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Review article

ETHICAL CONSIDERATIONS IN WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH CARE

***JIB Adinma, **ED Adinma**
*Departments of *Obstetrics and Gynaecology, College of Health Sciences,** Community Medicine, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Nigeria.*

ABSTRACT

Background: The concept of reproductive health, which adopts a holistic approach to the management of reproductive disorders, was developed in 1994 at the International Conference on Population and Development. This together with the adoption of a right-based approach to the relationship between reproductive health and population and development and the emergence of the concept of sexual and reproductive right marked a turning point in contemporary global health care initiative. Sexual and reproductive healthcare raises ethical questions that fall within the purview of bio-ethics.

Objective: To review ethical issues related to women's sexual and reproductive healthcare.

Methodology: A critical review of available literature on the subject matter was conducted.

Findings: Four key principles form the basis of Bioethical analysis - respect for person, beneficence, non-maleficence, and justice, applicable at four different levels microethical, macroethical, mesoethical, and megaethical levels each of which can be employed in the ethical analysis of sexual and reproductive health care. Medical practitioners caring for women, for the fact that they work in areas of a woman's body that are of particular psychosocial sensitivity, are expected to adhere to strict ethical principles in their practice. The International Federation of Gynaecology and Obstetrics (FIGO) in collaboration with the Society of Gynaecology and Obstetrics of Nigeria (SOGON) has developed a human right based code of ethics related to sexual and reproductive health care to guide medical practitioners caring for women in their daily practice.

Conclusion: An understanding and proper application of the ethical principles is expected to enable these medical practitioners to actualize the ultimate and desired goal of uplifting the sexual and reproductive healthcare and right of women.

Key Words: ethical issues, women's sexual and reproductive health care, medical practitioners.

INTRODUCTION

Human reproduction, simply put, is the means by which the continuity of human race is perpetuated. It is so sensitive an issue that it has often times elicited the input of key concerns that influence any society viz - religion, culture, the law, and of cause health[1].

The concept of reproductive health is relatively new and came into being at the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994. Health problems related to reproduction began to be approached from a holistic viewpoint instead of the isolated approach with which the problems where previously regarded. The implication is that an opportunity presented towards the management of any reproductive ill health was utilized to seek information into as well as manage other related reproductive health problems. A range of ill health and key issues related to reproduction were identified and became regarded as the components of reproductive health[2]. These include:

Safe motherhood pre-pregnancy care, antenatal care, essential obstetrics care, safe delivery, postnatal care, prenatal care, neonatal care, and breast feeding.

Family planning including the provision of contraceptive services.

Infertility prevention and management.

Infant and child survival, growth and development.

Prevention and management of sexually transmitted infections including HIV/AIDS.

Abortion - including the prevention and management of unsafe abortion.

Management of reproductive tract malignancies, and other non- infectious conditions of the reproductive system such as genital fistula, cervical cancers, and complications of female genital mutilation.

Adolescent reproductive health and sexuality.

Human sexuality.

Traditional practices harmful to women cultural (e.g. female genital mutilation), and social (e.g. early marriage).

Gender discrimination gender inequity and inequality.

Reproductive health problems associated with menopause and andropause.

Correspondence: Prof JIB Adinma
E-Mail: brianadinma@yahoo.com

The importance of reproductive health as a foremost contemporary global health concern lies in its recognized impact on important world issues such as population, development, general health, status of women, and environment, singling it out as a major and most vital influence to the social and mental well being of the present and future generation, as well as a veritable measure of the socio-economic development of any nation. The burden of reproductive ill-health is more pronounced in women and young people. Several areas of infringement of the sexual and reproductive well being of women have been identified, and address comprehensively articulated for implementation by participating countries, at the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) held in 1979 [3].

Abuse of the sexual and reproductive well being of women was similarly the raison d'etre for the adoption as a global policy consensus of a right-based approach to the relationship between reproductive health and development at the International Conference on Population and Development (ICPD), a state of affairs which was re-echoed at the 4th World Congress on Women (4WCW) held in Beijing, China in 1995, and the five-year reviews of the two conferences (ICPD+5, New York city 1999, and 4WCW+5 Washington DC 2000). The concept of women's sexual and reproductive rights emerged and invariably became acknowledged as an integral part of universal human rights[1,2,4].

