



 Research Article

## ASSESSMENT OF YOUTH REPRODUCTIVE HEALTH SERVICE PREFERENCES, ARBA BORDADE HEALTH CENTER GUMBI BORDERED WOREDA WEST HARARGHE, OROMIA REGION, ETHIOPIA

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### ABSTRACT

**Introduction;** Worldwide, young women and men suffer a disproportionate share of reproductive health problems, such as unplanned pregnancies, sexually transmitted diseases, including HIV/AIDS, and other serious reproductive health problems. Youth Reproductive Health Service is a special gift from the youth age group, young people all over the world are in need of much better education and health care related to reproduction.

**Methodology;** This cross-sectional community based descriptive study was conducted in West Hararghe, Gumbi Bordade woreda Arba Bordade Health Center, with the main objectives of assessing youth reproductive health service preferences and utilization. Based on probability proportionate to the population size of kebele, the lottery method was used to identify the study population by interviewing 239 youth selected by systematic sampling using per-structured questionnaires

**Result-** A total of 239 youth aged 15-24, 221 responded to the structured questionnaire, out of which 114 (51.6%) were male, with a male to female ratio of 1.14:1. Among the study participants, 140 (63.3%) were aged 15-19, and 38 (17.2%) were married. In the assessment of utilization and preference of the health institution, 96(43.4%) of the respondents

preferred to be served in governmental health institution and 69 (31.2%) of the youth indicated the need to rearrange in the existing health institution having separate youth health institution, and 93(42.1%) of the them preferred to be served by young and of the same sex.

**Conclusions:** -A high figure of the youth not served in the existing health institution for their reproductive health needs, even those who used to be served, they claimed that the existing health institutions were inconvenient and unattractive. Almost half of the respondents preferred the need for rearrangement of youth reproductive health institutions separately, and also to be served by young and the same sex health providers. Family health service, sexual education, partner relation guidance, information and education on STD/HIV AIDS and to having an information center were preferred by almost by all respondents.

## KEYWORDS

Service preferences, Youth health, Ethiopia.

## INTRODUCTION

### Background

The World Health Organization (WHO) defines adolescents into age groups between 10-19 years, youth as 15-24 and young people as 10-24 (UNICEF, 1997). As a result of remarkable achievements of the child, the survival and development revolution the world will live to become adolescents. Young people, 10-24 years old currently account for over 30% of the world's total population and trends are upward, particularly in the urban areas of developing countries (UNICEF, 1997).

During 1980, the world began to focus increasing attention on the needs and problems of young people. The united nation named 1985 the international year of youth (Institute of Development Research, 1991). At the global level, the Program of Action of the International Conference on Population and Development, held in Cairo in 1994, placed great emphasis on the problems and needs of adolescents.

The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services (United Nations Economic and Social Council, 2001). In the same way UNICEF is concerned about youth because what happens during this period of growth and development has a profound impact on young people's health as adults and the health of their children, more over adolescents develop lifelong attitudes and behavior during this period of transition between child and adulthood (UNICEF,1997).

The second decade of life is a period of rapid growth and development for young people's

bodies, minds and social relationships (UNICEF, 1997). It is the period of grate opportunities, new ways of thinking about things, of new influences, of changing roles and responsibilities. The age between 15 and 24 years is a critical stage in a person's life, representing the transition from childhood to adulthood. During this



period, certain decisions that have an impact on an individual's future are made, including whether to stay in school, find employment, initiate sexual relations or try drugs, to name a few (United Nations Economic and Social Council, 2001).

There is growing evidence from around the world that even if young people want to act in ways that promote their health, they often have formidable barriers to overcome before they can turn their intentions into action. Once they have acquired the knowledge, have developed the life skills and are motivated to act in ways that promote their health and development, the services that they need are frequently either nonexistent or inappropriate (Institute of Development Research, 1991).

Young people aged between 10 and 24 account for approximately 30 percent of the world's population,

Approximately 1.7 billion people in total, but are by no means a homogeneous group. At the lower end of the age range, they consist of pre-teenage girls and boys, most of whom are not yet sexually active. At the upper end, they consist of physically and sexually mature young women and men, virtually all of whom have been sexually active for several years and in many cases have children of their own (Glen. W and Amanda. M, 2001).

