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Exploring and Describing Healthcare Workers' Perceptions Regarding the Promotion of Youth-Friendly Sexual and Reproductive Health Services: An Exploratory Qualitative Study

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Abstract

Background

Youth-friendly sexual and reproductive health (YFSRH) services are central to improving youth health outcomes. Despite national standards in Ethiopia, implementation challenges persist. Healthcare workers (HCWs) are key actors in promoting and delivering YFSRH services. This study explored HCWs' perceptions regarding the promotion of YFSRH services in Gurage Zone, Southern Ethiopia.

Methods

An exploratory qualitative design was employed. In-depth semi-structured interviews were conducted with purposively selected HCWs. Data were audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's thematic analysis framework. Trustworthiness was ensured through peer debriefing, audit trail documentation, and reflexive journaling. Reporting followed COREQ guidelines.

Results

Four themes emerged: structural constraints, socio-cultural resistance, provider attitudes, and system-level implementation gaps. HCWs perceived that although YFSRH services are formally available, promotion is hindered by infrastructure limitations, stigma, inconsistent training, and weak monitoring mechanisms. Confidentiality concerns and moral judgment were identified as critical factors influencing youth trust and service uptake.

Conclusions

HCWs recognize the importance of promoting YFSRH services but operate within structural, socio-cultural, and systemic constraints that limit effective implementation. Strengthening infrastructure, enhancing provider capacity, institutionalizing youth participation, and improving accountability mechanisms are essential to bridge the gap between policy and practice.

Background

Youth-friendly sexual and reproductive health (YFSRH) services are designed to ensure that youth receive accessible, acceptable, equitable, confidential and non-judgmental sexual and reproductive health (SRH) care tailored to their specific needs. Youth is a critical stage of life marked by rapid biological, psychological, and social changes that influence long-term health behaviors and outcomes (1). Globally, youths face multiple SRH challenges including unintended pregnancy, sexually transmitted infections (STIs), HIV infection and gender-based violence (2). Despite improvements in reproductive health services worldwide, youth's pregnancy remains a major public health issue; globally, approximately 13% of girls give birth before the age of 18 and pregnancy-related complications remain a leading cause of death among girls aged 15–19 years (3). Addressing youth SRH needs is therefore a key component of achieving the Sustainable Development Goals (SDGs), particularly SDG 3.7, which aims to ensure universal access to sexual and reproductive health services and family planning by 2030 (4).

At the international level, youth sexual and reproductive health and rights (YSRHR) have been recognized as essential to global development agendas. Global commitments such as the International Conference on Population and Development (ICPD) and subsequent initiatives emphasize the need for youth-responsive health systems that provide comprehensive sexuality education, family planning services, HIV prevention, and reproductive health counseling (5). However, youths in many low- and middle-income countries still face significant barriers to accessing SRH services, including stigma, lack of privacy, socio-cultural norms and limited autonomy in making reproductive health decisions (6). Evidence indicates that youth-friendly services that prioritize confidentiality, respect and youth participation are effective in improving youths' access to SRH information and services (7).

In Sub-Saharan Africa (SSA), youth experience a disproportionately high burden of SRH challenges compared to other regions. The region has the highest youth fertility rates globally, with youth pregnancy contributing significantly to maternal morbidity and mortality (3). Structural factors such as poverty, limited access to contraception, gender inequality, early marriage, and inadequate youth-friendly health services contribute to these poor outcomes (8). Studies also show that youths often avoid seeking SRH services due to fear of stigma, lack of confidentiality, and negative attitudes from healthcare providers (9). Consequently, strengthening youth-friendly services has become a major strategy in many SSA countries to improve youth health outcomes and reduce unintended pregnancies and STIs.

In Ethiopia, youth represent a large proportion of the population and face numerous sexual and reproductive health challenges, including early marriage, unintended pregnancy and limited access to contraceptive services (10). To address these issues, the Ethiopian government has implemented youth-friendly health services (YFHS) within public health facilities to provide integrated SRH services for youths including family planning, HIV testing, STI management, and counseling (11). However, studies indicate that the availability, quality and utilization of youth-friendly services remain limited due to factors such as inadequate resources, lack of trained

providers and socio-cultural barriers (12). For instance, a recent study in Ethiopia found that health facility readiness and provider attitudes significantly influence youths' satisfaction and utilization of youth-friendly SRH services (11).

Healthcare workers (HCWs) play a central role in improving the effectiveness of youth-friendly sexual and reproductive health services. HCWs are responsible for delivering accurate SRH information, ensuring confidentiality, and providing respectful and non-judgmental care that encourages youths to seek services. Training healthcare providers in youth-friendly communication, counseling and culturally sensitive care has been shown to significantly improve youths' trust in health facilities and increase service utilization (9). In addition, HCWs can promote youth SRH through community outreach, school health programs and youth engagement initiatives that enhance awareness and access to services (7).

