

Running ahead: EFFECTIVENESS OF YOUTH REPRODUCTIVE HEALTH SERVICE TO  
PROMOTE YOUTH REPRODUCTIVE HEALTH

Effectiveness of Youth Reproductive Health Service in Youth Centers to Promote Youth  
Reproductive Health

Selamawit Imiru

A Thesis Submitted to the Graduate Studies of Addis Ababa University in Partial Fulfillment of  
the Requirements for the Degree of Masters in Social Work (MSW)

Addis Ababa University

School of Social Work

June, 2015

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Advisor: Mengistu Leggesse (PhD)

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**School of Graduate Studies**

**MSW Examining Committee**

This is to certify that the thesis prepared by Selamawit Imiru entitled: **Effectiveness of Youth Reproductive Health Service in Youth Centers to Promote Youth Reproductive Health;** submitted in partial fulfillment of the requirements for the of Degree of Master of Arts (School of Social Work) complies with the regulation of the University and meets the accepted standards with respect to originality and quality.

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Examiner \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Examiner \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Acronyms**

IEC-Information Education Communication

IPPF-International Planned Parenthood Federation

HIV- Human Immune Virus

HIV/AIDS- Human Immune Virus/ Acquired Immune Deficiency Syndrome

RH- Reproductive Health

SRH- Sexual Reproductive Health

SRHS- Sexual Reproductive Health Services

STI-Sexually Transmitted Infections

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**Abstract**

*This research has dealt with the effectiveness of youth reproductive health services in youth centers to promote youth reproductive health with an objective to assess the information dissemination, bio-medical, psychosocial and referral systems aspects of youth reproductive health services in youth centers. The study has used quantitative data collection of cross sectional study with a descriptive purpose. Using simple random sampling of small sampling formula one service provider from each youth center with a total of 40 participants has been selected from each youth centers. The data has been collected using a structured questionnaire and observation checklist that have been developed referring to different manuals, literatures and objectives of the research. Thus, the findings of the study has been analyzed Using Statistical Package for Social Sciences (SPSS). In general, the findings of the research have indicate that youth reproductive health service in youth centers are promoting youth reproductive health through its educational strategies , bio-medical, psychosocial and referral systems on working with other health facilities. On the other hand lack of limitations in providing full awareness in terms information dissemination on the different aspects of reproductive health service and partnership meetings is one of the challenges to promote youth reproductive health in youth centers. The reproductive health service in youth centers has made its available services promoters to youth reproductive health. Thus, it is appropriate to consider the importance of increasing awareness and knowledge of youth reproductive health, resources and partnership with other health facilities in order to scale up the services and enhance youth reproductive health. At last service providers, youth center administrative staffs and policy makers has to take part to fill the gaps in relation to the limitations existed in youth reproductive health services in youth centers.*

## **1. Introduction**

### **1.1 Background**

Adolescents pass critical developmental period i.e. transition from childhood to adulthood that influences their well-being and future life course as a result problems associated with sexual reproductive health and poor sexual reproductive health services like providers who refuse to offer sexual reproductive health services to young people, and services that fail to provide privacy and confidentiality to adolescents that contributes to poor sexual reproductive health outcomes(Path finder International, 2012).

Adolescents make more than third of the population where the vast majority of adolescents (85%) live in developing countries, the sexual activity of these adolescent puts them at risk of sexual and reproductive health problems like early pregnancy, unsafe abortion, and sexually transmitted infections including HIV(World Health Organization, 2009); and if reproductive health services are not available or are provided in a way that makes adolescents feel unwelcome adolescents may rely on resources outside the formal health-service provision system.

In Ethiopia young people constituting one third of the total population are the primary victims of sexual reproductive health problems and have limited access to reproductive health services that focus on the special need of young people i.e. inadequate knowledge about adolescent sexual behavior, cultural influences, and the limited capacity of implementers hinder the provision of reproductive health education and services to young people(Bantayerga, Kidanu and Govindasamy, 2002).

Promoting healthy practices during adolescence to better protect this age group from risks will ensure longer, more productive lives for many adolescents who have specific health and

development needs, and many face challenges that hinder their well-being, including poverty, a lack of access to health information and services, and unsafe environments(Holley, 2011).

As stated above the young people that constitute 85% of the world population and one third of the Ethiopian population is the major victim of reproductive health problems as a result of limited access to reproductive health services and problems associated with providing the available reproductive health services. Among the promoters of youths' reproductive health are youth centers are the first to be mentioned. Thus, this study has assessed the effectiveness of youth center reproductive health services in Addis Ababa looking in to the bio-medical, psychosocial aspects, service promotion mechanisms and the referral system of youth reproductive health service in youth centers. This research with a method of cross sectional study of a descriptive propose will answer effectiveness of this youth reproductive health service of youth centers in Addis Ababa.

## 1.2 Statement of the Problem

There are a number of studies conducted on various dimensions of youth reproductive health based on the experiences of different countries for instance: A research conducted by Jana, Mafa, Limwame and Shabalala, (2012) on challenges in accessing sexual and reproductive health information and services in Southern Africa that youths face problems in misconception in sexual reproductive health and barriers like poor communication and unfriendly services when trying to access sexual reproductive health service sources.

A study conducted to indicate the utilization of youth sexual reproductive health services in Kenya for instance (Perez, 2009) showed that a number of factors like demographic factor (age and sex), socio-economic and cultural factors, level of awareness and health systems play a vital role on the utilization of youth friendly reproductive health services.

Another research was conducted by (Kossen, 2012) on the sexual reproductive health rights of young people point out that young people have unique role in taking part on the exposing of violation of sexual and reproductive health rights.

A research by Braeken and Rondinelli, (2012) conducted in Tunisia to indicate the matching of systems and sexual reproductive health need of young people; indicated that there is an urgent need to provide collaborative care and important notice to sexual reproductive health needs and available services of sexual reproductive health services.

A research conducted on the reproductive health knowledge and attitude of adolescents in Jimma town by Ayalew, Meseret and Yeshigeta (2008) showed that there is sufficient knowledge and enough source of information on the level of reproductive health services and encouraging

attitude of adolescents on use of reproductive health services reproductive health issues and problems.

A research by Abulie Takele and Tesfaye Setegn, (2013) conducted in south east Ethiopia to assess sexual and reproductive health problems and service needs of university students found out that lack of adequate knowledge on sexual reproductive health resulted in insufficient skills in making informed and responsible decision contribute to problems of risky sexual behaviors.

Zinaw Tadesse, (2007) assessed the user friendly sexual reproductive health services of youth centers and on his research he presented that a limitation on the satisfactory client and service provider interaction, unavailability of trainings on user friendly services and early adolescence as a primary target is overlooked were the findings of his research.

The above stated literatures analyzed various dimensions of youth reproductive health services. In this regard, studies assessing the challenges and problems, rights and needs, utilizations, knowledge and attitudes and also friendly reproductive health services are prominent. However, so far studies attempting to assess effectiveness of youth reproductive health services to promote reproductive health of youth in youth centers is unavailable. Thus, the focus of this study has assessed the effectiveness youth reproductive health services of youth centers to promote youth reproductive health in Addis Ababa.

### **1.3 Research Questions**

1. Is the youth reproductive health service promotions mechanisms in youth centers are effective to enhance youth reproductive health
2. Is the bio-medical aspect of youth reproductive health service in youth centers are effective to promote youth reproductive health?

3. Is the Psychosocial aspect of youth reproductive health service in youth centers are effective to promote youth reproductive health?
4. Is the referral system of youth reproductive health services in youth centers effective to promote youth reproductive health?

## **1.4 Objectives**

### **1.4.1 General Objective**

To assess the effectiveness of reproductive health services in youth centers to promote youth reproductive health

### **1.4.2 Specific Objectives**

- To examine youth reproductive health service promotions mechanism of youth centers
- To examine effectiveness of the bio-medical aspect of youth reproductive health service
- To assess the psychosocial aspect of youth reproductive health service
- To assess the referral system of youth reproductive health service

## **1.5 Significance of the Study**

This research has intended to assess the effectiveness of youth reproductive health service in youth center to promote youth reproductive health. This service available to young people in the youth centers can contribute to youth's reproductive health development. As a result by assessing the effectiveness of the reproductive health services in terms of the information dissemination, bio-medical, psychosocial and referral system aspects; this study will

- Provide an input for in order to enhance the reproductive health wellbeing of youths
- Provide Recommendations to service professionals to enhance the reproductive health services to services beneficiaries

- Can serve as a basis for other researches to conduct deep investigation in the area of youth and youth organizations
- Finally, the results of the study can serve as an input to social workers involved in health and youth related sectors

### **1.6 Scope of the Study**

This study will assess the effectiveness of youth sexual reproductive health services in terms of the types of services i.e. information dissemination, bi-medical, psychosocial and referral systems in the youth center reproductive health section. Therefore, concept wise the study is limited to assess the effectiveness youth reproductive health services based on the available services available at the youth center.

### **1.7 Limitation of the study**

Due to different reasons every study has its own limitation. The existence of limited studies observing the government based youth organization reproductive health services for youth reproductive health has hampered the researcher to look for further in the area.

Additionally the focus of the study is also restricted to designated service providers of reproductive health service sections and the youth organization providing the reproductive health services within the Addis Ababa.

## **1.8 Definition of Terms**

**Youth Centers:** government based youth organizations with the aim to contribute young people's physical and psychosocial development (Mion, 2010).

**Youth Reproductive Health:** well-being of youths on their reproductive health development that is achieved through friendly reproductive health services (WHO, 2009).

**Youth Reproductive Health Service:** friendly reproductive health and services delivered to youths that are safe, accessible, affordable, and well informed reproductive health services in order to help young people make decisions over their reproductive health (Ministry of Health (2007)).

**Reproductive Health Service Providers:** Health professionals those who are professionally trained in the field of area and who are currently working in the reproductive health section (Ministry of Health (2007)).

**Effective Youth Reproductive Health Service:** The right health services are provided in the right way and make a positive contribution to the sexual reproductive health of youth (WHO, 2009)

## **2. Literature Review**

### **2.1 Philosophical Stance**

According to Kreuger and Neuman (2006) as a positive researcher the important reason to conduct a research is to learn about how the world works so that people can control or predict events where knowledge can be used as a tool or instrument to satisfy human wants and to control the physical and social environment while the discovery of a research can be used to improve how things are done, perhaps to solve the problem. As a positivist researcher using the literatures related to this specific study the researcher will assess youth organizations to promote adolescent reproductive health and the findings of the research will contribute to the field social work practice to fill the gaps and needs of the profession in service centers and also will forward recommendations and will create a path to other researchers in the area.

### **2.2 Theoretical Perspectives on Dimensions of Reproductive Health Service**

#### **2.2.1 Bio-psychosocial Perspective**

The bio-psychosocial model is a holistic approach of biological, psychological and social factors where health is affected by the interplay of these three components and using the stated bio-psychosocial components model it people's health can be promoted (Sarafino and Smith ,2011) where biological factors include the genetic materials and processes, psychological factors like cognition, emotion and motivation where cognition is mental activity that plays a significant role in health, Emotion which is important in people's decisions about seeking treatment and motivation which encompasses and motivation the is a process within individuals that gets them to start some activity, choose its direction, and persist in it and Social factors include the mass media and society, community and family where these aspects affect the health

of individuals by promoting certain values of our culture, using the stated bio-psychosocial components model it can be promoted people's health.

Other literatures also indicate that bio-psychosocial model has a holistic approach and sees that the mind and body are both involved in health and illness (Lyons Antonia and Chamberlain Kerry, 2005) and Engel, 1977 (cited in Payne and Horn, 2008).

According to Zgourides (2000) bio psychosocial perspective is the interaction of biological, psychological, and social aspects of developmental psychology form the essence of the holistic bio psychosocial perspective that attributes complex phenomena or events to multiple causes.

### **2.2.2. Interactional Theories**

According to the Proponents of the interactional theory allege that sexual orientation develops from a complex interaction of biological, psychological, and social factors during this period social-learning factors influence the child, either facilitating or inhibiting the predisposition. (Zgourides, 2000)for instance, John Money explains that prenatal hormones first act on the embryo's and fetus's brain, which creates a physiological predisposition toward a particular sexual orientation.

Young (2011)Interactional perspective, places the root of understanding behavior and how it can go awry at the intersection of biology, psychology, and sociology, where in this modelrelations between elements of structure are primary, and they involve systems of interactions or their transformations.

