RESEARCH ARTICLES

Perceived barriers and facilitators to accessing sexual and reproductive health services among adolescents living with HIV: A qualitative thematic analysis

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ABSTRACT

Objective: This study aims to explore the perceived barriers and facilitators to accessing sexual and reproductive health services among adolescents living with HIV.

Background: Sexual and reproductive health is essential for adolescents' physical, emotional, and social wellbeing; enabling them to make informed health decisions. Nurses, as frontline healthcare providers, play a vital role in delivering sexual reproductive healthcare through counselling, contraception, and prevention of sexually transmitted infection. Despite the global prioritisation of sexual and reproductive health, research addressing factors influencing sexual and reproductive health services access among adolescents living with HIV remains scarce, particularly in Nigeria.

Study design and methods: A qualitative descriptive research method was employed in this study. Fifteen adolescents living with HIV (aged 15–19 years) and five nurses from the Nigerian Institute of Medical Research paediatric HIV clinic were recruited. In-depth interviews were conducted with participants using an interview guide to gather information. The data was analysed using a thematic approach.

Results: Three themes emerged from the nurses' responses: interpersonal dynamics and attitudes, stigma and discrimination, and support systems for SRH access. Similarly, four themes were identified from the responses of adolescents living with HIV: perception and misconception, cultural norms, empowerment through education and advocacy, and adolescent-friendly services. These themes were categorised as 'barriers' and 'facilitators' to accessing sexual and reproductive health services faced by adolescents living with HIV.

Discussion: The study identifies stigma, labelling, stereotyping, and gender roles as significant barriers to accessing sexual and reproductive health services for adolescents living with HIV. It emphasises the importance of integrating adolescent-friendly sexual and reproductive health services that are confidential and non-judgmental. The study also highlights the role of social media and peer influencers in promoting the sexual and reproductive health, and wellbeing of adolescents living with HIV, ensuring they are equipped with the knowledge and skills needed to make informed decisions about their health.

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Conclusion: By focusing on both the barriers and facilitators of SRH access, the findings underscore the importance of fostering a stigma-free environment and promoting accessibility, in overcoming the challenges faced by adolescents living with HIV and supporting healthier outcomes.

Implications for research, policy, and practice: Nurses are encouraged to expand their roles in sexual and reproductive healthcare, offering more tailored, adolescent-friendly services that address the unique needs of adolescents living with HIV. Future research should also explore the specific challenges faced by healthcare professionals, particularly nurses in delivering these services, which will help in identifying effective strategies and interventions for quality of care.

What is already known about the topic?

- Adolescents living with HIV confront a multitude of challenges related to sexual and reproductive health, including unplanned pregnancies, abortion, and STIs.
- The sexual and reproductive health needs of adolescents living with HIV are similar to those of non-infected adolescents, with both groups encountering comparable challenges, desires, and requirements concerning their sexual and reproductive health.

What this paper adds

- The existing knowledge gap among nurses in providing sexual and reproductive health services to adolescents living with HIV represents a critical challenge in ensuring comprehensive and effective healthcare delivery.
- Adolescents living with HIV encounter significant challenges in accessing sexual and reproductive health SRH services due to the pervasive stereotype and stigma associated with HIV.
- The experiences of adolescents living with HIV (ALHIV) in accessing SRH services from the viewpoints of both nurses and the adolescents themselves are multifaceted and interconnected. These perspectives offer valuable insights into the challenges and opportunities in sexual and reproductive health care delivery for ALHIV.

Keywords: Adolescents living with HIV; adolescent-friendly services; nurses; sexual and reproductive health; stereotypes; stigma

INTRODUCTION

OBJECTIVE

This study aims to identify and understand the perceived barriers and facilitators in accessing sexual and reproductive health services among adolescents living with HIV.

BACKGROUND

Sexual and reproductive health (SRH) refers to an individual's physical, emotional, mental, and social wellbeing related to sexuality.[1] It involves being free from unintended pregnancies, unsafe abortions, sexually transmitted infections (STIs), and all forms of sexual abuse and violence.[1] It is assumed that freedom from disease and dysfunction is the focal point of sexual health, but it also encompasses the physical, emotional, mental and social wellbeing of sexuality.[2] The World Health Organization (WHO) defines an adolescent as an individual aged 10 to 19 years.[3] The period of adolescence is characterised by major changes in both psychological, physiological aspects,[4] social development with lifestyle and sexual behavioural experimentation,[5] marking adolescence as a critical period for addressing SRH needs comprehensively.[6]

