REPRODUCTIVE HEALTH SERVICE UTLIZATION AND ASSOCIATED FACTOR AMONG SCHOOL YOUTH IN METEKEL ZONE, NORTHWEST ETHIOPIA

BY: FIREHIWOT ABEBE

A THESIS REPORT SUBMITTED TO JIMMA UNIVERSITY, COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, DEPARTMENT OF POPULATION AND FAMILY HEALTH IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH (MPH/RH).

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JIMMA UNIVERSTY

COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES

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Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or another university and that all sources of materials used for this thesis have been fully acknowledged.

Name: Firehiwot Abebe

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Date: January, 2014

This thesis work had been submitted to Jimma University, School of Graduate Studies, College of Public Health and Medical Science, Department of Population and Family Health with my approval as university advisor.

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Abstract

Background: utilization of sexual and reproductive health services is an important component in preventing youths from different sexual and reproductive health problems. It plays a vital role in safeguarding youth in Sub-Saharan African countries including Ethiopia, which accounts for a high proportion of the region's new HIV infections as well as maternal and infant mortality ratios.

Objective: The purpose of this study was to assess sexual and reproductive health service utilization and associated factors among school youth in Metekel zone

Methods: A school based cross sectional survey was conducted from November 21 – 26, 2013 Using simple random sampling technique six schools were selected and a total 778 school youths (aged 15-24) were selected. A pretested structured self administrated questionnaire was used to obtain the necessary information after getting written and oral consent. Data were coded, entered, cleaned by using Epi- data 3.1 and analyzed by SPSS version 16.0. Both binary and multiple logistic regressions were employed to determine the association between dependent and independent variables.

Result: Among 751 students who returned the questionnaire, 334 (44.5%) ever utilized sexual and reproductive health services. Factors associated with SRH utilization were being grade 10 [AOR=0.28, 95%CI: 0.16, 0 .52], those whose mother educational status is primary school were [AOR=2.21, 95% CI: 1.05, 4.62], Ever have had sexual intercourse [AOR=3.24, 95%CI: 1.97, 5.33]. 3.21, friends as information source about SRH service [AOR=7.14, 95%CI: 2.25, 22, 70) and having ever discussed sex related issue with their parents [AOR=3.46, 95%CI: 2.31, 5.18].

Conclusion and recommendation This study revealed that there was relatively low utilization of SRH service. Grade level of youths, parental marital status ever hears of SRH; ever have had sexual intercourse, discussion with family on sexual related issues and source of information about SRH service were factors associated with utilization of SRH service in the study area. Therefore, facilitating parent to child discussion on SRH issues, strengthening IEC/BCC program on school youth SRH services, establishing and strengthening of youth centers and school reproductive health clubs are the recommended interventions.

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Acronyms and abbreviation

AOR	Adjusted odds ratio
ASRH	Adolescent sexual and reproductive health
CI	Confidence Interval
FP	Family planning
HI	Health Institution
HIV	Human Immune-Deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information Education and communication
KAP	Knowledge, Attitude and Practice
NGO	Non Governmental Organization
OR	Odds Ratio
RH	Reproductive health
SD	Standard Deviation
SRHS	Sexual and reproductive health service
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection.
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WHO	world health organization
YFHS	youth friendly health service
YRHS	Youth Reproductive Health Service

CHAPTER 1: INTRODUCTION

1.1 BAKGROUND

World health organization (WHO) defines adolescents as those individuals in the age group of 10-19 year and youth as 15-24 years. Today's adolescent and young adults constitute the largest cohort ever to enter the transition to adulthood. Evidence showed that 50% of the global population was less than 25 years old and nearly 90% live in developing countries (1).

Sexual and reproductive health is at the core of people's lives and well being. The ability to develop in a supportive environment and grow into sexually responsive and responsible adults; the ability to enjoy one's sexuality without harming or infecting oneself or one's partner, are among the unique attributes that define them as human (2).

The concern about adolescent sexual and reproductive health (ASRH) has grown following reports that sexual activity, early pregnancies and sexually transmitted infections (STIs) including human immune deficiency virus (HIV) infection rates are increasing at unprecedented rates among adolescents (3, 4) .

Since the 1994 International Conference on Population Development (ICPD) in Cairo, Egypt, adolescent-friendly reproductive health services (AFRHS) have been recognized as an appropriate and effective strategy to address sexual and reproductive health (SRH) needs of adolescents (5).

Youth friendly service delivery is about providing services based on a comprehensive understanding of what young people in that particular society or community want, rather than being based only on what providers believe they need. It is also based on an understanding of, and respect for, the realities of young people's diverse sexual and reproductive lives. It is about creating a service which young people trust and feel is there for them and their needs.

The life style and reactions of adolescents is different from those of adults. Adolescents and youths, who are trying to find their identity and independence, behave and communicate differently than adults when they come to health services. The usual patient - physician relationship may not help health workers to understand their problems. The health system must

therefore adapt a suitable strategy through restructuring, formal training or in service self-awareness sessions to make a more friendly communication with adolescents and thus be of better help to them. Any rigid, judgmental position or defensive and stereotypic expectations concerning adolescent behavior must be abolished. Usually, teenagers respond well if approached in an individualized, collaborative and negotiated manner. Thus, health services to adolescents must be delivered in an atmosphere of trust and confidentiality to make every contact a milestone visit. This will enable to successfully attract, serve and retain the young clients (6, 7).

1.2 Statement of the problem

In Ethiopia, the utilization of family planning services in the existing health care system by young people is very low. As a result, there is a high rate of unwanted pregnancies which often result in abortions and their complications. The majority (67.2%) of those seeking treatment for an incomplete abortion are under 24 years of age (8). It is also estimated that one quarter (26%) of the HIV-positive people in Ethiopia are between the ages of 10 and 24 (9). This has serious health, economic, and developmental implications for the nation.

According reports from health facilities in the study area majority of adolescents and youth were not benefiting from youth and adolescent SRH service. This will left the adolescents unguided and as a result adolescents will have frequently got involved in avoidable sexual encounters with unfortunate consequences such as un wanted pregnancies, dropping out of school, complicated abortion as well as STI/HIV/ADIS.

Efforts have been made to address youth sexual and reproductive health problems at different level. The MOH launched several strategies to promote adolescent& youth reproductive health including National Reproductive Health Strategy 2006-2015, National Adolescent & Youth Reproductive Health Strategy 2007-2015; Standards on Youth Friendly Reproductive Health Services and also tools for planning, implementation and monitoring at different levels of the health system were prepared.

Concerning to the study area Youth friendly health services are established attached to existing health facilities to provide SRH to adolescents and youths. The specific reasons for the low utilization of SRH services are not know in spite of all supports provided to strength the service by the regional health bureau and NGO .This study therefore will help in the identification of gap

areas in the process of service provision and It also facilitate the attraction of adolescents and youth to utilize the existing youth and adolescent SRH service.

CHAPTER 2: LITERATURE REVIEW

2.1 Sexual and reproductive health service utilization among youth

Many studies in developing country shows youths have their own rights to access available SRH services and achieve a healthy reproductive life, which is also a keystone to achieving the Millennium Development Goals. Although RH services are important to youths, the accessibility to and utilization of RH services among youths are very limited due to various socio-economic and cultural disparities.

Finding from equity of access to reproductive health services among youths in resource-limited suburban communities of Mandalay City, Myanmar shows that of the 444 youths, 67% had ever utilized at least one type of RH service and the 70% of them utilize family planning service (10).

Study conducted in Jimma on reproductive health accessibility and utilization by adolescents indicated that out of 1082 adolescents, 445(41.1%), and 375(34.7%) of them were ever and current users of RH services, respectively. Thirty four percent (370) of adolescents ever used health services for Information, Education and Communication (IEC) followed by family planning 190 (17.6%). Forty nine (5%) and 34(3.1%) of them used health services for Sexually Transmitted Infections (STI) treatment and abortion care, respectively (11).

Other study in Michakel district, northwest Ethiopia, also indicted that 31 (21.5%) of the adolescents ever utilized RH services and 6 (18.8%) have visited RH services providing centre in the last 6 months (12). Similar study conducted in Gondar town, Northwest Ethiopia also shows 79.5% and 72.2% youth utilized FP and VCT services, respectively

Finding from study conducted in Harar on Youth-friendly Health Services Utilization also indicated that majority (63.8%) of the respondents used YFS for reproductive health service and Family Guidance Association was identified as the only youth-friendly service in the town (13).

2.2 Factors affecting sexual and reproductive health service utilization of youths

Sexual and Reproductive health services can play an important role in both health promotion and prevention. However, in many countries such services are inaccessible, inappropriate or unaffordable to young people.

These barriers include inconvenient locations, limited hours of operation, unsupportive provider attitudes, lack in the quality of services, a lack of confidentiality, lack of privacy, the male gender of the providers for young women, and high costs of the services (8).

Qualitative study conducted across all 7 countries of South Africa overwhelmingly shows that there are critical challenges faced by youths in accessing sexual and reproductive health information and services. The challenges are around unfriendly health services both from health worker client communication dynamics and unfavorable policies; poor parent child communication (14).

Other finding in Kenya shows adolescents feared sharing reproductive health services with adults. They disliked waiting for services with adults and avoided services in facilities where they were likely to meet their parents and relatives, and were worried that their parents might know that they had wanted reproductive health service services (15).

Article reports on findings from nationally-representative surveys of 12-19-year olds in Burkina Faso, Ghana, Malawi and Uganda indicates 42-64% of sexually-active females and 38-59% of sexually-active males mentioned feeling afraid, embarrassed or shy to seek as barrier to get contraceptive and STI treatment rooted in the social context surrounding adolescent sexuality. The cost of services and not knowing where to go were also important barriers to obtaining contraceptive methods in some countries, especially in Uganda, though still not as formidable as the social-psychological barriers (16).

Study conducted in Kenya showed communication problems experienced at the family level affects adolescents' ability to openly access and utilize preventive reproductive health service and they preferred to remain with their unmet sexual health needs rather than inform or involve their parents because of fear of being suspected as sexually active. The lack of openness about

sexuality matters between adolescents and their parents deepens adolescent's fear of accessing and utilizing reproductive health service (15).

Finding in Jimma also show reason of adolescents not seeking any RH service were that they do not need it at the moment 235 (21.7%) and considering themselves as being young to use RH services 207 (19.1%) (11). Other study in Addis Ababa also indicates the major barriers in utilizing reproductive health services by adolescents are fear of being seen by parents or people whom they know (72%), and embarrassment (67.8%). Second category of barriers includes inconvenience of the time service is provided and high cost of service and also negative attitudes toward the service providers because of not keeping confidentiality and being judgmental also constitute a significant barrier (17).

The main obstacles from the adolescents' perspective refraining them from getting RH services from health institutions in Michakel district, northwest Ethiopia, were not think of the services, unnecessary of the services, lack of knowledge and being young/healthy were listed by 128 (50.6%), 87 (34.4%), 65 (24.3%) and 44 (17.4%) of the adolescents respectively (12).

