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Knowledge of Sexual and Reproductive Health Rights and Associated factors Among Youths in Debark Town, Northwest Ethiopia

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BAHIR DAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

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KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AND ASSOCIATED FACTORS AMONG YOUTHS IN DEBARK TOWN, NORTHWEST ETHIOPIA.

By: SOLOMON ALEMNEH (BSC)

A THESIS REPORT SUBMITTED TO THE DEPARTMENT OF REPRODUCTIVE HEALTH AND POPULATION STUDIES, COLLEGE OF MEDICINE AND HEALTH SCIENCES, BAHIR DAR UNIVERSITY FOR THE PARTIAL FULFILLMENT OF THE REQUIREMENTS OF DEGREE OF MASTER OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH

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THESIS REPORT SUBMITTED TO COLLEGE OF MEDICINE AND HEALTH SCIENCE, BAHIR DAR UNIVERSITY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH AND POPULATION STUDIES

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ABBREVIATIONS AND ACRONYMS

AIDS……. Acquired Immune Deficiency Syndrome

FGM……Female Genital Mutilation

HIV……..... Human Immune Virus

ICPD…… International Conference on Population and Development

RH……. …...Reproductive Health

SDG……...Sustainable Development Goal

SPSS……..Statistically package for social science

SRH……. Sexual and Reproductive Health

SRHR……Sexual and Reproductive Health Rights

STI……. Sexually Transmitted Infections

WHO……World Health Organizations

Table of Contents Pages

List of tables

List of figures

ABSTRACT

Background; Sexual and reproductive health rights are preconditions for the achievement of sustainable development goals, Despite the provision of family education at the primary level, and young peoples face several health problems due to violations of these rights. Therefore, this study aimed to assess knowledge towards sexual and reproductive health rights and associated factors among youths in Debark town.

Methods: A cross-sectional study was employed among 537 youths in Debark town from March 8-20/2020. A systematic random sampling technique was used to select study participants. Data were collected through interviewer-administered questionnaires. Data were entered into Epi Data version 4.6 then exported to SPSS version 23 software and Binary logistic regression was done to identify the factors associated with youth's knowledge towards sexual and reproductive health rights. Adjusted odds ratio with 95% confidence interval and P-value less than 0.05 was taken as statistically significant.

Results: more than half (54%) of youths were knowledgeable about sexual and reproductive health rights. Utilization of reproductive health service(AOR=7.35;95% CI:3.94,13.69) Participating in the reproductive health club (AOR=5.35;95% CI:1.59,9.75), availability of information source for sexual and reproductive health service (AOR=4.0, 95% CI:1.69,9.23) and discussing with parents on sexual and reproductive health issues (AOR=3.75,95% CI:1.44,9.76), were significantly associated with knowledge of sexual and reproductive health rights.

Conclusion The level of knowledge of youths on sexual and reproductive health rights was found to be low. The ministry of health should collaborate with the zonal health department and woreda health office to encourage youths to actively participate in reproductive health clubs and access sexual and reproductive health services.

Keywords Knowledge, Sexual and reproductive health rights, youths, Ethiopia

1. INTRODUCTION

1.1 BACKGROUND

Sexual and reproductive health rights are the basic rights for all people, regardless of age, gender, and other characteristics, to make choices regarding their sexuality and reproduction, provided that they respect the rights of others**[1]**. It includes the right to make free, informed, and voluntary decisions on their sexuality, sexual orientation, and gender identity**[2],** achieve the highest attainable standard of sexual health, including access to sexual and reproductive health services**[3]**. receive comprehensive, evidence-based, sexuality education**[4].**

Sexual and reproductive health and rights (SRHR) are fundamental to people's health and survival, to economic development, and the wellbeing of humanity**[5].** Exercising SRHRs means planning to have healthy sexual relationships and lack of access to these rights prevents individuals from realizing their basic rights**[6].** Sexual and reproductive health and rights (SRHR) comprise efforts to eliminate preventable maternal and neonatal mortality and morbidity; to ensure quality SRH services, including contraceptive services; and to address STIs and cervical cancer, violence against women and girls, and the SRH needs of adolescents**[7, 8].**

Sexual and reproductive health rights were officially recognized at the International Conference on Population and Development (ICPD) in Cairo in 1994. The ICPD program of action was remarkable in its recognition that reproductive health and rights are cornerstones of population and development programs because of protecting and promoting the Sexual and Reproductive health rights of the Youths and empowering them to make informed choices is a key to their well beings**[9, 10]**.

A year after ICPD, delegates to the Fourth World Conference on Women in Beijing, China, reaffirmed the ICPD agreement and defined the human rights of women as including, “their right to have control over and decide freely and responsibly on matters related to their sexuality free of coercion, discrimination, and violence**[3]**.

Sexual and reproductive health rights consist of many reproductive and sexual issues which are twelve basic human rights and sourced from four international human rights. These twelve rights are the right to life, liberty and security, equality and to be free from all forms of discrimination, privacy, freedom of thought, information and education, choose whether or

not to marry and plan family, decide whether or when to have children, health care and health protection, benefit from scientific progress, freedom of assembly and political participation, be free from torture and ill **[11-13]**.

According to WHO, UNFPA, and UN definition; youth is an individual within a period of transition from childhood to adulthood, between the ages of 15-24**[14]**. and in Ethiopian national youth policy youth is defined as between the age of 15-29**[15]**. Globally adolescents and youth are highly vulnerable to unsafe sex which is the second leading cause of disease, disability or death in developing countries**[14].**

Therefor; Access to sexual and reproductive health services for youth is critical for their health and well-being and the overall achievement of goals laid out in the United Nations 2030 Agenda for Sustainable Development goals (SDG)**[16]**.sexual and reproductive health rights (SRHR) are preconditions for the achievement of SDGs. Despite the provision of family education at the primary level, young people had little knowledge of SRHR **[17].**

1.2 STATEMENT OF TH.E PROBLEMS

Globally,young section of the population are most vulnerable to RH problems than other age groups**[18]**.according to WHO report more than 1.2 milion adolescents aged 15-24 years died in the year 2017 globally.almost all died from preventable reproductive health related problems**[19]**.in the year 2016,around 10.3milion older adolescents (age 15-19 years) living with HIV,10.2 milion unintended pregnancies,5.6 milion abortions(3.9 milion of which are unsafe) globally from those 84% living in sub Saharan Africa**[20].**in Ethiopia Young people face a number of SRH problems due to violations of SRHRs. Major ones include risky sexual practices, child marriage, unintended pregnancy, unsafe abortion and STIs**[21]**

Data from the World Bank indicated that adolescent birth rates for sub-Saharan Africa were 100 births per every 1,000 women in their late adolescence making it the highest in the world. The rate of adolescent births per 1000 women aged 15 to 19 in 2015 stood at 21% for America, Canada (9%), China (7%), Ethiopia (56%), Costa Rica (56%), Mexico (62%) and 10% in Qatar**[22]**. Twenty thousand girls below age 18 give birth daily in developing countries resulting in 7.3 million births per annum**[23]**.

Globally 35.6% of women had physical/sexual violence and were prevalent among age 15–19 and 20–24 years**[24].** In Ethiopia, women face violence from their partners, and families and young people face several SRH problems due to violations of SRHRs. Major ones include risky sexual practices, child marriage, unintended pregnancy, unsafe abortion, and STIs**[21, 24, 25]**. Studies revealed students are facing dating violence such as psychological violence**[26]** and date rape**[27]**. Despite laws against female genital mutilation (FGM) and early marriage**[28],** the prevalence of female circumcision was 65% in Ethiopia and six percent of women age15-19 married before age 15**[29].** Child marriage could lead to early sexual intercourse**[21]** and childbearing which had affected educational attainment**[21].**

According to UNAIDS, there were 1·8 million new HIV infections worldwide in 2016 and 36·7 million people were living with HIV. AIDS-related deaths were 1 million in 2016, Sub-Saharan Africa remains the epicenter of the global AIDS pandemic, accounting for 64% of new HIV infections and 73% of AIDS-related deaths in 2016. Young women aged 15–24 years are also at high risk of HIV infection. They accounted for 26% of new adult infections globally in 2015, despite accounting for only 10% of the adult population**[30].**

In 2016, an estimated 21 million girls aged 15–19 years in developing regions became pregnant, approximately 12 million of whom gave birth**[31],** Twenty-three million adolescents aged 15–19 years have an unmet need for modern contraception and are at risk of unintended pregnancy**[31].**

According to EDHS 2016, 24 percent of women aged 15-24 and 39 percent of men aged 15-24 have comprehensive knowledge of HIV. A significant proportion of young women (40%) and men (12%) 15-24 have sex before age 18. Nine percent of young men and three percent of young women had intercourse with a non-marital, non-cohabiting partner in the last 12 months. Condom use at last sex with a non-marital, non-cohabiting partner was 24 % among young women and 55 % among young men. Condom use at last sex with a non-marital, non-cohabiting partner is higher in urban areas than in rural areas**[29]** High rate of unintended pregnancy is also associated with the low utilization of family planning services by young people The contraceptive prevalence rate (CPR) among married women increased from 37% among women age 15-19 to 52% among women age 20-24**[32]**.

The barriers that made youth unable to deal with violations were shame, guilt, embarrassment, not wanting to know by friends and family; confidentiality; and fear of not being believed and culturally stigmatized and discriminated **[33]** The other barrier was improper information of young peoples on sexual health may lead to various types of health risks and social problems**[6]**. Young people have sexual and reproductive health rights whether they know it or not. Despite government commitments, there was a lack of awareness among youth about their SRHR**s[21]**.

To prevent these adverse outcomes, the action for universal access to sexual and reproductive health (SRH) by 2015 was agreed by 179 countries **[34]**. The reproductive health needs of young people remain poorly understood and under-served in many parts of the world **[35].** Our country also accepted many international conventions related to sexual and reproductive health rights and many governmental and non-governmental organizations have been working on sexual and reproductive services and rights in Ethiopia. Even if their efforts improved many problems, due to the lack of knowledge on SRHR still there are many problems related to sexual and reproductive-related issues**[36].**

Despite all these problems and violations of SRH rights, a few studies are assessing the youth's level of knowledge of their SRHRs. There are several pieces of research done to

assess the utilization of sexual and reproductive health services in the world and Ethiopia. But only a few researches have been done on the knowledge of sexual and reproductive health rights specifically. and previous institutional-based studies in Ethiopia which were conducted in Adet tana haik college students**[37],** university of Gondar students**[38]**, and wolaita sodo university students**[36]** didn't include those young peoples who did not start formal education and therefore this study fulfills the gaps of the previous studies.

This study is, therefore, aimed to determine knowledge and associated factors on SRHRs among youths in Debark town.

1.3 SIGNIFICANCE OF THE STUDY

The finding of this study will help the Ministry of Education, Ministry of health as well as non-governmental organizations (NGO) and district health office and health department to know the level of knowledge of sexual and reproductive rights in the study area. It will also help to address interventions and in designing a plan to improve the knowledge of sexual and reproductive rights for a better outcome and fight preventable adolescents and youth death. Identification of the factors may also be used as a baseline for the intervention process.

Youth suffer from health problems arising from early marriage, unwanted pregnancy, unsafe abortion, and sexual transmited disease including HIV explaned by the poor knowledge to sexual and reproductive services.

