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**ASSESSMENT OF REPRODUCTIVE HEALTH SERVICE UTILIZATION AND
ASSOCIATED FACTORS AMONG HIGH SCHOOL YOUTHS IN ADDIS ABABA,
ETHIOPIA, 2015**

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Abstract

Background: According to WHO, youths is between 15-24 years of age. Reproductive health (RH) is critical for youths and adults because it does not only set the stage for health beyond the reproductive years; it also affects the health of the next generation.

Objective: The purpose of this study is to determine factors affecting reproductive health service utilization among high school youths in Addis Ababa.

Methodology: School-based quantitative cross sectional study was carried out among selected secondary and preparatory students, in Addis Ababa city. Using the random sampling a total of 694 school youths (aged 15-24 years) were proportionally allocated and interviewed. Total of Ten facilitators and a nurse supervisor was recruited to assist the data collection process. A pretested structured questionnaire was employed to obtain the necessary information after getting both written and verbal consent from the concerned bodies. The collected data was interred in to Epidata and analysed using SPSS version 20 statistical package and the degree of association between dependent and independent variables were assessed using bivariate and multivariate analysis.

Result: From the total of 694 school youths responded, 199(28.7%) of the respondents utilized reproductive health services in the past one year. Voluntary counselling testing of HIV and Family planning were utilized by 127(18.3%) and 124 (17.9%) of youths respectively. The likely hood of RH service utilization was 2.04 times higher among male's than female's [AOR=2.04 (1.41, 3.00)]. Youths with age of 15 to 17, youth who prefer to get service during usual working hour and who prefer getting service by any provider were 0.60[AOR 0.60(0.41,0.89)], 0.61 [AOR 0.61(0.41, 0.90)] and 0.39 [AOR= 0.39(0.20,0.76)] times less likely to utilize RH services respectively

Conclusion: Proportion of youths reporting RH services were generally low, slight higher than one fourth. Sex, Age, preference of the same sex service provider and convenience of service time were significant predictors of youth RH services.

Contents

Abstract	i
Contents.....	ii
Acknowledgments.....	iv
List of tables	v
List of figures.....	vi
Acronyms and Abbreviations	vii
Chapter 1: Introduction	1
1.1. Background.....	1
1.2. Statement of the problem	2
1.3. Significance of the study	3
Chapter 2: Literature Review.....	5
2.1. RH service utilization pattern of youths.....	5
2.2. Factors affecting RH service utilization of youths	6
2.2.1. Individual related factors	6
2.2.2. Health service related factors.....	7
2.3. Conceptual framework.....	7
3.1. General objectives.....	9
3.2. Specific objectives	9
Chapter 4: Methods and Material	10
4.1. Study area and period.....	10
4.2. Study Design.....	10
4.3. Population.....	10
4.3.1. Source population.....	10
4.3.2. Study Population	10
4.4. Inclusion and exclusion criteria	11
4.4.1. Inclusion criteria.....	11
4.4.2. Exclusion criteria.....	11
4.5. Sample size and sampling technique	11
4.5.1. Sample size determination:	11
4.5.2. Sampling technique	11

4.6. Study Variables.....	13
4.6.1. Dependent variable:.....	13
4.6.2. Independent variables:.....	13
4.7. Operational definitions.....	13
4.8. Data collection instrument.....	13
4.9. Data collectors.....	14
4.10. Data quality management.....	14
4.11. Data processing and Analysis.....	14
4.12. Ethical Considerations.....	14
4.13. Dissemination of Findings.....	15
Chapter 5: Result.....	16
5.1. Characteristics of participants.....	16
5.2. Information of youths on RH services.....	19
5.3. Attitude of youths on RH services.....	21
5.4. Utilization of RH services by school youths.....	22
5.5. Factors associated with Utilization of RH services.....	24
Chapter 6: Discussion.....	26
Limitation of the study.....	28
Chapter 7: Discussion and Recommendation.....	29
Conclusion.....	29
Recommendations.....	30
References.....	31
Annex I: consent form.....	i
Annex II Questionnaire.....	ii
Annex III Consent Amharic version.....	vii
Annex IV Questionnaire Amharic version.....	viii

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List of tables

Table 1: Socio-demographic characteristics of high school students, Addis Ababa, Ethiopia, 2015 (N=694).....	16
Table 2: Family characteristics of selected high school students, Addis Ababa, Ethiopia, 2015(N=694).....	18
Table 3: Information about RH services among selected high school students in Addis Ababa, Ethiopia, 2015(N=694).....	20
Table 4: Attitude about reproductive health services among selected high school students, Addis Ababa, Ethiopia, 2015.....	21
Table 5: RH services utilized and reason for not utilizing among high school students, Addis Ababa, Ethiopia, 2015.....	23
Table 6: Factors associated with RH services utilized utilizing among high school students, Addis Ababa, Ethiopia, 2015.....	25

List of figures

Figure 1, Conceptual framework of the study on RH service utilization and associated factors of school youths (constructed after reviewing different literatures).....	8
Figure 2: Schematic representation of the sampling procedure for the study on factors affecting RH service utilization among high school youths in Addis Ababa, 2015.....	12
Figure 2: Utilization of RH services among high school students about reproductive health services, Addis Ababa, Ethiopia, 2015.....	22

Acronyms and Abbreviations

CI	Confidence Interval
EDHS	Ethiopian Demographic and Health Survey
FMOH	Federal ministry of health
HIV	Human Immune-Deficiency Virus.
IEC	Information, Education and Communication
NGO	Non-Governmental Organization.
RH	Reproductive health
RH	Reproductive health service
SRHS	Sexual and Reproductive health service
STI	Sexually Transmitted Infection.
VCT	Voluntary Counseling and Testing.
WHO	world health organization

Chapter 1: Introduction

1.1. Background

Youths is one of life's most fascinating and complex life stages and is accompanied by special reproductive health (RH) needs [1]. It is a continuum of physical, cognitive, behavioral and psychosocial change that is characterized by increasing levels of individual autonomy, a growing sense of identity, self-esteem and progressive independence from adults. Adolescence can be classified as early adolescence, from 10 to 14 years of age, middle adolescence, 15-16 years and an older adolescence, aged 17-19 years [1, 2, 3].

According to WHO estimates, 1.2 billion youths alive today, the world has the largest adolescent population in history [4]. Of these, about 70% live in developing nations [5].

Due to problems that are either preventable or treatable such as accidents, violence, pregnancy related complications and other illnesses, every year an estimated 1.7 million youths lose their lives prematurely [4]. Due to these reason, adolescent reproductive health (ARH) is becoming ever more important component of global health.

RH is critical during adolescence and adulthood because it does not only set the stage for health beyond the reproductive years; it also affects the health of the next generation. [6].

During adolescence young people starts to define and clarify their sexual values and, frequently, start to experiment with sexual behaviors. These typical characteristics of youths put them at increased risk of sexually transmitted infections (STIs), including human immune-deficiency virus (HIV), and unwanted pregnancies. Particularly in sub-Saharan Africa including Ethiopia, they are disproportionately affected by HIV accounting for almost two-thirds of the people living with HIV which is also facilitated by its higher prevalence in the region [7].

The usual patient - physician relationship may not help health workers to understand their problems. The health system must therefore adapt a suitable strategy through restructuring, formal training or in service self-awareness sessions to make a more friendly communication with youths and thus be of better help to them. Any rigid, judgmental position or defensive and stereotypic expectations concerning adolescent behavior must be abolished. Usually, teenagers respond well if approached in an individualized, collaborative and negotiated manner. Thus,

health services to youths must be delivered in an atmosphere of trust and confidentiality to make every contact a milestone visit. This will enable to successfully attract, serve and retain the young clients [8].

1.2. Statement of the problem

Youths often lack access to health information and health care services. The reasons for low reproductive health service (RHS) utilization may include feelings of discomfort, fear of being seen by parents and others while they are in health care delivery points and embarrassment while seeking reproductive health care services [9].

Focusing on adolescent RH is both a challenge and an opportunity for health care providers. While adolescence generally is a healthy period of life, many youths are less informed, less experienced, and less comfortable accessing health services for RH than adults [10, 11, 12]. Youths often lack basic RH information, knowledge, and access to affordable confidential health services for RH. Many do not feel comfortable in discussing RH not only with their health care providers, but also with their parents (10).

Since the International Conference on Population and Development (ICPD) in Cairo in 1994, governments have pledged to improve the reproductive health of youths by providing access to comprehensive, appropriate information and education and youth friendly health services. Most regions of the world however, still fall short of these commitments, especially for unmarried young people [13]

In 2008, there were 16 million births to girls aged 15 to 19, which represent roughly 11% of all births worldwide, and the vast majority of these happened in developing countries [14]; 6.1 million of them were unintended [15]. In Africa the proportion of women aged 15 to 19 years who have had an unsafe abortion is higher than in any other region and half of all maternal deaths from unsafe abortion in Africa are in women under 25 [16].

