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COLLEGE OF DEVELOPMENT STUDIES

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YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICE

UTILIZATION AND ASSOCIATED FACTORS AMONG PREPARATORY

SCHOOL STUDENTS IN ADDIS ABABA, ETHIOPIA

MSC THESIS

BY

Hiwot Belay (Bsc)

Aug, 2021

Addis Ababa



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**YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICE UTILIZATION AND
ASSOCIATED FACTORS AMONG PREPARATORY SCHOOL STUDENTS IN ADDIS**

ABABA, ETHIOPIA

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**Addis Ababa University College of developmental study department of
population study graduate studies advisor thesis submission Approval Letter**

This is to certify that the MS thesis written by **Hiwot Belay** ID. No GSE/3541/11 entitled **youth friendly reproductive health service utilization and associated factors among preparatory school Students in Addis Ababa, Ethiopia**, under my supervision. Therefore, I recommend that the student has fulfilled the requirements and hence hereby can submit the research to Addis Ababa University the department of developmental study for the department of defense.

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Declaration

I hereby declare that this MSc research on youth friendly reproductive health service utilization and associated factors among preparatory school students is my original work and all sources of material used for this thesis have been duly acknowledged.

Acknowledgement

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
EDHS	Ethiopian Demographic Health Survey
EMDHS	Ethiopian Mini Demographic Health Survey
ESAA	Education Statistics Annual Abstract
HIV	Human Immune- Deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
MOH	Minster of Health
MOE	Minster of Education
NGO	Non-Governmental Organization
RH	Reproductive Health
RHS	Reproductive Health Service
SPSS	Statistical Package for Social Science
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
VCT	Voluntary Counseling and testing
WHO	World Health Organization
UN	United Nation
YFRHS	Youth friendly Reproductive Health Service

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Abstract

Youth make up a large, important, and rapidly growing segment of Ethiopia's population, but they account for a disproportionately high number of the country's unmet reproductive health needs. Promoting comprehensive YFRHS is critical for assisting young people in making responsible reproductive health decisions and empowering them to follow through on those decisions. Great majority of youths in school are undeserved for utilizing users' friendly services due to lack of awareness to the service, poor communication on RH issues and inadequate service & counselling specifically targeted for this specific youth group.

The school based quantitative cross-sectional study supplemented with qualitative method was conducted to evaluate YFRHS utilization and related factors among Addis Ababa city preparatory school students from April 2021 to July 2021. Multistage clusters sampling technique was used on a total of 695 sampled students by proportionally allocating to the selected government and private schools in the city. The quantitative data was collected using a structured questionnaire while focus group discussion and key informant interview guides were used to illicit qualitative information. Binary logistic regression analysis was performed on important predictor variables and odds ratio was used to determine the factors that predict the utilization of YFRHS with p- value of < 0.05 as measure of statistical significance. Qualitative data was thematically analyzed to convey meanings and interpretations out of the data.

Of the 695 students participated in the study, only 73 (10.5%) reported to have used the YFRHS in the past twelve month. More than four-fifth of them (82.3%) had however heard about YFRHS, and the great majority of them (63%) also reported that they knew where they could find the services. In the multivariable analysis, being male in gender, living with both of the parents, having convenient working hours of service providers, being knowledgeable on genital ulcer and itching as major symptoms of STI and peer groups being the source of information for YFRHS were positively associated with utilization of YFRHS. On the other hand, being age of 17-18 years, attending in governmental school, having had RH discussion with parents and the presence of YFRHS in nearby areas were negatively associated with YFRHS utilization.

The utilization of YFRHS in the study is very low. Being aware of the major symptoms of STI as RH problem and getting youth friendly services from peer groups have increased the utilization of YFRHS. Efforts that targets in creating and expanding RH information for youths from health providers' side is paramount. Health service providers need to create a conducive environment in being a major and appropriate source of SRH information through strengthening of the awareness creation strategies on RH issues targeting the youths.

Keywords: *Youth, Reproductive health, Youth Friendly Reproductive Health Services*

CHAPTER ONE

INTRODUCTION

1.1 Background

World Health Organization (WHO) defined youth as persons between 15 and 24 years of age who are identified by significant physiological, psychological and social changes that expose their life at high risks (WHO, 2016).

There are 1.2 billion youth in the world by 2018 which accounts one out of every six people worldwide. In Africa, approximately 226 million youths are resided which represents 19 percent of the global youth population. In the Eastern and Southern parts of Africa, youths constitute more than a third of their population, and this magnitude is even predicted to grow to 341 million by 2050, up from 182 million of today. (www.unpopulation.org).

For most young people in Africa, this age is a time when they are confronted with a variety of reproductive health issues, such as early and unintended pregnancy, HIV and other sexually transmitted infections (STIs), mostly due to lack of knowledge on reproductive health issues and provisions of poor quality RH services for them. Therefore, investing in young people's education and quality reproductive health care at the correct time helps them to grow into healthy adults who can greatly contribute to the African economy (UNFPA, 2018).

Ethiopia has the second-largest population in Sub-Saharan Africa, with more than half of the population under the age of 25 and about a fifth of its population (20.4 %) are of ages between 15-24 years. In the country, youths generally make up a huge, significant, and rapidly increasing demographic, and they account for a disproportionately high proportion of the country's unmet reproductive health needs (MOH & EDHS, 2016).

When compared to adults, many Ethiopian youths were less educated, skilled, and relaxed in using RH services. Ethiopian youths are at a high risk of negative sexual and reproductive health outcomes due to a lack of basic knowledge, access to affordable and confidential RH facilities. (Erulkar et al., 2016).

Promoting robust youth-friendly programs is critical in assisting young people in making informed sexual and reproductive choices and encouraging them to follow through with those decisions. Youth-friendly programs are an approach that combines the values that young people want with the high expectations that must be met by the best public services. For young people, such programs are affordable, acceptable, and appropriate. They're in the right spot, at the right time, for the right price (free where possible), and presented in the right way to appeal to young people. They are fair because they are all-inclusive and do not discriminate against any segment of this young clientele based on gender, race, faith, disability, social status, or any other factor. They do, in fact, reach out to the most vulnerable and those who lack service.(www.fhi360.org,2011).

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 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 (Integrating YFS, 2013).

1.2 Statement of the problem

Youth is also regarded as the healthiest stage of life, but it is also a time when young people are exposed to a unique range of health and survival challenges. They are often faced with choices that can have far-reaching consequences for their potential morbidity and mortality risks. Unprotected sexual activity, Sexually Transmitted Infection, HIV/AIDS, illegal abortion, premature pregnancy, failure to meet family planning requirements, and excessive alcohol intake are all risks that young people face. (MOH, 2006 & Atnafu, 2017).

According to EDHS numbers, youth are the population's most critical age group. The data shows a higher percentage of young women reported having sex before the age of 15 was 9% and before age of 18 was 40% also young men reported having sex before the age of 15 was 1% and before age of 18 was 12% (EDHS, 2016). On account of the youths' early initiation of sexual intercourse and higher-risk sexual behavior including sexual intercourse with multiple or casual partners and transactional sexual relationship, there is increased risk of acquiring STIs and HIV among these age groups. Use of alcohol and drugs is also known to drive young people into higher-risk sexual behavior resulting poor RH outcomes. Technological advancements in the entertainment industry are also known to perpetuate risky sexual behavior through exposure to sexually explicit materials in movies and the internet. (Lemango, 2016).

The great majority of youth in the country are also reportedly at risk of sexual and reproductive health problems such as STIs including HIV/AIDS, unwanted pregnancy and unsafe abortion due to lack of sufficient knowledge and counseling about reproductive health and related matters (MOH,2016, Atnafu, 2017).

It has been evident that high school students visit service providers for SRH services including counselling on unwanted pregnancy, abortion, and STI including HIV/AIDS. They also visit providers to obtain condom and receive other variety of treatments including treatment for STI. Great majority of youths at schools are however do not obtain such services owing to different reasons such as stigma associated with SRH, providers who refuse to offer SRH services to young people and services that fail to provide privacy and confidentiality to in-school youth resulting poor SRH service utilization among young people. Across a variety of global contexts, it has been demonstrated that YFS can address this situation by improving the availability, acceptability, accessibility, and equity of health services for young people (Pathfinder International, 2012).

In Ethiopia, packages of interventions have been implemented to address the SRH problems of youths following the recommendations of the 1994 ICPD and other internationally recognized conferences with the pivoting objective of providing quality Youth Friendly Reproductive Health Services (WHO,2016).However, evidences indicate many challenges remain in the provision of quality of such services that address the availability, acceptability, accessibility, and equity of the RH services for the young people (Pathfinder International, 2012).

Moreover, the environment in which sexual and reproductive health services delivered is often insensitive to the unique needs of these young people in the country (Erulkar et al, 2016).

Despite the fact that such efforts have been implemented for sexually active for youth in general, youth in school are increasingly suffering from substantial negative RH consequences due to limited accessibility of SRH services for these specific youth groups (i.e., in school youths). Moreover, evidences on the level of YFS utilization and the factors associated with the

utilization among high/preparatory school students in Addis Ababa are very limited.

Therefore, this study aimed to assess youth friendly reproductive health service utilization and associated factors among preparatory school students in Addis Ababa, Ethiopia.

1.3, Objectives

1.3.1 General objective

- To assess youth friendly reproductive health service utilization and associated factors among preparatory school students in Addis Ababa, Ethiopia

1.3.2 Specific Objectives

- To determine the proportion of youth utilizing youth friendly reproductive health service among preparatory schools students in Addis Ababa Ethiopia
- To identify factors associated with youth friendly reproductive health service utilization among preparatory schools students in Addis Ababa, Ethiopia
- To describe the problem that affects the youth to utilizing youth friendly reproductive health service among preparatory schools students in Addis Ababa Ethiopia

1.4, Research Question

- ✓ How much is the level YFSRH service utilization among preparatory school students in Addis Ababa, Ethiopia?
- ✓ What are the factors associated with the utilization of YFSRH service among preparatory school students in Addis Ababa, Ethiopia?

1.5 Significance of the study

Youth friendly reproductive health services is the best way to address multidimensional SRH problem of youth. This study was assess the magnitude of YFS and the reason why youth were not use the existing SRH service. Thus, the finding acquired from this study was be scaled up the understanding on the accessibility and uptake of reproductive health services among preparatory school students in Addis Ababa, Ethiopia. Health care planners might also use information generated from the study to improve service delivery dimension and quality among preparatory school students in the capital.

The findings of this study was also help as a reference for giving intervention to the health care providers, school club, governmental and NGO and others stakeholders working on betterment of youths SRH lives. The study results can also be used as baseline information for future large-scale studies in the country.

1.6, Strength and limitation of the study

Strength of the study

- This study conducted in both qualitative and quantitative study design, the qualitative one was helpful to elaborate the hidden finding of the study in clear way.
- According to the study subjectivity the topic the sensitive issue were affect the data collection but this study try to addresses the stake holders with in that challenging situation.
- The study focused on school based YFRHS

Limitation of the study

- This study couldn't be reference to all youth living in Addis Ababa, because this was institutional based study therefore it represent only youth those who are attending preparatory school.
- In the previous year prior to data collection the COVID 19 pandemic was affect the service of YFRHS in school so it may cause some bias in the result
- Due to due to the sensitivity of the subject matter and complexity of genuinely reporting youth related RH issues on FGD section the study participant challenged to discuss freely.

1.7 Organization of the thesis

Including this introductory chapter, the study was organized into five chapter. Each chapter has its own heading and sub-heading. Chapter two present a review of literature. In chapter three Sampling design, data sets and method of analysis are treated. Chapter four deals with data presentation and analyses. The last chapter present and possible recommendations.

CHAPTER TWO

2, Literature review

2.1 Overview of Youth Friendly Reproductive Health Service

Youth-friendly reproductive health service programs are a strategy that combines the values that young people seek with the high standards that the best public services must meet. Such programs are accessible, appropriate, and affordable for young people. They're in the right place at the right time, for the right price (free whenever possible), and presented in a way that appeals to young people. They're fair because they're all-inclusive, meaning they don't discriminate against any segment of this young clientele based on gender, race, religion, disability, social status, or any other factor. They do reach out to the most vulnerable and insecure people. (Dr.Magdy. K, 2011 & www.fhi360.org).

2.2 Youth friendly Reproductive Health service utilization

Recognizing that youth are vulnerable to reproductive health issues, the Ministry of Health (MoH) has developed a national strategy with a minimum service package for scaling up adolescent and youth reproductive health services. High rates of maternal mortality and morbidity due to abortion, fistula, and other pregnancy-related complications are thought to be due to limited access to and use of youth-friendly reproductive health services. (MOH, 2019/20)

Ethiopia's recent efforts to meet the RH needs of youth have led to notable improvements in some key demographic and health indicators by working in collaboration with the NGO and government sectors. First, a pilot implementation of YFRHS was implemented at 20 public health-care facilities and lessons from this experience informed the efforts to scale up to the current level of 248 public health-care facilities, which are linked to peer educators from youth

clubs and youth centers. Some facilities are increasingly serving married youth to address the unmet need for contraception and other RH services in this group. These facilities provide a range of services that include: contraceptive counselling and a full range of methods; HIV counselling and testing, including provision of or referral to antiretroviral therapy (ART) services; gynecological examinations; counselling, treatment and referral for sexual abuse and violence; syndromes management of STIs; pregnancy care and referral for delivery; post-abortion care; prevention of mother-to-child transmission of HIV; and other medical services. From 2009 to 2015, 2.5 million youth received services at participating facilities. (WHO, 2016).

