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**ASSESSMENT OF AWARENESS ABOUT THE EXSISTANCE OF YOUTH CENTERS
AND THEIR REPRODUCTIVE HEALTH SERVICE AMONG YOUTH OF ADDIS ABABA**

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List of Abrevation

ARH	Adolescent Reproductive Health
CRC	Convention on the Rights of the Child
EDHS	Ethiopian Demographic Health Survey
DSTV	Digital Satelite Television Sport
FMOH	Federal Ministry of Health
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno-Deficiency Syndrome
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IPPF	International Planned Parenthood Federation
MDG	Millennium Development Goal
NGO	Non-Governmental Organization
RHS	Reproductive Health Service
RH	Reproductive Health
STI	Sexually Transmitted Infection
SRH	Sexual and Reproductive Health
SRS	Simple Random Ssmpling
UNFPA	United Nation Population Fund
UNICEF	United Nation International Children’s Emergency Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YRHS	Youth Reproductive Health Service
YFRHS	Youth Friendly Reproductive Health Service

ABSTRACT

BACKGROUND: Youth in the developing world often lack information about reproductive health and the natural process of puberty this lack of knowledge, cultural and peer influence predisposes them to unplanned sexual relation and exposes them with adverse consequences. Youth centers fill this gap by providing information, counseling and reproductive health services towards protecting them this can be done by using recreational services as a gate for providing the service.

OBJECTIVE: assessment of awareness about existance of youth centers and their reproductive health services among youth aged 15-24 in Addis Ababa city.

METHOD: A community-based cross-sectional quantitative study was employed among 845 youth aged 15 to 24 years from selected 5 sub-cities of Addis Ababa out of ten subcities from Feb, 2014 to march 2015, employing a multi-stage sampling procedure. Observation of reproductive health clinic was conducted in the selected five youth centers. The study participants were interviewed using interviewer administered pretested questionnaire. Data were entered and cleaned using SPSS version 21 package. Descriptive, Bivariate and multivariate analysis was employed to analyze the data.

RESULT: Among 845 youth who participated in this study, 630 (74.6%) have heard about youth centers and reproductive health services, of them who heard 475(75.3%) accessed youth center. Among those who accessed to youth center 340 (71.5%) of them used available reproductive health service. In the bivariate and multivariate analysis female were less likely to have awareness about existance of youth center and reproductive health service than male [AOR of 0.68 (95%CI= 0.48,0.86)],those currently not attending school less likely [AOR of 0.38(95%CI= 0.27,0.53)], age group 20-24 were more likely AOR of 1.08 (95%CI= 0.96,1.29)] and those attending religious places infrequently [AOR of 1.57 (95%CI = 1.05-2.35)] more likely to have awareness of the youth center and reproductive health services.

CONCLUSION:

In general from all participants of the study majority of youth were having information about existence of youth center and its reproductive health service, but users of reproductive health service is found to be low when compared to the general participant of study,.thus, much more intensified effort is required to increase promotion of the reproductive health service of youth center to attract young people, respond to their needs and retain for continuing care to take role in the prevention of youth from reproductive health related problems

1. INTRODUCTION

1.1 .Background of the study

There are 1.7 billion young people aged 10 to 24 years living all over the world, representing one-quarter of the population, and with over 85% of them living in developing countries. Recent estimate indicate that 17.0% of the global population and 20.0% of sub-Saharan Africa population is composed of youth aged 15-24 years [1, 2].

Currently, Young people in Ethiopia is defined as the ages group of 15-29 [3].and constitute one-third of the total population. This number is expected to grow from 20.3 million in 2000 to 25 million in 2010. Thus making youth programs is a real priority in addressing sexual and reproductive health issues. Understanding this, the Ethiopian Government launched the first youth policy on April 2007, which was followed by the youth reproductive health policy [2, 3]. Sexual and reproductive health of adolescents has been a major international concern and it had been clearly indicated in the 1994 International Conference on Population and Development (ICPD) in Cairo [7].

In the ICPD Program of Action, it is stated that; “reproductive health programs should be designed to serve the needs of women, including adolescents”, and that innovative programs should be developed to "ensure information, counseling and services for reproductive health accessible for adolescents and adult men [4].

adolescents have limited knowledge about reproductive health and the natural process of puberty. This lack of knowledge about reproductive health predisposes them to unplanned sexual relation and exposes them with adverse consequences such as unwanted pregnancy, unsafe abortion, sexually transmitted infections including HIV, morbidity and mortality during pregnancy and child birth[5, 6].

Youth who comprises large number of the community especially those who are out of school for some reason are at greatest risk of STI/HIV/AIDS, unwanted pregnancy, early marriage and other consequences of SRH problem. Adolescents, having survived all childhood health

problems, have been enjoying a relatively low morbidity and mortality period in the past. At present, as a result of civilization, urbanization and change in life style, the health of adolescents is increasingly at risk. Sexually transmitted diseases, HIV/AIDS and other reproductive health problems are the greatest threats to their well-being[19, 26].

A study conducted in selected Ethiopian regions showed that only 6.7% and 2.4% youth had ever visited the existing health institutions and received SRH and VCT care services respectively. Youth centers give reproductive and non-reproductive services, but there is limited knowledge about the centers and services among youths. This is mainly due to the lack of information on youth friendly health facility that meets the needs of young people[5].

In Ethiopia young people lack adequate information and guidance on sexual and reproductive health issues and SRH service utilization is found to be low[5, 7]. Youth centers were established with the aim of providing the youth with supportive services such as creating favorable conditions for proper access to counseling, information, education and services on the reproductive health and other related issues[8]. Therefore this study aims to assess awareness towards the existence of youth centers and their reproductive health service among Addis Ababa youth in their respective Woreda.

1.2. Statement of the problem

World Health Organization (WHO) estimated that 70% of the premature deaths among adults are largely due to behaviors initiated during adolescence[9]. UNICEF and USAID have indicated that 17% of young women and 14% of young men aged 20-24 were sexually active by the age of 15 years. Inconvenient or unfavorable working hours, mixing services provided for school youth with that of out of school youth, lack of money, embarrassment, health service provider attitude negatively affects utilization of the services. In addition parents' and teachers' involvement in passing RH information was found to be low as majority of the youth reported that they got information of these services from friends[10].

In Ethiopia, youth commonly suffer from reproductive health problems such as sexually transmitted infections, unwanted pregnancy and early marriage. According to the 2011 EDHS, family planning coverage was only 23.8% among adolescents of 15–19 years age. Unmet need for family planning in the same year was highest among adolescents of 15–19 years. Childbearing also begins early, with 45% of total births in the country occurring among adolescent girls and young women[11]. For the young women aged 20-24, the median age at their first sex experience is 16.2 years. At this age, young women and men have very little information and access to Sexual and Reproductive Health information and services compared to Adults 86% of adult women know about contraceptives compared to 26 % of young women [12].

There are 106 youth centers located in Addis Ababa out of which only 84 are functional and others are on construction. They have reproductive health information and education with services of contraceptive and condom distribution, VCT on HIV/AIDS, counseling related to sexual and reproductive health problems and peer education. These services with life skill development and other trainings by health professional can promote the youth awareness on reproductive health information and prevent them from related problems[10].

1.3. Rationale of the study

The rationale for this study is that youth have limited reproductive health (RH) information, knowledge, and access to health services. Many have unfavorable attitudes and do not feel comfortable to discuss RH issues with parents or other key adults. Youth reproductive health services provided in youth centers and other places need to be accessible, acceptable and appropriate for the young people to effectively attract them, respond comfortably to their needs and retain them for continued care. The services offered include family planning, sexual information, pregnancy testing, counseling, referral and treatment of sexually transmitted infections (STI). Even though the numbers of youths become a third of Ethiopian population, there is low awareness about the reproductive health and services provided among youth centers in Ethiopia[5, 8].

There is limited cross sectional research done in Addis Ababa on the theme of the study. Hence this community based study helps to know youth's awareness about youth centers and services given. In addition to this, assessment for barrier of utilization of the centers is of great importance. The findings of this study will help to improve understanding of youth about youth center and reproductive health services and to prevent reproductive health problem and its consequence by creating awareness, providing trainings for youths, increasing service utilization, identifying the need of youth for giving information and education about sexual and reproductive health.

2. LITERATURE REVIEW

Worldwide 15 million adolescents experience pregnancy each year. Since most of these pregnancies are unwanted, young women tend to have induced abortions, whether legal or not. According to WHO projections, nearly half of the induced abortions occur under unsafe conditions. Studies on STIs in adolescents have also shown that the incidence is increasing. Each year, one in 20 adolescents suffers from STI other than HIV/AIDS. Moreover, half of new HIV cases are observed in the 15-24 age .The majorities of sexual contacts among adolescents are unprotected: among married adolescents, use of modern contraceptives ranges between 1% in some sub-Saharan Africa countries and 60% in Latin America. Only in 4 out of 19 sub-Saharan countries, [4].

In Sub Saharan Africa many young adolescents do not know how to protect themselves and their partners from HIV/AIDS and other STIs. For instance, despite that AIDS awareness is relatively high among youth in Ethiopia, one in four young women and more than one in ten young men have not heard of AIDS or know whether AIDS can be avoided. While 45% of young women are aware that using a condom in every intercourse prevents HIV, only two percent of them report having used condom at last intercourse. Unlike most other illnesses and disabilities, sexual and reproductive health problems tend to be cloaked in embarrassment, secrecy, and shame. Because of cultural taboos adolescents in many developing countries rarely discuss sexual matters explicitly with their parents. Most information for their knowledge comes from peers of the same sex who may themselves lack information or are incorrectly informed[13, 14]

Reproductive and sexual health services can play an important role in both health promotion and prevention; however, in many countries such services are inaccessible, inappropriate or unaffordable to young people. In South Africa showed that many such health services are either physically inaccessible or have working hours that prevent easy access for youth. Staff attitudes ranging from judgmental to treating adolescents' requests for services with hostility, to denying them services also has impact on adolescent utilization of services[15].

Reproductive health programs should offer information and relevant services to adolescents because young people have the need and the right of having quality reproductive health services. Even though, ARH needs are immense adolescents face many barriers like lack of

knowledge on reproductive anatomy and physiology, how pregnancies or STI occur, how to prevent them and where to obtain protection[16].

In Malawi shows young people's knowledge regarding RHS is limited, therefore there is a need to provide proper services for contraceptives, HIV testing, Sexually Transmitted Infection (STI) treatment, and condoms, etc. for young people to meet their SRH needs. Inadequate information, lack of privacy, crowded waiting rooms, and general youth unfriendly environment are some of the barriers that youth face in accessing reproductive health services. This has contributed significantly to the unacceptable levels of ill-health and mortality rate[17].

In Ghana shows no open opposition to their advocacy activities concerning adolescent reproductive health. However, the National Catholic Secretariat and the Christian Council of Ghana have expressed general discomfort with widespread contraceptive availability and reservations about contraception and family life education for adolescents[18, 19].

In Kenya Thika west District study established that sex, age, level of education, type of school and youth's awareness about existence of reproductive health facility and services offered were significantly associated with utilization religion and parental employment status had association only to a few services. Ethnicity had no association to utilization of all youth friendly reproductive health services. Unfavorable working hours, mixing out of school youth and the school going youth and lack of money negatively affected utilization of youth friendly reproductive health service.

Parents and teachers involvement in passing reproductive health information was found to be low as majority of the youth reported that they got information of these services from friends. The study concluded that the utilization of reproductive health services among the school and college youth was low largely due to unfriendliness of the reproductive health facilities to the youth and lack of awareness of RH services[8,14].

A national survey taken in Ethiopia over the past decade demonstrated that the unmet need of adolescents is over two times higher than that of the general population in the country. The unmet need for contraceptive reduced to 34% for the general population of Ethiopia, Young people's unmet need remains twice bigger than the general population. Most Young people

engage in sex at an early age: one in six women aged 15-19 years already had their first child and one fifth of this population is sexually active. 45 percent of the total births in the country occur among adolescent girls and young women, which highly expose them to different reproductive health problems including fistula [12]According to the HIV sentinel surveillance in Ethiopia of mothers seeking antenatal care, HIV/AIDS prevalence is 11 percent among women age 15-19, and 15 percent among those age 20-24 Unintended pregnancy and unsafe abortion is also very high among teenage girls[12].

Study shows Sexual activity among youth in Ethiopia, particularly those residing in urban areas, has resulted in large numbers of unwanted pregnancies, and illegal abortions, which pose serious health and social problems which indicate that complications from unsafe abortion accounted for almost 55% of all recorded maternal deaths, some 13% of which occur among women under the age of 20. The number of cases of sexually transmitted disease (STD), including HIV/AIDS, and other SRH problem and consequences are also increasing[20].The study on sexual/reproductive health of adolescents/young people requires specific focus and perspective and the need for sexual and reproductive health services for young people, become particularly critical for a number of reasons because awareness about the problem can prevent them from reproductive health problems by encouraging effective means of responsible sexual behaviors[20]

In Butajira, south central Ethiopia showed that only 5.6% and 2.6% of students reported talking about sexuality with friends and family members respectively. Another study also showed that students were able to talk openly about sexuality firstly with friends (90.8 %) ,and girl/boy friend (80.5%) and least with teachers (18.7%) , parents (17.8%) or priests (8.9%).Another study done on Bullen woreda, Benishangul,gumuz Ethiopia result shows common source of information on reproductive health is school followed by friends and 72% of students prefer to discuss this issue with friends and only 27% discuss with parents[21].

