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Youth Friendly Service Utilization and Associated factors Among Late Adolescents in Sekota Town, Amhara Region, Northeast Ethiopia

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DEPARTMENT OF REPRODUCTIVE HEALTH AND POPULATION STUDIES

YOUTH FRIENDLY SERVICE UTILIZATION AND ASSOCIATED FACTORS AMONG LATE ADOLESCENTS IN SEKOTA TOWN, AMHARA REGION, NORTHEAST ETHIOPIA

BY: MULAT BELAY (BSC)

A THESIS RESEARCH SUBMITTED TO THE DEPARTEMENT OF REPRODUCTIVE HEALTH AND POPULATION STUDIES, SCHOOL OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES, BAHIR DAR UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH

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FULL TITLE OF THESIS	YOUTH FRIENDLY SERVICE UTILIZATION AND ASSOCIATED FACTORS AMONG LATE ADOLESCENTS IN SEKOTA TOWN, AMHARA REGION, NORTHEAST ETHIOPIA, 2020.
DURATION OF THESIS PROJECT	March 02 –March 27, 2020
STUDY AREA	SEKOTA TOWN

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Approval of Thesis for Defense

I hereby certify that I have supervised, read, and evaluated this thesis entitled "Youth friendly service utilization and associated factors among late adolescents in Sekota town, Northeast Ethiopia" by Mulat Belay prepared under my guidance. I recommend the thesis be submitted for oral defense.

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Declaration

This is to certify that the thesis entitled “Youth friendly service utilization and associated factors among late adolescents in Sekota town, Northeast Ethiopia”, submitted to department of reproductive health and population studies, school of public health, college of medicine and health sciences, Bahir Dar university in partial fulfillment of the requirements for master’s degree in reproductive health is a record of original work carried out by me and has never been submitted to this or any other institution to get any other degree or certificates. The assistance and help I received during the course of this investigation have been duly acknowledged.

Name of the candidate	**Date**	**Place**
Mulat Belay	July, 2020	Bahir Dar, Ethiopia

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Approval of thesis for defense result

As members of the board of examiners**,** we examined **t**his thesis entitled "Youth friendly service utilization and associated factors among late adolescents in Sekota town" by Mulat Belay. We hereby certify that the thesis is accepted for fulfilling the requirements for the award of the degree of **"**master's in reproductive health".

Board of Examiners

External examiner name	**Signature**	**Date**
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Internal examiner name	**Signature**	**Date**
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Chair person's name	**Signature**	**Date**
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ABSTRACT

BACKGROUND: Currently Ethiopia sets adolescent and youth health strategy (2016-2020) to improve reproductive health of adolescents, but current studies shows that adolescents faced different reproductive health problems like, HIV/STI, unintended pregnancy, and unsafe abortion.

OBJECTIVE: To assess youth friendly service utilization and associated factors among late adolescents in Sekota town, Amhara region, North-east Ethiopia, 2020.

METHOD: A community based cross-sectional study was conducted in Sekota town from March 02-27/2020 on 581 adolescents. A list of households in each kebeles having late adolescents was obtained from health extension workers. A simple random sampling technique was used. A structured and pre tested questionnaire was used to collect data. Data were cleaned, coded and entered into Epi-data version 3.1 and analyzed by using SPSS version 23 software. Bivariable and Multivariable Logistic Regression Models were fitted to identify factors associated with adolescent youth friendly service utilization. The strength of association was interpreted by using the adjusted odd ratio with its 95% confidence interval (CI).

RESULT: Five hundred seventy two adolescents were participated making the response rate of (98.5%). The proportion of youth friendly service utilization was 37.4% with 95% CI (33.0, 41.3). Youth friendly service utilization was significantly associated with age group of 18-19 yrs. (AOR: 7.17, 95% CI: 4.43, 11.61), being in school (AOR: 3.80, 95% CI: 2.17, 6.68), getting pocket money for daily expenses (AOR: 1.98, 95% CI: 1.27, 3.07) and discussion with parents/guardians on youth friendly services (AOR: 2.84, 95% CI: 1.79, 4.50)

CONCLUSION: Youth friendly service utilization among adolescents in Sekota town was low. Adolescents in the age group of 18-19 years, being in school student, getting pocket money, and having discussion on reproductive health issues with parents were factors significantly associated with utilization of youth friendly services. It is better to promote open adolescent parent communication on YFS, and emphasizes should be given by stakeholders for late adolescents.

Key Words: Youth friendly Service, Utilization, Sekota Town, Ethiopia.

ACRONYMS AND ABBREVIATIONS

AIDS Acquired Immune Deficiency Syndrome

AYFS Adolescent Youth Friendly Service

EDHS Ethiopian Demographic Health Survey

FMOH Federal Minister of Health

HIV Human Immunodeficiency Virus

IEC Information, Education and Communication

RH Reproductive Health

STD Sexually Transmitted Disease

STI Sexually Transmitted Infection

UNICEF United Nations Children's Fund

VCT Voluntary Counseling and Testing

WHO World Health Organization

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1. INTRODUCTION

1.1 Background

According to World Health Organization (WHO) adolescents are defined as persons between 10 to 19 years old who are characterized by significant physiological, psychological, and social changes that place their life at a high risk (1).

one in six of the world's population is adolescents aged 10 to 19, of which more than half of them live in Asia, but sub-Saharan countries are the place where adolescents make up the majority of the population (2). Ethiopia has a rapidly growing population, with adolescents and youth accounting for 33.8% of the estimated total population (3)**.**

Countries in Africa, particularly Ethiopia is dealing on adolescents by availing youth friendly services in health facilities (4). The government of Ethiopia developed the second national adolescent and youth RH strategy for 2016-2020 with a goal to address RH problems of adolescents. Following standard on youth friendly service, service delivery guideline and minimum service delivery package on YFS was developed all in the effort of meeting the reproductive health needs of the youth. Furthermore, federal ministry of health of Ethiopia (FMOH) integrated youth friendly issues in the health extension package so that they can be addressed at community level, youth centers and schools (5).

1.2 Statement of the problem

Several reproductive health challenges confront adolescents globally and are more pervasive in developing countries (6). Complications related to pregnancy and childbirth are among the leading causes of death worldwide among adolescent mothers (7).

Globally, an estimated of 21 million girls aged 15–19 years became pregnant each year. There were 44 births per 1000 girls aged 15 to 19 per year, 16 million of the girls aged 15–19 years gave birth in low and middle-income countries. There were 3.9 million girls aged 15 to 19 years undergo unsafe abortion (8).

In 2016 an estimated of 2.1 million adolescents were living with HIV in which 1.3 million adolescent were girls and 780,000 adolescent were boys. Adolescents acquire half of all new STDs; one in four sexually-active adolescent females had STD. Compared with older adults, sexually-active adolescents aged 15–19 years were at higher risk of acquiring STDs. In 2018, there were 1,087,277 reported cases of chlamydial infection among persons aged 15–24 years. Among those aged 15–19 years, the rate of reported cases of chlamydia increased 1.8% during 2017–2018 (8, 9).

In Africa, majority of adolescent pregnancies were the result of an unmet need for contraception, about half (49%) of adolescent pregnancies were unintended. Adolescent birth rate per 1,000 to girls aged 15 to 19 ranges from a lower 70 to the highest 190 (10). About one quarter of the unsafe abortions was among adolescents (15-19) which was higher than any region. Most abortions were clandestine, and unmarried young women were more likely to resort to clandestine abortions by unskilled providers (6)

In Ethiopia, the highest reported rates of STIs are found among adolescents. About half of all of the people infected with HIV and 60% of all new HIV infections were also in that age group of 15-19 years old (11). According to EDHS 2016, 13% of girls aged 15-19 in Ethiopia has begun child bearing. This was associated with low use of modern contraceptives and limited access to youth friendly services. Unmet need for modern contraceptives among adolescent aged 15-19 years is still high 26 % compared to adult women. Adolescent girls and boys aged 15-19 years tested and received results for HIV were 12% and 9% respectively. Nearly a quarter of young women and 39% of young men had comprehensive knowledge on HIV and its transmission. The percentage of youth with knowledge about HIV prevention was lower among those age 15-17 than older youths (12).

Ethiopia set the second adolescent youth health strategy (2016-2020) to improve reproductive health of adolescents, but current studies shows that adolescents faced different RH problems like, HIV/STI, unintended pregnancy, and unsafe abortion (5).

The evidences discussed above imply that adolescents' health problems were related to their utilization of adolescent youth friendly services either directly or indirectly. In Ethiopia a number of efforts have been made to support adolescent youth friendly reproductive health services. Even though certain factors were recognized as reasons for the low-level AYFS utilization so far, additional in-depth investigation is needed especially at areas where no prior studies have been conducted. Therefore, the aim of this research is to investigate the magnitude of YFS utilization and to find out associated factors among adolescents who live in Sekota town, in order to provide evidence-based information and recommendations for possible future interventions.

1.3 Significance of the study

This study intends to identify youth friendly service utilization and associated factors among late adolescents. The study will generate information that may be useful to the Ministry of Health and other organizations working in the adolescent reproductive health programs to design appropriate interventions to improve the activities of youth friendly services. The result of this study will help to fill the information gap about the service uptake and challenges to service utilization among adolescents in the study area. Appropriate recommendations will be made based on the result in which supervisors from federal ministry of health and non-governmental organization working on adolescents health, health care providers can use for improving ways of service provision and quality of the service. Finally, findings of this study will serve as a reference for health practitioners and researchers for filling gaps on adolescent youth friendly services and conducting further researches on adolescents.

