Access to Post-Abortion Care Services Among Sex Workers and Lesbian Bisexual and Queer Women in Oyo State

A research publication of the **Committed Soul Women Health Advocacy Africa Initiative (COSWOHI)**

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Acknowledgment

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About COSWOHI

The **Committed Soul Women Health Advocacy Africa Initiative (COSWOHI)** was founded in 2016 by a group of passionate female sex workers in Oyo State, Nigeria, who boldly took a stand against the injustices prevalent in brothels. These courageous women united to empower themselves and their peers, embarking on a mission to advocate for the rights of vulnerable women and girls. COSWOHI works to ensure access to human rights, sexual and reproductive health information, and services.

As a female sex worker-led organization, COSWOHI is dedicated to increasing access to human rights, sexual and reproductive health services, HIV programming, legal services, advocacy, economic empowerment, and gender programming for vulnerable women and girls across Africa.

VISION

To see a Nigeria where vulnerable and disadvantaged women have access to human rights and healthcare services without bias.

MISSION

To promote healthcare and development of vulnerable women in Nigeria through public education, advocacy, direct service delivery and stakeholders' engagement.

KEY OBJECTIVES

- To build the capacity and raise awareness of key populations, particularly women and girls, through interpersonal communication, peer education, and outreach initiatives.
- To provide sexual health information and services through capacity-building programs and awareness campaigns.
- To engage with the media and provide training to combat misinformation and negative portrayals of vulnerable groups.
- To offer human rights information and services through targeted capacity-building programs.
- To actively engage stakeholders in the promotion of vulnerable women's rights and healthcare services.

“After my abortion, I got a hole in my uterus and it was hell on earth. This is an experience I can never forget.

26 - 40 year old, Female
Sex Worker in Oyo State

Executive Summary

This report examines the accessibility, quality, and barriers to Post-Abortion Care (PAC) services, particularly for marginalized groups such as sex workers and LBQ women. Through a comprehensive survey of individuals who have sought PAC services, the report identifies key challenges and offers actionable recommendations to improve access, quality, and inclusivity in healthcare settings.

Survey findings indicate that the primary barriers to accessing PAC services include high costs, long waiting times, and social stigma. A significant portion of respondents highlighted the need for reducing service costs and waiting times, with 40% advocating for these changes. Additionally, 45.2% of respondents emphasized the importance of increasing the number of healthcare facilities offering PAC services, especially in underserved areas. Mobile PAC services and extending the operating hours of existing healthcare facilities were suggested as effective solutions to address geographic and logistical barriers.

Regarding the quality of care, respondents stressed the need for specialized training for healthcare providers, particularly on the sensitivity and inclusivity required when providing PAC to sex workers and LBQ women. A majority of respondents (50%) agreed that healthcare providers should receive training on the unique needs of these groups to ensure non-judgmental, trauma-informed care.

The report also addresses the role of community organizations, recommending that they actively engage in advocacy, education, and the provision of support services.

Key recommendations from the report include:

- Lowering costs and reducing waiting times through subsidized fees, sliding scale payment systems, and fast-track services.
- Increasing the availability of PAC services by expanding the number of healthcare facilities and introducing mobile services.
- Providing training for healthcare providers on the unique needs of marginalized groups, such as sex workers and LBQ women.
- Enhancing community awareness through social media campaigns, workshops, and collaborations with local organizations.
- Advocating for legal protections and policies that support equitable access to PAC services.

In conclusion, this report calls for a coordinated effort from healthcare providers, government bodies, and community orgazznizations to address the identified barriers to PAC services.

Background

The World Health Organisation (2024) estimated that around 73 million induced abortions take place worldwide each year. Six out of 10 (61%) of all unintended pregnancies and 3 out of 10% (29%) of all pregnancies end in induced abortion. Alarmingly, around 45% of abortions are unsafe. In Nigeria, abortion is legal only when necessary to save a woman's life. In Nigeria, where abortion is legal only to save a woman's life, unsafe abortion remains common. It is often carried out clandestinely by unskilled providers or under dangerous conditions, posing significant risks to women's health.

Unsafe abortions occur every year, making it one of the leading causes of maternal mortality and morbidity worldwide. In Nigeria, an estimated 20,000 women die each year from unsafe abortions, according to the Society of Gynaecologists and Obstetricians of Nigeria, making the country's abortion-related death rate the highest in Africa. For female sex workers (FSWs), unintended pregnancies can exacerbate their vulnerability, leading to complications such as client loss, violence from partners, financial burdens, and, consequently, induced abortion.

Despite similar pregnancy intentions among Female sex workers, Lesbian, Bisexual Queer and other Women, discrimination, criminalisation and stigma affecting sex work, along with limited access to inclusive Sexual and Reproductive Health services and concerns about involuntary sterilisation and child removal, have been thought to contribute to a higher prevalence of induced abortion among FSWs and LBQs. A 2023 global epidemiology study among female sex workers showed that 38% female sex workers experienced at least one induced abortion and 22% experienced multiple induced abortions during their lifetime. Notably, self-managed abortions were prevalent, with one-third of FSWs reporting this method.

The post-abortion period is a critical yet often overlooked phase in the continuum of abortion care (WHO, 2023). Post-abortion care (PAC) is a global strategy to reduce morbidity and mortality resulting from unsafe or spontaneous abortions. PAC encompasses medical or surgical procedures to ensure complete evacuation of the womb, treatment of infections or injuries, and holistic support for emotional and physical recovery.

Comprehensive PAC services should include emergency treatment for complications from incomplete or unsafe abortions, counselling on post-abortion contraception, contraceptive services to prevent unintended pregnancies, and reproductive health services tailored to patients' specific needs. These services must also address the prevention and treatment of sexually transmitted infections (STIs), along with community and provider partnerships for referral and education.

Literature Review

Post-Abortion Care in Nigeria: An Overview

Post-abortion care refers to the treatment and counseling of women after an abortion. This treatment includes curative interventions, such as managing abortion complications, as well as preventive care, including the provision of contraception to reduce future unwanted pregnancies. Essentially, it reduces the morbidity and mortality associated with abortion (Wikipedia). Post-Abortion Care (PAC) was developed to address the maternal mortality and morbidity resulting from unsafe abortions, especially in countries with restrictive abortion laws. In Nigeria, for example, the law permits abortion only when it is performed to save the life of the mother. Otherwise, the laws criminalize abortion, with steep penalties for both the women seeking the procedure and the providers performing it. If caught, the woman faces a 7-year jail term, while the provider faces up to 14 years in prison (Akande et al., 2020).

Unfortunately, the restrictive abortion laws in Nigeria have not succeeded in reducing the number of abortions. Instead, these laws drive women to seek unsafe procedures performed by unqualified practitioners, resulting in high morbidity and mortality rates. In 2012, the estimated abortion rate in Nigeria was 33 abortions per 1,000 women aged 15–49 years (Akinrinola et al., 2006). Of these, almost 60% were carried out in hospitals or clinics—primarily private facilities, with some public facilities while 22% were initiated through chemists. The remaining 20% were performed by traditional providers, friends, or the women themselves who sometimes uses sharp objects such as hangers. In extreme situations, abortions are reportedly done by patent medicine vendors, auxiliary nurses, health attendants.

A 2023 community knowledge approach survey conducted by Brian et al among female sex workers peer networks in eight countries including Nigeria, 216 abortion-related deaths were recorded by 312 participants. The underlying causes of abortion in Nigeria are multifaceted, including poverty, high unmet need for contraception, early marriage, discrimination, and stigma.

The experiences of vulnerable populations such as Female Sex Workers (FSWs) and Lesbian, Bisexual, and Queer (LBQ) women further illustrate the importance of Post-Abortion Care. FSWs are at heightened risk of unintended pregnancies and unsafe abortions due to limited access to contraception, stigma, and discriminatory healthcare practices. Similarly, LBQ women, while often overlooked in reproductive health discussions, may also face unintended pregnancies as a result of sexual violence, societal pressures, or experimentation. For both groups, barriers such as fear of criminalization, stigma, and lack of inclusive healthcare services increase their vulnerability to unsafe abortion practices. Addressing these disparities through equitable and inclusive PAC services is crucial to safeguarding the health and rights of all women in Nigeria, particularly marginalized populations.

In Nigeria, the availability of PAC services remains inadequate. Data from Performance Monitoring for Action abortion surveys (2018–2020) show that less than half of primary care facilities, which serve most of the population, reported offering PAC services. Marginalized groups, such as FSWs and LBQ women, face even greater barriers due to stigma, legal restrictions, and lack of inclusive healthcare. Addressing these disparities is crucial to advancing reproductive justice, reducing health inequities, and ensuring access to quality care for all women.

This study focuses on identifying and addressing the post-abortion care needs and experiences of FSWs and LBQ women in Oyo State, Nigeria. By exploring the unique challenges faced by these groups, this research seeks to inform policies and healthcare practices that advance reproductive justice and improve PAC accessibility and quality for marginalized populations. **Specifically, it seeks to:**

- Understand the barriers sex workers and LBQ women face in accessing PAC services.
- Assess the availability, accessibility, and quality of PAC services for these groups.
- Examine the impact of stigma, discrimination, and socio-cultural factors on their PAC experiences.
- Propose actionable recommendations to improve PAC services for marginalized populations.

The study adopts a quantitative data collection method to ensure the understanding of the PAC challenges these groups face. Findings will be instrumental in shaping inclusive healthcare policies and practices in Oyo State and beyond.

Relatedly, for PAC to be truly effective, it must go beyond merely addressing the physical complications of unsafe abortions. It should also integrate client-centred approaches that acknowledge the psychological and emotional needs of women, particularly those from vulnerable groups such as Female Sex Workers (FSWs) and LBQ women, who often face systemic barriers to accessing quality care. Next, this study explores the element of Post Abortion care.

Reported Abortion Complications from Respondents

Anonymous responses: Survey on Access to Post-Abortion Care Services Among Sex Workers and LBQ Women in Oyo State / 2024

Element of Post-Abortion Care

According to Echendu Dolly Adinma (2012), the original Post Abortion Care model in its design consisted of three elements drawn specifically from healthcare delivery providers' perspectives without taking due cognizance of the need to accommodate the psychological and physical feelings of the client as well as the community who are the beneficiaries of the services.

The three elements of the original PAC model include the following:

1. Emergency treatment services for complications of spontaneous or unsafe induced abortions;
2. Post-abortion family planning counselling and services; and
3. Links between emergency abortion treatment services and comprehensive reproductive health care provider perspective.

However, in 2001, the PAC Community Task Force expanded the model to five elements, tailored to provide the necessary ingredients for sustainable PAC services by making them more client-oriented.

The five elements are:

1. Community and service providers partnership for the prevention of unwanted pregnancy and unsafe abortion, together with the mobilization of resources and ensuring that services reflect and meet community expectations and needs;
2. Counseling to identify and respond to women's emotional and physical health needs and other concerns;
3. Treatment of incomplete and unsafe abortion and its complications including the use of a manual vacuum aspirator (MVA);
4. Contraceptive and family planning services to help women prevent an unwanted pregnancy or practice birth spacing; and
5. Linkage to reproductive and other health services that are preferably provided on-site or via referrals to other accessible facilities in the providers' networks.

The evolution of the PAC model from three to five elements underscores the growing understanding of the need for a holistic approach to addressing post-abortion complications. By integrating community partnerships, client-focused counselling, and comprehensive reproductive health services, the expanded model goes beyond treating the immediate physical consequences of unsafe

abortions to addressing their root causes and emotional toll. This client-centred and community-oriented framework ensures that Post-Abortion Care not only saves lives but also empowers women and communities with the tools to prevent unwanted pregnancies and unsafe abortions in the future.

