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REPRODUCTIVE HEALTH SERVICES UTILIZATION AND ITS ASSOCIATED FACTORS AMONG YOUNG PEOPLE OF HWOLSHE COMMUNITY, JOS SOUTH LGA

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BACKGROUND OF STUDY

1.0 Introduction

Nigeria has an estimated population of 191, 835,936 with 22.3% adolescents, one in 20 of these adolescents contract a sexually transmitted infection each year, and half of all cases of HIV infections takes place among people under the age of 25 years. About 40% of new HIV infection occurs among young people in Nigeria (Odo, Samuel, Nwagu, Nnamani & Atama, 2018). This could result from early sexual debut and early marriage which increases adolescents' HIV vulnerability. The median age at first sexual intercourse is 17.6 and 21.1 years for women and men respectively, while the median age at first marriage is 18.1 and 27.2 years for women and men respectively. Although, the abortion law and policy in Nigeria prohibits legal access to legal abortion services, about 1.25 million commit induced abortion yearly by unskilled providers and many have serious complications without obtaining the post abortion care needed. These indicate that the utilization of sexual and reproductive health (SHR) services by the adolescents in Nigeria is low, arising from disparities in both provision and accessibility of the services and also lack of priority to adolescents' Sexual Reproductive Health. Availability and accessibility of quality and

affordable Sexual and Reproductive Health Services ensure adolescents' sexual and reproductive health wellbeing (Odo et al, 2018). Reproductive health care is defined as the constellation of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving sexual health problems. The WHO stated that about one half of all HIV infections worldwide occur among people aged 25 years and under 25 years of age. In addition, up to 100 million young people become infected with curable sexually transmitted diseases (Kenean, Tlaye, Belete, Demelew, Getu & Astawesegn 2018). Every year an estimation of 1.7 million young people lose their life prematurely due to preventable or treatable problems such as accidents, violence, pregnancy related complications, and other illnesses. For instance, in Africa, it was estimated that 60% of all new HIV infections occur among the youths aged 15–19 years. Sub-Saharan Africa remains the most affected region in the world with an estimate of 22.5 million people living with HIV and approximately 1.7 million new infections occurred in the region. Furthermore, premarital sexual activity has the highest rate in Sub-Saharan Africa, where more than half of girls aged 15–19 have sexual experience (Tlayeet al 2018). Nigeria is the most populous country in sub-Saharan Africa. It also has a very young population. The majority of the population is below the age of 25 years, with 22 percent of the country's population between the ages of 10-19 years. Data on sexual and reproductive health (SRH) outcomes in Nigeria highlight the importance of focusing on adolescents. At 576 maternal deaths per 100,000 live births, Nigeria accounts for roughly 14 percent of the global burden of maternal mortality (Demographic and Health Survey 2013/WHO 2014). Global evidence shows that young girls bear a higher burden of maternal mortality and morbidity. Data show that the average age at sexual debut is roughly 15 years of age among adolescent mothers in Nigeria (Demographic and Health Survey 2003, 2008, 2013). This note presents the findings of a recent study on Nigeria that examines determinants of adolescent sexual behavior and fertility, with a narrower focus on knowledge,

attitudes and behaviors of adolescents aged 10-19 years old in Karu Local Government Authority (LGA), a peri-urban area near the capital city of Abuja (World Bank Group, 2019).

1.1 Problem Statement

Sexual and reproductive health is still a subject that is difficult to discuss in many contexts. There is a significant taboo surrounding it that stems from culture, religion, tradition and the often personal matter of its' many subtopics. Many people do not have access to scientifically correct information and there are still many myths regarding sexual and reproductive health (e.g. around menstruation, virginity). Existing educational efforts still focus on abstinence only programs and apply a risk-based approach, even though there is "a significant body of evidence that Comprehensive Sexuality Education enables children and young people to develop: accurate and age appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and, attitudes and skills that contribute to safe, healthy, positive, relationships". Due to a misbalance of power, there can be inequalities based on Sexual orientation and Gender identity that can ultimately lead to unhealthy relationships. Legislation and policies that address the free expression and realization of sexual and reproductive health and rights often only adds to the problem. The sexual and reproductive health needs of adolescents are often underserved in many societies, yet adolescents constitute large proportion of the population. They represent 25% of the world population and are characterized by series of physiological, psychological and social changes that expose them to unhealthy sexual behavior such as early sex experimentation, unsafe sex and multiple sexual partners. These put them at high risk of sexual and reproductive health (SRH) problems. Such problems include early marriage, teenage pregnancies, unsafe abortion, sexually transmitted infections (STIs), HIV and AIDS, and other life threatening SRH problems.

The high increase in the rate of these SRH problems among young people in sub-Saharan Africa is alarming. This suggests the need for adequate attention towards adolescents' sexual and reproductive health. Adolescents' SRH needs and problems are yet to receive adequate attention especially in the developing countries like Nigeria, despite the recognition of youth-friendly reproductive health services as a way of improving their access and utilization of SRH services in order to achieve quality SRH. Efforts to attain quality sexual and reproductive health are constrained by inadequate access to and inequitable distribution of quality SRH services especially in sub-Sahara African countries. These contribute to poor utilization of SRHS among young people in sub-Saharan African countries, resulting to high prevalence of sexual and reproductive health problems especially among the adolescents. An estimate of 333 million new cases of curable STIs occur mostly in developing countries with the highest rate among 20–24 years old, followed by those within the ages of 15 and 19 years(Odo, Samuel, Nwagu, Nnamani & Atama, 2018). It was also estimated that 1.3 million adolescent girls and 780,000 adolescent boys were living with HIV worldwide, and 79% of new HIV infection among adolescents were in Sub-Saharan Africa (Odo et al, 2018).

Despite the global promotion of availability of reproductive health services, most rural areas still lack these services. Moreover, both geographical and financial accessibility to SRH services by the adolescents in low and medium income countries are influenced by different socio-demographic factors. Age and educational status of adolescents were found to affect their use of reproductive health services. This study therefore, assessed the reproductive health services utilization and its associated factors among young people in Hwolshe community, Jos south LGA, Plateau State, Nigeria.

1.2 Objectives of study

The main objectives of this study were to;

1. To determine the utilization of reproductive health services among young people of Hwolshe community, Jos south LGA.

2 To determine factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA.

1.3 Research questions

1. What is the level of utilization of reproductive health services among young people of Hwolshe community, Jos south LGA?
2. What are the factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA?

1.4 Hypotheses

Ho_1 There is no significant association between cost of reproductive health services and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

H_{o2} There is no significant association between educational level and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

H_{o3} There is no significant association between gender and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

H_{o4} There is no significant association between sexual behavior and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

1.5 Scope of the study

The study is delimited to the reproductive health services utilization and its associated factors among young people of Hwolshe community, Jos south LGA

1.6 Significance of the study

Reproductive health services have become one of the major concerns in both developed and developing countries, since its consequences are very detrimental to life and natural bodies. Hence there is the need to research into some of the factors that affect its utilization. Some works have been done on reproductive health services utilization and its challenges in Nigeria but have been limited mainly to the adults, married population, but none of the research has focused specifically on the reproductive health services utilization and its associated factors among young people of Hwolshe community, Jos south LGA, Plateau state, Nigeria.

The significance of this study is to highlight the factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA and make recommendation. It will also help to create awareness among the readers as to the existence of the problem.

1.7 Operational definition of terms

Reproductive health services: Services including family planning, adolescent reproductive health, prevention and management of complications of abortions and post abortion care, and prevention and management of STIs including HIV/AIDS to enhance wellness of individual's reproductive system.

Factors: Contributing circumstances that results in a particular situation

Utilization: Ability to use something

Young people: Adolescents between ages 15-30 years

Reproduction: This is the process of giving birth

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter deals with review of existing literature (both locally and internationally) that are of relevance to the study. Empirical review will be discussed as persuaded to the purpose of the study and lastly theoretical framework focused on theory adopted in which this study is situated or anchored.

2.1 CONCEPTUAL FRAMEWORKS

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. 87,000,000 women worldwide become pregnant unintentionally because of underuse of modern contraceptives (WHO reproductive health services, 2019).

2.2 COMPONENTS OF REPRODUCTIVE HEALTH

Vivian, (2017) trace the history of primary health care in Nigeria and state main components of reproductive health and healthcare which are as follows:

1. **Parental care:**

   Despite what you might think, many months of carrying a baby are not the hardest part of pregnancy and future motherhood. There are several years of growing teeth, tantrums, poop and fevers ahead of you. And half of the time you will require additional hands and medical assistance. That is why reproductive health includes facilities and services for safe motherhood. This component is meant to monitor the

pregnancy itself all the way to delivering a baby, as well as neonatal, perinatal and postnatal periods, and breastfeeding.

2. **Family Planning:**

At the centers for family planning, people can usually find information on different kinds of contraception and the actual contraceptives. Even though it is called 'family planning', people who do not plan to start a family any time soon (or ever) can also use the functionality of these centers. In addition, people can receive help on deciding how many children they want to have, what are the best ways of achieving it and how far apart the pregnancies should be. They can also decide to not have children altogether and choose to become permanently infertile. For that, family planning centers offer sterilization procedures.

3. **Dealing with sexual dysfunctions and infertility:**

While some people are trying not to have children, others are struggling to conceive. Reproductive health care helps people that want to become parents with providing information, medicine, treatment and alternative ways of reproduction.

4. **Services for providing safe abortions:**

There are many reasons why people consider getting an abortion: unplanned pregnancy, health complications, pregnancy from a sexual assault (rape), etc. It is important that there are services available that could facilitate the process of pregnancy termination.

5. **Management of complicated abortions:**

If you somehow do not know, many countries prohibit abortions, mostly on religious grounds. In those countries, abortion is akin to murder. What they do not take into account is that abortions will not go anywhere, even when made illegal. However, these illegal abortions are often harmful for the pregnant person, and they lead to many unnecessary complications. Even in countries where abortions are legal, some might cause unexpected health problems.

This is why reproductive health concerns itself with not only abortions, but also their aftermath.

6. **Treatment and prevention of STIs:**

STIs can happen to anyone who has an active sex life. Most of them are relatively harmless and short, and reproductive health centers are equipped with dealing with them. However, some diseases are more severe, like HIV/AIDS. As they are untreatable, the centers can provide information on how to deal with them on a daily basis. This includes taking special medicine at the given times, learning how to deal with your positive status and fighting the stigma around this disease.

7. **Treatment of non-infectious diseases connected to reproduction.**

Apart from the STIs, various non-transmittable diseases can damage the reproductive system. These include various types of cancers and other illnesses that might negatively affect the reproduction. Reproductive health centers deal with them as well.

8. **Sexual education:**

Adolescents and other people that reached the age of sexual maturity should be taught about 'what is reproduction', 'what is safe sex', 'why contraception is important' and so many other things. Because of religious views or other reasons, many try to ‘protect’ their children from knowing about these things. However, instead of protecting kids from depravity, parents, teachers and guardians put the children at risk. As they know nothing about sex and reproduction, kids might engage in unsafe practices without even knowing it, which usually cause problems for both them and their parental figures. That is why at least basic sex education is necessary for reproductive health.

9. Dealing with harmful practices:

Despite the fact that we live in the 21st century, many countries still have weird and dangerous traditions and laws. For example, in some African countries, the concept of female genital mutilation is a reality and not a scary story from the past. There are also instances of premature marriages and violence against women not punishable by law. Reproductive health is meant to prevent such practices from happening and to remedy the damage that has already been done through mental and physical therapy.

10. Sexual health

Apart from being a tool for reproducing, sex is also a great stress relief, endorphin booster and a generally pleasurable activity (if it is consensual). Reproductive health teaches people how to engage in sexual activities that not only result in children, but also in mutual satisfaction and in strengthening of a bond between two people.

2.3 Delivering Reproductive Health Care Services:

It is important for adolescents and young adults to have regular clinical preventive service visits, especially around reproductive health care. Primary care providers play an important role in counseling teens on various aspects of reproductive and sexual health care; and because sexual behaviors change during adolescence, continued discussions are needed to monitor these changes. In addition to discussing, monitoring menstrual cycles, counseling on contraception, pregnancy prevention, and family planning are important components to the reproductive health care adolescents receive. Receiving comprehensive reproductive health counseling regularly is a necessity for teens. If a teen decides to become sexually active, they need to understand their options and learn about which form of contraception is best for them. However, many do not feel comfortable going to the doctor's office (American Academy of Pediatrics, 2019).