## 2.3 Defining Reproductive health

United Nations Population Fund(n.d.) defines reproductive health as:

*“A state of complete physical, mental and social well-being and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life.”*

The International Conference on Population and Development Programme of Action

(POPIN n.d.)states that:

*"reproductive health ... implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. The right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. ... Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."*

The national adolescent and youth reproductive health strategy also stated to improve youth access to quality reproductive health by delivering youth friendly services and health care providers to provide increase and ensure youth access to quality reproductive health services(Ministry of Health 2006-2015);andstrive to promote healthy reproductive health need of young people through multimedia channels and engage youth serving institutions develop appropriate Information Education and Communication materials to communicate with the youth.

### 2.3.1 Youth Reproductive Health Services

According to World Health Organization (cited inMinistry of Health, 2007) services that are accessible in which they are in the right place, acceptable services in which they are

delivered in the right style and appropriate for adolescents where they meet the individual needs of young people who return when they need to and recommend these services to friends are said to be youth sexual reproductive health services.

Successful youth reproductive services have a feature of services that are identifying and meeting the needs and expectations of the youth and the communities they belong (Ministry of Health, 2007) additionally youth involvement and participation and services that are designed and implemented to meet the need and of youth clients as beneficiaries are considered crucial to the success of any youth sexual reproductive health services.

## **2.4 Types of Youth Reproductive Health Service**

### **2.4.1 Health service Promotion Mechanisms of Youth Reproductive Health Service**

Multiple ways of reproductive health service delivery to clients through multiple sources of information and treatments with appropriate time of interaction between health service provider and client for health problems and competency of health service providers can provide friendly service to young people (Chandra, Mehra and Sogarwal , 2013).

According to Thaw, Tint, Nu-Oo, Zaw, Sein, and Tun, (2008) reproductive Health communication strategies like magazines, journals, educational talks other channels like communicating educational messages through plays, movies, videos, pamphlets, and posters among the youth can help meet the needs of youth on reproductive health issues.

Reproductive health services with better functional means of communications like radio and newspaper, education and adolescent's use of Information, Education and Communication (IEC) have more accessibility to reproductive health services and adolescent's knowledge on the

types and availability of reproductive health services also has a significant contribution for the utilization of reproductive health services (AyalewTegegn and YeshigetaGelaw, 2009).

#### **2.4.2 Bio-medical Aspects of Youth Reproductive Health Service**

Factors related to service providers Biddlecom , Munthali, Sing and Woog,(2007) in the case of respecting adolescent's privacy and treatments; where service providers lack of respect to clients while treatment and invading adolescent's privacy for obtaining reproductive health services can be a barrier during service provision to young people.

Service providers failure to take clients need for services, lack to treat clients with respect and trying to dissuade for their sexual activity may discourage young people to utilize sexual reproductive health services and to use contraceptives and condoms to prevent themselves from unintended pregnancy and STIs, including HIV(Moya ,2002).

Biddlecom et al., (2007) state that the cost of services to access the services are also barriers to obtaining reproductive health services is a barriers to young people to access reproductive health services.

Youth reproductive service like unaffordable services, physical accessibility of services affected by inadequate quality care, lack resources, lack of awareness, lack of information on available resources and unaffordable prices of services( Regmi, Simkhada and Teijlingen, 2008); lack of life skilled based education like trainings to young people and limited access to appropriate information and services about sexual and reproductive health issues could challenge youth sexual reproductive health and services.

According to Broek, Godia, Olenja, Lavussa, Quiney and Hofman , (2013) lack of essential equipment and supplies (medication and contraceptives), non-comprehensive services,

lack district management support, lack of anonymity and privacy and high work load by health service providers are barriers to service delivery.

The working environment For example; lack of funding, inadequate facilities such as counseling rooms and resources for awareness raising programs, lack of up to date resources and lack guidance on short term adolescent sexual reproductive health programs could be a barrier to accessing adolescent sexual reproductive health service (Angela, Ellie and Kumudu, 2013).

Moya (2002), design of Service programs like: cost, crowded waiting rooms, counseling spaces that doesn't provide privacy, appointment times that doesn't meet young people's, little or no waiting rooms and limited contraceptive supplies and options may discourage young people from seeking services and understand the importance of sexual reproductive health services.

Short waiting times avoiding overcrowding and audio visual and printing materials available at the waiting areas are relevant to young adults while low charges help young people to afford sexual and reproductive health services,( Focus ,1997).

### **2.4.3 Psychosocial Aspects of Youth Reproductive Health Service**

Broek, Godia, Hofman, Lavussa, Olenja and Quinney, (2013) perception and experiences of health service providers on the type of sexual reproductive health service delivery to young people on being supportive and comfortable when providing services could affect their service delivery system.

According to Focus, (1997) staffs who work with young adults are professionals who are trained to respect young people and their needs, acknowledge the central importance to

adolescents of privacy and confidentiality, and make sure there is extra time allowed for counselors or medical staff to discuss young people's special issues.

According to Asare, Darteh and Kyereme, (2014) service provider's attitude of being empathetic can be able to create a positive and welcoming image at the reproductive health services while less sympathetic and unsympathetic attitude of service providers could create a barrier between health service provider and adolescents seeking for reproductive health services.

According to Doortje and Rondinelli, (2012) adolescents in order to make informed decision on their reproductive health issues it is important to provide them with information they are seeking from the service providers.

Broek et al., (2013 )health service provider's limited knowledge and competency, dilemmas, communication and language barriers, staff shortage, age of staff, poor staff motivation and selection criteria for health service providers training can be a challenge to provide reproductive health service to adolescents.

Adolescents need for trainings and placement of same sex service providers and access to organized activities in an acceptable way and health service can improve the service utilization of adolescents ( Alemayehu Seifu, Alemayehu Worku and Mesganaw Fantahun, 2006 ).

Reassurance of audio and visual privacy and confidentiality of clients during consultations, educational materials at the service delivery center for providing and generating awareness among the youth on reproductive health issues and services; and client's satisfaction on the service provision as suggestions of clients on the service delivery can be the characterized as youth friendly services (Ministry of Health 2006-2015).

Additionally, Braeken and Rondinelli, (2012) adolescents need to receive services that are with attractive spaces, low cost, trained professional staffs with friendly and nonjudgmental manner and formation of services in the community between the young people need and the service center can meet adolescents need for accessing reproductive health services.

Provision of services at youth friendly centers in the same location by integrating services where the services are located in accessible area and the service provision being welcoming to clients is very important Sofia Gruskina, (2009 (pp. 130-138)). This is because service providers to integrate services to provide to a population residing within same geographic area or to provide their clients a mix services alongside with other services.

Enabling service environments appropriately for adolescents reproductive health in relation to the settings, the providers and operational issues by providing services suitable for them based on their preferences that are confidential, friendly nonjudgmental, and skilled approaches (Frehiwot Berhane, Mesganaw Fantahun and Yemane Berhane, 2005) imply that services also need to be addressed by the heterogeneity of adolescents and utilizing all possible options and strategies to provide adolescents with the services suitable for them.

Information, Education and Communication (IEC) is one of the knowledge component bases for health services for reproductive health to be rendered to adolescents (Ayalew Tegegn, 2008) can get more acceptable, affordable and accessible family planning services, voluntary counseling and testing for HIV/AIDS, safe abortion care, consequences of unsafe abortion, prevention and treatment of reproductive tract infections (RTIs) and of sexually transmitted infections (STIs)

According to Magembe, Mbeba, Mellah, Mkuwa, Mkuye, Yotham , (2012) unavailability of places within the community in order to visit and talk about reproductive health contributes to young people lack of knowledge on sexual reproductive health, sex, contraception and early engagement in sexual activities and exposure to sexually transmitted diseases and HIV/AIDS.

The unavailability of transportation and settings with lack of privacy, waiting rooms, clinically overly decorated rooms, too adult and welcoming specific group of clients like only women can contribute to difficulty of youth to access reproductive health services (Moya, 2002).

Separate and adequate space or special times where services centers are open at convenient time schedules assigned for young adults to attend are set aside for young adult clients, facilities are conveniently located with adequate space, and it is arranged so that young people's privacy is protected, clinic surroundings are comfortable, and made attractive for young people (Focus, 1997).

#### **2.4.4 Referral System of Youth Reproductive Health Service**

Creating an effective referral linkage between the various service delivery points and sending youth beneficiaries to the outlets at higher level provide sexual reproductive health services to the youth require familiarizing the service providers at various service outlets with the standard operating procedures to guide their action in referring and receiving youth clients, Creating an effective two ways communication system between the different service delivery points., Popularizing the types of sexual reproductive health services to the youth general youth(Ministry of Health 2006-2015).

Health workers as part of players who need to contribute to the health and development of adolescents and have a role to play in referral of youth clients to other health and social service providers, when necessary(WHO, 2012).

Where reproductive services are provided in a youth oriented site, it is essential to essential for effective service it is important to have an effective referral system in place (IPPF, 2008) information should also be made available to young clients together with referral information when possible.

## **2.5 Dimensions of Youth Reproductive Health Service**

There are five quality dimensions of youth reproductive health service that could contribute to making youth reproductive health and service. Equitable youth sexual reproductive is the one of the dimension among the five quality youth reproductive health service dimensions where all adolescents, not just selected groups, are able to obtain the health services that are available (WHO, 2012); and all adolescents, are able to obtain the health services they need by the policy, health care providers and support staff level (WHO, 2009) when these policies or procedures don not restrict the health service they provide and when health care providers and support staff provide the same level of care and consideration to clients regardless of age, sex, social status, cultural background, ethnic origin, disability or any other area of difference the service are delivered to young people are equitable.

The second dimension on youth reproductive health service is accessible youth sexual reproductive health services where young people are able to obtain the health services that are available(WHO,2012); and when adolescents are well-informed about the range of available reproductive health services and how to obtain them during convenient times of the day and are

able to receive these sexual reproductive health services free of charge or are able to afford any charges that might be in place (WHO, 2009) and also when Community members (including parents) are well-informed and support the provision of health services and their use by adolescents where efforts are under way to provide health services close to where adolescents are and when other like, outreach workers, selected community members (e.g. sports coaches) and adolescents themselves may be involved in this depending on the situation.

Acceptable youth reproductive health service the third dimensions with a characteristics of services where reproductive health policies and procedure maintain confidentiality (except where staff are obliged by legal requirements to report) and when these policies and procedures address registration, consultations, recordings of clients and information confidential and when the service delivery ensure privacy of clients, has an appealing clean environment, provides information and education through a variety of channels and ensures consultations occur in a short waiting time, and swift referral where it is necessary (WHO, 2009); when health care providers are non-judgmental, considerate, and easy to relate to and when Adolescents are given the opportunity to share their experiences, express their needs and preferences and are involved in appropriate aspect of health service provision .

Appropriate youth reproductive health service is the fourth dimension of youth sexual reproductive health where the right health services (i.e. the ones they need) are provided to youth clients (WHO, 2012); in which it addresses the need and problems of all adolescents and meet the special need of marginalized groups and the majority of adolescent's needs at the point of health service delivery or through referral linkages (WHO, 2009).

The fifth dimension of youth reproductive health service is effective youth reproductive health in which the right health services are provided in the right way, and make a positive contribution to youth sexual reproductive health (WHO,2012); where health service providers have the required knowledge and skills to work with adolescents and provide youth clients with the required health services and use evidence-based protocols and guidelines that are technically sound and of proven usefulness and able to dedicate sufficient time to work effectively with their adolescent clients and each point of health service delivery has the required equipment, supplies, and basic services necessary to deliver the required health services(WHO,2009).

From the above stated literatures on the five dimensions of youth reproductive health and services i.e. equitable, accessible, acceptable, appropriate and effective, effectiveness is the main dimension of youth sexual reproductive health service where this research area will focus on.

In conclusion this chapter covered the theoretical perspective on bio psychosocial perspectives and definition of terms on youth reproductive health services and reproductive health. Additionally it has covered the different dimensions of youth reproductive health services and types of youth sexual reproductive health services i.e. information dissemination, psychosocial, biomedical and referral systems of youth reproductive health services.

### **3. Research Method**

This part of the study gives details of research method used accordingly, the study area, the study design, sampling and data collection methods among others are also incorporated. In addition, data analysis method and ethical consideration are also being stated in this section.

