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REPRODUCTIVE HEALTH KNOWLEDGE AND SERVICE UTILIZATION AMONG
MIGRANT WORKERS: A CROSS-SECTIONAL STUDY AROUND A BUS STATION IN
ADDIS ABABA

BY

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A THESIS SUBMITTED TO THE CENTER FOR POPULATION STUDIES

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DECLARATIONS

I, Eyasu Hailu, registration number GSR/5935/14, do hereby declare that this thesis is my original work and that it has not been submitted partially; or in full, by any other person for an award of degree in any other university/institution.

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ABBREVIATIONS AND ACRONYMS

RH	Reproductive Health
WHO	World Health Organization
STIs	Sexually Transmitted Infections
ILO	International Labor Organization
TPB	Theory of Planned Behavior
SRH	Sexual Reproductive Health
VCT	Voluntary Counseling and Testing

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ABSTRACT

Most migrant workers are of reproductive age, adolescent, and youth. However, their reproductive health needs have not been met adequately. The question of migrant workers whether they adequately understood reproductive health, access RH services enough, and what factors are contributing to their knowledge and access to reproductive health is not yet investigated in Addis Ababa. This study is aimed at assessing knowledge and utilization of reproductive health services among migrant workers. This study employed a cross-sectional-survey among migrant workers in Autobus Tera, Addis Ketema sub-city. A simple random sampling method with a sample size of 424 was employed. Data was collected using an online-based system. Data were analyzed through descriptive, bi-variate, and multi-variate analysis using SPSS version 26. Four hundred and one respondents were surveyed resulting in a 94.6% response rate. The study finds 67.6% of respondents as knowledgeable of reproductive health matters. It also finds 33.7% RH service utilization among migrant workers. Age (AOR = 2.05, 95%CI: 1.098, 3.082), Sex (AOR = 1.84, 95%CI: 1.098, 3.082), Relationship with the opposite sex (AOR = 2.84, 95%CI: 1.757, 4.581), and Discussion over reproductive health matters (AOR = 3.33, 95%CI: 2.045, 5.439) were found to be predictors of knowledge on reproductive health matters. Religion (AOR = 7.27 95%CI: 2.155, 24.513), Years in Addis Ababa (AOR = 2.6 95%CI: 1.354, 4.996), and Discussion over reproductive health matters (AOR = 14.14 95%CI: 7.819, 25.583) were found to be significant in predicting reproductive health service utilization among migrant workers. A moderate reproductive health knowledge and low reproductive health service utilization was observed among migrant workers. Targeted awareness-raising interventions can help reduce the information/knowledge gap and underutilization of reproductive health services migrant workers are experiencing.

Key Words: *Reproductive health knowledge, Reproductive health utilization, migrant workers, Addis ketema sub-city*

1. Chapter One

1.1 Background

In all matters relating to the reproductive system and to its activities and processes, reproductive health is defined by the World Health Organization (WHO, 2022) as a condition of whole physical, mental, and social well-being and not just the absence of disease or infirmity. In order to be in good reproductive health, a person must be able to have a fulfilling and safe sexual experience, be capable of reproducing, and have the choice to choose whether, when, and how often to do so. Furthermore, sexual education, consultations on sexual and reproductive health, contraception, and other medical and health treatments are all included in what are referred to as reproductive health services (Glasier et al., 2019)

Rural-urban migration is continuing to occur at high levels as people seek new opportunities in the city to escape rural poverty. Rural to urban migrants are mostly those opportunity seekers, who are trying their best to get a hold of an opportunity that is not available back home. Migrants are young people in the prime of their reproductive years. Between the ages of 10 and 19, young people migrate from rural areas to cities first in search of educational opportunities, then jobs (Erulkar et al., 2006). Additionally, according to findings from the 2021 Labor Migration Survey, around 30.7 and 28.4 percent of migrants relocate to be closer to their families or to find employment, respectively. Nearly 9% of migrants aged 10 and older who were working in various economic activities (about two-thirds, or 64.1%) were unemployed at the time of the survey (Ethiopia Statistics Service & ILO, 2021).

Migrant workers are vulnerable because they are frequently subjected to sub-standard living and working conditions, face prejudice and exclusion from society, and lack the authority to bargain for health care in the countries where they work (Derose, 2007).

Research and information dissemination is one of the four main pillars of the IOM's approach to migration and health. Its objectives are to improve understanding of migrant health and, through research and information dissemination, to ensure evidence-based programming and policy development (IOM, 2022). This indicates that ensuring enough evidence helps address health related needs that arise with migration. There are studies in Ethiopia regarding migrant workers, however there is an absence of evidence regarding migrant workers' reproductive health. In this

respect, this study is aimed at contributing to the lack of evidence by investigating the level of reproductive health knowledge and service use among migrant workers. Additionally, this study investigates variables linked to knowledge about and use of reproductive health services.

1.2 Statement of the Problem

Within a nation or across the nation, the current level and pattern of population mobility has been rapidly changing. Because migration involves people, who carry with them diverse social norms and social structures, there may be complex issues in the receiving areas as a result of the increasing interaction of people from various social, economic, and political backgrounds. It now presents a significant challenge for policymakers. In this sense, population movement and resettlement always include health as a fundamental and necessary component. Whether the health of people who move is endorsed and secured can impact how receiving societies manage with migrant's needs. Additionally, it may affect how migrants adjust, and it may also decide how well-equipped newcomers are to contribute to the social and economic advancement of the host communities. Young people from a variety of cultural backgrounds, such as immigrants, refugees, and international students, are more likely to have poor sexual and reproductive health. However, despite the fact that they have a variety of health needs, some of which are complicated, these are frequently disregarded, and sexual and reproductive health services are underutilized (Botfield et al., 2016).

Most migrant workers are of reproductive age, adolescent, and youth. Compared to senior villagers, young-looking rural dwellers are more likely to migrate (Bundervoet, 2018). Migrants' demands for reproductive health vary as they approach maturity, so it's critical to meet those needs with services and information that are pertinent to their needs as well as those of their development.

Several experts have discussed the Global Compact's shortcomings in recognizing migrants' rights to health, namely its lack of reproductive health and access to safe maternity care, which has a direct impact on infant and child health (Vearey et al., 2020). Migrants are less likely to use RH services because of their vulnerability and marginalization. According to a study conducted in Kampala, Uganda, non-migrants were more likely than migrants to use reproductive health care (Bwambale et al., 2021). Furthermore, compared to non-migrants, migrants continued to be less

likely to receive ANC, give birth in modern facilities, postpartum medical evaluation, and take vitamin A after giving birth (Islam et al., 2016).

In Ethiopia as well, the frequency of internal migration, both temporary and permanent, is increasing, and this presents the health system with additional significant difficulties. Migrant workers, truck drivers, and IDPs are all extremely vulnerable to RH hazards such as STIs or HIV/AIDS along the main transport routes and urban areas. However, due to their transience, it is challenging to interact with them, especially through RH services that are immobile and generally targeted at women. A wide range of RH dangers, such as rape and recruitment to sex work, are faced by rural-to-urban migrants in their new areas, especially young women who are fleeing early marriage (Ethiopian Ministry of Health, 2006).

In Ethiopia, young people of work age and those at early age migrate in search of better life. Most of them migrate in order to find a job and others join the workforce after migrating for whatever reason. These migrants come with a need for services such as reproductive health. Gaps in service provision/utilization (reproductive health services) exist in many areas including tailored and acceptable services for youth regardless of marital status, trained youth-friendly staff, and services for marginalized and underserved and hard-to-reach groups (Muntean et al., 2015). In Addis Ababa, the capital city of the country, services are being provided in a relatively reachable and with better quality. Literature indicates that low utilization of reproductive health among the adolescent and youth population in Addis Ababa. However, the extent of knowledge and utilization of reproductive health services, or any other service for that matter, is not explored enough among migrant workers, a group who are vulnerable.

The question of migrant workers whether they adequately understood reproductive health, access RH services in Addis Ababa, and what factors are contributing to their knowledge and access to reproductive health has not been investigated in Addis Ababa. Thus, this study is aimed at addressing the lack of evidence by assessing knowledge and utilization of reproductive health among migrant workers. Migrant workers' knowledge and utilization of reproductive health services and associated factors need to be assessed in order to provide a base for support initiatives to address the reproductive health needs of migrant workers.

1.3 Objective

To assess knowledge and utilization of reproductive health services and associated factors among migrant workers around a bus station, Addis Ababa.

The specific objectives are, to

1. Assess the extent of reproductive health knowledge among migrant workers.
2. Assess the extent of reproductive health service utilization among migrant workers.
3. Examine the factors associated with reproductive health knowledge among migrant workers.
4. Examine the factors associated with reproductive health service utilization among migrant workers.

1.4 Significance of the Study

This study contributes to a knowledge base for reproductive health knowledge and service utilization among migrant workers. With the attempt to record and document the reproductive status of migrant workers in Addis Ababa, this study contributes to addressing the knowledge gap. Documented results will be available to fellow researchers to take it on further and it ultimately helps with understanding the overall situation.

Programmers and policymakers can use this effort to make evidence-informed decisions. This study can help policy makers, stakeholders, and experts to draw on information for planning to address the reproductive health needs of migrant workers. Reproductive health is one aspect whereby migrant workers need support with. And policy makers and programmers need to use the information on reproductive health status of migrant workers for support initiatives.

2. Chapter Two: Literature Review

2.1 Introduction

Youth and adolescents in Africa have very little access to and awareness of reproductive health. In Africa and Ethiopia, studies on reproductive health usage have been conducted in a variety of settings and with various research populations. In general, studies have focused on the young and adolescent populations because of their susceptibility to problems with sexual and reproductive health. Focusing on the reproductive health of young people and adolescent populations is encouraging and reasonable, but this literature review makes it abundantly clear that there is a dearth of data regarding reproductive health knowledge and utilization among vulnerable groups and migrant workers alike. A systematic review on reproductive health knowledge, access to, and utilization of services among migrant workers and refugees in Africa was conducted. It demonstrated the gaps in the existing evidence on the sexual reproductive health of migrant, refugee and displaced girls and women living in Africa (Ivanova et al., 2018). The researcher has searched article datasets and found some focusing on migrants and not specifically migrant workers, however through conducting of literature review researcher has also considered articles on reproductive health knowledge and utilization among the youth and adolescent populations across Ethiopia and some Africa countries.

This chapter summarizes the theoretical aspect and empirical findings of reproductive health knowledge and utilization. This review also gathers factors associated with reproductive health knowledge and utilization which are incorporated as independent variables later in the chapter. The last section of this chapter contextualizes theoretical and empirical findings to identify independent and outcome/dependent variables.

2.2 Theoretical Review

2.2.1 Theory of Planned Behavior

The intention of the individual to engage in a certain conduct is crucial in the theory of planned behavior, just as it is in the original theory of reasoned action. As suggestions of how willing/hard people are eager to try, of how much of an effort they plan to make in order to complete the activity, intentions are expected to reflect the dynamic aspects that influence a behavior. Generally speaking, the more strongly someone intends to do something, the more likely that thing should

be done. However, it should be clear that a behavioral goal may only be demonstrated by an action if the action is the result of free will (Ajzen, 1991).

In instances where humans might not have full volitional control over an act or behavior, the theory of planned action provides perceived control over the conduct of interest (Montao et al., 2008). The theory of reasoned action, which preceded the theory of planned action, was developed. The observed control circumstance, which was introduced to the recently created theory of planned action, is the only addition to the theory of reasoned action. This approach takes into account both elements that appear to be external and factors that are personal but can also be influenced by other causes. Three elements combine to make the intention. These elements are attitude, subjective norms, and the perception of intentional control.

The most Important factor influencing behavior, according to the idea of reasoned action, is behavioral intention (Montao et al., 2008). The main concept in this approach is behavioral intention. It explains the motivations behind people's actions. According to Ajzen (1991), behavioral purpose is a result of attitude, subjective norm, and perceived control. In a perfect world, intention arises when the conduct in question is positively influenced by attitude, subjective norm, and perceived control.

The three components of the idea of planned conduct are further explained by Ajzen. According to Ajzen, attitude is the product of an individual's views about the qualities or outcomes that arise from engaging in an activity, multiplied by an evaluation of the consequences. Therefore, a person who has a positive attitude toward the conduct will also have a positive or favorable belief about the outcome. Whether significant referents/people accept or disapprove of a conduct is a key factor in establishing normative views, and the motive to follow the approval or disapproval is also crucial. Additionally, control beliefs about tempting in a behavior are multiplied by the perceived ability of each control element to assist or prevent that conduct to provide perceived control (Ajzen, 1991).

A previous theory of planned behavior theory called the theory of reasoned action is used to anticipate a variety of behaviors, including health habits. Evidence from many studies demonstrates that it has been utilized for predicting an array of health-related behaviors. The theory of reasoned action was used to predict a variety of health behaviors, including the use of health services, attitudes about HIV/STDs, and use of contraception. (Montaño et al., 2008).

Utilization of reproductive health services by migrant workers is the behavior under investigation in this study. The theory of planned behavior can be used to study how reproductive health is used as an outcome of interest. Attitudes of migrant workers toward reproductive health services, including whether their friends/companions approve or disapprove of use of such services, what they perceive of potential obstacles, and how effective they are at deterring use of such services. The intention to use reproductive health care is formed by these three factors: attitude, subjective norms, and perceived behavioral control. The intention finally leads to real use of the service.

2.3 Review of Empirical Literature

2.3.1 Reproductive Health Knowledge

A study in Sweden among Thai women immigrants indicated that contraceptive knowledge in terms of how to protect oneself from an unwanted pregnancy was significantly associated with education level, age, and utilization of sexual and reproductive healthcare services. The oldest age group knew significantly less than the youngest group (Akerman et al., 2016). Another study of participating adolescents found out that late adolescence (15–19 years) was positively associated with RH knowledge (Amanuel Alemu Abajobir and Assefa Seme, 2014).

Place of living can be a factor as well when it comes to knowing about reproductive health according to studies. A study in Woldia town found out that the odds of good knowledge of reproductive health matters amongst respondents from the urban residence were higher compared to those respondents from rural residences (Beletew Abate et al, 2020). Furthermore, the region where people originated from can be a factor in their reproductive health knowledge. A study at Mizan-Tepi University which participated students who migrated from different regions in Ethiopia revealed that Students from Tigray and Oromia regions were less likely to know about youth-friendly sexual and reproductive health compared to students from Addis Ababa city administration (Samuel Getachew et al., 2022).

