Addis Ababa University College of Health Sciences
School of Public Health

Assessment of the Availability and Utilization of Reproductive Health Service in Youth Centers, Addis Ababa, Ethiopia

By: Anewar Hulegicho (BSc.)

Advisor: Dr. Mesfin Addissie (MD, MPH)

Thesis Submitted to Addis Ababa University, School of Public Health in Partial Fulfillment of the Requirements for the Degree of Masters in Public Health

May 2014

ACKNOWLEDGMENT

First and for most, I would like to thank Allah for his compassion and guidance for accomplishment of the study. I lack words to thank and express my deepest gratitude to my advisor Dr.Mesfine addissie for his unreserved support throughout the development of proposal to finalizing this Research paper.

I have a great full acknowledgement to Addis Ababa Women, Youth and Children bureau and heads of youth centers for their help in providing official data. I also extend my appreciation to service providers and young people that participated in the study. My acknowledgement also goes to Supervisors and data collectors who committed themselves throughout the study period.

My special thanks forwarded to my beloved family for their moral and financial support. Finally, to all you that could not I have mentioned but in one way or other played in part of the fulfillment of this study I said thank you so much.

TABLE OF CONTENT

TITLE **PAGE**

Acknowledgement ……………………………………………………………………………I

Table of Content ……………………………………………………………………………..ii

List of Tables and Figures…...iii

List of Annexes ……………………………………………………….…………………...v

List of Abbreviations ………………………………………………………………………IV

Abstract ………………………………………………………………………………………viii

1. Introduction ……………………………………………………………………….......1

    1.1. Background …………………………………………………………………….......1

    1.2. Statement of the Problem …………………………………………………..……..…3

    1.3. Significance of the Study …………………………………………………...……..5

2. Literature Review …………………………………………..……………….……….…6

3. Objectives …………………………………………………….……………….……......12

    3.1. General Objective………………………………………………………..................12

    3.2. Specific Objective………...……………………………………………...……......12

4. Methodology ……………………………………………………………………...….....13

5. Result ……………………………………………………………………………...…....20

6. Discussion …………………………………………………………………….……..40

7. Strength and Limitation of the Study ……………………………………….…..……..44

8. Conclusion ……………………………………………………………………………...45

9. Recommendation …………………………………………………………….........46

10. Reference ………………………………………………………………...………....48

LIST OF TABLES

Table 1:- Socio Demographic Characteristics of Respondent, Addis Ababa, Ethiopia, June 2013……………………………………...…………………………………….…….….…27

Table 2:- Description of Parents by Education, Occupation, and Income of the Study Population, Addis Ababa, Ethiopia, June 2013……………..…………….……….…………..28

Table 3:- Knowledge, Preference and Utilization of Reproductive Health Service, Addis Ababa, Ethiopia, June 2013…………………………………………...………..……29

Table 4:- Staff Patterns of the Youth Centers Reproductive Health Clinics, Addis Ababa, Ethiopia, June 2013…………………………………………………………….…………31

Table 5:- Types of Training that Service Providers Attended, Addis Ababa, Ethiopia, June 2013………………………………………………………………………….……....….35

Table 6:- Utilization of Reproductive Health Service in Youth Center, Addis Ababa, Ethiopia, June 2013…………………..………………..……………………………….…….38

Table 7:- Logistic Regression Analyses of Socio Demographic and other Variables over Youth Center Reproductive Health Utilization, Addis Ababa, Ethiopia, June 2013……………………………………………………………………………..…....…..40

Table 8:- Factors that affect youth center RHS Utilization, Addis Ababa, Ethiopia, June 2013………….………………………………………………………………………….41

Table 9:- Visual Aid and Providers Approach to Young Clients, Addis Ababa, Ethiopia, June 2013…..42

Table 10:- Providers Reception and Communication to Young Clients, Addis Ababa, Ethiopia, June 2013 ……………………………………………………………………....43

Table 11- Preference of Young people to Reproductive Health Service, Addis Ababa, Ethiopia, June 2013……………..………………………………………………..............…45

LIST OF FIGURES

Figure 1: - Schematic Presentation of the Sampling Procedure……………………….…………21

Figure 2:- Types of Training Service Providers Attended by Time, Addis Ababa, Ethiopia, June 2013……………………………………………..………….................................

Figure 3:- Respondent Reason for Today Visit of the Youth Center, Adds Ababa, Ethiopia, June 2013……………………………………………………..………….………...

Figure 4:- Factors Affecting Utilization of Youth Center Reproductive Health Service, Addis Ababa, Ethiopia, June 2013……………………………………………………….

Figure 5:- The Quality of RH service provided in Youth Center Clinics According to Respondent, Addis Ababa, Ethiopia, June 2013…….……………….……….…………32

Figure 6:- Respondent Prefers to Sex and Age of Reproductive Health Service Provider, Addis Ababa, Ethiopia, June 2013…………………………..…………………………34

LIST OF ANNEXES

Annex 1:- English questioner……………………………..……………………………..…60

Annex 2:- Checklist…………………………...…………….……………………………..…74

Annex 3:- Amharic questioner…………………………..…………..…………………75

ABBREVIATIONS

AIDS - Acquired Immune Deficiency Syndrome.

ASRH - Adolescent Sexual and Reproductive Health.

BCC - Behavior Change Communication.

CI - Confidence Interval.

FGAE - Family Guidance Association of Ethiopia.

FGD - Focus Group Discussion.

FP - Family Planning.

HIV - Human Immunodeficiency Virus.

IEC - Information, Education and Communication.

KAP - Knowledge, Attitude and Practice.

MOH - Ministry of Health.

NGO - Non Governmental Organization.

NACP - National AIDS Control Program.

PE - Peer Educator.

RH - Reproductive Health.

SDP - Service Delivery Point .

SP - Service Provider.

SRH - Sexual and Reproductive Health.

STIs - Sexually Transmitted Infections.

VCT - Voluntary Counseling and Testing.

WHO - World Health Organization.

YC - Youth Centers.

YFS - Youth Friendly Service.

YRHS - Youth Reproductive Health Service.

Abstract

Background: - Young People are, highly vulnerable for reproductive health problems. The situation is aggravated by low level of awareness, poor availability of service and health service seeking behavior of youths. Reproductive health services for young people in Addis Ababa are emerging in varying extent such as in youth centers. Youth Centers are a social and recreational center intended primarily for use by young people.

Objective: - To assess the availability and utilization of reproductive health services in youth centers in Addis Ababa, Ethiopia.

Method: - A descriptive cross- sectional study conducted between January 2013 and June 2013 and in ten youth centers of Addis Ababa, representing all sub cities by selecting one youth center from each using lottery method. The study subject includes 423 young people ages 15-29 selected using systematic sampling and ten service providers. Interview using structured and semi structured questioner and checklist were the main research tools used. Data entered using EPi Info and analyzed using SPSS statistical packages. Odd Ratio and 95% CI applied to measure the associations of variables.

Result: - of the targeted 423 respondent 407 response obtained for structured questioner, 232 (57%) were male and 175(43%) female. age group 15 to 19 account highest 159 (39.12%). Staff pattern of the study youth center indicate that there is 10(100%) nurse and 5(50%) laboratory technicians. the type of service available were voluntary counseling and testing, family planning, reproductive health counseling, condom distribution and peer education. Nine clinics have VCT service, four clinics family planning, three clinics peer education, and all provide reproductive counseling and condom distribution. Concerning utilization 172(42.6%) respondent ever visited youth center reproductive health clinics. The major reason of ever visit was VCT and condom. Main factors that affect utilization were lack of knowledge 145(35.62%), lack of confidence 106(26.04%) and fear of being seen by friends or family 57(14%). Regarding preference 119(29.5%) respondent wish the clinics to open in weekend and 150(36.9%) service provider to be young and the same sex.

Conclusion and recommendation: - The RH services available in youth center are very limited as compared with other African countries youth center and there is poor utilization of RH services. Although respondent are sexual active, only 5-10% of those visit the youth center come to the RH service clinics. The major factor that affects utilization was the gap in

information so Information, education and communication to increase awareness about reproductive health should cared out and working hour have to include weekend.

Chapter One

1.1 Introduction

Reproductive health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and process. Reproductive health addresses the human sexuality and reproductive processes, functions and system at all stages of life and implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so (1).

Reproductive health service components include preconception care, family life education, family planning, antenatal care, nutrition, delivery, postnatal care, reproductive tract infection care, STDs/HIV/AIDS, reproductive cancer treatment, prevention and treatment of infertility; prevention and management of complications of unsafe abortion, safe abortion services where not against the law, active discouragement of harmful practices, and referral for additional services (1,2).

World Health Organization defines adolescents comprising age groups between 10-19 years, youth as 15-24 and young people as 10-24. In Ethiopian context according to EFEDR national youth police- young people defined as age 15-29. Young people currently accounts over 30% of the world's total population and trends are upwards, particularly in the urban areas of developing countries (3, 4).Young people constitute more than one-third of the total population in Ethiopia (6).

Due to the changing conditions of civilization, urbanization and life style, the health of adolescents is increasingly at stake. Sexually transmitted diseases, HIV/AIDS and other reproductive health problems are the greatest threats to their well-being. However, despite the growing needs, there is no adequate health service or counseling specifically suitable for this specific age group unlike children, mothers or adults (44).

The reproductive health problems of young people in Ethiopia are multifaceted and interrelated. Forty-five percent of the total births in the country occur among adolescent girls and young women, sexual violence and commercial sex work have become common phenomena. As result, HIV/AIDS crisis and other reproductive health problems are spreading throughout the country. The situation aggravated by the overall poor socioeconomic environment and harmful traditional practices (5). Because of the complex nature of the

problems, youth reproductive health strategies demand a multi spectral and integrated approach (6).

Despite the growing need to RH and youth friendly services, it is recently that service begins flourishing gradually in government and NGO health facilities to various degrees. Advocacy, awareness and educational programs to support utilization of RH services are beginning spreading. Some clinical records indicate that most young people are increasingly attending RH clinics spatiality to access contraceptives and condoms. However, statistics show that until now the rates of STIs and unwonted pregnancies among adolescent is still remain high in Addis Ababa. (8)

Youth centers are social and recreational center intended primarily for use by young people. The youth centers support opportunities for youth to develop their physical, social, emotional, and cognitive abilities and help to experience achievement, leadership, enjoyment, friendship, and recognition (5, 6). Youth centers divided into three according to the range of service they provide. Comprehensive youth center are those provide at list eight full services including highly organized educational and recreational programs, middle youth center are that have at list five full service including partially full filled educational and recreational programs and moderate youth center are those provide more than three services (6).

There are good polices and strategies regarding young people reproductive health in Ethiopia but the implementation of this polices are week. Despite the construction and having, different department youth centers are not will equip, staffed and supported. Only 46 of 76 youth centers have RH service centers, some of them have no full staff or facilities to operate and from those are in service most of them suffer in lack of materials, poor Clint-providers relationship, poor attraction and retention of users. The absence of mechanisms and strategy on how to increasing utilization and youth participation is other challenges

Study reports and other literatures on young people reproductive health are very limited to schools and not comprehensive, some studies tried to reveal the magnitude of sexual and reproductive health problems of youth and tried to recommend to Governmental and Nongovernmental organizations for intervention (6). To date, little known about the reproductive health service available and it is utilization in youth center. Information on affecting factors of the subject is not will studied. Hence undertaking a study in this area believed to provide information that could help organizations to improve future reproductive health services offered in youth centers.

1.2 Statement of the Problem

Youth centers in Addis Ababa, although primarily organized for recreational purpose, they are providing reproductive health service for young population visiting the centers. However, there is limitation in the consistent availability of service in quantity and type, which hinder youth from utilization of service based on their choice. Moreover, the reproductive health clinics are poor in attracting, providing and retaining the young clients for regular utilization (25, 26).

Despite the high needs in youth reproductive health, very few services were available and provided in the past, which unmatched the centers service providing capacity. The women, youth and children affairs office that are responsible for administering the youth center and management of the youth centers gives attentions for improvement of service other than reproductive health. There is limited effort and focus in improving the RH clinic achievement and solving related problems.

The other thing that mentioned as limitation in the youth center RH clinics is the approach of service providers. The life style and reactions of young people vary from those of adults. The usual patient -physician relationship may not help health workers to understand their problems. The health system should adapt a suitable strategy through restructuring and formal training to make a more friendly and attractive environment for adolescents. (25)

The National Reproductive Health Needs Assessment showed that there are many gaps in reproductive health services utilization. It indicates that young people are well aware of family planning methods However, the utilization of family planning services was very low and high rates of unwanted pregnancy and abortion complications demonstrated (12). this study primarily focuses on identifying and assessing the extent of service availability in youth centers and utilization by young peoples. In addition to this, it will also try to show the possible factors that have been affecting service utilization and preference of youth towards RH service.

Studies in young people sexual and reproductive health have been largely socio-behavioral in nature and center mainly schools. It was recently that youth centers launched at woreda level focusing on behavior culturing of youth and reproductive health service delivery. There has been limited up-to-date research regarding availability and utilization of reproductive health

services in youth centers in Addis Ababa. It will fill the gap regarding to this and will serve as groundwork for further research and investigation.

Information from this study will also help to re-orient RH services in youth centers, so that they effectively meet the needs of young people and facilitate maximum utilization of available services to protect their sexual and reproductive health. It does also explore the factors that determine utilization of the services by young people

1.3 Significance of the study

Generally, most of the research on reproductive health that has done in our country primarily focuses on school or in street children and Research done at the institution level commonly focus on health institution like hospital and health center. Despite it is immense importance there should be other mechanism to see out school youth to address the overall reproductive health problem of young population.

Despite the contribution that youth centers playing in providing reproductive health service and appearing to be alternative to the existing health institution still they are not able to attract researcher's attention. Researches ignored the reproductive health service binge given in the youth centers some of them may mention indirectly, which does not address the whole problem and phenomena as will. This research fill the gap regarding to this and contribute allot to those who are interested in youth center reproductive health service.

The focus of this research was to gain deeper insight into youth reproductive health services in terms of availability and utilization in youth centers. These studies also expose the extent of available reproductive health service and utilization by target age group. That will help concerned body to identify gapes and interfere in the best way to improve the centers capacity.

It also Indicate some issues that are important youth center reproductive health service to become more organized, attractive and comprehensive. It does promote the blooming of youth reproductive health as part of youth centers where youths comes in mass, seeking of different service. The research will also benefit Government, stakeholder's, service providers and program managers in developing plan to further improve the service availability in verity extent in youth centers.

Chapter Two

Literature Reviews

Adolescence is transitional period from childhood to adulthood, characterized by significant physiological, psychological and social changes. WHO defines adolescents as those in the age group of 10-19, youth 10-24 years and young population age between 15 and 24(23, 24). According to EFDR Youth Policy young population defined as age group between 15 and 29. Young people aged 10-24 constitute about a quarter of the world's population, with nearly three-quarters living in the developing world, and they suffer a disproportionate share of unplanned pregnancies, STIs including HIV, and other reproductive health problems (15).

The adolescent population in Ethiopia has been increasing during the last few decades. Currently, adolescents constitute about 24% while youth 10-29 years constitute about 35% of the total population (3). Our world currently cares for a historic highest number of adolescents; about 1.2 billion adolescents need proper education, health and other life skills to ensure a better future for themselves and their countries (23, 24).

Young population places immense challenges for the country to provide the required social services such as health service, education and economic opportunities (9, 10). The problems the youth section of the society faced goes much deeper into different and complex issues and the situations, including gender inequalities, sexual coercion, rape, and harmful traditional practices like early marriage, abduction, female genital cutting and the like (13).

The freedom to choose how many children they want and when to have them are the rights of men and women. The rights to be informed and have access to have safe, effective, affordable and acceptable methods of family planning of their choice and the right of access to appropriate health care services, that will enable women to go safely through pregnancy and child birth and provide with the best chance of having a healthy infant (14).

Sexual Practice and need of RH (availability of RH)

A considerable proportion of the youth in country practice sex at early age and practice unsafe sex consequently the majority of them are highly vulnerable to sexual and reproductive health problems that include pregnancy and child bearing at early age, complications of unsafe abortion, sexually transmitted infections and HIV/AIDS (13).

Youth having survived all childhood health problems, have been enjoying a relatively low morbidity and mortality period in the past. At present, due to changing conditions due to civilization, urbanization and life style, the health of adolescents is increasingly at stake. Sexually transmitted infection, HIV/AIDS and other reproductive health problems are the greatest threats to their well-being. However, despite the growing needs, there is no adequate health service or counseling specifically suitable for this specific age group unlike children, mothers or adults (25, 26).

Findings from 20 studies on youth RH provide important lessons about which interventions are effective, what kind of impact is possible and what approaches have limited impact; they quoted that Young people have limited access to reproductive health services that focus on the special needs of adolescents. Inadequate knowledge about adolescent sexual behavior, cultural influences, and the limited capacity of implementers hinder the provision of reproductive health education and services to young people (15).

Youth reproductive health problem in Ethiopia

Young population health is a grossly neglected area in the public health agenda of the developing countries like Ethiopia due to the traditional belief that adolescents having passed through a high mortality childhood period they are among the healthiest in the society. This traditional belief however largely undermined by recent changes in adolescent morbidity and mortality trends observed worldwide (26).

Sexual activity among youth in Ethiopia, particularly those residing in urban areas, has resulted in large numbers of unwanted pregnancies, and illegal abortions, which pose serious health and social problems. Studies carried out in the country indicate that complications from unsafe abortion accounted for almost 55 percent of all recorded maternal deaths, some 13 percent of which occur among women under the age of 20. The number of cases of sexually transmitted disease (STD), including HIV/AIDS, is also Increasing (6). The same study also indicated that about a quarter of adolescents believe that health services are neither affordable nor accessible to adolescents (6).

