

2020-07

Utilization of Youth Friendly Service and Associated factors Among Youth in Yilmana Densa District, West Gojam, Amhara, Northwest Ethiopia,2018

Tarkie, Dagnaw

<http://ir.bdu.edu.et/handle/123456789/13664>

Downloaded from DSpace Repository, DSpace Institution's institutional repository



COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

UTILIZATION OF YOUTH FRIENDLY SERVICE AND ASSOCIATED FACTORS AMONG YOUTH IN YILMANA DENSA DISTRICT, WEST GOJAM, AMHARA, NORTHWEST ETHIOPIA,2018.

BY: TARKIE DAGNAW

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

JULY 2020

BAHIR DAR, ETHIOPIA

BAHIRDAR UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

UTILIZATION OF YOUTH FRIENDLY SERVICE AND
ASSOCIATED FACTORS AMONG YOUTH IN YILMANA
DENSEA DISTRICT, WEST GOJAM, AMHARA, NORTHWEST
ETHIOPIA, 2018

BY: TARKIE DAGNAW

ADVISORS: Sr. ALEMTSEHAY MEKONEN (MPH /RH)

Mr. ZELALEM MEHARI (Assistant Professor of Biostatistics)

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

JULY 2020

BAHIRDAR, ETHIOPIA

BAHIRDAR UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH

THESIS REPORT

Student:

Name-----Signature-----Date-----

The following graduate faculty members certify that this student has successfully presented the necessary written thesis report and oral presentation of this report partial fulfillment of the requirements for the degree of master of public health in reproductive health and population studies.

Approved by:

Name-----Signature-----Date-----

Name-----Signature-----Date-----

Name-----Signature-----Date-----

Acknowledgments

Special and heartfelt gratitude to my Advisors Sr. Alemtsehay Mekonen and Mr.Zelalem Mehari for their advice, valuable comments, and critical review of my thesis.

I also gratefully acknowledge Yilmana Densa district maternal and Youth officer and District Health Office staff for their positive cooperation for providing data that are necessary for my study.

My thanks also go to Bahir Dar University College of Medicine and Health Sciences school of public health department of reproductive health and population studies for all the efforts made to provide me with the necessary knowledge and skill to conduct the study.

Also, I want to acknowledge data collectors, supervisors, and the respondents for their willingness, participation and efforts in my work.

Acronyms & Abbreviations

AIDS-----Acquired Immune Deficiency Syndrome

AYFRH-----Adolescent Youth Friendly Reproductive Health

EC-----Emergency Contraceptive

ETB-----Ethiopian Birr

FP-----Family Planning

HIV-----Human Immune Deficiency Virus

HEWs-----Health Extension Workers

ICPD-----International Conference on Population and Development

SPSS-----Statistical Package for Social Science

STI-----Sexual Transmitted Infection

VCT-----Voluntary Counselling and Testing

WHO-----World Health Organization

YFS-----Youth Friendly Service

Table of Contents

Contents	Page
Acknowledgments.....	IV
Acronyms & Abbreviations	V
Abstract.....	X
1. Introduction.....	1
1.1. Background.....	1
1.2. Statement of the Problem.....	2
1.3. Justification of the Study	3
2. Literature Review.....	4
2.1. The magnitude of Youth Friendly Service Utilization.....	4
2.2. Associated factors with youth-friendly service utilization.....	5
2.3. Conceptual framework.....	7
3. Objectives	8
3.1. General Objective	8
3.2. Specific objectives	8
4. Methods	9
4.1. Study design.....	9
4.2. Study area and period.....	9
4.3. Source population	11
4.4. Study population	11
4.5. Inclusion criteria and Exclusion criteria	11
4.5.1. Inclusion criteria	11
4.5.2. Exclusion criteria	11
4.6. Sample size determination	11
4.7. Sampling unit	13
4.8. Study unit:.....	13
4.9. Sampling technique.....	13
4.10 Sampling Procedure	14
.....	14
4.11. Data collection procedures.....	15
4.11.1. Data collection tools.....	15
4.11.2. Data quality control.....	15
4.12. Study Variables.....	15
4.12.1. Dependent Variables	15
4.12.2. Independent Variables.....	15

4.13. Operational definition	16
4.14. Data Processing and analysis	16
4.15. Ethical clearance	16
5. Results.....	17
6. Discussion	24
7. Conclusion and Recommendation	25
7.1. Conclusion	25
7.2. Recommendation	25
8. References.....	27
9. LIST OF ANNEXES	29

List of table

Table 1-Sample size determination by using factors	12
Table 2 Socio-demographic characteristics of Youth In Yilmana Densa District, Amhara, Northwest Ethiopia, 2020	17
Table 3 personal and sexual reproductive health-related behaviors of youth in Yilmana Densa District, North west Ethiopia, 2020	18
Table 4 candidate variables of youth friendly service utilization among youths in Yilmana Densa District, North west Ethiopia, June 2020	21
Table 5 Factors associated with youth-friendly service utilization among youth in Yilmana densa district Amhara, Northwest Ethiopia, June 2020.	23

List of Figures

Figure 1 Conceptual frame work 7
Figure 2-Map of Yilmana Densa 10
Figure 3-schematic presentation of sampling procedure 14

Abstract

Background: Youths are defined as persons between 15 to 24 years of age which accounts 20% of world population of whom 85% live in developing countries. The prevalence of youth friendly service utilization varies from place to place from 33.2% in metekel zone to 69.1% in mekele in Ethiopia. However, the prevalence of youth friendly service utilization were not known at community level in Amhara region. Therefore; this study intends to determine the prevalence of youth-friendly service utilization and to identify factors associated with service utilization and to provide up to date information for stakeholders.

Objective: To assess the magnitude of youth-friendly service utilization and its associated factors among youth in Yilmana Densa District, Ethiopia.

Methods: A community based cross-sectional study design was used in yilmana densa district from October to December 2018. The study population was a sample of youth in aged of 15-24 years in the selected kebeles. Stratified multistage sampling technique was used by classifying the kebeles into urban (Adet) and rural (Agita). Then, the study samples were proportionally allocated. Data were collected from a sample of 882 youth using a pretested structured interviewer-administered questionnaire by trained data collectors and supervised by the supervisor. Then, Data were entered into EPI INFO version 7.0 and analyzed by SPSS version 23.0. The level of statistical significance was declared at p-value less than 0.2 to select candidate variable and 0.05 for simple and multiple binary logistic regressions respectively. Odds ratios, along with a 95% confidence level was estimated to measure the strength of association between the study variables. The model fitness was checked by using Hosmer and Lemeshow test that P-value of 0.21.

Results: Youth friendly service utilization among youths in Yilmana Densa District was 33.2% (95%CI:30.3%-36.4%). In multiple binary logistic regression residence [AOR=0.56 (95%CI:0.13-0.99)], source of information about youth-friendly service [AOR= 0.35 (95%CI:0.17-0.74)], knowledge [AOR=2.19 (95% CI:1.34-3.57)], number of sexual partner [AOR=0.12 (95% CI:0.02-0.84)], and exposure to sexual health problem [AOR=2.94 (95%CI :1.46-5.90)] were significantly associated with youth friendly service utilization.

Conclusion and Recommendation: The prevalence of youth-friendly service utilization in this study was low as compared with the studies were conducted in Harar and Mekele. Living in urban, hearing about YFS from a health professional, having knowledge, exposed to sexual health problems, age at first sexual intercourse was significantly associated with YFS. Therefore; it needs great effort all concerned bodies to provide necessary information for youths to increase YFS utilization.

Keywords: youth, adolescent, utilization, youth-friendly service, Ethiopia

1. Introduction

1.1. Background

Youths defined as persons between 15 to 24 years of age which accounts 20% of the world's population, of whom 85% live in developing countries. They are characterized by significant physiological, psychological and social changes that place their life at high risk of sexual and reproductive health problems. The reproductive health problems in this period are preventable by providing youth-friendly services [1].

Sexually transmitted infection and teenage pregnancy were the main reproductive health problem of youth that the prevalence were 21.3% and 28.6% respectively [2],[3].

In 1994 International Conference on Population Development (ICPD) held in Cairo establish youth-friendly service program. As a result, countries encouraged to adopt the program to meet needs and to improve care for youth [4].

In Ethiopia FMOH developed a standard guideline on youth-friendly reproductive health service packages in 2006[5]. Youth-friendly services concern respecting confidentiality, giving choices, and raising awareness of rights. Youth friendliness goes beyond service delivery settings to include community acceptance of young people's sexual and reproductive health rights.[6].