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2. LITERATURE REVIEW

2.1 Magnitude of Youth friendly service utilization

A study conducted in Baktapur district in Nepal (24.7%) of respondents utilized YFS and the services mostly provided were general counseling (13). Studies conducted in Lagos state in Nigeria (34.6%) and Bureti Sub County in Kenya (38%) of the adolescents had ever used youth friendly services (14, 15). Other findings in Nigeria and Ghana revealed that (51%) and (55.8%) of the study participants had ever used youth friendly services respectively. The provided services were VCT services (71.2%) and family planning (60.2%) (16, 17).

Studies conducted in Woreta town (24.6%), Nekemte town (21.2%), Badwachew woreda in Hadiya zone (29.4%) of adolescents had utilized youth friendly service. The most common provided youth friendly service was information, education and counseling (IEC) on YFS issues (51%) (18-20).

Studies conducted in Sodo town (38.5%), south Ari zone, south Omo, southern Ethiopia (33.5%), Dilla town (34%), and Metekel zone (33.2%) of adolescents had utilized youth friendly health service. The most common provided youth friendly service was family planning services (64.5%) (21-24)

Findings in Harar town (64%), Goba town (46.9%), Addis Ababa (42.9%), Mekelle town (69.1%) and Woldia town (64.3%) of the participants had utilized youth friendly service. The most common services provided were VCT (71.4%) and family planning (67.3%) services (25-29). Another study conducted in Debre birhan town showed that 33.2% of the participants had utilized youth friendly services. The services which were utilized by the majority of the participants were VCT (27.7%) and family planning (20%) (30).

2.2 Factors that affect utilization of the YFS

2.2.1 Socio demographic and economic factors

A study conducted in Lagos State, Nigeria showed that unmarried(single), school attendance (currently in school), and having a baby were associated with YFS utilization (14). Another community based study conducted in Ghana showed that marital status (single), and the participants who were living with both parents were found to be associated with youth friendly service utilization (31).

Community based cross-sectional study conducted in Goba town and Southern Ethiopia showed that aged 18-19 years participants were factors which are significantly associated with YFS utilization(32, 33). Another study conducted in Metekel zone showed that Youth friendly service utilization was significantly associated with young provider of the same sex (24).

A community study conducted in North Shewa and south Ari zone in southern Ethiopia showed that Youth friendly service utilization was significantly associated with being a day school student and mother's educational status (23, 34).

An institutional based study conducted on students in Hadiya Zone and Woreta town showed that respondents educational status (being grade 9) and being grade 11-12 were statistically associated with utilization of adolescent youth friendly services respectively (18, 35). Community-based cross-sectional studies conducted in Awabel district, Goba town, Debre berhan town and Gondar showed that parental communication, having gains a pocket money, and living with both parents were significantly associated with utilization of youth friendly services (26, 30, 36, 37).

2.2.2 Knowledge and source of information related factors

According to a study conducted in Nigeria, awareness of YFS services were associated with utilization of YFS services. Schools were the main sources of information (29.7%), followed by radio (24.5%) and health professionals (21.4%) (17).

A school based study conducted in Sodo town, south Ethiopia showed that 88.2% of participants ever heard about youth friendly service. The majority of the respondent (21.8%) had heard about family planning followed by VCT (21.5%). Only 37.1% had ever heard only one type of youth friendly service and the remaining 62.9% had ever heard about two and above type of services. 82.6% knew the place where youth friendly services delivered. The main source of information for the study participants were teachers (26.8%) followed by health care provider (25.1%) (38). According to community based study conducted in Harar, Ethiopia using friends and schools as a source of information were significantly associated with youth friendly service (28).

A community based cross-sectional study conducted in Mekelle town showed that (47.1%) reported that they did not know where to go as the main reason for not using YFS. The majority of the respondents (89.4%) had information about YFS and (35.5%) heard from TV.

In addition to this, (94 %) of the participants had information about VCT (27). Another study conducted in Goba town showed that awareness of family planning and VCT services were significantly associated with utilization of YFS services. Therefore, Adolescents who had interaction with their family, peers and had access to pamphlets and posters as source of information for YFS services were more likely to be ever used YFS. 92.2% and 93.7% of the respondents had heard about family planning and VCT services respectively (32).

A community based study conducted in Metekel zone showed that the majority of respondents (72.9%) had information about youth friendly services (YFS). In which (72.7%) of the respondents heard YFS from health professionals. YFS services utilization was associated with IEC, and YFS knowledge (24).

2.2.3 Health system factors

A community based study conducted in Ghana showed that the cost of accessing healthcare services, health facilities being far from the houses of respondents, and long waiting time at facilities were the greatest hindrance for utilization of youth friendly services (63.40%, 37.7% and 24.6%) respectively (10). Another study conducted in Bureti Sub County in Kenya indicated health system factors also showed a significant association with AYFSs utilization where some found the queue long while others found a clinic closed (15).

A community based study conducted in Addis Ababa Ethiopia indicated that inconvenient working hours of the facility and embarrassment to ask for the services were the main reasons mentioned for not using youth friendly service (29). Another study conducted in Southern Ethiopia showed that place of YFS (not exposed to other adults), waiting time less than 30 minutes and comfort with young providers of the same sex were factors which are significantly associated with YFS utilization (33)**.**

study conducted in Hadiya Zone showed that the long queue, cost of the service, and privacy had a significant association with utilization of youth friendly health services (22). According to the study done in Awabale district the main reasons for not using reproductive health (36.2%) were cost of services and commodities (36).

3. CONCEPTUAL FRAMEWORK

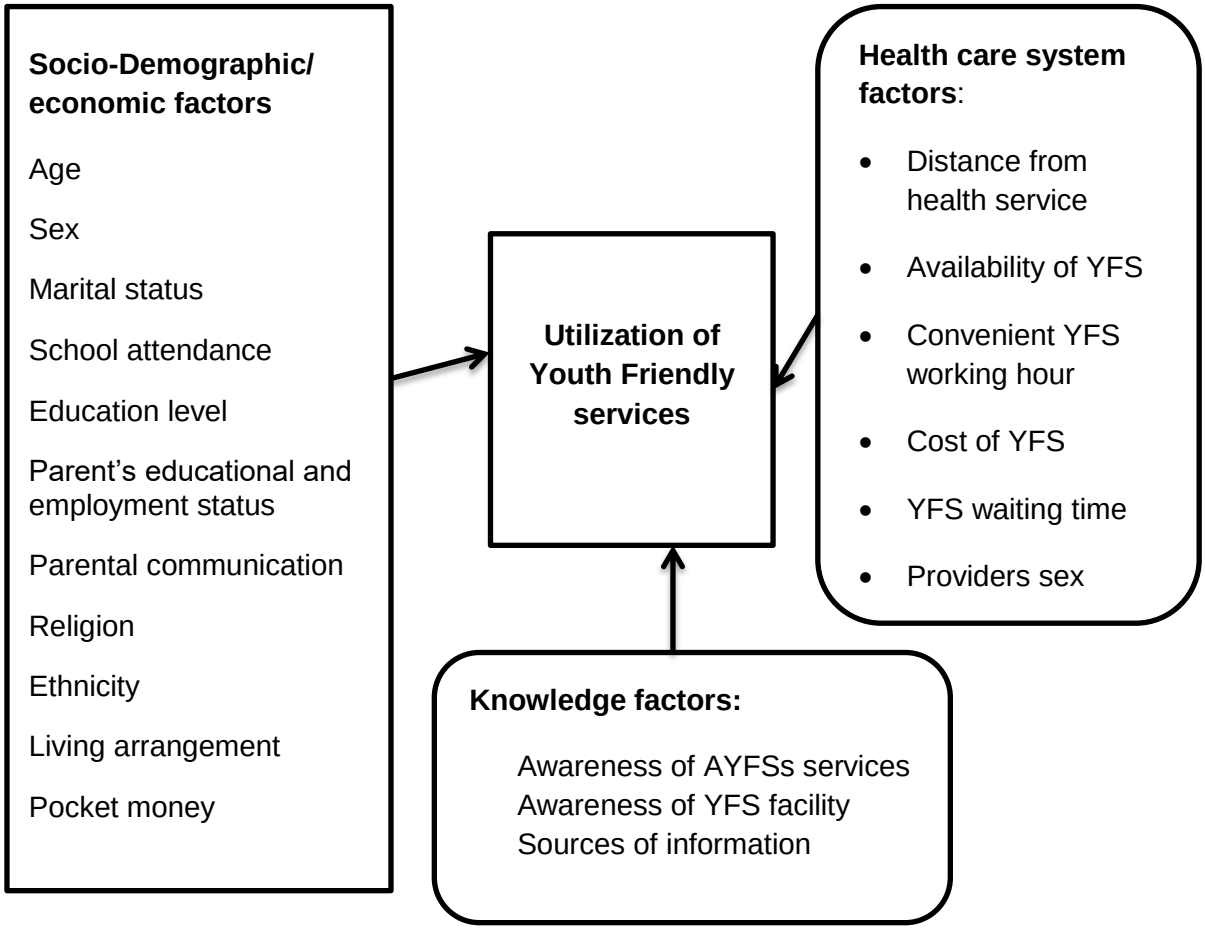

Figure 1: Conceptual framework adapted from relevant literatures to identify factors of youth friendly service utilization in Sekota town, Amhara region, Ethiopia, 2020.

