Predictors of Sexual and Reproductive Health Service Utilisation Among Adolescents in Uganda: A Multivariate Analysis

Noah Robert Nyende[1]*, Dr. Frank Pio Kiyingi, Professor Miph Musoke

[1]Nkumba University, Uganda.

***Corresponding Author:**

DOI: https://doi.org/10.51244/IJRSI.2025.120500015

Received: 22 April 2025; Accepted: 26 April 2025; Published: 26 May 2025

ABSTRACT

Adolescents' utilisation of sexual and reproductive health (SRH) services remains inadequate in Uganda, despite numerous national initiatives aimed at enhancing access to adolescent-friendly health services. This study investigated the influence of health-seeking attitudes, perceptions, and preferences on utilising SRH services among adolescents in the Busoga region of Eastern Uganda. A cross-sectional survey design targeted 408 adolescents aged 13 to 19 years in the Iganga and Bugweri districts. Data were collected using structured questionnaires based on five-point Likert scales to measure variables related to attitudes, perceptions, and preferences concerning SRH services. Descriptive statistics summarised the data, while Pearson correlation and multiple linear regression analyses assessed the relationships and predictive power of the independent variables on SRH service utilisation. Findings revealed that health-seeking attitudes ($\beta = 0.245$, 95% CI [0.165, 0.325], $p < .001$), perceptions ($\beta = 0.162$, 95% CI [0.078, 0.246], $p = .001$), and preferences ($\beta = 0.124$, 95% CI [0.035, 0.213], $p = .007$) significantly predicted adolescents' SRH service use. Positive attitudes, perceptions of accessibility, confidentiality, and preferences for youth-friendly services were key determinants. Perceptions of accessibility, confidentiality, and provider friendliness significantly shaped adolescents' willingness to utilise SRH services. Moreover, preferences for youth-friendly services, such as flexible operating hours, same-sex providers, and non-judgmental communication, complemented the effects of attitudes and perceptions. The study concludes that strengthening adolescent-centred interventions that enhance trust, improve perceptions of service quality, and align service delivery with adolescents' preferences is critical for enhancing SRH service utilisation. These findings offer essential insights for policymakers, health practitioners, and stakeholders seeking to design responsive and inclusive SRH programs tailored to adolescent needs.

Keywords: Adolescents, Health-seeking behaviour, Sexual and reproductive health, Service utilisation, Uganda

INTRODUCTION

Background

Adolescents constitute nearly a quarter of Uganda's population and represent a vital segment of the country's human capital (UBOS, 2024). However, their sexual and reproductive health (SRH) needs remain inadequately addressed. Adolescence is a critical developmental phase often characterised by identity exploration, risk-taking behaviour, and heightened vulnerability to SRH risks such as teenage pregnancy, unsafe abortion, and sexually transmitted infections (STIs) (WHO, 2022). These challenges are particularly pronounced in regions like Busoga, where adolescent pregnancy rates and related health burdens surpass national averages (UBOS, 2023).

Despite the expansion of adolescent SRH policies and services in Uganda, utilisation remains low. This paradox is largely attributed to persistent socio-cultural, economic, and institutional barriers. Factors such as stigma, mistrust in health providers, cost of services, long travel distances, and a lack of adolescent-friendly

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue V May 2025

care environments contribute to the underutilisation of SRH services (Bankole & Malarcher, 2010; Atuyambe *et al.,*

2015; Nabugoomu *et al.,* 2018; Ninsiima *et al.,* 2021). These barriers are further compounded by adolescents' limited autonomy and restricted decision-making power, especially among girls (Kakal *et al.,* 2022).

Theoretical frameworks like the Andersen Behavioural Model (Andersen, 1995) and the Health Belief Model (Rosenstock, 1974) suggest that health-seeking behaviour is influenced by predisposing factors (such as attitudes and beliefs), enabling resources (such as accessibility and affordability), and perceived need. Within this framework, adolescents' attitudes toward SRH services, their perceptions of risk, and their preferences for service delivery models have emerged as key determinants of service utilisation (Ninsiima *et al.,* Okyere *et al.,* 2021; Bastien *et al.,* 2011). Positive attitudes, accurate perceptions, and strong preferences for youth-friendly services are frequently linked to increased service use.

Despite growing interest in adolescent SRH, there remains a limited understanding of how health-seeking attitudes, perceptions, and preferences independently influence service uptake in high-need settings like Busoga. This study sought to address this gap by examining how these psychosocial factors affect adolescents' utilisation of SRH services in the region. The findings aim to inform the design of more responsive, equitable, and adolescent-centred health interventions in Uganda and similar contexts.

Objective

This study examined how health-seeking attitudes, perceptions, and preferences influence SRH service utilisation among adolescents in the Busoga region of Uganda.

