ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

COMPARATIVE STUDY ON THE UTILIZATION OF REPRODUCTIVE HEALTH SERVICES AND FACTORS AFFECTING IT AMONG STUDENTS WITH AND WITHOUT DISABILITIES IN PUBLIC UNIVERSITIES IN ADDIS ABABA, ETHIOPIA

BY

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Comparative study on the utilization of reproductive health services and factors affecting it among students with and without disabilities in public Universities in Addis Ababa, Ethiopia

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ABBREVIATIONS

AAU: - Addis Ababa University

AYSRH: - Adolescent and Youth Sexual and Reproductive Health

HCP: - Health Care Provider

HFs: - Health Facilities

KMU: - Kotebe Metropolitan University

PWD: - People With Disabilities

RH: - Reproductive Health

RHS: - Reproductive Health Services

SRH: - Sexual and Reproductive Health

SRHS: - Sexual and Reproductive Health Services

STIs: - Sexually Transmitted Infections

SWD: - students with disabilities

S without D: - students without disabilities

VCT: - Voluntary Counseling and Testing

WHO: - World Health Organization

YPWD: - Young People with Disabilities

ABSTRACT

Background: Reproductive health services (RHS) and health education are fundamental human rights. However, utilization of reproductive health services among adolescents and youth is low. Particularly, people with disabilities have lower knowledge on reproductive health related issues and service utilization.

Objective: The objective of this study is to compare reproductive health service utilization and assess factors affecting it among students with and without disabilities in public Universities in Addis Ababa, Ethiopia.

Method: Institution based comparative cross sectional study was carried out in two public higher learning institutions in Addis Ababa from September 2016 to June 2017. Multi stage sampling was used to select a total of 548 respondents. The data analysis was done using STATA version 14 software. Odds ratio, 95% CI in conditional logistic regression was used to identify associated factors with RHS utilization.

Result: The RHS utilization among students with and without disabilities were 40.52% & 69.1% respectively. RHS accessibility and awareness were the main reasons for not utilizing RHS among students with disabilities whereas religious and cultural barriers were reasons for students without disabilities. Those students without disabilities were (AOR=3.11: 1.86, 5.19) times more likely to utilize RHS than those students with disabilities. For students with disabilities those who knew RHS providing facilities [AOR=4.9: 1.47, 16.2], who ever had sex [AOR=30.1: 9.6, 94.4], who ever had discussed RH issues with any one [AOR=3.59: 1.6, 7.9], who were exposed to any type of mass media in the last 12 months [AOR=2.9: 1.03, 8.1] and who had a nearby health facility as other health facilities [AOR=4.36: 1.01, 18.7] were more likely to utilize RHS. For students without disabilities those students who were in the age group of 25 and above were [AOR=5.01: 1.19, 21.2] times and those students who had ever had a girl\boyfriend were [AOR=6.65: 3.2, 13.2] times more likely to utilize RHS than those who were in the age group 15-19 years and those who had never had a girl\boyfriend respectively.

Conclusion and recommendation: reproductive health service utilization among students with disabilities is low compared with those students without disabilities. Awareness on RHS provision facilities, ever having sex, discussion on RH issues, mass media exposure in the past 12 months, availability of other HFs than University clinic were found to be significantly associated with RHS use among students with disabilities while age and having a boy/girl friend were the predictors of RHS use among students without disabilities. All stakeholders on RH working with people with disabilities should focus on awareness creation through mass media, discussion and training to increase the RHS utilization level.

1. INTRODUCTION

1.1. Background

The term reproductive health addresses the reproductive processes, functions and system at all stage of life (1, 2). Reproductive health service covers wide range of activities focusing on the areas of maternal health services (antenatal care, delivery, postnatal care, safe abortion care and management of complicated abortion), family planning services, HIV/AIDS services and other reproductive health services like reproductive system cancer diagnosis and management, Sexually transmitted infections (STIs) other than HIV/AIDS services and sexual health programs (3, 4).Reproductive health also focuses on the life cycle approach from infancy to old age for both sexes (2, 3). The international conference on population and development held in Cairo set to promote the right of adolescent and youth sexual and reproductive health information and service (5). Because of socio cultural reasons and access limitation, utilization of these reproductive health services among young people are low which could later led to adverse sexual and reproductive health outcomes (6).

Disability is a broad term and has a multi-dimensional views. The World Health Organization (WHO) has concisely defined disability as "it is the umbrella term for any or all of an impairment of body structure or function, a limitation in activities, or a restriction in participation" showing the interaction between individuals health condition and environmental or personal factors (7, 8).

Globally over 1 billion people experience disabilities due to mental, physical or sensory impairment which accounts 15% of the world's population and approximately 80% of world's people with disabilities lives in developing countries where often basic health care service is limited for all citizens (6, 9).

To attain the highest standard of health care without any discrimination between people with disabilities and with-out disabilities the general assembly of the United Nations reinforced Convention on the Rights of Persons with Disabilities on 2008. According to the article 25 of this Convention "persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability..." On the same article a proclamation for the SRH services states that "Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other

persons, including in the area of sexual and reproductive health and population-based public health programs"(10).

1.2.**Statement of the problem**

Currently youth all over the world have limited access to sexual and reproductive health services yet they are at increased risk for reproductive health problems. This limited access to services could lead to unintended pregnancy, delivery related complications, high abortion rate and high STIs and HIV/AIDS incidence (11, 16).

Young people are at high risk for reproductive health (RH) problems than anyone else. Behavioral, biological, cultural and social factors are some of the reasons behind. Other than the above factors availability, accessibility and affordability of the services were also the most mentioned reasons for not using RH services among adolescents (12-14).

Young people are experiencing lack of awareness and knowledge on reproductive health issues and services according to the situational analysis done among youth in Ethiopia. Reproductive health services utilization gaps are also seen among young people those are marginalized, underserved and hard to-reach including young people with disabilities (15).

Even though People with disabilities need to have same and equal access to reproductive health programs, services and resources as everyone else, they are still found to have poor knowledge on reproductive health related issues and reproductive health services utilization was also found to be low (16-18).

System barriers like poverty, environmental situations, policies and programs, inaccessible services, equipment difficult to be used by people with disabilities and cost for the services were some of the factors that contribute to less utilization of reproductive health service (16, 19).

All of the above barriers and other personal factors may also result in poor health care seeking behavior of people with disabilities for reproductive health problems which has many serious consequence later in life(16, 19).

The number of young people enrolled in higher education institutions is increasing rapidly. There are over 500,000 students in the younger age groups enrolling at different public higher education institutes throughout the country (20). These students are part of younger population group they may have few or no knowledge on SRH and low service utilization. Students in higher institutions have an increased privacy, freedom and independency afforded by living away from their parents. They also live in a confined environment mostly away from their previous residence for the first

time with limited social and economic support from their families (21, 22). This and the above mentioned factors could result in vulnerability to risky sexual behaviors, substances abuse and adverse reproductive health outcomes like sexually transmitted infection, including HIV and unintended pregnancies (23). Neglecting this problems faced by young people could Again led to social and economic cost both at present time and in the future (24).

1.3.**Rationale of the study**

Adolescent and youth sexual and reproductive health (SRH) is one of the main dimensions of RHS. Ensure and maintain the RH needs of young people are one of the components of Ethiopian national RH strategy (25). The Ethiopian Federal Ministry of Health had implemented a national adolescent and youth RH strategy from 2007 to 2015 to address young people's access to quality RH information and services and their reproductive health and wellbeing (25). Also the health sector development program also tried to link the gaps and challenges on the availability and service utilization of RH among adolescents and youths from the third to the fourth plan (84).

Also in strengthening this strategy, the Federal Ministry of Labor and Social Affairs, in 2012, has also developed the national action plan of person with disabilities to ensure the provision of same range, quality, standard of free and affordable health care including sexual and reproductive health care as equal as other persons (26) as stipulated in article 25 of United Nations convention on the right for people with disabilities (10).

However, ministries in the country has devised such strategies and the country stands with international conventions, studies to address the reproductive health service utilization among people with disabilities are very limited in Ethiopia and those studies conducted are not sufficient enough to show the reproductive health services utilization of people with disabilities. Furthermore there is lack of evidence on the status of RHS utilization by students with disabilities as compared to students' with-out disabilities. Therefore this study tries to find out the status of reproductive health services utilization among students with disabilities and compare the level of service utilization as that of their counterparts. Also this study will add up new knowledge and will help programmers and policy makers in designing and implementing effective interventions programs and bridging the gap in services utilization by targeting and including persons with disabilities. The study will further provide more information than available for future researches.

2. LITERATURE REVIEW

2.1. Reproductive health and Adolescent reproductive health

Reproductive health is defined as" A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes"(1).

Reproductive health addresses the reproductive processes, functions and system at all stages of life. This implies that reproductive health should be looked at through a lifecycle approach from infancy to old age for both men and women (2, 3).

Reproductive health services are most likely to include services like family planning, sexually transmitted diseases prevention and management and prevention of maternal and perinatal mortality and morbidity. But far from the above mentioned services Reproductive Health Services (RHS) should also addresses issues like harmful practices, unwanted pregnancy, unsafe abortion, reproductive tract infections including sexually transmitted diseases and HIV/AIDS, gender-based violence, infertility and reproductive tract cancers. These service must be accessible and include information, education, counseling, prevention, detection and management of health problems and care (4). Accessing affordable sexual and reproductive health services and accurate health education and information are written as a fundamental human rights to everyone (27).

Even though adolescent sexual and reproductive health is one component of sexual and reproductive health service package and the AYSRH strategies has been developed, the primary focus has been given to newborn and child health and maternal health including family planning because of financial, human and infrastructure limitations (28).

Adolescent sexual and reproductive health refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and all forms of sexual violence and coercion (3).

Each young person needs a quality education, job opportunity, participation in their communities, human rights protections and access to sexual and reproductive health information and services. Adolescents are key population in achieving universal health coverage but still served less well than the other population group. Health events during adolescence may have an impact across the life course. The reproductive health lifecycle approach includes the challenges people face at different times in their lives (29). To maintain the sexual and reproductive health of a person

adequate information, accessible, affordable and effective services provision regarding the issue is need to be fulfilled (4).

Young people are also at high risk for sexual and reproductive health (SRH) problems as compared to adults because of some biological, cultural, social and behavioral reasons such as having multiple sexual partners, engaging in high risk sexual behaviors, concurrent or frequent sexual partner change, lack of information and being hesitant to talk openly and honestly. Ignorance, lack of service, lack of motivation by others and fear of parents and cost were also the mostly mentioned reasons for not using (sexual and reproductive) SRH services among adolescents (12-14).

Adolescents and youth at any level of education and other different background characteristics face almost similar challenges in accessing RH services and practice unsafe sexual activities which predisposes them to different RH risks (30).

Even though reproductive health services covers variety of activities, the particular focus of this study is on modern contraceptive use and voluntary counseling and testing for HIV/AIDS services.

2.2. Reproductive health service utilization among young people

Adolescent and youth reproductive health services refers to the physical and emotional wellbeing of adolescents and includes their ability to remain free from any RH problems. By seeing different studies RHS utilization among young people is various across countries (31). A qualitative study done on adolescents of Uganda on understanding SRH need of adolescents clearly states that adolescents have real SRH issues regarding their sex which needs to be addressed (32). But most adolescents around the world face significant challenges in obtaining services and information to protect themselves from unwanted pregnancy and sexually transmitted infections, including HIV(33).

A study done in in-school Nigerian adolescents on SRH knowledge and service utilization reported that half (50%) of the respondents had knowledge on SRH issues and 64.7% of these respondents replied that they have heard about SRHS while 51% had use these services at least once. The study conclude that SRHS utilization status among adolescents is low as compared to the knowledge about SRH. Regarding place of preference for SRH services even though government health facilities were the major preferred places others adolescents also preferred to seek SRH care from traditional health practitioners because of the cost, proximity and health workers attitude. Lack of privacy, stigma, lack of information and awareness were the barriers mentioned for utilizing

SRHS. About 82.9% of respondents had never discuss on SRH issues with their parents because of fear and cultural taboos. Regular access to communication materials like telephone, awareness of RH services and discussion of SRH issues with parents were found to be determinant factors for utilization of SRH services (34). On the similar context a study done on Kenyan and Zimbabwean adolescents on their service use and preference mentioned that not knowing where the services are provided was the major reason for not utilizing RHS (35).

Both reproductive health knowledge and service utilization was found to be low among adolescents in different studies (36, 37). A study from Medawelabu University has indicated that, sexual and reproductive health information and services utilization are significantly low among young people which might have major contribution to the occurrence of sexual and reproductive health problems (37).

A study done in Ethiopia among high school youth's on utilization of youth friendly service and associated factors reported that RH service utilization was 32%. From the respondent who did not use RHS inconvenient hour, fear of being seen by other who knows them and long waiting hour were the mostly mentioned reasons (38).

A study done in Awebel district of Amhara region shows that RHS utilization of young people is below 50% (41.2%) (39). Another study from Harar on RHS utilization of youth reveled that youths that utilized at least one of RHS were 63.8% (40). Similar study done on adolescent and youth RHS utilization in Bahir Dar town high school students also show that 32.2% of respondents utilize RHS (38).

Another study on RHS utilization and associated factors among adolescents of Gondor town revealed that 79.5% and 72.2% of the respondents utilize modern contraceptive and VCT service respectively and from those sexually active study participants 68.1% and 88.4% use FP and VCT service during their first sexual act respectively. This finding shows that RHS utilization varies on context and setting of the study. The mentioned reasons for not utilizing any of the two RHS among the respondents were embarrassment, partner or self-trust and judgmental attitude of health care providers (41).

Another study done on west Badewacho Woreda youth on their RH need and services utilization 25.8% had ever had sexual intercourse. From the study participants 76.3% of them need at least one component of SRHS whereas 29.4% of them utilize these services. Having a need to SRHS, ever heard of SRH and ever having sex were some of the factors that influence RH services

utilization. The study finally concluded that yet adolescents have an increased need for RHS the service utilization is very low (42).

Another study done on reproductive health service utilization among Medawalabu University students reported that 94.4% of respondents heard about modern contraceptive and 95.6% heard about VCT for HIV/AIDS services. From the same study ever use of modern contraceptive use was 27.7% whereas VCT service was 74.1%. The study finally concluded that 80.5% of the study participants utilize RHS indexed as modern contraceptive use, STIs diagnosis and treatment and VCT services (37).

University students fall within the sexually active and high risk group. Majority of them are in their late teens and early twenties living away from home in school compound. Because of this and other several reasons they are exposed to RH related problems that are mentioned above (43, 44).

A study conducted in five Ethiopian Universities has revealed that, 30% of students ever had sexual intercourses. The mean age at which students start sexual intercourse was 17.9 year. Of the study participants who ever had sexual intercourses, 59.4% started sex during high school. From the students ever had sex in the past 12 months, 26.6% of them had sex without using condom (45).

A study on AAU students on their reproductive health needs and service utilization reveled that even though students had a huge need for SRH, only 14.6% of them reported of using the university clinics for utilizing SRHS where as 21.7% of them reported utilizing SRHS outside the university clinics. From the general service utilizers 10.4% and 13.5% of them were for getting condom and for counseling respectively (46).

2.3.Determinants and barriers of reproductive health service utilization among young people

Socio demographic factors such as age and sex of the adolescents, living arrangements more often living with mothers, educational status especially secondary school and above, parent occupational status and income were associated with reproductive health service utilization. Other individual factors like exposure to RH problems, discussion on RH topics, type of sexual relationship, previous sexual experience and self-risk perception for RH problems are factors associated with services utilization (39, 41, 47, 48)

A study done on university students about reproductive health service utilization and factors affecting it reveled year of study, sexual intercourse history, discussion on RHS and knowledge

about the services were associated with the service utilization. Also knowing about RH services, discussion with health professionals on RH services and being sexually active were found to be determinant factors for reproductive health services utilization in the study (37).

Other than parent communication and discussion partner discussion, participating in peer to peer education programs and availability of nearby health facility which provides RH services are also reported as showing positive association with RHS utilization. However unfavorable environment of the health institution and limited knowledge about youth friendly services were some of the factors that influence the utilization of RH services by this population group (37,40, 49).

A key informant interview which was conducted among young people of South Wollo reported that limited reproductive health services knowledge and low services utilization are mainly due to not knowing what RHS components are, where it is given and how it is designed specifically for young people. The study finally concludes that low young people reproductive health service utilization is caused by the level of knowledge about the reproductive health services in general. The knowledge about reproductive health services is again dependent on adequacy of information provision and the sources of information (50). Not only the accessibility and availability of the service but also inconvenient provision hour, provider's judgment or denial and long waiting hour where mentioned as factors that could hinder reproductive health service utilization by young people (51).

A study on adolescents' views of and preference for SRHS in Burkina Faso, Ghana, Malawi and Uganda reveled that barriers in RHS utilization of adolescents are immersed in the social cultural and economic characteristics of the society they are living in. being shy or afraid and cost were some of the mentioned barriers. Whereas not knowing the services and where to obtain those services, and other service delivering environment including the service providers were the challenges faced by young people when trying to seek RHS (52).

When we came to the case of people with disabilities a report from Uganda on challenges of people with disabilities revealed that lack of knowledge about and low utilization of reproductive health services were resulted from policy implementation, institution incapability and poor advocacy strategy (53). In addition to the above factors and determinants for reproductive health services utilization among young people lack of physical accessibility, lack of information, providers attitude and lack of health providers communication skill where some other factors contributing to the limited services utilization by people with disabilities (54).

2.4. People with Disabilities and Reproductive Health services

A report from world bank and WHO in 2011 lists major factors that could limit or restrict the involvement of people with disabilities in to different systems (7). Restriction of these people from different activities may influence their health outcome, educational achievement and economic participation which later will contribute to high poverty and dependency rate among this group of population (7). Low literacy level, low income and lack of information in accessible format make it difficult for persons with disabilities in accessing reproductive health services (12, 55, 56).

Not only person with disability but also adolescents and youth in general face multiple obstacles in accessing sexual and reproductive health information. Even those who have information may be unable to access the services they need to protect their health (57).

Young people with disabilities have needs very similar to the needs of all young people (16). Adolescents and young adults with disabilities also reach puberty at the same age as their peers that are not disabled. The challenges for information and services on reproductive health are also similar for young people with disabilities (YPWD) however, disability can compound the situation (16, 58).

Most health promotion and prevention services often do not target people with disabilities in terms of communication and provision. People with disabilities also have a difficulty in accessing preventive, treatment, and interventions services (16). Because of this reason health disparities and inequality are seen in the areas of health outcomes, preventive screening programs and health promoting behaviors. For instance, women with disabilities are less involved in cancer screening programs than the women without disabilities and young people with disabilities are less likely to be included in sexuality education programs and are mostly left behind (59, 60). Other report from a systematic review done in South Africa on HIV/AIDS and disability also indicated that most adolescents with hearing and visual impairment have a wrong idea about the transmission and prevention of HIV/AIDS/STIs as compared to the same group of non-disabled adolescents (61).

Another report from urban areas of Sierra Leone also stated that people with disabilities are two times less likely to access health service including reproductive health service as compared to the non-disabled once (62).

