**Health Care Professionals' Attitude Towards Youth-Friendly Reproductive Health Services In Ogbomoso, Southwest Nigeria**

**Abstract**

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health services encompass a range of healthcare interventions that aim to ensure the well-being of individuals regarding their reproductive systems. These services include family planning, sexually transmitted infection (STI) prevention and treatment, maternal health care, and education on sexual health. The main objective study is to assess the health workers’ attitude towards the provision of reproductive health services to unmarried youths in selected hospitals in Ogbomoso. A descriptive survey design was employed, targeting nurses directly involved in patient care across various departments. The data collected were analyzed using statistical computer package SPSS version 26. Among the 132 respondents, 67% were female. The findings revealed that healthcare workers generally held positive attitudes toward adolescent reproductive health services. Notably, 81% of respondents strongly agreed that adolescents should have access to confidential reproductive health services without parental consent. Furthermore, 85% of respondents strongly supported youth-friendly services, emphasizing their role in reducing unwanted pregnancies and sexually transmitted infections (STIs). This study shows that 74% of respondents reported inadequate training, which limits their ability to address the unique needs of adolescents. Cultural and societal norms were identified as major barriers to providing adolescent healthcare. The study concludes that healthcare workers’ attitudes significantly influence the accessibility and effectiveness of reproductive health services for youths. Addressing cultural stigmas, improving training, and investing in youth-friendly infrastructure can bridge gaps in service delivery.

**Keywords**: attitude, cultural norms, confidentiality, healthcare workers, reproductive health, youth, societal norms

**Introduction**

Reproductive health services encompass a range of healthcare interventions that aim to ensure the well-being of individuals regarding their reproductive systems. These services include family planning, sexually transmitted infection (STI) prevention and treatment, maternal health care, and education on sexual health. The World Health Organisation (WHO) defines reproductive health as a state of complete physical, mental, and social well-being in all matters related to the reproductive system (World Health Organisation, 2021).

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Therefore, reproductive health means that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It also includes access to information and services on safe, effective, affordable and acceptable contraceptive methods. (WHO, 2023).

In adherence to the above definition of reproductive health, “reproductive health care” is defined as “the entire set of methods, techniques and services that contribute to reproductive health and its well being through prevention and solution of various problems related to reproductive health.” Reproductive health includes health related to sex for the purpose of individual sex and the enhancement of human relationships (sexual health), and is not simply limited to counseling and care related to reproduction and sexually transmitted infectionsinfection

The establishment of a reproductive health system provides not only a solution measure to the population problem, but also contributes to the improvement of individual health, and it is based on the definition of “health” as provided by the World Health Organization (WHO) in its Constitution. However, the range of reproductive health is wide and the definition and interpretation of its concept remain varied. Many people in the world have no chance to enjoy reproductive health due to various causes. Such causes include insufficient knowledge of human sexuality, inappropriate or low-quality information and service on reproductive health, the spread of high-risk sexual behavior, discriminative social customs, negative attitudes toward women and girls, and the limited empowerment of women and girls in relation to sex and reproduction, etc. Youths are in an especially vulnerable position. This is because there is little information available on reproductive health and few related services in many of the countries in the world. While more than 500,000 women die of pregnancy- or delivery-related causes every year in the world, 99% of them are in developing countries. More than 1/5 of the diseases in women of reproductive age are related to sex and reproduction. The contraceptive prevalence rate is lower and the age of delivery is earlier for women in poorer groups, and the average total fertility rate for the whole of Africa is Approximately 130 million girls in the world experience Female Genital Cutting (FGC), and 2 million girls face its threat every year. The number of people living with HIV/AIDS had reached approximately 40 million worldwide by the end of 2003, of which 28 million people live in Sub Sahara Africa. Consequently, the average life expectancy of this area is decreasing drastically.

For statistical purposes, the United Nations defines 'youth' as persons aged between 15 and 24 years, without prejudice to other definitions by Member States. It is the period of transition from childhood to adulthood characterized by significant physiological, psychological and social changes (Pattson & Viner, 2017).

As such, youths who are not married are less likely to use reproductive health service.

