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The International Right to Health Framework and Maternal Mortality in Nigeria: A Case Study (Protocol)

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Abstract

Purpose: This protocol is the blueprint of the empirical component of a completed doctoral research that assesses the potential of the international human right to health framework to contribute to the reduction of preventable maternal mortality in Nigeria.

Methods and Analysis: The state selected for the study is Lagos State. This empirical study employs semi-structured interviews of the policymakers, such as senior medical officers in the Obstetrics/Gynaecology department of Lagos State Mother and Child Centres, officials from the Lagos State Ministry of Health and state agencies seized with the implementation of different aspects of the framework, to explore the prospects and challenges of the framework from the perspective of national implementers.

Conclusion: Their responses will form a substantial part of the recommendations of the thesis on applying the right to health to preventing maternal mortality globally, and in Nigeria, particularly.

Ethics: The study was approved by the Ethics Committee of the University of Durham, the Ethics Committee of the Nigerian Institute of Medical Research and the Lagos State Ministry of Health.

Keywords: Maternal mortality; Lagos state; Empirical research; Right to health standards

INTRODUCTION

The human right to health framework or the right to health approach has been held out by international organisations, researchers, and various other stakeholders as being useful to ensure that the health-related needs of people are made visible (WHO, 2023; Mann *et al.*, 1994; London, 2008). It is also used to provide indicators of underlying health or health care system conditions that may lead to human rights violations, and also have a negative impact on the health of people. From as early as the 1980s, the connection between maternal mortality (MM), a largely preventable public health issue, and human rights has been made (UNFPA, 2004).

Nigeria holds an unenviable record of being one of the largest contributors to the MM numbers in the world (Roser and Ritche, 2020). Nigeria has ratified several international and regional human rights treaties guaranteeing the right to health, leading to the presumption that the human rights to health framework is available to the country and forms a part of its legal system. However, due to factors such as the legal system, enjoyment of the standards guaranteed by the right may not necessarily be available to the people of Nigeria.

The present protocol provided a blueprint for an empirical study that was part of a doctoral research aimed at critically investigating the prospects of attaining the desired reduction of MM in Nigeria on the basis of the human right to health framework. The study considered the status, quality and viability of the right to health framework itself and the challenges posed by the legal, social, economic and political situation of the country. Following this introduction, the protocol is substantially reproduced below as it was presented for ethical approval.

Aims and Objectives of the Research

The overall aim of the whole doctoral research is to investigate the possibility of achieving the desired reduction of maternal mortality in Nigeria through the norms, principles and standards of the international right to health framework.

This empirical study contributes to achieving the central aim of the study by facilitating the following objectives:

- An in-depth evaluation of the domesticated aspects of maternal mortality reduction interventions, grounded in the right to health, to enable the appreciation of the

prospects and challenges of the right to health interventions;

- A realistic consideration of the appropriateness of the right to health standards, given the legal, political, economic, social and cultural environment of Nigeria;
- An investigation of the sustainability of aspects of the framework where Nigeria's compliance has been established; and
- Receiving evidence/practice-based recommendations to enhance efforts to reduce maternal mortality in Nigeria

Research Questions

- a. The overarching research question is: Can the right to health contribute to the reduction of maternal mortality in Nigeria?
 - i. The empirical study questions are:
 - ii. What are the constraints of adopting and implementing the right to health standards for the reduction of preventable maternal mortality in Nigeria?
 - iii. What are the experiences, thoughts and beliefs of stakeholders about Nigeria's compliance with the international standards meant to reduce maternal mortality? Or what factors facilitate compliance, or that are responsible for non-compliance?
 - iv. What challenges may impact on the sustainability of policies, programmes or other maternal health protection measures?
 - v. What are the problems with adapting a human rights-based approach?
 - vi. What are the challenges with addressing non-medical contributory factors?
- b. What recommendations do the stakeholders propose?

Significance of the Empirical Study

Maternal Mortality is a personal tragedy, an unquantifiable loss to families, communities and nations (Bingham *et al.*, 2011). Worse of all, it is an unjustifiable loss because it is largely preventable (WHO, 2015). In spite of the intensified campaigns against the high spate of its occurrence, the MDG 5a target of attaining a 75% reduction in MM ratio by 2015 was not achieved by Nigeria (Roser and Ritche, 2020). Although, as with the many 'unsuccessful' countries, some progress was recorded (UNDP, 2015). With the launch of the SDGs and goal 3.1 to reduce the global MM ratio by 2030, Nigeria's persistently high MM ratio continues to generate discussions from relevant fields, including human rights.