1.2. Statement of the Problem

There are 1.8 billion young people aged 10 to 24 years which more than 80% have unmet reproductive health needs in rural areas world wide[7].

Globally 2.1 million youths were living with HIV, 74% lived in high burden countries like South Africa, Nigeria, Tanzania, and India. 85% were in sub-Saharan Africa and contributing factors were Low condom use, transactional sex, Poverty, lack of access to health care and education [8].

Only 36% and 24% of men and women youths aged 15–24 years respectively, in developing regions have comprehensive and correct knowledge of HIV/AIDS [9].

Young people in sub-Saharan Africa are more at risk of experiencing sexual and reproductive health problems like teenage Pregnancy, early marriages, sexually transmitted infections including HIV/AIDS[10].

Youths in Ethiopia they accounts 22% of total population those whom ever encountered with many risks to their sexual and reproductive health problems, including adolescent pregnancy (28.6%), Induced abortions (13.6%), STIs, HIV, and unmet need for family planning[11], [12].

According to Ethiopia demographic and health survey (2016 EDHS) show 13% of women age 15-19 in Ethiopia have begun childbearing. Children born to very young mothers are at increased risk of sickness and death [13].

1.3. Justification of the Study

Even if Ethiopian Governments develop guidelines, give training for health professionals and expanding YFS centers to improve youth-friendly service utilization. Additionally, big variation was observed on the level of sexual and reproductive health service utilization from place to place in Ethiopia. In my search no community based studies conducted on youth friendly serviceutilization in Amhara region. Though, the magnitude of youth friendly and associated factors were not well known.

Therefore; this study was needed to determine the magnitude of youth-friendly service utilization and to identify factors associated with service utilization and to provide up to date information to youth-friendly service providers and other stakeholders.

2. Literature Review

2.1. The magnitude of Youth Friendly Service Utilization

A cross-sectional study were conducted in Tanzania only 29.3% were tested for HIV[14].

A cross-sectional study in Kenya showed that the service utilized by youth were VCT (64%), followed by Family planning (26%), ANC services care (6%) and post-abortion care (4%)[15].

An institution-based cross-sectional study in Hadiya Zone showed only (38.5%) of secondary school youths ever utilized adolescents and youth-friendly reproductive health services[16].

In Mekele community-based cross-sectional study revealed that 69.1% of youth were utilized youth-friendly service. However, (94.5%) and (97%) of the participants heard of the family planning and knew methods for preventing pregnancy respectively[17].

Cross-sectional study conducted in Metekel zone showed that 33.2% of participants ever utilized youth-friendly service. Though, from who were utilize youth friendly service 27.7% of them receive voluntary counseling service, 20% family planning service, and 3.1% safe abortion care service, respectively [18].

Cross-sectional study in Mada Walabu University showed that 27.7% of the respondents were utilized modern contraceptives. But, from those sexually active respondents only 54% of s used modern contraceptives for their last sexual intercourse[19].

The study conducted at Adama University Only 26.7% of those who had unprotected sex used emergency contraception[20]. The study conducted in Harar only 63.8 % of them reported that they used YFS services at least once in the last twelve months preceding the survey[21].

A community-based cross-sectional study conducted in south Shewa zone 54.7% of the respondents had utilized at least one reproductive health service[22].

In general, the magnitude of youth-friendly service utilization ranges from 33.2% to 69.1% in metekel zone and mekele, respectively.

2.2. Associated factors with youth-friendly service utilization

Reports in Nepal showed that limited access to information and service, lack of confidentiality, lack of life skills-based education, gender power imbalance, lack of youth-friendly service and economic constraints were barriers to use sexual and reproductive service[23].

A cross-sectional study in Burkina Faso, Ethiopia and Nigeria revealed that educational status, residence and wealth were factors associated with service utilization. Adolescents who have a high school level education or above, who are in urban areas, and who are in the highest wealth use significantly more modern contraception as compared to their peers who have primary level education, live in rural areas, or who belong to the lowest wealth[24].

A cross-sectional study conducted in Tanzania The uptake of VCT was mainly found to be influenced by fear of HIV test results, knowledge and attitude on VCT services, age, education, stigma and distance to the VCT center. Sex (being female), age (> 18 years), educational status (secondary level), having a sexual partner and having a discussion on HIV testing were positively associated[14].

A community-based cross-sectional study conducted in Harar showed religion, educational status, perception, the attitude of youth were factors. Being Muslim, illiterate, negative perception of the importance of YFS for youth, negative attitude of youth towards the behavior of YFS provider and conduciveness of health service institutions were negatively associated with the utilization of youth-friendly services. However, using health care providers as a source of information for YFS, and having knowledge about YFS were positively associated[21].

Another study in Hadiya revealed that youth ever encountered sexual and reproductive health problems, have information and knowledge were associated factors with youth-friendly service. Youths with a good knowledge on the type youth-friendly reproductive health services and those who had information about the availability of the services were more likely utilize and those who never had sexual intercourse and sexual health problems were less likely utilize the service [16].

Community based cross-sectional study conducted in Mekele showed that factors associated with youth-friendly service utilization were sex, knowledge about YFS, information and also the source of information and sex with commercial sex workers[17].

Institutional based study conducted in Adama University age, marital status and religion were factors associated with service utilization. Those aged 20 years and above, Participants who were married and protestant were more likely utilize youth friendly service[20].

The study conducted in Metekel showed that sex, age group, occupation and convenient time for youth-friendly reproductive health service were associated factors. Youths in the age group of 18-24 years were more likely utilize the service than youths in the age group of 15-17 years. Youths had the same sex with service providers were more likely use the service[18].

The other study conducted in Mada Walabu University Sexual intercourse, had history of STI and knowledge were factors associated with youth friendly service utilization [19].

Institutional based cross-sectional study in Bahir Dar among youths showed age and exposure to reproductive health problems were associated factors with youth friendly service utilization. Youths were in the age group of 20 - 24 years were more likely utilize the services than who were 15 - 19 years. Youth with reproductive health problems were more likely use youth friendly service than those who had no reproductive health problems [25].

Other institutional based cross-sectional studies were done in North Shewa showed that age, ever had sexual partner, Educational status, source of information, use TV, know where YFS provided, ever had sexual intercourse were associated factors [22].