In the South Ari district high schools where YFRHS had not yet established, health facilities used SRH services less than those in YFRHS-implemented health facilities. Access to various SRH services throughout the environment may justify this. Sexual and reproductive health services were used by 33.8 percent and 9.9 percent in the YFRHS implemented and non-implemented areas, respectively. The proportion of youth using SRH services differs significantly between non-implemented and implemented YFS ($\chi^2 = 37.48$, p -value 0.001). Information, education, and communication materials (80.6 percent), condoms (57.0 percent), and voluntary counseling and HIV testing were the most common services for youth (33.3 percent). Unfavorable conditions in their health facilities, an inappropriate attitude of the healthcare professional, and inadequate perceived medical equipment to provide SRH services were among the reasons given by Participants who did not use SRH services. The majority of respondents in this study did not use SRH services for a variety of reasons. The lack of privacy was the most common reason for people not using SRH services. The participants also discussed the reasons for their situation, including embarrassment in receiving services and a perceived lack of medical equipment.(Bayu. H, 2019)

According to a study conducted by Ambo Town Schools, 20.7 percent of respondents used youth-friendly reproductive health services in their area of study in the previous 12 months. Among the students who had ever used reproductive health services for young people, the study found that 13.8 percent used VCT services, making it the most popular, and 13.8 percent used IVF services, making it the least popular. The study also found that youth-friendly reproductive health services were used three times more frequently in ninth grade than in the other student group. (Amerti.et al,2018)

In Hadiya, Southern Nation, Ethiopia, Only 244 (38.5%) of high school students in the study had ever used youth and youth-compatible reproductive health services. And 390 (61.5%) had never used any of the young people's friendly reproductive health surveys (Helamo et al,2017)

The research was carried out in 2017 in Sodo, SNNPR, Ethiopia, to determine the use of youth-friendly school services and associated factors among preparatory students. Thus, by asking for RH services in the previous year prior to data collection, it was discovered that 40,6 percent of youth friendly services were used. with 61 (33,9%) of them being females. The most common VCT services were used by a hundred and tenth (22.5 percent), followed by 96 (19.7%) family planning, 83 (17%) IEC, 82 (16.8%), STI treatment (Atnafu, N, 2017)

The study was conducted in Mekelle town, tigray, northern Ethiopia, which is community based the results show that nearly three-quarters (69.1%) of the respondents used youth friendly services, with 47.1 percent citing lack of knowledge as a primary reason for not using youth friendly services. The majority of the 295 respondents (89.4%) knew about youth-friendly services, and 35.5 percent got their information from the media. However, 166 (53.3%) of the respondents had a negative attitude toward the use of youth-friendly services. Information about

youth-friendly services, knowledge, and who you start sex with have all been found to be independent predictors of youth-friendly service use. (Kalayu.et al,2013)

The utilization of youth-friendly services and associated factors among youth in Harar town, east Ethiopia, were assessed using a community-based cross-sectional quantitative study design supplemented with qualitative inquiry. At the time of the survey, nearly 64% of the youth had already used youth-friendly services at least once. In addition, while 82.2 percent of the youth said they know where YFS are delivered, only 63.8 percent said they had used the services at least once in the twelve months prior to the survey. Many of the participants in the focus group stated that the youth come to the YFS centers for counseling, education, and information on RH and library services almost all of the participants agreed that having youth centers with some recreational activities, such as internet access, sports activities, and information centers (library services), made youth feel better about seeking out youth-friendly services. (Motuma.et al,2016)

According to a study on the use of youth RH programs conducted in Addis Ababa, 20% of boys and only 7% of girls had visited a youth center in the year prior to the survey; older adolescents, particularly boys, were more likely to use programs in this study. Girls who work long hours and live in isolation are less likely to participate in and benefit from programs. (Tefera.T,2015)

2.3 Factors affecting youth friendly service utilization

According to the level of young People Reproductive Health Service Utilization and Its Associated Factors among young People in Awabel District, Northwest Ethiopia, the main reasons for those who did not use SRH services (439) were a lack of trained health providers, 185 (42.1%), cost of services and commodities, 159 (36.2%), and a lack of separate rooms for young people, 151 (34.4%). In the previous six months, 73.3 percent of young people did not

receive the SRH services they required during a visit to a health facility. The most common reasons for missing the service were long lines (96.4%), a lack of funds (67.8%), and feeling embarrassed when they saw their neighbors at the health facility (34.7%). When it came to choosing a health facility for RH services, 407 (41.2 percent) of young people preferred Health Centers (where services are provided in a separate room), while 155 (20.8 percent) preferred Youth Centers. Furthermore, they found it most convenient to receive these services during special hours when there were no more patients, 253 (33.9%), and twenty-four hours a day, 203 (27.2 percent) Any provider was chosen by 162 (21.7%) of the young people, while young providers of the same sex and young providers of a sex were chosen by 161 (21.6%) and 160 (21.4%) of the young people, respectively.(Atitegeb.et al, 2016)

2.3.1 Socio -demographic and Socio-cultural factors affecting YFS utilization

Age and sex of youth, living arrangements (more often living with mothers), educational status (especially secondary school and above), parent occupational status, and income were all linked to the use of reproductive health services. Other individual factors associated with service utilization include exposure to RH problems, discussion of RH topics, type of sexual relationship, previous sexual experience, and self-risk perception for RH problems. (Meshesha, 2017)

In a study conducted in Kenya, it was discovered that the use of reproductive health services such as family planning and STI services was significantly related to the age of the individual, with older youth aged 20-24 years using these services more than younger youth aged 10-14 and 15-19 years, respectively, whereas counseling services were used more by the younger age group of 10-14 years. In this study, it was discovered that sex has a significant relationship with the use

of family planning services, with females using them more than males, on the other hand, use STI services more than females. There was no evidence of a link between sex and the use of VCT services (Perez.O,2012)

Disparities in the use of sexual and reproductive health services among high school adolescents from youth-friendly service-implemented and non-implemented areas of Southern Ethiopia were investigated. Among the adolescents who took part in this study, 59.4 percent had had open discussions about SRH issues with their families and peers, respectively. A total of 7.3 percent of the participants rated their family's economic status as poor, average, or wealthy.(Bayu,et al., 2019) Adolescents at a public school in Adama town, east Shewa Ethiopia, used reproductive health services and had associated factors, according to a study. In terms of youth family characteristics, 251 (69.9%) of the total respondents lived with their parents, followed by 45 (12.5%) who lived with relatives, and the rest who lived with either their mother or father. In terms of their mothers' educational status, 135 (37.6%) had only received their primary education, followed by 88 (24.5%) secondary education, 59 (16.5%) post-secondary education, and the remaining 77 (21.4%) had not received any formal education at all. Only 125 (34.8 percent) of the students communicate with their parents about reproductive health services, while the rest do not. The majority of 82 (22.8 percent) reported a monthly income of 1401-2350 dollars, while only 78 (2.7%) reported a monthly income of >5000 dollars. 2029 (Abenet.et al., 2018)

2.3.2 Knowledge factors that affect youth friendly service utilization

According to the findings of a mixed method study conducted in Harar, east Ethiopia, the majority of the respondents, 612 (72.4%), received information about YFS primarily from school teachers (31.5%) and radio (22.8 percent) Furthermore, 749 (88.6%) of them believe that youth-

friendly services are essential for the youth. STIs, including HIV/AIDS (57.4%), and counseling services were the most important components of youth-friendly services reported by the youth (44.7 percent). Similarly, they identified STIs (54.9%) and counseling (37.2%) as the actual YFS provided by health institutions. Nearly 70% of the participants said that at the age of 15 or older, youth should receive important information, education, and communication (IEC) on RH. Only 267 (31.6 percent) of all respondents were aware of the YFS provided by health institutions. About one-fifth of the youth (18.1%) never mentioned the YFS, while the other half (50.3%) only mentioned one component. HIV/AIDS (91.1%), gonorrhea (50.5%), syphilis (21.9%), and chancroid (21.9%) were among the most common diseases acquired through sexual intercourse (15.7 percent). The main methods of preventing STIs reported by the youth were abstaining from sex (55.9%), using condoms (53.1%), being faithful to one's partner (37.5%), and avoiding sex with commercial sex workers (6.2%). More than one-third of respondents (69.2%) had a favorable opinion of YFS. (Motuma.et al,2017)

According to a community-based mixed study conducted in Mekelle town, tigray, northern Ethiopia, 94.5 percent and 320 (97 percent) of the participants had heard of family planning and knew methods for preventing pregnancy, respectively. Around 284 (86.1%) of the youths said they had heard about sexual and reproductive health (SRH) issues. Out of the total respondents, 310 (94%) knew about voluntary counseling and testing (VCT) and 248 (75%) knew where they could get recreation and library services. The findings of the focus group and in-depth interview backed up these conclusions. Regarding VCT, all respondents agreed that it is critical; they also stated that many people in their community have undergone VCT in order to determine their self-status. (Kalayu.et al ,2016)

In an in-depth interview, a nurse from Mekelle Health Center (25, female) expressed the following viewpoint: “.....many youths were undergoing VCT, but the main problem here is bringing behavioral change because most youths come to be tested immediately after engaging in risky behavior such as unsafe sex.....” Almost all of the youths (99%) said they had heard of sexually transmitted infections (STIs), and 318 (96.4%) said they believed the diseases could be prevented. All of the FGD participants were aware of STIs and could name a few of them as well as their mode of transmission. The main sources of information were the media and health professionals. (Kalayu.et al ,2016)

2.3.3 Health system factors affecting youth friendly service utilization

According to the study youth friendly service utilization and associated factors among preparatory school students in Sodo town, southern nations, nationalities and peoples region, Ethiopia, the majority of the 306 respondents (77.7%) were aware of the presence of the YFRHS in their living environment. Two hundred and sixty-six people (52.5%) said they were asked to pay for the service, while 187 people (47.5%) said they were not. One hundred fifty-two respondents (38.6%) said the health facility's working hours were inconvenient, while 242 (61.4%) said it was convenient to use youth-friendly services. When asked about the most convenient time to use the service, 90 percent (36.4 percent) said the weekend, followed by 67 percent (27.1 percent) public/school holidays, 57 percent (23.1 percent) after noon, and 33 percent (13 percent) early in the morning (Atnafu.N,2017)

The determinants of youth friendly reproductive health service utilization among school and college youth in thika west district, Kiambu county, were investigated in a study on health facility factors that encouraged or discouraged school-aged youth from using YFRHS. The availability of reproductive health services within the school, the distance to a reproductive

health service, the organization of the health facility, the treatment/handling of the youth by staff, and the cost of the services were all considered. The students were asked if there was a reproductive health facility on campus, as well as the distance to the nearest one if there wasn't. (Perez.O,2012)

In a study on current utilization of reproductive health services and the role of peer influence among undergraduate students of wachamo university, hosanna, snnpr, ethiopia reasons for not being satisfied with the services being offered, too long waiting hours was mentioned by 64 (16.6 percent) respondents as one of the main reasons. Other reasons include the provider's lack of friendliness, the fact that they did not receive the service they desired, and their fear of anyone/friends who know them In terms of the respondents' perceptions of the main barriers that prevent them from using reproductive health services, 162 (42.1%) of them complained about long wait times, 174 (45.2%) of them complained about providers failing to maintain privacy and confidentiality, and 49 (12.7%) of them complained about poor treatment by health workers. According to a qualitative report, being unable to obtain services at any time when students require them is another barrier to uptake. “They don't provide the services for 24 hours a day,” one FGD participant stated. We don't have access to the services whenever we want. “They don't even have a laboratory.”(A male year three student) (Tsegaab.T, 2017)

2.4 Conceptual framework of the study

Various studies have been conducted on the use of RH services by youth, as well as the factors that influence their use. According to the literature reviewed, the extent of youth use of reproductive health services has been confirmed to be low. A number of factors have been identified as contributing to the low utilization rate, according to the studies. Among them are sociocultural, economic, demographic, knowledge and health-care system. Some RH programs, such as STI and family planning, had significant age, sex, and marital status correlations. The use of RH services, on the other hand, was linked to information and educational levels. High service RH utilization was linked to higher educational levels, perceptions of RH service utilization, and awareness of RH service utilization in these studies. There were also significant links discovered between RH service utilization and health system variables such as the health institution's conduciveness and the provider's attitude toward youth RH service utilization. According to some research, the attitudes of youth to RH services was negatively affected the out come.

