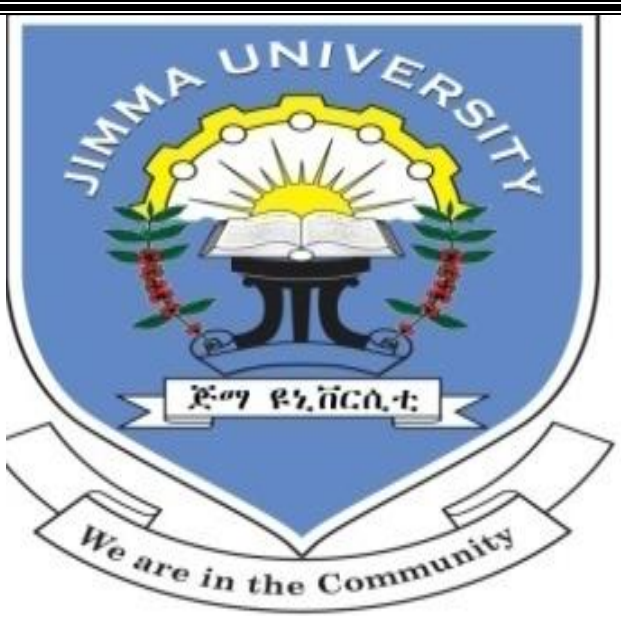

REPRODUCTIVE HEALTH SERVICE NEEDS AND UTILIZATION AMONG YOUTHS IN WEST BADEWACHO WOREDA , HADIYA ZONE, SOUTH ETHIOPIA.

BY: - Niguss Cherie (*BSc*)

A THESIS REPORT TO BE SUBMITED TO DEPARTMENT OF POPULATION AND FAMILY HEALTH, COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, JIMMA UNIVERSITY; IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR MASTERS OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH.

JUNE, 2014

JIMMA UNIVERSITY

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COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES

DEPARTMENT OF POPULATION AND FAMILY HEALTH

ASSESSMENT OF REPRODUCTIVE HEALTH SERVICE NEEDS AND UTILIZATION AMONG YOUTHS IN WEST BADEWACHO WOREDA,HADIYA ZONE , SOUTH ETHIOPIA.

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ABSTRACT

Back ground: *Youths are facing different Sexual and Reproductive Health problems. Most health services for youth are designed for adults and do not always have favorable conditions to meet the special needs of youths. As well youths have been characterized by low sexual and reproductive health service utilization. Identifying and integrating young people preferences and needs regarding health facility helps better serve to youth.*

Objectives: *To assess sexual and reproductive health service needs and utilization among youths in west Badewacho woreda, Hadiya Zone, South Ethiopia, 2014.*

Methods: *The study was conducted from March 1-30, 2014 in west Badewacho woreda, Hadiya zone, south Ethiopia. Cross sectional study design was used with simple random sampling technique and total sample size of 658 youths. Data were entered to EPI DATA 3.1 and exported to SPSS version 20. Descriptive statics for age and family size, proportion for categorical variables, bivarate and multivariate logistic regression analysis were performed.*

Result*: Total of 640 subjects participated in the study and yield 97.3% response rate. Out of total participants, 25.8% ever had sex and 76.3% needs at least one component of sexual and reproductive health services. Concerning SRH Service provision modality majority needs in health center separate room (33.0%), in health post (25.8%) and with in own center (22.3%). Sex, age, knowledge about reproductive health, participation in peer education, youth educational status, ever had sex were predictors of reproductive health service need. Out of total participants only 29.4% youths utilized reproductive health services in the last one year. Ever had sex [AOR 3.080, 95%CI (1.918-4.944)], ever heard about sexual and reproductive health [AOR=2.016, 95%CI (1.308-3.106)] and had need to reproductive health services [AOR= 8.564, 95% (4.080-17.977)] were predictors to reproductive health service utilization.*

Conclusion and Recommendation*: youths have inadquate sexual and reproductive health knowledge. In contrast to the huge sexual and reproductive health needs, the services provided by the near by health facility are far from addressing the needs. Even if the services were available its unfriendliness to youths resulted in less utilization of the available services.*

Key words*: sexual and reproductive health service needs, sexual and reproductive service utilization, youth.*

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ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

EDHS Ethiopia Demographic and Health Survey

FGA Family Guidance Association

FP Family Planning

HIV Human Immune deficiency Virus

ICPD International Conference on Population and Development

NGOs None Governmental Organizations

PAS Proportional Allocation to Size

RH Reproductive Health

SRH Sexual and Reproductive Health

SRHS Sexual and Reproductive Health Service

STI Sexually Transmitted Infections

UNPFA United Nation Population Fund Agency

VCT Voluntary Counseling and Testing

WHO World Health Organization

YFS Youth Friendly Service

YRHS Youth Reproductive Health Service

YSRH Youth Sexual and Reproductive Health

FP Family Planning

SD Standard Deviation

CHAPTER ONE: INTRODUCTION

1.1. BACK GROUND

Globally, there are 1.8 billion young people aged 10 to 24 years, representing 33% of the world's population , with over 85% living in developing countries. Recent estimates indicate that 17.0% of the global population, 20.0% of sub-saharan Africa and 20.3% of Ethiopian population is composed of youth aged 15-24 years in which $4/5^{th}$ live rural parts[1].

World wide, the young are facing different Sexual and Reproductive Health problems like unwanted pregnancy, unsafe abortion, sexually transmited infections and substance abuse but people who are young are usually mistakenly perceived as healthy and they are not in need of special health services [2, 3]. Especially in the developing world unmarried people in the past not expected to need reproductive health services. Viewing youths as a specific group with their own reproductive health service needs is a relatively recent practice [4, 5].

Most health services for youth are designed for adults and do not always have favorable conditions to meet the special needs of youths. This is because youths' accesses to the services are not clearly understood by themselves and service providers[6, 7]. Attracting the youth to the clinical services has remained a challenge and that there is need to create demand and improve health seeking behavior of the youth [8, 9].

Ethiopia adapted International conference on population and development (ICPD) agreement and took Measures that have been commenced to alleviate the problem include the development of the national adolescent and youth reproductive health strategy, youth policy, standards on youth friendly reproductive health services, and youth sector development plan [10]. In spite of this, most of the existing services are still adult-centered, non-youth friendly, undertaken in small scale and not well organized to meet the reproductive health service needs of this section of the population. But despite these initiatives, reproductive health service utilization among the youth still faces a lot of challenges related to the sensitive nature of youth sex and sexuality[11].

The limited RH services that exist are often not responsive to the specific needs of young people. Because of the stigma attached to youth sexuality, there have been pockets of opposition to youth access to SRH information and services for fear of promoting promiscuity among the age group. For that reason, there have been few efforts by government leaders and SRH service providers to promote provision of youth-friendly SRH services [15].

Sexual and reproductive health needs of young people are underserved and provision of youth-friendly services at model clinics by NGOs alone is not sustainable and sufficient to meet them [16].Youths reproductive health service needs can be addressed when health-service provision combined with community based interventions to create a more supportive environment for youth care seeking and increased uptake of services in order to provide specific services for the unmet needs of youths and to improve sehual and reproductive health status of young people [17, 18].

Youth are more likely to engage in unplanned and unprotected sex, they lack the skills necessary to negotiate for safer sex and they engage in sexual activity with multiple partners. To make matters worse young people commonly have little or no money and restricted from seeking sexual and reproductive health services [19, 20].

1.2. Statement of the problem

Statistics show that world wide 17 million young women aged 15–19 years give birth every year, half of all new HIV infections are among people aged 15–24 years, and over 6000 contract the HIV virus daily. There are 2.6 million deaths annually among young people, the majority of which are preventable [21].

Youths often lack access to health information and health care services. As well they have been characterized by low sexual and reproductive health service utilization due to feelings of discomfort, fear of being seen by parents and embarrassment while seeking reproductive health care services [12, 13]. Usually, youth do not feel comfortable in receiving information about reproductive and sexual matters at home and they generally seek answers elsewhere-from friends, printed materials or informal sources[14].

The reproductive health problems of young people in Ethiopia are multifaceted and integrated. However, few attempts have been made particularly in rural settings to provide them with the necessary SRH services by identifying their needs. The situation is aggravated by the overall poor socio economic, environment and uncomfortable service provision at health facilities [22, 23].

In Ethiopia youth's reproductive health problem accounts unmeet need for family planning (25%) among sexually active youths, new HIV/AIDS infection (41%) from total newly infected population, STI (5%) , unintended pregnancy (12%) [24].

Almost all studies conducted so far in Ethiopia in the area of sexuality and YRH services are among high school and college students at youth centers and stand alone youth friendly clinics. Out of school and rural youth sexual and reproductive health needs and service utilization at nearby health institution were little investigated in Ethiopia. There is no youth center and stand alone youth friendly facility at west badewacho woreda. Youth reproductive health services are offered using the integrated model of service delivery in health facilities. There is limited information about such programs operation and barriers for utilization in health facilities at the study area even at county level.

CHAPTER TWO: LITERATURE REVIEW

It is undeniable that today's youth face more complex dangers than previous generations did. The different SRH problems that the young are facing are not localized to one geographic location or one part of the world. As "age-appropriate" interventions specific to a particular setting are desirable to address the diverse needs and contexts of youths reproductive health[24].

Although Ethiopia has developed a national youth policy in 2004, yet much is expected to the provision of reproductive health care to youths. Adequate systems such as , information education communications(IEC), appropriate guidance and counseling services are not yet rendered to deal with youths sexual and reproductive health problems[18].

2.1. Reproductive health service needs of youths

The study conducted among Addis Ababa University students reveled that the main service needs of youths are SRH Information & education (45%), STI Diagnosis and treatment (30%), Family planning methods (25%) [25].Reproductive health behavior and needs of street youth study at Dessie town indicated that 25.4% of youths visited FGA clinic. From the study reasons for preference to visit such health institution were free or low cost of treatment (50.8%), effectiveness of treatment (25.4%) and proximity (18.6%) [26].

2.2. Reproductive health service utilization among youths

Nepal 2011 DHS study reveled that the main contraceptives used by youths were injections (35%), condoms (27%) and pills (17%). unmet need for family planning in this study was 38 percent [27]. A study conducted in Malawi shows that among sexually active youths 15% of females and 31% of males currently use any modern contraceptive method. The study also pointed that among sexually experienced 15–19-year-olds, 8% of women and 13% of men had an STI symptoms and from those 67% of youth went to a hospital or clinic for STI treatment; 21% would seek treatment from a traditional healer [28].

Recent study at north west Ethiopia shows 21.5% of the adolescents ever utilized RH services and 18.8% have visited an RH services providing centers in the last 6 months. government health facilities (54.8%), health posts (25.8%) and private health facilities (16.1%) were the preferred health institutions and traditional healers for (3.1%) from where the services were obtained. From the study factors like, parent (s) disapproval (37%), lack of information (31.9%) and pressure from partners (24.8%) were hinder adolescents from accessing RH services [29].

From the study at Ghana Among youths who ever had sex, 51% of females and 64% of males used contraceptive methods. From those (47%) of females and (60%) of males used modern methods, as well only 4% of females and 8% of males who used traditional methods. Thirty-four percent of females and 50% of males were currently using a male condom, pill (9% of females not in a union, 14% of females in a union and 7% of males) and injectables 4% or fewer [30].

A study among Addis Ababa university students reveled that utilization of the university clinic for sexual and reproductive health services is positively associated with being male , had sexual experience , having positive attitude towards adequacy of the services in the campus clinic , having less than average knowledge score on SRH and being in the age group of 20-25 years. The study again shows 14.6% visited for SRH services and reasons for visiting the university clinics were to get condom (10.4%), to get SRH information (8.5%), for counseling (13.5%) and for STI diagnosis and treatment (8.8%) [25].

Population Reference Bureau report on Middle East and North Africa youths pointed that In Yemen only 5% of married women ages 15 to 19 and 10% of married women ages 20 to 24 used a modern contraceptive method. In Palestine, 7% of married women ages 15 to 19 and 23% of married women ages 20 to 24 used a modern method. From the report young women in their 20s account for 60% of all unintended pregnancies in Palestine and 45% of unintended pregnancies in Egypt [31].

2.1. Factors for reproductive health service utilization among youths

2.1.1. Socio- demographic factors for utilization

Cross sectional study at Kenya reveled that Age had significant association to utilization of family planning, knowledge of YFRHS , counseling services , and treatment for STIs older youth aged 20-24 years utilized these services more than those aged 10-14 and 15-19 years respectively. STIs treatment and contraceptive use significantly associated with sex and educational status [32].

Recent study at mechekel shows that Three quarters of the youths have never discussed RH topics with their parents due to worthlessness (24.9%), fear (74.3%), social and cultural restriction (20.6%). The study pointed that adolescents prefer to discuss RH issues to peers (46.4%), health professionals (28%) and mothers (10.8%). The study also reveled that 38.3% adolescents heard of RH services and Schools (48.1%) and friends (14.5%) were found to be important sources of SRH information among rural adolescents [29].

2.1.2. Reproductive health Knowledge and attitude of youths

Recent rural cross sectional study at Nigeria pointed that Amongst the adolescents that had sex, 27.2% had STIs, mostly gonorrhea (33.9%) and Syphilis (22.8%). most (65.4%) STIs patients go to patent medicine operators for treatment. The study also revealed that 33.8% of those with unintended pregnancy bore their child and 66.2% aborted their baby. From the study 19.6% of female adolescents had abortion, amongst who 49.9% had recurrent abortion[33].

According to 2011 EDHS about 18% of female and 15% male of all ages in the community know the fertile period in women menstrual cycle. From this study 26.5% of youths who had sexual intercourse had been tested for HIV and received the results of the test [24]. From the study conducted in jimma pointed that age, means of communication in the house hold, knowledge about reproductive health and information source had significant association with reproductive health service utilization [42].

Crossectional study conducted at Butagira reviled that 97% youths had heard about STIs. However, less than 38% were able to name a common STI: gonorrhea (37.5%), syphilis (36.5%), and cancroids (18.4%). The study also shows that more than 30% of the respondents had misconceptions about STI; such as misconceptions were mentioned as modes of transmission: sharing clothes (40%), sitting on a hot stone (35%), urinating on a hot stone (32%), and urinating facing the moon (33%) [34].

Seraglio Crossectional study reveled that 88.6% of the young people heard modern methods of contraception but could name 2 out of 4 of the most common modern methods of contraception and only 31.4% of young people who are sexually active used contraception. The study also pointed that youths in school used contraception 49.4% compared to 29.6% of out-of-school youth. 36.4% of young people had heard of advocacy events around FP/SRH [35].

Crossectional study in Gondar reviled that females' youths were more likely to utilize SRH services than males.Those participated in peer discussion and had higher risk perception to STI/ HIV/AIDSwere more likely to utilized SRH services than not participated one and had low risk perception [22].

2.1.3. Health service related factors on utilization of YRHS

The barriers to utilizing health services were services are too expensive (42%), too much waiting time (12.8%), embarrassment (12.2%), inconvenient health institutions (8.7%), too far health institutions (7.9%) [31].

Recent Kenya study pointed that reasons the youth for not receiving the services required were long queues at the facility (37%), facility closure at the time of arrival at the facility (27%), lack of money to pay for the services (23%) and met neighbors/relatives at the facility and felt embarrassed(9%) [32]. The results indicate that 187 (47.9%) of youth utilized counseling services, 151 (38.7%) utilized VCT, 115 (29.5%) utilized family planning and no student reported having used antenatal or pregnancy services. Youth at all levels had generally low knowledge on YRFHS services a fact that led to low utilization.

The study in India on youth client satisfaction reveled that 71% of the clients experienced that the attitude of the service providers at the ARSH clinic was welcoming and 81.7% of the clients were satisfied with the services availed at YFHS. From this study to improve YFHS, youths suggested that more public awareness is required about YFHS (27.6%), separate waiting room for young people (25.9%), availability of male and female doctors (12.9%), separate counseling room (10.3%) and services should be closer to door-step (8.6%) [36].

A study in Harar on health workers‟ attitude toward sexual and reproductive health services for unmarried youth concluded that some health workers were setting up penal rules and regulations against premarital sex from the study conducted in Harar among the total participants, the majority (63.8%) of the respondents used YFS at the time of the survey while the remaining 36.2% did not. Among these, 43% did not know where to go. [38].

. youth friendliness service study at Botswana evident that 27% of respondents stated health providers were not friendly and 27% respond that the health facility was not friendly to youth seeking SRH services. From the study 77.7% stated the privacy was adequate for counseling, 64% of respondents stated the waiting time was excessive and 50% stated the publicity of sex and reproductive health services was enough. More females 59% utilized the service than males. [39].