Despite global and national efforts to improve youth sexual and reproductive health, significant gaps remain in the accessibility and utilization of youth-friendly services. Many youths continue to face barriers such as stigma, lack of privacy, inadequate knowledge of available services and limited youth-friendly service availability in health facilities. These challenges contribute to persistent SRH problems including unintended pregnancy, STIs, and unsafe sexual practices among adolescents. Addressing these gaps through strengthened health systems, improved provider capacity, and expanded youth-friendly services is essential to improve youth health outcomes and achieve global commitments under the Sustainable Development Goals.

Methods

Study Design

An exploratory qualitative study design was employed.

Study Setting

The study was conducted in selected public health facilities providing YFSRH services in Gurage Zone, Southern Ethiopia. Wolkite town as the zonal administrative center, located about 158 km southwest of Addis Ababa. The zone is administratively divided into 20 districts and 2 town administrations. In terms of health infrastructure, Gurage Zone maintains a mixed public and non-governmental health service delivery system. The zone has 7 hospitals, of which five are public including one comprehensive specialized hospital at Wolkite University and one general hospital at Butajira town. Two hospitals are non-governmental or faith-based. In addition, the zone is served by 72 health centers, of which seven are NGO-managed and 402 functional health posts are distributed across the low administrative units.

Participants and Sampling

Healthcare workers directly involved in YFSRH service delivery were purposively selected, including nurses, midwives, and facility focal persons responsible for youth services. purposive sampling was used to select YFSRH service centers. This approach relies on the researcher's knowledge of the population to deliberately select participants or sites that are most relevant to the research objectives Sampling continued until thematic saturation was achieved.

Data Collection

Data were collected using developed semi-structured interview guides for this study covering perceptions of YFSRH promotion, structural barriers, provider attitudes, community influences, youth engagement mechanisms, and policy implementation experiences. Interviews were conducted in private settings, audio-recorded with consent, and lasted approximately 60 minutes.

Data Analysis

Interviews were transcribed verbatim and analyzed using Braun and Clarke's thematic analysis framework. data were transcribed, organized, and manually analyzed using thematic analysis, with audio recordings securely stored and labeled to ensure systematic interpretation and contextual understanding. Coding was conducted iteratively to identify patterns and generate themes.

Trustworthiness

Credibility was ensured through peer debriefing and prolonged engagement. Dependability was supported through an audit trail. Confirmability was enhanced through reflexive journaling and transferability was supported through thick description.

Ethical Considerations

Ethical clearance was obtained from the departmental higher degree research and ethics committee of University of South Africa (UNISA). A letter of permission from Gurage zone health department was granted to undertake the research in the selected health facilities providing youth sexual and reproductive health in the study area. The respondents were informed about the objective and purpose of the study. Oral and written informed consent was obtained from each respondent before administering the questionnaire. To assure confidentiality no name or personal identifying information was written on the questionnaire and information was recorded anonymously

Results

Participants' demographic information

Table 1 provides the participants' demographic details, including their age, gender, role within the organisation, years of experience in the health facility, and highest educational qualifications. A total of twelve HCWs comprising seven males and five females aged 23 to 38 years, participated in the interview. The professional experience ranged from one to six years, with most having three to four years of service. The majority served as YFSRH focal persons, along with SRH, AYSRH, and RMCH coordinators, reflecting a focus on adolescent, youth, and maternal health programs. In terms of qualifications, the group primarily consisted of mid-level health providers, including five clinical nurses, four health officers, and three midwifery nurses, actively engaged in SRH service delivery at the facility level.

Emergent themes and sub-themes

This study explored and described healthcare workers' perceptions of the promotion of youth-friendly sexual and reproductive health (YFSRH) services from the perspective of service providers. Analysis of the data resulted in the identification of five major themes reflecting healthcare workers' perceptions of promoting YFSRH services at different levels. These themes emerged through a systematic process of coding and categorizing participants' responses to questions related to their perceptions of YFSRH service promotion. Illustrative phrases and direct quotations corresponding to the identified codes are presented under each emergent theme and sub-theme **(see Table 2).**

Theme 1: Enabling role of the HCWs on YFSRH services

The HCWs mentioned their enabling role in the delivery of YFSRH services. Within this theme, two prominent categories that emerged were the 1) promotion of open communication between the youth and HCWs and 2) attitudes and beliefs of HCWs regarding YFSRH. These categories were further encompassed by different sub-categories.

