



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
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**CURRENT UTILIZATION OF REPRODUCTIVE HEALTH
SERVICES AND THE ROLE OF PEER INFLUENCE AMONG
UNDERGRADUATE STUDENTS OF WACHAMO
UNIVERSITY, HOSANNA, SNNPR, ETHIOPIA**

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ACRONYMS

AAU	Addis Ababa University
AOR	Adjusted Odds Ratio
CI	Confidence Interval
COR	Crude Odds Ratio
ETB	Ethiopian Birr
FSW	Female Sex Workers
FGD	Focus Group Discussion
GC	Gregorian Calendar
II	In-depth Interview
NGO	Non-Governmental Organization
SNNPR	Southern Nations and Nationalities People Region
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for population activities
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
YFS/YFRHS:	Youth Friendly Services/Reproductive Health Services

SUMMARY

Background: Youth health is dependent on several complex and interdependent factors such as socio-cultural influences, social support structures (such as families, peers and communities), access to health services, education and employment opportunities. **Objectives:** To assess current utilization of reproductive health service and role of peer influence among regular undergraduate students of Wachamo University, Hosanna, SNNPR (Southern Nations and Nationalities People Region), Ethiopia.

Methods: An institution based quantitative cross sectional study supplemented by qualitative method was conducted in Wachamo University, Hosanna, Hadiya zone, SNNPR, Ethiopia March, 2017. Multistage sampling method was used to select study subjects. A total of 389 study participants were selected for quantitative part. The data from the quantitative part of the study was entered in Epi info version 7 and analyzed using SPSS version 21. Whereas purposive sampling technique was used to select 2 interviewees for in-depth interview which were health care providers and 40 regular undergraduate students in Hosanna campus of Wachamo University for 4 focus group discussions (FGD) . For the qualitative component, recorded data was transcribed and open code software was used to carry out content analysis, then results were triangulated with the quantitative findings.

Results: From the total of 385 respondents, 227 (59%) utilized at least one of the reproductive health (RH) services in the past 6 months. sex (AOR=3, 95% CI: 1.15, 8.37), friend mentioned about importance of utilization of RH services (AOR=3.02, 95% CI: 1.19, 7.64), attitude of peer /friend on utilization of RH services (AOR=2.97, 95% CI: 1.11, 7.89), experience of discouragement not to use RH services (AOR=4.38, 95% CI: 1.44, 13.28) remained significantly and independently associated with current utilization of Sexual and Reproductive Health (SRH) services (CI 95%, cut off point for significance level $P < 0.05$). The main problems identified from the qualitative finding hindering the current utilization indicated were lack of awareness, fear of being seen and feeling ashamed ,shortage of equipment and skilled provider as well as small service provision rooms of the facility.

Conclusion: In general, it was found that current RH services utilization among youth in this study area was low. Interventions such as improving knowledge of the youth with regard to SRH issues, strengthening youth and RH centers in the campus with necessary supplies as well as training of the staffs and peer educators should be sought.

1. INTRODUCTION

1.1. Background of the Study

The number of youth (aged 15 to 24 years) has been increasing speedily in recent decades. Our world is home to 1.8 billion young people between the ages of 10 and 24. This fast and continuous increment in number is seen in poor countries where as decrement is seen in other areas (1). In Ethiopia over 65% of the population is under 25 years of age who have profound reproductive health needs (2).

Many factors influence the Youth Reproductive Health, including the systems in institutions, family, peers, individual, partners, youth decision making and reproductive health behaviors. Addressing the reproductive health needs of young people is complex. Youth cannot be defined as a homogeneous group. They vary by age, sex, education, marital status, and residence. Youth's health is directly affected by the sociocultural and economic context in which they live (3).

The beginning of the second decade of human life is the switch time among others to initiating sexual activity potentially leading to the experience of unintended pregnancies, consequences of unsafe abortions, sexually transmitted infections (STIs) and human immunodeficiency virus/Acquired immune deficiency syndrome (HIV/AIDS) and other bad reproductive health (RH) outcomes. This underlines the significance and the necessity for accessible and affordable adolescent and youth friendly health information/education and services. However, in a number of countries, these information and services are either non-existent, or scarce or fragmented.

In addition, the RH needs of youth are, unacknowledged misconstrued or given less attention (2). While age at marriage is rising in virtually every country, age at first sexual intercourse is falling. Thus, a large proportion of adolescents are engaging in premarital sexual activity. This activity is often not planned, and many young people do not use contraceptives, or use less effective traditional methods. About 14 million adolescents give birth each year, and it is estimated that 1/3 to 2/3 of these births are unplanned. Many of them resort to abortion, often under unsafe conditions. Adolescent pregnancies and childbirth carry higher risks for both the mother and newborn; maternal mortality ratio in

this age group is twice that of women in their twenties. Other important consequences of unprotected intercourse include STIs.

Of an estimated 340 million cases of curable STIs occurring annually in the world, at least 1/3rd are in people under age 25. In addition, half of all new HIV infections occur among 15-24 years old people, accounting for about 2.5 million new infections a year (4).

1.2. Statement of the Problem

Youth have been perceived to have little health needs and limited income to access for health services. This brings negative or adverse sexual and reproductive health outcomes which curtail youth's ability to achieve their economic and social goals, and in turn this has an implication in the country's long-term development (5).

The vulnerability of youth to reproductive health problems is high in Ethiopia. This is more pronounced in girls because of various social ,cultural and environmental factors .These include: traditional practices of early marriage and genital circumcision, unprotected sexual behavior that may be transactional in nature between teenage girls and older men increasing their risk for exposure to HIV/AIDS, societal taboos about discussing sexual issues in general and youth sexual behavior in particular, lack of available sources for good information and education about reproductive health and lack of available and/or accessible family planning services (6).

Study done among Madawolabu University students has revealed that there is lack of information resource center in the University which was supposed to be responsible for the delivery of updated and reliable information and education on sexual and reproductive health issues. Risky behavior (such as substance use /alcohol consumption, multiple sexual partners and early sexual initiation), low awareness/knowledge, STIs/HIV infection, unwanted pregnancy/abortion and gender based violence/sexual harassment were among the commonly identified sexual and reproductive health problems in the campus. Concerning the factors predisposing university student to sexual and reproductive health problems: economic problems, peer pressure, absence of preventive intervention and lack of access to information education communication (IEC) on sexual and reproductive health (SRH) issues were among reported reasons. Regarding the prevalence of utilization of

sexual and reproductive health services by the youth in the university, even though it was reported that there was high magnitude of sexual and reproductive health problems in the campus, the utilization of sexual and reproductive health services by the youth is significantly low (7).

This is supported by similar other studies conducted on utilization of reproductive health services among the youth (8-11). As it is shown in various studies, among several factors affecting the utilization which contribute for low uptake of the services, includes peer factors. A study which was conducted on the affects of peer pressure on adolescents, peer influences/peer pressure can have numerous maladaptive outcomes on youth. Adolescents can adopt bad behaviors or negative attitudes to conform to what their peers are influencing them to have. (12)

On the other hand, another study has indicated how beneficial peer relationships could be. In this study peer support has been shown to play an influential role in health and health care delivery. This study which was conducted on the effects of peer support interventions on health outcomes in individuals with heart diseases demonstrated that there were positive effects of peer support for individuals with heart diseases (13).

Another study conducted on peer norms and consistent use of condom revealed that consistent condom use with FSWs was significantly more likely among male clients who perceived more pro-condom descriptive and injunctive norms among their peer groups. In addition, the pattern of commercial sex visits moderated the relations between peer norms and consistent condom use with female sex workers (FSWs). More peer approval of condom use and more HIV-related communication were significantly associated with consistent condom use among clients who visited FSWs with friends but not among those who visited FSWs alone (14).

Studies from several countries including Ethiopia revealed that utilization of reproductive health services among youth is still low (8-11). As indicated in various studies, there are different factors affecting utilization of youth reproductive health service in which some of the factors are; demographic characteristics, socio-cultural, economic status, health system,

health providers attitude, or individual factors . However, majority of these studies didn't point the role of potential peer factors and reproductive health service utilization. Thus, this study was aimed to assess and provide information about the current reproductive health utilization and the role of peer influence factors among regular undergraduate students in hosanna campus of Wachamo University.

1.3. Significance of the Study

Ensuring the reproductive health of youth is investing on today as well as the future of the nation. Limited access and utilization of adolescent and youth friendly reproductive health services contribute to high mortality and morbidity due to abortion, fistula and other pregnancy related complications(3).

So Ethiopia has been putting series of efforts to strengthen strategies to address the youth reproductive health problems and improving quality of youth's life.

The results of this study is envisaged to generate relevant information on the influence of peers on reproductive health service utilization among youth (i.e., undergraduate students) in Wachamo University which will be used for designing and implementing reproductive health programs and services in universities as well as other related youth centers to enhance the health and productivity of the youth population.

The findings of this study may also serve as reference as well as baseline information for other further studies and be used by the policy makers and program managers in addressing the needs of the youth and develop effective interventions in the solving problems related to reproductive health.

2. LITERATURE REVIEW

2.1. Global and National Initiatives towards Sexual and Reproductive Health and Services

As part of its response to achieving the United Nations Sustainable Development Goals (SDGs), the UN Secretary General Global Strategy for Women, Children and Adolescents aims to bring about transformative change needed to shape a more sustainable future for all (15).

The Ethiopian Government, along with a number of international non-governmental organizations (NGOs), has been supporting activities to increase access to SRH services by young people, including the scale-up and institutionalization of youth friendly service (YFS) through intensive capacity building at all levels of the health system but there are many factors identified in several studies that hinder the utilization of this program and services by the youth (16).

In recognition that adolescents face varied vulnerabilities to reproductive health issues, Ministry of Health (MoH) has developed a national strategy with minimum service package for scaling up of adolescent and youth reproductive health services. It is believed that limited access and utilization of adolescent and youth friendly reproductive health services contribute to high rates of maternal mortality and morbidity due to abortion, fistula and other pregnancy-related complications (17).

Reviews also showed that there are multiple factors contributing for the adolescent reproductive health behaviors and outcomes. For these reason multipronged interventions have been called to change them. But identification of the specific elements of multifaceted programs that had the strongest effect is often difficult, rather needed in order to sort out which interventions are more effective and to make such programs more cost effective (18).

2.2. Youth SRH Service Utilization

Youth is the time when the majority of people become sexually active. To promote the sexual and reproductive health, youth require: Information including comprehensive sex education; access to a full range of sexual and reproductive health services, including condoms, other means of contraception as appropriate and other interventions for the prevention, treatment and care of sexually transmitted infections, including human immunodeficiency virus (HIV); and safe and supportive environments free from exploitation and abuse(19).

There are studies reported on utilization of reproductive health services by the youth. A study conducted in Awabel on utilization of reproductive health services by the youth revealed that in the past six months preceding the survey, 41.2% of the study participants had utilized sexual and RH services. The RH services that were received were SRH information, education, and counseling 51.1%, contraception and or condom 25.4%, treatment for STI 17.3%, voluntary testing and counseling services (VCT) 10.4% and abortion and post abortion care 2.6% (20).

In a study conducted in Addis Ababa on utilization of Youth RH programs in it was reported that; Twenty percent of boys and only 7% of girls had visited a youth center in the year preceding the survey; in this study Older adolescents, especially boys, were more likely to utilize programs. Girls who work long hours and who are isolated are less likely to access and benefit from programs (8).

In another study done in Harar, although 82.2% of youth reported that they know where YFS are delivered, only 63.8% of them reported that they used the services at least once in the last 12 months preceding the survey (21).

In similar study conducted in Addis Ababa high school students, the RH services utilization by the youth is only 28.7% in the past one year. Among the services utilized family planning 17.9%, VCT 18.3%, condom utilization 15.4% of the youth. Post abortal care was the least services reported by youth (8). In the study from Asela it is shown that utilization of youth in college is 20% VCT services, 40.4% FP service (22).

2.3. Factors Affecting Utilization of Youth Reproductive Health Services

2.3.1. Peer Influence Factors

Studies had been conducted on peer influences or pressures in adolescents. A study carried on 2015 stated that peer pressure is unavoidable problem that youth's face in their life. Youths are not mentally prepared to resist and deny peer pressure. The behaviors of youth can be mildly or drastically affected by their peers (12).

Peers can have both positive and negative influences on a variety of adolescent outcomes. Studies that are conducted on peer influence in association with bad outcomes have been reported. A study done on influence of peers on adolescents showed that adolescents are more likely to use substances if they believe close friends are using that substance (23).

The negative effect of peer influence has also been reported in another study conducted in Addis Ababa high school Adolescents .In this particular study which was carried out on peer influence on risky sexual behavior, most students who perceived that their peers are involved in sexual relationships were more likely to report risky sexual behavior compared to those who did not have this perception (24).

A study conducted in three Bolivian cities showed that the use of health services was seen as an admission of being sexually active and tended to arouse fears of being punished by family and ridiculed by peers, thus negatively affecting their ability to seek out services. Adolescent perceptions of contraceptive use by their partners or peers were found to be both positive and negative. For example, though most of the adolescents surveyed felt that young women who used contraceptives were responsible and cautious, a significant number labeled them as easy; boys who used contraceptives were viewed by some as womanizers (25).

Another study done on relationship between peer attitudes towards school, selected peer group activities and academic achievement of secondary school students in Nairobi, it was reported that there was a statistically significant relationship between peer group attitudes towards school academic scores and students academic achievement scores. According to this study those students who were influenced positively attained higher levels of academic

achievement, while those who were influenced negatively achieved low academic levels (26).

In a study conducted in Awabel ,it was reported that respondents who were involved in peer to peer education, who were living with mothers and who had parental discussions on sexual and reproductive health issues were more likely to use SRH services than their counterparts (20). In another study done in Debrebirhan, adolescents who had discussions with peers on sexual and reproductive issues were more likely to utilize RH services (27).

Another study conducted in Ghana, Malawi and Uganda showed that peer factors like fear of being seen are among the barriers utilization of RH services like contraceptives, STI treatment. In this study it was indicated that feeling afraid, embarrassed or shy about obtaining these services. (28)

2.3.2. Health Care Service System, Health Providers Attitude Factor

In a study carried out in Awabel young people where their nearby health facility was health center were more likely to utilize the service than who were living near health post and private clinic (20).

