



“He Would Have Been Born if Not For Emefiele”: Impact of Currency Redesign on Maternal Healthcare Services in Abeokuta, Southwest Nigeria

Olasupo Olakunle

THOMPSON¹

Bukola KANUMUANGI²

Remi ADURADOLA³

Abiodun Najeem RAHEEM⁴

¹Department of Communication and General Studies, History and International Studies Unit, Federal University of Agriculture Abeokuta, Ogun State, Nigeria

²Department of Communication and General Studies, Language and Communication Unit, Federal University of Agriculture Abeokuta, Ogun State, Nigeria

³Department of Communication and General Studies, Foreign Language Unit, Federal University of Agriculture Abeokuta, Ogun State, Nigeria

⁴Department of Economics, Federal University of Agriculture Abeokuta, Ogun State, Nigeria

ABSTRACT

Objectives: The article examined the impact of the currency redesign on maternal healthcare services in Abeokuta, Southwest Nigeria. The objectives of the study were to (i) investigate the impact of naira redesign on maternal healthcare services in Abeokuta, southwest Nigeria and (ii) identify the implications of these impacts on maternal healthcare services in Abeokuta, southwest Nigeria.

Methods: The study adopted the qualitative method. Data for the study were elicited majorly from non-participant observation and interviews of 10 purposive women attending antenatal or postnatal clinics in private and community clinics in Abeokuta, southwest Nigeria. This was complemented with other secondary sources. The ages of the participants were between 18 and 42 years old. The criteria for including the volunteers were based on their status of either being pregnant or nursing mothers, their consents, and their willingness to take part in the study. The data were evaluated through descriptive narrative and thematic analysis.

Results: The article found that pregnant women and nursing mothers were affected by the naira design in various ways. These were scarcity of cash, problems of transportation to healthcare facilities, problems of purchasing drugs and medications, problems of purchasing food items, problems of accessing medical services, problems of high cost of living, maternal and infant mortality, and morbidity. These have implications on sexual and reproductive health, national development, and human rights.

Conclusion: The article concludes that the government and its agencies must make proper plans before making public policies and also carry stakeholders along in what must be an inclusive policy.

Keywords: Currency redesign, maternal healthcare, mortality, Nigeria, public policy, women

Received: 08.05.2023

Accepted: 09.12.2023

Publication Date: 31.12.2023

Corresponding Author:

Olasupo Olakunle THOMPSON

E-mail: olakunleolasupo@yahoo.com

Cite this article as: Olakunle Thompson, O., Kanumuangi, B., Aduradola, R., & Najeem Raheem, A. (2023). “He would have been born if not for Emefiele”: Impact of currency redesign on maternal healthcare services in Abeokuta, Southwest Nigeria. *Advances in Women's Studies*, 5(2), 31-37.

Introduction

Monetary policies help to stabilize currency, the economy, and promote development. Introducing a new currency or redesigning one is a way to advance monetary policies in a country. Nigeria, a British colonial country and Africa's highest black population, has had history of introducing new notes or redesigning its currency from the colonial period. While new currencies were introduced after the civil war in 1973 and during the 1980s under General Muhammadu Buhari, the recent one in 2022 was not without its travails.

As at the end of September 2022, it was reported that N2.73 trillion (84.5 percent) out of the N3.23 trillion cash in circulation was outside the vaults of commercial banks across the country. In other words, the monies could either be in the hands of individuals or other entities other than the commercial banks. On October 26, 2022, the immediate former Central Bank of Nigeria (CBN) Governor, Mr Godwin Emefiele announced its plan to redesign three of the nation's highest denominations (N1000, N500, and N200). The reasons for currency redesign were the challenges of hoarding of bank notes, worsening shortages of clean and fit bank notes which had negative impacts on the perception of the CBN, and the increasing ease and counterfeiting (CBN, 2022; Emefiele, 2022). The aim of the redesign was to deepen the CBN's drive to entrench a cashless economy and to checkmate the rising monetization of insecurity through kidnap for ransom (Emefiele, 2022). The economics of kidnapping in Nigeria between 2011 and 2020 is around \$20 million and about ₦ 6.531 billion (US\$ 162 million) was



demanded while about ₦ 653.7 million (US\$ 8 1.126billion) was paid as ransom between July 2021 and June 2022 (SB Morgen, 2020; 2022). Emefiele, further stated that the new notes would be in circulation by December 15, 2022. He enjoined the general public to start depositing their old notes as the new notes would be available for withdrawal.