Globally, adolescents are among the groups most at risk of acquiring Human Immunodeficiency Viruses (HIV), with sub-Saharan Africa bearing the highest prevalence.[7] This vulnerability is influenced by factors such as limited access to SRH education, stigma, and socio-economic barriers.[8] Adolescents living with HIV (ALHIV) face a dual burden of managing their HIV status while navigating the complex challenges associated with SRH, including limited access to contraceptives, stigma in healthcare settings, lack of comprehensive sexual education, and concerns about disclosure and relationships.[9] Sexual and reproductive health (SRH) services are essential for equipping adolescents with the knowledge and skills to make informed decisions about their health.[10]

Nurses, as frontline healthcare providers in HIV care, play a critical role in promoting high-quality SRH services for ALHIV.[11] They are instrumental in providing antiretroviral therapy, routine care, and psychosocial support.[12] Additionally, nurses address SRH needs such as contraception and STI prevention and counselling, often serving as the primary point of contact for adolescents living with HIV.[13] While global initiatives have prioritised adolescent SRH, most of the focus has been on non-infected adolescents.[14]

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Emphasis has been placed on the importance of integrating comprehensive SRH care within HIV services to improve access and outcomes.[15] The health outcomes of ALHIV are shaped by intersecting medical, social, and cultural factors compounded by limited access to adolescent-specific SRH care.[16] In Nigeria, SRH services remain underutilised by ALHIV.[5,17] This has left a significant gap in understanding the factors influencing SRH access for ALHIV. By addressing this gap, the study aims to explore the barriers and facilitators of SRH access among ALHIV in Nigeria by examining insights from both ALHIV and nurses.

METHODS

A qualitative descriptive design was employed in this study. The study involves ALHIV receiving care and nurses involved in the treatments and care of ALHIV in the paediatric HIV clinic of the Nigerian Institute of Medical Research in Lagos State, Nigeria. The Nigerian Institute of Medical Research (NIMR), the foremost Medical Research Institute in the country, is a HIV reference centre which provides treatment and care to over 10,000 people living with HIV including over 100 adolescents. Adolescents living with HIV are enrolled and access treatment and care in the Paediatric unit at the NIMR clinic.[18]

PARTICIPANTS AND SAMPLE

The study was conducted at the paediatric HIV clinic of NIMR that provides care for individuals aged 0–19 years. Purposive sampling was utilised to recruit 15 adolescents living with HIV aged 15–19 years and 5 nurses. The ALHIV aged 15-19 years were included in this study because they represent a critical group transitioning into adult HIV care. Eligibility was based on the following criteria to ensure the appropriateness of the participants.

Inclusion criteria

- Adolescents living with HIV aged 15–19 years who are willing to participate and able to provide assent or consent.
- Nurses working with ALHIV in the paediatric HIV clinic.

Exclusion criteria

- Adolescents living with HIV with physical or cognitive impairment that could limit their ability to participate in the interview process.
- Adolescents living with HIV who are enrolled but not regular attendees of the paediatric HIV clinic.

DATA COLLECTION

An in-depth interview guide was constructed to align with the objectives of the study covering SRH knowledge, barriers to SRH service access, and facilitators for improving SRH access. To ensure its validity and relevance, the guide was constructed based on existing literature on SRH for ALHIV and qualitative research methodologies.[19,20] The interview guide was further reviewed by experts specialising in adolescent health, HIV care, and qualitative research methods.

Interviews were conducted in a private, comfortable office to ensure privacy and confidentiality. Rapport was established with participants to encourage open discussions about the sensitive topic. The interview session was conducted by a single investigator, trained in qualitative interviewing techniques, to maintain consistency in data collection. Each interview lasted approximately 30-40 minutes and was audio-recorded with participants' permission.

DATA ANALYSIS

The interviews were analysed using Braun and Clarke's thematic analysis approach.[21] While the transcription and initial coding were conducted manually, Microsoft Excel was used to organise socio-demographic data. To ensure confirmability, coding and thematic generation were conducted independently by two qualitative experts, followed by a collaborative review to resolve discrepancies. This process minimised subjective influences, while iterative refinement of themes ensured alignment with the dataset. Several themes were identified that revolve around the barriers and facilitators influencing the SRH experiences of adolescents living with HIV (ALHIV).

The following steps were implemented following the Braun and Clarke's thematic analysis approach:

Familiarisation

The data from the interviews were transcribed highlighting significant statements and recurring sentiments to gain a deep famili arity. The data provided insights into the respondents' experiences and perceptions.