2.4 EMPIRICAL REVIEW

Feleke, Negese, Demssie, and Mengesha (2013) studied on Reproductive health service utilization and associated factors among adolescents (15–19 years old) in Gondar town, Northwest Ethiopia: assessing adolescent reproductive health service utilization and associated factors has its own contribution in achieving the national Millennium Development Goals (MDG), especially goals 4 to 6. A community based cross-sectional study was conducted from April 5--19, 2012, in 4 randomly selected administrative areas of Gondar town. A total of 1290 adolescents aged 15--19 were interviewed using a pre-tested and structured questionnaire. Data were entered in to the EPI INFO version 3.5.3 statistical software and analyzed using an adapted SPSS version 20software package. Logistic regression was done to identify possible factors associated with family planning (FP), and voluntary counseling and testing (VCT) service utilization. Out of the total participants 79.5% and 72.2% utilized FP and VCT services, respectively. In addition, among sexually experienced adolescents, 68.1% and 88.4% utilized contraceptive methods and VCT service during their first sexual encounter, respectively, Educational status, discussion with family/relatives, peer groups, sexual partners and teachers were significantly associated with FP service utilization. Also, adolescents who had a romantic sexual relationship, and those whose last sexual relationship was long-term, were about 6.5 times (Adjusted Odds Ratio [AOR] = 6.5, 95% CI: 1.23, 34.59), and about 3 times (AOR = 3, 95% CI: 1.02, 8.24) more likely to utilize FP services than adolescents who had no romantic relationship or long-term sexual relationship, respectively. In addition, the variables significantly associated with VCT service utilization were: participants who had secondary education and above, schooling attendance, co- residence with both parents, parental communication, discussion of services with peer groups, health workers, and perception of a risk of HIV/AIDS. The majority of the adolescents were utilizing FP and VCT service in Northwest Ethiopia. But among the

sexually experienced adolescents, utilization of FP at first sexual intercourse and VCT service were found to be low. Educational status, schooling attendance, discussion of services, and type of sexual relationship and perception of risk were important factors affecting the utilization of FP and VCT services. Building life skill, facilitating parent to child communication, establishing and strengthening of youth centers and school reproductive health clubs are important steps to improve adolescents' reproductive health (RH) service utilization

Abraham, Yitbarek, and Morankar (2019) research on Determinants of adolescents reproductive health service utilization in Ethiopia: a systematic review of quantitative evidence: Adolescents in Ethiopia face many health problems which emanate from low knowledge and awareness of their reproductive health (RH), though there are additional factors contributing to the problem. Provision of adequate, friendly, and quality RH services to this group of young people is vital to have healthy and productive generation. This systematic review aimed to assemble the top obtainable evidence for the determinants of adolescent RH services utilization in Ethiopia. Systematic review of literature searches in major databases, MEDLINE, CINAHL, EMBASE, and Popline was conducted. English language articles published from 2010 onwards were sought. Socio-demographic and behavioral related outcomes were our interest. Fixed effect model with mantel Haenszel method was used to conduct meta-analysis using Revman5 software. Records were assessed for eligibility by two independent reviewers, with a third reviewer resolving disagreements. Four community-based cross-sectional studies were included in the review. Results of the meta-analysis showed that adolescents whose educational level was primary were 57% less likely to use RH services than adolescents whose educational level was secondary and above. In-school adolescents were 2.39 more likely to utilize Family Planning services than adolescents who were out-of-school. Moreover, adolescents who ever discussed on RH issues

with relatives/family/health workers were 3.63 more likely to utilize the services than adolescents who did not discuss with anyone else. We found adolescents' educational level; schooling status and ever discussion on RH issues were associated with RH service utilization in Ethiopia. Health information/education should be given in a regular manner to adolescents in schools and out of school on the availability and need for RH services. Developing the culture of discussion on RH issues within the community may help adolescents to be aware and utilize the available services.

Dida, Daregaand Takele (2015) studied on Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana: Sub-Saharan region including Ethiopia account for higher proportion of new HIV infections, maternal mortality ratios, and unmet need for reproductive health information and services. This study assessed reproductive health services utilization and its associated factors among Madawalabu University Students, Southeast Ethiopia. Institutional-based cross-sectional study was conducted among regular under graduate Madawalabu University students in May 2014. Data were collected from randomly selected students through self-administered pre-tested structured questionnaire. Data were entered in to EpiData 3.1 and exported to SPSS-16.0 for analysis. Bivariate and multivariate analyses were employed. From the total 568 respondents 507(89.3%) of them knew modern family planning. 457(80.5%) of them had ever utilized at least one reproductive health services. Students who ever made discussion on VCT with health profession utilized the VCT two times than those hadn't made discussion (AOR 2.06, 95% CI 1.21-3.48). Discussion also triple reproductive health services utilization (AOR 3.76, CI 1.55-9.11). Utilization of reproductive health services for the three indexed variables namely: modern contraceptives, STI diagnosis and treatment, and VCT is fair. But utilization of specific reproductive health services is under expectation. Discussion on reproductive health

services between health worker and students, and focusing other identified factors are the way of reproductive health problems intervention in the University.

Ansha, Bosho, and Jaleta, (2017) studied reproductive health services utilization and associated factors among adolescents in Anchar district, East Ethiopia: To assess reproductive health service utilization and associated factors among adolescents in Anchar District, West Hararghe Zone, Oromia Region, East Ethiopia. A community based cross-sectional study using quantitative and qualitative method of data collection was applied from March 1-30, 2013. Simple random sampling method was used for quantitative and Purposive sampling technique used for qualitative method. Four hundred and two adolescents were interviewed for quantitative study. Four focus groups and ten in-depth interviews were conducted for qualitative study. Binary and Multiple logistic regressions were used for association at $p < 0.05$ using SPSS Version 16.0 software. Qualitative data was transcribed, and result was presented by narration. Forty two (39.3%) female adolescents have ever used family planning. One hundred eight four (45.8%) adolescents have ever used VCT services. Males were 5.25 times more likely to use VCT than females (AOR = 5.25,C.I = 1.07, 25.87) and those perceived themselves as high risk for HIV were 8.22 times more likely to use VCT than their counterparts (AOR = 8.22, C.I = 1.065, 35.49). Lack of adolescent reproductive health services, Harmful Traditional Practices, lack of privacy and inconvenient service hour were reasons for not utilizing the service. More than half of adolescents were not utilizing family planning, and VCT services. Therefore, intensified effort is needed to increase utilization of these services for adolescents.

Adefalu, Adebisi, Ayodele, Olanrewaju (2019) carried out a study on Factors Influencing Access and Utilization of Reproductive Health Services among Undergraduates in Selected Tertiary Institutions in Ogun State, Nigeria: A survey research design was

adopted for this study while multistage sampling method was used to select the school, faculties, and participants of this study. A self-designed questionnaire was used for data collection, which was pilot tested through test-re-test and yielded a reliability coefficient (index) of .860.Four research questions and five hypotheses were formulated and tested. Analysis of data was done using descriptive statistics and regression analysis fixed at the .05 significant levels. A total of 388 participants were included in the study, 39.2% and 60.8% were males and females respectively while their ages ranged from 16-27 years with a mean age of 20.9. The findings from this study showed that majority of the respondents 283 (72.9%) were aware of RHS; 57.7% had moderate knowledge of available RHS for the youths; 63.4% had never visited a health facility in their locality for reproductive health service(s); and 87.8% of the participants had low level of utilization of RHS. It was revealed further that personal (M= 3.149, SD = 1.505), socio-economic (M= 3.981, SD = .975), and institutional factors (M= 3.654, SD = 1.220) were potent enough in influencing utilization of RHS. Knowledge of RHS was not significantly different among male and female (p = .437); while a significant gender difference was found in the undergraduates' utilization of reproductive health services (p = .03). Utilization of reproductive health services was not significantly influenced by undergraduates' sexual behavior (p = .693); 21% of the total variance in the access to reproductive health services was accounted for by sexual behavior, gender, and knowledge, while the most potent factor was knowledge (p = .00); and 7% of the total variance in the utilization of reproductive health services was accounted for by sexual behavior, gender, and knowledge; while the most potent factor was gender p = .03).The study concluded that factors influencing access and utilization of RHS were personal, socio-economic, and institutional in nature. Based on the outcome of this study, it was recommended that active sensitization of the youth in schools, through school health programs not just at the University level but from primary school be promoted. Nurses should

provide a youth friendly RHS, that is functional, effective and affordable at every point in time.

2.5 THEORETICAL FRAMEWORK

Pender's Health Promotion Model

The Health Promotion Model was designed by Nola J. Pender to be a "complementary counterpart to models of health protection." It defines health as a positive dynamic state rather than simply the absence of disease. Health promotion is directed at increasing a patient's level of well-being. The health promotion model describes the multidimensional nature of persons as they interact within their environment to pursue health.

Pender's model focuses on three areas: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. The theory notes that each person has unique personal characteristics and experiences that affect subsequent actions. The set of variables for behavior specific knowledge and affect have important motivational significance. The variables can be modified through nursing actions. Health promoting behavior is the desired behavioral outcome, which makes it the end point in the Health Promotion Model. These behaviors should result in improved health, enhanced functional ability and better quality of life at all stages of development. The final behavioral demand is also influenced by the immediate competing demand and preferences, which can derail intended actions for promoting health (Alice Petiprin, 2016).

The Health Promotion Model makes four assumptions:

1. Individuals seek to actively regulate their own behavior.
2. Individuals, in all their bio-psychosocial complexity, interact with the environment, progressively transforming the environment as well as being transformed over time.

3. Health professionals, such as nurses, constitute a part of the interpersonal environment, which exerts influence on people through their life span.
4. Self-initiated reconfiguration of the person-environment interactive patterns is essential to changing behavior.

There are thirteen theoretical statements that come from the model. They provide a basis for investigative work on health behaviors. The statements are:

1. Prior behavior and inherited and acquired characteristics influence beliefs, affect, and enactment of health-promoting behavior.
2. Persons commit to engaging in behaviors from which they anticipate deriving personally valued benefits.
3. Perceived barriers can constrain commitment to action, a mediator of behavior as well as actual behavior.
4. Perceived competence or self-efficacy to execute a given behavior increases the likelihood of commitment to action and actual performance of the behavior.
5. Greater perceived self-efficacy results in fewer perceived barriers to a specific health behavior.
6. Positive affect toward a behavior results in greater perceived self-efficacy, which can in turn, result in increased positive affect.
7. When positive emotions or affect are associated with a behavior, the probability of commitment and action is increased.
8. Persons are more likely to commit to and engage in health-promoting behaviors when significant others model the behavior, expect the behavior to occur, and provide assistance and support to enable the behavior.

9. Families, peers, and health care providers are important sources of interpersonal influence that can increase or decrease commitment to and engagement in health-promoting behavior.
10. Situational influences in the external environment can increase or decrease commitment to or participation in health-promoting behavior.
11. The greater the commitments to a specific plan of action, the more likely health-promoting behaviors are to be maintained over time.
12. Commitment to a plan of action is less likely to result in the desired behavior when competing demands over which persons have little control require immediate attention.
13. Persons can modify cognitions, affect, and the interpersonal and physical environment to create incentives for health actions.

The major concepts of the Health Promotion Model

Individual characteristics and experiences, prior behavior, and the frequency of the similar behavior in the past, has direct and indirect effects on the likelihood of engaging in health-promoting behaviors. Personal factors are categorized as biological, psychological and socio-cultural. These factors are predictive of a given behavior and shaped by the nature of the target behavior being considered. Biological personal factors include variables such as age gender body mass index pubertal status, aerobic capacity, strength, agility, or balance. Psychological personal factors include variables such as self-esteem, self-motivation personal competence perceived health status and definition of health. Socio-cultural personal factors include variables such as race ethnicity, accu-culturation, education and socioeconomic status. Perceived benefits of action are the anticipated positive outcomes that will occur from health behavior. Perceived barriers to action are anticipated, imagined, or real blocks and

costs of understanding a given behavior. Perceived self-efficacy is the judgment or personal capability to organize and execute a health-promoting behavior. Perceived self-efficacy influences perceived barriers to action so higher efficacy result in lowered perceptions of barriers to the performance of the behavior. Activity-related affect is defined as the subjective positive or negative feeling that occurs based on the stimulus properties of the behavior itself. They influence self-efficacy, which means the more positive the subjective feeling, the greater the feeling of efficacy. In turn, increased feelings of efficacy can generate further positive affect. Interpersonal influences are cognition-concerning behaviors, beliefs, or attitudes of the others. Interpersonal influences include: norms (expectations of significant others), social support (instrumental and emotional encouragement) and modeling (vicarious learning through observing others engaged in a particular behavior). Primary sources of interpersonal influences are families, peers, and healthcare providers.

Situational influences are personal perceptions and cognitions that can facilitate or impede behavior. They include perceptions of options available, as well as demand characteristics and aesthetic features of the environment in which given health promoting is proposed to take place. Situational influences may have direct or indirect influences on health behavior.

Within the behavioral outcome, there is a commitment to a plan of action, which is the concept of intention and identification of a planned strategy that leads to implementation of health behavior. Competing demands are those alternative behaviors over which individuals have low control because there are environmental contingencies such as work or family care responsibilities. Competing preferences are alternative behavior over which individuals exert relatively high control. Health-promoting behavior is the endpoint or action outcome directed toward attaining a positive health outcome such as optimal well-being, personal fulfillment, and productive living.