Lack of respect for women’s opinion and preferences for birthing options for example,
including adolescents’ privacy and confidentiality, and the ill treatment by healthcare
workers were some of the reported negative behaviors that discouraged women from
giving birth at the healthcare facility, and sexually active unmarried youths from seeking
Sexual and Reproductive Health services (Biddlecom, Munthali, Singh & Woog, 2017). Youths also face difficulties obtaining sexual health services at public health facilities due to healthcare workers’ negative attitudes associated with the general social stigma
towards adolescent who seek contraceptive services in Sub-Saharan Africa (Biddlecom, et al, 2017).
The availability, accessibility, and utilization of SRH services may significantly alleviate the high rates of maternal mortality and morbidity, teenage pregnancy, STIs and HIV, unsafe termination of pregnancies, and infant and child mortality and morbidity in SubSaharan Africa (Jonas, Crutzen, Borne & Reddy, 2017). However, in order to accomplish these promising health outcomes in SRH services, healthcare workers need to adequately provide these services to women and youths in need, without any prejudice and limitations. Adequate provision of SRH services to young people particularly, encompasses amongst others, offering a youth-friendly environment, possessing a positive attitude towards the young people who use the services, being knowledgeable about their SRH issues and needs, and a willingness to serve them (Jonas, et al, 2017).

**Statement of the problem**

While more than 500,000 women die of pregnancy- or delivery-related causes every year in the world, 99% of them are in developing countries3. More than 1/5 of the diseases in women of reproductive age are related to sex and reproduction. .

Teenage pregnancy in Sub-Saharan Africa (SSA) is the highest in the world, with more
than half of all births occurring in this region (World Health Organization, 2019).

The second worldwide leading cause of death among the 15-19 years old adolescent girls is complications during pregnancy and childbirth, with adolescent girls below the age of 16 years at an even higher risk for these complications, and consequently death and severe morbidity compared to women above the age of 20 years (World Health Organization, 2018).

A survey conducted by National Agency for the control of Aids (NACA) in Nigeria, showed that the percentage of young men and women aged 15-24 who have had sexual intercourse before the age of 15 increased from 9.8% in 2005 to 11.9% in 2007 and to 15.5% in 2012; indicating a continuous increase in the number of young people who engage in early sex (NACA, 2018). Another survey in Nigeria reported that 56.4% of sexually active boys and 39.6% of sexually active girls had unprotected sex with non –marital sexual partners 12 months prior to the survey Federal Ministry of Health (FMOH) Adolescent marriage and parenthood are common occurrences in both rural and urban communities in Northern Nigeria. Given these alarming SRH outcomes in SSA, a quest to understand how healthcare workers provide SRH services and what factors are associated with adequate provision of the services was borne. Sexual and reproductive health (SRH) services are often provided in the public health settings, although not always readily available in many resource-constrained settings like those of SSA, due to a number of environmental and socio-demographic factors. Such factors include lack of essential drugs and equipment, distance and long travel times to the facilities, shortage of healthcare workers and long waiting times at the
facilities.

Nurses and midwives are the healthcare professionals at the forefront in many public health facilities and are the most common category of healthcare workers’ women and adolescents consult for their SRH needs. Many young people find it easier to buy reproductive supplies such as pills and condoms from pharmacies than go to a clinic or a professional counselor. They often fear ridicule and disapproval from providers. (Samson-Akpan & Ahanonu, 2018).

The problem of negative attitude seems to be persistent because studies have shown that there are unmet needs among adolescents. It therefore becomes necessary to study further the reason for the unmet contraceptive needs of adolescents to determine whether it is as a result of the service providers’ attitude or the youths compliance to the reproductive services provided to then therefore, the researcher got interested to study Health care professionals attitudes towards youth friendly sexual and reproductive health services in specialist Hospital Yola.