2.3. Conceptual framework

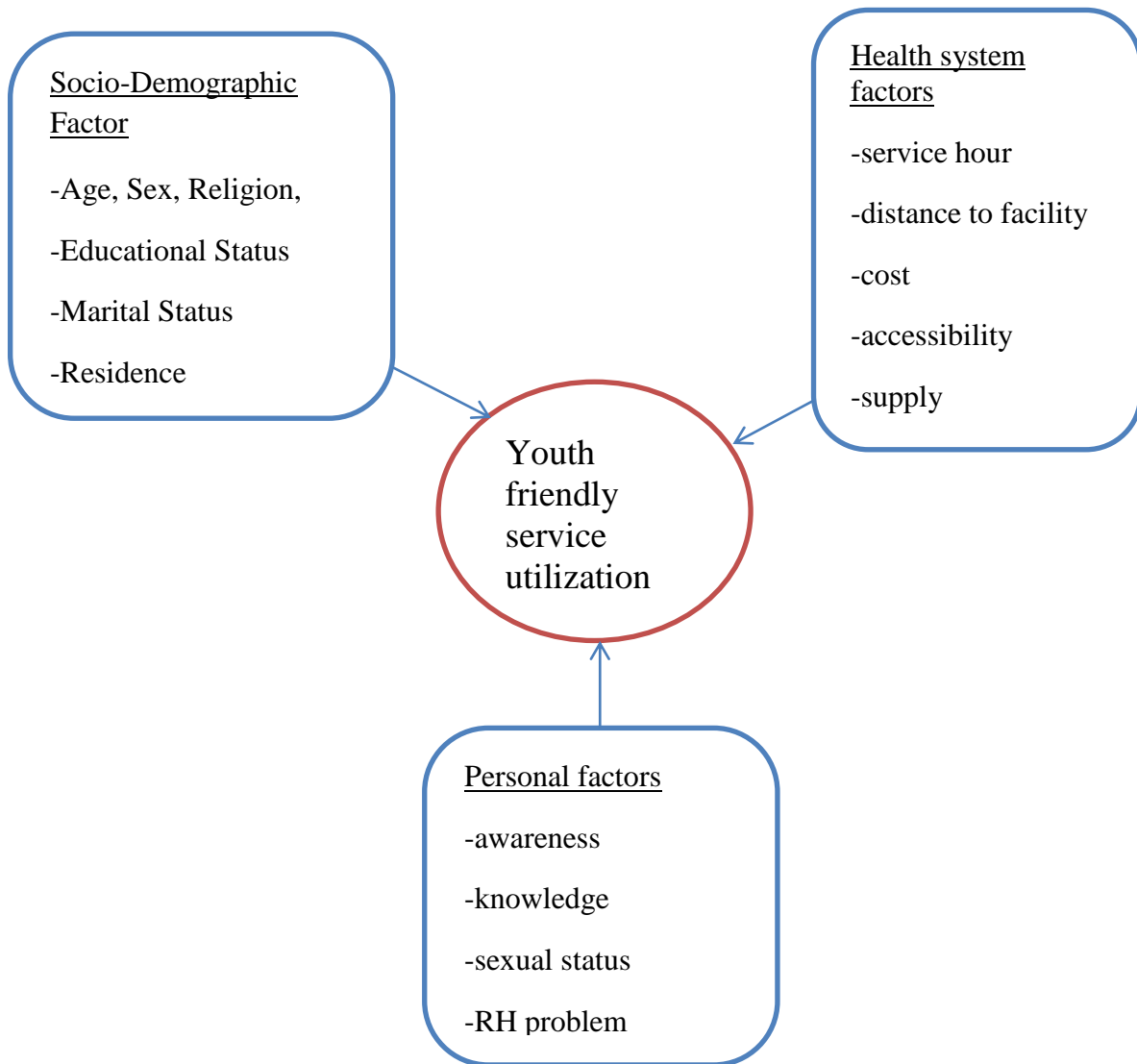


Figure 1 Conceptual frame work

3. Objectives

3.1. General Objective

To assess the magnitude of youth-friendly service utilization and its associated factors among youth in Amhara, Ethiopia, 2020.

3.2. Specific objectives

1. To determine the magnitude of youth-friendly service utilization among youth in Yilmana Densa District, Amhara, Ethiopia.
2. To identify factors associated with youth-friendly service utilization among youth in Yilmana Densa District, Amhara, Ethiopia.

4. Methods

4.1. Study design

A community based cross-sectional study design was conducted to assess youth-friendly service utilization and associated factors among youths in Yilmana Densa Distric, Amhara,Ethiopia.

4.2. Study area and period

This study was conducted in Yilmana Densa District, West Gojjam Zone ,Amhara regional state, from October to December 2018. Yilmana Densa District is located at a distant of 438 kilometres in the northwest direction from Addis Ababa (the capital city of Ethiopia) and 42 km from Bahir Dar City (the capital city of Amhara Regional State). According to the Amhara regional bureau of finance and economic development (BOFED) the district have 36 kebeles (33 rural and 3 urban) with total of 270, 691 population in 2018 E.C. There are one primary hospital, 11 health centers, 10 private clinic and 36 health posts. In Yilmana Densa district there are two sites that provide youth-friendly service. In the district one from urban (Adet) and one from rural (Agita). The data was taken in Yilmana Densa District Health Office in 2018[26] .

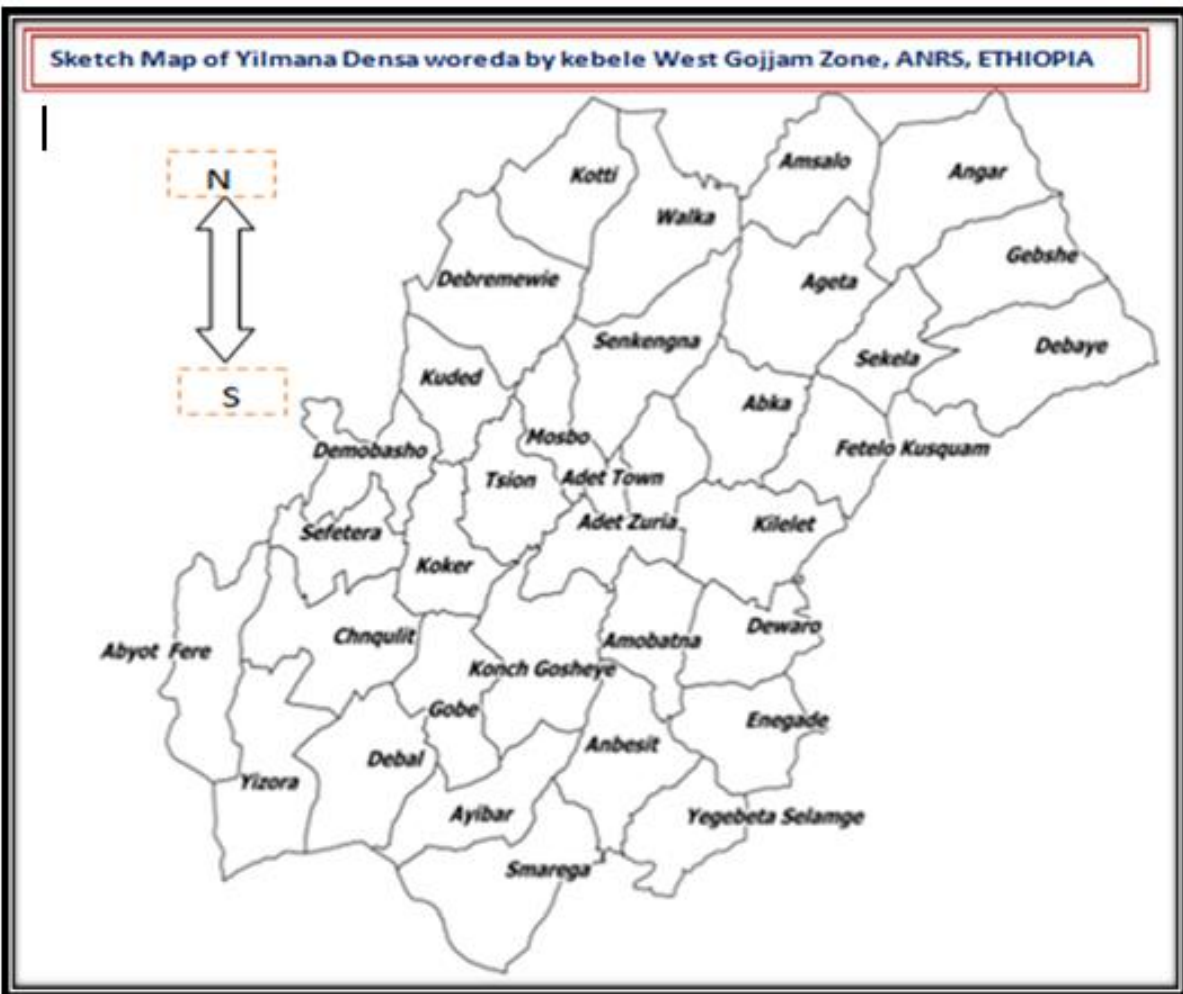


Figure 2-Map of Yilmana Densa

4.3. Source population

The source population of this study was all youth in Yilmana Densa District in the age of 15-24 years.

4.4. Study population

The study population was a sample of youth in age of 15-24 years in the selected kebeles.

4.5. Inclusion criteria and Exclusion criteria

4.5.1. Inclusion criteria

All youth who were in the age of 15-24 years in the selected kebeles were included in the study.

4.5.2. Exclusion criteria

Youths had no permanent residence in the study area were not included in the study

4.6. Sample size determination

The sample size was determined by using factors significantly associated with youth-friendly service and the prevalence of youth-friendly service utilization from the study conducted in metekel. By using the prevalence of youth-friendly service utilization the following assumptions were used to calculate the required sample size: P= 33.2% from the study was conducted in Metekel[18] ; $\alpha = 5\%$ level of significance and margin of error $d = 4\%$ that is a maximum tolerable error and design effect=1.5. By using a single population proportion formula; the expected sample size was 801. Then by considering a ten percent non-response rate the final sample size became $801 + 81 = 882$.

n = minimum sample size

$z = 1.96$ (for 95% of CI)

p = Taking YFS utilization in Metekel, Weastern Ethiopia was 33.2%

w = marginal error = 0.04 (4%)

DEF = design effect= 1.5

$$n = \frac{DEF(z^2 \times p(1-p))}{w^2} = \frac{1.5(1.96)^2 \times 0.332(1-0.332)}{(0.04)^2} = \frac{1.5(3.8416 \times 0.221776)}{0.0016}$$

$n = 801$

Finally, by adding 10% non respondents rate, the total samples size were 882.

