

**UTILIZATION OF YOUTH FRIENDLY REPRODUCTIVE HEALTH
SERVICES AND ASSOCIATED FACTORS AMONG SECONDARY
SCHOOL STUDENTS IN AREKA TOWN, SOUTHERN ETHIOPIA**

MPH THESIS

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Utilization of Youth Friendly Reproductive Health Services and associated factors among secondary school students in Areka town, Southern Ethiopia

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BIOGRAPHICAL SKETCH

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ACRONYMS OR ABBREVIATIONS

| | |
|--------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Antenatal Care |
| HC | Health Center |
| ICPD | International Conference on Population Development |
| RH | Reproductive Health |
| STI | Sexually Transmitted Infection |
| Tx | Treatment |
| UN | United Nations |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations International Children’s Fund |
| USAID | United States Agency for International Development |
| VCT | Voluntary Counseling and Testing |
| WHO | World Health Organization |
| YFRHS | Youth Friendly Reproductive Health Service |
| YFS | Youth-Friendly Services |

ABSTRACT

Background: Youth friendly services are Services that are accessible, acceptable, and appropriate for them. Youth tend to be less informed, less experienced, and less comfortable in accessing reproductive health services than adults. Sexually transmitted infection affect 1 in 20 young people every year, most of them are curable but many infections left untreated. However, a little study done in Ethiopia previously focuses on specific Youth Friendly Reproductive Health Services and also there is no study done in Areka town (study area).

Objectives: To assess the utilization of youth friendly reproductive health services and associated factors among secondary school students in Areka town, Sothern Ethiopia, from February 25 _ March 12, 2019.

Methods: School based cross-sectional study design was conducted on 572 secondary school students with age between 15-24 years at secondary schools of Areka town. Simple random sampling method was used to select the study participants. Structured and pre-tested self-administered questionnaire was used to collect data. Completeness and consistencies was checked and double data entry was done using Epi data version 3.1 software and exported to the Statistical Package for Social Science version 20 for analysis. Adjusted odds ratio at 95% Confidence interval with p-value < 0.05 was estimated to identify the associated factors on multivariable logistic regression. Multi-Collinearity between independent variables and model goodness fit test was checked.

Results: The magnitude of youth friendly reproductive health service utilization was [44.2%, (95% CI: (40.0-48.4)]. Having sexual experience (AOR: 14.72, 95%CI (2.41-89.79)], parental monitoring [AOR = 7.65, 95% CI (1.19-49.07)] and having good knowledge [AOR: 14.02 95% CI (9.34-21.53)] were factors independently associated with youth friendly reproductive health service utilization.

Conclusion: In this study, the magnitude of youth friendly reproductive health service utilization is found to be low. Having Sexual intercourse experience, parental monitoring and having good knowledge were predictors of youth friendly reproductive health service utilization. Educational office in collaboration with multi media should provide information and create awareness on youth friendly service.

Keywords: youth, reproductive health, utilization, school students, Areka town, Ethiopia

1 INTRODUCTION

1.1 Background

The World Health Organization (WHO) classifies person in the age range of 15-24 years as youth (WHO, 2014). There were 1.8 billion young people aged 10–24 years among which 1.2 billion youths aged 15–24 years globally in 2015, accounting for one out of every six people worldwide in which Africa comprises 19% (above 226 million) of the global youth population (UN, 2015). Young people make up the greatest proportion of the population in sub-Saharan Africa, with more than one-third of the population 10–24 ages (UNPF., 2012).

Around the world, young people are growing up in an environment of dynamic change. For some, this complexity provides opportunity and choice; for others, it means a struggle for survival. Youth is transitional stage faced with many dilemmas, however, a life phase in which young people are particularly vulnerable to health risks, especially those related to sexuality and reproduction (Degefa et al., 2017; Hock-Long. et al., 2007).

The WHO has estimated that 70 % of the premature deaths among adults are largely due to behaviors initiated during adolescence and youth. In addition to this, many scholars have indicated that 17 % of young women and 14 % of young men aged between 20 and 24 years were sexually active by the age of 15 years (WHO, 2009).

Since the 1994 International Conference on Population Development (ICPD), countries have been encouraged to adopt programs that are designed to improve care for the youth (WHO, 2009; United Nations., 2005). The services offered in youth friendly services include counseling, family planning, pregnancy test and follow up (ANC), Voluntary Counseling and Testing (VCT), sexual information, treatment of Sexually Transmitted Infections (STIs) and abortion (WHO, 2008; International Planned Parenthood Federation, 2007).

Youth friendly services are Services that are accessible, acceptable, and appropriate for them. They are in the right place, at the right price (free where necessary) and delivered in the right style to be acceptable to young people. They are effective, safe and affordable. They meet the individual needs of young people who return when they need to and recommend these services to friends and also Young people have a right to utilize YFS (USAID, 2017; WHO., 2009; UNFPA,

2004). Investing in youths' health not only improves public health, but also increases countries potential for stability, progress and prosperity (USAID, 2015).

1.2 Statement of the problem

Appropriate and comprehensive reproductive health services that, address each youth's physical, social and psychological health and development needs, provide a comprehensive package of health care and referral to other relevant services (WHO, 2014). Globally the young people are facing different reproductive health (RH) problems like unwanted pregnancy, unsafe abortion, STI including HIV. But people who are young are usually mistakenly perceived as healthy and as if they are not in need of special health services (WHO, 2011; Fantahun, 2001).

Sexually transmitted infection affect 1 in 20 young people every year, most of them are curable but many infections left untreated. Also HIV/AIDS affects 7000 young people every day in the world and affects disproportionately to other age groups and HIV/AIDS accounts for over 53 per cent of deaths among Africa's youth (WHO, 2014).

Particularly in sub-Saharan Africa including Ethiopia, youths are disproportionately affected by HIV (Bernstein and Hansen, 2006). According to the Ethiopian Demographic and Health Survey (EDHS) of 2016, among the age group of 15–24 years, HIV prevalence was the same for 15-19 and 20-24 years which is 0.2% (CSA, 2016). Different studies done in different regions of Ethiopia on utilization of YFRHS shows ranges from 21.2% to 69.1% (Motuma, 2012; Degefa et al., 2017; Teshale et al., 2017; Wakgari et al., 2018; Wassie et al., 2016; Kalayu et al., 2012).

Youth tend to be less informed, less experienced and less comfortable in accessing reproductive health services than adults. Youth often lack basic reproductive health knowledge and access to affordable and confidential health services. Also, most youth do not feel comfortable in discussing reproductive health issues with their parents (Motuma, 2012). As a result, there is a high rate of unwanted pregnancies which often result in abortions and their complications. The majority (67.2%) of those seeking treatment for an incomplete abortion are under 24 years of age (WHO, 2014).

Existing evidences show that the major sexual and reproductive health problems of youth in Ethiopia include risky sexual practices, child marriage, early child bearing, unintended pregnancy, unsafe abortion and its complications and STIs including HIV. Early sexual debut

and teenage pregnancies are common owing to the high rate of child marriages and the subsequent family and societal pressure on girls to prove their fertility and also school drop outs are common (Lemessa, 2016).

Poor health outcomes experienced among youths were barriers to prevent young people from accessing youth friendly reproductive health (YFRH) services include; Structural barriers: such as laws and policies requiring parental or partner consent, distance from facilities, long wait times for services, inconvenient hours, lack of privacy & confidentiality, Weak monitoring and evaluation, Cost of services and transportation, Lack of same sex health-care providers, and Socio cultural barriers: such as restrictive norms and stigma around youth sexuality; inequitable or harmful gender norms and discrimination and judgment of youth by communities, families, peers, partners & providers and Individual barriers: such as young people's limited or incorrect knowledge of sexual reproductive health, including myths and misconceptions around contraception; limited self-efficacy and individual agency were the factors associated with utilization of YFRHS (Ministry of Health Kenya, 2016; WHO, 2017).

When needs of the youth are not addressed, this will derail the health goal of improving the health of the community. It hinders the focus for achieving targets for sustainable development goals and other health strategies. Focusing on factors that influence youth service utilization will reduce vulnerability to risk behaviors and negative consequences which can affect their present and future. There is evidence that provision of YFRH services will yield positive reproductive health outcomes (Hock-Long. et al., 2007), however little research has been conducted to assess what characteristics of RH services are most important to the young people (Erulkar et al., 2005).

In 2004, the ministry of youth, sports and culture of Ethiopia developed a national youth policy to address the multi-lateral youth problems and to coordinate efforts of different stakeholders. Of the ten issues the policy tries to incorporate are youth and health, and youth and HIV/AIDS (MOY, 1993). Despite the fact that youth are suffering from substantial negative youth related health consequences, studies on the level of youth friendly service (YFS) utilization and the associated factors are very limited in Ethiopia (Motuma, 2012).

Therefore exploring barriers to young people's access and utilization to youth friendly reproductive health services in Ethiopia is essential not only because of the size of their

population. It is also because of need to meet the sexual reproductive health needs of young people and their roles in shaping the future of their different communities as well and the nation at large. However, a little studies done in Ethiopia previously focus on specific youth friendly reproductive health services which given under YFRHS and also there are different components of YFRH services given so this study tried to address all those services which are in the YFRH services.

Even, the utilization of YFRH services among secondary school students is not well explored in the country and the existing studies do not show enough information about the YFRH situation of secondary school students, resulting in the absence of sustainable school based intervention for secondary school students. And there is no study done on YFRHS in Areka town, therefore this study is aimed to assess the utilization and factors associated with youth friendly reproductive health services among secondary school students in Areka town, Southern Ethiopia.

1.3 Significance of the study

The outcome of this study is to generate information on utilization and factors associated with youth friendly reproductive health service among secondary school students. This will help public health planners at town, like Areka town health office, educational office, youth office and Non-governmental organization working on reproductive health service in determining priorities, in designing appropriate and effective intervention or methods to address the problem and its consequences. Also used as baseline data for other studies that will be conducted in the area and aims for the fulfillment of the academic requirement.

1.4 Objectives

1.4.1 General objective

To assess the utilization of Youth Friendly Reproductive Health Services and associated factors among secondary school students in Areka town, Sothern Ethiopia, from February 25 - March 12, 2019.

1.4.2 Specific objectives

To assess the magnitude of utilization of Youth Friendly Reproductive Health Services

To identify factors associated with utilization of Youth Friendly Reproductive Health Services

2 LITERATURE REVIEW

2.1 Magnitude of youth friendly reproductive health service utilization among secondary school students

Different literatures show that the magnitude of YFRH service utilization for common youth problems in developing countries still major concern. The school based cross sectional study done on utilization among youth friendly reproductive health service in Kenya 2017 showed that, among a total of 423 secondary and high school students 38.5% were utilized service (Nancy et al., 2017) and also another community based cross section study conducted on utilization of youth friendly reproductive health services among youths in Ghana 2016 showed that among a total of 806 participants, only 99 (12.3%) were utilized the YFRH services (Angela naa, 2017).

The community based cross sectional study on Youth friendliness of sexual and reproductive health service utilization in the Kwadaso Sub-Metro of the Ashanti Region, Ghana conducted in 2015 showed that among a total of 170 participants, 55.8% were utilized the YFRH services (Seth Christopher Y et al., 2015). And also another community based cross sectional study conducted on utilization of YFRH service in Lagos state, Nigeria 2014 shows that among a total of 567 participants, only 196 (34.6%) were utilized the YFRH services (Torlola et al., 2014).

The school based cross sectional studies done in different areas in Amhara regions from 2012 to 2014 shows that the utilization of services among youth friendly reproductive health services ranged from 32% to 54.6% (Meskerem and Worku 2014; Wassie et al., 2016). Three hundred eighty one youths were interviewed in the North Shewa Amhara region; 53.5% were males and almost all respondents (93.9%) had heard about YFRH services but, 54.6% of them had utilized at least one YFRH services (Wassie et al., 2016).