Other study in Harar revealed that barriers to using YFS among youth were 43%, don't know where to go, distance to facility 18.7%, inconvenient location 11.8%, inconvenient Time of service 3.3%, not Affordable 0.2% (13).

Finding from Addis Ababa and Butajira, on knowledge about STIs and seeking reproductive health service among high school adolescents shows reasons for not seeking treatment by adolescents where: do not know what it is , most health institutions are open during school hours, don't know where to go , health professionals are not friendly , didn't have money ,may meet people whom they know and it was not that much serious (18,19)

2.3 Preference of Reproductive Health Service In Terms Of Place, Time and Person

It is also important to realize that a young person's use of a service depends not only on their ability to access the services, but on his or her perceived need and knowledge of available services. A necessary part of youth friendly service provision, therefore, is awareness among the providers of the special difficulties that young people face in accessing sexual and reproductive health services. For example, inconvenient hours, legal and policy hurdles, concerns about

confidentiality, fear of discrimination (in particular among sexually active girls), being treated with disrespect and high costs are among the factors that can inhibit young people's ability to access services

In Nepal, many rural young people rely on government health services, which open and give service at the same time as schools and colleges. In which case, youth need to be absent from school/college if they require some sort of sexual health information and services. Such factors have also been reported from many developed countries (20).

As school adolescents in Addis Ababa had mentioned, fear of being seen by parents and Embarrassment and expensive services to be the major barriers to use RH services by them. In addition, 70% of them preferred special hours for adolescents, 44.3% young provider of the same sex and 53% special discount on service fees for adolescents (17).

In summary Literature revealed that despite the initiatives put in place towards improving sexual and reproductive health service utilization of the youth, barriers still exist which affect the utilization of services by the youth. Studies across to many countries point to the ways the services are given and the youth unfriendliness of the facilities. This is evidenced in factors such as service availability, adolescent and youth knowledge of availability RH, Parental discussion, cultural factors, health institution based factors such as delivery hours, cost of services, and lack of confidentiality and facility organization.

2.4 Conceptual Framework

The RH service utilization by youth influenced by many factors, the figure below described various factors which have been associated with the RH service utilization by youth in several studies. This includes the socio-demographic factors, individual related factor, health institution related factors and community related factors.

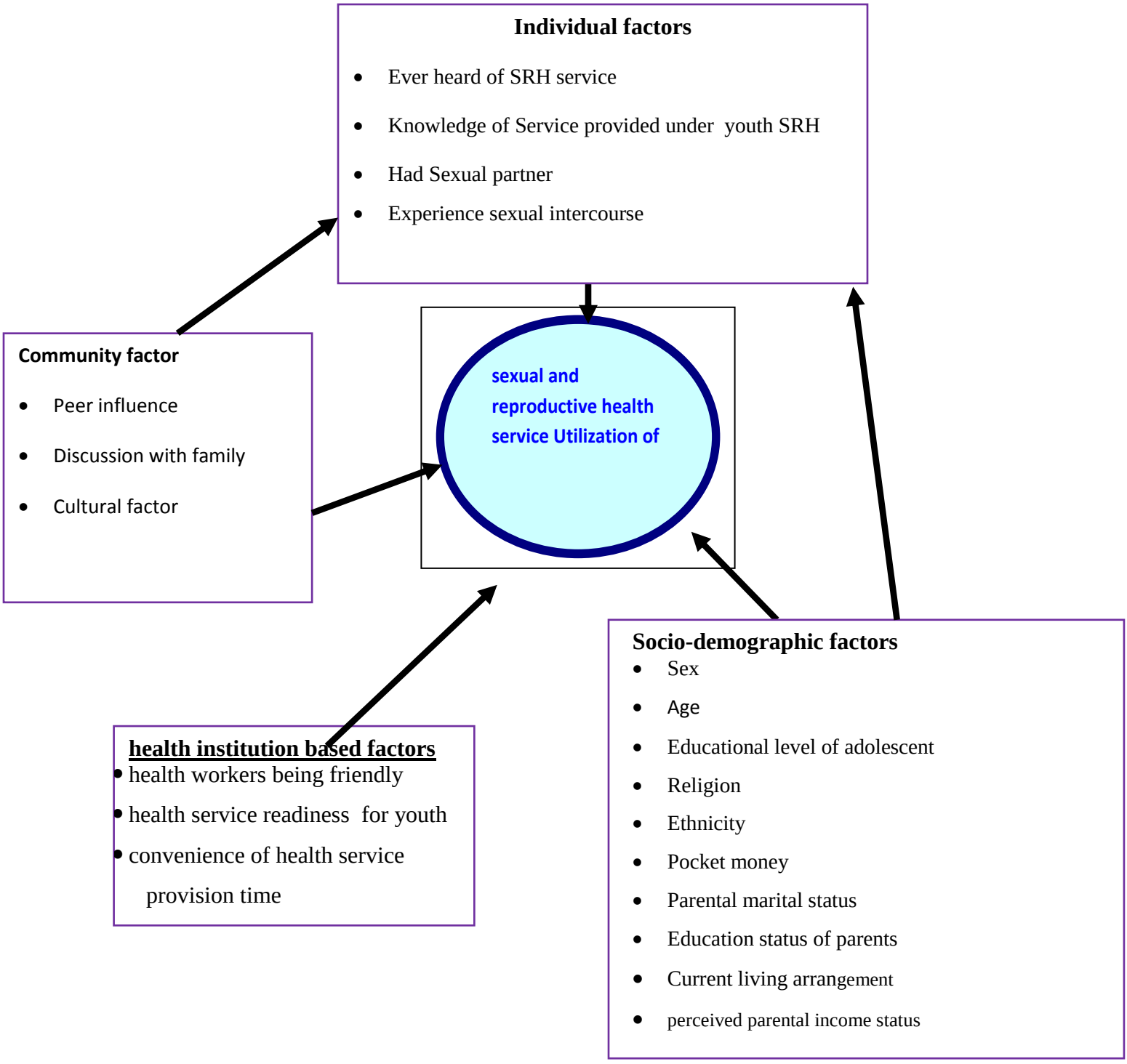

Figure 1, Conceptual framework of the study on RH service utilization and associated factors of school youth in Metekel zone 2013.

2.5 Significance of the study

Youth represent a great number of the country's population. Behaviors formed and choices made by this large population have lasting implications for individual and public health that will determine their health as they become adults.

A better understanding of the factors influencing RH service utilization will help decision makers to address them and consequently the RH problems of youth in the study area.

Even though assessment of RH utilization by youth and factors affecting this at any level in our country is very crucial, very few studies are conducted in relation to this in Ethiopia. As to my knowledge, there was no regional as well as zonal specific study on this topic. So, this study is expected to show the factors affecting RH service utilization among school youth in the study area. This will help to design appropriate intervention to promote utilization of RH service by youth.

CHAPTER 3: OBJECTIVE

3.1 General objectives

To assess reproductive health service utilization and associated factors among school youth in Metekel Zone on September 2013.

3.2 Specific objectives

1. To describe utilization of sexual and reproductive health services among school youth in Metekel Zone
2. To identify factors associated with utilization of sexual and reproductive health service among youth in Metekel zone.

CHAPTER 4: METHODS AND MATERIAL

3.1. Study area and period

Benishangul-Gumuz Regional State is one of the nine regional states established in 1994 by the new constitution of Ethiopia that created a federal system of governance. The region has international boundary with the Sudan in the west and is bordered by the Amhara region in the north and northeast, Oromia in the southeast and Gambella in the south. The regional capital, Asossa is located at a distance of 675 km west of Addis Ababa. As per the 2007 census projected, the population of the region is 936,549 from which (50.7% male and 49.3% female). The annual population growth rate is estimated at 3% per annum with 13.5% and 86.5% living in urban and rural areas respectively.

This study was conducted in Metekel zone which is one of the three administrative zones of Benishangul Gumuz regional state which is bounded by Amahara regional state from east, kemash zone from south & sudan from north & north west.

The zone has 7 Woredas, 8 governmental secondary and preparatory schools in urban, 5secondary schools in rural, 152 primary schools, 122 health posts, 12 health centers, 34 private drug vendors, 25 private clinics, 1 District hospital, and one health science college. According to education profile of Metekel zone in 2013/2014 academic year, a total of 12020 (6306 male and 5714 female) students were enrolled in secondary schools.

The study was carried out from Nov 21-26, 2013 Metekel zone, Benishangul Gumuz region.

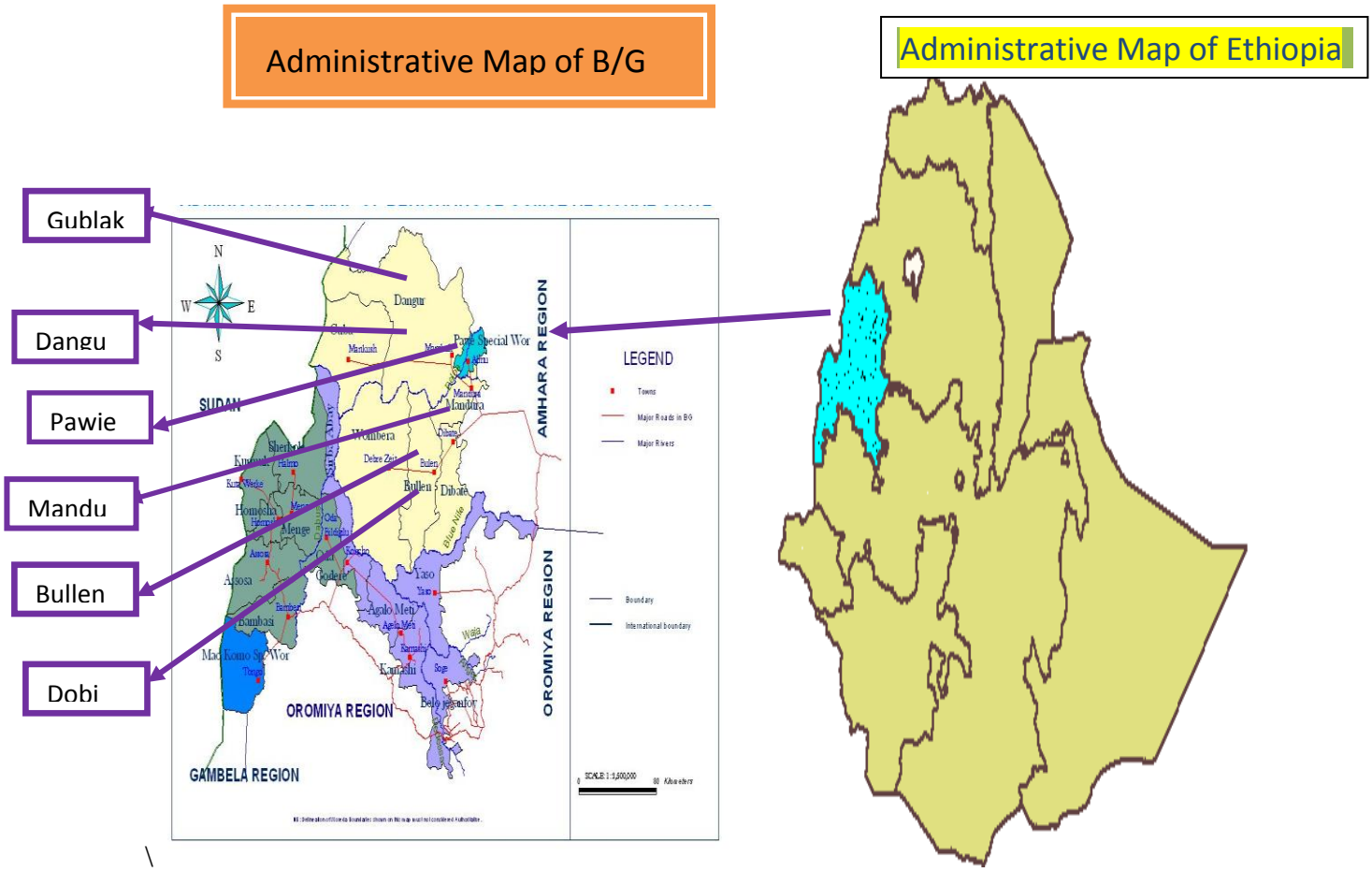

Figure 2: Sketch map of Study area

3.2. Study Design

School-based cross-sectional study was conducted employing quantitative method of data collection.

