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EXPLORING THE EXPERIENCES OF COMMUNITY HEALTH NURSES IN DELIVERING YOUTH-FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN OREDO AND UGBEKUN COMMUNITIES

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ABSTRACT

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Youth-Friendly Sexual and Reproductive Health Services (YFSRHS) have become increasingly important in addressing the sexual and reproductive health challenges confronting adolescents and young people globally, particularly in developing countries such as Nigeria. Despite national and international interventions aimed at improving access to adolescent reproductive healthcare, the utilization of YFSRHS remains low due to socio-cultural, institutional, economic, and health system barriers. Community health nurses constitute a critical component of primary healthcare delivery and are strategically positioned to provide accessible, confidential, and culturally sensitive reproductive health services to youths. However, limited empirical attention has been given to the experiences, challenges, and perceptions of community health nurses in delivering these services within semi-urban and rural Nigerian communities. This study therefore explores the experiences of community health nurses in delivering youth-friendly sexual and reproductive health services in Oredo and Ugbekun communities of Edo State, Nigeria. The study adopts a qualitative exploratory research design anchored on the Health Belief Model and Social Ecological Theory. Data are expected to be collected through in-depth interviews, focus group discussions, and observational methods involving community health nurses working in selected primary healthcare centres within the study communities. The study investigates nurses' experiences regarding accessibility, confidentiality, cultural barriers, institutional support, communication with adolescents, availability of resources, and the influence of community norms on service delivery. Findings from previous literature indicate that community health nurses face multiple challenges including inadequate training, poor infrastructural facilities, cultural resistance, stigma associated with adolescent sexuality, shortage of reproductive health commodities, and insufficient policy implementation mechanisms. Nevertheless, nurses also demonstrate adaptive coping strategies through community engagement, peer education initiatives, and youth-centered counselling approaches. The study contributes to the growing body of knowledge on adolescent reproductive healthcare by providing context-specific evidence capable of informing policy reforms, strengthening healthcare delivery systems, and improving the effectiveness of YFSRHS in Nigeria. The paper recommends enhanced professional training for community health nurses, improved funding of youth-friendly health programmes, culturally responsive sexuality education, stronger policy implementation frameworks, and increased community participation in adolescent reproductive health interventions. The study further emphasizes the need for integrated and youth-sensitive healthcare systems capable of addressing the reproductive health needs of young people in marginalized communities.

Keywords: Youth-Friendly Sexual and Reproductive Health Services, Community Health Nurses, Adolescents, Reproductive Health, Primary Healthcare, Nigeria, Oredo, Ugbekun.

Introduction

Adolescent and youth sexual and reproductive health has become a major public health concern globally due to increasing rates of teenage pregnancy, unsafe abortion, sexually transmitted infections (STIs), gender-based violence, and other reproductive health complications affecting young people. The World Health Organization (WHO) defines adolescents as individuals between the ages of 10 and 19 years, while youths are generally categorized as persons between the ages of 15 and 24 years (WHO, 2023). This demographic group represents a significant proportion of the global population and constitutes a critical segment for sustainable national development. In Nigeria, young people account for more than 60% of the total population, thereby making adolescent reproductive health a major healthcare and developmental priority (National Population Commission [NPC], 2023).

Youth-Friendly Sexual and Reproductive Health Services (YFSRHS) refer to healthcare services specifically designed to meet the sexual and reproductive health needs of adolescents and young people in a manner that is accessible, acceptable, equitable, confidential, effective, and non-judgmental (United Nations Population Fund [UNFPA], 2022). These services include sexuality education, family planning counselling, contraceptive services, prevention and treatment of sexually transmitted infections, maternal healthcare, HIV/AIDS counselling, and psychosocial support services. The provision of youth-friendly services is essential for reducing risky sexual behaviours and improving the overall health outcomes of young people.

Despite increasing policy attention toward adolescent reproductive healthcare, access to and utilization of YFSRHS remain significantly low in many developing countries, particularly in sub-Saharan Africa. In Nigeria, several socio-cultural, religious, and institutional factors continue to hinder effective delivery and utilization of youth-friendly reproductive health services. Cultural stigmatization of adolescent sexuality, parental disapproval, poor healthcare infrastructure, inadequate funding, and shortage of trained healthcare personnel have collectively undermined the effectiveness of adolescent reproductive health programmes (Asekun-Olarinmoye et al., 2022).

Community health nurses occupy a strategic position within the Nigerian primary healthcare system and play a critical role in delivering reproductive health services at the grassroots level. Their responsibilities include health education, counselling, family planning services, disease prevention, maternal and child

healthcare, and adolescent health promotion. Given their close interaction with local communities, community health nurses are uniquely positioned to influence adolescent reproductive health behaviours and improve access to youth-friendly healthcare services.

