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Addis Ababa University

Assessment of knowledge and utilization of youth friendly health service among adolescents (15-19) in Addis Ababa

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June, 2016

Addis Ababa, Ethiopia

ABSTRACT

Background: Several reproductive health challenges confront adolescents (10-19 years) globally and are more pervasive in developing countries where services and facilities are absent. An estimated 1.3 million adolescent girls and 780,000 adolescent boys are living with HIV worldwide, and 79 percent of new HIV infections among adolescents are in Sub-Saharan Africa. With 104 births per 1,000 women aged 15-19, Ethiopia's high adolescent birth rate was likely associated with the low use of modern contraceptives. Regardless of the interventions put in place for adolescents as a response for reproductive health needs of adolescents in Ethiopia adolescent and youths are still facing reproductive health challenges; furthermore knowledge and utilization of the youth friendly reproductive health service in available places has not been assessed in an all inclusive manner.

Objectives: To assess knowledge and utilization of youth friendly reproductive health service among adolescents in Addis Ababa.

Method: A community based cross-sectional study was conducted in a randomly selected 5 sub cities in Addis Ababa. Data was collected from 755 adolescents aged 15-19 through structured questioner. Data was coded cleaned and entered using EPI data 3.1 and transported to STATA 12.1 for analysis. Descriptive analysis of respondents was done. A bivariate analysis was done identify factors associated with utilization of youth friendly reproductive health service and reproductive health knowledge those with a $P<0.25$ were moved to multivariate analysis to identify their significance with the dependent variables; those with $P< 0.05$ were taken as independent factors affecting utilization of YFRHS.

Result: – Three hundred ninety eight (52%) of the adolescents had knowledge about reproductive health. Age (AOR = 2.19, 95% CI: 1.28-3.73), sex (AOR = 2.52, 95% CI: 1.62, 3.97) and radio as a means of communication (AOR = 2.64, 95% CI: 1.44, 4.81) were associated with reproductive health knowledge. Three hundred twenty four(42.9%) of the adolescents had ever used reproductive health services including counseling, IEC/BCC material, family planning, sexually transmitted infections treatment, abortion and post abortion care. Reproductive health services utilization was significantly associated with age (AOR = 1.99, 95% CI:1.3,3.05) , source of information being HEW (AOR = 1.7, 95% CI: 1.1, 2.69) and awareness IEC/BCC

service(AOR=1.9 95%CI: 1.24,2.9). “Not needing the service”, lack of information about the service, inconvenient working hour of the facility and embarrassment to ask for the service were the main reasons mentioned for not using youth friendly reproductive health service.

Conclusion and recommendation: Both reproductive health knowledge and services utilization is low amongst adolescents in Addis Ababa .Factors like age, sex, having access to radio were factors that determined reproductive health knowledge of adolescents while age, source of information about YFRHS being health extension worker and awareness of services like IEC/BCC and post abortion care as components were factors that determined utilization. A platform where adolescents could get quality information, concerning reproductive health should be created; in addition urban health extension program that is integrated in schools should be strengthened.

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ACKNOWLEDGMENT

Above all I thank my God and savior Jesus Christ for everything. I am very grateful to my advisor Assefa Seme(MD,MPH) for his comments during research development and willingness in helping and giving me invaluable idea from the very beginning. I would also like to express my deepest appreciation to Addis Ababa University, college of health sciences, school of public health for providing this opportunity. UNFPA funded this research through collaboration with school of public health in Addis Ababa University for which it deserves heartfelt gratitude. Especial thanks also go to data collectors and respondents for their willingness to participate in the study. I would like to extend my gratitude for my parents and the rest of my family;I can only imagine where I would have been if it was not for your effort and continuous support in every step of my way. I want to say God bless you to my friends Lidya, Gifti, Tigist for their uninterrupted and contentious encouragement in the darkest of time. Last but definitely not least I want to express my deepest gratefulness to Selam Hirpa, Robel Yirgu, Mulugeta Tamire, Abiy Seifu and Amanuel Alemu for every single contribution they made towards the finalization of this thesis.

ACRONYMS

EDHS	Ethiopian demographic health survey
HIV	Human immune virus
ICPD	International conference on population and development
RH	Reproductive health
RHS	Reproductive health service
SP	Service provider
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
VCT	voluntary counseling and testing
WHO	World health organization
YFS	Youth friendly service
YFRHS	Youth friendly reproductive health service

1 INTRODUCTION

1.1 Background

Adolescents (10−19 years old) today make up 18 per cent of the world's population of which more than half of them live in Asia but sub Saharan countries are the place where adolescents make up the majority of the population(1).

From early to late adolescence and young adulthood, there is a shift in the risk factors for the leading causes of morbidity and mortality. For example, both environmental causes and behavioral factors are prominent among adolescents aged 10–14. Risks related to individual behaviors including alcohol use and unsafe sex, are more common for youth aged 15–24, while environmental causes become less relevant particularly among boys. In Eastern and Southern Africa, Unsafe sex is the most common risk factor for 15–24-year-olds in this region, but the risk for females is nearly double that for males (1, 2).

International conference on population and development(ICPD) in 1994 in Cairo is one of the most demarcated time in adolescent health because it shifted the focus from fertility reduction to reproductive right of women and adolescents(3). According to the conference establishment of tailored services that are at the preference of youth was one opportunity to address RH right of adolescents.

Currently many countries have different policies and strategies on adolescent health. One of the ways in which the world, countries in Africa and in particular Ethiopia is dealing with their portion of adolescents is by availing Youth Friendly Sexual and Reproductive Health (YFSRH) services in health facilities. As defined by WHO, YFSRH services are designed to treat this specific age group on different health issues they may face including sexual and reproductive counseling(4, 5).

In 1993 when the government of Ethiopia launched its national population policies establishing teen-age and youth counseling centers in reproductive health was one of the strategies to improve adolescents reproductive health (6). The policy was meant to address: adolescent sexual health and reproductive rights; harmful practices, including early marriage by raising the legal age at

marriage for girls from 15 to 18 years old. The government also developed the national adolescent and youth RH strategy in 2006-2015 with a goal to address RH problems of adolescents. Following then later standard on youth friendly reproductive health service(YFRHS),service delivery guideline and minimum service delivery package on YFRHS was developed all in the effort of meeting the sexual and reproductive health needs of the youth. Furthermore, federal ministry of health of Ethiopia (FMOH) integrated reproductive health issues in the health extension package so that they can be addressed at the community level, youth centers and schools. In addition to the government other local and international nongovernmental organizations like Packard foundation, Marie stops international/Ethiopia ,family guidance association of Ethiopia are working to avail YFRHS in both urban and rural areas of Ethiopia(7).

1.2 Statement of the problem

Several reproductive health challenges confront adolescents globally and are more pervasive in developing countries where services and facilities are absent(5, 8). Complications related to pregnancy and childbirth is among the leading causes of death worldwide among adolescent mothers(9). An estimated 1.3 million adolescent girls and 780,000 adolescent boys are living with HIV worldwide, and 79 percent of new HIV infections among adolescents are in Sub-Saharan Africa. An estimated 16 million births annually occur to girls aged 15-19, and 95 percent of these births are in developing countries(1).

Sexual health is a major issue for young people in Ethiopia – despite decades of health campaigns. Rates of new HIV infections are starting to fall, but still as many as 8% of people are living with the disease in urban areas. Teenage pregnancy is widespread: more than half of girls have had two babies by the age of 18. A lack of knowledge about sexual health issues, coupled with traditional attitudes towards gender can lead to major problems for young women in Ethiopia(5).

Early childbearing is linked to increased risk of maternal mortality as well as illegal and unsafe abortions. In Africa about one quarter of the unsafe abortions are among teenagers (15-19) which is higher than any region. Most abortions are clandestine and unmarried young women are more likely to resort to clandestine abortions by unskilled providers(1, 8). In Africa teenage births and Adolescent birth rates per 1,000 women aged 15 to 19 ranges from a lower 70 in Ghana to highest 190 in Mali(10).

According to Ethiopian demographic health survey (EDHS 2011) 25% of all pregnant adolescents and young women (15-24 years) feel that their pregnancies are unintended (mistimed or unwanted). With 104 births per 1,000 women aged 15-19, Ethiopia's high adolescent birth rate was likely associated with the low use of modern contraceptives. Only 12.4% of youth aged 15-24 were using a modern contraceptive method, and 29 percent of sexually experienced women aged 15-24 had an unmet need for contraception(11).

Young people, particularly young women, were also among the most vulnerable to HIV infection, 1.5% of young women aged 15-24 living with HIV in 2007, compared to 0.5 percent f young men the same age. In addition only 20 percent of young women and 33 percent of young men aged 15-24 had comprehensive knowledge of HIV and its transmission(4).

Although, attempts have been made by different stakeholders and the government to increase accessibility and availability of Youth Friendly Services to adolescents in alignment with World Health Organization (WHO) guidelines, emphasizing on privacy, confidentiality, respect; comprehensive and integrated SRH services by a nonjudgmental trained provider; community engagement to foster an enabling environment; (12); adolescent and youths are still facing RH challenges as unsafe abortion, unmet need for family planning and STI including HIV(1, 5, 8, 13); Further more knowledge and utilization of the YFRHS in available places has not been assessed in an all inclusive manner. Therefore the purpose of this study is to assess the knowledge and utilization of youth friendly reproductive health service among adolescents in Addis Ababa.

1.3 Significance of the study

Attempts have been made by different stakeholders and the government to increase accessibility and availability of Youth Friendly Services to adolescents in alignment with World Health Organization (WHO) guidelines, emphasizing on privacy, confidentiality, respect; comprehensive and integrated SRH services by a nonjudgmental trained provider; community engagement to foster an enabling environment; (12); adolescent and youths are still facing RH challenges as unsafe abortion, unmet need for family planning and STI including HIV(1, 5, 8, 13); Further more knowledge and utilization of the YFRHS in available places has not been assessed in an all inclusive manner.

This study intends to determine adolescents' knowledge of reproductive health, utilization of youth friendly service; their knowledge on components of the service. The result of this study will help to fill the information gap about the service uptake and identifying difficulties in service provision and challenges to service utilization among adolescents in the study area. Appropriate recommendations will be made based on the result in which health care planners can use for improving ways of service provision and quality of the service.

2 Literature review

Youth Friendly Reproductive Health Services (YFRHS) must be accessible, acceptable and appropriate for the young people to effectively attract them, respond comfortably to their needs and retain them for continued care. The services offered should include provision of accurate information on SRH, including puberty and sexuality, HIV counseling and testing and provision of or referral for antiretroviral therapy, pregnancy testing, contraceptive counseling and provision of a full range of method, sexual abuse and violence counseling, treatment, and referral, sexually transmitted infection counseling, testing and/or syndromic management, and treatment, post abortion care, antenatal and postnatal care, referral for delivery and Other medical care(4).

