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# Sexual and Reproductive Health Services Utilization and Associated factors Among Youth Undergraduate Students Taken Sexual and Reproductive Health Course and Those Not Taken The Course in Assosa University and Bahir Dar University, North-Western, Ethiopia

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**BAHIRDAR UNIVERSITY**

**COLLEGE OF MEDICINE AND HEALTH SCIENCE  
SCHOOL OF PUBLIC HEALTH DEPARTMENTS OF HEALTH  
SYSTEM MANAGMENT AND HEALTH ECONOMICS**

**SEXUAL AND REPRODUCTIVE HEALTH SERVICES UTILIZATION AND  
ASSOCIATED FACTORS AMONG YOUTH UNDERGRADUATE STUDENTS  
TAKEN SEXUAL AND REPRODUCTIVE HEALTH COURSE AND THOSE  
NOT TAKEN THE COURSE IN ASSOSA UNIVERSITY AND BAHIR DAR  
UNIVERSITY, NORTH-WESTERN, ETHIOPIA**

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Health System Management and Health Economics

**Declaration**

This is to certify that the thesis entitled “sexual and reproductive health services utilization and associated factors among regular youth undergraduate students taken Sexual Reproductive Health (SRH) course and not taken the course in Asossa University (ASU) and Bahir Dar University (BDU)”, submitted in partial fulfillment of the requirements for masters of public health in General master of public health, BDU, is a record of original work carried out by me and has never been submitted to this or any other institution to get any other degree or certificates. The assistance and help I received during the course of this investigation have been duly acknowledged.

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**Approval of Dissertation/Thesis for Defense**

I hereby certify that I have supervised, read, and evaluated this thesis/dissertation titled “sexual and reproductive health services utilization and associated factors among regular youth undergraduate students taken SRH course and not taken the course in ASU and BDU, 2020” by Temkin Abdulahi prepared under my guidance. I recommend the thesis/dissertation be accepted for fulfilling the requirements for the award of the degree “for masters of public health”.

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**Approval of thesis for defense result**

As members of the board of examiners, we examined this dissertation/thesis entitled “sexual and reproductive health services utilization and associated factors among regular youth undergraduate students taken SRH course and not taken the course in ASU and BDU” by Temkin Abdulahi. We hereby certify that the thesis/dissertation is accepted for fulfilling the requirements for the award of the degree of “for masters of public health”.

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Internal examiner name	Signature	Date
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Chair person’s name	Signature	Date
_____	_____	_____

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## **ACRONYMS AND ABBREVIATION'S**

ASU	Assosa University
BDU	Bahir Dar University
CI	Confidence Interval
ELL	English Language and Literature
FSW	Female Sex Workers
IEC	Information, Education and Communication
JC	Journalism and Communication
MoH	Ministry of Health
NGO	Non-Governmental Organization
SA	Social Anthropology
SRH	Sexual and Reproductive Health
SRHS	Sexual and Reproductive Health Service
STD	Sexual Transmitted Disease
STI	Sexually Transmitted Infections
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

## ABSTRACT

**Background:** Youth have been perceived to have little health needs and limited income to access for health services. In Ethiopia though Sexual and Reproductive Health course was given to all students in selected University but there is limited information on effects of Sexual and Reproductive Health service uptake in the University and this gap may affect weather to scale up of the course or not.

**Objective:** To compare level of sexual and reproductive health services utilization and associated factors among regular youth undergraduate students taken Sexual and Reproductive Health course and not taken the course in Asossa University and Bahir Dar University, 2020

**Methods:** Institution based comparative cross sectional study was carried out from March10-20, 2020. Multi stage sampling was used among both institution and simple random sampling was used to select a total of 1163 respondents. Data was collected using structured self- administered questionnaires & entered using Epi data and analyzed using SPSS version 23. Bivariate logistic regression analysis was employed to examine association between dependent and independent variables. In bivariate analysis variables whose P value less than 0.2 were considered as candidate variable for the multi-variate analysis. Odds ratio, 95% CI in backward logistic regression was used to identify associated factors with Sexual and Reproductive Health service utilization.

**Results:** A total of 1163 students completed the questionnaire with a total response rate of 97.4%. Males account 375 (65.8%) of the students who attended the course and 407 (69.2%) of the students who did not attended the course. Utilization of reproductive health services in the last 12 months among students those taken SRH course and those not taken Sexual and Reproductive Health course were 66.6% (95% CI: 62.8, 70.4) and 46.4% (95% CI: 42.3, 50.5) respectively Age (AOR= 1.8, 95% CI:1.55,2.02), taking SRH course (AOR= 1.6, 95% CI: 1.11, 2.33), knowledge about SRH service (AOR=2.71, 95% CI: 1.49, 4.95), got information on RH services from peer/friend (AOR=3.9, 95% CI: 2.67, 5.57, experience of discouragement not to use RH services (AOR= 0.4, CI; 0.26, 0.57) and ever encountered fear of being seen by peer/friend during utilization of reproductive health services (AOR=.35, CI: .18, .67) were significantly associated with utilization of Sexual Reproductive Health services

**Conclusion:** In general, it was found that sexual and reproductive health services utilization among those taken SRH course was better than those not taken the course with significant difference.

# 1. INTRODUCTION

## 1.1. Background of the Study

Youth are defined as persons between 15 and 24 years of age (1) and the national youth policy of Ethiopia classifies youth as those between the ages of 15-29 years(2). It is a continuum of physical, cognitive, behavioral and psychosocial change that is characterized by increasing levels of individual autonomy, a growing sense of identity, self-esteem and progressive independence from adults (3).

Sexual and reproductive health (SRH) has emerged to include all aspects of sexuality, reproduction and health. It is concerned with people's ability to have a responsible, satisfying and safe sex life, their capability to reproduce, and the freedom to decide if, when and how often to do so. Reproductive health service (RHS) components include preconception care, family life education, family planning, antenatal care, nutrition, delivery, postnatal care, reproductive tract infection care, STDs/HIV/AIDS, reproductive cancer treatment, prevention and treatment of infertility; prevention and management of complications of unsafe abortion, safe abortion services where not against the law, active discouragement of harmful practices, and referral for additional services(4).

All youths have their own rights to access available reproductive health (RH) services and achieve a healthy reproductive life irrespective of their socio-demographic difference (5). But they experience a range of social norms and practices that discriminate against them due to their age, gender, or both. Due to this early marriage in Ethiopia is high which associated with increased odds of suicidal ideation, underscoring the consequences beyond SRH of this practice. So meeting the SRH needs of sexually active youth whether for contraception or maternity care is a persistent and substantial challenge. In Ethiopia, youth girls' needs for SRH information remain largely unmet. They generally receive only partial and often inaccurate knowledge based on information (6).

Globally and nationally there are initiatives towards sexual and reproductive health services which is focus to achieving the United Nations sustainable development goals (SDGs). The UN Secretary general global strategy for women, children and adolescents aims to bring about transformative change needed to shape a more sustainable future for all (7). In 2013 health and education ministers and representatives from 20 countries in eastern and southern Africa made a regional commitment to

support adolescents' and youth's access to comprehensive sexual education and sexual and reproductive health services (8).

In Ethiopia, adolescent and youth health services and information are provided in public and NGO healthcare facilities, in youth centers and schools. However, firm establishment and effective utilization of most of the many platforms is not fully realized. Comprehensive sexuality education has increasingly been integrated in adolescent and youth SRH program interventions to address existing SRH information gaps of adolescents and youth in Ethiopia (2)

Currently, The Government of Ethiopia has adopted policies and strategies to address some of the social, economic, educational and health problems faced by young people. The programs are guided by a 5-year plan which is based on the 'National Adolescent and Youth Reproductive Health Strategy 2016-2020. In line with the strategy, the Federal Ministry of Health has also developed service delivery guidelines, standards and training manuals on youth-friendly reproductive health services (2)

## **1.2. Statement of the Problem**

According to United Nations population fund 2014 report, Youth has been increasing speedily in recent decades. Our world is home to 1.8 billion young people between the ages of 10 and 24. This fast and continuous increment in number is seen in poor countries where as decrement is seen in other areas (9).

Youth have been perceived to have little health needs and limited income to access for health services. As a result many health problems are contributed by young people like worldwide 8.7 million abortions undergone, 41% of new HIV infection, high rate of early marriage and STIs, and high proportion of stillbirth and newborn deaths were reported(7). Early childbearing can increase risks for newborns as well as young mothers. Babies born to mothers under 20 years of age face higher risks of low birth weight, preterm delivery and severe neonatal conditions (10)

According to Global health estimates 2015 deaths by cause, age, sex, by country and by region, pregnancy and childbirth complications are the leading cause of death among girls aged 15–24 years globally, with low- and middle-income countries accounting for 99% of global maternal deaths of women aged 15- 49 years (11). Estimates suggest that 2.5 million girls aged less than 16 years in low-resource countries give birth every year(12).

An estimated 3.9 million girls aged 15–19 years undergo unsafe abortions every year in the developing world(12).Studies on Adolescent sexual and reproductive health programs in humanitarian settings result shows that, 16 million adolescent girls aged 15-19 years and two million girls under age 15 give birth every year. Similarly, in the poorest regions of the world, one in three girls are bearing child by the age of 18. There is a growing evidence that adolescent girls are at the highest risk of maternal mortality caused by pregnancy: such risk of pregnancy-related death is estimated as twice as high for girls aged 15-19 and five times higher for those girls aged 10-14 compared to women in their twenties (13).

Ethiopia has a rapidly growing population of adolescents and youth which accounts 33.8% of the estimated total population (14). Vulnerability of youth to reproductive health problems is high, which is more pronounced in girls because of various social ,cultural and environmental factors .These include: traditional practices of early marriage and genital circumcision, unprotected sexual behavior that may be transactional in nature between teenage girls and older men increasing their risk for exposure to HIV/AIDS, societal taboos about discussing sexual issues in general and youth sexual behavior in particular, lack of available sources for good information and education about reproductive health and lack of available and/or accessible family planning services(15).

Ethiopia has different policy arrangements that are meant facilitate the implementation and the provision of reproductive health services for the youth. For instance the National reproductive health policy and strategy 2016–2020 which prioritized adolescent and youth sexual and reproductive health, outlining key actions that need to be instituted to respond to sexual reproductive health problems of the youth (2).

### **1.3. Justification of the study**

In Ethiopia though SRH course was given to all undergraduate students in selected University to give them a framework about the basic concepts related to sexual reproductive health but there is limited information on effects of SRH course on sexual and reproductive health service in the University and this gap may affect weather to scale up of the course to other universities or not. Also there are studies on SRH service utilization in different parts of the country but most of them do not compare between youth those taken the SRH course and those not taken. Thus, this study was aimed to assess



and provide information about SRH utilization and associating factors among youth regular undergraduate students taken SRH course and not take the course in Assosa and Bahir Dar University

#### **1.4. Significance of the Study**

The results of this study is envisaged to generate relevant information on the influence/effects of SRH course on current reproductive health service utilization among regular undergraduate students those taken SRH course and not taken the course in ASU and DDU. It will be used for designing and implementing reproductive health programs and services in universities as well as other related youth centers to enhance the health and productivity of the youth population.

The findings of this study may also serve as reference as well as provide information for other further studies and be used by the policy makers especially:-

- To ministry of education weather to scale up the course to other University or not
- To ministry of health and program managers in addressing the needs of the youth and develop effective interventions in the solving problems related to reproductive health.

## **2. LITERATURE REVIEW**

As part of its response to achieving the United Nations Sustainable Development Goals, the UN Secretary General Global Strategy for Women, Children and Adolescents aims to bring about transformative change needed to shape a more sustainable future for all (7).

The Ethiopian Government, along with a number of international non-governmental organizations (NGOs), has been supporting activities to increase access to SRH services by young people, including the scale-up and institutionalization of youth friendly service (YFS) through intensive capacity building at all levels of the health system but there are many factors identified in several studies that hinder the utilization of this program and services by the youth (16).

