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HEALTH REFORMS AND UNDER-UTILIZATION OF PUBLIC HEALTH SERVICES IN ABIA STATE AMONG ADOLESCENT

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ABSTRACT

The utilization of public healthcare services among adolescents in Nigeria remains critically low despite the availability of such services in many localities. This study investigated the socioeconomic determinants of low utilization of public healthcare services among adolescents in Aba South Local Government Area (LGA) of Abia State, Nigeria. The study adopted a descriptive cross-sectional research design and collected primary data from 150 respondents selected through a multi-stage sampling technique. A structured questionnaire was used as the primary instrument of data collection, and data were analyzed using descriptive statistics and percentages. Findings revealed that household income level, parental educational attainment, health insurance coverage, proximity to health facilities, cost of healthcare services, and awareness of available services were major socioeconomic factors significantly influencing healthcare utilization among adolescents in the study area. Adolescents from low-income households, whose parents had little or no formal education, and who lived more than five kilometres from public health facilities, were significantly less likely to utilize public healthcare services. The study concluded that socioeconomic inequalities constitute major barriers to adolescent healthcare utilization in Aba South LGA and recommended that government should strengthen health insurance schemes targeting low-income adolescents, improve the distribution and quality of public health facilities, and intensify health literacy campaigns in schools and communities.

Keywords; *Adolescents, PHC, Abia health service, Health-utilization & health reform*

1. Introduction

Health reforms are deliberate actions taken by governments and health policymakers to improve the performance, accessibility, quality, and equity of health care systems, **(**Nwanosike, & Umoh, 2025). In Nigeria, successive health reforms have aimed to strengthen service delivery, enhance efficiency, and expand access to essential health services for all citizens. These reforms include efforts to decentralize health governance, improve primary health care, implement health financing mechanisms like the National Health Insurance Scheme (NHIS), and reinforce community-based health programs. Despite these policies, many parts of the country continue to experience significant challenges in the delivery and utilization of public health services, (Ahinkorah et al, 2021).

Abia State, located in the southeastern region of Nigeria, has witnessed varying degrees of implementation of national and state health reforms. Public health facilities in the state continue to confront infrastructural inadequacies, shortages of skilled health personnel, occasional drug stock-outs, and challenges in financing and governance (World Health Organization, 2024). These systemic issues can undermine the effectiveness of reforms and limit the ability of health services to meet the needs of the population. Adolescents are individuals between the ages of 10 and 19 years, represent a substantial proportion of the Nigerian population and have unique health needs related to sexual and reproductive health, nutrition, mental health, and communicable and

non-communicable diseases, (Eke et al., 2020). This demographic group is especially vulnerable to health disparities due to social, economic, and structural barriers that hinder access to and utilization of appropriate health care services, **(**Okonkwo *et al*., 2021).

Under-utilization of public health services among adolescents remains a persistent concern in Abia State. Reports and preliminary observations indicate that many adolescents either delay or entirely avoid seeking care in public health facilities, even when services are available, (Eke, etal, 2020). Reasons for this under-utilization may include perceived poor quality of care, negative attitudes of health workers, lack of adolescent-friendly services, cultural beliefs, stigma associated with certain conditions (such as sexually transmitted infections), and lack of awareness about available services. Other socio-economic determinants such as low family income, educational status, and gender norms further influence adolescents' health-seeking behaviors, (Ugbor *et al*., 2017).

Adolescents constitute a significant proportion of the population in Abia State and represent a critical developmental group with unique and sensitive health needs, including sexual and reproductive health services, mental health support, substance abuse counseling, nutrition services, and prevention and treatment of communicable diseases, (WHO 2024). However, many adolescents either delay seeking care, resort to self-medication, patronize informal health providers, or rely on private facilities instead of public health institutions. This pattern of under-utilization raises concerns about the effectiveness and inclusiveness of ongoing health reforms in addressing adolescent-specific needs, **(**Nwanosike *et al*., 2022). According to Okonkwo *et al.*, (2021), if adolescents continue to under-utilize public health services, preventable health conditions may go untreated, leading to increased morbidity, school dropout, risky behaviors, unintended pregnancies, sexually transmitted infections, and long-term health consequences. This situation undermines the objectives of health reforms and threatens broader public health goals, including improved health outcomes and sustainable development, (Ugbor *et al.,* 2017).