METHODOLOGY

Study Design and Setting

A cross-sectional survey was conducted in twelve villages in Iganga and Bugweri districts of Busoga, Uganda. These districts were selected to capture both rural and urban perspectives and reflect the region's socioeconomic diversity. Iganga, one of the region's original districts, and Bugweri, the most recently established, each encompassed a blend of rural and urban areas, providing a comprehensive understanding of adolescents' access to and utilisation of sexual and reproductive health services.

Sample and Data Collection

A total of 408 adolescents aged 13–19 years were recruited using a multi-stage cluster sampling design. Initial stratification ensured balanced representation from both rural and urban areas within the Busoga region. Trained field assistants administered structured questionnaires to participants. All survey items were assessed using five-point Likert scales ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

Measures

Attitudes encompassed recognition of the importance of SRH, willingness and confidence to access services, including their comfort and motivation to seek care, as well as peer engagement and advocacy.

Perceptions captured beliefs about the necessity, safety, confidentiality and safety of SRH services.

Preferences referred to adolescents' choices regarding service provider characteristics, delivery modes, and affordability aspects.

SRH Utilisation was measured through self-reported current use (in the past 12 months), visit frequency, and future intention to use services.

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Ethical Considerations

Ethical approval was obtained from the Mildmay Uganda Research Ethics Committee (MUREC) and the Uganda National Council for Science and Technology (UNCST). Administrative clearance was also granted by District

Health Officers and local leaders. Written informed consent was secured from all participants, with parental consent and adolescent assent obtained for minors. Participation was voluntary, and confidentiality was strictly maintained.

Data Analysis

Data were analysed using STATA 18. Descriptive statistics profiled the sample characteristics. Pearson's correlation analysis assessed bivariate relationships between key variables. Multiple regression analyses determined predictors of SRH service utilisation outcomes. Model robustness was evaluated through R^2 and Adjusted R^2 values, while confidence intervals (95% CI) and significance levels were used to interpret results.

RESULTS

Demographic Profile

Table 1: Demographic Characteristics of Respondents

Characteristic	Frequency (n = 408)	Percentage (%)
Gender		
- Male	200	49.0%
- Female	208	51.0%
Age Group		
- 13–15 years	172	42.1%
- 16–19 years	236	57.9%
Tribe		
- Musoga	313	76.7%
- Muganda	38	9.3%
- Other	55	13.5%
School Attendance (Current)		
- Yes	272	68.0%
- No	128	32.0%
Highest Education Attained		
- Never Attended	8	2.0%

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- Primary	249	61.2%
- Secondary O-Level	136	33.4%
- Secondary A-Level	9	2.2%
Working Status		
- Yes	135	33.1%
- No	273	66.9%
Religion		
- Muslim	192	47.1%
- Protestant	118	28.9%
- Catholic	45	11.0%
- Pentecostal	45	11.0%
Romantic Partner (ever)		
- Yes	201	50.5%
- No	197	49.5%
Marital Status		
- Married/Living with Partner	51	26.1%
- Not Married	143	73.3%

Table 1 presents the demographic characteristics of the respondents. The sample was almost evenly split by gender (49.0% male, 51.0% female). Most adolescents were aged 16–19 years (57.9%). The predominant ethnic group was Musoga (76.7%). About 68% of participants were currently attending school, and 61.2% had completed primary education. Additionally, 33.1% of respondents reported working to earn income. In terms of religion, 47.1% were Muslim and 28.9% Protestant. Half (50.5%) reported having had a romantic partner, and 26.1% were married or cohabiting.

Health-seeking Attitudes, Perceptions, and Preferences

Table 2: Health-Seeking Attitudes, Perceptions, and Preferences Among Adolescents (N = 408**)**

Item	**SD (%)**	**D (%)**	**N (%)**	**A (%)**	**SA (%)**	**Mean**	**SD**
Attitudes							
At risk of SRH problems	11.0	12.8	19.4	43.9	13.0	3.4	1.2
SRH issues have serious consequences	5.6	7.6	20.8	47.8	18.1	3.7	1.0
Importance of managing SRH	3.2	3.2	17.9	48.9	26.8	3.9	0.9