In recognition that adolescents face varied vulnerabilities to reproductive health issues, Ministry of Health (MoH) has developed a national strategy with minimum service package for scaling up of adolescent and youth reproductive health services. It is believed that limited access and utilization of adolescent and youth friendly reproductive health services contribute to high rates of maternal mortality and morbidity due to abortion, fistula and other pregnancy-related complications (2).

Different reviews also showed that there are multiple factors contributing for the youth reproductive health behaviors and outcomes. For these reason multipronged interventions have been called to change them. But identification of the specific elements of multifaceted programs that had the strongest effect is often difficult, rather needed in order to sort out which interventions are more effective and to make such programs more cost effective (18).

### **2.1. Utilization of Youth SRH Service**

Globally, there are studies reported on utilization of reproductive health services by the youth. A Study conducted Makassar City Indonesia showed that the utilization of adolescent reproductive health services by high school students in in 2018 was 24.3%(17)and study conducted in Maraka District among adolescent females Using the Health Belief Model shows 30.3% were not utilizing reproductive health services (18).Youth in Africa face challenges in accessing reproductive health services. A study shows over all utilization of reproductive health service was 65% and 42.2 % in Nigeria and Kenya respectively(19, 20)

Studies conducted in Ethiopia shows that the magnitudes of sexual and reproductive health services was 32.2%, 41.2%, 59%, 63.8%, 28.7% and 20% in Bahir Dar, Awabel, Wachamo University Hosanna, Harar town, Addis Ababa high school students and Asela college respectively (21-27).

## **2.2. Factors affecting Utilization of Youth Reproductive Health Services**

### **2.2.1. Individual factor**

There are factors related with individual determinants such as perceived need for service by adolescents, their health beliefs including having knowledge towards sexual and reproductive health services are positively associated with sexual health service utilization (28). study conducted in Belgut Sub-County Kenya indicated that, age 15-19 and female sex are less utilize sexual & reproductive health services among the youth and individual having skills and more knowledgeable on sexual and reproductive health and related risks tend to be more utilized SRH service (29).

Studies conducted in Ethiopia on factors associated with utilization of SRH service shows that older youth aged 20-24 years utilized these services more than those aged 15-19 years (24-26, 30) . Also study in Addis Ababa among adolescents revealed that having access to radio were the factors that determine reproductive health knowledge of adolescents (31) and other study reported that male sex was more associated with increased uptake of SRH service than female sex (22).

The other study shows being married ,living with their parents, having sexual history and having high knowledge about components of reproductive health were positively associated with utilization of youth reproductive health service (30). On the other hand the study done in Harar reported that being illiterate, not knowing about RH services, having negative perception about the importance of RH ,having unfavorable attitude to youth towards the behavior of youth friendly service provider and conduciveness of health institution were negatively associated with utilization of the service (23).

### **2.2.2. Partner and peer factors**

A study conducted in three Bolivian cities showed that, adolescent perceptions of contraceptive use by their partners or peers were found to be both positive and negative(32). Another study conducted in Ghana, Malawi and Uganda showed that peer factors like fear of being seen are among the barriers utilization of RH services like contraceptives, STI treatment (33).

There are studies in Ethiopia which conducted on peer influences or pressures in utilization of SRH service and the result indicated that respondents with their friend mentioned importance of utilization of reproductive health services, adolescents who had discussions with peers on sexual and reproductive issues and respondents who were involved in peer to peer education were more likely to utilize SRH services than their counter parts(22, 30, 34, 35).

### **2.2.3. Family and Community related factors**

A study of adolescent sexual and reproductive health as a global challenges demonstrated that various sociocultural, economic and political factors restrict the delivery of information and services to young population (36). In Kenya family/community negative perception youth sexuality and reproductive health services to the youth were challenges that affect utilization of youth friendly sexual and reproductive services (20)

There are Studies which indicated that, Utilization of health services is likely to increase where family and communities engage in positive dialogue to promote value of health services and encourage support for the provision of quality services to youth (28, 37). Other study conducted in southern Ethiopia shows that, Students who discuss with their parents were knowledgeable on SRH matters and were more likely utilized SRH service (38).

### **2.2.4. Institutional and health providers related factors**

Studies in different parts of the world indicated that, barriers to access and consumption of reproductive health services include inadequate access, lack of provision of reproductive health services acceptable to all, lack of clear directions and services being offered without due consideration of privacy of users, appointment times that do not consider work schedules of the young people, and little or no accommodation for the non-frequent users, organization of the health facility, reproductive health services not being affordable to the adolescents, the youths and the adults being given health services in the same area, limited management support, poor funding and poor staff attitude (29, 37).

Study carried out in different parts of Ethiopia shows that the major factors affecting utilization of RH service were distances of health facility, inconvenient service hours, too long waiting hours, did not get the service they wanted, providers being judgmental and unfriendly staff handling of the youth and cost of the service was significant barrier to service utilization by youth(21, 22, 24-26)

## Conceptual Framework

The proposed conceptual framework demonstrates the interaction of multiple factors contributing for low level of utilization of SRH service as well as direction of relations of the determinants with the outcome variable. These include individual factors, Partner and peer factors, family, Community related factors, institutional and health providers' related factors.

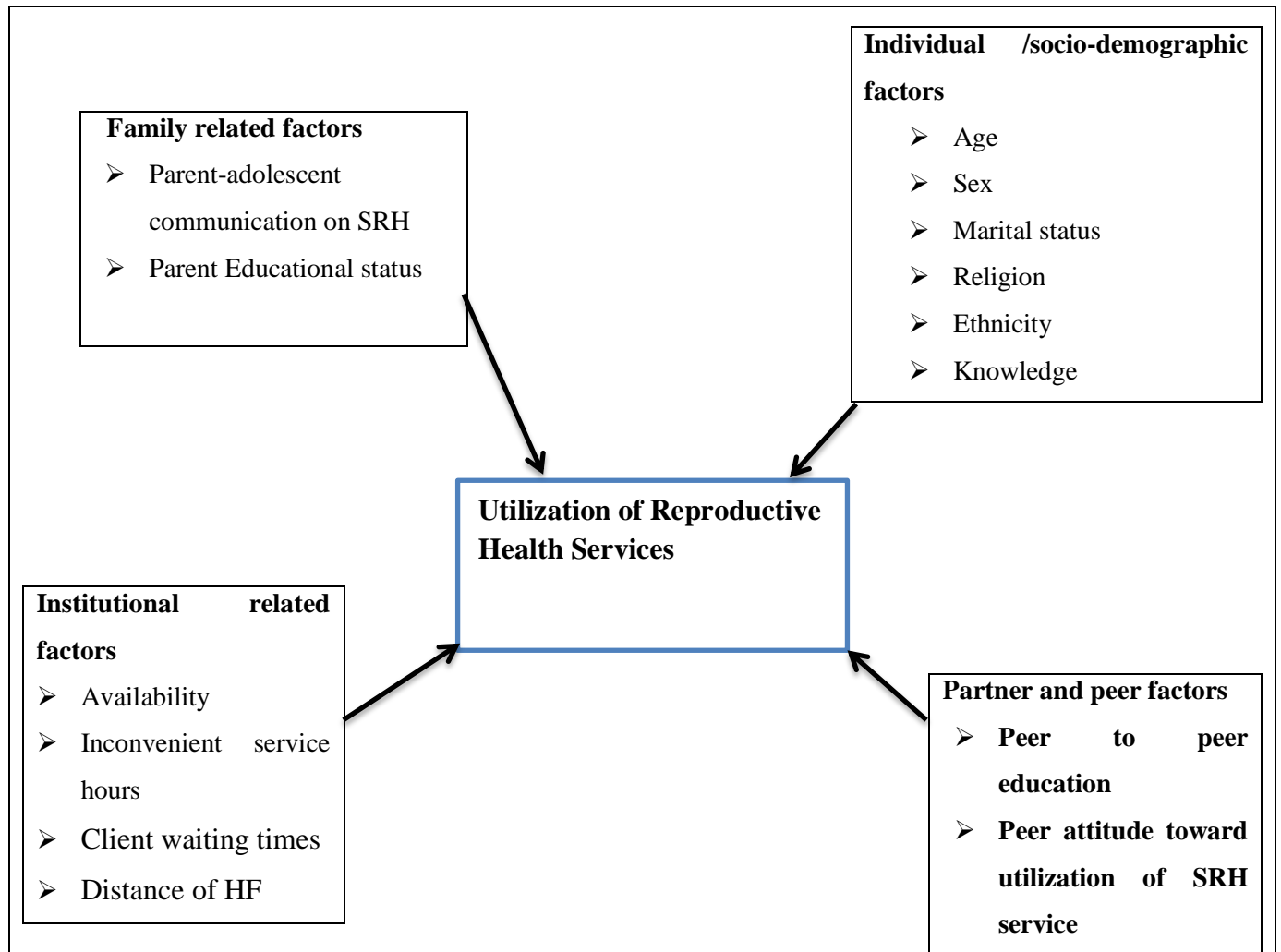


Fig 1: Conceptual framework of factors affecting utilization of youth reproductive health services, constructed by principal investigator based on reviewed literatures (28-37, 39-43).

### **3. OBJECTIVES**

#### **3.1. General Objective**

- To compare level of SRH services utilization and associated factors among regular undergraduate students taken SRH course and not taken course in Assosa University and Bahir Dar University, 2020.

#### **3.2. Specific Objectives**

- ✓ To compare the magnitude of SRH services utilization among regular undergraduate students taken SRH course and not taken course in Bahir Dar University and Assosa University.
- ✓ To identify factors associated with sexual and reproductive health services utilization among regular undergraduate students taken SRH course and not taken the course in Bahir Dar University and Assosa University.

## **4. METHODS AND MATERIALS**

### **4.1. Study area**

The study was conducted in Bahir Dar University (BDU) and Assosa University (ASU). BDU is research University in city of Bahir Dar, the capital city of Amhara National Regional state in Ethiopia. The university is combination of two smaller institutes formed earlier, after the departments were gradually raised to degree level starting from 1996. The university is composed of five colleges, four institutes, four faculties, two academies and one school. In 2019 in its 8 campuses there are more than 40,000 regular undergraduate students in the University. The SRH course is not introduced/offered in Bahir Dar University(44)

ASU is public higher education institution located in the medium sized town of Assosa, Benishangul Gumuz Regional State of Ethiopia and it was established in 2011. ASU offers course and programs leading to officially recognized higher education degrees in several areas of study in 23 different departments. The university is composed of seven colleges. In 2019 there are more than 8,000 regular undergraduate students in the university. The SRH course was introduced in Assosa University in 2016. The course is given in all departments to all students in 1<sup>st</sup> Year, 1<sup>st</sup> Semester(45)

### **4.2. Study design and period**

Institution-based comparative cross-sectional study design was employed from February to March 2020

### **4.3. Population**

#### **4.3.1. Source Populations**

All youth regular undergraduate students enrolled in Bahir Dar University and Assosa University.

#### **4.3.2. Study Population**

All youth 2<sup>nd</sup> year regular undergraduate students in Bahir Dar University and Assosa University during study period.

#### 4.4. Inclusion and Exclusion Criteria

##### 4.4.1. Inclusion Criteria

Both male and female youth regular undergraduate students actively attending their education at Bahir Dar University and Assosa University during the study period.