Literature reviewed utilization of YFRHS globally, regionally in Africa and also in Ethiopia scrutinizing demographic, economic, social and cultural factors of the adolescents and health system factors that are likely to influence access and utilization of the service.

2.1 Barriers to utilization of YFRHS

Globally, existing barriers to utilization of YFRHS include poor access, availability and acceptability of the services, Lack of clear directions and services on offer, crowding, lack of privacy, appointment times that do not accommodate young people's work and school schedules, little or no accommodation for walk-in patients, and limited services and contraceptive supplies and options calling for referral are also impediments(14).

A study in Cambodia showed that the barriers to youth access to reproductive health services included lack of confidentiality, shyness, poor relations with health staff, illiteracy and low prioritization by parents for reproductive health services(15).

In a study to evaluate youth friendly services(YFS) in Shanghai, China, found that although there was good infrastructure, equipment, staff and good environment at the city, district, and

school level, few youths used YFS due to insufficient publicity, insufficient full time and skilled professional health service providers, poor services and a weak referral system(16).

According to a study conducted in Tanzania a good number of health facilities do not have skilled service providers (SPs) on sexual reproductive health rights. Girls start sexual intercourse between 9 and 12 years the services sought included; education, family planning and voluntary counseling and testing for HIV. However, the services were inaccessible due to lack of privacy, confidentiality, equipment and negative attitudes from SPs. A qualitative study in rural south Africa agrees with the above research as the result indicated that one of the barriers to service utilization was unfriendly service provider which in turn was due to lack of youth friendly service provision training(17, 18) .

In a study conducted to assess the user friendliness of sexual and reproductive health service in Botswana concluded that sexual and reproductive health service in Botswana is doing well, however there are still some few weaknesses that need to be addressed, particularly working hours, and publicity of the sexual reproductive health services and information. In addition the study found that health provider attitudes had the greatest impact on youth perceptions of the YFRHS provided (19).

In a study conducted in Kenya among youth were asked if they had ever sought for YFRHS but if they did not get them. About 52% of the youth indicated that they actually did not get the services they asked for. The reasons given for not getting the service were the long queue ,couldn't afford the service , found neighbors and felt ashamed , the service provider refused to offer services , the clinic was closed(20).

In a study done in Jimma city majority of adolescents are not utilizing RH services despite the availability of a wide range of service giving centers in the city. The study concluded that cultural acceptability may have more importance for utilization of health services than physical accessibility, particularly for adolescent age groups(21).

According to a study done in Bahirdar to assess the utilization of YFRHS among high school students the study indicated that among 818 students, 32% of youth utilized youth reproductive health service. Barriers in utilizing reproductive health services for the students were due to inconvenience hours and fear of being seen by parents or people whom they know; these are one of the most frequently mentioned reasons as barriers of service (22).

In a study done in Harer ; the majority (63.8%) of the respondents used YFS at the time of the survey while the remaining 36.2% did not. Among those who didn't use the service 43% did not know the places where they could get the service(23).

In a study that assessed health service utilization pattern of adolescents in Addis Ababa indicated that considerable proportion of the adolescents reported that existing health services are inaccessible (30.5%), unaffordable (20.2%) and unacceptable (24.2%). The major barriers to utilizing reproductive health services are feeling of embarrassment (72.0%) and fear of being seen by parents or people who know them (67.8%). Adolescent's preference regarding the service place and person serving varied widely; but the majority preferred special service hours designated for adolescents (70.1%), and a discounted price or free service (80.0%). Disclosing reproductive health problems to parents, and seeking appropriate medical care for these problems is much less likely compared to other non-reproductive physical health problems(24).

2.2 Factors that affect utilization of the YFRHS

2.2.1 Socio demographic and socioeconomic factors that affect utilization

Socio-demographic and economic characteristics including, marital status, religion, ethnicity, families' educational background, family size, family income and means of communication had no statistically significant association with RH services utilization. However, sex, age, being in-school and educational status showed statistically significant association with RH services utilization in a study in Bahir Dar and Gojjam(22, 25).

A finding in a study conducted in Kenya indicated that age and sex of an individual were greatly associated with utilization of almost all reproductive health services except counseling services but in contrary to the findings in studies Bahir Dar and Gojjam religion had association to some

services mainly family planning, VCT and counseling services. It was established that some religions prohibited the youth from utilizing YFRHS (20, 22, 25).

In a study conducted in Jimma demographic and socio-economic variables such as education level and schooling did not show statistically significant association with ever or current use of RH services(21).

A study in Addis Ababa revealed that about one fifth of the respondents live with single parent and about a third of the respondents have both parents going out for paid work, which could have a negative effect on parent adolescent connectedness that facilitates further intimacy to discuss sensitive issues at this critical stage(26).

The employment status only showed significant association to treatment of Sexually Transmitted Infection in a study in Kenya(20). Cultural taboo and lack of skills to discuss sensitive issues have been identified as factors that affect utilization of RHS in most studies in Africa(7, 19, 20, 24, 27).

2.2.2 Effect of knowledge on utilization

Reproductive health services utilization was significantly associated with knowledge for reproductive health (20, 21, 25). Knowledge about types of RH services showed significant association with ever use in a study in Jimma. Adolescents with knowledge of family planning and VCT services were 9 and 3 time more likely to ever use RH services, [adjusted OR =8.9, 95 % (2.3 26.6)] and [adjusted OR=2.8 95% CI (1.5 5.3) respectively. Whereas adolescents who had knowledge of STI treatment as components of RH services 71.0% were less likely to ever use RH services (adjusted OR= 0.3 (0.2 0.4);the finding on knowledge and utilization of STI treatment was explained that it could be because those who knew STI treatment might have been treated as clandestine and may deny as if they do not know such RH problems(21).

Adolescents who had interaction with family and peers and had access to pamphlets and posters as source of information for RH services were more likely to be ever user(21). RH services utilization was associated with IEC, adolescent-parent discussion of SHR topics and RH knowledge this agrees with a study in Gojjam in which the likelihood of services uptake was

about 4 times higher where there was adolescent-parent communication regarding RH topics. (21) (25).

2.2.3 Health system factors and health service utilization

The most repeated health system factors that affected utilization of the service were unfriendly service provider, long waiting hours, lack of confidentiality among service providers, inconvenient hours of service provision and lack of privacy(infrastructure)(20, 28-30).

Among the sampled 690 adolescents in a study conducted in Dejen district in Amhara region ,Ethiopia that studied utilization and satisfaction of YFRHS, 313 (45.4%) used health services during the last one year; Of these, 190 (60.7%) were satisfied. Physical proximity), drug availability, health services availability treatment in separate room , checked all adolescents problem, treated with respect and opportunity to explain feeling were predictors of satisfaction(29).

In a study conducted in Bahir Dar city despite better access, the utilization of health services was low. This indicated that geographic accessibility only does not imply the utilization of health services; studies done in Jimma agrees with this finding(21, 22).

In a study that assessed service providers attitude towards SRH service for unmarried adolescents in Ethiopia indicated being married ,lower education level, being a health extension worker, lack of training on RH services and participants that do not use family planning were significantly associated with negative attitudes toward provision of sexual and reproductive health services to adolescents(31).

Promoting the responsiveness of the health system to adolescents' needs, including health workforce development and financing in order to remove barriers to access to youth-friendly health-care services; was stated as a resolution to health facility factors that affected utilization of YFRHS (32)

2.3 Conceptual frame work

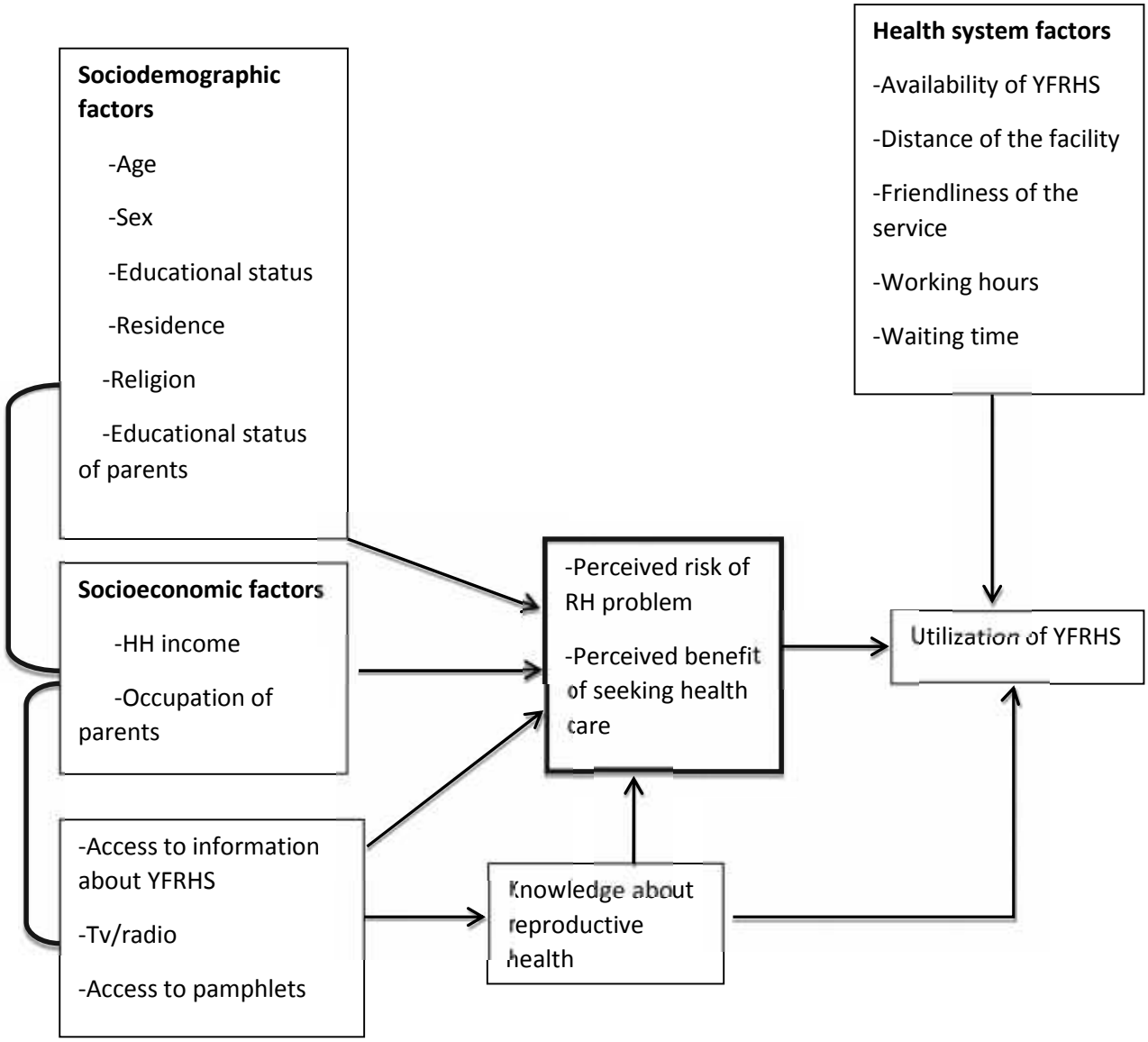

Figure 2.1 conceptual framework of the study; developed by the researcher

3 OBJECTIVES

3.1 General objectives

To determine reproductive health knowledge and utilization of youth friendly reproductive health services (YFRHS) among adolescents in Addis Ababa.

