

ADDIS ABABA UNIVERSITY
SCHOOL OF PUBLIC HEALTH



Assessment of Reproductive Health Right Knowledge and practice among Preparatory school female students of Asella town, Oromia Regional state, Ethiopia.

BY: TigistTafa (BSc.)

A Thesis Submitted to School of Graduate Studies of Addis Ababa University in Partial Fulfillment of the requirements for the Degree of Masters in Public Health (MPH)

May 2015

Addis Ababa, Ethiopia

ADDIS ABABA UNIVERSITY
SCHOOL OF PUBLIC HEALTH

Assessment of Reproductive Health Right Knowledge and practice
among Preparatory school female students of Asella town, Oromia
Regional state, Ethiopia.

BY: TigistTafa (BSc.)

Advisors: - Amarech Guda (Dr,PhD.)

Ms. Meselech Assegid

A Thesis Submitted to School of Graduate Studies of Addis Ababa
University in Partial Fulfillment of the requirements for the Degree of
Masters in Public Health (MPH)

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Chairman, Graduate Committee

Dr. Amarech Guda

Ms. Meselech Assegid

Advisors

Examiners

1. Mrs. Yemisirach Belayineh

2. Mr. Mulugeta Tamire

Acknowledgement

I would like to extend my heart full thanks to my advisors Dr. Amarech Guda and Ms. Meselech Assegid for their help full and constructive comments to complete this thesis, without their support this thesis will not be completed. I would like to thank A.A.U. school of public health My thanks will also go to my friends and my family for their endless support and I would like to thank W/ro Ababayehu Tadesse, Ato Mesfin Tafa and W/ro Senait Fiseha for their support. My thanks will also go to David and Luice Packard foundation for their financial support and heads and stuffs of both schools for their cooperation. I would like to thank facilitators for their support and the study participants for giving me good information. Lastly no least my Gratitude goes to my family for their support.

Table of contents

Acknowledgement	i
Acronyms and Abbreviations	iv
Abstract.....	v
1. Introduction.....	1
1.1. Background.....	1
1.2. Statement of the problem	2
1.3. Justification of the study	3
2. Literature Review.....	4
2.1. Reproductive health rights	4
2.2. The need of reproductive health rights knowledge for youths.....	4
2.3. Reproductive Health Right according to Global context	5
2.4. Sexual and reproductive health right in Africa	6
2.5. Sexual and reproductive health right and violations in Ethiopia	6
2.6. Associated Factors to RHR knowledge and practice	7
3. Objectives	9
3.1. General Objective	9
3.2 Specific Objectives	9
4. Methodology.....	10
4.1. Study area	10
4.2. Study design.....	10
4.3. Source population	10
4.4. Study population	10
4.5. Sample size calculation.....	11
4.6. Sampling procedure	12
4.7. Data collection tools	12
4.8. Data collection methods.....	13
4.9. Data quality control.....	13
4.10. Data analysis and management	13
4.11. Dissemination of results.....	14

4.12. Ethical considerations	14
5. Result	15
5.1 Socio demographic characteristics of the respondents.....	15
5.2 Knowledge Reproductive Health rights	18
5.3 Knowledge about STI and Contraceptives.....	20
5.4 Sexual and Reproductive Health Right practice	22
5.5 Associated factors with knowledge and Practice on Reproductive health rights.....	24
5.5.1 Associated factors with knowledge on reproductive health rights.....	24
5.5.2 Associated factors with Practice on reproductive health right	26
6. Discussion.....	29
7. Strength and Limitation of the study	32
Strength of the study	32
Limitation of the study.....	32
8. Conclusions and Recommendations	33
8.1 Conclusions	33
8.2 Recommendations	33
9. Reference	34
10. ANNEX I. GENERAL INFORMATION	37
11. Annex II. Questionnaires.....	38

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Virus
AOR	Adjusted Odds Ratio
ANC	Antenatal care
AYRH	Adolescent Youth Reproductive
CI	Confidence Interval
COR	Crudes Odds Ratio
CPR	Contraceptive Prevalence Rate
ERB	Ethical Review Bureau
FGM	Female Genital Mutilation
HIV	Human Immune Deficiency Virus
ICPD	International Conference on Population Development
IPV	Intimate Partner Violence
MDG	Millennium Development Goals
MOH	Ministry of Health
MMR	Maternal Mortality Ratio
OR	Odds Ratio
REC	Research Ethics Committee
RHR	Reproductive Health Right
SRH	Sexual and Reproductive Health
SRS	Simple Random Sampling
STI	Sexually Transmitted Infection
UN	United Nations

Abstract

Introduction: Reproductive health right (RHR) is the right of couples or every person to decide freely and responsibly on their reproductive conditions and sexuality. Knowledge of those rights is critical to protect school girls from unwanted reproductive outcomes as improving access to reproductive health right is considered as one of the mechanism for achievement of Millennium Development Goals (MDGs). However majority of young people including female secondary school students in Ethiopia have very little knowledge on youth's RHR.

Objectives: the objective of this study is to assess knowledge and practice of reproductive health right among preparatory school female students of age 18-24 in Asella Town.

Methods: School based cross sectional study was conducted among preparatory school regular female students for 2014/15 academic year in Asella town from randomly selected classes of two schools using self-administered questionnaire. EPI info version 6 and SPSS version 21 Statistical software, were used to enter and analyze the data .Multivariate analysis was carried out to identify significant association between independent and dependent variables.

Result: A total of 403 female students were participated in the study. Seventy percent of the respondents were know about reproductive health rights. Media like TV and Radio were the major sources of information for reproductive health rights. Sixty percent of girls discussed about reproductive issue with their peers. More than 94% of the respondents knew at least one type of contraceptive method, where as its utilization is very low 91.2 inject able was the most known type of contraceptives among respondents. Ninety seven percent of the respondents knew at least one sexually transmitted infection (STI) where HIV was the most reported one. Knowledge of safe time of pregnancy and knowledge of ways of preventing unwanted pregnancy were associated with knowledge of RHR. Marital status, father occupation, discussion on sexual and reproductive issues and having sexual partners were factors affecting practice of reproductive health rights.

Conclusions and Recommendations: Knowledge of the students was moderate on reproductive health right which was 70%. Practice of sexual and reproductive health rights was 22.6% among the study participants. Emphasis on more media coverage especially on news papers and leaf

lates regarding sexual and reproductive health rights to create more knowledge. Schools should establish clubs to promote sexual and reproductive health issues. Working with community and religious leaders can be use full to disseminate information and parents should have to get information on reproductive health rights should have and open discussion with their children regarding sexual and reproductive health issues

1. Introduction

1.1. Background

Reproductive health right is the right of couples or every person to decide freely and responsibly on their own reproductive conditions and sexuality. It was strengthened in 1994 International Conference on population development in Cairo (ICPD). The first principle of ICPD is all human being are equal born in dignity and right without any difference by race, color, gender, and religion in the world. The other principle of ICPD is improving of gender equality, empowering women; decrease violence and control fertility are the main principles (1, 2).

The Fourth World Conference in Beijing (1995) was prepared (formed) a declaration and platform for action aimed at equality and opportunity for women. Some of strategic objective were: revise laws and policies to ensure women's equal right and access to economic resources, ensure equal access to education, eradicate women illiteracy, Improve participation and decision making and decrease all forms of discrimination(3).

In order to full fill MDGs working on reproductive health right especially increasing knowledge and awareness of girls through health education to help them to make decision on their sexuality. Lack of knowledge on sexual and reproductive health right can end by early marriage with its problems, sexually transmitted infections including HIV/AIDS, unwanted pregnancy, unsafe abortion, maternal mortality and morbidity(4)

1.2. Statement of the problem

About 1.5 billion youth and adolescents or young people are between 10 and 24 years globally. Out of these 78% live in Asia and Africa in the poorest regions of the world (4). Sexual and reproductive health (SRH) problems particularly unsafe sex is the second leading cause of disease, disability or death in developing countries where effective interventions available to solve the problem (5). Knowledge of youth's about reproductive biology and health is critical to their ability to protect themselves from unwanted reproductive outcomes. While such knowledge is not sufficient to prevent such outcomes, it is the right and need of every adolescent to possess this information (6).

Global study showed that 7% to 48% adolescent girls with 0.2% to 32% adolescent boys reported that their first sexual intercourse was forced (7). Increasing violations against sexual and reproductive right is confirmed by the frequent incidences that have been highlighted by the media, and few of which have reached the court (8). Sexual abuses reported from 19 countries range from 7–34 % for girls and 3–29% for boys. Every five minutes a young person commits suicide, often due to problems related to sexual and RH, such as sexual violence(9).

In Africa reproductive health right is hidden and unrecognized. Adolescents are the neglected group of population to reproductive health services especially youth friendly services, lack of availability and affordability, long waiting time and confidentiality are among the main factors for adolescents regarding reproductive health services in Africa and other developing countries. Violence against women and adolescents especially on girls is the big problem of the world. Studies done in Nigeria showed that among high school students who had knowledge of contraception only 5% of was using any form of contraceptive methods (10).

In Sub Saharan Africa many young adolescents do not know how to protect themselves and their partners' against HIV/AIDS thus more than half of all new HIV infection occurs in people between the age of 15 and 24 years and other STIs. HIV/AIDS is now the leading cause of death for women 15–29 years (11, 12).

Even though a number of strategies and policies developed at national level like address the immediate and long-term RH needs of young people, generally, Strengthen multisectoral partnerships to respond to young women's heightened vulnerability to sexual violence and non-consensual sex (13). Studies showed that in Ethiopia the level of knowledge of students about reproductive and sexual rights was found to be low where high fertility rate and it is almost from the women under the age of 25 years. Half of births are among under fifteen and more than one in three birth is among 15-19 years (14).

Studies done on university and preparatory students shows that 63.7% of students say that a married woman has no right to limit number of children without her husband consent and 63.7% of students agreed that parents have the right to decide on sexual and reproductive issues of their children (15). Childbearing begins early in Ethiopia and more than 34% of women gave birth by age 18, and also more than half (54 %), by age 20 (EDHS 2011). The other study showed that 45% of the total births in the country occur among adolescent girls and young women, 60% of adolescent pregnancies are unwanted or unintended (16).

1.3. Justification of the study

The number of children and adolescents in Ethiopia is estimated to be one third of all population which is neglected group. The magnitude of the problem regarding reproductive health right knowledge and practice is high; violence against girls and women is also a big problem in. There is high maternal mortality rate, high number of unsafe sex, unwanted pregnancy and unsafe abortion, sexually transmitted infections are considered as the major causes of death which are commonly pronounced among young people's since knowledge and awareness including practice of reproductive health right is very limited among these groups(1).

In most developing countries sexual and reproductive health right is not well studied especially among unmarried girls. Therefore this study was assessed reproductive health right knowledge and practice of reproductive among female students in Assella town preparatory schools. The findings of this study will help for development of different plans and strategies by government and stakeholders working on the area for the improvement of reproductive health of young people. The findings of this will also contribute for further research on the subject.