#### **3.1 Study Design**

The research is cross – sectional study which is to be carried out at one point in a time having descriptive purpose. The research is descriptive study to be carried out to provide a factual and accurate description of the population being studied. According to Singh (2007) descriptive research, enumerates descriptive data about the population being studied to provide a factual and accurate description of the population being studied. The research aims to explain the effectiveness youth organizations reproductive health services to promote youth reproductive through their service delivery in their centers. Thus, a quantitative research with a survey questionnaire and check list is used obtain relevant information in the area.

#### **3.2 Study Area**

The study is conducted in youth centers that are providing reproductive health services for youth beneficiaries in their reproductive health section. For this specific research youth centers residing in Addis Ababa are selected. According to Addis Ababa Women, Children and Youth Affairs Office Youth Centers Development and Monitoring Case team there are youth centers distributed in all the 11 sub city levels of Addis Ababa that are currently providing youth sexual reproductive health services. The sub cities are Kirkos, Yeka, Bole, Addis Ketema, Arada, Kolfe, Nifas Silk, Akaki, Gulele, Lideta and Janmeda.

Among these sub cities youth centers that are currently providing youth reproductive health services are selected. As a result 45 youth centers distributed in the different sub city level are selected. From the 45 youth centers one service provider from each youth center is selected as a sampling frame.

### 3.3 Sampling Method

For the survey research the youth centers are the sampling frames at the youth organization. Simple random sampling is the sampling technique .After selecting the appropriate sampling frame by a mathematical random selection procedure the researcher locates the elements to be included in the sample. After numbering all elements in a sampling frame, a researcher uses a list of random numbers to decide which elements to select.

### 3.4 Sample size

Simple random sampling is used to select sample size from the selected service providers in the youth centers. Therefore, the sampling population consists of 45 service providers on youth reproductive health. The sample size is identified using the formula NEA Research Bulletin (cited in Krejcie and Morgan, 1960):

$$s = \frac{X^2 NP(1-P)}{d^2 (N-1) + X^2 P(1-P)}$$

Where, s = required sample size

$X^2$  = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

N = the population size.

$P$  = the population proportion (assumed to be .50 since this would provide the maximum sample size).

$d$  = the degree of accuracy expressed as a proportion (.05).

Therefore, out of the total 45 study population of service providers from each youth centers, 40 service providers are the sample size identified for the survey study.

### **3.5 Instrument Development**

The measurement selected for this study is a structured survey questionnaire and a check list that helps to measure the information dissemination, bio-medical, psychosocial aspects and the referral system of youth reproductive health service in youth centers. In this survey questionnaire there are 70 questions divided in to seven sections the observation check list of 22 questions that are developed from Ethiopian Ministry of health service directory, world health organization service guidelines and based on the literatures is also used for this survey research. Alongside, to ensure reliability of the questionnaire of quantitative data collection tool a pre- test is carried for participants that are health service providers. Thus, based on the feedback the overall questionnaire is accepted for the major data collection. The validity of the survey questionnaire is assured based on the feedback received from two PhD candidate and two MSc level candidates.

### **3.6 Method of Data Collection**

For the purpose of this survey research a self-administered structured questionnaire which is to be translated into Amharic and filled by the respondents and a self-administered check list is administered.

Before the actual data collection support and consent will be received from Addis Ababa University School of Social Work and submitted to the Addis Ababa women, children and youth affairs for the research that is undertaken in the youth centers.

### **3.7 Data Analysis Method**

In order to analyze quantitative data that is collected based on scale level descriptive statistics i.e. descriptives is used to analyze the data that has been collected. Here, data entry and statically analysis is done using statistical software, statistical package for social science (SPSS) version 20; and the different results of the survey are analyzed in relation to objective of the study.

### **3.8 Ethical Considerations**

This study is carried as per the code of Ethic of Social Work. Prior to the assessment the researcher has obtained approval of the research proposal from the school of social work in Addis Ababa University. A letter from the School of social work has been given to administrative bodies and agencies where the study has been conducted.

While undertaking the assessment written consent is obtained from all respondents. In addition, the objective of the study and the benefits respondents have through their involvement in the study has also been stated. In the same way, the right of respondents' attempting to answer all, some and to with draw from attempting questions is maintained.

#### 4. Findings

This section of the study intends to show the various findings of the study based on the data collected through quantitative research method. For convenience this section of the study is classified into five parts, the first and the second part deals with back ground information and information dissemination of youth sexual reproductive health services, the third and the fourth part deals with psychosocial and bio medical services of the youth. Finally the fifth part deals with referral system of youth reproductive health services in youth centers.

##### 4.1 Background Information

**Table 1: Sex and age frequency and percentage of participants**

Age Group	male		Female		Total	
	N	%	N	%	N	%
20-24	5	12.5	6	15.6	11	27.5
25-29	3	7.5	7	17.5	10	25
30-above	10	25	9	22.5	19	47.5
Total	18	45	22	55	40	100

**Table 2: Frequency and percentage distribution of educational background of participants with level of education**

Educational Background	Level of education					
	Secondary level		Tertiary level		Total	
	N	%	N	%	N	%
Social Science	-	-	3	7.5	3	7.5
Health	-	-	21.5	53.75	23	57.5
Other Natural Sciences	3	7.5	5.5	13.75	14	35

**Table 3: Frequency and percentage distribution of position participants**

Position	N	%
Counselor	26	65
Laboratory Technician	11	27.5
Training Facilitator	3	7.5
Total	40	100

## 4.2 General information on the youth reproductive health service in youth centers

### 4.2.1 Assigning Reproductive Health Service Providers

In order to assess the promotion of youth reproductive health service in youth centers for youth reproductive health it is important to have the general information on the assignment of health service providers in the youth reproductive health section.

**Table 4: Assignment of reproductive health service providers for youth reproductive health service**

		N	%
Health Service Provider	Yes	40	100
	No	-	-
	Total	40	100
Counselor	Yes	32	80
	No	8	20
	Total	40	100
Lab	Yes	35	87.5
	No	5	12.5
	Total	40	100

According to the results of the survey in Table 4:100% of the respondents answered that there is a health service providers assigned in all the reproductive health service section of government based youth center. Additionally, 32% of the respondents answered that there is assigned counselor in the reproductive health department and; 35% of participants answered that there is a laboratory technician assigned in the department.

In relations to trainings on youth reproductive health service respondents were asked to assess trainings provided to health service providers, counselors and lab technician on youth reproductive health, on counseling and provision of reproductive health services as illustrated on table 5 below.

**Table 5: Trainings on youth sexual reproductive health and services**

	Trainings									
	on youth sexual reproductive health						On Counseling		On Provision of Services	
	Health Providers		Counselors		Lab Technicians		N	%	N	%
N	%	N	%	N	%	N				
Yes	33	82.5	29	72.5	2	5	35	87.5	35	87.5
No	7	17.5	11	27.5	35	87.5	5	12.5	5	12.5
Don't Know	-	-	-	-	3	7.5	-	-	-	-
Total	40	100	40	100	40	100	40	100	40	100

As shown above in table 5: in relation to trainings on youth sexual reproductive health 82.5% of participants answered that health service providers, 72.5% of participants answered that counselors and 5% of lab technicians have taken the trainings on youth sexual reproductive health services. Additionally, 87.5 % of participants answered that health service providers taken training on counseling and 87.5% of participants answered that health service providers have also taken trainings on medical service provision to youth clients.

In the same ways respondents were asked to respond if they were trained on youth sexual reproductive health and services for youth with hearing impairment/challenges and case management system as illustrated in table 6 below.

**Table 6: Training on youth hearing impairment/challenges and case management system**

	Trainings			
	Hearing Impairment & Challenges		Case management system	
	N	%	N	%
Yes	-	-	11	27.5
No	34	85	26	65
Don't Know	6	15	3	7.5
Total	40	100	40	100

As it is illustrated on table 6 above 85% of participants answered that they have not taken training on youth hearing impairment /challenges and 27.5 % of participants answered that health service providers have taken trainings on case management system.

**Table7: Availability of medical records of service users**

	N	%
Yes	32	80
No	5	12.5
Don't Know	3	7.5
Total	40	100

On the other hand clients were also asked to respond if they have medical case record of service users in the sexual reproductive health department on table 7 above. As a result 80% of respondents answered that they have medical record of service users while 12.5% of them do not keep medical record of service users.

**Table 8: Accessibility of reproductive health services for youth clients**

	Physical Challenges		Clients with hearing disability		Vulnerable Youth	
	N	%	N	%	N	%
Yes	12	30	-	-	31	77.5
No	28	70	37	92.5	9	22.5
Don't Know	-	-	3	7.5	-	-
Total	40	100	40	100	40	100

To assess accessibility of reproductive health services (table 3) to youth client's respondents were asked different questions. Accordingly, the 30% respondents answered reproductive health services in government based youth centers is accessible for youth clients with physical challenges. In addition to the response of participants for the survey questionnaire the observation checklist (see table 22) shows that 100% of the reproductive health service centers which were under observation are not does not have doorways and ramp to the reproductive health service unit as a result of they were built with only stairs they are not physically accessible to clients with physical challenges. In the same ways 92.5% participants answered that the reproductive health service in government based youth centers are not accessible for translations, signing for people with hearing disability etc. as it is illustrated on table 8 above. However, 77.5% of respondents answered that the reproductive health services is accessible for vulnerable youth clients like street youth and youth with HIV/AIDS etc.

**Table 9: Peer education on youth reproductive health**

	Staff knowledge and skill on peer education		Annual plan on peer education		Trained peer educator three months		Peer discussion conducted in three months	
	N	%	N	%	N	%	N	%
Yes	31	77.5	28	70	25	62.5	17	42.5
No	9	22.5	12	30	15	37.5	23	57.5
Total	40	100	40	100	40	100	40	100

In order to assess the availability of peer education in reproductive health service department of youth centers respondents were asked to respond on different questions in relation to peer education as illustrated in table 9 above.

Among staff members of youth sexual reproductive health service providers 77.5 % respondents answered staff members have knowledge and skill on peer education on youth reproductive health. Additionally 70% of the reproductive health sections in youth centers has annual plan to conduct peer sessions, 62.5% of respondents answered that the center has trained peer educators in the last three months and 42.5% of respondents answered that the reproductive health department has conducted peer discussions in the last three months respectively.

**Table 10: Convenient hours on youth reproductive health and services**

	Suitable for all clients		Suitable for who don't access during operational hrs.		All opening hrs.		Weekends	
	N	%	N	%	N	%	N	%
Yes	26	65	7	17.5	11	27.5	3	7.5
No	14	35	33	82.5	29	72.5	37	92.5
Total	40	100	40	100	40	100	40	100

On the other hand respondents were asked different question on the convenience/ suitability of reproductive health service hours for all youth clients in relation to formal working hours and weekends summarized in table 10 above. As a result, out of the 65% of participants of them responded that the reproductive health services hours are suitable for clients. In the same ways 17.5% of respondents answered the services are accessible to those clients who cannot access on formal working hours. Additionally in relation to accessibility of services for clients who cannot access services on formal working hours 27.5 % of participants responded that services are suitable for clients in all opening hours while 7.5% of participants responded that the services are accessible for youth clients in weekends.

**Table 11: Affordable medical facility options and services and client attitudes**

	Medical Options		Affordable Service		Response of clients on cost effectiveness	
	N	%	N	%	N	%
Yes	35	87.5	35	87.5	35	87.5
No	5	12.5	5	12.5	5	12.5
Total	40	100	40	100	40	100

In relation to delivering affordable medical services with different medical options and clients responses on the affordable prices on youth reproductive health services it is presented in the table 11 above respondents were asked different questions.

Accordingly, 87.5% of respondents answered there are different medical facility options clients can choose from. Additionally, table 5 summarizes that 87.5% of respondents answered that the medical services are affordable to youth clients because it is delivered in fee free. In the same ways 87.5% of respondents answered that they receive positive response from youth clients on the cost effectiveness of the services.

#### **4.3 Information Dissemination on Youth Reproductive Health Service**

As it has been mentioned earlier, one of the objectives of this research is to identify the information dissemination on youth reproductive health. Accordingly, some questions were forwarded and the following key results were obtained.