Availability, Accessibility, and Quality of PAC Services in Nigeria

Unlike abortion, which is legally restrictive and shrouded in socio-religious stigma across the world, post-abortion care (PAC) is not illegal, and women who seek it should, in theory, face fewer barriers. However, access to PAC services remains a critical yet challenging issue for women, particularly in sub-Saharan Africa. Systemic barriers persist despite longstanding political commitments to improve the availability and quality of PAC services. These challenges expose women to severe health risks, including repeat unintended pregnancies, delays in receiving critical care, catastrophic healthcare expenditures, and reproductive disabilities resulting from untreated complications.

The issues surrounding PAC services in Nigeria can be broadly understood through the lenses of **availability, accessibility, and quality.** These three dimensions are deeply intertwined, as challenges in one area often exacerbate issues in others, leaving marginalized women, such as sex workers and lesbian, bisexual, and queer (LBQ) women, at greater risk of poor health outcomes.

The availability of PAC services in Nigeria is severely limited by the shortage of adequately equipped healthcare facilities, particularly in rural and underserved areas. Many regions suffer from a lack of proper infrastructure, resulting in healthcare facilities that are poorly stocked and understaffed. Muga et al. (2024) found that only 20% of primary healthcare facilities in Nigeria had staff trained to provide PAC, which significantly limits service provision. This scarcity of trained personnel and essential medical supplies, such as contraceptives and infection prevention tools, directly impacts the availability of PAC services. Bell and Ahmed et al (2021) in their study on Postabortion care availability, facility readiness and accessibility in Nigeria and Cote d'Ivoire showed that less than half of facilities provide basic PAC services in Nigeria (48.4%) and only 33.5% of the facilities within the capacity to provide basic PAC have the facilities to provide comprehensive PAC. In many cases, the lack of availability of services leads to delays in treatment, increasing the risks of complications, such as infections or reproductive disabilities.

Even when PAC services are available, access remains constrained by financial and structural barriers. Fatusi and Hindin (2022) note that economic hardship, compounded by Nigeria's underfunded healthcare system, prevents many women, Particularly for vulnerable groups such as sex workers, who often prioritize

daily survival over accessing healthcare. A 2023 study conducted among 256 Young Female sex workers in Katsina showed that 58% of respondents earn between N5000 - N9000 naira monthly. Limited financial resources, coupled with structural barriers like long distances to healthcare facilities and inadequate infrastructure, further hinder their access to timely care, this is further confirmed by Bell & Ahmad (2021) study which showed that approximately, 8 out of 10 women of reproductive age in Nigeria (81.3%) lived within 10km of a facility providing any PAC services, significantly lower levels of the population lived <10km from a facility with all basic or comprehensive PAC signal functions. These are not different from the realities of marginalized communities, who often face long travel distances to access care, further limiting their ability to seek timely help.

Moreover, this structural barrier is further compounded by social and cultural factors, such as stigma, which disproportionately affect marginalized groups like female sex workers (FSWs) and lesbian, bisexual, and queer (LBQ) women. Stigma from healthcare providers often deters these groups from seeking care due to fears of judgment or mistreatment. Okonofua et al. (2021) found that stigma was a primary deterrent for marginalized women accessing PAC in Nigeria. However, the study did not distinguish between the unique barriers faced by FSWs and LBQ women, leaving critical gaps in understanding their needs. This aligns with global research findings, such as those of Logie et al. (2022), which highlight stigma's role in delaying care-seeking behaviors and increasing psychological distress. For these groups, stigma intersects with systemic barriers, magnifying their exclusion from reproductive healthcare services.

Cultural norms and societal perceptions of abortion also play a significant role in shaping women's experiences with PAC. In conservative communities, societal condemnation of abortion often adds psychological burdens for women seeking care. Sedgh et al. (2020) noted that these cultural factors not only discourage care-seeking but also exacerbate the stigma surrounding abortion and PAC. For marginalized groups, these cultural barriers intertwine with systemic and social stigmas, further deepening healthcare inequities.

The quality of post-abortion care (PAC) services in Nigeria remains inconsistent, especially for marginalized groups, due to multiple factors that compromise service delivery. Negative healthcare provider attitudes, lack of culturally sensitive care, and insufficient training are significant contributors to substandard PAC services. A study by Oni and Adebowale et al. (2023) found that the most common perceived barriers to accessing PAC in Osun State were the lack of confidentiality and the unavailability of abortion-specific equipment in healthcare facilities. This aligns with concerns raised by Johnson et al. (2020), who highlighted that healthcare systems often fail to meet the specific needs of lesbian, bisexual, and queer (LBQ) women, who face discrimination and culturally insensitive care. Similarly, sex workers

consistently report negative experiences, including breaches of confidentiality and a lack of trust in healthcare providers, leading to delays in seeking care and exacerbating health outcomes (Decker et al., 2020). These quality-related challenges are further compounded by the broader socio-cultural context in which PAC services are provided. Societal attitudes toward abortion and reproductive health, influenced by conservative beliefs and restrictive laws, add psychological barriers for women seeking care. Sedgh et al. (2020) noted that the stigma surrounding abortion in Nigeria results in feelings of shame and fear, discouraging many women from accessing the necessary care.

These challenges are exacerbated by Nigeria's restrictive abortion laws, which create an environment where unsafe abortions thrive. For instance, the Oyo State House of Assembly passed the Oyo State Family Planning, Reproductive Health, and Maternity Service Bill in 2017. This bill aims to provide a legal framework for family planning and maternity services in the state, but it also criminalizes the illegal termination of pregnancies, with violators potentially facing murder charges. This legal stance contributes to a climate of fear, particularly among marginalized groups, who, concerned about legal repercussions, are often forced to resort to unsafe abortion methods (Sedgh et al., 2020). Despite the existence of policies supporting post-abortion care (PAC), the poor implementation of these policies continues to create significant gaps in service delivery, perpetuating cycles of inequity and poor health outcomes for women.

While existing literature provides valuable insights into barriers to PAC, there is limited research focusing specifically on sex workers and LBQ women in Nigeria. Studies often generalize findings across populations, overlooking the unique challenges faced by these marginalized groups. Furthermore, there is scant evidence on the quality of PAC services available to these populations and the role of stigma and discrimination in shaping their healthcare experiences.

Addressing the PAC needs of sex workers and LBQ women is critical for advancing reproductive justice and reducing health disparities. Inclusive and accessible PAC services can mitigate the health risks associated with unsafe abortions and improve overall reproductive health outcomes for these populations. Moreover, enhancing PAC for marginalized groups aligns with global commitments to achieving universal health coverage and the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality).

This literature review underscores the urgent need for targeted research and interventions to improve PAC services for sex workers and LBQ women in Nigeria. By addressing the barriers identified and filling gaps in knowledge, this study aims to contribute to a more equitable and inclusive reproductive healthcare system.

Methodology

Study Design

This study employed a quantitative research design using surveys to examine statistical trends and explore participants' experiences. This approach aimed to comprehensively understand the accessibility, quality, and barriers to post-abortion care (PAC) services faced by sex workers and LBQ (Lesbian, Bisexual, and Queer) women in Oyo State, Nigeria.

Study Location and Population

The study was conducted in Oyo State, specifically within Ibadan, covering eight local government areas: Akinyele, Egbeda, Ibadan North East, Ibadan North West, Ibadan South West, Ido, Lagelu, and Ibadan South East. The target population comprised two key groups: **Female Sex Workers (FSWs) or Lesbian Bisexual and Queer Women.**

To be eligible, participants had to identify as a woman or queer, be either a female sex worker or a woman identifying as Lesbian, Bisexual, or Queer and be between 12 and 51 years or older

Sampling Technique

A purposive sampling method was used to recruit participants who aligned with the study's objectives. Community-based peer counselors, acting as research assistants, facilitated the dissemination of questionnaires in brothels and other targeted locations like cool spots. This recruitment approach was designed to ensure the inclusion of individuals from the intended population while maintaining a safe and supportive process.

Data Collection Methods

Data were collected via structured questionnaires administered digitally through Google Forms. The survey included a mix of multiple-choice and open-ended questions to capture both quantitative data and qualitative insights.

The questionnaire explored the accessibility of PAC services, quality of care provided by PAC services, barriers faced in accessing PAC services (e.g., stigma, cost, transportation) and Socio-cultural factors influencing PAC experiences.

A total of **762 participants** successfully completed the survey. To ensure reliability and validity, the questionnaire was pilot-tested by the COSWOHI research team. The team reviewed the questions and provided recommendations, which were incorporated into the final survey.

Data Analysis

The collected data were analyzed using Microsoft Excel to visualize responses, providing graphical representations (e.g., pie charts, bar graphs) of key trends, including demographics, accessibility, and perceptions of PAC services. While Excel is not specialized statistical software, it enables effective visualization and interpretation of the data collected.

Ethical Considerations

The study adhered to ethical principles to protect participants due to the sensitive nature of their professions and sexual orientations.

1. **Informed Consent:** Participants were fully informed about the study objectives, data collection methods, and their right to withdraw at any time. Verbal consent was obtained, and participants confirmed their consent before completing the survey.

2. **Confidentiality and Anonymity:** All personal information collected was securely stored, and data were anonymized to protect participants' identities. This was

While this study did not receive formal institutional review board (IRB) approval, all efforts were made to uphold high ethical standards in the research process.

Research Questions

This study was guided by the following research questions:

1. What specific barriers do sex workers and LBQ women in Oyo State face in accessing post-abortion care services?

2. How available and accessible are PAC services for sex workers and LBQ women in Oyo State, and what is the quality of care provided?

3. How do stigma, discrimination, and other socio-cultural factors impact the PAC experiences of sex workers and LBQ women?

4. What strategies could improve the availability, accessibility, and quality of PAC services for sex workers and LBQ women in Oyo State?

These questions informed the design of the survey and ensured a comprehensive framework for exploring participants' experiences and challenges in accessing PAC services.

Results

This section presents the key findings of this study, focusing on the accessibility, quality, and barriers to post-abortion care (PAC) services experienced by female sex workers (FSWs) and Lesbian, Bisexual, and Queer (LBQ) women in Oyo State, Nigeria. The data was collected through a structured survey administered via Google Forms, with a total of 762 respondents participating in the study. The findings are organized to address the research objectives and are supplemented with visual representations, including charts and tables, for clarity. This section begins with an overview of respondent demographics, followed by insights into the study's primary areas of interest.

Overview of Respondents

A total of 762 respondents participated in the study. Key demographic details are summarized below:

Age

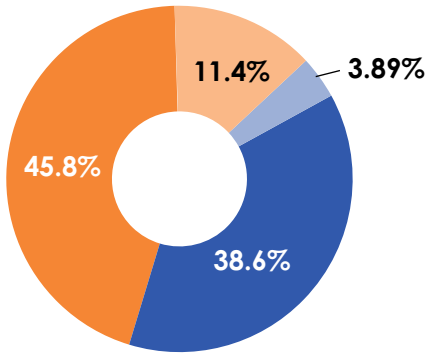


Figure 1:
Respondents Age Distribution

Respondents' ages ranged from 11 to over 51 years. The majority of participants **(45.8%)** were aged between **26–40 years**, followed by **38.6%** aged **19–25 years.** Younger respondents (**11–18 years**) accounted for **3.89%**, while **11.4%** were over **40 years old.**

Local Government of Residence

The study covered eight local government areas (LGAs) in Ibadan, Oyo State: Akinyele, Egbeda, Ibadan North East, Ibadan North West, Ibadan South West, Ido, Lagelu, and Ibadan South East. The highest proportion of respondents (**15%**) were from **Akinyele**, while the least representation (**7%**) came from both **Lagelu** and **Ibadan South East**.