Despite the misconception of the society, people with disability are sexually active (61). Studies from Cameroon, Kenya, Malawi and Uganda identified that about 80% (n=126) of those studied in Cameroon and 89% (n=1706) of those studied in Kenya who are people with hearing impairment, 76% (n=341) of those studied in Malawi and 80% of those studied in Uganda (n=371) who are people with disability indicated that they had had sex (63-66).

Regarding knowledge on reproductive health services about 70% of people with disabilities from Uganda reported of ever hearing about reproductive health service (RHS) and about 60% of them knew these services can be given in government health facilities. From the listed RH services components post abortion care and (voluntary counseling and testing) VCT for HIV were the least known services among people with disabilities (63).

Regarding the awareness and source of information for RHS for people with disabilities, in Uganda it was reported that radio and friends were the major sources of information (63). Another qualitative study in South Africa reported that people living with disabilities had limited awareness on RHS and the effort in doing so was also poor (67).

Another study on hearing impaired students in Nigeria reported that television and teachers were the major sources of information whereas families and health workers were the least mentioned sources (68). The general awareness state of and information source used by the respondents is highly dependent on their disability types (63).

From a study done in Uganda about 75 % of women with disabilities and 50% of men with disabilities had ever utilized RH services (63). From another Study done in Ethiopia only 26.1% of young people with disabilities reported using any of RH services which is lower from the general population of people with disabilities (18). In a similar study from Uganda a focus group discussion on reasons for not utilizing reproductive health services inconvenient health facility environment, unfriendly providers, low income, lack of awareness on reproductive health issues and lack of confidentiality were the reported reasons (63).

From a study done in Nigeria on the awareness and use of modern contraceptive methods among physically challenged in school adolescents only 38% of them reported of ever hearing about modern contraceptive methods and 34% of them ever used modern contraceptive methods. The mostly mentioned one was male condom (28%) (66). In general terms people with disabilities had the knowledge about modern contraceptives but the utilization was as low as 35% for men and 33% women respectively (63, 69).

Regarding knowledge about condom and how to use it a study done in Malawi revealed that 82.6 % of men and 80.3% of women mentioned that they knew what condom was and about 61.1% men and 47.5% women of the study participants knew how to use condom. Condom use for this group was only 27.2% (64). From the above studies the general condom knowledge and use were found to be low for people with disabilities (61,63, 66).

About STIs knowledge and services utilization, awareness about sexually transmitted infections is different across countries. In Cameroon, STIs knowledge among study participants is about 50% (61, 64). A study done on people with disabilities in Malawi shows that STIs treatment service utilization in the health facilities was 75% (66). These results show that both STIs and HIV/AIDS are still the problems of people with disabilities (PWD) in these countries but the awareness and services utilization is low (61, 66).

Study conducted in Kampala Uganda reveled that HIV testing services among men and women with disabilities were reported to be 25% and 15% respectively showing that women with disabilities were facing more challenges in utilizing SRH services as compared to men with disabilities (63).

A similar study done on the determinants of utilization of VCT (voluntary counseling and testing) services for HIV among people with disabilities in Ethiopia majority (84.5%) of the participants knew about VCT service but HIV testing prevalence was reported as 53.2% (70). On another study done on knowledge, attitude and practices for sexual and reproductive health among young people with disabilities again shows that majority of them know about VCT services however only 56.1% of them had ever utilized it (18).

Study done on HIV risk perception among deaf youth in Kenya, there is a difference on perception of risk. About 33% of participants perceived that deaf youths are less likely to acquire HIV in general and as compared to the hearing peers (71). From another study on attitude and practices of YPWD regarding sexual and reproductive health issues perception on acquiring HIV was reported as low. For those who perceived themselves as an increased risk sex without condom, multiple sexual partner and sexual contact with commercial sex workers were the stated reasons (18).

Regarding the practices of parent and youth communication and discussion on SRH topics only 22.1% of young people with disabilities had discussion with their parents. More than half (55.2%) of the participants reported that the preferred to discuss SRH topics with their friend other than health professionals or partner (18).

A study conducted in Ethiopia on knowledge, attitude and practices towards sexual and reproductive health status among young people with disability identified that almost half (49.8%) of the respondents have perceived that YPWD had no information about sexual and reproductive health services. Regarding access to SRH service about 52.1% of the respondents in the same study perceived that these services are inaccessible for PWD due to uncomfortable environment, provider's judgment, parent's disproval and lack of information on the existence of the services (18).

2.5. Barriers and Misconception for Reproductive Health services utilization among people with disabilities

Social discrimination and isolation of people with disabilities is highly associated with a wrong assumption that people with disabilities are considered to be not sexually active, less interested in sexual activities and unable to participate or to take part in relationships equally like the non-disabled once by the community and even more by healthcare professionals (16). For the people with disabilities RH information, education and support are not readily available that are appropriate to their disability type. A study from Ghana on reproductive health information and service barriers among deaf people communication, attitude, ignorance, time constraint for counseling, privacy and interpretation skill of the provider were reported by the participants (72). In addition to the social factors, psychological and other individual socio demographic factors like educational status are the other challenge faced by people with disabilities (19). Furthermore the above indicated challenges are more experienced by young women with disabilities compared to young men with disabilities (54).

In general the barriers and challenges that people with disabilities faced are due to societal lack of support, understanding and attention which may result in poor health care seeking behavior of people with disabilities for sexual and reproductive health problems (16, 19, 73).Service availability, accessibility, affordability, acceptability and accommodation in relation to material and equipment are the main and summarized barriers experienced by people with disabilities(74).

Though there are many studies done on reproductive health services utilization among adolescents and youth, studies on reproductive health service utilization among people with disabilities are relatively few. As other studies suggest disparities exist between reproductive health services utilization of people with disabilities and with-out disabilities. Therefore this study was undertaken

to identify the existing disparity between these groups and tries to fill the knowledge gap on reproductive health services utilization by comparing students with and with-out disabilities on RH services utilization.

2.6.Conceptual framework

The conceptual framework is adopted and modified from Family planning and reproductive health service evaluation framework which is developed by United States Agency for International Development (USAID) and President's Emergency Plan for AIDS Relief (PEPFAR). The independent variables that influences reproductive health services utilization are categorize in to three groups as socio-demographic and socio-economic factors, individual factors and service delivering environment factors. The socio-demographic and socio economic variables and the individual factors/attributes are the demand factors, whereas the other group of variables indexed by service delivering environment is the supply factor. The contextual environment is a system factor that is considered to be the underling factor for utilizing reproductive health services. For this particular study the dependent variable reproductive health services utilization implies the ever use of modern contraceptive and voluntary counseling and testing for HIV/AIDS prior to the study period.

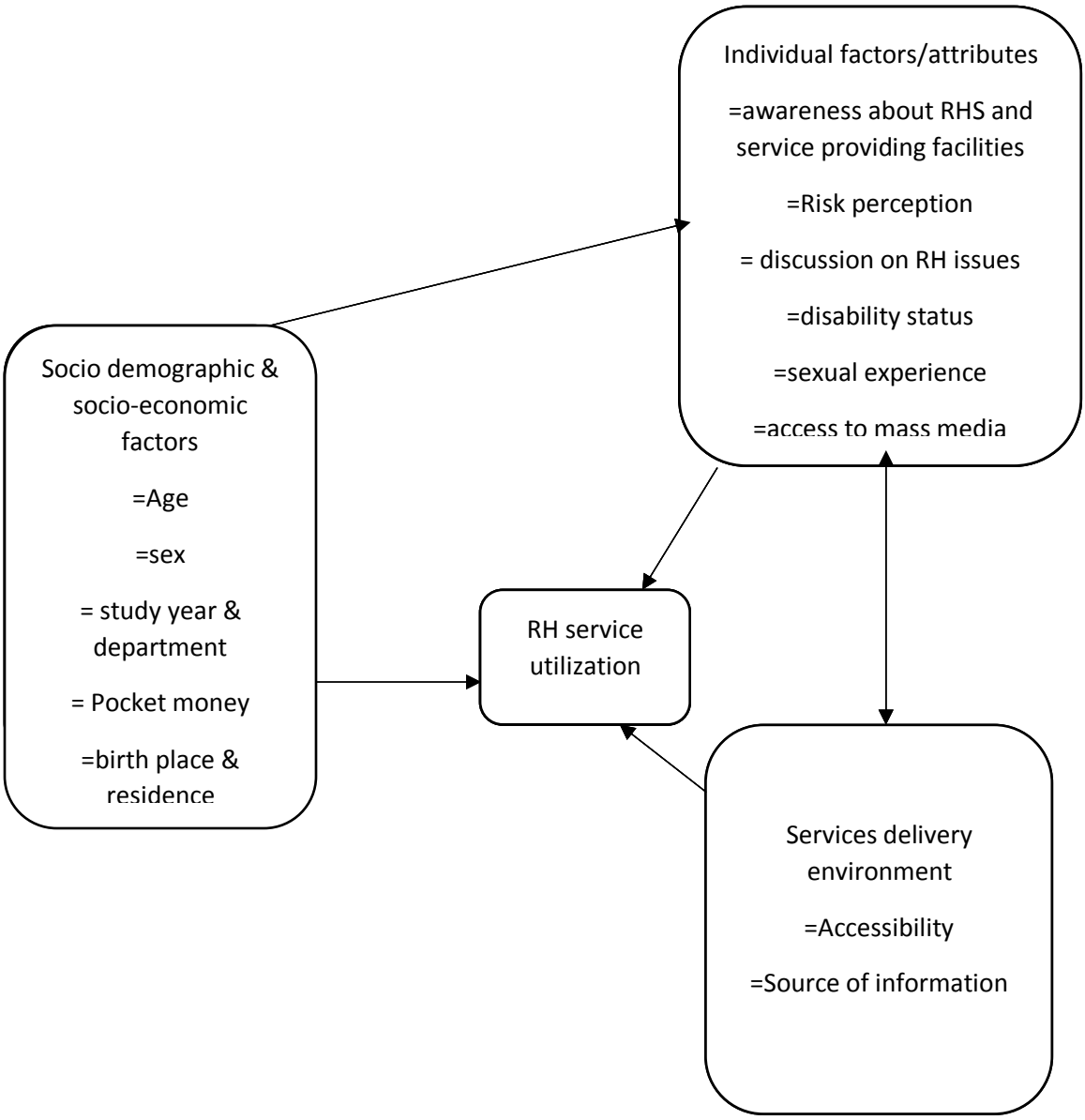


Figure 1: source: Conceptual framework for reproductive health services utilization in the two higher public institutions in Addis Ababa 2017: (adapted from Family planning and RHS evaluation framework USAID and PEPFAR)

3. OBJECTIVES

3.1.General objective

To compare reproductive health service utilization and assess factors affecting it among students with and without disabilities in public Universities in Addis Ababa, Ethiopia.

3.2.Specific objectives

- To compare the level of reproductive health service utilization among students with and without disabilities in AAU and KMU in Addis Ababa, Ethiopia.

- To identify factors associated with the utilization of reproductive health services among students with and without disabilities in AAU and KMU in Addis Ababa, Ethiopia.

4. METHODS

4.1. Study area

Addis Ababa University and Kotebe Metropolitan University are the two public higher learning institutions in Addis Ababa city purposely selected to do the study. Addis Ababa University (AAU) is a state university in Addis Ababa, the capital of Ethiopia which was established in 1950. The university is the oldest and the largest higher learning and research institution in the country. Since its inception, the University has been the leading center in teaching-learning, research and community services (75). In its 14 campuses, the University runs 70 undergraduate and 293 graduate programs. Kotebe Metropolitan University Previously known as Kotebe College of Teachers Education was established in 1969 serving as a teacher training institute. It currently trains teachers for the pre-primary, primary, junior and secondary schools. (76).

Within each campus compound there are university clinics that helps students with medical care and had a referral link to other government facilities. The institutions also accepts both students with and with-out disabilities on each academic year (75, 76). In both campuses students with various impairments like hearing impairment, visual impairment, physical impairment and disabilities like deaf and blindness are provided with different services and opportunities that could help them to develop specific skills and competencies like ICT services, training, assisting materials for the specific disability types and pocket money (77).

4.2. Study design and study period

Institution based comparative cross-sectional study was carried out using quantitative method from September 2016 to June 2017. Institution used were two public universities found in Addis Ababa. The study employed a matched comparative study. Students with and without disabilities were matched by sex, discipline of study (department) and study year (batch).

4.3. population

4.3.1 Source population

All students attending their education at AAU and KMU were the source population.

4.3.2 Study population

All regular undergraduate students of AAU and KMU in 2017 were the study population.

4.4. **Inclusion and exclusion criteria**

4.4.1. Inclusion criteria

Regular students (both with and with-out-disabilities) who are currently attending under-graduate program in the academic year of 2017.

4.4.2. Exclusion criteria

Students who are critically ill during the study period.

Students who are on field practices or apparent-ship during the study period

4.5. **Sample size determination and sampling procedure**

4.5.1. Sample size determination

Double population proportion formula was used to calculate the number of students with and with-out disabilities in the two public higher learning institutions. Below are the lists of assumptions and formula considered to calculate the sample size:-

$$n_1 = \frac{\left[Z_{\alpha/2} \sqrt{(1+1/r)\, p\,(1-p)} + Z_{\beta} \sqrt{p1\,(1-p_1) + \frac{p_2\,(1-p_2)}{r}} \right]^2}{(p2-p1)^2}$$

Assumptions:-

95% confidence interval (Z a/2= 1.96)

80% power (Z_B=0.84)

r=n1/n_2=1:1 n_1=n_2 N= total sample size

n_1= sample size for students with disabilities

n_2= sample size for students without disabilities

P (population proportion) $= \frac{P_1 + rP_2}{1+r}$

P_1= prevalence of RHS utilization for young people with disabilities= 26.1% (18)

P_2= prevalence of RHS utilization for young people without disabilities= 41.2% (39)

(p_1 - p_2)= variable difference between students with and with-out disabilities

Considering design effect of 1.5 and 10% non-response rate

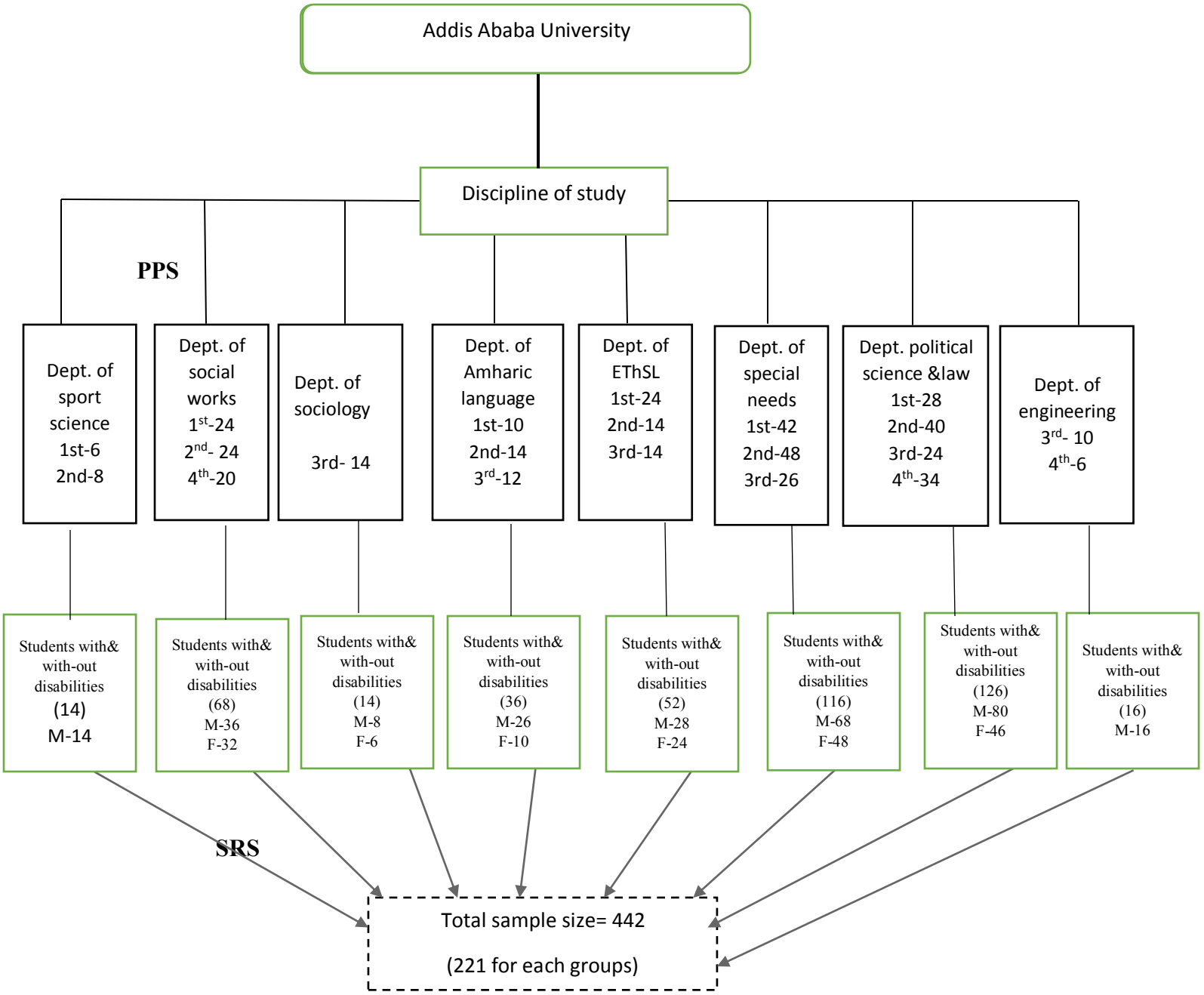
Sample size: n_1=n2=166 n_1=166*2=332

N=332*1.5=498*10% non-response rate N=548 (n_1=274 and n_2=274)

4.5.2. Sampling technique

The two higher public universities namely Addis Ababa University and KMU were selected using purposive sampling. The purposely selected learning institutions are in fact known institutions in enrolling students with disabilities in each academic year. Obtaining list of students with disabilities in each college of study is difficult since registration was online and student's disability status is mostly unfilled. According to the special need support offices report there are 290 students (110 hearing impairment, 120 visual impairment and 60 physical disability) with disabilities in AAU whereas 70 students (21 hearing impairment, 45 visual impairment and 4 physical disability) with disabilities in KMU were registered in the academic year of 2016/17. For the purpose of sampling, lists of students with disabilities with their respective departments, year of study and sex was obtained from the special need support offices in each institutions. The calculated sample was proportionally allocated using probability proportional to size sampling to each institution. This study also used a multi stage sampling procedure to reach to the study subjects. First those department in AAU that include students with disabilities were sorted out and departments with <5 students were not included. In case of KMU those departments including students with disabilities were all included. From the total student number in each department the sample size was allocated proportionally. Then study participants were selected using simple random sampling. Then again an equal number of students' with-out disabilities was drawn from similar department using simple random sampling for the sake of comparison. Since the students with disabilities are distributed across many faculties and institutions, the sample for students' with-out disabilities also considered from all those faculties and institutions. Also the sampling process considered the same year of study (batch) and sex as that of the students with disabilities for the selection of students' with-out disabilities once in order to make the study a matched comparative.