The school based cross sectional study on utilization of Sexual and reproductive health services and associated factors among secondary school students in Nekemte town, which conducted in 2016 revealed that utilization of YFRHS among 768 study subjects were 157 (21.2%) (Wakgari et al., 2018). Also similarly community based cross sectional studies conducted in Harar regional state in 2012 and 2016 showed that utilization of youth friendly reproductive health service were 63% and 64% respectively (Motuma, 2012; Motuma et al., 2016)

The school based cross sectional studies done in different areas in Southern Ethiopia showed that utilization of YFRHS among secondary school students in the Hadiya zone 2016 was 38.5 % and in the Kembta Tambaro zone among female adolescent and youth students in 2016 was 47.2% (Degefa et al., 2017; Teshale et al., 2017). Another community based cross-sectional study done in Mekele Town, northern Ethiopia 2012 on Utilization of Youth Friendly reproductive health Services and Associated Factors showed that Utilization of Youth Friendly reproductive health Services from a total of 330 subjects were 69.1% (Kalayu et al., 2012).

2.2 Factors associated with utilization of youth friendly reproductive health service among secondary school students

2.2.1 Socio-demographic factors

The school based cross sectional study done in 2014 on utilization of youth friendly reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State revealed that age was significantly associated with YFRHS. Youth who were in the age group of 20 - 24 years were about 2.34 times more likely to use YFRH services than whose age ranges from 15 - 19 years (Meskerem and Worku 2014). The community based cross sectional study conducted in West Hararage, Oromia region showed that religion were significant association with ever use of family planning. Orthodox Christian followers were 2.45 times more likely utilize the family planning service than catholic followers (Mustafa et al., 2017).

The community based cross sectional study conducted on utilization of youth friendly reproductive health services and associated factors in Mekelle town, Tigray, northern Ethiopia in 2016 showed that females were 2.7 times more likely to seek youth friendly reproductive health service than males (Kalayu et al., 2012). And also similar community based cross sectional study conducted in North Shewa Amhara region showed that being females were 1.4 times more likely to use youth friendly RH services than males (Wassie et al., 2016). The school based cross sectional study done in Nekemit showed that Married youths were 1.9 times more likely utilized the youth friendly RH services than their counterparts (Wakgari et al., 2018). The community based cross sectional study conducted in Harar region revealed that those who had monthly

income below 300 ETB were 3.69 times more likely not utilized YFS than monthly income more than 300 ETB (Motuma et al., 2016).

2.2.2 Knowledge related factors and Attitude towards service

The School based cross sectional studies conducted in different areas showed that having knowledge about the youth friendly services were significantly associated with the utilization of youth friendly services in Harar town (Motuma et al., 2016). The school based cross sectional study done in Hadiya zone shows that knowing the availability of youth friendly reproductive health services in their school were five times more likely to utilize the service than those who didn't know and Youths with a good knowledge of the type of youth friendly reproductive health services were more likely to utilize the service than their counterparts (Degefa et al., 2017) and youths who had high knowledge were 7 times more likely to use youth friendly RH service than those who had low knowledge in Mekelle town (Kalayu et al., 2012).

The community based cross sectional study conducted on Youth Friendly Sexual and Reproductive Health Services utilization and associated factors in Bale Zone of Ethiopia showed that participants with favorable attitude were 6.49 times more likely to use youth friendly RH service than those who had Unfavorable attitude (Kerbo et al., 2015).

2.2.3 Source of information

The schools based cross sectional studies conducted in different areas shows that source of information were associated with YFRHS (Degefa et al., 2017; Wakgari et al., 2018). Newspapers as readers were 3.79 times more likely associated with utilization of YFRH service than non-readers in North Shewa Zone (Wassie et al., 2016). Using friends and health care providers were more utilized YFS than their counterparts in Harar town (Motuma et al., 2016) and Youths who had heard information about YFS from health institutions were 0.16 less likely to seek Youth Friendly RH service as compared with those who had heard from media in Mekelle town (Kalayu et al., 2012). Also similar school based cross sectional study done in Hadiya zone showed that source of information for adolescent and youth friendly reproductive health services from peers were 42% less likely utilized the sexual and reproductive (SRH) services than those from school (Degefa et al., 2017). Another the school based cross sectional study conducted in Nekemit town, Oromia region, showed that discussion with friends were 37% less likely utilized the SRH services (Wakgari et al., 2018). Similarly the community based

cross sectional study in West Hararage, Oromia region showed that ever discussed with health worker about family planning services had significant association with ever use of family planning (Mustafa et al., 2017). The same school based cross sectional study conducted in Nekemit town, Oromia region, showed that discussion with health workers were 3 times more likely utilized the reproductive health services than those who don't discuss with HWs (Wakgari et al., 2018).

2.2.4 Parental Monitoring and Risky Sexual behaviors

The school based cross section study done in North Shewa Amhara region shows that families that asked their children about friends (parental monitoring) were 2 times more likely utilized RH services than their counterparts (Wassie et al., 2016). Another the community based cross sectional study in West Hararage, Oromia region showed that youths those ever discussed about family planning with their family were 12.98 times more likely utilized family planning services than those who don't discuss (Mustafa et al., 2017).

The school based cross sectional studies conducted in Nekemit town revealed that being ever sexually experienced were 5.9 times more likely use services than those no sexually experienced (Wakgari et al., 2018) and Similar school based cross sectional Study conducted on Utilization of Youth Friendly Reproductive Health Services and Associated Factors among High School Students in Amhara region, 2013 showed that Youth with RH problems were 1.59 times more likely utilized YFRH service than those with no RH problems (Meskerem and Worku 2014). Youths who never encountered any sexual and reproductive health problems were 84.4% less likely to utilize AYFRH services than those who ever encountered sexual and reproductive health problems in Hadiya zone (Degefa et al., 2017) and Youths who had first sexual intercourse with commercial sex worker were 7 times more likely utilized YFS than those who had first sexual intercourse with regular partner in Mekelle town (Kalayu et al., 2012).

2.3 Conceptual framework

Factors like Risky sexual behaviors, knowledge and attitude towards the services are directly affecting youth friendly reproductive health service utilization. Also socio demographic factors have effect on parental monitoring, Risky sexual behaviors and source of information. And also parental monitoring and source of information factors have effect on the knowledge and attitude.

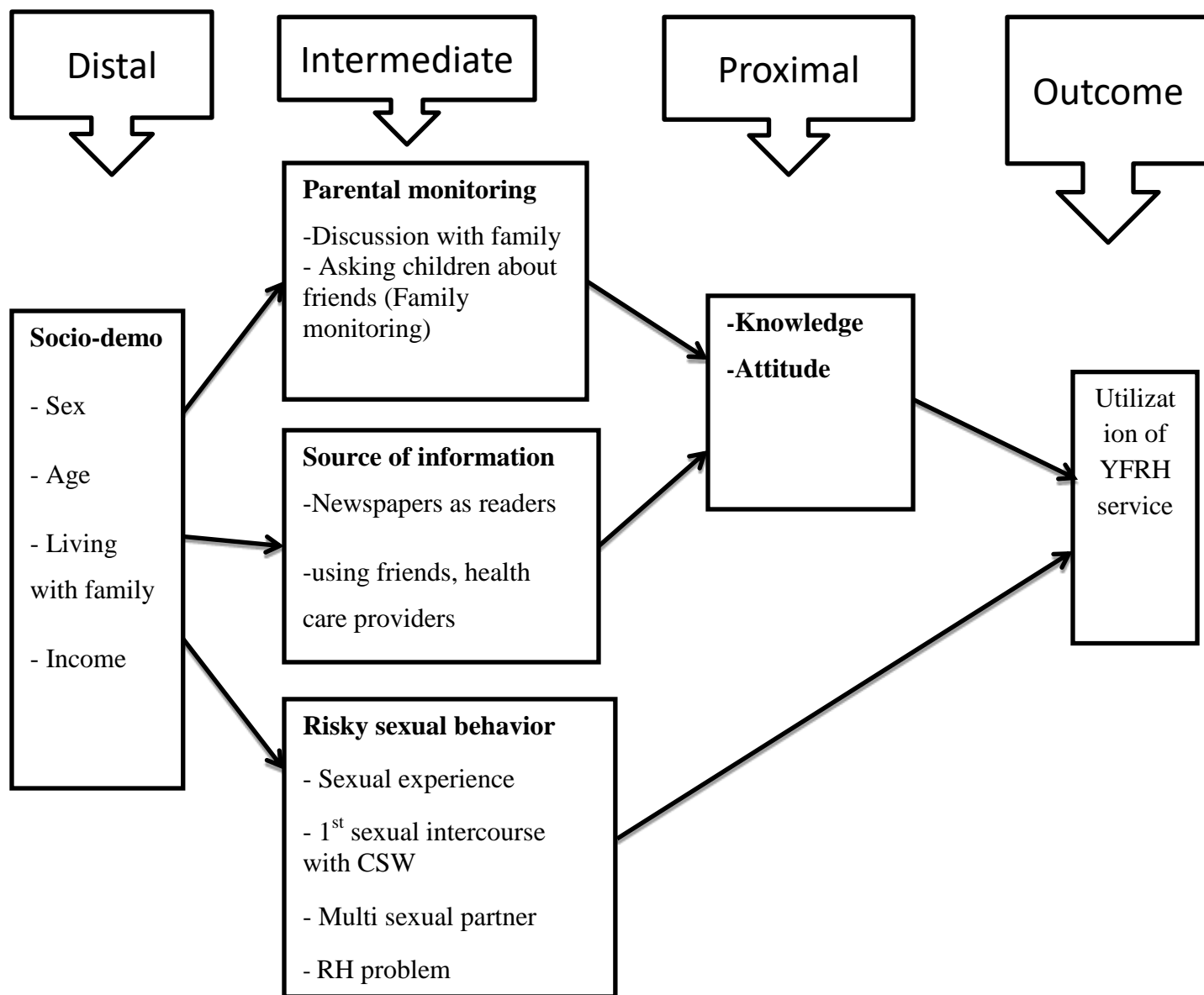


Figure 1: Conceptual framework of Utilization and factors associated with YFRHS among secondary school students. Source: Adapted from literatures

3 METHODS AND MATERIALS

3.1 Study area and period

Areka town is one of the 3 reform town and 12 woredas in Wolaita zone. The Town is 30 km far from Soddo which is capital town of Wolaita zone, 184 km far from Hawassa capital city of Southern nation nationalities and people of regional state and 330 km far from Addis Ababa capital of Ethiopia. The total population of the town is 62,252. Among those, 31,748 are females and 30,504 are males. The estimated numbers of youths are about 20,282. The town has 4 kebeles, one public youth center, 2 HCs, 7 private clinics, 5 private pharmacies and one non-governmental primary Hospital. There are two public and one private secondary school. Totally 4,690 students were enrolled in 9 to 12 grade in all public and private schools (Areka town Education and Health office, 2018/2019). The study was conducted from February 25–March 12, 2019.

3.2 Study design

School based Cross-sectional study design was used.

3.3 Source population

All youths attending their secondary schools at both the public and private schools in Areka town were taken as source population.

3.4 Study population

All youths students attending their schools in selected public and private secondary schools were the study population.

3.5 Inclusion and Exclusion criteria

3.5.1 Inclusion criteria

Study included all secondary school students enrolled current year (2018/19) with age between 15-24 years.

3.5.2 Exclusion criteria

Students who were absent at time of data collection were excluded.

3.6 Sample size determination

For first objective, sample size was calculated using single population proportions at 95% confidence level with 5% margin of error, and magnitude of YFRH service utilization among secondary school students in Hadiya zone was 38.5% (Degefa et al., 2017).