2.2. Conceptual frame work of the study

Socio-demographic factors, Health facility factors, behavioral factors and risk perception can affect need for sexual and reproductive health services. Socio-demographic factors have need to service SRH services, risk perception to STI/HIV/AIDS directly or indirectly can affect service utilization among youth.

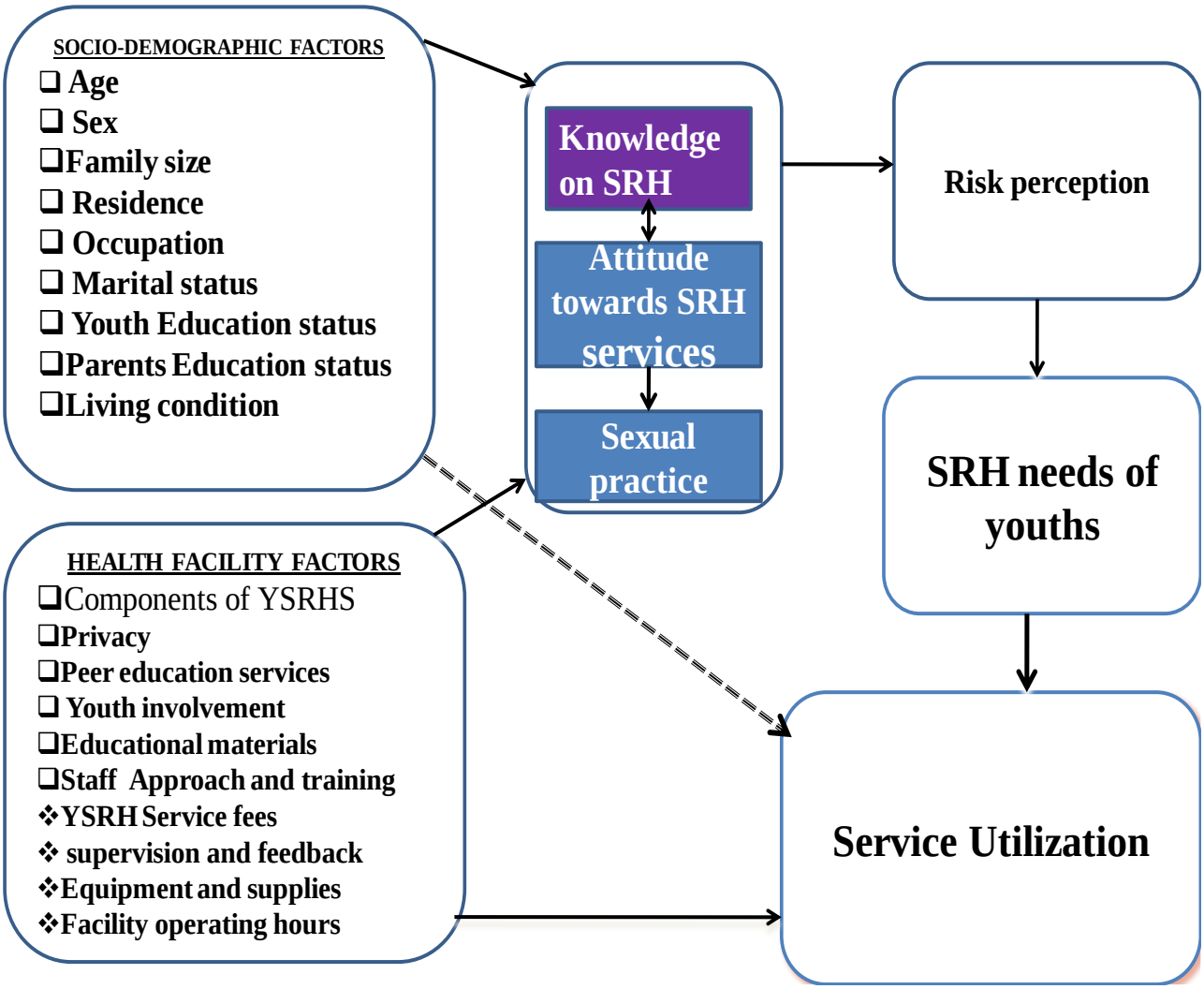

Figure 1: Conceptual frame work to show areas of action in addressing the SRH related problems among youths in West badewacho woreda, 2014. (Based on Health Believe Model).

2.3. Significance of the Study

Youth reproductive health services are given unsatisfactory attention. Almost all previous studies in Ethiopia on YSRH conducted among high school and college students who have stand alone youth centres and school based youth clinics. Out of school and rural youths who do not have youth centres and school based clinics reproductive health service needs and utilization at their nearby public health institutions was little investigated. As a result this study significantly used to give an insight on SRH service needs and utilization of rural youths. This study had also identified areas for service quality improvements to adjust and organize reproductive health services of public health facilities. It is also important for health planners and policy makers in designing a strategy for improvement of youth/adolescent reproductive health. This research is also expected to fill reproductive health services demand and supply among youth's research gaps and add to the existing body of knowledge.

CHAPTER THREE: OBJECTIVES OF THE STUDY

3.1 General objective

To assess the sexual and reproductive health service needs and utilization among youths in west Badewacho woreda, Hadiya zone, south Ethiopia, 2014.

3.2. Specific objectives

1. To assess the Sexual and reproductive health knowledge and attitude among youths.
2. To identify sexual and reproductive health service needs among youths.
3. To assess sexual and reproductive health service utilization among youths.
4. To explore health facility factors on utilization of reproductive health services among youths.

CHAPTER FOUR: METHODS AND MATERIALS

4.1 Study area and Period

The study was conducted from March 1-30, 2014 in west Badewacho woreda, Hadiya zone, south Ethiopia. West Badewacho is located 348 km from Addis Ababa to the south and 114km from Hawasa to the west and 100 km from Hosanna town to the east. Danama is the administrative town of the woreda which is 10km from Durame town and 12km from shone town. The woreda is administratively divided to 2 urban and 20 rural kebeles and from 2007 national census projection has a total population of 101,603 and 17,528 youth population. Health institutions in the district include 4 health centers, 22 health posts and 3 private clinics. Agriculture is the main source of income for the population and it is suitable for investment on Health, agriculture and manufacturing [41].

4.2 Study design

Community based cross-sectional study by employing both quantitative and qualitative techniques were conducted.

4.3 Population

4.3.1 Source population

The source population was all youths (15-24 years) found in west Badewacho woreda, south Ethiopia.

4.3.2 Study population

Quantitative study

The study population was those randomly selected youths from the source population and included in the study.

Qualitative study

The study population was health facility heads and service providers from randomly selected health facilities.

4.3.3 Inclusion and exclusion criteria

Inclusion criteria

Youths who live 6 months and above in the woreda aged 15-24years before the study began. Key informants being head of Health facilities and Health service providers who work at youth reproductive health service units at the time of study were included in the study.

Exclusion criteria

Those youths who had serous health problem and not able to give proper information.

4.4 Sample size determination

- Sample size for this study was computed based on the formula for single population proportion sample size determination.

$$n = \frac{(Z\alpha/2)^2 P(1-P)}{d^2}$$

Where "n" is sample size, "Z" is level of confidence, "P" is proportion and "d" is tolerable margin of error.

$$n = \frac{299}{}$$

- A total sample size was n= 658 youths with the assumption P=26.5% taken from VCT service utilization among youth [24], 95% CI, 5% marginal error and 10% non response rate and design effect considered to be 2.

❖ For qualitative study 10 key informants from health facilities were interviewed.

4.5 Sampling Procedures

Multi stage stratified sampling technique was used. From 22 kebeles in the district seven kebeles were selected by simple random sampling technique. Then sampling frame of youth's age 15-24 years old was prepared from health post house hold family folder at each selected kebeles and use proportional allocation to size of youths. After that select proportional number of youths by simple random sampling from each selected kebeles.

When more than one youth find per household one youth was selected. When the Youth is not finding at home two visits were made before considering them as non respondent.

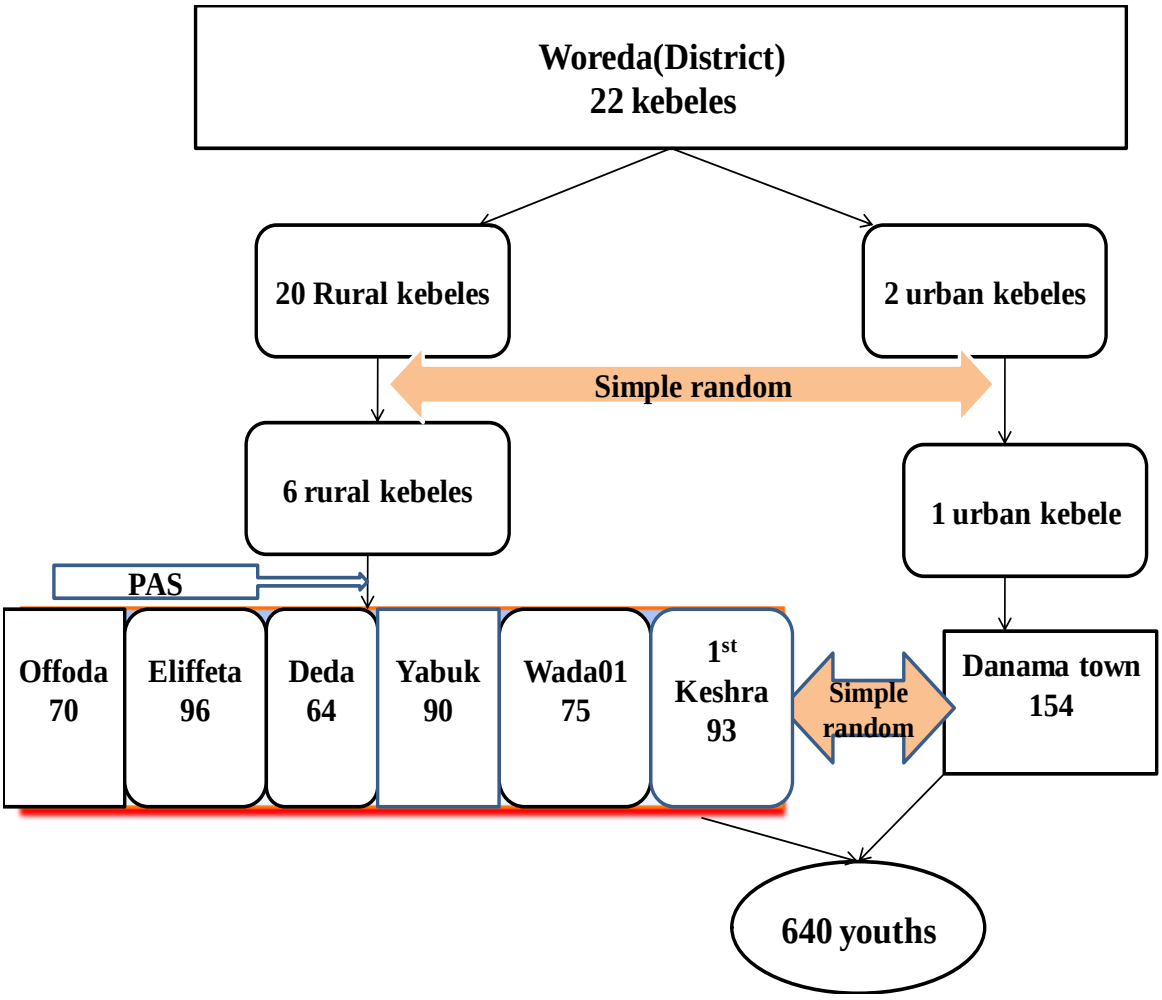

Figure 2: Schematic presentation of sampling procedures to select youths at West Badewacho Woreda, 2014.

Purposive sampling technique was used for qualitative study. From four health centres in the woreda two health centres and four health posts were selected randomly. Eight service providers (four from health centers and four from health posts) and two health centres heads were selected purposively and participated in the study until saturation of information was reached.

4.6 Data collection instrument and procedures

4.6.1 Quantitative

A questionnaire adapted by reviewing different literatures [33, 42, and 43] and customized based on the study objectives and study area. After translation to Amharic and Hadiyssa by language expert's face to face interview was conducted by trained data collectors who speak both languages.

4.6.2 Qualitative

In-depth interview of Health facility heads and service providers with facility observation was conducted by principal investigator by using interview guide and observation checklist [42, 43].

4.7. Variables

4.7.1. Independent variables

- **Socio-demographic characteristics**

  -Age -Sex -Family size -Marital status -Occupation - Youth Education status -Residence -Parents Education status -Living condition
- **Knowledge about SRH**
- **attitude of youths to SRH services**
- **Risk perception**
- **Health facility factors**

  -Components of services -Peer education -Youth involvement -Staff approach and Training -Supervision -Privacy -Service Location -Operating hours -Equipment and materials - Service fees -Distance from health facility

4.7.2. Dependent variables

- **Sexual and reproductive health service needs**
- **Utilization of reproductive health services**

4.8. Operational definition

Young People: ages of 15-24 as defined by the World Health Organization.

Sexual and Reproductive Health (SRH): in this study it refers to the stat of complete physical, mental and social wellbeing in Relation to IEC, VCT, STI, Family Planning and Abortion.

Youth-friendly services: are services that have convenient location, comfortable surrounding, and convenient service time and had trained staffs that meet the needs of young people.

Youth Reproductive Health Needs: - youths were asked questions about what service types and provision modalities that would like to get. Youth had need to SRH service when would like to get at least any one component of SRH service.

Utilization: use of at least any one component of sexual and reproductive health services such as FP, counselling, VCT, information and education and STI treatment in the last one year.

Knowledge: youths were asked about F/P, STI and HIV/AIDS. The investigator developed knowledge score index through principal component analysis by using 19 characters including common STI types and symptoms, Modern family planning types and HIV/AIDS prevention methods each scored "1" for "yes" and "0" for "no" responses. Take as have "good knowledge" summary index equals/greater the median and "poor knowledge" summary index is less than the median knowledge score on sexual and reproductive health.

Attitude: youths were asked questions about youth sexual and reproductive health services to indicate their level of agreement that has four items: strongly disagree, disagree, agree, and strongly agree. Responses to the six questions converted to a four scale ranging from 1 (strongly agree) to 4 (strongly disagree) to develop attitude index and then used midpoint index(median=0.3) to develop bipolar outcome "positive attitude" median and above score and "negative attitude" below median score to composite factors.

Unmet need for SRHS: Percentage of Youths who needs SRH services but not utilized.

Consistent condom use: Use condom every time when sexual intercourse performed with irregular or multiple sexual partners.

Risk perception: youths were asked questions to engage them selves to evaluate their level of risk to STI/HIV/AIDS.

4.9. Data collection process and quality management

4.9.1. Quantitative

Eight data collectors who completed college diploma nurses and two BSc clinical nurse supervisors were recruited and undergone one day training. Questionnar was translated to local languge and back to English to chek consistency. The questionnaire was Pre tested on 33 youths in Jarso mazoria kebele before data collection to check consistency and correction was taken. Anonymity was kept during data collection. Interviews were conducted in private place. After completing each interview data collectors check completeness of questionnaire. Supervisors and principal investigator followed during data collection to check consistency and completeness.

4.9.2. Qualitative

Interview qide and observation checklist adapted from litratures. Interviews were recorded and not taken and observation of health facility by checklist was conducted by principal investigatore.

4.10. Data analysis and interpretation

Data was checked for completeness, consistency and entered to EPI data 3.1 then exported to SPSS version 20 for analysis. Descriptive statics for age, family size and age at first sex, proportion for categorical variables, bivarate and multivariate logistic regressions with 95%CI analysis was performed. Candidate Variables with P-value less than 0.25 in the bivarate analysis were included in the multivariate logistic regression analysis to develop model. Then variables P-value of less than 0.05 in multivariate analysis were taken as significance and included in the final model. Qualitative data was analysed thematically by grouping the same ideas together in different themes and complimented with quantitative findings.

4.11 Ethical clearance

Ethical clearance letter was obtained from Jimma university ethical clearance committee then letter of support from department of population and family health. Support letter was taken from woreda Health Office and other concerned bodies in west badewacho woreda. Informed consent was obtained from each interviewee and parents for those ages less than 18 years old youths for their agreement to participate in the study.

4.12. Plan for Dissemination of the result

The result will be disseminated for Jimma University College of Public Health and Medical Science Department of Population and Family Health, West Badewacho Woreda health office and other stakeholders. It will be published on National or international journals to other researchers to share recommendations.

CHAPTER FIVE-RESULT

5.1. Socio Demographic Characteristics

Out of 658 randomly selected youths 640 responses were obtained which yields a response rate of 97.3%. About half of them 50.9% were females and from total respondents 482(75.3%) resided in rural area. The mean age was 19.1 (SD±3.0) and majority of them 372(59.3%) were in the age group 15-19 years old as indicated in table 1.

