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The knowledge of youth towards youth reproductive health services at Apac general Hospital, Apace 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:

Limited awareness and misconceptions about Youth Friendly Reproductive Health Services (YFRHS) have contributed to risky sexual behaviors, unintended pregnancies, and unsafe abortions. This study assessed the knowledge of youth towards YFRHS at Apac General Hospital, Apac District.

Methodology:

A descriptive cross-sectional study using quantitative methods was conducted among 50 youths aged 15–24 years attending the outpatient department and youth corner at Apac General Hospital. Respondents were selected through simple random sampling. Data were collected using a structured interviewer-administered questionnaire and analyzed manually using tallying, coding, and Microsoft Excel. Findings were presented using tables, charts, and figures. Ethical approval and informed consent were obtained prior to data collection.

Results:

Of the 50 respondents, 70% were female, and 58% were aged 18–21 years. Most respondents (70%) had heard about YFRHS, with media being the leading source of information (50%). However, knowledge was incomplete, as 58% believed reproductive health services were mainly for treatment rather than both prevention and treatment. Regarding components of YFRHS, 40% identified prevention and treatment of STIs, while only 16% mentioned post-abortion care. More than half (52%) believed such services should only be utilized by females, while 32% recognized that both males and females should access them. Nearly half (46%) knew that failure to use reproductive health services could lead to unwanted pregnancies.

Conclusion:

Although awareness of YFRHS among youth at Apac General Hospital was moderate, comprehensive knowledge of the full range and purpose of these services was inadequate.

Recommendations:

Health workers and district authorities should strengthen youth-focused health education through media, schools, and community outreach.

Keywords: *Reproductive Health Services, Youth Friendly Services, Knowledge, Adolescents, Sexual Health, Apac General Hospital.*
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Corresponding author: *Susan Adur*
Florence Nightingale School of Nursing and Midwifery.

Background.

In Uganda, limited awareness and negative attitudes towards YFRHS have predisposed 22.7% of youth to engage in risky sexual behaviors such as unprotected and commercial sexual activities (Tumwakire et al, 2022). This has contributed to 145 per 1000 youth experiencing induced abortions and STDs like HIV and gonorrhea (Kyarimpa et al, 2023).

The Ministry of Health has conducted public sensitization on YFRHS, established youth reproductive clinics to increase accessibility and availability of services such as free contraceptives, post abortion care (PAC), among others (MOH,2022/23). Youth in Sub-Saharan Africa carry the highest risk of sexual and reproductive health (SRH) problems compared to other parts of the world since they are ill-informed and underutilize the services (Tsegaw &Alemnew, 2023). A similar study conducted in South Africa showed that there was limited awareness of safe sex and contraception, where about 430,000 youth are affected with HIV, and 35% have unsafe abortions, which affects the progress in improving the health status in the region (Aragie& Abate, 2021). Despite the above interventions, it has not yielded expected outcomes at Apac General Hospital. Youth still report a variety of preventable RHS challenges, which indicate that 1089 were victims of gender based sexual violence, 317 youth had unintended pregnancies, 114 had complicated unsafe abortions, and

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over 5679 cases of STIs among youth were registered (Apac General Hospital HMIS, 2022/23). This therefore affects the productivity of the youth, hence necessary to conduct a study about the knowledge of youth towards youth reproductive health services 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 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 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 knowledge.

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, knowledge 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, and necessary adjustments and corrections were 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 a minority, 17(34%), were employed.

Knowledge of youth towards youth reproductive health services

Figure 1: Whether they had ever heard about youth-friendly services (n = 50)

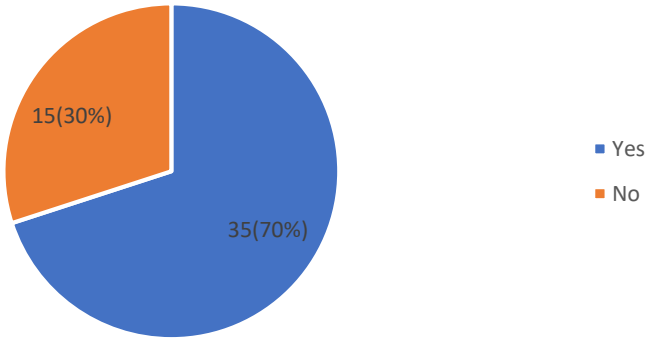

Figure 1 shows that the majority of the respondents, 35(70%), had heard about youth-friendly services, while a minority, 15(30%), had never heard about youth-friendly services.