Figure 2:
Respondents Local Government of Residence

Sexual Orientation

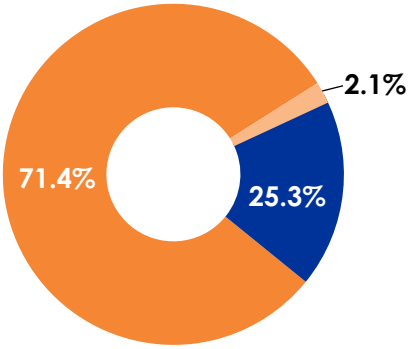


Figure 3:
Respondents Sexual Orientation

The sample included female sex workers (FSWs) and LBQ women. All respondents identified as sex worker, however, their sexual orientation varied. **71.4%** identified as **Heterosexual**, **25.3%** identified as **Bisexual, 2.1%** identified as **Lesbians.**

Level of Education

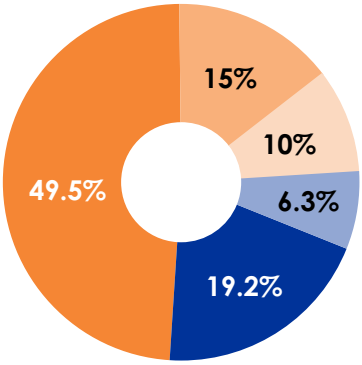


Figure 4:
Respondents Level of education

A majority, **49.5%,** reported having **completed secondary education,** while **19.2%** had only attained **primary education.** Additionally, **15%** of participants had undergone **vocational or technical training,** reflecting a focus on skill development. Only **15%** had **completed tertiary education,** indicating that a relatively small proportion had access to higher education.

Primary Source of Income

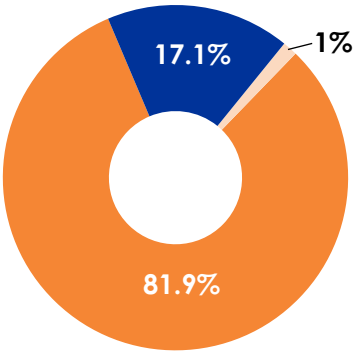


Figure 5:
Respondents level of Income

Many respondents relied on sex work as their primary income source, with over **80%** reporting that it was their **main livelihood**. Among LBQ women, some were involved in other forms of informal work.

Level of Monthly Income

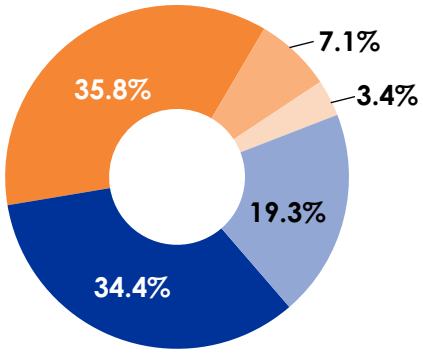


Figure 6: Respondents range of monthly income

The majority of respondents (**35.8%**) reported earning **between ₦100,000 and ₦200,000 per month**. A significant proportion (**34.4%**) earned **between ₦50,000 and ₦100,000**, indicating a moderate level of income. **19.3%** earn **less than ₦20,000 monthly** and only **7.1%** of the respondents earn **above ₦200,000**. However, **3.3%** of the respondents reported earning **less than ₦20,000 monthly,** highlighting financial vulnerability among a portion of the population. This income distribution suggests that while some sex workers and LBQ women earn relatively higher incomes, a large segment of respondents experience economic hardship, which could influence their access to healthcare and other services, including post-abortion care.

Current Living Situation

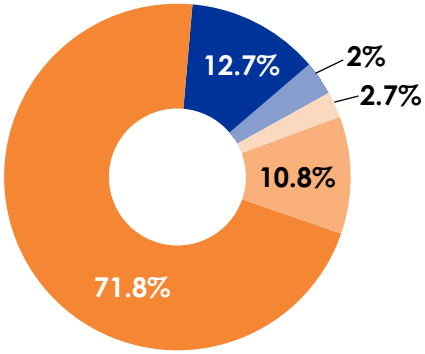


Figure 7: Respondents current living situation

The survey revealed diverse living situations among the respondents. A significant **71.8%** of participants reported **living alone**, highlighting a common living arrangement among sex workers and LBQ women in Ibadan, Oyo State. Additionally, **12.7%** indicated that they lived in **temporary or shared accommodation,** such as brothels or communal housing. Only **2%** of respondents reported **living with a partner or spouse,** while **2.7%** lived **with family members.** A small proportion of participants (**10.8%**) **preferred not to disclose their living situation**.

These findings suggest that while a majority of respondents live independently, many face varying levels of housing stability, with some residing in shared or transient accommodations, which may impact their access to healthcare services and overall quality of life.

Religious and Cultural Background

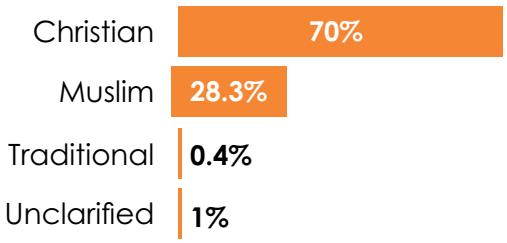


Figure 8: Respondents religious and cultural background

The majority of participants identified as **Christian**, accounting for **70%** of the sample. A significant portion, **28.3%,** identified as **Muslim,** while a small percentage (**0.4%**) reported following **traditional religious practices.** Additionally, **1%** of respondents **didn't clarify** their religious belief, indicating a diverse range of belief systems within the study population.

These religious and cultural backgrounds may influence access to healthcare services, including Post-Abortion Care (PAC), as cultural norms and religious teachings can shape attitudes towards reproductive health, abortion, and healthcare-seeking behaviors. For instance, individuals from more conservative religious backgrounds may experience greater stigma or reluctance in accessing PAC services due to religious prohibitions or cultural taboos surrounding abortion.

Key Findings

Abortion History

Have you ever aborted a pregnancy?

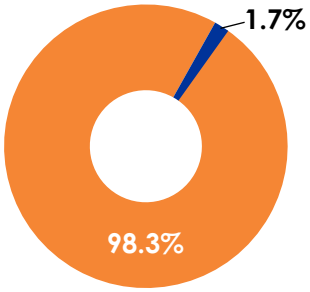


Figure 9: Respondents abortion history

Abortion Complication

Have you ever had a complication after an abortion?

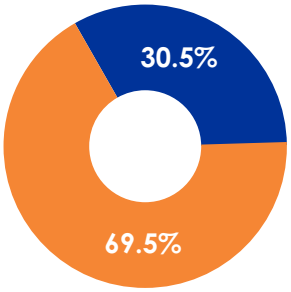


Figure 10: Respondents Experience with Abortion Complications

Post-abortion Care Service

Have you ever sought post-abortion care services?

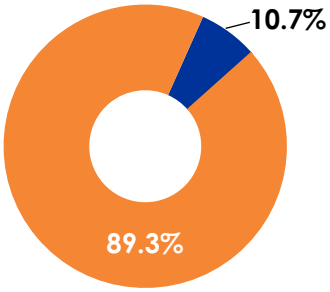


Figure 11: Respondents Experience In Seeking Post Abortion Care Services

The survey revealed significant insights into the experiences of respondents regarding abortion and post-abortion care (PAC). A notable **98.3%** of respondents (747 out of 762) reported having **undergone an abortion at some point in their lives**. This underscores the prevalence of abortion experiences within this study population, which predominantly includes sex workers and LBQ women, emphasizing the critical need to address their unique healthcare needs, particularly regarding PAC.

Additionally, **69.55%** of respondents reported experiencing **complications following their abortion(s).** This highlights the risks associated with unsafe abortion practices or limited access to quality healthcare services, further underscoring the importance of timely and effective PAC services.

Moreover, a substantial **89.3%** of participants indicated that they **had sought PAC services at some point.** This finding suggests that while the majority of respondents have accessed PAC services, it remains critical to address the quality, accessibility, and comprehensiveness of these services to ensure they adequately meet the physical and emotional needs of this population.

Types of Post Abortion Care Sought

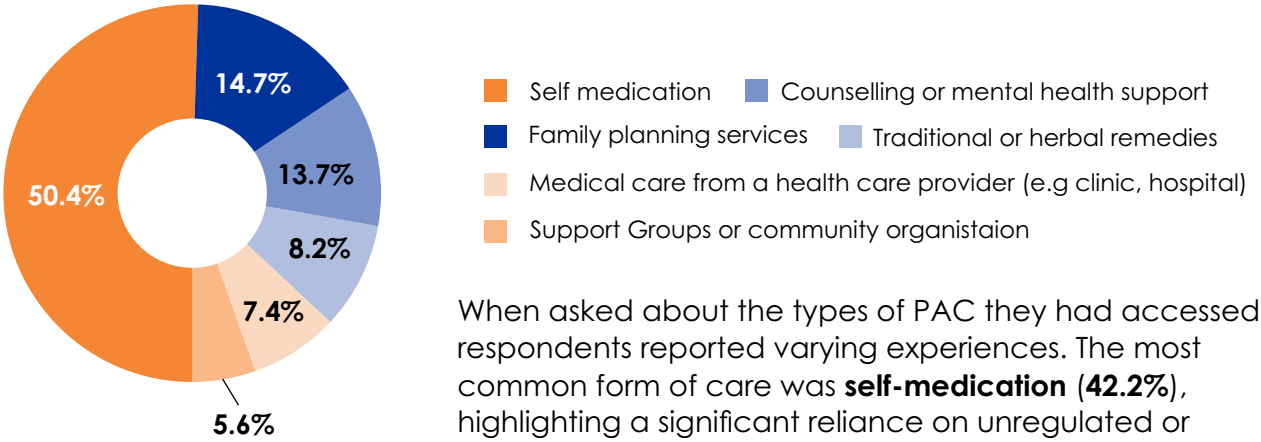


Figure 12: Types of Post Abortion Care Sought by Respondents

When asked about the types of PAC they had accessed, respondents reported varying experiences. The most common form of care was **self-medication** (**42.2%**), highlighting a significant reliance on unregulated or informal methods of managing post-abortion needs. This may reflect barriers to accessing formal healthcare services or a lack of awareness about safer options.

Family planning services (**18.7%**) ranked as the second most accessed type of care, suggesting a recognition among some respondents of the importance of preventing future unintended pregnancies as part of post-abortion management.

Counseling or mental health support (**13.7%**) was another notable form of care, emphasizing the need for emotional and psychological recovery following an abortion. This reveals the growing acknowledgment of mental health as an integral component of comprehensive PAC.

Traditional or herbal remedies (**8.2%**) were also utilized, reflecting the persistent use of alternative treatments in some communities. While these may be culturally significant, they often lack alignment with evidence-based medical practices and could pose risks to health outcomes.

Finally, **medical care from healthcare providers** (**7.4%**) and **support groups or community organizations** (**5.6%**) were the least accessed types of care. The relatively low percentage of respondents seeking formal medical care underscores potential barriers such as cost, stigma, or limited availability of services. Meanwhile, the small but significant reliance on support groups reflects a growing interest in peer-driven recovery resources, which can provide valuable emotional and social support.

