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College of Health Science

School of Public Health

Intention to use youth friendly reproductive health services among youth in Bahirdar town, Amhara region, Ethiopia

By: - Addisalem Melesse (B.Sc.)

June 2018

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Thesis submitted to the school of graduate studies, College of Health Sciences, School of Public Health in partial fulfillment of the requirement for the degree of Master of Public Health (MPH) in Health Promotion and Health Education

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List of Acronyms and Abbreviations

ANC	Antenatal care
AYFRHS	Adolescent and youth friendly reproductive health service
BCC	Behavioural change communication
FP	Family Planning
IEC	Information Education Communication
PMTCT	Prevention of Mother to Child Transmission
PNC	Post Natal Care
RH	Reproductive Health
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action
UN	United Nation
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFRHS	Youth Friendly Reproductive Health Service
YFS	Youth Friendly Service

Abstract

Background: Globally youth's age between 15- 24 years account for 1.1 billion, which is 18 percent of the total population. Although the young population accounts the largest group of the global population, they are suffering from much health and health related problems. Across a variety of global contexts, it has been demonstrated that youth friendly service can address this situation by improving the availability, acceptability, accessibility, and equity of health services for young people. The choices those youths make was strongly influenced by their own personal values as well as the customs and values they see among their peers, family, and community. This study assessed the intention and associated factors for utilization of youth friendly reproductive health service by using Theory of planned behaviour.

Objective: To predict the intention to use youth friendly service using theory of planned behavior among youth in Bahirdar town, Amhara region, Ethiopia 2018.

Method This study was carried out in Bahirdar city, Amhara region. School based cross-sectional study using quantitative methods. The study covered youth in high school and preparatory grades. Systematic sampling methods with sample size of 844 students were used for data collection. The data were entered, cleaned and descriptive, bivariate and multi variable regression analysis ware done using SPSS version 20.0 and STATA 12.0.

Result: Eight hundred forty four students participated in this study giving a response rate of 96.4%. The model was explained by Attitude (β= 0.245, 95%CI (0.342,0.585) p<0.0001), perceived behavioral control(β= 0.141, 95% CI (0.131,0.0334), P,0.0001), subjective norm (β= 0.307, 95% CI (0.385,0.586) p<0.0001) and school type (private) (β= -0.074, 95% CI(-4.240, -0.432), P<0.016) significantly on prediction of intention to use YFRHS by 32% of the variance.

Conclusion: the present study demonstrated that the theory of planned behaviour (TPB) is a useful tool for predicting and explaining intended use of YFRHS services. It has identified the important predictors to consider in promoting the use of YFRHS services. Therefore, health interventions programs should be designed to develop youth's ability to resist and change norms that can hinder the use of YFRHS this will help youth's develop a positive attitude toward the services.

Keywords: YFRHS, Reproductive health, youth, Intention, TPB, Bahirdar city, Ethiopia

1. Introduction

1.1 Back ground

Globally youths account the largest population of the world that we ever seen, there are about 1.8 billion young people between the age of 10- 24 and from this youths age between 15- 24 accounts about 1.1 billion which is 18 percent of the total global population (1). Geographically speaking many of the young population are concentrated in the 48 least developed counties; approximately 60 percent of youth live in Asia; 15 percent, in Africa; 10 percent, in Latin America and the Caribbean; and the remaining 15 percent, in developed countries and regions. All of this youth takes nine out of ten of the global youth population (2).

Although the young population accounts the largest group of the global population they are suffering from much health and health related problems, today millions of adolescents face the prospect of early marriage, unwanted pregnancy, early child bearing, incomplete education and the threat of HIV and AIDS(2).

Especially in developing countries poverty is the most prevalent, access to critical health care and schooling is the lowest, conflict and violence are the most frequent, and life is the hardest all this factors leads to high morbidity and mortality of the young population with easily preventable diseases(3). In fact according to the WHO 2016 report an estimate of 1.2 million adolescents died in the 2015, over 3000 every day, mostly from preventable or treatable causes. Mostly this substantial premature death, illness, and injury among youth population is due to unhealthy behaviors like Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence which jeopardize not only their current health, but also their health as adults, and even the health of their future children(4).

As adolescents transition from childhood to adulthood, they enter a pivotal developmental period when their decisions-and the decisions made for them by others- substantially influence their well-being and future life course. Stigma associated with SRH, providers who refuse to offer SRH services to young people due to their age or marital status, and services that fail to provide

privacy and confidentiality to adolescents often result in poor SRH service use among young people. This, in turn, contributes to poor SRH outcomes. Across a variety of global contexts, it has been demonstrate that YFRHS can address this situation by improving the availability, acceptability, accessibility, and equity of health services for young people (4).

Youth Friendly Service is an evidence-based approach to reducing barriers to service uptake among young people laid the foundation for Ethiopia's health system to meet the SRH needs and rights of the country's largely underserved adolescent and youth population by offering their need. It is also intend to raise their awareness on SRH issues so that they can protect themselves from various SRH-related problems (5).

1.2 Statement of the problem

Worldwide 70% of the premature deaths among adults are largely due to behaviors initiated during adolescence (3). Also in Ethiopia, Mortality and morbidity among adolescents and youth related to RH are associated with a range of health and health-related behavioral problems such as risky sexual practices, child marriage, early child bearing, unintended pregnancy, unsafe abortion and its complications and STIs including HIV can also access to and utilization of quality health services(6).

For the last decades, Ethiopian government has focused on the reproductive health outcomes of young people by commuting to increase the access for the reproductive health services. In 2007 the government launched the national adolescent and youth reproductive health strategy, which specially recognized the need for quality reproductive health service tailored for young people in country(7). The Ethiopian Government has also pledged to improve adolescent reproductive health at the global level, as evidenced by Ethiopia's national youth and Adolescent reproductive health strategy for the coming five years from 2015- 2020 commitment to expand youth friendly services throughout the country(6).

Even though much effort are made to scale up the reproductive health services through increased commitment and improved police for the young people still the youth population is on much suffering from both structural and social barriers to access reproductive health services(8).

From the EDHS 2016 report 13% of girls, aged 15-19 in Ethiopia have begun child bearing. Teenage child bearing is more common in rural than in urban areas (15% and 5% respectively and there is high unmet need of family planning among unmarried and sexual active women(26%) (9).

There is high incidence of HIV/ADIS among youths, about 11.8 million young people are living with HIV or AIDS; 7.3 million of those infected are young women. Youth amount to one-third of the total global population living with HIV or AIDS. About 78 percent of all young people living with HIV or AIDS reside in sub-Saharan Africa (4).

For adolescents in Ethiopia, information on reproductive health is largely share through friends, but this information is often inaccurate and perpetuates myths. Stigma, service costs, and provider bias posed formidable barriers to Ethiopian young people's ability to access sexual and reproductive health services (4).

Beside the development of youth friendly strategies and other reproductive health programs, the government should also work on the social barriers for utilization of this youth friendly services within the residence of the youths without feeling ashamed or stigmatized by the community. Therefore, In order to improve the health of youth and barriers, one of the strategic objectives, which developed in the national adolescent and youth health strategy, is enhancing equitable access to high quality, efficient and effective adolescent and youth friendly health service. This will lead to the decrement of reproductive health indicators in Ethiopia.

1.3 Significance of the study

Youth Friendly Service is an evidence-based approach to reducing barriers to service uptake among young people laid the foundation for Ethiopia's health system to meet the SRH needs and rights of the country's largely underserved adolescent and youth population by offering their need. It is also intended to raise their awareness on SRH issues so that they can protect themselves from various SRH-related problems(5). Nevertheless, the uptake of the service is still low among youth. As youth/Adolescent is transition phase from childhood to adulthood which characterized by a number of cognitive, emotional, physical, intellectual and attitudinal changes as well as by changes in social roles, relationships ,expectations and influence their well-being and future life course. The choices that they make strongly influenced by their own personal values as well as the customs and values they see among their peers, family, and community. Therefore, the study predicts the intention and associated factor for consistent utilization of Youth Friendly service in order to improve the quality of life. Since it is theory-based study, it will help decision makers and program planners to construct effective and evidence based educational program that can assist the service utilization.

2. Literature review

2.1 Definition of Youth

Definition of youth perhaps changes with circumstances, especially with the changes in demographic, financial, economic and socio-cultural settings; however, the definition that uses 15-24 age cohort as youth fairly serves its statistical purposes for assessing the needs of the young people and providing guidelines for youth development. African union for the youth health charter uses the age group of 15- 35 years (10). In this study the WHO definition of youth was used since current Ethiopia is using the same classification.

Youth is best understood as a period of transition from the dependence of childhood to adulthood's independence. That is why, as a category, youth is more fluid than other fixed age groups. Yet, age is easiest way to define this group, particularly in relation to education and employment, because 'youth' is often referred to a person between the ages of leaving compulsory education, and finding their first job(10).

2.2. Youth friendly reproductive health service

Youth Friendly Service is an evidence-based approach to reducing barriers to service uptake among young people laid the foundation for Ethiopia's health system to meet the SRH needs and rights of the country's largely underserved adolescent and youth population by offering their need. It is also intended to raise their awareness on SRH issues so that they can protect themselves from various SRH-related problems [5].

2.3. Components of youth friendly reproductive health service

The services intended to provide in the youth friendly reproductive service settings include

- Information and counseling on sexual and reproductive health issues
- Promotion of healthy sexual behaviors through various methods including peer education
- Family planning information, counseling and FP methods including emergency
- contraceptive methods
- Condom promotion and provision
- Testing services: pregnancy, HIV counseling and testing
- Management of STIs
- Abortion and post-abortion care

- Antenatal care (ANC), delivery, postnatal care (PNC) and pregnant mother-to-child
- transmission (PMTCT) services

Appropriate referral linkage between facilities at different levels(7)

2.4 Strategies regarding youth friendly service

Ethiopian government develops a strategy to address the health need of adolescents and youths from the year 2016- 2020. One of the objectives of this strategy is enhancing equitable access to high quality, efficient and effective adolescent and youth-friendly health information, services, and it address the limitation seen from the previous national adolescent health strategy to work on the social barriers to utilize health services by the young peoples of the county(6).

2.5. Factors affecting the utilization of youth friendly services

2.5.1 Socio demographic factors

Studies shows that age difference with in the youth has significant association with the use of youth friendly services the age. The study done in Gonder show that youths within the age group of 20-24 are 2.34 times more likely to utilize youth reproductive health services than whose age ranges between 15-19(11).This finding also supported by the studies done in south wollo zone and Metekel. But other study done in Asela have shown that age has no any significant association with the utilization of youth friendly service.(10,11,12)

Some barriers are especially associated with the gender of the young person. Adolescent girls are very reluctant to be examining by males, while young men may find it difficult to discuss intimate symptoms with a female health care provider.

The sensitivities recorded above may be especially powerful disincentives for girls to use services. There are many cultural barriers associated with gender. It takes two to make a baby, but it is girls, who become pregnant. It is very difficult for a 16-year-old girl to attend a local clinic for a pregnancy test or for contraception, if she knows that, a relative or neighbor will see her. Girls who do not leave the house much may have less access to information and in some cultures have to seek consent from a parent or spouse before treatment. Health workers, despite being legally entitled to them, may even deny girls treatment. (15)

2.5.2. Knowledge towards youth friendly services

Most young people do not have the knowledge or experience to distinguish between conditions that go away of their own accord and those that need treatment. They do not understand their symptoms or the degree of risk they may be taking. They do not know what health services exist to help them, or how to access them. (15)

Studies done on youth reproductive health shows that most youths have the information on the RH issues like STI (HIV/AIDS ,gonorrhea ,syphilis and chancroid), unwanted pregnancy, unintended sexual practices, abortion and also the health services provided by the health sectors for reproductive health problems of youths. From this reproductive health services VCT, family planning, safe abortion and service for sexual and reproductive health are mentioned as the main components of youth friendly services which are well known by youths.(14,13).

From the study from Jimma the most prevalent places for delivering youth reproductive health services ware hospital (87%) followed by Family Guidance Association of Ethiopia (FGAE) and Health Center, 86.3% and 82.8% respectively. Only 2% did not know where to find health services for RH and 12.1% of them replied that they could get services from Traditional Healers.

In addition, this study shows that the youth who were knowledgeable about YFS were nearly three times more likely to utilize the service com-pared with their counterparts. The respondents who heard about YFS information from their friends, healthcare providers, and schools were nearly 4 times, 3.3 times and 2 times more likely to utilize YFS, respectively compared with their counter parts(16).

2.5.3 Attitude towards RH issues and Youth friendly service

2.5.3.1 Attitude towards YFS

The study from Mekelle shows that youths have positive attitude towards the information that has given on the SRH issues and it is also mentioned that IEC material about SRH like unwanted pregnancy, abortion, STD and HIV prevention should be there. In addition, there should be a provision of information and health education available in health institution despite this some of the respondents' beliefs that discussing about condom or contraceptives with people promotes promiscuity and health information given by health institution led to high risk sexual behaviors. But most of the respondents agrees on abstinence is the best way to prevent unwanted pregnancy and STD(18).

Perceptions of youths towards YFS affect the utilization of the service. Study in Metekel shows that youth perception about the importance of contraceptives and counseling for youth, unfavorable attitudes of youth towards the behavior of YFS providers and not knowing about their behavior itself and unfavorable attitudes of youth towards the conduciveness of health service institutions and not knowing about them were negatively associated with utilization of youth friendly services(13).

The study in Jimma report indicts that youths beliefs that health services for RH are important for adolescents (96%) and a similar proportion of participants believed that health services for adolescents should use health services for various reasons; 98% felt that each young people should be aware of the importance of health services for RH. About 18% of participants believed that adolescents have a harder time getting health services for RH than adults. Only 4% believed that only females should use health services for RH. Nearly 97% of participants said they would use health services for RH in the future(16).

2.5.3.2 Attitude towards YFS providers

In many studies the youths mentions the health provides behaviour and Judgmental attitude as a barrier to youth friendly services. Study done in harer shows that One of the major reasons stated by youth for not using the services at the health institutions was feeling discomfort by the conditions of the centers or the attitude of the service providers. Many of these perceptions were resulted from second hand information or general public attitude. This finding also supported by the study done in Metekel which states in order to use YFS the health providers must assure confidentiality and develop non-judgmental attitude (10,13).

2.5.4 Social and cultural factors towards YFS

The community's internal factors such as socio cultural norms and community's own prioritization and external factors such as influence from other communities or societies are either constrain or supportive towards change. Social norms relate to social identities, which influence young people's sexual behaviors and sexual and reproductive health promotions.

Social norms play a particularly strong significant role in shaping young people's sexual behaviors and form a strong control upon the expression of human sexuality(17, 15).

Socio-cultural and religious factors influencing utilization of youth reproductive health services

Cultural practices, religion and beliefs combine to put youth at risk of potential infections

with HIV/AIDS, STIs and unwanted pregnancies and may not allow people to adopt protective behaviors Because they forbid it strongly . These factors were assessed by seeking opinions of what the 48 youth perceived to be responsible for non-consumption of RH. Responses are given in Parents decision, Morals, Religious beliefs, Friends Influence, Cultural Beliefs, Cost of the RH services(21).

When adolescents/youths face reproductive problems, they are likely to try to deal with the problem themselves, or with the help of friends or siblings whom they can trust to keep their secrets. To ensure that no one around them comes to learn about their problem, they tend to turn to service delivery points such as pharmacies and clinics at a safe distance from their homes, as well as to service providers who are as keen as they are to maintain secrecy (such as those who carry out abortions illegally)(7,16).

Study from Harer indicated that the adolescents are reluctant and uncomfortable to discuss RH issues. In most cultures, open discussion of RH issues with parents and significant others are minimal due to the conservative cultural and religious practices. Because of this, the youth do not have adequate information about their RH needs and problems. Most of the discussions between family and the adolescents occur only after certain RH problem has occurred. Most parents are ill prepared, uncomfortable or awkward in discussing RH issues with their children. This will make adolescents lack knowledge and skills to make rational decision and seek contraceptive or other RH services. Throughout the discussion, culture was repeatedly raised as a factor that prevented the youth from acquiring essential youth SRH services(17).

2.5.5. Health service factors affecting youth friendly reproductive health service

The main factors that hinders adolescents from using YFHS was availability, affordability, not fully accessibility and inconvenient hour of the service, fear of embracement or seen by parents or neighbors, distance from their residence area, lack of confidentiality, unfriendly and judgmental attitude of the health workers.(11,13,14,23)

Study from Gonder show that 13.6% of the respondents have no access for YRHS in nearby and 15.5% of the participants could not afford the payment of the service. From the participants who utilize the service (32.2%) the majority perceived the service has inconvenient service time(31.8%) , face fear to be seen by their parents or other adults(neighbors)(28.5%) and to long waiting hours (28.4%) also they mention short consultation hour(25.4%) providers are

judgmental and unfriendly (23.6%) feel embracement at seeking or going to RH services (21.6%).

A cross sectional Study in Addis Ababa shows that adolescents preferred to have separated service from others and discount on the cost of the service so that they use the service without fear of seen by their parents or neighbors.(24) This finding was also supported by the study in Awebel in which The main reasons, i.e., for those who didn't utilized SRH service (439) were lack of trained health provider, 185 (42.1%), cost of services and commodities, 159 (36.2%), lack of separate rooms for young people, 151 (34.4%) and judgmental attitude of health providers, 148 (33.7%) (25).

2.6. Theory of planed behaviour (TPB)

In psychology, the theory of planned behavior is a theory that links beliefs and behavior. The concept was proposed by Icek Ajzen to improve on the predictive power of the theory of reasoned action by including perceived behavioural control. It is a theory explaining human behaviour. It has been applied to studies of the relations among beliefs, attitudes, behavioral intentions and behaviors in various fields such as advertising, public relations, advertising campaigns and healthcare(26).