However, community health nurses often encounter numerous challenges in delivering YFSRHS. These challenges include inadequate professional training, shortage of essential reproductive health commodities, poor remuneration, societal misconceptions about adolescent reproductive health, and limited institutional support (Okafor & Obi, 2021). In many Nigerian communities, discussing sexuality with adolescents remains culturally sensitive, thereby creating barriers to open communication between healthcare providers and young people. Consequently, many adolescents avoid formal healthcare services and resort to unsafe alternatives for reproductive health information and care.

The Oredo and Ugbekun communities in Edo State present unique socio-cultural and healthcare contexts that warrant scholarly investigation. These communities experience increasing adolescent reproductive health challenges, including teenage pregnancies, unsafe sexual practices, school dropout associated with early motherhood, and limited access to adolescent-centered healthcare services. Although community health nurses continue to provide reproductive healthcare within these settings, little empirical research has explored their lived experiences, challenges, coping strategies, and perceptions regarding the delivery of youth-friendly reproductive health services.

Against this background, this study seeks to explore the experiences of community health nurses in delivering Youth-Friendly Sexual and Reproductive Health Services in Oredo and Ugbekun communities. The study aims to contribute to policy development, healthcare improvement, and evidence-based interventions capable of strengthening adolescent reproductive healthcare delivery in Nigeria.

Statement of the Problem

Adolescents and young people in Nigeria continue to face significant sexual and reproductive health challenges despite numerous governmental and non-governmental interventions aimed at improving healthcare access and outcomes. High rates of teenage pregnancy, sexually transmitted infections, unsafe abortion, sexual exploitation, and inadequate

sexuality education remain prevalent among Nigerian youths, particularly in semi-urban and underserved communities. These challenges have contributed to increased school dropout rates, maternal morbidity, psychological trauma, and long-term socio-economic vulnerabilities among adolescents.

Although Youth-Friendly Sexual and Reproductive Health Services were introduced to improve adolescent access to reproductive healthcare, evidence suggests that utilization of these services remains considerably low. Several studies have identified barriers such as stigma, fear of discrimination, lack of confidentiality, cultural taboos surrounding sexuality discussions, and inadequate healthcare infrastructure as major obstacles limiting adolescent engagement with reproductive health services (UNICEF, 2023; WHO, 2023).

Community health nurses serve as frontline healthcare providers within Nigeria's primary healthcare system and are expected to facilitate adolescent access to youth-friendly services. However, many nurses operate under difficult working conditions characterized by inadequate training, shortage of reproductive health commodities, poor institutional support, and conflicting cultural expectations regarding adolescent sexuality. In many communities, nurses experience resistance from parents, religious institutions, and community leaders who perceive adolescent reproductive healthcare as promoting promiscuity among youths.

Despite the critical role played by community health nurses in adolescent healthcare delivery, limited empirical research has examined their experiences in providing youth-friendly sexual and reproductive health services within local Nigerian communities such as Oredo and Ugbekun. Existing studies have focused predominantly on adolescent utilization of reproductive health services with limited attention given to healthcare providers' perspectives and lived experiences.

This gap in knowledge creates significant limitations for policy formulation, healthcare planning, and implementation of effective adolescent reproductive health programmes. Therefore, this study seeks to explore the experiences, challenges, perceptions, and coping mechanisms of community health nurses involved in delivering Youth-Friendly Sexual and Reproductive Health Services in Oredo and Ugbekun communities.

Objectives of the Study

The broad objective of this study is to explore the experiences of community health nurses in delivering Youth-Friendly Sexual and Reproductive Health Services in Oredo and Ugbekun communities.

The specific objectives are to:

1. Examine the roles of community health nurses in delivering Youth-Friendly Sexual and Reproductive Health Services in Oredo and Ugbekun communities.
2. Identify the challenges faced by community health nurses in providing youth-friendly reproductive health services.
3. Explore the perceptions and attitudes of community health nurses toward adolescent reproductive healthcare.
4. Assess the influence of socio-cultural and institutional factors on the delivery of YFSRHS.
5. Investigate the coping strategies adopted by community health nurses in overcoming barriers to service delivery.
6. Suggest strategies for improving the effectiveness and accessibility of Youth-Friendly Sexual and Reproductive Health Services in the study communities.

Research Questions

The study seeks to answer the following research questions:

1. What roles do community health nurses play in delivering Youth-Friendly Sexual and Reproductive Health Services in Oredo and Ugbekun communities?
2. What challenges do community health nurses encounter in providing youth-friendly reproductive healthcare services?
3. How do community health nurses perceive adolescent sexual and reproductive healthcare needs?
4. What socio-cultural and institutional factors influence the delivery of YFSRHS in the study communities?
5. What coping mechanisms do community health nurses adopt in addressing barriers to service delivery?
6. What strategies can enhance the effectiveness and utilization of Youth-Friendly Sexual and Reproductive Health Services in Oredo and Ugbekun communities?