Despite ongoing reforms, there is limited empirical evidence specifically examining how these reforms influence the utilization of public health services among adolescents in Abia State. Without a clear understanding of the factors contributing to under-utilization within the context of health reforms, policymakers and stakeholders may be unable to design targeted interventions that effectively address adolescent health needs.

Therefore, the problem this study seeks to address is the continued under-utilization of public health services among adolescents in Abia State despite the implementation of health sector reforms, and the need to identify the underlying systemic, socio-economic, and policy-related factors responsible for this gap. The primary objective of the study is to analyze health-reforms and under-utilization of public health services in Abia state among adolescent. The specific objectives include identifying the specific economic barriers that hinder adolescents in Abia state from accessing healthcare and to assess the influence of cultural beliefs and peer perceptions on the willingness of adolescents to use formal healthcare services.

This study is important for policy formulation and evaluation of health reforms. Health reforms are designed to improve accessibility, affordability, and quality of healthcare services. This study will therefore help policymakers understand whether ongoing reforms are achieving their intended goals among adolescents, a critical but often underserved population. The study will utilize primary data collected through surveys and interviews with households in the selected local government areas.

2. **Abia State Primary Health Care Reform**

Abia State is undertaking a comprehensive transformation of its primary healthcare (PHC) system, spearheaded by Governor Alex Otti's administration, to rebuild public trust, reduce maternal mortality, and extend affordable medical services to grassroots communities. Abia state PHC reform flagship initiative aims to renovate, retrofit, and equip 200 PHCs across all 184 political wards in the state. These centers are being upgraded with independent power supplies, reliable water systems, and digital integration. The state PHC provides free medical services and insurance coverage to pregnant women, children under five, adolescents and individuals over 70 years of age. These primary care interventions are backed by the Abia State

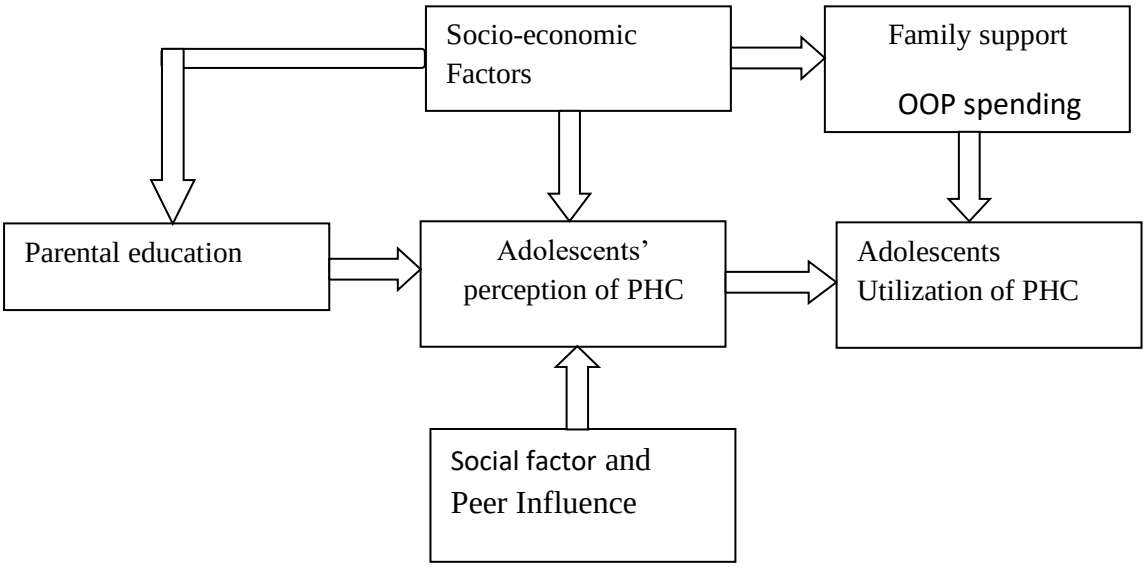
Government and are designed to seamlessly link upgraded community clinics to modernized secondary health centers across the state.