Table1:Socio Demographic Characteristics of youths in west Badewacho woreda, 2014.

Characteristics	Category	Frequency	Percent (%)
Sex	**Male**	326	50.9
	Female	314	49.1
Current residence	**Urban**	158	24.7
	Rural	482	75.3
Age category	**mean age 19.1(SD± 3.0)**		
	15-19	382	59.3
	20-24	258	40.7
Marital status	**single**	582	90.8
	Ever married	58	9.2
Family size	**<=5**	249	38.9
	>5	391	61.1
Living condition	**With Both parents**	456	72.3
	With Either one parent	135	21.1
	Others	49	7.6
Youth Educational status	**illiterate**	41	6.4
	Primary school	423	66.1
	Secondary school and above	175	27.5
Youth occupational status	**House wife**	17	2.7
	Farmer	105	16.5
	Student	439	68.6
	Merchant	78	12.2
Father Educational status	**illiterate**	234	36.6
	Primary school	349	54.5
	Secondary school and above	57	8.9
Mother Educational status	**illiterate**	344	53.8
	Primary school	280	43.7
	secondary school and above	16	3.5

5.2. Sexual History of youth

Out of the total participants, 165 (25.8%) ever had sex and among those 134 (81.2%) have had sexual intercourse in the last 12 months. The mean age to start sexual intercourse was 16.9(SD±2.8).Major reasons to start sexual intercourse were personal desire 63(38.2%), peer pressure 53(32.1%), marriage 38(23%) and others (6.7%). The study shows that 74 (55.2%) of the sexually active youths had more than one sexual partner in the past one year. But from these only 34(46%) used condom consistently.

5.3 . Awareness and knowledge of youths about Sexual and Reproductive Health

More than half of respondents343 (53.6%) heard about sexual and reproductive health. Out of total participants 168(26.3%) ever participated in peer to peer education at school or village on sexual and reproductive health.The major sources of information were health extension workers (29.2%) followed by Radio (16.0%) and television (8.5%) as indicated table 2.

Table 2: source of SRH information for youths West Badewacho woreda, Hadiya zone, March 2014

Source of information	Percent
Health extension workers	29.2
Radio	16.0
Television	8.5
School	15.2
Health professionals	14.3
Peers	13.6
Family	3.2
Total	100.0

5.3.1. Knowledge on Sexually Transmitted Infections

From all respondents 335(52.3%) heard about sexually transmitted infections. The most common types of STI mentioned to be known were Gonorrhea 282(44.1%), Syphilis 212(33.1%) and Cancroids 106 (16.6%) and LGV 61(9.5%). Common STI symptoms mentioned by youths were burning during urination 213 (33.1%), genital ulcers 140 (21.9%) and genital discharge 168 (26.3%).

Concerning way of STI transmission more than half respondents 382(59.7%) said due to unprotected sex and 40.3% had misconception like urinating on hot stone110 (17.2%), urinating facing on the moon (11.9) and sitting on hot stone71 (11.1%).

5.3.2. Knowledge on Family Planning

The fertility awareness of youths was assessed by asking the period that a woman can get pregnant if she has unprotected sex. Only one third of the youths 225(35.2%) were correctly Point out the fertile time in a woman's menstrual cycle. Out of these 91 (40.4%) males and 134 (59.6%) were females. The most frequently mentioned modern family planning methods to be known were pills 415(64.8%), inject able 305(47.7%) and condom 260(40.6%).

5.3.3. Knowledge on HIV/AIDS

Some youths had misconception about HIV/AIDS transmission. From total participants 340(53.1 %%) respondents with incorrect response were identified as having misconceptions like body contact, mosquito bite and sharing of meal with HIV infected person. The most commonly mentioned HIV/AIDS prevention methods were abstaining from sex 415 (64.8%), having one uninfected faithful partner 458 (71.6%), using condom correctly and consistently 407 (63.6%) and avoiding sharing of sharp materials 206 (32.2%).

5.4. Attitude of youths towards sexual and reproductive health services

As indicated below in Table3, most youths 446(69.6%) have favorable attitude towards reproductive health information to youths. The majority 425(66.4%) agreed with the idea of availing reproductive health services in health post is comfortable to youths. Although the proportion of youths that agreed on youths should know how to use contraceptive was high 468(73.1%), the proportion of youths counteracting the idea of unmarried women who have sexual practice can use contraceptive was also high 411(64.3%) as indicated in table 3.

Table 3: Attitude of youths towards health facility sexual and reproductive health services West Badewacho Woreda, Hadiya Zone, 2014.

Statements	Level of agreement			
	strongly agree	agree	disagree	strongly disagree
Youths do not need sexual and reproductive health Information	161(25.2%)	33(5.2%)	47(7.3%)	399(62.3%)
Education to youths about SRH Leads to high-risk sexual behaviors	130(20.3%)	67(10.5%)	93(14.5%)	350(46.8%)
Youths should know How to use contraceptive	407(63.6%)	61(9.5%)	30(4.6%)	141(22.0%)
Unmarried women can use contraceptive	155(24.2%)	74(11.6%)	154(24.1%)	257(40.2%)
Providing YRHS in health post is comfortable to youths	265(41.4%)	160(25.0%)	106(16.6%)	109(17.0%)

5.5. SIT/HIV/AIDS risk perception of youths

Out of total respondents 256(40.0%) respond that their level of risk to acquired STI/HIV/AIDS was low while 141(22.0%) perceived that their level of risk was high as illustrated in the pie chart (figure 3). The major reasons for low or no risk perception by the respondents was abstinence or sexual inactivity currently, had single sexual partner while few mentioned that they used condom during sex. Those that felt to be at higher risk reasoned multiple sexual partnerships, inconsistent condom use and no condom use at all as the reasons for their higher STI/HIV infection risk.

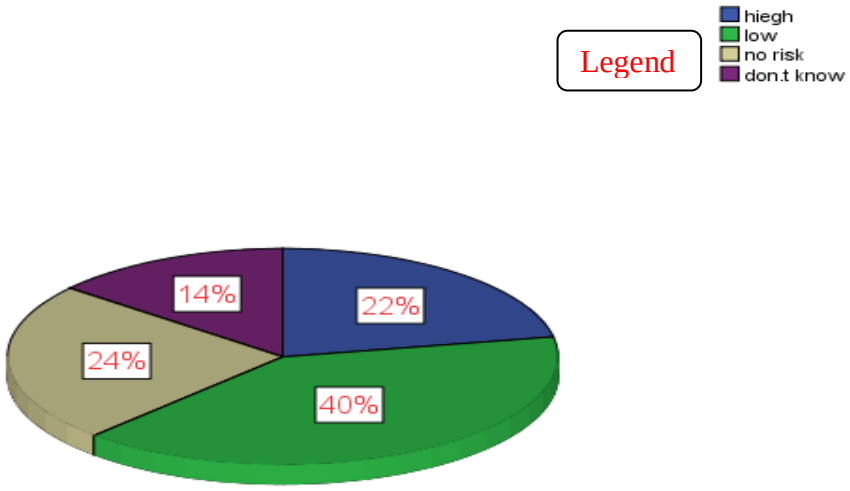

Figure 3: Risk perception of youths to acquire STI/HIV/AIDS West Badewacho woreda, Hadiya zone, March, 2014

5.6. Sexual and Reproductive Health service needs of youths

The youths were asked which SRH services, service setup and provision modalities they would like to get. From total respondents 488(76.3%) needs at least one component of SRH service. Among sexually active youths 28(20.8%) needs STI diagnosis and treatment and from sexually active female youths 55(71.4%) had need to contraceptive in the last one year (table 4).

Table 4: Sexual and reproductive health service needs of youths in West Badewacho woreda, Hadiya zone, 2014

Service types	Frequency	Percent (%)
VCT(*n=640)	283	44.2%
Information and education(*n=640)	246	38.6%
Counseling(*n=640)	208	32.5%
STI diagnosis and treatment(*n=134)	28	20.8%
Contraceptive(*n=77)	55	71.4%
abortion care(*n=77)	25	32.4%
condom (*n=134)	41	30.6%

*n=640 (total sample size), *n=134(sexually active youths), *n=77(sexually active female youths).

Out of total participants 548 (85.6%) youths would likely to get sexual and reproductive health services in the future.

5.7. Unmet needs of Sexual and reproductive health services among youths

Youths would like to get sexual and reproductive health services but did not utilize due to different reasons. Unmet need is the gap between need and utilization. Out of total participants 192(30%) had unmeet need for VCT. From youths that had STI symptoms 17(60.7%) had unmeet need to diagnosis and treatment. Unmeet need of contraceptive among sexually active female youths was 35.1%.The major unmet needs of SRH services among youths were dedicated to table5.

Table 5:Sexual and reproductive health service needs, utilization and unmeet needs among youths in west Badewacho woreda, 2014.

Service types	**Unmeet need**	
	frequency	Percent (%)
VCT(*n=640)	192	30
Information and education(n=640)	189	29.5
Counseling(n=640)	138	21.6
STI diagnosis and treatment(*n=28)	17	60.7
Contraceptive(n=77)	27	35.1
abortion care(*n=77)	5	6.5
condom (*n=134)	6	4.5

*n=640(total participants), n=134(sexually active youths), n=77(sexually active female youths), n=28(youths had STI symptoms).

5.7. Service provision modality preferences of youths

Concerning sexual and reproductive health Service provision modality preferences of youths majority needs in health center separate room from other services(33.0%) followed by in health post(25.8%) and out of health facility with in own center(22.3%) as indicated below figure 4.

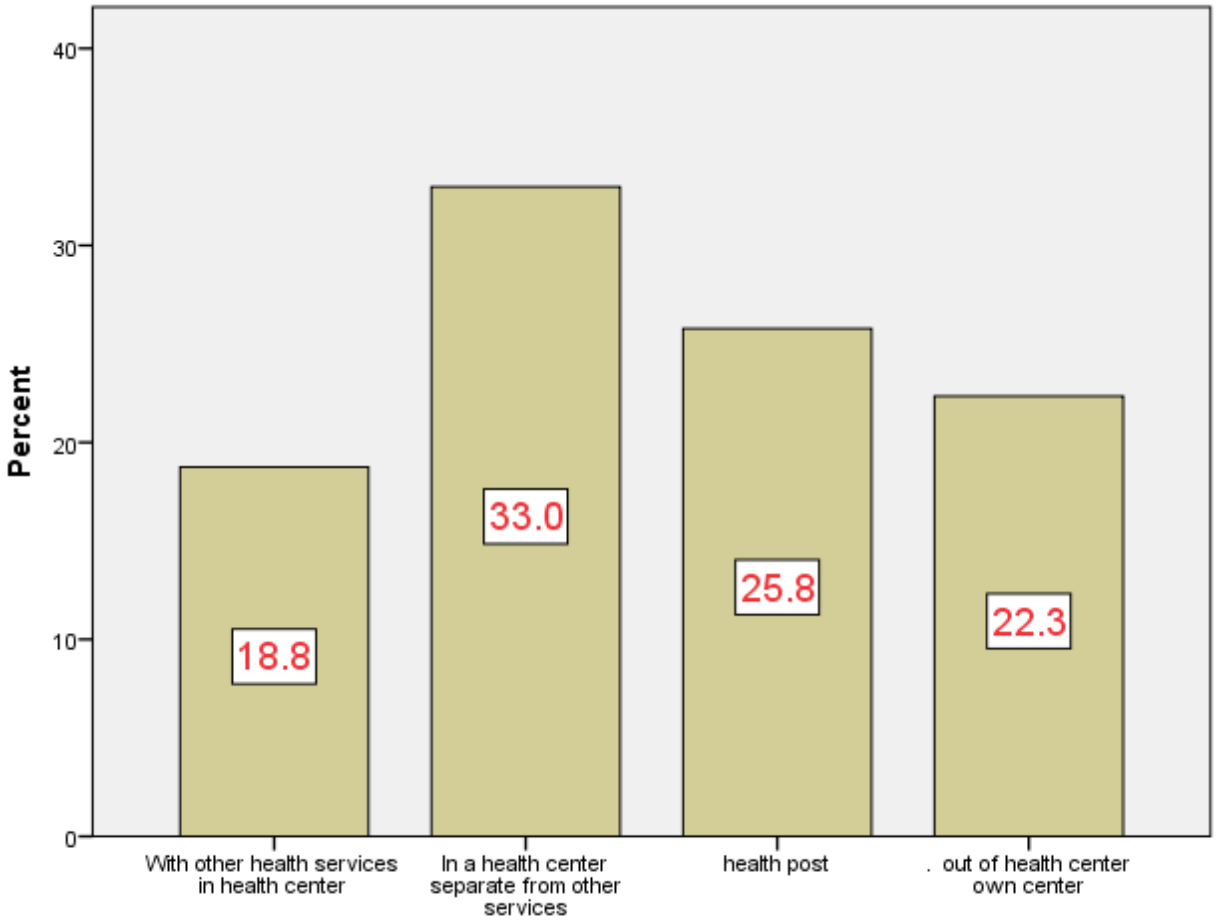

Figure 4: Sexual and reproductive health Service provision modality preferences of youths in West Badewacho woreda, 2014.

Logistics Regression analysis of factors to have SRH service need

During bivarate analysis youth educational status, age, knowledge about SRH, participation in peer education, ever had sex, and know near by health facility provide SRH service were significantly associated with sexual and reproductive health service need among youths. After controlling potential confounding variables through multivariate logistic regression sex, youth educational status, age, Knowledge about SRH, participation in peer education, and know near by health facility provide SRH service were predictors to have need to SRH services.

Female youths were about 69% [AOR = 1.693 CI: 1.081-2.535)] more likely to have need for SRH service than the males. The odds of having need to SRH services was about 1.6 times (AOR = 1.6, 95%CI (1.126-2.473)] higher for secondary school and above educated youths than primary school educational status youths. Youths age 20-24 were 80% [AOR = 1.8, 95%CI (1.158-2.763)] more likely to have need for SRH services than those 15-19 years old. Participants' have had good knowledge about sexual and reproductive health service need was 60% [AOR= 1.6, 95%CI (1.028-2.062)] more likely than those had poor knowledge. The odds of having need to SRH services was 2 times [AOR=2.0, 95%CI (1.194-3.377)] higher for youths participated in peer to peer SRH education than those did not participate. The odds of having need to sexual and reproductive health services among youths who knew near by health facility provide sexual and reproductive health service was 2 times [AOR=1.94, 95%CI (1.163-3.245)] higher than did not knew.

Table 6: Bivarate and multivariate logistic regression analysis of factors associated with have had need to reproductive health services among youth, West Badewacho woreda,2014.

Characteristics		Had need to SRH service Yes	no	Crude OR[95%CI]	AOR [95% C.I]
Sex	Male	239	87	1	1.7 [1.081-2.535]*
	Female	249	65	1.39[0.966-2.013]	
Youth Educational status					
primary school		76	210	1	1.6 [1.126-2.473]*
Secondary school[+]		95	219	1.59[1.103-2.303]*	
Peer education participation					
Yes		143	25	2.1[1.315-3.373]**	2.0 [1.194-3.377]**
No		345	127	1	
Age	15-19	274	111	1	
	20-24	211	44	1.88[1.2702.801]**	1.8 [1.158-2.763]**
SRH Knowledge					
Poor knowledge		228	95	1	
Good knowledge		256	61	1.64[1.13-2.375]**	1.6 [1.028-2.062]*
Ever had sex	yes	138	27	1.8[1.155-2.901]**	
	no	350	125	1	1.4[0.843-2.363]
Know near by health facility provide SRH service	Yes	208	46	2.48[1.552-3.994]**	1.94[1.163-3.245]*
	no	280	106	1	

[1]Reference category *p<0.05 , **p<=0.01, ***p<=0.001, CI-Confidence Interval

Variable(s) entered in the model were: youth educational status, peer education, sex, Age, SRH Knowledge, occupation, ever had sex and know near by health facility provide SRH service.

5.8. Reproductive Health Service Utilization among youths

Out of total respondents 217(33.9%) visited the near by health facility for different reasons in the past one year. But only 188(29.4%) visited to seek at least one component of sexual and reproductive health service. Among non users 386(85.3%) did not know the near by health facility provide sexual and reproductive health service. visited health facilities were health center 128 (58.9%) followed by health post 57(26.3%) and the rest visited private clinic. Out of total participants only 91(14.2%) youths utilized VCT service. Out of sexually active participants 28 (20.8%) had experienced either one of STI symptom But from these only 11(39.2%) seek medical treatment. in the last one year. Among sexually active female youths abortion care utilization was 25.9% as indicated in table 7.