2 LITERATURE REVIEW

2.1 Knowledge of sexual and reproductive health rights

A cross-sectional study among adolescents in Saudi found that 54.1% with poor and 45.9% with appropriate knowledge about sexual and reproductive health rights**[6]**. In, Malaysia**[39]**, Pakistan**[40]** and Ghana**[41]** sexual and reproductive health knowledge was low. A review of articles revealed More than half (58%) of adolescents thought as there was no right age to initiate sexual activity and felt pressured to have sexual activity**[26]**.

The survey conducted in El Salvador in 14 districts**[42]**, and in Nigeria**[43]** found that 15% and 59% of the participants didn't know the sexual and reproductive health rights respectively. And another study on the Awareness of sexual and reproductive rights among adolescents in south Western Nigeria revealed that the level of knowledge of SRHRs was 62.5%**[44]**. And study in 14 public high schools in Khayelitsha, cape town, south Africa shows 35.0% of learners reported that they knew and understand SRHR,49.2% knew where to access information on SRHR.54.2% girls have heard the word contraceptive and family planning **[45]**. And a study conducted among married women in Nepal shows 37% of respondents were aware about the reproductive health rights **[46].**

In Ethiopia, different institutional-based cross-sectional studies which were conducted in Wolayita sodo university students**[36],** Adet tana Haik college students northwest Ethiopia**[37]**, and University of Gondar students**[38]**, showed that the level of knowledge on sexual and reproductive health rights were 54.5%, 59.6%, and 57.7%, respectively. The result of a community-based cross-sectional study conducted in East Gojjam also found that two of the six participants noted, as they did not know the meaning of reproductive health literally**[47]**.

A school-based study among preparatory school female students in Assela town Oromia region**[48]** and adolescent high school in West Shoa zone, of the same region**[49]**, revealed that 30% and 39.2% of respondents had poor knowledge on SRHR respectively. and another School-based cross-sectional study was employed among 421 high school adolescents in Machakel District shows more than half (55.9%) of students were found to be knowledgeable on SRHR**[50].**

A community-based cross-sectional study conducted among 781 youths in Shire town Tigray region northern Ethiopia revealed that 413 (52.9%) were not knowledgeable about sexual and

reproductive health rights. Half (53.3%) of participants did not know a married woman have the right of deciding the number of her children without her husband's consent. 65.5% of study participants know that girls have the right to resist genital mutilation against their families will.35.7% of the participants did not accept the idea of youths' reproductive health service should be kept confidential and 68.5% youths disagreed with the concept of unmarried couples have no the right to use different contraceptive other than condom when desired **[51].** And another A community-based cross-sectional study was conducted among 833 rural reproductive-age in Aleta wondo district of sidama zone show, 43.9% had good knowledge of SRHR**[52].**

The institution-based cross-sectional study conducted among 642 regular undergraduate Wolaita Sodo University students revealed that near to half of the respondents (45.5%) were not knowledgeable about sexual and reproductive rights. From the whole respondents, 63.7% of them showed their disagreement on a married woman should have the right to limit the number of her children according to her desire and without her husband's consent; 24.5% of the study participants know that a husband should get sex whenever he wants irrespective of his wife's wish; 53.7% study participants disagreed with the question that reflected the right of girls to autonomous reproductive choices without their partners` consent; 63.7% agreed that parents have the right to decide on sexual and RH issues of their children; 42.1% of the respondents disagreed with the statement which said students should have the right to freedom of assembly and political participation to influence the Government to place sexual and reproductive health issues on the priority list during planning and interventions; 56.7% agreed with the statement that unmarried couples have no right to use contraceptives other than condoms**[36].** In another study, only 38.8% know that Ethiopian law allows abortion and 25.7% didn't know**[53].**

2.2 Factors associated with knowledge of sexual and reproductive health rights

2.2.1 Sociodemographic and economic factors

Studies in Saudi **[6]**, Malaysia**[39]** and Nigeria **[43]** revealed increasing age was a significant factor for knowledge on sexual and reproductive health. and studies in Ethiopia shows the odd of RH knowledge was about 4 times higher among 15–19 years adolescents than 10–14 years**[47]**.

A community-based study conducted in shire town Tigray region participants who attended grade1-6 were around 80 % less likely knowledgeable on SRH rights as compared with those who attended diploma and above and those who attended grades 7-12 were also 51% less likely knowledgeable than those who attended diploma and above**[51].** and Reproductive health knowledge was higher among secondary school than primary school adolescents and it was higher among in-school adolescents than their out-of-school counterparts **[47].**

a study conducted among university of Gondar students shows religion of being Muslim were more likely knowledgeable on SRHR**[38]**, and studies in shire town show participants who had their monthly income were more likely knowledgeable than those who had no their monthly income**[51]**.

A study in Saudi**[6]** China**[54]** and Pakistan **[40]** revealed increasing that level of parental educational status was associated with knowledge on SRHR and discussion with their children about SRH issues is also associated with knowledge of sexual and reproductive health rights **[55, 56]**. and studies in Adet tana haik college students northwestern Ethiopia show respondent's mothers attended secondary/above school were significantly associated with knowledge of sexual and reproductive health rights**[37].**

The living arrangement is also another associated factor for sexual and reproductive health rights studies in East Gojjam zone shows those adolescents living with their grandparents and other relatives were more likely knowing sexual and reproductive health rights than adolescents living with their biological parents and spouse**[47].**

The family size also another factor associated with knowledge of sexual and reproductive health as the cross-sectional study conducted in East Gojjam found that the family with less than five family size were 2.21 times more likely to be knowledgeable about sexual and reproductive health than a family with five and more family sizes **[47].**

2.2.2 Cultural and environmental factors

Studies revealed that knowledge of SRHS was associated with cultural and religious norms **[1, 57].** Poor decision making power**[58],** traditional values **[40, 58]**, and various misconceptions**[59]** deter young peoples knowledge on SRHRs.

2.2.3 Sexual and reproductive health service utilization-related factors

A study in China**[54]** and in Ethiopia at Adet tana haik college students **[37]**, shire town **[51]**,wolayita sodo university students**[36]** and Machakil district**[50]** revealed participation in RH clubs were associated with knowledge of sexual and reproductive health rights, participants who participate in RH clubs were more likely knowledgeable than their counterparts. started sex **[51]**, knowing about SRH service and providing institutions**[52]**, having sexual partners **[48]**, was significantly associated with knowledge of sexual and reproductive health rights. and a cross-sectional study conducted among wolayita sodo university revealed that utilization or reproductive health service were significantly associated with knowledge of sexual and reproductive health rights, participants who utilize reproductive health service were more likely knowledgeable than their counterparts**[36]**.

Discussing sexual issues was associated with knowledge of SRHRs participants who discuss SRH issues with anyone else were more likely knowledgeable on SRHR than those who didn't discuss **[36, 37, 50]**. Persons involved in the discussion were parents/guardians, families, peers, teachers, health providers. Parents' lack of interest inhibits young peoples in discussing SRH matters**[55]**.

2.2.4 Media and information source related factors

Media is the most important factor that provides information related to sexual and reproductive health rights through Television (in the forms of Drama, Films, News, etc.). Radio, Internet, and other Social Media for the whole society of rural and urban at the same time**[60]**. the cross-sectional study conducted in three Asian cities (Hanoi, Shanghai, and Taipei) indicated that family, peer, school, and media increase sex-related knowledge by 30%–50%. From this, media only contributes around 13–24% **[61].**

The cross-sectional study conducted in Lahore District, Pakistan revealed that among respondents having access to SRH-related information (56%), 71% of them reported friends as the most common sources of information, followed by parents/caregivers, teachers, siblings/cousins and the media**[40].** But in some areas where the school and families contribute more than media by providing information related to sexual and reproductive health rights. For example, the survey conducted in El Salvador in 14 districts revealed that the most common sources for information about sexual and reproductive rights for adolescents were school (67%) followed by mother (18.7%), father (11.1%), friends (7.5%),

health workers (6.2%) and media (2%). also, 8.8% of adolescents stated that they talked to their parents about their sexual health rights, while 8.4% reported that they spoke about their reproductive health rights. Further, adolescent females were more likely to state that family was the most important source for learning about sexuality than adolescent males (54.7 percent and 45.5 percent respectively)**[42].**

The cross-sectional study conducted among government and private schools in Riyadh-Saudi Arabia found that the students were more likely access to information related to sexual and reproductive health rights from parents (ten times), from school (seven times), and from media (five times)**[6].** While A study in selected districts of Tanzania**[62]**, Ghana**[41]**, and in Ethiopia**[48]** shows different sources of media were used by different youth groups for obtaining SRHR information. the commonest ones were TV and radio but young people with disabilities indicated newspapers as their main source of SRHR information on matters related to SRHR. in Ghana found that knowledge on reproductive health choices was low among respondents with the majority of them relying on their peers for information on sexual and reproductive health**[41].**In Ethiopia, studies showed that having of information source for SRH service were positively associated with knowledge of sexual and reproductive health rights studies in Aleta wondo district, showed participants having information source for SRH were more likely to be knowledgeable on SRHR than their counterparts **[52].**

3 CONCEPTUAL FRAMEWORK

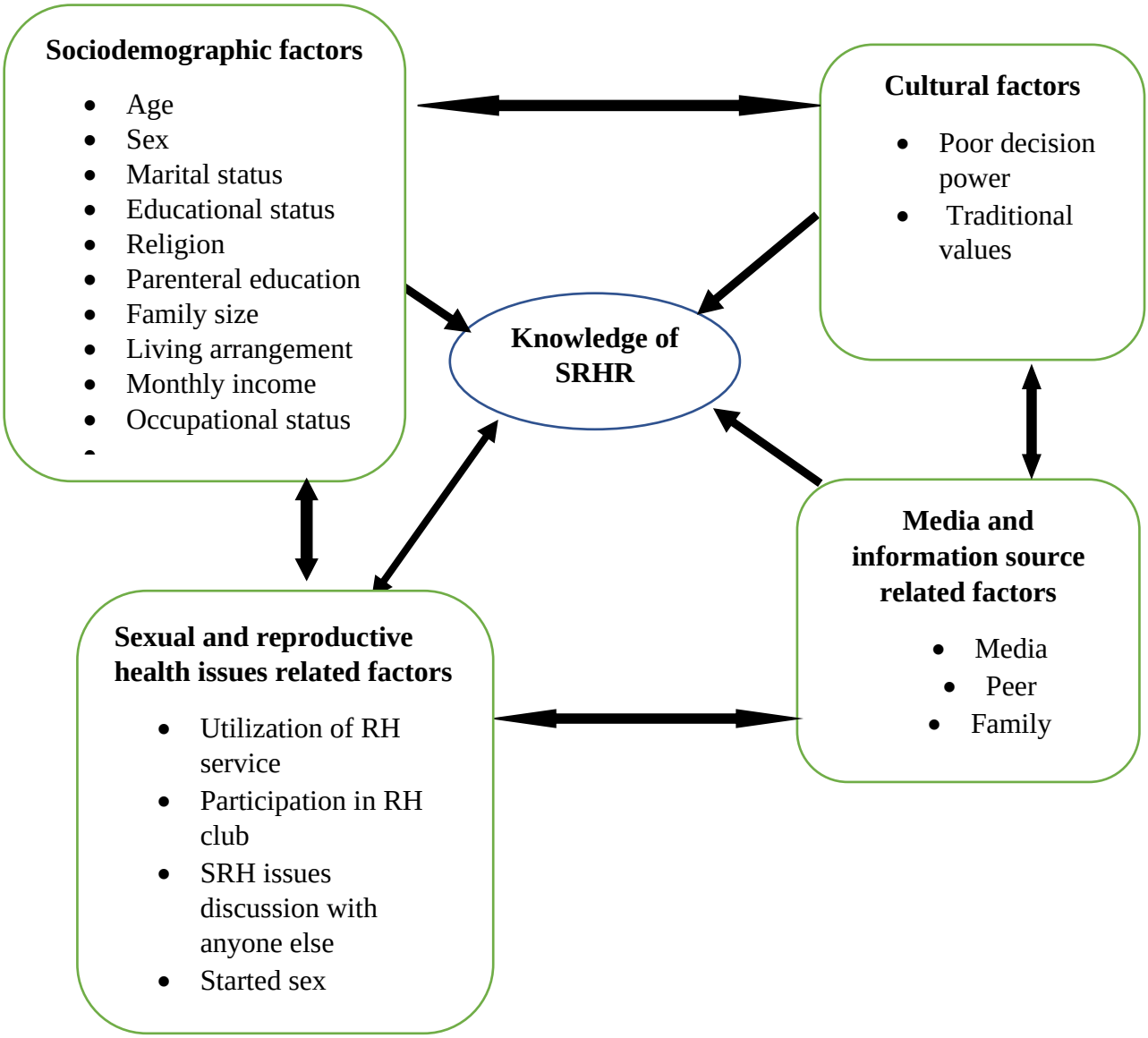

Figure 1:Conceptual framework of factors for knowledge of sexual and reproductive health rights by reviewing different works of literature **[37, 38]**.

