**Assessing Health Care Professionals' Attitude Towards Youth-Friendly Reproductive Health Services in Nigeria**

**ABSTRACT**

**INTRODUCTION:** 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 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.

**OBJECTIVE:** The main objective of the study was to assess health workers’ attitudes toward providing reproductive health services to unmarried youths in selected hospitals in Ogbomoso.

**METHODOLOGY:** A descriptive cross-sectional study design was employed, targeting nurses directly involved in patient care across various departments in selected hospitals willing to participate in the study, selected by simple random sampling. The data collected were analysed using the statistical computer package SPSS version 26. Descriptive statistics were performed, and results were presented using frequency tables and pie charts.

**RESULTS:** Among the 132 respondents, 67% were female. The findings revealed that healthcare workers generally held positive attitudes (like supportive behaviours, non-judgmental communication, or a willingness to provide services) 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.

**CONCLUSION**: The study concludes that healthcare workers’ attitudes significantly influence the accessibility and effectiveness of reproductive health services for youths. The findings highlight the necessity for culturally sensitive training programs and policy reforms to improve youth access to reproductive health services

**Keyword**s: 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).[[1]](#endnote-1)

“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 its functions and processes. Therefore, reproductive health means that people can have a satisfying and safe sex life and that they can 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”.[[2]](#endnote-2),[[3]](#endnote-3).

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 individuals, sex and the enhancement of human relationships (sexual health), and is not simply limited to counselling and care related to reproduction and sexually transmitted infections

“The establishment of a reproductive health system provides not only a solution to the population problem, but also contributes to the improvement of individual health, based on the definition of “health” as provided by the World Health Organisation (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 behaviour, discriminatory social customs, negative attitudes toward women and girls, and the limited empowerment of women and girls concerning sex and reproduction etc”.[[4]](#endnote-4) “Youths are in an especially vulnerable position. This is because there is little information available on reproductive health and few related services in many countries in the world. While more than 500,000 women die of pregnancy- or delivery-related causes every year in the world, larger numbers of them are in developing countries. An appreciable number of the diseases in women of reproductive age are related to sex and reproduction”.[[5]](#endnote-5) Research indicates that women in poorer countries, particularly in sub-Saharan Africa, often have lower contraceptive prevalence rates and tend to have children at younger ages due to the lack of access to adolescent-friendly centres or services in those areas. For instance, a study on Ugandan adolescents found that those in the poorest wealth quintile were less likely to use modern contraceptives compared to those in higher wealth quintiles.[[6]](#endnote-6)

“For statistical purposes, the United Nations defines 'youth' as persons aged between 15 and 24 years. It is the period of transition from childhood to adulthood characterized by significant physiological, psychological and social changes”.[[7]](#endnote-7)

Although some adolescents might be willing to uptake contraceptives and other reproductive health services, Lack of respectful care for the adolescents in terms of maintaining their dignity privacy and confidentiality, and ill-treatment by healthcare  
workers were some of the reported negative behaviours that discouraged them from  
visiting adolescent-friendly healthcare facilities, and sexually active unmarried youths from seeking Sexual and Reproductive Health services.[[8]](#endnote-8),[[9]](#endnote-9)

“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 adolescents who seek contraceptive services in Sub-Saharan Africa.[[10]](#endnote-10)  
The availability, accessibility, and utilisation of SRH services may significantly alleviate the high rates of teenage pregnancy, STIs and HIV, unsafe abortion, and infant and child mortality and morbidity in Sub-Saharan Africa” (Jonas, Crutzen, Borne & Reddy, 2017).9 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).9

**Statement of the problem**

Sub-Saharan Africa recorded the highest prevalence of teenage pregnancy in the world in 2013, which accounted for more than half of all births in the region, though disparities in teenage pregnancy based on location exist in sub-Saharan Africa.[[11]](#endnote-11) The majority of young women 20–24 years old who gave birth before the age of 18 lived in sub-Saharan Africa, 14 out of 15 countries that had high rates of pregnancies before the age of 18.[[12]](#endnote-12)

