



Perspectives of service providers on the improvement of post-abortion care in public health facilities in Osun State, Nigeria

Okoro Nnamdi Emmanuel¹, Omotosho Adebola Yejide¹, Adefala Ngozi Onyinye¹, Osinaike Abiodun Olufemi¹, Odiari Onyeunoneme Alexandra², Nwankwo Nkechinyere Victoria²

¹ Department of Community Medicine, Benjamin Carson College of Health and Medical Sciences, Babcock University, Ilishan-Remo, Ogun State, Nigeria

² Department of Community Medicine, Babcock University Teaching Hospital, Ilishan Remo, Ogun State, Nigeria

Corresponding Author: Dr. Nnamdi Emmanuel Okoro

Abstract

Background

Post-abortion care (PAC) is required to manage the complications arising from unsafe or incomplete abortion. This is essential to control the maternal morbidity and mortality attributable to unsafe abortion. However, the availability and quality of PAC in most public health facilities (especially primary and secondary) in Nigeria is suboptimal.

Objective

This study explored the perspectives of PAC service providers in public health facilities in Osun State, Nigeria, with a view to improving the availability and quality of PAC and service delivery in their facilities.

Methods

This qualitative study (case studies) was carried out in Osun State, Nigeria. It involved ten PAC service providers (one community health extension worker, one community health officer, four nurses/midwives and four doctors) purposively selected from eight public health facilities (two primary, four secondary and two tertiary) in the state. The study instrument was a pre-tested purpose-developed interview guide and the information was obtained from the participants via in-depth interviews (IDIs). Data analysis was by thematic analysis using the ATLAS.ti software (version 9).

Results

The participants shared their perspectives on the ways to improve PAC service provision such as adequate staff and materials, appropriate remuneration, regular power supply, adequate security, and health insurance.

Conclusion

The participants shared useful perspectives on the improvement of PAC and service delivery in public health facilities in Osun State, Nigeria. The implementation of these perspectives by the relevant stakeholders is expected to achieve the desired results.

Keywords: Post-abortion care, service providers, perspectives, improvement, Osun State, Nigeria

Introduction

Unsafe abortion is a major cause of maternal mortality in most low- and middle-income countries (LMICs), and is estimated to account for as much as 30% of maternal deaths in Nigeria^[1]. Consequently, unsafe abortion is a reproductive health problem of public health concern in Nigeria^[2]. Considering an unmet need for family planning of 21% among married women and 36% among unmarried women of reproductive age in Nigeria^[3], there is an increased susceptibility to unwanted pregnancy, and the possibility of unsafe abortion.

Unsafe abortion can lead to life-threatening complications such as hemorrhage, infection and injury to the genital tract and other internal organs^[4]. Post-abortion care (PAC) was instituted to manage the patients that present with these complications, as well as provide other relevant reproductive health services in order to reduce the mortality attributable to unsafe abortion as much as possible^[5, 6].

In addition to managing the complications of unsafe and incomplete abortion, PAC has other components such as the provision of family planning services (especially contraception), patient-centered counselling, provision or linkage to other reproductive health services, as well as community and service provider partnerships^[5, 6].

The synergy between these components of PAC helps to ensure that patients needing PAC receive all-inclusive services for their restoration to good health and well-being. Post-abortion care is divided into basic and comprehensive care depending on the gestational age at which the pregnancy got terminated, and the signal function(s) required to adequately manage the patient^[7, 8].

The PAC service providers in Nigeria include Community Health Extension Workers (CHEWs), Community Health Officers (CHOs), nurses/midwives, and medical doctors. While some PAC services can be provided by all cadres of health staff (e.g. referral/linkages, counselling and partnerships), certain signal functions of basic PAC are to be provided by at least a nurse/midwife (e.g. manual vacuum aspiration), while certain signal functions of comprehensive PAC are to be provided by at least a doctor (e.g. laparotomy)^[7, 9].

The barriers to PAC service provision in Nigeria include suboptimal availability and quality of PAC especially in the rural areas and at the primary and secondary levels of healthcare, poor access, inadequate training and staff, inadequate equipment and consumables, cost, stigma related to abortion, legal constraints due to the restrictive abortion law in Nigeria, unfriendly or judgmental attitude of service providers, etc^[10, 12].

The PAC service providers will have first-hand insight into these barriers as they would have encountered them at various times in the course of their work. Hence, their perspectives on these barriers or challenges will help to provide more information on the situation at hand, as well as proffer solutions to address these barriers, with a view to improving PAC service provision. Consequently, this study explored the perspectives of PAC service providers on issues related to PAC and how PAC service provision can be improved in public health facilities in Osun State, Nigeria.