Young people all over the world are in need of much better education and health care related to reproduction. This is clear from the alarming evidence about abortion, the hazards of early pregnancy and the incidence of sexually transmitted disease, the incidence of which is increasing helped by ignorance, fear, shortage of drugs and inadequate treatment and increasing sexual activity.

Estimates suggest that somewhere between 30 million and 35 million abortions take place each year throughout the world, and approximately half of them are illegal. A substantiation proportion of all abortions is performed on teenagers (Institute of Development Research, 1991).

Despite global calls for action, the barriers to young people's access to information, counseling skills and service related to reproductive health, HIV/AIDS and substance abuse remain unsolved. Many young men and women continue to see health services as inaccessible and irrelevant (UNEASC and Integrated approaches to youth reproductive health, 2001).

For sexually active youth, particularly those who are not married, obtaining relevant reproductive health services is often difficult. Few clinics are designed, or even willing, to provide services to young people. Many of them are consequently left with an unmet demand for contraception and other reproductive health services. Adult discomfort with young people's sexuality is almost universal, and there are similar difficulties in speaking about substance abuse openly (UNEASC and Integrated approaches to youth reproductive health, 2001).

The major challenge that young people today face is education; it is clear that without education young people are handicapped in finding jobs and even in taking care of their own families. employment; young people often have trouble in finding jobs. Unemployment among those under age 20 is 2 to 10 times as high among older workers. Marriage, is another major challenge and the age at which women marry is increasing in much of the world. This means more time for education, more time to learn job skills, and more time to mature physically and socially before starting families (Population information program and population report USA, 1995).

Regarding reproductive health, early sexual activity, which may be increasing in some countries, can expose young people to sexually transmitted diseases, unwanted pregnancy, life-threatening complications and risks from pregnancy and child birth, most common in very young mothers, more infant sickness and deaths, and social and economic handicaps for young parents and their children (Population information program and population report USA, 1995).

Young people are also increasingly exposed to drinking, smoking, drug use, and other activities, seemingly grown-up and sophisticated, and often disastrous (Population information program and population report USA, 1995). In most parts of the world, mid or late adolescence is a time for experimentation and risk-taking, often with little regard for the possible consequences. One feature common to young people in many parts of the world, however, is their potential vulnerability to HIV and other sexually transmitted diseases (Glen Williams and Amanda Milligan, 2001).

## METHODS AND MATERIALS

### The study area

The study was conducted in West Hararghe, Gumbi Bordered Worde Arab Bordade Health Center. Gumbi Bordade Administrative Woreda is one of the 17 in woreda in west Hararghe. It lies in the Southeast part of the country. Sharing boundaries with Afar Regional State to the North, with Guba koricha woreda to the South, Mieso to the East, and Ancar woreda and East Showa Zone to the west. In the Gumbi Bordade administrative Woreda, there are 1 urban kebeles and 28 rural kebeles having administrative resources. From those Arab Bordade kebele one of them. Gumbi Bordade, Woreda capital city Arab Bordade and the

study area is located at 280 km from Haramaya on the main road to Dire Dewa to Addis Ababa. There are three Health Centers in the Gumbi Bordered Woreda called the Bordade Health Center, Gololcha Health Center and Kora Health Center. All kebeles have their own health posts, and there are seven private health institutions. Gumbi Bordade woreda population size 87587 and the study kebele that is Arab Bordade population size are 3214 in 2018.

### Study design and Population

A descriptive cross-sectional community-based study was conducted to assess youth reproductive health service preferences.

The source populations for the study were all youth aged 15 to 24 years residing in Gumbi Bordade in Arba Bordade Kebele.

The proportion of youth constitutes 19.76 percent of the total population, therefore, the required study population from Arab Bordered kebeles was identified based on the sampling unit produced from these kebele, according to probability-proportion to size.

