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Original Research Article

Healthcare providers knowledge and attitudes toward abortion care in Ibadan, Nigeria

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ABSTRACT

Background: In settings with limited resources, abortion care plays a crucial role in reducing maternal mortality rates and ensuring comprehensive healthcare. In Sub-Saharan Africa, over 70% of abortions are classified as unsafe. In Nigeria, restrictive laws and social stigmas shape healthcare providers' knowledge and attitudes toward abortion care.
Methods: This study employed a cross-sectional study design to assess healthcare providers' knowledge, attitudes, and practices regarding abortion care at the University College Hospital, Ibadan-Nigeria's first tertiary hospital. Data was analysed using IBM statistical package for the social sciences (SPSS) version 25. Descriptive statistics were generated and presented as frequency tables and pie charts. A p value of <0.05 was regarded as statistically significant.
Results: While 63% of providers demonstrated adequate knowledge of abortion care, significant gaps persisted, particularly regarding legal provisions and post-abortion care. Despite 86% supporting access to safe abortion under specific circumstances, personal and religious beliefs influenced their willingness to provide services.
Conclusions: Addressing knowledge gaps and mitigating personal biases through targeted training, policy advocacy, and community engagement is essential for improving abortion care, reducing unsafe procedures, and enhancing maternal health outcomes in Nigeria.

Keywords: Abortion care, Maternal health, Healthcare providers, Policy advocacy, Unsafe abortion

INTRODUCTION

In Sub-Saharan Africa, limited access to sexual and reproductive healthcare contributes to high rates of unwanted pregnancy and unsafe abortions, posing a persistent public health challenge. More than 77% of abortions in Sub-Saharan Africa are unsafe, often performed by untrained individuals using dangerous and invasive methods.[1] As a result, the region has the highest case-fatality rate globally, 185 deaths per 100,000 abortions leading to 15,000 preventable deaths every year, underscoring the urgent need for safe abortion access as a vital component of women's healthcare.

Expanding the legal grounds for abortion has led several countries to adopt international medical standards, ensuring safe, facility-based abortion services. However, in most Sub-Saharan African countries, restrictive policies and systemic barriers delay access to care, forcing many women to resort to unsafe abortion methods.[2] Nigeria, which has one of the highest maternal mortality ratios globally estimated at 560 maternal deaths per 100,000 live births attributes approximately 30% of these deaths to unsafe abortion.[3] And despite its early ratification of the Maputo Protocol, one of the most progressive legally binding instruments on women's rights, access to safe abortion remains severely limited.[4]

The persistent demand for abortion services, despite legal and systemic restrictions, is evident in 2012 facility-based data estimating 33 abortions per 1,000 women aged 15–49 in Nigeria.[5] Key barriers to safe abortion access include provider opposition, a shortage of trained and willing providers, and restrictive policies. Healthcare providers (HCPs) play a critical role in comprehensive abortion care, which encompasses providing information, abortion management, and post-abortion care (PAC). However, studies indicate that many primary health facilities in Nigeria struggle with significant gaps in both introductory and comprehensive PAC services.[2]

Providers' attitudes toward abortion are shaped by multiple factors, including moral and religious beliefs. While some view abortion as a sin, others recognize it as a fundamental aspect of reproductive autonomy and women's rights. Additional barriers to service provision include inadequate training in abortion care and values clarification, as well as the misinterpretation of conscientious objection.

Although Nigeria has committed to achieving universal access to sexual and reproductive healthcare services under the 2030 sustainable development goals (SDGs) and ratified the Maputo protocol in 2004, little is known about healthcare providers' personal and professional attitudes toward abortion care. Investigating their knowledge and perspectives is crucial for designing targeted interventions to improve service provision. This study aims to contribute to national efforts in monitoring the implementation of the Maputo Protocol and enhancing access to sexual and reproductive health services in Nigeria.

Objectives

This study assessed healthcare providers' knowledge, attitudes, and factors influencing abortion care at the University College Hospital, Ibadan, Nigeria.

METHODS

The authors employed a cross-sectional study design. A systematic random sampling technique was used to select participants. The study involved a structured questionnaire survey, targeting a representative sample of healthcare providers.

The study was conducted at the University College Hospital (UCH) in Ibadan, Oyo State, Southwestern Nigeria, between June and December 2024. Ibadan, one of Africa's largest indigenous cities, is home to UCH, a 1,000-bed institution and Nigeria's first teaching and tertiary hospital. Study participants included doctors, nurses, and midwives from the Obstetrics and Gynaecology and Family Medicine departments. Healthcare providers who voluntarily consented to participate after being fully informed about the study's purpose, procedures, and potential risks and benefits were included. Those who did not consent were excluded.

