AfroGlobal Perspectives
Vol. 3 No. 6 (2026): June 2026
https://doi.org/10.70572/agp.v3i6.129
Original Article

The practices of youth towards youth reproductive health services at Apac General Hospital, Apac district. A cross-sectional study.

Susan Adur*, Consolata Akullu, Denis Obong, Tonny Mike Omara, Lamex Ogwal, Ronald Awoi.
Florence Nightingale School of Nursing and Midwifery.

Abstract.

Background:

In Uganda, youth continue to experience high rates of reproductive health challenges, yet their practices toward YFRHS remain inadequately explored in many districts, including Apac. This study assessed the practices of youth towards YFRHS at Apac General Hospital, Apac District.

Methodology:

A descriptive cross-sectional study design using quantitative methods was employed. The study involved 50 youth aged 15–24 years attending the outpatient department and youth corner at Apac General Hospital. Simple random sampling was used to select participants. Data were collected using a structured interviewer-administered questionnaire and analyzed using manual tallying, coding, and Microsoft Excel. Results were presented in tables, figures, and charts.

Results:

Of the respondents, 62% were Christians, 40% had a primary education. 58% had never utilized YFRHS, while 42% had ever used it. Among those who had utilized the services, 50% had used them once, and 72% had last accessed them more than 12 months ago. Family planning was the most commonly used service (62%), while sex education programs were the least utilized (16%). More than half (52%) accessed services from non-governmental organizations, 30% from public health facilities, and 18% from private facilities. Health workers were the main initiators of service utilization (60%), followed by family members (18%), friends (12%), and self-initiative (10%).

Conclusion:

The study revealed generally poor practices toward YFRHS among youth at Apac General Hospital, characterized by low utilization and infrequent use of services.

Recommendation:

Health workers should actively engage youth, while schools and communities should be involved in promoting consistent utilization of YFRHS.

Keywords: *Youth Practices, Reproductive Health Services Utilization, Family Planning, Adolescents' Sexual and Reproductive Health, Apac General Hospital.*
Submitted: April 19, 2026 Accepted: May 20, 2026 Published: June 30, 2026
Corresponding author: *Susan Adur*
Florence Nightingale School of Nursing and Midwifery.

Background.

Youth Friendly Reproductive Health Services (YFRHS) are essential services designed to provide young people with accessible, acceptable, confidential, and appropriate reproductive health care. These services include family planning, voluntary counseling and testing (VCT), prevention and treatment of sexually transmitted infections (STIs), HIV testing, pregnancy testing, counseling, and post-abortion care. Good practices toward the utilization of YFRHS are important in reducing risky sexual behaviors, unintended pregnancies, unsafe abortions, and sexually transmitted infections among youth. However, many young people continue to underutilize these services due to stigma, limited awareness, cultural beliefs, and poor health-seeking behaviors. Globally, utilization of YFRHS among youth varies across regions. A study by Liu et al. (2022) in China found that youth had good practices toward YFRHS, where 62% utilized family planning services, 56% avoided multiple sexual partners after medical advice, and 20.5% accessed post-abortion care services. In contrast, a similar study by Adjie et al. (2022) in Indonesia reported poor utilization practices, with 40% refusing to obtain condoms from YFRHS clinics and 20% engaging in unsafe sexual behaviors. In Ethiopia, Getachew (2022) found that 40.7% of youth utilized family planning services, 42.1% sought VCT, and 63.6% used STI prevention and treatment services, largely motivated by the availability of free services. Similarly, studies in Kenya by Embleton et al. (2023) and Kitui (2023) showed that many youths sought reproductive health services at public facilities, often encouraged by friends or partners. In Uganda, a study by Namakula (2022) in Maddu Sub County, Gomba District

found that female adolescents (33.9%) were more likely to utilize services than males (22.5%). Despite such findings, little is known about the practices of youth toward YFRHS in Apac General Hospital. Therefore, this study was conducted to assess the practices of youth towards YFRHS at Apac General Hospital, Apac District.

Methodology.

Study design and rationale

The study employed a descriptive cross-sectional design that involved quantitative methods of data collection. The study opted for a cross-sectional study design because it was cheap and time-saving to use. Quantitative data collection methods were used to collect data that could be expressed in Mathematical forms.