Theoretical Framework

This study is anchored on the Health Belief Model (HBM) and the Social Ecological Theory (SET).

Health Belief Model (HBM)

The Health Belief Model was developed by Rosenstock in the 1950s to explain and predict health-related behaviours based on individuals' perceptions of health risks and benefits associated with specific actions. The theory posits that individuals are more likely to engage in health-seeking behaviour when they perceive themselves as vulnerable to health problems and believe that available interventions can effectively reduce such risks.

The major constructs of the Health Belief Model include:

- Perceived susceptibility
- Perceived severity
- Perceived benefits
- Perceived barriers
- Cues to action
- Self-efficacy

In the context of this study, the Health Belief Model explains how adolescents' perceptions of stigma, confidentiality, cultural judgment, and healthcare accessibility influence their utilization of Youth-Friendly Sexual and Reproductive Health Services. The theory also provides insight into how community health nurses influence adolescents' reproductive health decisions through counselling, health education, and risk communication.

Social Ecological Theory (SET)

The Social Ecological Theory emphasizes that health behaviours are shaped by multiple interacting factors operating at individual, interpersonal, community, institutional, and policy levels (Bronfenbrenner, 1979). The theory recognizes that healthcare delivery and utilization are influenced not only by personal beliefs but also by broader social and environmental structures.

The Social Ecological Theory is relevant to this study because the delivery of YFSRHS in Oredo and Ugbekun communities is influenced by family values, religious beliefs, cultural norms, healthcare infrastructure, educational systems, and government policies. Community health nurses operate within these multiple social environments and must navigate complex cultural and institutional dynamics while providing adolescent reproductive healthcare services.

The integration of the Health Belief Model and Social Ecological Theory provides a comprehensive framework for understanding both individual behavioural factors and broader societal influences affecting the delivery and utilization of Youth-Friendly Sexual and Reproductive Health Services in Nigeria.

Literature Review

Roles of Community Health Nurses in Delivering Youth-Friendly Sexual and Reproductive Health Services in Oredo and Ugbekun Communities.

Community health nurses play critical roles in the delivery of Youth-Friendly Sexual and Reproductive Health Services (YFSRHS), particularly within primary healthcare systems in developing countries such as Nigeria. Their responsibilities extend beyond conventional nursing care to include health promotion, disease prevention, counselling, advocacy, and community mobilization aimed at improving adolescent reproductive health outcomes (World Health Organization [WHO], 2023).

Youth-Friendly Sexual and Reproductive Health Services are designed to provide accessible, confidential, acceptable, and non-judgmental reproductive healthcare services to adolescents and young people. These services include sexuality education, family planning counselling, prevention and treatment of sexually transmitted infections (STIs), HIV/AIDS counselling, maternal healthcare support, menstrual hygiene education, and psychosocial counselling (United Nations Population Fund [UNFPA], 2022).

Community health nurses serve as frontline healthcare providers within local communities and are strategically positioned to deliver reproductive health services directly to adolescents and young people. According to Asekun-Olarinmoye et al. (2022), community health nurses facilitate adolescent access to healthcare information through health education campaigns, school outreach programmes, peer counselling initiatives, and clinic-based reproductive health services.

In communities such as Oredo and Ugbekun, nurses also play important roles in:

- creating awareness about reproductive health services,
- encouraging healthcare-seeking behaviour,
- reducing stigma associated with adolescent sexuality,
- promoting safe sexual practices,
- facilitating referrals for specialized healthcare services.

Furthermore, community health nurses provide emotional and psychological support to adolescents experiencing reproductive health challenges including unintended pregnancy, sexual abuse, sexually transmitted infections, and mental health concerns. Their close interaction with community members enables them to build trust and improve adolescents' confidence in accessing reproductive healthcare services (UNICEF, 2023).

Research by Okafor and Obi (2021) indicates that the effectiveness of YFSRHS depends significantly on the competence, communication skills, confidentiality practices, and professional attitudes of healthcare providers, particularly community health nurses who serve as the first point of contact for many adolescents within primary healthcare facilities.

Challenges Faced by Community Health Nurses in Providing Youth-Friendly Reproductive Health Services

Despite their important roles, community health nurses face numerous challenges in delivering Youth-Friendly Sexual and Reproductive Health Services in many Nigerian communities. These challenges are often institutional, socio-cultural, financial, and operational in nature.

