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# Exploring Adolescent Experiences with the Youth Corner Model: A Qualitative Case Study of Uganda's Busoga Sub Region

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## Abstract

*This qualitative case study provides an in-depth exploration of adolescent girls' and young women's [AGYW] experiences with Youth Corner services aimed at improving sexual and reproductive health [SRH] outcomes in Uganda's Busoga sub region. Drawing on rich narratives from 14 focus group discussions and 12 key informant interviews with healthcare providers, youth peer educators, and community leaders, this study delves into the lived realities of service users, uncovering both transformative impacts and persistent barriers to utilization. Findings reveal that while Youth Corners provide safe, youth-friendly spaces that increase SRH knowledge, promote positive behaviors, and reduce stigma related to HIV testing and contraceptive uptake, major obstacles remain. These include cultural taboos, parental resistance, lack of privacy, poor infrastructure, and recurring stockouts of contraceptives. This study contributes actionable recommendations for improving Youth Corner services and enhancing adolescent SRH in resource-constrained settings.*

***Keywords:*** *Adolescent Girls, Barriers, Lived Experiences, Qualitative Research, Reproductive Health, Uganda, Youth Corner.*

## Introduction

The Busoga sub-region in eastern Uganda, comprising 11 districts and a city, faces poor sexual and reproductive health [SRH] outcomes compared to other regions [1]. With a population of 3,665,000 in 2021, adolescents and young people aged 15–24 years represent 20% of the population [2]. Teenage pregnancy affects over 25% of young mothers below 18 years, contributing to high poverty levels where nearly 50% of people live in poverty [3]. The region records a high total fertility rate of 5.7, the third highest in Uganda after Karamoja [6.7] and Bukedi [6.5]. Adolescent mothers face increased risks of HIV infection, poor retention in treatment, and compounded vulnerabilities related to gender inequality, violence, and poverty [4]. SRH services are provided through a mix of public, private not-for-profit, and private for-profit hospitals, including Jinja Regional Referral Hospital, Kamuli General Hospital, Iganga Hospital, Bugiri Hospital, Kamuli Mission Hospital, St Francis Hospital Buluba, and Nile International Hospital [1]. However, Uganda has limited youth-friendly SRH services, with only 5% of health facilities offering such care, and Busoga accounts for just 25% of these [1].

To address these gaps, the Youth Corner model was introduced, creating dedicated spaces within health facilities or communities to provide adolescent and youth-friendly SRH information and services [5]. In Busoga, these services are delivered through health facilities, mobile youth corners, and community

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outreaches supported by peer educators, healthcare workers, and Village Health Teams. Drawing on rich narratives from 14 focus group discussions and 12 key informant interviews with healthcare providers, Young Adolescent Peer Supporters [YAPS], Village Health teams [VHTs], young mothers' clubs, SRH implementing partners, district health officials and community leaders, this study delves into the lived realities of service users, uncovering both transformative impacts and persistent barriers to utilization.

## Methods

This study adopted a qualitative case study approach to explore the experiences of adolescent girls and young women [AGYW] in accessing Youth Corner services in Uganda's Busoga region. Participants were purposively selected to include users of youth corner services, as well as key stakeholders such as health workers, youth focal persons, peer educators, and VHTs. A total of fourteen focus group discussions [FGDs], each with 8 to 10 participants, and twelve key informant interviews [KIIs] were conducted across five districts [Bugiri, Mayuge, Iganga and Jinja] to ensure diverse perspectives.

Semi-structured guides with open-ended questions were used to facilitate discussions and interviews, allowing participants to share their views freely while enabling deeper probing on emerging issues. FGDs focused on participants' awareness of Youth Corner services, perceived benefits, barriers to utilization, and recommendations for improvement, while KIIs provided insights into policy implementation and service delivery challenges. All interviews and discussions were audio-recorded with informed consent/assent, transcribed in verbatim, and analyzed thematically using Atlas.ti version 9 software. Data coding and categorization helped identify recurring patterns and themes, which were triangulated across FGDs and KIIs to ensure reliability. Ethical approval was obtained from relevant authorities, and measures were taken to protect participants' confidentiality and anonymity, with assent obtained from minors and parental consent where applicable. Direct quotes from participants were included to illustrate lived experiences and highlight the social and cultural factors influencing access to Youth Corner SRH services.