In Ethiopia according to the 2011 Ethiopian Demographic and Health Survey (EDHS), 1.5% of adults aged 15-49 years are infected with HIV. Among women aged 15-49 years, HIV prevalence is 1.9%, and among men aged 15-49 years, HIV prevalence is 1.0 %. Among the age group of 15-24 years, HIV prevalence is 0.4% [17].

The utilization of family planning services in the existing health care system by young people is also very low. As a result, there is a high rate of unwanted pregnancies which often result in abortions and their complications. The majority (67.2%) of those seeking treatment for an incomplete abortion are under 24 years of age [18]. This has serious health, economic, and developmental implications for the nation.

Efforts have been made to address youth reproductive health problems at different level. The Federal ministry of health (FMOH) launched several strategies to promote adolescents and youth reproductive health including National Reproductive Health Strategy 2006-2015, National Adolescent and Youth Reproductive Health Strategy 2007-2015, Standards on Youth Friendly Reproductive Health Services and also tools for planning, implementation and monitoring at different levels of the health system were prepared.

Youth friendly health services are established attached to existing health facilities to provide RH to adolescents and youths. The specific reasons for the assumed to be low utilization of RH services are not well known. This study therefore will help in the identification of gap areas in the process of service provision and it also facilitate the attraction of adolescents and youth to utilize the existing youth and adolescent RH service.

1.3. Significance of the study

In Ethiopia youths constitute for about 25 percent [17] of the total population and they are considered to be the hope of future Ethiopia. Since, behaviors formed and choices made during adolescence period by this large population have lasting implications for future health conditions of each individuals which has also impact on development of the country.

Because using reproductive health services during this period is an important way of keeping them healthy, better understanding the factors influencing RH service utilization is important. Knowing this will help decision makers to address them and consequently improve RH problems of youths in the study area.

Even though, previous studies were conducted in relation to this in Ethiopia, assessment of RH services utilization by youth and factors affecting this at any level in the country is very crucial. So, this study is expected to give insight into factors affecting RH service utilization among high school youths in Addis Ababa. This will promote utilization of such services by youths and will

be one of the ways the health system will contribute to socio-economic developmental goals. It also generate relevant information that could help to design appropriate RH programs for this segment of population.

Therefore, knowledge of the determinants of assessment of youth RH services utilization in Addis Ababa high school may be employed as a foundation for a database to monitor youth RH services utilization in the country. It can also be used to improve future quality of care provided for woman who needs induction of labor in the hospital.

The findings of this study will also serve as a reference for giving intervention accordingly by the health care providers and others who concerned and for conducting further researches. The findings of this study will have special importance for health care providers because it will serve as base line for filling gaps of the actual practices on youth RH services utilization. The findings with relevant recommendations will be also submitted to the Addis Ababa regional health bureau, and in advance to the ministry of health (MOH).

Chapter 2: Literature Review

2.1. RH service utilization pattern of youths

RHS include access to information and services on prevention, diagnosis, counseling, treatment and care, and require that all people can safely reach services without travelling for a long time or distance. Services and treatments must be affordable and based on the principle of equity. It also requires that services are of adequate quality and that providers do not discriminate on the basis of sexuality, gender, ethnicity and age [19, 20].

Youths' utilization of reproductive health services not only differ from one part of the world to other part, but also it varies within a single country. It also noted that according to utilization of RHS in many countries is low and indeed lags far behind what is expected to be even after decades of investments [21].

According to study done in Mandalay City, Myanmar, among 444 youths in resource-limited suburban communities, 67% had ever utilized at least one type of RH service. The most utilized service being family planning (70%) [22].

Study done in Bahir Dar city Ethiopia, among 818 high school students 32% of youths had reported as they utilized youth reproductive health services within the past one year. Greater proportion (75.2%) of these youths have visited public health institutions [23]

The findings from study on Youth-friendly Health Services Utilization and Factors in Harar, Ethiopia has revealed that from total of participants, 63.8% of the youth used youth friendly services at least once in the last five years . Out of these, more than half visited to get psychological counseling services, STI treatment and condoms [24]

Study conducted in in Jimma on reproductive health accessibility and utilization by youths indicated that out of 1082 adolescents, 445(41.1%), and 375(34.7%) of them were ever and current users of RH services, respectively. Thirty four percent (370) of adolescents ever used health services for Information, Education and Communication (IEC) followed by family planning 190 (17.6%). Forty nine (5%) and 34(3.1%) of them used health services for STI treatment and abortion care, respectively [25].

Other study in Machakel district, northwest Ethiopia, also indicated that 31 (21.5%) of the adolescents ever utilized RH services and 6 (18.8%) have visited an RH services providing center in the last 6 months [27].

2.2. Factors affecting RH service utilization of youths

In general, youths often lack access to health information and health care services. As well they have been characterized by low reproductive health service utilization due to feelings of discomfort, limited hours of operation, fear of being seen by parents and others while they are in health care delivery points, inconvenient locations, unsupportive provider attitudes and embarrassment while seeking reproductive health care services [9].

2.2.1. Individual related factors

Article reports on findings from nationally-representative surveys of 12-19-year olds in Burkina Faso, Ghana, Malawi and Uganda indicates 42-64% of sexually-active females and 38-59% of sexually-active males mentioned feeling afraid, embarrassed or shy to seek as barrier to get contraceptive and STI treatment rooted in the social context surrounding adolescent sexuality. [24]. Another study done in Ghana has indicated that marital status, income, knowledge of the service, religion and price of the service have significant effect on the utilization of RHS [30].

On study done in Bahir Dar age of students and reproductive health problems were found to be significantly associated RH utilization [23]. Finding in Jimma indicates reason of adolescents not seeking any RH service were that they do not need it at the moment 235 (21.7%) and considering themselves as being young to use RH services 207 (19.1%) (11). Other study in Addis Ababa also indicates the major barriers in utilizing reproductive health services by adolescents are fear of being seen by parents or people whom they know (72%), and embarrassment demand to reproductive health services (67.8%) [30].

The main obstacles from the youths' perspective refraining them from getting RH services from health institutions in Machakel district, northwest Ethiopia, were not think of the services, unnecessary of the services, lack of knowledge and being young/healthy were listed by 128 (50.6%), 87 (34.4%), 65 (24.3%) and 44 (17.4%) of the youths respectively [26].

2.2.2. Health service related factors

Reproductive health services can play an important role in both health promotion and prevention. However, in many countries such services are inaccessible, inappropriate or unaffordable to young people. A study conducted in South Africa showed that many such health services are either physically inaccessible or have opening times that prevent easy access for youth. Staff attitudes ranging from judgmental, to treating youths requests for services with hostility, to denying them services also impact on youths' utilization of services [27].

The cost of services and not knowing where to go were also important barriers to obtaining contraceptive methods in some countries, especially in Uganda, though still not as formidable as the social-psychological barriers [28].

On study done in Bahir Dar, the major reported factors in utilizing reproductive health by youths were inconvenience service hour (31.8%), feel fear to be seen by parents or other adults (28.5%) and too long waiting hours (28.4%). Second category of barriers were consultation hour is too short (25.4%) providers are judgmental and unfriendly (23.6%) feel embracement at seeking or going to RH services (21.6%). [23].

Other study in Harar revealed that barriers to using YFS among youth were 43%, don't know where to go, distance to facility 18.7%, inconvenient location 11.8%, inconvenient Time of service 3.3%, not Affordable 0.2% [24].

2.3. Conceptual framework

Based on review of literatures done in different part of the world reproductive health service utilization among youths can be affected by factors associated with socio-demographic , Individual, Health institution based and Preference of youths as shown in fig. 1.