2.6.1 Constructs of theory of planned behaviour

The theory of planned behavior postulates three conceptually independent Determinants of intention. The first is the attitude toward the behavior and refers to the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question. The second predictor is a social factor termed subjective norm; it refers to the perceived social pressure to perform or not to perform the behavior. The third antecedent of intention is the degree of perceived behavioral control, which, as we saw earlier, refers to the perceived ease, or difficulty of performing the behavior and it is assumed to reflect past experience as well as anticipated impediments and obstacles. As a rule, the more favorable the attitude and subjective norm with respect to a behavior, and the greater the perceived behavioral control, the stronger should been individual intention to perform the behavior under consideration. The relative importance of attitude, subjective norm, and perceived behavioral control in the prediction of intention is expected to vary across behaviors and situations.

In summery the theory of planned behaviour proposes a model about how human action is guided. It predicts the occurrence of a specific behaviour provided that the behaviour is intentional.

To predict whether a person intends to do something, we need to know:

• Whether the person is in favor of doing it (‘attitude’)

• How much the person feels social pressure to do it (‘subjective norm’)

• Whether the person feels in control of the action in question (‘perceived behavioural control’)

By changing these three ‘predictors’, we can increase the chance that the person will intend to do a desired action and thus increase the chance of the person actually doing it. (27)

Indirect constructs of TPB models

True to its goal of explaining human behaviour, not merely predicting it, the theory of planned behaviour deals with the antecedent of attitude, subjective norm, and perceived behavioural control, antecedents, which in the final analysis determine intentions and actions. At the most basic level of explanation, the theory postulates that behaviour is a function if salient information, or beliefs relevant to the behaviour. People can hold a great many beliefs about any given behaviour, but they can attend to only a relevant small number at any given moment. It is these salient beliefs that are considered prevailing determinants of a person intention and action. Three kinds of salient beliefs were distinguished: behavioural beliefs, which are assumed to influence attitudes towards the behaviour, normative beliefs, which constitute the underlining determinant of subjective norm, and control beliefs, which provide the basic of perception of behavioural control (26).

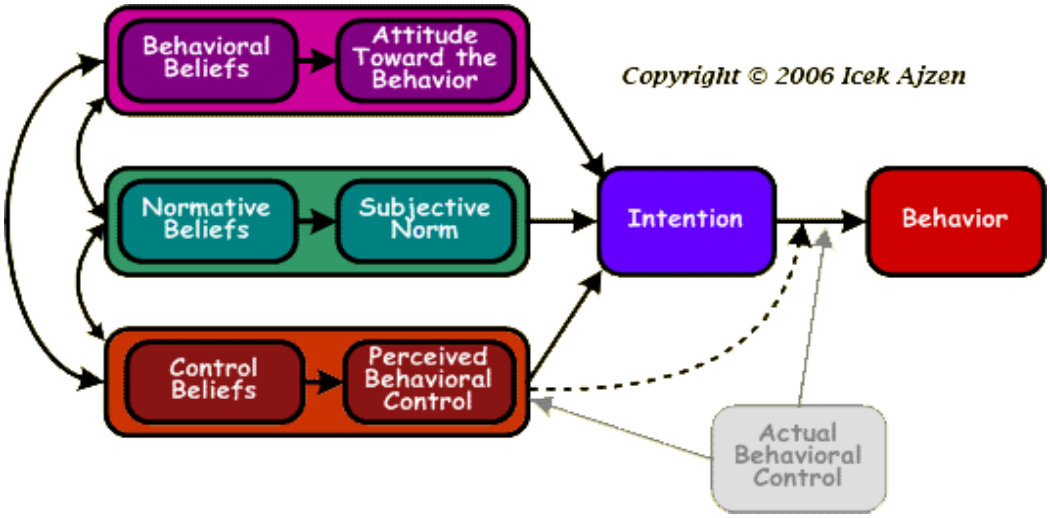


Figure 1 constructs of theory of planned behaviour, TPB Icak Ajzen

2.6.2 Applicability of theory of planned behaviour on behavioral health researches

Most researches prevailed that constructs of theory of planned behaviour can predicted behavioral intention and behaviour. This supported by the studies done by using this theory. This studies use the theory of planned behaviour in order to show the association between the constructs and intention to use various health care services. This studies applied theoretical model to test the applicability of theory of planned behaviour focusing on sexual behaviour such as intention to use condom, intention to use VCT service and intention to use contraceptives in Africa(28–30).

According to many literatures the constructs of TPB model variables predict intention with different significance. Thus, in some applications it may be found that only attitudes have a significant impact on intentions, in others that attitudes and perceived behavioral control are sufficient to account for intentions, and in still others that all three predictors make independent contributions (27).

The TPB model applied to youths due to the following reasons first youth decision based on both interpersonal and external factors second normative issues concerning sexual reproductive health and service uptake by youths was not be established in developing countries like Ethiopia which may lead to non-acceptance and fear for youths to utilize YFRHS.

Conceptual framework

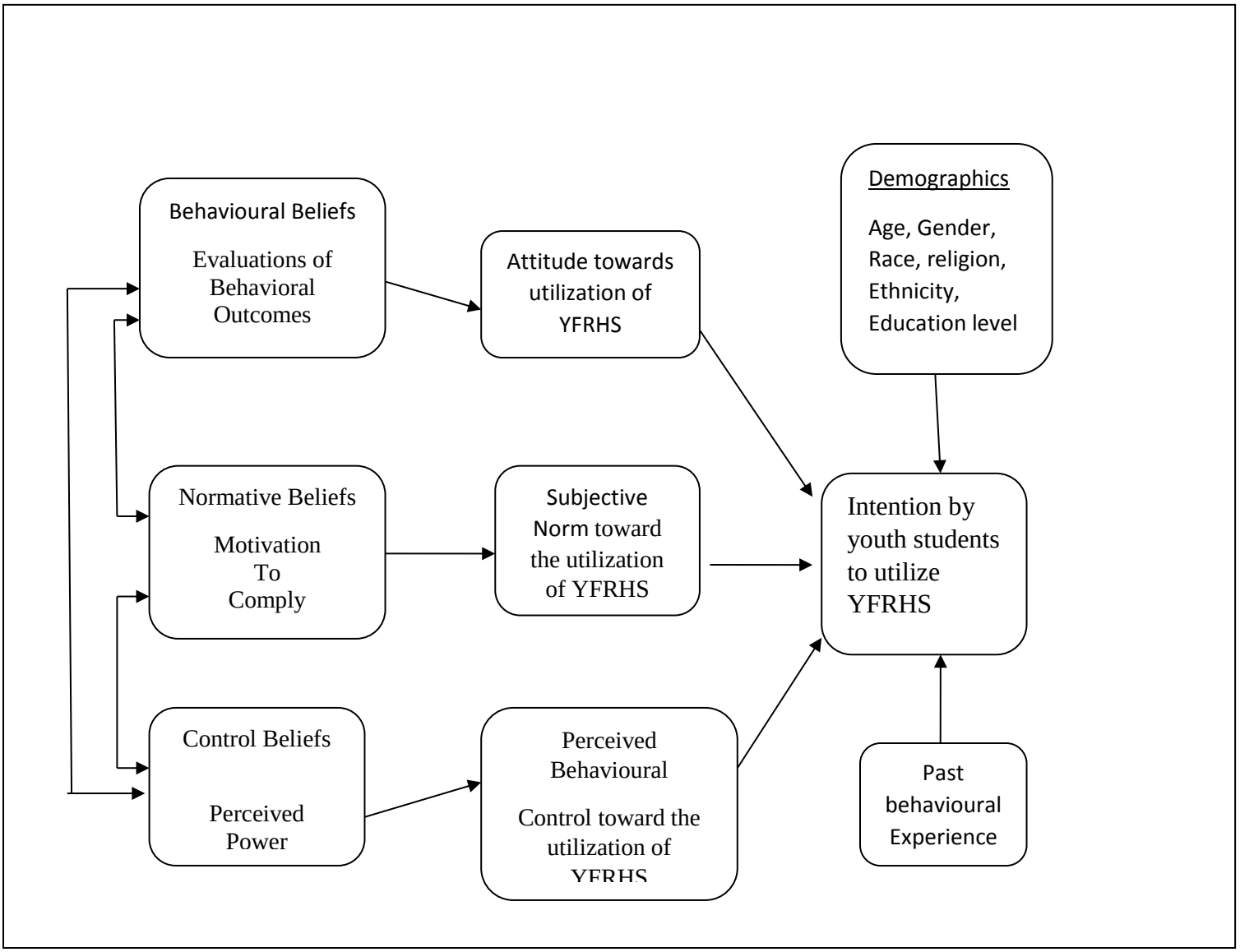


Figure 2: Conceptual framework indicating the predictors of intention to utilize YFRHS using TPB constructs

3. Objective

3.1 General objective

To predict the intention to use youth friendly service using theory of planned behavior among youth in Bahirdar town, Amhara region, Ethiopia 2018.

3.2 Specific objective

1. To measure attitude towards use of Youth Friendly Service among youth in Bahirdar town

2. To identify perception of importance others beliefs for using Youth Friendly Service among youth in Bahirdar town

3. To identify the perceived difficulty to use Youth Friendly Service among youth in Bahirdar town

4. Methodology

4.1 Study area and period

The study was conduct in Bahirdar, West Gojjam zone, Amhara National Regional State. Bahirdar is capital of Amhara regional state, and located 500 km Northeast of Addis Ababa. In the town, there are four privet high schools and preparatory schools with 2667 male and 2355 female student and ten high school and preparatory school with 5510 male and 6105 female student in the year 2017/2018. The total numbers of students attending in all high schools and preparatory school in Bahirdar town were around 16,637 in 2017 according to the data found from Bahirdar Education office. According to the information obtained from the Bahirdar town, statistics office report the total population of the town was 96,140 in 2015. In addition, there are two public hospitals, two privet hospitals, ten health centers, ten health posts, thirty privet higher and medium clinic, two nongovernmental organizations and FGAE youth centers. This health sectors gives YFRHS to young people according to the data found from Bahirdar health department. The study was conducted from March to April 2018 G.C

4.2 Study design

A school based cross sectional study conducted using quantitative techniques in school youth aged 15 – 24 years in 2018.

4.3 Population

4.3.1 Source population

Youth in Bahirdar town are the source population.

4.3.1 Study population

Students in public and private high schools and preparatory schools in Bahirdar town that were attending class in the regular program, aged 15-24, enrolled in the school in the respective grades (9, 10, 11 & 12) was the study population.

4.4 Eligibility criteria

4.3.2 Inclusion criteria

- Students, who are registered as a regular(day time) student, in the respective grade (9, 10, 11 and 12) for the year

4.3.3 Exclusion criteria

- Students who were sick or unable to speak
- Extension students excluded from the study

4.5. Sample size determination

The Sample size was calculated using single population proportion formula using the following the assumptions. Since there was no previous, study conducted in Ethiopia up to the knowledge of the investigator. Therefore the following assumption to estimate maximum sample size such as; a prevalence level was 50%, margin of error was 5%, non-respondents rate was 10%, confidence interval level was 95%, and the design effect of two is consider to obtain sufficiently large sample size. Based on these assumptions the total samples size calculated using the formula indicated below gave 844 respondents.

$$n = \frac{\left(\frac{z\alpha}{2}\right)2\ p(1-p)*2}{d2} = 3.8416*0.25/0.0025*2 = 768.52$$

Where: n was minimum possible sample size, N was actual sample size.

Z a/2 is standard score value for 95% confidence interval level of two sides normal distribution which is 1.96, and d2 is margin of error which is 5%.

P was proportion of youth who are intended to utilize YFS, which is 50%.

Then minimum possible sample size was n = 768. Considering 10% non-response rate total sample size equal to n+n*10%. Then N is equal to 768+76 =844.

Hence, 844 youth are involved in the study.

4.6 Sampling procedure

In Bahirdar city, there are four private schools (high school and preparatory schools) and 10 public schools that contain both high school and preparatory grades. Out of ten public schools, by using simple random sampling two schools are selected (20% of all schools) and from the private schools one school was selected by simple random sampling method after this selection and getting the sampling frame from the perspective schools. Finally, population proportion formula was used for taking appropriate sample size from each schools and systematic sampling method was used to select each study units from three schools.

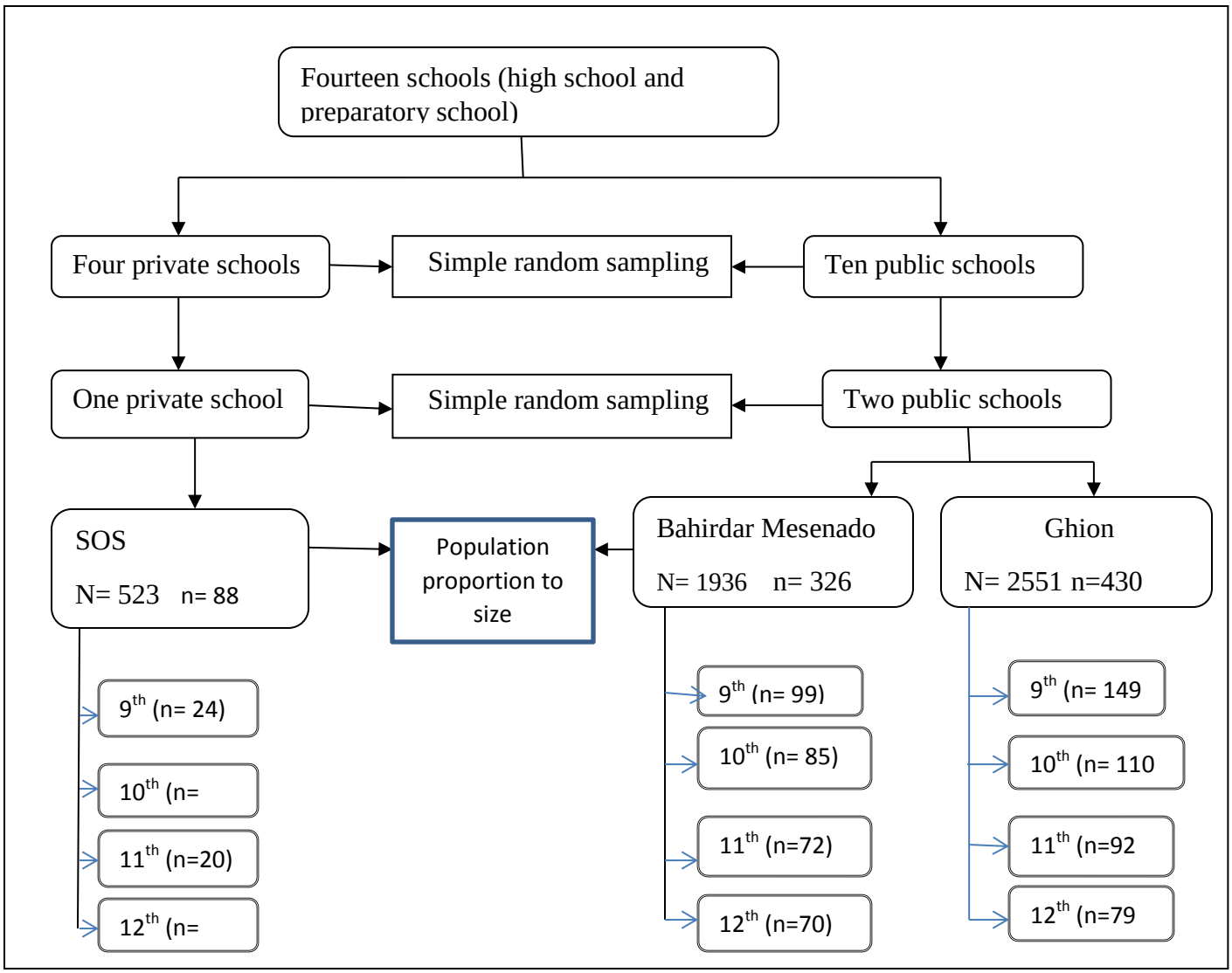


Figure 3: Schematic presentation of sampling techniques used to select study subjects from Bahirdar high schools and preparatory schools, 2018

N: B n (sample size for each study area) was identified by sampling with probability proportional to size (population proportion to size)

4.7 Variables

4.7.1. Outcome Variables/ dependent Variable

- Intention to use YFRHS

4.7.2. Explanatory variables/ independent Variables

- Socio-demographic variables
    - Age, sex, religion, educational level, parent occupation, ethnicity and school type
- Knowledge on youth friendly reproductive health services
- Past experience of using youth friendly reproductive health service
- Attitude towards youth friendly reproductive health service
- Social norm towards youth friendly reproductive health service
- Perceived behavioural control towards youth friendly reproductive health service

4.8 Operational definition

Youth friendly reproductive health service – services that are found in Bahirdar city that intended to provide for Adolescents and youths which comprise sexual and reproductive services like counseling service, Family planning service, VCT, Treatment of sexually transmitted Infections/diseases and Care of pregnant young persons.

The past youth friendly reproductive health service use was considered whether an individual has an experience of using at list one of the components of YFRHS. It was measured by asking the respondents whether they have ever used any components of the service and whether they used the service in the past one year by multiple response choice.

Intention to utilize youth friendly reproductive health service - how hard youth are willing to try, of how much of an effort they are planning to exert, in order to use the available youth friendly reproductive health service components when he/she is in need of it for the next six months. It was measured by seven items ranged from extremely not likely to extremely likely, The intention composite score was ranged from 7 to 49 and the higher score indicated high intention to wards the use of YFRHS.

Attitude towards utilization of youth friendly reproductive health service-The degree to which youths perceives the utilization of the available YFRHS based on favorable or unfavorable assessment of utilization. The Attitude was measured by 3 items with seven level scale. The composite score was range from 3 to 21 and the higher score indicated high Attitude towards the utilization of YFRHS.

Subjective norm towards utilization of youth friendly reproductive health service- was defined as any social influence that may determine if the youths utilize or not to utilize the available YFRHS. The subjective norm was measured using four items and the composite score ranged from 4 to 28 and relatively low composite scores indicated social pressure against the YFRHS utilization and high composite score indicates social pressure in favor of YFRHS utilization.

Perceived behavioural control towards use of youth friendly reproductive health service- was defined as the level of confidence youths has about their ability to use YFRHS based on how easy or difficult they perceive its performance as it relates to hindrances or facilitators. The perceived behavioural control was measured using four items and the composite score was ranged from 4 to 28. High composite scores showed strong perceived ability or less difficulty in using YFRHS services within the specified period. The mean scores were used in the regression analysis for all components of the theory.

