



Addis Ababa University
College of Health Science
School of Public Health

**Assessment of Youth Sexual and Reproductive
Health Service Utilization and Associated
Factors among High School Students in
Bole Sub city, Addis Ababa, Ethiopia**

By

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**A thesis submitted to School of Graduate studies of Addis
Ababa University, college of Health Sciences, School of
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the degree of Masters of Science in General Public Health.**

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Approval by the Examining Board

This thesis by Takele Alemu entitled: << **Assessment of Youth Sexual and Reproductive Health Service Utilization and Associated Factors among high School Students in Bole Sub city, Addis Ababa, Ethiopia** >> is accepted in its present form by the board of Examiners as satisfying thesis requirement for the degree of Masters of Science in General Public Health.

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ACRONYMS/ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
AOR	Adjusted Odds Ratio
EDHS	Ethiopian Demographic and Health Survey
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
MOE	Ministry of Education
MOH	Ministry of Health
OR	Odds Ratio
REC	Research Ethics Committee
RH	Reproductive Health
SNNPR	Southern Nations, Nationalities and Peoples Region
SPSS	Statistical Package for the Social Sciences
SRH	Sexual and Reproductive Health
SRHC	Sexual and Reproductive Health Clinics
STI	Sexually Transmitted Infection
VCT	Voluntary counseling and testing of HIV

Abstract

Background: Worldwide there are 1.2 billion young people aged 15 to 24 years which account 16 per cent of the global population. Youth are often considered as the healthiest stages of life, but they are also at critical periods which young people are faced with a unique set of threats to their health and survival and at risk of unsafe abortion, unintended pregnancy, unmet need of family planning and STIs including HIV/AIDS.

Objective: To assess youth Sexual and Reproductive Health Services Utilization and Associated Factors among high school youth students in Bole Sub city, Addis Ababa, Ethiopia, 2020.

Methods: Cross sectional study design method was conducted from November to March, 2021 in Bole Sub City high schools. Stratified multi stage sampling technique was applied to select the 534 study participants based on the type of school. Quantitative data obtained from each respondent were entered into epidata 3.1 versions and then export to SPSS version 20 for the analysis. The degree of association between dependent and independent variables was assessed using bivariate and multivariable logistic regression analysis. Variables with p value of less than 0.05 were considered as significant.

Results :Sexual and reproductive health service utilization among youth secondary school students in Bole sub city found to be low(33.5%) and the odds of youths who had SRH services in their residential area were 3.3 times more likely to utilize SRH service as compare to those who didn't had SRH services in their area (AOR=3.3, 95%CI, (1.9, 5.8)). Similarly,the odds of Youths who heard information about SRH services were 3.2 times more likely to utilize SRH service than those not heard about SRH services (AOR= 3.2, 95%CI (1.8,5.7)).

Conclusion: This study indicated that providing information about SRH services ,insuring privacy and confidentiality during service delivery ,respect full care , availing school clinic and SRH services in their residential area is needed to increase SRH service utilization among youths.

1. Background

1.1 Introduction

Sexual health is described as a condition of physical, emotional, mental, and social well-being related to sexuality, not just the absence of sickness, malfunction, or infirmity(1). In all aspects relating to the reproductive system and its activities and processes, reproductive health is a condition of total physical, mental, and social wellbeing, not just the absence of disease or infirmity (2). Youths are classified as young people aged 15 to 24 years old, according to the World Health Organization (WHO) (3). The Ethiopian National Youth Policy, on the other hand, targets young people aged 15 to 29 (4).

There are 1.2 billion young people aged 15 to 24 years old in the world, accounting for 16% of the total population. Africa is home to 226 million young people aged 15 to 24, accounting for 19% of the worldwide youth population(5). In Ethiopia, around 63 percent of the population is under the age of 25, with young people aged 10 to 24 accounting for 32 percent of the entire population (2007 Census)(6).

Youth sexual and reproductive health service utilization was only about two-thirds, and youths were unaware of a type of SRH service. All concerned bodies must work together to design and implement appropriate adolescents and youth reproductive health information, education, and communication strategies in schools to improve their knowledge, attitudes, and behavior in order to enhance service utilization (7).

Youth is frequently seen as the healthiest stage of life, yet it is also a time when young people are exposed to a unique set of hazards to their health and survival. They are also faced with decisions that may have far-reaching consequences for their future morbidity and mortality risks. They are also at risk of unprotected sexual activity, STIs, HIV/AIDS, unsafe abortion, unexpected pregnancy, and family planning needs that are not satisfied (8).

Youth do not always act in their best interests, and they can make poor decisions that put them in danger and leave them exposed to physical and psychological injury(9).

Due to their proclivity for hazardous sexual behavior, secondary school students are the most vulnerable population for RH issues (10) .

Furthermore, the setting itself exposes students to more opportunities and circumstances for engaging in RH-related risky behaviors (11).

1.2. Statement of the problem

Governments should formulate activities that support young people's basic needs by actively involving them in the planning, implementation, and evaluation of activities that have a direct impact on their daily lives, according to the ICPD Programme of Action, which was adopted by 179 governments in 1994. Especially in terms of sexual and reproductive health information, education, communication, and services, as well as access to services that are confidential and private (2).

Young individuals aged 15–24 years accounted for nearly half (42%) of HIV/AIDS infections reported worldwide, with 80% living in Sub-Saharan Africa, indicating that HIV/AIDS infection rates are rising among youth, particularly in developing countries(10).

In Africa, around 75% of youths participate in higher-risk sex. In particular, in 21 of the 26 nations surveyed, the proportion of male youth aged 15–19 years who engaged in higher-risk intercourse was nearly 90%. (including Ethiopia)(4) . All STIs (excluding herpes simplex virus 2) are more common among girls aged 15–24 years in Sub-Saharan Africa than among women aged 25–49 years(12).

Despite decades of health programs, about 0.2 percent of young women and men aged 15 to 24 in Ethiopia are HIV positive. Despite the fact that HIV/AIDS clubs in elementary and secondary schools are supposed to educate students with HIV prevention knowledge, the prevalence of HIV/AIDS among Addis Ababa City teenagers was 0.3 percent. Furthermore, only 24% of women and 39% of men aged 15-24 have a thorough understanding of HIV, and only 24% and 55% of young women and men use condoms, respectively, predisposing them to high-risk sexual behavior (13).

Due to the early onset of sexual intercourse and higher-risk sexual conduct, there is a high rate of unwanted pregnancy, unsafe abortion, and the risk of contracting STIs and HIV among adolescents and teenagers. Young individuals use family planning services infrequently, resulting in a high proportion of undesired pregnancies, exacerbating the situation.

Despite the fact that overall contraceptive prevalence is increasing, vulnerable groups, particularly young people aged 15 to 19, continue to have a high unmet need for family planning, with a contraceptive prevalence rate of 9% and unmet need of 30% among this age group (15-19), which is among the lowest in Sub-Saharan Africa. Health services are primarily fragmented, of poor and inconsistent quality and coverage, with inequalities in access and utilization, and do not adequately address the broader health and health-related issues that adolescents and teenagers experience (4).

Even though Ethiopia has undertaken a number of initiatives in recent decades to address the full range of adolescent and youth health and development issues, the National Adolescent and Youth Health (AYH) strategy was developed to provide multi-sectorial support to every young person with education and information that will lead to the adoption of a healthy lifestyle. However, a study conducted in several locations of Ethiopia found that there are numerous reasons for underutilization of SRH services, all of which require additional investigation.

According to a study done in Addis Ababa, Ethiopia, the majority of youth, parents, and health care providers are unaware of their sexual and reproductive health rights and needs, which affects youths' use of accessible SRH services. Furthermore, the majority of young people are unaware of the various types of sexual and reproductive health treatments offered through existing service outlets. Furthermore, the majority of youths are unaware of the types of SRH services that are accessible in existing service outlets. They also lacked sufficient information on when these services could be accessible, who would offer them, and how they would be delivered. This is a major impediment to adolescents and young people receiving effective sexual and reproductive health care (9).

According to a study conducted in various parts of Ethiopia, youths' access to SRH services and education is hampered by a number of commonly reported challenges and constraints, such as a lack of SRH and contraceptive services (including emergency contraception and safe abortion services) and high SRH service costs and Geographical barriers might exist in the form of services that are either too far away or too close to the home. Girls in the youth also complain about a lack of privacy and confidentiality, as well as hostile and judgmental attitudes from service providers and others. Youths' access to SRH services is hampered by a lack of understanding and competence among health clinicians, as well as shame and stigma around premarital sexuality.

1.3. Rational of the study (justification)

The government of Ethiopia launched several strategies to promote adolescents and youth reproductive health including National Reproductive Health Strategy 2006-2015; National Adolescent and Youth Reproductive Health Strategy 2007-2015; National Adolescent and Youth Health Strategy (2016-2020) (8) (6) (4). These initiatives were accompanied by instruments for planning, implementation, and monitoring at all levels of the health system. Also, through enhancing accessibility and promoting adolescent SRH services in every health center, several issues were identified as explanations for low-level SRH service utilization and associated factors thus far. But the available literatures in Ethiopia were limited in addressing factors that influence utilization of SRH services among secondary school students.

Although such studies are important in resource limited areas to reduce unplanned pregnancy, and STIs to give the present image of reproductive health service related issue of the students and additional investigation is needed to provide evidence-based information which is relevant, that could help to design appropriate SRH programs for adolescents and youths and recommendations for possible future interventions.

Even though youths are at risk of different reproductive health problems, big variation was observed on the SRH service utilization from place to place in Ethiopia (21.2%) in Nekemti town (14) and (69.1 % in Mekele town(15). Even though there are many SRH and related studies, still reasons for the assumed to be low utilization of SRH services are not well known and there is no consistence finding on magnitude and factors associated to SRH services utilization. Bole is one sub city out of ten sub city in Addis Ababa with multicultural diversity and there are significant differences among socio-demographic variation, inconsistent finding among study conducted in different city of Ethiopia which makes this study unique.

Therefore, the main purpose of this study is to determine proportion of youths utilized different SRH services and to identifying factors associated to each of this service utilization.

1.4. Significance of the study

The purpose of this study was to determine how often high school students in Bole Sub City, Addis Ababa, Ethiopia, used sexual and reproductive health services, as well as the factors that influenced their use.

It generates critical and trustworthy data on the degree of sexual and reproductive health service consumption and associated factors, which is necessary for successful youth reproductive health service intervention. This study can help by filling in the gaps left by other studies that used different predictor variables and methodologies. Future researchers in the field of reproductive health service utilization will benefit from the findings.

The goal of this research is to improve the provision of high-quality health care in order to enable our country generate more productive generation in the present and future. This will assist decision-makers, health-care planners, and implementers in providing youths with appropriate reproductive health services.

2. Literature Review

2.1. Introduction to sexual and reproductive health

The 1994 International Conference on Population and Development (ICPD) approved a concept of reproductive health (RH) that constituted a substantial step forward in contemporary thinking about human sexuality and reproduction. However, while past perspectives focused on demographic goals and programming objectives, the ICPD prioritized people's needs. This comprehensive approach has provided a valuable framework for comprehending the complexities of SRH requirements and the numerous factors that contribute to them.

According to a study conducted among South African high school students, major barriers to current SRH services include discomfort communicating with adults, the cost of traveling to clinics, incompatibility of school and clinic opening hours, and concerns about confidentiality, particularly with regard to personal connections to clinic staff (16).

Ethiopia's government began addressing these challenges in 1997, completing a national RH Needs Assessment to help guide the country's transition to the new RH paradigm (WHO, 1999)(8).

The Reproductive Health Service comprises information and services on prevention, diagnosis, counseling, treatment, and care, and it mandates that all persons can securely receive services without having to travel a great distance or time. Treatments and services must be cheap and based on the equity concept. It also mandates that services be of sufficient quality and that providers do not discriminate on the basis of sexual orientation, gender, race, or age (17).

The study's scope is restricted to four aspects of sexual and reproductive health care: VCT, STI diagnoses/treatments, family planning, and abortion services. The elements that influence the use of SRH services will be examined.

2.2 Utilization of Sexual and reproductive health service

Even though many nations passed laws and policies on SRH after the ICPD and began implementing SRH programs inside the health-care system, SRH programs have progressed slowly (18).

According to the findings of an institutional based study done among in-school rural teenagers in Nigeria, 51% of the study participants had ever utilized reproductive health services, with 29.7% having gained in the six months prior to the survey. Schools were the most common source of knowledge (29.7%), followed by radio (24.5%) and health professionals (14.5%). (21.4 percent). Respondents reported health education (60.7 percent), family planning (60.2 percent), prenatal (57.1 percent), and VCT services as being provided in the institutions. The majority of individuals received SRH services at private hospitals (43.1%), followed by

government health facilities (43.1%). However, a small percentage (3.3%) of people went to traditional doctors (19).

A cross-sectional survey of youths in the Sawua community in Ghana found that less than half of the young people used reproductive health services, with reasons such as feeling shy to approach health service providers (74%), financial constraints (72%), and unfriendly attitudes of some health service providers (43%) cited as reasons for not using reproductive health services(20).

