

**UTILIZATION OF REPRODUCTIVE HEALTH SERVICES AND
ASSOCIATED FACTORS AMONG ADOLESCENT FEMALE
STUDENTS IN HIGH SCHOOLS OF CHIRO TOWN, WEST HARARGE
ZONE, OROMIA REGION, EASTERN ETHIOPIA**

MPH THESIS

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**Utilization of Reproductive Health Services and Associated Factors among
Adolescent Female Students in High Schools of Chiro Town, West Hararge
Zone, Oromia Region, Eastern Ethiopia**

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MASTER IN GENERAL PUBLIC HEALTH**

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STATEMENT OF THE AUTHOR

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical and technical principles of scholarship in the preparation, data collection, data analysis and compilation of this Thesis. Any scholarly matter that is included in the thesis has been given recognition through citation. This thesis is submitted in partial fulfillment of the requirements for a master degree at the Haramaya University. The thesis is deposited in the Haramaya University library and is made available to borrowers under the rules of the Library. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma of certificate. Brief quotations from this thesis may be made without special permission provided that accurate and complete acknowledgement of the source is made. Requests for permission for extended quotations from or reproduction of this thesis in whole or in part may be granted by the Head of the School or Department when in his or her judgment the proposed use of the material is in the interest of scholarship. In all other instances, however, permission must be obtained from the author of the thesis.

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BIOGRAPHICAL SKETCH

My name is Ayalew Abate Ayele. I was born in Doba 01 Keble, Doba Woreda, and West Hararghe in Eastern Ethiopia. I attended my primary and medium secondary education at Doba junior secondary school and high school at Hirna secondary school. Then, I joined Jima University and graduated with diploma in nursing qualification in 1994. By the year 2003, I again attended my education in Jimma University and took my BSc degree in nursing. Now I have worked at Oda Bultum University as a student health service.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ratio
ARH	Adolescent Reproductive Health
BCC	Behavioral Change Communication
CSA	Central Statistical Agency
FGAE	Family Guidance Association of Ethiopia
FOGSI	Federation of Obstetric and Gynaecological Societies of India
FP	Family Planning
HCT	HIV Counseling and Testing
HIV	Human Immune Deficiency Virus
IEC	Information Education and Communication
MOH	Ministry of Health
MOE	Ministry of Education
NGOs	Non Governmental Organizations
PPS	Probability Proportion to Size
RH	Reproductive Health
RHS	Reproductive Health Service
SRH	Sexual and Reproductive Health
STDs	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
UN	United Nations
UNAIDS	United Nations Program on AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YFRHS	Youth Friendly Reproductive Health Service
YFS	Youth Friendly Service

ABSTRACT

Background: Globally, reproductive health service utilization among adolescent girls is one of the most important public health issues especially in developing countries like Ethiopia. Due to poor utilization of reproductive health service, female adolescent girl students are highly at risk of getting sexual transmitted infections, unwanted pregnancy, unsafe abortion, and school dropout. However, there is limited information about utilization of reproductive health service and associated factors among adolescent girl students in Ethiopia including the study area.

Objective: To assess the status of utilization of reproductive health service and associated factors among female adolescent students in high schools in Chiro town, West Hararge Zone, Oromia Region, Eastern Ethiopia from Feb10- March 02, 2018.

Methods: A School-based cross-sectional study design using quantitative method was used among randomly selected 386 female adolescent students in high schools in Chiro town. Data was collected by face-to-face interview using a standardized, structured data abstraction format. Data was entered using EpiData Version 3.1 and then exported to statistical package for social science version 20. Analysis was done through description, bivariable and multivariable logistic regression. Possible associations and statically significance between variables was measured using crude and adjusted odds ratio, P value less than 0.05 was used to declare statistical significance.

Result: The level of utilization of reproductive health services among female adolescent students was 38.6%. Females having boy friend [(AOR=0.56, 95% CI: (0.33, 0.96)], availability of health facility [(AOR=4.23, 95% CI: (2.64, 6.76)] and knowledge about reproductive health service [(AOR=2.62, 95% CI: (1.26, 5.46)] were significantly associated with utilization of reproductive health service of female adolescent students.

Conclusion: Reproductive health service utilization among female adolescent student was 38.6%. Female adolescents who had relationship with boy friend, availability of health institution to get reproductive health service and knowledge about reproductive health services were factors that were found to have association with utilization of reproductive health service.

Recommendation: In order to strengthen the service utilization, Chiro town health office, family guidance association in Chiro branch and chiro town health extension workers should collaborate in a way it is possible to increase access and quality of reproductive health service.

Key words: Female Adolescent, Utilization of Reproductive health service, Chiro town

1. INTRODUCTION

1.1. Background

Reproductive health services utilization is defined as utilization of the reproductive health service components like family planning, abortion care, and sexually transmitted infection managements, sexual information, counseling, and HIV-related services which was appropriate for age (IPPF and UNFPA, 2017 and Bam, *etal.*2015). Adolescence is referred as the age group of people between 10 to 19 years (WHO, 2011). Alongside this, there are enormous changes in social interactions and relationships. It is a phase in an individual's life rather than a fixed time; a phase in which an individual is no longer a child but is not yet an adult and are heterogeneous groups of the population (WHO, 2012).

Reproductive health service utilization decreased as an international priority in recent years, despite its documented impact on both maternal and child health and overall development. In addition to reducing fertility (births per woman), family planning use has a direct, positive impact on reducing maternal deaths and preventing mother-to-child transmission of HIV. However, to achieve these health benefits, women and couples must have access to a wide range of contraceptive methods at all stages of their reproductive lives to allow them to have the number of children they want, when they want them (James and Joan, 2008).

Reproductive health is concerned with people's ability to have a responsible, satisfying and safe sex life, their capability to reproduce, and their having the freedom to decide if, when and how often to do so. Embedded in this set of concerns are certain implicit rights of both men and women to be informed of safe, effective, affordable and acceptable methods of fertility regulation. To have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, to have access to appropriate health care services that will enable women to go through pregnancy and childbirth safely, and provide couples with the best chance of having a healthy infant (Laurel A. Spielberg, 2007).

Due to limited information about contraceptive utilization, people are challenged in many developing countries, where government capacities and resources are strained. Today, more than 2 million people of adolescents are living with HIV and about 1 in 7 of all new HIV infections

happen during adolescence. More than million adolescent girls who live in lower economic states have lack of access to contraceptive information. (Monica *et al.* 2014).

A large number of adolescents are sexually active, as demonstrated by key findings in 2011 from the students' self-reported health risks and behaviors, 61.3% of New York State high school students reported that they had sexual intercourse by 12th grade. More than 1 in 5 had sexual intercourse by 9th grade. More than 1 in 10 (12.6%) students did not use any method to prevent pregnancy during their last sexual intercourse. Only 10.7% of sexually active students used both a condom plus other birth control method during their last sexual intercourse (New York, 2016).

Reproductive health services providers can play an important role in promoting health, and preventing adolescent health problem. Specialized adolescent health services are dedicated to detect adolescent health problem earlier and prompt for response when the problem arise. However, adolescents often face constraints in seeking help from the existing health services. The well-known barriers to access of services are related to their personal issues related to shyness; dealing with shame and embarrassment in disclosing their problems (WHO, 2011).

Due to poor utilization of adolescent reproductive health service, in sub-Saharan Africa, 23% of female adolescent are using family planning out of which 18% with a modern method and 5 % with a natural method. However, An even larger percentage of adolescents (25%) report having an unmet need (James and Joan, 2008). In Ethiopia contraceptive use among current female adolescents of 15 to 19 years of age was only 23%, with 0% utilization of permanent methods, 1.6% and 2.5% utilization of implants and IUD, respectively (CSA, 2011)

Adolescents are less informed, less experienced, and less comfortable in accessing reproductive health services and lack basic reproductive health information, knowledge, and access to affordable and confidential health services for RH. They do not feel comfortable in discussing RH matters with their parents (Leclerc and Madlala, 2008). Apart from posing threat to life and health, early marriage and pregnancy also affect girl's education and empowerment. Many girls are not able to continue their school and work after marriage and pregnancy. It has already been proven that delaying adolescent birth could notably help in improving adolescent health, population control and ultimately economic and social growth (WHO 2014).

Access to reproductive health information and good quality adolescent and youth-friendly reproductive health services are the most important issues in Ethiopia. Due to being unaware of the various interrelated and complex reproductive health problems, young Ethiopians faced problems especially at the current time (FMOH, 2012).

1.2. Statement of the Problem

Global issues of reproductive health service show, around 16 million adolescent girls aged 15-19 years and 2 million under age 15 give birth every year. Adolescent girls are twice at risk of pregnancy related death at the age group of 15 to 19 and 5 times higher for those aged 10 to 14 compared with women in their 20's (Women's Refugee Commission, 2012). In addition, 7.4 million adolescent girls are predisposed to unplanned pregnancy and by part, in sub-Saharan Africa, 68% of women have an unmet need for contraception. (Morie stope International, 2012). More than four in 10 women of reproductive age in Sub-Saharan Africa want to avoid a pregnancy. However, more than half of these women (55 million) are not using an effective contraceptive method. These women account for a disproportionate 93% of unintended pregnancies (UNFPA, 2004).

Among sexually active adolescents aged 15 to 19 years, female and male who were tested for HIV were only 24% and 27% respectively (CSA, 2011). Sexually experienced adolescents, utilization of FP at first sexual intercourse and VCT services were found to be low. Educational status, schooling attendance, discussion of services, and type of sexual relationship and perception of risk were important factors affecting the utilization of FP and VCT services (Senafk et al, 2012).

Worldwide, due to poor utilization of reproductive health service low utilization of RH service was observed in Nepal female adolescents with only 4.3% (Keiran *et al.* 2015). In sub-Saharan Africa, utilization of family planning and unmet need vary greatly. In Southern Africa, Where the contraceptive use rate is 58 %, almost exclusively of modern methods, unmet need for family planning is relatively low 16 percentage. In Western Africa, In contrast, only 8 % of women utilize modern family planning, 5 % utilize traditional methods, and the unmet need is 23 percent. (James and Joan, 2008). In Africa Nigeria 51 % (Olumide *et al.* 2016), Kenya 38.5 % (Nancy U, Luvai *et al.* 2017) and in Ethiopia Baheredare 32.2 % (Meskerm and Aweke, 2014),

Mezane tepi 46.7% (Yayehyirad *et al.* 2017) Mada walabu 27.7% (Negasa *et al.*2016) and family planning utilize among sexually active adolescent female were only 39.3% in Anchare (Mustafa, 2017)

The major reasons of low utilization is that difference due to lack of access to family planning, crucial to adolescents reproductive health service owing to the lack of inadequate health care services tailored to their needs, lack of accurate information and counseling, and the persistence of financial and psychosocial barriers (WHO, 2014). In Africa lack of quality reproductive health service, due to cultural ,religious legality socio demographic , too long waiting, consultation hour too short, service poor provider approach , poor service hour and feel embracement at seeking or going to reproductive health service (Meskerm and Aweke, 2014 and Teshale etal.2017). Absence reproductive health club in school and out of school, shortage of supplies, fear/ embarrassment and inconvenient service hour were main reasons for not utilizing the service (Mustafa, 2017).

Limited utilization of reproductive service can be related to risk of short term and long-term consequence. Each year, there are at least 100 million cases of STI among adolescent people, as well as more than 2.5 million unsafe abortions were reported. Complications from pregnancy are the leading cause of death. There are 15.9 million infants born to adolescent mothers each year and maternal mortality accounts for 15% of the total number of deaths among young women. For newborn to adolescent mothers, the risk of death during the first month of life is 50% higher. Adolescent mothers are more likely to have preterm birth and low birth weight infants (Save the Children, 2014).The impact of adolescent pregnancy includes inters generational effects on newborn health (WHO, 2011). About 41% of new annual HIV infections are occurring in adolescents and HIV is now the leading cause of adolescent death in sub-Saharan Africa (WHO,2014).Unsafe abortion, STIs and HIV as consequence affecting not only individual but also productivity (UNFPA, 2009 and WHO,2011).

In Ethiopian, during the National Adolescent and Youth Reproductive Health Strategy in 2007 issuing of reproductive health service, currently, adolescent have limited access to quality of reproductive health service utilization and is increase risk of challenge in reproductive health service outcome. Adolescent people aged 10 to 19 years are the largest group ever to be entering

adult hood in Ethiopia (FMOH, 2007). Regardless of intervention put in place for adolescent in Ethiopia adolescent is still facing reproductive health challenge (CSA, 2016). Study done in Anchar woreda, Easter part of Ethiopia indicated that family planning utilization among sexually active adolescent females. According to this study; absence reproductive health club in school and out of school, shortage of supplies, fear/ embarrassment and inconvenient service hour were main reasons for not utilizing the service (Mustafa, 2017)

The magnitude and associated factors for utilization of reproductive health service among high school female adolescents were not well identified, where the outcomes strongly support the need for improvement in their health and day-to-day performance.

There is little evidence on the magnitude and associated factors of RH service utilization among adolescent girls for targeted intervention program in the study area

1.3. Significance of the Study

The ultimate beneficiary of this study is considered female adolescent. This incorporate provision of safe, effective and quality RHS.