A recent study in Addis Ababa conducted among high school students indicated that 22% are sexually active; of which 8% had symptoms of STDs in the three months prior to the survey and 6% of the girls had been pregnant, with 70% termination in abortion. About 40% of the students reported the use of at least one of the common addictive substances (alcohol,

cigarette, chat or cannabis (marijuana); 52% had mental distress and 11% had attempted suicide in the past (16).

Several other studies in different parts of the country have also shown that adolescents are increasingly affected by reproductive health related problems, mental distress and substance abuse due to changing social norms that increased their vulnerability and risk. The mean age at first sexual debut reported to be between the ages of 15.3 and 19.0 (14). Unwanted pregnancy prevalence among adolescents reported to be 15% in Harare, 30.1% in Gondar (15) and 50% in Kola Diba (16) towns. STD prevalence of 6.5% in 1995 and 4% in 1998 among out of school adolescents reported from Hawassa. (17, 18).

The use of contraceptives among sexually active adolescents in many areas of the country is very low in urban areas the consumption of alcohol, chat and tobacco by adolescents is quite high and use starts early during the adolescence period (18). Mental distress and suicidal attempts also reported among adolescent students. About 7% of adolescents in Addis Ababa and Hawassa town reported mental distress while suicidal attempts varied greatly 14.3% in Addis and 3.4% in Hawassa (17)

Youth friendly reproductive health service

Youth friendly health services can be freestanding clinics or attached to existing clinics or recreational facilities. Ideally, they provide a full range of services and information to Young people and are welcoming, confidentially, conveniently located and affordable. (17) In most situations, actions needed on several different fronts if good quality health services that are relevant to Young people's needs are make available and accessible to them, including polices, organization of the services, and training of health workers and young people (1).

In addition to health promotion, health services for young people will, at a minimum need to include emergency services, routine treatment of common diseases, and regular access to non-judgmental listening and support guidance and regular access to the health supplies that young people require. By fulfilling the preference of adolescents, Youth friendly services that have polices and attributes that attract Youth; health facilities can provide comfortable and appropriate services that meet the need of adolescents and retain them for follow up successfully (20).

In Ethiopia, young people get medical care through the existing network of health institutions in the country (21). They are relative disadvantaged in their inability to access information

and services for their reproductive needs because of the absence of a youth – friendly service delivery system. The service given by youth centers should be youth friendly that mains accessible, acceptable Affordable, successful, safe and comfortable in place and times for youths (22).

Peer pressure is the other important issue identified as the major factor resulting in risky reproductive health related behavior among youth and adolescents. This is particularly so in the context of the growing social acceptance of premarital sex, which influences decisions of adolescents and other young people related to reproductive health. The influence of peer pressure is also very high in the situation where the traditional parental control over premarital sexual behavior of young people and role of family members is declining (28).

Exposing factor to reproductive health problem

It is widely recognized that young people are vulnerable to unwanted premature pregnancies and abortions due to the following factors such as unfavorable social and cultural values, gender bias, domestic violence, and early age at sexual initiation. Moreover, lack of educational opportunities including sex education, economic reasons where women are usually dependent on men, inaccessible and poor quality family planning and reproductive health services, high-risk sexual behavior, lack of safe sex negotiating capacity and bias of health care providers(6).

Factor affecting young people's reproductive health utilization includes challenges that expose them to making poor choices regarding their reproductive health such as Poor parental guidance, homelessness, drugs, alcohol and substance abuse, limited survival options and unemployment. In addition to that, inadequate RH/HIV/AIDS information, poor coping and life skills, poverty, and high levels of stress which are a precursor for risk sexual behavior resulting in early sexual involvement, STI infections and other reproductive issues including HIV /AIDS are some of the factors that put young people at risk (27).

Factor Affecting RH service Utilization

The existing RH services are small scale and not well organized to meet the RH service needs of young population. The existence of a clear mismatch between the available services and RH needs of this section of the population observed. In this regard, most of the youth focused reproductive health programs in the country reach youth in school. (29)

Other sub section of the youth population including street kids, young females, married adolescent girls, youth who migrated to urban centers to escape early marriage or for employment reasons including housemaids constitute the under-served section of the youth who do not have access to proper information and counseling services. All of which as a result suffers from poor decision-making on reproductive health choices, practices and lake of accessible to service (29).

Generally, most of the research on reproductive health that has done in our country primarily focuses on school or in street children and Research done at the institution level commonly focus on health institution like hospital and health center. Despite it is immense importance there should be other mechanism to see out school youth to adders the overall reproductive health problem of young population.

The youth center offers structured and unstructured youth friendly service such as library, counseling service, health education and reproduction health, first aid service, information technology center, cafe and restaurant, indoor and outdoor games, shower service, club meetings and so on (5). The services present in youth centers should be youth friendly that Menes accessible, acceptable, affordable, successful, safe and comfortable in place and times for youths (5, 6).

Despite the contribution that youth centers playing in providing reproductive health service and appearing to be alternative to the existing health institution still they are not able to attract researcher's attention. Researches ignored the reproductive health service binge given in the youth centers some of them may mention indirectly, which does not address the whole problem and phenomena as will. This research fill the gap regarding to this and contribute allot to those who are interested in youth center reproductive health service.

Chapter Three

Objective

2.1 General Objectives

To assess the availability and utilization of reproductive health services in youth centers in Addis Ababa, Ethiopia.

2.2 Specific Objectives

1) To assess the types of reproductive health services available in youth centers in Addis Ababa, Ethiopia.

2) To assess the extent of utilization of reproductive health service in the youth centers

3) To assess factors affecting the utilization of reproductive health service in youth centers.

4) To explore the perception and preference of young people towards the sexual and reproductive health services provided in youth centers.

Chapter Four

Methodology

4.1. The Study Area and Period

The study conducted in Addis Ababa City Administration. Addis Ababa is the capital city of Ethiopia and the largest populated city in the country sharing boundaries with oromiya Regional State. It covers an area of 530.1km². Administratively the city divided in to 10-sub city and 116 woredas with total population of more than 2.73 million according to the 2007 population census, with annual growth rate of 3.8%. According to Addis Ababa, health office the health service coverage of Addis Ababa is 67.5% in 2013. There are 6 regional hospitals, 50 health centers, 36 private hospitals, 700 private clinics and 529 private pharmacies that providing health services.

A total of 77 youth centers have been constructed by targeting of building one youth centers in each woredas. from the total 77 youth centers 35 of them give full service, 30 partially service, 12 of them are not begin providing any service. Regarding to reproductive health service 46 youth centers are providing service such as VCT, Family planning, Condom distribution, RH counseling and others. The study period was from January to June 2013.

4.2. Study design

cross- sectional study having quantitative and qualitative methods conducted the qualitative methods were used to verify data collected in quantitative method and to gain an in-depth understanding of factor affecting availability and utilization.

4.3. Source population

The source populations were all young population aged between 15 and 29 years who reside in Addis Ababa for more than two years. The age group range is according to the Ethiopian youth police definition of young population.

4.4. Study population

The Study populations were those sampled young population, who reside in the woredas that the selected youth centers belong, and have been visiting youth centers for different service at the time of data collection.

1/ Inclusion criteria

- To minimize bias due to lake of knowledge and information the respondent was resident of

the selected woreda for more than 2 years.

2/ Exclusion criteria

- Youth who reside less than two years in the study area
- Who were critically sick at the time of study and unable to communicate

4.5. Sample size determination

The sample size was determined using single proportion formula. Assuming the proportion of availability and utilization of reproductive health service is unknown and to be 50%, since there is lake of data on proportion in comprehensive form. In addition, Significance level of 95% and 5% margin of error assumptions made. 10% added to compensate for non-responses rate. Accordingly, 423 youth selected and interviewed.

$$n = \frac{(Z\alpha/2)^2 P\,(1-p)}{d2}$$

n= the required sample size

z= standard score corresponding to 95%(1.96) confidence interval

p= the proportion of availability and utilization of reproductive health service to be 50%

d= the margin of error (precision) 5%

$$n = \frac{(1.96)^2 x (0.5x0.5)}{(0.05)^2} = 384.16 + 10\% \text{ non response} = 423$$

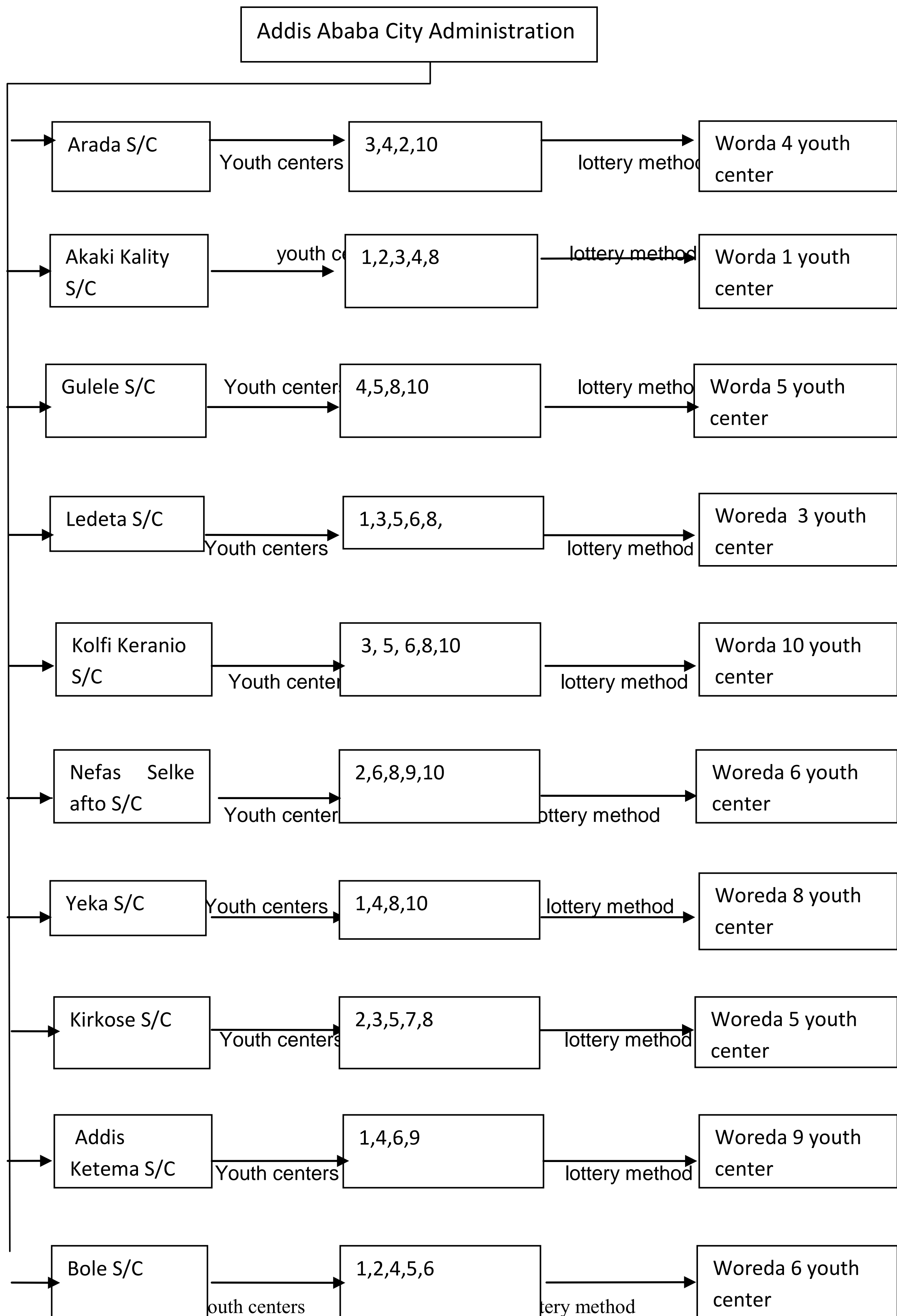
4.6. Sampling procedure

all youth centers considered in the sampling process for the selection of the study subject. Primarily those youth center that provide reproductive health service stratified in to the sub city they belong. Then using lottery method ten youth centers selected, one from each sub city. The sample size distributed to each youth center with equal proportion. The study subjects selected from each youth center using simple random sampling based on that, in average more than 300 youth visit youth centers in a week for different service and it was planned to collect the data within one week from each youth center. Based on this every six youth who came to the center was selected as a sample and self administered questioner was given by asking consent verbally and explaining the objective of the study in case of refusal, the next sample taken. Those selected ten youth centers were

- Addis Ketema sub city, woreda 09 youth center.
- Akaki Kality sub city, wereda 01 youth center.
- Arada sub city, wereda 04 youth center.

- Bole sub city, wereda 06 youth center.
- Gulele sub city, wereda 05 youth center.
- Kirkose sub city, wereda 10 youth center.
- Kolfe keraniyo sub city, wereda 09 youth center.
- Ledeta sub city, wereda 03 youth center.
- Nefase selke lafeto sub city, wereda 08 youth center.
- Yeka sub city, wereda 08 youth center.

Figure 1: - Schematic presentation of the sampling procedure



4.7 Data Collection instruments

self-administered structured questionnaire was prepared in English then translated in to Amharic and translated back in to English to check for consistency. The questionnaire included socio- demographic characteristics, Sexual Behavior and Knowledge about Reproductive Health Service, available RH service, Utilization of Reproductive Health Service, Preferences and Attitude to the Existing Youth Center RH Clinic .

For qualitative data collection method an open-ended semi- structured interview guide applied, this help to study the service providers knowledge, attitude and skills about RH service, types of RH services provided, factors affecting reproductive health Services availability and utilization, Provider attitudes in providing RH services. Moreover, checklist used to inspect the types of health facilities and commodities available at the clinics.

7.2 Data collector personnel

One data collector deployed for each youth center, who had diploma and with some experience on data collection. Two supervisors who have health background recruited then short training and orientation given for both the interviewers and supervisors for one day. The actual data collection done March 15 to July 15, 2013

4.8 Data Quality issues

The quality of data assured through careful design, translation, back translation and pretest of the questionnaire, proper training of the data collectors and supervisors, close supervision of the data collecting procedures, proper categorization and coding of the data, carful entry of the data and cleaning after entrance.

4.9 Measurement variables

Dependent variables:

- Service preferences and utilization
- Availability of reproductive health service

Independent variables:-

Socio demographic characteristics such as sex, age, ethnicity, religion, educational level, job, family background and marital status

4.10 Data Analysis

Data entry, processing and analysis done using Epi Info version 3.5 and SPSS 20 statistical software programs. Descriptive statistics such as frequencies, percentage, appropriate graphic presentation and tables besides measures of central tendency and measures of dispersion used for univariate analysis. Odds ratio and 95% confidence interval was used to check significant association between dependent & independent variables.

4.12 Operational Definitions

Acceptance of reproductive health service: - the attitude towards and willingness to use RH service by young people or others.

Early sexual activity: - regardless of marital status practicing of sexual intercourse before reaching to age 18.

Service utilization: - consumption of reproductive health service that provided in youth center or other clinics.

Service preferences: - the interest and choose of clients towards the type of RH service and means of providing the service.

Voluntary counseling and testing (VCT): is process by which an individual undergoes counseling that enabling him or her to make informed choice.

Young people: - defined as age group 15-29 this is according to EFDR youth policy.

Youth Center: - are a social and recreational center intended primarily for use by young people ages.

4.11 Ethical Considerations

The proposal ethically cleared by the ethical clearance committee of School of Public Health, Addis Ababa University and at local level necessary arrangements and approval made. The data exclusively used for research purpose. Issues of the rights to privacy and confidentiality were taken in to consideration when data collected. The findings of the study used to improve reproductive health services that provided in youth centers.

4.13 Dissemination of Result

The result will be presented to Addis Ababa University School of Public Health then

documents will be disseminate to the study areas primarily to Federal and Addis Ababa women, youth and children affair and to the youth centers were the study was conducted. In addition, the result will be disseminated through presenting the finding at different meetings, workshops and trying to publish in scientific journals.

CHAPTR FIVE

RESULTS

Socio Demographic Characteristic of Respondent

From the 423 youth who projected for the study, full responses obtained while 16 responses were inconsistent and incomplete as a result they discarded. Thus, the response rate was 96.21% of the targeted sample size. As it was shown in Table-1, out of 407 respondents, 232 (57%) were male with the male to female ratio of 1.32:1. Out of the total respondents, 159 (39.12%) of them belong to the age 15 to 19 years and 126(31%) in age group 20-24 with mean age of 20.

The Socio Demographic Characteristics indicate that 287(78.5%) respondent live more than 11 years in the interviewed woreda. Among the respondent 333(91.9 %) attended secondary school and above, 347(85.3%) were unmarried and 46(11.3%) married. 272(67%) of the study subject were followers of orthodox Christian and 81(20%) Muslim followed by other religious sects. This study also indicate that, ethnically 183(45%) were Amhara and 96(23.6%) Oromo followed by others. Out of the total interviewee 273(67.1%) of them were student 127(31.2%) have private or governmental job and 30(7.4%) are unemployed (Table 1)

Table 1:- Socio Demographic Characteristics of Respondent Addis Ababa, Ethiopia, June 2013.

