

SEXUAL AND REPRODUCTIVE HEALTH SERVICE UTILIZATION AND ASSOCIATED FACTORS AMONG YOUTH WITH DISABILITY, IN JIMMA TOWN, SOUTHWEST ETHIOPIA



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**FACULTY OF PUBLIC HEALTH DEPARTMENT OF POPULATION AND FAMILY
HEALTH**

**SEXUAL AND REPRODUCTIVE HEALTH SERVICE UTILIZATION AND
ASSOCIATED FACTORS AMONG YOUTH WITH DISABILITY IN JIMMA TOWN,
SOUTHWEST ETHIOPIA, 2020**

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Abstract

Background: *Young people with disabilities are often presumed erroneously to be sexually inactive and at minimal risk for reproductive health problems. Though they have the same need for sexual and reproductive health services as non-disabled people, they are often overlooked by sexual and reproductive health programs, intervention and studies. Thus, for context based interventions that meet the needs of youth with disability, it is vital to have clear understanding of sexual and reproductive health service utilization and associated factors.*

Objectives: *To assess sexual and reproductive health service utilization and associated factors among youth with disability in Jimma town, southwest Ethiopia, 2020.*

Methods: *Community based cross sectional study design employed both quantitative and qualitative methods were conducted on 258 youth with disability reside in Jimma town. Youth with disability who fulfill the eligibility criteria were included in the study. For qualitative study, association leaders, health care providers and youth with disability were involved. Data were collected using interviewer-administered questionnaire and checked for completeness, cleaned, and entered into Epi data version 3.1 and analyzed using SPSS version 23. Bi-variable and multivariable logistic regressions model were used to identify factors associated with outcome variable. Significance of association was decided by using the 95% confidence interval of AOR at p-value of <0.05. Thematic analysis has been used for qualitative data.*

Result: *A total of 243 youth with disability were involved in the study, yielding a response rate of 94.1%. Magnitude of sexual and reproductive health service utilization was 32.1 % (95%CI: 26.7%-37.9%).Hearing impairment (AOR =0.24, 95% CI, 0.09-0.59)was negatively associated ,while female (AOR =2.07, 95%CI, 1.08-3.96), good knowledge on reproductive health issue (AOR; 2.15, 95% CI, 1.126-4.121),sexual history (AOR=7.2, 95% CI 3.461-15.038) and perceive that sexual and reproductive health service friendly for disabled youth (AOR= 2.35, 95%CI 1.153-4.812) statistically positively associated with sexual and reproductive health service utilization among youth with disability.*

Conclusion: *This study shows low utilization of sexual and reproductive health service among youth with disability when compared non-disabled. Type of disability, sex, knowledge on SRH, sexual history and perception on disability friendly sexual and reproductive service shows statistically significant association with sexual and reproductive health services utilization of youth with disability.*

Key words: *sexual health, reproductive health, disability, young people, youth, Jimma*

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Abbreviations and Acronyms

AIDS: Acquired Immune Deficiency Syndrome

CRPD: Convention on the Rights of Persons with Disabilities

H IV: Human Immune deficiency Virus

SDG: Sustainable Development Goal

SRH: Sexual and Reproductive Health

SRHR: Sexual and Reproductive Health and rights

SRHS: Sexual and Reproductive Health Service

STI: Sexually Transmitted Infections

VCT: Voluntary Counseling and Testing

WHO: World Health Organization

WWD: Women With Disability

YPWD: Young People With Disability

YSRH: Youth Sexual and Reproductive Health

CHAPTER ONE: INTRODUCTION

1.1 Background

World health organization (WHO) defines disability as, an umbrella term covering impairments, activity limitations, and participation restrictions(1).According to Convention on the Rights of Persons with Disabilities (CRPD), persons with disabilities are those who have long-term physical, mental and sensory impairments which in interaction with various barriers may hinder their effective participation in society on an equal basis with others(2).

Globally, there are more than one billion people with disabilities and the average global disability prevalence rate is estimated to be 15.6%. A round 180 to 220 million young people lives with disability in the world; nearly 80% of them live in the developing countries (3).There are an estimated 15 million people with disabilities in Ethiopia, comprising physical and intellectual disability, hearing and visual impairment (4).

Person with disability are most disadvantaged section of the society, they are neglected in their family and different social services. Young people with disability are among the poorest and most marginalized group of the world's young people (3).There are some myths about people with disabilities. People think men and women with disabilities don't need sex, not sexually attractive, don't need sexuality education, should not have children and should not be allowed to have children (5).

People with disabilities have a difficulty in accessing preventive, treatment, and interventions services. Most health promotion and prevention services often do not target people with disabilities in terms of communication and provision. Because of this reason health disparities and inequality are seen in the areas of health outcomes, preventive screening programs and health promoting behaviors (5).

Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, or infirmity. Sexual and reproductive health and rights (SRHR) are fundamental to people's health and survival, to economic development, and to the wellbeing of humanity(6). Sustainable development goal(SDG), target 3.7, calls for universal access to sexual and reproductive health-

care services including for family planning, information and education on SRH, and integration of reproductive health into national strategies and programs(7).

Sexual and reproductive health has no less importance to persons with disabilities than for non-disabled members of society. Comparative study done in Sierra Leone on health status and access showed that 58.21% of all persons with severe disabilities and 70.63% of all people with mild disabilities reported being sexually active(8).A cross sectional study done on SRH of young disabled people in Addis Ababa indicated that 52% of young people with disability ever had sexual intercourse, from this 75% started sex between 15 and 19 years(9).

Article twenty five of CRPD stated that, persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of their disability. They should get same range, quality and standard of affordable health care programs as provided to non-disabled persons, including sexual and reproductive health services(2). However, person with disability are often overlooked by SRH programs, interventions and service. So, this study aimed to assess sexual and reproductive health service utilization and factors associated with it.

1.2 Statement of the problem

Persons with disabilities are sexually active as others and have similar needs for SRH services(10).However, they have poor access to most SRH information, interventions and programs (11). Report from urban areas of Sierra Leone stated that people with disabilities are two times less likely to access health service including reproductive health service as compared to the non-disabled people (12). Study conducted in Ghana showed, 87% of the young people with disability indicated that they had ever faced a barrier in their quest to accessing SRH service (13).A study conducted in Addis Ababa on YPWD identified that only 26.1% utilized any of SRH services (14).

Due to their poor access to sexual and reproductive health services, youth with disabilities are at higher risk of SRH problems like unwanted pregnancies, abortion, HIV/AIDS, sexually transmitted infections and etc. (5,15) .A cross sectional study done on SRH of young disabled people in Addis Ababa indicate that, 59% of the sexually experienced YPWD had multiple lifetime sexual partners and 21%, a commercial sexual partner in the past 12 months prior to the survey. Magnitude of unintended pregnancy was 62.5% among young disabled females who had

ever been pregnant and 50% of them had history of abortion, 87.5% of this abortion was induced type (9).

Young people with disability face a multitude of challenges in accessing SRH services. Evidence from different study showed that negative attitudes of service providers, long waiting at health facilities, distant health facilities, unfriendly physical structures, parent's disapproval and lack of information on the existence of the services are the major challenges of YPWD in assessing SRH service. And also, most health care professionals have no disability awareness and unable to communicate in sign language; consequently feel unwilling or unable to address their issues (16–19)

Various countries have taken actions to address these challenges through the development of national policies and programs on SRH that are inclusive of persons with disabilities. However, insufficiency of data causes challenges in programmatic planning and in monitoring and evaluating the success of sexual and reproductive health services. Ethiopian national adolescent and youth health strategy (2016-2020) recognized the need to give attention to the SRH of adolescents and youth with disabilities (20). Since the exact nature of SRH utilization of youth with disabilities is unknown; this strategy is unlikely to be successful in addressing existing inequalities in access, quality of services and outcomes for youth with disabilities.

Therefore, for evidence based and context specific interventions that meet SRH needs of young people's with disability , it is vital to have clear understanding of SRHS utilization and factors affect them. In Ethiopia, there are limited data showing sexual and reproductive health utilization among people with disability. To the knowledge of investigator, there are few study conducted on SRH service utilization among youth with disability in Ethiopia. To fill the gap, this study aimed to assess SRH service utilization and associated factors among youth with disability in Jimma town.

1.3. Significance of the study

Attention to the sexual and reproductive health (SRH) of youth with disabilities is important to ensure the protection and promotion of their human rights, to move forward the international development agenda, and to build a truly inclusive society. To improve the health of youth with disability, understanding of SRH service utilization and associated factors is crucial.

This study will provide information used as bases to design tailored SRH interventions for youth with disability. It will also important for policy makers, program designers and different stake holders to design intervention which consider challenges of young people with disability in utilizing SRH service. The finding also increases the existing literature or evidence pool on SRH.

CHAPTER TWO: LITERATURE REVIEW

2.1 SRH service utilization

Young people with disability go through normal sexual development, experience sexual feelings and want to be able to make their own choices about relationships and families. They have the same need for sexual and reproductive health services as non-disabled people(10). However, they are often overlooked by SRH programs, interventions and service. Study conducted in urban areas of Sierra Leone stated that, people with disabilities are two times less likely to access health service including reproductive health service as compared to the nondisabled people(8).

Study conducted in Ghana showed that, more than 6 out of 10 (65.4%) young people with disabilities utilized SRH services (13). Study done in Uganda indicated, about 75 % of women with disabilities and 50% of men with disabilities had ever utilized RH services (17). Study done in Addis Ababa showed, more than half (64.6 %) of young people with disability have heard about SRH service, but only 26.1 % had utilized SRH service (21). And also study conducted on non-disabled youth at Gondor town (22) and Jimma town (23) showed that ,magnitude of SRH service utilization were 75.8% and 41.1%, respectively.

2.1.1 Family planning service utilization

Study done in Nigeria among physically disabled in school adolescents showed , only 38% of them reported of ever hearing about modern contraceptive methods and 34% of them ever used modern contraceptive methods(24). Study conducted in Ghana showed, 42.5% of young people with disability utilize contraceptive services (13). Another, study conducted in Kampala showed that, 21% and 30% of men and women with disability utilize modern contraceptive method respectively (18). Study conducted in Addis Ababa showed, 35% of young people with disability utilize modern contraceptive (9).

2.1.2 Voluntary counseling and testing

Study conducted on young people with disability in Ghana shows 30.7 % of them got HIV testing service (13). In Ethiopia, Study conducted in Addis Ababa showed, about 85.4 % had heard about voluntary counseling and testing (VCT), but only 56.1 % had been voluntarily counseled and tested for HIV(14). Study done in Hawasa town showed that, 24.8% of the people with disability were tested for HIV in the last three months of the study (25). Another study

conducted in Addis Ababa on people with disability showed, 46% of all study participants had been tested for HIV(26).

2.1.3. Diagnosis and treatment of STI

Study conducted in Ghana on young people with disability showed that 26.7% of young people with disability got STI diagnoses and treatment service (13). According to study finding from, study on need for and use of sexual and reproductive health services in developing countries, the proportion of adolescent with an STI or an STI symptom obtained care was lowest in Kenya (13%), Niger (13%) and Zimbabwe (17%) the highest level was in Egypt (68%) (27).The finding from study conducted in Jimma town showed that 5% of adolescent got diagnosis and treatment of STI (23).

2.1.4 SRH Information and education

In Ethiopia, study conducted in Addis Ababa showed that, 29.2% of young people with disability received SRH information from health professional(14). And also, finding from study conducted on youth at Dabromarkos (28) and Jimma town(23) ,showed 23% and 28.8% of adolescent were users of SRH Information and Education service, respectively.

2.2 Factors associated with SRH services utilization

2.2.1. Socio-demography factors

From socio-demographic characteristics; Age, sex, marital status, educational status, occupational status, living condition (arrangement) and type of disability were found to be associated with sexual and reproductive health service utilization in different studies. Study conducted in Ghana on young people with disability showed that females had 0.78 decreased odds of utilizing SRH service when compared to their male counterparts and young people with disabilities in higher education/college were 1.8 more likely to utilize SRH service when compared to those in primary school (13).

Study conducted in Gondar city on women with disability, participants who were in union were 2 times more likely to use modern contraceptives than non- union women with disability. Literate women with disabilities were 5.0 times more likely to use modern contraceptive than those women who were illiterate. Women who had physical impairment were 6 times more likely to use modern contraceptive than those who had hearing impairment (29).

According to study conducted in Debre Birhan town, Adolescents who weren't co-resided with their parents were about 2 times more likely to utilize RH service than those who were living with parents(34). Study conducted on HIV counseling and testing services utilization among people with disabilities in Addis Ababa showed that, living with spouse positively predicted utilization of VCT services among participants (30).

2.2.2 Knowledge, attitude and individual attributes factors

Certain individual characteristics such as having history of sexual intercourse, knowledge on reproductive health, attitude on SRH , perception of risk towards HIV/AIDS/STI, history of discussion on SRH with family/guardian where factors shows association with SRH service utilization in different literatures. According to study conducted in Mandalay City, Myanmar, having a history of sexual exposure was increase adolescents' RH service utilization by 3 times (31).

Study conducted in Madawelabu University also revealed that, sexually active respondents utilized reproductive health service 6 times more than sexually inactive students (32). Study conducted in Addis Ababa on student with disability showed, students with disabilities who ever had sex were 30.1 times more likely to utilize RHS than those who had no previous sexual history (12).

This study also showed ,those who ever had discussed RH issues with family were 3.59 times more likely to utilize RHS compared to those who had never discussed (12). Study in rural areas of East Gojjam zone showed that the likelihood of SRH services uptake was about 4 times higher where there was adolescent-parent communication regarding RH topics (33). Another study in Gondar showed that, adolescents who had had parental discussion on VCT services were 10 times more likely to use the service (22).

Adolescents having a high knowledge of RH service increased the likelihood of utilizing SRH services 1.5 times and also adolescents who have knowledge of family planning and VCT services were 9 and 3 time more likely to use SRH services, respectively(33).According to study conducted in Arbamanci town on reproductive age women, women with disabilities who had a positive attitude toward contraceptive 2.4 times more likely to use family planning methods relative to those who had negative attitude (34).

According to study conducted in Debre Birhan, positive perception of oneself towards acquisition of HIV/AIDS was spurred the adolescents to use RH services twice than those who didn't perceive themselves as risky (35). The finding from study conducted in Addis Ababa showed, adolescents who had a perception of risk towards HIV/AIDS were about 30 times more likely to utilize VCT services than those who had no perception of risk at all (26).

2.2.3 Health facility service related factors

According to WHO /UNFA report, persons with disabilities face many barriers in accessing SRH information and service, including lack of information and communication materials, health-care providers' negative attitudes, providers' lack of knowledge and skills about persons with disabilities (10). Qualitative study conducted in Senegal shows that, provider attitudes, lack of access to information about where they can access SRH services and disability-specific barriers were identified as the challenges in accessing health services (11).

According to qualitative study conducted in Uganda, most health facility in Uganda lack ramps and have narrow doorways that hinder the use of movement devices, such as wheelchairs. There is also a failure to consider accessibility for people with physical disabilities into sanitation facilities within health premises. "...Almost all the health facilities in our midst have steps and therefore moving upwards to other levels is very hard for us. ..." (Female PWPD)(17).

Study conducted in Addis Ababa on student with disability showed students with disabilities those who know RHS giving facilities utilize SRH service 4.9 times more likely than those who did not know(12). Another study conducted in Addis Ababa on YPWD showed that, 52.1 % perceived services as inaccessible to people with disabilities(14).

In summary, worldwide little research has been done about the SRH of youth with disabilities and there are very limited disability specific studies on SRH service utilization of youth with disability. Some literature tried to assess SRH problem and the knowledge on SRH service of people with disability. Most of the studies were conducted at institution and association level, where they may get some SRH information and service. Particularly in Ethiopia, to the knowledge of investigator, there is no study conducted on SRH service utilization of youth with

disability. So, to increase evidence pool on SRH, this study aimed to assess SRH service utilization and associated factors among youth with disability in Jimma town.