The findings of this study help to document the prevalence and factors associated with utilization RH services among female adolescents of Chiro town high school students.

It also helps for local planning, fill existing gaps and assist service providers (West Hararge zone health office, West Hararge zone education office, Chiro town health office, and Chiro hospital) in providing support to meet the need of adolescents in the study area.

Finally, it adds relevant information to policy makers, stakeholders and non-governmental organization (NGOs) for future planning and interventions in similar area.

1.4. Objectives

1.4.1. General Objective

- To assess level of utilization of reproductive health service and associated factors among female adolescent students in high schools in Chiro Town, West Hararge Zone, Oromia Region, Eastern Ethiopia from Feb10-02 March, 2018

1.4.1. Specific Objectives

- To determine the level of reproductive health service utilization
- To identify the factors associated with utilization of reproductive health service

2. LITERATURE REVIEW

2.1. Magnitude of Adolescent reproductive health Service Utilization

Worldwide, the adolescent friendly reproductive health utilization were low related to access, availability and acceptability of the services (WHO, 2014). A cross-sectional study conducted in Urban Nepal on the perceived sexual and utilization of reproductive health service among secondary school students revealed that reproductive health service of utilization is lower among females than males 12.5(%) and (4.3%) respectively the reason of this low utilization lack of confidence that because of local cultural and religion influence(Keiran *et al.*2015).

In Africa country studies: A study conducted in Nigerian school among 714 participants revealed that (51%) of students where utilize reproductive health services; of this 43.1% were repeatedly utilize (Olumide *et al.* 2016). Another study conducted in same country, in Ikeja, Lagos State (2016) in the selected school of 427 students the reproductive health service availability of source of information out of 82% participants heard about RHS, 45.7% utilized some service like FP, VCT, STI and the reset of participants 54.3% they did not know about youth friendly service (Saratu and Mbegbu, 2016). In other study conducted in Kenya (2017) showed that majority of them never utilize 61.5% and only 38.5% reproductive health service users (Nancy U, Luvai *et al.* 2017).

In Ethiopia studies: A cross-sectional study conducted in Maraka district, Douro zone, Southern Ethiopia in 2014 showed that 69.7% utilize reproductive health service while the rest of 30.3% not utilized RHS (Teshome, 2016). Another cross-sectional done in Mizan-Tepi University Students, participants only 46.7% utilize reproductive health service(Yayehyirad *et al.* 2017). In other study conducted in Bahir Dar town; Amhara Regional State in 2013 among high school students showed that 32.2 % utilize reproductive health services (Meskerm and Aweke, 2014).

Another study done in Mada walabu Bale in 2014 among 568 adolescents asserted that 27.7% of the respondents had utilize modern contraceptives (Nagasa *et al.* 2016). In the study conducted in Goba town, Bale Zone, Southeast Ethiopian 2016 shows that the overall utilization of youth friendly sexual and reproductive health services was 37.2 % out of this utilization of services by male and female was 37.5% and 36.8% respectively (Alemayehu *et al.* 2017). According to the study conducted in Harar town Eastern Ethiopia in 2011 among the reproductive health service

utilization only 63.8 % of them reported utilize reproductive health service (Aboma *et al.* 2016). In addition, another study in Awabel district, Northwest Ethiopia about 41.2% of young people had utilizes sexual and reproductive health services (Atitegeb *etal.* 2016).

2.3. Factors that affecting utilization of adolescent reproductive health service

2.3.1. Socio- demographic related factors

According to the study conducted in Amhara region North western part of Ethiopia in 2016 among high school girl students indicated that among female high school students sexual experience is significant association ($P = 0.004$) with RHS utilization (Aysesim *etal.* 2016).

Another study done in Metekel Zone, Benishangule Gomez region, North West Ethiopia among female students revealed that sex, age group, similarity of service provider and user and convenient time were significantly associated with RHS utilization. Being female were nearly two times more likely to utilized RHS than male [(AOR=1.97;95% CI:(1.9,4.7)], age of 15 to 17yr were more than 10 times more likely utilize [(AOR=10.7, 95%CI(2.67, 43.72)] than age between 18 to24 yr (Akililu *et al.* 2016).

According study conducted in North Shoa, Amhara region reported that educated mothers were 77% less likely to utilized family planning service [(AOR=0.23, 95%CI: 0.07, 0.74)] than their counter parts. Mother currently attend in school program were 62% less likely [(AOR=0.38, 95%CI: 1.03, 26.7)] to utilized than currently not attend school (Negash *et al.* 2016). In the study conducted in Goba town, Bale Zone, South east Ethiopian 2016 shows that among youth showed that youth friendly reproductive health service associated with having pocket money were more than 2 times [(AOR=2.47,95%,CI:(1.02,5.97)] to utilize RHS than counter parts (Alemayehu *et al.* 2017)

2.3.2. Attitude and knowledge

A Study done in Jimma town in 2009 among adolescents revieald that adolescents reproductive health service was associated with knowledge of family planning and VCT significantly associated and more likely to utilize reproductive health service,[(AOR =8.9, 95 % (2.3 26.6)] and [(AOR =2.8 95% CI (1.5 5.3)] respectively. Whereas adolescents who had knowledge of STI treatment as components of RH services 71% were less likely to ever use RH services [(AOR=

0.3 (0.2,0.4)]. Adolescents who had relation with family and friends and had access to pamphlets and posters as means of information for RH services were more likely to be ever utilize [(AOR = 1.4 95% CI (1.01 1.8)], [(AOR =2.8, 95% CI (1.96, 3.9)], [(AOR =4.7, 95% CI: 3.7 6.2)] and [AOR =1.7, 95% CI (1.2 , 2.3)] respectively (Ayalew and Yeshigeta ,2009).

A study conduct in Ambo town, Oromia Region, Ethiopia among female students in 2017also showed that among female freely discuss with parent about the reproductive health service utilization 3.64 times higher than not discuss with parent about the subject [AOR=3.64 (1.15, 7.02)] and age group of 20 to 24 years were 2.55 times more utilize than age between 15 to 19 years (Zenebu,2017).In another study done in Dire Dawa administrative council in 2011, Eastern Ethiopia among school students showed that students who utilized condom during their first sexual intercourse were 1.9 times more likely to have odds of awareness about sexual and reproductive health issues than those who do not know awareness about sexual and reproductive health issues [AOR= 1.9, 95% CI: 1.2, 3.8] (Mulate *et al.*2011).

In the study conducted in wallayta sodo on knowledge assessment of reproductive health service utilization of students revealed that Participate in RH clubs were about 3 times more likely to be utilize than not participate RH club [AOR: 3.11, 95% CI: 2.08, 4.65]. Students who utilized RH services were 2 times more likely to be awareness than those who did not awareness [AOR: 2.34, 95% CI: 1.5, 3.69] (Adinew *et al*, 2013).

2.3.3. Adolescent Health facility system

A study conducted in Urban Nepal on the utilization of reproductive health service among students attending secondary schools that included ASRH in the school's health services were 15 times more likely to utilize ASRH services (AOR: 14.85). The distance from health facility (AOR: 12.80) and being sexually active within 12 months (AOR: 10.31) were found to be associated with ASRH service utilization. Those who perceived barriers to services were more likely to utilize the services (AOR: 7.05).Lack of confidential services was the biggest barrier (71.4%),while friend and peer group influence (86.7%) was a major motivator to access ASRH services.

According to the study conducted in Kacha-birra district, Kambata-Tambaro zone, South Ethiopia result explained that female reproductive health service utilize more by the age of between 15 to19 three times significantly associated those age group of 10 to14 [AOR=3.295,

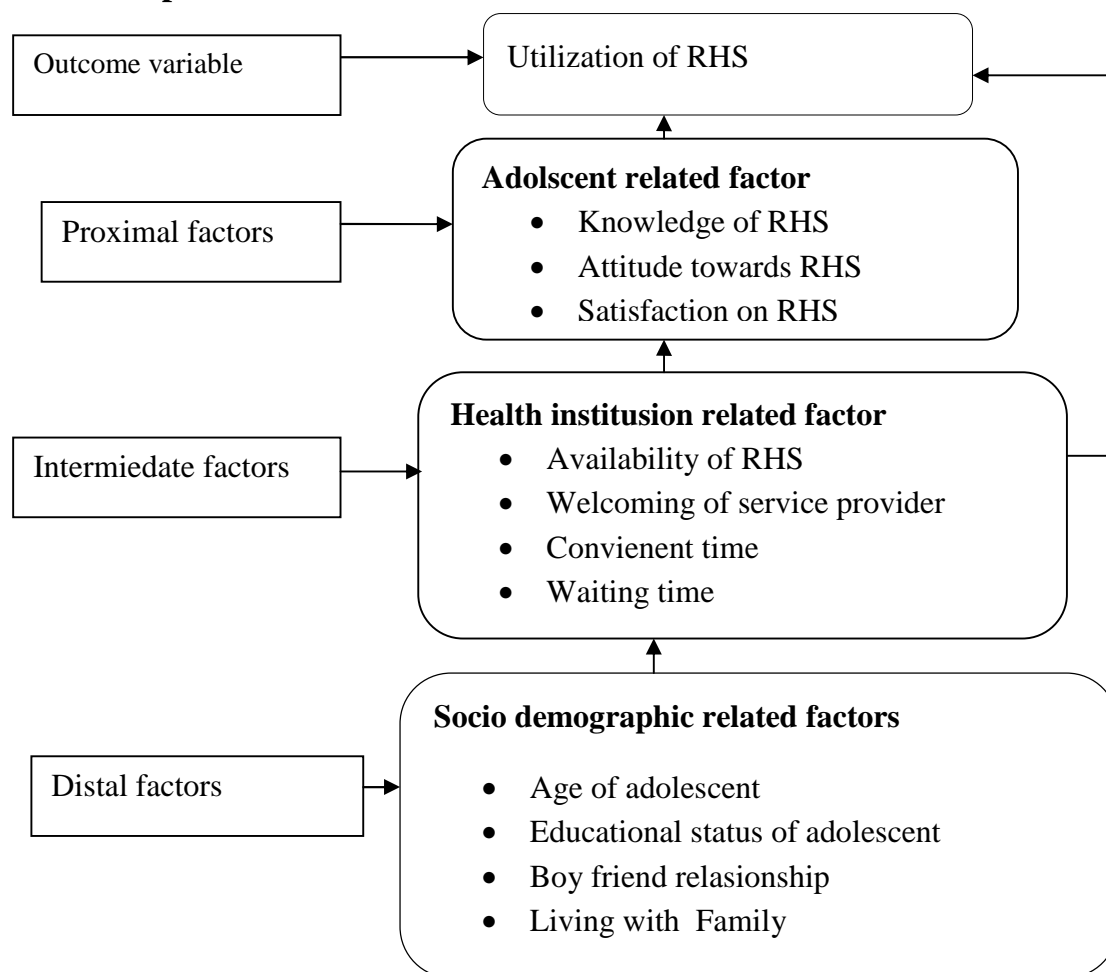
95% CI: 1.411-7.696] and female students who have good attitude relationship with service providers were 3.8 times more likely utilize RH service than those who have no good relationship. In other way, those female adolescents with adequate consultation time in their good relationship reproductive health service center were 2.4 times higher utilize than who have full information about the reproductive health service higher use than those female adolescents without adequate consultation time in their nearby reproductive health service center [AOR=2.45,95%CI:1.178-5.094] (Teshale *et al.* 2017).

A study done Anchare district, West Hararge Zone, Oromia Region, Eastern Ethiopia in 2013 revealed that female adolescent who had not use contraceptive service and lack of privacy were reported as a reasons. In another way, males were 5.25 times more likely to use VCT than females (AOR = 5.25,95% C.I(1.07, 25.87) and those perceived themselves as high risk for HIV were 8.22 times more likely to use VCT than their counterparts (AOR = 8.22, C.I(1.065, 35.49). Lack of adolescent reproductive health services, lack of privacy and inconvenient service hour were reasons for not utilizing the service (Mustafa, 2017).

According to the study conducted in Bahir Dar town; Amhara Regional State in 2013 among high school students showed that the major factors of reproductive health service utilization were inconvenience fear to be seen relative or other person, too long waiting, consultation hour too short, service provider approach is poor service hour and feel embracement at seeking or going to reproductive health service (Meskerm and Aweke, 2014).

Another cross-sectional study conducted in Mekele town Tigray in 2012, Northern parts of Ethiopia showed that among adolescents females were more than 3 times higher wants reproductive health service than males [AOR=2.7, 95%CI (1.24.9)]. Adolescent who had full information were 7 times higher to utilize reproductive health service than those who had low information[AOR=7.08, 95%CI (1.4434.71)].Youths who had heard information about reproductive health service from health facility were 84% less likely to wants reproductive health service than those who had heard from media [(AOR=0.16,CI 95% (0.040.74)]. Youths who had first sexual intercourse with commercial sex worker were 7 times higher utilize reproductive health service compared with those who had first sexual intercourse with regular partner [AOR=7.25, 95%CI(1.42 37.15)] (Kalayu *et al.* 2016).