Table 1-Sample size determination by using factors

Variable		% of service utilization	CI	Power	AOR	The ratio of unexposed to exposed	Sample size
Sex	Male	43.8%	95%	80	1		
	Female	56.2%	95%	80	1.97(1,9-4.9)	0.78	517
Age	15-17	3.5%	95%	80	1		
	18-24	96.5%	95%	80	10.7(2.67-43.72)	0.034	16
Occupation	Civil servant	0.77%	95%	80	1	0.008	64
	Student	91.53%	95%	80	4.29(1.23-14.9)		
	Any sex	61.4%	95%	80	1		
Service provider preference	Same sex	10.6%	95%	80	1.6(1.56-1.99)	5.79	50
	Working hours	38.3%	95%	80	1		
Working hour	Hours' users are not around	25.4%	95%	80	0.29(0.25-0.67)	1.507	429

4.7. Sampling unit: Each household that the study unit was recruited.

4.8. Study unit: Each youth from age 15-24 years that was participated in the study.

4.9. Sampling technique

In Yilmana densa district there were two youth-friendly service sites that Agita and Adet. Therefore; Stratified multistage sampling technique was used by stratifying the kebeles into urban (Adet) and rural (Agita). Then, the study samples were proportionally allocated for each strata (339 from 8259) in Agita and (543 from 13212) samples Adet. Then, samples were taken systematically every 24th interval for both (urban & rural) was used to select the study unit. If more than one youth is found within one household, data was taken from one of them using the lottery method. And also, eligible youth absent in the household, at the time of data collection, the next nearest household was taken.

4.10 Sampling Procedure

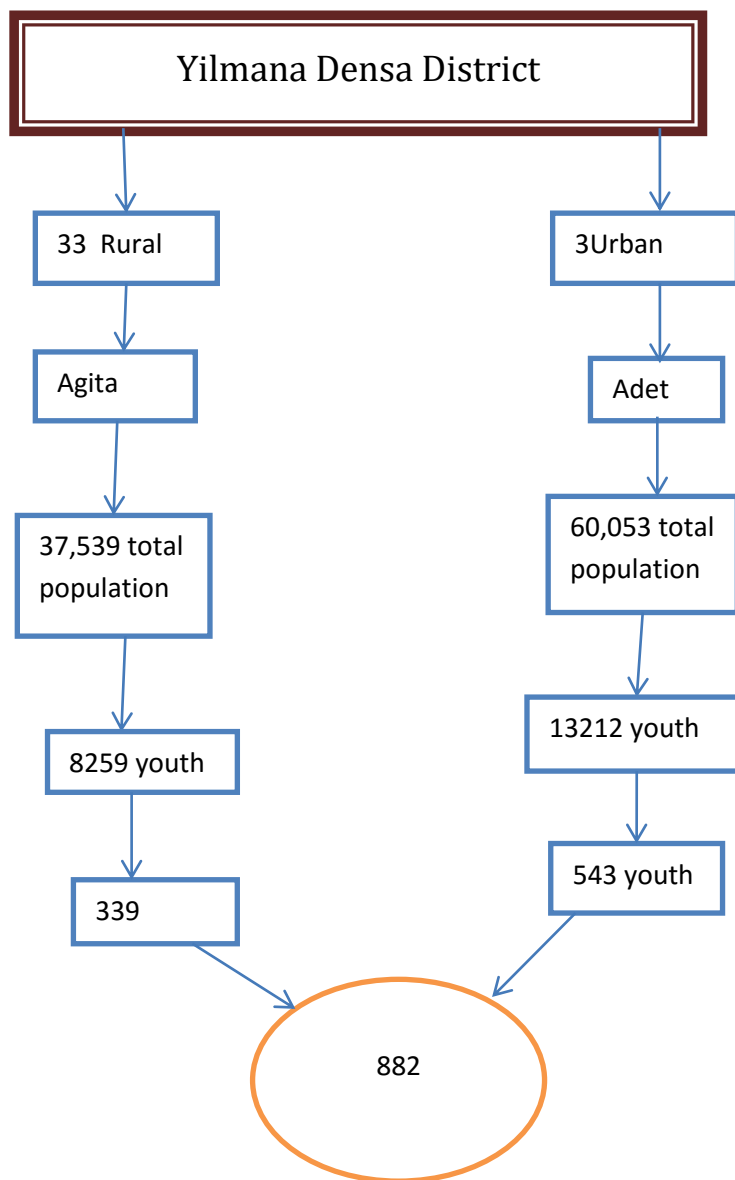


Figure 3-schematic presentation of sampling procedure

4.11. Data collection procedures

A structured questionnaire was prepared in English and then data were collected by Five grade 10 completed trained data collectors by using an interviewer-administered questionnaire and supervised by the supervisor. More than one youth present in a household randomly one of the members of the household was interviewed.

4.11.1. Data collection tools

Questionnaires regarding YFS utilization and associated factors were adapted from different community-based cross-sectional studies in Harar [21], Metekel [18], Mekele [17] and North Shewa [22] that were pertinent to the topic. The questionnaire was including socio-demographic characteristics, factors related to reproductive health and personal factors and factors related to YFS utilization and health system.

4.11.2. Data quality control

The questionnaires first were prepared in English and translated into local language (Amharic) and retranslated back to English by language teachers to check for consistency. The data was collected by data collectors who work outside the study area and didn't know youth status in advance. To ensure the quality of the data, one-day training was given to data collectors on the objective of the study, explanations about the questionnaire, the way of keeping the extent of privacy and confidentiality of the study subjects. Pre-testing of the questionnaire was conducted in geregera 20 k.m far from Adet to assess the clarity and consistency of the questionnaire.

4.12. Study Variables

4.12.1. Dependent Variables

Utilization of youth-friendly service.

4.12.2. Independent Variables

The independent variables in this study were:

- **Socio-Demographic Factors:** Age, Sex, Educational Status, Marital Status, Religion, Occupation, Residence.
- **Health system factors:** distance, service hour, sex of service provider, service cost.
- **Personal factors:** awareness, knowledge, sexual status, reproductive health problem.

4.13. Operational definition

YFS Utilization: when youth utilize at least one youth-friendly: counselling about RH , contraceptive use, HIV counseling and testing, safe abortion service, STI screening and treatment service within the last one year [27].

Youths' Knowledge: when youths list three and above youth-friendly health services.

Convenient Service hour: when youth-friendly service clinics provide service for 24 hours.

Accessibility: health facility not far from 1 hour walking distance.

Awareness: when youth have information about youth friendly service and where located.

4.14. Data Processing and analysis

The data were entered into EPI INFO version 7.0 and transferred into SPSS version 23.0 for analysis. Then, the entire data was cleaned and edited for any errors. Mean and proportion was used for descriptive analysis. Simple binary logistic regression was employed to identify candidate variables for multiple logistic regression with corresponding p-value <0.2 and multiple binary logistic regressions was employed to assess the factors associated with YFS utilization; a corresponding p-value of <0.05 was considered as a cut-off point to declare statistically significant association. Model fitness was checked by Hosmer and Lemishow test that P-value of 0.21.

4.15. Ethical clearance

The proposal was approved by the Ethical Review Committee of Bahir Dar University College of Medicine and Health Sciences. The study participants were informed about the objective, the significance and expected outcome of the study and oral consent was obtained either to participate or refuse for the interview. The data were collected anonymously to keep the confidentiality of the study participants information.

5. Results

A total of 882 study participants were participated in this study. The mean age of study participants was 19.61 years (SD±2.04 years). More than half of study participants, 458(51.9%) were males. From the total study participants 448(50.8%) were in the age category of 15-19 years. More than half of 540(61.2%) of the study participants were students, Nearly half of 421(47.7%) the study participants were secondary school students and Most of the study participants, 683(77.4%) were single. Out of 882 study participants, 543(61.6%) were live in urban residence. Less than half of the study participants, 326(37%) have pocket money(Table2).

Table 2 Socio-demographic characteristics of Youth In Yilmana Densa District, Amhara, Northwest Ethiopia, 2020

Variables		Frequency	Percent
Sex	Male	458	51.9
	Female	424	48.1
Age category	15-19	448	50.8
	20-24	434	49.2
Marital status	Single	683	77.4
	Married	199	22.6
Educational status	Illiterate	60	6.8
	Read &write	162	18.4
	Primary(1-8)	167	18.9
	Secondary (9-12)	421	47.7
	College +	72	8.2
Religion	Orthodox	853	96.7
	Muslim	29	3.3
Occupation	Farmer	133	15.1
	Civil servant	57	6.5
	Private employer	33	3.7
	Merchant	119	13.5
	Student	540	61.2
Personal Income/pocket money/	Yes	326	37
	No	556	63

Residence	Rural	339	38.4
	Urban	543	61.6

Most of the study participants, 686(77.8%) had information about YFS. The main source of information was Media, 342(49.9%). From the total study participants, 466(52.8%) had sexual partners. Most of, 330 (70.8%) had one sexual partner. All most half of the study participants, 438 (49.7%) were experience sexual intercourse. Out of 438 respondents who had sexual intercourse, 327(74.7%) start sexual intercourse within the age of 18-24 years and the mean age of the study participants who start sexual intercourse was 18.37 years (SD±1.5 years). All most all, 803 (91%) of the study participants had awareness about methods of family planning. From 438 study participants who had sexual intercourse, 153(35%) of them were utilize condom. More than half of study participants, 464(52.6%) had knowledgeable about types of youth-friendly services. FP service 699(79.3%), HCT 536(60.8%) and Counseling on RH 480(54.4%) were the most known by the study participants (Table3).

