



JOURNAL OF COMMUNITY MEDICINE AND PRIMARY HEALTH CARE

ORIGINAL ARTICLE

Service Marketing and Intentions to Access Sexual and Reproductive Health Among Young Adults in Nakivale Refugee Settlement: A Qualitative Perspective

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Keywords

Service Marketing

Mix-intention,

Qualitative Study,

Sexual Reproductive

health,

Refugee.

Article History:

Date Received: 15/03/2025

Date Accepted: 11/06/2025

ABSTRACT

Background: Access to sexual and reproductive health (SRH) products is vital for enhancing individual well-being and socio-economic outcomes. However, marginalized populations, particularly refugees in Uganda, face significant barriers that limit their ability to seek and utilize these essential health services. Understanding these barriers is crucial for addressing the needs of these vulnerable groups.

Methodology: This qualitative study explores factors influencing young adults' intentions to access SRH products within the Nakivale Refugee Settlement. Data were collected through in-depth interviews, and thematic analysis was used to identify how various components of the service marketing mix—such as price, place, promotion, products, process, physical evidence, and personnel—interact with cultural beliefs, economic realities, and social norms, influencing attitudes and behaviours toward SRH services.

Results: The findings reveal significant barriers, including a lack of essential SRH products, high costs necessitating informal payment methods, and infrastructural challenges that impede service access. Cultural stigmas and privacy concerns further complicate service uptake, often overshadowing promotional efforts. While some participants reported positive healthcare interactions, many expressed dissatisfaction due to substandard care and unwelcoming environments.

Conclusion: This study underscores that social pressures and traditional values significantly influence SRH health-seeking behaviours, diminishing the effectiveness of basic marketing strategies. There is an urgent need for culturally sensitive and trust-building approaches to address these issues. By integrating marketing principles with community engagement, stakeholders can develop more effective interventions, ultimately improving sexual and reproductive health outcomes in refugee settlements.

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INTRODUCTION

Access to sexual and reproductive health (SRH) products is a fundamental human right that underpins multiple dimensions of well-being, including the prevention of HIV transmission, reduction of teenage pregnancy, and improvement of long-term socio-economic outcomes.^{1,2} When these rights are curtailed, individuals—especially women and young adults—face compromised educational and economic opportunities, further entrenching poverty cycles and undermining workforce quality and productivity. Interventions that enhance access to SRH services, ensure universal health coverage (UHC), and respond effectively to humanitarian contexts have demonstrated the potential to improve health outcomes and mitigate such risks.³

Despite significant efforts, awareness and access to sexual and reproductive health (SRH) products remain limited in many low-resource settings, particularly among rural, traditional, and displaced populations.^{4,2} Refugees, especially those in low- and middle-income countries (LMICs), face unique challenges that further exacerbate this issue, including limited language proficiency, cultural barriers, restricted healthcare resources, and disrupted care continuity.⁵ Uganda, currently hosting one of the largest refugee populations in the world, exemplifies these constraints. Displaced persons residing in settlements such as Nakivale often struggle to access adequate SRH services due to infrastructural inadequacies, cost barriers, and limited culturally sensitive outreach.^{6,7} This lack of access directly affects the ‘intention to access’ healthcare, which refers to individuals’ willingness to seek and utilize available services to maintain or improve their health.⁸ Sexual health, encompassing physical, mental, social, and emotional well-being, is significantly influenced by individual factors such as body

image, interpersonal relationships, and cultural norms.⁹ Vulnerable populations, including refugees, often face heightened risks and systemic barriers that limit their healthcare-seeking behaviours. These groups experience socioeconomic disadvantages, language barriers, and instances of discrimination,^{10,11} all contributing to a disconnect between available services and the intent to utilize them. The combined effects of awareness, socioeconomic factors, and cultural barriers underscore the urgent need for targeted interventions to enhance access and improve health outcomes in these underserved communities.