2.3 Conceptual frame work

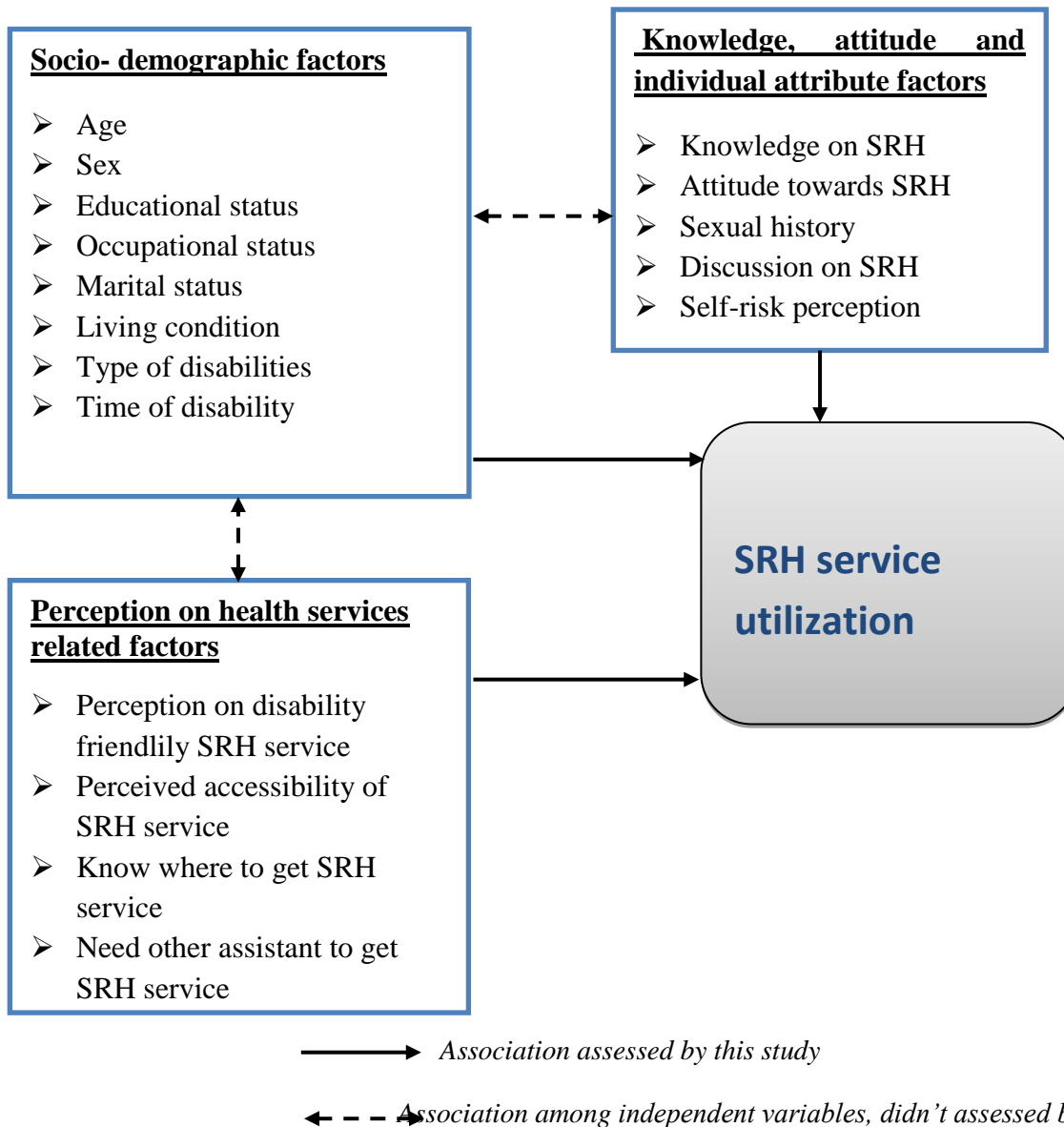


Figure: 1 Conceptual frame work on assessment of sexual and reproductive health service utilization and associated factors among youth with disability (prepared from different literature reviews).

CHAPTER THREE: OBJECTIVES

3.1 General objective

- To assess sexual and reproductive health service utilization among youth with disability in Jimma town, southwest Ethiopia, 2020.

3.2 Specific objectives

- To determine the magnitude of sexual and reproductive health service utilization among youth with disability in Jimma Town.
- To identify factors associated with sexual and reproductive health service utilization among youth with disability in Jimma Town.

CHAPTER FOUR: METHODS

4.1 Study area and Period

This study was conducted in Jimma town, Southwest Ethiopia. Jimma town is capital city of Jimma zone, located 356 KMs from Addis Ababa to the Southwest. Its astronomical location is 7° 4' North Latitude and 36° 5' East Longitude. This town is administratively divided into 13 urban and 4 rural kebeles. According to the 2015 National Urban System Study, the populations of the town were 199,575. Report from Jimma town labor and social affairs; show that in 2019 there are 1231 persons with disability in the town. Of which, around 258 are young people aged 15-24years.

Regarding the health service organizations, there are ten government health facilities in the town (two hospitals and four health center) and private health facilities in the town include one primary hospital, 27 medium clinics, 7 dental clinics, 7 small clinics, 3 higher level diagnostics laboratory, 19 pharmacies and 33 drug stores.

Report from Jimma town labor and social affairs; show that in 2019 there are 1231 persons with disability in the town. Of which, around 258 are young people aged 15-24years. According to the report of the same source, there are four disability associations in the town, namely association of people with hearing impairment, association of people with visual impairments, association of people with physical impairments and association of people with leprosy. These associations of persons with disabilities are organizations established in order to overcome problems of people with disabilities and safeguard to their rights and privileges. However, only two associations are currently functional.

This study was conducted from March 1 to May 21, 2020.

4.2 Study design

Community based cross-sectional study design was employed with both quantitative and qualitative data collection methods

4.3 Population

4.3.1 Source population

All youth (aged 15-24) with disability reside in Jimma town were the source population

4.3.2 Study population

Quantitative

All youth with disability who were available during the study period and fulfill inclusion criteria were the study population.

Qualitative

Disability association leaders, youth with disability, sexual and reproductive health service providers were interviewed.

4.3.3 Inclusion and exclusion criteria

Inclusion criteria

Youth (15-24) with physical, hearing or visual impairments, reside in Jima town for at least 6 month.

Exclusion criteria

Youth with mental disability, youth with both hearing and visual impairments or critically ill and unable to respond to the questions were excluded.

4.4 Sample size determination and sampling technique

4.4.1 Sample size determination

Quantitative

The sample size was calculated for both specific objectives by using STATCALC Epi-info version 7.2.3.1 and the largest sample size was considered, as shown in the table below.

Table 1: sample size determination for study on the status of sexual and reproductive health service utilization of youth with disability, in Jimma town

<i>Sample size calculation for magnitude of SRHS need and utilization</i>					
<i>Variables</i>	<i>Prevalence from previous study (P)</i>	<i>Level of Confidence</i>	<i>Margin of error</i>	<i>Sample size</i>	<i>Reference</i>
<i>SRH service utilization</i>	<i>26.1%</i>	<i>95%</i>	<i>5%</i>	<i>162</i>	<i>(14)</i>
<i>Sample size calculation for factors affecting SRHS utilization</i>					

<i>Variable</i>	<i>Level of Confidence</i>	<i>Power</i>	<i>Ratio of un-exposed : exposed</i>	<i>%among exposed</i>	<i>%among non-exposed</i>	<i>Sample size</i>	<i>Reference</i>
<i>Knowledge</i>	95%	80%	2	68.5	46.5	197	(33)

By adding 10% of non-response rate on the large sample size (**197+19.7**), the total sample size required for this study was **217**.

However, since the total populations of youth with disability, who reside in Jimma town, were **258**, all of them were considered for better precision of this study.

Qualitative

For qualitative study, in-depth interviews were made with six participants based on saturation of the information.

4.4.2 Sampling Procedures

Prior to the study, preliminary data (sex, type of disability, age and kebele address) of youth with disability were obtained from labor and social affairs office of all 17 kebeles in Jimma town. Then, data were collected from all youth with disability who fulfilled the inclusion criteria at their home/living place.

4.5 Data collection procedures

4.5.1. Data collection tools

Structured questionnaire was developed after reviewing relevant literatures. The questionnaire was prepared in English language, translated to the local language (Afaan Oromo and Amharic) and then back to English to check its consistency. Two weeks before actual data collection, pretest was conducted at Asandabo town and some modifications were performed. For qualitative data, interview guide was developed after reviewing different related literatures.

4.5.2. Data collectors and supervisors

Two supervisors and six data collectors participated in the process. To collect data from participants with hearing impairment, two sign language translators were recruited. After recruitment of data collectors and supervisors, two days training was provided on the aim of the study, how to collect data and clarification of the questionnaire before actual task.

4.5.3. Data collection techniques

Based on preliminary data (sex, type of disability and kebele address), data collectors were assigned to collect data from youth with disability at their living place/home. Data were collected by interviewer administered questions using a structured questionnaire. Female data collectors were assigned to collect data from female and, male data collectors to collect data from male. To collect data from participant with hearing impairments, sign language translator were assigned with data collectors. For qualitative data, in-depth interviews were made by principal investigator with purposively selected youth with disability, disability association leaders and sexual and reproductive health providers.

4.6. Variables

Dependent variables

- ✚ SRH services utilization

Independent variables

Socio-demographic characteristics: Age, sex, educational status, occupational status, marital status, living condition, type of disabilities, time of disability

Knowledge, attitude and individual attribute factors: history of sexual intercourse, knowledge on SRH, Self-risk perception, attitude on SRH

Perception on health services related factors; perceived physical accessibility of SRHS, perception on disability friendlily of SRH service, know where to get SRH service, need other assistant to get SRH service.

4.7. Operational definition

Youth: persons between the ages of 15 and 24years (20,36).

History of sexual exposure: participants who ever experience sex in their life were classified as having the history of sexual exposure and not otherwise (37).

Youth with disabilities: In this study, youth with a condition caused by an accident, trauma, genetics or disease that may limit mobility, hearing or vision (26).

Knowledge about sexual and reproductive health: Participants were asked 14 knowledge questions, with expected minimum score of 0 and maximum of 36. Those who score the mean and above were categorized as having a good knowledge and those who score below the mean were considered as having poor knowledge (38,39).

Attitude: Attitudes on SRH issue were assessed by seven attitudinal statements. Based on three point Likert scales for each statement, participants could choose between three possible response categories: “agree”, “neutral”, or “disagree”. Then overall score calculated, participants who score mean and above were considered as having favorable attitude and below the mean score as unfavorable attitude(14).

Self -risk perception on HIV/AIDS/STI: Youth with disability asked to rate their self-risk toward susceptible to HIV /STI as high, low and no risk at all (26,38).

Contraceptive service utilization: Youth who used any of the modern birth controlling methods (contraceptives) in the past 12 months (38).

SRH information and education service utilization: Youth who received information and education regarding sexual and reproductive health issues from health worker working in any of the service providing points within the past 12 months (38).

STI diagnosis and treatment service utilization: Youth who ever obtained STI diagnosis and treatment service in the past 12 month (38).

VCT service utilization: In this study, youth who received HIV counseling and testing service in the past 12 month (26,38).

SRH service utilization: Youth who received at least one of SRH services that this study focus on namely; SRH information and education service, contraceptive service, VCT service and STI diagnosis and treatment service utilization were utilizer of SRH service and those who didn't get any of this SRH service were non-utilizer SRH service (13,14,33,38,39).

Discussion on SRH issues: Ever discussed/have a talk on at least one of SRH related topics (Condom, VCT for HIV, STI/HIV/AIDS, unwanted pregnancy, Contraception, abortion) with family (38).

SRH service need: Participants were asked what SRH service they would like to get in future(39).

4.9. Data analysis procedure

Quantitative

Filled questionnaire was checked for completeness, cleaned, coded and entered into EPI data statistical software version 3.1 and exported to SPSS windows version 23 for further analysis. Frequencies, proportions and summary statistics were used to describe the study population in relation to relevant variables and presented using narration, tables and figures. The Bivariate analysis was employed to identify candidate variables for multivariable analysis. Then variables found to have p-values of less than 0.25 were entered in to the Multivariable Logistic regression for controlling the possible effects of confounders. Finally, variables which had significant associations were identified at p value <0.05 and Adjusted OR with 95% CI were determined to see the strength of the associations. Hosmer and Lemeshow test was used to check the fitness of the model and it was 0.25. multicolloniretyi was checked and all variables has VIF <0.25.

Qualitative

Thematic analysis has been used. In-depth interviews were audio-recorded, transcribed, and translated to English language. After reading the text several times, code were given and related codes were categorized. Then categories were merged to form themes. Finally the findings were presented in narrations and triangulated with quantitative findings.

4.10. Data quality management

Quality of data was assured through careful design, translation and retranslation of the questionnaire. Pre-test was conducted on 30 youth with disability at Asandabo town to ensure clarity, logical sequence, skip pattern of the questionnaire and amendment of the questionnaire was done based on the findings of the pretest. To minimize information bias, disabled female and male data collectors was recruited, to collect data from females and males, respectively. Two days training was given to data collectors and supervisors before the actual data collection day. The overall supervision was carried out by researcher. The questionnaire were reviewed and checked for completeness and consistency by supervisors every day and necessary feedback was offered to data collectors in the next morning. The trustworthiness of qualitative data was

ensured by triangulation of findings, taking field note, careful transcription and translation, and rich description of the study methods.

4.10 Ethical clearance

Ethical clearance was obtained from institutional review board of Jimma University; institute of health. Letter of cooperation was written to labor and social affairs of the town and permission to undertake the study was secured from all relevant authority in the Town. Study participants were provided comprehensive information about the nature, objectives, benefits and their right to refuse and assured confidentiality. Written informed consent was obtained from study participants before the interview. For minors (<18 years), written informed consent from their parent/ guardian and assent from the children was obtained. Privacy and confidentiality of collected information was ensured.

4.11. Dissemination plan

The result will be presented and submitted to Jimma University public health faculty, department of population and family health. The final document will be submitted to Jimma University post graduate library. Summary of the finding will be shared for Jimma town health office, JU and other stakeholders. It will be published on peer reviewed journal. The effort will be made to present finding on different scientific/research conferences.

CHAPTER FIVE: RESULTS

5.1 Result from quantitative data

5.1.1 Socio demographic characteristics of the study participants

From the total of 258 youth with disability reside in Jimma town, 243 of them responded to the questionnaires, yielded a response rate of 94.1%. Out of 243 participants, 127 (52.3%) were females. About three-fourth, 180 (74.1%) of the respondents were found in the age range of 20-24 year. The mean and median age of the respondents were 21.37 (SD + 2.703) and 22 respectively.

Concerning their marital status, majority 162 (66.7%) of the respondents were single. Majority, 148(60.9%) of study participants has physically impairments and about half 125 (51.4%) of the impairment occurred during their child hood life. Regarding to their living condition, majority, 167 (68.7%) of the study participants were living with their family. (Table 2)

Table 2: Socio-demographic characteristics of youth with disability reside in Jimma town, southwest Ethiopia, 2020.

Variables	Category	Frequency (n=243)	Percent
Sex	Female	127	52.3
	Male	116	47.7
Age of respondents	15-19	63	25.9
	20-24	180	74.1
Religion	Muslim	111	45.7
	Orthodox	80	32.9
	Protestant	44	18.1
	other	6	3.8.
Marital status	Single	162	66.7
	Married	55	22.6
	Divorced	20	8.2
	Widowed	6	2.5

Occupational status	Have no occupation	68	28
	Student	72	29.6
	house wife	60	24.7
	Farmer	19	7.8
	Merchant	19	7.8
	Gov't worker	5	2.1
Educational status	Illiterate	58	23.9
	Primary	91	37.4
	Secondary and preparatory	72	29.6
	Collage and above	22	9.1
Living condition	With family	167	68.7
	With friends	19	7.8
	With relatives	13	5.3
	Alone	28	11.5
	Husband/wife	16	6.6
Type of impairment	Physical	148	60.9
	Hearing	57	23.5
	Visual	38	15.6
Time of occurrence	During child hood	125	51.4
	At birth	68	28
	During youth	50	20.6

5.1.2 Knowledge and attitude on SRH

Knowledge on sexual and reproductive health was assessed by summarizing score of 14 reproductive health-related questions with expected minimum score of 0 and maximum of 36. All yes/no questions and each multiple response question bear one score. Mean was used as cutoff point to categorize the SRH knowledge of youth with disability and the mean of knowledge score was 20.7. So, the score below 20.7 used as cutoff point of poor knowledge and score of 20.7 and above were used as cutoff points of good knowledge. Accordingly the finding shows, almost half 117(48.1%) of the study participant had poor knowledge on SRH.

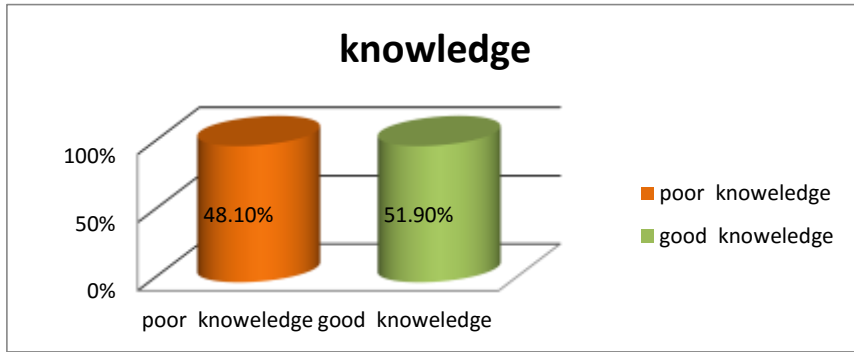


Figure 2: Knowledge on sexual and reproductive health among youth with disability, Jimma town, Southwest Ethiopia, 2020

Attitude on sexual and reproductive health was assessed by 7 likert scale rated attitude related statement. The mean value was used to categorize the attitude on SRH. Participant who score the mean and above were categorized to favorable attitude, and those score below the mean categorized to unfavorable attitude. The mean value was 15.02. More than half, 141 (58%) of the study participants has favorable attitude on sexual and reproductive health.