Conceptual framework adapted from relevant literatures (18, 19, 27).

4. OBJECTIVES

4.1 General objective

- To assess youth friendly service utilization and associated factors among adolescents aged 15-19 years in Sekota town, Amhara Region, Northeast Ethiopia, 2020.

4.2 Specific objectives

- To determine the proportion of youth friendly service utilization among adolescents in Sekota town.
- To identify factors associated with youth friendly service utilization among adolescents in Sekota town.

5. METHODS

5.1 Study design

A community based cross-sectional study was conducted from March 02 – 27/ 2020.

5.2 Study area

The study was conducted in Sekota town, the administrative town of Waghimra zone, in Amhara National Regional State, which is 720 Km and 561 Km away from the capital city of Ethiopia and Bahir Dar respectively.

The town is organized into 4 kebeles. According to Sekota town information desk affairs bureau report, the total population of the town in 2020 is estimated to be 41,696 from which 18,846 are men and 22,850 are women. The populations of adolescents aged 15-19 years were 12,039 of the total population. There are 3,010 households having adolescents aged 15-19 years in the town. The town has one hospital, one health center and four health posts, which are public (39).

5.3 Source population

All Adolescents aged 15-19 years who were living in Sekota town.

5.4 Study population

Adolescents aged 15-19 years who were living in Sekota town during the study period.

5.5 Inclusion, and exclusion criteria

5.5.1 Inclusion criteria

Adolescents who were in the age group of 15-19 years who lived in the area for at least 6 months

5.5.2 Exclusion criteria

Adolescents aged 15-19 years who were unable to participate in the study due to serious illness, were excluded.

5.6 Sample size

The sample size was determined for both objectives. The sample size calculation for the first objective was done using a single population proportion formula considering the following assumptions. The proportion (p) of youth friendly reproductive health service utilization in Debre Berhan town at 33.8% (30), a 95% confidence interval, and margin of error of 4%.

$$n = \frac{[\left(Z\frac{\alpha}{2}\right)2 * P\ (1-P)]}{d2}$$

Where, n= the desired sample size

α = Level of significance to be 5 % (α=0.05),

Zα/2 = z-score for two-tailed test based on α level Z α /2 = 1.96

p= proportion of youth friendly health service utilization

d= Absolute precision or margin of error = 4% (d= 0.04)

$$n = \frac{(1.96)2*0.338*0.662}{(0.04)2} = 528$$

The sample size calculation for the second objective was done by using Epi Info version 7 by the following assumption: - 95% CI, 80% power and 1:1 ratio of unexposed to exposed was used. From previous studies, proportion of adolescent YFS utilization among exposed, proportion of adolescent YFS utilization among unexposed, and adjusted Odds ratio was employed to carry out sample size based on the table below (18, 22, 28). (Table 1)

Table 1: Sample size calculation for the second objective by using factors 2020.

No	Factors	Assumptions						
		Ratio	Power	CI	% of adolescent YFS utilization among exposed	% adolescence YFS utilization among unexposed	AOR	Sample size with 10% non-response rate
1	Health providers as sources of information about YFS	1:1	80	95	86.8 %	71.4%	1.27	240
2	Level of education	1:1	80	95	24.7%	51.8 %	1.29	110
3	Knowledge on availability of AYFRH	1:1	80	95	22.1 %	59.1%	2.96	59

So, the largest sample size was taken as for this study which is **528.** For possible non-response during the survey, the final sample size was increased by 10%. Thus, the final sample size (n) becomes **581.**

5.7 Sampling procedure

A list of households in each kebeles having adolescent people aged 15 to 19 years was obtained from health extension workers. Then, a simple random sampling method with

proportionate allocation to size of households having adolescents was used to select the eligible households using the Health Post Household Family Folder (CHIS) in each kebeles (sampling frame). In cases where adolescent in a selected HH are not available during the first data collection, a second visit of the second three consecutive days was done before considering as non-respondent. In cases of selected household with more than one eligible respondent, only one respondent was chosen by a lottery method. (Fig 2)

The population proportional allocation of the sample size for each kebele is calculated as:

ni = (n*Ni)/N

Where, ni = sample size of each kebeles

n = total sample size

Ni = total number of adolescents in each kebeles

N = total number of adolescents in all kebeles

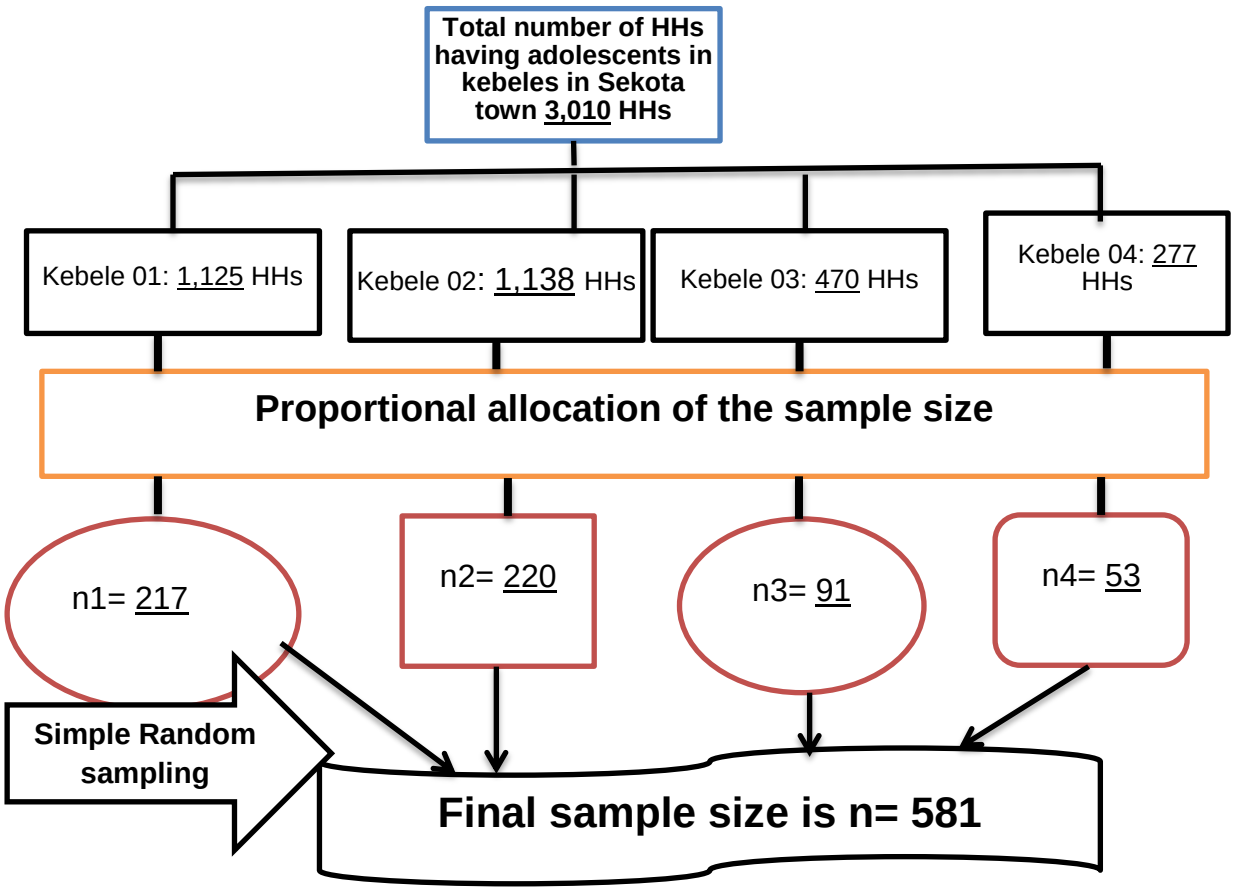

Figure 2: Schematic presentation of sampling technique of adolescents (15-19 years old) in Sekota town, Northeast Ethiopia, 2020.

5.8 Variables

5.8.1 Dependent variable

Youth friendly service utilization

5.8.2 Independent variables

The independent variables in this study were;

- **Socio-demographic/economic factors**
    - Age
    - Sex
    - Marital status
    - Living arrangement
    - Pocket money
    - Educational status
    - Educational and employment status of the parents
    - Parental communication
    - School attendance
    - Religion
    - Ethnicity
- **Knowledge and sources of information related factors**
    - Awareness of YFS facility
    - Awareness about YFS services
    - Source of information
- **Health system factors**
    - Distance from health service
    - Availability of youth friendly service
    - Convenient health institution working hour
    - Cost of youth friendly services
    - YFS waiting time
    - Provider's sex preference

5.9 Operational definitions

Youth friendly service utilization: respondents were said to have "utilized" if they utilized the YFS at least one times in the last twelve months and "no utilized" if they were not visiting any YFS in the last twelve months prior to the study(28) .

Knowledge of YFS; Those respondents who answered correctly greater or equal to 75% of fifteen knowledge questions categorized as good knowledge while those with a result less than 75% labeled as poor knowledge (28).

