

Intersectionality Assessment of Young People’s Experiences and Perceptions of Safety in Accessing Sexual Reproductive Health Services in Karu PHCS

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ABSTRACT

Introduction: Primary Health Care (PHC) facilities are mandated to provide equitable, youth-friendly Sexual and Reproductive Health (SRH) services. Yet, young people’s experiences are often shaped by intersecting identities, gender, age, disability, socioeconomic status, and sexual orientation, which influence how safe, respected, and included they feel within healthcare systems. This study applied an intersectionality lens to examine the forms of discrimination young people face, their perceptions of safety, and the responsiveness of PHC services in Karu Local Government Area, Nasarawa State, Nigeria.

Methodology: A mixed-methods design was employed, combining a cross-sectional survey of young people aged 15–24 years ($n = 385$; 376 valid responses) with two focus group discussions and five key informant interviews across three PHCs selected through multistage sampling. Descriptive statistics summarized participant characteristics, while chi-square tests and logistic/ordered logistic regressions analyzed relationships between intersecting identities and experiences of discrimination, safety, and responsiveness. Thematic analysis enriched quantitative findings. The study was anchored on the Intersectionality framework, the Health Belief Model (HBM), and the Social Ecological Model (SEM).

Results: A total of 42.1% of respondents reported discrimination, mainly due to economic status (23.9%), age (22.3%), gender (19.2%), and sexual orientation (9.4%). Only 56.3% felt safe or very safe in PHCs, citing inadequate privacy, moral judgment, and financial bias as primary threats. Gender, education, income, and disability were significant predictors of perceived safety ($p < .05$). Only 29.1% agreed that PHC staff were responsive to diverse youth needs. Qualitative narratives revealed breaches of confidentiality and exclusionary practices affecting LGBTQ+ and disabled youth.

Conclusion: Intersectional discrimination, compromised safety, and limited staff responsiveness continue to undermine equitable SRH access for young people in Karu PHCs. Strengthening provider sensitivity, enhancing privacy infrastructure, and integrating disability inclusion and intersectionality into PHC practice are essential for creating safer, more responsive, and youth-centered health systems.

Keywords: Intersectionality; Youth; Sexual and Reproductive Health; Primary Health Care; Safety; Discrimination; Responsiveness; Nigeria; Human Security

