MEDICALIZATION, STIGMA AND BODILY AUTONOMY AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN GOMBE METROPOLIS, NIGERIA: A QUANTITATIVE ANALYSIS

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Abstract

Research Problem: *Adolescent girls and young women (AGYW) face several social, cultural, and institutional factors that may influence their ability to make independent decisions concerning their reproductive health and bodies.*
Methods/Theories: *Cross-sectional quantitative research design was used. The study targeted AGYW aged 15 to 24 years in Gombe Metropolis. A multi-stage sampling technique was used to select Pantami, Jekadafari, Tudun-Wada, and Herwagana wards, while respondents were selected through accidental sampling. Data collected were analysed using frequencies and percentages.*
Results*: The findings revealed that 72.3% of respondents agreed that AGYW often depend on hospitals or clinics for reproductive health services, while 65.6% reported that dependence on formal healthcare providers makes access more difficult. Furthermore, 68.1% indicated that fear of stigma prevents AGYW from independently making health choices, while 73.9% agreed that social stigma limits autonomous contraceptive decision-making. Regarding healthcare services, 74.4% agreed that negative attitudes of healthcare workers contribute to shame and stigma.*
Conclusions: The study concludes that medicalization of reproductive

healthcare and social stigma significantly shape AGYW's reproductive health experiences and bodily autonomy.

Key Contributions to Knowledge

The study contributes to knowledge by showing how medicalization, social stigma, and healthcare practices influence reproductive health autonomy among adolescent girls and young women in Gombe Metropolis.

***Recommendations**: The study recommends that youth-friendly reproductive healthcare, strengthened community-based reproductive health education, and continuous training of healthcare providers in confidential, respectful, non-judgmental, and adolescent-responsive care.*

INTRODUCTION

Bodily autonomy is a critical component of the health of adolescent girls and young women (AGYW) and reflects their ability to make educated, voluntary, and autonomous decisions about their bodies, sexuality, and reproductive health. Many social, cultural, institutional, and economic factors that affect AGYW's access to resources, information, and decision-making power have an impact on their ability to exercise physical autonomy, particularly those between the ages of 15 and 24 (UNFPA, 2021). Recent global data shows that reproductive autonomy is still closely associated with healthcare accessibility, gender equality, and young women's involvement in decisions that affect their reproductive lives (WHO, 2022).

Reproductive health decisions are influenced by society norms, healthcare systems, family expectations, and general gender relations. The interaction between social structures and human agency determines whether or not AGYW can independently seek reproductive healthcare, get contraception, and make informed decisions about their bodies. According to Chandra-Mouli et al. (2021), social circumstances including parental influence, cultural expectations, and provider attitudes have a significant impact on young women's healthcare experiences and reproductive decision-making. When young women have little access to information, healthcare, and private support, their ability to make independent reproductive decisions may be significantly reduced (Yakubu & Salisu, 2020).

Among AGYW, medicalization and social stigma have arisen as significant sociocultural phenomena affecting bodily autonomy. The process by which human experiences, behaviors, and diseases are described within medical frameworks often necessitating professional diagnosis, monitoring, or intervention is referred to as "medicalization." Medicalization can increase access to healthcare and offer essential medical support, but an over-reliance on healthcare facilities may transfer power from people to experts and institutional practices (Conrad, 2020). When experiences like menstruation, sexuality, contraception and pregnancy-related decisions are predominantly managed by medical systems rather than by personal agency and informed choice, this process may take place in the context of reproductive health (Lupton, 2021). Previous studies conducted in Nigeria have demonstrated that social expectations, cultural beliefs, and healthcare practices significantly influence reproductive health behaviors and service utilization among young women (Oluwole et al., 2023).

In Gombe Metropolis, where social and cultural structures may affect young women's experiences with reproductive healthcare, the situation needs special attention. There is little

empirical data on how medical authority, social judgment, and healthcare system practices interact to affect AGYW's capacity to exercise bodily autonomy in particular local contexts, despite the fact that earlier research has provided important insights into Nigeria's teenage reproductive health issues. Cultural expectations, gender norms, and restricted access to private healthcare facilities continue to be significant variables influencing young women's reproductive decisions, according to research on reproductive health in northern Nigeria (Abubakar et al., 2022). Therefore, among teenage girls and young women in Gombe Metropolis, this study investigates the connection between medicalization, stigma, and limited physical autonomy. The study specifically investigates how AGYW are impacted by the medicalization of reproductive healthcare; analyze how social stigma affects their exercise of bodily autonomy; and ascertain how healthcare services shape experiences of medicalization and stigma. As reproductive autonomy is widely acknowledged as a multifaceted concept influenced by both healthcare structures and social settings, it is crucial to comprehend these relationships (UNFPA, 2021).