4.9 Data collection

4.9.1 Data collection instrument

A structured and self-administered questionnaire with closed-ended questions was used to collect data from the respondents after pretest. The questionnaire was prepared in English and translated to Amharic language for appropriateness and easiness. The Amharic version was again translated back to English to check for consistency of meaning. Language experts in both cases did translation of questionnaire. The questionnaire was developed by review of different related literatures, TPB Questioner Development Guidelines and findings of the elicitation studies variables identified to be measured(12,31). A seven-option Likert's scale was used in this study.

Elicitation study

Sample size determination and sampling technique for Elicitation study

For elicitation study, participants were recruited by judgmental (purposive) sampling technique. Homogeneity for participants based on sex categories. The participants for FGDs were selected from each grade. According to this, four FDGs were conducted with 9-11 participants. The FGD participants are grouped based on their sex and educational level as high school (9-10) and preparatory (11-12). The results from the qualitative study was used to develop a tool for the indirect measurements of the constructs of TPB (indirect measurement of Attitude, subjective norm and PBC) by reveling the silent beliefs of each constructs

Data collection instrument for the Elicitation study

For the qualitative data collection, semi structured FGD guideline was prepared. The guideline was prepared based on the predictive constructs of the TPB model (attitude; subjective norm; and perceived behavioural control). The FDG was takes place in the school compound with secured privacy for the groups of the participants.

Data collection methods for the Elicitation study

The qualitative data was collected using semi structured focused group discussion guideline designed by reviewing TPB guidelines and modified for propose of this study. The focused group discussion was in Amharic. The discussion was tape recorded with the permission from the participants. The FGD conducted by the principal investigator and note taker with four FGDs of selected students from each grade though the purposive sampling methods

Data Quality assurance for Elicitation study

The trustworthiness of the data of the qualitative study was assessed by the criterion of Credibility; dependability; conformability and transferability. Credibility was assured by triangulation by person (use of multiple sources for the truth fullness of the findings like selection of the participants from different age groups and grade) and External check by

Advisors and peers. Dependability and Conformability was assured by inquiry audit, Transferability by careful sampling of the participants to assure generalizability of the findings.

Elicitation study data processing and Analysis

The qualitative studies was used as the elicitation studies which was used to develop the indirect (beliefs based) measures for all the predictor constructs in the TPB model (attitude; subjective norm; and perceived behavioural control). Therefore, the content of the responses of the qualitative data was transcribed and was analyzed by labeling the themes. Listing themes in order of frequency for each of the predictors of the TPB model, this was done by using Open Code software. Finally, the tool from the themes was prepared for the quantitative studies

4.9.2 Data collection method

The data was collected by using self-administered structured questioners with 6 trained data collectors and 1 supervisors for 7 days who are diploma /BSC holders with some experience in data collection.

4.10 Data quality assurance

The data collection questionnaire first prepared in English and then was translated into Amharic and back to English for checking language consistency by a different person with an excellent Amharic and English speaking skill. Training on the objective of the study, and method of data collection and content of questionnaire was given to supervisors and the data collectors.

4.12 Data processing and analysis

Prior to the use of the instrument the reliability correlation coefficients for the TPB constructs were reported to be greater than .70 to assess the validity of the tool by administering the questioner to the same group which consists of 50 participants for the pretest with the gap of one week in between. Cronbach's alpha was used to assess the internal consistency of the measurement scales in the survey instrument (i.e. attitude, subjective norms, perceived behavioural control, intention, past behaviour) using the entire sample.

Data checked for its completeness, by the data collectors, the supervisors and investigator on the field and during data entry then it edited, coded and entered by the principal investigator for the analysis by using SPSS- 20.0 and STATA 12.0. Descriptive statistical measure like frequency

distribution, mean and standard deviation was done. Independent t test and one way ANOVA was calculated to identify the mean difference of the predictive variables with the outcome, Using a multiple linear regression procedure, we entered intention as the dependent variable, and socio-demographic variables, measurement of knowledge, measurement of past behavioural experience and the direct measures of attitude, SN and PBC as the predictor variables. Correlational analysis was done between the direct and the indirect measurements of TPB constructs in order to identify the direction and relationship between them. Standardized coefficients and adjusted R^2 values were used to interpret the effects and variability in the dependent variable, respectively. A *P*-value <5% was considered to indicate significant association

Analysis of each constructs of TBP model

Analysis using the direct measures of the predictor variables

The negatively worded responses were recoded items related to the direct measure analyzed, to established internal consistency. All items with internal consistency co-efficient of > 0.6 are included in the composite variable. The new variables were defined clearly, so that the variable labels were included in the output file.

Using a multiple regression procedure, intention was entered as the dependent variable, and the direct measures of attitude, subjective norm and perceived behavioural control as the predictor variables.

Analyses using the indirect measures

Each behavioural beliefs are multiplied (weighted) by the score for the relevant outcome evaluation to create a new variable that represent the weighted score for each behavioural belief. Similarly each normative belief weighted by the score for motivation to comply and each control belief by the score representing the influence of the control belief. Then the weighted beliefs summed to create a composite score for attitude subjective norm and perceived behavioural control. Simple Bivariate correlation was calculated between direct and indirect measures of the same construct, to confirm the validity of the indirect measures.

Attitude

Attitude towards use of YFRHS is the degree to which Performance of the behaviour is positively or negatively valued. According to the expectancy-- value model, attitude toward a behavior is determined by the total set of accessible behavioral beliefs linking the behavior to

various outcomes and other attributes. Specifically, the strength of each belief (b) was weighted by the evaluation (e) of the outcome or attribute, and the products are aggregated, as shown in the following equation.

$$A \propto \sum b_i e_i$$

Subjective Norm

Subjective norm is the perceived social pressure to engage or not to engage in a behavior. Drawing an analogy to the expectancy-value model of attitude it was assumed that subjective norm is determined by the total set of accessible normative beliefs concerning the expectations of important referents. Specifically, the strength of each normative belief (n) is weighted by motivation to comply (m) with the referent in question, and the products are aggregated, as shown in the following equation.

$$SN \propto \sum n_i m_i$$

Perceived Behavioural Control

Perceived behavioral control refers to people's perceptions of their ability to perform a given behavior. Drawing an analogy to the expectancy- value model of, it was assumed that perceived behavioral control is determined by the total set of accessible control beliefs, i.e., beliefs about the presence of factors that may facilitate or impede performance of the behavior. Specifically, the strength of each control belief (c) was weighted by the perceived power (p) of the control factor, and the products are aggregated, as shown in the following equation. To the extent that it is an accurate reflection of actual behavioral control, perceived behavioral control can, together with intention, be used to predict behavior.

$$PBC \propto \sum c_i p_i$$

Intention

Intention is an indication of a person's readiness to perform a given behavior, and it is considered to be the immediate antecedent of behavior. The intention based on attitude toward the behavior, subjective norm, and perceived behavioral control, with each predictor weighted for its importance in relation to the behavior and population of interest.

4.13 Ethical considerations

An ethical clearance and official letter was obtained from the Institutional Review Board (IRB) of College of Health Sciences of Addis Ababa University. Permission was secured from Bahirdar town education office. After getting permission from school's assent was obtained from school director for those participants less than 18 years old and verbal consent was obtained from the study participants. The students' privacy during the interview was maintained by conducting in a private place. Participants are informed on the benefits and risks of participation in the study. The data obtained from them was kept confidential by not writing participant`s name in the questionnaire.

4.14. Dissemination plan

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

5. Result

5.1. socio-demographic information of the study participants

The study covered youth in high schools and preparatory and each grade was covered with equal proportion. Eight hundred forty-four students participated in this study giving a response rate of 96.4%. The median age of the participants was 18 with a mean age of 17.78 ranged from 15 to 24 years. There was more female 432(52.4%) compared to male participants. On religious affiliation, 707 (85.7%) of those interviewed were Orthodox Christians and 95 (11.7%) were Muslims. Majority of the youth interviewed were from the Amhara community forming 778(94.3%). Regarding their parent occupation 32% of their parents were engaged in private work, 22% are formal employed in governmental and non-governmental institution and 21% of them are farmers but most of their mothers are house-wife when we see it separately for each of their parents which is 31.9%. Table 1 summarizes the descriptive information of the study participants.

Table 1: Background Characteristics of youth in Bahirdar city, Ethiopia, 2018 (n=825)

Factors	Category	Frequency (n)	Percentages (%)
Sex	Male	393	47.6
	Female	432	52.4
Age	15-19	571	67.6
(M=17.78)	20-24	254	32.4
Religion	Orthodox Christian	707	85.6
	Muslim	95	11.7
	Other(Protestant, Catholic)	23	2.7
level of education	Grade 9	300	36.4
	Grade 10	188	22.8
	Grade 11	192	23.3
	Grade 12	145	17.6
Ethnicity	Amhara	780	94.5
	Other (Oromo, Tigrie, Guragie)	45	5.5
School type	Public	737	89.3
	Privet	88	10.7
Father occupation	Self- employment	295	35.7
	Formal employment	210	25.5
	Farmer	194	23.5
	preachers	67	8.1
	Daily laborer	23	3.3
	Others (dead)	33	3.9
Mother's occupation	House wife	263	31.9
	Self-employment	233	28.9
	Formal employment	148	17.9
	Farmer	147	17.8
	Daily laborer	26	3.2
	Others (dead)	8	1.0

5.2 Awareness of youths towards Youth friendly reproductive health service

The participant's knowledge on YFRHS was assessed by asking them whether they heard about any facility offering youth friendly reproductive health services and the services being offered as reproductive health services and their source of information. From study participants 538(65.2%) of them have ever heard about YFRHS and from those who heard about the YFRHS services were further asked to state their source of information with multiple response question. Figure 4 shows that majority of youth (27.8%) had received information on YFRHS from their Teachers. Moreover, among those who knew about YFRHS, (25.6%) got the information from their Parents, while notice board (21.6%) and (13.6%) from their friends and (19.5%) had information from unknown source.

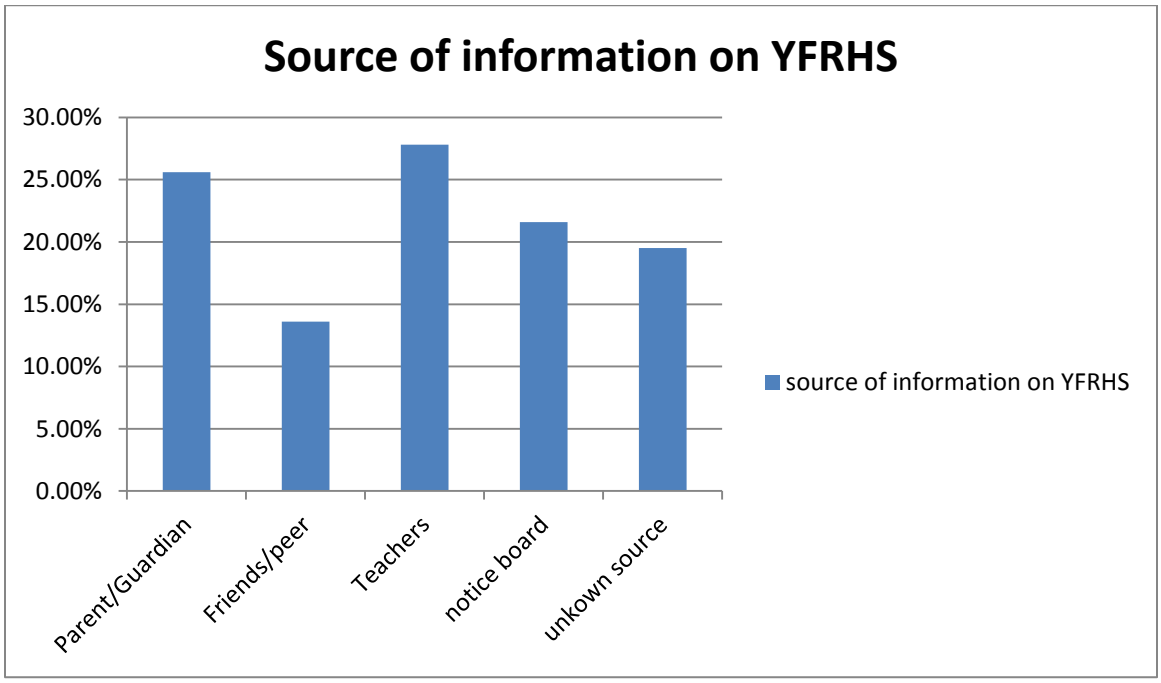


Figure 4 Source of information on YFRHS among youths in Bahirdar, 2018

5.3 Utilization of youth friendly reproductive health service among youths in life time

From all of the study participants 309(37.5%) of them have used at least one of the youth friendly reproductive services and from this, the main youth-friendly reproductive health services utilized by the youth were counseling services and VCT followed by family planning and condom.

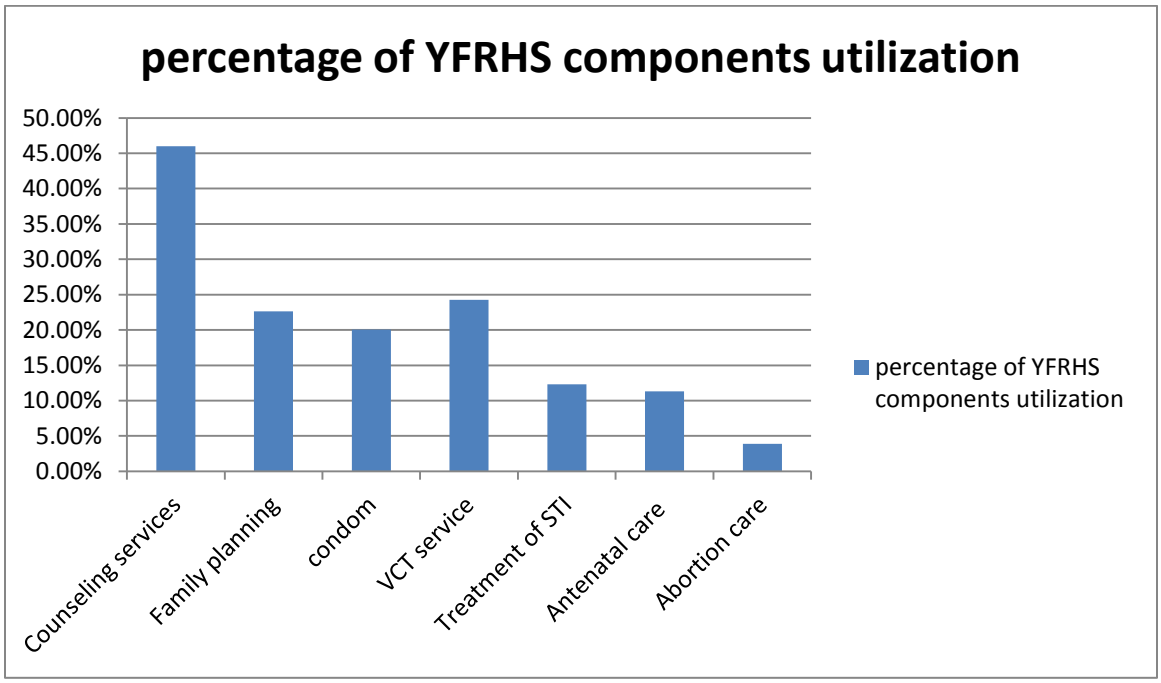


Figure 5 The total number of youth whom utilize youth friendly reproductive health service ever in Bahirdar city, Ethiopia, 2018 G.C

5.4 Theory of planned behaviour model variables

5.4.1 Theory of planned behaviour variables

This section describes the statistics for each observed variable associated with the latent variables attitude, subjective norm, perceived behavioral control, and intention. The items for each variable required respondent to indicate their level of agreement with the use of YFRHS for their reproductive health issues.