Sub-theme 1.1: Promotion of open communication between youth and HCWs regarding YFSRH

HCWs described open communication as a crucial facilitator in fostering a safe and respectful space for youth to engage in SRH dialogue. One participant had this to say

"...I still speak to them openly. I guide the conversation clearly, saying things like: This is how it works, this is how you can protect yourself. I create a safe space for them to speak as well" ***(HCW; P12****)*

In contrast, one of the participants indicated that youth do not openly discuss issues related to SRH, often remaining silent on the topic.

"As I said earlier, many youths don't openly share their thoughts. We push them to speak, but they remain silent" ***(HCW; P10).***

Overall, this body of evidence strongly aligns with the current study's findings, illustrating that provider openness is a key determinant of youth SRH service engagement.

Sub-theme 1.2 Attitudes and beliefs of HCWs regarding YFSRH

HCWs' attitudes and beliefs toward YFSRH services significantly influence the quality and accessibility of care delivered to youths. The analysis of participants' narratives underscores three major sub-categories: a non-judgmental approach, a strong belief in their professional responsibility, and a growing motivation to engage youth in decision-making processes. One participant had this to say:

"By investing in youth-specific services addressing their unique vulnerabilities and fostering healthy behaviours, we can protect their futures and nurture a productive, disease-free generation. Ignoring their distinct needs while treating them like other age groups is a disservice. We must design services that respect their realities" ***(HCW; P7)***

Another participant said:

"I believe every professional, wherever they are, has a responsibility to raise awareness about these services. Starting from health institutions: at the grassroots level, health extension workers and health facilities must actively deliver services and inform communities" ***(HCW; P8****)*

Professional identity has emerged as a critical driver of quality YFSRH service delivery, with evidence consistently linking provider commitment to improved care outcomes.

Theme 2: YFSRH service accessibility and design

This theme reflects the physical, relational, and systemic factors shaping access to and the quality of YFSRH services. Insights from HCWs reveal multi-dimensional facilitators and barriers, with notable emphasis on proximity, provider characteristics, structural support, and outreach modalities.

Sub-theme 2.1 Proximity to YFSRH facility

Participants emphasised that geographic proximity of YFSRH services strongly influences youths' service uptake. Youth are more likely to access SRH services when health facilities are located within or near their communities. One participant had this to say:

"The centres are not accessible. For example, when youth seek services, they often have to travel to places like Butajira. Getting there incurs costs for transportation, food, and drinks, which many cannot afford. The existing facilities are inadequate and insufficient. The few available centres cannot meet the community's needs" ***(HCW; P5)***

Similarly, other participants indicated that accessibility is a challenge for the youth to utilise the YFSRH:

"Those from distant villages don't come to us. They stay there until complications arise, then come for abortions. They hide pregnancies, and when problems occur, they come. If education were integrated into every health cell or if there were a dedicated centre, as I said earlier, access would improve. But I wouldn't say it's fully accessible" ***(HCW; P6)***

HCWs highlighted the importance of having a separate, dedicated space within health facilities for youth. Facilities that provided discreet, youth-specific rooms were perceived as more welcoming, facilitating open discussion and reducing stigma. One of the participants had this to say:

"If providers were trained to offer all services in one place, like a welcoming centre, it would improve access. For example, integrating family planning, abortion care, and counselling in a single youth-friendly space" ***(HCW; P7).***

Sub-theme 2.2: The support required from the HCW

Participants emphasized that when providers demonstrate respect, empathy, patience, and a non-judgmental approach, youth feel more comfortable and confident seeking care. One of the participants says:

"I speak with them freely. It's about making them feel free first. So, they have no fear. That their privacy is kept. One thing they fear is... Someone will recognise me. But when you give freedom when people, by their nature, are given freedom, they express their thoughts" ***(HCW; P11).***

In agreement with other participants:

"There's no breach here. Some youth feel their privacy is at risk because the community knows they visited, but it's just their perception. For instance, if a neighbour sees them enter, they might assume it's for family planning. But medically, there's no exposure. If a client says, 'Keep this between us, ' it's their right. We tell them, only you and I will know" ***(HCW; P9).***

Sub-theme 2.3: Supportive structure and stakeholders

The presence of supportive structures and active stakeholder engagement was identified as a key enabler of effective delivery and sustainability of YFSRH services. HEWs were recognized as valuable community-level actors who connect youth to SRH services through home visits, education sessions, and referrals. Their ongoing engagement increases youth awareness and service utilization. This is supported by the following quotation:

"...However, there are many youths, and the kebele is geographically large; accessibility remains a challenge. It's difficult to reach every young person in every kebele (low administrative structure). Without the help of health extension workers in each area, it's hard to identify and engage all of them consistently" ***(HCW; P12).***