The study sought to achieve the following objectives:

1. To examine how the medicalization of reproductive healthcare affected adolescence girls and young women in Gombe metropolis.

2. To analyze how social stigma affected adolescence girls and young women exercise of their bodily autonomy.

3. To examine the effect of health care service on medicalization and stigma on adolescence girl and young women in Gombe metropolis.

LITERATURE REVIEW

Conceptualising Medicalization, Stigma and Bodily Autonomy

A key idea in medical sociology is "medicalization," which describes how elements of human existence that were originally thought to be typical social or biological experiences are now classified as medical conditions that call for expert care. According to Conrad (2007), medicalization is the process by which non-medical behaviors or situations are changed into medical issues that are tracked and treated by medical specialists. Medicalization has enhanced access to healthcare services, diagnosis, and treatment in the field of reproductive health.

Medicalization affects how teenage girls and young women experience menstruation, sexuality, contraception, pregnancy, and making reproductive decisions. Even though healthcare systems offer crucial support, institutional obligations including consultations, prescriptions, approval processes, and expert judgment may lead to circumstances in which young women have less authority over decisions pertaining to their bodies. Medicalization is hence dual in nature, acting as a means of providing healthcare support as well as a possible cause of diminished autonomy when personal decisions become reliant on institutional authority.

The term "stigma" describes the social processes that lead to the unfavorable labeling, judgment, and exclusion of individuals or groups due to perceived traits or behaviors. According to Goffman (1963), stigma is a phenomenon that impacts a person's social identity by lowering social acceptance and fostering unfavorable attitudes. Stigma encompasses interrelated processes of labeling, stereotyping, isolation, status loss, and discrimination within unequal social interactions, according to Link and Phelan (2001).

Social attitudes on sexuality, pregnancy, contraception, and seeking medical attention frequently give rise to stigma in teenage sexual and reproductive health. Because they fear criticism from their families, communities, or medical professionals, AGYW may steer clear of reproductive healthcare treatments.

The ability of people to make decisions about their bodies without being subjected to coercion, prejudice, or needless limitations is known as bodily autonomy. The capacity to make knowledgeable decisions about contraception, the use of reproductive healthcare, menstruation management, and other personal health issues is a component of bodily autonomy for AGYW. However, gender norms, cultural expectations, healthcare systems, and social structures all influence bodily autonomy.

Medicalization and Adolescent Reproductive Healthcare

Adolescent reproductive healthcare experiences are significantly influenced by medicalization. Healthcare facilities offer treatment options, preventive treatments, and important information on reproductive health. However, AGYW may have less influence over reproductive choices if medical professionals and institutional regulations take a strong hold on them. According to Abubakar, Mohammed and Bello (2022), healthcare barriers for young people frequently include provider attitudes, limited confidentiality, rigid processes, and worries about being judged. These obstacles may deter teenagers from obtaining reproductive healthcare treatments and increase reliance on established healthcare systems.

Social Stigma and Adolescent Sexual and Reproductive Health

One of the biggest issues influencing teenage sexual and reproductive health worldwide is social stigma. Social expectations that control sexuality and reproductive behavior are common among young women, especially in societies where talking about sexual health is seen as delicate. AGYW may be discouraged from accessing reproductive healthcare treatments out of fear of being called unethical, careless, or socially unacceptable (Wahyuningsih et al., 2024).

Gender norms and cultural expectations frequently impact the reproductive health experiences of young women in Nigeria. Access to accurate information and professional support may be hampered by the stigma around sexual health conversations, pregnancy outside of socially acceptable situations, and contraception. These issues can be made worse by provider-related stigma when medical professionals act judgmentally or violate confidentiality. Therefore, stigma has an impact on bodily autonomy by restricting the right to free speech, lowering the use of healthcare, and deterring young women from making their own reproductive decisions.

Healthcare Services and Bodily Autonomy

Healthcare services have a big impact on whether or not AGYW's bodily autonomy is strengthened. Confidentiality, polite communication, accessibility, and teenage involvement in decision-making are all priorities of youth-friendly reproductive healthcare services. These strategies motivate young women to seek care and make wise decisions. On the other hand, autonomous decision-making may be hampered by healthcare systems that are marked by a lack of privacy, drawn-out procedures, stringent consent requirements, and unfavorable provider attitudes. AGYW may put off getting help or stay away from medical institutions entirely if they believe that these settings are dangerous or judgmental.

Empirical Review

Prior research has looked at teenage health experiences, stigma, and obstacles to reproductive healthcare in Nigeria and other developing nations. Social judgment, insufficient secrecy, provider attitudes, and a lack of youth-friendly services have all been found to be significant obstacles to young people's use of reproductive healthcare.