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{(d)^2} = \frac{(1.96)^2 \times 0.385(1-0.385)}{(0.05)^2}$$

$$n = 363$$

Where, n= the minimum sample size, Z= the desired level of confidence interval 95% (1.96), sample size will be 364; by adding 10% non-response rate and using design effect of 1.5 due to multistage nature of the study, n=600 .

For second objective determined by using double population formula with assumptions :- 95% confidence level, 5% margin of error, 80% power and 1:1 ratio of exposed to unexposed.

Using open epi version 2.3, by taking the above assumptions and 10% non-response reveals the following result and presented in the following table.

Table 1: Sample size determination for the utilization of YFRHS and associated factors among secondary school students in Areka town, Southern Ethiopia 2018/19.

| Variables | Utilization of YFRHS among | | AOR | Sample size | Final sample size (10% non-response add) | Reference |
|------------------------------|----------------------------|-------------|------|-------------|--|---------------------------|
| | Exposed | Non exposed | | | | |
| Age From 20-24 years | 15.9% | 7.4% | 1.15 | 492 | 541 | (Wakgari et al., 2018) |
| RH illness (all) | 39.9% | 60.1% | 1.54 | 210 | 231 | (Meskerem and Worku 2014) |
| Monthly Income below 300 ETB | 58.8% | 41.2% | 3.69 | 274 | 302 | (Motuma et al., 2016) |

Finally, the sample size for the second objective which is calculated for the factors associated with YFRH service was less than the first objective. Hence, the sample size of the first objective was taken as the final sample size, N= **600**.

3.7 Sampling Procedure

From all three secondary schools in Areka town, two schools, namely Areka secondary school and Dubo secondary school were selected by multistage sampling method followed by simple random sampling methods (lottery method), then stratified sampling technique was used for grades and again simple random sampling methods (lottery method) was used to select sections and finally, Students from each class proportionally allocated were selected by simple random method (Figure 2)

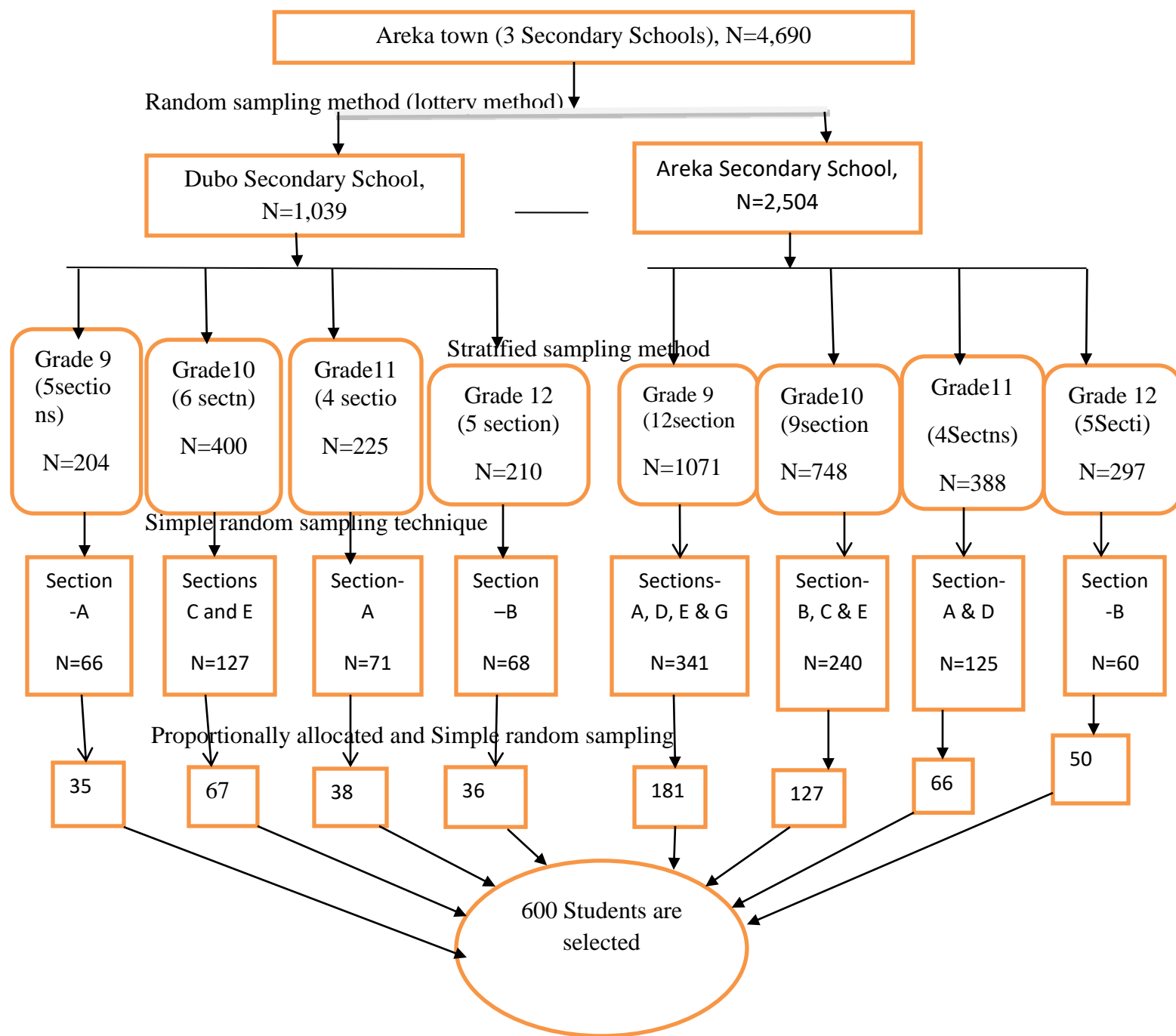


Figure 2: Schematic presentation of sampling procedure for selecting study participant from Areka town secondary school, Southern Ethiopia, 2018/19.

3.8 Data collection methods and tool

3.8.1 Data collection tool

Data were collected using a structured and pre-tested self-administered questionnaire. The questionnaire is contextualized and localized to the research objectives and develops based on literature. The questionnaire was first designed in English then translated into Amharic to facilitate better understanding of each question, and then translated back to English to check for consistency by language experts.

3.8.2 Data collection facilitators

Four diploma nurses were used to facilitate data collection and two BSc nurses were used as supervisor after providing two days training. The supervisors provided instructions and ensured that questionnaire is properly and completely filled. Data were collected in the classroom and timing in the way that do not affect class attendance.

3.8.3 Data collection process

Data was collected by self- administered by using structured questionnaire in class room.

3.9 Variables

3.9.1 Dependent variable

Utilization of youth friendly Reproductive health services

3.9.2 Independent variables

Socio demographic factors: age, sex, marital status, residence and religion.

Knowledge factors: awareness of RH service, service offered and Health facility.

Attitude factors: attitude towards service.

Risky sexual behavior: having multi sexual partner, 1st sex with CSW

Parental monitoring and source of information: discuss with family, heard from peer, HW

3.10 Operational definitions

Youth –Persons aged 15-24 years in this study (WHO, 2014).

Service utilization -was measured through the dichotomous response (yes or no) by asking whether a participant had utilized one or more of RH service components within the last 12 months. A positive “yes” response was regarded as service utilization (Wakgari et al., 2018).

Secondary School: -is educational cycle from grade 9-12 (Degefa et al., 2017).

Attitude: - A predisposition or a tendency to respond positively or negatively towards a certain idea, object, person, or situation. Respondents has favorable attitude if they score equal or above mean score of the total 8 attitude questions with 1–5 likert scale points (Wakgari et al., 2018).

Knowledge towards service: - First knowledge about the services was assessed by asking whether participants are aware of RH service components or not. Then RH knowledge was assessed through 6-item scales on service components and responding equal or above mean score was said to be knowledgeable (Wakgari et al., 2018).

3.11 Data quality control

Data quality was controlled through training of data collection facilitator on objectives, questionnaire, and ways of conducting interview. Data collection facilitators were daily supervised by 2 supervisors and report to principal investigator in daily basis. Before actual data collection, pre-tested on 5% of sample size (30 students) in Bodite town secondary school. After pretest any ambiguity, confusions, difficult words and differences in understanding was revised based on pretest experience. Completeness and consistency of questionnaire was checked before and immediately after interview by each facilitators and supervisor. Simple frequencies and cross tabulation was done for missing data, outliers and improvable values and variables.

3.12 Data processing and analysis

First data was coded, completeness and consistencies of questionnaires was checked and double data entry was made using Epi data version 3.1. Then the data was exported to the SPSS version 20 for further analysis. Before analysis, data was cleaned for possible errors. Data was presented

in frequency, proportions and summary statistics to describe the study variables and factors under study.

Service utilization was computed in Statistical Packages of Social Science those who respond from six RH service components at least one type in last 12 months considered as service utilized. It was recoded 0 as not utilized and 1 as utilized.

Likert scale was used to establish the attitude of youth by scoring youths attitude using eight point scale that is, strongly agree =5, agree =4, undecided =3, disagree =2 and strongly disagree=1. Strongly agree and agree recoded to the same variables as Agree (1) and neutral, disagree and strongly disagree as Disagree (0).

The knowledge of the youths about the YFRH service utilization was computed based on six questions which include awareness of youth about service utilization. The youth who was scored above the mean cut off point was considered as good knowledge and coded as “1” and those scored below the mean cut-off point was considered as Poor knowledge and coded as “0”.

Bivariate analysis was carried out to identify variables that are associated with YFRH service utilization. Multi-Collinearity was diagnosed using standard error and Hosmer-Lemeshow test was performed to test for model fitness, Variables whose p-value less than 0.25 in bivariate analysis and those fit for model of regression was included in multivariable logistic regression. Then multiple logistic regression analysis was performed for those factors that showed an association in bivariate analysis and investigate independent predictors by controlling for possible confounders. AOR at 95% CI with p-value < 0.05 was estimated to identify the statistically significant associated factors on multivariable logistic regression.

3.13 Ethical considerations

Study was approved by Institutional Health Research Ethics Review Committee of Haramaya University College of Health and Medical Sciences. Letter was written from Haramaya University to Southern Nation Nationalities and People of Regional State Health Bureau. Then the letter was written from Regional Health Bureau to Wolaita zone health department and then zonal health department to Areka town educational office, Finally Areka town educational office written to selected schools. The consent has to be informed, voluntary, written and signed

consent and ascent had attained from participants less than 18 years old youth. Data collection was made after written and signed voluntary consent and ascent is taken from each participant after informing about study. The participant identification information was not collected in order to maintain confidentiality of study of information.

3.15 Information dissemination

The findings of this study will be presented to community of Haramaya University during open defense, submitted to Haramaya University and managing bodies of Areka town educational office, health office and NGOs working on Youth Friendly RH services locally. Finally, published for further use

4. RESULT

4.1. Socio-Demographic Characteristics

A total of 572 youths participated in the study with a 95.3% response rate, of which, 322 (56.3%) were male and 250 (43.7%) were female. Three hundred thirty six (58.7%) falls under the age group of 15–19 and 236 (41.3%) falls under the age group of 20-24 years. The mean age was 19.2 (SD±2.7) with minimum age of 15 and maximum 24. Most respondents (87.4 %) were single. Majority of respondents living with family 456 (79.7%) and 218 (38.1%) were in 9th grade (Table2).