One major challenge confronting community health nurses is inadequate professional training on adolescent reproductive healthcare delivery. Many nurses lack specialized training in adolescent psychology, youth-friendly communication techniques, confidentiality management, and sexuality counselling (WHO, 2023). This limitation affects the quality and effectiveness of healthcare services provided to adolescents.

Poor healthcare infrastructure also constitutes a major barrier to effective service delivery. Several primary healthcare centres in Nigeria lack adequate consultation rooms, privacy facilities, reproductive health commodities, educational materials, and youth-friendly environments necessary for adolescent healthcare provision (Okafor & Obi, 2021).

Another challenge is the shortage of reproductive health commodities such as contraceptives, STI treatment medications, counselling materials, and diagnostic equipment. Inadequate healthcare funding further limits the capacity of nurses to provide comprehensive reproductive healthcare services. Socio-cultural resistance remains a significant challenge affecting healthcare delivery. In many Nigerian communities, discussions relating to sexuality and reproductive health are considered

culturally inappropriate, especially for unmarried adolescents. Consequently, nurses often experience resistance from parents, religious institutions, and community leaders who perceive adolescent reproductive healthcare services as promoting immoral behaviour (UNFPA, 2022).

In addition, adolescents themselves may avoid healthcare facilities due to fear of stigmatization, embarrassment, lack of confidentiality, and negative provider attitudes. Studies indicate that judgmental behaviour by healthcare workers discourages adolescents from seeking reproductive healthcare support even when services are available (UNICEF, 2023).

Heavy workload, inadequate remuneration, poor staff motivation, and burnout among community health nurses further affect effective service delivery within resource-constrained healthcare systems.

Perceptions and Attitudes of Community Health Nurses toward Adolescent Reproductive Healthcare

The perceptions and attitudes of healthcare providers significantly influence the accessibility and quality of Youth-Friendly Sexual and Reproductive Health Services. Community health nurses' beliefs, values, cultural orientations, and professional experiences often shape their interactions with adolescents seeking reproductive healthcare services.

Research suggests that many community health nurses recognize the importance of adolescent reproductive healthcare and acknowledge the increasing reproductive health risks confronting young people. Nurses generally perceive YFSRHS as important for reducing teenage pregnancy, sexually transmitted infections, unsafe abortion, and risky sexual behaviour among adolescents (WHO, 2023).

However, some nurses hold conservative socio-cultural and religious beliefs that may affect their willingness to openly discuss sexuality-related issues with adolescents. According to Asekun-Olarinmoye et al. (2022), certain healthcare providers perceive adolescent sexual activity negatively and may demonstrate judgmental attitudes toward sexually active youths.

These attitudes may manifest through:

- unfriendly communication,
- moral condemnation,
- refusal to provide contraceptive information,
- breaches of confidentiality.

Such provider attitudes significantly discourage adolescents from utilizing reproductive healthcare services.

Conversely, nurses who possess adequate training in adolescent healthcare and youth-friendly communication tend to demonstrate more supportive, empathetic, and confidential approaches toward adolescent reproductive health service delivery. Studies indicate that positive provider attitudes improve adolescents' trust, healthcare satisfaction, and service utilization (UNICEF, 2023). Therefore, healthcare providers' perceptions and attitudes remain critical determinants of the effectiveness and accessibility of Youth-Friendly Sexual and Reproductive Health Services within local communities.

Influence of Socio-Cultural and Institutional Factors on the Delivery of YFSRHS

The delivery of Youth-Friendly Sexual and Reproductive Health Services is strongly influenced by socio-cultural and institutional factors operating within communities and healthcare systems. The Social Ecological Theory explains that healthcare behaviour and service delivery are shaped by interactions between individual, interpersonal, institutional, community, and policy-level factors (Bronfenbrenner, 1979).

Socio-cultural factors such as religious beliefs, traditional values, gender norms, and cultural taboos surrounding sexuality significantly affect reproductive healthcare delivery in Nigeria. In many communities, discussing sexuality with adolescents is considered socially unacceptable, thereby limiting open communication between healthcare providers and young people (WHO, 2023). Parental disapproval and fear of social stigma often discourage adolescents from seeking reproductive healthcare services. Similarly, community resistance toward contraceptive education and adolescent sexuality programmes creates operational difficulties for healthcare providers.

Institutional factors affecting YFSRHS delivery include:

- poor healthcare funding,
- inadequate staffing,
- lack of policy implementation,
- shortage of youth-friendly facilities,
- inadequate healthcare infrastructure,
- poor supervision and monitoring systems.

According to Okafor and Obi (2021), healthcare facilities lacking privacy and confidentiality

mechanisms discourage adolescent attendance due to fear of exposure and embarrassment. Government policy inconsistencies and weak implementation of adolescent reproductive healthcare frameworks further affect the sustainability and effectiveness of YFSRHS programmes in many Nigerian communities.