Type of Barriers Encountered in Accessing PAC Services

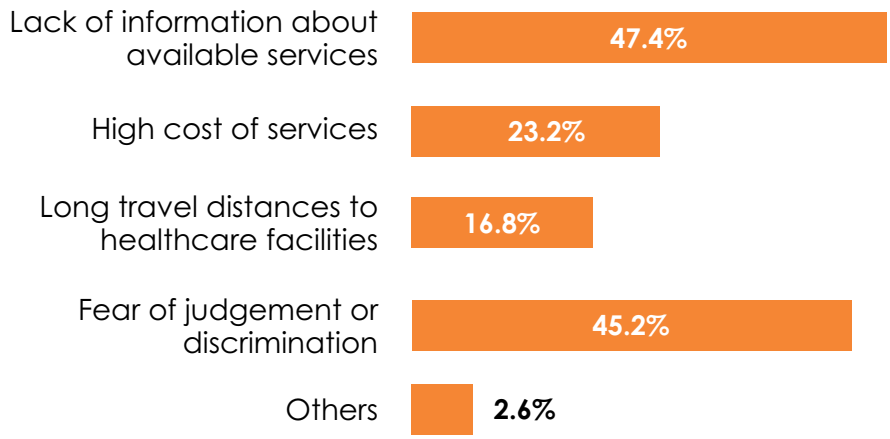


Figure 13: Type of Barriers Encountered in Accessing PAC Services

Under barriers faced in accessing PAC services, several challenges were highlighted by the respondents. A significant **47.4%** indicated that **lack of information about available PAC services** was a major barrier, suggesting that many individuals may be unaware of the support and care they can access. **45.2%** cited the **fear of judgment or discrimination** as a key obstacle, pointing to the social stigma often associated with abortion, which discourages many from seeking necessary care. **23.2%** noted that the **high cost of services** was a deterrent, indicating that financial constraints limit access to quality PAC. Additionally, **16.8%** mentioned that the **long travel distances to healthcare facilities** posed a significant challenge.

Participants were also asked to rate the difficulty of accessing PAC services on a scale from 1 to 5. The majority, 89.7%, rated it as 2 out of 5, indicating that many felt accessing services was somewhat difficult. This aligns with the previously reported barriers.

Accessibility of PAC Services in Local Areas

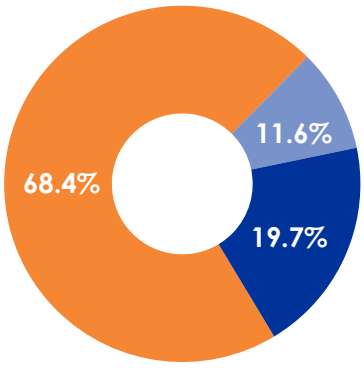
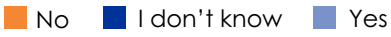


Figure 14: Accessibility of PAC Services in Local Areas



When asked about the accessibility of post-abortion care (PAC) services in their local areas, the majority (**68.4%**) of respondents reported that **PAC services are not accessible to them**. Meanwhile, **19.7%** were **unsure about the accessibility of these services**, and only **11.6%** stated that **PAC services are accessible in their local areas**. These findings highlight significant barriers to accessing PAC services, suggesting that many individuals either face physical, social, or informational challenges in reaching the care they need.

Proximity to PAC Services

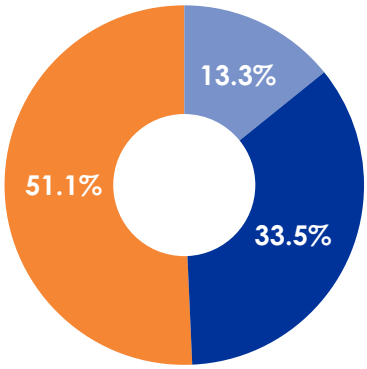


Figure 15: Respondents proximity to PAC Services

When asked about the proximity of healthcare facilities offering post-abortion care (PAC) services, **51.1%** of respondents reported that these services are located **"very far"** from their location, while **33.5%** described the distance as a **"fair distance,"** and **13.3%** indicated that the services are **"not far at all."**

On average, respondents reported traveling approximately **17.46 kilometers to access PAC services**. This suggests that even for those who perceive the distance as "fair" or "near," the actual travel distance may still represent a significant challenge, particularly for individuals in areas with limited transportation options.

Affordability of PAC Services

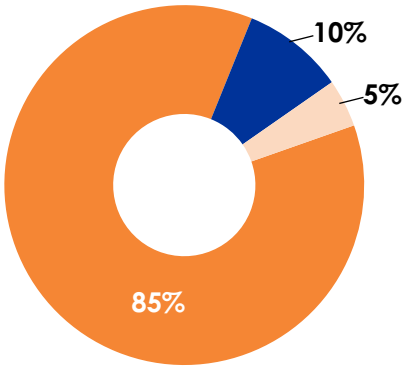


Figure 16: Respondents Perception on the affordability of PAC Services

When asked about the affordability of post-abortion care (PAC) services, the majority (**85%**) of respondents perceived these services as **"very expensive,"** while **10%** considered them **"affordable,"** and only **5%** described them as **"very affordable."**

These findings indicate that for most respondents, the high cost of PAC services poses a significant barrier to access, emphasizing the need for interventions to make these services more financially accessible, particularly for low-income individuals and underserved communities.

Quality of PAC Services

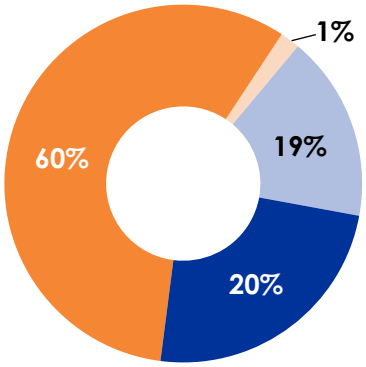


Figure 17: Participants Rating of the Quality of PAC Services

When asked to rate the quality of post-abortion care (PAC) services, **60%** of respondents described the quality as **"very poor,"** while **20%** rated it as **"poor."** In contrast, **19%** rated the services as **"good,"** and only **1%** rated them as **"excellent."**

It is important to note that while 80% of respondents indicated they had not sought formal PAC services, some reported accessing alternative forms of care, such as family planning services, self-medication, and traditional or herbal remedies. These ratings may therefore reflect their experiences with these alternative methods rather than standardized PAC services in healthcare facilities.

Perception of Healthcare Professionals' Respect and Professionalism

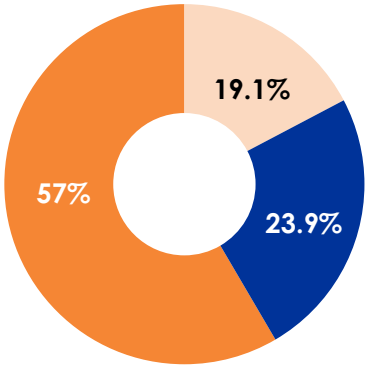


Figure 18: Respondents Perception of Healthcare Professionals' Respect and Professionalism*

Among those who accessed post-abortion care (PAC) services, **57%** of respondents reported being **treated respectfully and professionally,** indicating a positive experience for the individuals who sought formal care. However, **23.9%** felt that they **were not treated respectfully or professionally,** suggesting that there are significant gaps in the quality of interpersonal care. Additionally, **19.1%** of respondents felt that they **were treated "sometimes" respectfully,** indicating that the level of professionalism varied across experiences.

** This data reflects the experience of only a small subset of participants who sought formal PAC services before.*

Experience of Discrimination from Health Care Providers

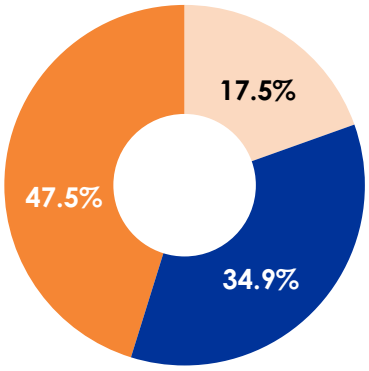


Figure 19: Participants Experienced of Discrimination from Health Care Providers*

Yes No Sometimes

Regarding experiences of discrimination from healthcare providers, the survey revealed that **47.5%** of respondents who accessed healthcare services reported **experiencing discrimination during their interactions with healthcare professionals.** This indicates that nearly half of those who sought care faced negative or prejudiced treatment, which could significantly impact their trust in and willingness to seek future healthcare services. In contrast, **34.9%** stated that they **had not experienced any discrimination,** suggesting that a substantial portion of those who accessed care had positive or neutral experiences. Additionally, **17.5%** of respondents indicated that they **experienced discrimination "sometimes,"** highlighting that for some, discriminatory treatment may occur intermittently, potentially affecting their future engagement with healthcare services.

** This data reflects the experience of only a small subset of participants who sought formal PAC services before.*

Experience of Privacy and Confidentiality during PAC

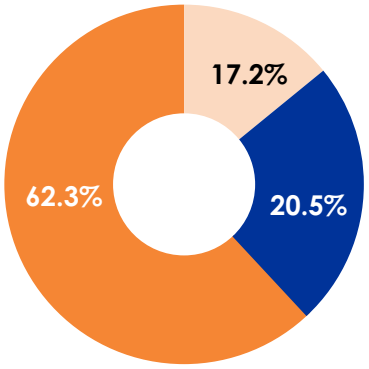


Figure 20: Respondents' Experience of Privacy and Confidentiality during PAC*

Yes No Not sure

Regarding privacy and confidentiality during post-abortion care (PAC) services, **62.3%** of respondents who accessed PAC services reported that their **privacy and confidentiality were maintained**, indicating that a majority of individuals who sought care felt their personal information was respected. However, **17.2%** of respondents indicated that their **privacy was not maintained,** raising concerns about the protection of personal information in certain healthcare settings. Additionally, **20.5%** of respondents were **unsure about whether their privacy and confidentiality were upheld**, suggesting a lack of transparency or awareness regarding healthcare practices.

** This data reflects the experience of only a small subset of participants who sought formal PAC services before.*

Experience of Discrimination from Friends/Colleagues

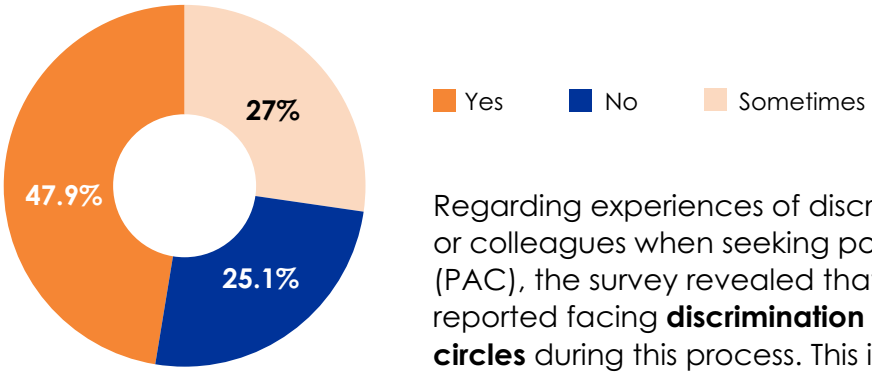


Figure 21: Respondents' Experience of Discrimination While seeking PAC

Regarding experiences of discrimination from friends or colleagues when seeking post-abortion care (PAC), the survey revealed that **47.9%** of respondents reported facing **discrimination from their social circles** during this process. This indicates that nearly half of the respondents have encountered negative attitudes or judgmental behavior from people they know, which could contribute to feelings of isolation and reluctance to seek care in the future.