Another study in the same area although young adults make up a large proportion of the population their health needs is often neglected. Sexual and reproductive health problems challenge this population in the second decade of life. HIV is one of the major health problems among young people in least developing countries, where the transmission of the disease often starts to pick up at the age of 15-24 years, more profoundly among females[22]. Studies on

sexuality, awareness and attitude of adolescent's on reproductive health issues in Ethiopia have very much limited to the most confined and accessible adolescents in school[23, 24].

Study done among Addis Ababa youth shows early sexual initiation before the age of 18 years among Addis Ababa was 42%and 7% of them didn't use condom, 44% of male participant had sex with commercial sex workers in their life.47% of youths had STI one year prior the study period and 37% of pregnancies were before the age of 18years[25].

2.1 The need for youth-friendly health services

Reproductive health programs targeted at youth in sub-Saharan Africa were first developed in the late 1970s in response to a growing recognition that young people were poorly informed on SRH. Initial programs focused mainly on providing information to young people and improving the capacity to convey such information unfortunately, to date programs that improve young people's actual access to SRH services is less developed in the region. This is mostly because of political sensitivity[27].

Youth Friendly Services in Ethiopia

In March 2004 G.C., the Ministry of Youth, Sports and Culture developed a National Youth Policy to address the multi-lateral youth problems and to coordinate efforts of different stakeholders for the problem alleviation. The policy tried to incorporate ten major policy issues. Of them, two are directly related with the health of youth; youth and health, youth and HIV/AIDS [3]. A national adolescent reproductive health steering committee was established under the Family Health Department of Ministry of Health in 1996 G.C. Since then the department involved in capacity building programs of health facilities, health professionals and in developing a national Adolescent Reproductive Health program.

The department set the vision "To enhance reproductive health and well-being among young people in Ethiopia ages 10-24 so that they may be productive and empowered to fully access and utilize quality reproductive health information and services, to make voluntary informed choices over their RH lives, and to participate fully in the development of the country" and strategies like build the capacity of health services at all levels to deliver youth friendly services, develop and revise national guidelines and standards, develop outreach programs, promote targeted messages to reach different segments of the youth population, harmonize and

strengthen peer promoters and educator programs, strengthen the role of media and entertainment for youth and continue advocacy and social mobilization for improving community and political support towards youth reproductive health issues are the major ones documented in the Reproductive Health strategy 2007-2015[33].

Recently, the Ministry of Youth and Sports, Capacity Building Division and MOH [34 and 36]. have developed a National guideline for youth centers and youth friendly RH services standards and minimum package. The guidelines stated that all youth, irrespective of their sex, ethnicity, religion and political attitude have the right to use the services equally and the following services should be the basis of the centers [2, 3].

In Ethiopia regions and city administration there are 804 youth centers, Addis Ababa city has 84 fully functioning youth centers which serves youths in different programs. The general services are divided in to eight main categories: Reproductive Health services which contain counseling by trained health professionals on RH information for adolescents like STI/HIV control, life skill development, risk reduction related to unwanted pregnancy, abortion, Harmful practices like early marriage, drug addiction alcohol drinking chat chewing and others given.

There is also service like voluntary counseling and testing of HIV/AIDS, contraceptive pill distribution, condom distribution, Information Education and Communication material distribution targeted to unplanned pregnancy, abortion condom use, contraception use, Pregnancy test and referral service for those who need, peer to peer education also provided. In addition Library for those who need to read with different books, (Internet) services, Training services like Information Communication Technology, entrepreneurship, peer education, life skill development, counseling services, and first aid services, ...provided, In addition, Internet service with low price, Outdoor and Indoor sport games, Digital Satellite Sport Television, Cafeteria, Library, Shower services and renting of the center hall for the surrounding youth and community[2, 3].

2.2 International Information Rights

Adolescents aged from 15 to 17 years are an intermediate category with respect to transitions such as schooling and employment, while 18 year old are not considered children by any

definition, even though they may not assume full legal rights and responsibilities until the age of 20 or 21 years. The convention on the rights of the child defines all persons aged up to 18 years as children, however,” except where marriage or economic emancipation occurs earlier” (e.g. at 15 or 16 years).As such, they are granted special protections and entitlements such as the right to education, healthcare, information and personal development, and the freedom from certain adult responsibilities[29].

The promotion of mutually respectful gender relations as well as appropriate information and health services is essential to enable adolescents to deal in a positive and responsible way with their sexuality. Reliable information disseminated through public health campaigns, the media, and the educational system should be designed to ensure that young people acquire knowledge about their health, especially information on sexuality and reproduction[10].

Formal and non-formal education should encourage behavior that protects adolescents from early and unwanted pregnancy, sexually transmitted infections (STIs) including HIV/AIDS, and sexual abuse, incest and violence; adolescents access to information and services must not be restricted by legal, regulatory or social barriers or by the attitudes of health-care providers; Programs must safeguard adolescents’ rights to privacy, confidentiality, respect and informed consent and to non-discrimination.

Misrepresenting health-related information, including sexual education and information, and that, consistent with their obligations to ensure the right to life, survival and development of the child States must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality[6].

2.3 Existing barriers to accessing SRH services

This section explores the barriers that currently exist that are preventing adolescents from accessing SRH services.

2.3.1 Stigma

A study conducted in Malawi, Ghana, Burkina Faso, Uganda in 2007 and in Ethiopia Butajira and Benishangul-Gumuz, found that along with financial cost, social-psychological/stigma issues (e.g. embarrassment or fear) are the most common barriers to adolescents accessing health services[30]. In the study, adolescents reported that it was often the social context surrounding adolescent

sexuality that most discouraged them from accessing SRH services. In another study conducted in Burkina Faso, results showed that adults were supportive of young people accessing SRH information, but they were less supportive of young people accessing actual services [21, 22, 31]. This further illustrates the fact that stigma still exists related to young people accessing SRH services. In particular, there is often a negative attitude toward young unmarried women who are sexually active[32]. Because of this stigma toward adolescent sexuality, adolescents often report that they do not access SRH services due to fear of being stigmatized or punished for sexual involvement[33, 34]. This is especially the case for adolescent females who often have a fear of being recognized in the waiting room by adults from their community [21, 34, 35].

2.3.2 Negative attitude of health-care workers

Another significant barrier to adolescents accessing sexual and reproductive health services is the negative attitudes of providers [32,36]. Service providers are often judgmental toward sexually active adolescents and have negative attitudes toward them. Adolescents report that service providers in normal clinics treat them rudely or deny them services. This reveals that staff may not have the counseling skills and training necessary for dealing with young people [31, 34, 35]. Often clinics are designed for adult clients, and service providers are not trained in adolescent sexuality and youth friendly SRH concepts. as a result, young people are neither well-received nor comfortable in use family planning clinics[36, 37].

2.3.3 Lack of knowledge

Another barrier preventing adolescents from accessing SRH services is lack of knowledge about where to access these services and lack of knowledge about what services are available. Many adolescents do not have adequate information on SRH, especially with regards to contraceptives and STIs. For example, a significant proportion of sexually active adolescents do not know where or how to obtain contraceptives or get STI treatment[32]. Unfortunately, many adolescents get information on SRH from each other, and this information is often incorrect[39]. Therefore poor knowledge and lack of awareness are the main underlying factors for adolescents not using SRH services.

2.3.4 Cost

The economic costs of health care seeking include not only payment for treatment but also loss of productive or school time for the student, and the travelling expenses. This means that persons of low socio-economic status can have difficulty in affording the costs associated with

utilization of healthcare making utilization. The location of existing facilities should be in a safe surrounding and should be available by public transport and service need to be available and affordable [36].

2.3.5 Inconvenient hours and location

In South Africa activities geared towards the youth are being implemented but are still limited[36]. A study to evaluate factors that discouraged the youth from using youth friendly reproductive services in South Africa found that inconvenient hours or locations, unfriendly staff and lack of privacy were among the reasons adults gave for not using YFRHS. The country in conjunction with Pathfinder International is working hard through a project, focus on Youth Adult to put processes in place to remove those obstacles[6, 35].

2.3.6 Lack of privacy and confidentiality:

Programs must safeguard adolescents' rights to privacy, confidentiality, respect and informed consent and to non-discrimination. Misrepresenting health-related information, including sexual education and information, and that, consistent with their obligations to ensure the right to life, survival and development of the child States must ensure that children have the ability to acquire the knowledge and skills to protect themselves and others as they begin to express their sexuality"[28, 32, 36].

2.3.7 Legal and policy constraints:

Health care system includes health policy, resources and organization which refers to how health care system manages its resources and consumer satisfaction determine individual's use of health service. Related to age and marital status providers may impose age restrictions on family planning methods even when these are not medically justifiable or officially sanctioned[28, 36].

2.3.8 Guidelines for Youth-friendly Health Services

Young people's preferences vary widely and are often contradictory[36] Especially across varying socio-economic and cultural backgrounds. Thus, the essential package of what is offered at youth friendly health service cannot be fixed, but each community must develop its own package based on economic, epidemiological, social and cultural constraints. Despite the need for flexibility of the essential package offered, youth friendly health service must be available, accessible, acceptable and appropriate for adolescents[33].In any case of the context

in which they live, adolescents need a safe and supportive environment that offers protection and opportunities for development ,information and skills to understand and interact with the world, health services and counseling to address their health problems and deal with personal difficulties[35].

Conceptual frame work

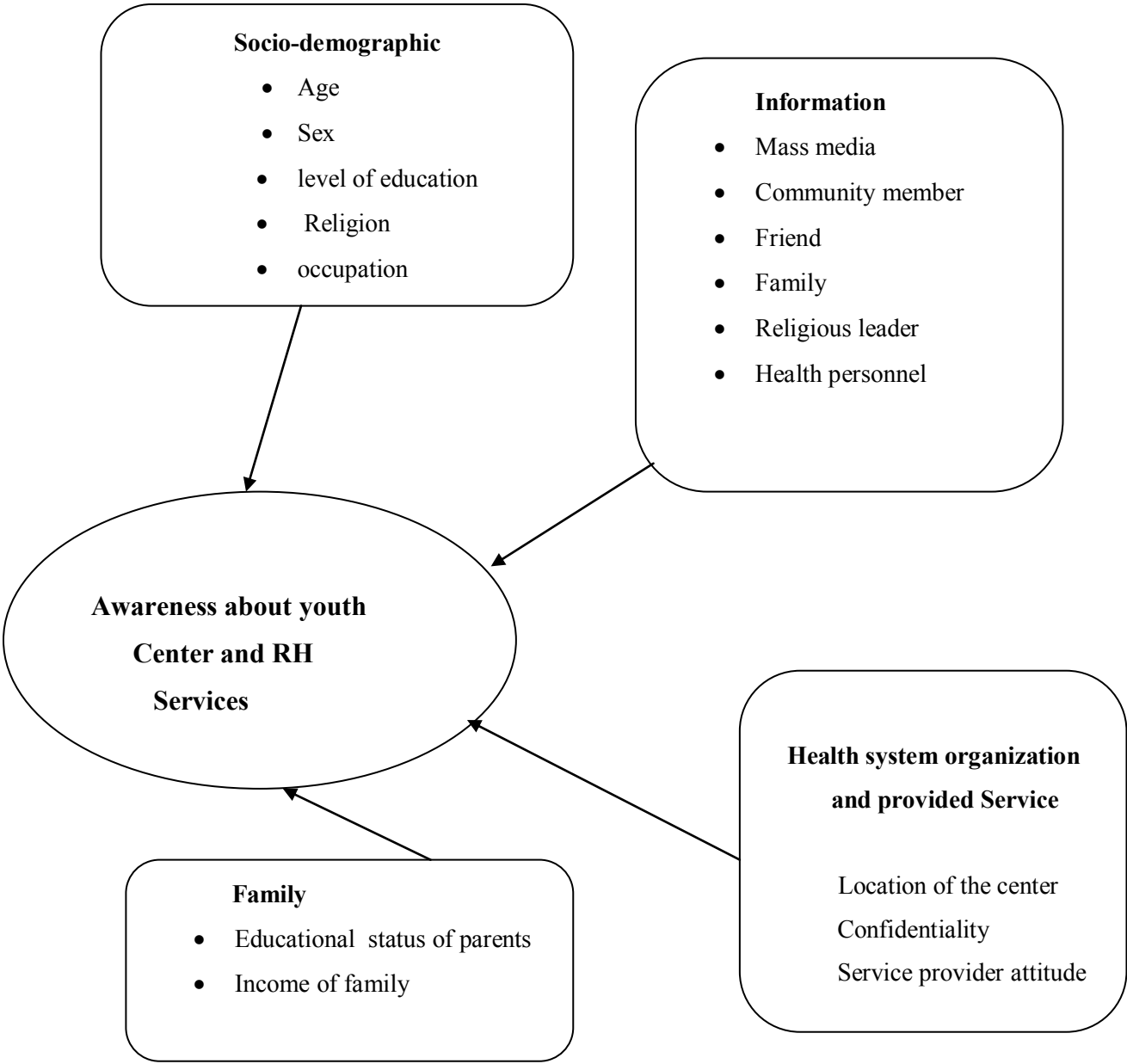


Figure1. A modified conceptual framework from referenced literatures to assess awareness about youth centers and their reproductive health service among youth of Addis Ababa, 2015

3. OBJECTIVE OF THE STUDY

3.1 General objective

The general objective of the study is to assess awareness about existence of youth centers and their reproductive health service among youth aged 15-24 of Addis Ababa.

