



Youth Friendly Reproductive Health Service Utilization and Associated Factors Among Youths in Metekel Zone, North West Ethiopia

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Abstract: In the World young people are faced with immense Reproductive Health (RH) problems, they have limited access to quality RH services and information that are specially designed to meet their needs. Available reproductive health services are adult-centered thus making them less accessible to adolescents. Thus, the main objective of the study was to assess youth friendly reproductive health service utilization and its associated factors among youth of Metekel zone, North West Ethiopia. Method: a community based cross sectional study design was employed. Two towns were randomly selected from the seven towns with youth friendly services. Sample size was proportionally allocated based on the total household population size of each town. Systematic sampling technique was used to select individual participants at house hold level. Result: the majority of respondents (72.9%) had information about youth friendly services (YFS) of which 72.7% of the respondents heard YFS from health professionals working at health institution. One third of the participants 33.2% had used YFS during study period. Youth friendly reproductive health service utilization was significantly associated with occupation status such that being health profession [AOR = 4.5; 95%CI: 2.014 - 11.3]; being students [AOR=4.291; 95% CI: 1.233 - 14.936] and preference of youth friendly reproductive health services provider: being young provider of the same sex [AOR=1.6; 95%CI: 1.56, 1.99] compared with and the convenient time for youth health service: being in the hours when other users are not around [AOR=0.29; 95%CI: 0.25 – 0.67]. Conclusion and recommendation: Prevalence of youth friendly reproductive health service utilization was very low in Metekel zone. The determinant factors associated with youth friendly reproductive health service utilization were service provider sex status, preference of services provider, occupational status of the respondents and convenient time for youth health service. The health institutions in metekel zone need to give attention regarding youth friendly reproductive health service utilization.

Keywords: Reproductive Health Service Utilization, Factors, Metekel Zone, Ethiopia

1. Introduction

Young people (age 10-24 years) are an important population group with a great potential for physical, mental and psychological development. Recent estimates indicate that 17.0% of the global population, 20.0% of Sub-Saharan Africa and 17.9% of Ethiopian population is composed of youth aged 15-24 years. In addition, 85.0% of the 1.2 billion adolescents (10-19 years) worldwide live in developing countries and comprise over a quarter of their population. Globally the young people are facing different sexual reproductive (SRH) problems like unwanted pregnancy,

unsafe abortion, STI including HIV. But people who are young are usually mistakenly perceived as healthy and as if they are not in need of special health services [7, 11].

In the World young people are faced with immense Reproductive Health (RH) problems, they have limited access to quality RH services and information that are specially designed to meet their needs. Available reproductive health services are adult-centered thus making them less accessible to adolescents. Factors like non youth friendliness of the existing service outlets and the limited economic and physical access are the other factors contributing to their low access and utilization of existing

services [15].

Ethiopia is a nation of young people – over 65% of its population is under 25 years of age and a nation whose youth have profound reproductive health needs. Among the many sexual and reproductive health problems faced by youth in Ethiopia are gender inequality, sexual coercion, early marriage, polygamy, female genital cutting, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs), and AIDS. Lack of education, unemployment, and extreme poverty exacerbates and perpetuate the reproductive health problems faced by Ethiopian youth [2, 14].

In a cross sectional study conducted on youth friendly service in Harar from the total study participants 322 (59.7%) visited for STI/HIV/AIDS-related services, psychological counseling services, contraceptive services, information, education and communications (IEC) on sexual and reproductive health, pregnancy-related services, and post-abortion services. From a total of 845 respondents, 306 (36.2%) were not using YFS. Among those 131 (43%) did not know where to go for such services [1].

Youth who were in the age group of 20 - 24 years were about 2.34 times more likely to use RH services than those age ranges from 15 - 19 years (AOR = 2.34, 95%CI (1.02, 5.38)). Youth with RH problems were 1.59 times more likely to use RH service than those with no RH problems [AOR = 1.53; 95%CI: 1.10 - 2.13] [12].

2. Objectives

2.1. General Objective

To assess youth friendly reproductive health service utilization and its associated factors among youth Metekel zone, west Ethiopia

2.2. Specific Objectives

- To determine the level of youth friendly reproductive health service utilization among youths in Metekel, North West Ethiopia

- To identify factors associated with utilization of youth friendly reproductive health service among youths in Metekel zone, North West Ethiopia.

3. Methods

Study design, area and period: Community based cross sectional study design was employed. The study was conducted in Metekel zone from January 25th to March 26th, 2016 G.C. Metekel zone is found in Benshngul Gumuze Regional State at 570 km away from Addis Ababa to the North West Ethiopia. There are seven wordas in Metekel zone. Each of two of worda towns (Dangur and Wombera worda towns) consists of four kebeles

Source and study population: The source population of this study was all youth of towns of Metekel Zone with youth sexual and reproductive health services in the age range of 15-24 years. The study population was all youth in Wombera and Dangur towns in the age range of 15-24 years during the study period

Sample size and sampling procedure: A single population proportion formula was used to estimate the sample size. The following assumptions were used to calculate the required sample size: $P = 63.8\%$ from the study conducted in Harar on YFS utilization (1); $\alpha = 5\%$ level of significance and margin of error $d = 5\%$ that is maximum tolerable error. So that based single population proportion formula; the expected sample size was 355. Then by considering ten percent non-response rate the final sample size become $355 + 36 = 391$. From the total of seven towns with health centers providing youth friendly reproductive health services randomly two towns were selected.