Peer and partner referrals can both positively and negatively impact the promotion of YFSRH services. On the positive side, they noted that referrals from trusted peers or partners can encourage service uptake by reducing fear and building confidence. However, some interviewees also mentioned that misinformation, peer pressure, or judgmental attitudes from peers can discourage youth from seeking accurate information or accessing services. This is demonstrated by this vignette below:

"Peer influence, as I mentioned earlier, has both positive and negative impacts, especially regarding youth SRH. Peer pressure, in particular, is a destructive force. For instance, today, even children as adolescents as 10 or 11 years are initiating sexual intercourse at an early age. My friend did it, so why shouldn't I? This mindset is driven by peer pressure" ***(HCW; P5).***

In support of the other participant:

"Peer groups do have an influence. Some peers promote awareness, saying, this service is useful, which helps. But others spread negativity. For example, if a girl uses family planning before marriage and peers find out, they gossip: she's using contraceptives? She's not even married! This stigma affects her. If she gets an abortion and returns to school, her peers might isolate her, impacting her studies and friendships" ***(HCW; P6).***

Theme 3: Importance of addressing YFSRH services

This theme highlights the significance that HCWs place on integrating and prioritising YFSRH services within the broader public health system. Participants' reflections underscore the role of these services in fulfilling the health needs of youth, mitigating reproductive health risks, and fostering youth empowerment and well-being.

Sub-theme 3.1.Benefits to the youth's wellbeing

HCWs expressed a strong perception of the critical importance of YFSRH services in addressing the unique and evolving needs of youth. HCWs, in particular, acknowledged that YFSRH services are not just beneficial but essential for reducing risky behaviors. Youth face a range of SRH challenges, such as early sexual debut, unintended pregnancy, and limited contraception use, that are inadequately addressed without tailored services. This is supported by this expression:

"The actual health services offered for youth must align with their distinct needs because youths are in a transition period and their behaviours and risks, including early sexual activity, substance use, require targeted interventions" ***(HCW; P7).***

YFSRH services directly contribute to reducing major SRH risks among youth, such as unplanned pregnancies, unsafe abortions, HIV and STI transmission, and school dropouts. One of the participants had this to say:

"In my opinion, focused efforts must be made here. Particularly to improve youth health, reduce mortality, and eliminate or minimize issues linked to it. Work must be done effectively" ***(HCW; P5).***

Youth engagement in SRH discussions also helped reduce stigma and encouraged leadership roles, particularly for girls. This is supported by the following vignette from one of the participants:

"You know... We've conducted training in schools, empowering selected students to speak out. Their voices are broadcast school-wide, ensuring positive messages reach everyone. This is how we address peer pressure" ***(HCW; P1).***

Theme 4: Challenges related to the provision of YFSRH Services

This theme captures a broad range of systemic, institutional, and socio-cultural barriers that hinder the effective provision of YFSRH services. Participants' insights reveal that despite ongoing efforts to improve service delivery, multiple challenges continue to limit accessibility, quality, and utilization of services.

Sub-theme 4.1: Health system challenges

Health system challenges remain one of the most significant barriers affecting the accessibility, quality, and sustainability of services. Analysis of qualitative data revealed seven broad sub-categories: Lack of health provider in-service training on YFSRH, Inadequate resources for YFSRH services, Lack of Confidentiality and privacy, High workload and time constraints, Limited youth-friendly spaces, Poor referral mechanisms and weak monitoring system. Several HCWs reported insufficient or outdated training in YFSRH. This is demonstrated by this quotation:

"I haven't attended any distinct training labelled as "youth SRH. However, while being engaged in the work process, the job itself leads you. As you work, it naturally directs you" ***(HCW; P5).***

Shortages of contraceptives, youth-focused IEC materials, STI drugs, and other essential supplies. In some facilities, there was no budget specifically allocated for YFSRH activities. These constrain the scope and consistency of service delivery. One of the participants had this to say:

"Beyond that, infrastructure limitations persist. For example, even when we try to create dedicated spaces, budget constraints hinder progress. Most initiatives require funding like training, materials, or infrastructure upgrades and our district struggles with this. So, while efforts are made, systemic gaps tied to budgets and infrastructure remain" ***(HCW; P8).***

Youth are more likely to access and utilise SRH services when they trust that their information remains confidential and that their privacy shall be respected during consultations and service delivery. However, evidence indicates that a lack of confidentiality and privacy remains a major barrier to service uptake among youth. This is supported by this expression:

"Socially, it's very tough. Imagine a student coming in, she's not here for school but for something else. People might ask, why is she here? And stare. Even after testing, we quietly refer them to MCH or family planning, and advise them to communicate privately with the providers. We tell them, explain your issue there. That's all we can do. But we can't fully guarantee complete privacy" ***(HCW; P6).***

Strengthening referral and linkage systems between schools and health facilities is a proven and critical mechanism for improving youth access to SRH services in SSA.