Materials and Methods

Study Area

This study was carried out in Osun State, located in the south-west geopolitical zone of Nigeria.

Study Design

This study was a qualitative study, utilizing the case study method.

Study Population

Post-Abortion Care (PAC) service providers in public primary, secondary, and tertiary health facilities in Osun State. The PAC service providers that had worked in their facilities for at least one year were included in the study, while PAC service providers that were on leave during the study period were excluded from the study.

Sample Size

Ten PAC service providers were interviewed for this study.

Sampling Technique

The 10 PAC service providers were purposively selected from the health facilities where they work (8 facilities). Two service providers (a CHEW and a CHO) were selected from two public primary health facilities (one rural and one urban), while four service providers (two doctors and two nurses) were selected from four public secondary health facilities (two rural and two urban), and the two public tertiary health facilities in the state.

Research Instrument

The research instrument was a purpose-developed interview guide that explored the perspectives of the PAC service providers. The interview guide was pretested in Ogun State, Nigeria with a CHEW from a public primary health facility, a nurse/midwife from a public secondary health facility, and a doctor from a public tertiary health facility.

Data Collection Method

The information to explore the perspectives of the PAC service providers was obtained via In-Depth Interviews (IDIs) done with the study participants.

Data Analysis

The audio-recorded interviews were transcribed verbatim. Transcripts were uploaded into ATLAS.ti (Version 9) for data segmentation and coding. Data segmentation was used to identify quotations relevant to the study and coded according to the themes identified from the data as they emerged. This was used to develop a coding outline. Findings from the interviews were presented as verbatim quotes while the summary was presented in prose.

The analysis process was by thematic analysis and was iterative to ensure that new themes and subthemes identified were sufficiently captured. In summary, the steps involved in the qualitative data analysis were transcription, reading and familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing the results.

Ethical Considerations

Ethical approval for this study was obtained from the Human Research and Ethics Committee of the Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife (ERC/2021/03/21), and the Uniosun Teaching Hospital, Osogbo (UTH/EC/2022/02/576). In addition, ethical approval was also obtained from the Osun State Ministry of Health (OSHREC/PRS/569T/221), while permission was obtained from the Osun State Primary Health Care Development Board, as well as the Medical Directors of the selected public secondary and tertiary health facilities, and the Officers-in-Charge of the selected primary health facilities.

Autonomy and Consent

Participation of the respondents in this study was voluntary. An informed consent to participate in the study was obtained directly from respondents after an adequate explanation of the objectives of the study. Respondents were at liberty to opt-out of the study at any point in time without any fear or penalty. The study participants were assured of the anonymity of their identities, and confidentiality of the information obtained from the in-depth interviews.

Study Limitation

Private health facilities, especially secondary health facilities were not involved in this study. Hence, this study may not give the full perspectives of PAC service providers in Osun State, Nigeria.

Results

Table 1: Summary of the Themes, Subthemes and Codes from the Interviews

S/N	Themes	Subthemes	Codes
1	Facilitators of PAC service provision		Proper training
			Continuous training
			Adequate equipment in the health facilities
			Adequate staff
			Task sharing
2	Barriers to PAC Service provision		Health Education of the public
			Poor remuneration of workers
			Negative attitude of health workers
			Absence of treatment commodities
			High cost of treatment

			Insecurity
			Epileptic power supply
3	Ways to make staff and materials for PAC readily available	Staff	Regular employment
			Fair deployment
			Incentives
		Materials	Regular procurement
			Less bureaucracy
			Transparency
			Accountability
			Proper maintenance
4	Cost of PAC service provision	Knowledge of cost	No
			Not sure
			Depends on the services provided
		Affordability	Not sure
			I don't think so
		Hindrance to care	Not sure
			Yes
		Improvement of affordability	Subsidized cost
Health Insurance			

Table 2: Summary of the Themes, Subthemes and Codes from the Interviews Continued

S/N	Themes	Subthemes	Codes
5	Abortion laws in Nigeria	Should be made less restrictive	Yes
			No
		Less restrictive, more promiscuity?	Yes
			No
			I don't think so
6	Patient contribution to care		Yes
			Sometimes
			Initially, but not anymore
7	Personal assessment of PAC in the respondent's health facility	Availability	Good
			Not so good
		Quality	High
			Low
			Moderate
8	Recommendations to improve PAC service provision		Human resources
			Health financing
			Good service delivery
			Good record keeping
			Drugs and health commodities
			Governance
			Advocacy to policy makers

In terms of facilitators of PAC service provision, the respondents named factors like proper training, adequate equipment in health facilities, adequate staff, task sharing and health education of the public. Here are their quotes:

“If PAC service providers are properly and continuously trained with the most recent knowledge and on the most recent methods, I think it will help to facilitate PAC service provision.” (Doctor, tertiary facility).