Infringement of the sexual and reproductive rights of women is more visible in developing countries compared to the developed countries of the world. For example the differential incidence of unsafe motherhood has been recognized to constitute the greatest recorded discrepancy in health statistics between developed and developing countries of the world[5]. Although vital statistics records are often poorly kept in many countries especially the developing countries, World Health Organization (WHO) estimates that approximately 515,000 maternal deaths occur annually the world over, with accompanying morbidity in no fewer than 50 million women[6, 7]. Ninety nine percent of these maternal deaths occur in developing countries, with as high as 90% occurring in sub-Sahara Africa and Asia. The gruesomely poor maternal health statistics of developing countries is also evident from estimates of lifetime risk, which measures the probability of pregnancy related death faced by an average woman over her reproductive life-span. Whereas lifetime risk estimate for Canada is 1 in 8,700, that of sub-Sahara Africa countries of Ethiopia and Sierra-Leone stand at as high as 1in 7 and 1 in 6 respectively[8]. The gory picture painted for sub-Sahara Africa by unsafe motherhood is also replicated in several other areas of sexual and reproductive rights abuse of women in the sub-region notably unsafe abortion[9,10], female genital mutilation[11,12], women trafficking[13], violence against women[14], and gender inequality[15]. Although the promotion, protection and upholding of the sexual and reproductive rights of women are the collective responsibility of the government and society, alike the medical practitioner has by far a greater role to play in this onerous task.

The International Federation of Gynaecology and Obstetrics (FIGO) has played a leadership role towards the promotion of the sexual and reproductive rights of women by influencing best practices among Obstetricians and Gynaecologists, and other health professionals caring for women in its member countries. FIGO at its 17th World Congress held in Santiago, Chile in 2003, following its sexual and reproductive rights project, evolved a human Rights based code of ethics to compliment the ethical guidelines on sexual and reproductive rights recommended by the FIGO committee for the ethical aspects of human reproductive and women's health, and guide health professionals caring for women[16, 17]. Medical practitioners, like any other professionals, are guided by ethical principles that give credibility and honour to their professional practice. Undoubtedly, therefore the development of a code of ethics related to the sexual and reproductive rights of women will go a long way towards achieving the desired goal of the upliftment of women's sexual and reproductive rights.

This review examines ethical issues related to women's sexual and reproductive rights along with related codes of ethics, which will hopefully guide healthcare professionals towards the protection and promotion of the sexual and reproductive healthcare and rights of women in developing countries.

ETHICS IN MEDICAL PRACTICE

Medical Ethics are the principles or norms that regulate the conduct of the relationships between medical practitioners and other groups with whom they come in contact with in the course of their practice. These groups include: the patients, professional colleagues, the employers, and the state[18]. Ethical codes are set of principles or rough guides to practice, usually developed following serious breach of ethical standards [19] e.g. the Nuremberg Code of 1947 and the Declaration of Helsinki of 1964 [20]. The Hippocratic Oath, believed to be written at about the 5th century BC in Greece, is still being sworn to by graduating Medical Doctors till date. It is important that medical practitioners adhere strictly to ethical principles in the day-to-day conduct of their profession through strict observance

of laid down and emerging codes of ethics in other to facilitate the benefits that may accrue to the sick, disabled, and the less privileged, from consultations with the medical professional.

BIOETHICS

Bioethics is regarded in a broad sense as a multidisciplinary field of inquiry, which addresses ethical issues in clinical practice and health care, biomedical research involving humans and animals, health policy, and the environment.

Reproductive health care, in so far as it involves factors of human reproductive biology, invariably falls within the ethical purview of bioethics.