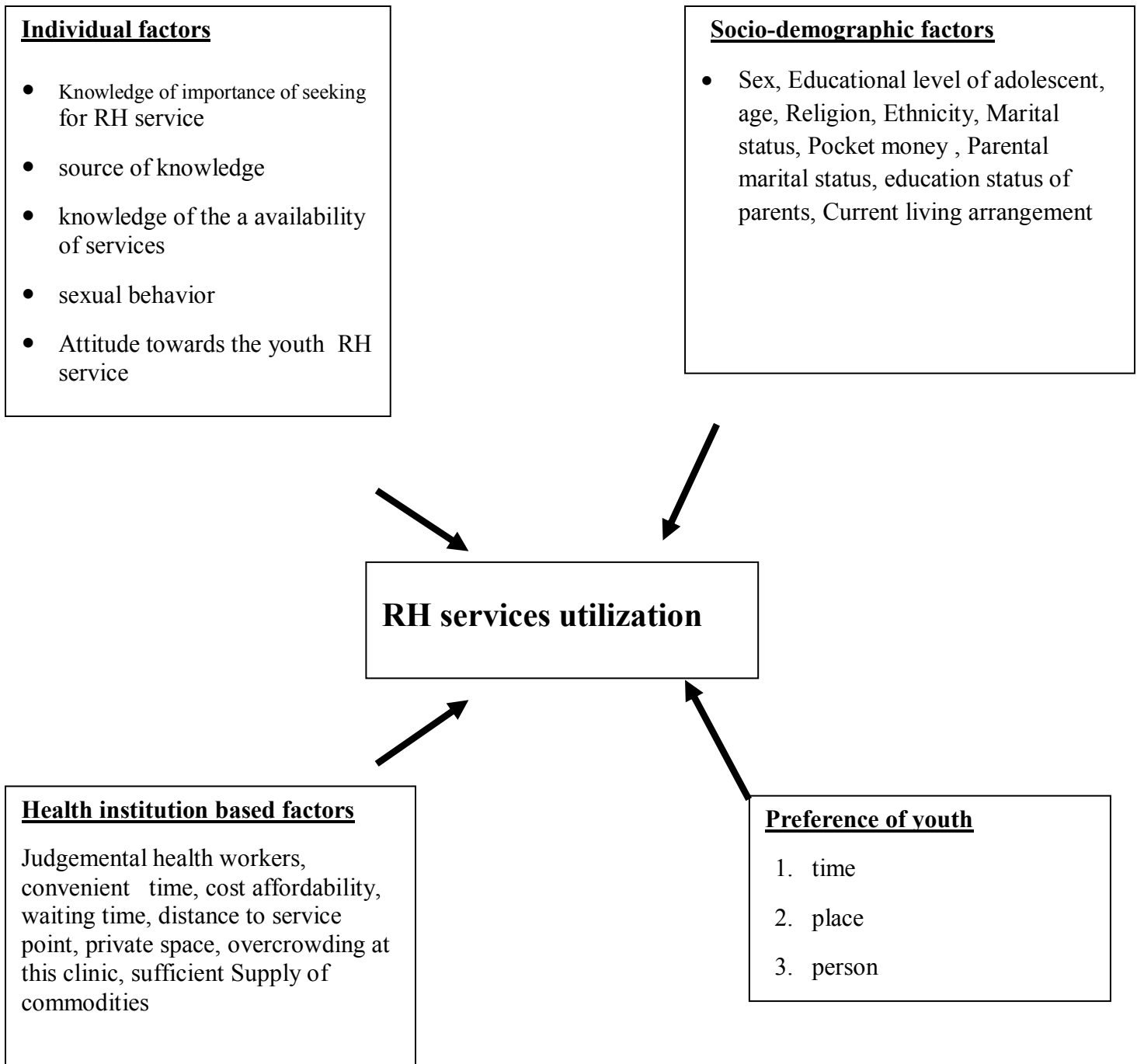


Figure 1, Conceptual framework of the study on RH service utilization and associated factors of school youths.

Chapter 3: Objective

3.1. General objectives

To assess factors affecting reproductive health service utilization among high school youths in Addis Ababa April 2015.

3.2. Specific objectives

- 1.** To determine the level of utilization of reproductive health services among high school youths
- 2.** To identify factors that are associated with utilization of reproductive health service among high school youths

Chapter 4: Methods and Material

4.1. Study area and period

This study was conducted in Addis Ababa which is capital city of Ethiopia. According to information obtained from city administration, the total population is estimate to be more than 3 million and there are ten sub cities. (29). Based on information from Addis Ababa city administration education bureau with in four sub-cities, Lideta, Gulele, Addis Ketema & Kirkos there were 14 public, 29 private schools(30). Regarding health facilities that are found in the city, there are 11 and 84 public hospitals and health centers respectively. There are also 2 defense forces referral hospital and 1 Federal police hospital. In addition there are 2 hospitals, 3 health centers and 31 different level clinics established by nongovernmental organization (NGOs). In addition, 30 private hospital and more than 700 different level private clinics are found in Addis Ababa (31). The study youths be conducted among school youths from March to April, 2015

4.2. Study Design

School-based quantitative cross sectional study was carried out among selected secondary and preparatory students, in Addis Ababa city.

4.3. Population

4.3.1. Source population

All youths in secondary and preparatory school found in Addis Ababa city during 2014/15 academic year.

4.3.2. Study Population

Selected youths in randomly selected secondary and preparatory school were included in the study

4.4. Inclusion and exclusion criteria

4.4.1. Inclusion criteria

All youths of age 15-24 years attending in secondary and preparatory schools during the study period.

4.4.2. Exclusion criteria

- students who were night time student
- students who were not volunteer to participate in the study

4.5. Sample size and sampling technique

4.5.1. Sample size determination:

The required sample size was determined by using single population proportion formula considering the following assumptions: P= 32% (as an estimate prevalence of reproductive health service utilization within the past one year among secondary and preparatory school youths which is taken from the study conducted Bahir Dar, Amhara Regional State, Ethiopia [23], 95% confidence level, and margin of error of 5%.

$$\begin{aligned} \text{Therefore, final sample size, } n &= \frac{(Z_{\alpha/2})^2 P (1-P)}{d^2} \\ &= \frac{(1.96)^2 \times (0.32) (0.68)}{(0.05)^2} \\ &= 334 \end{aligned}$$

Adding 10 % of non-response rate the sample was 367. Because multistage sampling method was used the sample of 367 is multiplied by design effect of 2 and the final sample size was 734

4.5.2. Sampling technique

Multi-stage sampling technique was used. After randomly selecting four sub cities, Lideta, Gulele, Addis Ketema & Kirkos from a total of ten sub cities in Addis Ababa, proportional number of both government and private high school was randomly selected. Since Government high schools operate with two shifts one shift was selected at random if a one grade is found in

both shifts. From the selected school one section from each grade was also be selected using lottery method. Then proportional number of students was selected using lottery method from each sections attendance and provided with self-administered questionnaire.

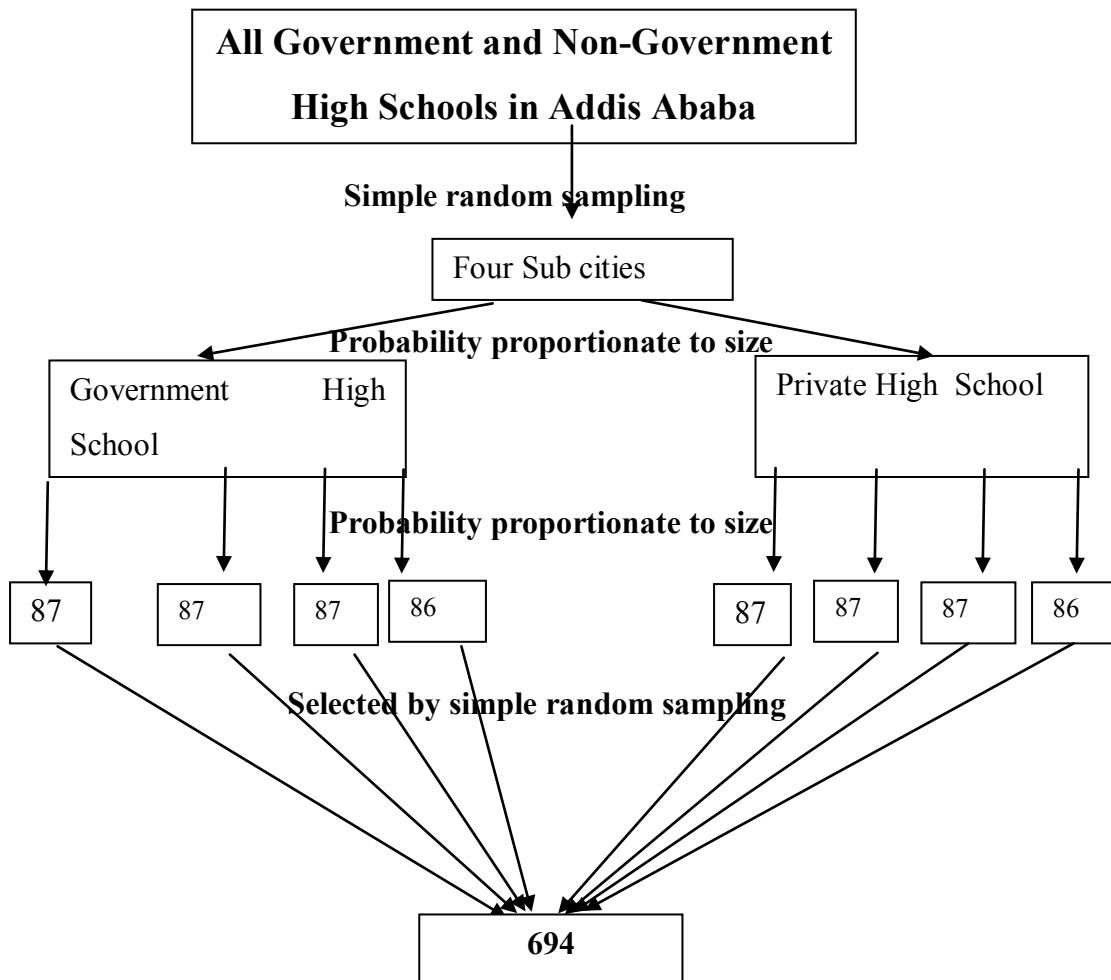


Figure 2: Schematic representation of the sampling procedure

4.6. Study Variables

4.6.1. Dependent variable:

- Reproductive health service utilization.