4 OBJECTIVES OF THE STUDY

4.1 General Objectives

- To assess knowledge of sexual and reproductive health rights and associated factors among youths in Debark town, north Gondar zone, northwest Ethiopia, 2020.

4.2 Specific Objectives

- To determine the level of knowledge about sexual and reproductive health rights among youths in Debark town.
- To identify factors associated with knowledge of sexual and reproductive health rights among youths in Debark town.

5 METHODS AND MATERIALS

5.1 Study area and period

The study was conducted in Debark town, North Gondar zone of Amhara regional state, Northwestern Ethiopia from March 3 to March 13, 2020, G.C. Debark town is the capital city of North Gondar administrative zone of Amhara regional state and is located 842 kilometers from Addis Ababa to the Northwest and 265 kilometers from Bahir Dar, the capital city of Amhara region to the North. Debark is bordered on the south by Dabat, on the west by Tegeda, on the northwest by the Tigray Region, on the north by Addi Arkay, and on the east by Jan Amora. This woreda is crossed by the Limalmo Mountains and is the center of great semen mountain. The town is organized into three kebeles. There are one primary hospital and one health center and one public university in the town. Debark's total population was estimated at 27392 in 2011 E.C. There are 6370 households and 7038 youths in the three kebeles of the town (woreda population and household profile 2011).

5.2 Study design

- A community-based cross-sectional study was conducted.

5.3 Populations

5.3.1 Source and study Populations

- all youths who live in Debark town.

5.3.2 Sampling unit

- households.

5.3.3 Study unit

- individuals

5.4 Inclusion and Exclusion Criteria

5.4.1 Inclusion Criteria

- selected youths aged 15–29 who live in Debark town during the data collection period were included in the study.

5.4.2 Exclusion Criteria

- who are seriously ill, unable to respond to the questions was excluded from the study
- those who live in the study area for less than six months were excluded from the study

5.5 Sample Size Determination and Sampling technique

5.5.1 Sample Size Determination

Asingle population proportion formula was applied. The assumptions used were 95% confidence interval with a marginal error of 5%. The proportion of students who know SRHRs was 47.1% from a study in shire town Tigray region, northern Ethiopia**[51].**

$$n = \frac{(Z_{\alpha/2})^2 P(1-P)}{W^2}$$

Thus, using the formula

- n=sample size
- p= proportion of youths who know sexual and reproductive health rights are 47.1%
- Z=standard normal distribution curve value for the 95% confidence interval (1.96)
- W=margin of error (5%)

$$n = \frac{(1.96)^2 \times 0.47 \times 0.53}{(0.05)^2}$$

n=**383**

Thus, the estimated sample size is 383, With 10% non-response rate, the maximum sample size for the first objective is 421.

The sample size for the second specific objective of this study is determined by considering various factors that are significantly associated with the outcome variables with the following assumptions: two-sided confidence level of 95%, a margin of error of 5 % and power of 80%, and 10 % for non-response using Epi Info version 7 (Table 1).

Table 1: Sample size determination for associated factors of knowledge on SRHRs

No	Variables	Assumptions	AOR	Sample size	Sample size with a 10% non-response rate	Reference
1	Participation in RH club	CI:95% Power:80% Ratio: 1:1 Percent outcome in unexposed:27.16%	1.72	488	537	**[37]**
2	Received information on RH issues	CI:95% Power:80% Ratio: 1:1 Percent outcome in unexposed:25.5%	1.85	388	427	**[51]**
3	Ever used RH service	CI:95% Power:80% Ratio: 1:1 Percent outcome in unexposed:66.6%	2.34	240	264	**[36]**

Thus, the sample size of the second objective is greater than that of the first objective. If so, the final sample size was estimated by adding a non-response rate of 10% to the larger sample size from the second objective which is 488. So, the final calculated sample size for this study was **537**.

5.5.2 Sampling Procedure

A systematic random sampling technique was used. To ensure representativeness, the sample was taken from all the three kebeles (smallest administrative unit), in the three kebeles, there were 6370 households and 7038 youths (woreda population and household profile 2011 E.C).

The sampling interval (k) is twelve (12) by dividing the proportion of the total number of household (N) to the required final sample size (n=537).So the study participants were selected every 12^{th} households after selecting a random number from (1-12). The 4^{th} household was selected by random number from (1-12). To select the first household the kebele office was considered as a frame of reference and a pen was rotated and the first household was selected where the tip of the pen pointed (directed).

In households with more than one youths, one participant was selected with lottery method, and, the next household was considered for households with no eligible individual, and revisit for the second time was arranged for youth who were not available at home at the time of the visit to contact the selected youth for interview (Figure 2).

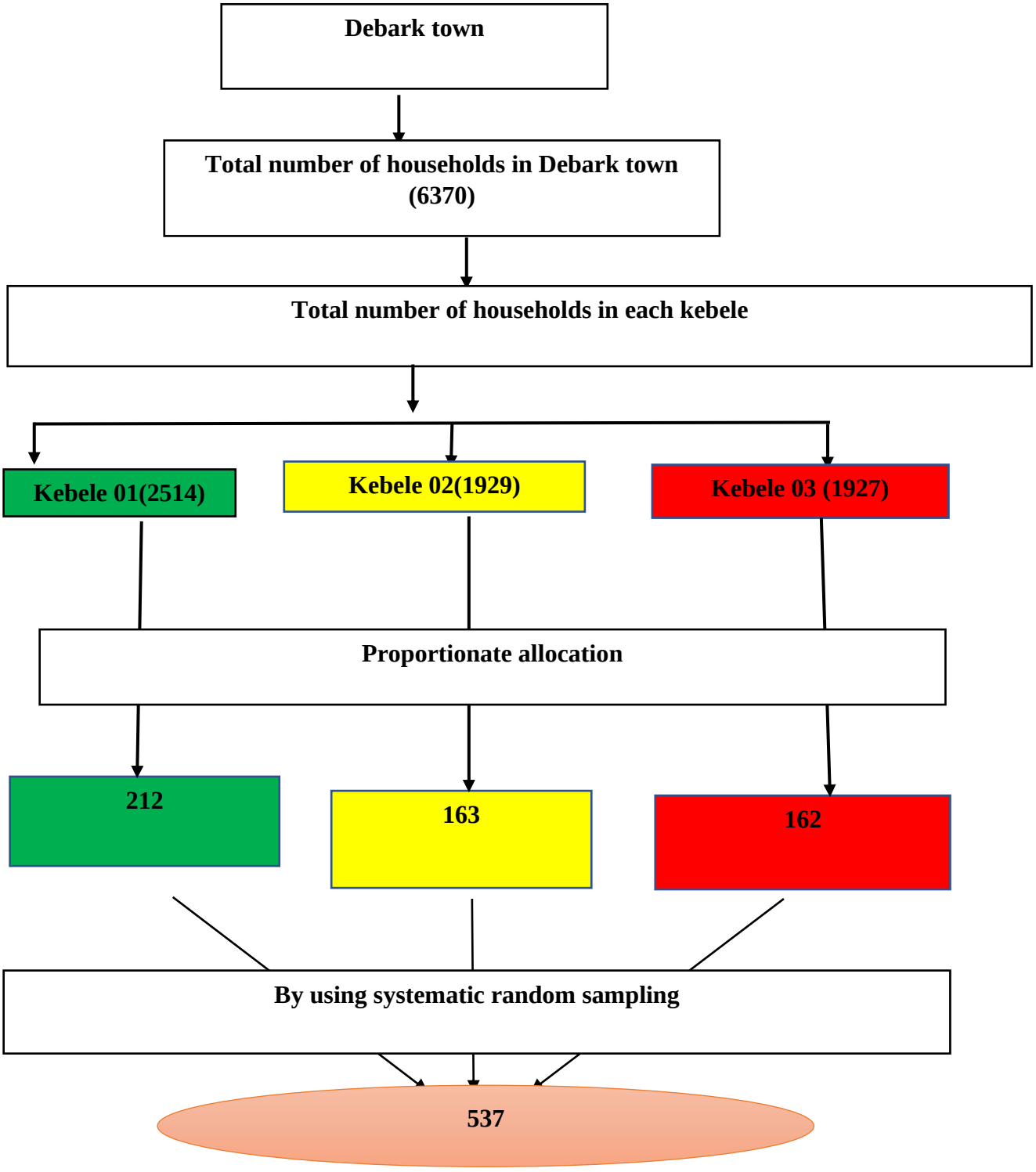

Figure 2: Schematic presentation of the sampling procedure

5.6 Study variables

5.6.1 Dependent variables

- Knowledge of sexual and reproductive health rights.

5.6.2 Independent variables

- **Sociodemographic factors**: age, sex, Religion, Marital status, monthly income, family size, educational status, occupational status, living arrangement, Parental education.
- **Sexual and reproductive related factors**: communication(discussion) of sexual issues with anyone else, participation in RH clubs, utilization of reproductive health service, discussion of RH issues with parents, started sex, number of sexual partners
- **Media and information source related factors**: media (TV/radio), peers, family**.**
- **Cultural and environmental factors**: unclear message, poor decision power. Cultural values

5.7 Operational definitions

Knowledge: in this study knowledge is defined as familiarity of respondents with SRH rights that might be acquired through information, experience and that could be accurate or inaccurate. it was measured by using 24 questions and each question contains "0 = No" and "1 = Yes" alternatives. As a result, the total score was (0–24) and respondents who scored above the mean score was considered as knowledgeable and graded as

Knowledgeable: participants who scored the mean and above the mean score**[36, 37, 51].**

Not knowledgeable: - participants who scored below the mean score.

Youth: - in this study youth is an individual between the ages of 15-29 as defined by the Ethiopian National Youth Policy **[15], [21].**

Ever used reproductive health services: utilization of any of reproductive health services(contraceptive,comprhencive abortion care,etc) at any time in the past.

5.8 Data collection tools and procedures

The data was collected by using an interviewer-administered structured close-ended questionnaire; several questions that can address the objective of the study is prepared.questioners were developed after reviewing the previous literature**[36] [37, 51].**

The questionnaire was prepared in English, and translated to Amharic and retranslated back to English for consistency of meaning. Data collectors were six health professionals (2 BSc nurses and 4 diploma nurses) and one public health officer as supervisors who are fluent in Amharic and English. The training was provided for both data collectors and supervisors on how to manage the data collection process. Proper orientation was given for each participant on the purpose and usefulness of the study.