Much work has been done on the relationship between human rights and MM globally (Cook and Dickens, 2012; D'Ambruso *et al.*, 2008; DFID, 2005; Dunn *et al.*, 2017; Fathalla, 2006; Freedman, 2001; OHCHR, 2012) and in Nigeria in particular. As noted above, previous works traversing diverse fields such as medicine, public health, sociology, law, nursing, development studies and so on have suggested that the much sought-after reduction in MM and morbidity rates anywhere, including Nigeria, will be achieved by the observance of the international human right to health standards and principles (ACHPR, 2008; Adinma *et al.*, 2011; Afulukwe-Eruchalu, 2017; Ayanleye, 2013; Batist,

2019; Durojaiye, 2012; Nnamuchi *et al.*, 2015; Ratsma and Malongo, 2009). However, the norms and standards of the international right to health in relation to maternal mortality reduction are rarely subjected to scrutiny. Even less investigated is the appropriateness of the framework's prescriptions to the Nigerian economic, political, socio-cultural and legal landscape. Thus, the study fills the gap of critically and comprehensively reflecting on the nature, status, regime, as well as the prospects and problems of right to health standards as a framework for reducing MM, specifically in the context of Nigeria.

By scrutinising the framework, the thesis aims to draw more attention to the often-unchallenged transplantation of international law to resolve human rights issues within States. This leads to the overarching question this research aims to answer: that is, to what extent can the recommended right to health framework contribute to the reduction of maternal mortality in Nigeria?

This is also because the actions required in the right to health framework have often been presented as actions that the government or other relevant actors may simply perform. However, complying with some of these requirements may pose challenges. Examples of debatable recommendations from literature include: liberalise abortion policies, criminalise harmful cultural practices, ensure the provision of free healthcare, constitutionalise socioeconomic rights, encourage judicial activism, ensure access to contraceptives for adolescents, and enact stricter regulations on medical practice. The workability of some of these measures, especially in the Nigerian context are further explored in the interviews.

The empirical study builds on the findings of the desk-based research, which revealed that there are political, legal, social, cultural and economic factors that militate against the successful or effective adoption and implementation of some of the prescribed measures (Olayanju, 2016). Additionally, the voices of the duty bearers or implementers with respect to their perspectives and experiences with the recommended right to health interventions are not portrayed in the literature reviewed. This is also a gap the study intends to fill.

METHODOLOGY

This section gives a broad outline of the research methodology of the whole thesis, but focuses on the aspect of the empirical study. The aims of the doctoral research as a whole are intended to be achieved through the employment of doctrinal and empirical methods. This empirical study will be used to gather firsthand information about the perspectives of the maternal health stakeholders on the content, implementation, and prospects of the right to health framework for reducing maternal mortality in Nigeria.

This study is considered exploratory because there have not been previous studies on the international right to health framework itself from the viewpoint of the stakeholders of the Nigerian maternal health sector. Additionally, there is uncertainty about what information can be obtained and how much data can be generated and as a result, there is no

hypothesis, although it was expected that one could emerge from the data (Stebbins, 2001).

The empirical study will provide the opportunity to clarify the different right to health measures being implemented and therefore the extent of Nigeria's compliance with the international right to health standards (UNCESCR, 2000). The qualitative research method, specifically semi-structured interviews, is used. The qualitative research method facilitates an extensive understanding of the issues being investigated, as it allows detailed and in-depth information to be elicited from the participants. Semi-structured interviews of key informants, which comprise preset open-ended questions based on an interview guide, will be employed. The key informants are persons considered appropriate or capable of providing the needed information (Kumar, 1986). The interview guide is a presentation of core or associated topics or questions that the interviewer wishes to explore (Jamshed, 2014). However, the questions are only a guide, as it was anticipated that further questions would arise from the answers given, thus providing an opportunity to discuss additional issues or concerns where relevant. Also, where necessary, the key informants will be contacted at a later time to make clarifications or provide answers to more questions.