3.2 Specific objectives:

- To determine the knowledge of reproductive health among adolescents in Addis Ababa.
- To identify factors associated with reproductive health knowledge.
- To measure utilization of youth friendly reproductive health among adolescents in Addis Ababa
- To identify factors associated with utilization of youth friendly reproductive health among adolescents in Addis Ababa.

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4 METHODOLOGY

4.1 Study design

A community based cross-sectional study was conducted to assess the reproductive health knowledge and utilization of YFSRH service among adolescents in Addis Ababa. The study was conducted from August2015-June 2016.

4.2 Study area

The study was conducted in Addis Ababa. It is the capital city of Ethiopia, with a population of 3,194,990 with annual growth rate of 2.1%.The population of adolescent is 29.1% of the total population(33) . The city is divided into 10 administrative sub cities and has 91 health centers of which 86 are governmental and the rest are owned by NGO. In Addis Ababa there are 52 hospitals (13-governmental, 35-private and 4 NGO) and 534 clinics out of which 34 are owned by NGOs.

Youth friendly service is provided in 85 youth centers in the city. The total trained health professionals in all youth centers in Addis Ababa are 88 nurses. In addition 40 health officers and BSc nurses are trained to give the service in health centers.

4.3 Source population

All adolescents (15-19) years living in Addis Ababa.

4.4 Study population

Selected adolescents aged 15-19 years living in selected sub cites of Addis Ababa during the study period.

4.5 Inclusion and exclusion criteria

4.5.1 Inclusion criteria

Adolescents who are in the age group of 15-19 years who lived in the area for at least 6 months and who gave verbal consent were included in this study.

4.5.2 Exclusion criteria

Adolescents (15-19 years) who were not able to participate in the study due to mental illnesses or severe physical illnesses were excluded.

4.6 Sample size

A single population proportion formula was used to estimate the sample size. From the study conducted in Addis Ababa taking health service utilization as 40%(24) , a confidence level of 95%, marginal error of 5%, a design effect of 2 and considering 10% non-response rate. The final total sample size was 812.

$n = z^2pq/d^2$

Where: n = the desired sample size (N>10000)

z = 1.96 which corresponds to 95% confidence level

p = 0.4

d = 5%

q = 1 – p; (1-0.4=0.6)

Therefore n=1.96*1.96*0.4*0.6/0.05*0.05=369

Adding 10% non-response rate and a design effect of 2 the final sample size equals

(369+369*0.1)*2=812

4.7 Sampling procedure

A multi stage cluster sampling technique was used to select samples for this study. Out of the 10 sub cities in Addis Ababa 5 sub cities were selected by simple random sampling. Sample size was calculated proportional to each sub city's adolescent population and the corresponding sample size was divided to two woredas under each sub city which were randomly selected. On average 6097 households are found per woreda. A survey was done to identify households with eligible adolescents then households were selected randomly until respective numbers of respondents were selected from each woreda. In order to get the desired sample size a total of 2790 HHs were visited. In cases where adolescent in a selected HH were not available during the first data collection, a second visit was done before replacing it with another HH. And when two eligible adolescents were found in one HH one was randomly selected as a respondent.

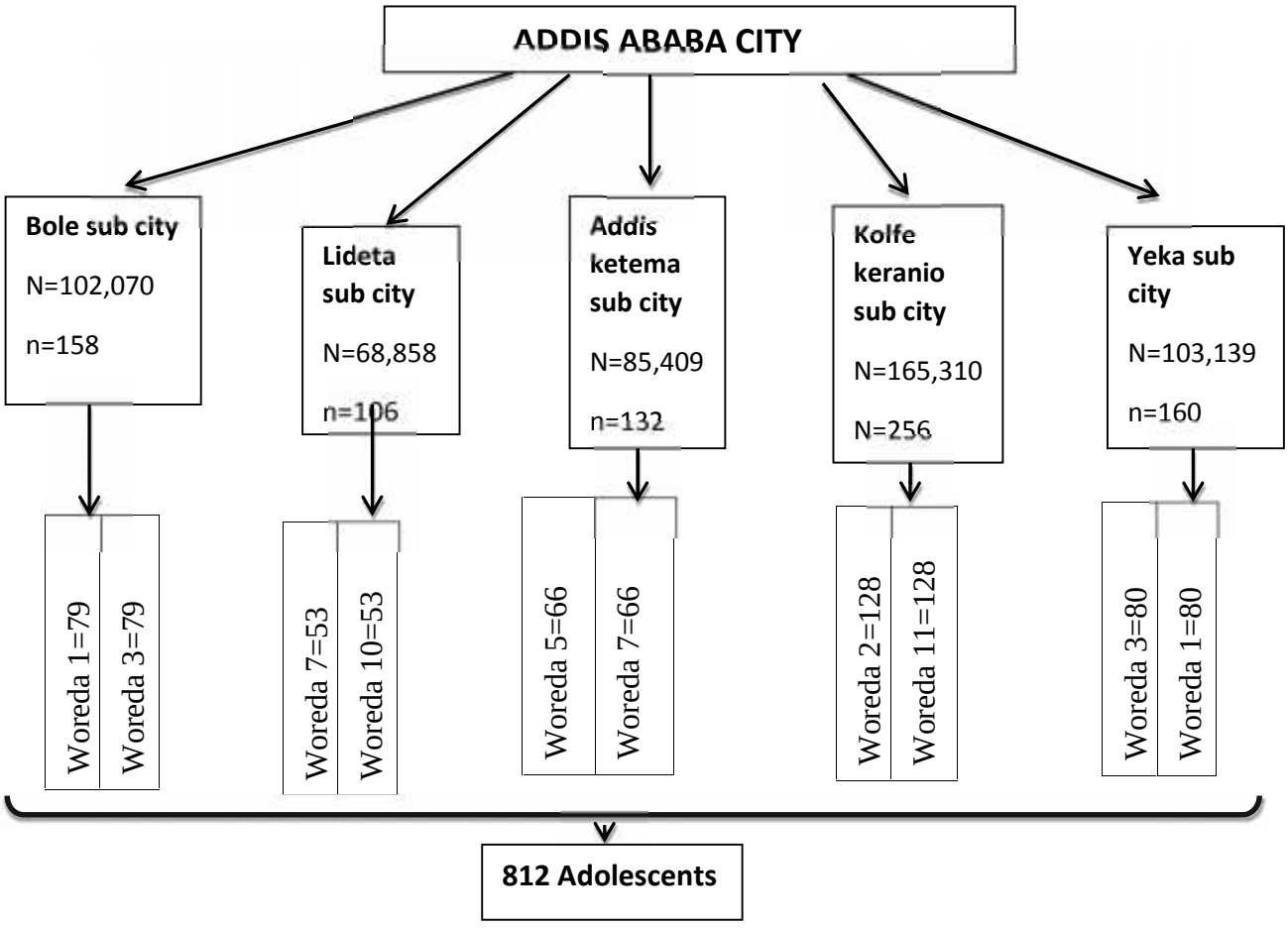


Figure 4.1 Schematic presentation of sampling procedure

4.8 Variables

4.8.1 Dependent variable

- Reproductive health knowledge of adolescents
- Utilization of youth-friendly reproductive health services.

4.8.2 Independent variables

The independent variables in this study were demographic factors such as age, sex, educational status, socioeconomic and school factors such as, educational and employment status of the parents/household heads. Socio -cultural factors included religion and ethnicity. Health system factors included health facility organization and service delivery, health provider attitude and availability of youth-friendly health services within the study area.

4.9 Data collectors and collection procedures

Four diploma nurses and two BSc level health professionals were recruited and trained as data collectors and supervisors, respectively. The survey training was held for one day focusing on the objective of the study, definition of terms that are in the questionnaire and on issues of confidentiality, privacy and how to approach and interview study participants. Interviewer administered questionnaire was used for data collection.

4.10 Operational definitions

Utilization: The ability to access and make use of, one or more sexual and reproductive health services that are available.

Adolescent(s): These are young people who are in the age group between 15-19 years in this study.

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

Knowledge of RH; A summary index was developed to categorize respondents as knowledgeable or not knowledgeable. The response of each respondent was graded in terms of the correct answer and it was compared with the mean score of the total response. Those respondents with a result equal or greater than the mean were categorized as knowledgeable while those with a result less than the mean were labeled as not-knowledgeable.

4.11 Data Quality Management

A close ended structured questionnaire was adopted from a similar study conducted to collect data. The questionnaire was translated from English to Amharic. It was not possible to conduct a pretest because of resource limitation but changes were made on the tool based on the feedback from the data collectors during early stage of data collection. Collected data was checked for completeness and consistency by the supervisors and principal investigator.

4.12 Data processing and Analysis

Collected data was coded, entered and cleaned using EPI data 3.1 and the data was be exported to STATA version 12.0 for analysis. Descriptive analysis of all the variables were done after checking the distribution of the data. Continuous variables were expressed as mean ± standard deviation. Categorical variables were expressed as number (percentage). Cross-tabulation with frequencies and percentage of each variable was performed to explore the relationship between the dependent variable and independent variables. Bivariate logistic regression was used to select associated independent variables for multiple logistic regression. Multivariable logistic regression model was fitted to predict the association between knowledge and utilization of YFRHS and their determinants. First, bivariate analysis was done to identify candidate variables for multivariable logistic regression and those variables with a $P<0.25$ were included in the

multivariate analysis to identify their association with the dependent variables. All statistical analysis was set a P value of <5% level of significance (i.e. $p < 0.05$). The results were reported as Odds Ratio and 95% CI). In addition to the narratives appropriate tables and diagram were used to present findings.

4.13 Ethical consideration

Ethical clearance was sought from Research and Ethical Committee of the School of Public Health of Addis Ababa University. Permission was asked from Addis Ababa city administration and health bureau and woreda health office. Data collection was conducted after verbal and written consent was obtained from participants. Verbal consent was taken from each selected participant after honest explanation of the survey purpose, description of the benefits and an offer to answer all inquiries was made to the respondents. It was explained that answering the interview questions will have no harm on the participants and that their participation will help to create awareness concerning the issue. It was also explained that their participation would help the government to plan youth friendly health service better. Also affirmation that they are free to withdraw consent and to discontinue participation at any time was made. Privacy and confidentiality of collected information was ensured through use of anonymous data collection tools.