Variable	Category	Frequency N=407	Percent	Cumulative percent
Sex	Male	232	57.0	57.0
	Female	175	43.0	100.0
Age	15-19	159	39.12	39.18
	20-24	127	31	70.12
	25-29	61	14.98	85.1
	No answer	42	10.3	95.4
	I don’t know	18	4.42	100.00
Educational level	Only read and write	1	0.2	0.2
	1 to 6 grade	9	2.2	2.5
	7 to 10	128	31.4	33.9
	11 to 12	121	29.7	63.6
	diploma	96	23.6	87.2

	degree and above	52	12.8	100.00
Marital status	Married	47	11.3	11.3
	Unmarried	347	85.3	96.6
	Divorced	6	1.5	98.0
	Widowed	1	0.2	98.3
	Separated	6	1.5	100.00
Religion	Catholic	7	1.7	1.7
	Muslim	82	20.0	21.7
	Orthodox	272	67.0	88.7
	Protestant	38	9.4	98.0
	Other	8	2.0	100.00
Ethnic group	Oromo	96	23.6	23.6
	Amhara	183	45.0	68.6
	Tigiri	38	9.3	77.9
	Guraghe	63	15.5	93.4
	Others	27	6.6	100.00
Occupation	Student	237	58.2	58.2
	House Wife	4	1.0	59.2
	Unemployed	30	7.4	66.6
	Govt employ	63	15.5	82.1
	Private	64	15.7	97.8
	Others	9	2.2	100.0
currently school attended	Yes	273	67.1	67.1
	No	134	32.9	100.00
Number of years live in the current woreda	2-4years	49	12	12
	10years	71	17.4	29.5
	> 11 years	287	70.5	100.00

Parent Education, Occupation and Income of the Study Population

As indicated in table 2, 262 (64.40%) respondent live with both parents and 45 (11.1%) of respondent lost both parents. 108 (26.5%) respondent father completed secondary education 121(29.7%) are illiterate, 133 (32.8%) respondent mothers completed elementary education and136 (33.5%) of mothers have no any educational background. Respondent Parents job status indicate that 129(31.5%) of parent had job, 135(33.2%) only fathers and 64(15.5%) only mothers had job. the family average monthly income reveal that 143(35.1%) family's have average family income of more than one thousand Ethiopian birr and 17(4.2%) family had less than 200 ETB income per month.

Table 2:- Description of respondent parents by education, occupation, and income, Addis Ababa, Ethiopia, June 2013

Variable	Category	Frequency N=407	Percent	Cumulative percent
parents alive	Father alive	18	4.4	4.4
	mother alive	82	20.1	24.6
	both alive	262	64.4	88.9
	both not alive	45	11.1	100.0
Educational status of father	Illiterates	121	29.7%	29.7%
	Elementary	84	20.6%	50.4%
	secondary	108	26.5%	76.9%
	College and above	78	19.2%	96.1%
	Informal education	5	1.2%	97.3%
	Read & write	11	2.7%	100.0%
Educational status of mother	Illiterates	136	33.5%	33.5%
	Elementary	133	32.8%	66.3%
	Secondary	80	19.5%	85.7%
	College and above	29	7.1%	92.9%
	Read & write	29	7.1%	100.0%
Parents job status	Both have works	129	31.7%	31.7%
	Father have work	135	33.2%	64.9%
	Mother have work	64	15.7%	80.6%
	Both not work	65	7.5%	88.1%
	Not concerned	14	11.1%	100.0%
Family average monthly income	<200ETB	13	3.2%	3.2%
	201-400 ETB	17	4.2%	7.4%
	401-600 ETB	30	7.4%	14.7%
	601-1000 ETB	75	18.4%	33.2%
	>1000 ETB	143	35.1%	68.3%
	I don't know	129	31.7%	100.0%

Respondent Sexual Behavior and Knowledge about Reproductive Health Service available in youth centers

Concerning respondent sexual behavior 200(49.1%) currently has sexual partner and 212 (51.6%) ever makes sexual intercourse. Respondent report that 101(47.6%) of them always use condom during sexual intercourse, 57(26.9%) sometimes and 54(25.5%) never use condom. From the study participant 10(2.4%) responded that they make their first sexual intercourse below the age of 15, 37(9.1%) in the age of 17 and 66(16.2%) in age of 18 or 19.

The majority of respondent 66.3 % ever had sexual partners in their life time that is 27.6% report they have had one, 22.4% two, 9.4% three, 6.9% more than four sexual partners ever and 137(33.7%) said still they have had no sexual partners.

About respondent knowledge and awareness on what service are available in youth center RH clinics, 240(59.3%) respondents have knowledge of at least one service among this 183(40.7%) respond VCT, 146(60.8%) RH Counseling, 144(60%) condom distribution and 111(46.25%) family planning service and 165(40.7%) reported that they does not know any service available in youth centers (Table 3).

Table 3:- Respondent Sexual behavior and Knowledge of Reproductive Health Service avilability, Addis Ababa, Ethiopia, June 2013

Variable	Category	Frequency N=407	Percent	Cumulative percent
Had sexual partners now	Yes	200	49.1	49.1
	No	207	50.9	100.00
Ever make sex	Yes	212	51.4	51.1
	No	195	48.6	100.00
Condom usage during sexual intercourse (N=212)	Always	101	47.6	47.6
	Some times	57	26.9	74.5
	Never used	54	25.5	100.00
Age at First sexual intercourse	< 13	1	0.2	0.2
	13-15	10	2.4	2.7
	16-17	58	14.3	17.0
	18-19	66	16.2	33.2
	20-22	49	12.1	45.2
	>22	12	2.9	38.8
	never make sex	197	48.4	96.6
	no answer	12	2.9	99.5
	I don't know	2	0.5	100.00
Sexual partners ever had in life time	1	112	27.6	27.6
	2	91	22.4	50.0
	3	38	9.4	59.4
	≥4	28	6.9	66.3
	None	138	33.7	100.00

knowledge of RH service availability in youth center	Yes	240	59.3	59.3
	No	167	40.7	100.00
Mentioned RH Service by respondent (more than one possible answer)	VCT	183	76.2	
	Family planning	111	46.25	
	RH Counseling	146	60.8	
	Condom distribution	144	60	
	Other	2	0.8	

Staff Patterns of Youth Centers Reproductive Health Clinics

All of the youth centers are governmental owned and funded. They fall under Addis Ababa women, youth and children Affairs bureau. The youth centers clinics usually had two rooms one for laboratory and the other for nurse. The numbers of staff are two, a nurse and a laboratory technician. As shown in Table 4, five youth center have only one-health workers, totally there have been 10 nurse and 5-laboratory technician nine of them are females and six are males. The nurses interviewed using semi-structured questioner they are six female and four male, five of them are in the age group of 23-27 and the remaining in age group of 28-32 (table 4).

Table 4:- Staff patterns of youth centers reproductive health clinics, Addis Ababa, Ethiopia, June 2013

Name of youth center	No. of staff	Sex		Nurse			Lab. Technician	
		M	F	trained	Not trained	partially trained	Trained	Not trained
Addis Ketema s/ c woreda 09 youth C.	1	0	1			1		
Akaki Kality S/C wereda 01 youth C.	2	0	2	1			1	
Arada S/C wereda 04 youth center	2	1	1			1		1

Bole S/C wereda 06 youth center	1	1	0			1		
gulele S/C wereda 05 youth center	2	1	1		1		1	
kirkose S/C wereda 10 youth center	1	0	1			1		
Kolfe keraniyo S/C wereda 09 youth C.	1	1	0			1		
ledeta S/C wereda 03 youth center	1	0	1			1		
nefase selke lafeto S/C wereda 08 youth center	2	1	1			1	1	
Yeka S/C wereda 08 youth center	2	1	1	1				1
Total	15	6	9	2	1	7	3	2

The assessment of whether the RH service providers are trained or not indicate that only two nurses and two-laboratory technician have taken full training on knowledge and skill that help to provide youth friendly RH service. Seven nurses attend only one training mainly about VCT and one nurse and three laboratory technicians never attend any training (Table 5). As indicated in figure 1, the time that health workers participated in training was listed and most of them attend training before one year ago (Figure 1).

Table 5:- Types of Training that Reproductive Health Provider Nurses Attended, Addis Ababa, Ethiopia, June 2013

Types of training	**Trained**		**Not trained**		**Total**	
	No.	**%**	**No.**	**%**	**No.**	**%**
training on youth friendly RH service	3	30	7	70	10	100
training on STI and VCT service	8	80	2	20	10	100
training on family planning	2	20	8	80	10	100

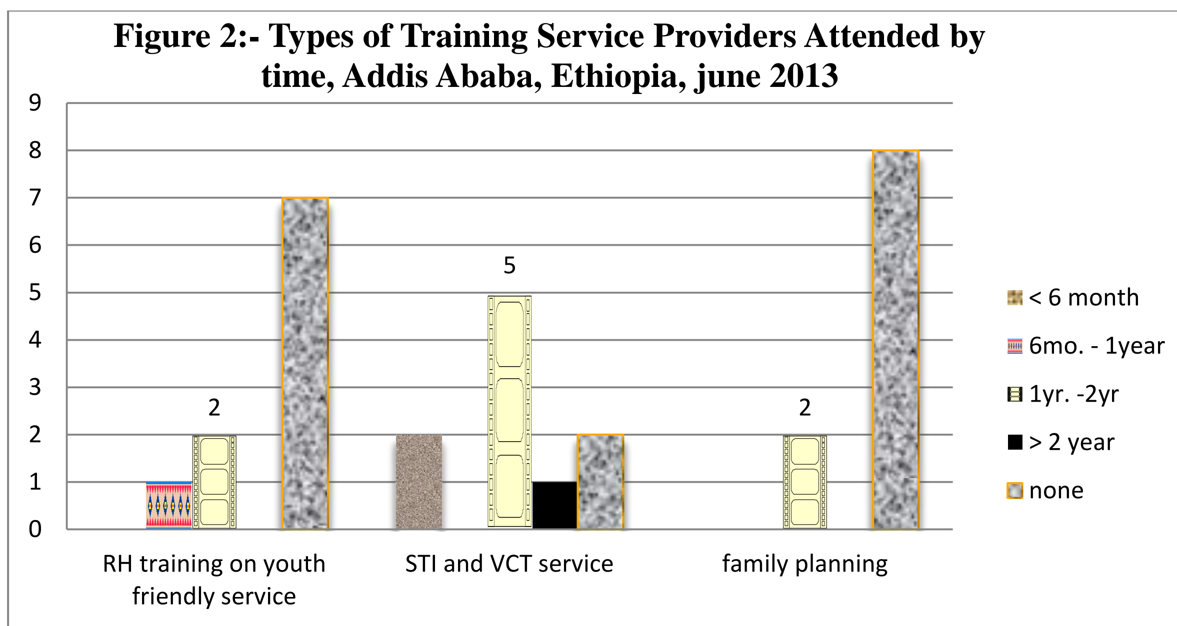


Figure 2:- Types of Training Service Providers Attended by time, Addis Ababa, Ethiopia, june 2013

<u>Reproductive Health Services Available in Youth Centers</u>

• Family Planning methods (pills and depo provera)
• Voluntary Counseling and Testing (VCT)
• Reproductive Health Counseling
• Peer Education
• Emergency Contraceptive
• Condom promotion and distribution
•Training on Reproductive Health

<u>RH Services and Commodities Available in the Study Conducted Facilities</u>

The RH clinics of youth center had family planning service but only four (40%) are currently providing family planning service. Contraceptives found in these centers were condoms, emergency contraceptive, pills and Depo Provera. Four (40%) clinics are providing emergency contraceptive, three (30%) of them have pregnancy testing service, nine (90%) clinics have HIV testing service and all have STI counseling service.

None of the clinics had basic clinic equipment like – stethoscope, scales, thermometer, and sphygmanometer and fetoscope. All have a sink, running water and toilets that shared with other offices in the building and electricity. All had BCC materials such as posters, pamphlets and penile modal. None had media's aids like TV and videos. There were no enough seats and waiting place for clients in all clinics.

All clinics had shelf except one and medicine kept in a manner that ensures good preservation. All facilities received materials and drug from the Health Centers, with the

exception one clinics that receive directly from zewditu hospital and condom distributed for all from sub city HAPCO.

Document Review on Service Availability and Utilization

The reproductive health clinics of youth centers provide different kinds of service for youth the major ones are Voluntary Counseling and Testing (VCT), Family Planning, Reproductive Health Counseling and condom distribution, further more they facilitate peer education, prepare training on reproductive health matters and first aid service. Documents from the above-mentioned 10 youth center clinics reviewed. However, not all of them had available records of the service provided; which made completion of this task not easy, but the available document records from all clinics for other service pointed out. Maximum number of young people visit the center RH clinics in summer time were December to February account highest.

VCT service accounts the highest share of service provided second to condom distribution. All clinics provide male condoms and have no Female condoms, but two facilities have for display purposes. Nine clinics provide VCT service and one doesn't have, summery of the nine clinics result indicate that 563(65.3%) of male and 298(34.5%) female utilized VCT service within last one year (June2012-June2013) one clinics doesn't give the service due to absence of trained providers.

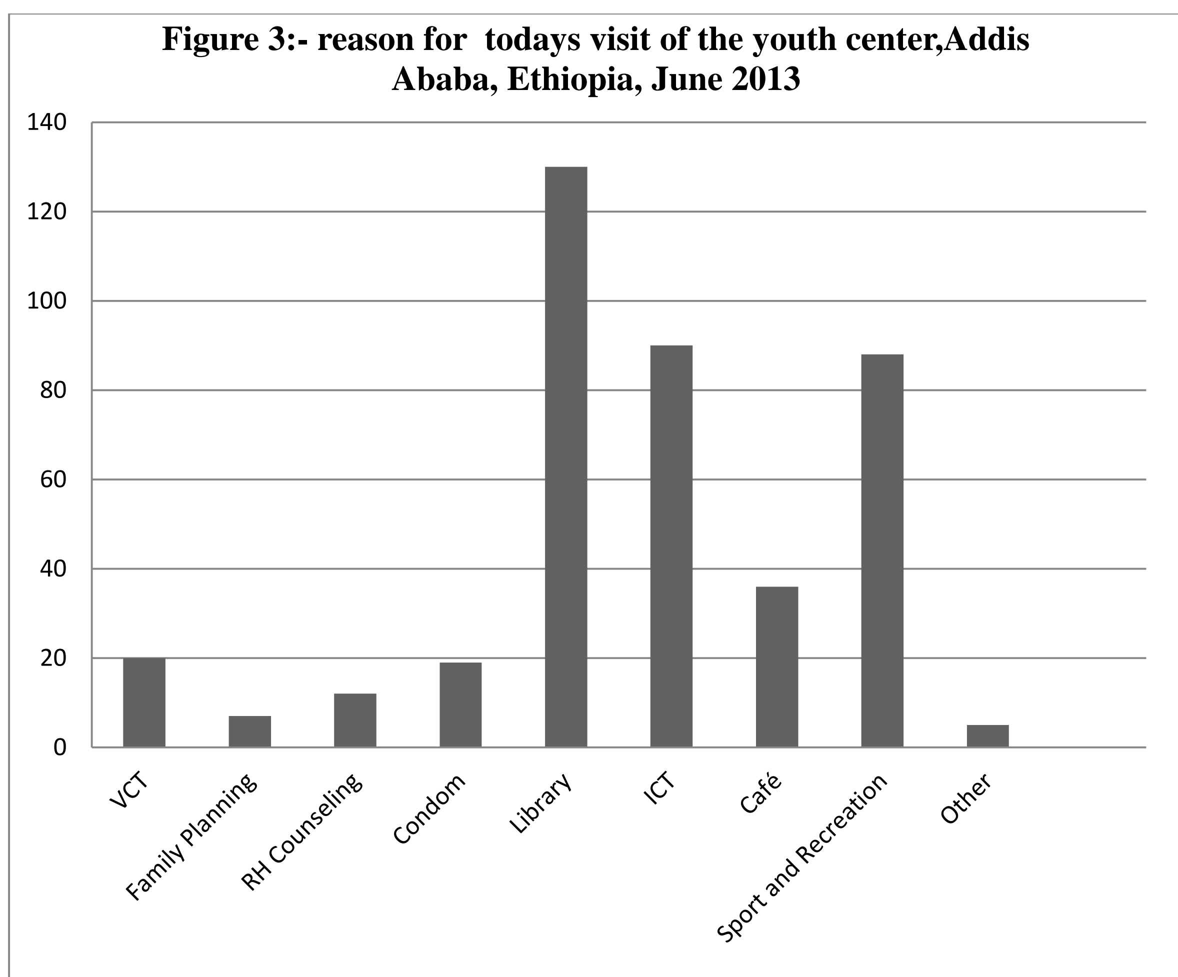
Regarding family planning, four clinics provide short-term family planning service such as pills, depo provera and emergency contraceptive. Five clinics stop providing the service because of the absence of trained providers and one clinics have no family planning service since RH service providing begin this is due to lack of resource and trained providers. The summery from the four youth center indicate that 146 youth come for service within last one year, 91(62.3%) for emergency contraceptive, 24(16.4%) for pills and 31(21.2%) for depo povera.

Counseling services that provided not yet recorded, it is unclear to understand from available records how much youth counseled, and on what topics dose the counseling covered. The unique thing regarding counseling is that yeka sub city woreda 8 youth center RH clinic offer free phone counseling service, this clinic also get technical and material support from zewditu hospital which is not the case for others that they get material and drug support from nearby health center and condom from sub city HAPCO health office.

Although, it is not regular and well-organized five clinics report that they facilitate peer education programs and two youth center provide training on sexual and reproductive health, the other thing is that six youth center clinics provide first aid service.

Reproductive Health Service Utilization in youth center

Regarding youth center Reproductive Health Service utilization 172(42.6%) respondent ever visited the clinics at least for one time. The reason for visits were the highest 118(45.7%) for VCT and the lowest 27(10.4%) for family planning. In the past one year 143(34.5%) youth visited the RH clinics and the reason was 78(45.6%) for VCT with highest and 14(8.2%) for family planning lowest reason. as shown in figure 2, respondents said the reason for today visit of the youth center is library the highest 130(31.94%) and family planning the lowest 4(1.7%).