3.2 Specific objective

Based on the above general objective, the following specific objectives are formulated:

- To assess level of awareness about existence of youth center and their reproductive health service among youth in Addis Ababa.
- To identify factors affecting awareness about youth center and their reproductive health service in Addis Ababa
- To assess type of reproductive health services provided in youth centers among youth in Addis Ababa
- To assess utilization of youth center reproductive health services and barrier for utilization among youth in Addis Ababa.

4. METHODS

4.1 Study area

The study was conducted in Addis Ababa, the capital city of Ethiopia located in geographical center of the country with 51948.85hectar area size. Addis Ababa is administratively divided in to 10 sub cities and 115 Woreda. Based on figures from Central Statistics Agency of Ethiopia published in 2007, Addis Ababa has estimated total population of 3,650,000 in 2015 with 1,760.000 men, the population number is about 60 percent of the total urban population of Ethiopia. While the sex ratio is 0.91. Of these, 1,009,048 are young with the age range of 10-24 and youth (15-24 years) accounts 43.8% [40].

In Addis Ababa there are total of 106 youth centers of which 84 functional and which provide services such as internet, library for reading different type of books , cafeteria, Digital Satelite Television Sport Gymnasium, indoor and outdoor sport games ,different type of trainings, hall renting service ,shower rooms to be used by youth, reproductive health related services like Voluntary Counseling and Testing of HIV/AIDS, condom and contraceptive distribution, information on reproductive health, counseling, peer education and others by assigned health provider to the respective Woreda youths.

4.2 Study design

A mixed quantitative and qualitative community based cross sectional study design was conducted among youths in Addis Ababa

Source population

All youth residing in Addis Ababa city during the study period.

4.3 Study population

The study populations were selected youth from each kebele.

Inclusion criteria

Resident of the city at least for the last 6 month

Exclusion criteria

Severely sick and youth who have mental problem and who are unable to hear or speak

4.4 Sample size determination

Sample size determined using a for single population proportion formula based on the following assumption:

- Prevalence of awareness about youth centers 50% since there is no study done.
- Margin of error $d= 5\%$
- A confidence interval of 95% = $(Z \alpha/2=1.96)$.
- Assuming a design effect of 2 since multi-staged cluster sampling method.
- 10% non-response rate

$$n = \frac{(Z\alpha/2)^2 P(1-P)}{d^2} \quad n = \frac{(1.96)^2 \times 0.50(1-0.50)}{(0.05)^2} = 384 = 2 \times 384 \times 10\% \text{ non-response} = \underline{845}$$

Where: - n is the size of the sample

Z is the score value corresponding to the 5% level of significance

d = margin of error

P is prevalence of awareness about youth centers

Computing with the above formula gives a total sample size of 384. Assuming a design effect of $2 \times 384 = 768$ considering 10% contingency for non-response 845 selected study participants were required for the study.

4.5 Sampling procedures

Multi-stage sampling was used to select youths from randomly selected five sub cities (Gulele, Bole, Kolfkeranyo, Akakikality and Arada) out of ten. In the next step one Woreda was randomly selected from each of the recruited sub cities, and then from each of these Woreda also two previous Kebeles were randomly included. However, the total number of youth aged 15-24 living in the Kebele were not known therefore, the total sample of the study participant allocated equally to the five woredas and selected Kebeles. Then using simple random technique youth aged 15-24 had participated in the data collection. Respondent house from each Kebele were identified using the data collector and family folder. If there were more than one eligible individual in the same house the elder required.

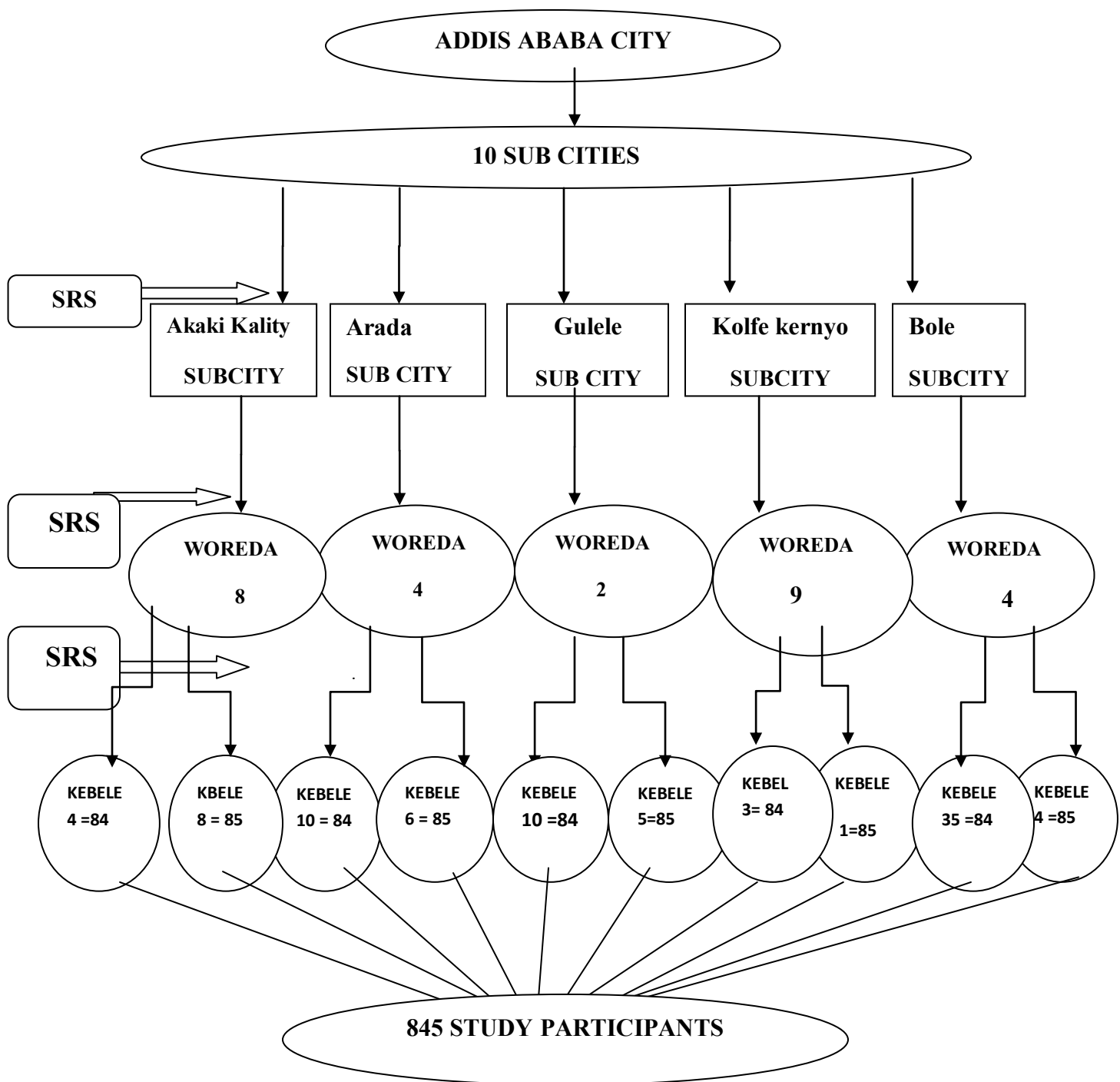


Figure 2.Schematic presentation of sampling for the study to assess awareness about youth centers and their reproductive health service among youth of Addis Ababa

4.6 Data collection methods

Structured questionnaire was developed by reviewing pertinent literature on the issue under study. Questionnaire developed first in English language then translated in to local language (Amharic) version and back to English to check for its consistency. The questionnaire was pre tested in similar settings; i.e. among youth of other Kebele in Yeka sub-city not selected for the study to alleviate problems rising of understandability before the actual data collection. Appropriate modifications done before the questionnaire is used for the study. Five data collectors who have diploma selected and training about objective of the study, how to approach youths and how to use questionnaire given for three days. One supervisor participates in training and performs supervision of all data collectors together with principal investigator.

Observation

Observation of the service conducted by adopting a checklist developed by African Youth Alliances/Pathfinder International was used that has three major parts; facility environment, working hours, and equipment supplies and services provided.

4.7 Variables of the study

Dependent variable

Awareness about youth centers and RH service

Independent variables

Socio-demographic variables:

Age, sex, religion

Occupation of respondent

Level of education

Family income

Educational status of participant, father and mother

RH service utilization affecting factors such as, health provider attitude,

Working hour, location of the center, confidentiality, crowdedness of clinic

Information on RH service like, Mass media, Friends

School teacher, Community member, health personnel, religious leader

4.8. Operational Definition

Young People: The age group between 15-24 in this study.

Reproductive Health: a state of complete physical, mental and social well-being in all matters relating to the reproductive system.

Youth center: The Youth Center is a social and recreational center intended primarily for use by youths. The Center supports opportunities for youth to develop their physical, social, emotional, and cognitive abilities and to experience achievement, leadership, enjoyment, friendship, and recognition. It also offers organized instructional programs like SRH services.

Sexual and Reproductive Health: is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

Youth Friendly Services: are certain centres, which meet certain standards (that include policies and processes that support adolescents' rights) and help the youth to meet their sexual and reproductive health needs in a friendly manner, attract youth to the facility or program, provide a comfortable and appropriate setting for

Reproductive Health Services: are accessible, acceptable and appropriate for the youth. They are in the right place at the right price (free where necessary) and delivered in the right style to be acceptable to young people and are effective, safe and affordable. They include counseling, family planning, voluntary counseling and testing and treatment of sexually transmitted infections.

SRH services availability- presence of the reproductive health information counseling, condom and contraceptive distribution, voluntary counseling and testing of HIV/AIDS and pamphlet distribution and other services in the service providing places.

Satisfaction: fulfillment of one's expectation regarding service availability and quality and sense of security provided by youth center that can contribute to the welling reducing anxiety and meeting essential needs

Awareness: the state of condition that can be confirmed by object of the information, have heard about the existance of youth center and reproductive health service in the woreda by youth .

4.9 Data analysis

The data were checked for its completeness cleaned, labeled, coded, entered and analyzed using SPSS (statistical package for social science) version 21.0. Descriptive statistics such as proportions, frequency and percentage were used to assess client characteristics. Bivariate and multivariate analysis was done to assess statistical associations between the dependent and independent variables. Odds ratios (OR) and their 95% confidence interval was used to look into the strength of association between variables this is done after recoding of some socio-demographic variables. For example youth who attend religious programs daily were considered as regular attendants; those who attend weekly and every other day were considered and re-coded as frequent attendants while those who attend on holydays were re-coded as infrequent attendants.

Finally to determine the independent effect of the explanatory variables, logistic regression was done. Qualitative observation data was summarized and presented to complement the quantitative data.

4.10 Data quality management

Data collectors were trained for 3 days. Supervisors were checking the completeness, consistency and accuracy of the collected data information obtained was given as feedback every morning before data collection resumes. Pre-testing was done in another Kebele which is not included in the study Appropriateness of the questionnaire about content, consistency, language and flow checked and modified in line with study objective.

4.12 Ethical Consideration

The ethical concern of this study is maintaining the confidentiality of the study participants. Ethical clearance was obtained from the Institutional Review Board of Addis Ababa University, School of public Health. After obtaining ethical clearance Addis Ababa city administration and

sub cities were informed about the objective of the study through a support letter from the school. Prior to data collection respondents were kindly requested for their voluntary participation to be included in the study Informed consent was obtained from study participants. The youth who are under 18 were asked for their assent to be involved in the study during the data collection period and also they were informed about the purpose of the study, its importance, and confidentiality of the information. Written consent was asked for their informed consent and obtained from participants as they have full right to refuse, withdraw or completely reject part or all of their participation Confidentiality was assured by not writing the name of the respondent on the questionnaires.