### OPERATIONAL DEFINITION

**Factors that affect service utilization:** This includes accessibility of the health institution, confidentiality of the service, fee charge for the service, service time, consistency of the service, waiting for the service

### Sample size and sampling procedure

All households in the Arab Bordade kebele will be marked then, and then a systematic sampling method (technique) will be used with a random start. The number of households of sampled kebeles is taken from the Arab Bordade kebele Administration. Expecting every household is to host at least one youth

who is a need youth center. The interval will be determined by the division of the total number of households in the study area, which will be estimated to be 635 by the sample number 239 which in an interval of every three households. Interviews will be conducted by face to face at the youth houses of those who will be eligible for the study.

### Data collection procedure

Tools- A structured questionnaire will be prepared in English language adopted from similar studies and translated to the Affan Oromo language by a licensed language expert and translated back to English to maintain its consistency.

For the quantitative method, 2 Diploma Nurse, 2 Bachelor science Nurse and One Health officer supervisors will be recruited and trained for one day, and the training will mainly be focused on the relevance of the study, objectives of the study, about confidentiality of the information, informed consent and interview technique. The field work to collect data will be completed in 10 days.

### Data quality control

The quality of the data will be assured through careful design, translation, and pretest of the questionnaire. The questionnaire will be prepared first in English then translated into Affan Oromo, and again translated back into English to check the consistency of the questionnaire. The data will be collected in the Affan Oromo from the youth age group. Prior to the actual data collection, the questionnaire will be pretested in the neighboring Kebele with similar characteristics. Data collectors and supervisors will be trained for one day on the study instrument and data collection procedure. The supervisors closely followed the data collection process throughout the data collection period along

with the principal investigator. Supervisors reviewed the completed questionnaires at the end of data collection every day. Incomplete and unclear questionnaires will be given back to the interviewer the next day to completed them. The principal investigator and the supervisors will check the collected data for completeness and corrective measures will be taken accordingly. The collected data will be cleaned, coded and explored before analysis.

### Data processing and statistical analysis

After compilation of data collection and processing, data were first checked for completeness, clarity and consistency. Then, the data were entered into Epi Data 3.2 and exported to SPSS software version 16 for analysis. Binary logistic regression analysis was performed to determine the association between the dependent variables and each of the independent variables.

The multicollinearity effect was checked, and variables with a variance inflation factor (VIF) > 10% were removed from the analysis, and those variables that had no collinear effect were included in the binary logistic regression model to determine the possible relationship with outcome variables.

### Ethical clearance

The proposal will be approved by the Ethical Review Committee of the School of Nursing and midwifery, College of Medical Sciences of Haramaya University before the conduct of the study. Written consent will be obtained from the Gumbi Bordade Woreda Administration and Woreda Health Office, as well Arab Bordade kebele Administrations. In addition, all of the study participants will be informed about the purpose of the study and finally their oral consent will be obtained before the interview, and which will also be

ensured during each data collection activity. The respondents will be notified that they have the right to refuse or terminate at any point of the interview. The information provided by each respondent will be kept confidential.

## RESULTS

### Sociodemographic Characteristics

From the total of 239 youth who were targeted for the study, 221 responses were obtained. Thus, the response rate was 92.46% of the targeted sample size.

As it shown in table1, out of 221 respondents, 114 (51.6%) were male, with a male to female ratio of 1.14:1. Out of the total respondents, 121(54.80%) were aged 15 to 19 years, 140 (63.3%) attended secondary school and above, and 177 (80.1%) were unmarried. This study also indicated that 179(81%) of the study subjects were Muslim, and 217 (98.2%) were Oromo in their ethnic group. Of the total interviewees, 168 (76.0%) of were students, and 124 (56.1%) were living with both parents, 101 (45.7%) had daily pocket money, and 72 (32.6%) received a maximum of 10-20 birr per day.

Table 1 Socio Demographic Characteristics of Urban Youth, Arba Bordade Health Center, April 2018.