4.6.2. Independent variables:

- Socio demographic factors
- Individual factors
- Health institution based factors
- Preference of youth

4.7. Operational definitions

- ✓ **Reproductive health service utilization:** was assessed on the basis of youth practice of utilizing health facility for RH service (VCT,STI diagnosis and treatment, abortion care , ANC, PNC, IEC, Medical checkup) in the past one year.
- ✓ **School adolescent:** a youth who was enrolled in the secondary and preparatory schools.
- ✓ **Youths:** those persons with in the age group of 15-24 according to WHO definition.
- ✓ **Access:** is the extent to which a person can obtain appropriate services at a cost and effort that is both acceptable to them personally and within the means of a large majority in a given population.
- ✓ **Cost of the service:** the payment client asked to get RH service.
- ✓ **Cost affordability:** when the clients respond the payment for RH services are affordable

4.8. Data collection instrument

For data collection, a structured self-administered questionnaire of English version was adapted after review of different literatures and modified depending on the local situation and the research objective. It was initially developed in English and then translated in to Amharic and back translated in to English to check its consistency. The questionnaires contained questions on socio demographic characteristics, Health institution characteristics, youth knowledge related and youth attitude towards RH service.

4.9. Data collectors

Two nurses were trained on how to assist students, take consent and how to monitor the overall data collection process. In order to identify the clarity of questions and their sensitiveness as well, pre-testing of the instrument was on 5% of the study subject in a school other than the selected schools. During the pre-testing discussion was held with the students on the problems they encountered during filling the questionnaire and correction was incorporated in the final questionnaire

4.10. Data quality management

The quality of data was assured through careful, design, translation and retranslation and pretest of the questionnaire, proper training of the facilitators on the data collection procedures. Every day, questionnaires were reviewed and checked for completeness by the facilitator and principal investigator and the necessary feedback were offered to facilitators in the next morning before data collection.

4.11. Data processing and Analysis

The data obtained from each study participant were checked for its completeness, coded, entered, edited, cleaned, and analyzed using Epidata version 3.5 and SPSS-version 20 statistical package. Frequencies, mean, standard deviation, and percentage was used to describe the study population in relation to socio-demographic and other relevant variables. The degree of association between independent and dependent variables was assessed using logistic regression. Variables with P value less than 0.25 in binary regression and those considered important based on literatures were interred in to multiple logistic regression. Variables which have p-value <0.05 were considered as statistically significant predictor of RH service utilization of youth and 95% confidence interval was used. Before multivariate analysis, independent variables were checked for multi collinearity effect using variance inflation factor

4.12. Ethical Considerations.

Ethical clearance was obtained from Addis Ababa University, collage of health science, department of nursing and midwifery ethical review committee. Permission was obtained from Addis Ababa education bureau and from respective schools. Written informed consent was

obtained from individual respondent for age greeter than 18 and from their parents by sending the consent form to the youth's parent the day before data collection for those less than 18 years of age. Confidentiality of the information was assured and privacy of the respondent was maintained. Questionnaire was anonymized, and the respondents were told that they have the right to be involved or not to be involved in the study, and that non-involvement otherwise will not affect them in any way.

4.13. Dissemination of Findings

The findings of this study will be distributed to different organizations who have helped the project to be carried out, and those who have concern in youths ' health in the region, which includes Addis Ababa University, Addis Ababa Health Bureau and Educational Bureau. The findings will be presented in different seminars, meetings and workshops.

Chapter 5: Result

5.1. Characteristics of participants

A total of 694 students were participated in the study with response rate of 94.5%. Out of these 382(55.0%) were females and 312 (45.0%) were males. Among the respondents, 368 (53.0%) and 162(23.3%) were attending grade 11 and 9 respectively. Two hundred eighty four (40.9%) were Amhara followed by Oromo 200(28.8%) by ethnicity. The majority, 43.2%, were Orthodox Christian followers.

Table : Socio-demographic characteristics of high school students, Addis Ababa, Ethiopia, 2015 (N=694)

Characteristics	Frequency	Percentage (%)
Age		
15-18	305	43.9
19-21	389	56.1
Sex		
male	312	45.0
female	382	55.0
Educational status		
9 to 10	230	33.2
11 to12	264	66.8
Religion		
Orthodox	300	43.2
Catholic	175	25.2
Protestant	120	17.3
Muslim	99	14.3
Ethnicity		
Oromo	200	28.8
Amhara	284	40.9
Gurage	168	24.2
Other	42	6.1

Regarding characteristics related to youth families from the total respondents, 399 (57.5%) were living with their both parents, followed by 163 (19.5%) living with mother only and the rest were either with father only or with relatives. Regarding educational status of their parents, 239 (34.4%) of their fathers were diploma and above and of their mothers were attended only their primary education. While 305 (43.9%) participant's father were reported to be privately employed, 221 (31.8%) of their women were house wife's. The higher proportion of the youths stated as they discussed sex related issues with their mothers 420 (60.5%) than those reported they discussed with their fathers 288 (41.5%). Four hundred forty eight (64.6%) of them described their family economic status as medium, 159 (22.9%) described as high and 87 (12.5%) as poor.

Table 2: Family characteristics of selected high school students, Addis Ababa, Ethiopia, 2015(N=694)

Characteristics	Frequency	Percentage (%)
With whom do you usually live		
With my father and mother	399	57.5
With my mother only	133	19.5
With my father only	65	9.2
With relatives	97	14.0
Fathers educational status		
Can't read and write	40	5.8
Primary school	188	27.1
Secondary school	161	23.2
Diploma and above	239	34.4
not currently living with my father	66	9.5
Mothers educational status		
Can't read and write	65	9.4
Primary school	241	34.7
Secondary school	150	16.1
Diploma and above	198	21.6
not currently living with my father	40	28.5
Occupation of the Father		
Privately employed	305	43.9
gov't employed	185	26.7
small scale merchants	138	19.9
currently not living with my mother	66	9.5
Occupation of the mother		
House wife's	221	31.8
Privately employed	231	33.3
gov't employed	108	15.6
Small scale merchants	94	13.5
currently not living with my mother	40	5.8

Did you discuss sex related issues with your father?		
Yes	288	41.5
No	406	58.5
Did you discuss sex related issues with your mother?		
Yes	420	60.5
No	274	39.5
Perceived economic status of family		
Rich	159	22.9
Medium	448	64.6
Poor	87	12.5

5.2. Information of youths on RH services

All study participants were asked to select all service provided Four hundred thirty three (62.4%) and 412(59%) of them selected family planning and Voluntary counselling and testing of HIV as services given under youth RH services. And 388(55.9%) specified Treatment of sexually transmitted infections. Postnatal care service was the list 177(25.5%) stated service followed by Antenatal care 199(28.7%) and Post abortion care 219(31.6%). One hundred twenty five (18.0%) of youths fail to state any reproductive health services.

Parents and teachers were reported by 399(57.5%) as time main source of information related to reproductive health services. Friends were the second 390(56.2%) to be stated as the main source of information and posters were the last 159(22.9%). The majority of the participant 530(76.4%) reported public health services as the likely place to receive RH services followed by drug shops 256(36.9%).

Table 3: Information about RH services among selected high school students in Addis Ababa, Ethiopia, 2015(N=694)

Type of violence	Frequency	Percentage
<i>Reproductive health services</i>		
1. Family planning	433	62.4
2. Treatment of STI	388	55.9
3. Voluntary counselling and testing of HIV	412	59.4
4. Abortion service	291	41.9
5. Post abortion care	219	31.6
6. Antenatal care	199	28.7
7. Postnatal care	177	25.5
8. Information education and communication	326	47.0
9. Condom use	356	51.3
10. I do not know	125	18.0
<i>From where you got information about youth RH</i>		
1. parent	399	57.5
2. teachers	399	57.5
3. health workers	199	28.7
4. friends	390	56.2
5. news papers	196	28.2
6. posters	159	22.9
7. radio	205	29.5
<i>Where is one likely to receive RH services</i>		
1. health center	530	76.4
2. drug shops	256	36.9
3. traditional healers	239	34.4
4. I do not know	45	6.5

5.3. Attitude of youths on RH services

There were 8 statements with 5-point Likert Scale agreement options to measure the attitude level which were given 1 to 5 marks. For the purpose of this paper, the response to the option for strongly agree and agree were reported cumulatively as agree and the response to strongly disagree and disagree as disagree. Result shows that the attitude level of the women ranged from 17 to 40 with the mean score of 30.84 (SD=4.03) and median of 31. The score was normally distributed. The attitude score was further divided to two levels which are good attitude and poor attitude using the mean attitude score. More than half of the respondents 429 (61.8%) had positive attitudes toward RH services. Majority of the participants agreed on the statements RH service is important for youths, youths should use health service for RH services and each adolescent should be aware of the importance of health service for RH 84.9, 85.3 and 85.2 percent respectively. And about half 51.2% of them disagreed with statement only female should use health service for RH.

