**Perceived Barriers in Accessing Post Abortion Care Services Among Women of Reproductive Age in Calabar Municipality**

**CHAPTER ONE**

**INTRODUCTION**

1. **BACKGROUND OF THE STUDY**

Unsafe abortion is a significant public health concern worldwide, particularly in low and middle-income countries (LMICs). It contributes to maternal mortality and morbidity, with complications accounting for approximately 13% of all maternal deaths globally (Ganatra et al., 2017). In Nigeria, unsafe abortion remains a major reproductive health challenge, leading to high rates of maternal mortality and severe health complications among women of reproductive age (World Health Organization [WHO], 2012).

Calabar Municipality, located in Cross River State, Nigeria, experiences its fair share of challenges in providing adequate post-abortion care (PAC) services. Despite the existence of legal frameworks that permit access to safe abortion in cases of rape, incest, or to protect the life and health of the woman, cultural, social, and systemic barriers hinder women's ability to access timely and appropriate PAC services.

Limited research has been conducted on the barriers faced by women in Calabar Municipality when seeking PAC services. Therefore, this study aims to address this research gap by exploring the perceived barriers in accessing post-abortion care services among women of reproductive age in Calabar Municipality. By understanding these barriers, policymakers and healthcare providers can develop targeted interventions to improve access and the quality of PAC services, ultimately reducing maternal mortality and morbidity related to unsafe abortion.

This research will contribute to the existing body of knowledge by shedding light on the specific challenges faced by women in Calabar Municipality when seeking PAC services. The findings will provide valuable insights into the socio-cultural, economic, and healthcare system factors that impede access to timely and appropriate PAC services. Moreover, the study will serve as a basis for developing evidence-based strategies to overcome these barriers, enhancing women's reproductive health outcomes in the region.

The accessibility and availability of comprehensive post-abortion care (PAC) services are crucial components of reproductive healthcare systems worldwide. Post-abortion care encompasses a range of medical, emotional, and social support services provided to women after an induced or spontaneous abortion. Timely and adequate PAC services contribute to reducing maternal morbidity and mortality, addressing complications arising from unsafe abortions, and promoting women's reproductive health and rights.

Calabar Municipality, located in Cross River State, Nigeria, is home to a significant population of women of reproductive age. However, despite efforts to improve reproductive healthcare in the region, accessing post-abortion care services remains challenging for many women. Understanding the barriers faced by women in accessing PAC services in Calabar Municipality is essential for developing effective strategies to address these issues and improve women's reproductive health outcomes.

Several factors may contribute to the perceived barriers in accessing PAC services among women in Calabar Municipality. Socioeconomic factors, such as poverty, lack of financial resources, and limited health insurance coverage, may hinder women's ability to seek and afford appropriate post-abortion care. Furthermore, cultural and societal norms surrounding abortion and reproductive health may create stigma and discrimination, preventing women from seeking care or disclosing their abortion history. Lack of knowledge about available services, confidentiality concerns, and fear of judgment from healthcare providers may further impede access to PAC services.

Moreover, healthcare system-related factors, such as inadequate infrastructure, limited availability of skilled healthcare professionals, and insufficient resources allocated to reproductive health services, can contribute to the perceived barriers in accessing PAC. Long waiting times, substandard quality of care, and geographical distance to healthcare facilities can also discourage women from seeking post-abortion care.

Despite the global recognition of the importance of PAC services, there is a paucity of research specifically examining the perceived barriers to accessing these services among women of reproductive age in Calabar Municipality. Therefore, conducting a comprehensive study to identify and explore the perceived barriers in accessing PAC services in this specific context is crucial for designing interventions and policies that address the unique challenges faced by women in this area.

This research aims to fill the existing knowledge gap by investigating the perceived barriers in accessing post-abortion care services among women of reproductive age in Calabar Municipality. The findings will contribute to the existing literature on PAC, inform policymakers, healthcare providers, and relevant stakeholders about the specific challenges faced by women in this region, and help formulate strategies to improve access to and utilization of PAC services.

**1.1 STATEMENT OF THE PROBLEM**

Unsafe abortion continues to be a significant public health issue in Calabar Municipality, Nigeria, leading to high rates of maternal mortality and morbidity among women of reproductive age. Despite the availability of legal provisions for safe abortion in specific circumstances, women face numerous barriers in accessing post-abortion care (PAC) services, resulting in delayed or inadequate treatment. Therefore, there is a need to examine the perceived barriers that hinder women's access to PAC services in Calabar Municipality, in order to develop effective strategies for improving reproductive healthcare outcomes and reducing maternal morbidity and mortality.

Previous studies have highlighted the existence of barriers to accessing PAC services globally and within Nigeria. Factors such as social stigma, lack of awareness about available services, limited financial resources, cultural beliefs, and healthcare provider attitudes contribute to the challenges faced by women seeking PAC services (Aderinto et al., 2018; Fawole et al., 2016). However, there is a dearth of research specifically focusing on the barriers faced by women in Calabar Municipality when accessing PAC services. Understanding these barriers is crucial for developing targeted interventions that address the unique sociocultural and healthcare system context of the municipality.

