

HARAMAYA UNIVERSITY
SCHOOL OF GRADUATE STUDY

**Utilization of Sexual and Reproductive Health Services and Associated
Factors Among Secondary School Adolescent Students in Haramaya
District, Eastern Ethiopia**

MPH Thesis

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**Utilization of Sexual and Reproductive Health Services and Associated
Factors among Secondary School Adolescent Students in Haramaya
District, Eastern Ethiopia**

**A Thesis Submitted to the College of Health Science, School of Graduate
Studies, Haramaya University**

**In Partial Fulfilment of the Requirements for the Degree of Master of
Public Health in Reproductive health**

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October, 2020

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**APPROVAL SHEET
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I hereby certify that I have read and evaluated this Thesis entitled “Utilization of Sexual and Reproductive Health Services and Associated Factor among Secondary School Adolescent students Haramaya District, Eastern Ethiopia” prepared under my guidance by Chaltu Abdurahman. I recommend that it should be submitted as fulfilling the thesis requirement.

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ACRONYMY AND ABBRIVIATIONS

AIDS	Acquired Immune Deficiency Syndromes
ASRH	Adolescent Sexual and Reproductive Health
AOR	Adjusted Odd Ratio
CSA	Central Statistic Authority
EDHS	Ethiopian Demographic and Health Survey
FMOH	Federal Ministry of Health
FP	Family Planning
HIV	Human immune Virus
HTP	Harmful Traditional Practice
IAWG	Inter Agency Working Groups
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
STI	Sexual Transmitted Infection
UNFPA	United Nation Fund for Population Activities
UNICEF	United Nation International Children Emergency Fund
VCT	Voluntary Counselling and Testing

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ABSTRACT

Background

Sexual and reproductive health (SRH) is referring to physical and emotional wellbeing and includes the ability free from unwanted pregnancy, unsafe abortion, sexual transmitted infections including HIV/AIDS and all form of sexual violence and coercion. SRH is main services packages which prevent and reduce adolescent reproductive health problems. Ethiopian government were launched several strategies to promote adolescents and youth reproductive health whereas limited data on SRH services utilization among adolescent were reported in the country.

Objective: To assess utilization of sexual and reproductive health care services and associated factors among secondary school adolescent students in Haramaya District Eastern Ethiopia from March 1 to 15, 2020.

Methods - School based cross-sectional study design was conducted among 15-19 years selected adolescent students. Multistage sampling technique was used to select a total of 692 respondents. Structured, pretested and self-administered questionnaire was used to collect data. Collected data was coded cleaned and entered to Epi Data version 3.1 and exported to STATA version 16 for analysis. Bivariable and multivariable binary logistic regression were used to identify factors associated with utilization of SRH at P value < 0.05 level of statistical significance.

Result – Out of 642 respondents 151(23.5%) (95% CI: 20-26.8) of adolescent utilized SRH services in. Adolescent who were exposed to SRH information (AOR= 2.11, 95% CI: 1.22-3.6), aware of SRH service providing facility (AOR=1.83 95% CI: 1.12-3.0), aware of SRH service components (AOR=2.76 95%, CI: 1.53-4.97) and being far from SRH clinics (AOR=2.28 95%, CI: 1.13-4.62) were significantly associate with utilization of SRH services.

Conclusion – The overall result of the study shows 23.5% of secondary school adolescent had utilized SRH services. Exposing for SRH information, aware of SRH service components and service providing facility and being far from SRH clinics were predicting factors for service utilization. Providing information about SRH components and a place services is providing can improve adolescent service utilization.

Keywords: Sexual and reproductive health, adolescent, service utilization

1. INTRODUCTION

1.1 Background

Sexual and reproductive health is refer to physical and emotional wellbeing and includes the ability free from unwanted pregnancy, unsafe abortion, STIs including HIV and all form of sexual violence and coercion (WHO, 2018). World Health Organization(WHO) define adolescent is an individual age from 10-19 years (WHO, 2018).

Adolescence is a transitional phase of growth and development during which of the most rapid and complex life stage characterized by a significant physical, cognitive, behavioural, social and psychological change occurs(Sivagurunathan et al., 2015). This development were characterized by suboptimal decision and action that put them to unintentional injury and risk taking(*Casey et al., 2008*). The majority of peoples become sexually active during adolescences this put them at higher risks of SRH problems (*Oljira et al., 2016*).

Globally about 1.2 billion of the total population are adolescent and more than half of this population lives in developing country(UNICEF, 2019). Sub-Saharan Africa (SSA) is the region where 23 per cent of its total population (1.06 billion) were adolescent (*plecher, 2019*). Ethiopia one of a country of SSA, has a rapidly growing population of adolescents and youths, 33.8% of the estimated total population 90 million (CSA, 2015).

Sexual and reproductive health services includes access to information and services on prevention, diagnosis, counselling, treatment and care, and requires that all people can safely reach services without travelling for a long time or distance (*Denno et al., 2015*). Study have documented that early sexual initiator were more likely to report undesired consequences of sexual initiation such as not using condom at first sex, unwanted pregnancy, abortion and STIs and HIV/AIDS (*Bane, 2006*). Adolescents are facing Sexual and Reproductive Health problems due to they are less informed, less experienced and less comfortable with SRH access than adult (*Kimo and Makuria, 2017*).

Adolescent people are an important resource for the future of their country and there is a need to invest in their health and development so that they are able to fully participate and contribute to their country's development (*Chandra-Mouli et al., 2015*).However studies were suggested low SRH service utilization by adolescent (*Binu et al., 2018, Abebe and Awoke, 2014a*). They were not considered the health priority rarely design to meet their needs and

low attention to training of health worker on adolescent sexual issues (Morris and Rushwan, 2015).

Studies suggested that adolescents are experiencing a range of social norm and practice that discriminate them due to their age and gender so that meeting SRH of sexually active adolescent for contraceptive, maternity care and others service are persistently challenge (Coast *et al.*, 2019a, Abebe and Awoke, 2014a). This can compromise educational attainment of the adolescents and reduce economic potential(Morris and Rushwan, 2015).

International conference on population and development (ICPD) in 1994 held in Cairo establish a comprehensive SRH service which need to address and solve SRH problem for adolescent and youth (UNFPA, 2016). National strategy for adolescent and young sexual and reproductive (AYSR) health aims to increase access to information, education and to promote health service uptakes by adolescent and youth (FMOH, 2016). Despite the fact that adolescent is suffering from different sexual and reproductive health problems studies on utilization of SRH and the associated factors among secondary school adolescent are very limited in Ethiopia

1.2 Statement of the Problems

Pregnancy, abortion and STIs including HIV are major ASRH risk which results adverse reproductive health outcome than adult (Morris and Rushwan, 2015). According to the Inter Agency Working Group on Reproductive Health (IAWG) 2018 report, AIDS related death among adolescents are nearly tripled from 21,000 in 2000 to 60,000 in 2014, one in four women give birth during adolescence or before they reach 18, 3.9 million girls aged 15-19 years undergo unsafe abortion every year (IAWG, 2019).

Estimate for developing countries showed that 2.1 million adolescents are living with HIV/AIDS in 2016 (WHO, 2019). A report from Nigeria in 2009 showed that a young people, aged 15-24 years are 3 times more likely to be infected with HIV/AIDS, 54% of adolescent girls have given childbirth and 60% of adolescent girls treated for complication of unsafe abortion (Sedgh G *et al.*,2009). Finding from Rwanda showed that 20.8% of adolescent girls have begun child bearing and adolescents are 10 times more likely to contract with HIV/AIDS than adults (Coast *et al.*, 2019b).

The Ethiopia 2016 EDHS report at national level showed that adolescent fertility rates was 80 birth per 1000) (Central Statistical Agency and Icf, 2017). Adolescent girls aged 15-19 years were seven times more likely to be HIV positive than boys (FMOH, 2016). Prevalence of Self report of STI among sexually active adolescents aged 15-19 showed that 13.1% (Gebrekidan *et al.*, 2017). The prevalence of induced abortion mong preparatory students were 13.6,(Lentiro *et al.*, 2019). As reports shows that sexual activity, early pregnancies and STIs including HIV infection rates are increasing among adolescents, so that adolescent and youth reproductive health becomes a concern (Abebe and Awoke, 2014a).

The main adolescent health problems mentioned above can be justified by SRH service utilizations. Study conducted in Achar district eastern Ethiopia showed that 39.3% of female adolescent were used family planning and also 45.8% of adolescent were used VCT services (Ansha *et al.*, 2017).Ethiopian government were launched several strategies to promote adolescents and youth reproductive health but didn't achieve remarkable success (FMOH, 2017). Studies reported despite the high rate of SRH problems only one out five adolescent are utilize the service (Bilal *et al.*, 2015).

Factors reported to be associated with low utilization to SRH service are distance from health facility, unfavourable facility, low parenteral discussion, restrictive cultural norm, feeling of shame, low SRH knowledge, poor quality of service, socio-economic factors and poor attitude of adolescent towards the behaviour of health providers (Ayehu *et al.*, 2016, Birhan *et al.*, 2018)

Discriminatory norm and customs prevent unmarried adolescent for contraceptive access even if national policies can support greater access to both married and unmarried girls (Coast *et al.*, 2019a). Study that focused on higher learning institute students revealed that one third of university students have had sexual experience. Of these, nearly two third was found to have sexual experience already before joining the university which evidences that SRH problems manifest early on and calls for interventions at early adolescence (Mengistu and Melku, 2013)

Utilization of SRH service is very crucial to improve ASRH risks and FMOH doing a lot to expands AYFS in primary health care (FMOH, 2016. Despite of this utilization of SRH are not well explored in Ethiopia. The existed study was mainly focused on youth and adult people. Only few studies were focused on ASRH services which are mainly focused on selected service components (Ansha *et al.*, 2017). For the proper planning of improving ASRH it's important to study about utilizations of sexual and reproductive health service and factors associated among secondary school adolescents living in this study area.

1.3 Significance of the study

Providing adolescent SRH in appropriate way increases service utilization by adolescents and youth so that reduce the number of unwanted pregnancies, complications of pregnancy, STIs including HIV, reduce school droop out especially in young girls and also promote healthy sexual behaviour. The finding of this study will give relevant information that could help to design appropriate programs. This will help the intervention plan of ASRH service for, the woreda health department office, zone health office and local NGO's. The finding of this study will also serve as the baseline data for the researchers who want to conduct further investigation.

1.4 Objective

1.4.1 General Objective

- To assess utilization of Sexual and Reproductive health services and associated factors among secondary school adolescent students in Haramaya from march 1 to 15, 2020.

1.4.2 Specific Objective

- To assess magnitude of utilization of sexual and reproductive health services among in secondary schools' adolescent students in Haramaya
- To identify factor associated with utilization sexual and reproductive health services among secondary school adolescent students in Haramaya District.

2. LITERATURES REVIEW

2.1 Utilization of Sexual and Reproductive Health Services

Percentages of SRH service utilization among adolescents in secondary schools were varies globally. A cross sectional study conducted in Nepal secondary schools showed that 9.2% of adolescent utilized SRH service (Bam *et al.*, 2015b). Another cross sectional study conducted in Malaysia in utilization of SRH service among secondary school adolescents showed that 6.9% of adolescent were used SRH(Othman *et al.*, 2019a).

Studies conducted in Africa were report difference in SRH service utilization by adolescents. Institution based cross sectional study conducted in Nigeria showed that utilization of SRH service by adolescent are 51% while 29.7% of them were had gain SRH access continuously(Abiodun *et al.*, 2016). Similar institution based cross sectional study conducted in Mouchudi on SRH service utilization by adolescent showed out of out of 342 students participant 127 (37.5%) reported having used SRH service (Ngomi, 2008)

Different studies conducted in Ethiopia on utilization of SRH among adolescent reports low. Institution based cross sectional study conducted in Nekemte western Ethiopia in 2016 showed that out of 768 participants 21.2% of schools adolescent were used SRH service(Binu *et al.*, 2018). Similar institutional study conducted in Woreta Amhara region Ethiopia showed that 24.6%(Abate and Ayisa, 2019) and same study conducted in Mekele Northern Ethiopia also showed that 22% of adolescent in schools were utilized the services (Bilal *et al.*, 2015).