| Variables                     | Number    | Percent |
|-------------------------------|-----------|---------|
| <b>Sex</b>                    |           |         |
| Male                          | 114       | 51.6    |
| Female                        | 107       | 48.4    |
| <b>Age</b>                    |           |         |
| 15 _ 19                       | 121       | 54.8    |
| 20 _ 24                       | 100       | 45.2    |
| mean ± SD                     | 19.20±2.7 |         |
| <b>Ever entered to school</b> |           |         |
| Yes                           | 217       | 98.2    |
| No                            | 4         | 1.8     |
| <b>Educational level</b>      |           |         |
| only read and write           | 2         | 0.9     |
| Grade1-6                      | 3         | 1.4     |
| Grade 7-10                    | 90        | 40.7    |

|                               |     |      |
|-------------------------------|-----|------|
| Grade11 -12                   | 50  | 22.6 |
| Above Grade 12                | 74  | 33.5 |
| Illiteracy                    | 2   | 0.9  |
| <b>Marital status</b>         |     |      |
| Unmarried                     | 177 | 80.1 |
| Married                       | 38  | 17.2 |
| Divorced                      | 2   | 0.9  |
| Widowed                       | 2   | 0.9  |
| No Answer                     | 2   | 0.9  |
| <b>Religion</b>               |     |      |
| Orthodox                      | 30  | 13.6 |
| Protest                       | 1   | 0.5  |
| Muslim                        | 179 | 81   |
| Other Specify                 | 11  | 5    |
| <b>Ethnic group</b>           |     |      |
| Oromo                         | 217 | 98.2 |
| Amhara                        | 3   | 1.4  |
| Gurage                        | 1   | 0.5  |
| Others                        | 0   | 0    |
| <b>Whom do you live with?</b> |     |      |
| Mother and Father             | 124 | 56.1 |
| Mother only                   | 13  | 5.9  |
| Father only                   | 1   | 0.5  |

|   |     |      |
|---|-----|------|
| Other relatives   | 13  | 5.9  |
| With Friends  | 49  | 22.2 |
| Other Specify   | 21  | 9.5  |
| <b>What is Your occupation?</b>                                     |     |      |
| Student   | 168 | 76.0 |
| Merchant  | 1   | 0.5  |
| Govn't. employ  | 42  | 19   |
| Working in the family business                                      | 7   | 3.2  |
| Other Specify   | 3   | 1.4  |
| <b>What is your current source of income, if you are unemployed</b> |     |      |
| Humanitarian organization   | 9   | 4.1  |
| Relative  | 2   | 0.9  |
| Spouse  | 40  | 18.1 |
| Friends   | 17  | 7.7  |
| Parents   | 115 | 52   |
| Other Specify   | 38  | 17.2 |
| <b>parents' job status</b>  |     |      |
| Both work outside of home   | 91  | 41.2 |
| Only my father works  | 54  | 24.4 |
| Only my mother works  | 7   | 3.2  |
| Both not works  | 69  | 31.2 |
| <b>Status of pocket money for your daily expense</b>                |     |      |
| Yes   | 101 | 45.7 |



|  |     |      |
|--|-----|------|
| No   | 118 | 53.4 |
| no answer  | 2   | 0.9  |
| <b>How much pocket money do you get on average per day</b> |     |      |
| Less than 5 birr   | 51  | 23.1 |
| 5-10 birr  | 43  | 19.5 |
| 10-20 birr   | 72  | 32.6 |
| Other Specify  | 55  | 24.9 |

**Utilization and preference of the YRHS.**

As indicated in table two, an assessment of the preference and service utilization of the YRHS revealed that 146 (66.1%) of the total respondents were not served in the existing health institutions, and 96 (43.4%) of them preferred to be seen at a private clinic. The need for rearrangement of YRH service was assessed, and it indicated 69 (31.2%) of the youth preferred reproductive health service to be arranged in the existing HI having its own unit and in separately

located YH institutions. One hundred five (47.5%) respondents preferred service time to be in the absence of other users, and 176 (79.6%) preferred to have service free of charge. Ninety - three (42.1%) preferred service providers to be young and of the same sex, and 123 (55.7%) preferred service to be located at the center of the town. An assessment of the program of service preference revealed that out of the total respondents, above 91% preferred to have sexual education. 87.3% family planning service, 91.9% partner relation guidance, 82.4% information and education on STDS and HIV/AIDS and 92.8% information center for YRH.