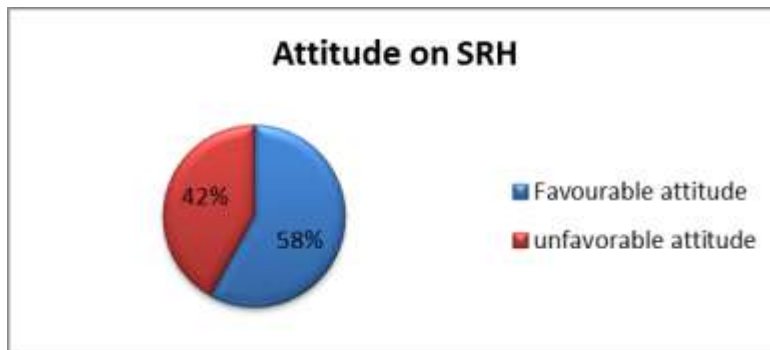


Figure 3: Attitude toward SRH among Youth with disabilities, Jimma town, southwest Ethiopia, 2020.

5.1. 3 SRH history and self-risk perception

More than half, 136 (56 %) of study participants were sexually active. About half of the study participants, 120(49.4%) were sexually active in the past 12 months. Concerning self-risk perception toward HIV/AIDS and other STI, 114(46.9%) of them perceive themselves as has no risky at all.

Table 3: Sexual history and self-risk toward HIV/AIDS among youth with disabilities, in Jimma town, south west Ethiopia, 2020.

Variables	Category	Frequency (n=243)	Percent
Ever had sex	Yes	136	56.0
	No	107	44.0
Sexually active in the past 12 months	Yes	120	49.4
	No	123	50.6
Ever discuss on SRH with family	Yes	210	86.4
	No	33	13.6
Self-risk perception toward STI/HIV AIDS	high risk	39	16.0
	low risk	90	37.0
	not risk at all	114	46.9

5.1.4 Perception on health facility service related characteristics

This study also access health service related characteristics from study participant perspective. More than three-fourth, 190 (78.2%) of the respondents know where to get SRH service. Majority, 168(69.1%) of them perceive that SRH service being provided in the facility is unfriendly for people with disability and 191(78.6%) perceive that the service is physically inaccessible for them.

Table 4: Perception on health service related charectristics among youth with disability ,Jimma town,Southwest Ethiopia,2020.

Variables	Category	Frequency (n=243)	Percent
know where to get the SRH services	Yes	190	78.2
	No	53	21.8
Perceive that SRH service is friendly for people with disability	Yes	75	30.9
	No	168	69.1
Perceive that SRH service physically accessible for people with disability	Yes	52	21.4
	No	191	78.6
Need other assistant to get SRH service	Yes	67	27.6
	No	176	72.4

From 168 study participants, those perceive that SRH service being provided in the health facility are unfriendly for disabled people, majority 105(67.3%) of them complain the inconvenience of the road to facility and 32(19%) inconvenience health facility environment as a reasons.(detail fig. 1 below)

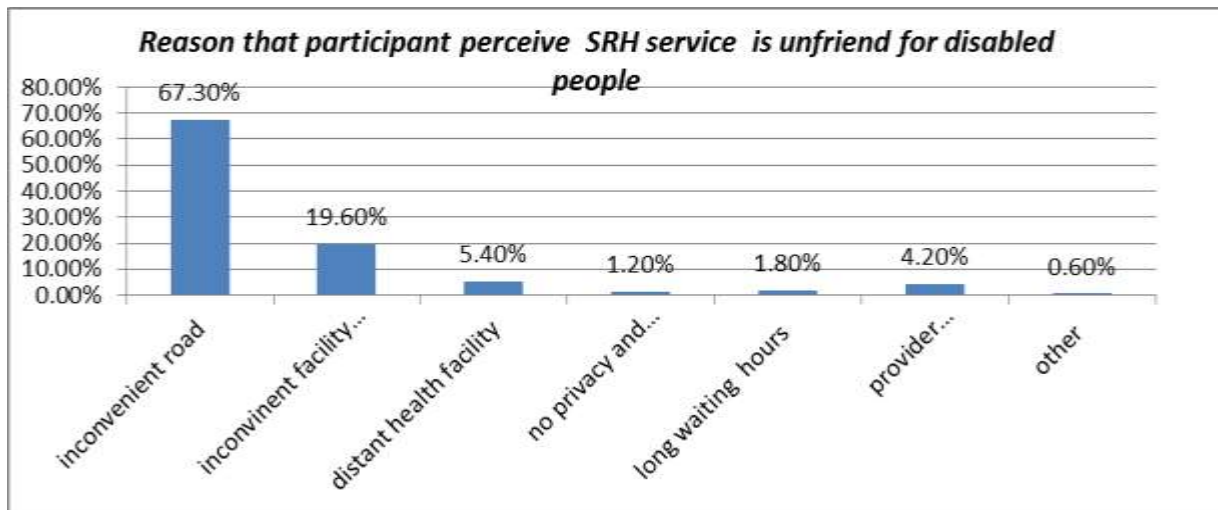


Figure 4: Reason why SRH service provided in the facility were unfriendly for youth with disability, Jimma town, Southwest Ethiopia, 2020

5.1.5 Sexual and reproductive health service needs

The finding of this study shows, from total of 243 study participants, majority 85.2% and 90.9% need VCT, and SRH information and education respectively.

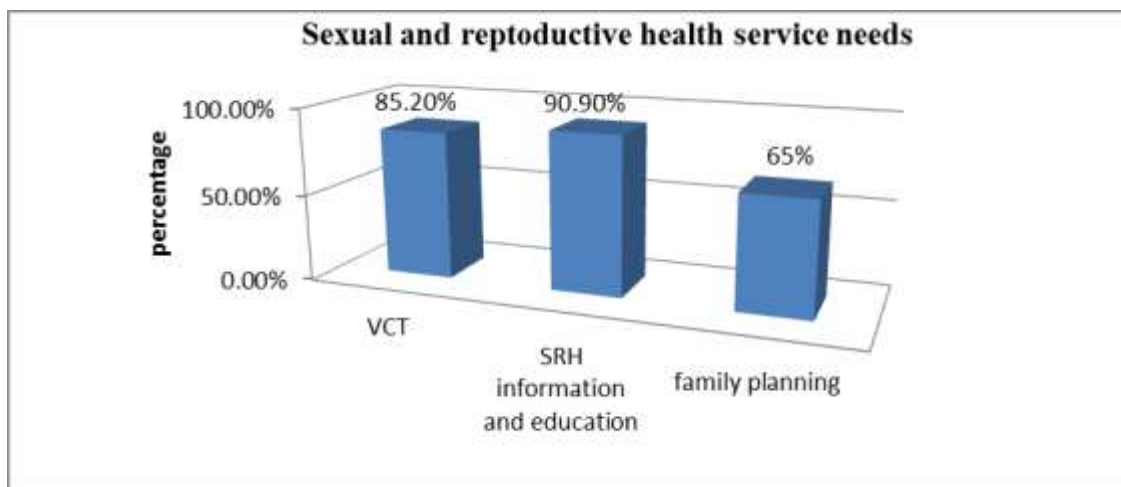


Figure 5: SRH service needs among youth with disability in Jimma town, south west Ethiopia, 2020.

5.1.6 Pattern of sexual and reproductive health service utilization

This study focused on sexual and reproductive health services namely VCT, SRH information and education, contraceptive and STI diagnoses and treatment, which are commonly used by young people. From 243 study participants, only 50 (20.6%) and 45(18.5%) utilized VCT, and SRH information and education respectively. Among sexually active 136 study participants, only 53(39%) utilize contraceptive in the past 12 months. From 32 study participants who had shown sign and symptom of STI, 12(37.5%) got STI diagnose and treatment.

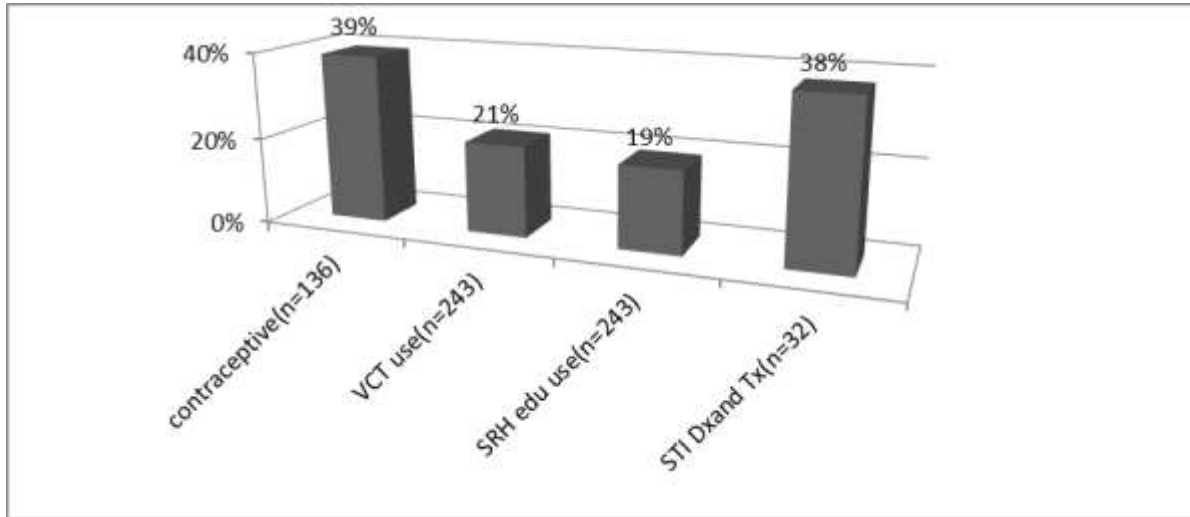


Figure 6: Utilizations of different sexual and reproductive health services among youth with disability in Jimma town, southwest Ethiopia, 2020.

Overall, from 243 of youth with disability, about one-third, 78 (32.1 %) of them utilized at least one of sexual and reproductive health service.

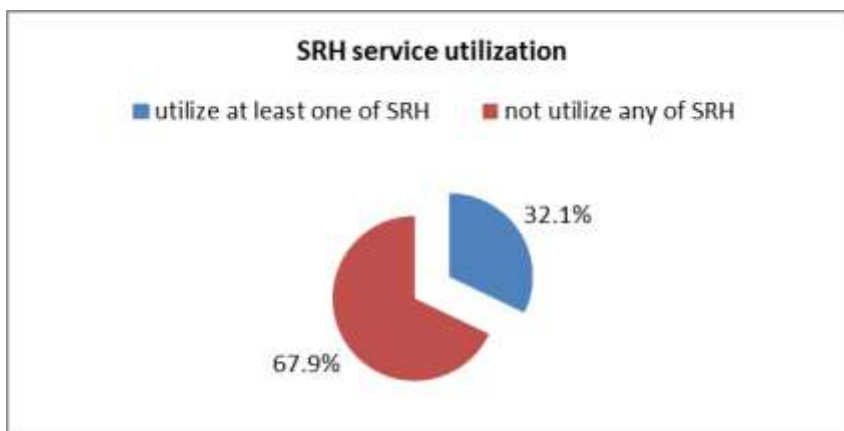


Figure 7: Sexual and reproductive health service utilization among youth with disability, Jimma town, southwest Ethiopia, 2020.

5.1. 7 Factors associated with SRH service Utilization

Bivariate analysis

In the bivariate analysis, factors that had p value < 0.25, which were identified as candidates for the multivariable analysis were; sex, age, marital status, educational status, type of disability, discussion on SRH issues with family, history of sexual intercourse, self-risk perception towards HIV/AIDS/STI, attitude on SRH, knowledge on SRH, Know where to get SRH services, and perceived disability friendly SRH service. (Table 5)

Table 5: Bivariate analysis of factors associated with sexual and reproductive health service utilization among youth with disability in Jimma town, south west Ethiopia, 2020

Variables		Service utilization		Crude OR (95%CI)	P- value
		Yes (n=78) N (%)	No (n=165) N (%)		
Sex	Female	49 (38.5%)	78 (61.4%)	1.88(1.10-3.27)	0.024
	Male	29 (25%)	87 (75%)	1	
Age	15-19	11(17.4%)	52(83.6%)	1	0.005
	20-24	67(37.2%)	113(62.8)	2.80(1.36- 5.74)	
Marital status	Single	47(29.0%)	115(71. %)	1	0.216
	Married	24(43.6%)	31(56.4%)	1.89(1.0- 3.56)	
	Divorced	5(25%)	15(75.0%)	0.86(0.28 -2.37)	
	Widowed	2(50%)	4(50.0%)	1.23(0.21 -6.9)	
Occupational status	House wife	17(28.3)	43(71.7%)	1.02(0.47 -2.20)	0.307
	Farmer	6(31.5%)	13(68.5%)	1.19(0.39-3.58)	
	Student	23(31.9)	49(68.1%)	1.21(0.58- 2.50)	
	Gov't employer	3(60%)	2(40%)	3.86(0.59-24.98)	
	Merchant	10(52.6%)	9(47.4%)	2.86(1.00 -8.15)	
	No occupation	19(27.9%)	49(72.1%)	1	
Educational status	Illiterate	14(24.1%)	44(75.9%)	1	0.18
	Primary	27(29.6%)	64(70.4%)	1.34(0.63 -2.81)	
	Secondary and preparatory	39(48.1%)	42(51.9%)	2.25(1.04- 4.81)	
	Collage and above	7(31.8%)	15(68.2%)	1.46(0.49-0.431)	
Living condition	With family	56(33.5%)	111(66.5%)	1	0.541
	With friends	6(31.5%)	13(68.5%)	0.91(0.33-2.54)	

	With relatives	1(7.6%)	12(92.4%)	0.16(0.02-1.30)	
	Alone	9(32.1%)	19(67.9%)	0.93(0.39-2.20)	
	Husband/wife	6(37.5%)	10(62.5%)	1.18(0.41-3.44)	
Type of disability	Visual impairments	11(28.9%)	27(71.1%)	0.6(0.28 -1.33)	0.003
	Hearing impairment's	8(14.0%)	49(86%)	0.24(0.109-0.557)	
	Physical impairments	59(39.8%)	89(60.2%)	1	
Time of disability	At birth	20(29.4%)	48(70.6%)	1	0.73
	During child hood	43(34.4%)	82(65.5%)	1.25(0.66-2.38)	
	During youth	15(30%)	35(70%)	1.02(0.46-2.22)	
Knowledge	Good knowledge	52(41.2%)	74(58.2%)	2.45(1.40-4.13)	0.02
	poor knowledge	26(22.2%)	91(77.8%)	1	
Attitude	Favorable attitude	51(36.1%)	90(63.9%)	1.57(0.90-2.75)	0.11
	Unfavorable attitude	27(26.4%)	75(73.5%)	1	
Ever had sex	Yes	66(48.5%)	70(51.5%)	7.46(3.75 -14.85)	0.00
	No	12(11.2%)	95(88.8%)	1	
Ever discuss on SRH with family	Yes	63(30%)	147(70%)	0.51(0.24-1.08)	0.081
	No	15(45.4%)	18(54.6%)	1	
Self-risk perception	High	18(46.1%)	21(53.9%)	1.78(0.85-3.75)	0.075
	Low	23(25.5%)	67(74.5%)	0.71(0.38-1.32)	
	No risk at all	37(32.4%)	77(67.6%)	1	
Perceived physical accessibility	Yes	18(34.6%)	34(65.4%)	1.15(0.605-2.209)	0.661
	No	60(31.4%)	131(68.6%)	1	
Perceived disability friendly SRH service	Yes	37(49.3%)	38(50.7%)	3.01(1.7-5.35)	0.00
	No	41(24.4%)	127(75.6%)	1	
Need other assistant to get the service	Yes	22(29.3%)	45(70.7%)	1.04(0.57- 1.91)	0.879
	No	56(31.8%)	120(68.1%)	1	
Know where to get SRH services	Yes	69(36.3%)	121(63.7%)	2.78(1.284-6.05)	0.10
	No	9(16.9)	44(83.1%)	1	

Multivariable analysis

From bivariate analysis, all variables that had p value < 0.25 were taken into multiple variable logistic regressions. Model fitness was checked by Hosmer and Lemeshow test and the p-value was 0.25, showing that the data set was best fit for the model. Multicollinearity was checked, all variables has VIF<5. In the multivariable analysis, type of disability, sex, knowledge on SRH, history of sex and perception toward disability friendly SRH service has statistically significant association with utilization of sexual and reproductive health service at p value less than 0.05.