According to a study conducted in 2017 to analyze reproductive health care utilization and associated factors among youths in Dilla town, Gedeo zone SNNP, Ethiopia, 34 percent of youths in Dilla town used sexual and reproductive health services. 4.6 percent received counseling, and 14.3 percent received contraceptive treatment. (21).

According to a cross-sectional survey conducted in Debre Berhan town, Amhara, Ethiopia from April 5 to May 1, 2016, SRH service utilization was (33.8 percent). Voluntary HIV counseling and testing was the most popular service (43.6%), while STI diagnosis and treatment was the least popular (10.7 percent)(22).

Another study conducted among high schooladolescents in Addis Ababa, Ethiopia, indicated that 28.7% of high school students in Addis Ababa used youth reproductive health services. Voluntary HIV counseling and testing (18.3%), family planning (17.9%), and condom use (15.4%) were among the most commonly reported services used by teenagers(23).

2.2.1. Voluntary counseling and testing of HIV

According to a study conducted among Adolescents (15-19 Years Old) in Goba Town, Southeast Ethiopia to examine Reproductive Health Service Utilization and associated variables, 372 (93.70 percent) of the total respondents had heard of VCT service Half of the respondents (50 percent) believed they were at danger of obtaining HIV, and 266 (67.30 percent) of all teenagers used VCT services. VCT was used by around 71.90 percent of sexually experienced participants, with females accounting for a larger number (57.50 percent) than males. With 46.60 percent and 44.30 percent, respectively, the primary reasons given by adolescents for not using VCT services were embarrassment and self/partner trust (24).

Another school-based study in Woreta town, South Gondar, North West Ethiopia, to assess utilization of reproductive health services by secondary school youths found that 85 (24.6%) of the 345 school youths used reproductive health services in the previous year, and 47 (55.3%) of youths used voluntary HIV testing and counseling(25).

However, a community-based cross-sectional study of youths in Mekele town, which used both quantitative and qualitative methodologies and was performed from December 7 to 18, 2001, found that 310 (94%) of the total respondents knew of the volunteer counseling and testing (VCT) service (15).

2.2.2. Diagnosis and treatment of STI

According to the findings of a community-based study conducted in Jimma, 41.1 percent of teenagers use reproductive health services, with only 5% of them using STIs treatment and diagnosis (26).

Only 21.5 percent of research participants (rural teenagers) used reproductive health services, and only 23.1 percent of them received STI treatment services, according to a community-based study done in Machakel district, East Gojam zone, Amhara Region (27).

According to a school-based cross-sectional study done from April 18 to 22, 2016 in Nekemte town, Oromia region, Ethiopia, around 157 (21.2%) school adolescents reported using SRH services, although only 17.8 percent of them used STI services (14).

Another school-based cross-sectional survey, conducted among school youths in Goba town from May 10 to May 30, 2016, found that 56 (41.8%) of the study participants had utilized sexually transmitted illness therapy (24). However, an institutional based cross-sectional survey conducted among preparatory school students in Mecha district, northwest Ethiopia, in 2015 found that 18.4% of them used reproductive health services, with 7.7% of them using STI therapy(27).

2.2.3 Family planning and abortion service

According to a community-based study conducted in Badwachew, Hadiya zone, South region, 29.4 percent of youths accessed reproductive health services, with 64.8 percent, 47.7%, and 40.6 percent respectively using tablets, injectables, and condoms (7).

According to a cross-sectional study conducted among preparatory school students in the Mecha area of northwest Ethiopia, 35.50 percent of them used family planning services and 5.76 percent used safe abortion services(28).

According to the findings of a community-based study conducted in Jimma, 41.1 percent of teenagers use reproductive health services, with only 17.6 percent using family planning.(26). A cross-sectional research of 429 women seeking abortion care at Marie Stopes International Ethiopia clinics found that the age groups (20–24, 25–29, and 30–34) were all linked to recurrent induced abortion (29).

According to a cross-sectional study conducted among Wolaita Sodo University students, 50% of abortions are unsafe(30). As a result, the findings of this study will aid in determining the scope of family planning and abortion service use, as well as the factors that influence it.

2.3 Factors associated to sexual and reproductive health service utilization

2.3.1. Service provider factors

According to a study conducted by reviewing plans and reports to improve the quality of adolescent-friendly health services in Tanzania, health management teams and health facility managers should take the necessary steps to ensure that all adolescents in the country receive the sexual and reproductive health (SRH) services they require, delivered in a friendly and non-judgmental manner (31).

Lack of trained health providers, 185 (42.1 percent), cost of services and commodities, 159 (36.2 percent), lack of separate rooms for young people, 151 (34.4 percent), and judgmental attitude of health providers were the main reasons for those who did not use SRH service (439), according to a community-based study conducted among young people in Awabel District, Northwest Ethiopia(32).

The total utilization of sexual and reproductive health services was low in a school-based cross-sectional survey conducted among school teenagers in Nekemte town, Oromia region, Ethiopia. Discussion with health providers was found to be a determinant in secondary school students' use of sexual and reproductive services in this study (14).

Another community-based cross-sectional study on adolescent women in Kachebirra area, South Ethiopia, found that female adolescent SRH services are underutilized. Female teenage reproductive health service consumption was substantially linked with the attitude of reproductive health service providers and consultation time in local health facilities (33)

2.3.2. Client factors

In South Africa, an exploratory study indicated a knowledge gap in the use of accessible Sexual and Reproductive Health Care Services (SRHCS). SRHCS by male adolescents, poor service quality, low service use, little or no knowledge of SRHCS for adolescents, lack of awareness of SRHCS for adolescents' availability, and service delivery at the facility (34).

In an institutional-based cross-sectional study of secondary school students in Woreta town to measure reproductive health care consumption and its associated characteristics, it was discovered that being in grades 11–12 was strongly associated with students' reproductive health service utilization (25).

A cross-sectional study conducted in Debre Berhan town to investigate youth reproductive health care utilization and associated determinants revealed that SRH services utilization among teenagers was low (33.8 percent). Discussions with sexual partners and peers, as well as one's risk assessment of contracting the human immunodeficiency virus, were found to be predictive of reproductive health service use (22).

2.3.3. Institutional factors

2.3.3.1 Health facility based factors

According to a study conducted in Kenya at health care institutions and youth centers, providing recreational activities through youth centers does not result in greater adoption of SRH health care services. It's possible that when there's a long wait for a service or a large line for a service, youth will not wait and will return home without receiving health care. If there are recreational activities available through youth centers, youth wait for services and then continue to be entertained(35).

The most common reasons given by participants for not using reproductive health services were: not knowing where to go (186.8%), inconvenience service hour (140.2%), and lack of time (140.2%) (23).

According to an institutional based cross-sectional study conducted among secondary school students in Woreta town, Amhara region, Ethiopia, the proximity of the service facility to their house was substantially associated with students' utilization of reproductive health services (25).

Another institutional research of high school students in Bahir Dar, Ethiopia, found that inconvenient health facility operation hours and fear of being seen by parents or individuals they know were the biggest barriers to using reproductive health care(36).

According to a cross-sectional survey conducted among high school students in Bosset Woreda, Ethiopia, 124 (34.4 percent) of 360 youth respondents had ever used a youth sexual and reproductive health service. . And (67%) of them prefer to receive service when other users are not present, and they are less likely to use youth-SRHS than youth during normal health institute working hours. Youth who live within 30 minutes of a health facility are 2.6 times more likely to use reproductive health services than those who live more than 30 minutes away (37)

2.3.3.2 School based factors

Students who had heard SRH issues from their school teachers were more likely to use SRHS than those who had not heard SRH related issues from their school teachers, according to a school-based cross-sectional study done among school adolescents in Nekemte town, Oromia region, Ethiopia(14).

Another institutional-based study of high school kids in Bahir Dar, Ethiopia, discovered that enhancing service usage in schools necessitates the attention and effort of all interested parties, including parents, school staff, and health specialists (36)

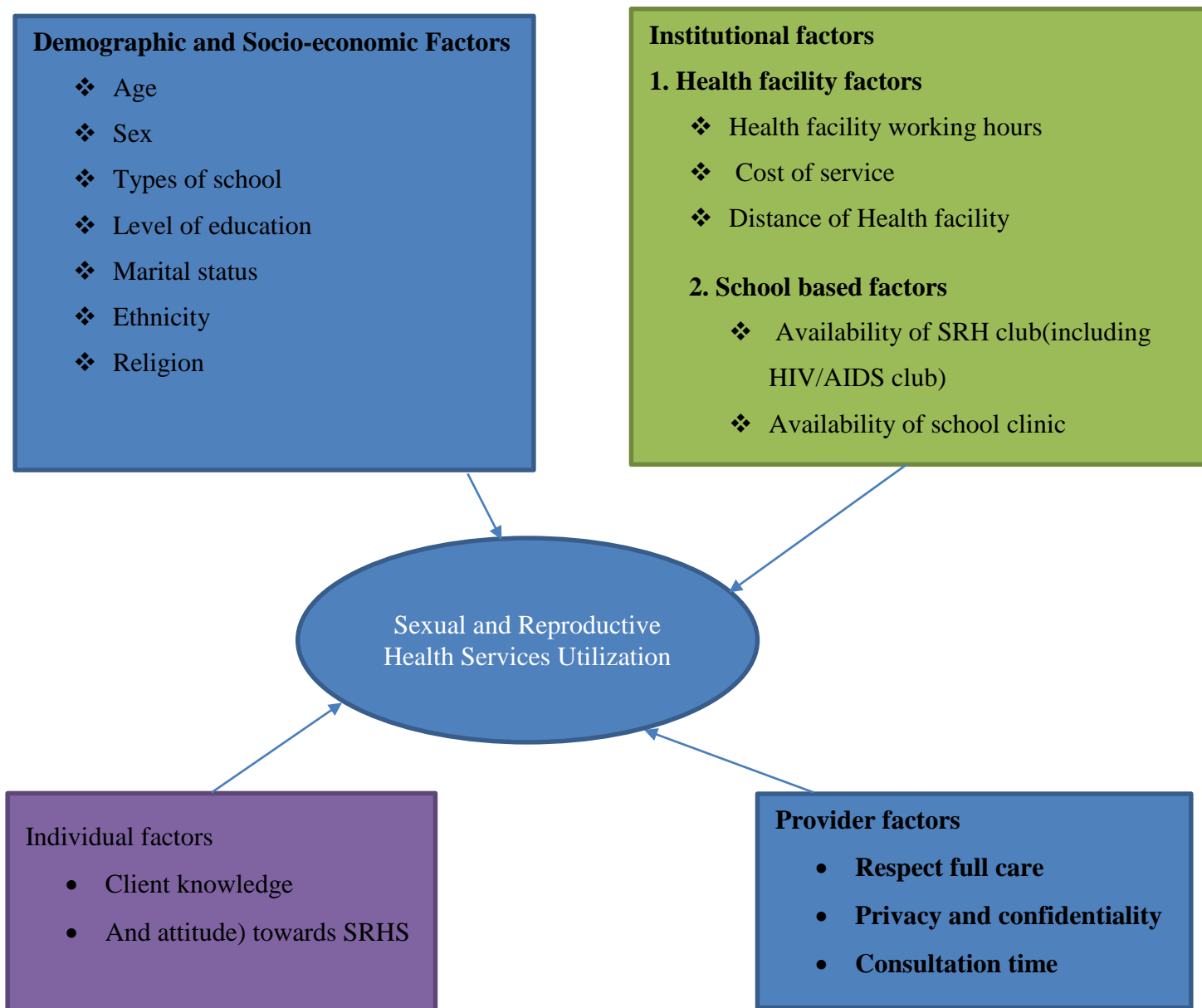


Figure 2.1 :Conceptual framework of SRH service utilization and associated factors among Bole high school youth students,2021

Source: Modified from (Kiflu, 2018) (38)

3. Objective of the study

3.1 General objective

To assess youth Sexual and Reproductive Health Services Utilization and associated factors among high school students in Bole sub city, Addis Ababa, Ethiopia, 2021.

3.2 Specific objective

1. To determine proportion of youths utilized different SRH services among high school youth students in Bole Sub City, Addis Ababa, Ethiopia, 2021.
2. To identifying factors associated to each service utilization among high school youth students in Bole Sub City, Addis Ababa, Ethiopia, 2021.

4. Methods and Materials

4.1. Study area and setting

From December to April 2021, the research was carried out at Bole Sub City, Addis Ababa, Ethiopia. Bole Sub City is one of ten Sub Cities in Addis Ababa with a diverse ethnic population and is home to people of practically every ethnicity. It is bordered by Yeka, Akaki Kality, Nifas Silk Lafto, Kirkos Sub City, and Oromia region, and covers an area of 122.08 square kilometers. According to figures from 2020 Bole Sub City administration, the district has 15 administrative woreda with an estimated Population (328,900 male, 154,542 female) out of this 30% of them are young age (10-24. According to the 2021 report of Bole Sub City government educational office, there were 35 high schools (8 governments, 27 private). In all this schools, there was a total of 16,672 students (6,744 private students, 9,928 governmental students). The study was conducted in 12 selected schools, of which 5 were private and 7 were public schools.