“I think having adequate equipment in our health facilities will help. We lack some things at the moment.” (Nurse/Midwife, secondary facility).

“Task sharing will also help a lot because in some facilities, they may not have a doctor, but if the nurses are well trained on what to do, they can carry out certain procedures where there is no doctor.” (Doctor, secondary facility).

“There should be adequate staff in all health facilities.” (Nurse/Midwife, secondary facility).

“I think the people need adequate health education to come to the hospital for treatment and not go to quacks.” (CHO, primary facility).

In terms of the barriers to PAC service provision, they mentioned factors like poor remuneration of health workers, negative attitude of health workers, absence of the materials

needed for treatment, high cost of treatment, insecurity and epileptic power supply. Some of their quotes are:

“Health workers are poorly remunerated in Nigeria. That is a major factor for the massive brain drain in the health sector. We have lost a lot of trained PAC service providers.” (Doctor, tertiary facility).

“Health workers need to improve on their attitude towards patients. Hostility will discourage them from coming to the hospital for PAC when they need it.” (Nurse/Midwife, tertiary facility).

“Our hospitals need to be properly and adequately equipped, and should have all the commodities and consumables needed for PAC. Sending patients outside regularly to buy things discourages them from coming to the hospital.” (Nurse/Midwife, secondary facility).

“Some patients have complained about the high cost of treatment in our health facilities as a reason why they don't come to the hospital for PAC or any other treatment.” (Nurse/Midwife, secondary facility).

“The location of my hospital and some others is not safe at all. So, we close by 4pm and we do not run night shifts. As a result, patients that come after 4pm are not seen. We are ready to work but our security is also important.” (CHEW, primary facility).

“Regular power supply will help in running our hospital for adequate provision of PAC. There were cases where we referred patients that needed surgery to the teaching hospital, not because we could not do the surgery but because there was no light, and there was no fuel to run the generator.” (Doctor, secondary facility).

In terms of ways to make staff and materials for PAC readily available, the respondents said factors like fair deployment of staff, incentives, regular procurement, less bureaucracy, transparency, accountability and proper maintenance will be beneficial. Here are some quotes:

“The government should ensure the regular employment and adequate remuneration of staff.” (Doctor, secondary facility).

“There should be fair deployment of staff. Some centres have more than enough, some have very little, while some may not have any.” (Nurse/Midwife, secondary facility).

“I think the staff should be well-paid; then staff especially in the rural and hard to reach areas should be given some extra incentives.” (CHO, primary facility).

“There should be regular procurement of the materials needed in our hospitals. There are times when most of the things we need are not available. The procurement process should also be less bureaucratic.” (Doctor, secondary facility).

“There should be more transparency and accountability in the procurement process of hospitals. Nothing should be shrouded in secrecy.” (Doctor, tertiary facility).

“There should be proper maintenance of our equipment and facilities. Our maintenance culture here is quite poor. A lot of things are not in use because they are spoilt and yet to be fixed.” (Doctor, secondary facility).

Some of the respondents did not know how much PAC cost in their facilities, while some said it depends on the services provided. Some respondents said the cost was not affordable while others said they were not sure if it was. Some other respondents said the cost is a hindrance to PAC while others said subsidized cost and health insurance will make the cost more affordable. Here are their quotes:

“Honestly, I don’t know how much it costs.” (Doctor, tertiary facility).

“Ahh, (laughs), I’m not sure how much it is.” (Doctor, secondary facility).

“Well, I think it depends on the services provided. I’m not too sure but it may be as low as N5000 and as high as N100,000 depending on what was done.” (Nurse/Midwife, secondary facility).

“Well, it depends on what we do for the patient. It may range between N2000 and N10000 though I am not sure because someone else prepares the bills.” (CHO, primary facility).

“I am not sure about the affordability because what is affordable to someone may not be affordable to another.” (Nurse/Midwife, secondary facility).

“I really don’t think the patients find it affordable because they are always complaining.” (CHO, primary facility).

“Okay, well if the government can find a way of subsidising the cost, I think it will help with affordability.” (Nurse/Midwife secondary facility).

“I think the government can reduce the cost of the services to make them more affordable. I know services cannot be free, but I know they will not want to charge very little either.” (CHO, primary facility).

“Yes, health insurance is the way to go. The government should strengthen and expand the National Health Insurance Scheme (NHIS) for more coverage. This will prevent people from spending much on healthcare.” (Doctor, tertiary facility).