2. Literature Review

2.1. Reproductive health rights

Reproductive health rights are the right of every individuals or couples to decide freely on their sexuality (1). They are basic materials of all human rights. They preserve equality and respect of all aspect of human right of citizens. Sexual and reproductive right includes abroad and many reproductive and sexual issues which are twelve basic human rights and sourced from four international human right treaties. These treaties were: The convention on the elimination of all forms of discrimination against women, the convention on the rights of the child, the universal declaration of human rights, the international covenant on civil and political rights. These twelve rights are:1/ the right to life, 2/the right to liberty and security, 3/ The right to equality and to be free from all forms of discrimination, 4/The right to privacy, 5/ The right to freedom of thought, 6/The right to information and education, 7/ The right to choose whether or not to marry found and plan family, 8/The right to decide whether or when to have children, 9/ The right to health care and health protection, 10/ The right to benefit from scientific progresses,11/ The right to freedom of assembly and political participation and12/The right to be free from torture and ill treatment(17-21).

2.2. The need of reproductive health rights knowledge for youths

Nearly half of the world's population is under the age of 25. Young people present the world with an unprecedented opportunity to accelerate economic development and reduce poverty. However, young people, especially adolescent girls and young women, suffer disproportionately from negative sexual and reproductive health outcomes, which challenge their ability to contribute to their communities' and countries development. Young women aged 15 to 19 are twice as likely to die in childbirth as adult women, and half of all new HIV infections occur in young people between the ages of 15 and 24. Such negative sexual and reproductive health outcomes have economic, social, and health consequences that affect young people throughout their lives, as well as their families, countries and the global community (22). This age is the critical time for them due mental, social, psychological, physical and hormonal changes. They can fall in problems unless they get clear information on sexual and reproductive health right with access of the services. By addressing reproductive health rights of youths, there are many public health benefits because information and confirmation of reproductive rights is a first line

to protect themselves from unwanted reproductive outcomes (22). Health education on reproductive and sexuality by involving community schools and religious leaders can make people more comfortable with their bodies, and so more able to communicate with others including safer sex (23).

2.3. Reproductive Health Right according to Global context

About 18% of world population is youth and 80% live in developing countries where access of reproductive health service is low and this leads to high number of unwanted pregnancies, unsafe abortion and STIs which increase maternal mortality globally especially in developing countries (24). Adolescent girls (10-19) constitute one fifth of all female population in the world. More than 100 million girls are expected to marry in the next decade this is of critical importance since the percentage of adolescents giving birth is high due to easily treatable and preventable pregnancy and child bearing cases with high STI and infertility cases (1).

Studies conducted in different parts of the world showed respondents have different level of knowledge and awareness. According to study done on U.S. many adolescents, young adolescent girls do not know the difference between forced and wanted sexual intercourse experience. While many of them believe that they lack of knowledge and awareness of rape report flashbacks, sexual dysfunction, and emotional pain for years after the violence. Adolescents and youths have sexual rights, the reproductive and sexual rights, such as the right to not have intercourse if they do not want, the right to use any form of birth control during sexual activity (21).

WHO comparative data of countries on gender shows that in Norway that total fertility rate is 1.8, contraceptive prevalence rate (CPR) 74%, maternal mortality rate is 7 (26), infant mortality rate (IMR) 3 and adolescent fertility 13.13. In India there are harmful traditional practices like poor nutrition for adolescents; early marriage and early child bearing are deep rooted in rural areas. Marriage under fifteen is high and totally in India 47.6% of marriage is at fifteen (27).

Study done in Pakistan among women showed that lack of reproductive right has a great association with depressions and other related psychological problems (28). Sexual abuse involves the abuser's taking advantage of another's psychological or physical vulnerability (29).

It is the cause of some women with history of marital rape report flash backs, sexual dysfunction and emotional pain for years after the violence (30).

2.4. Sexual and reproductive health right in Africa

A study done in Dare Salaam Tanzania on Knowledge and use of contraceptives among secondary school girls showed that 87% of the study participants were aware of teenage pregnancy prevailing in school girls. In this study majority of the girls (97%) knew at least one contraception method where condom was the most known (84.6%) method and only 40% of them used any of the methods. Sixty percent and 40% of their source of information on contraceptive was mainly from school and media respectively while the least were parents as a source of their contraceptive knowledge (12.9%). In ways of avoiding pregnancy the majority (88%) of them were responded abstinence while using condom was reported by 10.2% of the study participants (31).

Eastern and Southern Africa is one of the regions in which maternal mortality rates from all causes is 5 times higher for girls under 15 years and is double for those aged from 16–19 years, unsafe abortion is a significant contributor of maternal death because they are more likely to die due pregnancy and related causes when compared to adults (32)

The number of young adults (15-24) in sub Sahara can be 198million they need expanded sexual and reproductive health care services because they have high vulnerabilities due to adolescent childbearing, maternal mortality, new infection with HIV and STI among 15-24 is 45%, sexual activity young women with old men is common due to economic problems (33).

2.5. Sexual and reproductive health right and violations in Ethiopia

Ethiopia is one of the Sub-Saharan countries where 20% of population was 15-24years in 2007 and the number is increasing over time (34). Even though the government made the national AYRH strategy with four main goals; to meet immediate and long-term RH needs of young people through increased access and quality, to increase awareness and knowledge of RH issues, to strengthen multi-sectoral partnerships and to design and implement innovative and evidence based AYRH programs(1) early or child marriage is a fundamental violation of human right. Most child marriage is arranged by the parents of both sides without agreement of the girl where 50% of girls are married before the age of 15and teen age pregnancy is high risks for both

mother and child and first birth most time due to adolescent marriage where its prevalence is 13% in Ethiopia by 2011(35).

A study done in Debreworkos Town on secondary and preparatory schools' students found that TV (48.3%) and school (42.6%) were their source of information on sexual and reproductive health. Moreover friends (28.8%) and mothers (24.3%) were also mentioned as a source of information on sexual and reproductive health issues. About 25.9% of students had discussion on contraceptive with their parents while 25.7% and had discussion with their friends and 21.1% discussion with their friends about STI/HIV/AIDS (36).

A cross sectional study conducted on Adolescent - parent communication on sexual and reproductive health issues among high school students in Dire Dawa found that about 77.2% of them knew about common sexually transmitted diseases. HIV was known by 53.4% of students and gonorrhoea was known by 33.4%. In this study it was found that almost 55.9% of study participants were discussed about HIV/AIDS where 54.1% of them were discussed with their peers. In case of knowledge of contraceptive 82.8% of respondents knew at least one type of contraceptive used for prevention of unwanted pregnancy. The Mainly reported contraceptive was condom (47.7%) followed by abstinence (37.1%). Fifty percent of students were discuss about contraceptive with their peers while about 56.6%of these respondents discuss about unwanted pregnancy with their mothers and peers (37).

2.6. Associated Factors to RHR knowledge and practice

The study done on adolescents communication on sexual and reproductive health matters with parents and associated factors in Nigeria also showed that respondents get information on sexuality matters were mostly from class teacher, classmates and friends (16.1%) and from seminars (24.1%). However, mothers are more likely to discuss sexuality matters with their daughters than their sons in Kenya majority of the respondents had learnt such through various medias including newspapers and television which scored 48.1 %, while parents and teachers combined scored 26.6 %(38). Increase in family education and monthly income and of family increases attitude towards RHR-Practices (39).

Culture and religion sex and sexuality are taboo in most cultures, which leads to a reluctance to discuss and address sexual health issues. It also inhibits access to services (40).

Most people assumes that if adolescents are not exposed to sexual knowledge no likelihood of getting involved and consequently becoming a victim. Availability and accessibility of RH services particularly family planning and other reproductive health care are more practiced by married women where most adolescents are sexually active and needs and needs RH services (41). Age is an important predictor of level of sexual assertiveness and knowledge of reproductive rights (42).

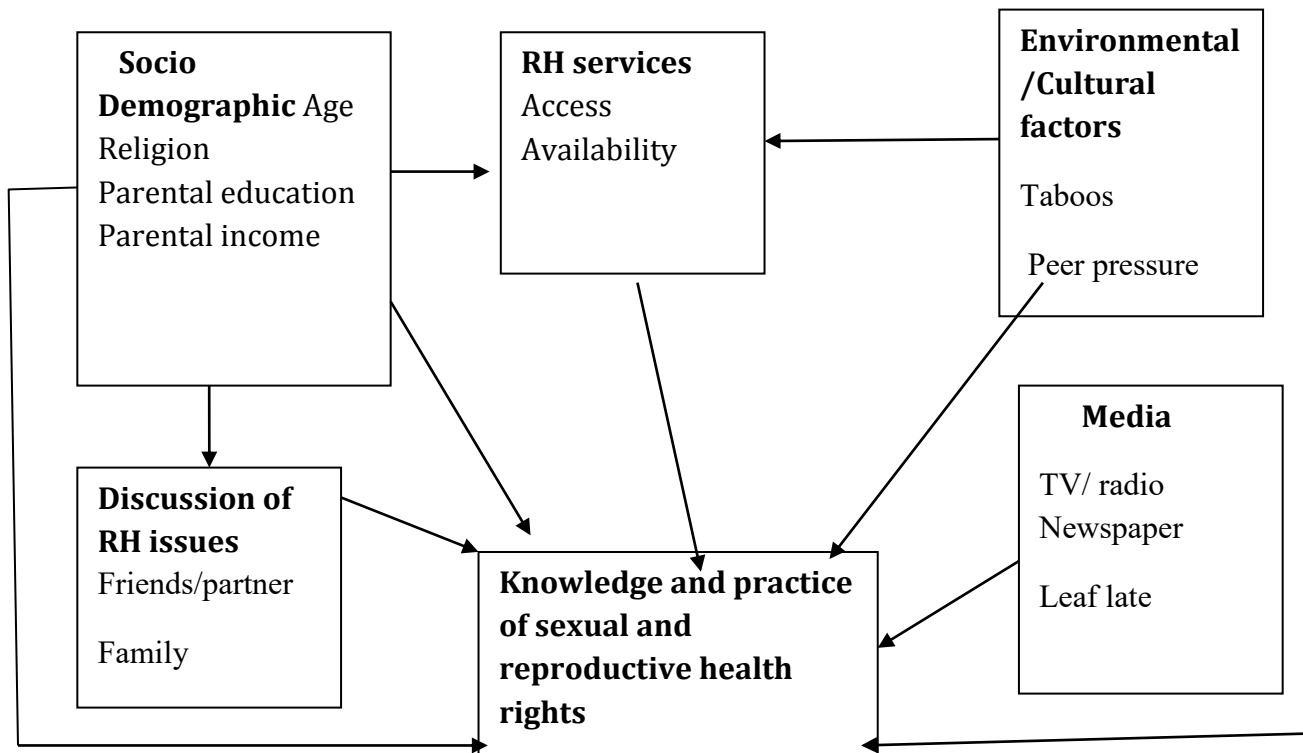


Fig.1 Conceptual frame work of factors that can affect knowledge and practice of reproductive and sexual rights and reproductive health outcomes.

3. Objectives

3.1. General Objective

- To assess reproductive health right knowledge and practice of among preparatory school female students of age 18-24years.

3.2 Specific Objectives

- To assess the reproductive health right knowledge among preparatory school girls of age 18-24years.
- To assess the practice of reproductive health right among preparatory schoolgirls of age 18-24 years.
- To asses related factors to knowledge and practice of reproductive health right among preparatory school female students of age 18-24years.