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Willing to learn about SRH	2.9	0.7	10.5	52.7	33.1	4.1	0.8
Afraid of judgment by providers	8.3	8.8	23.0	42.7	17.2	3.5	1.1
Cost as a barrier to SRH services	9.3	14.7	29.7	35.8	10.5	3.2	1.1
Encourage friends to seek SRH	6.6	5.6	26.0	47.3	14.5	3.6	1.0
Perceptions							
Trust healthcare-provider privacy	2.2	8.8	20.6	44.6	23.8	3.8	1.0
Aware of SRH services & benefits	9.3	11.5	24.5	44.1	10.5	3.4	1.1
SRH services are of high quality	4.9	11.0	35.1	38.0	11.0	3.4	1.0
Comfortable accessing SRH services	6.9	10.1	32.9	38.8	11.3	3.4	1.0
Community supports SRH services	9.3	10.1	31.4	35.5	13.7	3.3	1.1
Enough resources for adolescents	15.4	22.6	34.1	22.3	5.6	2.8	1.1
Peer education influences perception	9.8	8.1	29.7	40.7	11.8	3.4	1.1
Preferences							
Confidential & private SRH services	1.0	1.2	13.7	54.2	29.9	4.1	0.8
Friendly, non-judgmental SRH providers	0.5	-	12.3	50.7	36.5	4.2	0.7
Easy-to-access SRH facilities	0.3	0.3	11.0	53.2	35.3	4.2	0.7
High-quality & comprehensive SRH	1.0	1.0	15.7	48.8	33.6	4.1	0.8
Affordable/free SRH services	1.0	1.2	13.3	44.2	40.3	4.2	0.8
Clear communication from SRH providers	1.5	0.5	12.5	50.3	35.3	4.2	0.8
Prefer gender-specific SRH services	7.6	6.9	21.4	45.8	18.2	3.6	1.1

Note:

SRH = Sexual and Reproductive Health

Likert Scale: SD = Strongly Disagree, D = Disagree, N = Neutral, A = Agree, SA = Strongly Agree

A higher mean indicates stronger agreement.

As shown in Table 2, the analysis revealed generally positive health-seeking attitudes, perceptions, and preferences among adolescents in the Busoga region of Uganda.

Attitudes

Adolescents expressed a strong willingness to learn about SRH, with a high mean score of 4.1 (SD = 0.8). The importance of managing SRH issues was also highly rated (mean = 3.9, SD = 0.9), followed by agreement on the serious consequences of SRH problems (mean = 3.7, SD = 1.0). Concerns about being judged by providers and cost barriers were reported with moderate agreement (mean = 3.5, SD = 1.1 and mean = 3.2, SD = 1.1, respectively).

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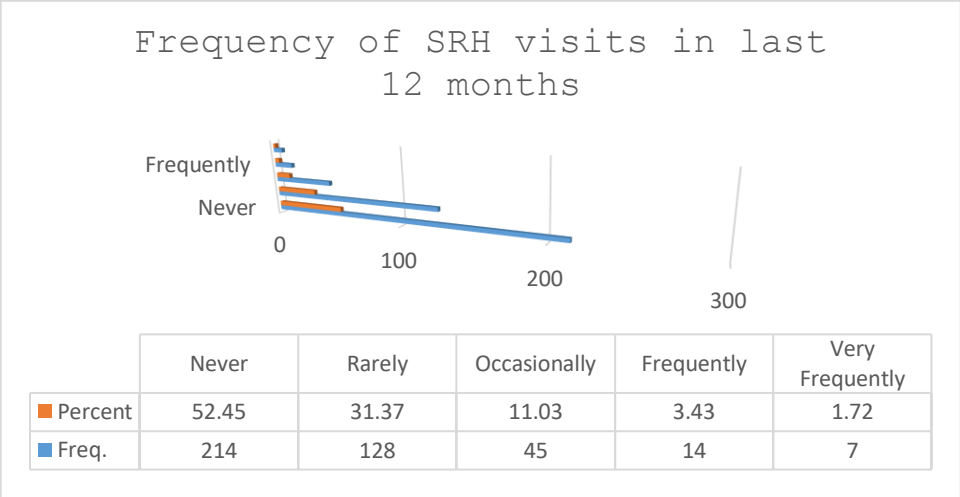
Perceptions

The most positively perceived aspect was trust in healthcare-provider privacy (mean = 3.8, SD = 1.0). Awareness of SRH services and their benefits, as well as perceptions of service quality and accessibility, were moderate (mean = 3.4–3.4, SD = 1.0–1.1). Community support and resource availability for adolescent SRH were rated lower, with mean scores ranging from 2.8 to 3.3.

Preferences

The strongest preferences were for friendly, non-judgmental SRH providers and easily accessible services, both receiving high ratings of 4.2 (SD = 0.7). Other top-rated preferences included confidential and private services (mean = 4.1, SD = 0.8) and affordability (mean = 4.2, SD = 0.8). Adolescents also favoured clear communication and gender-specific services to a lesser extent (mean = 4.2 and 3.6, respectively).

SRH Service Visit Frequency



	Never	Rarely	Occasionally	Frequently	Very Frequently
Percent	52.45	31.37	11.03	3.43	1.72
Freq.	214	128	45	14	7

Figure 1: Visit Frequency for SRH Services (N = 408)

Figure 1 presents the distribution of adolescents' visits to SRH services over the past 12 months. The data reveal a concerning trend, with more than half of the respondents (52%) reporting that they had never utilised any SRH services during this period. Additionally, 31% indicated that they rarely accessed such services, while only 11% reported occasional visits. A very small proportion of adolescents reported frequent (3%) or very frequent (2%) utilisation of SRH services. These findings underscore a generally low level of engagement with SRH services among adolescents in the study area, suggesting potential barriers to access, awareness, or willingness to seek care.