Initial coding

The second phase involved coding the entire dataset systematically. The codes were generated line by line which focused on semantic and latent content. These initial codes were then put together into potential themes, reflecting broader patterns within the data.

Generating themes

There was a search for themes. Codes were sorted into potential themes at this stage. For example, codes relating to the facilitators influencing SRH access (like judgemental approach, labelling and stereotypes) were grouped into a broader theme.

Reviewing themes

The generated themes were reviewed. Each theme was then reviewed and refined to ensure it accurately represented the corresponding coded extracts. This involved a recursive process where themes were checked against the dataset to confirm their validity. The theme of 'adolescent-friendly services' was supported by data indicating the importance of confidentiality and privacy. During this phase, researchers engaged in reflexivity by examining the findings and interpretations to identify potential biases. Regular team discussions ensured that themes were firmly grounded in the data.

Defining themes

At this stage, themes were defined and refined. Each theme was named to succinctly describe the underlying central concept, and subthemes were developed from themes to reflect the complexity of the data.

Producing the report

The report was produced. The final analysis was compiled into a narrative that synthesizes the themes into an insightful discussion of the data. Verbatim quotes were incorporated to support the findings.

TRANSPARENCY AND CREDIBILITY

This study was planned and conducted based on transparency criteria.[22] In reporting the findings, the researchers were committed to transparency and honesty. Data saturation was reached when no new themes emerged from subsequent interviews. This point was identified after an iterative analysis of the transcripts, ensuring the data collected were sufficient to address the study. The positive and negative results were included to avoid bias. As a result, researchers used verbatim quotes to support their findings and confirm their veracity. Transparency was ensured as to the selection of the participants. To reduce individual bias and enhance the credibility of the findings, peer reviews were conducted to verify the accuracy of coding and theme development.

ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Nigerian Institute of Medical Research with project no. IRB/23/021 and the ethical committee board of Near East University with project no. NEU/2023/110-1689 before collecting data. Detailed consent procedures were followed, given the sensitive nature of the study and the involvement of minors. Adolescents living with HIV aged 15-17 provided assent, with parental and guardian consent obtained. For the participants aged 18-19, informed consent was obtained directly in line with ethical guidelines for research. Written informed consent was obtained from the nurses before their involvement. Participants were assured that their identities and sensitive information would be kept confidential and anonymous to protect their privacy and prevent potential harm. There was minimal attrition among the participants, especially the adolescents, who declined to participate due to the perceived sensitivity of the topic. To address this, the researchers adopted a responsive approach, ensuring the environment was supportive and nonjudgmental. Participants were provided with incentives and encouraged to share information at their own pace and comfort level, which helped reduce discomfort.

RESULTS

DEFINING CHARACTERISTICS OF THE NURSES AND ALHIV

Interviews were conducted with a total of five nurses, all of whom were female. The age of the nurses ranged from 23 to 45 years. All the participants reported having attained a bachelor degree as their highest educational level (see Table 1).

Fifteen adolescents were interviewed, among which were ten females and five males. All participants were single, and three responded that they had dropped out of school. Furthermore, the highest educational level attained by the participants was secondary, and the majority (n = 12) of the ALHIV reported being vertically infected with HIV (mother-to-child transmission), while three ALHIV were horizontally infected (person-to-person transmission) (see Table 2).

TABLE 1: DEFINING CHARACTERISTICS OF THE NURSES

Participants	P1	P2	P3	P4	P5
Age	32	32	45	24	23
Sex	Female	Female	Female	Female	Female
Educational level	BSc	BSc	BSc	BSc	BSc
Year of experience working as Nurse	9 years	5 years	11 years	2 years	2 years
Year of experience at the Centre	2 years	2 years	10 years	1 year	1 year

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TABLE 2: DEFINING CHARACTERISTICS OF ADOLESCENTS LIVING WITH HIV

Participants	Age	Sex	Marital status	Attending school	Educational status	Route of infection
P1	17	Female	Single	In school	Secondary	Vertical
P2	16	Female	Single	In school	Primary	Vertical
P3	18	Female	Single	Out of school	Secondary	Vertical
P4	15	Female	Single	In school	Secondary	Vertical
P5	15	Female	Single	In school	Secondary	Vertical
P6	19	Male	Single	In school	Secondary	Vertical
P7	15	Female	Single	In school	Secondary	Vertical
P8	19	Male	Single	Out of school	Secondary	Vertical
P9	18	Female	Single	In school	Secondary	Vertical
P10	19	Female	Single	Out of school	Secondary	Horizontal
P11	17	Female	Single	In school	Secondary	Horizontal
P12	19	Female	Single	In school	Secondary	Horizontal
P13	17	Male	Single	In school	Secondary	Vertical
P14	17	Male	Single	In school	Primary	Vertical
P15	18	Male	Single	In school	Secondary	Vertical

Themes and sub-themes are presented separately for nurses and adolescents focusing on barriers and facilitators. Based on the insights from both adolescents living with HIV and the nurses, the study identified distinct barriers and facilitators affecting ALHIV's access to SRH services. The summary table of the themes and sub-themes are provided below (see Table 3).