Furthermore, the factors influencing access to sexual and reproductive health (SRH) products and services include geographical location, affordability, cultural acceptance, language proficiency, and quality of care. While previous studies have frequently focused on young adult women’s access to SRH,¹² there is a noticeable gap in examining the perspectives of marginalized refugee populations, encompassing both genders, through the lens of service marketing. Specifically, the service marketing mix, which includes the 7Ps—product, price, place, promotion, people, process, and physical evidence—can significantly influence individuals’ intentions to access SRH services by enhancing perceived value, satisfaction, and trust—key components for sustainable healthcare utilization.^{13,14} In Uganda, the concerning indicators of sexual and reproductive health further illustrate these challenges. For instance, the modern contraceptive prevalence rate for women stands at only 24.2%, while the use of short-acting contraception is at 19.3%.¹⁵ Additionally, poor-quality service delivery points and unreliable SRH commodities, often compounded by unofficial costs, erode trust and hinder access.^{16,17} Cultural and religious influences complicate the uptake of these

services, leading to lower contraceptive usage and contributing to adverse outcomes such as unintended pregnancies and an increased incidence of sexually transmitted infections.^{18,2}

Moreover, refugees living in settlements like Nakivale encounter extra challenges. Poor infrastructure, language barriers, and a lack of culturally sensitive promotional strategies restrict their awareness and willingness to seek care.^{11,6} Marketing evidence suggests that integrated marketing interventions could effectively reshape these communities' behavioural intentions and service utilisation patterns.¹⁹ However, the literature connecting the service marketing mix to improved SRH access among vulnerable refugees remains limited.^{20,21} This research seeks to fill these knowledge gaps by exploring the impact of the service marketing mix on the intention to access SRH products among marginalized young adults in Nakivale Refugee Settlement, Uganda.

METHODOLOGY

The study was carried out in Nakivale Refugee Settlement, Isingiro District, Southwest Uganda, home to a diverse refugee population from countries such as Somalia, Rwanda, Ethiopia, Eritrea, Burundi, and the Democratic Republic of the Congo.²² This qualitative study explored how the services marketing mix (7Ps) affects young adults' decisions to access sexual and reproductive health (SRH) products. Utilizing a phenomenological approach, the research focused on understanding participants' experiences and perceptions, which is crucial for grasping how service elements and cultural factors influence consumer choices in the SRH context.

The study employed purposive sampling, selecting 20 participants (12 females and 8 males aged 18-26) from three diverse zones:

Juru, Base Camp, and Rubondo. This demographic choice was intentional; as young adults often face unique challenges in SRH decision-making. Local community leaders and health outreach workers assisted in recruitment, promoting trust and reducing biases in participant selection. Data collection involved in-depth, semi-structured interviews lasting 60 to 90 minutes, conducted in private settings to ensure confidentiality. Interviews were transcribed and back-translated to ensure accuracy. Codes were clustered into themes aligned with the 7Ps of the service marketing mix and behavioural constructs related to SRH access. This study was approved by the research ethics committee 'REC' of Mbarara University of Science and Technology (MUST-2024-1523). All participants provided informed consent. The researchers ensured respect for confidentiality, privacy, and cultural sensitivities throughout the research process.

RESULTS

Participant characteristics:

Of the 20 participants, 8 (40%) were male and 12 (60%) were female. Participants were drawn from Juru (30%), Base Camp (30%), and Rubondo (40%), ensuring a diverse representation of experiences within the settlement.

Theme 1: SRH Products

There seem to be interconnected challenges in product access, quality, utility, and varying attitudes toward SRH products among youth. Frequent shortages and inconsistencies in product availability, combined with insufficient guidance from health workers, have eroded trust and diminished intention to use these resources. Persistent gendered inequities, reflected in the difficulty girls face in accessing essential

hygiene products, further compound the issue. Below are some of the subthemes and voices from participants.

Access to and Availability of Products

Participants frequently expressed dissatisfaction with the availability and variety of sexual and reproductive health (SRH) products. Several noted that essential items, particularly medications, were often missing from health centres:

‘I do not go to the health centre because the drugs are usually not there.’

(Respondent 8-Female from Base)

‘There are no sexual reproductive health drugs or condoms at the school clinic, so there is no reason to visit.’(R11-MR)

In addition to medications, there was a reported shortage of basic hygiene materials essential for maintaining sexual health. Participants highlighted the importance of soap, clean water, and other hygienic materials to prevent infections like urinary tract infections (UTIs). ‘We lack materials like soap and water to prevent UTIs.’(R1-FR) ‘If the materials are enough, they can help us keep good sexual hygiene.’(R13-FR)

A common concern was that while certain products, such as sanitary pads, were sometimes provided, their distribution remained inconsistent and insufficient to meet demand. This shortage disproportionately affected female participants, who noted the impact on their daily lives and educational attendance: ‘Lack of pads forces girls to stay home and not attend school, so having them available is necessary.’(R4-FJ)

‘We have some products, but not enough to meet our needs during menstruation.’(R13-FR)