“We have the Osun Health Insurance Scheme (OHIS). I think they need to enroll as many people as possible to help with their health expenses.” (Doctor, secondary facility).

With regards to the abortion laws in Nigeria, some said it should be made less restrictive while others said no. Some respondents also felt that less restrictive abortion laws will increase promiscuity while others felt otherwise. Some of the quotes are:

“Yes, it should be made less restrictive. I am not saying it should be totally relaxed but I think it is too restrictive as it is now. We need to consider the issue of rape and incest. Also, making it less restrictive will help to make it safer.” (Doctor, tertiary facility).

“No, I think they should leave it as it is. It has helped to put things under control.” (Nurse/Midwife, secondary facility).

“No, less restrictive abortion laws will not make people more promiscuous. After all, the restrictiveness has not reduced promiscuity, or has it? A promiscuous person will remain so no matter what the abortion law says.” (Doctor, tertiary facility).

“Yes, less restrictive laws will make people more promiscuous, especially our girls because they will feel they can get an abortion whenever they want it.” (Nurse/Midwife, secondary facility).

With regards to whether patients are allowed to contribute in their care-giving process, some respondents said yes, others said sometimes, while one respondent said he allowed it initially but not anymore because he felt it gave some patients the courage to challenge his judgement. Some quotes are as follows:

“Yes, I give patients the opportunity to contribute to their care-giving process after I have explained the situation to them. It is part of patient-centred care.” (Doctor, tertiary facility).

“Well, yes, I allow them to make contributions sometimes depending on the situation.” (Doctor, tertiary facility).

“Actually, I allowed it before, till some patients started arguing with me and challenging my judgement based on what they read online, especially google. So, I don’t allow it anymore.” (Doctor, secondary facility).

When asked about their personal assessment of the availability and quality of PAC in their facilities, some said the availability of PAC in their facility was good and some said it was not so good. In terms of quality, after they were told the expected signal functions, some said the quality of their PAC services was high, some said moderate, and some said low. Some quotes are as follows:

“Yes, the availability of PAC in my facility is good. We are always open for patients.” (Doctor, tertiary facility).

“Okay, yes, going by the standard, we have good availability of PAC services.” (Doctor, tertiary facility).

“To be honest, I will say the availability of PAC services in my centre is not so good because we have referred some recently for various reasons especially surgery.” (Nurse/Midwife, secondary facility).

“We are not always open so I will say our availability is not so good.” (CHO, primary facility).

“Yes, we have all the signal functions for basic and comprehensive PAC, so, our quality is high.” (Doctor, tertiary facility).

“We offer all the services mentioned, so yes, I can say our quality of basic and comprehensive PAC is high.” (Doctor, tertiary facility).

“Well, I will say moderate quality because we offer the basic PAC services but not all the comprehensive PAC services. We are not doing laparotomy at the moment. Also, we occasionally do not have blood in our bank, in addition to epileptic power supply.” (Doctor, secondary facility).

“Our quality of PAC at the moment is not so good. We need a lot of things that are yet to be supplied for both basic and comprehensive PAC.” (Nurse/Midwife, secondary facility).

“Well, from the list, and at this moment, we are not offering most of the services a primary centre should offer. We offered them before till we ran out of materials, so, I will say our quality at the moment is low.” (CHO, primary facility).

In terms of their recommendations to improve PAC service provision, majority of the respondents reiterated the factors captured as the facilitators of PAC service provision, as well as the resolution of the barriers. However, one of the respondents stood out as he used the WHO building blocks of health to make his recommendations, in addition to advocacy. Below is his quote:

“Okay, the WHO building blocks of the health system include adequate human resources, health financing, good service delivery, good record keeping, adequate drugs and health commodities, and above all good governance in the health sector. If we can improve on all these, I am very sure PAC and all other health services will improve. We also need advocacy to the policy makers for good policies.” (Doctor, secondary facility).

Discussion

This study utilized in-depth interviews (IDIs) to explore the perspectives of PAC service providers in public health facilities in Osun State, Nigeria. With regards to the factors that will facilitate PAC service provision, they opined that all cadres of PAC service providers should be properly equipped with the most recent knowledge and skills in PAC service provision while they are being trained in school. They are also to receive updated trainings while they render PAC services in the health facilities. This will ensure that they have the right and up-to-date knowledge and skills for appropriate service delivery.