The sample size was calculated using the Kish and Leslie method (1965), resulting in a required sample of at least 127 healthcare providers, with a 10% attrition rate factored in, making the final sample size 140.

$$n_0 = \frac{Zx^2PQ}{d^2} = \frac{(1.96)^2 \times 0.91 \times 0.9}{0.05^2} = 127 + 10\%\ attrition$$

Where n_0 (sample size)=140 healthcare providers, d=precision=0.05, p=9.17% (estimated prevalence of healthcare providers with knowledge of abortion care), Z= 95% CI, and Q=1-p.

The independent variables included sociodemographic factors (gender, religion, years of experience, and designation), while the dependent variables were healthcare providers' knowledge and attitudes toward abortion care.

Data were summarized in Excel and analyzed using statistical package for the social sciences (SPSS) version 25. Bivariate analysis was performed to examine the relationship between sociodemographic factors and providers' knowledge and attitudes toward abortion care. Variables with p values above 0.2 were reanalyzed using multivariate analysis to identify factors significantly influencing abortion care provision. A p value ≤0.05 was considered statistically significant.

All participants provided informed consent in English, as they all had at least secondary education. They were informed about the study's purpose, procedures, risks, and benefits.

The anticipated limitation was the potential reluctance to provide accurate information on the sensitive topic of abortion; however, confidentiality was emphasized to encourage honesty. The study design was culturally sensitive and adhered to local values and beliefs.

RESULTS

This study enrolled 140 medical professionals, with a majority (55.7%) being male. Among the participants, 57 (40.7%) were doctors, 43 (30.7%) were midwives, and 40 (28.6%) were general nurses. Most professionals (45.7%) had between 6 and 10 years of experience in healthcare settings and 50 (35.7%) were Muslims. Demographic characteristics are presented in Table 1.

Figure 1 above illustrates the level of abortion knowledge among medical professionals. Out of the 140 participants, 88 (63%) demonstrated adequate knowledge, while 52 (37%) had inadequate knowledge. This indicates that although a majority of the professionals possessed a sufficient understanding of abortion, a significant proportion still lacked adequate knowledge, highlighting a potential gap in education or training.

Table 1: Demographic characteristics of study participants.

Variables	Frequency	Percentage (%)
Designation		
Nurse	40	28.6
Midwife	43	30.7
Doctor	57	40.7
Experience in healthcare (years)		
Less than 1	7	5.0
1–5	62	44.3
6–10	64	45.7
More than 10	7	5.0
Sex		
Male	78	55.7
Female	62	44.3
Religion		
Protestant	44	31.4
Catholic	43	30.7
Muslim	50	35.7
Other	3	2.1

Figure 2 above shows that among the medical professionals, 121 (86%) had a favorable attitude toward abortion while 19 (14%) had an unfavorable attitude.

At 5% level of significance, the only factor that is statistically significantly associated with the knowledge of abortion was years of experience in healthcare (chi-square value=11.123, p value=0.011) while designation, sex and religion were not statistically significant. These results are shown in Table 2.

At 5% level of significance, the only factor that is significantly associated with the attitude toward abortion was years of experience in healthcare (Chi-square value=12,197, p value=0.007) whiledesignation, sex and religion were not statistically significant. These results are shown in Table 3.

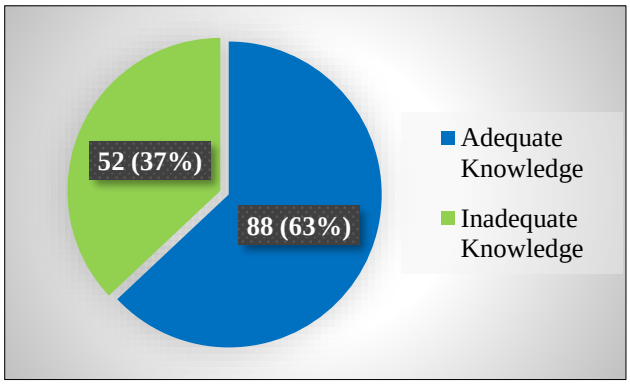

Figure 1: Overall assessment of knowledge of abortion care among medical professionals.