A significant portion of respondents reported experiencing discrimination when seeking PAC, with **47.9%** stating they **faced discrimination from friends or colleagues**, while **34.9% did not** and **17.5%** experienced it **occasionally.** Additionally, **31.3%** of respondents rated the **fear of social stigma as a 5 out of 5** in terms of how much it influences their decision to seek PAC. This indicates that a considerable number of participants feel strongly impacted by the fear of social judgment, which can create additional barriers to accessing healthcare services.

This combination of findings reveals that fear of stigma and actual experiences of discrimination—whether from healthcare providers, friends, or colleagues—play a critical role in shaping individuals' decisions about whether or not to seek PAC. These social factors can significantly discourage individuals from accessing necessary healthcare services, further emphasizing the need for stigma-reduction strategies and greater community support to ensure individuals feel safe and respected when seeking care.

** This data reflects the experience of only a small subset of participants who sought formal PAC services before.*

Influence of Family or Community Attitudes on Decision to Seek PAC

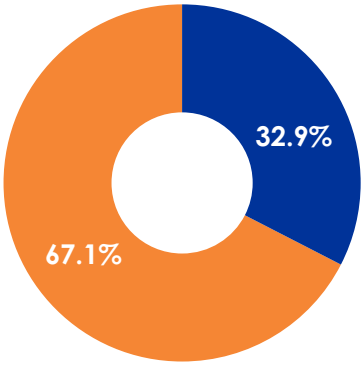


Figure 22: Influence of Family or Community Attitudes on Decision to Seek Post-Abortion Care (PAC)

A significant number of respondents, **67.1%,** reported that **family or community attitudes have influenced their decision to seek post-abortion care (PAC)**. This suggests that negative views or societal pressures from family and community members play a substantial role in shaping individuals' choices regarding healthcare. The fear of judgment or rejection from close circles can deter individuals from seeking the necessary care they need, further complicating their access to timely and appropriate PAC services. This highlights the importance of addressing not only healthcare-related barriers but also the broader social and cultural stigmas that may hinder individuals from seeking crucial medical assistance

Impact of Sex Worker or LBQ Identity on Treatment in Healthcare Settings

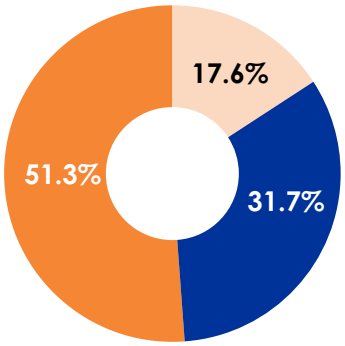


Figure 23: Impact of Sex Worker or LBQ Identity on Treatment in Healthcare Settings

More than half of the respondents (**51.3%**) felt that their **identity as a sex worker or LBQ (lesbian, bisexual, queer) woman affects how they are treated in healthcare settings.** This indicates a significant concern regarding discrimination or biased treatment based on their sexual identity or occupation. On the other hand, **31.1%** stated that their **identity does not impact their treatment in healthcare settings,** while **17.6%** reported **experiencing such treatment occasionally.** These responses underscore the importance of creating inclusive and non-judgmental healthcare environments that respect individuals' identities, particularly for marginalized groups such as sex workers and LBQ women.

Discussion

The study revealed a diverse range of demographic characteristics among respondents, providing valuable context for interpreting the findings. A significant proportion of participants fell within the active reproductive age group, highlighting the relevance of post-abortion care (PAC) services to their health needs. Educational attainment levels varied, with the majority of respondents having only completed secondary school. This suggests a relatively informed sample group, which could influence their awareness of and access to healthcare services, including PAC. Previous research by Mutua and Maina et al. (2015) in Kenya revealed delays in seeking PAC among women with no formal education, those identifying with Muslim faith, and those with unclear religious affiliations. These findings align with the present study, where educational and religious backgrounds play significant roles in shaping healthcare-seeking behaviors.

While religion was not a primary focus of the study, its influence is noteworthy. A majority of respondents identified as Christian (70%), followed by Muslims (28.3%), and smaller percentages identifying as traditionalists (0.4%) or unaffiliated (1%). Religious and cultural norms may indirectly influence attitudes toward PAC and healthcare-seeking behavior, underscoring the importance of culturally sensitive approaches to service delivery.

98.3% of respondents (747 out of 762) reported having undergone an abortion at some point in their lives.

A significant finding from the survey is that 98.3% of respondents (747 out of 762) reported having undergone an abortion at some point in their lives. Among these, 69.5% mentioned that they experienced complications, and 89.3% indicated they had sought post-abortion care services. These findings highlight the high prevalence of abortion experiences among the study population, indicating that abortion is a common healthcare need among sex workers and LBQ women. Similar patterns were observed in a study of female sex workers in Benin, where 67.6% of pregnancies ended in abortion (Perrault and Guédou et al., 2020). The high complication rates further emphasize the urgency of improving access to quality PAC services.

Regarding the affordability of PAC services, 85% of respondents considered them very expensive, 10% found them affordable, and 5% rated them very affordable (Figure 16). These findings highlight a significant barrier to accessing PAC services, as a vast majority of individuals find these services financially out of reach. The high cost associated with PAC services underscores the need for policy interventions aimed at making such services more affordable, especially for marginalized groups like sex workers and LBQ women.

In terms of seeking post-abortion care (PAC) services, 89.3% of respondents reported having sought PAC at some point, while 10.7% had not (Figure 11). This finding underscores the high prevalence of abortion experiences within the population and the importance of providing accessible, effective, and respectful post-abortion care services for those who seek them. Given that most respondents have sought care, addressing the barriers that prevent the remaining 10.7% from seeking PAC becomes crucial.

50.4% of respondents reported using self-medication after an abortion

Regarding the types of post-abortion care sought, 50.4% of respondents reported using self-medication, while 7.4% sought medical care from a healthcare provider (e.g., clinic or hospital), 13.7% sought counseling or mental health support, 14.7% sought family planning services, 8.2% used traditional or herbal remedies, and 5.6% accessed support groups or community organizations (Figure 12). These varied responses highlight the diversity in how individuals approach post-abortion care. The prevalence of self-medication is particularly concerning as it can lead to complications, emphasizing the need for better access to professional healthcare services and education on safe post-abortion care practices.

When assessing the quality of PAC services, 60% of respondents rated the service as very poor, 20% rated it as poor, 19% rated it as good, and only 1% rated it as excellent (Figure 17). These predominantly negative ratings suggest significant dissatisfaction with the quality of care received. The high proportion of respondents reporting poor experiences with PAC services calls for immediate action to improve the quality of care, ensuring that services are not only accessible but also meet the standards of professionalism, compassion, and effectiveness necessary for the well-being of those seeking care.

Stigma and discrimination still remains a huge barriers in accessing PAC by the study population. 47.5% of respondents reported experiencing discrimination form health care workers, 47.9% reported experiencing discrimination from friends and colleges, 31.3% rated the influence of social stigma on their decision to seek PAC as a 5 out of 5 (very high) and 67.1% reported that family or community attitudes have negatively influenced their edecision to seek PAC.

These findings underscore the significant role that discrimination and social stigma play in healthcare-seeking behavior, particularly for sex workers and LBQ women. The fear of judgment, both from healthcare providers and social networks, appears to be a powerful barrier. Addressing these issues through stigma-reduction strategies, education, and creating supportive healthcare environments will be crucial to ensure that individuals feel safe and respected when seeking PAC.

Recommendations

Based on the findings from this survey, several key recommendations have been identified to improve the accessibility, availability, quality, and overall effectiveness of Post-Abortion Care (PAC) services, particularly for sex workers and LBQ women. These recommendations are informed by the survey responses and reflect the perspectives of the target population.

Lowering Costs and Reducing Waiting Times: A significant portion of respondents (85%) described PAC services as very expensive, indicating that cost remains a major barrier to accessing care. To address this, lowering service costs should be prioritized. Introducing subsidized or sliding scale fees would help ensure that PAC services are affordable for individuals from low-income backgrounds. Healthcare systems should explore partnerships with NGOs, community groups, and international organizations to fund or subsidize PAC care, especially for marginalized populations. Additionally, to reduce waiting times, healthcare providers should implement fast-track services for individuals in urgent need, and consider expanding clinic hours or offering services on weekends to accommodate more patients.

Increasing the Availability of PAC Services: A key recommendation among respondents is to increase the number of healthcare facilities offering comprehensive PAC services, particularly in underserved areas. Expanding the network of healthcare facilities that provide PAC services will be crucial in meeting demand. Moreover, mobile PAC services could be an effective solution to overcome geographic barriers, ensuring that PAC is available in remote or hard-to-reach areas. PAC services can also be offered at non-traditional venues, such as community centers or faith-based organizations, which could increase access, especially in areas lacking formal healthcare infrastructure.

Enhancing the Quality of PAC Services: The quality of PAC services was a major concern, with 60% of respondents rating their experience as very poor and only 1% rating it as excellent. This suggests a pressing need for improvements in service quality. Specialized training for healthcare providers is essential to improve the care provided to individuals, especially marginalized groups such as sex workers and LBQ women. Training should focus on inclusivity, sensitivity, trauma-informed care, and non-judgmental approaches to ensure that healthcare workers are equipped to meet the unique needs of all patients. Additionally, follow-up care, mental health support, and post-abortion counseling should be integrated into PAC services to address the emotional and psychological needs of individuals after abortion.

Addressing Barriers to Access: Respondents highlighted several barriers to accessing PAC services, including high costs, transportation issues, and social stigma. In addition to subsidizing costs, addressing transportation barriers is critical.

Transportation subsidies, mobile clinics, or ride-sharing partnerships can help individuals access PAC services, particularly in rural or remote areas. Privacy and confidentiality in PAC service settings should also be strengthened to ensure individuals feel safe and respected when seeking care. It is crucial to create an environment where people can seek care without fear of judgment, especially given the stigma associated with abortion in many communities.

Recommendations for Funders

- **Funding for Specialized Services:** Funders should allocate resources to support specialized services for marginalized populations, such as sex workers and LBQ women, to ensure equitable access to PAC services. This includes funding for healthcare provider training, outreach to vulnerable communities, and the provision of mobile PAC services in underserved areas. Funders can also support initiatives aimed at reducing service costs, ensuring that PAC services remain affordable for all individuals who need them.

Recommendations for Government

- **Training Healthcare Providers on Unique Needs:** 50% of respondents emphasized the need for specialized training for healthcare providers to address the unique needs of sex workers and LBQ women. Governments should prioritize training programs that address the psychosocial, cultural, and healthcare needs of these groups. These programs should focus on delivering non-judgmental care, ensuring that healthcare providers are sensitive to the social stigma surrounding PAC and equipped to provide compassionate, inclusive care.

- **Awareness Campaigns:** Respondents suggested that community workshops, social media campaigns, and collaboration with local organizations could be effective in improving awareness of PAC services. Governments should invest in community-based workshops to educate the public and healthcare professionals about the importance of accessible, non-judgmental PAC services. Collaborations with local organizations, such as NGOs and community centers, are essential to reach vulnerable groups who may not have access to mainstream media or healthcare facilities.

- **The Role of Community Organizations:** 38.9% of respondents believe that community organizations should play an active role in improving access to PAC services. Governments should empower local organizations to advocate for policy changes that enhance the accessibility and equity of PAC services.