Table 2: Socio-demographic characteristics of study participants among secondary school students in Areka town, Southern Ethiopia, 2019 (n=572).

| Variable | Category | Frequencies | Percentage |
|--------------------|----------|-------------|------------|
| Sex | Male | 322 | 56.3 |
| | Female | 250 | 43.7 |
| Age | 15-19 | 336 | 58.7 |
| | 20-24 | 236 | 41.3 |
| Residence | Urban | 430 | 75.2 |
| | Rural | 142 | 24.8 |
| Marital status | Single | 500 | 87.4 |
| | Others | 72 | 12.6 |
| Living with family | Yes | 456 | 79.7 |
| | No | 116 | 20.3 |
| Educational status | Grade 9 | 218 | 38.1 |
| | Grade 10 | 174 | 30.4 |
| | Grade 11 | 99 | 17.3 |
| | Grade 12 | 81 | 14.2 |

Table 2: Continued

| | | | |
|---------------------------|-------------------------------------|-----|------|
| Mother occupation | House wife | 315 | 55.1 |
| | Merchant | 172 | 30.1 |
| | Civil servant | 77 | 13.5 |
| | Daily labor | 8 | 1.4 |
| Father occupation | Farmer | 159 | 27.8 |
| | Merchant | 199 | 34.8 |
| | Civil servant | 197 | 34.4 |
| | Daily labor | 17 | 2.97 |
| Mother educational status | No formal education | 138 | 24.1 |
| | Educated grade 1-8 | 247 | 43.2 |
| | Educated Secondary school and above | 187 | 32.7 |
| Father educational status | No formal education | 57 | 10 |
| | Educated grade 1-8 | 227 | 39.7 |
| | Educated Secondary school & above | 288 | 50.3 |
| Monthly income of family | <1750 | 319 | 55.8 |
| | 1751-6500 | 189 | 33.0 |
| | >6501 | 64 | 11.2 |

4.2 Risky sexual behavior

From all 572 study participants, 194 (33.9%) had having sexual partner. Of them Forty two (21.6%) had reported having multi sexual partner, 47 (24.2%) had reported having first sexual intercourse with commercial sex workers, 153 (78.9%) had reported having sexual intercourse in last 12 months and 49 (32.03%) of the study participants had faced RH problems in last 12 months after having sexual intercourse (Table 3).

Table 3 Risky sexual behavior on utilization of youth friendly reproductive health services among secondary school students in Areka town, Southern Ethiopia 2019.

| Variables | Category | Frequencies | Percentage |
|---|--------------------------------------|-------------|------------|
| Having sexual partner (n=572) | Yes | 194 | 33.6 |
| | No | 378 | 66.4 |
| Number of sexual partner (n=194) | One | 152 | 78.12 |
| | Multiple | 42 | 21.6 |
| Having first sex (N=194) | With Sexual partner/ regular | 147 | 75.89 |
| | With Commercial sex worker | 47 | 24.11 |
| Having sexual intercourse in last 12 months (n=194) | Yes | 153 | 78.89 |
| | No | 41 | 21.11 |
| Number of sexual intercourse (n=153) | Once | 29 | 18.95 |
| | More than one times with same person | 92 | 60.13 |
| | More than once with d/t person | 32 | 20.91 |
| Faced RH problem (n=153) | No | 104 | 67.97 |
| Faced RH problem | Yes | 49 | 32.03 |
| | Faced unwanted pregnancy | 16 | 32.65 |
| | faced Abortion | 11 | 22.45 |
| | faced STI | 26 | 53.06 |

4.3 Source of information and parental monitoring

From all 572 the study participants, near to half of respondents 285 (49.8%) reported that ever heard youth friendly reproductive health service; 62 (21.75%) heard from family, 106 (37.19%) heard from friends, 76 (26.66%) heard from teachers, 94 (49.8%) heard from newspaper and 165 (57.89%) heard from health workers as source of information. Few, 82 (28.77%) participants discussed about youth friendly reproductive health services. Participants having parental monitoring were 149(26%) (Table 4).

Table 4: Source of information and parental monitoring on utilization of youth friendly reproductive health service among secondary school students in Areka town, Southern Ethiopia, 2019

| Variables | Category | Frequencies | Percentage |
|--------------------------------|--------------------------------|-------------|------------|
| Ever heard YFS (n=572) | No | 287 | 50.2 |
| | Yes | 285 | 49.8 |
| Ever heard YFS | Source of info. from Newspaper | 94 | 32.98 |
| | Source of info. from Family | 62 | 21.75 |
| | Source of info. from Friends | 106 | 37.19 |
| | Source of info. from HWs | 165 | 57.89 |
| | Source of info. from Teachers | 76 | 26.66 |
| | Ever discuss YFS (n=285) | No | 203 |
| Ever discuss YFS | Yes | 82 | 28.77 |
| | discussed with Family | 28 | 34.15 |
| | discussed with Friends | 35 | 42.68 |
| | discussed with Health workers | 49 | 59.75 |
| | discussed with Teachers | 28 | 34.77 |
| Parental monitoring (n=572) | Yes | 149 | 26 |
| | No | 423 | 74 |

4.6 Knowledge and attitude towards the service

Knowledge of respondents were assessed by using six questions and calculated their mean value, which is 3.2. From all 572 respondents two hundred eighty (49.0%) had good knowledge. Of them 232 (40.6%), 239 (41.8%), 88 (15.4%), 50 (8.7%), 319 (55.8%) knew FP /condom service, VCT, STI, School services and HF services respectively. Participants attitude were measured by eight attitude questions with five likert scale, which were recoded to two scale (1=agree, 0=disagree) and using mean which is four, finally 373 (65.2%) of the study participants were favorable attitude (Table 5).

Table 5: Knowledge towards youth friendly reproductive health service among secondary school students in Areka town, Southern Ethiopia, 2019 (N=572).

| Variables | Category | Frequencies | Percentage |
|----------------------------|----------|-------------|------------|
| Knowing Fp/ condom service | Yes | 232 | 40.6 |
| | No | 340 | 59.4 |
| Knowing VCT | Yes | 239 | 41.8 |
| | No | 333 | 58.2 |
| Knowing STI | Yes | 88 | 15.4 |
| | No | 484 | 84.6 |
| Knowing ANC | Yes | 64 | 11.2 |
| | No | 508 | 88.8 |
| Knowing school service | Yes | 50 | 8.7 |
| | No | 522 | 91.3 |
| Knowing HF service | Yes | 319 | 55.8 |
| | No | 253 | 44.2 |

4.7 Magnitude of YFRH service utilization

The overall youth friendly reproductive health service utilization in this study was 253 [44.2%, (95% CI: (40.0 - 48.4)]. Of which 13 (2.3%), 232 (40.5%) had utilized Abortion and Counseling service respectively (**Figure 3**).

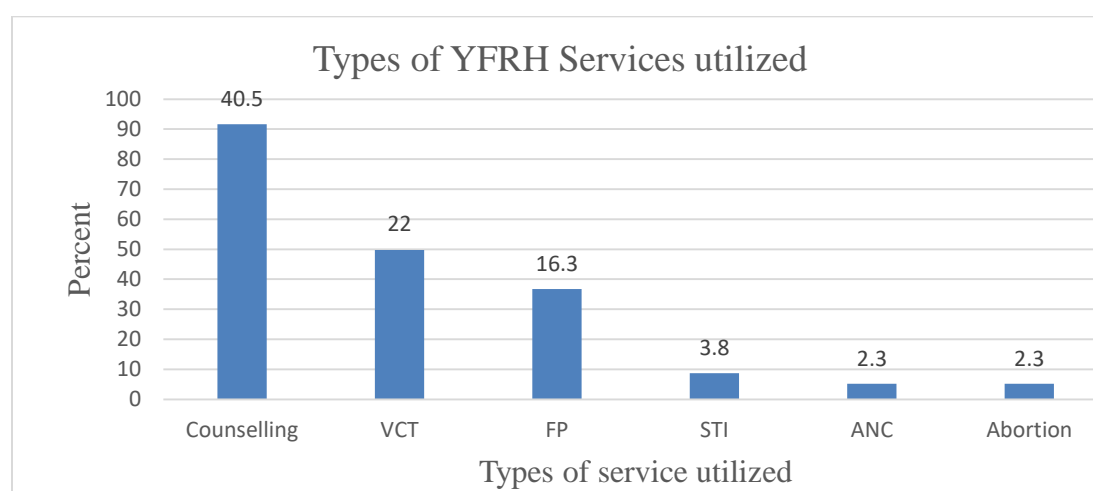


Figure 3: Types of youth friendly reproductive health service Utilization among secondary school students in Areka town, southern Ethiopia, 2019 (n=572).

4.7 Places of the service utilization

Out of two hundred fifty three (44.2%) participants utilized youth friendly reproductive health services, one hundred seventy five (69.17%) had utilized the service from health center, 19 (7.5%) had utilized the service from school and Seventy two (28.45%) study participants had utilized the service from private clinics. (n=253)

4.8 Factors associated with utilization of youth friendly RH service

In bivariate analysis; age group 20-24 [COR=3.95, 95% CI (2.77-5.61)], current residence live in urban [COR=1.94, 95% CI (1.30-2.89)], marital status being married [COR=5.38, 95% CI (3.00-9.65), living with family [COR=2.6, 95% CI (1.70-3.97)], educational status being grade 11th & 12th [COR=1.73, 95% CI (1.07-2.79), COR=2.49, 95% CI (1.45-4.20)], having sexual partner [COR=11.5, 95% CI (7.54-17.55)], sexual experienced [COR=0.17, 95% CI (0.08-0.38), parental monitoring [COR=0.28, 95% CI (0.19-0.41)] and those who had good knowledge about youth friendly reproductive health services [COR=0.02, 95% CI (0.01-0.03)] were factors that are candidates for multivariable logistic regression p-value <0.25 (Table 6).

In multivariable logistic regression analyses, those sexual experienced, had parental monitoring and knowledge were significantly associated with utilization of youth friendly reproductive health service (p<0.05). Those who had sexual intercourse in last 12 months were 14.72 times more likely utilized the youth friendly reproductive health services than those who had not sexual experienced [AOR=14.72, 95% CI (2.41-89.79), Families asking their children about friends were 7.65 times utilized youth friendly reproductive health service than those families didn't ask [AOR=7.65, 95% CI (1.19-49.07) and having good knowledge were 14 times more likely utilized youth friendly reproductive health services than those who had poor knowledge [AOR=14.02, 95% CI (9.34-21.53) were significantly associated with youth friendly RH service utilization at p-value < 0.05 (Table 6).

Table 6 Factors associated with Youth friendly reproductive health service among secondary school students in Areka town, Southern Ethiopia 2019.

| Variables | Category | utilization of YFRHS | | COR (95%CI) | AOR (95%CI) |
|-----------------------|----------|----------------------|--------------|-------------------------|-----------------------------|
| | | Utilized | Not utilized | | |
| Residence | Urban | 207(48.1%) | 223(51.9) | 1.94(1.30-2.89) | 0.24(0.53-15.62) |
| | Rural | 46(32.4%) | 96(67.6%) | 1 | 1 |
| Age group | 15-19 | 103(30.7%) | 233(69.3) | 1 | 1 |
| | 20-24 | 150(63.6%) | 86(36.4%) | 3.95(2.77-5.61) | 2.87(0.53-15.62) |
| Educational status | Grade 9 | 83(38.1%) | 135(61.9) | 1 | 1 |
| | Grade 10 | 70(40.2%) | 104(59.8) | 1.09(0.73-1.65) | 0.74(0.15-3.67) |
| | Grade 11 | 51(51.5%) | 48(48.5%) | 1.73(0.07-2.79) | 0.38(0.06-2.66) |
| | Grade 12 | 49(60.5%) | 32(39.5%) | 2.49(1.48-4.20) | 46.77(0.11-19952) |
| Marital status | Single | 197(39.4%) | 303(60.6) | 1 | 1 |
| | Others | 56(77.8%) | 16(22.2%) | 5.38(3.00-9.65) | 5.26(0.34-80.37) |
| Having sexual partner | Ye | 154(80.2%) | 38(19.8%) | 0.09(0.06-0.13) | 0.27(0.00-1.00) |
| | No | 99(26.1%) | 281(73.9) | 1 | 1 |
| Living with family | Yes | 180(39.5%) | 276(60.5) | 0.38(0.25-0.59) | 0.69(0.08-5.82) |
| | No | 73(62.9%) | 43(37.1%) | 1 | 1 |
| Sexual experienced | yes | 133(86.9%) | 20(13.1%) | 5.74(2.65-12.44) | 14.72(2.41-89.79) ** |
| | No | 22(53.7%) | 19(46.3%) | 1 | 1 |
| Family monitoring | Yes | 153(36.2%) | 270(63.8) | 3.6(2.43-5.35) | 7.65(1.19-49.07) * |
| | No | 220(77.2%) | 65(22.8%) | 1 | 1 |
| Knowledge | Good | 233(83.2%) | 47(16.8%) | 6.74(3.83-11.06) | 14.02(9.34-21.53)*** |
| | poor | 20(6.8%) | 272(93.2) | 1 | 1 |

*significant at multivariate, $p < 0.05$, ** significant at multivariate, $p < 0.01$, *** significant at multivariate, $p < 0.001$, COR = Crude Odd Ratio, AOR=Adjusted odd ratio, CI= Confidence interval, Marital status; 'others'= married, widowed and divorced, YFRHS =youth friendly reproductive health service.