**Table 12: Information dissemination on youth reproductive health service**

	Responses	
	N	%
Notice boards, signs or billboard somewhere in the sub city to advertising availability reproductive health services in youth center	19	47.5
Posters, pamphlets, leaflets or other IEC materials in schools to promote availability of reproductive health service in youth center	21	52.5
Sign boards in or out side of youth center compound indicative of reproductive health service in the youth center	30	75
Posters, pamphlets, leaflets or other IEC materials in other departments of the youth center	29	72.5
Sign post containing information on the types of adolescent and youth reproductive health services provided in the youth center	27	67.5
Sign post containing information on the working days and hours for the provision of youth reproductive health services in the youth center	14	35
Mini media, reproductive health clubs etc. to promote youth reproductive health service in youth center	6	15

As it is shown in table 12 above sign board on the availability of reproductive health services in the youth centers participants responded 47.5% of sign boards are available in sub-city level, 52.5% are available in schools, and 75% in the youth center compound and 72.5% are

available in other departments of the youth center. Additionally 67.5% of participants responded that sign posts on the types of reproductive health services are available in the youth center, while 35% of respondents answered that sign posts on the working hours of the reproductive health departments are available and 15% participants responded that there are reproductive health clubs and mini medias available in their youth center to promote youth reproductive health.

In addition to answers of respondents to the survey questionnaire sources of the observation checklist result shows that 40% the reproductive health department has a sign board on the types of reproductive health service, 100% of the reproductive health service department has a sign post on the working days and hours of the department and 62.5% of the reproductive health service in the youth center are in a good condition.

**Table 13: Awareness on the availability of youth reproductive health services in youth centers**

	Sub city youth		Youth focused organizations	
	N	%	N	%
Yes	27	67.5	25	62.5
No	3	7.5	7	17.5
Don't know	10	25	8	20
Total	40	100	40	100

Awareness of sub city youth on the availability of reproductive health services in the youth centers as illustrated in table 13 above 27% of respondents answered that youths in the sub city has an awareness on the availability of reproductive health service in the youth center. Moreover, 25% of respondents answered that youth focused organizations in their sub city has knowledge on the availability of reproductive health services due to they are working in partnership with these organizations on different youth reproductive health programs, through distribution of different education materials like brochures, fliers, pamphlets etc. that are available at libraries and other sections of the youth centers and through awareness rising programs.

**Table 14: Availability of IEC materials on youth reproductive health**

	IEC on components of reproductive health		IEC in other departments		IEC that youth can take home	
	N	%	N	%	N	%
Yes	35	87.5	27	67.5	30	75
No	5	12.5	13	32.5	10	25
Total	40	100	40	100	40	100

Availability of IEC materials to create awareness of youth clients on reproductive health is important. As a result table 8 summarizes the availability of IEC materials on the different components of reproductive health, other sections of the youth center and IEC materials that youth clients can take home.

As illustrated above 87.5% of participants responded that there are IEC materials on the components of reproductive health in the youth center reproductive health department and 67.5% of participants responded that there are IEC materials in the different sections of the youth centers. Furthermore, 75% of participants responded that there are IEC materials in the reproductive health department that youth clients can take home.

**Table 15: Availability of waiting room with appealing decorations**

	Adequate Space		Comfortable		Audio, visual		IEC materials		Peer educators	
	N	%	N	%	N	%	N	%	N	%
Yes	22	55	20	50	14	35	27	67.5	21	52.5
No	18	45	20	50	26	65	13	32.5	19	47.5
Total	40	100	40	100	40	100	40	100	40	100

As summarized in table 15 above respondents were asked if the waiting rooms have adequate space and is comfortable. Thus 55% of respondents answered that the waiting rooms have adequate space and 50% of respondents answered that the waiting rooms are comfortable for youth clients.

In addition to the survey questionnaire filled by the respondents sources of the observation checklist results hows that 65% the reproductive health service of the youth center have waiting rooms. In addition 35% of the waiting rooms in the reproductive health department are appealing to youth clients.

On other hand respondents were asked the availability of audio/visual and IEC materials in the waiting rooms, as a result 35% of respondents answered the availability of audio/visual materials and 67.5% respondents answered on the availability of IEC materials in the waiting room. Additionally 52.5% of respondents answered availability of peer educators in the waiting room. Additionally the observation checklist also shows 52.5% of the waiting rooms have IEC material while 30% of the waiting rooms have audio, visual materials.

#### 4.4 Psycho-Social Aspects of Youth Reproductive Health Service

The psycho-social aspects of youth reproductive health service the other objective of the study as it has been mentioned earlier. As a result some questions were forward and the following key results were obtained.

**Table 16: General information on psycho social Aspects of Youth Sexual Reproductive Health**

	N	%
treat clients with respect when seeking for reproductive health services	38	95
Provide enough information on the available reproductive health drugs and their side effects	30	75
clients able to choose whether they see a male or female service provider	11	27.5
provide counseling service for clients with the same sex professionals	25	62.5
clients seen as soon as possible after they arrive and, therefore, not required to wait too long	37	92.5
service have suitable appointment allocation for needs of young people (e.g. sufficient time to assess problem)	25	62.5

As shown in table 16above 95% of participants responded that they treat their clients with respect through delivering the appropriate services by developing comfortable relationship with

the clients and introducing their role , through effective listening and giving feedbacks, 75% of participants treat provide enough information on reproductive health drugs and their side effects.

On the other hand 27.5% of participants responded that clients are able to choose male or female service providers and 62.5% responded that they provide counseling for clients with the same sex professionals.

On the other hand 92.5% participants responded that they clients can be seen by health service providers in short waiting and 62.5% of participants responded the service have suitable time allocation for clients.

**Table 17: Privacy consultation rooms for youth reproductive health service**

	Separate consultation room		Visual and auditory privacy		Privacy of public viewing	
	N	%	N	%	N	%
Yes	26	65	25	52.5	27	67.5
No	11	27.5	15	37.5	13	32.5
Don't Know	3	7.5	-	-	-	-
Total	40	100	40	100	40	100

Privacy of reproductive health service provision is another important dimension in relation to the psychosocial aspect of reproductive health service. As a result table 17 above summarizes in privacy in relation to separate consultation room, visual and audio privacy and public viewing.

As illustrated above 65% of participants responded that consultations rooms they counsel youth clients in a separate room. On the other hand 52.5% of participants responded that the consultation room for youth clients ensure audio/visual privacy and 67.5% of participants responded that the consultation room is away from public view and hearing.

In the same way, the sources of the observation check list result show that 25% of the consultation rooms keep auditory privacy, while 45% of the consultation rooms keep visual privacy.

The other psycho-social aspect of youth reproductive health service i.e. confidentiality is summarized in the table 18 as follows.

**Table 18: Confidentiality on youth reproductive health service**

	N	%
consultation rooms for youth clients ensure confidentiality (records locked and not accessible to other people)	35	87.5
keep your clients' reproductive health issues confidential by not discussing with other staff members or significant others	35	87.5
Clear guidelines on client's rights of confidentiality? (age of consent and parental involvement)	21	52.5
youth clients told of these guidelines and reassured of their right to confidentiality	32	80
Youth clients consider the service in youth center confidential	30	75
you provide youth reproductive health services in a non-judgmental, caring and supportive manner	33	82.5

As a result 87.5% of respondents answered that the consultation rooms for youth clients ensure confidentiality through keeping records locked and not accessible to other people, 87.5% of respondents answered that they keep clients' reproductive health issues confidential by not discussing with other staff members or significant others.

In relation to availability of confidentiality guidelines 52.5% of respondents answered that they have clear guideline on the rights of client's confidentiality. Accordingly 80% of

respondents answered that clients are told of these guidelines and reassured of their right to confidentiality and 75% of participants responded that clients consider the service confidential.

On the other hand 82.5% of respondents answered that they provide reproductive health service to client's services in a non-judgmental, caring and supportive manner regardless of age, sex, social, economic, educational and marital status of their clients.

In the same way, sources of the observation check list result shows that 25% of the reproductive health service units have consent note forms to ensure the guideline and reassure clients right to confidentiality.

**Table 19: Privacy of examination rooms for youth sexual reproductive health service**

	Separate exam. room		Exam. Room away from public view	
	N	%	N	%
Yes	26	65	27	67.5
No	8	20	10	25
Don't Know	6	25	3	7.5
Total	40	100	40	100

Privacy of examination rooms for youth clients as shown in table 13: 65% participants responded that privacy of examination room is kept .Similarly 67.5% percent of the participants responded that the examination rooms are away from public viewing and hearing.

In addition to the survey questionnaire result sources of the observation checklist shows that 25% of the examination rooms are separate for auditory and visual privacy. In the same way possibility of hearing conversation between client and health service provider is 60% during service delivery.

**Table 20: Availability of drugs, other reproductive health service and laboratory equipment**

	Drug		Other Services		Laboratory Equipment	
	N	%	N	%	N	%
Yes	35	87.5	17	42.5	3	7.5
No	5	12.5	20	50	34	85
Don't know	-	-	3	7.5	3	7.5
Total	40	100	40	100	40	100

On table 20 above the availability of other reproductive health services (HIV and STI counseling and testing, Pregnancy test), laboratory equipment's and drugs (Like Male condoms, Female condoms, Oral contraceptives and Dedicated emergency contraceptives) is illustrated. As a result 87.5% of participants answered that there is availability of drugs. In the same way 42.5% of participants answered that there is availability of other reproductive health services, and 7.5% of respondents answered that there is availability of laboratory equipment.

Additionally sources of the observation check list result also shows that 60% of the departments have separate room for laboratory testing. 40% the reproductive health departments in the youth centers have drugs and supplies and 40% of the departments have laboratory equipment's.

Another important aspect in relation to youth reproductive health service is that receiving feedbacks from youth clients on the delivery of services. Accordingly 75.5% of respondents answered that they receive feed backs from their clients through comment boxes, comment paper and verbal communications on issues like lack of professional delivery of the services in relation to VCT on HIV/AIDS and reproductive health, trainings, materials, inconvenience and timing of the service during weekend. In the same ways sources of the observation checklist observation check list shows that 72.5% of the departments have comment boxes to receive feedback from youth clients.

#### **4.5 Referral system of youth reproductive health services**

When there are services that are not available at the reproductive health department of the youth center it is important to have a referral linkage with other organizations for youth reproductive health service need. Table 21 below summarizes the referral system for youth reproductive health service.

**Table 21: Referral system of youth reproductive health service**

	N	%
Received training on effective referral linkage for youth reproductive health	30	75
The youth center have a resource / service directory (address and detailed information of service of other organizations providing health services	30	75
The youth center have a functional referral and feedback (back referral) system with other health organizations delivering reproductive health service	22	55
The department have referral slips and other templates for referral linkage	20	50
The youth center have a functional referral and back referral system that links it to other organizations (youth center, schools, health extension workers ...)	20	50
Partnership and linkage with other youth health service providers in your catchment areas to facilitate referral system	23	57.5
The youth center have a functional back referral system that links it to other organizations	17	42.5
partnership meeting with other service providers on youth reproductive health referral system	19	47.5

As a result 75% of the respondents answered that they have taken training on the referral linkage. On the other hand 75% of service providers answered that they have address and detailed information of service of other organizations providing health services, 55% of

respondents answered that they have a functional referral and feedback (back referral) system with other health organizations.

Accordingly 50% of participants answered that they have referral slips and other templates for referral linkage. In addition, 50% of the participants responded that they have a functional referral and a back referral system and 57.5% of participants responded that they have a partnership and linkage with other youth health service providers in your catchment areas, while only 42.5% of the participants responded that they have a back referral system that links them to other organizations. In the same ways 47.5% of the respondents answered that they have a partnership meeting with other service providers on youth reproductive health referral system.

In addition sources of the observation checklist result also illustrates that of all the centers under observation 50% of the reproductive health department in the youth center have referral formats and templates; and 55% of them have regular visitation cards.

The result achieved through the observation by the researcher is summarized in the table below.