Table 4: Attitude about reproductive health services among selected high school students, Addis Ababa, Ethiopia, 2015

Statements	Strongly Disagree	Neutral	Strongly Agree
RH service is important for adolescent	589 (84.9)	79 (11.4)	26 (3.8)
Youths should use health service for RH for various reasons.	592 (85.3)	74(10.7)	28(4.0)
Each adolescent should be aware of the importance of health service for	591 (85.2)	82 (11.8)	11 (3)
Youths have harder time to get health service for RH than adult	393 (56.7)	144(20.7)	157 (22.6)
Health provider being judgmental	467(67.3)	128(18.4)	99(14.3)
Health providers assure confidentiality of you	556(80.1)	105(15.1)	33(4.8)
Only female should use health service for	283(40.8)	56(8.1)	355(51.2)
Likely to use health service for RH in	484(69.7)	115(16.6)	95(13.7)

5.4. Utilization of RH services by school youths

From the total of 694 school youths responded, 199(28.7%) of the respondents utilized reproductive health services in the past one year. Regarding service utilized by youths family planning, voluntary counselling and testing of HIV and Condom were utilized by 124 (17.9%), 127(18.3%) and 107(15.4%) youths respectively. Post abortion care was the list service reported to be utilized by youths.

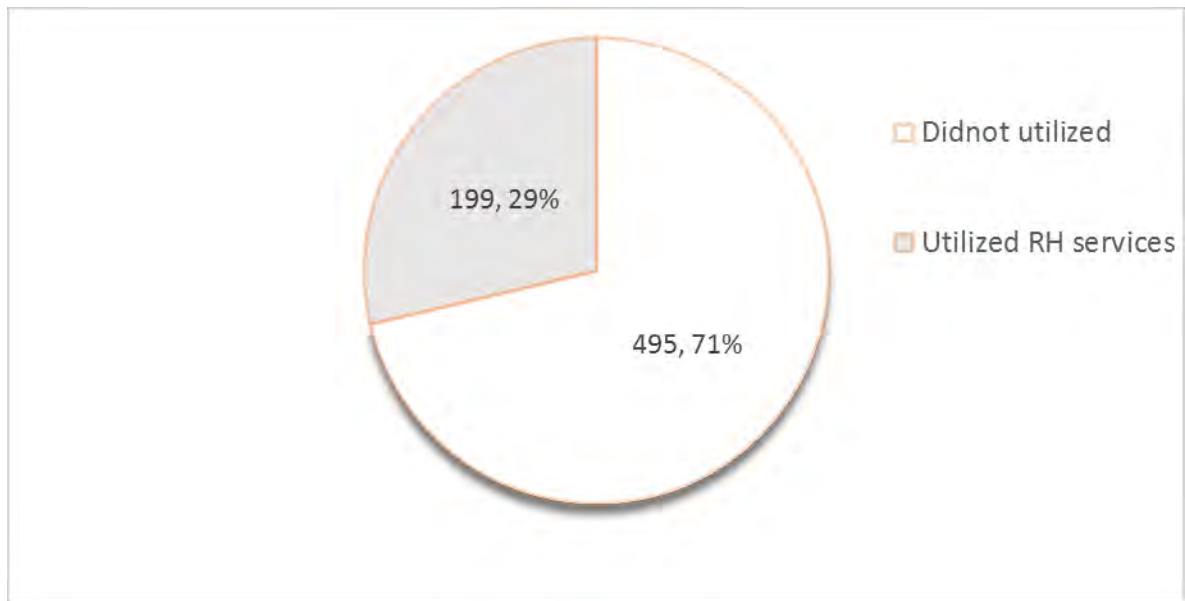


Figure 2: Utilization of RH services among selected high school students, Addis Ababa, Ethiopia, 2015

The major factors for not utilizing reproductive health by youths were too young to go to the services 392(56.5%), Don't know where to go 186(26.8%), inconvenience service hour 140(20.2%) and feel fear to be seen by parents or other adults (17.4%) were among frequently reported by participants. Larger number 398(57.3%) of youths reported as they prefer to get services when other service uses are not around and the majority used private health facilities.

Table 5: RH services utilized and reason for not utilizing among high school students, Addis Ababa, Ethiopia, 2015

Type of violence	Frequency	Percentage
<i>Reproductive health services utilized by youths</i>		
Family planning	124	17.9
Treatment of STI	97	14.0
Voluntary counselling and testing of HIV	127	18.3
Abortion service	24	3.5
Post abortion care	18	2.6
Antenatal care	21	3.0
Condom use	107	15.4
<i>Reason for not utilizing RH services</i>		
Too young to go to the services	392	56.5
Inconvenient time of services	140	20.2
Don't know where to go	186	26.8
Cultural against	127	18.3
fear of parent	121	17.4
Inconvenient location	78	11.2
Does not have money	121	17.4
<i>Convenient time for youth RH service</i>		
In the usual working hours	296	42.7
When other users are not around	398	57.3
Place of RH service received (n 199)		
Government health facilities	65	32.7
Private health facilities	109	54.8
Family guidance association	23	11.6
Traditional healers	2	1.0

5.5. Factors associated with Utilization of RH services

In order to identify variables that can significantly affect utilization of RH services both binary and multiple logistic regression were used. Variables that are found to affect RH utilization of youth from previous studies were interred into multiple logistic regression by using inter method and variables with p value of less than 0.05 were considered significant.

On bivariate analysis Age, Sex, preference of youth reproductive health provider, discussion of sex related issues with father and mother, convenience of service time and attitude toward RH services were found to have significant association with youth RH service utilization. Youths with age of 15 to 18, who prefer getting service at usual working hour and by young provider of the same sex were 0.60 [COR 0.60(0.43, 0.84)], 0.50 [COR 0.50(0.35, 0.71)] and 0.38 [COR 0.38(0.21, 0.67)] less likely to utilize the service respectively. The likely hood of utilizing RH services were 2.13 [COR 2.13(1.53, 2.98)] times more in male school youths than females. Youths who discuss on sexual issues with their parents and those with poor attitude were also found to utilize more, but these were insignificant during multiple logistic regression.

During multivariate logistic analysis Sex, Age, preference of the same sex youth provider and convenience of service time were continued to be significant. The likely hood of RH service utilization was 2.04 times higher among male's than female's [AOR=2.04 (1.41, 3.00)]. Youths with age of 15 to 17 were 0.60 times less likely to utilize RH services when compared to those with age of between 18 to 24 [AOR 0.60(0.41,0.89)]. Youth who prefer to get service during usual working hour were 0.61 times less likely to utilize [AOR 0.61(0.41, 0.90)]. Compared to those who prefer getting service by any provider, those who preferred getting service by youths of the same sex were 0.39 times less likely to utilize RH services [AOR= 0.39(0.20,0.76)].

Table 6: Factors associated with RH services utilized among high school students, Addis Ababa, Ethiopia, 2015

Characteristics	Utilization RH Services (%)		COR (95%CI)	AOR (95%CI)
	Yes	No		
Sex				
Male	116(37.2)	196(62.8)	2.13(1.53,2.98)*	2.04 (1.41,3.00)*
Female	83(21.7)	299(78.3)	1.00	1.00
Age group				
15-17	118(50.6)	235(77.0)	0.60(0.43, 0.84) *	0.60(0.41,0.89)*
18-24	129(33.2)	260(66.8)	1.00	1.00
With whom you are living				
With my father and mother	108(27.1)	291(72.9)	0.83(0.60,1.16)	0.73(0.49,1.08)
Not with both father and mother	91(30.8)	204(69.2)	1.00	1.00
Occupation of the mother				
House wife's	67(30.3)	154(69.7)	0.88(0.53, 1.48)	0.92(0.52,1.63)
Privately employed	61(26.4)	170(73.6)	0.73(0.43,1.23)	0.65(0.37,1.13)
gov't employed	27(25.0)	81(75.0)	0.68 (0.37,1.23)	0.62(0.32,1.19)
Small scale merchants	31(33.0)	63(67.0)	1.00	1.00
Did you discuss sex related issues with your father?				
Yes	97(33.7)	191(66.3)	1.51(1.09, 2.11)*	1.35(0.91,2.00)
No	102(25.1)	304(74.9)	1.00	1.00
Did you discuss sex related issues with your mother?				
Yes	133(31.7)	287(68.3)	1.46(1.03, 2.06)*	1.23(0.82,1.86)
No	66(24.1)	208(7.9)	1.00	1.00
Preference of youth reproductive health provider				
Young provider of the same sex	44(18.7)	191(81.7)	0.38(0.21,0.67)*	0.39(0.20,0.76)*
Young provider of any sex	70(30.3)	161(69.7)	0.71(0.41,1.24)	0.65(0.35,1.22)
Adult provider of the same sex	58(36.9)	99(63.1)	0.96(0.54,1.70)	0.63(0.32,1.20)
Any provider could be	27(38.0)	44(62.0)	1.00	1.00
Convenient time for youth health service				
Usual working hours	57(20.2)	225(79.8)	0.50(0.35,0.71) *	0.61(0.41,0.90)*
When other users are not around	134(33.7)	264(66.3)	1.00	1.00
Attitude toward RH services				
Poor attitude	91(34.3)	74(65.7)	1.55(1.13,2.17) *	1.19(0.78,1.81)
Good attitude	108(25.2)	321(74.8)	1.00	1.00

* Significant at p<0.05

Chapter 6: Discussion

Utilization of youth reproductive health service among high school students in Addis Ababa was found to be 28.7%, elicited by asking past one year use of RH services from the date of data collection. This finding is almost similar with study done in Bahir Dar city Ethiopia, in which 32% of high school youths had reported as they utilized youth reproductive health services within the past one year [23]. This finding is lower than community-based, cross-sectional studies undertaken in Harar, 63.8% of youths used YFS in the past five months [24]. Similarly report of this study is lower than another community based study done in Jimma which was 41%. On other hand this finding is greater than study conducted in Machakal district 21.5%, Northwest Ethiopia [27]. The difference may be due to difference in source population and time component used in definition of RH service utilization.