The youth's willingness to seek out RH services was influenced by their negative views of these services. The proposed conceptual structure depicts how these various variables interact as well as the direction of relationships between the determinants and the reproductive health service user's outcome variable

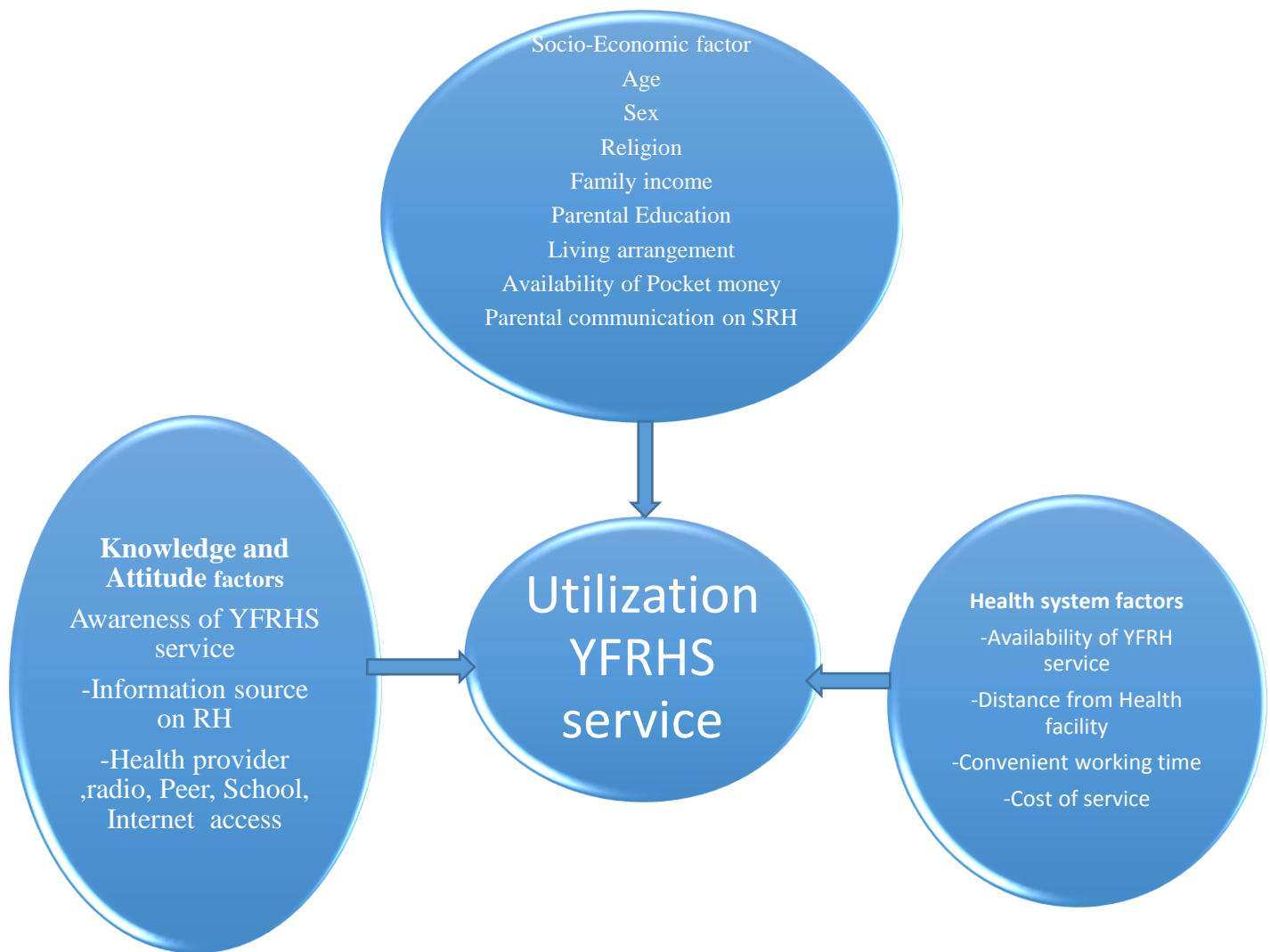


Fig1: Conceptual Framework on factors associated with utilization of youth friendly RH services in Addis Ababa, Ethiopia (Developed from the review of literature)

CHAPTER THREE

Data source and Methodology

3.1 Study Design and period

The school-based mixed research was conducted using both qualitative and quantitative methods, with a school-based cross-sectional quantitative study design to generate findings by evaluating youth-friendly service use and related factors among Addis Ababa city preparatory school students.

One of the most important aspects of this analysis is the triangulation of data obtained from informants. As a result, a qualitative approach was used to supplement the research since its principles were suitable for representing and analyzing the experiences of youth and YFS providers. From April 2021 to July 2021 the data collection was carried out.

3.2 Study area

The research was taken place in Addis Ababa, the headquarters of the African Union and its predecessor, the Organization of African Unity (OAU). Which is the capital city of Ethiopia located at center of the country with an area of 530.14 square kilometers divided into ten sub cities and 100 kebeles (smallest administrative units in Ethiopia) current Addis Ababa's population estimated at **5,005,524** by 2021. ([https://worldpopulationreview.com > world-cities >](https://worldpopulationreview.com/world-cities))

The total number of students is 50,566. In the city there are 222 senior secondary schools, out of which 73 are government schools, 148 private and other (ESAA, 2018/2019)

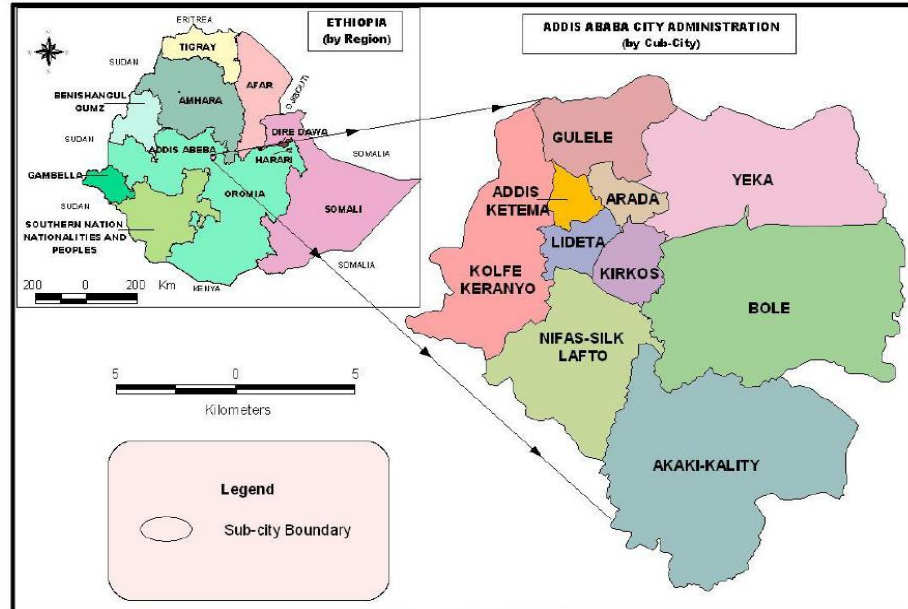


Figure 2: Source: CSA, Map of Ethiopia, Addis Ababa and Its Sub-Cities (CSA, 2007)

3.3 population

3.3.1 Source population

All preparatory school students aged 15-24 years living in Addis Ababa, Ethiopia.

3.3.2 Study Population

The source population was all preparatory school students in the city of Addis Ababa. The target population was all preparatory school students enrolled in the year,

All students aged from 15-24 years who were selected and available during the study period at preparatory school in Addis Ababa.

3.4 Eligibility criteria

3.4.1 Inclusion criteria

Regular students of age 15-24 years of old and gave consent at preparatory schools in Addis Ababa were included in the study.

3.4.2 Exclusion criteria

Individual students who was not be able to complete the questionnaire without assistance such as the blind Student was also excluded from the study. Moreover, Students who was absent during the data collection were excluded.

3.5 Sample size determination

A single population proportion formula is used to estimate the sample size. From the study conducted in Debre Tabor town taking youth friendly sexual and reproductive health service utilization as 28.8% (Simegn.et al, 2020) a confidence level of 95%, marginal error of 5%, design effect of 2 and adding 10 percent non- response rate. The final total sample size was 695.

$$n = \frac{z^2 Pq}{d^2}$$

Where: n = the desired sample size

z = 1.96 which corresponds to 95% confidence level

p=28.8% which is reproductive health service utilization from in Debre Tabor town.

d=5% which is margin of error

q=1-p: (1-0.29=071)

Therefore n= $\frac{(1.96 \times 1.96 \times 0.29 \times 0.71)}{(0.05 \times 0.05)} = 316$

$$(0.05 \times 0.05)$$

Then, using design effect of 2 and adding 10 percent non-response rate the final sample size was:- n=316×2+10% contingency =632+63=695

3.6 Sampling procedure

A multi stage cluster sampling method was used to select the study participants. There were 73 governmental and 148 private preparatory schools in Addis Ababa. The total number of students is 50,566 in both governmental and private preparatory schools according to (ESAA, 2018\2019). The calculated sample size was proportionally allocated for the number of students in each of the school types (i.e. Governmental and private schools). Accordingly, 3 governmental and 2 private secondary and preparatory schools have been first selected randomly. Then, 24 sections (8 sections for each selected school) from a total of 184 sections of the governmental schools were randomly selected. Similarly, 6 sections were randomly selected from total of 12 section private preparatory sections. The study eligible participants from these randomly selected sections would be systematically selected using the list of student's ID number as a sampling frame. A total of students from governmental were 600 and 95 from private preparatory schools was be considered eligible for the study.

For the qualitative investigation, we were use a non-probability sampling approach called Purposive sampling, which was result in 3 Key informant interviews the one was conducted with school stockholders and the other two with YFS providers from governmental and private health care facilities. In addition, six Group Discussions (FGDs) was held, three with female students and three with male students.

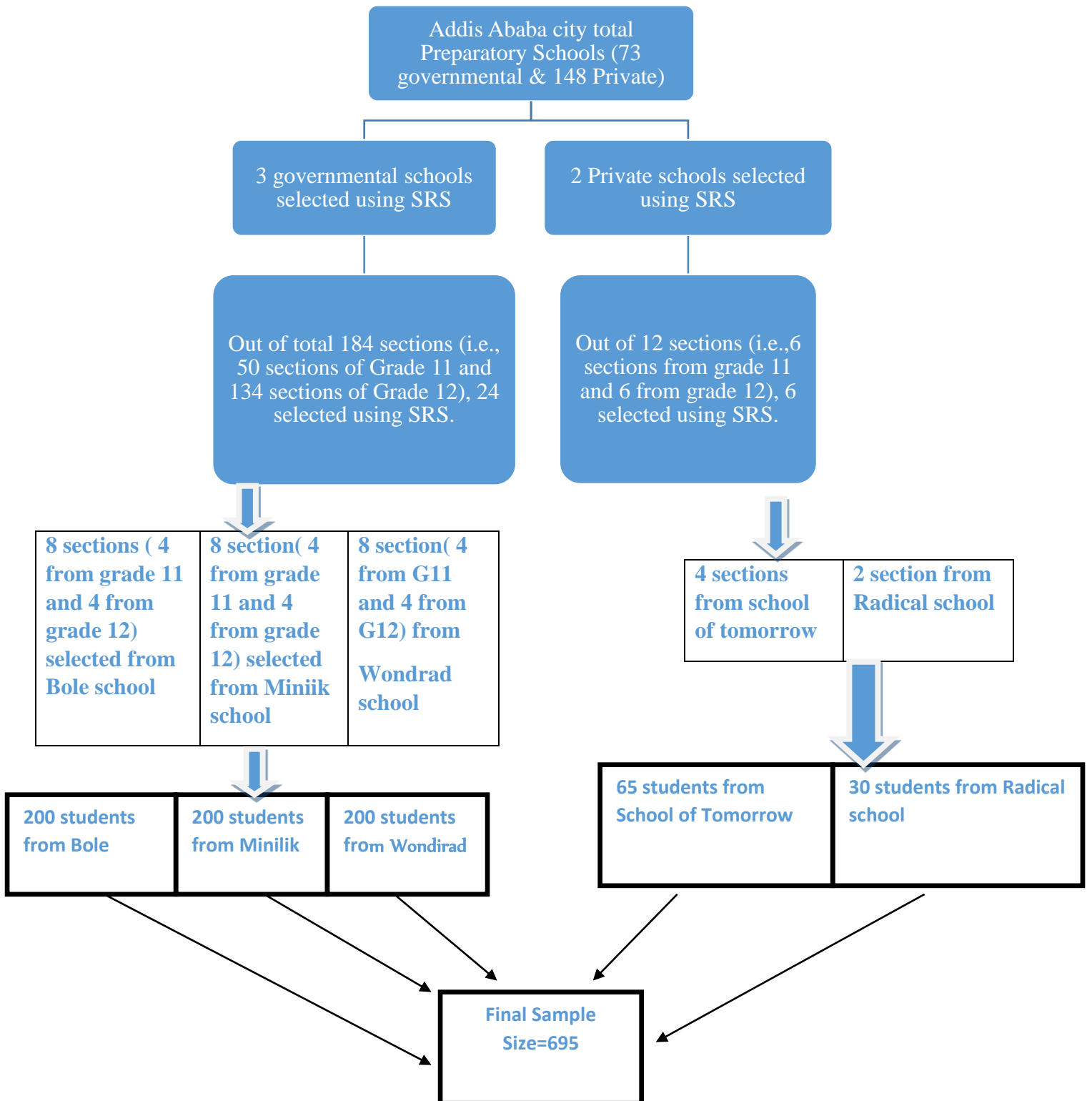


Fig3: Pictorial representation of the sampling procedure

3.7 Variables of the study

3.7.1 Dependent variables:

Youth friendly service utilization

3.7.2 Independent variables:

The independent variables of the study were socio- demographic characteristics: such as: age and sex. Socio-economic, socio-cultural, and school factories characteristics like: Living arrangement, parental communication about RH issue and pocket money.