Research like Olajubu et al. (2025) examined obstacles to young people in Nigeria using sexual and reproductive healthcare and emphasized the impact of institutional and societal factors on access. Okeke et al. (2024) investigated the experiences of discrimination among youth seeking basic healthcare services and showed how interactions with healthcare providers affect health-seeking behavior.

Research Gap

Few studies have looked at how medicalization, social stigma, and healthcare system practices interact to affect bodily autonomy among AGYW in Gombe Metropolis, despite the fact that current research offers valuable insights into adolescent reproductive healthcare hurdles and stigma. Previous studies have largely focused on healthcare access, contraceptive use, or experiences with prejudice in various Nigerian situations. The link between medical authority, societal judgment, and individual agency has not gotten enough consideration within the sociocultural framework of Gombe Metropolis. In order to close this gap, this study offers empirical data on how medicalization and multi-level stigma affect young women's and adolescent girls' bodily autonomy.

MATERIALS AND METHODS

Research Design

A cross-sectional quantitative research design was used for the investigation. Because it allowed the researcher to gather information from adolescent girls and young women (AGYW) within a certain time period in order to investigate the connection between medicalization, stigma, healthcare practices, and bodily autonomy, this design was deemed appropriate. Without changing the study's characteristics, the design made it possible to gage respondents' views, experiences, and beliefs about reproductive healthcare choices. Because the study aimed to produce quantifiable data on the degree to which medicalization, stigma, and healthcare services impact bodily autonomy among AGYW in Gombe Metropolis, the quantitative technique was chosen.

Study Area

The research was carried out in Gombe Metropolis, Gombe State, Nigeria. The state's administrative and socioeconomic hub, Gombe Metropolis, is home to a wide range of people from various social, ethnic, and religious backgrounds. Adolescent girls and young women engage with reproductive health services in the area's healthcare facilities, educational institutions, and community structures. The study location was chosen because the interplay of healthcare systems, social expectations, and cultural norms affects AGYW's reproductive health experiences.

Population of the Study

Teenage girls and young women living in Gombe Metropolis between the ages of 15 and 24 made up the study's population. Because people in this age range go through significant changes in their sexuality, decision-making regarding reproductive health, education, and social identity formation, this population category was chosen.

Sample Size and Sampling Procedure

567 respondents made up the study's sample size. A multi-stage sampling strategy was employed to provide adequate

representation of respondents from different Gombe Metropolis locations. The first step was to identify relevant venues where qualified AGYW could be reached. In the second step, individuals were selected from the defined areas using appropriate sampling techniques. The multi-stage approach was considered suitable because the study population was distributed across multiple institutional and social settings. Participants were selected based on the inclusion criteria of being female, residing in Gombe Metropolis, being between the ages of 15 and 24, and being willing to participate in the study.

Instrument for Data Collection

The study used questionnaire as instrument for data collection. The questionnaire was divided into sections that addressed the following: respondents' demographics, medicalization experiences in reproductive healthcare, stigma associated with healthcare and society, experiences receiving healthcare services, and measures of bodily autonomy. To determine content validity, the research instrument was reviewed by experts in sociology, public health and research methods to make sure the ideas of medicalization, stigma, healthcare practices and bodily autonomy were sufficiently represented. Before it was administered, the final version of the instrument included the experts' findings and suggestions. A pilot test of respondents who were outside the chosen study area but had similar characteristics to the study population was used to determine the instrument's reliability. The internal consistency of the questionnaire items was evaluated by the reliability test. The reliability coefficient showed that the instrument could yield consistent results and was appropriate for measuring the study variables.

With the help of qualified research assistants, the researchers gave the questionnaire to the chosen respondents. Before completing the questionnaire, participants were adequately informed about the goal of the study. After being coded and verified for accuracy, the surveys were ready for statistical analysis.

Method of Data Analysis

The Statistical Package for the Social Sciences (SPSS) version 27.0 was used to analyze the data. The characteristics and responses of the respondents were summarized using descriptive statistics, such as frequencies, percentages, means, and standard deviations. Tables were used to display the results, which were then interpreted in accordance with the goals of the study. Understanding how medicalization, stigma, and healthcare services affect AGYW's bodily autonomy was the main goal of the investigation.

Ethical Considerations

The study was conducted with adherence to ethical norms. Respondents were made aware of the goal of the study prior to answering questions, and participation was entirely voluntary. By making sure that no personally identifiable information was gathered or shared, confidentiality and anonymity were preserved. Participants were told there would be no repercussions if they left the research at any point.

Limitations of the Methodology

The study's cross-sectional design made it difficult to determine the causes of medicalization, stigma, healthcare services, and bodily autonomy. Additionally, because reproductive health problems are sensitive, the use of self-reported responses may have increased the risk of response bias.

SECTION 4: THEORETICAL FRAMEWORK

Conrad's Medicalization Theory and Goffman's Stigma Theory serve as the theoretical foundation for this investigation.