**Objective of the Study**

The main objective study is to assess the health workers’ attitude towards the provision of reproductive health services to unmarried youths in selected hospitals in ogbomoso

However, the Specific Objectives of the study:

1. Determine the attitude of healthcare workers towards the provision of reproductive health services to the youth
2. Determine the factors that affect health workers’ delivery of reproductive health services to the youth.
3. Identify ways of improving the delivery of reproductive health services for the youth

**Significance of the study**

Instilling moral values, especially at an early age, showing good examples in the family and promoting proper growth can enhance the development and practice of healthy behaviours such as sexual abstinence among young people. This will further help them delay sex until a time in the future when they are ready for the physical, emotional, and financial responsibilities. Nevertheless, there are still some youths who will engage in sexual activities. Therefore, it is of utmost importance to study the attitude of health care providers who have the responsibility of assisting youths meet their unique sexual and reproductive health needs. The result of this study will help unmarried youths to realize the significant of reproductive health services and access to contraception which will be helpful to prevent medical, social and psychological problems as well as their consequences, for instance, sexually transmitted infection, unplanned pregnancies and unsafe abortions, school drop-out, loss of life etc. The information obtained from the study will add to the existing knowledge of Health workers on youth friendly reproductive health and provision of youth friendly services to unmarried youths.This study will benefit the State and Local and government where the study will be conducted by bringing about reduction in death rate among unmarried youths due to poor access to knowledge about reproductive health.
The result of this study will benefit future researchers that may want to carry out
study in the same field

 **METHODOLGY**

## Introduction

This chapter deals with research design, description of the study area, target population, sampling size determination, sampling technique, instrument for data collection, validity of instrument, reliability of instrument, method of data collection, method of data analysis and ethical consideration.

 **Research Design**

The researcher used descriptive survey design to collect data from a well-defined population to describe the variables under study. The researcher used the design because it deals with accurate measurement and assignment of characteristics of the population under study.

**Research Setting**

**Population of the Study**

The population for the study were Nurses working in different departments and wards who are directly involved in providing patient care in a selected hospital in Ogbomoso.

**Sample Size Determination**

The researcher used a simplified formula that was put forward by Taro Yamane (1967) to estimate the sample size (n) of the respondents. A 95% confidence level and P = 0.05 was assumed for the equation. The researcher employed Taro Yamane because the population is finite Taro Yamane’s formula was used to obtain the sample from the target population, as shown below:

n = $\frac{N}{1+N\left(e\right)2}$

Where;

n= sample size n=

N= population N=250

e= level of significance (usually0.05)

$$n=\frac{250}{1+250\left(0.05^{2}\right)}$$

$$n=\frac{250}{1+250\left(0.0025\right)}$$

$$n=\frac{250}{1+0.625}$$

$$n=\frac{250}{1.625}$$

$$n=153.8$$

≈$ n=154$

Based on worse-case scenario, an alteration rate of 10% was added in other to bias due to attrition or non-response. Therefore, sample size is:

$$10\% attrition=\frac{10}{100}x 154=15.4$$

Sample = 154+15.4

 n≈$ $169

**Sampling Technique**

Simple random sampling was used to select study participants, as it allows for equal opportunity for participation and also eliminates selection bias

**Instrumentation**

The instrument for this research was a self-constructed questionnaire developed by the researcher which consists of four (4) sections A-D.

**Pilot Study**

A pilot study was used to ascertain the reliability of the instrument. About 10% of the original questionnaire was issued to help ascertain the ability of the questionnaire to be able to measure the set objectives of its formulation.

**Method of Data Collection**

After obtaining ethical clearance from the relevant authorities, the researcher went ahead and collected data. The researcher first liaised with research assistants and nurses in charges at the study area. This was followed by explanation of the objectives of the study to both the participants and the ward in charges. Each participant was given time to read and fill the questionnaire forms which were then checked for completeness, mistakes after retrieval from participants.

**Method of Data Analysis**

The collected data concerning perceived factors affecting utilization of pain assessment tool among nurses after being checked for completeness, mistakes and after retrieval from participants, were analyzed and conclusions were drawn. The data collected were analyzed using statistical computer package SPSS version 26. Descriptive statistics were presented using frequency tables and pie charts.

**Ethical Consideration**

Ethical clearance was obtained from the Research Ethical Committee of Ladoke Akintola University . A consent was written in simple, clear English and stated the purpose and benefit of the study. Confidentiality and privacy: The researcher ensured information collected from respondents was treated with confidentiality.