Current SRH service uptake

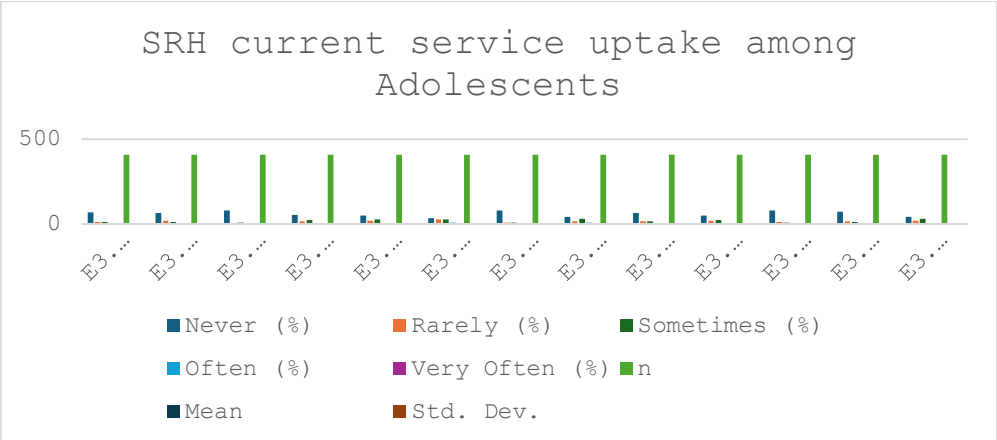


Figure 2: Current SRH service uptake among adolescents (N = 408)

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The distribution of SRH service utilisation in the past 12 months is shown in *Figure 2*. The findings reveal that 70.0% of adolescents reported never using contraceptive services, while 66.4% had never utilised HIV testing services. Similarly, 79.7% of adolescents reported no engagement with HIV prevention services, such as condoms, post-exposure prophylaxis (PEP), and pre-exposure prophylaxis (PrEP) was low. Similarly, engagement with online SRH resources and mobile health (mHealth) services was limited, with 78.4% indicating they had never used these platforms. On the other hand, sexual education sessions and counselling services had higher utilisation, with 51.6% and 45.8%, respectively, reporting at least occasional use. Notably, peer education groups and radio/TV SRH resources had moderate uptake, with 59.6% and 66.1% of adolescents reporting some level of engagement.

These findings highlight a significant disparity in SRH service utilisation, particularly with clinical services such as contraceptive use and HIV testing and digital platforms experiencing notably lower uptake compared to educational and community-based services.

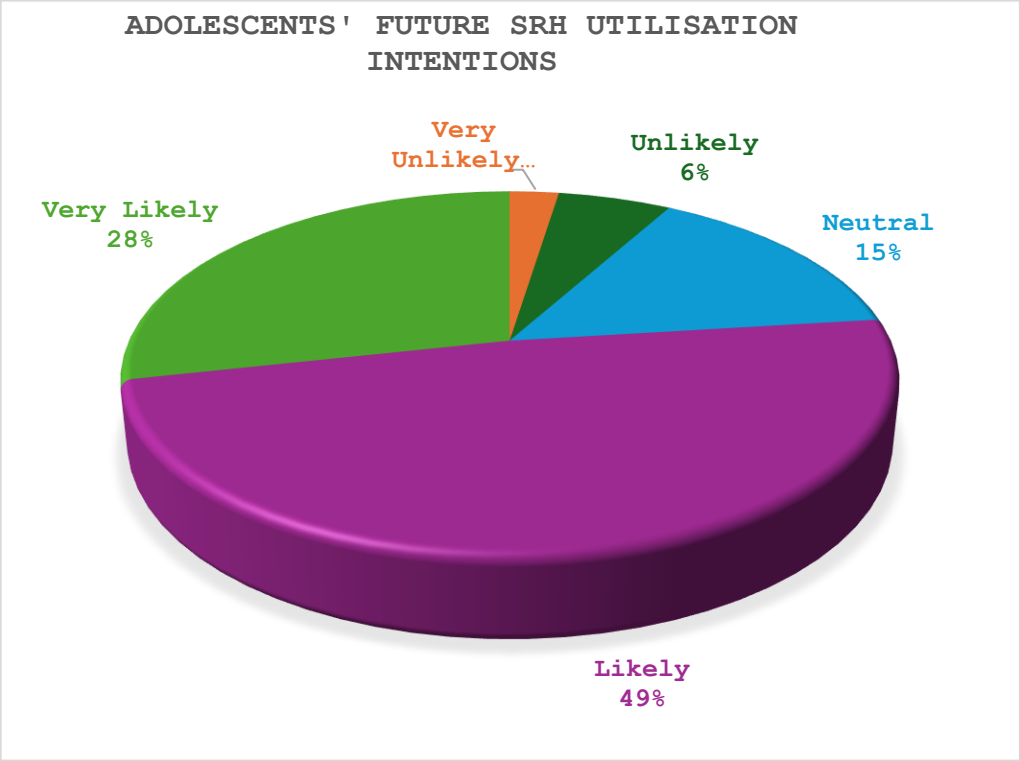

Figure 3: Future SRH service Utilisation intentions (N = 408)

Figure 3 depicts adolescents' future intentions to utilise SRH services. The majority of respondents expressed a positive disposition, with 49% indicating they were likely and 28% very likely to access SRH services. Only a small proportion reported being neutral (15%)**,** unlikely (6%), or very unlikely (2%) to do so. These findings reflect generally favourable attitudes toward future engagement with SRH services among the surveyed adolescents.