Accordingly, female with disability utilized SRH service 2 times (AOR =2.07, 95%CI, 1.08-3.96) more likely than male participant, and youth with hearing impairments utilize SRH service 75% (AOR =0.24, 95% CI, 0.09-0.59) times less likely than those with physical impairments. Youth with disability who has a good knowledge on SRH utilize sexual and reproductive health service 2 times (AOR= 2.02, 95% CI: 1.05-3.87) more likely than who has a poor knowledge on SRH.

Youth who had history of sex utilize SRH service 7.5 (AOR=7.50, 95%CI, 3.64-15.84) times more likely than their counter part. Youth who perceive that SRH service being provided in the health facility as friendly for disabled people utilize SRH service 3 times (AOR= 3.00, 95% CI: 1.52-5.94) more likely than those who perceive that the service as unfriendly for disabled people.

Table 6: Multivariable logistic regressions of factors associated with utilization of SRH service among youth with disability in Jimma town, southwest Ethiopia, 2020

Variables		SRH Service utilization		Crude OR (95%CI)	Adjusted OR (95%CI)	P- value
		Yes (n=78) N (%)	No (n=165) N (%)			
Sex	Female	49 (38.5%)	78 (61.5%)	1.88(1.10-3.27)	2.07(1.08-3.96)*	0.026
	Male	29 (25%)	87 (75%)	1		
Age	15-19	11(17.4%)	52(83.6%)	1	1	0.93
	20-24	67(37.2%)	113(62.8)	2.80(1.36-5.74)	1.0(0.39-2.74)	
Marital status	Single	47(29.0%)	115(71%)	1	1	0.98
	Married	24(43.6%)	31(56.4%)	1.89(1.00- 3.56)	0.84(0.34-2.04)	
	Divorced	5(25%)	15(75.0%)	0.86(0.28 -2.37)	0.93(0.25-3.46)	
	Widowed	2(50%)	4(50.0%)	1.23(0.217 -6.9)	1.06(0.13-8.69)	
Educational status	Illiterate	14(24.1%)	44(75.9%)	1		0.61
	Primary	27(29.6%)	64(70.4%)	1.34(0.63 - 2.81)	0.75(0.30-1.87)	

	Secondary and preparatory	39(48.1%)	42(51.9%)	2.25(1.04-4.81)	1.1(0.437-2.8)	
	Collage and above	7(31.8%)	15(68.2%)	1.46(0 .49-4.31)	0.53(0.13-2.10)	
Type of disability	Visual impairments	11(28.9%)	27(71.1%)	0.6(0.28 -1.33)	0.66(0.26-1.64)	0.004
	Hearing impairment's	8(14.0%)	49(86%)	0.24(0.109-0.55)	0.24(0.09-0.59)*	
	Physical impairments	59(39.8%)	89(60.2%)	1	1	
Knowledge	Good knowledge	52(41.2%)	74(58.2%)	2.45(1.40-4.13)	2.02 (1.1-3.8)*	0.033
	Poor knowledge	26(22.2%)	91(77.8%)	1	1	
Attitude	Favorable attitude	51(36.1%)	90(63.9%)	1.57(0.90-2.75)	0.89(0.45-1.92)	0.78
	Unfavorable attitude	27(26.4%)	75(73.5%)	1	1	
Ever had sex	Yes	66(48.5%)	70(51.5%)	7.46(3.75 -14.8)	7.5 (3.6-15.8)*	<0.01
	No	12(11.2%)	95(88.8%)	1	1	
Ever Discuss on SRH with family	Yes	63(30%)	147(70%)	0.51(0.24-1.08)	0.92(0.34-2.46)	0.87
	No	15(45.4%)	18(54.6%)	1	1	
Self-risk perception on HIV/AIDS	High	18(46.1%)	21(53.9%)	1.78(0.85-3.75)	2.3(0.8-6.21)	0.17
	Low	23(25.5%)	67(74.5%)	0.71(0.38-1.32)	1.0(0.47-2.4)	
	No risk at all	37(32.4%)	77(67.6%)	1	1	
Perceived disability friendly SRH service	Yes	37(49.3%)	38(50.7%)	3.01(1.7-5.35)	3 (1.52-5.94)*	0.001
	No	41(24.4%)	127(75.6%)	1	1	
Know where to get SRH services	Yes	69(36.3%)	121(63.7%)	2.78(1.28 -6.05)	0.89(0.31-2.48)	0.78
	No	9(16.9)	44(83.1%)	1	1	

*** shows variable who have p value <0.05, statistically significant association**

5.2 Results from qualitative data

5.2.1 Socio-demographic characteristics of participant

To support the findings of quantitative data, qualitative study was conducted. Accordingly, two disability association leaders, two youth with disability and two health care providers were interviewed using in-depth interview guide. Important findings were summarized, narrated and incorporated.

Table 7: Socio-demographic characteristics of participant involved in-depth interview of study on SRH service utilization of youth with disability in Jimma town, southwest Ethiopia, 2020

Participant	Sex	Age	Educational status	Participant category
01	Female	28	Diploma	Disability association leader
02	Male	24	Diploma	Disability association leader
03	Male	21	Primary(6)	Youth with physical impairment
04	Female	23	Primary (8)	Youth with physical impairment
05	Male	30	BSc	Health care provider
06	Male	28	BSc	Health care provider

5.2.2 Barriers of youth with disability in accessing SRH service

Physical barriers

Most of the health facilities are not easily accessible for people with disability, especially for those who rely on personal aid for mobility.

“.....most health facility are not easily accessible for people with disability like me who aided by wheelchairs. The facility has no ramps to help those aided by wheelchairs and it is too difficult even for entrance. In some case we should go for laboratory, which is too far from where we can get the service”(A 24-year-old female with physical impairment)

“.....I think our service environment is not that much comfortable for people with disability. We provide the same service for them like non-disabled. However, these people need special consideration, for example they need person who takes them to laboratory, pharmacy and toilet. As to me, It would be better if there is especial unit designed to provide disability-friendly service for such kind of people , were they get all needed service at one place, at easily

accessible area, where sign language translator available and etc.(30 years old health care provider)

Communication barrier

Health care providers report that, they lacked the capacity to provide appropriate SRH service to youth with disability and they suggest training on how to deal with people with disability and sign language translator needed to scale up the service.

‘.....It is difficult to provide the service for those with hearing impairment. Because we are not good on sign language and we have no sign language translator in our facility. In some case we try to communicate with them by guessing the service they needed and provide accordingly. Otherwise people with disability should come with their own language translator to get the reproductive health service from our facility. I think to avert this problem training on how to deal with people with disability and sign language translator is mandatory...’(28 years old, health care provider)

Unfavorable attitude from health service providers and community

One of the IDI participants indicated that people with disabilities are not comfortable with the approach of some health care providers. They suggest getting the service from their own people (professional with disability).

“..... There are few health care providers, who treat us fairly and even more than other. They encourage you and tell you that you can use any service like other people. However, there are also many health care providers, who are not comfortable in giving the service for people with disability. I think they perceive that people with disability as sexually inactive. (24 years old female with physical impairment)

“....Most of people with disability wants to discuss their issue, need and experience to their disabled peers, even more than their family. So, it is so nice if we get our own people (health care professional with disability) who understand us and provide us the service.... ..” (28 years old, disability association leader)

CHAPTER SIX: DISCUSSION

This study revealed that, 32.1 % (95% CI: 26.7-37.9 %) of youth with disability utilized sexual and reproductive service. This finding is too low when compared with study conducted in Ghana, (13). The variation could be due to; study conducted in Ghana considered only in-school young people with disabilities, where they may gate some SRH information and service. The possible reason of this low utilization might be due to unfriendly health service as evidenced by finding from qualitative data”....*most health facility are not easily accessible for people with disability like me who aided by wheelchairs. The facility has no ramps to help those aided by wheelchairs.*”(A 24yrs old female with physical impairment)

This finding is also slightly higher than the finding of a study conducted in Addis Ababa which showed about 26.1% of young people with disability utilized at least one of the SRH services (21). The difference might be due to, study in Addis Ababa included very young adolescent (10-14) in the study, very young adolescent may not be sexually active and might not utilize SRH service like youth, which may reduce the overall utilization.

In this study, from sexually active youth with disability, 39% (95% CI: 31.5%-46.9%) of them utilized modern contraceptive service. This finding is consistent with the findings of studies conducted in Ghana (13) and Addis Ababa (9) which showed 42.5% and 35% of young people with disability utilize modern contraceptive service, respectively. The similarity could be due to, their similarity in measuring contraceptive use for only sexually active study participant and include both male and female.

Regarding VCT service, 21.6% (95% CI: 15.6% -25.9%) of youth with disability, utilize VCT service. This finding is in line with study conducted at Hawasa, which shows 24.8% of the study participant had been voluntarily counseled and tested for HIV (25). In contrast, the finding is inconsistent with study conducted on young people with disability in Ghana (13) and Addis Ababa (21) which showed that 30.7% and 56.1% of youth with disability were tested for HIV, respectively. The possible difference might be due to, since both studies were conducted at institution level, their accessibility to VCT service and utilization could be higher.

In this study, 19% (95% CI: 13.6%-23.5%) of youth with disability utilize SRH information and education. The finding is inconsistent with study conducted at Addis Ababa which showed about

29.2% of young people with disability received SRH information from health professional (21). These difference could be due to study conducted at Addis Ababa were conducted at institutional level where they might easily get some SRH information and education.

Concerning STI diagnosis and treatment service, from youth with disability who had shown signs and symptoms of STI, 39.4% (95% CI: 32.5%-47.2%) got diagnosis and treatment. This finding is inconsistent with study conducted in Ghana which showed about 26.7% of young people with disability got STI diagnoses and treatment service (13).The difference could be due to the measurement difference, study conducted in Ghana measure STI diagnosis and treatment for all study participant; however, this study consider only participant who has shown STI sign and symptom.

In this study, female with disability utilize SRH service two times more likely than male. The possible reason could be due to; most of NGO working on the area consider only reproductive age women and they do not give much attention to male with disability. The finding is different from study conducted in Ghana; in which male utilize SRH service than female (13).The difference might be due to socio demographic and cultural variations.

Youth with hearing impairments utilize SRH service 75% times less likely than youth with physical impairments. This finding is supported by study conducted at Ghana (13) and Gondar (29). The possible explanation could be due to the fact that youth with hearing impairments face communication barriers in accessing the services and they has also limited access to SRH information provided through different media. This finding is also supported by qualitative findings. *"...It is difficult to provide the service for those with hearing impairment. Because we are not good on sign language and we have no sign language translator in our facility ..."* (28 years old, health care provider)

This study also shows, youth with disability who has a good knowledge on SRH utilize sexual and reproductive health service 2 times more likely than who has a poor knowledge on SRH. This finding is in line with those studies conducted in Debre Markos (28), Gondar (29), and

Jimma (23). The possible justification might be; having good knowledge on SRH like type of available service and their purpose could increase SRH service utilization.

Youth who had history of sexual intercourse utilize SRH service 7 times more likely than their counter parts. This finding is supported by study conducted at Mandalay City (31) and Madawelabu University (32) which showed having a history of sexual exposure increase youth SRH service utilization by 3 and 6 times, respectively. The possible explanation could be due to; having history of sexual intercourse increase self-risk perception ,which may increase their need and utilization of some SRH service like contraceptive and VCT.

Youth who perceive that SRH service being provided in the health facility as friendly for disabled people ,utilize SRH service 3 times more likely than those who perceive that the service as unfriendly. The possible justification could be due to the fact that, the friendlier the service is, the more it would be utilized. This finding is supported by result from qualitative finding, which showed physical barrier, communication barrier and unfavorable attitude of health care provider as challenges for them ...*There are also many health care providers, who are not comfortable in giving the service for people with disability. I think they perceive that people with disability as sexually inactive. ... (24 years old female with physical impairment)*

Strength of the study

This study has focused on marginalized and neglected group of people who are highly vulnerable to SRH problems where adequate information is lacking. Quantitative finding of this study triangulated with the result obtained from qualitative data.

Limitation of the study

Since the study has some sensitive issue like their sexuality, there might some sort of desirability bias and under reporting. Scarcity of literature limits adequate comparison of the result with other studies.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1 Conclusions

This study revealed that there is a low utilization of sexual and reproductive health services among youth with disability.

This study shows that factors like type of disability, sex, knowledge on SRH, perceived disability-friendly of the SRH services and sexual experience has statistically significant association with sexual and reproductive health service utilization among youth with disability.

7.2 Recommendations

Based on the findings of the study, the following recommendations are forwarded to the different respective bodies.

For Minister of health and minister of labor and social affairs

- Develop disability inclusive strategies on sexual and reproductive health which take into account the challenges of youth with disability like communication challenge for those with hearing impairments

For Oromia Regional Health Bureau and Jimma town Health Office

- Equip health facility (avail sign language translator, separate unit for people with disability, easily accessible area, trained health care provider to deal with them) to provide disability friendly SRH service
- Develop guidelines on how to provide sexual and reproductive health education and services for those with hearing impairments
- Train sexual and reproductive health-care workers, to cascade disability friendly sexual and reproductive health services and combat negative attitudinal barriers
- Ensure accessibility of health-care facilities for youth with disability who aided by wheelchairs

For different health facility in Jimma town and non-government organization working on the area of SRH

- Provide information and education on SRH in accessible format for youth with disabilities
- Develop a positive attitude to provide special care and avoid discriminatory practices against persons with disabilities

Jimma University

- Encourage CBE like TTP and DTTP to provide awareness and education on SRH for youth with disability
- Encourage research conducted on SRH service of youth with disability

For researchers

- Conduct further research on the SRH utilization disaggregated by disability type, sex and specific SRH service.

References

1. UN. Including the Rights of Persons with Disabilities in United Nations Programming at Country Level. United Nations Development Group. 2011.
2. Nations U. Convention on the Rights of Persons with Disabilities and Optional Protocol. Dev. 2006;49(4):158–60.
3. Shakespeare T, Officer A. World report on disability. Disabil Rehabil. 2011;33(17–18):1491.
4. International Labor Organization. Inclusion of People with Disabilities in Ethiopia Governmental support for people with disabilities. Int Labor Organ [Internet]. 2013;(2007):1–4. Available from: http://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_112299.pdf
5. UN. Disability and Development Report. New York. 2018.
6. Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB, et al. Our future: a Lancet commission on adolescent health and wellbeing. The Lancet. 2016.
7. Nations U. Transforming our world: the 2030 agenda for sustainable development. Arsenic Research and Global Sustainability. 2016.
8. Trani JF, Browne J, Kett M, Bah O, Morlai T, Bailey N, et al. Access to health care, reproductive health and disability: A large scale survey in Sierra Leone. Soc Sci Med. 2011;73(10):1477–89.
9. Kassa TA, Luck T, Birru SK, Riedel-Heller SG. Sexuality and sexual reproductive health of disabled young people in Ethiopia. Sex Transm Dis. 2014;41(10):583–8.
10. Corrigan E, Fairlie DB, Yates RG, Goddard P. Bäcklund transformations and the construction of the Atiyah-Ward ansätze for self-dual SU(2) gauge fields. Vol. 72, Physics Letters B. 1978. 354–356 p.
11. Burke E, Kébé F, Flink I, Van Reeuwijk M, May A Le. A qualitative study to explore the barriers and enablers for young people with disabilities to access sexual and reproductive health services in Senegal. Reprod Health Matters. 2017;25(50):43–54.
12. Meshesha S. Comparative study on the utilization of reproductive health services and factors affecting it among students with and without disabilities. [Addis Ababa]: Addis Ababa University; 2017.
13. Seidu A. Utilisation of Sexual and Reproductive Health Services among Young People With Disabilities in Ghana ABDUL-AZIZ SEIDU. unpublished thesis. UNIVERSITY OF CAPE COAST; 2020.
14. Kassa TA, Luck T, Bekele A, Riedel-Heller SG. Sexual and reproductive health of young people with disability in Ethiopia: A study on knowledge, attitude and practice: A cross-sectional study. Global Health [Internet]. 2016;12(1):1–11. Available from: <http://dx.doi.org/10.1186/s12992-016-0142-3>
15. Turshen M, Turshen M. Sexual and Reproductive Health and Rights. Women’s Health Movements. 2020;191–229.