**Table 22: Observation Result**

Observation	N		%	
	Yes		No	
	N	%	N	%
<b>Information Dissemination</b>				
Sign post on types of SRH service	16	40	24	60
Sign post on the working days and hours	-	-	40	100
Sign post in good condition and displayed in prominent location	25	62.5	15	37.5
Availability of IEC materials	21	52.5	19	47.5
Availability of Audio, Visual Materials	12	30	28	70
<b>Bio-medical and psycho-social aspects</b>				
Availability of doorways/ram for clients with physical disability	-	-	40	100
Availability of Ramp to the reproductive health department /corner	-	-	40	100
Availability of waiting rooms	14	35	26	65
Attractiveness of waiting rooms (e.g. with appealing decoration, displays, music etc.)	14	35	26	65

Separate consultation room for auditory	10	25	30	75
Separate consultation room for Visual Privacy	18	45	22	55
Availability of consent note forms	10	25	30	75
Separate examination room for auditory	10	25	30	75
Separate examination room for visual privacy	10	25	30	75
The possibility of hearing the conversation between the health care provider and the client	24	60	16	40
Availability of laboratory equipment's and kits	16	40	24	60
Separate room for testing (laboratory )	24	60	16	40
Availability of Drugs, supplies	24	60	16	40
Available case recording formats	29	72.5	11	27.5
Availability of comment boxes to receive clients opinion	29	72.5	11	27.5
<b>Referral System</b>				
Available referral formats and templates	20	50	20	50
Available forms or regular visitation/follow-up cards	22	55	18	45

## **5. Discussion**

In this section, the findings of the study are analyzed in light of the theoretical and conceptual framework of the study together with other theoretical explanations in the area. For a better understanding this section is categorized in five parts. In the first and second part general information and information dissemination/promotion on youth reproductive health service, whereas in the third and the four part of this section bio psychosocial medical aspect of youth reproductive health service is covered. Finally the social work implication will be discussed.

### **5.1 General Information on the Youth Reproductive Health Service**

Trained staffs for youth reproductive health service provision is important. As a result the survey result indicate that exceptional to the laboratory technician health service providers, counselors have taken trainings on youth sexual reproductive health service, counseling and delivering reproductive health service to youth clients is at large extent compatible to Focus (1997) professionals who are trained to respect young people and their needs, acknowledge the central importance to adolescents and Broek, Godia, Hofman, Lavussa, Olenja and Quinney, (2013) perception and experiences of health service providers on the type of sexual reproductive health service delivery to young people on being supportive and comfortable when providing services could affect their service delivery system.

### **5.2 Youth Reproductive Health Service Promotions Mechanism**

Taking the importance of different awareness raising mechanisms into account, the research has tried to understand to what extent is youth reproductive health service information dissemination mechanisms is effective to promote youth reproductive health.

The findings of the study indicated that the availability of the IEC (health education materials) and peer discussions on the components of reproductive health component, sections is vital in order to boost awareness among youth clients compatible to Ayelaw Tegegn and Yeshigeta Gelaw (2009) the access to IEC materials contributes to adolescent's user of reproductive health services.

In addition availability of signs and posts at the different levels of sub city, schools and the service compound itself and the reproductive health department and sign posts on the different types of reproductive health services is important to boost awareness on the reproductive health services compatible to Ayalew Tegegn and Yeshigeta Gelaw, (2009); adolescent's knowledge on the types and availability of reproductive health services also has a significant contribution for the utilization of reproductive health services and can help meet the need of youth on reproductive health issues (Thaw et al.,2008) and clients can get more acceptable services (Ayalew Tegegn, 2008).

The quantitative finding of the study consistently illustrates youths at the sub city level and youth focused organization are aware of the availability service at the larger extent through distribution of take home and different education materials like brochures, fliers, pamphlets etc. that are available at libraries and other sections of the youth center and through awareness risings programs.

The findings show that waiting rooms with adequate space, comfortable and with IEC materials and peer educators in the youth sexual reproductive health service section is also available compatible to Focus, (1997) avoiding overcrowding and printing materials available at the waiting areas are relevant to young adult's sexual and reproductive health services. In

addition in relation to the findings availability of audio and visual materials in waiting rooms is minimum, in contrast to the literatures. Audio visual materials available at the waiting areas are relevant to young adults, (Focus, 1997).

### **5.3 The Psycho-Social Aspects of Youth Reproductive Health Service**

The major important aspect of youth reproductive health service is the psychosocial aspect in which service providers deliver the available services to their youth clients. Indicating the finding of the survey research service providers treat their clients with respect in relation to the literatures being supportive and comfortable when providing services could affect their service delivery system compatible to Broek, Godia, Hofman, Lavussa, Olenja and Quinney, (2013) and service provider's attitude of being empathetic can be able to create a positive and welcoming image at the reproductive health services Asare, Darteh and Kyereme, (2014).

In order to make informed decision on their reproductive health issues it is important to provide adolescents with information they are seeking from the service providers Braeken, and Rondinelli, (2012) and Multiple ways of reproductive health service delivery to clients through multiple sources of information can provide friendly service to young people (Chandra, Mehra and Sogarwal, 2013) as the findings of the study shows health service provider giving information's on the available drugs and their side effects is significant.

Chances of clients to choose a male or female service provider in the reproductive health center is rare in contrast to the same finding where provision of counseling services to clients with the same sex professional available in the reproductive health departments in line with the literature Adolescents need for placement of same sex service providers a can improve the

service utilization of adolescents AlemayehuSeifu, AlemayehuWorku and MesganawFantahun,(2006 ).

Short waiting times at the waiting areas are relevant to young people reproductive health services, (Focus, 1997). As the finding also indicates that the reproductive health department with 92.5% of participants' response has shorter waiting times for youth clients.

Sufficient time provided to assess a problem is also available in the survey study compatible to Focus, (1997) make sure there is extra time allowed for counselors or medical staff to discuss young people's special issues.

Privacy of consultation rooms for youth reproductive health service is another important dimension under the psycho social aspect of reproductive health service. Accordingly the findings of the survey study revealed that separate consultation rooms, consultation rooms that ensure and consultation rooms away from public viewing and hearing is available. In the same way, few of the consultation rooms keep auditory privacy, while 45% of the consultation rooms keep visual privacy in the findings of the observation. Compatible to the findings of the survey research (Ministry of Health 2006-2015);reassurance of audio and visual privacy of consultation rooms and separate and adequate services and arranged to ensure young people privacy (Focus, 1997) can be characterized as youth friendly services.

Another important aspect in relation to the psychosocial aspect of reproductive health service is confidentiality. Looking in the findings of the survey research keeping records locked, keeping clients reproductive health issues confidential, clear guide lines on confidentiality and aware clients on the guidelines and positive attitude of clients towards confidentiality of the services significant among most of the respondents. Compatible to (Ministry of Health 2006-

2015) and Frehiwot Berhane, Mesganaw Fantahun and Yemane Berhane, (2005) confidentiality of clients during consultations and client's satisfaction on the service provision as suggestions of clients on the service delivery and Service environments appropriate in relation to confidentiality are friendly to youth clients.

The findings of the survey research shows that health service providers providing reproductive health services in a non-judgmental, caring and supportive manner is at a large extent compatible to enabling service environments appropriately for adolescent's reproductive health in relation to the friendly non-judgmental and skilled approaches provide adolescent's with services suitable for them Frehiwot Berhane, Mesganaw Fantahun and Yemane Berhane, (2005) and Braeken and Rondinelli, (2012).

#### **5.4 Bio- medical Aspect of Youth Reproductive Health Service**

Availability of separate examination rooms away from public viewing is also available with a participant's response on separate examination room 65% and examination room away from public viewing and hearing 67.5%. In addition the observation shows that 25% of the examination rooms are separate for auditory and visual privacy. In the same way possibility of hearing conversation between client and health service provider is 60% during service delivery incompatible to reassurance of audio and visual privacy of rooms (Ministry of Health 2006-2015) and separate and adequate services and arranged to ensure young people privacy (Focus, 1997) can be characterized as youth friendly services.

Youth reproductive service like cost and unaffordable of services (Regmi, Simkhada and Teijlingen, 2008), Biddlecom et al., (2007) and Moya (2002) could be a challenge and discourage youth to seek provide reproductive health services incompatible to the quantitative

data collected shows that there is availability of drugs and other health facilities to provide reproductive health services for youth clients. Similar to the findings Braeken and Rondinelli, (2012) adolescents need to receive services that are low cost at the service center can meet adolescents need for accessing reproductive health services.

In addition lack of laboratory equipment is in a large extent as a result of the survey study result compatible to Broek et al., (2013) lack of essential equipment and supplies could be a challenge and discourage youth to seek provide reproductive health services.

Biological, psychological and social factors where health is affected by the interplay of these three components and using the stated bio-psycho-social components model it people's health can be promoted (Sarafino and Smith ,2011). The result of the research indicated that the reproductive health service in youth centers has better psychosocial service, but still has limited service in terms of confidentiality and maintain privacy and limited bio medical services in terms of lack of facilities in the department.

In addition the availability of bio-medical and psychosocial services of youth reproductive health has played a vital role compliment to Young, (2011) relations between elements of structure are primary, and they involve systems of interactions or their transformations.

### **5.5 Referral System of Youth Reproductive Health Service**

The use of referral linkage to other health service organizations and trained staff on referral linkage, information on the service directory of other organizations, functional referral to other organization partnership with this organization is vital compatible to Ministry of Health (2006-2015) creating an effective referral linkage between the various service delivery points ,

creating an effective two ways communication system between the different service delivery points provide reproductive health services to the youth. In contrast the service department lacks partnership meeting with other service providers on youth reproductive health referral system.

In addition also (IPPF, 2008) state that where reproductive services are provided in a youth oriented site, it is essential to essential for effective service and is important to have an effective referral system in place information should also be made available to young clients together with referral information when possible.

## **5.6 Implication for Social Work**

The findings of the study based on the objectives shows that youth sexual reproductive health services in youth centers have an influence in promoting youth reproductive health. Thus, based on the overall findings the following can be implications for social work.

The findings of the research can be input for social work practitioners when working with other professional and staff members collaboratively to bring effective outcomes when providing services to the youth clients in health and other services settings and beneficiaries.

The bio- psychosocial aspect of the service in providing the important information and approaches by the different health professional to meet the need of youth clients is a major practice in social workers role in different setting when they need expert knowledge from doctors and nurses, psychiatrists, psychologists, and other social workers who possess high levels of expertise related to certain types of problems (e.g., youth reproductive health problems).

Approach that are used to meet the need of service beneficiaries using different mechanisms for example, referral linkage with other service organizations shows the roles that social work professionals play as an advocates to their clients to meet the need of their beneficiaries.

## **6. Summary, Conclusion and Recommendation**

### **6.1 Summary**

Based on the aim to contribute knowledge base, on the effectiveness of youth reproductive health services in youth centers to promote youth reproductive health to understand has addressed the different aspects of youth reproductive health services. To do so the information dissemination, the biological and psychosocial aspect and the referral linkage of youth sexual reproductive health service centers have been taken.

Accordingly the IEC/educational strategies raise knowledge and awareness among the youth, privacy and confidentiality of services, and their partnership with other health facility organizations have been discussed.

Furthermore, even if the reproductive health service is doing well in terms of the available service and medical facility the health professionals and the youth center has to work create to increase the service in to a standard level and improve the service to the youth.

## 6.2 Conclusion

This research aimed to provide an input for improving the reproductive health service for the youth by exploring the dynamics the information dissemination and educational communication strategies, the bio-psychosocial approaches and engagement of the youth center with other health facilities that contributes a broader reproductive health of the youth.

The information dissemination and educational strategy approaches to enhance the knowledge and awareness on reproductive health of youth availability through IEC materials like brochures, fliers and other take home materials and availability of sign posts on the different level of reproductive is available limited to the audio and visual materials is in larger extent.

The psychosocial and biomedical aspects of youth reproductive health service in youth centers has better psychosocial service, but still has limited service in terms of confidentiality and maintain privacy and limited bio medical services in terms of facilities like drugs and medical resources for laboratory examination and lack of laboratory examinations rooms is limited.

The referral linkage of services in the centers is also in a better place in sending clients for further medical services in other medical organizations. But in terms of maintain and increasing the referral linkage with other health facilities through partnership meetings is less.

In general even if the youth reproductive health service in youth centers in better place in promoting youth reproductive health there are areas the service still needs to be improved to promote youth reproductive health and make the service more available to youth. In addition, it can be concluded that the service has the major promoters of youth reproductive health in the reproductive health that need to be enhanced and capitated for further results.

### **6.3 Recommendations**

This research has been carried out aiming to provide additional insight on the studies of youth related service as a study unit assuming their importance for effective and efficient social work practice.

The findings of the research indicate that the youth reproductive health services in youth centers are major promoters of youth reproductive health with their available health professionals and facilities. However there are some areas where the services need to be upheld in order to promote youth reproductive health. Thus,

Health practitioners have to have updated their professions in order to make the reproductive health service promoting the youth at the higher level. Additionally health practitioners have to work in line with the administrative staffs in order to improve the reproductive health services for the youth. Furthermore, the health professionals have to also create other means of boosting awareness and increasing knowledge of the youth on reproductive health and available service in their centers at the different level of settings.