5.4.1.1 Intention measurement items

Intention of youths to use of youth friendly reproductive service was assessed by using seven item questions. This items show that most of the participant's response have high positive intention of using YFRHS this was illustrated on the Table 3 in detailed of the degree of agreements of the respondents. From this 387 (46.9 %) of the respondents extremely agreed that they have to use YFRHS for their reproductive health issues on the other hand the case provided for the respondents shows that 513 (62.2%) of them are extremely likely to use the service if they face sexually transmitted disease

Table 2: Frequency and Percentages of Responses for Measurement Items on intention (n = 825)

Items	***Extremely (%)***	***Quite (%)***	***Slightly (%)***	***Neither (%)***	***Slightly (%)***	***Quite (%)***	***Extremely (%)***	***Item M***	***SD***
I have to use YFRHS for my RH issues	87 (10.5)	14 (1.7)	19 (2.3)	84 (10.2)	79 (9.6)	155 (18.8)	387 (46.9)	5.51	1.96
I will visit YFRHS for my RH issues	133 (16.1)	43 (5.2)	60 (7.3)	111 (13.5)	99 (12.0)	190 (23.0)	189 (22.9)	4.61	2.11
I expect to use YFRHS for my RH issues	92 (11.2)	38 (4.6)	57 (6.9)	105 (12.7)	114 (13.8)	171 (20.7)	248 (30.1)	4.96	2.00
I want to use YFRHS for all of my RH issues	126 (15.3)	28 (3.4)	68 (8.2)	115 (13.9)	143 (17.3)	152 (18.4)	193 (23.4)	4.64	2.05
I intend to use YFRHS for my RH issues	144 (17.5)	43 (5.2)	74 (9.0)	107 (13.0)	128 (15.5)	153 (18.5)	176 (21.3)	4.45	2.12
Do you like to use YFRHS to prevent unwanted pregnancy	175 (21.2)	25 (3.0)	46 (5.6)	77 (9.3)	92 (11.2)	130 (15.8)	280 (33.9)	4.69	2.33
Do you like to use YFRHS for the treatment of STD	61 (7.4)	23 (2.8)	27 (3.3)	46 (5.6)	56 (6.8)	99 (12.0)	513 (62.2)	5.86	1.87

8.4.1.2. Direct Attitude measurement items

Attitude of youths towards utilization of youth friendly reproductive service was assessed by using three item questions. This items indicated that 49.7% (*n* = 410) extremely agreed on using YFRHS is good; 37.9% (*n* = 313) extremely agree and 248(30.1%) quite agree that using YFRHS is beneficiary. while 40.0% (*n* = 330) extremely agree and 183(22.2%) quite agree that using YFRHS is an appropriate. A detailed description of the responses for measurement items on attitude towards using YFRHS among youths was shown on Table 3

Table 3: Frequency and Percentages of Responses for Measurement Items on direct Attitude (n = 825)

Items	***Extremely (%)***	***Quite (%)***	***Slightly (%)***	***Neither (%)***	***Slightly (%)***	***Quite (%)***	***Extremely (%)***	***Item M***	***SD***
Using YFRHS by youths for RH is issues (Bad, Good)	71 (8.6)	30 (3.6)	34 (4.1)	28 (3.4)	89 (10.8)	163 (19.8)	410 (49.7)	5.62	1.93
Using YFRHS by youths for RH issues is (Harmful, Beneficiary)	43 (5.2)	40 (4.8)	47 (5.7)	32 (3.9)	102 (12.4)	248 (30.1)	313 (37.9)	5.55	1.75
Using YFRHS by youths for RH issues is (Appropriate, not Appropriate)	56 (6.8)	38 (4.6)	46 (5.6)	40 (4.8)	132 (16.0)	183 (22.2)	330 (40.0)	5.45	1.84

8.4.1.3. Direct subjective norm measurement items

Direct subjective norms towards utilization of youth friendly reproductive service was assessed by using four item questions. In examining the responses for measurement items on subjective norm related to utilization of YFRHS by youths, 21.7% (*n* = 237) of respondents extremely agreed that peoples who are most important to them think they should use YFRHS for their RH issues. In addition 29.6% (n=244) believes that it is expected of them to use YFRHS for their RH issues while 21.8% (*n* = 180) Quite agreed with this statement. On the other hand 25% (*n* = 206) extremely agreed that that they have social pressure to use YFRHS. While 19.5% (*n* = 161) Quite agreed with this statement. A detailed description of the responses for measurement items on subjective norm towards using YFRHS among youths was shown on Table 4

Table 4: Frequency and Percentages of Responses for Measurement Items on direct Subjective norm (n = 825)

Items	*Extremely (%)*	*Quite (%)*	*Slightly (%)*	*Neither (%)*	*Slightly (%)*	*Quite (%)*	*Extremely (%)*	Item M	SD
most people who are important to me think that I (shouldn't, should) use YFRHS for my RH issue	103 (12.5)	63 (7.6)	52 (6.3)	102 (12.4)	89 (10.8)	179 (18.7)	237 (21.7)	4.81	2.10
It is expected of me that I should use YFRHS for my RH issue (disagree, agree)	94 (11.4)	51 (6.2)	70 (8.5)	75 (9.1)	111 (13.5)	180 (21.8)	244 (29.6)	4.91	2.05
I feel under social pressured to use YFRHS for my RH Issues(disagree, agree)	206 (25.0)	60 (7.3)	81 (9.8)	85 (10.3)	106 (12.8)	151 (18.3)	136 (16.5)	4.00	2.23
People who are most important to me want me to use YFRHS (disagree, agree)	134 (16.2)	52 (6.3)	62 (7.5)	107 (13.0)	121 (15.4)	161 (19.5)	182 (22.1)	4.52	2.11

8.4.1.4. Direct perceived behavioural control measurement items

Direct perceived behavioural controls towards utilization of YFRHS were assessed by using four item questions. This items indicate 33.8% (*n* = 239) of respondents extremely agreed that they were confident in using YFRHS and 22.5% (n=186) of them extremely agreed that using YFRHS is easy to them. While 16.8% (*n* = 139) extremely disagreed with this statement.

In addition 26.8% (n=221) of the respondents extremely agreed that using YFRHS is on their control. While 13.7% (*n* = 113) extremely disagreed with that statement and 12.0% *(n* = 99) neither agreed nor disagreed. A detailed description of the responses for measurement items on PBC towards utilization of YFRHS among youths was shown on Table 5

Table 5: Frequency and Percentages of Responses for Measurement Items on direct PBC (n = 825)

Items	*Extremely (%)*	*Quite (%)*	*Slightly (%)*	*Neither (%)*	*Slightly (%)*	*Quite (%)*	*Extremely (%)*	*Item M*	*SD*
I am confident that I can use YFRHS for my RH issues if I want to (disagree, agree)	70 (8.5)	64 (7.8)	61 (7.4)	80 (9.7)	94 (11.4)	177 (21.5)	239 (33.8)	5.07	2.00
For me, using YFRHS is (difficult, easy)	139 (16.8)	67 (8.1)	67 (8.1)	102 (12.4)	122 (14.8)	142 (17.2)	186 (22.5)	4.42	2.15
Using YFRHS is beyond my control (disagree, agree)	113 (13.7)	140 (17.0)	81 (9.8)	99 (12.0)	72 (8.7)	99 (12.0)	221 (26.8)	4.28	2.22
Whether I use YFRHS is entirely up to me (disagree, agree)	138 (16.7)	74 (9.0)	81 (9.8)	102 (12.4)	83 (10.1)	126 (15.3)	221 (26.8)	4.43	2.21

8.4.1.5 Behavioural belief and evaluation of behavioural outcome measurement items

Indirect Attitude towards utilization of YFRHS were assessed by using ten item questions this contain the behavioural beliefs with five items and the corresponding five measurement item for the evaluation if the behavioural out comes of this beliefs. The description of this measurements show that, 240(29.1%) of participants extremely disagreed on using YFRHS is the way to protect them self's from health complications even though 290(35.2%) of the respondents extremely agreed on the desirability of protecting oneself from the health complication. On the other hand 226 (27.4%) of the respondents extremely disagreed on using YFRHS will lead to have early unwanted sexual act and having early sexual act is extremely undesirable by youths among 305(37.0%) of the respondents. The corresponding evaluation of behavioural outcomes of the Behavioural beliefs mentioned above, most of the respondents extremely agreed (319, 38.7%) that, improving future life is a desirable behaviour. A detailed description of the responses of

measurement items on behavioural beliefs and evaluation of the outcomes of the beliefs towards utilization of YFRHS among youths was shown on annex 1 Table 13 and 14

8.4.1.6. Normative beliefs and motivation to comply with the beliefs measurement items

Responses for measurement items on normative beliefs and motivation to comply with the beliefs, influencing subjective norm towards the use of YFRHS are summarized in Table 15 and Table 16 on annex 1 respectively with six measurement items for each. Most of the respondents 206(25.0%) extremely agreed that their friends think they should not use YFRHS for their reproductive issues but 177(21.5%) of them beliefs that their friends support the use of YFRHS by them for their RH issues. This beliefs was extremely important among 283(34.3%) of the respondents on their decision to use YFRHS.

On the other hand 171(20.7%) of the respondents extremely agreed on their family disproval of using YFRHS by and what their family think towards their utilization of this service have extreme importance 282(34.2%) for their decision to use the service. Most of the respondents 248(30.1%) of the respondents extremely agreed on their religious leaders disproval of using YFRHS by and what their religious leaders think towards their utilization of this service have extreme importance 261(31.6%) for their decision to use the service.

In addition 245(29.7%) of the respondents extremely agreed on health professionals support the use of YFRHS by them for their RH issues. This beliefs was extremely important among 254(30.8%) of the respondent's on their decision to use YFRHS.

8.4.1.7. Control belief and perceived power of control belief measurement items

Responses for measurement items on control beliefs and perceived power of control beliefs, influencing perceived behavioural controls towards the use of YFRHS are summarized in Table 17 and 18 on Annex 1 respectively with nine-measurement item for each. Many of the respondents extremely disagreed that, not having money (235, 28.5%), not finding health professionals who can understand their needs (172, 20.8), and treated by health professional how has different sex (175, 21.2%) can affect the utilization of YFRHS. On other hand not having money (255, 30.9%), being ashamed of explaining their needs for the health professionals (235, 28.5%) and not having knowledge on the services (238, 28.5%) make it extremely difficult to use

YFRHS. Rather having information on the reproductive health from printed materials (170, 20.6%) makes it extremely easier for utilization of YFRHS among of respondents.

5.4.2 summery of TPB variables

Table 6 depicts the number of items used to measure each constructs of the TPB model and it ranges from 3 to 9 items. The mean and standard deviations for the components of the cognitive variables applied for 825 respondents. The mean; standard deviation; minimum and maximum scores for the variables attitude, subjective norm, perceived behavioral control, intention For the variable intention, the participants had an overall score (M = 34.71, SD = 9.68); for attitude (M = 16.62, SD = 5.14); for subjective norm (M = 18.23, SD = 6.14); for perceived behavioral control (M = 18.21, SD = 5.87). The study group had better attitude, normative belief, motivation to comply, control belief, power of control and intentions to use YFRHS services. The internal consistency reliability in terms of Cronbach's alpha ranged from 0.92 (Attitude towards YFRHS use) to 0.62 (Perceived Behavioural control).

Table 6: Descriptive statistics for the Theory of Planned Behavior, intention and behavior (mean, standard deviation), Cronbach's alpha

Variable	N	Item	Min	Max	Mean	SD	α
intention	825	7	7	49	34.71	9.68	0.80
Direct attitude	825	3	3	21	16.62	5.14	0.92
Direct Subjective norm	825	4	4	28	18.23	6.14	0.70
Direct Perceived behavioural control	825	4	4	28	18.21	5.87	0.62
Indirect attitude	825	10	-74	105	13.11	32.09	0.759
Indirect subjective norm	825	12	-126	126	18.94	40.53	0.831
Indirect PBC	825	18	-189	189	-16.27	41.26	0.721

5.5 Analyzing mean difference between explanatory variables and intention

5.5.1 Socio-demographic variables and intention to use YFRHS

The mean deference of each socio demographic variables was calculated according to their nature of variables, distribution of the variable since the variables are normally distributed we use parametric test.

An independent t test was conducted to determine if there is a difference existed between mean intention to use YFRHS of types of school, gender and one way ANOVA was conducted for level of education, religion, Ethnicity, Father's occupation and mother's occupation variables. From this there were a statistically significant difference between mean intention scores of public (n=737, M= 35.15, SD= 9.65) and privet (n= 88, M=30.98, SD=9.19) schools, *t* (823) =3.847, p= <0.0001, 95% CI (2.04, 6.290) and also there is a statistically significant difference among religious groups (mean square = 92.985, F=2,625, P=0.034). While conducting multiple compressions of mean difference among each values the mean difference between other religion (protestant, Catholic) and Orthodox religion has statistically significant (P = 0.023, 95% CI=-15.49, -0.74) difference also the mean score of other religion (protestant, Catholic) and Muslim religion has statistically significant (P = 0.044, 95% CI=-15.73, -0.14),

There were also statistically significant differences between mean intention scores within the fathers occupation groups (mean square = 91.44, F=3.99, P=0.003). While conducting multiple compressions of mean difference among each values only the mean difference between formal occupation and farmers is statistically significant (P = 0.002, 95% CI=-6.09, -0.89)

In addition There were statistically significant differences between mean intention scores within the mother's occupation groups (mean square = 91.84, F=3.968, P=0.003). While conducting multiple compressions of mean difference among each values only the mean difference between formal occupation and farmers is statistically significant (P = 0.002, 95% CI=-7.18, -1.08)

Table 7 Summery of independent T-test statistics for the socio-demographic variables with intention

variables	value	N	M	SD	*t*	P- value	Effect size	95% CI	
								lower	upper
Types of school	Public	737	35.15	9.65	3.847	>0.0001	0.005	2.04	6.29
	Privet	88	30.98	9.19					
Gender	Male	393	35.02	9.69	0.870	0.385	0.001	-7.37	1.91
	Female	432	34.43	9.69					
Age(year)	15-18	517	34.33	9.64	-1.76	0.076	0.001	-2.75	0.13
	19-24	249	35.64	9.79					

Table 8 summery of one way ANOVA for socio-demographic variables with intention

variable	M- square	F	P- value
Education level	94.015	0.131	0.941
Religion	92.985	2.625	0.034
Ethnicity	93.212	0.338	0.853
Father's occupation	91.441	3.992	0.003
Mother's occupation	91.842	3.968	0.003

5.5.2 Knowledge and intention to use YFRHS

An independent T test was conducted to determine if there is a difference existed between mean intention score to use YFRHS of those who have ever heard of the service and those who are not. There were a statistically significant difference between mean intention scores of how have ever heard (n=538, M= 35.26, SD= 9.67) and not heard of YFRHs (n= 287, M=33.68, SD=9.63), *t* (823) =2.23, p= 0.026. The effect size 0.0027 was small. The 95% CI was (0.19, 2.96) and in addition independent T- test was conducted on the main sources of information on YFRHS and the services that youth heard of as YFRHS as indicated on table 19 of Annex 1 . From this there

were a statistically significant difference between mean intention score from their parents, friends and from unknown source. But on statistically significant difference was seen on the knowledge of the youths about the component of YFRHS given in health institution

5.5.3 Past behavioural experience (PBE) and intention to use YFRHS

An independent t test was conducted to determine if there is a difference existed between mean intention score to use YFRHS of those who have ever used of the service and those who are not. There were a statistically significant difference between mean intention scores of how have ever used (n=309, M= 36.61, SD= 9.04) and not used of YFRHS (n= 516, M= 33.57, SD= 9.88), *t* (693.47) = 4.520, p< 0,0001,95% CI (1.722, 4.367) in addition independent T-test was conducted for the ever used YFRHS and the service utilized in the last one year as shown on table 20, annex 1. From this, there were statistically significant differences on counseling service, family planning and never use of the service in both cases.

5.5.4 TPB model constructs and intention to use YFRHS

Table 11 shows the correlations among the constructs of the model for intended YFRHS use, and Cronbach alpha coefficients for the theoretical constructs. It can be seen that subjective norms were strongly related to behavioural intentions (*r*= 0.47), while Attitude correlated (*r* = 0.37) with intention to use YFRHS and Perceived behavioural control to be (*r* = 0.27). All correlations were statistically significant at 1 percent level. The Pearson's correlation coefficient show that the there is a positive relationship among the constructs of TPB models whereas the strongest relationship was observed between intention to use YFRHS and subjective norm towards YFRHS.

Table 9: Correlations (Pearson's *r*) among the various TPB model measures, descriptive statistics and Cronbach's alpha coefficients (*N* = 825)

Variable	*A*	*SN*	*PBC*	*Intention*
Attitude	1			
Subjective norm	0.382**	1		
Perceived behavioural control	0.283**	0.266**	1	
Intentions	0.379**	0.474**	0.277**	1

***. Correlation is significant at the 0.01 level (2-tailed).*

Tables 12 present correlations between psychological variables. The correlations supported positive relationships between indirect measures of attitude and direct measurement of attitude (r= 0.179, p<0.01), indirect subjective norms with direct subjective norm(r= 0.135, p<0.01), and indirect perceived behavioural control with direct measurement of perceived behaviour control(r= 0.076, p<0.05).

Table 10: Correlations (Pearson's *r*) among direct and indirect measures of TPB constructs

Variable	Direct Attitude	Direct subjective norm	Direct PBC	Indirect attitude	Indirect SN
Direct Attitude	1				
Direct subjective norm	.382**	1			
Direct PBC	.283**	.266**	1		
Indirect attitude	.179**	.005	.037	1	
Indirect subjective norm	.130**	.135**	.147**	.300**	1
Indirect PBC	-.079*	-.081*	.076*	.025	.134**

***. Correlation is significant at the 0.01 level (2-tailed).*

**. Correlation is significant at the 0.05 level (2-tailed).*

5.6 Regression analysis

5.6.1 Simple leaner regression analysis of all variables

Prior to the analysis the assumptions of leaner regression was assessed for the distribution of dependent and independent variable by using kernel density, probability plot and quintile normal plot and the assumption of relationship was assessed by scatter plot. Since the variables are normally distributed based on the above tests we have proceeded with bivariate regression analysis.

5.6.1.1 Socio-demographic variables

The significance of each variables on predicting intention to use YFRHS was assessed by bivariate regression, from socio demographic variables types of school, religion, fathers occupation and mothers occupation become significant predictors intention at the significant level of p<0.05. the details of bivariate analysis of socio-demographic variables are indicated on table 21 on annex 1

5.6.1.2 Knowledge and intention to use YFRHS

On the bivariate regression, analysis of the prediction of intention by knowledge of the respondents was assessed by ever heard of YFRH service, their source of information, ever heard YFRHS components. From the result shown on table 22 on annex 1 indicated that, ever use of YFRHS (B= 1.575, 95% CI (0.190, 2.961) P= 0.044) and their source of information become significant on prediction of intention to use YFRHS however, ever heard of any components of YFRHS was not statistically significant with intention to use YFRHS. From the source having the information from parents (B= -2.4879. 95%CI (-4.238, -0.0738(, P=0.005), teachers (B=-1.776, 95% CI (-3.475,-0.0771), P= 0.044), unknown source (B=-3.103, 95% CI (1.144, 5.062), P= 0.002) becomes significant on prediction of intention to use youth friendly reproductive health service.

5.6.1.3. Past behavioural experience on prediction of intention to use YFRHS

Past behavioural experience of the study participants were assessed using their ever used of at list one of the components of YFRHS and the services they have been used in the last one year. The bivariate regression analysis shown that having past experience of using counseling service (B= -3.091, 95% CI (-4.827, -1.355), p<0.0001), family planning (B= -3.235, 95% CI -5.601,-0.810), p<0.007), and not using any of the components of YFRHS ever (B= 3.045, 95% CI (1.693, 4.396), p=0.0001) is statistically significant predictors of intention to use YFRHS among youths. In addition using counseling service (B= -3.584, 95% CI (-5.466, -1.703), p=0.0001), family planning((B= -3.512, 95% CI (-6.049, -0.974), p=0.007),) and not using any of the components of YFRHS((B= 2.971, 95% CI (1.573, 4.370), p=0.0001), in the past one year is statistically significantly in predicting intention to use YFRHS among youths. The detail of the bivariate regression was shown on the table 23 on annex 1.