In another study done on health workers attitude towards sexual and RH service utilization by unmarried adolescents the majority of the health workers had a positive attitude toward provision of sexual and reproductive health services to unmarried adolescents. However, a minority of them displayed negative attitudes. This was a significant barrier to service utilization by youth (29-32).The study conducted in Asela on utilization of reproductive health services in the college ,it was reported that the utilization of reproductive health services by the youth was affected by availability of RH services in the college, distance to the RH service facility, staff handling of the youth and cost of the service (22).

In a similar study carried out in Bahirdar, it was shown that the major factors affecting utilization of RH service were inconvenient service hours, too long waiting hours and providers being judgmental and unfriendly (33).

2.3.3. Socio-Demographic, Knowledge Factors

A study conducted in Asela town showed that age influenced utilization of major reproductive health services where by older school youth tended to utilize youth friendly reproductive health services more as compared to younger ones (22).

In a study conducted in Kenya, it showed that utilization of reproductive health services such as family planning and STI services was significantly associated with age of the individual where older youth aged 20-24 years utilized these services more than those aged 10-14 and 15-19 years respectively, whereas utilization of counseling services are more utilized by younger age group 10-14 years. In this particular study it is reported that sex has also significant association with utilization of family planning services where females utilize more than males. But STI services are more utilized by males than females. Whereas no significant relation was shown between sex and VCT services utilization (34).

This finding was supported by a study from Harar (21) as well as Vanuatu on utilization of Adolescents RH services which reported similar utilization for both female and male young's (31).

In a similar study conducted in Bahirdar ,its stated that age of the youth and exposure to RH problems were significantly associated with utilization of youth reproductive health service where youth in age group 20-24 years were more likely to utilize the services than those whose age ranges from 15-19(33). This results were supported by findings from a study from Debrebirhan where being an older age (18-19) were associated with increased chance of service usage than being lower age category (15-17) (i.e. middle adolescents) (27).

In related study conducted in Addis Ababa high school youth, it was reported that age, 15-18, being female, youth who prefer setting services at usual working hours and by young providers of same sex were less likely to utilize RH services (8).

According to a study conducted in Asela its showed that educational level has no significant association with utilization of counseling as well as family planning services(22) whereas contrasting results are found in study from Awabel that respondents

who attained primary level of education were more likely to utilize those who didn't (20). These results were supported by the study done in Harar which reported that being illiterate, not knowing about RH services, having negative perception about the importance of RH ,having unfavorable attitude to youth towards the behavior of youth friendly service provider and conduciveness of health institution were negatively associated with utilization of the service(21).

Based on study in Kenya findings showed that there is significant relationship between level of education and utilization of family planning services where by more youth in tertiary learning institution utilized as compared to those in primary and secondary schools. It also showed that type of school had significant association to family planning utilization in which youth in boarding schools had higher rate of utilization than those in day school (34).

A study in Debrebirhan town indicated that participants who had high knowledge about the components of reproductive health services and delivery points were more likely to utilize than those who know less (27).

According to the study conducted in Asela; parental employment status, religion, ethnicity has no significant association with utilization of counseling and STI services (22). The study from Kenya supported the report on employment status whereas showed conflicting results on religion in which Christian youth utilized VCT services more than Muslims and others (34).

In another study conducted in Debrebirhan: being married, older age ,living with their parents, having sexual history, having high knowledge about components of reproductive health and monthly family income were positively associated with utilization of youth reproductive health service were positively associated with utilization of RH services(27).

A study from Harar stated that being Muslim is negatively associated with utilization of RH services (21).The following figure shows the proposed conceptual framework developed based on the literatures reviewed. (Figure 1)

2.4. Conceptual Framework

Different studies were conducted on utilization of RH services as well as factors affecting utilization by the youth. According to the literatures reviewed; the magnitude of utilization of reproductive health services by the youth has been reported to be low. The studies also revealed that there are factors contributing for this low level of utilization. These includes socio cultural, economic, demographic, knowledge, health care system and peer factors.

Age, sex, marital status were significantly associated with the utilization of some RH services like STI and family planning services. In most of the studies it was reported that older age group and being female were associated with increased service usage. Most of the studies reported that ethnicity, religion and parental employment status had no significant association with utilization of some of RH services like VCT and STI.

On the other hand knowledge and educational levels were associated with RH service utilization. These studies showed that increased educational levels, perception towards as well as knowledge about RH service utilization were directly related with high service RH utilization. It was also shown that there are also significant relationships between utilization of RH services and health system factors like conduciveness of health institution, attitude of the provider towards youth utilization of RH services.

As indicated by some studies utilization of RH services by the youth was also affected by peer attitude towards it. The negative perception of peers towards the utilization of RH services influenced the youth ability to seek out these services.

The proposed conceptual framework demonstrates the interaction of these multiple factors as Well as direction of relations of the determinants with the outcome variable which is utilization of reproductive health services.

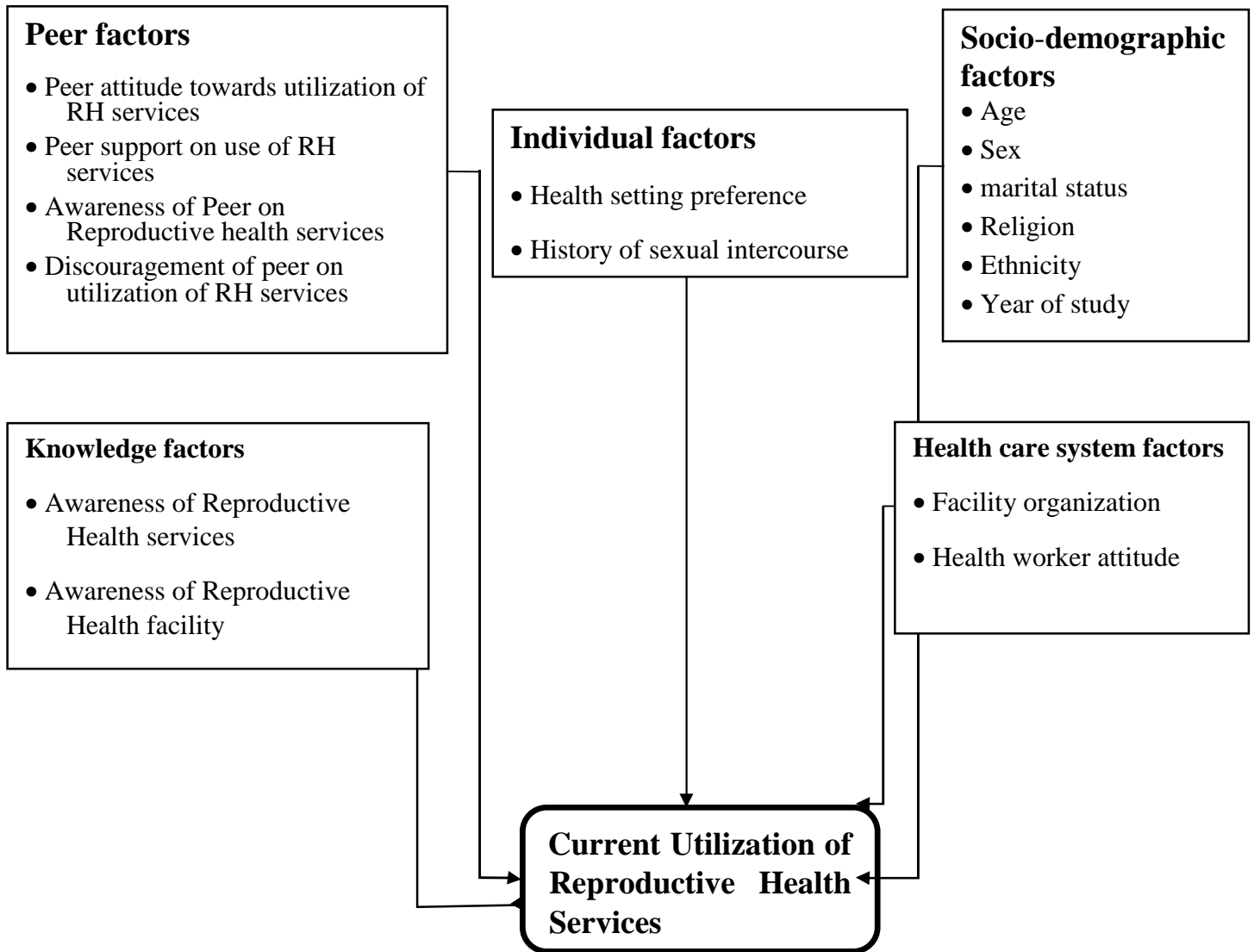


Fig 1: Conceptual framework of factors affecting current utilization of youth reproductive health services, constructed based on reviewed literatures (Adapted from Andersen and Newman framework of health services utilization, 2015)

3. OBJECTIVES

3.1. General Objective

To assess current utilization of reproductive health services and role of peer influence and other factors among regular undergraduate students in Hosanna campus of Wachamo University, March 2017.

3.2. Specific Objectives

- To measure the prevalence of utilization of reproductive health services among regular undergraduate students in Hosanna campus of Wachamo University
- To determine the role of peer influence and other factors on current reproductive health services utilization among regular undergraduate students in Hosanna campus of Wachamo University

4. METHODS

4.1. Study Area and Period

Wachamo University is located in Hosanna, Hadiya zone, SNNPR, Ethiopia. It was established in 2004 E.C (2013 GC). Currently, it has a total of 15,104 undergraduate students from which 10,990 are in regular whereas, 4114 are in extension programs. It has got 6 faculties, 27 undergraduate programs in two campuses which are the main campus in Hosanna and Durame campus.

Currently the university is delivering the learning-teaching process in the following 6 faculties and 38 programs which includes; 8 in the faculty of Engineering and Technology, 6 in the faculty of Natural and Computational Sciences, 7 in the faculty of Medicine and Health Science, 5 in the faculty of Agricultural Science, 4 in the faculty of Business and Economics, 8 in the faculty of Social Sciences and Humanities. Some departments in faculty of Engineering and Technology and faculty of Business are in the Durame campus where as the remaining are in Hossana campus. It has also a clinic providing health care services for the students including youth friendly reproductive health services (35). This study was conducted in March 2017.

4.2. Study Design

- Institution-based quantitative cross-sectional study design complemented by qualitative method.

4.3. Population

4.3.1. Source Populations

Quantitative method

All regular undergraduate students in Hosanna campus of Wachamo University between the age group 15-24 years.

Assumption: Those participants who are exposed to health knowledge (in this study, students in health science faculty) are not similar in understanding health related issues with those who are not exposed to health knowledge (in this study, all students in faculties other than health science). This in turn affects the level of utilization of RH services (21).

Students in those departments in Durame campus which are CoTM in the faculty of Engineering and Technology, economics, accounting and management in the faculty of Business and Economics, natural resource management in the faculty of Agricultural Science are assumed to have nearly similar understanding on health related issues with those students in other non health science faculties in Hosanna campus.

4.3.2. Study Population

Quantitative method

Regular undergraduate students in Hosanna campus of Wachamo University in the age group 15-24 years.

Qualitative method

Health workers who are working on provision of youth reproductive health services for the students in Wachamo University and regular undergraduate students in Hosanna campus of Wachamo University in the age group 15-24 years.

4.4. Inclusion and Exclusion Criteria

4.4.1. Inclusion Criteria

Both male and female regular undergraduate students who are actively attending their education at Hosanna campus of Wachamo University during the study period, stayed at least for the last 6 month who are 15-24 years and health workers in Wachamo University who are involved in provision of reproductive health services for the youth for the in-depth interview.

4.4.2. Exclusion Criteria

- Regular undergraduate students of Wachamo University who were sick and couldn't avail themselves on the days of data collection.

4.5. Sample Size Determination

Quantitative Method

Using single population proportion sample size determination formula to estimate sample size

Margin of error =5% and Significance level - CI =95% n = the desired sample size z = 1.96 which corresponds to 95% confidence level d = Permitted error (5%, if the confidence level is 95%); 0.05 q = 1 - p p=64% magnitude of utilization of RH services, from a study done in Harar in 2016 (21).

$$q = 0.36$$

$$n = \frac{Z^2 pq}{d^2}$$

$$n = 354 + 35 = 389$$

So, the sample size was 354 plus 10% extra 35 questionnaires to safeguard for non-response rate. Based on above sample size determination total number of subjects that were involved on this study was **389**.

Another prevalence of utilization of RHS has been sought from other studies including studies conducted in Bahirdar(33),Asela(22) and Madawolabu University students (7) for alternative sample size. But for the better sample size it provides, the prevalence of utilization of RHS from study done in Harar was used (21).

Qualitative Method

Two health workers who are working on provision of youth reproductive health services for the students in Wachamo University were selected by purposive sampling method for their-depth interview and 40 regular undergraduate students in the age group 15-24 years

in Hosanna campus of Wachamo University for 4 focus group discussions containing 8-12 students in each group who were also selected by purposive sampling method. Among which are 17 male and 23 female ,12 are in the age group 19-19 , 28 are 20-24,all are singles,8 from year I,6 from year II,8 from year III,9 from year IV and 9 from year V, from all faculties in Hosanna campus of Wachamo University.