For those residing in refugee settings, there was a call for community cooperation and cost-sharing mechanisms to ensure affordable access to menstrual hygiene products:

‘We advocate for cooperation among refugees so that products like pads are available at a cheaper cost.’(R12-FB)

Perceived Quality and Usefulness of Products

Participants underscored the value of SRH products in promoting hygiene and preventing infections, emphasizing that adequate and appropriate materials can foster better health practices:

‘Products are useful in cleaning sexual reproductive parts.’(R2-FR)

‘They provided soap and buckets so we can stay clean and protect our reproductive parts.’(R18-FB)

However, concerns over product quality surfaced. Some participants recounted incidents where expired products were distributed, leading to fears about potential health risks and discouraging future engagement with the health services: ‘I was given something expired, and now I am afraid to go back to the hospital because expired things can cause diseases in private parts.’ (R9-FR)

Misperceptions, Youth Perspectives, and Intention to Use Products

Cultural perceptions and individual readiness also influenced product uptake and use. Some

young participants, although of legal age, perceived themselves as too young or not yet ready for certain SRH products—most notably condoms—citing a desire to delay sexual activity until reaching university: ‘Some of us do not intend to access SRH products like condoms because we believe we are still young; even if we are over 18, we want to wait until university.’(R4-FJ)

Additionally, participants described inadequate guidance from health workers regarding the proper use of available products. Lack of clear instructions and counselling not only reduced motivation to utilize resources but also diminished trust in health centres: ‘Health workers just give out drugs without much information on how to prevent UTIs, only telling us to wear dry knickers and urinate properly.’(R1-FR) ‘We are given these products but do not know how to use them. Our intention to use them declines unless we learn or become creative and innovative.’(R20-FB)

Finally, perceptions that providing condoms freely might inadvertently promote early or riskier sexual activity were also noted: ‘Having condoms freely available would encourage and promote sexual activity.’(R9-FR)

Theme 2: SRH Price

Participants consistently highlighted the cost of sexual and reproductive health (SRH) products and services as a critical barrier, which deeply affected their ability to access essential resources. Many expressed their frustration, noting that their intention to seek SRH support was heavily influenced by their financial circumstances, often leaving them feeling trapped and unsupported. For instance, one young woman shared her experience: ‘I hardly go for SRH products because they cost a lot.

Sometimes, I need sanitary pads, but I choose between buying those or saving for my transportation to school. It feels overwhelming, and there is always that anxiety in my mind, especially during my period when I have to find ways to cope without the proper products.’(R7-FJ)

Similarly, a young man voiced his concerns regarding education on SRH topics: ‘We do not have the money to find people to teach us about SRH needs. I often hear about workshops or seminars on these issues, but the fees are too high for my family. It’s disheartening because I know that understanding this information is crucial, but my parents struggle to cover our daily necessities, let alone pay for workshops.’(R5-MB)

Another young participant detailed the struggles regarding the cost of reusable sanitary products: ‘Some reusable pads cost over 10,000, and I cannot afford them. I have tried making my own pads at home, which is also challenging. I worry about sustaining my menstrual health without sacrificing other important things like food or school supplies.’(R13-FR)

Clearly, the financial barriers to accessing SRH products and services extend beyond mere inconvenience; they significantly impact the participants’ overall health, well-being, and educational opportunities. The lack of affordable options leaves them with few choices, forcing them to prioritize immediate needs over critical health care, which can lead to further complications down the line. High prices were a direct deterrent and a reason for creativity and improvisation. Participants resorted to makeshift solutions or refrained from seeking care when certain products became unattainable.

Additionally, participants noted that economic solutions could arise if the market became more competitive: ‘If more people started selling these products like pads in the camp, they could become cheaper.’(R1-FR)

However, some participants reported informal payment demands by certain health workers, which exacerbated affordability challenges and potentially eroded trust in the health system. ‘If you go to a hospital where you expect the SRH products to be free or a little cheaper, the hospital personnel often ask for ‘kintu-kiddogo’, some fee, to give them out. Then we run out of options.’ (R3-MR)

Theme 3: SRH Place

Access to SRH services was significantly shaped by geographic proximity, infrastructure, and physical location. While some participants living near health centres found them readily accessible, others residing farther away described poor road networks and long distances as significant barriers: ‘Those near the health centres can access them easily, but those far away find them inaccessible and must rely on NGO programs.’ (R10-MJ) ‘Poor road networks affect our intention to access these services, especially when we come from far away.’(R15-FR)