Purposive sampling



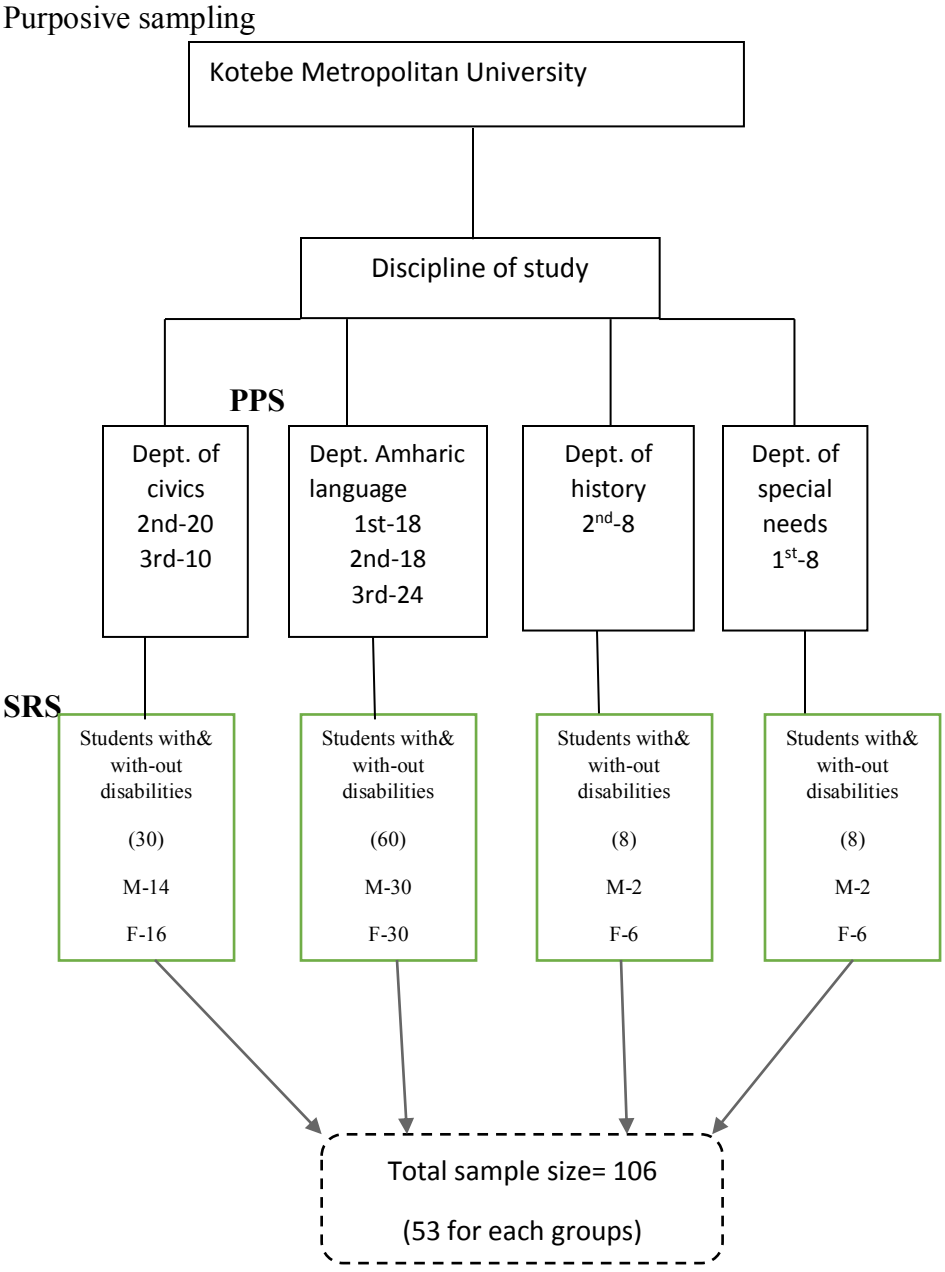


Figure 2: Schematic presentation of the sampling procedure in the two public higher learning institutions in Addis Ababa, Ethiopia.

4.6. **Variables**

4.6.1. Dependent variable

Reproductive health services utilization is the dependent variable. This study focuses on reproductive health services particularly on ever use of modern contraceptive or voluntary counseling and testing for HIV/AIDS. Since the number of female students with disabilities are few in the institutions, this study did not consider abortion service as one of the study's dependent variable and because study participants need to have at least one symptoms of STIs this study also did not consider STIs diagnosis and treatment services utilization.

4.6.2. Independent variables

- Socio-demographic characteristics (birth place, current residence, age, religion, pocket money, parent education)
- Awareness on reproductive health services and sources of information
- facility related factors (nearby health facility)
- personal experiences (sexual experience)
- discussion on reproductive health issues
- perceived Risk perception and mass media exposure

4.7. **Data collection tools and procedures**

Structured questionnaire was adapted from the core WHO questionnaire designed by John Cleland (78) and from different literature reviews (66, 79). The questionnaire contain questions on socio-demographic variables, awareness about reproductive health services, personal experience, utilization of reproductive health service and factors affecting utilization including access and disability related questions. The English version of the questionnaire was translated in Amharic prior to the data collection period. The data was collected using the Amharic version of the questionnaire. The questionnaire was pre-tested prior to the actual data collection on the similar population but outside of the study area on other public higher institution (Ethiopian Civil Service University) to adjust some unclear question to the respondents. A total of ten facilitators from college staffs members with educational level of 12^{+2} were selected to assist the data collection process. Eight readers (4 males and 4 females) two for KMU and 6 for AAU collected data from study participants with visually impairment only for reading purpose. Two sign language interpreters (one for each campus) facilitate the data collection process from students with hearing

impairment and from students without disabilities. A one day training was given to the facilitators. Other than students with visual impairment for the rest of the study participants, self-administered questionnaire was used.

4.8. **Operational definitions**

Awareness on reproductive health services: Ever heard/know of at least four of reproductive health services listed prior to the study period.

Discussion on RH issues: students who ever discussed/have a talk on at least one of RH related topics (Condom, VCT for HIV, STI/HIV/AIDS, unwanted pregnancy, Contraception, abortion) with health care provider/ peer/parents or sexual partner.

Current use: use of those services mentioned (i.e. modern contraceptive or VCT service) at the time of the study.

Modern contraceptive use: students who ever used any of modern methods contraceptives.

Media exposure on RH issues: - students who are exposed to mass media (including radio, television, magazine/newspaper/pamphlet and internet) on at least one RH issues (Condom, STI/HIV/AIDS, Abstinence, unwanted pregnancy, Contraception, abortion) in the past 12 months.

Barriers: - Anything that prevents the students from fully participating in RH service utilization.

Public higher learning institutions: - refer to the two public universities, namely Addis Ababa University and Kotebe College of Teachers Education for this particular study.

RH services: -refer to modern contraceptive use and voluntary counseling and testing for HIV/AIDS for this particular study.

RH service utilization: students who ever sought or received at least one of the RH services that the study focused on i.e. modern contraceptive service or VCT service.

Perceived risk: - students' perceiving themselves as susceptible to STIs/HIV/AIDS infection based on their practices or behavior.

Students with disability: those students who have impairment which interaction with various barriers may hinder their full and effective participation in the society on an equal bases with others (including visual impairment, hearing impairment and physical disability).

Sexual and reproductive health related topics: -in this study this includes HIV/AIDS/STI, unwanted pregnancy and abortion, sexual organs and sexual intercourse, contraceptive methods and menstruation.

VCT service utilization: students who ever received HIV counseling and testing service.

4.9. **Data quality control**

The data collection tool was adopted and pretested on 5% of the sample size. Prior to the data collection a one day training to the facilitators was given. The data was checked for completeness, clarity, and consistency by the supervisors and the investigator on regular basis.

4.10. **Data Analysis**

Data was coded and then entered into the computer using the data entry template prepared on EPI data version 3.1 software. Then the data was exported to STATA version 14 software program for cleaning and analysis. The data was cleaned by running frequency distribution for each of the main variables considered in the data. Then distribution of RH service utilization by the two groups of respondents considered in this study were displayed using Tables. The overall magnitude of RH service utilization was shown using bar graph. Moreover an attempt was made to show other RH service types that have been utilized by both students with and without disabilities.

A composite variable was computed to reveal overall RH service utilization from the RH services included in the data. The overall association of the different independent variables with RH service utilization was assessed using OR and Confidence interval. The main independent variable in this study is disability status.

A conditional binary logistic regression was used to see whether disability status influences RH service utilization among the two public higher learning institution students after controlling other background characteristics of students. Those variables having X^2 <0.05 during cross tabulation were entered to the conditional logistic model. The same model was also used to identify other factors associated with the utilization of reproductive health services. Odds ratio along with their 95% confidence interval was used to measure the strength, direction and significance of association between the different independent variables and RH service utilization. The level of significance was decided when $p < 0.05$. The multiple conditional logistic regression model was used to control potential confounding variables.

4.11. **Ethical consideration**

The proposal was reviewed by ethical review committee of School of Public Health in Addis Ababa University and ethical clearance was secured. To secure permission of access to the institutions, letter of cooperation was given to the universities. The purpose, benefit and the possible harm of the study was explained to the respective institutions and respondents before starting the data collection. The possible harm of this study on study participants might be the fact that the data collection might have consumed valuable times of the students in their busy schedules. The purpose of the study was briefed to students. Students were clearly told that they may decide not to participate in this study or decline from answering certain questions if they are not comfortable with them. They were informed that participation in this study will help the students in the institution, the institution itself and its partners to design an appropriate RH strategy and evaluate its current practice among students' of the selected institution. This will in fact help to improve reproductive health service provision for students. Participants were informed that participating in this study is purely voluntary and from each selected participant consent was taken to confirm their willingness. Verbal consent was read for visually impaired participants and sign language interpreters interpreted the consent form for the hearing impaired students. Respondents were affirmed that they are free to withdraw their consent and to discontinue participation in the study if they want to do so. It was also explained that the information received from them will be only used for the purposes of the study. Names and other identifying characteristics of respondents was not written on the questionnaire and not been used during report write-up as well. The information collected was kept confidential and no one except the research team members have access to the raw data.

4.12. **Dissemination of results**

After approval from Addis Ababa University, the report of the findings of the study will be given to AAU and KMU special needs support offices. Similarly copies of the research report will also be submitted to Addis Ababa University, Collage of Health Sciences and School of Public Health, and to other concerned organizations. Further effort will be made to publish in international scientific journal and present main findings in the international and national scientific conferences.

5. RESULT

4.1. **socio-demographic characteristics**

A total of 540 with response rate 98.5% students were participated in this study. There was 270 respondents from each group of students with disabilities and without disabilities. Those students who are visually impaired are 171 (63.33%) while those with hearing impairment are 93 (34.4%) and with physical impairment accounted for 6 (2.22%) among study participant students with disabilities. Out of 540 respondents, 324 (60.0%) were males and 216 (40%) were females. 253 (93.70%) of the students with disabilities are currently reside in side the university and 156 (57.78%) of them came from places other than Addis Ababa. And from students with-out disabilities 252 (93.33%) reside inside the university and 210 (77.78%) came from other regions than Addis Ababa. Majority of the respondents 361 (66.85%) were in the age group of 20-24 years with the mean age of 22.5 (± 2.6 SD) years. About 161 (59.63%) students with disabilities and 200 (74.07%) without disabilities are at the age group of 20-24 years. Moreover 259 (95.93%) students with disabilities and 255 (94.44%) students without disabilities were single. Meanwhile 337 (62.4%) of the respondents were followers of Orthodox Christianity. Orthodox Christianity followers from students with disabilities were 161 (59.63%) and from students without disabilities they were 176 (65.19%). 103 (38.15%) of students with disabilities and 114 (42.22%) of students without disabilities belong in Amhara ethnic group. For their monthly expense 243 (90.0%) students with disabilities and 247 (91.48%) students without disabilities have pocket money.

Table 1: socio-demographic characteristics of students in two public higher learning institutions in Addis Ababa 2017

		Students With Disabilities	Students Without Disabilities	X^2 (p-value)
Background characteristics		Frequency n (%)	Frequency n (%)	
Sex of the respondent:	Male	162 (60.0)	162 (60.0)	1.00
	Female	108 (40.0)	108 (40.0)	
	Total	270 (100.0)	270 (100.0)	
Form of disability:	Hearing impairment	93 (34.44)		-
	Visual impairment	171 (63.33)	-	
	Physical impairment	6 (2.22)		
	Total	270 (100)		
Current residence:	Inside University	253 (93.70)	252 (93.33)	0.861
	Outside University	17 (6.67)	18 (6.30)	
	Total	270 (100.0)	270 (100.0)	
Birth place:	From A.A	114 (42.22)	60 (22.22)	<0.001
	Out of A.A	156 (57.78)	210 (77.78)	
	total	270 (100.0)	270 (100.0)	
Age (in years):	15-19yrs	17 (6.30)	33 (12.22)	<0.001
	20-24yrs	161 (59.63)	200 (74.07)	
	25 and above yrs.	92 (3.04)	37 (13.7)	
	Total	270 (100.0)	270 (100.0)	
Religion:	Orthodox	161(59.63)	176 (65.19)	0.245
	Muslim	37 (13.70)	38 (14.07)	
	Protestant	48 (17.78)	43 (15.93)	
	*Others	24 (8.89)	13 (4.81)	
	total	270 (100.0)	270 (100.0)	
Ethnicity:	Oromo	86 (31.85)	56 (20.74)	<0.05
	Amhara	103 (38.15)	114 (42.22)	
	Tigray	20 (7.41)	25 (9.26)	
	Guraghe	22 (8.15)	20 (7.41)	
	**Others	39 (14.44)	55 (20.37)	
	Total	270 (100.0)	270 (100.0)	
Marital status:	Single	259 (95.93)	255 (94.44)	0.421
	Married	11 (4.07)	15 (5.56)	
	total	270 (100.0)	270 (100.0)	
Year of study:	1st year	83 (30.74)	83 (30.74)	1.00
	2nd year	93 (34.44)	93 (34.44)	
	3rd year	65 (24.07)	65 (24.07)	
	4th year and above	29 (10.74)	29 (10.74)	
	total	270 (100.0)	270 (100.0)	
Pocket money per month:	Yes	243 (90.00)	247 (91.48)	0.553
	No	27 (10.00)	23 (8.52)	
	Total	270 (100.0)	270 (100.0)	

*other=catholic Adventist, wakefeta, Jehova **other=welayta, sidama, hadya, kembata

4.2. **Awareness on RHS and related issues**

The level of awareness on Reproductive health services (RHS) varies by disability status of the two public higher learning institution in Addis Ababa. Respondents who had ever heard at least four of the listed RHS among students with disabilities accounts for 149 (55.19%) while the level of awareness was 210 (77.78%) among students without disabilities. From those respondents who knew any health facility that provide RHS, students with disabilities accounts213 (78.89%) and students without disabilities account for 235 (87.69%). From those who know facility for RHS 333 (74.33%) mentioned gov't facilities in providing RH services. Those students with disabilities who mentioned gov't facilities as RHS provider were 169 (79.34%) and those students without disabilities were 164 (69.79%).

Table 2: Respondents awareness on RHS in two public higher learning institutions in Addis Ababa, 2017

Variables		Students With Disabilities	Students Without Disabilities	
Awareness & Source of information		Frequency n (%)	Frequency n (%)	X2(P-value)
Ever heard of RHS:	Yes	149 (55.2)	210 (77.8)	<0.001
	No	121(44.81)	60 (22.22)	
	Total	270 (44.81)	270 (100.0)	
Know health facility:	Yes	213 (78.89)	235 (87.69)	<0.001
	No	57 (21.11)	33 (12.31)	
	Total	270 (100.0)	268 (100.0)	
Source of information:				
	Mass media	80 (30.08)	106 (39.41)	<0.001
	Institutions	68 (25.56)	78 (29.00)	
	Other individuals	118 (44.36)	85 (31.60)	

The most mentioned source of information for students with disabilities were other individuals 118 (44.4%) and for students without disabilities the most mentioned source of information was mass media 106 (39.4%).

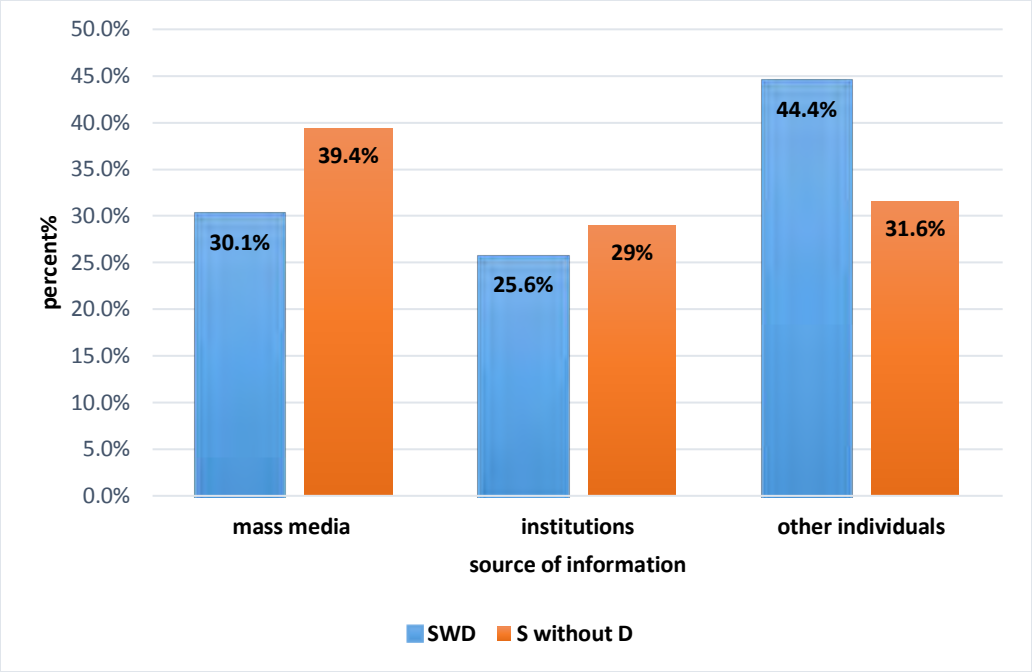


Figure 3: source of information for RHS among students with and without disabilities

4.3. **Personal experience of the respondents related to RH**

Out of the total 540 respondents 279 (51.67%) of them ever had boy/girlfriend. Students with disabilities who ever had boy\girl friend were 138 (51.11%) and 141 (52.22%) of students without disabilities had had a boy\girlfriend. 77 (28.52%) students with disabilities and 114 (42.22%) students without disabilities ever had sexual intercourse. Mean age at first sex for both group was 19.5 (±2.3). The mean age at first sex among students with disabilities was 20.08 (±2.55) whereas the mean age at first sex for students without disabilities was 19.07 (±20.3). And from those who ever had sex 36 (46.75%) students with disabilities and 44 (37.61%) of students without disabilities had used condom during their first sexual intercourse. Those students with disabilities who ever had discussed were 134 (49.63%) and students without disabilities who had ever discussed RH issues were 175 (65.54%). The media exposure for students with disabilities in the last 12 months were 192 (71.11%) and those students without disabilities who were exposed to mass media in the last 12 months were 224 (83.90%). Those students with disabilities who perceived themselves as a risk of having HIV\STIs were 22 (8.15%) and students without disabilities perceived themselves as a risk of having HIV\STIs were 15 (5.6%).