16. Baart J, Taaka F. Barriers to healthcare services for people with disabilities in developing countries: A literature review. *Disabil CBR Incl Dev*. 2017;26–40.
17. Ahumuza SE, Matovu JKB, Ddamulira JB, Muhanguzi FK. Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala , Uganda. 2014;1–9.
18. Kassa TA, Luck T, Bekele A, Riedel-heller SG. Sexual and reproductive health of young people with disability in Ethiopia : a study on knowledge , attitude and practice : a cross-sectional study. *Global Health*. 2016;12:1–11.
19. Arulogun OS, Titiloye MA, Afolabi NB, Oyewole OE, Nwaorgu OGB. Experiences of girls with hearing impairment in accessing reproductive health care services in Ibadan, Nigeria. *Afr J Reprod Health*. 2013;17(1):85–93.
20. Oljira L. NATIONAL ADOLESCENT AND YOUTH HEALTH STRATEGY (2016-2020). 2016.
21. Kassa TA, Luck T, Bekele A, Riedel-Heller SG. Sexual and reproductive health of young people with disability in Ethiopia: A study on knowledge, attitude and practice: A cross-sectional study. *Global Health*. 2016;
22. Feleke SA, Koye DN, Demssie AF, Mengesha ZB. Reproductive health service utilization and associated factors among adolescents (15-19 years old) in Gondar town, Northwest Ethiopia. *BMC Health Serv Res [Internet]*. 2013;13(1):1. Available from: BMC Health Services Research
23. Tegegn A, Gelaw Y. Adolescent reproductive health services in Jimma City: Accessibility and utilization. *Ethiop J Health Sci*. 2011;19(2).
24. J.A A, P.E I. Reproductive health knowledge and sexual behaviours of adolescents with learning disabilities in Ibadan North local government area, Oyo State. *Educ Res*. 2016;07(02):50–67.
25. Mekonnen M, Behailu T, Wakgari N. Knowledge, Attitude, and Practice regarding HIV/AIDS among People with Disability in Hawassa City, Southern Ethiopia. *Adv Public Heal*. 2018;2018:1–7.
26. Kumssa H. Risky Sexual Practice, Accessibility and Utilization of HIV Service among People with Disabilities in Addis Ababa. unpublished thesis. Addisa Ababa university; 2011.
27. Woog V, Singh S, Browne A, Philbin J. Adolescent women’s need for and use of sexual and reproductive health services in developing countries. *New York Guttmacher Inst*. 2015;(August):1–63.
28. Habitu YA. Sexual and Reproductive Health Services Utilization and Associated Factors Among University Students, Northwest Ethiopia: Cross Sectional Study. *J Gynecol Womens Heal*. 2019;15(3).
29. Beyene GA, Munea AM, Fekadu GA. Modern Contraceptive Use and Associated Factors among Women with Disabilities in Gondar City , Amhara Region , North West Ethiopia : A Cross Sectional Study. 2019;23(June):101–9.
30. Ababa A, Aderemi TJ, Mac-seing M, Woreta SA, Agbemavi K. AIDS Care : Psychological and Socio-medical Aspects of AIDS / HIV Predictors of voluntary HIV counselling and testing services

- utilization among people with disabilities in. 2014;(March 2015):37–41.
31. Thin Zaw PP, Liabsuetrakul T, Htay TT, McNeil E. Equity of access to reproductive health services among youths in resource-limited suburban communities of Mandalay City, Myanmar. *BMC Health Serv Res.* 2012;12(1):1–12.
 32. Dida N, Darega B, Takele A. Reproductive health services utilization and its associated factors among Madawalabu University students, Southeast Ethiopia: Cross-sectional study. *BMC Res Notes.* 2015;8(1):1–8.
 33. Abajobir AA, Seme A. Reproductive health knowledge and services utilization among rural adolescents in east Gojjam zone, Ethiopia: a community-based cross-sectional study. *BMC Health Serv Res.* 2014;1–11.
 34. Mesfin Yesgat Y, Gebremeskel F, Estifanous W, Gizachew Y, Jemal S, Atnafu N, et al. Utilization of Family Planning Methods and Associated Factors Among Reproductive-Age Women with Disability in Arba Minch Town, Southern Ethiopia. *Open Access J Contracept.* 2020;Volume 11:25–32.
 35. Tlaye KG, Belete MA, Demelew TM, Getu MA, Astawesegn FH. Reproductive health services utilization and its associated factors among adolescents in Debre Berhan town, Central Ethiopia: A community-based cross-sectional study. *Reprod Health.* 2018;15(1).
 36. United nation. United Nations. (n.d.). Definition of Youth. Retrieved March 19, 2014, from <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>. 2014.
 37. Netsanet F. Original article risky sexual behaviors and associated factors among male and female students in jimma zone preparatory schools , south west Ethiopia : comparative study. *Ethiop J Heal sci.* 2014;24(1).
 38. Tlaye KG, Belete MA, Demelew TM, Getu MA, Astawesegn FH. Reproductive health services utilization and its associated factors among adolescents in Debre Berhan town, Central Ethiopia: A community-based cross-sectional study. *Reprod Health.* 2018;15(1):1–11.
 39. Cherie N, Tura G, Teklehaymanot N. Reproductive health needs and service utilization among youths in West Badewacho Woreda , Hadiya. *J Public Heal Epidemiol.* 2015;7(April):145–53.

Part I: Quantitative questionnaire

Annex I: English version questionnaire

Title: Sexual and reproductive health service utilization among youth with disability in Jimma town, southwest Ethiopia, 2020.

Name of Investigator: TUJUBA DIRIBSA

A) Information Sheet and Consent form of youth with disability

Dear sir /madam

My name is -----and I am working with **Tujuba Diribsa** and Jimma University, institute of health, faculty of public health, department of population and family health. You have been invited to take part in a study on sexual and reproductive health service utilization. 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 fulfillment of a Master's degree in Jimma University, faculty of public health, department of population and family health. It has got ethical approval from the ethical review committee of Jimma University. The study is being conducted among youth with disability in Jimma town, southwest Ethiopia, 2020.

The aim of the study is assessing the sexual and reproductive health service utilization among youth with disability. 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. Anything not clear you can ask.

----- Agree response

----- Dis agree responses

B) Information and consent form sheet from parents or guardians of youth aged < 18 years

Dear parents /Guardian!

This is study on sexual and reproductive health utilization among youth with disability in Jimma town, being conducted by **Tujuba Diribsa** for partial fulfillment of master's degree in Jimma University, institute of health science, public health faculty, 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 beforehand.

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 reproductive health status of youth with disability. 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

----- Dis agree responses

General Information

Region: Oromia city: Jimma town Kebele _____ Code No: _____

Part 1: Socio-demographic characteristics

S/n	Question	Answer	Skip to
01	Form of disability	<ol style="list-style-type: none"> 1. Visual impairment 2. Hearing impairment 3. Physical impairment 	
02	Time of disability	<ol style="list-style-type: none"> 1. From birth 2. Early childhood 3. Later in life 	
03	Sex of the respondent	<ol style="list-style-type: none"> 1. Male 2. Female 	
04	What is your age (in years)?		
05	What is your religion?	<ol style="list-style-type: none"> 1. Muslim 2. Protestant 3. Orthodox 4. Catholic 5. Others (specify)----- 	
06	What is your highest educational status	<ol style="list-style-type: none"> 1. Illiterate (no formal education) 2. primary (grades 1-8) 3. Secondary and preparatory (Grades 9-12) 4. college and above (10+ college or 12+) 	
07	What is your marital status	<ol style="list-style-type: none"> 1. Single (Never married) 2. Married 3. Widowed/Separated 4. Divorced 	
08	What is your occupational status?	<ol style="list-style-type: none"> 1. House wife 2. Farmer 3. Student 4. gov.t worker 5. merchant 6. others----- 	

09	With whom do you live? (living condition)	1. Both parents 2. With either of the parents 3. with partner 4. With relative 5. Alone 6. Other-----	
10	Do you have any source of income?	yes=1 No=2	Skip to part II
11	What do you do to earn money?	1 Gov't Employee 2 Non Gov't Employee 3 Casual Laborer 4 Merchants 5 Begging 6 Others	
12	On average how much do you earn per month?	-----	

PART II- knowledge of SRH

s/n	Questions	Answer	Remark
1	Can a girl get pregnant the first time she had sex?	yes=1 No=2	
2	During which part of the menstrual cycle does a girl or woman have the greatest chance of becoming pregnant?	1. During her period 2. Right after period is ended 3. Just before her period begins 4. In the middle of her cycle 5. The same throughout	
3	Do you know any ways to avoid getting Pregnant?	yes =1 No =2	No, skip to Q7
4	What type of modern contraceptives/methods of preventing pregnancy do you know?(Circle all that apply)	1.Pills 2.Condoms 3.IUD 4. Implant 5. Indictable 6.Emergencycontraception 7. Vasectomy 8. Tubal ligation	

5	Do you know/have you ever heard any diseases a person can get through sexual intercourse?	yes =1 No =2	No, skip to 11
6	Which diseases do you know about? (multiple answers are possible)	1.Gonorrhea 2.Sypills 3.Chancroid 4. Lymph granuloma venerum	
7	Please mention all the signs/symptoms you know that a person with STI Manifests. (multiple answers are possible)	1. genital ulcer 2. abnormal genital discharge 3. pain during urination 4. Genital swelling	
8	Have you ever heard about a disease Called HIV /AIDS?	yes =1 No =2	No, skip next part
9	Please mention all the ways you believe a person can get HIV/ AIDS.(Multiple answers are possible)	1 Unsafe sexual intercourse 2 Sharing needles and syringes 3 Blood transfusion 4 During pregnancy and childbirth 5 Through breast milk	
10	Can a person get HIV the first time he or she has sex?	yes=1 No=2	
11	If you look at a person carefully, can you know if she/he has HIV?	yes=1 No=2	
12	Is there anything a person can do to avoid/prevent getting STIs and HIV/AIDS?	yes=1 No=2	
13	How can one prevent STI and HIV/AIDS? (multiple answer are possible)	1. Abstain from sexual intercourse 2. Remain faithful to a partner 3. Use condoms in every act of sexual intercourse 4. Avoid sex with CSWs 5. Avoid unsafe injections 6. . Avoid contaminated sharp objects	
14	Do you know using SRH services is your right?	yes=1 No=2	

Part III Attitude on SRH and self-risk perception

Instruction: What is your opinion on the following sentences?

A) Attitude			
s/n	Sentences	Responses	Skip to
01	Young people do not need sexual and reproductive health Information	1. Agree 2. Neutral 3. Disagree	
02	Education to young people about contraceptive ,STDs, HIV/AIDS and prevention methods leads to high-risk sexual behaviors	1. Agree 2. Neutral 3. Disagree	
03	Young people should know How to use contraceptives.	1. Agree 2. Neutral 3. Disagree	
04	Unmarried women can use contraceptive	1. Agree 2. Neutral 3. Disagree	
05	HIV/AIDS is God’s punishment for bad behaviors	1. Agree 2. Neutral 3. Disagree	
06	People with the HIV virus should be blamed for bringing the disease into the community	1. Agree 2. Neutral 3. Disagree	
07	If you know someone living with HIV among your staff/friend, you shouldn’t work/learn together	1. Agree 2. Neutral 3. Disagree	
B) Self-risk perception of SRH problem			
01	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	1-Skip to 03 3 skip to part III
02	If low risk to Above Qn, 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	
03	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 not use condom at all 4. I do not use condom consistently 5. No reason	

Part V- Sexual and Reproductive health service utilization and needs

Qn	Question	Response	Skip to
01	Have you ever heard of the below indicated reproductive Health services (Circle all that apply)	1. Contraceptive service /family planning 2. VCT 3. STI diagnosis and treatment 4. Information and education SRH 5. post abortion care 6. other -----	If no to all. Skip to 03
02	If yes to any of the above, 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 9. otherspecify	
03	Do you know where to get the above SRH services?	yes=1 No=2	
04	Have you visited the nearby health facility to get to get SRH information and education in the past 12 month	yes=1 No=2	
05	Would you like to get SRH education and information in future?	yes=1 No=2	
06	Have you had burning pain during urination, genital discharge or genital ulcer in the past 12 months	yes=1 No=2	No,skip to Q# 07
07	Did you seek a medical treatment from a health institution	yes=1 No=2	

08	Have you ever had sex?	yes=1 No=2	No, skip to Q 13
09	Were you sexually active in the past 12 months?	yes=1 No=2	
10	Are you using any form of contraceptive in the past 12 month?	yes=1 No=2	
11	Are you using any form of contraceptive now?	yes=1 No=2	
12	What type of contraceptive do you use	1. Pills 2. Condoms 3. IUD 4. implant 5. Injectable 6. Emergency contraception 7. Natural 8. others specify -----	
13	Were you using condom every time you had sex	yes=1 No=2	
14	Would you like to get contraceptive in future?	yes=1 No=2	
15	Have you ever had VCT in the past?	yes=1 No=2	No skip to Q15
16	If yes, when did you have your most recent HIV test?	1. Last 3 months 2. Last 6 months 3. Last 12 months 4. > 12 months	
17	Would you like to get VCT in future?	yes=1 No=2	
18	Have you visited the nearby health facility to get SRH service in the past 12 months?	yes=1 No=2	No, skip to Q 21
19	How was the approach of service provider?	1. Well coming and comfortable 2. Not attractive and not comfortable	
20	Were you satisfied with the service you got ?	yes=1 No=2	
21	Have you ever visited YRHS but missed the service you required?		
22	What is the reason to miss the service you required?	a. The waiting time was long b. there was no service I need c. I found neighbors and felt ashamed d. The service provider refused to give the service e. others-----	

23	Do you need other assistant to get SRH service from health facility	yes=1 No=2	
24	Do you think that existing reproductive health services are disability friendly?	yes=1 No=2	
25	If No, What is your reason? (multiple answers are possible)	1) Inconvenient road 2) inconvenient service delivering environment 3) long distance to health facility 5) absence of clear and fluent communication with health workers 6) Providers' fail to keep privacy and confidentiality. 7) long queues and waiting hour 9) Other [please specify].....	
26	Do you think the available health care facilities are physically accessible to youth with disabilities?	yes=1 No=2	
27	Have you ever discussed SRH topics with either of parents, sister /brother, guardians or husband/wife?	yes=1 No=2	
28	Do you need to discuss sexual and reproductive health related issue with other?	yes=1 No=2	
29	If yes, whom would you Prefer to talk with? (Multiple answers are possible)	1. Friends/peers 2. Mother 3. Fathers 4. Sister 5. Boyfriend/girlfriend 6. Partner 7. Health professional 8. Others, specify	

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

Annex II: Afaan Oromo version questionnaire

Afaan Oromoo version consent form

Mat dure qorannoo: Qorannoo wa'ee dargagootni qaama midhamoo ta'aani magaala Jimmaa keessa jiraatan, tajaajila wal-hormaata fayya irratti kennamu argachuufi fi feedhi isaan fayyadamuuf qaban irati xiyyeffate

Qorataa: Tujuba Diribsa (Barataa digirii 2ffaa univerisitii Jimma)

A) Unka hayyama gaafachuufi mirkanessa fedhi hirmaanna dargaggoota

Kabajama/tuu

Maqaan koo _____ jedhama. Barata digirii 2ffaa jimma university kan ta'e **Tujuba Diribsa** waliin ta'uun hojochan jira. Qorannoo wa'ee dargaggootni qaama midhamoo ta'an tajaajila hormaata fayya iratti kennamu argacha jiranii fi feedhi isaan argachuuf qaban irratti adamsifama jiru keessatti carraadhan filatamtani jirtu. Kanaaf,wa'ee qorannoo kana hubachuudhaan feedhi hirmaachuuf ykn hirmachuu dhabuu kessan akka nu mirkanessitan isin gaafanna.

Kaayyoon qorannoo kanaa dargaggootni qaama midhamoo ta'aan tajaajila hormaata fayya walin wal qabatu irraatti argacha jiraniif wantoota akka isaan hin arganneef danqaa ta'aan adda baasuun qaama dhimmi ilallatu hundumaaf ibsuufi gabaasu fi akka foyya'u gumaachu ta'a. Haluma kanaan, qorannoon kun gaaffi qinda'aa daqiiqa 30 hin caalle keessatti gaafatamu kan of kessa qabuudha. Gaffiile kana keessatti kan deebisu hin feene yoo jiraate debiisu dhisuuf mirga guutu akka qabdaan cimsine isiin hubachisna. Iccitiin odeeffannoo keessani guutummaan guutuutti Kan eegamu fi nama kamifu kan hin kennamne (hin beeksifamne) ta'uu isaa cimsinee isin hubachisna. Gaffii gaafatamu kessatti maqaan kessani hin barreffamu, akkasuma illee gabaasni qorannoo kanaa eenyummaa keessan hin beeksisu. Qorannoo kana hirmachuufi hirmachuf dhisuuf angoo guutu qabdu.

Dhuma irrattis, odeeffannoon isin nuuf kennitan haala fayyaa dargaggoota qaama midhamoo ta'aan foyyessuf kan gargaaru ta'u hubattani, qorannoo kana irratti akka hirmattan ykn hin hirmanne akka nuuf ibsiitan kabajadhaan isin gaafanna.

Fedha naan qaba-----

Fedha hin qabu -----

Galatooma!