2.4. Conceptual Framework



Key

RHS =Reproductive Health Service

Fig 1: Conceptual frame work of utilization of reproductive health service and associated factor among high school girl students.

Source: Adapted from the different literatures reviewed (Anderson & Newman, 2005)

3. METHODS AND MATERIALS

3.1. Study Area and Period

The study was conducted in all high schools of Chiro town. Chiro town is found at 334 Km away from the capital city of Ethiopia, Addis Ababa. The town has three kebeles. The weather condition of the town is low land. The total population of Chiro town was 50116 in 2016/17, out of which 25108 are female and 25008 are male and estimated numbers of adolescent age 10 to 19 years of population is 13581. There are total of 991 high school female students in the town. Khat is the main source of cash crop (Chiro town municipals and communication office report, 2017).

The town has different government institutions: included one university, one teachers teaching college, two high schools, and one preparatory school, four primary and junior secondary schools, one district hospital, one health center and three health posts. In addition; concerning private institutions there are one college, three primary and junior secondary schools, and eight nursery and kindergarten; and private health institutions included five medium clinics, one health center and ten drug vendors are providing services. Primary health care units provide health care services like basic health care needs, first contact service, reproductive health service, maternal and child health services for the study population (West Hararge Zone Education and Health office report, 2017). The study was conducted from Feb10-March 02, 2018.

3.2. Study Design

School-based cross-sectional study design with quantitative method was used.

3.3. Source Population

All female adolescent students who aged 10-19 years and were attending high schools in Chiro town during the study period.

3.4. Study population

All female adolescent students who aged 10-19 years and were attending high schools in Chiro town during the study period.

3.5 Inclusion criteria and Exclusion Criteria

3.5.1. Inclusion criteria

All female students who are attending in Chiro town high schools during 2017/2018 Academic year were included in this study.

3.5.2. Exclusion Criteria

Adolescent female students who were critically ill or unable to respond to the questions during the time of data collection were excluded from the study.

3.6. Sample Size Determination

3.6.1. Sample Size Determination for the first objective

The sample size was determined by using single population proportion formula. It was calculated by considering the prevalence utilization of =32.2% (Meskerme and Worku, 2014) from the study conducted in youth in the High School Students in Bahir-Dar town: =5% level of significance and marginal of error d=5%.

Therefore, sample size is calculated as the following:

$$n = \frac{(z_{\infty/2})^2 p (1-p)}{d^2}$$

Where; n = the desired sample size P = proportion youth service utilization to be 32.2%

Z_{1/2}= critical value for a 95% confidence level (1.96)

d = marginal error or the error tolerated i.e. 0.5

Therefore, the sample size was $n = \frac{(1.96)^2(0.322)(1-0.322)}{(0.05)^2} = 336$

The sample size was 336 then by considering 15% non-response rate the final sample size was 336+ 50=386.

3.6.1. Sample Size Determination for the second objectives

Sample size determine taking proportion of sexual experience and personal knowledge towards reproductive health service utilization from previous study conducted in Kachabirra District, South Ethiopia :(Teshale et al, 2017).

By using Epi info version seven sample sizes for double population proportion become as follow **Table 1.** Sample size calculation for different factors associated with utilization of reproductive health service in Chiro town, West Hararge Zone, Oromia Region, Eastern Ethiopia.

Consider factors	Utilization of RHS			Sample size before adding 15% of non response	Sample size after adding 15% of non response
	Exposed (%)	Non-Exposed (%)	AOR		
Sexually experienced	41	69	0.7	112	129
Privacy	38.6	61.4	1.1	162	187

Since the first sample, size was greater than the second was, so that the first (386) was taken as the study sample size

3.7. Sampling procedure

Two high schools were found in Chiro town. All high school in Chiro town was included in the study. These two schools were categorized based on grade level (9th and 10th). The total sample size was allocated to the total number of females in each grade in each of the town high schools based on the proportionate allocation. The lists of female students were taken from each school. Then simple random sampling technique was used to select study samples from sampling frame of each grade.

$$n_j = \frac{n}{N} N_j$$

Where, n_j is sample size of the j th stratum

N_j is population size of the j th stratum

$n = n_1 + n_2 + \dots + n_k$ is the total sample size

$N = N_1 + N_2 + \dots + N_k$ is the total population size

Finally, the study subjects were selected from their Attendance sheet using simple random sampling (Computer generated random number) from each stratum. The procedure was as follow:-

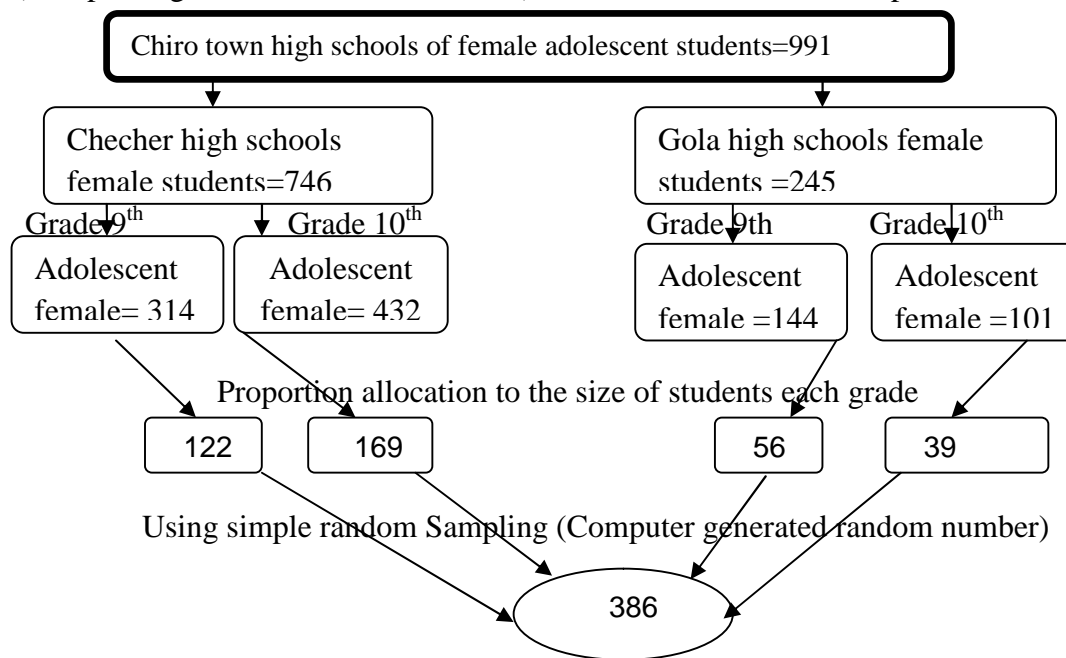


Fig 2: Schematic representation of sampling procedure of student selection to assess utilization of reproductive health service and associated factor among high school girl students in Chiro town, West Hararge Zone, Oromia Region, Eastern Ethiopia

3.8. Data Collection Methods

3.8.1. Data Collection Instrument

The data was collected by using standardized questionnaire taken from Federation of Obstetric and Gynecological Societies of India (FOGSI) and adopted according to the local context and the objectives of the study (WHO, 2011). First, the questionnaire was developed in English then translated to local language (Afaan Oromo and Amharic). Then translated again back to English to check its consistency. Questionnaire was included socio demographic/economic information, attitude and knowledge on adolescent reproductive health service, availability and accessibility of reproductive health services.

3.8.2. Data collection procedure and data collectors

The data was collected using face-to-face interview. Four data collectors who are diploma nurses and have data collection experience and know local language (Afaan Oromo and Amharic) and two BSc holder Nurse as supervisor were assigned. All data collectors were females, the resigned behind to select all females as a data collector to minimize shyness and to make the communication easy with the data collectors and respondents. Two nurses were assigned as supervisor of the data collection (one supervisor for one high school). Both the interviewers and supervisors were given two days training before the actual data collection process about the aim of study, study procedures, data collection technique, and art of interviewing and issues of confidentiality. Practical exercise was made through peer interviewer. Principal investigator was gave the training based on the training study purpose.

During the actual data collection, each supervisor was supervising data collectors. Each day, the supervisors were checking the entire filled questionnaire for completion, clarity and consistency on daily base. Then, the principal investigator was checked randomly for the completion each day and controls the all over activity.

3.9. Variables

3.9.1. Dependent variable

Level of utilization of adolescent reproductive health services among female adolescent students.

3.9.2 .Independent variable

Distal factor:-Age, Education, having boy friend, living with family (Most of time)

Intermediate factor: Availability facility to get RHS, waiting time of RHS, convenient time, service provider welcoming and Pocket money

Proximal factor: -Attitude and knowledge about reproductive health service and satisfied of RHS.

3.10. Operational definition

Adolescence: defined as the age group of people between 10 to19 years (WHO, 2011).

Adolescent reproductive health services components: FP, MCH (ANC, Delivery, and PNC) CHC (BF, Nutrition, GMP, Immunizations, Sickness care (ORT, ARI, malaria, etc).Gender discrimination, Sex selective abortions, Son preference for food allocation, health care, education, etc.Violence against women, Child pornography, Commercial sex, FGM, Spouse abuse, Rape, incest. Adolescent sexuality, Reproductive rights regarding marriage and childbearing, Gender equity and equality ,unintended pregnancy, Emergency contraception ,Safe abortions ,chronic complications of pregnancy and childbirth, Sexually transmitted diseases acute infections, chronic complications, and HIV/AIDS (IPPF and UNFPA, 2017).

Utilization of adolescent reproductive health service; in this study was weather a participant had ever utilized sexual reproductive health service anywhere in the country whether in government or private health institutions. This was measured through the dichotomous response (yes or no).The positive response was further validated with questions on the type of RH services utilized.(IPPF and UNFPA, 2017 and Bam, *etal.*2015).

Utilization of reproductive health services: Adolescent females who received at least one component of reproductive health services, FP, abortion care, and STI managements, sexual information, counseling, HIV-related services in the past 12 month which was appropriate for her ages (IPPF and UNFPA, 2017and Bam, *etal.*2015 and Teshale, 2017).

Utilization reproductive health services the positive response; was further validated with questions on the type of SRH services utilized. This listed family planning, sexual information, counseling, HIV-related services, and sexually transmitted infections testing and treatment. An affirmative response to any one of these services was regarded as service utilization (Bam, *etal.*2015).

Knowledge: To assess by asking the Adolescent 8 questions related to knowledge of Adolescent RH services. Each correct answer scored 1, each incorrect answer 0. Thus, the total scores ranged from 0 to 8. The mean was calculated and used as cut off value to categorize as have:-

Good knowledge: if they answer equal or greater than the mean score of the knowledge questions. **Poor knowledge:** If they answer less than the mean, score of the knowledge questions of the RH services (Saratu and Mbegbu, 2016).

Attitude: To assess by asking the attitude related questions of adolescent services. Each correct answer scored 1, each incorrect answer 0. Thus, the total scores ranged from 2 to 3. The mean was calculated and used as cut off value to categorize as have positive attitude if they answer equal or greater than the mean score of the attitude questions and negative attitude if they answer less than the mean score of the attitude questions of the RH services (Rani M, Lule E, 2004).

High school students: includes grad 9th and 10th students (MOE).

Service provider unfriendly: Health care providers do not criticize their adolescent patients even if they do not approve of their words and actions. They are considerate to their patients and reach out to them in a friendly manner (WHO, 2012).

Convenient: Health services are available to all adolescents during times of the day that are convenient to them. (WHO, 2012).

Aware of service: Adolescents are aware of what health services are being provided, where they are provided, and how to obtain them (WHO, 2012).

Waiting time: Adolescents are able to consult with health care providers at short notice, whether they have a formal appointment or not. (WHO, 2012)

Unmet need: meaning that they would prefer to stop having children or delay their next birth, but are not using any method of family planning (James and Joan, 2008).

3.11. Data Quality Assurance

To assure the quality of data, data collection instrument was designed properly. The data collection instrument was adopted from previous studies. Pre-test was done prior to the actual data collection in other setting at Hirna town high school since having similar characteristics with study participants. Finally, based on the pretest, questions was revised, edited and those found to be unclear or confusing was removed.

The selection of the right kind of data collectors and supervisors was done on their previous exposure to similar activities or surveys. They were recruited through critical interviews of knowing their local language. Before data collection, training was given to data collectors and supervisors on data collection process with the data collection procedure. It was also repeatedly reviewed by the investigator during the actual data collection process.

Every day the completed questionnaires was checked and reviewed on the daily basis for any information found to be incomplete, inconsistent or unclear. The interviewed student was randomly crosschecked by supervisors and investigator. The principal investigator was guiding the data collectors and supervisors throughout the process, make ongoing supervision of the data collection process. Problem encountered was reported to supervisors and principal investigator for immediate action. Discussion was made with the data collectors and supervisors every time to minimize error committed during interview and to take corrective actions timely. All incomplete data was identified and correction was made.

Every data coding and entry was checked at the initial stage, mid-way and upon completion of data entry before statistical analysis. Data cleaning was executed by running frequencies and cross tabulations to check accuracy, outliers, consistencies, and missing value.