4.14 Dissemination plan

Result will be communicated to Addis Ababa university school of public health and other responsible governmental and non-governmental organizations. Effort will be made to publish the study findings in peer- reviewed journals.

5 RESULT

5.1 Description of Socio demographic characteristics of participants

Seven hundred fifty five adolescents participated in this study resulting in 93% response rate. Four hundred thirty nine(58.1%) were females and 316(41.9%) were males. Four hundred (53%) of the respondents were between 15 and 17 with a mean age of 17.2 (+/-1.29 years). The majority of respondents 453 (60%) were orthodox Christians by religion. 272(38.63%) were Amhara, 217 (28.74%) were Oromos, one hundred ten(14.57%) were Tigre and 20.6% were others.

Seven hundred thirty nine (97.88%) respondents have attended formal education. 377(49.9%) have attended high school level education, 139(18.41%) had higher educational status. Concerning respondents' kind of school currently attending 563(76.18%) where in a day school.

Out of the 755 respondents 335(44.49%) were living with both parents, 131(17.4%) and 71(9.43%) were living with their mother and father only respectively. Those living with friends or by themselves were 85 (11.2%). Regarding the educational status of their parents' 160(33.8%) and 121(25.58%) f their mothers and 107(26.03%) and 239(58.1%) of their fathers have attended high school and higher education respectively.

Occupation of majority of respondents' mothers 184(38.9%) was house wife, followed by 149 (31.6%) run their private business. On the other hand 192(46.7%) and 150(36.5%) of respondents' fathers had private business and were employed in governmental organization respectively.

Table 1-socio demographic characteristics of adolescents in Addis Ababa, Ethiopia February, 2016

Variables	Frequency(n=755)	percentage
Sex		
male	316	41.85
female	439	58.15
Age		
15-17	400	53
18-19	355	47
Mean age	17.29+/- 1.29	
Mean age at menarch (n=439)	13.5+/- 1.5	
Ever attend school		
Yes	739	97.88
No	16	2.12
Current educational status(n=739)		
Elementary	223	29.54
High school	377	49.93
Higher	139	18.41
Kind of school(n=739)		
Day	563	76.2
Night	137	18.54
Not in school	39	5.3
Religion		
Orthodox	453	60
Muslim	122	16.16
Catholic	23	3.05
Protestant	147	19.47
Others	10	1.32
Ethinicity		
Oromo	217	28.7
Amhara	272	38.6
Tigrie	110	14.57
others	156	20.6
Living with		
Both parents	340	46.1
Mother only	133	17.6
Father only	72	9.55
Relatives	124	16.45
Alone	34	4.51
Friends	51	6.76
Mother's educational status(n=473)		
Illiterate	93	19.7
Primary	9	20.9

Secondary	160	33.8
Higher	121	25.6
Fathers' educational status(n=411)		
Illiterate	35	8.52
Primary	30	7.3
Secondary	107	26
Higher	239	58.15
Mothers occupation(473)		
Government employee	96	20.3
NGO employee	44	9.3
Private business owner	149	31.5
House wife	184	39
Father's occupation(411)		
Government employee	150	36.5
NGO employee	55	13.4
Private business owner	192	46.7
Daily labourer	40	9.7
Means of communication		
Television	614	81.3
Radio	626	82.9
Magazine/newspaper	256	33.9

5.2 RH knowledge of adolescents in Addis Ababa

Respondents' reproductive health knowledge was derived from a summary score of respondents based on the correct answers they provided for 25 reproductive health related questions posed; mean RH knowledge score of respondents was 14.3 with (SD=6.2) was used to classify the respondents knowledgeable and non-knowledgeable. Accordingly 398(52.7 %) had knowledge score equal or above the mean score while 357(34%) had knowledge score less than the mean score regarding their reproductive health.

Respondents were asked if a girl could get pregnant on first sexual intercourse to which 494(65.4%) said she could get pregnant while 496(65.7%) said a girl could get pregnant "starting from puberty". One hundred seventy two (22.8%) of them said a girl could get pregnant "after

puberty" followed by 8(1.2%) replied before age 10. For the question on which menstrual cycle could a girl get pregnant only 276 (36.6%) respondents gave the correct answer "middle cycle".

Regarding the age at which a boy can impregnate a girl 481(63.7%) said he could impregnate a girl starting from puberty. However a significant proportion of adolescents 267(35.4%) did not know when a boy would be physiologically mature to impregnate a girl.

Out of the total respondents 692(91.7%) reported that they know one or more method of preventing pregnancy. The most known contraceptive method reported was pills by 577(83.4%) followed by male condom 561 (81.2%), injectable 463(67.5%), IUCD 367 (53%) and implanol 360 (52%).

Nine out of ten respondents (91.5%) reported having heard of STI. HIV/AIDS was the commonly mentioned STI reported by 565(81.7%), followed by Syphilis 537(78%), Gonorrhea 452 (65.4%), Chancroid 226 (32.8%) and other STIs 34(5%). Four hundred eighty seven respondents mentioned genital ulcer as sign and symptom of STI followed by genital discharge, itching and burning sensation when urinating with 58.5% , 49% and 47% respectively. The most frequently mentioned mode of STI transmission was having unprotected sex by 636(92%), while contact with infected blood was reported by 394(57%) followed by through sharing sharp materials 346(50%) respondents. Five hundred eighty seven (84.9%) adolescents stated using condom as method of prevention of STI, while abstinence was mentioned by 504 (73%) of the respondents followed by being faithful to one's partner 477(69%).

Table 2 Reproductive health knowledge of adolescents in Addis Ababa, Ethiopia, February 2016

Variables(N=755)	Frequencies(n)	Percent
When can a girl get pregnant		
Starting from puberty	496	65.7
Which menstrual cycle can a girl get pregnant		
Middle	276	36.6
When can a boy impregnate a girl		
Starting from puberty	481	63.7
Can a girl get pregnant through one sexual encounter		
Yes	494	65.4
Know ways of preventing pregnancy		
Male condom	561	74.3
Female condom	146	19.3
Implanol	360	47.7
Pills	577	76.4
IUCD	366	48.5
Injactables	467	62
Ever heard of STI		
syphillis	543	72
Gonorrhea	452	60
chancroid	227	30.1
HIV/AIDS	565	74.8
Sign and symptom of STI		

Genital ulcer	487	64.5
Genital discharge	404	53.5
Itching	337	44.6
Burning urination	337	44.6
Mode of STI transmission		
Contact with infected blood	394	52.2
Mother to child	277	37
Unprotected sex	636	84.2
Sharing sharp material with infected person	343	45.4
Prevention of STI		
Abstinence	510	67.5
Using condom	582	77
Being faithful for partner	477	63.2
Knowledge score		
Knowledgeable	398	52.7
Not-knowledgeable	357	47.3

Out of the 755 participants 608(81%) have heard about youth friendly RH service and know one or more places where the service is provided. The major source of information was said to be friends (64%), bill board (33%) and health extension worker (28%). Regarding the services rendered in YFRHS service 543(89.3%) mentioned family planning service, 532(87.5%) VCT and 224(36.8%) STI diagnosis and treatment.

Table 3 Awareness of adolescents about YFRHS and services provided in Addis Ababa, Ethiopia, February 2016

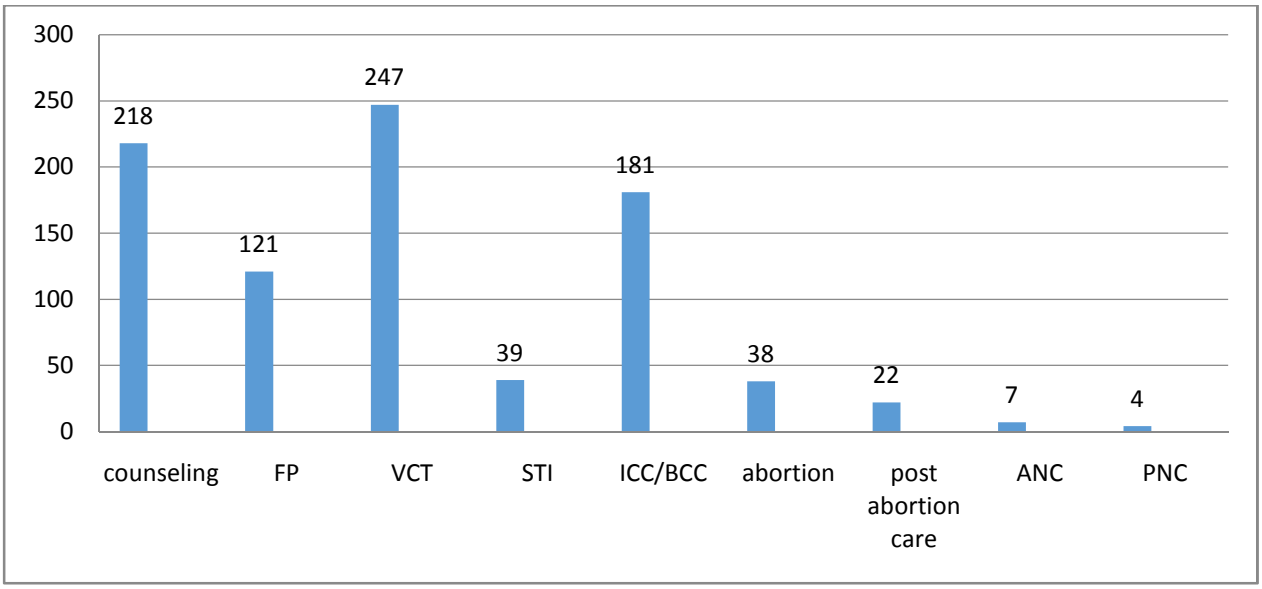
YFRHS	Frequency	Percent
Ever discussed RH issues with parents		
Yes	154	20.4
No	601	79.6
Know right to get RH service		

Yes	494	65.4
No	261	34.7
Ever heard		
Yes	608	80.5
No	147	19.5
Heard from(n=608)		
Parent	94	15.6
Friend	389	64
Teacher	119	19.6
Radio	142	23.4
Television	153	25
Bill board	199	32.7
Health extension worker	170	28
Services provided(n=608)		
Family planning	543	89.3
VCT	532	87.5
General medical care	137	22.5
STI diagnosis and treatment	224	36.8
ANC/PNC	123	20.2
Counseling, BCC/ICC material	241	39.6
Abortion	215	35.4
Post abortion care	105	17.3

**Percentages don't add up to 100 because most respondents gave more than one answer.

5.3 Utilization of YFRHS among adolescents in Addis Ababa

Out of the total respondents 318 (42%) reported that they have reproductive health service at the YFRHS of which 203(64%) were females. Two hundred forty seven (77%) of them used VCT service making it the most utilized service followed by 218 (68%) who received counseling service, 181 (57%) took ICC/BCC material, 121(38%) used family planning. Out of the total 203 female respondents 7(3%) have responded that they used ANC service while out of the seven girls 3 of them have also used post natal care. Thirty seven (18.2%) female respondents have reported using abortion care while 22(11%) of girls used post natal care. Eighteen of the girls who used abortion service have reported also using post abortion service while the remaining 20 didn't and four females used only post abortion care. More than one third of adolescents have used three or more services while 18.5% used only one service.