3.3. Population

3.3.1. Source population

All youths' in secondary and preparatory school found in Metekel zone during the academic year 2013/2014

3.3.2. Study Population

Sampled youths in six randomly selected secondary and preparatory schools

3.4. Inclusion and exclusion criteria

3.4.1. Inclusion criteria

- All youths (15-24 years) attending secondary and preparatory regular classes during the study period.

4.4.2. Exclusion criteria

Those who do not full fill the inclusion criteria and ill students.

4.5 Sample size and sampling technique

4.5.1 Sample size determination:

The required sample size was determined by using single population proportion formula considering the following assumptions: P= 64% (as an estimate prevalence of reproductive health service utilization among youths which is taken from the study conducted in Harar), 95% confidence level, and margin of error of 5%.

Where: P= proportion of 64%

Z= value for standard normal distribution at 95% confidence level (1.96)

α = level of significance of 0.05

d= Margin of error of 5%.

Therefore, final sample size, $\mathbf{n = \frac{(Z\alpha/2)^2 P (1-P)}{d^2}}$

$= (1.96)2 \times (0.64)(0.36)/ (0.05)^2 = 354$ adding 10 % of non response rate the sample was 389

Since more than two steps were involved; it is necessary to use design effect to minimize error. So by multiplying 389 x 2 was give a total sample size of 778 respondents.

4.5.2 Sampling technique

Multistage stratified sampling technique was applied. There were 13 secondary and preparatory schools in Metekel zone. Initially schools were stratified in to (8) urban and rural (5) preparatory and secondary schools. Three schools were selected by simple random sampling technique from

each stratum. Bullen, Pawie and Dangur preparatory and secondary schools were selected from the urban schools while Dobie, G/mariam and Gublak secondary school were selected from rural schools. Each selected school was again stratified by grade (grade 9th, 10th, 11th & 12th). In order to have a representative sample of student's, sample size was allocated proportional to their size of the student population in each school and grade. In the selected schools one section was selected from each grade level (9th 10th 11th and 12th) randomly. Then using students' registration book as sampling frame simple random sampling was used to select students to be included in the study (Figure 3).

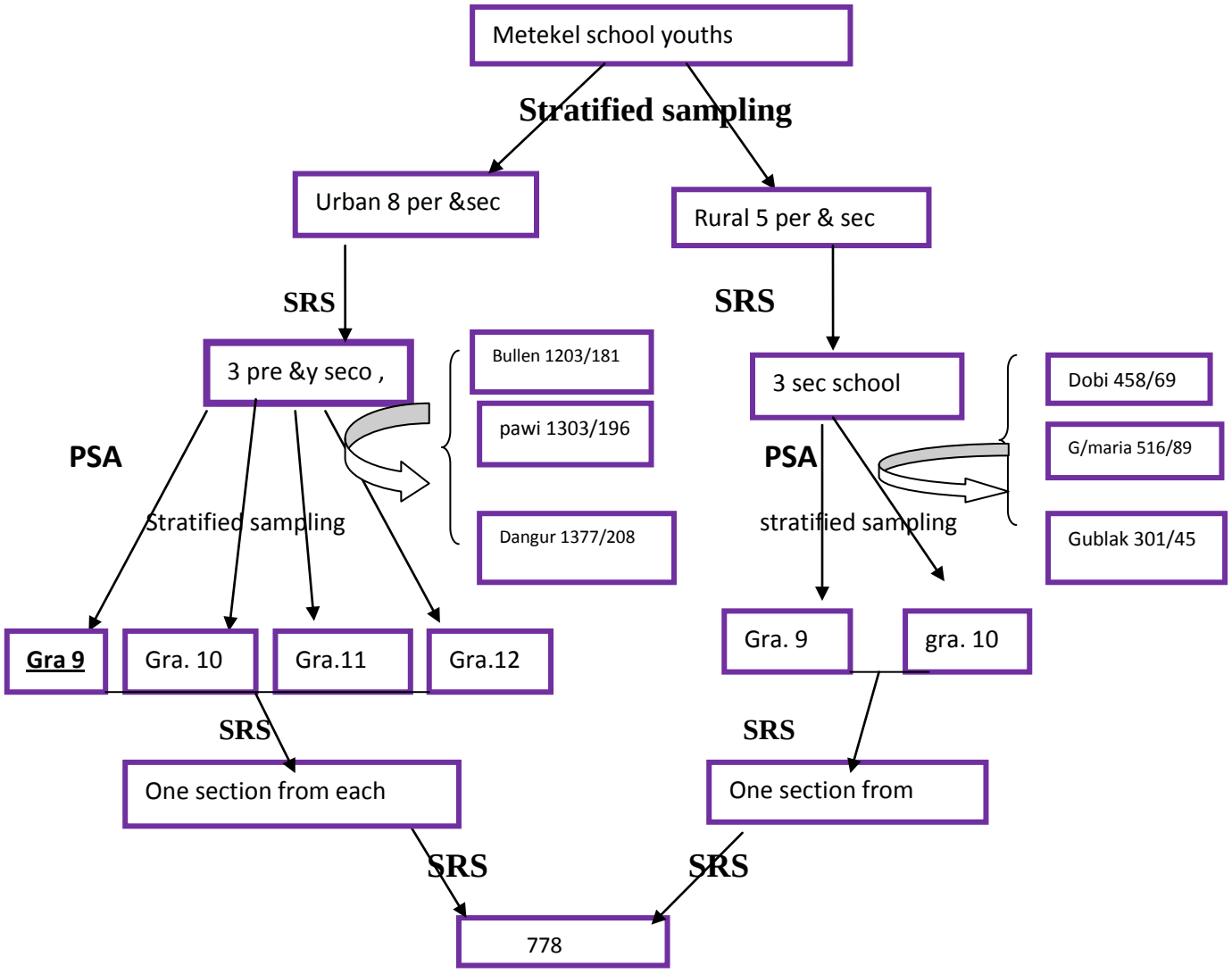

Figure 3: Schematic representation of the sampling procedure for the study on SRH service utilization and associated factors among school youth in Metekel zone, 2013.

4.6. Variables

4.6.1 Dependent variables*:*

- Reproductive health service utilization.

4.6.2 Independent variables:

Socio demographic factors

- Educational level of adolescent, age, religion, ethnicity, pocket money , parental marital status, education status of parents, current living arrangement, perceived economic status of family, family size

Individual factors

- Ever heard of SRH service, source of information, sexual history, knowledge about the a availability of services

Health institution based factors

- Health workers behaviour for youths coming for SRH service, Health facility youth friendly for youth and convenience of the service provision time.

Community factor

- Peer influence, Discussion with family on sexual related issues ,Cultural factors

4.7 Operational definitions

- **Reproductive Health** services is the services provided for youths at health facility such as abortion and post abortion care, IEC, contraceptive , VCT, sexual transmitted infection treatment, ANC,PNC, delivery service and the like
- **Reproductive health service utilization** - Was assessed on the basis of youth practice of utilizing health facility for at least one of the component of RH service (VCT,STI diagnosis & treatment, abortion care, post abortion care, delivery , FP, ANC, PNC, IEC)
- **School youth**- A youth who was enrolled in the secondary (grade 9 & 10) and preparatory (grade 11 & 12) schools.
- **Reported having "ever had sex**." Respondents who reported having ever had sexual intercourse, irrespective of their marital/ cohabitation status.

- **Youth**- Those persons with in the age group of 15-24 years.
- **Waiting time**: - the time gap between the client's arrival at the SDPs and receipt SRH service.
- **Cost of the service**: the payment client asked to get SRH service.
- **Urban school**; were schools which are found at the center of the woreda
- **Rural schools**; were schools which are found at kebele level

4.8 Data collection instrument

For data collection, a structured questionnaire was prepared after review of different literatures (11-16) and modified depending on the local situation and the research objective. It was initially developed in English and then translated in to Amharic and back translated in to English to check its consistency by different people. The questionnaire contains questions on socio demographic characteristics, sexual history of youth, awareness related to SRH, health institution based factors and community based factors related to SRH service.

4.9 Data collection techniques

Four grades 12 completed and two diploma nurses were recruited for questionnaire administration and supervision, respectively. A total of two days training before & after pre test was offered on the content of the questionnaire as might be necessary to clarify information for the students during data collection.

4.10 Pretest

In order to identify the clarity of questions and their sensitiveness as well, pre-testing of the instrument was done on 5% of the study subject in Assosa preparatory and secondary school. During the pre-testing discussion was held with the students on the problems they encountered during filling the questionnaire and correction like consistence of question was made.

4.11 Data quality management

The quality of data was assured through translation and back translation and pretest of the questionnaire; proper training of the facilitators and supervisor on the data collection procedures, at the end of each data collection day the principal investigator checked the completeness of filled questionnaires.

4.12 Data processing and Analysis

Data entry was performed using the software Epi Info Version 3.1 and was checked for its completeness, edited, cleaned, and analyzed using SPSS-version 16 statistical package. Frequencies mean, standard deviation, and percentage were used to describe the study population in relation to socio-demographic and other relevant variables. The degree of association between independent and dependent variables was assessed using Bivariate and multivariate analysis. Variables with p value <0.25 on Bivariate analysis were used as candidate for multivariate analysis to identify independent predictors of SRH service utilization of youth. The criterion for statistical significance was set at a p value of 0.05.