Bole Sub City had 10 health centers, 154 private health facilities. There were only 3 governmental youth center out of 15 woreda and 10 health centers were providing sexual and reproductive health services according to Bole Sub City health bureau report.

4.2. The study design and period

A school based quantitative cross sectional study design was conducted in Bole Sub City high schools from November to March, 2021.

4.3. Source population

All regular high school students who were attending in Bole Sub City, Addis Ababa in the academic year 2020/2021

4.3.1. Study population

Selected high schools and regular youth students of grade 9-12 in the academic year 2020/2021 were included

4.3.1.1. Inclusion criteria

All regular students who were 15-24 years old attending their secondary schools (grade 9-12) at both the governmental and private schools in Bole Sub City, Addis Ababa during the study period was included.

4.3.1.2 Exclusion criteria

Youth Students who were transferred in and stayed for less than six months, students who could not able to complete the questionnaire without assistance (having visual, hearing impairments and seriously ill) was excluded from the study.

4.4. Sample size determination

The required sample size (n) was calculated using the single population proportion formula with a 95% confidence level, a 5% margin of error (d), and a 32 percent expected prevalence of youth sexual and reproductive health service utilization from a study conducted among high school students in Bahir Dar, Amhara region, Ethiopia, in 2013 (36). Because the study's sampling process was two-stage probability sampling with a 10% non-response rate, the final sample size was calculated by adding a design effect of 1.5 to adjust the variability. Therefore the total sample size for this study was

$$n = \left[\frac{z_{\alpha/2}}{d} \right]^2 p[1 - p]$$

Where

- n= sample size • Z (a/2) = Z-score at 95% confidence interval = 1.96 • P=32% (prevalence of youth sexual and reproductive health service utilization taken from the study conducted among high school students in Bahir Dar town, Amhara region)

- 1-P=Q= negative prevalence/proportion, d= marginal error=0.05 (5%), Therefore n becomes
 $n = [1.96/0.05]^2 0.32[1-0.32] = 334$, Non-response rate of 10 % = $(334 \times 10)/100 = 33$

The final total sample size was $N = 334 \times 1.5 + 10\% = 501 + 33 = 534$

Table 4. 1: Sample size for associated factors by using two population proportion formulas from previous study

Factors	Confidence Interval at	Power (1-β)	Ratio	proportion of SRHS Utilization among exposed group	proportion of SRHS Utilization among non-exposed group	Sample size	
						N	N+non-response rate (10%)
Distance of health facility (far distance) (25))	95%	80	1	38.8 %	61.2%	172	189
Client Attitude towards SRH services (14)	95%	80	1	39.7%	60.3%	202	222
consultation time (33)	95%	80	1	57%	42.9%	422	464

The needed Sample size for specified goal two was calculated using Epi-info version 7.2.2.12 stat calc software and two population proportion formulas for characteristics that have significant associations in prior research affecting SRH services. Particular objective two from the table above had the largest sample size of 464, whereas specific objective one from single population percentage had the largest sample size of 534. The estimated samples for both objectives had the greatest sample size of 534. As a result, the study's overall sample size was 534.

4.5. Sampling technique/procedures

The study subjects were chosen using a stratified multi stage random sampling procedure, as shown in the diagram below. There were 35 high schools in Bole Sub City (27 private and 8 public). Five private high schools and seven public high schools were awarded proportionally based on the number of pupils. The number of study youths from each school was then proportionally distributed. The study youths were assigned to their student population based on what was available in their schools using proportional probability sampling, and two sections from each high school (9-12 grade) were chosen at random using lottery procedures. Finally, the study participants were chosen utilizing their attendance lists through systematic random sampling. N_j is population size of the j th stratum

$n = n_1 + n_2 + \dots + n_k$ is the total sample size

$N = N_1 + N_2 + \dots + N_k$ is the total population size

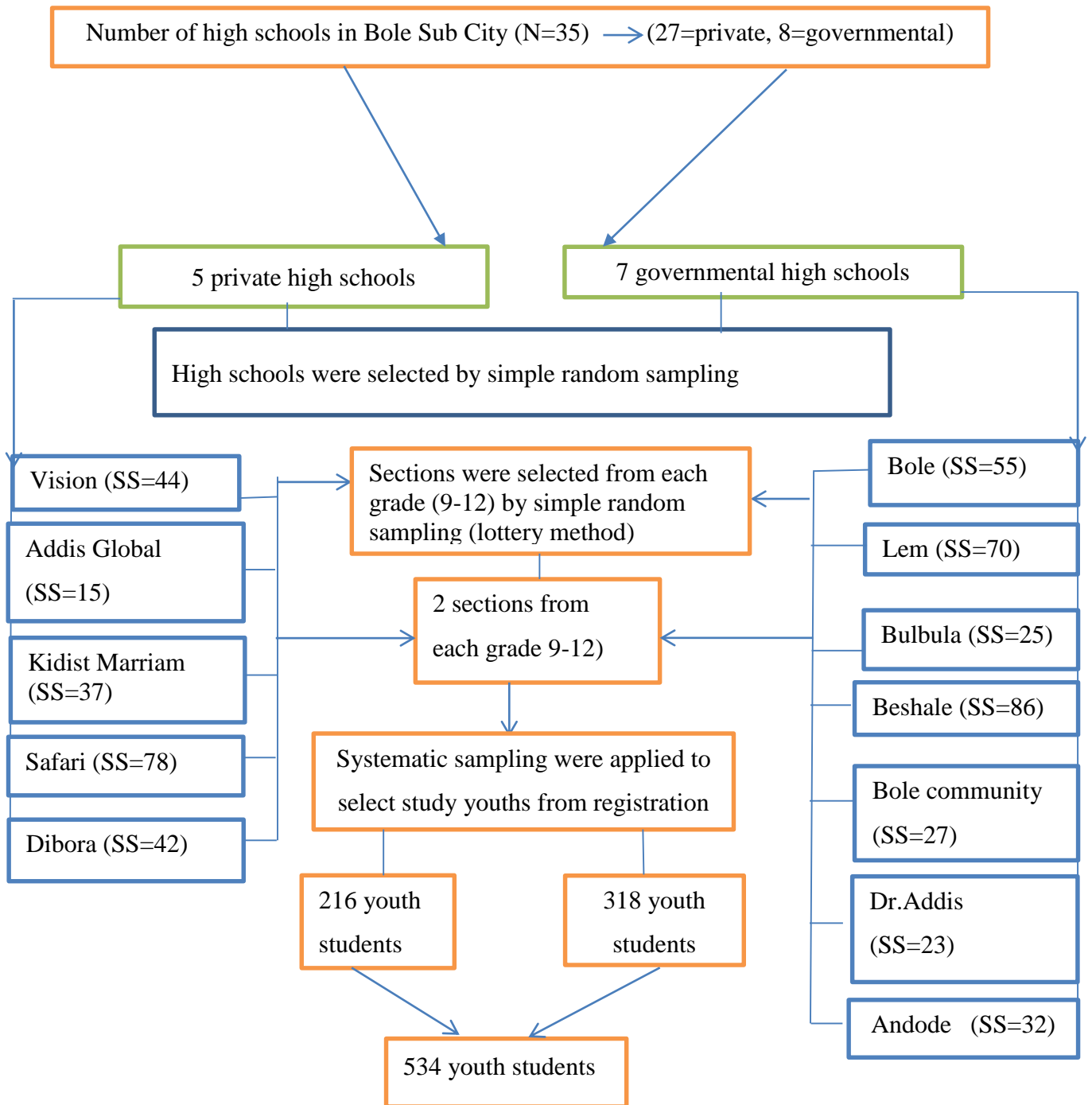
$n_j = \frac{n}{N} \cdot N_j$ Where, n_j is sample size of the j th stratum.

$N_p = (6744/16672) \times 534 = 216$, sample size of private high school students

$N_g = (9928/16672) \times 534 = 317.99 = 318$, sample size of government high school students

Table 4.2: Total number of study youth students from each high school students which was allocated proportionally.

S.no	Types of school	Name of high school	Total number of students	$n_j = \frac{n}{N} N_j$	Allocated sample size
1	public	Bole	1612	$(1612/9263) \times 318=55$	55
2	public	Lem	2039	$(2039/9263) \times 318=70$	70
3	public	Dr.Addis Alemayehu	656	$(656/9263) \times 318=23$	23
4	public	Andode	946	$(946/9263) \times 318=32$	32
5	public	Bole community	783	$(783/9263) \times 318=27$	27
6	public	Beshale	2511	$(2511/9263) \times 318=86$	86
7	public	Bulbula	716	$(716/9263) \times 318=25$	25
Total sample size of government high school students					318
1	private	Vision	530	$(530/2583) \times 216=44$	44
2	private	Addis global	183	$(183/2583) \times 216=15$	15
3	private	Kidist Marriam	443	$(443/2583) \times 216=37$	37
4	private	Safari	937	$(937/2583) \times 216=78$	78
5	private	Debora	490	$(490/2583) \times 216=42$	42
Total sample size of private high school students					216



SS: Sample size for selected study high school

Figure 4.1: Schematic diagram of sampling procedure for the study on youth Sexual and Reproductive Health Services Utilization and Associated Factors among high school youth students in Bole Sub City ,Addis Ababa, Ethiopia, 2021.

4.6. Study variables

4.6.1. Dependent variable

Sexual and reproductive health service utilization

4.6.2. Independent variables

1. Socio demography (age, sex, types of school, level of educational and marital status)
2. Provider factors (Respect full care, Privacy and confidentiality, and Consultation time allocated)
3. Institution factors (Health facility working hours, Affordability(economical),Accessibility(geographical), availability of SRH club including HIV/AIDS club and availability of school clinic)
4. Client factors (knowledge and attitude) towards SRHS

4.7. Data collection procedures

From January to February 2021, quantitative data was gathered using interviews and a standardized questionnaire. A systematic questionnaire was created for this study based on a conceptual framework. Two day training was given for ten BSC nurses' data collectors and two MPH holder's supervisors' .The questionnaire was pre- tasted for suitability before 10 days of data collection through face to face interview in other School that no chance of being included in this study. The interviewed questionnaires were checked by principal investigator.

4.8. Operational definition

SRH service utilization: it was measured by asking the respondent's history of utilizing at least one of SRH services in the last one year.

Sexual activity: a Relation of two youth, this involves penetrative sexual intercourse. It is synonymous with the expressions like sexual experience and has had sex that is used in this paper currently sexually active and practice sex within 12 months prior of the study period.

Sexual exposure/practice: Having at least one sexual contact within the last one year.

Attitude of youths toward SRH services : is the research subject's attitudes, values, and intentions about the use of SRH services. This study used a five-point scale to assess teens' attitudes toward SRH services. The mean score for each component was computed and dichotomized into positive and negative on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Response those scored above the mean (≥ 2.5) was labeled as having positive attitude and those who scored below the mean (< 2.5) were labeled as having negative attitude .

VCT service utilization : Youth who ever received HIV counseling and testing service in life.

History of STIs and SRH problems: comprised respondents' report of occurrence of any STIs within the last 12 months and of unwanted pregnancy and abortion ever. Respondents were asked questions such as "have you had any STIs in the past one year?" and "have you ever obtained unwanted pregnancy.

SRH service accessibility: The term "accessibility" was used in this study to refer to geographical accessibility as perceived by youngsters. Youths who resided within a 1.6-kilometer (1-mile) radius of the nearest SRH service center or within a 30-minute walking distance of their house were classed as having good geographical accessibility and low accessibility otherwise.

Sexually transmitted infections (or STIs): **When you have unprotected sex or close sexual contact with someone who already has a STI, you can catch or pass on the illness.**

Abortion: The termination or ending of a pregnancy before fetal viability, which is conventionally taken to be less than 28 weeks from the last normal menstrual period.

SRH service utilization: The respondent's history of using at least one of the four SRH services on which this study focused (VCT, STI diagnoses/treatments, and family planning and abortion services) in the previous year was assessed.

Unsafe abortion: A procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.

4.9. Data quality management

Structured questionnaires was first prepared in English, then translate into Amharic, local language, for data collection and finally retranslated back into English in-order to keep the consistency of the questions. Training was given for data collectors and supervisors focusing on data collection techniques, objectives of the study and how to ensure the quality of data. Before data collection, pre-test was conducted on 27 youth students (5% of the total sample size) with structured questionnaires in those students no chance to be included in the sample and the results were used to review questionnaire and corrections are made before the actual data collection. Supervision was also done on the spot by principal investigator and supervisor. The collected data was checked for its completeness and clarity by the principal investigator daily. Data cleaning and cross-checking have also done before analysis.

4.10 Data processing and analysis part

After checking for its completeness, data obtained from each respondent was entered into epidata 3.1 versions and then export to SPSS version 20 for the analysis. Descriptive statistics including, bivariate and multivariate analysis was employed. Percentage, ratios, frequency distribution, measure of central tendency and measure of dispersion have been used for describing different variables based on the nature of the variables and result was presented with tables and graphs. Model fitness, normality, multicollinearity assumption were checked before analysis .The degree of association between dependent and independent variables was assessed using bivariate and multivariate analysis. Variables that are found to be associated on bivariate analysis were entered into multivariate by using inter methods to assess individual effect of variables on SRH services utilizations and variables with p value of less than 0.05 were considered as significant.