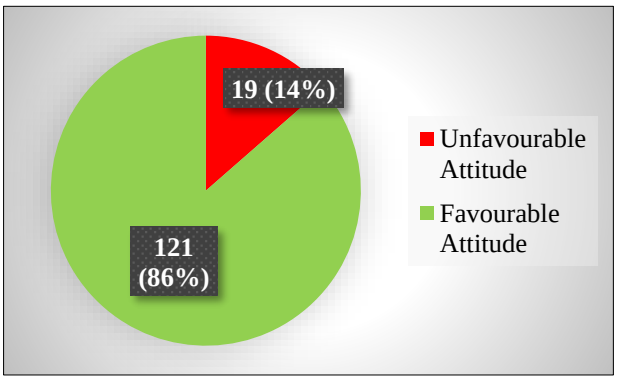

Figure 2: Overall assessment of attitudes of medical professionals toward abortion.

Table 2: Association between demographic characteristics and knowledge of abortion.

Variables	Adequate	Inadequate	Chi-square value	P value
Experience in healthcare (years)				
Less than 1	6	1	11.123[A]	0.011**
1–5	41	21		
6–10	34	30		
More than 10	7	0		
Designation				
Nurse	20	20	4.842	0.089
Midwife	27	16		
Doctor	41	16		
Sex				
Male	49	29	0.000	0.992
Female	39	23		
Religion				
Protestant	30	14	7.380[A]	0.061
Catholic	29	14		
Muslim	29	21		
Other	0	3		

A – Likelihood ratio test, ** significant at 5% level of significance

Table 3: Association between demographic characteristics and attitude toward abortion.

Variables	Adequate	Inadequate	Chi-square value	P value
Experience in healthcare (years)				
Less than 1	6	1	12.197[A]	0.007**
1–5	56	6		
6–10	56	8		
More than 10	3	4		
Designation				
Nurse	37	3	2.989	0.224
Midwife	38	5		
Doctor	46	11		
Sex				
Male	65	13	1.439	0.230
Female	56	6		
Religion				
Protestant	35	9	5.702[A]	0.127
Catholic	36	7		
Muslim	47	3		
Other	3	0		

A – Likelihood ratio test, ** significant at 5% level of significance

DISCUSSION

This study revealed varying levels of knowledge about abortion among medical professionals at the University College Hospital, Ibadan, Nigeria. While the majority of participants (63%) demonstrated a solid understanding of fundamental aspects of medical abortion, notable gaps persisted in key areas. Specifically, only 20.7% of participants were aware of the potential side effects of misoprostol, and just 17.1% understood the implications of home-based administration of the drug. These deficiencies raise concerns about the overall quality of abortion care and highlight the urgent need for targeted continuous medical education programs to ensure healthcare providers remain well-informed and up-to-date with best practices.

The findings of this study align with existing literature on healthcare providers' knowledge of abortion care in similar settings. For example, a study by Médecins Sans Frontières (MSF) in Nigeria found that although 60% of healthcare providers had received formal training on medication abortion, only 9% could accurately specify the appropriate dosage for a combined regimen of mifepristone and misoprostol. None knew the correct misoprostol-alone regimen.[6] This highlights a significant gap between training and the retention of essential clinical knowledge, a concern observed in studies conducted across low- and middle-income countries. Similarly, a systematic review found that general practitioners, nurses, and trainees had varying levels of knowledge about medical abortion, reinforcing the necessity for improved training and widespread dissemination of standardized clinical guidelines.[7]

Regional studies reinforce this pattern. In Ethiopia, a national emergency obstetric and newborn care (EmONC) assessment revealed that, on average, healthcare providers could accurately identify only about half of the expected responses regarding complications and the management of unsafe abortions.[8] Notably, the study revealed that knowledge gaps were pronounced among midwives and nurses compared to physicians, which suggested a disparity in training effectiveness across different cadres of healthcare workers. These deficits in knowledge have significant clinical consequences, potentially leading to suboptimal management of abortion-related complications and increasing the risk of maternal morbidity and mortality.

Despite these challenges, this study found that a significant majority of respondents (93.6%) were well-informed about the World Health Organization (WHO) guidelines on abortion care, and 76.4% demonstrated a solid understanding of contraindications to medical abortion. This indicates that many providers are familiar with global standards, which provides a strong foundation for further capacity-building initiatives. Similarly, a comparable study in Liberia and Sierra Leone found that healthcare providers exhibited a strong understanding of post-abortion care protocols but gaps persisted in training accessibility and service provision.[9] These findings emphasize the importance of strengthening providers' training providers through periodic refresher courses integrated into clinical practice.