4.6. Sampling procedure

Quantitative Method

Multistage sampling method was used to select the study subjects. The campus has got six colleges which have 38 departments which are 7 in health science and medicine, 5 in agriculture, 8 in technology, 8 in social science,6 in natural science and 4 in business and economics which has 10,990 regular undergraduate students .Stratified random sampling method was employed to group into health sciences and non-health sciences. After taking the number of students in the departments of each group which make up the total number in each of the two groups, population proportion to size was done to obtain the amount of students that became involved in the study from each group. Finally random selection of these proportionally allocated numbers of students in each year of study in the two groups that make up a total number of 389 study subjects were randomly selected. (Figure 2)

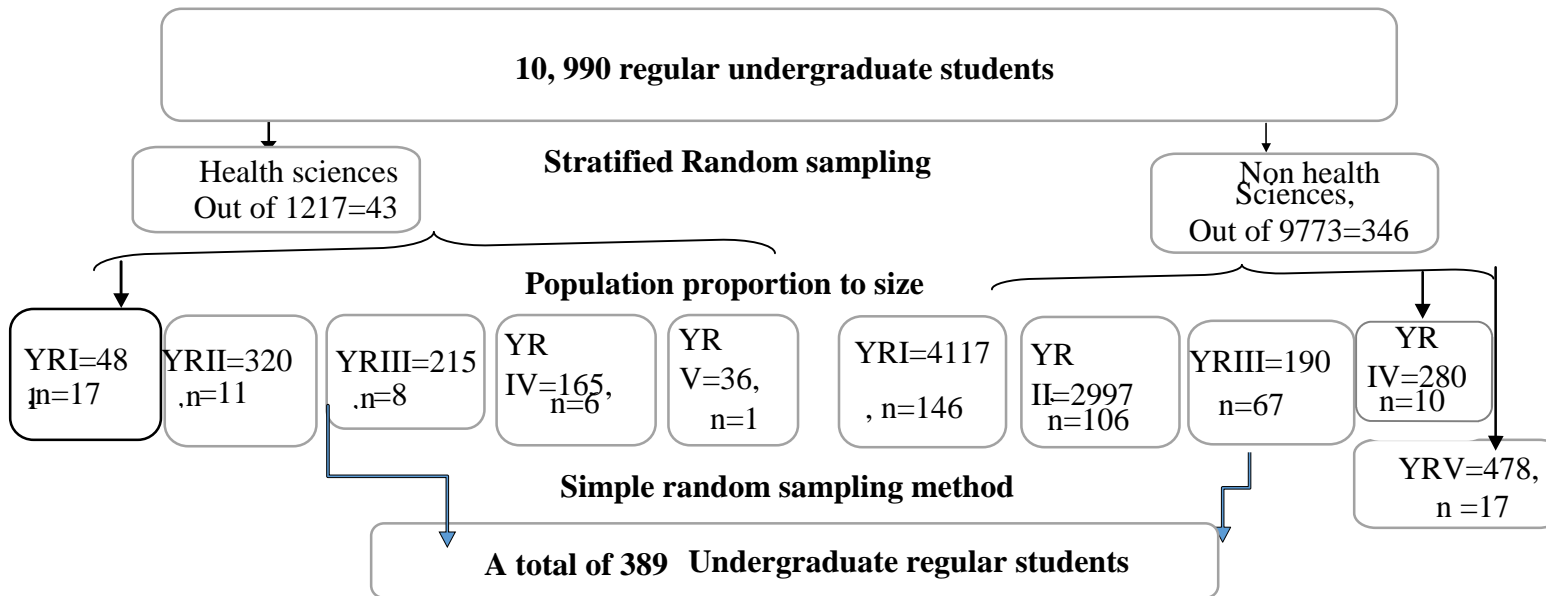


Fig 2: Schematic presentation of the sampling procedure for the study of assessment of current utilization of reproductive health services and association of peer influence among regular undergraduate students in Hosanna campus of Wachamo University, SNNPR, Ethiopia

Qualitative method

Purposive sampling technique was applied to select a total of 2 reproductive health providers for the students in Wachamo University who were trained on youth friendly RH service provision and were involved in the in-depth interview. Purposively selected 40 regular undergraduate students in the age group 15-24 years in Hosanna campus of Wachamo University for four focus group discussions containing 8-12 students were selected who fulfill inclusion criteria. After being selected FGD discussants were moved to a quiet room. To enable the participants freely communicate, the participants were grouped based on sex similarities. The FGD was conducted after quantitative data collection. The interviews and discussions were held in Amharic language. All the FGDs were moderated by the principal investigator. One note taker was involved in note taking. Two in-depth interview were conducted with two RH service providers. The in-depth interview and the FGDs were tape recorded and note was taken.

4.7. Data Collection Instruments, Enumerators and Data Collection Techniques

Quantitative method

Data was collected using self-administered questionnaires initially prepared in English and later translated into common local language which is Amharic. The questionnaires contain questions on demographic characteristics, knowledge, socio-cultural and economic, peer influence, health care system factors and utilization of reproductive health services. Four diploma holders in nursing was recruited for data collection and two supervisors who are BSc holders in nursing/public health officer were recruited for supervision who have experience on provision of health services .The data collectors and supervisors were trained for two days on issues related with data collection of data. These include how to collect data and completeness of the data. Then the tool was pretested for enhancement and reliability and quality of data on 5% of the total sample subjects which do not participate on the actual study but who share similar characteristics with the study subjects in Hosanna campus of Wachamo University. After pretesting of the tool, discussions were held with the data collectors and supervisors, some corrections were made on the questionnaires including recoding of the variable ethnicity by adding Hadiya as one category because of the predominance in the pretested questionnaires and also omitting of questions related to abortion services, antenatal, delivery and postnatal services because of the absence of the indicated services in the study area. Then formal communication was made with Wachamo university administrative bodies for permission to conduct the study and set time for the data collection. After selection of the study participants on the day of data collection, they were moved to a quiet room. The study participants were provided with important issues related with the study including the purpose and objectives of the study, confidentiality, right to refusal. Then they were given the questionnaire by the data collectors, for the fact that all respondents had the skill of reading Amharic language, Amharic translated questionnaires was used for all respondents. After completion of the data collection, the questionnaires were checked for completeness, accuracy and consistency by the supervisors and principal investigator on a spot basis.

Qualitative method

Semi structured open ended interview and discussion guide was used for data collection. After selecting the participants, quiet and comfortable place of discussion was selected and organized. Two in-depth interviews and four sessions of FGDs were held with purposively selected health workers and regular undergraduate students in Hosanna campus of Wachamo University. To enable participants freely communicate, they were grouped based on sex similarities. Each FGD contains 8-12 discussants. All of the in-depth interview were moderated by the principal investigator, and all FGDs were facilitated by both the principal investigator and discussion facilitator with the assistance of a trained note taker. Each FGDs lasted for an hour on average and each interviews lasted for forty minutes. All interviews and discussions were hand written and tape recorded by a trained note taker.

4.8. Study Variables

4.8.1. Dependent Variables

- ❖ Current utilization of youth reproductive health services: which was assessed on the basis of youth practice of utilizing campus clinic for reproductive health service (VCT, STI, Information services and contraceptives) in the last six month stay in the campus.

4.8.2. Independent Variables

- Peer influence factors
- Socio-demographic factors
- Health care system factors
- Knowledge factors
- Individual factors

4.9. Operational Definitions

Youth: population within the age group of 15-24 years.

Current utilization of reproductive health services: utilizing health facility for any one or more of the following RH services by Wachamo university students: Information on comprehensive sex education, voluntary HIV counseling and testing, treatment and care of sexually transmitted infections, contraceptive methods in the last 6 months stay in the campus.

Peer influence: influence of peer that affect utilization of RH Services.

Peer group: a group of people who share similarities such as age, background, and social position, the members of this group are likely to influence each other.

Contraceptive service utilization: youth who used any of birth controlling methods in the past 6 months.

VCT service utilization: Undergraduate students who received HIV counseling and testing in the past 6 months.

STI Diagnosis and treatment service utilization: youth who obtained STI diagnosis and treatment service in the past 6 months.

4.10. Data Analysis and Quality Assurance

4.10.1. Data Quality Assurance and Management

Quantitative method

Data collectors and the supervisor were trained for two days before the pretest on the objective of the study, and method of data collection, interview technique & content of questionnaire. Supervisor was assigned to maintain data quality. Every day, questionnaires were reviewed and checked for completeness by the facilitator and principal investigator and the necessary feedback was offered to facilitators in the next morning before data collection.

Qualitative method

Tape recorder was in good quality and handled carefully. Functionality of the tape recorder was checked. For the convenience and smooth flow of the discussions quiet rooms were selected for the focus group discussion and in-depth interview. In the focus group discussions similar sex students were organized to discuss together for convenience and freedom of the participants. Information in the tape records was transcribed in to Amharic language then translated to English by the principal investigator.

4.10.2. Data Analysis

Quantitative method

Data was entered using Epi info version 7 and analyzed using SPSS version 21. Descriptive statistics such as frequencies, proportions, and numerical summary measures were used to describe the data. Bivariate logistic regression analysis was employed to examine association between dependent and independent variables. The variables whose significance level less than $P < 0.2$ were considered as candidate for the multiple logistic regressions. Finally multiple logistic regressions was fitted to determine the factors that independently affect the outcome variables considering variables that show significant association in the bivariate analysis and control of confounding.

P -value of < 0.05 was considered as cut off point for significance, CI 95%.

Qualitative method

Recorded information in audio tape recorder and note taken was transcribed and translated. Translated data was exported to open code software for coding and categorizing. Information in the text was merged in their thematic areas and open code software was used to carry out content analysis. Results were triangulated with quantitative findings.

4.11. Ethical Consideration

Research proposal was submitted to and get cleared by the Ethical and Research Committee at the School of Public Health/College of Health Sciences/AAU. Permission was obtained from Wachamo University to conduct the research. The objectives of the

study, the importance, as well as the procedures was made known to the participants also their right to withdraw or refuse to participate in the study. An approval of voluntary participation was received prior to data collection as well as written consent was solicited from each study participants. The consent dealt with autonomy, confidentiality, voluntary participation and related dimensions of ethical responsiveness.

4.12. Dissemination of Results

The final results of this study will be submitted and presented to Addis Ababa University School of Public Health, will be disseminated to parties in Wachamo University and will be also subjected to journals for publication.

5. RESULT

The data was collected from a total of 385 regular undergraduate students in Hosanna campus of Wachamo University in the age group 18-24 years for the quantitative part of this study, making a response rate 99%.

5.1. Socio-Demographic Characteristics

Majority of the respondents were male students (64.5%) with mean age of the participants 20.3(± 1.4 SD) and ranges between 18-24 years. Regarding marital status 340(88.1%) were single. Majority 169(43.9%) were protestant religion followers followed by 133(34.5%) orthodox. Hadiya was a dominant ethnic group, accounting for 183(47.5%). Concerning the distribution of the participants based on their year of study, 160 (41.6%) of students were year I. (Table 1).

In addition to the quantitative part of this study, four FGD sessions were conducted. Two FGD were with female and two were with males participants. A total of 17 female participants (42.5%) and 23 male participants (57.5%) were included (table 2).

All of students in the FGD were in the age group 18-24 years, single and included students from every year. In-depth interview was also conducted with two health service providers in the clinic who were trained on youth friendly RH services.

Table 1: Distribution of respondents by their basic socio-demographic characteristics among regular undergraduate students in Hosanna Campus of Wachamo University, March 2017(n=385)

Socio-demographic characteristics	Frequency(n)	Percent (%)
Age group (years)		
18-19	99	25.7
20-24	286	74.3
Sex		
Male	249	64.4
Female	136	35.6
Marital Status		
Single	340	88.3
Married	22	5.70
Divorced	23	6.00
Religion		
Protestant	169	43.9
Orthodox	133	34.5
Muslim	68	17.7
Others	15	3.90
Ethnicity		
Hadiya	183	47.5
Oromo	92	23.9
Amhara	60	15.6
Tigre	18	4.70
Gurage	11	2.90
Others	21	5.50
Year of study		
Year I	160	41.6
Year II	116	30.1
Year III	75	19.5
Year IV	16	4.20
Year V	18	4.70

Table 2: Socio-demographic characteristics of FGD participants in Hosanna campus of Wachamo university, March 2017(n=40)

Socio-demographic characteristics	Frequency(n)	Percent (%)
Sex		
Male	17	42.5
Female	23	57.5
Age(years)		
18-19	12	30.0
20-24	28	70.0
Marital status		
Single	40	100
Married	0	0.00
Divorced	0	0.00
Year of study		
Year I	8	20.0
Year II	6	15.0
Year III	8	20.0
Year IV	9	22.5
Year V	9	22.5

5.2. Current Utilization of SRH Services

From the total of 385 respondents, 227 (59%) utilized any one of the reproductive health services in the last six months (figure 3). Among the services utilized 129(33.5%) of the participants utilized information service regarding to SRH issues from health worker,87(22.2%) of them utilized voluntary testing and counseling service,70 of them utilized sexually transmitted infections diagnosis and treatment services,140(36.4%) of them utilized contraceptive methods. With regards to the type of contraceptives utilized, 45(11.7%) utilized pills, 89(23.1%) of them utilized male condom and 6(1.6%) of them utilized injectable contraceptive which is Depo-Provera. (Table 3)