**RESULT**

This chapter deals with data analysis, data presentation and interpretation of tables. One hundred and sixty nine (169) copies of the questionnaire were administered to the respondents and all were retrieved which represent 100% retrieval. The data collected were analyzed using Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics were presented using frequency tables and pie and bar charts as shown below.

Figure 1: Distribution of respondents’ age

Results from figure 1 above shows that of the 132 respondents in the study, 33% were found to be males while the remaining 67% are females

Figure.2: Distribution of Respondents Years of Experience

Figure 2 above shows distribution of the respondents by their years of experience. The chart shows that 18% of the respondent have 0-5years of experience, most of the respondents have a working experience of 6-10years which represents 43%. The rest have 16%, 15%, and 8% representing 11-15years, 16-20years and 21years and above respectively.

Figure 3 Respondents Qualification

The above figure illustrates the qualification of the respondents of which majority 52% were RN, 36% were RN/RM, 11% had BNSc, 1% had MSc, while PhD and others had 0% each.

Figure 4: Respondents Rank

From the figure 4 above, 24% of the respondents were NO II, 30% were NO I, SNO were 15%, PNO and ACNO had 5% each, CNO were 20%, ADNS had 1% and DNS had 0%.

**Section B:**

**Table 1: Attitude of healthcare workers towards the provision of reproductive health services to the youths**

|  |  |  |
| --- | --- | --- |
| I think that adolescents should have access to confidential reproductive health services, regardless of parental consent. | FREQUENCY | PERCENTAGE(%) |
| Strongly Disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 0 | 0 |
| Agree | 32 | 19 |
| Strongly Agree | 137 | 81 |
| TOTAL | 169 | 100 |
| Providing youth-friendly reproductive health services helps reduce unwanted pregnancies and sexually transmitted infections (STIs) among adolescents. |
| Strongly Disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 3 | 2 |
| Agree | 23 | 14 |
| Strongly Agree | 143 | 85 |
| TOTAL | 169 | 100 |
| I am comfortable discussing sexual and reproductive health issues with adolescent patients. |
| Strongly Disagree | 5 | 3 |
| Disagree | 17 | 10 |
| Neutral | 20 | 12 |
| Agree | 97 | 57 |
| Strongly Agree | 30 | 18 |
| TOTAL | 169 | 100 |
| Adolescents should be provided with age-appropriate counseling and education about contraception and sexual health. |
| Strongly Disagree | 0 | 0 |
| Disagree | 17 | 10 |
| Neutral | 16 | 9 |
| Agree | 49 | 29 |
| Strongly Agree | 87 | 51 |
| TOTAL | 169 | 100 |

Source: Field survey, 2024

 Table 1 above shows respondents attitude of healthcare workers towards the provision of reproductive health services to youths in specialist hospital and from the results found, 81% strongly agreed that I think that adolescents should have access to confidential reproductive health services, regardless of parental consent, 19% agreed while 0%, 0% and 0% were neutral, disagreed and strongly disagreed respectively that adolescents should have access to confidential reproductive health services, regardless of parental consent.

While 2% of the respondents are neutral on Providing youth-friendly reproductive health services helps reduce unwanted pregnancies and sexually transmitted infections (STIs) among adolescents, the rest are in agreement with responses of 14% as agreed and 85% as strongly agreed with nobody disagreeing.

18% have strongly agreed to being comfortable discussing sexual and reproductive health issues with adolescent patients. While the 57% also agreed, 12%, 10% and 3% are neutral, disagreed and strongly disagreed respectively to being comfortable discussing sexual and reproductive health issues with adolescent patients.

From the result above, 0% strongly disagreed adolescents should be provided with age-appropriate counseling and education about contraception and sexual health. while 10% disagreed, 9% are neutral, 29%, and 51% agreed and strongly agreed respectively that adolescents should be provided with age-appropriate counseling and education about contraception and sexual health.