Similar study conducted in western Oromia Ethiopia on SRH service utilization showed that out of 1262 school adolescent 36.5% of them were utilized the services (Birhan *et al.*, 2018). Institution based cross sectional study conducted in Hadiya zone south Ethiopia on the level of adolescent SRH service utilization showed that 38.5% (Helamo *et al.*, 2017). Similar Institution based cross sectional study conducted in Bahir Dar Northern Ethiopia showed that 32% of high school youth were utilize the service (Abebe and Awoke, 2014a).

Community based cross sectional study conducted in Machakel Northern Ethiopia showed that out of 415 participants 21.5% of adolescent were utilized SRH services (Abajobir and Seme, 2014). Other community based study conducted in Kachabirra Southern Ethiopia on

reproductive health service utilization among female adolescents showed 47.2% of girls utilize the service out of 844 participant (Lejibo *et al.*, 2017).

Study find out that reproductive health service utilization by adolescent had a great variability depending on types of services. Cross sectional study conducted in Goba town showed that 67.3% of adolescent were utilize VCT service and 71% of them were utilize FP services (Gebreselassie *et al.*, 2015). Similar community based cross sectional study conducted in Gondar northern Ethiopia showed that 79.5% of them were utilized FP and 72.2% of them were utilized VCT service respectively (Feleke *et al.*, 2013). Other cross sectional study conducted in Asella preparatory school showed that 61% of female adolescent were utilize family planning service (Tejineh *et al.*, 2015).

2.2 Factors associated with SRH service utilization

2.2.1 Socio demographic characteristics

Age

Cross sectional study conducted in Gojam on SRH service utilization among adolescent revealed that adolescent aged 15-19 years were 2 times more likely to use the SRH service compared to adolescents age 10-14 with (AOR =2.18, 95% CI: 1.13-8.03) (Abajobir and Seme, 2014). Other study reported that adolescents of age 15-19 years were 3.3 times more likely to utilize RH services than those of age 10-14 years with (AOR=3.29, 95% CI: 1.41-7.70) (Lejibo *et al.*, 2017).

Sex

Studies suggested that SRH services utilization is higher among male adolescents. Cross sectional study conducted in Nepal showed that only 4.3% female adolescent utilize the service whereas 12.5% in male adolescents this study reports males were three times more likely than females to utilize SRH services (OR:3.14) (Bam *et al.*, 2015b). Another institution based cross sectional study conducted in Mekele showed that utilization of SRH services was lower among female students with adjusted odds ratios (AOR) of 0.5 (95% CI = 0.3,0.7) (Bilal *et al.*, 2015).

Other study conducted in Anchar district Eastern Ethiopia showed that male adolescent were 5 times more likely to use VCT service compared to females with (AOR = 5.25, C.I = 1.065, 25.87) (Ansha *et al.*, 2017). Another study find out that female adolescent were less likely to

use RH service than male with (OR=1.5 95% CI: 1.3-5.21) (Abajobir and Seme, 2014). Unfortunately other study suggested female adolescent were 2.6 time utilize VCT service than male counterparts with (AOR =2.6 95%, CI: 1.79, 3.80) (Feleke *et al.*, 2013)

Religion

Studies revealed that religion can affect utilization of SRH services. Cross sectional study conducted in Anchar Eastern Ethiopia showed that Orthodox Christian followers were 2.45 times more likely to ever use family planning compared to Muslims (AOR = 3.45, C.I = 1.23, 9.68) (Ansha *et al.*, 2017). Similar study conducted in Oromia Ethiopia showed that Muslim respondent were 0.56% less likely compared to other religious category with AOR=0.56 95% CI (0.34-0.93) (Birhan *et al.*, 2018). Religious opposition 28 (17.6%) were the major reasons for not utilizing contraceptives among sexually active respondents of Madawelabu university students (Dida *et al.*, 2015).

Marital status

Different studies showed that marital status of adolescents was reported to be significantly associate with SRH service utilization. Cross sectional study conducted in Mandalay City Myanmar showed that being married adolescents were 4 times more likely to utilize reproductive health service compared to unmarried adolescent with AOR =3.72 95% CI (1.55-8.91) (Zaw *et al.*, 2012). Similar study conducted in South west Oromia region Ethiopia reported that being single or not engaged in any marital relationship were 0.57 less likely to utilized SRH service with AOR = 0.57 95% CI (0.36-0.88) (Birhan *et al.*, 2018)

Educational level

Different studies on SRH service utilization reports being in secondary schools and above were significantly associated with service utilization. Community based cross sectional study conducted in Gondar town revealed that adolescent in secondary education were 2 times more likely to utilize the service comparing with elementary school adolescent with (AOR =2.41 95% CI: 2.98, 7.11) (Abajobir and Seme, 2014). Similar community based study showed adolescent in secondary education were 9 times more likely to utilize family planning service as compared to non-formal education with (AOR = 9 95% CI: 1.42, 54.14) (Feleke *et al.*, 2013).

Another institution based cross sectional study conducted in Mekele Northern Ethiopia on SRH utilization revealed that service up take were reported low among higher grade student with AOR=0.4(95%CI=0.2,0.8) (Bilal *et al.*, 2015)

Living arrangements

Studies suggested living arrangements were associated with utilization of SRH services. Study conducted in Gojam revealed that the odd of service utilization were about 6 times higher among adolescents living with both parents than those adolescent living with others (AOR=9.630, 95% CI: 1.237-74.983) (Lejibo *et al.*, 2017). Whereas another study reported that adolescent living with their grandparent or relatives were 2 times more likely to utilize SRH service than those who live with their biological parents with (AOR = 2.21, 95% CI: 1.8-6.04) (Abajobir and Seme, 2014).

Residence

Study suggest living in Urban were associated with SRH service utilizations. Institution based study conducted in Asella Ethiopia reported utilization of family planning were 4.6 times higher among female youth students reside in urban than those who were reside in rural with AOR 4.60, 95% CI: (1.06-19.94) (Tejineh *et al.*, 2015). Whereas study from Gojam Northern Ethiopia reported that rural adolescent who ever heard about SRH services were 3 times more likely to utilize SRH service compared to Urban adolescents with (AOR = 3.1 95% CI: 1.56-8.97) (Abajobir and Seme, 2014).

Maternal education status

Community based cross sectional study conducted in Asgede-Tsimbla Northern Ethiopia on reproductive health service utilization among rural adolescents showed that those their mother educational status are illiterate were reported less likely to utilize reproductive health service with AOR = 0.33, 95% CI: 14-.77)(Gebreyesus *et al.*, 2019).

2.2.2 Individual characteristics

Awareness of SRH services

The level of adolescent knowledge on type of SRH services are main determinants of access and use of health service. Were as the primary reason for low understanding of sexual and reproductive health service are the absence of awareness of adolescent/youth friendly service (Mengistu and Melku, 2013). Study conducted in Nigeria shows about 82% adolescent/ youth have had general knowledge on SRH service but more than 79.5% are don't know specific health service provided, the most popular service known were FP, VCT and STI (Ajike and Mbegbu, 2016).

Institution based cross sectional study conducted in Hadiya showed that adolescent who know about the available types of reproductive health services were five times more likely to

utilize the service than those who didn't know with (AOR=4.96 (95% C.I:2.74-8.96)) (Helamo *et al.*, 2017). Institution based study conducted in Malaysia found that adolescents with knowledge of SRH services components were more likely to utilize the services as compared to the others (OR: 7.83; 95% CI: 3.36 to 18.21) (Othman *et al.*, 2019a). Whereas qualitative study from rural Zimbabwe revealed that low adolescent SRH service utilization due to lack of adequate knowledge about SRH services provided (Kurebwa, 2017).

Knowledge of SRH facility

Study conducted in this area revealed that knowledge AYRH facility can affect adolescent SRH service utilization. School based cross sectional study conducted in Hadiya zone Ethiopia suggested that adolescent respondent knows VCT as types service offered in AYFH facility were more likely to utilize SRH service than those who don't know where this service can provide with (AOR=1.68, 95 CI: 1.06-2.65).

Discussion on SRH issues

Studies were find out discussion with sexual partner, with peer and health workers are associated with SRH service utilization (Gebreselassie *et al.*, 2015). Institution based cross sectional study conducted in Nigeria revealed that respondents who had ever discussed SRH issues with parents were 50 times more likely to utilize SRH services than those who had not discussed SRH issues (Abiodun *et al.*, 2016). Community based cross sectional study conducted in Awbel district on SRH service utilization reported that discussion with parent on SRH issue were two times more likely to utilize the service compared to those who are not discussed with (AOR(95%C.I): 2.23(1.43,3.46)(Ayehu *et al.*, 2016)

Another study cross sectional study conducted Debre Birhan Northern Ethiopia showed that adolescent those who discussed SRH issue with their sexual partner and peers are two times more likely to utilize at least one service compared to those who don't discuss the issues with (AOR = 2.37, 95% CI: 1.17-4.80) and (AOR = 2.36, 95% CI: 1.16 - 4.82) (Getanet, 2016).

showed Community based study conducted in North west Ethiopia suggested adolescent parental discussion on SRH issues were 2.23 times more likely to utilize SRH services than those who didn't discuss on SRH issues (AOR (95% C.I): 2.23 (1.43, 3.46) (Ayehu *et al.*, 2016)

Exposure to sexual intercourse

Studies are frequently cited being sexually active were significant associate with uptake of SRH services. Study conducted in Nepal suggested being sexually active within 12 months (Adjusted OR: 10.31) 95% CI (2.59-41.12)(Bam *et al.*, 2015b). Institution based study conducted on Nekemte Ethiopia on SRH service utilization revealed being ever sexually experienced 6 times more likely to utilize SRH service (AOR 5.9, 95%CI (3.4–10.2) (Binu *et al.*, 2018). Other study also reported respondents who ever had sexual intercourse were 4.32 times more likely to use SRHS compared to their counterparts (Birhan *et al.*, 2018).

Similar institution based study conducted in Hadiya were suggested respondents who never had sexual intercourse were 86.2% less likely to utilize reproductive health services than those who ever had sexual intercourse (AOR= 0.148 (95% C.I: 0.015- 0.415) (Helamo *et al.*, 2017). Other study conducted in Bahar Dar Northern Ethiopia reported adolescents never had sexual intercourse were more likely to utilize SRH services with (AOR=3.693, 95%CI: 1.266, 10.775) times more likely to utilize (AOR: 10.31) SRH service utilization (Bam *et al.*, 2015b).

Perception of SRH risk

Adolescents who were perceived themselves as high risk were 8.22 times more likely to ever use VCT compared to those perceived themselves as low risk for HIV/AIDS (AOR = 8.22, C.I = 1.07, 35.74) (Ansha *et al.*, 2017). Another study conducted in North west Ethiopia revealed that thought that they had no risk of RH Problem were more likely to used SRH services with (AOR=1.911, 95%CI: 1.13, 3.233) (Negash *et al.*, 2016)

Exposure to SRH information

Study was cited being exposed to SRH information are more likely to utilize the services than those who don't exposed to information. Mixed method study conducted in Harar Eastern Ethiopia showed that using friends [AOR=3.65, 95 % CI (1.81,7.32)], health care providers [AOR=3.27, 95 % CI (1.18,9.00)] and schools [AOR=1.79, 95 % CI (1.00,3.19) as source of information for AYFS were significantly associated with utilization(Motuma *et al.*, 2016).

Community based cross sectional study conducted in Addis Ababa Ethiopia reported exposing to radio for information were three times higher to utilize the service than those not exposed for radio with (AOR= 2,64, 95% CI: 1.44, 4.81) (Yohannes, 2016). Other study

reported utilization of RHS associated with use of newspaper as reader (AOR= 3.787, 95% CI:1.849,7.75) (Negash *et al.*, 2016).

2.2.3 Health care system factors

Accessibility of Health facility

Study conducted in Mandalay City, Myanmar showed that among all respondents' majority of them had a high level of geographical accessibility (79%). This study suggested service accessibility were associated with service utilization as having a high level of accessibility to RH services were twice increased the likelihood of utilizing those services (AOR=1.96, 95% CI; 1.14.36,) (Zaw *et al.*, 2012).

Accessibility of adolescent SRH service are very important for prevention and control of adolescent sexual and reproductive health problems. Study conducted in Nigeria showed that the majority safe motherhood services and prevention and management of STIs and HIV/AIDS were associated with a good geographically accessibility (Odo *et al.*, 2018).