##### 4.4.2. Exclusion Criteria

Youth regular undergraduate students in Bahir Dar University and Assosa University who were:-

- ✓ Medical and health science students
- ✓ Frist year students
- ✓ Severely ill students

#### 4.5. Sample Size Determination

The sample size determination was using double population proportion formula. The following assumption was taken into consideration: a confidence level of 95%, which corresponds to  $Z_{\alpha/2} = 1.96$ ; Power = 80% corresponding  $Z_{\beta}=0.84$

$r= 1$

$P_1$  (Proportion of SRH service utilization among student taken SRH course) = 69%

$P_2$ (Proportion of SRH service utilization among student not taken SRH course) =59% which is taken from magnitude of current RH services utilization among regular undergraduate Students in Hosanna campus of Wachamo University in 2017(22).

$$n_1 = \frac{\left[ \left( Z_{\alpha/2} \right) \sqrt{\left( 1 + \frac{1}{r} \right) p(1-p)} + Z_{\beta} \sqrt{p_1(1-p_1) + \left( \frac{p_2(1-p_2)}{r} \right)} \right]^2}{(P_1 - P_2)^2}$$

By using Epi info version 7 calculated sample ( $n_1$ ) was 362 similarly  $n_2 =362$  which gives **724** plus 10% extra for non-response rate= **72**

So, final sample size was  $796 * 1.5$  design effect =**1194**



#### 4.6. Sampling technique/procedure

As shown in the figure below, among five colleges, four faculty and four institute in BDU one college, one faculty and one institute was selected by lottery methods. Also from seven college in ASU two of them were selected by the same methods and 2<sup>nd</sup> year students was selected from those college. Then the study subject was selected using stratified random sampling method with equal allocation among BDU of 2<sup>nd</sup> year students (those not taken SRH course) and ASU 2<sup>nd</sup> year students (those taken SRH course). Then, the number of the students in the sample was selected by using simple random sampling method from selected college that make up a total number of 1194 study subjects.

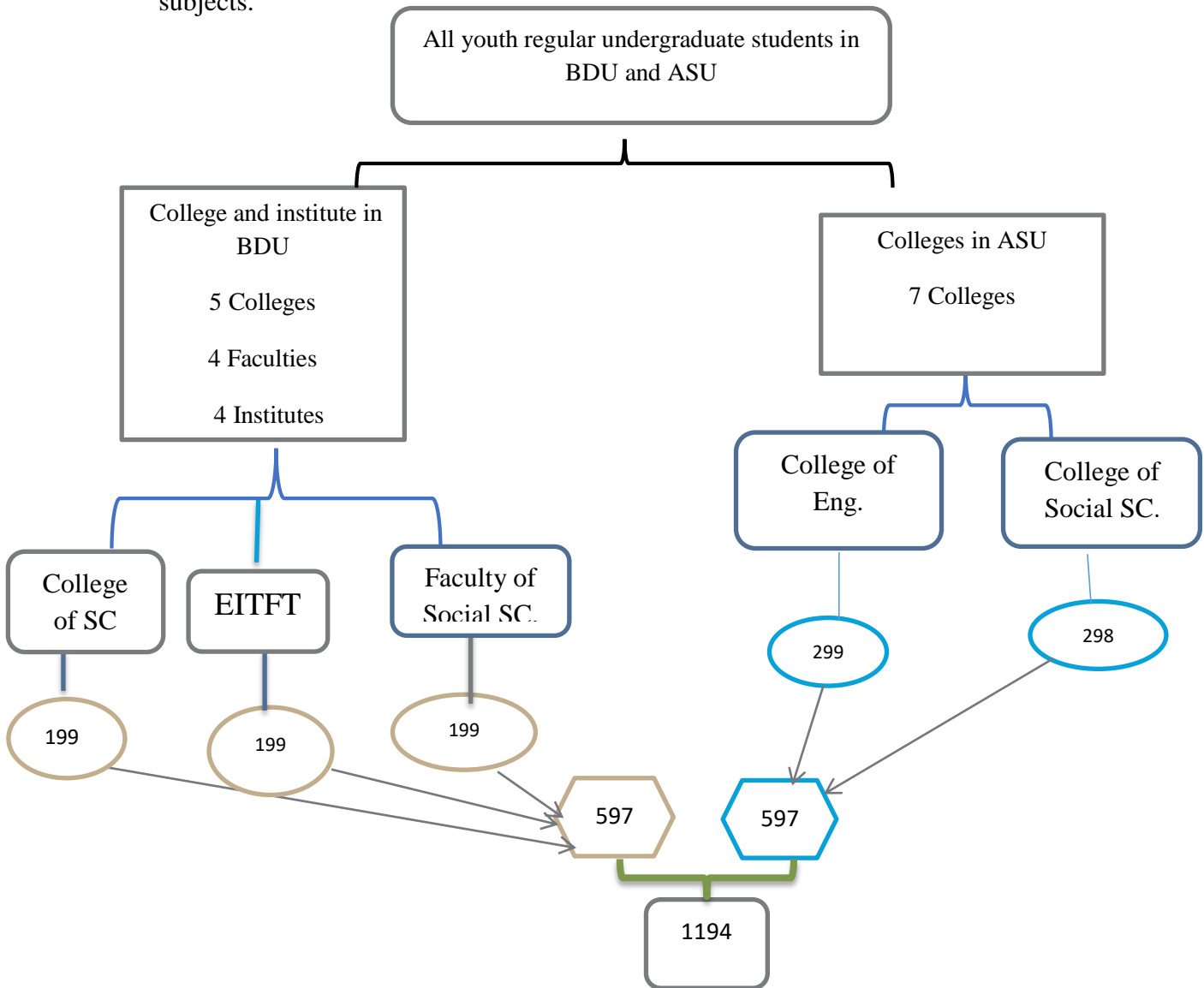


Figure 2: Schematic presentation of sampling procedure

#### **4.7. Data Collection tools and Techniques**

Data was collected using structured self-administered questionnaires which was adopted from previous study(22, 38).It was initially prepared in English and later translated into national language which is Amharic. The questionnaires was contain questions on demographic characteristics, knowledge, parent- youth communication, peer influence, health care system factors and utilization of reproductive health services. Questionnaires were pretested by 5% of the total sample subjects among departments of business and economics in BDU. After pretesting of the tool, discussions were held with the data collectors and supervisors, some corrections were made on the questionnaires including recoding of the variable by adding yes and no option interims of for multiple answer is possible.

Six BSc GC students were selected as data collection facilitators and two supervision those follow master's degree in health were selected. The data collection facilitators and supervisors were trained for two days on issues related with data collection.

#### **4.8. Study Variables**

##### **4.8.1. Dependent Variables**

Utilization of reproductive health services

##### **4.8.2. Independent Variables**

- Individual factors/ Socio-demographic factors
  - ✓ Age
  - ✓ Sex
  - ✓ Marital status
  - ✓ Religion
  - ✓ Ethnicity
  - ✓ Knowledge of SRH service
- Peer influence factors
- Family/ Community related factors
- Institutional related factors
  - ✓ Availability of the service
  - ✓ Inconvenient service hours

#### **4.9. Operational/Term Definitions**

**Youth:** population within the age group of 15-24 years(1)

**SRH course:** A preliminary course given to undergraduate students, which include HIV/AIDS, SRH, Gender and Life Skills as content.

**Utilization of reproductive health services:** utilizing health facility for any one or more of the following RH services by ASU and BDU student such as voluntary HIV counseling and testing, treatment and care of sexually transmitted infections, family planning/contraceptive counseling, and/or services, and IEC on reproductive health issues in the last 12 months.

**Client waiting times:** In this study, client-waiting time will be considered short if clients get the service within 30 minutes of arrival.

**Inconvenient service hours:** The service hour is inconvenient if the service is given only at working time (8:30-11:30).

**Peer influence factors:** influence of peer that affect utilization of RH Services positively or negatively.

**Availability of the service:** The service was regarded as being available if it was in the campus.

**Knowledgeable on SRH:** a student whose cumulative response rate for twelve knowledge related factors questions was greater than or equal to the summed mean score value was considered as knowledgeable on SRH service.

**Parents:** A parent in this study refers to biological parents, step parents, or foster parents but does not include elder siblings.

**Parent-youth communication on RH issues:** students who discussed at least two SRH issues (e.g. Contraception, STIs/HIV/ AIDS, sexual intercourse, unwanted pregnancy, avoiding premarital sex, condom, and changes during puberty, and menstrual cycle) were considered to have communicated on RH issues with parents.

#### **4.10. Data Quality Assurance**

Data collectors and the supervisor were trained for two days before the pretest on the objective of the study, and method of data collection, interview technique & content of questionnaire. Supervisor was assigned to maintain data quality. Data was checked for completeness, accuracy, and consistency by supervisors & principal investigator after the data collection on daily base.

The validation of the questionnaire was done to assess the reliability of questions using Cronbach's alpha ( $\alpha$ ). A total of 12 items were used to measure knowledge about SRH service and the internal consistency estimate of the reliability of test items was found in the good range  $0.7 < \alpha < 0.9$  ( $\alpha = 0.787$ ).

#### **Data Analysis**

Data was clean, coded and entered using Epi data and exported to SPSS version 23 for further analysis. Descriptive statistics such as frequencies, cross tabulation, and numerical summary measures was used to describe the data. Bivariate logistic regression analysis was employed to examine association between dependent and independent variables. In bivariate analysis variables whose p value less than 0.2 were considered as candidate variable for multi- variable analysis. P value and 95% CI were used to measure the level of significant in multi-variable analysis and those variable whose p value less than 0.05 were considered as statistically significant

#### **4.11. Ethical Consideration**

Ethical clearance was obtain from the Institutional Review Board (IRB) of Bahir Dar University College of Medicine and Health sciences. Support letter was obtained from both Bahir Dar University and Assosa University. The objective and the importance of the study as well as their right to withdraw or refuse to participate was informed to the participants before data collection. An approval of voluntary participation was received prior to data collection as well as written consent was solicited from each study participants.

#### **4.12. Dissemination of Results**

The final results of this study will be submitted and presented to BDU School of Public Health, will be disseminated to ASU, Federal ministry of education and will be also subjected to journals for publication.

## 5. RESULT

### 5.1. Individual related issue /Socio demographic characteristics/ of participants

A total of 1163 (575 of those taken the course & 588 of those not taken the course completed the questionnaire with a total response rate of 97.4% (96.3% & 98.5% among those taken & not taken the course respectively). Males account 375 (65.8%) of the students who attended the SRH course and 407 (69.2%) of the students who did not attend the course. Five hundred thirty six (93.2) & 544 (92.5) of students were single marital status from taken and not taken the course respectively. Four hundred seventeen (72.5%) and 453 (77%) of them lives with both mother and father together before joined university among those taken the course & not taken respectively. The mean age of students was 21.52 (SD±1.37) with the minimum age of 19 years and maximum of 24 years. (Table 1).

Regarding knowledge of SRH 526 (91.5%) and 406 (69%) of the students have knowledge about SRH service from those taken SRH course and those not taken SRH course respectively. Of them 98.9% from those taken SRH course and 96.5% those not taken SRH course know at least one of sexually transmitted disease, 99.1% of the students from those taken SRH course 92.6%) of the students from those not taken SRH course know at least one types of SRH service and 96.3% of students from those taken SRH course and 85.6% the students from those not taken SRH course know where they can get RH services. (Table 1)

**Table 1 : Individual related issue /Socio-demographic characteristics/ of participants in Assosa University and Bahir Dar University, Jun 2020**

Variables		Taken SRH course (n1= 575) n <sub>0</sub> (%)	Not taken SRH course (n2=588) n <sub>0</sub> (%)
Age	19-21	333 (57.9)	286 (48.6)
	20-24	242 (42.1)	302(51.4)
Sex	Male	375 (65.2)	407 (69.2)
	Female	200 (34.8)	181 (30.8)
Marital status	Single	536 (93.2)	544 (92.5)

	Married	24 (4.2)	28 (4.8)
	Divorced	13 (2.3)	13 (2.2)
	Widowed	2 (0.3)	3 (0.5)
<b>Religion</b>	Orthodox	221 (38.1)	332 (56.5)
	Muslim	206 (35.8)	187 (31.8)
	Protestant	120 (20.9)	65 (11.1)
	Other*	30 (5.2)	4 (0.7)
<b>Ethnicity</b>	Amhara	246 (42.8)	285 (48.5)
	Oromo	241 (41.9)	197 (33.5)
	Tigre	51 (8.9)	51 (8.7)
	Gurage	15 (2.6)	32 (5.4)
	Other **	22 (3.8)	23 (3.9)
<b>Knowledge of SRH service</b>	Good Knowledge	526 (91.5)	406 (69)
	Poor knowledge	49 (8.6)	182 (31)