Table 7: Sexual and reproductive health services utilized by youths in the last one year in West Badewacho woreda, Hadiya zone2014.

Service type utilized	frequency	Percent (%)
VCT(*n=640)	91	14.2
information and education(*n= 640)	57	8.9
Counseling(*n=640)	70	10.9
STI diagnosis and treatment(*n=28)	11	39.2
Contraceptive(*n=77)	28	37.6
condom utilization(*n=134)	35	26.1
abortion care(*n=77)	20	25.9

*n=640(total participants), n=134(sexually active youths), n=77(sexually active female youths), n=28(youths had STI symptoms).

From qualitative study according to the informants both health centers and catchment health posts provide reproductive health services to youths. The range of services provided by both health centers were VCT, family planning, counseling, STI diagnosis and treatment and abortion. The health posts provide family planning and information, education and communication about reproductive health.

Based on their experience most key informant participants mentioned that most youths would like to get and visite to health facility for contraception, condom and abortion services.

"*Some youths ask contraceptive, condom and we give them.When we place condom at the wating area of health post no condom when we back from lunch. This shows even if they fear many youths have needed to utilize SRH services"*26 years old service provider said.

From total participants 145(22.7%) visited health facility for SRH service but missed the service. Reasons to miss the service were indicated in the pie chart figure 5.

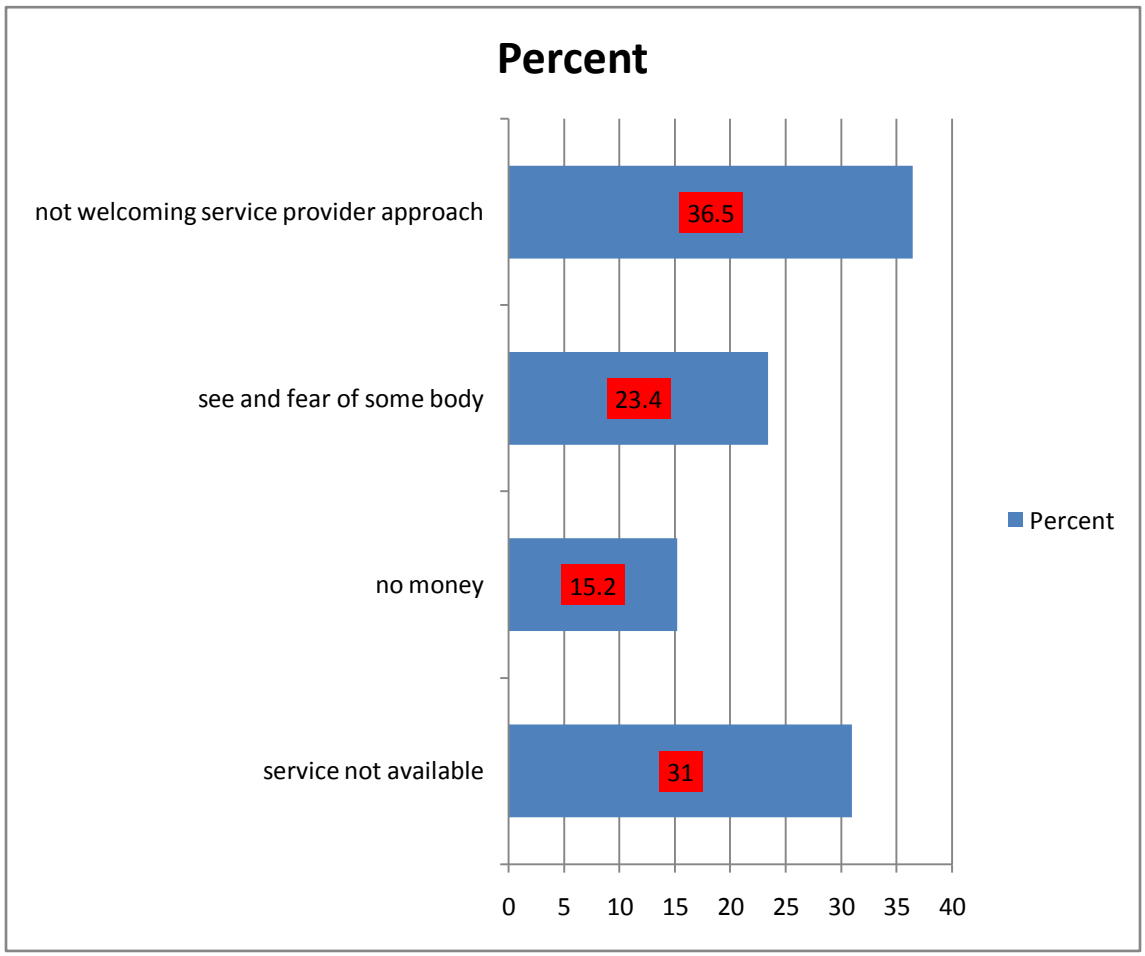

Figure 5: Reasons to miss SRH Services after visiting health facility in West Badewacho woreda, Hadiya Zone, 2014.

5.9. Health facility Barriers to utilization of SRH services

From study participants health facility barriers to utilize SRH services at near by health facility were services given together with other services in single room 246(38.4%) followed by inconvenient working hours 185(28.9%) as indicated in the bar chart figure 7.

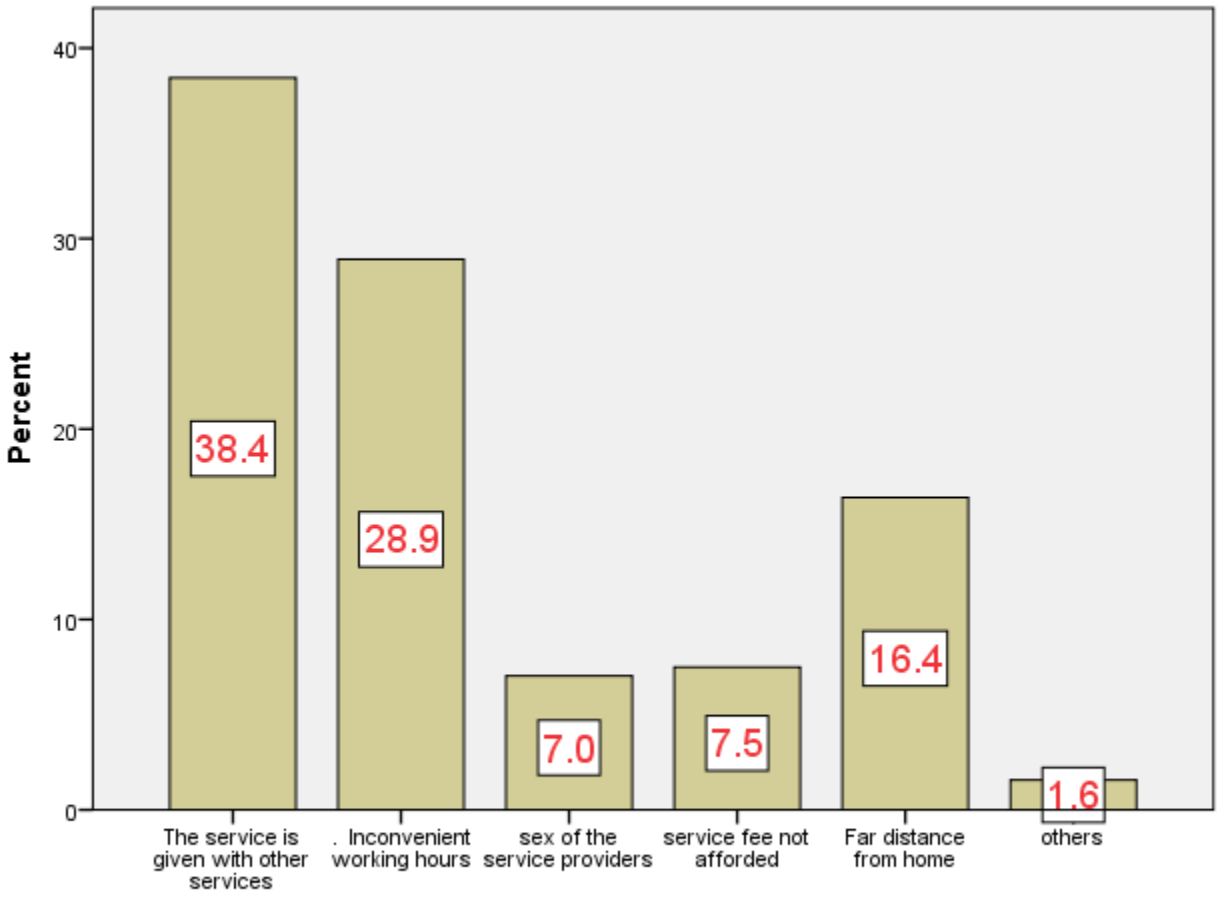

Figure 6: Barriers to utilize SRH services at health facility by youths, west Badewacho woreda, 2014

More than half of participants said convenient time to SRH services for youths is afternoon and weakened days. Concerning sex and age of service providers half of respondents were comfortable to any service provider with out sex and age consideration.

Most key informants mentioned youth reproductive health services were given together with other services in adult OPD and delivery case team in both health centers. The waiting area was together with adult patients/clients. All of the informants agreed on the non comfortable of waiting area and service provision room to youths.

*"From my experience when youths came to health center they do not know where the service is given and fear to tell what they want to get. Most of them came and stand on the corner of health center don't ask any thing. But when I ask their need they tell me if they want VCT I provide the service and take them to delivery case team for other SRH services. They never sit and wait services at waiting area with adult clients/patients" (*28 years old female service provider).

Majority service providers mentioned, the service unit to provide reproductive health services are not comfortable to youths with possibility of hearing others conversations and some times there is interruption while delivering services. Since a single provider is expected to deliver FP, VCT and other sexual and reproductive health services at same time, use of separate rooms for different services were difficult. According to key informants most sexual and reproductive health services were free to youths except sexually transmitted infection case treatment and HCG pregnancy test that provided with fee.

Concerning approach of service provider who visited the service said that 144(66.4%) comfortable and welcoming while 73(33.6%) not comfortable and welcoming. On the other hand the proportion of youths that were satisfied with the service they got from the near by health facility were 140(64.5%).All Key informants mentioned that Generally, Family planning provision, abortion cares and PMTCT training were provided to service providers but not specific training on youth reproductive health service.

Observation Checklist Findings

The observation finding shows that in all studied health facilities, no signs announcing the presence of RH services together with the list of services and working hours at the gate. The waiting area was in front of card room on the corridor of adult OPD and delivery room. The service unit at adult OPD had not screened to examination bed and easy to hear client information from out side. From training inventory review no staff trained about counseling, STI diagnosis and treatment and youth sexual and reproductive health services. Even if not specific to youths there were posters about family planning, HIV/AIDS and ANC.

Table 8: Observation checklist findings from health facilities in West Badewacho woreda, Hadiya Zone,2014.

Sr. no	Characteristics	Health facilities				Remark
		Health centers		Health posts		
		Available	Not available	available	Not available	
1	Convenient location	2	0	4	0	
2	Youth specific plan	0	2	0	4	
3	Contraceptive logistics	2	0	4	0	
4	Sufficient privacy	0	2	0	4	
5	Trained staff on YFS	0	2	0	4	
6	Sign board at gat of facility to announce SRH services to youth	0	2	0	4	
7	Youth specific IEC materials(posters, leaflets)	0	2	0	4	
8	Comfortable surrounding to youth	0	2	4	4	
9	Guide line to YFS	0	2	0	4	
10	Referrals	2	0	4	0	
11	Service fee to youth free for SRH	0	2	4	0	
12	Range of Service components	2	0	4	0	

4= health posts, 2=health posts, 0= no health facility

Logistics Regression analysis of factors to SRH service utilization

The bivarate analysis showed that utilization of sexual and Reproductive health services is significantly associated with sex , marital status, had need to SRH services, ever had sex, participation in peer education, know near by health facility provide SRH service, age 20-24years old and high risk perception to STI/HIV/AIDS as indicated in table 9.

Results of multivariate analysis dedicated that have had need to Sexual and reproductive health services, ever had sex and ever heard about SRH were predictors of Sexual and reproductive health service utilization. The odds of sexual and reproductive health service utilization was 8 times [AOR= 8.56, 95% (4.080-17.977)] higher for youths who had need to SRH services than did not need the services. Reproductive health service utilization among youths who heard about SRH was 2 times [AOR=2.02, 95%CI (1.308-3.106)] higher than never heard youths. The odds of reproductive health service utilization to ever had sex youths was 3 times [AOR 3.08, 95%CI (1.918-4.944)] higher than abstainers as indicated in table 9.

Table 9: Bivarate and multivariate logistic regression analysis of factors associated with Utilization of Reproductive health services among youth, West Badewacho woreda, 2014.

Characteristics		Utilized SRH service		Crude OR[95%CI]	AOR[95% CI]
		Yes	no		
Sex	Male	80	246	1	0.743 [0.484-1.143]
	Female	108	206	1.61[1.144-2.272]**	
Marital status	Single	159	422	1	0.794[0.386-1.633]
	Ever married	29	30	2.56[1.492-4.441]**	
Had need to SRH service	yes	179	309	9.2[4.579-18.503]***	8.564[4.080-17.977]***
	no	9	143	1	
Ever had sex	yes	87	78	4.1[2.827-6.002]***	3.080[1.918-4.944]***
	no	101	373	1	
Ever heard about SRH	Yes	133	210	0.36[0.250-0.519]***	2.016[1.308-3.106]**
	no	55	242	1	
peer to peer Education participation	Yes	73	95	2.38[1.647-3.455]***	1.403[0.886-2.220]
	no	115	357	1	
Know near by health facility Provide SRH service	yes	95	159	1.52[1.044-2.212]*	1.711[0.940-3.117]
	no	70	178	1	
Age	15-19	102	283	1	0.95[0.621-1.460]
	20-24	87	168	1.44[1.024-2.048]*	
SRH information and education	negative attitude	120	218	1	1.5[0.982-2.358]
	positive attitude	68	233	1.8[1.329-2.677]**	
Risk perception To STI/HIV	High	56	85	1.93[1.248-3.004]**	1.09[0.630-1.907]
	Low/no	132	367	1	

[1]Reference category, *p<0.05 , **p<=0.01 *** p<=0.001, CI-confidence interval

Variables entered in the model were: sex, Marital status, age, ever heard SRH, peer education and have need to SRH services, ever had sex, risk perception, .risk perception, attitude to SRH information and education.

CHAPTER SIX-DISCUSSION

This study has dedicated that youths have huge SRH need while the services available are far from addressing these needs. Moreover, the study gives an insight into the gap in youths knowledge on SRH and their low service utilization despite the fact that there are risky sexual practices among youths .

In this study more than half of respondents 53.6% heard about sexual and reproductive health. This is lesser than the study conducted in Addis Ababa university students (90%) [27]. this discrepancy explained due to less information sources in the study area.

In current study out of total sexually active participants 20.8% had experienced either one of STI symptom. But from these only 39.2% seek medical treatment. This is lower than Nigerian youths that 65.4% STIs patients go to patent medicine operators for treatment [34]. The possible explanation could be low awareness of youths to presence of service at near by health facility was low and misconception about mode of transmission is high in the study area.

In the current study more than half of the respondents 64.8% did not know fertile time in a woman's menstrual cycle. When we see the proportion of females (42.6%) and male (27.9%) know the fertile period. it is better than the findings of the recent Ethiopian DHS where 18% of women and 15% of men of all ages in the community know the unsafe period [24]. Still the observed proportion is not adequate to say youths are knowledgeable on this issue. This study dedicated that out of sexually active youths in the last one year (37.0%) use modern contraceptive. This is comparable with the study conducted in sera lion (34.1%) [36].

This study insight from total respondents 488(76.3%) needs SRH services and the major services needed by youths were VCT (44.2%), information and education (38.6%), counseling (32.5%), contraceptive (68.6%), abortion car (18.6%) and condom distribution (30.6%). This study finding is lower than studies done in Addis Ababa university students [27]. The possible reason for the discrepancy is lack of information and low awareness about SRH in the study area.

The current study indicates that only 29.4% youths visited health facilities for SRH services in the past one year. This result is higher than previous studies done in Nepal among youth (17 %) [28]. this may be due to difference in infrastructure and socio cultural background in two countries. But this result is lower than from Hara (63.2%) and Botswana (59%) studies [Motuma.A, 2012, Kellp et al, 2007]. possible suggestion may be presence of friendly clinics in Harar and Botswana. The most frequent visited health facilities were health center (58.9%) followed by health post (26.3%) and private clinic (13.8%) for sexual and reproductive health services which is consistent with the study conducted in Gondar and mechekel [22, 30].