Participants also expressed preferences regarding the physical environment of SRH service points. Privacy and discreet labelling emerged as critical factors in their comfort levels: ‘We want secure and unmarked locations to maintain our privacy without feeling ashamed.’(R17-FJ)

Another participant noted, ‘Some people prefer well-labelled places so those in need can easily locate them without accidentally entering private homes.’(R16-MB)

In settings where SRH services were not clearly marked or where resources were scarce, participants felt uncertain about where to turn: ‘We do not know where to find such services, like counselling for boys.’(R6-MJ) ‘Some centres have little to no SRH products, even after walking a long distance to get there.’(R15-FR)

Theme 4: SRH Promotion

The promotion of SRH products and services was perceived as ambivalent. While some participants acknowledged the importance of awareness campaigns, others worried that extensive promotion might inadvertently encourage riskier sexual behaviour: ‘We are aware that condoms can prevent HIV.’(R19-MR)

In contrast, another remarked: ‘Too much promotion of SRH services, like condoms, might promote sexual activity.’(R9-FR)

Participants also noted a need for more educational materials—such as charts, demonstrations, and community training sessions—to ensure proper understanding and usage of SRH products:

‘We have a few promotional materials showing how to use these products. We get them but do not know what to do and must be creative.’(R12-FB) ‘Through my experience with various organizations that educate us about the sexual and reproductive health needs of girls, I have come to understand and embrace the idea that it is perfectly acceptable for a girl to be on her period.’ (R17-FJ) ‘If we were taught properly, we could educate others in the community.’(R14-MR)

Also, Social learning and promotional efforts played a dual role. Although knowledge campaigns increased general awareness—such as the importance of condoms to prevent HIV—

they did not always translate into consistent service uptake. Limited, inappropriate, or non-existent guidance materials and the scarcity of user-friendly instructions further blunted participants' intentions: 'Without knowing how to use these products correctly, we lose interest and must be 'creative,' which reduces our willingness to keep accessing them.'(R12-FB)

This underscores a desire for well-balanced, informative promotion strategies that enhance knowledge and self-efficacy without unintended consequences.

Theme 5: SRH People (Service Providers)

The role of health workers and others involved in delivering SRH services emerged as a pivotal theme. Participants highlighted staff shortages, lack of professionalism, and inadequate guidance as factors reducing their intention to seek care: 'We lack people to teach us how to prevent diseases when we go to the hospital.'(R5-MB) 'Health workers are not enough; some provide lousy service, are rude, and look down on us.'(R15-FR)

Social connections and informal networks influenced access, with participants noting that those with family or friends who are health workers enjoyed preferential treatment: 'If your parents are health workers or friends with them, you get your SRH needs first.'(R3-MR)

Cultural assumptions and biases also appeared to shape service delivery. Some participants perceived that organizations predominantly focused on girls' SRH needs, assuming their greater vulnerability, while boys' needs—such as counselling—were overlooked.

Theme 6: SRH Physical Evidence

Physical evidence of service quality and appropriateness played a role in shaping trust and comfort. The condition of health facilities, availability of clean water, soap, and other hygiene materials, as well as the presence or absence of discreet signage, influenced participants' willingness to engage with SRH services: 'The health centres near us are not private enough; we can be seen asking for condoms.'(R16-MB) 'Some girls say there is not enough clean water to use with soap and buckets to keep themselves clean.'(R10-MJ) Providing tangible cues—such as secure, well-maintained, and discreet service points—could enhance comfort and encourage more consistent use of SRH services.

Theme 7: SRH Process

Finally, the service delivery process, including the organization of patient flow and the clarity of instructions, impacted user experiences and intentions. Some participants emphasized the importance of a streamlined, respectful process: 'If we had clear identification and a streamlined process at the hospital, like which line to enter, we would feel comfortable returning for services. Otherwise, the lines can be exhaustingly long.'(R2-FR)

Inefficient or confusing processes and limited staff engagement deterred many from returning. Intermittent availability of healthcare professionals and long waiting times also undermined participants' confidence in the reliability of SRH service delivery: 'We are hesitant to use these services because doctors are often absent from the health centres. It can be really exhausting to walk to these distant locations and find that the doctors are not there.'(R7-FJ)

This sentiment underscores a broader concern about accessibility and trust in the healthcare system, highlighting the necessity for reliable physician presence to foster community utilization of available health services.