4.11. Ethical consideration

Ethical approval for the study was obtained from REC of Addis Ababa University, School of public health and Addis Ababa public health research and emergency management directorate. Formal Permission paper was given to each responsible Education Departments of Sub-cities, woredas and directors of Schools to be studied. For a reason youth age group is targeted by the study, a number of ethical considerations related to the confidentiality, privacy and consent of the respondents was considered. Respondents were interviewed individually in a private place after the aims of the study is explained to insure their privacy .Because of sensitivity of the research topic, Confidentiality of information was maintained by omitting any personal identifier from the questionnaires, assuring that their parents never access to their responses and the data was

stored in a safe place where no one except the principal investigators was accessed. Study participation in the research was conducted after taking Verbal informed consent from each participant for those whose age was in between 18 and 24 years. However, for those whose age range is 15-17 years assent consent was considered to be obtained from their parents by sending the consent form to the youth's parent the day before data collection but due to covid-19 global pandemic assent consent was taken from school directors/guardian/. The participants were informed on their right to Participate or deny the participation at any stages and non- participation would not affect them in any way.

4.16. Dissemination of results

The finding of the study will be disseminated to Addis Ababa University, School of Public Health, Addis Ababa public health research and emergency management directorate, Ministry of Health, Addis Ababa Administration Education Bureau, Bole Sub City educational office and Bole Sub City Health Bureau. Finally, Attempts will be made to publish in peer reviewed journals known and to present it in scientific conferences for better communication of the result.

5: Result

5.1. Characteristics of participants

A total of 526 youth students were participated in this study giving a response rate of 98.5%. Out of these 196(37.3%) were males and 330 (62.7%) were females. The mean age of the respondents were 18.08 (SD \pm 1.274). Regarding respondent's religion, 394 (74.9%) were orthodox followed by Muslim 71(13.5%) and protestant 55(10.5%) followers. Based on their ethnic group, 217(41.3%) were Amhara and 145 (27.6%) of them were Oromo followed by Gurage 84 (16%) and Tigre 37(7%) respectively.

Table 5. 1-demographic characteristics of Bole sub city high school youth students, 2021(N=526)

Variable	Frequency	Percentage (%)
Respondent's sex		
Male	196	37.3
Female	330	62.7
Respondent's age		
15-19	465	88.4
20-24	61	11.6
Types of school		
private	212	40.3
public	314	59.7
Level of education		
Grade 9	71	13.5
grade 10	51	9.7
Grade 11	187	35.6
Grade 12	217	41.3
Respondent's religion		
Orthodox	394	74.9
Muslim	71	13.5
Protestant	55	10.5
Catholic	3	.6
Other	3	.6
Ethnicity		
Affar	12	2.3
Amhara	217	41.3
Gurage	84	16
Hadiya	13	2.5
Oromo	145	27.6
Sidama	7	1.3
Somali	1	.2
Tigrie	37	7
Other	10	1.9
Marital status		
Never married	488	92.8
Married	23	4.4
Living together	12	2.3
Divorced/separated	1	.2
widowed	2	.4

5.1. Reproductive health services utilization

From the total of 526 school youths responded, 176(33.5%) of the respondents utilized at least one reproductive health services in the past one year among SRH services. Regarding service utilized by youths voluntary counselling and testing of HIV/AIDS,STI diagnosis and treatment, Abortion service, where utilized by 152(28.9%),13(2.5%),6(1.1%) youths respectively.Compared to other services utilized ,Family planning service was the list service reported by youths(1.0%).

SRHS utilization

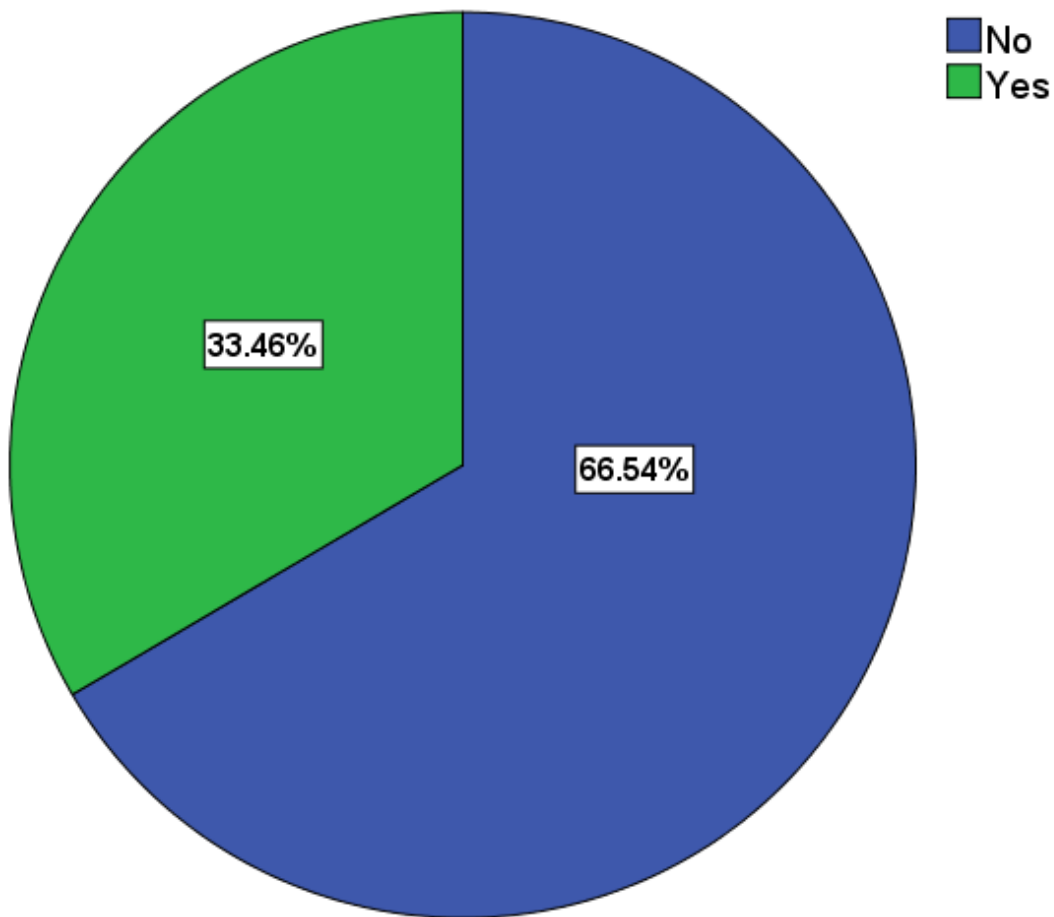


Figure 5 .1:Utilization of SRH services among Bole high school youth students, Addis Ababa, Ethiopia, 2021(N=526)

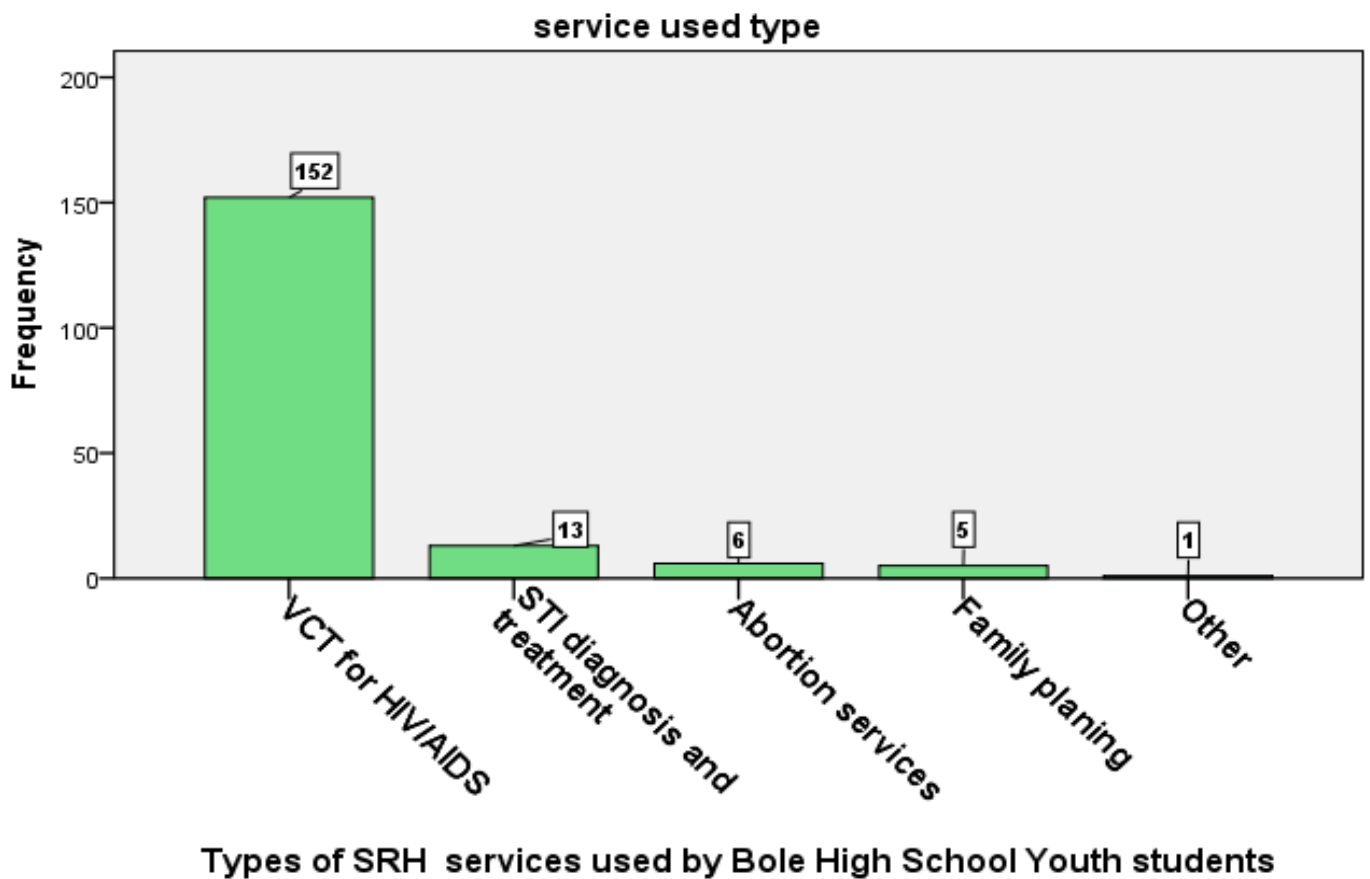


Figure 5.2. Utilization of reproductive health service among secondary school students in Bole sub city, Addis Ababa, Ethiopia, 2021 (N=526)

In this study the reasons for not utilizing sexual and reproductive health services by youths were don't know where to go 212(40.3 %), fear of being seen by parents 53(10.1%) , distance to the health facility 25 (4.8%), cost of service 24 (4.6%) and other reasons like too young to use the services 35 (6.7%) were among frequently reported by participants. The majority of this services were utilized at Health centers 112(21.3%), hospitals 37(7.0%), and Youth centers 25(4.8%) respectively

Table 5. 2: SRH services utilized and reason for not utilizing among Bole high school youth students, Addis Ababa, Ethiopia 2021

Variables		Frequency	Percentage (%)
Ever heard about SRH services	yes	331	62.9
	no	195	37.1
Place where you got information	Health service Provider	129	24.5
	School teachers/clubs	64	12.2
	Radio	25	4.8
	Television	101	19.2
Services provided under SRH service	Family planning	99	18.8
	VCT	172	32.7
	Diagnosis and treatment of STI	44	8.4
	Abortion service	16	3.0
Ownership of the facility Providing SRHS	Governmental health center	171	32.5
	Governmental hospital	80	15.2
	Youth center	30	15.2
	NGO health facility	18	3.4
	Private clinic	32	6.1
Ever heard about STI	Yes	414	78.
	No	112	21.3
Types of STI you know	Syphilis	78	14.8
	Gonorrhea	139	26.4
	Chancroid	37	7
	HIV	160	30.4
Sign and symptoms of STI	Genital ulcer	109	20.7
	Genital discharge	155	29.5
	Itching	47	8.9
	Burning urination	102	19.4
Modes of transmission of STI	Contact with infectious blood	48	9.1
	Mother to child	46	8.7
	Unprotected sex	311	59.1
	Using infected sharp materials	8	1.5
Method of prevention of STI	Abstinence	101	19.2
	Using condom	161	30.6
	Being faithful for partner	152	28.9
Can a woman get pregnant after having one sexual intercourse	yes	249	47.3
	no	29	5.5
	I don't know	248	47.1
Do you know any family planning method	yes	452	85.9
	no	74	14.1
Family planning Methods you know	Condom	49	9.3
	Implant	6	1.1
	Pills	159	30.2
	IUCD	111	21.1
	Injectable	71	13.5

Table 5. 3 Knowledge of youth students towards sexual and reproductive health services utilization among bole high school students,Addis Ababa,Ethiopia,2021

<i>Variables</i>	<i>frequency</i>	<i>percentage</i>
SRH services utilized by youths		
Family planning	5	1.0
STI diagnosis and treatment	13	2.5
VCT for HIV/AIDS	152	28.9
Abortion service	6	1.1
Other services	1	.2
Reason for not utilizing SRH services		
Distance to the health facility	25	4.8
Don't know where to go	212	40.3
Fear of being seen by parents	53	10.1
Cost of service	24	4.6
Other reasons	35	6.7

Knowledge of youths towards sexual and reproductive health services

About 331(62.9%) of the youth had information about Sexual and reproductive health services ,Out of this information majority of them got from health service Provider 129(24.5%) followed by Television101(19.2%), School teachers/clubs 64(12.2%), Radio 25(4.8%) respectively and the participants also mentioned services given under SRH services .The sexual and reproductive health services known by youths were VCT 172(32.7%), family planning 99(18.8%), diagnosis and treatment of STI 44(8.4%).Out of the total respondents ,452(85.9%) and 249(47.3%) of the participants heard of the family planning and knew that woman can get pregnant after having one sexual intercourse respectively.