## Results

### Positive Impacts of Youth Corner Services

#### Safe and Non-Judgmental Environment

This section presents findings from key informant interviews, survey and focus group discussions. Results are organized thematically and disaggregated by age groups (15–19 vs. 20–24 years). Verbatim quotes are included to illustrate key insights and strengthen the interpretation of findings.

**Table 1.** Perceptions Regarding Youth Corners being Safe and Non-judgmental

| Theme | 15–19 Years | 20–24 Years | Illustrative Quotes |
|---|---|---|---|
| Perceptions of safety | Youth described Youth Corners as safe, confidential spaces for questions and services. | Older youth valued privacy and respect from providers. | "The staff is kind and understanding. They make sure we feel safe and respected, and the space is private." (FGD, 15–19y, Jinja) |

| | | | |
|---|---|---|---|
| Breaking taboos | Helped normalize SRH discussions that were discouraged at home or school. | Used openness to initiate SRH discussions with peers. | "We now openly discuss sexual reproductive health with friends because of what we learned here." (FGD, 20–24y, Iganga) |
| Trust in providers | Emphasized friendliness and non-judgmental attitudes of providers. | Older youth highlighted opportunities for peer learning. | "Before coming here, I had many misconceptions about contraceptives. Now, I feel confident and informed." (FGD, 20–24y, Mayuge) |
| Stakeholder perspectives | VHTs acknowledged Youth Corners provide stigma-free spaces. | Same perceptions shared by older youth. | "The youth corner provides a space where young women can access family planning services and accurate information without judgment." (VHT Interview, Jinja) |

Findings across focus group discussions consistently highlighted youth corners as safe, welcoming spaces where adolescent girls and young women felt free to seek information and services without fear of stigma or reprimand. Many participants reported that before the introduction of youth corners, conversations about sexual and reproductive health were either discouraged or considered taboo both at home and in schools. This left many young people misinformed, anxious, and reluctant to approach healthcare providers. Participants from multiple districts, including Bugiri, Iganga, Mayuge, and Jinja, described the youth corners as places where they could ask questions openly, receive accurate information, and access contraceptives or HIV testing without judgment. A respondent from Mayuge explained that:

> *"Before coming here, I had many misconceptions about contraceptives. Now, I feel confident and informed in my decisions."* [FGD with 20–24-year-olds, Mayuge district]

Similarly, a participant from Jinja highlighted the importance of kindness and privacy from providers:

> *"The staff is kind and understanding. They make sure we feel safe and respected, and the space is private, which is really important."* [*FGD with 15-19 year olds, Jinja district]*

In Iganga, another adolescent expressed that the youth corner helped dismantle myths and allowed for open dialogue with peers and family:

> *"We now openly discuss sexual reproductive health with friends because of what we learned here."[FGD with 20–24-year-olds, Iganga district]*

These experiences were echoed by community stakeholders, such as Village Health Teams, who observed that youth corners created an enabling environment for adolescents to learn and make informed decisions:

> *"The youth corner provides a space where young women can access family planning services and accurate information without judgment."* [Interview with a Village Health team member, Jinja district]

Overall, the evidence shows that youth corners have been pivotal in breaking down cultural silence around SRH, fostering trust between AGYW and service providers, and

creating a supportive environment where adolescents feel empowered to seek care and ask questions freely. This safe and non-judgmental atmosphere is a key enabler of improved SRH knowledge, positive attitudes toward contraceptive use, and the uptake of HIV prevention services. Adolescent-friendly spaces significantly increase the likelihood of young people seeking SRH information and services due to reduced fear of judgment. Safe and supportive settings are foundational in building adolescents' confidence to engage with healthcare providers [6]. Similarly, it was found that structured, youth-friendly counseling is key to addressing misinformation and improving contraceptive confidence among adolescents in South Africa [7].

**Improved Knowledge of Contraceptives and HIV Prevention**

Youth Corners significantly enhanced SRH knowledge, especially among younger adolescents aged 15–19 years, who reported improved understanding of family planning methods, prevention of STIs, and sexual health rights. The table below triangulates FGD, KII, and PSM findings.