One other characteristic of participants that contributes to reproductive health knowledge is marriage. A study in Jimma with adolescent participants found out that marital status was inversely associated only with the knowledge index of the type of health services for RH where never married had higher mean scores than ever-married adolescents (Ayalew Tegegn et al., 2008).

In conclusion, the knowledge of reproductive health of adolescents and young people can be predicted from their socio-economic, and demographic characteristics. Among socio-economic, and demographic characteristics, various studies indicated that education level, age, sex, area of originating from (rural or urban), region originating from, and marital status or relationships can be factors in reproductive health knowledge among adolescents, youth, and migrant populations.

2.3.2 Reproductive Health Service Utilization

Socio-economic, and demographic, personal believes, and subjective norms towards reproductive health utilization are predominantly found to be associated with reproductive health utilization in Ethiopia and other alike countries around the world. Among the socio-economic, and demographic factors including age, sex, religion, place of origin, education status, type of work, and living arrangement are understood to be significantly associated with reproductive health services utilization among youths and the adolescent population of the country, which includes the migrant population. Other factors associated with the utilization of reproductive health services were found to be related to intentions. Intention is well defined in planned behavior theory and variables were drawn from this theory and empirical findings.

2.3.3 Socio-economic, Demographic, and Reproductive Health Service Utilization

Secondary education adolescents are less likely to use RH services than their elementary school counterparts (Amanuel Alemu Abajobir and Assefa Seme, 2014). Respondents who were attending secondary education were 2.6 times more likely to utilize YRH service as compared with those who were attending elementary education. (Muche Liyeh et al., 2021). Another study from Gojam found that in-school adolescents used RH services 3 times more than their out-of-school counterparts. Education was also a factor in the study of immigrants. Results from immigrants' reproductive health utilization studies showed that immigrant youths with completed secondary education and higher have an increased relative risk to have no access to sexual reproductive health services compared to their equals with primary or unfinished secondary education (Nmehielle et al., 2022).

A study among women urban migrants in Bangladesh indicated that being village-born was significantly associated with less likely: use of, and treatment of STI symptoms, medical exam

post-birth, and vitamin A post-birth (Islam, et. al., 2016). Related to migration, studies also indicate that years lived in destination areas as a factor for reproductive health utilization. Years stayed in urban areas by the respondent had a significant beneficial effect on ANC only (Islam et al., 2016). Another in South Africa also finds that Immigrant youths who have lived in Hillbrow for 3–5 years have an increased relative risk for some access to SRH services compared with those with 0–2 years of stay (Nmehielle et al., 2022). Additionally, A comparative study among migrants and non-migrants in Ethiopia further explains the probability of reproductive service utilization. It indicated that adolescents born and raised in urban area were 2.64 more likely to access SRH services than adolescents born and raised in rural area (Aklilu Habte et al., 2022).

2.3.4 Support or Approval from Others and Reproductive Health Care Utilization

A study on preconception care utilization indicated that a united change of approving the behavior by others (family, husband, health care provider, friends, neighbor) increases the intent to utilize services by 34.4% with other variables kept constant. This suggests that those women who more strongly recognized that their important others expected them to have preconception care services expressed stronger intention (Melsew Setegn, 2021). In this study, the odds of using RHS were eight times more likely among female adolescents who used to discuss about RHS with their family (Hailay Gebreyesus et al., 2019). Family support and peer support were both factors related to the utilization of adolescent reproductive health services (Violita & Hadi, 2019).

2.3.5 Perceived Control Over Reproductive Health Service Utilization

A study on adolescent reproductive health utilization found that perceived barriers as significant predictors of RHS utilization (Hailay Gebreyesus et al., 2022). Another barrier in a study was found that discomfort discussing sensitive topics with care provider, this was found to be a significant barrier to in a study among adolescent adolescents in Jimma (Ayalew Tegegn et al., 2008). A study in south Africa among immigrants indicated that a list of challenge including high cost, discrimination, attitude of health facility staff, waiting time, language barrier, distance, fear, and safety concerns, not knowing about services, thinking they do not need services and lack of legal document were barriers to utilize reproductive health services (Nmehielle et al., 2022).

2.3.6 Discussion on Reproductive Health Matters

Respondents who had a habit of communicating with their family about SRH issues were 3.66 times more likely to utilize SRH service than those who had not. The same study indicated that respondents who had a habit of communicating with peers about SRH issues were 1.4 times more likely to utilize SRH service than those who had not (Muche Liyeh et al., 2021). Communication on reproductive health services with close people such as family and friends have 2.62 more times chance of RH service utilization (Addisu Sertsu et al., 2022). This study provides that family support or supervision was associated significantly with YFRH service utilization. Respondents' families who questioned their children concerning friends were seven times more probable to use RH services than respondents' families who didn't (Destaye Teferi et al., 2022).

2.4 Conceptual Framework

Knowledge about reproductive health is associated with the socio-economic and demographic characteristics of the target population. Among the socio-economic factors, age, sex, education, marital status (relationship), area of origin (Rural or Urban), region of origin, religion, years lived in Addis Ababa, and type of work are associated with reproductive health knowledge accordingly.

The theory of planned behavior explains much about reproductive health utilization as being a result of 'intention' which is a combination result of attitudes (favorable or unfavorable), subjective norm (important people's support availability), and perceived control (availability of barriers and their power to prevent one person from utilizing RH services). This theory entirely depends on a notion where strong intention translates into actual performance/utilization of reproductive health service. However, behavioral intention might not always translate into actual performance. Thus, consideration of other factors is important. This weakness of the theory is strengthened with consideration of other factors that found to be significantly associated with reproductive health utilization in other similar studies.

In theory of planned behavior, the demographic factors are only background factors contributing to attitude, subjective norms, and perceived control. However, these demographic factors as discussed in many other studies can be factors of reproductive health service utilization. The demographic and socio-economic factors are also independent variables to reproductive health

knowledge. The thin lines indicate a soft relationship among independent variables. The thick lines indicate a strong relationship among independent variables and dependent variables.

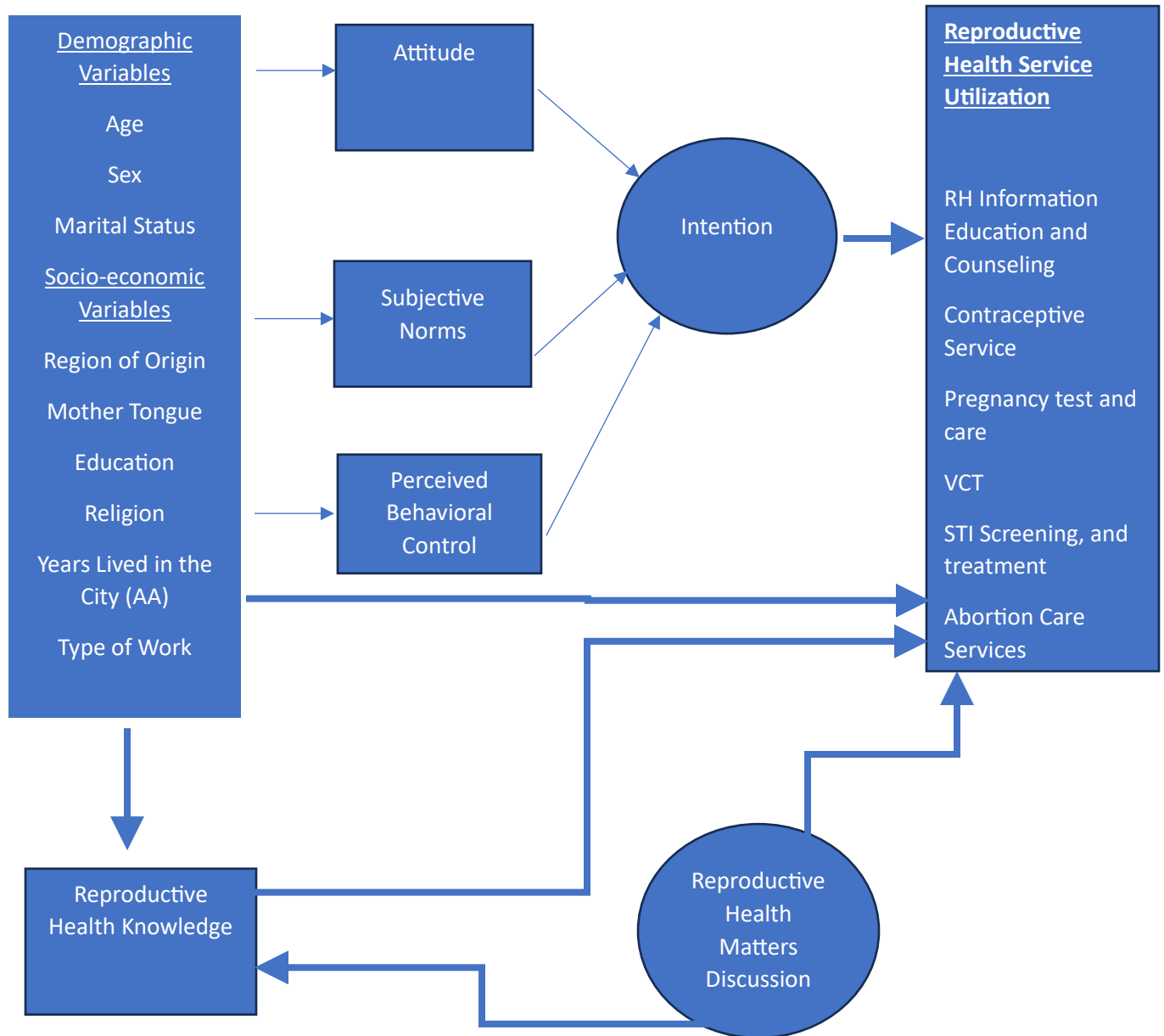


Figure 1. Conceptual Framework, Adopted from The Theory of Planned Behavior (Ajzen, 1991)

2.5.1 Operationalization of Conceptual Framework

This section elaborates how the concepts in the framework are measured; the concepts/variables that need operationalization are mainly from the theory of planned behavior. Those concepts explainable by themselves are excluded from operationalization.

Attitude is a result of behavioral belief and evaluation of outcomes. Behavioral belief is individuals' belief of the outcome performing a behavior. These outcomes are evaluated. These two are weighted (multiplied) to produce an attitude that is favorable or unfavorable towards a behavior. Those with favorable attitude are considered to be having a belief that a positively valued outcome results from utilizing reproductive health services.

Subjective norm is established from a weighted score of normative beliefs and motivation to comply. Normative beliefs are beliefs whether important people approve of behaving or not. motivation to comply indicates that complying to important people's approval or disapproval. Those with high subjective norm considered to be having a social support to utilize reproductive health services.

Perceived behavioral control is measured with control beliefs multiplied by perceived power. Control beliefs is regarding barriers and facilitators to performing reproductive health service use. Perceived power is regarding control factors to facilitate or inhibit reproductive health utilization. A high perceived control is considered having less ability of control factors over reproductive health utilization.

Intention is measured with whether migrant workers intend to utilize reproductive health services if need arises. Reproductive health service utilization indicates utilization of any of the reproductive health services. Additionally, reproductive health knowledge is measured with an average score as a cut point. Average and above are considered knowledgeable and below average are considered unknowledgeable.

3. Chapter Three

3.1 Methods

3.1.1 Study Locations

Brokers (known as “Delalas” in Amharic) are individuals providing job placement services for migrants. These migrants are met at arrival points and around bus stations. The brokers are well-positioned to collect and facilitate the needs of migrants. Migrants are approached by or they themselves approach brokers to get hired for jobs such as housemaid, waitressing, bar staff, Enjera maker, and cook. These brokers are one big community around bus stations covering a large area. They have small offices full of migrants seeking for job placement.

Autobus Tera is the study location for this study, it is located in Addis Ketema sub-city of Addis Ababa. Autobus Tera bus station receives travelers from the Northwest (Gojjam), Southwest (Jemma-Gambella) and East (Harar). Merkato Autobus Tera is surrounded by woreda 5, 6,7, and 8 of Addis Ketema sub-city. These woredas happen to host all brokers around Autobus Tera in Addis Ketema sub-city of Addis Ababa city. These offices are where migrant workers stay until they find a job and leave the area.

3.1.2 Study Design

This is a cross-sectional study meant to document the extent and factors of reproductive health knowledge and utilization among migrant workers around Autobus Tera bus station in Addis Ababa. The research is a cross-sectional study design, surveying hundreds of migrant workers in a structured interview. The study includes listing at Autobus Tera bus station to form a sample frame.

3.1.3 Study population

Migrant workers are located around the bus station, Autobus Tera. The focus of the current study is on migrant workers aged 15-24 who currently are looking for a job but who were engaged in various occupations before. These is due to that they have stayed in Addis for at least 12 months. The inclusion and exclusion criteria for the study population are:

Table 1: Inclusion and Exclusion Criteria for Migrant Workers

Inclusion Criteria	Exclude if:
<ul style="list-style-type: none"> • Migrant workers aged 15 to 24 	<ul style="list-style-type: none"> • Migrant workers below the age of 15 and above the age of 24
<ul style="list-style-type: none"> • Migrant workers who have stayed in the city for at least the past 12 months. 	<ul style="list-style-type: none"> • Migrant workers who are newly arrivals and who have stayed below 12 months.
	<ul style="list-style-type: none"> • Refused interview

3.1.5 Sample Size Determination

A single population proportion formula was used to estimate the sample size. Since there are no studies regarding the migrant population and their reproductive health knowledge and service utilization a 50% proportion is taken, confidence level of 95%, marginal error of 5%, and 10% of non-response.

$$N = (Z^2 * P * (1-P)/e^2)$$

$$N = ((1.96^2 * 0.5 * (1-0.5)/0.05^2) + 10\%$$

$$1.9208 (0.5/0.0025)$$

$$1.9208 (200)$$

$$385 + 10\%$$

N = 424

The final total sample size was 424. $N = (Z^2 * P * (1-P)/e^2)$ Where: n = the desired sample size, z = 1.96 which corresponds to 95% confidence level p = 0.5, e = 5%, q = 1 – p; (1-0.5) = 0.5)

Therefore $n=1.96*1.96*0.5*05/0.05*0.05 = 385$. Adding 10% of non-response, $(385 + 39) = \underline{424}$

3.1.6 Sampling

Researchers met authorities at the sub-city level to discuss and request access to the study area. The authorities from the sub-city responsible for monitoring of registered brokers are from the

labor enterprise and industry development department. This department has a list of brokers operating legally around the bus stations. The list has a total of 47 registered brokers/employment agents. This list was provided to researchers and permission to operate around the bus station was granted. Researchers alongside officers from the labor enterprise office visited all brokers on the list. These brokers were provided with an explanation of the study purpose and were requested to provide their consent to provide access to migrants sitting at their offices.