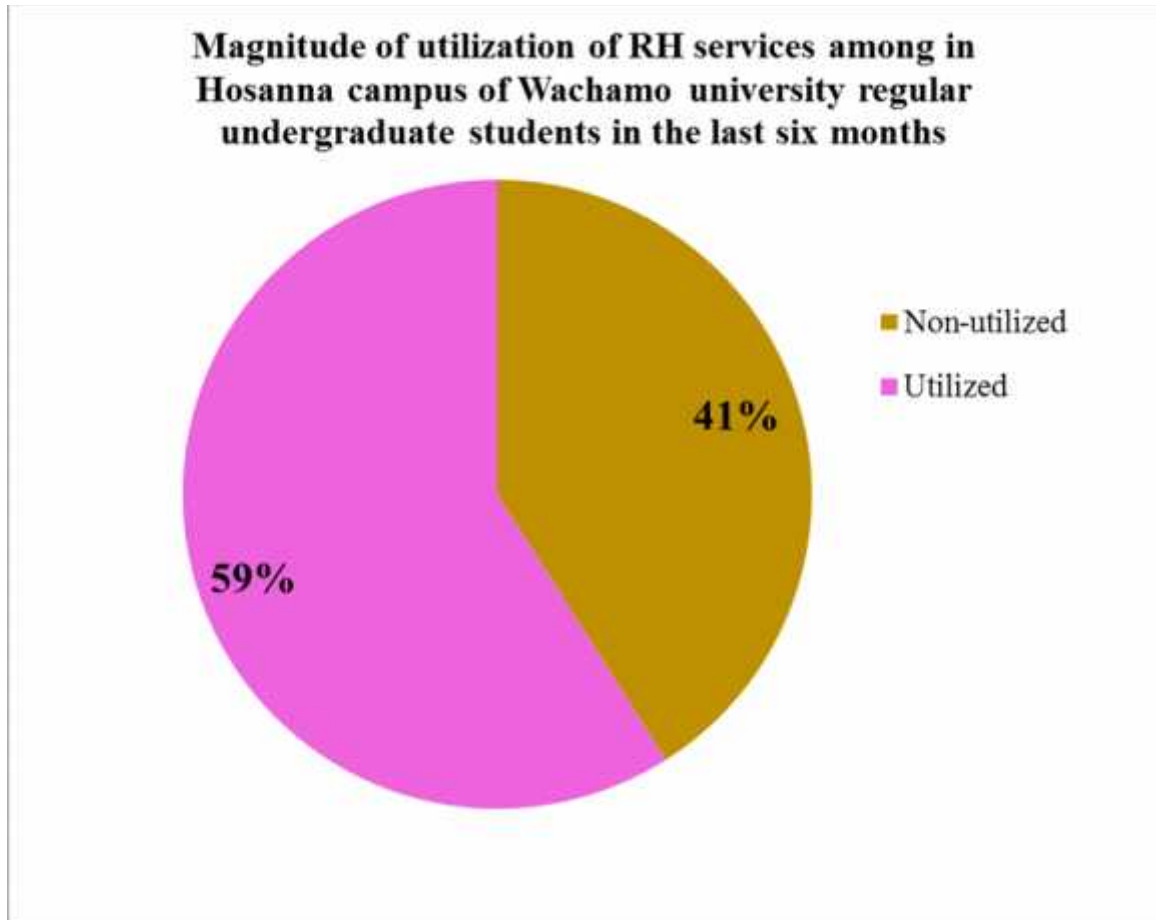


Fig 3. Current utilization of SRH service among regular undergraduate students in Hosanna campus of Wachamo University, March 2017

Results from the in-depth interview also supported the quantitative finding. One of the interviewee who has been working in provision of youth RH service provider reported this as:

“In my view, the utilization of reproductive health services by the students is low. Most students in the campus do not come for reproductive health services for RH services. They have lack of awareness, even though there are other reproductive health services provided in the clinic, most students come only for condom”(A 38 years old male nurse)

Table 3: Current utilization of SRH services of regular undergraduate students in Hosanna campus of Wachamo University, March 2017(n=385)

Variables	Frequency(n)	Percent(%)
Utilized any type of RH services		
Yes	227	59
No	158	41
Received any information service regarding to SRH issues		
Yes	129	33.5
No	256	66.5
Utilized voluntary testing and counseling services		
Yes	87	22.2
No	298	77.4
Utilized sexually transmitted infections diagnosis and treatment services		
Yes	70	18.2
No	315	81.8
Utilized contraceptive methods		
Yes	140	36.4
No	245	63.6
Type of modern contraceptives used		
Male condom	89	23.1
Pills	45	11.7
Injectable	6	1.6

5.3. Factors Affecting Current Utilization of SRH Services

5.3.1. Peer Influence Factors

Among the total of 385 respondents 191 (49.6%) of them got information about reproductive health services from their peer, 78(20.3%) of them got information on the importance of reproductive health services from their peer, 226(58.7%) of the respondents reported that their peers attitude towards reproductive health services or its utilization was positive in the last six months.

Respondents who prefer to get approval of their peer on utilization of RHS were 188 (48.8%). For 220(57.1%) of the respondents, the attitude of their peer towards reproductive health services or its utilization affected their decision to visit clinic for SRH services. Among these 134(34.8%) of them reported that the attitude of their peer towards reproductive health services or its utilization affected their decision to visit clinic for SRH services positively whereas 86(22.3%) of the m were affected negatively.

With regards to getting support from peer, 131(34%) of the respondents reported that they got support to use reproductive health services and 254 of them did not get support. 84(21.8%) of the respondents had experience of discouragement from their peer not to use reproductive health services in the last six months. 183(47.5%) of them had encountered fear of being seen by their peer or friends f or utilization of sexual and reproductive health services.

Respondents who had experience of feeling embarrassment because of being seen during use of sexual and reproductive health services in their campus clinic in the last six months were 167(43.4%). Results from the in-depth interview also supported the quantitative finding on peer influence factors.

A male nurse participant who was a reproductive health service provider reported that:

“Fear of being seen is one of the main problems hindering the students to seek reproductive health care. Female students do not come for contraceptives like post pills they send their boyfriends in secret” (A 38 years old male nurse)

5.3.2. Health System and Health Provider Attitude Factor

From the total number of 385 respondents 227(59%) have visited the campus clinic for reproductive health service. Among those who visited the clinic for the services, only 97(25.5%) of the respondents reported that they are satisfied by the services being offered, but 128(33.5%) of them reported that they are not satisfied by the service being offered.

Among the reasons for not being satisfied by the services being offered; too long waiting hours is among the main reasons mentioned by 64(16.6%) respondents. Other reasons include provider being unfriendly, did not get the service they wanted, fear of anybody/ friends who know them.

Regarding the perception of the respondents about the main obstacles that hinders them not to utilize reproductive health services 162(42.1%) of them reported long waiting time, 174(45.2 %) of them reported providers failing to keep privacy and confidentiality and 49(12.7%) of the m reported poor handling by health workers (Table 4).

A report from the qualitative part has indicated that being unable to get the services any time the students need it is another barrier hindering the uptake. A participant from the FGD reported that:

“They don’t provide the services for 24 hours a day. We don’t get the services anytime we want to. They don’t even have laboratory services.” (A male year three student)

On the preference of the youth reproductive health service provision, 172(44.7%) of the respondents prefer young provider of the same sex, 168(43.6%) of them prefer young provider of any sex, 26(6.8%) of them prefer adult provider of the same sex and 19(4.9%) of them prefer any provider. The report in the FGD has also supporting reports .A participant from the FGD reported that:

“It is a bit difficult .Most providers in the clinic are not young. I have seen a provider quarrelling with one of my friend who came to the clinic for RH services. They nag students to use injectable contraceptives without their interest.” (A male year two student)

In addition to this a provider in the in-depth interview reported on problems associated to the health service providers and facility related barriers:

“We have shortage of skilled providers and adequate equipment like HIV kits. The other is the infrastructure of the clinic is below the required standard. we have small and narrow rooms which are not enough to accommodate the required service areas.”(A 32 years old female nurse)

The report in the FGD also goes in line with this finding: A female participant from the FGD reported that:

“We are not confident on the skills of the providers in the clinic, so we don’t go there to receive care. They don’t treat us well and their approach towards us is not pleasing”(A year three female student)

Table 4: Health system and health provider attitude factors affecting the RH service utilization among regular undergraduate students in Hosanna campus of Wachamo University, March 2017

Variable	Frequency(n)	Percent(%)
Visited the campus clinic for RH service		
Yes	227	59
No	158	41
Visited the campus clinic for reproductive health facility but missed the service required		
Yes	179	46.5
No	206	53.5
Reasons for missing the services required		
Long waiting time	104	27
Didn't get your service interest	22	5.7
Fear of anybody/ friends who know them	23	6
Health workers are judgmental to youth RH needs	13	3.3
Lack of confidentiality	10	2.6
Clinic was closed	7	1.8
Satisfaction with the services received		
Yes	99	25.5
No	128	33.5
Reasons for non-satisfaction on the services received		
Waiting for too long	64	16.6
service provided unfriendly	41	10.5
Didn't get your service interest	23	6
Perceptions on main obstacles that prevent the youth in the campus from getting RH services		
Long waiting time	162	42.1
Providers fail to keep privacy and confidentiality	174	45.2
Poor handling by the providers	49	12.7
Preferences to be youth RHS provider		
Young provider of the same sex	172	44.7
Young provider of any sex	168	43.6
Adult provider of the same sex	21	5.5
Any provider	24	6.2
Evaluation of handling of the health workers in the clinic		
Good friendly, welcoming	132	34.3
Moderate but asking a lot questions	95	24.7

5.3.3. Knowledge and Individual Factors

From a total of 385 respondents, 287(74.5%) of them had ever heard about reproductive health service in the last six months .With regard to the knowledge on the type of RH service, 114 (29.6%) of them know about Contraceptive method,110(28.6%) of them know about VCT services,33(8.6%) know about information services,33(8.6%) of them know about STI services.

Regarding on knowledge about where they can get RH services,303(78.7%) of them know where they can get R H services whereas 82(21.3%) of them do not know. Concerning the knowledge on what services are being offered in the campus clinic, 156(40.5 %) of the respondents reported that they know that contraceptive services are being offered in the campus clinic, 108(28.1%) VCT, 71(18.4%) STI and 50(13%) of the respondents reported that information services are being offered in the campus clinic.

Supporting findings were found from the qualitative aspect of this study that most students do not have much knowledge .A male participant from the FGD reported that:

“We don’t know anything about reproductive health services. We don’t have any information. I didn’t see any service related to sexual and RH being provided.”(A year four male student)

Another female participant from the FGD reported that: *“I only know that contraceptive services are being provided in the clinic”* (A year three female student)

Regarding some of the individual factors addressed in this study, including preference of health institutions for seeking care in cases of occurrence of reproductive health problems; 219(56.9%) of the respondents prefer campus clinic, 143(37.1%) of them prefer other government health facilities, 23(6%) of them prefer private health facilities.

The other individual factors addressed include having boyfriend and history of sexual intercourse. 163(42.2%) of the respondents had a boyfriend in their stay in the campus and 156(40.5%) of them had history of sexual intercourse.

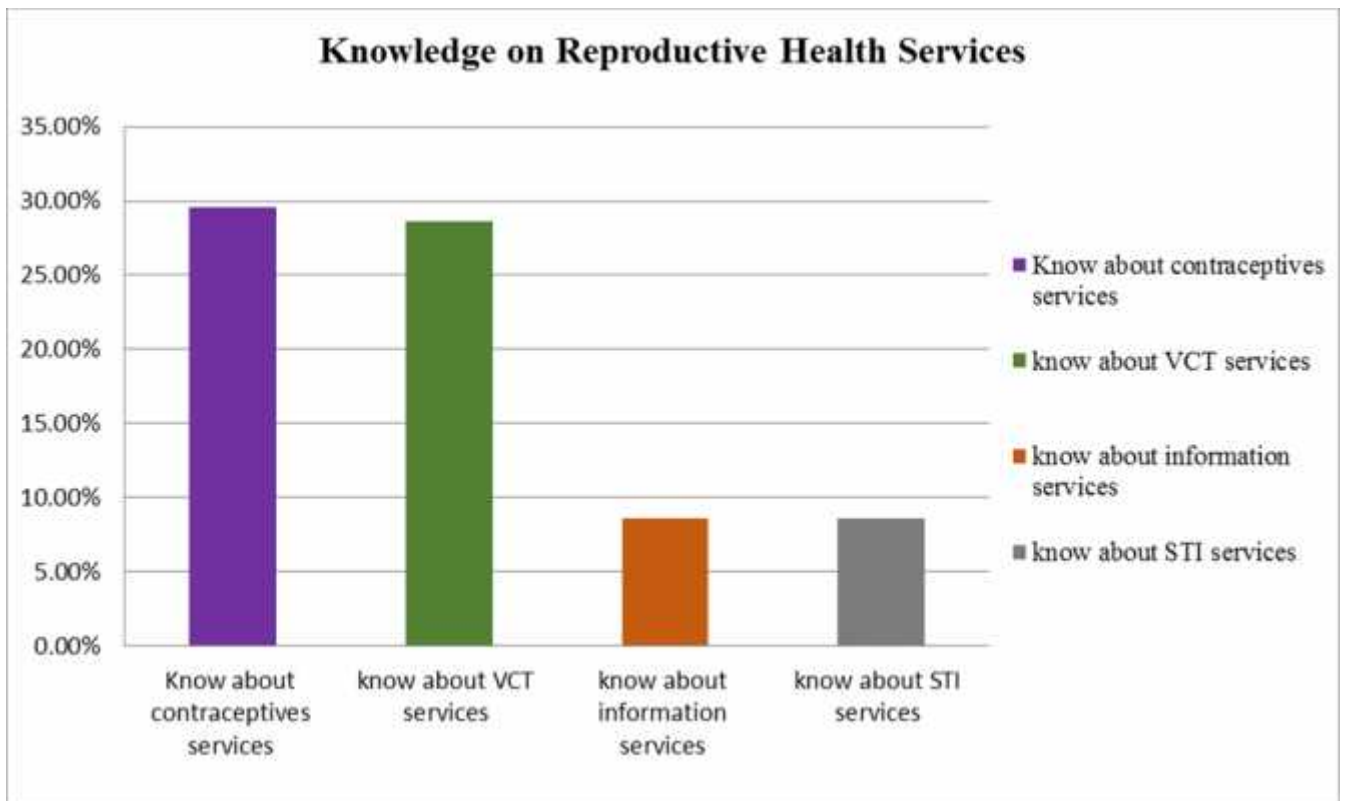


Fig 4: Knowledge of the respondents on the specific RH services among regular undergraduate students in Hosanna campus of Wachamo University, March 2017

The theme, categories and codes of the findings from the focus group discussions and in-depth interview of the qualitative components of the study after analysis by open code are shown in the table 5.