Addressing these knowledge gaps requires comprehensive and continuous professional development programs. Training efforts should prioritize practical, evidence-based education on medication abortion protocols, which includes correct dosing, potential complications, and management strategies. Additionally, integrating mentorship and supervision within healthcare facilities could boost providers' confidence in delivering safe abortion care. Given the strong baseline knowledge of

global abortion care standards observed in this study, a focused educational approach to address the remaining knowledge gaps could significantly improve service delivery and contribute to better reproductive health outcomes.

This study also revealed that a substantial proportion of healthcare providers held positive attitudes toward abortion, with 86% expressing support. Additionally, 81.5% acknowledged the role of safe abortion care in reducing maternal mortality and morbidity, and 82.1% agreed that survivors of sexual assault should have access to safe abortion services. These findings align with global public health priorities emphasizing the importance of safe abortion in preventing maternal deaths, particularly in regions where unsafe procedures constitute a major contributor to maternal morbidity and mortality.[10]

Despite this overall support, the study also uncovered mixed feelings regarding certain ethical and cultural issues. Specifically, 45% of respondents believed that a married woman should seek her husband's consent before seeking an abortion. This perspective reflects deeply rooted gender norms and aligns with findings from Ghana, where healthcare providers expressed moral concerns about abortion, especially when it involved unmarried women.[11] Similarly, research in South Africa has highlighted conflicts between healthcare providers' religious beliefs and their professional obligations, resulting in hesitancy or outright refusal to provide abortion-related care.[12] These patterns suggest that personal convictions and societal expectations continue to shape provider attitudes, even in settings where legal and policy frameworks support abortion access.

Further, providers in restrictive environments often face significant social and professional stigma when offering abortion services. A multi-country study spanning Nigeria, Rwanda, Sierra Leone, and Zimbabwe reported that stigma associated with abortion provision affected providers' professional identity and community standing, sometimes leading to reluctance or conscientious objection.[13] This underscores the importance of interventions that extend beyond clinical training. Programs like value clarification and attitude transformation (VCAT) workshops, continuous professional development, and the establishment of peer support networks can empower providers to navigate these moral and cultural dilemmas and reinforce their role in upholding patient rights and delivering evidence-based care.

The interplay between medical, ethical, and socio-cultural factors significantly influences providers' attitudes toward abortion care provision. Addressing these challenges requires a multi-faceted approach that integrates policy advocacy, education, and community engagement to create an enabling environment where providers feel ethically supported and professionally empowered to deliver essential reproductive health services. The study identified years of professional experience significantly influenced providers' knowledge and attitudes toward abortion care. Healthcare providers with 1–10 years of experience demonstrated more favorable attitudes compared to colleagues with over a decade of practice. This generational difference may be attributed to shifts in medical education, greater exposure to reproductive health training, and evolving societal perspectives on abortion and patient autonomy.

Similar patterns have been documented in other contexts. For example, research in Liberia and Sierra Leone revealed that younger healthcare providers were more inclined to support patient-centered abortion care and respect patients' autonomy in decision-making compared to their older colleagues.[9] This trend shows the impact of contemporary medical training and international advocacy efforts strengthening reproductive rights. Younger providers are more likely to have received education that emphasizes evidence-based, rights-focused approaches to abortion care whereas older practitioners may have been trained under more restrictive or stigmatized frameworks.

These findings call for continuous professional development to bridge generational knowledge gaps and standardize evidence-based practices across different levels of experience. In Ethiopia, a study revealed that healthcare providers who had undergone formal training on abortion care demonstrated significantly higher levels of knowledge than those without such training.[8] This suggests that targeted educational interventions like structured mentorship programs, refresher courses, and peer-learning initiatives could be crucial in ensuring that all providers remain updated with best practices in abortion care.

The findings from this study uncover key obstacles that limit access to safe abortion care, many of which align with challenges reported in similar contexts. These barriers operate at multiple levels and influence providers and patients, and ultimately shape the overall landscape of abortion services.