Conrad's Medicalization Theory

The medicalization theory was developed by Peter Conrad to explain how human experiences, actions, and conditions that were formerly understood within social, moral, or personal frameworks are now categorized as medical problems that require professional treatment. Conrad (2007) asserts that medicine now includes not just the treatment of illnesses but also the management and administration of many aspects of daily life.

The concept of medicalization is particularly relevant to reproductive health because many aspects of women's bodies, such as menstruation, sexuality, contraception, pregnancy, and childbirth, are increasingly managed by medical facilities. Medical professionals frequently become important decision-makers in a variety of disciplines because of their authority and specific expertise. While more professional involvement may lead to improved healthcare access, diagnosis, and treatment.

Because numerous events related to women's bodies, including as menstruation, sexuality, contraception, pregnancy, and childbirth, are increasingly handled by medical institutions, the idea of medicalization is especially pertinent to reproductive health. Due to their authority and specialized knowledge, medical practitioners frequently play a significant role in making decisions in these fields. While better healthcare access, diagnosis, and treatment might result from this professional participation, it may also lead to circumstances in which people feel less in control of their own bodies.

Medicalization clarifies how healthcare systems may affect individual decision-making in the context of AGYW reproductive health. The ability of young women to autonomously access and make decisions about reproductive health treatments, for instance, may be impacted by institutional guidelines, professional consultation requirements, or approval processes. Young women may view their bodies and reproductive decisions as matters requiring external approval rather than personal agency when medical authority takes center stage.

Medicalization idea does, however, have certain drawbacks. The idea may occasionally place a focus on institutional control without taking into account circumstances in which people voluntarily seek medical assistance and profit from expert healthcare. Medical intervention in reproductive health is not always limiting; it can empower people by providing them with information, treatment, and risk protection.

Goffman's Stigma Theory

According to Goffman's Stigma Theory, those who exhibit characteristics or behaviors that are seen negatively by society are at a social disadvantage. Stigma, according to Goffman (1963), happens when a person's social identity is discredited due to traits that other people find objectionable. In addition to causing social distance, stigma can affect how people view themselves and how others regard them.

Through negative social connotations associated with sexuality, contraception, pregnancy, and the use of reproductive healthcare, stigma can impact AGYW in reproductive health situations. When obtaining reproductive health treatments, young women may worry about being called immoral, careless, or socially unacceptable. These worries may deter people from seeking medical attention, restrict their ability to

communicate with healthcare professionals, and lessen their willingness to make independent reproductive decisions.

Goffman's theory is pertinent to this research since the social context in which decisions are made influences bodily autonomy in addition to an individual's capacity. If a young woman's fear of being judged keeps her from seeking reproductive health services or expressing her preferences, she may nevertheless have limited autonomy.

However, because Goffman's initial definition of stigma primarily concentrates on interpersonal relationships and identity management, it has limitations. It places less emphasis on the larger structural and institutional elements that contribute to stigma. The study uses medicalization theory and stigma theory to investigate how institutional practices and social experiences impact AGYW in order to overcome this constraint.

Integration of Medicalization and Stigma Theories

The integration of stigma theory and medicalization theory offers a more comprehensive framework for comprehending bodily autonomy among AGYW in Gombe Metropolis. Stigma theory discusses how social expectations and unfavorable opinions impact young women's motivation and capacity to make independent decisions, whereas medicalization explains how healthcare organizations and professional authority affect reproductive decision-making. All of the theories point to how healthcare systems and social surroundings interact to shape physical autonomy.

The integrated framework makes the following assumption: AGYW's degree of personal autonomy may be impacted by greater medical control over reproductive choices. Healthcare use and autonomous reproductive decision-making may be hampered by social stigma. Bodily autonomy may be strengthened by supportive healthcare procedures that uphold participation, confidentiality, and dignity.

Application of the Theory to the Study

The study is guided by the theoretical framework, which explains how the independent variables and the result variable are related. The institutional mechanisms by which healthcare systems impact reproductive decision-making are referred to as medicalization. Stigma is a symbol for the societal processes that influence young women's decisions through discrimination and judgment. AGYW's bodily autonomy refers to their capacity to make decisions that impact their reproductive health. Using this approach, the study looks into how social settings and medical facilities combine to either promote or limit reproductive autonomy among AGYW in Gombe Metropolis.