Knowledge related factors, such as media access, awareness of reproductive health facility and reproductive health services, Source of information also Health system factors like distance from health service, availability of youth friendly service, convenient health institution working hour, Payment for youth friendly services income, and ownership of livestock.

3.8 Data collection tools and procedures

The study was conducted over a period of a months. The questionnaire contains socio-demographic characteristics, health system factors and knowledge related factors and utilization parts. For quantitative approach data was collected using a structured, self-administered questionnaire. Two Health officer and one teacher was recruited to participate as supervisors in data collection. The supervisors was selected from those residing in the study area and fluent in local language such as Amharic. The supervisors was takes through a two days training; the training which focuses on administration of questionnaires, interviewing techniques and reading through all the questions and agreeing on the way of asking respondents in Amharic language / Local language.

Key informant interviews are in-depth, qualitative interviews with persons who are knowledgeable about what is going on in the study area. The goal of key informant interviews is to gather information from a wide range of persons who have firsthand knowledge of the community, in this study we assign health professionals. These professional experts can provide insight into the nature of problems and make recommendations for remedies based on their specific knowledge and understanding.

Focus Group Discussion: a total of six FDGs was conducted, with three male and three female youths participating in focus group discussions. Each group was consist of 5 to 7 youths who was chosen from the school. The conversations was moderated using a pre-prepared discussion guide that has been pre-tested with students from a school that is not participating in the survey. The FGDs were administered in a private and quiet atmosphere by a moderator of the same sex. The talks lasted about an hour on average. The FGD was completely taped and registered, with the moderator's assistants taking notes.

3.9 Operational definitions

Youth: The preparatory school students who would be at the age of 15-24 years during data collection.

Youth friendly reproductive health service utilization: It was assessed by asking respondents about their use of one or more reproductive health services components in the previous twelve months (abortion, antenatal care, family planning, VCT, STI treatment and diagnosis, postnatal care, education, and counseling).

Youth-friendly services: In this analysis, it was assessed using the available components of services inside YFS clinics (family planning, VCT, STI diagnosis and treatment, abortion care, post abortion care, PNC, and condom use).

3.10 Data quality assurance

The questionnaire was subjected to a pre-test before it used in actual data collection. Pretest was made on 5% of the total sample among preparatory schools outside of the selected schools in Addis Ababa. The filled out pretested questionnaire by data collectors was reviewed by the investigator of this study and relevant modifications was made accordingly

The data collectors was trained on the way of asking questions and recording responses which was ascertained during the pre-testing of the instruments. All the questionnaires was checked daily to ensure that whether they were appropriately filled. Any missing data was confirmed before the start of the next day's interviews. In addition quality of data collection was ensured through close supervision of the data collection team daily by the principal researcher. About 10% of the data was re-entered in order to compare and assure the quality of the data.

3.11 Data processing and analysis

SPSS version 25 statistical packages was used to enter and analyze the results. The study population demographic characteristics, socio-economic, socio-cultural, and school factory characteristics, such as educational level, living arrangement, parental contact about RH problem, and pocket money in relation to relevant variables, was defined using descriptive summary statistics such as frequencies, percentages, means, standard deviation, and median.

The crude odds ratio was calculated to assess the presence of any association between each independent variable (socio-demographic, health system, and knowledge related variables) and

the dependent variable (Youth friendly service utilization), as well as to choose candidate variables for the multivariable logistic regression analysis. A p-value of 0.05 was used as an indicator of statistical significance in the multivariate logistic regression model. Variables with a p-value of less than 0.05 was confirmed as independent predictors of youth friendly service usage.

3.12 Ethical consideration

Ethical clearance and approval was obtained from “Department Research and Ethical Review Committee (DRERC)” of the Department of Population studies, Collage of Developmental studies, Addis Ababa University and submitted to Addis Ababa Education office The office permitted the request and announces each preparatory school for their cooperation to do this research. Then the purpose of the study and the usefulness of the participant’s involvement in the research was explained properly. Furthermore, the respondents’ right to decline to answer a question or to participate in any activity or to refuse to discuss any topic if he/she feels uncomfortable was maintained. Information sheet was read to the study participants and signed consent form was obtained from the participants. Strict confidentiality was maintained throughout the study.

3.13 Dissemination and utilization of results

As part of the master's degree in Population studies at Addis Ababa University (AAU), the findings of this research was sent to the department of Population studies at the College of Developmental Studies (CoDS) (Reproductive health specialty). This research would primarily support the study participants as well as the preparatory schools. It will also be reported to the Ministry of Health, Youth and Children's Affairs, and other relevant bodies, or published in

reputable scientific journals. The principal investigator was apply the study abstract to local and international associations (such as EMA and EPHA) in order to present the project's findings at ongoing medical educational activities or conferences hosted by these organizations. The thesis description was submitted for publication to an international or national peer-reviewed journal.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

This chapter displays the results and analysis of the study findings for both quantitative and qualitative study design. It is illustrated as follows; back ground information of the study, factors that associated to utilization of YFRHS and discussion of the findings.

4.1 Socio-demographic characteristics of study participants

The study involved 695 participants, and every single one of them completed the questionnaires, resulting in a 100% response rate. Nearly half of the respondents (55.1%) were male students, with the remaining (44.9%) were female. The majority of the participants (66.7 percent) were ages between 15 to 18 years, and the rest were of 19-22 years old. The majority of them (86.3 percent) were attendants of governmental schools (Table1)

Table 1.,Demographic characteristics of preparatory school students in Addis Ababa (n=695)

<i>Variable</i>	Frequency	Percent (%)
Gender		
male	383	55.1
female	312	44.9
Total	695	100
Age		
15-18 years	464	66.7
19-24 years	231	33.3
Total	695	100
Marital status		
single	692	99.6
married	3	0.4
Total	695	100
Educational Level		
grade 11	347	49.9
grade 12	348	50.1
Total	695	100
School Type		
governmental	600	86.3
Private	95	13.7
Total	695	100
Religion		
orthodox	668	96.1
Muslim	11	1.6
protestant	7	1
catholic	9	1.3
Total	695	100

For describe other socio-economic characteristics of the study participant student such as living arrangements shows that more than half of them (459, or 66.0 percent) lived with both mother and father.(table 2)

Table 2, socio-economic characteristics of the study participant students (n=695)

<i>Variable</i>	<i>Frequency</i>	<i>Percent(%)</i>
living arrangement		
with both mother and father	459	66
with father only	50	7.2
with mother only	99	14.2
Alone	24	3.5
other	63	9.1
<i>Total</i>	695	100
Father Education status		
no formal education	96	13.8
primary school	213	30.6
secondary education	301	43.3
preparatory school and above	85	12.2
<i>Total</i>	695	100
Mother Education status		
no formal education	103	14.8
primary school	328	47.2
secondary education	195	28.1
preparatory school and above	69	9.9
Total	695	100
Family income		
below 1000 birr	110	15.8
1000-3000 birr	120	17.3
3000-5000 birr	95	13.7
5000-10000 birr	9	1.3
more than 10000 birr	74	10.6
have no information	287	41.3
Total	695	100
Daily expense		
Yes	261	37.6
No	434	62.4
Total	695	100

4.2 Knowledge on Reproductive Health and YFRHS

The study participant student as reported that they got information from different source about reproductive health issue, according to this 319(45.9%) of respondent got information from radio, followed by 298(42.9%) of respondent got information from their peer the reaming participant got information from different source as indicated on Figure-3.

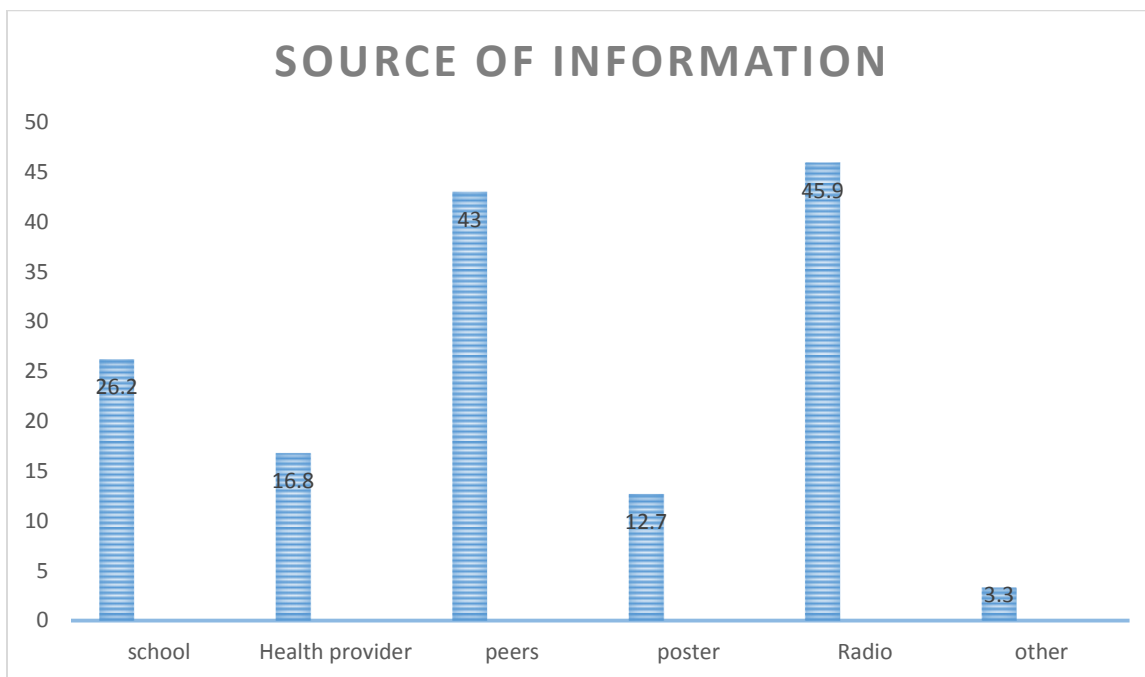


Figure 4. The study participant source of information about YFRHS

In terms of knowledge on YFRHS, most of the respondents (82.3%) claimed they have heard about it, with higher proportion of the knowledge was about VCT services (44.2%). According to awareness on the right of the youth in getting reproductive health service, a great deal of the participants (78.7%) reported that they knew their rights of the services (Table 3)

Table-3 Shows the study participant knowledge about YFRHS

Variable	Frequency	Percent(%)
Ever heard YFRHS		
Yes	572	82.3
No	123	17.7
Total	695	100
Knew service provided under YFRHS		
FP	236	34
STI	63	9.1
VCT	307	44.2
Abortion service	61	8.8
ANC	231	33.2
Health education	42	6
Condom use	158	22.7
Other	48	6.9
Knew where to get YFRHS		
Health center	443	63.7
Drug shop	99	14.2
traditional healer	24	3.5
Other	6	0.9
Total	572	82.3
Knew had right to use service		
yes	547	78.7
no	25	3.6
Total	572	82.3
knew any Family planning		
Condom	419	60.3
Implant	326	46.9
Pills	232	33.4
IUCD	119	17.1
Injectable	215	30.9
Other	118	17

Out of the total study participant student only 167(27%) of them were reported that they had parental discussion about the reproductive health issue. According to the study participant knowledge of STI, half of them (52.7%) respondent reported that they had ever heard about sexual transmitted infection. The most commonly reported sexual transmitted infection was HIV/AIDS (50.5%) followed by syphilis (22.3%). (Table 4)

Table-4: The study participant knowledge of STI.

Variable	Frequency	Percent (%)
Ever heard of STI		
yes	366	52.7
no	206	29.6
Ever heard of STI		
Syphilis	155	22.3
Gonorrhoea	127	18.3
Cancroid	70	10.1
HIV/AIDS	351	50.5
Other	27	3.9
Knew sign/symptom of STI		
Genital Ulcer	116	16.7
Genital discharge	65	9.4
Genital itching	150	21.6
Genital burning sensation	136	19.6
Other	121	17.4
Mode of STI transmission		
Mother to child	101	14.5
Contact with infection blood	116	16.7
Unprotected sexual intercourse	183	26.3
Using sharp materials with infected person	164	23.6
other	97	14

4.3 Health system factors

Most of the study participant students 569 (81.9%) had awareness about the presence of youth friendly reproductive health service provider facility around their living compound. About 426 (61.3%) of the respondent students mentioned that they were asked to pay for the service they got and only 149 (21.4%) of them said that they were not asked to pay.

According to the working hours of health facility which provided youth friendly reproductive health service 380(54.7%) of the study participant students were agree that was convenient to them, but 195 (28.1%) of them were not agree on the convenient of service provided time. Among those who were asked about their optional time that was convenient to use the service 51

(7.3%) said that afternoon was convenient to them, followed by 144 (20.7%) of them also mentioned that weekend was convenient time to them.