Study setting and rationale.

The study was conducted at Apac General Hospital in Apac town, Apac District, Northern Uganda. It has a bed capacity of 100, offering youth clinic medical, surgical, OPD, and maternal out and inpatient services, radiology, and laboratory services. It serves the people of the Apac district and parts of nearby districts like Kiryandongo, Kole, and Oyam district. It has a population of 282,465 people; males 114,200 and Females 112,400. In regard to the study, it was conducted from the OPD and youth corner since the majority of youth come with RH challenges. The hospital receives high cases of reproductive health-related challenges, which require an investigation into the knowledge, attitude, and practices about YFRHS, since no study has been conducted in relation to the study.

The economic activities carried out in Apac include: Agro Pastoral livelihood, poultry keeping, fishing, animal keeping like cattle, pigs, and goats, as well as crops like millet, sorghum, cassava, simsim, beans, ground nuts, maize, sweet potatoes, sunflower, and soya beans. New crops, especially fruits like oranges and passion fruits, have also been introduced.

Study population.

Both male and female youth aged 15 – 24 years at the OPD clinic at Apac General Hospital, Apac District.

Sample size determination.

A sample size of 50 respondents was used.

The sample size is calculated based on Yamane's formula (1967)

$$n = \frac{N}{1 + Ne2}$$

Where n = Sample size

N = The size of the population

e = the error of the 5 percentage points

Now

N=57

e=5%=0.05

$$n = \frac{57}{1 + 57\ (0.05)2}$$

n = 49.89 approximately 50

For easy computation, therefore, 50 respondents were sampled for the study.

Sampling procedure

The study used a simple random sampling method. This involved the researcher cutting 100 pieces of the same size, small pieces of paper on which 50 were written with the letter **YES** and the rest written with the letter **NO.** These would be folded evenly and put in a box, mixed thoroughly. Eligible participants were offered an opportunity to pick a single paper randomly, and all those who chose a paper written on the letter **YES were** enrolled in the study. This was done until a sample size of 50 was obtained.

Inclusion criteria

The study included youth aged 15 – 24 years seeking outpatient care services at Apac General Hospital, Apac District.

Those who were willing to voluntarily consent to the study and those who had not consented were excluded.

Exclusion criteria.

Youth admitted to the hospital are in critical condition, the mentally ill, and those with auditory impairment.

Study variables

Independent variables

The independent variable is the input variable that causes a change in a particular outcome.

This included youth practices.

Dependent variable

The dependent variable is a variable that results from the manipulation of the independent variable. This was the uptake of youth-friendly reproductive health services.

Research Instrument

An interview guide was used to obtain data from the respondents. These were divided into four parts: demographic characteristics, practices of youth towards youth reproductive health services. The questions were both open-ended and closed-ended. The interview guide underwent pretesting on 5 respondents at Aduku Health Centre IV to assess its accuracy, consistency, and reliability, with necessary adjustments, and data collection was made. The researcher opted for an interview guide because the sample comprised both educated and uneducated respondents.

Data Collection Procedures

After approval, an introductory letter was obtained from the principal of Florence Nightingale School of Nursing and Midwifery. The letter was then taken to the Medical Superintendent of Apac General Hospital. The medical superintendent then introduced the researcher to the In-charge of the OPD clinic, who later introduced the researcher to the respondents. The purpose of the research was clearly explained to the respondents before they consented and filled out the questionnaires. Data collection was conducted by the face-to-face interview method. This involved the researcher asking respondents one question as laid down in the interview guide as she recorded the responses. This was done for a period of 5 days, with 10 respondents interviewed on each data collection day. Each respondent took roughly 10-15 minutes to fill out the questionnaires.

Data management.

To ensure quality and safety of the collected data, the interview guides were first checked for completion, correction of mistakes, and editing was made each day to avoid missing information after losing contact with the respondent. These were put and sealed in an envelope kept in a lockable cupboard, only accessible to the researcher. Soft copies were protected with a personal password known only to the researcher.

Data Analysis and presentation.

Analysis was done manually by tallying and coding, and the summary of the findings was entered into the computer using Microsoft Excel. Data was presented in frequency tables, figures, graphs, and charts.