A study done in 2019, adolescents aged 15–19 years in low- and middle-income countries (LMICs) had an estimated 21 million pregnancies each year, of which approximately 50% were unintended and resulted in an estimated 12 million births.[[13]](#endnote-13),[[14]](#endnote-14)  The prevalence of HIV among young people aged 15-19 in Nigeria is indeed estimated at 3.5%, and this is the highest rate in the West and Central African region. This finding is supported by multiple studies and reports on HIV prevalence in Nigeria.[[15]](#endnote-15) This is mostly due to the paucity of access to adolescent reproductive health services in Nigeria.Another survey in Nigeria reported that 56.4% of sexually active boys and 39.6% of sexually active girls had unprotected sex 12 months before the survey.[[16]](#endnote-16) Given these alarming SRH outcomes, it is pertinent to understand how healthcare workers provide SRH services and what factors are associated with adequate provision of the services. Sexual and reproductive health (SRH) services are often provided in public health settings, although not always readily available in many resource-constrained settings, due to many 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 providers in most primary public health facilities and are the most common category of healthcare workers women and adolescents consult for their SRH needs, mostly in this subregion, the need for the target population. Studies indicate that negative provider attitudes towards adolescent contraceptive use can be a significant barrier, leading to unmet needs for contraception and related services.[[17]](#endnote-17) Therefore becomes necessary to study further the reason for the unmet contraceptive needs of adolescents to determine whether it is a result of the service providers’ attitude or the youth’s compliance with the reproductive services provided to them. Hence, this study.

**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

**Specific Objectives of the study:**

Determine the attitude of healthcare workers towards the provision of reproductive health services to the youth

Determine the factors that affect health workers’ delivery of reproductive health services to the youth.

Identify ways of improving the delivery of reproductive health services for the youth

**METHODOLGY**

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 a 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 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 =

Where;

n= sample size n=

N= population N=250

e= level of significance (usually0.05)

≈

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:

Sample = 154+15.4

n≈169

**Sampling Technique**

A multistage sampling technique was employed in this study.

***Stage 1:*** Selection of two local governments from the five LGAs in Ogbomoso using a simple random sampling technique. Ogbomoso North and Ogbomoso South were selected.

***Stage 2:*** Determination of the number of healthcare facilities in each selected local government. Ogbomoso North has several public and private tertiary-level hospitals, while Ogbomoso South also hosts some secondary healthcare centres.

***Stage 3:*** A total of eight hospitals were selected—four from Ogbomoso North and four from Ogbomoso South—using simple random sampling (balloting).

***Stage 4:*** Samples were selected in each hospital based on proportionate allocation. 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 an explanation of the objectives of the study to both the participants and the ward in charge. Each participant was given time to read and fill out the questionnaire forms, which were then checked for completeness, mistakes after being retrieved from participants.

**Method of Data Analysis**

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

**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 represents 100% retrieval. The data collected were analysed using the 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 the distribution of the respondents by their years of experience. The chart shows that 18% of the respondents 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%.

**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 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 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 that they should be provided with age-appropriate counselling and education about contraception and sexual health. while 10% disagreed, 9% were neutral, 29%, and 51% agreed and strongly agreed, respectively, that adolescents should be provided with age-appropriate counselling and education about contraception and sexual health.

**Table 2:** **Factors that affect health workers’ 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 the Cultural and societal norms' impact on 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% disagreed and strongly disagreed, 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.

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

|  |  |  |
| --- | --- | --- |
| Introduction of Digital Health Platforms will help to improve the accessibility of reproductive health services for 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-centred 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 . 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 respondents, and 22% also agreed. While 0% are neutral, 0% and 0% disagreed and strongly disagreed, respectively.

All the respondents agreed that More youth-centred health Policies and Programs should be advocated for and developed, with 9% and 91% agreeing and strongly agreeing, respectively.

72% have strongly agreed that healthcare facilities 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**

Findings from the study show that the majority of the respondents were found to be females, with 67% representing females. The findings also revealed that most of the respondents (43%) had 6-10years of working experience. The majority of the respondents (52%) had only an RN as their 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 utilisation among adolescents. A study conducted by Agostino and colleagues highlighted that when healthcare workers respect adolescents' privacy, it fosters trust, leading to higher service uptake and better health outcomes.[[18]](#endnote-18)

Furthermore, 85% of respondents strongly supported youth-friendly services, emphasising their role in reducing unwanted pregnancies and sexually transmitted infections (STIs). This is in tandem with a study by a study done in Lagos, which showed that tailored reproductive health services for adolescents significantly decrease risky sexual behaviours.[[19]](#endnote-19) Additionally, 75% of respondents supported providing age-appropriate counselling 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.1

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 in a study that observed many healthcare workers in Nigeria lack formal training in adolescent health, leading to discomfort and suboptimal service provision.[[20]](#endnote-20)