B) Unka hayyama gaafachuufi mirkanessa fedhi hirmaanna maatii /gargaartu/guddistu dargaggoota waggaa 18 gadii ta'aani

Kabajamoo maatii /gargaartu/guddistu

Maqaan koo _____ jedhama. Barata digirii 2ffaa jimma university kan ta'e Tujuba Diribsa walin tauun hojechan jira. Qorannoo wa'ee dargaggotni qaama midhamoo ta'an tajaajila hormaata fayya irraatti kennamu argachaa jiraniifi feedhi isaan argachuuf qaban irratti ademsifama jiru keessatti mucaan keessan ykn mucaan isiin guddisaa jirtan carraadhan filatame jira. Kanaaf umiriin isaa /ishee wagga 18 gadi gati ta'eef akka maatitti ykn eegdutti, wa'e qorannoo kana hubachuudhaan mucaan keessan akka hirmaatu ykn akka hin hirmanne akka nuuf mirkanessitan isin gaafanna.

Kaayyoon qorannoo kanaa dargaggonni qaama midhamoo ta'an tajaajila hormaata fayya walin wal qabatu irraatti argacha jiraniifi wantoota akka isaan hin arganneef danqaa ta'an adda baasuun qaama dhimmi ilallatu hundumaaf ibsuufi gabaasu ta'a. Qorannoon kun Af-gaaffi qinda'a daqiiqa 30 hin caalle keessatti gaafatamuudha. Gaffile kana keessatti kan debisu hin feene yoo jiraate debiisu dhiisuf mirga guutu qaba. Iccitiin odeeffannoo kanaas guutummaan guutuutti kan eegamu ta'uu isaa isiniif mirkaneessina. Deebiin mucan keessan gaaffii kamiifuu kennu nama kamittuu hin kennamu (hin beeksifamu). Gaffii gaafatamu kessatti maqaan muca kessani hin barreffamu, akkasuma illee gabaasni qorannoo kanaa eenyummaa isaa hin beeksisu. Mucaan kessan akka hirmaatu ykn akka hin hirmanne murtessuf angoo guutu qabdu.

Dhuma irrattis, odeeffannoon isin nuuf kennitan haala fayya dargaggota qaama midhamoo ta'an foyyessuf kan gargaaru tau hubattani, qorannoo kana irratti mucaan kessan akka hirmatu ykn hin hirmanne akka nuuf ibsiitan kabajaan isin gaafanna.

Fedha naan qaba-----

Fedha hin qabu -----

Odefannno waligala

Nannoo Oromiya Magaala: Jimma Qabalee-----Kodi/lakk-----

Kuta I. Gaaffilee bu'ura dhuunfaa fi hawwasumma hirmattota waliin wal qabatu

Lk	Gaffii	Deebi	Irra Darbi
01	Goosa midhama qaama	<ol style="list-style-type: none"> 1 Rakko arga dhabetti ijaa 2 Rakko dhageetti gurra 3 Qaama (miilla ykn harka) 	
02	Sadarka qaama midhama	<ol style="list-style-type: none"> 1. Xiqqaadha 2. Giddu galeesaa 3. Bay'ee cimaadha 	
03	Saala	<ol style="list-style-type: none"> 1. Dhiira 2. Dhalaa 	
04	Yero itti midhamni kun mudate	<ol style="list-style-type: none"> 1. Dhalootan 2. Yeroo ijollumatti 3. Yeroo dargagumma keessa 	
05	Umuriinke waggaadhaan meeqa?	-----	
06	Amanta kam hordofta?	<ol style="list-style-type: none"> 1. Musiliima 2. Protestaanti (peenxe) 3. Ortodoksii 4. Catooliki 5. Kan biroo----- 	
07	Sadarkaaan barnoota ke olanaan maaliidha?	<ol style="list-style-type: none"> 1. barumsa hin baranne 2.Sadarka 1 ffa (kuta 1-8) 3.Sadarka 2ffa fi qophaina (kuta 9-12) 5.Collegii fi isaa ol(10+ college ykn 12+) 	
08	Sadarkaa ga'ila keeti?	<ol style="list-style-type: none"> 1. Qofa (takkum gaila hin dhabanne) 2. Gaila dhabbadheeen jira 3. Wal gadhisne jirra 4. adda faganne jirra 	

		5. .walhiknerra	
09	Sadarkaa hojii keeti ?	1. hoji mana kessa 2. Qotee bula 3. barata 4.hojjeta mootumma 5.daldaala 6.hojimhin qabu	
10	Enyu waliin jiraata	1. Haadhaf abbaa ko 2. Abba ykn hadha kessa tokko 3. Hiriya ko faana jiradha 4. Firako walin jiradha 5. qofa kiiyya 6. kan biroo-----	
11	Gaali dhuunfa keeti waan irra argattu qabda?	1 = qaba 2= hin qabu	Hin qabu, yoo tae darbi
12	Mal irraa argatta?	1 hojii motumma 2 hoji miti motumma 3 hojii guyya guyya 4 daldaala 5 namarra kadhada 6 kan biroo -----	
13	Tilmaaman ji'ati hangam argatta?	-----	

Kuta 2: Beekumsa dargagootni tajaajila wal hormaata fayya irratti qaban.

lak	Gaaffi	Deebi	Irra darbi
1	Dubarri tokko yeroo jalqabaaf walqunnamtii saalaa yoo goote ulfaa'uu nii dandessii?	1= Eyyee 2= Lakkii	
2	Dubarri tokko yoo walqunnamtii saalaa goote, yeroolee marsaa lagu kessaa carraan ulfaa'uu isheen qabdu isa kamitti irra guuddata?	1. Yeroo xurii irra jirtuu 2.Akkuma xuriin irra dhaabbateen 3. Utuu xuriin itti hin dhufiin xiqqoo dursee 4. Walakkaa marsaa laguutti	

		5.Yeroo hundayyuu walfakkaatadha.	
3	Maloota ittiin ulfa ittisuun danda'amu nii beektaa?	1= Eyyee 2= Lakkii	2, yoo tae gara Q#7 darbi
4	Maloota ammayyaa ittiin ulfa ittisuun danda'amu gaditti eeraman keessa kamfaa beekta? (Tokko ol filuun ni danda'ama) <ol style="list-style-type: none"> 1. kiniinii kan liqimfamu 2. kondomii 3. Isa gadameessa ka'amu(luuppii) 4. kan irree kessa galfamu 5. Marfee(lilmoon kan kennamu) 6. Baqaqsaniin yaaluudhaan ujummoo sanyii dhiiraa guduunfuu(vasekotomii) 7. Ujummoo gadameessaa guduunfuu(tubekotoomii) 8. Kanan beeku hin jiru 		
5	Dhukkubota walqunnaamtii saalaan daddarban ni beektaa?	1= Eyyee 2= Lakkii	2 yoo G#11 darbi
6	Dhukkuba wal-qunnaamtii saalaa daddarban isaan gaditti eeraman kessa kam faa beekta? (Tokko ol filuun ni danda'ama) <ol style="list-style-type: none"> 1. Cophxoo 2. Fanxoo 3. Abbaa seeruu 4. Dhukkuba nannoo qaama saala dhidhitessu (LGV) 5. Kanan beeku hin jiru 		
7	Mallattollee dhukkuba walqunnamtii saalaan daddarban maalfaa beekta?(Tokko ol filuun ni danda'ama) <ol style="list-style-type: none"> a. Madaa qamoota wal hormaataa irratti ba'u b. Dhangalaa'aan badaan kara qaama wal hormaataa kessa yaa'uu c. Dhukkubbii yeroo finacaanii d. Dhiita qaamota walhormata irratti bahu. e. Hin beeku 		
8	Waa'ee dhukkkuba HIV /AIDs dhageesse beektaa?	1= Eyyee 2= lakkii	2, yoo G#11 darbi

9	<p>Karaalee HIV/AIDS ittiin nama qabuu danda’u kamfa beekta ?(Tokko ol filuun ni danda’ama)</p> <p>1 wal-qunnamtii saalaa daangaa(egganno) hin qabne</p> <p>2 meeshaalee qara qaban waalin fayyadamuu</p> <p>3 dhiiga nama dhibee hiv/ids qaburraa fudhachhuu</p> <p>4 yeroo ulfaa hadharraa gara daaimattiyes</p> <p>5 karaa harmaa haadha mucatti</p>	
10	<p>HIV/AIDS walqunnamtii saalaa al tokko qofaan darbuu damda’aa?</p> <p>1= Eyyee 2=lakkii</p>	
11	<p>Nama dhukkuba HIV/AIDS qabu ilaalanii adda baasuun ni danda,amaa?</p> <p>1 = Eyyee 2=lakkii</p>	
12	<p>Dhukkuba HIV/AIDs fi walqunnamtii saalaan daddarba biro ittisuun nii danda’amaa ?</p> <p>1= Eyyee 2=lakkii</p>	
13	<p>Deebinke eyye yoo tae, akkamin ittisun danda’amaa? (deebii tokkoo ol nii danda’ama.)</p> <p>1.walqunnamtti saalaa rawwaachuu iraa of eeguu</p> <p>2.hiriyaa wal qunnamti saala baayisu dhiisu</p> <p>3. tokkoof tokkoon jiraachuu(waliif amanamuu)</p> <p>4. kondomii fayyadamuu</p> <p>5. dubartoota mallaqa argachuuf wal qunnamti saala godhan wajjin wal qunnamti sal rawwachu dhiisu</p> <p>6. meshaale qara qaban nama faana wal jijjirun fayyadamu dhiisu</p>	
14	<p>Tajaajila wal- hormaata fayya irratti godhamu argachuun mirgakee ta’uu ni beektaa?</p> <p>1= Eyyee 2= Lakkii</p>	

Kuta 3 Ilaalcha dargaggootni tajajila hormaata irratti qaban

Qaajelfam: himoota armaan gadi iratti yaaada maali qabda

C) Ilaalcha isaan			
s.n	Hima	Deebi	Irra darbi
01	Dargagotni tajaajila hormaata fayya irratti odeffanno argachu ni barbaadu	1. Ittan wali gala 2. Yaada hin qabu (walaba) 3. Itti wali hin galu	
02	Barumsi ykn odefannoon wa'ee dhukkuba HIV/AIDS,dhukkuboota wal qunnamti saalan darbaniif maloota ittisa isaani iratti godhamu daraggagota gara amal bada(hin taanetti geggessa)	1. Ittan wali gala 2. Yaada hin qabu (walaba) 3. Itti wali hin galu	
03	Dargagootni hundi akkaata fayyadama maloota ulfa itti ittisan beeku qabu .	1. Ittan wali gala 2. Yaada hin qabu (walaba) 3. Itti wali hin galu	
04	Dhukkubni HIV/AIDS abarsa waqayyo sababi waan haama godhuuf namatti kan dhufeedha	1. Ittan wali gala 2. Yaada hin qabu (walaba) 3. Itti wali hin galu	
05	Namoonni Dhukkuba HIV/AIDS qaban sababi dhukkuba kana hawasatti fidaniif itti komatamu qabu	1. Ittan wali gala 2. Yaada hin qabu (walaba) 3. Itti wali hin galu	
06	Namoota dhukkuba HIV/AIDS qaban walin hoji hojechu ykn barachuun sirri miti	1. Ittan wali gala 2. Yaada hin qabu (walaba) 3. Itti wali hin galu	
07	Shamarri ykn dubarri hin heeruumne tokko maloota ulfa itti ittisan fayyadamu ni dandessi	1. Ittan wali gala 2. Yaada hin qabu (walaba) 3. Itti wali hin galu	

D) Self-risk perception of SRH problem			
01	Sadraka dhukkuboota akka HIV fi wal qunnamti saalan daddarban si qabu ykn si mudachu danda'aan akkamitti tilmamta	<ol style="list-style-type: none"> 1. Carran itti qabamu ko olaanadha 2. Carran itti qabamu ko xiqqadha 3. Carran itti qabamu guutummati hin qabu 	Deebin tokko yoo tae gara Q #03 darbi
02	Carran itti qabamu kee xiqqa yoo tae,sababni ke maali ?	<ol style="list-style-type: none"> 1. Wal quannamti saal takkuma godhe hin beeku 2. Wal qunnamti saal gochu hin feedhu 3. Kondomiin fayyadam 4. Hiriya tokko qofan qaba 5. Hiriyaako nan amana 6. Sababa hin qabu 	
03	Maalif carraan qabamu keeti olaana ta'ee?	<ol style="list-style-type: none"> 1. Hiriya tokko ol waanan qabuuf 2. Dubartoota mallqa argachuuf wal qunnamti saala qaban faana wanan wal qunnamuf 3. Kondomi takkuma waanan hin fayyadamneef 4. Yero tokkok tokko kondomi waanan hin fayyadamneef 5. Sababa hin qabu 	

Kuta 4: Tajaajila hormaata fayya dargaggootni argacha jiraanif argachuuf feedhi isaan qaban.

Ik	Gaffii	Deebii	Irra darbu
01	Tajaajila Sirna wal qunnamtii fi wal hormaata fayyaa armaan gaditti eeraman akka jiru dhageesse beкта ?(deebii tokkoo ol nii danda'ama) 1. Mala ittisa ulfaa 2. Gorsaa fi qorannoo HIV/AIDS 3. Qorannoo fi yaala dhukkuboota wal qunnamti saalan daddarban 4. Gorsaafi barumsa Sirna wal qunnamtii fi wal hormaata fayyaa iratti kennamu 5. Dhaghe Hin beeku		Deebin 2 ,yoo tae gara gaffi 06 darbi
02	Tajaajila olitti eerame kessa kan bektu yo jirate, maddi odefanno keeti maali ?	1. Radiyoo 2. Televejiin 3. gaazexaa 4. bufata fayya 5. Hiriyoota ko 6. maati ko 7. Mana barumsa 9. kan bira yoo jirate -----	
03	Bakka tajaajilli sirna wal qunnamtiifi wal hormaata fayya itti kennamu ni beкта ?	1= Eyyee beka 2= Lakki hin beeku	
04	Ji'a 12 darban kesssa tajaajila sirna wal qunnamtiifi wal hormaata fayya irratti odefannoofi goorsa argachuuf deemte beekta ?	1= Eyyee 2= Lakkii	
05	Gara fulduratti tajaajila sirna wal qunnamtiifi wal hormaata fayya irratti odefannoofi goorsa argachuuf feedhi qabda ?	1= Eyyee 2= Lakkii	
06	Ji'oota 12 darbaan keesa mallattole akka fincaan si gubu, mada'uu naanno qaama saalafi dhangala'a badaa tae ofiratti argitetta ?	1= Eyyee 2= Lakkii	Deebin ,2 yoo ta'e gara G#08 darbi
07	Tajaajila yaala argachuuf gara bufata fayyaa deemte jirta ?	1= Eyyee 2= Lakki	
08	Amma dura tajaajila gorsaafi qoranno HIV/AIDS fedhi iratti hunda'e argatte beekta ?	1= Eyyee 2= Lakki	Deebin ,2 yoo ta'e gara G#17 darbi
09	Tajaajila kana yero dhiho ati kesatti argatetta ?	1. Ji'ota 3 darban keesa 2. Ji'ota 6 darban keesa 3. Ji'ota 12 darban keesa 4. Ji'ota 12 caalera	
10	Gara fula duratti tajaajila gorsaafi qoranno HIV/AIDS fedhi iratti hunda'e kana argachuu ni feeta ?	1= Eyyee 2= Lakki	

11	Taajajila sirna walqunnamtiifi wal hormaataa fayya irratti kennamu argachuuf gara bufata fayya deemtatta beekta ?	1= Eyyee 2= Lakki	2 yoo ta'e gara G#08 darbi
12	Haali kenninsa tajaajilafi simmana ogessa fayya akkamitti illalta ykn maal sitti fakkata ?	1. hawwata fi kan namatti toluudha 2. hin hawwatu and namattis hin toluu	
13	Taajajila feetu ykn argachuuf deemte gututti argatetta ?	1= Eyyee 2= Lakki	
14	Tajjal hormata fayyan walqabatu argachuuf gara bufata fayya deemte ,oso hin argatin debite beekta ?	1= Eyyee 2= Lakki	,1 yoo ta'e gara G#22 darbi
15	Tajaajila kana maalif argachuu dhabde ?	a. taajajila kaana argachuuf yeroo dheera egachuu waan gaafatuf b. taajilli ani barbadu waan hin jirref c. nammota na beekan waanan argeef salfadhe d. ogessi fayya na tajajila kana naf kennu waan hin feenef e. ogessi fayya na hubachu waan hin dandeenyeef f. kan biroo-----	
16	Tajajila hormata fayyan walqabatu argachuuf gara bufata fayya deemuf deggarsa nama bira si barbachisa ?	1= Eyyee 2= Lakki	
17	Tajajilli sirna wal qunnamtiifi wal hormaata fayya irratti kennamu dargaggota qaama midhama ta'aanif michuu ykn mijatadha jette yaadda?	1= Eyyee 2= Lakki	Deebin 1 , yoo tae gara G#24 darbi
18	Mijataa miti jeette yaaddaa yoo tae , saababi maali?	1) kaaran gaara mana yaala gessu mijarta waan hin taanef 2) bakki itti kennammu mijata waana hin taanef 3) ogessa fayya faana walin haasa irratti rakkon waan jiruuf 4) taajajilli kennamu waan eganno yookan dhooksa hin kennamneef . 5) kan biroo.....	
19	Dargaggotni qaaama midhamoo ta'aan haala salphatti tajajila wal hormaata fayya irratti kennamu argachu ni danda.uu jeete yadda ?	1= Eyyee 2= Lakki	
20	Sirna wal qunnamtiifi hormaata fayya irratti maati ykn hiriya waalin mari'etta beekta ?	1= Eyyee 2= Lakki	

21	Sirna wal qunnamtiifi hormaata fayya iratti mari'achu ni feeta ?	1= Eyyee 2= Lakki	Deebin ,2 yoo ta'e gaffi asumatti xumuri
22	Eenyu faana mari'achuu feeta ?	1. hiriyootako 2. Maatiko 4. obbolaako 5. Hiriyya dhiira ykn dubarako faan 6. abba mana ykn hadha mana ko faana 7. ogeessa fayyaa 8. kan biro.....	
23	Kan dura wal qunnamti saala goote beekta ?	1= Eyyee 2= Lakki	Deebin ,2 yoo ta'e gara G#14 darbi
24	Ji'oota 12 darban keessa walqunnamti saala kana goote jirta?	1= Eyyee 2= Lakki	
25	Ji'oota 12 darbaan kessa maloota ulfa itti ittisan fayyadamte jirta ?	1= Eyyee 2= Lakki	
26	Ammaho tajaajila ulfa ittisan kana fayyadama jirta?	1= Eyyee 2= Lakki	
27	Maloota ulfa itti ittisan isa kam fayyadama jirta ?	1 Piilsii/kiniinii 2 Koondomii 3 Irree harkaa keessa kan awwalamu 4. Gadaamessa keessa kan awwalamu/IUD 5 Marfiidhan kan kennamu 6 maala umama	
28	Yeroo wal qunnamti saala gootu hunduma kondomii ni fayyadamta ?	1= Eyyee 2= Lakki	
29	Gara fuldura maala ulfa itti ittisaan kana fayyadamu ni feeta?	1= Eyyee 2= Lakki	

Odefannoo nu lattaniif galatooma!!