Key informants' interviews in this study will also enable an interpretation of information already gathered on the adopted aspects of the framework and enhance the recommendations, which will be made in the thesis. The information on which the questions are based is the findings of the desk-based analysis of the international framework and of Nigeria's laws and policies relevant to maternal mortality reduction (Eto, 2026). The questions will be on the aspects of the international and national framework, which have been domesticated by Lagos State. This desk-based analysis led to the identification of potentially problematic aspects of the right, which include free and affordable healthcare, adolescents' access to contraception, legally permitted grounds of abortion, accountability mechanisms, stricter regulation of medical practice, remedy for disrespectful care or medical maltreatment, access to blood for transfusion, use of traditional birth attendants, international cooperation and assistance, etc. The interview will cover these issues.

Study Participants

This section also explains the sample size, sampling method and recruitment procedure. Participants will consist of key informants who will include, senior medical officers at the Gynaecology and Obstetrics department of any four out of the eight newly established Mother and Child Centres in Lagos State. Other anticipated participants are senior officials at the Maternal or Family Health department of the Lagos State Ministry of Health, as well as the Ministry of Women's Affairs, senior or management staff members of Lagos state health parastatals regulating health standards or involved in reproductive and maternal healthcare provision.

The relevant health parastatals are Health Facility Monitoring and Accreditation Agency (HEFAMAA), Lagos State Health Management Agency (LASHMA), Lagos State Blood Transfusion Service (LBTS), and Lagos State Traditional Medicine Board (LSTMB). These parastatals were members

of the committee to offer technical guidance on the various modalities needed for the reduction of maternal mortality using the National guidelines for the Integrated Maternal, Newborn and Child Health Strategy (IMNCH) and the SOGON National Partnership Plan for Sustainable Reduction in Maternal and Newborn Deaths.

Great reliance will be placed on the initial officials contacted, who are expected to recommend other officials who would be in a good position to answer the questions. Civil Society organisations and persons who have been involved in maternal or reproductive health advocacy (HRC, 2016; UNHR, 2016) such as Women's Health And Action Research Centre (WHARC), Women Advocate Research And Documentation Centre (WARDC), Women Empowerment and Reproductive Health Centre, Society of Gynaecology and Obstetrics of Nigeria (SOGON) will also be interviewed on their perspectives on the international framework and for recommendations on the constraints reported, if any, by the implementers of the different aspects of the framework.

Participants are busy persons who may be difficult to pin down; therefore, recruitment will be by convenience sampling. Convenience sampling is a sampling method where the selection of participants is dependent on their ready availability (Etikan, *et al.*, 2016). Therefore, the availability of any participant from the target population of senior Lagos State Ministry of Health maternal / family health department officials, or senior staff of the Lagos state health regulatory agencies, relevant civil society organisation staff or advocates will be the major determinant of the persons eventually interviewed. Due to the constraint mentioned above, it is also difficult to determine beforehand how many of each participant group will be interviewed, but efforts will be made to ensure that at least two participants from each category of participants are recruited. Participants will also be requested to act as snowballing starting points to link the researcher to eligible participants.

There are no exclusion criteria. However, great premium is placed on years of experience and relevance of role to maternal health or, with respect to the civil society participants, to promotion of women's reproductive health rights. Additionally, permission will be sought from Lagos State's Head of Service to interview the participants from the Ministry of Health and the parastatals. Permission to interview the Medical Doctors in the Mother and Child Centres in Lagos State will be sought from the Chairman of Lagos State Health Service Commission. As public officials, it is not anticipated that the participants will receive any reward or remuneration for participating.

The Study State is Lagos State

The empirical study is based on one state in the country, although the laws and policies reviewed are developed and enacted by the federal government. This is because of the constitutional arrangement whereby the federal government formulates policies and provides funding for healthcare, and the component states domesticate those programs and policies in their states. The residual powers the states have in relation to health legislation mean that they primarily determine the health policies and programmes that are

domesticated. Focusing on one state also helps to keep the thesis focused and manageable, especially in light of the fact that the empirical study is only one of the methods of the whole research and is aimed primarily at acquiring first-hand experience of the application of the framework (FMOH, 2018). Lagos State is selected because of its accessibility to the researcher and the availability of eligible participants. The state is in the southwestern part of Nigeria and is one of the longest existing states in Nigeria, being one of the first 12. In terms of land mass, it is the smallest state (356,861 hectares of which 75,755 hectares are wetlands), yet it has the highest urban population, which is 27.4% of the national estimate (LSG, 2022).