Far distance: It was understood as travelling greater than an hour to access the YFS (28).

Client waiting times: In this study client waiting time was considered as short if clients are attending to within 30 minutes of arrival at the YFS (14).

5.10 Data collection tools and procedures

Data were collected by face to face interview using a structured and pretested questionnaire. The questionnaire was adapted from different relevant literatures for assessing socio demographic and other variables. Data were collected from regular students after school and weekends. The questionnaire was first prepared in English and translated to Amharic, then back to English. Four college students were recruited to collect data. Two BSC nurses from Tefera Hailu Memorial hospital with supervisory skill were assigned to supervise the data collection process and monitor data collectors. Both the data collectors and supervisors were given one day training about the objective of the study, definition of terms, issues of confidentiality, privacy, procedures, and collection techniques before the actual work.

5.11 Data Quality Management

The quality of data was assured by proper designing and pre-testing of the questionnaires on 5% of the sample at Tsemera town which is found nearby Sekota town. Training was given for the data collectors and supervisors before the actual data collection. During the training, each question in the questionnaire was read item by item for clarity. Every day after data collection, questionnaires reviewed and checked for completeness and relevance by the supervisors, principal investigator and the necessary feedback was offered to data collectors in the next morning.

5.12 Data processing and Analysis

Data were cleaned, coded, and entered into EPI data version 3.1 and exported to SPSS version 23 software for analysis. Descriptive analysis of all the variables was done after

checking the distribution of the data. Continuous variables were expressed as mean ± standard deviation. Categorical variables were expressed as number (percentage). Cross-tabulation with frequencies and percentage of each variable was performed to explore the relationship between the dependent variable and independent variables. Tables and graphs were also used for data presentation.

Bivariable and multivariable models were used to assess the presence of association between each independent variables (socio-demographic, health system and knowledge related variables) and dependent variable (youth friendly service utilization). Fulfillment of model assumption was checked before the inclusion of predictors to multivariable logistic regression analysis. The goodness of model fitness was tested by using Homers–Lemeshow test. Variables with a P-value of ≤ 0.25 in the bi-variable logistic regression model were entered into the multivariable logistic regression model. Finally, the independent variables which had association with YFS utilization were identified based on AOR (adjusted odds' ratio), 95% CI and p-value less than 0.05.

5.13 Ethical consideration

Ethical clearance was obtained from institutional ethical review board of Bahir Dar University, college of medicine and health science. Permission was obtained after letter of cooperation written for Sekota town health office and respective Kebeles. Informed written consent was obtained for respondents 18 and above years old and for those who are under18 year's oral assent from them and informed written consent obtained from the parents or guardians before collecting the data. Each respondent was informed about the objective of the study. All data obtained from them were kept confidential by using codes instead of any personal identifiers and is meant only for the purpose of the study.

6. RESULTS

6.1 Socio demographic characteristics of adolescents

Five hundred seventy two adolescents were participated making the response rate of (98.5%) of which 338 (59.1%) were females. Three hundred twenty four (56.6%) adolescents were in the age groups of 15 and 17 years with a mean age and standard devtion of 16.78 ±1.32 years. As to their marital status, 472 (82.5%) of the adolescents were single, 526 (92.0%) were Orthodox Christian followers. Three hundred thirty six (58.7%) adolescents were Amhara in ethnicity, followed by Agew, 195 (34.1%). With regard to adolescents living condition 354 (61.9%) live with their both parents. Four hundred two (70.3%) of the adolescents were attended secondary and above level of education. (Table 2)

Table 2 Socio-demographic characteristics of adolescents in Sekota town, Northeast, Ethiopia, 2020.

Variables	Frequency (n=572)	Percentage
Sex		
Male	234	40.9
Female	338	59.1
Age		
15-17	324	56.6
18-19	248	43.4
Adolescent's marital status		
Single	472	82.5
Married	52	9.1
Having boy/girl friend	36	6.3
Others(divorced, widowed)	12	2.1
Current level of adolescent's education		
Unable to read and write	42	7.3
Able to read and write	40	7.0
Primary school	88	15.4
Secondary school and above	402	70.3
School type		
In school	374	65.4
Out of school	198	34.6
Adolescent's religion		
Orthodox	526	92.0
Muslim	39	6.8
Others(Catholic, protestant)	7	1.2
Ethnicity		
Agew	195	34.1
Amhara	336	58.7
Tigre	25	4.4
Others(Oromo, Gurage)	16	2.8
Living with		
Both parents	354	61.9

Mother only	55	9.6
Father only	16	2.8
Relatives	45	7.9
Alone	58	10.1
Friend	44	7.7
Mother's educational status (n=408)		
No formal education	166	40.7
Primary school	77	18.9
Secondary school and above	165	40.4
Father's educational status (n=369)		
No formal education	116	31.4
Primary school	33	8.9
Secondary school and above	220	59.7
Mother's occupation (n=408)		
House wife	226	55.4
Government employee	106	26.0
Private business owner	76	18.6
Father's occupation (n=369)		
Government employee	99	26.8
Farmer	153	41.5
Private business owner	117	31.7
Getting pocket money		
Yes	298	52.1
No	274	47.9
Media exposure (n=572)		
Yes	508	88.8
No	64	11.2%

6.2 YFS knowledge of adolescents

Three hundred seven (53.7%) respondents had good knowledge while 265 (46.3%) adolescents had poor knowledge.

Three hundred forty two (59.8%) adolescents were ever heard about youth friendly services. One hundred sixty three adolescents (47.9%) had heard about VCT followed by family planning services 148 (43.4%). Five hundred forty eighty (95.8%) of adolescents knew that they had the right to use the YFS. The main source of information for adolescents were health care providers 126 (36.8%) followed by teachers 121 (35.4 %). Two hundred twelve (62.1%) adolescents had only one source of information and 130 (37.9%) had two and above source of information. (Table 3)

Table 3 YFS knowledge and sources of information among adolescents in Sekota town, Northeast Ethiopia, 2020.

Variables	Frequency	Percentage
Ever heard YFRHS (n=572)		
Yes	342	59.8
No	230	40.2
Know services provided		
Family planning	148	43.4
Sexually transmitted infections	81	23.8
Voluntary counseling and testing for HIV/AIDS	163	47.9
Abortion	48	14.1
Antenatal care	112	32.9
Postnatal care	76	22.4
Pregnancy test	66	19.4
Postabortion care	25	4.4
Information, education and counseling	98	28.8
Know service place		
Government health center	134	39.4
Government hospitals	229	67.4
Government health posts	61	17.9
Others(private clinics)	46	13.5
Know right to use service (n=572)		
Yes	548	95.8
No	24	4.2
Knowledge score (n=572)		
Good	307	53.7
Poor	265	46.3
Discussed about RHS with parents/guardians (n=572)		
Yes	313	54.7
No	259	45.3
Sources of information (n=342)		
Parents	91	23.6
Teacher	121	35.4
Health provider	126	36.8
Television	90	26.3
Others(friends, posters and radio)	54	15.8

6.3 Health system factors

One hundred fifty four (72.0%) of the adolescents said that the health facility found near to their home. Eighty two (38.8 %) of the adolescents were requested to pay for YFS service. One hundred thirty four (62.6%) of the adolescents said that the health facility working time was not convenient. (Table 4)

Table 4: Health service related characteristics of adolescents in Sekota town, Northeast Ethiopia, 2020.

Variables	Frequency	Percentage
Distance to health facility		
Near	154	72.0
Medium	47	22.0
Far	13	6.1
Payment for the services		
Yes	83	38.8
No	131	61.2
Health facility working hour was convenient		
Yes	80	37.4
No	134	62.6
Convenient time for services utilization		
Earlier in the morning	19	14.2
Late in the afternoon	18	13.4
Weekends	62	46.3
Holidays	28	20.9
Others(working hours, any time)	7	5.2
Length of waiting time to receive AYFS		
More than an hour	66	30.8
30 minute to an hour	30	14.0
Less than 30 minute	118	55.1
Health provider preferences		
Young provider of the same sex	82	38.3
Young provider of the same age	23	10.7
Adult provider of the same sex	78	36.4
Any provider could be	31	14.5

6.4 Youth friendly service utilization

The magnitude of youth friendly service utilization was 214 (37.4%) with 95% CI (33.0, 41.3). The commonly used YFS was VCT services (52.8%), family planning service (35.4%) and IEC 51(24.1 %). Seventy one (33.5%) of adolescents had used more than one type of service whereas 141(66.5%) used only one type of service.