Regarding to reproductive health clinic ever visit 118(45.7%) respondent come for VCT service, 69(26.7%) for RH Counseling, 27(10.4%) for family planning service and 44(17%) to take condom (Table 6).

Table 6:- Utilization of Reproductive Health Service in youth center, Addis Ababa, Ethiopia, June 2013

Variable	Category	Frequency N=407	Percent	Cumulative percent
ever visited youth center RH clinics	Yes	172	42.6	42.6
	No	235	57.4	100.00
reason for ever visit (more than one possible answer) N=172	VCT	118	45.7	45.7
	Family planning	27	10.4	56.1
	RH Counseling	69	26.7	82.8
	To take Condom	44	17.2	100
	other	0	0	100
Those visited youth center RH clinics in last one year	Yes	143	34.5	34.5
	No	257	63.7	98.2
	I don't remember	7	1.8	100.00
reason for last one year visit (more than one possible answer) N=143	VCT	78	45.6	45.6
	Family planning	14	8.2	53.8
	RH Counseling	43	25.1	78.9
	To take Condom	36	21.1	100
	other	0	0	100
Who ever came for VCT service	yes	118	28.99	28.99
	No	289	71.01	100.00
Thos who get VCT service	yes	111	94.06	94.4
	No	7	5.94	100.00
the reason for not get the VCT service (N=7)	no VCT service	2	28.57	28.57
	The Clinic was closed	2	28.57	57.14
	no providers	1	14.28	71.42
	Return back fear of result	2	28.57	100.00
	Other	0	0	0
Who ever came for Family planning service	Yes	28	6.87	6.87
	No	379	93.13	100.00
Thos who get Family planning service	yes	28	100	100.00
	No	0	0	0
Who ever came for RH Counseling service	yes	80	19.65	19.65
	No	327	80.35	100.00

Thos who get RH Counseling service	Yes	80	80	100
	No	0	0	100

From the logistic regression, analyses of possible explanatory socio demographic and other variables over reproductive health utilization indicate that some socio demographic and other variables were significantly associated with utilizing of reproductive health service provided in youth center. Being male sex (OR=1.48; 95% CI=1.09-2.02), and age group 20-24 (OR=1.23; CI=1.87-2.32) increased the likelihood of utilization. Grade 11/12 student (OR=1.76; 95% CI=1.22-2.52) and having diploma (OR=1.45; 95% CI=1.07-2.08) are significantly reported utilization of RH service in youth center. Unmarried respondent (OR=2.3; 95% CI=1.25-4.43) have positive association with RH service utilization. Those respondent live more than ten years in the study conducted woreda (OR=1.4; 95% CI=1.18-1.77) significantly associated with utilization.

Those respondent whose both parent alive (OR= 1.27; 95% CI= 1.27-2.1) show most likely to be visiting RH clinics of youth center. Family average monthly income more than 1000 ETB (OR =1.46; CI= 1.05-2.04) and who did not know their family income (OR= 1.84; CI= 1.28-2.65) have positive association with utilization of youth center reproductive health service (Table 7).

Table 7:- Logistic regression analyses of socio demographic and other variables over youth center reproductive health utilization, Addis Ababa, June 2013

Variables	**Frequency N=407**	**Ever Utilized YC RH service**	**Crude odd ratio (95% CI)**	**Adjusted odd ratio (95% CI)**
Sex				
Male	232	102	1.48(1.09-2.02)	0.85(0.54-1.32)
Female	175	70	1.00	1.00
Age				
15-19	159	52	1.00	1.00
20-24	126	57	1.23(1.87-2.32)	1.9(1.2-2.3)
25-29	62	28	2.1(0.69-2.6)	2.8(0.7-.18)
No answer	42	26	1.7(0.59-2.9)	2.1(0.98-3.6)
I don’t know	18	10	2.6(0.78-3.2)	3.1(0.48-2.9)
Educational level				
Only read and write	1	1	1.00	1.00
1 to 6 grade	9	5	1.00	0.67(0.05-8.21)
7 to 10	128	46	0.6(0.14-2.52)	1.39(0.18-10.5)
11 to 12	121	49	1.76(1.22-2.52)	1.02(0.14-7.53)
diploma	96	51	1.45(1.07-2.08)	0.98(0.12-7.57
degree and	52	20	0.88(0.59-1.31)	1.39(0.17-10.9)

above				
Marital status				
Married	46	28	1.00	1.00
Unmarried	347	137	2.3(1.25-4.43)	1.75(0.85-3.60)
Divorced	6	4	0.38(0.04-3.76)	0.37(0.034-4.14)
Widowed	1	1	1.00	1.00
Separated	6	2	3.11(0.51-3.12)	3.3(0.49-20.7)
No answer	1	0	1.00	1.00
Religion				
Catholic	7	4	1.00	1.00
Muslim	82	29	1.75(1.11-2.77)	1.01(0.20-4.94)
Orthodox	272	119	1.27(1.05-1.6)	0.71(0.15-3.3)
Protestant	38	14	1.64(0.84-3.2)	0.77(0.14-4.11)
Other	8	6	0.33(0.67-1.65)	0.15(0.02-1.56)
Ethnic group				
Oromo	96	36	1.00	1.00
Amhara	183	86	1.12(0.84-1.5)	0.65(0.37-1.14)
Tigiri	38	15	1.4(0.76-2.82)	0.87(0.37-2.01)
Guraghe	63	27	1.29(0.78-2.1)	0.63(0.31-1.27)
Others	27	8	2.3(1.04-5.4)	1.35(0.47-3.8)
Occupation				
Student	237	84	1.00	1.00
House Wife	4	3	0.33(0.035-3.2)	0.50(0.037-6.9)
Unemployed	30	13	1.3(0.63-2.6)	0.85(0.37-1.95)
Govt employ	63	33	0.90(0.55-1.5)	0.62(0.30-1.27)
Private	64	34	0.88(0.54-1.44)	0.64(0.34-1.2)
Others	9	5	0.8(0.21-2.97)	0.49(0.12-2.0)
Number of years live in the recent woreda				
2-4years	49	17	1.00	1.00
4-10years	71	29	1.44(0.9-2.32)	1.78(0.46-6.8)
> 10years	287	119	1.4(1.1-1.77)	1.68(0.46-6.0)
sexual partners ever had				
One	112	56	1.00	1.00
Two	92	45	1.00(0.66-1.51)	1.04(0.58-1.84)
Three	38	17	1.23(0.65-2.34)	1.13(0.53-2.41)
≥4	28	21	0.33(0.14-.78)	0.35(0.13-0.91)
None	137	32	3.2(2.16-4.78)	3.06(1.75-5.37)
parents alive				
Father alive	18	6	1.00	1.00
mother alive	82	45	0.82(0.53-1.27)	0.01(0.02-0.05)
both alive	262	98	1.27(1.27-2.1)	0.02(0.04-0.09)
both not alive	45	23	0.95(0.53-1.71)	0.028(.05-0.16)

Family average monthly income				
< 200 ETB	13	7	1.00	1.00
201-400	17	9	0.89(0.34-2.30)	1.18(0.33-4.22)
401-600	30	18	0.61(0.28-1.29)	0.96(0.30-3.01)
601-1000	75	35	1.14 (0.72-1.78)	1.56(0.63-3.01)
>1000	143	58	1.46(1.05-2.04)	1.89(0.81-4.39)
I don't know	129	45	1.84(1.28-2.65)	2.04(0.84-4.95)

Factors Affecting Utilization of RH Service

The respondent also assessed that whether they consider young people are properly using the RH service available in the youth center or not and the result indicate that 57(14.1%) respond yes, 234(56.1%) no and 116(28.8%) replayed I do not know what is exactly. As shown in figure- 3, below the possible factor that affect/prevent youth from vesting youth center clinics were 145(35.62%) mentioned that the service provided/available at youth center clinic doesn't known by youth, 106(26.04%) lack of confidence, 57(14%) fear of being seen by friends or other who may know them (Figure 4 and Table 8).

Figure 4:- Factors that affect RH utilization in youth center clinics, Addis Ababa, Ethiopia, June 2013

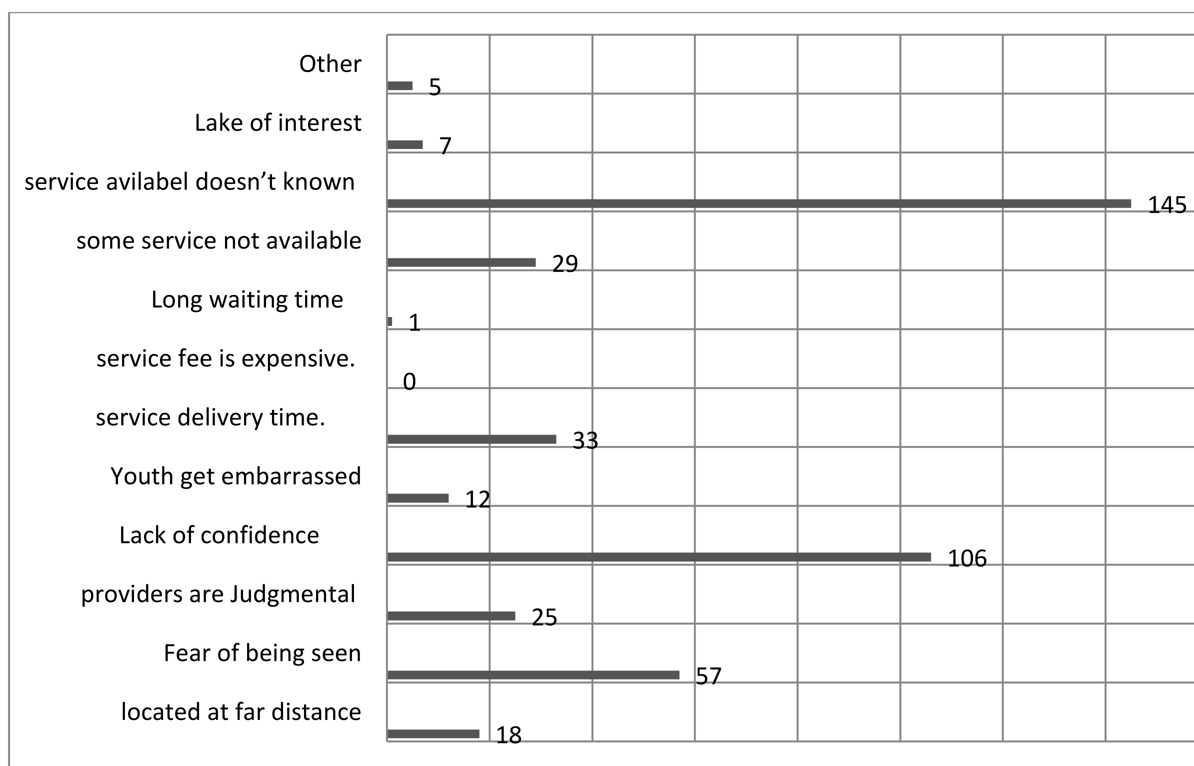


Table 8:- Factors that affect youth center RHS Utilization, Addis Ababa, Ethiopia, June 2013

Variable	Category	Frequency N=407	percent	Cumulative frequency
is young people are properly utilizing RH service provided in youth center	yes	57	14.1	14.1
	No	234	56.1	71.2
	I don't know	116	28.8	100.00
Factors that prevent youth from visiting reproductive health clinic of youth centers. (remark: more than one possible answer)	Youth center are located at far distance.	18	4.1	4.1
	Fear of being seen by others	57	13.16	17.26
	providers are Judgmental towards youth RH needs	25	5.7	22.96
	Lack of confidence	106	24.48	47.44
	Youth get embarrassed at needing reproductive health service.	12	2.7	50.14
	Inconveniency of service delivery time	33	7.6	57.74
	service fees are expensive	0	0	57.74
	Long waiting time for service.	1	0.002	57.742
	The service needed by youth doesn't available	29	6.7	64.442

	The service give doesn't known by youth	145	33.5	97.442
	Lake of interest	7	1.7	99.14
	Other	5	0.88	100

Providers Reception and Communication to Young Clients

Regarding waiting time 116(75.3%) respondent said that waiting time to get the service was reasonable, 136(87.2%) said the provider greet me in friendly fashion and took my concern seriously and 36(22.6%) of respondent said that there have been thing which interrupt discussion with the provider. Most of the respondent 127(81.4%) agreed that the provider explain information Cleary and spend enough time with them to discuss what they want (Table 9).

From those ever visited the clinics 53(34%) respond that there are areas that the clinic need improvement, make more comfort and increase privacy, 18(11.5%) said that we asked to pay for the service although the service provided freely. Regarding the quality of the service they received 39(25%) said very good, 52(33.3%) good, 31% medium, 10(6.4%) poor and 7(4.5%) very poor (Figure 4). 74(47.4%) respondent ensured that we heard from family or friends positive thing about the service quality given in these clinics, 13(8.3%) negative and 69(44.2%) nothing.

Figure 5:- the quality of RH service provded in youth center clinics according to respondent, Addis Ababa, Ethiopia,June 2013

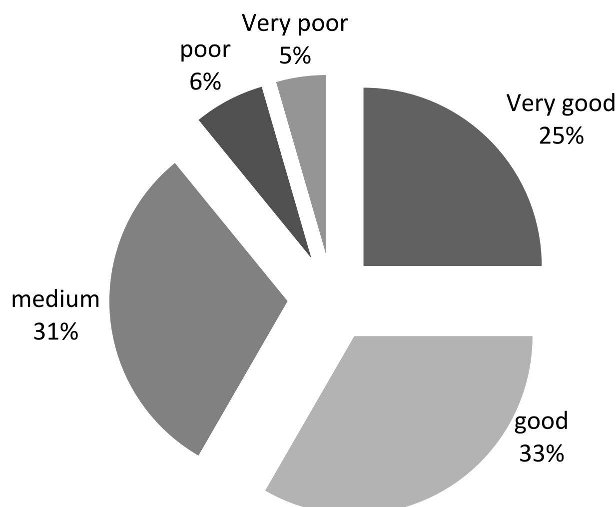


Table 9:- RH Service Providers Reception and Communication to Young Clients, Addis Ababa, Ethiopia, June 2013

Variable	Category	Frequency N=172	percent	Cumulative frequency
Is your waiting time to get the service was reasonable	Yes	125	75.3	75.3
	No	47	24.7	100.00
Did the provider greet you in a friendly fashion and took your concerns seriously	Yes	144	87.2	87.2
	No	28	12.8	100.00
Did anything occur to interrupt your discussion with the provider	Yes	33	22.6	22.6
	No	117	77.4	100.00
	I don't No	22	18.6	100.00
Have you spend enough time with the provider	Yes	133	80.1	80.1
	No	39	19.9	100.00
there areas of the clinic that you think need improvement, more comfortable and private	Yes	61	34	34
	No	110	66	100.00
Asked to pay for services received	Yes	26	11.5	11.5
	No	146	88.5	100.00
What can you say about the service quality being given	Very good	45	25	25
	good	57	33.3	58.3
	medium	53	30.8	89.1
	poor	15	6.4	95.5
	very poor	12	4.5	100.00
What have you heard from your family or community about the quality of services	positive	80	47.4	47.4
	negative	18	8.3	55.8
	Nothing	74	44.2	100.00

Visual aid and Providers Approach to Young Clients

Concerning visual aid providers used in the discussion session with the youth 46(39.3%) respondent said that the provider used sexual and reproductive health related drawing (posters) to explain more. Regarding the type of question, that provider asks clients to explain about them 88(61.1%) of respondent said, explained about HIV/AIDS and

134(85.9%) of respondent believe that the providers have knowledge and ability to give RH service. Most respondent 112(71.8%) asked by the providers if they have had any question or un-clarity and checked whether they understood the information properly or not. Some respondent 38(24.4%) said that the provider said things that make me feel uncomfortable. 49(31.4%) of respondent have next appointment and overall 89(57.1%) of respondent stated that they satisfied with the service and 57(36.5%) respond it is medium (Table 10).