This study also point out approach of service provider more than half who visited the service(66.4%) said comfortable and welcoming, the proportion of youths that they were satisfied with the service from the near by health facility were (64.5%). This study result is lower than previous studies in India (81.3%) and Botswana (73%) [37, 40].The possible explanation for the discrepancy may be service providers at the study area were not trained about counseling and youth friendly services. This is supported by qualitative findings.

In this study 22.7% participants visited near by health facility for SRH service but missed the service. The major reasons were not welcoming service provider approach (36.5%), see and fear of some body (23.4%) and no money (15.2%). This is comparable with previous studies conducted in Dessie, Mechekel and Kenya [27, 30, and 33].

Inconsistent with other studies health facility barriers to utilized SRH services at near by health facility were inconvenient working hours(30.6%) followed by service given together with other services in single room (23.4%).This is higher than previous studies in India[37]. This discrepancy is may be due to the health facilities unfriendliness to youths to seeking SRH services at the study area. This is supported by in-depth interview and observation results.

Concerning accessibility of health facility to utilize sexual and reproductive health services only 10.5% youths take two hours and above to reach the near by health facility on foot from their home. This is less than the study conducted in Kenya [33]. This discrepancy may be difference in health care system and infrastructure of the two countries.

Consistent with different studies in the current study old youths (20-24 years) were more likely to utilize SRH services than young youths (15-19) Nepal and Kenya [24, 33]. Consistent with other study Female youths were more likely to utilize SRH services as compared to male youths [22]. This finding is different from that of a study conducted in mechekel and Nigeria [30, 34]. A possible explanation can be most participants in peer education were females that can lead to open discussion and increase awareness.

Consistent with other study youths participated in peer to peer education were more likely to utilize SRH services than not participated ones [22]. This can be justified by the fact that discussion of services with peer categories allows youths to create more opportunities to exchange information and experiences to get awareness abut services. Consistent with other studies youths had high risk perception to acquire STI/HIV/AIDS were more likely to utilize SRH services than had low risk perception [22,].

Unlike other studies knowledge about sexual and reproductive health in mechekel and Jimma [30, 42] and residence Nepal [34] were not associated with sexual and reproductive health service utilization. The possible explanation is the current study conducted in rural district where the towns are small and do not have significant difference in many aspects with the rural kebeles.

Strength and Limitation of the study

Strength

- The study was comprehensive and tried to address most of the SRH issues as a whole rather than a single SRH service.
- The study tried to see the sexual and reproductive health needs of youths from the demand youths' side and the actual service rendered from health facility and provider side.
- Both Quantitative and qualitative techniques were deployed to search the truth and fill the gaps in youth reproductive health.

Limitation

- The main limitation of this study is difficulty to discuss sexual matter in face-to face interview due to sensitive nature of sex among youths. Hence, some sort of social desirability bias may not be eliminated even though the survey was done anonymously by arranging same sex interviewer.

CONCLUSION AND RECOMMENDATIONS

CONCLUSION

Youth friendly services are given mainly in stand alone youth friendly clinics and city youth centers. However, public health facilities have great potential for scaling-up and sustaining youth-friendly SRH services due to a variety of reasons, foremost of which is that these facilities already existed and accessible to youths live in rural areas.

Youths had inadquate sexual and reproductive health knowledge which was well pronounced in their HIV and STI related misconceptions and on their fertility awareness. Youths had positive attitude to SRH services and that determine service utilization. The need to SRH services among youths was very high. It is important to mention that unmeet needs of SRH services among youths were also high. In contrast to the huge SRH needs, the services provided by the near by health facility are far from addressing these needs. Even if the services were available its unfriendliness to youths resulted in less utilization of the available services. Thus it is suggested that low awareness of youths about SRH and health facilities unfriendliness needs serious attention by program planners and service providers.

Recommendations

West Badewacho Woreda health office

- Give emphasis to scale up youth friendly reproductive health services/package in health facilities including at community health post level and support renovations of health facilities to make SRH services youth friendly.

Health professionals

-Renovations of the health facilities to make them attractive and create special rooms from local context for serving youth that have their own waiting and consulting rooms , providing added privacy for youth and have improved advertising of YFS through erection of signposts both inside and outside their facilities.

-Strength IEC/BCC in local context in health facilities and community level through development network army, peer to peer education, youth-adult open discussion on SRH and emphasis should be put on youth sexual and reproductive health issues in order to encourage youths to delay sex and promotion of SRH services.

Non-Governmental organizations

-Should Facilitate and Give training for service providers, peer counselors , managers on counseling and youth friendly reproductive health services and support logistics to public health facilities to integrate youth friendly services with already existed heath care system parallel with youth alone clinics and information centers in urban areas.

Minister of health

-Should Advocate youth friendly services in public health facilities and integrate non-governmental organizations with public health facilities to advance youth reproductive health services and to reach youths live in rural areas.

Researchers

There should be a detail study to identify socio cultural factors and community support to youth Reproductive health service needs and utilization.

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ANNEXES

Annex I

Parents/Guardian Consent Form

Dear parents /Guardian!

This is study on sexual and reproductive health among youths in west Badewacho woreda being conducted by Niguss Cherie for partial fulfillment of master's degree in Jimma University, college of public health and medical sciences, department of population and family health. Your child has been selected randomly to participate in this study. Since your child is under age 18, as a parent/guardian you need to be aware of detail information regarding the study to declare your agreement concerning the participation of your child in the study before hand.

The study will be carried out by asking your child structured questions which will take about 30 minutes. Some of the questions are very personal and sensitive. However, while responding to the questions no name will be registered on the questionnaire, so that your child will not be identified. All information given by your child will be kept confidential and won't be accessible to any third party. Your child participation in the study will be totally based on your agreement and the child has the right not to participate from the beginning or may stop participating at any time after starting participation and will not be forced to give information that he/she does not know. However, sharing experience and giving genuine information will provide great input to bring change in youth reproductive health status. This will contribute for identifying youth reproductive health needs to adjust and organize reproductive health services at public health facilities. Therefore, I kindly requested your agreement by responding any of your response agree or disagree. Finally, I would like to thank you in advance for all your contribution.

----------Agree response ---------Disagree responses

Annex II

Youth Information Sheet and Consent Form

Title of Study: SRH needs and service utilization among youths in West Badewacho Woreda, Hadiya zone, SNNPR.

Name of Investigator: Niguss Cherie
Research Advisors: Mr. Gurmesa Tura and Mr.Aderajew Nigusse

My name is ----------and I am working with Niguss Cherie and Jimma University, faculty of public health and medical sciences, Department of population and family health. You have been invited to take part in a study on Sexual and Reproductive Health. Before you decide whether to take part, it is important for you to understand why the research is being done.

This study is being conducted as partial fulfilment of a Masters degree in Jimma University, faculty of public health and medical sciences, Department of population and family health. It has got ethical approval from the Ethical Review Committee of the college of public health and medical sciences, Jimma University. The study is being conducted among youths in West Badewacho Woreda, Hadiya zone, SNNPR.

The aim of the study is assessing the Sexual and Reproductive Health needs and service utilization among Youths to adjust and organize reproductive health services of public health facilities based on youths need. That is why we contact you for taking part in the study. All information that is collected about you during the study will be kept confidential and your name will never be mentioned in any analysis and dissemination of findings. Please be informed that participation in this study is purely voluntary. If you wish not to participate or to discontinue the interview at any time, you may. However, the honest Information you give us is highly valuable to the study and this interview will take about 30 minutes. Any thing not clear you can ask.

I confirm that I have been given a full explanation of the study and I understood the information.
_____ Yes, I want to participate in the study (continue interview).

_____ No, I don't participate in the study (Thank you very much!).

Data collectors Name----------signature----------date----------

Supervisor Name----------signature----------date----------

ANNEX III

Structured interview Questionnaire for youths.

Instruction: Please indicate the response by circling the number of respondent choice or by Writing the response in the space provided accordingly.

General Information

Code No: _____Region: SNNPR Zone: HADIYA Woreda: West Badewacho Keble _____Date_____/____2014

Part 1: Socio-demographic characteristics

Sr.no.	Questions	Answers	Skip to
1.1	Sex of the respondent	1.Male 2.Female	
1.2	Where is your residence now?	1. Urban 2.Rural	
1.3	What is your age (in years)?	---------- 99.	
1.4	What is your religion?	1. Protestant 2. Orthodox Christian 3. Muslim 4. Catholic 5. Others (specify)----------	
1.5	How many Family members in your home?	----------	
1.6	What is your current marital Status?	1.Single (Never married) 2.Married 3.Widowed 4.Separated 5.Divorced	
1.7	With whom do you live?	1.Both parents 2.only with mother 3.alone 4.other----------	
1.8	What is your Highest Educational status?	1. Illiterate 2.1-4 3. 5-8 4.9-12 5.college and above	
1.9	What is your occupational status?	1. House wife 2. Farmer 3. student 4.gov.t worker 5.merchant 6.others----------	
1.10	What is your father's educational Status?	1. Illiterate 2.1-4 3. 5-8 4. 9-12 5.college and above	
1.11	What is your mother's educational Status?	1. Illiterate 2.1-4 3. 5-8 4. 9-12 5.college and above	

PART II- Awareness, knowledge and Attitude

2.1	Have you ever heard of Sexual and Reproductive Health?	1. Yes 2. No	If no skip2.3
2.2	What was the source of Information? (Circle all that apply)	1.Radio 2.TV 3. Newspapers/magazines 4. Health center 5. Friends 6. Family 7. School 8. health post	
2.3	Do you ever participated peer to peer education on SRH at school or your village?	1.yes 2.No 3.I don't know	
2.4	Have you ever heard of Sexual Transmitted infection? (Circle all that apply)	1. Yes 2. No	If no skip 2.5
2.5	What types of sexually transmitted infections do u know?	1.Gonorea yes =1 No =2 2.Sypiles yes =1 No =2 3.Chancroid yes =1 No =2 4.LGV yes =1 No =2	
2.6	Which symptoms of STI do you know?(Circle all that apply)	1. Burning pain during urination yes=1 No=2 2. Genital discharge yes=1 No= 3. Genital ulcer yes=1 No=2	
2.7	Have you ever had burning pain during urination, genital discharge or genital ulcer?	1. Yes 2. No	If no skip2.9
2.8	Did you seek a medical treatment From a health institution?	1. Yes 2. No	
2.9	How STI can be acquired?	1. Sharing clothes 2.sitting on a hot stone 3. Urinating on a hot stone 4. Urinating facing the moon 5. Unprotected sex	
2.10	What type of modern contraceptives/ methods of preventing pregnancy do you know?(Circle all that apply)	1. Pills yes =1 No=2 2. Condoms yes=1 No=2 3. IUD yes=1 No=2 4. implant yes=1 No=2 5. Indictable yes=1 No=2 6. Emergency contraception yes=1 No=2 7. Vasectomy yes=1 No=2 8. Tubal ligation yes=1 No=2	
2.11	Are you using any form of contraceptive now?	1. Yes 2. No	If no skip 2.13
2.12	What type of contraceptive do you use?	1. Pills 2. Condoms 3. IUD 4. implant 5. Indictable 6. Emergency contraception 7.Natural 8.others----------	
2.13	When do you think is a fertile Period?	1. Just before her period begins 2. During her period 3. Right after her period has ended 4. Halfway between two periods 5. Don't know	

2.14	Which of the following do you Think can result in HIV infection?	1. Body contact 2. Mosquito bite from HIV infected person 3. Sharing meal with HIV infected person 4. Unprotected sex with a healthy looking person 5. None of the above 6. Others----------	
2.15	What methods of preventing HIV/AIDS do you know? (Circle all that apply)	1. Abstaining from sex 2. Having one uninfected faithful sexual partner 3. Using condoms correctly and consistently 4. Avoiding sharing sharp materials 6. Others----------	
2.16	Dose the nearby health center provide YSRH?	1.Yes 2.No 3.I don't know	If no skip2.17
2.17	What component of SRH services does it provide? (Circle all that apply)	1. Counseling 2. Health education 3. VCT 4. Distribution of educational materials 5. Condom distributes 6. Providing contraceptive 7. STD diagnosis and treatment 8.others----------	
2.18	Do you know using SRH services is your right?	1.yes 2.No	
2.19	Do you likely to use SRH service in future?	1. Yes 2. No	
2.20	**What is your opinion on the following sentences (21-26):** Youths do not need sexual and reproductive health Information.	1. Strongly agree 2. Agree 3. Disagree 4 .Strongly disagree	
2.21	Education to youths about pregnancy and STDs, HIV/AIDS prevention methods Leads to high-risk sexual behaviors.	1. Strongly agree 2. Agree 3. Disagree 4 .Strongly disagree	
2.22	Youths should know How to use contraceptives.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree	
2.23	Unmarried women can use contraceptive.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree	
2.24	The SRH services provided currently in the near by health center are adequate.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree	

2.25	Providing YRHS to health post is comfortable to youths.	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree	
2.26	How much do you think is your risk of contracting STIs including HIV/AIDS?	1. High risk 2. Low risk 3. No risk at all 4. I don't know	If high skip to 2.28
2.27	What makes you at lower risk than others?	1. I have never had sex 2. I no longer have sex 3. I use a condom 4. I have a single sexual partner 5. I trust my partner 6. Others----------	
2.28	What makes you at higher risk than others?	1. I have more than one sexual partner 2. I visited commercial sex worker 3. I do no use condom at all 4. I do not use condom consistently 5. No reason 6. Others----------	

Part III: Sexual Experience

3.1	Have you ever had sex?	1. Yes 2. No	If no skip to 4.1
3.2	What was your age when your first sex?	1._____ .99	
3.3	How did you start sexual Intercourse?	1. In a marriage 2. Personal desire 3. Peer pressure 4. For financial purpose 5. For passing examination 6. By force against your consent 7. Others----------	
3.4	Were you sexually active in the past 12 months?	1. Yes 2. No	
3.5	Have you ever had more than one sexual partner in the past 12 Months?	1. Yes 2. No	If no skip to 4.1
3.6	Were you using condom every Time you had sex?	1. Yes 2. No	

Part IV- Sexual and Reproductive Health service Need, Health Service Utilization

4.1	In your opinion what are the most common sexual and reproductive health Problems that youths encounter at your environment? (Circle all that apply)	1. Sexually transmitted infections /HIV/AIDS 2. Unintended pregnancy 3. Abortion 4. Menstrual problems 5. Psycho-sexual problems 6. Gender based violence 7. Others----------	
4.2	what are the reproductive health services that you would like to get in the last one year?(circle all that apply)	1.Information and education on RH yes =1 No =2 2. Diagnosis and treatment of STI yes =1 No=2 3. Contraceptive yes =1 No =2 4. Post abortion care yes =1 No =2 5. VCT yes =1 No =2 6. counseling yes =1 No =2 7.Condom yes =1 No =2 8. Others----------	
4.3	Have you visited the near by health facility for SRH service in the past 12 months?	1. Yes 2. No	If no skipto 4.8
4.4	Which facility did you visit?	1. Health center 2. Health post 3.private clinic	
4.5	What was the reason for your Visit?	1.To get condom yes=1 No=2 2.To get SRH information yes=1 No=2 3. For counseling service yes=1 No=2 4. For treatment of STI yes=1 No=2 5. For abortion care yes=1 No=2 6. To get contraceptive yes=1 No=2 7. VCT yes=1 No=2 8.others----------	
4.6	How was the approach of service provider?	1. Well coming and comfortable 2. Not attractive and not comfortable	
4.7	Were you satisfied with the service you get from the near by health center?	1. Yes 2. No	
4.8	Have you ever visited YRHS but missed the service you required?	a. Yes b. No	If no skip 4.11
4.9	What is the reason to miss the service you required?	a. The waiting time was long b. I had no money for the service c. I found neighbors and felt ashamed d. The service provider refused to give the service e. others----------	

4.10	Have you visited health institution other than the near by health facility for SRH service?	1. Yes 2. No
4.11	In your opinion what are the barriers to use SRH services in The near by health center? (Circle all that apply)	1. The service is given with other services 2. Inconvenient working hours 3. sex of the service providers 4. service fee not afforded 5. Far distance from home 6.others----------
4.12	How long it takes to reach the near by Health Center from your home?	1. Less than 1 hour 2. 1-2 hours 3. More than 2 hours
4.13	How do you prefer the SRH services to be provided in the Near by health facility?	1. With other health services in health center 2. In a health center separate from other services 3. In the health post 4. out of health center own center 5.Others----------
4.14	Which time of the day do you think is convenient for youths to provide SRH services?	1. During the usual working hours 2. On special hours when no much patient 3.at night 4. 24 hours 5.others----------
4.15	Who would you prefer to be the SRH service provider?	1. Young provider of the same sex 2. Young provider of any sex 3. Adult provider of the same sex 4. Adult provider of any sex 5. Any provider 6. Other----------

Name of Data collector_____Signature_____

THANK YOU FOR YOUR COOPRATION BY SACRIFING YOUR TIME!