**Table 2.** Impact of Youth Corners on Knowledge of Contraceptives and HIV Prevention

| Theme | 15–19 Years (FGDs & KIIs) | 20–24 Years (FGDs & KIIs) | Illustrative Quotes |
|---|---|---|---|
| Improved SRH Knowledge | Adolescents gained deeper understanding of contraception, STI prevention, and body autonomy. | Older youth were more likely to actively share SRH information with peers and family members. | "Before, I thought contraceptives caused infertility; now I know the truth." (FGD, 17y, Mayuge) |
| Confidence Seeking Services | Youth-friendly staff reduced fear, enabling adolescents to discuss SRH openly. | Already more comfortable, they actively requested specific SRH services. | "We openly discuss SRH with friends now." (FGD, 23y, Iganga) |

Complementary PSM analysis demonstrated a 0.78-point increase in SRH knowledge overall, with younger adolescents showing slightly higher gains compared to their older peers. The discussions revealed that youth corners played a vital role in correcting widespread misconceptions and filling critical knowledge gaps about contraception, HIV testing, and prevention. Many adolescent girls and young women shared that before accessing these services, they believed contraceptives were harmful or thought abstinence was the only way to prevent pregnancy. Tailored counseling sessions, interactive discussions, and one-on-one support from health workers helped clarify doubts, debunk myths, and expand their understanding of safe and effective family planning options.

A participant from Mayuge districts narrated that:

> "*Before visiting the youth corner, I had many misconceptions about contraceptives. Now, I feel more confident and informed in my decisions."* [FGD with 15-19 olds in Mayuge district].

Another girl emphasized the change in her perception after receiving factual information:

> *"I used to think family planning causes problems or infertility, but the nurse explained the truth and showed me safe methods I can use to avoid*

*another early pregnancy [FGD with 15-19 olds in Mayuge district].*

Similarly, participants in other FGDs highlighted that youth corner sessions on HIV prevention and testing increased their willingness to get tested and adopt protective measures, something they had previously feared or misunderstood:

> *"They taught us about proper use of contraceptives and about HIV testing. I no longer believe the rumors I used to hear." [FGD with 15-19 olds in Jinja district]*

These experiences show that youth-focused, respectful counseling not only builds knowledge but also transforms attitudes and confidence, enabling adolescents to make informed SRH choices and overcome barriers caused by stigma and misinformation. It was found that entrenched myths such as contraceptives causing infertility or severe health issues prevented adolescents and young women in South Africa from accessing modern methods. The study concludes that dismantling these misconceptions through education and supportive community engagement is essential for improving SRH outcomes [8]. Additionally, an exploration of adolescent contraceptive use in southeastern Nigeria, revealed widespread false beliefs and fears related to contraceptive safety and effectiveness. The authors recommend structured counseling and peer education in youth-friendly settings to counter misinformation [9].

**Increased Uptake of SRH Services**

Youth Corners have positively influenced contraceptive uptake, though challenges in adherence remain, particularly among younger adolescents. The integration of Propensity Score Matching (PSM) findings highlights a significant impact.

**Table 3.** Impact of Youth Corners on Contraceptive Uptake

| Theme | 15–19 Years | 20–24 Years | Illustrative Quotes |
|---|---|---|---|
| Contraceptive Uptake | Higher curiosity but inconsistent use due to myths and partner influence. | Greater autonomy enabled consistent use of preferred methods. | "Since coming here, I use injectables and feel safe." (FGD, 18y, Jinja) |
| Adherence Challenges | Concerns over side effects and peer influence disrupted continuous use. | More informed decisions enabled sustained adherence. | "Sometimes family planning changes our menstrual cycle." (FGD, 16y, Iganga) |