Ethical considerations.

The proposal was presented to the Florence Nightingale School of Nursing and Midwifery for approval. The principal gave the researcher an introductory letter to seek permission from the medical superintendent of Apac General Hospital, Apac District. The study began with the researcher introducing herself, explaining the topic, and the objectives to the respondents. Informed consent was obtained from all the study respondents; confidentiality was ensured throughout as respondents were not allowed to write their names on the questionnaire.

Results.

Sociodemographic characteristics.

Table 1: Showing the socio-demographic characteristic (n=50)

Variable	Frequency (f)	Percentage (%)
Gender		
Male	15	30
Female	35	70
Age (years)		
15 – 17	6	12
18 – 21	29	58
22 – 24	15	30
Level of education		
No formal education	7	14
Primary education	20	40
Secondary education	18	36
Tertiary education	5	10
Level of education		
No formal education	7	14
Primary education	20	40
Secondary education	18	36
Tertiary education	5	10
Marital status		
Single	32	64
Married	16	32
Divorced	2	4
Widow	0	0
Religious denomination		
Christian	31	62
Islam	19	38
Employment status		
Unemployed	33	66
Employed	17	34

The majority of the respondents, 35(70%), were female, while a minority, 15(30%), were male. More than half of the respondents 29(58%) were aged 18 – 21 years while the least 6(12%) were aged 15 – 17 years. Less than half of the respondents, 20(40%), had attained primary education, while only 5(10%) had attained tertiary education. The majority of the respondents, 32(64%), were single, while a minority, 2(4%), had divorced. Most of the respondents, 31(62%), were Christians, while the least, 19(38%), belonged to Islam. The majority of the respondents, 33(66%), were unemployed, while the minority, 17(34%), were employed.

Practices of youth towards youth reproductive health services

Figure 1: Utilization of youth reproductive services (n = 50)

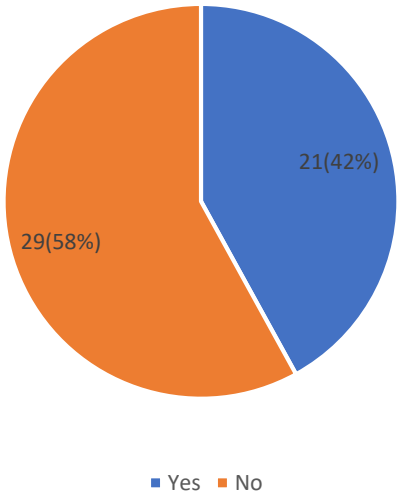

Figure 1 shows that the majority of the respondents, 29(58%), had never utilized youth reproductive services, while a minority, 21(42%), had utilized youth reproductive services.

AfroGlobal Perspectives
Vol. 3 No. 6 (2026): June 2026
https://doi.org/10.70572/agp.v3i6.129
Original Article

Figure 2: Services utilized by youth (n = 50)