Regarding youths asked about family planning methods and sexual transmitted infection they knew, Pills159 (30.2%), IUCD 111(21.1%), Injectable71 (13.5%), Condom 49(9.3%) and Implant 6(1.1%) respectively and about 428(78%), 311 (59.1) and 161(30.6%) of youths were heard about STI, that STI transmitted through Unprotected sex and prevented using condom were knew by the participants.

Attitude of youths towards sexual and reproductive health services

The finding of this study indicated that about 85.45% of the youths had positive attitude and 12.55% of them had negative attitude towards sexual and reproductive health services.

Attitude status

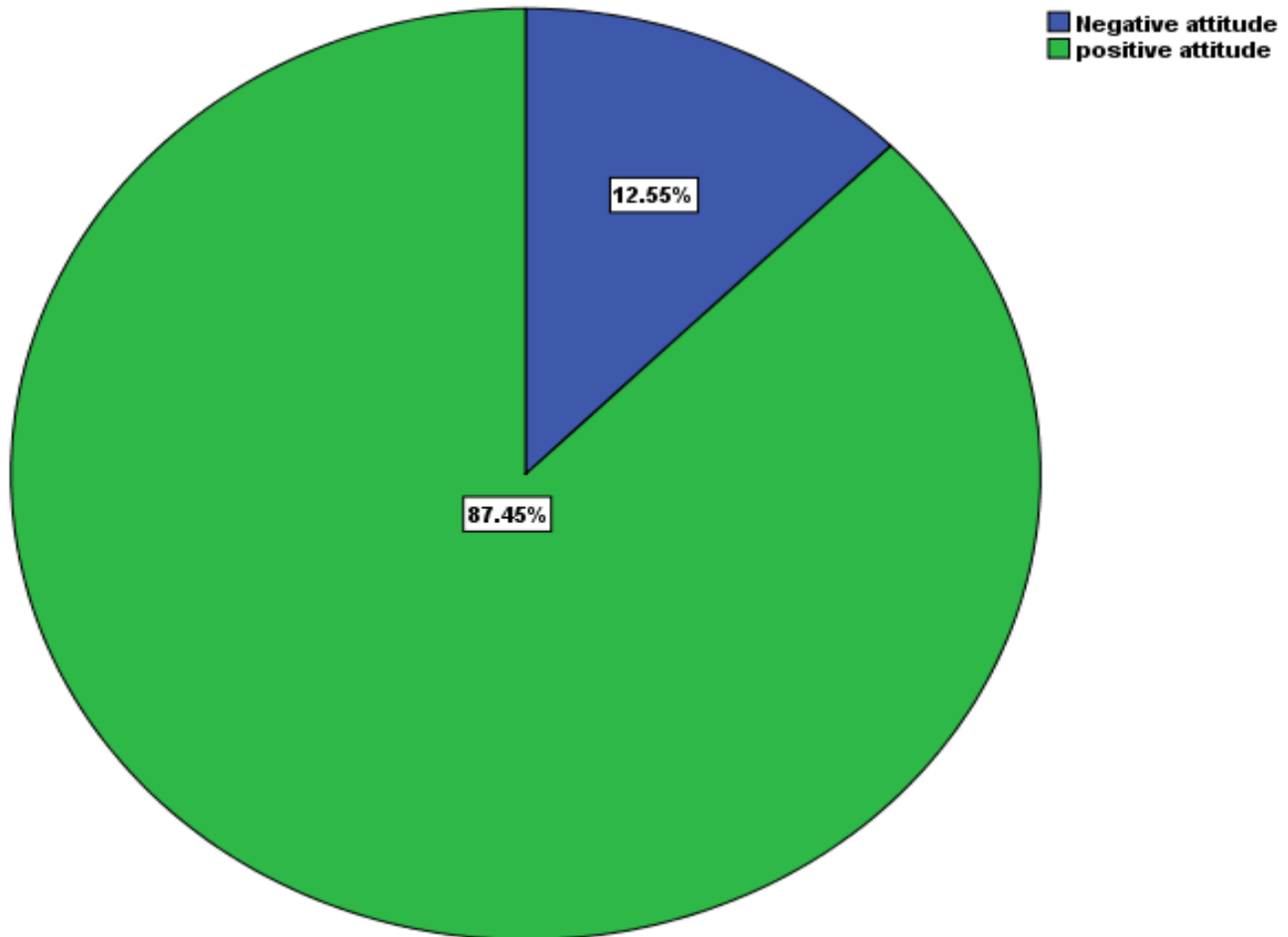


Figure 5.3 1: Attitude of youths towards SRHS among Bole High school students, Addis Ababa, Ethiopia, 2021

Table5. 4 :Attitude towards Sexual and reproductive health services among Bole high school youth students, Addis Ababa, Ethiopia, 2021

<i>Statements</i>	<i>Strongly Disagree</i>	<i>disagree</i>	<i>neutral</i>	<i>agree</i>	<i>Strongly agree</i>
<i>Youths have the right to use SRH Services</i>	5(1.0%)	4(0.8%)	38(7.2%)	189(35%)	290(55.1%)
<i>Youths should use SRH services for various reasons.</i>	4(0.8%)	54(10.3%)	6(1.1%)	210(39.9%)	252(47.9%)
<i>Only female should use SRH services</i>	146(27.8%)	314(59.7%)	36(6.8%)	17(3.2%)	13(2.5%)
<i>Each Youths should be aware of the importance of SRH services</i>	15(2.8%)	5(1%)	17(3.2%)	169(32%)	320(60.8%)

Table 5.5 :Factors associated with Utilization of reproductive health service among secondary school students in Bole sub city, Addis Ababa, Ethiopia, 2021 (N=526)

Variables		SRH service utilization		COR(95% CI	AOR(95%CI)	p-value
		yes	No			
Age category	15-19	147(27.9%)	318(60.5%)	1	1	
	20-24	29(5.5%)	32(6.1%)	2(1.14,3.4)	2.2(1.14,4.4)	0.02*
Availability of SRHS in their Residential area	Yes	80(15.2%)	43(8.2%)	5.9(3.8,9)	3.3(1.9,5.8)	0.00*
	No	96(18.3%)	307(58.4%)	1	1	
Attitude towards SRH services	unfavorable	20(3.8%)	46(8.7%)	1	1	
	favorable	156(29.7%)	304(57.8%)	1.2(0.8,2.1)	0.75(0.35,1.59)	0.45
Ever asked to pay for services	Yes	40(7.6%)	41(7.8%)	2.2(1.4,3.6)	0.56(0.3,1.1)	0.07
	No	136(25.9%)	309(58.7%)	1	1	
Availability of school clinic	Yes	67(12.7%)	184(35%)	1	1	
	No	109(20.7%)	166(31.6%)	0.8(1.2,2.6)	0.2(1.2,3.3)	0.01*
Accessibility of SRH service	yes	103(19.6%)	211(40.1%)	1	1	
	no	73(13.9%)	139(26.4%)	1.1(0.7,1.5)	0.9(0.56,1.56)	0.8
Ever heard about SRHS	Yes	143(27.2%)	168(31.9%)	4.7(3,7)	3.2(1.8,5.7)	0.00*
	No	33(6.3%)	182(34.6%)	1	1	
Privacy and confidentiality secured	Yes	58(11.0%)	3(0.6%)	1	1	
	No	118(22.4%)	347(66%)	5.3(3,9)	0.1(0.03,0.4)	0.001*
Respect full care	Yes	85(15.6%)	4(0.8%)	1		
	No	94(17.9%)	346(65.8%)	0.013(0.05, 0.037)	0.03(0.01,0.1)	0.00*

NB: variables having a (P < 0.25) in bi variable (unadjusted) analysis included in the multivariable logistic regression (adjusted) analysis

COR Crude odd ratio, AOR adjusted odd ratio

* Statistically significant at P-value < 0.05

Factors associated with Utilization of Youth Reproductive Health Service and Its associated factors among High School youth Students in Bole sub city, Addis Ababa, 2021

On bivariate analysis age, availability of SRH services in their residential area, ever heard about SRH services, ever asked to pay for services, availability of school clinic, privacy and confidentiality, respect full care and ever asked to pay for SRH services were found to have significant association with youth SRH service utilization at a significant level of 0.05.

In this study youth who were in the age group of 20 - 24 years were about 2.2 times more likely to utilize SRH services than whose age ranges from 15 - 19 years (AOR = 2.2, 95%CI (1.14, 4.4)). The odds of SRH services utilization among youths whose their privacy and confidentiality not respected were 90 percent less likely to utilize SRH services than those whose their privacy and confidentiality respected (AOR=0.1, 95%CI (0.03,0.4)). Youth who heard information about SRH services were 3.2 times more likely to use SRH service than those not heard about sexual and reproductive health services (AOR= 3.2, 95%CI (1.8,5.7) and those students who did not access school clinic were 80% times less likely to utilize SRH services than those had school clinic (AOR= 0.2, 95%CI (1.2,3.3)) and those youths whose had SRH service in their residential area were 3.3 times more likely to use SRH service as compare to those who didn't had SRH services in their residential area (AOR=3.3, 95%CI, (1.9,5.8)). The odds of SRH services utilization among youths who did not get respect full care were 97 percent less likely to utilize SRH services than those who got Respect full care (AOR=0.04, 95%CI (0.01,0.11)

6. Discussion

Utilization of youth reproductive health service among high school students in Bole sub city was found to be 33.5%, elicited by asking past one year use of SRH services from the date of data collection and this result is nearly similar with study conducted in Dilla town and Bahardara town (34%,32.2%,) (21)(36) respectively. However, our finding is greater than the study conducted in Mecha district ,Northwest Ethiopia 18.4%(28) , in Nekemte town 21.2% (14) and Addis Ababa City 28.7%(23)) But , lower than study conducted in Mekele town 69.1 % (15) . This might be due to differences in the availability and accessibility of youth SRH service facilities or the availability of youth centers, and/ or differences in individual /personal characteristics of the study participants.

In this study voluntary counselling and testing of HIV/AIDS,STI diagnosis and treatment, Abortion service, were among the most frequently reported services utilized by youths 152(28.9%),13(2.5%),6(1.1) respectively.This study revealed 152(28.9%) of youths received voluntary counselling and testing of HIV/AIDS,this finding was lower than study conducted in mekele town(94%),Bale goba town(67.3%) and woreta town(55.3%)(15)(24)(25) respectively. This is might be due to different on facility readiness ,availability of school clinic , poor trends of SRH services and approach of the service providers.In this study compared to other services utilized , Family planning service was the list service reported by youths 1.0% which was different from study conducted in mecha distric north Ethiopia,and Jimma town which was 35.5%(28). and 17.6%(26). This discrepancy might be due to socio demographic variation like difference in age and maturation.

The finding of this study indicated that the reasons for not utilizing sexual and reproductive health services by youths were don't know where to go 212(40.3 %), fear of being seen by parents 53(10.1%) , distance to the health facility 25 (4.8%), cost of service 24 (4.6%) and other reasons like too young to use the services 35 (6.7%) were among frequently reported by participants.Similar to this study conducted in Addis Ababa city among high school youth students revealed that the major factors for not utilizing reproductive health by youths were don't know where to go 186(26.8%), inconvenience service hour 140(20.2%) were among frequently reported by participants(23).