Table 2: Utilization and Preferences Youth reproductive health services, Arba Bordade Health Center, April 2018.

| Variables  | Number | Percent |
|--|--------|---------|
| <b>In which health institution youth reproductive health service is given better</b> |        |         |
| Governmental health institute  | 54     | 24.4    |
| Private health institute   | 96     | 43.4    |

|  |     |      |
|--|-----|------|
| FGAE clinics   | 36  | 16.3 |
| School clinics   | 9   | 4.1  |
| Other Specify  | 26  | 11.8 |
| <b>Utilizing in the existing health institution for your reproductive health need</b>    |     |      |
| Yes  | 75  | 33.9 |
| No   | 146 | 66.1 |
| <b>In which Health institution prefer to be served for your reproductive health need</b> |     |      |
| Governmental   | 96  | 43.4 |
| Private  | 77  | 34.8 |
| FGAE clinics   | 24  | 10.9 |
| By none licensed provider  | 8   | 3.6  |
| Other specify  | 16  | 7.2  |
| <b>In which way prefer youth reproductive health service to be rearranged</b>            |     |      |
| Within existing health institution as it is  | 24  | 10.9 |
| No need to give special attention  | 18  | 8.1  |
| Within the existing health institution having its own youth reproductive service room    | 59  | 26.7 |
| In health institution that arranged for youth reproductive health separate youth hi      | 69  | 31.2 |
| By expanding youth reproductive health in youth center                                   | 48  | 21.7 |
| Other specify  | 3   | 1.4  |
| <b>Which time it is convenient for youth health service</b>                              |     |      |
| In the usual health institute working hours  | 76  | 34.4 |

|  |        |         |
|--|--------|---------|
| In the hours when other users are not around           | 105    | 47.5    |
| Other specify  | 40     | 18.1    |
| <b>Prefer on service fees for youth</b>                |        |         |
| At usual rate  | 23     | 10.4    |
| With discount for youth                                | 22     | 10      |
| Free of charge   | 176    | 79.6    |
| <b>Prefer to be youth reproductive health provider</b> |        |         |
| Young provider of the same sex                         | 93     | 42.1    |
| Young provider of any sex                              | 50     | 22.6    |
| Adult provider of the same sex                         | 7      | 3.2     |
| Any provider could be                                  | 69     | 31.2    |
| Other specify  | 2      | 0.9     |
| <b>Where prefer youth health service to be located</b> |        |         |
| Anywhere out of resident area at the center of town    | 34     | 15.4    |
| In the center of town                                  | 123    | 55.7    |
| At one end of the town                                 | 58     | 26.2    |
| Other specify  | 6      | 2.7     |
| <b>Type of health service preferred</b>                |        |         |
| Variables  | Number | Percent |
| <b>I would like to have sex education</b>              |        |         |
| Yes  | 201    | 91      |
| No   | 18     | 8.1     |
| Don't know   | 2      | 0.9     |

|   |     |      |
|---|-----|------|
| <b>I would like to have family planning service</b>                           |     |      |
| Yes   | 193 | 87.3 |
| No  | 25  | 11.3 |
| Don't know  | 3   | 1.4  |
| <b>I would like to have partner relation guidance</b>                         |     |      |
| Yes   | 203 | 91.9 |
| No  | 14  | 6.3  |
| Don't know  | 4   | 1.8  |
| <b>I would like to have an information and education on STDs and HIV/AIDS</b> |     |      |
| Yes   | 182 | 82.4 |
| No  | 34  | 15.4 |
| Don't know  | 5   | 2.3  |
| <b>I would like to have youth health information center</b>                   |     |      |
| Yes   | 205 | 92.8 |
| No  | 16  | 7.2  |

## DISCUSSION OF FINDINGS

This study assessed major reproductive health service preferences and utilization among youth age groups in the Arba Bordade Health Center. The mean age of the study population was 17.45 years, with a standard deviation of 4.5122. The distribution of sociodemographic characteristics of the study population was that, the majority of the respondents

were not married and Muslim and Oromo ethnic groups. More than fifty six percent of the respondents were living with their parents (father and mothers), while the rest were living with mothers only, fathers only, relatives and alone by renting houses. As the above analysis result indicated, the majority of the participants were not married youths and were on the age of sexually active behavior, and the average educational level range of having boyfriends and girlfriends was Grades 7 to 10. which supports the fact



that they were more vulnerable to RH problems. Hence, its implication is that more and more activities have to be done, especially on empowering youth age groups regarding their reproductive health rights and ensuring the accessibility of services.