5. Result of the study

Socio- demographic characteristics of study participant

The study involved total of 845 participants aged between 15-24 with response rate of 100%. 459 (54.3%) were males, 452(53.5) aged between 20-24 years with the mean age 21years other characteristics illustrated in the table below Table 5.1

Table 5.1 Socio demographic characteristic of study participant of youth in Addis Ababa, 2015

Variables	Frequency (n=845)	Percentage
Age group		
15-19	393	46.5
20-24	452	53.5
Sex		
Male	459	54.3
Female	386	45.7
Religion		
Orthodox	485	57.4
Muslim	161	19.1
Other Christian	180	21.3
Other religion	19	2.2
Marital status		
Never married	608	72
Married	203	24
Windowed	15	1.8
Divorced	19	2.2
Respondent level of education		
Illiterate	12	1.4
Primary	276	32.7
Secondary	377	44.6
Above high school	180	21.2
Monthly Income of respondent's family		
Below 500	269	31.8
Beteween500-2000	194	22.9
Above2000	382	45.3
Respondent spending their leisure time		
Sport	673	79.6
Internet	465	55.0
Reading	416	49.2
At religious places	402	47.5
Watching film	439	51.9
Listening radio	462	54.6
Drinking alcohols	54	6.3
Chewing chat	47	5.5
Respondent currently attending school		
Yes	483	57.2
No	362	42.8
Religious attendance of respondent		
Regular	367	43.4
Frequent	194	23
Infrequent	284	33.6

Reproductive health service and youth center awareness

Among 845 study participants 630(74.6%) heard about the existence of youth center and reproductive health services from different source of information those who does not have heard mentioned there reason for the lack of information as described in the table below Table 5.2

Table 5.2 youth center awareness, source of information and reason for lack of Information among youth in Addis Ababa, 2015 (n=845)

Variables	Frequency	Percentage
Heard about youth center(n=845)		
Yes	630	74.6
Source of information (n=630)		
Friend	434	68.8
Health personnel	355	56.3
Community member	322	51.1
School	196	31.1
Family	106	16.8
Mass media	97	15.3
poster	94	14.9
Religious leader	55	8.5
Reason for lack of awareness (n=215)		
Lack of promotion of youth center	134	62.3
Lack of promotion at school	87	40.4
Lack of promotion at mass media	67	31.1
Lack of interested	52	24.1
Other reason	35	16.2

Percent in each case is above 100% because of multiple answers by participants

Description of types of services known by study participants

The 630(74.6%) of study participants who have heard about youth center and reproductive health service mentioned the general type of service given in the youth center in the following Figure.3

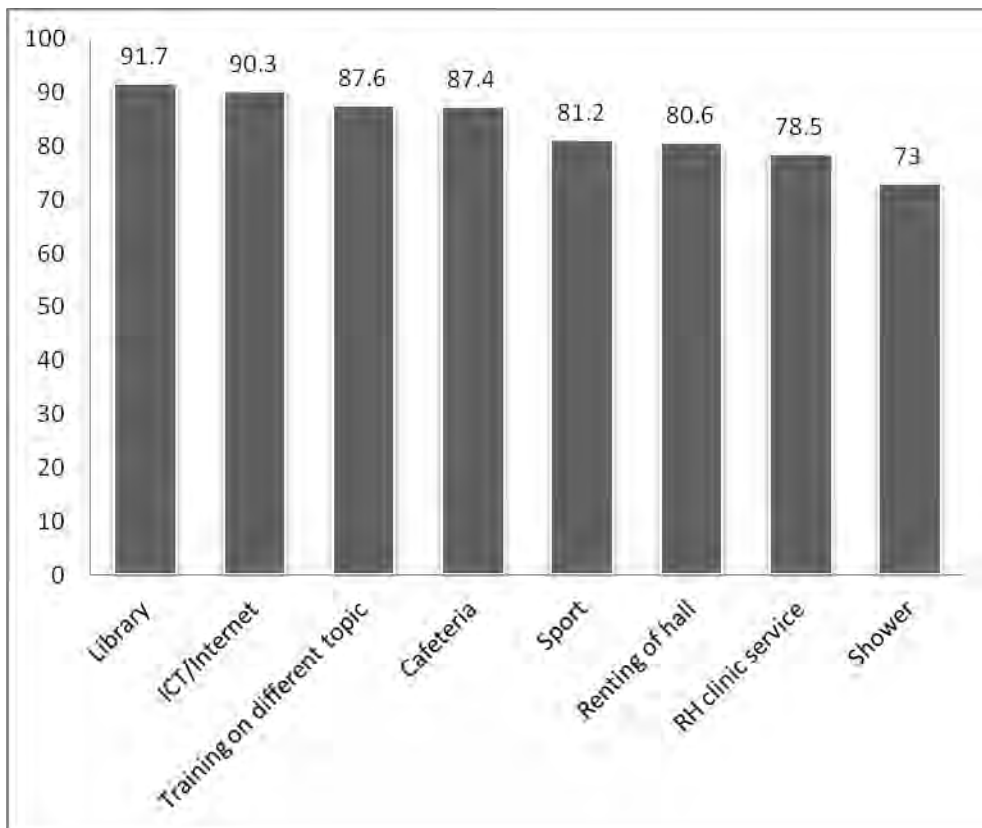


Figure 3 – General type of services mentioned by study participants provided at Youth center in Addis Ababa, 2015

Study participants who mentioned reproductive health type of services provided in the RH clinic of the youth center

The type of reproductive health services provided in the RH clinic was mentioned by the 630(74.6%) study participants who have heard about the youth center as expressed in the following pie chart Figure. 4

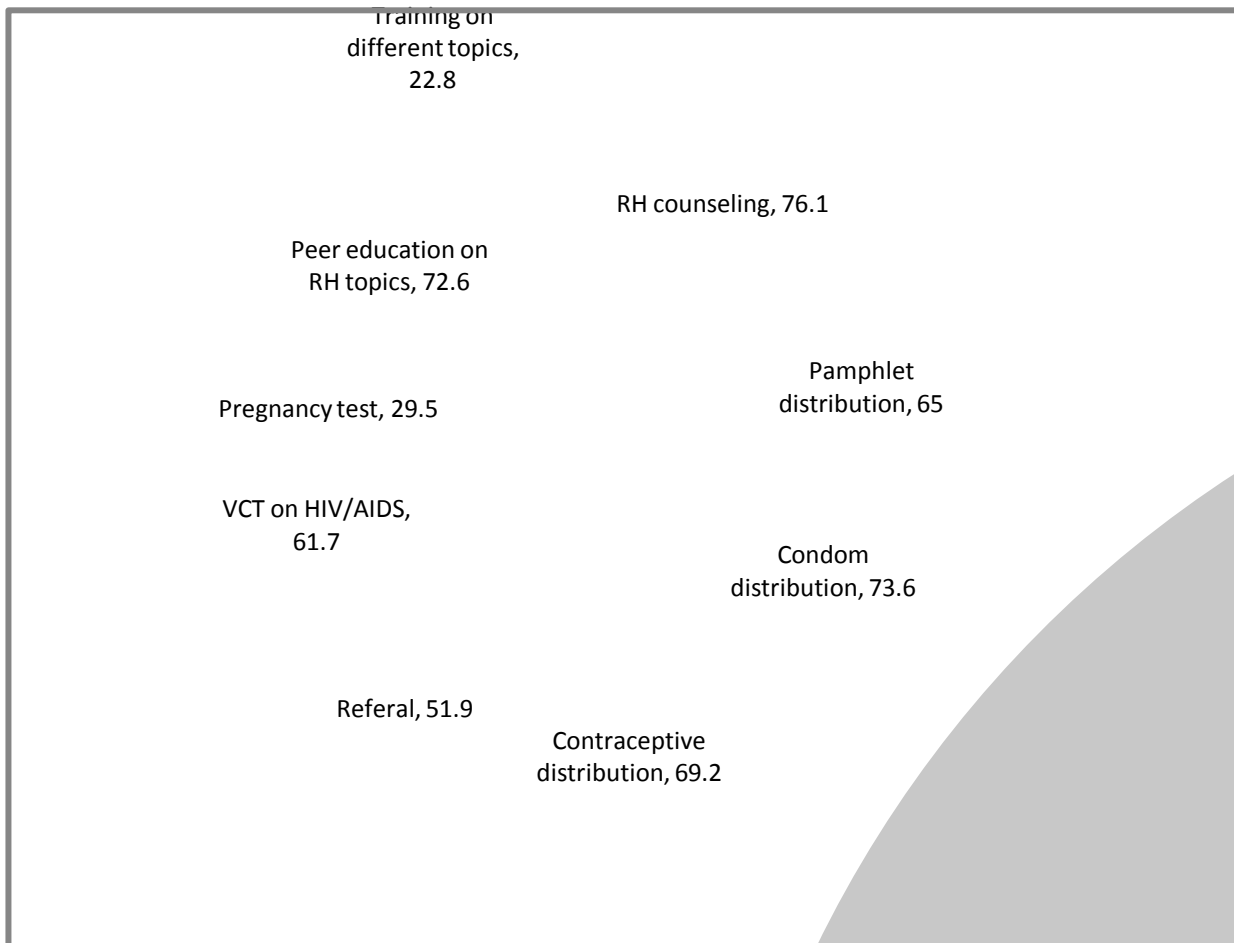


Figure 4 Mentioned reproductive health type of service provide at youth center RH clinic Addis Ababa , 2015 (n=630)

Youth center service utilization and reasons for accessing the center

Out of 630(74.6%) youth who have heard about existence of youth center and reproductive health services, 475(75.3%) participants were accessed to youth centers and from those who have accessed the youth centers 340(71.5%) of them used different type of reproductive health services.

Those who accessed the youth center usual time they went were sometimes 184(38.7%). Of them who had been accessed the youth center services the reason why accessed the center was for sport 389(81.8%), library 379(79.0%) and others who went for reproductive health clinic service reported that for VCT 185(54.4%) condom 171(50.2%) and others as illustrated in the table below. Table 5.3

Table 5.3 Youth center utilization and reasons for access to youth center among Youth in Addis Ababa, 2015 (n=630)

Variable	Frequency	Percent
Youth who went to the youth center(n=475)		
Yes	475	75.3
Study participants usual time to go to the youth center(n=475)		
Sometimes	184	38.7
Every week	118	24.8
Every three day	110	23.1
Daily	63	13.2
Main reason youth go to the youth center(n=475)		
Sport	389	81.8
Library	379	79.0
ICT /Internet	368	77.4
Cafeteria	352	74.1
Shower	228	48.0
Training (theater club)	112	23.5
Used reproductive health clinic services by youth (n=340)		
Peer to peer education on reproductive health	194	57
For VCT on HIV/AIDS	185	54.4
To get condom	171	50.2
To get contraception	146	42.9
For RH related counseling	124	36.4
For pregnancy test	90	26.4
To get pamphlet magazine or poster	87	25.5

Percent in each case is above 100% because of multiple answers by respondents

The need and benefit of reproductive health service of youth center

From the total study participants those who believe the reproductive health service to be given by the youth center were 770 (91.1%). They also expressed the benefit of the reproductive health services such as counseling, peer education and other services to benefit youth by giving information and this prevent high risk sexual behavior 696(90.3%), unplanned pregnancy 673(87.4%), and other reproductive health related problems.

The need of the reproductive health services by the study participant were also expressed by youth as the, Information on reproductive health 584 (75.8%), peer to peer education, 556 (72.2%) and other services Figure 5.

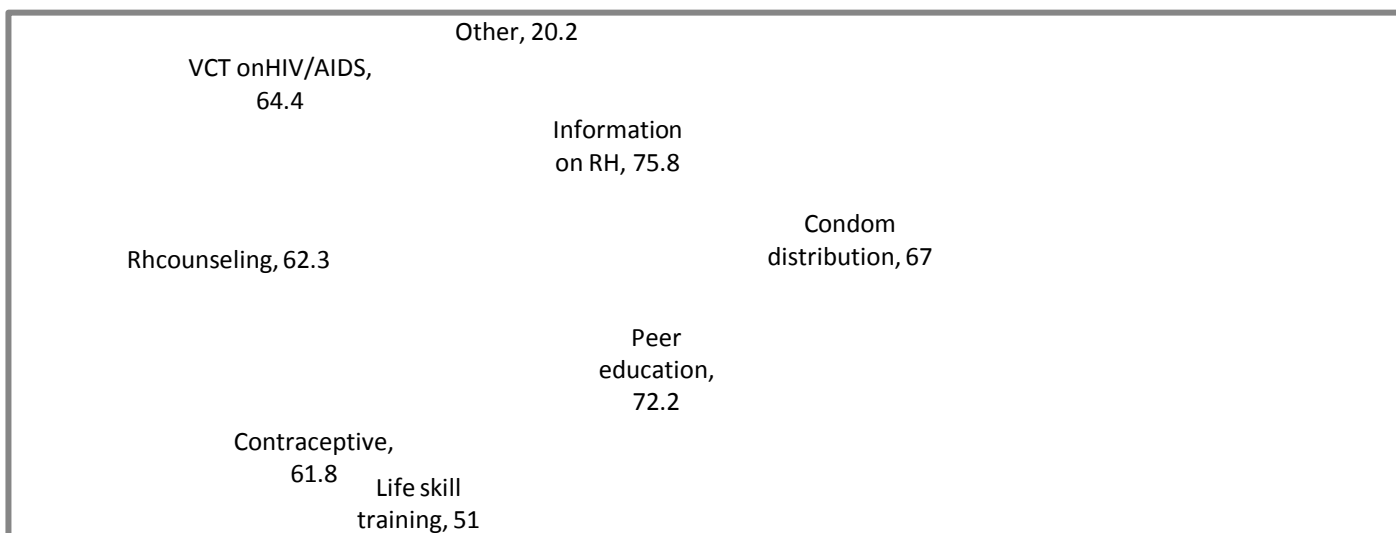


Figure 5. The reproductive health service need of the youth in Addis Ababa, 2015.