Maqaa namaa odeefannoo funaane -----Guyyaa -----

Annex III: Amharic version questionnaire

Amharic version consent form

የጥናቱ ርዕስ: የወጣቶች የስነ ተዋልዶ ጤና ፍልጎትና አገልግሎት አጠቃቀም ይዳስሳል

የአጥኝው ስም:-- ቱጁባ ዲራብሳ

ሀ) ለጥናቱ ተሳታፊ ለሆኑ ወጣቶች የተዘጋጀ የስም መረጋገጫ ቅጽ

እንደምንዋሉ/ልሽ/አደሩ/ርሽ ስሜይባላል።እዚህ የተገኘውት ከጅም ዩኒቨርሲቲ ጋር በመተባበር የአካል ጉዳተኛ ወጣቶች የስነ ተዋልዶ ጤና ፍልጎትና አገልግሎት አጠቃቀም በሚል ርዕስ በጅም ከተማ ጥናት በማካሄድ ላይ ነን።እርስዎ በጥናቱ ላይ እንዲሳተፉ ተመርጠዋል። ለመሳተፍ ከመወሰንዎ በፊት ጥናቱ ለምን እንደሚደረግ ማወቅ አስፈላጊ ነው። ይህ ጥናት የሚካሄደው በጅም ዩኒቨርሲቲ በስነ ተዋልዶ ጤና ትምህርት ሁለተኛ ድግሪ መመረቂያ ማሟያ ነው። ጥናቱ በጅም ዩኒቨርሲቲ ፤ህብረተሰብ ጤናና ህክምና ሳይንስ ኮላጅ የስነምግባር ኮሚቴ ፍቃድ አግኝቷል።

የጥናቱ አላማም የወጣቶችን የስነ ተዋልዶ ጤና አገልግሎት ፍልጎት በመለየት የስነ ተዋልዶ ጤና አገልግሎት በፍላጎታቸው መሰረት በአግባቡ እንዲያገኙ ይረዳል።ለህግ አውጪዎች ግብዓት እንዲሆን እንዲሁም የአገልግሎት ጥራቱን ለማሻሻል ይጠቅማል።ለዚህ ነው እርስዎ በጥናቱ እንዲሳተፉ የተጋበዙት።በጥናቱ ለሚጠየቁት ጥያቄዎች የሚሰጡትም መረጃ ሚስጥራዊነቱ የተጠበቀ ነው።የእርስዎ ስም በዚህ መረጃ ላይ አይጻፍም ለማንም አይገለፅም።በዚህ ጥናት ሊይ ያለዎት ተሳትፎ ሙሉ በሙሉ በእርስዎ ፍቃደኝነት ላይ የተመሰረተ ነው።በመጠይቁ ላይ ያለመሳተፍ ወይም ከጀመሩ በኋላ ማቋረጥ ከፈለጉ ያለምንም ቅድመ ሁኔታ ማቋረጥ ይችላሉ። ሆኖም ግን እርስዎ የሚሰጡት እውነተኛ መረጃ ለጥናቱ በጣም ከፍተኛ አስተዋጾ እንዳለው ልናሳውቅዎ እንወዳለን።ይህ መጠይቅ 30 ደቂቃ ሊወስድ ይችላል። ግሌፅ ያልሆነሎዎትን መጠየቅ ይችላሉ።

በጥናቱ ለመሳተፍ

እፈልጋለሁ.....

አልፈልግም.....:

እናመሰግናለን!!

ለ) ዕድሜያቸው ከ 18 በታች ለሆኑ የወላጅ / አሳዳጊ የፍቃደኝነት ማረጋገጫ ቅጽ

እንደምንዋሉ/ልሽ/አደሩ/ርሽ ስሜይባላል።እዚህ የተገኘውት ከጅማ ዩኒቨርሲቲ ጋር በመተባበር የአካል ጉዳተኛ ወጣቶች የስነ ተዋልዶ ጤና ፍላጎትና አገልግሎት አጠቃቀም በሚል ርዕስ በጅማ ከተማ ጥናት በማካሄድ ላይ ነን።

የተከበሩ ወላጅ / አሳዳጊ፤ ጥናቱ የሚካሄደው ለዚህ ታስቦ የተዘጋጀ ጥያቄ በመጠየቅ ነው። መጠይቆቹን ለመጨረስ 30 ደቂቃ ያህል ሊወስድ ይችላል። በመጠይቁ ውስጥ ጥቂት ሚስጢራዊ የሆኑና ግላዊ ጥያቄዎች ተካተዋል። ሆኖም ልጅዎ መጠይቁን በሚመልሱበት ወቅት ማንነታቸው እንዳይታወቅ ስማቸው በጥያቄ ወረቀት ላይ አይመዘገብም፤ የሚሰጡት ማንኛውም መረጃ በሚስጥር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም።

የእርስዎ ልጅ በጥናቱ ላይ ለመሳተፍ ተመርጠዋል። ሆኖም ልጅዎ ከ18 ዓመት ዕድሜ በታች ስለሆኑ እርስዎ ወላጅ / አሳዳጊ እንደመሆንዎ ልጅዎ በጥናቱ ላይ ከመሳተፉቸው በፊት ጥናቱን በተመለከተ ማንኛውንም መረጃ ለማግኘት ፈቃደኝነትዎን ማሳወቅ ያስፈልጋል። ጥናቱ የሚካሄደው በእርስዎ ፍላጎትና ፍቃደኝነት ላይ የተመሰረተ ነው። ልጅዎ በመጀመሪያ በጥናቱ ላይ ላለመሳተፍ አንዱሁም መሳተፍ ጀምረው በመሀከል ለመተው መብታቸው ሙሉ በሙሉ የተጠበቀ ሲሆን፤ ለማያውቁት ጥያቄ መረጃ እንዲሰጡ አይገደዱም። ሆኖም በእውነት ላይ የተመሰረተ ተሞክሮ ና መረጃ ቢሰጡን የወጣቶች ስርዓተ ተዋልዶ ላይ በፍልጎታቸው መሰረት ተገቢውን አገልግልት ለመስጠትና ጥራቱን ለማሻሻል ከፍተኛ ለውጥ ያስገኛል። እንዲሁም ለህግ አውጪ የመንግስት አካላት የወጣቶችን ስነ ተዋልዶ ጤና በማሻሻል ዘርፍ ላይ ለሚደረገው ጥረት ከፍተኛ እገዛ ያደርጋል። በቅድሚያ ለሚያደርጉት የስምምነት ምላሽ እያመሰገንን ለሰጡን የፈለጉትን የመስማማት ወይም ያለመስማማት ምላሽዎን እንዲገልጹልን በአክብሮት እንጠይቃለን።

በጥናቱ ለመሳተፍ

ተስማምቻለው አልተስማማውም

አጠቃላይ መረጃ

አሮሚያ ከተማ: **ጅማ** ቀበሌ _____ ኮድ ቁጥር: _____

ክፍል1: አጠቃላይ የግለሰብ መረጃ

ተ.ቁ	ጥያቄ	መልስ	ዝለል
01	የጉዳት አይነት	1. የእይታ 2. የመስማት 3. የአካል	
02	የጉዳቱ መጠን/ደረጃ/	1. ቀላል ጉዳት 2. መካከለኛ/መጠነኛ ጉዳት 3. ከባድ ጉዳት	
03	ጉዳቱ የደረሰበት ጊዜ	1. ሲወለድ 2. በልጅነት 3. በወጣትነት	
04	ፆታ	1. ወንድ 2. ሴት	
05	እድሜ በአመት		
06	ሀይማኖት	1. ሙስሊም 2. ፐርቲስታንት 3. ኦርቶዶክስ 4. ካቶሊክ 5. ሌላ ግለፅ-----	
07	የትምህርት ደረጃ	1. ያልተማረ (መደበኛ ትምህርት ያልተማረ) 2. የመጀመሪያ (ከ 1-8ክፍል) 3. ሁለተኛ እና መሰናዶ (ከ9-12ክፍል) 4. ኮሌጅና በላይ (10+ ኮሌጅ ወይም 12+)	
08	የጋብቻ ሁኔታ	1. ያላገባ 2. ያገባ 3. የተፋታ 4. የሞተባት/ት	
09	የስራ ሁኔታ	1. የቤት እመቤት 2. አርሶ አደር 3. ተማሪ 4. የመንግስት ሰራተኛ 5. ነጋዴ 6. ሌላ ጥቀስ-----	
10	ከማን ጋ ትኖራለህ/ሪያለሽ(የኑሮ ሁኔታ)	1. ከሁሉም ቤተሰቦቼ ጋ 2. ከአንዱ ወላጅ ጋ 3. ከጎደኛዬ ጋ 4. ከዘመድ ጋ 5. ብቻየን	

		6. ሌላ ይጠቀስ-----	
11	የገቢ ምንጭ?	አዎ=1 አይ=2	ወደ II ዝለል
12	ገንዘብ ለማግኘት ምን ትሰራለህ?	1 የመንግስት ስራ 2 መንግስታዊ ያልሆነ ስራ 3 የቀን ስራ 4 ንግድ 5 ልመና 6 ሌላ-----	
13	የወር ገቢዎ በአማካኝ ስንት ይሆናል	-----	

ክፍል II- ስለ ስነ ተዋላዶ ጤና እዉቀት በተመለከተ

ተ.ቁ	ጥያቄ	መልስ	ምርመራ
1	በመጀመሪያ የግብረሰጋ ግንኙነት ሴት ልጅ ልትፀንስ ትችላለችን?	1=አዎ 2 = አይ	
2	በየትኛው የወር አበባ ጊዜ ነው አንድ ሴት ከፍተኛ የማርገዝ እድል ያላት?	1. በወር አበባ ጊዜ 2. የወር አበባ እንዳበቃ 3. የወር አበባ ከመምጣቱ በፊት 4. በወር አበባ መካከል 5. ከማንኛውም ጊዜ ጋ ተመሳሳይ ነው.	
3	እምታወቁዉ የእርግዝና መከላከያ መንገድ አለ?	1=አዎ 2 = አይ	አይ ከሆነ ወደጥያቄ 7 ዝለል
4	ምን አይነት የወሊድ መከላከያ መንገድ ታወቁያለሽ?(እምታወቀዉን አክብ)	1. ክኒን 2. ኮንዶም 3. በማህፀን የሚቀበር 4. በክንድ የሚቀበር 5. በመርፌ የሚሰጥ 6. የድንገተኛ መከላከያ 7. የወንድ የዘር ፍሪን ማምከን 8. የሴት የዘር ፍሪን ማምከን	
5	እምታወቀዉ/የሰማህዉ በግብረ ስጋ ግንኙነት የሚተላለፍ በሽታ አለ?	1=አዎ 2 = አይ	አይ, ከሆነ ወደ 11 ዝለል
6	የትኛውን ታወቃለህ/ሽ? (ከአንድ በላይ መልስ ይቻላል)	1. ጨብጥ 2. ቂጥኝ 3. ከርክር 4. በደም ስር ላይ የሚዎጣ እባጭ	

7	የአባላዘር በሽታ ያለበት ሰወ. የሚያሳየውን ምልክት ዘርዘር. (ከአንድ በላይ መልስ ይቻላል)	1. የብልት ቁስል 2. ያልተለመደ የብልት ፈሳሽ 3. በመሽናት ጊዜ የሚሰማ ህመም 4. የብልት-አብጠት	
8	ኤድስ ስለሚባል በሽታ ሰምተህ/ሽ ታወቃለህ/ቂያለሽ?	1=አዎ 2 = አይ	አይ ከሆነ ወደ ቀጣዩ ክፍል ዝለል
9	ኤድስ ይተላለፍባቸዋል ብለህ የምታምንባቸውን መንገዶች ዘርዘር.(ከአንድ በላይ መልስ ይቻላል)	1. ልቅ የሆነ የግብረ ስጋ ግንኙነት 2. ስለታማ ነገሮችን በጋራ መጠቀም 3. በደም ንክኪ 4. በእርግዝናና በወሊድ ጊዜ 5. በእናት ጡት	
10	በመጀመሪያ የግብረ ስጋ ግንኙነት ኤች አይቪ ሊተላለፍ ይችላል?	1=አዎ 2 = አይ	
11	በማየት አንድን ሰወ. ኤች አይቪ እንዳለበት ማወቅ ይቻላል?	1=አዎ 2 = አይ	
12	የአባላዘር /የኤድስ በሽታ ለማስወገድ ወይም ለመከላከል ይቻላል?	1=አዎ 2 = አይ	
13	የአባላዘር /የኤድስ በሽታ እንዴት መከላከል ይቻላል? (ዘርዘር.(ከአንድ በላይ መልስ ይቻላል)	1. መታቀብ 2. ያልታቀደ የግብረ ስጋ ግንኙነት ማስወገድ 3. መታመን 4. ኮንዶም መጠቀም 5. ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ማስወገድ 6. ጥንቃቄ የጎደለው የመርፌ ህክምና ማሰዳደር 7. የተበከሉ ስለታማ ነገሮችን ማሰዳደር	
14	የስነ ተዋልዶ ጤና አገልግሎት መጠቀም መብት እንደሆነ ታወቃለህ/ቂያለሽ?	1=አዎ 2 = አይ	

ክፍል III ስለ ስነ ተዋልዶ ጤና አመለካከትና ራስን ለመከላከል ያለውን ዝንባሌ በተመለከተ

ትእዛዝ: በሚከተሉት አረፍተ ነገሮች ላይ ያለዎት ሃሳብ?