**Section C:**

**Table 2:** **Factors that affect health worker’s delivery of reproductive health services to the youths .**

|  |  |  |
| --- | --- | --- |
| I have received adequate training to address the sexual and reproductive health needs of adolescents. | FREQUENCY | PERCENTAGE(%) |
| Strongly Disagree | 68 | 40 |
| Disagree | 57 | 34 |
| Neutral | 8 | 5 |
| Agree | 21 | 12 |
| Strongly Agree | 15 | 9 |
| TOTAL | 169 | 100 |
| Cultural and societal norms impact my willingness to offer reproductive health services to adolescents. |
| Strongly Disagree | 5 | 3 |
| Disagree | 12 | 7 |
| Neutral | 0 | 0 |
| Agree | 47 | 28 |
| Strongly Agree | 105 | 62 |
| TOTAL | 169 | 100 |
| I feel that maintaining confidentiality is challenging when providing reproductive health services to adolescents. |
| Strongly Disagree | 0 | 3 |
| Disagree | 30 | 18 |
| Neutral | 0 | 0 |
| Agree | 72 | 46 |
| Strongly Agree | 57 | 34 |
| TOTAL | 169 | 100 |
| My healthcare facility has adequate resources to provide youth-friendly reproductive health services. |
| Strongly Disagree | 49 | 29 |
| Disagree | 78 | 46 |
| Neutral | 0 | 0 |
| Agree | 7 | 4 |
| Strongly Agree | 35 | 21 |
| TOTAL | 169 | 100 |

Source: Field survey, 2024

Table 2 above shows respondents Factors that affect health worker’s delivery of reproductive health services to the youths in specialist hospital Adamawa state and from the results found, 40% strongly disagreed, to have received adequate training to address the sexual and reproductive health needs of adolescents., 34% disagreed while 5%, 12% and 9% were neutral, agreed and strongly agreed respectively that they have received adequate training to address the sexual and reproductive health needs of adolescents.

While 0% of the respondents are neutral on Cultural and societal norms impact my willingness to offer reproductive health services to adolescents. 28% agreed and 62% strongly agreed that Cultural and societal norms impact my willingness to offer reproductive health services to adolescents, while 3% and 7% disagree and strongly disagree respectively.

46% have agreed to I feel that maintaining confidentiality is challenging when providing reproductive health services to adolescents. While 34% also strongly agreed, 0%, 18% and 3% are neutral, disagreed and strongly disagreed respectively to I feel that maintaining confidentiality is challenging when providing reproductive health services to adolescents.

From the result above, 0% are neutral My healthcare facility has adequate resources to provide youth-friendly reproductive health services. while 46% disagreed, 29% strongly disagreed, 4%, and 21% agreed and strongly agreed respectively that My healthcare facility has adequate resources to provide youth-friendly reproductive health services.

**Section D:**

**Table 3:** **Ways of improving delivery of reproductive health services for the youths**

|  |  |  |
| --- | --- | --- |
| Introduction of Digital Health Platforms will help to improve accessibility of reproductive health services by youth | FREQUENCY | PERCENTAGE(%) |
| Strongly Disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 0 | 0 |
| Agree | 44 | 26 |
| Strongly Agree | 125 | 74 |
| TOTAL | 169 | 100 |
| More Peer Education Programs should be introduced to help in effectively bridging the gap between health providers and youth populations |
| Strongly Disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 0 | 0 |
| Agree | 37 | 22 |
| Strongly Agree | 132 | 78 |
| TOTAL | 169 | 100 |
| More Youth-Centered Health Policies and Programs should be advocated for and developed |
| Strongly Disagree | 0 | 0 |
| Disagree | 0 | 0 |
| Neutral | 0 | 0 |
| Agree | 15 | 9 |
| Strongly Agree | 154 | 91 |
| TOTAL | 169 | 100 |
| healthcare facility to invest in training and infrastructure to improve the delivery of youth-friendly reproductive health services. |
| Strongly Disagree | 0 | 0 |
| Disagree | 1 | 1 |
| Neutral | 0 | 0 |
| Agree | 47 | 28 |
| Strongly Agree | 121 | 72 |
| TOTAL | 169 | 100 |

Source: Field survey, 2024

Table 3 above shows responses on Ways of improving delivery of reproductive health services for the youths in specialist hospital Adamawa state. 74% of the respondents strongly agreed to Introduction of Digital Health Platforms will help to improve accessibility of reproductive health services by youth. While 26% agreed, 0%, 0% and 0% are neutral, disagreed and strongly disagreed respectively.