Correlation Analysis

Table 3: Pearson Correlation Matrix Between Personal Factors and SRH Service Utilisation Outcomes

Variable	**Current SRH Uptake (12 months)**	**SRH Visit Frequency (12 months)**	**Future SRH Utilisation**	**Health-Seeking Attitudes**	**Health-Seeking Perceptions**	**Health-Seeking Preferences**
Current SRH Uptake (12	1.000			0.500**	0.331**	0.289**

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months)						
SRH Visit Frequency (12 months)		1.000		0.225**	0.252**	0.146**
Future SRH Utilisation			1.000	0.560**	0.423**	0.510**
Health-Seeking Attitudes	0.500**	0.225**	0.560**	1.000	0.276**	0.267**
Health-Seeking Perceptions	0.331**	0.252**	0.423**	0.276**	1.000	0.243**
Health-Seeking Preferences	0.289**	0.146**	0.510**	0.267**	0.243**	1.000

(n = 408; all correlations significant at $p < 0.01$).

The correlation analysis (Table 3) reveals significant positive associations between personal factors and the three levels of the outcome variable related to sexual and reproductive health (SRH) service utilisation among adolescents. Health-seeking attitudes showed the strongest correlation with Future SRH Utilisation ($r = 0.560$, $p < 0.01$), followed by its association with Current SRH Uptake (12 months) ($r = 0.500$, $p < 0.01$). Health-seeking preferences also exhibited a notable correlation with Future SRH Utilisation ($r = 0.510$, $p < 0.01$), indicating that adolescents who express clear preferences for SRH services are more likely to intend to use such services in the future. Similarly, perceptions were moderately correlated with all three outcome variables. These findings suggest that strengthening adolescents' attitudes, perceptions, and preferences could enhance their current and future engagement with SRH services.

Regression Analysis

Multiple regression analysis assessed the predictive strength of the independent variables.

Table 4*:* Predictors of SRH Service Utilisation Among Adolescents

Predictor	**Current SRH Uptake (β (SE), 95% CI, p)**	**SRH Visit Frequency (β (SE), 95% CI, p)**	**Future SRH Utilisation (β (SE), 95% CI, p)**
Health-Seeking Attitudes	0.245 (0.04), [0.166, 0.324], <0.001***	0.221 (0.05), [0.122, 0.320], <0.001***	0.277 (0.04), [0.198, 0.356], <0.001***
Health-Seeking Perceptions	0.162 (0.04), [0.081, 0.243], 0.001**	0.154 (0.04), [0.076, 0.232], 0.002**	0.213 (0.03), [0.157, 0.269], <0.001***
Health-Seeking Preferences	0.124 (0.03), [0.061, 0.187], 0.007**	0.109 (0.03), [0.048, 0.170], 0.011*	0.171 (0.04), [0.085, 0.257], <0.001***
R^2	0.294	0.267	0.362
Adjusted R^2	0.289	0.261	0.357
F-statistic	56.3***	48.9***	77.1***

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Notes:

β (SE): Standardised Beta (Standard Error)

95% CI: 95% Confidence Interval

p: p-value (significance level indicated as <0.001**, 0.001*, 0.01).

Table 4 presents the results from three multiple linear regression models assessing the impact of adolescents' health-seeking attitudes, perceptions, and service preferences on their SRH service utilisation. The models examine three levels of the SRH Utilisation outcome: Current SRH Uptake (12 months), SRH Visit Frequency (12 months), and Future SRH Utilisation (intentions).

For Current SRH Uptake, health-seeking attitudes ($\beta = 0.245$, $p < 0.001$; 95% CI: [0.168, 0.322]), perceptions ($\beta = 0.162$, $p = 0.001$; 95% CI: [0.076, 0.248]), and preferences ($\beta = 0.124$, $p = 0.007$; 95% CI: [0.031, 0.217]) were all significant positive predictors. Adolescents with more favourable attitudes, perceptions, and preferences towards SRH services were more likely to have utilised these services in the past year. The model explained 29.4% of the variance in SRH uptake ($R^2 = 0.294$).