The distance of health facility from their residence was estimated by the time interval to reach health center, so that 62(8.9%) of respondent said that it takes 5-10 minutes, 159(22.9%) 15-30miute, 224 (32.2%) 45-1 hours and 3 (0.4%) 1-2hours respectively for a single journey to reach the health center from their living area to utilize YFRHS.

4.4 Prevalence of Youth friendly RH service (YFRHS) utilization

The respondent data shows from the total study participant students only 73 (10.5%) of students had ever used the service in the past twelve months, the rest 622 (89.5%) respondent not used the service.

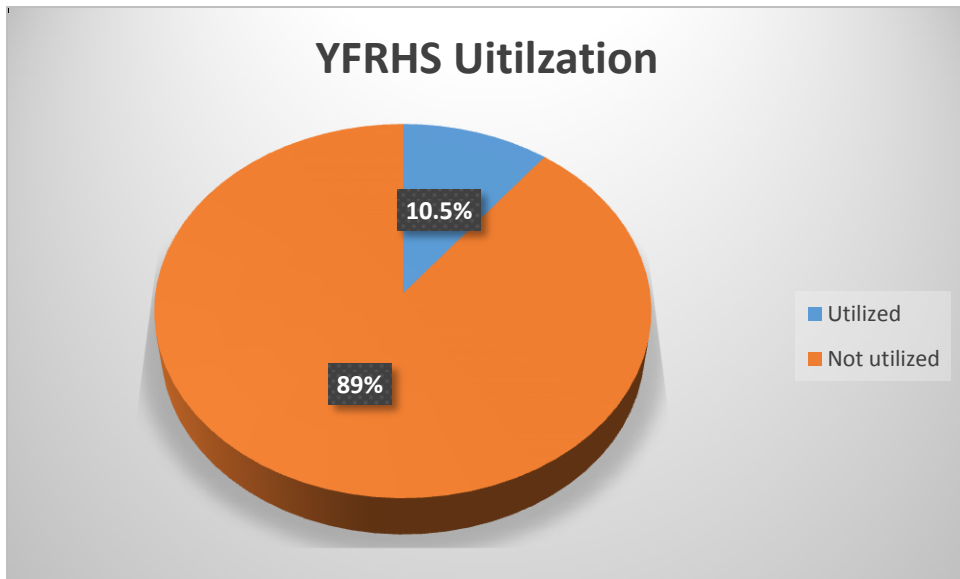


Figure-5 pie chart representing the prevalence of YFRHS among preparatory school students in Addis Ababa, Ethiopia

Among those who utilized youth friendly reproductive health service 24 (3.5%) of study participant used family planning, followed by 37 (5.3%) of study participant used sexual transmitted infection treatment, where as there is no antenatal care

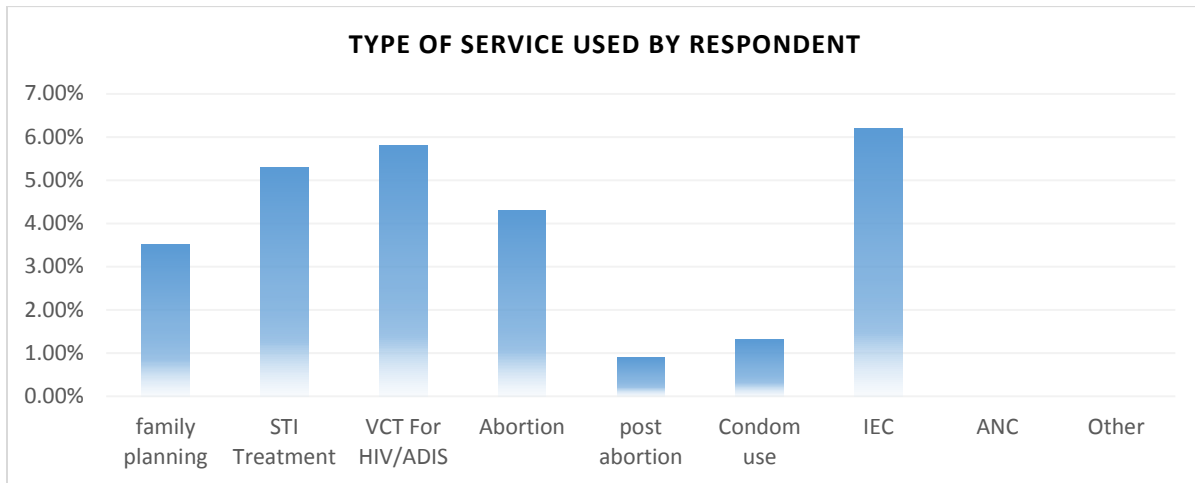


Figure-6, Type of service utilized by the study participant student

The study participant were use different health facility, to received youth friendly reproductive health service, according to this 58(8.3%) of the respondent received from different governmental and private hospitals 12 (1.7%) of them received from health center.

According to this study most of the study participant student not utilized YFRHS. Those who didn't use YFRHS set some different reason figure-6 shows the their reason.

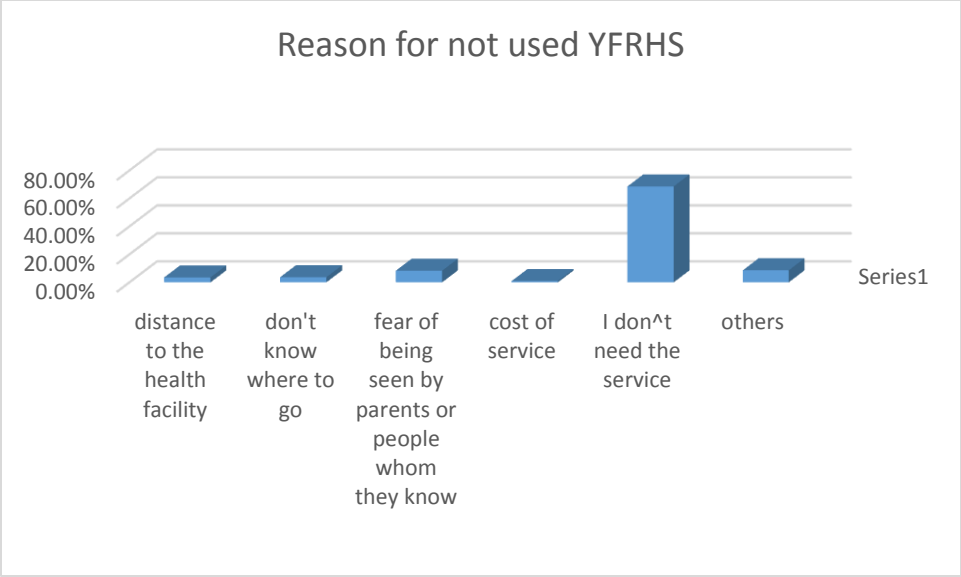


Figure -7 The study participant reason for not utilized YFRHS

4.5 Factors associated with youth friendly reproductive health service

Utilization of youth friendly reproductive health service was assessed for its association with predicting variables. On the bivariate analysis sex of respondents, age of respondents, types of school which student learning, living arrangement, having pocket money, heard about of YFRHS provided service, source information about RH service from peer/friend , discussion of RH issue with their parents, knowledge of STI symptoms such as genital ulcer and itching, the presence of YFRHS in the living area, convenient working hour of health facility and utilization of reproductive health service in the past 12 months were found to be significantly associated.

Table 5: Binary logistic regression results showing factors associated with YFRHS in Addis Ababa, Ethiopia

Variables	Category	YFRHS Utilization		COR (95%,CI)	AOR(95%,CI)
		Yes	NO		
Gender	Male	54(14%)	329(85.9%)	4.18(2.21, 7.93)**	2.53(1.66,4.37)**
	Female	19(6%)	293(93.9%)	1	1
Age	15-16 years	34(16.9%)	167(83%)	7.15(2.78, 18.421)**	1.629(0.46,5.71)
	17-18 years	6(2.2%)	257(97.75)	0.44(0.17, 1.14)*	0.187(0.04,0.79)*
	19-20 years	30(14.75)	174(85.2%0	7.15(2.78, 18.42)**	1.379(0.39,4.86)
	21-22 years	3(11.1%)	24(88.8%)	1	1
School type	Governmental	48(8%)	552(92%)	0.15(0.07,0.31)**	0.24(0.14,0.41)**
	Private	25(26.3%)	70(73.6%)	1	1
Living arrangement [#]	With both mother and father	60(13%)	399(86.9%)	1.66(0.36,7.61)	14.73(2.01,107.65)*
	With mother only	1(1%)	98(98.9%)	9.67(0,0)	6.25(0.63,61.75)
	With father only	3(6%)	47(94%)	1	1
Pocket money for daily expense	Yes	34(13%)	227(86.9%)	5.91(2.76,12.67**	1.51(0.93,2.47)
	No	39(8.9%)	395(91%)	1	1
Source of information for YFRHS	Peer groups	43(14.4%)	255(85.5%)	9.90(2.12,46.08)**	1.37(0.82,2.29)*
	Other sources ⁺	27(10.9%)	220(89%)	1	1
Discussion about RH with parents	Yes	6(3.5%)	161(96.4%)	0.19(0.08,0.64)**	0.19(0.08,046)**
	No	64(15.9%)	338(84%)	1	1
Knowledge on symptoms of STI genital ulcer	yes	40(34.4%)	76(65.5%)	0.007(0.001,0.081)**	4.21(2.48,7.13)**
	No	33(11.1%)	264(88.8%)	1	1
Knowledge on symptoms of STI genital itching	yes	42(28%)	108(72%)	57.35(3.93,835.70)**	2.91(1.73,4.88)**
	No	31(11.7)	232(88.2%)	1	1
Presence a YFRHS around living area	yes	49(8.6%)	520(91.3%)	0.4(0.235,0.682)**	0.4(0.23,0.68)**
	No	24(19%)	102(80%)	1	1
Is working hour of the health facility Convenient time for respondent?	yes	40(10.5%)	340(89.47)	2.43(1.15,5.12)**	2.43(1.15,5.12)
	No	9(4.6%)	186(95.38)	1	1

No observation for living arrangement with other persons (i.e., partner or boy/girlfriends, and others like

+ ‘other sources’ include health service providers, media and relatives. **P<0.001; *P<0.05

The variables which were significant on bivariate were entered into multivariate logistic regression analysis. In the multivariate logistic regression analysis, being male in gender (AOR=2.53; 95% CI: 1.66, 4.37) as compared to the female, living with both of the parents (AOR=14.7; 95% CI: 2.02, 107.7), having convenient working hours of service providers (AOR=2.43; 95% CI: 1.15, 5.12), being knowledgeable on genital ulcer (AOR=4.21; 95% CI: 2.49, 7.13) and itching (AOR=2.91; 95% CI: 1.74, 4.89) as major symptoms of STI as well as peer groups being the source of information for YFRHS as compared to other sources of information were positively and significantly associated with utilization of YFRHS. On the other hand, being age of 17-18 years (AOR=0.19; 95% CI: 0.04, 0.79), attending in governmental school (AOR=0.24; 95% CI: 0.14, 0.42) compared to the private, having had RH discussion with parents (AOR=0.20; 95% CI: 0.08, 0.46) and the presence of YFRHS in nearby areas (AOR=0.40; 95% CI: 0.24, 0.68) were negatively and significantly associated with YFRHS utilization (Table 4).

The study participant male student were 2 times more likely to use youth friendly service than female counterparts (AOR=2.531, 95% CI: 1.66, 4.37). Also those whose age group of 17-18 were 82% times less likely use the service than those of other age group (AOR=0.187, 95% CI: 0.044, 0.794). Governmental school student were less utilize YFRHS than the private school student. (AOR= 0.243, 95% CI: 0.141, 0.419). According to Study participant those who live with their mother 93% of them not utilize YFRHS than other, (AOR=0.061, 95% CI: 0.008, 0.496). The study participant source of information which is peer were more likely utilize YFRHS than other source of information. AOR=1.374, 95% CI: (0.822, 2.297) Those study participant who had parental discussion on RH issue were less likely to use YFRHS than their counterpart AOR=0.197, 95% CI: (0.083, 0.464) Participants in the study who knew the STI

symptom of genital itching and genital ulcer were double times and four times more likely to use the RH service respectively, than those of who doesn't knew STI symptom. AOR=4.211,95% CI:(2.486,7.131), AOR= 2.91,95% CI: (1.735,4.882)

Among the study participant those who found YFRHS around there living area 60% of them were less utilized the service than other. (AOR= 0.4 95% CI: 0.235, 0.682). Those who utilize YFRHS were two times got the working hour convenient to them than not utilize. (AOR=2.431 95% CI: 1.154, 5.121)

4.6 Demographical characteristic of FGD and key informant interview

Due to the sensitivity of the subject matter and the difficulty of genuinely reporting youth related RH issues, the study was better to supplemented by a qualitative approach to explore in greater depth the underlying behaviors, attitudes, and perceptions that may have an impact on YFRHS. (Motuma.A, 2016)

For the qualitative, six FGDs (three with female students and the other three with male students) were conducted in a private and quiet atmosphere by a moderator of the same sex. In each of the discussion, five to seven study participants were involved. The discussants were from two governmental and one private schools which were not considered in the quantitative survey. The discussions lasted about an hour on average. Moreover, the key informant interviews were conducted with three health care providers; two nurses from Efoyta health center located in Kirkos sub city, and with a nurse from Bole private health center. Another key informant interview was made with coordinator of the school health club that provides reproductive health service including VCT and IEC. FGD topic and key informant interview guides were used to direct the discussion and interviews, respectively. Both the FGDs and interviews were

completely taped/recorded, with the moderator's assistants taking notes. (Table 6) represent the background characteristics of FGD participant.