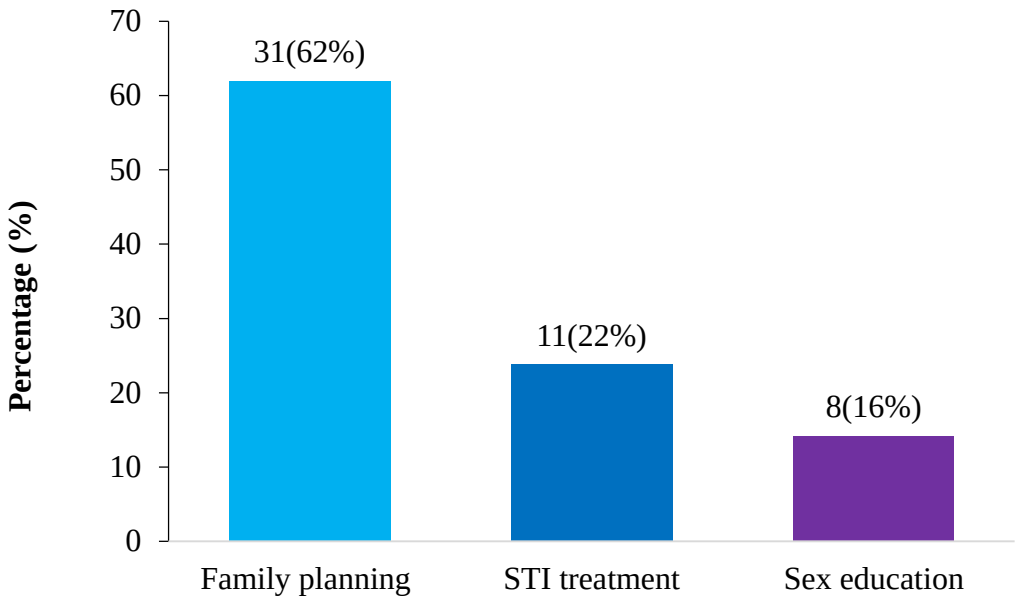

Figure 2 shows that most of the respondents, 31(62%), used family planning, while the least, 8(16%), used sex education programs.

Table 2: Practices of youth towards youth reproductive health services (n =50)

Variable	Frequency (f)	Percentage (%)
Frequency of using youth reproductive health services		
Once	25	50
Twice	14	28
More than twice	11	22
Last time seeking services		
Less than 12 months ago	14	28
More than 12 months ago	36	72
Place of seeking the services		
Private health facility	9	18
Public health facility	15	30
Non – government organization	26	52
Initiator of the utilization of the services		
Friends	6	12
Health workers	30	60
Family members	9	18
Self	5	10

Table 2 shows that half of the respondents, 25(50%), had used reproductive health services once, while 11(22%) used them more than twice. The majority of the respondents, 36(72%), had used the services more than 12 months ago, while a minority, 14(28%), had used the services less than 12 months ago. Almost half of the respondents, 26(52%),

had utilized reproductive health services offered by a non-governmental organization, while the least, 19(18%), used those at a private health facility. The majority of the respondents, 30(60%), were initiated to use reproductive services by health workers, while a minority, 5(10%), had initiated themselves.

Discussion of results

Practices of youth towards youth reproductive health services

The study demonstrated that more than half of the participants had never utilized youth reproductive services. This could be because they did not know where to access reproductive health services, thus hindering their ability to utilize them. This finding is in support of a study by Adjie et al. (2022) conducted in Indonesia, which showed that poor utilization practices of reproductive health services. There is a critical need for improved awareness and accessibility of youth-friendly reproductive health services to increase utilization rates among youth.

Almost two-thirds of the respondents (62%) had used reproductive health services once. This might be because they were unaware of the importance of regular utilization of reproductive health services. These findings contrast with a study by Kitui (2023), which revealed that 82.3% had sought reproductive health services more than once at the health facility. There is a need for enhanced education on the benefits of regular utilization of reproductive health services to encourage more frequent and consistent use among youth.

The majority of the respondents (72%) had used the services more than 12 months ago. This could be because they had gone a long time without experiencing serious reproductive health challenges, which would have prompted them to seek the services. This study is in disagreement with a study by Embleton et al. (2023) conducted in Kenya, which found that 36% of the participants had visited a healthcare facility for reproductive health services in the past 12 months. There may be a lack of regular or proactive engagement with reproductive health services among the majority of the respondents, highlighting the need for initiatives to promote more frequent utilization, even in the absence of immediate health concerns.

This study found that up to 26 participants (52%) had utilized reproductive health services offered by non-governmental organizations. This could be because there are many non-governmental organizations in the area compared to accessibility to public facilities, thus leading to the utilization of services at their facilities. This finding disagrees with a study by Sssebadduka & Nanyingi (2021) carried out in Amudat District, Uganda, where 95.2% of participants prioritized seeking youth-friendly reproductive health services from public facilities rather than NGOs or private facilities. Additionally, a study by Getachew (2022) found that most youth utilized reproductive health services at the nearest public healthcare facility. This implies that there may be variations in preferences for accessing reproductive health services among youth, highlighting the importance of understanding and catering to these preferences when designing service delivery strategies.

Conclusion:

The study revealed generally poor practices toward YFRHS among youth at Apac General Hospital, characterized by low utilization and infrequent use of services. Dependence on health workers and NGOs for service uptake indicates limited self-driven health-seeking behavior.

Limitations of the study.