RESULTS AND PRESENTATION OF DATA

Table 1: Socio-Demographic Characteristics of Respondents

Variables	Category	Frequency	Percentage (%)
Age	15–19 years	298	52.6
	20–24 years	269	47.4
	Total	567	100.0
Educational level	Primary education	96	16.9
	Secondary education	248	43.7
	Tertiary education	178	31.4
	Non-formal education	45	7.9
	Total	567	100.0
Residential area	Pantami	145	25.6
	Jekadafari	142	25.0
	Tudun-Wada	138	24.3
	Herwagana	142	25.0
	Total	567	100.0
Marital status	Single	418	73.7
	Married	121	21.3
	Separated	18	3.2
	Divorced	10	1.8
	Total	567	100.0

The sociodemographic details of the 567 participants in the study are shown in Table 1. In terms of age, 298 (52.6%) of the respondents were between the ages of 15 and 19, while 269 (47.4%) were between the ages of 20 and 24. This suggests that while teenagers made up a significantly higher percentage, both young women and adolescent girls were well represented in the survey. In terms of educational attainment, 248 (43.7%) of the respondents had completed secondary school, and 178 (31.4%) had completed postsecondary education. 45 (7.9%) had non-formal education, while another 96 (16.9%) had only completed primary school. This implies that most of the participants had completed at least secondary school. In all four of the chosen wards, the distribution of responders by residential area was quite even. Tudun-Wada had 138 (24.3%), Jekadafari and Herwagana each had 142 (25.0%), and Pantami had 145 (25.6%). The comparatively uniform distribution suggests that the study fairly represented the chosen Gombe Metropolis neighborhoods. Of the respondents, 418 (73.7%) were single and 121 (21.3%) were married. Ten (1.8%) and eighteen (3.2%) were divorced and separated, respectively. The results indicate that the majority of the respondents were young, evenly dispersed throughout the chosen wards, had at least a secondary education, and were primarily unmarried.

Table 2: Respondents' Views On The Medicalization Of Reproductive Healthcare Among Adolescent Girls And Young Women in Gombe Metropolis

Items	Response	Frequency	Percentage (%)
AGYW often need to visit hospitals or clinics to access reproductive health services.	Strongly agree	196	34.6
	Agree	214	37.7
	Disagree	89	15.7
	Strongly disagree	42	7.4
	I don't know	26	4.6
	Total	567	100.0
Needing reproductive healthcare only from hospitals or health workers makes access to services harder.	Yes	372	65.6
	No	195	34.4
	Total	567	100.0
Hospital rules such as tests, counselling, consent, or prescriptions make it difficult to obtain reproductive health services.	Yes	341	60.1
	No	226	39.9
	Total	567	100.0
Reproductive health decisions are controlled more by health workers or facility rules than by AGYW themselves.	Yes	329	58.0
	No	238	42.0
	Total	567	100.0

The opinions of respondents regarding the medicalization of reproductive healthcare among young women and adolescent girls in Gombe Metropolis are shown in Table 2. 196 (34.6%) strongly agreed and 214 (37.7%) agreed that access to reproductive health services requires visiting hospitals or clinics, for a total of 72.3%. On the other hand, 26 (4.6%) said they were unsure, 89 (15.7%) disagreed, and 42 (7.4%) strongly disagreed. This indicates that the majority of respondents thought formal healthcare facilities were primarily responsible for providing reproductive healthcare. 372 (65.6%) respondents said that receiving reproductive healthcare only from hospitals or medical professionals made access more difficult, while 195 (34.4%) disagreed. This implies that many people may find it difficult to receive reproductive health services if they are dependent on formal healthcare providers. In a similar vein, 341 (60.1%) respondents stated that obtaining reproductive health treatments is challenging due to hospital requirements such tests, counseling, consent, or prescriptions, while 226 (39.9%) disagreed. This suggests that institutional practices in healthcare facilities may restrict or postpone AGYW's access to reproductive healthcare.

Additionally, 238 (42.0%) respondents disagreed with the 329 (58.0%) who felt that health professionals or facility policies have more influence on reproductive health decisions than do teenage girls and young women. This result implies that a sizable percentage of respondents thought they had less influence over decisions about their reproductive health. The results show that adolescent girls and young women in Gombe

Metropolis have a comparatively high degree of medicalization of reproductive healthcare.

Table 3: Respondents' View On The Effect Of Social Stigma On The Exercise Of Bodily Autonomy Among Adolescent Girls And Young Women

Items	Response	Frequency	Percentage (%)
Fear of stigma prevents AGYW from making their own choices about their health.	Yes	386	68.1
	No	181	31.9
	Total	567	100.0
Stigma about sex and pregnancy affects AGYW.	Strongly agree	207	36.5
	Agree	218	38.4
	Disagree	76	13.4
	Strongly disagree	44	7.8
	I don't know	22	3.9
	Total	567	100.0
Fear of negative perceptions from family and community influences AGYW to hide reproductive health concerns.	Strongly agree	191	33.7
	Agree	236	41.6
	Disagree	79	13.9
	Strongly disagree	39	6.9
	I don't know	22	3.9
	Total	567	100.0
Social stigma limits AGYW's capacity to make autonomous decisions regarding contraception.	Strongly agree	180	31.7
	Agree	239	42.2
	Disagree	81	14.3
	Strongly disagree	43	7.6
	I don't know	24	4.2
	Total	567	100.0