TABLE 3: SUMMARY OF THEMES AND SUB-THEMES ON BARRIERS AND FACILITATORS TO SRH ACCESS FOR ALHIV

Category	Themes	Sub-themes
Barriers	Interpersonal dynamics and attitudes	Parental attitude
		Reluctance from adolescents
	Stigma and discrimination	Social stigma related to HIV
		Disclosure of SRH issues
	Perception and misconception	Judgemental approach
		Labelling and stereotypes
	Cultural norms	Gender roles
		Family and caregivers
Facilitators	Support system for SRH access	Creating awareness
		Training of healthcare providers
		Advocacy
	Empowerment through education & advocacy	Health talk and counselling
		Social media
		Peer influences
	Adolescent-friendly services	Specialised staff
		Privacy & confidential spaces

NURSES' PERCEPTIONS OF ACCESS TO SRH SERVICES BY ALHIV

Interpersonal dynamics and attitudes

The participants expressed concerns about how interpersonal dynamics restricts ALHIV from engaging with and accessing SRH services.

Parental attitude

Participants believe that parents may not support adolescents in accessing SRH services until they reach adulthood.

> *'In this part of the world, when a child or adolescent discusses sexuality, the attitude that parents might have could discourage further discussion. The child may avoid discussing it with their mother or father due to anticipated reactions.'* (P2, Nurse, 32 years).

Reluctance from adolescents

Participants believe that adolescents would be reluctant to access SRH services due to the sensitive nature of certain topics and activities, such as receiving condoms or discussing pregnancy. They believed that the adolescents may fear being judged by nurses, healthcare professionals, hospital staff, and their parents.

> *'The adolescents exhibit a lackadaisical attitude, you know? They feel a sort of reluctance, not necessarily* complete *social withdrawal, but rather a hesitation to openly discuss sexuality.'* (P1, Nurse, 32 years)

Stigma and discrimination

The participants indicated that ALHIV feared being discriminated against if they sought access to SRH services.

Social stigma related to HIV

Participants stated that being HIV positive as an adolescent would limit access to SRH services that could improve their sexual health.

> *'HIV is a sensitive topic. Some of ALHIV believe that since those around them don't have HIV,* the *only way to contract HIV and other STIs is through sexual activities. Therefore, they question the significance of the situation and wonder why they shouldn't be allowed to live their lives freely.'* (P3, Nurse, 45 years)

Disclosure of SRH issues

Participants believe that accessing SRH services would involve disclosing and discussing sensitive information; therefore, how these topics are addressed would be an indicator of the effectiveness of utilising SRH services.

> *'So, they find it difficult to open up in some cases because they feel they don't know who you are, other than being their healthcare worker or nurse.'* (P2, Nurse, 32 years)

Support system for SRH access

Participants emphasised the need to improve the knowledge base and equip the nurses and healthcare providers with basic information on SRH.

Creating awareness

They believe that utilising avenues such as social media, providing information in health facilities, and launching campaigns in society would raise awareness of SRH in the country.

> *'There should be more awareness of sexual reproductive health, especially when it comes to adolescents, because whatever mistakes they make at that point stay with them for the rest of their lives.'* (P2, Nurse, 32 years)

Training of healthcare providers

Participants emphasised the need for orientation, training, and re-training of nurses and healthcare providers on sexual and reproductive health.

> *'I would suggest prioritising the proper training of healthcare workers first, to teach them not to be judgmental. They require thorough training and proper counselling on how to approach adolescents without discrimination, segregation, or talking down to them.'* (P1, Nurse 32 years)

Advocacy

Participants stated that utilising peer adolescents, ambassadors, and role models will promote access and engagement.