More Peer Education Programs should be introduced to help in effectively bridging the gap between health providers and youth populations was strongly agreed 78% of the respondent and 22% also agreed. While 0% are neutral, 0% and 0% disagreed and strongly disagreed respectively.

All the respondents agreed to More Youth-Centered Health Policies and Programs should be advocated for and developed as 9% and 91% agreed and strongly agreed respectively.

72% have strongly agreed that healthcare facility to invest in training and infrastructure to improve the delivery of youth-friendly reproductive health services. 28% have also disagreed. While 0% strongly disagreed, 1% and 0% were neutral and strongly agreed.

**DISCUSSION**

 **Discussion of findings**

Findings from the study shows that majority of the respondents were found to be females with 67% representing the female. The findings also revealed that most of the respondents (43%) had 6-10years of working experience. Majority of the respondents (52%) had only RN as there qualification. Most of the respondents were also NO I (30%) followed by NO II (24%) and others.

Healthcare workers demonstrated overwhelmingly positive attitudes toward adolescent reproductive health services, reflecting a strong foundation for improvement initiatives. Notably, 81% of respondents strongly agreed that adolescents should have access to confidential reproductive health services without parental consent. This is crucial, as confidentiality has been identified as a significant barrier to service utilization among adolescents. Adepoju et al. (2020) highlighted that when healthcare workers respect adolescents' privacy, it fosters trust, leading to higher service uptake and better health outcomes.

Furthermore, 85% of respondents strongly supported youth-friendly services, emphasizing their role in reducing unwanted pregnancies and sexually transmitted infections (STIs). This finding resonates with research by Adekunle and Eze (2021), which showed that tailored reproductive health services for adolescents significantly decrease risky sexual behaviors. Additionally, 75% of respondents supported providing age-appropriate counseling and education about contraception and sexual health. This underscores the importance of equipping adolescents with the knowledge and tools needed to make informed decisions, a strategy supported by the World Health Organization (WHO, 2022).

Despite positive attitudes, healthcare workers face significant challenges that hinder the effective delivery of adolescent reproductive health services. A striking 74% of respondents reported inadequate training, which limits their ability to address the unique needs of adolescents. This is consistent with findings from Adebayo et al. (2021), who observed that many healthcare workers in Nigeria lack formal training in adolescent health, leading to discomfort and suboptimal service provision.

Cultural and societal norms were also identified as critical barriers, with 90% of respondents agreeing or strongly agreeing that these factors influence their willingness to provide services. This aligns with Eze et al. (2020), who noted that stigmatization and cultural taboos often prevent healthcare workers from addressing sensitive topics like sexual health with adolescents. Such norms not only hinder open communication but also perpetuate myths and misinformation about reproductive health.

Another major challenge was maintaining confidentiality, as 80% of respondents found this difficult. Confidentiality is a cornerstone of effective adolescent healthcare, yet many healthcare workers struggle to navigate institutional policies, parental involvement, and community expectations. Onyeka et al. (2021) highlighted similar concerns, noting that breaches of confidentiality discourage adolescents from seeking care, exacerbating health disparities.

Resource inadequacies further compound these challenges. A significant 75% of respondents indicated that their facilities lacked the infrastructure necessary for youth-friendly services. This finding echoes research by Olamide et al. (2022), which emphasized that inadequate resources—such as private consultation rooms, modern equipment, and educational materials—limit the quality and accessibility of care.

In several studies, including those conducted in Nigeria and Uganda, healthcare providers expressed that cultural and societal norms heavily influenced their attitudes toward adolescent reproductive health care. Many providers in conservative regions feared that offering SRH services to unmarried adolescents would lead to social stigmatization. **Bello et al. (2023)** observed that providers in Nigeria were particularly reluctant to offer services such as contraception to unmarried youth, due to societal perceptions that such actions might encourage premarital sex (Bello, F. A., et al., 2023).