According to a study conducted among South African high school students, major barriers to current SRH services include discomfort communicating with adults, the cost of traveling to clinics, incompatibility of school and clinic opening hours, and concerns about confidentiality, particularly with regard to personal connections to clinic staff(16).The finding of this study indicated that the odds of youths who heard information about SRH services were 3.2 times more likely to use SRH service than those not heard about sexual and reproductive health services and the odds of youths who had SRH service in their residential

area were 3.3 times more likely to use SRH services as compare to those who didn't had SRH services in their residential area

Students who had heard SRH issues from their school teachers were less likely to use SRHS than those who had not heard SRH related issues from their school teachers, according to a school-based cross-sectional study done among school adolescents in Nekemte town, Oromia region, Ethiopia. (14).The finding of this study indicated that about 331(62.9%) of the youth had information about Sexual and reproductive health services ,Out of this information majority of them got from health service Provider 129(24.5%) followed by television101(19.2%),school teachers/clubs 64(12.2%),radio 25(4.8%) respectively. However, According to the findings of an institutional based study done among in-school Rural Adolescents in Nigeria, 51% of the study participants had ever utilized reproductive health services, with 29.7% having gained in the six months prior to the survey. Schools were the most common source of information (29.7%), followed by radio (24.5%) and health care providers (21.4%). (19) .In this study, the participants also mentioned services given under SRH services .The sexual and reproductive health services known by youths were VCT 172(32.7%), family planning 99(18.8%), diagnosis and treatment of STI 44(8.4%) but family planning service was the list service reported by youths . This study found that youths who heard information about SRH services were 3 times more likely to use SRH service than those not heard about sexual and reproductive health services

A study conducted among high school youth students in Bahir Dar, Ethiopia found that all concerned bodies, including parents, school staff, and health professionals, must work together to improve service utilization in schools. Youth aged 20 to 24 were 2.34 times more likely to use SRH services than those aged 15 to 19(36) .In parallel to this study our finding indicated that the odds of youths who did not had school clinic were 2 times less likely to utilize SRH services than those had school clinic and the odds of youth who were in the age group of 20 - 24 years were 2.2 times more likely to utilize SRH services than those age ranges from 15 - 19 years

According to a study done in Addis Ababa, Ethiopia, the majority of adolescents, parents, and health care professionals are unaware of their sexual and reproductive health rights and needs, which affects youths' use of available SRH services(9). This study indicated that the odds of youths who had SRH service in their residential area were 3.3 more likely to use as compare to those who didn't had SRH services in their residential area .

According to a study conducted among South African high school students, major barriers to current SRH services include discomfort communicating with adults, the cost of traveling to clinics, incompatibility of school and clinic opening hours, and concerns about confidentiality, particularly with regard to personal

connections to clinic staff(16).This study showed that the odds of youths whose their privacy and confidentiality not respected were 90 percent less likely to utilize SRH services than those whose their privacy and confidentiality respected and the odds of youths who did not get respect full care were 97 percent less likely to utilize SRH services than those who got respect full care And about 85.45% of the youths had positive attitude and 12.55% of them had negative attitude towards sexual and reproductive health services .

Limitation of the study

- Since this study examines personal and sensitive issues, obtaining honest responses about their sexual history from youth students might have been difficult.
- This data might have prone to respondent bias. This study was based on cross-sectional data, which implies that the direction of causal relationships cannot always be determined
- The quantitative study design did not allow for probing into certain areas which needed further qualitative description.
- The study was conducted in schools of only one Sub city town, which means the findings may not be generalizable to Addis Ababa youth Students.
- For study participants whose age range is 15-17 years assent consent was considered to be obtained from their parents by sending the consent form to the youth's parent the day before data collection but due to covid-19 global pandemic consent was taken from school directors/guardian/.

Strength of the study

- It had representative sample and good response rate.
- Factors and reasons why youths not utilized the available SRH services were identified

7 .Conclusion

Sexual and reproductive health service utilization among secondary school students in Bole sub city found to be low(33.5%).This might make students prone for different problems related to sexual and reproductive health. This study had showed that low proportion of the school youths visited different health facilities to utilize SRH services in the last 12 months. Out of this, voluntary counselling and testing of HIV/AIDS,STI diagnosis and treatment, Abortion service, were among the most frequently reported services utilized by youths 152(28.9%),13(2.5%),6(1.1) respectively .But,Family planning service was the list service reported by youths. The major reasons for not utilizing sexual and reproductive health services by youths were don't know where to go 212(40.3 %), fear of being seen by parents 53(10.1%) , distance to the health facility 25 (4.8%), cost of service 24 (4.6%) and other reasons like too young to use the services 35 (6.7%) were among frequently reported by participants. Availability of SRH services in their residential area, age, ever heard about SRH services, availability of school clinic, privacy and confidentiality of youths and respect full care were found to have significant association with youth SRH service utilization at a significant level of 0.05. The finding of this study needs the attention and effort of all concerned bodies including school staffs, government and all stake holders,and health professionals to improve the SRH services utilization .

The overall of this study indicated that availing school clinic and SRH services, providing information about SRH services ,insuring privacy and confidentiality during service delivery and respect full care is needed to increase SRH service utilization among youths.Furthermore, a study supported by qualitative techniques should be done including youths' parents and service providers' opinion.

8. Recommendations

- Conversation in line with peers counseling and Teachers-youth communication should address sensitive topics such as sexual and reproductive health issues education.
- MOE should establish and continuously support sexual and reproductive health club in school, create referral linkage to health institution.
- MOH should give training to health service providers on how to handle the school youths.
- MOE should train more school peer educators to complement the health service providers in passing the youth sexual and reproductive health information to their peers.
- The health care service providers and teachers should give information on SRH services.
- IEC/BCC campaigns should be established by the concerned bodies and emphasis should be given to sexual and reproductive health issues in order to encourage the youths to use reproductive services.
- The government and all stake holders should enhance integrated approach involving all stakeholders particularly youths“ families, teachers and health professionals

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APPENDICES

Annex 1. Information Sheet

Title of Research: Assessment of youth Sexual and Reproductive Health Service Utilization and Associated Factors among High School Youth Students in Bole Sub City, Addis Ababa, Ethiopia.

Institution: Addis Ababa University, college of Health Sciences, School of Public Health in Partial fulfillment of the requirements for the degree of master in Public Health.

Principal Investigator: Takele Alemu

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Mail: Bilisumatake20@gmail.com

Primary advisor: Dr.Solomon Emyu (MD, MPH)

Secondary advisor: Yimer Seid (MPH, PHD fellower)

Background Information: My name is Takele Alemu. I came from Addis Ababa University, Collage of Health Science, School of Public Health to conduct a research conditions regarding to Sexual and Reproductive Health Service Utilization and Associated Factors among High School Youth Students in Bole Sub City Addis Ababa, Ethiopia. I believe that this study will helps young boys and girls, youth parents, communities, high schools, health facilities, sub-cities health offices, Addis Ababa city Administration health bureau and policy makers who will take appropriate amendments concerning youth sexual and reproductive and health services delivering and utilization at city level. The findings of this study help to create productive generation for our country in the present and in the future by improving provision of quality health services. Your name will not be written on this form and no individual response will be reported to anybody. Hence, your answers are completely confidential. You do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.

Annex 2: Consent form in English language

Questionnaire code _____

My name is Takele Alemu. I am attending my MSc in Public Health at Addis Ababa University. I brought these questions to you in order to find out conditions regarding to reproductive health service utilization and associated factors among high school youth students of age 15-24 in Bole Sub City, Addis Ababa town.

The purpose of this study is to get more information on factors contributing to reproductive health service utilization of youths that can be used to design appropriate intervention so as to address reproductive health service need of youths. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study.

Your name will not be written on this form and no individual response will be reported to anybody. Hence, your answers are completely confidential. If you do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.

Would you willing to answer?

Yes

No

Yes then put your signature below and proceed to the next page by signing this document, I am giving consent to fill the research questionnaire.

I understand that I will be part of the research study that is looking into the sexual and reproductive health service utilization and its association factors in Bole Sub City, Addis Ababa town. I also informed that the participation would be entirely voluntary and that am free to withdraw from the study.

Data collector's signature _____ Date _____

Annex 3: Consent form in Amharic language

አዲስ አበባ ዩኒቨርሲቲ ጤና ሣይንስ ኮሌጅ የህብረተሰብ ጤና አጠባበቅ ትምህርት ክፍል

የተሳታፊው መለያ ቁጥር _____

የፍቃደኝነት መረጋገጫ ቅፅ

እኔ ታክሎ አለሁ እባላለሁ በአዲስ አበባ ዩኒቨርሲቲ በህብረተሰብ ጤና አጠባበቅ ትምህርት ክፍል የማስትሬት ዲግሪ ተማሪ ስሆን በአሁኑ ወቅት በዚህ ቦሌ ክፍለ ከተማ ውስጥ እድሜያቸው ከ15-24 ዓመት በሆኑ ሁለተኛ ደረጃ ወጣት ተማሪዎች ላይ የስነ-ተዋልዶ ጤና አጠቃቀም ዙሪያ ጥናት ለማድረግ መረጃ እያሰባሰብኩ ነው። ለዚህም ያግዘኝ ዘንድ በጉዳዩ ዙሪያ የሚያተኩሩ የተወሰኑ ጥያቄዎች ከስር አካተቻለሁ። መጠይቁን ለማጠናቀቅ ከ 10 እስከ 20 ደቂቃ ሊወስድ ይችላል።

የጥናቱ ዓላማ፤ በቦሌ ክፍለ ከተማ ውስጥ የሚኖሩና እድሜያቸው ከ15-24 ዓመት በሆኑ ሁለተኛ ደረጃ ወጣት ተማሪዎች የስነ-ተዋልዶ ጤና አጠቃቀም ደረጃ እንዲሁም ከስነ-ተዋልዶ ጤና አጠቃቀም ጋር ተያያዥነት ያላቸው ሁኔታዎች ስለ መለየት ይሆናል።

የጥናቱ ሚስጥራዊነት፤ በጥናቱ ላይ ሊካተቱ የቻሉት ምክንያት የተሳታፊዎች አመራረጥ ሂደት በእድል ላይ መሰረት ያደረገ በመሆኑ ብቻ ነው። እርሶ የሚሰጡት ማንኛውም መረጃ ሚስጥራዊነት የተጠበቀ ስለሆነ በመጠይቁ ላይ ማንነትዎ የሚገልፅ ስምም ይሁን አድራሻዎን እንዲገልፁ አይጠየቁም። ከዚህም በተጨማሪ የእርሶን ምላሾች ቤተሰብዎም እንዲያዩት አይደረግም።

የጥናቱ ጥቅምና ጉዳት፤ በዚህ ጥናት ላይ በመሳተፍዎም ሆነ መጠይቁን በመመለስዎ የተዘጋጀ ክፍያ የለም ነገር ግን የአድስ አበባ ወጣቶችን የስነ-ተዋልዶ ጤና አጠቃቀም በተመለከተ ያለንን ግንዛቤ ለማሳደግና የወጣቶችን የስነ-ተዋልዶ ጤና አጠቃቀምን ለማሳደግ የሚሰሩ ስራዎች በመረጃ ላይ ተመስርተው እንዲሰሩ ግብአት ይሆናል። እናም የእርሶ ተሳትፎ ሰዓትዎን ከመሻማት ባለፈ ምንም አይነት ጉዳት አያደርስዎትም።

የተሳታፊ መብት፤ የእርሶ በዚህ ጥናት ላይ መሳተፍ በፍላጎትዎ ላይ የተመሰረተ ነው። መጠይቁን ያለመሙላት እና የጥናቱ አካል ያለመሆን መብትዎ የተጠበቀ ነው።

መጠይቁን ለመሙላት ፍቃደኛ ነዎት?

አዎ አይደለሁም

ስምዎንን ማስታወቅ፤ ከዚህ በላይ የተፃፈው መረጃ ተነቦልኝ ወይም አንብቤው በቦሌ ክፍለ ከተማ ውስጥ የሚኖሩ እድሜያቸው ከ15-24 ዓመት የሆኑ ወጣቶችን የስነ-ተዋልዶ ጤና አጠቃቀም ደረጃ ለማወቅ በሚደረገው ጥናት ውስጥ ተሳታፊ መሆኔን በመረዳት የተዘጋጀውን መጠይቅ ለመሙላት ተስማምቻለሁ። በመጨረሻም የጥናቱ ተሳታፊ መሆኔን የምገልፀው ጥናቱ ማቋረጥ እንደምችል ተነግሮኝ ነው።

የመጠይቁ ስብሰቤ ፊርማ _____ ቀን _____

Annex 4: English version questionnaire

General instructions: The questionnaire has eight parts, including questions regarding to socio-demographic characteristics, individual's trends related with sexual and reproductive health service utilization related to (VCT, STI diagnoses/treatments, family planning and abortion services) and factors affecting SRH service utilization of youths (institutional factors, provider factors and client factors).

Part one: Socio-demographic characteristics of the participants

Sub-city _____ school name _____ Id code _____

No	Questions	Response	skip
1.1	Sex of the respondent	1.Male 2.Female	
1.2	How old are you ?only in years	-----	
1.3	What is your type of school?	1. Private 2. Public	
1.4	What is your level of education?	1.Grade 9 2.grade 10 3.Grade11 4.Grade 12	
1.5	What is your religion?	1.Orthodox 2.Muslim 3.Protestant 4.Catholic 5.Other-----	
1.6	What is your ethnic group?	1.Affar 2.Amhara 3.Guragie 4.Hadiya 5.Oromo 6.Sidama 7.Somali 8.Tigray 9.Other	
1.7	What is your marital status?	1.Never married	

		2.Married 3.Living together 4.Divorced/separated 5.widowed	
--	--	---	--

Part Two: Questions Related To Utilization Of Sexual And Reproductive Health Services.