Sampling started with acquiring of a sample frame for migrant workers. Sample frame was made by conducting listing of migrant workers inside brokers' offices. This was possible with the support of government officers who monitor these brokers. From the list, the sample frame, four hundred and twenty-four of migrant workers were selected randomly with randomized generated numbers using SPSS.

A total of 424 migrant workers between the ages of 15 and 24 were chosen as participants for the study, and 401 of them completed the questionnaire, yielding a response rate of about 95%; 23 (5%) respondents declined to participate. Twenty-three respondents declined to participate in the survey because they did not want to be questioned as reported by themselves.

3.1.7 Data Collection and Procedures

3.1.8 Study instruments

A. Enumeration Form: This form was used to list migrant workers. Information collected with this form includes age, sex, and years in Addis Ababa. This information helped to identify eligible migrant workers for the study. Personal identifiers such as names were not recorded.

B. Survey Tool: A structured questionnaire was prepared which interviewers followed thoroughly when collecting data. The survey tool was divided into six parts. The first part took in information on socio-economic, demographic, followed by section two which is about knowledge on reproductive health matters, the third section on attitude toward reproductive health service utilization, the fourth section on subjective norms towards reproductive health service utilization, the fifth section on perceived control over reproductive health utilization, and the sixth section on intentions and experience utilizing reproductive health service and experience.

3.1.9 Data Collection Procedures

The survey tool was translated into the local language, Amharic. The Amharic version of the survey tool was circulated among researchers and was discussed over. The questionnaire was pretested around Lamberet bus station which is a different location and where migrant workers are found. The questionnaire was modified and finalized afterward. The final enumeration forms and questionnaire were uploaded to a mobile-based data collection system, ODK. Enumeration and questionnaire were administered using an online data system. The researcher built the system and provided data collectors with access to this smart phone-based data collection.

3.1.10 Study Variables

Independent variables under this study include socio-economic and demographic variables covering variables age, sex, region of origin, place of birth, religion, education, marital status, mother tongue, years in the city, and type of work. Additionally, theory of planned behavior has provided independent variables for reproductive health service utilization in for this study. These variables are attitude, subjective norm, perceived control, and intention. Furthermore, this study has reproductive health knowledge and reproductive health service utilization as dependent variables.

3.1.11 Operational Definition

Reproductive Health Matters Knowledge: The level of knowledge on reproductive health matters. This includes knowledge on pregnancy, contraception, sexually transmitted infections, and knowledge where service for reproductive health is provided.

Reproductive Health Service Utilization: This reflected on whether migrant workers have used any of the service components. It has a multiple response choice to allow multiple use of reproductive health service entry.

Intentions to utilize reproductive health service: How willing are migrant workers to utilize reproductive health services if the need arises. It was measured with a yes or no question and yes being a response the intention to utilize services.

Attitude towards reproductive health service utilization: The level of perception towards reproductive health services service utilization in terms of favorable or unfavorable results. The

attitude was measured with six items. The combined score ranges from 6 to 30. The higher score indicates a favorable attitude towards reproductive health service utilization.

Subjective norm towards utilization of reproductive health services: This refers to any influence from a social environment to utilize or not utilize reproductive health services. This was measured using eight items and the combined score ranged from 8 to 40. The high score indicates social support towards service utilization.

Perceived behavioral control towards reproductive health utilization: This measures the level of confidence reliance migrant workers have in their ability to use RH services. This is based on how they perceive and agree or disagree on obstructions to utilizing services. This was measured with eleven items, summed scores ranged from 11 to 55. The high score indicates a strong perceived ability or less difficulty in using RH services. The list includes whether they don't have money to utilize reproductive health services and if whether that inhibits them from utilizing the services or not, whether they think reproductive service provision facilities are at distance and whether that inhibits them from utilizing the services or not, whether they think they are young to utilize the service and that inhibits them from utilizing the services or not, whether they think they are not allowed to utilize services or not, whether they think it is difficult to communicate with health workers and that inhibits them from utilizing the services or not, and whether they are ashamed of sharing information with health workers and that inhibits them from utilizing the services or not.

3.1.12 Data Processing and Analysis

The online data collection system was built with the inclusion of constraints to avoid invalid entries. It also includes a range of checks and skips that prevent inconsistency. Additionally, instructions were displayed for data collectors to help them through. The researcher downloaded and reviewed data collected each day. The researcher checked for any inconsistency and made sure there is no entry that is out of the pre-defined values. Internal consistency was checked for variables such as age and years in the city should years in the city be no more than the actual age.

A table is produced to characterize the study population. And the extent of knowledge and service utilization is presented in percentages. To get the percentage of knowledge and service extent variables were computed and recoded to transform them into variables that are suitable for analysis. A percentage was drawn after the transformation is done. Knowledge of reproductive health is

divided into two, knowledgeable and unknowledgeable. These two values were for the new variable, and they were produced after computing the original variables. Correct answers were coded “1” and incorrect answers were coded “0”. All these questions were summed up afterward. The summed result was then analyzed for the mean and median. Since data was not normally distributed, median was selected as the best measure of central tendency. Numbers that are equal and above the median were considered “knowledgeable” and numbers below the median number are considered “unknowledgeable”.

Reproductive health service utilization also has one composite variable. Utilization of at least one service is considered as “reproductive health service utilization” and those who have not utilized/accessed any service were considered as “non-service users.” Additionally, service utilization eligibility was determined as for those who have experience in marital relationship were only considered to be using “Family Planning”. Others were not eligible to be using family planning, and it was dismissed for those who reported using family planning but did not have experience in marital relationships.

A list of questions representing the theory of planned behavior was analyzed. For attitude, we have two sets of related questions. One set of questions is about behavioral belief, and the other is about outcome evaluation. Each behavioral belief is multiplied (weighted) by the corresponding outcome evaluation. The same goes for subjective norms and perceived control. Each question about approval or disapproval of an important referent to utilize is multiplied by the corresponding motivation to comply with approval or disapproval. Additionally, each question representing control beliefs is multiplied by its corresponding perceived power of control. Then the weighted beliefs are summed up to create an aggregate score for attitude, subjective norm, and perceived control. The median scores were used in regression analysis for all components of planned behavior theory (Attitude, subjective norm, perceived behavioral control) to determine categories for each item with average and above, and below-average scores.

Under bi-variant analysis, non-parametric tests were used to measure association among background variables and reproductive health knowledge and the same was done to measure association among background variables and other variables with RH service utilization. The reason for the non-parametric test was due to the fact that data was not normally distributed for both dependent variables.

Following a bi-variant analysis, a multi-variant assessment is carried out. Logistic regression was conducted at multivariate level analysis. This is due to both dependent variables were measured on a dichotomous scale. Independent variables were tested for multicollinearity and the variance inflation factor (VIF) for all were found to be below 2.5 and had no problem with multicollinearity. All background variables and reproductive health matters discussions were entered as independent variables for reproductive health matter knowledge. Additionally, background variables, reproductive health matter discussion and intention to utilize RH services were entered as independent variables for dependent variable reproductive health service utilization. The variables connected to the outcome variables were found using the backward elimination method. With a p-value greater than 0.05, the Hosmer-Lemshew analysis of significance was used to determine the model's fitness. The strength of the link was assessed using an odds ratio with a 95% confidence interval, and factors with a p-value of less than 0.05 were deemed to be statistically significant.

3.1.13 Ethical Consideration

Migrant workers aged 15 to 24 were recruited from Autobus Tera bus station, after being screened for eligibility (enumeration) and randomly selected, potential respondents were approached by the study team. All research activities were done during the day and researchers were working in pairs. A letter from Addis Ababa University (AAU) was distributed to local authorities. Authorities were aware of the study and data collection activities around Autobus Tera bus station. Officers from the sub-city was also guiding data collectors in and out of the bus station areas.

Data collectors approached the potential respondent, introduced themselves and explained they are part of a study of migrant young people's knowledge and utilization of reproductive health and ask initial questions from the enumeration which decides inclusion, exclusion, and selection of potential respondents. Personal identifiers such as names were not collected, rather they were anonymized and coded.

At the time of the survey interview, the interviewer read the informed consent to the respondent, or they were given the choice to read it themselves if they preferred to do so. The consent sheet reminds participants that the results of the interview will be anonymous and treated as strictly confidential and that they are free to not answer any questions, stop the interview, or withdraw from the study at any time. Participants were then asked to confirm that they understand what they

have heard or read and asked if they agree to participate. If so, they were asked to give verbal consent. Then the interviewers attested by clicking a yes on the screen that they have received consent from the respondents. And if the respondent disagrees, the interviewers clicked a “no” on the screen and the interview is automatically disallowed. The interview took place immediately upon agreement between the interviewer and the respondent. Brokers’ offices were where the interviews took place.

4. Chapter Four

4. 1 Results

In this study, both male and female migrant workers were included. Male migrant workers (30.4) are outnumbered by female migrant workers (69.6). More than 70% of those surveyed are over the age of 19, and the median and mean ages of participants are respectively 21 and 20.86. There is a small religious diversity among the participants. As a result, most participants (62.8%) identify as Orthodox Christians, followed by Protestants (23.9%), Muslims (9.5%), and Catholics (3.5%). Eighty-two-point eight (82.8) percent of respondents said they had gone to school. However, just 16% of respondents have more than eight years of education, and the average number of years of schooling among respondents is 6.49.

Table 2: Background Characteristics of Migrant Workers, (n = 401)

	Frequency (n)	Percent (%)
Age		
15-19	115	28.7
20-24	286	71.3
Mean Age	20.86	
Sex		
Female	279	69.6
Male	122	30.4
Religion		
Orthodox Christian	252	62.8
Protestant	96	23.9
Muslim	38	9.5
Catholic	14	3.5
Other	1	0.2
Ever Attended School (yes)	332	82.8
Number of years school completed		
0	69	17.2
1 to 4 years	69	17.2
5 to 8 years	199	49.6
9 to 12 years	61	15.2
12 ⁺ years	3	0.7
Mean years of education	6.49	
Currently Attending School (yes)	30	7.5
Region of Origin		
Amhara	182	45.4
Oromia	100	24.9
SNNP	100	24.9
Others	19	4.7

	Frequency (n)	Percent (%)
Type of Place of Origin		
Rural Area	228	56.9
Small Town	129	32.2
Big Town	44	11.0
Number of Years Lived in Addis Ababa		
1 to 2 years	189	47.1
3 to 4 years	105	26.3
4+ years	107	26.7
Mean Years Lived in Addis Ababa	3.19	
Type of Work Mostly Hired On		
Waitering/Waitressing	133	33.2
Housemaid	70	17.5
Daily Labor	57	14.2
Cooking	54	13.5
Enjera Making	42	10.5
Dish Washing	30	7.5
Others	15	3.7
Have a Boy/Girl Friend		
Yes	169	42.1
No	220	54.9

Source: Migrant Workers Survey, 2023

4.1.1 Reproductive Health Knowledge

To measure respondents' knowledge about reproductive health, a set of questions on basic reproductive subjects were asked. Summary results were produced to measure reproductive health knowledge among migrant workers. Considering the topic, results are stratified by female and male categories under the table below.

Overall, 75.1% of migrant workers have responded positively to pregnancy related questions forwarded to them. The majority of migrant workers (94.8%) are aware of sexually transmitted

infections. However, more than a quarter (26.2%) of migrant workers do not know where reproductive health services are provided. Taking everything into account, 67.6% of migrant workers have knowledge of issues concerning reproductive health. About a third of migrant workers scored under the median, 32.4% of them are not knowledgeable of subjects concerning reproductive health. Furthermore, female migrant workers are more knowledgeable (69.5%) than their counter parts, male migrant workers (63.1%).

Table 3: Reproductive Health Knowledge

	Female (n = 279)	Male (n = 122)	Total (n = 401)
Knowledgeable on Pregnancy			
Knowledgeable	77.8	68.9	75.1
Unknowledgeable	22.2	31.1	24.9
Knowledgeable on STIs			
Knowledgeable	95.3	93.4	94.8
Unknowledgeable	4.7	6.6	5.2
Knowledgeable where RH service at			
Knowledgeable	71.0	80.3	73.8
Unknowledgeable	29.0	19.7	26.2
Reproductive Health Knowledge			
Knowledgeable (=> Median)	69.5	63.1	67.6
Unknowledgeable (=> Median)	30.5	36.9	32.4

Source: Migrant Workers Survey, 2023

4.1.2 Reproductive Health Service Utilization

The use of reproductive services during the past 12 months and their entire life were questions that the respondents were asked. There is a little difference between using the service over the previous 12 months and ever in all of their lives. Overall, 33.7% of respondents said they had used a minimum of one reproductive service in the year before, and 37.7% said they had ever used the service (once in their entire lives). Since one of the inclusion criteria for the research was a

minimum stay of one year in Addis Ababa, the study reveals that 33.7% of migrant workers used reproductive health services.

According to migrant workers, counseling services were the most often used service in the previous year (28.7%), which was followed by the use of condom (9.2%), VCT (3.7%), STI treatment (2.0%), family planning (1.2%) abortion care (1.0%), and services for pregnant women (0.5%).