5.9 Data quality control

To assure the quality of data, properly designed data collection instruments were provided and appropriate training for data collectors and supervisors were given on briefing the general objective of the study, and discussing the contents of the questionnaire. Pre-test of the questionnaire was done on 5% of the sample size at Dabat town a week before the beginning of the actual data collection and modification was done based on feedback from the pretest. The reliability of knowledge measuring items was checked by calculating the Cronbach alpha (α). The Cronbach alpha (α) for knowledge measuring tools was 0.88.

The overall activity of data collection was supervised and coordinated by the principal investigator. The collected data were reviewed and checked for completeness and relevance before data entry by the principal investigator. The variables were defined or coded, then the data editing was carried out during the entry of data.

5.10 Data processing and analysis

Data were entered into Epi data version 4.6 software and then exported to statistical package for Social science (SPSS) version 23 for analysis. Descriptive statistics were done and presented by tables, frequencies, percentages, means, graphs, and figures. Odds ratios and confidence intervals also calculated to determine the strength of the association of the independent variable and outcome variable. The association between the level of knowledge and its independent variable was examined by binary logistic regression. Variables that are biologically important and showed significant association in the previous studies and those

variables having value ≤ 0.2 in Bivariable logistic regression was a potential candidate for multivariable logistic regression analysis to control confounders in regression models. The association between the level of knowledge and independent predictors were reported by adjusted odds ratio at 95% CI and variables having P- value less than 0.05 in the multivariable logistic regression model was considered as statistically significant.

5.11 Ethical Consideration

Ethical clearance was obtained from the ethical review committee of Bahir Dar University, school of public health, A formal letter for permission and support was written to Debark town administration from Bahir Dar University and Debark town administration wrote formal permission letter to each kebele office ,and then Informed consent was obtained from each study subjects after clear explanation about the purpose of the study. Any participant who did not willing to participate in the study was not forced to participate. They were also be informed that all data obtained from them would be kept confidential by using codes instead of any personal identifier and was meant only for the purpose of the study.

6 RESULTS

6.1 Socio-demographic and economic characteristics of youths.

A total of 537 youths was enrolled in the study with a response rate of 100%. Of these, 273(50.8%) were male and two hundred fifty-seven (47.9%) of the participants were between 20-24 years old age group. The mean age of participants was 19.3 years and Eighty-one-point two percent of the participants were orthodox by their religion. Five hundred twenty-five (97.8%) of them also belonged to the Amhara Ethnic group and three hundred seventy-six (70%) of youths were single. Regarding the occupational status of the participants, 287(53.4%) were students (Table 2).

Table 2:Socio-demographic characteristics of youths in Debark town, Northwestern Ethiopia,2020 (n=537)

Variables	Category	Frequency	Percent
Sex	Male	273	50.8
	Female	264	49.2
Age	15-19	164	30.5
	20-24	257	47.9
	25-29	116	21.6
Religion	Orthodox	436	81.2
	Muslim	93	17.3
	Protestant	8	1.5
Marital status	Single	376	70.0
	Married	116	21.6
	Divorced	35	6.5
	Widowed	10	1.9
Ethnicity	Amhara	525	97.8
	Tigray	7	1.3
	Others*	5	0.9
Education	Illiterate	51	9.5
	Litrate	486	90.5
Occupation	No job	71	13.2
	Student	294	54.7
	Daily laborer	47	8.8
	Merchant	75	14.0

	Government employ	50	9.3
Have own income	Yes	211	39.3
	No	326	60.7
Living arrangement	Alone	37	6.9
	With relatives	38	7.1
	School friends	20	3.7
	Parents/family members	362	67.4
	Husband/wife	80	14.9
Family size	Less than five	341	63.5
	Five and more	196	36.5
Fathers education	Illiterate	140	26.1
	Litrate	397	73.9
Mothers education	Illiterate	202	37.6
	Litrate	335	62.4
Fathers occupation	No job	8	1.5
	Farmer	143	26.6
	Merchant	183	34.1
	Private employee	31	5.8
	Government employee	172	32.0
Mothers occupation	Housewife	331	61.6
	Trader	67	12.5
	Private employee	15	2.8
	Government employee	124	23.1

*Ethinicity =Qimant

6.2 Sexual and reproductive health characteristics

Two hundred seventy-eight (51.8%) of youths reported that they had sexual experience and The mean age at first sex was 18.5 years and Out of those who had sexual experience, 112(40.3%) had multiple sexual partners throughout their life. Among study participants 262(48.4%) of youths ever utilize at least one of the RH services and 245(45.6%) of them ever participated in RH clubs. and 284(52.9%) of youths had discussed reproductive issues with someone else (Table 3).

Table 3:Sexual and reproductive health characteristics of youths in Debark town, Northwestern Ethiopia,2020(n=537)

Variables	Response Category	Frequency	Percentage
History of sexual intercourse	Yes	278	51.8
	No	259	48.2
number of sexual partners	One	166	30.9
	Two	81	15.1
	Three	15	2.8
	Four and above	16	3.0
Participation in RH club	Yes	245	45.6
	No	292	54.4
Utilization of RH service	Yes	245	45.6
	No	292	54.4
Discussing RH issues with any one else	Yes	450	83.8
	No	87	16.2
Ever heared about SRH	Yes	439	81.8
	No	89	18.2

The mean age at first sex was 18.5 years. Out of those who had sexual experience, 148 (27.56 %) had starting sex before the ages of 18 and Around 130 (24.21 %) of youths starting sex after the ages of 18 (Figure 3)

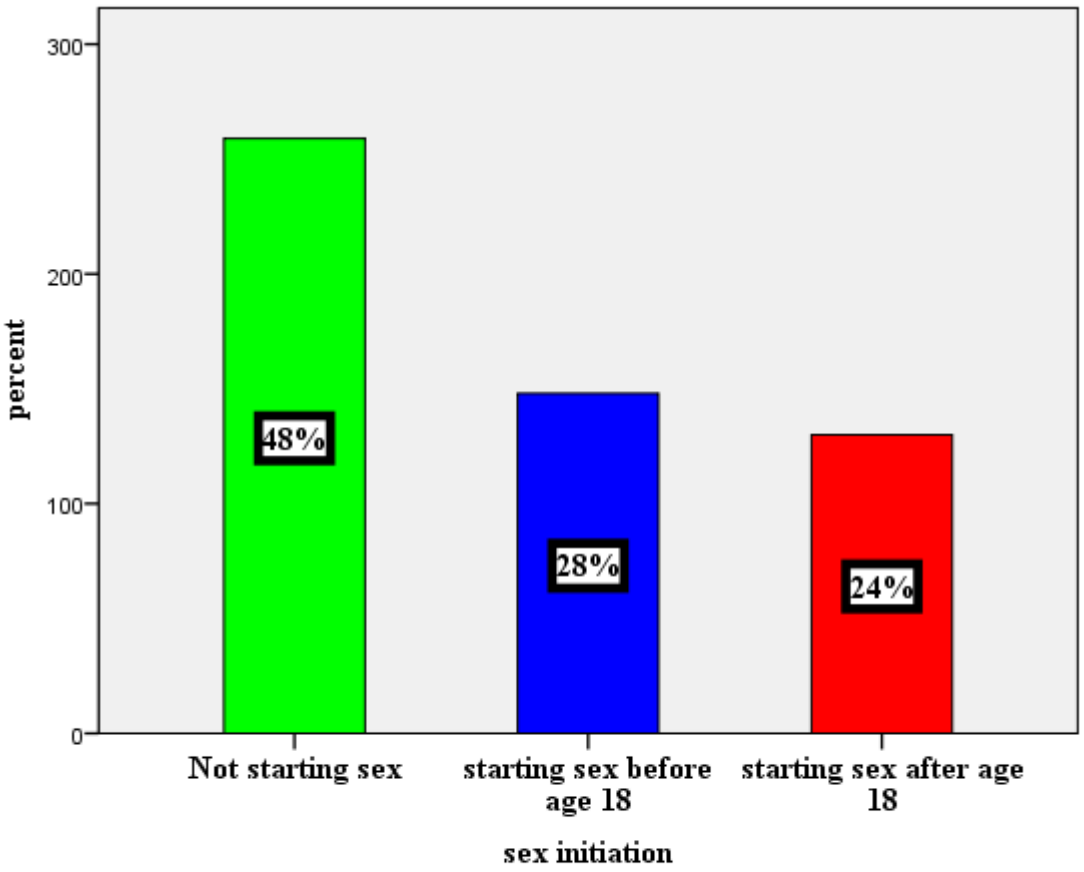

Figure 3 *Age of sexual initiation among youths in Debark town, northwestern Ethiopia,2020 (n=537)*

439(81.8%) of youths getting information on SRH service.From this around 30% of youths reported that their sources of information related to SRH were from media, while parents, health personnel, school teachers, and their peer, were sources of information for 19%, 20%,10%,and 19% of participants respectively (Figure4).

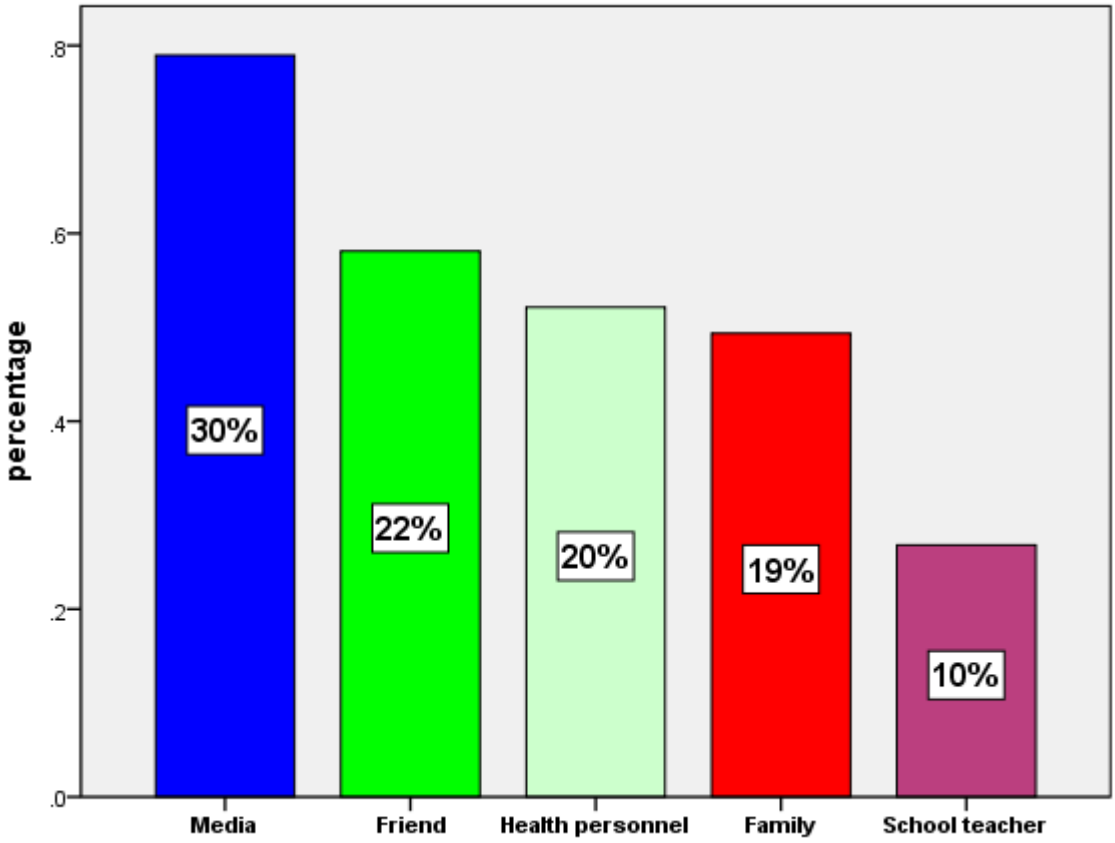

Figure 4:source of information for sexual and reproductive health issues of youths in Debark town, northwest Ethiopia,2020(n=537)

6.3 Knowledge of sexual and reproductive health rights

More than half 290(54%) of the respondents were knowledgeable about sexual and reproductive health rights (Figure 5).