Table 3 personal and sexual reproductive health-related behaviors of youth in Yilmana Densa District, North west Ethiopia, 2020

Variables		Frequency	Percentage (%)
Information about YFS	Yes	686	77.8
	No	196	22.2
Source of information(N=686)	Mass media	342	49.9
	Peers	117	17
	Teachers	89	13
	Health professional	138	20.1
Knowledge on YFS	Knowledgeable	464	52.6
	Non knowledgeable	418	47.4
Do you have Sexual partner	Yes	466	52.8
	No	416	47.2
Number of sexual partner	One	330	70.8

(=466)	Two	116	24.9
	Three +	20	4.3
Have you Sexual intercourse	Yes	438	49.7
	No	444	53.3
Age at starting sexual intercourse(=438)	<18	111	25.3
	18-24	327	74.7
Ever encountered RH problems	Yes	61	20.8
	No	232	79.2
Do you know methods of FP	Yes	803	91
	No	79	9.0
Methods known	Tablet	642	72.8
	Injection/ deporovara	785	89.0
	Loop/IUCD	278	31.5
	Condom	313	35.5
	Natural method	124	14.1
	Permanent	83	9.4
Condom utilization(n=438)	Yes	153	35
	No	285	65
Types of YFS service was known by the respondents(n=464)	Counseling on RH	253	54.4
	HCT service	282	60.8
	Safe abortion	167	36.1
	FP service	368	79.3
	STI diagnosis and treatment	139	30
	HCG test	164	35.4
Time taken to reach YFS clinic	1-2 hour	264	29.9
	30minute -1 hour	315	35.7
	<30 minute	303	34.4
Is it YFS affordable?	Yes	398	45.1
	No	484	54.9
Types of YFS utilized	FP service	104	11.8

	HCT	101	11.5
	Counseling on RH	71	8
	Pregnancy test	56	6.3
	STI treatment	30	3.4
	Safe abortion	2	0.2
YFS utilization	Utilized	293	33.2
	Not Utilized	589	66.8

Table 4 candidate variables of youth friendly service utilization among youths in Yilmana Densa District, North west Ethiopia, June 2020

Variables		Utilized	Not Utilized	COR	95%CI	
					Lower	Upper
Gender	Male	116	342	0.52	0.39	0.69
	Female	167	257	1		
Age category	15-19	104	344	0.43	0.32	0.57
	20-24	179	255	1		
Marital status	Single	177	506	0.30	0.22	0.42
	Married	106	93	1		
Educational status	Illiterate	30	30	0.71	0.35	1.42
	Read &write	68	94	0.51	0.29	0.90
	Primary	46	121	0.27	0.15	0.48
	Secondary (9-12)	107	314	0.24	0.14	0.30
	College+	42	30	1		
Occupation	Farmer	46	87	1.60	1.06	2.40
	Civil servant	38	19	6.05	3.37	10.86
	Private employer	18	15	3.63	1.78	7.41
	Merchant	57	62	2.78	1.85	4.19
	Student	134	406	1		
Have pocket money	Yes	125	201	1.43	1.07	1.91
	No	168	388	1		
Information on YFS	Yes	250	436	2.04	1.40	2.96
	No	43	153	1		
Source of information	Radio	45	117	0.54	0.33	0.88
	Television	76	104	1.03	0.66	1.62
	Peers	39	78	0.71	0.42	1.18
	Teachers	33	56	0.83	0.48	1.44
	Health professional	57	81	1		
Do you have sexual partner	Yes	240	226	7.27	5.17	10.22
	No	53	363	1		
Number of sexual partner	One	157	173	0.30	0.10	0.85
	Two	68	48	0.47	0.16	1.38
	Three +	5	15	1		
Age at first sexual intercourse	<18	47	64	0.54	0.35	0.83
	18-24	188	139	1		
having sex in last 12 months	Yes	224	185	7.08	5.14	9.77
	No	69	404	1		
Ever encountered RH problems	Yes	61	26	5.69	3.50	9.23
	No	232	563	1		

Simple binary logistic regression was employed to identify candidate variables for multiple logistic regression with corresponding p-value <0.2 and multiple binary logistic regression were employed to assess the factors associated with YFS utilization; a corresponding p-value of <0.05 was considered as a cut-off point to declare statistically significant association. Based on Multiple logistic regression analysis, source of information, number of sexual partner, and reproductive health problems were factors significantly associated with youth-friendly service utilization. Study participants were using radio as a source of information 65% less likely utilize Youth friendly service than those who use health professionals [AOR=0.35(95% C.I:0.17-0.74)]. The study participant had one sexual partner 88% less likely than study participants had three and above [AOR=0.12(95% C.I:0.02-0.84)]. Those youth ever encountered sexual and reproductive health problems 2.94 times more likely utilize the service than those who never encountered any sexual and reproductive health problem [AOR=2.94(95% C.I:1.46-5.90)] (Table 4).

Table 5 Factors associated with youth-friendly service utilization among youth in Yilmana densa district Amhara, Northwest Ethiopia, June 2020.

Variables		Utilized	Not Utilid	COR(95%CI)	AOR(95%)
Educational status	Illiterate	30	30	0.71(0.35-1.42)	2.10(0.55-8.02)
	Read &write	68	94	0.51(0.29-0.90)	1.48(0.65-3.38)
	Primary (1-8)	46	121	0.27(0.15-0.48)	0.46(0.19-1.11)
	Secondary (9-12)	107	314	0.24(0.14-0.30)	0.59(0.29-1.22)
	College+	42	30	1	1
Source of information for YFS	Radio	45	117	0.54(0.33-0.88)	0.35(0.17-0.74)*
	Television	76	104	1.03(0.66-1.62)	0.88(0.44-1.73)
	Peers	39	78	0.71(0.42-1.18)	0.86(0.39-1.92)
	Teachers	33	56	0.83(0.48-1.44)	1.18(0.51-2.72)
Number of sexual partners	Health professional	57	81	1	1
	One	157	173	0.30(0.10-0.85)	0.12(0.02-0.84)*
	Two	68	48	0.47(0.16-1.38)	0.24(0.03-1.61)
Age at first sexual intercourse	Three +	15	5	1	1
	<18	47	64	0.54(0.35-0.83)	0.37(0.20-0.69)*
	18-24	188	139	1	1
Ever encountered RH problems	Yes	61	26	5.69(3.50-9.23)	2.94(1.46-5.90)*
	No	232	563	1	1

6. Discussion

Majority of the study participants (77.8%) had information about YFS. This finding was consistent with the study was conducted in Mekele (72.4%)[17] and lower as compared with the findings in Mecha District(97.3%)[27]. This difference due to the study participants were 100% students those who had more access for information in Mecha as compared to Yilmana Densa which 61.2% of the study participant were students. But, in this study the participants were almost half (49.9%) heard from media. This finding was supported by the study was conducted in Mekele (35.5%) were heard from media[17]. This might be the time gap between these studies that currently medias are more accessible than previous. Majority of the study participants (74.7%) had sexual experience at the age of 18 years and above. This finding was higher as compared with the findings in Mekele (50.3%)[17]. This indicates that half of the study participants had sexual experience before 18 years in Mekele. The study participants live in Mekele relatively vulnerable to substance abuse and pornography because of urbanization which leads to early sexual initiation as compared to the study participants live Yilmana Densa.

In this study the prevalence of utilization of youth-friendly service was 33.2%(95% C.I:30.3-36.4). This finding was consistent with the studies conducted in Bahir Dar (32%), Metekel (33.2%) [25], [18]. The finding was lower as compared with the studies were conducted in Mekele (69.1%), Harar (63.8%), [17],[21]. The studies in Mekele and Harar were conducted in town. This indicates that youths live in Harar and Mekele might have relatively more access for information, education and free from cultural influence because of urbanization than youths live in Yilmana Densa.

