                                     |
| Adolescents and young women in Nigerian women's health policies                                               | Delanerolle, G., et al. (2023)                           | Systematic review                     | Global databases (PubMed, Scopus, Web of Science)                                                        |
| Maternal mortality trends and projections in Nigeria                                                          | Alkema, L., Chou, D., Hogan, D., et al. (2016)           | Systematic analysis                   | UN Maternal Mortality Estimation Inter-Agency Group data                                                 |



|                                                                                    |                                                        |                                           |                                                                               |
|------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------|
| Trends and challenges in comprehensive sex education in Nigeria                    | Achen, D., Fernandes, D., Kemigisha, E., et al. (2023) | Narrative review                          | Academic databases, UNICEF and WHO reports                                    |
| Strengthening human rights and health outcomes: Preconception care in Nigeria      | Bawa-Muhammad, T. H. (2024)                            | Literature review                         | Published journals, UN reports, policy documents                              |
| Accessibility of SRH information and services for adolescents in rural Nigeria     | Arunda, M. O., Estellah, B. M., et al. (2025)          | Field survey and interviews               | Health facilities, adolescent focus groups                                    |
| Prohibition of discriminatory laws and practices against women's rights in Nigeria | Obaoye, J. K., & Abdulraheem, M. (2024)                | Doctrinal legal analysis / secondary data | Legal texts, policy documents, literature on Nigerian laws and women's rights |

### **Discussion of Findings**

A total of 12 studies were included in this review (Table 2). The studies were on women's health rights, laws and policies in Nigeria. A template was created in Microsoft Excel to systematically collect data on study characteristics, data sources, methodology, key findings, and limitations. Because of the diversity of the studies, statistical pooling was not possible; thus, tables, figures, and a narrative thematic analysis were used to synthesise the findings.

Regarding the nature of the study, 3 studies used primary data sources, and 6 used secondary data sources. Eight studies used quantitative approaches, five studies used qualitative approaches, and three studies used mixed methods. In total, 9 studies used empirical methods (qualitative and/or quantitative) and 3 studies were conceptual and/or theoretical reviews. Most of the studies were descriptive in nature. Two main themes emerged from the thematic analysis. Legislative Validity of Article 16-19 Judgments Summary: Women and health: Gap in legal and policy frameworks, Part 2: Gaps in Legal and Policy Frameworks for Women's Health Rights

The reviewed studies identified several implementation problems of women's health programmes and policies in Nigeria. The results are indicative of the state of the evidence and the ongoing need for further empirical evidence to support women's health rights and policy implementation. The empirical and conceptual studies included further illustrate the complexity of turning legal and policy frameworks into effective health interventions and services.

### **Theme 1: Barriers to Women's Health Programmes**

A major theme that has emerged from the 12 included studies concerns the difficulties of translating policies and laws into practical, effective programmes that improve women's health outcomes in Nigeria. Even where legislation is supportive, structural, cultural, and resource-related barriers are detracting from programme delivery and accessibility. The following are three sub-themes of this theme:

#### **Barriers of Structures and Institutions**

Studies reported that the limitations of the health system play an important role in hindering the implementation of women's health programmes (Agu et al., 2022; Arunda et al., 2025; Bawa Muhammad, 2024). For instance, Agu et al. (2022) has pointed out that adolescent sexual and reproductive health services in South-East Nigeria are plagued with inadequate staffing, inadequate training, and poor distribution of facilities, which leads to poor access of services by vulnerable populations. Arunda et al (2025) noted similar challenges in rural Nigeria where there are inadequate infrastructure and medical supplies in these facilities. Bawa Muhammad (2024), also stressed that reproductive health programmes are usually under-funded, and lack of clear guidelines for implementation also makes it more difficult to deliver services.

#### **Socio Cultural and Gender Norms**

A major obstacle to the implementation of the programs is the socio-cultural attitudes and gendered norms that limit women's autonomy and access to healthcare services (Delanerolle et al., 2023; Achen et al., 2023; Alkema et al., 2016). For instance, Delanerolle et al. (2023) reported that adolescent girls and young women are often subject to certain restrictions within their families or among their community members, which in turn discourages the adoption of reproductive health services. Achen et al. 2023 stressed that cultural stereotypes regarding the discussion of sexual health hinder sex education of a wide range, especially in conservative regions. Alkema et al. (2016) further observed that societal norms of early marriage and childbearing in some parts of Nigeria impose constraints in certain countries, and as such, maternal health interventions are somewhat limited in achieving their objectives.