4.13 Ethical Consideration

Ethical clearance was obtained from Jimma University, College of Public Health and medical science Ethical review Committee. At all levels, officials were contacted and permission was secured. Before data collection, for the youth under age 18 informed consent was obtained from parents. For those age 18 and above written consent was obtained from themselves after clear explanation about the purpose of the study, confidentiality of the information was maintained by omitting respondent's name from the questionnaire. Privacy of the respondent was also maintained by making their setting position far apart from each other.

4.14 Dissemination of Findings

The findings of this study will be distributed to different organizations that have helped the study to be carried out, and those who have concern in adolescents' health in the region, which includes Jimma University, Benshangul Gumuz regional Health Bureau and Benshangul Gumuz Educational Bureau. The findings will be presented in different seminars, meetings and workshops and may be published in scientific journal.

CHAPTER FIVE RESULT

5.12 Socio demographic characteristic

A total of 751 students completed the survey questionnaire giving response rate of 93.4%. Four students did not attend class during the data collection period & 5 students refused to participate. Then 775 students were involved in filling the questionnaires; from these 18 questionnaires were excluded for gross inconsistency and incompleteness.

Out of the total 751 respondents, 427 (56.9%) were male. The mean age of the participants was 17.34 years $\pm$ 1.5 years. Two hundred fifty eight (34.4 %) and 230 (30.6%) of the students were grade nine and grade ten, respectively. About one third of the students were Amhara by ethnicity 268 (35.7%), followed by Agew 216 (28.8 %). More than three forth of them were Christians (79%) while Muslim accounted 156 (21%). Four hundred seventy eight (63.6%) students were living with both parents where as 129 (17.2%) live with mother only (Table1).

Most of the respondents' parents 525 (69.9%) were living together. Three hundred fifty four (47.1%) of the participants had illiterate mothers where as 269 (35.8%) of participants' fathers could read and write. Nearly half (49.3%) of the students' mothers were housewives while more than half (57.7%) of the participants' fathers were farmers. The mean family size was 6.46. Most of the students (72.3%) perceived that their parents' economic status is in the medium level followed by 172 (22.9%) poor (Table 1).

Table 1 socio demographic characteristics of respondents in Metekel Zone, Benshangul Gumuz, northwest Ethiopian November 2013

Variable		Frequency	Percent
Sex	Male	427	56.9
	Female	324	43.1
Age	15-19	689	91,7
	20-24	62	8.3
Grade level	9th	258	34.4
	10th	230	30.6
	11th	154	20.5
	12th	109	14.5
Religion	Christian	595	79.0
	Muslim	156	21.0
Ethnicity	Shinasha	208	27.7
	Amhara	268	35.7
	Agew	216	28.8
	Others*	59	7.8
Living arrangement	With family	656	87.4
	With relatives/friends	81	10.8
	Alone	14	1.9
Father education	Illiterate	211	28.0
	read and write	310	41.0
	primary school	109	15.0
	secondary school	64	9.0
	Diploma and above	57	8.0
Mother education	Illiterate	373	50.0
	read and write	254	34.0
	primary school	69	9.0
	secondary school	17	2.0
	Diploma and above	38	5.0
Parental marital status	live together	525	69.9
	Separated	50	6.7
	Divorced	75	10.0
	Widowed	101	13.4
Perceived economic status of family	Rich	36	4.8
	Medium	543	72.3
	Poor	172	22.9

others - *Oromo, Kembata, Gumuz

5.2 Sexual history of the youth

Out of the total participants, 291 (38.7%) have had sexual partners and 154 (20.5%) ever had sexual intercourse. Out of those who had sexual partners, the majority (68.7%) had one sexual partner. Among those who ever had sexual intercourse, 38 (88%) had sexual intercourse at the age less than 18 year followed by 33 (12%) at the age of 18 year and above. Seventy five (48.7%) had sexual intercourse more than once with the same sexual partner (Table 2).

Table 2 Percentage distribution of the study population by their sexual history, Benshangul Gumuz, Metekel zone, Northwest Ethiopia, November 2013

Variable	Frequency	Percentage
Ever had Sexual partner		
Yes	291	38.7
No	460	61.3
Number of Sexual partner		
One	200	69.2
more than one	89	30.8
Ever had sexual intercourse		
Yes	154	20.5
No	597	79.5
Age at first sexual intercourse		
> 18 year	136	88.0
<18 year	18	12.0
Frequency of sexual intercourse		
Once	48	31.2
more than once with the same person	75	48.7
more than one with different person	31	20.1

5.3 Awareness of youth on reproductive health service

The school youth knowledge and awareness on youth sexual and reproductive health was assessed by asking them whether they knew about any facility offering reproductive health services and the services being offered for youth as sexual and reproductive health services. Those who ever heard about youth RH services were further asked to state their source of

information and the main source of information for 60.1% youth were health workers followed by teacher 13.0%r and family 10.0%

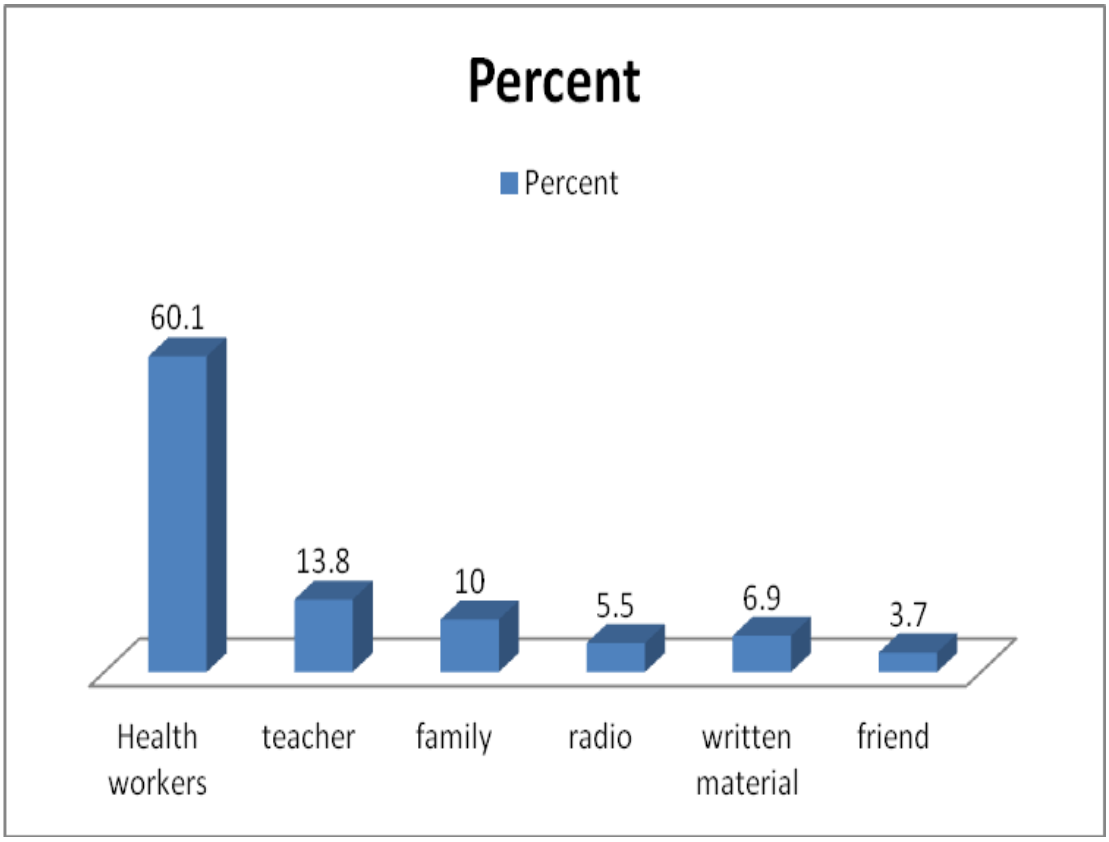

Figure 4 Source of information on RH for school youth in Metekel zone, Benshangul Gumuz, Northwest Ethiopia, 2013

With regard to youths knowledge of where reproductive health service is provided for youth nearly three fourth (74.2%) of them reported health center followed by 79 (10.5%) private health facility (Figure 5).

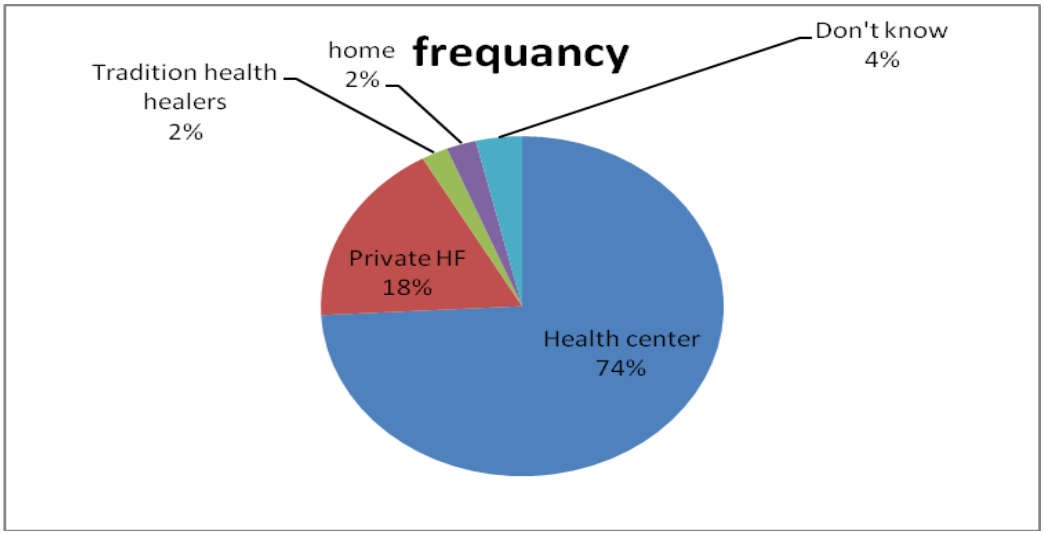

Figure 5: knowledge of youths on where RH service provided in Metekel Zone, Benshangul Gumuz, Northwest Ethiopia, November 2013.

Regarding their type of RH service provided for youth majority of the respondents 454(73%) reported VCT followed by 523 (68%) contraceptive and information education and communication by 469 (63%) (Table 3)

Table 3 knowledge of youths about the type of RH service provided for youths in Metekel Zone, Benshangul Gumuz, Northwest Ethiopia, November 2013.