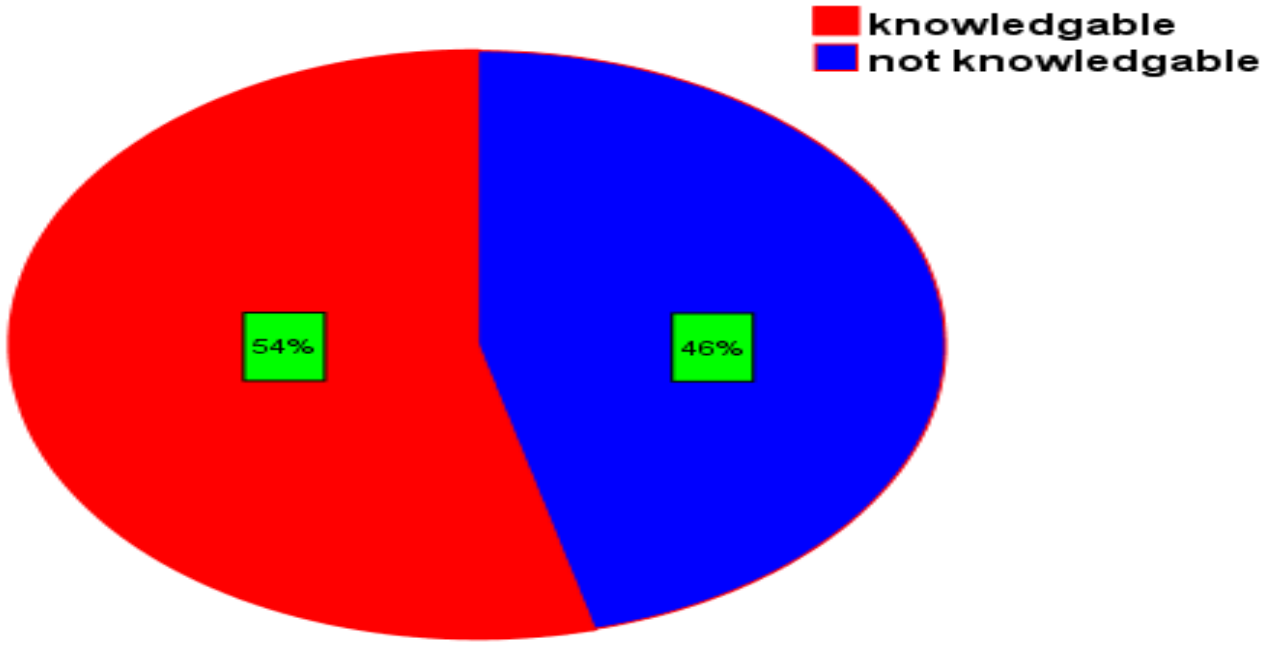

Figure 5: Knowledge status of youths towards sexual and reproductive health rights in Debark town,2020 (n=537)

Nearly half of participants 244(45.4%) were agreed as the family has the right to decide on their female child circumcision. more than half of respondents, 315(58.7%) agreed with a married woman should have the right to limit the number of her children according to her desire and without her husband's consent. One third, 186(34.6%) of participants agreed that a girl has the right to dismiss her arranged marriage without their family's agreement, and also 233 (43.4%) of the study participants said that boy should get sex whenever he wants irrespective of his girlfriend's wish. The 346(64.4%) of participants reported that youths have a full right to access all reproductive health services without parents' consent. More than half 297(55.3%) of respondents agreed with the statement which said girls have the right to use any kind of contraceptives without her parent's consent. Among all, 190 (35.4%) of the

respondents disagreed with the statement which said youths should have the right to freedom of assembly and political participation to influence the Government to place sexual and reproductive health issues on the priority list during planning and interventions. The majority of 337 (62.8%) agreed with the statement that unmarried couples have no right to use contraceptives other than condoms. more than two-thirds (39.3%) of participants agreed that youths have the right to access new reproductive technologies .and 55.3% of participants agreed that youths have the right to get evidence-based comprehensive sexual education.

6.4 Factors associated with knowledge of sexual and reproductive health rights

In the bivariable analysis, marital status, educational status, occupational status, maternal education status, paternal education status, discussing SRH issues with parents, utilization of RH services, participation in RH clubs and having of information source for SRH service were significantly associated with knowledge of SRHR at P<0.001, and paternal occupation was significantly associated with knowledge of SRHR at P<0.01; the living arrangement was significantly associated with knowledge of SRHR at P<0.05.and maternal occupation (P=0.2) However, other predictors were not candidate for multivariable analysis.

In multivariable logistic regression analysis, youths who ever utilized RH service were seven times more likely to be knowledgeable on SRHR (AOR=7.35;95%CI: (3.94,13.69) and youths who participate in RH were around 5.35 times more likely to know SRHR compared to counterparts, (AOR=5.35;95% CI:2.93,9.77),and Participants who had received information sources about sexual and reproductive health services from any source were four times more likely knowing SRHR than those who have not received information (AOR=4.0, 95% CI:1.69,9.23), and those who discussing SRH issues with parents. were also 3.93 times more likely to be knowledgeable on SRHR(AOR=3.93,95%CI:1.59,9.75) (Table 4).

Table 4:Factors associated with knowledge of sexual and reproductive health rights among youths in Debark town, Northwest Ethiopia,2020 (n=537)

Variables	Category	Knowledge of SRHR		COR, [95%CI]	AOR, [95% C.I]
		Knowledgeable	Not knowledgeable		
Educational status	Illiterate	10(19.6%)	41(80.4%)	1	1
	Litrate	280(57.6%)	206(42.4%)	5.99(2.75,13.05)	1.83, (0.49,6.80)
Fathers education	Illiterate	51(36.4%)	89(63.6%)	1	1
	Litrate	239(60.2%)	158(39.8%)	2.10, (1.29,3.37)	1.67, (0.71,3.96)
Mothers education	Illiterate	78(38.6%)	124(61.4%)	1	1
	Litrate	212(63.3%)	123(36.7%)	2.08(1.31,3.30)	1.69, (0.77,3.73)
Mothers occupation	House wife	166(50.2%)	165(49.8%)	1	1
	Trader	41(61.2%)	26(38.8%)	1.57(0.92,20.68)	1.15, (0.52,2.53)
	employee	83(59.7%)	56(40.3%)	0.36(0.11,1.16)	0.24, (0.05,1.23)
Participate in RH club	Yes	209(85.3)	36(14.7%)	15.12(9.77,23.4)	**5.35, (2.93,9.77)** *
	No	81(27.7%)	211(72.3%)	1	**1**
Use of any ofreproductive health services	Yes	220(84.0)	42(16.0%)	15.34(10.01,23.)	**7.35,(3.94,13.69)** *
	No	70(25.5%)	205(74.5%)	1	**1**
Discuss sexual issues with parents	Yes	277(61.6)	173(38.4%)	9.11(4.9,16.9)	**3.93, (1.59,9.75)** ***
	No	13(14.9%)	74(85.1%)	1	**1**
Ever heared about SRH service	Yes	280(63.8%)	159(36.2%)	15.497(7.83,30.6)	**4.0, (1.69,9.23)** **
	No	10(10.2%)	88(89.8%)	1	**1**

*** P-value <0.001** **** P-value <0.01** ***** P-value<0.05**

7 DISCUSSION

The study found that 54% of the participants were knowledgeable about SRH rights. The finding was in line with studies conducted among students of high school adolescents in Machakil district (Northwest Ethiopia)(55.9%)**[50],** Wolayita sodo university students (54.5%) **[36]**. and among university of Gondar students**[38],**.however the study is lower than the study conducted in southwest Nigeria(62.5%) **[44]**, and Adet tana haik college students(59.5%)**[37]** but higher than studies conducted, in 14 public high schools in Khayelitsha District, Cape Town, South Africa 35%**[45]**,astudy conducted among married women in Nepal (37%)**[46]**,Aleta wondo district(43.9%)**[52]**,and shire town(47.1%)**[51].**This discrepancy might be due to the difference in the study population and study period, set-up, and socio-cultural differences.

Ever utilized RH services were independently associated with knowledge of sexual and reproductive health rights. Participants who ever utilized RH services were 7.35 times more likely to be knowledgeable compared to counterparts. This might be because of the high chance of counseling by health worker before utilization and giving more attention to know what they use and this result is supported by the institution based cross-sectional study conducted in Wolaita Sodo university students**[36]**,

Ever participation in RH clubs also has a positive association with knowledge of sexual and reproductive health rights. Participants who ever participated in Reproductive health clubs were 5.35 times more likely to be knowledgeable compared with counterparts. This is might be as they participate in RH clubs, they get new updated knowledge and policy established related to sexual and reproductive health and rights early. This result is supported by the school-based studies in Machakil district**[50]**, Adet tana haik college students**[37],** and also institution based cross-sectional study conducted in Wolaita Sodo university students**[36]**.

Youths who had discussed the SRH issues with their parents were 3.93 times more likely to be knowledgeable compared with their counterparts. This study was consistent with studies conducted at Wolaita Sodo University**[36]**, Adet tana haik college students**[37]** and Machakil district **[50]**This can be explained by the fact that knowledge gained through experience sharing during the discussion can increase the knowledge of sexual and reproductive health rights.

In this study having of any information source for SRH service is also another significant factor that is positively associated with knowledge of SRHR, participants who have information source for SRH service were four times more likely to be knowledgeable on SRHR than those have no any information source this may be due to that those having of information source for SRH were a chance to knowing and utilizing health services for knowing SRHR this finding is supported by studies done in Aleta wondo district,**[52]**, shire town [51]**,** and the cross-sectional study conducted in three Asian cities (Hanoi, Shanghai, and Taipei) **[61].**

8 STRENGTH AND LIMITATION OF THE STUDY

The strengths of this study are of the response rate was 100%. This study has also shared the limitation of cross-sectional studies. i.e. difficulty of determining the causal relationship between variables. The cross-sectional studies require the potential abilities of youths to remember information retrospectively, recall bias also other limitations of this study. and the other limitation is the lack of standard cut points to classify the level of knowledge of SRHR as low,medium and high.and unable to addressing all the variables with quantitative study is another limitation of this study.

9 CONCLUSIONS

In conclusion The level of knowledge youths about sexual and reproductive health rights is found to be low. More than half of the youths were found to be knowledgeable about sexual reproductive health rights. Youths who ever used RH services, ever participated in RH issues, having information source for SRH issues, and discussing with parents on SRH issues were statistically significant for knowledge of sexual and reproductive health rights.