5.6.1.4 TPB model explanatory variable with intention

The bivariate leaner regression analysis has done for the TPB model constructs. The entire model variables attitude (B= 0.713, 95% CI 0.594- 0.834, P<0.0001), subjective norm (B= 0.747, 95% CI 0.349- 0.567, P<0.0001), and perceived behavioural control (B=0.457, 95% CI 0.565 - 0.077, P<0.0001), has become statistically significant in prediction of the intention of youths to use YFRHS.

Table 11: Bivariate analysis of TPB model explanatory variables in predicting intended use of YFRHS services among youths in Bahirdar, Ethiopia, 2018

Model	Variable	B	95% CI		R square	Adj. R square	p-value
			Lower	upper			
TPB model explanatory variables	Attitude	0.713	0.594	0.834	0.143	0.142	<0.0001
	Subjective norm	0.747	0.349	0.567	0.225	0.224	<0.0001
	Perceived behavioural control	0.457	0.349	0.565	0.077	0.076	<0.0001

5.6.2 Multi variable Regression Analysis

The variables, which are significant during bivariate regression, inserted and checked for their statistical significance using multiple linear regressions. This are types of school, religion of the participants, fathers occupation and mother's occupation become significant from socio demographic variables including other TPB constructs, knowledge, PBE(past behavioral experience). After multi- variable linear regression conducted for this variables, the constructs of attitude towards behavior, perceived behavioral control and subjective norm and school type significantly predicted intention to use YFRHS by 32% (R^2= 0.350, Adj. R^2= 0.320, p< 0.0001) of the variance. From this we can draw that those how are involved in private school has 2.336 (95% CI (-0.432, -4.240) p<0.016) times low intention to use YFRHS than those who are enrolled in public schools. The regression analysis show that when there is a unit score positive change on youth altitude towards YFRHS utilization will change their intention by 0.464 (95% CI of (0,342,0.585) P<0.0001), also when there is a unit score positive change on youth subjective norm towards YFRHS utilization will change their intention by 0.486 (95% CI (0.385,0.586) p<0.0001). In addition a unit score positive change on youth perceived behavioural control towards YFRHS utilization will change their intention by 0.232 (95% CI (0.131, 0.0334), P< 0.0001). The multi- variable regression analysis result was shown on table 12.

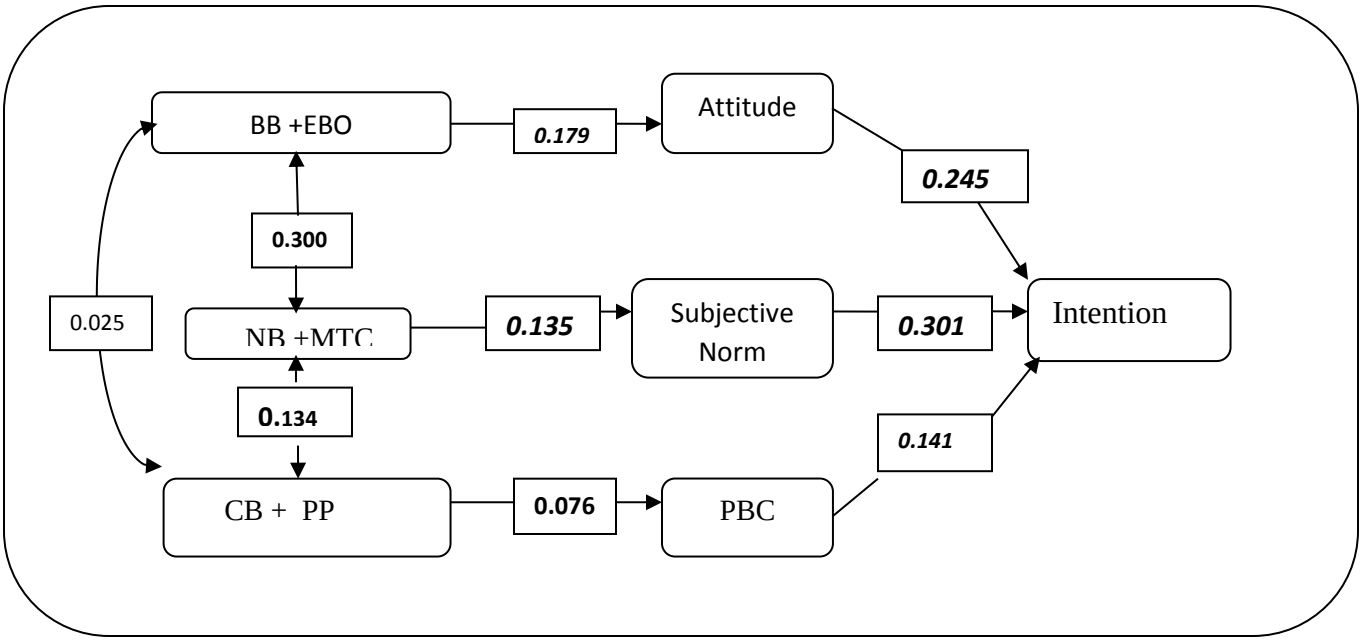
Table 12: Multi- variable regression analysis in predicting intended use of YFRHS services among youths in Bahirdar, Ethiopia, 2018

Variable					95% CI for B	
		B	**β**	**P-value**	Lower bound	Upper bound
Types of school	Public (ref.)					
	privet	-2.336	-.074	.016	-4.240	-.432
Religion	Orthodox (ref.)					
	Muslim	.363	.012	.690	-1.425	2.152
	other religion	-2.387	-.041	.186	-5.926	1.153
Father's occupation	Formal employee					
	Self-employment	.616	.031	.453	-.995	2.226
	laborer	2.557	.047	.174	-1.135	6.248
	farmer	1.927	.084	.151	-.707	4.561
	other	1.604	.051	.150	-.582	3.791
mother's occupation	Formal employee					
	Self-employment mother	.650	.030	.489	-1.193	2.494
	Casual laborer mother	-1.018	-.018	.611	-4.948	2.911
	Farmer mother	.656	.026	.673	-2.397	3.710
	housewife	.966	.047	.317	-.926	2.859
Knowledge	Ever heard	.066	.003	.948	-1.922	2.055
Source of information	parents	1.764	.069	.112	-.413	3.942
	friends	1.629	.049	.162	-.656	3.913
	teacher	1.355	.055	.204	-.738	3.448
	noticeboard	1.092	.040	.335	-1.131	3.315
	Do not remember	-1.784	-.062	.107	-3.951	.383
Ever used of YFRHS components	Counseling service	1.083	.042	.334	-1.118	3.284
	Family planning	.226	.007	.873	-2.556	3.008
	condom	.471	.013	.764	-2.607	3.550
	VCT service	-0.111	-0.003	0.938	-2.938	2.699
	treatment	.623	.014	.714	-2.717	3.963
	antenatal	.037	.001	.984	-3.584	3.659
	abortion	4.552	.054	.122	-1.223	10.327
	none	-.326	-.016	.780	-2.613	1.962

Use of YFRHS components for the past one year	counseling	1.156	.042	.395	-1.509	3.821
	Family planning	1.601	.043	.310	-1.492	4.693
	condom	.903	.020	.654	-3.044	4.849
	VCT service	-1.181	-.029	.421	-4.059	1.698
	treatment of STI	-1.248	-.025	.520	-5.058	2.562
	Antenatal service	1.698	.028	.466	-2.868	6.265
	Abortion	.948	.007	.845	-8.533	10.429
	none	-.513	-.025	.717	-3.286	2.261
TPB explanatory variables	Direct Attitude	.464	.245	.000	.342	.585
	Direct subjective norm	.486	.307	.000	.385	.586
	Direct PBC	.232	.141	.000	.131	.334

R^2= 0.350, Adj. R^2= 0.320, F change = 11.721 p< 0.0001

Conceptual framework



BB= Behavioural Beliefs, EBO = Evaluations of Behavioral Outcomes; NB= Normative Beliefs, MTC=Motivation to Comply, CB= Control Beliefs, PP= Perceived Power

Note: Figures in bold and italic are statistically significant at a level $p<0.01$ and only bold ($P<0.05$). Standardized coefficients were presented to facilitate comparison between predictors.

Figure 6 Standardized path coefficients estimated based on the Theory of Planned Behavior model

6. Discussion

The purpose of this study was to test the applicability of theory of planned behaviour on the intention of youths to use YFRHS. This study indicates the relationship between socio-demographic variables (age, gender, level of education, ethnicity, religion, parental occupation and school type), knowledge, past behavioural experience on utilization of the components of YFRHS. Form the finding of the multi-variable regression analysis, it is indicted that, types of school (B = -2.336, P < 0.016, 95% CI (-4.240, -0.432)), Attitude (B = 0.464, P <0.0001, 95% CI (0.342, 0.585)), subjective norm (B = 0.486, P<0.0001, 95% CI (0.385, 0.586)) and perceived behavioural control (B = 0.232, P<0.0001, 95% CI (0.131, 0.334)) becomes statistically significant predictors of intention. The overall model predicts 32% of the variation on intention of youths to use YFRHS.

The present analyses revealed no significant effect all most all of the socio-demographic status upon intended use of YFRH services. This implies that the prediction of attitude, subjective norm and perceived behavioral control do not differ significantly among various categories of socio-demographic characteristics of the studied group. Rather the school type shows a significant variation on the intention to use YFRHS this implies that the intention to use YFRHS has a variance among public and privet schools. The unstandardized regression coefficient show that those who are involved in privet school are 2.336 times less intended to use YFRHS than the public school students. This finding was different from other studies done in Ethiopia among health professionals which have insignificant relationship between any socio-demographic variables and intention to use VCT this is may be due to the population under study has different socio demographic status. This is also supported by, study done in Ethiopian among school teachers has a same finding as those done on the health professionals with a finding insignificant association between intention and socio-demographic characteristics(30,32).

The present study demonstrates the applicability of the TPB model in predicting youth's intention to use of the YFRH services. The simultaneous predictive power of attitudes, subjective norms and perceived behavioral control on intention in terms of the Adj R squared of 0.320 implies the model explained about 32.0% (R^2= 0.350, Adj. R^2= 0.320, p< 0.0001) variance in intention to use the service. This finding is in concordance with some previous studies conducted

in Ethiopia in which TPB constructs explain 27% of variance among health professional intention to use VCT services, TPB constructs explain 30% of variation intention to use VCT service on the study done in Harer, and 64% of variation on intention to use condom among college students(29,30,32).

As observed from the standardized regression coefficients, the results of this study indicated that intended use of YFRH service was primarily under subjective norm then attitude; perceived behavioral control had weight on indication of intended use of YFRH service. This implies that youths use YFRH services if they perceive less social pressure to do so. Previous studies conducted in Ethiopia settings focusing on VCT use have shown that subjective norms were more important in predicting people's intention while attitudes is in conformity with the present study(32).

This study prevailed that Attitude towards the utilization of youth friendly reproductive service was secondly predict the intention of youths to use YFRHS. This implies youth's favorable attitude towards this service will lead them to use it. The study finding on indirect measurement of attitude indicated that Youth who held strong beliefs regarding the positive outcomes of using YFRHS (i.e. protection from health complication, improving future life, getting knowledge on RH issues and early treatment), tended to use YFRHS. The study done in Ethiopian among health professionals indicted that attitude added the largest proportion of variation on intention to use VCT service followed by subjective norm(30). This finding has a variation with this study this is may be due to the variation between the target population age group, circumstances which may unable youths to decide on reproductive issues by themself than those who are adult. This finding is also supported by the commonly held beliefs prevailed under the indirect beliefs in which youth discussion to use YFRHS was not only under their control.

In addition, according to the finding of the standardized regression coefficient, the result show as the perceived behavioural control has a statistically significant prediction on the intention of youths to use YFRHS, which indicated that youths who are confident to use the service has high intention to use it. The study done in Uganda show that the strongest predictors of intention was perceived behavioural control(33). Another study done on health professionals in Ethiopia shows that perceived behavioural control has no any statistical significant prediction on the intention to

use VCT. The reason for this could be due to the difference in behavior, target population, and the circumstances in which the behavior is occurring. Which means the population under the study comprise a health professionals how do not worry about the capability of having VCT because they have a knowledge of and skill in issues related to VCT service unlike our study population(30) .

On correlational analysis, it was observed that there is a direct relationship between the indirect measurements and direct measurements. From this, it was extracted the commonly held beliefs regarding the attitude, subjective norm and perceived behavioural control explained through the indirect constructs of each measurement. Which means Indirect measures directly influenced attitude toward YFRHS utilization, subjective norms and perceived behavioral control. Subsequently, these three constructs indirectly influenced intention to use YFRHS. The effects of indirect measures on intention to use YFRHS, thus, were mediated by all direct measures.

In forming subjective norms, the subjects took into account the normative expectations of important others in utilizing YFRHS. They considered whether specific individuals or groups thought they should or should not use these services, and they utilized this information to arrive at their subjective norms. With regard to the TPB, intention is determined by subjective norm(27,29,30,32). Thus, the youths may have intended to use YFRHS when they believed that significant referents (i.e. parent, friends, teachers, religious leader, health professionals and neighbors) wanted them to perform this behavior. Conversely, if the subjects believed significant referents did not want them to use YFRHS, they would not intend to use them. Moreover, subjective norms were found, in this study, to be the strongest determinant of youth intention to use YFRHS.

The fact that the findings demonstrated that indirect perceived behavioral control had a significant positive indirect effect on intention, via perceived behavioral control, was consistent with the TPB (i.e. perceived behavioral control is predicted by control beliefs)(27). Control beliefs could have been developed from the youth's evaluations of whether using YFRHS were difficult or easy and from their perceived power over opportunities/ resources available for performing the behavior. It can be supposed that some of the youth believed certain factors (e.g., lack of money, distance from health facility, understandability of health professionals about

youth reproductive health needs, being young age, ashamed of explaining the needs for the health professionals, health professionals' sex preference and having information YFRHS) would make it difficult to use the service.

7. Strength and limitation of the study

Strength of the study

- This study tries to use elicitation study to have check and balance with the population

Limitation of the study

- As in any research, this study has some limitations. Some of these may lay in the Theory of Planned Behavior itself. When used as conceptualized by Ajzen, the Theory of Planned Behavior does not factor in personality and emotions.
- Another limitation to the study is the actual measures of Attitude, Perceived Subject Norms, Perceived Behavioral Control and Behavioral Intention. These measures are indirect because actual observations of these behaviors are not feasible there for longitudinal studies should be done.
- The TPB model has a limitation of reciprocal determination of the outcomes of intention on the explanatory variables.
- The study used a self-reporting instrument that has potential of introducing social desirability bias and there was no way of validating what the participants reported.
- Another limitation is use of cross-sectional design. Data collected from cross-sectional study represent only a small fraction of the target population at a fixed time. However, it is inexpensive to use cross-sectional study and there is only one group to test. The cross-sectional method is less time intensive than other research methods, which will likely increase the number of participants.

8. Conclusion

According to the study finding, it was concluded that, the youth's intention to use YFRHS is a function of attitude, subjective norm and perceived behavioural control but the subjective norm are the leading predictor followed by Attitude. On the other hand, even though perceived behavioural control has less prediction on intention of youths to use youth friendly reproductive health services it has a significant association with intention.

The indirect measurements of the TPB models prevail the important common beliefs that had direct relationship with direct attitude, subjective norm and perceived behavioural control of youths towards utilization of YFRHS.

9. Recommendations

This study prevailed that social pressure has high influence on the intention of youths to use YFRHS therefore, policy makes should design health interventions programs to develop youth's ability to resist norms that oppose the use of YFRH services and to change community-held norms against the service use and it help youth's develop a positive attitude toward the services. In addition, to alleviate psychosocial barriers related to use of YFRHS, it is necessary to encourage and supplement the favorable beliefs and youth has to have insight in terms of advantages and disadvantages associated with the use of YFRHS by the health institution and partners.