The administrative of the youth center has to look for partnership with other youth focused stakeholders for capacitating the youth reproductive health service department and fulfill health facility and resources.

Policy makers have to improve the medical strategies for youth reproductive health services and on health practitioners in order to improve the services and enhance the well-being of youth reproductive health.

## References

- Aklilu Kidanu, Hailom Bantayerga and Pav Govindasamy. Youth Reproductive health in Ethiopia,(2002).
- Alemayehu Seifu, Alemayehu Worku and Mesganaw Fantahun.(2006). Reproductive health needs of out-of-school adolescents: Across-sectional comparative study of rural and urban areas in northwest Ethiopia.
- Asare K., Darteh E. and Kyereme A. (2014).Attitudes of gatekeepers towards adolescent sexual and reproductive health in Ghana.
- Ayalew Tegegn, Meseret Yazachew and Yeshigeta Gelaw.(2008). Reproductive health knowledge and attitude among adolescents: A community based study in Jimma Town, Southwest Ethiopia.
- Ayalew Tegegn and Yeshigeta Gelaw.(2009). Adolescent reproductive health services in Jimma city: accessibility and utilization.
- Biddlecom A., Munthali A., Sing S.and a WoogV.(2007).Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda.
- Braeken D. and Rondinelli I. (2012).Sexual and reproductive health needs of young people: Matching needs with systems.
- Frehiwot Berhane, Mesganaw Fantahun and Yemane Berhane.(2005).Adolescents' health service utilization pattern and preferences: Consultation for reproductive health problems and mental stress are less likely.

Focus.(1997).Making Reproductive Health Services Friendly for Young People: a publication of FOCUS on young adults.

Godia P., Olenja J., Lavussa J., Quinney D., Hofman J. and e Broek N.(2013).Sexual reproductive health service provision to young people in Kenya; health service providers' experiences.

Gruskina S.(2009). Approaches to sexual reproductive health and HIV policies and Programs: Synergies and Disconnects.

Holley C.(2011).Adolescent Reproductive Health in Ethiopia. Human Development Report Center.

International Planned Parenthood Federation. (2008).Provide strengthening youth friendly services.

Jana, M,; Limwame, K; Mafa, I; and Shabalala, A.(2012). Challenges to youths accessing sexual and reproductive health information and services in southern Africa: a review of qualitative research in seven countries.

Keruger, L. W. & Neuman, W. L. (2006). Social work research methods: Qualitative and quantitative applications. USA: Pearson Education.

Kossen, J.(2012).Rights, respect, responsibility: advancing the sexual and reproductive health and rights of young people through international human rights law.

Krejcie, R;and Daryle, M. (1960).Determining sample size for research activities: educational and psychological measurement.

Lyons, A; and Chamberlain, K. (2005).Health psychology: a critical introduction.

Mellah,A.; Magembe, G; Mkuye,M; Mbeba,R; Mkuwa, S; and Yotham,W.(2012). Barriers to sexual reproductive health services and rights among young people in Mtwara district, Tanzania.

Ministry of Health.(2006-2015).National Adolescent and Youth Reproductive Health Strategy.

Ministry of Health.(2007). Standard on youth friendly reproductive health services service delivery guideline and minimum service delivery package in youth friendly reproductive health services.

Mion, E.(2010).[http://www.wbdg.org/design/youth\\_centers.php](http://www.wbdg.org/design/youth_centers.php).

Moya, C. (2002).creating Youth Friendly Sexual health Services in Sub-Saharan Africa: Advocates for youth.

Path Finder International.(2012).Bringing Youth friendly services to Scale in Ethiopia:adolescent girls in Amhara participate in a school-basedyouth activity.

Payne, S; and Horn, S.(2008).Health promotion a Psychosocial approach.

Perez, A.(2009).Determinants of utilization of youth friendly reproductive health services among school and college youth in thika west district, kiambu county, Kenya.

Quinney,D; Hofman, J; Lavussa,J; Olenja,J; Broek,N; and Godia,P.(2013).Sexual reproductive health service provision to young people in Kenya; health service providers' experiences.

Safarino E. and Smith T.(2011).Health psychology bio-psychosocial interactions. An over view of psychology and health, Biopsychosocial Perspective.pp. 12-14.

Singh K.(2007). Quantitative social research methods. New Delhi: Sage Publications.

Teijlingen E., Acharya D., Regmi P.d and Simkhada P.(2008).Barriers to Sexual Health Services for Young People in Nepal.

Tesfaye Setegn and Abulie Takele .(2013).Sexual and reproductive health problems and service needs of university students in south east Ethiopia.

Young, G.(2011).Development and Causality: Neo-Piagetian Perspectives.

TintH., ThawP., Nu-OoY., ZawK., Sein T.and TunT.(2008).Sexual and reproductive health needs of vulnerable youth in Myanmar.

United Nations Population Information Network (POPIN).(n.d.).Guidelines on reproductive health: for the UN resident coordinator system.

World Health Organization.(2009).Quality assessment guide book. A guide to assessing health services for adolescent clients.

World Health Organization.(2012).Making health services adolescent friendly:Developing national quality standards for adolescent friendly health services.

Zinaw Taddesse.(2007).How friendly are the reproductive health services of model youth centers in Addis Ababa.

Zgourides, B.(2000). Devlopmental Psychology; Cliffs quick review.

## **Annexes**

### **Annex I: Survey Questionnaire for Youth Sexual Reproductive Health Service Providers**

#### **Introduction**

The purpose of this questionnaire is to gather information about your experience on youth reproductive health service in youth centers. Hence, you are kindly requested to provide thoughtful and honest responses. Your honest responses will help me to have valuable information for the research. The data collected here will be used to understand the effectiveness of sexual reproductive health services in youth centers to promote youth reproductive health.

Finally, the researcher wants to assure you that this research is intended fully for academic practice. Therefore, all information that you provide will be used only for research purpose and will be confidential. However, during publication personal identities will not be used.

#### **Instruction**

This questionnaire has seven parts. The first and second part deals with personal information of respondents and general information on youth sexual reproductive health in youth centers. The third part deals with information dissemination on youth sexual reproductive health service.

Fourth and fifth part deals with respondents experience in the bio-psychosocial sexual reproductive health service in youth centers. Finally, sixth and seventh of the questionnaire deals with the referral system and challenges and opportunities of youth sexual reproductive health service in youth centers.

There is no right or wrong answers to the questions. Try to answer all the questions carefully to the best of your knowledge and select appropriate choice that reflects your opinion by marking the best of your choice. Follow the guide in front of each question for choices more than one.

### I - Biography of the Respondent

Profession of the respondent \_\_\_\_\_

Sex \_\_\_\_\_

Age \_\_\_\_\_

Position \_\_\_\_\_

Level of education \_\_\_\_\_

No.	Questions	Responses		
		Yes	No	Don't Know
<b>II – General information on the youth reproductive health service in youth centers</b>				
1	Are there health service providers assigned for youth sexual reproductive health service in the youth center?			
2	Are there counselors assigned for youth sexual reproductive health service in the youth center?			
3	Are there lab technicians assigned for youth sexual reproductive health in the youth center?			
4	Is the health service providers are trained on youth sexual reproductive health and services?			
5	Is the counselor trained on youth sexual reproductive health services?			
6	Is the Lab technician trained on youth sexual reproductive health services?			

7	Is the health service providers are trained on counseling services?			
8	Is the health service providers are trained to provide medical services to youth clients?			
9	Are the health service providers trained on youth sexual reproductive health and services for youth with hearing impairment/ challenges?			
10	Is the health service providers are trained on case management system?			
11	Is there medical case record of service users in the sexual reproductive health department?			
12	Are the youth sexual reproductive health sections/ corners accessible for youth with physical challenges?			
13	Are there services for individuals with special needs (e.g. young people with learning disability, translations, signing for people with hearing disability etc.)?			
If your answer for question no. 13 is No please illustrate why?				
14	Does the service have non-discriminatory access regardless of vulnerable youth (e.g. Street Youth, Youth living with HIV/AIDS)?			
15	Do staffs of this youth center have adequate knowledge and skills to train youth in peer education?			
16	Has the youth center have an annual plan to train youth peer educators on sexual reproductive health issues?			
17	Has the youth center trained youth peer educators in the last three months?			
18	Is there group discussions conducted in the reproductive health unit for peer clients for the last three months?			
19	Is the youth reproductive health service suitable for all youth clients?			
20	Does the service have operational hours suitable for youth clients who are not able to access service on formal working hours (e.g. students, daily laborers, youth in the informal sector etc.			

21	If Yes to question no.20 has the center provide services in all opening hours?			
22	If Yes to question no.20 has the center provide services in weekend?			
23	Is there different medical facility options (Like Male condoms, Female condoms, Oral contraceptives and dedicated emergency contraceptives) for reproductive health which youth clients can chose from?			
24	Is the reproductive health services are affordable to all youth clients?			
If yes to question No.24 please indicate an average amount of money service users incur for a specific reproductive health service?				
25	Do you have a positive response from the service users that the service in the youth center is cost effective?			
<b>III- Information dissemination on youth reproductive health</b>				
26	Do you have a notice boards, signs or billboard somewhere in the sub city to advertizing availability reproductive health services in youth center?			
27	Are there posters, pamphlets, leaflets or other IEC materials in schools to promote availability of reproductive health service in youth center?			
28	Are there sign boards in or out side of youth center compound indicative of reproductive health service in the youth center?			
29	Are there posters, pamphlets, leaflets or other IEC materials in other departments of the youth center (Like library, ICT section, gymnasium etc) indicating existence of youth reproductive health service in youth center?			
30	Does the youth center have a sign post containing information on the types of adolescent and youth reproductive health services provided?			
31	Does the youth center have a sign post containing information on the working days and hours for the provision of youth reproductive health services?			
32	Do you have mini media, reproductive health clubs etc. to			

	promote youth reproductive health service in youth center?			
33	Do you think the youth in the sub city are well acknowledged availability of reproductive health service in the youth center?			
If Yes to question no. 33 please specify				
If No to question no. 33 please specify				
34	Do you think youth associations and other youth focused organization in the sub city are aware of availability of reproductive health service in youth centers?			
If Yes to question no. 34 please specify				
If No to question no.34 please specify				
35	Does the youth center have IEC/BCC (Health Education) materials on the different components of youth reproductive health?			
36	Are there printed materials like brochures, fliers, magazines etc. on published on youth reproductive health in other sections of the youth center (library, ICT room, gym, cafeteria etc)?			
37	Are there printed materials in the unit like brochures, fliers, magazines etc. on published on youth reproductive health that clients can take home?			
38	Does the service have adequate space waiting area appealing for youth clients?			
39	Does the service have comfortable waiting area appealing for youth clients (e.g. appealing decoration, displays etc.)?			
40	Are there audio-visual materials like videos, movies or music etc. produced to entertain youth clients on reproductive health issues in the waiting room?			
41	Are there printed materials in the unit like brochures, fliers, magazines etc. on published on youth reproductive health in the waiting room?			
<b>IV– The psycho-social aspects of youth reproductive health service</b>				
42	Do you think you treat your clients with respect when seeking for reproductive health services?			
If yes to question no.42 please illustrate how				

43	Do you provide enough information on the available reproductive health drugs and their side effects?			
44	Are there young service providers or peer educators available in the waiting area to talk to clients and make them feel comfortable?			
45	Are clients able to choose whether they see a male or female service provider?			
45	Do you provide counseling service for clients with the same sex professionals?			
46	Are clients seen as soon as possible after they arrive and, therefore, not required to wait too long?			
47	Does the service have suitable appointment allocation for needs of young people (e.g. sufficient time to assess problem)?			
58	Do you counsel youth clients in a separate room?			
49	Does the consultation room for youth clients ensure privacy (visual & auditory)?			
50	Is the counseling room away from public view and hearing?			
51	Do the consultation rooms for youth clients ensure confidentiality (records locked and not accessible to other people)?			
52	Do you keep your clients' reproductive health issues confidential by not discussing with other staff members or significant others?(except in need of consent or advocacy issue with parents of staffs)			
53	Are there clear guidelines on client's rights of confidentiality? (age of consent and parental involvement)			
54	Are youth clients told of these guidelines and reassured of their right to confidentiality?			
55	Do youth clients consider the service in youth center confidential?			
56	Do you provide youth reproductive health services in a non-judgmental, caring and supportive manner?			