In this study, youth friendly service utilization was affected by different factors. Number of sexual partners, age at first sexual intercourse, reproductive health problems were factors associated with youth-friendly service utilization.

The study participants ever encountered sexual and reproductive health problems were 2.94 times more likely utilize youth-friendly service than those who never encounter any sexual and reproductive health problems. This finding was supported by studies conducted in Hadiya and Bahir Dar, Metekel [16],[25], [18].

The study participants who had one sexual partner were 88% less likely utilize youth friendly service than youths who had three and above sexual partners. This might be due to youths who had multiple sexual partners perceive who had high risk of unwanted pregnancy, HIV and STIs as compared to youths who had one sexual partner. As a result, youths more utilize the service to minimize the risk and consequences of sexual and reproductive health problem. On the other hand, the study participants in the age group of 15-17 years were 63% less likely utilize the service than the study participants were in the age group of 18-24 years. This finding supported by the studies conducted in Metekel and Bahir Dar [25], [18]. This difference might be due to youths above 18 years mentally mature as compared to youths 15-17 years. Though, youths above 18 years easily understand the risk of sexual and reproductive health problems and more utilize youth friendly service than youths 15-17 years.

The strength of this study might be addressing one of the government's thematic area of research. The other strength of the study was community based cross-sectional that addressing youths out of school and implementation of interviewer administered data collection techniques for data quality and completeness. The possible limitation of this study was not including qualitative study design to know more about attitudes and perception of towards youth friendly service.

7. Conclusion and Recommendation

7.1. Conclusion

Youth-friendly reproductive health service among youths in Yilmana Densa District was low. This makes youths prone to different sexual and reproductive health problems and has impact on future life. It also causes failure of adolescent and youth health policy from meeting its goal. Youths had knowledge and ever encountered sexual and reproductive health problem were factors positively associated with youth friendly service utilization. Rural residence, use media as a source of information, had one sexual number of sexual partner were negatively associated with youth friendly service utilization.

7.2. Recommendation

Woreda health office better to establish youth forum to increase awareness about youth friendly service exist in the health center to influence the knowledge of youth and to increase the service utilization.

Education office create and strength different health clubs in the school. Then, invite health professional to teach youths about youth friendly service.

Health proffesionals would have regular health education programs on Health facility, Schools and and other public gathering places to promote the service.

8. References

1. Amerti , et al., *Youth Friendly Reproductive Health Service Utilization and Associated Factors Among School Youths in Ambo Town, Oromia Regional State, Ethiopia*. *American Journal of Health Research.*, 2018. **Vol. 8, No. 4, 2020, pp. 60-68. doi: 10.11648/j.ajhr.20200804.12**
2. Girmatsion Fisseha and E. Admassu., *Young Women Sexual Behaviour and Self-Reported Sexually Transmitted Diseases in Northern Ethiopia: A Cross Sectional Study*. *European Journal of Preventive Medicine.* , 2015. **Vol. 3,**
3. Yohannes Ayanaw , Anteneh Yalew, and T. Azale, *Prevalence and Factors Associated with Teenage Pregnancy, Northeast Ethiopia, : A Cross-Sectional Study*. 2017.
4. World Health Organization, *Accelerating implementation of Adolescent friendly health services (AFHS) in South East Asia region*, N.A.H. Programme, Editor. 2016.
5. Jain, et al., *Understanding Adolescent and Youth Sexual and Reproductive Health-seeking Behaviors in Ethiopia Implications for Youth Friendly Service Programming*. 2017.
6. Braeken, D. and I.R. I, *Sexual and reproductive health needs of young people*. *International Journal of Gynecology and Obstetrics*, 2012. **119:** p. S60-S63.
7. Central Statistical Agency of Ethiopia, *EDHS*. 2016 Addis Ababa,.
8. Swapna, K. and J. Valsamma, *HIV/AIDS among adolescents*. *GLOBAL JOURNAL FOR RESEARCH ANALYSIS*, 2017. **6(11)**.
9. World Health Organization, *Youth and health risks* 2011: Geneva.
10. Zawadi S, et al., *Utilization Of Youth Friendly Reproductive Health Services Among The Youth*. 2017.
11. World Health Organization, P.f.A.H.a.D., 1999.WHOTechnicalReportseries886.Availableat:[http://apps.who.int/iris/bitstream/10665/42149/1/WHO_TRS_886_\(p1-p144\).pd](http://apps.who.int/iris/bitstream/10665/42149/1/WHO_TRS_886_(p1-p144).pd) Accessed 13 July 2016., *Programming for Adolescent Health and Development*. 2016.
12. Nigina M., Worknesh K, and K. M.; *Addressing the Sexual and Reproductiv Health Needs of Young People In Ethiopia*. *African journal of Reproductive Health*, 2015.
13. EDHS, *Ethiopia Demographic And Health Survey*. 2016.
14. Zawadi S., et al., *Factors influencing the uptake of Voluntary HIV Counseling and Testing among secondary school students*. 2015: Arusha.
15. Zawadi S., et al., *Utilization Of Youth Friendly Reproductive Health Services Among The Youth*. 2017.
16. Degefa H., et al., *utilization And Factors Affecting Adolescents And Youth Friendly Reproductive Health Services Among Secondary School Students In Hadiya Zone, Southern Nations, Nationalities And Peoples Region, Ethiopia* 2017.
17. Kalayu K., Semarya B., and Mussie A., *Utilization Of Youth Friendly Services And Associated Factors In Mekelle Town*. 2016: Mekelle.
18. Akililu J., Alemayehu A., and Muluwas A, Akililu J., Alemayehu A., MuluwasA., *youth Friendly Reproductive Health Service Utilization And Associated Factors Among Youths In Metekel Zone, North West Ethiopia*. 2017.
19. Nagasa D., BirhanuD., and Abulie T., *Reproductive health services utilization and its associated factors among Madawalabu University students.*, 2015.
20. Faten D., Tsion A., and Tefera B., *Predictors of emergency contraceptive use among regular female students at Adama University*. 2010.

21. Aboma M., et al., *Utilization of youth friendly services and associated factors among youth in Harar town, east Ethiopia.* 2016.
22. Wassie N., et al., *Reproductive health service utilization and associated factors: the case of north Shewa zone youth, Amhara region, Ethiopia.* 2016.
23. Regmi P1., Simkhada P2., and Van T., *Sexual and reproductive health status among young peoples in Nepal: opportunities and barriers for sexual health education and services utilization.* 2015.
24. Sennen H., et al., *Patterns and trends of contraceptive use among sexually active adolescents in Burkina Faso, Ethiopia, and Nigeria:.* 2015.
25. Meskerem A. and Worku A., *Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State, Ethiopia.* 2014.
26. Development, A.b.o.F.a.E., *Yilmana Densa District total population.* 2018.
27. Alehegn BG, et al., *Sexual and Reproductive Health Services Utilization and Associated Factors Among Preparatory School Students in Mecha District, Northwest Ethiopia.* *Gynecol Women's Health*, 2018.

9. LIST OF ANNEXES

Annex I: Consent form (English Version)

Our study focus to assess the magnitude of utilization of youth-friendly service and associated factors among youth 15-24 years in Yilmana Densa District, Amhara, Ethiopia.

My name is ----- I am a student of Bahir Dar University College of Medicine and Health sciences. This questionnaire is prepared to conduct a study on the magnitude of utilization of youth-friendly service and associated factors among the youth population to complete the questionnaire designed by the researcher because you fulfill the requirement for sampling. The finding of this study will help to provide timely and proper youth-friendly health services to yours and other youth. Thus this interview is prepared for this purpose to get appropriate data on the study I am conducting. The data that I will obtain using this interview will be used only for research purpose and your response will be kept confidential. For this purpose, your name will not be written here and there will be no way of linking our responses to the final result of the study findings. The study has no risk to you except sparing a maximum of 30 minutes of your time. If you face any problem with the research you can contact a responsible person based on the address below. You have the right not to respond at all or to withdraw in the meantime, but your participation is highly valuable for the success of our research objectives. Therefore, I politely request our cooperation to participate in this interview.