5. DISCUSSION

The magnitude of Youth friendly reproductive health service utilization was found to be (44.2%), (95% CI 40.0 - 48.4). Moreover sexually experienced, parental monitoring and knowledge were factors that significantly associated with utilization of youth friendly reproductive health service.

The magnitude of Youth friendly reproductive health service utilization in this study was low. The magnitude was almost consistent with study done in Ethiopia Kembata Tembaro zone (47.2%) (Teshale et al., 2017). However this finding is lower than studies done in Kwadaso Sub-Metro of the Ashanti Region, Ghana (55.8%) (Seth Christopher Y et al., 2015), also in Ethiopia Harar (63%) (Motuma et al., 2016) and Mekele (69.1%) (Kalayu et al., 2012). Whereas the magnitude was greater than study done in Kenya (38.5%) (Nancy et al., 2017), Nigeria (34.6) (Torlola et al., 2014), in Ethiopia Hadiya (38.5%) (Degefa et al., 2017), Nekemte town (21.2%) (Wakgari et al., 2018) and Bahr Dar (32%) (Meskerem and Worku 2014). The difference may be explained by differences in the socio-economic status, study time difference, study area and sample size of the study.

This study revealed that sexual experience was strongly associated with youth friendly reproductive health service utilization. Participants who had having sexual intercourse in last 12 months were 14 times more likely utilized youth friendly reproductive health service than those who had no sexual experience. This finding is in accordance with the study conducted at Nekemte (Wakgari et al., 2018) and Amhara region (Meskerem and Worku 2014). This might be explained as youths who engaged in sexual intercourse were more vulnerable to reproductive health problems that might increase the need for RH services utilization. This implies that youths need an access to a wide range of health information and services as well as health professional support to engage in healthy and safe behavior.

This study provides that family monitoring was significantly associated with youth friendly reproductive health service utilization. Those families asking their children about friends were 7 times more likely utilized the service than those families who didn't ask. This finding is similar with the study conducted in North Shewa Amhara (Wassie et al., 2016), West Hararage (Mustafa

et al., 2017). Participants with more parental monitoring may have better discussions on sexual issues and those who fear their parents may be more cautious to avoid any sexual related risks.

In the current study revealed that knowledge was significantly associated with YFRH service utilization. Students who had good knowledge were 14 times more likely utilized than those who had poor knowledge. This finding is in accordance with the study conducted at Mekele (Kalayu et al., 2012), Harar (Motuma et al., 2016) and Hadiya (Degefa et al., 2017). Participants with good Knowledge of youth friendly reproductive health service are a prerequisite to obtain access to suitable service, timely and effectively.

5.1 Limitations of the study

Since this study examines personal and sensitive issues, obtaining honest responses among youth students might be difficult. Therefore this data might be social desirability bias. And also there may be respondent bias. Avoiding leading question, keeping the time period short and relevant, choosing the self-completion mode and wording the question well is the way to minimize those biases.

6. Conclusion and Recommendation

6.1. Conclusions

The magnitude of youth friendly reproductive health service utilization was 44.2%. Having Sexual intercourse experience, having close parental monitoring and having good knowledge for YFRH services were predictors of youth friendly reproductive health service utilization.

6.2. Recommendations

Based on the study findings the following recommendations are forwarded:

❖ **Town educational office**

- Should collaborate with multimedia to improve family to students' relation and monitoring specially on sexual and reproductive health.

❖ **Schools**

- Should strength Peer to Peer group discussion on risky sexual behavior at school
- Should strength the mini-media on provision and creation of awareness on youth friendly reproductive health service to the students at the school.
- Should strength the linkage with Health facilities.

❖ **Health facilities**

- Should strength the linkage with schools and train teachers on reproductive health service provision.
- Should provide necessary materials on sexual and reproductive health service and create awareness on risky sexual behaviors.

❖ **For future researchers**

- Parental attitude on control over the children and health system factors are needed to be included in the future researches.
- Additional studies using qualitative designs are needed to dig out the deeper meaning and to identify type of information delivered by school teachers.

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8. APPENDICIES

Appendix I. INFORMATION SHEET AND CONSENT FORM FOR THE SCHOOL HEAD

Good morning / Good afternoon. My name is Destaye Teferi, I am studying Master degree in General public health at Haramaya University, College of Health and Medical Sciences and I am here to ask your facility voluntariness to participate in the study. Therefore I, kindly request you to lend me your attention to explain you about the study and your institution being selected as study setting.

The study/ project title: Utilization of youth friendly reproductive health service and associated factors among secondary School Students in Areka town, Southern Ethiopia, 2018/2019.

Purpose/ aim of the study: First the aim of this study is to write a thesis as a partial requirement for the fulfillment of a Master's program in the General public health. The finding of this study can be of a paramount importance for the schools to plan intervention on factors that determine youth friendly reproductive health services (YFRHS) among secondary school students, there by possible remedies for Areka town Educational and Health office to improve utilization of youth friendly reproductive health services.

Procedure and duration: I will be interviewing students using self-administered, a structured questionnaire to provide me pertinent data that is helpful for the study. So I kindly request you to allow conduct this study in your school.

Risks and benefits: The risk of being participating in this study is very minimal, but only taking a few minutes from your students. There would not be any direct payment for participating in this study, but the finding from this research may reveal important information for the local health planners.

Confidentiality: The information we will be provided confidentiality. There will be no information that will identify the participants in particular. The finding of this study will be general for the study community and will not reflecting anything particular of individual persons.

The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to this research.

Rights: Participation for this study is fully voluntary and the participant has the right to declare or not. If they decide to participate, they have the right to withdraw from the study at any time and this will be not labeling them for any loss of benefits, which they otherwise are entitled. They do not have to answer any question that they do not want to answer.

Contact address: If there are any questions or enquires any time about the study or procedure, please contact in this address.

Principal investigator: Destaye Teferi, email-destny2010tef@gmail.com. Phone number +251905083836 /0916078858

Institutional Health Research Ethics Review Committee (IHRERC): Office phone +251-254662011 or P.O.Box, Harar, Ethiopia.

Declaration of informed voluntary consent: I have read the participant information sheet. I have clearly understood the purpose of research, procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any queries. I have been given the opportunity to ask questions for things for that may have been unclear. I was informed that participant have the right to withdraw from the study at any time or not to answer any question that they do not want. I am also informed that the school has the right to stop this study from being conducted if any misdeeds and unethical procedures are observed during data collection process in the school's premises. Therefore, I declare my voluntary consent on behalf of..... school to allow this study to be conducted in school with my initials.

Name and Signature of school Director.....date.....

Name and Signature of Investigator: Destaye Teferi.....date.....

Appendix II. Information sheet and informed voluntary consent form for participants 18 and above years of age

My name is _____, I am working as data collection facilitator for the study being conducted in school by Destaye Teferi who is studying for his Master's Degree at Haramaya University College of Health and Medical Sciences. I kindly request you to lend me attention to explain you about the study and being as the study participant.

Title of the study

Utilization of youth friendly reproductive health services and associated factors among secondary school students in Areka town, Southern Ethiopia, 2018/2019

Purpose of the study

The finding of this study can be greater importance for Town health office for plan intervention program to improve YFRH service utilization in your school; thereby improve youth health and survival in general. Moreover, the aim of the study is to write thesis as a partial requirement for the fulfillment of Master's Degree in General public health /MPH/ for the principal investigator.

Procedure and duration

Today, I will be here to facilitate data collection on utilization and factors associated with youth friendly reproductive health services (YFRHS) among secondary schools students in Areka town. So I kindly request you to spare me this time. This is study to examine whether you are utilized or not and what led you become not utilized. Every student selected for the study will be invited to fill self- administered questionnaire will be performed. All the information obtained depends on what you are willing to answer. The expected time that this discussion take will vary but expected time will be 10-20 minutes, in some cases based on the situation we can arrange more time based on your willingness.

Risk and benefits: the risk of participating in this study is minimal, but only taking few minutes from your time. There would be no direct payment for participating in this study. However, the most important will be; information obtained from this research will enable the government to know how common the problem is and what factors causes the students not utilized the service and to develop programs in order to minimize the common causes of not utilizing the services.

Confidentiality

All the information you give us will be kept completely confidential. It will be made anonymous. Any information given will be recorded under a code rather than your actual name. Anything that is recorded will be later deleted when the study is complete. Hence you should not have to worry.

Participants' Rights: Your collaboration and participation for this study is based on voluntary will. At any time, you can stop and withdraw from the study without reasoning it that will not cause harm for your negligence and it will not affect your health in any way. Any new information that may affect your participation will be shared with you at the interview session.

Contact address

If there are any questions about study, you can contact any of the following addresses.

Destaye Teferi: mobile number +251 9 05083836

E-mail: destny2010tef@gmail.com

Institutional Health Research Ethics Review committee:

Tel: +251254662011

P.O.Box 235, Harar-Ethiopia

Declaration of consent: The information has been read and explained to me. I have been given the chance to ask questions about the research, any questions were answered to my satisfaction. I consent voluntarily to participate as a subject in this study and understand that I have the right to withdraw from the study at any time without in any way affecting my life.

Are you willing to be part of the study?

Agree

Disagree

Name of participant _____ Signature _____ Date ___/___/___

Name of the data collection facilitator _____ Signature _____ date ___/___/___

Thank you for your cooperation!!!!!!

Appendix III. Participant Information sheet and informed voluntary consent form for parents/guardians for less than 18 years

My name is _____. I am working as data collection facilitator for the study being conducted in this school by Mr. Destaye Teferi who is studying his Master's degree at Haramaya University College of Health and Medical Sciences. I kindly request your son, daughter/wife to lend me his/her attention to explain about the study and being selected as the study participant.

The study title: Utilization of youth friendly reproductive Health service and associated factors among secondary school students in Areka town, Southern Ethiopia, 2018/2019.

Purpose of the study: The finding of this study can be greater importance for Town health office for plan intervention program to improve YFRH service utilization in your school; thereby improve youth health and survival in general. Moreover, the aim the study is to write thesis as a partial requirement for the fulfillment of Master's Degree in General public health /MPH/ for the principal investigator.

Procedure and duration: I will be facilitated your son, daughter/wife using self-administered questionnaire to provide me with pertinent data that is helpful for the study. There are about 43 questions to answer by filling the self-administered questionnaire by your son, daughter/wife. The expected time that this discussion take will vary but expected time will be 10-20 minutes, in some cases based on the situation we can arrange more time based on their willingness, so I kindly request your son, daughter/wife to spare me this time.

Risks and benefits: the risk of participating in this study is minimal, but only taking few minutes from your son, daughter/wife time. There would be no direct payment for participating in this study. However, the most important will be; information obtained from this research will enable the government to know how common the problem is and what factors causes the students not utilized the service and to develop programs in order to minimize the common causes of not utilizing the services.