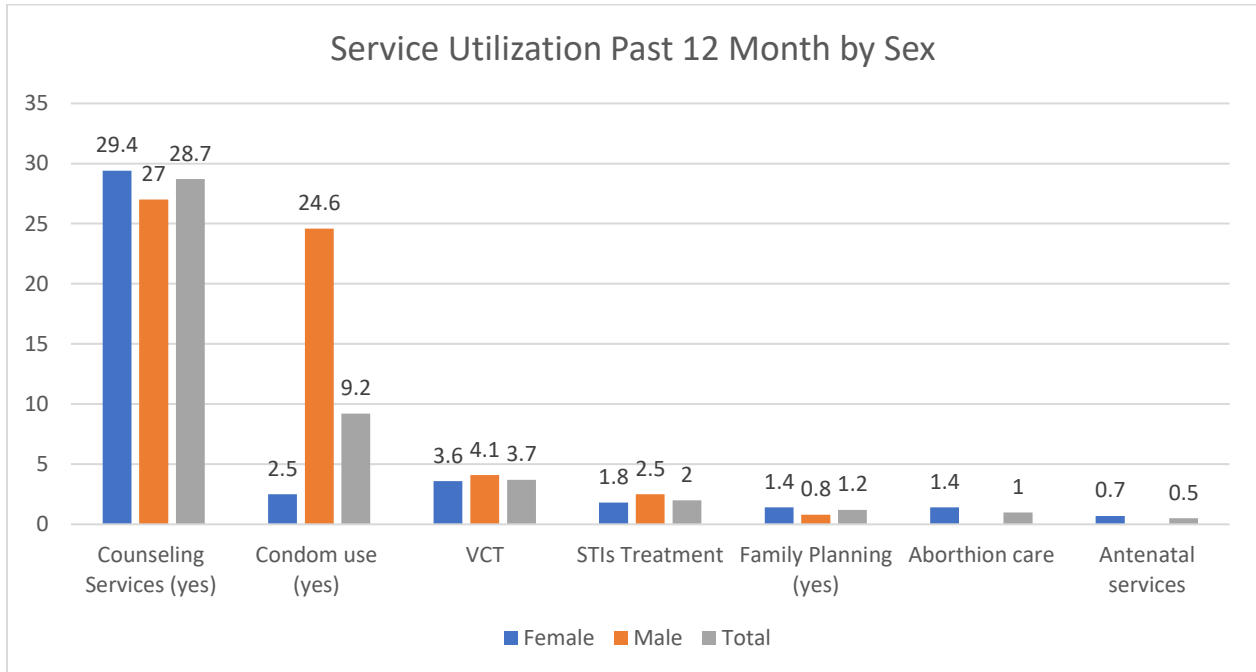


Figure 2: Last Year Service Utilization by Sex

4.1.7 Attitude, Subjective Norm, Perceived Control and Intention to Utilize RH Services

Variables from the theory of planned behavior were summarized in the table below (table 9). For attitude perceived behavior was weighted by its outcome evaluation. For instance, if a respondent answers in agreement with the statement “if I use reproductive health service, I will have treatment at an early stage”. If the behavior outcome or having treatment at an early stage is desirable by the respondent, it increases the likelihood of the respondent being positive about reproductive health service utilization. All items in attitude are multiplied (weighted) and summed to produce a composite number. Since data was not normally distributed, the median calculation of the number helps with the decision of whether respondents possess a favorable (\Rightarrow Median) or unfavorable ($<$ Median) attitude towards service utilization. The same goes for subjective norms. A summary

of the results for each question under attitude, subjective norm, and perceived control are presented under annex.

For item perceived control analysis was done slightly differently. Negative statements representing barriers and their power to impact the utilization of services were read for respondents. For instance, if a respondent was agreeable to the statement “I will not have money to use RHS” but was not agreeable to the statement “not having money makes it difficult to use RHS”, this person has low perceived control regarding barrier “having no money” to use reproductive health services. Scores for control belief and perceived power were multiplied (weighted), summed, and the mean and median were calculated.

The majority of respondent (87.3%) have favorable attitude towards using reproductive health services. Additionally, over half of respondents (51.6%) have a good subjective norm in terms of important referents' approval of their utilization and respondents' likelihood of complying. Furthermore, almost the same number of respondents (51.6%) have less thinking of suggested barriers as barriers and their power to impact their utilization of reproductive health services.

There is a high intention (92.0%) among migrant workers to utilize reproductive health services if needs arise. Only (8.0%) of respondents have no intention to utilize services. The internal consistency in terms of Cronbach's alpha was 0.73, 0.73, and 0.89 for perceived behavioral control, subjective norm, and attitude.

Table 4: Attitude, Subjective Norm, Perceived Control, and Intention to Use RH Services

	Number of Items	Min	Max	Mean	Median	Median Score => (%)	SD	α
Attitude	6	12	75	54.39	48	87.3	13.93	0.89
Subjective Norm	8	10	100	48.66	46	51.6	14.46	0.73
Perceived Behavioral Control	11	7	120	42.33	42	51.1	16.28	0.73
Intention to utilize reproductive health services								
Intention to utilize services								
Yes (%)		92.0						
No (%)		8.0						

Source: Migrant Workers Survey, 2023

Respondents were asked about their experience regarding the discussion and support they received to access reproductive health services. About 43.1% of the respondents have discussion experience about reproductive health matters. About one-third of respondents (32.2%) discussed with their friends, followed by co-workers (23.7%), and family members (14.0%). About the same number of respondents (44.4%) supported accessing reproductive health services. Respondents received support from the same people they discussed RH matters the most.

Table 5: Discussion and Support to Utilize Services

	(%)
Discussed RH matters	
Yes	43.1
No	56.9
Discuss with¹	
Family members (yes)	14.0
Friends (yes)	32.2
Co-worker (yes)	23.7
Employer (yes)	1.2
Broker (yes)	0.2
Ever supported to use of service	
Yes	44.4
No	55.6
Who supported	
Family members (yes)	15.2
Friends (yes)	32.4
Co-worker (yes)	21.4
Employer (yes)	1.0
Broker (yes)	0.7

Note: *Discussion with is among those who have experienced discussion over RH matters.

Source: Migrant Workers Survey, 2023

4.2 Bivariate Analysis Results

Non-parametric tests were used to measure association among background variables and reproductive health knowledge. The same was done to measure association among background variables and other variables with RH service utilization. The reason for the non-parametric test was due to the fact that data was not normally distributed for both dependent variables.

4.2.1 Reproductive Health Knowledge

To perform test of association, a chi-square test was conducted to evaluate the relationship between age, sex, region of origin, birthplace, religion, marital status, relationship with opposite sex, formal school experience, years in formal school, years in Addis Ababa, type of job mostly hired for, and discussion over reproductive health matters with reproductive health knowledge.

The relationship between age and reproductive health knowledge was found to be significant. The same goes for relationship between variables relationship with opposite sex and reproductive health knowledge. Additionally, there is a significant relationship between reproductive health matters discussion and reproductive health knowledge.

Table 6: Result of Test of Association of Background Characteristics with Reproductive Health Knowledge

Variable	Pearson Chi-Square	Sig.
Age	7.64	0.006
Sex	1.59	0.206
Region of Origin	4.36	0.886
Birthplace	0.55	0.973
Religion	3.62	0.460
Marital Status	2.26	0.323
Relationship with Opposite Sex	20.13	0.000
Formal School Experience	3.51	0.06
Years in Formal School	18.465	0.141
Years in Addis Ababa	3.34	0.183
Type of Job Mostly Hired For	12.57	0.083
RH Matters Discussion	24.13	0.000

Source: Migrant Workers Survey, 2023

4.2.2 Reproductive Health Service Utilization

A chi-square test was conducted to evaluate the relationship between age, sex, region of origin, birthplace, religion, marital status, relationship with opposite sex, formal school experience, years in formal school, mother tongue, years in Addis Ababa, type of job mostly hired for, discussion over reproductive health matters, knowledge over reproductive health matters and intention to utilize reproductive health services with actual use of reproductive health services in the last 12 months.

Table 7: Result of Test of Association of Background Characteristics, RH Matters Discussion, and Intention with Reproductive Health Service Utilization

Variable	Pearson Chi-Square	Sig.
Age	2.46	0.117
Sex	1.85	0.173
Region of Origin	26.19	0.002
Birthplace	0.62	0.734
Religion	6.29	0.178
Marital Status	4.12	0.122
Relationship with Opposite Sex	0.91	0.339
Formal School Experience	0.25	0.620
Years in Formal School	36.05	0.001
Mother Tongue	25	0.001
Years in Addis Ababa	22.68	0.004
Type of Job Mostly Hired For	7.39	0.390
RH Matters Discussion	95.32	0.000
RH Matters Knowledge	8.31	0.004
Intention to Utilize RH Services	5.07	0.024

Source: Migrant Workers Survey, 2023

As per the above table, it is clear that Region of Origin, Years in Formal School, Mother Tongue, Years of Stay in Addis Ababa, Discussion over Reproductive Health Matters, Knowledge on reproductive health matters, and Intention to Utilize Reproductive Health Services were found to be significantly associated with Reproductive Health Service Utilization.

4.3 Multivariate Analysis

Logistic regression was conducted to assess factors of reproductive health knowledge and reproductive health service utilization among migrant workers. For reproductive health knowledge, the model explained variance in the dependent variable (RH knowledge) by 19.1%. Additionally, for reproductive health service utilization, the model explained variance in dependent variable (RH service utilization) by 42.5%. In this analysis, all control variables were included.

4.3.1 Reproductive Health Knowledge

On a multivariate analysis age, sex, having a relationship, and experience discussing reproductive health matters were found to have statistically significant association with reproductive health matters knowledge. Migrant workers aged between 20-24 are double times likely to be knowledgeable on reproductive matters than those who are aged 15-19 (AOR = 2.05, 95%CI: 1.098, 3.082). Furthermore, female migrant workers were 1.84 times more likely to be knowledgeable on reproductive health matters than male migrant workers (AOR = 1.84, 95%CI: 1.098, 3.082).

Regarding relationship with the opposite sex, having a boy/girl friend is significantly associated with reproductive health knowledge. As such, those who are in a relationship are almost triple times (2.84) to be knowledgeable on reproductive health matters (AOR = 2.84, 95%CI: 1.757, 4.581). Additionally, the odds of knowledgeability are 3.33 times higher for migrant workers who have experience discussing reproductive health matters than those who never discussed (AOR = 3.33, 95%CI: 2.045, 5.439).

Table 8: Factors Predicting Reproductive Health Knowledge

Variables	Knowledgeable on RH Matters		Adjusted Odd Ratio AOR 95% C. I
	Yes	No	
Age			
15-19	66	49	1
20-24	205	81	2.05** (1.236, 3.420)
Sex			
Female	194	85	1.84* (1.098, 3.082)
Male	77	45	1
Region of Origin			
Amhara	129	53	0.724 (0.389, 1.346)
Oromia	66	34	0.556 (0.300, 1.030)
SNNP	62	38	1.425 (0.412, 4.930)
Others	14	5	1
Type of Place of Origin			
Rural Area	153	75	0.878 (0.500, 1.541)
Small Town	88	41	0.594 (0.254, 1.387)
Big Town	30	14	1
Mother Tongue			
Amharic	134	59	1.356 (0.351, 5.247)
Non-Amharic	137	74	1
Religion			
Orthodox Christian	177	75	0.575 (0.126, 2.627)
Catholic	9	5	0.780 (0.377, 1.611)
Protestant	58	38	1.123 (0.425, 2.969)
Muslim	26	12	1
Years in Formal School			
0	40	29	1.606 (0.718, 3.592)
1 to 4 years	46	23	1.610 (0.814, 3.186)

Variables	Knowledgeable on RH Matters		Adjusted Odd Ratio AOR 95% C. I
	Yes	No	
5 to 8 years	138	61	1.554 (0.610, 3.961)
9 to 12 years	44	13	1
Have a Relationship			
Yes	35	134	2.99*** (1.847, 4.855)
No	127	93	1
Number of Years in Addis Ababa			
1 to 2 years	120	69	1.161 (0.654, 2.060)
3 to 4 years	72	33	1.881 (1.029, 3.438)
4+ years	79	28	1
Type of Work Mostly Hired On			
Waitering/Waitressing	43	27	1.168 (0.558, 2.446)
Housemaid	98	35	0.855 (0.354, 2.067)
Daily Labor	26	16	1.939 (0.642, 5.851)
Cooking	24	6	0.995 (0.426, 2.325)
Enjera Making	38	16	0.931 (0.338, 2.562)
Dish Washing	36	21	0.133 (0.023, 0.773)
Others	6	9	1
Experience Discussion in RH Matters			
Have Experience	140	33	3.33*** (2.045, 5.439)
Have No Experience	131	97	1

Exp(B) sig (SE). P<0.001-----***, P<0.01 ___** AND P<0.05.* Source: Migrant Workers Survey, 2023

4.3.4 Intention to Utilize RH Services and Reproductive Health Service Utilization

According to the constructs of theory of planned behavior, intention which leads to actual act (utilization of reproductive health services in this case), is a result of three other factors as discussed in sections of this study. A multivariate regression analysis was done to examine which among the three has statistically significant association with intention.

Among the three factors leading to intention, attitude and subjective norm were found to be predicting factors for intention to utilize reproductive health services. Those migrant workers with favorable attitude are 3.14 times more likely to intend to utilize reproductive health services than those with unfavorable attitude. Additionally, those who have average and high subjective norms are 4.27 times more likely to have the intention to utilize reproductive health services. Perceived control was not significantly associated with intention, the significance level was above 0.05.

Table 9: Factors Predicting Intention to Utilize Reproductive Health Services

Variables	Intention		Adjusted Odd Ratio AOR (95% C. I)
	Yes	No	
Attitude			
Favorable (\geq Median)	328	22	3.14** (1.346, 7.325)
Unfavorable ($<$ Median)	41	10	1
Subjective Norm (SN)			
Higher SN (\Rightarrow Median)	201	6	4.27* (1.692, 10.784)
Lower SN ($<$ Median)	168	26	1
Perceived Control (PC)			
Higher PC (\Rightarrow Median)	182	23	0.45 (0.198, 1.028)
Lower PC ($<$ Median)	187	9	1

Exp(B) sig (SE). P<0.001-----***, P<0.01 ___** AND P<0.05.* Source: Migrant Workers Survey, 2023

Among background variables, reproductive health matters discussion, and intention to utilize reproductive health services; religion, years in Addis Ababa, and RH matters discussion were found to be significantly associated with reproductive health service utilization. Migrant workers who are Protestant religion followers were found to be 7.27 times more likely to utilize reproductive health services than Muslim migrant workers (AOR = 7.27 95%CI: 2.155, 24.513). Migrant workers who have stayed in Addis Ababa three to four years are 2.6 times more likely to utilize reproductive health services than those who stayed one to two years (AOR = 2.6 95%CI: 1.354, 4.996). Additionally, the experience of discussion over reproductive health matters was statistically significantly associated with service utilization. Those who have discussed RH matters

are 14.14 times more likely to utilize reproductive health services (AOR = 14.14 95%CI: 7.819, 25.583).

From the theory of planned behavior, the intention was suggested to have a direct association with reproductive health utilization. In a multi-variate analysis, after controlling for other factors, the intention was not found to be statistically significantly associated with reproductive health service utilization among migrant workers.