Table 3: Distribution of students with and without disabilities in two higher learning institutions of Addis Ababa by personal characteristics related to RH service utilization, 2017

Variables		Students With Disabilities	Students Without Disabilities	
Personal characteristics to reproductive health		Frequency n (%)	Frequency n (%)	X^2(P-value)
Ever had Girl/boyfriend:	Yes	138 (51.11)	141 (52.22)	0.79
	No	132 (48.89)	129 (47.78)	
	Total	270 (100.0)	270 (100.0)	
Ever had sex:	Yes	77 (28.52)	114 (42.22)	<0.01
	No	193 (71.48)	156 (57.78)	
	Total	270 (100.0)	270 (100.0)	
Age at first sex:	15-19yrs	28 (37.84)	67 (60.91)	
	20-24yrs	41 (55.41)	41 (37.27)	<0.01
	25 and above yrs.	5 (6.76)	2 (1.82)	
	Total	74 (100.00)	110 (100.00)	
Mean age at first sex		Mean=20.08 SD=+ 2.55	Mean=19.07 SD=+ 2.03	--
Condom use at first sexual intercourse:	Yes	36 (46.75)	44 (37.61)	0.2
	No	41 (53.25)	73 (62.39)	
	Total	77 (100.0)	117 (100.0)	
Ever discussed on RH issues:	Yes	134 (49.63)	175 (65.54)	<0.001
	No	136 (59.65)	92 (34.46)	
	Total	270 (100.0)	267 (100.0)	
Exposed to mass media in the past 12months:				
	Yes	192 (71.11)	224 (83.90)	<0.001
	No	78 (28.89)	43 (16.1)	
	Total	270 (100.0)	267 (100.0)	
Perceived as being at risk of STIs\HIV:	Yes	22 (8.15)	15 (5.60)	0.24
	No	248 (91.85)	253 (94.40)	
	Total	270 (100.0)	268 (100.0)	

4.4. **RH service utilization among students with disabilities and without disabilities**

The ever use of modern contraceptive methods among students with disabilities were 59 (21.93%) and 102 (37.92%) among students without disabilities. the ever use of VCT service among students with and without disabilities were 96 (35.69%) and 167 (62.08 %) respectively. The ever use STIs diagnosis and treatment among students with disabilities was 11 (4.9%) and among students without disabilities was 45 (16.73%). The ever use of RH counseling services for students with disabilities was 40 (14.87%) and for students without disabilities was 86 (31.97%). And those students with and without disabilities who ever use safe abortion service were 2 (0.74%) and 6 (2.23%) respectively.

Table 4: Ever use of RHS by students in two public higher learning institutions of Addis Ababa, 2017

Variables	Students With Disabilities		Students Without Disabilities		X^2(p-value)
	Frequency (n=270)	Percent (%)	Frequency (n=270)	Percent (%)	
Ever use of modern contraceptive					
Yes	59	21.93	102	37.92	
No	210	78.07	167	62.08	<0.001
Total	269	100.00	269	100.00	
Ever use of VCT service					
Yes	96	35.69	167	62.08	
No	173	64.31	102	37.92	<0.001
Total	269	100.00	269	100.0	
Ever use STI diagnosis & treatment service					
Yes	11	4.09	45	16.73	<0.001
No	258	95.91	224	83.27	
Total	269	100.0	269	100.0	
Ever use RH counseling service					
Yes	40	14.87	86	31.97	<0.001
No	229	85.13	183	68.03	
Total	269	100.0	269	100.0	
Ever use safe abortion service					
Yes	2	0.74	6	2.23	0.154
No	267	99.26	263	97.77	
Total	269	100.0	269	100.0	

As a composite variable computed for reproductive health service utilization in this study which was the use of modern contraceptive methods or VCT service, about 109 (40.52%) of students with disabilities and 186 (69.14%) of students without disabilities had ever utilized RHS.

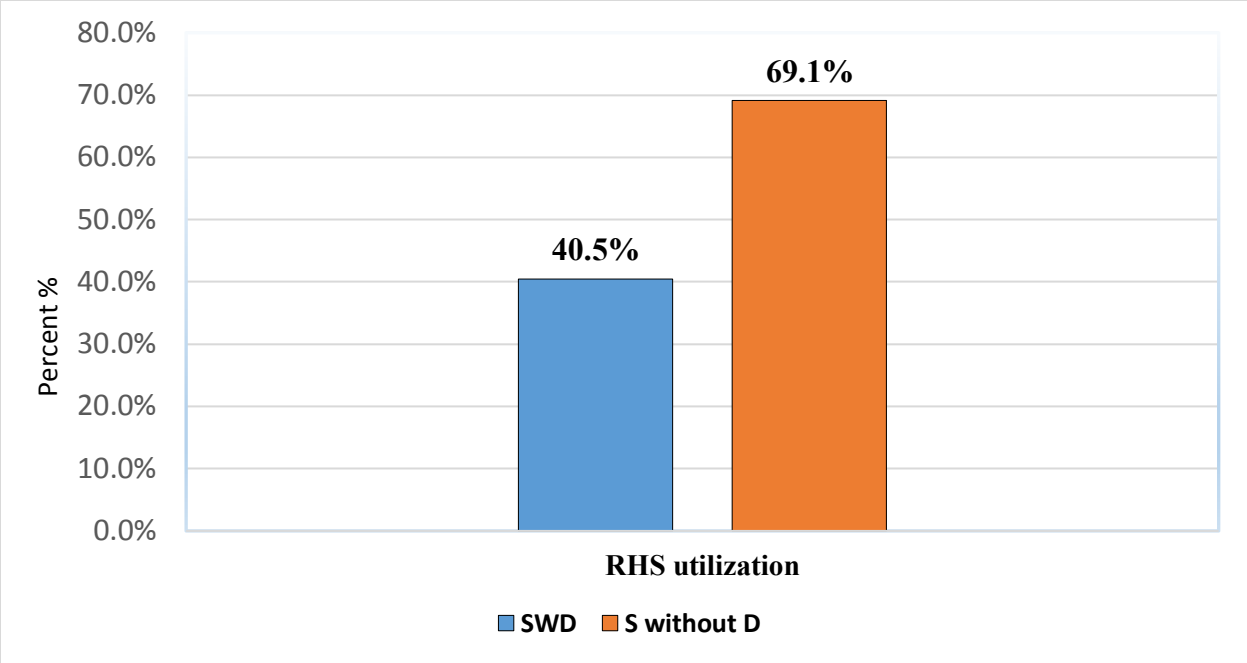


Figure 4: Proportion of RHS utilization among students with and without disabilities in two public higher learning institutions in Addis Ababa 2017.

The currents use of modern contraceptive and VCT services were mentioned to be 104 (19.29%) and 145 (26.9%) with p-value 0.077 & 0.001 respectively. The mostly mentioned facility for RHS users was gov't facilities 166 (30.91%). About 70 (26.02%) of students with disabilities and 96 (35.8%) of students without disabilities mentioned using Gov't health facilities for RHS.

Table 5: Current use of RHS by students with and without disabilities in two public higher learning institutions of Addis Ababa, 2017

Current use of RH service	Students With Disabilities(n=270)		Students Without Disabilities(n=269)		
	Yes n (%)	No n (%)	Yes n (%)	No n (%)	X2 (p-value)
Current use of modern contraceptive	44 (16.30)	226 (83.70)	60 (22.30)	209 (77.70)	0.07
Current VCT service use	56 (20.74)	214 (79.26)	89 (33.09)	180 (66.91)	<0.05
Visited health facilities: University clinic	25 (9.29)	244 (90.71)	47 (17.54)	221 (82.46)	0.05
Gov't facilities	70 (26.02)	199 (73.98)	96 (35.82)	172 (64.18)	<0.05
Private facilities	12 (4.46)	257 (95.54)	29 (10.82)	239 (89.18)	<0.05
NGO clinics	15 (5.58)	254 (94.42)	23 (8.58)	245 (91.42)	0.1
Pharmacy/drug shop	8 (2.97)	261 (97.03)	13 (4.85)	255 (95.15)	0.2

About 44 (16.30%) of students with disabilities are currently using modern contraceptive from which 29 (65.91%) use male condom followed by pills 8 (18.18%) and emergency contraceptive pills 5 (11.36%). Also 56 (20.74%) of them were current user of VCT service. From students without disabilities 60 (22.30%) of them use modern contraceptive and 89 (33.09%) use VCT service. From the modern contraceptive users 34 (56.67%) of them use condom, 13 (21.67%) use pills and 8 (13.33%) use emergency contraceptive pills.

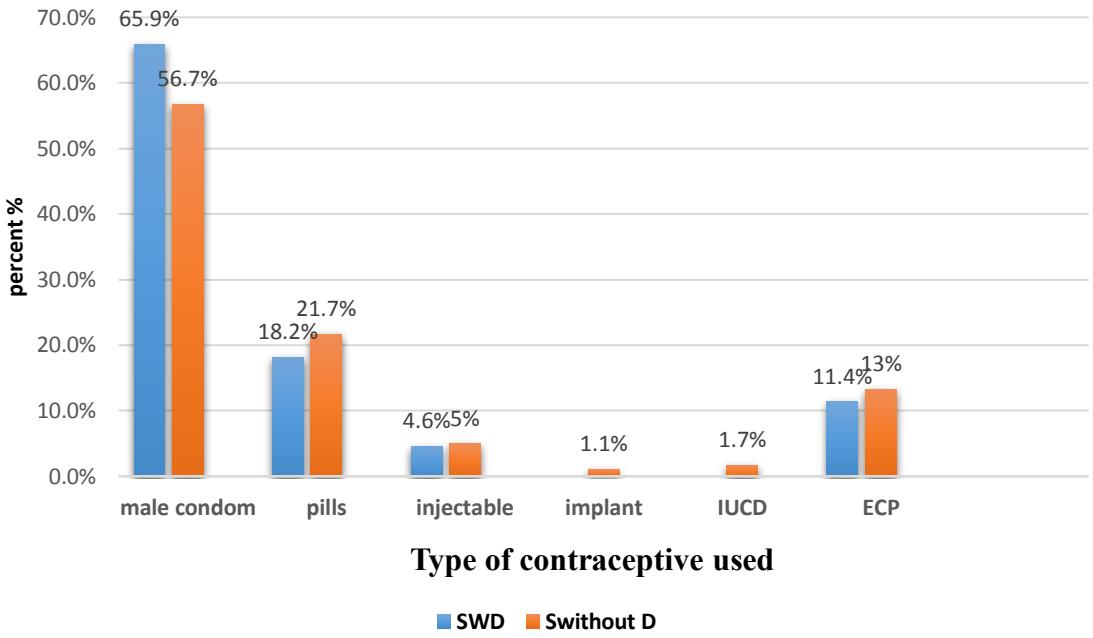


Figure 5: Types of modern contraceptive use among students in the two public higher learning institutions of Addis Ababa, 2017

For not ever using the RHS 104 (65.0%) of students with disabilities mentioned that there is no need to utilize any of those services, 32 (20.0%) did not use any of those services because they don't know the benefit of the services whereas 14 (18.13%) did not use because they did not know where the mentioned services are given. From students without disabilities 35 (42.68%) did not use because they did not need the service at the time whereas 18 (21.95%) did not use because of cultural or religious barriers.

Table 6: Reasons for not using any of the RH service among students of two public higher learning institutions in Addis Ababa, 2017

Reasons for not using RHS	Students With Disabilities (n=269)		Students Without Disabilities(n=82)		
	Yes n (%)	No n (%)	Yes n (%)	No n (%)	X2 (p-value)
Too young	28 (17.50)	132 (82.50)	29 (35.37)	53 (64.63)	<0.01
Have no money	14 (8.75)	146 (91.25)	3 (3.66)	79 (96.34)	0.1
Don't know the use	32 (20.00)	128 (80.00)	4 (4.88)	78 (95.12)	<0.01
Don't know where its given	29 (18.13)	131 (81.88)	4 (4.88)	78 (95.12)	<0.01
Against culture & religion	14 (8.75)	146 (91.25)	18 (21.95)	64 (78.05)	<0.01
Fear of parents	5 (3.13)	155 (96.88)	1 (1.22)	81 (98.78)	0.3
Inconvenient environment	8 (5.00)	152 (95.00)	1 (1.22)	81 (98.78)	0.1
Inconvenient hour	14 (8.75)	146 (91.25)	-	82 (100.0)	<0.01
Feeling healthy	10 (6.25)	150 (93.75)	8 (9.76)	74 (90.24)	0.3
No need at the time	104 (65.00)	56 (35.00)	35 (42.68)	47 (57.32)	<0.01
Distance from facility	1 (0.63)	159 (99.38)	3 (3.66)	79 (96.34)	0.08

From the total study participants who utilized RHS 78 (14.47%) encountered barriers while using the service. From students with disabilities barriers like health care providers' attitude 23 (53.49%), inadequate service 18 (41.86%) and inconvenient service hour 17 (39.53%) were the most mentioned barriers whereas students without disabilities mentioned barriers such as overcrowded environment 12 (37.50%), inadequate service 11 (34.38%), inconvenient service hour 11 (34.38%) and health care providers' attitude 11 (34.38%). The nearby health facility for RHS mainly mentioned by both groups was the university clinic 349 (64.99%).

Table 7: Barriers for the utilization of RHS among students in the two public higher learning institutions of Addis Ababa, 2017

Barriers in using RH services	Students With Disabilities		Students Without Disabilities		
	Yes n (%)	No n (%)	Yes n (%)	No n (%)	X2 (p-value)
Encounter barriers	43 (39.45)	66 (60.55)	32 (17.20)	154 (82.80)	<0.01
Service given with other services	12 (27.91)	31 (72.09)	8 (24.0)	24 (75.0)	
Inadequate service	18 (41.86)	25 (58.14)	11 (34.38)	21 (65.63)	
Inconvenient service hour	17 (39.53)	26 (60.47)	11 (34.38)	21 (65.63)	
Health care Providers' attitude	23 (53.49)	20 (46.51)	11 (34.38)	21 (65.63)	
Long and repeated appointment	6 (13.95)	37 (86.05)	1 (3.13)	31 (96.88)	
Don't know where service given	3 (6.98)	40 (93.02)	-	33 (100.0)	
Overcrowded environment	4 (9.30)	39 (90.70)	12 37.50	20 (62.50)	
Nearby health facility for RHS					
University clinic	187 (69.26)		162 (60.67)		0.9
***Other facilities	83 (30.74)		105 (39.33)		
Nearby facility for RHS in Km.	Mean= 1.33 km	SD= + 1.82			
Means of transport					
By foot	207 (76.67)		194 (71.85)		0.3
By vehicle	63 (23.33)		76 (28.15)		
Nearby facility for RHS in minutes	Mean= 0.09 minutes	SD= + 0.05			

***Other health facilities=gov't facilities, private facilities, NGO clinics

4.5. Disability friendly RHS

From the total 270 respondent students with disabilities 62.08% of them did not think the existing RHS are disability friendly. Communication problem HCP (70.66%), Lack of comfort & privacy (57.49%) and inconvenient road (46.7%) were the most mentioned reason for not considering RHS as not disability friendly by students with disabilities. And 47.58% of the students with disabilities mentioned that RHS facilities are not physically accessible for students with disabilities.

Table 8: Disability related barriers for the use of RHS among two public higher learning institutions in Addis Ababa, 2017

Disability related characteristics		SWD			
		Frequency (n=270)		Percent (%)	
		Yes	No	Yes	No
RH service disability friendly					
	Yes	18		6.69	
	No	167	-	62.08	-
	I don't know	84		31.23	
Reason for not disability friendly					
Inconvenient road		78	89	46.71	53.29
Inconvenient environment		51	116	30.54	69.46
Distance from facility		3	164	1.8	98.2
Cost of the service		45	122	26.95	73.05
Communication problem HCP		118	49	70.66	29.34
Lack of comfort & privacy		96	71	57.49	42.51
Long queues and waiting hour		16	151	9.58	90.42
RH information for SWD:	Yes	49		18.22	
	No	113	-	42.01	-
	I don't know	107		39.78	
Source of information:	School	21	28	42.86	57.14
	Friends\peers	26	23	53.06	46.94
	Parents	9	40	18.37	81.63
	Mass media	24	25	48.98	51.02
	Health care providers	10	39	20.41	79.59
Physically Accessible RHS facilities:	Yes	26		9.67	
	No	128	-	47.58	-
	I don't know	115		42.75	

4.6. **Factors associated with ever use of reproductive health services among students with and without disabilities in the two public higher learning institutions of Addis Ababa**

Several efforts were made to identify factors associated with RHS among students with and without disabilities in two higher learning institutions including Addis Ababa University and Kotebe Metropolitan University in Addis Ababa. First cross-tabulation of each main covariate with RHS was done for students with and without disabilities. Then, those which are found to be statistically associated with RHS in either of the disability status were selected to be included in the binary conditional logistic regression model. For listing out factors associated with RHS utilization among students with and without disabilities a conditional binary logistic regression model is used and crude odds ratio along with their 95% confidence interval were revealed. The result showed that from the socio demographic factors, having biological parent as a current

guardian were significantly associated for students with disabilities. Whereas for those students without disabilities age were significantly associated. Those students who are aware of the listed RH services, knew health facility that provide RH services, who-ever had boy/girlfriend, who ever had sex, ever had discussion on RH issue, exposed to media with in the last 12 months and who perceive themselves as a risk of having HIV/STIs were significantly associated for utilizing RHS in both comparative groups.

A nearby health facility for both students with and without disabilities and means of transportation for those students without disabilities also show a significant association with RHS utilization in the conditional binary logistic model.

Once the conditional binary logistic regression analysis was made, those variable that were found to be significant (p-value<0.05) further put into the conditional multiple logistic regression analysis model to control the confounders. For students with disabilities those who knew RHS giving facilities 4.9 times [AOR=4.9: 1.47, 16.2] more likely to utilize RHS than those who did not know. Students with disabilities who ever had sex were 30.1 times [AOR=30.1: 9.6, 94.4] more likely to utilize RHS than those who had no previous sexual history though the finding should be cautiously interpreted due to the wider interval. Those students with disabilities who ever had discussed RH issues with any one were 3.59 times [AOR=3.59: 1.6, 7.9] more likely to utilize RHS compared to those who had never discussed. Those students with disabilities who were exposed to any type of mass media in the last 12 months were 2.9 times [AOR=2.9: 1.03, 8.1] more likely to use RHS than those who were not exposed to media and those students who had a nearby health facility as other health facilities also utilize RHS 4.36 times [AOR=4.36: 1.01, 18.7] more likely than those who had the university clinic as a nearby health facility. For students without disabilities being in the age group 25 years and above and ever having a girl/boyfriend have a positive association with RHS utilization. Those students who were in the age group of 25 and above were 5.01 times [AOR=5.01: 1.19, 21.2] and those students who had ever had a girl\boyfriend were 6.65 times [AOR=6.65: 3.2, 13.2] more likely to utilize RHS than those who were in the age group 15-19 years and, than those who had never had a girl\boyfriend respectively.