2.5 Application of Health Promotion Model to this Study

Adolescents have unique health considerations as they transition from parent-managed healthcare to personal responsibility for health behavior. One question to consider is the goodness-of-fit of available theoretical models for explaining and predicting adolescent health-promoting behavior. Pender's health promotion model is a conceptual framework which provides for the explaining and predicting of health promoting behaviors. This model combines with nursing and behavioral science perspectives, and emphasizes various factors which influence the health behaviors of adolescent and enhancing methods to motivate adolescent to engage in health-promoting behaviors.

The nursing roles in the health promotion model influence behavioral change in adolescent to reproductive health services which involve raising consciousness related to health-promoting behaviors, promoting self-efficacy, enhancing benefits of behavior change, modifying the environment to support health promotion practices, and managing barriers to behavior change. The nursing process is a framework that was applied for assessing various factors related to health-promoting behaviors, identifying nursing diagnosis and planning to assist adolescent to improve their capacity to act for behavioral change, implementing health promotion practices to fulfill the goals for the enhancement of health, and evaluating the planned interventions.

"Availability of reproductive health services and access to it also figure into how readily an adolescent opts to practice health-promoting behaviors" (Lannon, 1997). As nurses and educators, we should assess for social supports. Pender states that this factor is influenced by previous experience. The adolescent does not practice health-promoting behaviors in a void; rather their behaviors reflect a history of actions, reactions and interactions within their environment. The adolescents who achieve better control of utilizing reproductive health

services due to better attitude of health care providers will internally reinforce their behavior, encouragement from family and friends, testimonials from others and positive reinforcement from professionals constitute external cues.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter contains the description of the research design, the population for the study, sample and sampling techniques, instrument for data collection, methods of data collection and analysis.

3.1 RESEARCH DESIGN

A cross sectional research design was utilized for the study. It's used to describe situation as they occur naturally. It’s intended to find out the reproductive health services utilization and its associated factors among young people of Hwolshe community, Jos south LGA.

3.2 RESEARCH SETTING

Hwolshe community is located in Jos south LGA, plateau state, Nigeria; Bounded by Anglo Jos on the north, Abattoir on the west, State secretariat on the south and Tudun Wada on the east, comprised Hwolshe Tero (Central), Hwolshe Vwello(Kadima), Jiyep, Twanchik, Wurum, and Dandenre. The target community has divided house randomly settled, majority of the occupants are civil servants and students cutting across State polytechnic and Secondary schools. Hwolshe community also houses the national library, Plateau state polytechnic and NITEL office.

3.3 POPULATION OF THE STUDY

The population for the study consisted of all young people of Hwolshe community, Jos south LGA.

3.4 SAMPLE AND SAMPLING TECHNIQUE

Plateau state consists of 17 Local government areas. Using the multistage sampling technique:

Stage 1: stratify sampling technique was carried out to divide 17 local governments into 3 clusters using the senatorial zone (North, central and south)

Stage 2: simple random technique was used to select 1 senatorial zone: Northern zone was selected comprising of 6 LGAs namely; Jos south, Jos North, Jos East, Riyom, Barkin Ladi and Bassa.

Stage 3: using simple random technique Jos south was selected to be the target area (From the 6 LGAs which were randomly selected) where the research will be conducted. Jos south LGA is one of the most populated LGA in plateau state which comprises mostly Berom, other ethnic groups within plateau state, Yoruba, and Igbo settlers.

Stage 4: Jos south consist of 4 wards namely Vwang, Du, Kuru and Gyel: using simple random technique Du ward was selected.

Stage 5: Du ward is divided into 7 districts namely: Zawan A, Zawan B, Hwolshe, Dashonong, Du A, Giring, and Du B. Using purposive sampling technique Hwolshe community was selected as the research target Area.

Stage 6: Hwolshe community consists of Hwolshe Tero (central), Hwolshe Vwello (Kadima), Jiyep, Twanchik, Wurum, and Dandenre: balloting was done to pick 3 communities namely; Hwolshe central, Jiyep and Kadima. 131 respondents were retrieved from Hwolshe central, Jiyep, and Kadima community with attrition rate of 10%. The total numbers of 131 respondents were involved in the study.

The sample size was obtained by applying the standard sample size calculation formula as Cochran.

Using Cochran sample size formula for an unknown population; n =Zu/2 o"/E

Where n =number of sample size

$Z_{u/2}$ =1.645 at confidence level of 90%,

Cr =6.95 standard deviation,

E= margin error= 1,

Therefore n= [1.645 X 6.95] X [1.645 X 6.95]

= 130.7078

Approximately =131 the researcher selected a sample size of 131 respondents.

The sample was drawn following a convenient sampling procedure.

3.5 INSTRUMENT FOR DATA COLLECTION

The instrument used for data collection was a self-structured questionnaire. The questionnaire is divided into section A (socio-demographic data), which comprises questions aimed at assessing the respondents' personal data. The questionnaire further consist of section B which is aimed at assessing the respondents' utilization of reproductive health services, section C which comprised question aimed at assessing the factors influencing the young people's utilization of reproductive health services.

3.6 VALIDITY

The questionnaire was drawn and submitted to the supervisor who made the necessary corrections before being distributed to respondents. The face and content validity of the instrument was ascertained by my supervisor and other experts in the field of study.

3.7 RELIABILITY

To ensure reliability, the questionnaires were tested among eight (8) subjects of Hwolshe community through test; re-test method, with two week interval before administering the questionnaires which were found to be consistent, accurate and precise.

3.8 METHOD OF DATA COLLECTION

The researcher obtained an introductory letter from the Department of Nursing science, University of Jos and was taken to the community head. The researcher obtained permission from the community head and it was granted (find attached in appendix). The researcher then met the subjects and explained the intention for carrying the research. The subjects were assured of confidentiality. After making sure the subjects clearly understood the content of the questionnaire, it was then distributed to the subjects hand to hand who returned them after completion

3.9 METHOD OF DATA ANALYSIS

The information was computer analyzed using Statistical Package for Social sciences (SPSS version 23.0) batch system. The result was used to answer research questions; chi-square was be used to test the hypothesis. Frequency distribution table and percentages was used to explore the background characteristics of the sample population, such as age, sex, educational level and marital status.

3.10 ETHICAL CONSIDERATION

An introduction letter was obtained from Department of Nursing Science, University of Jos and submitted to the community Head who gave permission to conduct the study. Confidentiality and privacy of the respondents information was ensured as well as respondents' identity was kept confidential (see appendix).

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTREPRETATION

4.1 INTRODUCTION

This chapter deals with the presentation, analysis and interpretation of research data. Data was analyzed using statistical package of social sciences (SPSS) version 23.0. One hundred and thirty-one (131) questionnaires were distributed to the respondents with 99.2% returned rate.

4.2 DATA PRESENTATION AND ANALYSIS

Table 1: Socio-demographic factors

Variable	Options	Frequency	Percentage
	Male	42	32.3
	Female	88	67.7
	Total	**130**	**100.0**
Age in years	<20	74	56.9
	21-25	54	41.5
	26-30	2	1.5
	Total	**130**	**100.0**
Marital Status	Single	122	93.8
	Married	2	1.5
	Separated	2	1.5
	Divorced	4	3.1
	Total	**130**	**100.0**
Level of Educational	No formal education	6	4.6
	Primary	13	10.0
	Secondary	62	47.7
	tertiary institution	49	37.7
	Total	**130**	**100.0**

(Source: Field survey, 2019)

Table 1 (Socio-demographic factors) showed majority 88 (67.7%) of the respondents are female with 42 (32.3%) respondents who are male. Most 74 (56.9%) of the respondents age is ≤ 20, 54 (41.5%) of the respondents are within the age range of 21-25 whereas few 2 (1.5%) of the respondent are within 26-30 age range. Almost 122 (93.8%) of the respondents are single, 2 (1.5%) of the respondents are married, 2 (1.5%) of the respondents are separated and 4 (3.1%) of the respondents are divorced. Majority 62 (47.7%) of the respondents went to secondary school, 49 (37.7%) of the respondents went to tertiary institution, 13 (10.0%) of the respondents went to primary school and 6 (4.6%) of the respondents did not have formal education.

Table 2: Utilization of Reproductive Health Services among Respondents

Statement/questions	Option	Frequency	Percentage
Have you ever heard of reproductive health services?	Yes	92	70.8
	No	38	29.2
	Total	**130**	**100.0**
Which of the following reproductive health services have you heard about?	Family Planning	61	46.9
	Post abortion care	8	6.2
	Adolescent reproductive health services	11	8.5
	STIs clinic	29	22.3
	No response	21	16.2
	Total	**130**	**100.0**
Have you ever used any of the reproductive health services mentioned above?	Yes	20	15.3
	No	110	84.6
	Total	**130**	**100.0**
If yes, which of the services have you used?	Family planning	10	7.7
	Post abortion care	1	.8
	Adolescent RHS	7	5.4
	STIs clinic	12	9.2
	No response	100	76.9
	Total	**130**	**100.0**
Do you have a boyfriend/girlfriend?	Yes	85	65.4
	No	45	34.6
	Total	**130**	**100.0**
If yes, what activities do you do together?	Reading	19	14.6
	Having Sex	22	16.9
	Watching movies	18	13.8
	Church programs	14	10.8
	Cuddling	10	7.7
	No response	47	36.2
	Total	**130**	**100.0**
Have you ever had sexual intercourse?	Yes	58	44.6
	No	72	55.4
	Total	**130**	**100.0**
If yes, how many partners do you have?	1	53	40.8
	2	18	13.8
	3	4	3.1
	4 and above	1	0.8
	No response	54	41.5
	Total	**130**	**100.0**
Since you began sexual intercourse, have you used any of the reproductive health services mentioned above?	Yes	7	5.4
	No	123	94.6
	Total	**130**	**100.0**
If yes mention one you know	No response	126	96.9
	Jeka Kadima reductive health services	2	1.3
	Plateau Specialist Hospital, Jos	1	0.6
	Jeniks	1	0.6
	Good groom center Jos	1	0.6
	Total	**130**	**100**

(Source: Field survey, 2019)

Table above displayed majority 92 (70.8%) of the respondents have heard of reproductive health services whereas 38 (29.2%) of the respondents have not. 61 (46.9%) of the respondents heard of family planning services, 29 (22.3%) of the respondents heard of STIs

clinic, 11 (8.5%) of the respondents heard of adolescent reproductive health services. Almost 110 (84.6%) of the respondents have not used any reproductive health services where 20 (15.3%) of the respondents have in one time utilized a reproductive health services in the preceding question. 12 (9.2%) of the respondents have utilized STIs clinic services, 10 (7.7%) of the respondents have utilized family planning services, 7 (5.4%) of the respondents have utilized adolescent reproductive health services. Most 85 (65.4%) of the respondents have boyfriend/girlfriend whereas 45 (34.6%) of the respondents do not have boyfriend/girlfriend. Furthermore, 22 (16.9%) of the respondents are having sex, 19 (14.6%) of the respondents are reading, 18 (13.8%) of the respondents are watching movies, 14 (10.8%) of the respondents are attending church programs and 10 (7.7%) of the respondents are cuddling. Majority 72 (55.4%) of the respondents have not had sexual intercourse with their boyfriend/girlfriend whereas 58 (44.6%) of the respondents had sexual intercourse with their boyfriend/girlfriend. Most 53 (40.8%) of the respondents have one partner, 18 (13.8%) of the respondents have 2 partner, 4 (3.1%) of the respondents have 3 partner and 1 (0.8%) of the respondents have 4 and above partner. Almost all 123 (94.6%) of the respondents have not utilized any reproductive health services since they began sexual intercourse with their partner whereas 7 (5.4%) of the respondents have. 2 (1.3%), 1 (0.6%), 1 (0.6%), and 1 (0.6%) of the respondents knows Jeka kadima reductive health services, plateau specialist hospital Jos, Jeniks, good groom center Jos respectively.

Table 3: factors associated with utilization of reproductive health services

Statement/questions	Options	Frequency	Percentage
My sexual behavior influences my utilization reproductive health services?	Yes	110	84.6
	No	20	15.4
	Total	**130**	**100.0**
Cost of reproductive health services influences it utilization?	Yes	99	76.2
	No	31	23.8
	Total	**130**	**100.0**
Does your educational level affect your utilization of reproductive health services?	Yes	92	70.8
	No	38	29.2
	Total	**130**	**100.0**
Does your gender affect utilization of reproductive health services	Yes	90	69.2
	No	40	30.8
	Total	**130**	**100.0**
Attitude of service providers is not friendly	Yes	40	30.8
	No	90	69.2
	Total	**130**	**100.0**
I am shy to visit reproductive health service center(s)	Yes	53	40.8
	No	77	59.2
	Total	**130**	**100.0**
I am afraid to visit reproductive health service center	Yes	40	30.8
	No	90	69.2
	Total	**130**	**100.0**
I am not aware of reproductive health service	Yes	51	39.2
	No	79	60.8
	Total	**130**	**100.0**

(Source: Field survey, 2019)

Table 3: (factors associated with utilization of reproductive health services) indicated almost all 110 (84.6%) of the respondents sexual behavior influence their utilization reproductive

health services whereas few 20 (15.4%) of the respondents sexual behavior does not influence their utilization reproductive health services. Majority 99 (76.2%) of the respondents indicated cost of reproductive health services influence their utilization of reproductive health services whereas 31 (23.8%) of the respondents indicated cost of reproductive health services does not influence their utilization of reproductive health services. Most 92 (70.8%) of the respondents indicated their educational level will influence their utilization of reproductive health services with 38 (29.2%) of the respondents who indicated that their educational level will not influence their utilization of reproductive health services.90 (69.2%) of the respondents indicated their gender influences their utilization of reproductive health service whereas 40 (30.8%) of the respondents indicated their gender does not influence their utilization of reproductive health services. 90 (69.2%) of the respondents indicated attitude of services providers is friendly where 40 (30.8%) of the respondents indicated attitude of services provider is not friendly. Most 77 (59.2%) of the respondents indicated they are not shy to visit reproductive health services center whereas 53 (40.8%) of the respondents indicated they are shy to visit reproductive health services centers. Majority 90 (69.2%) of the respondents indicated they are not afraid to visit reproductive health services centers whereas 40 (30.8%) of the respondents indicated they are afraid to visit reproductive health services center. 79 (60.8%) of the respondents are aware of the reproductive health services whereas 51 (39.2%) of the respondents are not aware of reproductive health services.