2.3 Conceptual Framework

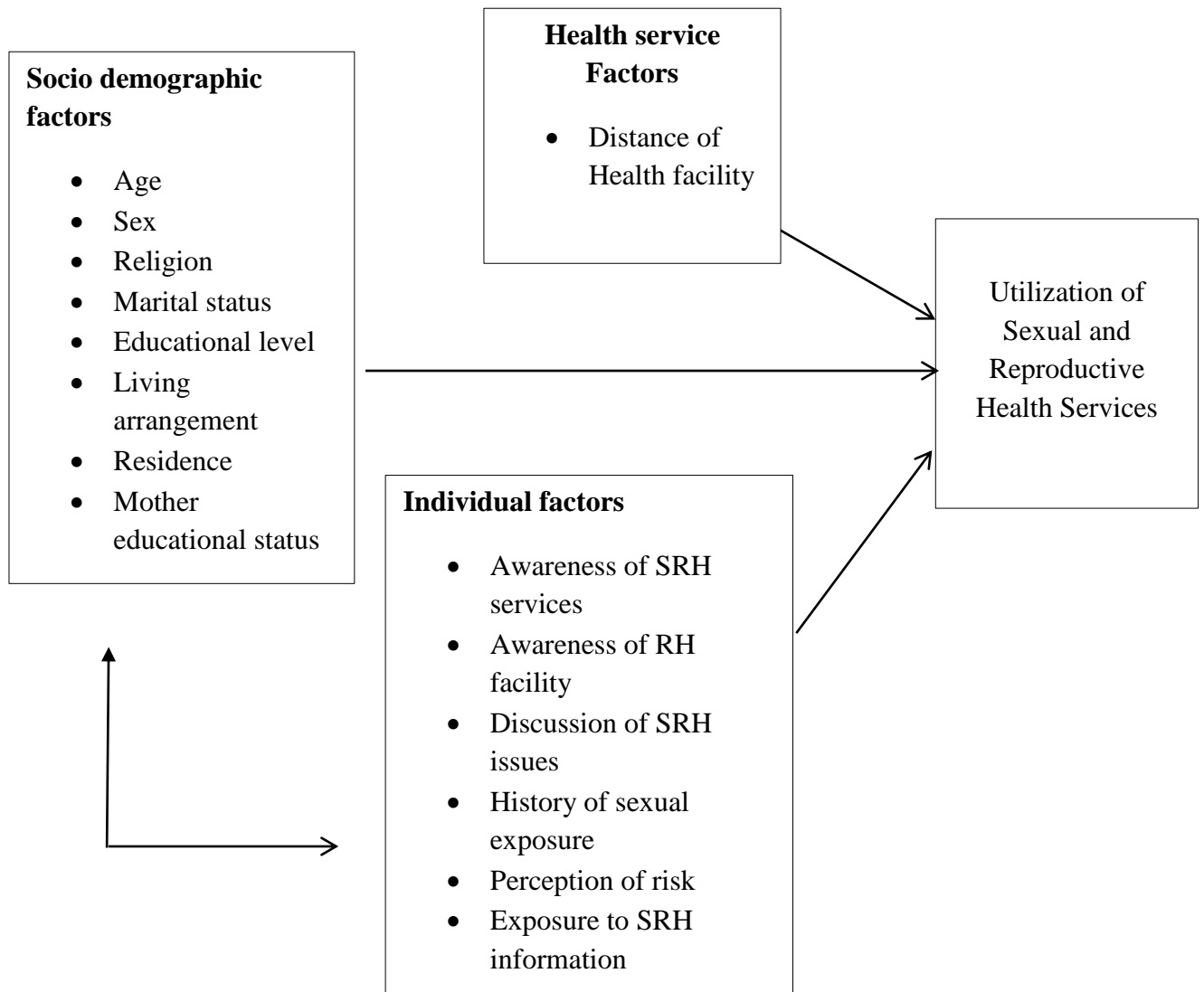


Figure 1 Conceptual frame work Adapted from Andersen and Newman for utilization of SRH services study by secondary school adolescent in Haramaya

3. METHODS AND MATERIALS

3.1 Study area

Haramaya is located in 500km away from Addis Ababa, capital of Ethiopia. The altitude of this district ranges from 1400 to 2340 meter above sea levels. It is bordered on the south by Kurfa Chele, on the west by Kersa on the north by Dire Dawa on the east by kombolcha and on the south east by Harari region(Central Statistical Agency and Icf, 2017). According to the information obtained from the health bureau, the total population of the District were 313,152 of whom 159,488 were men and 153, 664 were female. Among all the residents, 52,986 of them live in urban whereas the remaining 260166 are residing in rural part of the district. There are eight health centre and one general hospital in the study area. Regards of educational enrolment the district has 6 secondary schools (3urban and 3 rural) with 6972 of the total number of students enrolled in 2019/2020 (5091 males and 1881 female students).

3.2 Study period

This study was conducted from March 1 to 15, 2020 in secondary schools of Haramaya District East Hararge Zone, Oromia region Ethiopia.

3.3 Study design

School based cross sectional study was used to conduct this study among secondary school adolescent students in Haramaya District Eastern Ethiopia.

3.4 Source Population

The population of this study was all adolescents attending secondary school in Haramaya district

3.5 Study Population

Selected secondary school adolescent students in Haramaya district

3.6 Inclusion and Exclusion Criteria

3.6.1 Inclusion criteria

All adolescent students attending class on the day of data collection in secondary schools of Haramaya district

3.6.2 Exclusion Criteria

Those who are sick during data collection and absent from school on data collection day

3.7 Sample size determination

Sample size for the first objective

Sample size for the first objective is calculated by using single proportion formula of $n = (z (\alpha/2))^2 \cdot p (1-p)/d^2$ by considering the following assumption. Where, n= the minimum sample size, $z (\alpha/2)$ = the desired level of confidence interval 95% (1.96). P = proportion of Sexual & Reproductive Health service utilization from the same study. d= margin of error.

Based on the above information P of 21.2% is taken from the study conducted in Nekemte town on SRH service utilization (Binu *et al.*, 2018). The sample size is calculated by Epi info by using 95% confidence level, d= 4%, design effect 1.5 and 15% non-response rate.

Sample size for the first objective is $n = 692$

Sample size for the second objectives

Double population proportion formula used to determine the sample size for the factors. Sample size will be calculated for some of the associated factors obtain from different literatures by using Epi info version 7.2 with the following assumptions:

- Confidence level =95%
- Power =80%
- The ratio of unexposed to exposed =1

Table 1 Sample size calculation for the second objective (P2 and AOR)

Factors	%outcome to exposed	%outcome to non-exposed	AOR	Sample size	Reference
Age15-19	67.7	32.3	2.18	238	(Abajobir and Seme, 2014)
Level of education	57.3	42.6	2.11	250	(Ansha et al., 2017)
Discussion on SRH issue	21.2	47.9	2.23	224	(Ayehu et al., 2016)

From the second objective we took risk factor of the larger sample size 250, 15% of non-response rate were added and final sample size become 420. This calculated sample size of the second object were less than the first objective including with 1.5% design effect which is 431. Finally, from both sample size calculations first objective was found largest sample size for the study (692).

3.8 Sampling Procedure

Multi-stage sampling method was applied to select representative adolescent students. First two secondary schools were selected randomly (one from urban and one from rural) in the districts. This secondary schools contain high school and preparatory from grade 9-12. Then the sample size was proportionally allocated from grade 9-12 accordingly based on the student number enrolled in academic year. Secondly from each grades the section was randomly selected and finally sample was selected by simple random sampling by using roster as a sampling frame.

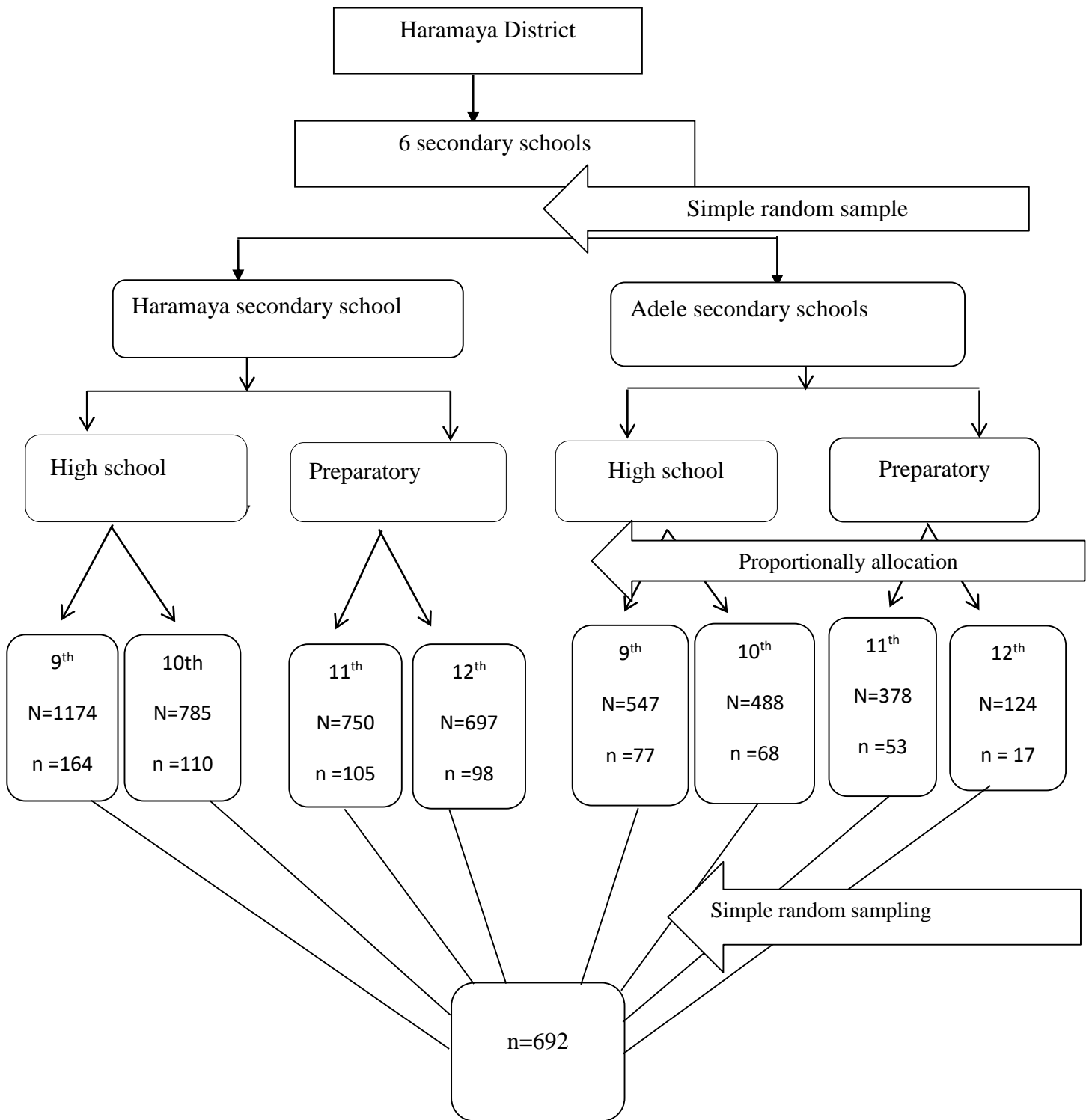


Figure 2 Sampling Procedures for Selecting Secondary school adolescent students for Utilization of SRH services in Haramaya District

3.8 Data collection tool and methods

Quantitative data collection method by using structured, pretested and self-administered questionnaire was conducted. Structured self-administered questionnaire of English version was developed by reviewing relevant previous the same study and partially adapted from John Cleland's illustrative questioner for interview young peoples. Initially it is developed in English and then it was translated to Afan Oromo and back translate in to English to check its consistency.

The questionnaires contain questions on socio demographic characteristics, individual characteristic and Health institution characteristics. Data was collected by trained data collectors. Two BSc degree facilitators on each secondary school and 6 diploma data collectors were included. The purpose of this study was explained briefly to them. In order to identify the clarity of questions and their sensitiveness as well, pre-testing of the instrument was done on 35 (5%) of the study subject in Babile Secondary schools. During the pre-testing discussion was held with the students on the problems they encountered during filling the questionnaire and correction incorporated in the final questionnaire. The participants were asked to sit in a classroom by facilitators and after explaining the purpose of data collection the questionnaires have distributed to the adolescents who are agreed to the informed consent.