SRH service provided for youth at health facility	Frequency	
	Yes	No
Contraceptive	513 (68%)	238 (32%)
STI diagnosis and treatment	450(60%)	301(40%)
VCT for HIV/ADIS	454(73%)	206(27%)
Abortion	130 (17%)	621(83%)
Post abortion care	107 (14%)	644 (86%)
ANC	278 (37%)	473(63%)
PNC	250 (33%)	501(67)
Delivery service	400 (53%)	351(47%)
IEC	469 (63%)	282 (37%)

5.4 Health institution based factors

Health facility factors that encouraged or discouraged the school youth from utilizing sexual and reproductive health service were investigated. Factors such as convenient health service provision time, friendly of health facility for youth, health worker treatment/handling of the youth coming for RH service were assessed. The study shows that 649 (86.4%) respondents reported as the service provision time was not convenient for youth, 698 (92.9%) responded as the heath facilities providing RH service for youth are not friendly and 636(84.7%) reported as health workers did not respect youths coming for SRH service.

5.5 community based factors

Community based factors such as parental dissusion on the sexual related issues, cultural factors which may promote or hinder RH service utilization of youth and peer influence were assessed and 367 (49%) of youth discussed sexual related issues with their parents. Three quarter (75.6%) of youth reported as there is culturally factors which hinder youth to utilization SRH and 655 (87%) responded as there was no peer influence to use SRH service.

5.6 Reproductive Health Services Utilization among youths

As to their service utilization pattern, 334 (44.5%) of the youths ever utilized RH services and out of which 179 (23.8%) have visited RH services providing centers within one year. youths' preferred health institution for seeking RH service in decreasing order include; health center 175(52.4%), private health facility 84 (25.1%) and health post 53 (15.9%) .

Regarding the type of RH service they utilized 147 (44%) of youth utilized VCT for HIV/AIDS, 104 (31.1%) utilized information education communication, 63 (18.9%) utilized contraceptive and no student reported having used antenatal, postnatal and delivery service (Table 4).

Table 4: SRH service utilized by school youths in metekel zone,Benshangul gumuz, Northwest Ethiopian, November 2013

SRH service	Utilized (%)	Not Utilized (%)
Contraceptive	63 (18.9%)	271 (81.1%)
VCT for HIV/AIDS	147 (44.0%)	187(56.0%)
IEC	104 (31.1%)	230 (68.9%)
STI	8 (2.4%)	326 (97.6)
Abortion	6 (4.3%)	132 (95.7%)
ANC/PNC/Delivery	0%	138 (100%)

Reasons for not utilizing RH service include thinking themselves too young/healthy 340 (81.5%), inconvenient time of service provision 169 (40.5%), long waiting time for the service 141 (33.8%) and inconvenient location 123 (29.5%).

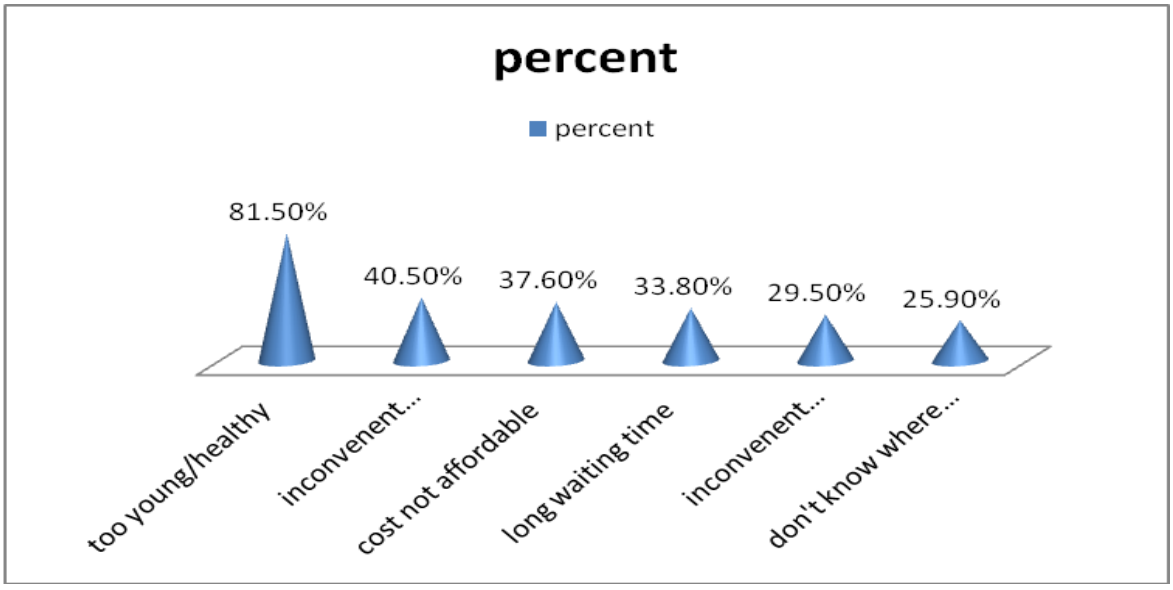

Figure 6 Resones for not utilizing RH service by youths in metekel zone, Benshangul gumuz region, nourthwest Ethiopia November 2013

5.7 Preference of services by youth in terms of time, place and person

With regards to youth preference of service delivery place distance from the residence, service provision time provider and cost, 336 (44.7%) preference the service provision area anywhere out of the resident area, 552 (73.5%) preferred special time of service provision for youth, 332(44.2%) preferred the health service provider to be young with the same sex and 380 (50.6%) expressed their preference for free of charge for youth (Table 5)

Table 5: Preference of adolescents on RH arrangements, in Metekel Zone, Benshangul Gumuz, Northwest Ethiopia, November 2013

Variable	Frequency	Percent
Preference by Time		
usual working our	199	26.5
special time for youth	552	73.5
Preference by fee		
as usual rate	183	24.4
with discount for youths	188	25.0
free of charge	380	50.6
Preference by service provider		
young provider with same sex	332	44.2
young provider with any sex	162	21.6
adult provider of the same sex	117	15.6
any provider	140	18.6
Preference by facility location		
anywhere out of the resident area	336	44.7
in the center of the town	288	38.3
one side of the town	121	16.1
Other	6	.8

5.1 Factors associated with reproductive health service utilization

Based on the bi-variate analysis, grade level of youth, father educational status, mother educational status, mother occupation, father occupation, parental marital status, pocket money, perceived income status of family, having sexual partner, ever had sexual intercourse, ever heard about youth RH service, source of information, discussion with family on RH and health workers behavior for youth coming for RH service were candidate for multivariable analysis.

Out of variables which were entered to multivariable analysis grade level, father educational status, mother occupation, father occupation, parental marital status, ever had sexual intercourse, ever heard about youth RH service, source of information and discussion with family on RH were showed significant association on multivariate analysis.

Utilization of reproductive health among youths who were grade 10 were 72 percent less likely than grade 12 [AOR=0.28, 95%CI: 0.16, 0 .52] and also those grade 11 were 61 percent times less likely than grade 12 [AOR=0.39, 95%CI: 0.21, 0.72] . Odds reproductive health service utilization among Youths whose mother's educational status is primary school were 2.21 times than those whose mothers were illiterate [AOR=2.21, 95% CI: 1.05, 4.62] and also Youths whose fathers' educational status were diploma and above were 3.41 times more likely to utilize RH service than those whose fathers were illiterate [AOR=3.41, 95%CI: 1.48, 7.87). Roductive health service utilization among youths whose parents were divorced was 87 percent times less likely than whose parents living together [AOR= 0.13, 95%CI: 0.06, 0.28]. Youths whose mothers were merchant were 3.66 times more likely to utilize RH service than whose mothers were housewives [AOR=3.66, 95%CI:1.71, 7.83] and also utilization of RH service among youth whose fathers were government/private employee is 71 percent less likely than whose fathers were farmers [AOR=0.29, 95%CI:0.17, 0.49].

Regarding the sexual history of youth, odds of RH utilization among youth who ever have had sexual intercourse was 3.24 times than their counterparts [AOR=3.24, 95%CI:1.97, 5.33]. Similarly the odds of RH service utilization among youth who ever heard about SRH service was 2.17 times more than their counterparts [AOR=2.17, 95%CI: 1.38, 3.39]. Youths who got information about RH service from radio were 2.75 times more likely to utilize RH service than

those who got the information from health workers [AOR=2.75, 95%CI: 1.30, 5.84] where as those who got the information from friend were 7.14 times more likely to utilize than those who got from health workers [AOR=7.14, 95%CI: 2.25, 22.70]

Moreover, youth who have ever discussed sex related issue with their parents were about 3.46 times more likely to use RH service [AOR=3.46, 95%CI: 2.31, 5.18] than their counterparts (Table 6).

Table 6: factors associated with utilization of RH service among school youth in Metekel Zone, Benshangul Gumuz Region, Northwest-Ethiopia November 2013

Variables	SRH service utilization		COR(95% CI)	AOR(95% CI)
	No	Yes		
Grade level				
Grade 9	144	114	1.15 (.73, 1.80)	0.74 (0.42, 1.32)
Grade 10	79	151	**0.48 (.30, .76)**	**0.28 (0.16, 0 .52)**
Grade 11	54	100	**0.49 (.30, .81)**	**0.39 (0.21, 0.72)**
Grade 12	57	52	1.00	1.00
Mother educational status				
Illiterate	165	208	**1.00**	1.00
read and write	101	153	0.83 (0.60, 1.15)	0.87 (0.57, 1.33)
Primary school	42	27	**1.96(1.16, 3.31)**	**2.21 (1.05, 4.62)**
Secondary school	2	15	**0.17(0.04, 0.75)**	0.18(0.03, 1.05)
diploma and above	24	14	**2.16(1.08, 4.309)**	0.78(0.26, 2.29)
Father educational status				
Illiterate	98	113	1.00	1.00
read and write	133	177	0.86(0.61, 1.23)	0.93(0.60, 1.46)
Primary school	37	72	**0.59(0.37, 0.96**)	0.47(0.24, 1.94)
Secondary school	36	28	1.48(0.84, 2.60)	1.16(0.53, 2.49)
diploma and above	30	27	1.28(0.71, 2.30)	**3.41(1.48, 7.87)**
Pocket money for daily expense?				
Yes	181	187	**1.455 (1.09, 1.94)**	1.3(0.90, 1.88)
No	153	230	1.00	1.00
Perceived income status of parents				
Rich	24	12	0.59(0.28, 1.25)	0.39(0.14, 1.03)
Medium	300	243	0.95(0.68, 1.35)	0.87(0.55, 1.38)
Poor	93	79	**1.00**	1.00
Parental marital status				
Living together	278	247	1.00	1.00
Separated	29	21	0.81 (0.45, 1.47)	0.63(0.29, 1.38)
Divorced	60	15	**0.28 (0.16, 0.51)**	**0.13 (0.06, 0.28)**
Widowed	50	51	1.15 (0.75, 1.76)	0.58(0.31, 1.01)

***Bold are showing statistics significant at p value <0.05**

Table 6: factors associated with utilization of SRH service among school youth in Metekel Zone, Benshangul Gumuz Region, Northwest Ethiopia November 2013 continued...