300
250
200
150
100
50
0
218
121
247
39
181
38
22
7
4
counseling
FP
VCT
STI
ICC/BCC
abortion
post abortion care
ANC
PNC

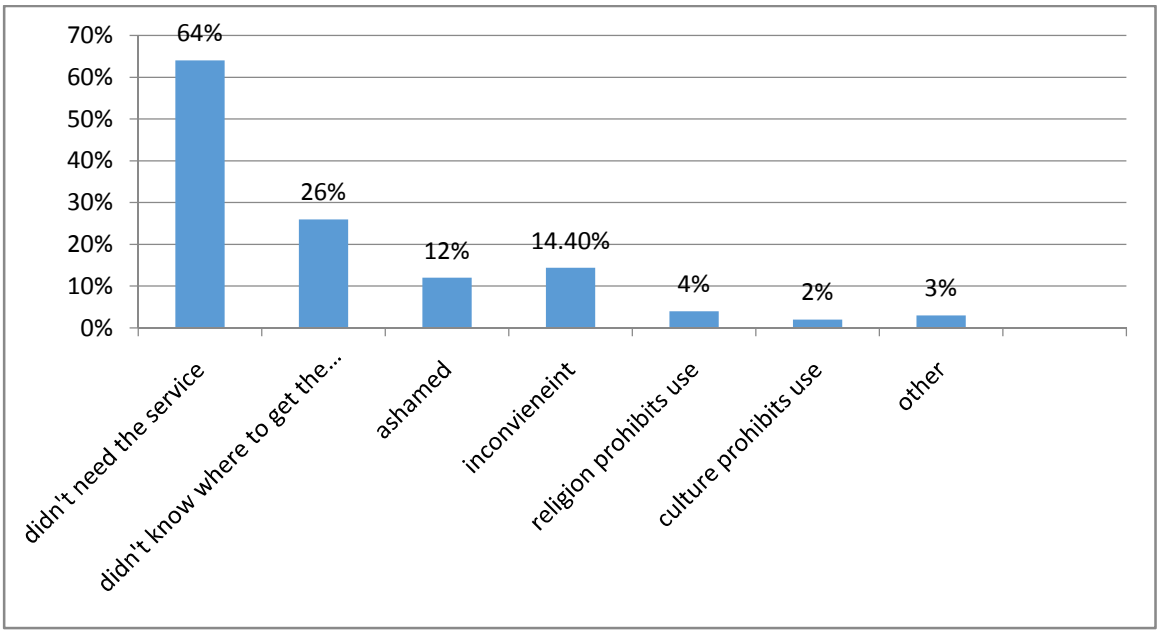

70%
60%
50%
40%
30%
20%
10%
0%
64%
26%
12%
14.40%
4%
2%
3%
didn't need the service
didn't know where to get the...
ashamed
inconvieneint
religion prohibits use
culture prohibits use
other

Figure 5.2- Factors preventing RH services utilization among adolescents, Addis Ababa Ethiopia, February 2016.

Majority of respondents 584 (77%) had awareness on presence of YFRHS in their sub city. Four hundred thirty (73%) adolescents identified the facility providing the service as governmental health center followed by 361(62%) who identified it as youth center. Regarding distance of health facilities from house of respondents 336(57%) answered that it was near (takes 30 min or less walking), 215(36.8%) responded it was "medium" distance and 30(5.1%) respondents replied it was far.

5.4 Factors associated with RH knowledge

A logistic regression analysis was done to identify factors that have association with knowledge of adolescents on reproductive health. Among the socio demographic and socio economic factors sex, age, ever attending school, educational status, living arrangement, mother's educational status, means of communication and discussion with parents on RH issues were found to have statistically significant association with knowledge on reproductive health. However respondents' religion, ethnicity, parents'/guardians educational status and occupation did not have statistically significant association with knowledge.

In the bivariate analysis females were more likely to be knowledgeable than their male counter parts (COR=2.21, 95%, CI: 1.63, 3). Late adolescence (18-19yrs) was positively associated with knowledge (COR= 1.98, 95% CI: 1.4, 2.7). Adolescents who ever attended formal education were more likely to be knowledgeable than those who did not (COR=6.08, 95%CI: 1.94,19.06). Respondents living with both parents (COR=2.08 95%CI: 1.28,3.4) or single parent (COR=1.84 95%CI 1.1,3.1)were more likely to be knowledgeable than those living alone. Respondents RH knowledge was more likely to be higher among those who have television (COR=2.11 95%CI: 1.45, 3), radio (COR=2.4 95% CI:1.6,3.53) and having access to magazine/newsletter(COR=1.57 95%CI: 1.13,2.19) . Adolescents who reported of discussing RH issues with parents were two times more likely to be knowledgeable than those who did not (COR=2.16 95%CI:1.42, 3.28) .

In the multi variate analysis sex, age and having radio as a means to communication were found to have statistically significant association with knowledge. Being females was significantly associated with knowledge (AOR= 2.52 95%CI;1.62,3.97). Late adolescents (18-19yrs) where were more likely to be knowledgeable than the younger once (15-17yrs) (AOR=2.19 95%CI: 1.28, 3.73). Adolescents who had radio as a means of communication were more probably knowledgeable than those who did not (AOR=2.64 95%CI 1.44, 4.81).

Table 4 Bivariate and multivariate analysis of factors affecting reproductive health knowledge among adolescents in Addis Ababa, Ethiopia, February 2016

Factors	RH knowledge			
	Yes	No	COR,95%CI	AOR,95%CI
Sex				
Male	176(35.3%)	140(54.7%)	1.00	1.00
Female	323(64.7%)	116(45.3%)	2.21(1.6,3.01)*	2.54 (1.62,3.97)**
Age				
15-17	236(47.3%)	164(64.1%)	1.00	1.00
18-19	263(52.7%)	92(35.9%)	1.98(1.45,2.7)*	2.19(1.28,3.73)**
Living with				
Both parent	244(48.9%)	97(37.9%)	2.08(1.28,3.4)*	0.68(0.2,1.2)
Single parent	140(28.1%)	63(24.6%)	1.84(1.1,3.1)*	0.42(0.36,0.87)
relative	68(13.6%)	57(22.2%)	0.9(0.5,1.7)	0.05(0.6,0.5)
alone	47(9.4%)	39(15.2%)	1.00	1.00
Television				
Yes	426(56.4%)	188(24.9%)	2.11(1.45,3.06)*	1.69(0.79,3.59)
No	73(9.6%)	68(9%)	1.00	1.00
Radio				
Yes	436(57.7%)	190(25.2%)	2.4(1.6,3.53)*	2.64(1.44,4.81)**
No	63(8.3%)	66(8.7%)	1.00	1.00
Magazine/newspaper				
Yes	186(24.6%)	70(9.3%)	1.5(1.13,2.19)*	1.2(0.7,1.9)
no	313(41.4%)	186(24.6%)	1.00	1.00
Discussion with parents about RH				
Yes	121(16%)	33(4.3%)	2.16(1.42,3.28)*	1.4(0.79,2.49)

No	378(50.1%)	223(29.5%)	1.00	1.00

*significant at p</=0.25

**significant at p<0.05

5.5 Factors associated with utilization

On the bivariet analysis sex, age, educational status, living arrangement, having television as a means of communication, having access to magazine and discussion with parents on RH issues had significant association with utilization while respondent's religion, ethnicity, type of school currently attending, parent's/relatives educational status and occupation having television or radio as a means of communication, distance to health facility did not show statistically significant association with utilization.

Females were about twice more likely to use YFRHS than their male counter parts (COR=1.5 95%CI:1.12, 2.02).Late adolescents (18-19yrs) were more likely to utilize service than younger adolescents(15-17yrs) (COR=2.23 95%CI:1.66,3). Respondents with high school educational status were less likely to utilize services than those in higher education institutions (COR=0.4 95%CI: 0.27, 0.6). Adolescents living alone where more likely to use a service than those living with their parents (COR=1.68 95%CI;1.05,2.71).

Respondents who have access to magazine/newspaper were more likely to use RH service than those who did not have access (COR=2.78 95%CI: 2.04, 3.8). Adolescents who were knowledgeable were more likely to use RH services than those who were not knowledgeable (COR=1.85 95%CI: 1.35,2.54). Participants who have never heard about YFRHS were less likely to utilize a service than those who have heard of the service (COR=0.34 95%CI: 0.23,0.49). Respondents who know that they have the right to get RH services were three times more likely to use YFRHS than those who didn't. (COR=3.35 95%CI; 2.4, 4.68).Adolescents who answered teacher as source of information about YFRHS were more likely to use the service than those who did not(COR=2.61 95%CI; 1.69, 4.03) also those respondents who named

health extension worker as source of information about the service were more likely to use than those who did not.(COR=2.17 95%CI: 1.50, 3.14).Adolescents who mentioned general health care as one of the service provided in YFRHS were more likely to use the service than those who did not(COR=1.54 95%CI: 1.04, 2.27) while those who identified STI diagnosis and treatment as one of the service provided were almost twice more likely to use than those who did not(COR=1.54 95%CI: 1.04, 2.27).Adolescents knowledgeable about RH issues were more likely to use the service than those who were less knowledgeable (COR=1.85 95%CI: 1.35,2.54).

On multivariate analysis respondent's age, awareness of services provided in YFRHS namely IEC/BCC material, and post abortion care where found to have statistically significant association with utilization. Older adolescents (18-19yrs) were more likely to use RH services than younger ones (AOR=1.99 95%CI:1.3,3.05). Service utilization was almost twice for respondents who heard from health extension worker (AOR=1.7 95%CI: 1.1, 2.69) .The odds of YFRHS utilization was two times higher for adolescents who mentioned post abortion care (AOR=2.06 95%CI; 1.13,3.77) and IEC/BCC material(AOR=1.9 95%CI: 1.24,2.9)as one of the services provided.