In addition, the service providers also said it will be very helpful if adequate PAC service providers are employed into the workforce and equitably deployed to all health facilities by the respective levels of government concerned. Patients are usually discouraged and disappointed when they come to the hospital and there is no one to attend to them. The respondents also identified adequate equipment and medical commodities in the facilities as important so that they are always available when they are needed to attend to patients. Regarding the barriers to PAC service provision, the respondents said they regretted the situations where they could not attend to patients because the required materials were not available. This inability to attend to PAC patients especially in emergency cases due to the non-availability of the needed materials was reported by a related study done in Liberia and Sierra Leone^[13].

In the same vein, poor remuneration, negative attitude of service providers towards PAC patients, insecurity and poor power supply were other barriers to PAC that were identified by the service providers. Globally, Nigerian health workers are among the least remunerated^[14, 15], and

this is one of the factors driving their emigration to other countries where health workers are better remunerated^[16, 17]. Studies have also identified insecurity^[17, 19] and poor power supply^[20] as hindrances to the adequate provision of health services (not just PAC) in Nigeria. Also, a related study in Turkey identified the negative attitude and stigmatization towards PAC patients by service providers as a barrier to effective PAC service provision^[21].

Although some of the respondents did not know how much PAC costs in their facility, some said it depends on the services rendered to the patients. All the same, some of the respondents said they have heard PAC patients complain about the affordability of the cost of treatment and suggested cost subsidy and health insurance as ways to make PAC more affordable. They also suggested the strengthening of the National Health Insurance Scheme (NHIS) and the Osun Health Insurance Scheme (OHIS) so that more people are covered and protected from financial risk on account of health expenditure. In addition to protecting patients from catastrophic health expenditure, health insurance can also help in the achievement of universal health coverage (UHC) as stated in the third Sustainable Development Goal (SDG 3)^[22].

With regards to their perspectives on the abortion laws in Nigeria, some participants said the laws need to be reviewed to make them less restrictive while some said the laws should be left as they are. The respondents that said the laws should be left as they are were of the opinion that if the laws were made less restrictive, it will increase promiscuity among young people, especially females. However, the respondents that advocated for less restrictive laws opined that promiscuity will not increase if the laws are reviewed for less restrictiveness, as promiscuity is a personal factor.

The respondents that advocated for less restrictive abortion laws in Nigeria believe that the restrictive laws have not reduced promiscuity so far as anyone who is promiscuous will remain promiscuous irrespective of the law on abortion in Nigeria. They also said lot of abortions are still committed behind the scenes, the laws notwithstanding. In addition, they considered the issues of rape and incest. They also said making the abortion laws less restrictive will make abortion in the country safer. However, one of the respondents added that the laws should not be made completely lax either, but should be made less restrictive than they are presently.

Some respondents opined that they allow the patients to contribute to their management, while some said they do so occasionally. However, one service provider said he no longer allows patients' contributions because some patients started arguing with him and challenging his decisions based on information they read online. While some service providers may consider argumentative patients unruly or annoying, it is important that patients are given clear and adequate information on the management of their condition, with an objective consideration of their perspectives in line with patient-centered care^[23, 25].

Also, considering the fact that the world is becoming increasingly digital, with easy access to a lot of information online (including health information), educated patients tend to read more about their conditions presently. However, some of the information online are not correct. Hence, service providers should ensure that their knowledge is always updated to avoid untoward encounters with patients

who obtain information online, as well as to correct any wrong information the patients may have.

In terms of their personal assessment of the availability and quality of PAC services in their health facilities (which they were encouraged to do objectively), the service providers in the tertiary health facilities said their facilities had adequate availability and good quality of comprehensive PAC. On the other hand, some service providers in the secondary facilities said the availability and quality of comprehensive PAC were inadequate and poor respectively, especially according to the standard used by this study. The same inadequate availability and poor quality of basic PAC were reported by the service providers in the primary health facilities.

Conclusion

The PAC service providers gave useful perspectives on the ways PAC and PAC service provision can be improved in public health facilities in Osun State, Nigeria.

Recommendations

To the Federal and Osun State Governments

Ensure adequate coverage of the NHIS and the OGHIS respectively to help patients with their health expenses.

Ensure regular power supply in all the health facilities in the state.

Ensure adequate security for health workers in all the health facilities in the state.

Ensure that PAC service providers in the state are well remunerated.

To the Osun State Government

Ensure that well-trained PAC service providers are adequately employed and deployed to all the health facilities in the state.

Ensure that the materials needed to provide quality PAC services are always provided in all the health facilities in the state.

To the PAC Service Providers

Ensure that adequate records are kept in their health facilities.

Ensure proper PAC service delivery to patients.

Permit the objective involvement of PAC patients in their management.

Ensure that their PAC knowledge and skills are always up-to-date.

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Conflict of Interest

The authors declare no conflict of interest.

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