3.12. Data analysis

Data were first checked manually for completeness, coded, entered and cleaned and entered into EpiData Version 3.1 software by the principal investigator. The entered data was exported to SPSS Version 20 software. The data were then cleaned by visualizing, calculating frequencies and sorting. A correction was done according to the original data.

Bivariate logistic regression analysis was done to see the association between each independent variable and the dependant variable. Independent variable less than or equal to 0.25 was included in multivariate logistic regression analysis was used to control all the possible confounders; Odds Ratio along with 95% CI was estimated to measure the strength of the association. Multicollinearity to see the linear correlation among the independent variables by using variance inflation factor (VIF) and standard error (SE). Variables with variance inflation factor >10 and standard error of > 2 was dropped from the multi-variable analysis. The fitness of the model was tested by Hosmer Lemeshow's goodness-of-fit test model coefficient was found to be insignificant with a

large P value ($P=0.176$) and the Omnibus tests was significant ($P=0.000$). Adjusted odds ratio with 95% CI was estimated to identify the factors associated with utilization of reproductive health service using multivariable logistic regression analysis. Was checked to see the Level of statically significance was declared at P value less or equal to 0.05. A result was presented in text, tables and graphs.

3.13. Ethical Considerations

Ethical approval and clearance was obtained from Haramaya University College of Health and Medical Sciences, Institutional Health Research Ethics Review Committee (IHRERC). Permission was obtained from the high school directors Supportive official letter was obtained from town education office, high school and was issued all high school. Informed, voluntary, written and signed consent was obtained from parent/guardians of the students below age of 18 years. Similarly, Informed, voluntary, written and signed consent was obtained from participant students aged above 18 years.

4. RESULT

4.1: Socio demographic characteristic

Out of 386-planned female adolescent, a total of 381 high school female adolescent were participated giving a response rate of 99 %. Three hundred three (79.5%) of the participants were 14 to 16 years old age group and the rest seventy eight (20.5%) were years old. The mean age of participants is 16 years with (± 0.9 SD) age of 16 (± 16) years. About educational status of the participants, 204 (53.5) were grade 10th student. One hundred eight one percent of religion majority of the study participants 181 (47.5) were Orthodox. Meanwhile, majority of the study participants 286 (75.1%) had no boy friend relationship. Current study revealed that majority of the study participants 258 (67.7%) of study participants were lived with family (**Table 2**).

Table 2:Socio demographic characteristic of utilization of reproductive health service of female students Chiron town, West Harare Zone, oromia Region, Eastern Ethiopia, April,2018(n=381)

Characteristic	Frequency	Percentage (%)
Age		
14-16yrs	303	79.5
17-19yrs	78	20.5
Education		
Grade 9 th	177	46.5
Grade10 th	204	53.5
Religion		
Orthodox	181	47.5
Muslim	175	45.9
Protestant	25	6.6
Own income		
Yes	37	9.7
No	344	90.3
Means of income (n=37)		
Pare antes	31	83.8
Other *	6	16.2
Boy friend relation ship		
Yes	95	24.9
No	286	75.1
Sexual intercourse with boyfriend		
Yes	113	29.7
No	268	70.3
Most of living with		
Family	258	67.7
Other*	123	32.3

*=boyfriend, **= relative, girl friend, boy

4.2. Health facility related characteristic

Out of (n=381) participants 184 (48.3%) of them reported they have heard about reproductive health service facility to get availability to the study. Majority, 166 (90.2) of them had reproductive health service facility nearby and 105 (57.1%) of the study participants were satisfied by the service (Table 3).

Table 3: Health facility related characteristic of utilization of reproductive health service female students Chiron town, West Hararge Zone, Oromia Region, Eastern Ethiopia, April,2018(n=381)

Characteristic	Frequency	Percentage (%)
Health facility to get RHS (n=381)		
Yes	184	48.3
No	197	51.7
RHS facility near to school (n=184)		
Yes	166	90.2
No	18	9.8
Asked to pay to receive on the RHS you received(n=184)		
Yes	59	32.1
No	125	67.9
Find the service money(n=59)		
Yes	26	44.1
No	33	55.9
Satisfied RHS provider receive(n=184)		
Yes	105	57.1
No	79	42.9
Inconvenient time(n=184)		
Yes	98	53.3
No	86	46.7
Waiting time(n=184)		
Yes	95	51.6
No	89	48.4
Service provider are judgmental and unfriendly(n=184)		
Yes	93	50.5
No	91	49.5

NB: RHS= Reproductive Health Service

4.3. Female adolescent knowledge about reproductive health service

Out of 381 participants, knowledge about reproductive health service 210 (55.1%) of them had good knowledge about reproductive health service (Figure3).

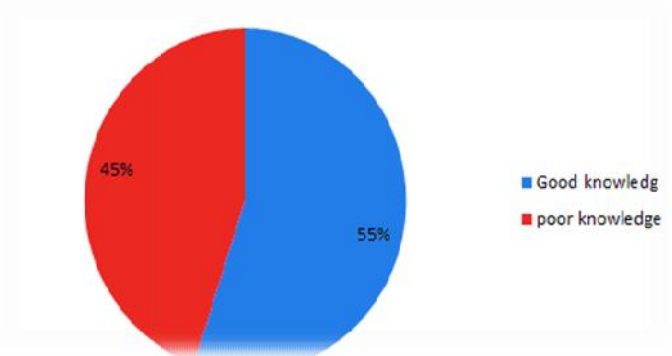


Figure 3: knowledge of reproductive health service adolescent of female high school students Chiro town, West Hararge Zone, Oromia Region, Eastern Ethiopia, 2018 (n=381)

4.4: Attitude of Adolescent of female towards reproductive health service

381 participants 144 (37.8%) had positive attitude towards the idea of reproductive health service utilization while the rest 237 (62.2%) had negative attitude.

4.5. Utilization of RHS

Out of 381 participants 147 (38.6%) had utilized reproductive health service.

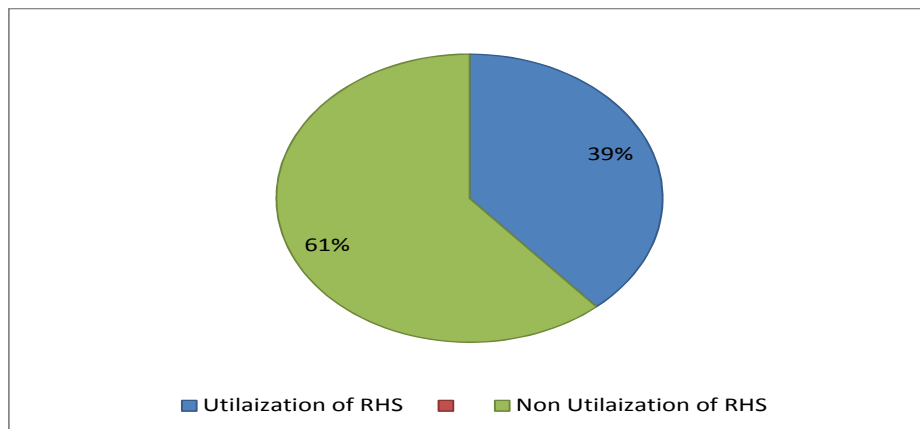


Figure 4: Utilization of reproductive health service among adolescent of female high school students Chiron town, West Harare Zone, Roomier Region, Eastern Ethiopia, April,2018 (n=381).

4.6. Factors Associated with utilization of female adolescent reproductive health

4.6.1. Factors associated with utilization of female adolescent reproductive health service bivariate logistic regression analysis.

From bivariate analysis factors like female students having boy friend relationships [(COR=0.55,95%CI:(0.34,0.88)], Currently having own income [(COR=0.39,95%CI: (0.19,0.78)], availability of health facility to get RHS [(COR=5.171,95% CI:(3.292,8.121)], and knowledge about RHS [(COR=2.76, 95% CI: (1.69-4.48)] were significantly at $p \leq 0.05$ (Table 4).

Table 4: Bi-variable analysis of associated factor of reproductive health service utilization among high school girl students Chiro town, West Hararge Zone, Oromia Region, Eastern Ethiopia ,April, 2018 (n=381).

Variables	Reproductive health service		COR (95% CI)	p-value
	Utilized (%)	Not utilized (%)		
Age				
14-16 year	28(35.9)	50 (64.1)	0.87 (0.52,1.45)	0.585
17-19 year	119(39.0)	184(61.0)	1.00	
Education				
9 th	67(37.9)	110(62.1)	0.944(0.624,1.43)	0.785
10 th	80(39.2)	124(60.8)	1.00	
Religion				
Orthodox	68(37.6)	113(62.4)	1.056 (0.69,1.62)	0.822
Muslim	68(38.9)	107(61.1)	1.31 (0.56,3.04)	
Protestant	11(44.0)	14(36.0)	1.00	
Own Income				
No	125(36.3)	219(63.7)	1.00	
Yes	22(59.5)	15(40.5)	0.39 (0.19,0.78)*	0.008
Having boy friend (n=381)				
No	100(35.0)	186(65.0)	1.00	
Yes	47(49.5)	48(50.5)	0.55(0.34,0.88)*	0.012
Living with(most of the time)				
Family	101(6.0)	157(94.0)	1.077(0.69,1.68)	0.743
Other	46(37.4)	77(62.6)	1	
Insuteational factor				
Yes	106(72.1)	41(27.9)	5.171 (3.29,8.12)*	0.000
No	78(33.3)	156(66.7)	1.00	
Knowledge about RHS				
Good	108(51.4)	102 (48.6)	3.584 (2.29,5.610)*	0.000
Poor	39(22.8)	132(78.2)	1.00	
Attitude of on RHS				
Negative	84(35.4)	153(64.6)	0.71(0.46,1.08)1.00	0.107
Positive	63(43.8)	81(52.2)	1:00	

*= P-value <0.05, CI =Confidence Interval, COR = Crude Odds Ratio,

4.6.2: Factor associated with utilization of female adolescent reproductive health service multivariate logistic regression analysis

From the bivariate variables that have $p < 0.25$ are considered candidate for multivariate (Table 4).

In the multivariate analysis: Participants who did not have boy friends were 44% less likely to utilize reproductive health service than those who had [(AOR=0.56, 95% CI : (0.33, 0.96)]. Participants who had health facility to get RHS available were 4.3 times more likely to use RHS than those who did not have availability to health facility to get RHS [(AOR=4.23, 95% CI (2.64, 6.76)]. Adolescents who had good knowledge about RHS [(AOR=2.76, 95% CI : (1.69, 4.48)] were 2.8 times more likely to utilize RHS compared to those who had poor Knowledge about reproductive service (Table 5).

Table 5: Bivariable and Multivariable analysis of associated factor of reproductive health service utilization among high school girl students Chiro town, West Hararge Zone, Oromia Region, Eastern Ethiopia April, 2018 (n=381).

Variables	Reproductive health service		COR (95% CI)	AOR (95% CI)
	Utilized (%)	Not utilized (%)		
Having boy friend				
No	100(3.0)	186(65.0)	1.00	1.00
Yes	47(49.5)	48(50.5)	0.55(0.343,0.88)*	0.56 (0.33,0.96)*
Own income				
No	125(36.3)	219(63.7)	1.00	1.00
Yes	22(59.5)	15(40.5)	0.389 (0.195,0.78)*	1.46(0.683,3.163)
Institutional level of factor				
Yes	106(72.1)	41(27.9)	5.171(3.292,8.121)*	4.23(2.64,6.76)*
No	78(33.3)	156(66.7)	1.00	
Attitude to on RHS				
Negative	84(35.4)	153(64.6)	0.71(0.462,1.08)	1.22 (0.76,1.97) 1.00
Positive	63(43.8)	81(52.2)	1:00	
Knowledge about RHS				
Good	108(51.4)	102 (48.6)	3.584 (2.29,5.610)*	2.76 (1.7,4.48)*
Poor	39(22.8)	132(78.2)	1.00	

**= P-value <0.05, CI = Confidence Interval, COR = Crude Odds Ratio, AOR= Adjusted Odds Ratio, RHS =Reproductive Health Service

5. DISCUSSION

5.1. The Magnitude of reproductive health service utilization:

In this study, the magnitude of reproductive health service utilization among adolescent female student was 38.6. Having boy friend relationship, availability Health facility to get RHS and Knowledge about RHS indices were independent predictors of female adolescent utilization of reproductive health service.

The utilization of reproductive health service was 38.6%, female adolescent. This prevalence is relatively lower than the study findings carried out elsewhere Nigeria (51%) (Olumide, *etal.2016*), Maraka (69.7%) (Teshome, 2016) and Mizane tepi (46.7%) (Yayehyirad *et al.* 2017).This may be due to difference of socio demographic characteristics, less attention of the local government, and poor way of communication.

This utilization of reproductive health service prevalence 38.6% is higher than study in Bahir-Dar (32.2%) (Mesker and Aweke,2014) and Metekel (21.5%) (Akililu *et al.*2016). This may be due to difference the study time socio demographic characteristic study sample size, time of study period and the study population.