4. Methodology

4.1. Study area

The study was conducted in Arsi zone Asella town, Oromia regional state which is located 175 km south East of Addis Ababa (capital city of Ethiopia). The town has 46,480m.squarekillo meter area with the total population of 84,064. There are two governmental preparatory schools in the town. The total number of students in the two governmental preparatory schools who were registered as regular for the year 2015 was 2617 out of which female students' accounts 1087(41.5%).

4.2. Study design

School based cross-sectional quantitative study was conducted.

4.3. Source population

All students of governmental preparatory schools for the year 2015 were source population.

4.4. Study population

Female students of age 18-24 years who were registered as regular in 2015 academic year in Asella comprehensive and Chilalo Terara preparatory school were the study population for the study.

✓ Inclusion Criteria

- Female students who are registered as a regular student for the year.
- Female students of age 18-24years.

✓ Exclusion Criteria

- Severely sick students during data collection were excluded.
- Extension students were excluded.
- Students of age <18 and >24years.

4.5. Sample size calculation

Sample size was calculated based on single population proportion formula with the following assumption. The prevalence of knowledge of reproductive health right was taken from the study done in Wollaita Sodo University which was 54.4% (40). There was no study done on practice, then sample size was calculated on the assumption of 50%. The largest sample size is taken for the study as shown below.

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

- n is sample size
- 95% is confidence level,
- Marginal error of 5%
- Z=standard normal distribution curve value for the 95%
- Confidence level (1.96)
- P is proportion of students knowing reproductive right 54.4% and
- 50% for practice

Variable	Proportion used for calculation of sample size	Calculated sample size
Knowledge	P= 54.4% Non- response rate 5% $n = \frac{(1.96)^2 * (0.54.4) * (1-0.54.4)}{(0.05)^2}$	400
Practice	P= 50% Non- response Rate 5% $n = \frac{(1.96)^2 * (0.50) * (1-0.50)}{(0.05)^2}$	403

The sample size including 5% rate non response rate was 403.

4.6. Sampling procedure

Two government preparatory schools were selected for the study. The sample size was distributed proportional for size of the schools. Class rooms for each school were selected by cluster sampling method and all female students who fulfill the criteria of inclusion were included from the selected class rooms.

Variables

- ✓ **Dependent variable:** Knowledge and practice of reproductive health rights.
- ✓ **Independent variable:** Socio-demographic variables age, sex, ethnicity, religion, marital status, family educational status ,income of family, peer pressure, family, socio-cultural, access to reproductive health service and information.

Operational Definitions

- ✓ **Young people-** a persons of age between 10-24years
- ✓ **Adolescents-**persons of age between 10-19years
- ✓ **Youth-**are persons of age between 15 and 24 years
- ✓ **Sexual experience** -sexual contact or intercourse at least once in the past.
- ✓ **Knowledge of RHR-** the knowledge of students on reproductive health information specifically on unwanted pregnancy, contraceptive, violence, STIs, decision of marriage and discussion on reproductive health issues.
- ✓ Students who were scored below mean of questions on knowledge were considered as having poor knowledge where as those who scored above the mean were considered as having good knowledge.
- ✓ **Practice of RHR-** the level of practicing and utilization of reproductive health services right by students.

4.7. Data collection tools

The English version of the questionnaire was developed after extensive revision of relevant literature on the subject. Then it was translated to local language Amharic and Afan Oromo for simplicity and both were used for data collection. Data was collected by using structured self-administered questionnaire which have three parts. The first part of the questionnaire contains

general information including socio demographic characteristics of the students and their family where as the second and third part was used to assess knowledge and practice of reproductive health right of the students with associated factors to knowledge and practice.

4.8. Data collection methods

The data collection was facilitated by two 3rd year college students and two fresh graduated midwives and supervised by one supervisor selected from each school. The number of students in the study sample was known for selected class from registration book. Then the teachers for that time were informed about the study by the investigator and head of the schools. The students selected for the study were informed about the objective of the study and the questionnaires were distributed for the study participants at the same time in the auditorium of each school. The time for filling questionnaires took 20 to 30 minutes on average. Finally data facilitators were collected the questionnaires and it was checked by supervisors for completeness.

4.9. Data quality control

To assure the data quality high emphasis was given in designing data collection instrument (tool) and training of data facilitators for a day on over all procedure of data collection. Pre test was done on 50 students in the school rather than the one selected for the study before the actual data collection. Some of the questionnaires were modified based on the result of pretest. Proper instruction was given for the students before the survey as to the importance of the study and the data was collected under close supervision. The questionnaires were reviewed for completeness, accuracy, and consistency by supervisors and by principal investigator.

4.10. Data analysis and management

The collected data was rechecked for completeness before data entry. Three hundred ninety three Completed data was coded and entered into EPI info version 6 statistical software and transported to SPSS version 21. Ten incomplete data was discarded. Descriptive statistics was used to describe the study population in relation to relevant variables. Bivariate and Multivariate analysis was carried out to identify significant association between independent and dependent variables.

4.11. Dissemination of results

The result of this study will be disseminated to Addis Ababa University School of Public Health Ministry of Health, Asella town education bureau, secondary schools involved in the study, Assela town health bureau and other concerned bodies via reports and publication on an appropriate journal.

4.12. Ethical considerations

Ethical clearance was obtained from Research and Ethics Committee (REC) of School of Public Health, Addis Ababa University. A written consent was obtained from educational bureau of Asella town and verbal consent was obtained from heads of the schools. The teacher for that time was informed by investigator and heads of the schools. The purpose and importance of the study was explained to the participants. Data was collected only after full informed verbal consent was obtained from the study participants. Confidentiality of the information was maintained by excluding names as identification in the questionnaire and keeping their privacy during the data collection. They were informed about the right to not to participate in the study or to pass the question they do not want to respond.

5. Result

5.1 Socio demographic characteristics of the respondents

Table 1 shows, socio demographic characteristics of the respondents. A total of 393 female students were participated in the study making the response rate 97.5%. Mean age of the students was 18.3 years. The majority of the respondents (75.6%) were in the age of 18. Two hundred forty four (62.1%) were grade 11 students and 149(37.9%) were Grade 12. Two hundred twenty eight (58.0%) students were attending social science stream and 165(42.0) were natural science students. More than two third, (69.2%) of the respondents were Orthodox Christians and the rest 77(19.6%) and 44(11.2%) were Muslims and Protestants religion followers respectively. The majority (67.2%) of the respondents were Oromo, followed by Amhara 111(28.2%) and 19(4.6%) of them belongs to others in ethnicity. Three fifth of the respondents or 238(60.6%) were from urban and 155(39.4) were from rural.

170(43.3%) of the respondents were living with their parents. Almost all of the respondents 380(96.7%) were single, and only 13(3.3%) were married. In majority of cases both parents of the students were attended primary education. Around 35% of their fathers were government workers, 149(37.9%) were farmers, 72(18.3%) were self employed, 25(6.4%) were NGO workers, and 9(2.3) were others. Regarding the mothers occupational status, half 201 (51.1%) of them were house wife, 101(25.7%) self-employed 69(17.6%) government employed, 20(5.1%) were employed in NGO. More than two fifth 164 (41.7%) of their family were earned greater than 2000 Birr per month, 92(23.4%) were earned 1000 to 1500 Birr, 86(21.9%) were earned 500 to 1000 Birr and 51(13.0%) were earned less than 500 respectively.

Table 1: Socio demographic characteristics of preparatory school female Students Asella, Ethiopia in 2015.

Variable	Frequency	Percentage (%)
Age		
18	297	75.6
19	75	19.1
≥ 20	21	5.3
Mean		18.3 \pm 0.57
Grade		
Grade 11	244	62.1
Grade 12	149	37.9
Department		
Social	228	58.0
Natural	165	42.0
Religion		
Orthodox	272	69.2
Muslim	77	19.6
Protestant	44	11.2
Ethnicity		
Oromo	264	67.2
Amhara	111	28.2
Other	18	4.5
Residence		
Urban	238	60.6
Rural	155	39.4
Living with		
Mother or father only	67	17.0
Mother and father	170	43.3
Friends	29	7.4
Alone	61	15.5
Relatives	66	16.8

Marital status		
Single	380	96.7
Married	13	3.3
Father education		
Illiterate	38	9.7
Elementary level	147	37.4
Secondary level	87	22.1
College/University	121	30.8
Mother education		
Illiterate	59	15.0
Elementary	203	51.7
Secondary	70	17.8
College and above	61	15.5
Father Occupation		
Government employed	138	35.1
Self employed	72	18.3
Farmer	149	37.9
NGO	25	6.4
Other	9	2.3
Mother Occupation		
Government employed	69	17.6
Self employed	101	25.7
House wife	201	51.1
NGO	20	5.1
Other	2	0.5
Family Income		
<500	51	13.0
500-1000	86	21.9
1000-1500	92	23.4
>2000	164	41.7

5.2 Knowledge Reproductive Health rights

This study found that two hundred seventy seven (70%) of the respondents were knowledgeable about reproductive health rights. Media TV/radio was the most reported source of information of reproductive health right while 44(15.9%) health institution was the least source for the respondents. Lack of discussion with parents and lack of clubs in the schools were mentioned by respondents as a reason for lack of information on reproductive health issues. Lack of discussion with parents accounts for 60(51.7%) followed by no clubs in the school 33(28.4%). Two hundred twenty six (57.5%) of study participants were knew safe time of pregnancy. This study also found that the respondents were know about the problem of unsafe sex where unwanted pregnancy 340(92.1%) and STI 339(91.9%) were the most known problems of unsafe sex among respondents. About 183 (46.6%) of the respondents agreed on the families right to decide on their female child marriage, while 345(87.8%) of respondents disagree. Majority333 (84.7%) of the respondents agree with youths right of their own mate selection without their family approval. In this study 321(81.7%) of respondents agree on confidentiality of reproductive health services while less than twenty percent of the respondents do not agree with confidentiality of reproductive health services. More than two third of the respondents disagree on the idea of married woman right to refuse to have children if she doesn't want. Two hundred eighty two (71.8%) of the respondents agree on the refusal of woman to have sex regardless of her husband's wishes.

Table 2: Knowledge of sexual and reproductive health right among preparatory school female students Asella, Ethiopia 2015.

Variables	Frequency	Percentage (%)
Know about RHR		
Yes	277	70.5
No	16	29.5
Source of information about RHR		
Media(TV/Radio)	188	67.9
Peers	45	16.2
Health institute	44	15.9
Reason for lack of information		
Poor relation with friends	16	13.8
No discussion with parents	60	51.7
No mass media access	7	6.0
No clubs in the school	33	28.4
Know safe time of pregnancy		
Yes	226	57.5
No	167	42.5
Know Problem of unsafe sex		
Yes	364	93.3
No	26	6.7
Types of problems of Unsafe sex		
Unwanted pregnancy	340	92.1
STI	339	91.9
Abortion	248	67.2
Other	5	1.4
Right of mate selection without families consent		
Yes	333	84.7
No	60	15.3
Right to disagree on marriage arranged by families.		
Yes	345	87.8
No	48	12.2
Right of married woman to say no to have children		
Yes	124	31.6
No	269	68.4

5.3 Knowledge about STI and Contraceptives

This study found that three hundred eighty two (97.2%) of the respondents were knew at least one type of sexually transmitted infections (STI) where HIV 382(97.2%) was reported by most of the respondents as the most known type of STI, followed by Gonorrhoea 314 (82.2%) and herpes simplex 96(25.1%) was the least known type of STI by respondents. About three hundred seventy three (94.9) of the respondents were know ways of preventing unwanted pregnancy. The most known methods of preventing unwanted pregnancy mentioned by study participants were contraceptives 307(87.7%) followed by abstinence 283(80.9%). Majority of the respondents 373(94%) knew at least one type of contraceptive method where injectable was the most known 340(91.2%) method, followed by pills 334(89.5%). The source of information on contraceptive was mainly from media TV/radio 227(60.9%) followed by 66(17.7%) peers while the least source of information were news papers 36(9.7%) for respondents.