> *'We should ensure they understand that we are here for them, no matter what challenges they face. They are welcome to utilise our services at any time, and we should encourage them to continue seeking support as needed. Additionally, we can utilise their peers to help raise awareness among them.'* (P1, Nurse, 32 years)

ALHIV PERCEPTION AND EXPERIENCES ON ACCESSING SRH SERVICES

Perception and misconception

Adolescents shy away from discussing sexual and reproductive health because they fear they will be perceived and judged negatively.

Judgemental approach

Adolescents stated that based on their experiences of discussions on SRH and attempting to access services, it leads to negative outcomes such as being judged or reprimanded.

> *'And most people's parents don't have time for themselves to educate their own children, even. Even though they want to bring up the matter to their parents, some of them will say, "Where did you hear that? Who taught you that?"'* (P1, ALHIV, 17 years)

> *'Parents might think, "Why do you want to access the service? Maybe you want to get pregnant." So, parents might discourage us… They are expecting something negative to happen to you, which may lead you to withdraw from school'.* (P7, ALHIV, 15 years)

Labelling and stereotypes

Adolescents living with HIV have experienced stereotypes. At the same time, a few of the participants believe that SRH services are provided to prevent them from transmitting the virus, thus reminding them of their HIV status.

> *'So here, they actually provide condoms to adolescents. For now, that's the only way they know they can help us to have protected sex, to stop spreading the virus. Like for adolescents that are living with the virus, they feel that having sex with someone skin to skin is not advisable because they might spread the virus.'* (P2, ALHIV, 16 years)

Cultural norms

Participants' descriptions highlighted that SRH was seen as a delicate topic hinged on culture in African settings such as Nigeria, driven by norms and traditions.

Gender roles

Participants believe that gender roles and expectations are defined in the Nigerian culture and drive choices, principles, and practices for accessing SRH services.

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> *'Because most parents feel it's not right for a girl to have sex before marriage, so many people believe their parents will discourage them, causing them not to listen because they fear that if they do, they might feel inclined to practice it.'* (P2, ALHIV, 16 years)

Family and caregivers

Parents' and healthcare providers' attitudes were reported to be barriers to accessing SRH services. This could be linked to traditions, norms, and practices involved in parents, relatives, caregivers, and healthcare providers believing there is a time for everything, and certain activities are linked to age timelines.

> *'Firstly, the healthcare practitioners; if they're not welcoming to an adolescent…Additionally, I believe family members, such as relatives or the parents, could also discourage the adolescents.'* (P9, ALHIV, 18 years)

> *'Being judged, I think that's one of the major factors. If they feel like this healthcare provider would judge them, it would definitely discourage them from accessing these services. So, the attitude of the health care provider…'* (P11, ALHIV, 17 years)

Empowerment through education and advocacy

Participants believe creating knowledge and awareness of SRH services would improve engagement and provide enlightenment for ADLHIV.

Health talks and counselling

Health talks and counselling will help create awareness and link ADLHIV to SRH services.

> *'I just feel that more platforms should be created, and they should be discreet, allowing adolescents to access them when they need it.'* (P9, ALHIV, 18 years)

Social media

They believe that most adolescents are engaged on multiple social media platforms, and this would be an ideal strategy to link adolescents to SRH services.

> *'It can be offered physically or online, to create awareness.'* (P4, ALHIV, 15 years)

> *'I think through the Internet, because most people make use of Internet. They should upload all these services to the Internet.'* (P12, ALHIV, 19 years)

Peer influencers

They believe they would be more likely to engage if they had peer influencers advocating for the provision and access to SRH services.

> *'We would need those who have had previous experiences and require advice from someone, perhaps a counsellor or anyone who will not discriminate against us.'* (P13, ALHIV, 17 years)

Adolescent-friendly services

Participants are of the opinion that providing adolescent-friendly and specific services for SRH service will improve the uptake of these services for ALHIV.

Specialised staff

There is a need to employ and train staff and health care providers assigned to ALHIV to identify, understand, and be able to address adolescent issues regarding SRH services.

> *'The approach of healthcare practitioners should be more welcoming and open-minded.'* (P9, ALHIV, 18 years)

> *'Nurses who have knowledge and are proficient in the subject would be beneficial.'* (P14, ALHIV, 17 years)

Private and confidential spaces

Participants stated that providing private and confidential spaces will enable them to open-up and interact freely, thus ensuring that all or most of their SRH needs are addressed, subsequently improving the quality of life and services provided.