Sub-theme 4.2. Socio-cultural and community barriers

Youth frequently encounter societal and cultural obstacles that inhibit their access to SRH services. These barriers manifest through stigma, cultural norms, misinformation, and limited awareness, all of which compromise service utilisation and informed decision-making. One of the participants had this to say:

"Society still treats SRH as taboo. These issues seep into professionals' mindsets too. broadly, society still treats YFSRH topics as private or taboo. HIV is somewhat accepted, but abortion or family planning remains stigmatised. For example, some husbands still oppose their wives using contraception" ***(HCW; P7).***

Providers explained that some parents discourage youth from visiting health facilities, fearing it promotes early sexual activity. This is supported by following quotation:

"When a youth faces issues that go against what the family or community expects like family honour or community respect, there's a gap in seeking discreet solutions. Even if a family tries to handle it quietly, the community might still stigmatise them. For instance, if a girl gets pregnant, the family might want to resolve it secretly, but the community labels her, the girl who brought shame" ***(HCW: P8).***

Deeply rooted cultural beliefs shape community attitudes toward youth sexuality. In Ethiopia, norms emphasize that sexual activity is only acceptable within marriage. This is the verbatim statement from the participant:

"Culture in our community, especially in rural areas is very rigid. For example, if a girl forms a friendship or relationship without her family's consent, it's seen as deeply shameful. In rural communities, this is harshly condemned" ***(HCW; P5).***

SRH literacy remains a critical determinant of youth service utilization and outcomes with evidence showing significant knowledge gaps among youth.

Theme 5: Strategies to improvement of YFSRH

This theme reflects HCWs' recommendations for enhancing the effectiveness, accessibility, and sustainability of YFSRH services. The suggestions span operational, structural, policy, and community levels, emphasising multisectoral coordination, infrastructure improvements, and meaningful youth participation.

Sub-theme 5.1. Improve service quality and expansion

Participants recommended strengthening school and community outreach as a means of delivering YFSRH education, referrals, and mobile services. Outreach program bridge access gaps for underserved youth and foster early engagement. One of the participants had this to say:

"Schools are critical venues for delivering these services. If we dedicate at least one day a week to providing SRH services in schools, coupled with education, Uhm...it can make a difference. Additionally, using mini-media (e.g. school announcements) during breaks to repeatedly share information is key. For instance, morning announcements could cover topics like transportation safety, girls' education, or SRH awareness" ***(HCW; P5).***

HCWs pointed out challenges such as long distances to health facilities, limited service hours, and lack of transportation, especially in rural areas. Suggestions included expanding outreach programmes, integrating services into schools, and establishing more accessible and youth-centred service points to ensure that all young people can obtain timely and appropriate care. This is supported by the following expression:

"To improve accessibility, the health facility should establish dedicated sections for youth-friendly services. If the facility creates specialised units with trained staff and tailored resources, it would significantly enhance access and quality for the youth in this catchment areas" ***(HCW; P5).***

Providers stressed maintaining strict confidentiality through private spaces, respectful communication, and anonymity options. Adolescents value confidentiality as a prerequisite for service uptake. This is demonstrated by this quotation:

Sub-theme 5.2. Community and influential leaders' engagement

Participants underlined the importance of engaging parents, teachers, and community leaders in open dialogue about SRH. They noted that such engagement helps normalise discussions around youth and fosters a supportive environment where young people feel encouraged to seek information and services.

"Well...when parents are open, supportive, and communicative about SRH, it makes a significant difference. Young people in those environments tend to feel more confident and empowered to seek help when they need it. That kind of family support can really encourage healthy decision-making" ***(HCW; P5).***

They noted that these campaigns help challenge harmful norms, dispel myths, and promote acceptance of youth-friendly services, ultimately creating a more supportive and informed community environment for young people. This is a quotation from one of the participants:

"Changing societal attitudes takes work. We need campaigns to normalise these services and reduce stigma" ***(HCW; P8).***

Sub-theme 5.3. Policy and programme advocacy

Participants stressed that while supportive SRH policies exist, their implementation is often weak or inconsistent. They underlined the need for stronger enforcement, regular monitoring, and accountability mechanisms to ensure that policies translate into practical, youth-friendly services at all levels of the health system.