Table 5 Bivariate and multivariate analysis of factors affecting reproductive health services utilization among adolescents of Addis Ababa, Ethiopia, February 2016

Variable	Utilization			
	Yes	No	COR,95%CI	AOR,95%CI
Sex				
male	115(15.2%)	201(26.6%)	1.00	1.00
female	203(26.8%)	236(31.2%)	1.5(1.12, 2.02)	1.3(0.91,1.99)
Age				
15-17	132(17.5%)	268(35.5%)	1.00	1.00
18-19	186(24.6%)	169(22.3%)	2.23(1.6,3.00)*	1.99(1.3,3.05)**
Current educational status				
illitrate	3(0.004%)	13(1.7%)	1.00	
elementary	80(10.6%)	143(18.9%)	2.4(0.67,8.76)	0.92(0.49,1.7)
High school	149(19.7%)	228(30.2%)	2.8(0.79,10.1)	0.59(0.35,0.98)
Higher education	86(11.4%)	53(7%)	7(1.9,25.8)*	0.78(0.24,2.41)
Living arrangement				
parents	146(19.2%)	195(25.8%)	1.00	1.00
Single parents	88(11.6%)	115(15.2%)	1.02(0.72,1.45)	1.16(0.74,1.8)
Relatives	36(4.8%)	89(11.8%)	0.54(0.34,0.84)	0.99(0.55,1.77)
Alone	48(6.3%)	38(5%)	1.68(1.04,2.71)*	2.04(0.98.4.61)
Know right to get service				
Yes	255(33.7%)	239(31.6%)	3.35(2.4,4.68)*	1.09(0.7,1.69)
No	63(8.3%)	198(26.2%)	1.00	1.00
Discussion with parents about RH				
Yes	97(12.8%)	57(7.5%)	2.92(2.02,4.22)*	0.73(0.35,1.5)
No	221(29.3%)	380(50.3%)	1.00	1.00
Know about general medical care service				
Yes	83(13.6%)	54(8.9%)	1.54(1.04,2.27)*	0.88(0.53,1.36)
no	235(38.6%)	236(38.8%)	1.00	1.00
Know about STI treatment service				
Yes	133(22%)	91(15%)	1.5(1.12,2.19)*	1.2(0.78,1.83)
No	185(30.4%)	199(32.7%)	1.00	1.00
Know about IEC/BCC service				

Yes	151(24.8%)	90(14.8%)	2.01(1.44,2.8)*	1.9(1.24,2.9)**
No	167(27.5%)	200(33%)	1.00	1.00
Know about abortion care				
Yes	125(20.5%)	90(14.8%)	1.43(1.02,2.01)*	0.85(0.53,1.36)
No	193(31.7%)	200(33%)	1.00	1.00
Know about post abortion care service				
Yes	78(12.8%)	27(0.04%)	3.16(1.97,5.07)*	2.06(1.13,3.05)**
No	240(39.5%)	263(43.2%)	1.00	1.00

*-significant at p< 0.25

**- significant at p<0.05

6 Discussion

The study was conducted to determine reproductive knowledge and utilization of youth friendly service among adolescents in Addis Ababa, Ethiopia. From the finding 52.7% of the respondents were knowledgeable about reproductive health and 42% of study participants used the service.

HIV/AIDS was the major STI mentioned by adolescents but it was significantly lower than EDHS(2011) national report where 96.2% and 97.3% adolescent females and males have heard of HIV/AIDS while in the contrary only 79% and 83% of male and female adolescents ever heard of HIV/AIDS in this study.

In this study 91% of adolescent knew one or more pregnancy prevention methods which is higher than a study conducted in woreta, Amhara region, Ethiopia(5) this maybe because urban adolescents have better access to information than other regions. Using condom was the main prevention method mentioned from acquiring STI including HIV/AIDS infections which is in conformity with reports on EDHS (2011).

Ninety one percent of adolescents in this study have ever heard about STI while in the contrary only 63% of participants in a study conducted in Gojjam zone had ever heard of SIT(25); this difference can be explained by the fact that urban adolescents have better access to information than rural adolescents.

In this study 45% of teenage girls could correctly identify when, during a woman's menstrual cycle she was most likely get pregnant in contrary to adolescent girls in Ghana of which only 16% knew the correct answer she was most likely to become pregnant(34).

RH knowledge was significantly associated with age in which adolescents 18-19 years where two times more knowledgeable than 15-17 years old. It reveals consistent finding in the study from Ghana (34) that shows significant association with RH knowledge possible explanation would be as age increases exposure for RH related issues also increases. One of the socio demographic characteristics that showed significant relationship with knowledge in this study in contrary to other studies was sex; females were found to be more knowledgeable than males. This could as a result of the different interventions implemented to empower girls and increase their participation in issues they were not allowed in earlier times.

Discussion between parents and participants about reproductive issue was low (20%). This complements the situation in most Asian countries and where restrictive socio-cultural norms inhibit disclosure of information about sexual activities and other RH-related issues to adolescents(25, 35) .

Utilization of youth reproductive health service among adolescents in Addis Ababa was found to be 42%, elicited by asking ever use of RH services. Utilization was higher as compared to study conducted in Addis Ababa in 2005 40% (26), and community based study undertaken in Jimma 41% (21), and greater than study conducted Machakal district 21.5%, Northwest Ethiopia (25) among rural adolescents. The findings of this study is more comparable with the study in Jimma because both the studies were conducted in a more comparable settings than the others. The discrepancies in utilization between the study conducted in Machekal district and the current study may be explained by the difference in the study area as being rural and also the study included early adolescents in contrast to this study which only included late adolescents (15-19yrs).

Utilization was lower than a study conducted in Harer which revealed 63.8% of participants used youth friendly service this may be explained by the difference in the age of participants in which the study in Harer included age group 15-24 while this study included only late adolescents in addition socio cultural difference between the study areas may have contributed to the discrepancy in utilization(23).

Utilization did not show a significant change when compared to the study conducted to assess service utilization pattern of adolescents in Addis Ababa more than a decade ago in which service utilization was found to be 40%; the result of this study might indicate that regardless of the policies and strategies set in place to promote adolescents' RHS; there may be gaps when it comes to implementation.

The number of girl who reported of ever using abortion service (18%) was lower than the number reported by HMIS indicator in 2015 which was only 22% among less than 18 yrs adolescents this could be due to the sensitivity of abortion/post abortion case among the society.

In this study age was significantly associated with utilization participants who were younger(15-17yrs) were less likely to use RH services than older ones(AOR=0.5 95%CI:0.32,0.76) this

finding is consistent with the finding in a study conducted in Kenya, Gojjam, and Bahirdar(20, 22, 25, 36).Adolescents who were aware of IEC/BCC material as one of the services provided were twice more likely to utilize a service which is consistent with the finding in a study in Gojjam(25). Furthermore adolescents who knew post abortion care as a components were two times more likely to use the service than those who did not know.

The main source of information about YFRHS was reported to be peers/friends by 64% of respondents which was in line with a finding in a study that assessed SRH issues among high school students in Benshangul Gumz, Jimma and Addis Ababa(21, 26, 37) which confirms adolescents still prefer to talk to their peers when it comes to sexual and reproductive issues.

Adolescents whose source of information about the service were health extension worker were almost twice more likely to use a service than other sources of information this may be explained because of the integration of urban health extension program in school and due to the referral and feedback system that is in place.

“Not needing the service”, lack of information about the service, inconvenient working hour of the facility and embarrassment to ask for the service were the main reasons mentioned for not using YFRHS ;this is in line with researches conducted in Nepal, Botswana ,Kenya ,Harar and Dejen district in Ethiopia(20, 23, 29, 38, 39).

7 Strength and limitation of the study

7.1 Limitation

The study focused on late adolescents (15-19 years) and therefore generalization of the findings for all adolescents (10-19) may not be feasible. The study outcome depended on the truthfulness and openness of respondents as the information sought was considered personal and sensitive. Some socio economic and demographic factors like family income were not included in the questionnaire but parent's educational and occupational status were used as indirect measure of income.

7.2 Strength

The study has assessed reproductive health knowledge of adolescents and utilization of all services that are currently provided in YFRHS and can serve as source of information on the service uptake and barriers that adolescents are facing towards utilization.

8 Conclusion

In general, it was found that reproductive health knowledge and services utilization is low amongst adolescents in Addis Ababa .Factors like age, sex, radio as a source of information were factors that determined reproductive health knowledge of adolescents while age, source of information about YFRHS being health extension worker and awareness of services like IEC/BCC and post abortion care as components were factors that determined utilization. Health facilities' factors like working hour that overlap with adolescents school/work schedule and long waiting hours seem to hinder adolescents from getting the service they want. Parents and health professionals part as source of RH information was low. A significant amount of adolescents were not aware of the availability of YFRHS in their sub city regardless of the fact that there are youth centers in all woredas in Addis Ababa providing YFRHS.

9 Recommendation

Empowering young people in their health development, including SRH practices and rights, provides the right conditions so that they can enter adulthood with strong capabilities to ensure better productivity as well as the protection of their health and their family's wellbeing. As a result Governmental bodies MOH, Addis Ababa health office and woreda health offices should work in collaboration with other stake holders should create a platform where adolescents could get quality information, concerning reproductive health, community conversation to encourage parent-child discussions on sensitive issues like reproduction, strengthen the already available integration of urban health extension in school and youth centers and also provide appropriate updates on skills to health professionals so that they can help adolescent cope with RH issues.

Furthermore studies should be conducted to assess socio demographic and socio economic factors that can predict both knowledge and utilization of RH services in Addis Ababa and investigate quality and satisfaction of users of the available services.

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ANNEX 1

ENGLISH QUESTIONNAIRE

INFORMATION SHEET

I am Lelissie Yohannes, a post graduate student pursuing Masters Studies in Public Health (MPH) at Addis Ababa University. I am undertaking a research on **knowledge and utilization of youth friendly reproductive health among adolescents in Addis Ababa** and request you kindly to participate in this survey which is voluntary and involves no risk to you You have the right to refuse participation. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time without any consequences. The information you provide is strictly confidential and will be useful in improving reproductive health services for adolescents in Ethiopia. The questionnaire/interview will take about 20-30 minutes to fill. If you have any questions you may contact Lelissie Yohannes on 0910840102 or using the email address lelissiej@ gmail.com.

INFORMED CONSENT

The above information regarding my participation in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time. I understand that I will still get the same medical care whether I decide to leave the study or not and my decision will not change the care I will receive from medical centers.

Name of the Participant…….... Date……

Signature/ Thumb print……

Investigator's statement

I, the undersigned, have explained to the volunteer in a language she understands, procedures to be followed in the study and the benefits involved.

Name of the interviewer……

Date……

Interviewer signature……

Respondent agree to participate?