#### **Poor Monitoring, Evaluation and Community Engagement**

Research highlighted to the challenges of weak monitoring and evaluation system reducing the effectiveness and sustainability of the program. (Kiu, 2023; Okoro et al., 2025; Delanerolle et al., 2023). Kiu (2023) found that services for the survivors of intimate partner violence frequently do not track outcomes systematically, meaning there are gaps with respect to follow-up care. Okoro et al. (2025) reported that in menstrual health programs and policy initiatives, there are insufficient feedback mechanisms, which makes them poorly flexible to local needs. Also, studies highlighted that low community engagement in the programme reduces uptake because women may not know about available services or mistrust external services (Delanerolle et al., 2023; Bawa Muhammad, 2024).

## **Theme 2: Weaknesses in the Legal and Policy Frameworks of Women's Health Rights**

Another major theme that emerged from a review of the 12 studies is the persistent inadequacy and fragmentation of legal and policy frameworks in Nigeria, and the effect this has on the protection and promotion of women's health rights. Although several laws and policies are in place, they are limited in their effectiveness due to gaps in coverage, enforcement challenges and a lack of public awareness. This theme may be further divided into 3 sub-themes:

### **Disparate and Incoherent Legal Protections**

Multiple studies pointed out the fact that there are laws against domestic violence, reproductive health and gender-based discrimination in Nigeria, but often, these laws are fragmented across various sectors and governmental levels (Okoro et al., 2025; Obaoye & Abdulraheem, 2024; Aina Pelemo et al., 2023). For example, Obaoye and Abdulraheem (2024) observed that discriminatory practises persist because there are no clear provisions in the legal instruments on their enforcement and there is also usually an overlap or contradiction between the federal and state legislation. Similarly, Okoro et al. (2025) stated that access to reproductive health services by women is not regulated equally across regions, which has brought about disparities in the availability and quality of services.

### **Limited Awareness and Accessibility of Legal Rights**

A recurring issue identified in the literature is that many women are unaware of their legal entitlements, thereby undermining the potential influence of existing legislation (Kiu, 2023; Delanerolle et al., 2023). Kiu (2023) discovered that survivors of intimate partner violence not pursue legal redress because they do not know the protection available or because of fear of social stigma. Delanerolle et al. (2023) further pointed out that in addition to survivors, healthcare providers and community leaders all have knowledge gaps that are limiting in advocating and enforcing women's health rights. This lack of awareness is even more acute in rural and underserved areas where women are less likely to have access to legal information or other resources to assert their rights.

### **Holes in Coverage and Integration of Policies**

Several studies determined that current women's health rights policies of integration across health, legal, and social sectors is often limited due to incomprehensive protection and delivery of services (Agu et al., 2022; Alkema et al., 2016; Bawa Muhammad, 2024). For instance, Agu et al. (2022) observed that adolescent sexual and reproductive health programmes in Southeast Nigeria are dispersed across various government agencies and NGOs, which has resulted in duplication of adolescent sexual and reproductive health services in some areas and total absence in others. Alkema et al. (2016) stated that in many countries, national maternal health policies do not consider the social and cultural barriers that restrict women's access to care, especially those belonging to marginalised groups. Bawa Muhammad (2024) also reported that preconception and reproductive health interventions are not sufficiently associated with community outreach, education and advocacy programmes, which reduces their overall impact.

### **Challenges in the Implementation of Women's Health Programmes**

An important conclusion from this review is the structural, socio-cultural and institutional challenges that persist to hinder the effective implementation of women's health programmes in Nigeria. The lack of staffing, infrastructure, health systems, and funding were common structural constraints across the studies reviewed (Agu et al., 2022; Arunda et al., 2025; Bawa Muhammad, 2024). The results are consistent with the existing literature on health systems in low- and middle-income countries (LMICs) that suggests that having a legal and policy commitment is not enough to ensure access to health services when institutional capacity is low (Campbell & Graham, 2016; WHO, 2023). The continued disparities in rural and underserved communities also mirror broader regional trends of health inequities being strongly associated with inequitable resource distribution and weak health systems in sub-Saharan Africa (UNFPA, 2020).

The review results also show that socio-cultural norms and gendered power relations continue to be a major obstacle to women's access to health services. Factors identified in the studies included in this review that limit women's autonomy and health-seeking behaviours are early marriage, patriarchal household decision-making structures, and cultural taboos around reproductive health (Delanerolle et al., 2023; Achen et al., 2023; Alkema et al., 2016). This is in line with the current feminist health literature that holds that women's health is not just a matter of legal rights but is also influenced by social norms and power dynamics in households and communities (Okigbo et al., 2018). The results thus support the criticism of state-centred health governance models that ignore the role of informal institutions and customary practices in shaping access to and use of health services.