3. Conceptual Framework

The conceptual framework for this study integrates two major theoretical models to explain the relationship between socioeconomic determinants and adolescent healthcare utilisation: the Andersen Behavioural Model of Health Services Utilization and the Social Determinants of Health (SDH) Framework proposed by the WHO's Commission on Social Determinants of Health (CSDH, 2008). Andersen's (1968, revised 2008) Behavioural Model posits that healthcare utilisation is determined by three broad categories of factors: predisposing factors, enabling factors, and need factors. Predisposing factors include demographic characteristics, social structure (education, occupation, ethnicity), and health beliefs. Enabling factors refer to the resources available to individuals and families that facilitate or impede access to healthcare, including income, health insurance, regular source of care, and availability of health services. Need factors represent the perceived and evaluated health needs that motivate healthcare-seeking behavior, Edeh (2022).

In the context of this study, socioeconomic determinants are conceptualized as both predisposing and enabling factors. Household income, parental educational attainment, and employment status serve as key enabling factors that determine whether adolescents can afford to access public healthcare services. Simultaneously, parental education and social status constitute predisposing factors that shape health beliefs and awareness of available services, Israel et al. (2025).

Figure 1: Conceptual framework for Adolescents PHC Utilization in Abia state



Source: Nwanosike &* Onwuneme *(2026).

The conceptual framework in figure 1 above, shows the socioeconomic factors operating at both the household and community levels as the primary determinants of adolescent healthcare utilization in Aba South LGA. These factors interact with structural health system variables (facility availability, quality of care, provider attitudes) and individual-level variables (adolescent knowledge, attitudes, and beliefs) to produce the observed patterns of low utilization. The framework further recognizes that the relationship between socioeconomic determinants and healthcare utilization is mediated by enabling mechanisms such as health insurance, transport availability, and social support networks.

4. Empirical Literature

In Nigeria, numerous studies have examined healthcare utilization determinants across different population groups. Nwachukwu et al. (2020) identified cost of services (75.3%), distance to health facilities (58.2%), long waiting times (62.1%), and perceived poor quality of care (55.6%) as the most cited barriers among youth in South-Eastern Nigeria, with stigma particularly significant for reproductive health services.

Okonkwo et al. (2021) conducted a mixed-methods study on adolescent reproductive health service utilization in Rivers State and found that only 24.3% of adolescents had utilized SRH services at public facilities. The qualitative component revealed fear of parental discovery, provider judgment, and social stigma as dominant themes alongside economic barriers. The study found that male adolescents were even less likely than females to seek SRH services, and that peer influence played a significant role in both enabling and discouraging healthcare-seeking behaviour among male adolescents. The study called for gender-sensitive, confidential adolescent-friendly services as a policy priority.

Idusohan-Moizer et al. (2020) examined mental health service utilization among adolescents in Lagos State and found that only 8.7% of those who reported mental health symptoms had sought care at a formal health facility. Barriers identified included lack of awareness that mental health conditions are treatable (cited by 62%), cost (54%), and fear of stigma from peers and family members (71%). The study highlighted a critical gap in mental health literacy among Nigerian adolescents and called for integration of mental health education into school curricula and community health programmes.