The aim of this study is to identify and explore the perceived barriers in accessing PAC services among women of reproductive age in Calabar Municipality. By conducting an in-depth investigation into these barriers, the study seeks to contribute to the existing literature and provide evidence-based recommendations to improve access to timely and appropriate PAC services. Addressing these barriers will not only enhance women's reproductive health outcomes but also contribute to reducing maternal mortality and morbidity associated with unsafe abortion in Calabar Municipality.

Accessing post-abortion care (PAC) services is essential for the well-being and reproductive health of women who have undergone induced or spontaneous abortions. However, women of reproductive age in Calabar Municipality face perceived barriers that hinder their access to comprehensive and timely post-abortion care. Understanding these barriers is crucial for developing effective interventions and policies to improve women's access to PAC services in this region.

The primary problem addressed by this research project is the lack of knowledge regarding the specific perceived barriers faced by women of reproductive age in Calabar Municipality when seeking post-abortion care services. The study aims to identify and explore these barriers, shedding light on the factors that hinder women's access to quality PAC services.

Secondary problems associated with the primary problem include:

1. Sociocultural Barriers: Cultural norms, traditions, and stigmas surrounding abortion and reproductive health may prevent women from seeking post-abortion care services. The study aims to investigate the influence of sociocultural factors on women's decision to access PAC services in Calabar Municipality.
2. Financial Barriers: Limited financial resources and lack of health insurance coverage may pose significant obstacles for women seeking post-abortion care. The research project will examine the role of financial barriers in hindering women's access to PAC services and explore their implications.
3. Knowledge and Awareness Gaps: Insufficient knowledge about available PAC services and their benefits can contribute to the underutilization of post-abortion care. The study will investigate the level of knowledge and awareness among women in Calabar Municipality regarding PAC services and identify potential gaps that need to be addressed.
4. Healthcare System Factors: Inadequate infrastructure, scarcity of skilled healthcare providers, and limited resources allocated to reproductive health services may impede women's access to quality PAC. The research project will examine the influence of healthcare system-related factors on access to post-abortion care in Calabar Municipality.

Addressing these problems will contribute to a better understanding of the barriers faced by women in accessing PAC services in Calabar Municipality. By identifying these barriers, policymakers, healthcare providers, and relevant stakeholders can design targeted interventions, improve service delivery, and create supportive environments that facilitate access to and utilization of post-abortion care services. Ultimately, addressing these problems will contribute to improved reproductive health outcomes, reduced maternal morbidity and mortality, and the fulfillment of women's reproductive rights in Calabar Municipality.

**1.2 RESEARCH OBJECTIVES**

The research project aims to achieve the following objectives:

1. To determine the extent to which socioeconomic factors constitute a barrier to accessing post abortion care services among women of reproductive age in Calabar Municipality.
2. To determine the influence of socio-demographic variables (age, place of residence, education level, ethnicity) on the access to post abortion care services among women of reproductive age in Calabar Municipality.
3. To examine how stigmatization constitutes a barrier to accessing post abortion care services among women of reproductive age in Calabar Municipality.
4. To identify the perceived barriers in accessing post-abortion care (PAC) services among women of reproductive age in Calabar Municipality.
5. To examine the sociocultural factors that influence women's decision to seek PAC services in Calabar Municipality.
6. To explore the financial barriers that hinder women's access to PAC services in Calabar Municipality.
7. To assess the level of knowledge and awareness among women in Calabar Municipality regarding available PAC services.
8. To investigate the impact of healthcare system-related factors on women's access to quality PAC services in Calabar Municipality.
9. To provide recommendations for policymakers, healthcare providers, and relevant stakeholders to improve access to and utilization of PAC services in Calabar Municipality.

By achieving these research objectives, a comprehensive understanding of the perceived barriers to accessing PAC services among women of reproductive age in Calabar Municipality will be obtained. The research findings will contribute to addressing gaps in knowledge and guide the development of strategies and interventions aimed at improving access to quality post-abortion care.

**1.3 RESEARCH QUESTIONS**

To address the research objectives and gain insights into the perceived barriers in accessing post-abortion care (PAC) services among women of reproductive age in Calabar Municipality, the following research questions will guide the study:

1. What are the perceived barriers faced by women of reproductive age in Calabar Municipality when accessing post-abortion care services?
2. How do sociocultural factors, such as cultural norms, traditions, and stigmas surrounding abortion and reproductive health, influence women's decision to seek post-abortion care services in Calabar Municipality?
3. What are the financial barriers that hinder women's access to post-abortion care services in Calabar Municipality, and how do they impact women's utilization of these services?
4. What is the level of knowledge and awareness among women in Calabar Municipality regarding available post-abortion care services, and what knowledge gaps exist?
5. How do healthcare system-related factors, including infrastructure, availability of skilled healthcare providers, and resource allocation to reproductive health services, influence women's access to quality post-abortion care in Calabar Municipality?
6. Based on the findings, what recommendations can be made to policymakers, healthcare providers, and relevant stakeholders to improve access to and utilization of post-abortion care services in Calabar Municipality?