Among those who did not use the service 212 (58.9%) of adolescents reported that “they were too young to go to the services” followed by 29.2% who reported “fear of being seen by families or peoples whom they know”.(Fig 3)

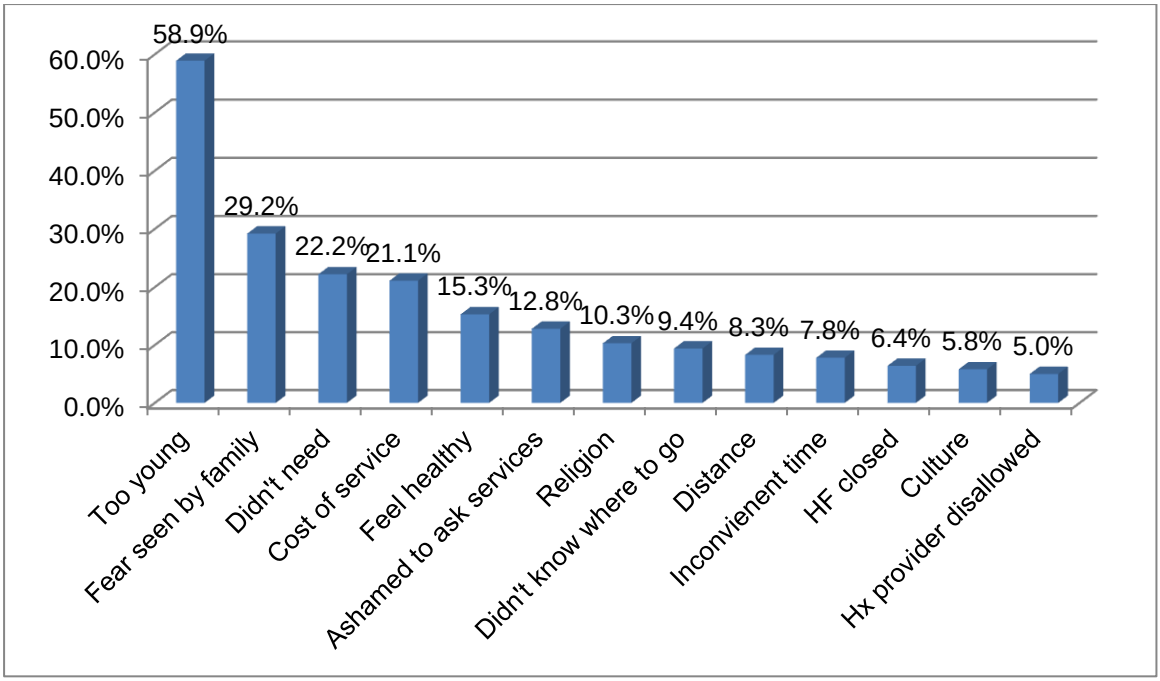

Figure 3: Reason not to be used youth friendly service by adolescents in Sekota town, Northeast Ethiopia 2020.

6.5 Factors associated with youth friendly service utilization (n=572)

In the Bivariable regression analysis adolescent's age, educational status, school attendance, getting pocket money, knowledge, media exposure and discussion about reproductive health services with their parents were candidate variables for the multivariable analysis at p value less than 0.25. In the multivariable analysis adolescent's age, being in school student, getting pocket money and discussion with their parents about youth friendly services were statistically significant with youth friendly services utilization at p value less than 0.05.

The odds of YFS utilization among adolescents in the age group of 18-19 years were seven times higher than the odds of YFS use among adolescents in the age of 15-17 years (AOR=7.17, 95% CI: 4.43, 11.61). The odds of YFS utilization among adolescents who were in school were four times more likely to use youth friendly services than their counterparts (AOR= 3.80, 95% CI: 2.17, 6.68). The odds of YFS utilization among adolescents who were getting pocket money for their daily expenses were two times more likely to use youth friendly services than their counterparts (AOR=1.98, 95% CI: 1.27, 3.07). The odds of YFS utilization among adolescents who have discussed with their parents about youth friendly services were three times more likely to use youth friendly services than their counterparts (AOR= 2.84, 95% CI: 1.79, 4.50). (Table 5)

Table 5: Bivariable and multivariable analysis of factors affecting youth friendly service utilization among adolescents in Sekota town, Northeast Ethiopia, 2020

Variables	Utilization		OR, 95% CI	
	Yes	No	COR	AOR
Age				
15-17	51 (15.7)	273 (84.3)	1	1
18-19	163(65.7)	85 (34.3)	10.27(6.90,15.28)	7.17(4.43, 11.61)*
Educational level of adolescents				
Unableto read &write	11 (26.2)	31 (73.8)	1	1
Able to read & write	10 (25.0)	30 (75.0)	0.94(0.35, 2.54)	0.32 (0.09, 1.07)
Primary	34 (38.6)	54 (61.4)	1.77(0.79, 3.99)	1.40 (0.48,4.07)
Secondary & above	159(40.9)	243 (59.1)	1.84(0.90, 3.77)	1.22 (0.47, 3.17)
School attendance				
In school	188(50.3)	186 (49.7)	6.69 (4.22,10.59)	3.80 (2.17, 6.68)*
Out of school	26 (13.1)	172 (86.9)	1	1
Knowledge				
Poor	63 (23.8)	202 (76.2)	1	1
Good	151 (49.2)	156 (50.8)	3.10 (2.16, 4.45)	1.28 (0.80, 2.07)
Getting pocket money				
Yes	150 (50.3)	148 (49.7)	3.33 (3.32, 4.77)	1.98 (1.27, 3.07)*
No	64 (23.4)	210(76.6)	1	1
Media exposure				
Yes	199 (39.2)	309 (60.8)	2.10 (1.15,3.85)	1.09 (0.52, 2.30)
No	15 (23.4)	49 (76.6)	1	1
Discussed on YFS with parent/guardian				
Yes	137 (43.8)	176 (56.2)	1.84 (1.30,2.61)	2.84 (1.79, 4.50)*
No	77 (29.7)	182 (70.3)	1	1

* refers significant at 0.05

7. DISCUSSION

This study was conducted to determine youth friendly service utilization and associated factors among adolescents. Therefore, utilization of youth friendly service was found to be 37.4% with 95% CI (33.0, 41.3).

This finding is higher as compared to a community based study conducted in, Woreta town (24.6%), Nekemte town, Oromia region (21.2%), and Badwachew woreda, Hadiya zone (29.4%) (18-20). This finding is also higher as compared to a study conducted in Baktapur district in Nepal (24.7%) (13). The observed difference could be due to the fact that our study is more recent than the aforementioned studies in which adolescents might have had better access to promotional activities about youth friendly health service information.

The finding is similar with a study done in Metekel zone, Amhara region (33.2%), Sodo town (38.5%), Dilla town (34%) and south Ari zone, southern Ethiopia (33.5%) (21-24). This finding is also similar with study conducted in Lagos state in Nigeria (34.6%) and Bureti Sub County in Kenya (38%) (14, 15).

Utilization is lower than a study conducted in Woldia town (64.3%), Goba town, (46.9%), Addis Ababa (42.9%), Mekelle town (69.1%), and Harar town (64%) (25-29).This variation might be due to differences in the availability and accessibility of youth friendly reproductive health facilities or the availability of youth centers, and/ or difference in individual /personal characteristics of the study participants.

This finding is also lower than an institutional based study in Nigeria (51%) and Gahanna (55.8%) (16, 17). The difference in result may be due to the socio-economic, infrastructure, availability and accessibility of health facility, and transportation difference between these countries with this study area which can influence the health delivery system.

In this study age is significantly associated with utilization; - Late/older adolescents were more likely to use YFS. This finding is consistent with studies done in Ethiopia (in Goba town, southern Ethiopia and Addis Ababa), and Baktapur in Nepal (13, 29, 32, 33). This might be related to the relative maturity, sexual readiness or sexual experience and exposure to information.

In school students are also more likely to use YFS than those out of school; this is comparable to a study conducted in North Shewa zone, Ethiopia (34). The reason might be

day school students were participating youth center and school clubs which in turn enhances the awareness of youth friendly services.

Adolescents who had gained a pocket money for daily expenses were more likely to utilize youth friendly service than those who did not gain a pocket money for daily expenses. This finding is in agreement with the study conducted from Goba Town (21). This might be due to having got a pocket money for daily expenses enables to access transportation to health facility. Another reason might be due to having got a pocket money for daily expenses they utilize YFS by payment for the services at private health facilities.

Those adolescents who had a parental discussion on reproductive health issues are more likely to utilize adolescent youth friendly health services than their counterparts. This was supported by a study done in Awabel district and South Ari zone, southern Ethiopia (23, 36).This might be due to as they freely discussed with their parents, they would have a better knowledge and awareness about YFS services and thus would motivate them to use the service.

8 LIMITATION OF THE STUDY

The study focused on late adolescents (15-19 years) and therefore generalization of the findings for all adolescents (10-19) may not be feasible. The study outcome depended on the truthfulness and openness of respondents as the information sought was considered personal and sensitive. Some socio economic like family income were not included in the questionnaire.

9. CONCLUSION

Generally, the utilization of youth friendly service among adolescents in Sekota town was low. The commonly used YFS was VCT services, family planning service and IEC. Adolescents in the age group of 18-19 years, being in school student, gaining pocket money for daily expenses, and having discussion on reproductive health issues with parents were factors significantly associated with utilization of youth friendly services in this study.

10. RECOMMENDATIONS

The following recommendations are forwarded for the concerned bodies based on the findings of this study;

For zonal health office

- The zonal health department should promote to inform about youth friendly reproductive health services for those late adolescents

For Sekota town health office

- It is better to promote adolescent parent communication on youth friendly reproductive health issues

For parents

- It is better to have free discussion schedule on reproductive issues with their adolescents' reproductive health problems, youth friendly services and utilization.

Areas of further research

- It is good to do another similar study from other towns supported by qualitative approach including their parents and service providers to generate vital information about policies and strategies.

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APPENDIXES

Annex1.Information sheet

Title of Research: Assessment of Youth friendly service utilization and associated factors among adolescents aged 15-19 years in Sekota town, Amhara region, Ethiopia 2020 G.C.