Annex IV

HEALTH FACILITY ASSESSMENT TOOL

A/Guiding questions for the In-depth interview with head of health facilities

Health facility name: _____

Sex of respondent _____Age of respondent_____ Profession_____

Name of Data Collector: _____ Signature _____ Date _____

1. What SRH services do you provide? ----------

2. From the services that you provide which one are mainly used by youths and why? -----

3. What are the main SRH services needs of youths? ----------

4. In your opinion how do you see the efforts by the health center to provide youth friendly service? ----------

5. What challenges do you have and what kind of external support does the health center need to provide SRH services? ----------

6. In your opinion how do you think the current SRH service in the health center

Can be improved?----------

7. Have you involved youth in any of the decision making about how RH programs or services are delivered? If so, how have you involved youth? If you haven't why? _____

8. What are the ways your facility promotes services to youth?
Explain._____

B/Guiding questions for the In-depth interview with youth RH service providers in health facilities

Health facility name: _____

Sex of Respondent _____Age of respondent_____ Profession _____

Name of Data Collector: _____Signature _____Date_____

1. Do you offer Reproductive Health services to the youths? Yes NO
2. What RHS do you offer in your facility? ----------
3. Which RHS are mostly sought for by youths? ----------
4. Do you feel that the space you have to provide RH services to youth clients is comfortable? Describe the type of space where you give services. _____
5. What needs improvement in order to provide a comfortable environment, sufficient space and privacy for your clients? _____
6. Are there any services that this facility provides to youth that you think are not appropriate? Explain. _____
7. What times do you think are convenient for youth to seek services? _____
8. How comfortable are you discussing sexual behaviour and reproductive health issues with youth? _____
9. Who are involved in at-risk sexual or health behaviour? What kinds of services do you think they need from a health facility? _____
10. Do you employ any young adults to work as peer promoters, educators, or counsellors? If so, what do they do? _____
11. Does your facility have standard fees for youth reproductive health services, or a sliding-scale fee system? If you have a sliding-scale system, explain the system. _____

12. How are client records stored so that confidentiality is assured? _____
    _____
13. What in your view would you say hinder/encourage the youth to utilize RHS? ---------
    ---
    ---
14. What are the challenges you face as a health provider of RHS? ----------
    ---
    ---
15. Suggest ways to scale up utilization of YFRHS youth. ----------
    ---

C/Facility observation and service inventory checklist

Health facility name: _____

Name of Data Collector: _____ Signature _____Date_____

Section 1: SERVICE AVAILABLITY AND RANGE OF SERVICES

Type of service	Provided	Available at all times in the last 12 months	If no, reason last not available. (The choices are as follows. Please fill the number in the form.) 1. Supplies not available 2. Equipment not available 3. Trained staff not available 4. Other (specify)----------
A. counseling/ information	1.Yes 2.No	1.Yes 2.No (day)	
B. STI diagnosis and treatment	1.Yes 2.No	1.Yes 2.No (day)	
C. pregnancy testing	1.Yes 2.No	1.Yes 2.No (day)	
D. voluntary counseling and testing	1.Yes 2.No	1.Yes 2.No (day)	
E. peer education	1.Yes 2.No	1.Yes 2.No (day)	
F. Sexual psychological counseling	1.Yes 2.No	1.Yes 2.No (day)	
G. Contraceptive service	1.Yes 2.No	1.Yes 2.No (day)	
I. Referral	1.Yes 2.No	1.Yes 2.No (day)	
J. YFS guideline	1.Yes 2.No	1.Yes 2.No (day)	

SECTION 2: EQUIPMENT AND COMMODITIES INVENTORY

Type of contraception/test	Usually provided	Available today	Stock out in last year
A. Combined pills	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
B. Progesterone-only pill	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
C. Male condom	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
D. Female condom	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
E. Contraception cream	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
I. Implants	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
J. Injection	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
K. Emergency contraception	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
L. Intrauterine device	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No
M. Pregnancy test paper	1.Yes 2.No	1.Yes 2.No	1.Yes 2.No

SECTION 4: INFORMATIONAL MATERIALS

4.1. **Which informational materials, targeted toward youths, are available on the following subjects? (Observe and ask)**

Subject	Flip chart available		Brochure/pamphlet available		Posters available	
A. Love	1.Yes	2.No	1.Yes	2.No	1.Yes	2.No
B. Marriage	1.Yes	2.No	1.Yes	2.No	1.Yes	2.No
D. Contraception	1.Yes	2.No	1.Yes	2.No	1.Yes	2.No
E. HIV/AIDS	1.Yes	2.No	1.Yes	2.No	1.Yes	2.No
F. STIs	1.Yes	2.No	1.Yes	2.No	1.Yes	2.No
H. Pregnancy	1.Yes	2.No	1.Yes	2.No	1.Yes	2.No
I. Abortion	1.Yes	2.No	1.Yes	2.No	1.Yes	2.No
J. Rights	1.Yes	2.No	1.Yes	2.No	1.Yes	2.No
k. sign board	1.Yes	2.No				

SECTION 5: SUPERVISION

5.1. **What was the date of the last "outside" supervisory visit that included reproductive health? -------Date -------/month------- year. What did the supervisor do?**

Actions	Mentioned	
1. Observe delivery of different services	1. Yes	2. No
2. Observe only service he/she is responsible for	1. Yes	2. No
3. Inquire about service problems	1. Yes	2. No
4. Examine records	1. Yes	2. No
5. Make suggestions for improvements	1. Yes	2. No
7. Other (specify)	1. Yes	2. No

Section 6: Staffing and Training (Observe and Ask)

Sr.no	Profession	Sex	Trainings type	When	where	By whom
1						
2						
3						
4						

THANK YOU FOR YOUR COOPRATION BY SACRIFING YOUR TIME!

ጅማ ዩኒቨርሲቲ
ህብረተሰብ ጤና ህክምና ሳይንስ ፋካልቲ
ስነ ህዝብና ቤተሰብ ጤ ትምህርት ክፍል
የ ደህረ ምረቃ ሞ ህ ግ ር

የ ወላጅ / አሳዳጊ የ ፈቃደኝነት መግለጫ ቅጽ

ከዚህ በታች እንደተመለከተው አቶ ንጉስ ቸሬ ከጂማ ዩኒቨርስቲ፤ ህብረተሰብ ጤና ህክምና ሳይንስ ኮሌጅ፤ ስነ ህዝብና ቤተሰብ ጤ ትምህርት ክፍል ጋር በመሆን የ ወጣቶች የ ስነ ተዋልዶ ጤ ፍላጎትና አገልግሎት አጠቃቀም አሰሳ በሚል ርዕስ በምዕራብ ባደዋች ወረዳ ጥናት በማካሄድ ላይ ናቸው፡፡

የ ተከበሩ ወላጅ / ኢሳዳጊ፤

ጥናቱ የ ሚካሄደው ለዚሁ ታስቦ የ ተዘጋጀውን ጥያቄ በማቀቅ ነው፡፡ ማጠይቆቹን ለማጨረስ 30 ደቂቃ ያህል ሊወስድ ይችላል፡፡ በማጠይቁ ወስጥ ጥቂት ሚጠራዊ የ ሆኑና ግላዊ ጥያቄዎች ተካተዋል፡፡ ሆኖም ልጅዎ ማጠይቁን በሚሞልሰብት ወቅት ማንነታቸው እንዳይታወቅ ስሞው በጥያቄው ወረቀት ላይ አይመዘገብም፤ የ ሚጠሙ ማንኛወም ሚጃ በሚጥር የ ሚከበቅ በመሆኑ በማንኛወም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥ አይገለጥም፡፡

የ እርስዎ ልጅ በጥናት ላይ ለመሳተፍ ተመርጠዋል፡፡ ሆኖም ልጅዎ ከ18 ዓመት ዕድሜ ክልል በታች ስለሆኑ እርስዎ ወላጅ / አሳዳጊ እንደመሆንዎ ልጅዎ በጥናቱ ላይ ከመሳተፋቸው በፊት ጥናቱን በተመለከተ ማንኛወንም መጃ ለማግኘት ፈቃደኝነትዎን እንዲያሳወቁን ያስፈልጋል፡፡ ጥናቱ የ ሚካሄደው በእርስዎ ፍላጎትና ፍቃደኝነት ላይ የ ተመሰረተ ነው፡፡ ልጅዎ ከመጀመሪያ በጥናቱ ላይ ላለመሳተፍ አንዲሁም መሳተፍ ጀምረው በመከል ለመተው መቢታቸው ሙሉ በሙሉ የ ተጠበቀ ሲሆን፤ ለሞወቁት ጥያቄ መጃ አይሰጡም፤ አይገደዱም፡ ሆኖም በእነት ላይ የ ተመሰረተ ተሞክሮና መጃ በወጣቶች ስርዓተ ተዋልዶ ላይ በፍላጎታቸው መሰረት ተገቢውን አገልግሎት ለመሰጠትና ጥራቱን በማሻሻል ከፍተኛ ለውጥ ያስገኛል፡፡ እንዲሁም ለህግ አወጪ የ መንግስት አካላት የ ወጣቶችን ስነ ተዋልዶ ጤ በማሻሻል ዘርፍ ላይ ለሞደረገው ጥረት ከፍተኛ እገዛ ያደርጋል፡፡ በቅድሞ ለሞደርጉት የ ስምምነት ምላሽ እያመሰገንን ለሰጠዎ የ ፈለጉትን የ መሰመሞት ወይም ያለመሰመሞት ምላሽዎን እንዲገልጹልን እንጠይቃለን፡፡

-------**ተስማምቻለሁ** ---------**አልተስማማሁ**

ለ ወጣቶች የ ጥናቱ ሚጃና የ ስምምነት መግለጫ ቅጽ

የ ጥናቱ ርዕስ፡ የ ወጣቶች የ ስነ ተዋልዶ ጤ ፍላጎትና አገልግሎት አጠቃቀም
የ እጯነው ስም፡ ንጉስ ቸሬ
የ እጭሪው ስም፡ 1ኛአቶ ጉርሜሳ ቱራ 2ኛ አቶ አደራጀው ንጉሴ

ስሜ----------ይባላል፡፡ የ ምሰራው ከአቶ ንጉስ ቸሬ እና ከጅማ ዩኒቨርሲቲ፤ ህብረሰብ ጤና ህክምና ሳይንስ ኮሌጅ፤ ስነ ህዝብና ቤተሰብ ጤ ትምህርት ክፍል ጋር በመሆን በሚጃ ሰብሳቢነት ነው፡፡ በወጣቶች የ ስነ ተዋልዶ ጤ ላይ በሜረገው ጥናት እርስዎ እንደጎተፉ ተጋብዘዋል፡፡ ለመሳተፍ ከመወሰንዎ በፊት ጥናቱ ለምን እንደሜረግ ሞወቅ አስፈላጊ ነው፡ ይህ ጥናት የ ሚካሄደው በጅማ ዩኒቨርስቲ፤ በህብረተሰብ ጤና ህክምና ሳይንስ ኮሌጅ፤ በስነ ህዝብና ቤተሰብ ጤ ትምህርት ክፍል ለህለተኛ ደግሪ ሞጃ ነው፡ ጥናቱ በጅማ ዩኒቨርስቲ ፤ህብረተሰብ ጤና ህክምና ሳይንስ ኮሌጅ የ ስነ ምግባር ኮሜቴ ፍቃድ አግኝቷል፡፡ ጥናቱ የ ሚካሄደው በምዕራብ ባዳዋች ወረዳ፤ ሀዲያ ዞን፤ ደ/ብ/ብ/ህ ክልል ነው፡

የ ጥናቱ አላማም የ ወጣቶችን የ ስነ ተዋልዶ ጤ አገልግሎት ፍላጎ በመለየት የ ስነ ተዋልዶ ጤ አገልግሎት በፍላጎታቸው መሰረት በአግባቡ ለመሰጠት፤ ለህግ አወጪዎች ግብዓት እንድሆን እንዲሁም የ አገልግሎት ጥራቱን ለማሻሻል ነው፡ ለዚህ ነው እርስዎ በጥናቱ እንድሳተፉ የ ተጋበዙት፡ በጥናቱ ለሚሰየቁት ጥያቄዎች የ ሚሰጡም ሚጃ ሚጥራዊነቱ የ ተጠበቀ ነው፡ የ እርስዎ ስም በዚህ ሚጃ ላይ አይጻፍም ለማንም አይገለፅም፡ በዚህ ጥናት ላይ ያለዎት ተሳትፎ ሙሉ በሙሉ በእርስዎ ፍቃደኝነት ላይ የ ተመሰረተ ነው፡ በመጠይቁ ላይ ያለመሳተፍ ወይም ከጀመሩ በኋላ ሜደረጥ ከፈለጉ ያለምንም ቅድመ ሁኔታ ሜደረጥ ይችላሉ፡፡ ሆኖም ግን እርስዎ የ ሚሰጡት እውነተኛ ሚጃ ለጥናቱ በጣም ከፍተኛ አስተዋጽኦ እንዳለው ልናሳወቅዎ እንወዳለን፡፡ ይህ ማጠይቅ 30 ደቂቃ ሊወስድ ይችላል፡፡ ግልፅ ያልሆነ ልዎትን ማጠየቅ ይችላሉ፡፡
ስለ ጥናቱ በቂ ሚጃ ተሰጥቶኛል፡፡ የ ተሰጠኝን ሚጃም ተረድቻለሁ፡ የ ምሰጠው ሚጃም አገልግሎቱን ለማሻሻል አስተዋ□ኦ እንዳለው ተገንዝቤአለሁ፡
----------አዎ በጥናቱ መሳተፍ እፈልጋለሁ፡ (ማጠይቁን ይቀጥሉ ----------በጥናቱ መሳተፍ አልፈልግም፡ (እናመሰግናለን)

መመሪያ፡ የ ጥናቱ ተሳታፊ የ ሚሰጡን መልስ አጠፀቡ ያለመን ቁጥር በማከበብ ወይም በተሰጠው ክፍት ቦታ ላይ በመጻፍ አሳይ፡፡

ክፍል አንድ፡ የ ግለሰቡ ማህበራዊ ሚጃ

ተ.ቁ	ጥያቄ	አማራጭ መልስ አክብብ/ቢ	ይለፉ
1.1	ጾታ	1. ወንድ 2. ሴት	
1.2	በአሁኑ ጊዜ መኖሪያህ/ሽ የት ነው?	1. ከተማ 2. ገጠር	
1.3	እድሜህ/ሽ ስንት ነው?	----------አመት	
1.4	ሀይማኖትህ/ሽ ምንድን ነው?	1.አርቶዶክስ 2.ፕሮቴስታንት 3. ካቶሊክ 4.ሙስሊም 5.ሌላ---------	

1.5	በቤትህ/ሽ ወስጥ የቤተሰብ ብዛት ስንት ነው?	----------
1.6	በአሁኑ ጊዜ የጋብቻህ/ሽ ሁኔታ?	1.በጫጉላ ያላገባ/ች 2.ያገባ/ች 3.የሞተችበት/ባት 4.የተፋታ/ች
1.7	በአሁኑ ጊዜ የምትኖረው/ሪው ከማን ጋር ነው?	1.ከሁለቱም ወላጆቼ ጋር 2.ከአባት ወይም እናት ጋር ብቻ 3.ለብቻዬ 4.ከሌላ----------
1.8	ከፍተኛ ትምህርት ደረጃህ/ሽ?	1.ያልተማረ/ች 2. 1-4ኛ ክፍል 3. 5-8ኛ ክፍል 4. 9-12ኛ ክፍል 5.ኮሌጂና ከዚያ በላይ
1.9	ስራህ/ሽ ምንድን ነው?	1.የቤት እማኝት 2.ገበሬ 3.ተማሪ 4.መንግስት ሰራተኛ 5.ነጋደ 6.ሌላ---
1.10	የአባትህ/ሽ የትምህርት ደረጃ?	1.ያልተማረ/ች 2. 1-4ኛ ክፍል 3. 5-8ኛ ክፍል 4. 9-12ኛ ክፍል 5.ኮሌጂና ከዚያ በላይ
1.11	የእናትህ/ሽ የትምህርት ደረጃ?	1.ያልተማረ/ች 2. 1-4ኛ ክፍል 3. 5-8ኛ ክፍል 4. 9-12ኛ ክፍል 5.ኮሌጂና ከዚያ በላይ