By November 23, 2022, the former president, Muhammadu Buhari, unveiled the redesigned notes and the apex bank fixed January 31 as the deadline for the validity of the old notes. As of December 2022, apart from the scarcity of the new notes, many people had already deposited the old ones they had, and, in fact, many traders had started rejecting the few available old notes, which were only in lower denominations and tattered notes. This agony extended up to the first quarter of 2023.

While the situation improved by the second part of 2023, the policy had unattendant impacts on the livelihood, lives, political, and social relations of the Nigerian society. One aspect that was affected significantly was maternal healthcare. The components of maternal healthcare services (MHS) are preconception care, antenatal care, delivery services, and postnatal care. Studies agree that failure to attend MHS affects the health and survival of pregnant women, nursing mothers, and their babies. While a woman's chances are 1 in 4900 cases and maternal deaths of women were just 1700 from 46 most developed countries; a Nigerian woman has a 1 in 22 lifetime risks of dying during pregnancy, childbirth, or postpartum/post-abortion experiences (Thompson, 2021; WHO, 2019). Aside from 70% of all maternal deaths that occurred in sub-Saharan Africa, the cases were much more dire in nine countries that faced severe humanitarian crises as maternal mortality doubled, amounting to 551 maternal deaths per 100 000 live births, compared to 223 globally (World Health Organization, 2023a). Pregnancies, which should be a positive experience for all women, are usually dangerous periods for women in sub-Saharan Africa (WHO, 2023b).

While a lot of studies have focused on the state of maternal health services in Africa and Nigeria as well as how public policies affect it, adequate attention has not been given to how fiscal policy affects maternal healthcare. This article examines the impact of the currency redesign on maternal healthcare services in Abeokuta, southwest Nigeria. The article is divided into six parts—the introduction, literature review, methods, results, discussions and implications, as well as conclusion and recommendations. The objectives of the study were to (i) investigate the impact of naira redesign on maternal healthcare services in Abeokuta, Southwest Nigeria and (ii) identify the implications of these impacts on maternal healthcare services in Abeokuta, Southwest Nigeria. The answers to these research questions are germane to public health practice and theory.

Literature Review: Public Policy and Maternal Health Policies in Nigeria

Public policies are what governments intend to do or otherwise. Studies abound on public policies in Nigeria (Egugbo, 2020; Obamwonyi and Aibieyi, 2014; Onoka et al., 2010; Thompson et al., 2020).

Thompson (2021) in his thesis on maternal healthcare services in Abeokuta, 1895–1987, revealed how some of the colonial policies, such as the abrupt proscription of traditional midwives for

western medicine and World War II policies, affected the health of pregnant and nursing women during the period. He concluded that policies must be inclusive and not hastily made in order to achieve their goals. Thompson et al., (2020) argued that most of the policies of government fail as a result of their unpreparedness, politicization, inadequate technology to drive home their goals, lack of adequate planning, and hasty decisions, among others. They recommended that stakeholders must be carried along before policies are even pronounced. Other scholars have equally identified political, financial, technical, or organizational thus making such good ideas ineffective, demanding a change in policy implementation practices, bad design, lack of policy frameworks, political instability and interference, lack of continuity, poor and bad governance, lack of inclusiveness, unwieldy scope of policies and beneficiaries, overlapping functions, and poor human capital development and poor funding as the reasons why policies fail in Nigeria even if they are of good intent. They recommend the need for more sustainable prepayment financial risk protection systems in the long run (Obamwonyi and Aibieyi, 2014; Onoka et al., 2010). Some have also argued against policy discontinuity and its negative effects on development and welfare of the citizenry (Egugbo, 2020).