By addressing these research questions, a comprehensive understanding of the barriers and challenges faced by women in accessing PAC services in Calabar Municipality will be obtained. The research findings will contribute to the development of evidence-based strategies and interventions aimed at improving access to quality post-abortion care, promoting reproductive health, and reducing the negative health outcomes associated with unsafe abortions.

**1.4 SIGNIFICANCE OF THE STUDY**

The research project on perceived barriers in accessing post-abortion care (PAC) services among women of reproductive age in Calabar Municipality holds significant importance for various stakeholders, including policymakers, healthcare providers, women's rights advocates, and researchers. The study's significance lies in the following aspects:

1. Informing Policy and Practice: The findings of this study will provide crucial insights into the specific barriers faced by women in Calabar Municipality when seeking PAC services. Policymakers can utilize these findings to develop targeted interventions, policies, and programs aimed at improving access to and utilization of post-abortion care. Healthcare providers can enhance service delivery by addressing identified barriers and tailoring their approaches to meet the unique needs of women in the region.
2. Improving Reproductive Health Outcomes: Access to comprehensive and timely PAC services is vital for reducing maternal morbidity and mortality rates, addressing complications arising from unsafe abortions, and promoting women's reproductive health and rights. By identifying and addressing barriers, the study contributes to improved reproductive health outcomes for women in Calabar Municipality.
3. Filling Knowledge Gaps: There is a lack of research specifically examining the perceived barriers in accessing PAC services among women in Calabar Municipality. This study fills the existing knowledge gap and adds to the limited literature in this specific context. The findings will contribute to the existing body of knowledge on PAC, particularly in the Nigerian context, and help build a foundation for future research in this area.
4. Empowering Women: Understanding the barriers faced by women seeking PAC services empowers women by validating their experiences and shedding light on the challenges they encounter. By amplifying the voices and perspectives of women, this research project supports efforts to reduce stigma, discrimination, and societal barriers that hinder women's access to post-abortion care.
5. Strengthening Healthcare Systems: The study's findings can guide improvements in healthcare system infrastructure, resource allocation, and training of healthcare professionals to ensure the provision of quality PAC services. By identifying gaps and limitations, the study supports the strengthening of healthcare systems in Calabar Municipality and potentially serves as a model for other regions facing similar challenges.
6. Advocacy and Awareness: The research outcomes can be used to advocate for increased investments in reproductive healthcare, raising awareness about the importance of PAC services, and addressing societal and cultural barriers. The study's findings can be disseminated to raise public awareness and engage stakeholders in discussions on improving access to post-abortion care.

Overall, the significance of this research project lies in its potential to contribute to evidence-based decision-making, improve reproductive health outcomes, empower women, strengthen healthcare systems, and raise awareness about the importance of post-abortion care services among women of reproductive age in Calabar Municipality.

**CHAPTER TWO**

**LITERATURE REVIEW**

1. **OVERVIEW OF POST ABORTION CARE (PAC)**

Post Abortion Care (PAC) is a comprehensive package of services provided to women after an induced or spontaneous abortion to address their medical, emotional, and social needs. It encompasses a range of interventions aimed at preventing and managing complications arising from abortions, promoting women's physical and psychological recovery, and offering contraceptive counseling and services to prevent future unintended pregnancies.

1. Definition and Scope of PAC:

PAC refers to a continuum of care that includes emergency treatment for complications of abortion, post-abortion counseling, family planning services, and referral for further care as needed (World Health Organization [WHO], 2012). It encompasses both medical and non-medical components, addressing the physical, emotional, and social aspects of women's well-being after an abortion.

1. Components of PAC:

Emergency Treatment: This component involves the provision of prompt medical care for immediate complications of abortion, such as hemorrhage, infection, or injury (WHO, 2012).

Post-Abortion Counseling: Women receive counseling and emotional support to cope with the physical and emotional aftermath of abortion. It may include discussions on contraception, future pregnancy planning, and the prevention of unsafe abortions (WHO, 2012).

Family Planning Services: PAC includes the provision of contraception to women to prevent unintended pregnancies and subsequent abortions. It involves counseling on various contraceptive methods and ensuring access to the chosen method (WHO, 2012).

Referral and Follow-up: If necessary, women may be referred for further medical or psychosocial care, ensuring continuity of care beyond the immediate post-abortion period (WHO, 2012).