The origin of Bioethics is traceable to the value systems described by ancient Greek philosophers such as Socrates, Aristotle, and Plato, together with the conscientious approach to the care of the sick advocated and practiced by the early Christian's physicians and nurses. This perhaps explains why many hospitals in those days where named after Christians' saints. Maimonides (Moses Ben Maimon), the 12th century Jewish teacher, physician and philosopher further developed knowledge of medical ethics, based on Jewish law. Modern bioethics is believed to have originated in the 1960s in the United States of America (USA) [21, 22, 23]. The term Bioethics was first used in 1971 when the present day Kennedy Institute of Ethics was founded in George Town, University of Washington DC [22]. The status of modern Bioethics has been perhaps vividly captured in the writings of D. Callahan, a co-founder and Director of the Hasting Centre (formally known as Institute of Society, Ethics and the Life Sciences), Huston, New York.

> "Bioethics can surely be spoken of as a child of the 1960s … Four developments were important: the opening up of once-closed professions to public scrutiny, which happened strikingly with medicine; the fresh burst of liberal individualism, putting autonomy at the top of the moral mountain; the brilliant array of technological developments in biomedicine, ranging from the (contraceptive) pill and safe abortions to control the beginning of the life to dialysis and organ transplantation to hold off the end of life; and renewed interest within philosophy and theology in normative ethics, pushing to one side the positivism and cultural relativism that seemed for a time in the 1940s and 1950s to have spelled the end of ethics as a useful venture [21]".

Bioethical analysis is currently based on four key principles which hinge on the works of Tom Beauchamp and James Childress of USA[24] and the British expert, Raanan Gillon[25]. This to a considerable extent streamlined and harmonized diverse ideas and orientation that characterized Bioethics of the 1960s described by K. Danner Clouser as "a mixture of religion, whimsy, exhortation, legal precedents, various traditions, philosophies of life, miscellaneous moral rules, and epithets[26]".

The principles include respect for persons, comprising of autonomy of capable persons which upholds patients' rights to informed consent and choice as in the right to determine the size of their families and to assisted reproduction, and protection of persons incapable of autonomy as in genital mutilation of female children; beneficence which emphasizes the ethical responsibility to do, and maximize good, as in the provision of optimum preventive and curative health care; nonmaleficence, the ethical duty to do no harm, or wrong to persons as in the deceitful employment of patients for research; and justice, the ethical responsibility to retributive justice which requires that all persons receive the rights which they are entitled to.

Ethical principles can be applied at four levels of analysis, each of which has its specific orientation, and may not necessarily be related to the other. These include: microethical level which applies to the relationship of individuals to one another for example when a health care provider respects the patient's informed choice to treatment, or when the patient respects the health care provider's conscientious objection to a treatment that would be given to the patients; macroethical level which applies to the relationship between groups or communities - between members of the group of communities themselves, or between them and members of another group or community, for example the ethical commitment to the provision of health care between an urban and rural population; mesoethical level which falls between micro and macro ethics and which applies to the ethical principles allocation by health manager at both public and private levels, for instance the relatively low resource allocation given to the management of childhood and adolescent illness in contrast to the disproportionately high resources allocation to geriatric disorders in developed countries which has been described as ethics of intergenerational justice[27]; and megaethical level which applies to issues that operate beyond national boundaries, for instance ethical concerns related to HIV/AIDS, effect of environmental pollution or degradation, and status of women.

ETHICS OF HUMAN SEXUALITY AND REPRODUCTIVE HEALTH

Human sexuality and reproductive health have over the past nearly four decades been confronted with an often explosive bioethical debate. The Catholic

Church stands out in the genesis and drive of this debate on account of its restrictive approach to fertility regulation occasioned by its deontological orientation. The Catholic Church has therefore played a major role in the opposition of key sexual and reproductive health initiatives from international conferences. Notable sexual and reproductive health beliefs and teachings promoted by the catholic church includes: sexual intercourse only for the purpose of procreation; opposition to all forms of artificial contraception and acceptance of only natural method of contraception; opposition to induced abortion and the use of condom whether or not for the prevention of sexually transmitted infections including HIV/AIDS. The Catholic Church has a reasonably large global fellowship whose strict compliance with the church' stands on some crucial issues related to sexual and reproductive health is bound to have an important and profound influence on the overall world reproductive health care.