Variables	SRH service utilization		COR(95% CI)	AOR(95% CI)
	No	yes		
Mother occupation				
House wife	229	156	1.00	1.00
Gov/Private employment	35	55	**2.30(1,44, 3.69)**	**2.75 (1.21, 6.,21)**
Merchant	17	27	**2.33(1.22, 4.42)**	**3.66 (1.71, 7.83)**
Farmer	136	96	1.03(0.74, 1.44)	0.71(0.46, 1.10)
Father occupation				
Gov/Private employment	138	82	**0.70(0.51-0.98)**	**0.29 (0.17, 0.49)**
Merchant	19	33	**2.06(1.14, 3.73)**	**2.76(1.25, 6.07)**
Farmer	260	219	1.00	1.00
Ever had Sexual partner				
Yes	146	145	**1.457 (1.08, 1.96**)	1.25(0.83, 1.87)
No	188	272	1.00	1.00
Ever had sexual intercourse				
Yes	102	52	**3.08(2.13, 4.48)**	**3.24 (1.97, 5.33)**
No	232	365	1.00	1.00
Ever heard about youth SRHs before				
Yes	270	297	**1.71(1.21, 2.41)**	**2.17 (1.38 , 3.39)**
No	64	120	1.00	1.00
Source of information				
Health worker	195	256	1.00	1.00
Teacher	41	63	0.85(0.55, 1.320	1.45(0.83, 2.53)
Family	32	43	0.98(0.59, 1.60)	0.58(0.31, 1.11)
Radio	23	18	1.68(0.88, 3.19)	**2.75 (1.30, 5.84)**
written material	22	30	0.96(0.54, 1.72)	1.41(0.65, 2.94)
Friend	21	7	**3.94(1.64, 9.45)**	**7.14 (2.25, 22,7)**
Ever discussed sexual related issues with family				
Yes	200	167	**2.23 (1.66, 2.99)**	**3.46 (2.31, 5.18)**
No	134	250	1.00	1.00
Health workers respect youth coming for SRH service				
Yes	71	44	0.74(0.49, 1.11)	0.83(0.49, 1.42)
No	346	290	1.00	1.00

Adjusted for socio-demographic characteristics, sexual history, ever heard, discussion with parents, health workers behavior,

****Bold are showing statistics significant at p value <0.05***

CHAPTER SIX DISCUSSION

This school based cross-sectional study tried to assess sexual and reproductive health service utilization and associated factors among school in Metekel zone Benshangul Gumuz region Northwest Ethiopia.

The study revealed that ever utilization of reproductive health service by youth was 44.5%; This finding is consistence with study conducted in Jimma (41.1%), where as higher than finding in Eastern parts of Gojjam (21%) but lower than the study conducted in Harar (64%), Gondar (72.2%) and Mandalay City, Myanmar 67% (10, 11, 12, 21).

The differences in the composition of the study subjects might be the reason for the different findings of Gojjam; in Gojjam the study includes adolescents who are out of school and who are in rural area. Possible reason for the difference in Harar study was conducted only on youth who are in urban area in which many alternative health services were available like family guidance association and in Gondar study was conducted only on those married. Justification for the difference in Mandalay city might be the study was conducted in area where adolescents' RH project is found.

Respondents who did not ever use SRH service reported several reasons for not utilizing SRH service. Major among them were thinking themselves too young/healthy, cost unaffordability, inconvenient service provision time, long waiting time, inconvenient location and health workers being unfriendly. This finding is similar with the study conducted in Gojjam in which thinking the service as unnecessary for them, lack of knowledge and being young/healthy. Other finding in Addis Ababa high school on knowledge of STI and barriers to seek treatment also revealed do not know what it is, inconvenient health institution opening time, don't know where to go and unfriendly of health professionals and also studies conducted in Harar Kenya and Burkina Faso, Ghana, Malawi and Uganda, South Africa revealed similar reason (12- 17, 22).

Experimentation with sex is a natural and normal part of adolescence, but experimentation without protection is one of the indicators of risky sexual behavior. This study revealed youths who ever had sexual intercourse use RH than those who had never engaged themselves into sexual activity. This finding in lines with studies conducted in Gondar, Butajira, Uganda and Zambia (19-23).

Educated parents are more open to discuss RH issues with their children. They are also more flexible to deal with problems faced by their children regarding reproductive health service utilization. This study showed sexual and reproductive health service utilization of youths had positive relation with parental education status. It reveals similar finding with the studies in Gondar and Addis Ababa high school that showed maternal education was significantly related with the utilization of family planning (21, 22,).

Finding in this study also shows educated youth are more likely to utilize reproductive health service utilization. This finding is in lines with finding from Kenya in which more educated youth are more likely to seek youth friendly health services as they possess better understanding of their health needs (KDHS, 2008/09). Findings in Uganda, Gondar, and Addis Ababa also indicated as educated youths are more aware of the existence of health service and more likely to utilize the health service for SRH (17, 19 21, 24).The possible explanation for why education is a key determinant could be that as a youth go up through the ladder of education, the more knowledgeable and will be use RH service.

In addition, this research found out that discussion on sexual related issues with parent was significant association with RH service utilization. This finding is similar with study conducted in Gojjam, Gondar, Addis Ababa and Kenya (12, 15, 21, 22,). This can be justified by the fact that discussion of services with family create exchange information, experiences, and create opportunities to deal with youth problems associated with sexual and reproductive service utilization with their family freely.

The finding from the study also shows youth with government/private employed mother were more likely to utilize RH service. This finding was comparable with the finding in Kenya in which parent employed had positive relation with youth RH utilization (25).

This study found out that 75.5% of the study subjects have ever heard information on youth SRH and health professionals were the major source (62.1%) of information on RH while school teachers were cited as sources of information by only 98 (13.0%) respondents, family 75 (10.0%) and very few claimed mass media and friends. The findings of this study are similar with finding in Uganda (19). Whereas different from the findings in Jimma and Harar School are found to be the leading sources of reproductive health information (11, 13). Justification for the difference

may be at this study area urban health extension program was newly established and health education at school by health extension workers was being implementing.

With regards to the preference of service delivery place distance from the residence, service provision time and provide, 552 (73.5%) preferred special time of service provision for youth 332 (44.2%) preferred the health service provider to be young, 336 (44.7%), preferred the service provision area anywhere out of the resident area and 380 (50.6%) expressed their preference for free of charge for youth. this finding is similar with many studies such as study in Addis Ababa high school students health service utilization pattern and preferences, and other study done on school adolescents Knowledge of Sexually Transmitted Infections and Barriers to Seeking in Addis Ababa, Nepal, Kenya (14, 17, 22).

Justification of this finding is that in most of the area youth friendly health service were being attached to the existing health service on government health facility and most of the youth rely on government health facility in which youth fears to sharing reproductive health services and avoided services in facilities where they were likely to meet their parents and relatives, the other reason might be the service were open at the same time as schools. In such situations, youths need to be absent from school if they need sexual and reproductive health services.

Strengths

• Few studies have specifically addressed the issue of SRH service utilization of in school youth in the region, at the national level. So Future research might build upon on this finding

Limitation of the study

- Because of its cross-sectional nature, the study may not show temporal relation.
- The other limitation was as the study focuses on in school youth its representativeness to all youth population is minimal

CHAPTER SIX CONCLUSION AND RECOMMENDATION

6.1 Conclusion

This study revealed that there was relatively low utilization of SRH service. The major reasons for not using RH services by youths as perceived themselves as being healthy, inconvenient working time, followed by felt of shame or embarrassment. In addition grade level of youths, mothers and fathers educational status, ever hear of RH, discussion with family on sexual related issues and source of information were factors influencing utilization of sexual and reproductive health service in the study area. On the other hand majority of the study participants preferred especial service provision time for youth and the preferred service provider for most of them were young service provider with the same sex.

6.2 Recommendation

Based on the above finding of the study the following recommendations were made: -

Regional health bureau with their partners

- Should have to Strength IEC programmes to youth on youth SRH service both at school and family level.
- Should have to design means of increasing parents-young people communication on sexuality from early adolescence to overcome untimely SRH problems.
- should arrange convenient Hours / Special times to motivate them to seek service
- should have to strength youth centres and school reproductive health clubs

Educational bureau and schools

- Should have to facilitate adolescents' peer education on their sexuality and SRH service both at the school and family level.
- should have to strength school clubs such as Anti HIV/AID club, reproductive health club

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Annexes 1 proportional allocation of study subjects

Annex – 1:- Proportional allocation of study subjects to the size of schools and grade for the study to assess Utilization sexual and reproductive health service and associated factor Metekel Zone, Benishangul Gumuz Region, Northwest-Ethiopia, 2013.

school	grade	Total student	Samples
Bullen	9th	321	48
	10th	335	51
	11th	304	46
	12th	243	37
pawi	9th	312	47
	10th	345	52
	11th	385	58
	12th	261	39
Dangur	9th	451	68
	10th	349	53
	11th	355	54
	12th	222	33
Dobi	9th	276	42
	10th	182	27
G/mariam	9th	292	44
	10th	224	34
Gublak	9th	203	31
	10th	98	14
Total		5158	778

Annex - 2 Data collection instruments

Jimma University, Department of population and family Health Questionnaire prepared to study sexual and reproductive health service utilization and associated factor of school youth in Metekel zone, Benshangul Gumuz region

Consent

My name is Firehiwot Abebe, a final year Public Health student in Masters Program at Jimma University. I brought these questions to you in order to find out conditions of sexual and reproductive health service utilization and associated factors of young people. The purpose of this study is to get more information on factors affecting sexual and reproductive health service utilization of secondary and preparatory school youth that can be used to design appropriate intervention so as to address sexual and reproductive health service need of youth. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study. Your name will not be written on this form and no individual response will be reported to anybody. Hence, your answers are completely confidential. You do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.

Please, if you cooperate by responding to the questions it means that you have your own

Contribution to the success of this study

Would you willing to answer?

If yes, -------proceed to the next page

If no, -------- please stop here.

Thank You!

Guardian consent form

Informed consent statement;

Dear guardian! Since addressing the sexual and reproductive health service utilization health service is one of the most crucial steps to reduce youth health risks, maternal morbidity and mortality, this study tries to assess sexual and reproductive health service utilization and associated factor of youth in Metekel zone secondary and preparatory school since the age for legal basis according to Ethiopian penal code is below 18 years, and it is important to obtain your consent for inclusion of your daughter in this study. The choice of her was done random. The purpose of this study is to get more information on factors affecting sexual and reproductive health service utilization of secondary and preparatory school youth that can be used to design appropriate intervention so as to address sexual and reproductive health service need of youth. And I assure you that individual's response will not be reported. This is to keep absolute confidentiality. It is your full right to allow your daughter to participate or not participate in the study. And I thank you very much for your genuine response to my request to show your agreement or disagreement in allowing the participation of your daughter in the study please thick in the box.

Do you allow hem/r to participate in the study?

☐ Yes, I want hem/r to participate in the study.

☐ No, I don't hem/r want to participate in the study.