Table 9: Conditional Logistic Regression to identify factors associated with RHS utilization among students with and without disability in two public higher learning institutions of Addis Ababa, 2017

Variables	Students with disabilities				Students without disabilities			
	RHS user Yes (n)	RHS non user No (n)	COR (95%CI)	AOR(95%CI)	RH user (n) Yes (n)	RH non user No (n)	COR (95%CI)	AOR(95%CI)
age (years)								
15-19 years	8	9	1.00	1.00	17	16	1.00	1.00
20-24 years	60	101	0.67(0.24,1.82)	1.15(0.28,4.7)	138	61	**2.13(1.01,4.45)***	1.86(0.76,4.5)
25 years and above	41	50	0.92(0.33,2.6)	1.03(0.22,4.8)	31	6	**4.86(1.6,14.7)****	**5.01(1.19,21.2)***
Have Biological parents								
Yes	101	128	**3.16(1.39,7.15)****	2.28(0.6,8.69)	163	73	0.97(0.44,2.14)	1.98(0.64,6.2)
No	8	32	1.00	1.00	23	10	1.00	1.00
Awareness on RHS								
Aware	74	74	**2.46(1.48,4.08)****	1.99(0.92,4.3)	152	57	**2.04(1.13,3.6)***	1.5(0.7,3.2)
Not aware	35	86	1.00	1.00	34	26	1.00	1.00
Know health facility								
Yes	102	110	**6.6(2.8,15.3)*****	**4.9(1.47,16.2)****	170	65	**2.8(1.33,5.8)****	1.39(0.55,3.5)
No	7	50	1.00	1.00	16	17	1.00	1.00
Ever had Girl/boy friend								
Yes	81	57	**5.2(3.05,8.9)*****	0.87(0.38,1.9)	126	14	**10.3(5.4,19.5)*****	**6.65(3.2,13.2)*****
No	28	103	1.00	1.00	60	69	1.00	1.00
Ever had sex								
Yes	69	8	**32.7(14.6,73.7)*****	**30.1(9.6,94.4)*****	113	-	-	-
No	40	152	1.00	1.00	73	83	1.00	
Ever discussed on RH issues								
Yes	88	46	**10.4(5.8,18.6)*****	**3.59(1.6,7.9)****	139	35	**3.8(2.2,6.6)*****	1.58(0.8,3.1)
No	21	114	1.00	1.00	47	45	1.00	1.00
Exposed to mass media in the past 12months								
Yes	97	94	**5.7(2.8,11.1)*****	**2.9(1.03,8.1)***	168	55	**4.2(2.2,8.4)*****	1.92(0.8,4.5)
No	12	66	1.00	1.00	18	25	1.00	1.00
Accessibility to RHS facilities								
University clinic	61	126	1.00	1.00	104	58	1.00	1.00
Other facilitates	48	34	**2.9(1.7,4.9)*****	**4.36(1.01,18.7)***	82	23	**1.98(1.13,3.5)***	1.17(0.38,3.6)
Time in minute								
<=0.09min	46	92	1.00	1.00	80	32	1.00	1.00
>0.09min	63	68	**1.85(1.1,3.03)***	1.01(0.42,2.5)	106	51	0.83(0.49,1.4)	0.75(0.37,1.5)
Distance in Km								
<=1.33km	77	129	1.00	1.00	121	67	1.00	1.00
>1.33km	32	31	1.73(0.9,3.05)	1.12(0.26,4.8)	65	16	**2.25(1.2,4.2)***	0.89(0.19,4.1)
Transportation								
By foot	78	129	1.00	1.00	123	70	1.00	1.00
By vehicle	31	31	1.65(0.9,2.9)	0.38(0.05,2.7)	63	13	**2.75(1.4,5.4)****	2.36(0.5,10.8)

***Note*: p-value *=<0.05 **=<0.01 ***=<0.001**

On the other hand to see the influence of each independent variables including disability status on RHS utilization an ordinary binary logistic analysis were fitted. From the binary logistic regression disability status, having biological parents as current guardian, mean pocket money, awareness of RHS, knowing health facilities that provide RHS, ever having girl\boyfriend, ever had sex, exposure to mass media in the past 12 months, ever had discussion, nearby health facility and means of transportation from residence to the nearby health facility were found to have significant association with RHS utilization in both groups. From the binary logistic result those variables having p value <0.05 were again put in to multiple logistic analysis model. Based on the finding of the multiple analysis disability status**,** knowing RH service giving facilities, ever having sex, ever discussing RH issues with any one and exposure to media with in the last 12 months were positively associated with RHS utilization among students of the two public higher learning institutions in Addis Ababa city.

Those students without disabilities utilize RHS 3.11 times [AOR=3.11: 1.86, 5.19] more likely than those students with disabilities. Those students who knows RHS provider facilities were 2.43 times [AOR=2.43: 1.17, 5] more likely to utilize RHS than those who did not know. Students who ever had sex were 25.8 times [AOR=25.8: 10.4, 64.6] more likely to utilize RHS than those who never had sex. Those students who had ever discussed on RH issues with any one were 2.55 times [AOR=2.55: 1.5, 4.3] more likely to utilize RHS than those who never had discussed and students who had a mass media exposure with in the last 12 months were 2.34 times [AOR=2.34: 1.2, 4.] more likely to use RHS than those who were not exposed to mass media.

Table 10: Factors associated with RHS utilization among students of the two public higher learning institution in Addis Ababa 2017

Characteristics of the respondents'	RH service utilization		COR(95%CI)	AOR(95%CI)
	Yes (n, %)	No (n, %)		
Disability status				
With disabilities	109(40.52)	160(59.48)	1.00	1.00
With-out disabilities	186(69.14)	83(30.86)	**3.28(2.31,4.69)****	**3.11(1.86,5.19)*****
Biological parents				
Yes	264(56.77)	201(43.23)	**1.77(1.08,2.93)***	2.2(0.9,5.3)
No	31(42.47)	42(57.53)	1.00	1.00
Mean pocket money				
<=420birr	134(48.20)	144(51.80)	1.00	1.00
>420birr	161(61.92)	99(38.08)	**1.75(1.24,2.46)****	1.14(0.68,1.9)
Awareness of RHS				
Aware	226(63.31)	131(36.69)	**2.8(1.94,4.05)****	1.7(0.97,3.1)
Not Aware	69(38.12)	112(61.88)	1.00	1.00
Know health facility				
Yes	272(60.85)	175(39.15)	**4.52(2.71,7.54)*****	**2.43(1.17,5)***
No	23(25.56)	67(74.44)	1.00	1.00
Ever had Girl/boy friend				
Yes	207(74.46)	71(25.54)	**5.69(3.93,8.27)****	1.1(0.6,1.9)
No	88(33.85)	172(66.15)	1.00	1.00
Ever had sex				
Yes	182(94.79)	10(5.21)	**37.53(19.1,73.7)****	**25.8(10.4,64.6)*****
No	113(32.66)	233(67.34)	1.00	1.00
Ever discussed on RH issues				
Yes	227(73.70)	81(26.30)	**6.55(4.47,9.59)****	**2.55(1.5,4.3)****
No	68(29.96)	159(70.04)	1.00	1.00
Exposed to mass media in the past 12months				
Yes	265(64.01)	149(35.99)	**5.39(3.4,8.5)****	**2.34(1.2,4.6)***
No	30(24.79)	91(75.21)	1.00	1.00
Accessibility to RHS facilities				
University clinic	165(55.93)	184(76.35)	1.00	1.00
Other health facilities	130(44.07)	57(23.65)	**2.5(1.75,3.7)*****	1.6(0.7,3.9)
Mean Distance(1.33) in Km				
<=1.33km	198(50.25)	196(49.75)	1.00	1.00
>1.33km	97(67.36)	47(32.64)	**2.04(1.63,3.05)****	1.06(0.36,3.0)
Transportation				
By foot	201(50.25)	199(49.75)	1.00	1.00
By vehicle	94(68.12)	44(31.88)	**2.11(1.41,3.18)****	1.03(0.3,3.4)

***Note*: p-value *=<0.05 **=<0.01 ***=<0.001**

6. DISCUSSION

6.1. **Level of RHS utilization among students with and without disabilities**

This study assesses the magnitude of RHS utilization among students with and without disabilities in two public universities found in Addis Ababa city. Ever use of RHS is measured by the ever use of VCT or modern contraceptive among students. This study revealed that RHS utilization among student with disabilities is found to be 109 (40.52%) while it is 186 (69.14%) students without disabilities. This finding was higher compared with other studies that showed 111(26.1%) ever use of at least one RH services among young people with disabilities (18) and 307 (41.2%) for those young people without disabilities RHS utilization in the past six months done in Awabel district of Amhara region in 2016 (39).

The variation could be explained as the difference, in study setting, respondent's level of education, and the age category. Additionally, this study assess ever use of RHS unlike one of the study (39) which assess only use of RHS 6 months prior to the study.

The findings of this study showed a better RHS utilization among students without disabilities as compared to previous study finding done in Gojjam 31 (21.5%) in Awabel district of Amhara region 307 (41.2%) and in Bahir Dar town 263 (32.2%) (80, 39, 47). Nevertheless, it was also found that ever use of RHS in this study is relatively lower than study done at Medawelabu University 457 (80.5%) (37).

The possible reason for the difference could be in operationalizing the RHS use in which this study represents ever use of RHS from only use of modern contraceptive or VCT whereas the other study (37) refers ever use of RHS from any of the RH service components. Besides, the study participants characteristics and study areas may be another reason.

The proportion of reproductive health services other than the indexed services were also assessed. Based on the finding ever use of STIs diagnosis & treatment, RH counseling service and safe abortion service among students with disabilities were 11 (4.09%), 40 (14.87%) and 2 (0.74%) respectively. Whereas for students without disabilities 45 (16.73%), 86 (31.97%) and 6 (2.23%).

A study done in Debre Birhan town on the utilization of RHS among adolescents reported that STIs treatment and diagnosis among respondents was 43 (10.7%) and the RH counseling service was reported as 95 (23.7%) among Adolescents (83). In another study on Addis Ababa on

adolescents also reported that about 39 (12.2%) of adolescents had used STIs diagnosis and treatment service and 218 (68%) of them had used RH counseling service whereas about 22 (11%) of them had used safe abortion service (36). Also in another cross sectional study from Kenya done on school and college youths also reported that 35 (9.0%) of youth's utilized STIs diagnosis and treatment service while 187 (47.9%) of them utilized RH counseling service (79).

The possible justification for the variation of the previous studies finding with the current study could be the socio-demographic difference between the study participants' (i.e. educational status, age), the settings of the study and other contextual factors related to the participants' norms, believes or culture. The other variation may be due to the measurement for the RHS utilization. Though students with disabilities utilized other RH services, but the utilization is found to be low. This could be as the result of different barriers which may be related to their disability status such as accessibility and/or availability of services.

The most mentioned reasons for not utilizing RHS among students with disabilities were not knowing the benefit of the service 32 (20%) and not knowing where those services are given 14 (18.13%) while the reason for not utilizing the RHS among students without disabilities were cultural or religious reasons 18 (21.95%). This finding is supported by the large scale study's finding done on adolescents' in Burkina Faso, Ghana, Malawi and Uganda reporting that young people RHS utilization is highly wrapped up in religious and cultural believes and level of awareness either on the benefit of the services or where they are given (52).

For those students who had ever utilized RHS 43 (39.45%) students with disabilties and 33 (12.27%) students with out disabilities reported that they have encountered barriers while using the service. From students with disabilties the most mentioned reasons were provider's attitude 23 (53.49%), inadequate service 18 (41.86%) and inconvienent service giving hour 17 (39.53%). This finding is again supported by the WHO/UNFPA report on the general barriers for RHS utilization among people with disabilties (16, 19).

Similarly reasons that were mentioned by students without disabilties were also inadequate service 11 (34.38%), inconvienent hour 11 (34.38%) and providers' attitude 11 (34.38%) which is also supported by a study done in Nigeria (34).

6.2. factors associated with RHS utilization among students of two public Universties in Addis Ababa

The main independent variable of this study was disability status. Those students without disabilities were 3.11 times (1.86, 5.19) more likely to utilize RHS than those students with disabilities.

Previous studies showed that people with disabilities were less likely to utilize any RHS than those who are without disabilities. Youth with disabilities often face marginalization and disparities as compared with those without disabilities due to a variety of factors from stigma to inaccessible environments (16).

Another study done in Sierra Leone reveled that people with disabilities are two times less likely to access health service including reproductive health service as compared to the people with-out disabilities (62). In similar context studies reported that women with disabilities are less involved in RH services such as cancer screening programs than those women with-out disabilities and young people with disabilities are less likely to be included in sexuality education programs and are mostly left behind (60). This result could be justified as those students with disabilities may have faced many challenges in utilizing RHS and their disability status could be one factor for their poor level of RHS utilization. It could be that they may encounter a variety of barriers to access or use RH services towards their interest because of communication problem, physical accessibility issues and/or providers' attitude.

6.3. Factors associated with RHS utilization among students without disabilities

Age group of the respondents was one factor which was associated with RHS utilization among students without disabilities. Students who lies in the age group of 25 and above were 5.01 times (AOR=5.01: 1.19, 21.2) more likely to utilize RHS than students in the age group of 15-19 year.

A similar study from Bahir Dar supported the current study's finding in which students aged 20 - 24 were 2.31 (2.31: 1.01, 5.28) times more likely to utilize reproductive health service (38). Another study from East Gojjam also reported that age of the respondent with the higher age group or the late adolescent were found to utilize RHS [AOR=2.18 : 1.6,10.7] times more than those in the age group of early adolescent (80). Another study from Kenya also reported that age had significant association with those utilization of RHS mainly on family planning ($\chi2 = 102.430$,$p < 0.001$), VCT ($\chi2=60.971$, $p < 0.001$) and treatment for STIs ($\chi2 = 25.111$, $p < 0.001$) whereby

older youth aged 20-24 years utilized these services more than those aged 10-14 and 15-19 years , respectively (79). This could be justified by the fact that older youth are more-free to make their own choices and decisions in utilizing RHS when they needed those services compared to the younger youths.

The other associated factor for students' with-out disabilities in utilizing RHS were ever having a girl\boyfriend. Those students who ever had a girl\boyfriend were 6.65 times [AOR=6.65: 3.2, 13.2] more likely to utilize RHS than those who did not had a girl\boyfriend. Another study from Bahir Dar university students supporting the finding of this study reported that respondents having boy or girlfriend were 1.6 times more likely to have undergone HIV testing than those who have not (1.6: 1.12, 2.26) (81). In another study in Harar city also reported that college students who had boy-girl friend utilize RHS 1.233 times (1.233: 1.211, 2.923) more likely than students who did not have (40). Those who had boy\girlfriend could have more chance to utilize RHS and that might have increased their self- protection. They are also more likely to care about each other and try to lessen problems they might face during their relationship. On the other hand students who had relationship may have more time and chance to plan, discuss and decide on RHS issues for the matter of self or partner protection which could also may increase the service utilization intention.

6.4. **Factors associated with RHS utilization among students with disabilities**

In this study students with disabilities who know health facilities that provide RHS were 4.9 times [AOR=4.9: 1.47, 16.2] more likely to utilize RHS than those who doesn't know any type of facility that provide RHS. In the same line with this, a study done on adolescents of Northern Shewa on RHS utilization also reported that knowing where RH services are given was found to be significant factor for RHS utilization. In the report it was indicated that those who knew where service is provided were (3.273: 1.158, 9.247) more likely to utilize knew where service is provided were (3.273: 1.158, 9.247) more likely to utilize RHS (82). Again in a line with the above finding a study conducted in Hadeya community youth indicated that the odds of service utilization among youths who know RHS facilities was 2times higher than those who didn't know (42). Also a study from Hahar also supports this finding that youths who knew about RHS and delivering facilities were more likely to utilize RHS (2.77: 1.93, 3.96) than those who did not know (40). Another study from Kenya also supports this finding in which youth's awareness about existence of reproductive health facility were significantly associated with utilization RHS at $p<0.05$ (79).

This finding is supported by a study done in Kenya and Zimbabwe on adolescent from the total, 44% (n=75) of respondents did not utilize any of the RHS because they didn't know facility that provide RHS (35). And another study done in Nigeria, Ibadan among school going young people with disabilities about 70% (n=103) of them did not know any type of health facility for RHS (69).

Not knowing a health facility for RHS was mentioned and reported as the main reason for not utilizing RHS by both groups but mostly mentioned by students with disabilities. This may implies that knowing of the specific services providing facility may increase the utilization than those who did not know because lack of awareness on RH services providing facilities may led to hindrance and underutilization.

Although quite frequently misunderstood of being not sexually active, students with disabilities are sexually active as that of students with out disabilities. From the total respondents sexually active students with disabilites were 28.52% and students without disabilties were 42.22% (p-value=0.001). A previous study done on sexuality of YPWD also reported that 52.6% of them had had sexual intercourse and a study from kenya om YPWD also reported that 65% of them had sex (17, 65) .The mean age at first sexual intercourse for both group was 19.47 (SD=$\pm$2.3). Again this result is also supported by a study conducted on five universties in Ethiopia with 30% of students had had sexual intercourse. Relatively similar finding to the mean age at first sexual intercourse is a study conducted in Medawelabu University which was 18.3 (SD ± 2.18) (37).

The other associated factor in this study among students with disabilities is ever having sexual intercourse. Students who ever had had sexual intercourse are AOR=30.1 times [AOR=30.1: 9.6, 94.4] more likely to utilize RHS than those who had no history of sexual intercourse. Though this finding is inconclusive because of the wide confidence interval, it is supported by a study conducted in Gondor, among which Adolescents who had ever had sexual intercourse were about 4 times (4 : 2.09, 6.89) more likely to use VCT services than those who have no sexual intercourse history (41). On another study done in Awabel Wereda in Amhara region reported that Concerning their sexual behavior, those respondents who ever had sexual intercourse were 1.88 times was more likely to utilize the service than those who were not sexually active (1.88 :1.30, 2.71) (39). Another study from Hadya community also supports the finding of the current study which is those adolescents who had had sexual experience were (3.1: 1.9, 4.9) time more likely to use RHS than

those who had no sexual contact history (42). A study from Medawelabu university also reported that students who had had sexual intercourse were 6 times (5.99: 2.60-13.81) more likely to utilize RHS than those who were not sexually active (37). And another study from Harar also indicated that youth who ever had sex were 1.261 times (1.261: 1.134, 1.822) more likely to utilize RHS (in this case VCT service) than those who never had sex before (40).

Finally students who are sexually active tends to utilize RHS because, those young people who were ever had sex might need those services from being sexual activities and in order to avoid being at risk to different RH related problems.

The other associated factor is ever discussed RH issues with any one. Those students with disabilities who had discussed on the listed RH issues were 3.59 times more likely [AOR=3.59: 1.6, 7.9] to utilize RHS than those who had not discussed.