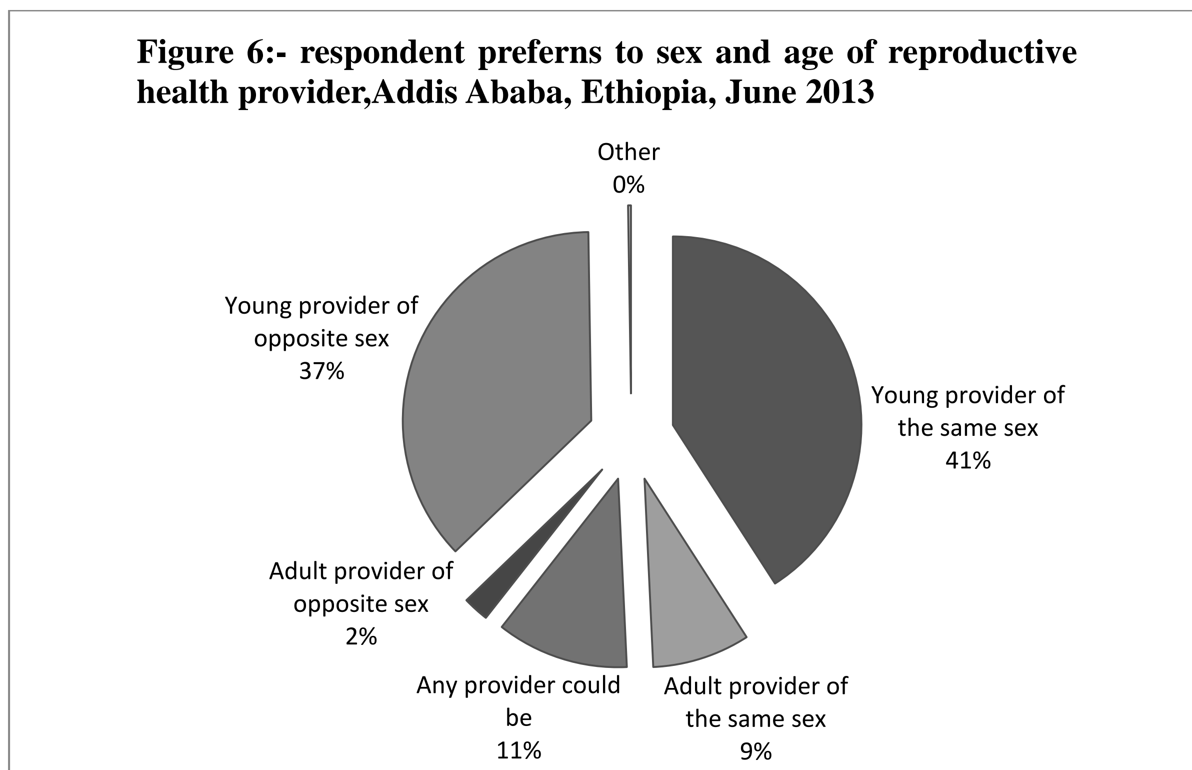
Table 10:- Visual aid and Providers Approach to Young Clients, Addis Ababa, Ethiopia, June 2013

Variable	Category	Frequency N=172	percent	Cumulative frequency
provider used visual aids during the session	Posters/broacher	56	35.89	35.89
	Drawings	60	39.3	75.19
	Video	0	0	0
	Model	41	23.07	98.26
	Nothing	14	1.7	100.00
Did the provider ask you questions about yourself	Yes	123	70.5	70.5
	No	59	29.5	100.00
kinds of questions the provider asked clients to explain about them	Contraceptive methods	32	15.27	15.27
	HIV/AIDS	98	61.1	76.37
	Other STIs	41	21.42	97.79
	pregnancy	11	2.08	100.00
Do you think that the service providers have the knowledge and capacity to provide	Yes	142	85.9	85.9
	No	30	14.1	100.00
Was the information given by the provider clear and simple	Yes	144	87.2	87.2
	No	28	12.8	100.00

Did the provider cheek to make sure you understood the information properly	Yes	123	70.5	70.5
	No	59	29.5	100.00
Who satisfied with the service	Yes	95	57.1	57.1
	No	15	6.4	63.5
	Medium	63	36.5	100.00

Perception and Preference to the Existing RH service

Respondent asked for the institution that youth prefer for reproductive health service and they respond that youth center is first our preference 251(62%), government hospitals or health center 107 (26.4%) and 18(4.4%) private clinic and other. The convenient time youth prefer to get RH service also assessed and 156(38.7%) prefer in the usual working hours, 119(29.5%) in weekend and 83(20.6%) out of the usual working hours. Concerning the service fees for youth RH service 279(68.7%) said it should be free of charge, 108(26.6%) with discount for youth. Regarding the preference of service provider sex and age 166(40.9%) prefer provider to be young and the same sex, 150(36.9%) young and opposite sex and 46(11.3%) to be any provider (Figure 5).



As indicated in table 11, The respondent assessed if there is any change in the community regarding RH seeking behavior after the youth center start providing RH service 138(34%) said yes, 76(18.7%) no change and 47.7% I don't know . Finally, the respondent asked whether they recommend service provided in the youth center RH clinics for others or not 325, (80.4%) said yes I recommend for friends and others.

Table 11- Youth Preference of Reproductive Health Service, Addis Ababa, Ethiopia, June 2013

Variable	Category	Frequency N=407	percent	Cumulative frequency
youth prefers of health institution for reproductive health service	government hospital or health center	109	26.4	26.4
	Private clinics	18	4.4	30.9
	youth centers	251	62.0	92.8
	other	29	7.2	100.00
Convenient time for RH health service	In the usual working hours	159	38.7	38.7
	out of the usual working hour	83	20.6	59.3
	At weekend	119	29.5	88.8
	other	45	11.2	100.00
prefers on service fees for youth RH service	Free of charge	280	68.7	68.7
	With discount for youth	108	26.6	95.3
	like other health institution fees	13	3.2	98.5
	Other	6	1.5	100.00
Prefers of youth reproductive health provider	Young provider of the same sex	167	40.9	40.9
	Adult provider of the same sex	34	8.4	49.3
	Any provider could be	46	11.3	60.6
	Adult provider of opposite sex	9	2.2	62.8
	Young provider of opposite sex	150	36.9	99.8
	Other	1	0.2	100.00
Is there any behavioral	Yes	140	34	34

change in the community after the youth center started the	No	46	11.1	45.1
	No change	77	18.7	63.8
	I don't know	149	36.2	100.00
Would you recommend this provider for friends	Yes	325	80.4	80.4
	No	38	8.7	89.1
	Other	44	10.9	100.00

Qualitative result

For the open-ended question if there are any areas of the clinic that need improvement or to be more confidential the respondent mention that.
"Waiting place is uncomfortable there is high noise disturbance from indoor game users" "Poor hygiene of the room,the surrounding and materials" , "most of the time the clinic is closed," , "The youth center and the woreda administrative office share the same compounde this increase feer of youth seen by family or same one they know", "Providers have no good approach and care and communication skills," .

For the question that, what should done to improve the service quality and utilization respondent answered that it is better to separate the RH clinics from the youth center building, the youth center should also be in separate compound from the woreda administrative office and not to be in front of youth center library that will increase the fear of binge seen by others and gat embarrassed or feeling shame due to their utilization. Service delivery time should include time out of the usual working hour, mobilization and promotion about RH to increase awareness and decrease fear, community toke show about RH should be prepared.

Concerning the question if there is any additional service that should be included in the system the following point was mentioned STI diagnoses and treatment, BP measurement, full family planning service including emergency contraceptive, entertaining and educational program, Pregnancy test, different brand of condoms, improving the room size of the clinics and waiting place.

For the possible factors that prevent youth from visiting of reproductive health service at youth centers in addition to what have mentioned the following reason also cited "Lack of close relationship between youth center and youth" In addition, "The youth center has no good name in the community so youth doesn't want to be seen here" also listed.

Regarding convenient time for youth RH service to arranged, they respond from Monday to Monday, 24 hour, until 8PM night and weekend. Assessment also done for these that interrupt the discussion with providers they said there have been repeated in and out of people ("ten times in and out"), the provider have no respect and have been joking on us also stated.

CHAPTER SIX

DISCUSSION

The response rate for this study was 96%, which is significant to avoid risk of serious bias and sufficient for most purposes therefore regarded as ideal for analysis and ensure data reliability. Most of the respondents and reproductive service utilizes are male which is not the case in other counters (36,37) this may be duo to factor that youth center consider by the community as a place were jobless gathered and youth especially females doesn't wont to attend here. Concerning sexual behavior of respondent, 66.4% of respondent have sexual partners and 51.4% are sexual active this result agree with other studies conducted in the country (41, 42).

The research exposed that 88% engaged in premarital sex that is higher than the report from above mentioned studs (32). The result on age at first sex indicate that 33.4% of respondent had mead their first sex at 17 ± 2 this age is much lower than studies conducted in the country and other African country(39, 41). These indicate that young populations are being increasingly involving in early and premarital sex although the action is culturally and socially unacceptable. The other thing is that 25% of respondent never use condom in their sexual intercourse and 27% utilize condom sometimes, it is much lower with respect to condom utilization than previous conducted studies at Harare and Southern Ethiopia (32, 39). This may be due to the reason that youth consider condom decrease sexual satisfaction.

The service available in youth centers includes family planning methods (Emergency contraception (30%), pills and depo provera(40%)), Pregnancy test (30%), VCT (90%), RH Counseling (100%) and condom (100%). None of the youth center has STI diagnoses/ treatment, abortion care and other service available in other African countries youth centers (36, 37). There are no enough seats and waiting place for clients in all of the clinics. None of them has clinic equipment such as – stethoscope, scales, thermometer, sphygmanometer, couch and feta scope. In addition, no media aids like TV, video or audio. This make the youth centers of Addis Ababa very Poor as compared to youth centers of Botswana, Nigeria and South African (36, 37).

Although, there is high termination of workers in the youth center clinics, the concerned body are not active in early deploying of workers, this create immense gap in service providing capacity of the center and enforce youth to return back, only five youth center clinics(50%) have two service providers. In some youth centers, the nurses accomplish the laboratory

technician duty at the same time. The problem is not only in deploying service providers there is also problem in training and equipping with necessary knowledge and skill. Only two (20%) of nurses and two (40%) of the Laboratory technician trained on the topics essential and that is directly related to their careers, these have impact on service quality of the clinics.

The respondent knowledge about the service available in youth centers assessed. Accordingly, 59.3% of participant has knowledge on one or more service available but only 42.6% ever utilized RH service in youth center, the result agree with previous report from school in Addis Ababa (31) and much higher than what indicated on studies conducted in Ghana and Botswana (36). 56.1% Study participant reflect that they consider young people are not properly utilizing RH service provided in youth center despite the high need for RH service in this age group (32).

The reason for visiting the RH clinics was VCT 68.6%, RH counseling 40.1% and family planning 15.6%. The reason for visiting is different from other studies done in Jimma town, the report from Jimma indicate that most of the clients come for family planning service followed by VCT (39) and this discrepancy may be duo to that family planning service were available only in few youth center.

This study assessed the ever utilization of RH services that is 42.6% and the last one year utilization of RH service 34.5%. Both result agreed with a report from other study done in Addis Ababa (39) and lower than report from Tanzania (37) and the developed world (38, 39). This may be due to respondent lower knowledge and lack of information about the RH service available on youth center.

The document review from the clinics record indicate that only small portion of youth have utilized the clinics, more than 300 youth visit the youth centers per week but only 10-20 (3-5%) of them approach to the centers RH clinic. These magnify the gap and absence of promotion and mobilization that will initiate the youth towards RH service. According to what documented, Youth visit the centers clinics mainly for condom and VCT service. The documentation lack complete information, it is difficult to get full information regarding users' characters like sex and age the problem is higher in provided service type family planning, counseling and condom distribution. This indicates the carelessness of providers to documentation.

The analysis of IEC materials and visual aids that providers used in discussion and counseling session with youth, point out that 39.3% respondent stated provider used picture, drawings and broacher. None of the center has media aides such as TV/video or audio it is better if considered in the future. Although, pictures and broacher help to increase understanding nothing substitute the importance of media aids. This makes our country youth centers poor in equipment than other Africa countries (37, 38)

Those utilized the service responded to the question that how they evaluate service quality 33.3% said it is good, 30.8% medium and the remaining respond that it is poor. Almost two third of the respondent satisfied with the quality of service they acquired, the reason for these may be related with the providers greeting and friendly fashion welcome of users and the providers took their concern seriously. Most of the respondent said that they acquired knowledge regarding RH and the providers explained information clearly, until they understand it.

The report show that the approach of service providers is good, 81.4% from those utilized the service mentioned that the time they spend with the providers was sufficient; they appreciated by the service providers to rise if they have any question/ unclear and discussed properly. This is much higher than from other studies done before (35, 36). 57% of the participant stated that they satisfied with the service, it is much higher than previous studies (36) and 6.4%, respondent are not satisfied and judged the service quality as poor, the reason for this include providers disrespect them and are judgmental, long waiting time to get the service and absence of service they want. However, this is very low as compared to other studies (36).

The study finding and confirm from other study(36) indicate that factors such as inconveniency of service delivery time (8.1%), youth center located at far distance (4.4%), lack of interest to RH service (1.7%) and judgment of health workers towards youth RH needs (6.1%) record as miner factor that affect service utilization. The major factors that prevent youth from visiting the youth center clinics were lack of knowledge on service availability (35.6%), lake of confidence (26%) and fear of seen by family or who may know them (14%). This is somewhat different from other studies (39, 40, 44, 45). This may be due to our countries sociocultural factors that dominated by 76 absences of opens and close relation between parent and children. Some other mentioned that they would visit if the time adjusted out of working hour and if they know more about the service available.

A number of authors suggested the possible explanation for young people's poor utilization of available RH service. They state that confidentiality, fear of disapproval and lack of access have significant effect on utilization. Most adolescent want privacy in needing RH service, this is confirmed in the same report which indicate that young people do not want their Parent or other who may know them to see in RH clinics and think that they are sexually active (40, 44,45). Unless having no other choice none of them prefers to utilize youth center reproductive health clinics because they lack privacy and most of them share the same compounded with woreda administration offices were people come for different service.

The assessment on preference of where youth reproductive health service should provided indicates that, 62% preferred it to be in youth center and 26.4% on government health center or hospital. The other thing 68.7% of them preferred service should be free of charge this agree with other studies (37, 44), and the time to be rearranged as 38.9% in usual working hours, 29.5% weekend and 20.6% out of the usual working hour. This result show that service delivery time had significant impact on utilization, 49.5% of them choose the time out of working hour and weekend this may be due to most of youth center users are students similar with reported in other studies (39, 43, 44, 45).

Regarding respondent preference of service provider 40.9% preferred young provider of the same sex, higher than what is indicated in other studies (31, 33, 39) this might be due to the reason that young and the same sex may create comfort to youth to tell their problems freely and consider they share common problem. Similarly, if the service is free of charge, it could create comfort to those youth who cannot afford the price; those who can afford may prefer to be seen in private health institution. Pregnancy test and different kind of family planning method were preferred by youth to incorporate in youth center.

There is poor management in youth centers that gives poor attention for the RH clinics; the youth center managers have no idea about the clinics functionality and already have no interest to know it, most service are not being provided or stopped due to small problem that could solved with simple intervention. The clinics are not equipped with materials and instruments, this can understood from the fact that there is no basic clinical equipment, which does not need huge expanse or investment.

The youth centers are not structurally fall under health sector they are under Addis Ababa women, youth and children affairs which have no health professionals who can give support and follow up for the youth center RH service providers. The providers have no trust on the

office and need the entire structure of the clinics to be merged to the health sector. The idea more strengthen by the providers answer to the question, what should be done to improve the service availability of the clinics and boost utilization, and they respond the following important points.

- Attention should be give to improve the management competence, skill of service providers and equipping of the clinics.
- Solving problems related to absence of budget, Poor supervision and technical support.

All interviewed providers mentioned the major problem and the root cause for poor service delivery is that structural problem of the clinics they said it is better to shift the clinics accountability and belongings to health sector than what is now.

Generally, the studies indicate that the existing reproductive health service clinics in youth center are not fully understood, aware and utilized by youth. Although, more than 300 youth per week youth visit youth center for different service they did not imagine, give attention and approach to RH service. The other thing is that the clinics have limited service as compared to other country youth center and they are poor equipped.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength of the study

• Ethical clearance from AAU, necessary arrangement from concerned body and verbal consent from study subjects obtained.
• All governmental youth center that provides reproductive health service was included in the sampling in order to make a representative study.
• The study complemented by qualitative method to explore factors that was not addressed by the quantitative data.
• Information gathered from both youth center users and service providers that helped to understand same problems from both sides.

7.2 Limitation of the study

• Only youth who visited youth center were included in the study
• Self reported information is subjected to errors and missed information
• Temporal relationship cannot be determined

CHAPTER SEVEN

Conclusion and Recommendation

Conclusion

- The RH service available in youth center includes VCT, family planning, condom and RH counseling. It is very limited as compared with other African countries youth center that they have STI diagnoses/ treatment, abortion care, life skill training and others.

- From the report one can conclude that there is poor utilization of RH services although respondent are sexual active, only 5-10% of those visit the youth center come to the RH service clinics.

- The research indicate that the main reason that push youth from visiting the RH clinics are Lack of knowledge on available service, lack of confidence and fear of being seen by parents or who may they know.

-Youth prefer the working hour of youth center clinics to include weekend, service fee to be free, service like family planning including emergency pills and pregnancy testing to be always available.

Recommendation

1. to Addis Ababa women, youth and children office

- Crate system that includes health professionals that can provide support and follow up the youth centers RH clinics
- Early deploying provider and scale up there skill by preparing training.
- Equipping the facilities with clinical materials
- Financial support and budget allocation for promotion, training, peer education and other activities
- to add new service like STI diagnoses/ treatment, abortion care and others.

2. to youth center management

- Create good working environment.
- Facilitating working hour to include weekend
- Facilitating peer education with provider
- Preparing regular Promotion and mobilization programs
- Preparing adequate room for the clinics and waiting place for users
- Outreach activity to increase awareness and knowledge on available RHS

3. To service providers

- Good approach and youth friendly service
- Regularly Promotion and mobilization activity
- Early reporting of drug and material shortage

4. to health centers

- Early providing of material and drug requests of the RH clinics

5. to sub city and woreda women, youth and children office

- Training of the providers
- Preparing regular supportive supervision
- Solving problems related to material and equipment shortage

6. For other researchers

Further study needs to conducted on areas like, determine why females are not utilizing the services unlike other counters report and how to increase RH services utilization culture of

young peoples. In addition, identify whether the best structure of the RH clinics of youth center to be in health bureau or to continue as it is now in women, youth and children affairs

References

1.WHO, Reproductive Health Report by the Secretariat, Fifty Seventh World Health Assembly, Geneva, April 15, 2004

2. WHO, the sexual and reproductive health of younger population, background paper for survey, Geneva, sewzeralnd, WHO 2011.

3. United Nations Report of International Conference on Population and Development, 5-13 September 1994.Report A/CONF 171/13, Cairo.

4. UNICEF, youth health for a challenge, note book on programming for young people's health and development, Geneva, 1997.