> *'The risk is that If I go to a certain place, I might encounter someone I know.'* (P11, ALHIV, 17 years)

DISCUSSION

The study explores significant barriers and facilitators influencing access to sexual and reproductive health services among adolescents living with HIV. Parental attitudes and caregiver perspectives were identified as barriers to accessing SRH services. In Nigeria, cultural norms often discourage discussions about SRH, particularly with adolescents, as such conversations are perceived as inappropriate or suggestive of sexual activity.[23] This cultural reprimand limits adolescents' readiness to address SRH needs, leading to gaps in their understanding and hesitancy to seek appropriate care. These findings align with studies that underscore how sociocultural barriers inhibit ALHIV from emergency in SRH conversations.[24,25]

These challenges are exacerbated by the personal values and beliefs of healthcare professionals. In this present study, the nurses expressed that the adolescents' HIV-positive status could limit their access to SRH services due to stigma and discrimination. Similarly, ALHIV reported being stereotyped or labelled based on their health condition, consistent with research, where stigma often originates within familial.[26] Families were frequently unable to discuss SRH with adolescents due to the stigma with both HIV and sexuality.[27,28] This underscores the urgent need for interventions that support open communication

Despite these barriers, several facilitators emerged. Raising awareness through health talks, counselling, and social media, was identified as a crucial step in connecting ALHIV to SRH services. Adolescents emphasised the importance of innovative approaches, such as peer-led programs, which allow them to discuss SRH issues without fear of judgement or rejection. As highlighted in studies, peer networking provides ALHIV with a safe space to share experiences and learn about sexuality through their peers.[29] Eliciting SRH information through media and support groups increase knowledge on SRH,[27,30] thereby empowering ALHIV to make informed decisions.[31] However, ensuring that the information shared in these settings is evidence-based and reliable remains a priority.

This study also emphasises the importance of adolescent-friendly healthcare services. Adolescents living with HIV advocated for supportive environments where healthcare workers are trained to understand and address adolescents' developmental and health needs.[32] In Zambia, similar calls for adolescent-friendly clinics have resulted in better outcomes for ALHIV,[33] suggesting that investments in healthcare provider training and leadership commitment are critical.[34] Adequate training for healthcare professional should focus on addressing personal biases and equipping them with the skills to provide adolescent-friendly SRH care, ensuring that ALHIV receive appropriate and comprehensive support.

Leadership commitment and capacity building are important in enhancing the quality of adolescent-friendly SRH services.[35] Such measures can reduce stigma, improve communication between healthcare providers and adolescents, and ensure that ALHIV have access to age-appropriate and culturally sensitive SRH services.[17]

STRENGTHS AND LIMITATIONS

The inclusion of both adolescents and nurses as participants enhances the depth of the findings. This dual perspective allows for a more comprehensive understanding of the barriers and facilitators to SRH access. Although the study achieved data saturation, the small sample size, particularly for nurses may limit the generalisability of the findings. As the data were collected through interviews, participants may have been influenced by social desirability bias, potentially underreporting sensitive issues related to SRH.

CONCLUSIONS

The study offers valuable contributions to the understanding of SRH access for ALHIV. It underscores the urgent need for culturally sensitive, adolescent-friendly healthcare interventions and highlights the critical role of nurses in supporting this vulnerable population. Future research should aim to address the identified limitations by including larger, more diverse samples and employing mixed methods approaches to further explore these findings.

IMPLICATIONS FOR RESEARCH, POLICY AND PRACTICE

Nurses are encouraged to expand their roles in sexual and reproductive healthcare, offering more tailored, adolescent-friendly services that address the unique needs of adolescents living with HIV. Future studies should also explore the specific challenges faced by healthcare professionals, particularly nurses in delivering these services, which will help in identifying effective strategies and interventions for quality of care.