E) ዝንባሌ			
ተ. ቁ	አረፍተ ነገሮች	መልሶች	ዝለል
01	ወጣቶች ስለ ስነ ተዋልዶና ስለ ግብረ ስጋ ግንኙነት መረጃ አይፈልጉም	1. እስማማለሁ 2. ነፃ/ገለልተኛ 3. አልስማማም	
02	ለወጣቶች ስለ የወሊድ መከላከያ፣ የአባላዘር	1. እስማማለሁ 2. ነፃ/ገለልተኛ	

	በሽታ፣ ኤች.አይቪ/ኤድስ መከላከያ መንገድ ማስተማር ለግብረሰጋ ግንኙነት የመጋለጥ እድላቸውን ይጨምራል	3. አልስማማም	
03	ወጣቶች ስለ ወሊድ መከላከያ ማወቅ አለባቸው	1. እስማማለሁ 2. ነፃ/ገለልተኛ 3. አልስማማም	
04	ያላገቡ ሴቶች ወሊድ መከላከያ መጠቀም ይችላሉ	1 እስማማለሁ 2 ነፃ/ገለልተኛ 3 አልስማማም	
05	ኤች አይቪ ኤዲስ ለመጥፎ ባህሪ ከእግዚአብሔር የተላከ ቅጣት ነው	1. እስማማለሁ 2. ነፃ/ገለልተኛ 3. አልስማማም	
06	ኤች አይቪ ኤዲስ ያለባቸው ሰዎች ለህብረተሰቡ ላመጡት በሽታ ተወቃሽ መሆን አለባቸው	1. እስማማለሁ 2. ነፃ/ገለልተኛ 3. አልስማማም	
07	በኤች አይቪ ኤዲስ በሽታ የተያዙ ሰዎችን የሚከደው ከሆነ ከእነሱ ጋር መስራትም ሆነ መማር ተገቢ አይደለም	1. እስማማለሁ 2. ነፃ/ገለልተኛ 3. አልስማማም	
F) ራስን ከስነ ተዋለዶ ጤና ችግር መከላከልን በተመለከተ			
01	የአባላዘር በሽታ ኤድስን ጨምሮ የመያዝ እድልህ ምን ያህል ይመስልሃል	1. በጣም ተጋላጭ 2. ዝቅተኛ ተጋላጭ 3. ምንም ተጋላጭነት የለም	መልሶ 1 ከሆነ ወደ03 ፣ 3 ከሆነውደ ክፍል III ዝለል
02	ተጋላጭነትዎ ዝቅተኛ ከሆነ ምክንያቱ ምን ነው	1. የግብረ ስጋ ግንኙነት ፈፅሜ ስለማላወቅ 2. የግብረ ስጋ ግንኙነት ከፈፀምኩ ስለቆየሁ 3. ኮንዶም ስለምጠቀም 4. አንድ የግብረ ስጋ ግንኙነት ጉደኛ ስላለኝ 5. ጉደኛየን ስለማምነው	
03	ከሌሎች የተለየ በጣም ተጋላጭ ያደረገህ ምን ነው	1. ከአንድ በላይ የግብረ ስጋ ግንኙነት ጉደኛ ስላለኝ 2. ከሌተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ስለፈፀምኩ 3. ኮንዶም በጭራሽ ስለማልጠቀም 4. ኮንዶም በተከታታይ ስለማልጠቀም 5. ምክንያቱ የለኝም	

ክፍል V-የስነ ተዋልዶ ጤና አገልግሎት ፍላጎትና አጠቃቀም በተመለከተ

ቁ	ጥያቄ	መልስ	ዝላል
01	<p>ከታች ከተመለከቱት ስነ ተዋልዶ ጤና አገልግሎት ሰምተህ/ሽ የምታውቀውን/ቁውን አዎ ወይም አይ በማለት አክብ/ቢ</p> <ol style="list-style-type: none"> 1. የቤተሰብ ጤና አገልግሎት 2. በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ/ኤድስ ምርመራ 3. የአባላዘር በሽታ ምርመራና ህክምና 4. የስነ ተዋልዶ ጤና ትምርትና መረጃ 5. የድህረ ወርጃ እንክብካቤ 		አይከሆን ወደ 03 ዝላል
02	<p>ከላይ ለተጠቀሱት አዎ ከሆነ የመረጃ ምንጭ? (ሁሉንም የተባሉትን አክብ)</p>	<ol style="list-style-type: none"> 1. ሬድዮ 2. ቲቪ 3. ጋዜጣ 4. ጤና ጣቢያ 5. ጎደኛ 6. ቤተሰብ 7. ትምህርት ቤት 8. ጤና ኤላ 9. ሌላ ካለ ይጠቀስ 	
03	<p>ከላይ የተጠቀሱትን የስነ ተዋልዶ ጤና አገልግሎቶች የት ማግኘት እንደሚቻል ታወቃለህ/ሽ?</p>	<p>1=አዎ 2 = አይ</p>	
04	<p>ባለፈው 12 ወር ውስጥ የስነ ተዋልዶ ጤና ትምርትና መረጃ ለማግኘት በቅርብወደሚገኝ ጤዳ ተቁም ሂደህል/ሻል</p>	<p>1=አዎ 2 = አይ</p>	
05	<p>ለወደፊት የስነ ተዋልዶ ጤና ትምርትና መረጃ ለማግኘት ትፈልጋለህ/ሻሽ?</p>	<p>1=አዎ 2 = አይ</p>	
06	<p>ባለፈው 12 ወር ውስጥ እሚያቃጥል ህመም በሽንት መሽናት ጊዜ፣ ክብልት የሚወጣ ፈሳሽ/ቁስል አጋጥሞት ያወቃል</p>	<p>1=አዎ 2 = አይ</p>	አይ ከሆነ ወደ 07 ዝላል
07	<p>ከጤና ተቁም የህክምና አገልግሎት ፈልገህ/ሽ ታወቃለህ/ሽ</p>	<p>1=አዎ 2 = አይ</p>	
08	<p>በህይወትህ/ሽ የግብረ ስጋ ግንኙነት አርገህ/ሽ ታወቃለህ/ሻሽ?</p>	<p>1=አዎ 2 = አይ</p>	አይ ከሆነ ወደ13 ዝላል
09	<p>ባለፈው 12 ወር ውስጥ የግብረ ስጋ ግንኙነት ፈፅመሃል/ሻል?</p>	<p>1=አዎ 2 = አይ</p>	
10	<p>ባለፈው 12 ወር ውስጥ የትኛውንም አይነት የወሊድ መከላከያ ተጠቅመሻል/ህል?</p>	<p>አዎ =1 አይ =2</p>	
11	<p>በአሁኑ ሰዓት የትኛውንም አይነት የወሊድ መከላከያ እየተጠቀምክ ነው?</p>	<p>1=አዎ 2 = አይ</p>	
12	<p>ምን አይነት የወሊድ መከላከያ ተጠቅመሃል/ሻል</p>	<ol style="list-style-type: none"> 1. ክኒን 2. ኮንዶም 3. በማህፀን የሚቀበር 4. በክንድ የሚቀበር 5. በመርፌ የሚሰጥ 6. የድንገተኛ መከላከያ 7. የተፈጥሮ 8. ሌላ ይጠቀስ ----- 	

13	የግብረ ስጋ ግንኙነት ባረክበት ሰአት ሁሉ ኮንዶም ትጠቀማለህ	1=አዎ 2 = አይ	
14	ወደፊት የወሊድ መከላከያ ማግኘት ትፈለገላለህ/ለህ ?	1=አዎ 2 = አይ	
15	ካሁን በፊት በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ/ኤድስ ምርመራ አድርገሃል/ሻል ?	1=አዎ 2 = አይ	አይ ከሆነ ወደ 15 ዝለል
16	አዎ ከሆነ፤ ቅርብ ጊዜ የ የኤች አይ ቪ/ኤድስ ምርመራ ያደረግክ/ሽ መች ነው?	1. ባለፉት 3 ወራት ወስጥ 2. ባለፉት 6 ወራት ወስጥ 3. ባለፉት 12 ወራት ወስጥ 4. 12 ወራት አልፎታል	
17	ወደፊት በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ/ኤድስ ምርመራ ማድረግ ተፈልጋለህ/ሽ ?	1=አዎ 2 = አይ	
18	ባለፈው 12 ወር ወስጥ የስነ ተዋሊዶ ጤና አገልግሎት አግኝተሃል/ሻል?	1=አዎ 2 = አይ	አይ ከሆነ ወደ 21 ዝለል
19	የአገልግሎት አሰጣጡ ምን ይመስላል?	1. ጥሩ እና ምቹ 2. የማይማርክ/የማይመች	
20	ባገኘህዉ አገልግሎት እረክተሃል ?	1=አዎ 2 = አይ	
21	የወጣቶች የስነ ተዋሊዶ ጤና አገልግሎት ፈልገህ/ሽ ያላገኘሽዉ/ሽዉ አለ?	1=አዎ 2 = አይ	
22	አገልግሎቱን ላለማግኘት ምክንያቱ ምን ነበር?	a. አገልግሎት ለማግኘት ጊዜዉ መርዘም b. የምፈልገዉ አገልግሎት አለመኖር c. የጎረቤት ሰዉ ስለነበር አፍሬ d. አገልግሎት ሰጭዉ ፈቃደኛ አለመሆን e. ሌላ-----	
23	ስለ ሥነ-ተዋሊዶ ጤና አገልግሎት ሂደት ለማግኘት የሌላ ሰዉ እረዳታ ያስፈልግሻል/ጋህል	1=አዎ 2 = አይ	
24	የሚሰጡት የስነ ተዋሊዶ ጤና አገልግሎቶች ምቹ እና ተስማሚ ናቸዉ ብለዉ ያስባሉ?	1=አዎ 2 = አይ	
25	አይ ከሆነ ምክንያቱ ? (ከአንድ በላይ መልስ ይቻላል)	1) ምቹ ያልሆነ መንገድ 2) ምቹ ያልሆነ ያገልግሎት መስጫ ቦታ 3) ከጤና ተቁም ያለዉ እረጅም እርቀት 4) ግልፅ የሆነ መግባቦት አለመኖር 5) የአገልግሎት ሰጭዉ ሚስጥር አለመጠበቅ 6) አገልግሎት ለማግኘት ጊዜዉ መርዘም 7) ሌላ ይጠቀስ.....	
26	ያሉት የጤና አገልግሎት መስጫ ተቁማት ለአካል ጉዳተኞች በቂ ናቸዉ ብለዉ ያስባሉ?	1=አዎ 2 = አይ	

27	የስነ ተዋልዶ ጤና ርእሶችን ከቤተሰብ ጋር፣ ከጉዳዮች፣ ከአሳዳጊዎች ጋር ተዎያይተው ያወቃሉ?	1=አዎ 2 = አይ	
28	የስነ ተዋልዶ ጤና ርእሶች ለይ መዎያየት ይፈልጋሉ ?	1=አዎ 2 = አይ	
29	መዎያየት ቢፈልጉ ማንን ይመርጣሉ? (ከአንድ በላይ መልስ ይቻላል)	1. ጉዳዮች 2. እናት 3. አባት 4. እህት 5. የሴት /የወንድ ጉዳዮች 6. የትዳር አጋር 7. የጤና ባለሙያ 8. ሌላ ይጠቀስ	

የመረጃ ሰብሳቢ ስም-----ፊርማ-----ቀን-----

Part II: In-depth interview guide

A) Guiding questions for the In-depth interview with SRH service providers in health facilities

Health facility name: _____

Sex of Respondent _____ Age of respondent _____ Profession _____

Name of Data Collector: _____ Signature _____ Date _____

1. Do you think that young people with disability need SRH service like non-disabled people? Reason -----
2. Do you offer sexual and reproductive health services to the young people with disability?
1) Yes 2) NO
3. Which SRHS are mostly sought or utilized by young people with disability?

4. What are the challenges and enablers in the providing SRH service for young people with disability? Probe (Facility environment, service provider's perspective, disabled people perspective.....
5. Is there any special consideration in providing the service for people with disability (probe: training, translator, and cost of the service-----). -----if yes example? If not why? -----
6. In every aspect of the service do you consider the issue of people with disability in consideration?(education, poster, speaker, mass teaching, counseling....) If yes, Example. If not why?
7. How comfortable are you discussing sexual behavior and reproductive health issues with youth?

8. In your view, what would you say hinder/encourage the young people with disability to utilize RHS?

9. What needs improvement in order to provide a comfortable environment, sufficient space and privacy for your young people with disability?

10. Suggest ways to scale up utilization of SRH service by young people with disability.

B) Guiding questions for the In-depth interview with youth with disability/disability association leaders

Sex of Respondent _____ Age of respondent _____ type of disability _____

Name of Data Collector: _____ Signature _____ Date _____

1. Do you think that YPWD has similar need for SRH service with those non-disabled? -----
2. Are young people with disabilities accessing/utilizing SRH information and services like wise non-disabled? Why? How do you compare their utilization -----
3. Where are young people with disabilities currently accessing SRH information and services?

4. Where would young people with disabilities prefer to access SRH information and services?-----
5. What are the key factors determine the choice of where young people with disabilities would access SRH information and services?
6. What barriers/hinders and enablers do young people with disabilities face in accessing SRH information services?(probe : themselves, family/guardians ,community, health facility, service provider,-----
7. Suggest ways to scale up utilization of SRHS by young people with disability-----

Af- Gaaffi gadi fageenyan godhamu (Afaan oromo version)

A) qaajeelchitu af gaaffi ogeessa fayya walin godhuma irratti

Maqaa mana yaala/buufata fayya : _____

Saala ogeessa Af-gaffi irratti hirmaatu _____

Umuri isaa/ishee _____ gahe hojii _____

Maqa nama af gaaffi godhe: _____ mallattoo _____ guyya _____

1. Taajajiloota hormaata fayya waliin wal qabatan maalfaatu buufata fayya ykn mana yaala kessanitti kennama jira? -----

2. Tajaajilota kana dargaggoota qaama midhamo ta'aanif kenna jirtu? 1) Eyyee 2) Lakki

3. Tajajiloota kana keessa warra kamtu bayinan dargaggota qaama midhamo ta'aanin fayyadama jira ? -----

4. Dargaggoota qaama midhamo ta'aanif tajajiloota kana kennu irratti rakkoon si mudate beeka ? rakkoo akkami ?-----

5. Wa'ee hormaata fayya irratti dargaggoota qaama midhamof yeroo keenitu maltu sitti dhagahama ?-----

6. Akka yaada keetitti maaltu rakko akka dargaggootni qaama midhamo ta'aan akka isaan tajaajila kan hin fayyadamne isaan goodha/dkorka? (Ogeessa waliin wal qabate, buufata fayya kessanin wal qabate, qaama midhamtoota ykn maati isaani wal qabate rakko maalto jira) ? -----

7. Dargaggootni qaama midhamo ta'aan tajajila hormaata fayya walin wal qabate irratti kannamu haala gaarin akka fayyadamaniif maltu foyya'u qaba jette yadda? (ogessa, buufata fayya, maati, fayyadamtoota ---

b. Qajeelchitu Af gaffi hoggantoota walda qaama midhamtoota irra hojjaten faan godhamu irratti

Maqaa mana yaala: _____

Saala nama Af-gaffi irratti hirmaata _____

Umuri isaa/ishee _____ gahe hojii _____

Maqa nama af gaaffi godhe: _____ mallattoo _____ guyya _____

1.Dargagotn qaama midhamoo ta'aan odeffanno fi tajaajila hormata fayya walin wal qabatu argacha jiru? Argacha hin jiraan yoo tae maliif? -----

2. Tajaajiloota kana eessa argacha jiru ? haala akkamin ? -----

3.Odeffannofi tajaajila wal hormaata fayyaa waliin wal qabatu kan aragachuudhaaf rakko akkam akkamitu isaan mudacha jira(kallatti hunduman) -----

4.Dargagtoni qaama midhamoo ta'aan kun odeffannofi tajaajila kan a argchu ni fedhu? (Essarra essatti ,enyuun oso kenname fedhu?) Sababni filannoo isaani maali? -----

5. Dargaton kun odeffannoo gaha fi tajaajila isaan barbaachisu argachuuf maltu foyya'u qaba jette yadda ?(gama maatin, gama qaam midhamtootan, wald kessanin, bufata fayyan,ogessotan fi qaama dhimmi ilallatu hunduman)

ለ . ለአካል ጉዳተኞች ማህበር መሪ ቃለመጠይቅ መምሪያ ጥያቄዎች

የተሳታፊ ያታ _____ የተሳታፊ እድሜ _____ የጉዳት አይነት _____

የመረጃ ሰብሳቢ ስም: _____ ፊርማ _____ ቀን _____

1. ወጣት የአካል ጉዳተኞች የስነ ተዋልዶ ጤና መረጃና አገልግሎት ያገኛሉ?

2. ወጣት የአካል ጉዳተኞች የስነ ተዋልዶ ጤና መረጃና አገልግሎት ከየት ያገኛሉ?

3. ወጣት የአካል ጉዳተኞች የስነ ተዋልዶ ጤና መረጃና አገልግሎት እንዳያገኙ መሰናክሎች ምን ምን ናቸው?-----

4. ወጣት የአካል ጉዳተኞች የስነ ተዋልዶ ጤና መረጃና አገልግሎት ማግኘት የሚፈልጉት ከየት ነው?-----

5. ወጣት የአካል ጉዳተኞች የስነ ተዋልዶ ጤና መረጃና አገልግሎት ለማግኘት የሚወስኑት ቁልፍ ምክንያቶች ምንምን ናቸው? -----

6. ወጣት የአካል ጉዳተኞች የስነ ተዋልዶ ጤና አገልግሎቶችን አጠቃቀም ለማሳደግ መንገዶችን አስቡ?

ASSURANCE OF PRINCIPAL INVESTIGATOR

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

Name of the student: **Tujuba Diribsa Benti**

Date. _____ Signature _____

APPROVAL OF THE FADVISORS

This thesis has been submitted for examination with my approval as University advisor

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