Obi et al. (2022) conducted a cross-sectional study on adolescent health-seeking behaviour in Enugu State, a state with socioeconomic and cultural similarities to Abia, and found that 55.4% of respondents had not utilized any public health facility in the previous twelve months. The study found that adolescents from households with monthly incomes below ₦30,000 were 4.1 times more likely to forgo public healthcare than those from households earning above ₦100,000. The qualitative component found that adolescents frequently cited concerns about being seen by community members at health facilities as a reason for avoidance, particularly for sexual and reproductive health services.

Complementarily, Ahinkorah et al. (2021) in a multi-country analysis of West African DHS data confirmed that maternal secondary education was significantly associated with a 38% increase in adolescent health service utilization, independent of income, highlighting the independent pathway through which education shapes health-seeking behaviour beyond its economic effects. Emerging research highlights that the relationship between socioeconomic determinants and healthcare utilization varies by gender. Macro et al. (2020) found in West African DHS data that female adolescents, despite having greater healthcare needs (particularly related to reproductive health), consistently utilized services at lower rates than male adolescents in the same income quintile, attributable to gender-based barriers including parental restrictiveness, stigma around SRH services, and financial dependency that leaves females less able to negotiate healthcare-seeking autonomously. These findings suggest that gender-responsive approaches are needed in addition to income-focused interventions.

The foregoing review reveals a rich body of empirical and theoretical knowledge on socioeconomic determinants of healthcare utilization. However, several important gaps remain. First, while numerous studies have examined healthcare utilization among women of reproductive age, children under five, and adult populations in Nigeria, far fewer studies have focused specifically on adolescents as a distinct population group with unique healthcare needs and barriers. Second, existing literature on adolescent healthcare in Nigeria is geographically skewed towards the South-West and North, with limited empirical evidence from South-Eastern states including Abia. The social, economic, and cultural context of South-Eastern Nigeria warrants locally specific research rather than reliance on findings from other regions. Again, no study review focused specifically on Aba South LGA as a study area for adolescent healthcare utilisation. The LGA's unique characteristics as a densely populated urban commercial centre make it an important case study that has been largely overlooked. While existing studies have examined either economic or structural barriers in isolation, few have attempted an integrated analysis simultaneously examining multiple socioeconomic determinants

and their relative contributions to low utilization. Such analysis is necessary to identify priority intervention areas.

This study addresses these gaps by conducting an integrated, empirically grounded analysis of the socioeconomic determinants of low utilization of public healthcare services among adolescents specifically in Aba South LGA of Abia State, well as examining the contribution of the recent health reforms in Abia state on adolescent healthcare utilization. The findings are expected to contribute new, locally relevant evidence to the literature and to inform targeted policy and programmatic interventions.

5. Methodology

This was a cross-sectional survey that socioeconomic determinants of low utilization of public healthcare services among adolescents specifically in Aba South LGA of Abia State. The study was conducted on adolescents in Aba South LGA, Abia state. This design aimed determining the primary health care service utilization and their associations socioeconomic factors affecting adolescents in Abia state.

The target population for this study consists of adolescents aged 10 to 19 years residing in Aba South Local Government Area of Abia State, Nigeria. Aba South LGA has an estimated population of approximately 560,000 based on projections from the 2006 National Population Census, applying an annual growth rate of 3.2% (NPC, 2006; NPC, 2020). Using the national estimate that adolescents constitute approximately 23% of the population, the estimated adolescent population in Aba South LGA is approximately 128,800.