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Annex

Annex 1 Tabulated presentation of descriptive and bivariate analysis

Measurement Items on behavioural belief

Table 13: Frequency and Percentages of Responses for Measurement Items on behavioural belief (n = 825)

Items	*Extremely*	*Quite*	*slightly*	*Neither*	*slightly*	*Quite*	*Extremely*	*Item M*	*SD*
If I use YFRHS I will feel that I am protecting myself from health complications	240 29.1%	158 19.2%	82 10.5%	87 10.5%	38 4.6%	67 8.1%	153 18.5%	3.41	2.27
If I Use YFRHS, it will help me to improve my future life	242 29.3%	131 15.9%	91 11.0%	97 11.8%	51 6.2%	72 8.7%	141 17.1%	3.44	2.24
If I use YFRHS, it will lead me to early sexual behaviour	226 27.4%	121 14.7%	109 13.2%	94 11.4%	61 7.4%	57 6.9%	157 19.0%	3.54	2.24
If I use YFRHS, I will get knowledge on RH issues	214 25.9%	135 16.4%	89 10.8%	72 8.7%	73 8.8%	75 9.1%	166 20.1%	3.66	2.29
If I use YFRHS, I will have treatment at an early stage	181 21.9%	127 15.4%	93 11.3%	89 10.8%	72 8.7%	87 10.5%	176 21.3%	3.86	2.26

Measurement Items on evaluation of behavioural outcome

Table 14 Frequency and Percentages of Responses for Measurement Items on evaluation of behavioural outcome (n = 825)

Items	*Extremely*	*Quite*	*slightly*	*Neither*	*slightly*	*Quite*	*Extremely*	*Item M*	*SD*
protecting oneself from health complications is	152 18.4%	93 11.3%	71 8.6%	58 7.0%	72 8.7%	89 10.8%	290 35.2%	.49	2.37
Improving future life	144 17.5%	66 8.0%	59 7.2%	59 7.2%	73 8.8%	105 12.7%	319 38.7%	.75	2.34
having early sexual behaviour is	305 37.0%	101 12.2%	110 13.3%	86 10.4%	63 7.6%	35 4.2%	124 15.0%	-.88	2.19
getting knowledge on RH issues	133 16.1%	83 10.1%	73 8.8%	99 12.0%	88 10.7%	113 13.7%	236 28.6%	.47	2.23
having treatment at an early stage is	136 16.5%	76 9.2%	76 9.2%	72 8.7%	95 11.5%	77 9.3%	293 35.5%	.60	2.29

Measurement Items on behavioural beliefs norm

Table 15: Frequency and Percentages of Responses for Measurement Items on behavioural beliefs norm (n = 825)

Items	*Extremely*	*Quite*	*slightly*	*Neither*	*slightly*	*Quite*	*Extremely*	*Item M*	*SD*
My Friends think I (shouldn't, should) use YFRHS for my RH issues	206 25.0%	108 13.1%	76 9.2%	125 15.2%	66 8.0%	67 8.1%	177 21.5%	3.78	2.27
My family would (disprove, approve) of my using YFRHS for my RH issues	171 20.7%	122 14.8%	101 12.2%	114 13.8%	73 8.8%	85 10.3%	159 19.3%	3.83	2.19
Neighbors who lived in my community think I (shouldn't, should) use YFRHS for my RH issues	175 21.2%	110 13.3%	112 13.6%	144 17.5%	108 13.1%	65 7.9%	110 13.3%	3.65	2.03
Health professionals think I (shouldn't, should) use YFRHS for my RH issues	130 15.8%	116 14.1%	68 8.2%	96 11.6%	95 11.5%	75 9.1%	245 29.7%	4.35	2.26

Religious leaders would (disprove, approve) of my using YFRHS for my RH issues	248 30.1%	108 13.1%	78 9.5%	102 12.4%	71 8.6%	72 8.7%	146 17.7%	3.53	2.27
Teachers would (disprove, approve) of my using YFRHS for my RH issues	136 16.5%	105 12.7%	78 9.5%	114 13.8%	95 11.5%	94 11.4%	203 24.6%	4.24	2.19

Measurement Items on motivation to comply with the beliefs

Table 16 Frequency and Percentages of Responses for Measurement Items on motivation to comply with the beliefs (n = 825)

Items	*Extremely*	*Quite*	*slightly*	*Neither*	*slightly*	*Quite*	*Extremely*	*Item M*	*SD*
What my friends' think I should do matters to me	136 16.5%	69 8.4%	58 7.0%	95 11.5%	80 9.7%	104 12.6%	283 34.3%	.65	2.27
Families' approval of my use is important to me	83 10.1%	69 8.4%	77 9.3%	78 9.5%	116 14.1%	120 14.5%	282 34.2%	.89	2.08
What Neighbors think I should do matters to me	148 17.8%	77 9.3%	83 10.1%	128 15.5%	143 17.3%	92 11.2%	154 18.7%	.13	2.09
What my Health professionals' think I should do matters to me	86 10.4%	87 10.5%	59 7.2%	99 12.0%	125 15.2%	115 13.9%	254 30.8%	.76	2.08
Religious leaders' approval of my use is important to me	112 13.6%	65 7.9%	84 10.2%	81 9.8%	104 12.6%	118 14.3%	261 31.6%	.69	2.17
Teachers' approval of my practice is important to me	122 14.8%	94 11.4%	72 8.7%	105 12.7%	131 15.9%	97 11.8%	204 24.7%	.38	2.14

Measurement Items on control beliefs

Table 17: Frequency and Percentages of Responses for Measurement Items on control beliefs (n = 825)

Items	*Extremely*	*Quite*	*slightly*	*Neither*	*slightly*	*Quite*	*Extremely*	*Item Mean*	*SD*
I will not have money to use YFRHS	235 28.5%	116 14.1%	104 12.6%	148 17.9%	63 7.6%	51 6.2%	108 13.1%	3.33	2.07
It will be a long distance from my home to the health facility	157 19.0%	143 17.3%	113 13.7%	145 17.6%	79 9.6%	77 9.7%	111 13.5%	3.63	2.02
I will be seen by others whom I know	146 17.7%	105 12.7%	135 16.4%	156 18.9%	79 9.6%	67 8.1%	137 16.6%	3.81	2.03
I may not found a health professional who can understand my problem/need	172 20.8%	120 14.5%	99 12.0%	146 17.7%	80 9.7%	89 10.8 %	119 14.4%	3.71	2.08
The health professional will have a different sex that me	175 21.2%	116 14.1%	102 12.4%	156 18.9%	77 9.3%	63 7.6%	136 16.5%	3.70	2.09
I can get information from the printed materials, which helps me to us YFRHS	140 17.0%	114 13.8%	122 14.8%	131 15.9%	107 13.0%	91 11.0 %	119 14.4%	3.85	2.02
I am young to use YFRHS	159 19.3%	100 12.1%	119 14.4%	136 16.5%	94 11.4%	58 7.0%	159 19.3%	3.87	2.12
I will be ashamed of the health professionals to explain my needs	141 17.1%	112 13.6%	117 14.2%	133 16.1%	101 12.2%	77 9.3%	144 17.5%	3.91	2.07
I may not have Knowledge on the service given as YFRHS	139 16.8%	116 14.1%	135 16.4%	130 15.8%	109 13.2%	71 8.6%	122 14.8%	3.80	2.01

Measurement Items on perceived power of control beliefs

Table 18: Frequency and Percentages of Responses for Measurement Items on perceived power of control beliefs (n = 825)

Items	*Extremely*	*Quite*	*slightly*	*Neither*	*slightly*	*Quite*	*Extremely*	*M*	*SD*
Not having money makes it (difficult, easy) to use YFRHS	255 30.9%	126 15.3%	117 14.2%	138 16.7%	61 7.4%	42 5.1%	86 10.4%	-.89	1.99
Being long distance from my home to the health facility	170 20.6%	139 16.8%	133 16.1%	155 18.8%	80 9.7%	63 7.6%	85 10.3%	-.56	1.92
Seen by others whom you know makes it	157 19.0%	147 17.8%	164 19.9%	138 16.7%	77 9.3%	60 7.3%	81 9.8%	-.59	1.88
Not Founding health professional who can understand my needs will makes it (difficult, easy) to use YFRHS	224 27.2%	145 17.6%	145 17.6%	117 14.2%	62 7.5%	59 7.2%	73 8.8%	-.86	1.93
When The health professional have different sex with mine, I am	183 22.2%	125 15.2%	151 18.3%	139 16.8%	80 9.7%	62 7.5%	85 10.3%	-.60	1.94
Getting information from the printed materials	105 12.7%	114 13.8%	114 13.8%	112 13.6%	97 11.8%	113 13.7 %	170 20.6%	.21	2.08
Being young age will makes it (difficult, easy) to use YFRHS	136 16.5%	96 11.6%	144 17.5%	125 15.2%	106 12.8%	93 11.3 %	124 15.0%	-.10	2.01
being ashamed of the health professionals to explain my needs	235 28.5%	161 19.5%	132 16.0%	100 12.1%	85 10.3%	43 5.2%	69 8.4%	-.95	1.92
Not having Knowledge on the service given as YFRHS will make it	238 28.5%	119 14.4%	144 17.5%	124 15.0%	74 9.0%	43 5.2%	83 10.1%	-.83	1.96

Independent T test for Knowledge measurement variable

Table 19: Summery of independent T-test statistics for the knowledge variables with intention

variables		**value**	**n**	**M**	**SD**	***t***	**P-value**	**95% CI**	
								lower	upper
Ever heard of YFRHS		Yes	538	35.26	9.67	2.23	0.026	0.19	2.96
		No	287	33.68	9.63				
Source of information	Parents	Yes	141	36.77	9.52	2.79	0.005	0.74	4.34
		No	684	34.28	9.66				
	Friends	Yes	75	35.53	8.84	0.84	0.404	-1.24	3.05
		No	750	34.63	9.76				
	Teacher	Yes	153	36.16	9.70	2.05	0.040	0.77	3.48
		No	672	34.38	9.65				
	Notice board	Yes	119	35.41	10.41	0.80	0.423	-1.19	2.83
		No	706	34.59	9.56				
	Unknown source	Yes	107	32.01	8.96	-3.31	0.001	-4.96	-1.25
		No	718	35.11	9.73				
Knowledge on YFRHS	Family planning	Yes	404	34.96	9.53	0.73	0.468	-0.83	1.81
		No	421	34.47	9.83				
	VCT	Yes	240	35.05	9.75	0.65	0.510	-0.97	1.94
		No	585	34.57	9.76				
	STI treatment	Yes	212	35.05	9.45	-0.49	0.618	-1.89	1.13
		No	613	34.57	9.76				
	ANC	Yes	171	34.42	9.72	-0.04	0.968	-1.67	1.60
		No	654	34.81	9.68				
	Counseling	Yes	378	34.74	9.94	0.14	0.917	-1.26	1.41
		No	447	37.67	9.46				

Table 20: Summery of independent T-test statistics for the PBE variables with intention

variables		value	n	M	SD	*t*	α	95% CI	
								lower	upper
YFRHS ever used	Counseling	Yes	143	37.26	9.94	3.495	0.0001	1.35	4.83
		No	683	34.17	9.55				
	Family planning	Yes	70	37.67	7.02	3.545	0.001	1.42	5.05
		No	755	34.43	9.85				
	condom	Yes	62	36.24	9.43	1.296	0.195	-0.85	4.16
		No	763	34.59	9.70				
	VCT service	Yes	75	36.52	8.54	1.89	0.061	-0.092	4.07
		No	750	34.53	9.77				
	STI treatment	Yes	38	36.66	7.05	1.706	0.095	-0.369	4.45
		No	787	34.62	9.78				
	Antenatal care	Yes	35	36.54	8.35	1.317	0.196	-1.03	4.85
		No	790	34.63	9.73				
	Abortion	Yes	12	36.75	7.49	0.945	0.304	-2.72	6.86
		No	813	34.68	9.70				
	None	Yes	516	33.56	9.87	-4.52	0.0001	-4.37	-1.72
		No	309	36.61	9.04				
Utilization of YFRHS in the last one year	Counseling	Yes	117	37.78	9.20	3.88	0.0001	1.70	5.47
		No	708	34.20	9.67				
	Family planning	Yes	60	37.96	7.34	3.47	0.001	1.49	5.52
		No	765	34.45	9.79				
	Condom	Yes	40	36.87	10.33	1.451	0.147	-0.803	5.34
		No	785	34.60	9.64				
	VCT service	Yes	50	35.78	8.78	0.88	0.38	-1.44	3.72
		No	75	34.64	9.74				
	STI treatment	Yes	33	35.09	8.87	0.25	0.81	-2.82	3.60
		No	789	34.69	9.72				
	Antenatal	Yes	21	35.76	8.52	0.571	0.574	-2.85	5.01
		No	804	34.68	9.71				

care								
Abortion	Yes	5	36.00	10.45	0.29	0.765	-7.23	9.83
	No	820	34.70	9.68				
None	Yes	557	33.74	9.81	-4.28	0.0001	-4.33	-1.61
	No	268	36.70	9.08				

Table 21: Bivariate analysis of socio-demographic variables in predicting intended use of YFRHS services among youths in Bahirdar, Ethiopia, 2018

Variable	**value**	**B**	**p- value**	**95%CI**		**R-square**	**Adj R-square**
				lower	upper		
Types of school	Public(ref.)					0.017	0.0165
	private	-4.166	P<0.0001	-6.29	-2.04		
Gender	Female(ref.)					0.0007	0.0003
	Male	-0.587	0.385	-1.91	0.73		
Age	15-24	0.217	0.214	-0.125	0.559	0.0019	0.0007
Religion	Orthodox(ref.)						
	Muslim	-0.182	0.863	-2.251	1.888	0.009	0.007
	Others	-5.582	0.006	-9.595	-1.570		
Educational level	Grade 9(ref.)					0.0005	-0.0032
	Grade 10	-0.519	0.565	-2.28	1.25		
	Grade 11	-0.345	0.700	-2.10	1.41		
	Grade 12	-0.081	0.933	-2.006	1.843		
Ethnicity	Amhara (ref.)					0.002	0.001
	others	-1.994	0.170	-4.847	0.859		
Fathers occupation	Formal employment (ref.)					0.0193	0.0145

	Self-employment	1.39	0.108	-0.304	3.08		
	Casual laborer	2.10	0.283	-1.735	5.93		
	Farmer	2.10	0.0001	1.626	5.36		
	others	3.19	0.008	0.81	5.56		
Mothers occupation	Formal employment (ref.)					0.0192	0.0143
	Self - employment	1.463	0.147	-0.514	3.439		
	Casual laborer	0.325	0.873	-3.675	4.325		
	Farmer	4.134	0.000	1.944	6.325		
	House wife	2.464	0.013	0.531	4.397		
	other						

Table 22: Bivariate analysis of knowledge measurement variables on predicting intended use of YFRHS services among youths in Bahirdar, Ethiopia, 2018

variable	**value**	**B**	**p- value**	**95%CI**		**R-square**	**Adj. R square**
				Lower	Upper		
Ever heard of YFRHS	yes	1.575	0.026	0.190	2.961	0.006	0.005
Source of information	Parents/Guardian	-2.4879	0.005	-4.238	-0.738	0.0094	0.0082
	Friends	-0.905	-3.207	1.396	0.440	0.0007	-0.0005
	Teachers	-1.776	0.044	-3.475	-0.0771	0.0051	0.0039
	Notice board	-0.819	0.393	-2.703	1.064	0.0009	-0.0003
	Unknown source	3.103	0.002	1.144	5.062	0.0116	0.0104
Ever heard YFRHSs	Family planning/condom	-0.490	0.468	-1.814	0.834	0.001	-0.001

	VCT	-0.485	0.514	-1.942	0.972	0.001	-0.001
	STI treatment	0.385	0.618	-1.130	1.899	0.0001	-0.001
	ANC/Abortion	0.033	0.968	-1.60	1.67	0.0001	-0.001
	Counseling	-0.071	0.917	-1.39	1.258	0.0001	-0.001

Table 23: Bivariate analysis of past behavioural experience variables in predicting intended use of YFRHS services among youths in Bahirdar, Ethiopia, 2018

variable	**value**	**B**	**p- value**	**95%CI**		**R-square**	**Adj. R square**
				Lower	Upper		
Service utilized ever	Counseling service	-3.091	0.0001	-4.827	-1.355	0.0146	0.0134
	Family planning service	-3.235	0.007	-5.601	-0.810	0.0087	0.0075
	condom	-1.656	0.195	-4.164	0.852	0.0020	0.0008
	VCT service	-1.991	0.090	-4.289	0.308	0.0035	0.0023
	STI treatment	-2.04	0.204	-5.196	1.113	0.0020	0.0007
	Antenatal care	-1.914	0.253	-5.195	1.368	0.0016	0.0004
	Abortion	-2.069	0.463	-7.597	3.457	0.0007	-0.0006
	None	3.045	0.0001	1.693	4.396	0.0232	0.0220
Service utilized in last one year	Counseling service	-3.584	0.0001	-5.466	-1.703	0.0167	0.0135
	Family planning service	-3.512	0.007	-6.049	-0.974	0.0089	0.0077
	condom	-2.275	0.142	-5.353	0.803	0.0026	0.0013
	VCT service	-1.139	0.420	-3.912	1.635	0.0008	-0.0004
	STI treatment	-0.393	0.820	-3.770	2.985	0.0001	-0.0012
	Antenatal care	-1.079	0.614	-5.280	3.120	0.0003	-0.0009
	Abortion	-1.297	0.765	-9.826	7.231	0.0001	-0.0011
	None	2.971	0.000	1.573	4.370	0.0207	0.0195

Annex 2: Subject Information Sheet

Hi, how are you? My name is _____. This is a questioner to be filled by you for a study that is being conducted at Addis Ababa University, College of Health Sciences, public health, behavioral health unit.

The purpose of the study is to assess predictors of youth intention to use youth friendly reproductive health services. We would like to ask you some questions that are related to the above topic. We believe that the results of this study will assist policy makers, planners and health service providers for making considerations regarding utilization of youth friendly reproductive health services.

Your contribution has a great input for the study and I would greatly appreciate your participation. There is no possible risk associated with participating in this study. Your name will not be written in the questionnaire and please be assured that all the information you give will be kept strictly confidential. Your participation is voluntary.

Therefore, you will not be obliged to answer any question that you do not want to and you may jump questions that you do not want to answer. There are also no obligations for not participating in the interview. Filling of this questioner will take about _____minutes.

If you have questions regarding this study or would like to be informed of the results after its completion, please do not hesitate to contact Mrs. Addisalem Melesse (0910697980)

Annex 3: Oral Consent Form

I have read the information sheet concerning this study (or have understood the verbal explanation) and I understand what will be required of me and what will happen to me if I take part in it. I also understand that any time I may withdraw from this study without giving a reason and without me or my families' routine service utilization being affected for my refusal.

Participant's signature _____ Date_____

Interviewer signature certifying that the informed consent has been given verbally.

Interview's name _____ signature _____ Date _____

If you agree on to participate on the study please continue with the questions below

Thank you!!!

Result: (to confirm for completeness)

A. Questionnaire completed _____

B. Questionnaire partially completed _____

C. Participant refused _____

D. Others (please Specify) _____

Checked by Supervisor:

Supervisor's Name _____ Signature _____Date _____

Annex 4: Qualitative study FDG guideline

FGD guideline for the qualitative study

We are conducting study among the youths in Bahirdar school youths. We are interested on what factors determine the intention and utilization of youth friendly service for their reproductive health issues. We would appreciate your participation on the group discussion to response some questions about this. The discussion will take about 45- 60 minutes on this period the group can discuses on the agendas raised by the group facilitator. The discussion will be recorded for rewinding and analysis proposes. All the information got from the group will be confidential and will be used only for the current study purpose so all the participants should fill free to talk and discuss any beliefs regarding the topic because there is no right or wrong answer so please tell us what you really think.

Thanks for your participation

****

Bach ground characteristics

Please start with telling us your

- Name
- Grade
- Age

• What do you believe are the ***advantages*** of using youth friendly services for the reproductive health issues?

• What do you believe are the ***disadvantages*** of using youth friendly services for the reproductive health issues?

• Is there anything else you associate with your own views about using youth friendly services for the reproductive health issues?

• Are there any individual or groups, who would ***approve*** of your using youth friendly services for the reproductive health issues?

• Are there any individual or groups, who would ***disapprove*** of your using youth friendly services for the reproductive health issues?