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\*Catholic, Adventist, Wakefeta    \*\* sidama, walyita, Berta, shinasha, kambata & agew

## 5.2. Peer Influence related issue

Among a total students 453 (78.8%) of students those taken SRH course and 305 (51.9%) of students those not taken SRH course got information about reproductive health services from their peer and 368 (81.2%) of respondents from those taken SRH course and 140 (45.9%) of respondents from those not taken SRH course got information on the importance of reproductive health services from their peer. Students who prefer to get approval of their peer on utilization of SRH service were 397 (69.0%) & 332 (56.5%) from those taken SRH course and those not taken SRH course respectively. Two hundred nine (36.3%) of the students from those taken SRH course & two hundred ninety six (49.7%) of the students from those not taken SRH course reported that, the attitude of their peer

towards reproductive health services or its utilization affected their decision to visit clinic for SRH services. (Table 2)

With regards to getting support from peer, 447 (78.4%) of the students from those taken SRH course and 313 (52.2%) of the students from those not taken SRH course reported that they got support to use reproductive health services. On the other hand 89 (15.6%) of the students from and 209 (35.5%) of the students from had experience of discouragement from their peer not to use reproductive health services in the last 12 months. Only 59 (10.3%) of the students from those taken SRH course & 105 (17.9%) of the students from those not taken SRH course had encountered fear of being seen by their peer or friends for utilization of sexual and reproductive health services. (Table 2)

Students who had experience of feeling embarrassment because of being seen during use of sexual and reproductive health services in their campus clinic in the last twelve months were 38 45 (7.5%) and 60 (10.2%) among and those not taken SRH course respectively. (Table 2)

**Table 2: Comparison of Peer Influence related issue among students those not taken SRH course and students those taken SRH course, Jun 2020**

Variables		Taken SRH course (n1= 575) n <sub>0</sub> (%)	Not taken SRH course (n2=588) n <sub>0</sub> (%)
Got information about sexual and SRHs from friend	Yes	453 (78.8)	305 (51.9)
	No	122 (21.2)	283 (48.1)
Peer group's attitude towards sexual and reproductive health service	Good	441 (76.7)	330 (56.1)
	Bad	38 (3.6)	91 (15.5)
	Difficult to evaluate	96 (19.7)	167 (28.4)
Preference to get approval from peer on utilization of RH services	Yes	397 (69.0)	332 (56.5)
	No	178 (31.0)	256 (43.5)
Attitude of peer group towards utilization of SRHS affected decision to visit clinic	Yes	209 (36.3)	296 (49.7)
	No	366 (63.7)	295 (50.3)
How did it affect your utilization of reproductive health services? (n=209/296)	Positively	183 (87.6)	176 (59.5)
		26 (12.4)	120 (40.5)

		Negatively	
Support to use SRHS by friends	Yes	447 (78.4)	313 (52.2)
	No	128 (21.6)	275 (47.7)
Experience of discouragement not to use RH services	Yes	89 (15.6)	209 (35.5)
	No	486 (84.4)	379 (64.5)
Encountered fear of being seen by friend	Yes	59 (10.3)	105 (17.9)
	No	516 (89.7)	483 (82.1)

### 5.3. Family/parents-youth communication related issue

Seventy three point four presents and 76.9% of the students' mother in ASU and BDU were able to read and write respectively. Four hundred eighty (83.5%) of the students from those taken SRH course & 511 (86.9%) of the students from those not taken SRH course acknowledged the importance of discussing SRH issues with parents. Three hindered twenty four (56.3%) of respondents from those taken SRH course & 307 (52.2%) of respondents from those not taken SRH course were ever discussed on SRH issues with their parents. Regarding How frequent they have discussed about sexual & reproductive health with parents, 144 (44.4%) of respondents from those taken SRH course and 121 (39.4%) of respondents from those not taken SRH course, 106 (32.7%) of respondents from those taken SRH course & 95 (30.9%) of respondents from those not taken SRH course and 74 (22.8%) of respondents from those taken SRH course and 91 (29.6%) of respondents from those not taken SRH course reported, very often, often and sometimes respectively. (Table 3)

Among the reasons for not ever discussed about sexual and reproductive health with their parents; shame is among the main reasons mentioned by respondents those taken SRH course (44.7%) and lack of knowledge was the main reasons mentioned by respondents those not taken SRH course (37.7%). (Table 3)

**Table 3: Comparison of parents-youth related factors among students those not taken SRH course and students those taken SRH course, Jun 2020**

Variables		Taken SRH course (n1= 575) n <sub>0</sub> (%)	Not taken SRH course (n2=588) n <sub>0</sub> (%)
Mother's educational status	Unable to read and write	153 (26.6)	136 (23.1)



	Read and write only	149 (25.9)	131 (22.3)
	Primary school	159 (27.7)	172 (29.3)
	Secondary school	33 (5.7)	81 (13.8)
	Higher education	81 (14.1)	68 (11.6)
Father's educational status	Unable to read and write	106 (18.4)	113 (19.2)
	Read and write only	137 (23.8)	147 (25.0)
	Primary school	191 (33.2)	186 (31.6)
	Secondary school	72 (12.5)	74 (12.6)
	Higher education	69 (12.0)	68 (11.6)
Importance of discussion about reproductive health issues with parents	Yes	480 (83.5)	511 (86.9)
	No	95 (16.5)	77 (13.1)
Discussion about SRH issues with parents	Yes	324 (56.3)	307 (52.2)
	No	251 (43.7)	281 (47.8)
Frequency of discussion about sexual & reproductive health with parents ((n=324/307)	Very often	144 (44.4)	121 (39.4)
	Often	106 (32.7)	95 (30.9)
	Sometimes	74 (22.8)	91 (29.6)

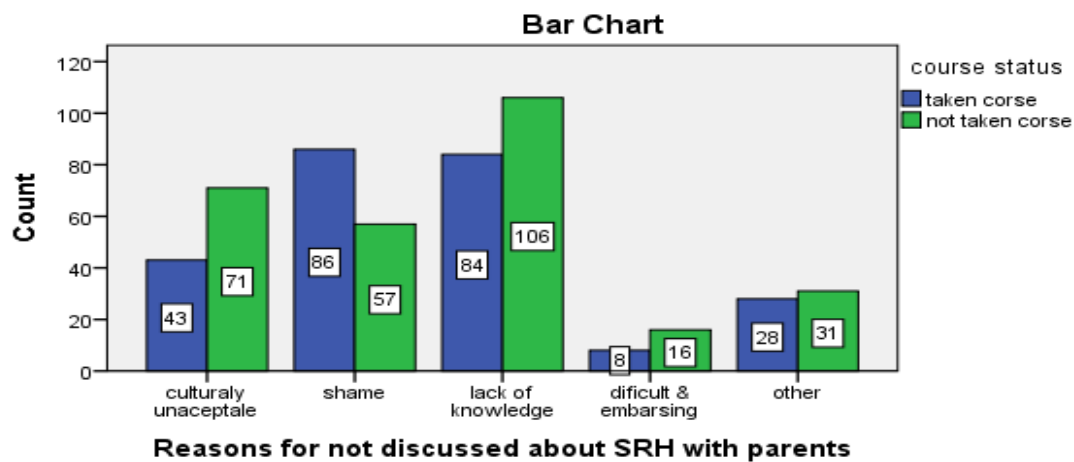


Figure 1: reasons for not discussing about SRH service with parents among students taken SRH course and not taken the course, July 2020

#### 5.4. Institutional and health providers related issue

From the total number students 541 (94.1%) from those taken SRH course and 543 (92.3%) from those not taken SRH course reported that there sexual & reproductive health service/clinic in their campus & the rest don't know whether the service is available or not. Concerning what services are being offered in the campus clinic, 467 (86.3%) & 312 (57.5%) of the respondents reported information services, 425 (78.6) & 388 (71.5%) of the respondents reported VCT, 413 (76.3%) & 357 (65.7%) of the respondents reported STI diagnosis & treatment, 506 (93.5%) & 352 (64.8%) of the respondents reported contraceptive services are being offered in the campus clinic among those taken SRH course and those not taken SRH course respectively. (Table 4).

Three hundred eighty six (67.1%) of respondents from those taken SRH course and two hundred eighty nine (49.1%) of respondents from those not taken SRH course have visited the campus clinic for reproductive health service. Among those who visited the clinic for the services, 63.5% of those taken SRH course and 63.0% of those not taken SRH course reported that they are satisfied by the services being offered. With regards of missing service; only 10.7% of respondent from those taken SRH course and 11.6% of respondent from those not taken SRH course reported they missed the service with in the last 12 months. (Table 4).

Regarding the perception of the respondents about the main obstacles that hinders them not to utilize reproductive health services; poor handling by health workers were reported by majority of respondents (40.3% among those taken SRH course and 39.1% among those not taken SRH course). Among total respondents most of them reported that they prefer young provider of the same sex to be youth reproductive health provider (33.4% among those taken SRH course & 33.7 & among those not taken SRH course). (Table 4).

**Table 4: Comparison of Institutional and health provider's related factors among students those not taken SRH course and students those taken SRH course, Jun 2020**

Variables	Taken SRH course (n1= 575) n <sub>0</sub> (%)	Not taken SRH course (n2=588) n <sub>0</sub> (%)
Presence of sexual & reproductive health service/clinic in campus	Yes 541 (94.1)	543 (92.3)
	I didn't know 34 (5.9)	45 (7.7)
<b>Service offered in the clinics</b>	<b>(n= 541)</b>	<b>(n=543)</b>

	Yes	467 (86.3)	312 (57.5)
Information service	No	26 (4.8)	29 (5.3)
	I don't know	48 (8.9)	202 (37.2)
	Yes	425 (78.6)	388 (71.5)
VCT service	No	49 (9.1)	43 (7.9)
	I don't know	67 (12.4)	112 (20.6)
STI diagnosis and treatment service	Yes	413 (76.3)	357 (65.7)
	No	21 (3.9)	23 (4.2)
	I don't know	107 (19.8)	163 (30.0)
Contraceptive methods	Yes	506 (93.5)	352 (64.8)
	No	22 (4.1)	11 (2.0)
	I don't know	13 (2.4)	180 (33.1)
If you have RH problem & need services, counseling and support where do you go?	Campus clinics	483 (84.0)	366 (62.2)
	Governmental health facility	52 (9)	93 (15.9)
	Private health facility	40 (7.0)	129 (21.9)
Ever visited campus clinic for reproductive health service	Yes	386 (67.1)	289 (49.1)
	No	189 (32.9)	299 (50.9)
Satisfied with the services that receive (n=386/289)	Yes	244 (63.5)	182 (63.0)
	No	142 (36.5)	107 (37.0)
Visited the campus clinic for reproductive health facility but miss (n= 386/289)	Yes	49 (12.7)	51 (17.6)
	No	337 (87.3)	238 (82.4)

### 5.5. Proportion of SRH service utilization among those taken SRH course and those not taken SRH course

The utilization of the sexual & reproductive health services in the last 12 months prior to data collection among students those taken SRH course and those not taken SRH course were 66.6% (95% CI: 62.8, 70.4) and 46.4% (95% CI: 42.3, 50.5) respectively. (Table 5)

Regarding to types of service utilized; 60.7% (95% CI: 57.3, 65.0) of the students who have taken SRH course and 44.7% (95% CI: 40.6, 48.5) of the students who have not taken the SRH course utilized information service regarding to SRH issues. Thirty seven point four percent (95% CI: 28.3, 36.3) of those taken SRH course and 28.1% (95% CI: 17.2, 24.0) of those NOT taken SRH course utilized voluntary testing and counseling service. Forty one percent (95% CI: 36.9, 45.4) and 30.3% (95% CI: 26.5, 34.4) of the students utilized sexually transmitted infections diagnosis and treatment services, 39.3% (95% CI: 35.4 – 44.0) and 29.6% (95% CI: 25.7, 33.0) of the students utilized Contraceptive methods in the past 12 months prior to data collection among those taken SRH course and those not taken SRH course respectively. (Table 5)

**Table 5: Comparison of utilization of RH service among students those not taken SRH course and students those taken SRH course, Jun 2020**

Variables		Taken SRH course (n1= 575) n <sub>0</sub> (%)	Not taken SRH course (n2=588) n <sub>0</sub> (%)
Utilization of RH services in the past 12 months	Yes	383 (66.6)	273 (46.8)
	No	192 (33.7)	315 (53.2)
IEC received regarding to SRH issues from health workers	Yes	349 (60.7)	263 (44.7)
	No	226 (39.3)	325 (53.3)
Contraceptive methods used in the past 12 months	Yes	226 (39.3)	174 (29.6)
	No	83 (36.7)	59 (33.9)
VCT services utilized in the past 12 months	Yes	186 (32.3)	122 (20.7)
	No	389 (67.7)	466 (79.3)

### **5.6. Factors associated with utilization of reproductive health services among students taken SRH course and those not taken SRH course**

In bivariate logistic regression analysis, sex & support from friends were significantly associated for students those taken the course. Whereas for those students those not taken the course, living with both mother and father together before joined university got approval from peer on utilization of SRH service, felt embarrassed being seen during utilization of RH services and knowledge of SRH were significantly associated. Age, discussed about sexual & reproductive health issues with parents, frequency of discussion, got information on RH services from peer/friend, attitude of peer /friend on utilization of RH services, fear of being seen by peer/friend during utilization of RH services and

experience of discouragement not to use RH services, were found to be significantly associated for utilizing RHS in both comparative groups ( $P < 0.2$ ).