Table 6: Demographic characteristics of FGD participant students

Characteristic	Frequency	Percent (%)
Gender		
Male	24	54%
Female	20	47%
Age		
15-19	44	100%
20-24		
Religion		
Orthodox	38	87%
Muslim	2	5%
protestant	3	7%
Catholic	1	1%
Marital status		
Single	44	100%
Married		
Education		
Grade 11	14	32%
Grade 12	30	66%
School type		
Governmental	28	64%
private	16	36%

4.7, DISCUSSION

This study tried to determine youth friendly reproductive health service utilization and its associated factors among preparatory school students in Addis Ababa, Ethiopia. The prevalence of YFRHS among the study participant youths was found to be 10.5 %. This level of prevalence was the lowest finding compared to a previous study conducted in Addis Ababa, Ethiopia, which indicated that 28.7% of study participated high school students reported to use YFRHS in the previous year of the survey (Tefera.T, 2015). Accordingly, the study conducted in Ambo revealed a prevalence of 20.7% (Amerti.et al, 2018), and more recently a much higher prevalence was also reported in a study conducted in Adama town (Abenet.et al,2020) The unusually lower prevalence of YFRHS reported in our study compared to the previous studies conducted in Ethiopia could be due to the effect of COVID-19 pandemic during our survey which might affect the study participants' visit of service provides for RH services.

The finding has shown a significant difference when compared to a community-based study, nearly 64% of Harare's youth and nearly 69% of Mekele's youth had used youth friendly services at least once at the time of the survey. (Motuma.et al, 2016) and (Kalayu.et al, 2016). Due to the fact that this study was an institution-based study involving only preparatory school students, whereas the Harar and Mekelle study was a community-based survey involving a large sample size of youth.

The other possible reason to this discrepancies could be difference in cultural, methodology, sample size, time of study and participants in those areas.

In this study, the odds of utilizing YFRHS were more than 2 times higher (AOR=2.53, 95% CI: 1.66, 4.37) among male participants as compared to females, showing a consistent finding with

previously conducted study in the same study area, i.e., Addis Ababa (Tefera.T, 2015). Another study conducted in Hosanna, in Southern Ethiopia, also reported being male was associated with increased uptake of RH service than being female (Tsegaab.T, 2017). Male being higher recipient of YFRHS in these studies might be explained by the fact that fear of being seen while utilizing RH services is more common among female due to cultural impositions than among males (Perez.O,2012). This finding was underlined in most FDG discussant, one of grade 12 male participant reported that: *“.....male students are more engaged in sexual activity than the female one because they are think them self as ‘አራቅ’ by doing such activity, so awareness of RH service is more important for us to protect our self*

According to this study, being in the age group of 17-18 were 71% less (AOR=0.19, 95% CI: 0.044, 0.794) to use the YFRH service as compared to those in the older age of 21-22 years. This could be due to the fact that this age group might not be well matured to involve in RH risky behavior and subsequently require the RH services. From FGD discussant most of them highlighted that they were not involved in such activity one of grade 11 female FGD discussant respondent state that: *“.....now we are student so our focus should be on our educational status, in future we have time for such kind of staff but in case of we need such service we can easily accesses the service, because we had a knowledge about how to protect our self even we knew how we can get the service so it was awesome...!!!”*. Also this assumption shows their altitudes toward YFRHS

This finding was consistent with the study conducted in Ambo town where the odds of utilizing YFRHS among adolescents of age15 - 19 years were lower than those ages between 20 to 24 years [AOR=0.380,95% CI:0.176- 0.819]. (Amerti.et al, 2018). According to EDHS report, 9% of young women reported having sex before the age of 15 and 40% before age18. Among young

men, these proportions were 1% and 12% (EDHS, 2016). This early initiation of sexual activity at relatively younger ages might be attributed to the less utility of YFRHS among these age groups which could be indicators for unfavorable demographic outcomes such as high fertility rate and high mortality rate. The low utilization of YFRHS among adolescents may also lead to higher exposure to STI, unwanted pregnancies, unsafe abortion, and pregnancies related complications.

This study found that attendants of governmental school youths were low utilizer of YFRHS than the private school counterparts (AOR= 0.24, 95% CI: 0.11, 0.42). This discrepancy might be due to that private school students might have a better chance to get guidance and counseling service in their school environment than the governmental school students.

The odds of utilizing the YFRHS were higher for those students living with both of their parents (AOR=14.74; 95% CI: 2.02, 107.7) as compared to those living together with their fathers alone. This might explain that more support and counselling arising from both parents can have an impact in boosting RH utilization than single parent follow up. On the other hand, this study showed lower odds of utilizing YFRHS for those youths who had parental discussion on RH issue (AOR=0.20,95% CI:0.08,046) than those who had no discussion on the subject. This might be due to fact that constant discussion on RH issues with parents might helped the participants to become abstained from sex and any sexually active roles that could lead to a lower rate of visit to RH service providers. This finding was inconsistent with the study conducted in Awabel District, Northwest Ethiopia, where those young people who had a parental discussion on RH issues were more likely to utilize YFRHS than those who didn't discuss on these issues (Atitegeb et al,2016). But most of FDG discussant doesn't had parental discussion on RH issue. The male participant who is grade 11 mentioned that "*....our parents not willing to discuss about RH topics because*

they assumed us as a kid or too young, for them it was not appropriate to talk RH issue instead of academics one.....” Another female participant state that ‘*.....if I ask them about some RH issue immediately they assumed that I was involves in such a bad habitual activity, for that reason I prefer to don’t talk about it.....*’

This study indicated a higher YFRHS utilization when peer groups were source of RH information (AOR=1.37, 95% CI: 0.82, 2.30) than other information sources. This might highlight that informal information from friend students might positively influence the YFRHS utilization in a school environment/settings.

In this study, although the overall utilization of YFRHS among the study participants is low(10.5%), more than four-fifth of them (82.3%) have heard about YFRHS, and the great majority of them (63%) also reported that they knew where they could find the services. This might imply student in their schools may not have amply provided with the essential reproductive health education services as well as a referral linkage to health care providers for those students demanding the services. This was also highlighted by the majority FGD discussant. One female FGD participant student mentioned that ‘*.....I had a little information about reproductive health service but I can’t identified each of them, because am not well trained about it what l had was a fragmented information from different source....*’

.....

Participants of this study who knew the STI symptom of genital itching (AOR=2.91, 95% CI: 1.74, 4.89) and genital ulcer (AOR=4.21, 95% CI: 2.49, 7.13) were higher utilizer of YFRHS as compared to their counterparts. This could be due to that the participants’ knowledge on serious effect of STI would result a positive impact in promptly seeking of YFRHS.

This study's finding that lower odds of YFRHS utilization among those whose residence was nearby to the location of service provider (AOR= 0.4; 95% CI: 0.24, 0.68) was consistent with the study conduct in Ambo town [AOR=7.1, 95% CI: 2.676- 19.015] (Amerti.et al, 2018). The participant had low knowledge toward the YFRHS, this might affect the utilization of the YFRHS which was provided in their living area. From the key informant interview a health center worker mentioned that Minster of health (MOH) in collaboration with a number of (NGOs) has been supporting such activities aimed at increasing young people's access to RH services, such as scaling up and institutionalizing youth friendly services (YFS) through intensive capacity building at all levels of the health system. A female nurse said that: *"... I think there is informational gap, most of the student wasn't use the service it might be due to lack of awareness, the stake holder should work on that...."*

The odds of utilizing YFRHS among study participants who claimed the service providers working hours were convenient for them were more than two times (AOR=2.43; 95% CI: 1.15, 5.12) than who complained in the working hours. This could be due to the availability of private service provides in Addis Ababa that provide the service for 24 hours a day.

CHAPTER FIVE

5, CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The survey discovered reduced YFRHS utilization among preparatory school students in Addis Abeba, The prevalence of YFRHS in this study was 10.5 % and this is relatively a much lower prevalence when compared with findings from previous studies in Ethiopia and elsewhere.

According to this study the main factors that affecting utilization of YFRHS was the study participants altitude which was negative toward the importance of YFRHS it was manifested through qualitative study. Behave of their negative altitude, the knowledge of study participant toward RH wasn't well develop, it seems they had lack information toward the RH service due to this the rate of attending YFRHS became low. The government and other non-organization try to develop strategies to improve youth RH need but the existing RH service was not fulfil the expected out come due to low promotion of YFRHS, fail to provide the service in school, lack of privacy and confidentiality to in-school service, resulting poor RH service utilization among young student. The current police limited to provide the service only in health facility but it should must implement in school setup.

Promoting youth-friendly programs is critical in assisting young people in making informed reproductive health choices and encouraging them to follow through with those decisions, therefor the stakeholder should expand this promotion to the lower level such as in school.

From this finding we can judge youth are exposing to many RH risky, therefor the governmental, non- governmental body should give their attention towards youth reproductive health unless the

effects were not simple as it seems it had national even world wide effect, due to demographical and public health accept this was serious agenda.

YFS can address this situation by improving the availability, acceptability, accessibility, and equity of health services for young people in their school.

5.2 Recommendation

According to the study result different responsible part should take some action such as:-

- The parent should be aware of about their children need of RH and they should participate in RH education provision
- School should strengthen the RH education in their curriculum and work in collaboration with health offices of the sub cities so that referral systems could easily be attainable.
- Each school should work on their student by collaboration with each werda health office
- Health center should promote reproductive health education in school to create well knowledgeable youth about their own RH need
- Health centers should not exclusive their service only in health station, they should create chain with different school's youth club
- Stakeholders should support health provider by facilitate training to cope-up with current youth RH need
- YFRHS,MOH,MOE and Secretary General for Women, Children, and Adolescents affairs should be work together on policy making and implementation
- Initiate researcher to study further on the hidden issue of youth reproductive health

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Information for study participants

Introduction

Hello, my name is Hiwot Belay. I am a student in college of developmental studies on the field of population studies specialty in reproductive health at Addis Ababa University. Therefore, while we are collecting the necessary resources for the study, we are informing you that you will be involved in the study and that the researcher or data collector was responsible for keeping it confidential. You can get enough information about the study and ask any questions you need before you give your consent in writing. Participating in this study is entirely at your discretion and you have the right to change your mind at any time.

Purpose of the study

As it is known, there are many young people in Ethiopia but due to lack of awareness and lack of services, many young people are exposed to reproductive health problems. Therefore, this study seeks to explore the use of reproductive health services and related factors among young student in preparatory school in Addis Ababa.

Bonus / Compensation

You will not receive any payment for participating in this study. However, based on the findings of this study, the Government and the Legislature will contribute to your efforts to provide reproductive health services to young people.

Participants' right to withdraw from the questionnaire

Your participation is entirely voluntary. You can withdraw your consent at any time. You can ask as many questions as you want related to the study. We will answer your questions as much as possible

Confidentiality

We will keep any of your information confidential. No information about you will be released unless you give your consent, and your contact information will be recorded, not by your name, but by your account number. The information collected from you will be used for this study only. The results of the study can be published scientifically, not by individuals, but by a group of participating members.

Agreement

You are required to sign your agreement with your signature. This is to ensure that all participants in this study understand and volunteer. This study is licensed to be conducted by Addis Ababa University, Arada sub-city educational office and your schools authorized person, and no one should participate in this questionnaire without their consent.

Operating conditions

If you agree to take part in the study, you are required to put your consent in writing. They will then record your personal information in the context of youth friendly reproductive health services and associated factors among preparatory school and place your fingerprint.

For more information

If you would like more information about this study, you can contact the study owner at any time.

Telephone: 0911 81 79 16

Email: hiwotbelay711@gmail.com



College of Development Studies

Center for population studies

Appendix 1: Study questionnaire

English version

Consent form for study participants

I am a student in college of developmental studies the field of population study specialty in reproductive health at Addis Ababa University. I am conducting a study on the use of reproductive services suitable for young people and related factors among preparatory school students in Addis Ababa.

Therefore, once you have received enough information about the study, and you understand that any information gets from you is completely confidential, then you can sign up but if you do not agree can discontinue this study at any time.