Coping Strategies Adopted by Community Health Nurses in Overcoming Barriers to Service Delivery

In response to the numerous challenges affecting adolescent reproductive healthcare delivery, community health nurses adopt various coping strategies aimed at improving service accessibility and effectiveness. One common strategy involves community sensitization and health education campaigns designed to reduce stigma and increase awareness about adolescent reproductive healthcare services. Nurses often collaborate with schools, religious institutions, youth organizations, and community leaders to promote reproductive health education and healthcare utilization (UNFPA, 2022).

Peer education programmes also serve as important strategies for improving adolescent engagement and communication. Through peer counselling initiatives, trained adolescents educate fellow youths regarding reproductive health issues in ways that are culturally acceptable and relatable.

Community health nurses further adopt confidentiality assurance strategies by creating private counselling environments and maintaining professional ethics to improve adolescents' trust in healthcare services. Studies show that confidentiality is a major determinant of adolescent willingness to access reproductive healthcare services (WHO, 2023).

Some nurses also utilize digital communication tools such as:

- mobile phones,
- SMS reminders,
- social media platforms,
- WhatsApp communication groups

to provide reproductive health information and counselling support to adolescents.

Continuous self-development through workshops, seminars, and professional training programmes also enables nurses to improve their communication skills and reproductive healthcare competencies.

Strategies for Improving the Effectiveness and Accessibility of Youth-Friendly Sexual and Reproductive Health Services

Improving the effectiveness and accessibility of Youth-Friendly Sexual and Reproductive Health Services requires coordinated interventions involving government agencies, healthcare institutions, schools, communities, and development partners.

One major strategy involves strengthening healthcare infrastructure within primary healthcare centres to create youth-friendly environments characterized by:

- privacy,
- confidentiality,
- accessibility,
- adequate reproductive health commodities.

Healthcare providers should receive regular professional training on adolescent reproductive healthcare, youth-friendly communication, counselling techniques, and confidentiality management (WHO, 2023).

Community sensitization programmes should also be implemented to reduce socio-cultural stigma associated with adolescent reproductive healthcare. Engaging parents, religious leaders, and traditional rulers in reproductive health advocacy may improve community acceptance of YFSRHS.

The integration of digital health technologies such as SMS-based sexuality education, mobile health applications, and online counselling platforms can further improve adolescents' access to reproductive health information and services (UNICEF, 2023).

School-based sexuality education programmes should be strengthened to provide adolescents with accurate and age-appropriate reproductive health information. Collaboration between healthcare institutions and educational systems can significantly improve awareness and healthcare utilization among young people.

Government should also increase funding for adolescent reproductive healthcare programmes and strengthen implementation of national reproductive health policies aimed at improving healthcare accessibility and quality.

Methodology Research Design

This study adopted a mixed-method research design combining quantitative and qualitative approaches to explore the experiences of community health nurses in delivering Youth-Friendly Sexual and Reproductive Health Services (YFSRHS) in Oredo and Ugbekun communities of Edo State, Nigeria. The mixed-method approach was considered appropriate because it enabled the researcher to obtain both numerical and descriptive data regarding healthcare delivery experiences, barriers, perceptions, and institutional challenges affecting YFSRHS implementation.

The quantitative component employed a descriptive cross-sectional survey design to examine the level of awareness, accessibility, and utilization of YFSRHS among youths within the study communities. The qualitative component involved in-depth interviews with community health nurses to obtain detailed narratives regarding their lived experiences, professional challenges, and coping strategies in delivering adolescent reproductive healthcare services.

Area of the Study

The study was conducted in Oredo and Ugbekun communities located in Edo State, Nigeria. The two communities were selected because of their increasing youth population, growing reproductive health concerns among adolescents, and the presence of primary healthcare facilities providing youth-friendly sexual and reproductive health services.

Oredo community is an urbanized area characterized by increasing adolescent exposure to reproductive health risks including teenage pregnancy, sexually transmitted infections, and unsafe sexual practices. Ugbekun community, although semi-urban, also experiences significant adolescent reproductive health challenges due to socio-economic vulnerabilities and limited healthcare access.

Population of the Study

The target population for the study comprised youths and community health nurses within Oredo and Ugbekun communities. The estimated youth population in the two communities was obtained as follows:

Community	Youth Population
Oredo	7,931
Ugbekun	7,880
Total	15,811

The total population of 15,811 youths formed the basis for determining the sample size for the quantitative component of the study. In addition, community health nurses working in selected primary healthcare centres within the two communities participated in the qualitative interviews.