5. Pav G., Ph.D. Aklilu K., Ph.D. and Hailom B., Ph.D., Youth Reproductive Health in Ethiopia based on an in-depth analysis of the 2000 Ethiopia Demographic and Health Survey (DHS), Ethiopian Med J. 2002: 41(1):21-25

6. Addis Ababa youth and sport office, Standard for service provided in youth centers, Addis Ababa, Ethiopia, September 2009.

7. Misganaw F and Fekadu C. KAP of out of school youth on HIV/AIDS in Bahir Dar town, Ethiopia med J 1996; 34(4): 233-42.

8. Joe Kalo, Utilization of Adolescent Reproductive Health Services by Young People in Vanuatu. Vanuatu Med J 2006; 15(2):5-11

9. Population reports, meeting the needs of young adults. Oct. 1995; Ser. J 41(1): 25-34

10. Klein J., Slap G., Elster A. and Cohn S., Adolescents and access to health care. N.Y Acad. Med. 1993; 70(3): 219-35.

11. Ethiopian Central Statistics Agency, 2006 population projection, Addis Ababa, Ethiopia, April 2006

12. Federal Minster of Health, Adolescent Reproduction Health Strategy, Addis Ababa, Ethiopia, January 2006.

13. Ethiopian Society of obstetrics and gynecology, young reproductive health in Ethiopia, Ethiopian journal of RH 2010; vol-4: No 1.

14. UNFPA. Program of action adopted at the International Conference for Population and Development, Cairo, 5-13 September 1994. New York, 1996.

15. FRONTIERS Legacy Series, Youth Reproductive Health the Frontiers in Reproductive Health Program (), February 2009; NY Med J 27(3): 24-27
16. Tadesse E, Gundufa A and Mengestu G. Survey in adolescent reproductive health in the city of Addis Ababa. Ethiop J Health Dev 1996; 10 (1): 35-39.
17. Ali M. and Luelseged S. Factor's influencing adolescent birth outcome. Ethiopa Med J 1997; 35 (1):35-42.
18. Wako G. and Berhane Y., Structural quality of reproductive health services in south central Ethiopia. Ethiop J Health Dev 2000;14(3):317-25.
19. UNICEF, UNAIDS and WHO, young people and HIV/AIDS opportunity in crisis, Geneva, 2002.
20. Senderowit J., making reproductive health service youth friendly, Focus on adults, worled bank, Washington DC No:421: 1999
21. Children and Youth Affairs Organization, Ethiopian youth basic challenges and prospects, Addis Ababa, Ethiopia, 1995
22. Pav Gouindasamy,Ph.D, Aklilu Kidanu, Ph.D and Hailom Bantayerga, Ph.D, youth reproductive health in Ethiopia, November 2002, Ethiopian J health dev.; 26(10): 23-26
23. UNFPA, Sexual and Reproductive Health of Adolescents: a review of UNFPA assistance. Technical Report N 48,1998.
24. WHO, Programming for adolescent health and development report of WHO/UNFPA/UNICEF study group on programming for adolescent health WHO, technical report series 886,Geneva 1999.
25. Berhane F., Assessment of Reproductive Health Service in Front Line Health Institution, under Addis Ababa Health Bureau. Residency Report, Department of Community Health, Faculty of Medicine, Addis Ababa University. Ethiopian J health dev., 1999;18(20): 51-56
26. Pathfinder International African Regional Office. Adolescent Reproductive Health in Africa: Path in to the next century, Addis Ababa, Ethiopia, 1999.
27. Senderowitz J., Adolescent Health reassuring the passage to adulthood, World Bank discussion paper, World Bank Washington DC No: 272, 1995
28. Hofmann A. and Greydanus D. Adolescent Medicine. Fourth Edition, 1999, Texas, USA. P 17-19.
29. WHO, Linked Response to Reproductive Health and HIV/AIDS Experiences of ICOMP and Partner NGOs in Sub-Saharan Africa for Gender Integrated and Youth Friendly Approach, Geneva, Switzerland, 2008.
30. University of Gondar, Lecture note in reproductive health for health science students , AddisAbaba,Ethiopia,2008.

31. Ahemde Abubeker, Adolescent health service utilization patterns and preference in Addis Ababa, , Addis Ababa, Ethiopia, 2007.
32. Temsgen B., Youth reproductive health problem and service preferences, Asebe Tefi West Hararhe, Ethiopia, 2008.
33. Eshete F., D.zekus and Derke K., Ethiopian youth basic challenges and properties, Ethiopian J Health 1995; 11(1): 11-15
34. Neguse T., sexual activity of out of school youth, their knowledge and attitude about STD and HIV/AIDS in southern Ethiopia, Ethiopia, 1998.
35. Utilization of sexual and reproductive health services by secondary school adolscents in muottudi, south Africa J med 2008; 81(1): 16-18
36. Mesatu MC, Kleep k, Kole G, use of health service and reported satisfaction among primary school adolescent in Arusha, Tanzania J Med. 2001;57(10): 60-63
37. Aten Mj. Sregel DM, Roghmann KJ., use of health service by urban youth a school-based survey to asses' difference by grade level, gender, and risk behavior, 1996, Indian
38. Ayalew T.,Mesert Y. and Yeshigeta G., reproductive health service knowledge and attitude among adolescent in Jimma city, Eth. J health Dev 2008; 22(3):243-49
39. Annabel S., Mogs B. and Queen C., assessment of youth center reproductive health service in south Africa, population counsel, South Africa J med. 2006; 6499(2):134-37
40. Etense G., assessment of knowledge, Attitude and utilization of emergency contraception among Mekelle university Female undergraduate students, July 2009, Addis Ababa, Ethiop
41. Molla zeleke, Assessing the quality of youth center service in Ethiopia, the case of family guidance association of Ethiopia J Health Dev. 2008;41(1): 39-42
42. J.L. chauhan and Beena K., Improving service utilization by adolescents through urban health posts in Mumbai. Indian J Med 2008; 178(2): 118-20
43. ferhiwot B., yemna B. and mesganaw F., Adolesents health service utilization patterns and preference, Ethiopian J health Dev. 2005;19(1): 29-34
44. Melkamu y., Attitude of adolescents towards the existing reproductive health services in Adiss Ababa, Ethiopian J Health dev 2004; 32(1): 23-25
45. WHO,The sexual and reproductive health of younger adolescents, Research issues in developing countries, vol 5(3). pp15-18, 2011

Annex 1:- <u>Questionnaire</u>

Tool I- Interview questioner for youth center users

Instruction: Circle the code number given parallel to the answer that chosen and for Questions that the respondent gives direct answer, write the answer in the space provided. Part I. Socio demographic and academic characteristics of the respondents

S.No.	Characteristics	**Responses**	Skip to
101.	Sex of respondents	a. Male b. Female	
102.	How old were you at your last birthday? Age in completed years________	a. Don't know b. No response	
103.	Have you ever attended school? If no skip to Q5.	Yes b. No	
104.	What is the highest level of education you completed?	a. Only read and write b. 1 to 6 grade c. 7 to 10 grade d. 11 to 12 grade e. diploma f. degree and above	
105	What is your current marital status?	a.Inrelationship b.single c.Married d.Divorced e.Widowed f. No answer	
106	What is your religion?	A. Catholic b. Muslim c.Orthodox d.Protestant	

		e. Other--------------	
107	To which ethnic group do you belong?	a.Oromo b.Amhara c.Tigirie d.Gurage e. Other -----------------------	
108	What is your occupation?	a.Student b.Housewife c.Unemployed d.Merchant e.Government employee f.private g. Other specify---------------------	
109	How many yours did you live in these woreda	a.<1year b.1-3years c.4-10years d. > 10 years	
110	is your parents alive?	A.Father alive b.mother alive c. both alive d. both not alive	
111	If yes, what is the Educational status of your father?	a.Illiterates b.Elementary school c. secondary school d.college and above	
112	If yes, what is educational status of your mother?	a.Illiterates b.Elementary school c. secondary school d.college and above	
113	What is your parents' job status?	a. Both have work b. Only my father works c. Only my mother works d. Both do not have work	
114	What is your family monthly average income?	a. <200ETB b. 201-400 ETB c. 401-600 ETB d. 601-1000 ETB e.>1000 ETB f. I don't know	

PART II KNOWLEDGE, PREFERANCE AND UTILIZATION OF REPODUCTIVE HEALTH SERVICE

201	Do you have sexual partners know?	a. yes b. no	
	if yes have you make sex	a. yes b. no	
202	if yes, did you use condom	a. yes b. no	
203	At what age did you have the first sexual intercourse? Age in completed years________		
204	How many sexual partners have you ever had in your life time?	a. One b. two c. three d. more than three	
205	Have you ever make sexual intercourse without condom	a. yes b. no	
206	If yes, have you visited RH clinics regarding the situation	a. yes b. no	
207	do you know what service is being given at youth center clinic	a. yes b. no	
208	can you mention it (circle the response)	a. VCT b. RH service c. family planning d. condom distribution e. other----------	
209	Have you ever visited youth center clinics for reproductive health service?	a. yes b. no	
210	Do you remember the reason?		
211	Have you visited youth center clinics in the last one year for reproductive health service	a. yes b. no	
212	Do you remember the reason?	a. VCT b. RH service c. family planning d. condom distribution e. other----------	

213	What type of services did you come for today?	a.VCT b. Family planning c. RH Counseling d. to take condom e. other specify--------	
214	Did you get the services you came for it	a. Yes b. No If no: Why not? What happened?	
215	did u came ever to take VCT service	a. yes b. no	
216	if yes have u got the service	a. yes b. no	
217	if no what have been the resonce	A. no VCT service b. office closed c. no officer d. fear result e. other----------------------	
218	did u came ever to take Family planning service	a. yes b. no	
219	if yes have u got the service	a. yes b. no	
220	if no what have been the resonse	A. no VCT Family planning service b. office closed c. no officer d. fear result e. other----------------------	
221	did u came ever to take RH Counseling service	a. yes b. no	
222	if yes have u got the service	a. yes b. no	
223	if no what have been the response	A. no VCT RH Counseling service b. office closed c. no officer d. fear result e. other---------------------	

RECEPTION and COMMUNICATON

224	Do you think that your waiting time was reasonable	A. Yes b. no	
225	Did the provider greet you in a friendly fashion and took your concerns seriously?	Yes b. no	
226	do you think the provider asked you properly the reason you come today	a. yes b. no	
227	Did anything occur to interrupt your discussion with the provider?	a. Yes b. No	
	yes, what?	-----------------------------	
228	Do you feel that the provider/staff explained information clearly?	. Yes b. No	
228	Have you able to spend enough time with the nurse/educator discussed your needs?	a.Yes b. No	
229	Are there any areas of the clinic that you think need improvement, to make them cleaner, more comfortable, or more private?	a. Yes b. No	
	If yes: Please tell me which ones.	------------------------------	
230	did there service that should be added? If yes explain	------------------------------------- --------------------	
231	Were you asked to pay for services you received today?	a.Yes b. No	
232	what can you say about the service quality being given	a.verygood b.good c.medium d.poor e. very poor	

233	What have you heard from your family or friends or others in your community about the quality of services at this clinic?	a.positive b.negative c. nothing	

PROVISION OF SERVICES

234	Did the provider use any one of the following visual aids during the session?	A.Posters B.Drawings C.Booklets D. Video	
235	Did the provider ask you questions about yourself?	1. Yes 2. No	
	If yes, what kinds of questions did the provider ask?	A. Contraceptive methods B. HIV/AIDS C. Other STIs D. Unwanted pregnancies	
236	Do you think that the service providers have the knowledge and capacity to provide?	a. Yes b. No	
237	Did the provider ask you if you had any questions or un-clarity?	a. Yes b. No	
238	Did you feel comfortable asking the provider questions?	a. Yes b. No	
239	Was the information given by the provider clear and simple?	a. Yes b. No	
240	Did the provider check to make sure you understood the information properly?	a.Yes b. No	
241	Do you feel like enough time was spent with the provider?	a.Yes b. No	
242	Did the provider do or say anything that made you feel uncomfortable?	A.Yes b .No	
243	Did you set a date for your next appointment?	a. Yes b. No	

244	Overall, were you satisfied with the service?	A.Yes b.No c. Not bad	
245	do you think the young people are using RH service in this youth center?	a.yes b. no	
246	Please answer Yes (write 1) or No (write 2) to the following possible factors that may prevent youth from visiting of reproductive health service at youth centers.	a. youth center are located at far distance. b. Fear of being seen by friends or others who know them. c. Health professionals are Judgmental towards youth RH needs d.Lack of confidentiality e.Youth get embarrassed at needing reproductive health service. f. Inconveniency of service delivery time. g. health service fee is expensive i. Long waiting time for service. j. In consistence of service delivery	
242	In which of the following health institution do you think youth reproductive health service is given better?	a. government hospital or health center b. Private clinics c. youth centers d. other Specify	

243	In which of the following way do you prefer youth reproductive health service to be rearranged?	a. Within the existing health institution as it is having its own youth reproductive health service room's c. In health institute that give only Youth reproductive health d. By expanding Youth reproductive health in youth center e. Other specify._______	
244	Which time do you think it is convenient for youth health service?	a. In the usual health institute working hours b. out of the usual working hour c. at weekend	
245	What do you prefer on service fees for youth RH service?	a. At usual rate b. With discount for youth c. Free of charge d. Other specify	
246	Whom do you prefer to be youth reproductive health provider?	a. Young provider of the same sex b. Young provider of any sex c. Adult provider of the same sex d. Adult provider of e. Any provider could be f. Other specify	
247	Is there any change in the community after the youth center started the reproductive health service?	a. Yes b. No c. I don't know	
248	ould you recommend this provider to a friend?	Yes b. No	

Tool III: Interview guide line of service providers

Part I. socio demographic and academic characteristics of the respondents

Name of youth center: ____ Date of interview: ____

101	Position of person interviewed	a. Professional nurse b. Peer Educator c. other specify------------------------	
102	Sex of respondents	a. Male b. Female	
103	How old were you at your last birthday? Age in completed years_______	a. Don't know b. No response	
104	What is the highest level of education you completed?	a. Only read and write b. 1 to 6 grade c. 7 to 10 grade d. 11 to 12 grade e. diploma f. degree and above	
105	What is your current marital status?	a. Unmarried b. Married c. Divorced d. Widowed e. No answer	

Part II: Service provider work experience, knowledge, attitude and skills in Sexual and reproductive health service

201	How long have you been working in this youth center?	< 6 month b. 6 months- 1 year c. 1-3 year d. > 3 year	

202	How many service providers have been deployed here?	----------------	
203	How many of them are Know at work?	-----------------------	
204	At what location dose the youth center is located?	a. At the center of the woreda b. at one side or edge of the woreda c. I don't know d. other specify-------------	
205	On average how many youth came in this youth center for service per week	a. < 100 b. 100-200 c. 200-300 d. > 300 e. I don't know	
206	On average how many youth came in this clinic for service per week?	a. < 15 b. 15-30 c. 30-45 d. > 45 e. I don't know	
207	Have you attended any RH training for youth-friendly service?	a.Yes, after I recruited here b. yes, before I recruited here c. not at all	
208	If yes when it the last time	a. < 6 month b. 6 months- 1 year c. 1-3 year d. > 3 year	
209	Have you attended any specific training on STI/HIV training workshops?	a. Yes, after I recruited here b. yes, before I recruited here c. not at all	
210	If yes when it the last time	a. < 6 month b. 6 months- 1 year c. 1-3 year d. > 3 year	
211	Have you attended any specific training on family planning?	a. Yes, after I recruited here b. yes, before I recruited here c. not at all	
212	If yes when it the last time	a. < 6 month b. 6 months- 1 year c. 1-3 year d. > 3 year	

Provider attitudes in providing ASRH services to a young person

213	Do you feel that Sexual and reproductive health services should have been become part of mainstream youth center?	a. Yes b. no	
214	How do you feel providing Sexual and reproductive health services for young people?	a. i don't fill comfort b. i fill comfort c. I don't realize it d. I don't know e. other specify------------	
215	Do you support of contraceptive use by young people to prevent unplanned pregnancy?	a. Yes b. no	
216	Do you support of condom use by young people for sexual activity?	a. Yes b. no	
217	Have you ever tasted for HIV/AIDS? If yes, when?	A.< 1 year b. 1-2 year c. > 2year d. I don't remember	

Part III: factors affecting reproductive health Services availability and utilization in the youth center:

301	What services do you provide to clients on this youth center?	-- ------------------------------------	
302	Do your service that you give for clients vary by age?	a. Yes b. no	
303	Do you feel that young people have needs for reproductive health Services and yet they are not coming to clinic?	a. Yes b. no	
304	if yes, What do you think the reason that youths are not using this clinic as needed?	a. They don't know the service availability b. they prefer other health institution for the service c. There is no service they went at this clinic d. I don't know e.other specify----------------	

305	what can you say about the quality of service provided in this clinic	a. very good b. good c. medium d. bad e. very bad	
306	Do you feel confident and competent in providing reproductive health Services and counseling for young people?	a, Yes b. no	
307	Is there shortage of any material or drug needed in the past 6 month?	a. Yes b. no	
308	if yes, can you specify some of them?		
309	What is the major reason for stoke out of drugs or material	a. The supply is not enough b. not provided on time c. client flow increased d. other specify-------------------	
310	Do you feel this clinic is adequately set up and equipped to offer RH services?	a. Yes b. no	
311	If no, what needs to be put in place to strengthen RH services?		
312	What is the most common service that youth came for it?	a.FP b. condom c. VCT d. counseling d. other specify-	
313	Is there a service that was ever not given but is available in clinic here?		
314	Do you think that clients are satisfied and go on the service given here	a. yes b. no	
315	Is there any mechanism that the youth center do to advocate the service given in the clinic	a. yes b. no	
	if yes list it--------------------------		

314	Have you been referring young clients to other health institution? If so, where are they being referred to?	a. health center b. hospital c. private clinics d. not referred d. other specify--	
315	Are you satisfied by your work?	a. Yes b. no	
316	If no, what do you think about the reason?	a. Salary b. management c. working environment d. the work is not successful f. other specify---------------------	
317	Did you receive supervision from concerned body?	a. Yes b. no	
319	Do you think that you are gating enough support and follow up from the concerned body?	a. Yes b. no	

Tool I. TYPES OF HEALTH FACILITIES & COMMODITIES AVAILABLE AT THIS CLINIC

Commodity/facility	**Yes**	**No**	**Remark**
Contraceptives type (list which ones are available)			
Pregnancy Testing kits			
Emergence contraceptive			
HIV testing kits			
STI testing			
Condoms			
RH Clinic Equipment in good order (list which ones are available):			
Does clinic have enough dust bin, containers and cleansing agents?			
Is there a Sterilizer			

Are medications and other supplies kept in a manner that ensures good preservation			
Are medications and contraceptives in stock within the expiry date?			
Clinic furniture: Is this adequate in all areas of the clinic including client waiting areas, procedure rooms and treatment rooms			
properly dispose material of sharps and other medical waste			
Are gloves, needles/syringes and antiseptic solutions available in necessary quantities?			
Toilet			
Water and Electricity			
Light and Ventilation			
IEC/BCC materials: Are relevant client-education materials available and displayed for each type of adolescent health service provided - posters, - Brochures - and models			
Clinic furniture: Is this adequate in all areas of the clinic including client waiting areas, procedure rooms and treatment rooms?			