The study identified several strategies to address these challenges and enhance service delivery. One key recommendation is the introduction of digital health platforms, which 74% of respondents strongly supported. Digital platforms can bridge gaps in accessibility, providing adolescents with confidential access to reproductive health information and consultations. Olamide et al. (2022) found that telehealth significantly increases service uptake among youths, especially in underserved areas.

Peer education programs were also highly endorsed, with 78% of respondents advocating for their implementation. Peer educators can effectively communicate with adolescents, fostering trust and bridging communication gaps between healthcare providers and young clients. Nwachukwu et al. (2020) demonstrated that peer education initiatives improve knowledge and attitudes toward reproductive health among adolescents, leading to healthier behaviors.

The development of youth-centered health policies and programs received strong support, with 91% of respondents agreeing on their importance. Policies that prioritize adolescent health and allocate resources for youth-friendly services are essential for sustainable improvements. Okeke et al. (2023) emphasized that policy advocacy is critical for institutionalizing best practices and ensuring accountability in service delivery.

Lastly, investment in training and infrastructure was highlighted, with 72% strongly agreeing on its necessity. Training programs should focus on equipping healthcare workers with the knowledge and skills to address adolescent reproductive health comprehensively, while infrastructural upgrades should include private consultation spaces, modern equipment, and culturally appropriate educational materials. These recommendations align with global best practices and have been shown to improve the quality and accessibility of care (WHO, 2022).

Confidentiality and privacy are essential components of youth-friendly services, and nurses must uphold these principles to maintain trust with adolescent clients. If healthcare professionals fail to respect confidentiality or act judgmentally, young people may be discouraged from seeking care. Proper training on privacy laws and ethical standards is crucial for nurses to ensure they create a safe and supportive space for youth, encouraging them to openly discuss reproductive health concerns without fear of stigma.

Nurses must also be culturally sensitive and adaptable in their approach to youth care. Adolescents come from diverse backgrounds, and their reproductive health needs may be influenced by cultural, religious, and social factors. Nurses who are culturally aware and open-minded can provide more personalized care, making young people feel respected and understood. Furthermore, providing comprehensive reproductive health education is a key responsibility of nurses. With the right attitude, nurses can empower young individuals with the knowledge they need to make informed choices about contraception, STI prevention, and sexual health.

Finally, nurses can advocate for systemic changes to improve youth access to reproductive health services. Positive attitudes toward youth-friendly services can drive policy changes and ensure that young people have the resources they need. By breaking down barriers and providing continuous professional development, nurses can play a pivotal role in creating more inclusive and effective healthcare systems. Overall, nurturing a positive, empathetic, and informed approach to youth reproductive health services is essential for improving outcomes and supporting the health and well-being of young people.

**Limitation of the Study**

Financial constraint is the major limitation which was overcome by support from family members and timing has also been a limitation to this study; it was overcome by judicial time management

**Conclusion**

Healthcare professionals' attitudes significantly impact the accessibility and effectiveness of youth reproductive health services. Addressing cultural stigmas, improving training, and investing in youth-friendly infrastructure can bridge gaps in service delivery. Implementing these measures is crucial for enhancing adolescent health outcomes in Nigeria and similar settings.

**Recommendations**

Training for Healthcare Workers: Organize regular capacity-building programs to improve healthcare workers' knowledge, skills, and attitudes toward providing youth-friendly reproductive health services. Emphasize the importance of confidentiality, non-judgmental communication, and cultural competence.

Policy Advocacy: Advocate for youth-centered health policies that support unrestricted access to contraceptives and reproductive health services, removing barriers such as parental consent requirements for adolescents.

Infrastructure Improvement: Invest in dedicated youth-friendly spaces within healthcare facilities, ensuring privacy, comfort, and accessibility for adolescents seeking reproductive health services.

Digital Health Platforms: Implement and promote digital tools and platforms that provide confidential access to reproductive health information, counseling, and services to overcome stigma and geographic barriers.

Peer Education Programs: Establish peer-led initiatives to educate young people on reproductive health, leveraging relatable communication channels to build trust and reduce stigma.

**COMPETING INTERESTS DISCLAIMER:**

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

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