Even though the current study focused on the ever discussion with any one and associated it with RHS in general, a study from Gondor reported that discussions with parents (3: 1.16, 9.37), peer groups/friends (20: 5.89, 66.18) and health workers were significantly associated with adolescents' VCT service utilization (41). A study from Medawelabu University also supports the current study's finding in which discussion with health professional (2.06: 1.21, 3.48). Discussion on RHS also triple reproductive health services utilization (3.76: 1.55, 9.11) (37). Another study done in Awebel region also supports this finding in which young people who had discussed RH issues with their patents were 2.23 (2.23: 1.43, 3.46) times more likely to utilize RHS than those who had never discussed (38). In another study done in Gojjam also supports this finding in which ever discussion on RH topic were 2.4 times (2.4: 2.1, 8.54) more likely to utilize RHS than those who did not discussed (80). Another study from Bahir Dar also reported that discussion with anyone in the family about RH issues particularly on HIV showed statistically significant and positive association with VCT service utilization (1.83: 1.3, 2.7) (81). Also another study from Nigeria reported that ever discussion of RH issues with parents affects RHS utilization AOR=5.407 (p-value 0.0001) (69).

In another study from Goba town also indicated that discussion on particular RH services with peers\friend and sexual partner may increase the service utilization by adolescents. Discussion on family planning with peer groups/friends, sexual partner and health worker were found to be significantly associated with VCT and family planning service utilization. Adolescents who ever

discussed with their sexual partners were 4 times (3.62: 0.155, 0.843) more likely to utilize FP service than those who did not discussed also those adolescents who had discussed with health workers were 4 times (4.48: 0.201, 0.999) more likely to utilize VCT service than their counterparts (49).

This might be due to those who had discussion on RH issues with anyone would have a better awareness about RH services and thus would motivate them to use the service. Also discussion about RH issues with different individual's helps adolescents in exchanging information and practices and assist adolescents them in understanding about RH services and uptake of each services. On the other hand social relations and discussion may also have an impact on young people's decisions making power.

Students with disabilities reporting that their nearby health facility as health facilities other than the university clinic utilize reproductive health services 4.36 times [AOR=4.36: 95% CI 1.01, 18.7] more likely than those who had the university clinic as a nearby health facility. This finding was supported by a study done in Awabel district which reported that adolescents with a nearby health center utilize RHS 2.36 times (2.36: 1.61, 3.45) more likely than those adolescents having a health post or a private clinic nearby (39). Another study also reported that adolescents use gov't facilities for RHS utilization as a reason of confidentiality and been respected (52).

This could be because of the availability of the RHS inside the university clinic and accessibility issues. The other thing could be students with disabilities utilize RHS in other health facilities (i.e. gov't health facilities or private health facilities or NGO clinics) may be due to availability of the needed reproductive health services inside the campus. The other reason might be because of confidentiality issues or might be because of fear of stigma and providers attitude. Beside the above reasons availability of other alternative RHS providing area could increase the service utilization level.

The other associated factors to RHS utilization among students with disabilities was exposure to mass media in the past 12 months. Those students exposed to any type of mass media in the last 12 months were 2.9 times [AOR 2.9: 95% CI 1.03, 8.1] more likely to utilize RHS than those who

were not exposed to mass media. A study from Debre Brhian town on adolescents reported that youths who had media exposure with in the last 12 months (COR=2.162: 1.430, 3.267) times more likely to utilize RHS than those who were not exposed to mass media even though the association was not significant in multiple regression model (83).

This could be justified by Media is recognized as a main source of young people's information for reproductive health. In fact, SRH services can be made more relevant to young people through effective branding and communication on mass media (16).

6.5. **Limitation of the study**

- Since the study setting is selected purposely the study may not be generalizable.
- The RHS utilization was assessed without considering specific disability type in fact that could have implication in the use of RHS.
- Because the study assess sensitive issue like their sexuality which could result a different than the reality.
- Other barriers on RHS utilization from the facility side were not assessed in this study.

7. CONCLUSION

The RHS utilization was found to be low for both students with and without disabilities. Students with disabilities were again found to have low level of RHS utilization as compared to students without disabilities. Also for the RHS other than the indexed services the utilization was still found to be low among student with disabilities compared with their counterparts. Service accessibility could be the main reason for the low RHS utilization among students with disabilities while cultural and religious barriers were the main reasons for the low RHS utilization among student without disabilities. The main independent variable which is disability status was significantly associated with RHS utilization. Other variables like knowing health facility that provide RHS, ever having sex, ever having discussion on RH issues with any one, being exposed to mass media with in the last twelve months and availability of other HFs than University clinic were found to be significantly associated with RHS use among students with disabilities. While variables like age groups of twenty five and above and having girl\boyfriend were significantly associated with RHS utilization for students' with-out disabilities.

8. RECOMMENDATION

Based on the result of the study's finding the following recommendations are forwarded:-

- Since students with and without disabilities lives in the same school compound, health facilities in the school environment should consider the need of SWD and should facilitate discussion on RH related issues among students.
- The FMOH should work on the awareness creation on RHS through mass media considering the SWD and their disability status and making facilities accessible to them.
- Again the FMOH should also focus on making RH giving facilities more disability friendly.
- Other non-governmental organizations and those organizations working with PWD should work on SWD through training and other awareness creation activities regarding RHS and service giving facilities.
- Further studies should be done considering more learning institutions other than the current setting and good to look also the RHS use among students with the different disability types.

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Addis Ababa University School of Public Health

Annex 1: Information sheet

Good morning? / Good afternoon? My name is Selamawit Meshesha. I am attending my MPH in Addis Ababa University. I brought these questions to you in order to find out conditions of reproductive health service utilization and associated factors among students with and with-out disabilities. The information we get from you help as to recommend to the concerned body about the improvement and designing of appropriate intervention so as to address reproductive health service for the students with and with-out disabilities. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study. You were selected to participate in this study just by chance. To complete the questionnaire it will take 15-20 minutes.

Objective of the study: The objective of this study is to assess and compare reproductive health services utilization among students with and without disabilities in two higher institutions in Addis Ababa.

Benefit of the study: there is no direct short term benefit for participants. However, this study will in fact help to improve reproductive health service provision for students and it may also be used by the policy makers to evaluate the service and help them to improve it.

Risk of the study: answering the questionnaires may consume valuable times in your busy schedules.

Right of the participants: Respondents have full right of not participant and free to withdraw their consent or discontinue participation in the study if they want to do so. But your participation has an impact on the RH service provision so we appreciate your participation.

Confidentiality: participating in this study is purely voluntary. Names and other identifying characteristics will not be written on the questionnaire and will not be used during report write-up as well. The information collected will be kept confidential and no one except the research team members will have access to the raw data. The information received from respondents will only be used for the purposes of the study.

For further concerns: - Name of principal investigator**:** Selamawit Meshesha
Address: Cell phone No - 0913150047 Email: E-mail:pittselam@gmail.com

Annex 2: Informed consent

I have read this form or it has been read to me in the language I understand all conditions stated above. I have been given a chance to ask questions and my questions have been answered to my level of satisfaction.

Therefore,

1. I agree to participate

2. I do not agree to participate If you agree, -------proceed to the next page

If you agree (1 is selected), proceed to the next page

If you don't agree (2 is selected), -please stop here and Thank You!

Name of principal investigator**:** Selamawit Meshesha

Address: Cell phone No - 0913150047

Email: E-mail:pittselam@gmail.com

Checked by:

Supervisor name ----------signature----------date----------

Annex 3: English Questionnaire

Addis Ababa University School of Public Health

Questionnaire for a comparative study on reproductive health service utilization and factors affecting the utilization among students with and with-out disabilities in two public higher institution in Addis Ababa

Questionnaire code_____

GENERAL INSTRUCTIONS: The questionnaire has six parts, including questions regarding to socio-demographic characteristics, individual's behavior related with sexual and reproductive health, service accessibility, Reproductive Health service utilization pattern and disability specific Reproductive Health service questions. Please read the instructions and questions carefully before proceeding to answer them.

Part 1: Socio Demographic characteristics

Instructions: Please **circle the number** you choose in front of the question. If you are asked to write a response or if your answer is not listed among alternatives, please write in the blank space provided. If there is an arrow in front of your choice, skip to the indicated question.

No	**Question**	**Code categories**	**Skip no**
101	Sex of the respondent	1. Male 2. Female	
102	Do you have any form of disability?	1) Yes 2) No ⟶	104
103	If yes, what is the forms of Disability?	1) Visual impairment 2) Hearing impairment 3) Physical impairment 4) Other [please specify]……..	
104	Where did you reside most of the time?	1. Inside the university 2. Outside the university	
105	Where are you from?	1. From Addis Ababa 2. Out of Addis Ababa	
106	What is your age at your last birth day (in years)?	_____yrs.	
107	What is your religion?	1. Orthodox Christian 2. Muslim 3. Protestant 4. Catholic 5. Others [please specify]_____	
108	What is your ethnicity?	1. Oromo 2. Amhara 3. Tigray	

		4. Guraghe 5. Others[please specify]_____	
109	What is your current marital status?	1. Single (Never married) 2. Married 3. Widowed 4. Separated 5. Divorced	
110	What is your Department?	Department_____	
111	What is your current year of study?	1. Year I 2. Year II 3. Year III 4. Year IV 5. Year V and above	
112	Are your current guardian your biological parents?	1) Yes 2) No	
113	Is your mother alive?	1) Yes 2) No ⟶	116
114	If yes, What is your mother's educational level?	1. Illiterate 2. Primary 1-8 Grade 3. Secondary 9-12 Grade 4. 12^{+2} 5. University degree and above	
115	What is your mother's Occupation?	1. Housewife 2. Daily laborer 3. Maid servant 4. Gov't Employee 5. Employed in private sector 6. Has private business 7. No occupation 8. Retired 9. Others [please specify]----------	
116	Is your father alive?	1) Yes 2) No ⟶	119
117	If yes, What is your father's educational level?	1) Illiterate 2) Primary 1-8 Grade 3) Secondary 9-12 Grade 4) 12^{+2} 5) University degree and above	
118	What is your father's Occupation?	1. Daily laborer 2. Gov't Employee	

		3. Farmer 4. Employed in private sector 5. Has private business 6. No occupation 7. Retired 8. Others [please specify]----------	
119	Are your parents living together currently?	1) Yes 2) No	
120	Do you get pocket money for your monthly expense?	1) Yes 2) No ⟶	Part 2
121	How much do you get per month?	---------- birr	

Part 2: questions regarding Awareness on RH service

Instruction: Here below are some questions regarding to your awareness to reproductive health services. Please **circle the number** you choose in front of the question. If you are asked to write a response or if your answer is not listed among alternatives, please write in the blank space provided. If there is an arrow in front of your choice, skip to the indicated question.

No	**Question**	**Response**	**Skip no**
201	Did you **ever heard** of the below indicated Reproductive Health services **mark** 'YES' or 'NO'.		
01	Family planning (modern contraceptive and condom) and contraceptive preference counseling.	YES|___| NO|___|	
02	Voluntary counseling and testing for HIV/AIDS.	YES|___| NO|___|	
03	Diagnosis and treatment for STIs.	YES|___| NO|___|	
04	Safe abortion service and post abortion care including provision of contraceptive information and counseling	YES|___| NO|___|	
05	Antenatal, delivery and postnatal care for pregnant	YES|___| NO|___|	
06	Sexual health education and prevention information for young people, single adults, and couples.	YES|___| NO|___|	
07	Diagnosis, screening, treatment and follow-up for reproductive cancers, and associated infertility.	YES|___| NO|___|	
08	Private and confidential reproductive health service provision	YES|___| NO|___|	
202	If you heard any one of the above services what was the source of information?	1. Radio 2. TV 3. Newspapers/magazines/ posters	

	(Multiple answers are possible)	4. Internet 5. Friends/ Family 6. School education 7. University clinic 8. Youth clubs 9. Community conversations 10. Other [please specify]…….	
203	Are you aware any health facilities that provide reproductive health Services?	1. Yes 2. No ⟶	Part 3
204	If yes which facilities do you know in providing RH services? (Multiple answers are possible)	1. University clinic 2. Government facilities 3. Private facilities 4. NGOs clinics 5. Others[please specify]_____	
205	Which services are being offered in the facility you mentioned? (Multiple answers are possible)	1. Family planning (contraceptive and condom) 2. Voluntary counselling and testing (VCT) 3. Treatment and diagnosis for STIs 4. Abortion services 5. Sexual information and education 6. ANC, delivery and PNC services 7. I don't know 8. Others [please specify]_____	

Part: 3 questions regarding personal characteristics to reproductive health

Instructions: Here below are some questions regarding to your personal experience regarding to sexual and reproductive health. Please **circle the number** you choose in front of the question. If you are asked to write a response or if your answer is not listed among alternatives, please write in the blank space provided. If there is an arrow in front of your choice, skip to the indicated question.

No	**Question**	**Responses**	**Skip no**
301	Have you ever had a girl/ boyfriend? Or someone to whom you were sexually or emotionally attracted to?	1. Yes 2. No	

302	Have you ever had sexual intercourse? [not only with Your current girl/boyfriend]	1. Yes 2. No ⟶	305
303	At what age did you first have sexual intercourse? (age in full years)	_____yrs.	
304	The first time you had sexual intercourse was a condom used?	1. Yes 2. No	
305	Have you ever discussed RH issues with anyone?	1) Yes 2) No ⟶	307
306	If yes, from the below listed RH issues, with whom did you discuss on at least one issue? [RH issues: Condom, VCT for HIV, STI/HIV/AIDS, unwanted pregnancy, Contraception, abortion]	1) With my boyfriend\girl friend 2) With my parents\siblings\relatives 3) With health care provider 4) With my friends\peers 5) Others [please specify]……..	
307	Do you have access to mass media, which aimed to deliver information on at least one RH issues listed below, within the past 3 months? [RH issues: Condom, STI/HIV/AIDS, Abstinence, unwanted pregnancy, Contraception, abortion]	1. Yes 2. No ⟶	309
308	Which mass media did you exposed for? (multiple answers are possible)	1. Radio 2. TV 3. Newspapers/magazines/ posters 4. Internet 5. Other [please specify]…….	
309	Based on risky sexual behaviors (having more than one sexual partner, visiting commercial sex worker, inconsistent condom use), Do you perceive yourself as risk for acquiring STIs/HIV/AIDS?	1. Yes 2. No ⟶	311

310	What makes you at higher risk than others? (multiple answers are possible)	1. I have more than one sexual partner 2. I visited commercial sex worker 3. Inconsistent condom use 4. Others [please specify]_____	Part 4
311	If No, What is the main reason that makes you at lower risk than others? (multiple answers are possible)	1. I have never had sex 2. I no longer have sex 3. I use a condom 4. I have no reason 5. I have a single sexual partner 6. I trust my partner 7. Others [please specify]_____	

Part 4: Questions assessing reproductive health Services utilization

Instructions: Questions below are regarding to your service usage status. Please **circle the number** you choose in front of the question. If you are asked to write a response or if your answer is not listed among alternatives, please write in the blank space provided. If there is an arrow in front of your choice, skip to the indicated question.

No	**Question**	**Response**	**Skip no**
401	Did you **ever use** the below listed reproductive health services mark '**YES'** or '**NO'**		
01	Condom	Yes |___| No |___|	
02	contraceptive methods	Yes|___| No |___|	
03	voluntary counselling and testing for HIV/AIDS	Yes |___| No |___|	
04	STIs treatment and diagnosis	Yes |___| No |___|	
05	Reproductive health counseling service	Yes |___| No |___|	
06	Safe abortion care	Yes |___| No |___|	

402	If No to any of the above questions, why didn't you use RH service? [you can encircle more than one response]	1. too young to go to the services 2. Does not have money 3. Don't know the use 4. Don't know where to go 5. Cultural against 6. fear of parent 7. Inconvenient location 8. Inconvenient time of services 9. currently feel healthy 10. distance to facility 11. Others (please specify)……	
403	Are you currently using modern contraceptive service?	1. Yes 2. No ⟶	405
404	If YES, what type of method are you using?	1. Male condom 2. Pill 3. Injectable 4. Implant 5. IUCD 6. Female condom 7. Emergency contraceptives 8. Other [please specify] _____	
405	Are you currently using VCT service for HIV/AIDS?	1. Yes 2. No ⟶	407
406	If you have visited a health facilities for any of the above RH services, where did you go most of the time? [the above RH service: VCT for HIV/AIDS, modern contraceptive, STIs diagnosis and treatment, information and education service regarding RH issues]	1. University clinic 2. Gov't health facilities 3. Private health facilities 4. NGOs clinics 5. Drug shops/ Pharmacy 6. Others [please specify] -------	
407	If you use any of the RH services mentioned above have you ever encounter/come up with any kind of barriers?	1. Yes 2. No ⟶	Part 5

408	What are the barriers you encounter to use RH services? (circle all you know)	1. The service is given with other services 2. Inadequacy of the service available 3. Inconvenient working hours 4. Approach of the service providers 5. Long or repeated appointment 6. I don't know the RH service given 7. Overcrowded working area 8. I feel afraid 9. Other [please specify]……	

Part 5: Questions assessing reproductive health service Accessibility

Instructions: Dear respondent, afterwards there are some questions regarding to accessibility of RH service delivery points. Please **circle the number** you choose in front of the question. If you are asked to write a response or if your answer is not listed among alternatives, please write in the blank space provided.

No	**Question**	**Response**	**Skip no**
501	What is the nearby RH service delivery point to you?	1. University clinic 2. Government facilities 3. Private facilities 4. NGOs clinics 5. Others_____	
502	How far the above mentioned nearby RH service delivery point from where you are residing? [Specify in km]	_____km.	
503	What was the main means of transport used to go?	1. Walking 2. Vehicle (free) 3. Vehicle (paid)	
504	How much it takes to reach from where you reside to the nearby RH service delivery point? [specify in minute]	_____minutes.	

Part 6: Disability specific reproductive health service questions

Instructions: Dear respondents the following questions are **Disability specific** reproductive health service questions. Please **circle the number** you choose in front of the question. If you are asked to write a response or if your answer is not listed among alternatives, please write in the blank space provided. If there is an arrow in front of your choice, skip to the indicated question.

No	**Question**	**Response**	**Skip no**
601	Do you think that existing reproductive health services are disability friendly?	1) Yes ⟶ 2) No 3) I don't know	603
602	If No, What is your reason? (multiple answers are possible)	1) Inconvenient road 2) inconvenient service delivering environment 3) long distance to health facility 4) high cost of services 5) absence of clear and fluent communication with health workers 6) Providers' fail to keep privacy and confidentiality. 7) long queues and waiting hour 8) I don't know 9) Other [please specify]…….	
603	Do you think most students with disabilities are informed about Reproductive health services?	1) Yes 2) No 3) Don't know	605
604	From where do you think students with disabilities obtain most of the information about Reproductive health services? (Multiple answers are possible)	1) From school 2) From their friends 3) From their parents 4) From the mass media 5) From health professional 6) Don't know 7) Others[please specify]----------	
605	Do you think the available health care facilities physically accessible to students with disabilities?	1) Yes 2) No	

Thank you for your participation!!!