Do you agree to participate in this study? Yes, _____ continue No _____ thank yo

Annexii :Questionnaire

Part i: Socio-demographic factors									
S .No	Question				Choice				
101	Sex				1. Male			2. Female	
102	Age				-----				
103	Marital status			1. Single	2. Married	3. Divorced	4. Widowed		
104	Education	1.	2. Red And	3. Primary(1-	4. High		5. College		
105	Religion	1. Orthodox	2. Muslim	3. Protestant	4. Other-----				
106	Ethnicity	1. Amhara	2. Agew	3. Oromo	4. Tigre				
107	Occupation	1.Farm	2.Civil	3.Private	4.	5. Student			
108	Do you have pocket money			1. Yes			2. No		
109	Residence			1. Rural			2. Urban		
Part ii :factors related to reproductive health &personal factors									
201	Do you heard about YFS				1.Yes			2. No	
202	If yes what is your source of information	1. Radio	2. Television	3. Peers	4. Teachers	5. Health professionals			
203	Which of the following is YFS	1	Counseling service on RH		1.Yes		2. No		
		2	FP service		1.Yes		2. No		
		3	HCT service		1.Yes		2. No		
		4	Safe abortion service		1.Yes		2. No		
		5	Treatment of STI		1.Yes		2. No		
		6	HCG test		1.Yes		2. No		
204	Do you have sexual partner?			1. Yes		2. No			
205	If yes how many			1. One		2. Two	3. Three & above		
206	Do you start sexual intercourse			1. Yes		2. No			
207	If yes What was your age			----- Years					
208	If yes with how many people			1. One	2. Two		3. Three & above		
209	Do you sexual intercourse in the past 12 month?			1. Yes		2. No			
210	If yes with how many people			1. Yes	2. Two		3. Three & above		
211	have you faced reproductive health problem			1. Yes		2. No			
212	If yes which one		1	Unwanted		1. Yes		2. No	
			2	Unsafe abortion		1. Yes		2. No	
			3	HIV/AIDS		1. Yes		2. No	

		3	Other STI	1. Yes	2. No				
		5	Other						
213	Do you think YFS improves youth's	1. Yes	2.	3. I don't know					
214	Have you heard about family planning?	1. Yes	2. No						
215	If yes which one of the following?	1	Tablet	1. Yes	2. No	4	condom	1. Yes	2. No
		2	Injection	1. Yes	2. No	5	Natural method	1. Yes	2. No
		3	Loop	1. Yes	2. No	6	Permanent	1. Yes	2. No

Part iii : Factors related to YFS service utilization and health system									
301	Have you used Condom	1. Yes	2. No						
302	If yes when	1. In the past 6month	In the past 1year	Before 2 years					
303	If yes how many	1. Some times	2. Often	3. Always					
304	If the answer is not use Condom what is the reason	1	I think, it is not necessary						
		2	I'm afraid of asking my friend						
		3	Decrease satisfaction						
		4	Cause itching						
		5	Will Brest						
		6	Threat remain in the vagina						
305	What will be the reason you want but not use YFS	1	Fear of family will see you	1.Yes	2.No	5	The time is not convenient	1.Yes	2.No
		2	Fear of people you know will see	1.Yes	2.No	6	The place not comfortable	1.Yes	2.No
		3	Health provider not comfortable	1.Yes	2.No	7	It is not affordable	1.Yes	2.No
		4	Confidentiality will not kept	1.Yes	2.No	8	If other specify-----		
306	What is your preference of youth friendly service	Young provider	Young provider	Adult provider same sex	Any provider				
307	Where did you get YFS service	1.Hospital	2.Health center	3.Health post	4.Private clinic				
308	How much time you take to reach YFS center	1. 1-2 hour	2. 30minut - 1hour	3. Less than 30 minut					
309	Do you think that payment for youth friendly service affordable	1. Yes	2. No						

310	Do you visit YFS clinic in the last 12 months?		1. Yes	2. No	
311	Types of YFS used	1	For family planning service	1. Yes	2.No
		2	To get information about youth RH	1. Yes	2.No
		3	For Pregnancy test	1. Yes	2.No
		4	To take Condom	1. Yes	2.No
		5	For STI diagnosis & treatment	1. Yes	2.No
		6	For HCT	1. Yes	2.No
312	If doesn't go to YFS clinic why	1	I do not know the service available	1.Yes	2.No
		2	I believe not necessary	1.Yes	2.No
		3	Due to shame	1.Yes	2.No
		4	No problem faced	1.Yes	2.No
		5	Other specify-----		

Annex iii: የስምምነት ቅጽ(በአማርኛ)

ይህ የጥናት መጠይቅ የሚያተኩረው በአማራ ክልላዊ መንግስት በምዕራብ ጎጃም ዞን ይልማና ዴንሳ ወረዳ ዕድሜያቸው-15-24 ዓመት በሆኑ ወጣቶች ላይ የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት እና ተያያዥ ችግሮችን ለመለየት የተዘጋጀ መጠይቅ ነው።

ጤና ይስጥልኝ ስሜ..... የተባልኩኝ እኔ የባህርዳር ዩኒቨርሲቲ የህክምናና ጤና ሳይንስ ኮሌጅ ተማሪ ነኝ። ከላይ እንደጠቀስኩት ይህ ጥናት መጠይቅ የሚያተኩረው በምዕራብ ጎጃም ዞን ይልማና ዴንሳ ወረዳ ዕድሜያቸው 15-24 ዓመት በሆኑ ወጣቶች ላይ የወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት እና ተጓዳኝ ምክንያቶችን ለመለየት የተዘጋጀ ሲሆን እርስዎ ለጥናቱ የሚያስፈልጉ መስፈርቶችን አሟልተው በመገኘትዎ የጥናቱ አካል አድርገንዎታል ፤ ስለሆነም የጥናቱ ግኝት ለርስዎ እና ለሌሎችም ወጣቶች ወቅታዊ የወጣቶች ስነ-ተዋልዶ የጤና እንክብካቤ እንዲያገኙዎታል። በመሆኑም ይህ መጠይቅ ሲዘጋጅ ተገቢ የሆኑ መረጃዎችን ለማግኘት ሲሆን ከእርስዎ የሚገኘው መረጃም ለጥናት እና ምርምሩ ተግባር ብቻ የሚውል ነው። ከእርስዎ የሚሰጡት ምላሾች ሚስጥራዊነታቸው የተጠበቀ እንደሚሆን እየገለጽኩኝ ለዚህም አላማ ሲባል የእርስዎ ስም በመጠይቁ ላይ የማይጻፍ እና የጥናቱ የመጨረሻ ውጤት ከእርስዎ የግል ማንነትጋር የማይገናኝ መሆኑን ከወዲሁ አረጋግጣለሁ።

በተጨማሪም ይህ መጠይቅ ከ30 ደቂቃ ያልበለጠ ጊዜ ከመሻማት ያለፈ በእርስዎ ላይ ምንም አይነት ጉዳት የማያደርስ ሲሆን ከጥናቱ ጋር በተያያዘ ለሚከሰቱ ማንኛውም ዓይነት ጉዳዮች ከዚህ በታች በተቀመጠው አድራሻ ሊያገኙን የሚችሉ መሆኑን እያስገነዘብኩ በጥናቱ ላይ ያለመሳተፍ እና የማቋረጥ መብትዎ የተጠበቀ ነው። የእርስዎ መሳተፍ ግን ከምንምበላይ ለጥናቱ ዓላ ማመሳካት ወሳኝ በመሆኑ በመጠይቁ እንዲተባበሩኝ ስል በታላቅ አክብሮት እና ትህትና እጠይቃለሁ።

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት? አዎ አይደለም :: አመሰግናለሁ!!!

ስም: ታርቄዳኛዉ

ኢ.ሜል:tarkied28@gmail.com

ስልክ:0918086128

Annex iv: መጠይቅ (በአማርኛ)