Public policy cuts across all facets of the society. One area where it appears to also affect is the marginalized or vulnerable population and their health. One of these groups is women, especially pregnant women, and nursing mothers as well as their healthcare. Many factors have been identified as the challenges of maternal healthcare services (Ogbuabor and Onwujekwe, 2018). Ekpenyong, et al., (2019) assessed the challenges of maternal and prenatal care in Nigeria. They found that levels of education, income level, and costs associated with seeking care, distance and time taken to seek healthcare, healthcare incompetence, individual and socio-cultural barriers were the major challenges. They concluded that all these factors must be factored in when determining women's utilization of maternity care services. Adeyanju et al., (2017) found that socio-economic inequality is a major factor in determining women's health over the years. Some scholars have identified three types of delays as determinant factors affecting maternal healthcare utilization. These are delay in making a decision to seek maternal health care; delay in locating and arriving at a medical facility; and delay in receiving skilled pregnancy care when the woman gets to the health facility (Okonofua et al., 2018; Ope, 2020). World Health Organization (2023c) posits that the major complications that account for nearly 75 percent of global maternal mortality are severe bleeding (mostly bleeding after childbirth), infections (usually after childbirth); high blood pressure during pregnancy (pre-eclampsia and eclampsia) complications from delivery and unsafe abortion.

In spite of the efforts by both state and non-state actors including the World Health Organization and UNICEF among others (FMH, 2019; Health Policy Project, 2011), much has not been achieved. Moreover, adequate attention has not been paid to studies on how public policy affects maternal healthcare services. It is this lacuna that this study aims to address.

Methods

The study adopts a qualitative methodology. Data for the study was elicited mainly from non-participant observation, selected interviews of women attending antenatal or postnatal clinics in hospitals and traditional birthing clinics in Abeokuta,

Southwest Nigeria. The ages of the participants were from 18 to 42 years. One-on-one interviews and phone calls were used to gather information from the interviewees. The participants were recruited through purposive sampling methods. The researchers targeted 10 maternity patients, five pregnant women and five nursing mothers in Abeokuta (see Figure 1). The women were drawn from a private hospital and a community health center. The whole process was explained to the participants in order to gain their trust. Getting access to the participants was not hard as one of the author's husband is a medical doctor, so the women attending antenatal clinics in her husband's clinic were used. This was complemented with other secondary sources which includes journals, textbooks, newspapers, and the social media.

The interviews were arranged thematically and the data was interpreted through a descriptive narrative approach. The study took place in Abeokuta, southwest Nigeria in March 2023. Informed consent was given by the participants for the interviews, and confidentiality was maintained.

The ethical approval was granted by the Department Ethical Committee. The decision/protocol number was CGNS/EC/2023/vol.8/004, while verbal approval was given at the Ministry of Health and the Primary HealthCare center since the study did not involve an experimental method.

Results

The redesigning of the currency led to a cash crunch and scarcity. Even commercial banks did not have sufficient cash to grant their customers, no matter the amount or denominations that the customers required. This led to several ideas by some of the banks, such as rationing to limiting the amount of withdrawals, no matter the situation of the customer. Among the crowd were men and women, including the vulnerable population, which included the aged, pregnant women, and nursing mothers, who had to stay in the scorching sun in an attempt to withdraw some money from their various banks.

The major impacts of the currency redesign on maternity patients were: scarcity of cash and lack of access to banks and cash, problems of transportation to healthcare facilities, problems of purchasing drugs and medications, problems of purchasing food items, problems of accessing medical services, and problems of high cost of living, maternal and infant mortality and morbidity (Figure 3).

The first impact of the currency redesign was that it led to scarcity of cash and lack of access. The participants narrated how hard it was for them to get cash since they had already deposited the old notes that they had before the policy was made (KIIa-j). According to KIIb, 'walking for more than one hour or searching for point of service (POS) terminals to get cash was stressful for me and the

S/ N	Description of Participants	Age	Status	Healthcare Visitation	Occupation	Location/ Date
1	KIIa	42	Pregnant Woman	Antenatal Hospital	Civil Servant	Abeokuta, March 27, 2023
2	KIIb	33	Nursing Mother	Community Clinic	Civil Servant	Abeokuta, March 3, 2023
3	KIIc	40	Pregnant Woman	Antenatal Hospital	Trader	Abeokuta, March 7, 2023
4	KIId	29	Nursing Mother	Community Clinic	Trader	Abeokuta, March 27, 2023
5	KIIe	27	Nursing Mother	Community Clinic	Civil Servant	Abeokuta, March 27, 2023
6	KIIf	21	Nursing Mother	Community Clinic	Trader	Abeokuta, March 15, 2023
7	KIIg	24	Pregnant/ Lost the Baby	Antenatal Hospital	Civil Servant	Abeokuta, March 19, 2023
8	KIIh	25	Pregnant	Antenatal Hospital	Trader	Abeokuta, March 19, 2023
9	KIIi	22	Nursing Mother	Community Clinic	Civil Servant	Abeokuta, March 7, 2023
10	KIIj	18	Pregnant	Antenatal Hospital	Full House Wife	Abeokuta, March 3, 2023

Figure 1.
Demography of Participants.