Signature Date Phone Number

Part one: Socio-demographic characteristics of the participants

Q. No	Question	Coding categories
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1	What is your sex?	1. Male 2. Female
2	How old are you ? only in years	_____in years
3	What is your marital status?	1. Single 2. Married 3. Living with boy/ girl friend 4. other(specify)
4	What is your level of education?	1. grade 11 2. grade 12
5	What is your type of school?	1. Governmental 2. Private
6	What is your religion?	1 orthodox 2. Muslim 3.protestant 4.catholic 5. others(specify)
7	What is your ethnic group?	1. Amhara 2.Tigrie 3.Oromo 4. Other (specify)
8	With whom do you usually live?	1.with both father and mother 2. With father only 3.with mother only 4.with friends 5.Alone 6.Other(Specify)
9	What is your father educational status?	1. no formal education 2.primary school 3.secondary school and above

		4. preparatory education and above
10	What is your mother's educational status?	1.no formal education 2.primary education 3.secondary education 4. preparatory education and above
11	How much is your family monthly income?	_____ (specify in Ethiopian birr)
12	Do you get pocket money for your daily expense?	1. Yes 2. No

Part two, Knowledge questions about reproductive health services

Q.No.	Questions	Coding Categories'
1	Have you ever heard about youth friendly reproductive health service?	1. Yes 2. No _____ skip to(Part III)
2	Which services are provided under YFRHS? (can mark more than one response)	1. Family planning 2. Treatment of sexually transmitted infection 3. Voluntary counseling and testing for HIV/AIDS 4. Abortion service 5. Antenatal care 6. Information education and communication 7. Condom use 8. Others (specify)
3	If yes, for question number Part II, from where you got information?	1. Parents 2. School

	(can mark more than one responses)	3. Health providers 4. Peers 5. Posters 7. Radio 8. Others (specify)
4	Have you ever discussed about RH issues with parents/guardians?	1.yes 2. no
5	Do you know where you get youth friendly services?	1.health center 2.Drug shop 3. traditional healer 3.other (specify)
6	Youths/ adolescents have the right to use RH services?	1.yes 2. no
7	Do you know any family planning method?	1.yes 2. no _____ skip to Next
8	Which of the following family planning methods do you know? (choosing more than one answer is possible)	1, condom 2. Implant 3. pills 4. IUCD 5. Injectable 6. other
9	Have you ever heard about sexually transmitted infections?	1. Yes 2. No _____ skip to Part III
10	Which of the following lists do you know?	1. Syphilis 2. Gonorrhea 3.Chancroid 4. HIV 5, Other
11	What sign and symptoms of sexually transmitted infections do you know	1. Genital ulcer 2. Genital discharge 3. Itching 4. Burning urination 5. others
12	What modes of transmission of sexually transmitted infections do you know?	1. Contact with infectious blood 2. Mother to child 3. Unprotected sex 4. Using sharp materials with an infected person

	5. Others
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Part three: Questions on Health institution based factors

Q.No	Questions	Coding Categories
1	Is there a YFRHS in your living area?	1. Yes 2. No _____ skip to next
2	How far is the health facility from your home?	_____ (specify in minute)
3	Have you ever asked to pay for the service you used?	1. Yes 2. No
4	Is the working hour of the health facility convenient for you?	1. Yes 2. No _____ skip to part four
5	If No, for the above question, what would be the most convenient time for you?	1.earlier in the morning 2. late the afternoon 3. weekends 4.holidays(school holidays) 5.other(specify)

Part four: Questions about utilization of youth friendly service

Q. No	Question	Coding Categories
1	Have you ever used any RH service in the past twelve months?	1.yes 2. No _____ skip to Q.4
2	What services did you use in the past twelve month? (ticking more than one responses is	1. Family planning 2. STD treatment

	possible)	3. VCT for HIV/AIDS 4. Abortion service 5. Post abortion services 6. ANC 7. Condom use 8. Information, education and counseling 9 . other services (specify
3	From where did you use RH service in the past twelve month?	1.youth center 2. hospital 3. health center 4. family guidance association 5.other(specify)
4	If no why? (tick more than one responses is possible)	1. Distance to the health facility 2. Don't know where to go 3. Fear of being seen by parents or people whom they knew 4 . Cost of service 88. Others (specify)

መግቢያ

ጤና ይስጥልኝ ስሜ ህይወት በላይ ይባላል። በአዲስ አበባ ዩንቨርሲቲ በድህረ ምረቃ ፕሮግራም በስነ-ህዝብ ጥናት (specialty in reproductive health) የት/ት መስክ ተማሪ ስሆን በአዲስ አበባ ከተማ በሚገኙ የመሰናዶ ት/ቤት ተማሪዎች መካከል ለወጣቶች ተስማሚ የስነ-ተዋልዶ አገልግሎት አጠቃቀም ግምገማ እና ተያያዥ ምክንያቶች በሚል ርዕስ ጥናት እያካሄድኩ እገኛለሁኝ። ስለሆነም ለጥናቱ የሚያስፈልጉ ግብአቶችን የፀ-ሁፍ መጠይቆችን በማዘጋጀት በመስብሰብ ላይ ስሆን እርሶም በጥናቱ እንዲሳተፉ እና ከእርሶ የሚገኘው መረጃ አጥኚው ወይም መረጃ ሰብሳቢው በሚስጥር ለመያዝ ሀላፊነት እንደሚወስድ እንገልፅለሁ። ፍቃደኝነቶን በጽሁፍ ከመስጠቱ በፊት ስለጥናቱ በቂ መረጃ ማግኘት እና የፈለጉትን ጥያቄዎች ለማሟላት እጠይቃለሁ። በዚህ ጥናት መሳተፍ ሙሉ በሙሉ በእርስዎ ፈቃደኝነት ላይ የተመሰረተ ሲሆን ሀሳብዎን በሚፈልጉበት ጊዜ የመቀየር መብት አለዎት።

የጥናቱ አላማ

እንደሚታወቀው በሀገራችን ኢትዮጵያ ርዕሰ ከተማ ወጣቶች ይገኛሉ ነገር ግን ከግንዛቤ ማነስ እና በአገልግሎት እጥረት ምክንያት ብዙ ወጣቶች ለስነ-ተዋልዶ ችግር ይጋለጣሉ። ስለሆነም ይህ ጥናት በአዲስ አበባ በሚገኙ የመሰናዶ ት/ቤት ተማሪዎች መካከል ለወጣቶች ተስማሚ የስነ-ተዋልዶ አገልግሎት አጠቃቀም እና ተያያዥ ምክንያቶች ለመዳሰስ ይሞክራል።

ጉርሻ/ማካካሻ

እርስዎ በዚህ ጥናት በመሳተፍ ምንም እድሜ ላይ ካሉ ክፍያ አያገኙም። ነገር ግን በዚህ ጥናት በሚገኘው ወጤት መርኩዘው መንግስት እና የህግ አውጪው አካላት የወጣቶች የስነ-ተዋልዶ ጤና አገልግሎት አሰጣጥ ላይ ለሚወስዱት እርምጃ እርስዎ የበኩል ምን እስተዋፅኦ አበረከቱ ማለት ነው።

ከመጠይቁ ለማቋረጥ ተሳታፊዎች ያላቸው መብት

የእርስዎ ተሳትፎ ሙሉ ለሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። ፈቃደኝነቱን ምንም ለምንም ጊዜ ማቋተጥ ይችላሉ። ከጥናቱ ጋር የተያያዘ የፈለጉትን ያህል ጥያቄ መጠየቅ ይችላሉ። እኛም የተቻለንን ያህል ጥያቄ ምላሽ እንሰጣለን።

ሚስጥርጠባቂነት

የእርስዎምንኛውም መረጃ በሚስጥር እንይዛለን። እርስዎ በፅሁፍ ካልፈቀዱ በስተቀር እርስዎን የሚገልፅ ምንም አይነት መረጃ የማይወጣሊህን ከእርስዎ ጋር የተያያዘ በስምዎት ሳይሆን በመለያ ቁጥር (ኮድ) ተመዝግቦ ይያዛል። ከእርስዎ የሚሰበሰቡ መረጃም

ለዚህ ጥናት ብቻ ይውላል። የጥናቱ ጤት በግለሰብ ደረጃ ሳይሆን በተሳተፉ የህብረተሰብ አካላት ስብስብ ጤት ሳይንሳዊ በሆነ መልኩ ሊታተም ይችላል።

ስምምነት

ስምምነት ያንበፈር ማዎ እንዲያረጋግጥ ይጠበቃል። ይህም በዚህ ጥናት የሚሳተፉትን ስሙ ለመረዳት እና በፍቃደኝነት መሆኑን ለማረጋገጥ ነው። ይህ ጥናት በአዲስ አበባ ዩኒቨርሲቲ እና በአራዳ ት/ትጽ/በት እንዲከናወን ፍቃድ ያገኘሲሆን ማንኛውም ሰው ስምምነቱ ወይም ፈቃደኝነቱ ሳይረጋገጥ በዚህ መጠይቅ ውስጥ መሳተፍ የለበትም። ስለዚህ ጥናት የፈለጉትን ያህል መረጃ የማግኘት መብት አለዎት።

የአሰራር ሁኔታ

እርስዎ በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ ስምምነት ያንበፅሁ ፍንዳሜ ገልፀው ይጠበቃል። ከዛም ስለእርስዎ የግል መረጃዎችን በወጣቶች ተስማሚ የስነ-ተዋልዶ አገልግሎት አጠቃቀም እና ተያያዥ ምክንያቶች ላይ ከተሰጡት ምርጫዎች ውስጥ በመክበብ የግሎን አሻራ ያሰፍራሉ።

ለተጨማሪ መረጃ

ስለዚህ ጥናት የበለጠ ተጨማሪ መረጃ ማግኘት ከፈለጉ የጥናቱ ባለቤት ወሪ/ት ህይወት በላይን ከዚህ በታች ባለው አድራሻ በማንኛውም ጊዜ እና ሰዓት ማግኘት ይችላሉ።

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አዲስ አበባ ዩኒቨርሲቲ

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የሀገር ልማት ጥናቶች ኮሌጅ
የስነ-ህዝብ ጥናት እና ምርምር ማዕከል

አባሪ 1: የቃለ መጠይቅ

የአማርኛ ቅጽ

ስምምነቶን መግለጫ ፎርም

ጤና ይስጥልኝ ስሜ ህይወት በላይ ሲሆን በአዲስ አበባ ዩኒቨርሲቲ በድህረ ምረቃ ፕሮግራም በስነ-ህዝብ ጥናት (specialty in reproductive health) የት/ት መስክ ተማሪ ስሆን በአዲስ አበባ ከተማ በሚገኙ የመሰናዶ ት/ቤት ተማሪዎች መካከል ለወጣቶች ተስማሚ የስነ-ተዋልዶ አገልግሎት አጠቃቀም ግምገማ እና ተያያዥ ምክንያቶች በሚጠይቅ ስር ስለሆንኩ እገኛለሁኝ።

ስለዚህ የጥናት ስራ በቁመረጃዎቼ በኅላ እንዲሁም ከእርሶ የሚገኘው ማንኛውም መረጃ ሙሉ ሙሉ በሚስጥር እንደሚጠበቅ ተረድተዋል። እና በተጨማሪም ፈቃደኛነት ለሆኑ ከዚህ ጥናት በፈለኩት ጊዜ መውጣት እና ማቋረጥ እንደምችሉ ተረድተዋል። ወከጥናቱ ጋር በተያያዘ በቁመረጃዎቼ ላይ ስለሆኑት ጥናት ላይ በሙሉ ፈቃደኛነት ለመሳተፍ ስምምነቶን በፊርማዎ ያረጋግጡ።

ፊርማ _____ ቀን _____ ስልክ ቁጥር _____

ክፍል አንድ-የተሳታፊዎች ማህበራዊ-ስነ-ህዝብ ባህሪዎች

ተ.ቁ	ጥያቄ	የጥያቄ ኮድ መስጫ ምድቦች
1	የእርስዎ ስታ ምንድነው?	1. ወንድ 2. ሴት
2	ዕድሜዎ ስንት ነው? በአመታት ብቻ	በ _____ አመት ውስጥ
3	የጋብቻ ሁኔታ	1. ነጠላ 2. ያገባ 3. ከወንድ / ሴት-ፍቅረኛ ጋር አብሮ መኖር 4. ሌላ (ይግለጹ)
4	የትምህርት ደረጃዎ ስንት ነው?	1. ክፍል 11 2. ክፍል 12
5	የእርስዎ ት/ትቤት ዓይነት ምንድነው?	1. መንግስታዊ 2. የግል
6	ሃይማኖትዎ ምንድን ነው?	1 ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ካቶሊክ 5. ሌሎች (ይግለጹ)
7	ከማን ጋር ይኖራሉ?	1. ከአባትና ከእናት ጋር 2. ከአባት ጋር ብቻ 3. ከእናት ጋር ብቻ 4. ከጓደኞች ጋር 5. ብቸኛ 6. ሌላ

9.	የእርስዎ አባት የትምህርት ደረጃ ምንድን ነው?	1. መደበኛትምህርት-የለም 2. የመጀመሪያደረጃትምህርት-ቤት 3. ሁለተኛደረጃትምህርት-ቤት እና ከዚያ በላይ 4. የመሰናዶትምህርት እና ከዚያ በላይ
10	የእናትዎ የትምህርት ሁኔታ ምንድን ነው?	1. መደበኛትምህርት-የለም 2. የመጀመሪያደረጃትምህርት 3. ሁለተኛደረጃትምህርት 4. የመሰናዶትምህርት እና ከዚያ በላይ
11	የቤተሰብዎ ወርሃዊ ገቢ ስንት ነው?	_____ (በኢትዮጵያ ብር ይጻፉ)
12	ለዕለታዊ ወጪዎ የኪስ ገንዘብ ያገኛሉ?	1. አዎ 2. አይደለም