Confidentiality: The information your son, daughter/wife will provide us will be confidential. There will be no information that will identify your son, daughter/wife in particular. The findings of the study will be general for the study population and will not reflect anything particular about

individual persons or housing. No reference will be made in oral or written reports that could link participants to the research directly.

Rights: Participation in this study is fully voluntary. Your son, daughter/ wife have the right to declare to participate or not in this study. If he/she decides to participate, he/she has the right to withdraw from the study at any time and this will not label him/her for any loss of benefits which he/she otherwise are entitled. Your daughter, son or wife do not have to answer any question that they do not want to answer.

Contact address: If there are any questions or enquires any time about the study or the procedures, you can contact by using the following addresses.

Principal investigator: Destaye Teferi

E-mail: destny2010tef@gmail.com

Mobile phone: +251-905083836/+251-916078858

Haramaya University College of Health and Medical Science Institutional Research Ethical

Review Committee: Office phone: 0254662011, P.O.Box: 235, Harar

Declaration of informed voluntary consent

I have read/ was read to me the participant information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the rights of participating and the contact address for any queries will be informed that have the right to withdraw from the study at any time or not to answer any question that I do not want. Therefore, I declare my voluntary consent my daughter, son/wife to participate in this study if he/she wants to participate.

Name of parents/ guardians: _____ Signature _____ Date _____

Name of data collection facilitator: _____ Signature _____ Date _____

Thank you for your cooperation!!!!!!

Appendix IV. Information sheet and informed voluntary consent form for participants in Amharic.

IV. የተሳታፊዎች መረጃ ወረቀት እና የፍቃደኝነት ስምምነት ፎርም ።

ስም _____, እኔ የመረጃ ሰብሳቢ አጋዥ ነኝ፤ አቶ ዴስታዬ ተፈሪ ዉድነህ በእናንተ ት/ቤት በሚያደርገው ጥናት ዙሪያ ሰለ ጥናቱ ለማብራራት ትኩረት እንድትስጡኝ/ጩኝ ና የጥናቱ ተሳታፊ እንድትሆን/ኝ ጠይቃለሁ። አቶ ዴስታዬ ተፈሪ በሃራማያ ዩኒቨርሲቲ በጤና እና ህክምና ሳይንስ ኮሌጅ ሁለተኛ ድግሪ ተማሪ ነው።

የጥናት ርዕስ: ዳሰሳ ጥናት በወጣቶች ስነ ተዋልዶ የጤና አግልገሎት ተጠቃሚዎች መጠን እና ተያይዞ ያሉት ተጽዕኖች በተመለከተ በአረካ ከተማ ሁለተኛ ደረጃ ት/ቤት፣ ደቡብ ኢትዮጵያ።

ዓላማ: የጥናቱ ውጤት ለከተማ ጤና ጥበቃ ጽ/ቤት እና ት/ት ጽ/ቤት ትልቅ ጥቅም ይሰጣል፤ የአገልግሎት አሰጣጥን ለማሻሻል እቅድ እንድያዎጡ ይረዳጩቸዋል፤ በተጨማሪ የጥናቱ ዓላማ የሁለተኛ ድግሪ በጀነራል ትምህርት ዘርፍ የመመረቅ ድህረ ለማዘጋጀት ነው።

ህድቱና ግዜው: የተዘጋጀውን መጠይቅ በመጠቀም ለጥናቱ ጠቃሚ መረጃ ትሰጣለ/ጩያለሽ። ባጠቃላይ 46 ጥያቄ ነው የምትመልሱት/ሽው፤ አንቴ/አንቺ በመጠይቁ ትሞላለ/ይያለሽ። መጠይቁ 10-20 ደቅቃ የሚያክል ልፈጅ ይችላል፤ ሰለዚህ ይህችን ግዜ በመሰጠት እንድትተባበር/ሪ በትህትና እጠይቃለሁ።

ጉዳትና እና ጥቅም: ለተሳታፊ ያለው ጉዳት በጣም ትንሽ ነው። ግን የተወሰነ ደቂቃ ልዎስድ ይችላል። ለተሳታፊ ቀጥተኛ የሆነ ክፍያ የለውም፤ ነገር ግን የጥናቱ ውጤት ለከተማው ጥሩ መረጃ በወጣቶች ስነ ተዋልዶ አግልገሎት አጠቃቀም ዙሪያ ይሰጣል።

መረጃ ጠባቂነት: አንተ/ች የምትሰጠው/ጩው መረጃ ምስጢርነቱ ይጠበቃል። ምንም አይነት መረጃ አንተን/ችን ልገልጽ አይችልም። የጥናቱ ውጤት ባጠቃላይ አከባቢውን እንጅ አንተን/ችን ወይም ቤታችሁን ልያንፀባርቅ አይችልም ምክንያቱም ለመጠይቁ ኮድ ሰላላው ስም አያጠቃልልም ስለዚህ ጥናቱ በምንም ሁኔታ ግለሰብን አይገልፅም።

ሙብት: በዚህ ጥናት ውስጥ መሳተፍ በፍላጎት የተመሰረተ ነው። ለመሳተፍ ሆነ አለመሳተፍ ሙሉ ሙብት አለ/ሽ። ለመሳተፍ ከወሰንክ/ሽ። በፈለክበት ግዜ ከጥናቱ መዉጣት ሙብት አለ/ሽ፤ ይህ ከምያስገኘው ጥቅም ጋር አይያያዝም። መመለስ የማትፈልገውን/ግውን ጥያቄ መተው ይቻላል።

የግለሰብ ግንኙነት: በጥናቱ ዙሪያ ምንም አይነት ጥያቄ ካሌ፡ ከዝህ በታች ባለው አድራሻ ማግኘት ይቻላል።

ደስታዬ ተፈሪ፡ ስልክ +251 905083836

ኢ/ሜል: destny2010tef@gmail.com

የተቋሙ የጥናት ሰነድ ምግባር ኮሚቴ፤

ስልክ: +251254662011

ፖ/ቁጥር 235፣ሐረር፡ ኢትዮጵያ

በፍቃደኝነት የተገለፀ ዉል: እኔ የተሳታፊ ፎርም ቅጹን አንብብዋለሁ/አድምጫያለሁ፡ የጥናቱ ዓላማ፡ ጉዳት፡ ጥቅም፡ምስጥር ጠባቅነቱን፡የመሳተፍ መብት እና የማገኘውን ሰው አደራሽ ተረድቻለሁ። ያልገባኝ ነገር ለመጠየቅ እድል ተሰቶኛል። ለ እኔ ተገልጹአል በየትኛውም ሰዓት ጥናቱን ማቆም እንደምችል፤ ስለዚህ በጥናቱ ለመሳተፍ መስማማቴን በፊርማዬ አረጋግጣለሁ።

ተሳታፊ: ስም _____ ፊርማ _____ ቀን _____

የመረጃ ሰብሳቢ አጋዥ: ስም _____ ፊርማ _____ ቀን _____

ማስታወሻ: አንድ የተፈረመውን ቅጽ ለተሳታፊ ይስጡ።

ለትብብርህ/ሽ አመሰግናለሁ!!!

Appendix V. Participant Information sheet and informed voluntary ascent form for parents/guardians for less than 18 years in Amharic.

የመረጃ ስምምነት ፎርም ለቤተሰቦች እና አሳዳጊዎች።

ስም _____ ። እኔ የመረጃ ሰብሳቢ አጋዥ ነኝ፤ አቶ ዴስታዬ ተፈሪ ዉድነህ በልጅህ/ሽ ት/ቤት በሚያደርገው ጥናት ዙሪያ፡ ስለ ጥናቱ ለማብራራት ትኩረት እንድትሰጡኝ እና የጥናቱ ተሳታፊ እንድትሆኑ ጠይቃለሁ። አቶ ዴስታዬ ተፈሪ በሃራማያ ዩኒቨርሲቲ በጤና እና ህክምና ሳይንስ ኮሌጅ ሁለተኛ ድግሪ ተማሪ ነው።

የጥናት ርዕስ: ዳሰሳ ጥናት በወጣቶች ስነ ተዋልዶ የጤና አግልገሎት ተጠቃሚዎች መጠን እና ተያይዞ ያሉት ተጽዕኖች በተመለከተ በአረካ ከተማ ሁለተኛ ደረጃ ት/ቤት፣ ደቡብ ኢትዮጵያ።

ዓላማ: የጥናቱ ውጤት ለከተማ ጤና ጥበቃ ጽ/ቤት እና ት/ት ጽ/ቤት ትልቅ ጥቅም ይሰጣል፤ የአገልግሎት አሰጣጥን ለማሻሻል እቅድ እንድያዎጡ ይረዳጩቸዋል፤ በተጨማሪ የጥናቱ ዓላማ የሁለተኛ ድግሪ በጀነራል ትምህርት ዘርፍ የመመረቅ ድህረ ለማዘጋጀት ነው።

ሀድቱና ግዜው: ልጅህ/ሽ የተዘጋጀውን መጠይቅ በመጠቀም ለጥናቱ ጠቃሚ መረጃ እንድሰጥ/ትሰጥ ፍቃደኝነትን እጠይቃለሁ። ባጠቃላይ 43 ጥያቄ ነው የተዘጋጀው፣ ልጅህ/ሽ በመጠይቁ ላይ ራሱ/ሷ ይሞላል/ትሞላለች። መጠይቁ 10-20 ደቂቃ ሊፈጅ ይችላል፤ ስለዚህ ይህችን ግዜ በመሰጠት እንድትተባበሩ በትህትና እጠይቃለሁ።

ጉዳትና እና ጥቅም: ለተሳታፊ ያለው ጉዳት በጣም ትንሽ ነው፣ ነገር ግን የተወሰነ ደቂቃ ልዎስድ ይችላል። ለተሳታፊ ቀጥተኛ የሆነ ክፍያ የለውም፤ ነገር ግን የጥናቱ ውጤት ለከተማው ጥሩ መረጃ በወጣቶች ስነ-ተዋልዶ የጤና አገልገሎት አጠቃቀም ዙሪያ ይሰጣል።

መረጃ ጠባቂነት: ልጅህ/ሽ የምሰጠው/ትሰጠው መረጃ ምስጢርነቱ ይጠበቃል። ምንም አይነት መረጃ ልጅህን/ሽን ልገልጽ አይችልም። የጥናቱ ውጤት ባጠቃላይ አከባቢውን እንጅ ግለሰብን ወይም ቤታችሁን ልያንጸባርቅ አይችልም ምክንያቱም ለመጠይቁ ኮድ ሰላላዉ ስም አያጠቃልልም ስለዚህ ጥናቱ በምንም ሁኔታ ግለሰብን አይገልፅም።

ሙብት: በዚህ ጥናት ውስጥ መሳተፍ በፍላጎት የተመሰረተ ነው። ልጅህ/ሽ ለመሳተፍ ሆነ አለመሳተፍ ሙሉ ሙብት አለው/ለት። እንደሳተፍ/ትሳተፍ ከወሰንክ/ሽ ልጅህ/ሽ በፈለገበት/ችበት ግዜ ከጥናቱ መውጣት ሙብት አለው/ለት። ይህ ከምያስገኘው ጥቅም ጋር አይገናኝም። መመለስ የማይፈልገውን/ማትፈልገውን ጥያቄ መተው ይቻላል።

የግለሰብ ግንኙነት: በጥናቱ ዙሪያ ምንም አይነት ጥያቄ ካሎት፣ ከዚህ በታች ባለው አድራሻ ማግኘት ይቻላል።

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ፖ/ቁጥር 235፣ሐረር፡ ኢትዮጵያ

በፍቃደኝነት የተገለፀ ዉል: እኔ አንብቦታለሁ/አድምጫለሁ የተሳታፊ ቅጽ፡ የጥናቱ ዓላማ፣ ጉዳት፣ ጥቅም፣ምስጥር መጠበቅ፣የመሳተፍ ሙብት እና የማገኘትን ሰው አድራሻ ተረድቻለሁ። ያልገባኝ ነገር ለመጠየቅ እድል ተሰቶኛል። በየትኛውም ሰዓት ልጄ ጥናቱን ማቆም እንደምችል ለኔ ተገልጿል። ስለዚህ ልጄ በጥናቱ እንዲሳተፍ መፍቀደን በፍረማዬ አረጋገጣለሁ።

የአሳዳጊ፡ ስም _____ ፊርማ _____ ቀን _____

የመረጃ ሰብሳቢ አጋዥ፡ ስም _____ ፊርማ _____ ቀን _____

ለትብብር አመሰግናለሁ!!!