If you answer yes to no. 57 please specify How?				
<b>V - The bio-medical aspects of youth reproductive health service</b>				
57	Do you give medical examinations to youths in a separate room?			
58	Is the examination room away from public view and hearing?			
59	Are adequate amounts of the drugs or supplies available in this youth center? (Like Male condoms, Female condoms, Oral contraceptives and Dedicated emergency contraceptives)			
60	Are other reproductive health services available in youth center (Safe abortion services, HIV and STI counseling and testing, Pregnancy test)?			
61	Are there adequate laboratory equipment, detergent and kits to provide sufficient sexual and reproductive service?			
62	Do you receive feedback/suggestions from the clients on the services you provide?			
If Yes to no. 62 what are the available mechanism to receive complaints and feedback from service users?				
If yes to no.62 What are the common feedback/suggestions, complaints you receive by service users?				
<b>VI- Referral linkage</b>				
63	Have you received training on effective referral linkage for youth reproductive health?			
64	Does the youth center have a resource / service directory (address and detailed information of service of other organizations providing health services not provided at the youth center)			
65	Does the youth center have a functional referral and feedback (back referral) system with other health organizations delivering reproductive health services?			
66	Do you have referral slips and other templates for referral linkage?			
67	Does the youth center have a functional referral and back referral system that links it to other organizations (youth center, schools, health extension workers ...) providing youth reproductive health services?			
68	Do you have partnership and linkage with other youth health			

	service providers in your catchment areas to facilitate referral system?			
69	Does the youth center have a functional back referral system that links it to other organizations (youth center, schools, youth association, health extension workers etc.) providing youth reproductive health services?			
70	Do you have partnership meeting with other service providers on youth reproductive health referral system?			

**Annex II: Amharic Questionnaire**

**የአዲስ አበባ ዩኒቨርሲቲ**

**የሶሻል ወርክ ትምህርት ቤት**

**የድህረ ምረቃ ትምህርት ክፍል**

የዚህ የመመረቂያ ጥናት አላማ በአዲስ አበባ የሚገኙ የወጣት ማእከላት የስነ-ተዋልዶ ጤና አገልግሎት ለወጣቶች የስነ-ተዋልዶ ጤና (የመረጃ፣ የስነ-ልቦና እና የማህበራዊ እና የሪሪራል አገልግሎት) የሚያበረክተውን አስተዋፅኦ ለማወቅ ሲሆን የአረሶ ተገቢ ምላሽ ለጥናቱ አስፈላጊውን ጎን ያበለክታል። የዚህ ጥናት ተሳታፊዎች የወጣት ማእከል የጤና አገልግሎት ሰጪዎች ናቸው።

የጥናቱ አላማ ከላይ ለተገለፁት አላማዎች መልስ የሚሰጥ እና ሙሉ በሙሉ ለትምህርታዊ አገልግሎት የሚውል ብቻ መሆኑን አረጋግጣለው። ስለዚህ ለጥያቄዎቹ የሚሰጡዎቸው መልሶች ለትምህርታዊ አገልግሎት ብቻ የሚውሉ እና የአረሶ ማንነት በጥናቱ ውስጥም አይካተትም።

ጥያቄው ሰባት ክፍሎችን የያዘ ሲሆን የመጀመሪያው እና ሁለተኛው አጠቃላይ የጤና ባለሙያውን እና የጤና አገልግሎቱን ያካተተ ነው። ጥያቄ ቁጥር ሶስት፣ አራት እና አምስት የስነ-ተዋልዶ ጤና የመረጃ፣ የስነ-ልቦና እና የማህበራዊ ጤና አገልግሎትን ያካተተ ሲሆን የመጨረሻው እና ስድስተኛ እና ሰባተኛው የሪሪራል ሰገልግሎትን እና የወጣት ማእከሉን ጥንካሬ፣ ጉድለቶች፣ ችግሮች እና መፍትሄዎችን ያጠቃልላል።

ለሁሉም ጥያቄዎች ትክክል ወይም ትክክል ያልሆነ መልስ የለም። ለእያንዳንዱ ጥያቄዎች የተቀመጡትን ጥያቄዎች በመከተል ትክክለኛ መልሶችን በተቀመጡት አማራጮች ስር በጥንቃቄ ምልክት በማድረግ እና በመግለፅ ይመልሱ።

**1. የጤና ባለሙያ አጠቃላይ መረጃ**

የመልስ ሰጪ የትምህርት ክፍል \_\_\_\_\_

ፆታ \_\_\_\_\_

እድሜ \_\_\_\_\_

የመልስ ሰጪ የስራ ድርሻ \_\_\_\_\_

የትምህርት ደረጃ \_\_\_\_\_

	ጥያቄዎች	መልሶች		
		አዎ	አይደለም	አላውቅም
<b>1. ጠቅቅላላ መረጃ በወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት ላይ</b>				
1	በወጣት ማእከሉ ለወጣቶች የስነ-ተዋልዶ ጤና የተመደቡ የጤና ባለሙያዎች አሉ?			
2	በወጣት ማእከሉ ለወጣቶች የስነ-ተዋልዶ ጤና የተመደቡ የምክር እና የስነ-ልቦና ባለሙያዎች አሉ?			
3	በወጣት ማእከሉ ለወጣቶች የስነ-ተዋልዶ ጤና የተመደቡ የላብራቶሪ ባለሙያዎች አሉ?			
4	የጤና ባለሙያዎቹ በወጣቶች የስነ-ተዋልዶ ጤና እና አገልግሎት ላይ ስልጥንዎቻቸው?			
5	የምክር እና የስነ-ልቦና ባለሙያዎቹ በወጣቶች የስነ-ተዋልዶ ጤና እና አገልግሎት ላይ ስልጥንዎቻቸው?			
6	የላብራቶሪ ባለሙያዎቹ ባለሙያዎቹ በወጣቶች የስነ-ተዋልዶ ጤና እና አገልግሎት ላይ ስልጥንዎቻቸው?			
7	የጤና ባለሙያዎቹ በምክር እና በስነ-ተዋልዶ ጤና ላይ ስልጠና ወስደዋል?			
8	የጤና ባለሙያዎቹ መስማት ለተሳናቸው ወጣቶች የስነ-ተዋልዶ ጤና ላይ እና ችግሮቻቸው ላይ ስልጠና ወስደዋል?			
9	የጤና ባለሙያዎቹ በመረጃ አያያዝ ስርአት ላይ ስልጠና ወስደዋል?			
10	በስነ-ተዋልዶ ጤና ክፍል ውስጥ የታካሚዎች የህክምና መረጃዎች ሪከርዶች ይገኛሉ?			
11	የስነ-ተዋልዶ ጤና ክፍሎቹ ለወጣት የአካል ጉዳተኛ ታካሚዎች ተደራሽ ናቸው?			
12	ለልዩ ወጣት ታካሚዎች የሚሰጡ አገልግሎቶች አሉ? (የምልክት ቋንቋ መስማት ለተሳናቸው ወዘተ.)			
13	ለጥያቄ ቁጥር 13 መልሶ አይደለም ከሆነ እባክን ያብራሩ			
14	የስነ-ተዋልዶ ጤና አገልግሎቱ ለስነ-ተዋልዶ ጤና ችግሮች ተጠቂ ለሆኑ ወጣቶች ያለ መድሎ ተደራሽነት አለው? (ለጎዳና ወጣቶች፣ ከቫይረሱጋር ለሚኖሩ ወጣቶች)			
15	የወጣት ማእከሉ ሰራተኞች ወጣቶችን በአቻ ለአቻ ትምህርት ለማሰልጠን አስፈላጊው እውቀት እና ክህሎት አላቸው?			
16	ወጣት ማእከሉ በስነ-ተዋልዶ የአቻ ትምህርት ላይ ወጣት አስልጣኞችን ለማሰልጠን ወርሀዊ እቅድ አለው?			
17	ወጣት ማእከሉ ላለፉት ሶስት ወራት የአቻ ትምህርት ወጣት አስልጣኞች አሰልጥኗል?			
18	ላለፉት ሶስት ወራት በስነ-ተዋልዶ ጤና ክፍሉ ለወጣት ታካሚዎች የአቻ ውይይት ተዘጋጅቷል?			
19	የስነ-ተዋልዶ ጤና አገልግሎቱ ለሁሉም ወጣት ታካሚዎች ምቹ ነው?			
20	የስነ-ተዋልዶ ጤና አገልግሎት ሰነድ በስራ ቀናት			

	አገልግሎት ማግኘት ለማይችሉ ወጣቶች ምቹ ነው? (ተማሪዎች፣ የቀን ሰራተኞች ወዘተ)			
21	ለጥያቄ ቁጥር 20 መልሶ አዎ ከሆነ ወጣት ማእከሉ በሁሉም ክፍት ሰአታት አገልግሎት ይሰጣል?			
22	ለጥያቄ ቁጥር 20 መልሶ አዎ ከሆነ ወጣት ማእከሉ በእረፍት ቀናት አገልግሎት ይሰጣል?			
23	በወጣት ማእከሉ ወጣቱ ሊያማርጣቸው የሚችሉ የስነ-ተዋልዶ ጤና መጠበቂያ የህክምና አገልግሎቶች አሉ? (የወንድ እና የሴት ኮንዶም፣ ድንገተኛ የወሊድ መቆጣጠሪያ )			
24	የስነ-ተዋልዶ ጤና አገልጋሎቱ የሁሉም ወጣቶች አቅምን ያማክላል?			
25	ለጥያቄ ቁጥር 24 መልሶ አዎ ከሆነ እባክን ለአንድ የስነ-ተዋልዶ ጤና አገልግሎት ወጣቶች የሚከፍሉትን መሀከለኛ የዋጋ መጠን ወይም የአከፋፈክ መንገድ ያስቀምጡ			
26	የስነ-ተዋልዶ ጤና አገልግሎቱ የሁሉንም ወጣቶች አቅምን ያማክላል ስለመሆኑ ከወጣቶች አዎንታዊ አስተያየት ያገኛሉ?			
<b>2.</b>	<b>3. በወጣቶች የስነ-ተዋልዶ ጤና ላይ የመረጃ አሰጣጥ</b>			
27	በወጣት ማእከሉ የስነ-ተዋልዶ ጤና አገልግሎት መኖሩን የሚያሳዩ ማስታወቂያ ሰሌዳዎች በክፍለ ከተማው ይገኛሉ?			
28	በወጣት ማእከሉ የስነ-ተዋልዶ ጤና አገልግሎት መኖሩን የሚያስተዋውቁ ተለጣፊ፣ የሚበተኑ፣ ትምህርታዊ ወረቀቶች በትምህርት ቤቶች ውስጥ ይገኛሉ?			
29	በወጣት ማእከሉ የስነ-ተዋልዶ ጤና አገልግሎት መኖሩን የሚያሳይ የማስታወቂያ ሰሌዳ በወጣት ማእከሉ ቀጥር ግቢ ወይም ከቅጥር ግቢ ውጪ ይገኛል?			
30	በወጣት ማእከሉ በተለያዩ አገልግሎት ክፍሎች ውስጥ የስነ-ተዋልዶ ጤና አገልግሎት መኖሩን የሚያስተዋውቁ ተለጣፊ፣ የሚበተኑ፣ ትምህርታዊ ወረቀቶች ይገኛሉ? (በቤተ-መጻሕፍት፣ በICT ፣ በጂ.ምናዚያም ወዘተ)			
31	በወጣት ማእከሉ የሚሰጡ የስነ-ተዋልዶ ጤና አይነቶችን የሚገልጹ የተጻፉ የመረጃ ምልክቶች ይገኛሉ?			
32	በወጣት ማእከሉ የስነ-ተዋልዶ ጤና አገልግሎት የሚሰጥበትን ሰአት የሚገልጹ የተጻፉ የመረጃ ምልክቶች ይገኛሉ?			
33	የስነ-ተዋልዶ ጥናት አገልግሎትን የሚያስተዋውቁ (ሚኒ ሚዲያ፣ ስነ-ተዋልዶ ወዘተ) ጤና ክለሶች በወጣት ማእከሉ ይገኛሉ?			
33	በክፍለ ከተማው የሚገኙ ወጣቶች በወጣት ማእከሉ የስነ-ተዋልዶ ጤና ስለ መኖሩ እውቀት አላቸው?			