These organizations can also serve as safe spaces for individuals to discuss reproductive health, receive emotional support, and access PAC services without fear of discrimination.

- **Policy and Legal Support:** Legal reforms should be implemented to ensure that sex workers and LBQ women have access to PAC services without discrimination. Governments should prioritize legal protections for these groups and allocate specialized funding for healthcare facilities in underserved areas to ensure PAC services are available to all individuals, regardless of their socio-economic status or geographic location. Integrating PAC services into broader sexual and reproductive health policies will ensure that PAC is part of routine reproductive healthcare in both public and private sectors.

- **Addressing Stigma and Social Attitudes:** A significant number of respondents reported that discrimination, fear of social stigma, and negative community or family attitudes influenced their decision to seek PAC services. Governments should invest in anti-stigma campaigns and community sensitization programs targeting both the general public and healthcare providers. These campaigns should focus on educating communities about the rights and needs of individuals seeking PAC, with the goal of reducing judgment and promoting acceptance. Additionally, healthcare workers should be trained on how to manage patients' concerns about stigma and ensure confidentiality in the provision of PAC services.

Conclusion

This report has highlighted critical issues affecting access to Post-Abortion Care (PAC) services, particularly for marginalized groups such as sex workers and LBQ women. Through the survey findings and subsequent discussion, it is evident that improving access to PAC services requires a multi-faceted approach. Key areas such as reducing costs, decreasing waiting times, enhancing the availability and quality of services, and addressing stigma and social attitudes are paramount to improving PAC accessibility for all individuals.

The survey results emphasize the importance of specialized training for healthcare providers, particularly in understanding the unique needs of sex workers and LBQ women, and the need for more inclusive, non-judgmental care. Additionally, there is a clear call for greater community awareness and education, which can be facilitated through awareness campaigns, community workshops, and social media outreach.

To address these issues, the report proposes actionable recommendations, categorized into general recommendations, those directed at funders, and those aimed at government action. These recommendations focus on reducing financial and logistical barriers, increasing the number of healthcare facilities offering PAC, and advocating for policies that support legal protections and equitable access to services.

In conclusion, improving access to PAC services for marginalized communities requires a coordinated effort between healthcare providers, funders, and government bodies. By implementing the recommendations outlined in this report, it is possible to create a more inclusive and supportive healthcare environment that meets the needs of sex workers, LBQ women, and other vulnerable groups, ensuring their rights to safe and non-judgmental reproductive healthcare are upheld.

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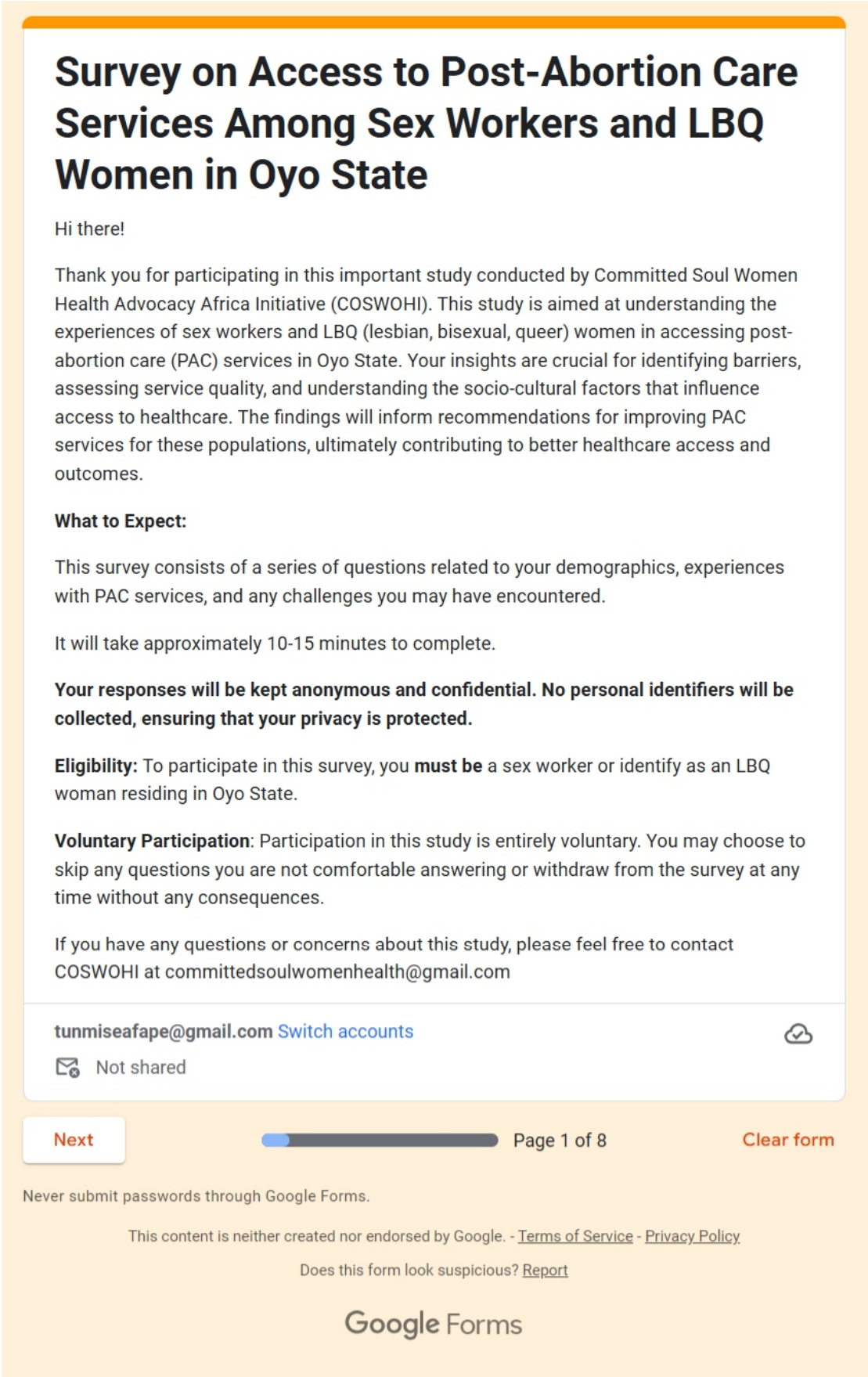
Appendix



Survey on Access to Post-Abortion Care Services Among Sex Workers and LBQ Women in Oyo State

Hi there!

Thank you for participating in this important study conducted by Committed Soul Women Health Advocacy Africa Initiative (COSWOHI). This study is aimed at understanding the experiences of sex workers and LBQ (lesbian, bisexual, queer) women in accessing post-abortion care (PAC) services in Oyo State. Your insights are crucial for identifying barriers, assessing service quality, and understanding the socio-cultural factors that influence access to healthcare. The findings will inform recommendations for improving PAC services for these populations, ultimately contributing to better healthcare access and outcomes.

What to Expect:

This survey consists of a series of questions related to your demographics, experiences with PAC services, and any challenges you may have encountered.

It will take approximately 10-15 minutes to complete.

Your responses will be kept anonymous and confidential. No personal identifiers will be collected, ensuring that your privacy is protected.

Eligibility: To participate in this survey, you **must be** a sex worker or identify as an LBQ woman residing in Oyo State.

Voluntary Participation: Participation in this study is entirely voluntary. You may choose to skip any questions you are not comfortable answering or withdraw from the survey at any time without any consequences.

If you have any questions or concerns about this study, please feel free to contact COSWOHI at committedsoulwomenhealth@gmail.com

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* Indicates required question

Demographic Questions

This section aims to gather essential demographic information that will help us understand your diverse backgrounds and experiences.

Do you consent to participate in this research voluntarily and without coercion? *

- Yes
- No

What is your age range?

- 11- 18 years
- 19 - 25 years
- 26 - 40 years
- 40 years - 50 years
- 51 years and above

How do you identify your gender?

- Woman
- Man
- Non-binary
- Other:

How would you describe your sexual orientation? (Select one)

- Lesbian
- Bisexual
- Queer
- Other:

What is your current relationship status?

- Single
- In a relationship
- Married
- Separated/Divorced
- Other:

What is the highest level of education you have completed?

- No formal education
- Primary education
- Secondary education
- Vocational/Technical training
- Tertiary education (College/University)

What is your current employment status?

- Full-time employed
- Part-time employed
- Self-employed
- Unemployed
- Student

What is your approximate monthly income?

- Below ₦20,000
- ₦20,000 – ₦50,000
- ₦50,000 – ₦100,000
- ₦100,000 – ₦200,000
- Above ₦200,000

What is your current living situation?

- Living alone
- Living with family
- Living with friends/roommates
- Living with a partner/spouse
- Prefer not to say

What is your primary source of income?

- Sex work
- Part-time/Full-time employment outside sex work
- Support from family/partner

Do you identify with a specific religious or cultural background? (if yes, please specify)

Your answer

Where is your location?

Your answer

Which area in Oyo State do you currently reside in?

- Rural
- Urban

Please share a specific, City, Town or local government.

Your answer

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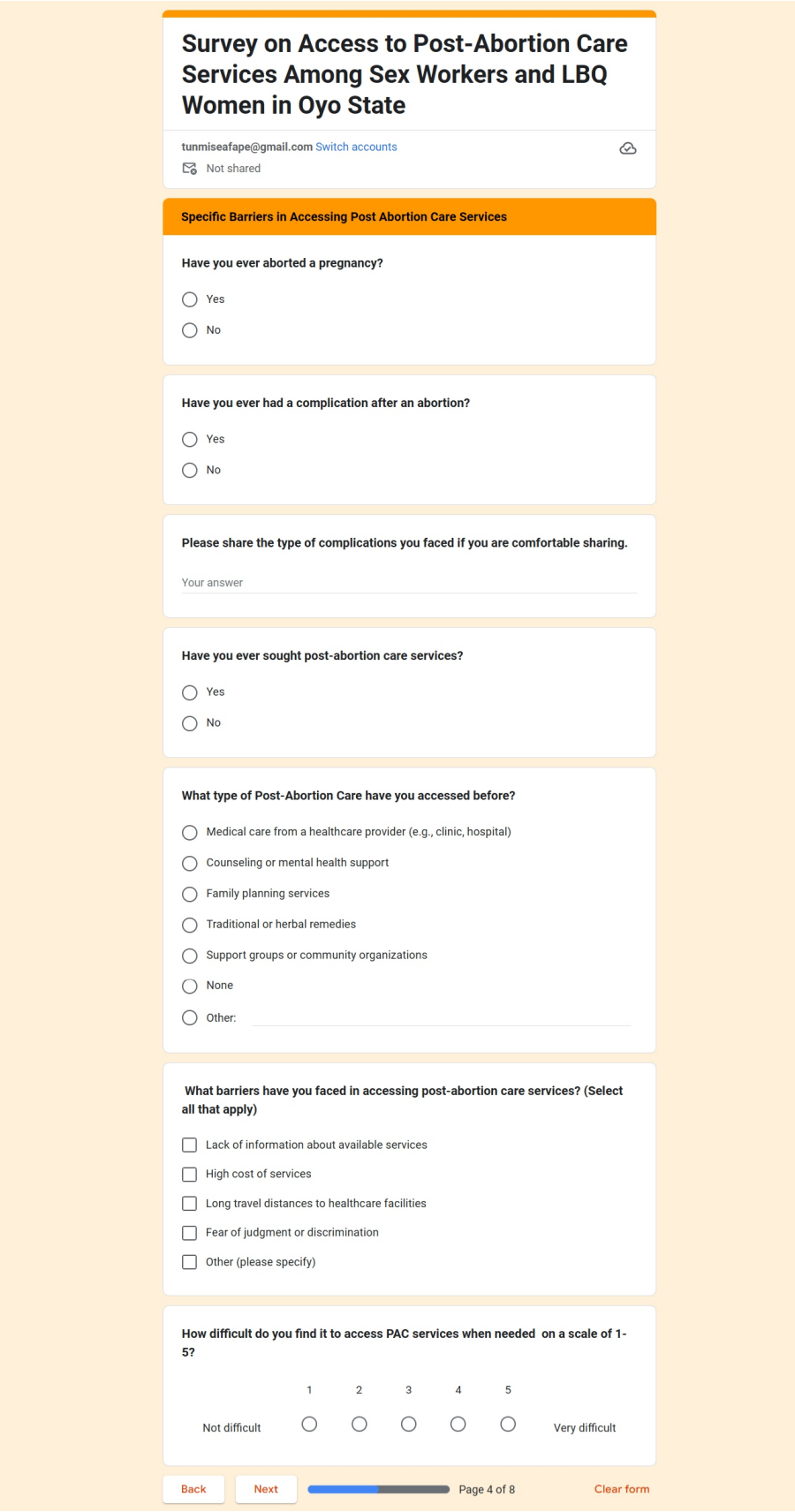

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Specific Barriers in Accessing Post Abortion Care Services

Have you ever aborted a pregnancy?