Table 3: Knowledge of STI and contraceptive among preparatory school female students, Asella, Ethiopia 2015.

Variables	Frequency	Percentage (%)
Know Sexual Transmitted Infection		
Yes	382	97.2
No	11	2.8
Knowledge on Types of STI		
Gonorrhea	314	82.2
Syphilis	293	76.7
Chancroid	178	46.6
HIV	382	97.2
Herpes simplex	96	25.1
know ways of preventing unwanted pregnancy		
Yes	352	89.6
No	41	10.4
Methods of preventing pregnancy		
Abstinence	283	80.9
Contraceptive	307	87.7
Withdrawal	152	43.5
Have information about contraceptive		
Yes	373	94.9
No	20	5.1
knowledge of types of ontraceptives		
Pills	334	89.5
Injectables	340	91.2
Loop	333	89.3
Withdrawal	145	38.9
Other	5	1.3
Source of information about contraceptives		
TV/Radio	227	60.9
News papers	36	9.7
Peers	66	17.7
Leaf late	44	11.7

5.4 Sexual and Reproductive Health Right practice

This study found that the extent of violence against girls in their school was reported by the respondents as high 76(19.3), less 167(42.5%) and none 150(38.2%). Over a half of the respondents or 215(54.7%) of them had no sexual partner currently and 178(45.3%) had sexual partner currently. Two hundred eight (52.9%) of girls have ever had sexual intercourse and 185(47.1%) did not have. Concerning history of pregnancy, 40(19.2%) of the girls had pregnancy history and three fourth of the pregnancy were unwanted.

Fifty five percent of the girls had discussion on sexual and reproductive issues. Of these, 130(60%) discussed with friends, 47(21.6%) with family and the least was with partners 40(18.4%).

With regard to contraceptive utilization, 89(22.6%) of them have ever used different type of modern contraceptive methods, while Pills 24(27.8%) was the most utilized type of contraceptive followed by injectables 21(23.6%), emergency contraceptive 18(20.2), condom 15(16.9) and the least method was IUCD or Loop 10(11.2%) respectively. Regarding source of contraceptives clinics 33(36.3%) and pharmacy 26(28.6%) were the most sources of the contraceptive methods for the girls while shops 5 (5.5%) were the least source of contraceptives for the respondents.

Table 4: Sexual and reproductive health right practice among respondents of female preparatory school students Asella, Ethiopia 2015.

Variables	Frequency	Percentages (%)
Extent of violence against girls		
High	76	19.3
Less	167	42.5
None	150	38.2
Have ever sexual inter course?		
Yes	208	52.9
No	185	47.1
Have sexual partner currently?		
Yes	215	54.7
No	178	45.3
History of pregnancy		
Yes	40	19.2
No	168	80.8
Is the pregnancy wanted?		
Yes	10	25.0
No	30	75.0
Discussion on sexual & reproductive issues		
Yes	217	55.2
No	176	44.8
Discussed with whom		
Peers	130	60
Family	47	21.6
Partner	40	18.4
Ever used contraceptive		
Yes	89	22.6
No	302	77.4
Type of contraceptive used		
Oral pills	24	27.0
Inject able	21	23.6
IUCD/loop	10	11.2
Emergency contraceptive	18	20.2
Condom	15	16.9
Source of contraceptive used		
Clinics	33	36.3
Pharmacy	26	28.6
Shops	5	5.5
Heath centers	27	29.7

5.5 Associated factors with knowledge and Practice on Reproductive health rights

5.5.1 Associated factors with knowledge on reproductive health rights

None of socio-demographic characteristics was significantly associated, place of family residence seems to be significant. Girls from urban were more likely to know reproductive health rights than rural. In the bivariate analysis, knowledge of safe time from pregnancy and knowledge of ways of prevention method of unwanted pregnancy, knowledge on problem of unsafe sex, information about contraceptives, discussion on sexual and reproductive issues and having sexual partners were significantly associated with knowledge on reproductive health rights.

Knowing unsafe time of pregnancy increases the knowledge of reproductive health rights by 3.6 times than who did not know (COR=3.600; 95%CI= 1.599, 8.103). Girls who had adequate information on contraceptives were nearly 4 times more likely to have knowledge on reproductive health rights than who didn't know (COR=3.880; 95%CI= 1.542,9.763). Girls who discussed on sexual and reproductive issues were 1.9 times more likely to have knowledge on reproductive health rights (COR=1.906; 95%CI= 1.230, 2.955).

In the multivariate analysis after controlling possible confounders, knowledge on safe time of pregnancy and preventing unwanted pregnancy remained significant. Those girls who knew safe time of pregnancy were 1.64 times more likely to know reproductive health rights than who didn't know (AOR=1.636; 95%CI=1.006, 2.659). Knowing ways of preventing unwanted pregnancy increases the odds of knowledge on reproductive health rights by more than 3 times (AOR=3.277; 95%CI=1.461,7.351).(Table5)

Table 5: Factors affecting knowledge of reproductive health rights among preparatory school female students Asella, Ethiopia 2015.

Variable	Know RHR		Odds Ratio(OR)	
	NO (%)	Yes (%)	COR(95%CI)	AOR(95%CI)
Know safe time of pregnancy				
Yes	52(23.0)	174(77.0)	2.079(1.340,3.227)**	1.636(1.006,2.659)*
No	64(38.3)	103(61.7)	1	1
know ways of preventing unwanted pregnancy				
Yes	89(25.3)	263(74.7)	5.699(2.862,11.349)**	3.277(1.461,7.351)**
No	27(65.9)	14(34.1)	1	1
Problem of unsafe sex				
Yes	100(27.5)	264(72.5)	3.600(1.599,8.103)**	1.688(0.641,4.443)
No	15(57.7)	11(42.3)	1	1
Know information about contraceptive				
Yes	104(27.9)	269(72.1)	3.880(1.542,9.763)**	2.26(0.80,6.35)
No	12(60.0)	8(40.0)	1	1
Discussion on sexual & reproductive issues				
Yes	51(23.5)	166(76.5)	1.906(1.230,2.955)*	1.540(0.953,2.489)
No	65(36.9)	111(63.1)	1	
Have sexual partner currently				
Yes	45(25.3)	133(74.7)	1.457(0.937,2.266)	1.458(0.896,2.373)
No	71(33.0)	144(67.0)	1	1
Residence				
Rural	54(34.8)	101(65.2)	1	1
Urban	62(26.1)	176(73.9)	1.518(0.978,2.355)	1.533(0.946,2.484)

NB: COR=Crude odds ratio, AOR=Adjusted odds ratio*p-value <0.05, **p-value<0.01

5.5.2 Associated factors with Practice on reproductive health right

Contraceptive use was taken as an outcome variable from reproductive health right practice to look for associated factors. In the bivariate analysis, marital status, place of residence, living with, Father occupation, father education, discussion on sexual and reproductive issues and having sexual partners were variables significantly associated with practice on reproductive health rights (Contraceptive use) as shown in table 6. Girls from rural were 1.7 times more likely utilize contraceptives than urban (COR=1.700; 95%CI=1.056, 2.738). Students who were living with friends and alone were 3 times more likely to utilize modern contraceptives than who were living with father or mother and relatives.

In multivariate analysis, marital status, father occupation, discussion on sexual and reproductive issues and having sexual partners were variable remained significant. Single girls were 85% less likely to utilize modern contraceptives than married (AOR=0.155; 95%CI=0.032, 0.762). Students whose fathers were farmer were more than 6 times more likely to utilize contraceptives (AOR=6.137; 95%CI=1.945, 19.369), moreover, girls whose fathers were self employed were more than 3 times more likely to utilize contraceptives (AOR=3.618; 95%CI=1.222,10.716) than government employed. Girls who did not discuss on sexual and reproductive issues were 60% less likely to practice reproductive health rights (use contraceptives) than who discuss (AOR=0.403; 95%CI= 0.205, 0.792). Girls who do not have current sexual partner were 95% less likely to practice reproductive health rights (use contraceptives) than who have (AOR=0.055.95%CI=0.025, 0.122).

Table 6: Factors affecting practice of reproductive health rights among preparatory school female students Asella, Ethiopia, 2015.

Variable	Contraceptive use		Odds Ratio(OR)	
	NO (%)	Yes (%)	COR(95%CI)	AOR(95%CI)
Marital status				
Married	13(30.8)	9(69.2)	1	1
Single	300(96.69)	80(21.1)	0.119(0.036,0.395)	0.155(0.032,0.762**)
Residence				
Rural	111(71.6)	44(28.4)	1.700(1.056,2.738)*	1.371(0.589,3.190)
Urban	193(81.1)	45(18.9)	1	1
Live with				
Father or mother only	57(85.1)	10(14.9)	1	1
Father and mother	135(79.4)	35(20.6)	1.478(0.686,3.185)	2.542(0.936,6.905)
Friends	19(65.50)	10(34.5)	3.000(1.083,8.309)*	1.261(0.331,4.793)
Lonely/Alone/	40(65.6)	21(34.4)	2.992(1.273,7.034)*	0.947(0.296,3.031)
Relatives	53(80.3)	13(19.7)	1.398(0.565,3.457)	0.835(0.254,2.748)
Father Occupation				
Government employed	124(89.9)	14(10.1)	1	1
NGO	16(74)	9 (16)	2.797(0.958,8.165)	1.933(0.459,8.133)
Self employed	56(77.8)	16(22.2)	2.531(1.156,5.540)	3.618(1.222,10.716)*
Farmer	98(65.8)	51(34.2)	4.609(2.411,8.812)	6.137(1.945,19.369)**
Other	10(76.5)	8(23.5)	2.531(0.478,13.387)**	1.563(0.133,18353)
Mother Occupation				
Government employed	61(88.4)	8(11.6)	1	1
NGO	72(71.3)	29(28.7)	0.131(0.007,2309)	1.897(0.419,8.592)
Self employed	156(77.60)	45(22.4)	0.429(0.23,8.43)	1.685(0.557,5.102)
House wife	15(68.2)	7(31.8)(0.403(0.024,6.658)	1.302(0.448,3.781)

Father education				
Illiterate	28(73.7)	10(26.30)	1	1
Elementary	106(72.1)	41(27.9)	1.083(0.483,2.427)	1.450(0.515,4.088)
Secondary	65(74.7)	22(25.3)	0.948(0.397,2.260)	1.780(0.552,5.748)
College or above	105(86.8)	16(13.2)	0.427(0.175,1.042)	1.707(0.431,6.759)
Know RHR				
Yes	208(75.1)	69(24.9)	1.59(0.92,2.77)	0.608(0.295,1.252)
No	96(82.8)	20(17.2)	1	1
Discussion on sexual & reproductive issues				
Yes	150(69.1)	67(30.9)	1	1
No	154(87.5)	22(12.5)	0.054(0.026,0.111)**	0.403(0.205,0.792)**
Have sexual partner currently				
Yes	98(55.1)	80(44.9)	1	1
No	206(95.8)	9(4.2)	0.320(0.188,0.544)**	0.055(0.025,0.122)**

6. Discussion

This study was tried to assess knowledge and practice of sexual and reproductive health rights with associated factors among Asella preparatory school female students.