በአዲስ አበባ ዩኒቨርሲቲ የማኅበረተሰብ ጤና ትምህርት ቤት

አካል ጉዳተኛ በሆኑና አካል ጉዳተኛ ባልሆኑ የመንግስት ከፍተኛ የትምህርት ተቋም ተማሪዎች የስነ-ተዋልዶ ጤና አገልግሎት አጠቃቀም እና ተያያዥነት ያላቸው ሁኔታዎችን ለማጥናት የተዘጋጀ መጠይቅ

Annex 4: Amharic questionnaire

የመረጃ እና የፈቃደኝነት ማረጋገጫ ቅጽ **የመረጃ ቅጽ:-**

ጤና ይስጥልኝ፡፡ እኔ ሰላማዊት መሸሻ እባላለሁ፡፡ በአዲስ አበባ ዩኒቨርሲቲ የድህረ ምረቃ ተማሪ ስሆን በአሁኑ ወቅት በአዲስ አበባ ዩኒቨርሲቲ እና በኮተቤ ሜትሮፖሊቲያን ዩኒቨርሲቲ ውስጥ በሚገኙ የአካል ጉዳተኛ የሆኑና የአካል ጉዳተኛ ያልሆኑ ተማሪዎች የስነ-ተዋልዶ ጤና አገልግሎት አጠቃቀም እና ተያያዥነት ያላቸው ሁኔታዎች ዙሪያ ጥናት ለማድረግ መረጃ እያሰባሰብኩ ነው፡፡ ስለሆነም የምንሰበስብው መረጃ የአካል ጉዳተኛ ለሆኑና የአካል ጉዳተኛ ላልሆኑ ተማሪዎች በስነ-ተዋልዶ ጤና አገልግሎት አሰጣጥ ከፍተኛ ጥቅም ይሰጣል፡፡ለዚህም ይጠቅም ዘንድ በጉዳዩ ዙሪያ የሚያተኩሩ ጥያቄዎች ከስር ተካተዋል፡፡ መጠይቁን ሞልቶ ለማጠናቀቅ ከ15-20 ደቂቃ ሊወስድ ይችላል፡፡እርሶም በጥናቱ ላይ እንዲሳተፉ እናበረታታለን፡

የጥናቱ አላማ፡ በአዲስ አበባ ዩኒቨርሲቲ እና በኮተቤ ሜትሮፖሊቲያን ዩኒቨርሲቲ ውስጥ የሚገኙ አካል ጉዳተኛ የሆኑ እና ያልሆኑ ተማሪዎች የስነ-ተዋልዶ ጤና አገልግሎት አጠቃቀም ደረጃ እንዲሁም ከየስነ-ተዋልዶ ጤና አገልግሎት አጠቃቀም ጋር ተያያዥነት ያላቸው ሁኔታዎች ስለ መለየት ይሆናል፡፡

የጥናቱ ጥቅም፡ በአሁኑ ጊዜ ጥናቱ ለመረጃ ሰጪው ቀጥተኛ ጥቅሙ ቅርብ ባይሆንም መረጃው ተሰብስቦ፤ ተቀነባንሮና ተተንትኖ ከተጠናቀቀ በኋላ ለፖሊሲ አውጪዎች እና ለጤና አገልግሎት ሰጪዎች እንደ ግብአት በመሆን ለተማሪዎች በሚሰጡ የስነ-ተዋልዶ ጤና አገልግሎቶች አሰጣጥ ዙሪያ እቅዶችን ለማውጣት ይጠቅማል፡፡

የጥናቱ ጉዳት፡ የጥናቱ ጉዳት ሊሆን የሚችለው ጥናቱ ላይ የሚገኙትን መጠይቆች ሞልቶ ለመስጠት ውድ የሆነውን የተማሪዎችን ሠአት ይጠይቃል፡፡

የተሳታፊው መብት፡ ጥናቱ ላይ ያለመሳተፍ ፣መጠይቁን ያለመሙላት እና የጥናቱ ተሳታፊ ያለመሆን መብትዎ የተጠበቀ ነው፡ ፡ በፈለጉት ሰዐት ጥናቱን ማቋረጥ ይችላሉ፡፡ ይሁንና በጥናቱ ቢሳተፉ ለዕርስዎ እና ለ ሌሎች ተማሪዎች የስነ-ተዋልዶ ጤና አገልግሎት መሻሻል የበኩልዎን ድጋፍ ያደርጋሉ ማለት ነው፡፡ ስለዚህም በዚህ ጥናት እንዲሳተፉ እናበረታታለን፡፡

የጥናቱ ሚስጢራዊነት፡ ጥናቱ ላይ ሊካተቱ የቻሉበት ምክንያት የተሳታፊዎች አመራረጥ ሂደት በዕድል ላይ መሰረት ያደረገ በመሆኑ ብቻ ነው፡፡ መጠይቁ ላይ የተሳታፊው ስም ወይም አድራሻ እንዲገለጽ አይጠየቅም፡፡ ከዚህ በተጨማሪም እርሶ የሚሞሉት መረጃ የሚውለው ለጥናቱ አላማ ብቻ ይሆናል፡፡ መረጃው በሚተነተንበት ጊዜም የእርሶም ሆነ የሌሎች የጥናቱ ተሳታፊ የሆኑ ተማሪዎች ስም ተገልጾ ሪፖርት አይደረግም፡፡

አሁን ግልፅ ያልሆነ ነገር ካለ አስተባባሪውን/ዋን መጠየቅ ይችላሉ፡፡አስተባባሪው/ዋ የማይመልሱት ነገር ካለ ዋና አጥኚዋን በ ስልክ- 0913150047 ወይም በኢ-ሜሌ: pittselam@gmail.com ሊጠይቁ ይችላሉ፡፡

የፈቃደኝነት ማረጋገጫ ቅፅ:-

ይህንን መረጃ አንብቤ/በማውቀው ቋንቋ ተነቦልኝ የጥናቱን ሁኔታ ተረድቻለሁ፡፡ያልገባኝንም ነገር ጠይቄ በቂ ማብራሪያ ከጥናቱ ባለቤቶች አግኚቻለሁ፡፡ ስለዚህም በጥናቱ ላይ ለመሳተፍ:-

1. ተስማምቻለሁ
2. አልተስማመሁም

ከተስማሙ---- ወደሚቀጥለው ገጽ ይለፉ ካልተስማሙ------እዚህ ጋር ማቆም ይችላሉ፤አመሰግናለሁ፡፡

የአስተባባሪው ስም---------- ፊርማ ---------- ቀን ----------

የመስክ ተቆጣጣሪው ስም---------- ፊርማ ---------- ቀን ----------

በአዲስ አበባ ዩኒቨርሲቲ የማኅበረተሰብ ጤና ትምህርት ቤት

አካል ጉዳተኛ በሆኑና አካል ጉዳተኛ ባልሆኑ የመንግስት ከፍተኛ የትምህርት ተቋም ተማሪዎች የስነ-ተዋልዶ ጤና አገልግሎት አጠቃቀም እና ተያያዥነት ያላቸው ሁኔታዎችን ለማጥናት የተዘጋጀ መጠይቅ

በግል የሚሞላ መጠይቅ የመጠየቂያ መለያ ቁጥር---------

መጠይቁ ተካሄደበት ጊዜ ቀን------/ወር/-------2009 ዓ.ም

አጠቃላይ መመሪያ፡ መጠይቁ በ ስድስት ክፍሎች ተከፍሏል፡፡ እነዚህም ማህበራዊ ሁኔታዎችን፤ ከስነ-ተዋልዶ ጤና ጋር ተያዥነት ያላቸው ግላዊ ሁኔታዎችን፤ የስነ-ተዋልዶ ጤና አገልግሎት ተደራሽነትን፤ ስለስነ-ተዋልዶ ጤና አገልግሎት ያለ ግንዛቤ፤ የስነ-ተዋልዶ ጤና አገልግሎት ተጠቃሚነትን እና ለአካል ጉዳተኞች የሚሰጥ የስነ-ተዋልዶ ጤና አገልግሎቶችን የሚመለከቱ ጥያቄዎች ይገኙበታል፡፡ እባክዎን እያንዳንዱን መመሪያ እና ጥያቄ በሚገባ አንብበው መልስዎን እንዲያስቀምጡ በአክብሮት እንጠይቃለን፡፡

ክፍል1: የግለሰቡ ማህበራዊ እና ግላዊ ሁኔታዎች የሚመለከቱ ጥያቄዎች

የክፍል አንድ መመሪያ፡ከተዘረዘሩት አማራጮች መካከል መልሱ የያዘውን ቁጥር **አክብብ/ቢ**፡፡ምላሽህ/ሽ ከተዘረዘሩት አማራጮች ውስጥ ከሌለ ወይም መልስህ/ሽን በጽሁፍ እንዲቀመጥ የሚያዝ ከሆነ በተሰጠው ባዶ ቦታ መልስህ/ሽን አስቀምጥ/ጪ፡፡ከመረጥከው/ሽው ምላሽ ፊት ለፊት የቀስት ምልክትካለ ወደ ተጠቀሰው ጥያቄ ቁጥር እለፍ/ፊ፡፡

ተ.ቁ	ጥያቄ	አማራጮች	ይለፉ
101	ፆታ	1) ወንድ 2) ሴት	
102	የአካል ጉዳት አለብህ/ሽ?	1) አዎ 2) የለም ⟶	104
103	ካለብህ/ሽ የአካል ጉዳቱን አይነት ግለፅ/ጭ	1) የመስማት ችግር 2) የማየት ችግር 3) የእግር/የእጅ ጉዳት ያለበት 4) ሌላ ካለ ይጠቀስ-------	
104	በአሁኑ ጊዜ መኖሪያህ/ሽ የት ነው?	1) በዩኒቨርሲቲው ግቢ ውስጥ 2) ከዩኒቨርሲቲው ግቢ ውጪ	
105	የመጣህ/ሽበት አካባቢ የት ነበር?	1) ከአዲስ አበባ 2) ከአዲስ አበባ ውጪ	
106	ዕድሜህ/ሽ (በሙሉ ዓመት) ስንት ነው?	----------ዓመት	
107	ሀይማኖትህ/ሽ ምንድን ነው?	1) ኦርቶዶክስ 2) ሙስሊም 3) ፕሮቴስታንት 4) ካቶሊክ 5) ሌላ (ከሆነ ይጠቀስ)----------	
108	ብሄርህ/ሽ ምንድን ነው?	1) ኦሮሞ 2) አማራ 3) ትግሬ 4) ጉራጌ 5) ሌላ (ከሆነ ይጠቀስ)-------	
109	በአሁኑ ጊዜ የጋብቻ ሁኔታህ/ሽ ምንድን ነው?	1) ያላገባ 2) ያገባ	

		3) የሞተበት/ባት 4) ከባለቤቱ/ቷ ጋር አብሮ የማይኖር/ የማትኖር 5) ከባለቤቱ/ቷ የተፋታ/የተፋታች	
110	የምትማርበት/ሪበት የትምህርት ክፍል ምንድን ነው?	----------የትምህርት ክፍል(ዲፓርትመንት)	
111	በአሁኑ ጊዜ የስንተኛ አመት ተማሪ ነህ/ሽ?	1) 1ኛ አመት 2) 2ኛ አመት 3) 3ኛ አመት 4) 4ኛ አመት 5) 5ኛ አመት እና ከዚያ በላይ	
112	በአሁኑ ሰአት አሳዳጊዎችህ/ሽ ወላጅ እናትና አባትህ/ሽ ናቸው?	1) አዎ 2) የለም	
113	ወላጅ እናትህ/ሽ በህይወት አለች?	1) አዎ 2) የለም ⟶	116
114	መልስህ/ሽ አዎ ከሆነ የእናትህ/ሽ የትምህርት ደረጃ ምንድን ነው?	1) ያልተማረች 2) ማንበብና መጻፍ ብቻ ምትችል 3) የመጀመሪያ ደረጃ (1-8ኛ) 4) የሁለተኛ ደረጃ (9-12ኛ) 5) 12+2 6) ዲግሪ እና ከዚያ በላይ	
115	የእናትህ/ሽ የስራ ሁኔታ ምንድን ነው?	1) የቤት እመቤት 2) የቀን ሰራተኛ 3) የሰው ቤት ሰራተኛ 4) የመንግስት ሰራተኛ 5) የግል መስሪያ ቤት ተቀጣሪ 6) የግል ስራ ያለት 7) ስራ አጥ 8) ጡረተኛ 9) ስለ ስራዋ አላውቅም 10) ሌላ (ከሆነ ይጠቀስ)-------	
116	ወላጅ አባትህ/ሽ በህይወት አለ?	1) አዎ 2) የለም ⟶	120
117	መልስህ/ሽ አዎ ከሆነ የወላጅ አባትህ/ሽ የትምህርት ደረጃ ምንድን ነው?	1) ያልተማረ 2) ማንበብና መጻፍ ብቻ የሚችል 3) የመጀመሪያ ደረጃ (1-8ኛ) 4) የሁለተኛ ደረጃ (9-12ኛ) 5) 12+2 6) ዲግሪ እና ከዚያ በላይ	
118	የአባትህ/ሽ የስራ ሁኔታ ምንድን ነው?	1) የቀን ሰራተኛ 2) የመንግስት ሰራተኛ 3) ግብርና 4) የግል መስሪያ ቤት ተቀጣሪ 5) የግል ስራ ያለው 6) ስራ አጥ	

		7) ጡረተኛ 8) ስለ ስራው አላውቅም 9) ሌላ (ከሆነ ይጠቀስ)-------	
119	በአሁኑ ጊዜ አባት እና እናትህ/ሽ አበረው ይኖራሉ?	1) አዎ 2) የለም	
120	ለአንዳንድ ወጪዎች የሚሆን የኪስ ገንዘብ በእጅህ/ሽ ታገኛለህ/ሽ?	1) አዎ 2) የለም ⟶	ክፍል2
121	በወር ምን ያህል ታገኛለህ/ሽ?	----------ብር የወር የኪስ ገንዘብ	

ክፍል2፡የስነ-ተዋልዶ ጤና አገልግሎት ግንዛቤዎችን የሚመለከቱ ጥያቄዎች

የክፍል ሁለት መመሪያ፡ ከተዘረዘሩት አማራጮች መካከል መልሱ የያዘውን ቁጥር **አክብብ/ቢ**፡፡ምላሽህ/ሽ ከተዘረዘሩት አማራጮች ውስጥ ከሌለ ወይም መልስህ/ሽን በጽሁፍ እንዲቀመጥ የሚያዝ ከሆነ በተሰጠው ባዶ ቦታ መልስህ/ሽን አስቀምጥ/ጪ፡፡ከመረጥከው/ሽው ምላሽ ፊት ለፊት የቀስት ምልክት ካለ ወደ ተጠቀሰው ጥያቄ ቁጥር እለፍ/ፊ፡፡

ተ.ቁ	ጥያቄ	አማራጮች	ይለፉ
201	የሚከተሉት አማራጮች አንተ/አንቺ በስነ-ተዋልዶ ጤና አገልግሎት ዙሪያ ያለህን/ሽን ግንዛቤ ለመለካት የተዘጋጁ ናቸው፡፡ ከታች ከተዘረዘሩት የስነ-ተዋልዶ ጤና አገልግሎቶች መካከል **ሰምተህ/ሽ የምታውቃቸው/ቂቸው** ከሆኑ ብቻ በመለየት **አዎ** የሚለው ሳጥን ውስጥ **የማታውቃቸው/ቂቸው** ከሆነ ደግሞ **የለም** የሚለው ሳጥን ውስጥ **የ'√'** ምልክት አድርግ/ጊ::		
01	የወሊድ መቆጣጠሪያ ዘዴዎች ኮንዶምን ጨምሮ እና የወሊድ መቆጣጠሪያ አማራጮች ላይ የማመከር አገልግሎት ስለመስጠት::	አዎ|____|የለም|____|	
02	በፈቃደኝነት ላይ የተመሰረተ የኤችአይቪ/ኤድስ ምርመራ ስለመስጠት::	አዎ|____|የለም|____|	
03	በግብለ-ስጋ ግንኙነት የሚተላለፉ በሽታዎች ምርመራ እና ክትትል ስለ መስጠት::	አዎ|____|የለም|____|	
04	በህግ በተፈቀደ አግባብ የጽንስ ማቆረጥ አገልግሎትና ከጽንስ ማቆረጥ በኋላ የሚመጡ አገልግሎቶች (የወሊድ መከላከያን ጨምሮ) ስለመስጠት::	አዎ|____|የለም|____|	
05	ላረገዙ ሴቶች የቅድመ ወሊድ፤ ወሊድ እና ድህረ ወሊድ አገልግሎቶች ስለመስጠት::	አዎ|____|የለም|____|	
06	ለ ወጣቶች እንዲሁም ለጥንዶች የሚስጥ ጤናማ ወሲብን የተመለከቱ የጤና መረጃዎች እና ትምህርቶች ስለመስጠት፡፡	አዎ|____|የለም|____|	
07	የመራቢያ አካላት ካንሰር እና ተያይዞ የሚመጣ መካንነት ምርመራ እና ህክምና ስለመስጠት::	አዎ|____|የለም|____|	
08	ሚስጢራዊ እና ግላዊ በሆነ መልኩ የስነ-ተዋልዶ ጤና አገልግሎት ስለመስጠት::	አዎ|____|የለም|____|	
202	ከላይ ከተጠቀሱት የስነ-ተዋልዶ ጤና አገልግሎት አንዱን ሰምተህ/ሽ ከሆነ የሰማኅው/ሽው ከየት ነበር? (መልስ ይሆናል የምትለውን/ይውን በሙሉ አክብብ/ቢ)	1) ከሪዲዮ 2) ከቴሌቭዥን 3) ከጋዜጣ/መጽኤት/በራሪ ወረቀት 4) ከሌላ መገናኛ ብዙሀን 5) ከጎደኛ 6) ከቤተሰቦቼ 7) ከትምህርት ቤት 8) ከዩኒቨርሲቲው ክሊኒክ 9) ከ ወጣት ክበቦች	

		10) ሌላ (ከሆነ ይጠቀስ)----------	
203	የስለ ስነ-ተዋልዶ ጤና አገልግሎት የሚሰጡ ተቋማት ታውቃለህ/ሽ?	1) አዎ 2) የለም ⟶	ክፍል3
204	መልስዎ አዎ ከሆነ የትኞቹ ተቋማት ታውቃለህ/ሽ? (መልስ ይሆናል የምትለውን/ይውን በሙሉ አከብብ/ቢ)	ነ) የዩኒቨርሲቲው ክሊኒክ 2) የመንግስት ጤና ተቋማት 3) የግል ጤና ተቋማት 4) መንግስታዊ ያልሆኑ ድርጅቶች 5) ሌላ (ከሆነ ይጠቀስ)-------	
205	በተገለጹት ተቋማት ምን አይነት አገልግሎቶች ይሰጣሉ?(መልስ ይሆናል የምትለውን/ይውን በሙሉ አከብብ/ቢ)	1) የወሊድ መቆጣጠሪያ ዘዴዎች ካንዶምን ጨምሮ 2) በ ፈቃደኝነት ላይ የተመሰረተ የ ኤችአይቪ/ኤድስ ምክርና ምርመራ 3) የአባለዘር በሽታዎች ምርመራ እናህክምና 4) የጽንስ ማቋረጥ አገልግሎት 5) ጤናማ ወሲብን የተመለከቱ የጤና መረጃዎች እና ትምህርቶች 6) ላረገዙ ሴቶች የቅድመ ወሊድ፤ ወሊድ እና ድህረ ወሊድ አገልግሎቶች 7) ምን እንደሚሰጥ አላውቅም 8) ሌላ (ከሆነ ይጠቀስ)-------	