- ◯ Yes
- ◯ No

Have you ever had a complication after an abortion?

- ◯ Yes
- ◯ No

Please share the type of complications you faced if you are comfortable sharing.

Your answer

Have you ever sought post-abortion care services?

- ◯ Yes
- ◯ No

What type of Post-Abortion Care have you accessed before?

- ◯ Medical care from a healthcare provider (e.g., clinic, hospital)
- ◯ Counseling or mental health support
- ◯ Family planning services
- ◯ Traditional or herbal remedies
- ◯ Support groups or community organizations
- ◯ None
- ◯ Other:

What barriers have you faced in accessing post-abortion care services? (Select all that apply)

- ☐ Lack of information about available services
- ☐ High cost of services
- ☐ Long travel distances to healthcare facilities
- ☐ Fear of judgment or discrimination
- ☐ Other (please specify)

How difficult do you find it to access PAC services when needed on a scale of 1-5?

	1	2	3	4	5	
Not difficult	◯	◯	◯	◯	◯	Very difficult

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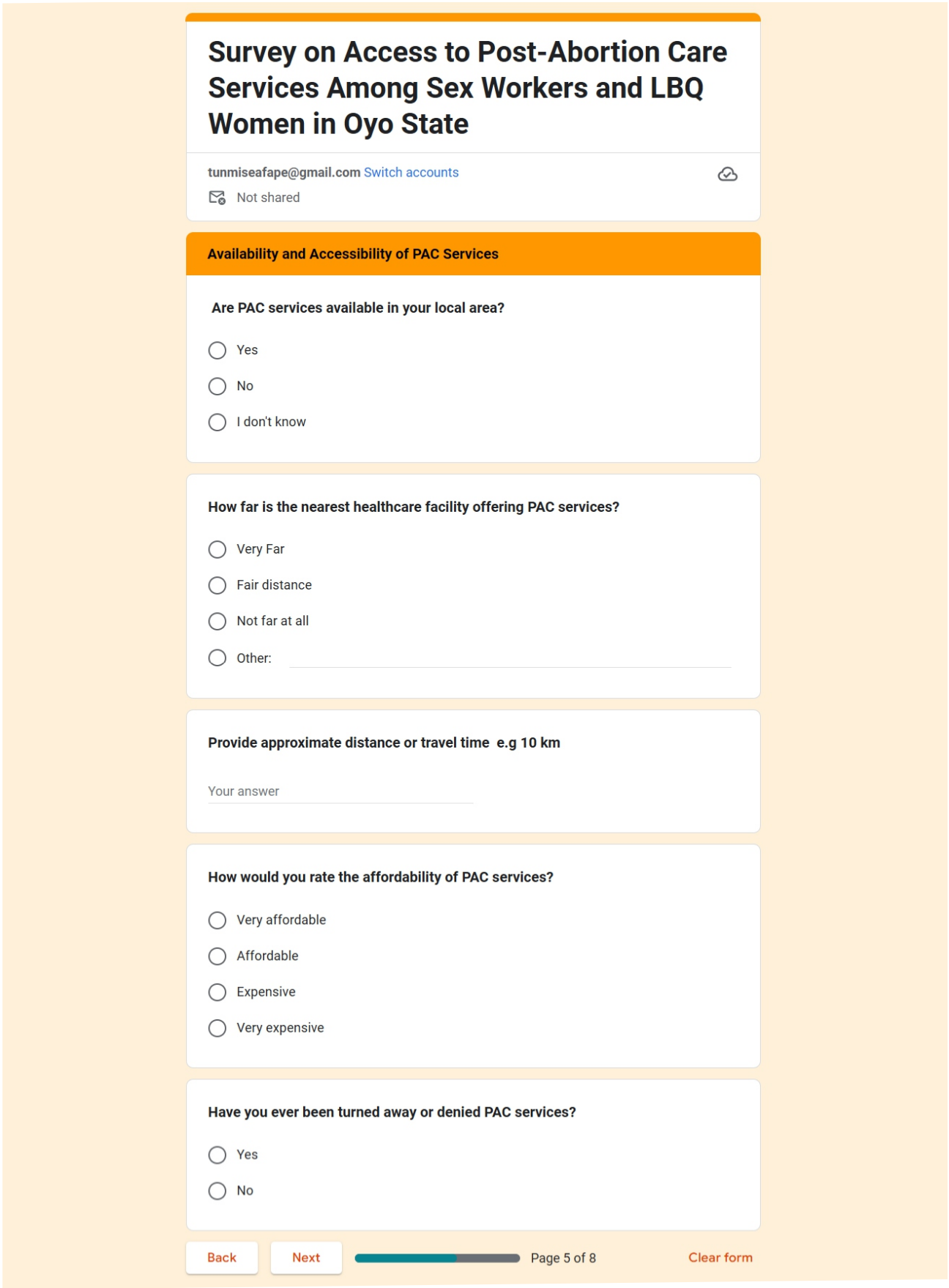

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Availability and Accessibility of PAC Services

Are PAC services available in your local area?

- ◯ Yes
- ◯ No
- ◯ I don't know

How far is the nearest healthcare facility offering PAC services?

- ◯ Very Far
- ◯ Fair distance
- ◯ Not far at all
- ◯ Other: _____

Provide approximate distance or travel time e.g 10 km

Your answer

How would you rate the affordability of PAC services?

- ◯ Very affordable
- ◯ Affordable
- ◯ Expensive
- ◯ Very expensive

Have you ever been turned away or denied PAC services?

- ◯ Yes
- ◯ No

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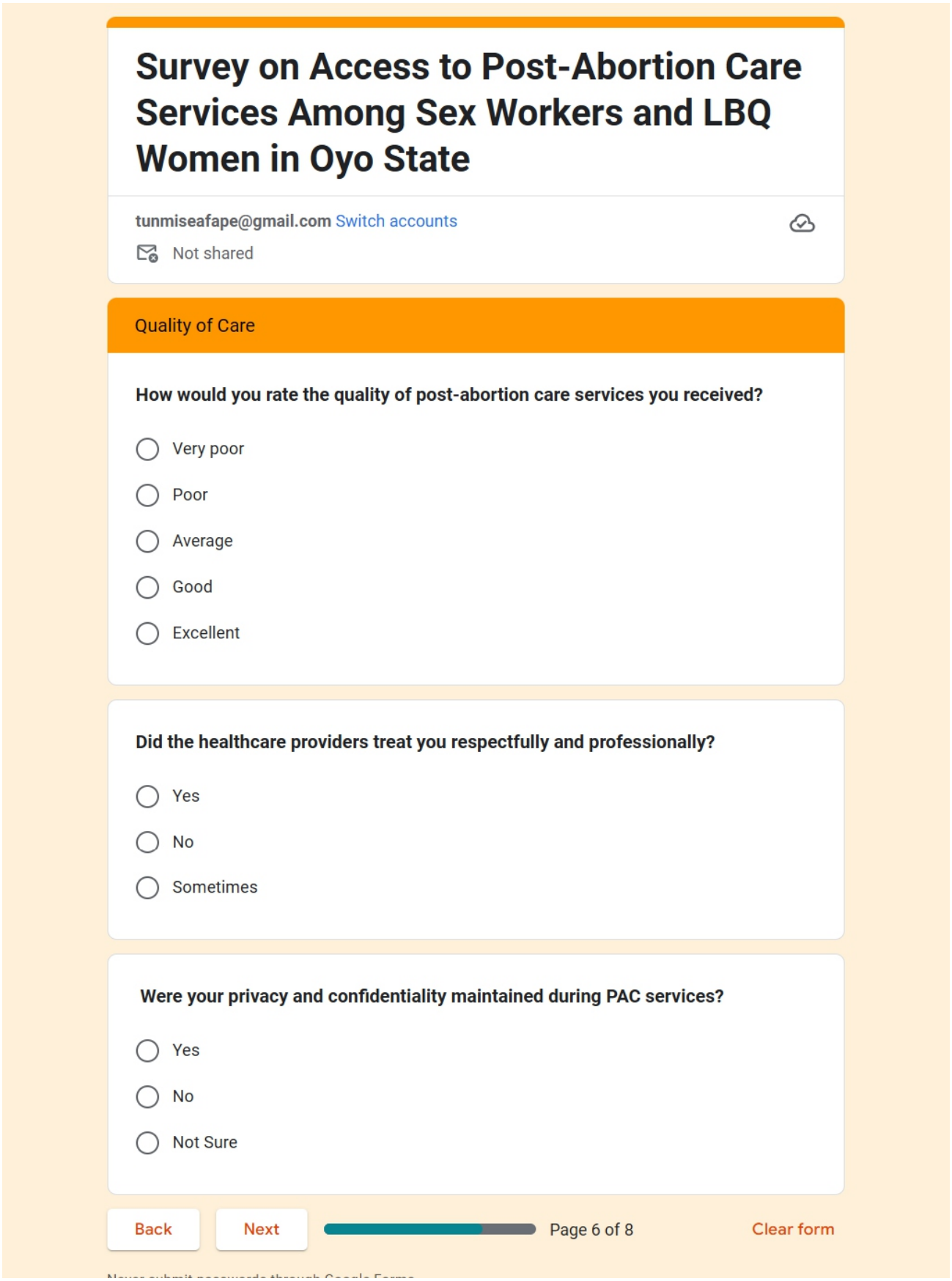

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Quality of Care

How would you rate the quality of post-abortion care services you received?

- ◯ Very poor
- ◯ Poor
- ◯ Average
- ◯ Good
- ◯ Excellent

Did the healthcare providers treat you respectfully and professionally?

- ◯ Yes
- ◯ No
- ◯ Sometimes

Were your privacy and confidentiality maintained during PAC services?