Table 10: Factors Predicting Reproductive Health Service Utilization

Variables	RH Services Used in the last year		Adjusted Odd Ratio AOR (95% C. I)
	Yes	No	
Age			
15-19	32	83	1.236 (0.647, 2.362)
20-24	103	183	1
Sex			
Female	88	191	0.902 (0.410, 1.983)
Male	47	75	1
Region of Origin			
Amhara	100	82	3.137 (0.450, 21.863)
Oromia	24	76	0.960 (0.207, 4.444)
SNNP	24	76	0.620 (0.135, 2.851)
Others	5	14	1
Type of Place of Origin			
Rural Area	80	148	0.547 (0.287, 1.042)
Small Town	40	89	0.596 (0.224, 1.584)
Big Town	15	29	1
Mother Tongue			
Amharic	83	107	1.199 (0.263, 5.465)
Non-Amharic	52	159	1
Religion			
Orthodox Christian	91	161	2.78 (0.810, 9.561)

Variables	RH Services Used in the last year		Adjusted Odd Ratio AOR (95% C. I)
	Yes	No	
Catholic	3	11	2.64 (0.379, 18.464)
Protestant	32	64	7.27** (2.155, 24.513)
Muslim	8	30	1
Years in Formal School			
0	25	44	0.943 (0.367, 2.423)
1 to 4 years	20	49	0.807 (0.365, 1.782)
5 to 8 years	138	61	1.164 (0.424, 3.198)
9 to 12 years	32	29	1
Have a Relationship			
Yes	60	109	0.984 (0.491, 1.628)
No	68	152	1
Number of Years in Addis Ababa			
1-2 Years	61	128	1
3-4 Years	46	59	2.6** (1.354, 4.996)
> 4 Years	28	79	1.38 (0.67, 2.874)
Type of Work Mostly Hired On			
Waitering/Waitressing	23	47	5.689 (0.414, 78.136)
Housemaid	42	91	4.621 (0.358, 59.676)
Daily Labor	16	26	8.095 (0.567, 115.497)
Cooking	6	24	1.486 (0.98, 22.443)
Enjera Making	20	34	5.713 (0.413, 78.996)
Dish Washing	25	32	7.137 (0.515, 98.894)
Others	3	12	1
Experience Discussion in RH Matters			
Have Experience	69	104	14.14*** (7.819, 25.583)

Variables	RH Services Used in the last year		Adjusted Odd Ratio AOR (95% C. I)
	Yes	No	
Have No Experience	31	197	1
Intention to Utilize RH Services			
Yes	130	239	2.421 (0.741, 7.912)
No	5	27	1

1 = Among those who have had schooling experience. Exp(B) sig (SE). P<0.001-----***, P<0.01___** AND P<0.05.* Source: Migrant Workers Survey, 2023

5. Chapter Five

5.1 Discussion, Conclusion and Recommendations

5.1.1 Discussion

This study has mainly explored the reproductive health knowledge and service utilization among young migrant workers aged 15-14, based on analysis on 401 migrant workers. This study finds 67.6% of migrant workers knowledgeable on reproductive health matters, additionally, 33.7% of migrant workers have utilized at least one RH service during the past year. On a multivariate regression analysis, it shown that age, sex, relationship with the opposite sex, and experience having discussion over RH matters as predictors of reproductive health knowledge. Furthermore, additional multi-variate regression analysis finds that religion, years in Addis Ababa, and experience discussing over reproductive health matter as predictors of reproductive health service utilization. This current study has employed the theory of planned behavior to study reproductive health service utilization among migrant workers. However, the core factor from theory of planned behavior, intention was not found to be predicting factor under this study.

As aforementioned, this current study finds that more than two-third (67.6%) of migrant workers knowledgeable of reproductive matters. However, this is leaving almost one-third of migrant workers unknowledgeable regarding reproductive health matters. The 67.6% knowledgeability of migrant workers in this study coincides with another study in Gojjam which finds more than 67% knowledgeability among adolescents (10-19 years old) living in rural Gojjam (Alemu Abajobir and Assefa Seme, 2014). Under this current study, age is identified as a predicting factor for reproductive health knowledge under a multi-variate regression analysis. Those older migrant workers are more informed about their reproductive health than those in the younger age group. This might be due to the fact that those older migrant workers are more exposed to reproductive health related information than those younger ones and it might be as a result of the maturity that comes with age. Related studies have found that age being significantly associated with reproductive health knowledge (Alemu Abajobir and Assefa Seme, 2014). Another study across eight sites in sub-Saharan found that significant positive correlation between older adolescent age and menstruation knowledge (Finlay et al., 2019).

This current study noted that sex as predictor of reproductive health matter knowledge. Female migrant workers are more informed of reproductive health than male migrant workers. This could be due to female migrant workers are more alerted about their reproductive health than male migrant workers. In contrast to this study, a study among university students reported that male students more likely to have knowledge on reproductive health matters (Samuel Getachew et al., 2022). Additionally, another study among adolescents in school in Cameroon reported that being male was associated with good knowledge (Fubam et al., 2022). Furthermore, Reproductive health knowledge among migrant workers was predicted by having a relationship with the opposite sex, as indicated under this current study, the experience of having a girl/boyfriend has resulted in an improved knowledge in reproductive health knowledge among migrant workers. Having a boy/girlfriend exposes to engagement in sexual activity (Emebet Teklesadik et al., 2014), this exposure might have resulted in a good awareness of reproductive health knowledge among migrant workers. Other studies regarding reproductive health knowledge have not reported relationship with the opposite sex as predictor of reproductive health knowledge. These differences in results could be due to the fact that difference in study population.

This current study reports that the experience discussing over reproductive health matters is a predicting factor of reproductive health knowledge. Migrant workers discussion with their parents, peers, co-workers, employers, and brokers caused in a good knowledge of reproductive health matters. Similar studies indicated that discussion over reproductive health matters results in knowledge of reproductive health matters (Mulat Ayalew et al., 2019, Yohannes Adinew et al., 2013, Elsa Berhe et al., 2022). Additionally, a study on contraceptive knowledge reported that discussion with parents and among peers as predictors of reproductive health knowledge among female students (Adama Melaku, et al., 2014).

This current study finds only one-third (33.7%) of reproductive service utilization among migrant workers indicating the vast majority of young migrant workers have not utilized reproductive health services. Other findings among the youth population of Ethiopia reported around the same percent of service utilization. A disparity study in reproductive health service utilization among rural and urban adolescents, finds that an overall 39.5% service utilization and for those who are from rural is lower, which is 30.8% (Aklilu Habte et al., 2020). This current study also reports that

56.9% of migrant workers originated from rural places in Ethiopia. These are indications that reproductive health services are under-utilized among migrant workers and those youth from rural areas.

Religion is found a predicting factor for reproductive health service utilization among migrant workers. As the difference in religion, the difference is also with lifestyle. One religion can be more encouraging of reproductive health services utilization than the other. Other related studies have also found religion being associated with RH service utilization. Utilization of modern contraceptive was higher among both Muslim and protestant religions followers (Natnael Kebede et al., 2023).

Years stay in Addis Ababa is reported as predicting factor to RH service utilization in this study. The longer migrant workers are staying, the higher the likelihood of utilizing RH services. This could be due to the fact that as they are exposed to urban life, as those from urban are more likely to use reproductive health services (Mengistu Merera et al., 2021), they are to follow urban lifestyle. The majority of migrant workers are from rural places where reproductive health service utilization is minimum, and as they migrate, live, and stay more in urban areas, they are to use reproductive health services. Other studies in Ethiopia have not found years stay anywhere to be predicting factor of RH service utilization, once again, studies in Ethiopia regarding reproductive health service utilization tend to be among the more settled and non-migrants. This could be the reason for difference in results.

Discussion regarding RH matters is found to be predicting factor for RH service utilization among migrant workers under this study. Discussion as reported results in knowledge of RH matters, and as migrant workers are informed, they tend to practice their knowledge. Consistent findings show that discussion on reproductive matters is a predictor of RH service utilization. A study among adolescents finds that those who have experience discussing with sexual partners and peers are two-times more likely to utilize reproductive health services (Getaneh Tlaye et al, 2018). In another study, discussion about reproductive health services with their family was found to be associated with reproductive health service utilization (Hailay Gebreyesus et al., 2019).

Furthermore, discussion with family members and friends was found to have a strong correlation with reproductive health service utilization (Addisu Sertsu et al, 2022).

Among the constructs that lead to intention to utilize reproductive health services, in this study subjective norm and attitude were found to be predicting factors to intention to utilize RH services. Migrant workers favorable attitude towards RH services resulted in intention to utilize RH services. Approving environment for RH service utilization caused the intention to use services. A study among teachers finds that subjective norms as the strongest predictors of intention to utilize VCT service (Shemsedin Omer, 2010). Another study among health professionals also found that normative belief and attitude being predictors to intention to utilize VCT (Fira Abamecha et al., 2013).

Under this current study's analysis, intention was not found to be predicting actor of actual service utilization. There was no difference in intending to use RH services or not when it comes to actual utilization of services among migrant workers. In contrast, a study among college students found that behavioral intention and utilization (condom use) were significantly associated (Asare, 2015). These studies have different results than the current study with their result using the theory of planned behavior and behavioral intention. This difference could be as a result of different types of study population. Those studies finding significant association between intention and reproductive health utilization were conducted among population who are more established. However, this current study has migrant workers as study population, a population that is mobile and their mobility could have an impact on their attitude, subjective norm, perceived behavioral control, intention to utilize reproductive health service, and actual use of these services.

5.1.2 Strength and Limitation of the Study

The strength of this study is that it considered marginalized group whereby studies about this particular group and their access to services are very few. The studies in Ethiopia about reproductive health mainly includes those adolescents and youth that are easily accessible.

Limitation of this study is that migrant workers who use illegal brokers/agents who are not few in number were not part of the sample. Migrant workers part of this study were only from those brokers who are registered by the sub-city office of labor enterprise and industry. Those unregistered brokers are hard to reach and as a researcher we were granted permission to work with registered brokers only. As a result of this, because of the sample does not include all type of migrant workers, this might have a bias in the data collected.

5.2 Conclusion

This study identified that migrant workers have a moderate knowledge over reproductive health matters. Socio-demographic characteristics of migrant workers were found to be predicting factors for reproductive health knowledge under this study. Age, sex, having a boy/girlfriend relationship, and experience discussing reproductive health matters were identified as predicting factors of reproductive health knowledge among migrant workers. This study finds older migrant workers well knowledgeable on reproductive health matters than younger ones. Furthermore, this study observed that female migrant workers are better informed of reproductive health matters than male migrant workers. Regarding migrant workers status of having girl/boyfriend, this study concluded that those who are in relationship are well knowledgeable of reproductive health matters than those who are not in relationship. Those migrant workers who have experience discussing over reproductive health matters are more informed of reproductive health matters than those who do not have this experience.

This current study revealed that poor reproductive health service utilization among migrant workers. In summary, socio-demographic variables, and experience regarding reproductive health were found to be predicting factors of reproductive service utilization among migrant workers. Protestant followers use reproductive health services more than Islam religion followers. Additionally, longer stay in Addis Ababa leads migrant workers to utilize reproductive health services. Discussion over reproductive health matters proved to be a factor to utilize reproductive health services under this study.

Migrant workers' attitude and subjective norm regarding reproductive health services revealed to be factors leading to intention to utilize RH services. Those who have favorable attitude and higher subjective norm have the intention to utilize reproductive health services.

5.3 Recommendations

- Targeting younger, male, and single migrant workers for reproductive health related awareness raising activities can be beneficial in addressing the information gap.
- Preparation of discussion sessions over reproductive health matters can help address low reproductive health knowledge and service utilization.
- One finding from this study indicates, those who stayed more than a year are likely to be RH service utilizers. A program targeting even more those who are newly arriving to the city is important in addressing the limited-service utilization.

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Annex

Annex A: Tabulated Presentation of Planned Behavior Variables

Table 13: Behavioral Belief and Evaluation of Behavioral (Attitude)

Behavioral Belief							
	Extremely Disagree	Disagree	Neutral	Agree	Extremely Agree	M	SD
Use of RH services feels like protecting self.	1.2	2.7	4.7	64.6	26.7	4.13	0.72
Use of RH services provides knowledge.	1.5	2.2	4.2	63.8	28.2	4.15	0.73
Use of RH service a chance for early treatment	0.7	2.7	3.0	62.3	31.2	4.20	0.69
Behavioral Outcome Measures							
	Extremely Undesirable	Undesirable	Neutral	Desirable	Extremely Desirable	M	SD
Protecting oneself from	0.2	0.5	2.7	59.9	36.7	4.32	0.58

health complication sis								
Getting knowledge of RH issues	1.2	1.0	3.0	57.6	37.2	4.28	0.69	
Having treatment at an early stage for RH issues is	0.5	0.5	2.2	60.8	35.9	4.31	0.59	

Table 14: Normative Beliefs and Motivation to Comply with Beliefs (Subjective Norm)

Normative Belief	Extremely Disagree		Neutral	Agree		M	SD
	Extremely Disagree	Disagree		Agree	Extremely Agree		
My friend thinks I should use RHS.	0.7	3.7	20.2	58.6	16.7	3.87	0.75
My family approves of RHS use.	1.0	6.7	16.0	61.3	15.0	3.83	0.80
Religious leaders approve of RHS use.	8.2	37.2	25.4	24.2	5.0	2.81	1.1
Employers would approve RHS use.	2.7	25.9	40.6	27.9	2.7	3.02	0.87

Motivation to Comply							
	Extremely Disagree	Disagree	Neutral	Agree	Extremely Agree	M	SD
What my friends think matters.	0.5	11.0	18.7	62.6	7.2	3.65	0.79
Families' approval is important.	2.0	11.0	11.5	61.6	14.0	3.75	0.90
Religious leaders' approval is important.	6.5	31.4	22.9	31.7	7.5	3.02	1.09
Employers' approval is important	1.7	16.5	26.4	47.9	7.5	3.43	0.91

Table 15: Control Belief and Perceived Power of Control Belief (Perceived Control)

Control Belief							
	Extremely Disagree	Disagree	Neutral	Agree	Extremely Agree	M	SD
Have no money to use the service.	11.7	41.4	13.2	30.9	2.7	2.72	1.11
Facility is a long distance.	13.7	49.1	15.5	19.2	2.5	2.48	1.03
Difficult to communicate.	12.7	51.6	9.5	22.4	3.7	2.53	1.09

Not allowed to use the service.	5.7	40.4	24.2	26.7	3.0	2.81	0.99
Yung to use RHS.	14.0	62.8	7.0	13.7	2.5	2.28	0.95
Ashamed to explain the need	18.0	54.1	5.5	19.0	3.5	2.36	1.08

Power of Control Belief								
		Extremely Disagree	Disagree	Neutral	Agree	Extremely Agree	M	SD
Having no money makes it difficult.	6.7	34.4	8.7	45.6	4.5	3.07	1.11	
Long-distance makes it difficult.	6.5	29.4	9.0	49.6	5.5	3.18	1.11	
Being unable to explain makes it difficult.	4.0	15.2	6.2	61.8	12.7	3.64	1.01	
Young age makes it difficult.	7.7	28.4	7.7	50.6	5.5	3.18	1.14	
Being ashamed makes it difficult.	4.7	12.7	3.7	67.6	11.2	3.68	0.99	

Annex B: English Informed Consent

INFORMED CONSENT FORM FOR MIGRANT WORKERS AGED 15 -24

You are invited to take part in this small interview. Before you decide whether to participate, you need to understand why the interview is being done and what it involves. Please take the time to read or to listen to the following information. You may talk to others about the interview if you wish. Please ask me if there is anything that is not clear, or if you would like more information. When all of your questions have been answered, you will be asked if you wish to participate, and, if so, to sign this informed consent form or give verbal consent. You will be given a signed copy to keep if you so wish.