But, similar with the study done in Kenya (38.5%) (Nancy U, Luvai *etal.*2017), Jimma (41.1%) (Ayalew and Yeshigeta, 2009) and Awebel (41.2%) (Atitegeb *etal.* 2016).This similarity may be due to socio demographic characterstices,level of educational status, lack reproductive health service attention side of government as well as service provider and health facility system organization.and this utilization of reproductive health service prevalence inconsistency than study in Nepal (4.3%) (Kiran *et al.* 2015).

5.2. Factor Associated with utilization of female adolescent reproductive health service.

Having boy friend relationship, availability health facility to get RHS, and Knowledge about RHS were statistically significantly associated factors with adolescent reproductive health service utilization.

Female adolescent who had boy friend relationship were associated with utilization of reproductive health service adolescent female. Female adolescent who had no boy friend relationship were 45% less likely to have utilization of reproductive health service than those who had boy friend relationship. This study is similar with the study conducted in Jimma town (Ayalew and Yeshigeta, 2009). The reason behind to this may be related to that those who had boy friend may get initiation, advice and support from their friend in order to get RHS. In addition, since they have boy friend relationship, they may use the service like family planning service to prevent unwanted pregnancy.

In the present study, availability health facility to get RHS was found the independent predictor of utilization of reproductive health service. Adolescent female who had the availability of health facility were 4.2 times more likely to be utilized reproductive health service than who didn't have the availability of health facility to get RHS. This study finding is consistence with Kachabera (Teshale, *et al.* 2017). This may be related that adolescent who had available health facility may use the service by the time they need because the service available at all time for all of the adolescent girl. Furthermore, it may be related to the fact that there may ashamed, fear of family, and due to cultural they may not be used the service if it is not available and far from their school and place of residence.

Good Knowledge of female adolescent about utilization of reproductive health service in the study area was associated with RHS utilization. Female adolescent who scored above the mean cut off point (good Knowledge) upon response on Knowledge utilization of reproductive health service were nearly three times more likely to utilize the reproductive health service compared to those who had poor Knowledge. This result comparable with the study done in Jimma, (Ayalew and Yeshigeta, 2009), walita sodo (Adinew *etal.* 2013) and Ambo (Zenebu, 2017). This may be due to the fact that knowledge about utilization of reproductive health service may attribute to use reproductive service utilization when they have good knowledge about utilization reproductive health service during this period. This helps increase their utilization of reproductive health service.

6. CONCLUSION AND RECOMMENDATION

6.1. Conclusion

The level of adolescent reproductive health service utilization was 38.6%. Participant female adolescent students having boy friend, availability of health facility to get RHS, and Knowledge about RHS were significantly associated with adolescent reproductive health service utilization.

6.2. Recommendation

For Chiro town Health office

- Should support health workers in the town to create awareness about RHS for all female adolescent girl students in each school through training and sensitization.
- Should work in collaboration with school teachers to increase awareness about reproductive health service on how to improve utilization of reproductive health service.

Family Guidance association of Ethiopia in Chiro town branch:

- Should strength school adolescent reproductive health service in collaboration with school teachers by using school clubs.

Chiro town health extension workers:

- Should to give heath education and support for adolescent to use reproductive health care services, giving special emphasis information about utilization RHS.

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7. APPENDICES

7.1. Appendix A:

Voluntary Consent Form Head of High School

My name is **Ayalew Abate** I am studying my master's degree at Haramaya University, the college of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about the study and your institution being selected as the study setting.

1. The study/project title:

Utilization of reproductive health service and associated factors among Adolescent female high school in chiro town city Administration Eastern Ethiopia from Feb10-April 10/2018.

2. Purpose/aim of the study:

The findings of this study can be of a paramount importance for the school to plan intervention programs to female adolescent reproductive health service in the school, thereby improve reproductive health service utilization in general. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a master's program in public health for the principal investigator.

3. Procedure and duration:

I was interviewing female students using a questionnaire to provide me with a pertinent data that is helpful for this study. There are 45 questionnaires to answer where I was filling the questionnaire by intervening the students and this take about 25 minutes.

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

5. Confidentiality: The information-collected students provide us will be kept confidential and stored in file. There will be no information that will be identifying the participant in particular. The findings of this study were general for the study community and will not reflect anything in

particular of individual of persons or the school. The questions were coded to exclude showing names. No reference was made in oral or written reports that could link participants to the research.

6. Rights: Participation for this study is fully voluntary. The participants have the right to declare to participate or not to participate in this study. If they decide to participate, they have the right to withdraw from the study at any time and this will not label you for any loss of benefits, which you otherwise are entitled. You do not have to answer any question that they do not want to answer.

7. Contact address: If there, are any questions or enquires any time about the study or the procedures, please contact: **Ayalew Abate Ayele**, mobile +251-11839912, office phone +251-255-513075, P.O. Box 469 and Email ayalewabate1@gmail.com. As well as contact, address of the responsible Institutional Health Research Ethics Review Committee (IHRERC) at office phone 0254662011 or P.O.Box 235, Harar.

8. Declaration of informed voluntary consent:

I have read 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. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that participants 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 my high school has the right to stop this study from being conducted if any misdeeds and unethical procedures are observed during the data collection process in the school permission. Therefore; I declare my voluntary consent on behalf of _____ high school management to allow this study to be conducted in the school with my initials.

Name and Signature of Head of the school: _____ signature _____

Name and signature of the investigator: _____ signature _____

7.2. Appendix B:

Voluntary Consent Form of Parents/Guardians of the Students those ages is below 18 Years

My name is _____ I am working as data collector for the study being conducted in this school by Ayalew Abate who is studying for his master's degree at Haramaya University, the college of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about the study and being selected as the study participant.

1. The study/project title:

Utilization of reproductive health service and associated factors among Adolescent female high school in chiro town city Administration Eastern Ethiopia from Feb10-April 10/2018.

2. Purpose/aim of the study:

The findings of this study can be of a paramount importance for the school to plan intervention programs to female adolescent reproductive health service in the school, thereby improve reproductive health service utilization in general. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a master's program in public health for the principal investigator.

3. Procedure and duration:

I will be interviewing you daughter using a questionnaire to provide me with a pertinent data that is helpful for this study. There are 45 questions to answer and it will take 20 to 25minutes, so I kindly request you to allow your daughter to spare me this time for the interview.

4. Risks and benefits:

The risk of being participating in this study is very minimal, but only taking few minutes from your daughters time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners.

5. Confidentiality:

The information your daughter will provide us will be kept confidential and stored in file. There will be no information that will be identifying the participant in particular. The findings of this

study will be general for the study community and will not reflect anything in particular of individual of persons or the school. The questions will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the research.

6. Rights:

Participation for this study is fully voluntary. You have the right to declare to allow your daughter to participate or not to participate in this study. If you decide to allow her participate, you have the right to withdrawer from the study at any time and this will not label you for any loss of benefits, which you otherwise are entitled. Your daughter does not have to answer any question that she does not want to answer. .

7. Contact address:

If there, are any questions or enquires any time about the study or the procedures, please contact: **Ayalew Abate Ayele**, mobile +251-11839912, office phone +251-255-513075, P.O. Box 469 and Email ayalewabate1@gmail.com. As well as contact, address of the responsible Institutional Health Research Ethics Review Committee (IHRERC) at office phone 0254662011 or P.O.Box 235, Harar.

8. 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. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that my daughter has the right to with draw from the study at any time or not to answer any question that she does not want. Therefore, I declare my voluntary consent to allow my daughter to participate in this study to be conducted in the school with my initials.

Name and signature of parent /guardian: _____ signature_____

Name and signature of Data collector: _____signature_____

7.3. Appendix C:

Voluntary Consent Form of Participant the Student whose Age is above 18 Years

My name is _____ I am working as data collector for the study being conducted in this school by Ayalew Abate who is studying for his master's degree at Haramaya University, the college of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about the study and being selected as the study participant.

1. The study/project title:

Utilization of reproductive health service and associated factors among Adolescent female high school in chiro town city administration Eastern Ethiopia from Feb10-April 10/2018.

2. Purpose/aim of the study:

The findings of this study can be of a paramount importance for the school to plan intervention programs to female adolescent reproductive health service in the school, thereby improve reproductive health service utilization in general. Moreover, the aim of this study is to write a thesis as a partial requirement for the fulfillment of a master's program in public health for the principal investigator.

3. Procedure and duration:

I will be interviewing you using a questionnaire to provide me with a pertinent data that is helpful for this study. There are 45 questions to answer and it will take 20 to 25minutes, so I kindly request you to spare me this time for the interview

4. Risks and benefits:

The risk of being participating in this study is very minimal, but only taking few minutes from your time. There would not be any direct payment for participating in this study. But the findings from this research may reveal important information for the local health planners.

5. Confidentiality: The information collected you provide us was kept confidential and stored in file. There was no information that was identifying the participant in particular. The finding of this study was general for the study community and will not reflect anything in particular of individual of persons or the school. The question was coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the research.

6. Rights: Participation for this study is fully voluntary. You have the right to declare to participate or not in this study. If they decide to participate, you have the right to withdraw from the study at any time and this will not label you for any loss of benefits, which they otherwise are entitled. You do not have to answer any question that you do not want to answer.

7. Contact address:

If there, are any questions or enquires any time about the study or the procedures, please contact: **Ayalew Abate Ayele**, mobile +251-11839912, office phone +251-255-513075, P.O. Box 469 and Email ayalewabate1@gmail.com. As well as contact, address of the responsible Institutional Health Research Ethics Review Committee (IHRERC) at office phone 0254662011 or P.O.Box 235, Harar.

8. Declaration of informed voluntary consent:

I have read 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. I have been given the opportunity to ask questions for things that may have been unclear. I was informed that participants have the right to withdraw from the study at any time or not to answer any question that they do not want. Therefore, I declare my voluntary consent to participant in this study to be conducted in the school with my initials.

Name and signature of participant: _____ signature_____

Name and signature of Data collector: _____signature_____

7.4. Appendix D:

English version Questionnaire utilization of reproductive health service and associated factors among Adolescent female high school in chiro town city administration Eastern Ethiopia from, 2018.

Characteristic		Choices of response	Skip to Q
Part I: Socio demographic characteristic			
101	Age (in completed years)?Years	
102	Educational level?	1.9 th 2.10 th	
103	Religion?	1. Orthodox 2. Muslim 3. Protestant 4. Other (specify).....	
104	Are you currently having your own income?	1.Yes 2.No	If 'No' skip to Q. #108
105	If questioned number'' 105'' "yes ", from where did you get your income?	1.My parent 2.My relative 3. Other Specify.....	
106	How much money do you get on average per day?Eth.birr	
107	Have you boy friend relation ship	1.Yes 2.No	
108	With whom most of the time you live with	1. Father and Mother 2. Mother only 3 Father only 4 Relative 5.Girl friends or peers 6.Boy friends 7.other_____	
Part II: Health Facility Related Characteristics			
201	Is there availability of health facility to get a reproductive health service for you?	1. Yes 2. No	If 'No' skip to Q. #301
202	If yes, do these health facilities that offer you reproductive health service near to your school?	1.Yes 2.No	
203	Were you asked to pay for the service you received?	1.Yes 2.No	If" No "skip to Q# 205
204	If yes number 203, did you find the money?	1.Yes 2.No	

205	Were you satisfied with the service that you receive?	1. Yes 2.No	
206	Were the reproductive health services inconvenient for you?	1. Yes 2.No	
207	Were the reproductive health services waiting time is too long?	1. Yes 2.No	
209	Is your reproductive health service provider were judgmental and unfriendly?	1. Yes 2. No	
Part III: Knowledge and attitude of adolescent girl about reproductive health service			
Part III A: Knowledge of adolescent girl about reproductive health service			
301	Have you heard any information about a reproductive health service?	1. Yes 2. No	If 'No' skip to Q. #303
302	If yes number 301 , where you get the information	1. Media 2. School teachers 3. Health institution 4. Frindes or peers 5. Club 6. poster 7. Health professional 8. Other	yes No
303	Have you ever heard about any disease that can transmit through sexual intercourse?	1. Yes 2.No	If 'No' skip to Q. #307
304	If yes, for question 303; which disease do you know about? (<i>there may be more than one answer</i>)	1. Gonorrhea 2. HIV/AIDS 3. Chancroid 4. Syphilis. 5. Lymphogranuloma veneer	
305	Is there anything person can do to avoid that disease?	1. Yes 2. No	If 'No' skip to Q. # 307
306	If yes number'' 305'' avoid that disease by which? (<i>there may be more than one answer</i>)	1. Abistaine. 2. condom use 3. one to one 4. other_____	
307	Have you knowledge of Sexual transmitted infection treatment of reproductive health service?	1. Yes 2.No	
308	Is there any media or Club in your school that aware you about reproductive health service?	1. Yes 2. No	If 'No' skip to Q. # 310

309	If yes, which service available?	1.Oral contraceptive pills 2.Condom 3. Other _____	
Part III B:Attitude of on adolescent reproductive health service			
310	A girl can get pregnant the first time she had sexual intercourse?	1. Agree 2. Disagree 3.Not sure	
311	A health looking person can have HIV?	1. Agree 2. Disagree 3.Not sure	
312	A person can get HIV the first time he or she has sex?	1. Agree 2. Disagree 3.Not sure	
Part IV : Reproductive Health Service utilization related characteristics			
401	Have you ever utilized any of the reproductive health services?	1.Yes 2.No	
402	Have you ever utilize counseling service?	1.Yes 2.No	
403	Have you ever utilize any of family planning?	1.Yes 2.No	
404	Have you ever utilize Voluntary Counseling and testing service?	1.Yes 2.No	
405	Have you ever utilize Antenatal care service?	1.Yes 2.No	
406	Have you ever utilize Abortion care service?	1.Yes 2.No	
407	Have you ever utilized Information education and Communication service?	1.Yes 2.No	

7.5. Appendix E:

Voluntary Consent Form of Parents/Guardians of the Student whose Age is below 18 Years
(Affaan Oromo Version)

Maqaan Koo _____ jedhamu Odeeffannoo raga Qorannoodhaaf Odeeffannoo walitti qabaa jiru Qorannoon kun kan inni hojjeta jiru baratta obboo Ayyalewu Abaata Maastersi digrii Universtii Haramayaa muummee saayinsi Fayyaatti. Manna barumsa sadarkaa lamafaa keessat ji`oota kudha lamaan darban keessati. Qorannoon kun qorannicha akkamitti akka geggeeffamu fi maaaliif dhaabbati keessan akka filatamee akkan isini ibsuuf kabajan isin gaafadha. Yeroo keessan aarsaa gootanii waan nadhaggeeffattaniif galatoomaa.