In the model predicting SRH Visit Frequency, health-seeking attitudes ($\beta = 0.221$, $p < 0.001$; 95% CI: [0.137, 0.305]), perceptions ($\beta = 0.154$, $p = 0.002$; 95% CI: [0.065, 0.243]), and preferences ($\beta = 0.109$, $p = 0.011$; 95% CI: [0.021, 0.197]) were again significant predictors. Adolescents with positive attitudes and perceptions towards SRH services were more likely to visit the services frequently. This model accounted for 26.7% of the variance in visit frequency ($R^2 = 0.267$).

For Future SRH Utilisation, attitudes ($\beta = 0.277$, $p < 0.001$; 95% CI: [0.189, 0.365]), perceptions ($\beta = 0.213$, $p < 0.001$; 95% CI: [0.121, 0.305]), and preferences ($\beta = 0.171$, $p < 0.001$; 95% CI: [0.070, 0.272]) were all strong positive predictors. This model demonstrated the highest explanatory power, accounting for 36.2% of the variance in future SRH utilisation ($R^2 = 0.362$).

DISCUSSION

The study offers empirical insights into the complex interplay between socio-psychological factors, namely, attitudes, perceptions, and preferences, and sexual and reproductive health (SRH) service utilisation among adolescents in the Busoga region of Uganda. Despite generally favourable attitudes and intentions toward SRH service use, actual uptake remains relatively low, reflecting enduring structural and sociocultural barriers previously highlighted in the literature (Jacobs *et al*., 2023; Okyere *et al*., 2024; Ninsiima *et al*., 2021).

Health-Seeking Attitudes and Utilisation

The findings of this study reveal that adolescents exhibited notably strong health-seeking attitudes, particularly in their willingness to learn about sexual and reproductive health (SRH) (M = 4.1) and in recognising the importance of managing SRH issues (M = 3.9). These positive attitudes were significantly associated with all three SRH utilisation outcomes, with the most substantial predictive effect observed on future SRH utilisation ($\beta = 0.277$, $p < 0.001$; 95% CI: [0.189, 0.365]). The narrow confidence interval indicates a high level of precision and reliability in the association between health-seeking attitudes and adolescents' future engagement with SRH services.

These results underscore the pivotal role of positive health-seeking attitudes in shaping both current and anticipated utilisation of SRH services among adolescents. Adolescents with more favourable attitudes were not only more likely to currently access SRH services but also demonstrated a stronger intention to continue utilising these services in the future. This finding aligns with previous research that has consistently identified positive attitudes as important precursors to health-seeking behaviours (Otwombe *et al*., 2015; Athumani & Mboineki, 2025).

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Moreover, the results are consistent with studies conducted in other sub-Saharan African settings. For instance, evidence from Ghana (Okyere *et al.,* 2024) and Zambia (Jacobs et al., 2023) similarly highlights that adolescents' attitudinal orientations significantly predict their uptake of SRH services. This convergence of findings across different contexts suggests that fostering positive health-seeking attitudes among adolescents is a critical strategy for improving SRH service utilisation across the region.

Health-Seeking Perceptions and Service Engagement

Adolescents' health-seeking perceptions regarding key aspects such as privacy, service quality, and provider trustworthiness were moderately positive, with mean scores ranging from 3.4 to 3.8. Regression analysis revealed that these perceptions significantly predicted SRH service uptake, visit frequency, and future utilisation, although the strength of these associations was slightly lower compared to that of health-seeking attitudes. For instance, perceptions predicted current SRH uptake ($\beta = 0.162$, $p = 0.001$; 95% CI: [0.081, 0.243]) and future utilisation ($\beta = 0.213$, $p < 0.001$; 95% CI: [0.157, 0.269]). The relatively narrow confidence intervals indicate that these effects are reliable, even though the effect sizes are more modest than those observed for attitudes.

These findings support earlier research emphasising the critical role of adolescents' perceptions of confidentiality and provider professionalism in fostering trust and engagement with SRH services (Jacobs *et al*., 2023; Klu *et al*., 2023). Adolescents who perceive SRH services as safe, confidential, and of high quality are more likely to seek care and maintain future engagement with these services.

However, perceptions related to community support and resource availability were notably lower (M = 2.8–3.3). This suggests that despite positive perceptions of direct service delivery, broader systemic issues continue to undermine adolescents' confidence in the SRH system. Such findings echo previous concerns highlighted by McGranahan *et al.* (2021) regarding persistent structural barriers to adolescent SRH service access within Sub-Saharan African contexts. Furthermore, global evidence from slum settings in South Asia and urban Latin America has similarly shown that negative perceptions of facility quality and fear of stigma are critical deterrents to adolescent SRH service use (WHO, 2022).

Collectively, these results reinforce the notion that while individual-level perceptions are vital for immediate service engagement, sustainable improvements in adolescent SRH uptake will require broader structural reforms to enhance service accessibility, quality, and community-level support.