Table 4: Level of utilization of reproductive health services

Level of utilization of reproductive health services	Frequency	Percentage (%)
Yes	**20**	**15.3**
No	**110**	**84.6**
Total	**130**	**100**

(Source: Field survey, 2019).

The level of utilization of reproductive health services among Hwolshe young people is low as evidence by 15.3% reproductive health services utilization rate as calculated from the table above.

ANSWERS TO RESEARCH QUESTIONS

1. **What is the level of utilization of reproductive health services among young people of Hwolshe community, Jos south LGA?**

The level of utilization of reproductive health services among Hwolshe young people is low as evidence by 15.3% reproductive health services utilization rate. Majority of the respondents have not utilized any reproductive health services since they began sexual intercourse with their partner.

2. **What are the factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA?**

Table 3: (factors associated with utilization of reproductive health services) indicated almost all 110 (84.6%) of the respondents sexual behavior influence their utilization reproductive health services whereas few 20 (15.4%) of the respondents sexual behavior does not influence their utilization reproductive health services. Majority 99 (76.2%) of the respondents indicated cost of reproductive health services influence their utilization of reproductive health services whereas 31 (23.8%) of the respondents indicated cost of reproductive health services does not influence their utilization of reproductive health services. Most 92 (70.8%) of the respondents indicated their educational level will influence their utilization of reproductive health services with 38 (29.2%) of the respondents who

indicated that their educational level will not influence their utilization of reproductive health services.90 (69.2%) of the respondents indicated their gender influences their utilization of reproductive health service whereas 40 (30.8%) of the respondents indicated their gender does not influence their utilization of reproductive health services

Therefore, the associated factors sexual behavior, cost of reproductive health services, educational level, and gender were discovered to influence the respondent's utilization of reproductive health services and are the associated factors to reproductive health services as evidenced by the research findings.

4.3 TESTING OF HYPOTHESES:

HYPOTHESIS

H_{o1} There is no significant association between cost of reproductive health services and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

Table 5: Cross tabulation between cost of reproductive health services and utilization of reproductive health services.

associated factor	Utilization of reproductive health services		Total	Chi-square (X^2)	Degree of freedom (df)	p-value	Remark
	Yes	No					
Cost Yes No Total	 13 7 20	 87 23 110	 100 30 130	1.893	1	0.1689	significant

Chi-square 1.893, p-value 0.1689, DF 1 and significant level of 0.05

With calculated Chi-square 1.893, p-value 0.1689, DF 1 and significant level of 0.05. The p-value ($p>0.05$) is greater than the level of significance; the null hypothesis which state that there is no significant association between cost of reproductive health services and utilization of reproductive health services among young people of Hwolshe community is therefore accepted and the alternative hypothesis is rejected.

H_{o2} There is no significant association between educational level and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

Table 6: Cross tabulation between educational level and utilization of reproductive health services.

associated factor	Utilization of reproductive health services		Total	Chi-square (X^2)	Degree of freedom (df)	p-value	Remark
	Yes	No					
Educational level				8.89556	3	0.03071	Not significant
No formal education	3	0	3				
Primary	8	5	13				
Secondary school	57	8	65				
Tertiary institution	45	4	49				
Total	113	17	130				

Chi-square 8.89556, p-value 0.03071, DF 3 and significant level of 0.05

With calculated Chi-square 8.89556, p-value 0.03071, DF 3 and significant level of 0.05. The p-value ($p<0.05$) is less than the level of significance; the null hypothesis which state that there is no significant association between educational level and utilization of reproductive health services among young people of Hwolshe community is therefore rejected and the alternative hypothesis is accepted.

H_{o3} There is no significant association between gender and utilization of reproductive health services among young people in Hwolshe community in Jos, Plateau state?

Table 7: Cross tabulation between gender and utilization of reproductive health services.

associated factor	Utilization of reproductive health services		Total	Chi-square (X^2)	Degree of freedom (df)	p-value	Remark
	Yes	No					
Gender				2.62487	1	0.1052	significant
Yes	37	8	45				
No	78	7	85				
Total	115	13	130				

Chi-square 2.62487, p-value 0.1052, DF 1 and significant level of 0.05

With calculated Chi-square 2.62487, p-value 0.1052, DF 1 and significant level of 0.05. The p-value ($p>0.05$) is greater than the level of significance; the null hypothesis which state that there is no significant association between gender and utilization of reproductive health services among young people in Hwolshe community is therefore accepted and the alternative hypothesis is rejected.

H_{o4}There is no significant association between sexual behavior and utilization of reproductive health services among young people of Hwolshe community in Jos, Plateau state?

Table 8: Cross tabulation between sexual behavior and utilization of reproductive health services.

associated factor	Utilization of reproductive health services		Total	Chi-square (X^2)	Degree of freedom (df)	p-value	Remark
	Yes	No					
Sexual behavior				6.44621	1	0.011	Not significant
Yes	16	7	23				
No	96	11	107				
Total	112	18	130				

Chi-square 6.44621, p-value 0.011, DF 3 and significant level of 0.05

With calculated Chi-square 6.44621, p-value 0.011, DF 1 and significant level of 0.05. The p-value ($p<0.05$) is less than the level of significance; the null hypothesis which state that there is no significant association between sexual behavior and utilization of reproductive health

services among young people in Hwolshe community is therefore rejected and the alternative hypothesis is accepted.

CHAPTER FIVE

DISCUSSION OF FINDINGS, SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 DISCUSSION

The research finding revealed that the level of utilization of reproductive health services among Hwolshe young people is low as evidenced by 15.3% reproductive health services utilization rate because majority of the respondents have not utilized any reproductive health services since they began sexual intercourse with their partner(s). This corresponds with a study carried out by Feleke et al (2013) studied on Reproductive health service utilization and associated factors among adolescents (15–19 years old) in Gondar town, Northwest Ethiopia: assessing adolescent reproductive health service utilization and associated factors and found out low utilization of reproductive health services among respondents. This finding is also in line with a study by Dida et al (2015) who assessed reproductive health services utilization and its associated factors among Madawalabu University Students, Southeast Ethiopia and revealed that Utilization of reproductive health services for the three indexed variables namely: modern contraceptives, STI diagnosis and treatment, and VCT is fair. But utilization of specific reproductive health services is under expectation.

The research findings also revealed almost all the respondents' sexual behavior influences their utilization of reproductive health services. Majority of the respondents indicated cost of reproductive health services influence their utilization of reproductive health services. Most of the respondents indicated their educational level influence their utilization of reproductive health services. Majority of the respondents indicated their gender influences their utilization of reproductive health services. Therefore, the factors sexual behavior, cost of

reproductive health services, educational level, and gender were discovered to influence the respondent's utilization of reproductive health services and are the associated factors to reproductive health services as evidenced by the respondent's responses. This is in line with a study carried out by Feleke et al (2013) who studied Reproductive health service utilization and associated factors among adolescents (15–19 years old) in Gondar town, Northwest Ethiopia: revealed that educational level were significantly associated with reproductive health service utilization. This research finding is also in line with a study carried out by Adefalu et al (2019) on Factors Influencing Access and Utilization of Reproductive Health Services among Undergraduates in Selected Tertiary Institutions in Ogun State, Nigeria: revealed that sexual behavior, gender, cost and knowledge of reproductive health services are factors influencing the utilization of reproductive health services.

Furthermore, after testing the hypotheses using chi-square the research findings revealed that only educational level and sexual behavior of the respondents were discovered to be significant factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA, Plateau state at significant level of 0.05.

5.1 IMPLICATION TO NURSING

It has been observed that majority of the respondents do not have knowledge of what reproductive health services are while collecting raw data at Hwolshe community and some health care providers have bias attitude towards the provision of reproductive health services to young people and think health care seekers should obtain parental consent before the provision of care. Hence it is important to discuss the implications of the study to nursing practice, nursing education, nursing practice and nursing administration as given below;

5.1.1 NURSING EDUCATION

Student nurses/midwives should be exposed to the concept of reproductive health services during their training in the various institutions. The students should be taught on the importance of young people utilizing reproductive health services and ways of improving it.

5.1.2NURSING PRACTICE

Nurses should have respect for young people, have non-judgmental attitude, should be specially trained for the provision of young people friendly services. Ensure privacy and assurance of confidentiality of privilege information which will encourage the young people to use such services. The nurse should participate in seminars and organize public enlightenment program to sensitize the general public on young people reproductive health services.

5.1.3 NURSING ADMINISTRATION

Train staff and encourage specialization of staff in the areas of reproductive health services. Place staff with non-bias attitude in the units for the provision of young people friendly service. The nurse administrators should also organize workshops, seminars for her staff on the provision of young people friendly services, participate in the enactment of young people friendly policy and subsidizing cost of services to young people.

5.1.4 NURSING RESEARCH

Nurses should inculcate the habit of conducting research and participate in peer review of research findings on the area of ways of improving delivery of reproductive health services to young people.

5.2 SUMMARY

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes, Reproductive health implies that people are able to

have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It's been estimated that 87,000,000 women worldwide become pregnant unintentionally because of underuse of modern contraceptives (WHO reproductive health services, 2019). A cross sectional research design was utilized for the study, Multistage sampling technique was carried: the population for the study consisted of all young people of Hwolshe community, Jos south LGA, Plateau State. A total of 131 sample size was used; the sample was drawn following a convenient sampling procedure.

Therefore, the associated factors sexual behavior, cost of reproductive health services, educational level, and gender were discovered to influence the respondent's utilization of reproductive health services and are the associated factors to reproductive health services as evidenced by the research findings.

5.3 CONCLUSION

The findings from this study revealed level of utilization of reproductive health services among Hwolshe young people is low as evidenced by 15.3% reproductive health services utilization rate, because majority of the respondents have not utilized any reproductive health services since they began sexual intercourse with their partner(s). The factors sexual behavior, cost of reproductive health services, educational level, and gender were discovered to influence the respondent's utilization of reproductive health services and are the associated factors to reproductive health services as evidenced by the research findings. However, educational level and sexual behavior of respondents were discovered to be factors associated to utilization of reproductive health services after testing of hypotheses using chi-square at significant level of 0.05.

5.4 RECOMMENDATIONS

Young people's sexual and reproductive health is important to individuals, couples, families and the socio-economic development of communities and nations. The concept of young people friendly services is characterized by services that are youth-focused, affordable, accessible, non-judgmental and recognizing adolescents as being different from other consumers of health care. This study confirms that these services are available but cost, educational level; gender and sexual behavior are factor limiting its utilization.

1. Policies that promotes access and utilization of reproductive health service by young people should be enacted and imposed so as to make services adolescent friendly.
2. It is important that attitudes opposing the use of reproductive health services by sexually active young people be reviewed in line with the realities of young people sexuality.
3. It is recommended that education be given through seminars, lectures, workers etc., and motivation provided in terms of token/payments to service providers. This will serve to equip them with the necessary knowledge and motivate them to change negative attitude.
4. Reproductive health services should be made available in places where youths gather for their activities or programs(youth centers, sporting arena, market place) to enhance their utilization since it is within their reach

5.5 LIMITATION OF STUDY

This study was limited by the use of data which relied on care seekers reports. The study did not observed interactions between providers and young people. Time factor, and school calendar, and events are factors responsible for the limitation of the study to the selected community.

5.6 SUGGESTION FOR FURTHER STUDY

The researcher having assessed the utilization and associated factors to reproductive health services among young people seen in selected Hwolshe community suggests that further study be made in the following areas.

1. A qualitative study should be conducted on barriers to the provision of reproductive health services to young people
2. Studies should also be carried out with the young people to assess their attitude and preference for the utilization of reproductive health services.
3. A qualitative study should also be conducted to assess the knowledge of reproductive health services by young people of Hwolshe and other communities.