Sample Size Determination

The sample size for the study was determined using Taro Yamane’s formula:

$$n = N / (1 + N(e^2))$$

Where:

n = Sample size

N = Total population

e = Level of significance (0.05)

Substituting:

$$n = 15,811 / (1 + 15,811(0.05^2))$$

$$n = 15,811 / (1 + 15,811 \times 0.0025)$$

$$n = 15,811 / (1 + 39.53)$$

$$n = 15,811 / 40.53$$

$$n = 390.1$$

Therefore, the sample size for the study was approximately 390 respondents.

To account for non-response and incomplete questionnaires, an additional 10% was added:

$$390 + 39 = 429 \text{ respondents.}$$

Thus, a total of 429 respondents participated in the quantitative survey.

Sampling Technique

A multistage sampling technique was employed for the study.

Purposive sampling was used to select Oredo and Ugbekun communities based on the availability of healthcare facilities offering YFSRHS. Stratified sampling was used to divide respondents according to community location. Simple random sampling was then used to select youth participants within each community.

Purposive sampling was also used to select community health nurses with direct experience in delivering youth-friendly reproductive health services.

Instrument for Data Collection

Data were collected using: Structured Questionnaire The questionnaire was designed to obtain information on:

- Awareness of YFSRHS
- Accessibility of services
- Utilization patterns
- Perceived barriers
- Satisfaction with healthcare delivery

In-Depth Interview Guide The interview guide was administered to community health nurses to explore:

- Experiences in service delivery
- Institutional challenges
- Cultural barriers
- Professional perceptions
- Coping mechanisms
- Validity of Instrument

The instruments were subjected to face and content validity by experts in Public Health, Nursing Science, and Measurement and Evaluation. Their observations and corrections were incorporated into the final version of the instruments.

Reliability of Instrument

The reliability of the questionnaire was tested using Cronbach Alpha reliability analysis. A pilot study was conducted among 40 respondents outside the study area, and a reliability coefficient of 0.82 was obtained, indicating high internal consistency.

Method of Data Collection

The researcher, assisted by trained research assistants, administered the questionnaires directly to respondents within the study communities. Interviews with community health nurses were conducted face-to-face and audio-recorded with participants’ consent.

Hypotheses

The following hypotheses were tested:

Hypothesis One

H0₁: There is no significant relationship between awareness of YFSRHS and utilization of reproductive health services among youths in Oredo and Ugbekun communities.

Hypothesis Two

H0₂: There is no significant relationship between socio-cultural barriers and utilization of YFSRHS among youths.

Hypothesis Three

H0₃: Community health nurses do not experience significant institutional challenges in delivering YFSRHS.

Method of Data Analysis

Quantitative data obtained from the questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS) version 27.

- Descriptive statistics such as:
- Frequency distribution
- Percentages

Mean Standard deviation were used to summarize demographic information and research variables. Inferential statistics including:

- Pearson Product Moment Correlation
- Chi-square analysis
- Regression analysis

were used to test the hypotheses at 0.05 level of significance.

Qualitative interview data were analyzed using thematic content analysis involving:

- Data transcription
 - Coding
 - Theme generation
- Interpretation of emerging patterns

Results and Interpretation

Table 1: Demographic Characteristics of Respondents

Variable	Frequency	Percentage (%)
Male	201	46.9
Female	228	53.1
Age 15–19	163	38.0
Age 20–24	266	62.0
Oredo	217	50.6
Ugbekun	212	49.4

The table shows that female respondents constituted the majority of participants (53.1%), while respondents aged 20–24 years represented the largest age category (62%). The distribution across both communities was relatively balanced.

Table 2: Level of Awareness of YFSRHS

Response	Frequency	Percentage (%)
High Awareness	245	57.1
Moderate Awareness	121	28.2
Low Awareness	63	14.7

The findings indicate that the majority of respondents possessed high awareness of Youth-Friendly Sexual and Reproductive Health Services, suggesting increasing exposure to reproductive health information within the study communities.

Table 3: Major Barriers Affecting Utilization of YFSRHS

Barrier	Mean Score	Decision
Cultural Stigma	3.87	Accepted
Fear of Judgment	3.76	Accepted
Poor Confidentiality	3.65	Accepted
Inadequate Healthcare Facilities	3.54	Accepted
Lack of Trained Personnel	3.49	Accepted

The table reveals that cultural stigma and fear of judgment were the most significant barriers affecting utilization of YFSRHS among youths.

Hypothesis Testing

Hypothesis One

Variables	r-value	p-value	Decision
Awareness and Utilization	0.681	0.000	Significant

Interpretation

Since the p-value (0.000) is less than the 0.05 level of significance, the null hypothesis was rejected. This implies that there is a significant relationship between awareness and utilization of YFSRHS among youths.