These variables which were significant on bivariate analysis were entered into multivariable logistic regression analysis. After that; for students taken the course male sex was associated with increased uptake of SRH service than female sex (AOR=1.9, 95% CI: 1.17, 3.06). when the age of an individual is increased by one year SRH service were 1.8 times more utilized (AOR=1.8, 95% CI: 1.47, 2.17). Those students who Living with both mother & father together before joined university were 3.8 (AOR= 3.8, 95% CI: 2.33, 6.35) times more likely utilize SRHS and those discussed about sexual & reproductive health issues with their parents were 2.3 times (AOR=2.3, CI: 1.49, 3.59) more likely to utilize SRH services than those not discussed. Those having support from friends were 3 times (AOR= 3, CI: 1.81, 4.96) more likely utilized SRH service than those not having support. On the other hands the odd of utilizing SRH service among those had experience of discouragement not to use RH services and those had ever encountered fear of being seen by peer/friend during utilization of RH services were utilize SRH 84% (AOR= 0.16, 95% CI: 0.1, 0.3) and 79% (AOR=0.21, 95% CI: 0.1, .45) lower than their counter parts respectively. (Table 6)

**Table 6: Final model that determines predicting factors for Utilization of Reproductive Health Services among students taken SRH course, Jun 2020**

Variable		SRH service Utilization		COR (95% CI)	AOR (95% CI)
		Yes	No		
		Sex	Male		
	Female	100	100	1.00	1.00
Age				1.8 (1.54, 2.09)	1.78 (1.47, 2.17)
Living with both mother & father together before joined university	Yes	311	106	3.5 (2.39, 5.14)	3.8 (2.33, 6.35)
	No	72	86	1.00	1.00
discussion about SRH with parents	Yes	263	90	2.5 (1.74, 3.55)	2.3 (1.49, 3.59)
	No	120	102	1.00	1.00
Information about SRH service from friend's	Yes	318	108	3.8 (2.58, 5.62)	2.36 (1.42, 3.93)
	No	65	84	1.00	1.00

Support to use SRHS by friends	Yes	315	105	3.8 (2.61, 5.65)	3 (1.81, 4.96)
	No	68	87	1.00	1.00
Experience of discouragement not to use RH services	Yes	30	59	0.2 (0.12, 0.31)	0.16 (0.08, 0.3)
	No	353	133	1.00	1.00
Encountered fear of being seen by friend	Yes	13	42	0.13 (0.07, 0.24)	0.21 (0.1, .45)
	No	370	150	1.00	1.00

For students those not taken SRH course; when the age of an individual is increased by one year SRH service were 1.6 times more utilized (AOR=1.6, 95% CI: 1.38, 1.89). Students who did discussed about sexual & reproductive health issues with their parents were 6.1 (AOR=6.1, CI: 3.98, 9.27) times more likely to utilize SRH services and those got information about SRH service from friend's were 2.1 (AOR=2.1, 95% CI: 1.44, 3.33) times more utilized the service. On the other hands the odd of utilizing SRH service among those had experience of discouragement not to use RH services and ever encountered fear of being seen by peer/friend during utilization of RH services, were 48% (AOR=0.52, 95% CI: 0.36, .82) & 61 % (AOR=.0.39, CI: 0.22, 0.7) lower than their counter parts respectively. (Table 7)

**Table 7: Final model that determines predicting factors for Utilization of Reproductive Health Services among students not taken SRH course, Jun 2020**

Variable	SRHS utilization		COR (95% CI)	AOR (95% CI)	
	Yes	No			
Age			1.7 (1.50, 1.96)	1.6 (1.38, 1.89)	
Discussion about SRH with parents	Yes	204	103	6.1 (4.24, 8.73)	6.07 (3.98, 9.27)
	No	69	212	1.00	1.00
Information about SRH service from friend's	Yes	170	133	2.3 (1.62, 3.15)	2.1 (1.39, 3.20)
	No	103	182	1.00	1.00
Experience of discouragement not to use RH services	Yes	64	145	0.36(0.25, 0.51)	.52 (0.36, .82)
	No	209	170	1.00	1.00
Encountered fear of being seen by friend	Yes	31	73	0.43(0.27, 0.67)	.39 (0.22, 0.7)
	No	242	242	1.00	1.00

On the other hand to see the influence of each independent variables including taking SRH course on SRH service utilization binary logistic analysis were fitted and taking SRH course, age, sex, educational status of father, living with both mother and father together before joined university, knowledge of SRH, discussed about SRH issues with parents, got information on RH services from peer/friend, support from friends, attitude of peer /friend on utilization of RH services, fear of being seen by peer/friend during utilization of RH services, experience of discouragement not to use RH services and felt embarrassed being seen during utilization of RH services were found to be significantly associated with RSH utilization in both groups ( $P < 0.2$ ).

These variables which were significant on bivariate analysis were entered into multivariable logistic regression analysis. After that; age, living with both mother and father together before joined university, taking SRH course, knowledge SRH, Discussion about SRH with parents, got information on RH services from peer/friend, Support to use SRHS by friends, fear of being seen by peer/friend during utilization of RH services and experience of discouragement not to use RH services remained significantly associated with utilization of SRH services ( $P < 0.05$ )

When the age of an individual is increased by one year SRH service were 1.8 times more utilized (AOR= 1.8, 95% CI:1.55, 2.02). Those living with their parents together before joining university were 3.4 times (AOR= 3.4, 95% CI: 2.29, 5.14) more likely utilized than those not living with them. Students those taken SRH course were 1.6 times (AOR= 1.6, 95% CI: 1.11, 2.33) more likely to utilize SRH services than those not taken the course. Having good knowledge of SRH service were 2.71 times (AOR=2.71, 95% CI: 1.49, 4.95) more likely to utilize SRH services than those having poor knowledge.

Students who did discussed about sexual & reproductive health issues with their parents were 5.7 (AOR=5.7, CI: 4.06, 7.94) times more likely to utilize SRH services than those not discussed.

Students those got information on RH services from peer/friend were 3.9 times (AOR=3.9, 95% CI: 2.67, 5.57) more likely when compared with those not got information and those having support from friends were 1.7 times (AOR= 1.7, CI: 1.17, 2.40) more likely utilized SRH service than those not having support.. On the other hands the odd of utilizing SRH service among those had experience of discouragement not to use RH services and ever encountered fear of being seen by peer/friend during utilization of RH services were 60% (AOR= 0.4, CI; 0.26, 0.57) and 66% (AOR=0.34, CI: 0.21, 0.57) lower than their counter parts respectively. (Table 7)

**Table 8: Final model that determines predicting factors for Utilization of Reproductive Health Services among all under graduated students in ASU and BDU, Jun 2020**

Variable	Utilization of SRH service		COR (95% CI)	AOR (95% CI)	P-value
	Yes	No			
Age			1.65 (1.5, 1.81)	1.8 (1.55,2.02)	.00
Taking SRH course	Yes	383 192	2.3 (1.82, 2.92)	1.6 (1.11,2.33)	.013
	No	273 315	1.00	1.00	
Living with both mother & father together before joined university	Yes	557 314	3.46 (2.62,4.57)	3.4 (2.29, 5.14)	.000
	No	99 193	1.00	1.00	
Knowledge of SRH					
Knowledgeable		584 348	3.8 (2.68, 5.47)	2.4 (1.53, 3.90)	.000
	Not Knowledgeable	50 114	1.00	1.00	
Discussion about SRH with parents	Yes	470 161	5.4 (4.22, 6.99)	4.7 (4.06, 7.94)	.000
	No	186 346	1.00	1.00	
Information about SRH service from friend's	Yes	533 225	5.4 (4.18, 7.06)	3.9 (2.67, 5.57)	.000
	No	123 282	1.00	1.00	
Support to use SRHS by friends	Yes	499 261	3 (2.33, 3.85)	1.7 (1.17, 2.40)	.005
	No	157 246			
Experience of discouragement not to use RH services from friends	Yes	94 204	.25 (.19 , .33)	0.4 (.26, 0.57)	.000
	No	562 303	1.00	1.00	
Encountered fear of being seen by friend	Yes	44 115	.245 (.17, .36)	0.34(0.21,0.57)	.000
	No	612 392	1.00	1.00	



## 6. DISCUSSION

### 6.1. Utilization of RH service among those taken SRH course and those not taken SRH course

Findings from this study revealed that utilization of the sexual & reproductive health services in the last 12 months prior to data collection among students those taken SRH course were 66.6% (95% CI: 62.8, 70.4) and higher compared with those not taken SRH course which is 46.4% (95% CI: 42.3, 50.5) and found to be significant ( $p < 0.05$ ).

Utilization of information service regarding to SRH issues, voluntary testing and counseling service, sexually transmitted infections diagnosis/treatment services and contraceptive methods among students taken the course were 60.7% (95% CI: 57.3, 65.0), 37.4% (95% CI: 28.3, 36.3), 41% (95% CI: 36.9, 45.4) and 39.3% (95% CI: 35.4, 44.0) respectively which is higher than among those not taken the course in which 44.7% (95% CI: 40.6, 48.5), 28.1% (95% CI: 17.2, 24.0), 30.3% (95% CI: 26.5, 34.4) and 29.6% (95% CI: 25.7, 33.0) of them utilized information service, voluntary testing and counseling service, sexually transmitted infections diagnosis/treatment services and contraceptive methods respectively and found to be significant ( $p < 0.05$ ). The variation might be because of sexual & reproductive health course which given in ASU provide basic knowledge about reproductive health services and limited source of information about SRH service in BDU.

According to this study, Utilization of the reproductive health services by the youth in the last 12 months was found to be more than study done in University in Bahir Dar, Awabel, Addis Ababa high school students and Asela College Harar which was 43.3%, 32.2%, 41.2%, 28.7% and 20% respectively (21-23, 26, 27). The possible reason for the difference could be in operationalizing the SRH service use in which this study represents use of any of the SRH service components whereas the other study focus only on use of modern contraceptive or VCT. The result among those taken SRH course and those not taken SRH course was found to be slightly more than study done in Wachamo University & less than study conducted in Harar town (22, 24). The variation could be because of the availability of the SRH service inside the university clinic and accessibility issues.

Finding from this study indicates that 39.3% of youth those taken SRH course & 29.6% of youth those not taken SRH course utilize contraceptive methods and among this majority utilizes male condom and pills. The result in among those taken SRH course was slightly more than among those not taken SRH course & study conducted in Wachamo University (36.4%) (22).