Demonstrated by:

"... However, it is important to clarify that these services are not guided by a formal strategy. What we do reflects practical responses to immediate needs, not the implementation of a structured, comprehensive youth-focused strategy. For example, when youth or other clients come in distress or in need of guidance, we provide support but there is no overarching framework that ensures consistency, sustainability, or alignment with national or regional policy goals" ***(HCW; P12).***

Integrating YFSRH services with other health services and establishing robust referral systems are crucial for comprehensive care. This is demonstrated by this quotation:

"If a case is beyond our capacity, we refer the client to another facility for specialised care. Here at this unit, we also manage TB and HIV cases, ensuring clients receive comprehensive counselling and all necessary services. Clients get the full range of care they need" ***(HCW; P11).***

Evidence from SSA highlights the diversity of delivery models for YFSRH services and the importance of integrated approaches.

Sub-them 5.4. Improve stakeholder's capacity and attitudes on YFSRH services

Participants noted that regular training, mentorship, and supportive supervision are essential to build skills, address biases, and foster a more respectful, empathetic, and youth-centred approach among health providers and others. This is supported by the following quotation:

"If someone received specific training beyond what they've simply read or previously known, it would significantly improve their attitude. With that added knowledge and preparation, they would not only have a better understanding but would also be more focused and committed to the issue at hand. I truly believe that targeted training can lead to more positive and effective engagement" ***(HCW; P11)****.*

Supportive supervision plays a critical role in maintaining and enhancing the quality of YFSRH services. It involves regular monitoring, feedback, and the establishment of effective follow-up mechanisms. This expression supported by this quotation:

"I believe regular visits and support for our services are crucial. Increased attention from higher authorities could lead to significant improvements. Currently, we face challenges like limited transport access and budget constraints" ***(HCW; P4).***

Sub-theme 5.5. Systemic and programmatic support

HCW stressed the importance of developing and enforcing national guidelines for YFSRH services. They noted that clear, standardised guidelines help ensure consistency, quality, and accountability across all service delivery points, while also guiding providers in delivering age-appropriate, respectful, and effective care to young people. One of the participants had this to say:

"Policies and guidelines drafted at higher levels shouldn't just remain on paper. They must reach the grassroots and align with youth and community needs" (HCW; P5).

Providers emphasised the need for allocating dedicated budgets for youth health, particularly SRH services. They noted that without specific funding, programmes often face resource constraints that limit service availability, outreach activities, and training efforts. This is demonstrated by this quotation:

"Government institutions should also take ownership; the government allocates sufficient budget. Budget is key many activities stall due to lack of funds. For instance, gathering youth for half a day requires tea, coffee, etc. You can't just train them without this" (HCW; P2).

Sub-theme 5.6. Youth engagement and empowerment

Participants emphasised that involving youth in designing, delivering, and evaluating services ensures relevance and ownership. This is demonstrated by this quotation:

"Uhm...it's vital that the development of youth-related policies actively involves young people in meaningful ways. Their engagement ensures that policies truly reflect their lived experiences, preferences, and needs" (HCW; P1).

Linking health services with safe spaces for recreation was proposed to attract more youth to facilities and foster trust. This is demonstrated by this quotation:

"If there were a youth centre, it would make a huge difference. Youth could access tailored education and services there. Districts should support this with structured plans" (HCW; P6).

Discussion

This exploratory qualitative study examined healthcare workers' perceptions regarding the promotion of youth-friendly sexual and reproductive health (YFSRH) services in Gurage Zone, Southern Ethiopia. The findings demonstrate that effective promotion of YFSRH services is influenced by interconnected provider-level, structural, socio-cultural, training-related, knowledge-based, and system-level determinants. These findings align strongly with existing evidence and further illustrate the complexity of translating youth-friendly policies into consistent practice.

Provider openness and respectful communication emerged as central determinants of youth engagement. Multiple studies provide robust evidence that healthcare workers' openness and respectful communication serve as critical facilitators of YSRH service utilization. Youth are more likely to engage with SRH services when providers adopt approachable, non-judgmental, and empathetic guidance (13, 14). Complementing this study, youth explicitly prefer providers who are friendly, open, and able to guarantee confidentiality (15). The literature also underscores the reinforcing role of interpersonal and organizational support in fostering youth openness. Client satisfaction was directly tied to respectful and open communication from providers, emphasizing how strong interpersonal dynamics encourage youth disclosure (16). Similarly, privacy and a youth-friendly clinic culture encourage youth to seek SRH services by reinforcing provider openness (17). Overall, this body of evidence strongly aligns with the current study's findings, illustrating that provider openness is a key determinant of youth SRH service engagement.