The opinions of respondents about the impact of social stigma on the exercise of bodily autonomy among young women and teenage girls in Gombe Metropolis are shown in Table 3. 386 (68.1%) respondents said that fear of stigma inhibits AGYW from making their own health decisions, whereas 181 (31.9%) disagreed. This implies that stigma is a major issue that can limit the autonomy of AGYW in making health-related decisions. A total of 207 (36.5%) respondents strongly agreed and 218 (38.4%) agreed about the impact of stigma associated with sex and pregnancy, resulting in a combined agreement percentage of 74.9%. On the other hand, 22 (3.9%) were unsure, 44 (7.8%) strongly disagreed, and 76 (13.4%) disagreed. This suggests that the majority of respondents saw stigma related to pregnancy and sexual behavior as a significant issue influencing adolescent girls and young women.

Similarly, 191 (33.7%) strongly agreed and 236 (41.6%) agreed, for a total of 75.3% agreement, on the question of whether AGYW conceal reproductive health issues out of fear of unfavorable opinions from family and the community. Just 39 (6.9%) strongly disagreed, 22 (3.9%) were unsure, and 79 (13.9%) disagreed. This research shows that AGYW may be deterred from publicly seeking reproductive healthcare or talking about reproductive health issues due to societal judgment and fear of criticism. 180 (31.7%) strongly agreed and 239 (42.2%) agreed that social stigma restricts AGYW's ability to make independent decisions about contraception, yielding a total agreement of 73.9%. In contrast, 24 (4.2%) were unsure, 81 (14.3%) disagreed, and 43 (7.6%) strongly disagreed. This implies that stigma may have a detrimental effect on contraceptive decision-making by lowering self-assurance and autonomy among AGYW. The findings reveal that social stigma plays a substantial role in limiting the exercise of bodily autonomy among adolescent girls and young women in Gombe Metropolis.

Table 4: Effects of Healthcare Services on Medicalization and Stigma among Adolescent Girls and Young Women

Items	Response	Frequency	Percentage (%)
Healthcare workers treat normal things such as periods and puberty as illnesses requiring treatment rather than natural parts of life.	Strongly agree	165	29.1
	Agree	231	40.7
	Disagree	92	16.2
	Strongly disagree	52	9.2
	I don't know	27	4.8
	Total	567	100.0
Negative attitudes from healthcare workers contribute to feelings of shame and perceived stigma among AGYW.	Strongly agree	194	34.2
	Agree	228	40.2
	Disagree	82	14.5
	Strongly disagree	41	7.2
	I don't know	22	3.9
	Total	567	100.0
Clinical rules such as parental permission, long waits, and lack of privacy make AGYW feel that their bodies are not theirs to decide about.	Strongly agree	177	31.2
	Agree	244	43.0
	Disagree	83	14.6
	Strongly disagree	39	6.9
	I don't know	24	4.2
	Total	567	100.0
Getting help from a health worker makes AGYW feel	Strongly	215	37.9

less ashamed and more in control of their bodies.	agree		
	Agree	231	40.7
	Disagree	68	12.0
	Strongly disagree	32	5.6
	I don't know	21	3.7
	Total	567	100.0
Healthcare facilities often over-medicalize normal reproductive health conditions, increasing fear of being judged by others.	Strongly agree	183	32.3
	Agree	240	42.3
	Disagree	79	13.9
	Strongly disagree	42	7.4
	I don't know	23	4.1
	Total	567	100.0

The opinions of respondents on the impact of healthcare services on medicalization and stigma among young women and adolescent girls in Gombe Metropolis are shown in Table 4. 165 (29.1%) strongly agreed and 231 (40.7%) agreed with the statement that healthcare professionals treat common reproductive occurrences like menstruation and puberty as illnesses that need to be treated, for a total agreement of 69.8%. On the other hand, 27 (4.8%) were unsure, 52 (9.2%) strongly disagreed, and 92 (16.2%) disagreed. This implies that a sizable percentage of respondents thought that certain typical reproductive experiences were needlessly medicalized in medical settings. 194 (34.2%) strongly agreed and 228 (40.2%) agreed that negative attitudes from healthcare staff contribute to feelings of shame and perceived stigma among AGYW, for a total agreement of 74.4%. In contrast, 22 (3.9%) were unsure, 82 (14.5%) disagreed, and 41 (7.2%) strongly disagreed. This suggests that stigma experienced by young women and adolescent girls seeking reproductive healthcare may be significantly influenced by the attitudes and actions of healthcare professionals.