The accessible population consists of adolescents in the six administrative wards of Aba South LGA who met the inclusion criteria. The inclusion criteria for participation are: (a) being between 10 and 19 years of age; (b) residing in Aba South LGA for at least six months prior to the study; (c) ability to communicate in English or Igbo; and (d) provision of informed consent or assent (with parental consent for those below 18 years). The exclusion criteria include: (a) adolescents who are mentally unstable; (b) non-residents of Aba South LGA; and (c) adolescents whose parents/guardians decline to give consent where required. The study population was drawn from both school and out-of-school adolescents to ensure representation of different socioeconomic strata. School-based sampling alone risks underrepresentation of out-of-school adolescents, who are often from lower socioeconomic backgrounds and may have different healthcare utilization patterns. The sample size for this study was determined using the Yamane (1967) formula for calculating sample sizes from finite populations:

$$n = \frac{N}{(1 - N(e)^2)}$$

Where: n = required sample size; N = estimated target population (128,800); e = margin of error (0.05 at 95% confidence level)

$$n = \frac{128800}{(1 - 128{,}800\ (0.005)^2)} = 399$$

The sample size computed was 399 respondents. But due to last huge cost involved in printing, the researchers narrowed it to 150 respondents. Therefore, one hundred and fifty eligible adolescents were recruited for the study. A multi-stage sampling technique was employed to select study participants. This technique is appropriate for large, geographically dispersed populations as it allows practical and systematic sampling across multiple administrative levels.

Primary data were collected using a structured questionnaire. The use of an structured questionnaire approach was chosen to ensure that all respondents, mainly younger adolescents participate effectively. This technique ensures accurate responses, principles of informed consent and confidentiality, and procedures for handling sensitive questions related to reproductive health were observed. Informed consent was obtained from all participants. For adolescents aged 18 and 19, individual consent was obtained. For those aged 10 to 17, parental or guardian consent was obtained first, followed by adolescent assent. All respondents were assured of the

confidentiality of their responses, and no personally identifying information was recorded on questionnaires. Participation was entirely voluntary, and respondents were informed of their right to withdraw at any time without consequence.

This study relied on both primary and secondary data sources. Primary data were collected directly from adolescent respondents in Aba South LGA using the structured questionnaire described above. These constitute the main basis for the study's findings and are used to address all research questions and test the stated hypotheses.

The primary research instrument was a structured questionnaire developed specifically for this study, based on a review of existing instruments used in similar studies (including tools adapted from NDHS and WHO adolescent health surveys) and modified to reflect the specific objectives and context of this study. The questionnaire comprised five sections. Section A collected socio-demographic information: age, gender, educational level, religion, and ethnicity of the respondent, plus household information including parental occupation and education, household income, and housing type. Section B collected information on healthcare service utilization among adolescents in Abia state, as well as social/cultural barriers such as stigma and confidentiality concerns. The questionnaire used a combination of closed-ended questions, 5-point Likert-scale items, and binary (Yes/No) response options.

Data collected from the field were edited, coded, and entered into SPSS (Statistical Package for the Social Sciences) version 25.0 for analysis. Data cleaning was performed to identify and correct errors in data entry, and incomplete questionnaires were excluded from analysis. Descriptive statistics were used to summarized and describe the distribution of variables. Frequencies and percentages were used to describe categorical variables, while means and standard deviations were used for continuous variables. Frequency tables and charts were used to present the distribution of respondents' socio-demographic characteristics, healthcare utilization patterns, and perceptions of health system factors.

Content validity was established through a systematic review of existing literature that informed questionnaire item development. The questionnaire was then reviewed by three experts a public health specialist, an Economist and a healthcare administrator who assessed the relevance, clarity, and comprehensiveness of items in relation to research objectives. Feedback from the expert review was used to refine the questionnaire before finalization.

Reliability was assessed using Cronbach's alpha coefficient, measuring the internal consistency of composite scales within the questionnaire. Results of the reliability analysis yielded Cronbach's alpha values of 0.74 for the quality perception scale and 0.79 for the attitudes scale, and, indicating adequate internal consistency.

6 Results Presentations and Discussion

This section presents the socio-demographic characteristics of the respondents used for the study on healthcare utilization among adolescents in Abia State.