- ◯ Yes
- ◯ No
- ◯ Not Sure

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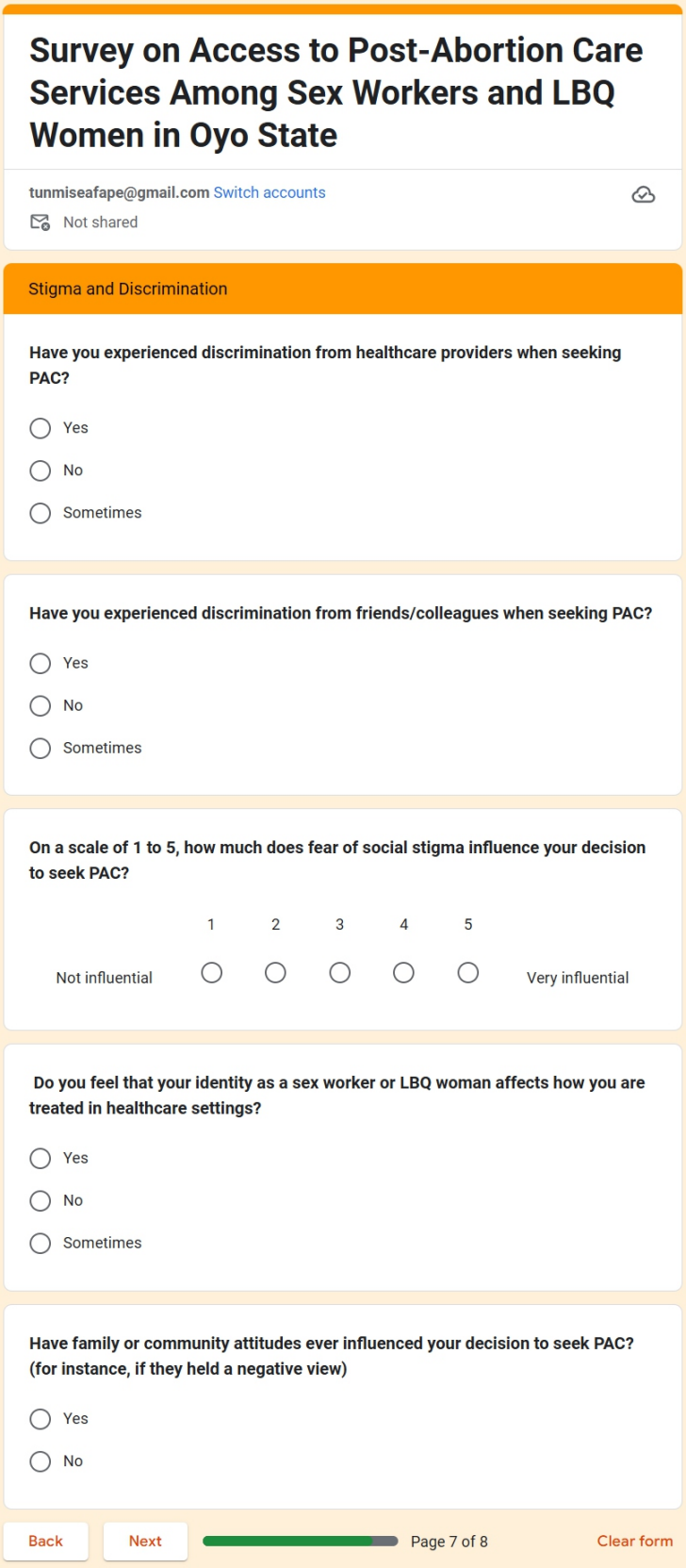

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Stigma and Discrimination

Have you experienced discrimination from healthcare providers when seeking PAC?

- ◯ Yes
- ◯ No
- ◯ Sometimes

Have you experienced discrimination from friends/colleagues when seeking PAC?

- ◯ Yes
- ◯ No
- ◯ Sometimes

On a scale of 1 to 5, how much does fear of social stigma influence your decision to seek PAC?

	1	2	3	4	5	
Not influential	◯	◯	◯	◯	◯	Very influential

Do you feel that your identity as a sex worker or LBQ woman affects how you are treated in healthcare settings?

- ◯ Yes
- ◯ No
- ◯ Sometimes

Have family or community attitudes ever influenced your decision to seek PAC? (for instance, if they held a negative view)

- ◯ Yes
- ◯ No

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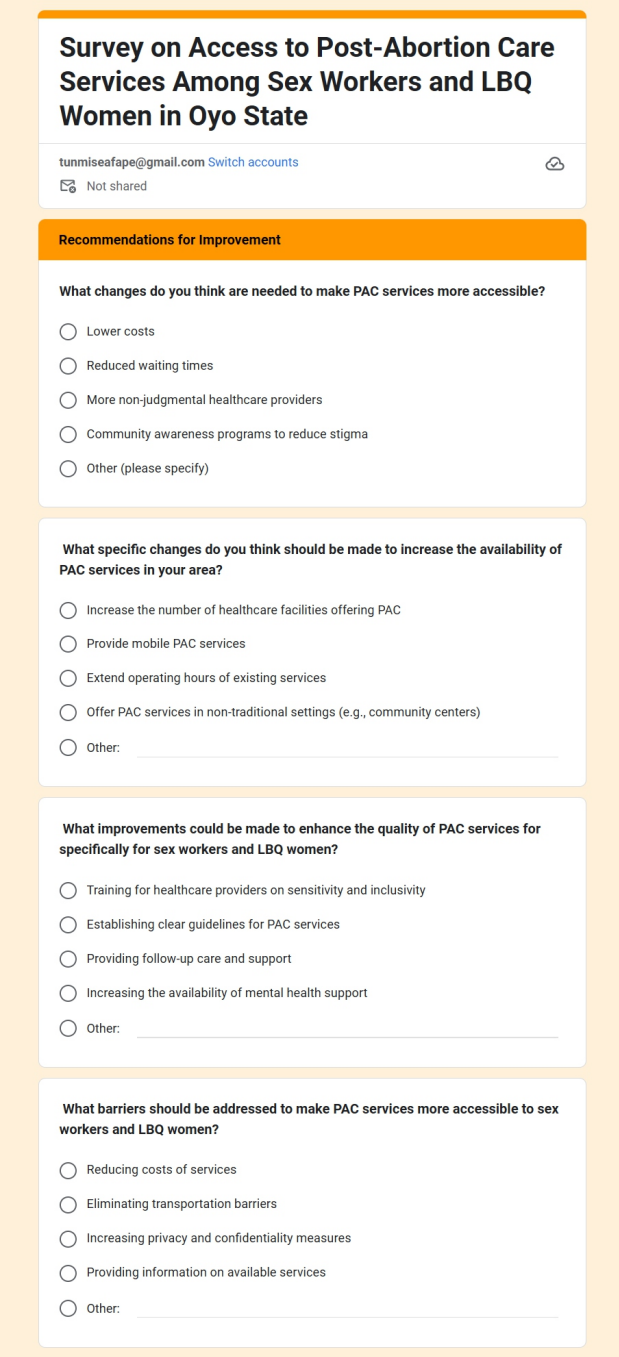

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Recommendations for Improvement

What changes do you think are needed to make PAC services more accessible?

- ◯ Lower costs
- ◯ Reduced waiting times
- ◯ More non-judgmental healthcare providers
- ◯ Community awareness programs to reduce stigma
- ◯ Other (please specify)

What specific changes do you think should be made to increase the availability of PAC services in your area?

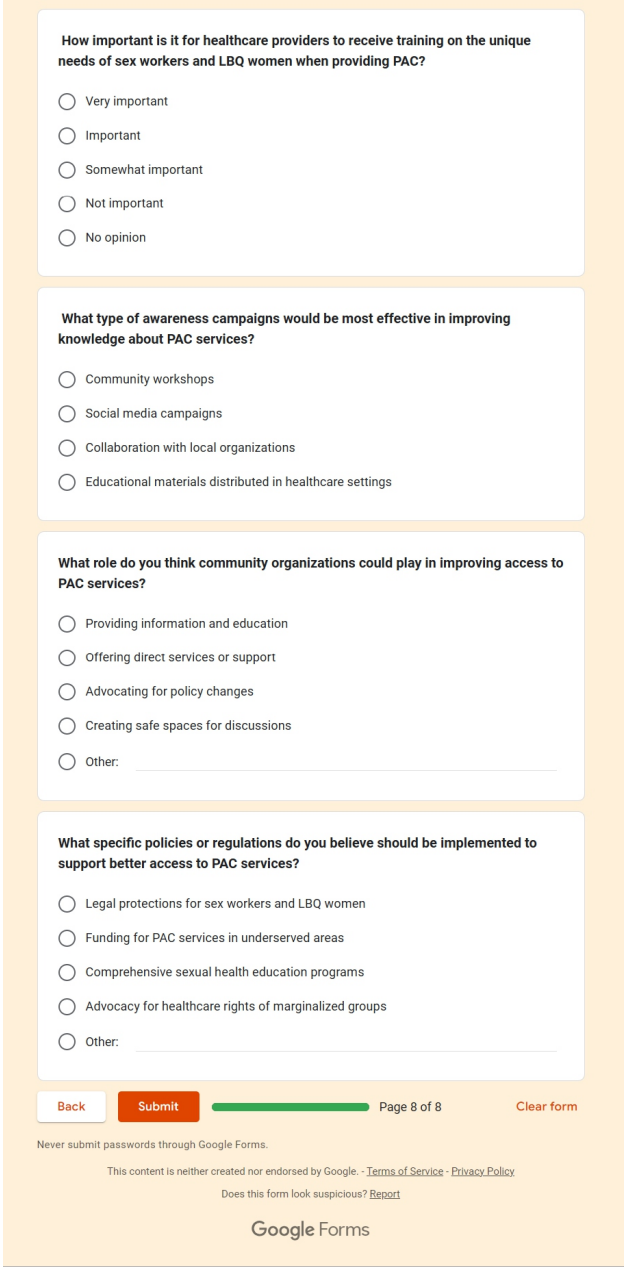
- ◯ Increase the number of healthcare facilities offering PAC
- ◯ Provide mobile PAC services
- ◯ Extend operating hours of existing services
- ◯ Offer PAC services in non-traditional settings (e.g., community centers)
- ◯ Other: _____

What improvements could be made to enhance the quality of PAC services for specifically for sex workers and LBQ women?

- ◯ Training for healthcare providers on sensitivity and inclusivity
- ◯ Establishing clear guidelines for PAC services
- ◯ Providing follow-up care and support
- ◯ Increasing the availability of mental health support
- ◯ Other: _____

What barriers should be addressed to make PAC services more accessible to sex workers and LBQ women?

- ◯ Reducing costs of services
- ◯ Eliminating transportation barriers
- ◯ Increasing privacy and confidentiality measures
- ◯ Providing information on available services
- ◯ Other: _____



How important is it for healthcare providers to receive training on the unique needs of sex workers and LBQ women when providing PAC?

- ◯ Very important
- ◯ Important
- ◯ Somewhat important
- ◯ Not important
- ◯ No opinion

What type of awareness campaigns would be most effective in improving knowledge about PAC services?

- ◯ Community workshops
- ◯ Social media campaigns
- ◯ Collaboration with local organizations
- ◯ Educational materials distributed in healthcare settings

What role do you think community organizations could play in improving access to PAC services?

- ◯ Providing information and education
- ◯ Offering direct services or support
- ◯ Advocating for policy changes
- ◯ Creating safe spaces for discussions
- ◯ Other: _____

What specific policies or regulations do you believe should be implemented to support better access to PAC services?

- ◯ Legal protections for sex workers and LBQ women
- ◯ Funding for PAC services in underserved areas
- ◯ Comprehensive sexual health education programs
- ◯ Advocacy for healthcare rights of marginalized groups
- ◯ Other: _____

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