Appendix VI Questionnaire (English)

Haramaya University, Faculty of Health and Medical Science, School of Graduate Studies

A questionnaire to assess utilization of youth friendly reproductive health services and associated factors among secondary school students in Areka town, Southern Ethiopia

Instructions: Circle/write the code corresponding to the answer for each question

Questionnaire No.: ___/___/___/ school name _____ Site: _____

Date of the questionnaire filled (dd/mm/yy): ___/___/___

Start Time: ___/___/: end Time ___/___/

Part I: Socio-Demographic Characteristics

| No | Questions | Response | Code | Skip |
|------|----------------------------|---|------|------|
| Q101 | Sex of respondent | 1. Male 2. Female | | |
| Q102 | Age of respondents in year | _____years | | |
| Q103 | Current place of Residence | 1. Urban 2. Rural | | |
| Q104 | Current Marital Status | 1. Single 3. Divorced 2. Married 4. widowed | | |
| Q105 | Living with family | 1 Yes 2. No | | |
| Q106 | Educational status | 1 Grade 9 3. Grade 11 2 Grade 10 4. Grade 12 | | |
| Q107 | Ethnicity of respondent | 1 Wolaita 3. Gurage 2 Amhara 4. Oromo 5. Others(specify)_____ | | |
| Q108 | Religion of Respondent | 1 Protestant 3. Catholic 2 Orthodox 4. Muslim 5 Others, (specify_ | | |

| | | | | |
|------|----------------------------|--|--|--|
| Q109 | Mothers Occupation | 1 House wife 3. Civil servant 2 Merchant 4. Daily Laborer 5. Others (specify_____) | | |
| Q110 | Fathers Occupation | 1 Farmer 3. Civil servant 2 Merchant 4. Daily Laborer 5. Others (specify -----) | | |
| Q111 | Mothers educational Status | 1. no formal education 2. grade 1-8 3. Secondary and above | | |
| Q112 | Fathers educational status | 1. no formal education 2. grade 1-8 3. Secondary and above | | |
| Q113 | Parents monthly income | _____ETB | | |

Part II. Risky sexual behavior

| S no | Questions | Response | Code | Remark |
|------|---|---|------|----------------------|
| Q201 | Do you have sexual partner? | 1 Yes 2 No | | If No, skip to Q 301 |
| Q202 | If yes to #Q201 how many sexual partner do you have? | 1. One 2. Multiple | | |
| Q203 | With whom did you have first sexual intercourse? | 1. with regular/sexual partner 2.with commercial sex workers 3.Others (specify.....) | | |
| Q204 | Did you have sexual intercourse in last 12 months? | 1. Yes 2. No | | |
| Q205 | Have you faced reproductive health problems after the sexual intercourse? | 1. Yes 2. No | | If No, skip Q301 |
| Q206 | If yes what type of problem did you faced? | 1. Unwanted pregnancy 2. Abortion 3.STI. 4. Others... | | |

Part III. Source of information and parental monitoring

| S no | Questions | Response | Code | |
|------|---|--|------|--------------------|
| Q301 | Have you ever heard about youth friendly reproductive health service? | 1. Yes 2. No | | If no skip Q305 |
| Q302 | If yes, What were your sources of information? | 1. Newspaper/Radio 2. Family/relatives 3. Friends/peer group 4. Health workers 5. Teachers 6. Others (specify_____) | | |
| Q303 | Have you ever discussed about youth friendly service with others? | 1. Yes 2. No | | If no skip Q305 |
| Q304 | With whom did you discuss (Multiple Response)? | 1. Parents 2. Peer group 3. Health worker 4. Teacher(s) 5. Others (specify_____) | | |
| Q305 | Is your family asked you about your friends? (Family monitoring) | 1 Yes 2 No | | |

Part IV. Knowledge towards Youth Friendly Reproductive Health Service

| S.no | Questions | Responses | Code | |
|------|---|-----------------|------|--|
| Q401 | Do you know that contraception/condom is one of youth friendly reproductive health service? | 1. Yes 2. No | | |
| Q402 | Do you know that VCT is one of youth friendly reproductive health service? | 1. Yes 2. No | | |
| Q403 | Do you know that STI is one of youth friendly reproductive health service? | 1. Yes 2. No | | |
| Q404 | Do you know that Pregnancy test and ANC is one | 1. Yes | | |

| | | | | |
|------|--|-----------------|--|--|
| | of youth friendly reproductive health service? | 2. No | | |
| Q405 | Do you know Schools youth friendly reproductive health service center? | 1. Yes 2. No | | |
| Q406 | Do you know Health facilities youth friendly reproductive health service center? | 1. Yes 2. No | | |

Part V. Attitude towards Youth Friendly Reproductive Health Service

| s. no | Question | Strongly disagree | Dis agree | neutral | Agree | Strongly agree |
|-------|--|-------------------|-----------|---------|-------|----------------|
| Q501 | A boy/girl should not have sex before marriage. | | | | | |
| Q502 | Discussing about condom or contraceptive with people promotes promiscuity. | | | | | |
| Q503 | Youth often need sexual and reproductive health information. | | | | | |
| Q504 | Providing youth sexual and reproductive health information and education leads them to safe sexual behaviors. | | | | | |
| Q505 | Educational materials about pregnancy, STDs and AIDS Prevention methods should be available in the school and health facilities. | | | | | |
| Q506 | The best method for prevention of unwanted pregnancy and STDs/AIDS is abstinence until marriage. | | | | | |
| Q507 | HIV/AIDS is a disease sent from God rather than it is due to human misbehavior | | | | | |
| Q508 | VCT service should be available in the health institution. | | | | | |

Part VI. Youth Friendly Reproductive Health Service Utilization

| S.no | Questions | Response | Code | Remark |
|--------------------------------|--|---|------|--------|
| Q601 | Have you utilized the counseling service in last 12 months based on RH services? | 1. Yes 2. No | | |
| Q602 | Have you utilized the Contraception or condom service in last 12 months? | 1. Yes 2. No | | |
| Q603 | Have you utilized the VCT service in last 12 months? | 1. Yes 2. No | | |
| Q604 | Have you utilized the STI treatment service in last 12 months? | 1. Yes 2. No | | |
| Q605 | Have you utilized the Pregnancy test or ANC service in last 12 months? | 1. Yes 2. No | | |
| Q606 | Have you utilized the Abortion service in last 12 months? | 1. Yes 2. No | | |
| Additi onal questio n | From where did you get the services? | 1. School 2. HC 3. Hospital 4. Private clinic 5. Other___ | | |

Data collection facilitator: name _____ sign _____ Date _____

Supervisor: name _____ sign _____ Date _____

Appendix VIII. Amharic version questionnaire

ዳሰሳ በዎጣቶች ስነ ተዋልዶ የጤና አግልገሎት ተጠቃሚዎች መጠን እና ተያይዞ ያሉት ተጽኖች በአረካ ከተማ ሁለተኛ ደረጃ ት/ቤት፣ ደቡብ ኢትዮጵያ።

መመሪያ: ጥያቄዎችን ለመመለስ፡ ክብብ/ኮዱን ፃፍ።

ጥያቄ ቁጥር: ___/___/___ የት/ቤት ስም _____ ቦታ: _____

የተሞላበት ቀን: (ቀን/ወር/ዓመት): ___/___/___

የጀመሩበት ሰዓት: ___/___/: የጨረሱበት ሰዓት ___/___/

የመረጃ ሰበሰቢ አጋዥ ቁጥር: ___/___

መመሪያ: ከተሰጠዉ አማራጭ በተሰጠዉ መልስ መሰረት ቁጥሩ ላይ ይክብቡት ወይም ቁጥሩን ይፃፉ።

ክፍል 1 : ማህበራዊ ሁኔታ

| ተ.ቁ | ጥያቄ | መልስ | ኮድ | ዝላል |
|-----|-------------------|---|----|-----|
| 101 | ፆታ | 1. ወንድ 2. ሴት | | |
| 102 | ዕድሜ | _____ ዓመት | | |
| 103 | የመኖሪያ አካባቢ | 1. ከተማ 2. ገጠር | | |
| 104 | የጋብቻ ሁኔታ | 1. ያላገባ/ች 2. ያገባ /ች 3. የተፋታች 4. የሞተበት/ባት | | |
| 105 | ከቤተሰብ ጋር የሚኖር/ትኖር | 1 አዉ 2 አይደለም | | |
| 106 | የ ትሚህርት ደረጃ | 1. 9ኛ ክፍል 2. 10ኛ ክፍል 3. 11ኛ ክፍል 4. 12ኛ ክፍል | | |
| 107 | ብሔር/ ጎሳ | 1. ወላይታ 2. ጉራጌ 3. አማራ 4. አሮሞ | | |

| | | | | |
|-----|------------------|---|--|--|
| | | 5 ሌሎች: (ግለጽ/ጨ.....) | | |
| 108 | ሐይማኖት | <ol style="list-style-type: none"> 1. ክርስቲያን/ጳጳሳዊ 2. ኦርቶዶክስ 3. ካቶሊክ 4. ሙስሊም 5 ሌሎች: (ግለጽ/ጨ.....) | | |
| 109 | የ እናት ስራ | <ol style="list-style-type: none"> 1. የቤት እማቤት 2. ነጋዴ 3. መንግስት ሰራተኛ 4. ቀን ሰራተኛ 5. ሌሎች: (ግለጽ/ጨ _____) | | |
| 110 | የአባት ስራ | <ol style="list-style-type: none"> 1. ገበሬ 2. ነጋዴ 3. መንግስት ሰራተኛ 4. ቀን ሰራተኛ 5. ሌሎች | | |
| 111 | የእናት ት/ት ደረጃ | <ol style="list-style-type: none"> 1. ያልተማረች 2. ከ 1-8ኛ ክፍል የተማረች 3 ሁለተኛ ደረጃ እና ከዚያ በላይ | | |
| 112 | የአባት ት/ት ደረጃ | <ol style="list-style-type: none"> 1. ያልተማረ 2. ከ 1-8ኛ ክፍል የተማረ 3 ሁለተኛ ደረጃ እና ከዚያ በላይ | | |
| 113 | የቤተሰብ ወራዊ ገቢ መጠን | _____ብር | | |