3.9 Study Variables

3.9.1 Dependent Variable

Utilization of Sexual and Reproductive health services by Secondary School Adolescent.

3.9.2 Independent Variable

Socio-demographic characteristics

Age

Sex

Religion

Marital status

Education level

Mother's education status

Living arrangement of parents

Individual characteristics

Awareness about reproductive health services

Knowledge of reproductive health facility

History of sexual exposure

Discussion on SRH issues

Perception of risk towards HIV/AIDS

Exposure of information on SRH issues

Health service characteristics:

Accessibility of health facility

3.10 Operational Definitions

SRH service utilization:- Measured through the dichotomous response (yes or no) and computed with specific service components used by respondents by asking whether participants utilized one or more of SRH service components in private and government health facilities within the last 12 months (Binu *et al.*, 2018). Positive response of SRH service utilization was further have validated with at least one type of services mentioned by respondents and those who received one or more service components were considered as utilized.

1. SRH information Education and counselling
2. contraceptive
3. pregnancy test & care
4. VCT and HIV test
5. STI diagnosis and management
- and 6. Safe abortion care were service component asses in the study.

Accessibility of RHS facility (geographical accessibility): In this study accessibility was measured based on the report of students in terms of estimated distance of RHS facility from their schools (Abate and Ayisa, 2019).

SRH information education and counselling service utilization: Adolescent who received information, education and counselling regarding to sexual and reproductive health issues from health worker working in any of the RH service providing facilities within the last 12 months.

3.11 Data quality control

In order to assure the data quality two-day training was given for the data collectors and facilitators. The training was introducing the data collection tools, data collection period and data handling & submitting the collected data. The questionnaire was prepared by English then translated in to local language (Afan Oromo) and retranslation back into English to check for it consistency. Pre-test of the questionnaires on 5% (35) of the sample of questionnaire and proper training of the facilitators and data collectors on the data collection procedures was conducted. Every day, a questionnaire was reviewed and checks for completeness by the facilitator and principal investigator and the necessary feedback was

offer to facilitators in the next morning before data collections. The data were double entered and checked.

3.12 Methods of data process and Analysis

Collected data were checked for completeness, cleaned, coded and entered to Epidat 3.1 and then the data was exported into STATA version 16. Descriptive analyses of all variable were done after checking the distribution of the data. Continuous variable was express by mean \pm SD and by number (percentage). Cross-tabulation with frequencies and percentage of each Variable was performed to explore the relationship between the dependent variable and independent variables. Bivariable binary logistic analysis was done to identify candidate variable for multivariable logistic regression. Variables with P value less than 0.25 in binary regression and those considered important based on literatures will inter in to multivariable binary logistic regression. More over model fitness by Hosmer-lemeshow with the value of > 0.05 fitted for the model and multi co-linearity test was carried out by using VIF. Variables which have P-value <0.05 was considered as statistically significant predictor of SRH service utilization of adolescent's and the result were reported as Odd Ratio and 95% confidence interval.

SRH service utilization was measured through the dichotomous response (yes or no). The positive response was further validated with questions on the type of SRH services utilized. The proportion of SRH service utilization was computed with specific service components.

Family wealth index was done by Principal Factor Analysis (PCA) method by considering locally available house hold assets and categorized in to five (Very poor, poor, medium, rich and very rich).

3.13 Ethical consideration

Before starting of the data collection process, ethical clearance was obtained from Haramaya University, College of Health and Medical Sciences Institutional Health Research Ethics Review Committee (IHRERC) in order to obtain permission to proceed with data collection. Then permission was obtained from Zonal and Haramaya district Education biro, Official letter was written from Haramaya University for education biro, secondary schools and consent will be obtained from Student Parent Committee. Informed, voluntary written and signed consent was obtained from participant 18years and above and informed voluntary oral assent was obtained from each participant of age <18 years after explaining the purpose and benefit of the study and family or guardians consent form was given to selected students to sign their family or guardians and asked them to bring on the next day then the data were collected. Confidentiality of the study participant's information was ensured throughout data collection and their name not written.

3.14 Dissemination of results

The final result of this paper will be submitted and presented in open defences to Haramaya University College of Health Sciences and Medicine School of graduate study. Then the copies of report will be given to Haramaya secondary schools and health office as well East Hararge Zone health offices. Efforts will be made to publish to be used as input for researchers that are interested in the field of study.

4. RESULTS

4.1 Socio demographic Characteristics of participants

A total 642 adolescent students were participated in the study which makes response rate of 92.7% (642). From the total respondents 409(63.7%) respondents were male students with the mean age of 17.71 years SD (± 1.19) and more than half per cent 57.6% were grade 9 and 10. from the total participantn482(75.1%) were single, 553(86.1%) were Muslim. Most of the respondent 523(81.5%) were living with their family (Table 2)

Table 2 Socio demographic characteristics of secondary school adolescent students participated in SRH service utilizations study in Haramaya district Ethiopia 2020

Characteristics	Category	Frequency	Percent %
Sex	Male	409	63.7
	Female	233	36.3
Age group	15-17	231	36
	18-19	411	64
Educational level	Grade 9 th	198	30.8
	Grade 10 th	172	26.8
	Grade 11 th	158	24.6
	Grade 12 th	114	17.8
Marital status	Single	482	75
	In relationship	67	10
	Married	93	14.5
Religion	Muslim	553	86.1
	Orthodox	60	9.4
	Other	29	4.5
Ethnicity	Oromo	573	89.6
	Amhara	38	5.9
	Other	29	4.5
Mother Education	No formal education	368	57.3
	Elementary school	161	25.1
	Secondary school	76	11.8
	College and above	37	5.8
Father Education	No formal education	318	49.5
	Elementary school	117	18.2
	Secondary school	115	18
	College and above	92	14.3
Mother Occupation	House wife	365	57
	Merchant	149	23
	Farmer	95	14.8
	Government employee	33	5

Father Occupation	Farmer	329	51.3
	Merchant	190	29.6
	Government employee	123	19.1
Parent Residence	Rural	378	58.9
	Urban	264	41
Living arrangements	Living with family	523	81.5
	Not living with parent	119	18.5
Own Income	Yes	90	14
	No	552	86
Family wealth quantile	Very poor	129	20.1
	Poor	128	19.9
	Medium	129	20.1
	Rich	128	19.9
	Very rich	128	19.9

Other = Protestant, Catholic, * = Gurage, other

4.2 Individual characteristics

Out of total participants 250(39%) ever had a boy or girl friend and 132(20%) of them were sexually active. Out of the total respondents 440(68.5%) of them were exposed for SRH information whereas 229(52%) of them mentioned peers as a source of information. Regarding discussion of SRH issues 399(62.2%) respondent ever discussed at least two SRH issues, most of them 170(42.61%) were discussed with peers followed by 79(19.8%) health providers. From all respondent 294(45.8%) of them were perceived that they are a risk to acquire HIV/AIDS (Table 3).

Table 3 Individual characteristics of respondent and exposure for SRH information among secondary school adolescent in Haramaya district

Variables	Category	Frequency	Percentage %
Boy/Girlfriend	Yes	250	39
	No	392	61
Ever had sexual intercourse	Yes	132	20.6
	No	510	79.4
Exposed for SRH information	Yes	440	68.5
	No	202	31.5
Source of information they exposed for (n=440)	Parent	39	8.9
	Peers	229	52
	Teachers	122	27.7
	Health providers	43	9.8
	Others	7	1.6
Ever discussion about SRH issues	Yes	399	62.2
	No	243	37.8
With whomever discussed about SRH issues(n=399)	Parent	45	11.3
	Peers	170	42.6
	Health providers	79	19.8
	Boy/girl friend	56	14
	Teachers	49	12
Perceived risks for SRH problems	Yes	294	45.8
	No	348	54.2
Information club in the schools	Yes	230	35.8
	No	412	64.2
Distance of SRH facility	Short distance	99	15
	Medium	314	48.9
	Very far	229	35.7

From all respondent more than half 360(56.1%) were know health facility that provide SRH services and 428(66.7%) knew SRH service types. Out of this respondent who knew service types 389(90.9%) knew VCT services, 313(73.1%) knew contraceptive services and 124(29%) knew safe abortion services (Table 4).

Table 4 Awareness of sexual and reproductive health facility and services types among adolescent in Haramaya secondary schools.

SRH facility and service	Category	Frequency	Percent%
Know SRH facility	Yes	360	56.1
	No	282	43.9
Source of information(n=360)	Family	5	1.4
	Friends	196	54.4
	Teachers	22	6.1
	Media	69	19.2
	Notice board	68	18.9
Know SRH service types	Yes	428	66.7
	No	214	33.3
Types of SRH service known by participant(n=428)			
Contraceptive	Yes	313	73.1
	No	115	26.9
VCT service	Yes	389	90.9
	No	39	9.1
STI diagnosis and treatment	Yes	291	68
	No	137	32
Counselling and information service	Yes	258	60.3
	No	170	39.7
Pregnancy test and care service	Yes	187	43.7
	No	241	56.3
Safe abortion service	Yes	124	29
	No	304	71

4.3 Utilization of Sexual and Reproductive Health services

This study result showed that 151(23.5%) of overall study subject had utilized SRH services. The most frequently used SRH services components (n=151) are 121(80.1%) was used Counselling, Information and Education service, 39(25.8%) of them used contraceptive, 80(53%) were used VCT & HIV testing, 20(16.6%) pregnancy test and care, 21(13.2%) STI treatment and 9(7%) were used safe abortion services (Figure 3).

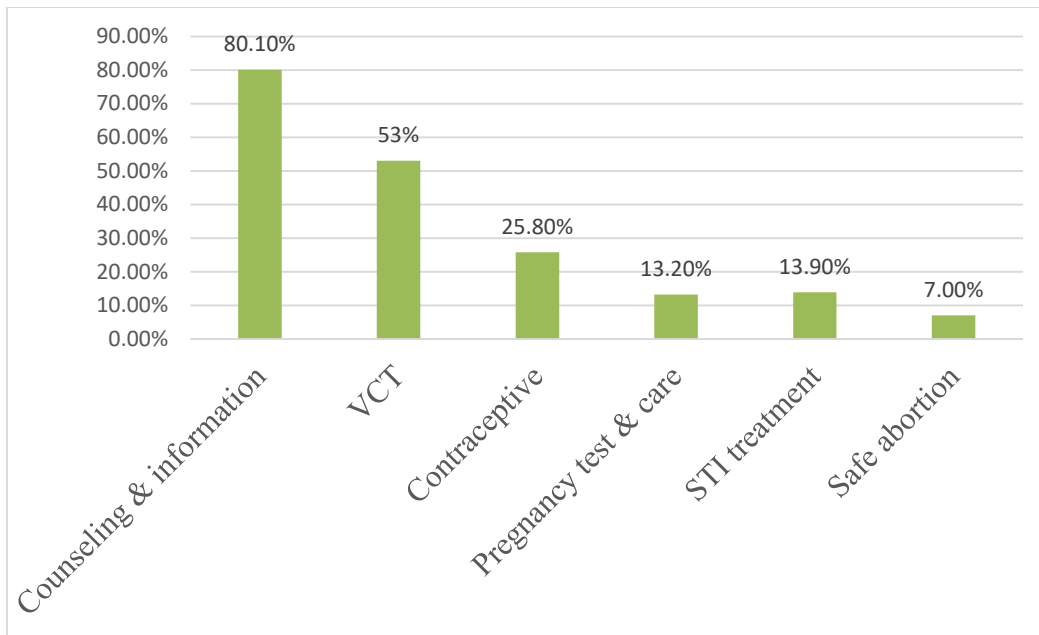


Figure 3 Utilization of SRH service components among secondary school adolescent in Haramaya 2020

Figure 4 present utilization of SRH services by sex. Out of the total outcome 97(64.2%) of male students utilized SRH services whereas 54(35.8) of female utilized SRH services