Table 1: Socio-Demographic Characteristics of Respondents

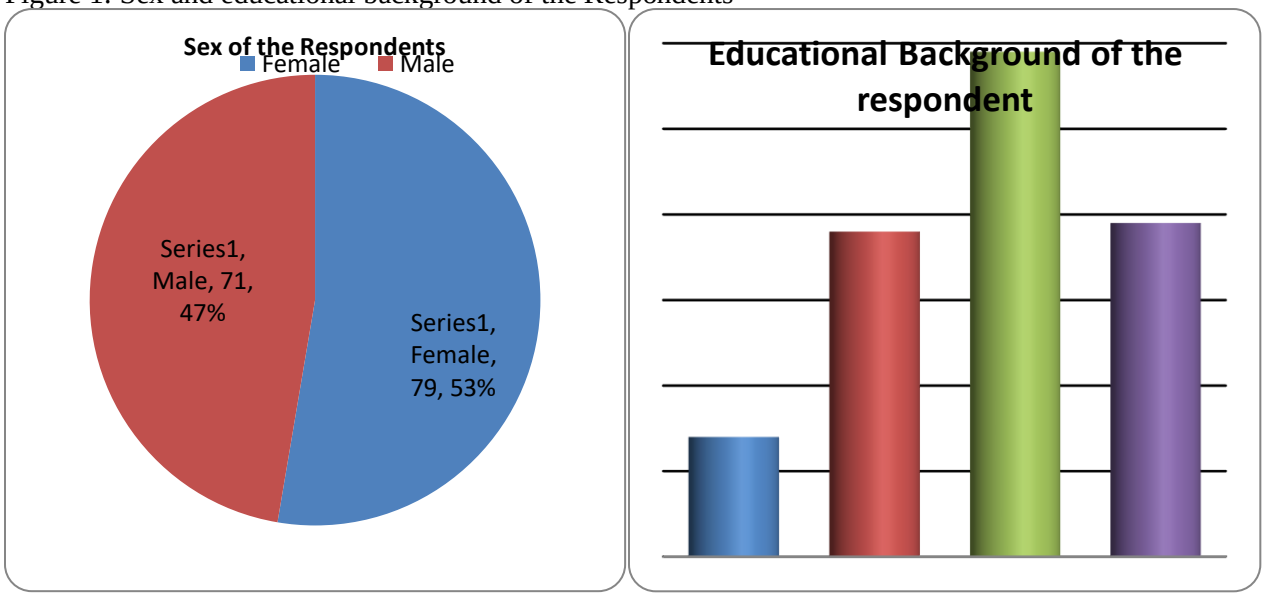
Variables	Categories	Frequency (n-150)	Percentage
Age Distribution	18–25 Years	63	42.0
	26-35 years	48	32.0
	36-45 years	27	18.0
	46 Years and Above	12	8.0
Gender	Male	71	47.3
	Female	79	52.7
Occupation	Student	58	38.7
	Civil Servant	34	22.7
	Trader/Business	29	19.3
	Others	29	19.3
Educational Level of Parent/Guardian	No Formal Education	14	9.3
	Primary Education	38	25.3
	Secondary Education	59	39.3
	Tertiary Education	39	26.0
Location of Residence	Urban (City/Town Center)	78	52.0

	Rural (Village/Outskirts)	72	48.0

Source: Researchers (2026) computation using questionnaire data

The majority of respondents, or 42.0% of the sampled population, were between the ages of 18 and 25, followed by those between the ages of 26 and 35 (32.0%), according to Table 4.1's data. Just 8.0% of respondents were 46 years of age or older, compared to 18.0% who were between the ages of 36 and 45.