Table 5: Theme, categories and codes of the qualitative results from II of providers and FGD of regular undergraduate students in Hosanna campus of Wachamo University, March2017

Theme: Current utilization of RHS among undergraduate students of Wachamo university students is affected by peer, knowledge, provider and facility related barriers.		
Categories	Peer influence factors for RHS utilization	Knowledge on RHS
Codes	Fear of being seen Females do not come Females send boyfriends Feeling ashamed Friends mock Friends laugh Fear to ask	Lack of awareness Don't know anything Don't know what's being provided Don't know RHS Don't inform us Didn't see any services being provided Only HIV test Don't have any information Only condom Only contraceptives
Categories	Provider and facility related factors for RHS utilization	Ways to improve uptake of RHS utilization
Codes	Bad infrastructure Small rooms Inadequate skill Shortage of equipment Limited services No long-term contraceptives Only contraceptives Treatment without laboratory Approach not pleasing No counseling services No support Providers not young Nag to use injectable Providers quarrel	Creating awareness Inform well Increase skill Entertaining educating programs Training on ethics Equipping Know their problem Training providers Conduct researches Look for best ways Peer education Inform campus community Variety of services Ling with NGOs

5.4. Factors Associated with Current Utilization of Reproductive Health Services

Current utilization of SRH services was assessed for its association with predicting variables. In the bivariate analysis, sex, year of study, heard about RH service, got information on RH services from peer/friend, friend mentioned about importance of utilization of RH services, support from friends, attitude of peer /friend on utilization of RH services, fear of being seen by peer/friend during utilization of RH services, experience of discouragement not to use RH services, peer attitude affected utilization of RH services, felt embarrassed being seen during utilization of RH services, satisfaction on the service provision in the campus clinic, preference of young provider, having boyfriend/girlfriend in the campus stay, history of sexual intercourse in the campus stay and Utilization of reproductive health services in the past 6 months were found to be significantly associated ($P < 0.25$).

These variables which were significant on bivariate analysis were entered into multivariate logistic regression analysis. After that ; sex, friend mentioned about importance of utilization of RH services, attitude of peer /friend on utilization of RH services, experience of discouragement not to use RH services remained significantly and independently associated with current utilization of SRH services ($P < 0.05$) (table 6). Male sex was associated with increased uptake of SRH service than female sex (AOR=3, 95% CI: 1.15, 8.37). Those respondents with their friend mentioned importance of utilization of reproductive health services were three times (AOR=3.02, 95% CI: 1.19, 7.64) more likely to utilize SRH services than their counter parts.

Those respondents whose decision to visit the clinic for SRH services was not affected by the negative attitude of their peer/friends towards utilization of reproductive health services are nearly three times (AOR=2.97, 95% CI: 1.11, 7.89) more likely to utilize SRH services than their counterparts. Finding from the Focus group discussion supported this finding. A female participant in the FGD reported that:

“I think fear of discrimination is a big problem that prevents students from utilization of reproductive health services .For instance, female students are afraid to ask pills and so are males for condom.”(A year four female student)

Those respondents who had no experience of discouragement /pressure not to use RH services were four plus times (AOR=4.38, 95% CI: 1.44, 13.28) more likely to utilize SRH service than those who had experience of discouragement /pressure not to use RH services. Supporting findings were found in the focus group discussion: A male participant in the FGD reported that:

“What harms all of us is we feel ashamed of utilizing reproductive health services and that is what affects us not to use the services. For instance, if a student is seen having a condom, students may laugh at him and mock him.”(A year five male student)

Table 6: Final model that determines predicting factors for Current Utilization of SRH services in multivariable logistic regression among regular undergraduate students in Hosanna campus of Wachamo University, March 2017.

Variables	Current use of RH services		COR(95%CI)	AOR(95%CI)
	Yes (%)	No (%)		
Sex				
Male	131(52.6)	118(47.4)	2.1(1.38,3.37)***	3.1(1.15,8.378)*
Female	96(70.6)	40(29.4)	1	1
Friend mentioned importance of reproductive health services				
Yes	54(69.2)	24(30.8)	2.9(1.40,5.99)**	3(1.9,7.64)*
No	98(86.7)	15(13.3)	1	1
Negative Peer attitude towards RHs				
Yes	157(71.4)	63(28.6)	1	1
No	46(37.7)	76(62.3)	1.9(1.22,2.94)**	2.97(1.11,7.89)*
Fear of being seen by peer				
Yes	118(62.8)	68(37.2)	1	1
No	112(55.4)	90(44.6)	1.4(0.97,2.21)*	2.1(0.85,5.17)
Experience of discouragement not to use RH services				
Yes	67(79.8)	17(20.2)	1	1
No	141(50)	141(50)	3.9(2.20,7.04)***	4.3(1.4,13.28)
Supported by peer				
Yes	91(69.5)	40(30.5)	0.50(0.32,0.78)*	0.53(0.21,1.31)
No	136(53.5)	118(46.5)	1	1

*pv=<0.05, **pv=<0.01, ***pv=<0.001

6. DISCUSSION

Youth health is dependent on several complex and interdependent factors such as socio-cultural influences, social support structures (such as families, peers and communities), access to health services, education and employment opportunities. The reproductive health needs of youths are profound and so are the obstacles for obtaining health cares. Youth health is mandatory for the country health and development with in different aspects. Ensuring the reproductive health of youth is investing on today as well as the future of the nation. To promote the sexual and reproductive health, youth require: Information including comprehensive sex education; access to a full range of sexual and reproductive health services, including condoms, other means of contraception as appropriate and other interventions for the prevention, treatment and care of sexually transmitted infections and safe and supportive environments free from exploitation and abuse(6).

According to this study, current utilization of reproductive health services by the youth in Hosanna campus of Wachamo university undergraduate students 59%. This was found to be slightly less than study done in Harar (63.8%) (21).The variation might be methodological difference, sample size and participant difference between those areas. The difference might the fact that this study was institution based study only among the age group 15-24 years where as the study from Harar was a community based survey among youth with large sample size. In addition to that it could also be because of the lack of knowledge about reproductive health services and information on which reproductive services are being provided in the clinic among participants in this particular study. This was also supported by the FGD that most students of the campus do not get any information on the types of reproductive health services and they do not get the services related to RH when they go to the clinic.

Finding from this study indicates that 36.4% of the youth utilize contraceptive methods and among these majority utilizes male condom and OCP but injectable contraceptive methods were utilized in a very low level. Generally, this low level of utilization of contraceptives may be explained by fear of being seen and stigma. As it has also been indicated in the

focus group discussions, females are afraid to come to the clinic to ask for pills and so are males for condom in fear of being mocked by their friends if they are seen. As it has been mentioned in the clinic, because of lack of awareness about the services, most students go to the clinic only for condom. This might be the reason behind the greater number of condom users in comparison to other types of contraceptives. This goes in line with the finding from Ghana which shows that condom was the commonest method used by the adolescents (36).

In this study 129(33.5%) of the participants utilized information service regarding to SRH issues which is lower than the study conducted in Harar which reported that nearly 60 % of the study participants received reproductive counseling. This discrepancy may be due to the limited source of information in our study. But in the case of Harar it was indicated that getting youth related services information from different sources and being knowledgeable about the services has increased the utilization of the services.

This study also reported that 70(18.2%) of the participants utilized sexually transmitted infections diagnosis and treatment services. This was lower than the study conducted in Harar which reported that nearly 31 % got services on STIs services (21). This may be due to the shortage of skilled providers and drugs for treatments as well as lack of confidence on the providers by the students to seek care for such services from the clinic. This was indicated on the FGD that most students think there are shortage of medicines and skilled providers. They reported that the providers give them drugs even without laboratory confirmation of the diagnosis and this affected them to lose confidence on them.

This study also reported that male sex was more associated with increased uptake of SRH service than female sex which is consistent with the finding of Kenya where male participants utilized the service than females. This might be explained by the fact that fear of being seen while utilization of reproductive health services is more pronounced among female students. This has been supported by the FGD that female students send their guys to the clinic to bring them pills. In contrast to this, findings from Harar and Vanuatu reported similar utilization level among female and male young's (21, 31). This may be due to participant's socio-demographic and economic difference. In this study utilization of

reproductive health services was not found to be affected by age group but study in Kenya and Addis Ababa indicates that there is association of age group with utilization of reproductive health services. (8, 34).

Studies had been conducted on peer influences or pressures in adolescents. In this study it was indicated that youths are not mentally prepared to resist and deny peer pressure. The behaviors of youth can be mildly or drastically affected by their peers (12). As indicated in this study, finding shows that those participants whose attitude of their peer towards reproductive health services or its utilization did not negatively affect their decision to visit clinic for SRH services are more likely to utilize than their counterparts. This finding is similar with the studies done in Bolivian cities which reported that influence of peers on youth showed that youth are more likely to use if they believe close friends are utilizing. It also reported that adolescent perceptions of contraceptive use by their partners or peers were found to be both positive and negative (25).

This study also showed that participants who have fear of being seen by their peer or people they know were less likely to utilize than their counterparts. This finding was in line with the study conducted in Addis Ababa high school students which reported that major barriers in utilizing reproductive health services by adolescents are fear of being seen by parents or people whom they know and embarrassment on their demand to reproductive health services (8). This was also similar to the study conducted in Awabel which reported that one of the main reasons for low utilization of reproductive health services among young people was feeling ashamed when they get their neighbors at the health facility(20). Similarly the study from Asela reported that reasons cited by the youth for not receiving the services required as; long queues at the facility , facility closure at the time of arrival at the facility , lack of money to pay for the services (10.2%) while (15.4%) said they met neighbors/relatives at the facility and felt embarrassed(22).

Our study also reported that that participants who have no experience of discouragement were more likely to utilize reproductive health services. This was also supported by the qualitative part of this study both in the FGD and in-depth interview. As it was reported by participants in the focus group discussion, students feel ashamed of going to the clinic for

reproductive health services and that affected not to use the services. This may be due to their age group of the participants involved in the study, since late adolescence and youth are vulnerable to influences exerted from their peer group. In this study those participants whose friends mentioned about reproductive health services were more likely to utilize than their counterparts. This could be explained by the reason that if the youth get information about the RHS, the likelihood of uptake increases. This was supported by a study conducted in Debrebirhan which revealed that adolescents who had discussions with their peers on sexual and reproductive issues were more likely to utilize than their counterparts (27). Similarly this was also indicated in the in-depth interview in which peer educators were recruited among the students and trained .These peer educators work on motivating and mobilizing students on utilization of reproductive health services and found positive effects.

7. CONCLUSION AND RECOMMENDATIONS

7.1. Conclusion

In general, it was found that current RH services utilization among regular undergraduate students in Hosanna campus of Wachamo University was low as evidenced by only 59% of the youth utilized RH services.

The main reasons for this were lack of awareness about the reproductive health services and services being provided. The other is fear of being seen and feeling ashamed to utilize the services. The health system and health provider related factors include shortage of skilled providers and drugs as well as supplies, lack of confidence of the students on the provider's skill to receive skill from them.

The predictors of current RH services utilization were: Socio-demographic factors including sex, peer factors including friend mentioned about importance of utilization of RH services, attitude of peer /friend on utilization of RH services, experience of discouragement not to use RH services.

Male sex, friend mentioned about importance of utilization of RH services, positive attitude of peer /friend on utilization of RH services and not having experience of discouragement by peer/friend not to use RH service were among the factors that increased the service uptake .

7.2. Recommendations

Based on the findings, to increase the uptake of RH services utilization, the following recommendations are forwarded.

- Youth and RH centers in the campus are required to get strengthened with the necessary supplies and trained staffs
- Knowledge of the youth with regard to SRH issues should be improved.
- Peer educators should be trained and equipped on awareness creation of the students on SRH issues and its utilization as well as to facilitate creations of positive peer attitude and influence.
- Health care providers should reduce obstacles in the service area for students who came to get RH services
- Further study should be conducted to clear up the controversial findings from staffs (providers) and students in the qualitative part of the study.

Limitations of the study

- Nonuse of braille for the visually impaired and nonuse of sign language data collectors in the collection process.
- Being sensitive issue, some of the students in the focus group discussions were afraid to discuss freely, this limits the amount and scope of information that could be obtained from the qualitative part of the study.
- The language barrier has been a challenge among some of the students in the focus group discussions.
- Since it is a cross sectional study, temporal relationship was difficult to draw.
- The study was conducted among youth who are university students and generalization of the results for youth outside a university setup may be a bit difficult.
- Because of shortage of budget, design effect was not considered in the sample size determination.

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9. ANNEXES

ENGLISH VERSION OF DATA COLLECTION TOOLS

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCE
SCHOOL OF PUBLIC HEALTH

Questionnaire ID: -----

9.1. Annex I. Information sheet

Title of Research: Assessment of the current utilization reproductive health service and influence of peer among undergraduate students of Wachamo University, Hosanna, SNNPR, and Ethiopia.

“ Institution: Addis Ababa University, College of Health Sciences, School of public health, department of reproductive health

Name of sponsor: Addis Ababa University

Principal Investigator: Tsegaab Temesgen (BSc)

Mobile: +251913491392

E-mail: tsegiergisha@gmail.com

Advisors: Dr. Mulugeta Betre (MD, MPH, Fellow)

Mr. Nigussie Assefa (BSc, MPH)

Background Information of the study:

The purpose of the study is to assess the current utilization reproductive health service and influence of peer among regular undergraduate students in Hosanna campus of Wachamo University, Hosanna, SNNPR, and Ethiopia. I would like to ask you some questions that are related to the above topic. Your contribution will have a great input for the study and I would greatly appreciate your participation. There is no possible risk associated with participating in this study. Your name will not be written in the questionnaire and please be assured that all the information you give will be kept strictly confidential. Your participation is completely

voluntary. The study will be conducted in 389 youth between the age group 15-24 years will be included using inclusion criteria by administering pre-tested structured questionnaire. You are made eligible by random sampling method. The questionnaire has got 4 parts. I believe that the results of this study will assist policy makers, planners and health service providers for making considerations regarding utilization of youth reproductive health services and the limitations.

9.2. Annex ii: Consent form in English for quantitative aspects of the study

I am -----I am here on behalf of Tsegaab Temesgen a post graduate student pursuing Masters Studies in Public Health (MPH) at Addis Ababa University. I am undertaking a research on ‘Assessment of current utilization reproductive health service and influence of peer among regular undergraduate students in Hosanna campus of Wachamo University, Hosanna, SNNPR, and Ethiopia.’ And request you kindly to participate in this study which is voluntary and involves no risk to you. The information given is confidential and will be useful in improving reproductive health services for youth in schools in the whole country. If you do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.

Do you agree to Participate?

YES

No

Date.....

Signature.....