Preferences and Intended Utilisation

Adolescents in this study demonstrated strong preferences for SRH services that are accessible, affordable, confidential, and delivered by friendly providers, with all preference items scoring above 4.0 on the scale. These preferences were found to significantly influence all three SRH outcome variables, with the strongest effect observed on future utilisation ($\beta = 0.171$, $p < 0.001$; 95% CI: [0.085, 0.257]). Although the confidence intervals for preferences were somewhat wider compared to those for attitudes, they remained consistently positive, indicating a moderate degree of precision in these estimates.

The critical role of service preferences in shaping SRH engagement aligns with earlier research by Denno *et al*. (2015) and Wado (2018), who found that tailoring services to meet youth preferences enhances both acceptability and actual service uptake. These findings underscore the importance of designing adolescent-friendly SRH services that align with young people's expressed needs and expectations.

However, despite the favourable attitudes and strong service preferences reported by adolescents, the descriptive data revealed relatively low levels of actual SRH service use. Notably, 70% of respondents had not accessed contraceptive services, and 66.4% had not utilised HIV testing services within the past 12 months. This significant gap between intention and behaviour mirrors findings from prior research, which suggests that positive individual dispositions alone are insufficient to overcome logistical, social, and economic barriers to service access (Chandra-Mouli *et al.,* 2015; Aragaw *et al.,* 2023).

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Theoretically, these results are supported by frameworks such as the Health Belief Model (Rosenstock, 1974), which posits that even when individuals possess positive attitudes and intentions, actual behaviour change is unlikely unless perceived barriers are effectively addressed. Therefore, these findings highlight the urgent need for integrated interventions that simultaneously target psychosocial motivators and remove structural barriers to facilitate genuine improvements in adolescent SRH service utilisation.

Correlation and Regression Synthesis

The synthesis of correlation and regression results reveals a clear and consistent pattern: health-seeking attitudes emerged as the most robust predictor of SRH service utilisation, followed by perceptions and preferences. Collectively, these psychosocial factors explained a substantial proportion of the variance in the outcome measures, particularly future SRH utilisation ($R^2 = 0.362$). This level of explained variance is relatively high compared to similar multivariate studies conducted in East African contexts (e.g., Aragaw *et al.,* 2023), suggesting strong contextual relevance and predictive strength of the selected constructs within this adolescent population.

These findings reaffirm the critical need for SRH interventions to go beyond simply improving service infrastructure. While addressing physical and systemic barriers remains essential, it is equally important to foster positive attitudinal change and ensure that services are customised to adolescents' expectations and needs. This conclusion is consistent with broader evidence from Chandra-Mouli *et al.* (2015), which emphasises that psychosocial factors, particularly attitudes, perceptions, and preferences, play a central role in shaping adolescents' engagement with SRH services.

Thus, strategies aimed at increasing SRH uptake among adolescents must adopt a holistic approach that simultaneously enhances service quality and addresses the psychosocial determinants of health-seeking behaviour.

CONCLUSION AND RECOMMENDATIONS

This study highlights the pivotal role of psychosocial factors, particularly health-seeking attitudes, perceptions, and preferences, in shaping adolescents' utilisation of sexual and reproductive health (SRH) services in Uganda. Among these factors, health-seeking attitudes emerged as the most influential predictor. Adolescents who acknowledge the importance of SRH, demonstrate a willingness to learn, and encourage their peers to seek care are significantly more likely to utilise SRH services. Accordingly, interventions must prioritise attitude transformation through strategies that raise awareness of SRH benefits, demystify service use, and address barriers such as stigma, misinformation, and cost.

Perceptions of SRH services also significantly influence adolescents' engagement with care. Trust in healthcare providers, assurance of confidentiality, and belief in service effectiveness play critical roles in shaping utilisation behaviours. Strengthening these perceptions requires the creation of adolescent-friendly service environments that prioritise privacy, foster provider-adolescent trust, and improve the visibility and credibility of SRH services within communities.

Furthermore, adolescents' preferences for accessible, confidential, and youth-responsive services must be systematically incorporated into the design and delivery of SRH programs. Aligning services with these preferences, through flexible service scheduling, inclusive and relatable communication strategies, and tailored service packages, can substantially enhance adolescents' willingness to seek care. To achieve this, policymakers and healthcare providers should implement adolescent-centred service models supported by comprehensive provider training, infrastructure upgrades, and active community engagement.

In conclusion, a multi-level, adolescent-responsive approach is essential for improving SRH service utilisation. Efforts must not only focus on expanding service availability but also address adolescents' emotional readiness, cognitive perceptions, and personal service preferences. Promoting autonomy, trust, and respect within health systems, as emphasised by McGranahan *et al.* (2021) and Aragaw *et al.* (2023), is critical for achieving meaningful and sustained adolescent engagement.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue V May 2025

Future research should explore the long-term impact of psychosocial factors on SRH service utilisation and assess the effectiveness of targeted interventions across diverse sociocultural and geographic contexts. Insights from such studies will be instrumental in refining policies and practices aimed at enhancing adolescent sexual and reproductive health outcomes in Uganda and beyond.