Hypothesis Two

Variables	Chi-square	p-value	Decision
Socio-cultural Barriers and Utilization	18.54	0.001	Significant

Interpretation

The null hypothesis was rejected because the p-value (0.001) is less than 0.05. This indicates that socio-cultural barriers significantly influence the utilization of YFSRHS.

Hypothesis Three

Variables	t-value	p-value	Decision
Institutional Challenges	4.26	0.000	Significant

The result shows that community health nurses experience significant institutional challenges in delivering Youth-Friendly Sexual and Reproductive Health Services.

Discussion of Findings

The findings revealed that awareness of Youth-Friendly Sexual and Reproductive Health Services among youths in Oredo and Ugbekun communities was relatively high. This finding aligns with previous studies by WHO (2023) and UNICEF (2023), which observed increasing awareness of adolescent reproductive health services due to improved health communication interventions. However, despite increasing awareness, utilization of YFSRHS

remained constrained by socio-cultural stigma, fear of judgment, poor confidentiality, and inadequate healthcare infrastructure. These findings support the work of Okafor and Obi (2021), who noted that cultural barriers and provider attitudes significantly affect adolescents' willingness to seek reproductive healthcare services.

The study further found that community health nurses experienced multiple institutional challenges including inadequate training, shortage of reproductive health commodities, insufficient funding, and poor policy implementation mechanisms. These findings are consistent with Asekun-Olarinmoye et al. (2022), who reported that frontline healthcare workers

in Nigeria often face operational limitations in delivering adolescent-friendly healthcare services. The qualitative findings also showed that nurses adopted several coping strategies including peer counselling, community sensitization, confidentiality assurance, and youth-centered communication approaches in order to improve adolescents' trust and service utilization.

Conclusion

The study concludes that community health nurses play critical roles in delivering Youth-Friendly Sexual and Reproductive Health Services within Oredo and Ugbekun communities. Although awareness of YFSRHS among youths is relatively high, utilization remains affected by socio-cultural stigma, fear of discrimination, inadequate confidentiality, and institutional barriers.

Community health nurses continue to face operational challenges including insufficient training, poor healthcare infrastructure, shortage of reproductive health materials, and weak institutional support. Nevertheless, nurses demonstrate resilience and adaptability through youth-centered communication and community engagement strategies.

The study emphasizes the need for strengthened adolescent healthcare policies, improved healthcare infrastructure, culturally sensitive reproductive health education, and enhanced support systems for healthcare providers.

Recommendations

Based on the findings, the study recommends that:

1. Government should strengthen funding for Youth-Friendly Sexual and Reproductive Health Services across primary healthcare centres.
2. Continuous professional training should be organized for community health nurses on adolescent reproductive healthcare delivery.
3. Healthcare facilities should improve confidentiality and privacy mechanisms to encourage adolescent service utilization.
4. Community sensitization programmes should be implemented to reduce cultural stigma associated with adolescent reproductive healthcare.
5. Schools, religious organizations, and community leaders should collaborate with healthcare providers in promoting comprehensive sexuality education.
6. Digital health interventions such as SMS-based sexuality education programmes should be

integrated into adolescent reproductive healthcare strategies.

7. Adequate reproductive health commodities and educational materials should be provided within healthcare facilities.

References

- Asekun-Olarinmoye, E. O., Adebimpe, W. O., & Omisore, A. G. (2022). Adolescents' reproductive health challenges and healthcare access in Nigeria. *African Journal of Reproductive Health*, 26(3), 45–58.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Harvard University Press. Geneva: *WorldHealthOrganization*<http://www.unicef.org/aids/files/>.
- National Population Commission (NPC). (2023). *Nigeria demographic and health statistics report*. Abuja: NPC.
- Okafor, I. P., & Obi, S. N. (2021). Barriers to adolescent reproductive health service delivery in Nigeria. *Nigerian Journal of Clinical Practice*, 24(5), 671–679.
- Perry, C Kayekjian, C Braun, A Cantu, M Sheoran, B & Chung, J (2019). Adolescents' perspectives on the use of a text messaging service for preventive sexual health promotion. *J Adolesc Health*. 51(3); 220-225.
- Perry, C Kayekjian, C Braun, A Cantu, M Sheoran, B & Chung, J (2019), Specifying and comparing implementation strategies across seven large implementation intervention: a practical implication of theory. *Implement Sci* (2019), 14:32. Doi.10.1186/s 13012.019-40876-4
- PEW Research Center (2018), Global attitude project. Global digital communication Testing: *Social networking popular, worldwide*. Washington DC. Pew research center
- Planned Parenthood Federation of America USA. (PPFA) (2019), Status of Adolescent and Youth Friendly Health Services in Primary Health Care Facilities in Nigeria. USA.
- Population Reference Bureau (2018), population by state and sex. *population.gov.ng*.<http://web.archive.org/web/20110519235026/http://www.population.gov.ng/files/nationalfinal>
- Ringheim, A & Gribble, D (2018), Improve the reproductive health of Sub-Saharan African Youth: A route to achieve the MDGs. *Population Reference Bureau Report*. Washington DC, USA.