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 studies, which noted that stigmatisation and cultural taboos often prevent healthcare workers from addressing sensitive topics like sexual health with adolescents.[[21]](#endnote-21) 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. A study done in north-west Nigeria highlighted similar concerns, noting that breaches of confidentiality discourage adolescents from seeking care, exacerbating health disparities.[[22]](#endnote-22)

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 is in tandem with that found in a study, which highlighted that a lack of resources like private consultation rooms, modern equipment, and educational materials negatively impacts the quality and accessibility of healthcare. This scarcity of resources can lead to compromised care, increased patient dissatisfaction, and ultimately, hinder the effectiveness of healthcare. The study identified several strategies to address these challenges and enhance service delivery. [[23]](#endnote-23)

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The development of youth-centred health policies and programs received strong support, with 91% of respondents agreeing on their importance. Policies that prioritise adolescent health and allocate resources for youth-friendly services are essential for sustainable improvements. Okeke et al. (2023) highlight the crucial role of policy advocacy in establishing best practices and ensuring accountability within service delivery systems. This advocacy is essential for institutionalising these practices and fostering a culture of accountability, particularly within the context of service delivery.[[24]](#endnote-24) Furthermore, 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.3

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. 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.

A systematic review by Mazur and colleagues in 2018 examines how youth-friendly sexual and reproductive health (SRH) services are assessed. The review identified 115 indicators used for measuring youth-friendly sexual and reproductive health services. Our review found a lack of consistency in the tools and indicators used to measure youth-friendly health services (YFHS). The three most frequently assessed domains were accessibility, staff characteristics and competency, and confidentiality and privacy. The majority of the indicators were not specific to young people's needs and often reflected basic standards of care.

Finally. 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.

**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: Organise regular capacity-building programs to improve healthcare workers' knowledge, skills, and attitudes toward providing youth-friendly reproductive health services. Emphasise the importance of confidentiality, non-judgmental communication, and cultural competence.

Policy Advocacy: Advocate for youth-centred 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, counselling, 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.

**Limitations 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 judicious time management

**Ethical Approval and Consent:**

Ethical clearance was obtained from the Research Ethical Committee of Ladoke Akintola University. Consent was obtained from the participants before the questionnaire were administered. Confidentiality and privacy: The researcher ensured that information collected from respondents was treated with confidentiality.

**Disclaimer (Artificial intelligence)**

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, manuscript.

1. World Health Organization. Sexual and reproductive health [Internet]. Geneva: World Health Organisation; 2021 [cited 2025 Jul 24] [↑](#endnote-ref-1)
2. World Health Organization. Reproductive health strategy to accelerate progress towards the