Reproductive health imperatives are more pronounced in developing countries where reproductive health indices are generally poor. This in turn has a direct relationship with poor socio-economic status. Maternal mortality ratio in Nigeria for instance is presently higher than 1000 per 100,000 live births; infant mortality is as high as 100 per 1000 live births, contraceptive prevalence rate (CPR) is as low as only 8.6% while total fertility rate stands at 5.2%. Nigeria has HIV prevalence rate of 4.4% and the overall life expectancy is presently 48 years [28, 29]. Other notable areas of reproductive health infringement that may have profound ethical implications in developing countries includes neglect of adolescence reproductive health and sexuality, increasing maternal mortality from unsafe abortion, traditional harmful practices such as female genital mutilation, gender inequity and violence against women including rape, and women trafficking. Ethical consideration arises at the four levels of analysis in the delivery of sexual and reproductive health services.

Ethical principles at microethical level which essentially deals with the relationship between the patients and the health care provider requires for instance that a health care provider who has conscientious objection to any particular treatment commonly so for abortion and family planning would have given an advance notice to prospective clients to objection and should further make adequate provision for appropriate referrals. Societal obligation to provide for reproductive health concerns operate at macroethical level, for example State can make provision for free family planning services or make anti retroviral drugs available free of charge for members of the public who need treatment for HIV/AIDS. In the same vein macroethics challenge the propriety of society to legal abortion services on the grounds that embryos and foetus like human beings also have an inalienable right to life. Public funding that take due cognizance of the need to make monetary provision for reproductive health services for the poor and underprivileged over and above that of the privileged may be said to operate at mesoethical level. For example a situation where government provides free treatment for patients with primary infertility who have no child of their own but does not make any such provision for patients with secondary infertility who already have living children but desire to have more. Sexual and reproductive health at megaethical level has to do with population growth, development, and the economy together with their bioethical concerns for example issues related to population explosive may engender boundary dispute among nations clamoring for more land space and natural economic resources. Rich donor countries may inert policies prohibiting funding to poor countries for services related to abortion and even family planning thereby raising ethical issue at the megaethical level. The manufacture and distribution of anti retroviral drugs from developed to poorer developing countries where HIV/AIDS is more prevalence also raises ethical issues of cost and affordability of those drugs, at megaethical level.

THE MEDICAL PRACTITIONER, HUMAN RIGHTS AND ETHICS

The Medical practitioners looking after women are most expected to adhere to these strict ethical principles in their practice. This is because these groups of professionals work in parts of the woman's body that are private and are therefore, of particularly psychosocial sensitivity. No fewer than five out of the ten articles of the Physicians' Oath are almost exclusively related to the practice of medicine among women[31]. These include:

1. I will practice my profession with conscience and dignity;
2. I will respect the secrets which are confided in me even after the patient has died;
3. I will maintain by all means in my powers, the honour and the noble tradition of the medical profession;
4. I will maintain the utmost respect for human life from the time of conception; and
5. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.

A recent report has focused attention on specific areas of concern related to these articles of the Physicians' Oath. These include:

- Obtaining informed consent from patients prior

to examination, treatment and research;

- Ensuring decency in the clerking and physical examination of the female patient;
- Conscience issues in relation to certain reproductive health and other treatment such as assisted reproduction;
- Observing confidentiality in reproductive health care as in the management of HIV/AIDS, and contraception;
- Paying due respect and regard to the female anatomy in reproductive health care;
- Showing empathy and understanding in the handling of sexual and reproductive health issues; and
- Avoiding industrial actions by Doctors caring for women[32].

Policies given effects through laws are expected to conform to ethical standards in order to find acceptability among practitioners legal and medical. The universal declaration of human rights in 1948 was borne consequent upon the implementation of certain policies bereft of ethical principles, formulated by Nazi Germany, which infringed on the fundamental well-being of certain individuals, for example compulsory sterilization of unfit people. Ethics and human rights have glaring similarities, both being derived from a set of identical core values. Jonathan Mann had observed that what ethics are to clinical medicine - addressing individual's health, human rights are to public health - addressing population's health, including reproductive health[33]. Public health practice therefore requires both ethics, which is applicable to the individual public health practitioner, and human rights basis, that will guide public health review and management of society.