No	Questions	Response	skip
2.1	Have you ever used any sexual and reproductive health services in the past twelve months?	1.Yes 2.No.....skip to Q2.4	2.4
2.2	If your answer is yes, What services did you used in the past Twelve month? (more than one responses is possible)	1.Family planning 2.STI treatment 3.VCT for HIV/AIDS 4.Abortion service 5. other services (specify-----)	
2.3	From where did you use SRH service in the past twelve month?	1.Youth center 2.Hospital 3.Health center 4.family guidance association 5.other(specify)-----	
2.4	For question number 2.1 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 4.Cost of service 5.Others (specify)-----	

Part 3 Questions related to diagnosis and treatment of STI

No	Questions	Response	skip
3.1	Have you ever heard about infections that can be transmitted through sexual contact	1.yes 2.no	
3.2	Did you have any history of STIs in the past one year?	1.yes 2.no -----skip to Q 4.1	Q 4.1
3.3	If your answer is yes for Q3.2 which	1.Increased genital discharge	

	symptoms of STIs you faced	2.Foul smelling genital discharge 3.Burning pain on urination 4.Genital ulcers/sores 5.Others (specify)	
3.4	Which segment of the population is at risk of getting STIs	1.Those having multiple sexual partners 2.Those practicing unprotected sex 3.Comercial sex workers 4.Drivers 5.others (specify)	
3.5	Did you know where you get this service?	1.yes 2.no	
3.6	Did you have treatment and follow up for this disease?	1.yes 2.no	

Part 4 Questions related to Voluntary counseling and testing of HIV

No	Questions	Response	skip
4.1	Have you ever heard of voluntary counseling and testing of HIV?	1.yes 2.no...skip to 5.1	5.1
4.2	What was your first source of information about this service?	1.Mass media 2.Health institution 3 Anti-AIDS clubs 4.Peer friends 5. Others.....	
4.3	Do you Know where you get this service?	1.yes 2.no	
4.4	Did you ever utilize VCT service?	1.yes 2.no.....skip to 5.1	5.1
4.5	Did you have counseling during HIV test	1.yes 2.no	
4.6	Did you satisfied for the services given?	1.yes 2.no	

Part 5: Questions related to institution based factors

No	Questions	Response	skip
5.1	Is there a SRH Service in your living area?	1.yes 2.no	

		3.I don't know	
5.2	Have you ever visited SRHS but missed the service you required?	1.yes 2.no...skip to Q no 5.4	5.4
5.3	If your answer is yes in Q no.6.2, state the reason for not getting the service	1.The queue was long 2.I had no money for the service 3.I found neighbors and felt ashamed 4.The service provider refused to give the service/ was harsh 5. Other....	
5.4	Do the existing Health Institutions are convenient to the secret use of youth Reproductive health service?	1.yes 2.no 3.I do not know	
5.5	How far is the health facility from your home?	1.less than 30 minute 2.greater 30 minutes	
5.6	Have you ever asked to pay for the service You used?	1.yes 2.no	
5.7	Did the health facility is open over weekends	1.yes 2.No.....5.9	5.9
5.8	Is the working hour of the health facility Convenient for you?	1.Yes 2.No	
5.9	If your answer is no for Q no 5.7, what would be the most convenient time for you?	1.Earlier in the morning 2.Late in the afternoon 3.weekends 4.holidays(school holidays) 5.other(specify)-----	
5.10	Is there any reproductive health club/HIV/AIDS/ in your School?	1.yes 2.no	
5.11	Is there school clinic in your school?	1.yes 2.no	
5.12	Is their access to get condom in your school?	1.yes 2.no	

Part 6: Question on client based factor (to assess their knowledge and attitude towards SRH services)

No	Questions	Response	code
6.1	Have you ever heard about SRH service?	1.Yes 2.Noskip to 6.5	6.5
6.2	If yes, for question number 6.1, from where You got information? (more than one responses is possible)	1. <i>Health service Provider</i> 2. <i>School teachers/clubs</i> 3. <i>Radio</i> 4. <i>Television</i> 5. <i>Others</i>	
6.3	Which services are provided under SRH service? (can mark more than one response)	1. <i>Family planning</i> 2. <i>VCT</i> 3. <i>Diagnosis and treatment of STI</i> 4. <i>Abortion service</i> 5. <i>Others-----</i>	
6.4	What is the ownership of the facility Providing the service?	1.Governmental health center 2.Governmental hospital 3.Youth center 4.NGO health facility 5.Private clinic	
6.5	Have you ever heard about sexually Transmitted infections?	1Yes 2.No.....6.10	6.10
6.6	Which of the following lists do you Know?	1.Syphilis 2.Gonorrhea 3.Chancroid 4.HIV 5.Others	
6.7	What sign and symptoms of sexually Transmitted infections do you know?	1.Genital ulcer 2.Genital discharge 3.Itching 4.Burning urination 5.others	
6.8	Which modes of transmission of sexually	1.Contact with	

	transmitted infections do you Know?	infectious blood 2.Mother to child 3.Unprotected sex 4.Using sharp materials with an infected person 5.others	
6.9	Do you know any method of prevention of sexually transmitted Infections?	1.Abstinence 2.Using condom 3.Being faithful for partner 4.others	
6.10	Can a woman get pregnant after having one sexual intercourse	1.Yes 2.No 3.I don't know	
6.11	Do you know any family planning method?	1.yes 2.noskip to 6.13	6.13
6.12	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	
6.13	Youths have the right to use SRH Services	1.Strongly agree 2.Agree 3.Neutral 4.Disagree 5.Strongly disagree	
6.14	Youths should use SRH services for various reasons.	1.Strongly agree 2.Agree 3.Neutral 4.Disagree 5.Strongly disagree	
6.15	Only female should use SRH services.	1.Strongly agree 2.Agree 3.Neutral 4.Disagree	

		5.Strongly disagree	
6.16	Each Youths should be aware of the importance of SRH services	1.Strongly agree 2.Agree 3.Neutral 4.Disagree 5.Strongly disagree	

Part 7: Questions on provider based factors

No	Questions	Answers	skip
7.1	Did the SRH service provider Respect for You?	1.yes 2.no 3.I don't know	
7.2	Did you think your Privacy and confidentiality is secured?	1.yes 2.no 3.I don't know	
7.3	Did you get adequate time for client and provider interaction?	1.yes 2.no 3.I don't know	

Part 8 Questions related to Family planning and abortion service

No	Questions	Response	skip
8.1	Did you have HX of sexual intercourse?	1.yes 2.No	
8.2	Did you ever utilize any family planning method?	1.yes 2.no	
8.3	Do you Know where you get contraceptive methods?	1.yes 2.no	
8.4	If your answer is yes to Q no 8.2 Which of the following family planning Methods did you used? (choosing more than one answer is possible)	1.Condom 2.Implant 3.Pills 4.IUCD 5.Injectable 6.other	
8.5	Did you faced history of unwanted pregnancy (Girls)	1.yes 2.no	

8.6	Did you get Safe abortion to the full extent of the law?	1.yes 2.no	
8.7	Did you get Post-abortion care, including provision of contraceptive Information, counseling and Methods?	1.yes 2.no	

Annex 6: Amharic version questionnaire

የመጠይቅ ቅጽ

አጠቃላይ መመሪያ: መጠይቁ በስምንት ክፍሎች ተከፍሏል። እነዚህም ማህበረሰባዊ ሁኔታዎችን፣ ከሌሎች አይ ቪ ምክርና ምርመራ አገልግሎት ፣ ከበተሰብ ምጣኔ፣ የወርጃ አገልግሎት ጋር የተያያዙ ግላዊ ሁኔታዎችን ፣ ከስነ -ተዋልዶ ጤና አጠቃቀም ጋር የተያያዙ የተካተቱበት ነው።

ክፍል 1: ማህበራዊ ሁኔታዎችን የሚመለከቱ ጥያቄዎች መመሪያ: ከተዘረዘሩት አማራጮች መካከል መልስዎን ይመልሱ።

ክ/ከተማ _____ የት/ቤቱ ስም _____ ከድ _____

ተ.ቁ	ጥያቄ	ምላሽ	ይለፉ
1.1	የታ	1.ወንድ 2.ሴት	
1.2	እድሜ	-----ዓመት	
1.3	የትምህርት ቤቱ ሁኔታ	1.የግል 2.የመንግስት	
1.4	የትምህርት ደረጃ/ሽ	1.9ኛ ክፍል 2.10ኛ ክፍል 3.11ኛ ክፍል 4.12ኛ ክፍል	
1.5	ሐይማኖት/ሽ/ህ ምንድን ነው?	1.አርቶዶክስ 2.ሙስሊም 3.ፕሮቴስታንት 4.ካቶልክ 5.ሌላ ካለ ይግለጹ-----	
1.6	ብሔር/ሽ/ህ ምንድን ነው?	1.አፋር 2.አማራ 3.ጉራጌ 4.ሐድያ 5.አሮሞ 6.ስዳማ 7.ሶማሌ 8.ትግሬ	

		9.ከዝ ውጭ ከሆን እባክዎ ይግለጹ.....	
1.7	የጋብቻሁኔታ?	1.ያላገባ/ች 2.ያገባ/ች 3.በጓደኝነት አብረዉ የሚኖሩ 4.የፈታ/ች 5.ባል ወይም ሚስት የሞተችበት/ባት	

ክፍል 2:ከስነ-ተዋልዶ ጤና አገልግሎት ጋር የሚከተሉትን አገልግሎቶች አጠቃቀም ጋር የተያያዘ

ተ. ቁ	ጥያቄ	ምላሽ	ይለፉ
2.1	የስነ-ተዋልዶ ጤና አገልግሎቶችን ላለፉት 12 ወራት ተጠቅመህ ታወቃለህ/ሽ?	1.አዎ፣ ተጠቅሜ አወቃለሁ 2.አይ፣ ተጠቅሜ አላወቅም...ወደ ጥያቄ ተ.ቁ 2.4 ይህዱ	2.4
2.2	ከተጠቀምክ/ሽ የትኛው የስነ-ተዋልዶ ጤና አገልግሎት ነበር? [ከአንድ በላይ አማራጮችን መምረጥ ይቻላል?]	1.የወሊድ መቆጣጠሪያ 2.የአባላዘር በሽታዎች ምርመራ እና ህክምና 3.በፍቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ. ኤድስ ምርመራ እና የምክር አገልግሎት 4.የፅንሰ ማቋረጥ አገልግሎት 5.ሌላ ካለ ይግለጹ-----	
2.3	ከየትኛው ተቋም ነዉ እነዝህን አገልግሎቶች ያገኘህ/ሽ?	1.ከወጣቶች ማእከል 2.ከሆስፒታል 3.ከጤና ጣቢያ 4.ከቤተሰብ መምሪያ ድርጅት 5.ሌላ ካለ ይግለጹ-----	
2.4	ለጥያቄ 2.1 መልሶዎ አይደለም ካሉ ፣ ምክንያቱን ይግለጹ [ከአንድ በላይ አማራጮችን መምረጥ ይቻላል?]	1.የጤና ተቋሙ ርቀት 2.አገልግሎት የምስጥበት ቦታ አለማወቅ 3.ሌላ ሰው ያየኛል ብሎ በመስጋት 4.ለአገልግሎቱ ክፍያ ለመጠየቅ መፍራት 5.ሌላ ካለ ይግለጹ-----	

ክፍል 3: የአባላዘር በሽታዎች ምርመራ እና ህክምናቸው ዙሪያ

ተ.ቁ	ጥያቄ	ምላ	ይለፉ
3.1	በግብረ ስጋ ግንኙነት የምተላለፉ በሽታዎች ስመተሀ ታዎቻላህ/ሽ?	1.አዎ 2.አይ ሰምቶ አለዎቅም	
3.2	ላለፉት አንድ አመት በአባላዘር በሽታ ተይዘህ ታዎቻላህ/ሽ?	1.አዎ 2.አይ አልተያዘኩም ወደ ጥያቄ ተ.ቁ 4.1 ይህዱ	4.1
3.3	ለጥያቄ 3.2 መልስ/ሽ አዎ ከሆነ የትኛው የአባላዘር በሽታ ምልክቶች ነው የታየብህ/ሽ?	1.ከብልት የምወጣ ፈሳሽ መጨመር 2.ከብልት የምወጣ ሽታ ያለው ፈሳሽ መኖር 3.የሽንት ማቃጠል 4.የብልት መቁሰል 5.ሌላ ካለ ይግለፁ-----	
3.4	የትኛው የህብረተሰብ ክፍል ለአባላዘር በሽታ ይበልጥ ተጋላጭ ናቸው?	1 ከአንድ በላይ ተቃራኝ የታ የግብረ ስጋ ግንኙነት የምያደረጉ 2.ጥንቃቄ በጎደለው የግብረ ስጋ ግንኙነት የምያደረጉ 3.ሴተኛ አዳርዎች 4.ሹፈሮች 5.ሌላ ካለ ይግለፁ-----	
3.5	አገልግሎቱን የት ቦታ እንደምታገኝ ታዎቻላህ/ሽ?	1.አዎ 2.አላውቅም	
3.6	ለዚህ በሽታ ህክምና እና ክትትል አድረገህ ታዎቻላህ/ሽ?	1.አዎ 2.አላዎቅም	