Purpose of the Interview and Requirements

What is the interview about? This interview is part of an effort to understand knowledge of reproductive health and utilization of available reproductive health services. The study supports understanding for experts in the field who probably would like to fix program to address issues. During the interview we will discuss background information, reproductive knowledge, reproductive health utilization, and your attitude about the services.

Why have I been invited to take part? You have been invited to take part in this study because you are among the category of people we are seeking to interview. In this interview we are approaching all migrant workers at bus terminals. You are selected randomly and others like you were selected as well.

What will happen if I take part? If you agree to take part in the interview, we will ask you to sign this form. We will ask you where and when you prefer to hold the interview – wherever you feel most comfortable.

How long will interview last? The interview will take from 15 to 20 minutes.

Risks

What are the risks of the study? An inconvenience may be the time and effort you take to be a participant. You do not have to respond to any question that makes you feel uncomfortable. You may end the interview at any time. There is also a very small risk of breach of confidentiality (something you say is accidentally provided to others), but we will take precautions to see that this does not happen. One thing we do to make sure your information is secured is that we don't record your name and replace it with codes. With this method no one who may have access to the information accidentally will know that it's your information.

Benefits

What are the benefits of participating? You may find an indirect benefit in knowing you have participated in an important interview to provide information that may assist a project to support reproductive health of migrant workers.

Confidentiality

Will my participation in the study be kept confidential? The information that is collected during the interviews will be kept private. The study team will make every effort to protect your privacy and maintain the confidentiality of all the information that you provide. When your participation ends, the results of this interview will be used to prepare a report to Addis Ababa University, Center of Population Studies. Your data will be handled as confidentially as possible. For this interview we will not put your name on the papers to minimize the risk of confidentiality breach. Also, to minimize the risks to confidentiality data will be stored in a password-protected computer that only the study team can access. We will not share any of your information with anyone else.

Voluntariness

What are my rights as a research participant/subject? Your participation in this interview is completely voluntary. You may still decide whether or not to take part. If you decide to take part, you can choose not to answer specific questions or stop the interview at any time. You are free to withdraw at any time. If you choose, you may decide to withdraw the information after we have

finished the interview. You can inform me of your decision in person or get in touch with me within two days of our meeting that you prefer to withdraw. My contact details and those of study supervisors will be left with you when we finish.

Additional Information

What will happen to the results of the interview? The results of will be used to select brokers and women like you for in-depth interview and project participation.

Who has reviewed the study of ethical issues? This study has been reviewed by the Addis Ababa University ethics board.

What if I need more information? If you have a concern about any aspect of the study, you should ask to speak to the researchers who will do their best to answer your questions. You may call Eyasu Hailu at 09 39 82 47 83.

What if there is a problem? Any complaint about the way you have been treated during the study or any possible harm you might suffer will be addressed. Please contact _____
(Person from the University)

Subject Statement: I have read the Informed Consent for this study. I have received an explanation of the planned research, procedures, risks and benefits and privacy of my personal information. I agree to take part in this study. I understand that my participation in this study is voluntary. Should I be interviewed again as part of this study, informed consent will be obtained every time I am contacted.

Your signature:

Date:

Investigator or person who conducted Informed Consent discussion: I confirm that I have personally explained the nature and extent of the interview, procedures, potential risks and benefits, and confidentiality of personal information.

Name of person obtaining consent:

Signature of person obtaining consent:

Date:

Annex C. English Survey Questionnaire

SERIAL NUMBER

Reproductive Health Knowledge and Service Utilization
INTERVIEW FOR MIGRANT WORKER RESPONDENTS AGED 15 TO 24

<u>IDENTIFICATION</u>	<u>CODES</u>
SUB-CITY
WOREDA
BROKER CODE
LOCATION DISCRPTION.....
INTERVIEWER

INTERVIEW DATE	
DATE	.....
INTERVIEWER NAME	.....
RESULT CODE	.....
NEXT VISIT:	
DATE	.....
TIME	.....

<u>RESULT CODES</u>		
1=COMPLETED	3=PARTLY	6=OTHER
2=AWAY FOR	COMPLETED	(SPEC).....
EXTENDED	4=POSTPONED	
PERIOD	5=RESPONDENT	
	REFUSED	

SECTION 100: BACKGROUND CHARACTERISTICS

101	Have you already been interviewed for this study in the past few weeks on another occasion?	0 = NO 1 = YES (STOP THE INTERVIEW. REPORT TO SUPERVISOR FOR CONFIRMATION)
102	How old were you (on your last birthday)?	[] [] YEARS <u>IF UNSURE, USE METHODS TO HELP THE RESPONDENT ESTIMATE.</u> <u>IF RESPONDENT IS LESS THAN 15 OR GREATER THAN 24 STOP THE INTERVIEW</u>
103	What is your sex	1 = Female 2 = Male
104	In what region were you born?	1 = TIGRAY 7 = SNNPR 2 = AFFAR 8 = GAMBELA 3 = AMHARA 13 = HARARI 4 = OROMIYA 14 = ADDIS ABABA 5 = SOMALI 15 = DIRE DAWA 16 = SIDAMA

		6 = BENISHANGUL-G 17 = OTHER (SPECIFY).....
105	Was your place of birth a rural area/countryside, small town, or big town?	1 = RURAL AREA/COUNTRYSIDE 2 = SMALL TOWN 2 = URBAN
106	What is your religion? IF RESPONDENT ANSWERS "CHRISTIAN," ASK "ARE YOU ORTHODOX, CATHOLIC, OR PROTESTANT?"	1 = ORTHODOX CHRISTIAN 2 = CATHOLIC 3 = PROTESTANT 4 = MUSLIM 5 = NO RELIGION 6 = OTHER (SPECIFY)
107	Are you currently married, divorced/widowed/separated, or never married?	0 = NEVER MARRIED 1 = CURRENTLY MARRIED 2 = DIVORCED / WIDOWED / SEPARATED
108	Do you have a boyfriend or girl friend	0 = NO 1 = YES
109	What is your mother tongue?	1 = AMHARIGNA 5 = GURAGIGNYA 2 = OROMIFFA 6 = WELAIYTIGNA 3 = HADIYIGNA 7 = KEMBATAGNA 4 = TIGRIGNA 8 = OTHER (SPECIFY).....

110	How many years or months have you lived in Addis Ababa?	[__|__] NUMBER OF YEARS [__|__] NUMBER OF MONTHS 97=WHOLE LIFE – END INTERVIEW
111	Have you ever attended formal school?	0 = NO 1 = YES
112	What is the highest year of schooling you completed?	[__|__] YEARS OF EDUCATION
113	Are you still in formal school? (Intending to attend again at the start of the school year)	0 = NO 1 = YES
114	What type of job are you mostly hired for?	1 = Housemaid 2 = Waiting 3 = Enjera Maker 4 = Dish Washer 5 = Cook 6 = Daily Laborer 7 = Work at Recreational Center 8 = Other (Specify)

SECTION 200: REPRODUCTIVE HEALTH KNOWLEDGE

201	I have some other questions on sex and reproduction. I will read you some statements. Please tell me whether you	1 = TRUE	
-----	--	----------	--

	<p>think the statement is true, or false, or whether you don't know.</p> <p>A woman can get pregnant on the very first time that she has sexual intercourse.</p>	<p>2 = FALSE</p> <p>9 = I DO NOT KNOW</p>	
202	<p>From what age can a woman get pregnant</p>	<p>_____</p> <p>(PUT 99 IF I DO NOT KNOW)</p>	
203	<p>From which age can a man impregnate a woman</p>	<p>_____</p> <p>(PUT 99 IF I DO NOT KNOW)</p>	
204	<p>A woman is most likely to get pregnant if she has sexual intercourse halfway between her periods.</p>	<p>1 = TRUE</p> <p>2 = FALSE</p> <p>9 = I DO NOT KNOW</p>	
205	<p>I now have some questions about contraception - I mean ways in which men and women can avoid getting pregnant.</p> <p>Do you know any contraception method?</p>	<p>0 = NO →</p> <p>1 = YES</p>	<p><u>Go.207</u></p>

206	Which of the following contraception methods do you know? (Circle All that Apply)	<ol style="list-style-type: none"> 1. male condom 2. female condom 3. implant 4. pills 5. IUCD 6. Injectable 7. others 	
207	Have you ever heard about sexually transmitted infections?	<p>0 = NO</p> <p>1 = Yes</p>	
208	Which of the following sexually transmitted infections do you know? (Circle All that Apply)	<ol style="list-style-type: none"> 1. Syphilis 2. Gonorrhea 3. Chancroid 4. HIV 5. Others 	
209	What modes of transmission of sexually transmitted infections do you know? (Circle All that Apply)	<ol style="list-style-type: none"> 1. Contact with infectious blood 2. Mother to child 3. Unprotected sex 4. Using sharp materials with an infected person 5. others 99. none 	
210	Do you know any method of prevention of sexually transmitted infections?	<ol style="list-style-type: none"> 1. Abstinence 2. Using condom 3. Being faithful for partner 	

		4. Others 99. none	
211	Do you know where you can get RH services?	0 = NO 1 = Yes	

SECTION 300: ATTITUDES TOWARD REPRODUCTIVE HEALTH SERVICE UTILIZATION

	I am now going to read you some statements regarding reproductive health services. Please tell me whether statements below goes with your thinking and answer according to your degree of agreement with the statement.		
301	If I use RHS I will feel that I am protecting myself from health complications	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree	
302	If I use RHS, I will get knowledge on RH issues	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree	
303	If I use RHS, I will have treatment at an early stage	1 = extremely disagree 2 = disagree	

		<p>3= Neutral</p> <p>4 = agree</p> <p>5= extremely agree</p>	
304	protecting oneself from health complications is	<p>1 = Extremely undesirable</p> <p>2 = undesirable</p> <p>3= neutral</p> <p>4 = desirable</p> <p>5 = very desirable</p>	
305	getting knowledge on RH issues	<p>1 = Extremely undesirable</p> <p>2 = undesirable</p> <p>3= neutral</p> <p>4 = desirable</p> <p>5 = very desirable</p>	
306	having treatment at an early stage on RH issues is	<p>1 = Extremely undesirable</p> <p>2 = undesirable</p> <p>3= neutral</p> <p>4 = desirable</p> <p>5 = very desirable</p>	

SECTION 400: SUPPORT REPRODUCTIVE HEALTH SERVICE USE

401	<p>Have you ever discussed reproductive health matters with anyone?</p> <p>Reproductive health services can be one or mix of RH information, education and counselling, Contraceptive Service, Pregnancy test and care, VCT, STI Screening, and treatment, and Abortion Care Services</p>	<p>0 = NO →</p> <p>1 = YES</p>	<p><u>Go</u> <u>Q503</u></p>
402	<p>Who have you discussed with</p> <p>Circle All That Apply</p>	<p>1 = Father</p> <p>2 = Mother</p> <p>3 = Sibling</p> <p>4 = Friend</p> <p>5 = Co-worker</p> <p>6 = Employer</p> <p>7 = Broker</p> <p>8 = Other (Specify) _____</p>	
403	<p>Have anyone supported you to access reproductive health services</p>	<p>0 = NO →</p> <p>1 = YES</p>	<p>Skip to next section</p>

	Reproductive health services can be one or mix of RH information, education and counselling, Contraceptive Service, Pregnancy test and care, VCT, STI Screening, and treatment, and Abortion Care Services		
404	Who have supported you? (Circle All That Apply)	1 = Father 2 = Mother 3 = Sibling 4 = Friend 5 = Co-worker 6 = Employer 7 = Broker 8 = Other (Specify) _____	
	Normative Believes		
405	My Friends think I should use RHS for my RH issues	1 = extremely disagree 2 = disagree 3 = Neutral 4 = agree	

		5= extremely agree	
406	My family would approve my using of RHS for RH issues	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree	
407	Religious leaders would approve my using of RHS for RH issues	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree	
408	Employers would approve my using of RHS for RH issues	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree	
Motivation to Comply			
409	What my friends' think I should do matters to me	1 = extremely disagree 2 = disagree	

		<p>3= Neutral</p> <p>4 = agree</p> <p>5= extremely agree</p>	
410	Families' approval of my use is important to me	<p>1 = extremely disagree</p> <p>2 = disagree</p> <p>3= Neutral</p> <p>4 = agree</p> <p>5= extremely agree</p>	
411	Religious leaders' approval of my use is important to me	<p>1 = extremely disagree</p> <p>2 = disagree</p> <p>3= Neutral</p> <p>4 = agree</p> <p>5= extremely agree</p>	
412	Employers' approval of my practice is important to me	<p>1 = extremely disagree</p> <p>2 = disagree</p> <p>3= Neutral</p> <p>4 = agree</p> <p>5= extremely agree</p>	