BACKGROUND OF STUDY

1.0 Introduction

Nigeria has an estimated population of 191, 835,936 with 22.3% adolescents, one in 20 of these adolescents contract a sexually transmitted infection each year, and half of all cases of HIV infections takes place among people under the age of 25 years. About 40% of new HIV infection occurs among young people in Nigeria (Odo, Samuel, Nwagu, Nnamani & Atama, 2018). This could result from early sexual debut and early marriage which increases adolescents' HIV vulnerability. The median age at first sexual intercourse is 17.6 and 21.1 years for women and men respectively, while the median age at first marriage is 18.1 and 27.2 years for women and men respectively. Although, the abortion law and policy in Nigeria prohibits legal access to legal abortion services, about 1.25 million commit induced abortion yearly by unskilled providers and many have serious complications without obtaining the post abortion care needed. These indicate that the utilization of sexual and reproductive health (SHR) services by the adolescents in Nigeria is low, arising from disparities in both provision and accessibility of the services and also lack of priority to adolescents' Sexual Reproductive Health. Availability and accessibility of quality and affordable Sexual and Reproductive Health Services ensure adolescents' sexual and reproductive health wellbeing (Odo et al, 2018). Reproductive health care is defined as the constellation of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving sexual health problems. The WHO stated that about one half of all HIV infections worldwide occur among people aged 25 years and under 25 years of age. In addition, up to 100 million young people become infected with curable sexually transmitted diseases (Kenean, Tlaye, Belete, Demelew, Getu & Astawesegn 2018). Every year an estimation of 1.7 million young people lose their life prematurely due to preventable

or treatable problems such as accidents, violence, pregnancy related complications, and other illnesses. For instance, in Africa, it was estimated that 60% of all new HIV infections occur among the youths aged 15–19 years. Sub-Saharan Africa remains the most affected region in the world with an estimate of 22.5 million people living with HIV and approximately 1.7 million new infections occurred in the region. Furthermore, premarital sexual activity has the highest rate in Sub-Saharan Africa, where more than half of girls aged 15–19 have sexual experience (Tlayeet al 2018). Nigeria is the most populous country in sub-Saharan Africa. It also has a very young population. The majority of the population is below the age of 25 years, with 22 percent of the country's population between the ages of 10-19 years. Data on sexual and reproductive health (SRH) outcomes in Nigeria highlight the importance of focusing on adolescents. At 576 maternal deaths per 100,000 live births, Nigeria accounts for roughly 14 percent of the global burden of maternal mortality (Demographic and Health Survey 2013/WHO 2014). Global evidence shows that young girls bear a higher burden of maternal mortality and morbidity. Data show that the average age at sexual debut is roughly 15 years of age among adolescent mothers in Nigeria (Demographic and Health Survey 2003, 2008, 2013). This note presents the findings of a recent study on Nigeria that examines determinants of adolescent sexual behavior and fertility, with a narrower focus on knowledge, attitudes and behaviors of adolescents aged 10-19 years old in Karu Local Government Authority (LGA), a peri-urban area near the capital city of Abuja (World Bank Group, 2019).

1.1 Problem Statement

Sexual and reproductive health is still a subject that is difficult to discuss in many contexts. There is a significant taboo surrounding it that stems from culture, religion, tradition and the often personal matter of its' many subtopics. Many people do not have access to scientifically correct information and there are still many myths regarding sexual and reproductive health

(e.g. around menstruation, virginity). Existing educational efforts still focus on abstinence only programs and apply a risk-based approach, even though there is "a significant body of evidence that Comprehensive Sexuality Education enables children and young people to develop: accurate and age appropriate knowledge, attitudes and skills; positive values, including respect for human rights, gender equality and diversity, and, attitudes and skills that contribute to safe, healthy, positive, relationships". Due to a misbalance of power, there can be inequalities based on Sexual orientation and Gender identity that can ultimately lead to unhealthy relationships. Legislation and policies that address the free expression and realization of sexual and reproductive health and rights often only adds to the problem. The sexual and reproductive health needs of adolescents are often underserved in many societies, yet adolescents constitute large proportion of the population. They represent 25% of the world population and are characterized by series of physiological, psychological and social changes that expose them to unhealthy sexual behavior such as early sex experimentation, unsafe sex and multiple sexual partners. These put them at high risk of sexual and reproductive health (SRH) problems. Such problems include early marriage, teenage pregnancies, unsafe abortion, sexually transmitted infections (STIs), HIV and AIDS, and other life threatening SRH problems.

The high increase in the rate of these SRH problems among young people in sub-Saharan Africa is alarming. This suggests the need for adequate attention towards adolescents' sexual and reproductive health. Adolescents' SRH needs and problems are yet to receive adequate attention especially in the developing countries like Nigeria, despite the recognition of youth-friendly reproductive health services as a way of improving their access and utilization of SRH services in order to achieve quality SRH. Efforts to attain quality sexual and reproductive health are constrained by inadequate access to and inequitable distribution of quality SRH services especially in sub-Sahara African countries. These contribute to poor

utilization of SRHS among young people in sub-Saharan African countries, resulting to high prevalence of sexual and reproductive health problems especially among the adolescents. An estimate of 333 million new cases of curable STIs occur mostly in developing countries with the highest rate among 20–24 years old, followed by those within the ages of 15 and 19 years(Odo, Samuel, Nwagu, Nnamani & Atama, 2018). It was also estimated that 1.3 million adolescent girls and 780,000 adolescent boys were living with HIV worldwide, and 79% of new HIV infection among adolescents were in Sub-Saharan Africa (Odo et al, 2018).

Despite the global promotion of availability of reproductive health services, most rural areas still lack these services. Moreover, both geographical and financial accessibility to SRH services by the adolescents in low and medium income countries are influenced by different socio-demographic factors. Age and educational status of adolescents were found to affect their use of reproductive health services. This study therefore, assessed the reproductive health services utilization and its associated factors among young people in Hwolshe community, Jos south LGA, Plateau State, Nigeria.

1.2 Objectives of study

The main objectives of this study were to;

1. To determine the utilization of reproductive health services among young people of Hwolshe community, Jos south LGA.

2 To determine factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA.

1.3 Research questions

3. What is the level of utilization of reproductive health services among young people of Hwolshe community, Jos south LGA?

4. What are the factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA?

1.4 Hypotheses

Ho_1 There is no significant association between cost of reproductive health services and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

H_{o2} There is no significant association between educational level and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

H_{o3} There is no significant association between gender and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

H_{o4} There is no significant association between sexual behavior and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

1.5 Scope of the study

The study is delimited to the reproductive health services utilization and its associated factors among young people of Hwolshe community, Jos south LGA

1.6 Significance of the study

Reproductive health services have become one of the major concerns in both developed and developing countries, since its consequences are very detrimental to life and natural bodies. Hence there is the need to research into some of the factors that affect its utilization. Some works have been done on reproductive health services utilization and its challenges in Nigeria but have been limited mainly to the adults, married population, but none of the research has focused specifically on the reproductive health services utilization and its associated factors among young people of Hwolshe community, Jos south LGA, Plateau state, Nigeria.

The significance of this study is to highlight the factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA and make recommendation. It will also help to create awareness among the readers as to the existence of the problem.

1.7 Operational definition of terms

Reproductive health services: Services including family planning, adolescent reproductive health, prevention and management of complications of abortions and post abortion care, and prevention and management of STIs including HIV/AIDS to enhance wellness of individual's reproductive system.

Factors: Contributing circumstances that results in a particular situation

Utilization: Ability to use something

Young people: Adolescents between ages 15-30 years

Reproduction: This is the process of giving birth

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter deals with review of existing literature (both locally and internationally) that are of relevance to the study. Empirical review will be discussed as persuaded to the purpose of the study and lastly theoretical framework focused on theory adopted in which this study is situated or anchored.

2.1 CONCEPTUAL FRAMEWORKS

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. 87,000,000 women worldwide become pregnant unintentionally because of underuse of modern contraceptives (WHO reproductive health services, 2019).

2.2 COMPONENTS OF REPRODUCTIVE HEALTH

Vivian, (2017) trace the history of primary health care in Nigeria and state main components of reproductive health and healthcare which are as follows:

11. Parental care:

Despite what you might think, many months of carrying a baby are not the hardest part of pregnancy and future motherhood. There are several years of growing teeth, tantrums, poop and fevers ahead of you. And half of the time you will require additional hands and medical assistance. That is why reproductive health includes facilities and services for safe motherhood. This component is meant to monitor the

pregnancy itself all the way to delivering a baby, as well as neonatal, perinatal and postnatal periods, and breastfeeding.

12. Family Planning:

At the centers for family planning, people can usually find information on different kinds of contraception and the actual contraceptives. Even though it is called 'family planning', people who do not plan to start a family any time soon (or ever) can also use the functionality of these centers. In addition, people can receive help on deciding how many children they want to have, what are the best ways of achieving it and how far apart the pregnancies should be. They can also decide to not have children altogether and choose to become permanently infertile. For that, family planning centers offer sterilization procedures.

13. Dealing with sexual dysfunctions and infertility:

While some people are trying not to have children, others are struggling to conceive. Reproductive health care helps people that want to become parents with providing information, medicine, treatment and alternative ways of reproduction.

14. Services for providing safe abortions:

There are many reasons why people consider getting an abortion: unplanned pregnancy, health complications, pregnancy from a sexual assault (rape), etc. It is important that there are services available that could facilitate the process of pregnancy termination.

15. Management of complicated abortions:

If you somehow do not know, many countries prohibit abortions, mostly on religious grounds. In those countries, abortion is akin to murder. What they do not take into account is that abortions will not go anywhere, even when made illegal. However, these illegal abortions are often harmful for the pregnant person, and they lead to many unnecessary complications. Even in countries where abortions are legal, some might cause unexpected health problems.

This is why reproductive health concerns itself with not only abortions, but also their aftermath.

16. Treatment and prevention of STIs:

STIs can happen to anyone who has an active sex life. Most of them are relatively harmless and short, and reproductive health centers are equipped with dealing with them. However, some diseases are more severe, like HIV/AIDS. As they are untreatable, the centers can provide information on how to deal with them on a daily basis. This includes taking special medicine at the given times, learning how to deal with your positive status and fighting the stigma around this disease.

17. Treatment of non-infectious diseases connected to reproduction.

Apart from the STIs, various non-transmittable diseases can damage the reproductive system. These include various types of cancers and other illnesses that might negatively affect the reproduction. Reproductive health centers deal with them as well.

18. Sexual education:

Adolescents and other people that reached the age of sexual maturity should be taught about 'what is reproduction', 'what is safe sex', 'why contraception is important' and so many other things. Because of religious views or other reasons, many try to ‘protect’ their children from knowing about these things. However, instead of protecting kids from depravity, parents, teachers and guardians put the children at risk. As they know nothing about sex and reproduction, kids might engage in unsafe practices without even knowing it, which usually cause problems for both them and their parental figures. That is why at least basic sex education is necessary for reproductive health.

19. Dealing with harmful practices:

Despite the fact that we live in the 21st century, many countries still have weird and dangerous traditions and laws. For example, in some African countries, the concept of female genital mutilation is a reality and not a scary story from the past. There are also instances of premature marriages and violence against women not punishable by law. Reproductive health is meant to prevent such practices from happening and to remedy the damage that has already been done through mental and physical therapy.

20. Sexual health

Apart from being a tool for reproducing, sex is also a great stress relief, endorphin booster and a generally pleasurable activity (if it is consensual). Reproductive health teaches people how to engage in sexual activities that not only result in children, but also in mutual satisfaction and in strengthening of a bond between two people.

2.3 Delivering Reproductive Health Care Services:

It is important for adolescents and young adults to have regular clinical preventive service visits, especially around reproductive health care. Primary care providers play an important role in counseling teens on various aspects of reproductive and sexual health care; and because sexual behaviors change during adolescence, continued discussions are needed to monitor these changes. In addition to discussing, monitoring menstrual cycles, counseling on contraception, pregnancy prevention, and family planning are important components to the reproductive health care adolescents receive. Receiving comprehensive reproductive health counseling regularly is a necessity for teens. If a teen decides to become sexually active, they need to understand their options and learn about which form of contraception is best for them. However, many do not feel comfortable going to the doctor's office (American Academy of Pediatrics, 2019).