Figure 2. Queues at the front of a Bank in Abeokuta, Ogun State. Source: Okeh (2023).

baby.’ It was reported that women, like their male counterparts, had to queue for hours and even after queuing, the cash would be exhausted before it got to their turns (KIIa-KIIj).

Secondly, there was a problem of transportation to healthcare facilities. This was more problematic for those who did not have vehicles and who lived in developing urban centers. These areas are synonymous with unmotorable terrain, bad roads, poor road network, and poor internet services even when they are within a town or city. All the participants narrated how difficult it was for them to trek since most of the transporters did not have bank accounts and always wanted cash (KIIa-KIIj). KIIb stated that she missed one of her sessions at the community clinic during postpartum visitations, while KIIc noted that she missed the appointment at her family planning clinic because she did not have access to cash and transportation.

Third, there was the problem of purchasing drugs and medications. All the women complained that it was very hard for them to get medications and drugs prescribed at the hospitals or in local patent stores (Chemist shop). While big pharmacies had alternatives for payment by cash deposits, the patent stores did

not. One of the factors responsible for not accepting other forms of deposits was the dubious ways of some patients and people (internet fraudsters) who send fake bank alerts. This, no doubt, was a big problem for mothers and their babies.

Fourth, the problem of feeding. This was because Nigeria has many informal economy where traders deal with physical cash and many of these traders do not have bank accounts as they mostly insisted on collecting cash. KIIh noted that at a time, she had to rely on the remnants of the food she ate in past days where she could not get or afford her cravings. KIIj posited that she had to beg for food from neighbors for her unborn baby to stay healthy. One of the women said that she suffered malnutrition during the period (KIIc). KIII noted that after her 2-year-old fell ill and she managed to take the baby to the hospital, it was revealed that the baby suffered from malnutrition. She pointed out that the baby was later admitted for almost a week before she could recover. According to KIIa:

The worst was going to the clinic. Though I usually go to the clinic with my ATM card but most times, the network always have issues. There was one unfortunate incident because there was a time I wanted to eat a particular fruit but all these Hausa people who sell fruits around the hospital said the only thing they wanted was cash and I could not get what I desired to eat as a pregnant woman.

Fifth, accessing healthcare clinics or services was another problem for the women. Many women who attended either western hospital or traditional birthing homes complained of not getting access to healthcare as a result of scarcity of currency. KIIc noted that “the baba where I go to his place to take herbal drinks before my baby was born asked me not to come again if I do not have cash because he is old and he also needed cash since he did not have bank account.” She further stated that the situation eventually pushed her to give birth at home. For example, a woman who could not get access to hospital treatment as a result of transaction failure had to go to the bank to rectify the issue and, on getting to the bank, she waited for hours before the case could be resolved. The twitter handler, @fey_efy18, who shared the story stated:

I was at @zenith bank Thomas estate Ajah today, This pregnant woman left the hospital she was because the doctors said they wouldn’t treat her if she didn’t pay her balance, She transferred into the hospital account, debited consecutively with no reversal (https://twitter.com/Fey_Fey18/status/1622646965266677772).

Sixth, there was the problem arising from the high cost of living. A woman stated that buying her maternity kits in preparation for birth skyrocketed when her due date was near and that she had to use the ones she used for her previous births (KIIe). She further noted that many traders who collected bank transfers, apart from adding exorbitant fees to the goods, also charged more to cater for extra bank charges. In fact, (KIIIf) noted that she paid double for the cost of baby food and that it affected her finances. It should also be noted that in many instances, bank transfers failed to actualize, thereby preventing maternity patients from meeting their desires.