SECTION 500: PERCEIVED BARRIERS ACCESSING REPRODUCTIVE HEALTH SERVICES

	Thinking if you were to need reproductive health services, can you please answer the following statements depending on your situation.	
501	I will not have money to use RHS	<p>1 = extremely disagree</p> <p>2 = disagree</p> <p>3= Neutral</p> <p>4 = agree</p> <p>5= extremely agree</p>
502	It will be a long distance from the place I work to the health facility	<p>1 = extremely disagree</p> <p>2 = disagree</p> <p>3= Neutral</p> <p>4 = agree</p> <p>5= extremely agree</p>
503	It will be difficult for me to communicate with health workers?	<p>1 = extremely disagree</p> <p>2 = disagree</p> <p>3= Neutral</p> <p>4 = agree</p> <p>5= extremely agree</p>

504	I will not be allowed to use the services	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree
505	I am young to use RHS	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree
506	I will be ashamed of the health professionals to explain my needs	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree
Perceived Power		
507	Not having money makes it difficult to use RHS	1 = extremely disagree 2 = disagree 3= Neutral

		4 = agree 5= extremely agree
508	Being long distance from my home to the health facility makes it difficult to use RHS	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree
509	Unable to find health professional who can understand my needs will makes it difficult to use RHS	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree
510	Being young age will make it difficult to use RHS	1 = extremely disagree 2 = disagree 3= Neutral 4 = agree 5= extremely agree
511	Being ashamed of the health professionals to explain my needs makes it difficult to use RHS	1 = extremely disagree 2 = disagree

		3= Neutral 4 = agree 5= extremely agree	
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SECTION 600: USE OF REPRODUCTIVE HEALTH SERVICES

601	<p>Suppose you have faced reproductive issues; would you like to use reproductive health services?</p> <p>I intend to use youth friendly reproductive health services for my reproductive health issues</p>	<p>0 = NO 1 = YES</p>	
602	<p>Have you ever visited a health facility or doctor of any kind to receive services or information on contraception, pregnancy, abortion or sexually transmitted diseases?</p>	<p>0 = NO 1 = YES</p>	
603	<p>Which of the following services you ever used? (Multiple answers are possible)</p>	<p>1. Counseling services 2. Family planning 3. Condom 4. VCT services 5. Treatment of STI 6. Antenatal services 7. Abortion care</p>	

		8. none	
604	Which of the following services have you used within the last one year? (Multiple answers are possible)	1. Counseling services 2. Family planning 3. Condom 4. VCT services 5. Treatment of STI 6. Antenatal services 7. Abortion care 8. none	

THANK YOU FOR YOUR TIME TODAY.

Annex D: Amharic Informed Consent

ቃለመጥይቅ ለማድረግ ፍቃድ መውሰጃ ቅጽ

ጥናት ውስጥ እንዲሳተፉ ተጋብዘዋል። ለማሳተፍ ከመወደንዎ በፊት፣ ቃለመጠይቁ ለምን እየተካሄደ እንደሆነ መገንዘብ ያስፈልጋል። እባክዎን ለማንበብ ወይም ሲነበብ ለመስማት ጊዜ ይውሰዱ። ካስፈለገም ሌሎች ሰዎችን በዚህ ጉዳይ ሊያነጋግሩ ይችላሉ። ግልጽ ያልሆነ ነገር ካለ ወይም ተጨማሪ መረጃ ካስፈለገ እባክዎ ያሳውቁኝ። ጥያቄዎቹ ሁሉ ከተመለሱ በኋላ፣ በዚህ ቃለመጠይቅ ላይ እንዲሳተፉ ፍቃድ እጥይቃለው። ለቃለመጠይቁ ፈቃደኛ ከሆኑ፣ ቢቃል ፈቃደኛ ነኝ ብለው ይነግሩኛል

የቃለመጠይቁ አላማ እና መሟላት ያለባቸው ነገሮች

ቃለመጠይቁ ስለምንድን ነው? ይህ ቃለመጠይቅ ይስነተዋልደ ጤናን በተመለከተ ስላለ እውቀት እና የስነ ተዋልዶ ጤና አገልግሎቶችን ስለመጠም ያለን ሁኔታ ለመረዳት የሚደረግ ጥረት ነው።

ለምን እኔ ተመረጥኩኝ? በዚህ ጥናት ሁሉንም ለስራ ብለው ወደ አዲስ አበባ የመጡትን ሰዎች እያነጋገርን ነው። አንቺም/አንተም ከነዛ መካከል በሎተሪ ምርጫ ተደርጎ ነው የተመረጥኪው/ከው።

ቃለ መጠይቁ ምን ያህል ይወስዳል? ቃለ መጠይቁ ከ 15 እስከ 20 ደቂቃ ይወስዳል።

ስጋቶች

ለቃለመጠይቁ የምንወስደው ጊዜ ምን አልባት ምቹ ላይሆን ይችላል፣ ቢሆንም በማንኛውም ሰዓት ቃለመጠይቁን ማቃረጥ ይቻላል። በተጨማሪም ስም እና በተለየ መልኩ የሚገልጹ የግል መረጃዎችን አንወስድም። ይህም መረጃውን ሚስጥራዊነቱ የተጠበቀ ለማድረግ ያግዛል።

ጥቅሞች

በዚህ ጥናት መሳተፍ ቀጥተኛ የሆነ ጥቅም የለውም። ነገር ግን ወደፊት ለሚሰሩ ስራዎች የወሰድናቸው መረጃዎች ሊያግዙ ስለሚችሉ። ይህን ማረጋገጫ/ግህ ጥሩ ሊሰማሽ/ሊሰማህ ይችላል።

በጎ ፈቃደኝነት

ቃለ መጠይቁ ሙሉ በሙሉ በበጎ ፈቃደኝነት ላይ የተመሰረተ ነው። ለምሳሌም ላለመሳተፍም ውሳኔው ያንቺ/ያንተ ነው። ለምሳሌም ከወሰንሽ/ክም በኋላ ቃለመጠይቁን በማንኛውም ሰዓት የማቋረጥ መብት አለህ/ሽ።

ተጨማሪ መረጃ ማያስፈልግ ከሆነስ? ይህን ጥናት በተመለከተ ያለ ማንኛውም ሃሳብ ካለ፣ ይህን ጥናት እያካሄዱ ያሉትን ሰዎች መጠየቅ ይቻላል። እንዲሁም እያሱ ሃይሉን በ 09 39 82 47 83 በመደወል ማነጋግር ይቻላል።

ፍቃድ መቀበያ: የተነበበልኝን በሚገባ አንብቢዓለው። ለዚህ ቃለመጠይቅ ቃለመጠይቅ ለመደረግ ፍቃዴን እገልጻለው

Annex E : Amharic Survey Questionnaire

የስነ ተዋልዶ ጤና እውቀት እና አገልግሎቶች መጠቀም

እድሜቸው ከ 15-24 ከሆኑ ስራ ፈልገው ወደ አዲስ አበባ ከመጡ ወጣቶች ጋር የሚደረግ ቃለመጠይቅ

<u>መለያ</u>	<u>ከዶች</u>
ከፍለ ከተማ
ወረዳ.....
የአገናኝ ከድ
ቃለመጠይቅ አድራጊ

የቃለመጠይቅ ቀን	
ቀን	.....
ቃለመጠይቅ አድራጊ	.....
የወጤት ከድ	.....
ቀጣይ ጉብኝት:	
ቀን	.....
ሰዓት	.....

<u>የውጤት ኮዶች</u>		
1= የተጠናቀቀ	3=በግማሽ የተጠናቀቀ	6=ሌላ (ይገለጽ).....
2=ለጊዜው የሉም	4=የሌላ ቀን የተላለፈ	

5=ቃለመጠይቅ ለመደረግ
ፍቃደኛ ያልሆኑ

ክፍል 100፣ የመረጃ ሰጪ አጠቃላይ ባህሪያት

101	ለዚህ ጥናት ቃለ መጠይቅ ተደርጎልኛል/ልሃል?	0 = አይ 1 = አዎ (ቃለመጠይቁን ያቋርጡ)
102	ስንት አመት/አመትህ ነው?	[] አመት <u>እርግጠኛ ከልሆኑ፣ እንዲገምቱ ያግዙ።</u> <u>ቃለመጠይቅ የሚደረግለት ሰው ከ 15 ዓመት በታች እና ከ 24 ዓመት በላይ ከሆኑ፣ ቃለመጠይቁን ያቋርጡት</u>
103	ጾታ?	1 = ሴት 2 = ወንድ
104	በየትኛው ክልል የተወለድኛው/ከው?	1 = ትግራይ 7 = ደቡብ 2 = አፋር 8 = ጋንቤላ 3 = አምሃራ 13 = ሃረሪ 4 = አሮሚያ 14 = አዲስ አበባ 5 = ሶማሌ 15 = ድሬ ደዋ 6 = ቤኒሻንጉል ጉምዝ 16 = ሲዳማ
105	የትውልድ ቦታ/ህ ገጠር/ ገጠራማ አካባቢ፣ ትንሽ ከተማ ወይስ ትልቅ ከተማ ነበር?	1 = ገጠራማ አካባቢ 2 = ትንሽ ከተማ 2 = ትልቅ ከተማ
106	ሃይማኖት/ህ ምንድነው?	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት

	<p>መረጃ ሰጭዎ “ክርስትያን” ብላ ከመለሰች “አርትዶክስ፣ ካቶሊክ ወይስ ፕሮቴስታንት ነሽ ወይ?” ብለው ይጠይቁ</p>	<p>4. ሙስሊም 5. ሃይማኖት የለኝም</p> <p>ሌላ (ይገለጽ)</p>
107	<p>በአሁኑ ጊዜ የትዳር ሁኔታሽ/ህ እንዴት ነዉ? ያላገባ፣ ባለትዳር፣ የተፋታ/የሞተባት/የተለያዮች</p>	<p>0. ያላገባች 1. ባለትዳር 2. የተፋታች/የሞተባት/የተለያዮች</p>
108	<p>የወንድ ወይም የሴት ጓደኛ አለሽ/አለህ?</p>	<p>0 = አይ 1 = አዎ</p>
109	<p>አፍ የፈታሽበት/የፈታህበት ቋንቋ ምንድን ነው?</p>	<p>1. አማርኛ 2. ኦሮምኛ 3. ሃድይኛ/ሀድሳ 4. ትግርኛ 5. ጉራግኛ 6. ወላይትኛ 7. ከምባትኛ</p> <p>ሌላ (ይገለጽ)</p>
110	<p>ምን ያህል አመታቶች/ወራቶች አዲስ አበባ ኖርሽ/ክ?</p>	<p>[] [] አመታት [] [] ወራቶች</p> <p>97 = እዚው አዲስ አበባ ሙሉ እድሜአቸውን ከሆነ፣ ቃለመጠይቁ ይቋረጥ።</p>
111	<p>መደበኛ ትምህርት ተከታትለሽ/ክ ታውቂያለሽ/ለህ?</p>	<p>0 = አይ (ወደ ጥ. 114) 1 = አዎ</p>
112	<p>እስከ ስንተኛ ክፍል ነበር ያጠናቀቅሺው/ከው?</p>	<p>[] [] የትምህርት አመታት</p>

113	አሁንም መደበኛ ትምህርት እየተከታተልሽ/ክ ነው?	0 = አይ 1 = አዎ
114	ምን አይነት ስራ ነው የምትቀጠሪው/ረው በአብዛኛው?	1 = የቤት ስራተኛ 2 = መስተንግዶ 3 = እንጀራ ጋጋሪ 4 = እቃ አጣቢ 5 = ምግብ አዘጋጅ 6 = የቅን ስራ 7 = የመዝናኛ ቦታ ስራ 8 = ሌላ (ይገለጽ)_____

ክፍል 200: የስነ ተዋልዶ ጤና እውቀት

201	ስነ ተዋልዶን በተመለከተ አንዳንድ ጥያቄዎች አሉኝ፤ የማነበውን አረፍተ ነገር፤ እውነት፤ ሃሰት፤ ወይም፤ አላውቅም በማለት መልሺ/መልስ አንድ ሴት በመጀመሪያ የግብረ ስጋ ግንኙነቷ ልታረግዝ ትችላላች	1 = እውነት 2 = ሃሰት 9 = አላውቅም	
202	አንዲት ሴት ከስንት አመቱ ጀምሮ ልታረግዝ ትችላላች?	_____ ('99' ይስቀምጡ መልሱ አላውቅም ከሆነ)	
203	አንድ ወንድ ከስንት አመቱ ጀምሮ ሴትን ሊያስረግዝ ይችላል?	_____ ('99' ይስቀምጡ መልሱ አላውቅም ከሆነ)	

204	<p>አንዲት ሴት የወር አበባዋን ባዮች አስራምስት ቀን ውስጥ የማርገዝ እድሏ ለፍተኛ ነው?</p>	<p>1 = እውነት 2 = ሃሰት 9 = አላውቅም</p>	
205	<p>አሁን ደግሞ ስለ እርግዝናን ስለመከላከል አንዳንድ ጥያቄዎችን እጠይቃለው፣ ወንድ እና ሴቶች እንዴት እርግዝናን መከላከል እንደሚችሉ ማለት ነው።</p> <p>የምታውቁው/ቀው እርግዝና መከላከያ መንገድ አለ?</p>	<p>0 = አይ 1 = አዎ</p>	
206	<p>ከነዚህ መካከል የትኞቹን የእርግዝና መከላከያ መንገዶች ታውቁያለሽ/ቃለህ? (መልስ ለተሰጠበት ሁሉ ይከበብ)</p>	<p>1. የወንድ ኮንዶም 2. የሴት ኮንዶም 3. በክንድ ውስጥ የሚቀበረው 4. በየቀኑ የሚዋጥ ኪኒን 5. በማህፀን ውስጥ የሚቀመጥ 6. መርፌ 7. ሌሎች (ይገለጽ)_____</p>	
207	<p>በግብረ ስጋ ግንኙነት ስለሚተላለፉ በሽታዎች ሰምተሻል/ሃል?</p>	<p>0 = አይ 1 = አዎ</p>	
208	<p>ከነዚህ መካከል የትኞቹን፣ በግብረ ስጋ የሚተላለፉ በሽታዎችን ታውቁያለሽ/ቃለህ? (መልስ ለተሰጠበት ሁሉ ይከበብ)</p>	<p>1. ቁጥኝ 2. ጨብጥ 3. ከርከር 4. ኤች.አይ.ቪ 5. ሌሎች (ይገለጽ)_____</p>	