Additionally, 244 (43.0%) agreed and 177 (31.2%) strongly agreed that clinical requirements like parental consent, lengthy wait times, and insufficient privacy make AGYW feel as though they have little influence over decisions pertaining to their bodies. In all, 74.2% of respondents agreed with this statement, while 14.6% disagreed, 6.9% strongly disagreed, and 4.2% were unsure. This finding implies that the perceived bodily autonomy of AGYW may be limited by specific institutional practices and service-delivery systems. Healthcare services, however, were also seen to have advantages. AGYW feel less humiliated and more in control of their bodies when they receive assistance from a healthcare professional, according to 215 (37.9%) respondents who strongly agreed and 231 (40.7%) who agreed. In total, 78.6% of respondents agreed, while 12.0% disagreed.5.6% strongly disagreed, and 3.7% did not know. This demonstrates that supportive and appropriate interactions with healthcare workers can potentially reduce shame and strengthen the sense of bodily autonomy among AGYW.

Lastly, 240 (42.3%) agreed and 183 (32.3%) strongly agreed that healthcare facilities frequently over-medicalize common reproductive health concerns, which increases fear of being evaluated by others. 74.6% of

respondents agreed overall, whereas 13.9% disagreed, 7.4% strongly disagreed, and 4.1% were unsure. This suggests that the stigma attached to reproductive health issues may be increased by perceived over-medicalization in medical institutions. The results demonstrate that medicalization, stigma, and bodily autonomy among teenage girls and young women are impacted by healthcare services in both positive and negative ways. Supportive healthcare professionals can lessen feelings of shame and increase AGYW's sense of control over their reproductive health, even though healthcare practices, provider attitudes, and perceived over-medicalization may contribute to stigma and decreased autonomy. Consequently, the results indicate that the nature and quality of healthcare delivery are important in determining whether healthcare services reinforce or reduce medicalization and stigma among AGYW in Gombe Metropolis.

SECTION 6: DISCUSSION OF FINDINGS

The finding that medicalization of reproductive healthcare influences the experiences of adolescent girls and young women (AGYW) by increasing their dependence on formal healthcare institutions supports the assumptions of Conrad's Medicalization Theory. The theory explains how aspects of human life that were previously managed through personal, social, or cultural approaches become increasingly defined and controlled through medical institutions and professional expertise. In the context of reproductive health, issues such as menstruation, contraception, pregnancy, and sexual health are often managed through clinical procedures, healthcare guidelines, and professional decisions. The present finding indicates that although medicalization provides important benefits, including improved access to information, diagnosis, and treatment, excessive dependence on healthcare providers and institutional procedures may reduce AGYW's sense of control over reproductive decisions. This agrees with Okyere et al. (2024), who observed that healthcare structures can influence young women's reproductive autonomy by determining how and when they access reproductive health information and services. Similarly, Dávila et al. (2025) reported that healthcare systems can either strengthen or restrict reproductive autonomy depending on whether services are based on patient-centred care, respect, and involvement of individuals in decision-making.

The finding further demonstrates the dual nature of medicalization identified by Conrad's theory. On one hand, the involvement of healthcare professionals can empower AGYW by providing scientific knowledge, preventive services, counselling, and protection from reproductive health risks. On the other hand, when healthcare authority becomes the dominant source of decision-making, young women may begin to perceive reproductive choices as issues requiring professional approval rather than personal judgement. This suggests that institutional procedures, provider control, and medical requirements may influence the extent to which AGYW exercise bodily autonomy. The result supports the theoretical argument that medicalization does not automatically remove individual agency but can create situations where autonomy depends on the relationship between healthcare providers and service users.

The finding that social stigma affects AGYW's bodily autonomy is consistent with Goffman's Stigma Theory, which explains how individuals experience social disadvantage when their identities, behaviours, or conditions are negatively judged by society. In reproductive health contexts, stigma associated with sexuality, contraception use, pregnancy, and seeking reproductive healthcare can create fear of criticism,

discrimination, or social rejection among young women. Such concerns may discourage AGYW from accessing reproductive health services, discussing sensitive issues with healthcare providers, or making independent reproductive decisions. This finding corresponds with Wahyuningsih et al. (2024), who found that cultural expectations and social barriers continue to limit adolescents' reproductive health knowledge and utilization of available services. Similarly, Okyere et al. (2024) reported that reproductive health stigma among adolescent girls reduces access to sexual and reproductive health information and contributes to delayed healthcare-seeking behaviour.