This study found that seventy percent of the respondents were knowledgeable about reproductive health rights. This finding is lower than the study done in Tanzania in 2013 that showed higher awareness on teenage pregnancy (30). It could be due to the health system structure difference and awareness may be through health education at school. Media was the most reported source of information on reproductive health right. A similar finding was reported in a study in Kenya and Debreworkos (33, 10). Lack of discussion with parents followed by no clubs in the school was the most mentioned reasons for the lack of information on reproductive health right. Report by Amnesty international supports this finding (39). The same studies done in USA, China and Lesotho that only 46%, 20%, had discussed such issues with their adolescents. It could be due to cultural taboos in the community which can inhibit free discussion about reproductive issues between parents and children (43). Ninety seven percent of the respondents knew at least one sexually transmitted infections(STI) which was higher than study in Dire Dawa in 2014 which was 7.2%(36).The study participant of Dire Dawa includes secondary schools, there may low level of knowledge among those lower grade students compared to preparatory students since this study participants were only preparatory students. HIV was reported by all of the respondents as the most known STI, followed by Gonorrhoea. Similar finding was reported in study done in Dire Dawa (36).

Majority of respondents (90%) were know contraceptive method as way of preventing unwanted pregnancy followed by abstinence (87.7%). Similarly a study done in Dar es Salam showed that, abstinence and condom use were reported as ways of preventing unwanted pregnancy (30). Forty six percent of the girls agreed on the families' right to decide on their female child marriage which was almost similar with UNFPA report that most child marriage in Ethiopia is arranged by parents (34). Majority 84.7% of the respondents agree with youth's right of their own mate selection without their family approval. In ways of dismiss her marriage, 87.8% of the

respondents agree with the decision of girls on the dismissal her marriage without her family agreement.

More than two third of the respondents disagree on the idea of married woman right to refuse to have children if she doesn't want. 71.8% of the respondents agree on the idea of the right of married woman to say no to sexual intercourse. This indicates an improvement of males' misperception toward males' dominance over female decision making power and current emphasis of Family laws and other regulations toward females' equity in Ethiopia.

This study found that 94% of the girls were knew at least one contraception method, where Injectables was the most known 91.2% method and media 60.9%and news papers were major source of information of contraceptive for the respondents. This is similar with the study in Dar es Salam 97% in case of knowledge of method of contraceptives and source of information. But injectable was the most reported method in this study which was different from the study done in Dar es Selam (30). This might be due to popularity of injectable contraceptive method in Ethiopia. Sixty percent of girls discussed about reproductive issue with peers, which was similar with study done in Dire Dawa (36). But from a study done in Nigeria, majority of the study participants discuss with their parents (10). This difference might be happened due to the socio-demographic and cultural differences.

This study found that 91(23.2%) study participants were used at least one type of modern contraceptive methods, which was lower than the findings of Tanzania which was 40% (30).The justification could be awareness regarding sexual and reproductive issues by the schools may be well addressed Tanzania than our country. Injectable was the most utilized type followed by Emergency contraceptive methods. When we compare to pills injectables taken once not to be observed by other person or family for secrete in the other way it helps to avoid daily remembrance. With other methods like IUCD or loop is invasive contraceptive method.

Those girls who knew safe time of pregnancy were 1.64 times more likely to know reproductive health rights than who didn't know (AOR=1.636; 95%CI=1.006, 2.659). Knowing ways of preventing unwanted pregnancy increases the odds of knowledge on reproductive health rights by more than 3 times.

Single girls were 85% less likely to utilize modern contraceptives than married (AOR=0.155; 95%CI=0.032, 0.762). Similar finding was reported a study done in Ethiopia (40). Most of the time, married girls use contraceptives to space births between deliveries or to limit the number of the children they have as reproductive health right. Most of the time single girls do not engage to sexual intercourse ,therefore, they do not worry about contraceptive use since they are not at risk of getting unwanted pregnancy. Students whose fathers farmer were more than 6 times more likely to utilize contraceptives (AOR=6.137; 95%CI=1.945, 19.369), moreover, girls whose fathers were self employed were more than 3 times more likely to utilize contraceptives (AOR=3.618; 95%CI=1.222,10.716) than government employed. The reason could be this girls live away from the family in the rented house in town with limited control of the family .They may engage sexual activity freely without fear any family members; this may lead utilization of contraceptives. Girls who did not discuss on sexual and reproductive issues 60% less likely to practice reproductive health rights (use contraceptives) than who discuss (AOR=0.403; 95%CI= 0.205, 0.792). During discussion they may be more familiar about different information of reproductive issues. Girls who do not have currently sexual partner were less likely to use contraceptives than who have. This could be girls without partner most of the time does not engage to sexual activity and definitely they are not getting unwanted pregnancy and not use contraceptives.

7. Strength and Limitation of the study

Strength of the study

- ✓ In an attempt to keep the validity and reliability, a pre- testing was done and appropriate analysis was employed.
- ✓ Selection was done using cluster sampling to avoid selection bias.
- ✓ Self administered questionnaire also used to avoid information bias and social desirability.

Limitation of the study

- ✓ Quantitative method is not good to obtain in-depth information about sensitive issue.
- ✓ The nature of the study cannot show temporal relationship.

8. Conclusions and Recommendations

8.1 Conclusions

- ✓ In this study, majority of the respondents were knowledgeable about reproductive health rights. Media like TV and Radio were the most source of information about reproductive health rights for the respondents.
- ✓ More than half of the students have experience of discussion on reproductive issue with peers.
- ✓ Majority of the respondents knew at least one type of contraceptive method but lower utilization and injectable was the most known and utilized type of contraceptive.
- ✓ Almost all of the respondents were knew at least one sexually transmitted infection (STI), and HIV was reported by all of the respondents as the most known type of STI, followed by Gonorrhoea.
- ✓ Knowledge of safe time of pregnancy and ways of preventing unwanted pregnancy were factors associated with knowledge of reproductive health rights.
- ✓ Marital status, father occupation, discussion on sexual and reproductive issues and having sexual partners were factors affecting practice of reproductive health rights.

8.2 Recommendations

- ✓ Schools should establish clubs to promote sexual and reproductive health issues and rights.
- ✓ Families should get information about SRHR and have an open discussion with their children regarding sexual and reproductive health right and issues.
- ✓ Emphasis on more mass media TV/radio coverage especially on news papers and leaflets regarding Sexual and Reproductive Health rights to create more awareness..
- ✓ Better to complement with qualitative methods.

9. Reference

1. Fantahun M, Yemane B, Tuse A, et al. Text book of Reproductive and child health with focus on Ethiopia and other developing countries countries: Addis Ababa; Ethiopia, 2013.
2. Population Action International. Healthy families, healthy planet. Policy issue and brief. The Key to Achieving the Millennium Development Goals: Universal Access to Family Planning and Reproductive Health. Population action international 2010.
3. Linda L. Reflections on Beijing Conferences on Women An Ordinary Womens Extraordinary Experience at 1995.
4. Glasier A, Gulmezoglu AM, Schmid GP, Moreno CG, Look PFV. Sexual and reproductive health: a matter of life and death. *The Lancet*. 2006;368(9547):1595 – 607.
5. Adrianpaul A, Lobo G, Suarez G, Sebastian, Tareke M. Sexual and Reproductive Health, Rights and services. *Reproductive Health Matters*. 2003;11(21):6-15.
6. Ogunlayi MA. An Assessment of the Awareness of Sexual and Reproductive Rights among Adolescents in South Western Nigeria. *African Journal of Reproductive Health*. 2005;9(1).
7. Claudia, Garcia-Moreno, Henrica AFM Jansen, Mary Ellsberg, Lori Heise, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women’s health and domestic violence. *The lancet*. 2006;368:1260-8
8. Garcia J, Adams J. Links between past abuse, suicide ideation, and sexual orientation among SanDiego college students. *Journal of American college health*. 2002;51(1):9-14.
9. Janssen P, Holt V, Sugg N, Emanuel I, Critchlow C, Henderson A. Intimate partner violence and adverse pregnancy outcomes: a population-based study. *American Journal of Obstetrics and Gynecology*. 2003;188(5):1341-7
10. Ogunlayi MA. An Assessment of the Awareness of Sexual and Reproductive Rights among Adolescents in South Western Nigeria. *African Journal of Reproductive Health*. 2005; 9(1).
11. James G, Joan H. Reproductive Health sub-Saharan Africa Bridge population reference bureau UNPFA; 2005.
12. International, womens, health, Coalition. young adolescents' sexual and reproductive health and rights: sub saharan Africa2007.
13. Federal Democratic Republic of Ethiopia, National Reproductive Health Strategy, 2006-2015.
14. Moore Z, Govindasamy P, DaVanzo J, Bizuneh G, Themme A. Trends in Youth Reproductive Health in Ethiopia,2008.

15. Shiferaw et al. Assessment of adolescents' communication on sexual and reproductive health Matters with parents and associated factors among secondary and preparatory schools' students in Debremarkos town, North West Ethiopia 2014;11(2)
16. CSA:Ethiopian Demographic and Health Survey 2011,ICF International Calverton Maryland USA 2012.
17. Miller. A. Sexual but not reproductive: Exploring the Junction and Disjunction of Sexual and Reproductive Rights. The President and Fellows of Harvard College, Harvard School of Public health. Health and human rights. 2000;4(2):69-109.
18. World Population Foundation. Sexual and Reproductive Health Rights Assessment Framework (SeHRAF). A Toolkit to assess SRH Rights Status of Young People. WPF Pakistan.2009.
19. International, Planned, Parenthood, Federation. Sexual rights: an IPPF declaration2008.
- 20.International Council on Human Rights Policy. Sexuality and Human Rights Discussion paper 2009.
21. Adrianpaul A, Lobo G, Suarez G, Sebastian, Tareke M. Sexual and Reproductive Health, Rights and services. Reproductive Health Matters. 2003;11(21):6-15.
22. Promoting the Sexual and Reproductive Rights and Health of Adolescents and Youth: Building on the Global Health Initiative Country Strategies and Supplemental Guidance on the Women, Girls, and Gender Equality Principles,2011
23. East P, Adams J. Sexual Assertiveness and Adolescents' Sexual Rights, Perspectives on sexual and reproductive rights. 2002;34(4).
24. Ingham R. We didn't cover that at school: Education against pleasure or education for pleasure?. Sex Education. 2005; 5(4):375-88.
25. Yanda K. Teenagers Educating Teenagers about Reproductive Health and Their Rights to Confidential Care. Family planning perspectives. 2000;32(5):256-7
26. World, Health, Organization:, western, pacificregion. Integrating poverty and gender into health programs - a sourcebook for health professionals. Module on sexual and reproductive health. 2008.
27. Anees A, Zulfia K. knowledge regarding STDs, AIDS and reproductive health among male adolescents. Indian J prev Med. 2007;38(3&4).
28. World, Population, Foundation. Sexual and Reproductive Health Rights Assessment Framework (SeHRAF). A Toolkit to assess SRH Rights Status of Young People. WPF Pakistan.2009