2.4 EMPIRICAL REVIEW

Feleke, Negese, Demssie, and Mengesha (2013) studied on Reproductive health service utilization and associated factors among adolescents (15–19 years old) in Gondar town, Northwest Ethiopia: assessing adolescent reproductive health service utilization and associated factors has its own contribution in achieving the national Millennium Development Goals (MDG), especially goals 4 to 6. A community based cross-sectional study was conducted from April 5--19, 2012, in 4 randomly selected administrative areas of Gondar town. A total of 1290 adolescents aged 15--19 were interviewed using a pre-tested and structured questionnaire. Data were entered in to the EPI INFO version 3.5.3 statistical software and analyzed using an adapted SPSS version 20software package. Logistic regression was done to identify possible factors associated with family planning (FP), and voluntary counseling and testing (VCT) service utilization. Out of the total participants 79.5% and 72.2% utilized FP and VCT services, respectively. In addition, among sexually experienced adolescents, 68.1% and 88.4% utilized contraceptive methods and VCT service during their first sexual encounter, respectively, Educational status, discussion with family/relatives, peer groups, sexual partners and teachers were significantly associated with FP service utilization. Also, adolescents who had a romantic sexual relationship, and those whose last sexual relationship was long-term, were about 6.5 times (Adjusted Odds Ratio [AOR] = 6.5, 95% CI: 1.23, 34.59), and about 3 times (AOR = 3, 95% CI: 1.02, 8.24) more likely to utilize FP services than adolescents who had no romantic relationship or long-term sexual relationship, respectively. In addition, the variables significantly associated with VCT service utilization were: participants who had secondary education and above, schooling attendance, co- residence with both parents, parental communication, discussion of services with peer groups, health workers, and perception of a risk of HIV/AIDS. The majority of the adolescents were utilizing FP and VCT service in Northwest Ethiopia. But among the

sexually experienced adolescents, utilization of FP at first sexual intercourse and VCT service were found to be low. Educational status, schooling attendance, discussion of services, and type of sexual relationship and perception of risk were important factors affecting the utilization of FP and VCT services. Building life skill, facilitating parent to child communication, establishing and strengthening of youth centers and school reproductive health clubs are important steps to improve adolescents' reproductive health (RH) service utilization

Abraham, Yitbarek, and Morankar (2019) research on Determinants of adolescents reproductive health service utilization in Ethiopia: a systematic review of quantitative evidence: Adolescents in Ethiopia face many health problems which emanate from low knowledge and awareness of their reproductive health (RH), though there are additional factors contributing to the problem. Provision of adequate, friendly, and quality RH services to this group of young people is vital to have healthy and productive generation. This systematic review aimed to assemble the top obtainable evidence for the determinants of adolescent RH services utilization in Ethiopia. Systematic review of literature searches in major databases, MEDLINE, CINAHL, EMBASE, and Popline was conducted. English language articles published from 2010 onwards were sought. Socio-demographic and behavioral related outcomes were our interest. Fixed effect model with mantel Haenszel method was used to conduct meta-analysis using Revman5 software. Records were assessed for eligibility by two independent reviewers, with a third reviewer resolving disagreements. Four community-based cross-sectional studies were included in the review. Results of the meta-analysis showed that adolescents whose educational level was primary were 57% less likely to use RH services than adolescents whose educational level was secondary and above. In-school adolescents were 2.39 more likely to utilize Family Planning services than adolescents who were out-of-school. Moreover, adolescents who ever discussed on RH issues

with relatives/family/health workers were 3.63 more likely to utilize the services than adolescents who did not discuss with anyone else. We found adolescents' educational level; schooling status and ever discussion on RH issues were associated with RH service utilization in Ethiopia. Health information/education should be given in a regular manner to adolescents in schools and out of school on the availability and need for RH services. Developing the culture of discussion on RH issues within the community may help adolescents to be aware and utilize the available services.

Dida, Daregaand Takele (2015) studied on Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana: Sub-Saharan region including Ethiopia account for higher proportion of new HIV infections, maternal mortality ratios, and unmet need for reproductive health information and services. This study assessed reproductive health services utilization and its associated factors among Madawalabu University Students, Southeast Ethiopia. Institutional-based cross-sectional study was conducted among regular under graduate Madawalabu University students in May 2014. Data were collected from randomly selected students through self-administered pre-tested structured questionnaire. Data were entered in to EpiData 3.1 and exported to SPSS-16.0 for analysis. Bivariate and multivariate analyses were employed. From the total 568 respondents 507(89.3%) of them knew modern family planning. 457(80.5%) of them had ever utilized at least one reproductive health services. Students who ever made discussion on VCT with health profession utilized the VCT two times than those hadn't made discussion (AOR 2.06, 95% CI 1.21-3.48). Discussion also triple reproductive health services utilization (AOR 3.76, CI 1.55-9.11). Utilization of reproductive health services for the three indexed variables namely: modern contraceptives, STI diagnosis and treatment, and VCT is fair. But utilization of specific reproductive health services is under expectation. Discussion on reproductive health

services between health worker and students, and focusing other identified factors are the way of reproductive health problems intervention in the University.

Ansha, Bosho, and Jaleta, (2017) studied reproductive health services utilization and associated factors among adolescents in Anchar district, East Ethiopia: To assess reproductive health service utilization and associated factors among adolescents in Anchar District, West Hararghe Zone, Oromia Region, East Ethiopia. A community based cross-sectional study using quantitative and qualitative method of data collection was applied from March 1-30, 2013. Simple random sampling method was used for quantitative and Purposive sampling technique used for qualitative method. Four hundred and two adolescents were interviewed for quantitative study. Four focus groups and ten in-depth interviews were conducted for qualitative study. Binary and Multiple logistic regressions were used for association at $p < 0.05$ using SPSS Version 16.0 software. Qualitative data was transcribed, and result was presented by narration. Forty two (39.3%) female adolescents have ever used family planning. One hundred eight four (45.8%) adolescents have ever used VCT services. Males were 5.25 times more likely to use VCT than females (AOR = 5.25,C.I = 1.07, 25.87) and those perceived themselves as high risk for HIV were 8.22 times more likely to use VCT than their counterparts (AOR = 8.22, C.I = 1.065, 35.49). Lack of adolescent reproductive health services, Harmful Traditional Practices, lack of privacy and inconvenient service hour were reasons for not utilizing the service. More than half of adolescents were not utilizing family planning, and VCT services. Therefore, intensified effort is needed to increase utilization of these services for adolescents.

Adefalu, Adebisi, Ayodele, Olanrewaju (2019) carried out a study on Factors Influencing Access and Utilization of Reproductive Health Services among Undergraduates in Selected Tertiary Institutions in Ogun State, Nigeria: A survey research design was

adopted for this study while multistage sampling method was used to select the school, faculties, and participants of this study. A self-designed questionnaire was used for data collection, which was pilot tested through test-re-test and yielded a reliability coefficient (index) of .860.Four research questions and five hypotheses were formulated and tested. Analysis of data was done using descriptive statistics and regression analysis fixed at the .05 significant levels. A total of 388 participants were included in the study, 39.2% and 60.8% were males and females respectively while their ages ranged from 16-27 years with a mean age of 20.9. The findings from this study showed that majority of the respondents 283 (72.9%) were aware of RHS; 57.7% had moderate knowledge of available RHS for the youths; 63.4% had never visited a health facility in their locality for reproductive health service(s); and 87.8% of the participants had low level of utilization of RHS. It was revealed further that personal (M= 3.149, SD = 1.505), socio-economic (M= 3.981, SD = .975), and institutional factors (M= 3.654, SD = 1.220) were potent enough in influencing utilization of RHS. Knowledge of RHS was not significantly different among male and female (p = .437); while a significant gender difference was found in the undergraduates' utilization of reproductive health services (p = .03). Utilization of reproductive health services was not significantly influenced by undergraduates' sexual behavior (p = .693); 21% of the total variance in the access to reproductive health services was accounted for by sexual behavior, gender, and knowledge, while the most potent factor was knowledge (p = .00); and 7% of the total variance in the utilization of reproductive health services was accounted for by sexual behavior, gender, and knowledge; while the most potent factor was gender p = .03).The study concluded that factors influencing access and utilization of RHS were personal, socio-economic, and institutional in nature. Based on the outcome of this study, it was recommended that active sensitization of the youth in schools, through school health programs not just at the University level but from primary school be promoted. Nurses should

provide a youth friendly RHS, that is functional, effective and affordable at every point in time.

2.5 THEORETICAL FRAMEWORK

Pender's Health Promotion Model

The Health Promotion Model was designed by Nola J. Pender to be a "complementary counterpart to models of health protection." It defines health as a positive dynamic state rather than simply the absence of disease. Health promotion is directed at increasing a patient's level of well-being. The health promotion model describes the multidimensional nature of persons as they interact within their environment to pursue health.

Pender's model focuses on three areas: individual characteristics and experiences, behavior-specific cognitions and affect, and behavioral outcomes. The theory notes that each person has unique personal characteristics and experiences that affect subsequent actions. The set of variables for behavior specific knowledge and affect have important motivational significance. The variables can be modified through nursing actions. Health promoting behavior is the desired behavioral outcome, which makes it the end point in the Health Promotion Model. These behaviors should result in improved health, enhanced functional ability and better quality of life at all stages of development. The final behavioral demand is also influenced by the immediate competing demand and preferences, which can derail intended actions for promoting health (Alice Petiprin, 2016).

The Health Promotion Model makes four assumptions:

5. Individuals seek to actively regulate their own behavior.
6. Individuals, in all their bio-psychosocial complexity, interact with the environment, progressively transforming the environment as well as being transformed over time.

7. Health professionals, such as nurses, constitute a part of the interpersonal environment, which exerts influence on people through their life span.
8. Self-initiated reconfiguration of the person-environment interactive patterns is essential to changing behavior.

There are thirteen theoretical statements that come from the model. They provide a basis for investigative work on health behaviors. The statements are:

14. Prior behavior and inherited and acquired characteristics influence beliefs, affect, and enactment of health-promoting behavior.
15. Persons commit to engaging in behaviors from which they anticipate deriving personally valued benefits.
16. Perceived barriers can constrain commitment to action, a mediator of behavior as well as actual behavior.
17. Perceived competence or self-efficacy to execute a given behavior increases the likelihood of commitment to action and actual performance of the behavior.
18. Greater perceived self-efficacy results in fewer perceived barriers to a specific health behavior.
19. Positive affect toward a behavior results in greater perceived self-efficacy, which can in turn, result in increased positive affect.
20. When positive emotions or affect are associated with a behavior, the probability of commitment and action is increased.
21. Persons are more likely to commit to and engage in health-promoting behaviors when significant others model the behavior, expect the behavior to occur, and provide assistance and support to enable the behavior.

22. Families, peers, and health care providers are important sources of interpersonal influence that can increase or decrease commitment to and engagement in health-promoting behavior.
23. Situational influences in the external environment can increase or decrease commitment to or participation in health-promoting behavior.
24. The greater the commitments to a specific plan of action, the more likely health-promoting behaviors are to be maintained over time.
25. Commitment to a plan of action is less likely to result in the desired behavior when competing demands over which persons have little control require immediate attention.
26. Persons can modify cognitions, affect, and the interpersonal and physical environment to create incentives for health actions.

The major concepts of the Health Promotion Model

Individual characteristics and experiences, prior behavior, and the frequency of the similar behavior in the past, has direct and indirect effects on the likelihood of engaging in health-promoting behaviors. Personal factors are categorized as biological, psychological and socio-cultural. These factors are predictive of a given behavior and shaped by the nature of the target behavior being considered. Biological personal factors include variables such as age gender body mass index pubertal status, aerobic capacity, strength, agility, or balance. Psychological personal factors include variables such as self-esteem, self-motivation personal competence perceived health status and definition of health. Socio-cultural personal factors include variables such as race ethnicity, accu-culturation, education and socioeconomic status. Perceived benefits of action are the anticipated positive outcomes that will occur from health behavior. Perceived barriers to action are anticipated, imagined, or real blocks and

costs of understanding a given behavior. Perceived self-efficacy is the judgment or personal capability to organize and execute a health-promoting behavior. Perceived self-efficacy influences perceived barriers to action so higher efficacy result in lowered perceptions of barriers to the performance of the behavior. Activity-related affect is defined as the subjective positive or negative feeling that occurs based on the stimulus properties of the behavior itself. They influence self-efficacy, which means the more positive the subjective feeling, the greater the feeling of efficacy. In turn, increased feelings of efficacy can generate further positive affect. Interpersonal influences are cognition-concerning behaviors, beliefs, or attitudes of the others. Interpersonal influences include: norms (expectations of significant others), social support (instrumental and emotional encouragement) and modeling (vicarious learning through observing others engaged in a particular behavior). Primary sources of interpersonal influences are families, peers, and healthcare providers.

Situational influences are personal perceptions and cognitions that can facilitate or impede behavior. They include perceptions of options available, as well as demand characteristics and aesthetic features of the environment in which given health promoting is proposed to take place. Situational influences may have direct or indirect influences on health behavior.

Within the behavioral outcome, there is a commitment to a plan of action, which is the concept of intention and identification of a planned strategy that leads to implementation of health behavior. Competing demands are those alternative behaviors over which individuals have low control because there are environmental contingencies such as work or family care responsibilities. Competing preferences are alternative behavior over which individuals exert relatively high control. Health-promoting behavior is the endpoint or action outcome directed toward attaining a positive health outcome such as optimal well-being, personal fulfillment, and productive living.

2.5 Application of Health Promotion Model to this Study

Adolescents have unique health considerations as they transition from parent-managed healthcare to personal responsibility for health behavior. One question to consider is the goodness-of-fit of available theoretical models for explaining and predicting adolescent health-promoting behavior. Pender's health promotion model is a conceptual framework which provides for the explaining and predicting of health promoting behaviors. This model combines with nursing and behavioral science perspectives, and emphasizes various factors which influence the health behaviors of adolescent and enhancing methods to motivate adolescent to engage in health-promoting behaviors.