1. Goals of PAC:

Preventing and Managing Complications: PAC aims to prevent and manage immediate complications arising from abortions, such as hemorrhage, sepsis, or incomplete abortion. Timely and appropriate medical interventions are provided to address these complications effectively (WHO, 2012).

Ensuring Women's Physical and Emotional Well-being: PAC focuses on women's physical and emotional recovery after an abortion, providing counseling, support, and follow-up care to promote their overall well-being (WHO, 2012).

Contraceptive Provision: An essential goal of PAC is to offer contraceptive counseling and services to women, enabling them to make informed choices about contraception and preventing future unintended pregnancies (WHO, 2012).

Preventing Unsafe Abortions: By providing comprehensive PAC services, efforts are made to address the underlying reasons for unsafe abortions and raise awareness about the importance of accessing safe and legal abortion services (WHO, 2012).

1. Key Principles of PAC:

Client-Centered Approach: PAC services should be tailored to meet the individual needs, preferences, and circumstances of women seeking care (WHO, 2012).

Non-judgmental and Supportive Environment: Women should receive care in an environment free from stigma, judgment, and discrimination, allowing them to seek care without fear or hesitation (WHO, 2012).

Quality of Care: PAC services should adhere to established standards of quality, safety, and effectiveness, ensuring that women receive appropriate and evidence-based care (WHO, 2012).

Integration with Reproductive Health Services: PAC should be integrated into existing reproductive health services, facilitating seamless access to post-abortion care for women (WHO, 2012).

In summary, Post Abortion Care (PAC) is a comprehensive approach to address the physical, emotional, and social needs of women after an abortion. It aims to prevent and manage complications, promote women's well-being, provide contraceptive services, and prevent future unsafe abortions. By offering client-centered, non-judgmental care, PAC contributes to improving reproductive health outcomes and ensuring women's rights to safe and appropriate post-abortion care.

**2.1 Global and Regional Perspectives on Post Abortion Care**

Post Abortion Care (PAC) is a critical component of reproductive health care globally. It is estimated that nearly 25 million unsafe abortions occur every year, resulting in over 7 million complications and 22,000 deaths (World Health Organization [WHO], 2012). PAC is essential in addressing the medical and social consequences of unsafe abortions, ensuring that women receive timely and appropriate care to prevent morbidity and mortality. This section will provide an overview of the global and regional perspectives on PAC, highlighting key initiatives and challenges.

1. Global Perspectives:

The World Health Organization (WHO) has recognized PAC as an integral part of comprehensive abortion care, recommending that it be offered as a standard of care to all women who have had an abortion (WHO, 2012). The International Confederation of Midwives (ICM), International Federation of Gynecology and Obstetrics (FIGO), and International Planned Parenthood Federation (IPPF) have also issued guidelines on PAC, emphasizing the importance of providing client-centered care and ensuring that women receive appropriate medical and emotional support (WHO, 2012). The United Nations Sustainable Development Goals (SDGs) aim to reduce maternal mortality and morbidity by ensuring universal access to sexual and reproductive health services, including PAC.

1. Regional Perspectives:

Africa: Unsafe abortions are a significant public health issue in Africa, where an estimated 6.2 million abortions occur annually, with over 90% of these being unsafe. Despite the high burden of unsafe abortions, access to PAC services is limited, with many women facing barriers to accessing care due to social stigma and legal restrictions on abortion (Ganatra et al., 2017).

Asia: The Asia-Pacific region has the highest number of unsafe abortions globally, accounting for 60% of all unsafe abortions. However, access to PAC services varies widely across the region, with some countries providing comprehensive services, while others offer limited or no services (Ganatra et al., 2017).

Latin America and the Caribbean: Unsafe abortions are a leading cause of maternal mortality in the region, with an estimated 1 in 4 maternal deaths resulting from complications of unsafe abortion. Access to PAC services is limited in many countries, with women facing legal and social barriers to accessing safe and legal abortion services and post-abortion care (Ganatra et al., 2017).

Europe: The incidence of unsafe abortions is relatively low in Europe, primarily due to the availability of safe and legal abortion services. However, access to PAC services varies across the region, with some countries offering comprehensive services, while others offer limited or no services (Ganatra et al., 2017).

1. Key Challenges:

Stigma and Discrimination: Stigma and discrimination surrounding abortion continue to be a significant barrier to accessing PAC services globally. Many women face social and cultural norms that view abortion as immoral or shameful, leading them to delay seeking care or not seeking care at all (Ganatra et al., 2017).

Legal and Policy Restrictions: Legal and policy restrictions on abortion and post-abortion care limit women's access to safe and appropriate care, particularly in countries with restrictive abortion laws. These restrictions often result in women resorting to unsafe abortions, which can lead to severe complications and death (Ganatra et al., 2017).

Health System Challenges: Health system challenges, such as a shortage of skilled providers, limited resources, and inadequate infrastructure, can limit access to PAC services. Additionally, health systems may lack the necessary equipment and supplies to provide emergency treatment for complications of abortion (Ganatra et al., 2017).