29. International, Planned, Parenthood, Federation. Sexual rights: an IPPF declaration 2008
30. Moore Z, Govindasamy P, DaVanzo J, Bizuneh G, Themme A. Trends in Youth Reproductive Health in Pakistan 2008
31. Godeliver A.B. Kagashe, Goodluck Honest. Knowledge and use of contraceptives among secondary school girls Dar es Salaam Tanzania, Journal of Applied Pharmaceutical Science January, 2013. 3 (01):066-068,
32. For C Reproductive Law, and Police (CRLP). Women of the World: Laws and Policies Affecting their Reproductive Lives (Anglophone Africa). New York: CRLP; 2001.
33. Clark, S. Early marriage and HIV risks in Sub Saharan Africa studies in family planning 2008; 35(3):34-39.
34. Abay B. Early marriage in Ethiopia: causes and health consequences: Pathfinder International/Ethiopia 2007
35. EGLDAM, UNIFEM, UNFPA. Early Marriage in Ethiopia: Law and Social Reality 2005 12/02/12.
36. Shiferaw K, Getahun F, Asres G. Assessment of adolescents' communication on sexual and reproductive health matters with parents and associated factors among secondary and preparatory schools' students in Debre markos town, North West Ethiopia, Reproductive Health 2014, 11:2
37. Ayalew M, Mengistie B, Semahegn A. Adolescent - parent communication on Sexual and reproductive health issues among high school students in Dire Dawa, Eastern Ethiopia: a cross sectional study, Reproductive Health 2014, 11:77
38. Singh S. Perceived sexual rights and sexual violence among adolescent females in Kenia - A longitudinal cross cultural analysis, 2007.
39. Nnorom C, Bammeke F. Extent of adolescents' knowledge of sexual and reproductive health and rights in Nigeria: implications for development 2006.
40. Amnesty International. Women, violence and health 2005.
41. Adinew YM, Worku AG, Mengesha ZB. Knowledge of reproductive and sexual rights among University students in Ethiopia, 2013; 13(12).
42. Center, for, Rights. Exploring sexuality a youth Perspective Series 1; A journey towards embracing sexual rights. 2006

10. ANNEX I. GENERAL INFORMATION

Addis Ababa University SCHOOL OF PUBLIC HEALTH

The survey questionnaire for assessment of knowledge and practice of reproductive health rights among secondary school female students in Asella town.

Consent form

My name is Tigist Tafa: I am doing a research as partial fulfillment for the requirement of Master of reproductive health (RH) at A.A. University and I am collecting data from students to assess their knowledge, and practice of reproductive and sexual rights and its factors. I am going to ask you some questions that are very important for the programmers in reproductive health to plan for improved intervention.

Confidentiality is secured, no need to write your name and identification. If you do not want to answer all or some of the questions, you do have the right to do so. However, your willingness to answer all of the questions would be appreciated.

Would you participate in responding to the questions in this questionnaire?

Yes -----No-----

Date of interview ____ / ____ 2007 E.C.

Address of investigator: tigistyme@gmail.com

-Mobile 0929019227

11. Annex II. Questionnaires

Self Administered Questionnaire

Code number: _____

Date of collection-----

Signature of facilitator-----

Part I. Socio-demographic characteristics			
Code	Variable		Skip
1.1	How old are you?	_____	
1.2	Level of education	1/ Grade 11 2/ Grade 12	
1.3	Type of department	1/ Natural 2/ social 3/ other (specify) _____	
1.4	What is your religion?	1/ Orthodox 2/ Muslim 3/ Protestant 4/ Other	
1.5	What is your ethnic group?	1/ Oromo 2/ Amhara 3/ Tigre 4/ other specify	
1.6	From where do you came?	1/ Urban 2/ Rural	
1.7	With whom are you living?	1/ with mother only 2/ with mother and father 3/ with father only 4/ with friends 5/ alone	

		6/ with relatives	
1.8	Marital status	1/ Single 2/ Married, 3/ Separated/divorced 4/ widowed	
1.9	What is educational status of your father?	1/ Illiterate 2/ Only read write 3/ elementary level 4/ secondary level 5/college/ university level	
1.10	What is educational status of your mother?	1/ Illiterate 2/ Only read write 3/ elementary level 4/ secondary level 5/college/ university level	
1.11	What is occupation of your father?	1/Governmental employed 2/Non-Governmental employed 3/ private 4/farmer 5/ other	
1.12	What is occupation of your mother?	1/ government employed 2/non- government employed 3/self employed 4/House wife 5/ Other	
1.13	What is monthly income of your family?	1/ <500Et. Birr 2/500-1000 3/ 1000-1500, 4/2000/above	

Part II: Assessment of sexual right Knowledge with associated factors

2.1	Do you know about reproductive health right?	1/ yes 2/ No 3/ I do not know	⇒ if no skip to 2.3
2.2	If yes from what do get the information?	1/ media 2/ peers 3/ health institute 4/ family 5/ other/ specify-----	
2.3	If no for Q1 what is the cause?	1/ poor peer relation 2/No discussion with parents 3/No mass media access 4/No clubs in the school	
2.4	Do you know sexually transmitted infections?	1/ yes 2/No	If No skip to 2.6
2.5	If yes for 2.4 can you mansion? Circle all you know	1/ Gonorrhea 2/Syphilis 3/ Chancroid 4/ HIV 5/ Herpes simplex 6/ Other	
2.6	Do you know safe time of pregnancy?	1/yes 2/ No	
2.7	Do you know ways of preventing unwanted pregnancy?	1/yes 2/No	If N skip to2.9
2.8	If yes can you mention? Circle all you know	1/Abstinence 2/Contraceptive 3/withdrawal 4/ other specify	
2.9	Do you know problem of unsafe sex?	1/yes 2/No 3/ I do not know	If No skip to 2.11
2.10	If yes for 2.9 can you mention? Circle all you know.	1/ unwanted pregnancy 2/ sexually transmitted infections 3/HIV 4/Abortion 5/ other specify	

2.11	Do families have the right to decide on their female child marriage?	1/ yes 2/ No	
2.12	Do youths have right of mate selection without their families consent?	1/ yes 2/ No	
2.13	Can a girl dismiss her marriage without her families' agreement?	1/ yes 2/ No	
2.14	Do youths have the right to use reproductive health services are kept confidential?	1/ yes 2/ No	
2.15	Do youths have the right to get full information about sexual and reproductive health?	1/ yes 2/ No	
2.16	Can a married woman say no to have children if she doesn't want?	1/ yes 2/ No	
2.17	Does a married woman have a right to say no to sex, regardless of her husbands' wishes?	1/ yes 2/ No	
2.18	Do you have information about contraceptive?	1/ yes 2/ No	If no skip to 3.1
2.19	I yes for Q2.19 can you mention it? Circle all you know.	1/ Oral contraceptive 2/ Injectables 3/ Loop 4/withdrawal 5/ other/ specify	
2.20	From what do you get the information?	1/ From TV/Radio 2/ From news papers 3/ From peers 4/ From leaf late	

III. Assessment of Reproductive health right practice

3.1	What is the extent of violence against girls in your school?	1/ high 2/less 3/ none	
3.2	Do you have sexual partner currently?	1/ yes 2/ No	If No skip to 3.5
3.3	Do you have ever sexual intercourse?	1/ yes 2/ No	If no skip to 3.8
3.4	Do you have ever history of pregnancy?	1/ yes 2/ No	
3.5	If yes for Q 4.5 was it wanted?	1/ yes 2/ No	
3.6	Do you have experience odiscussion on sexual and reproductive issues?	1/ yes 2/ No	If No skip to 3.10
3.7	If yes for 3.8 with who do you discussed?	1/ with friends 2/ with family 3/ with partner 4/ other	
3.8	Do you ever used contraceptive?	1/ yes 2/ No	If No skip to 3.13
3.9	If yes for Q 4.10 what type do you used? Circle all you know.	1/ oral pills 2/ inject able 3/IUCD/loop 4/emergency contraceptive 5/male condom	
3.10	If yes for3.11 from where do you get it?Circle all you know	1/ from clinics 2/ from pharmacy 3/ from shops 4/ from heath centers	

Name and sig. of supervisor-----

Name and sig. of investigator-----

Date-----

Thank you

Gaafii ofiin guutamu

Uniiarsiitii Finfineetit mana barumsaa fayaa umataa

Magaalaa Assalaati baratoon dubaraa kan sad. 2ffaa beekumsa mirga fayaa walhormaataa, itti tajaajilamuu fii rakinoota walqabataniin baruudhaaf gaafii qophaayee.

Foormii heeyamaa

Maqaan kiya tigist Xaafaa yoota'u Universiti Finfineetit baratuu maastarsiit yoonta'u yeroo amaa waraqaa/bareefama/ eebaa mirga fayaa walhormaataa, itti tajaajilamuufii rakinoota walqabatan irratt hojjechaa jira. Kanaafuu gaafiiwan muraasa kan tajaajila mirga fayaa wal hormataa fooyesuu ykn egsisuudhaf baayee kanfayaddan kanan isiin gaafadhu yoo ta'u deebiin keesan icitiidhaan kan qabamu yoo ta'u maqaa bareesuun hinbarbaachisu. Gaafii irrati hirmachuu yoo hinbarbaane dhiisuun nidandaama. Gaafii hundumaa deebisuun kanbarbaachisu yoo ta'u gaafii muraasa ykn guutuu dhiisuun mirga keesan.

Teesoo nama qoranoo godhuu Bil. 0929019227

Email. Tigistyme @gmail.com

Gaafii irratt hirmaacuudhaaf heeyamaadhaa?

Eeyeen-----

Heeyamaadhaa miti-----

Guyaa gaafii-----

Malatoo nama gargaaruu /faasiliteetaraa-----

Kutaa 1 Akaata socio demographic baratootaa

lakk		filanoo	
1.1	Umriin kee ogaa meeqa	-----	
1.2	Sadarkaa barumsaa	1. 11ffaa 2. 12ffaa	
1.3	Barratuu maaliit?	1. Sooshaal 2. Naaturaal 3. Kanbiraa	
1.4	Amantaan kee maaliidha?	1. Ortodoksii 2. Musliima 3. Proteestaantii 4. Kanbiraa	
1.5	Sabnii kee maaliidha?	1. Oromoo 2. Amaara 3. Tigree 4. Kanbiraa	
1.6	Eesaa dhufte?	1. Baadiyaa irraa 2. Magaalaairaa	
1.7	Eengu wajjiin jiraata?	1. Haadha kiya wajjiin qofa 2. Haadhaafii abaa kiya wajjiin 3. Abaa kiya wajjiin qofa 4. hiriyoota kiya wajjiin 5. kophaa kiya 6. fira wajjiin	
1.8	Haala fuudhaaf heerumaa	1. Kan hinheerumin 2. Kanheerumte 3. Kan adaanbaate 4. Kan abaan waraa irra du'e	
1.9	Sadarkaa barumsaa kan abaa kee	1. Kan hin baratiin 2. Dubisuuf breesuu kandanda'u 3. Sadarkaa 1ffaa 4. Sadarkaa 2ffaa 5. Sadarkaa kolejii?	