Descriptive summary of health service barriers for Utilization of reproductive health services in youth center

From the respondents who went to the center and used the service those who said opening hour of the youth center convenient were 273(80.2 %) used to go by walk 278 (81.7%, non-judgmental health workers were 275(80.8%), confidentiality or service given in private room 240(70.5%), On average time they stay in the center to get the service was from 5-35 minute and the average time to reach to the center from their home was between 5 to 45 min and they were also asked about the satisfactory of the service 252 (74.1%) was satisfied with the given service.

The barrier for the youth center reproductive health service utilization was mentioned as inadequate service 138 (40.5%), lack of privacy 56 (16.4%) and other table 5.4

Table 5.4 Barrier for the reproductive health service utilization of youth center among youth in Addis Ababa 2015(n=340)

Variables	Frequency (n=340)	Percent
Barrier for service utilization (n=340)		
Inadequacy	138	40.5
Feeling ashamed(embarrassed)	79	23.2
Religion	78	22.9
Inconvenient hour	67	19.7
Lack of confidentiality	56	16.4
Crowded condition of clinic	49	14.4
Approach of provider not fair	43	12.6
Age of provider	32	9.4
Long waiting hour	28	8.2
Gender of provider	24	7.0

Percent is above 100% because of multiple answers by respondents.

Study participants who know reproductive health services in the other places near to their house mentioned as 331(97.2%) health center, 315(92.6%) pharmacy. Those who went to other facility for reproductive health service the reason why they went was because of convenient hour 172(50.5%) and closer to their houses 198(58.2%).

bivariate and logistic regression analysis of factors associated with awareness about youth center and reproductive health service

To determine characteristics that predict awareness of youth centers bivariate and multivariate analyses were done on different variables and association was seen only on socio demographic variables and having heard about the youth center and reproductive health service availability. Among socio demographic factors the bivariate and multivariate analysis showed that awareness or hearing about youth centers were associated with being female, age 20-24 year, no current attendant of school and infrequent attendant of religious places

Female were less likely to have awareness of youth center than male [AOR of 0.68 (95%CI= 0.48,0.86)] those currently not attending school were less likely to have awareness of the youth center than those currently attending school [AOR of 0.38 (95%CI=0.27,0.53)] age group 20-24 year adolescents were more likely to have awareness than age group 15-19 years[AOR of 1.08 (95%CI= 0.96,1.29)]and those attending religious places infrequently have more likely to have awareness than those attending religious program regularly and frequently[(AOR(95%CI=1.57 (1.05-2.35). Table 5.5

Table 5.5 Crude and adjusted odds ratio (95% confidence intervals) from bivariate and logistic regression analysis of factors associated with awareness of youth center and RH service among youth in Addis Ababa, 2015. (n=630)

Variables	Awareness of youth center & RH service		Crude OR [95% CI]	Adjusted OR [95% CI]
	YES	NO		
Sex				
Female	311	85	0.67(0.29-0.46)**	0.68(0.48-0.86)**
Male	319	130	1	
Age				
15-19	292	103	1	
20-24	338	112	1.06(0.97-1.57)***	1.08(0.96--1.29)**
Currently attending school				
Yes	394	236	1	
No	89	126	0.43(0.31-.0.59)***	0.38(0.27-0.53)**
Religious attendance of respondent				
Regular	295	73	1	
Frequent	154	39	0.31(0.22-0.43)	
Infrequent	182	103	1.87(1.2-2.7)***	1.57(1.05-2.35)**

*p< 0.05; **p<0.01 ; ***p<0.001

II - FINDINGS OF THE OBSERVATION CHECKLIST

All observed youth centers had the same type of building structure with signs announcing the presence of RH services together with the list of other services by the main road and at the gate of the youth center.

The opening hour of the youth center is on the government working and school hours of the day and services not given at weekends and at evening time this may reduce the service users among students because of overlapping hours as described by the study participants as inconvenient opening hour of the center which is barrier for utilization of service.

In all youth center there were one nurse and one laboratory technician to provide the service, however Akaki and Arada youth center nurses didn't get additional training on youth friendly services and family planning to provide short acting family planning methods like emergency contraceptive pills, other contraceptive pills and depoprovera injection while this methods are given in the other three youth centers. Condom available in all center at all time they used to keep in the different places of building so that youth can get it easily. Counseling is given in all youth centers related to all aspects of reproductive health related problems.

All the clinics were found near to library and internet centers this may also be a barrier due to crowdedness of clinic and lack of privacy as described by participants and reduce user of the reproductive health service. Bole and Kolfe keranyo youth center found with the sub city administration building this may be unfavorable for youth to use the reproductive health services as the location of center is more crowded.

Voluntary counseling and testing was not given for more than three months in four of the centers due to shortage of VCT kit in the country as mentioned by the health providers. In all youth center there are different type of information, education and communication materials like pamphlet, poster related to reproductive health i.e. contraceptive use, STI/HIV/AIDS, abortion and others this pamphlets are also dispensed during social meeting of youths in the youth center hall by youth center health providers to promote the youth center.

6. Discussion

The fact that majority of the participants have awareness about existence of the youth center and reproductive health services suggested that youth centers were beneficial and welcomed by the youth as indicated in other studies too [10].

In this study young adolescent's between 15 to 19 year were less informed than older ones. This may be related to cultural norms of limiting young people's movement and discussing sexual issues with them due to fear of unwanted dangers by family and older friends [8]. This is normal and expected because younger youth have lower knowledge of reproductive health issues and lack of awareness are among the main underlying factors for adolescents not using SRH services this is in agreement with other studies done elsewhere. [8, 23, 24].

In addition one of the most important barriers to get access to reproductive health services was the fear of being recognized by parents or people who may be familiar with them as study shown [14] However, the study done in Harare showed youth friendly service awareness and utilization was high among youth with age range of 15 – 19 year groups this may be due to the promotion of services in schools of harar[40].

Youth who had been attending religious places regularly were less likely to have awareness about youth centers. religion has association to some services mainly family planning, VCT and counseling services. In Ghana study show that some religions prohibited the youth from utilizing RHS [17, 18]. Cultural and religious beliefs play a key role in the formation of perceptions and attitudes towards reproductive health; one of the major challenges of improving reproductive health services like family planning cover in Africa was the existence of many conflicting cultural and religious beliefs. These were a hindrance to maximizing effective family planning services for youth across the continent as study done [42].

This study showed youth attending currently at school have awareness about youth centers than those not currently attending school this is because in some school there are youth club from which youth can get information about youth center and also there is exchange of information from friends at schools [8, 10].

In this study female were less likely to be aware than male this may be due Most Ethiopian women lack the reproductive and social self-determination needed to exercise their reproductive rights a condition that, in turn, perpetuates their low RH and social status. To directly undermines each of the negative reproductive health outcome. Basic indicators clearly demonstrate the disadvantaged position of women within Ethiopian society that lead to gender inequality. In addition the non reproductive services like sport, gymnasium provided in the youth center attract more males than females [5].

In the study information from friends were the most common sources of information similar to other study findings. In Ghana, the major source of information about youth centers and the existing services was peer [40]. This implies that the youth due to the sensitive nature of reproductive health issues trust their peers more than the adult population where adults are considered as judgmental and youth are scared not to be considere. This finding was also in agreement with a study done in bulen and Butajira, south central Ethiopia showed that students reported talking about sexuality with friends and family members respectively. Another study also showed that students were able to talk openly about sexuality firstly with friends [21, 22].

Lack of confidentiality of the services and fear of being seen by salient referents was also a barrier for awareness and utilization of the center as indicated in the qualitative study and like study done in the other areas. Meeting with the provider in rooms that do not allow privacy affects having open discussion with the providers[8,17] because youth clients didn't need these as they have less self confidence in sharing personal secretes. Moreover, they want RH services that are both private and anonymous, so that they could seek services without being recognized for what they are doing [14, 40].

Lack of understanding of the importance of sexual health care or knowledge of where to go for care may be barrier for the youth from using RH service of the youth center therefore reproductive information should be made available to the youth. In Consideration of the multi-purpose youth centers approach because one can understand that the recreational and vocational services serve as entry point for reproductive health service information to provide RH services including HIV/AIDS testing along with recreational and related behavioral change activities [14, 23].

The study showed health system factors, utilization of reproductive health service were affected by health facility organization, no sufficient service, feeling ashamed (embarrassed), inconvenient hour, crowded condition of clinic, not fair approach of provider, age and gender of provider as impact for utilization of service this is in line with other study result [10,14].

In the qualitative observation check list some services are temporarily lacking in the youth centers because of lack of training of service providers about FP and counseling services and because of supply lack like HIV/AIDS diagnosing kit, these insufficiency of service was also barrier for underutilization of service

7. STRENGTHS AND LIMITATIONS OF THE STUDY

7.1 Strengths

- ❖ The study employed mixed qualitative and quantitative methods

7.2 Limitations

- ❖ The study only considered five youth center reproductive health services of the city but the findings of the study could be applicable to other centers to a large extent.
- ❖ The study focused only on the reproductive health services of the youth centers and it does not give highlights of the existing non RH services role and impact on RH service utilization.
- ❖ The study did not include the role of the youth center administrator and health providers in the service provision.
- ❖ There were social desirability bias as the data collectors were the resident of the kebele to minimize this bias training given

8. CONCLUSION

The study showed that majority of youth have awareness about youth center and reproductive health service and youth centers were beneficial and welcomed by the youth, However they got information from friends and most of them know about the type of reproductive health service given in the youth center.

Youth centers were also accessed by youths, the recreational service given in the youth center helps as a gate to the reproductive health services; however users were found to be low when compared to the total participants of the study. This was due to different barriers as expressed due to lack of confidentiality embarrassment crowdedness of the reproductive health clinic as indicated in the finding. In addition in the logistic regression there were also factors affecting youth center awareness and reproductive health service.

In two of the centers staffs were not received different trainings regarding youth friendly service provision, family planning to start the service. The facility working hours were only convenient for out of school and unemployed youth as observation of youth center seen.

Generally information accessibility may have more importance for awareness about the centers and utilization of health services than physical accessibility. The role of mass media and other stake holders is also important.

9. RECOMMENDATIONS

Based on the findings of the study, the following recommendations are forwarded.

- ❖ To further increase the awareness and utilization of reproductive health service of youth center by youth increasing the publicity of the centers using appropriate sign boards, mass media and other social activities is needed.
- ❖ To design program that aims to make conducive environment for reproductive health clinic to increase utilization of the service by avoiding crowdedness must be encouraged.
- ❖ Parents and religious people must understand their role in helping young people with accurate information about their sexual health and in participating social activities this will more prevent them from reproductive health problems.
- ❖ Addis Ababa women, children and youth affairs and youth center facilitators should need to raise awareness and encourage favorable attitudes towards youth centers.
- ❖ Training should be provided to health service providers in the youth center to further sensitize them to increase type of service provided and to give youth friendly services to health needs of youth.
- ❖ More intensified effort is required to increase the health service utilization by the youth who are the prime victims for a variety of reproductive health problems due to diverse reasons.

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42. Lanre Olagunju, The Influence of Religious Beliefs on Sexual and Reproductive Health: Dec,2013.

11.1 Annex III: Information sheet

Addis Ababa University, College of Health Sciences, School of Public Health Study on assessment of awareness about youth centers and services provided on sexually related health problems among youths of Addis Ababa city.

Greetings,

Hello, My name is _____ . I am here today to collect data on awareness about youth centers and services provided on sexually related health problems. The study is being conducted by Azeb Woubishet from Addis Ababa University, College of Health Sciences, School of Public Health, postgraduate program. The objective of this study is to assess awareness about youth centers and services provided on sexually related health problems among youths of 15 to 24 years in Addis Ababa city. I ask you to take part in this study and to respond genuinely. Your cooperation and willingness is greatly helpful in identifying problems related to awareness about youth centers and services provided on sexually related health problems. The study will be conducted through questionnaire and you are being asked for a little of your time, about 25- 30 minute, to help us in this study. Your name will not be written in this form and will never be used in connection with any information you tell us without your permission. There is no benefit, payment or possible risk associated with participating in this study except the time spent for responding to the questionnaire. All information given by you will be kept confidential. Your participation is voluntary and you are not obligated to answer any question you are not willing to respond. If you feel any discomfort with the question, it is your right to drop it any time you want. If you have questions regarding this study or would like to be informed of the results after its completion, you can comfortably contact the principal investigator. Address of the principal investigator: Azeb Woubishet Workneh

Phone Number: 0911186556

E-mail: azebw27@gmail.com

Address of Addis Ababa University, Faculty of Medicine, Institutional Review Board
Telephone number: 0115538734, E-mail: aaumfirb@yahoo.co

Are you willing to participate in this study?