Institution: Bahirdar University, College of medicine & Health Sciences, School of public health, Department of Reproductive Health and population studies (post graduate program)

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Background Information: The high level of youth friendly service utilization is an important component in preventing adolescents from different sexual and reproductive health problems. Local evidence showed that youth friendly service utilization and associated factors are relevant to design age-appropriate programs, corrective interventions and strategies.

Objective of the study: to assess youth friendly service utilization and associated factors among adolescents aged 15-19 years in Sekota town.

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

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

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

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

Annex2: Consent form in English language

Hi, how are you? My name is_____. This is an interview to be done with you on the behalf of Mulat Belay for a study that is being conducted at Bahir Dar University, College of Health Sciences, and department of Public health. The purpose of the study is to assess utilization of youth friendly services among adolescents in Sekota town. I request you kindly to participate in this survey which is voluntary and involves no risk to you. You have the right to refuse participation. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time without any consequences. The information you provide is strictly confidential and will be useful in improving reproductive health services for adolescents in Ethiopia. The questionnaire/interview will take about 20-30 minutes to fill.

Respondent's statement

The above information regarding my participation in the study is clear to me. I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time. I understand that I will still get the same medical care whether I decide to leave the study or not and my decision will not change the care I will receive from medical centers.

Signature/ Thumb print…… Date……

Assent Form for Adolescents Aged 15-17 year:

In ensuring the health of adolescents, the understanding of AYFS & utilization on this tomorrow's generation of the population is vital. In line with this fact, this study is proposed to assess the AYFS utilization of services in selected HHs of adolescents in this kebele is chosen to participate in this study. Therefore, I would like to inform you that your child & I would have a short discussion concerning this study. Before we go to our discussion, I will request you to listen carefully to what I am going to read to you about the purpose & general condition/environment of the study. The purpose of this study is to assess AYFS utilization among adolescents aged 15-19 years & to forward appropriate recommendations through which the AYFS utilization of this segment of the population will be improved.

Are you willing to let your child to participate in this study?

Yes_____ No_____

Signature_____ Date_____

Investigator's statement

I, the undersigned, have explained to the volunteer in a language she understands procedures to be followed in the study and the benefits involved.

Name of the interviewer_____ Date_____

Interviewer signature_____

Respondent agree to participate? YES ☐ No ☐

End the interview & Thank You!

Annex3. English version questionnaires

Date_____ Study Site_____ Code of the interview_____

Instruction: for each of the following questions please circles the number of alternative/s that fit for your response or fills the blank space.

Part one: Socio-demographic, information

S.no	Question	Option	Skip rule
101	What is your Sex?	1. Male 2. Female	
102	What is your age in completed years?	_____years old	
103	What is your current marital status?	1. Single (Never married) 2. Married 3. Living with boy/ girl friend 4. other(specify) _____	
104	What is your current level of education?	1. Unable to read and write 2. Able to read and write 3. Primary school (1-8 Grade) 4. Secondary school (9-12 Grade) and above	
105	What is the type of school do you currently attend?	1. Day school 2. Night school. 3. Not in school	
106	What is your religion?	1. Orthodox 2. Muslim 3. Others_____	
107	What is your ethnicity?	1. Agew 2. Amhara 3. Tigre 4. Others_____	
108	With whom do you live currently?	1. Parents(both) 2. Mother only 3. Father only 4. Relatives(aunt, uncle, grandparents) 5. Alone 6. With a friend	If you live with father only skip to111 If you live with relatives, alone and friend skip to **113**
109	What is your mother's educational level?	1. Unable to read and write 2. Able to read and write 3. Primary school (1-8 Grade) 4. Secondary school (9-12 Grade) 5. College and above	
110	What is your mother's occupation?	1. Housewife 2. Daily laborer 3. Government employee	Skip to Q 113

		4. NGO employee 5. Private business owner 6. No occupation 7. Others (specify)_____	
111	What is the educational status of your father?	1. Unable to read and write 2. Able to read and write 3. Primary school (1-8 Grade) 4. Secondary school (9-12 Grade) 5. College and above	
112	What is your father's occupation?	1. Government employee 2. NGO employee 3. Farmer 4. Private business owner 5. No occupation 6. Daily laborer 7. Others (specify)_____	
113	Do you get pocket money for your daily expense?	1. Yes 2. No	
114	Which mass media does your household have? (can mark more than one responses)	1. TV 2. Radio 3. Newspapers/magazines 4. Not at all	If the answer is 2 skip to Q116, 3 skip to Q 117 & 4 skip to Q 201
	For how many times you listen television per a week?	1. At least once a week 2. Less than once a week 3. Not at all	Skip to Q 201
116	For how many times you listen radio per a week?	1. At least once a week 2. Less than once a week 3. Not at all	Skip to Q 201
117	For how many times do you read a newspaper or magazine per a week?	1. At least once a week 2. Less than once a week 3. Not at all	

Part two: Knowledge questions about reproductive health services

S.no	Question	Option	Skip rule
201	Do you know of any youth friendly reproductive health services?	1. Yes 2. No	If the answer is "No" skip to **205**
202	If yes to Q 201 which services are provided under YFRHS? (can mark more than one response) **N.B:-** please don't read the list, let for respondent to list down	1. Family planning 2. Diagnosis and treatment of sexually transmitted infections 3. Voluntary counseling and testing for HIV/AIDS 4. Abortion service 5. Antenatal care 6. Post-natal care 7. Pregnancy test 8. Post abortion service 9. Information, education and counseling /IEC/BCC/ 10. Others (specify)_____	
203	If yes, to Q 201, from whom you got the information? (can mark more than one responses) **N.B:-** please don't read the list, let for respondent to list down	1. Parents / guardian 2. Teacher 3. Health providers 4. Peers 5. Posters 6. Radio 7. Television 8. Others (specify)_____	
204	If yes to Q 201, do you know where to get youth friendly reproductive health services	1. Government health center 2. Government hospitals 3. Government health posts 4. Others (specify)_____	
205	Do you know youths/ adolescents have the right to use reproductive health services?	1. Yes 2. No	
205	Have you ever discussed about reproductive health services with parents/guardians?	1. Yes 2. No	

Part three: Questions about utilization of youth friendly service and Health institution based factors

S.no	Questions	Options	Skip rule
301	Have you ever used any reproductive health service in the past 12 months?	1. Yes 2. No	If the answer "no" skip toQ309
302	If yes for Q 301 What services did you use in the past twelve month? (ticking more than one responses is possible)	1. Family planning 2. Diagnosis and treatment of sexually transmitted infections 3. Voluntary counseling and testing for HIV/AIDS 4. Pregnancy test 5. Abortion service 6. Post abortion services 7. ANC 8. Post-natal care 9. Information, education and counseling /IEC/BCC/ 10. Other service (specify)_____	
303	How far is the health facility from your home?	1. Near (within 30 min of walking distance) 2. Medium (within 1 hr. walking distance) 3. Far (more than one hr. walking distance)	
304	Have you ever asked to pay for the service you used?	1. Yes 2. No	
305	Is the working hour of the health facility convenient for you?	1. Yes 2. No	If the answer is "yes" skip to **307**
306	If No for Q 305, 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)_____	
307	What is the length of waiting time to receive adolescent youth friendly services?	1. More than one hour 2. 30 minutes to an hour 3. Less than 30 minutes	
308	Who preferred for you in providing adolescent youth friendly services?	1. Young provider of the same sex 2. Young provider of the same age 3. Adult provider of the same sex 4. Any provider could be	
309	If "no" to Q 301 why? (tick more	1. Too young to go to the services	

	than one responses is possible)	2. Distance to the health facility 3. Fear of being seen by parents or people whom they knew 4. Cost of service 5. Currently feel healthy 6. Didn't need the service 7. Didn't know where to get the service 8. Ashamed to ask for the service (Privacy and confidentiality) 9. Health facility was closed 10. Health provider disallowed the services 11. The time is inconvenient 12. My religion doesn't allow 13. My culture doesn't allow 14. Others (specify)_____	

Thank you very much for giving us your invaluable time!!!