ክፍል ሁለት ስለ ሥነ-ተዋልዶ ጤና አገልግሎቶች የእውቀት ጥያቄዎች

ተ.ቁ	ጥያቄ.	የጥያቄዎች ክፍል
1	ስለ ወጣቶች ተስማሚ የስነ-ተዋልዶ ጤና አገልግሎት ስምተው ያወቃሉ?	1. አዎ 2. አይ _____ ዝለልወደ (ክፍል III)

		ወደቀጣይይዘለሉ
8	ከሚከተሉት የቤተሰብ እቅድ ዘዴዎች ውስጥ የትኛውን ያውቃሉ? (ከአንድ በላይ መልሶችን መምረጥ ይቻላል)	1, ኮንዶም 2.ተከላ 3.ክኒኖች 4.IUCD 5. በመርፌ 6.ሌላ
9	በግብረ-ሥጋ ግንኙነት የሚተላለፉ ኢንፌክሽኖችን ሰምተው ያውቃሉ?	1. አዎ 2. ቁጥር _____ ወደክፍል III ዝለል
10	ከሚከተሉት ዝርዝሮች ውስጥ የትኛውን ያውቃሉ?	1. ቁጥኝ 2. ጎኖርያ 3. ቻንኮይይድ 4. ኤችአይቪ 5 ,ሌላ
11	በግብረ-ሥጋ ግንኙነት የሚተላለፉ ኢንፌክሽኖች ምን ዓይነት ምልክቶች እንደሆኑ ያውቃሉ	1. የብልት-ቁስለት 2.የብልት ፈሳሽ 3. ማሳክክ4.ማቃጠል 5. ሌሎች
12	በግብረ-ሥጋ ግንኙነት የሚተላለፉ ኢንፌክሽኖች ምንምን እንደሆኑ ያውቃሉ?	1. ከተላላፊደምጋርንክኪ. 2. እናትለልጅ 3. ያልተጠበቀወሲብ 4.በበሽታው ከተያዘ ሰውጋር ሹል የሆኑ ቁሳቁሶችን መጠቀም 5. ሌሎች

ክፍል ሶስት በጤና ተቋም ላይ በተመሰረቱ ምክንያቶች ላይ ጥያቄዎች

	ጥያቄዎች	ጥያቄዎችከድምድቦች
1	በሚኖሩበት አካባቢ YFRHS አለ?	1. አዎ 2. የለም _____ ወደ_ ቀጣዩ ዝለል

		(ክፍል 4)
2	የጤና ተቋሙ ከቤትዎ ምን ያህል ይርቃል?	_____ (በደቂቃውስጥይግለጹ)
3	ለተጠቀመው አገልግሎት እንዲከፍሉ ተጠይቀው ያውቃሉ?	1. አዎ 2. አይደለም
4	የጤና ተቋሙ የስራ ሰዓት ለእርስዎ ምቹ ነው?	1. አዎ 2. የለም _____ ወደክፍልአራትይዘለሉ
5	አይደለም ከሆነ፣ ከላይ ለተጠቀሰው ጥያቄ፣ ለእርስዎ በጣም አመቺ ጊዜ የቱ ነው?	1. ጠዋት ላይ የበለጠ 2. ከሰዓት በኋላ 3. ቅዳሜናእሁድ 4. በዓላት (የትምህርትቤት-በዓላት) 5. ሌላ (ይግለጹ)

ክፍል አራት ለወጣቶች ተስማሚ አገልግሎት አጠቃቀም ጥያቄዎች

	ጥያቄዎች	ጥያቄዎችኮድምድቦች
1	ባለፉት አስራ ሁለት ወራቶች ውስጥ ማንኛውንም የRHI አገልግሎት ተጠቅመው ያውቃሉ?	1.አዎ 2. ቁጥር _____ ወደቁጥር 4 ይዘለሉ
2	ባለፈው አስራ ሁለት ወር ውስጥ ምን ዓይነት አገልግሎቶችን ተጠቅመዋል? (ከአንድ በላይ ምላሾች ላይ ምልክት ማድረግ ይቻላል)	1. የቤተሰብ ምጣኔ (እቅድ) 2. የ STD ሕክምና 3. ቪ. ሲ.ቲ ለኤች.አይ.ቪ. / ኤድስ 4. ፅንሰ ማስወረድ አገልግሎት

		<p>5. የእርግዝና ክትትል</p> <p>6. የኮንዶምኒየም አጠቃቀም</p> <p>7. መረጃ፣ ትምህርት እና የምክር አገልግሎት</p> <p>8. ሌሎች አገልግሎቶች (ይግለጹ)</p>
3	<p>ባለፉት አስራ ሁለት ወር ውስጥ የRRH አገልግሎትን ከየት ተጠቅመዋል?</p>	<p>1. የወጣት ማዕከል</p> <p>2. ሆስፒታል</p> <p>3. ጤናጣቢያ</p> <p>4. የቤተሰብ መመሪያ ማህበር</p> <p>5. ሌላ (ይግለጹ)</p>
4	<p>ካልሆነ ለምን?</p> <p>(ከአንድ በላይ መልሶችን ምልክት ማድረግ ይቻላል)</p>	<p>1. የጤና ተቋሙ ርቀት</p> <p>2. ወይት መሄድ እንዳለብዎ አያውቁም</p> <p>3. በወላጆች ወይም በሚያውቋቸው ሰዎች እንዳይታዩ መፍራት</p> <p>4. የአገልግሎት ዋጋ</p> <p>5. ሌሎች (ይግለጹ)</p>

ስለ ትብብር ክልብ እናመሰግናለን

Key Informant Interview for Heath Service Provider

Introduction

Good morning/afternoon! My name is _____. I am/we are working for Ms. Hiwot Belay who is currently doing her Masters research on Youth friendly reproductive health services and the associated factors among preparatory school students in Addis Ababa. The assessment intends to generate evidences that the health sector can use to further improve the effectiveness of the youth's reproductive and sexual health services.

You are selected to participate in this study. We will ask you questions about the perceived attitudes, perceptions, and experiences of the YFRHS and related activities in your institution. Information collected about your institution will be merged with information from other service provider similar with you and this will be used to understand the barriers/factors that hinder provision and utilization of YFRHS in Addis Ababa, Ethiopia.

We assure no names of person who participate in this study will be included in any report; we are asking for your help in order to collect this information.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer all the questions as your responses will contribute for better understanding of the YFRHS and factors hindering its provision or utilizations.

In order to capture all of the information that you are about to share with us, we will record the interview using this (show recorder) audio recorder. The audio records will be deleted after complete transcription of the interview on a paper.

In case you need more information about the survey, you may contact the PI of the study, Ms. Hiwot Belay by calling her @ 0911 81 79 16

At this point, do you have any questions about the study? ----- **Clarify concerns and questions.**

Do I have your agreement to proceed?

May I begin the interview?

If YES Continue the interview.

If No, Clarify concerns and questions.

Date of interview (DD/MM/YY E.C): ___/___/___

Location

Name of Health Facility _____

Sub city _____

Woreda _____

Kebele _____

Date of interview (DD/MM/YY E.C): _____/_____/2013EC

Name of interviewer _____ Sign _____

Interviewee background information:

Code	Age	Marital	Sex	Your	Your	Total Years of	Position(

		Status		qualification	highest educational level	experience as service provider(YFRHS)	If any) in YFRHS sector

Topic	General Question
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Introduction	<ul style="list-style-type: none"> ➤ Tell us about YFRHS? ➤ In what level/position have you served in this facility with regard to YFRHS
Knowledge of the service provider about YFRHS	<ul style="list-style-type: none"> ➤ Do health workers in this facility have got any orientation/sensitization/training about YFRHS? If so when? By whom? How was it? Its importance? If not why? ➤ Have you specifically attended any refresher or post basic training course especially contraceptive, clinical skills, or HIV/STI counseling, diagnosis and treatment? ➤ Have you trained about the special reproductive needs of youth and special needs of youth in general? If yes, what particular knowledge you grasped in that regard? If not, why haven't you been trained? ➤ Do you think that you are understanding and knowledgeable in the needs and services of youth, particularly the YFRHS? Can you mention few of the RH services that address the need of youth?
Attitude of service Provider about YFRHS	<ul style="list-style-type: none"> ➤ Do you think youth need to get counselling services on HIV/AIDS, STI, abortion or other related services? What about getting services on testing of pregnancy, abortion or accessing/using of condoms or other contraception and the like? ➤ How are you willing or cooperative to provide such services to youths? ➤ Are you friendly and respectful in the provision of youth services, particularly the SRH services? If yes, how do you explain that?

<p>Exposure or Experiences of the service provider to YFRHS</p>	<ul style="list-style-type: none"> ➤ Tell us how long your facility have been involved with YFRHS? ➤ Generally, in what area do the service providers involve in YFRHS in your facility? ➤ Creating youth friendly environment ➤ Involve as youth counsellors ➤ Involve as active service provider like in provision of different STI, FP services and the like ➤ Involve in minor/major test/treatment/surgery including FP, abortion or STI related clinical procedures ➤ What other activities you mention? ➤ In which of the activities you have been involved the most in past 1 year? ➤ Do you think that your services provision fulfill the expected quality standard? If yes, in what ways/manner? If no, why not? ➤ Do you think that your working hours are acceptable or convenient to youth? If not, what do you think are the reasons? ➤ Do youths require to pay for the service provided to them in your facility? ➤ What are the challenges you encountered in helping youths or in providing SRH services to them in general?
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Focus group discussions among preparatory school students

Introduction

Hello and good morning/afternoon! My name is . I am/we are working for Ms. Hiwot Belay, who is currently conducting her master's thesis on the utilization of youth-friendly reproductive health services and the associated factors among Addis Abeba preparatory school students. This Focus group discussions is one of the assessment tools designed to identify hidden factors influencing the utilization of youth-friendly reproductive health services and associated factors among preparatory school students.

You have been chosen to take part in this study. We will ask you questions about your perceived attitudes, perceptions, and experiences on the YFRHS as well as related activities in your life. Information gathered about your previous experiences will be combined with information gathered from other participants who are similar to you, and this will be used to better understand the barriers/factors that impede the provision and utilization of YFRHS in Addis Abeba, Ethiopia.

We assure you that no names of those who participate in this study will be included in any report; we are asking for your assistance in gathering this information.

You have the right to refuse to answer any question or to end the interview at any time.

However, we hope you will answer all of the questions because your responses will help us better understand the YFRHS and the factors that are impeding its provision or utilization.

We will use this (show recorder) audio recorder to record the interview in order to capture all of the information that you are about to share with us. The audio recordings will be deleted once the interview has been completely transcribed on paper.

If you have any questions about the survey, please contact the study's principal investigator, Ms. Hiwot Belay, at 0911 81 79 16.

At this point, do you have any questions about the study?

Do I have your agreement to proceed?

May I begin the interview?

If YES Continue the interview.

If No, Clarify concerns and questions.

Date of interview (DD/MM/YY E.C): ____/____/____

Location

Name of school _____

Sub city _____

Woreda _____

Kebele _____

Date of interview (DD/MM/YY E.C): _____/_____/2013EC

Name of interviewer _____ Sign _____

Interviewee background information:

Code	Age	Marital Status	Sex	Your grade

Topic	General Question
Introduction	<ul style="list-style-type: none"> • Tell us about YFRHS?
Knowledge of student about YFRHS	<ul style="list-style-type: none"> ✓ Have you ever heard of a service that provides reproductive health care to young people? ✓ Where do you get your information about RH services? ✓ Where can you find youth-friendly reproductive health care? ✓ What services does YFRHS offer? ✓ Have you ever heard of the term STI? list a few of them ✓ Do you have any knowledge of STI transmission modes? Please list a few of them.
Attitude of students toward YFRHS	<ul style="list-style-type: none"> ✓ Do you believe that youth should receive HIV/AIDS, STI, abortion, or other related services? ✓ What about getting services for pregnancy testing, abortion, or obtaining/using condoms or other forms of contraception? ✓ Do you believe that the services are important to young people? if it important WHY or not? ✓ Do the service providers recognize your special needs as a young person? ✓ Are you willing or cooperative in obtaining such services from YFRHS? ✓ Are you friendly and respectful when it comes to receiving youth services, particularly RH services? If so, how would you explain it? ✓ Is the service you receive satisfactory to you, and is it useful?

Exposure or
Experiences
of the students
to YFRHS

- ✓ Have you used any RH services in the last year? Could you please tell me about the service you received?
- ✓ Generally, in what area do you participate in YFRHS ?
 - Being as a member of the center
 - Involve as active service receiver like in provision of different STI, FP services and the like
 - Involve in minor/major test/treatment/surgery including FP, abortion or STI related clinical procedures
 - What other activities you mention?
- ✓ Do you believe the services you receive meet the expected quality standard? If so, how and in what ways? Why not, if not?
- ✓ What additional services could they provide to meet your special needs as young person?
- ✓ Do you think that YFRHS working hours are acceptable or convenient for youth? If not, when is most convenient for you?
- ✓ Have you ever been asked to pay for a service that you used?
- ✓ How far is the YFRHS from your house? in minutes

Thank you for your participation