Youths often lack basic RH information. Effective programs use multiple approaches to disseminate RH communication, and community mobilization (25, 24). Providing appropriate and relevant information about RH is essential to any program. In this study, parent and teachers were found to be the main source of information about RH services constituting 57.5% for each. Similarly study done in Jimma found 40.3% of adolescents had information about RH health services from their parents or close relatives. More adolescents express interest in discussing health-related issues than receiving consultation for these issues. One significant barrier to discussing sensitive topics with their health care provider is youth embarrassment or discomfort (23). Obviously, parents are a key source of information, although they may feel ill-informed or embarrassed to discuss these topics with their children, or simply may disapprove of young people expressing an interest in RH issues.

In our study voluntary counselling and testing of HIV, 18.3% followed by family planning service, 17.9% and condom use 15.4% were among the most frequently reported services utilized by youths. This is different from study done in Jimma 34% used for Information, Education and Communication (IEC) followed by family planning 190 (17.6%) and STI treatment (5%) [25]. In this study private health facilities were the most common area to receive service which is different from study from Bahir Dar reported as greater proportion (75.2%) of these youths have visited public health institutions [23]. This study also showed that a small proportion (1%) of the

participants used traditional health service and it was in line with Jimma [25] and Machakal study 3.14%, 3.1% respectively [27].

The youths reasons for not using RH services were feeling too young to go to the services 392(56.5%), don't know where to go 186(26.8%) and inconvenience service hour 140(20.2%) were among the commonest. Our finding is in line with finding in Jimma which indicates feeling of not in need at the moment 235 (21.7%) and considering themselves as being young to use RH services 207 (19.1%) were most frequently reported(11). Other study in Addis Ababa also indicates the major barriers in utilizing reproductive health services by adolescents are fear of being seen by parents or people whom they know (72%), and embarrassment demand to reproductive health services (67.8%) [33].

Age of respondents is found to be associated with the utilization of youth reproductive health service. Youth within age groups of 15 to 18 years were 0.53 times less likely to utilize RH services when compared to those with age of between 18 to 24 [AOR 0.53(0.35,0.83)]. This finding is in agreement with the study conducted in Jimma [10] and Bahir Dar [23]. According to study done in the odds of RH service utilization to ever had sex youths was 3 times higher than abstainers and as the age of the youths increase the probability of having sex also increases. This may be the reason why older youths are more likely to utilize the service. Other studies done in Nepal and Nigeria also found similar results [34].

The likely hood of RH service utilization was 2.15 times higher among males than females. Opposite to this finding study done on reproductive health needs and service utilization among youths in west Badewacho Woreda, Hadiya Ethiopia, female youths were more likely to utilize reproductive health services. But study findings from mechekel and rural Ethiopia and Nigeria found result in line with our finding [27, 34].

Inconvenience service hour, feeling fear to be seen by parents or other adults and too long waiting hours reported by study done in Bahir Dar as reasons for not utilizing RH services [23]. In multiple regression this study found that youths who prefer getting service apart from usual working hours were less likely to utilize RH services.

Limitation of the study

- This study was based on cross-sectional data, which implies that the direction of causal relationships cannot always be determined.
- Because preparation of students for national exam for grade 10 and 12, it was difficult to address all selected students. To overcome this problem students were tried to reach with the help of teachers and revisit of the school was done.

Chapter 7: Conclusion and Recommendations

Conclusion

Generally this study has disclosed that RH service utilization among school youths in Addis Ababa was low 29%. In this study, parent and teachers were found to be the main source (57.5%) of information about RH services. Voluntary counselling and testing of HIV, 18.3% followed by family planning service, 17.9% and condom use 15.4% were among the most frequently reported services utilized by youths. And the main reason for not utilizing RH services were filling too young to go to the services 392(56.5%), don't know where to go 186(26.8%) and inconvenience service hour 140(20.2%).

The likely hood of RH service utilization was 2.15 times higher among male's than female's [AOR=2.15 (1.45, 3.19)]. Youths with age of 15 to 17, youth who prefer to get service during usual working hour, and those who prefer getting service by any provider were 0.53, 0.61 and 0.45 times less likely to utilize RH services, respectively.

Recommendations

- The government (through the MoH) needs to establish comprehensive freestanding or integrated adolescent friendly-services. It should ensure that youths are provided with accessible, acceptable, confidential, flexible and friendly health services that they can identify with
- The government and all stake holders should enhance integrated approach involving all stakeholders particularly youths' families, teachers and health professionals
- IEC/BCC campaigns should be established by the concerned bodies and emphasis should be put on reproductive health issues in order to encourage the youths to use reproductive services.
- Health providers should seek parental involvement when absolutely necessary, taking into consideration the need to protect and safeguard the rights of „minors“ to privacy and confidentiality. They should also promote parental awareness about the need to provide confidential services to youths.
- Health promotion and education regarding YFS at the community level should be carried out by the local health administrative offices

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Annex I: consent form

Questionnaire code_____

My name is _____ I am attending my MSc. in ____ at Addis Ababa University. I brought these questions to you in order to find out conditions of reproductive health service utilization and associated factors of school adolescents. The purpose of this study is to get more information on factors affecting reproductive health service utilization of secondary and preparatory school adolescents that can be used to design appropriate intervention so as to address reproductive health service need of adolescents. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study. Your name will not be written on this form and no individual response will be reported to anybody. Hence, your answers are completely confidential. You do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.

Please, if you cooperate by responding to the questions it means that you have your own contribution to the success of this study.

Would you willing to answer?

If yes,-----proceed to the next page

If no,----- please stop here.

Thank You!

Annex II Questionnaire

Part I: Self-Administered Questionnaire

Instruction: For each of the following questions, please circle the number of the alternative that fit for your response

Socio demographic factors		
No	Questions	Coding categories
101.	What is your Sex	1. Male 2. Female
102.	How old are you? only in years	_____ in year
103.	What is your Grade	1. 9th 2. 10th 3. 11th 4. 12th
104.	What is your Religion	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Other (specify) _____
105.	What is your ethnic group	1. Oromo 2. Amhara 3. Gurage 4. Other specify _____
106.	With whom do you usually live	1. With my father and mother 2. With my mother only 3. With my father only 4. With relatives 5. With friends 6. Alone 7. Others specify _____
107.	What is the level of your father's education?	1. Can't read and write 2. read and write only 3. Primary school 4. Secondary school 5. Diploma and above 6. not currently living with my father
108.	How often did you discuss sex related issues with your father?	1. Often 2. Occasionally 3. Never 4. Others specify _____
109.	What is the level of your mother's	1. illiterate

	education?	2.read and write only 3.Primary school 4. Secondary school 5. Diploma and above 6. not currently living with my father
110.	How often did you discuss sex related issues with your mother?	1. Often 2. Occasionally 3. Never 4. Others specify _____
111.	Marital status of the mother and father	1. Together 2. Separated 3. Divorced 4. Widowed
112.	Family size you are currently living with	_____
113.	Occupation of the mother	1.House wife 2.employed (private) 3.employed (gov't) 4.Small scale merchants 5. currently not living with my mother 6. others
114.	Occupation of father	1. Privately employed 2. gov't employed 3. small scale merchants 4. currently not living with my mother 5. other
115.	Do you get pocket money for your daily expense?	1. Yes 2. No
116.	Perceived economic status of family	1. rich 2. medium 3. poor
Knowledge and Practice of RH services		
201.	What are the service provided under youth RH services (tick all response you give) (if don't know go to question 203)	1. family planning 2. treatment for sexually transmitted infections 3. voluntary counseling and testing for HIV/AIDS 4. Abortion service 5. post abortion services 6. Antenatal care 7. Postnatal care 8. Information education and communication 9. condom use 10. I don't know 11. others (specify)
202.	From where you got information about youth RH? (tick all response you give)	1. Parent talk 2. Teacher 3. Heath worker 4. Friend 5. news paper

		6. posters 7. Radio 8. Others (specify) 9. Nobody
203.	Where is one likely to receive RH services (tick all response you give)	1. Health center 2. Drug shop 3. Traditional healer 4. Home 5. No where 6. Others (specify)
Attitude of youth toward RH service		
301.	RH service is important adolescent like you	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
302.	Youths should use health service for RH for various reasons.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
303.	Each adolescent should be aware of the importance of health service for RH	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
304.	Youths have harder time to get health service for RH than adults	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
305.	Only female should use health service for RH	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
306.	Health provider being judgmental	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
307.	Health providers assure confidentiality of youth.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