The nursing roles in the health promotion model influence behavioral change in adolescent to reproductive health services which involve raising consciousness related to health-promoting behaviors, promoting self-efficacy, enhancing benefits of behavior change, modifying the environment to support health promotion practices, and managing barriers to behavior change. The nursing process is a framework that was applied for assessing various factors related to health-promoting behaviors, identifying nursing diagnosis and planning to assist adolescent to improve their capacity to act for behavioral change, implementing health promotion practices to fulfill the goals for the enhancement of health, and evaluating the planned interventions.

"Availability of reproductive health services and access to it also figure into how readily an adolescent opts to practice health-promoting behaviors" (Lannon, 1997). As nurses and educators, we should assess for social supports. Pender states that this factor is influenced by previous experience. The adolescent does not practice health-promoting behaviors in a void; rather their behaviors reflect a history of actions, reactions and interactions within their environment. The adolescents who achieve better control of utilizing reproductive health

services due to better attitude of health care providers will internally reinforce their behavior, encouragement from family and friends, testimonials from others and positive reinforcement from professionals constitute external cues.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter contains the description of the research design, the population for the study, sample and sampling techniques, instrument for data collection, methods of data collection and analysis.

3.2 RESEARCH DESIGN

A cross sectional research design was utilized for the study. It's used to describe situation as they occur naturally. It’s intended to find out the reproductive health services utilization and its associated factors among young people of Hwolshe community, Jos south LGA.

3.2 RESEARCH SETTING

Hwolshe community is located in Jos south LGA, plateau state, Nigeria; Bounded by Anglo Jos on the north, Abattoir on the west, State secretariat on the south and Tudun Wada on the east, comprised Hwolshe Tero (Central), Hwolshe Vwello(Kadima), Jiyep, Twanchik, Wurum, and Dandenre. The target community has divided house randomly settled, majority of the occupants are civil servants and students cutting across State polytechnic and Secondary schools. Hwolshe community also houses the national library, Plateau state polytechnic and NITEL office.

3.3 POPULATION OF THE STUDY

The population for the study consisted of all young people of Hwolshe community, Jos south LGA.

3.4 SAMPLE AND SAMPLING TECHNIQUE

Plateau state consists of 17 Local government areas. Using the multistage sampling technique:

Stage 1: stratify sampling technique was carried out to divide 17 local governments into 3 clusters using the senatorial zone (North, central and south)

Stage 2: simple random technique was used to select 1 senatorial zone: Northern zone was selected comprising of 6 LGAs namely; Jos south, Jos North, Jos East, Riyom, Barkin Ladi and Bassa.

Stage 3: using simple random technique Jos south was selected to be the target area (From the 6 LGAs which were randomly selected) where the research will be conducted. Jos south LGA is one of the most populated LGA in plateau state which comprises mostly Berom, other ethnic groups within plateau state, Yoruba, and Igbo settlers.

Stage 4: Jos south consist of 4 wards namely Vwang, Du, Kuru and Gyel: using simple random technique Du ward was selected.

Stage 5: Du ward is divided into 7 districts namely: Zawan A, Zawan B, Hwolshe, Dashonong, Du A, Giring, and Du B. Using purposive sampling technique Hwolshe community was selected as the research target Area.

Stage 6: Hwolshe community consists of Hwolshe Tero (central), Hwolshe Vwello (Kadima), Jiyep, Twanchik, Wurum, and Dandenre: balloting was done to pick 3 communities namely; Hwolshe central, Jiyep and Kadima. 131 respondents were retrieved from Hwolshe central, Jiyep, and Kadima community with attrition rate of 10%. The total numbers of 131 respondents were involved in the study.

The sample size was obtained by applying the standard sample size calculation formula as Cochran.

Using Cochran sample size formula for an unknown population; n =Zu/2 o"/E

Where n =number of sample size

$Z_{u/2}$ =1.645 at confidence level of 90%,

Cr =6.95 standard deviation,

E= margin error= 1,

Therefore n= [1.645 X 6.95] X [1.645 X 6.95]

= 130.7078

Approximately =131 the researcher selected a sample size of 131 respondents.

The sample was drawn following a convenient sampling procedure.

3.5 INSTRUMENT FOR DATA COLLECTION

The instrument used for data collection was a self-structured questionnaire. The questionnaire is divided into section A (socio-demographic data), which comprises questions aimed at assessing the respondents' personal data. The questionnaire further consist of section B which is aimed at assessing the respondents' utilization of reproductive health services, section C which comprised question aimed at assessing the factors influencing the young people's utilization of reproductive health services.

3.6 VALIDITY

The questionnaire was drawn and submitted to the supervisor who made the necessary corrections before being distributed to respondents. The face and content validity of the instrument was ascertained by my supervisor and other experts in the field of study.

3.7 RELIABILITY

To ensure reliability, the questionnaires were tested among eight (8) subjects of Hwolshe community through test; re-test method, with two week interval before administering the questionnaires which were found to be consistent, accurate and precise.

3.8 METHOD OF DATA COLLECTION

The researcher obtained an introductory letter from the Department of Nursing science, University of Jos and was taken to the community head. The researcher obtained permission from the community head and it was granted (find attached in appendix). The researcher then met the subjects and explained the intention for carrying the research. The subjects were assured of confidentiality. After making sure the subjects clearly understood the content of the questionnaire, it was then distributed to the subjects hand to hand who returned them after completion

3.9 METHOD OF DATA ANALYSIS

The information was computer analyzed using Statistical Package for Social sciences (SPSS version 23.0) batch system. The result was used to answer research questions; chi-square was be used to test the hypothesis. Frequency distribution table and percentages was used to explore the background characteristics of the sample population, such as age, sex, educational level and marital status.

3.10 ETHICAL CONSIDERATION

An introduction letter was obtained from Department of Nursing Science, University of Jos and submitted to the community Head who gave permission to conduct the study. Confidentiality and privacy of the respondents information was ensured as well as respondents' identity was kept confidential (see appendix).

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTREPRETATION

4.1 INTRODUCTION

This chapter deals with the presentation, analysis and interpretation of research data. Data was analyzed using statistical package of social sciences (SPSS) version 23.0. One hundred and thirty-one (131) questionnaires were distributed to the respondents with 99.2% returned rate.

4.3 DATA PRESENTATION AND ANALYSIS

Table 1: Socio-demographic factors

Variable	Options	Frequency	Percentage
	Male	42	32.3
	Female	88	67.7
	Total	**130**	**100.0**
Age in years	<20	74	56.9
	21-25	54	41.5
	26-30	2	1.5
	Total	**130**	**100.0**
Marital Status	Single	122	93.8
	Married	2	1.5
	Separated	2	1.5
	Divorced	4	3.1
	Total	**130**	**100.0**
Level of Educational	No formal education	6	4.6
	Primary	13	10.0
	Secondary	62	47.7
	tertiary institution	49	37.7
	Total	**130**	**100.0**

(Source: Field survey, 2019)

Table 1 (Socio-demographic factors) showed majority 88 (67.7%) of the respondents are female with 42 (32.3%) respondents who are male. Most 74 (56.9%) of the respondents age is ≤ 20, 54 (41.5%) of the respondents are within the age range of 21-25 whereas few 2 (1.5%) of the respondent are within 26-30 age range. Almost 122 (93.8%) of the respondents are single, 2 (1.5%) of the respondents are married, 2 (1.5%) of the respondents are separated and 4 (3.1%) of the respondents are divorced. Majority 62 (47.7%) of the respondents went to secondary school, 49 (37.7%) of the respondents went to tertiary institution, 13 (10.0%) of the respondents went to primary school and 6 (4.6%) of the respondents did not have formal education.

Table 2: Utilization of Reproductive Health Services among Respondents

Statement/questions	Option	Frequency	Percentage
Have you ever heard of reproductive health services?	Yes	92	70.8
	No	38	29.2
	Total	**130**	**100.0**
Which of the following reproductive health services have you heard about?	Family Planning	61	46.9
	Post abortion care	8	6.2
	Adolescent reproductive health services	11	8.5
	STIs clinic	29	22.3
	No response	21	16.2
	Total	**130**	**100.0**
Have you ever used any of the reproductive health services mentioned above?	Yes	20	15.3
	No	110	84.6
	Total	**130**	**100.0**
If yes, which of the services have you used?	Family planning	10	7.7
	Post abortion care	1	.8
	Adolescent RHS	7	5.4
	STIs clinic	12	9.2
	No response	100	76.9
	Total	**130**	**100.0**
Do you have a boyfriend/girlfriend?	Yes	85	65.4
	No	45	34.6
	Total	**130**	**100.0**
If yes, what activities do you do together?	Reading	19	14.6
	Having Sex	22	16.9
	Watching movies	18	13.8
	Church programs	14	10.8
	Cuddling	10	7.7
	No response	47	36.2
	Total	**130**	**100.0**
Have you ever had sexual intercourse?	Yes	58	44.6
	No	72	55.4
	Total	**130**	**100.0**
If yes, how many partners do you have?	1	53	40.8
	2	18	13.8
	3	4	3.1
	4 and above	1	0.8
	No response	54	41.5
	Total	**130**	**100.0**
Since you began sexual intercourse, have you used any of the reproductive health services mentioned above?	Yes	7	5.4
	No	123	94.6
	Total	**130**	**100.0**
If yes mention one you know	No response	126	96.9
	Jeka Kadima reductive health services	2	1.3
	Plateau Specialist Hospital, Jos	1	0.6
	Jeniks	1	0.6
	Good groom center Jos	1	0.6
	Total	**130**	**100**

(Source: Field survey, 2019)

Table above displayed majority 92 (70.8%) of the respondents have heard of reproductive health services whereas 38 (29.2%) of the respondents have not. 61 (46.9%) of the respondents heard of family planning services, 29 (22.3%) of the respondents heard of STIs

clinic, 11 (8.5%) of the respondents heard of adolescent reproductive health services. Almost 110 (84.6%) of the respondents have not used any reproductive health services where 20 (15.3%) of the respondents have in one time utilized a reproductive health services in the preceding question. 12 (9.2%) of the respondents have utilized STIs clinic services, 10 (7.7%) of the respondents have utilized family planning services, 7 (5.4%) of the respondents have utilized adolescent reproductive health services. Most 85 (65.4%) of the respondents have boyfriend/girlfriend whereas 45 (34.6%) of the respondents do not have boyfriend/girlfriend. Furthermore, 22 (16.9%) of the respondents are having sex, 19 (14.6%) of the respondents are reading, 18 (13.8%) of the respondents are watching movies, 14 (10.8%) of the respondents are attending church programs and 10 (7.7%) of the respondents are cuddling. Majority 72 (55.4%) of the respondents have not had sexual intercourse with their boyfriend/girlfriend whereas 58 (44.6%) of the respondents had sexual intercourse with their boyfriend/girlfriend. Most 53 (40.8%) of the respondents have one partner, 18 (13.8%) of the respondents have 2 partner, 4 (3.1%) of the respondents have 3 partner and 1 (0.8%) of the respondents have 4 and above partner. Almost all 123 (94.6%) of the respondents have not utilized any reproductive health services since they began sexual intercourse with their partner whereas 7 (5.4%) of the respondents have. 2 (1.3%), 1 (0.6%), 1 (0.6%), and 1 (0.6%) of the respondents knows Jeka kadima reductive health services, plateau specialist hospital Jos, Jeniks, good groom center Jos respectively.

Table 3: factors associated with utilization of reproductive health services

Statement/questions	Options	Frequency	Percentage
My sexual behavior influences my utilization reproductive health services?	Yes	110	84.6
	No	20	15.4
	Total	**130**	**100.0**
Cost of reproductive health services influences it utilization?	Yes	99	76.2
	No	31	23.8
	Total	**130**	**100.0**
Does your educational level affect your utilization of reproductive health services?	Yes	92	70.8
	No	38	29.2
	Total	**130**	**100.0**
Does your gender affect utilization of reproductive health services	Yes	90	69.2
	No	40	30.8
	Total	**130**	**100.0**
Attitude of service providers is not friendly	Yes	40	30.8
	No	90	69.2
	Total	**130**	**100.0**
I am shy to visit reproductive health service center(s)	Yes	53	40.8
	No	77	59.2
	Total	**130**	**100.0**
I am afraid to visit reproductive health service center	Yes	40	30.8
	No	90	69.2
	Total	**130**	**100.0**
I am not aware of reproductive health service	Yes	51	39.2
	No	79	60.8
	Total	**130**	**100.0**

(Source: Field survey, 2019)

Table 3: (factors associated with utilization of reproductive health services) indicated almost all 110 (84.6%) of the respondents sexual behavior influence their utilization reproductive

health services whereas few 20 (15.4%) of the respondents sexual behavior does not influence their utilization reproductive health services. Majority 99 (76.2%) of the respondents indicated cost of reproductive health services influence their utilization of reproductive health services whereas 31 (23.8%) of the respondents indicated cost of reproductive health services does not influence their utilization of reproductive health services. Most 92 (70.8%) of the respondents indicated their educational level will influence their utilization of reproductive health services with 38 (29.2%) of the respondents who indicated that their educational level will not influence their utilization of reproductive health services.90 (69.2%) of the respondents indicated their gender influences their utilization of reproductive health service whereas 40 (30.8%) of the respondents indicated their gender does not influence their utilization of reproductive health services. 90 (69.2%) of the respondents indicated attitude of services providers is friendly where 40 (30.8%) of the respondents indicated attitude of services provider is not friendly. Most 77 (59.2%) of the respondents indicated they are not shy to visit reproductive health services center whereas 53 (40.8%) of the respondents indicated they are shy to visit reproductive health services centers. Majority 90 (69.2%) of the respondents indicated they are not afraid to visit reproductive health services centers whereas 40 (30.8%) of the respondents indicated they are afraid to visit reproductive health services center. 79 (60.8%) of the respondents are aware of the reproductive health services whereas 51 (39.2%) of the respondents are not aware of reproductive health services.