   attainment of international development goals and targets. Geneva: WHO; 2004 [cited 2025 Jul 24] [↑](#endnote-ref-2)
3. World Health Organisation. Sexual and reproductive health and rights: An essential element of universal health coverage. Geneva: WHO; 2023 [cited 2025 Jul 24] [↑](#endnote-ref-3)
4. United Nations Population Fund (UNFPA). Reproductive health. New York: UNFPA; c2022. [↑](#endnote-ref-4)
5. Yazdkhasti M, Pourreza A, Pirak A, Abdi F. Unintended Pregnancy and Its Adverse Social and Economic Consequences on Health System: A Narrative Review Article. Iran J Public Health. 2015 Jan;44(1):12-21. [↑](#endnote-ref-5)
6. Sserwanja Q, Musaba MW, Mukunya D. Prevalence and factors associated with modern contraceptives utilisation among female adolescents in Uganda. BMC Women's Health. 2021 Feb 10;21(1):61. [↑](#endnote-ref-6)
7. Patton, G., Olsson, C., Skirbekk, V. *et al.* Adolescence and the next generation. *Nature* 554, 458–466 (2018). https://doi.org/10.1038/nature25759 [↑](#endnote-ref-7)
8. Ajibade, B. O., Oguguo, C., Jonathan, L., & Judith, E. Recommendations for removing access barriers to effective sexual/reproductive health services for young people in South East Nigeria: A systematic review. *International Journal of Sexual and Reproductive Health Care, 2022:5*(1), 47–60. [↑](#endnote-ref-8)
9. Jonas, K., Crutzen, R., van den Borne, B., & Reddy, P. Healthcare workers' behaviours and personal determinants associated with providing sexual and reproductive healthcare services to teenagers in sub-Saharan Africa: A systematic review. *BMC Pregnancy and Childbirth,2017: 17*(1), 86. [↑](#endnote-ref-9)
10. Ninsiima, L.R., Chiumia, I.K. & Ndejjo, R. Factors influencing access to and utilisation of youth-friendly sexual and reproductive health services in sub-Saharan Africa: a systematic review. Reprod Health 2021: 18, 135 [↑](#endnote-ref-10)
11. Odimegwu C, Mkwananzi S. Factors associated with teen pregnancy in sub-Saharan Africa: a multi-country cross-sectional study. Afr J Reprod Health. 2016;20(3):94–107. [↑](#endnote-ref-11)
12. Gunawardena N, Fantaye AW, Yaya S. Predictors of pregnancy among young people in sub-Saharan Africa: a systematic review and narrative synthesis. BMJ Glob Health. 2019;4(3):e001499. [↑](#endnote-ref-12)
13. Sully EA, Biddlecom A, Daroch J, Riley T, Ashford L, Lince-Deroche N et al., Adding It Up: Investing in Sexual and Reproductive Health 2019. New York: Guttmacher Institute; 2020 [↑](#endnote-ref-13)
14. Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute; 2016. [↑](#endnote-ref-14)
15. Pharr JR, Enejoh V, Mavegam BO, Olutola A, Karick H, Ezeanolue EE. A Cross-Sectional Study of the Role of HIV / AIDS Knowledge in Risky Sexual Behaviors of Adolescents in Nigeria. Int J High Risk Behav Addict. 2017;6(4):1–6 [↑](#endnote-ref-15)
16. Folayan, M.O., Odetoyinbo, M., Brown, B. et al. Differences in sexual behaviour and sexual practices of adolescents in Nigeria based on sex and self-reported HIV status. Reprod Health 11, 83 (2014). [↑](#endnote-ref-16)
17. Sidibé S, Kolié D, Grovogui FM, Kourouma K, Camara BS, Delamou A, Kouanda S. Knowledge, attitudes, and practices of health providers regarding access to and use of contraceptive methods among adolescents and youth in urban Guinea. Front Public Health. 2022 Nov 17;10:953806. doi: 10.3389/fpubh.2022.953806. PMID: 36466457; PMCID: PMC9713309. [↑](#endnote-ref-17)
18. Adekunle MO, Ubuane PO, Animasahun BA, Afadapa MA, Akinola MA. Epidemiology of adolescents living

    with perinatally acquired HIV infection in a tertiary institution in Lagos State, Nigeria. Ann Infect

    [Internet]. 2020 Aug 27 [cited 2022 Oct 7];4(0):1–1. [↑](#endnote-ref-18)
19. [↑](#endnote-ref-19)
20. Arije, O., Hlungwani, T. & Madan, J. Key informants’ perspectives on policy- and service-level challenges and opportunities for delivering adolescent and youth-friendly health services in public health facilities in a Nigerian setting. *BMC Health Serv Res* 22, 1493 (2022). [↑](#endnote-ref-20)
21. AFOLABI, A., & Eleanor, H. (2025). IMPACT OF SOCIO-CULTURAL FACTORS ON REPRODUCTIVE HEALTH AMONG FEMALE TEENAGERS IN NIGERIA. AFRICAN JOURNAL FOR THE PSYCHOLOGICAL STUDIES OF SOCIAL ISSUES, 28(1). [↑](#endnote-ref-21)
22. Nmadu AG, Mohammed S, Usman NO. Barriers to adolescents' access and utilisation of reproductive health services in a community in north-western Nigeria: A qualitative exploratory study in primary care. Afr J Prim Health Care Fam Med. 2020 Jul 8;12(1):e1-e5. doi: 10.4102/phcfm.v12i1.2307. PMID: 32787401; PMCID: PMC7433241. [↑](#endnote-ref-22)
23. Dassah, E., Aldersey, H., McColl, M.A. *et al.* Factors affecting access to primary health care services for persons with disabilities in rural areas: a “best-fit” framework synthesis. *glob health res policy* 3, 36 (2018) [↑](#endnote-ref-23)
24. Okeke. C, Obi U, Etiaba .E Exploring mechanisms that explain how coalition groups are formed and how they work to sustain political priority for Maternal and Child Health in Nigeria using the Advocacy Coalition Framework. Health Research Policy and Systems, 2021:19(1) [↑](#endnote-ref-24)