Youth Corner visitors were 0.35% more likely to use contraceptives than non-visitors. This suggests that access to youth-friendly reproductive health services is helping AGYW adopt contraceptive use, though the effect size is modest. Younger adolescents (15-19) had a higher increase in contraceptive uptake (0.39%) than older youth (20-24) who had (0.31%). FGDs showed that young women appreciate the availability of contraceptives but face occasional stockouts and judgment from health workers. Additionally, some respondents highlighted the role of youth corners in clarifying misconceptions and providing a safe space to discuss reproductive health needs. The qualitative findings suggest a clear pathway: structured, youth-centered counseling within Youth Corners translated into better SRH literacy, dismantling misinformation and opening the door to increased utilization of contraception, HIV testing, emergency contraception, and follow-up care. Many AGYW reported that this was the first time they independently accessed services without fear of community judgment. For instance, one adolescent girl

aged 15-19 years in Mayuge district shared that she tested for HIV for the first time because of the compassionate explanation she received prompting repeat visits. These outcomes resonate closely with broader evidence across sub-Saharan Africa which show that adolescents overwhelmingly prefer youth-oriented service models featuring confidentiality and respectful staff which drives uptake of SRH services. Similarly, another study confirmed that facility-based, youth-friendly delivery models directly improve access and adolescents' comfort with SRH care[10, 11].

**Empowerment in SRH Decision-Making**

The focus group discussions revealed that youth corners not only improved knowledge but also significantly enhanced adolescents' confidence and ability to make informed decisions regarding their sexual and reproductive health. Across different districts, participants described gaining the courage to advocate for their own wellbeing after attending counseling and information sessions. These spaces encouraged girls to assert their rights to bodily autonomy and openly discuss contraceptive use.

A participant from the Jinja FGD explained:

> *"I never had the courage to ask my boyfriend to use protection. After counseling here, I feel stronger to make my own choices about my health." [FGD with 20-24 year olds in Jinja district].*

Other adolescents reported similar experiences, noting that youth corners gave them practical negotiation skills and a sense of empowerment to protect themselves from unintended pregnancies and sexually transmitted infections [STIs]. A participant from Iganga stated:

> *"After the sessions, I learned how to say no to unsafe sex and insist on using family planning." [FDG with 20-24 year olds in Iganga district]*

These accounts show that Youth Corners do more than provide information; they transform how AGYW perceive their ability to make SRH-related choices, fostering self-efficacy and active engagement in their personal health decisions.

Recent evidence underscores the critical role of empowerment in improving adolescents' SRH outcomes across sub-Saharan Africa. A large multi-country analysis involving 32 nations found that adolescent girls with higher reproductive health decision-making capacity measured by their ability to refuse sex or insist on condom use were significantly more likely to use contraceptives, with the odds of use nearly doubling among those demonstrating greater agency [12]. Complementing this, a systematic review revealed that empowerment-focused programs, particularly those integrating life skills training, comprehensive SRH knowledge building, and self-efficacy support, consistently led to increased contraceptive uptake and broader service utilization among young people [13]. Similarly, a study demonstrated that social norms interventions, designed to challenge unequal gender power dynamics while fostering youth agency through participatory learning at community, peer, and facility levels, significantly improved SRHR outcomes, including higher rates of HIV testing and family planning use [14]. Collectively, these studies highlight that adolescent empowerment through decision-making capacity, skills development, and supportive social environments is a fundamental driver of improved SRH behaviours and service uptake.

**Reduction in Unintended Pregnancies**

Despite improvements in contraceptive use, unintended pregnancies remain relatively high among adolescents. Qualitative narratives explain gaps in consistent contraceptive adherence.

**Table 4.** Impact of Youth Corners on Teenage Pregnancy

| Theme | 15–19 Years | 20–24 Years | Illustrative Quotes |
|---|---|---|---|
| Pregnancy Risks | High risk due to inconsistent contraceptive use and limited autonomy. | Lower prevalence due to better planning and family support. | "We now plan better and avoid early pregnancies." (FGD, 21y, Mayuge) |
| Partner Influence | Resistance from partners limits contraceptive negotiation power. | Older youth report fewer conflicts in decision-making. | "My boyfriend refuses condoms; it's hard to insist." (FGD, 18y, Bugiri) |

Unintended pregnancies increased by 0.20% among Youth Corner visitors. This suggests that while contraceptive use improved, there might be issues related to inconsistent use, incorrect application, or limited access to long-term contraceptive methods. FGDs revealed that while contraceptive uptake has improved, gaps remain in consistent use, method adherence, and accessibility, leading to occasional contraceptive failures. Some respondents reported partner resistance to contraceptive use, peer influence, or misunderstandings about contraceptive effectiveness. In an FGD with adolescent girls aged 15-19 years, one participant stated: "Sometimes using family planning changes our menstrual cycle." This reflects a common concern or misunderstanding about contraceptive side effects.