In summary, PAC is essential in addressing the medical and social consequences of unsafe abortions globally. While there have been significant efforts to improve access to PAC services, challenges such as stigma, legal restrictions, and health system challenges continue to limit access to care. It is essential to promote universal access to safe and legal abortion services and comprehensive PAC to ensure that all women have access to timely and appropriate care.

**2.2 Factors Influencing Access to Post Abortion Care (PAC)**

Access to quality post-abortion care (PAC) services is influenced by various factors that can either facilitate or hinder women's ability to seek and receive appropriate care. Understanding these factors is crucial for developing strategies to improve access and ensure that women can access timely and comprehensive PAC. The following are key factors that influence access to PAC:

1. Legal and Policy Factors:
   * Abortion Laws: The legal status of abortion, including restrictions or prohibitions, can significantly impact access to PAC services. In countries with restrictive abortion laws, women may face barriers such as limited availability of safe and legal abortion services, leading to higher rates of unsafe abortions and inadequate access to post-abortion care.
   * Policy Environment: Supportive policies that prioritize reproductive health, ensure access to safe abortion services, and promote comprehensive PAC can facilitate access. Conversely, policy barriers, such as mandatory waiting periods, parental consent requirements, or provider conscientious objection, can hinder access to PAC.
2. Sociocultural Factors:
   * Stigma and Discrimination: Stigma associated with abortion and reproductive health issues can prevent women from seeking PAC services. Fear of judgment, social ostracism, and cultural norms surrounding abortion can create significant barriers to accessing care.
   * Lack of Social Support: Limited support from partners, families, and communities can contribute to women's reluctance to seek PAC. Lack of emotional support and understanding can further hinder access to appropriate care.
3. Financial Factors:
   * Cost of Services: Affordability of PAC services, including consultation fees, medications, and procedures, can be a significant barrier for women, particularly those with low income. Out-of-pocket expenses for PAC can deter women from seeking care, leading to delays or inadequate treatment.
   * Health Insurance Coverage: Availability and coverage of health insurance play a crucial role in access to PAC services. Lack of insurance or limited coverage for reproductive health services can limit women's ability to access timely and comprehensive PAC.
4. Knowledge and Awareness:
   * Lack of Information: Insufficient knowledge about available PAC services, their benefits, and where to access them can hinder women's ability to seek care. Limited awareness about the importance of post-abortion follow-up care and contraception can lead to underutilization of PAC services.
   * Misinformation and Myths: Misinformation about abortion, its consequences, and the safety of PAC services can influence women's decision-making and deter them from seeking care. Myths and misconceptions surrounding abortion can create additional barriers to accessing appropriate services.
5. Healthcare System Factors:
   * Availability and Accessibility of Services: The geographical proximity and availability of PAC services influence access. Limited availability of PAC services, particularly in rural or remote areas, can result in delays or complete unavailability of care.
   * Healthcare Provider Attitudes and Training: Attitudes and biases of healthcare providers towards abortion and PAC can impact access. Providers with limited knowledge or negative attitudes may discourage women from seeking care or provide inadequate support and treatment.
   * Quality of Care: The quality of PAC services, including the availability of skilled providers, appropriate facilities, and necessary equipment and supplies, can significantly affect access. Inadequate infrastructure and limited resources may impede the provision of timely and comprehensive PAC.

Understanding and addressing these factors is crucial for improving access to PAC services. Efforts should focus on advocating for supportive policies, reducing stigma and discrimination, improving financial accessibility, promoting accurate and comprehensive reproductive health education, and strengthening healthcare systems to ensure the availability of quality PAC services. By addressing these factors, women can access timely, safe, and comprehensive post-abortion care, thereby reducing complications and improving their overall reproductive health outcomes.

**2.3 Barriers to Accessing Post Abortion Care (PAC) Services**

Accessing quality post-abortion care (PAC) services can be challenging for women due to various barriers that hinder their ability to seek and receive appropriate care. These barriers can arise from legal, social, cultural, economic, and healthcare system factors. Understanding these barriers is crucial for developing targeted interventions and strategies to improve access to PAC. The following are common barriers to accessing PAC services:

1. Legal and Policy Barriers:
   * Restrictive Abortion Laws: Legal restrictions on abortion, such as outright bans or limited grounds for legal abortion, can create significant barriers to accessing PAC services. Women may face difficulties finding safe and legal abortion providers, leading to a higher likelihood of resorting to unsafe abortions and inadequate access to post-abortion care.
   * Criminalization and Stigma: Legal frameworks that criminalize abortion or stigmatize women who have had abortions contribute to fear, shame, and secrecy surrounding seeking PAC services. These factors can deter women from seeking care and lead to delays or inadequate treatment.
2. Social and Cultural Barriers:
   * Stigma and Discrimination: The societal stigma associated with abortion and reproductive health issues can prevent women from seeking PAC services. Fear of judgment, social ostracism, and cultural norms that view abortion as morally wrong or taboo can create significant barriers to accessing care.
   * Lack of Social Support: Limited support from partners, families, and communities can impact women's decision to seek PAC. The absence of emotional support and understanding can further discourage women from accessing appropriate care.
3. Economic Barriers:
   * Financial Constraints: The cost of PAC services, including consultation fees, medications, laboratory tests, and procedures, can be a significant barrier for women, particularly those with limited financial resources. High out-of-pocket expenses can deter women from seeking care or force them to choose less safe and lower-quality options.
   * Health Insurance Coverage: Inadequate or lack of health insurance coverage for reproductive health services, including PAC, can limit women's ability to access timely and comprehensive care. Women without insurance may face substantial financial burdens and have limited options for accessing quality PAC services.
4. Knowledge and Awareness Barriers:
   * Limited Information: Insufficient knowledge about available PAC services, their benefits, and where to access them can hinder women's ability to seek care. Lack of awareness about the importance of post-abortion follow-up care, contraception, and the potential consequences of inadequate care can lead to underutilization of PAC services.
   * Misinformation and Myths: Misinformation about abortion, its consequences, and the safety of PAC services can influence women's decision-making and discourage them from seeking care. Myths and misconceptions surrounding abortion may create additional barriers and perpetuate fear and misconceptions about PAC.
5. Healthcare System Barriers:
   * Geographical Accessibility: Limited availability and accessibility of PAC services, particularly in rural or remote areas, can result in delays or complete unavailability of care. Geographical barriers, such as long travel distances and lack of transportation, can prevent women from accessing necessary services in a timely manner.
   * Healthcare Provider Attitudes and Training: Negative attitudes, biases, and judgmental behavior of healthcare providers towards abortion and women seeking PAC services can create barriers to access. Providers with limited knowledge or inadequate training in PAC may not offer appropriate support, information, or treatment, leading to suboptimal care.
   * Quality of Care: Inadequate infrastructure, lack of necessary equipment and supplies, and limited availability of skilled healthcare providers can impede the provision of timely and comprehensive PAC. Poor quality of care can discourage women from seeking services or result in inadequate treatment and follow-up care.

Addressing these barriers requires comprehensive efforts, including legal reforms, destigmatization campaigns, increased financial support, improved education and awareness, and strengthening healthcare systems. Some strategies to address these barriers include:

1. Advocacy for Legal Reforms: Advocating for the revision of restrictive abortion laws and the decriminalization of abortion can help reduce barriers to accessing PAC services. Legal reforms should aim to ensure safe and legal abortion services and protect women's rights to reproductive healthcare.
2. Public Education and Awareness Campaigns: Comprehensive and accurate education campaigns can help dispel myths, misinformation, and stigma surrounding abortion and PAC. These campaigns should focus on promoting the importance of timely and appropriate PAC, contraceptive use, and the potential consequences of inadequate care.
3. Sensitization of Healthcare Providers: Training and sensitization programs for healthcare providers can help address negative attitudes and biases towards abortion and women seeking PAC. Providers should be educated on the importance of non-judgmental and supportive care and equipped with the necessary skills to provide comprehensive PAC services.
4. Financial Support and Health Insurance: Governments and organizations should work towards ensuring that PAC services are affordable and accessible to all women, regardless of their socioeconomic status. This can be achieved through the expansion of health insurance coverage and the provision of subsidies or financial assistance programs for PAC services.
5. Strengthening Healthcare Systems: Improving the availability, accessibility, and quality of PAC services is crucial. This includes expanding the network of PAC service providers, particularly in underserved areas, and ensuring the availability of necessary equipment, medications, and supplies. Training programs should be implemented to enhance providers' skills in delivering high-quality PAC services.
6. Community Engagement and Support: Engaging communities and fostering supportive environments can help reduce stigma and provide women with the necessary social support to access PAC. Community-based organizations and support groups can play a vital role in providing information, counseling, and referrals to PAC services.
7. Collaboration and Partnerships: Collaboration among government agencies, non-governmental organizations, healthcare providers, and community organizations is essential for addressing barriers to PAC access. Partnerships can help mobilize resources, share best practices, and coordinate efforts to improve access to comprehensive PAC services.

By addressing these barriers comprehensively, it is possible to improve access to PAC services and ensure that women receive timely and appropriate care, reducing complications and promoting better reproductive health outcomes.