Accessibility remains another critical determinant of YFSRH promotion. Accessibility in YFSRH encompasses the ability of youth to obtain and use SRH services with ease and confidence, at the time of need, and without encountering barriers related to geography, cost, information, social norms, or culture. Geographic accessibility remains a critical determinant of YSRH service utilization across sub-Saharan Africa (SSA). Proximity to health facilities strongly predicts SRH uptake, with youth living near facilities significantly more likely to seek services than those residing farther away (18). This finding is echoed by study, who identified physical distance, transport challenges, and inconvenient service hours as persistent barriers to YFSRH access in the region. Geographic and financial constraints have also been widely documented (14). Rural youth often experience delayed care-seeking due to the combined effect of travel distance and associated costs (19). Complementing this, youth strongly prefer facilities within walking distance and that both transportation expenses and absence of nearby services are key deterrents to timely SRH utilization (20). These findings reinforce the present study's observations that structural barriers limit effective promotion, particularly in rural contexts.

Service quality and adherence to established standards remain persistent challenges. YSRH services in Ethiopia and globally continue to fall short of established quality benchmarks, with significant implications for health outcomes. YFSRH services consistently perform below WHO quality standards across structural, process, and output dimensions (20). Similarly, persistent unmet SRH needs among youth in Asia and the Pacific and recommended adoption of innovative, youth-centered service models (21). Although facilities implementing youth-centered services reported higher levels of friendliness and satisfaction, gaps persisted in addressing early sexual behaviors and contraceptive needs (11). These findings resonate with the current study, where participants acknowledged infrastructural limitations and inconsistencies in implementing youth-friendly standards, reflecting a policy–practice gap.

Provider training and supportive supervision emerged as foundational enablers of quality YFSRH service delivery. Limited in-service training contributes to gaps in provider competency and negative attitudes toward youth (22). The review emphasized that regular, supportive supervision and refresher training are essential to strengthening provider confidence and service quality. Complementing this, short in-service training modules on contraceptive counselling and youth-responsive practices significantly improved provider performance and client satisfaction (23). Similarly highlighted that many healthcare providers lack specific training in youth health (14). These findings underscore the necessity of structured and continuous professional development to ensure respectful and competent youth-centered services.

Youth knowledge and awareness also influence service uptake and promotion effectiveness. Evidence strongly demonstrates that higher levels of SRH knowledge are directly associated with increased utilization. Students with good SRH knowledge were 14 times more likely to utilize services (24). Similarly showed that school clubs and curriculum-based SRH talks significantly improved service uptake. further demonstrated that schools implementing YFS programs recorded significantly higher utilization and improved attitudes (25). These findings support the need to strengthen school-based interventions and youth clubs as complementary promotion strategies.

Overall, this study reinforces existing evidence while providing context-specific insights from frontline healthcare workers. Effective promotion of YFSRH services requires integrated strategies addressing provider attitudes, structural accessibility, quality standards, continuous training, youth knowledge, system accountability, and participatory engagement. Bridging the gap between policy and practice demands coordinated action at facility, community, and governance levels to ensure that youth-friendly services translate from guidelines into sustainable, equitable practice.

Strengths and Limitations

The study provides in-depth insights from frontline healthcare workers directly engaged in YFSRH delivery. However, findings are limited to facility-based providers and may not capture perspectives from private settings.

Conclusions

Healthcare workers recognize the importance of promoting youth-friendly sexual and reproductive health services but operate within structural, socio-cultural and systemic constraints. Bridging the gap between policy and practice requires strengthened infrastructure, youth-centered communication training, participatory governance mechanisms and community engagement strategies.

Abbreviations

AYSRH: Adolescents and Youth Sexual and Reproductive Health

COREQ: Consolidated Criteria for Reporting Qualitative Research.

HCWs: Healthcare workers

ICPD: International Conference on Population and Development

NGO: Non-Governmental Organization

RMCH: Reproductive, Maternal and Child Health

SDGs: Sustainable Development Goals

SRH: Sexual and Reproductive Health

SSA: Sub-Saharan Africa

STIs: Sexually Transmitted Infections

YFHS: Youth-Friendly Health Services

YFSRH: Youth-Friendly Sexual and Reproductive Health

Youth Sexual and Reproductive Health and Rights YSRHR

UNISA:University of South Africa

Declarations

Ethics approval and consent to participate

Ethical considerations for this study adhered to the Helsinki Declaration. Its protocol was ethically reviewed and approved by the Institutional Review Board (IRB) of the Department higher degree research and ethics committee of University of South Africa (UNISA) with the following approval notice number: CREC Reference #: 64115089_CREC_CHS_2025. Oral and written consent was obtained from each respondent before administering the questionnaire. To assure confidentiality no name or personal identifying information was written on the questionnaire and information was recorded anonymously

Consent for publication

Not applicable

Availability of data and materials

The dataset can be obtained by contacting the corresponding author.

Competing Interests

The authors declare no conflicts of interest.