Result: (to confirm for completeness)

A. Questionnaire completed _____

B. Questionnaire partially completed _____

C. Participant refused _____ D. Others (please Specify) _____

Checked by Supervisor:

Supervisor's Name _____

Signature _____

Date _____

9.3. Annex iii. Questionnaire in English language for the quantitative component

Questionnaire in English language for the quantitative component

GENERAL INSTRUCTIONS: This questionnaire has five parts. These are questions on demographic, socioeconomic, socio-cultural factors, knowledge, peer influence factors, health system and health provider attitude factors and on the utilization status. Please read the instructions, then questions carefully before choosing your answer. As indicated in some of the questions, **Reproductive health services** refer to contraceptive, voluntary testing and counseling, sexually transmitted infection treatment. And Information on Reproductive health services refers to information on the above listed services.

Part I:- Socio- demographic factors			
No.	Questions	Coding category	skip
101.	Respondent's age	_____ In complete years	
102.	Respondent's sex	Male1. Female2.	
103.	Marital status	Single1. Married2. Divorced3. Widowed.....4	
104.	Religion	Orthodox1 Muslim 2. Protestant3. Other specify _____88	
105.	Ethnic group	Amhara1. Oromo2. Tigre 3. Gurage4. Hadiya.....5 Other specify _____ 88	
No.	Questions	Coding category	Skip
106.	What is your mother's educational status / highest level of school your mother	No formal education at all.....1 Can read.....2 Can read and write.....3	

	attended?	Completed Primary education (1-8).....4 Completed Secondary education(>9).....5 Completed Above secondary education....6	
107.	What is your father's educational status / highest level of school your father attended?	No formal education at all.....1 Can read.....2 Can read and write.....3 Completed Primary education (1-8).....4 Completed Secondary education(>9).....5 Completed Above secondary education....6	
108	Were/are you usually living with your mother and father together?	Yes1. No 2.	→110
109	With whom did you usually lived/live with?	With mother only 1. With father only..... 2. With relatives 3 With friends 4. Alone5. Other specify _____ 88	
110	In which year of study are you in?	Year I.....1 Year II.....2 Year III.....3 Year IV.....4 Year V.....5 Year VI.....6	
Part II:- Knowledge factors			
201	Have you ever heard of reproductive health services?	Yes.....1 No2	→ 204
202	Which reproductive health services do you know?(more than one or multiple answers are possible)	Information services.....1 VCT services.....2 STI diagnosis treatment.....3 Contraceptive methods.....4 safe abortion.....5	
204	Do you know where you can get RH Services?	Yes.....1 No.....2	
205	Which RH services are being offered in your campus clinic?(more than one or multiple answers are possible)	Information services.....1 VCT services.....2 STI diagnosis treatment.....3 Contraceptive methods.....4 Don't know.....99	
Part III :- -Peer influence factors			
301.	Have you ever got any information about reproductive	Yes1 No2	

	health services from your friend/peer?	Not sure.....3	→ 303
302.	Have any of your friend mentioned the importance of reproductive health services?	Yes1 No2 Not sure.....3	
303	How do you evaluate your peer group's attitude towards sexual and reproductive health services or its utilization?	Good/positive.....1 Bad /negative.....2 Difficult to evaluate.....3	
304	Do you prefer to get approval from your peer on utilization of RH services?	Yes1 No2 Not sure.....3	
No.	Questions	Coding category	skip
305.	Does the attitude of your peer group towards utilization of sexual and reproductive health services affected your decision to visit clinic for utilization of reproductive health services?	Yes.....1 No.....2 Not sure.....3	} 307
306.	How did it affect your utilization of reproductive health services?	Positively.....1 Negatively.....2	
307	Have you ever been supported to use reproductive health services by your friends/peer?	Yes.....1 No.....2 Don't remember.....3	
308	Have you ever had experienced pressure/ discouragement from your friend /peer not to use reproductive health services?	Yes.....1 No.....2 Don't remember.....3	
309	Have you ever encountered fear of being seen by your peer/friend for utilization of RH services in your campus clinic?	Yes.....1 No.....2 Don't remember.....3	
310	Have you ever felt embarrassed because of being seen by your peer/friend during/ after utilization RH services in your campus clinic?	Yes.....1 No.....2 Don't remember.....3	
Part IV:- Health system and health provider attitude factor			
401.	Is there youth-friendly reproductive health (YFRHS) facility/clinic in your campus?	Yes1 No2 Don't know.....99	→ 403
402	How far is RH service facility/clinic from your	Near ,short walking distance.....1 Near but requires long walking.....2	

	dormitory?	Far ,requires transport.....3 Don't know.....99																									
403	If you have RH problem & need services, counseling and support where do you first (usually) go for help?	The campus clinic.....1 Government health facilities.....2 Private health facilities.....3 Others specify.....88																									
404.	Have you ever visited your campus clinic for reproductive health service?	Yes1 No2	→ 406																								
405.	Were you satisfied with the services that you received?	Yes1. No.....2 Not sure.....3	→ 407																								
406	Why?(probe and indicate 1 for all that applies and 2 for those that doesn't apply) (more than one or multiple answers are possible)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">YES</th> <th style="text-align: center; border-bottom: 1px solid black;">NO</th> </tr> </thead> <tbody> <tr> <td>Waiting hours too long</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Service provider harsh/unfriendly</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Didn't get the service you wanted</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health workers are judgmental towards Youth RH needs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lack of confidentiality</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Waiting hours too long	1	2	Service provider harsh/unfriendly	1	2	Didn't get the service you wanted	1	2	Health workers are judgmental towards Youth RH needs	1	2	Lack of confidentiality	1	2							
	YES	NO																									
Waiting hours too long	1	2																									
Service provider harsh/unfriendly	1	2																									
Didn't get the service you wanted	1	2																									
Health workers are judgmental towards Youth RH needs	1	2																									
Lack of confidentiality	1	2																									
407	Have you visited the campus clinic for reproductive health facility but missed the service you required?	Yes1 No2	→ 409																								
408.	Why?(probe and indicate 1 for all that applies and 2 for those that doesn't apply) (more than one or multiple answers are possible)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">YES</th> <th style="text-align: center; border-bottom: 1px solid black;">NO</th> </tr> </thead> <tbody> <tr> <td>Waiting hours too long</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Service provider harsh/unfriendly</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Didn't get the service you wanted to get you wanted</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Fear of being seen by patients or peer who know them</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Health workers are judgmental towards youth RH needs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lack of confidentiality</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Clinic was closed</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	Waiting hours too long	1	2	Service provider harsh/unfriendly	1	2	Didn't get the service you wanted to get you wanted	1	2	Fear of being seen by patients or peer who know them	1	2	Health workers are judgmental towards youth RH needs	1	2	Lack of confidentiality	1	2	Clinic was closed	1	2	
	YES	NO																									
Waiting hours too long	1	2																									
Service provider harsh/unfriendly	1	2																									
Didn't get the service you wanted to get you wanted	1	2																									
Fear of being seen by patients or peer who know them	1	2																									
Health workers are judgmental towards youth RH needs	1	2																									
Lack of confidentiality	1	2																									
Clinic was closed	1	2																									
409	What do you think (perceive)are the main obstacles that prevent the youth in the campus from getting reproductive health services in	Providers fail to keep privacy and confidentiality1 Poor handling by health workers2 Too much waiting time to get the service .3																									

	the clinic? (more than one or multiple answers are possible)	Inconvenient time of service.....4 Others, specify-----88	
No.	Questions	Coding category	skip
410	How would you describe the way you were handled by the service provider?	Good-friendly, welcoming, gave me the service I required1 Moderate-welcomed me but asked too many unnecessary questions before giving me Service2	
411	Whom do you prefer to be youth reproductive health provider?	Young provider of the same sex1 Young provider of any sex 2 Adult provider of the same sex3 Any provider could be 4 Other specify_____ 88	
part V :-Current Utilization of SRH services			
501	Have you utilized any type of RH services in the past 6 months?	Yes..... 1 No 2	
502.	Have you received any information service regarding to SRH issues from health worker in students clinic in the past 6 months? (Information on Reproductive health services refers to information on contraceptive, voluntary testing and counseling, sexually transmitted infection treatment services)	Yes..... 1 No2	→ 503
503.	What type of information did you received? [You can choose and encircle more than one alternatives listed below]	Information related to sexual health.....1 Information related to Contraception2 Information related to SITs diagnosis, and treatment3 Information related to VCT4 Other specify_____ 88	
504	Have you ever had a boyfriend/girlfriend in your stay in the campus?	Yes.....1 No.....2	
505	Have you ever had sexual intercourse in your stay in the campus?	Yes.....1 No.....2	
506.	Have you used contraceptive	Yes.....1	

	methods in the past 6 months?	No2	→507
507	Which type of contraceptives? (more than one or multiple answers are possible)	Male condom1 Female condom.....2 Pills.....3 Injectable.....4 Implants.....5 IUCD.....6 Others specify-----88	
508.	Have you utilized voluntary testing and counseling services in the past 6 months?	Yes..... 1 No2	
509	Have you utilized sexually transmitted infections diagnosis and treatment services in the past 6 months?	Yes.....1 No2	end

9.4. Annex iv: Questionnaire for qualitative component in English

In-depth Interview Guide

I would like to thank you for participating in this interview. My name is Tsegaab Temesgen. I am a postgraduate student at AAU school of public health. I am here to talk to you on current utilization of reproductive health services and the role of peer influence utilization among regular undergraduate students in Hosanna campus of Wachamo University. The interview may take an hour and half .I will be taking notes and recording for the purpose of not missing any of the points you are going to raise. Your interview records are going to be confidential and your name will not be mentioned in the final report. You have the right to withdraw from the interview.

Do you agree to participate in the interview?

_____ / ____/____

Interviewee signature

Date

Information's of interviewee

Date of In-depth interview:____/_____/_____

Sex of the interviewee:_____

Qualification and Responsibility of interviewee in the clinic:_____

Name of Note Taker:_____

INDEPTH INTERVIEW TOPICS

1. What are the reproductive health services being provided for students in the clinic?
2. What are the factors that motivate and/or limit the students from utilizing the Reproductive health services provided in general?
3. What do you think is the role of peers in utilizing reproductive health services?
4. How do you approach the students while they seek for reproductive health services in the clinic?
5. How do you evaluate your colleagues' attitude towards the youth coming to obtain reproductive health services in general?
6. How much is the SRH service uptake by the students?
7. What are the potential service/facility related barriers in your clinic limiting the students from obtaining of reproductive health services?
8. In your view, what aspect of the clinic SRH service can get improved further?
9. Is there anything you want to add on what we have discussed so far?

Focus group discussion guide

I would like to thank you for the willingness to partake in this discussion. My name is -----
----and my colleague is -----we are here from AAU school of public health. The discussion will be on current utilization of reproductive health services and the role of peer influence utilization among regular undergraduate students in Hosanna campus of Wachamo University. We will be taking notes and recording for the purpose of not missing any of the points you are going to raise. Your discussion records are going to be confidential and your name will not be mentioned in the final report. You have the right to withdraw from the interview. The results of this discussion will help to improve problems related to the uptake of reproductive health services among the youth. There are some points which we will raise to facilitate the discussion. You are free to raise any ideas related to the topic of discussion. There are no right or wrong ideas. Every point you are raising related to the discussion will be important. It's better if you don't have side talks that may affect the quality of sound records.

Do you agree to participate in the interview?

Discussion topic for the FGD

Date of Focus Group discussion: _____

Name of Note Taker: _____

TOPICS FOR THE FOCUS GROUP DISCUSSIONS

1. What type of reproductive health services do you know, please mention and which of those are being provided for students in the clinic?
2. What are the factors that motivate and/or limit the students from utilizing the reproductive health services provided?
3. What do you think should the role of your peers be in utilizing reproductive health services?
4. How do you evaluate your provider's attitude towards you coming to obtain reproductive health services?
5. What are the better ways to promote optimal sexual and reproductive health service utilization in campus?
6. Is there anything you want to add on what we have discussed so far?

9.5. Annex v. Information sheet in Amharic

የመጠይቁ መለያ ቁጥር _____

የመረጃ ገፅ

የጥናቱ ርዕስ:- ወቅታዊ የስነተዋልዶ የጠና አገልግሎት ተጠቃሚነት እና ከአቻ ተፅዕኖ ጋር ያለው ተያያዥነት በዋቻም ዩኒቨርሲቲ የመጀመሪያ ድግሪ ተማሪዎች

ሆሳዕና ሃዲያ ዞን ደ/ብ/ብ/ህ/ክ/መንግስት፣ ኢትዮጵያ

የትምህርት ተቋም: አዲስ አበባ ጤና ሳይንስ ኮሌጅ ህብረተሰብ ጤና ክፍል የስነተዋልዶ ጤና ዲፓርትመንት

የስፖንሰር ስም: አዲስ አበባ ዩኒቨርሲቲ

ዋና ተመራማሪ:- ፀጋአብ ተመስገን (Bsc)

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የጥናቱ አማካሪ: ዶ/ር ሙሉጌታ በትሬ (MD, MPH, Fellow)

አቶ ንጉሴ አሰፋ (Bsc, MPH)

የጥናቱ መረጃ

እኔ _____ እባላለሁ። እዚህ ያለሁት ፀጋአብ ተመስገንን ወክሎ ነው። ፀጋአብ ተመስገን በስነ ተዋልዶ ዙሪያ ጥናት በማድረግ ላይ ትገኛለች። የትናቱ ዓላማ ወቅታዊ የስነተዋልዶ ጤና አገልግሎት ተጠቃሚነትን ናከአቻ ተፅዕኖ ጋር ያለውን ተያያዥነት በዋቻም ዩኒቨርሲቲ የመጀመሪያ ድግሪ ተማሪዎች ላይ ማጥናት ነው። እርስዎን ከጥናቱ ጋር የተያያዙ ጥያቄዎች እንጠይቆታለን። የእርስዎ ተሳትፎ ለጥናቱ ትልቅ ግብአት ይሰጣል ተሳትዎን በእጅግ እናደንቃለን በመሳትፍዎ በእርስዎ ላይ የሚደርስ ጉዳት የለም እርስዎ የሚሰጡን ማኛውም መረጃ በሚስጥር ስለሚጠበቅልዎት ማንነትዎ እንዳይታወቅ ስምና አድራሻዎት በመጥይቁ ላይ አይገለፅም። ተሳትፍዎም በሙሉ ፈቃድኝነትዎ ላይ የተመሰረተ ነው ጥናቱ የሚካሄደው በ389 በዕድሜ ገደብ ከ15 — 24 አመት የሚደርሱ ወጣቶች ላይ እርስዎም በጥናቱ ላይ የተካተቱት በዕጣነው ጥናቱ ውጤት ወጣቶችን በተመለከተ ፖሊሲዎችን ለመቅረፅ ዕቅዶችን ለማዘጋጀት የጤና አገልግሎት ለማዘጋጀት ይጠቅማል።