Annex 4: Amharic version questionnaire

<u>መግቢያ</u>

እንደምን አደሩ/ዋሉ? እንደምን ነዎት? ስሜ ----------እባላለሁ በባህርዳር ዩኒቨርስቲ የማህበረሰብ ጤና አጠባበቅ ትምህርት ክፍል ውስጥ ተማሪ የሆነዉን ተማሪ መላት በላይን ወክየ ነው ። የዚህ ጥናት ዓላማ በሰቆጣ ከተማ ውስጥ ስለሚገኘው የወጣቶች ስነተዋልዶ ጤና አገልግሎት ላይ የአፍላ ወጣቶች አጠቃቀምን ለማጥናት መረጃ ለመሰብሰብ ነው። የአንቺ/ተ ተሳትፎ በዘፈቀደ/በአጋጣሚ የተመረጠ ሲሆን በሙሉ ፈቃደኝነት ላይ የተመሰረተ ነው። የምትሰጪው/ጠው መረጃ በፍፁም ሚስጢራዊነት የሚያዝ ሲሆን ኢትዮጵያ ውስጥ ያለውን የወጣቶች ስነተዋልዶ ጤና አገልግሎትን ለማሻሻል ስለሚረዳ ተሳትፎሽን/ህን በትህትና እጠይቃለሁ። በጥናቱ ያለመሳተፍ መሉ መብት አለሽ/ህ። መመለስ የማትፈልጊውን/ገውን ጥያቄ ከጠየኩሽ/ህ አስታውቂኝ/ቀኝ እና ወደቀጣይ ጥያቄ እንሸጋገራለን ወይም በፈለግሽው/ከው ሰዓት ቃለምልልሱን ማቆም ትችያለሽ/ህ።ይህን ስታደርጊ/ግ ግን አሁንም ሆነ ወደፊት ከየትኛውም የጤና ተቋም በምታገኚው/ኘው አገልግሎት ላይ ተጽእኖ ይኖረዋል ብለሽ/ህ አትስጊ/ጋ።ማንኛውም ጥያቄ ካለሽ/ህ በስልክ ቁጥር 0921964309 ወይም በemail፡ mulatbelay57gmail.com መላት በላይ ብለህ/ሽ ማግኘት ተችያለሽ፡ይኼን መጠይቅ ለመመላት ከ20-30 ደቂቃ ይወስዳል።

ከአስራ ስምንት ዓመት በታች ለሆኑ ወጣቶች በጥናቱ ለመሳተፍ የስምምነት ማረጋገጫ

ታዳጊ ወጣቶች ጤናማ ሁነው እንዲገኙ ለማድረግ አሁን ያሉበትን የስነ-ተዋልዶ ጤና ሁኔታ መዳሰስ እና እነኝህን ታዳጊ ወጣቶች ከወሲብና ከመውለጃ አካላት የተያያዙ ለዉጦችን እንዲሁም ከስነ ተዋልዶ ጤና አጠቃቀም ጋር ተዛማጅ ሁኔታዎችን መገንዘብ ጠቃሚ ነው። በዚሁም መነሻነት የታዳጊ ወጣቶችን የሥነ ተዋልዶ ጤና ሁኔታ እና ተዛማጅ የጤና አገልግሎት አጠቃቀምን ለመዳሰስ ይህን ጥናት በሰቆጣ ከተማ በሚኖሩ ታዳጊ ወጣቶች ላይ ለመስራት ታስቧል። የእርስዎም ልጅ በጥናቱ እንዲሳተፍ/እንድትሳተፍ ተመርጧል/ጣለች። ስለዚህ አንድ ነገር ላሳስብዎት እወዳለሁ፤ ይህም የእርስዎ ልጅ እና እኔ በዚህ ጉዳይ ላይ አጠር ያለ ውይይት እናደርጋለን። ወደ ውይይታችን ከመሄዳችን በፊት ስለጥናቱ ዓላማ እና አጠቃላይ ሁኔታ አነብልዎታለሁና በጥሞና አዳምጠው ልጅዎ በጥናቱ እንዲሳተፍ ፈቃደኛ መሆንዎትን ወይም አለመሆንዎትን ይገልፁልኛል። የዚህ ጥናት ዓላማ በሠቆጣ ከተማ የሚኖሩ የታዳጊ ወጣቶች (ከ15-19 ዓመት ያሉት ላይ) ስነተዋልዶ ጤና አገልግሎት ላይ የአፍላ ወጣቶች አጠቃቀምን ለማጥናት መረጃ ለመሰብሰብና የታዳጊ ወጣቶችን የሥነ-ተዋልዶ ጤና የሚሻሻልበትን መንገድ ለማመቻቸት ነው። ።

ልጅዎ በጥናቱ እንዲሳተፍ ፈቃደኛ ነዎት?

አዎ ____ አይደለሁም ____

ፊርማ/ምልክት _____ ቀን _____

<u>የስምምነት ቅጽ</u>

የኔን በዚ ጥናት መሳተፍ በተመለከተ ከላይ የቀረበልኝ መረጃ ግልጽ ሆኖልኛል። ጥያቄ እንድጠይቅ አጋጣሚ የተሰጠኝ ከመሆኑም በላይ ጥያቄዎቼ በተገቢው መንገድ መልስ አገኝተዋል። የኔ በዚህ ጥናት መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። እኔ የምሰጠው መረጃ በሚስጥር እንደሚያዝና በፈለግሁት ሰዓት ቃለምልልሱን ማቆም እንደምችል ገብቶኛል። በጥናቱ ለመሳተፍ ፈቃደኛ ብሆንም ባልሆንም ከጤና ተቋም በማገኘው የጤና አገልግሎት ላይ ምንም ለውጥ እንደማያመጣ ተገንዝቤያለሁ።

ፊርማ / ምልክት ……. ቀን……

የጠያቂ ቃል፡- **እኔ ከዚ በታች ስሜ የተጠቀሰው ለፈቃደኛ ተሳታፊዋ በምትረዳው ቋንቋ በጥናቱ ውስጥ ያሉትን ስርዓቶች እና ደንቦች እንዲሁም ጥቅሞቹን አስረድቻለሁ**

የጠያቂ ስም……ቀን……ፊርማ……

ለመሳተፍ ትስማማያለሽ/ህ አዎ ☐ አልስማማም ☐

አመስግነው ደንበኛ አሰናብተው ወደ ሌላ ተጠያቂ ይለፉ

<u>መጠይቅ</u>

ቀን _____ የጥናት ቦታ _____ ኮድ _____

መረጃውን ሰብሳቢ ስም .....

መመሪያ፡ ለሚከተሉት ጥያቄዎች ትክክለኛ መልስ የሆነዉን ምርጫ ያክብቡ ወይም ክፍት ቦታዉን ይሙሉ

ክፍል 1፡- ማህበራዊ፣ ኢኮኖሚያዊ፣ ባህላዊ እና የትምህርት መረጃ

ተ.ቁ	ጥያቄ	ምርጫ	ዝለል
101	ፆታ	1. ወንድ 2. ሴት	
102	ዕድሜሽ/ህ ስንት ነው?	_____ዓመት	
103	የትዳር ሁኔታ	1. ያላገባ 2. ያገባ/ች (ባለትዳር) 3. የወንድ/የሴት ጓደኛ አለኝ 4. ሌላ (ይግለጹ)_____	
104	የአሁኑ የትምህርት ደረጃዎ ምንድ ነው?	1. መጻፍና ማንበብ የማችሉ 2. መጻፍና ማንበብ የሚችሉ 3. የመጀመሪያ ደረጃ (1-8 ክፍል) 4. የሁለተኛ ደረጃ (9-12 ክፍል) እና በላይ	
105	በአሁኑ ወቅት የሚማሩበት ትምህርት ቤት ምን ዓይነት ነው?	1. የቀን ትምህርት ቤት 2. የሌሊት ትምህርት ቤት 3. አልማርም	
106	ሃይማኖትዎ ምንድን ነው?	1. ኦርቶዶክስ 2. ሙስሊም 3. ሌሎች_____	
107	ብሔርሽ/ህ ምንድን ነው?	1. አገው 2. አማራ 3. ትግሬ 4. ሌሎች___	
108	በአሁኑ ጊዜ ከማን ጋር ነው የሚኖሩት?	1. ከወላጆች (ሁለቱም) 2. ከእናት ጋር ብቻ 3. ከአባት ጋር ብቻ 4. ከዘመድ (አጎት፣አክስት፣አያት) 5. ለብቻ 6. ከጓደኛ ጋር	**መልሱ** ከአባት ጋር ብቻ ከሆነ ወደ ጥያቄ **111** ይዝለሉ **መልሱ** ከዘመድ፣ ለብቻና ከጓደኛ ከሆነ ወደ ጥያቄ **113** ይዝለሉ
109	የእናትዎ የትምህርት ደረጃ ምንድ ነው?	1. መጻፍና ማንበብ የማችሉ 2. መጻፍና ማንበብ የሚችሉ	

		3. የመጀመሪያ ደረጃ (1-8 ክፍል) 4. ሁለተኛ ደረጃ (9-12 ክፍል) 5. ኮሌጅና ከዚያ በላይ	
110	የእናትሽ/ህ/ ስራ ምንድን ነው?	1. የቤት እመቤት 2. ዕለታዊ /የጉልበት/ ሰራተኛ 3. የመንግስት ሰራተኛ 4. መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ 5. የግል የንግድ ሥራ 6. ሥራ የለም 7. ሌሎች (ይጥቀሱ) _____	ወደ ጥ.ቁ 113 ይዝለሉ
111	የአባትሽ/ህ/የትምህርት ደረጃ ምንድን ነው?	1. መጻፍና ማንበብ የማችሉ 2. መጻፍና ማንበብ የሚችሉ 3. የመጀመሪያ ደረጃ (1-8 ክፍል) 4. ሁለተኛ ደረጃ (9-12 ክፍል) 5. ኮሌጅና ከዚያ በላይ	
112	የአባትዎ ሥራ ምንድ ነው?	1. የመንግስት ሰራተኛ 2. መንግስታዊ ያልሆነ ድርጅት ሰራተኛ 3. አርሶአደር 4. የግል የንግድ ሥራ 5. ሥራ የለም 6. ዕለታዊ የጉልበት ሰራተኛ 7. ሌሎች (ይጥቀሱ) _____	
113	ለዕለታዊ ወጪዎ የኪስ ገንዘብ ያገኛሉ?	1. አዎ 2. አላገኝም	
114	በቤተዎ ውስጥ ምን አይነት መገናኛ ብዙሃን/ሚድያ ይገኛል	1. ቴሌቪዥን 2. ሬዲዮን 3. ጋዜጣ ወይም መጽሔት 4. ምንም የለም	መልሱ 2 ከሆነ ወደ ጥ.ቁ 116 መልሱ 3 ከሆነ ወደ ጥ.ቁ 117 እና መልሱ 4 ከሆነ ወደ ጥ.ቁ 201 ይዝለሉ
115	በሳምንት ስንት ጊዜ ቴሌቪዥን ያዳምጣሉ?	1. ቢያንስ በሳምንት አንድ ጊዜ 2. በሳምንት ከአንድ ጊዜ በታች 3. በጭራሽ አላዳምጥም	መልሱ1፣2 እና 3 ከሆነ ወደ ጥ.ቁ 201 ይዝለሉ
116	በሳምንት ስንት ጊዜ ሬዲዮን ያዳምጣሉ?	1. ቢያንስ በሳምንት አንድ ጊዜ 2. በሳምንት ከአንድ ጊዜ በታች 3. በጭራሽ አላዳምጥም	መልሱ1፣2 እና 3 ከሆነ ወደ ጥ.ቁ 201 ይዝለሉ
117	በሳምንት ስንት ጊዜ ጋዜጣ ወይም መጽሔት ያነባሉ?	1. ቢያንስ በሳምንት አንድ ጊዜ 2. በሳምንት ከአንድ ጊዜ በታች	