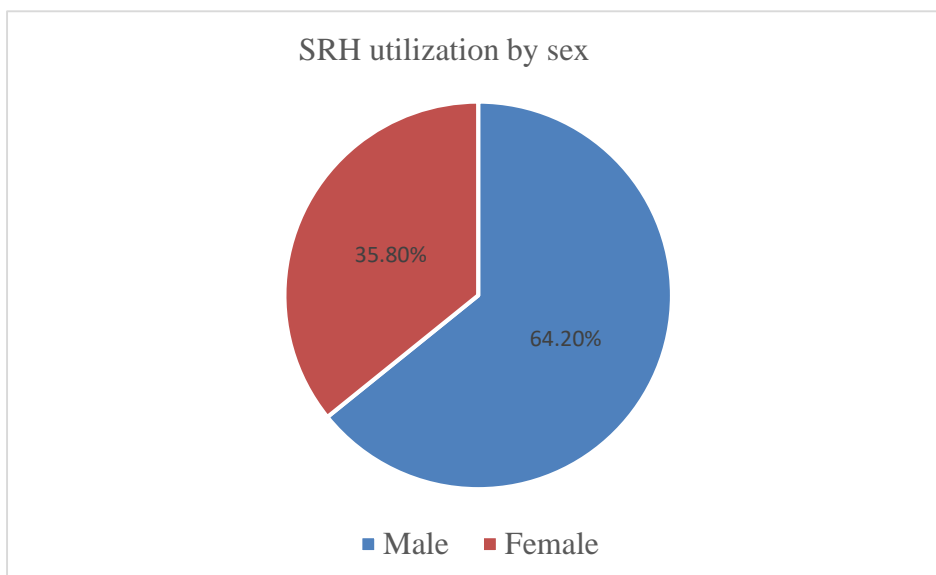


Figure 4 Utilization of SRH service by sex among secondary school adolescent students in Haramaya district

This study also showed 56(42.4%) ever had sexual exposed adolescent students was used SRH services which of 43(46.2%) of married adolescent were used SRH services. 62(41%) of respondents suggest they don't want to return again. The reason for don't want to return to health facility were not enough privacy 28(45%), too embracing 13(21%), no staff of same sex 9(14.5%) (Figure 5).

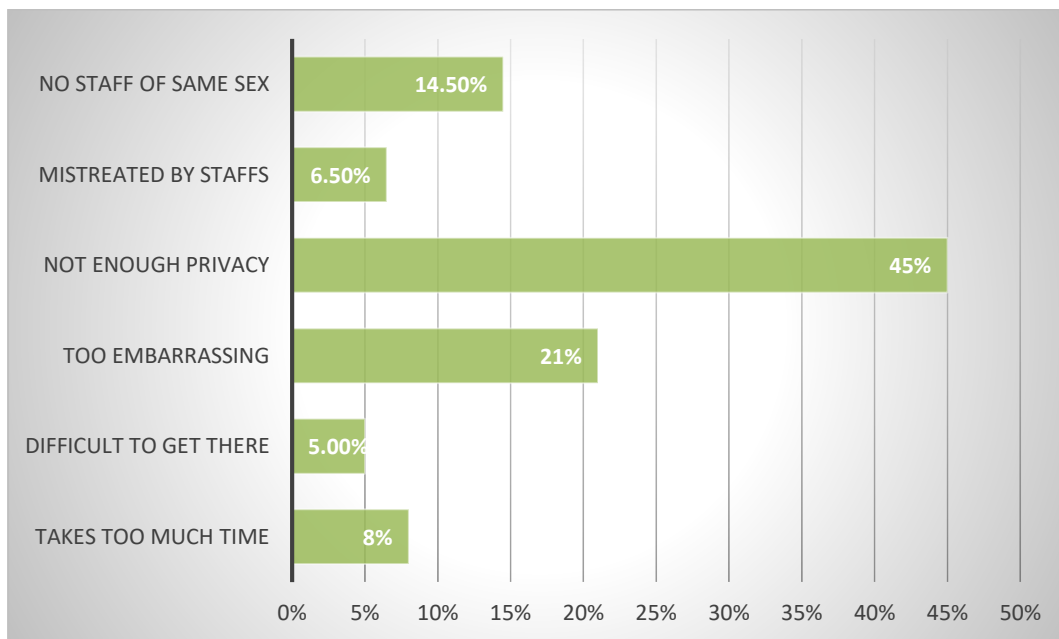


Figure 5 Reason for not returning to Sexual and Reproductive Health facility by Secondary school adolescent students in Haramaya District.

4.3 Factors associated with SRH services Utilization

A binary logistic regression model was used to identify factors associated with Utilization of the SRH services. Based on bivariate model the factors significantly associated with utilization of SRH were age, marital status, living arrangement, having own income, ever had sexual intercourse, ever exposed for SRH information, discussion of SRH issues, perceived risks for HIV, know of RH facility, aware of RH services and being far distance from facility.

Table 5 Bivariate binary logistic regression analysis of SRH services utilization among secondary school students in Haramaya District, Eastern Ethiopia 2020

Variable	Category	Utilization		COR,95%CI	p-value
		Yes	No		
Age	15-17	40(17.3%)	191(82.7%)	1.00	0.006
	18-19	111(27%)	300(73%)	1.77(1.17-2.64)	
Marital status	Single	108(19.7%)	441(80.3%)	1.00	0.000
	Married	43(46.2%)	50(53.8%)	3.51(2.21-5.55)	
Living arrangements	With family	102(19.5%)	421(80.5%)	0.35(0.23-0.53)	0.000
	Not family	49(41.2%)	70(58.8%)	1.00	
Have own income	Yes	33(36.7%)	57(63%)	2.13(1.32-3.4)	0.002
	No	118(21.4%)	434(76.6%)	1.00	
Ever had sexual intercourse	Yes	56(42.4%)	76(57.6%)	3.21(2.13-4.85)	0.000
	No	95(18.6%)	415(81.4%)	1.00	
Exposed for SRH information	Yes	130(29.5%)	310(70.5%)	3.61(2.2-5.93)	0.000
	No	21(10.4%)	181(89.6%)	1.00	
Discussion of SRH issues	Yes	118(29.6%)	281(70.4%)	2.67(1.74-4.08)	0.000
	No	33(13.6%)	210(86.4%)	1.00	
Perception for SRH risk	Yes	94(32%)	200(68%)	2.39(1.64-3.49)	0.000
	No	57(16.4%)	291(83.6%)	1.00	
Knowledge of SRH facility	Yes	118(32.8%)	242(67.2%)	3.67(2.4-5.62)	0.000
	No	33(11.7%)	249(88.3%)	1.00	
Awareness of SRH services	Yes	133(31.1%)	295(68.9%)	4.9(2.9-8.29)	0.000
	No	18(8.4%)	196(91.6%)	1.00	
Distance from Health facility	Short walking	13(13%)	86(87%)	1.00	0.057
	Medium	69(22%)	245(78%)	1.86(1.49-5.45)	
	Very far	69(30.1%)	160(69.9%)	2.85(1.49-5.45)	

COR= Crude Odd Ratio,

All variable that showed association in bivariable model were entered to multivariable binary logistic regression. After controlling for the effect of confounders, exposed for information, awareness of SRH services, knowledge of SRH facility and distance of SRH clinics from their schools were show statistically significant association at p-value <0.05. Exposing for SRH information was reported positively associated with SRH service utilizations than those not exposed for SRH information (AOR= 2.11, 95% CI: 1.22-3.66). Adolescent student knows SRH facility that provides SRH service were more likely to utilize services than those don't know facility with (AOR=1.83 95% CI: 1.12-3.0). The likelihood of SRH utilization were two time more likely among adolescent know SRH service components than those don't know service components with (AOR=2.76 95%, CI: 1.53-4.97). Adolescent students far from SRH clinics were two times more likely to use the SRH services than those being near for SRH clinics with (AOR=2.28 95%, CI: (1.13-4.62) (Table 6).

Table 6 Multivariable binary logistic regression analysis of SRH service utilization among secondary school students in Haramaya District, Eastern Ethiopia 2020

Variable	Category	Utilization		COR,95%CI	AOR.95%CI
		Yes	No		
Exposed for SRH information	Yes	130(29.5%)	310(70.5%)	3.62(2.2-5.93)	2.11(1.22-3.66) *
	No	21(10.4%)	181(89.6%)	1.00	1.00
Awareness of SRH facility	Yes	118(32.8%)	242(67.2%)	3.67(2.4-5.62)	1.83(1.12-3.0) *
	No	33(11.7%)	249(88.3%)	1.00	1.00
Awareness of SRH services	Yes	133(31.1%)	295(68.9%)	4.9(2.9-8.29)	2.76(1.53-4.97) *
	No	18(8.4%)	196(91.6%)	1.00	1.00
Distance from Health facility	Short walking	13(13%)	86(87%)	1.00	1.00
	Medium	69(22%)	245(78%)	1.86(0.98-3.53)	1.63(0.81-3.24)
	Very far	69(30.1%)	160(69.9%)	2.85(1.49-5.45)	2.28(1.13-4.62)*

AOR= Adjusted odd ratio

*=statistically significant at p value<0.05

5. DISCUSSION

The magnitude of utilization of Sexual and Reproductive health services was found 23.5% (95% CI: 20, 26.8). More than half 62.8% were encountered male adolescent students. 42.4% of the students who previously had sexual intercourse were report utilization of sexual and reproductive health services.

The finding of this study is found consistent with similar studies conducted in Nepal, Woreta town North Gonder, Nekemte and study conducted in Mekele where adolescent SRH service utilization ranged from 21.2-24.6% (Napit et al., 2020, Abate and Ayisa, 2019, Binu et al., 2018, Bilal et al., 2015). Result from this study is also found higher than similar study conducted in Nepal (9.2%) and study conducted in Malaysia (6.9%)(Othman et al., 2019b, Bam et al., 2015a).

However this finding is lower than studies conducted in South West Oromia (36.5%), Hadiya Zone (38.5%) and study conducted in Bahar Dar (32%) of participants utilized at least one types of SRH services respectively (Birhan et al., 2018, Cherie et al., 2015, Abebe and Awoke, 2014b). This variation may be due to participant socio cultural & demographic characteristic which includes residence, access to information and other, difference in source population (some study was use 15-24 years) age of study participant and difference in study setting.

The most utilize SRH service components was Information, Education and counselling on SRH (80.1%) which is almost similar with study conducted in Anchar district, VCT is also the second utilized SRH service components 53% this is also consistent finding with similar studies conducted in Hadiya (68.9%), Nekemte (59.2%) and woreta (55.3%) but different from studies conduct in Nepal and Awbel (Ayehu et al., 2016, Abate and Ayisa, 2019). This discrepancy might be due to socio demographic difference, residence and cultural variation.

In multivariate analysis factors reported significantly associate with SRH service utilization were exposed for SRH information, knowledge of SRH facility and knowledge of SRH service components. Being exposed for SRH information was reported significantly associated with service utilization. This finding is comparable with study conducted in Harar (Motuma et al., 2016). Different source of information can increase adolescent awareness on SRH issues. Utilization of SRH was higher among the Adolescent who heard SRH information from different sources. This might strengthen the general expectation that having

information is very importance before practice and lack of information have influence on service utilization.

The other notable finding of this study is awareness of specific services components and SRH facility which provide those services increases SRH services utilization as its confirmed in both bivariate and multivariate analysis of this study. Awareness among participant might be a reflection for utilizing of SRH services. Similar studies conducted in Malaysia, Gondar and Hadiya revealed comparable finding with these results. The need to increase adolescent awareness and build their knowledge of SRH service in order to increase utilization is very important (Othman et al., 2019b, Cherie et al., 2015, Feleke et al., 2013). Lack of awareness of SRH service components among adolescents and where to go to use those services are the main reason for low uptake of adolescent SRH services.

On the other hand, this study suggested being far to SRH facility were reported two times more likely to utilize SRH services than being near to SRH facilities. This is also in line with similar study conducted in Bahar Dar. This indicates that geographic accessibility only does not imply the utilization of health services. whereas other studies conducted in woreta and Awbel reversely reported that adolescent people near to health facility were more likely to utilize SRH services(Abate and Ayisa, 2019, Ansha et al., 2017, Feleke et al., 2013). This variation may be due to difference in socio cultural norms, lack of decision to go to facilities and fear of adolescent to be seen by community members due to low understanding of adolescent reproductive health needs in the community.