1. Yes - Continue to the next page
2. No- Skip to the next participant

11.3 Annex English version Questionnaire

Addis Ababa University, College of Health Sciences, School of Public Health

Questionnaire for Assessment of Aw among Youths of Addis Ababa city.

001 Questionnair ID_____

002 Addresses: Sub city_____

003 Name of kebele _____

Note: Encircle from the given option and write if any other idea or answer is given

1. Respondent ID number_____

2. Date of Data collection _____

PART I. RESPONDANTS BACKGROUND INFORMATION			
S/No	Questions	Coding Categories	Skip
1.1	Sex of client	1 Female 2 Male	
1.2	How old are you?	_____ years	
1.3	What is your religion?	1. Orthodox Christian 2. Muslim 3. Catholic 4. Protestant 5.Others(specify)_____	
1.4	How often do you attend religious program like church and mosque?	1. Daily 2. Every other day 3. Every week 4. At specific church days/Angeles days 5. Sometimes 6. Never	
1.5	What is your ethnicity??	1. Amhara 2. Oromo 3. Tigray	

		<ul style="list-style-type: none"> 4. Gurage 5. Other _____ 	
1.6	What is your marital status?	<ul style="list-style-type: none"> 1. Never married 2. Married 3. Widowed 4. Divorced/separated 	
1.7	Are you currently attending school?	<ul style="list-style-type: none"> 1. Yes 2.No 	
1.8	What is your level of education?	<ul style="list-style-type: none"> 1. Illiterate 2. Read and write only 3 .Primary 1-8 Grade 4 .Secondary 9-12 Grade 5. 12+1 6. 12+2 and above 7. University degree and above 	
1.9	What is your father educational level?	<ul style="list-style-type: none"> 1. Illiterate 2. Read and write only 3. Primary 1-8 Grade 4. Secondary 9-12 Grade 5. 12+1 6. 12+2 7. University degree and above 	
1.10	What is your mother educational level?	<ul style="list-style-type: none"> 1. Illiterate 2. Read and write only 3. Primary 1-8 Grade 4. Secondary 9-12 Grade 5. 12+1 6. 12+2 7. University degree and above 	
1.11	With whom are you currently living?	<ul style="list-style-type: none"> 1. With both parents 2. With father only 3. With moth only 	

		4. With relatives 5. Under marital union 6. Cohabitated 7. Other specify_____	
1.12	What is your occupation?	1. Unemployed 2. Student 3. Government employ 4. Privately employed 5. Merchant 6. House wife 7. Other specify_____	
1.13	How much is the monthly income of your family?	_____ Birr	

PART II- ASSESMENT ABOUT AWARENESS OF YOUTH CENTERS AND THEIR RH SERVICE TYPE

2.1	Have you ever heard about youth center?	1 Yes go to Q 2 3 2 No			
2.2	If you didn't hear what was/were the main reason (s)? (encircle all you know)	1. No promotion of youth center 2.No information at school 3.No information on mass media 4.I am not interested 5.others			
2.3	How did you hear about the youth center? (encircle all you know)	1.MassmediaRadio,TV,Newspaper 2. Social media/ Internet 2 Friend 3 .Family 4. School teacher 5.Poster/Pamphlet/brochure 6.Community association/kebele	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> </table>	Yes	No
Yes	No				

2.4	What are the working hours of the youth center?	1. Weekend 2. Government working hours 3. In the evening times 4. Holidays		
2.5	What are the overall services of the youth centers? (encircle all you know)	1. ICT service 2. Cafeteria service 3. Library service 4. Indoor and outdoor sport like DSTV ,pool 5. Shower services 6. Reproductive health services 7. Training services 8. Counseling 9. Renting of halls	Yes	No
2.6	Do you know the RH services given at the youth center?	1 Yes go to Q → 2.7 2 No		
2.7	What types of reproductive health services are given? (encircle all you know)	1. RH related counseling service 2. Distribution of pamphlet poster 3. Condom distribution 4. Contraceptive distribution and counseling 5. STI health education & counseling 6. Referral 7.. Abortion-related counseling and referral services 7. VCT on HIV/AIDS 8. Pregnancy test 9. Peer to peer education 10. Training on different SRH topics	Yes	No
2.8	Have you ever went to youth center?	1. Yes 2. No		

2.9	How often do you go the youth center?	<ol style="list-style-type: none"> 1. Daily 2. Every other day 3. Every week 4. Sometimes 		
2.10	What was the reason you went to the youth center? (encircle all you know)	<ol style="list-style-type: none"> 1. To get condom 2.To get contraception 3.VCT on HIV/AIDS 4 .Peer counseling 5.For counseling 6. For pregnancy test 7.To get pamphlet magazine or poster 8.Cafeteria 9.Sport 10. To use library 11. Shower 12.ICT /Internet 13.Theater club 	Yes	No
2.11	Is reproductive health service provision necessary at youth centers?	<ol style="list-style-type: none"> 1. Yes 2. .No 		
2.12	What are the RH services that youth need? (encircle all you know)	<ol style="list-style-type: none"> 1. Information about RH 2. Condom distribution 3. Peer education 4. VCT services 5. Life style education 6. Contraceptive distribution 7. Counseling on RH related services 	Yes	No
2.13	What do you think are the benefit of the RH services? (encircle all you know)	<ol style="list-style-type: none"> 1.To prevent unwanted pregnancy 2.To prevent from high risk sexual behavior 3.To prevent from STI/HIVAIDS 4.To prevent early marriage 5.Others_specify_____ 	Yes	No

**PART III – ASSESMENT ABOUT FACTORS AFFECTING QUALITY OF SERVICES GIVEN
AT YOUTH CENTER FOR THOSE VISITED THE YOUTH CENTER**

3.1	Have you ever been used reproductive health service of the youth center?	1. Yes 2. No	
3.2	If you have been to youth centers for how long do you wait before you get the service?	3. _____ min 4. _____ hr	
3.3	Are the working hours of the youth center convenient for you?	1. Yes 2. No	
3.4	If no, what time would be convenient for you?	1. Earlier in the morning 2. Over lunch hour 3. Afternoon 4. Evening 5. Weekends 6. Holidays 7. Other(specify)_____	
3.5	How long did it take to reach the facility?	_____ minutes	
3.6	What was the main means of transport used to go?	1.Walked 2.By taxi 3.By bus	
3.7	Do the existing health institutions are well coming when you need the service.	1- Yes 2- No	
3.8	Are health professionals Judgmental towards youth RH need	1.Yes 2- No	
3.9	During the visit, was the provider easy to understand when explaining things for you?	1- Yes 2- No	

3.10	Do the existing health institutions are convenient to the confidentiality of the youth reproductive health service.	1- Yes 2- No		
3.11	Was the service provided in private room?	1.Yes 2- No		
3.12	Can anybody see what was going on?	1.Yes 2- No		
3.13	Can anybody hear what was going on?	1.Yes 2- No		
3.14	Do you think that the cost of obtaining services is expensive or acceptable?	1. Acceptable 2. No payment 3. Expensive		
3.15	Does your religion restrict utilization of RH services in the youth center?	1. Yes 2. No		
3.16	What are the barriers you encounter to use RH services in the youth center? (encircle all you know)	1.The service is given with other services 2.Inadequacy of the service available 3.Inconvenient working hours 4.Gender of the service providers 5.Age of the service providers 6.Approach of the service providers 7.Long or repeated appointment 8.I don't know the RH service given 9. Over crowded working area 10.I feel afraid	Yes	No
3.17	Overall would you say you were satisfied and was the service adequate	1. Yes 2. No		
3.18	Apart from the youth center, is there any other place in your neighborhood or community where you can go for reproductive health services?	1. Yes go to Q → 3.18 2. No		

3.19	What type of facility is it? If more than one choose the one closest to home?	1. Pharmacy 2. Health center 3. Hospital 4. Private clinic 5. Other_____	
3.20	Did you go to this facility mentioned above before?	1. Yes go to Q → 3. 20 2. No	
3.21	What was the main reason?	1. Convenient opening hours 2. Closer to my home 3. Services available 4. Do not want to be noticed 5. Preference of provider 6. Other_____	

11.4 Annex VI Amharic version Questionnaire

Information sheet and Consent form

ፈቃደኝነትን እና መረዳትን መሰረት ያደረገ ጥናት ውስጥ መሳተፊያ ፈቃድ መግለጫ

የጥናቱ ርዕስና ዓላማ

በአዲስ አበባ ከተማ ውስጥ ዕድሜያቸው ከ15-24 በሆኑ ወጣቶች ዘንድ በአካባቢያቸው ስለሚገኙ ወጣት ማዕከላት ያላቸውን ግንዛቤ እንዲሁም በማዕከላቱ ውስጥ ስለሚሰጡ የስነተዋልዶ አገልግሎቶች ጥራት እና አገልግሎቱን ለማግኘት እንቅፋት የሆኑ ምክንያቶችን ለይቶ ለማወቅ እንድሁም ለችግሮቹ መፍትሄ ለመፈለግ ታስቦ የሚካሄድ ጥናት ነው።

እንደምን አደሩ/ዋሉ እኔ ስሜይባላል። እዚህ የተገኘሁበት ዋና ምክንያት ወጣቶች በአካባቢያቸው ስለሚገኙ ወጣት ማዕከላት ያላቸውን ግንዛቤ እንዲሁም በማዕከላቱ ስለሚሰጡ የስነተዋልዶ አገልግሎቶችን በተመለከተ መረጃ ለመሰብሰብ ነው። ጥናቱ የሚካሄደው በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ በህብረተሰብ ጤና ሳይንስ የትምህርት ክፍል በኩል ነው።

በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ በወጣት ማዕከላት ዙሪያ ያለዎትን ግንዛቤ መረጃ መሰብሰብ እፈልጋለሁ። የእርሶ ፈቃደኝነትና ትብብር በጥናቱ ርዕስ ዙሪያ ያሉትን ችግሮች ለይቶ ለማወቅ በጣም ያግዘናል። ጥናቱ የሚካሄደው በቃለ ምልልስ ነው። በዚህ ጥናት የሚገኘው መረጃ ለጥናቱ ዓላማ ብቻ ይውላል። ከእርሶ የሚገኘውን መረጃ ሚስጥራዊነቱን መጠበቅ ዋናው ስራችን ነው። መረጃዎቹን ከስም ነፃ በማድረግ ለፈቃድ መስጫውና ለመጠየቂያ ፎርም ላይ የኮድ ቁጥር ብቻ እንሰጣቸዋለን። በጥናቱ ላይ በመሳተፍዎ/ሽ ምክንያት የሚከሰት ችግር የለም። በዚህ ጥናት ላይ መሳተፍ ፈቃደኝነትን መሰረት ያደረገ ነው። በጥናቱ መሳተፍ ካልፈለጉ ምንም ችግር አይገጥምዎትም/ሽ ። አሁን በጥናቱ ጊዜም ሆነ ወደፊት በጥናቱ ዙሪያ ማንኛውም ዓይነት ጥያቄ ቢኖርዎ ከዚህ በታች በተጠቀሰው አድራሻ የጥናቱን አካላዊ ማነጋገር ችላሉ።

- 1. አዜብ ውብሽት የሞባይል ስልክ ቁጥር 09 11 18 65 56
E. mail: azebw27@gmail.com

- 2. አዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ፋካሊቲ የተቋሙ ቦርድ ስልክ 0115538734
E.mail: aaumfirb@yahoo.com

በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ነዎት?
አዎከሆነ ወደሚቀጥለው ገጽ ይሻገሩ።
አይደለምከሆነ ወደሚቀጥለው ተሳታፊ ይሂዱ።

የስምምነት ፎርም

በአዲስ አበባ ከተማ ወስጥ ዕድሜያቸው ከ15-24 በሆኑ ወጣቶች ዘንድ በአካባቢያቸው ስለሚገኙ ወጣት ማዕከላት ያላቸውን ግንዛቤ እንዲሁም በማዕከላቱ ወስጥ ስለሚሰጡ የስነተዋልዶ አገልግሎቶች ጥራት እና አገልግሎቱን ለማግኘት እንቅፋት የሆኑ ምክንያቶችን ለይቶ ለማወቅ ታስቦ በሚካሄድ ጥናት-ለመሳተፍ ይህንን የፈቃደኝነት ፎርም /ሰነድ በመፈረም ፈቃደኝነቱን አረጋግጣለሁ።

የጥናቱ ዓላማ ዕድሜያቸው ከ15-24 በሆኑ ወጣቶች ዘንድ በአካባቢያቸው ስለሚገኙ ወጣት ማዕከላት ያላቸውን ግንዛቤ እንዲሁም በማዕከላቱ ወስጥ ስለሚሰጡ የስነተዋልዶ አገልግሎቶች ጥራት እና አገልግሎቱን ለማግኘት እንቅፋት የሆኑ ምክንያቶችን ለይቶ ለማወቅ እንደሆነ ተገልጾልኛል። በጥናቱ ላይ የምሳተፊው በሙሉ ፈቃደኝነት መሆኑን ተረድቻለሁ። በጥናቱ ስላተፍኩም የሰጠኳቸው ምላሾች ሚስጢር የተጠበቀና በማንኛውም ሁኔታ እኔነቱን የማይገልጽ መሆኑ ተነግሮኛል። በጥናቱ ላይ በመሳተፊም ሆነ ባለመሳተፊ እንዲሁም ፈቃደኛ ባለመሆኔ ምንም ዓይነት ችግር እንደማይገጥመኝ ተገንዝብያለሁ። በጥናቱ መሳተፍ ምንም ችግር ወይም አደጋ እንደሌለው ተረድቻለሁ። መብቴን በተመለከተ ወይም ምንም ዓይነት ጥያቄ በሚኖረኝ ጊዜ የጥናቱ አካላጅ የሆኑ አዜብ ወብሽትን በማንኛውም ጊዜና ሰዓት በስልክ ወይም በሌላ መንገድ ማነጋገር እንደምችል ተረድቻለሁ።

መልሱን የሰጠው ሰው ፊርማ.....ቃለመጠይቁ የተደረገበት ቀን.....