1. Maata duree qorrnoo kana:-

Taajajila wal-hormata dargaagoota fayyaa fi rakoole taajajila kana mudatan dubartota manen barumsa hih scooli maagala ciro bahaa etiyoopiyati Granndhala 10-Caamsa 10/2018.

2. Bu`aan qorrnoo kanaa : Taajajilaa waal hormaata dargagoota fooyyeessu fii tajaajila qulqullina qabu kennuu irratti ga`ee gudda ni taphata. Akkasumas barataa sagantaa barnoota mastersii fayyaaa hawaas irrattii barachaa jiru akka xumurtoof ni gargaara.

3. Haalaqorannoo kana itti gageefamuu: Gaafi fi deebii kanaaf hayyamamtuu ta`un ishee kan mirkana`u, ergaa isheen itti waligalte qofa. Deebii isheen deebiftu iccitiidhaan qabama. Gaafilee 45tu jiru. Daqiiqaa 20 haanga 25 itti fudhachuu ni danda`a. Gaafi fi deebii kun kan geggeefamu yeroo hirmaataadhaaf miju qofa ta`a.

4. Midha fi bu`aaqorannookana:

Midhaa inni qabu bayyee xiqqaadha, kan akka yeroo keessan daqiiqaa murasa fudhata. Kallatiidhaan faydaan ykn kaffaltiin hirmaataadhaf godhamu hin jiru. Garuu bu`an qorannoo kana dhaabbata naannoo kana jiraniif sagantaa fayyaa qinda`e karoorsuuf oddeeffannoo gaarii ni kenna.

5. Icitii eguu :

Odeeffannoon hirmataarra walitti qabamu kun iccitawaadha. Bu`aan qorrannoo kana kan waliigala uummata naannoo sanaati malee, kan nama dhuunfa miti. Waraqaa gaafi fi deebii irratti maqaan hirmaata hin barreefamu garu koodii ni laatamaaf. Akka waligaaltii Oddeeffannoon kun fedhi hirmaataan ala nama kamiifiyyuu hin qoodamu.

6. Mirgaa hirmaat qorannoo kana :

Hirmaataan qorannoo kana keessatti mirga guutu qaba. Qorannoo kanatti hirmaachuu ykn hirmaachuu dhiisuuf mirga guutuu qaba. Hirmaatan jalqabee yoo itti toluu baate addan kutu ni danda`a. Gaafilee hunda deebisuudhaaf dirqama hin qabu. Dhaabatin keessaan qorannoo kana keessatti waanta seeraan ala yoo hubate, qorannichaa adda kutuuf mirgaa qaba.

7. Teesson koo:

Qorannoo kana irratti yada ykn gaaffi yoo qabbaattan teessoo kana gadi jiruun naquunnamuu dandeessuu.: **Ayyalewu Abaata Ayyla**, mobili +251-11839912, laakfsa bilbila biroo +251-255-513075, lakk. Posta 469 fi imeeli ayalewabate1@gmail.com**2**. Lakofsa bilbila dhaabtaan qo`anoo fi qorannoo gaggessitoota fi sirna naamusa qorannoo Fayyaa bilbila **0254662011 ykin Lakk sandufa poostaa 235 Harari**.

8. Fedhii ofii mirkaneessuu:

Waraqaa odeeffannoo kan dubbisee/naf dubbifamee hubadheera. Faayidaa qorannoo kanaa, adeemsa isaa, miidhaafi fayiidaa isaa, icciitawaa ta`uu isaa, mirga hirmaataa fi tessoo qoratichaa sirritti hubadheeraa. Gaafii ifaa naaf hin ta`in akkan gaafadhuuf carraan naaf kennameera. Gaafi fi deebii kana keessatti wanti seeraa ala ka`u yoo jiraate, dhabbatri kun gaaffi fi deebii kana yeroo kamittu addan kutuu danda`a.

Maqaa fi mallattoo Hadha ykin kuninsitu-----Mtalattoo-----

Maqaa fi mallatto nama odeeffannoo kana walitti qabuu -----Mtalattoo-----

7.6. Appendix F:

Voluntary Consent Form of Participant the students whose Age is above 18 Years (Afaan Oromo Version).

Maqaan Koo _____ jedhamu Odeeffannoo raga Qorannoodhaaf Odeeffannoo walitti qabaa jiru Qorannoon kun kan inni hojjeta jiru baratta obboo Ayyalewu Abaata Maastersi digrii Universtii Haramayaa muummee saayinsi Fayyaatti. Manna barumsa high schooli keessat ji`oota kudha lamaan darban keessati. Qorannoon kun qorannicha akkamitti akka geggeeffamu fi maaliif dhaabbati keessan akka filatamee akkan isini ibsuuf kabajan isin gaafadha. Yeroo keessan aarsaa gootanii waan nadhaggeeffattaniif galatoomaa.

1. Maata duree qorrnoo kana:-

Taajajila wal-hormata dargaagoota fayyaa fi rakoole taajajila kana mudatan dubartota manen barumsa hih schooli maagala ciiro bahaa etiyopiyati egaala Granndhala 10-Caamsa 10/2018.

Bu`aan qorrnoo kanaa :

Taajajilaa waal hormaata dargagoota fooyyeessu fii tajaajila qulqullina qabu kennuu irratti ga`ee gudda ni taphata. Akkasumas barataa sagantaa barnoota mastersii fayyaaa hawaas irrattii barachaa jiru akka xumurtuuf ni gargaara.

3. Haalaqoranoo kana itti gageefamuu:

Gaafi fi deebii kanaaf hayyamamtuu ta`un ishee kan mirkana`u, ergaa isheen itti waligalte qofa. Deebii isheen deebiftu iccitiidhaan qabama. Gaafilee 45tu jiru. Daqiiqaa 20 haanga 25 itti fudhachuu ni danda`a. Gaafi fi deebii kun kan geggeefamu yeroo hirmaataadhaaf miju qofa ta`a.

4. Midha fi bu`aaqorannookana:

Midhaa inni qabu bayyee xiqqaadha, kan akka yeroo keessan daqiiqaa murasa fudhata. Kallatiidhaan faydaan ykn kaffaltiin hirmaataadhaf godhamu hin jiru. Garuu bu`an qorannoo kana dhaabbata naannoo kana jiraniif sagantaa fayyaa qinda`e karoorsuuf oddeeffannoo gaarii ni kenna.

5. Icitii eguu :

Odeeffannoon hirmataarra walitti qabamu kun iccitawaadha. Bu`aan qorrannoo kana kan waliigala uummata naannoo sanaati malee, kan nama dhuunfa miti. Waraqaa gaafi fi deebii irratti maqaan hirmaata hin barreefamu garu koodii ni laatamaaf. Akka waligaaltii Oddeeffannoon kun fedhi hirmaataan ala nama kamiifiyyuu hin qoodamu.

6. Mirgaa hirmaat qorannoo kanna:

Hirmaataan qorannoo kana keessatti mirga guutu qaba. Qorannoo kanatti hirmaachuu ykn hirmaachuu dhiisuuf mirga guutuu qaba. Hirmaatan jalqabee yoo itti toluu baate addan kutu ni danda`a. Gaafilee hunda deebisuudhaaf dirqama hin qabu. Dhaabatin keessaan qorannoo kana keessatti waanta seeraan ala yoo hubate, qorannichaa adda kutuuf mirgaa qaba.

7. Teesson koo:

Qorannoo kana irratti yada ykn gaaffi yoo qabbaattan teessoo kana gadi jiruun naquunnamuu dandeessuu.: **Ayyalewu Abaata Ayya**, mobili +251-11839912, laakfsa bilbila biroo +251-255-513075, lakk. Posta 469 fi imeeli ayalewabate1@gmail.com **2**. Lakofsa bilbila dhaabtaan qo`anoo fi qorannoo gaggessitoota fi sirna naamusa qorannoo Fayyaa bilbila **0254662011** ykin Lakk sandufa poostaa 235 235Harari.

8. Fedhii ofii mirkaneessuu:

Waraqaa odeeffannoo kan dubbisee/naf dubbifamee hubadheera. Faayidaa qorannoo kanaa, adeemsa isaa, miidhaafi fayiidaa isaa, icciitawaa ta`uu isaa, mirga hirmaataa fi tessoo qoratichaa sirritti hubadheeraa. Gaafii ifaa naaf hin ta`in akkan gaafadhuuf carraan naaf kennameera. Gaafi fi deebii kana keessatti wanti seeraa ala ka`u yoo jiraate, dhabbatri kun gaaffi fi deebii kana yeroo kamittu addan kutuu danda`a.

Maqaa fi mallattoo hirmaatu-----Mtalattoo-----

Maqaa fi mallatto nama odeeffannoo kana walitti qabuu -----Mtalattoo-----

7.7. Appendix G:

Affaan Oromo Version Questionnaire utilization of reproductive health service female students
Chiro town, West Harerge Zone, Oromia Region, Eastern Ethiopia, 2018

Odeefannooammal		Filaanodeebi	Gaara lakk.
I	Odeefannohawaasuma		
101	Umrii (lakkan)?	Waggaa _____	
102	Sadarkaabarumsa?	1.9 ^{ffaa} 2. 10 ^{ffaa}	
103	Ammantihordoftu?	1. Orthodoxii 2. Isilaama 3. Protestanti 4. Kannabiroo.....	
104	Yeroo amma kanna gaali ofii qabdha?	1.Eeyee 2. Mitti	Mittiyoota,egaraal akka 108 dhabrii
105	Gaafiin laaka 105. Eeye yoo ta'e madhaa galii keessa argatu?	1.Maatiiirraa 2. Kuuninsitu 3.kanna biro_____	
106	Tilmaaman gaali guyya argatuu meqaa?	_____Birii Ithiopian	
107	Dhira waliti dhufeanya hiriyuma qabbda turte	1.Eeyee 2.Mitti	
108	Yeroo bayee enyuu waalin jiraata?	1.Haadh fi Abaakoo wallin 2. Haadh kiyyaa wallin 3. Abaa kiyyaa wallin 4.firaa wallin 5.Hiriyaa dubara walliin 6 Hiriyaa dhiraa 7.kannabiro_____	
Kutta 2:Haalaa ammala dhabata fayya			
201	Dhabilefayy a tajajilaa wall hormaata dhaargagoo fayyaa kennu nijiraa?	1. Eeyee 2. Mitti	Mitti yoo ta,e garaa lakka''201'' dhabrii