### Barriers to Utilization of Youth Corner Services

**Table 5.** Barriers Limiting Effective Access

| Barrier | 15–19 years | 20–24 years | Illustrative Quotes |
|---|---|---|---|
| Stigma & Parental Resistance | High; parents associate SRH services with promiscuity. | Less stigmatized but cautious when seeking services. | "Parents think if you go for family planning, you are spoilt." (FGD, 17y, Jinja) |
| Distance & Transport | Major limitation, especially for rural youth. | Moderate challenge; some manage costs through peer support. | "Coming here is hard because there is no transport." (FGD, 16y, Iganga) |
| Stockouts & Privacy | Limited commodities discourage return visits. | Demand for private consultation spaces to enhance confidentiality. | "Sometimes there are no condoms when we need them." (FGD, 22y, Mayuge) |

Findings from the FGDs and KIIs revealed several barriers that hinder full access and utilization of Youth Corner services by adolescent girls and young women. These barriers are rooted in a mix of individual, social, and health system challenges that continue to limit the effectiveness of Youth Corners despite their positive contributions.

One significant barrier is limited awareness of youth corner services, particularly among adolescents in rural areas of Iganga district. During a discussion with VHTs, participants noted that many young people are unaware of the existence of youth corners or the type of services they provide. One VHT remarked that "there is still a gap; some youths don't know

these services exist or where to find them." This lack of information restricts adolescents' ability to seek timely SRH support, a challenge similarly reported in other low-resource settings where service uptake is constrained by poor awareness [16].

Another major barrier is the persistence of myths and misinformation about contraceptives. Across FGDs in Mayuge and Jinja, several adolescents expressed fears that family planning methods could cause infertility, cancer, or birth complications. A 19-year-old participant shared that "some girls refuse family planning because they've heard it causes problems with giving birth later." This mirrors previous findings which show that misconceptions remain a major deterrent to contraceptive uptake among adolescents in Nigeria and South Africa, even where services are available [8, 15].

Stigma and fear of judgment also discourage adolescents from visiting Youth Corners. Many participants reported that being seen at these centers could lead to negative labeling by parents or community members, who associate SRH services with sexual promiscuity. A 17-year-old girl from Jinja explained that "parents think if you go for family planning, you are already spoilt." This aligns with evidence in Ethiopia, where social taboos and moral policing similarly inhibit adolescent access to SRH services [17].

Physical accessibility emerged as another challenge, with distance and lack of transport repeatedly mentioned by participants in Iganga and Mayuge. A 20-year-old adolescent shared that "for those who stay far, coming here is hard because they have no transport." These logistical constraints reduce the consistency of service use, echoing findings that long travel distances are a common barrier to SRH access for rural adolescents in sub-Saharan Africa [10].

Concerns about privacy and confidentiality further limit utilization of youth corners. Some girls expressed fear of meeting people they know at the facility or having their personal health information shared. As one participant from Mayuge stated, "we fear meeting people we know or that the nurse may tell others what we discussed." Such concerns reduce adolescents' willingness to openly seek services, a challenge also documented by earlier studies which emphasized that trust and privacy are crucial for adolescent SRH service uptake [18].

In addition to social barriers, frequent stockouts of contraceptives and HIV test kits, as well as shortages of trained staff, hindered reliable service delivery. A VHT in Jinja noted that "sometimes you come and find no family planning methods or testing kits," leading to missed opportunities for adolescents who had overcome other barriers to access services. Similar supply-side challenges have been highlighted in studies from Uganda and Kenya where resource limitations compromise continuity of adolescent SRH care [19].

Finally, negative influence from parents and community leaders emerged as a strong barrier. Some adults discouraged adolescents from seeking SRH services, claiming that doing so promoted immorality. A 16-year-old girl from Iganga reported that "parents tell girls not to go there, saying they should not learn about such things." This is consistent with studies that observed that restrictive gender norms and opposition from authority figures often prevent young people from exercising their right to SRH information and care[14].