9.6. Annex vi: Consent form in Amharic

ስምምነትን ማስታወቅ ለከዋንቲቲቲቲቲቲቲ መጠይቆች

ከዚህ በሊይ የተጻፈው መረጃ አንብቤው እናም እኔም ማወቅ የምፈልጋቸው እና ጥያቄም በአጥጋቢ ሁኔታ እንደሚመልሱልኝ አውቄዬለው። በመጨረሻ የጥናቱ ተሳታፊ መሆኔን የምገለፀው በማናቸውም ሰዓት ጥናቱን ማቋረጥ እንደምችል መብቴ ተነግሮኝ ነው።

የተሳታፊ ፊርማ _____ ቀን _____

የመጠይቁ ሰብሳቢ ፊርማ _____ ቀን _____

9.7. Annex vii: Quantitative questionnaires in Amharic

ከዋንቲተቲቭ መጠይቆች ጠቅሊሊ ትዕዛዝ፣ይህ መጠይቅ አምስት ክፍል ስለት፡እነዚህም ማህበራዊና ህዝብነክ፣ባህሌ፣የአቻተጽእኖ፣የጤና መዋቅርና የጤና ባለሙያ አመለካከትን እንዲሁም የስነተዋሌዶ ጤና ተጠቃሚነት የተመለከተ ጥያቄዎች ተካተውበታሌ እባኮዎን መሌሱን ከመመረጥ በፋት ጥያቄዎቹን በጥንቃቄ ያንብቡ።

ክፍል አንድ፡የዲሞክራሲ እውቀትን የተመለከተ ማህበራዊና ባህላዊ ጥያቄዎች			
ተ.ቁ	ጥያቄዎች	ኮዶች	ዕለፍ
101.	እድሜ	-----አመት	
102.	ፆታ	ሴት.....1 ወንድ.....2	
103.	የጋብቻ ሁኔታ	ላጤ1 ያገባ2 የፈታ.....3 መበለት.....4	
104.	ሐይማኖት	አራቶዶክስ1 ሙስሊም2 ፕሮተስታንት.....3 ሌላጥቀስ-----88	
105.	ብሔር	አማራ1 አሮሞ2 ትግሬ.....3 ጉራጌ4 ሀዲያ.....5 ሌላጥቀስ-----88	
ተ.ቁ	ጥያቄዎች	ኮዶች	ዕለፍ
106	የእናት የትምህርት ደረጃ	ምንም አይነት መደበኛ ት/ት ያልተከታተሉ.....1 ማንበብ የሚችሉ.....2 ማንበብና መጻፍ ሚችሉ.....3 አንደኛ ደረጃ ያጠናቀቁ.....4 ሁለተኛ ደረጃ ያጠናቀቁ.....5 ከሁለተኛ ደረጃ በላይ ያጠናቀቁ.....6	
107	ያባት የትምህርት ደረጃ	ምንም አይነት መደበኛ ት/ት ያልተከታተሉ.....1 ማንበብ የሚችሉ.....2	

		ማንበብና መጻፍ ሚችሉ.....3 አንደኛደረጃያ ጠናቀቁ.....4 ሁለተኛ ደረጃ ያጠናቀቁ.....5 ከሁለተኛ ደረጃ በላይ ያጠናቀቁ.....6	
108	እራሶዎ ከእናትና ከአባት ጋር በዐንድ ላይ ነው የኖርሽ/ህ	አዎን1 አይደለም2	110
109	ከማን ጋር ነው ብዙ ጊዜ የኖርሽ/ህ	ከእናት ጋር1 ከአባት2 ከእናትም ከአባትም ጋር3 ከዘመዶቹ ጋር.....4 ከጓደኞች ጋር5	
ተ.ቁ	ጥያቄዎች	ኮዶች	ዕለፍ
110	የስንተኛ አመት ተማሪ ነሽ/ህ?	አንደኛ.....1 ሁለተኛ2 ሶስተኛ3 አራተኛ4 አምስተኛ5 ስድስተኛ.....6	
ክፍልሁለት፣ ዕውቀትን የተመለከተ ጥያቄዎች			
201.	ስነስለተዋልዶ ጤና አገልግሎት ሰምተው ታውቁያለሽ/ህ?	አዎን.....1 አልሰማውም2	204
202	የትኛውን የስነተዋልዶ ጤና አገልግት ታውቁያለሽ/ህ?	የስነ-ተዋልዶ መረጃ.....1 የኤች አይቭ ምክርና ምርመራ አገልግሎት.....2 የአባላዘር በሽታዎች ህክምና አገልግሎት... ..3 ወሊድ መቆጣጠሪያ ዜናዎች.....4	
ተ.ቁ	ጥያቄዎች	ኮዶች	እለፍ
203	የስነተዋልዶ ጤና አገልግት መጠቀም ቢፈልጉ የትሄደው ማግኘት እንደሚችሉ ታውቁያለሽ/ህ?	አዎን.....1 አላውቅም2	
204	የትኞቹ የስነ ተዋልዶ ጤና አገልግት በጊቢያችሁ ክሊኒክ ውስጥ ይሰጣሉ(ከአንድ በላይ መልስ መስጠት ይችላሉ)	የስነተዋልዶ ጤና መረጃ.....1 የወሊድ መቆጣጠሪያ2 የአባላዘር በሽታ ሕክምና.....3 የኤችአይቪ ምክርና ምርመራ አገልግሎት.....4 ሌላ ይጥቀሱ -----88	

ክፍል ስም: አቻ ተፅዕኖን የተመለከቱ ጥያቄዎች			
301.	ስነ-ተዋልዶ ጤናን የተመለከተ መረጃ ከጓደኛሽ/ህ አግኝተሽ/ህ ታውቂያለሽ/ህ?	አዎን.....1 አላገኘሁም.....2	
ተ.ቁ	ጥያቄዎች	ኮዶች	ዕለፍ
302.	ጓደኛሽ/ህ የስነ-ተዋልዶ ጤና አገልግሎት ጠቀሜታ ነግሮሽ/ህ ታውቂያለሽ/ህ?	አዎን.....1 አልነገረኝም.....2	
303.	ጓደኛ ሽ/ህ ስለስነ-ተዋልዶ ጤና አገልግሎት ተጠቃሚነት ያለውን አመለካከት እንዴት ትመዝኝቀለሽ/ህ?	ጥሩ /የሚደግፍ/.....1 ጥሩ ያልሆነ /የማይደግፍ/.....2 ለመመዘን ይከብዳል.....3	
304	በአንቺ/ተስነ-ተዋልዶ ጤና አገልግሎት መጠቀም ጉዳይ ላይ በጓደኛዎ ተቀባይነትን ማግኘት ትመርጫለሽ/ህ?	አዎን1 አልፈልግም2	
305.	የጓደኛሽ/ህ ስለ ስነ-ተዋልዶ ጤና አገልግሎት ተጠቃሚነት ያለው አመለካከት በአንቺ/ተ የአገልግሎት የመጠቀም ፍላጎት ወይም ውሳኔ ላይ ተጽእኖ አሳድሮ ያውቃል?	አዎን1 አላሳደሩም.....2 ዕርግጠኛ አይደለሁም.....3	307
306.	እንዴት አይነት ተጽእኖ ?	አዎንታዊ1 አሉታዊ.....2	
307	ስነ-ተዋልዶ ጤና አገልግሎት ዕንደት ጠቀሚ/ም ከጉዋደኛሽ/ህ ድጋፍ ዐግኝተሽ/ህ ታውቂያለሽ/ህ?	አዎን1 አላገኘዉም2	
308	ስነ-ተዋልዶ ጤና አገልግሎት ዕንዳይጠቀሙ ከጉዋደኛሽ/ህ ጫና ዐጋጥሞሽ/ህ ያዉቃል?	አዎን1 አላገኘዉም2	
309	በጊቢያችሁ ክሊኒክ ውስጥ የስነ-ተዋልዶ ጤና አገልግሎት ለመጠቀም ፈልገሽ/ህ ከጉዋደኛሽ/ህ ዕንዳያይሽ/ህ ፈርተሽ/ህ ታውቂያለሽ/ህ?	አዎን.....1 አላውቅም.....2 አላስታውስም.....3	
310	በጊቢያችሁ ክሊኒክ ውስጥ የስነ-ተዋልዶ ጤና አገልግሎት በመጠቀም	አዎን.....1 አላውቅም.....2	

	ላይ ላለሽ/ሀ ጉዋደኛሽ/ሀ በመታየትሽ/ሀ ተሻማቀሽ/ሀ ታውቂያለሽ/ሀ?	አላስታውስም.....3	
ተ.ቁ	ጥያቄዎች	ኮዶች	ዕለፍ
ክፍል 06-ት፡የጤና ሲስተምና የጤና ባለሙያዎች አመለካከት የተመለከተ ጥያቄዎች			
401.	ከትምህርት ቤትሽ/ሀ ቅጥር ግቢ ክሊኒክ ውስጥ የስነ-ተዋልዶ ጤና አገልግሎት ይሰጣል	አዎን1 አይሰጥም.....2	→ 403
403	የስነ-ተዋልዶ ጤና ዕክል ቢያጋጥምሽ/ሀ ዕርዳታ ፍለጋ በቅድሚያ/በአብዛኛው ወዴት ትሄጃለሽ/ሀ	የግቢ ክሊኒክ.....1 የመንግስት ጤና ተቁዋም.....2 የግል ጤና ተቁዋም.....3 ሌላ ይጥቀሱ_____88	
404.	ከትምህርት ቤቶቻቸው ቅጥር ግቢ ክሊኒክ የስነ-ተዋልዶ ጤና አገልግሎት ተጠቅመሻ/ሃል	አዎን1 አልተጠቀምኩም.....2	→ 406
405.	በተሰጠሽ/ሀአገልግሎትረክተሻ/ል	አዎንረክቻለሁ.....1 አልረካሁም.....2	→ 407
406.	ለምን(ከአንድ በላይ መልስ መስጠት ይችላሉ)	(1)አዎን (2)አይደለም አገልግሎቱን ለማግኘት ብዙ ሰዓት ጠብቄ ነበረ 1 2 አገልግሎት አቅራቢው አቀራረቡ ጥሩ አልነበረም 1 2 የፈለኩትን አገልግሎት ማግኘት አልቻልኩም 1 2 ባለሙያዎቹ ለስነ-ተዋልዶ ጤና አገልግሎት ተጠቃሚ ወጣቶች ያላቸው ዐመለካከት ጥሩ አይደለም 1 2 ስነ-ተዋልዶ ጤና አገልግሎት ባለሙያ ሚስጥር ጠባቂ አይደለም 1 2	
407	ከትምህርት ቤትሽ/ሀ ቅጥር ግቢ ክሊኒክ የስነ-ተዋልዶ ጤና አገልግሎት መጠቀም ፈልገው ህደው ነገር ግን ሳይጠቀሙ ተመልሰሽ/ሀ ታውቂያለሽ/ሀ?	አዎን1 አላውቅም.....2	→ 409
408	ለምን(ከአንድ በላይ መልስ መስጠት ይችላሉ)	አዎን አይደለም ብዙ ሰዓት ወስዶ ነበረ 1 2 አገልግሎት አቅራቢው አቀራረቡ ጥሩ	

		አልነበረም 1 2 የፈለኩትን አገልግሎት ማግኘት አልቻልኩም 1 2 የስነ-ተዋልዶ ጤና አገልግሎት ሲጠቀሙ ጉዋደኝዎ ዕንዳይደዎት ፈርተው 1 2 ባለሙያዎቹ ለስነ-ተዋልዶ ጤና አገልግሎት ተጠቃሚ ወጣቶች ያላቸው ዐመለካከት ጥሩ አይደለም 1 2 ስነ-ተዋልዶ ጤና አገልግሎት ባለሙያ ሚስጥር ጠባቂ አይደለም 1 2 ክሊኒኩ ተዘግቶ ነበር 1 2	
409	ከትምህርት ቤትሽ/ሀ ቅጥር ግቢ ክሊኒክ ወጣቶች የስነ-ተዋልዶ ጤና አገልግሎት መጠቀም ዕንዳይችሉ የሚከለክሉ ነገሮች ምንድን ናቸው ትያለሽ/ሀ	ዐገልግሎቱን የምሰጡ የጤና ባለሙያዎች ሚስጥር ጠባቂዎች ዐይደሉም1 ዐገልግሎቱን የምሰጡ የጤና ባለሙያዎች በጥሩ ሁኔታ ዐያስተናግዱም.....2 ዐገልግሎቱን ለማግኘት ረጅም ሰዐት ይወስዳል.....3 ዐገልግሎቱ የምሰጥበት ሰዐት የማይመች ነው4 ሌላ ይጥቀሱ.....88	
410	የጤና አገልግሎት ሰጪውን አቀራረብ እንዴት ትገልጭዋለሽ/ሀ	ጥሩና የሚመች የፈለጉትን አገልግሎት አቅርቦልኛል.....1 መካከለኛ ነገር ግን ብዙ አላስፈላጊ ጥያቄዎች አገልግሎቱን ከመስጠቱ በፊት ጠይቆኛል.....2	
411	የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት ሰጪ ባለሙያ ማን ቢሆን ይመርጣሉ	ወጣት ተመሳሳይ ያታ ያለው ባለሙያ1 ወጣት የትኛውም ያታ ያለው ባለሙያ 2 ዐዋቂ ተመሳሳይ ያታ ያለው ባለሙያ3 የትኛውም ባለሙያ 4 ሌላይጥቀሱ.....88	
ክፍል አምስት:የስነ ተዋልዶ ጤና አገልግሎት ተጠቃሚነት ጥያቄዎች			
501	ባለፉት ስድስት ወራት ውስጥ በተማሪዎች ክሊኒክ ውስጥ የስነ ተዋልዶ ጤና አገልግሎት	አዎን.....1 አላውቅም.....2	