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REFERENCES

1. Abdurahman C, Oljira L, Hailu S, Mengesha M. Sexual and reproductive health services utilization and associated factors among adolescents attending secondary schools. *Reprod Health*. 2022;19(161):1-10. Available from: https://doi.org/10.1186/s12978-022-01468-w
2. Leekuan P, Kane R, Sukwong P, Kulnitichai W. Understanding sexual and reproductive health from the perspective of late adolescents in Northern Thailand: a phenomenological study. *Reprod Health*. 2022;19(230):1-17. Available from: https://doi.org/10.1186/s12978-022-01528-1
3. World Health Organization (WHO). Strategic Guidance on Accelerating Actions for Adolescent Health in South-East Asia Region (2018–2022). World Health Organization. South-East Asia. 2018. [cited 2024 Jan 15]. Available from: https://iris.who.int/handle/ 10665/274312
4. Hung MV, Khoa DV, Tinh HQ, Thuy TH, Hung ND. Extra-curricular activities improved reproductive health knowledge of ethnic minority high-school students in Vietnam. *J Family Reprod Health*. 2019;13(2):80-85. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6969890/
5. Yiltok ES, Ebonyi AO, Ejeliogu EU. Sexual and reproductive health in HIV-positive adolescents. *Ann Med Res*. 2020;1(11);1-5. Available from: https://doi.org/10.25259/anmrp_18_2020
6. Liang M, Simelane S, Fortuny Fillo G, Chalasani S, Weny K, Salazar Canelos P, et al. The state of adolescent sexual and reproductive health. *J Adolesc Health*. 2019;65(6S):S3-S15. Available from: https://doi.org/10.1016/j.jadohealth.2019.09.015
7. Slogrove AL, Mahy M, Armstrong A, Davies MA. Living and dying to be counted: What we know about the epidemiology of the global adolescent HIV epidemic. *J Int AIDS Soc*. 2017;20:21520.
8. Lowenthal ED, Bakeera-Kitaka S, Marukutira T, Chapman J, Goldrath K, Ferrand RA. Perinatally acquired HIV infection in adolescents from sub-Saharan Africa: a review of emerging challenges. *Lancet Infect Dis*. 2014;14(7):627-39. Available from: https://doi.org/10.1016/s1473-3099(13)70363-3
9. Hamzah L, Hamlyn E. Sexual and reproductive health in HIV-positive adolescents. *Curr Opin HIV AIDS*. 2018;13(3):230-5.