6. STRENGTHS AND LIMITATIONS OF THE STUDY

6.1 Strength of the study

- The study used primary data to assess SRH services utilization by adolescents

6.2 Limitation of the study

- Due to the sensitive nature of the study, respondents may not give an honest response as required. This might underestimate the prevalence of SRH service utilization. A privately self-administered structured questionnaire in local language was used to obtain information.
- Knowledge about SRH services is not measured with comprehensive questions
- It cannot indicate the direction of causal relationship due to the study method.

7. CONCLUSION AND RECOMMENDATION

7.1 Conclusion

The overall result of the study shows 23.5% of secondary school adolescent had utilized SRH services. The most utilized services were SRH Information Education and counselling followed by VCT services. Exposing for SRH information, knowledge of reproductive health facility and knowledge of SRH service components were factors significantly associate with SRH services utilization.

7.2 Recommendation

- Zonal and Haramaya district health bureau should work together to increase awareness creation about adolescent SRH services
- The school-based health program should be strength in order to provide SRH information for adolescent students.
- Health care providers should support school-based health programs which helps to increase information about available SRH services for adolescent in RH facilities.

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9.1 Annex I: Information Sheet and informed voluntary consent form for the head of schools

My name is _____. I am working as a data collector for the study being conducting in Sexual and reproductive health service utilization and associated factors in

your secondary schools by Chaltu Abdurrahman who is studying for her Master's degree at Haramaya University, Collage of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about this study and study participant.

The study title: Utilization of Sexual and Reproductive Health Service and Associated Factors among Secondary School Adolescents in Haramaya District.

Purpose of the study: The main aim of this study is to write a thesis as a partial requirement for the fulfillment of a master's degree in Reproductive Health for the principal investigator. Moreover, the result of the study will be used as evidence and input to plan for improvement of SRH service to adolescent.

Procedure and duration: self-administered questionnaires on utilization of sexual and reproductive health service which contains about 50 questions will be divided in to three parts. These questions will take about 20-30 minutes to fill this.

Risks and benefits: The risk of participating on this study is very minimal, but only takes few minute from participants. There would not be any direct payment for participants. But, the findings from this research will reveal important information to improve adolescent sexual and reproductive health.

Confidentiality: The information that will be collected from this study will be confidential. There will be no information that will identify the person in particular. The findings of the study will be general for the study community and will not reflect anything particularly of individual person. The data that we gather from them will exclude showing names.no reference will be made which link the participant to the research.

Rights: Participation for this study is fully voluntary. You have the right to permit and not this study to be conducted. If you permit you the right to stop the study from going on if you encounter something wrong will encounter.

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

Principal investigator: Chaltu Abdurrahman chaltuabd56@gmail com

Mobile phone: +251-910-100-417

Institutional Health Research Ethics Review Committee; Office phone: +251-254-66-2011

P.O. Box 235, Harar, Ethiopia

Declaration of informed voluntary consent:

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

Name and signature of head of participant _____

Name and Signature of data collector _____

9.2 ANNEX II: Information Sheet and informed voluntary consent form for the participants 18 years and above.

My name is _____. I am working as a data collector for the study being conducting in Sexual and reproductive health service utilization and associated factors in your secondary schools by Chaltu Abdurrahman who is studying for her Master's degree at Haramaya University, Collage of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about this study and study participant.

The study title: Utilization of Sexual and Reproductive Health Service and Associated Factors among Secondary School Adolescents in Haramaya District.

Purpose of the study: The main aim of this study is to write a thesis as a partial requirement for the fulfillment of a master's degree in Reproductive Health for the principal investigator. Moreover, the result of the study will be used as evidence and input to plan for improvement of SRH service to adolescent.

Procedure and duration: self-administer questionnaires on utilization of sexual and reproductive health service which contains about 50 questions divided in to three parts. These questions will take about 20-30 minutes to fill this. So I kindly request you to spare me this time to this question.

Risks and benefits: The risk of participating in this study is very minimal, but only takes few minute from participants. There would not be any direct payment for participants. But, the findings from this research will reveal important information to improve adolescent sexual and reproductive health.

Confidentiality: The information that will be collected from this study will be confidential. There will be no information that will identify you in particular. The findings of the study will be general for the study community and will not reflect anything particularly of individual person. The data that we gather from them will exclude showing names.no reference will be made which link the participant to the research.

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

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

Principal investigator: Chaltu Abdurrahman chaltuabd56@gmail com

Mobile phone: +251-910-100-417

Institutional Health Research Ethics Review Committee; Office phone: +251-254-66-2011

P.O. Box 235, Harar, Ethiopia

Declaration of informed voluntary consent:

I have read/was read the information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the right of participation and the contact address for any queries. I have been given the opportunity to ask any questions for things that may have been unclear. I was informed that I can terminate the study at any time. Therefore, I declare my voluntary consent to involve in this study to be conducted in this community with my signature as indicated below.

Name and signature of participant _____

Name and Signature of data collector _____

9.3 ANNEX III: Information sheet and consent for Parents/guardian of student age < 18years participant

My name is _____. I am working as a data collector for the study being conducting in Sexual and reproductive health service utilization and associated factors in your secondary schools by Chaltu Abdurrahman who is studying for her Master's degree at Haramaya University, Collage of Health and Medical Sciences. I kindly request you to lend me your attention to explain you about this study and study participant.

The study title: Utilization of Sexual and Reproductive Health Service and Associated Factors among Secondary School Adolescents in Haramaya District.

Purpose of the study: The main aim of this study is to write a thesis as a partial requirement for the fulfillment of a master's degree in Reproductive Health for the principal investigator. Moreover, the result of the study will be used as evidence and input to plan for improvement of SRH service to adolescent.

Procedure and duration: self-administer questionnaires on utilization of sexual and reproductive health service which contains about 50 questions divided in to three parts. These questions will take about 20-30 minutes to fill this. So I kindly request your child to spare me this time to this question.

Risks and benefits: The risk of participating on this study is very minimal, but only takes few minute from your child. There would not be any direct payment for participants. But, the findings from this research will reveal important information to improve adolescent sexual and reproductive health.

Confidentiality: The information that will be collect from this study will be confidential. There will be no information that will identify the person in particular. The findings of the study will be general for the study community and will not reflect anything particularly of individual person. The data that we gather from them will exclude showing names.no reference will be made which link the participant to the research.

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

Contact address: If there is any question or enquires any time about the study or procedures, please contact in this address.

Principal investigator: Chaltu Abdurrahman chaltuabd56@gmail com

Mobile phone: +251-910-100-417

Institutional Health Research Ethics Review Committee; Office phone: +251-254-66-2011

P.O. Box 235, Harar, Ethiopia

Declaration of informed voluntary consent:

I have read read the information sheet. I have clearly understood the purpose of the research, the procedures, the risks and benefits, issues of confidentiality, the right of participation and the contact address for any queries. I have been given the opportunity to ask questions for things that may have been unclear. I understood that my child has the right to withdraw from the study at any time or not to answer any question that he/she does not want. Therefore, I declare my voluntary consentfor my child to participate in this study with my initial (signature) as indicated below.

Name and signature of parent/guardian _____

Name and Signature of data collector _____

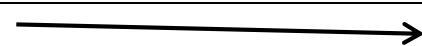
9.4 ANNEX V: English Version of questionnaire

Study check list to assess utilization of sexual and reproductive health service and associated factors among secondary school adolescent students in Haramaya District Eastern Ethiopia.

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

Date of the check list filled (dd /mm/yyyy): ____/____/____



Part I Socio Demographic, school and socio economic Characteristics			
Ser. No	Questions	Answers	Skip in
101	Gender?	1. Male 2. Female	
102	What is your current age in years?	_____ completed years	
103	What is your current level of Educations?	1. Grade 9 2. Grade 10 3. Grade 11 4. Grade 12	
104	What is your marital status?	1. Single 2. In relationship 3. Married 4. Divorced 5. Widowed 6. Others_____	
105	What is your religion?	1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Others(specify)_____	
106	What is your Ethnicity?	1. Oromo 2. Amhara 3. Guragie 4. Tigrie 5. Others(specify)_____	


107	What is your mother educational status?	1. No formal education 2. Elementary school 3. Secondary school 4. College and above	
108	What is your father educational status?	1. No formal education 2. Elementary school 3. Secondary school 4. College and above	
109	What is your mother's occupation?	1. House wife 2. Merchant 3. Farmer 4. Government employe 5. Other specify _____	
110	What is your father's occupation?	1. Farmer 2. Merchant 3. Government Worker 4. Other _____	
111	Parent residence	1. Urban 2. Rural	
112	Are you currently living with your mother and father together?	1. Yes  2. No	if yes skip to 114
113	if no with whom do you live with	1. With my mother only 2. With my father only 3. With friends 4. With relatives 5. Alone, house rent 6. Others _____	
114	Do you have your own Income	1. Yes 2. No	
115	Average monthly family income	_____ birr	

	Current house hold wealth		
	1. Does your household have Electricity	1. Yes 2. No	
	2Television	1. Yes 2. No	
	3.....Radio	1. Yes 2. No	
	4.....Mobile phone	1. Yes 2. No	
	5.....refrigirator	1. Yes 2. No	
	7.Own living house	1.Yes 2.No	
	8.....agriculturar land	1. Yes 2. No	if no skip to10
	9.....if yes how many hectar	_____	
	10.....Domestic animal	1. Yes 2. No	
	11.....own vehicle	1. Yes 2. No	
	12. Type of fuel use for cooking	1. Wood 2. Electricity	
	13 Water source	1. Pipe in compound 2. Non-pipe in compound 3. Non-pipe out of compound	
	14. Type of floor	1. Cement 2. Soil/mud 3. Ceramic	
	15. Type of wall	1. Cement 2. Mud 3. Other (specify) _____	
	16. Type of roof	1. Textile 2. Concrete 3. Iron sheet 4. Other (specify)_____	
	17. Toilet facility	1. Sanitary/improved pit latrine 2. Unsanitary/traditional latrine	
	18. Share this toilet facility with other households	1. Yes 2. No	

Part II Individual characteristics and service utilization of sexual and reproductive health

201	Where do you learn about Puberty or the period which adolescent reach sexual maturity?	1. Family 2. School teachers 3. Friends	
-----	--	---	--

		4. Media 5. Other specify_____	
202	Have you ever had boy/girl friend?	1. Yes 2. No	
203	Have you ever had sexual intercourse	1. Yes 2. No 	if no skip to Q 205
204	Influence factors for 1 st intercourse	1. Love relation ship 2. Peer influence 3. forced 4. Substance abuse 5. Others_____	
205	Have you ever exposed to information about sexual and reproductive health issues?	1. Yes 2. No	
206	Which source of information did you expose for SRH issues?	1. Family 2. peers 3. School Teachers 4. Health providers 5 Media	
207	Have you ever discussed any of SRH topics?	1. Yes 2. No	
208	If yes which types of SRH service, you discussed?	1. Abstinence 2. Contraceptive 3. STI/HIV 4. Condom, 5. Unwanted pregnancy	
209	With whom had you ever discussed SRH topics?	1. Family 2. Peers 3. Health Workers 4. Boy/Girl friend 5. Teachers	
212	Based on prior risky behaviours, Do you perceive yourself as risks for acquiring HIV/AIDS?	1. Yes 2. No	
213	Do you know any reproductive health	1. Yes 2. No 	if No skip to216

	service providing facility?		
214	If yes who told you?	1. Parent 2. Friend 3. Teacher 4. From media 5. from notice board 6. Other(specify)	
215	Do you know any sexual and reproductive health services?	1. Yes 2. No 	if no skip to 219
216	If yes who told you?	1. Parent 2. Friend 3. Teacher 4. From media Read 5. from notice board 6. Other(specify)	
217	Which SRH services do you know?		
	1. Contraceptive including condoms)	1. Yes 2. No	
	2. Voluntary counselling and testing HIV(VCT)	1. Yes 2. No	
	3. Treatment of sexually transmitted	1. Yes 2. No	
	4. Counselling and information service	1. Yes 2. No	
	5. Pregnancy test and care	1. Yes 2. No	
	6. Abortion care	1. Yes 2. No	
218	Is there a centre or club for information and education about SRH in your school?	1. Yes 2. No	
219	Is there SRH clinics in your schools?	1. Yes 2. No	
220	How far is sexual and reproductive clinic from your schools?	1. Short walking distance 2. Medium 3. Very far	