In addition, there was a lack of effective monitoring and evaluation systems identified as a major implementation challenge. Kiu (2023) and Okoro et al. (2025) noted that data collection systems, follow-up processes and programme feedback mechanisms were lacking, which restricted the ability to adjust policies based on evidence and to hold them accountable. This is in line with the wider implementation literature in LMICs, which highlights weak governance and limited accountability systems as key barriers to sustainable health interventions (Campbell & Graham, 2016). The low level of participation of local communities in programme design and implementation is also a common criticism in the participatory health governance literature, as top-down interventions are unlikely to be sustainable in the absence of local communities' participation in decision making processes.

Theoretically, these results are very supportive of the Human Rights Based Approach (HRBA) and in the specific case of health care, the AAAQ framework which focuses on the availability, accessibility, acceptability and quality of health care. Despite the implementation of several laws and policies in Nigeria to ensure women's health rights are upheld, the studies reviewed indicate that structural gaps remain which hinder the effective implementation of these rights (Agu et al., 2022; Arunda et al., 2025). This illustrates the overarching principle of HRBA scholarship, which is that formal legal recognition is not enough without institutional capacity, adequate funding, and effective implementation mechanisms (Patterson, 2024).

Likewise, the results confirm the socio-legal theory by showing the difference between “law on the books” and “law in action.” Legal frameworks can ensure women's health rights, but these are translated into social relations, cultural norms and the practices of state and non-

state actors. Families, religious institutions, community leaders and healthcare workers all have an impact on women's health-seeking behaviour, which shows that legal outcomes are not solely a product of formal legislation (Cotterrell, 1992; Sieder & McNeish, 2013). In Nigeria, where there is legal pluralism and multiple statutory, customary and religious systems, these informal systems have a significant impact on the effectiveness of women's health programmes. The results therefore indicate that the improvement of women's health outcomes needs to be not only strengthened through legal and policy measures, but also through community-based measures that can tackle the entrenched social and cultural barriers.

### **Gaps in Legal and Policy Frameworks for Women's Health Rights**

This review found that legal and policy frameworks in Nigeria are fragmented and inadequate in enforcement, which hinders the access of the women to health services. Consistent with previous studies (Okoro et al., 2025; Obaoye & Abdulraheem, 2024; Kiu, 2023), several studies in this review found that laws that exist regarding domestic violence, maternal health, and reproductive rights are usually inconsistent across federal and state levels. This fragmentation poses a problem because it impacts the efficiency in protecting things, and it is especially sensitive to women in rural or underserved areas.

Limited awareness of legal rights as another key concern was reported by Kiu (2023) and Delanerolle et al. (2023). Women are not always aware of the protection that the law provides them, and even if they are, socio-cultural norms can deter them from seeking legal redress. These results align with other studies conducted in other parts of Sub-Saharan Africa which underscore that legal literacy is a key determinant of health outcomes and utilization of the protective services (Chirwa et al., 2021; WHO, 2020).

Furthermore, this review also revealed that policy coverage tends to be incomplete and poorly integrated across sectors (Agu et al., 2022; Alkema et al., 2016; Bawa Muhammad, 2024). Programmes focused on reproductive health, maternal health care, and gender-based violence are not usually linked to legal interventions, educational and community interventions, which makes them less effective overall. This is consistent with the global evidence indicating that multisectoral integration plays a key role in delivering practical improvement in women's health through the implementation of laws (United Nations, 2019).

The HRBA, which emphasises that health is a fundamental human right, makes it a duty-bearer (state) to respect, protect, and fulfil these human rights through laws, policies, and institutions (Hunt, 2002; Gruskin & Tarantola, 2017; Yamin, 2016). This theoretical lens is useful for explaining why fragmented and inconsistent legal protections (Okoro et al., 2025; Obaoye & Abdulraheem, 2024; Kiu, 2023) expose women to reduced access to healthcare services. While there are Nigerian laws in place protecting women from physical and sexual violence in the home, ensuring reproductive health and promoting maternal health, the HRBA emphasises that it is not enough that laws exist; legal rights must be operationalized and in line with the principles of availability, accessibility, acceptability and quality (AAAQ) and backed by accountability and transparency mechanisms.