Thank you!

Jimma university college of public health and medical sciences, department of population & family health questionnaire on Reproductive Health service utilization and associated factor.

Part I: Self Administered Questionnaire

Instruction: For each of the following questions, please circle the number of the alternative that fit for your response

Section 1, Socio demographic charactstics		
No	Questions	Coding categories
101	What is your Sex	1. Male 2. Female
102	How old are you? years	---------- in year
103	What is your Grade	9th 10th 11th 12th
104	What is your Religion	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Other (specify)----------
105	What is your ethnic group	1. Oromo 2. Amhara 3. shinasha 4. Gumuz 5. Agew 6. Other specify----------
106	With whom do you usually live	1. With my father& mother 2. With my mother only

		3. With my father only 4. With relatives 5. With friends 6. Alone 7. Others specify……
107	What is your **Father education status**?	1. no read and write 2. read and write 3. primary school 4. secondary school 5. Diploma and above
108	What is your mother's educationan status?	1. no read and write 2. read and write 3. primary school 4. secondary school 5. Diploma and above
109	Living arrangement	Mother and father Father only Mother only Relative Friend Alone
110	Marital status of the mother and father	1. Together 2. Separated 3. Divorced 4. Widowed
111	Family size	----------
112	Occupation of the mother	1.House wife 2.employed (private) 3.employed (gov't) 4.Small scale merchants

		5. farmers 7. others
113	Occupation of father	1. employed (private 2. employed (gov't) 3. merchants 4. farmers 5. other
114	Do you get pocket money for your daily expense?	1. Yes 2. No
115	Perceived economic status of family	1. rich 2. medium 3. poor
Section 2 Sexual history (if you are not married)		
201	Ever had Sexual partner	1. Yes 2. NO
202	Number of Sexual partner	1. One 2. Two and more
203	Ever had sexual intercourse	
204	If yes to question 203, at what age did you first have sexual intercourse	----------
205	Frequency of sexual intercourse	1. Once 2. More than once with the same partner 3. More than once with different partner
Section 3 awareness of youth RH services		
301	What are the service provided under youth SRH services (tick all response you give)	1. family planning 2. STI diagnosis & treatment 3. VCT for HIV/AIDS 4. Abortion service

		5. post abortion services 6. ANC 7. PNC 8. IEC 9. IEC 10. delivery service 11. others (specify)
302	From where you got information about youth SRH?	1. Parent talk 2. Teacher 3. Heath worker 4. Friend 5. news paper 6. posters 7. Radio 8. Others (specify) 9. Nobody
303	Where is one likely to receive SRH services	Health center Drug shop Traditional healer Home No where Others (specify)
Section 4 community factors and health facility related issues		
401	Have you ever discussed sex related issues with your family?	1. Yes 2.No
402	If yes How often did you discuss sex related issues?	1. Often 2.Occasionally 3. Others specify……
403	Is there cultural bi youth to utilize SRH service	1. Yes 2. No
404	Is there peer influences to utilize	1. yes

	SRH service	2. no
405	Do you think healt workers respect youth coming for SRH service	1. Yes 2. No
406	Do you think health facility were friendly for youths	1.Yes 2. No
407	Do think the service provision time convenient for youth	1. Yes 2. No
Section 5 RH service utilization		
501	Have you ever used any SRH service? **If no go to Qes.504**	1. Yes 2. No
502	From where do get SRH service	1. hospital 2. government health center 3. health posts 4. private health facilities 5. traditional healers
503	Which service did you used (tick all responses)	1. STD treatment 2. VCT for HIV/AIDS 3. Abortion service 4. ANC 5. PNC 6. Delivery 7. family planning 8. Other services (specify)
504	If no why ?(tick all responses)	1. Too young/healthy 2. cost not affordable 3. Don't know where to go 4. felt shame or embracement 5. Inconvenient location 6. Inconvenient time of services 7. Long waiting time

		8. Health providers not friendly
Section 6, Preference RH service by time, place and person		
601	Which time do you think it is convenient for youth health service?	1. In the usual health institute working hours 2. In the hours when other users are not around 3. Other specify
602	What do you prefer on service fees for youth?	1. At usual rate 2. With discount for youth 3. Free of charge 4. Other specify
603	Whom do you prefer to be youth reproductive health provider?	1. Young provider of the same sex 2. Young provider of any sex 3. Adult provider of the same sex 4. Any provider could be 5. Other specify
604	Where do you prefer youth health service to be located?	1. Anywhere out of resident area 2. In the centre of the town 3. At one end of the town 4. Other specify

ጅማ ዩንቨርሲቲ

የድህረ-ምረቃ ት/ቤት

የኅብረተሰብ ጤና ህክምና ሳይንስ ኮሌጅ

የሥነ-ህዝብና የቤተ-ሰብ ጤ ት/ክፍል

ስምምነት

ይህ ማጠይቅ የሞቅረበዉ በጅማ ዩኒቨረስቲ በህክምና ህብረተሰብ ጤ በሚተርስ ዲግሪ የሚጪሻ ዓመት ተማሪ የሆንኩ ነኝ፡፡ ስሜም ፍሬህይወት አበበ እባላለሁ፡፡ እነዚህን ጥያቄዎች የሞቅረቡበት ምክንያት የወጣቶች የጾታዊና ስነተዋልዶ ጤ አገለግሎት አጠቃቀም ሁኔታን ለሚወቅ ነዉ፡፡

የዚህ ጥናት ዓላማ በከፍተኛ ሁለተኛ ደረጃና ማዘናዶ ት/ቤት ያሉ ወጣቶች በጾታዊና ስነተዋልዶ ጤ አገለግሎት አጠቃቀምና አገለግሎቱን ለማዙም ተጽዕኖ የሚፕጥሩ ጉዳዮችን ለሚወቅና ሚጃዎችን በማነብሰብ በዚህ ምክንያት የሚስተዉን የወጣቶች ጤ ችግሮችን ለሚቀረት እርምጃ የሚወሰድበትን ክፍተት ሚጃ ለማገኘት ነዉ፡፡ ስለዚህ እርስዎ በዚህ ማጠይቅ ዉስጥ ያሉትን ጥያቄዎች በግልጸኝነትና በቅንነት ለመሞለስ የምታደርጉት ትብብር እጅግ የሚያነቅ ሲሆን ለዚህ ጥናት ዓላማ መሳካትም የራሱ የሆነ ጠቃሚድርሻ አለዉ፡፡ የምትሞልሱትን ሞልሶች ሚስጥራዊነት ለማጠበቅ ሲባል ለዚህ ማጠይቅ ስማቸዉን መጻፍ አያስፈልጋችሁም፡፡ እንዲሁም ማንኛዉም በጥናቱ ላይ የተሳተፈ ተማሪ ሞልስ ለየትኛዉም አካል ተላልፎ አይሰጥም፡፡ በዚህ ማጠይቅ ዉስጥ ያለዉን የትኛዉን ለመሞለስ የማፈልጉትን ሞልስ ወይም ጠቅላላዉን ጥያቄ ላለመሞለስ መቦታችሁ የተጠበቀ ነዉ፡፡ እባክዎ ጥያቄዉን ለመሞለስ ቢተባበሩን ለጥናቱ መሳካት የራሱን ጉልህ ድርሻ ተወጡመላት ነዉ፡፡

ሞልሶችን ለመሞለስ ፍቃደኛ ነህ/ሽ? አዎን ካልክ/ሽ ወደሞቅጥለዉገጽ ቀጥል/ይ አይ ካልክ/ሽ እዚህ ላይ አቋርጥ/ጪ

አሞነግናለሁ!

ጅማ ዩንቨርሲቲ

የድህረ-ምረቃ ት/ቤት

የኅብረተሰብ ጤና ህክምና ሳይንስ ኮሌጅ

የሥነ-ህዝብና የቤተ-ሰብ ጤ ት/ክፍል

የአባት /የእናት /የአሳዳጊ የጥናት ተሳትፎ ፍቃድ ማጠየቂያ ቅጽ

<u>የ</u>ስምምነት ማጠየቂያ ቅጽ

ወድ የተመረጣ/ዋ ቤተሰቦች፤ በቅድሚያ የሚከበር ሠላምታዬን እያቀረብኩኝ፤ እኔ ፍሬህይወት አበበ በጂማ ዩኒቨረሲቲ የድህረ ምረቃ ተማሪ ሲሆን በመኮከል ዞን ባሉ ከፍተኛ ሁለተኛ ደረጃና ሚኒዶ ት/ቤት ያሉ ወጣቶች በጾታዊና ስነተዋልዶ ጠፍ አገለግሎት አጠቃቀምና አገለግሎቱን ለማጠም ተጽዕኖ የሚፈጥሩ ጉዳዮችን ላይ የመመረቂያ ጹሁፌን በማዘጋጀት ላይ እገኛለሁ፡፡ የጥናቱም ዓላማ ወጣቶች የስነተዋልዶ ጠፍ አገለግሎት አጠቃቀም ዙሪያ ያለዉን ሁኔታ መረጃ በማሰባሰብ በዚህ ምክንያት የሚከሰተዉን የወጣቶች ጠፍ ችግሮችን ለማስቀረት ነዉ፡ ስለሆነም ጥናቱ የተሟላ መረጃ ላይ የተመሠረተ እንዲሆን ትክክለኛና ተዓማንነት ያለዉ መልስ ከተሳታፊወች ለማገኘት የተሳታፊዎች ዕድሜ ከ18 ዓመት በታች ከሆነ በኢትዮጵያ ወንጀል መቅጫ ህግ መሠረት ተሳታፊዋ ያለወላጆቿ ፈቀድ በራሷ መሳተፍ ስለማትችል የመሳተፍ ፈቃድ ከርሶዎ ማገኘት አስፈላጊ ሆኖ ተገኝቷል፡፡ በሪፖርቱም ስም አይጻፍበትም፤ የማንኛዉም ሰው መልስ ሪፖረት አይደረግም፡፡

ልጆዎም ብትሆን በጥናቱ የማሳተፈው በፍላጎቷ ነዉ፡፡ ሚሞሞት አለመሞሞታችሁን ለመገለጽ ከዚህ በታች በተጠቀሰው ባዶ ቦታ ምልክት በማድረግ ይገለጹ፤ –በጥናቱ መሳተፍ ተፈቅዶላታል?

☐ አወን፤ ይሳተፍ/ትሳተፍ

☐ አይደለም፤ እንድትሳተፍ/እንዲሳተፍ አልፈቅድም!