10 RECOMMENDATIONS

- Based on the finding of this study, the following recommendations were made to the following organization:

For Debark town health office

- Strengthening RH clubs and encouraging youths to take part in the clubs and to utilize RH services.
- The district health office should collaborate with the zonal health department and other stakeholders to encourage youths to actively participate in RH clubs and consolidating the clubs in finance and skilled manpower and providing quality RH services for all.
- The district Health office should collaborate with HU in providing quality RH services for youth and adolescents starting from high school students.
- The federal ministry of health should collaborate with the Federal ministry of education to providing sexual and reproductive health rights-related courses for youths in community based education
- Eccouraging youth-partner discussion on sexual and reproductive health issues

For health professionals

- The health worker in the health facilities should prepare a program of counseling youths about sexual and reproductive health rights

For researchers

- Conduct more in-depth research on sexuality and sexuality-related rights matters to generate objective information that can form a sound basis for interventions among youths

11 REFERENCES

1. Griffin, S., *Literature review on sexual and reproductive health rights: universal access to services, focussing on East and Southern Africa and South Asia.* Panos, London: Department for International Development, 2006.
2. ., U.P.F., *Programme of action adopted at the International Conference on Population and Development, C., Sept 5–13, 1994. New York, NY: United Nations Population Fund.* 2004.
3. Declaration, B., *Beijing Declaration and Platform for Action Fourth World Conference on Women.* Paragraph, 1995. **112**.
4. Shaw, D., *Access to sexual and reproductive health for young people: bridging the disconnect between rights and reality.* International Journal of Gynecology & Obstetrics, 2009. **106**(2): p. 132-136.
5. Starrs, A.M., et al., *Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission.* The Lancet, 2018. **391**(10140): p. 2642-2692.
6. AlQuaiz, A.M., A. Kazi, and M. Al Muneef, *Determinants of sexual health knowledge in adolescent girls in schools of Riyadh-Saudi Arabia: a cross sectional study.* BMC women's health, 2013. **13**(1): p. 19.
7. Temmerman, M., R. Khosla, and L.J.T.L. Say, *Sexual and reproductive health and rights: a global development, health, and human rights priority.* 2014. **384**(9941): p. e30-e31.
8. Prata, N. and K. Weidert, *Adolescent Sexual and Reproductive Health*, in *Oxford Research Encyclopedia of Global Public Health*. 2020.
9. International Conference on Population and Development C, S., 1994. New York, NY: United Nations Population Fund,, 2004.
10. Roseman, M.J. and L.J.A.j.o.p.h. Reichenbach, *International Conference on Population and Development at 15 years: achieving sexual and reproductive health and rights for all?* 2010. **100**(3): p. 403-406.
11. Miller, A.M., *Sexual but not reproductive: exploring the junction and disjunction of sexual and reproductive rights.* Health and human Rights, 2000: p. 68-109.
12. Federation, I.P.P., *Sexual rights: an IPPF declaration.* London: IPPF, 2008.
13. I., C., *Sexuality and Human Rights Discussion paper Paper presented at the International Council on Human rights policy.* 2009.
14. WHO, 2011.
15. Ministry of Youth, S.a.C.o.E.M., National Youth Policy, 2004. .
16. Steiner, A., *The extraordinary opportunity of the 2030 Agenda for Sustainable Development.* The European Journal of Development Research, 2018. **30**(2): p. 163-165.
17. UN Department of Economic and Social Affairs, P.D.R.o.t.f.-f.s., Resolution 2012/1 adolescents and youth. New York, NY: United Nations Economics and Social Council Official Records,2012.
18. WHO, *cooperation strategy on youth reproductive health 2018-2020.* 2018.
19. WHO, *Adolescents health risks and solutions.fact sheet.* 2018. **345**.
20. Darroch, J., Audam S,Woog V, *cost and benefits of meeting the contraceptive needs of adolescents.supplementary Data tables.New york:Guttmacher institute.https://WWW.guttmacher.org/sites/default.* 2018.
21. FMOH, *national adolescent and youth health strategy 2016-2020.* october 2016.
22. bank, w., *Country and Lending Groups. 2015. The World Bank: data. worldbank. org.* . 2016.

23. pregnancy., U.A., *adolescent regnancy.* 4 july 2018.
24. Organization, W.H., *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. 2013: World Health Organization.
25. Yitbarek, K., M. Woldie, and G. Abraham, *Time for action: Intimate partner violence troubles one third of Ethiopian women.* PLoS one, 2019. **14**(5): p. e0216962.
26. Ferreira, M., et al., *Teens and dating: study of factors that influence attitudes of violence.* 2014. **46**: p. 187-190.
27. Zain, Z.M.J.P.-S. and B. Sciences, *The awareness on gender-based violence among students in the higher learning institutions.* 2012. **38**: p. 132-140.
28. Teshome, T.J.I.l.S.F.L., *Reflections on the Revised Family Code of 2000.* 2002: p. 153.
29. CSA, I.J.E.d., A.A. health survey, Ethiopia, and M. Calverton, USA, *Central statistical agency (CSA)[Ethiopia] and ICF.* 2016.
30. UNAIDS, D.J.G. and R.d.H.S. pag, *Joint United Nations Programme on HIV/AIDS (UNAIDS).* 2017: p. 12-16.
31. Darroch, J.E., et al., *Costs and benefits of meeting the contraceptive needs of adolescents.* 2016.
32. FMOH, *Mini Demographic and Health Survey.* 2019.
33. Mbeba, R.M., et al., *Barriers to sexual reproductive health services and rights among young people in Mtwara district, Tanzania: a qualitative study.* 2012. **13**(Suppl 1).
34. Rights, M.R.J.R.r., sexual, and r.h. framework, *Sexual and Reproductive Health-A Reality For All.* 2008.
35. WHO, *recommendations on adolescent sexual and reproductive health and rights.* 2014.
36. Adinew, Y.M., et al., *Knowledge of reproductive and sexual rights among University students in Ethiopia: institution-based cross-sectional.* 2013. **13**(1): p. 12.
37. Ayalew, M., et al., *Knowledge and attitude towards sexual and reproductive health rights and associated factors among Adet Tana Haik College students, Northwest Ethiopia: a cross-sectional study.* 2019. **12**(1): p. 80.
38. Gebresilassie, K., et al., *Knowledge level and associated factors about sexual and reproductive health rights among University of Gondar students, Gondar Ethiopia.* 2019. **2**(1): p. 016-020.
39. Soleymani, S., et al., *A cross-sectional study to explore postgraduate students' understanding of and beliefs about sexual and reproductive health in a public university, Malaysia.* 2015. **12**(1): p. 77.
40. Iqbal, S., et al., *Perceptions of adolescents' sexual and reproductive health and rights: a cross-sectional study in Lahore District, Pakistan.* 2017. **17**(1): p. 5.
41. Kyilleh, J.M., P.T.-N. Tabong, and B.B. Konlaan, *Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the west Gonja District in northern region, Ghana.* BMC international health and human rights, 2018. **18**(1): p. 6.
42. Cortez, R., K.-A. Revuelta, and Y. Guirola, *Adolescent sexual and reproductive health in El Salvador.* 2015.
43. Egemba, M. and A. Ajuwon, *Knowledge and Perceptions of Reproductive Rights among Female Postgraduate Students of the University of Ibadan, Nigeria.* African Journal of Biomedical Research, 2015. **18**(2): p. 95-107.
44. Ogunlayi, M.A.J.A.j.o.r.h., *An assessment of the awareness of sexual and reproductive rights among adolescents in south western Nigeria.* 2005. **9**(1).

45. Yah, C., *Assessing the knowledge and perceptions of HIV Testing Services (HTS) and Sexual and Reproductive Health & Rights (SRHR) among in-school adolescents enrolled in the GAP Year trial, Khayelitsha, South Africa.* 2018.
46. Yadav, R.K., et al., *Knowledge and Practice on Reproductive Heath Rights among Married Women in Nepal.* 2016. **5**(1): p. 53-57.
47. Abajobir, A.A. and A. Seme, *Reproductive health knowledge and services utilization among rural adolescents in east Gojjam zone, Ethiopia: a community-based cross-sectional study.* BMC health services research, 2014. **14**(1): p. 138.
48. Tafa, T., *Assessment of Reproductive Health Right Knowledge and Practice among Preparatory School Female Students of Asella Town, Oromia Regional State, Ethiopia.* 2015.
49. Furry, D.B., Y. Mashalla, and G.T.J.A.j.o.r.h. Tshweneagae, *Sexual and reproductive health among high school adolescents in West Shoa zone, Oromia region in Ethiopia.* 2019. **23**(1): p. 65-72.
50. Ashebir, W., M. Tadesse, and B. Yimer, *Knowledge and Attitude towards Sexual and Reproductive Health Rights and Associated Factors among High School Students in Machakel District, Northwest Ethiopia.* 2020.
51. Gebretsadik, G., G.J.I.J.o.R.i.P. Weldearegay, and Science, *Knowledge on reproductive and sexual rights and associated factors among youths, Shire town, Tigray, Northern Ethiopia.* 2016. **6**(2).
52. Tadesse, T., et al., *Sexual and reproductive health rights knowledge and reproductive health services utilization among rural reproductive age women in Aleta Wondo District, Sidama zone, Ethiopia: community based cross-sectional study.* 2020. **20**(1): p. 1-9.
53. Gelaye, A.A., K.N. Taye, and T. Mekonen, *Magnitude and risk factors of abortion among regular female students in Wolaita Sodo University, Ethiopia.* BMC women's health, 2014. **14**(1): p. 50.
54. Junqing, W., Y. Chuanning, and L. Yuyan, *Effects of family planning factors on the awareness of sexual and reproductive healthcare rights among married women of reproductive age in China: a cross sectional study.* BMJ open, 2017. **7**(10): p. e017621.
55. Ayehu, A., T. Kassaw, and G.J.R.h. Hailu, *Young people's parental discussion about sexual and reproductive health issues and its associated factors in Awabel woreda, Northwest Ethiopia.* 2016. **13**(1): p. 19.
56. Shiferaw, K., F. Getahun, and G.J.R.h. Asres, *Assessment of adolescents' communication on sexual and reproductive health matters with parents and associated factors among secondary and preparatory schools' students in Debremarkos town, North West Ethiopia.* 2014. **11**(1): p. 2.
57. Mustapa, M.C., et al., *Knowledge on Sexuality and Reproductive Health of Malaysian Adolescents–A Short Review.* Procedia-Social and Behavioral Sciences, 2015. **211**: p. 221-225.
58. ethopia, U., *Harmful Traditional Practices.* . 2015.
59. Endriyas, M., et al., *Contraceptive utilization and associated factors among women of reproductive age group in Southern Nations Nationalities and Peoples' Region, Ethiopia: cross-sectional survey, mixed-methods.* Contraception and reproductive medicine, 2017. **2**(1): p. 10.
60. Abiodun, O., et al., *Sexual and reproductive health knowledge and service utilization among in-school rural adolescents in Nigeria.* Journal of AIDS and Clinical Research, 2016. **7**(6).

61. Lou C, C.Y., Gao E, Zuo X, Emerson MR, Zabin LS. , *Media's contribution to sexual knowledge, attitudes, and behaviors for adolescents and young adults in three Asian cities.* Journal of Adolescent Health. , 2012 march. **50**(3): p. 26.
62. T., N.D.A., *Accessibility to sexual and reproductive health and rights education among marginalized youth in selected districts of Tanzania.* The Pan African Medical Journal, 2016. **25**((Supp 2)): p. 2.