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

Variable	Frequency (f)	Percentage (%)
Source of information		
Health facility	14	28
Friends and family	11	22
Media	25	50
Importance of using youth reproductive health services		
Prevention of reproductive health challenges only	13	26
Treatment of reproductive health challenges only	29	58
Prevention and treatment of reproductive challenges	8	16
Components of youth reproductive health services		
Voluntary counseling and testing of HIV	11	22
Prevention and treatment of STIs	20	40
Contraception	11	22
Post abortion care	8	16
Gender that should utilize reproductive health services		
Female	26	52
Male	8	16
Female and male	16	32
Examples of family planning services		
Condoms	25	50
IUCD	4	8
Oral pills	15	30
Injectable family planning	6	12

Table 2 shows that the majority of the respondents, 25(50%), had received information from the media, while the least, 11(22%), received the information from friends and family. The majority of the respondents, 29(58%), mentioned that youth reproductive services are important in the treatment of reproductive health challenges, while a minority, 8(16%), mentioned prevention and treatment of reproductive challenges.

Less than half of the respondents, 20(40%), mentioned that youth-friendly services comprise prevention and treatment of STIs, while only 8(16%) mentioned post abortion care services. More than half of the respondents, 26(52%), mentioned that reproductive health services should be offered to only females, while the least 8(16%) mentioned only males. Half of the respondents, 25(50%), mentioned that condoms are examples of family planning services, while the least 4(8%) knew IUCD.

Figure 2: Dangers of not utilizing reproductive health services (n = 50)

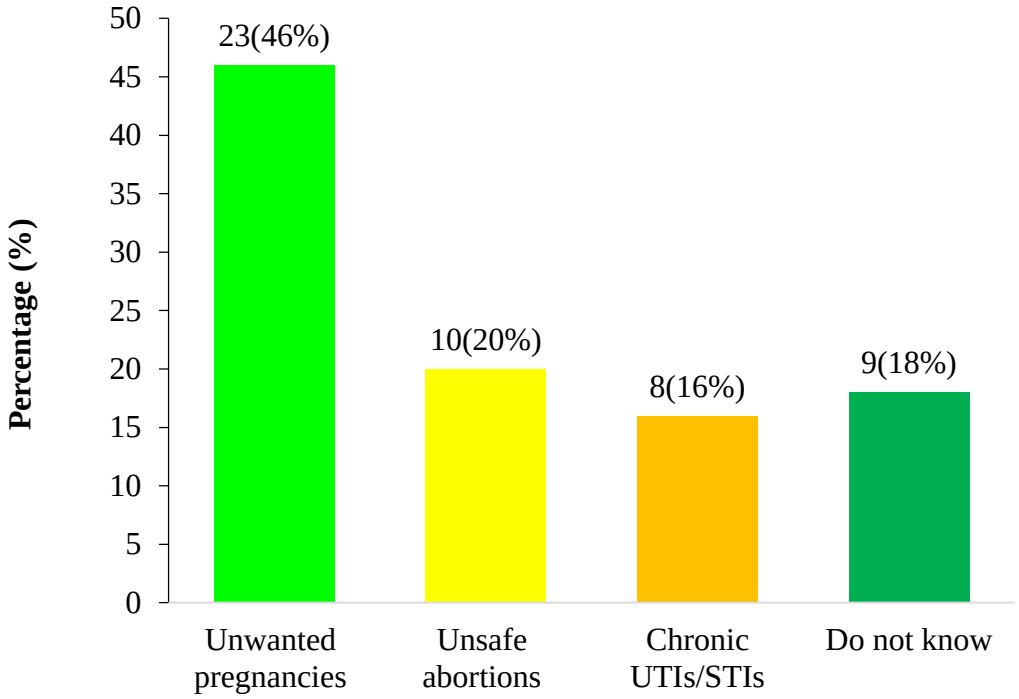

Figure 2 shows that most of the respondents, 23(46%), knew that unwanted pregnancy was a danger of not utilizing reproductive health services, while the least, 9(18%), did not know.