Part III Utilization of Sexual and Reproductive service

301	Have you visited any sexual and reproductive health service facility?	1. Yes 2. No	
302	Have you utilized any of SRH services in the last 12 months	1. Yes 2. No →	if No You Finished question
303	Counselling and information services	1. Yes 2. No	
304	Family planning/ Contraceptive service	1. Yes 2. No	
305	Voluntery Counselling and Testing service	1. Yes 2. No	
306	pregnancy test and care	1. Yes 2. No	
307	Diagnosis and treatment of STI	1. Yes 2. No	
308	Abortion care service	1. Yes 2. No	
309	Would you return to health facility again?	1. Yes → 2. No	If yes Skip to Q 309
310	What the reasons are for won't return to SRH facility?	1. Takes too much time 2. Too difficult to get there 3. Too embarrassing 4. Not enough privacy 5. Mistreated by staff 6. No staff of the same sex available 8. Other(specify)_____	
311	Have you ever missed any sexual and reproductive health service you required?	1. Yes 2. No →	if No Finished thank you

Thank you

9.5 Annexes VI: Afan Oromo version participant Information sheet and consent/ assent form Uunkaa gucaa odeeffannoo hirmaattota fi fedhii hirmaanna (dargagoota wagga 18 olii)

Maqaan koo_____ An kaniin hojjachaa jiruu qoranno tajajila fayya walhormatta dargagoota qorachuu irrattii dha. Waraqaan qorannoo kun yuunivarsiitii Haramayaa kolleejjii saayinsii fayyaatti hawaasaatiin Digrii lammaffaa ittiin eebbifamuuf Caaltuu Abdurahmaniin gaggeeffammaa jira. Anis qoranno kanaafiin odeeffannoo yeroo walitii qabachuutti jira. Kanaaf atiis hirmaataa qorannoo kanaa taatee waan filatamteef gaaffilee qorannoo dhihessuu kotiin dura haala fi maalummaa qorannichaa akka armaan gadittii ibsuufiin yaala.

Mata duree Qorannichaa:- Tajajila fayya qama hormatta dargagoota mana barumsa sadarkaa lammaffa Haramayaa barattan maal akka fakkatu qorachuu dha.

Kaayyoo Qorannichaa:- Kaayyoon qorannoo kanaa inni guddaan Fayyaa Hawaasaatiin Digrii 2^{ffaa} argachuu yoo ta’u, bu’ura qorannoo kanaa kan tahee fayadamiinsa tajajila fayya qama hormatta dargageysa maal akka fakkattu qorachufi rakkoowwan dhufaanin wal qabattu addan basuun karoora fuula duraaf bu’ura ka’uudha.

Adeemsa qorannichaafi yeroo innii fudhatu. Qorannoon kun kan adeemsifamu Haramayaa Yunivarsiiti keessatti yoo ta’u gaaffileen qorannoo kanaa irra caalattii mata durewwaan armaan gadii kanin siif dhihessuu irrattii xiyyeefata.kunis haala waligalaa hawasumma, haala dhunfa fi haala sirna tajajila fayya kan of kessatii qabatanidha.kanaaf gaaffiilee kanaaf deebii nu kennun daqiiqaa 40 tilmamaan waan fudhatuuf kabajaan akka nu wajjin turtan isiin gaffanna.

Bu’aa fi miidhaa Qorannoon kun fiduu daanda’u Qorannoo kana keessatti hirmaachuu fi odeeffannoo keennuun midhaa tokkollee waan isinirraan ga’u hin qabu. Garuu qoraannoo kun yeroo kessan irraa hanga tokko isin jaalaa fudhata. Qorannoo kana irratti hirmaachuun wanti kafalamu ykn kennamuu humaatuu hin jiru. Garuu bu’aan qorannoo kanaa odeeffannoo waltawaa qaamolee motummaas ta’ee miti motummaa roga kanarratti hojjetaniif argamsisuun karoora fula duraaf bu’ura kaa’uu danda’a.

Iccitti Odeeffaniichaa

Odeeffannoon qorannoo kanaaf funaanama jiruu hunduu iccittiin isaa kan eegamedha. Namoonni odeeffannoo kana yammuu kennan maqaan isaanii hin barreeffamu, garuu odeffannoon isaanii mallattoo addaan gargar baafamee taa’a. Itti dabaluu odeeffannoo kana nama qoranna adeemsisuun ala namni kamiyyuu akka hin-arginettii taa’a. akkasumaas odeffannoon kun dhimma barbadameef qofaaf ola.

Mirrga qorannoo irratti hirmaachuufi hirmachuu dhisuu

Qorannoo kana irratti hirmaachuufi hirmaachu dhisuun guutumaa gututtii fedhii irratti waan hundaa'eef gaaffii debiisuu hin barbaannee irra taruu dandessuu akkasumaas yeroo feetanitti gafficha addaan kutanii bahuun ni dandaa'ama.

Tessoo: Waa'ee qoraanno kana ilaalchisee gaafiis ta'ee yaada yoo qabaattan teessoo armaan gadii kanaan nu argachuu dandessuu.

Maqaa qorataa:- Caaltuu Abdurahman

Tessoo: - **Harar/Haramaya Yuniversitii**

Bilbila: - **0910100417**

Email: - chaltuabd56@gmail.com

Institutional research ethics review committee (IHRERC): lakk.Bilbilaa: 0254662011

Lakk.Sanduqaa postaa: 235, Harar

Koree J/Galeessa Qorannoofi Qoranaa

- Yuunivarsistii Haramayaa (LSP 235) Bilbila 025-666/899

Yuniversitii Haramaya Kollejji Saayinsii Fayyaa

Hayyamamoota'uu hirmaattoota mirkanessu

Unkaa hirmaattotaa sirriitti hubadheen jira. Akkasumaas kaayyoo adeemsaa, iccittii, mirgaa fi bu;aa qorannoo kanaa sirriitti hubadheen jira.wantoota naaf hin galiin gaafachuufiis carraan naaf kennamera.kanaaf odefannoo armaan olittii kenname kana bu'uura godhachuun qoranno kana irrattii hirmachuuf fedhii kottiin akka armaan gadii kanatii mallattoo kiyyaaniin mirkanessa

Mallattoo hirmaataa _____ Guyyaa

Mallattoo odefannoo funaanaa _____guyyaa_____

9.6 Annexes VII: Afan Oromo version parents/guardian Participant Information sheet and consent form

Uunkaa gucaa odeeffannoo hirmaattota fi fedhii hirmaanna (abbaa/haadha/guddiftoota)

Maqaan koo_____ An kaniin hojjachaa jiruu qoranno tajajila fayya walhormatta dargagoota qorachuu irrattii dha. Waraqaan qorannoo kun yuunivarsiitii Haramayaa kolleejjii saayinsii fayyaatti hawaasaatiin Digrii lammaffaa ittiin eebbifamuuf Caaltuu Abdurahmaniin gaggeeffammaa jira. Anis qoranno kanaafiin odeeffannoo yeroo walitii qabachuutti jira. Kanaaf atiis Abba/haadh/guddiftoota hirmaataa qorannoo kanaa taatee waan filatamteef gaaffilee qorannoo dhihessuu kotiin dura haala fi maaluummaa qorannichaa akka armaan gadittii ibsuufiin yaala.

Mata duree Qorannichaa: - Fayadamiinsa Tajajila fayya qama hormatta dargagoota mana barumsa sadarkaa lammaffa Haramaaya barattan maal akka fakkatu qorachuu dha.

Kaayyoo Qorannichaa: - Kaayyoon qorannoo kanaa inni guddaan Fayyaa Hawaasaatiin Digrii 2^{ffaa} argachuu yoo ta'u, bu'ura qorannoo kanaa kan tahee fayadamiinsa tajajila fayya qama hormatta dargageysa maal akka fakkattu qorachufi rakkoowwan dhufaanin wal qabattu addan basuun karoora fuula duraaf bu'ura ka'uudha.

Adeemsa qorannichaafi yeroo innii fudhatu. Qorannoon kun kan adeemsifamu Haramayaa Yunivarsiiti keessatti yoo ta'u gaaffileen qorannoo kanaa irra caalattii mata durewwaan armaan gadii kanin siif dhihessuu irrattii xiyyeefata.kunis haala waligalaa hawasumma, haala dhunfa fi haala sirna tajajila fayya kan of kessatii qabatanidha.kanaaf gaaffiilee kanaaf deebii nu kennun daqiqaa 40 tilmamaan waan fudhatuuf kabajaan akka nu wajjin turtan isiin gaffanna.

Bu'aa fi miidhaa Qorannoon kun fiduu daanda'u Qorannoo kana keessatti hirmaachuu fi odeeffannoo keennuun midhaa tokkollee waan isinirraan ga'u hin qabu. Garuu qorannoo kun yeroo kessan irraa hanga tokko isin jaalaa fudhata. Qorannoo kana irratti hirmaachuun wanti kafalamu ykn kennamuu humaatuu hin jiru. Garuu bu'aan qorannoo kanaa odeeffannoo waltawaa qaamolee motummaas ta'ee miti motummaa roga kanarratti hojjetaniif argamsisuun karoora fula duraaf bu'ura kaa'uu danda'a.

Iccitti Odeeffaniichaa

Odeeffannoon qorannoo kanaaf funaanama jiruu hunduu iccittiin isaa kan eegamedha. Namoonni odeeffannoo kana yammuu kennan maqaan isaanii hin barreeffamu, garuu odeeffannoon isaanii mallattoo addaan gargar baafamee taa'a. Itti dabaluu odeeffannoo kana

nama qoranna adeemsiisuun ala namni kamiyyuu akka hin-arginettii taa'a. akkasumaas odefannon kun dhimma barbadameef qofaaf ola.

Mirrqa qorannoo irratti hirmaachuufi hirmachuu dhisuu

Qorannoo kana irratti hirmachuufi hirmaachu dhisuun guutumaa gututtii fedhii irratti waan hundaa'eef gaaffii debiisuu hin barbaannee irra taruu dandessuu akkasumaas yeroo feetanitti gafficha addaan kutanii bahuun ni dandaa'ama.

Tessoo: Waa'ee qoraanno kana ilaalchisee gaaffiis ta'ee yaada yoo qabaattan teessoo armaan gadii kanaan nu argachuu dandessuu.

Maqaa qorataa: - Caaltuu Abdurahman

Tessoo: - **Harar/Haramaya Yuniversitii**

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Mallattoo abba/hadha/guddiftot _____ Guyyaa _____

Mallattoo odefannoo funaanaa _____ guyyaa _____

9.7 Annexes VIII: Afan Oromo version questionnaire

Gaafillen Kun kan qophawaan itti fayyadaminsa fayya waalhormaatta dargagotta mana barumsa sadarka lammaffa barattan qorachufi.