**2.4 Gender and Sociocultural Factors Affecting Access to Post Abortion Care (PAC)**

Access to quality post-abortion care (PAC) services can be influenced by gender and sociocultural factors that create barriers or facilitate women's ability to seek and receive appropriate care. Understanding and addressing these factors are crucial for ensuring equitable access to PAC services. The following are key gender and sociocultural factors that affect access to PAC:

1. Gender Norms and Power Dynamics:
   * Gender Inequality: Societal norms and structures that perpetuate gender inequality can create barriers to accessing PAC. Power imbalances, discrimination, and limited decision-making autonomy for women can affect their ability to seek care without facing judgment or negative consequences.
   * Stigmatization of Women: Societal stigmatization of women who have abortions or seek PAC can prevent them from accessing services. The fear of judgment, social exclusion, and reputational damage can lead women to delay or avoid seeking care altogether.
2. Cultural Beliefs and Practices:
   * Abortion Stigma: Cultural beliefs and values surrounding abortion can contribute to the stigma associated with seeking PAC. Cultural taboos, religious beliefs, and community norms may view abortion as morally wrong or unacceptable, which can create significant barriers for women seeking care.
   * Traditional Healing Practices: In some cultures, traditional healing practices may be preferred over seeking medical care for post-abortion complications. These practices can delay or prevent women from accessing appropriate PAC services, leading to increased health risks.
3. Lack of Reproductive Health Education:
   * Limited Knowledge and Awareness: Insufficient knowledge about sexual and reproductive health, including contraception and PAC, can hinder women's ability to seek care. Lack of comprehensive reproductive health education may result in misconceptions, misinformation, and inadequate understanding of available services.
   * Cultural Taboos and Silence: Cultural taboos and silence surrounding sexual and reproductive health issues, including abortion, can restrict discussions and information-sharing. This can further contribute to the lack of knowledge and awareness about PAC services.
4. Societal Expectations and Social Support:
   * Societal Pressure and Expectations: Societal expectations around motherhood, family planning, and women's reproductive choices can influence women's decision-making regarding seeking PAC. Fear of judgment or going against societal norms and expectations may deter women from accessing care.
   * Limited Social Support: Lack of social support, including from partners, families, and communities, can affect women's ability to seek PAC services. Supportive environments and access to confidential and non-judgmental support networks can facilitate women's access to care.
5. Intersectionality and Marginalized Populations:
   * Marginalized Groups: Women from marginalized populations, including ethnic minorities, low-income communities, and migrant or refugee populations, may face additional barriers to accessing PAC. Discrimination, language barriers, limited healthcare resources, and systemic inequalities can compound their challenges in seeking care.
   * Intersectional Factors: Intersectionality, which considers the overlapping impacts of gender, race, socioeconomic status, and other identities, can further exacerbate barriers to accessing PAC. Women who experience multiple forms of discrimination may face compounded challenges in accessing care.

Addressing gender and sociocultural factors requires comprehensive efforts to challenge societal norms, reduce stigma, and promote gender equality. Strategies include promoting gender-sensitive and culturally appropriate PAC services, engaging in community dialogues to challenge harmful beliefs and practices, integrating gender perspectives in reproductive health education, and providing support networks for marginalized populations. By recognizing and addressing these factors, healthcare systems and communities can work towards ensuring equitable access to PAC services and improving women's reproductive health outcomes.

**2.5 The Role of Healthcare Systems in Delivering Post Abortion Care (PAC) Services**

Healthcare systems play a vital role in delivering effective and comprehensive post-abortion care (PAC) services. By ensuring the availability, accessibility, and quality of PAC, healthcare systems can contribute to reducing complications, improving women's health outcomes, and promoting reproductive health. The following are key aspects of the role of healthcare systems in delivering PAC services:

1. Service Availability:
   * PAC Facilities: Healthcare systems should ensure the presence of designated facilities or units that provide specialized PAC services. These facilities should be adequately equipped and staffed to offer comprehensive care, including medical treatment, counseling, and contraception services.
   * Integration of PAC: Healthcare systems should integrate PAC services into existing reproductive health programs, maternity services, and primary healthcare centers. This integration facilitates easier access to care for women and promotes a continuum of reproductive healthcare.
2. Accessible Service Delivery:
   * Geographical Accessibility: Healthcare systems should strive to provide PAC services that are geographically accessible, particularly in underserved areas. This may involve establishing satellite clinics, mobile outreach programs, or telehealth services to reach women in remote or rural areas.
   * Reduced Financial Barriers: Healthcare systems should work towards reducing financial barriers to accessing PAC. This can be achieved through the provision of subsidized or low-cost services, health insurance coverage, or financial assistance programs to ensure affordability for all women, regardless of their socioeconomic status.
3. Skilled Healthcare Providers:
   * Provider Training: Healthcare systems should invest in training healthcare providers in the provision of PAC services. This includes training on clinical protocols, post-abortion complications management, contraception counseling, and respectful and non-judgmental care.
   * Multidisciplinary Approach: PAC services often require a multidisciplinary approach involving various healthcare providers, such as gynecologists, nurses, midwives, and counselors. Healthcare systems should facilitate collaboration and coordination among different providers to ensure comprehensive and holistic care.
4. Quality Assurance:
   * Infrastructure and Resources: Healthcare systems should ensure that PAC facilities have the necessary infrastructure, equipment, medications, and supplies to deliver high-quality care. Adequate resources and maintenance of equipment are crucial to providing safe and effective services.
   * Clinical Guidelines and Protocols: Healthcare systems should develop and implement evidence-based clinical guidelines and protocols for PAC services. These guidelines ensure standardized care, improve patient outcomes, and support healthcare providers in delivering quality care.
5. Confidentiality and Non-Judgmental Care:
   * Privacy and Confidentiality: Healthcare systems should prioritize the protection of women's privacy and confidentiality throughout the PAC process. Confidentiality measures should be in place, including private consultation rooms and secure medical records systems, to ensure women feel safe and comfortable seeking care.
   * Non-Judgmental Approach: Healthcare providers should adopt a non-judgmental and compassionate approach when delivering PAC services. This includes creating a supportive and empathetic environment, respecting women's choices, and ensuring that women feel heard and valued.
6. Data Collection and Monitoring:
   * Data Collection: Healthcare systems should implement robust data collection systems to monitor the provision and outcomes of PAC services. This includes collecting data on the number of women seeking care, treatment provided, contraceptive counseling, complications, and follow-up care.
   * Monitoring and Evaluation: Regular monitoring and evaluation of PAC services are essential to identify gaps, measure the effectiveness of interventions, and make improvements. Healthcare systems should utilize data to inform policy changes, resource allocation, and quality improvement initiatives.

By fulfilling these roles, healthcare systems can ensure the delivery of comprehensive, accessible, and high-quality PAC services. Collaboration with policymakers, healthcare providers, community organizations, and women's rights advocates is crucial in advocating for and implementing changes that prioritize women's reproductive health and rights.

**2.6 Gaps in Existing Literature**

While there is some existing literature on the topic of accessing post-abortion care (PAC) services among women of reproductive age, several gaps remain. These gaps highlight areas where further research is needed to deepen our understanding and address the challenges women face in accessing PAC. The following are key gaps in the existing literature:

1. Limited Focus on Specific Geographic Context:

Many studies on PAC access have been conducted in specific regions or countries, often with a focus on urban areas (Singh et al., 2012). There is a need for research that examines the barriers to accessing PAC services in specific geographic contexts, such as Calabar Municipality, to understand the unique challenges faced by women in those areas.

1. Inadequate Exploration of Sociocultural Factors:

While some literature acknowledges the influence of sociocultural factors on PAC access, further research is needed to delve deeper into these factors. This includes exploring the role of cultural beliefs, social norms, and community attitudes towards abortion and PAC, as well as their impact on women's decision-making and help-seeking behaviors (Borglin & Marklund, 2016).

1. Lack of Intersectional Perspectives:

Existing literature often fails to adequately address the intersectionality of factors that affect PAC access. Intersectionality recognizes that women's experiences are shaped by multiple identities and social positions, such as race, ethnicity, socioeconomic status, and disability (Bowleg, 2012). Further research is needed to understand how these intersecting factors influence access to PAC services and create unique barriers for specific groups of women.

1. Limited Focus on Health System Factors:

While healthcare systems play a crucial role in delivering PAC services, the literature often lacks a comprehensive examination of health system factors. Further research is needed to explore the specific barriers within healthcare systems, such as provider bias, lack of training, resource constraints, and inadequate referral systems, that hinder women's access to PAC (Singh et al., 2012).

1. Limited Qualitative Research:

Many studies on PAC access rely heavily on quantitative data, such as surveys and statistical analyses. While quantitative research provides important insights, there is a need for more qualitative research that captures women's experiences, perspectives, and narratives regarding their access to PAC services (Borglin & Marklund, 2016). Qualitative research can provide in-depth understanding of the complex factors influencing access and offer valuable insights for program development and policy formulation.

1. Lack of Longitudinal Studies:

Most existing studies on PAC access are cross-sectional in nature, providing a snapshot of access barriers at a specific point in time. Longitudinal studies are needed to examine access to PAC services over time and track changes in barriers and outcomes (Aiken et al., 2016). Longitudinal research can help identify trends, assess the impact of interventions, and provide a more comprehensive understanding of the dynamics of PAC access.

1. Limited Evaluation of Interventions:

While some studies have assessed interventions aimed at improving PAC access, there is a need for more rigorous evaluations of these interventions. Research should focus on assessing the effectiveness, scalability, and sustainability of interventions targeting specific barriers, such as community awareness campaigns, provider training programs, or policy changes (Aiken et al., 2016).

Addressing these gaps in the existing literature will contribute to a more comprehensive understanding of the barriers to accessing PAC services among women of reproductive age in Calabar Municipality. Further research can inform evidence-based interventions, policy changes, and programmatic strategies to enhance access, reduce barriers, and improve women's reproductive health outcomes.

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