209	<p>በግብረ ስጋ የሚተላለፉ በሽቶችን የሚተላለፉበትን መንገዶች የምታውቁያቸው/ቃቸው የትኞቹን ነው? (መልስ ለተሰጠበት ሁሉ ይክቡብ)</p>	<ol style="list-style-type: none"> 1. የደም ንክኪ 2. ከእናት ወደ ልጅ 3. ደህንነቱ ያልተጠበቀ ግብረ ስጋ ግንኙነት 4. ስለታማ ነገሮችን በጋራ መጠቀም 5. ሌላ _____ <p>99. ማቀው የለም</p>	
210	<p>በግብረ ስጋ የሚተላለፉ በሽቶችን መከላከል የሚቻልበትን መንገዶች የትኞቹን ታውቁያለሽ/ቃለህ? (መልስ ለተሰጠበት ሁሉ ይክቡብ)</p>	<ol style="list-style-type: none"> 1. መቆጠብ 2. ኮንዶም መጠቀም 3. ለትዳር አጋር/ለጓደኛ ታማኝ መሆን 4. ሌላ _____ <p>99. ማቀው የለም</p>	
211	<p>የስነ ተዋልዶ ጤና አገልግሎቶችን የት ማግኘት እንደምትችሉ/ል ታውቁያለሽ/ለህ?</p>	<p>0 = አይ</p> <p>1 = አዎ</p>	

ክፍል 300: ስነ ተዋልዶ ጤና አገልግሎቶችን ስለመጠቀም ያለ አመለካከት


	<p>አሁን ደግሞ ስል ስነ-ተዋልዶ ጤና አገልግሎቶች አንዳንድ አረፍተ ነገሮችን አነባለሁኝ። የማነባቸውን አረፍተነገሮች ካንቺ/ካንተ አመለካከት ጋር መሄዳቸውን ትነግሪኛለሽ/ነገረኛለህ፣ እንዲሁም ደግሞ ምን ያህል በአርፍተ ነገሮቹ እንደምትስማሚ/ማማ ተመልሺልኛለሽ/ኛለህ</p>		
301	<p>የስነ ተዋልዶ ጤና አገልግሎት ብጠቅም፣ እራሴን ከጤና አክሎች እየጠበኩኝ እንደሆነ ይሰማኛል</p>	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3 = ሃሳብ የለኝም</p>	

		<p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>	
302	<p>የስነ ተዋልዶ ጤና አገልግሎቶችን ብጠቀም፣ የስነ ተዋልዶ ጤና ችግሮች ላይ እውቀት አገኛለው</p>	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>	
303	<p>የስነ ተዋልዶ ጤና አገልግሎት ብጠቅም፣ ሳይረፍድ በጊዜ የጤና እንክብካቤ አገኛለሁ</p>	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>	
304	<p>ራስን ከጤና እክል መጠበቅ</p>	<p>1 = በጣም አስፈላጊ አይደለም</p> <p>2 = አስፈላጊ አይደለም</p> <p>3 = ሃሳብ የለኝም</p> <p>4 = አስፈላጊ ነው</p> <p>5 = በጣም አፈላጊ ነው</p>	

305	የስነ ተዋልዶ ጤና ችግሮችን ላይ እውቀት ማግኘት	<p>1 = በጣም አስፈላጊ አይደለም</p> <p>2 = አስፈላጊ አይደለም</p> <p>3 = ሃሳብ የለኝም</p> <p>4 = አስፈላጊ ነው</p> <p>5 = በጣም አፈላጊ ነው</p>	
306	የስነ ተዋልዶ ጤና እክሎችን/ችግሮችን በተመለከተ በወቅቱ ህክምና ማግኘት	<p>1 = በጣም አስፈላጊ አይደለም</p> <p>2 = አስፈላጊ አይደለም</p> <p>3 = ሃሳብ የለኝም</p> <p>4 = አስፈላጊ ነው</p> <p>5 = በጣም አፈላጊ ነው</p>	

ክፍል 400: ስነ-ተዋልዶ ጤና በተመለከተ የሚገኝ እገዛ

401	<p>የስነ-ተዋልዶ ጤና አገልግሎቶች ማለት ስለ ስነ ተዋልዶ ጤና መረጃ መግኘት፣ ትምህርት እና ማማከር፣ የወሊድ መከላከል አገልግሎት፣ እርግዝና ምርመራ እና እንክብካቤ፣ ኤች አይቪ ምርመራ እና ማማከር፣ በግብረ-ሰጋ ግንኙነት ስለሚተላለፉ በሽታዎች ምርመራ እና እንክብካቤ፣ ጽንሰ የማቋረጥ እንክብካቤ አገልግሎቶችን ያካትታል</p> <p>የስነ-ተዋልዶ ጤና ጉዳዮችን በተመለከተ ከማንም ሰው ጋር ሊሆን ይችላል ተማክረሽ/ህ ታውቁያለሽ/ህ?</p>	<p>0 = አይ \longrightarrow</p> <p>1 = አዎ</p>	<p><u>Go</u> <u>Q403</u></p>
402	<p>ከማን ጋር ነበር የተማክርሽው/ከው? (መልስ ለተሰጠበት ሁሉ ይከብብ)</p>	<p>1 = ከአባት ጋር</p>	

		<p>2 = ከእናት ጋር</p> <p>3 = ከእህት ወንድም ጋር</p> <p>4 = ከጓደኛ ጋር</p> <p>5 = ከስራ ባልደረባ ጋር</p> <p>6 = ከቀጣሪ ጋር</p> <p>7 = ስራ ከሚያስቀጠር አገናኝ ጋር</p> <p>8 = ሌላ (ይገለጽ) _____</p>	
403	<p>የስነ ተዋልዶ አገልግሎቶችን መጠቀም እንድትችሉ/ል ያገዝ ማንኛውም ሰው አለ?</p> <p>የስነተዋልዶ ጤና አገልግሎቶች ማለት ስለ ስነ ተዋልዶ ጤና መረጃ መግኘት፣ ትምህርት እና ማማከር፣ የወሊድ መከላከል አገልግሎት፣ እርግዝና ምርመራ እና እንክብካቤ፣ ኤች አይቪ ምርመራ እና ማማከር፣ በግብረ-ስጋ ግንኙነት ስለሚተላለፉ በሽታዎች ምርመራ እና እንክብካቤ፣ ጽንሰ የማቋረጥ እንክብካቤ አገልግሎቶችን ያካትታል</p>	<p>0 = አይ </p> <p>1 = አዎ</p>	Skip to next section
404	ማን ነበር እገዛ ያደረገልሽ/ልህ?	<p>1 = አባት</p> <p>2 = እናት</p> <p>3 = እህት ወንድም</p> <p>4 = ጓደኛ</p>	

		<p>5 = ስራ ባልደረባ</p> <p>6 = ቀጣሪ</p> <p>7 = ስራ የሚያስቀጠር አገናኝ</p> <p>8 = ሌላ (ይገለጽ) _____</p>	
Normative Believes			
405	የኔ ጓደኛ ለሚገጥመኝ የስነተዋልዶ ጤና እክል፣ የስነተዋልዶ ጤና ህክምና አገልግሎቶችን መጠቀም እንዳለብኝ ያስባሉ	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>	
406	የኔ ቤተሰቦች ለሚገጥመኝ የስነተዋልዶ ጤና እክል፣ የስነተዋልዶ ጤና ህክምና አገልግሎቶችን እንድጠቀም ፍቃድ ይሰጡኛል	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>	
407	የሃይማኖት መሪዎች ለሚገጥመኝ የስነተዋልዶ ጤና እክል፣ የስነተዋልዶ ጤና ህክምና አገልግሎቶችን እንድጠቀም ፍቃድ ይሰጡኛል	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p>	

		5= በጣም እስማማለው	
408	የኔ ቀጣሪዎች ለሚገጥሙኝ የስነተዋልዶ ጤና እክል፤ የስነተዋልዶ ጤና ህክምና አገልግሎቶችን እንድጠቀም ፍቃድ ይሰጡኛል	1 = በጣም አልስማማም 2 = አልስማማም 3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው	
Motivation to Comply			
409	ጓደኞቼ እኔ ማድረግ ይኖርብኛል ብለው የሚያስቡት ለኔ ቦታ አለው	1 = በጣም አልስማማም 2 = አልስማማም 3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው	
410	ቤተሰቦቼ የኔን የስነተዋልዶ ጤና አገልግሎት መጠቀሜን ፍቃድ መስጠታቸው ለኔ አስፈላጊ ነው	1 = በጣም አልስማማም 2 = አልስማማም 3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው	
411	የሃይማኖት መሪዎች የኔን የስነተዋልዶ ጤና አገልግሎት መጠቀሜን ፍቃድ መስጠታቸው ለኔ አስፈላጊ ነው	1 = በጣም አልስማማም 2 = አልስማማም	

		3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው	
412	ቀጣሪዎቼ የኔን የስነ-ተዋልዶ ጤና አገልግሎት መጠቀሜን ፍቃድ መስጠታቸው ለኔ አስፈላጊ ነው	1 = በጣም አልስማማም 2 = አልስማማም 3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው	

SECTION 500: PERCEIVED BARRIERS ACCESSING REPRODUCTIVE HEALTH SERVICES

ክፍል 500: ስነ-ተዋልዶ ጤና አገልግሎቶችን ለመጠቀም ያሉ ተብለው የሚታሰቡ እክሎች

	የስነ-ተዋልዶ ጤና ህክምና አገልግሎት እንዳስፈለገሽ/ህ በማሰብ፣ የሚከተሉትን አረፍተ ነገሮች ከአንቺ/ካንተ ሁኔታ ጋር በማያያዝ መልሺ/ስ		
501	የስነ-ተዋልዶ ጤና አገልግሎቶችን ለማግኘት/ለመጠቀም ገንዘብ አይኖረኝም	1 = በጣም አልስማማም 2 = አልስማማም 3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው	

502	የጤና ተቋም ለመድረስ ከምሰራበት ቦታ ረጅም ጉዞ መጓዝ ይኖርብኛል	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>	
503	የጤና አገልግሎት ከሚሰጡ ሰዎች ጋር ለመግባባት እቸገራለሁ	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>	
504	የጤና አገልግሎት እንዳገኝ የሚፈቀድልኝ አይመስለኝም	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>	
505	የስነ-ተዋልዶ ጤና አገልግሎት ለምጠቀም እድሜዬ ገና ነው	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p>	

		5= በጣም እስማማለው
506	ፍላጎቴን ለጤና ባለሙያዎች ለማስረዳት ህፍረት ይስማኛል	1 = በጣም አልስማማም 2 = አልስማማም 3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው
Perceived Power		
507	የገንዘብ አለመኖር የስነ-ተዋልዶ ጤናን ለመጠቀም ከባድ ያደርገዋል	1 = በጣም አልስማማም 2 = አልስማማም 3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው
508	የጤና ተቋሙ ከምሰራበት ቦታ ረጅም እርቀት ላይ መሆኑ የስነ-ተዋልዶ ጤናን ለመጠቀም ከባድ ያደርገዋል	1 = በጣም አልስማማም 2 = አልስማማም 3= ሃሳብ የለኝም 4 = እስማማለው 5= በጣም እስማማለው
509	የኔን ፍላጎት የሚረዳ የጤና ባለሙያ አለማግኘት የስነ-ተዋልዶ ጤናን ለመጠቀም ከባድ ያደርገዋል	1 = በጣም አልስማማም 2 = አልስማማም

		<p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>
510	<p>የስነ-ተዋልዶ ጤና ለመጠቀም እድሜዬ አለመድረሱ</p> <p>የስነ-ተዋልዶ ጤናን ለመጠቀም ከባድ ያደርገዋል</p>	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>
511	<p>የስነ-ተዋልዶ ጤና ፍላጎቴን ለጤና ባለሙያዎች</p> <p>ለማስረዳት ማፈፊያ የስነ-ተዋልዶ ጤናን ለመጠቀም</p> <p>ከባድ ያደርገዋል</p>	<p>1 = በጣም አልስማማም</p> <p>2 = አልስማማም</p> <p>3= ሃሳብ የለኝም</p> <p>4 = እስማማለው</p> <p>5= በጣም እስማማለው</p>

SECTION 600: USE OF REPRODUCTIVE HEALTH SERVICES

ክፍል 600: ስነ-ተዋልዶ ጤና አገልግሎቶችን ስለመጠቀም

601	የስነ-ተዋልዶ ጤና እክል ገጠመሽ/ህ እንበልና፣ የስነ-ተዋልዶ ጤና አገልግሎቶችን መጠቀም እቅዱ አለሽ/አለህ?	0 = አይ 1 = አዎ	
602	ከዚህ ቀደም የጤና ተቋም በመሄድ ወይም የጤና ባለሙያን በማግኘት ስለ የወሊድ መከላከል መረጃ፣ እርግዝናን በተመለከተ፣ ጽንሰን ስለማቋረጥ እንዲሁም በግብረ ስጋ ግንኙነት ስለሚተላለፉ በሽታዎች አገልግሎት አግኝተሽ/ተህ ታውቂያለሽ/ለህ?	0 = አይ 1 = አዎ	<u>ወደ ጥ</u> <u>706</u>
603	ከለዚህ መካከል ከዚህ ቀደም (እስካሁን) ያገኘሽው/ሽው አገልግሎት የትኞቹ ናቸው?	1. የምክር አገልግሎት 2. የቤተሰብ እቅድ 3. ኮንዶም 4. በፈቃደኝነት ላይ የተመሰረተ የምክር አገልግሎት እና ምርመራ (ቪ.ሲ.ቲ) 5. በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች ሕክምና 6. ቅድመ ወሊድ ሕክምና 7. ውርጃ 8. ምንም አልተጠቀምኩም	
604	ከለዚህ መካከል ከዚህ በኋላ አመት ውስጥ ያገኘሽው/ሽው አገልግሎት የትኞቹ ናቸው?	1. የምክር አገልግሎት 2. የቤተሰብ እቅድ	

		<p>3. ኮንዶም</p> <p>4. በፈቃደኝነት ላይ የተመሰረተ የምክር አገልግሎት እና ምርመራ (ቪሲቲ)</p> <p>5. በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች ሕክምና</p> <p>6. ቅድመ ወሊድ ሕክምና</p> <p>7. ውርጃ</p> <p>8. ምንም አልተጠቀምኩም</p>	
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አመሰግናለሁ!!!