CONCLUSION AND RECOMMENDATIONS

Conclusion

Based on the findings of this study, it was concluded that societal stigma and the medicalization of reproductive healthcare have a major impact on the reproductive health experiences and bodily autonomy of AGYW. Although important reproductive health services are provided by formal healthcare systems, institutional procedures, provider attitudes, and social judgment may create obstacles that restrict autonomous decision-making. Nonetheless, AGYW's capacity to make knowledgeable decisions about their reproductive health can be strengthened, stigma can be lessened, and confidence can be boosted through courteous and supportive healthcare contacts.

Recommendations

In order to lower needless institutional barriers and encourage AGYW's involvement and autonomy in making educated reproductive health decisions, healthcare facilities should implement more youth-friendly and adaptable reproductive health practices.

To lessen the stigma associated with sexuality, contraception, and pregnancy among AGYW, government organizations, community leaders, and health educators should bolster community-based reproductive health education and awareness programs.

In order to reduce stigmatizing practices and increase AGYW's confidence and control over their reproductive health decisions, healthcare personnel should be regularly trained in respectful, private, nonjudgmental, and adolescent-responsive care.

Key Contributions to Knowledge

The study contributes to knowledge by providing empirical evidence on the relationship between medicalization, social stigma, healthcare practices, and bodily autonomy among adolescent girls and young women (AGYW) in Gombe Metropolis. Unlike previous studies that have mainly focused on reproductive healthcare availability, utilization, and outcomes, this study expands existing knowledge by demonstrating how healthcare structures, institutional procedures, and social expectations influence AGYW's ability to exercise control over reproductive health decisions. The findings reveal that reproductive healthcare is largely perceived as dependent on hospitals, health workers, and formal medical procedures, with 72.3% of respondents indicating that AGYW often need to visit healthcare facilities to access reproductive health services. The study further shows that institutional requirements such as medical tests, counselling, consent procedures, and prescriptions may create barriers to access, as 65.6% of respondents reported that dependence on healthcare providers makes access more difficult, while 60.1% identified facility procedures as challenges.

The study also contributes by establishing social stigma as an important factor affecting bodily autonomy, with 68.1% of respondents indicating that fear of stigma prevents AGYW

from making independent health choices and 74.9% agreeing that stigma related to sex and pregnancy affects their reproductive experiences. Furthermore, the study provides evidence of the dual role of healthcare providers, showing that negative attitudes from health workers may reinforce shame and stigma (74.4%), while supportive healthcare interactions can enhance confidence and bodily control among AGYW (78.6%). The study contributes theoretically by applying the concepts of medicalization and bodily autonomy within the reproductive health context of a Nigerian urban setting, demonstrating that medicalization is not only a clinical process but also a social process shaped by cultural expectations, institutional practices, and power relations between healthcare providers and young women. Practically, the study provides context-specific evidence for improving reproductive healthcare delivery through youth-friendly services that emphasize confidentiality, respectful communication, reduced unnecessary barriers, and greater involvement of AGYW in decisions concerning their reproductive health. The findings therefore offer useful information for policymakers, healthcare providers, and reproductive health stakeholders seeking to reduce stigma, improve healthcare experiences, and strengthen bodily autonomy among adolescent girls and young women in Gombe Metropolis and similar Nigerian contexts.

Limitations of the Study

Although this study provides important evidence on how medicalization, social stigma, and healthcare practices influence bodily autonomy among adolescent girls and young women in Gombe Metropolis, some limitations should be acknowledged. First, the study adopted a cross-sectional quantitative research design, which captured respondents' views at a single point in time. Therefore, it was not possible to examine changes in experiences of medicalization, stigma, and bodily autonomy over time or establish direct causal relationships between these factors. Second, the study relied on self-reported data collected through structured questionnaires, which may have been influenced by social desirability bias. Given the sensitive nature of reproductive health, sexuality, stigma, and bodily autonomy, some respondents may have been reluctant to disclose their true experiences or opinions due to fear of judgement, cultural expectations, or concerns about confidentiality. Finally, the study was conducted among adolescent girls and young women in four selected wards of Gombe Metropolis: Pantami, Jekadafari, Tudun-Wada, and Herwagana, using accidental sampling for respondent selection. Although the selected areas provided useful insights into the experiences of AGYW in the urban setting, the findings may not fully represent adolescent girls and young women living in rural communities of Gombe State or other Nigerian regions where healthcare accessibility, cultural practices, and social norms may differ.

Suggestions for Future Research

Future studies should consider adopting longitudinal research designs to examine how experiences of medicalization, stigma, and bodily autonomy change throughout adolescence and early adulthood. Such studies would provide deeper understanding of how social, cultural, and healthcare factors influence reproductive decision-making over time.

Future research should also employ mixed-methods approaches by combining quantitative surveys with qualitative methods such as interviews and focus group discussions. This would allow researchers to explore the personal experiences, emotions, and social realities behind statistical findings, particularly regarding stigma, confidentiality concerns,

healthcare interactions, and reproductive decision-making.

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