In this study 60.7% of the students those taken SRH course utilized information service regarding to SRH issues which was similar with the study conducted in Harar which reported that nearly 60 % of the study participants received IEC (23). But utilization of information service regarding to SRH issues among those not taken SRH course were 44.7% which was lower than the above result. This discrepancy may be due to SRH course in ASU & the limited source of information in BDU.

This study also reported that 96 (25.1%) of students from those taken SRH course & 82 (29.7%) of the students from those not taken SRH course utilized sexually transmitted infections diagnosis and treatment services. This was lower than the study conducted in Harar which reported that nearly 31 % got services on STIs services(24) and slightly more than the study conducted in Wachamo University which reported 18.2% (22). This may be due sample size, study area and participant difference.

## **6.2. Factors associated with utilization of reproductive health services among all undergraduate students in both comparative group.**

The overall reports of this study shows that; those students taken SRH course were more likely to utilize SRH services than those not taking the course. This may be due to the course provided to the students give's a framework about the basic concepts related to sexual reproductive health.

Utilization of reproductive health services was found to be positively affected by late age of youth. which is aligned with study in Kenya, Addis Ababa and wachamo University indicates that there is association of increased age with utilization of reproductive health services (24, 25, 29).

Also having knowledge about components of reproductive health were positively associated with utilization of youth reproductive health service which is similar with study done among adolescent of age 15-19 in Debra Birhan town (30). This may be explained by the reason that the more the likelihood of seeking reproductive health services as they have a better understanding of their reproductive health needs (14).

As indicated in this study, finding shows that students whose get information about sexual and reproductive health service from friends were more likely to utilize SRHS than those not got information. This could be explained by the reason that if the youth get information about the RHS, the likelihood of uptake increases (8). This was supported by a study conducted in wachamo university and Debrebirhan which revealed that adolescents who had discussions with their peers on sexual and reproductive issues were more likely to utilize than their counterparts (22, 30)

This study also showed that participants who have fear of being seen by their peer or people they know were less likely to utilize than their counterparts. This finding was in line with the study conducted in Addis Ababa high school students & Wachamo University students which reported that major barriers in utilizing reproductive health services by adolescents are fear of being seen by parents or people whom they know and embarrassment on their demand to reproductive health services (22, 24). This was also similar to the study conducted in Awabel which reported that one of the main reasons for low utilization of reproductive health services among young people was feeling ashamed when they get their neighbors at the health facility (21). Similarly the study from Asela reported that reasons cited by the youth for not receiving the services required were meeting neighbors/relatives at the facility and felt embarrassed (25).

In this study participants who have no experience of discouragement and whose friends mentioned about reproductive health services were more likely to utilize reproductive health services. This was supported by a study conducted in Debrebirhan which revealed that adolescents who had discussions with their peers on sexual and reproductive issues were more likely to utilize than their counterparts (30).

### **6.3. Factors associated with utilization of reproductive health services among students taking SRH course and those not taking SRH course**

For students taken the SRH course as age of an individual is increased by one year SRH service more utilized. Which is similar with those not taken the course. A similar study from Bahir Dar supported the current study's finding in which late aged youth were more likely to utilize reproductive health service (26). Another study from East Gojjam also reported that age of the respondent with the higher age group or the late adolescent were found to utilize RHS more than those in the age group of early adolescent (46).

For those taken the course study result also reported that male sex was more associated with increased uptake of SRH service than female sex which is consistent with the finding of Wachamo University Nigeria and Kenya where male participants utilized the service than females. This might be explained by the fact that fear of being seen while utilization of reproductive health services is more pronounced among female students (19, 22, 29). But there is no significant difference in male and female among those not taken the course.

In this study discussing with parents about sexual & reproductive health issues was associated with utilization of RH service in both comparative group but strongly associated among those not taken the course. (AOR=2.3 95% CI: 1.49, 3.59, AOR=6.1, CI: 3.98, 9.27) among taken the course and not taken the course respectively. This may be cultural difference among the students. Similarly previous study finding shows young people who had discussed SRH issues with their parents were more likely utilized RH service than those not discussed (26, 46, 47).

Also having support from friends was positively associated with RSH utilization among both group which but it was strongly associated among those taken the course. This could be explained by the reason that if the youth get information and have good knowledge about the RSH, the likelihood of uptake increases and they may support their peer regarding SRH service. (8). It is also supported with previous study in different schools which indicated youth having support from their peer/friends were associated with utilization of SRH service (18, 22, 34).

This study also showed that participants who have fear of being seen by their peer or people they know were less likely to utilize than their counterparts among both comparative group more pronounced among those not taken the course (AOR= 0.16, 95% CI: 0.1, 0.3) and 0.4 (.26, 0.57) among course taken and not taken respectively. Overall it was in line with the study conducted in Addis Ababa high school students which reported that major barriers in utilizing reproductive health services by adolescents are fear of being seen by parents or people whom they know and embarrassment on their demand to reproductive health services (24). This was also similar to the study conducted in Awabel which reported that one of the main reasons for low utilization of reproductive health services among young people was feeling ashamed when they get their neighbors at the health facility (21). This study also reported that that participants who have no experience of discouragement were more likely to utilize reproductive health services which is similar with study conducted in Wachamo University (22).

## **7. CONCLUSION AND RECOMMENDATIONS**

### **Conclusion**

In general, it was found that RH services utilization among regular undergraduate students those taken SRH course was better than those not taken SRH course with significant difference age, living with both mother and father together before joined university, taking SRH course, knowledge SRH, discussion with parents on SRH issue, got information on RH services from peer/friend, fear of being seen by peer/friend during utilization of RH services and experience of discouragement not to use RH services were found factors that affect the SRH service uptake.

### **Recommendations**

#### **To minster of education**

- Better to scale up & incorporate the SRH courses to freshman courses in all university

#### **To Assosa university and Bahir Dar university**

- ✓ Better to improve Knowledge of the students with regard to SRH issues by incorporating the course to all under-graduating students.
- ✓ Better to aware students on SRH issues and its utilization as well as facilitate creations of positive attitude towards SRH service through different clubs.

#### **To family and community**

- ✓ Better to discuss with their adolescents and youth on sexual and reproductive health issue.

#### **To researcher**

- ✓ Better be conducted further study to identify other factors by qualitative study design.

### **Limitations of the study**

- The study was conducted among youth who are university students and generalization of the results for youth outside a university setup may be a bit difficult.
- The study was not included qualitative study design.
- Discussion is based on literature from youth out said University site.

## 8. REFERENCE

1. WHO U, UNODC. Global Status Report on Violence Prevention Geneva: Switzerland. 2014.
2. Ethiopian Ministry of Health (EMOH). National Adolescent and Youth Health Strategy (2016-2020). 2016.
3. Sawyer Mea. Adolescence: a foundation for future health *The Lancet*. 2012;379 (9826).
4. World Health Organization (WHO). The sexual and reproductive health of young adolescents in developing countries: reviewing the evidence, identifying research gaps, and moving the agenda: report of a WHO technical consultation, Geneva, 4-5 November 2010. Geneva: World Health Organization; 2011.
5. UNCEF/WHO. Department of Economic Social Affairs. Population Division World Population Monitoring: Reproductive Rights and Reproductive Health. 2002: UN; 2003.
6. et.al E. Adolescent Sexual and Reproductive Health in Ethiopia and Rwanda: A Qualitative Exploration of the Role of Social Norms. 2014.
7. World Health Organization (WHO). Department of Reproductive Health and Research Global consultation on lessons from sexual and reproductive health programming to catalyze HIV prevention for adolescent girls and young women, Brocher foundation, Hermance, Geneva, Switzerland. 2016.
8. UNCEF/WHO. Ministerial Commit ment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa. Cape Town. 2013.
9. UNFPA. State of world population 2014. 1.8 Billion Adolescents, youth and the transformation of the future, New York, NY 10017 USA. 2014:1-4.
10. Ganchimeg T OE, Morisaki N, Laopaiboon M, Lumbiganon P, Zhang J, et al. . Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG*.;121(Suppl. 1):40–48.). 2014.
11. World Health Organization (WHO). Global health estimates 2015 deaths by cause, age, sex, by country and by region, 2000–2015. Geneva: . 2016.
12. Neal S MZ, Frost M, Fogstad H, Camacho AV, Laski L. Childbearing in adolescents aged 12–15 years in low resource countries: a neglected issue – new estimates from demographic and household surveys in 42 countries. *Acta Obstet Gynecol Scand*. 2012;9(91).
13. Tanabe M, Schlecht J, Manohar S. Adolescent sexual and reproductive health programs in humanitarian settings: An in-depth look at family planning services. 2012.
14. Central Statistic Agency (CSA). Ethiopia Mini-Demographic and Health Survey Addis Ababa, Ethiopia 2015.
15. Federal Democratic Republic of Ethiopia Ministry of Health (FDRE-MOH). Documenting Reproductive Health Practices in Ethiopia. . 2015.
16. Understanding Youth Sexual and Reproductive Health-Seeking Behaviors in Ethiopia, Implications for Youth-Friendly Service Programming. Evidence project.1-2. 2016.
17. Hadi FVEN. Determinants of adolescent reproductive health service utilization by senior high school students in Makassar, Indonesia volume *BMC Public Health* 2019;19( 286).
18. Negash T. Factors Affecting Utilization of Reproductive Health Services by Adolescent Females Using the Health Belief Model in Maraka District, Dawuro Zone, Southern Ethiopia *Journal of Culture, Society and Development*. 2016 21.
19. Toriola Femi-Adebayo YAKea. factors affecting utilization of youth friendly health service in Lagos state, Nigeria *journal of adolescent medicine and health*. 2017.

20. Godia ea. Young people's perception of sexual and reproductive health services in Kenya. . BMC Health Services Research. 2014( 14): 172.
21. Ayehu A, Kassaw T, Hailu G. Level of young people sexual and reproductive health service utilization and its associated factors among young people in Awabel District, Northwest Ethiopia. Plos one. 2016;11(3):e0151613.
22. Temesgen T. Current utilization of reproductive health services and the role of peer influence among undergraduate students of wachamo university, hosanna, SNNPR, Ethiopia 2017.
23. Motuma A, Syre T, Egata G, Kenay A. Utilization of youth friendly services and associated factors among youth in Harar town, east Ethiopia: a mixed method study. BMC health services research. 2016;16(1):272.
24. Tefera T. Assessment of Reproductive Health Service Utilization and Associated Factors Among High School Youths in Addis Ababa, Ethiopia, 2015: Addis Ababa University; 2015.
25. Tolossa B. Assessment of utilization of youth friendly reproductive health services among college youth in Asela town, Oromia regional state, Ethiopia: Master's Thesis. Addis Ababa University. 2014: 22-4; 2014.
26. Abebe M, Awoke W. Utilization of youth reproductive health services and associated factors among high school students in Bahir Dar, Amhara regional state, Ethiopia. Open Journal of Epidemiology. 2014;4(02):69.
27. Mengistu TS, Melku AT. Sexual and reproductive health problems and service needs of university students in south east Ethiopia: Exploratory qualitative study. J Publ Health. 2013;1(4):184-8.
28. Prakash U. Sexual and Reproductive Health Services Utilization Pattern of Adolescents in Nepal NEHU. 2016; XIV(2,).
29. Mutai KJ. An Assessment Of Factors Influencing Utilization Of Youth Friendly Reproductive Health Services In Waldai Ward, Belgut Sub-County - Kenya 2016
30. Temesgen. K. Reproductive health services utilization and associated factors among adolescent of age 15-19 in Debre Birhan town. Addis Ababa University. 2016.
31. Yohannes L. Assessment of knowledge and utilization of youth friendly health service among adolescents in Addis Ababa, Ethiopia 2016.
32. Belmonte LR, Gutierrez EZ, Magnani R, Lipovsek V. Barriers to adolescents' use of reproductive health services in three Bolivian cities. Pathfinder International. 2015.
33. Biddlecom AE, Munthali A, Singh S, Woog V. Adolescents' views of and preferences for sexual and reproductive health services in Burkina Faso, Ghana, Malawi and Uganda. African journal of reproductive health. 2007;11(3):99.
34. Cherie A, Berhane Y. Peer pressure is the prime driver of risky sexual behaviors among school adolescents in Addis Ababa, Ethiopia. World Journal of AIDS. 2016;2(03):159.
35. M. W. The affects of peer pressure on adolescents. 2015.
36. Morris JL, Rushwan H. Adolescent sexual and reproductive health: The global challenges. International Journal of Gynecology & Obstetrics. 2015;131:S40-S2.
37. World Health Organization (WHO). The Reproductive Health Situation of Adolescents. Progress in Reproductive Health Research. . 2015.
38. Fanta M, Lemma S, Sagaro G, Meskele M. Factors associated with adolescent-parent communication regarding reproductive health issues, among high school and preparatory students in Boditi town, Southern Ethiopia: a cross-sectional study. Patient Intelligence. 2016;8:57-70.
39. Elissa C Kennedy SB JH DH, Jayline Malverus and Natalie J Gray. Be kind to young people so they feel at home: a qualitative study of adolescents and service providers' perceptions of youth-