Figure 1: Sex and educational background of the Respondents



Source: *Researchers computation (2026)*

This suggests that young people and adolescents, who are more likely to actively use healthcare services and encounter issues with healthcare accessibility, made up the majority of the study group. According to the gender distribution, women made up 52.7% of the respondents, somewhat more than men, who made up 47.3% of the sample. This implies that the study's gender representation is comparatively balanced. Students made up the largest occupational category in the research, accounting for 38.7% of the respondents, according to the occupational distribution. Traders and business owners made up 19.3% of the workforce, while civil servants made up 22.7%. The results also showed that 26.0% of respondents claimed having completed university education, whilst 39.3% of respondents said their parents or guardians had completed secondary education. Just 9.3% of parents or guardians had no formal education, compared to 25.3% who had only completed primary school. Lastly, the geography distribution revealed that 48.0% of respondents lived in rural locations and 52.0% of respondents lived in metropolitan areas. This indicates that both urban and rural people were fairly evenly represented in the survey.

Table 2: Economic Barriers and Healthcare Utilization among Adolescents in Abia State

Variables	Categories	Frequency (n-150)	Percentage
Average Out-of-Pocket Spending per Hospital Visit	Less than ₦2,000	42	28.0
	₦2,000 – ₦5,000	61	40.7
	₦5,001 – ₦10,000	31	20.7
	Above ₦10,000	16	10.6
Transportation Cost Effect on Hospital Visits	Very High Extent	39	26.0
	High Extent	54	36.0
	Low Extent	41	27.3
	Not at all	16	10.7
Household Cash Shortage Delaying Medical Visits	Always	27	18.0
	Often	48	32.0
	Sometimes	56	37.3
	Never	19	12.7
Health Insurance Coverage	Yes	31	20.7
	No	109	72.7
	I don't know	10	6.6

Source: Researchers computation (2026) using questionnaire data

According to Table 2, a significant percentage of teenagers and their households in Abia State face financial obstacles when trying to receive healthcare services. In particular, 20.7% of respondents said their households spend between ₦5,001 and ₦10,000 and 40.7% said they spend between ₦2,000 and ₦5,000 for each hospital visit. Additionally, 10.6% of respondents said they spent more than ₦10,000 on a single medical visit. This implies that direct out-of-pocket spending is a major source of healthcare finance for households in the research area. Economically speaking, this is a reflection of Nigeria's healthcare finance structure, where a large number of households directly pay for medical care because there are few government-funded healthcare institutions and insufficient insurance coverage. Therefore, frequent healthcare use may be discouraged by rising medical expenditures, especially among low-income households with erratic income.

The findings also showed that a significant obstacle to teenagers' access to healthcare in Abia State is the cost of transportation. About 36.0% of respondents said that the expense of transportation has a significant impact on their capacity to attend hospitals, and 26.0% said it had a very significant impact. Just 10.7% of respondents said that the expense of transportation has no bearing whatsoever on their medical appointments. This research suggests that teenagers who live far from operational healthcare facilities may be less likely to seek medical attention due to distance-related transportation costs. Transportation expenses frequently constitute an indirect but substantial portion of healthcare spending in developing nations like Nigeria, especially in rural and semi-urban areas with insufficient healthcare facilities. In a similar vein, the study found that adolescents' delays in seeking medical care are partly caused by a lack of household funds. In particular, 37.3% of respondents said that household financial difficulties occasionally result in postponed medical appointments, whereas 32.0% said that this happens frequently. Furthermore, 18.0% of respondents said that medical appointments are always postponed due to financial constraints. Low health insurance coverage among respondents was another finding. Just 20.7% of the respondents said their households had health insurance, compared to about 72.7% who said they did not. This suggests that most teenagers rely on direct household payments to pay for medical treatment. Teenagers may become more financially vulnerable and use healthcare less frequently due to the poor uptake of health insurance programs like the Overall, Table 2 indicates that healthcare consumption among teenagers in Abia State is adversely affected by financial obstacles like high medical expenditures, transportation costs,

household cash problems, and inadequate insurance coverage.