Table 4: Level of utilization of reproductive health services

Level of utilization of reproductive health services	Frequency	Percentage (%)
Yes	**20**	**15.3**
No	**110**	**84.6**
Total	**130**	**100**

(Source: Field survey, 2019).

The level of utilization of reproductive health services among Hwolshe young people is low as evidence by 15.3% reproductive health services utilization rate as calculated from the table above.

ANSWERS TO RESEARCH QUESTIONS

3. **What is the level of utilization of reproductive health services among young people of Hwolshe community, Jos south LGA?**

The level of utilization of reproductive health services among Hwolshe young people is low as evidence by 15.3% reproductive health services utilization rate. Majority of the respondents have not utilized any reproductive health services since they began sexual intercourse with their partner.

4. **What are the factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA?**

Table 3: (factors associated with utilization of reproductive health services) indicated almost all 110 (84.6%) of the respondents sexual behavior influence their utilization reproductive health services whereas few 20 (15.4%) of the respondents sexual behavior does not influence their utilization reproductive health services. Majority 99 (76.2%) of the respondents indicated cost of reproductive health services influence their utilization of reproductive health services whereas 31 (23.8%) of the respondents indicated cost of reproductive health services does not influence their utilization of reproductive health services. Most 92 (70.8%) of the respondents indicated their educational level will influence their utilization of reproductive health services with 38 (29.2%) of the respondents who

indicated that their educational level will not influence their utilization of reproductive health services.90 (69.2%) of the respondents indicated their gender influences their utilization of reproductive health service whereas 40 (30.8%) of the respondents indicated their gender does not influence their utilization of reproductive health services

Therefore, the associated factors sexual behavior, cost of reproductive health services, educational level, and gender were discovered to influence the respondent's utilization of reproductive health services and are the associated factors to reproductive health services as evidenced by the research findings.

4.3 TESTING OF HYPOTHESES:

HYPOTHESIS

H_{o1} There is no significant association between cost of reproductive health services and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

Table 5: Cross tabulation between cost of reproductive health services and utilization of reproductive health services.

associated factor	Utilization of reproductive health services		Total	Chi-square (X^2)	Degree of freedom (df)	p-value	Remark
	Yes	No					
Cost				1.893	1	0.1689	significant
Yes	13	87	100				
No	7	23	30				
Total	20	110	130				

Chi-square 1.893, p-value 0.1689, DF 1 and significant level of 0.05

With calculated Chi-square 1.893, p-value 0.1689, DF 1 and significant level of 0.05. The p-value ($p>0.05$) is greater than the level of significance; the null hypothesis which state that there is no significant association between cost of reproductive health services and utilization of reproductive health services among young people of Hwolshe community is therefore accepted and the alternative hypothesis is rejected.

H_{o2} There is no significant association between educational level and utilization of reproductive health services among young people of Hwolshe community, Jos south LGA

Table 6: Cross tabulation between educational level and utilization of reproductive health services.

associated factor	Utilization of reproductive health services		Total	Chi-square (X^2)	Degree of freedom (df)	p-value	Remark
	Yes	No					
Educational level				8.89556	3	0.03071	Not significant
No formal education	3	0	3				
Primary	8	5	13				
Secondary school	57	8	65				
Tertiary institution	45	4	49				
Total	113	17	130				

Chi-square 8.89556, p-value 0.03071, DF 3 and significant level of 0.05

With calculated Chi-square 8.89556, p-value 0.03071, DF 3 and significant level of 0.05. The p-value ($p<0.05$) is less than the level of significance; the null hypothesis which state that there is no significant association between educational level and utilization of reproductive health services among young people of Hwolshe community is therefore rejected and the alternative hypothesis is accepted.

H_{o3} There is no significant association between gender and utilization of reproductive health services among young people in Hwolshe community in Jos, Plateau state?

Table 7: Cross tabulation between gender and utilization of reproductive health services.

associated factor	Utilization of reproductive health services		Total	Chi-square (X^2)	Degree of freedom (df)	p-value	Remark
	Yes	No					
Gender				2.62487	1	0.1052	significant
Yes	37	8	45				
No	78	7	85				
Total	115	13	130				

Chi-square 2.62487, p-value 0.1052, DF 1 and significant level of 0.05

With calculated Chi-square 2.62487, p-value 0.1052, DF 1 and significant level of 0.05. The p-value ($p>0.05$) is greater than the level of significance; the null hypothesis which state that there is no significant association between gender and utilization of reproductive health services among young people in Hwolshe community is therefore accepted and the alternative hypothesis is rejected.

H_{o4}There is no significant association between sexual behavior and utilization of reproductive health services among young people of Hwolshe community in Jos, Plateau state?

Table 8: Cross tabulation between sexual behavior and utilization of reproductive health services.

associated factor	Utilization of reproductive health services		Total	Chi-square (X^2)	Degree of freedom (df)	p-value	Remark
	Yes	No					
Sexual behavior				6.44621	1	0.011	Not significant
Yes	16	7	23				
No	96	11	107				
Total	112	18	130				

Chi-square 6.44621, p-value 0.011, DF 3 and significant level of 0.05

With calculated Chi-square 6.44621, p-value 0.011, DF 1 and significant level of 0.05. The p-value ($p<0.05$) is less than the level of significance; the null hypothesis which state that there is no significant association between sexual behavior and utilization of reproductive health

services among young people in Hwolshe community is therefore rejected and the alternative hypothesis is accepted.

CHAPTER FIVE

DISCUSSION OF FINDINGS, SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 DISCUSSION

The research finding revealed that the level of utilization of reproductive health services among Hwolshe young people is low as evidenced by 15.3% reproductive health services utilization rate because majority of the respondents have not utilized any reproductive health services since they began sexual intercourse with their partner(s). This corresponds with a study carried out by Feleke et al (2013) studied on Reproductive health service utilization and associated factors among adolescents (15–19 years old) in Gondar town, Northwest Ethiopia: assessing adolescent reproductive health service utilization and associated factors and found out low utilization of reproductive health services among respondents. This finding is also in line with a study by Dida et al (2015) who assessed reproductive health services utilization and its associated factors among Madawalabu University Students, Southeast Ethiopia and revealed that Utilization of reproductive health services for the three indexed variables namely: modern contraceptives, STI diagnosis and treatment, and VCT is fair. But utilization of specific reproductive health services is under expectation.

The research findings also revealed almost all the respondents' sexual behavior influences their utilization of reproductive health services. Majority of the respondents indicated cost of reproductive health services influence their utilization of reproductive health services. Most of the respondents indicated their educational level influence their utilization of reproductive health services. Majority of the respondents indicated their gender influences their utilization of reproductive health services. Therefore, the factors sexual behavior, cost of

reproductive health services, educational level, and gender were discovered to influence the respondent's utilization of reproductive health services and are the associated factors to reproductive health services as evidenced by the respondent's responses. This is in line with a study carried out by Feleke et al (2013) who studied Reproductive health service utilization and associated factors among adolescents (15–19 years old) in Gondar town, Northwest Ethiopia: revealed that educational level were significantly associated with reproductive health service utilization. This research finding is also in line with a study carried out by Adefalu et al (2019) on Factors Influencing Access and Utilization of Reproductive Health Services among Undergraduates in Selected Tertiary Institutions in Ogun State, Nigeria: revealed that sexual behavior, gender, cost and knowledge of reproductive health services are factors influencing the utilization of reproductive health services.

Furthermore, after testing the hypotheses using chi-square the research findings revealed that only educational level and sexual behavior of the respondents were discovered to be significant factors associated with utilization of reproductive health services among young people of Hwolshe community, Jos south LGA, Plateau state at significant level of 0.05.

5.1 IMPLICATION TO NURSING

It has been observed that majority of the respondents do not have knowledge of what reproductive health services are while collecting raw data at Hwolshe community and some health care providers have bias attitude towards the provision of reproductive health services to young people and think health care seekers should obtain parental consent before the provision of care. Hence it is important to discuss the implications of the study to nursing practice, nursing education, nursing practice and nursing administration as given below;

5.1.1 NURSING EDUCATION

Student nurses/midwives should be exposed to the concept of reproductive health services during their training in the various institutions. The students should be taught on the importance of young people utilizing reproductive health services and ways of improving it.

5.1.2NURSING PRACTICE

Nurses should have respect for young people, have non-judgmental attitude, should be specially trained for the provision of young people friendly services. Ensure privacy and assurance of confidentiality of privilege information which will encourage the young people to use such services. The nurse should participate in seminars and organize public enlightenment program to sensitize the general public on young people reproductive health services.

5.1.3 NURSING ADMINISTRATION

Train staff and encourage specialization of staff in the areas of reproductive health services. Place staff with non-bias attitude in the units for the provision of young people friendly service. The nurse administrators should also organize workshops, seminars for her staff on the provision of young people friendly services, participate in the enactment of young people friendly policy and subsidizing cost of services to young people.

5.1.4 NURSING RESEARCH

Nurses should inculcate the habit of conducting research and participate in peer review of research findings on the area of ways of improving delivery of reproductive health services to young people.

5.2 SUMMARY

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes, Reproductive health implies that people are able to

have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It's been estimated that 87,000,000 women worldwide become pregnant unintentionally because of underuse of modern contraceptives (WHO reproductive health services, 2019). A cross sectional research design was utilized for the study, Multistage sampling technique was carried: the population for the study consisted of all young people of Hwolshe community, Jos south LGA, Plateau State. A total of 131 sample size was used; the sample was drawn following a convenient sampling procedure.

Therefore, the associated factors sexual behavior, cost of reproductive health services, educational level, and gender were discovered to influence the respondent's utilization of reproductive health services and are the associated factors to reproductive health services as evidenced by the research findings.

5.3 CONCLUSION

The findings from this study revealed level of utilization of reproductive health services among Hwolshe young people is low as evidenced by 15.3% reproductive health services utilization rate, because majority of the respondents have not utilized any reproductive health services since they began sexual intercourse with their partner(s). The factors sexual behavior, cost of reproductive health services, educational level, and gender were discovered to influence the respondent's utilization of reproductive health services and are the associated factors to reproductive health services as evidenced by the research findings. However, educational level and sexual behavior of respondents were discovered to be factors associated to utilization of reproductive health services after testing of hypotheses using chi-square at significant level of 0.05.

5.4 RECOMMENDATIONS

Young people's sexual and reproductive health is important to individuals, couples, families and the socio-economic development of communities and nations. The concept of young people friendly services is characterized by services that are youth-focused, affordable, accessible, non-judgmental and recognizing adolescents as being different from other consumers of health care. This study confirms that these services are available but cost, educational level; gender and sexual behavior are factor limiting its utilization.

5. Policies that promotes access and utilization of reproductive health service by young people should be enacted and imposed so as to make services adolescent friendly.
6. It is important that attitudes opposing the use of reproductive health services by sexually active young people be reviewed in line with the realities of young people sexuality.
7. It is recommended that education be given through seminars, lectures, workers etc., and motivation provided in terms of token/payments to service providers. This will serve to equip them with the necessary knowledge and motivate them to change negative attitude.
8. Reproductive health services should be made available in places where youths gather for their activities or programs(youth centers, sporting arena, market place) to enhance their utilization since it is within their reach

5.5 LIMITATION OF STUDY

This study was limited by the use of data which relied on care seekers reports. The study did not observed interactions between providers and young people. Time factor, and school calendar, and events are factors responsible for the limitation of the study to the selected community.

5.6 SUGGESTION FOR FURTHER STUDY

The researcher having assessed the utilization and associated factors to reproductive health services among young people seen in selected Hwolshe community suggests that further study be made in the following areas.

4. A qualitative study should be conducted on barriers to the provision of reproductive health services to young people
5. Studies should also be carried out with the young people to assess their attitude and preference for the utilization of reproductive health services.
6. A qualitative study should also be conducted to assess the knowledge of reproductive health services by young people of Hwolshe and other communities.