The study employed a cross-sectional design, which was very hard to generalize to the entire population.

Resistance from respondents to participate in the study was also encountered.

The time factor was faced as the greatest challenge.

Recommendation:

There is a need to strengthen youth outreach programs, improve awareness of available services, and enhance accessibility within public health facilities. Health workers should actively engage youth, while schools and communities should be involved in promoting consistent utilization of YFRHS.

Acknowledgment.

Special thanks to the Almighty God for the strength, wisdom, and enlightenment provided to me during the development of this work.

I would like to greatly thank the Ministry of Education and Sports, Administrators of Florence Nightingale School of Nursing and Midwifery, staff of Apac General Hospital, and the respondents for their contribution during data collection, my supervisor Sr Consolata Akullu, for her guidance, and my classmates for all the support rendered to me during the course of my study.

List of Abbreviations

AGH – Apac General Hospital
FP – Family Planning
HIV – Human Immunodeficiency Virus
NGO – Non-Governmental Organization
OPD – Outpatient Department
PAC – Post Abortion Care
RH – Reproductive Health
RHS – Reproductive Health Services
SRH – Sexual and Reproductive Health
STIs – Sexually Transmitted Infections
VCT – Voluntary Counseling and Testing
WHO – World Health Organization
YFRHS – Youth Friendly Reproductive Health Services
YFS – Youth Friendly Services

Informed Consent:
Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

Source of funding.
The study was not funded.

Conflict of interest.
There is no conflict of interest.

Availability of data.
Data used in this study are available upon request from the corresponding author.

Authors contribution.
SA designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript.
CA supervised all stages of the study from the conceptualization of the topic to manuscript writing and submission.
DO supervised all the research process
RA supervised the entire research process.
TMO supervised the entire research process.
LO supervised the research process.

Author's biography.
Susan Adur is a student of a diploma in nursing extension at Florence Nightingale School of Nursing and Midwifery.
Consolata Akullu is a research supervisor at Florence Nightingale School of Nursing and Midwifery.
Denis Obong is a research supervisor at Florence Nightingale School of Nursing and Midwifery.
Tonny Mike Omara is a research supervisor at Florence Nightingale School of Nursing and Midwifery.
Lamex Ogwal is a research supervisor at Florence Nightingale School of Nursing and Midwifery. Ronald Awoi is a research supervisor at the Florence Nightingale School of Nursing and Midwifery.

References.
1. Liu et al. (2022). Youth practices towards the utilization of youth-friendly reproductive health services in China. Referenced study.
2. Adjie et al. (2022). Reproductive health service utilization practices among youth in Indonesia. Referenced study.
3. Getachew (2022). Knowledge, attitude, and practices towards youth-friendly reproductive health services among Ethiopian youth. Referenced study. https://doi.org/10.1155/2022/2312407
4. Embleton et al. (2023). Utilization of reproductive health services among youth in Kenya. Referenced study.
5. Kitui (2023). Patterns of youth utilization of reproductive health services in Kenya. Referenced study.
6. Namakula (2022). Utilization of reproductive health services among adolescents in Maddu Sub-County, Gomba District, Uganda. Referenced study.
7. Ssebadduka, & Nanyingi (2021). Preferences in accessing youth-friendly reproductive health services in Uganda. Referenced study.
8. Getachew et al. (2022). Factors influencing uptake of reproductive health services among youth in Ethiopia. Referenced study.
9. Yamane (1967). Statistics: An Introductory Analysis (2nd ed.). New York: Harper and Row.
10. Abiodun-Oyebanji & Olayemi (2017). Concepts and application of research variables in health studies. Referenced methodology source.
11. Apac General Hospital. (2023). Health Management Information System (HMIS) Report. Apac, Uganda: Apac General Hospital.

AfroGlobal Perspectives
Vol. 3 No. 6 (2026): June 2026
https://doi.org/10.70572/agp.v3i6.129
Original Article

PUBLISHER DETAILS

AfroGlobal Press

AfroGlobal Press
Amplifying Voices Worldwide

Contact: +256 763 123 847

Email: afroglobalpress@gmail.com

Website: https://afroglobalpress.com

Address: Scholar's Summit, Nakigalala, East Africa