The concept of sexual and reproductive rights was developed and received global acceptability at the ICPD in 1994. Sexual and Reproductive rights of any individual, being a fundamental human right, should not be denied or renounced on the basis of gender, religion, age, nationality, colour, political, or economic consideration[17]. In the context of the health care system, ethical consideration in Women's Sexual and Reproductive Rights imply:

1. Access of all individuals males or females to the highest standard of reproductive health care, involving the provision of adequate and relevant information on reproductive health;
2. All individuals should have the right to attain the highest standard of sexuality as well as make decision about their sexual lives free from discrimination, coercion and violence[31,34];
3. All individuals should also have the right to decide freely on the number, timing, and spacing of their children, as well as have the information, education and means to do so[35];
4. All individuals also have a right to bodily integrity. It is therefore, ethically unacceptable to conduct any form of gender-based body mutilation such as female genital mutilation; and
5. Government is to ensure the responsibility for providing the highest standard of reproductive health care to its citizens.

HUMAN RIGHTS CODE OF ETHICS FOR HEALTH PROFESSIONALS CARING FOR WOMEN

In March 2001, The International Federation of Obstetrics and Gynaecology (FIGO), through its Women's Sexual and Reproductive Rights Committee, initiated a Women's Sexual and Reproductive Rights project in six developing countries India, Pakistan, Sudan, Mexico, Ethiopia, and Nigeria, to create awareness among Obstetrics and Gynaecology professionals on various identified areas of women's sexual and reproductive rights failings in these countries; to develop a human rights-based code of ethics on Sexual and Reproductive Health for Health professionals caring for women and incorporate same into the curriculum of Medical education in these countries; and to develop and implement advocacy program on two key areas of women's sexual and reproductive rights failings in the country.

The project in Nigeria was conducted by a steering committee of multi-disciplinary composition under the auspices of the Society of Gynaecology and Obstetrics of Nigeria (SOGON). Twelve ethical principles were developed, of which health professionals should be mindful in the day-to-day conduct of the professional practice on women[36]. These include the following:

1. Patients right to life;
2. Patients right to respect, equality, and freedom from discrimination, ill treatment and torture;
3. Patient's right to privacy and confidentiality;
4. Patient's right to information, education and consent to medical intervention;
5. Patient's right to competent medical attention, health protection and benefit of scientific progress;
6. Patient's right to sexuality and reproduction (marriage and family planning);
7. Obligation to relationship with patients;
8. Obligation to relationship with professional colleagues;
9. Obligation to relationship with other health workers;
10. Obligation to relationship with traditional healers;
11. Obligation to promote health and encourage preventive medicine in a community; and
12. Obligation to medical emergencies.

These codes of ethics are expected to provide the

necessary guide to ethical considerations among the practicing health professionals, and are in consonance with FIGO's professional and ethical responsibilities concerning sexual and reproductive right which hinged on three pedestals professional competence; women's autonomy and confidentiality; and responsibility to the community[37]. Incorporation of these codes of ethics into the medicine curriculum will furthermore sensitize the students, the future health practitioners, early and sufficiently enough to inculcate in them a sustained and correctly oriented reproductive healthcare practice based on ethical principles, and respect for the sexual and reproductive rights of women.

CONCLUSION

The protection and promotion of the sexual and reproductive rights of women has become a fundamental human rights issue of contemporary times, and therefore requires a collective effort of all stakeholders alike. The leadership role expected of the health professional in this task remains indubitable, from the point of view of his routine practice and his influence on Government policies and decisions. Strict adherence to proper ethical guidelines among health professionals, in the practice of reproductive healthcare will engender a palpable positive impact that holds a firm promise towards the upliftment of the sexual and reproductive rights of women.

"In giving rights to people which belong to them, we give rights to ourselves, and our country."

John. F. Kennedy.

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