The abovementioned youth reproductive health service utilization and preferences were also discussed by focus group Discussion (FGD) participants as follows. They defined reproductive health service utilization and preferences for RH services were assessed as follows. Regarding the accessibility issue, most of the respondents reported that the existing health institutions in their locality were not welcoming and convenient for them respectively, when they needed the services. Among the common obstacles that prevent youths from getting RH services in the existing health institutions, primarily health professionals are Judgmental towards Youth RH needs in the first rank, long waiting time for service in the second rank and the remaining obstacles mentioned by the respondents account for the remaining parentage. This indicates that youth reproductive health service problems result not only from the lack of use of the existing RH services by the respondents, but also from the existence of the various barriers mentioned above. A study conducted on youth health service utilization and preference in Addis Ababa indicated that the existing health services were not fully accessible, affordable and acceptable to youths (Frehiwot and Yemane, 2005).

An assessment of the preference for youth reproductive health services revealed that, regarding the health institution preference of youths for RH services, half of the respondents were preferred to be seen at private health institutions as their primary choice. However, others were also suggested that the services to be rearranged in public institutions that

arranged for youth reproductive health. Respondents preferred young providers of the any sex, followed by preferred young providers of the same sex. Similar to what was also underlined in FGDs, the majority of participants suggested young professionals of the any sex. Furthermore, the majority of respondents prefer service with a special discount for youths, followed by service fees for youths to be free. Regarding the location of health service institutions, the majority of the respondents preferred at the center of the city, hence, proximity issue was also another factor that influenced the preference and utilization of the services. One third of the youths had preferred that IEC/BCC service in the first rank, as it was stated in the FGDs, the RH service preference of the youths did not match the existing situations, so this creates a great impact on the preference and utilization of the services. Thus, this implied that there should be rearrangements of the service delivery locations and service packages, which includes appropriate RH service, service fees and service providers, convenient service times, etc. with special focus in the future. The above issue of preference and utilization of the services was similarly it was supported by the focus group discussion sessions conducted with the FGD groups. It was reported that among the existing youth centers in the city, only a few government and private clinics provided youth friendly services. The government youth centers were not rendering the full package of RH services, since they were not well organized with the necessary materials and not assigned professionals as per the national standards. The FGD groups concluded that; similarly, insufficiency of currently existing youth centers was well discussed, and these few numbers of youth centers in the Arba Bordade health center limit accessibility for RH services. Preference and utilization of RH service among youths was ensured by establishing more standalone youth centers and strengthening the

activities of existing youth centers with the intersection of trained professionals and necessary material. The Provision of non-RH activities such as physical and mental trauma management can strengthen accessibility. Regarding the source of information on reproductive health, most of respondents know what reproductive health means. Their sources of information were in the first rank, and those in the second rank were mass media, followed by posters and pamphlets. Religious leaders and Partner/husband wives were reported as the least common source of information. This report indicates the fact that, there is no open discussion between religious leaders and followers and among partners in most of Ethiopian contexts. The results indicated here showed that, further awareness creation programs needed the fewest sources of information. Regarding information on youth reproductive service packages by mass media, posters and pamphlets are the major sources of information.

In general, the source of information was bounded mostly in two ways among clients who responded

“We know what RH means”, “we got information on youth reproductive health service”, such as mass media & posters and pamphlets, in fact the contribution of friends/peers, health professionals, school, even religious leaders, Partner/ husband wife, my parents are also significant.

### CONCLUSIONS

Bearing in mind the limitations of the study, it is possible to conclude the following: -

- A high figure of the youth not served in the existing health institution for their reproductive health needs, even those who used to be served, they

claimed that the existing health institutions were inconvenient and unattractive.

- - Almost half of the respondents preferred the need for rearrangement of youth reproductive health institutions separately, and also to be served by young and the same sex health providers.
- Family health service, sexual education, partner relation guidance, information and education on STD/HIV AIDS and to having an information center were preferred by almost by all respondents.

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### Conflict of interest

**There are no conflicts of interest.**

All authors conceived of the study, carried out the overall design and execution of the study, designed the questionnaires, collected the data performed statistical analysis and served as the lead author of the manuscript.

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