		Univarsitii	
1.10	Sadarkaa barumsa kan haadha kee	<ol style="list-style-type: none"> 1. Kan hin baratiin 2. Dubisuuf breesuu kandanda'u 3. Sadarkaa 1ffaa 4. Sadarkaa2ffaa 5. Sadarkaa kolejii / Univarsitii 	
1.11	Hojiin abaa keetii maalidha?	<ol style="list-style-type: none"> 1. Hojetaa motumaa 2. Hojetaa mit motumaa 3. Hojetaa dhunfaa 4. Qotee bulaa 5. Kan biraa ibsi 	
1.12	Hojiin haadha keetii maalidha?	<ol style="list-style-type: none"> 1. Hojetuu motumaa 2. Hojetuu mit motumaa 3. Hojetuu dhunfaa 4. Hadhaa waraa 5. Kan biraa ibsi 	
1.13	Galiin ji'aa kan waraa keetii hagami?	<ol style="list-style-type: none"> 1. Birrii 500 gadi 2. Birrii 501-1000 3. Birrii1001-1500 4. Birrii2000 fii isaa oli nita'a 	

Kutaa 2ffaa Beekumsa mirga fayaa wal-hormaataafii rakina waqabatan

2.1	Mirgi fayyaa walhormaataa maal akka ta'e nibeektaa?	1. Eeyen 2. Hinbbeeku	Hinbeeke yoo jet gara 2.3 darb.
2.2	Eeyen yoo jete beekumsa kana maal iraa argate?	1. Raadiyoo/TV 2. Hiriyoota kiya irraa 3. Mana fayyaa iraa 4. Kanbiroo ibsi	
2.3	Gaaf. 2.1 hinbeeku yoo jete sababiin isaa maaliidha?	1. Hiriyoota kiya wajjiin waliti-dhufeenga cimaa hinqabu 2. Wara wajjiin waan hinmari'aneef 3. TV/Raadiyoo hinqabnu 4. Mana barumsaa keesa gumiin hinjiru	
2.4	Dibeewan qunamtii salaatiin dadarban nibeektaa?	1. Eeyen 2. hinbeeku	2.4fi hinbeeku yoo jete gara 2.6 darbi.
2.5	2.4fi eeyen yoojete kanbeektu hunda irra mari.	1.Cobxoo 2. Abaaseeruu/chancroid/ 3.fanxoo 4. HIV/ EEDSII 5. Almmz balaciraa 6. Kan biro ibsi	
2.6	Yeroo ulfa irraa bilisa ta'e nibeektaa?	1. Eeyen 2. Hinbeeku	
2.7	Ulfa hinbarbaadamin akamiti ofirraa akka itisan nibeektaa?	1. Eeyan 2. 2 Hinbeeku	2.7fi hinbeeku yoojete gara 2.9 darbi
2.8	2.7fi eeyen yoojete kanbeektu mara irra marsi.	1. Off itisuu 2. Dawaa faydamuu 3. Allati jigsuu 4.Kanbiraa ibsi	
2.9	Qunamtiin saalaa ofeeganoo hinqabne rakina fidu nibeektaa?	1. Eeyan 2. hinbeeku	2.9fi hinbeeku yoo jete gara 2.11 darbi
2.10	2.9eeyen yoojete kanbeektu hunda irra mari.	1. Ulfa hinbarbaadamne 2. Dhibeewan qunamtiisaalaatiin dadaran 3. Ulfa ofirraabaasuu 4. kanbiroo ibsi	
2.11	Warri fuudhaafheerma ijoolee isaanii	1. Eeyen	

	irrat muteesuuf mirga niqabuu?	2. Hinqaban	
2.12	Dargagioniffii shamarran heeyama waraatiin ala hiriyaaf fuudhaaf heerumaa filachuu mirga niqabuu?	1. Eeyan 2. Hinqaban	
2.13	Shamari takka heeyama wara isheetiin ala heeruma ishee diduu nidandeechii?	1. Eeyen 2. Hindandeechu	
2.14	Dargagooniiffii shamaran tajaajila fayaa walhormaataa isaanii icitiidhaan akka ta'uu godhuu mirga niqabuu?	1. Eeyen 2. Hindanda'an	
2.15	Shamaraniiffii dargagoon mirga fayyaa walhormaataa irratti odeefanoo gahaa argachuuf miga niqabuu?	1. Niqabu 2. Hinqaban	
2.16	Dubartiin heerumte tokko dahuu yoo hinbarbaadin heeyama abaawqraa isheetiin ala murteesuu nidandeesii?	1. Eeyen 2. Hindandeechuu	
1.17	Dubartiin heerumte tokko qunamtii saalaa godhuu osoo isheen hinbarbaane abaan waraa yoo barbaade diduu mirga niqabdii?	1. Eeyen 2. Hinqabdu	
1.18	Waa'ee ulfa ittisuu nibeektaa?	1. Eeyen 2. Hinbeeku	Hinbeeku yoo jete gara 3.1 darb
1.19	2.18 eeyen yoo jete kanbeektu mara irra marsi?	1. Afaaniin kan liqimsamu 2. Limoodhaan kan waraanamu 3. Gadaamesa keesa kantaa'u/ Luupii 3. Qamman alati jigsuu 5. Kanbiroo ibsi	
2.20	Beekumsa kana maal irraa argate?	1. TV/ Raadiyoo irraa 2. Gaazexaa irraa 3. Lifletii iraa 4. Hiriyoota iraa 5. Kanbiroo ibsi	

Kutaa 3ffaa Itti tajaajila mirga fayaa walhormaataa

3.1	Mana barumsaa keesan keesat miidhaan ykn rakini sababii saalaa maal fakaata?	1. Baayee 2. Ciqaa 3. Hinjiru	
3.2	Yeroo amaa hiriya / jaalalee/ niqabdaa?	1. Eeyen 2. Hinqabu	Hiqabu yoo jete gara 3.5 darb
3.3	3.2f eeyeen yoojete namni si itti siidhiidibe /forced/ nijjiraa?	1. Eeyen 2. Hinjiru	
3.4	3.3f eeyen yoojete eegnutu si dhiidhiibe?	1. Jaalalee kiya 2. Hiriyoota kiya 3. Wara kiya 4. Kanbiroo ibsi	
3.5	Qunamtii saalaa gootee nibeektaa?	1. Eeyen 2. hinbeeku	3.5f hinbeeku yoo jete gara 3.8 darbi
3.6	3.5f eeyee yoo jete ulfa taatee nibeektaa?	1. Eeyen 2. Hinbeeku	
3.7	3.6f eeyeen yoojete fdhii fii karoon turee?	1. Eeyeen 2. karooraan hinture	
3.8	Waa'ee dhima fayyaa walhormaataa irrat miri'achuu muxanoo niqabdaa?	1. Eeyeen 2. Hinqabu	
3.9	3.8f eeyeen yoo jete eegnuu wajjiin mari'ta?	1. Hiriyoota wajjiin 2. Wara wajjiin 3. Jaalalee wajjiin 4. kanbiroo ibsi	
3.10	Wanta ulfa ittisutt fayadamtee nibeektaa?	1. Eeyen 2. Hinbeeku	3.10f hinbeeku yoojete gara 3.13 darbi
3.11	3.10f eeyen yoo jete maal fayadamte? Kan itti fayadamte mara irra marsi.	1. Afaaniin kan liqimsamu 2. Limoodhaankanwaraanamu 3. Gadaamesa keesa kangodhamu luupii 4. Emergency contraceptive 5. koondomii dhiiraa	
3.12	Wanta ulfaa ittsu eesaa argate? Idoo iraaa argate mara irra marsi.	1. Kiliinika irraa 2. Mana dawaa Pharmaasii iraa 3. Suuqqii iraa 4. Buufata fayaa iraa	
3.13	Dhibeewan qunamtii saalaatiin dadarbaniif yaalamtee nibeektaa?	1. Eeyen 2. Hinbeeku	
3.14	3.13f hinbeeku yoojete sababiin isaa maalidha	1. Tajaajili dhyoo waan hinjireef 2. Icitii akkata'u waan barbaaduuf 3. Waanqaana'uuf 4. Knbiroo ibsi	

Malatoo fii maqaa suparvaayzarii----- Guyaa-----

Malatoofii maqaa ivastigeetarii----- Galatoomaa.

በራስ የሚሞላ የቃለ-መጠይቅ

አዲስ አበባ ዩንቨርሲቲ

የሕብረተሰብ ጤና ትምህርት ቤት

በሰላ ከተማ ሁለተኛ ደረጃ ሴት ተማሪዎች የስነ ተዋልዶ ጤና መብት፣ እውቀት፣ ተግባርና ተያያዥ ችግሮችን ለማወቅ ተግባር የመጠይቅ ፎርም

የፍቃድ ፎርም

ስሜ ትግስት ጣፋ ሲሆን በአዲስ አበባ ዩንቨርሲቲ የስነ ተዋልዶ ጤና የማስተርስ ተማሪ ነኝ፤ በአሁኑ ወቅት የመመረቂያ ማሟያ ጥናታዊ ጽሁፍ በስነ ተዋልዶ ጤና መብት ተግባር እና ተያያዥ ችግሮች ዙሪያ እየሰራሁ እገኛለሁ። ስለዚህ ጥቂት ለጥናቱ በጣም አስፈላጊና በስነ ተዋልዶ ጤና መብት መጠበቅ/መሻሻል በጣም ጠቃሚ የሆኑ ጥያቄዎችን እጠይቆታለሁ። የሚመልሱት ሚስጥሩ የተጠበቀ ሲሆን ስምና መለያ ቁጥር መጻፍ አያስፈልግም በጥያቄው መሳተፍ የማይፈልጉ ከሆነ ምንም እንኳን ሙሉ መልስ መስጠቱ ለእኔ በጣም ጠቃሚ ቢሆንም ጥያቄውን ሙሉ በሙሉ/የተወሰነ የመተው መብት አሎት።

በጥያቄው ለመሳተፍ ፍቃደኛ ኖት ወይ?