## Discussion

This study provides valuable insights into the experiences of adolescent girls and young women accessing Youth Corner services in Uganda's Busoga sub-region. The findings indicate that Youth Corners play a critical role in improving SRH outcomes by creating safe, supportive environments that foster knowledge acquisition, behavior change, empowerment, and reduction in unintended pregnancies.

However, persistent social and structural barriers continue to limit full access to these services.

Youth Corners were consistently described as safe, non-judgmental spaces where adolescents felt free to seek information and services previously inaccessible due to cultural taboos and fear of stigma. Participants' narratives illustrate how these spaces fostered trust between adolescents and healthcare providers, enabling open discussions about SRH. Previous studies emphasize that adolescent-friendly services reduce fear of judgment and increase service uptake [6]. Similarly, structured, youth-centered counseling was found to effectively addresses misinformation, building confidence in contraceptive use [8].

The study also highlights the transformative role of Youth Corners in improving knowledge of contraception and HIV prevention. Tailored counseling corrected widespread myths such as fears of infertility and empowered adolescents to make informed health choices. These results mirror reports of similar misconceptions among Nigerian adolescents and recommended structured peer education to counter misinformation [15]. Importantly, Youth Corners contributed to increased utilization of SRH services, with many AGYW accessing contraception, HIV testing, and post-test counseling independently for the first time. This finding resonates with evidence which shows that confidential, respectful, and adolescent-focused service models significantly improve SRH service uptake in sub-Saharan Africa [10, 18].

The empowerment dimension of Youth Corners emerged strongly, with participants reporting enhanced confidence to assert bodily autonomy, negotiate condom use, and refuse unsafe sexual encounters. Reproductive health decision-making capacity is strongly associated with contraceptive use, and it was found that empowerment-focused programs improved SRH behaviours among adolescents [12, 13].

Despite these benefits, seven key barriers emerged, limiting the effectiveness of Youth Corner services: low awareness, persistent myths, stigma and fear of judgment, distance and transport challenges, privacy concerns, frequent stockouts of contraceptives and HIV test kits, and negative influence from parents or community leaders. These barriers reflect broader evidence in sub-Saharan Africa [8, 14–17, 19].

Overall, this study confirms that Youth Corners are vital platforms for advancing adolescent SRH in resource-constrained settings. They offer safe spaces for learning, counseling, and empowerment, directly contributing to positive behavior change and prevention of early pregnancies. However, to maximize their impact, interventions must address systemic barriers through community sensitization, improved supply chains, enhanced privacy measures, and sustained efforts to challenge harmful social norms. Scaling up Youth Corner services while integrating empowerment and rights-based approaches could significantly improve adolescent SRH outcomes in Busoga and similar contexts.

## Conclusion

The Youth Corner model in Uganda's Busoga region has demonstrated significant potential in improving adolescents' access to SRH information and services. By creating safe, supportive spaces, youth corners help overcome barriers of stigma and misinformation, leading to increased knowledge, service uptake, and empowerment in sexual health decision-making. However, systemic and sociocultural barriers continue to limit the model's effectiveness. To maximize impact, policymakers and program implementers should prioritize:

1. Community engagement to address stigma and parental resistance.

2. Improved infrastructure and privacy measures within youth corners to foster trust among adolescents.
3. Reliable supply of contraceptives and HIV prevention commodities to avoid service interruptions.
4. Expansion of outreach programs, particularly in remote areas, to ensure equitable access.
5. Sustained investment in provider training, ensuring services remain adolescent-centred and non-judgmental.

Future research should include longitudinal and mixed-method studies to assess long-term behavioural outcomes of Youth Corner utilization and explore cost-effectiveness compared to other adolescent SRH interventions. Strengthening the youth corner model has the potential to contribute significantly to reducing teenage pregnancies, unmet family planning needs, and HIV infections among young women in Uganda and similar low-resource settings.

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## Conflict of Interest

The authors declare no conflict of interest.

## Ethical Approval

Ethical approval was obtained from district authorities. Written informed consent and assent were collected.

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