Qajelfama: gaafille kana dubisitti kan sirri ta'eetti marsi

Ajaja ce'ii jedhu hoordofi

Kutaa 1: Haala waligala hawaasummaa fi barnoota			
Lak k.	Gaaffii	Deebii (Koodii)	Darbi
101	Saalli kee maali?	1. Dhira 2. Dhalaa	
102	Umriin kee yeroo ammaa meeqa?	_____waggaa	
103	Sadarka barnoota keetti maali?	1. Kutta 9ffa 2. Kutta 10ffa 3. Kutta 11ffa 4. Kutta 12ffa	
104	Haallii fudhaa fi Heeruma keetii yeroo ammaa maalii?	1. Hin heerumne/hin fuune 2. Hirriya qaba 3. Heerume/ fuudhe	
105	Amantaan kee maalii?	1. Muslima 2. Orthodoxi 3. Protestantti 4. Kattoliki 5. Kanbirra (Ibsi)_____	
106	Sabni kee maalii	1. Oroomo 2. Amharaa 3. Guraage 4. Tigree 5. Kan bira(Ibsi)_____	
107	Sadarka barnoota hadha/harme keeti maaalii?	1. Barnotta iddile hin barane 2. Sadarkaa tokkofa barattan 3. Sadarkaa lammaffa barattan 4. College fi issa ol barattan	
108	Sadarka barnoota aabba keeti maaalii?	5. Barnotta iddile hin barane 6. Sadarkaa tokkofa barattan 7. Sadarkaa lammaffa barattan 8. College fi issa ol barattan	

109	Haallii hojii hadha/harmee keetti maalii?	1. Hadhaa mana 2. Daldala dhunffa 3. Qonnan bulla 4. Hojjettu mottuma 5. Kan birra (ibsi)_____	
110	Haallii hojii abba keetti maalii?	1. Qonnan bulla 2. Daldala dhunffa 3. Hojjetta mottuma 4. Kan birra (ibsi)_____	
111	Bakka jirrenya maatti keetti eessa?	1. Magaala 2. Baadiyaa	
112	Atti amma hadha fi abba kee waalin jiratta?	1. Eeyen 2. Lakki	eeyen yoo jaatte 113tti darbi
113	Yoo lakki jette eenyu waalin jiracha jirtta?	1. Hadha koo qofaa waalin 2. Abba koo qofa waalin 3. Hirriyaa koo waalin 4. Fiira waalin 1. Koba kiyyan jiradha mana kiireffadhe 5. 6. Kan biro(ibsi)_____	
114	Galii dhunfa kee niqabda?	1. Eeyen 2. Lakki	
115	Gali ji'aa maatti keetti jidugalessa/ Qabeenya mana keessa	qarshi _____	
	1. mana keessan Ifaa electrikii jira?	1. Eeyyeen 2. Hin qabnu	
	2.Televizhini	1. Eayyen 2. Hin qabnu	
	3.....Raadiyooni	1. Eeyyeen 2. Hin qabnu	
	4.....bilbila moobayili	1. Eeyyeen 2. Hin qabnu	
	5.....Rifirejiretera/Firiijii	1. Eeyyeen 2. Hin qabnu	
	6.....maashini huucu miicuu	1. Eeyyen 2. Hin Qabnu	
	7..... Mana jireenyaawoo	1. Eeyyen 2. Hinqabnu	

	dhunfa?		
	8.....lafa qoona?	1. Eeyyen 2. Hinqabnu	yoo hinqabnu jatte 10tti darbi
	9.....yoo eeyye jette hektarii meeqa?	_____?	
	10.Beeylada mana?	1. Eeyyen 2. Hinqabnu	
	Yoo eeyen jatte maal faadha?	1. Loon 2. Saa'a aanani 3. Re'ee 4. Hoola 5. Kan bira _____	
	11. Konkolaataa ni qabdani	1. Eeyyeen 2. Hin qabnu	yoo hin qabnu 12tti dabri
	Gosa konkolaatichaa?	1. Baajaajii 2. Doqdoqee 3. Makiinaa	
	12. Gosa boba'aa nyaata bilcheessuuf fayyadamtan	1. Qoraan 2. Humna Ibsaa (Elektirika)	
	13. Bishaan fayyadamtan	1. Bishaan boombaa qeeya keessaa 2. Bishaan boombaa hin taane 3. Bishaan boombaa hin taane qeeyan ala	
	14. Keessi mana/ lafa mana	1. Simintoo 2. Biyyoo/Dhoqqee 3. Seeraamikii	
	15. Keessin manaa ykn giidaara mana	1. Simintoo 2. Dhoqqee 3. kan biraa (Himi) _____	
	16. Gosa qinaaxxii/koornisii manaa	1. Uffata 2. Konkiriitii 3. Qorqoorroo 4. kan biraa (Himi) _____	
	17. Mana Fincaanii	1. Ammayyaa/Qulqullina isaa kan eeggate 2. kan aadaa/ qulqullina isaa kan hin eeggatiin	
	18. Mana fincaanii kana ollaa waliin fayyadamtuu?	1. Eeyyeen 2. Lakki	
kutta 2ffa gaafille haala dhunfa fi fayyadaminsa fayya saala fi waal hoormatta			
201	Wa'ee jijjirama ammalotta sal lammaffa akkamitti barte?	1. Matti koo irra 2. Barsisotta mana barumsaarra 3. Hirriyotta koo irra	

		4. Miidiya irra 5. Kan biro(ibsi)_____	
202	Hirriya ykn jaallalee qabda?	1. Eeyen 2. Lakki	
203	Waal qunamtti saalaa rawatte beekta?	1. Eeyen 2. Lakki	lakki.....207 darbi
204	Eeyen yoo jaatte Aakkamin rawwachu dandeyse?	1. Harriro jaalala waan qabnuf 2. Dhiibaa hiriyotta kottin 3. Dirqisisudhan 4. Macha'udhan 5. Kanbiro(ibsi)_____	
205	Wa'ee fayya walhormatta fi qama saalaa dhageeyse beekta?	1. Eeyen 2. Lakki	
206	Yoo dhageyse ta'ee essarra dhageyse?	1. Maatti koorra 2. Barsisotta manabarnotta irra 3. Oogeysa fayya irra 4. Tvirra 5. Radiyoo irra 6. Gaazexxa irra 7. Kanbiro(ibsi)_____	
207	Wa'ee saalaa fi wal-homatta kan asii gaditti ibsaman keessa yoo xiqaatte lama maati kee waalin mari'atte beekta? (fudha heeruma dura waalqunamtti saalaa gochu dhiisu, mala ulfa ittisu, wa'ee dhukuba waalqunamtti saalattin dadarbanfi HIV/AIDS, wa'ee coondomi, ulfa hin yaadamin)	1. Eeyen 2. Lakki	
208	Hirriyotta kee waalin hoo yoo xiqatte laman issa mar'atte beekta?	1. Eeyen 2. Lakki	
209	Oogeysa fayya waalin hoo marriatte beekta?	1. Eeyen 2. Lakki	

210	Kannen olitti ibsaman keessa yoo xiqaatte lamma hirriya/jaalale kee waalin maari'atte beekta?	1. Eeyen 2. Lakki	
211	Kannen olitti ibsaman keessa yoo xiqaatte lamma barsisotta mana barumsa kee waalin maari'atte beekta?	3. Eeyen 4. Lakki	
212	Rakkolle fayya walhormatta adda addattif saxilamu nin danda'a jatte ni yaada?	1. Eeyen 2. Lakki	
213	Iddo tajajili fayya waal hormatta fi saalaa ittin keenamu nibeekta?	1. Eeyen 2. Lakki	
214	Yoo beekta ta'ee eenyutu sitti hime?	1. Maatti koo 2. Hirriyoottakoo 3. Barsisottako 4. Media irra 5. Barrefamotta karra irra mul'attan 6. Kan biro yoo jiratte ibsi_____	
215	Tajajila fayya saala fi walhormatta ni beekta?	1. Eeyye 2. Lakki	
216	Yoo beekta ta'ee eenyutu sitti hime?	7. Maatti koo 8. Hirriyoottakoo 9. Barsisottako 10. Media irra 11. Barrefamotta karra irra mul'attan 12. Kan biro yoo jiratte ibsi_____	
217	Tajajila fayya walhormatta kannen arman gadii keessa kam beekta?		
	1. Qusana matti/ulfa ittisu	1. Eeyyen 2. Lakki	
	2. Gorsa biilisa fi qorranoHIV/AIDS	1. Eeyyen 2. Lakki	
	3. Dhukuba waal qunamtti saalattin	1. Eeyyen	

	dadarban yaalu	2. Lakki	
	Tajajila gorsa fi hubano adda adda keenu	1. Eeyyen 2. Lakki	
	Qorrano ulfa fi tajajila ulfa keenu	1. Eeyyen 2. Lakki	
	Taja jila ulfa baasu	1. Eeyyen 2. Lakki	
218	Kiilabin gorsa fi hubanno fayya walhormatta mana barumsa keessan keessa niirra?	1. Eeyen 2. Lakki	
219	Iddo yaala fayya waal horamta mana barumsa keessan ni jira?	1. Eeyen 2. Lakki	
220	Mana yaala fayya walhormatta mana barumsa kee irra hagam faggatta?	1. Hin fagattu/millan ni dhaqabama 2. Xiqqo fagatta 3. Bay'ee fagatta	
Part III Haala fayyadaminsa tajajila fayya walhormatta			
301	Mana yaala tajajila fayya walhormatta ittin keenamu deemte beekta?	1. Eeyen 2. Lakki	
302	Tajajila fayya saalaa fi walhormatta fayyadamte beekta?	1. Eeyyen 2. Lakki	lakki yoo jaate xumurte galatomi
Eeyen yoo jaate kannen arman gadi keessa maal fadha fayyadamte?			
303	Barnotta fi hubanoo walhormatta	1. Eeyen 2. Lakki	
304	kaarora maatti/ uulfa iittisu	1. Eeyen 2. lakki	
305	tajajila gorsaa bilisafi qoranno HIV/Eedsi	1. Eeyen 2. Lakki	
306	qorano fi hoordofi tajajila ulafaa	1. Eeyen 2. Lakki	

307	Qoranoo fi yaala dhukuba waal qunamtti saalattin dadarban	1. Eeyen 2. Lakki	
308	Tajajila uulfa addan kuutu	1. Eeyen 2. Lakki	
309	Tajajila argachuf debi'u ni yaada?	1. Eeyen 2. Lakki	
310	Yoo lakki jatte sababni hindeebinef maali?	1. Yerro bay'ee nama tursisu 2. Achii dhaqun bay'ee rakkisadha 3. Maalaqa bay'ee nama barbachisa 4. Nama riifachisa 5. Namattu nama arkuu danda'a 6. Oogessi fayya naman loolu 7. Oogeysa fayya saalan nutti barbanu hin arganu 8. Kan biro(ibsi)	
311	Tajajila fayya walhormatta argachu barbade osso hin argatti haafte ni jira?	1. Eeyen 2. Lakki	
312	Yoo eeyen jatte sababni issa maalture?	1. Rakkon na hin qunamne 2. Nan qanfadhe 3. Mani yaala ture 4. Tajajila barbadu nadhowaan 5. Ka bira(ibsi)	

Walumaagalattii wannin sii gafachuu barbaduu kanuma

Hirmannaa kessaniif bay'ee galatooma!

9.8 CURRICULUM VITAE

A. PERSONAL BACKGROUND

- Full Name Sr Chaltu Abdurahman Eli
- Date of Birth oct 6 1992
- Marital status married
- Nationality Ethiopian
- Place of birth Haramaya, E/Hararge Ethiopia.
- Living city Dire dawa
- Address 0910100417, chaltuabd56gmail.com

B. EDUCATIONL BACKGROUND

- Haramaya Almaz Boom primary school 1-8
- Haramaya senior secondary and preparatory school 9-12
- Hamlin college of midwife, midwifery BSc degree in 2011

C. Qualifications

- Bsc degree in Midwifery

D. WORK EXPERIENCE

- Five years in Kulubi health centre
- Two years in Dire Dawa university

E. LANGUAGE CAPABILITY

Language	Listining	Speaking	Reading	Writing
English	Excellent	Excellent	Excellent	Excellent
Afan Oromo	Excellent	Excellent	Excellent	Excellent
Amharic	Excellent	Excellent	Excellent	Excellent

F. COMPUTER SKIL

- Computer skill and software
- Teaching and lecturing.

G. SPECIALIZED TRAINING/EXPERIENCE RECEIVED 2012-2015

- PMTCT prevention of Mother to child Transmission of HIV
- MAMAN Minimum Activity for maternal and Newborn
- MIYCF maternal Infant and young child Feeding
- Long term family planning methods
- HMIS health management and information system
- IMNCI Integrated management of neonatal and child illness
- YFS Youth Friendly Service
- Participating on various review meetings.

H. HOBBIES

- Reading and sharing information with others.

I. REFERANCES

- Solomon Abebe Bsc/MPH lecturer at Hamlin Midwifery College 0911151916
- Sr marit Legesse Bsc/MSC lecture at Hamlin Midwifery College 0911457908
- Sr mebkiyu Tadesse, Hamlin midwife mentor, +251912033835

Approval Sheet

HARAMAYA

UNIVERSITY

POSTGRADUATE

PROGRAM

DIRECTORATE

Utilization of Sexual and Reproductive Health Service and associated Factors among secondary school Adolescent students in Haramaya District, 2019/2020

Submitted by:

Chaltu Abdurrahman

Name of student

Signature

Date

1. _____

Name of Major Advisor

Signature

Date

2. _____

Name of Co-advisor

Signature

Date

3. _____

Research Thematic Area Leader

Signature

Date

4. _____

Chairman, DGC/SGC

Signature

Date

5. _____

PGPD

Signature

Date