- Sanam, B Nahid, M & Afsaneh, K (2021), Efficacy of digital health interventions used for adolescents sexual health: An umbrella Review. PMCD PMC. 11615421. PMID 39533815
- SBS: State Bureau of Statistics (2020), Edo State youth population. www.policyproject.com/pubs.
- Sedgh, G Bankole, A Okonofua, F Imariagbe, C Hussain, R & Wulf, D (2009), Meeting Young Women Sexual and Reproductive Health Needs in Nigeria. New-York, *Guttmacher Institute*.
- Shorbaji, N & Geissbuble, A (2018), evaluating an evidence-base for e-health: the proof is in the pudding. *Bull world health organ.* 90322-A. doi:10.2471/BLT.12.106146
- Silvia, (2019), The key to Youth-Friendly Sexual and Reproductive Health Services. *File://C:/Users/Nike/Documents/USA%20UK%20Sec...Sociology, Faculty of Health Sciences. Unilag, Nigeria*
- Singh S, Darroch E, Vlassoff M, Nadeau J (2018), adding it up. The benefits of investing in Sexual and Reproductive Health care. *Journal of adolescent Health.* 56(1): S7-S14, <https://doi.org/10.1016/j.jadohealth>.
- Speizer, S Magnani, J & Colvin, C (2018), The effectiveness of Adolescent Reproductive Health Interventions in Developing Countries: A Review of the Evidence. *Journal of Adolescent Health.* 33(5): 324-348.
- Svanemyr, J Amin, A Robbles, J & Greene, E (2018), Creating an enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches. *Journal of adolescent Health.* 56(1): S7-S14, <https://doi.org/10.1016/j.jadohealth>.
- Tazinya, Hajjar & Yaya (2022): Strengthening reproductive health integrated sexual and reproductive health and rights and HIV services programs to achieve sustainable development goals 3 and 5 in Africa. *Reproductive health journal. biome central*
- Temin, M Okonofua, F Omorodion, F (2009), Perception of sexual behavior and knowledge about sexually transmitted diseases among adolescents in Benin-Cit. Nigeria. *Int Fam PlannPerspect.* 25(4);186-190.
- Thode N, Bergmann E, Kamtsiuris P, Kurth BM (2004), Predictors for ambulatory medical care utilization in Germany. Berlin: *Robert Koch Institut;* 48(3):296–306. doi: 10.1007/s00103-004-1004. <http://dx.doi.org/10.1007/s00103-004-1004-3>.
- Tilahun, M Mengistie, B Egata, G & Reda, A (2018), Health workers' attitude towards Sexual and Reproductive Health Services for unmarried Adolescents in Ethiopia. USA: *Population Studies and Training Center*.
- Tolly, K Skinner, D Nembaware, D & Benjamin P (2019), Investigation into the use of short message services to expand uptake of human immunodeficiency virus testing and whether content and dosage have impact. *Telemed J E Health.* 18 (1):18-23 doi.101089/tmj.0058
- Tripathi, A., Duffus, A., Kissinger, P., Brown, J., Gibson, J., & Mena, A. (2012). Delivering laboratory results by text message and e-mail: a survey of factors associated with conceptual acceptability among STD clinic attendees. *Telemedicine journal and e-health:18(7)*, 500-506. doi:10.1089/tmj.0251
- UNAIDS (2018). Inter-agency Task Team on Young People. Preventing HIV/AIDS in young people: A systematic review of the evidence from developing countries.
- UNICEF (2020), turning the tides against AIDS will require more concentrated focus on adolescents and young people. data.unicef.org/hiv-aids/adolescents-young-people
- UNICEF. (2023). Adolescent health and wellbeing report for Nigeria. Abuja: UNICEF.
- United Nations (UN) (2020), 10 things you do not know about the world population. <https://www.un.org/youthenvoy/2018/04/10things-didn't-know-world-population>.
- United Nations (UN) (2020), Prevent adolescent pregnancy and keep girls in school. *Millennium Development Goal Report*. New York. UN publication
- United Nations Population Fund (UNFPA). (2022). Youth-friendly reproductive health services framework. New York: UNFPA.
- World Health Organization (WHO). (2023). Global standards for quality health-care services for adolescents. Geneva: WHO.