YES 

No 

End the interview

Date…….. Study Site……. Code of the interview……

S.no	Question	Option	Go to
1	What is your Sex/Gender?	1. Male 2. Female	
2	What is your age in completed years?	1. 15 years 2. 16 years 3. 17 years 4. 18 years 5. 19 years	
3	Have you ever attended school?	1. Yes 2. No →	6
4	What is your current level of education?	1. Illiterate 2. Primary school 3. Secondary school 4. University 5. Technique/vocational	
5	What is the type of school do you currently attend?	1. Day school 2. night school. 3. Not inschool	
6	What is your religious status?	1. orthodox 2. Muslim 3. catholic 4. protestant 5. others	
7	What is your ethnicity?	1. Oromo 2. Amhara	

		3. Tigre 4.Others	
8	Who do you live with currently?	1. Parents(both) 2. Mother only 3. Father only 4. Relatives(aunt,uncle,grandparents 5. Alone 6. With a friend	16 16 16
9	What is the educational status of your mother?	1. Illiterate 2. Primary school 3. Secondary school 4. University 5. Technique/vocational	
10	What is your mother's do occupation?	1. government employee 2. NGO employee 3. Private business owner 4. House wife	
11	What is the educational status of your father?	1. Illiterate 2. Primary school 3. Secondary school 4. University 5. Technique/vocational	
12	What is your father's occupation?	1. government employee 2. NGO employee 3. Private business owner 4. Daily labourer	
13	Do you have a television in your house	1. Yes 2. No	
14	Do you have a radio in	1. Yes	

	your house?	2. No	
15	Do you have access to magazine/news paper	1. Yes 2. No	

Part 2-knowledge and utilization of YFRHS

s.no	Question	Option	Skip
16	At which age did you have your first period?		
17	At which menstrual cycle can a girl get pregnant?	1. First 7 days 2. Second cycle(8-20 days) 3. After the 28th day 4. I don't know	
18	At which age can a man impregnate a woman	1. Less than 10 yrs old 2. Since the onset of puberty 3. After puberty 4. I don't know	
19	At what age can a woman get pregnant	1. Less than 10 years old 2. Since the onset of puberty till menopause 3. After puberty 4. I don't know	
20	Can a woman get pregnant after having one sexual intercourse	1. Yes 2. No 3. I don't know	
21	Do you know any family planning method?	1. Yes 2. no →	**23**
22	Which of the following family planning methods do you know? (choosing more than one answer is possible)	1. male condom 2. female condom 3. implant 4. pills 5. IUCD 6. Injectable 7. others	
23	Have you ever heard about sexually transmitted infections?	1. Yes 2. No →	**28**
24	Which of the following lists do you know?	1. Syphilis 2. Gonorrhea 3. Chancroid 4. HIV	

		5. Others	
25	What sign and symptoms of sexually transmitted infections do you know?	1. Genital ulcer 2. Genital discharge 3. Itching 4. Burning urination 5. others	
26	what modes of transmission of sexually transmitted infections do you know?	1. Contact with infectious blood 2. Mother to child 3. Unprotected sex 4. Using sharp materials with an infected person 5. others	
27	Do you know any method of prevention of sexually transmitted infections?	1. Abstinence 2. Using condom 3. Being faithful for partner 4. others	
28	Do you know what YFRHS is?	1. Yes 2. No → 34	
29	Have you ever discussed about reproductive health with parents/guardians?	1. Yes 2. No	
30	Do you know that you have the right to get RH services?	1. Yes 2. No	
31	Do you know where you can get RH services?	1. Yes 2. No	
32	Who told you about the service?	1. Parent/guardian 2. Friend 3. Teacher 4. Radio 5. Television 6. Information board 7. Health extension worker	
33	Which services are provided in YFRHS? (more than one answer is possible)	1. Family planning 2. VCT 3. General medical care 4. Diagnosis and treatment	

		of STI 5. Ante natal and post natal care 6. General health information 7. Abortion service 8. Post abortion care	
Have you ever used the following services ?			
34	General medical care	1. Yes 2. No	
35	Family planning	1. Yes 2. No	
36	VCT	1. Yes 2. No	
37	Diagnosis and treatment of STI	1. Yes 2. No	
38	Ante natal care	1. Yes 2. No	
39	Post natal care	1. Yes 2. No	
40	General health information	1. Yes 2. No	
41	Abortion service	1. Yes 2. No	
42	Post abortion care	1. Yes 2. No	
43	(If you have never used any of the above services) what was the reason?	1. didn't need the service 2. Didn't know where to get the service 3. I was ashamed to ask for the service 4. The time is inconvenient 5. My religion doesn't allow use of such services 6. My culture doesn't allow use of the service 7. other	
44	Is there a YFRHS in your subcity	1. Yes 2. No →	**end**
45	What is the ownership of the facility providing the service?	1. Governmental health center 2. Governmental hospital 3. Youth center	

		4. NGO health facility 5. Private clinic	
46	How far is the facility from your home?	1. Near (within 30 min of walking distance) 2. Medium (within 1 hr walking distance) 3. Far (more than one hr walking distance)	
47	If you have ever used YFRHS how do you characterize the service you got?	1. I was pleased/satisfied 2. Indifferent 3. Bad	
48	Have you ever visited YFRHS but missed the service you required?	1. Yes 2. No →	end
49	state the reason for not getting the service	1. The queue was long 2. I had no money for the service 3. I found neighbors and felt ashamed 4. The service provider refused to give the service/ was harsh 5. The clinic was closed	

ANNEX 2

AMHARIC VERSION QUESTIONNAIRE

<u>መግቢያ</u>

ሌሊሴ ዮሐንስ እባላለሁ በአዲስ አበባ ዩኒቨርስቲ የማህበረሰብ ጤና አጠባበቅ ትምህርት ክፍል ውስጥ ተማሪ ነኝ የዚህ ጥናት ዓላማ በአዲስ አበባ ውስጥ ስለሚገኘው የወጣቶች ስነተዋልዶ ጤና አገልግሎት ላይ የአፍላ ወጣቶች ዕውቀት እና አጠቃቀምን ለማጥናት መረጃ ለመሰብሰብ ነው፡፡ የአንቺ/ተ ተሳትፎ በዘፈቀደ ተመረጠ ሲሆን በሙሉ በጎ ፈቃደኝነት ላይ ተመሰረተ ነወ፡፡ የምትሰቺው/ተው መረጃ በፍፁም ሚስጢራዊነት የሚያዝ ሲሆን ኢትዮጵያ ውስጥ ያለውን የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎትን ለማሻሻል ስለሚረዳ ተሳትፎሽ/ህ በትህትና እጠይቃለሁ፡፡ በጥናቱ ያለመሳተፍ ሙሉ መብት አለሽ/ህ፡፡ መመለስ የማትፈልጊውን/ገውን ጥያቄ ከጠየኩሽ/ህ አስታውቂኝ/ቀኝ እና ወደቀጣይ ጥያቄ እንሸጋገራለን ወይም በፈለግሽው/ከው ሰአት ቃለምልልሱን ማቆም ትችያለሽ/ህ፡፡ይህን ስታደርጊ/ግ ግን አሁንም ሆነ ወደፊት ከየትኛውም የጤና ተቐም በምታገኚው/ኝ አገልግሎት ላይ ተጽእኖ ይኖረዋል ብለሽ/ህ አትስጊ/ጋ፡፡ማንኛውም ጥያቄ ካለሽ/ህ በ ስልክ ቁጥር 0910840102 ወይም በ email lelissiej@gmail.com ሌሊሴ ዮሐንስ ብለህ/ሽ ማግኘት ተችያለሽ፡ይኼን መጠይቅ ለመሙላት ከ20-30 ደቂቃ ይወስዳል፡፡

የስምምነት ቅጽ

የኔን በዚ ጥናት መሳተፍ በተመለከተ ከላይ የቀረበልኝ መረጃ ግልጽ ሆኖልኛል፡፡ ጥያቄ እንድጠይቅ አጋጣሚ የተሰጠኝ ከመሆኑም በላይ ጥያቄዎቼ በተገቢው መንገድ መልስ አገኝተዋል፡፡የኔ በዚ ጥናት መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው፡፡እኔ የምሰጠው መረጃ በሚስጥር እንደሚያዝና በፈለኩት ሰዐት ቃለምልልሱን ማቆም እንደምችል ገብቶኛል፡፡ በጥናቱ ለመሳተፍ ፈቃደኛ ብሆንም ባልሆንም ከጤና ተቀም በማገኘው የጤና አገልግሎት ላይ ምንም ለውጥ እንደማያመጣ ተገንዝቤያለሁ፡፡

የተሳታፊ ስም …… ቀን……

ፊርማ / ምልክት ……

የጠያቂ ቃል

እኔ ከዚ በታች ስሜ የተጠቀሰው ለፈቃደኛ ተሳታፊዋ በምትረዳው ቀንቀ በጥናቱ ውስጥ ያሉትን ስርዐቶች እና ደንቦች እንዲሁም ጥቅሞቹን አስረድቻለሁ

የጠያቂ ስም……

ቀን……

ፊርማ……

ለመሳተፍ ትስማሚያለሽ/ህ አዎ ☐ አልስማማም ☐

መጨረሻ

<u>መጠይቅ</u>

ቀን _____ የጥናት ቦታ _____ ኮድ _____

መረጃውን ሰብሳቢ ስም .....