		3. በጭራሽ ኣላነብም	

ክፍል 2፡ ስለ ወጣቶች የሥነ ተዋልዶ ጤና አገልግሎት ዕውቀት ጥያቄዎች

ተ.ቁ	ጥያቄ	ምርጫ	ዝለል
201	ስለ ወጣቶች የሥነ ተዋልዶ ጤና አገልግሎት ያውቃሉ?	1. አዎ 2. አላውቅም	አላውቅም ከሆነ ወደ ጥ.ቁ 205 ይዝለሉ
202	ለጥያቄ 201 ምልሱ አዎ ከሆነ በወጣቶች ስነ ተዋልዶ ጤና አገልግሎት ውስጥ የትኞቹ አገልግሎቶች ይሰጣሉ? (ከአንድ በላይ መልስ መስጠት ይቻላል) እባክዎን መዘርዝሩን ለተጠያቂው ይተዉት	1. የቤተሰብ ዕቅድ አገልግሎት 2. የአባላዘር በሽታ ምርመራና ህክምና 3. በበጎ ፈቃደኛነት ላይ ተመሰረተ የኤች.አይ.ቪ ምክርና ምርመራ 4. የፅንስ ማቋረጥ አገልግሎት 5. ቅድመ ወሊድ ክትትል 6. ድህረ ወሊድ ክትትል 7. የእርግዝና ምርመራ 8. ከፅንስ ማቋረጥ በኋላ የህክምና አገልግሎት 9. ሌሎች (ይጥቀሱ) _____	
203	ለጥያቄ ቁጥር 201 ምልሱ አዎ ከሆነ ስለ አገልግሎቱ መረጃ ማን ነገረዎት? (ከአንድ በላይ ምላሾች ላይ ምልክት ማድረግ ይችላሉ)	1. ወላጅ (አሳዳጊ) 2. መምህር (ት/ቤት) 3. ከጤና ባለሙያ 4. ጓደኛ 5. ከፖስተር 6. ሬዲዮ 7. ቴሌቪዥን 8. ሌሎች (ይጥቀሱ)_____	
204	ለጥያቄ ቁጥር 201 ምልሱ አዎ ከሆነ የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት የት እንደሚሰጥ ያውቃሉ?	1. የመንግስት ጤና ጣብያ 2. የመንግስት ሆስፒታል 3. የመንግስት ጤና ኬላ 4. ሌሎች (ይጥቀሱ)_____	
205	የወጣቶች ስነ ተዋልዶ ጤና አገልግሎት የማግኘት መብት እንዳለዎት ታውቂያለሽ?	1. አዎ 2. አላውቅም	
206	ከወላጅ/አሳዳጊዎ ጋር ስለ ስነ-ተዋልዶ ጤና ይወያያሉ?	1. አዎ 2. አንወያየም	

ክፍል 3 የወጣቶች የሥነ ተዋልዶ ጤና አገልግሎት ሁኔታ እና ስለ ጤና ተቋማት የሚመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄ	ምርጫ	ዝለል
301	ባለፉት 12 ወራት ውስጥ ማንኛውንም የሥነ ተዋልዶ ጤና አገልግሎት ተጠቅመው ያውቃሉ?	1. አዎ 2. አላውቅም	አላውቅም ከሆነ ወደ ጥ.ቁ 309 ይዝለሉ
302	ለጥያቄ 301 መልስዎ አዎ ከሆነ ባለፉት 12 ወራት ውስጥ ምን የስነ-ተዋልዶ ጤና አገልግሎት ነበር ያገኙት (ከአንድ በላይ መልስ መስጠት ይቻላል) **እባክዎን መዘርዝሩን ለተጠያቂው ይተዉት በራሱ/ሷ ይዘርዝር**	1. የቤተሰብ ዕቅድ አገልግሎት 2. የአባላዘር በሽታ ምርመራና ህክምና 3. የበጎ ፈቃደኛነት ላይ ተመሰረተ የኤች.አይ.ቪ ምክርና ምርመራ 4. የእርግዝና ምርመራ 5. የፅንስ ማቋረጥ አገልግሎት 6. ከፅንስ ማቋረጥ በኋላ የህክምና አገልግሎት 7. ቅድመ ወሊድ ክትትል 8. ድህረ ወሊድ ክትትል 9. በአጠቃላይ የጤና ሁኔታ ምክር እና መረጃ መስጠት 10. ሌሎች (ይግለጹ) _____	
303	የጤና አገልግሎት ተቋሙ ከመኖሪያሽ/ህ ምን ያህል ይርቃል?	1. ቅርብ ነው (30 ደቂቃ የእግር መንገድ) 2. መካከለኛ ርቀት (እስከ 1 ሰአት የሚፈጅ የእግር መንገድ) 3. ሩቅ (ከ1 ሰአት በላይ የእግር መንገድ)	
304	ለተጠቀሙበት አገልግሎት ክፍያ ተጠይቀው ያውቃሉ?	1. አዎ 2. አልተጠየቅሁም	
305	የጤና ተቋሙ ስራ ሰዓት ለእርስዎ ምቹ ነው?	1. አዎ 2. አይደለም	አዎ ከሆነ ወደ ጥ.ቁ 307 ይዝለሉ
306	ለጥያቄ 305 መልስ አይደለም ከሆነ ለእርስዎ በጣም አመቺ ጊዜ መቼ ነው?	1. በጣም ጠዋት 2. አመሻሽ 3. ቅዳሜና እሁድ 4. በዓላት (የትምህርት ቤት በዓላት) 5. ሌላ (ይግለጹ) _____	
307	አገልግሎቱን ተጠቅመው ለመጨረስ ምን ያህል ጊዜ ይወስድበዎታል?	1. ከ 1 ሰዓት በላይ 2. ከ 30 ደቂቃዎች እስከ አንድ ሰዓት 3. ከ 30 ደቂቃዎች በታች	
308	ምን አይነት የጤና ባለሙያ አገልግሎቱን ቢሰጥዎት	1. ተመሳሳይ ፆታ ታዳጊ ወጣት 2. እኩል ዕድሜ	

	ይመችዎታል?	3. ተመሳሳይ ጾታ አዋቂ ሰው (ትልቅ) 4. ማንኛውም ፆታና ዕድሜ ቢሆን	
309	ለጥያቄ 301 የለም (ተጠቅመው ካላወቁ) ከሆነ በ12 ወራት ውስጥ የሥነ ተዋልዶ ጤና አገልግሎት ያልተጠቀሙበት ምክንያቱ ምን ነበር? (ከአንድ በላይ መልስ መስጠት ይቻላል) **እባክዎን መዘርዝሩን ለተጠያቂው ይተዉት በራሱ/ሷ ይዘርዝር**	1. በጣም ልጅ ስለሆንኩ 2. የጤና ተቋሙ ሩቅ መሆን 3. በወላጆች ወይም በሚያውቋቸው ሰዎች የመታየት ፍርሃት 4. ለአገልግሎቱ የምከፈለው ብር አልነበረኝም 5. በሰዓቱ ጤነኛ ስለነበርኩ 6. አገልግሎቱን ስላልፈለግሁት 7. አገልግሎቱ የሚሰጥበትን ቦታ ስለማላውቅ 8. አገልግሎቱን ለመጠየቅ አፍሬ (ግላዊነት እና ሚስጢራዊነት) 9. ጤና ተቋሙ ዝግ ነበረ 10. ጤና ባለሞያዋ/ው አገልግሎቱን ከለከለኝ/ችኝ 11. አገልግሎቱ የሚሰጥበት ሰዓት ምቹ አለመሆን 12. ሃይማኖቴ ስለማይፈቅድ 13. ባህሌ ስለማይፈቅድ 14. ሌሎች (ይጥቀሱ) _____	

ውድ ጊዜዎትን ሰዉተዉ ስለተባበሩን በጣም እናመሰግናለን!!!