	ተጠቅመሽ/ህ ታውቂያለሽ/ህ?		
502	ባለፉት ስድስት ወራት ውስጥ በተማሪዎች ክሊኒክ ውስጥ ከሚሰራ የጤና ባለሙያ የስነተዋልዶ ጤና የተመለከተ መረጃና ትምህርት አግኝተው ያውቃሉ?	አዎን.....1 አላገኘውም.....2	503
503	ከተዘረዘሩት በየትኛው ጉዳይ ላይ (ከአንድ በላይ መልስ መስጠት ይችላሉ)	የስነ ተዋልዶ ጤና1 የወሊድ መቆጣጠሪያ2 የአባላዘር በሽታ ሕክምና.....3 የኤች አይቪ ምክርና ምርመራ አገልግሎት...4 ሌላ ይገለጹ..... 88	
504	በትምህርት ቤቶሽ/ህ ቆይታ የወንድ/የሴት ጓደኛ ይዘሽ/ህ ታውቂያለሽ/ህ?	አዎን.....1 አላውቅም.....2	
505	በትምህርት ተቅዋሙ ቆይታ ጊዜ ግብረሰጋ ግንኙነት ዐድርገው ታውቂያለሽ/ህ?	አዎን.....1 አላውቅም.....2	508
506	ባለፉት ስድስት ወራት ውስጥ በተማሪዎች ክሊኒክ የወሊድ መቆጣጠሪያ ተጠቅመሽ/ህ ታውቂያለሽ/ህ?	አዎን.....1 አላውቅም.....2	507
507	ከተዘረዘሩት የትኛውን?(ከአንድ በላይ መልስ መስጠት ይችላሉ)	የወንድ ኮንዶም1 የሴት ኮንዶም2 ኪኒን.....3 በመርፊ የሚወሰድ.....4 የሚቀበር.....5 አዩ.ሲ.ዲ.....6 ሌላ ይጥቀሱ-----.....88	
508	ባለፉት ስድስት ወራት ውስጥ በተማሪዎች ክሊኒክ ውስጥ የአባላዘር በሽታ ሕክምና አገልግሎት ተጠቅመሽ/ህ ታውቂያለሽ/ህ?	አዎን.....1 አላውቅም.....2	
509	ባለፉት ስድስት ወራት ውስጥ በተማሪዎች ክሊኒክ ውስጥ የኤችአይቪ ምክርና ምርመራ አገልግሎት ተጠቅመሽ/ህ ታውቂያለሽ/ህ?	አዎን.....1 አላውቅም.....2	

9.8. Annex viii: Qualitative Questionnaire in Amharic

የጥልቅ መጠይቅ

የጥናቱ መረጃ

በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ስለሆንህ/ሽ እናመሰግናለን።እኔ ፀጋአብ ተመስገን እባላለሁ።በአ.አ.ዩ የህብረተሰብ ጤና ት/ቤት የሁለተኛ ዲግሪ ተማሪ ነኝ።ዛሬ የመጣሁት የስነ ተዋልዶ ጤና አገልግሎት ተጠቃሚነትን ና ከአቻ ተፅዕኖ ያለው ሚና በዋቻም ዩኒቨርሲቲ የመጀመሪያ ድግሪ ተማሪዎች ላይ ከማደርገው ጥናት ጋር ተያይዞ ቃለ መጠይቅ ላደርግልህ/ሽ ነው።የእርስዎ ተሳትፎ ለጥናቱ ትልቅ ግብአት ይሰጣል።በመሳትፍዎ በእርስዎ ላይ የሚደርስ ጉዳት የለም እርስዎ የሚሰጡን ማኛውም መረጃ በሚስጥር ስለሚጠበቅልዎት ማንነትዎ እንዳይታወቅ ስም አ ድራሻዎት በመጥይቁ ላይ አይገለፅም።ተሳትፍዎም በሙሉ ፈቃድኝነትዎ ላይ የተመሰረተ ነው።የምታነሱዎቸውን ሀሳቦች ላለመሳት መጠይቁን እንቀዳለን።ጥናቱ ውጤት ወጣቶችን በተመለከተ ፖሊሲዎችን ለመቅረፅ ዕቅዶችን ለማዘጋጀት የጤና አገልግሎት ለማዘጋጀት ይጠቅማል።

የተሳታፊ ፊርማ _____ ቀን _____

መጠይቁ የተካሄደበት ቀን _____ ቀን _____

የተሳታፊ የስራ ድርሻ እና የትምህርት ደረጃ _____

የጥልቅ መጠይቅ መንደርደርያዎች

1. የትኞቹ ስነ ተዋልዶ ጤና አገልግልት ነው ለተማሪዎች በክሉኒክ የሚሰጡት እርስዎ የትኞቹን አገልግልት ነው የሚሰጡት?
2. ተማሪዎች የስነተዋልዶ አገልግልት እንዳይጠቀሙ የሚያበረታታቸው ወይንም ደግሞ የሚያግዱአቸው ምክንያቶች ምንድናቸው?
3. በስነ ተዋልዶ ጤና አገልግልት ተጠቃሚነት ላይ ያለ የአቻ ተፅዕኖች ምንድናቸው?
4. ተማሪዎች ለስነ ተዋልዶ ጤና አገልግልት ወደ እርስዎ ሲመጡ እንዴትነው የሚቀበሉቸው?
5. የተማሪዎች ለስነ ተዋልዶ ጤና አገልግልት ተጠቃሚነት ምን ያህሌ ነው ?
6. የስራ ባሌደረባዎን የስነተዋልዶ ጤና አገልግልት ለመጠቀም ለሚመጡ ተማሪዎች ያሉቸውን አመለካከት እንዴት ይመዘኑታሉ?

7. ከክሉኒክዎ አሰራር ጋር የተያያዘ ተማሪዎች የስነተዋሌዶ አገሌግልት እንዳይጠቀሙ የሚያግዱአቸው ምክንያቶች ምንድናቸው?
8. በአንቺ/ተ እይታ አሁን ያለውን የትኛውን የስነተዋሌዶ ጤና አገሌግልት እንዴት ማሻሻሌ ይቻላል? በምን መሌኩ?
9. እስካሁን በተነጋገርነው ላይ ቀረ የምትለው/ይው መጨመር የምትፈልገው ነገርአለ ?

የቡድን ውይይት

የጥናቱ መረጃ

በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ስለሆንህ/ሽ እናመሰግናለን።እኔ ፀጋአብ ተመስገን እባላለሁ ባልደረባዬ -----ይባላል።በአ.አ.ዩ የህብረተሰብ ጤና ት/ቤት የሁለተኛ ዲግሪ ተማሪ ነኝ።ዛሬ የመጣሁት የስነተዋሌዶ ጤና አገልግሎት ተጠቃሚነትንና ከአቻ ተፅዕኖ ያለው ሚና በዋቻሞ ዩኒቨርሲቲ የመጀመሪያ ድግሪ ተማሪዎች ላይ ከማደርገው ጥናት ጋር በተያያዘ የቡድን ውይይት እናደርጋለን።የምታነሱዎቸውን ሀሳቦች ላለመሳት የቡድን ውይይቱን እንቀዳለን።የእርስዎ ተሳትፎ ለጥናቱ ትልቅ ግብአት ይሰጣል።በመሳትፋችሁ በእናንተ ላይ የሚደርስ ጉዳት የለም።የምትሰጡን ማኛውም መረጃ በሚስጥር ስለሚጠበቅላችሁ ማንነታችሁ እንዳይታወቅ ስምና አድራሻችሁ በመጥይቁ ላይ አይገለፅም።ተሳትፎዎችሁ በሙሉ ፈቃድኝነትዎ ላይ የተመሰረተነው።ጥናቱ ውጤት ወጣቶችን በተመለከተ ፖሊሲዎችን ለመቅረፅ ዕቅዶችን ለማዘጋጀት የጤና አገልግሎት ለማዘጋጀት ይጠቅማል።ለመንደርደርያነት ይረዳን ዘንድ አንዳንድ ሀሳቦችን እናነሳለን።ስለዚህም ሀሳባችሁን በነጻነት መግለጽ ትችላላችሁ።የጎን ለጎን ንግግሮች የድምፅ መቅዳቱን ሂደት አንዳይረብሽ አይፈቀድም።

ማስታወሻ የያዘው ሰው ስም _____ ቀን _____

የቡድን ውይይት የተካሄደበት ቀን _____ ቀን _____

የቡድን ውይይት መንደርደሪያ ጥያቄዎች

1. የትኞቹ አይነት የስነተዋሌዶ የጤና አገሌግልት ያውቃለ ይጥቀሱ ?
2. ተማሪዎች የስነተዋሌዶ አገሌግልት እንዳይጠቀሙ የሚያበረታታቸው ወይንም ደግሞ የሚያግዱአቸው ምክንያቶች ምንድናቸው?
3. በስነ ተዋሌዶ ጤና አገሌግልት ተጠቃሚነት ላይ ያለ የአቻ ተፅዕኖች ምንድናቸው?
4. የስነተዋሌዶ ጤና አገሌግልት ለመጠቀም ወደ ክሉኒክ ሲሄዱ የአገሌግልት ሰጪውን አመለካከት በተጠቃሚነትዎ ላይ ምን ይመስላል?
5. የስነ ተዋሌዶ ጤና አገሌግልት ተጠቃሚነት ማጎልበት የተሻ ለመንገዶች ምንድናቸው ይሊሉ?
6. እስካሁን በተነጋገርነው ላይ ቀረ የምትለው/ይው መጨመር የምትፈልገው ነገር አለ ?

9.9. Annex ix: Bivariate analysis

Table7: Bivariate analysis of the participant's characteristics and current utilization of reproductive health services among undergraduate students of hosanna campus of Wachamo university students, 2017

Variables	Current utilization of RHS		COR(95% CI)	P -value
	Yes n (%)	No n (%)		
Age				
15-19	57(57.6)	42(42.4)	1(ref)	0.133
20-24	170(59.4)	116(40.6)	0.9(0.583,1.472)	0.745
Sex				
Male	131(52.6)	118(47.4)	2.1(1.38,3.37)	0.001
Female	96(70.6)	40(29.4)	1(ref)	0.001
Year of study				
Year I	90(56.2)	70(43.8)	1(ref)	0.115
Year II	71(61.2)	45(38.8)	0.8(0.50,1.32)	0.410
Year III	48(64.0)	27(36.0)	0.7(0.41,1.27)	0.260
Year IV	6(37.5)	10(62.5)	2.1(0.74,6.18)	0.150
Year V	12(66.7)	6(33.3)	0.64(0.23,1.79)	0.400
Marital status				
Single	192(56.5)	148(43.5)	1(0.42,2.34)	0.996
Married	22(100)	0(0.00)	1(ref)	0.533
Ever heard of RHS				
Yes	179(62.4)	50(51.0)	0.5(0.36,0.92)	0.210
No	48(49.0)	158(41.0)	1(ref)	0.840
Got information on RH from friend				
Yes	153(80.1)	38(19.9)	0.1(0.09,0.24)	0.001
No	74(38.1)	120(61.9)	1(ref)	0.001
Friend mentioned				

importance of RHS				
Yes	54(69.2)	24(30.8)	2.9(1.40,5.99)	0.004
No	98(86.7)	15(13.3)	1(ref)	0.001
Supported by peer for RHS utilization				
Yes	91(69.5)	40(30.5)	0.5(0.32,0.79)	0.003
No	136(53.5)	118(46.5)	1(ref)	0.259
Evaluation of peer attitude towards utilization of RHS				
Negative	157(71.4)	63(28.6)	1(ref)	0.001
Positive	46(37.7)	76(62.3)	1.(1.22,2.94)	0.004
Experience of discouragement on RHS utilization				
Yes	67(78.8)	17(20.2)	1(ref)	0.001
No	141(50)	141(50)	3.9(2.20,7.04)	0.001
Peer attitude affected decision on utilization				
Negatively	57(66.3)	29(33.7)	1(ref)	0.003
Positively	100(74.6)	34(25.4)	0.66(0.36,1.20)	0.180
Felt embarrassed being seen during utilization				
Yes	82(49.1)	85(50.9)	1(ref)	0.816
No	120(66.3)	61(33.7)	0.5(0.31,0.75)	0.001
Prefer to get friend/peer approval				
Yes	112(59.6)	76(40.4)	1(ref)	0.009
No	77(57.5)	57(42.5)	1(0.69,1.71)	0.704
Fear of being seen				

Yes	118(62.8)	68(37.2)	1(ref)	0.001
No	112(55.4)	90(44.6)	1.3(0.90,2.04)	0.140
Provider preferences				
Young of same sex	113(65.7)	59(34.3)	1(ref)	0.493
Young of any sex	87(51.8)	81(48.2)	0.7(0.27,1.88)	0.500
Adult of same sex	16(61.5)	10(38.5)	1.2(0.49,3.34)	0.614
Any provider	11(57.9)	8(42.1)	0.8(0.25,2.86)	0.805
Had boyfriend				
Yes	130(79.8)	33(20.2)	0.1(0.12,0.30)	0.001
No	97(43.7)	125(56.3)	1(ref)	0.061
Had history of sexual intercourse				
Yes	123(78.8)	33(21.2)	0.22(0.14,0.35)	0.001
No	104(45.4)	125(54.6)	1(ref)	0.166

DECLARATION

I, the undersigned declare that this is my original work, has never been presented in this or any other university and that all the source materials used for the thesis has been duly acknowledged.

Name: Tsegaab Temesgen (BSc in Public Health)

Signature: _____

Place: Addis Ababa University, School of Public Health, College of Health Science

Date of submission: _____

This thesis has been submitted for examination with my approval as a university advisor.

Name: Dr. Mulugeta Betre (MD, MPH, Fellow)

Signature: _____

Date: _____