10. Leekuan P, Kane R, Sukwong P, Kulnitichai W. Understanding sexual and reproductive health from the perspective of late adolescents in Northern Thailand: a phenomenological study. *Reprod Health*. 2022;19(230):1-17. Available from: https://doi.org/10.1186/s12978-022-01528-1
11. Guilam-Ramos V, Kaiser M, Benzekri A, Hidalgo A. Nurses at the frontline of public health emergency preparedness and response: lessons learned from the HIV/AIDS pandemic and emerging infectious disease outbreaks. *Elsevier Public Health Emerg Coll*. 2021;21(10):e326-e333.
12. Mohammed RA, Al-Rafay SS, Fathy Z. Nursing performance regarding care of children suffering from human immunodeficiency virus/AIDS. *Egypt J Health Care*. 2022;13(3):217-28.
13. Albright JN, Fair CD. Providers caring for adolescents with perinatally acquired HIV: current practices and barriers to communication about sexual and reproductive health. *AIDS Patient Care STDS*. 2014;28(11):587-93.
14. Plesons M, Cole CB, Hainsworth G, Avila R, Biaukula KV, Husain S, Janušonytė E, Mukherji A, Nergiz AI, Phaladi G, Ferguson BJ. Forward, together: a collaborative path to comprehensive adolescent sexual and reproductive health and rights in our time. *J Adolesc Health*. 2019;65(6 Suppl):S51-62
15. Warren CE, Mayhew SH, Hopkins J. The current status of research on the integration of sexual and reproductive health and HIV services. *Stud Fam Plann*. 2017;48(2):91-105.
16. Chem ED, Ferry A, Seeley J, Weiss H, Simms V. Health-related needs reported by adolescents living with HIV and receiving antiretroviral therapy in sub-Saharan Africa: a systematic literature review. *J Int AIDS Soc*. 2022;25:1-12. Available from: https://doi.org/10.1002/jia2.25921.
17. Folayan M, Harrison A, Odetoyinbo M, Brandon B. Tackling the sexual and reproductive health and rights of adolescents living with HIV/AIDS: A priority need in Nigeria. *Afr J Reprod Health*. 2014; 18(3): 102-108. Available from: https://pubmed.ncbi.nlm.nih.gov/26050382/
18. David AN, Salako AO, Gbaja-Biamila TA, Odubela OO, Opaneye BA, Wapmuk AE, Ezemelue PN, Musari-Martins TE. Pediatric HIV treatment outcome in Lagos: the Nigerian Institute of Medical Research experience. *Trends Res*. 2020;4:1-5
19. Jonas K, Crutzen R, Krumeich A, Roman N, Bore BV, Reddy R. Healthcare workers' beliefs, motivations and behaviours affecting adequate provision of sexual and reproductive healthcare services to adolescents in Cape Town, South Africa: a qualitative study. *BMC Health Serv Res*. 2018;18(1):1-13. Available from: https://doi.org/10.1186/s12913-018-2917-0.
20. Mkumba LS, Nassali M, Benner J, Ritchwood TD. Sexual and reproductive health needs of young people living with HIV in low- and middle-income countries: a scoping review. *Reprod Health*. 2021;18(219):1-14. Available from: https://doi.org/10.1186/s12978-021-01269-7.
21. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006; 3(2): 77-101.
22. Aguinis H, Solarino AM. Transparency and replicability in qualitative research: the case of interviews with elite informants. *Strategic Manag J*. 2019;40(8):1291-315.
23. Mkumba LS, Nassali M, Benner J, Ritchwood TD. Sexual and reproductive health needs of young people living with HIV in low- and middle-income countries: a scoping review. *Reprod Health*. 2021;18(219):1-14. Available from: https://doi.org/10.1186/s12978-021-01269-7.
24. Lawrence S, Moraa H, Wilson K, Mutisya I, Neary J, Kinuthia J, et al. 'They just tell me to abstain:' variable access to and uptake of sexual and reproductive health services among adolescents living with HIV in Kenya. *Front Reprod Health*. 2021;3:1-10. Available from: https://doi.org/10.3389/frph.2021.644832
25. Ndongmo TN, Ndongmo CB, Michelo C. Sexual and reproductive health knowledge and behavior among adolescents living with HIV in Zambia: a case study. *Pan Afr Med J*. 2017;26(71):1-12. Available from: https://doi.org/10.11604%2Fpamj.2017.26.71.11312
26. Kaunda-Khangamwa BN, Munthali A, Manderson L. Ethnographic understandings of sexual and reproductive health and HIV care for adolescents in Blantyre, Malawi. *Reprod Health Matters*. 2023;31(1):1-13. Available from: https://doi.org/10.1080/26410397.2023.2209956
27. Hodgson I, Ross J, Haamujompa C, Gitau-Mburu D. Living as an adolescent with HIV in Zambia – lived experiences, sexual health and reproductive needs. *AIDS Care*. 2012; 24(10): 1204-1210. Available from: https://doi.org/10.1080/09540121.2012.658755
28. Pettitt ED, Greifinger RC, Phelps BR, Bowsky SJ. Improving health services for adolescents living with HIV in Sub-Saharan Africa: A multi-country assessment. *Afr J Reprod Health*. 2013;17(4): 17-31
29. Sehnem GD, Pedro EN, Ressel LB, Vasquez ME. Adolescents living with HIV/AIDS: sexuality experiences. *Rev Gaúcha Enferm*. 2018; 39: 1-10. Available from: https://doi.org/10.1590/1983-1447.2018.2017-0194
30. Steiner RJ, Pampati S, Rasberry CN, Liddon N. 'Is it really confidential?' A content analysis of online information about sexual and reproductive health services for adolescents. *J Adolesc Health*. 2019; 64(6): 725-731. Available from: https://doi.org/10.1016/j .jadohealth.2018.11.022
31. Macharia P, Pere-Navarro A, Inwani I, Nduati R, Carrion C. An exploratory study of current sources of adolescent sexual and reproductive health information in Kenya and their limitations: Are mobile phone technologies the answer. *Int J Sex Health*. 2021; 33(3): 357-370. Available from: https://doi.org/10.1080/19317611.2021.1918311
32. Woollett N, Pahad S, Black V. 'We need our own clinics': Adolescents' living with HIV recommendations for a responsive health system. *PLoS One*. 2021; 16(7): 1-19. Available from: https://doi.org/10.1371/journal.pone.0253984
33. Mburu G, Hodgson J, Teltschik A, Ram M, Haamujompa C, Bajpai D, et al. Rights-based services for adolescents living with HIV: adolescent self-efficacy and implications for health systems in Zambia. *Reprod Health Matters*. 2013; 21(41): 176-185. Available from: https://doi.org/10.1016/S0968-8080(13)41701-9
34. Okawa S, Mwanza-Kabaghe S, Mwiya M, Kikulhi K, Jimba M, Kankasa C, et al. Sexual and reproductive health behaviour and unmet needs among a sample of adolescents living with HIV in Zambia: a cross-sectional study. *Reprod Health*. 2018;15(55):1-10. Available from: https://doi.org/10.1186/s12978-018-0493-8
35. Boku GG, Abeya SG, Ayers N, Abera M. Leadership commitment and the quality of adolescent-friendly sexual reproductive health services in public health facilities among pastoral districts of Guji Zone, Ethiopia. *J Healthc Leadersh*. 2024;16: 53-66. Available from: https://doi.org/10.2147/JHL.S44195