<u>መመሪያ</u>፤ ለጥያቄዎቹ ከተቀመጡ አማራጮች ዉስጥ መልስዎን ያክብቡ፡፡

ክፍል 1, መሠረታዊና ማህበራዊ ጥያቄዎች		
ተ.ቁ	ጥያቄ	መልስ
101	ጾታ	3. ሴት 2. ወንድ

102	እድሜ	---------- አመት
103	ክፍል	--------- ኛ ክፍል
104	ሃይማኖት	1. ኦርቶዶክስ ክርስቲያን 2. . ሙስሊም 3. ካቶሊክ 4. ፕሮቴስታንት 5. ሌላ(ግልጽ)----------
105	ብሄረሰብ	1. ኦሮሞ 2. ሸናሻ 3. አማራ 4. አገዉ 5. ጉሙዝ 6. ሌላ (ግልጽ)----------
106	ከማን ጋር ትኖራለህ/ሽ	1.ከእናት ና አባት. 2. ከአባት ጋር ብቻ 3.ከእናት ጋር ብቻ. 4. ዘመድ ጋር 5.ከጓደኛ ጋር 6. የብቻ 7. ሌላ (ግለጽ)……
107	የአባት የትምህርት ደረጃ	1ያልተማረ 2.ማንበብና መጻፍ ብቻ የሚችል 3. አንደኛ ደረጃ 4 . ሁለተኛ ደረጃ 5. ዲፕሎም እና ከዚያ በላይ
108	የእናት የትምህርት ደረጃ	1ያልተማች 2.ማንበብና መጻፍ ብቻ የሚችል 3. አንደኛ ደረጃ 4. ሁለተኛ ደረጃ 5. ዲፕሎም እና ከዚያ በላይ
110	የወላጆች የጋብቻ ሁኔታ	1. አብሮ የሚኖሩ

		2. ሳይፋቱ ተለያይቶ የሚኖሩ 3. የተፋቱ 4. የሞተበት/ባት 5. ሌላ (ግለጽ).....
111	የቤተሰብ አባላት ብዛት	----------
112	የእናት የስራ ሁኔታ	1.የቤት እመቤት. 2. ተቀጣሪ (በግል) 3.ተቀጣሪ (በመንግስት). 4. ነጋዴ 5. ገበሬ 6. ሌላ (ግለጽ/ጪ)-----
113	የአባት የስራ ሁኔታ	1. ተቀጣሪ (የግል) 2. ተቀጣሪ (በመንግስት) 3. ነጋዴ 4. ገበሬ 5. ሌላ (ግለጽ/ጪ)-----
114	በየወሩ የኪስ ገንዘብ ይሰጥሃል/ሻል	ነ. አዎ 2. አይደለም
115	የቤተሰብ ኢኮኖሚ ሁኔታ	1. ከፍተኛ 2. መካከለኛ 3. ዝቅተኛ
ክፍል 2 ጸታዊ ጉዳዮች በተመለከተ		
201	የፍቅር ጓደኛ ኑሮህ/ሽ ያወቃል	1. አዎ 2. አይደለም
202	ለጥያቄ 201 መልስ አዎ ከሆነ ስንት እስከአሁን ምን ያህል ጓደኛ ኖረህ/ሽ	1. አንድ 2. ሁለትና ከዚያ በላይ
203	የገብረስጋ ግንኙነት ፈጽሞ ያዉቃሉ	1.አዎ 2. አይደለም
204	ለጥያቄ 203 መልሶ አዎ ከሆነ የመጀመሪያ ገብረስጋ ግንኙነት የፈጸምክ/ሽ እድሜ	----- አመት
205	ገብረስጋ ግንኙነት ምን ያህል ጊዜ የፈጸምክ/ሽ	4. አንድ 5. ከአንድ ጊዜ በላይ ከአንድ ስዉ ጋር 6. ከአንድ ጊዜ በላይ ከተለያዩ ሰዎች ጋር

ክፍል 3, በጾታዊ እና ስነተዋልዶ ጤና አገለግሎት ዙሪያ ያለዉ ግንዛቤ		
301	ስለ ጾታዊ እና ስነተዋልዶ ጤና አገለግሎት ስምተዉ ያዉቃሉ	1. አዎ 2.አይደለም
302	ስለ ወጣቶች ጾታዊ እና ስነተዋልዶ ጤና አገለግሎት መረጃ ያገኘዉ/ሽ ከየት ነዉ	ነ. ከቤተሰብ 2. ከአስተማሪ 3. ከጤና ባለሙያ 4. ከጓደኛ 5. ከጋዜጣ 6. ከፖስተር 7. ከሬድዮ 8. ሌላ (ግለጽ) 9. ከምንም
303	ለወጣቶች ጾታዊ እና ስነተዋልዶ ጤና አገለግሎት የሚሰጡ የጤና አገለግሎቶች የትኞቹ ናቸዉ (መልሶቹን ያክብቡ)	1. የቤተሰብ እቅድ 2. የአባላዘር በሽታዎች ምርመራና ህክምና 3. በፍቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቢ/ኤድስ ምክርና ምርመራ 4. የወረጃ አገለግሎት 5. የድህረወርጃ አገለግሎት 6. የቅድመ ወሊድ አገለግሎት 7. የድህረወሊድ አገለግሎት 8.የትምህርትና የመረጃ አገለግሎት 10.የወሊድ አገለግሎት 11አላዉቅም (ወደ ጥያቄ 303) 12 ሌላ (ግልጽ)
303	ወጣቶች የጾታዊ እና ስነተዋልዶ ጤና አገለግሎት ማግኘት የሚችሉት ከየት ነዉ (መልሶቹን ያክብቡ)	1.ከጤና ጣቢያ 2 .ከግል ጤና ተቋም 3. ከባህላዊ ህክምና መስጪያ 4. ቤት 5. የትም 6 ሌላ (ግለጽ)
ክፍል 4 ወጣቶች የጾታዊ እና ስነተዋልዶ ጤና አገለግሎት ዙሪያ የህብረተሰብና ጤና ተቋማት ሁኔታ		
401	ከቤተሰቦችህ/ሽ ጋር ስለጾታዊና ስነተዋልዶ ጤና ተወያይተህ/ሽ ታዉቃለህ/ሽ	1. አዎ 2. አይደለም
402	ምን ያህል ጊዜ ተወያይተህ/ሽ ታዉቃለህ/ሽ	1.በጣም ብዙ ጊዜ 2.ብዙ ጊዜ 3. አንዳንዴ
403	በአከባቢያችዉ ወጣቶች የጾታዊ እና ስነተዋልዶ ጤና አገለግሎት ዙሪያ ባህላዊ	1. አዎ 2. አይደለም

	አመለካከት ተጽዕኖ አለ	
404	በአከባቢያቸዉ ወጣቶች የጾታዊ እና ስነተዋልዶ ጤና አገለግሎት ለመጠቀም የጓደኛ ተጽዕኖ አለ	1. አዎ 2. አይደለም
405	የጤና ባለሙያዎች ወጣቶች የጾታዊ እና ስነተዋልዶ ጤና አገለግሎት ለመጠቀም ለሚመጣ ወጣት ጥሩ አመለካከት አላቸዉ ብሎ ያስባሉ	1. አዎ 2. አይደለም
406	የጤና ተቅማት ለወጣቶች የጾታዊ እና ስነተዋልዶ ጤና አገለግሎት ለመስጠት ምቹ ናቸዉ	1. አዎ 2. አይደለም
407	አገለግሎቱ የሚሰጥበት ስዓት ምቹ ነዉ	1. አዎ 2. አይደለም
ክፍል 5 ወጣቶች የጾታዊ እና ስነተዋልዶ ጤና አገለግሎት አጠቃቀም		
501	ከዚህ በፊት የስነተዋልዶ ጤና አገለግሎት ተጠቅመዉ ያዉቃሉ	3. አዎ 4. አይደለም
502	ተጠቃሚ ሆነዉ ከነበረ አገለግሎቱን ከየት አገኙ	ነ. ከጤና አጠባበቅ ጣቢያ 2. ከጤና ኬላ 3. ከግል ጤና ተቋም 4. ከባህላዊ ህክምና
503	ምን አይነት የጤና አገለግሎት ተጠቀምክ/ሽ (መልሶቹን ያክብቡ)	1. የቤተሰብ እቅድ 2. የአባላዘር በሽታዎች ህክምና 3. ኤች.አይ.ቪ ኤድስ ምክርና ምርመራ 4. ወርጃ አገለግሎተ 5. የቅድመ ወሊድ አገለግሎት 6. ድህረወረሊድ 7.ወሊድ 8. የጤና ትምህርት 9. ልላ (ይግለጹ)
504	የወጣቶች ጾታዊና ስነተዋልዶ ጤና አገለግሎት ተጠቃሚ ካልሆኑ ለምን ?	1. ወጣት/ጤነኛ ስለሆንኩኝ 2. ዋጋዉን ስለማይመጣጥ

	(መልስዎን ያክብቡ)	3. አገለግሎቱ የት እንደሚሰጥ ያለማወቅ 4. መፍራት /ማፈር 5. አገለግሎት የሚሰጥበት ቦታ ምቹ ያለመሆን 6. አገለግሎቱ የሚሰጥበት ጊዜ አመቺ ያለመሆን 7. አገለግሎቱን ለማግኘት ረጅም ጊዜ መወሰድ 8. ጤና ባለሙያ ባህሪ ጥሩ ያለመሆን
ክፍል 6, በአገለግሎት መስጪያ ቦታ፣ስአትና አገለግሎት ሰጪ ባለሙያ መሰረትያደረገ ምርጫ		
601	በየትኛዉ ሰዓት ለወጣቶች ጾታዊና የስነተዋልዶ ጤና አገለግሎቱ ለወጣቶች ቢሰጥ ተመርጣለህ/ሽ?	1. በተለመደዉ የአገለግሎት መስጪያ ስዓት 2. ሌሎች በማይኖሩበት ሰዓት 3. ሌላ (ይግለጹ)
602	የወጣቶች ጾታዊና የስነተዋልዶ ጤና አገለግሎት ክፍያ መጠን እንዴት ቢሆን ትመርጣለህ/ሽ	1. ከሌሎች ህብረተሰብ ጋር በተመሳሳይ መጠን 2. በዝቅተኛ ዋጋ 3. በነጻ 4. ሌላ (ይግለጹ)
603	ለወጣቶች ጾታዊና የስነተዋልዶ ጤና አገለግሎቱ በማን ቢሰጥ ተመርጣለህ/ሽ?	1. በወጣትና ተመሳሳይ ጾታ ባለዉ ባለሙያ 2. ወጣት የሆነ እና በማንኛዉም ጾተ 3. በትልቅ ሰዉና ተመሳሳይ ጾታ ባለዉ ባለሙያ 4. በማንኛዉም ባለሙያ 5. ሌላ (ይግለጹ)
604	የወጣቶች ጾታዊና የስነተዋልዶ ጤና አገለግሎቱ መስጪያ ተቋም የት ቢሆን ትመርጣለህ/ሽ	1. ከምንኖርበት ስፍር ራቅ ብሎ ቢቀመጥ 2. በከተማዉ በሀካል 3. በአንድኛዉ የከተማ አቅጣጫ 4. ሌላ (ይግለጹ)

አ መ ሰ ግ ና ለ ሁ!