- friendly sexual and reproductive health services in Vanuatu. . BMC Health Services Research. 2015;13:455.
40. Abajobir SA. Reproductive health knowledge and services utilization among rural adolescents in east Gojjam zone, Ethiopia. BMC health services research 2014;;14(1):138.
  41. Alli F MP, Vawda MY. barriers to accessing sexual and reproductive health care. Journal of community health. 2016;38(1).
  42. Marquis W. The affects of peer pressure on adolescents. 2015.
  43. Motsomil K, Makanjee C, Basera T, Nyasulu p. Factors affecting effective communication about sexual and reproductive health issues between parents and adolescents in zandspruit informal settlement, Johannesburg, South Africa. Pan African Medical 2016;25.(120):9208
  44. Bahir Dar University (BDU). office of registrar 2019.
  45. Assosa University (ASU). office of registrar 2019.
  46. Fikadie G, Melkamu Bedimo, Alamrew Z. Prevalence of Voluntary Counseling and Testing Utilization and Its Associated Factors among Bahir Dar University Students. 2014:9.
  47. Nagasa Dida, Birhanu Darega a, Takele. A. Reproductive health services utilization and its associated factors among Madawalabu University students, Southeast Ethiopia: cross-sectional study. . BMC Research Notes. 2015; 8(8).



## **9. ANNEXES**

### **9.1. Annex I. Information sheet**

Title of Research: SRH service utilization and associated factors among youth regular undergraduate students taken SRH course and not taken the course in Bahir Dar University and Assosa University, North-Western, Ethiopia..

**Institution:** Bahir Dar University, College of Medicine and Health Sciences, School of public health, department of General public health

Name of sponsor: Bahir Dar University

Principal Investigator: Temkin Abdulahi (BSc)

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E-mail: inbuabdulahi2010@gmail.com

**Advisors:** Mr. Dabere Nigatu (MPH/RH, Assistant Professor)

Mr. Yibeltal Alemu (MPH/RH)

#### **Background Information of the study:**

**The purpose of the study** is to assess SRH service utilization and associated factors among youth regular undergraduate students taken SRH course and not taken the course in Bahir Dar University and Assosa University, North-Western, Ethiopia..

I would like to ask you some questions that are related to the above topic. Your contribution will have a great input for the study and I would greatly appreciate your participation. There is no possible risk associated with participating in this study. Your name will not be written in the questionnaire and please be assured that all the information you give will be kept strictly confidential. Your participation is completely voluntary.

The study will be conducted in 1194 youth using inclusion criteria by administering pre-tested structured questionnaire. You are made eligible by random sampling method. The questionnaire has got 4 parts. I believe that the results of this study will assist policy makers, planners and health

service providers for making considerations regarding utilization of youth reproductive health services and the limitations.

**9.2. Annex ii: Consent form in English for the study**

I am -----I am here on behalf of Temkin Abdulahi a post graduate student pursuing Masters Studies in Public Health (MPH) at Bahir Dar University. I am undertaking a research on ‘SRH service utilization and associated factors among youth regular undergraduate students taken SRH course and not taken the course in Bahir Dar University and Assosa University, North-Western, Ethiopia.’ and request you kindly to participate in this study which is voluntary and involves no risk to you. The information given is confidential and will be useful in improving reproductive health services for youth in University in the whole country. If you do not have to answer any question that you don't want to answer and you may refuse to answer all of the questions.

Do you agree to Participate?

YES ..... No .....

Date..... Signature.....

**Checked by Supervisor:**

Supervisor’s Name \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date

### 9.3. Annex iii. Questionnaire in English language

#### GENERAL INSTRUCTIONS:

This questionnaire has five parts. These are questions on demographic, socioeconomic, socio-cultural factors, knowledge, peer influence factors, health system and health provider attitude factors and on the utilization status. Please read the instructions, then questions carefully before choosing your answer. As indicated in some of the questions, Reproductive health services refer to contraceptive, voluntary testing and counseling, sexually transmitted infection treatment. And Information on Reproductive health services refers to information on the above listed services.

Questionnaire ID: -----

<b>Part I:- Socio- demographic factors</b>			
No.	Questions	Possible answer	skip
101	Age	_____in year	
102	Sex	Male Female	
103	Marital status	Single .....1 Married .....2. Divorced.....3. Widowed.....4	
104	Religion	Orthodox .....1 Muslim .....2. Protestant .....3. Other .....	
105	Ethnicity	Amhara .....1 Oromo .....2. Tigre..... 3. Gurage.....4. Other specify _____	
106	Name of institution	ASU.....1 BDU.....2	

107	mother's educational status	Unable to read and write.....1 Read and write.....2 Complete 1 <sup>st</sup> cycle (1-8).....3 Complete 2 <sup>nd</sup> cycle (9-12) .....4 College/Higher education .....5		
108	Father's educational status	Unable to read and write.....1 Read and write.....2 Complete 1 <sup>st</sup> cycle (1-8).....3 Complete 2 <sup>nd</sup> cycle (9-12) .....4 College/Higher education.....5		
109	Are you usually living with your mother and father?	Yes.....1 → No.....2	110	
110	If you answer No to Q109 with who did you usually lived/live with?	With mother only ..... 1. With father only..... 2. With relatives ..... 3 With friends .....4 Alone .....5		
<b>Part II: Knowledge related factors</b>				
201	Do you know sexually transmitted disease?	Yes .....1 No .....2 →	203	
202	If yes, to Q 201 tick which you know 'yes' which not 'no'		Yes	No
		Cancroid		
		Syphilis		
		Gonorrhea		
		Chlamydia		
	HIV/AIDS			
203	Do you know sexual reproductive health services?	Yes..... 1 No.....2 →	205	
204	If yes to Q 205, which one do you know?		Yes	No

		Contraceptive			
		voluntary counseling and testing services			
		Sexual transmitted infection diagnosis & treatment			
		safe abortion			
205	Do you know where you can get sexual & reproductive health services ?	Yes.....1 No..... 2 —————→			301
206	If you answer yes to Q207 where did you get?	Government/private clinic .....1 Government/private pharmacy... 2 Shop .....3 Other specify_____			
<b>Part III : Parent-youth communication related factors</b>					
301	Is it important to discuss (communicate) reproductive health issues with parents?	Yes .....1 No.....2			
302	Have you ever discussed about sexual & reproductive health issues with your parent?	Yes .....1 No..... 2 —————→ Don't remember.....3			306
303	If yes to Q 302 in which sexual & reproductive health issue you discussed?		Yes	No	
		Contraception			
		STIs/HIV/AIDS			
		unwanted pregnancy			
		avoiding premarital sex, changes during puberty			
		menstrual cycle			
304	If yes to Q 302, with whom have you discussed with?		Yes	No	
		Father			
		Mother			

		Sisters			
		Brothers			
305	How frequent have you discussed about sexual & reproductive health with your parent?	Very often .....1 Often..... 2 Sometimes.....3			
306	If you don't discuss about sexual & reproductive health with parents, what are the reasons? (circle all answers you think)	culturally unacceptable..... 1 shame .....2 lack of knowledge .....3 lack of communication skill....4 Difficult and embarrassing....5 Don't remember .....6 Others_____			
<b>IV: Peer influence factors</b>					
401	Do you ever have any information about sexual and reproductive health services from your friend/peer?	Yes .....1 No .....2 →			403
402	Have any of your friends mentioned the importance of reproductive health services?	Yes .....1 No .....2			
403	How do you evaluate your peer group's attitude towards sexual and reproductive health services or its utilization?	Good/positive.....1 Bad /negative.....2 Difficult to evaluate.....3			
404	Do you prefer to get approval from your peer on utilization of RH services?	Yes .....1 No .....2			
405	Does the attitude of your peer group towards utilization of sexual and reproductive health services affected your decision to visit clinic for utilization of reproductive health services?	Yes.....1 No.....2 →			407
406	How did it affect your utilization of	Positively.....1 Negatively.....2			

	reproductive health services?		
407	Have you ever been supported to use reproductive health services by your friends/peer?	Yes.....1 No.....2	
408	Have you ever had experienced pressure/discouragement from your friend /peer not to use reproductive health services?	Yes.....1 No.....2	
409	Have you ever encountered fear of being seen by your peer/friend for utilization of RH services in your campus clinic?	Yes.....1 No.....2	
410	Have you ever felt embarrassed because of being seen by your peer/friend during/after utilization RH services in your campus clinic?	Yes.....1 No.....2	
<b>Part V: Health institution and health provider related factor</b>			
501	Is there sexual & reproductive health service/clinic in your campus?	Yes .....1 No .....2 Don't know.....3	} 503
502	How far is RH service facility/clinic from your dormitory?	.....minutes	
503	If you answer yes to Q502, which sexual & reproductive health services are being offered in your campus clinic?		Yes    No
		Information services	
		Voluntary counseling and testing services	
		Sexual transmitted infection	
		Diagnosis & treatment	
	Contraceptive methods		
504	If you have RH problem & need services, counseling and support where do you first	The campus clinic.....1 Government health facilities.....2 Private health	

	(usually) go for help?	facilities.....3 specify.....	Others	
505	Have you ever visited your campus clinic for reproductive health service?	Yes.....1 No .....2 →		511
506	If you answer no to Q.505 Did you satisfied with the services that you received?	Yes.....1. No.....2	→	508
507	If you answer no to Q.506 why?		Yes	No
		Waiting hours too long		
		Service provider harsh/unfriendly		
		Didn't get the service you wanted		
		Health workers are judgmental towards Youth RH needs		
	Lack of confidentiality			
508	Have you visited the campus clinic for reproductive health facility but missed the service you required?	Yes .....1 No .....2 →		510
509	If you answer yes to Q.508 why? (more than one or multiple answers are possible)		Yes	No
		Waiting hours too long		
		Didn't get the service you wanted to get you wanted		
		Lack of confidentiality...3 Clinic was closed		
		specify_____		
510	How would you describe the way you	Good-friendly, welcoming, gave me the		



	were handled by the service provider?	service I required .....1 Moderate-welcomed me but asked too many unnecessary questions before giving me Service .....2	
511	What do you think (perceive) are the main obstacles that prevent the youth in the campus from getting reproductive health services in the clinic?	Providers fail to keep privacy and confidentiality .....1 Poor handling by health workers.....2 Too much waiting time to get the service .....3 Inconvenient time of service.....4 Lack of knowledge .....5 Others, specify-----	
512	Whom do you prefer to be youth reproductive health provider?	Young provider of the same sex .1 Young provider of any sex .... 2 Adult provider of the same sex...3 Any provider could be ..... 4 Other specify_____	
<b>Part VI: Current Utilization of SRH services</b>			
601	Have you utilized any type of RH services in the past 12 months?	Yes..... 1 No ..... 2 →	603
602	If yes to Q.501 which types of RH services you utilized?	Voluntary HIV counseling and testing.....1 Treatment and care of sexually transmitted infections.....2 Emergency contraceptive..... 3 Family planning counseling..... 4 IEC on reproductive health issues...5	
603	Have you received any information service regarding to SRH issues from health worker in students clinic in the past 12 months? (Information on Reproductive	Yes..... 1 No .....2 →	605

	health services refers to information on Voluntary HIV counseling and testing, treatment and care of sexually transmitted infections, family/contraceptive planning counseling, IEC on reproductive health issues)			
604	What type of information did you received?		Yes	No
		Information related to sexual health		
		Information related to Contraception		
		Information related to SITs diagnosis, and treatment		
		Information related to VCT		
		Other specify _____		
605	Have you used contraceptive methods in the past 12 months?	Yes.....1 No .....2————→		
				607
606	Which type of contraceptives?		Yes	No
		Male condom		
		Female condom		
		Pills		
		Injectable		
		Implants		
		IUCD		
607	Have you utilized voluntary testing and counseling services in the past 12 months?	Yes..... 1 No .....2		
608	Have you utilized sexually transmitted infections diagnosis and treatment services in the past 12 months?	Yes..... 1 No .....2		
				End