202	Lakaa 201 Eeyee taanan, dhabile fayya tajajilaa wall hormaata dhaargagoo fayyaa kennu issin dhioti nijiraa?	1. Eeyee	2. Mitti	
203	Dhabile fayyan kafalti maalqa yero tajajilaa wall hormaata dhaargagoo fayyaa kennamu issin gaafatuu?	1. Eeyee	2. Mitti	Mitti yoo ta, egaraa garra gaffii
204	Lakk.203 Eeyee, yoo ta'e mallaqa kafaltani niargatuu?	1. Eeyee	2. Mitti	
205	Tajaajila argatean gahaa dhaa jatee yaadha?	1. Eeyee	2. Mitti	
206	Yeroon tajaajila ittin argachaa jirtani mijaa dha?	1. Eeyee	2. Mitti	
207	Turti yeroo tajaajila ittin argatan dheraa dhaa?	1. Eeyee	2. Mitti	
209	Oggesoni fayya tajaajila waal hormaata dargaagota latoon siimana dhargagotaf hinqaabani jaate yaadhaa?	1. Eeyee	2. Mitti	
Kutaa 3: Bekumsa, ilaalcha fi gochaa taajajila wa'ee waal hormata dhargagota				
Kutaa 3:A/ Bekumsailalchise				
301	Odeefano waa'e tajajilaa wall hormaata dhaargagoo fayyaa qabedaa?	1. Eeyee	2. Mitti	Mitti yoo ta, egaraa lakka 303 dhabrii
302	Gaafiinlaaka 301.Eeyee yoo taa'e odeefanno essa argattee?(dheebin keesani tokko oll ta' au daandaa).	1. Midiya /Telvisina ,Radio/ irraa 2.Baarsisa manabaruumsairraa 3. Dhaabilefayyairra 4. Hiriyaairra 5.Gummi maanabarumsaairra 6. Poostera fi broshairra 7.Ogeesa fayyairra 8.kannabiro_____		
303	Dhukubaa waalqunamti saalatin daadarban dhaagesse beekta?	1. Eeyee	2. Mitti	Mittiyoota, egaraal akka '308' dhabrii
304	Gaafiin laaka 303...Eeyee yoo ta' e maalffaa?(dheebin kessani tokko oll tahuu dhanda)	1.Caapxoo 2.HIV/AIDSi 3.Chancroid 4. Feenxo 5.Baan bulle		

305	Dhukubaa waalqunamti saala ittiittisu nidandanya?	1.Eeyee 2.Mitti	
306	Dhukubaa waalqunamti saala ittitsunidaandenyaa? Eeyee yoo ta'e? (Dheebin keesani tokko oll ta'au daandaa).	1.waalqunamti saala irra off qusachu 2. koondomi faayadamu 3.Tkoon tokoon ta'ni jiraachu 4. Kanna biro_____	
307	Dhukuba waalqunamti saalaa qoricha akka qabuu hubanoo niqaabda?	1.Eeyee 2.Mitti	
308	Manaa barumsa keeysani oddeffano wa'e taajajila waalqunamtii saala dargaagota dhaabarsitu gumii nijira?	1. Eeyee 2. Mitti	Mittiyoota, egaraal akka '310' dhabrii
309	Lakk.307, Eeyee, yoo ta'e taajajila keenamu maalfaadha (dheebin keesani tokko oll ta'au daandaa.)	1.kininiiffaaninfudatamu 2.koondomi 3. Kanna biro___	
Kutaa 3:C/ ilaalcha			
310	Dubaartin waalqunamti yeroo jaalqaba gotuu ullfau daandesi jaate	1.waaligaaltu 2.waalin hingaltu 3.sitii hinfakatu	
311	Namma ijaan fayya qabessa ta'e tokoo HIV/AIDS niqaaba jatte	1.waaligaaltu 2.waalin hingaltu 3.sitii hinfakatu	
312	Namma dhukuba HIV/AIDS qabuu waali dhiras haathuu dubara waalqunamti yoo rawatan dhukubin HIV/AIDS nidarbaa jaate	1.waaligaaltu 2.waalin hingaltu 3.sitii hinfakatu	
Kuta 4: Itii fayyadama tjajila walhormata dhargagota illalchise			
401	Tajaajila walhormaata dhargagota faayadamte beekta?	1. Eeyee 2. Mitti	
Lakk.401,eeyee yoo ta'e			
402	Tajaajila Gorsaa faayadamte	1. Eeyee 2. Mitti	
403	Tajaajila Karoora matti faayadamte	1. Eeyee 2. Mitti	
404	Tajaajila Taajaajila gorsaa fi qoranoo dhiga fedhi faayadamte	1. Eeyee 2. Mitti	
405	Tajaajila dhaumsaa duraa faayadamte	1. Eeyee 2. Mitti	
406	Tajaajila ulfaa adaan kuutu faayadamte	1. Eeyee 2.Mitti	
407	Tajaajila Barnoota odeefano fi waalqunamtii faayadamte	1. Eeyee 2. Mitti	

7.8. Appendix H:

Voluntary Consent Form of Parents/Guardians of the Student whose Age is below 18 Years
(Amharic Version)

የጥናቱ ተሳታፊዎች መረጃ መስጫና ፈቃደኝነት መጠየቂያ ቅፅ (በአማርኛ)

የተሳታፊዎች መረጃ

እንደምን አሉ! ስሜ _____ የሆንኩ ይህን መረጃ የምስበስበው ለተማሪ አያሌው አባተ በሀረማያ ዩኒቨርሲቲ የሁለተኛ ድግሪውን የሚያጠናው ለሚያደርገው ጥናታዊ ምርምር በመረጃ ሰብሳቢነት እስራለሁ።

1. የጥናቱ ርዕስ : በ2010 ዓ.ም በምስራቅ ኢትዮጵያ በኦሮሚያ ክልል ምዕራብ ሀረርጌ ጭሮ ከተማ ሀይስኩል ትምህርት ቤቶች ወጣት ሴት ተማሪዎች በስነ ተዋልዶ ጤና አገልግሎት አጠቃቀም፣ ችግሮች ዙሪ ላይ ና ተያያዥ ምክንያቶችን መለየት ይሰኛል።

2. የጥናቱ ዓላማ: የጥናቱ ዓላማ በኦሮሚያ ክልል ምዕራብ ሀረርጌ ዞን ጭሮ ከተማ ሀይስኩል ትምህርት ቤቶች ወጣት ሴት ተማሪዎች በስነ ተዋልዶ ጤና አገልግሎት አጠቃቀም እና፣ ችግሮች ዙሪ ላይ በ ተያያዥ ምክንያቶችን ለመለየት ይረዳል ። ይህንን ማወቅ ጤና ባለሙያዎች አግባብነት ያለው አገልግሎት እንዲሰጡ እና መንግስትም መረጃን መሰረት ያደረገ ፖሊሲ ቀርፆና ፕሮግራም አፈፃፀም ማሻሻያ ለማድረግ ጠቃሚ ነው። ሌላው የጥናቱ ዓላማ የጥናቱ አቅራቢ በስነ ተዋልዶ ጤና አገልግሎት አጠቃቀም ዘርፍ የሁለተኛ ዲግሪ የመመረቂያ ጽሁፍ ለማዘጋጀት ይጠቅመዋል።

3. የጥናቱ ሂደትና ጊዜ: እኔ ጥያቄዎቼን በማንበብ እርሶዎ ደግሞ ለጥያቄዎቼ ምላሽ በመስጠት ከ20-25 ደቂቃዎች አብረን እንቆያለን። የጥያቄዎቼ ብዛትም በጥቅሉ 45 ናቸው። ስለዚህ እኔ ጥያቄዎቼን አነብልሽና የምትሰጡኝን የጥያቄ መልሶች በቦታቸው እሞላለሁ።

4. ጥቅምና ጉዳት: ይህ ጥናት የርሶዎን የተወሰነ ሰዓት ከመሻማት በቀር የሚያመጣው ብዙ የሚባል ጉዳት የለም። በጥናቱ ስለተሳተፉ የሚያገኙት ቀጥተኛ የሆነ ጥቅም የለም። ነገር ግን የጥናቱ ወጤት በአካባቢው በጤና ዙሪያ ለሚሰሩ ድርጅቶች ጠቀሚ የሆኑ መረጃዎችን ይሰጣል።

5. ምስጢራዊነት፡ የሚሰጡት መረጃ ምስጢራዊነቱ የተጠበቀ ነው። በመጠይቁም ውስጥ የርሰዎን ማንነት በተለየ ሁኔታ የሚጠይቅ ጥያቄ የለም። የጥናቱም ውጤት ጥናቱ ለተካሄደበት አካባቢ ጠቅለል ያለ መረጃ የሚሰጥ ሲሆን የአንድን ግለሰብ ወይም ቤት ማንነት የሚያንጸባርቅ አይደለም። ጥናቱም በምንም ዓይነት መልኩ በቃልም ይሁን በጽሁፍ የጥናቱን ተሳታፊ ማንነት በሚሳወቅ ሁኔታ ምሳሌ አድርጎ አያቀርብም።

6. የተሳታፊዉ መብት፡ በጥናቱ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። በጥናቱ የመሳተፍም ሆነ ያለመሳተፍ መብት አለዎት። ለመሳተፍ ፈቃደኛ ከሆኑ ደግሞ በማንኛውም ሰዓት የማቆም ወይም መመለስ ያልፍለጉትን ጥያቄ ያለመመለስ መብት አለዎት። በማንኛውም ሰዓት ጥናቱን ቢያቆሙት በተለየ መልኩ የሚፈረጁበት ነገር የለም።

7. የበለጠ መረጃ ማግኘት ካሰፈለገዎ፡ ጥናቱን የተመለከተ ማንኛውም ዓይነት ጥያቄ ወይም አስተያየት ካለዎት በሚከተሉት አድራሻዎች መረጃ ማግኘት ይችላሉ።

የተመራማሪዉአድራሻ፡- ስም አያሌዉ አባተ አየለ ስልክ ቁጥር ሞባይል +251-11839912, የቢሮስልክ +251-255-513075, ፖስታ 469 ኢ-ሜይል ayalewabate1@gmail.com የሀሮማያ ዩኒቨርሲቲ የጥናት፣ ምርምርና የስነ-ምግባር ክትትል ኮሚቴ ስልክ ቁጥር 0254662011 ፖስታ ሳጥን ቁጥር 235፣ሀረር

8. በፈቃደኝነት ላይ የተመሰረተ በዚህ ጥናት ለመሳተፍ መወሰንን የሚገልጽ መግለጫ

ይህ የስምምነት መግለጫ በሚገባ አንብቤዋለሁ /ተነበልኛል። እኔም የጥናቱን ዓላማ በሚገባ ተረድቻለሁ። ጥቅምና ጉዳቱን፣ ምስጢራዊነቱን፣ መብቴን እንዲሁም ጥናቱን የተመለከቱ ጥያቄዎችና አስተያየቶች ካሉኝ ማንን መጠየቅ እንደምችል ተገንዝቤአለሁ። ግልጽ ያልሆኑ ነገሮችን እንድጠይቅ እዲሉ ተሰጥቶኛል። እኔም በማንኛውም ሰዓት መጠይቁን የማቆም ወይም መመለስ ያልፈለኩትን ጥያቄ ያለመመለስ መብት እንዳለኝ ተነግሮኛል። ስለዚህ በፈቃደኝነት ላይ በተመሰረተ በጥናቱ ለመሳተፍ ወስኜ ከዚህ በታች ፊርማዬን አስቀምጫለሁ።

የተሳታፊዎቹ የተሳታፊዎቹ ወላጆች/አሳዳጊስም _____ ፊርማ _____ ቀን _____
መረጃሰብሳቢስምናፊርማ _____ ፊርማ _____ ቀን _____

ስለ ተሳትፎዎ በጣም እናመሰግናለን!

7.9. Appendix I:

Voluntary Consent Form of participant Student whose Age is above 18 years (Amharic version)

የጥናቱ ተሳታፊዎች መረጃ መስጫናፈቃደኝነት መጠየቂያ ቅፅ (በአማርኛ)

የተሳታፊዎች መረጃ

እንደምንአሉ!ስሜ _____ የሆንኩ ይህን መረጃ የምሰበስበው ለተማሪ አያሌው አባተ በሀረማያ ዩኒቨርሲቲ የሁለተኛ ድግሪውን የሚያጠናው ለሚያደርገው ጥናታዊ ምርምር በመረጃ ሰብሳቢነት እሰራለሁ።

1. የጥናቱ ርዕስ: በ2010 ዓ.ም በምስራቅ ኢትዮጵያ በአሮሚያ ክልል ምዕራብ ሀረርጌ ጭሮ ከተማ ሀይስኩል ትምህርት ቤቶች ወጣት ሴት ተማሪዎች በስነ ተዋልዶ ጤና አገልግሎት አጠቃቀም፣ ችግሮች ዙሪ ላይ ና ተያያዥ ምክንያቶችን መለየት ይሰኛል።

2. የጥናቱ ዓላማ: የጥናቱ ዓላማ በአሮሚያ ክልል ምዕራብ ሀረርጌ ዞን ጭሮ ከተማ ሀይስኩል ትምህርት ቤቶች ወጣት ሴት ተማሪዎች በስነ ተዋልዶ ጤና አገልግሎት አጠቃቀም ፣ ችግሮች ዙሪ ላይ ና ተያያዥ ምክንያቶችን ለመለየት ይረዳል ።ይህንን ማወቅ ጤና ባለሙያዎች አግባብነት ያለው አገልግሎት እንዲሰጡ እና መንግስትም መረጃን መሰረት ያደረገ ፖሊሲ ቀርጾና ፕሮግራም አፈፃፀም ማሻሻያ ለማድረግ ጠቃሚ ነው።ሌላው የጥናቱ ዓላማ የጥናቱ አቅራቢ በስነ ተዋልዶ ጤና አገልግሎት አጠቃቀም ዘርፍ የሁለተኛ ዲግሪ የመመሪያ ጽሁፍ ለማዘጋጀት ይጠቅመዋል።