ክፍል 4: በፍቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ ኤድስ የምክርና ምርመራ ዙሪያ

ተ.ቁ	ጥያቄ	ምላሽ	ይለፉ
4.1	በፍቃደኝነት ላይ የተመሰረተ ኤች.አይ.ቪ ኤድስ ምርመራ እና ምክር ስምተህ ታወቀለሽ/ህ?	1.አዎ 2.አላውቅም....አይ....ወደ ጥያቄ ተ.ቁ 5.1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5.1
4.2	ለጥያቄ ተ.ቁ 4.1 መልስህ/ሽ አዎ ከሆነ የመረጃውን ምንጭ ከየት ነው?	1.ኮሚዩንድ 2.ከጤና ተቋም 3.ከ ፀረ ኤች.አይ.ቪ ኤድስ ክሰብ 4.ከጓደኛ 5.ሌላ ካለ ይግለፁ-----, -	
4.3	አገልግሎቱን የት ቦታ እንደምገኝ ታዎቃለህ/ሽ?	1.አዎ 2.አይ አላውቅም	
4.4	በፍቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ ኤድስ የምክር እና ምርመራ አገልግሎት ተጠቅመህ ታዎቃለህ/ሽ?	1.አዎ 2.አይ ተጠቅሜ አላውቅም .ወደ ጥያቄ ተ.ቁ 5.1	5.1
4.5	የኤች.አይ.ቪ ኤድስ ምርመራ ስታደርግ የምክር አገልግሎት አገኝተሃል/ሽ?	1.አዎ 2.አይ አላገኘውም	
4.6	ለጥያቄ ተ.ቁ 4.5 መልስ/ሽ አዎ ከሆነ ለተሰጠህ ምክር ረክተሃል/ሽ?	1.አዎ 2.አይ አልረካሁም	

ክፍል 5: የተቋማት አገልግሎት ሁኔታ

ተ.ቁ	ጥያቄ	ምላሽ	ይለፉ
5.1	የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት በአካባቢሽ/ህ ውስጥ አለ?	1.አዎ 2.የለም 3.አላውቅም	
5.2	ወጣቶች ስነ-ተዋልዶ አገልግሎት ያለበት ቦታ ሂደቱ/ህ አገልግሎቱን ሳታገኝ ቀርተህ	1.አዎ 2.አላውቅም....አይ....ወደ ጥያቄ ተ.ቁ 5.4	5.4

	ታውቂያለሽ/ህ?		
5.3	ለጥያቄ 5.2 መልህ/ሽ አዎከሆነ ምክንያቱ ምን ነበር?	1.ወረፋ ብዙ ነበር 2.ለአገልግሎቱ የምክፈለው ብር አልነበረኝም 3.ጎረቤቴን አፍሬ ተመለስኩ 4.የጤና ባለሙያዎ/ው አገልግሎቱን ለመሰጠት ፍቃደኛ አልነበረም/ችም 5.ሌላ ካለ ይግለፁ.....	
5.4	ጤና ተቋሞቹ ለወጣቶች ስነ-ተዋልዶ ሚስጥራዊ አገልግሎት አመቺ ናቸው?	1.አዎ 2.አይደለም 3.አላውቅም	
5.5	የጤና አገልግሎት ድርጅቱ ከመኖሪያሽ/ህ ምን ያህል ይርቃል?	1.ከ 30 ደቂቃ በታች 2.ከ 30 ደቂቃ በላይ	
5.6	ለስነ-ተዋልዶ ጤና አገልግሎት ክፍያ ተጠይቀህ ታወቃለሽ/ህ	1.አዎ 2.አይ	
5.7	ጤና ተቋማት እሁድ እና ቅዳሜ አገልግሎት ለመስጠት ክፍት ናቸው?	1.አዎ 2.አይ....ወደ ጥያቄ ተ.ቁ 5.9	5.9
5.8	የጤና ተቋማት የሥራ ሰዓት ለወጣቶቹ አመቺ ነው ብለህ ታስባለህ/ሽ?	1.አዎ 2.አይ አላስብም	
5.9	ለጥያቄተ.ቁ 5.7 መልሶ አይ ከሆነ ለወጣቶቹ አመቺ ሰዓት መቼ ነው?	1.ጠዋት 2.ከሰዓት በኋላ 3.እሁድና ቅዳሜ 4.በበዓል ቀናቶች 5.ሌላ ካሌ	
5.10	በዚህ ትምህርት ቤት ወስጥ የወጣቶች ስነ-ተዋልዶ ክለብ/የኤች አይ ቪ ቫይረስ ክለብ አለ ወይ ?	1.አዎ 2.የለም	
5.11	በዚህ ትምህርት ቤት ወስጥ የተማሪዎች ክልኒክ አለ ወይ?	1.አዎ 2.የለም	
5.12	በዚህ ትምህርት ቤት ወስጥ ኮንዶም ብትፈልጉ የማግኘት እድል አለህ/ሽ ?	1.አዎ 2.የለም	

ክፍል 6: ከአገልግሎቱ ተጠቃሚዎች ለወሲብና ስነ-ተዋልዶ ጤና ላላቸው እውቀትንና አመለካከት ጋር የተያያዘ

ተ.ቁ	ጥያቄ	ምላሽ	ይለፉ
6.1	የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት ምን እንደሆነ ታውቃለህ/ሽ?	1.አዎ 2.አይ አላውቅ <input type="checkbox"/> ወዴ ጥያቄ ቁጥር 6.5 ይህዱ	6.5
6.2	ለጥያቄ ተ.ቁ 6.1 መልሶ አዎ ከሆነ ስለ አገልግሎቱ ከማን ሰማሽ/ህ?	1.ከጤና ባለሙያ 2.ከትምህርት ቤት መምህራን/ክለብ 3.ራድዮ 4.ቴሌቪዥን 5.ከጓዋደኛ	
6.3	በወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት ውስጥ የትኞቹ አገልግሎት ይሰጣሉ?(ከአንድ በላይ መልስ መስጠት ይቻላል)	1.የቤተሰብ ዕቅድ አገልግሎት 2.የበጎ ፈቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ. ምክርና ምርመራ 3.የአባላዘር በሽታ ምርመራ እና ህክምና 4.የፅንሰ ማቋረጥ አገልግሎት 5.ለላ ካለ ይግለጹ	
6.4	የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት የሚሰጥበት ድርጅት ታዎቃለሽ/ህ?	1.የመንግስት ጤና ጣቢያ 2.የመንግስት ሆስፒታል 3.የወጣት ማዕከል 4.መንግስታዊያ ልሆነ ድርጅት/NGO/ 5.የግል የህክምና ተቁዋም	
6.5	ስለ አባላዘር በሽታዎች ሰምተሽ/ህ ታውቃለህ?	1.አዎ 2.ሰምቼ አላውቅምወደ ተ.ቁ 6.10	6.10
6.6	የትኞቹን ታውቃለህ/ሽ?	1.ቂጥኝ 2.ጨብጥ 3.ክርክር 4.ኤች.አይ.ቪ. 5.ሌሎች	
6.7	የአባላዘር በሽታዎች ምልክቶች	1.ብልት ላይ የሚወጣ ቁስል	

	የትኞቹን ታውቃለህ/ሽ	2.ከብልት የሚወጣ ፈሳሽ 3.ማሳከክ 4.የሽንት ማቃጠል 5.ሌሎች	
6.8	የአባላዘር በሽታዎች የመተላለፊያ መንገዶች የትኞቹን ታውቃለህ/ሽ?	1.በደም ንክኪ 2.ከእናት ወደ ልጅ 3.ጥንቃቄ በጎደለው ግብረ ስጋ ግንኙነት 4.ስለታማ ነገሮችን በጋራ በመጠቀም 5.ሌሎች	
6.9	የአባላዘር በሽታዎች የመከላከያ መንገዶች የትኞቹን ታውቃለህ/ሽ?	1.ወሲብ ባለማድረግ(መታቀብ) 2.ኮንዶም በመጠቀም 3.ለፍቅር ንደኛ ታማኝ በመሆን(መወሰን) 4.ሌሎች	
6.10	አንድ ሴት በአንድ ጊዜ ግብረ ስጋ ግንኙነት ልታረግዝ ትችላለች?	1.አዎ ትችላለች 2.አትችልም 3.አላውቅም	
6.11	የእርግዝና መከላከያ ዘዴዎች ታውቃለህ/ሽ?	1.አውቃለው 2.አላውቅም... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6.13	6.13
6.12	ከተዘረዘሩት ውስጥ የትኞቹን የእርግዝና መከላከያ ዘዴዎችን ታውቃለህ/ሽ? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.የወንድ ኮንዶም 2.የሴት ኮንዶም 3.በክንድ ውስጥ የሚቀበረው 4.በየቀኑ የሚዋጥ ኪኒን 5.በማህፀን ውስጥ የሚቀመጥ 6.በመርፌ የሚሰጥ 7.ሌሎች	
6.13	ወጣቶች የስነ-ተዋልዶ ጤና አገልግሎት የማግኘት መብት አለባቸው ብለህ ታስባለህ/ሽ?	1.በጣም እስማማ <input type="checkbox"/> ሁ 2.እስማማ <input type="checkbox"/> ሁ 3.መካከለኛ 4.አልስማማም 5.በጣም አልስማማም	
6.14	ወጣቶች የስነ-ተዋልዶ ጤና አገልግሎት መጠቀም ይኖርባቸዋል.?	1.በጣም እስማማለሁ 2.እስማማለሁ 3.መካከለኛ	

		4.አልስማማም 5.በጣም አልስማማም	
6.15	የስነ-ተዋልዶ ጤና አገልግልትን ማግኘት የሚገባቸው ሴቶች ብቻ ናቸው.?	1.በጣም እስማማለሁ 2.እስማማለሁ 3.መካከለኛ 4.አልስማማም 5.በጣም አልስማማም	
6.16	እያንዳንዱ ወጣት ስለ ስነ-ተዋልዶ አስፈላጊነት ግንዛቤ ሊኖረው ይገባል.	1.በጣም እስማማለሁ 2.እስማማለሁ 3.መካከለኛ 4.አልስማማም 5.በጣም አልስማማም	

ክፍል7:አገልግሎት ሰጪውን በተመለከተ

ተ.ቁ	ጥያቄ	ምላሽ	ይለፍ
7.1	የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት ሰጪው ለወጣቶቹ አከብሮት አለው?	1.አዎ 2.የለውም 3.አላውቅም	
7.2	ምስጥራዊነት እና በራስ መተማመን ተረጋግጧል ብለህ ታስባለህ/ሽ?	1.አዎ 2.አይ 3.አላውቅም	
7.3	ለወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት ሰጪው እና ወጣቶቹ መካከል በቂ የመወያያ ጊዜ አለ ወይ ?	1.አዎ 2.የለም 3.አላውቅም	

ክፍል 8 :የወሊድ መቆጣጠሪያ እና የፅንሰ ማቋረጥ አገልግሎት መጠቀም ዙርያ

ተ.ቁ	ጥያቄ	ምላሽ	ይለፍ
8.1	ወሲብ አድርገህ ታወቃለህ/ሽ?	1.አዎ 2.አላውቅ <input type="checkbox"/>	ፋ

8.2	የወሊድ መቆጣጠሪያ ዘዴ ተጠቅመህ/ሽ ታውቃለህ ?	1.አዎ፣ ተጠቅሜ ነበር 2.አይ፣ አልተጠቀምኩም	
8.3	የወሊድ መቆጣጠሪያ አገልግሎትን የት ቦታ እንደምታገኝ ታዎቃለህ/ሽ	1.አዎ 2.አላወቅም	
8.4	ለጥያቄ ተ.ቁ 8.2 መልሱ አዎ ከሆነ ምን አይነት የእርግዝና መከላከያ ዘዴ ተጠቅመው ነበር? [ከአማራጮቹ መካከል 'የወንድ ኮንዶም' ከሚለወ በቀር በሌሎች የሚመለሱ ናቸው.]?	1.ኮንዶም(የሴት/የወንድ) 2.በክንድ ቆዳ ስር የሚቀመጥ 3.የወሊድ መቆጣጠሪያ ክኒን 4.በማህጸን ውስጥ የሚቀመጥ 5.በመርፌ የሚሰጥ 6.ሌላ ካለ ይጠቀስ-----	
8.5	ላልተፈለገ እርግዝና ተጋልጠሽ ታውቃለሽ (በሌሎች ብቻ የሚመለስ)?	1.አዎ 2.አላወቅም	
8.6	ንፅህናውን የጠበቀ ወርጃ በአገራችን ህግ በተደነገገው መሰረት አገልግሎት አግኝተሽ ታውቃለሽ?	1.አዎ 2.አላወቅም	
8.7	ድህረ ወረጃ አገልግሎት የወሊድ መቆጣጠሪያ ጭምር የመረጃ፣ ምክር እና አይነቶች አገልግሎት አገንተሻል?	1.አዎ 2.አይ	