Table 3: Social Stigma, Traditional Beliefs and Healthcare Utilization among Adolescents in Abia State

Variables	Categories	Frequency (n-150)	Percentage
Belief in Traditional/Spiritual Healing	Strongly Agree	28	18.7
	Agree	46	30.7
	Strongly Disagree	39	26.0
	Disagree	37	24.6
Fear of Peer Judgment When Visiting Hospital	Very Worried	32	21.3
	Somewhat Worried	51	34.0
	A Little Worried	37	24.7
	Not worried at all	30	20.0
Likelihood of Visiting Facility Based on Peer Influence	Much More Likely	42	28.0
	More Likely	53	35.3
	No Difference	31	20.7
	Less Likely	24	16.0

Source: Researchers (2026) computation using questionnaire data

The results in Table 3 show that adolescents' healthcare-seeking behavior in Abia State is greatly influenced by social stigma and traditional health beliefs. Approximately 49.4% of respondents agreed or strongly agreed that traditional or spiritual methods are superior to formal healthcare facilities for treating certain conditions. This suggests that a large number of teenagers continue to have strong cultural and conventional views about available medical treatments.

The findings also revealed that 55.3% of participants were either extremely or somewhat concerned about what their peers might think if they went to a medical institution, especially for delicate medical problems. This implies that teenagers are deterred from obtaining prompt medical attention by psychological barriers such as peer perception and fear of social censure.

Similar to this, a sizable percentage of respondents thought that seeking medical attention was socially sensitive in their communities; 16.0% strongly agreed that going to medical facilities could be seen as a sign of weakness, while 29.3% said that such perceptions occasionally occur. This indicates that social stigma is still a significant social factor of teenage healthcare use.

Peer pressure, however, also seems to be able to promote good healthcare practices. Approximately 63.3% of respondents said that if friends were to recommend or accompany them, they would be considerably more likely to visit medical services. Overall, the data indicates that social stigma, peer pressure, and traditional beliefs have a big impact on teenagers in Abia State's decisions to seek medical attention.

5.1 SUMMARY OF FINDINGS AND RECOMMENDATIONS

The study's conclusions showed that a number of interrelated economic, social, geographic, and cultural factors affect teenagers' use of healthcare in Abia State. According to the study, teenagers' access to healthcare services is adversely affected by financial obstacles like high medical charges, transportation costs, household cash problems, and insufficient health insurance coverage.

1. Many respondents stated that transportation costs and erratic household income frequently cause delays in medical appointments, and a sizable portion of respondents indicated reliance on direct out-of-pocket payment for healthcare services. The overall results suggested that financial constraints continue to be practical barriers

to healthcare utilization among teenagers in Abia State, despite the fact that some of the economic variables exhibited limited statistical significance.

2. The study also found that adolescents in Abia State's healthcare consumption patterns are strongly influenced by their geographic location. Compared to adolescents in rural regions, those who lived in urban areas reported visiting the doctor more frequently. The results demonstrated that reduced healthcare utilization among teenagers living in rural areas is largely caused by inadequate healthcare infrastructure, poor transportation systems, and longer travel distances.

3. Additionally, the results showed that adolescents' propensity to seek professional healthcare services is greatly influenced by cultural attitudes and peer judgments. Many respondents thought that traditional or spiritual methods were preferable to official medical facilities for treating some ailments. Some teenagers were also deterred from obtaining prompt medical attention by their fear of social shame and peer criticism.

In line with the findings above, the following recommendations were made to enhance the effectiveness utilization of PHC services among adolescents in Abia State;

1. That government and healthcare stakeholders should strengthen and expand health insurance coverage schemes for adolescents and low-income households in order to reduce out-of-pocket healthcare expenses and improve access to affordable healthcare services in Abia State.
2. The government should improve healthcare infrastructure and transportation accessibility in rural communities through the establishment of more functional healthcare centers, better road networks, and increased availability of healthcare personnel in underserved areas.
3. Religious organizations, traditional leaders, and public health agencies should collaborate in organizing sensitization programmes that address harmful cultural beliefs, peer stigma, and misconceptions discouraging adolescents from utilizing formal healthcare services.

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