	ለጥያቄ ቁጥር 33 መልሶ አዎ ከሆነ እባክን ምክንያቶቹን በዝርዝር ያስቀምጡ			
	ለጥያቄ ቁጥር 33 መልሶ አይደለም ከሆነ እባክን ምክንያቶቹን በዝርዝር ያስቀምጡ			
34	ወጣት ድርጅቶች እና ሌሎች ወጣት ተኮር ድርጅቶች በወጣት ማእከሉ የስነ-ተዋልዶ ጤና መኖሩን እውቀት አላቸው?			
	ለጥያቄ ቁጥር 34 መልሶ አዎ ከሆነ እባክን ምክንያቶቹን ያብራሩ			
	ለጥያቄ ቁጥር 34 መልሶ አይደለም ከሆነ እባክን ምክንያቶቹን ያብራሩ			
35	ወጣት ማእከሉ በተለያዩ የስነ-ተዋልዶ ጤና አይነቶች ላይ የተዘጋጁ ትምህርታዊ ወረቀቶች አሉት?			
36	በወጣት ማእከሉ በተለያዩ አገልግሎት ክፍሎች ውስጥ በስነ-ተዋልዶ ጤና ላይ የታተሙ ተለጣፊ፣ የሚበተኑ፣ ትምህርታዊ ወረቀቶች ይገኛሉ? (በቤተ-ጻህፍት፣ በ ICT ፣ በጂምናዚየም ወዘተ)			
37	በስነ-ተዋልዶ ጤና ላይ የታተሙ እና ወጣቶች ወደ ቤታቸው ሊወስዷቸው የሚችሉ ተለጣፊ፣ የሚበተኑ፣ ትምህርታዊ ወረቀቶች ይገኛሉ?			
38	የወጣት ማእከሉ የእንግዳ መቀበያ ክፍል በቂ ማስተናገጃ አለው?			
39	ወጣት ማእከሉ ለወጣቶች ምቹ የሆነ የእንግዳ መቀበያ ክፍል አለው? (ሳቢ የሆኑ ምስሎች ወዘተ)			
40	ወጣቱን የሚያዝናኑ በስነ-ተዋልዶ ጤና ላይ የተዘጋጁ የተለያዩ የድምፅ፣ የምስል ወይም ሙዚቃዎች በእንግዳ ክፍል ውስጥ ይገኛሉ?			
41	በስነ-ተዋልዶ ጤና ላይ የታተሙ ብሮሽሮች፣ የሚበተኑ ወረቀቶች፣ መፅሔቶች ወዘተ በእንግዳ መቀበያ ክፍል ውስጥ ይገኛሉ?			
<b>4.</b>	<b>5. የወጣቶች የስነ-ተዋልዶ ጤና የስነ-ልቦና እና የማህበራዊ አገልግሎት</b>			
42	ወጣቶች የስነ-ተዋልዶ ጤና ፈልገው በሚመጡበት ጊዜ በአክብሮት ያስተናግዳሉ?			
	ለጥያቄ ቁጥር 42 መልሶ አዎ ከሆነ እባክን እንዴት በአክብሮት እንደሚያስተናግዱ ያብራሩ			
44	በስነ-ተዋልዶ ጤና መድሀኒቶች እና የጎንዮሽ ጉዳቶች ላይ በቂ መረጃ ይሰጣሉ?			
45	ወጣቶችን የሚያወያዩ ወጣት የጤና ባለሙያዎች ወይም የአቻ አወያዮች በእንግዳ መቀበያ ክፍል ውስጥ አሉ?			
46	ወጣቶች የሴት ወይም የወንድ የጤና ባለሙያ መምረጥ ይችላሉ?			
47	የምክር አገልግሎት በተመሳሳይ የታ ባለሙያ ይሰጣል?			
48	ወጣቶች ብዙ ሰአት ሳይጠብቁ የስነ-ተዋልዶ ጤና			

	አገልግሎት እንደመጡ ያገኛሉ?			
49	የስነ-ተዋልዶ ጤና አገልግሎቱ ለወጣቶች የስነ-ተዋልዶ ጤና ፍላጎት የተመቻቸ በቂ የአገልግሎት ሰአት አለው?(በቂ የምርመራ ጊዜ)			
50	ለወጣት ታካሚዎችን የምክር አገልግሎቱን ለብቻው በተለየ ክፍል ይሰጣሉ?			
51	ለወጣት ታካሚዎች የምክር አገልግሎት የሚሰጥበት ክፍል ከድምፅ እና ከሰዎች እይታ የጠበቀ ነው?			
52	ለወጣት ታካሚዎች የምክር አገልግሎት የሚሰጥበት ክፍል ከሌሎች ሰዎች እይታ እና የምክክር አገልግሎቱ ለሌሎች ሰዎች የማይሰማበት ነው?			
53	የምክር አገልግሎት ክፍሉ የወጣት ታካሚዎችን ሚስጢር ይጠብቃሉ (መረጃዎች የተቆለፈባቸው እና ለሌሎች የማይጋለጡ ናቸው)?			
54	የወጣት ታካሚ ሚስጢሮችን ከሌሎች የስራ ባለደረጃዎች እንዲሁም ከወጣቱ የቅርብ ሰዎች ይጠብቃሉ (የቤተሰብ ፍቃድኝነትና የባለሙያ እርዳታ በማያስፈልግበት ጊዜ ብቻ )			
55	በግልፅ የተቀመጡ የሚስጢር መጠበቂያ ህግጋቶች አሉ?(ለምሳሌ፦ የእድሜ እና የቤተሰብ ፍቃድ የሚጠይቁ)			
56	የሚስጢር መጠበቂያ ህግጋቶች ለወጣት ታካሚዎት ተገልፀውና እና የሚስጢር አጠባበቅ መብታቸው እንዲያውቁ ተደርጓል?			
57	ወጣቶቹ በማእከሉ የሚያገኙት አገልግሎት ሚስጢራዊ ነው ብለው ያስባሉ?			
58	የስነ-ተዋልዶ ጤና አገልግሎቶችን ያለ መድልክ፣ በአሳቢነት እና በረጅነት ይሰጣሉ?			
ለጥያቄ ቁጥር 58 መልሶ አዎ ከሆነ እባክን እንዴት ያለ-መድልክ፣ በአሳቢነት እና በረጅነት እንደሚሰጡ በዝርዝር ያስቀምጡ				
<b>6.</b>	<b>7. የወጣቶች የስነ-ተዋልዶ ጤና የጤና፣ የማህበራዊ እና የስነ-ልቦና አገልግሎት</b>			
59	ለወጣቶች የስነ-ተዋልዶ ምርመራ ለብቻው በተለየ የምርመራ ክፍል ይሰጣሉ?			
60	ለወጣት ታካሚዎች የምርመራ አገልግሎት የሚሰጥበት ክፍል ከድምፅ እና ከሰዎች እይታ የራቀ ነው?			
61	በወጣት ማእከሉ በቂ የሆነ የስነ ተዋልዶ ጤና መተባበያ መሳሪያዎች አሉ?(የሴት ኮንዶም፣ የወንድ ኮንዶም፣ በአፍ የሚወሰዱ የወሊድ መቆጣጠሪያ ፣ ድንገተኛ የወሊድ ወቆጣጠሪያ)			
62	የስነ-ተዋልዶ ጤና አገልግሎቶች በወጣት ማእከሉ ይሰጣሉ?(የማስወርድ፣ የ ኤች ኤይ ቪ እና የምክር አገልግሎት እና የምርመራ አገልግሎት፣ የእርግዝና ምርመራ)			

	በቂ የሆነ የላባቶሪ እና የላብራቶሪ እቃዎች በወጣት ማእከሉ ውስጥ ይገኛሉ?			
63	በምትሰጧቸው አገልግሎቶች ላይ ከወጣቶች ቅሬታ እና አስያየት ይቀበላሉ?			
ለጥያቄ ቁጥር 63 መልሶ አዎ ከሆነ አስተያየት የሚቀበሉባቸውን መንገዶች ያስቀምጡ				
ለጥያቄ ቁጥር 63 መልሶ አዎ ከሆነ የሚቀበሉባቸው አስተያየቶች ምን ምን ናቸው				
<b>8.</b>	<b>9. የሪፈራል አገልግሎት</b>			
64	በወጣቶች የስነ-ተዋልዶ ጤና ላይ የሪፈራል አገልግሎት ላይ በቂ የሆነ ስልጠና ወስደዋል?			
65	ወጣት ማእከሉ በወጣት ማእከሉ ውስጥ የማይሰጡ ሌሎች የስነ-ተዋልዶ ጤና አገልግሎቶችን የሚሰጡ ድርጅቶች መረጃ አለው?			
66	ወጣት ማእከሉ ወደ ሌሎች የስነ-ተዋልዶ ጤና አገልግሎቶችን የሚሰጡ ድርጅቶች እና ወደ ማእከሉ የሪፈራል እና የመልሶ ሪፈራል አሰራር አለው?			
67	ወጣት ማእከሉ የሪፈራል ወረቀቶች እና ሌሎች የሪፈራል መሳሪያዎች አሉት?			
68	ወጣት ማእከሉ የሪፈራል እና የመልሶ ሪፈራል አሰራር ከሌሎች ድርጅቶች ጋር አለው? (ወጣት ማእከላት፣ ትምህርት ቤቶች፣ የጤና ኤክስትራኒን ወራተኞች፣ ወዘተ )			
69	ወጣት ማእከሉ በክፍለ ከተማው ከሌሎች የስነ-ተዋልዶ አገልግሎት ሰጪዎች ጋር የአብሮ የመስራት ግንኙነት አለው?			
70	ወጣት ማእከሉ ከሌሎች ድርጅቶች ጋር(ወጣት ማእከላት፣ ትምህርት ቤቶች፣ የጤና ኤክስትራኒን ወራተኞች፣ ወዘተ ) የሚገናኘው የመልሶ ሪፈራል አሰራር አለው?			
70	ከሌሎች የስነ-ተዋልዶ አገልግሎት ሰጪዎች የአብሮነት የመስራት ውይይቶችን ያደርጋል?			

**ANNEX III: Observation Checklist for Sexual Reproductive Health Service in Youth Centers**

No.	Observation	Available		Remark
		Yes	No	
<b>General information on youth sexual reproductive health in youth centers</b>				
1	Availability of doorways/ramp for clients with physical disability			
2	Availability of ramp to SRH department / SR corner			
<b>Information dissemination of youth reproductive health</b>				
3	Sign post on the types of sexual reproductive health services provided			
4	Sign post on the working days and hours			
5	The sign post is in good condition and is displayed in a prominent location			
6	Availability of printed IEC materials			
7	Availability of Audio and Visual materials			
<b>The bio-medical and psycho-social aspects of youth reproductive health service</b>				
8	Availability of waiting rooms / space			
9	Attractiveness of waiting room with (e.g. appealing decoration, displays, music			

	etc.)?			
10	Separate consultation room for auditory privacy			
11	Separate consultation room for visual privacy			
12	Availability of consent note forms			
13	Separate examination room for auditory privacy			
14	Separate examination room for visual privacy			
15	The possibility of hearing the conversations between the health care provider and client			
16	Availability of laboratory equipment's and kits			
17	Separate room for testing (laboratory)			
18	Availability of drugs, supplies			
19	Available case recording formats			
20	Availability of comment boxes to receive client opinions			
	<b>Referral linkage</b>			
20	Available referral formats and templets			
21	Available forms or regular visitation/follow up cards			

**Annex IV:****Informed Consent**

My name is Selamawit Imiru. I am a Masters student at school of social work, Addis Ababa University. I am doing a research to fulfill my masters' study on social work on the role of youth center sexual reproductive health services for positive youth development. I would like to ask your consent to participate voluntarily in this study. My objective here is to identify the contribution of youth center sexual reproductive health services for positive youth development and their challenges and opportunities of these services.

During the process of this study, I would like to assure you that for the information that you provide me here including your identity will not be disclosed to anyone. Your participation will contribute to the success of my academic qualification.

Apart from the participation that you will undergo in this study you will are not going to receive any thing that will threatens your identity or services your receive at the youth center. You have the right to answer the entire question, skip or withdraw at any time if you are not interested to continue. You can ask for clarification for the questions you did not understand.

Thank you for your agreement to participate in the study. I would like you to verify your agreement by signing on the space available below.

Signature \_\_\_\_\_