ክፍል ፡2 ግንዛቤ ፡እወቀትና አመለካከት

2.1	የጾታዊና ስነተዋልዶ ጠፍ ሲባል ሰምተህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አይ
2.2	የሰማሽው/ሽው ከየት ነበር?	1.ራዲዮ 2.ቴሌቪዥን 3.ጓደኛ 4. ቤተሰብ 5.ጠፍ ባልሞያ 6. ጠፍ ኤክስቴንሽን ሰራተኛ
2.3	በት/ቤት ወይም በሰፈር የወጣቶች ስነ ተዋልዶ ጠፍ አቻ ለአቻ ትምህርት አለ?	1.አዎ 2.የለም 3.አላውቅም
2.4	የአባለዘር በሽታ ሲባልሰምተህ/ሽታውቃለህ/ሽ?	1. አዎ 2. አይ
2.5	የትኞቹን የአባለዘር በሽታዎች ታውቃለህ?(ሚልስ የሚሉትን አክብቡ)	**1**.ጨብጥ **2**. ቂጥኝ **3**.ከርከር 4.ኤች አይቪ **5**.ባምኩሌ
2.6	የትኞቹን አባለዘር በሽታወች ምልክት ታውቃለህ?(ሚልስ የሚሉትን አክብቡ)	1.ሽንት ሲሸና ማቃጠል 2.የብልት ፈሳሽ 3.የብልት ቁስለት 4.ሌላ----------
2.7	አንተ በምትሸናበት/ኒበት ጊዜ የሽንት ማቃጠል፣የብልት ፈሳሽ፣የብልት ቁስለት አጋጥሞህ/ሽ ያወቃል?	1. አዎ 2. አይ
2.8	ህክምና ለማገኘት ወደ ጠፍ ተቋም ሄደሀል/ሻ?	1.አዎ 2. አይ
2.9	የአባለዘር በሽታ የሚላለፈው በምንድን ነው?	1.የሰው ልብስ በሚልበስ 2.በሞቅ ድንጋይ ላይ መቀመ 3.በሞቅ ድንጋይ ላይ መሸናት 4.ወደ ጨረቃ እያዩ በመሸናት 5.ጥንቃቄ በጎደለው ግብረ ስጋ ግንኙነት
2.10	የትኞቹን ዘመናዊ የርግዝና መከላከያ ዘዴዎች ታውቃለህ/ሽ?ሚልስ የሚሉትን ሁሉ አክብቡ)	**1**.ክኒን 2.ኮንዶም **3**.በማጸን የሚባ **4**.በክንድ ስር የሚደረግ **5**.በሚፈ የሚጥ **6**.ወንድን በቀዶ ጥገና ማክም **7**.ሴትን በቀዶጥገና ማክም
2.11	የእርግዝና መከላከያ ተጠቅመሽ ታውቂያለሽ?	1.አዎ 2. አይ
2.19	የስነ ተዋልዶ ጠፍ አገልግሎት ከፈለግህ/ሽ ማጠቀም መቦትህ/ሽ መሆኑን ታወቃለህ/ሽ?	1. አዎ 2. አላውቅም
2.20	ለወደፊት የስነተዋልዶ ጠፍ አገልግሎቶችን ማጠቀም ትፈልጋለህ/ሽ?	1. አዎ 2. አልፈልግም
2.21	በሚከተሉት ላይ ያንተ/ች አመለካከት የቱ ነው ለወጣቶች የጾታና ስነተዋልዶ መረጃ አያስፈልጋቸውም፡፡	1.በጣም እስማማለሁ 2.በከፊል እስማማለሁ 3.በከፊል አልስማማም 4.በፍፁም አልስማማም
2.22	ለወጣቶች ስለ እርግርና፣የአባለዘር በሽታ እነዲሁም ስለ ኤች አይቪ ሚከተሚወደ ከፍተኛ የግብረ ስጋ ግንኙነት ያሚፈል፡፡	1.በጣም እስማማለሁ 2.በከፊል እስማማለሁ 3.በከፊል አልስማማም 4.በፍፁም አልስማማም
2.23	ወጣቶች የእርግዝና መከላከያን እንደት ማጠቀም እንዳለባቸው ማውቅ አለባቸው፡፡	1.በጣም እስማማለሁ 2.በከፊል እስማማለሁ 3.በከፊል አልስማማም 4.በፍፁም አልስማማም

2.24	ሳያገቡ ግብረ ስጋ ግንኙነት የሚያደርጉ ሴቶች የእርግዝና መከላከያ ቢጠቀሙ ምንም ችግር የለውም ፡፡	1.በጣም እስማማለሁ 2.በከፊል እስማማለሁ 3.በከፊል አልስማማም 4.በፍፁም አልስማማም	
2.25	የወጣቶች ስነ ተዋልዶ ጠቅ አገልግሎት በጠቅ ክለ ቢሰጥ ለወጣቶች ይመቻል፡፡	1.በጣም እስማማለሁ 2.በከፊል እስማማለሁ 3.በከፊል አልስማማም 4.በፍፁም አልስማማም	
2.26	በአቅራቢያችን ጠቅ ተቋም የሚሰጠው የጾታና ስነተዋልዶ ጠቅ አገልግሎት በቂ ነው፡፡	1.በጣም እስማማለሁ 2.በከፊል እስማማለሁ 3.በከፊል አልስማማም 4.በፍፁም አልስማማም	
2.27	ኤች አይ ቪን ጨምሮ በሌሎች አባለዘር በሽታዎች የመያዝ እደልህ/ሽ ምን ያህል ይመስልሀል/ሻል?	1.ከፍተኛ 2.ዝቅተኛ 3.ምንም አያሰጋኝም 4.አላወቅም	ከፍተኛ ካሉ2.29 ይለፉ
2.28	አንተን/ችን ከሌሎች ያነሰ ተጋላጭ የሚያደርግህ/ሽ ምንድን ነው?	1.የግብረ ስጋ ግንኙነት ፈጽሜ አላወቅም 2.ኮንዶም እጠቀማለሁ 3.አሁን ግብረ ስጋ ግንኙነት አላደርግም 4.አንድ ብቻ ጓደኛ ስላለኝ 5.ሌላ----------	
2.29	አንተን /ችን ከሌላው የበለጠ ተጋላጭ የሚያደርግህ/ሽ ምንድን ነው?	1.ከአንድ በላይ የወሲብ ጓደኛ ስላለኝ 2. ሴት አዳሪዎች ጋር ስለምሄድ 3.ኮንዶም በፍጹም ስለማልጠቀም 4.ግንኙነት ሳደርግ በቋሚነት ኮንዶም ስለማልጠቀም 5. ሌላ----------	

ክፍል፡ 3 የግብረ ስጋ ግንኙነት ልምድ

3.1	የግብረ ስጋ ግንኙነት አድርገህ ታውቃለህ/ሽ?	1. አዎ 2.አይ	አይ ካሉ ወደ 3.3
3.2	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት ስታደርግ እድሜህ/ሽ ስንት ነበር?	----------አመት 99.	
3.3	የግብረ ስጋ ግንኙነት እንደት ጀመርክ/ሽ?	1.በጋብቻ 2. በግል ፍላጎት 3.በጓደኛ ተፅኖ 4.ለገንዘብ 5.ፈተና ለማፍ 6. ያለፍላጎት ተገደጀ	
3.4	ባለፉት 12 ወራት ግብረ ስጋ ግንኙነት ፈፅመሃል/ሻል?	1. አዎ 2.አይ	
3.5	ባለፉት 12 ወራት ከአንድ በላይ ሰው ጋር ግብረ ስጋ ግንኙነት ፈፅመሃል/ሻል?	1. አዎ 2.አይ	
3.6	ግብረ ስጋ ግንኙነት ባደርግህ ቁጥር ኮንዶም ትጠቅም/ሚ ነበር?	1. አዎ 2.አይ	

ክፍል 4፡ የጾታና የስነተዋልዶ ፍላጎት እና ጠቅ አገልግሎት አጠቃቀም

ተ.ቁ	ጥያቄ	አማራጭ መልስ አክብበ/ቢ	ይለፉ
4.1	በአንተ/ች አመላካከት በአካባቢያችሁ የወጣቶች የስነ ተዋልዶ ጠቅ ችግሮች ምን ምን ናቸው? (መልስ ይሆናል የሚትን በማሉ አክብበ/ቢ)	1.የአባለዘር በሽታእንዲሁም ኤች አይ ቪ ኤድስ 2.ያልተፈለገ እርግዝና 3.ወፎጃ 4.የወር አበባ ችግር/ህመም 5.ከወሲብ በኋላ የስነ ልቦና ችግር 6.ጾታዊ ጥቃት 7.ሌላ---	
4.2	አንተ/ች ማግኘት የምትፈልገው/ጊው የስነ ተዋልዶ ጠቅ አገልገሎት ምን ምን ናቸው? (መልስ ይሆናል የሚትን በማሉ አክብበ/ቢ)	1.የስነተዋልዶ ጠቅ ሚጃና ትምህርት 2.የአባለዘር በሽታ ምርመራና ህክምና 3.የእርግዝና መከላከያ 4.ከወፎጃ ጋርየተያያዘ 5 ኤች አይ ቪ ኤድስ ምክርና ምርመራ 6.የምክር አገልግሎት 7.ኮንዶም ለማግኘት 8.ሌላ--	
4.3	ባለፉት 12 ወራት ወደ አቅራቢያህ/ሽ ጠቅ ተቋም ሄደህል/ሻል ?	1.አዎ 2. አልሄደኩም	አይ2.6 ይለፉ
4.4	የትኛው ጠቅ ተቋም ነበር የሄደኩው/ሽው?	1.ጠቅ ጣቢያ 2.ጠቅ ክለ 3.የግል ክሊኒክ	
4.5	የሄደኩበት/ሽበት ምክንያት ለምን ነበር?	1.ኮንዶም ለማግኘት 2.የስነተዋልዶ ሚጃና ትምህርት ለማግኘት 3.ለምክር አገልግሎት 4.የአባለዘር በሽታ ምክርና ምርመራ 5. ከወረጃ ጋር ተያይዞ ህክምና ለማግኘት 6.ለእርግዝና መከላከያ ለመሰጅ	

		7.ለኤች አይቪ ምክርና ምርመራ 8.ሌለ----	
4.6	የአገልግሎት ሰጫውን/ዋ አቀባበል እንደት ነበር?	1.የሚሾና ደስ የሚል ነበር 2.የሚሸስፈራና የሚያሾ	
4.7	በአቅራቢያህ/ሽ ባለው ጠፍ ተቋም አገልግሎት ረክተህል/ሻል?	1. አዎ 2. አልረካሁም	
4.8	በአቅራቢያህ/ሽ ባለው ጠፍ ተቋም የስነ ተዋልዶ ጠፍ አገልግሎት ለማግኘት ሄደህ/ሽ ሳታገኝ ተመልሰህል/ሻል?	1. አዎ 2. አይ	አይካሉ 2.9ይለፉ
4.9	አገልግሎቱን ሳታገኝ የተመለስከው/ሽው ለምንድን ነው?	1.አገልግሎቱ ስላልነበረ 2. ገንዘብ ስለሌለኝ 3.የሚወቀው ሰው አይቸ ፈርቸ 4. ጠፍ ባለሞያ አቀባበል ስላልተመቸኝ 5.ሌለ------	
4.10	ባለፉት 12 ወራት ወደ ሌለ ጠፍ ተቋም ለስነተዋልዶ ጠፍ አገልግሎት ሄደህል/ሽ?	1.አዎ 2. አልሄደኩም	

xigo	Xa'mmichcha	Doo'llamu dabachcha amadu xigonne kullulleesa/bon beyyo wonshe	Merree'

4.11	በአንተ/ች አመለካከት በአቅራቢያ ጠፍ ተቋም የስነተዋልዶ ጠፍ አገልግሎት ለማገኘት እንቅፋት ሊሆኑ የሚችሉት ምን ምን ይመስሀል/ሻል?	1.አገልግሎቱ ከሌለ ጠፍ አገልግሎት መቅላቀሉ 2.የስራ ሰዓቱ አመች አለመሆን 3.የአገልግሎት ሰጭዎች ጾታ 4.ለአገል ከፍያ መበዛቱ 5.የአገልግሎት ሰጭዎች አቀራረብ ጉድለት 6.ጠፍ ተቋሙ ከቤታችን ሩቅ መሆኑ 7.ሌለ------	
4.12	አቅራቢያህ ጠፍ ጣቢያ በእግር ለመድረስ ምን ያህል ጊዜ ይወስወዳል?	1. ከ1 ሰዓት በታች 2. ከ1-2 ሰዓት 3. ከሁለት ሰዓት በላይ	
4.13	በአንተ/ቺ አመለካከት የስነተዋልዶ ጠፍ አገልግሎት በአቅራቢያህ/ሽ ጠፍ ተቋም እንደት በሰጥ የተሻለ ነው ትላለህ/ሽ?	1.በጠፍ ጣቢያ ከሌለ ጠፍ አገልግሎቶች ጋር 2.በጠፍ ጣቢያ ለብቻው በተለየ ክፍል 3.በጠፍ ኪለ 4.ከጠፍ ጣቢያ ውጭ ለብቻው በሜክልተከፍቶ	
4.14	ለወጣቶች የጾታና ስነተዋልዶ ጠፍ አገልግሎት ለመስጠት አመች ሰዓት የቱ ይመስልሀል/ሻል?	1.በተለመደው የስራ ሰአት 2.ሜዞ10.00 ሰዓት አካባቢ 3.ዘወትር 24 ሰዓት 4.ሌለ----------	
4.15	የጾታና ስነተዋልዶ ጠፍ አገልግሎት የሚጠው ሰው ማን ቢሆን ትመርጣለህ/ሽ?	1.ወጣትና ከታካሚው ጾታ ጋር ተመሳሳይ 2.ወጣትና ማንኛውም ጾታ 3. ትልቅ ሰው ሆኖ ተመሳሳይ ጾታ 4.ትልቅ ሰው ሆኖ ማንኛውም ጾታ 5.ማንኛውም ጠፍ ባለሞያ	

የሚጃ ሰብሰቢው ስም----------ፊርማ----------
ቀን----------
የሱፐርቫይዘር ስም----------ፊርማ----------
---ቀን----------

JIMMI YUNIVERSITE'ENNE MINAADAPHPHI FAYYA'OOM SIIXXMMI SAAYINSI KOLLEJANNE MINAADAPHPHEKAA ABAROOS FAYYA'OOM BOORADISHSHI LOSA'N BAXXANCHANNE LA'M DIGIRE'I MASSINNA HINCUKKI SAARAYYI KITAABA.

IJAAJO :xa'mmamaanch /ttam manchi/choka dabachcha bakko yoo xigunne kululleesa baximminne /bon beyyonne kitaabimminne moo'ise.
Baxxanch mato: xa'mmamaanch heech qaanq duuha'a.