3. የጥናቱ ሂደትና ጊዜ: እኔ ጥያቄዎቼን በማንበብ እርሶዎ ደግሞ ለጥያቄዎቼ ምላሽ በመስጠት ከ20-25 ደቂቃዎች አብረን እንቆያለን።የጥያቄዎቼ ብዛትም በጥቅሉ 45 ናቸው። ስለዚህ እኔ ጥያቄዎቼን አነብልሽና የምትሰጡኝን የጥያቄ መልሶች በቦታቸው እሞላለሁ።

4. ጥቅምና ጉዳት: ይህ ጥናት የርሶዎን የተወሰነ ሰዓት ከመሻማት በቀር የሚያመጣው ብዙ የሚባል ጉዳት የለም። በጥናቱ ስለተሳተፉ የሚያገኙት ቀጥተኛ የሆነ ጥቅም የለም። ነገር ግን የጥናቱ ዉጤት በአካባቢው በጤና ዙሪያ ለሚሰሩ ድርጅቶች ጠቀሚ የሆኑ መረጃዎችን ይሰጣል።

5. ምስጢራዊነት፡ የሚሰጡት መረጃ ምስጢራዊነቱ የተጠበቀ ነው። በመጠይቁም ውስጥ የርሰዎን ማንነት በተለየ ሁኔታ የሚጠይቅ ጥያቄ የለም። የጥናቱም ውጤት ጥናቱ ለተካሄደበት አካባቢ ጠቅለል ያለ መረጃ የሚሰጥ ሲሆን የአንድን ግለሰብ ወይም ቤት ማንነት የሚያንጸባርቅ አይደለም። ጥናቱም በምንም ዓይነት መልኩ በቃልም ይሁን በጽሁፍ የጥናቱን ተሳታፊ ማንነት በሚሳወቅ ሁኔታ ምሳሌ አድርጎ አያቀርብም።

6. የተሳታፊው መብት፡ በጥናቱ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። በጥናቱ የመሳተፍም ሆነ ያለመሳተፍ መብት አለዎት። ለመሳተፍ ፈቃደኛ ከሆኑ ደግሞ በማንኛውም ሰዓት የማቆም ወይም መመለስ ያልፍለጉትን ጥያቄ ያለመመለስ መብት አለዎት። በማንኛውም ሰዓት ጥናቱን ቢያቆሙት በተለየ መልኩ የሚፈረጁበት ነገር የለም።

7. የበለጠ መረጃ ማግኘት ካስፈለገዎ፡ ጥናቱን የተመለከተ ማንኛውም ዓይነት ጥያቄ ወይም አስተያየት ካለዎት በሚከተሉት አድራሻዎች መረጃ ማግኘት ይችላሉ።

የተመራማሪው አድራሻ፡- ስም አያሌወ አባተ አየለ ስልክ ቁጥር ሞባይል +251-11839912, የቢሮ ስልክ +251-255-513075, ፖስታ 469 ኢ-ሜይል ayalewabate1@gmail.com የሀሮማያ ዩኒቨርሲቲ የጥናት፣ ምርምርና የስነ-ምግባር ክትትል ኮሚቴ ስልክ ቁጥር 0254662011 ፖስታ ሳጥን ቁጥር 235፣ ሀረር

8. በፈቃደኝነት ላይ የተመሰረተ በዚህ ጥናት ለመሳተፍ መወሰንን የሚገልጽ መግለጫ

ይህ የስምምነት መግለጫ በሚገባ አንብቤዋለሁ /ተነበልኛል። እኔም የጥናቱን ዓላማ በሚገባ ተረድቻለሁ። ጥቅምና ጉዳቱን፣ ምስጢራዊነቱን፣ መብቴን እንዲሁም ጥናቱን የተመለከቱ ጥያቄዎችና አስተያየቶች ካሉኝ ማንን መጠየቅ እንደምችል ተገንዝቤአለሁ። ግልጽ ያልሆኑ ነገሮችን እንድጠይቅ እዲሉ ተሰጥቶኛል። እኔም በማንኛውም ሰዓት መጠይቁን የማቆም ወይም መመለስ ያልፈለኩትን ጥያቄ ያለመመለስ መብት እንዳለኝ ተነግሮኛል። ስለዚህ በፈቃደኝነት ላይ በተመሰረተ በጥናቱ ለመሳተፍ ወስኜ ከዚህ በታች ፊርማዬን አስቀምጫለሁ።

የተሳታፊው ስም _____ ፊርማ _____ ቀን _____

መረጃ ሰብሳቢ ስምና ፊርማ _____ ፊርማ _____ ቀን _____

ስለ ተሳትፎዎ በጣም እናመሰግናለን !

7.10. Appendix J:

Amharic version of questionnaire utilization of reproductive health service female students
Chiro town, west Harerge Zone, Oromia Region, Eastern Ethiopia, 2018

ባህሪያቶች		መልስ የሚሆኑ አማራጮች	
I	የማህበራዊጉዳዮች		
101	እድሜ	-----አመት	
102	የትምህርት ደረጃ	1. 9ኛ 2. 10ኛ	
103	ሀይማኖት	1.ኦርቶዶክስ 2. ሙስሊም 3.ፕሮቴስታንት 4.ሌላ-----	
104	በአሁን ሰዓት የራስ ገቢ አለሽ?	1. አዎን 2. የለም	የለም ከሆነ ወደ ጥያቄ "109" ይለፉ
105	የራስ ገቢ ካለሽ ገቢዎን የምታገኝዉ ከየት ነዉ?	1.ከቤተሰብ 2.ከጓደኛ 3 .ሌላ-----	
106	በግምት የቀን ገቢ ስንት ነዉ?	----- አትብር	
107	የቅረብ ወንድ ወዳጅ ነበረሽ?	1. አዎን 2. የለም	
108	ብዙዉን ጊዜ የምትኖሪዉ ከማን ጋር ነዉ?	1.ከእናትአባትጋር 2. ከእናትጋር ብቻ 3. ከአባትጋርብቻ 4. ከጓደኛጋር 5. ከሴት ጓደኛጋር 6.ከወንድጓደኛጋር 7. ሌላ-----	
ክፍል 2 :የጤናአገልግሎትን በተመለከተ			
201	ስለወጣቶች ስነ ተዋልዶ ጤና አገልግሎት የሚሰጥ ጤና ተቋም ያዉቃሉ?	1. አዎን 2. የለም	የለም ከሆነ ወደ ጥያቄ 301ይለፉ
202	ተቁጥር 201 አዎን ከሆነ ስለ ስነ ተዋልዶ ጤና አገልግሎት የሚሰጥ ጤና ተቋም በቅርብ ይገኛል?	1. አዎን 2.የለም	

203	ተዋልዶ ጤና አገልግሎት በሚጠቀሙበት ሰአት ክፍያ ተጠይቀው ያውቃሉ?	1. አዎን 2. የለም	የለም ከሆነ ወደ ጥያቄ 205 ይለፉ
204	ክፍያ ተጠይቀው ከሆነ የተጨቁኑ ክፍያ መክፈል ይችላሉ?	1. አዎን 2. የለም	
205	ባገኙት አገልግሎት ረክተዋል?	1. አዎን 2. የለም	
206	አገልግሎት የሚሰጥበት ሰአት ምቹ ነው ይላሉ?	1. አዎን 2. የለም	
207.	አገልግሎት ለማግኘት ብዙ ሰአት ያስጠብቃል?	1. አዎን 2. የለም	
208	የስነ ተዋልዶ ጤና አገልግሎት የሚሰጡባለሙ ያዎች ለወጣቶች ጥሩ አመለካከት የሌላቸው ናቸው ብለው ያስባሉ?	1. አዎን 2. የለም	
ክፍል 3 ስለወጣቶች ስነ ተዋልዶ ጤና አገልግሎት እውቀት፤ ህሳቤ በተመለከተ			
ክፍል 3:ሀ/ ስለወጣቶች ስነ ተዋልዶ ጤና አገልግሎት እውቀትን በተመለከተ			
301	ስለስነ-ተዋልዶ ጤና መረጃ ታውቋል ይላሉ?	1. አዎን 2. የለም	የለም ከሆነ ወደ ጥያቄ 303 ይለፉ
302	ተቁጥር 301 አዎን ከሆነ ስለ ስነ ተዋልዶ ጤና አገልግሎት መረጃውን ከየት አገኘሽ? (ከአንድ በላይ ሊገልጹ ይችላሉ)	1. ከማህበራዊ ገፅ 2. ከትምህርት ቤት 3. ከጤና ተቆም 4. ከጓደኛ 5. ከክለብ 6. ከጤና ባለሙያ 7. ከበራሪ ወረቀቶች 8. ሌላ-----	
303	በግብረ ስጋ ግንኙነት ስለሚተላለፉ በሽታዎች ታውቋል ይላሉ?	1. አዎን 2. የለም	የለም ከሆነ ወደ ጥያቄ 308 ይለፉ
304	ተ. ቁጥር 303 አዎን ከሆነ የትኛውን በሽታ አይነት ታውቋል ይላሉ?	1. ጨብጥ 2. ኤች.አይቪ 3. ክርክር 4. የቁጥኝ 5. ባንቡሌ	
305	በግብረ ስጋ ግንኙነት ስለሚተላለፉ በሽታ መከላከያ መንገድ ታውቋል ይላሉ?	1. አዎን 2. የለም	
306	ጥያቄ ቁጥር 305 አዎን ከሆነ መከላከያ መንገዶቹ በየትኛው ነው? (ከአንድ በላይ ሊገልጹ ይችላሉ)	1. መታቀብ 2. ከነደም መጠቀም 3. አንድ ለአንድ መወሰን 4. ሌላ-----	

307	በግብረ ስጋ ግንኙነት ስለሚተላለፉ በሽታ መድሃኒት ስለመኖሩ መረጃ አለሽ ?	1. አዎን 2. የለም	
308	በትምህርት ቤታችሁ የማህበረሰብ መገናኛ ወይም ክብብ ስለ ስተዋልዱ ጤና አገልግሎት የሚሰጡ አሉ?;	1. አዎን 2. የለም	የለም ከሆነ ወደ ጥያቄ 310ይለፉ
309	308. ተ. ቁጥር አዎን ከሆነ የሚሰጠው አገልግሎት? (ከአንድ በላይ ሊገልጹ ይችላሉ)	1.በአፍ የሚወሰድ እንክብል 2.ኮንዶም 3. ሌላ-----	
ክፍል 3:ለ/ ስለወጣቶች ስነ ተዋልዶ ጤና አገልግሎት ህሳቤ በተመለከተ			
310	ሴት ልጅ የመጀመሪያ ጊዜ ግብረ ግብረ ስጋ ግንኙነት ካደረገች ልታረግዝት ችላለች	1.ትስማሚለሽ 2. አልስማማም 3.እርግጠኛ አይደለሁም	
311	ጤነኛ የሚመስል ሁሉ ኤች አይቪ በደም ወስጥ ሊኖርበት ይችላል	1.ትስማሚለሽ 2. አልስማማም 3.እርግጠኛ አይደለሁም	
312	አንድ ሰው የመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት በሚያደርግበት ጊዜ በኤችአይቪ ኤድስ ሊያዝ ይችላል ወይ	1.ትስማሚለሽ 2. አልስማማም 3.እርግጠኛ አይደለሁም	
ክፍል 4:ስለወጣቶች ስነ ተዋልዶ ጤና አገልግሎት አጠቃቀም በተመለከተ			
401	የስነ ተዋልዶ ጤና አገልግሎት ተጠቀመው ያዉቃሉ?	1.አዎን 2.የለም	
402	የምክክር አገልግሎት ተጠቅመዋል	1.አዎን 2.የለም	
403	የእርግዝና መከላከያ ተጠቅመዋል	1.አዎን 2.የለም	
404	ወሊድ አገልግሎት ተጠቅመዋል	1.አዎን 2.የለም	
405	የጽንሰ ማቆረጥ አገልግሎት ተጠቅመዋል	1.አዎን 2.የለም	
406	የመረጃ እና ግንኙነት ተጠቅመዋል	1.አዎን 2.የለም	
407	የቅድመ ወሊድ አገልግሎት ተጠቅመዋል	1.አዎን 2.የለም	

7.11. Appendix: K

Curriculum Vitae of Principal Investigator

AYALEW ABATE AYELE

TEL: 0911839912 OR 0915030000

WEST HARERGHE CHIOR ETHIOPIA

DATE OF BIRTH: Sep 7/1980

BIRTH PLACE: SIRE chiro, WEST HARARGHE

SEX: MALE

NATIONALITY: ETHIOPIAN

MARITAL STATUS: MARRIED

LANGUAGE: AMHARIC, ENGLISH- Speak, writes and read fluently

HEALTH: EXELENT

HOBBIES: Reading literature, visiting requisitioned site, satisfying community member

LEDUCATION BACKGROUND AND KEY QUALIFICATION

Second Degree (Postgraduate) Education: MPH (on progress)

1. First degree education: BSc in public health
2. Diploma program: Diploma in public health nurse

SHORT TERM TERAING

Essential nutrition action by IFHP

- ✓ Family planning option by zonal health office
- ✓ Nutrition Community based training by IFHP
- ✓ Nutrition community survey assessment by UNICEF