Limited awareness of rights among women and low levels of effective implementation of the rights provisions reflect the HRBA's concerns regarding participation and non-discrimination. Kiu (2023) and Delanerolle et al. (2023) report that women, especially in rural

areas, often cannot claim their legal entitlements due to a lack of legal literacy or socio-cultural constraints. From the perspective of the HRBA, these gaps can be said to be faults in the state's duty-bearer obligations, as these rights are only acknowledged in law but not effectively realised in practice.

Socio-Legal Theory supplements HRBA by situating these gaps within the context of social, cultural, and institutional realities (Pound, 1910; Cotterrell, 2006; Merry, 2006). While HRBA describes what laws should ensure, socio-legal theory explains why laws may not result in actualities. The findings demonstrate that the legal protections in Nigeria are mediated by actors such as healthcare providers, bureaucracies, and community institutions, whose practises are influenced by resource limitations, governance, and cultural norms (Pelemo et al., 2023; Obaoye & Abdulraheem, 2024). Socio-legal theory, therefore, illuminates the gap between "law on the books" and "law in action", which helps in demonstrating how the formal legal entitlements are undercut by structural and social realities.

## **Conclusion**

The results of this review highlight the need for more urgent interventions that involve a combination of legal, policy, health, and community interventions. Strengthening enforcement of existing laws, better legal literacy and escalation of multisectoral collaboration may contribute to improvement of protection of women's health rights. Similarly, addressing the structural deficiencies, investing in the health infrastructure and educating the communities are crucial for the effective implementation of the programme.

This review identifies key areas of empirical research that are lacking on the impact of targeted legal and policy interventions on women's health outcomes in Nigeria. The majority of the studies included were conceptual, doctrinal, or policy-based, and only a few used strong primary data to evaluate the impact of legal and policy environments on access to health care, reproductive autonomy, maternal health outcomes, or the effectiveness of implementation. Evidence of the implementation of statutory protections at community and health-system levels is particularly scarce, particularly in rural and underserved populations. This highlights the need for further empirical and interdisciplinary studies that can provide evidence to support policy reform, implementation and accountability.

## **Recommendations**

The following recommendations are made based on the results of this scoping review to enhance the protection of women's health rights and better implementation of health policies and programmes in Nigeria:

1. Review and strengthen legal and policy frameworks: Federal, state, customary and religious legal frameworks should be reviewed and harmonised to minimise legal fragmentation and inconsistencies in implementation. Laws and policies should be accompanied by clear operational guidelines, enforcement mechanisms and accountability frameworks to ensure effective translation from legal recognition to practical protection of rights.
2. Improve institutional capacity for implementation: Government to invest more in health infrastructure, training of health workers, medical supplies, and sustainable financing

of reproductive, maternal, sexual and adolescent health services. Special focus should be placed on rural and underserved areas where gaps in access to health services persist, and where the lack of health workers and facilities further exacerbates inequalities in access to health services.

3. Improve implementation and accountability systems: Women's health policies need to be supported by improved monitoring, evaluation and accountability systems. This involves the creation of reliable health information systems, strengthening data collection and reporting systems, periodic review of policies, and defining institutional roles at the federal, state and local levels for implementation.
4. Expand public education and legal literacy programmes to raise women's awareness of their health rights and legal protections. Knowledge of women's rights can help to reinforce health-seeking behaviour, enhance the use of health services and facilitate access to justice in cases of rights violations.
5. Tackle socio-cultural and gender barriers: Policy measures should go beyond legal measures to tackle harmful socio-cultural norms and gender inequalities that constrain women's autonomy and access to health services. Community-based and culturally sensitive approaches that engage traditional leaders, religious leaders, families, men and women's groups should be emphasized to address practices like early marriage, women's limited decision-making authority, and stigma related to reproductive health services.
6. Increase community involvement and stakeholder engagement: Women, local communities, civil society organisations and grassroots actors should be engaged in the design, implementation and evaluation of women's health programmes. Participatory approaches can enhance the acceptability, sustainability and effectiveness of interventions, and ensure that policies are grounded in local realities and needs.
7. Take a multi-sectoral and interdisciplinary approach: Women's health issues need to be tackled through a coordinated effort involving the health, legal, education, finance and social welfare sectors. A multi-disciplinary approach, combining human rights, public health and socio-legal perspectives in programme design and implementation, can contribute to the gap between policy commitments and lived experiences.
8. Empirical and interdisciplinary research is a priority: There is a need for more robust empirical research that examines the impact of legal and policy interventions in practice on women's health outcomes. Future research should be especially directed towards the processes of implementation, institutional behaviour, rural health service delivery, legal pluralism, and the influence of informal social norms on access to health services. This evidence is essential to inform context-specific, evidence-based and sustainable policy reforms.

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