• Is there anything else you associate with other people's views about using youth friendly services for the reproductive health issues?

• What factors or circumstances would enable you to use youth friendly services for the reproductive health issues?

• What factors or circumstances would make it difficult or impossible for you to using youth friendly services for the reproductive health issues?

• Are there any other issues that come to mind when you think about using youth friendly services for the reproductive health issues?

Annex 5: Questionnaire (English version)

Date _____ Study Site _____ Code of the interview _____

PARTICIPANTS' INSTRUCTIONS

Do not write your name; tick only one correct response and multiple responses where applicable. Only youth aged between 19-24 years are eligible for this study. The acronym YFRHS stands for youth-friendly reproductive health services

In making your ratings, please remember the following points:

* Be sure to answer all items – do not omit any.

* Never circle more than one number on a single scale except for those who needs multiple answers

Part I Socio Demographic

S. no.	Question	Option	Skip
101	Gender	1. Male 2. Female	
102	Age	_____	
103	What is your religion	1. Orthodox Christian 2. Muslim 3. protestant 4. Catholic 5. Other (Specify) _____	
104	What is your current level of education you are pursuing now?	a. Grade 9 b. Grade 10 c. Grade 11 d. Grade 12	

105	What is your ethnicity?	a. Amhara b. Oromo c. Guragie d. Tigrie e. Other(specify) _____	
106	What is your Father's occupation?	a. Formal employment (Teacher, civil servant, NGO worker) b. Self-employment/business c. Casual laborer d. Farmer e. other(specify) _____	
107	What is your mother's occupation?	a. Formal employment (Teacher, civil servant, NGO worker) b. Self-employment/business c. Casual laborer d. Farmer e. other(specify) _____	

Part II **- Knowledge and Utilization of Youth-friendly Reproductive Health Services (YFRHS)**

S. no.	Question	Option	Skip
201	Have you ever heard of any health facility, that gives Youth Friendly Reproductive Health service?	1. Yes 2. no	If no go to Q203
202	If yes from whom you heard about it? (Multiple answer are possible)	a. Parent/Guardian b. Friend/Peer c. Teacher d. I read on a notice board e. I do not remember f. Other(specify) _____	
203	Which services are being offered in	a. Family planning services	

	reproductive health facility? Tick all correct answers	(Contraceptives, condoms) b. Voluntary Counseling and Testing (VCT) c. Treatment of all the diseases d. Treatment of sexually transmitted Infections/diseases e. Care of pregnant young persons f. General health information/counseling	
204	Which of the following services you ever used? (Multiple answer are possible)	1. Counseling services 2. Family planning 3. Condom 4. VCT services 5. Treatment of STI 6. Antenatal services 7. Abortion care 8. none	
205	Which of the following services you used within the last one year? (Multiple answer are possible)	1. Counseling services 2. Family planning 3. Condom 4. VCT services 5. Treatment of STI 6. Antenatal services 7. Abortion care 8. none	

The following questions ask about your intentions, attitudes, social pressures, and your perceived difficulty of using YFRHS (youth friendly reproductive service) in the next 6 months. Encircle the number that best represents your choice according to your degree of agreement with the statement

Part III. Measuring of intention

1 2 3 4 5 6 7

Extremely quite slightly neither slightly quite extremely

S. no	Question (Option)	
301	Suppose you have faced reproductive issues, would you like to use youth friendly reproductive health services?	
	• I will visit youth friendly reproductive health services for my reproductive health issues	Very likely 1 2 3 4 5 6 7 very unlikely
	• I expect to use youth friendly reproductive health services for my reproductive health issues	Very likely 1 2 3 4 5 6 7 very unlikely
	• I want to use youth friendly reproductive health services for all of my reproductive issues	Very likely 1 2 3 4 5 6 7 very unlikely
	• I intend to use youth friendly reproductive health services for my reproductive health issues	Very likely 1 2 3 4 5 6 7 very unlikely
302	Suppose you want to have sex with your sexual partner and you think you don't want to give birth, use protective methods from SRH problems and need to have a counseling how to use a family planning and other protective methods do you like to receive the service which intended to youths in health facilities?	Very likely 1 2 3 4 5 6 7 very unlikely
303	Suppose you have observed the symptoms for the problems of STI how likely, do you seek health care service for the problem?	Very likely 1 2 3 4 5 6 7 very unlikely

Part IV Measuring Direct Attitude, subjective norm and PBC

401	Using Youth friendly health care services by youths for reproductive issues is	Good 1 2 3 4 5 6 7 Bad Beneficiary 1 2 3 4 5 6 7 Harmful Appropriate 1 2 3 4 5 6 7 not Appropriate
402	most people who are important to me think that (…….) use YFRHS for my RH need (issue)	I should 1 2 3 4 5 6 7 I shouldn't
403	It is expected of me that I should use YFRHS for my RH issue	Strongly agree 1 2 3 4 5 6 7 strongly disagree
404	I feel under social pressured to use YFRHS for my RH Issues	Strongly agree 1 2 3 4 5 6 7 strongly disagree
405	People who are most important to me want me to use YFRHS	Strongly agree 1 2 3 4 5 6 7 strongly disagree
406	I am confident that I can use youth friendly reproductive health services for my RH issues if I want to	Strongly agree 1 2 3 4 5 6 7 strongly disagree
407	For me, using youth friendly reproductive health services is	Very easy 1 2 3 4 5 6 7 very difficult
408	The d to use youth friendly reproductive health services is beyond my control	Strongly agree 1 2 3 4 5 6 7 strongly disagree
409	Whether I use youth friendly reproductive health services is entirely up to me	Strongly agree 1 2 3 4 5 6 7 strongly disagree

Part V Indirect measurement of attitude: measuring behavioural beliefs and outcome evaluations

1	If I use YFRHS I will feel that I am protecting myself from health complications	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
2	If I Use YFRHS, it will help me to improve my future life	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
3	If I use YFRHS, it will lead me to early sexual behaviour	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
4	If I use YFRHS, I will get knowledge on RH issues	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
5	If I use YFRHS, I will have treatment at an early stage (resource)	extremely unlikely: 1 2 3 4 5 6 7 extremely likely

Construct questionnaire items to assess outcome evaluations

1	protecting oneself from health complications is	Extremely undesirable: 1 2 3 4 5 6 7 extremely desirable
2	Improving future life	Extremely undesirable: 1 2 3 4 5 6 7 extremely desirable
3	having early sexual behaviour is	Extremely undesirable: 1 2 3 4 5 6 7 extremely desirable
4	getting knowledge on RH issues	Extremely undesirable: 1 2 3 4 5 6 7 extremely desirable
5	having treatment at an early stage is	Extremely undesirable: 1 2 3 4 5 6 7 extremely desirable

Part VI measuring normative beliefs and motivation to Comply

1	My Friends think I	Should not -3 -2 1- 0 +1 +2 +3 should use YFRHS for my RH issues
2	My family would	Disprove -3 -2 1- 0 +1 +2 +3 approve of my using YFRHS for RH issues
3	Neighbors who lived in my community think I	Should not -3 -2 1- 0 +1 +2 +3 should use YFRHS for my RH issues

4	Health professionals think I	Should not -3 -2 1- 0 +1 +2 +3 should use YFRHS for my RH issues
5	Religious leaders would	Disprove -3 -2 1- 0 +1 +2 +3 approve of my using YFRHS for my RH issues
6	Teachers would	Disprove -3 -2 1- 0 +1 +2 +3 approve of my using YFRHS for my RH issues

Q for Motivation to Comply

1	What my friends' think I should do matters to me	Not at all 1 2 3 4 5 6 7 Very much
2	Families' approval of my use is important to me	Not at all 1 2 3 4 5 6 7 Very much
3	What Neighbors think I should do matters to me	Not at all 1 2 3 4 5 6 7 Very much
4	What my Health professionals' think I should do matters to me	Not at all 1 2 3 4 5 6 7 Very much
5	Religious leaders' approval of my use is important to me	Not at all 1 2 3 4 5 6 7 Very much
6	Teachers' approval of my practice is important to me	Not at all 1 2 3 4 5 6 7 Very much

Part VII Indirect measures of PBC: Measuring control beliefs and their perceived power to influence behaviour

Q for strength of control beliefs

1	I will not have money to use YFRHS	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
2	It will be a long distance from my home to the health facility	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
3	I will be seen by others whom I know	extremely unlikely: 1 2 3 4 5 6 7 extremely

		likely
4	I may not found a health professional who can understand my problem/need	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
5	The health professional will have a different sex that me	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
6	I can get information from the printed materials, which helps me to us YFRHS	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
7	I am young to use YFRHS	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
8	I will be ashamed of the health professionals to explain my needs	extremely unlikely: 1 2 3 4 5 6 7 extremely likely
9	I may not have Knowledge on the service given as YFRHS	extremely unlikely: 1 2 3 4 5 6 7 extremely likely

Q for perceived power to influence behaviour

1	Not having money makes it (…….) to use YFRHS	much more difficult -3 -2 1- 0 +1 +2 +3 much easier
2	Being long distance from my home to the health facility	much more difficult -3 -2 1- 0 +1 +2 +3 much easier
3	Seen by others whom you know makes it	much more difficult -3 -2 1- 0 +1 +2 +3 much easier
4	Not Founding health professional who can understand my needs will makes it (…….) to use YFRHS	much more difficult -3 -2 1- 0 +1 +2 +3 much easier
5	When The health professional have different sex with mine, I am	Less likely -3 -2 1- 0 +1 +2 +3 more likely
6	Getting information from the printed materials	much more difficult -3 -2 1- 0 +1 +2 +3 much easier

7	Being young age will makes it (…….) to use YFRHS	much more difficult -3 -2 1- 0 +1 +2 +3 much easier
8	being ashamed of the health professionals to explain my needs	much more difficult -3 -2 1- 0 +1 +2 +3 much easier
9	Not have Knowledge on the service given as YFRHS	

THANK YOU FOR YOUR PARTICIPATION

Annex 6: Questioner (Amharic Version)

የጉዳዩ መረጃ ወረቀት

ሰላም፣ እንደምናችሁ?.....እባላለሁ፡፡ ይህ ጥናት በአዲስ አበባ ዩኒቨርስቲ፣ የጤና ሳይንስ ኮሌጅ፣ የህዝብ ጤና፣ የተግባር ጤና ክፍል በኩል እየተካሄደ የሚገኝ እና በእናንተ የሚሞላ ነው፡፡

የጥናቱ አላማ ወጣቶች በወጣቶች ስነተዋልዶ ጤና አገልግሎት ያላቸውን የወደፊት ፍላጎት መገምገም ነው፡፡ እኛም ከላይ ከተጠቀሰው ርእስ ጋር በተዛመደ ጥቂት ጥያቄዎችን ልንጠይቃችሁ እንፈልጋለን፡፡ የዚህ ጥናት ውጤቶችን የወጣቶች ስነተዋልዶ ጤና አገልግሎቶችን ግምት ውስጥ በማስገባት ለፖሊሲና እቅድ አውጪዎች ድጋፍ እንደሚያበረክት እናምናልን፡፡

የእናንተ አስተዋጽኦ ለጥናቱ ከፍተኛ ግብአት ስለሚያስገኝ፣ ተሳትፏችሁን በእጅጉ አናደንቃለን፡፡ በዚህ ጥናት ላይ መሳተፍ ምንም አይነት አሳሳቢ አደጋን አያስክትልም፡፡ ስማችሁ በቃለ መጠይቁ ላይ ስለማይጻፍ፣ የምትሰጡዋቸው መረጃዎች በሙሉ በጥብቅ ሚስጢራዊነት እንደሚያዙ እናረጋግጥላችኋለን፡፡ ተሳትፏችሁ በበጎ ፈቃድ ላይ የተመሰረተ ነው፡፡

ስለዚህ፣ ልትመልሷቸው የማትፈልጉዋቸውን ማንኛቸውንም ጥያቄዎች የመመለስ ግዴታ ስለሌለባችሁ፣ ለመመለስ የማትፈልጉዋቸውን ጥያቄዎች ለመዝለል ትችላላችሁ፡፡ በቃለ መጠይቁ ላይ ላለመሳተፋችሁም ምንም ግዴታ የለም፡፡ ይህን ቃለ መጠይቅ ለመሙላት 10 ደቂቃዎች ያህል ያስፈልጋል፡፡ ለጥናቱ ወይም ጥያቄው ከተጠናቀቀ በኋላ ስለሚኖረው ውጤት ጥያቄ ካላችሁ፣ ይህንኑ ለአዲስአለም መለሰ በስልክ ቁጥር (0910697980) ያለማመንታት ልታቀርቡ ትችላላችሁ፡፡

የቃል ስምምነት ፎርም

ይህንን ጥናት በሚመለከት በመረጃው የሰፈረውን ወረቀት አንብቤ (ወይም የቃል ማብራሪያውን ተገንዝቤ)፣ ከእኔ የሚፈለገውን እና በዚህም ብካፈል ምን እንደሚደርስብኝ ተረድቻለሁ፡፡ በማንኛውም ጊዜ ያለምክንያት ይህን ጥናት ልተው ብችል እምቢታዬ በእኔ ወይም በቤተሰቤ ተለምዷዊ አገልግሎት ላይ ምንም አይነት ተጽእኖ እንደማያስከትል ተረድቻለሁ፡፡

የተሳታፊው ፊርማ ..... ቀን

በጥናቱ ላይ ለመሳተፍ ከተስማሙ፣ ከዚህ በታች ላሉት ጥያቄዎች መልስ መስጠትዎን እንዲቀጥሉበት እንጠይቃለን፡፡

እናመሰግናለን!!!

ውጤት፡- (ስለመሚላቱ ማረጋገጫ)

ሀ. ቃለ መጠይቁ ተሞልቷል .....

ለ. ቃለ መጠይቁ በከፊል ተሞልቷል .....

ሐ. ተሳታፊው እምቢ ብሏል .....

መ. ሌላ (እባክዎን ይግለጹት) .....

በተቆጣጣሪው ተጣርቷል

የተቆጣጣሪው ስም ..... ፊርማ ..... ቀን .....

ቃለ መጠይቅ

ቀን ……ጥናቱ የተካሄደበት ሳይት ኮድ…… የቃለ መጠይቁ ኮድ ……..

ለተሳታፊዎች መመሪያዎች

ስማችሁን አትጻፉ፤ በትክክለኛው ምላሽ ላይ ብቻ የራይት ምልክት በማድረግ ሲያስፈልግ ምላሾቹን አክብቡት፡፡ ይህንን ጥናት ለመመላት ተገቢ የሚሆኑት ከ15-24 ድረስ ባሉት እድሜ ክልል ውስጥ ያሉ ወጣቶች ብቻ ናቸው፡፡

ክፍል አንድ፡ ማህበራዊ የህዝብ አሰፋፈር

ተ.ቁ	ጥያቄ	ምርጫ	የሚዘለል
101	ፆታ	1. ወንድ 2. ሴት	
102	እድሜ	……	
103	የየትኛው ሀይማኖት ተከታይ ነዎት	1. ኦርቶዶክስ ክርስትና 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌላ (ይገለጽ) ……	
104	ስንተኛ ክፍል ነዎት	ሀ. 9ኛ ለ. 10ኛ ሐ. 11ኛ መ. 12ኛ	
105	የየትኛው ቤሐረሰብ አባል ነዎት	ሀ. አማራ ለ. ኦሮሞ ሐ. ጉራጌ መ. ትግራይ ሠ. ሌላ(ይገለጽ) ……..	
106	የአባትዎ መደበኛ ስራ ምንድን ነው?	ሀ. መደበኛ ስራ (አስተማሪ፣ የመንግስት ሰራተኛ፣ የመያድ ሰራተኞች፣… ወዘተ ለ. የግል ንግድ ስራ ሐ. የቀን ሰራተኛ መ. አርሶ አደር ሠ. ሌላ (ይገለጽ) ……..	
107	እናትዎ መደበኛ ስራ ምንድን ነው?	ሀ. መደበኛ ስራ (አስተማሪ፣ የመንግስት ሰራተኛ፣ የመያድ ሰራተኞች፣… ወዘተ ለ. የግል ንግድ ስራ ሐ. የቀን ሰራተኛ መ. አርሶ አደር ሠ. ሌላ (ይገለጽ) ……	

ክፍል ሁለት፡- በወጣቶች ስነተዋልዶ ጤና አገልግሎት ላይ ያለ እውቀትና የአጠቃቀም ችሎታ

ተ.ቁ	ጥያቄ	ምርጫ	የሚዘለል
201	የወጣቶች ስነተዋልዶ ጤና አገልግሎት ስለሚሰጡ ጤና ተቋማት ሰምተው ያውቃሉ?	1. አዎን 2. አልሰማሁም	መልሱ አልሰማሁም ከሆነ ወደ 203 ይለፉ
202	መልሱ አዎን ከሆነ፣ ማን ነገርዎት?	ሀ. ወላጅ / አሳዳጊ ለ. ጓደኛ /ባልንጀራ ሐ. አስተማሪ መ. ከማስታወቂያ ሰሌዳ አነበብኩት ሠ. አላስታውስም	
203	የትኛው የወጣቶች ስነተዋልዶ አገልግሎት በጤና ድርጅቶች ውስጥ እየተሰጠ ነው ብለዉ ያስባሉ? **በርካታ መልሶችን መስጠት ይቻላል**	ሀ. የቤተሰብ እቅድ አገልግሎት (የወሊድ መቆጣጠሪያ፣ ኮንዶም) ለ. በፈቃደኝነት ላይ የተመሰረተ የምክር አገልግሎት እና ምርመራ (ቪሲቲ) መ. በግብረ ስጋ ግንኙትነት የሚተላለፉ በሽታዎች ህክምና ሠ. የወጣት ሰዎች እርግዝና ክብካቤ ረ. ጠቅላላ የጤናና የምክር አገልግሎት	
204	ከሚከተሉት የስነተዋልዶ አገልግሎቶች መካከል **እስካሁን** የተጠቀሙት የትኛውን ነው? **በርካታ መልሶችን መስጠት ይቻላል**	1. የምክር አገልግሎት 2. የቤተሰብ እቅድ 3. ኮንዶም 4. በፈቃደኝነት ላይ የተመሰረተ የምክር አገልግሎት እና ምርመራ (ቪሲቲ) 5. በግብረ ስጋ ግንኙትነት የሚተላለፉ በሽታዎች ህክምና 6. ቅድመ ወሊድ ህክምና 7. ውርጃ 8. ምንም አልተጠቀምኩም	
205	ከሚከተሉት የስነተዋልዶ አገልግሎቶች መካከል **ባለፈው አንድ አመት** የተጠቀሙት የትኛውን ነው? **በርካታ መልሶችን መስጠት ይቻላል**	1. የምክር አገልግሎት 2. የቤተሰብ እቅድ 3. ኮንዶም 4. በፈቃደኝነት ላይ የተመሰረተ የምክር አገልግሎት እና ምርመራ (ቪሲቲ) 5. በግብረ ስጋ ግንኙትነት የሚተላለፉ በሽታዎች ህክምና	