አዎ _____ አይደለሁም _____

የመጥይቁ ቀን _____ / _____ 2007 ዓ.ም

የሰብሳቢ / የኢገዥ ስምና ፊርማ _____
0929019227

የጥናት አድራጊወ. አድራሻ ስልክ

ኢ.ሜል-tigistyme@gmail.com

ቅጽ 1

መለያ ቁጥር. _____

ክፍል አንድ			
ተ.ቁ	ዓይነት	ምርጫ	
1.1	እድሜሽ ስንት ነው?	-----	
1.2	የትምህርት ደረጃ	1. 11ኛ ክፍል 2. 12ኛ ክፍል	
1.3	የምን ተማሪ ነሽ?	1. ሶሻል 2. ናፔራል 3. ሌላ	
1.4	ሃይማኖትሽ ምንድነው?	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ሌላ	
1.5	ብሄርህ ምንድነው?	1. ኦሮሞ 2. አማራ 3. ትግሬ 4. ሌላ ግለጽ	
1.6	የመጣሽዉ ከየት ነው?	1. ከገጠር 2. ከከተማ	
1.7	ከማን ጋር ነው የምትኖሪው?	1. ከእናቴ ጋር ብቻ 2. ከእናቴና ከአባቴ ጋር 3. ከአባቴ ጋር ብቻ 4. ከጓደኞቼ ጋር 5. ብቻዬን 6. ከዘመድ ጋር	
1.8	የጋብቻ ሁኔታ	1. ያላገባች 2. የገባች	

		<ul style="list-style-type: none"> 3. የተፋታች 4. ባል የሞተባት 	
1.9	የአባት-ሽ የትምህርት ደረጃ	<ul style="list-style-type: none"> 1. ያልተማረ 2. ማንበብና መጻፍ የሚችል 3. አንድኛ ደረጃ 4. ሁለተኛ ደረጃ 5. ኮሌጅ ወይም ዩኒቨርሲቲ 	ሌላ
1.10	የእናት-ሽ የትምህርት ደረጃ	<ul style="list-style-type: none"> 1. ያልተማረች 2. ማንበብና መጻፍ የምትችል 3. አንድኛ ደረጃ 4. ሁለተኛ ደረጃ 5. ኮሌጅ ወይም ዩኒቨርሲቲ 	
1.11	የአባት-ሽ ስራ ምንድነው?	<ul style="list-style-type: none"> 1. የመንግስት ሰራተኛ 2. መንግስታዊ ያልሆነ 3. የግል 4. አርሶ አደር 5. ሌላ ግለጽ 	
1.12	የእናት-ሽ ስራ ምንድነው?	<ul style="list-style-type: none"> 1. የመንግስት ሰራተኛ 2. መንግስታዊ ያልሆነ 3. የግል 4. የቤት እመቤት 5. ሌላ ግለጽ 	
1.13	የቤተሰቦችሽ የወር ገቢ ምን ያህል ነው?	<ul style="list-style-type: none"> 1. ከ500 ብር በታች 2. ከ501- 1000 ብር 3. ከ1001- 1500 ብር 4. 2000ና በላይ 	

ክፍል 2 የስነ ተዋልዶ ጤና መብት እውቀት እና ተያያዥ ችግሮች

2.1	የስነ ተዋልዶ ጤና መብት ምንእንደሆነ ታውቂያለሽ ወይ?	1. አውቃለሁ 2. አላውቅም	አላውቅም ከሆነ ወደ 2.3 እለፊ
2.2	አውቃለሁ ካልሽ እውቀቱን ከምን አገኘሽው?	1. ከፊዲየ/ከተቪ 2. ከጓደኞቼ 3. ከጤና ድርጅት 4. ከሌላ	
2.3	አላውቅም ካልሽ ምክንያቱ ምንድነው?	1. ከጓደኞቼ ጋር የጠበቀ ግንኙነት ስለሌለኝ 2. ከቤተሰብ ጋር ስለማንወያይ 3. ከተቪ/ፊዲየን የለንም 4. በት/ቤት ውስጥ ክለብ የለም	
2.4	በግብረ ስጋ ግንኙነት ስለሚተላለፉ ህመሞች ታውቂያለሽ?	1. አዎ 2. አላውቅም	አላውቅም ከሆነ ወደ 2.6 እለፊ
2.5	ለ2.4 አዎ ካልሽ የምታውቂውን ሁሉ ስማቸውን አክቢ.	1. ጨብጥ 2. ቂጥኝ 3. ከርክር 4. ኤች.አይ.ቪ/ ኤድስ 4. አልማዝ ባለጨራ 6. ሌላ ግለጽ	
2.6	ከእርግዝና ነጻ የሆነን ጊዜ ታውቂያለሽ ወይ?	1. አዎ 2. አላውቅም 3. እንጃ	
2.7	ያልተፈለገ እርግዝናን እንዴት መከላከል እንደሚቻል ታውቂያለሽ??	1. አዎ 2. አላውቅም	አላውቅም ከሆነ ወደ 2.9 እለፊ
2.8	ለ 2.7 አዎ ካልሽ የምታውቂውን በሙሉ አክቢ.	1. መታቀብ 2. መቆጣጠሪያ መጠቀም 3. የዘር ፍሬ ወጪ ማፍሰስ 4. ሌላ ግለጽ	
2.9	ጥንቃቄ የጎድለው የግብረ ሥጋ ግንኙነት	1. አዎ	አላውቅም ከሆነ

	ስለሚያመጣው ችግር ታወቂያለሽ?	2. አላውቅም	ወደ 2.11 እለፊ
2.10	ለ2.9 አዎ ካልሸ የምታወቁውን አክቢ	1. ያልተፈለገ እርግዝና 2. በግብረ ሥጋ ግንኙነት የሚተላለፉ ህመሞች 3. ወርጃ 4.ሌላ ግለጽ	
2.11	ቤተሰብ በልጆቻቸው ጋብቻ ላይ የመወሰን መብት አላቸው ወይ?	1. አዎ 2. የላቸውም	
2.12	ወጣቶች የጋብቻ ጓደኛ ከቤተሰባቸው ፈቃድ ውጪ የመምረጥ መብት አላቸው ወይ?	1. አዎ 2. የላቸውም	
2.13	አንዲት ሴት ልጅ ከቤተሰቦቿ ፈቃድ ውጪ ጋብቻዋን መሰረዝ ትችላለች ወይ?	1. አዎ. 2. አትችልም	
2.14	ወጣቶች የስነ ተዋልዶ ጤና አገልግሎትን በሚስጢር የማስያዝ መብት አላቸው ወይ?	1. አዎ 2. የላቸውም	
2.15	ወጣቶች ስለ ስነ ተዋልዶ ጤና በቂ መረጃ የማግኘት መብት አላቸው ወይ?	1. አላቸው 2. የላቸውም	
2.16	ያገባች ሴት መውለድ ካልፈለገች ከባለቤቷ ፈቃድ ውጪ በራሷ መወሰን ትችላለች ወይ?	1. አዎ 2. አትችልም	
2.17	ያገባች ሴት የግብረሰጋ ግንኙነት ባለቤቷ በፈለገ ጊዜ እሷ ካልፈለገች እምቢ የማለት መብት አላት ወይ?	1. አላት 2. የላትም	
2.18	ስለ ወሊድ መቆጣተሪያ ታወቂያለሽ ወይ?	1. አዎ 2. አላውቅም	አላውቅም ካልሸ ወ <input type="checkbox"/> 3.1 እአለፊ
2.19	ለ 2.18 አዎ ካልሸ የመተወቂያውን ሁሉ አክቢ	1. በአፍ የሚዋጥ 2. በመር <input type="checkbox"/> <input type="checkbox"/> የሚወ <input type="checkbox"/> 3. ሉፕ/በማህጸን ወስጥ <input type="checkbox"/> የሚቀመ <input type="checkbox"/> 4. <input type="checkbox"/> <input type="checkbox"/> አ ሬ <input type="checkbox"/> <input type="checkbox"/> ማአ ሰስ 5. ሌላ <input type="checkbox"/> <input type="checkbox"/>	
2.20	መረጃውን ከምን አገኛለሽ?	1. ከነሌ-ቨሻርን/ ሬድዮ 2. ከጋዜጣ 3. ከገደኛ 4. ከበራራ ወረቀት 5. ሌላ <input type="checkbox"/> <input type="checkbox"/>	

ክፍል 3 የስነ ተዋልዶ ጤና መብት ተግባር

3.1	በእናንተ ት/ቤት ውስጥ የጾተዊ ጥቃት በሴት ተማሪዎች ላይ ምን ይመስላል?	1.ከፍተኛ 2.አነስተኛ 3. የለም	
3.2	በአሁኑ ወቅት የፍቅር ገደኛ አለሽ ወይ?	1. አዎ 2. የለኝም	የለኝም ከሆነ ወደ 3.5አለፊ
3.3	ለ3.2 አዎ ካልሽ የገፋፋሽ ሰው አለ ወይ?	1. አዎ 2. የለም	
3.4	ለ3.3 አዎ ካልሽ የተገፋፋሽዉ በማን ነበር?	1.በፍቅረኛዬ 2. በገደኞቼ 3. በቤተሰብ 4. ሌላ ግለጽ	
3.5	የግብረሰጋ ግንኙነት አርገሽ ታውቃለሽ ወይ?	1. አዎ 2. አላውቅም	አላውቅም ወደ 3.8
3.6	መልስሽ አዎ ከሆነ እርግዝና አጋጥሞሽ ያውቃል ወይ?	1. አዎ. 2. አያውቅም	
3.7	ለ3.6 አዎ ካልሽ በፍላጎትና በእቅድ ነበረ ወይ?	1. አዎ 2. አልነበረም	
3.8	በስነ ተዋልዶ ጤና ጉዳዮች ላይ የመወያያት ልምድ አለሽ ወይ?	1. አዎ 2. የለኝም	
3.9	ለ3.8 መልስሽ አዎ ከሆነ ከማን ጋር ትወያያለሽ?	1. ከጓደኞቼ 2. ከቤተሰብ 3. ከፍቅርኛዬ 4. ከሌላ	
3.10	የወሊድ መቆጣጠሪያ ተጠቅመሽ ታውቂያለሽ ወ□?	1. አዎ 2. አላውቅም	አላውቅም ከሆነ ወደ 3.13
3.11	3.10 አዎ ከሆነ ምን አይነት ተጠቅመሽ ታውቂያለሽ የምታውቁውን ሁሉ አክቢ.	1. ታብሌት/የሚዋጥ 2. የሚወጋ 3. በማህጸን የሚገመጥ 4. ድንገተኛ 5. የወንድ ኮንዶም	

3.12	የወሊድ መቆጣጠሪያ ክፍት አገኘሽ የምታውቁውን አክቢ?	1. ከክሊኒክ ቤት 2. ከመድኃኒት 3. ከሱቅ 4. ከጤና ጣቢያ	
3.13	በግብረ ስጋ ግንኙነት ለሚተላለፉ ህመሞች ተክመሽ ተወቂያለሽ?	1. አዎ 2. አላውቅም	
3.14	ለ3.13 አላውቅም ካልሽ ምክንያቱ ምንድነው?	1. አገልግሎቱ በቅርብ ስለሌለ 2. ምስጢር እንዲሆን ስለምፈልግ 3. ስለማፍር/ ስለምፈራ 4. ሌላ/ ግለጽ	

የተቆጣጣሪው ስምና ፊርማ -----

የኢሽትጌተሩ ስምና ፊርማ-----

ቀን-----

አመሰግናለሁ

ASSURANCE OF PRINCIPAL INVESTIGATOR

The undersigned agrees to accept responsibility for the scientific ethical and technical Conduct of the research project and for provision of required progress reports as Per terms and conditions of the Research Publications Office in effect at the time of Grant is forwarded as the result of this application.

Name of the student: _TigistTafa

Date. _____

Signature _____

Approval of the Advisors

Name of the primary advisor:

Date. _____

Signature _____

Name of Co Advisor:

Signature _____

Date _____