<u>Annex 2:- Amharic Version of the Questioner</u>

የግለስብ የስምምንት ቅፅ

በአዲስ አበበ ዩኒቨርሰቲ ፣ የህክምና ፋካሊቲ ፣የህብረተስብ ጤና ትምህርተ ቤት አዲስ አበባ ውስጥ በሚገኙ ውጣት መአከላት ስለሚስጠው የስን ተወልዶ ጤና አገልግሎት አቅርቦትና አጠቃቀም ዙሪያ ለሚካሄደው ጥናት የተዘጋጅ የግለስብ ስምምነት ቅፅ

እኔ በዚህ ጥናት ላይ የምስራው በመርጃ ስብሳቢነት ሲሆን የዚህ ጥናት አላማ በውጣት መእከላት ስለሚስጠው የስን ተወልዶ ጤና አገልግሎት አቅርቦትና አጠቃቀም ዙሪያ ዳስሳ ለማድርግ ነው፡፡ በሚገኘው መርጃ መስርት በውጣት መአከላት የሚስጠውን የስን ተዋልዶ ጤና አገልግሎት ዙሪያ ተጭማሪ እሰትራቲጂዎችን ለመቀይስ እንዲሁም በተሻሻለ መልኩ የተጥቃሚውን ፍላጎት መስርተ ያድርጉ የተለያዩ አገልግሎቶችን ለመስጥት ይርዳሉ፡ ይህንን አላማ ለማሳካት በቀናና በትክክለኛ መልስ መጥይቁን በመሙላት የምታደርጉት ተሳትፎ በጣም ጠቃሚ ነው፡፡ ለማረጋገጥ የምንፍልግው ነግር የእናንተ ስም በዚህ መጠይቅ ላይ አይሞላም እንዲሁ<ም ሚሰበሰበው ሀሳብ ሚስጠ=ርነቱ የተጠበቀ ነው:: በዚህ ጥናት በጠቅላላው አለመሳተፍ፣በከፊል መሳትፍ ወይም በማንኛውም ግዚ የማቋረጥ መብታችሁ የተጠበቀ ነው፡፡ ነገር ግን ከእናንተ የምናገኘው ጠቃሚ ሀሳብ ጥናቱን ለማሳካትና የአዲስ አበባ ወጣት መአክላት በስነ ተዋልዶ ጤና ዙሪያ የሚሰጡትን አገልግሎት ለውጥ ለማምጣትና ለማሻሻል በጣም ጠቃሚ ነው፡፡

አመስግናለሁ፡፡

በዚህ ጥናት ላይ ለመሳትፍ ፍቃድኛ ነህ/ነሽ

አዎ---------------- አይደለሁም-----------------

የመላሹ ፊርማ------------------------

የመርጃ ስብሳቢው ስምና --------------------- ፊርማ ------------------- ቀን -------------

የሱፐርቫይዘሩ ስም------------------------ ፊርማ ----------------------

የጥናቱ ዋና ተጠሪ

ሰም፡ አንዋር ሁልጊቾ

አድራሻ፡ሞባይል- 0913089163 ኢ.ሚል - anesoft123@yahoo.com/ aneben123@gmail.com

ቅፅ 1፣ የወጣት መአከላት ተጠቃሚች መጠይቅ

መመሪያ፤ ምርጫ ላላቸው ጥያቂዎች መልስ የሆነውን ፊድል ከፊት ለፊታችው ያክብቡ የፅሁፍ መልስ ለሚያሰፍልጋችው ደግሞ ክፍት ቦታ ላይ ይፃፉ

ክፍል 1፣ ማህብራዊና ስነህዝብ ሁኔታዎቹን በተመልክት

101	የመላሹ ፆታ	ሀ.ወንድ ለ. ሴት	
102	በባለፍው ልደትህ ስንት አምትህ/ሽ ነበር-----------------	ሀ.አላውቀውም ለ. መልስ የለም	
103	እስከ ስንተኛ ክፍል ትምህርት ተከታትለሀል/ሻል	ሀ. ማንበብና መጻፍ ለ. ከ1-6ኛ ክፍል ሐ. ከ7-10ኛ ክፍል መ. ከ11-12ኛ ክፍል ሠ. ዲፕሎማ ረ. ዲግሪና ከዚያ በላይ	
104	የጋብቻ ሁኔታ	ሀ.ያግባ ለ.ያላግባ መ.የተፋታ ሠ.የሞተበት ረ. የተለያየ	
105	ሀይማኖት	ሀ.ካቶሊክ ለ.ሙስሊም ሐ.ኦርቶዶክስ	

		መ.ፕሮቴስታንት ሠ.ሌላካል ይጠቅሰ---------	
106	ቤሂርስብ	ሀ.ኦሮሞ ለ.አማራ ሐ.ትግራይ መ.ጉራጌ ሠ.ሌላ ካለ ይጠቀስ----------	
107	መተዳደሪያ ሰራ	ሀ.ተማሪ ለ. የቤት እመቤት ሐ. ስራ የሌለው መ.ነጋዴ ሠ.የመንግሰት ስራተኛ ረ.የግል ስራ ሸ. ሌላ ካለ-----------	
108	በአሁኑ ስአት ትምህርተ በመከታትል ላይ ነህ	ሀ. አዎ ለ. አይ	
109	በዚህ ወርዳ ውሰጥ ለስንት አመት ኖርሀል	ሀ. ከ1 አመት በታች ለ. ከ1-3 አመት ሐ. ከ4-10 አመት መ. ከ10 አመት በላይ	
110	ወላጅጅህ/ሽ በህይዎት አሉ	ሀ.አባቴ አለ ለ.እናቴ አለች ሐ. ሁለቱም በህይዎት አሉ መ. ሁለቱም በህይዎት የሉም	
111	የአባትህ የትምህርት ድርጃ	ሀ.ያልተማር ለ.የመጅመሪያ ድርጃ ሐ. ሁለትኛ ድርጃ	

		መ. ኮሌጅ ና ከዚያ በላይ	
112	የእናትህ የትምህርት ድርጃ	ሀ.ያልተማር ለ.የመጅመሪያ ድርጃ ሐ. ሁለትኛ ድርጃ መ. ኮሌጅ ና ከዚያ በላይ	
113	የውላጆችህ የስራ ሁኔታ	ሀ. ሁለቱም ስራተኞች ናችው ለ. አባቴ ብቻ ስራ አለው ሐ. እናቴ ብቻ ስራ አላት መ. ሁለቱም ስራ የላችውም	
114	የቤተስባችሁ አማካይ ገቢ ስንት ነው	ሀ.ከ200 በታች ለ.ለ201-400 ሐ.ከ401-600 መ.ከ601-1000 ሠ.ከ1000 በላይ ረ. አላውቅውም	

ክፍል 2፡ የስን ተዋልዶ ጤና እውቀት፣ፍላጎትናአጠቃቅምን በተመልከት

201	የፍቅር ጓድኛ አሁን ላይ አለክ/ሽ	ሀ.አዎ ለ. አይ	
202	አዎ፣ ከተባለ የግብር ስጋ ግኑኝነት ጀምራችኀል	ሀ.አዎ ለ. አይ	
203	አዎ፣ ከተባለ ኮንዶም ትጠቀማላችሀ	ሀ.ሁልግዜ ለ.አንዳንዴ ሐ. አንጠቀምም	
204	የመጀመሪያ የግብረስጋ ግንኙነት ሲያድርጉ ስንተ አመቶ ነበር	-------------------	

205	እስከ አሁን ድረስ ስንት የፍቅር ጓድኞች ነበሮት	ሀ. 1 ለ. 2 ሐ.3 መ. ከ4 በላይ ሠ. ምንም	
206	ያለ ኮንዶም የግብረስጋ ግንኙነት አድርገው ያውቃሉ	ሀ. አዎ ለ. አይ	አይ፣ከተባለ ወደ 208 የሂዱ
207	ከዚያ ቦኃላ ለምክረ ወይም ለሌላ አገልግሎት ወደ ስን ተዋልዶ ጤና ክሊኒክ ሂድው ነበር	ሀ. አዎ ለ. አይ	
208	በዚህ ውጣት ማእከል ክሊኒክ የሚሰጡ አገልግሎቶችን ታውቃለህ	ሀ. አዎ ለ. አይ	አይ፣ከተባለ ወደ 210 የሂዱ
209	የምታውቀውን ልትጠቅስልኝ ትችላል.	ሀ. ቪሲቲ ለ. ቤተሰብ እቅድ ሐ. ለስነ ተዋልዶ ምክር አገልግሎት መ. ኮንዶም ስርጭት ሠ.ሌላ---------	
210	ከዚህ በፊት እዚህ የወጣት መእከል ክሊኒክ መጥተው ነበር	ሀ. አዎ ለ. አይ	አይ፣ከተባለ ወደ 214 የሂዱ
211	ምክኒያቱን ታሰታውሳለህ (ከ 1በላይ መልስ ይቻላል)	ሀ. ለ VCT ለ. ለቤተስብ እቅድ ሐ. ለስነ ተዋልዶ ምክር መ. ኮንዶም ለመውስድ ሠ. ሌላ ካለ የጠቀስ	
212	በዚህ አንድ አመት ውስጥ እዚህ የወጣት መእከል ክሊኒክ መጥተው ነብር	ሀ.አወ ለ.አይ ሐ.አላሰታውስም	

213	ምክኒያቱን ታሰታውሳለህ (ከ 1በላይ መልስ ይቻላል)	ሀ.ለ VCT ለ. ለቤተሰብ እቅድ ሐ. ለስነ ተዋልዶ ምክር መ. ኮንዶም ለመውሰድ ሠ. ሌላ ካለ የጠቀስ	`
214	አሁን ለምን አገልግሎት ነው የመጣህው/ሽው	ሀ.ለVCT ለ. ለቤተሰብ እቅድ ሐ. ለስነ ተዋልዶ ምክር መ. ኮንዶም ለመውሰድ ሠ. ላይብራሪ ረ. ICT ሰ.ካፌ ሸ. መዘናኛ ቀ. ሌላ ካለ የጠቀስ---------------------	
215	ለቪ.ሲ.ቲ አገልግሎት መጥተክ/ሽ ታውቃለህ	ሀ. አዎ ለ. አይ	
216	የመጣህበትን አገልግሎት አግኝተህ/ሽ ነበር	ሀ. አዎ ለ. አይ	
217	አይ ከታባለ፣ ምክኒያቱ ምን ነበር	ሀ.አገልግሎቱ አልነበርም ለ. ክሊኒኩ ዝግ ነበር ሐ. ባለሙያዎች አልነበሩም መ. ፍረቼ ተመለኩ ሠ. ሌላ ካለ ይጠቀሰ -------------------------	
218	ለቤተስብ እቅድ አገልግሎት መጥተክ ታውቃለህ	ሀ. አዎ ለ. አይ	
219	የመጣህበትን አገልግሎት አግኝተህ ነበር	ሀ. አዎ ለ. አይ	
220	አይ ከታባለ፣ ምክኒያቱ ምን ነበር	ሀ. አገልግሎቱ አልነበርም ለ. ክሊኒኩ ዝግ ነበር ሐ. ባለሙያዎች አልነበሩም መ. ጉዳቱን ፍረቼ ተመለኩ	

		ሠ. ሌላ ካለ ይጠቀሰ -----------------------------	
221	ለስነ ተዋልደ ምክር አገልግሎት መጥተክ ታውቃለህ	ሀ. አዎ ለ. አይ	
222	የመጣህበትን አገልግሎት አግኝተህ ነበር	ሀ. አዎ ለ. አይ	
223	አይ ከታባለ፣ ምክኒያቱ ምን ነበር	አገልግሎቱ አልነበርም ለ. ክሊኒኩ ዝግ ነበር ሐ. ባለሙያዎች አልነበሩም መ. ፍረቼ ተመለኩ ሠ. ሌላ ካለ ይጠቀሰ ---------------	

<u>ክፍል 3፣ የባለሙያዎች አቀባበልና ኮሚዩኒኬሽን</u>

301	የስን ተዋልዶ አግልግሎቱን ለማግኘት የጠበክበት ስአተ ምክኒያታዊ ነው በለህ ታስባለህ	ሀ.አዎ ለ. አይ	
302	ባለሙያዎቹ ጥሩ ሰላምታ ና አቀባበል አድረገውልኛል ብለህ ታስባለህ	ሀ. አዎ ለ. አይ	
303	ባለሙያዎቹ ዛሪ የመጣህበትን ምክኒያት በተገቢው መልኩ ጠየቀውኛል ብለህ ታስባለህ	ሀ. አዎ ለ. አይ	
304	ከባለሙያዎቹ ጋር በነበረህ ቆይታ ውይይታችሁን የሚርብሽ	ሀ.አዎ ለ.አይ	

	ነገር ነበር		
	አዎ ከሆነ ምን ነበር	-------------	
305	ባለሙያዎቹ የምፈልገውን መርጃ በተገቢው መልኩ አብራርተውልኛል ብለህ ታስባለህ.	ሀ.አዎ ለ. አይ	
306	ከባለሞያዎች ጋር በቂ ግዜ አገኘቼ የምፈልገውን ነገረ ተነጋግሪያለሁ ብለህ ታስባለህ	ሀ. አዎ ለ. አይ	
307	መሻሻል አለብት ብልህ የምታስበው የክሊኒኩ አክባቢ አለ፣ወይም ደግሞ ነፁህ ፣ምቹናነፃነት ያለበት ቢሆን የምትለው	ሀ. አዎ ለ. አይ	
	አዎ ከሆን፣ ልትነግረኝ ትችላለህ	-------------------------------	
308	መጨመር አለባቸው የምትላቸው አገልግሎቶቸ አሉ	-- --------------	
309	ለአገልግሎት የተጠይከው ክፍያ ነበር	ሀ.አዎ ለ. አይ	
310	ሰለ አገለግሎት አስጣጥ ጥራታቸው ምን ትላለህ	ሀ. በጣም ጥሩ ነው ለ.ጥሩ ነው ሐ.መሀከለኛ መ. ጥሩ አይደለም ሠ. በጣም ጥሩ አይደለም	
311	ከቤተስብክ ወይም ከጓደኞች ወይም ከህብረተስቡ እዚህ ሰለ	ሀ.ጥሩ ነገር ለ. ጥሩ ያልሆነ ነገር ሐ.ምንም ነገር አልሰማሁም መ. ሌላ	

	ሚስጡ አገልግሎቶች ጥራት ሲባል የስማህው ምንድው		

ክፍል 4፣ የአገልግሎት አስጣጥ

401	ከባለሙያዎች ጋር በነበረክ ውይይት ከሚከተሉት ውሰጥ የተጠቀሙት የእይታ መርጃ መሳሪያዎች አሉ	ሀ. ፖስተር ለ. ሰእል ሐ.ቪዲዮ መ. ሞዴል	
402	ስለ ራስህ እንድትገልፅላቸው ጠይቀውህ ነበር	ሀ. አዎ ለ. አይ	
	አዎ፣ ከተባለ በምን ዙሪያ ነበር የጠይቁህ	ሀ. ስለ እርግዝና መከላከያ ለ.ሰለ ኤች.አይ.ቪ/ኤድስ ሐ. ሰለ አባላዘር በሽታዎች መ. ሌላ-------------------	
403	ባለሙያዎቹ በቂ እውቀት ወይም ችሎታ አላችው ብለህ ታስባለህ	ሀ. አዎ ለ. አይ	
404	መጨርሻ ላይ ባለሙያው ጥያቂ ወይም ግልፅ ያልሆነ ጉዳይ ካለክ በሎ ጥይቆክ ነበር	ሀ. አዎ ለ.አይ	
405	ባለሙያዎቹን ጥያቂ ለመጥይቅ የሚያሰችል ምቾት ተስምቶህ ነበር	ሀ.አዎ ለ. አይ	
406	በባለሙያዎቹ የተሰጠህ መርጃ ግልፅና ቀላል ነበር	ሀ. አዎ ለ. አይ	
407	ባለሙያዎቹ የሰጡህን መርጃ ወይም ትምህርተ በትክክል መርዳትህን አርጋግጥው ነበር	ሀ.አዎ ለ. አይ	
408	ባለሙያዎቹ ጋር የሚብቃኝን ያህል ግዜ አሳልፊያለሁ ብለህ	ሀ.አዎ ለ. አይ	