308.	Likely to use health service for RH in future.	<ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
309.	Have you ever used any RH service? If no go to Qes.31	<ol style="list-style-type: none"> 1. Yes 2. No
310.	from where do get RH service	<ol style="list-style-type: none"> 1. Government health center 2. Private health facilities 3. Family guidance association 4. Traditional healers
311.	What service did you used (tick all responses)	<ol style="list-style-type: none"> 1. family planning 2. STD treatment 3. VCT for HIV/AIDS 4. Abortion service 5. post abortion services 6. ANC 7. condom use 8. other services (specify) 9. nothing
312.	If no why? (tick all responses)	<ol style="list-style-type: none"> 1. too young to go to the services 2. Does not have money 3. Don't know the use 4. Don't know where to go 5. Cultural against 6. fear of parent 7. Inconvenient location 8. Inconvenient time of services 9. currently feel healthy 10. distance to facility 11. Others (specify)
313.	Do you intend to use the RH service in future	<ol style="list-style-type: none"> 1. Yes 2. No
Preference RH service by time, place and person		
401.	Which time do you think it is convenient for youth health service?	<ol style="list-style-type: none"> 1. In the usual health institute working hours 2. In the hours when other users are not around 3. Other specify
402.	What do you prefer on service fees for youth?	<ol style="list-style-type: none"> 1. At usual rate 2. With discount for youth 3. Free of charge

		4. Other specify
403.	Whom do you prefer to be youth reproductive health provider?	<ol style="list-style-type: none"> 1. Young provider of the same sex 2. Young provider of any sex 3. Adult provider of the same sex 4. Any provider could be 5. Other specify
404.	Where do you prefer youth health service to be located?	<ol style="list-style-type: none"> 1. Anywhere out of resident area 2. In the center of the town 3. At one end of the town 4. Other specify
Health institution based factors		
501.	Do these health institution that offer you RH services to adolescents near to your home?	<ol style="list-style-type: none"> 1. Yes 2. No
502.	Have you asked to pay to receive the services you received?	<ol style="list-style-type: none"> 1. Yes 2. No
503.	If yes, did you find the services affordable	<ol style="list-style-type: none"> 1. Yes 2. No
504.	Were you satisfied with the services that you received?	<ol style="list-style-type: none"> 1. Yes satisfied 2. Not satisfied
505.	Were reproductive health services hours are inconvenient for you?	<ol style="list-style-type: none"> 1. Yes 2. No
506.	Were reproductive health services waiting hours too long?	<ol style="list-style-type: none"> 1. Yes 2. No
507.	Do you think reproductive health service providers are judgmental and unfriendly?	<ol style="list-style-type: none"> 1. Yes 2. No

Annex III Consent Amharic version

የመጠይቁ መለያ ቁጥር _____

የመረጃና የፍቃድኝነት መረጋገጫ

የጥናቱ መረጃ፣ እኔ ትግስት ተፈራ እባላለሁ። የምማረጠው በ አዲስ አበባ ዩኒቨርሲቲ ሰሆን ብአሁኑወቅት በዚህ ትምህርት ቤት ውስጥ በወጣቶች የስነ ተዋልዶ ጤና ዙሪያ ጥናት ለማድረግ መረጃ እያሰጣሁብኩ ነው። ለዚህም ስለ ቤተሰቦ በተመለከተ የተወሰኑ ጥያቄዎች ክስር ተካተዋል።

የጥናቱ ዓላማ ፤ የአዲስ አበባ ወጣቶችን የስነ ተዋልዶ ጤና አጠቃቀምን እንዲሁም ተያያዥነት ያላቸው ተግባራትን ስለ መለየት ይሆናል።

የጥናቱ ሚስጥራዊነት፡ እርሶ የሚሰጡን ማንኛውም መረጃ በሚስጥር ስለሚጠበቅሎት ማንነትዎ እንዳይታወቅ ስም እና አድራሻዎት አይገለፅም።

የጥናቱ ጥቅምና ጉዳት ፡ በዚህ ጥናት ላይ በመሳተፎት ሆነ መጠይቁን በመመለስዎ የተዘጋጀ ክፍያ የለም። ነገር ግን የአዲስ አበባ ወጣቶችን የስነ ተዋልዶ ጤና አጠቃቀም በተመለከተ ያለንን ግንዛቤ ለማሳደና የወጣቶችን የስነ ተዋልዶ ጤና ለሚያግዙ ስራዎች ግብአት ይሆናል። እናም የእርሶ ተሳትፎ የእርሶን ሳኦት ከመሻማት ባለፈ ምንም አይነት ጉዳት አያደርስዎትም።

የተሳታፊ መብት፡ የእርሶ በዚህ ጥናት ላይ መሳተፍ በፍላጎት ላይ የተመሰረተ ነው። በማንኛውም ሰዓት ውይይቱን ማቆም ወይንም መመለስ የማይችሉትን ጥያቄዎች ማለፍ ይችላሉ። ተሳትፎዎ በእርሶ ሙሉ ፍላጎት ላይ የተመሰረተ ነው ነገር ግን የእርሶ ልምድ ለሀገሪቱ ወጣቶች በጣም ጠቃሚ ነው።

ስምምነትን ማስታወቅ

ከዚህም በላይ የተጻፈው መረጃ ተነቦልኝ ወይንም አንብቤው እናም እኔም ማወቅ የምፈልጋቸው እና የምጠይቃቸው ጥያቄም በአጥጋቢ ሁኔታ እንደሚመለሱልኝ አውቄለው። በመጨረሻም

የጥናቱ ተሳታፊ መሆኔን የምገልፀው በማናቸውም ሰዓት ጥናቱ ማቋረጥ እንደምችል መብቴ ተነግሮኝ ነው።

የተሳታፊ ፊርማ _____ ቀን _____

የመጠይቁ ሰብሳቢ ፊርማ _____ ቀን _____

Annex IV Questionnaire Amharic version

እባክ ከዚህ ቀጥሎ ለተዘረዘሩት ጥያቄዎች ትክክለኛ መልስነው ብለው የሚያስቡትን መርጫ ያክብቡ።

የግለሰብ መረጃ		
ተ.ቁ	ጥያቄ	የመለያ ቁጥር
101.	ጾታ	1. ወንድ 2. ሴት
102.	እድሜ	_____ አመት
103.	ስንተኛ ክፍል ነክ/ነሽ	1. 9ኛ 2. 10ኛ 3. 11ኛ 4. 12ኛ
104.	ሀይማኖት	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. ሙስሊም 5. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ _____
105.	ብሄር	1. ኦሮሞ 2. አማራ 3. ጉራጌ 4. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ _____
106.	ከማን ጋር ነው የሚኖሩት	1. ከ አባት እና እናት ጋር 2. ከ እናት ጋር ብቻ 3. ከ አባት ጋር ብቻ 4. ከ ዘመድ ጋር 5. ከ ጓደኛ ጋር

		6. ለ ብቻ 7. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ _____
107.	የ አባት የ ትምህርት ደረጃ	1. ያልተማረ 2. ማንበብና መጻፍ ብቻ የሚችል 3. አንደኛ ደረጃ ያጠናቀቀ 4. ሁለተኛ ደረጃ ያጠናቀቀ 5. ዲፕሎማ እና ከዛ በላይ 6. በአሁን ሰአት ከአባቴ ጋር አልኖርም
108.	በ ሴክስ ጉዳይ ላይ ከ አባትክ ጋር ምን ያህል ታወራለክ?	1. ብዙ ጊዜ 2. አልፎ አልፎ 3. አናወራም 4. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ _____
109.	የ እናት የ ትምህርት ደረጃ?	1. ያልተማረ 2. ማንበብና መጻፍ ብቻ የሚችል 3. አንደኛ ደረጃ ያጠናቀቀ 4. ሁለተኛ ደረጃ ያጠናቀቀ 5. ዲፕሎማ እና ከዛ በላይ 6. በአሁን ሰአት ከእናቴ ጋር አልኖርም
110.	በ ሴክስ ጉዳይ ላይ ከ እናትክ ጋር ምን ያህል ታወራለክ?	1. ብዙ ጊዜ 2. አልፎ አልፎ 3. አናወራም 4. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ _____
111.	የእናት እና አባት ሁኔታ	5. አብረው የሚኖሩ 6. ተለያይተው የሚኖሩ 7. ተፋተዋል 8. አባት ወይም አናት በህይወት የሉም
112.	የቤተሰብ ብዛት	_____
113.	የእናት የስራ ሁኔታ	1. የቤት እመቤት 2. የግል ሰራተኛ 3. የመንግስት ሰራተኛ 4. አነስተኛ ነጋዴ 6. በአሁን ሰአት ከእናቴ ጋር አልኖርም 7. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ _____
114.	የአባት የስራ ሁኔታ	የግል ሰራተኛ 2. የመንግስት ሰራተኛ