ክፍል 2: ጉዳት ልያስከትል የምችል የግብረሰጋ ግንኙነት ጠባይ

| ተ.ቁ | ጥያቄ | መልስ | ምልክት /ኮድ | ዝላል |
|-----|-----|-----|----------|-----|
|-----|-----|-----|----------|-----|

| | | | | |
|-----|---|--|--|--------------------------------------|
| 201 | የወሲብ አጋር አለሁ/ሽ ? | 1. አዉ 2. የለኝም | | መልሱ የለኝም ከሆነ ዝላል ወደ 301 |
| 202 | ስንት የወሲብ አጋር አለሁ/ሽ ? | 1. አንድ 2. ከአንድ በላይ | | |
| 203 | ለመጀመሪያ ጊዜ ወሲብ ከማን ጋር ፈጽመሃል/ሻል ? | 1. ከወሲብ አጋሬ ጋር (ከፍቅር አጋሬ ጋር) 2. ከሌተኛ አዳሪ ጋር (ከማላወቀዉ ሰዉ ጋር) | | |
| 204 | ባለፉት 12 ወራት ውስጥ ወሲብ ፈጽመሃል/ሻል ? | 1.አዉ 2.አይደለም | | መልሱ አይደለም ከሆነ ዝላል ወደ 301 |
| 205 | ከግንኙነት በኋላ የስነ-ተዋልዶ የጤና ችግር አጋጥሞክ/ሽ ያዉቃል ? (በ12 ወራት ውስጥ) | 1. አዉ 2. አይደለም | | አይደለም ከሆነ ዝላል ወደ 301 |
| 206 | መልሱ አዉ ከሆነ፡ ምን ዓይነት ችግር አጋጠመህ/ሽ ?.. (ከአንድ በላይ መልስ ይፈቀዳል።) | 1. ያልተፈለገ ዕርግዝና 2. ዉርጃ 3 .የአባላዘር በሽታ 4. ሌሎች..... | | |

ክፍል 3: የመረጃ ምንጭ ና የቤተሰብ ክትትል

| ተ.ቁ | ጥያቄ | መልስ | ኮድ | ዝላል |
|-----|---|-------------------|----|-----------------------------|
| 301 | ስለ ወጣቶች ስነ-ተዋልዶ ጤና አገልግሎት ሰምተህ/ሽ ታዉቃለህ/ታዉቂያለሽ ? | 1. አዉ 2. አላዉቅም | | አይደለም ከሆነ ዝላል ወደ 305 |
| 302 | ከ የት ነዉ የሰማሽዉ/ሀዉ ? | 1. ከ ጋዜጣ/ሬድዮ | | |

| | | | | |
|-----|---|---|--|--|
| | | <ol style="list-style-type: none"> 2. ከቤተሰብ 3. ከጓደኛ 4. ከጤና ባለሙያ 5. ከአስተማሪ 6. ሌሎች(ግለጽ/ጩ_____) | | |
| 303 | ስነ ወጣቶች ተዋልዶ አገልግሎት ተወያይተዎ/ሽ ታዉቃለህ/ቂያለሽ ? | <ol style="list-style-type: none"> 1. አዉ 2. አላዉቅም | | |
| 304 | ከማን ጋር ተዋያይተዎ/ሽ ታዉቃለህ/ቂያለሽ ? | <ol style="list-style-type: none"> 1. ከቤተሰብ ጋር 2. ከጓደኛ ጋር 3. ከ ጤና ባለሙያ ጋር 4. ከአስተማሪ ጋር 5. ሌሎች (ግለጽ/ጩ.....) | | |
| 305 | ቤተ ሰቦችህ/ሽ ስለ ጓደኛህ/ሽ ጠይቆ ያዉቃሉ ? | <ol style="list-style-type: none"> 1. አዉ 2. አይደለም | | |

ክፍል 4: ስለ ወጣቶች ስነ-ተዋልዶ የጤና አገልግሎት ያለህን/ሽን እዉቀት በተመለከት

| ተ.ቁ | ጥያቄ | መልስ | ኮድ | ዝላል |
|-----|---|---|----|-----|
| 401 | የወሊድ መከላከያ / ኮንዶም የወጣቶች ስነ-ተዋልዶ የጤና አገልግሎት መሆኑን ታዉቃለህ/ ቅያለሽ ? | <ol style="list-style-type: none"> 1. አዉ 2. አላዉቅም | | |
| 402 | በፍቃደኝነት ለይ የተመሰረተ ምርመራ ና ምክር አገልግሎት የወጣቶች ስነ-ተዋልዶ የጤና አገልግሎት መሆኑን ታዉቃለህ/ ቅያለሽ ? | <ol style="list-style-type: none"> 1. አዉ 2. አላዉቅም | | |
| 403 | አባላዘር በሽታ መከላከል ና ማከም የወጣቶች ስነ-ተዋልዶ የጤና አገልግሎት መሆኑን ታዉቃለህ/ ቅያለሽ ? | <ol style="list-style-type: none"> 1 አዉ 2 አላዉቅም | | |
| 404 | የእርግዝና ምርመራ ና ክትትል አገልግሎት የወጣቶች ስነ-ተዋልዶ የጤና አገልግሎት መሆኑን ታዉቃለህ/ ቅያለሽ ? | <ol style="list-style-type: none"> 1 አዉ 2 አላዉቅም | | |
| 405 | የት/ቤት የወጣቶች ስነ-ተዋልዶ የጤና ክበብ | <ol style="list-style-type: none"> 1. አዉ | | |

| | | | | |
|-----|--|-------------------|--|--|
| | ታዲያለህ/ቅያለሽ ? | 2. አላዉቅም | | |
| 406 | የጤና ተቋም የወጣቶች ስነ-ተዋልዶ የጤና ክበብ ታዲያለህ/ቅያለሽ ? | 1. አዉ 2. አላዉቅም | | |

ክፍል 5: ስለ ወጣቶች ስነ-ተዋልዶ የጤና አገልግሎት ያለህ/ሽን ዓመለካከት በተመለከት

| ተ.ቁ | ጥያቄ | በጣም እቃዎማለሁ | እቃዎ ማለሁ | አልደግፍም/ አልቃዎምም | እስማ ማለሁ | በጣም እስማማለሁ:: |
|-----|--|------------|---------|----------------|---------|--------------|
| 501 | ከጋብቻ በፊት ግረ-ስጋ ግንኙነት ማድረግ ተገቢ አይደለም:: | | | | | |
| 502 | ስለ ወሊድ መቆጣጠርያ / ኮንዶም ከሰዎች ጋር መወያየት ዕዉቀትን ያሳድጋል:: | | | | | |
| 503 | ለወጣቶች ስነ-ተዋልዶ የጤና መረጃ ያስፈልጋል:: | | | | | |
| 504 | ለወጣቶች ስነ-ተዋልዶ የጤና መረጃ ና ት/ት ማዳረስ ለከፋ አደጋ የጋልጣል:: | | | | | |
| 505 | ስለ እርግዝና፣ አባላዘር በሽታ እና ኤድስ መከላከያ መንገድ፣ የመማሪያ ግብዓቶች በት/ቤት ና በጤና ተቋማት ይገኛሉ:: | | | | | |
| 506 | ያልተፈለገ እርግዝና፣አባላዘር በሽታ እና ኤድስን ለመከላከል ና ለመቆጣጠር ዋነኛዉ መንገድ መታቀብ ነዉ:: | | | | | |
| 507 | ኤድስ በሽታ ከእግር ዘንድ የተላከ በሽታ ነዉ እንጂ በሰዎች ልቅ ድርጊት የሚመጣ አይደለም:: | | | | | |
| 508 | በፍቃደኝነት ለይ የተመሰረተ የኤች አይ ቪ ምርመራ ና ምክር አገልግሎት በሁሉም ጤና ተቋማት ሊኖር ይገባል:: | | | | | |

ክፍል 6: የወጣቶች ስነ-ተዋልዶ የጤና አገልግሎት አጠቃቀም በተመለከተ

| ተ.ቁ | ጥያቄ | ምላሰሽ | ምልክት | |
|----------|--|---|------|--|
| 601 | ባለፉት 12 ወራት ውስጥ የወጣቶች ስነ-ተዋልዶ የጤና አገልግሎት በተመለከተ የምክር አገልግሎት ተጠቅመዋል/ሻል? | 1. አዉ 2. አይደለም | | |
| 602 | ባለፉት 12 ወራት ውስጥ ኮንዶም /የወሊድ መቆጣጠሪያ አገልግሎት ተጠቅመዋል/ሻል? | 1. አዉ 2. አይደለም | | |
| 603 | ባለፉት 12 ወራት ውስጥ በፍቃደኝነት ላይ የተመሰረተ የኤች ይቭ ምክር ና ምርመራ አገልግሎት ተጠቅመዋል/ሻል? | 1. አዉ 2. አይደለም | | |
| 604 | ባለፉት 12 ወራት ውስጥ የአባላዘር በሽታ ህክምና አገልግሎት ተጠቅመዋል/ሻል? | 1. አዉ 2. አይደለም | | |
| 605 | ባለፉት 12 ወራት ውስጥ የእርግዝና ቅድመ ምርመራ አገልግሎት ተጠቅመዋል/ሻል? | 1. አዉ 2. አይደለም | | |
| 606 | ባለፉት 12 ወራት ውስጥ የዉርጃ አገልግሎት ተጠቅመዋል/ሻል? | 1. አዉ 2. አይደለም | | |
| ተጨማሪ ጥያቄ | አገልግሎቱን ከየትኛዉ ተቋም ተጠቅመዋል/ሻል? ከአንድ መልስ በላይ ይቻላል | 1. ከት/ቤት 2. ከጤና አ/ጣቢያ 3. ከሆስፒታል 4. ከግል ክልኒክ 5. ከሌላ ቦታ | | |

የመረጃ ሰብሳቢ አጋዥ: ስምና ፊርማ _____ የተቆጣጣሪ: ስምና ፊርማ _____

7.4 Curriculum Vitae (CV)

I. Personal Details

- Name:- **Destaye Teferi Wudneh**
- Date of Birth:- 1990
- Place of Birth:- Areka
- Marital Status:- Single
- Nationalities:- Ethiopian
- Address:- **0905083836/0916078858 [E-mail-destny2010tef@gmail.com](mailto:destny2010tef@gmail.com)**

2. Educational background and summery recent to past

| No | Educational status | Qualification | University/college/high school | Year/completed |
|----|---------------------------------|--------------------------------|-----------------------------------|----------------|
| 1 | Health Services Management/ HSM | BSc in HSM | Paradise valley Collage | Dec 29,2016 |
| 2 | Public health Nurse | Registered Public Health Nurse | Hosanna collage of health science | Oct.3, 2009 |
| 3 | High school | 10 grad complete | Areka Secondary school | Aug ,2006 |

3. Work experience summery table

| No | Organization | Position | Cum. Experience |
|----|--|-------------------------------------|-----------------|
| 1 | Humbo Woreda Wondogent H.C, Southern Ethiopia | OPD case team and SC focal person | 2 years |
| 2 | Boloso sore woreda Legama H.C, Southern Ethiopia | Health Extension Workers Supervisor | 2 year |
| 3 | Boloso sore woreda Dangara Salata H.C, Southern Ethiopia | Head of Health Center | 4 year |

4. Skills

- Motor bike driving license , Project proposal skills and knowledge
- Facilitation and training skills Project proposal skills and knowledge
- computer skill :MS-Word, MS-Excel, SPSS ,Data analysis, good reporting and writing

5. Short Trainings

- Support Letter on CMAM from International Medical Corps (IMC)
- Certified both HMIS and Family Folder
- Certified in Malaria case management and Malaria CC
- Certified in Multi Sectorial response to HIV/AIDS
- Certified in Comprehensive long acting family planning(LAFP)
- Trained in CLTSH(communitiy lead total sanitation & hygiene) approach
- Trained in Management of SAM and MAM (sever & moderate acute malnutrition)
- Trained in Transforming health Sector
- Trained in Integrated Supportive Supervision (ISS)
- Trained in Community based health insurance (CBHI)

- Basic training on HIV/AIDS Counseling &testing which is organized & conducted by SNNPR Health bureau ,held from July 21-AUG 12,2008 GC

- Basic training on community case management of child hood illness (IMNCI).

6. Personal References

- **Addisalem Asefa:**(BSc)- Coordinator for Communication for Health, Wolaita branch
 - **Mobile:** +251-912244536
- **Israel Ayde:** (HO)-Head Of Boloso Sore woreda Health Office
 - **Mobile:** +251-911558059 /046 552 03 44