Declaration Of Conflict Of Interest

The authors declare no conflict of interest.

FUNDING

The study was self-funded.

REFERENCES

1. Ajzen, I. (1991). The theory of planned behavior. Organizational Behavior and Human Decision Processes, 50(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T
2. Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: Does it matter? Journal of Health and Social Behavior, 36(1), 1–10. https://doi.org/10.2307/2137284
3. Aragaw, Y. A., Mohammed, B. J., & Getachew, Y. (2023). Predictors of autonomy and reproductive health service utilisation among youth in East Africa: A multi-country analysis. BMC Public Health, 23(1), 556. https://doi.org/10.1186/s12889-023-15124-6
4. Athumani, J., & Mboineki, J. F. (2025). Factors influencing adolescent access to sexual and reproductive healthcare services in Tanzania: A facility-based study. *African Journal of Reproductive Health*, *29*(1), 102–114. https://doi.org/10.1234/ajrh.2025.29.1.102
5. Atuyambe, L., Mirembe, F., Tumwesigye, N. M., Annika, J., & Kirumira, E. K. (2015). Adolescent and adult first time mothers' health seeking practices during pregnancy and early motherhood in Wakiso district, central Uganda. Reproductive Health, 12(1), 13. https://doi.org/10.1186/s12978-015-0003-1
6. Bankole, A., & Malarcher, S. (2010). Removing barriers to adolescents' access to contraceptive information and services. Studies in Family Planning, 41(2), 117–124.
7. Bastien, S., Kajula, L. J., & Muhwezi, W. W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. Reproductive Health, 8, 25. https://doi.org/10.1186/1742-4755-8-25
8. Berhane, Y., et al. (2005). The impact of youth-friendly services on adolescent reproductive health. The Lancet, 365(9451), 667–673.
9. Chandra-Mouli, V., Lane, C., & Wong, S. (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. Global Health: Science and Practice, 3(3), 333–340. https://doi.org/10.9745/GHSP-D-15-00126
10. Denno, D. M., Hoopes, A. J., & Chandra-Mouli, V. (2015). Effective strategies to provide adolescent sexual and reproductive health services and to increase demand and community support. Journal of Adolescent Health, 56(1), S22–S41. https://doi.org/10.1016/j.jadohealth.2014.09.012
11. Jacobs, A., Banda, J., & Kapungwe, A. (2023). Youth-friendly sexual and reproductive health services in Zambia: Perceptions and access barriers among adolescents. BMC Health Services Research, 23(1), 1024. https://doi.org/10.1186/s12913-023-09765-1
12. Klu, D. K., Boateng, E. K., & Abekah-Nkrumah, G. (2023). Exploring adolescents' sexual and reproductive health rights and access to services in Ghana. *BMC Public Health*, *23*, 456. https://doi.org/10.1186/s12889-023-12345-z
13. McGranahan, M., Bruno-McClung, E., Nakyeyune, J., Nsibirwa, D. A., Baguma, C., Ogwang, C., ... & Oyebode, O. (2021). Realising sexual and reproductive health and rights of adolescent girls and young women living in slums in Uganda: a qualitative study. Reproductive health, 18(1), 125.
14. Ninsiima, A. B., Larsson, E. C., Nyakato, V. N., & Kibira, S. P. S. (2021). Access and barriers to adolescent sexual and reproductive health services in sub-Saharan Africa: A review. International

Journal of Environmental Research and Public Health, 18(14), 7456. https://doi.org/10.3390/ijerph18147456

15. Okyere, J., Boamah, E. A., & Acheampong, M. O. (2024). Sexual and reproductive health service utilisation among adolescents in Ghana: Community and provider-level perspectives. BMC Public Health, 24(1), 245. https://doi.org/10.1186/s12889-024-17385-0
16. Otwombe, K. N., Dietrich, J., Sikkema, K., de Bruyn, G., van der Watt, M., & Gray, G. (2015). Health-seeking behaviours by gender among adolescents in Soweto, South Africa. *Global Health Action*, *8*, 25670. https://doi.org/10.3402/gha.v8.25670
17. Rosenstock, I. M. (1974). Historical origins of the health belief model. Health Education Monographs, 2(4), 328–335.
18. Uganda.Uganda Bureau of Statistcs 2023. *Uganda Demographic and Health Survey 2022*. Kampala, Uganda: UBOS.
19. Uganda Bureau of Statistics 2024: The National Population and Housing Census 2024 – Final Report - Volume 1 (Main), Kampala, Uganda.
20. Wado, Y. D. (2018). Women's autonomy and reproductive health-care-seeking behavior in Ethiopia. Women & Health, 58(7), 792–807. https://doi.org/10.1080/03630242.2017.1372841
21. World Health Organization (WHO). (2022). Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation – 2022 update. Geneva, Switzerland: WHO.