In terms of ethnicity, the state is dominated by *Yorubas*, although there are *Aworis* and *Eguns* who are indigenous to Ikeja and Badagry, respectively. However, despite its Yoruba indigeneity, the state's cosmopolitan outlook draws other Nigerians and people from different parts of the world. Various healthcare facilities, both public, covering all three levels, i.e. primary, secondary and tertiary, and private, abound in Lagos State. As of 2017, the number of primary health care centres in Lagos was 256, secondary healthcare facilities 26, and private hospitals, specialist clinics and laboratories stood at 2886 (Musbau, 2017). Maternal mortality rates are high in Lagos, especially in rural areas (Okonofua *et al.*, 2017; Oye-Oyediran *et al.*, 2014). However, it is also one of the states known for pro-activity in healthcare provision and in domesticating federal health policies, thereby increasing the possibility of generating reliable data.

Data Collection and Analysis

The participants will be interviewed by the researcher, and the interview will be recorded after seeking the consent of the participants. Where required, and to enable greater reflection, the participants may be furnished with a copy of the main interview questions beforehand. The duration of each session will depend on the participant/s being interviewed and the questions posed. The interviews will be conducted on-site and through remote means, depending on exigencies and the means agreed to by the participants.

The interviews will be recorded using a digital voice recorder and thereafter transcribed verbatim. The transcripts will be analysed using content analysis and done with appropriate software, in this case, NVIVO. This would be used to develop codes from the themes that emerge from the interviews.

Ethical Consideration

The researcher approached the Lagos State Ministry of Health (LSMOH) for ethical approval to carry out the project. The LSMOH directed the researcher to apply to the Ethics Committee of the National Institute of Medical Research, to which the researcher is presently applying for the requisite approval. Ethical approval has already been sought and obtained from the researcher's university, the University of Durham.

Participant anonymity will be maintained in the interviews unless any participant requests otherwise. All data will be held securely and strictly confidential to the research team.

All personal data in electronic form will be stored on a password-protected computer, and any hard copies will be kept in locked storage. All recorded conversations will be stored on an encrypted device until it has been transcribed by the researcher, and they will be erased once the transcript has been completed. The information will be entered into a database for analysis, coded, anonymized, and retained for up to a 10-year period. Any data will only be included in publications or other project outputs with the express consent of the participants, as reflected in the consent form provided to participants.

Each participant will be provided with an information sheet, privacy notice, consent form, and debriefing sheet. Together, these documents will provide participants with an outline of the project, their role in the project, and the arrangements for obtaining consent. The privacy notice sets out the relevant information for the processing of the participant's personal data.

Dissemination

This empirical research project is part of a PhD dissertation, which is expected to produce academic outcomes of the highest quality. One of these will involve publishing a book with a leading publisher. Articles will be published in leading human rights, law, medical law, and development journals. Papers will also be presented at relevant conferences. Policy and discussion briefs will be produced and widely disseminated to various stakeholders in order to shape the design of future policies and programs for intervention. The aim will be to impact stakeholder practices in effectively preventing maternal mortality.

POTENTIAL VALUE OF THE RESULT/IMPLICATIONS FOR INTERVENTIONS AND FUTURE POLICY

The findings from this research will enable policymakers and practitioners in Nigeria, and globally, to improve existing maternal mortality reduction interventions and programmes and to promote the development of new approaches where necessary. By evaluating the health framework from the viewpoint of the users, information will be generated, which will be important for strengthening the framework and re-evaluating the suitability of some of the adapted measures. Additionally, the findings of this study could support the development of various maternal mortality reduction policies, programmes, or implementation strategies that are more effectively tailored to the peculiarities of Nigeria's economic, social, cultural, legal and even political situations.

Ethical Approval for the research was granted by the Nigerian Institute of Medical Research in November 2022. The findings of the study were published in the completed thesis in April 2024.

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Conflict of Interest

The author declares that there is no conflict of interest regarding the publication of this manuscript. In addition, the ethical issues, including plagiarism, informed consent, misconduct, data fabrication and/ or falsification, double publication and/or submission, and redundancy, have been completely observed by the author.

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