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Authors' contributions

GG, SK and DM were responsible for conceptualization, investigation, methodology, writing, review and editing and funding acquisition. GG was responsible for data collection. for the formal analysis. SK and DM were responsible for supervision

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Tables

Table 1 Demographic Information of Health Care Workers for Key Informant Interviews, Gurage zone, 2026.

Participants	Age group	Experience	Role	Qualification
Participant 1	30–39	5 Years	YFSRH focal	Midwifery
Participant 2	30–39	2 Years	SRH focal	Clinical Nurse
Participant 3	30–39	3 Years	SRH Coordinator	Health Officer
Participant 4	30–39	3 Years	YFSRH Coordinator	Clinical Nurse
Participant 5	30–39	4 Years	RMCH Coordinator	Clinical Nurse
Participant 6	20–29	6 Years	YFSRH focal	Health Officer
Participant 7	30–39	3 Years	RMCH Coordinator	Public Health
Participant 8	30–39	4 Years	YFSRH focal	Health Officer
Participant 9	20–29	3 Years	YFSRH focal	Midwifery
Participant 10	20–29	1 Year	YFSRH focal	Health Officer
Participant 11	20–29	3 Years	YFSRH focal	Midwifery
Participant 12	20–29	1 Year	YFSRH focal	Clinical Nurse

Table 2 Themes, categories and sub-categories that emerged from HCWs interview

Theme	Sub-theme	Category (Code)
Enabling role of the HCW on YFSRH services	1.1. Promotion of open communication between the youth and HCWs regarding YFSRH	1.1.1. Openness regarding SRH iss
		1.1.2. Engaging and teaching the y
		1.1.3. Embracing youth rights and
	1.2. Attitudes and Beliefs of HCWs regarding YFSRH	1.2.1. Non-judgmental approach
		1.2.2. Belief in the professional rol
		1.2.3. Motivation to engage youth
YFSRH Service Accessibility and Design	2.1. Proximity to YFSRH facility	2.1.1. Accessibility for YFSRH
		2.1.2. Dedicated youth-friendly spa
		2.1.3. Flexible Service hours for yo
		2.1.4. School-based programme
	2.2. The support required from the HCW	2.2.1. Friendly provider approach
		2.2.2. Confidentiality and privacy a
	2.3. Supportive structure and stakeholders	2.3.1. Support from health extensi
		2.3.2. School clubs and teacher co
		2.3.3. Engagement by trained foca
		2.3.4. Peer and partner referrals
3. Importance of addressing YFSRH Services	3.1. Benefits to the youth's well-being	3.1.1. Value of YFSRH services on
		3.1.2. Contribution to reducing YS
		3.1.3. Impact on youth empowerm
4. Challenges related to the provision of YFSRH Services	4.1. Health System Challenges	4.1.1. Lack of health provider in-se
		4.1.2. Inadequate resources for YF
		4.1.3. Lack of confidentiality and p
		4.1.4. High workload and time con
		4.1.5. Limited youth-friendly space
		4.1.6. Poor referral mechanisms
		4.1.7. Weak monitoring systems
	4.2. Socio-Cultural and Community Barriers	4.2.1. Stigma and taboos around y
		4.2.2. Parental and community res
		4.2.3. Cultural Perceptions
		4.2.4. Misconceptions and misinfo
		4.2.5. Lack of knowledge and awar
5. Strategies for the improvement of YFSRH	5.1. Improve Service quality and Expansion	5.1.1. Outreach programmes for so
		5.1.2. Improving accessibility for Y
		5.1.3. Maintain confidentiality and
	5.2. Community and influential leaders Engagement	5.2.1. Engage parents, teachers, a
		5.2.2. Conduct community sensitis
		5.2.3. Involve religious leaders in S
		5.2.4. Use of media and peer educ
	5.3. Policy and Program Suggestions/ Policy and Advocacy	5.3.1. Proper implementation of po
		5.3.2. Advocacy for youth-friendly

	5.3.3. Integration of SRH in routin
5.4. Improve stakeholders' capacity and attitudes on YFSRH services	5.4.1. Conduct in-service training
	5.4.2. Establish mentorship and su
5.5. Health Facility Infrastructure and Resources	5.5.1. Designate youth-friendly ser
	5.5.2. Ensure a consistent supply
	5.5.3. Implement flexible service h
5.6. Systemic and Programmatic Support	5.6.1. Develop national YFSRH gui
	5.6.2. Allocate dedicated youth hea
	5.6.3. Strengthen multisectoral co
5.7. Youth Engagement and empowerment	5.7.1. Involve youth in service desi
	5.7.2. Strengthen peer education p
	5.7.3. Create youth advisory board
	5.7.4. Youth recreational centres
	5.7.5. Youth-friendly environment

Supplementary Files

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