Legal restrictions

The highly restrictive laws on abortion in Nigeria create an environment of fear among healthcare providers. Many practitioners are reluctant to offer abortion services due to concerns about criminal prosecution, professional repercussions, or social judgment. This chilling effect affects individual providers and entire health institutions, and reduces the availability of safe abortion care. A comparable situation has been documented in Ghana, where restrictive laws have pushed many women to resort to unsafe abortion methods in the absence of legal and accessible options.[14] Efforts should focus on reforming Nigeria's restrictive abortion laws to align with international standards, such as the Maputo Protocol, which defends women's rights to reproductive health services. Abortion criminalization should be reconsidered, with policymakers, healthcare institutions, and civil

society organizations working together to ensure that reproductive rights are protected at all levels.

Cultural and religious stigma

Abortion is a strongly stigmatized topic in many African societies, including Nigeria and the Democratic Republic of the Congo (DRC). The prevailing cultural and religious norms shape public attitudes and the behavior of healthcare providers, and often lead to judgmental treatment or outright refusal of care. In the DRC, for instance, it was found that negative provider attitudes significantly discouraged women from seeking contraception and abortion services.[15] Stigma is encountered even beyond the clinical setting, as women who pursue abortions report facing community rejection, social isolation, or even violence, further discouraging them from seeking safe care.[15] Community engagement is a vital strategy for improving abortion care and reducing stigma. Public awareness campaigns should be intensified to educate communities on the dangers of unsafe abortion and the health benefits of accessing safe abortion services. Additionally, value clarification and attitude transformation workshops should be conducted regularly to address personal biases among healthcare providers. These workshops will promote a patient-centered approach which ensures that personal or religious beliefs do not interfere with the provision of services.

Limitations

The study also reveals systemic problems related to infrastructure, training, and financial constraints. The cost of safe abortion procedures such as manual vacuum aspiration (MVA) is a challenge for many women, particularly those from low-income backgrounds. In addition, a lack of well-trained personnel and inadequate access to essential medical equipment make service provision difficult. These resource-related barriers are not unique to Nigeria; studies in Burkina Faso, Kenya, and Nigeria have shown that frequent stock shortages and poorly equipped post-abortion care (PAC) facilities compromise the overall quality of care.[2] The insufficient integration of abortion care into broader reproductive health services exacerbates these challenges, leaving many women with few safe options.[2] The Nigeria' healthcare system must be equipped with the necessary resources to provide safe and effective abortion services to function effectively. Healthcare facilities should have uninterrupted access to essential supplies, including manual vacuum aspiration kits, misoprostol, and contraceptives. Additionally, financial barriers must be addressed for services to be more accessible, particularly for marginalized populations.

These barriers create a hostile environment for patients and providers, and perpetuate unsafe abortions and poor health outcomes. Tackling these issues demands legal reforms, stigma reduction, and stronger reproductive health infrastructure. Future research and policy should focus on strategies to overcome these obstacles and expand access to safe abortion care.

This study's primary strength lies in its focused inclusion of healthcare providers from the Obstetrics and Gynecology and Family Medicine departments, ensuring that the findings reflect the perspectives of those most directly involved in abortion care. By targeting these key providers, the study generates insights that can inform training programs and policy improvements tailored to their roles. Additionally, conducting the research at the University College Hospital (UCH), a major tertiary referral center, enhances the credibility of the findings, as the institution's high patient volume and specialized reproductive health services provide a rich setting for examining provider knowledge and attitudes.

A significant limitation of this research is the legal and policy constraints. Given Nigeria's restrictive abortion laws, healthcare providers may have limited exposure to comprehensive abortion care training, which could influence their knowledge and attitudes. The legal context may also discourage fully frank responses, even in a confidential study setting. Additionally, the study is susceptible to social desirability bias, as abortion remains a sensitive and legally restricted topic. Participants may have modified their responses to align with perceived professional or societal expectations rather than expressing their actual beliefs, and hence potentially affect the accuracy of self-reported attitudes.

CONCLUSION

This study highlights the urgent necessity for comprehensive reforms in the provision of abortion care in Nigeria, emphasizing the imperative to surmount knowledge gaps, attitude-related obstacles, and resource limitations to make services safer and more accessible. By highlighting evidence-based training promotion, policy reforms aligned with international standards, and increased resource allocation, the findings emphasize actionable strategies toward expanding provider capacity and legal access to abortion care. In addition, the research highlights the need for community involvement in stigma reduction and the creation of a supportive environment for reproductive rights. By following a comprehensive strategy that integrates education, advocacy, and healthcare infrastructure strengthening, this study enhances knowledge of the structural and sociocultural determinants of abortion care and maps the way for sustainable changes that can mitigate maternal mortality and enhance reproductive autonomy in Nigeria.

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