Discussion of results.

Knowledge of youth towards youth reproductive health services.

This study demonstrated that up to 7 in 10 respondents had heard about youth-friendly services, and more than half (57.2%) had received information from the media. This could be because media stations host individuals who discuss health matters about youth reproductive health issues, thus affecting the use of the services. This disagrees with a study by Lee et al (2023) in Benin that explored that 63.8% of youth had obtained information about sexual reproductive health services from friends/ brother and sisters. These differences can be attributed to the rapid growth of media users in recent years.

The study revealed that nearly (68.6%) of the respondents mentioned that youth reproductive services are important only for the treatment of reproductive health challenges. This perception might lead to youth waiting until they experience health challenges before seeking these services. This finding disagrees with a study by Utaka et al. (2023) in Nigeria, which found that 87.05% of respondents knew that

utilizing reproductive health services is important for both the prevention and treatment of issues such as unplanned pregnancies, unsafe abortions, STIs, and HIV. The implication is that there is a need for increased awareness and education on the preventive benefits of youth reproductive services to encourage proactive utilization.

The study further revealed that nearly half of the respondents (48.6%) mentioned that youth-friendly services comprise prevention and treatment of STIs. This could be because STIs are a major reproductive challenge among youth, making them more aware of these services. Similarly, a study by Lee et al. (2023) in Benin found that 41.2% of respondents knew about STI treatment and prevention as components of the reproductive health services (RHS) package offered at health facilities. This finding agrees with a study by Ninsiima and Ndejjo (2021) carried out in Sub-Saharan Africa, which found that youth lacked comprehensive knowledge about youth-friendly services. The implication is that there is a critical need for comprehensive education on the full scope of youth-friendly services to ensure that youth are informed about all available resources, not just those related to STIs.

The study showed that nearly half (46%) of the respondents knew that an unwanted pregnancy was a danger of not utilizing reproductive health services. This might be because youth are afraid of becoming pregnant and hence consider an unwanted pregnancy a significant risk of not using youth-friendly services. Similarly, a study by Kajubi (2018) conducted in Luweero Town Council, Uganda, found that youth were aware that unplanned pregnancies could occur if they did not use youth-friendly services. The implication is that awareness campaigns should emphasize the broader benefits of reproductive health services beyond preventing unwanted pregnancies, to ensure a comprehensive understanding and utilization of these services among youth.

Conclusion:

Although awareness of YFRHS among youth at Apac General Hospital was moderate, comprehensive knowledge of the full range and purpose of these services was inadequate. Misconceptions regarding preventive services and male involvement remain common.

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.

Recommendations:

Health workers and district authorities should strengthen youth-focused health education through media, schools, and community outreach. Comprehensive awareness campaigns should emphasize prevention, available service components, and the importance of involving both male and female youth in reproductive health services.

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List of Abbreviations

AGH – Apac General Hospital
AOR – Adjusted Odds Ratio
FP – Family Planning
HIV – Human Immunodeficiency Virus
HMIS – Health Management Information System
IUCD – Intrauterine Contraceptive Device
MOH – Ministry of Health
OPD – Outpatient Department
PAC – Post Abortion Care
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 research process.
TMO supervised the 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 the Florence Nightingale School of Nursing and Midwifery.
Denis Obong is a research supervisor at the Florence Nightingale School of Nursing and Midwifery.
Tonny Mike Omara is a research supervisor at the 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.

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Contact: +256 763 123 847
Email: afroglobalpress@gmail.com
Website: https://afroglobalpress.com
Address: Scholar's Summit, Nakigalala, East Africa