DISCUSSION

Understanding how young adults access sexual and reproductive health (SRH) services is multifaceted. A range of service marketing factors plays a significant role in shaping their intentions and behaviours. Key among these are financial constraints, which affect the affordability of services, along with logistical barriers related to healthcare facility accessibility. Moreover, varied perceptions of advertising and promotional efforts significantly influence how young adults engage with available SRH services. Interactions with healthcare providers constitute another crucial element. The ‘People’ aspect of the 7Ps framework underscores the importance of personal relationships in healthcare delivery. Trustworthy, empathetic, and well-trained providers can dramatically enhance perceived service quality and positively influence young adults’ attitudes towards seeking care. Conversely, negative encounters—such as hurried consultations or unkind treatment—can diminish trust and deter future healthcare engagement. Recent studies have demonstrated that capacity-building programs, cultural competency training, and ongoing professional development for healthcare workers effectively enhance client-provider relationships, which are vital for fostering continued use of SRH products.^{5,6}

In addition to interpersonal factors, the physical environment of healthcare facilities plays a significant role in shaping young adults’ experiences. Creating transparent, discreet, and

youth-friendly service processes alongside supportive environments is essential for promoting comfort and confidentiality—highly valued by young adults and vulnerable populations. Effective strategies, such as streamlining patient flows and establishing separate, youth-centred service areas, have successfully increased SRH service uptake in various humanitarian contexts.¹¹ Furthermore, addressing financial barriers through innovative financing solutions, subsidies, or partnerships with non-governmental organizations (NGOs) can enhance affordability and align with global initiatives for equitable access to critical health resources.

Another significant barrier to accessing SRH services is insufficient awareness. Culturally sensitive promotional strategies—such as multilingual materials, peer education programs, and community dialogues—are essential for elevating health literacy, combating stigma, and creating a supportive environment for SRH product usage. Recent advancements in digital health interventions, including SMS-based health education and interactive mobile applications, have shown promise, particularly in refugee and rural contexts.⁷ These strategies are supported by a growing body of research advocating for innovative communication methods that resonate with young audiences.²³

Cultural beliefs also profoundly influence young adults’ perceptions of SRH. Stigmas surrounding reproductive health, coupled with family expectations and cultural taboos, significantly impact their willingness to seek care.¹¹ Traditional gender roles often portray girls as more ‘fragile,’ restricting boys’ education on SRH topics, while young women frequently encounter barriers due to pervasive stigma. However, positive change is possible

through the concerted efforts of community organizations and NGOs that promote education on vital topics, such as menstruation and sexual health, thereby contributing to the gradual evolution of cultural norms. Research indicates that culturally tailored health communication and community engagement strategies can effectively dismantle these barriers, emphasizing the importance of involving community leaders, youth advocates, and religious figures to foster meaningful change in attitudes and behaviours.^{23,24}

In conclusion, addressing young adults' challenges in accessing SRH services requires a comprehensive approach that includes enhanced education, improved provider interactions, supportive environments, and actionable strategies to reduce financial barriers. By prioritizing these elements, we can foster a more inclusive healthcare landscape that empowers young adults to seek SRH services.

RECOMMENDATION

The study recommends that NGOs and refugee community leaders facilitate open discussions on sexual and reproductive health (SRH) to reduce stigma, using community-tailored promotional materials. The government should establish subsidized programs to make essential SRH products more affordable and support local businesses in their production. Improved infrastructure, such as better roads and transportation, will enhance access to health centers, while discreet, well-marked SRH service areas within health facilities will ensure privacy and respect for cultural concerns. Additionally, training healthcare workers to be culturally aware and approachable is crucial, along with actively involving young refugees in program design and feedback to ensure services effectively meet their needs.

IMPLICATIONS

This study offers valuable insights for theory and practice in healthcare marketing, particularly in resource-limited refugee settings. It underscores the importance of adapting traditional marketing frameworks to include cultural norms and psychological factors essential for understanding health service utilization. Practically, it highlights that enhancing sexual and reproductive health service usage requires a holistic approach that goes beyond product improvement and pricing adjustments. Policymakers, NGOs, and healthcare providers should focus on culturally informed interventions, leveraging the marketing mix, improving provider competencies, and building trust within refugee communities to address these health needs effectively.

ETHICAL CONSIDERATIONS

Approval by the research and Ethics Committee of Mbarara University was got and the protocol number is MUST 2024-1523

CONFLICT OF INTEREST

There is no conflict of interest.

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