12 ANNEXES

Annex I: Information sheet

Information Sheet and Consent Form Prepared for youths who are going to participate in this Research Project, Assessment of knowledge and associated factors on sexual and reproductive health right among youths in Debark town northwest, Ethiopia

Name of Principal investigator: Solomon alemneh

Name of the organization: Bahir Dar university

Name of sponsor: Amhara health bureau

Introduction: This information sheet and consent form is prepared to explain the study you are being asked to join. Please listen carefully and ask any questions about the study before you agree to join. You may ask questions at any time after joining the study.

Purpose of Research Project: The purpose of this research is to assess knowledge and associated factors on sexual and reproductive health rights among youths in Debark town, Northwest, Ethiopia. The study will be helpful in determining the current level of knowledge on sexual and reproductive health rights and contribute much to design appropriate intervention strategies. It also will serve as a baseline for subsequent studies in the country.

Procedure: To assess knowledge and associate factors on sexual and reproductive health rights, we invite you to take part in this project. If you are willing to participate in this project, you need to understand and give oral informed consent. Then after, you will be given the interviewer-administered questionnaire to give your response. You do not need to tell your name to the data collector and all your responses and the results obtained will be kept confidentially by using a coding system whereby no one will have access to your response.

Risk/ Discomfort: By participating in this research project, you may feel that it has some discomfort especially on wasting time about 30 minutes. We hope you will participate in the study for the sake of the benefit of the research result. There is no risk in participating in this research project.

Benefits: If you participate in this research project, there may not be a direct benefit to you but your participation is likely to help us in assessing the knowledge of sexual and reproductive rights. Ultimately, this will help us to work on awareness creation.

Incentives: You will not be provided any incentives or payment to take part in this project.

Confidentiality: The information collected from this research project will be kept confidential and information about you that will be collected by this study will be stored in a file, without your name, but a code number assigned to it and will not be revealed to anyone except the principal investigator.

Right to refuse or withdraw: You have a full right to refuse from participating in this research. You can choose not to respond to some or all questions if you do not want to give your response. You have also the full right to withdraw from this study at any time you wish, without losing any of your right

Persons to contact

- **Name:** Solomon alemneh
- **Tel:** +251918571786
- **Email**: solomonalemneh66@gmail.com

Annex II Voluntary Consent sheet

I have read/ she/ He was read for me the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating, and the contact address for any question. I have been allowed to ask questions for things that may have been unclear. I was informed that I have the right to withdraw from the study at any time or not to answer any question that I do not want. Therefore, I declare my voluntary consent to participate in this study with my initials (signature).

Do you agree? yes ☐ No ☐

Signature of Participant: _____Date_____Time_____

Name and Signature of Data Collector: _____Date_____Time _____

III English version questionnaire1

Part 1 Sociodemographic characteristics

Number	Characteristics	Responses	Skip to
1.1	sex?	1. Male 2. Female	
1.2	How old are you?	Age in completed years…….	
1.3	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Others	
1.4	What is your current marital status?	1. Single 2. Married 3. Divorced 4. Widowed	
1.5	What is your ethnic group?	1. Amhara 2. Tigray 3. Other	
1.6	What is your level of education?	1. No education 2. Primary (1-8) 3. Secondary (9-12) 4. College and above	
1.7	What is your occupation?	1. ……	
1.8	With whom you are living?	1. Husband/wife 2. Parents/family members 3. School friends 4. relatives 5. alone	
1.9	Have your own income?	1. Yes 2. No	
1.10	What is your family size?	1. Less than 5 2. 5 and more	
1.11	What is your father's educational level?	1. No education 2. Primary (1-8) 3. Secondary (9-12) 4. College and above	
1.12	What is your father's occupation?	1. Government employ 2. Private employ 3. Trader 4. Farmer 5. Others specify	
1.13	What is your mother's educational level?	1. No education 2. Primary (1-8)	

		3. Secondary (9-12) 4. College and above	
1.14	What is your mother's occupation?	1. Government employ 2. Private employ 3. Housewife 4. Trader 5. Others specify	

PART 2 sexual and reproductive health issues related factors

2.1	Have you ever had sexual intercourse?	1. Yes 2. No	If no skip to 2.4
2.2	If yes, at what age did you have first sexual intercourse?	Age in completed years_____	
2.3	How many sexual partners have you ever had in your lifetime?	1. One 2. two 3. three 4. four and above	
2.4	Do you participate in Reproductive Health clubs?	1. Yes 2. No	
2.5	did you discuss (communicate) Sexual issues with parents?	1. Yes 2. No	
2.6	Have you ever had communication about sexual and Reproductive health issues with anyone else?	1. Yes 2. No	If no skip to 2.8
2.7	If yes, with whom had you discussed the issue? (More than one answers possible)	1. Sister 2. Brother 3. Schoolteacher 4. Health personnel 5. Others	
2.8	What is your source of information on sexual and Reproductive Health?	1. Parents 2. Peer 3. Schoolteacher 4. Health personnel 5. Media. 6. Others specify___	
2.9	Have you ever used any of the Reproductive Health Services?	1. Yes 2. No	

PART 3 knowledge of sexual and reproductive health rights

3.1	Do families have the right to decide about their female child to be circumcised?	1 Yes 2 no	
3.2	Can a girl dismiss her arranged marriage without her families' agreement?	1 yes 2 no	
3.3	Do youths have the right to mate selection without their family's consent?	1 yes 2 no	
3.4	Can a married woman say no to have children if she doesn't want to?	1 yes 2 no	
3.5	Does a married woman have a right to say no to sex, regardless of her husband's' wishes?	1 No 2 Yes	
3.6	Do youths have the right that their use of reproductive health services is kept confidential?	1. Yes 2. No	
3.7	A man should get sex whenever he wants irrespective of his wife's wish?.	1. Yes 2. No	
3.8	Does a married woman have the right to limit the number of children according to her desire without her husband's consent?	1. Yes 2. No	
3.9	Do you think youths have the right to information on reproductive health facilities?	1. Yes 2. No	
3.10	Do you think that youths have the right to be free from all forms of discrimination because of their reproductive and sexual orientation?	1. Yes 2. No	
3.11	Do youths have the right to get evidence-based comprehensive sexual education?	1. Yes 2. No	
3.12	Do you think the Husband has an obligation to share child care equally?	1. Yes 2. No	
3.13	Do all girls have the right to autonomous Reproductive choices including choices relating to safe abortion?	1. Yes 2. No	
3.14	Do girls have the right to resist genital mutilation against their family's will?	1. Yes 2. No	
3.15	Do youths have a full right to	1. Yes	

	access all reproductive health services without parents' consent?	2. No	
3.16	Do parents have the right to decide on the sexual and reproductive health issues of their children?	1. Yes 2. No	
3.17	Do all women have the right to autonomous reproductive choices to use any type of contraceptives?	1. Yes 2. No	
3.18	Do girls have the right to autonomous reproductive choices without their partner's consent?	1. Yes 2. No	
3.19	Do youths have a right to freedom of assembly and political participation to influence governments to place a priority on sexual and reproductive health?	1. Yes 2. No	
3.20	Do youths have the right to access new reproductive technologies?	1. Yes 2. No	
3.21	Do you think that all youths must be free to enjoy and control their sexual and reproductive life?	1. Yes 2. No	
3.22	Do youths have the right to form an association that aims to promote their sexual and reproductive health?	1. Yes 2. No	
3.23	Does an unmarried woman have the right to maternity leave with adequate social security benefits?	1. Yes 2. No	
3.24	Do Unmarried couples have the right to use contraceptives other than condoms?	1. Yes 2. No	

ANNEX IV. የአማርኛ መጠይቅ

አባሪ አንድ፡ የመረጃ መስጫ ቅፅ

እንደምን ዋሉ/ አደሩ! እኔ ስሜ ---------- እባላለሁ፡፡በባህርዳር ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ ስነ ተዋልዶ እና ስነ ህዝብ ትምህርት ክፍል ተማሪዎች ለሚያጠኑት ጥናት መረጃ ሰብሳቢ ነኝ፡፡ ስለዚህ የጥናቱን መረጃዎች ለመሰብሰብ እኔና እርስዎ ለአጭር ጊዜ ማለትም ከ10-15 ደቂቃ ያክል ውይይት ይኖረናል፡፡ ለዚህም ውይይት እንዲተባበሩኝ በትህትና እጠይቃለሁ፡፡ ወደ ውይይቱ ከመግባታችን በፊት ስለ ጥናቱ ዓላማና ጠቅላላ ሁኔታ ስለማነብልዎት በጥሞና እንዲያዳምጡኝ በአክብሮት እጠይቃለሁ፡፡ በመጨረሻም በጥናቱ ለመሳተፍ መስማማትዎንና አለመስማማትዎን ይነግሩኛል፡፡ የዚህ ጥናት ዓላማ በከተማ ውስጥ በሚገኙ ወጣቶች መካከል የጾታ እና የስነ-ተዋልዶ ጤና መብቶች ለማወቅ ሲሆን ጥናቱ የሚካሄድበት መንገድ በሚሰበሰበው መረጃ በሚቀርብ መጠይቅ ይሆናል፡፡ በቆይታዎ ሁሉ ሚስጥር የተጠበቀ እነደሆነ እነዲሁም ስምዎትንም አንጠቅስም ማለትም አንጠይቅም፡፡ ለማነኛውም ጥያቄ የሚሰጡት ምላሽ ለሌላ ሰው ተላልፎ አይሰጥም፡፡ የጥናቱ ውጤት ሪፖርትም በስምዎት አይገለፅም፡፡ መጠይቁ በፈቃደኝነት ላይ የተመሰረተ ስለሆነ የእርስዎ መሳተፍ ወይም አለመሳተፍ እንዲሁም ጥያቄዎችን ላለመመለስ ፈቃደኛ አለመሆንና በጥያቄው ወቅት አቋርጦ መውጣት የሚችሉ ሲሆን ይህንን በማድረግዎ አሁንም ሆነ ለወደፊት እርስዎ እና ቤተሰብዎ በሚያገኙት አገልግሎት ላይ ምንም ዓይነት ተፅኖ አይኖርም፡፡ በጥናቱ ላይ ተሳታፊ በመሆንዎ የሚሰጥ ክፍያ አይኖርም፡፡ ለመሳተፍ ፈቃደኛ ነዎ?