**9.4. Annex v. Information sheet in Amharic**

የመጠይቁ መለያ ቁጥር \_\_\_\_\_

**የመረጃ ገፅ**

**የጥናቱ ርዕስ:-** የስነ-ተዋልዶ የጤና ትምህርት በስነ-ተዋልዶ የጤና አገልግሎት ተጠቃሚነት ላይ ያለውን ጫና እና ተያያዥነት በባህር ዳር ዩኒቨርሲቲ እና አሶሳ ዩኒቨርሲቲ የመጀመሪያ ድግሪ ተማሪዎች ስሜን-ምዕራብ፣ ኢትዮጵያ

የትምህርት ተቋም፡ ባህር ዳር ዩኒቨርሲቲ ህክምናና ጤና ሳይንስ ኮሌጅ ህብረተሰብ ጤና ክፍል

የስፖንሰር ስም፡ ባህር ዳር ዩኒቨርሲቲ

ዋና ተመራማሪ፡- ተምክን አብዱላሂ (Bsc)

የሞባይል ቁጥር፡ +2519 17 17 8751

የጥናቱ አማካሪ፡ አቶ ዳበራ ንጋተቱ (MPH/RH, Assistant Professor)

አቶ ይበልጣል አለሙ (MPH/RH)

**የጥናቱ መረጃ** እኔ-----አባላለሁ። አዚህ ያለሁት ተምክን አብዱላሂ ወክሎ ነው። ተምክን አብዱላሂ በስነ-ተዋልዶ ዙሪያ ጥናት በማድረግ ላይ ይገኛል። የትናቱ ዓላማ የስነ-ተዋልዶ የጤና ትምህርት በስነ-ተዋልዶ የጤና አገልግሎት ተጠቃሚነት ላይ ያለውን ጫና እና ተያያዥነት በባህር ዳር ዩኒቨርሲቲ እና አሶሳ ዩኒቨርሲቲ የመጀመሪያ ድግሪ ተማሪዎች ላይ ማጥናት ነው። እርስዎን ከጥናቱ ጋር የተያያዙ ጥያቄዎች እንጠይቆታለን። የእርስዎ ተሳትፎ ለጥናቱ ትልቅ ግብአት ይሰጣል ተሳትዎን በእጅግ እናደንቃለን። በመሳተፍዎ በእርስዎ ላይ የሚደርስ ጉዳት የለም እርስዎ የሚሰጡን ማኛውም መረጃ በሚስጥር ስለሚጠበቅልዎት ማንነትዎ እንዳይታወቅ ስምና አድራሻዎት በመጥይቁ ላይ አይገለፁም። ተሳትፍዎም በሙሉ ፈቃድኝነትዎ ላይ የተመሰረተ ነው። ጥናቱ የሚካሄደው በ11940 ዕድሜ ገደብ---አመት የሚደርሱ ወጣቶች ላይ እርስዎም በጥናቱ ላይ የተካተቱት በዕጣ ነው ጥናቱ ውጤት ወጣቶችን በተመለከተ ፖሊሲዎችን ለመቅረፅ ዕቅዶችን ለማዘጋጀት የጤና አገልግሎት ለማዘጋጀት ይጠቅማል።

**9.5. Annex VI: Consent form in Amharic**

**ስምምነትን ማሳወቅ:-** ከዚህ በሊይ የተጻፈው መረጃ አንብቤው እናም እኔም ማወቅ የምፈልጋቸው እና ጥያቄዎ በአጥጋቢ ሁኔታ እንደሚመልሱልኝ አውቄዬለው። በመጨረሻ የጥናቱ ተሳታፊ መሆኔን የምገልፀው በማናቸውም ሰዓት ጥናቱን ማቋረጥ እንደምችል መብቴ ተነግሮኝ ነው።

የተሳታፊ ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_ የመጠይቁ ተሳታፊ ፊርማ \_\_\_\_\_ ቀን \_\_\_\_\_

**9.6. Annex vii: questionnaires in Amharic**

**መጠይቆች ጠቅላላ ትዕዛዝ:**

ይህ መጠይቅ አምስት ክፍሎች አሉት፡ እነዚህም ማህበራዊና ህዝብ ነክ፣ባህሌ፣የአቻ-ተጽእኖ፣የጤና መዋቅርና የጤና ባለሙያ አመለካከትን እንዲሁም የስነ-ተዋሌዶ ጤና ተጠቃሚነት የተመለከተ ጥያቄዎች ተካተውባቸዋል እባክዎን መሌሱን ከመመረጦ በፋት ጥያቄዎቹን በጥንቃቄ ያንብቡ፡፡

ክፍል አንድ፡የዲሞግራፊክ እውቀትን የተመለከተ ማህበራዊና ባህላዊ ጥያቄዎች			
ተ.ቁ	ጥያቄዎች	ኮዶች	ዕለፍ
101.	እድሜ	-----አመት	
102.	ፆታ	ወንድ.....1 ሴት.....2	
103.	የጋብቻሁኔታ	ላጤ.....1 ያገባ.....2 የፈታ.....3 በሞት የተለየ/ች.....4	
104.	ሐይማኖት	አራቶዶክስ.....1 ሙስሊም.....2 ፕሮተስታንት.....3 ሌላ ጥቅስ-----	
105.	ብሔር	አማራ.....1 አሮሞ.....2 ትግሬ.....3 ጉራጌ.....4 ሌላጥቅስ-----	
106	የምማሩበት ተቋም	ASU.....1 BDU.....2	
107	የእናት የትምህርት ደረጃ	ምንም አይነት መደበኛ ት/ት ያልተከታተሉ....1 ማንበብና መጻፍ ሚችሉ.....2 አንደኛ ደረጃ ያጠናቀቁ.....3 ሁለተኛ ደረጃ ያጠናቀቁ.....4 ከሁለተኛ ደረጃ በላይ ያጠናቀቁ...5	
108	ያባት የትምህርት ደረጃ	ምንም አይነት መደበኛ ት/ት ያልተከታተሉ....1 ማንበብና መጻፍ ሚችሉ.....2 አንደኛ ደረጃ ያጠናቀቁ.....3 ሁለተኛ ደረጃ ያጠናቀቁ.....4 ከሁለተኛ ደረጃ በላይ ያጠናቀቁ...5	
109	እራሶዎ ከእናትና ከአባት ጋር በአንድ ላይ ነው የኖርሽ/ህ	አዎን.....1→ አይደለም .....2	201
110	ከማን ጋር ነው ብዙ ጊዜ የኖርሽ/ህ	ከእናት ጋር.....1 ከአባት.....2 ከዘመዶች ጋር.....3 ብቻዬን.....4 ከጓደኞች ጋር .....5	

ክፍል ሁለት፤ ስለ ስነ-ተዋልዶ ጤና ዕውቀትን የተመለከቱ ጥያቄዎች			
203	በጋብረ-ስጋ ግንኙነት የሚተላለፉ በሽታዎችን ያውቃሉ?	አዎ.....1 አይደለም..... 2 →	205
204	ለጥያቄ ቁ 203 መልስዎ አዎ ከሆነ፣የትኛውን ያውቁታል	አዎ	አይደለም
		ከርከር	
		ቂጥኝ	
		ጎኖሪያ	
		ክላሚድያ	
		ኤች አይ ቪ/ኤድስ	
205	የወሲብ እና የመራቢያ ጤና አገልግሎቶችን ያውቃሉ?	አዎ.....1 አይደለም..... 2 →	207
206	መልስዎ ለጥያቄ ቁ.205 አዎ ካሉ የትኛውን የስነ-ተዋልዶ ጤና አገልግት ታውቋል/ህ?	አዎ	አይደለም
		የወሊድ መቆጣጠሪያ ያዜድዎች	
		የኤች አይቪ ምክርና ምርመራ አገልግሎት.	
		የአባላዘር በሽታዎች ህክምና አገልግሎት ደህንነቱ የተጠበቀው ርዕይ	
207	የወሲብ እና የመራቢያ ጤና አገልግሎቶችን የት እንደሚያገኙ ያውቃሉ?	አዎ ..... 1 አይደለም .....2	
208	መልስዎ ለጥያቄ ቁ.207 አዎ ካሉ ዩት ይሰጣል	በመንግስት/በግል ጤና ተቋም.....1 በመንግስት/በግል መድሀኒት መደብር...2 በሱዎች.....3 ሌላ ይጠቀስ.....	
<b>ክፍል III ከወላጅ-ሃረምሳ(parent-youth) ግንኙነት ጋር ተያያዥነት ያላቸው ጥያቄዎች</b>			
301	የመራቢያ ጤና ጉዳዮችን ከወላጆች ጋር መወያየት (መግባባት) አስፈላጊ ነው?	አዎ ..... 1 የለም ..... 2	
302	ስለ የወሲብ እና የስነ-ተዋልዶ ጤና ጉዳይ ከወላጅዎ ጋር ተወያይተዋል?	አዎ ..... 1 አይደለም ..... 2 → አላስታወስም ..... 3	302
303	ለጥያቄ ቁ 302 መልስዎ አዎ ከሆነ በየትኛው የስነ-ተዋልዶ ጤና ጉዳይ ላይ ተወያዩት?	አዎ	አይደለም
		የእርግዝና መከላከያ	
		ስለ STIs/ HIV / ኤድስ	
		ያልተፈለገ እርግዝና	

		ከጋብቻ በፊት የግብረ- ሥጋ ግንኙነት ከመፈጸም መቆጠብ			
		በጉርምስና ወቅት ለውጦች			
		የወር አበባ ዑደት			
304	ለጥያቄ ቁ 302 መልስዎ አዎ ከሆነ ከማን ጋር? (		አዎ	አይደለም	
		አባት			
		እናት			
		እህቶች			
		ወንድሞች			
305	ስለወሲባዊ እና የስነ-ተዋልዶ ጤና ከወላጆች ጋር ምን ያህል ጊዜ ተወያዩ?	በጣም ብዙ ጊዜ ..... 1 ብዙ ጊዜ ..... 2 አንዳንድ ጊዜ ..... 3			
306	ስለ ወሲባዊ እና የስነ-ተዋልዶ ጤና ከወላጆች ጋር ካልተወያዩ ምክንያቶቹ ምንድናቸው?		አዎ	አይደለም	
		በባህላዊ ተቀባይነት የለውም እናረት			
		የእውቀት እጥረት			
		የግንኙነት ችሎታ እጥረት			
		አስቸጋሪ እና አሳፋሪ			
		ለምን እንደሆነ አላወቅም			
<b>ክፍል አራት: አቻ ተፅእኖን የተመለከቱ ጥያቄዎች</b>					
401.	ስነ-ተዋልዶ ጤናን የተመለከተ መረጃ ከጓደኛሽ/ህ አግኝተሽ/ህ ታውቋልሽ/ህ?	አዎን.....1 አላገኘሁም.....2 →			403
402.	ጓደኛሽ/ህ የስነ-ተዋልዶ ጤና አገልግሎት ጠቀሜታ ነግሮሽ/ህ ታውቋልሽ/ህ?	አዎን.....1 አልነገረኝም.....2			
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