Finally, it led to maternal mortality and infant mortality. While there were cases on the internet of mothers who lost their babies

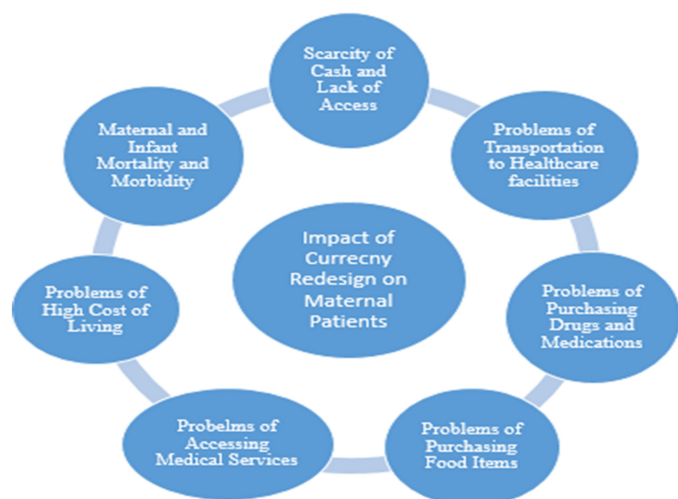


Figure 3. Impacts of Currency Redesign on Maternal Healthcare.

to their inability to buy drugs, feed well, or take their infants to the hospital or clinic even for referrals, it was a huge problem in which some of them paid the ultimate price. As one woman puts it, “if not for Emefiele, my baby would have still be alive.” She further stated that it was because she could not transport herself to the hospital on time that led her to have a stillbirth (KIIg).

Discussion, Implications, and Conclusion and Recommendations

The findings of the study show that the policy had negative impacts on pregnant women, and nursing mothers. The major impacts of the currency redesign on maternity patients were on scarcity of cash and lack of access, problems of transportation to healthcare facilities, problems of purchasing drugs and medications, problems of purchasing food items, problems of accessing medical services, problems of high cost of living, maternal and infant mortality and morbidity. These issues emanating from the impacts of the scarcity of currency no doubt pose serious barriers to healthcare access in antenatal care utilization across sub-Saharan African countries (Ahinkorah et al., 2021; Thompson et al, 2020; Thompson, 2021). Ekpenyong et al. (2019) while examining the factors that serve as barriers to accessing maternal and prenatal care in Nigeria reported, among other things, that individuals and socio-cultural factors, cost, and limited or lack of public transport services and police stops make maternal health care service use difficult. Olonade et al. (2019) noted that a poor health care system is a consequent of a weak social structure and a contributing factor to pregnancy outcome. Azuh et al. (2017) posits among other things that antenatal care utilization among some rural women is affected by place of delivery, payment of treatment cost, and why pregnant women patronize non-institutional delivery.

The implications of queuing on lines and poor nutrition among others, affected the health of the women, the unborn baby of pregnant women as this may lead to pregnancy loss and babies born with extremely low weight. Babies with extremely low birth weight suffer from future and immediate challenges as they may not see their fifth birthday. Poor nutrition also affects the nursing mothers by causing ulcers, anemia, and other dietary and iron deficiencies in both pregnant women, and nursing mothers. Adinma et al (2017) found that the consequences of anemia include folic acid and iron deficiency, malaria, hookworm infestation, and urinary tract infections. This is a challenge for Nigeria as a country with the highest infant and under-five mortality rate globally.

Another implication of long stays on queues or stress for pregnant women is that it could lead to edema (swollen ankles and feet), mental health challenges, or even still birth or abortion or premature labor. It was observed that stress and long stays in the sunlight affected a woman in Port Harcourt. It was reported that a heavily pregnant woman developed labor contractions after she was forced to stand for hours in the heat of the scorching sun to withdraw money (Odabi, 2023; Figure 4). The situation may be worse if there were no skilled health workers or midwife to assist in birthing the baby. It must be noted that even with the presence of a skilled health worker, a bad environment may transfer germs into the vitals of the baby or the mother. All of these may cause maternal and infant mortalities. Studies have shown that lack of skilled workers affects maternal healthcare (Thompson, 2021; World Health Organization, 2019, 2023b).