1. አዎ----------
2. አይደለሁም----------

አመሰግናለሁ!
በጥናቱ ለመሳተፍ ፈቃደኛ ከሆኑ የፈቃደኝነት ማረጋገጫ ቅፅ ይፃፉ፡፡

3. አባሪ ሁለትት፡- የስምምነት ውል ቅፅ:

ከታች የፈረምኩት እኔ የጥናቱ ዓላማ የተነገረኝ ሲሆን ለምጠየቀው ጥያቄ የማውቀውን መመለስ እንደምችል እኔ የምሰጠው መረጃ ለዚህ ጥናት አገልግሎት ብቻ የሚውል መሆኑን ስሜና የምሰጠው መረጃም በሚስጥር እነደሚያዝ ተነግሮኛል፡፡ ፍላጎት ከሌለኝም በጥናቱ ያለመሳተፍ እንዲሁም ጥያቄ ያለመመለስና በጥያቄው መካከል አቋርጬ መውጣት እንደምችል የተነገረኝ ሲሆን በዚህም መሰረት በጥናቱ ለመሳተፍ ፈቃደኛ መሆኔን በፊርማዬ አረጋግጫለሁ፡፡

ጥናቱ የሚካሄድበት ቦታ/ቀበሌ/ ስም----------ኮድ ቁጥር----------ፊርማ----------ቀን------/------/------

የጥናቱ ተሳታፊ ፈቃደኛ መሆናቸውን ፊርማ----------ቀን----------

የሚያረጋግጥ የመረጃ ሰብሳቢ ስም----------

ፊርማ----------ቀን----------

የረጋገጠው ሱፐርቫይዘር ስም----------ፊርማ---------- ቀን----------

መጠይቆችመጠይቅ

1. የተጠያቂው መለያ ቁጥር
2. መጠይቁ የተካሄደበት ጊዜ ቀን---------- ወር ---------- 2012 ዓ.ም

ክፍል ፩. የግለሰቡ መረጃ			
1.1	ፆታ	፩. ወንድ ፪. ሴት	
1.2	ዕድሜ	…….	
1.3	ሀይማኖት	1. ኦርቶዶክስ 2. ፕሮቴስታንት 3. ሙስሊም 4. ሌላ	
1.4	የትዳር ሁኔታ	1. ያላገባ/ች 2. ያገባ/ች 3. የፈታ/ች 4. የሞተበት/ባት	
1.5	ብሔር	1. አማራ 2. ትግራይ 3. ሌላ	
1.6	የትምህርት ደረጃ	፩. ያልተማረ 2. ከ 1-8ኛ ክፍል 3. ከ 9-12ኛ ክፍል 4. ኮሌጅና ከዚያም በላይ	
1.7	ስራ	1. ተማሪ 2. የቀን ሰራተኛ 3. ነጋዴ 4. የቤት እመቤት 5. ሥራ የለኝም 6. ሌላ	
1.8	ከማን ጋር ነውየምትኖረው/ሪው?	.....	
1.9	የራስዎ ወርሃዊ ገቢ አለዎት?	1. አዎ 2. የለኝም	
1.10	የቤተሰብህ/ሽ ብዛት ስንት ነው?	1. ከአምስት በታች 2. አምስት እና ከዚያ በላይ	
1.11	የአባትህ// ሽ የትምህርት ደረጃ	1. ያልተማረ 2. ከ 1-8ኛ ክፍል 3. ከ 9-12ኛ ክፍል 4. ኮሌጅና ከዚያም በላይ	
1.12	የእናትህ / ሽ የትምህርት ደረጃ	1. ያልተማረ 2. ከ 1-8ኛ ክፍል 3. ከ 9-12ኛ ክፍል 4. ኮሌጅና ከዚያም በላይ	
1.13	የአባትህ ሥራ ምንድነው?	…….	
1.14	የእናትህ ሥራ ምንድነው?	…….	

ክፍል 2፤ ወሲባዊ እና የስነ-ተዋልዶ ጤና ጉዳዮች

2.1	የግብረ ሥጋ ግንኙነት አድርገህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አይደለም	አይደለም ከሆነ ወደ 2.4ይሂዱ
2.2	አዎ ከሆነ የመጀመሪያውን የግብረሥጋ ግንኙነት የፈፀምከው/ሽው በስንት ዓመትህ/ሽ ነው?		
2.3	በሕይወትዎ ጊዜ ውስጥ ምን ያህል ወሲባዊ አጋሮች አጋጥመዎ ያውቃሉ?	1. አንድ 2. ሁለት 3. ሦስት 4. አራት አና ከ ዚያ በላይ	
2.4	በስነ ተዋልዶ ጤና ክለቦች ትሳተፋለህ/ሽ?	1. አዎ 2. አላውቅም	
2.5	ከቤተሰብ ጋር ስለ ስነተዋልዶ ጤና ጉዳይ መወያየት አስፈላጊ ነው??	1. አዎ 2. አላውቅም	
2.6	በስነ-ተዋልዶ ጤና ዙሪያ ከሰዎች ጋር ተወያይተህ/ሽ ወይም ተነጋግረህ ታወቃለህ/ቂያለሽ	1. አዎ 2. አላውቅም	አላውቅም ከሆነ ወደ 2.8 ይሂዱ
2.7	አዎ ከሆነ ከማን ጋር ነው የተወያዩት(ከአንድ በላይ መልስ መምረጥ ይቻላል)	1. እናት 2. ወንድም 3. እህት 4. ጓደኛ 5. መምህር 6. የጤና ባለሞያ 7. ሌላ ካለ ይጠቀስ_____	
		1.	
2.8	ከስነ-ተዋልዶ ጤና አገልግሎቶች አንዳቸውን ተጠቅመህ/ሽ ታወቃለህ/ሽ	1. አዎ 2. ተጠቅሜ አላውቅም	
2.9	በስነተዋልዶ ጤና ዙሪያ የመረጃ ምንጭህ/ሽ ምንድን ነው? (ከአንድ በላይ መልስ መምረጥ ይቻላል)	1. ቤተሰብ 2. ጓደኛ 3. መምህር 4. የጤና ባለሞያ 5. ሚዲያ 99. ሌላ ካለ ይጠቀስ_____	

ክፍል 3. የግንዛቤ እና እውቀት መጠይቅ

3.1	ቤተሰብ ስለ ሴት ልጃቸው መገረዝ የመወሰን መብት አላቸው?	1. አለው 2. የለውም	
3.2	ሴት ልጅ በቤተሰብ የቀረበላትን የጋብቻ ጥያቄ ያለመቀበል መብት አላት?	1. አላት 2. የላትም	
3.3	ወጣቶች ያለ ቤተሰብ ፈቃድ የፍቅር ጓደኛ መያዝ ይችላሉ?	1. ይችላሉ 2. አይችሉም	
3.4	ያገባች ሴት፤ ልጅ ካላስፈለጋት አልወልድም የማለት መብት አላት?	1. አላት 2. የላትም	
3.5	ያገባች ሴት ባሏን የግብረሥጋ ግኙንነት የመከልከል መብት አላት?	1. አላት 2. የላትም	
3.6	ወጣቶች የስነተዋልዶ ጤና አገልግሎት ተጠቃሚነታቸው በምስጢር እንዲጠበቅላቸው የማድረግ መብት አላቸው?	1. አላቸው 2. የላቸውም	
3.7	ባል በፈለገው ጊዜ ሁሉ፤ ያለ ሚስቱ ፍላጎትም ቢሆን፤ የግብረሥጋ ግኙንነት የመፈጸም መብት አለው?	1. አለው 2. የለውም	

3.8	ያገባች ሴት እንደ ፍላጎቷ፤ ያለባሏ ፈቃድ የልጆቿን ቁጥር የመወሰን መብት አላት?	1. አላት 2. የላትም	
3.9	ወጣቶች በስነተዋልዶ ጤና ዙሪያ መረጃ የማግኘት መብት አላቸው?	1. አላቸው 2. የላቸውም	
3.10	ወጣቶች በስነተዋልዶና ግብረሥጋ ግኙንነት አመለካከታቸው የተነሳ ከሚደርስባቸው ከየትኛውም ዓይነት መገለል ነፃ የመሆን መብት አላቸው ብለህ ታስባለህ/ሽ?	1. አላቸው 2. የላቸውም	
3.11	.ወጣቶች በማስረጃ ላይ የተመሠረተ ሁሉን አቀፍ ስርዓተ ፃታ ትምህርት የማግኘት መብት አላቸው?	1. አላቸው 2. የላቸውም	
3.12	ባል የሕፃናት ልጆችን እንክብካቤ እኩል የመካፈል ግዴታአለበት?	1. አዎ 2. አይደለም	
3.13	ሁሉም ሴቶች በጤና ተቋም ውስጥ የሚካሄድ ውርጃን ጨምሮ ሁሉንም ዓይነት የስነተዋልዶ ጤና አገልግሎት የመጠቀም መብት አላቸው	1. አላቸው 2. የላቸውም	
3.14	ሴት ልጅ፤ ቤተሰቧ ለማስገረዝ ሲፈልግ፤ የመቃወም መብት አላት	1. አላት 2. የላትም	
3.15	ወጣቶች ያለ ቤተሰብ ፈቃድ ሁሉንም ዓይነት የስነተዋልዶ ጤና አገልግሎት የማግኘት መብት አላቸው	1. አላቸው 2. የላቸውም	
3.16	ቤተሰብ በልጆቹ የስነተዋልዶ ጤና ጉዳይ የመወሰን መብት አለው	1. አለው 2. የለውም	
3.17	ሁሉም ሴቶች ሁሉንም ዓይነት የስነተዋልዶ ጤና አገልግሎት የማግኘት መብት አላቸው	1. አላቸው 2. የላቸውም	
3.18	ሴቶች ያለ የፍቅር ጓደኛቸው ፈቃድ ሁሉንም ዓይነት የስነተዋልዶ ጤና አገልግሎት የማግኘት መብት አላቸው	1. አላቸው 2. የላቸውም	
3.19	ወጣቶች መንግስት ለስነተዋልዶ ጤና አገልግሎት ቅድሚያ እንዲሰጥ ተፅዕኖ ለመፍጠር የመደራጀት እና በፖለቲካ የመሳተፍ መብት አላቸው	1. አላቸው 2. የላቸውም	
3.20	ወጣቶች አዳድስ የስነተዋልዶ ጤና አገልግሎት ቴክኖሎጂዎችን የማግኘትና የመጠቀም መብት አላቸው	1. አላቸው 2. የላቸውም	
3.21	ሁሉም ወጣቶች የስነተዋልዶ እና የግብረሥጋ ሕይወታቸውን በነጻነት የመምራት መብት አላቸው ብለህ ታምናለህ	1. አዎ 2. አላምንም	
3.22	ወጣቶች የስነተዋልዶ ጤና ሕይወታቸውን ለማበልጸግ በማኅበር የመደራጀት መብት አላቸው	1. አላቸው 2. የላቸውም	
3.23	ያላገባች ሴት ብታረግዝ ካገባች ሴት እኩል፤ሙሉ የወሊድ ፈቃድ የማግኘት መብት አላት	1. አላት 2. የላትም	
3.24	ያልተጋቡ ፍቅረኛሞች ከኮንዶም ውጪ ሌሎቹን የቤተሰብ ምጣኔ አገልግሎቶች የመጠቀም መብት አላቸው	1. አላቸው 2. የላቸውም	

ውድ ጊዜህ/ሽን ሰውተህ/ሽ ይህን በጣም አስፈላጊ መረጃ ሰለሰጠኅ/ሽን ከልብ አመሰግናለሁ!!

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DEPARTMENT OF REPRODUCTIVE HEALTH AND POPULATION STUDIES

Declaration Sheet

I. , the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the proposal have been fully acknowledged

Name of Principal Investigator: Solomon Alemneh (BSC)

Signature: _____

Date: _____

This proposal has been submitted for examination with my approval as University advisor

Name of the first advisor 1.Endalkachew Worku(MPH/RH,Assistant professor)

Signature _____ Date. _____

Name of the second advisor: Mekonen Melkie (MPH/RH)

Signature _____ Date. _____

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Approval of thesis for Defense

I hereby certify that I have supervised, read, and evaluated this thesis/dissertation titled " Knowledge of sexual and reproductive health rights and associated factors among youths in Debark town, northwest Ethiopia,2020" prepared by Solomon Alemneh under my guidance. I recommend the thesis be submitted for oral defense.

_____	_____	_____
Advisor's name	Signature	Date
_____	_____	_____
Co-Advisor's name	Signature	Date
_____	_____	_____
Department Head	Signature	Date

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Approval of thesis for defense result

As members of the board of examiners, we examined this thesis entitled “Knowledge of sexual and reproductive health rights and associated factors among youths in Debark town, northwest Ethiopia,2020” by Solomon Alemneh. We hereby certify that the thesis is accepted for fulfilling the requirements for the award of the degree of “master of public health in reproductive health”.

Board of Examiners	Signature	Date
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