	ታስባለህ		
409	ባለሙያዎቹ ሲያናግሩህ ምቾት ያልሰጠህ ወይም ቅር ያሰኝህ ነገር ተከስቶ ነበር	ሀ.አዎ ለ. አይ	
410	የሚቀጠል ቀጠሮ ካለህ ቀን ወስናቹ ነው የወጣችሁት	ሀ.አዎ ለ. አይ	
411	በአጠቃላይ በተስጥህ የምክር አገልግሎት እርክቻለሁ ብለህ ታስባለህ	ሀ.አዎ ለ. አይ ሐ. ምንም አይልም	
412	በዚህ ወጣት መአከል የሚስጠውን የስነ ተዋልዶ ጤን አገልግሎት የአከባቢው ነዋሪዎች/ ወጣቶች በአግባቡ እየተጠቀሙበት ነው ብለህ ታስባለህ	ሀ. አዎ ለ. አይ ሐ. አላውቅም	
413	በዚህ ውጣት መአክል የሚሰጥውን የስነተዋለዶ ጤና አገልግሎት የአክባቢው ወጣቶች እንዳይጠቅሙ ያድርጋችው ብለህ የምታስበው ምክኒያት ከሚከተሉት ውሰጥ የተኞቹ ናቸው(የተዝርዘሩትነ ክፍ ባለ ድምፅ አንብብላቸው)	ሀ. ውጣት መአክሉ እሩቅ ሰለሆነ ለ. ጓድኞቻቸው ወይም የሚያውቋቸው ስዎች እንዳያዩቸው ሰለሚፈልጉ ሐ. ሊጠቀሙ ለሚመጡ ስዎች ባለሙያዎቹ ጥሩ አመለካክት ሰለሌላችው መ. መጥተው ለመጠቀም ወጣቶች በራስ መተማምን ሰለሚጎላችው ረ. እዚህ ሲገባ የታይ ስው ሰለሚሰድብ ወይም ሰለሚያበሽቁት ሠ. የአገልግሎት መሰጫ ስአቶቹ ምቹ ሰላልሆነ ሸ. ክፍያቸው ውድ ሰለሆን ቀ. አገልገሎቱን ለማግኝት በዙ	

		ሰዓት ስለሚያሰጠብቅ በ. በውጣቱ የሚፍለጉ አገልግሎቶች ስለማይገኙ ተ. እዚህ የሚሰጡ አገልግሎቶችን ወጣቶች ስለማያውቁ ቸ. ሌላ ካለ ይጠቀስ -------------------	
414	የወጣቶች የስን ተዋልዶ ጤና አገልግሎት ከሚከተሉት ተቋማት ወስጥ በየትኛው ቢሰጥ ጥሩ ነው ብላቹ ታስባላቸሁ	ሀ. ጤና ጣቢያ ወይም ሆሰፒታል ለ. የግል ክሊኒክ ቸ. በውጣት መአክላት መ. ሌላ ካለ የጠቀስ------------------	
415	የወጣቶች የስን ተዋልዶ ጤና አገልግሎት ከሚከተሉት በየተኛው መልኩ ቢስተካከል ጥሩ ነው ብለህ ታስባለህ	ሀ. ባሉት የጤና ተቋማት ውስጥ ሆኖ የራሱ ክፍል ቢኖርው ለ. የወጣቶች የስን ተዋልዶ ጤና አገልግሎት ብቻ የሚስጡ ክሊኒኮች ቢኖሩ ሐ. በውጣት መአክላት ቢስጥ መ. ሌላ ካለ የጠቅስ-------------------	
416	የወጣቶች የስን ተዋልዶ ጤና አገልግሎት በይተኛው ስአት ቢስጥ ጥሩ ነው ብለህ ታስባለህ	ሀ.በተለምድው የስራ ስዐት ለ. ከስራ ስዓት ወጪ ሐ.ቅዳሚና እሁድ መ. ሌላ ካለይጠቅስ --------------------	
417	የወጣቶች የስን ተዋልዶ ጤና አገልግሎት ላይ ሰለሚጠየቁ ክፍያዎች ምን ተላለህ	ሀ. በነፃ መሆን አለበት ለ. በቅናሽ መሆን አለበት ሐ. እንደ ሌላው የጤና አገልግሎቶች ቢያሰከፍሉ መ. ሌላ ካለ ቢጠቅስ -------------------	

418	አግልግሎት ሰጪ ባለሙያዎች እነማን ቢሆኑ ትመርጣለህ	ሀ. ወጣት ሆኖ ተመሳሳይ ፆታ ያለው ለ. ወጣት ሆኖ ተቃራኒ ፆታ ያለው ሐ. ትላቅ ሰው ሆኖ ተመሳሳይ ፆታ ያለው መ. ትላቅ ሰው ሆኖ ተቃራኒ ፆታ ያለው ካለ ቢጠቅስ --------------------------	
419	ይህ ወጣት መአክል ስራ ከጅመር ቦኃላ ከስነ ተዋለዶ ጤና አገልግሎት አስጣጥ ጋር በተያያዘ ለውጥ አለው ብለህ ታስባለህ	ሀ. አዎ ለ. አይ ሐ. ከበፊቱ የተለየ ነግረ የለም መ. አላውቅም	
420	ሌሎች ስዎች እዚህ መአክል መጥተው ቢጠቀሙ የሻላል ወይሰ ሌላ ተቋም የሂዱ ትላለህ	እዚህ መአከል ይጠቅሙ ለ. ሌላ ተቋም የሂዱ ሐ. ሌላ ካለ ይጠቅሰ---------------------------------	

ቅፅ ሶስት፣ ለአግልግሎት ሰጪ ባለሙያዎቸ የተዘጋጅ መጠይቅ

ክፍል 1፣ ማህብራዊና የስነ ህዝብ ሁኔታዎቸን በተመልክት

መመሪያ፣ በምርጫ ለቀርቡ ጥያቂዎች መልስ የሚሆኑ ከፊት ለፊታችው ያሉ ፊደሎችን ያክብቡ የፅሁፍ መልስ ለሚያሰፍልጋችው ደግሞ ክፍተ ቦት ላይ ይፃፉ

101	የወጣት መአከሉ ስም		
102	ቃለ-መጠይቁ የተካሂደበት ቀን		
103	ቃለ-መጠይቅ የሚደረግለት ሰው ሙያ	ሀ.ፕሮፌሽናል ነርስ ለ. የስነ ልቦና ባለሙያ ሐ. የላብራቶሪ ባለሙያ መ.ሌላ ካለ -	
104	የመላሹ ፆታ	ሀ. ወንድ ለ. ሴት	
105	በባለፈው ልደትህ ስንት አመት ሆነህ --------	ሀ. አላውቀውም ለ. መልስ የለም	

106	የትምህርት ደረጃህ/ሽ ምንድን ነው?	ሀ. ማንበብ እና መፃፍ ብቻ የሚችል ለ.1ኛ-6ኛክፍል ሐ.7ኛ-10ኛክፍል መ.11ኛ-12ኛክፍል ሠ.ዲፕሎማ ረ. ዲግሪ እና ከዚያ በላይ	
107	የጋብቻ ሁኔታ	ሀ.ያላገባ ለ.ያገባ ሐ.የፈታ መ.ባሏ የሞተባት ሠ. የተለያየ	

ክፍል 2፣ የአግልግሎት ሰጪ ባለሙያዎች የስራ ልምድ፣እወቀት፣አመለካከትናበስን ተዋልዶ ጤና ዙሪያ ያላቸው ክህሎት

201	በወጣት ማዕከሉ መሥራት ከጀመርክ ምን ያህል ጊዜ ሆኖሀል	ሀ ሀ. < 6 ወር ለ. ከ 6 ወር - 1 ዓመት ሐ. ከ1 - 3 ዓመት መ. > 3 ዓመት	
202	ምን ያህል አገልግሎት የሚሰጡ ባለሞያዎች አሉ?	---------	
203	ምን ያህሉ ስለ ስራቸው የሚስጠውን ስልጠና ወስደዋል	-------------	
204	ወጣት ማዕከሉ ከወርዳው አቀማመጥ አንፃር የት ነው የሚገኘው	ሀ. አማካይ ቦታ ላይ ለ. አማካይ ያልሆነ ቦታ ላይ ሐ. አላውቀውም መ. ሌላ ካለ	
205	በአማካኝ በሳምንት ውስጥ ምን ያህል ወጣቶች ውድ ማእከሉ ለተለያዩ አገልግሎቶች ይመጣሉ	ሀ.<100 ለ.ከ100-200 ሐ.ከ200-300 መ.> 300 ረ. አላውቀም	
206	በአማካኝ በሳምንት ውስጥ ምን ያህል ወጣቶች ውድ ክሊኒካችሁ	ሀ.< 10 ለ. ከ10 - 20 ሐ.ከ20-30 መ. > 30	

	አገልግሎት ፈልገው ይመጣሉ	ረ. አላውቀም	
207	የስነ-ተዋልዶ ጤና ስልጠና ወስደህ ታወቃለህ/ሺ	ሀ. አዎ,እዚህ ከተቀጠርኩ በኃላ ለ. አዎ, ከዚህ ከመቀጠሪ በፊት ሐ.ምንም ወስጄ አላውቅም መ. ሌላ ካለ የጠቀሰ ----------------- ----	
208	መልስ አዎ ከሆነ መቼ ነው የወሰድከውህ/ሺ	ሀ. < 6 ወር ለ.ከ6ወር-1ዓመት ሐ.ከ1-3ዓመት መ. > 3 ዓመት	
209	በአባላዘር በሽታዎች ወይም በኤች.አይ.ቪ/ኤድስ ዙሪያ ስልጠና ወሰደህ/ሺ ታውቃለህ/ሺ	ሀ. አዎ, እዚህ ከተቀጠርኩ በኃላ ለ. አዎ, እዚህ ከመቀጠሪ በፊት ሐ.ምንም ወስጄ አላውቅም	
210	መልስ አዎ ከሆነ መቼ ነው የወሰድህ/ሺ	ሀ. < 6 ወር ለ. ከ 6 ወር - 1 ዓመት ሐ. ከ1 - 3 ዓመት መ. > 3 ዓመት	
211	በቤተስብ እቅድ ዙሪያ ስልጠና ወሰደህ/ሺ ታውቃለህ/ሺ	ሀ. አዎ, ከዚህ ከተቀጠርኩ በኃላ ለ. አዎ, ከዚህ ከመቀጠሪ በፊት ሐ. ምንም ወስጄ አላውቅም	
212	መልስ አዎ ከሆነ መቼ ነው የወሰድህ/ሺ	ሀ. < 6 ወር ለ. ከ 6 ወር - 1 መት ሐ. ከ1 - 3 ዓመት መ. > 3 ዓመት	

ክፍል 3፣ ለውጣቶች በሚሰጡ የሰነ ተዋልዶ ጤና ዙሪያ አገልግሎት ሰጪዎች ያላቸው አመለካከት

301	የስነ-ተዋልዶ ጤና ክሊኒክ የወጣት ማዕከሉ አንዱ የስራ ክፍል መሆን አልነበርበትም ብለህ/ሽ ታስባለህ/ሺ	ሀ, አዎ ለ. አይ ሐ. አላወቅም	
302	የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት ሰጪ በመሆንህ ምን ይሰማሀል?	ሀ. ምቾት አይሰጠኝም ለ.ይመቸኛል ሐ. ተረድቼው አላውቅም መ.አላውቅም ሠ. ሌለ ካለ	
303	ያልተፈለገ እርግዝና እንዳይከሰት ወጣቶች የወሊድ መቆጣጠሪያ መጠቀማቸውን ተደግፈዋለህ?	ሀ. አዎ ለ. አላውቅም	
304	በግብረ ስጋ ግንኙነት ግዜ ወጣቶች ኮንዶም መጠቀማቸውን ተድግፈዋልህ	ሀ. አዎ ለ. አይ ሐ. አላውቅም	
305	የኤች.አይ. ቪ/ኤድስ መርምራ አድርገህ/ሽ ታውቃለህ/ሽ፣አዎ ከሆነ መቼ	ሀ.<1ዓመት ለ.ከ1-2ዓመት ሐ.>2ዓመት መ. አልታወቀም	

ክፍል 4፣ በውጣት መአከላት የሚሰጡ አገልግሎቶች አቅርቦትና አጠቃቅምን የሚጎዱ ነገሮችን በተመለከተ

401	በወጣት ማዕከሉ ምን ምን አገልግሎቶች ይሰጣሉ	----------------------------- ------------------------------- ---	
402	የሚሰጡ አገልግሎቶች አሰጣጣቸው በእድሜ ይለያያሉ	ሀ. አዎ ለ.አይ አዎ ከሆን በአጭሩ ቢዘርዘሩ ------------------- -----------------------	
403	ወጣቶች የሚያስፍልጋቸውን ያክል የስነ ተዋልዶ ጤና	ሀ. አዎ ለ.	ለአይ፣ ወደ

	አገልግሎት እይተጠቀሙ ነው ብለህ ታስባለህ?	አይደለም	405 ይሂዱ
404	አዎ፣ ከሆነ ምክንያቱ ምንድን ነው ብልህ/ሺ ታሰባለህ/ሺ	ሀ. አገልግሎት መኖሩን ስለማያወቁ ለ. ለአገልግሎቱ ሌላ ጤና ተቋማትን ይመረጣሉ ሐ. ጤና ጣቢያው ውስጥ አገልግሎት ስለሚሰጥ መ.ድፍርት ማጣት ሠ.አላውቅም ረ. ሌላ ካለ ---------------------------------	
405	በዚህ ክሊኒክ የሚስጠውን የስነ-ተዋልዶ ጤና እና የምክር አገልግሎት የት ውሰጥ ይመድባል	ሀ. ጥሩ ለ. በጣም ጥሩ ሐ. መካከለኛ መ.ዝቅተኛ ሠ. በጣም ዝቅተኛ	
406	ባለፈው 6 ወር ውሰጥ የግብአት እጥርት ነበር?	ሀ. አዎ ለ. የለም	ለአይ፣ ወ ደ 409 ይሂዱ
407	አዎ ከሆነ ልትገልፅልኝ/ጭልኝ ትችላለህ/ሺ	------------------------------	
408	ለግበአቶቹ እጥረት ምክንያት ምን ነበር	ሀ. በቂ ግባአት ስላልነበርን ለ. ጊዜውን ጠብቁ ሰለማይሰን ሐ.የደንበኞች ቁጥርመጨመር መ. ኤክስፓየርድ ስላድርገ ሠ. ሌላ ካለ --------	
409	ይሄ ክሊኒክ የስነ ተዋልዶ ጤና	ሀ. አዎ	

	አገልግሎት ለመስጠት አቅም አለው ብለህ ታስባለህ	ለ.አይ	
410	አይ ከተባለ የስነ-ተዋልዶ ጤና አገልግሎቱን ለማጠናከር ምን ያስፈልጋል ብለህ/ሺ ታስባለህ/ሺ	--	
411	ወጣቶች በአብዛኛው ለምን አይነት አገልግሎት ነው የሚመጡት?	ሀ.ለቤተሰብእቅድ ለ.ለኮንዶም ሐ.ለምክር አገልግሎት መ.በፍቃደኝነት ላይ ለተመሰረተ ኤች.አይ.ቪ/ኤድስ ምክር አገልግሎት ሠ. ሌላ ካለ----------------	
412	በወጣት ማዕከል ክሊኒክ ውስጥ አገልግሎት እያለ ተስጥቶ የማያውቅ አገልግሎት አለ?	--	
413	እዚህ በሚሰጡ አገልግሎቶች ደንበኞች እረክተው ይመለሳሉ ብለህ ታስባለህ	ሀ. እንዳንዴ ለ. ሁልግዜ ሐ. ምንም	
414	በወጣት መአከሉ ክሊኒክ የሚሰጡ አገልግቶችን አሰመልክቶ የማሰተዋውቅና ቅሰቀሳ የማድርግ ስራዎች በእቅድ ይከናውናል.	ሀ.አዎ፣አንዳንዴ ለ.አዎ፣ሁልግዜ ሐ. ምንም አይደርግም	
415	ደንበኞችን ለበለጠ አገልግሎት ወደ ሌላ ጤና ተቋም ሪፈር ታድርጋላችሁ ፣ከሆነ ወዴት ነው የሚለኩት	ሀ.ጤናጣቢያ ለ. ሆስፒታል ሐ. የግል ጤና ተቋም መ. አይ ሠ. ሌላ ካለ----------	
416	በስራዩ ድሰተኛ ነኝ ብለህ ታስባለህ	. አዎ ለ. አይ	
417	አይ፣ ከሆነ ምክንያቱ ምንድነው ብለህ ታስባለህ?	ሀ.ደሞዝ ለ.የማኔጅመንት (አስተዳደራዊ ጉዳይ)	

		ሐ. ከስራ ባለደርቦች ጋር ያለ መስማማት መ. ስራው ሴኪታማ አለመሆን ሠ. ሌላ ካለ--------------------	
418	በሚመለከተው አካል ሱፐርቪዥን ተደረጉላቸሁ ያውቃል?	ሀ. አዎ ለ. አይደረገም	
419	በሚመለከተው አካል በቂ የሆነ ድጋፍና ክትትል ይደረጋል ብላችሁ ታስባለችሁ?	ሀ. አዎ ለ. አይደረገም	