ክፍል- አንድ የግለሰብ አጠቃላይ መረጃ							
ተ.ቁ	ጥያቄ	አማራጭ					
101	ጾታ	1. ወንድ			2. ሴት		
102	ዕድሜ	-----					
103	የጋብቻ ሁኔታ	1. ያለገባ/ች	2. ያገባ/ች	3. የፈታ/ች	4. የሞተባት/ችበት		
104	የትምህርት ደረጃ	1. ያልተማረ/ች	2. ማንበብና መጻፍ የሚ/ም/ችል		3. ከ1-8	ከ9-12	5. ኮሌጅ
105	ሃይማኖት	1. ኦርቶዶክስ	2. ሙስሊም		3. ፕሮቴስታንት		4. ካቶሊክ
106	ብሔር	አማራ		2. አገዳ	3. አሮሞ	4. ትግሬ	
107	ስራ	1. አርሶ አደር	2. የመንግስት ሰራተኛ	3. የግል ተቀጣሪ		4. ነጋዴ	5. ተማሪ
108	የኪነ ግንዛቤ ደሰጥሃ	1. አዎ			2. የለም		
109	መኖሪያ	1. ገጠር			2. ከተማ		
ክፍል- ሁለት ስነ-ተዋልዶ ጤና ንግልግሎት ንበተመለከተ							
201	ስለወጣቶች ስነ-ተዋልዶ ጤና ሰምተሽ/ሀታዉ ቁያለሽ/ሀ			1. አዎ		2. የለም	
202	አዎ ከሆነ የመረጃ ምንጭ ሽ/ሀ ምን ድንገት	1. ሬዲዮ	2. ቴሌቪዥን	3. ጓደኛ	4. መምህር	ጤና ባለሙያ	
203	የወጣቶች ስነ-ተዋልዶ ጤና ንግልግሎት የሆነው የቱኔዉ	1	ስነ-ተዋልዶ ጤና የምክር አገልግሎት			1. አዎ	2. አይደለም
		2	የወሊድ መከላከያ			1. አዎ	2. አይደለም
		3	የኤች.አይቪ. ምርመራ			1. አዎ	2. አይደለም
		4	ንጽህና ዉን የጠበቀ የዉርጃ አገልግሎት			1. አዎ	2. አይደለም
		5	የአባላዘር በሽታ ህክምና			1. አዎ	2. አይደለም
		6	የእርግዝና ምርመራ			1. አዎ	2. አይደለም
204	የፍቅር ጓደኛ ኑሮ ሽ/ሀ ያዉቃል			1. አዎ	2. የለም		
205	አዎ ካሉ ስንት			1. አንድ	2. ሁለት	3. ሶስት ካከበላይ	
206	የግብረ ስጋ ግንኙነት (ወሲብ) ጀምረሽል/ሀል			1. አዎ		2. የለም	
207	አዎ ካሉ ስንት አመት ሽ/ሀ			----- ዓመት			
208	አዎ ካሉ ስንት ሰዎች ጋር			1. አንድ	2. ሁለት	3. ሶስት ካከበላይ	
209	ባለፉት 12 ወራት ዉስጥ ግንኙነት (ወሲብ) ጀመርሽ/ሀ			1. አዎ		2. የለም	
210	አዎ ካሉ ስንት ሰዎች ጋር			1. አንድ	2. ሁለት	3. ሶስት ካከበላይ	
211	የስነ-ተዋልዶ ጤና ችግር ገጥሞ ህ/ሽ ያዉቃል			1. አዎ			2. የለም
212	አዎ ካሉ ምን ዓይነት የስነ-ተዋልዶ ጤና ችግር	1	ያልተፈለገ እርግዝና			1. አዎ	2. አይደለም
		2	ንጽህና ዉያልተጠበቀ ዉርጃ			1. አዎ	2. አይደለም
		3	ኤች.አይ.ቪ ኤድስ			1. አዎ	2. አይደለም
		4	ሌሎች የአባላዘር በሽታዎች			1. አዎ	2. አይደለም
		5	ሌላ ካለ ይገለጽ-----				
213	የወጣቶች ስነ-ተዋልዶ ጤና ንግልግሎት የወጣቶችን ጤና ያሻሽላል ብለዉ ያምናሉ			1. አዎ	2. የለም	3. አላዉቅም	
214	ስለወሊድ መከላከያ ሰምተሽ/ሀ ታዉቁ ያለሽሽህ			1. አዎ		2. የለም	

215	መልሱ-አዎከሆነየትኞቹን	1	ክኒን	1. አዎ	2. የለም	4	ኮንደም	1. አዎ	
		2	መረፌ	1. አዎ	2. የለም	5	የተፈጥሮ ዘዴ	1. አዎ	
		3	ሉፕ	1. አዎ	2. የለም	6	ቋሚ	1. አዎ	
ክፍልሶስት : ከአገልግሎትተጠቃሚነትእናከጤናተቋሙአሰራርጋርበተያያዘ									
301	የወጣቶችስነተዋለደአገልግሎትተጠቅመህ/ሽ ታዉቂያለሽ	1. አዎ			2. የለም				
302	አንተ/ች ኮንደምተተቅመሽታዉቂያለሽ/ህ	1.አዎ			2. የለም				
303	መልሱ-አዎከሆነመቼ	1.ባለፈዉ 6 ወርዉስጥ	2.ባለፈዉ አንድአመትዉስት			3. ከ2 አመትበፊት			
304	አዎከሆነምንያክልጊዜትጠቀሚያለሽ	1.አልፎ አልፎ			2. ብዙጊዜ		2. ሁልጊዜ		
305	መልሱኮንደምአልተጠቀምኩምከሆነምክንያት	1	አስፈላጊነዉብየስላላመንሁ			1.አዎ	2.የለም		
		2	ጉዳደኛየንመጠየቅስላፈርሁ			1. አዎ	2. የለም		
		3	ስሜትስለሚቀንስ			1. አዎ	2. የለም		
		4	ስለሚያሳክክ			1. አዎ	2. የለም		
		5	ሊፈነዳስለሚችል			1. አዎ	2. የለም		
		6	ከብልትዉስትእንዳይቀርስለምስጋ			1. አዎ	2. የለም		
306	የስነተዋልዶጤናአገልግሎትመጠቀምእየፈለጉየማይጠቀሙበትምክንያት	1	ቤተሰብያየፍልብለዉስለሚፈሩ	1. አዎ	2. የለም	5	አገልግሎትየሚሰጥበትሰዓትስለማ	1. አዎ	2. የለም
		2	የሚያዉቀንሰዉያየፍልብለዉስለሚፈሩ	1. አዎ	2. የለም	6	አገልግሎትየሚሰጥበትበታስለማይመኝ	1. አዎ	2. የለም
		3	የጤናባለሙያዎችበጥሩኔታስለማያስተነ	1. አዎ	2. የለም	7	ለአገልግሎቱየሚከፍሉትብርስለሚ	1. አዎ	2. የለም
		4	ሚስጥርይወጣልብ	1. አዎ	2.	8	ሌላካለ	1. አዎ	2. የለም
307	የወጣቶች ስነ ተዋልዶ አገልግሎት ሰጭ ባለሙያዎች ምን ቢሆኑ ይመርጣሉ	1.ወጣት ተመሳሳይ ጾታ	2.ወጣት ማንኛዉም ጾታ			3.ጎልመሳተመሳሰሰ ይ ጾታ		4. ማንኛዉም	

308	የወጣቶችስነተዋልደአገልግሎትየሚያገኙትየትነዉ	1. ሆስፒታል	2. ጤናጣቢያ	3. ጤናኬላ	4. የግልክሊኒክ		
310	ከወጣቶችስነተዋልደአገልግሎትለመድረስስንትሰዓትይወስዳል	1. ከ1-2 ሰዓት		2. ከ30ደቂቃ-1ሰዓት		3. ከ30ደቂቃ በታች	
311	የወጣቶችስነተዋልደጤናየአገልግሎትከፍያተመጣጣኝነዉብለዉያስባሉ	1. አዎ			2. አይደለም		
312	ባለፉት 12 ወራት ውስጥ ከወጣቶች የስነ-ተዋልዶ ጤና አገልግሎት ድርጅት ሄድሽ/ህ ነበር	አዎ			2. የለም		
313	መልሱአወከሆነምክንያት	1	የእርግዝናመከላከካያለመዉሰድ			1. አዎ	2.አይደለም
		2	ስለስነተዋልደጤናመረጃለማግኘት			1. አዎ	2. አይደለም
		3	ለርግዝናምርመራ			1. አዎ	2.አይደለም
		4	ጽንሰ ለማቋረጥ			1. አዎ	2.አይደለም
		5	ለኤችአይቪምርመራ			1. አዎ	2.አይደለም
		6	ለአባላዘርበሽታምርመራ			1. አዎ	2.አይደለም
314	ከወጣቶችየስነተዋለዉደጤናአገልግሎት ድርጅትካልሄድህ/ሽ ምክንያትሽ/ህ ምንነበር	1	አገልግሎቱ ት እንዳለ ስላለወቅሁ			1. አዎ	2.አይደለም
		2	አያስፈልግምብየስላላመንሁ			1. አዎ	2. አይደለም
		3	ስለማፍር			1. አዎ	2.አይደለም
		4	ችግርስላልገጠመኝ			1. አዎ	2.አይደለም
		5	ሌላካለ-				

Declaration form

Declaration

I, the under signed, declared that this is my original work, has never been presented in this or other University, and that all the resources and materials used for the research, has been fully acknowledged.

Pencipal investigator

Name :-----

Signature: -----

Date :-----

Advisors

Name :-----

Signature :-----

Date :-----