1.1	Albachchi	1.Gononcho 2.mashara
1.2	Kaba hee'lloo beyyi hanno?	1. katama 2.gaxara
1.3	Ki umuri mee'u?	---------- hincho
1.4	At awwontoo amma'nnat hinkane?	1. orthodoxa 2. pirotestaanta 3. kaatoliica 4. islaama 5. bee'e----------
1.5	Min abaroos dutoom mee'o?	----------
1.6	Kaba ki eebaqqanchi duuha'I hinkide?	1.eeaqqamu/tto'I bee'ane 2.eebaqqamaakkoohane/toohane 3.mi'nani/ama lehaakkoohane/letoo'nane 4.buubeesaanchotte/hollaakkoohane
1.7	Ka amanenne ayyenne hee'lloo?	1.anninnee amannee 2.anninne te'im ama xale'e 3. mullame 4.mullaaninne----------
1.8	Lossitti losa'n gabal hinkaa'nna?	1.losubee'anne/losso'bee'ane 2.1-4 afeebe'e 3. 5-8afeebe'e 4.9-12afeebe'e 5.koleejaa hananette
1.9	Kibaxi maruwwa?	1.Mi'n amatte 2. Abuulaanchotte/cho 3.losaancho/tte 4.mengist baxaancho/tte 5.nagaadekichcho/tte 6.mullane
1.10	Ki annik losa'n gabal hinkaa'nna?	1.losubee'anne 2.1-4 afeebe'e 3. 5-8afeebe'e 4.9-12afeebe'e 5.koleejaa hananette
1.11	Ki ami losa'n gabal hinkaa'nna?	1.losso bee'anne 2.1-4 afeebe'e 3. 5-8afeebe'e 4. 9-12afeebe'e 5.koleejaa hananette

BAXXANCH 2: SEER BEE'i SHAHIXXI EDAMCHINNE WAAROO JABBI BIKKINA SAWWITE, LACHCHAA DO'iXXIMMAA

2.1	Seer bee'I albachchi shahixxi edamcha yyakku'uuyye macceessaa laqqoo?	1. La'oommo 2. La'oommoyyo	Merr' 2.3
2.2	Macceessittoki hanniisette?	1.Raadoonii 2.Televizhiinii 3.beshshuwwii 4.abaroosii 5.fayya'ooma siixxakkam minenne baxoo mannii 6.xeena'i ekstenshiin 7.losa'n minii	
2.3	Losa'n minenne te'im hegeeqqi beshshuwwi harde'I woraadi maqire seer bee'I shahixxi edamchi jabbi fayya'ooma siixxakkam duuha;anne mat umu'l gabala yoo harde'ina losan uwwamoo?	1.ooyya 2.uwwamooyyo 3.la'oommoyyo	
2.4	Shahixxi edamchinne waaroo jabbo yakku'uuyye macceessaa laqqoo?	1. la'oommo 2. La'oommoyyo	2.6
2.5	At laqqoo shahixxi edamchimne waaroo jabbuwwi hinka keeno? (dabachchi ihookko yitakkam keeno hundam kululleessehe)	1.cophphxo'o 2.Qixxinna 3.karkira 4.baambulle'e/echi.ayi.v.edis	
2.6	Hinka shahixxi edamchinne waaroo jabbi mare'i haalattuwwa laqqo?	1.shuma shume'akkuuyye shokkiisimma 2.shaixxi edamch orachchi daadaama 3.shaixxi edamch orachichi madimma 4.la'oommoyyo	
2.7	At shume'lloo ammane shumi shokkiisimmi, shahixxi orachchi daadaamii shahixxi orachchi madimmi moo'amoo?	1. moo'amoookko 2. Moo'amooyyo	2.9
2.8	Moo'amukkaa'llee fayya'ooma siixxakkam mine qaraare siixximmina mattaa?	1. maraammo 2. Marummoyyo	
2.9	Shahixxi edamchinne waaroo jabbi hinka'isinne higookkok?	1.mullannika habiillo edde'imminne 2.Iibbaalli kinanne afuurimminne 3.Iibbaalli kinanne shume'imminne 4.Agana moo'akku'uuyye shume'imminne 5.seer bee'I shaixxi edamchinne	
2.10	Hinka dollab lamfoorooma hoo'llanch qaraare laqqoo? (dabachchi ihookko yitakkam keeno hundam kululleessehe)	1.kiniina 2.kondoma 3.qa'l ma'nnanne aagookkoka 4.angi gubeed ligumonne aagookkoka 5.marfe'inne uwwakkamoka 6.goona opiraasooninne akkamimma 7.meento opirasionne akkamimma 8.Gambayyaat lamfooroma hoo'llamakkamoka 9.la'oommoyyo	
2.11	Lam foorooma hoo'llamakkam qarrare(duuha'a) awwaaxi taa laqqoo?	1.awwaaxxoommo 2. awwaaxxoommoyyo	2.14
2.12	Kaba lamfoorooma hoo'llamakkam qaraare awwaaxxitaa laqqoo?	1. la'oommo 2. La'oommoyo	
2.13	Hinka lamfoorooma hoo'llamoo googo awwaaxxitoo?	1.kikiina 2.kondoma 3.qa'lmalnnanne aagookkoka 4.ang gubeed lugumonne aagookkoka 5.marfe'inne uwwakkamoka 6.gambayyaat lamfoorooma hoo'llamoo googo 7. Qooccamchika	
2.14	Mat meentichcho shahixxi edamichcha issito'aare siitteena te'im lamfootteena xantam amman hinka laboo?	1.Aga'n xur waarimmii gaassaa 2. Aga'n xur waaru taabonne 3. Aga'n xur maraa(beadaa)lasage 4. Aga'n xur maraa(beadaa) waaree bee'e yoo saant kollonne 5.la'oommoyyo	

2.15	Awwonoo keeniise ECH-ayi.v.edisa higiseena xanookko yitaa sawwitoo keen hinkaeeno? (dabachchi ihookko yitakkam keeno hundam kululleessehe)	1.xummaatisimminne 2.woba'a higisoo tikaayyinne qasamchinne 3.fayya'a laboo manchinne'kondoma awwaaxxakkoo'n shahixxi edamcha issimminne 4.qare'aal luwwa mateyyoo mine awwaaxximminne 5.xiig edamchinne
2.16	Ech.ayi.v.edisahoo'llamakkamgooguwwii'hinkakeeno laqqoo?(dabachchi ihookko yitakkam keeno hundam kululleessehe)	1.seer bee'I shahixxi edamchiinse gaga ege'llimma 2.xale'I mat manchinne gaba'llamakka'a hee'imma 3.kondoma awwaaximma 4.la'oommoyyo
2.17	Ki hegeegonne siidamoo fayya'oomo siixxakka min seer bee'I shaixxi edamchinne waaroo jabbi bikkina losano uwwoo?	1.uwwooka 2.uwwwooyyo 3.la'oommoyyo
2.18	Hinikidoo'I seer bee'I shahixxi edamchi waroo jabbi hoo'llamchi awwaado uwwoo? (dabachchi ihookko yitakkam keeno hundam kululleessehe)	1.Kondoma siixximmina 2.seer bee'ishahixxi edamchi bikkina losanoo duuheesoo xambaa 3. Sogitano siixxeena 4.seer bee'I shahixxi edamchinne waaroo jabbinn maramaram chaa qaraare siixximma 5.Midaadi ubimmina/wurja/ edama yoo jabbina qaraare siixxeena 6. lamfoollano hooroo qaraare siixxeena 7.Echi.aye.v.edisina sogitano siximmaa saarayamichch 8.mullka----------
2.19	Seer bee'I shahixxi edamchinne waarr jabbina awwaado siiddena hassilah siixximmi ki mabit inukkisa laqqoo ?	1.ooyya 2.hasoommoyyo
2.20	Kalasage seer bee'anem chukko seeraam shahixxi edamch mashka'inne waaro jabbiinse ege'llimmina fayya'ooma siidakkam mine uwwakkam awwado awwaaxxiteena hasso?	1.ooyya 2.hasoommoyyo
2.21	Awwonoo sawwitina dabachch hinkkanihoo I harde'I woraadina albachchikaa seeraam inukoo seer bee'I shahixxi edamchiwa aroojabina xambasiidimmi hasisookko.	1.Araqisa shinnaatamoommo 2.Hoffi qaxa shiinnaatamoommo 3.Hoffi qaxa shinnaatamoommoyyo 4.Hore'em shiinnaatamoommoyyo
2.22	Harde'I woraadina lamfooroomina, shixxi edamchinne waaroo jabbina losifimmi araq ihaakko shahixxi edamchina awwonseookko.	1.Araqisa shinnaatamoommo 2.Hoffi qaxa shiinnaatamoommo 3.Hoffi qaxa shinnaatamoommoyyo 4.Hore'em shiinnaatamoommoyyo
2.23	Harde'I woraad lamfoorooma hoo'llamookii qaraareteii'I duuha'a awwwaxximmi hasi soo'isa la'immi hasisookko.	1.Araqisa shinnaatamoommo 2.Hoffi qaxa shiinnaatamoommo 3.Hoffi qaxa shinnaatamoommoyyo 4.Hore'em shiinnaatamoommoyyo
2.24	Eeba qqamoo'n shahixxi edamcha issoo landi lamfoorooma qaraare ti'im duuha'a awwaaxxam ukka mahha hawwo eeboyyo.	1.Araqisa shinnaatamoommo 2.Hoffi qaxa shiinnaatamoommo 3.Hoffi qaxa shinnaatamoommoyyo 4.Hore'em shiinnaatamoommoyyo
2.25	Shahhixxi edamchinne waaroo jabbina woraadduwwina xeenaa kellanne awwaado uwwakko'aa makkokko.	1.Araqisa shinnaatamoommo 2.Hoffi qaxa shiinnaatamoommo 3.Hoffi qaxa shinnaatamoommoyyo 4.Hore'em shiinnaatamoommoyyo
2.26	Hegeego siidamo fayya'ooma si'idakkam min uwwookki albachchikii shahixxi eda mchinne waaroo jabbina uwwooki awwwaad ihoohane(mullek hasisoo'n)	1.Araqisa shinnaatamoommo 2.Hoffi qaxa shiinnaatamoommo 3.Hoffi qaxa shinnaatamoommoyyo 4.Hore'em shiinnaatamoommoyyo

2.27	HIV/AIDS edaa mulli shaixxi orachchi jabbuwwinne amadamch saam hinkaa'n ihoodale?	1.Araqa 2.Hoffane 3. maham baddisooyyo 4.la'oommoyyo	
2.28	Keesemulli Manniise hoffe'ooi sinne amadamimmi saam hoffan issukkok maruwwa?	1.shahixxi edamcha issaa la'oom bee'bikkina 2.kondoma awwaxxoom bikkina 3.kaba shahixxi edamcha issoommoyyo 4.xale'i mat beshichcho/chchi yoo bikkina 5.mullane----------	

BAXXANCH 3: SHAHIXXI EDAMICH LOSIMMA

3.1	Shahixxi edamichcha issitaa laqqoo?	1. la'oommo 2. La'oommoyyo	**mer4.1**
3.2	Luxxi korina shahixxi edamichcha issitoohaare ki umuri mee'o iham hee'ukko?	1._____hiincho	
3.3	Shahixxi edamicha issimma hinkid asheettitto?	1. Eebaqamchinne 2. Gaqqi hasaninne 3.Beshshuwwi sogitaninne 4. Ma'aajina(diinate siixximmina) 5. Hawweena higimmina 6.Hasan bee'ekam giddisimminne	
3.4	Higu 12 aga'nni woronne shahixxi edamcha issitaa?	1. issaammo 2. Issummoyyo	
3.5	Higu 12 aga'nni woronne matiinse hanaan ihu manninne shahixxi edamcha issitaa laqqoo?	1. issaammo 2. Issummoyyo	
3.6	Shahixxi edamcha issitti xirenne kondoma awaaxxitoo?	1.awwaaxxoommo 2. Awwaaxxoommoyyo	

BAXXANCH LAMO: albachikaa qaramch hasa'n ee'isam fayya'oom uwwanchi awaaxximmi duuha'a

4.1	At laqqoo'isinne ki'nnuwwi hegeegonne woraaxxi seer bee'I shahixxi edanchinne warroo fayya'oo'm hawwi maruwwa?(dabachchi ihookko yamamu keeno hundam kululleessehe)	1.shahixxi edamchinne waaroo jabboo ee'isam hiv edisa 2.hasamu bee'I lamfoorooma 3.godabi ubimma/la'mfoorooma amman afoo'n fissimma 4. aga'n xur/manistirashin hawwo/jabbo 5.shahixxi edamchii lasage gaqqitiir aphphi xamichcha 6.albachchi hawwojja 7.mulleka----------	
4.2	At siiddeena hassoo seer bee'I shahixxi edamchi jabbi bikki fayya'oo'm awwaad maruwwi maruwwa?(dabachchi ihookko yitakkam keeno hundam kululleessehe)	1.seer bee'ishahixxi edamchi bikkina losano duuheesoo xambaa 2.seer bee'I shahixxi edamchinne waaroo jabbinn maramaramchaa qaraare siixximma 3.lamfoollano hooroo qaraare 4.godabe ubimminne amaxxissamaa yookk saarayya 5.hiv edisina sogitano siximmaa saarayamichcha 6.Sogitano 7. Kondoma siixximmina 8.maham hasoomoyyo 9.mulek----------	
4.3	Higu 12 aga'nni woronne hegeego yoo fayya'oom siixxakkam mine matta hee'llittonne?	1.ooyya 2.marummoyyo	
4.4	Hinka fayya'oom siixxakkam mine mattittok?	1.xeenaaxaaba 2.xeenaakella 3.adi'llan ehubee'i/gilasab kiliniika 4.mullane----------	
4.5	Fayya'ooma siixxakkam mine mahina mattittok?(dabachchi ihookko yitakkam keeno hundam kululleessehe)	1.Kondoma siixximmina 2.seer bee'I shahixxi edamchi bikkina losano duuheesoo xamba siixximmina 3. Sogitano siixxeena 4.seer bee'I shahixxi edamchinne waaroo jabbinnas saarayyamaa qaraare siixximma 5.Midaadi ubimmina/wurja/ edama yoo jabbina qaraare siixxeena 6. lamfoollano hooroo qaraare siixxeena 7.hiv edisina sogitano siximmaa saarayamichch 8.mullka----------	
4.6	Awaadooma uwwo manchiki manna aa'immi duuha'I hinkidette hee'ukko?	1.liiramsoohanee makkoohane 2.Baddisoohanee makkoobee'anee	

4.7	Hegeegonne siidamo fayya'ooma siixxakkam baxi duuha'anne liiramtaa ?	1.ooyya 2.liramummoyyo/godummoyyo	
4.8	Hegeegonne siidamo fayya'ooma siixxakkam minenne seer bee'I shahixxi edamchinne waaro jabbina awwaado siixxiteena matta siiddoo'n daba'llitaa laqqoo?	1. Ooyya 2. Dabla'llaa la'oommoyyo	mer4.10
4.9	Awaadooma siixxitoo'n daba'llittok mahina?	1.Awaad bee'I bikkina 2.Diinat/ma'aaj bee'I bikkina 3.La'oom mancho mooaa badummi bikkinna 4.Awwaad uwwoo manchi/meentichchi manna aa'immi duuha'I makkubeebikkina 5.mullane----------	
4.10	At moo'lloo'isanne hegeego siidamoo fayya'ooma siixxakkam min seer bee'I shahixxi edamchi mashka'inne waaroo jabbi fayya'oom awwaad uwwimminna qolo'I iheena xanookkok mah mah laboo?	1.uwwamoo awwaad mulli jabbi fayyomina uwwamoo awwaadinne maqire ihimmi 2.baxi amman makkoo bee'an ihimmi 3.awwaado uwwohaan albachchi 4.awwaadoomina uwwmo miqitan lophphimmi 5.awwaado uwwo mannikki hincincaat makkima hoogimmi 6.fayya'ooma siixxakkm mini hee'nnoom minii qee'llimi 7.mullane----------	
4.11	Hegeegonne yoo fayya'ooma siixxakkm min/xeenaaxaab lokki taakkinne mee'I sa'aata massoo?	2. sa'aattii hoffe'ookko 3. 1.00-2.00 sa'aat afeebe'e 4. 2.00 sa'aattii hanaan 5. Mulleka-----	
4.12	Seer bee'I shahixxi edamchi waaro jabbi bikkina hegeego siidamo fayya'ooma siixxakkam min hinkidoo'isinne awwaado uwwwta'n e'llookkoka labissoo?	1.xeenaa xaabanne mulli jabbi fayya'oom awwaado uwwimmi maqire uwwamuta'n 2. xeenaa xaabanne mullame annan bxxanchanne 3.xeenaa kellanne 4.xeenaa xaabii tochchonne annani beyyonne beyyo gudisakka'a 5.mulleka----------	
4.14	Albachikaa seer bee'I shahixxi edamchinne waaroo jabbi bikkina harde'I landinaa woraadina fayya'oom awwaado uwwimmina makkoo amman hink laboo?	1.losamukki bax sa'aatanne 2.maaro'I 10.00 sa'aat hegeegonne 3.24.00 sa'aata 4.mulleka----------	
4.15	Albachikaa seer bee'I shahixxi edamcchikaa fayya'oom awwaado uwwoo manch ayyetti ihuta'n doo'llitoo?	1.Harde'I woraadaa fayya'oma sixxena waaru manchinne shiinnatamo albacha 2.Harde woraada ayyi albacham 3.Geejji manch ihaa mat hagar albachcha 4.Geejji manch ihaa ayyi albachcham 5.Ayya fayya'ooma siixxakkam mine baxoo manchi	

Xamba wixxaa'aanch summa----------Firma'a----------balla----------

Superviayizer Summa----------Firma'a----------balla----------

DECLARATION

I, the undersigned, declare that this thesis report is my own original work and it has not been presented in other universities, colleges or other institutions for similar degree or other purpose.All the toos used in this study were acknowledged.Its' ethical, technical conduct and validity approved.

Name of the student: NIGUSS CHERIE (Bsc)

Date._____ Signature _____

This research report has been submitted after approval of my Examiners.

Approval of first advisor

Name : Gurmesa Tura(BSC, MPH, PHD Candidate)

Date._____ Signature _____

Approval of second advisor

Name : Aderajew Nigusse (Bsc, MPH)

Date._____ Signature _____