		3.አነስተኛ ነጋዴ 4.በአሁን ሰአት ከአባቴ ጋር አልኖርም
115.	ለእለት ወጪ የሚሁን ገንዘብ በእጅህ ይሰጥሃል?	1. አዎ 2. አላገኝም
116.	የቤተሰብህን/ሽን የኑሮ ደረጃ እንዴት ትገልጻለህ/ትገልጫለሽ	1. ሀብታም 2. መካከለኛ 3. ዝቅተኛ
በስነ-ተዋልዶ ዙሪያ ያሉት እውቀት እና የተግባር አገልግሎት		
201.	በወጣቶች የስነ ተዋልዶ ጤና ዙሪያ የሚሰጡ አገልግሎቶች ምን ምን ናቸው? (መልሶቹን ሁሉ ያክብቡ) (መልሱ አላወቅም ከሆነ ወደጥያቄ ቁጥር 203 ሄድ)	1. የቤተሰብ እቅድ 2. በ ግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች ሕክምና 3. የ ኤች አይ ቪ ምክር አገልግሎት 4. የውርጃ አገልግሎት 5. ከወርጃ ቦሃላ የሚሰጥ አገልግሎት 6. ቅድመ ወሊድ ክትትል 7. ድህረ ወሊድ አገልግሎት 8. የመረጃና የትምህርት-አገልግሎት 9. ከኮንዶም ጋር የተያያዘ አገልግሎት 10. አላወቅም 11. ሌላ ካለ ግለጽ
202.	በወጣቶች የስነ ተዋልዶ ጤና ዙሪያ መረጃ ከየት ያገኛሉ ?	1. ከቤተሰብ ጨዋታ 2. ከመምህር 3. ከጤና ሰራተኛ 4. ከጓደኛ 5. ከጋዜጣ 6. ከተለጣፊ ማስታወቂያዎች 7. ከሬዲዮ 8. ከየትም አላገኝም 9. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ _____
203.	የ ስነ-ተዋልዶን አገልግሎት ከየት ብታገኝ ትመርጣለክ/ሽ	1. ከ ጤና ጣቢያ 2. ከ መድሀኒት መደብር 3. ከ ባህል ሕክምና 4. ከቤት 5. ከ የትም አልፏልግም 6. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ--- -----
ወጣቶች በስነ-ተዋልዶ ዙሪያ ያላቸው ግንዛቤ		
301.	የ ስነ-ተዋልዶ አገልግሎት ለ ወጣቶች ጠቃሚ ነው	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መካከለኛ 4. አልስማማም

		5. በጣም አልስማማም
302.	ወጣቶች ተስነ-ተዋልዶ ጤና አገልግሎትን ለተለያዩ ምክንያቶች ሲባል መጠቀም ይኖርባቸዋል.	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መካከለኛ 4. አልስማማም 5. በጣም አልስማማም
303.	እያንዳንዱ ወጣት ስለ ስነ-ተዋልዶ አስፈላጊነት ግንዛቤ ሊኖረው ይገባል.	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መካከለኛ 4. አልስማማም 5. በጣም አልስማማም
304.	ወጣቶች ከ ጎልማሶች የልቅ የስነ-ተዋልዶ ጤና አገልግሎትን ለማግኘት የከብዳቸዋል.	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መካከለኛ 4. አልስማማም 5. በጣም አልስማማም
305.	የ ስነ-ተዋልዶ ጤና አገልግሎትን ማግኘት የሚገባቸው ሴቶች ብቻ ናቸው.	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መካከለኛ 4. አልስማማም 5. በጣም አልስማማም
306.	የጤና ባለሙያዎች ለስነ-ተዋልዶ ጤና አገልግሎት ውድ ጤና ተቋም የሚሄዱ ወጣቶችን በመጥፎ ይገምታሉ	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መካከለኛ 4. አልስማማም 5. በጣም አልስማማም
307.	ጤና ባለሙያ የወጣቶችን ሚስጥር ጠባቂ መሆን አለበት.	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መካከለኛ 4. አልስማማም 5. በጣም አልስማማም
308.	የ ስነ-ተዋልዶ ጤናን አገልግሎት ወደፊት ሁሉም ሰው መጠቀም አለበት.	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መካከለኛ 4. አልስማማም 5. በጣም አልስማማም
309.	የ ስነ-ተወልዶን አገልግሎት ተጠቅመው ያውቃሉ? (መልስዎ አላውቅም ከሆነ ወደ ጠያቂ ቁጥር 312. ይሂዱ)	1. አዎ 2. አላውቅም
310.	የህንን የስነ-ተዋልዶን ጤና አገልግሎት	1. ከመንግስት የጤና መስከል.

	ከየት አገኙ?	<ol style="list-style-type: none"> 2. ከ ግል የጤና አገልግሎት 3. ከቤተሰብ መምርያ 4. ከባህል ሀኪም
311.	የትኛውን አገልግሎት ተጠቀሙ (ሁሉም መልሶች ላይ ያክብቡ)	<ol style="list-style-type: none"> 1. የቤተሰብ እቅድ 2. በ ግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎች ሀክምና 3. የ ኤች አይ ቪ ምክር አገልግሎት 4. የውርጃን አገልግሎት 5. ከ ውርጃ በተገናኘ የሚሰጥን አገልግሎት 6. ቅድመ ወሊድ ክትትል 7. የኮንዶም አጠቃቀምን 8. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ
312.	ተጠቅመው የማያውቁ ከ ሆነ ለምን?(ሁሉም መልሶች ላይ ያክብቡ)	<ol style="list-style-type: none"> 1. በጣም ልጅ ስለሆንኩ 2. ገንዘብ ስለሌለኝ 3. ጥቅሙን ስለማላውቅ 4. ለመጠቀም የት ቦታ መሄድ እንዳለብኝ ስለማላውቅ 5. በባህሌ አይፈቀድም 6. ቤተሰቦቼን ስለምፈራ 7. አገልግሎቱ የሚሰጥበት ቦታ ስለማይመኝ 8. አገልግሎቱ የሚሰጥበት ሰአት ስለማይመኝ 9. ጤናማ ስለሆንኩ 10. አገልግሎቱ የሚሰጥበት ቦታ ሩቅ ስለሆነ 11. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ-
313.	ወደፊት የስነ-ተዋልዶን አገልግሎት ለመጠቀም እቅድ አልዎት?	<ol style="list-style-type: none"> 1. አዎ 2. የለኝም
የስነ ተዋልዶን አገልግሎት ለመጠቀም ያላቸው ምረጫ በ ጊዜ፣ በቦታ እና በሰው		
401.	የስነ ተዋልዶን አገልግሎት ለመጠቀም የተኛው ጊዜ ምቹ ነው ብለው ያስባሉ?	<ol style="list-style-type: none"> 1. በጤና ተቋሙ በመደበኛው የስራ ሰአት 2. ሌሎች ተጠቃሚዎች በማየኖሩበት ሰአት 3. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ-----
402.	አገልግሎቱን በተመለከተ ክፍያው አንዴት ቢሆን የመርጣሉ?	<ol style="list-style-type: none"> 1. በተለመደው ክፍያ 2. ለ ወጣቶች ቅናሽ

		3. ነጻ 4. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ-----
403.	የስነ-ተዋልዶን አገልግሎት በማን ቢሰጠክ/ሽ ትመርጣለክሽ?	1. ወጣትና ተመሳሳይ ጾታ የሆነ 2. ወጥት ሆኖ ማንኛውም ጾታ 3. ጎልማሳ ሆኖ ተመሳሳይ ጾታ 4. ማንኛውም የጤና ባለሙያ 5. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ_____
404.	የስነ-ተዋልዶ አገልግሎት የሚሰጥበት ቦታ የት ቢሆን የመርጣሉ?	1. ከመኖሪያ አካባቢ ወጪ የትም ቦታ 2. በከተማ መሀል ባለ ቦታ 3. በከተማ ወጣ ብሎ ባለ ቦታ 4. ከዚህ ውጪ ከሆን እባክዎ ይግለጹ_____
የጤና ተቋሙ ሁኔታ		
501.	የስነ-ተዋልዶ አገልግሎት የሚሰጥበት ቦታ በቅርብ ይገኛል?	1. አዎ 2. አይ
502.	የስነ-ተዋልዶ አገልግሎት በሚጠቀሙበት ሰአት ክፍያ ተጠይቀዉ ያወቅሉ?	1. አዎ 2. አይ
503.	ክፍያ ተጠይቀዉ ከሆነ የተጠየቁትን ክፍያ መክፈል ይችላሉ?	1. አዎ 2. አይ
504.	ባገኙት አገልግሎ ረክተዋል?	1. አዎ በአገልግሎቱ ረክቻለዉ 2. በአገልግሎቱ አልረካዉም
505.	አገልግሎቱ የሚሰጥበት ሰአት ምቹ ነዉ?	1. አዎ 2. አይ
506.	አገ ልግሎቱን ለማግኘት ብዙ ሰአት ያስጠብቃል?	1. አዎ 2. አይ
507.	የስነ-ተዋልዶ አገልግሎት የሚሰጡት ባለሞያዎች ለወጣቶች ጥሩ አመለካከት የሌላቸዉ ናቸዉብለዉ ያስባሉ?	1. አዎ 2. አይ