ክፍል ፡- ማህበራዊ፣ ኢኮኖሚያዊ፣ ባህላዊ እና የትምህርት መረጃ

ተ.ቁ	ጥያቄ	ምርጫ	ዝለል
፡	ፆታ	፡. ወንድ 2. ሴት	
2	ዕድሜሽ/ህ ስንት ነው?	፡. 15 2. 16 3. 17 4. 18 5. 19	
3	ት/ቤት ገብተሽ ታውቂያለሽ/ህ	፡.አውቃለው 2.አላውቅም → 6	
4	የትምህርት ደረጃሽ/ህ ስንት ነው ?	፡. ያልተማረ 2. የመጀመሪያ ደረጃ 3. ሁለተኛ ደረጃ (9-12) 4. ዩኒቨርስቲ 5. የቴክኒክ እና ሞያ ኮሌጅ	
5	ምን አይነት ት/ቤት ነው የምትማረው/ሪው?	፡. የቀን 2. የማታ 3. አልማርም	

6	ሐይማኖትሽ/ህ ምንድን ነው?	1. ኦርቶዶክስ 2.ሙስሊም 3. ካቶሊክ 4.ፕሮቴስታንት 5.ሌሎች	
7	ብሔርሽ/ህ ምንድን ነው?	1. ኦሮሞ 2. አማራ 3. ትግሬ 4. ሌሎች	
8	ከማን ጋር ነው የምትኖሪው/ረው?	1. ከወላጆች (ሁለቱም) → 9-12 2. ከእናት ጋር ብቻ → 9-10 3. ከአባት ጋር ብቻ → 11-12 4. ከዘመድ (አጎት፣ አክስት፣ አያት) → 16 5. ለብቻ → 16 6. ከጓደኛ ጋር → 16	
9	የዕናትሽ/ህ የትምህርት ደረጃ ምንድን ነው?	1. ያልተማረ 2. የመጀመሪያ ደረጃ 3. ሁለተኛ ደረጃ (9-12) 4. ዩኒቨርስቲ 5. የቴክኒክ እና ሞያ ኮሌጅ	
10	የዕናትሽ/ህ/ ስራ ምንድን ነው?	1. የመንግስት ሰራተኛ 2. መንግስታዊ ያልሆን ድርጅት ሰራተኛ 3. ነጋዴ 4. የቤት ዕመቤት	
11	የዐባትሽ/ህ/የትምህርት ደረጃ ምንድን ነው?	1. ያልተማረ 2. የመጀመሪያ ደረጃ 3. ሁለተኛ ደረጃ (9-12) 4. ዩኒቨርስቲ 5. የቴክኒክ እና ሞያ ኮሌጅ	
12	የዐባትሽ/ህ/ ስራ ምንድን ነው?	1. የመንግስት ሰራተኛ	

		2. መንግሰታዊ ያልሆን ድርጅት ሰራተኛ 3. የግል ሰራተኛ 4. የጉልበት ሰራተኛ	
13	በቤታቸሁ ቲቪ አለ	1. አለ 2. የለንም	
14	በቤታችሁ ሬዲዮ አለ	1. አለ 2. የለንም	
15	ጋዜጣ/መፅሄት በማንኛውም ጊዜ ማግኘት ትችላለህ/ሽ	1. አዎ 2. አላገኝም	

ክፍል 2 ስለ ወጣቶች የሥነ ተዋልዶ ጤና አገልግሎት ዕውቀት እና አጠቃቀም

ተ.ቁ	ጥያቄ	ምርጫ	ዝለል
16	የወር አበባ ማየት የጀመርሽው በስንት አመትሽ ነው?		
17	አንድ ሴት በየትኛው የወር አበባ ዑድት ወቅት ልታረግዝ ትችላለች?	1. በመጀመሪያው 7ቀን 2. በመካከለኛው (8-20 ቀን) 3. ከ 28ኛው ቀን በኃላ 4. አላውቅም	
18	አንድ ወንድ ማስረገዝ የሚችለው ከመቼ ጀምሮ ነው?	1. ከ10 አመት በታች ጀምሮ 2. ከጉርምስና ጊዜ ጀምሮ(10-19) 3. ከጉርምስና በኃላ 4. አላውቅም	
19	አንዲት ሴት ማርገዝ የምትችለው መቼ ነው?	1. ከ10 አመት በታች ጀምሮ 2. ከጉርምስና ጊዜ ጀምሮ(10-19) 3. ከጉርምስና በኃላ 4. አላውቅም	
20	አንድ ሴት በአንድ ጊዜ ግብረስጋ ግንኙነት ልታረግዝ ትችላለች?	1. አዎ ትችላለች 2. አትችልም 3. አላውቅም	
21	እርግዝናን መከላከያ ዘዴዎች ታውቃለህ/ሽ?	1. አውቃለው	

		2. አላውቅም ⟶	**23**
22	ከተዘረዘሩት ውስጥ የትኞቹን እርግዝናን መከላከያ ዘዴዎች ታውቃለህ/ሽ? **(ከአንድ በላይ መልስ መስጠት ይቻላል)**	1. የወንድ ኮንዶም 2. የሴት ኮንዶም 3. በክንድ ውስጥ የሚቀበረው 4. በየቀኑ የሚዋጥ ኪኒን 5. በማህፀን ውስጥ የሚቀመጥ 6. መርፌ 7. ሌሎች	
23	ስለአባላዘር በሽታዎች ሰምተሽ/ህ ታውቃለህ?	1. አዎ 2. ሰምቼ አላውቅም ⟶	**28**
24	የትኞቹን ታውቃለህ/ሽ?	1. ቂጥኝ 2. ጨብጥ 3. ከርክር 4. ኤች.አይ.ቪ 5. ሌሎች	
25	የአባላዘር በሽታዎች ምልክቶች የትኞቹን ታውቃለህ/ሽ?	1. ብልት ላይ የሚወጣ ቁስል 2. ከብልት የሚወጣ ፈሳሽ 3. ማሳከክ 4. የሽንት ማቃጠል 5. ሌሎች	
26	የአባላዘር በሽታዎች የመተላለፊያ መንገዶች የትኞቹን ታውቃለህ/ሽ?	1. በደም ንክኪ 2. ከእናት ወደ ልጅ 3. ጥንቃቄ በጎደለው ግብረስጋ ግንኙነት 4. ስለታማ ነገሮችን በጋራ በመጠቀም 5. ሌሎች	
27	የአባላዘር በሽታዎች የመከላከያ መንገዶች የትኞቹን ታውቃለህ/ሽ?	1. ወሲብ ባለማድረግ(መታቀብ) 2. ኮንዶም በመጠቀም 3. ለፍቅር ጓደኛ ታማኝ በመሆን(መወሰን) 4. ሌሎች	
28	የወጣቶች ስነተዋልዶ ጤና አገልግሎት ምን እንደሆነ ታውቃለህ/ሽ?	1. አዎ 2. አላውቅም ⟶	**32**
29	ከወላጅ/አሳዳጊዎችህ/ሽ ጋ ስለ ስነተዋልዶ ጤና	1. አዎ	

	ትወያያለህ/ሽ ?	2. አልተወያየንም	
30	ከወላጅ/አሳዳጊዎችህ/ሽ ጋ ስለ ስነተዋልዶ ጤና አገልግሎት ትወያያለህ/ሽ ?	1. አዎ 2. አልተወያየንም	
31	የወጣቶች ስነ ተዋልዶ ጤና አገልግሎት የማግኘት መብትእንዳለሽ/ህ ታውቂያለሽ/ህ?	1. አዎ 2. አላውቅም	
32	የወጣቶች ስነ ተዋልዶ ጤና አገልግሎት የሚሰጥበት ቦታ ታውቂያለሽ/ህ?	1. አዎ 2. አላውቅም ⟶	35
33	ስለ አገልግሎቱ ማን ነገረሽ/ህ?	1. ወላጅ /አሳዳጊ/ 2. ጓደኛ 3. አስተማሪ 4. በሬዲዮ 5. በቲቪ አይቼ 6. የማስታወቂያ ቦርድ ላይ አንብቤ 7. የጤና ኤክስቴንሽን ባለሙያ	
34	በወጣቶች ስነ ተዋልዶ ጤና አገልግሎት ውስጥ የትኞቹ አገልግሎት ይሰጣሉ? **(ከአንድ በላይ መልስ መስጠት ይቻላል)**	1. የቤተሰብ ዕቅድ አገልግሎት (የእርግዝና መከላከያ፣ ኮንዶም) 2. የበነ ፈቃደኛነት ላይ ተመሰረተ የኤች.አይ.ቪ ምክርና ምርመራ 3. ሁሉንም ዓይነት ህክምና 4. የአባላዘር በሽታ ምርመራና ህክምና 5. ቅድመ ወሊድ ድህረ ወሊድ ክትትል 6. በአጠቃላይ የጤና ሁኔታ ምክር እና መረጃ መስጠት 7. የፅንስ ማቋረጥ አገልግሎት 8. ከፅንስ ማቋረጥ በኋላ የህክምና አገልግሎት	
የሚከተሉትን አገልግሎቶች ተጠቅመሽ/ህ ታውቃለህ/ሽ			
35	የምክር አገልግሎት	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	

36	የቤተሰብ ዕቅድ አገልግሎት	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	
37	የኤች.አይ.ቪ ምክርና ምርመራ	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	
38	የአባላዘር በሽታ ህክምና	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	
39	የቅድመ ወሊድና ክትትል	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	
40	ከወሊድ በኋላ ክትትል	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	
41	ስለጤና ሁኔታ ምክር ወይም መረጃ መጠየቅ	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	
42	የፅንስ ማቋረጥ አገልግሎት	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	
43	ከፅንስ ማቋረጥ በኋላ የህክምና አገልግሎት	1. ተጠቅሜ አውቃለሁ 2. ተጠቅሜ አላውቅም	
44	የትኛውንም አገልግሎት ተጠቅመህ/ሽ ማታውቅ/ቂ ከሆነ ምክንያቱ ምን ነበር	1. 1.መጠቀም አላስፈለገኝም ነበር 2. አገልግሎቱን የት ማገኘት እንደምችል አላወኩም 3. አገልግሎቱን መጠየቅ አፈርኩ 4. ከስራ/ ከትምህርት ሰአት ጋር ይጋጭብኛል/ሰአቱ አይመችም 5. ሃይማኖቴ አይፈቅድም 6. ባህሌ አይፈቅድም 7. ሌላ	

ክፍል 3 ጤና አገልግሎት ሁኔታ

ተ.ቁ	ጥያቄ	ምርጫ	ዝለል
45	የወጣቶች ስነ ተዋልዶ ጤና አገልግሎት በክፍለ ከተማሽ/ህ ውስጥ አለ?	1. አዎ 2. የለም → 3. አላውቅም →	መጨረሻ መጨረሻ
46	የጤና አገልግሎት የሚሰጠው ድርጅት ማን ነው?	1. የመንግስት ጤና ጣቢያ 2. የመንግስት ሆስፒታል 3. የወጣት ማዕከል 4. መንግስታዊ ያልሆነ ድርጅት/NGO/ 5. የግል የህክምና ተቋዋም	
47	የጤና አገልግሎት ድርጅቱ ከመኖሪያሽ/ህ ምን ያህል ይርቃል?	1. ቅርብ ነው(30 ደቂቃ የእግር መንገድ) 2. መካከለኛ ርቀት (እስከ 1 ሰአት የሚፈጅ የእግር መንገድ) 3. ሩቅ (ከ 1 ሰአት በላይ የእግር መንገድ)	
48	ወጣቶች ስነ ተዋልዶ አገልግሎት ያለበት ቦታ ሄደሽ/ህ አገልግሎቱን ሳታገኚ/ኝ ታውቂያለሽ/ህ?	1. አዎ → 2. አላውቅም	49
49	ከሆነ ምክንያቱ ምን ነበር?	1. ወረፋ ብዙ ነበር 2. ለአገልግሎቱ የምከፈለው ብር አልነበረኝም 3. አፍሬ ተመለስኩኝ 4. ቦታው ዝግ ነበረ 5. ጤና ባለሞያዋ/ው አገልግሎቱን ከለከለኝ/ችኝ 6. ሌላ	