ክፍል3፡ከስነ-ተዋልዶ ጤና ጋር ተያያዥነት ያላቸው ግላዊ ሁኔታዎችን የሚመለከቱ ጥያቄዎች

የክፍል ሶስት መመሪያ፡ ከተዘረዘሩት አማራጮች መካከል መልሱ የያዘውን ቁጥር **አክብብ/ቢ**፡፡ምላሽህ/ሽ ከተዘረዘሩት አማራጮች ውስጥ ከሌለ ወይም መልስህ/ሽን በጽሁፍ እንዲቀመጥ የሚያዝ ከሆነ በተሰጠው ባዶ ቦታ መልስህ/ሽን አስቀምጥ/ጪ፡፡ከመረጥከው/ሽው ምላሽ ፊት ለፊት የቀስት ምልክት ካለ ወደ ተጠቀሰው ጥያቄ ቁጥር እለፍ/ፊ፡፡

ተ.ቁ	ጥያቄ	አማራጮች	ይለፉ
301	የወንድ/የሴት ጎደኛ ኖሮህ/ሽ ያውቃል? (የወንድ/የሴት ጎደኛ ማለት በወሲባዊ ፍላጎት የሳበህ/ሽ እና አብራህ/ሮሽ የምታሳልፉ)	1) አዎ 2) የለም	
302	የግብረ-ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ? (ከአሁኑ የወንድ/ የሴት ጎደኛ ጋር ብቻ ላይሆን ይችላል)	1) አዎ 2) የለም ⟶	305
303	ለመጀመሪያ ጊዜ የግብረ-ስጋ ግንኙነት ስታደርግ/ጊ ዕድሜህ/ሽ በሙሉ ዓመት ስንት ነበር?	---------ዓመት	
304	የግብረ-ስጋ ግንኙነት ለመጀመሪያ ባደረግህ/ሽ ጊዜ ኮንዶም ተጠቅመህ/ሽ ነበር?	1) አዎ 2) የለም	
305	ስለ ስነ-ተዋልዶ ጤና ጉዳዩች ከማንኛውም ሰው ጋር ተወያይተህ/ሽ ታውቅያለህ/ሽ?	1) አዎ 2) የለም ⟶	307
306	መልሱ አዎ ከሆነ ከታች ከተዘለዘሩት የስነ-ተዋልዶ ጤና ጉዳዩች መካከል ቢያንስ በአንዱ ዙሪያ ከማን ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ? (***ሰለ***፡-ኮንዶም፤ኤችአይቪ/ኤድስን ጨምሮ በልቅየግብረ-ስጋ ግንኙነት ስለሚተላለፉ	1) ከሴት/ከወንድ ጎደኛዬ ጋር 2) ከሌሎች ጎደኞቼ ጋር 3) ከቤተሰቦቼ ጋር 4) ከህክምና ባለሙያጋር 5) ሌላ (ከሆነ ይጠቀስ)----------	

	በሽታዎች፤መታቀብ፤ያልተፈለገ እርግዝና፤ የወሊድ መከላከያ ዘዴዎች፤ውርጃ) (ከአንድ በላይ አማራጭ ማከበብ ይቻላል)		
307	ባለፉት 12 ወራት ዉስጥ ከታች ከተዘረዘሩት የስነ-ተዋልዶ ጤና ጉዳዮች መካከል ቢያንስ በአንዱ ላይ መሰረት ያደረገ መረጃ በመገናኛ ብዙሀን ሲነገር ሰምተህ/ሽ ወይም አንብበህ/ሽ ታዉቃለህ/ሽ? (***ሰለ***፡-ኮንዶም፣ ኤች.አይ.ቪ ኤድስን ጨምሮ በልቅ የግብረ-ስጋ ግንኙነት ስለሚተላለፉ በሽታዎች፣ መታቀብ፣ ያልተፈለገ እርግዝና፣ የወሊድ መከላከያ ዘዴዎች፣ውርጃን የተመለከተ)	1. አዎ 2. የለም ⟶	309
308	መረጃዉን ከየትኛዉ የመገናኛ ብዙሀን አገኘኸዉ/ሸዉ? [ከአንድ በላይ አማራጮችን መምረጥ ይቻላል]	1) ሬዲዮ 2) ቴሌቪዥን 3) ጋዜጣ/መፅሄት/በራሪወረቀት 4) ኢንተርኔት 5) ሌላ (ከሆነ ይጠቀስ)_____	
309	ለኤችአይቪ/ኤድስ እና ለ አባላዘር በሽታዎች ተጋላጭ ከሚያደርጉ ባህሪዎች በመነሳት ለ ለኤች አይ ቪ/ኤድስ ወይም ለ አባላዘር በሽታዎች ተጋላጭ ነኝ ብለህ/ሽ ታስባለህ/ሽ? (***ኢጋላጭ ባህሪያት የሚባሉት***፡-ከ አንድ በላይ የወሲብ ጓደኛ፤የወሲብ ግንኙኙት ከ ሴተኛ አዳሪ ጋር መፈጸም፤አግባብነት የጎደልዉ ኮንዶም አጠቃቀምን ያካትታል)	1) አዎ 2) የለም ⟶	311
310	ከሚከተሉት ውስጥ ኢጋላጭ ያደረገህን/ሽን ባህሪይ ግለጽ/ጭ (መልስ ይሆናል የምትለውን/ይውን በሙሉ አከብብ/ቢ)	1. ከ አንድ በላይ የወሲብ ጓደኛ መያዝ 2. የወሲብ ግንኙነት ከሴተኛ አዳሪ ጋር (ለወንዶች ብቻ) መፈፀም 3. አግባብነት የጎደልዉ ኮንዶም አጠቃቀም 4. ሌላ (ከሆነ ይጠቀስ)----------	ክፍል4
311	ለጥያቄ ቁጥር 309 መልሱ የለም ከሆነ ኢጋላጭ እንዳትሆን/ኝ ያደረጉህን/ሽን ዋነኛ ባህሪይ ግለጽ/ጭ (መልስ ይሆናል የምትለውን/ይውን በሙሉ አከብብ/ቢ)	1. የወሲብ ግንኙነት አድርጎ አለማወቅ 2. የወሲብ ግንኙነት ማቆም 3. ኮንዶም መጠቀም 4. ለወሲብ ጓደኛ ታማኝ መሆን 5. አንድ ብቻ የወሲብ ጓደኛ መኖር 6. ባለትዳር ስለሆንኩ 7. ሌላ (ከሆነ ይጠቀስ)_____	

ክፍል 4፡የስነ-ተዋልዶ ጤና አገልግሎት ተጠቃሚነትን የሚመለከቱ ጥያቄዎች

የክፍል አራት መመሪያ፡ከተዘረዘሩት አማራጮች መካከል መልሱ የያዘውን ቁጥር **አክብብ/ቢ**፡፡ምላሽህ/ሽ ከተዘረዘሩት አማራጮች ውስጥ ከሌለ ወይም መልስህ/ሽን በጽሁፍ እንዲቀመጥ የሚያዝ ከሆነ በተሰጠው ባዶ ቦታ መልስህ/ሽን አስቀምጥ/ጪ፡፡ከመረጥከው/ሽው ምላሽ ፊት ለፊት የቀስት ምልክትካለ ወደ ተጠቀሰው ጥያቄ ቁጥር እለፍ/ፊ፡፡

ተ.ቁ	ጥያቄ	አማራጮች	ይለፉ
401	የሚከተሉት አማራጮች የአንተ/አንቺ የስነ-ተዋልዶ ጤና አገልግሎት አጠቃቀም ለመለካት የተዘጋጁ ናቸው፡፡ እባክህን/ሽን ከተዘረዘሩት የስነ-ተዋልዶ ጤና አገልግሎቶች መካከል **ተጠቅመህ/ሽ የምታውቃቸው/ቂቸው** ከሆኑ ብቻ በመለየት **አዎ** የሚለው ሳጥን ውስጥ **ተጠቅመህ/ሽ የማታውቃቸው/ቂቸው** ከሆነ ደግሞ **የለም** የሚለው ሳጥን ውስጥ **የ'√'** ምልክት አድርግ/ጊ::		
01	ኮንዶም	አዎ|____|የለም|____|	
02	የወሊድ መቆጣጠሪያ ዘዴዎች አገልግሎት	አዎ|____|የለም|____|	
03	በፍቃደኝነት ላይ የተመሰረተ የኤችአይቪ ኤድስ የምክርን የምርመራ አገልግሎት	አዎ|____|የለም|____|	
04	የአባላዘር በሽታዎች ምርመራና ህክምና አገልግሎት	አዎ|____|የለም|____|	
05	የስነ-ተዋልዶ ጤና መረጃ እና ምክር አገልግሎት	አዎ|____|የለም|____|	
06	ፅንስ የማቋረጥ አገልግሎት	አዎ|____|የለም|____|	
402	ከላይ ለተጠቀሱት የስነ-ተዋልዶ ጤና አገልግሎት ቢያንስ ለአንዱ መልስህ/ሽ የለም (ተጠቅሜ አላውቅም) ከሆነ ምክንያቱን ጥቀስ/ሺ? (ከአንድ በላይ አማራጮችን መምረጥ ይቻላል)	1. በጣም ልጅ ስለሆንኩ 2. ገንዘብ ስለሌለኝ 3. ጥቅሙን ስለማላውቅ 4. የት እንደሚሰጥ ስለማላውቅ 5. የባህል/የእምነት ተጽዕኖ 6. ቤተሠቤን ፍራቻ 7. ምቹ ያልሆነ ጤና መስጫ ተቋም 8. ምቹ ያልሆነ ሰአት 9. በሰዐቱ ጤነኛ ስለነበርኩ 10. በሰዐቱ ስላላስፈለገኝ 11. የጤና ተቋም ርቀት 12. ሌላ (ከሆነ ይጠቀስ)_____	
403	በአሁኑ ጊዜ የወሊድ መቆጣጠሪያ ዘዴ በመጠቀም ላይ ነህ/ሽ?	1) አዎ 2) የለም ⟶	405
404	እየተጠቀምክ/ሽ ያለው ምን አይነት የወሊድ መከላከያ ዘዴ ነው?	1. የወንድ ኮንዶም 2. የወሊድ መቆጣጠሪያ እንክብል 3. በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ 4. በክንድ ቆዳ ስር የሚቀመጥ 5. በማህጸን ዉስጥ የሚቀመጥ 6. የሴት ኮንዶም 7. የድንገተኛ እርግዝና መከላከያ እንክብል 8. ሌላ ካለ ይጠቀስ_____	

405	በአሁኑ ጊዜ በፍቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ ኤድስ የምክርና ምርመራ አገልግሎት በመጠቀም ላይ ነህ/ሽ?	1. አዎ 2. የለም ⟶	407
406	ከላይ ከተጠቀሱት የስነ-ተዋልዶ ጤና አገልግሎቶች አንዱን ለመጠቀም ወደ ጤና ተቋም ሄደህ/ሽ ከሆነ ወደ የትኛው የጤና ተቋም ሄደህ/ሽ? (***የስኑ-ተዋልዶ ጤና አገልግሎቶች***፡-በፍቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ ኤድስ የምክርና ምርመራ፤ የወሊድ መቆጣጠሪያ፤ወሲብንና የስነ-ተዋልዶ ጤናን በተመለከተ የመረጃና የትምህርት፤የአባላዘር በሽታዎች የምርመራና ህክምና)	1) ወደ ዩኒቨርሲቲው ክሊኒክ 2) ወደ መንግስት የጤና ተቋም 3) ወደ ግል የጤና ተቋም 4) ወደ መንግስታዊ ያልሆነ ድርጅቶች ክሊኒክ 5) ፋርማሲ/የመድሀኒት መደብር 6) ሌላ ካለ ይጠቀስ_____	
407	ከላይ ከተጠቀሱት የስነ-ተዋልዶ ጤና አገልግሎቶች ስትጠቀም/ሚ ገጠሞህ/ሽ የሚያውቅ ችግር አለ?	1) አዎ 2) የለም ⟶	ክፍል5
408	መልስህ/ሽ አዎ ከሆነ ገጠሞህ/ሽ የሚያውቀውን ችግር ጥቀስ/ሽ?(ከአንድ በላይ አማራጮችን መምረጥ ይቻላል)	1) አገልግሎቱ ከሌላ አገልግሎቶች ጋር አብሮ መሰጠት 2) አጥጋቢ ያልሆነ አገልግሎት 3) ምቹ ያልሆነ የአገልግሎት መስጫ ሰአት 4) የአገልግሎት ሰጪ አመለካከት 5) ረጅም እና ተደጋጋሚ ቀጠሮ እና ቆይታ ጊዜ 6) አገልግሎቱ የት እንደሚሰጥ አለማወቅ 7) የተጨናነቀ የአገልግሎት መስጫ ቦታ 8) ፍራቻ 9) ሌላ (ይገለጽ) -----	

ክፍል5፡ የስነ-ተዋልዶ ጤና አገልግሎት ተደራሽነትን የሚመለከቱ ጥያቄዎች

የክፍል አምስት መመሪያ፡ ውድ ተሳታፊዎች ከዚህ በታች ያሉትን ጥያቄዎች **ልምድህን/ሽን** መሰረት አድርገህ/ሽ የሚመለሱ ናቸው፡፡ ከተዘረዘሩት አማራጮች መካከል መልሱ የያዘውን ቁጥር **አክብብ/ቢ**፡፡ምላሽህ/ሽ ከተዘረዘሩት አማራጮች ውስጥ ከሌለ ወይም መልስህ/ሽን በጽሁፍ እንዲቀመጥ የሚያዝ ከሆነ በተሰጠው ባዶ ቦታ መልስህ/ሽን አስቀምጥ/ጪ::

ተ.ቁ	ጥያቄ	አማራጮች	ይለፉ
501	በአቅራቢያህ/ሽ ያለ በቀላሉ ልታገኘዉ/ኝው የምትችለዉ/ይው የስነ-ተዋልዶ ጤና አገልግሎት ሰጪ ተቋም የትኛዉ ነዉ?	1) የዩኒቨርሲቲው ክሊኒክ 2) የመንግስት የጤና ተቋም 3) የግል የጤና ተቋም 4) የመንግስታዊ ያልሆነ ድርጅቶች ክሊኒክ 5) ሌላ ካለ ይጠቀስ---------	
502	ከላይ የገለፅከዉ/ሽዉ የስነ-ተዋልዶ አገልግሎት ሰጪ ካለህበት/ሽበት አካባቢ ምን ያክል ይርቃል? [በኪሎ ሜትር ይገለፅ]	----------ኪ.ሜ	
503	ወደ ተገለጸው የስነ-ተዋልዶ ጤና አገልግሎት ተቋም ለመድረስ በምን ትጓዛለህ/ሽ?	1) በእግር 2) በታክሲ 3) በአውቶቢስ	

504	ወደ ተገለጸው የስነ-ተዋልዶ ጤና አገልግሎት ተቋም ለመድረስ ስንት ደቂቃ ይፈጃል?	----------ደቂቃ	

ክፍል6፡- ለአካል ጉዳተኖች በሚሰጥ የስነ-ተዋልዶ ጤና አገልግሎት ላይ የሚያተኩሩ ጥያቄዎች

የክፍል ስድስት መመሪያ፡ ውድ ተሳታፊዎች ከዚህ በታች የቀረቡት ጥያቄዎች **የአካል ጉዳተኛ ለሆኑ ተማሪዎች ብቻ** ሲሆን ጥያቄዎቹ የሚያተኩሩት ለአካል ጉዳተኖች በሚሰጥ የስነ-ተዋልዶ ጤና አገልግሎት ዙሪያ ናቸው፡፡ ከተዘረዘሩት አማራጮች መካከል መልሱ የያዘውን ቁጥር **እክብብ/ቢ**፡፡ምላሽህ/ሽ ከተዘረዘሩት አማራጮች ውስጥ ከሌለ ወይም መልስህ/ሽን በጽሁፍ እንዲቀመጥ የሚያዝ ከሆነ በተሰጠው ባዶ ቦታ መልስህ/ሽን አስቀምጥ/ጪ፡፡ከመረጥከው/ሽው ምላሽ ፊት ለፊት የቀስት ምልክትካለ ወደ ተጠቀሰው ጥያቄ ቁጥር እለፍ/ፊ፡፡

ተ.ቁ	ጥያቄ	አማራጮች	ይለፉ
601	አሁን ያሉት የስነ-ተዎልዶ ጤና አገልግሎቶች ለአካል ጉዳተኞች ተማሪዎች በሚስማማ እና ምቹ በሆነ መልኩ የሚቀርቡ ናቸው ብለህ/ሽ ታስባለህ/ሽ?	1) አዎ 2) የለም ⟶ 3) አላውቅም	603
602	መልሱ የለም ከሆነ ምክንያትህ/ሽ ምንድነው? (ከአንድ በላይ አማራጮችን መምረጥ ይቻላል)	1) ወደ ጤና ተቋም ለመድረስ ምቹ ያልሆነ መንገድ 2) የጤና ተቋሙ ምቹያለመሆን 3) የጤና ተቋም ርቀት 4) የጤና አገልግሎት ዋጋ 5) ከጤና ባለሙያ ጋር የመግባባት/የቋንቋ ችግር 6) የጤና ባለሙያ የተገልጋዩን/የአካል ጉዳተኞች ስሜት/ምኞት ያለመጠበቅ 7) አገልግሎቱን ለማግኘት የሚጠበቅ ሰልፍና ጊዜ 8) አላውቅም 9) ሌላ (ከሆነ ይጠቀስ)……	
603	አብዛኞቹ የአካል ጉዳተኛ ተማሪዎች ስለ ስነ-ተዋልዶ ጤና አገልግሎቶች መረጃ አላቸው ብለህ/ሽ ተስባለህ/ቢለሽ?	1) አዎ 2) የለም 3) አላውቅም	605
604	የአካል ጉዳተኛ ተማሪዎች ስለ ስነ-ተዋልዶ ጤና አገልግሎቶች በአብዛኛው መረጃ የሚያገኙት ከየት ይመስልህል/ሻል?	1) ከ ትምህርት ቤት 2) ከ ጎደኞቻቸው 3) ከ ቤተሰቦቻቸው 4) ከ መገናኛ ብዙኀን 5) ከ ጤና ባለሙያዎች 6) አላውቅም 7) ሌላ (ከሆነ ይጠቀስ)……	
605	የስነ ተዋልዶ ጤና አገልግሎት መስጫ ተቋማት ለአካል ጉዳተኛ ተማሪዎች ተደራሽ ይመስሉህል/ሻል?	1) አዎ 2) የለም 3) አላውቅም	

ከቡር ጊዜህ/ሽን ሰጥተህ/ሽ መጠይቁን ስለሞላህ/ሽ ከልብ አመሰግናለሁ፡፡

DECLARATION

I the undersigned, declare that this thesis is my original work, has never been presented in this or any other university, and that all the resources and materials used for the thesis development, have been acknowledged as complete references.

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This thesis work has been submitted for examination with my approval as University primary advisor.

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