ቃለመጠይቁን ያደረገው ሰው ስም.....ፊርማ.....

የሱፐርቫይዘር ስም.....ፊርማ.....

ዕድሜያቸው ከ18 አመት በታች ለሆኑ የተዘጋጀ

እንደምን አደሩ/ዋሉ እኔ ስሜይባላል። እዚህ የተገኘሁበት ዋና ምክንያት ወጣቶች በአካባቢያቸው ስለሚገኙ ወጣት ማዕከላት ያላቸውን ግንዛቤ እንዲሁም በማዕከላቱ ስለሚሰጡ የስነተዋልዶ አገልግሎቶችን በተመለከተ መረጃ ለመሰብሰብ ነው። ጥናቱ የሚካሄደው በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ በህብረተሰብ ጤና ሳይንስ የትምህርት ክፍል _____ ነው።

በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ በወጣት ማዕከላት ዙሪያ ያለዎትን ግንዛቤ መረጃ መሰብሰብ እፈልጋለሁ። የእርሶ ፈቃደኝነትና ትብብር በጥናቱ ርዕስ ዙሪያ ያሉትን ችግሮች ለይቶ ለማወቅና የወጣቶችን ችግር ለመገንዘብ በጣም ያግዘናል። ጥናቱ የሚካሄደው በቃለ ምልልስ ነው። በዚህ ጥናት የሚገኘው መረጃ ለጥናቱ ዓላማ ብቻ ይውላል። ከእርሶ የሚገኘውን መረጃ ሚስጥራዊነቱን መጠበቅ ዋናው ስራችን ነው። መረጃዎቹን ከስም ነፃ በማድረግ ለፈቃድ መስጫውና ለመጠየቂያ ፎርም የኮድ ቁጥር ብቻ እንሰጣቸዋለን። ቃለ ምልልሱ ከ20-30 ደቂቃ በቻ ይወስዳል

በጥናቱ ላይ ለመሳተፍ ፋቃደኛ ነዎት?

አዎከሆነ ወደሚቀጥለው ገጽ ይሻገሩ። አይደለምከሆነ ወደሚቀጥለው ተሳታፊ ይሂዱ።

መጠይቅ - የቃለመጠይቁ ወረቀት ሁኔታ- ከአማራጮቹ በማክበብ ይሙሉ-

- 1. ሙሉ በሙሉ ተሞልቶአል።
- 2. በከፊል ተሞልቶአል።
- 3. ተሳታፊዎ/ው አቋርጠዋል።

በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ኮሌጅ በህብረተሰብ ጤና ሳይንስ የትምህርት ክፍል ዕድሜያቸው ከ15-24 በሆኑ ወጣቶች ዘንድ በአካባቢያቸው ስለሚገኙ ወጣት ማዕከላት ያላቸውን ግንዛቤ እንዲሁም በማዕከላቱ ውስጥ ስለሚሰጡ የስነተዋልዶ አገልግሎቶች ጥራት እና ለአገልግሎቱን እንቅፋት የሆኑ ምክንያቶችን ለይቶ ለማወቅ በአዲስ አበባ ከተማ ውስጥ ባሉ ወጣቶች ለሚደረግ ጥናት በአማርኛ ቋንቋ የተዘጋጀ መረጃ መሰብሰቢያ ቅፅ

001 አድራሻ: ክፍለ ከተማ.....

002 አድራሻ: ቀበሌ.....

ማሳሰቢያ ፤ ምርጫ የተቀመጠላቸውን ጥያቄዎች በማክበብ እና መፃፍ የሚያስፈልጋቸውን መልሶች በመፃፍ ቅፁን ይሙሉት

1. ተ ቁወ: መለ ቁዓ C-----

2. መረጃ የተሰበሰበበት ቀን -----ወር-----2007 ም

ክፍል 1. የጥናቱ ተሳታፊዎች ስጠቃላይ መረጃ			
ተ.ቁ	ዓ <input type="checkbox"/> ቁ	<input type="checkbox"/> አማራጭ ምላሾችን አክብቡ	<input type="checkbox"/> ለ <input type="checkbox"/>
1.1	ዎታ	1.ሴት 2.ወንድ	
1.2	እድሜህ/ሽ ስንት ነው?	----- አመት	
1.3	ሀይማኖትህ/ሽ ምንድነው?	1.አርቶዶክስ 2. ሙስሊም 3. <input type="checkbox"/> ሮቴስታንት 4. ከቶሊክ 5. ሌላ-----	
1.4	በምን ያህል ጊዜ እምነት ቦታ ተገኝተህ የሃይማኖት ጥሮግራም ትካፈላለህ/ሽ;	1. በየቀኑ 2. በየሶስት ቀኑ 3. በየሳምንቱ 4. ለክብረ በአላት ቀን የአመት መለዕክት ቀናት 5. አልፎ አልፎ 6. ሄጄ አላውቅም	
1.5	ብሄርህ/ሽ ምንድነው?	1. አማራ 2. ኦሮሞ 3. ትግራይ 4. <input type="checkbox"/> ራ <input type="checkbox"/> 5. ሌላ-----	
1.6	በአሁኑ ጊዜ የጋብቻ ሁኔታህ/ሽ?	1. በጭራሽ ያላገባ/ች 2. ያገባ/ች 3. የሞተበት/ባት 4. ከባለቤቱ/ቷ የተፋታ/ች/የተለያ/ች	
1.7	በአሁኑ ሰዓት እ <input type="checkbox"/> ተማርክ/ህ ነው?	1. አዎ 2. አይደለም	
1.8	የትምህርት ደረጃ/ሽ	1. ማንበብና መፃፍ የማይችል 2. ማንበብና መፃፍ የሚችል 3. አንደኛ <input type="checkbox"/> ረ <input type="checkbox"/> 1-8 4. ሁለተኛ <input type="checkbox"/> ረ <input type="checkbox"/> 9-12 5. 12+1 6. 12+2 7. ዩኒቨርሲቲ ዲግሪና ከዚያ በላይ	

1.9	የወላጅ አባት(ህ)ሽ የትምህርት ደረጃ ?	1.ማንበብና መጻፍ የማይችል 2.ማንበብና መጻፍ የሚችል 3. አንደኛ <input type="checkbox"/> 1-8 4. ሁለተኛ <input type="checkbox"/> 9-12 5.12+1 6.12+2 7.ዩኒቨርሲቲ ዲግሪና ከዚያ በላይ	
1.10	የወላጅ እናት(ህ)ሽ የትምህርት ደረጃ ?	1.ማንበብና መጻፍ የማይችል 2.ማንበብና መጻፍ የሚችል 3. አንደኛ <input type="checkbox"/> 1-8 4. ሁለተኛ <input type="checkbox"/> 9-12 5.12+1 6.12+2 7.ዩኒቨርሲቲ ዲግሪና ከዚያ በላይ	
1.11	በአሁኑ ሰዓት የምትኖረው ከማን ጋር ነው?	1.ከእናትና ከአባቱ ጋር 2. ከአባቱ ጋር ብቻ 3.ከእናቱ ጋር ብቻ 4.ከዘመድ ጋር 5.ከትዳር ጓደኛዬ ጋር 6.ከጋብቻ ወይም አብሮ በመኖር 7..ሌላ ካለ	
1.12	ስራህ/ሽ ምንድነው?	1.ስራ ፈላጊ 2.ተማሪ 3.የመንግስት ሰራተኛ 4.የግል ድርጅት ሰራተኛ 5.ነጋዴ 6.የቤት እመቤት	
1.13	የቤተሰቡ የወር ገቢ ምን ያህል ነው?	_____ ብር	
1.14	የትርፍ ሰዓት በምን ታላልፈዋለሽ/ህ?	1.በስፖርት ማዘውተሪያ ቦታ ስፖርት በመስራት 2.ኢንተርኔት በመጠቀም 3.መጽሀፍ በማንበብ 4.በሃይማኖት ስፍራ 5.ፊልም በማየት 6.በመጠጥ ቤት 7.በጫት ቤት 8.የቴሌቪዥን ፕሮግራም በመመልከትና ሬዲዮ በማዳመጥ 9.በመናፈሻ ስፍራ 10.ሌላ ካለ	

□□ል2 .ወጣት ማዕከሉንና አገልግሎቱን የተመለከቱ መረጃዎች			
ተ.ቁ	ዓ <input type="checkbox"/> ቁ	<input type="checkbox"/> አማራጭ ምላሾችን አክብቡ	<input type="checkbox"/> ለ□
2.1	ስለ ወጣት ማዕከል ስምተዉ <input type="checkbox"/> ቃሉ?	1 አዎ ወደ ጥ.ቁ → 2.3 2 <input type="checkbox"/> ለም	

2.2	መልስዎ አላውቅም ከሆነ ምክንያትዎ ምንድን ነው?	<ol style="list-style-type: none"> 1. ወጣት ማእከሉ ራሱን ስለማያስተዋውቅ 2. በትምህርት ቤት ስለማይነገር 3. በዜና ማሰራጫ ስለማይተዋውቅ 4. ለማወቅ ፍላጎት ስለሌለኝ 5. ሌላ ካለ 		
2.3	ስለወጣት ማዕከሉ እንዴት ልትሰማ/ሚ ቻልክ/ህ?	<ol style="list-style-type: none"> 1 ከመገናኛ ብዙሀን (ቲቪ፣ሬድዮ... 2 ከንደኛ 3. ከቤተሰብ 4. ከት/ቤት 5. ከበራሪ ወረቀቶች፣ ፖስተር 6 .ከአካባቢ ነዋሪ /ቀበሌ/ 7. ሌላ ----- 		
2.4	የወጣት ማዕከሉ የስራ ሰአት መቼ ነው?	<ol style="list-style-type: none"> 1. ቅዳሜና እሁድ 2. የመንግስት የስራ ሰአት 3. ምሽት 4. በበአላት ቀናት 5. ሌላ ካለ ይግለጹ 		
2.5	በወጣት ማዕከሉ ውስጥ የሚሰጠውን የጠቅላላ አገልግሎት <input type="checkbox"/> ወፊታል? (መልስ ይሆናል የምትለ(ይ)ውን በሙሉ አክብብ/ቢ.	<ol style="list-style-type: none"> 1. የኢንተርኔት አገልግሎት 2. የካሬቴሪያ አገልግሎት 3. የላይብረሪ አገልግሎት 4. የቤት ውስጥና ወጭ ስፖርት 5. የገላ መታጠቢያ አገልግሎት 6. የስነተዋልዶ ጤና አገልግሎት 7. የስልጠና አገልግሎት 8. የማማከር አገልግሎት 9. የአዳራሽ ኪራይ 		
2.6	በወጣት ማዕከሉ ውስጥ የሚሰጠውን የስነተዋልዶ ጤና አገልግሎት ያውቃል?	<ol style="list-style-type: none"> 1. አዎ ወደ ጥ.ቁ 2.7 2. አላውቅም 		
2.7	የትኞቹን የጾታና ስነ-ተዋልዶ ጤና አገልግሎት ይሰጣል? (መልስ ይሆናል የምትለ(ይ)ውን በሙሉ አክብብ/ቢ.	<ol style="list-style-type: none"> 1 ከስነ ተዋልዶ ጤና ጋር የተያያዘ .የምክር አገልግሎት 2. የጤና ማስተማሪያ መሳሪያዎች ማሰራጨት (በራሪ ወረቀት/ፖስተር---) 3. ኮንዶም ማደል 4. <input type="checkbox"/> እርግዝና መከላከያ መስጠት ና ማማከር 5. የአባላዘር በሽታን መመርመርና ሪፈር ማድረግ 6. የጽንሰ ማቋረጥ ጋር የተያያዘ ችግር ሪፈር ማረጋገጫ 7. በፍቃድኝነት ላይ የተመሰረተ የኤች-አይቪ ምርመራ ማረጋገጫ 8. የዕርግዝና ምርመራ ማድረግ 9. የአቻ ለአቻ ወይይት 10. በተለያዩ ርእሶች ላይ ስልጠና. 11 ሌላ ካለ 		
2.8	ወደ ወጣት ማዕከል <input type="checkbox"/> ህ/ታውቃለህ/ሽ?	<ol style="list-style-type: none"> 1. አዎ ወ <input type="checkbox"/> ግ.ቁ → 2.9 2. አላውቅም 		
2.9	በምን ያህል ጊዜ ወደ ወጣት ማዕከሉ ትሄዳለህ/ሽ?	<ol style="list-style-type: none"> 1. በየቀኑ 2. በየሶስት ቀኑ 3. በየሳምንቱ 4. አልፎ አልፎ 5. ሁልጊዜ 		