Moreover, it increases the state of maternal and infant mortality in Nigeria. Lack of access to healthcare facilities affected many



Figure 4.
A Woman Falls into Labor after Waiting in Queue for Long. Source: Odabi, (2023).

women from seeking maternal and infant healthcare. It was reported that across Nigeria, mortality rates have increased. This condition can cause stunted growth in the fetus or child born and overall child development and growth. It is important to note that the first 3 years of the baby are vital, and denying the fetus or baby such needs is inimical to their health. The *Daily Trust* (2023) revealed that there was a surge in the death of sick patients either at home or in many health facilities as a result of being denied access to instant health and care facilities due to the absence of alternative payment systems and bad internet network in many of the health centers. There was a case in Kano State, where a woman was unattended to as a result of the failure of the husband to pay with new currency which was scarce and the credit alert took almost three hours to be received by the bank and by the time the doctors decided to begin treating the woman, she had lost a lot of blood and died (Shuaibu, 2023). It must be noted that bleeding is among the highest causes of maternal mortality across the globe (World Health Organization, 2023c). Overall, maternal mortality and infant mortality result in low life expectancy.

Neonatal conditions	106.4	
Lower respiratory infections	96.1	
Diarrhoeal diseases	72.2	
Malaria	49.8	
Tuberculosis	44.8	
Ischaemic heart disease	31.4	
Stroke	30.9	
Maternal conditions	23.8	
Congenital anomalies	22.4	
Meningitis	20.2	

Figure 5.
Leading Causes of Death for Females (deaths per 100 000). Source: World Health Organization (n.d.).

It also has implications on family planning and post-partum care. Apart from the problems of over-population and endemic poverty in Nigeria, awareness to get women engage in reproductive health and family planning has been a tall order. For those who intend to visit or undergo family planning process, such policies affected them. This socio-economic inequality is detrimental to women's access to reproductive rights (Adeyanju et al., 2017). Also, unplanned pregnancies may affect their health, family finances, and even national development and planning in terms of contributing to overpopulation.

Finally, the conditions that the pregnant women, and nursing mothers and their babies faced during the period were acts against human dignity and infringements of their rights. It was also not in consonance with the Child Rights Act (2003). Nigeria is a signatory of this act; yet its children are one of the most affected in the scheme of things (Thompson et al. 2015).

The article concluded that, in spite the fact that the fiscal policy to redesign the currency was made in good faith to check counterfeiting, hoarding, among other things, it had negative impacts on the lives and livelihood of pregnant women, and nursing mothers in Abeokuta, Southwest Nigeria. These groups make up the vulnerable and marginalized people in the society. The recommendations of the article include the need for government and its agencies to plan before formulating public policies and also carry stakeholders along in what must be an inclusive policy. Also, the conditions of the marginalized such as children, elderly, pregnant women, nursing mothers, and sick, among other sets of people, should be taken into consideration before policies and decisions are made and executed. The technology that drives modern banking and cashless policies must be prioritized in order to remove barriers to financial services. Access to easy loans and food security must be driven effortlessly in order to ensure that pregnant women, and nursing mothers get adequate nutrients and diets. Government should also invest massively in healthcare and its access by making sure that there are seamless transportation means as well as good roads to healthcare facilities.

Limitations of the Study

There were some limitations to this study. The sample size was small and there was no representation of rural-based communities. The results were also based on qualitative data rather than quantitative data, which would have allowed for a better generalization. However, there are several strengths to this research. The study allows us to understand a new phenomenon, particularly the issue of public policy and how it affects maternal healthcare services. This is significant because, while many studies have delved into maternal healthcare as well as policy studies, adequate attention has not been given to the intersection of currency redesign policy and maternal healthcare services. Based on the study findings, key recommendations for policy development to improve support for maternal healthcare patients and services were proposed.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Federal University of Agriculture Abeokuta. (Date: 11.02.2023, Number: CGNS/EC/2023/vol.8/004).

Informed Consent: Written informed consent was obtained from respondents who participated in this study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – O.O.T., B.K., R.A., R.N.; Design – O.O.T.; Supervision – O.O.T., B.K., R.A., R.N.; Funding – B.K.; Materials – B.K., O.O.T.; Data Collection and/or Processing – O.O.T., B.K., R.A., R.N.; Analysis and Interpretations – O.O.T., R.A., R.N.; Literature Review – O.O.T., R.A.; Writing – O.O.T.; Critical Review – O.O.T., B.K., R.A., R.N.

Declaration of Interests: The authors declare that they have no competing interests.

Funding: The authors declared that this study has received no financial support.

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