		6. ቅድመ ወሊድ ህክምና 7. ውርጃ 8. ምንም አልተጠቀምኩም	

የሚከተሉት ጥያቄዎች የሚያመለክቱት በሚቀጥሉት ስድስት ወራት ውስጥ በወጣቶች ስነተዋልዶ ጤና አገልግሎት ወጣቶች ያላቸውን የመጠቀም ፍላጎት፣ አመለካከት፣ ማህበራዊ ተጽዕኖ፣ እንዲሁም አዳጋች ወይም አበረታች ሁኔታዎችን በተመለከተ ነው። በመሆኑም የሚከተሉትን ምርጫዎች በመመልከት በሚሰጡት **የስምምነት ደረጃ** መሰረት በመረጡት ቁጥር ላይ ያክብቡ።

ማብራሪያ (በጥያቄዎቹ ላይ ያሉ ቁጥሮች ማብራሪያ)

1 (እጅግ በጣም) 2 (በጣም) 3 (አነስተኛ) 4 (መካከለኛ) 5 (አነስተኛ) 6 (በጣም) 7 (እጅግ በጣም)

በስተግራ ያልውን ይወክላል **በስተቀኝ ያልውን ይወክላል**

ክፍል ሶስት፡ የአላማ(ፍላጎት) መለኪያ

ተ.ቁ	ጥያቄ	ምርጫ							
301	ምናልባት የስነ ወሊድ ችግሮች ቢያጋጥምዎት፣ የወጣቶች ስነተዋልዶ የጤና አገልግሎትን ሊጠቀሙ ይፈልጋሉ?	ሊሆን ይችላል	1	2	3	4	5	6	7	ሊሆን አይችልም
301.1	እኔ ለስነ ተዋልዶ ጤና ፍላጎቴ ወደ ወጣቶች ስነ ተዋልዶ ጤና አገልግሎት ተቋም እሄዳለሁ።	ሊሆን ይችላል	1	2	3	4	5	6	7	ሊሆን አይችልም
301.2	እኔ ለስነ ተዋልዶ ጤና ፍላጎቴ ወደ ወጣቶች የስነ ተዋልዶ አገልግሎት መሄድ ይጠበቅብኛል	ሊሆን ይችላል	1	2	3	4	5	6	7	ሊሆን አይችልም
301.3	እኔ ለሁሉም የስነ ተዋልዶ ጤና ፍላጎቴ በወጣቶች የስነ ተዋልዶ አገልግሎት ልገለገል እፈልጋለሁ፡	ሊሆን ይችላል	1	2	3	4	5	6	7	ሊሆን አይችልም
301.4	እኔ የወጣቶች ስነ ተዋልዶ አገልግሎት የመጠቀም እቅድ አለኝ	ሊሆን ይችላል	1	2	3	4	5	6	7	ሊሆን አይችልም
302	እርስዎ ከተቃራኒ ፆታ ጓደኛዎ ጋር ፆታዊ ግንኙት ለማድረግ ይፈልጋሉ ብለን ብንገምት እና ለመውለድ ፍላጎት ባይኖርዎት ፣ ለወጣቶች በተቋቋመው የጤና አገልግሎት ተቋማት የቤተሰብ እቅድ አግልጋሎት የመጠቀም እቅድ አለዎት?	ሊሆን ይችላል	1	2	3	4	5	6	7	ሊሆን አይችልም

303	ምናልባት ያባላዘር በሽታ ምልክቶች ቢታይቦት፣ ለችግሩ የጤና አገልግሎት ክብካቤ ለማግኘት ይፈልጋሉ?	ሊሆን ይችላል	1 2 3 4 5 6 7	ሊሆን አይችል ም

ክፍል አራት፡ ቀጥተኛ፡- አመለካከት፣ ማህበራዊ ተጽዕኖ፣ እንዲሁም አዳጋች ወይም አበረታች ሁኔታዎችን

401	የወጣቶች የስነ ተዋልዶ አገልግሎቶችን ለስነ ተዋልዶ ችግሮች መጠቀም ..... ነው?	ጥሩ	1 2 3 4 5 6 7	መጥፎ
		ጠቃሚ	1 2 3 4 5 6 7	ጎጂ
		ተገቢ	1 2 3 4 5 6 7	ተገቢ ያልሆነ
402	ለእኔ አስፍላጊ ናቸው ብዬ የማስባቸው ሰዎች ለስነ ተዋልዶ ፍላጎቴ የወጣቶች የስነ ተዋልዶ አገልግሎት ..... እንዳለብኝ ያስባሉ	መጠቀም	1 2 3 4 5 6 7	አለመጠቀም
403	እኔ ለስነ ተዋልዶ ፍላጎቴ የወጣቶች የስነ ተዋልዶ አገልግሎት እንድጠቀም የሚጠበቅብኝ ስለመሆኑ	በጽኑ እስማማለ ሁ	1 2 3 4 5 6 7	በጽኑ እቃወማለሁ ።
404	ለእኔ ለስነ ተዋልዶ ፍላጎቴ የወጣቶች የስነ ተዋልዶ አገልግሎት እንድጠቀም ከፍተኛ ማህበራዊ ተጽእኖ ያለብኝ ስለመሆኑ	በጽኑ እስማማለ ሁ	1 2 3 4 5 6 7	በጽኑ አልስማማ ም
405	እኔ የወጣቶች የስነ ተዋልዶ አገልግሎት የመጠቀም ፍላጎት እንዲያድርብኝ ሰዎች በጣም እንደሚጠቅሙኝ	በጽኑ እስማማለ ሁ	1 2 3 4 5 6 7	በጽኑ አልስማማም
406	የወጣቶች ስነ ተዋልዶ የጤና አገልግሎት በቀላሉ መጠቀም እንደምችል ነራሴ የምተማመን ስለመሆኑ	በጽኑ እስማማለ ሁ	1 2 3 4 5 6 7	በጽኑ አልስማማም
407	ለእኔ የወጣቶች ስነ ተዋልዶ ጤና አገልግሎት መጠቀም ..... ነው	በጣም ቀላል	1 2 3 4 5 6 7	በጣም ከባድ
408	የወጣቶች ስነ ተዋልዶ ጤና አገልግሎት መጠቀም ከቁጥጥሬ ውጭ(በራሴ የማልወስነው) ስለመሆኑ	በጽኑ እስማማለ ሁ	1 2 3 4 5 6 7	በጽኑ አልስማማም
409	የወጣቶች የስነ ተዋልዶ ጤና አገልግሎት መጠቀም ወይም አለመጠቀም ሙሉ በሙሉ የግል ጉዳዬ ስለመሆኑ	በጽኑ እስማማለ ሁ	1 2 3 4 5 6 7	በጽኑ አልስማማም

ክፍል አምስት፡ በተዘዋዋሪ የሚወሰዱ የባህርይ አለካኮች የባህርይ ለውጦችን መለካት እና ውጤታቸውን መገምገም

501.	እኔ የወጣቶች የስነ ተዋልዶ የጤና አገልግሎት ብጠቀም ከጤና ውስብስብ ችግሮች ራሴን እንደጠበቁ አርጌ ይሰማኛል፡፡	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
502	እኔ የወጣቶች የስነ ተዋልዶ የጤና አገልግሎት ብጠቀም የወደፊት ህይወቴን ለማሻሻል ይረዳኛል	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
503	እኔ የወጣቶች የስነ ተዋልዶ የጤና አገልግሎት ብጠቀም ወደ የቅድመ የግብረ ስጋ ግንኙነት እንዳመራ ያደርገኛል	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
504	እኔ የወጣቶች የስነ ተዋልዶ ጤና አገልግሎት ብጠቀም በስነ ተዋልዶ ጤና ላይ እውቀት አገኛለሁ፡፡	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
505	እኔ የወጣቶች የስነ ተዋልዶ ጤና አገልግሎት ብጠቀም በወቅቱ የሕክምና እርዳታ እንዳገኛ ይረዳኛል	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ

የውጤት ግምገማዎችን ለመዳሰስ የቀረቡ ቃለ መጠይቆች

511.	ራስን ከጤና ውስብስብ ሁኔታዎች መጠበቅ	የመፈለግ እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመፈለግ እድሉ በእጅጉ ከፍተኛ የሆነ
512	የወደፊት ህይወትን ማሻሻል	የመፈለግ እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመፈለግ እድሉ በእጅጉ ከፍተኛ የሆነ
513	ቅድመ ግብረ ስጋ ግንኙነትን መፈጸም	የመፈለግ እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመፈለግ እድሉ በእጅጉ ከፍተኛ የሆነ
514	በስነ ተዋልዶ ጤና ጉዳዮች ላይ እውቀት ማግኘት	የመፈለግ እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመፈለግ እድሉ በእጅጉ ከፍተኛ የሆነ
515	በወቅቱ የሕክምና እርዳታ ማግኘት	የመፈለግ እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመፈለግ እድሉ በእጅጉ ከፍተኛ የሆነ

ክፍል ስድስት፡ ከግል ስሜት ጋር የተያያዙ ቀጥተኛ ያልሆኑ መለኪያዎች፤ የተለመዱ እምነቶችን መለካት እና ተፈፃሚ የማድረግ ተነሳሽነቶች

601.	ጓደኞቼ ለስነተዋልዶ ፍላጎቴ የወጣቶች ስነ ተዋልዶ ጤና አገልግሎትን (……..…) ያስባሉ	መጠቀም እንደሌብኝ	1 2 3 4 5 6 7	መጠቀም እንዳለብኝ
602	ቤተሰቤ ለስነተዋልዶ ፍላጎቴ የወጣቶች ስነ ተዋልዶ ጤና አገልግሎትን (……..…) ያስባሉ	መጠቀም እንደሌብኝ	1 2 3 4 5 6 7	መጠቀም እንዳለብኝ
603	በማህበረሰብ ውስጥ የሚኖሩ ጐረቤቶቼ ለስነተዋልዶ ፍላጎቴ የወጣቶች ስነ ተዋልዶ ጤና አገልግሎትን (……) ያስባሉ	መጠቀም እንደሌብኝ	1 2 3 4 5 6 7	መጠቀም እንዳለብኝ
604	የጤና ባለሙያዎች ለስነተዋልዶ ፍላጎቴ የወጣቶች ስነ ተዋልዶ ጤና አገልግሎትን (……..) ያስባሉ	መጠቀም እንደሌብኝ	1 2 3 4 5 6 7	መጠቀም እንዳለብኝ
605	የሐይማኖት መሪዎች ለስነተዋልዶ ፍላጎቴ የወጣቶች ስነ ተዋልዶ ጤና አገልግሎትን (……..) ያስባሉ	መጠቀም እንደሌብኝ	1 2 3 4 5 6 7	መጠቀም እንዳለብኝ
606	መምህራኖቼ ለስነተዋልዶ ፍላጎቴ የወጣቶች ስነ ተዋልዶ ጤና አገልግሎትን (……) ያስባሉ	መጠቀም እንደሌብኝ	1 2 3 4 5 6 7	መጠቀም እንዳለብኝ

ተፈፃሚነትን የማበረታቻ ጥያቄዎች

611	ጓደኞቼ ስለ እኔ የሚያስቡት ለእኔ ቦታ አለው	በፍፁም	1 2 3 4 5 6 7	በጣም
612	ስለምጠቀመው አገልግሎጽ የቤተሰቦቼ የፈቃድ ማረጋገጫ ጠቀሜታ አለው	በፍፁም	1 2 3 4 5 6 7	በጣም
613	ጐረቤቶቼ ስለ እኔ የሚያስቡት ለእኔ ቦታ አለው	በፍፁም	1 2 3 4 5 6 7	በጣም
614	የጤና ባለሙያዎች ስለ እኔ የሚያስቡት ለእኔ ቦታ አለው	በፍፁም	1 2 3 4 5 6 7	በጣም
615	የሐይማኖት መሪዎች በእኔ አጠቃቀም ላይ ያላቸው የፈቃድ ማረጋገጫ ለእኔ ቦታ አለው	በፍፁም	1 2 3 4 5 6 7	በጣም
616	መምህራኖቼ መሪዎች በእኔ አጠቃቀም ላይ ያላቸው የፈቃድ ማረጋገጫ ለእኔ ቦታ አለው	በፍፁም	1 2 3 4 5 6 7	በጣም

ክፍል ሰባት. የወጣቶች ስነ ተዋልዶ ጤና አገልግሎት በመጠቀም ላይ ተጽእኖ የማሳደር ሀይል እና ያላቸው ተቀባንት

የወጣቶች ስነ ተዋልዶ ጤና አገልግሎትን ለመጠቀም ተጽእኖ የሚያደረጉ ጉዳዮች

701	የስነ ተዋልዶ ጤና አገልግሎት ለመጠቀም ገንዘብ የለኝም	የመከሰት እድሉ በእጅጉ ዝቀተኛ	1 2 3 4 5 6	የመከሰት እድሉ በእጅጉ ከፍተኛ

		የሆነ	7	የሆነ
702	ከጤና ተቋሙ ቤቴ በረጅም ርቀት ላይ ይገኛል	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
703	አገልግሎቱነ ስተክመ የሚያውቁኝ ሰዎች ሊያዩኝ ይችላሉ	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
704	ችግሬን እና ፍላጐቴን የሚረዳ የጤና ባለሙያ ላላገኝ እችላለሁ	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
705	የጤና ባለሙያው ከእኔ ተቃራኒ ፆታ ያለው ይሆናል	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
706	የወጣቶች ስነ ተዋልዶ ጤና አገልግሎትን ለመጠቀም የሚያግዘኝ መረጃዎችን በታተሙ ወረቀቶች ማግኘት እችላለሁ	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
707	የወጣቶች የስነ ተዋልዶ ጤና አገልግሎትን ለመጠቀም እድሜዬ ገና ነው	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
708	ስለፍላጐቴ ለጤና ባለሙያው ለማብራራት አፍራለሁ	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ
709	በወጣቶች የስነ ተዋልዶ የጤና አጠቃቀም አገልግሎት ላይ እውቀት ላይኖረኝ ይችላል፡፡	የመከሰት እድሉ በእጅጉ ዝቀተኛ የሆነ	1 2 3 4 5 6 7	የመከሰት እድሉ በእጅጉ ከፍተኛ የሆነ

ባህርይ ላይ ተጽእኖ ማሳደር ሀይል ያላቸው ጉዳዩች

711	ለኔ ገንዘብ አለማግኘቴ የወጣቶች የስነ ተዋልዶ ጤና አጠቃቀሜን.....	አዳጋች ያደርገዋል	1 2 3 4 5 6 7	ቀላል ያደርገዋል
712	ከጤና ተቋሙ ቤቴ በረጅም በርቀት ላይ መገኘቱ የወጣቶች የስነ ተዋልዶ አጠቃቀሜን	አዳጋች ያደርገዋል	1 2 3 4 5 6 7	ቀላል ያደርገዋል
713	በሌሎች በሚያውቁኝ ሰዎች መታየቴ የወጣቶች የስነ ተዋልዶ አጠቃቀሜን	አዳጋች ያደርገዋል	1 2 3 4 5 6 7	ቀላል ያደርገዋል
714	ችግሬን ወይም ፍላጐቴን የሚረዳ የጤና	አዳጋች	1 2 3 4 5 6	ቀላል

	ባለሙያ አለማግኘቴ የስነ ተዋልዶ አጠቃቀሜን	ያደርገዋል	7	ያደርገዋል
715	የጤና ተዋልዶ ባለሙያ ከእኔ ያታ ተቃራኒ በሚሆንበት ጊዜ እኔ የወጣቶች የስነ ተዋልዶ ጤና አገልግሎትን የመጠቀም እድሌን	አነስተኛ ያደርገዋል	1 2 3 4 5 6 7	ከፍተኛ ያደርገዋል
716	የስነተዋልዶ መረጃዎችን ከህትመት ወረቶች ላይ ማግኘቴ የስነተዋልዶ አጠቃቀሜን	አዳጋች ያደርገዋል	1 2 3 4 5 6 7	ቀላል ያደርገዋል
717	ወጣት መሆኔ የስነ ተዋልዶ አጠቃቀሜን	አዳጋች ያደርገዋል	1 2 3 4 5 6 7	ቀላል ያደርገዋል
718	ፍላጐትዎን ለጤና ባለሙያ ለመግለጽ ማፈርዎ የስነ ተዋልዶ አጠቃቀሜን	አዳጋች ያደርገዋል	1 2 3 4 5 6 7	ቀላል ያደርገዋል
719	በወጣቶች የስነ ተዋልዶ የጤና አገልግሎት ላይ እውቀት አለመኖሮ የስነ ተዋልዶ ጤና አገልግሎትን የመጠቀም እድሌን.....	አነስተኛ ያደርገዋል	1 2 3 4 5 6 7	ከፍተኛ ያደርገዋል

ለተሳትፎዎ እናመሰግናለን!!!

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This is to certify that the thesis prepared by Addisalem Melesse, entitled as Intention to use youth friendly reproductive health services among youth in Bahirdar town, Amhara region, Ethiopia and Submitted to the School of Graduate Studies of Addis Ababa University, School of Public Health for the Partial Fulfillment of the Requirements for Masters of Public Health (MPH) in Health Promotion and Health Education complies with the regulation of the university and meets the accepted standards with respect to originality and quality

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