2.10	ምን አገልግሎት ለማግኘት ሄዱ?(መልስ ይሆናል የምትለ(ይ)ውን በሙሉ አክብብ/ቢ.	1.የኮንዶም አገልግሎት ለማግኘት 2.ለወለ.□ መቆጣጠሪያና ምክክር እና አገልግሎት 3. ለኤች አይቢ.ምርመራና ምክክር 4. ለአቻ ለአቻ ምክክር 5.ለውርጃና ተዛማች አገልግሎት ምክክር 6.ለአባልዘር በሽታምርመራና ምክክር 7.ለጠቅላላአገልግሎት(ከተዋልዶ ጤና ውጭ 8.ለመዝናናት/ስፖርት 9. ለምክር አገልግሎት 10 □አርግዝና ምርመራ ለማግኘት 11.የጤና ማስተማሪያ መሳሪያዎችማሰራጨት (በራሪወረቀት/ፖስተር.ለማግኘት-) 12. ላ□ብረሪ 13. ሌላ ከሰ ይግለጹ		
2.11	የስነ ተዋልዶ ጤና አገልግሎት በወጣት ማዕከሉ መሰጠቱ አስፈላጊ ነዉ ብለዉ ያምናሉ?	1.አዎ 2.□ለም		
2.12	የወጣቱ የስነ ተዋልዶ ጤና አገልግሎተ ፍላጎቶች ምንድን ናቸው?	1.ስለስነተዋልዶ በቂ ግንዛቤ 2.የኮንዶም ስርጥት 3.የአቻ ላቻ ምክክር 4.ኤች.አይ.ቪ/ኤ.ድስ ምርመራና ምክክር 5.ሰለ ህይወት ምክክር 6.የእርግዝና መከላከያ ዘዴዎች 7.የውርጃና ተዛማጅ አገልግሎቶች 5. ሌላ ካለ		
2.13	የስነ-ተዋልዶ ትምህርትና ግንዛቤ መኖር ለምን ይጠቅማል?	1 ካልተፈለገ እርግዝና ይከላከላል 2 ለስነ-ተዋልዶ ጤና ችግር አያጋልጥም 3 ከአባልዘር በሽታ ይከላከላል□ 4 ካለ እድሜ ጋብቻ ይከላከላል 5 ሌላ ካለ		
□□ል -3 ሰለ ስነ-ተዋልዶ ጤና አገልግሎት የአሰጣጥ ጥራትና ዕንቅፋቶች በተጠቃሚዎች ዘንድ ያለ ግንዛቤ				
3.1	በወጣት ማዕከሉ የስነ ተዋልዶ ጤና አገልግሎት ተ□ቅመ□ □□ ቃሉ?	1. አዎ 2. አላወቅም		
3.2	ወጣት ማዕከል ግቢው ውስጥ ከገቡበት ጊዜ ጀምሮ ባለሙያውን □አስኪያገኙት ድረስ ምንያህል ጊዜ ጠበቁ	3. -----□ቂቃ 4. -----ሰአት		
3.3	ማዕከሉ ለስራ □ት የሚሆንባቸው ሰዓቶች ለእርስዎ ምቹ ናቸው?	1 አዎ 2 አይደለም		
3.4	ምቹ ካልሆነ ለርስዎ የትኛው ጊዜ በጣም ምቹ ነው? (አንዱን አክብብ)	1 ጠዋት 2 በምሳ ሰዓት 3 ከሰዓት በኋላ 4 አመሻሽ ላይ 5 ቅዳሜና እሁ□ 6 በበዓላት ቀን 7 ሌላ-----		

3.5	ከማዕከሉ ለመድረስ ምን ያህል <input type="checkbox"/> ይወሰንብ-ታል?	----- <input type="checkbox"/> ቁቃ		
3.6	ከማዕከሉ ለመድረስ <input type="checkbox"/> ሚጠቀሙት ዋነኛ የመንገድ አይነት ምንድነው? (አንዱን አክብብ)	1..በእር 2.በታሰሱ 3.በአውቶቢስ		
3.7	የአገልግሎት ሰጪዎች አቀባበል ጥሩ ነበር?	1.አዎ 2.አይደለም		
3.8	ህክምና ባለሙያዎቹ ለወጣቱ ያላቸው አስተያየት ጥሩ ነው?	1. አዎ 2. አይደለም		
3.9	በዚህ ጉብኝት የባለሙያውን ገለጻ ለመረዳት ቀላል ነበር ወይስ ከባድ?	1.አዎ 2.አይደለም		
3.10	የማዕከሉ የስነተዋልዶ ጤና አገልግሎት አሰጣጥ ሚስጥር ለመጠበቅ አመች ነው?	1.አዎ 2.አይደለም		
3.11	አገልግሎቱ የሚሰጠው ለብቻ በአንድ ክፍል ብቻ ነው?	1.አዎ 2.አይደለም		
3.12	አገልግሎቱ ሲሰጥ ሌላ ሰው ያይ ነበር?	1.አዎ 2.አይደለም		
3.13	አገልግሎቱ ሲሰጥ ሌላ ሰው ይሰማ ነበር?	1.አዎ 2.አይደለም		
3.14	በጠቅላላው፡ ዛሬ አገልግሎቱን ለማግኘት የተጠቀሙትን ወጪ • እንዴት ያዩታል?	1 .በቂ/ተቀባይነት አለው 2.ክፍያ አልነበረውም 3.ውድ ነው		
3.15	ሀይማኖት/ሽ የስነተዋልዶ ጤና አገልግሎት እንዳትጠቀም/ሚ ይከለክላል?	1.አዎ 2..አይከለክለኝም		
3.16	የስነተዋልዶ ጤና አገልግሎት በማዕከሉ ክሊኒክ ውስጥ ለማግኘት እንቅፋት ሊሆኑ የሚችሉት ምንምንድስሉላል/ሻል? (መልስ ይሆናል የምትሰ(ይ)ውን በሙሉ አክብብ/ቢ)	1. አገልግሎቱ ከሌላው የጤና አገልግሎት ጋር የተቀላቀለ መሆን 2.የአገልግሎቱ በቂ አለመሆን 3. የስራ-ሰአቱ አመቺ አለመሆን 4.የአገልግሎቱ ሰጪዎች ጾታ 5.የአገልግሎቱ ሰጪዎች ፳ ሜ 6. የአገልግሎቱ ሰጪዎች አቀራረብ ጉድለት 7. ተፋፋሚ ወጪ ረጅም ቀር 8. የሚሰጠውን አገልግሎት አሰማወቅ 9. አገልግሎት መስጫው አካባቢ ያለ ሰው መብዛት 10.ስለምር 11. ሌላ ከለ ይገለፅ-----		
3.17	በአጠቃላይ በወጣት ማዕከሉ የተደረገለዎት መስተንግዶ በቂ እና አርኪ ነበር;	1. አዎ 2. አይደለም		
3.18	ከወጣት ማዕከሉ ሌላ የተዋልዶ ጤና አገልግሎት የሚያገኙበት በአቅራቢያ የሚገኝ ድርጅት አለ?	1 አዎ ወጪ 9.ቁ → 3.18 2 ስም		
3.19	ካለ ድርጅቱ ምን አይነት ነው (ከአንድ በላይ ካለ ለመኖሪያ ቅርብ የሆነውን አክብብ)	1 ርማሲ ሱቅ 2 ጤና ጣብያ 3 ሆስፒታል 4 የግል አገልግሎት ሰጪ ድርጅት 5 ሌላ-----		

3.20	የስነ ተዋልዶ ጤና አገልግሎት ለማግኘት ወደዚያ ድርጅት ሂደው ያወቃሉ?	1 አዎ ወ <input type="checkbox"/> ሳይ <input type="checkbox"/> → 3.20 2 አላውቅም		
3.21	ከሄዱ ምክንያቶች ምንድን ነበር?	1. ምቹ የስራ ስአት ስላላቸው 2. ቦታው ለቤቴ ቅርብ ስለሆነ 3. የምራልገደው አገልግሎት በዚያ ስላለ 3. ለመታወቅ ካለመ <input type="checkbox"/> ለ <input type="checkbox"/> 4. <input type="checkbox"/> ሚመረጥ ባለመ <input type="checkbox"/> ስላለ 5. ሌላ-----		

ክቡር ጊዜዎን ወስደው መጠይቁን ስለሞሉ በ ም እናመሰግናለን።

ቃለ መጠይቅ ያስሞላው ሰው ስም _____

ፊርማ _____ ቀን _____

10.5 QUALITATIVE DATA COLLECTION METHOD

OBSERVATION OF FACILITIES AND SERVICES

A. Address Sub city _____

B. Name of kebele _____

Facilities and Services				
S/No	Questions	No Coding Categories		
1	What time is the clinic scheduled to open?(Observe)			
2	What time did staff actually arrive? (Observe)			
3	What is the official closing time for this health facility?(Observe)			
4	How many days per week are reproductive health services offered at this health facility?			
5	Is there a sign for youth clients announcing that Reproductive health services are available?	1 Outside building 2 Inside building 3 Both inside and outside building 4 No sign visible		
Services available at youth center				
	Type of Service Provided?	Available at all times in last 6 months	Not available(the last time)	Reason not available
6	Contraceptive method counseling	Yes No	___ days ___ weeks ___ months	1 Trained staff not available 2 Other:
7	Abortion/post-abortion counseling & referral services	Yes No	___ days ___ weeks ___ months	1 Trained staff not available 2 Other:
8	Risk-reduction counseling	Yes No	___ days ___ weeks ___ months	1 Trained staff not available 2 Other:
Type of contraceptive				
9	Condoms	Yes No	___ days ___ weeks ___ months	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:
10	Contraceptive Pills	Yes No	___ days ___ weeks ___ months	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:
11	Emergency contraceptive pills	Yes No	___ days ___ weeks	1 Supplies not available 2 Equipment not available

			___ months	3 Trained staff not available 4 Other:
12	Depo-Provera inj	Yes No	___ days ___ weeks ___ months	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:
Type of test				
13	Pregnancy test	Yes No	___ days ___ weeks ___ months	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:
14	VCT test	Yes No	___ days ___ weeks ___ months	1 Supplies not available 2 Equipment not available 3 Trained staff not available 4 Other:
IEC materials and activities brochure/pamphlet available				
	Subject	Flipchart available	Posters available	
15	Contraception	1 Yes 2 No	1 Yes 2 No	
16	HIV/AIDS	1 Yes 2 No	1 Yes 2 No	
17	Are any of these IEC materials targeted toward youth? (Observe and ask)		1 Yes 2 No	

Table5.6. Result of summarized observation check list for five youth centers in Addis Ababa, 2015.

	AKAKI Woreda-8	KOLFE Woreda-9	BOLE Woreda-4	ARADA Woreda-4	GULELE Woreda-2
Opening hour of the clinic	8:30AM	8:30AM	8:30AM	8:30AM	8:30AM
Closing hour of the clinic	5:30PM	5:30PM	5:30PM	5:30PM	5:30PM
Days/week service available	Week days	Week days	Week days	Week days	Week days
Available health provider					
Nurse	YES	YES	YES	YES	YES
Laboratory technician	YES	YES	YES	YES	YES
Sign announcing RH service	Present	Present	Present	Present	Present
Services available					
Contraceptive counseling	YES	YES	YES	YES	YES
Risk reduction counseling	YES	YES	YES	YES	YES
RH related problem counseling	YES	YES	YES	YES	YES
Type of contraceptive available					
Condom	YES	YES	YES	YES	YES
Contraceptive pills	YES	YES	YES	YES	YES
Emergency contraceptive	–	YES	YES	–	–
Depo-Provera injection	–	YES	YES	–	–
Type of test available					
Pregnancy test	–	–	–	–	YES
HIV/AIDS test	–	–	–	–	YES
IEC materials					
Contraceptive	YES	YES	YES	YES	YES
HIV/AIDS	YES	YES	YES	YES	YES
Pregnancy and abortion	YES	YES	YES	YES	YES
Materials targeted to youth	YES	YES	YES	YES	YES