A list of households from four kebeles of the two woreda towns that included youth was taken as the sample frame. Then based on the total house hold population the total sample was proportionally allocated. Systematic sampling technique was used to select individual participants at house hold level. For more than one youth present in a house hold randomly one participant was selected and interviewed.

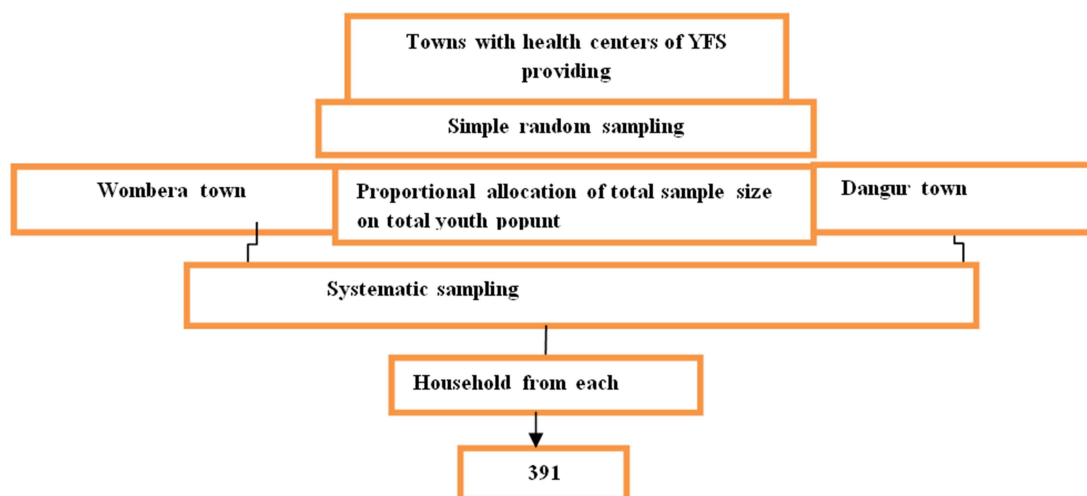


Figure 1. Schematic presentation of the sampling procedure.

Data collection instruments: Questionnaire regarding YFS utilization and associated factors was developed by reviewing different literatures which are pertinent to the topic.

Data collection methods: Data was collected through interviewer administered questionnaire (face to face interview). 10 Trained diploma health background interviewers interviewed the respondents. For more than one youth present in a household randomly one of the member of the household was interviewed

Data Processing and analysis: The data was entered into SPSS version 21.0. Then, the entire data were cleaned and edited for any errors. Descriptive, uni-variate and multivariable binary logistic regressions employed to assess the factors associated with YFS utilization; a corresponding p-value of <0.05 was considered as a cutoff point to declare statistically significant association

Data Quality Control: The questionnaire translated to local language (Amharic) and retranslated to English language to check its consistency. Pre-testing conducted on 5% of the sample before the actual data collection and amendment was made accordingly. In addition data collectors were trained for data collection

Ethical consideration: Ethical approval was obtained from Assosa University ethical review committee. Supportive letter was obtained from University Research and community Directorate and communicated to Wombera and Dangur woreda health offices. On the top of that the purpose of the study explained; and then verbal consent was also obtained from each participant whose age is in between 15 and 24 years. All the information given by the respondents was used for research purposes only and confidentiality maintained by omitting any personal identifiers of the respondents

4. Result

4.1. Socio-demographic Characteristics of the Study Participant

The study involved total of 391 participants whose age between 15 – 24 years old with a response rate of 100%. As it was indicated from the table below from 391 youth respondents, 222(56.8%) were female with the female male ratio 1.3:1. Out of total respondents, 332(84.9%) were in group age 18-24 years. This study also indicated 332(84.9%) youths were orthodox Christian and 333(85.2%) single (Table 1).

Table 1. Socio-demographic characteristics of the study participant in Dangur and Wombera worda towns, Metekel zone, Benishangul Gumuz Regional State, 2016G.C.

Socio- demographic characteristic	Frequency (n=391)	Percentage
Age group of participant		
15-17	59	15.1
18-24	332	84.9
Sex		
Male	169	43.2
Female	222	56.8

Socio- demographic characteristic	Frequency (n=391)	Percentage
Religion		
Muslim	37	9.5
Orthodox Christian	332	84.9
Protestant Christian	15	3.8
Other	7	1.8
Marital status		
Single	333	85.2
Married	40	10.2
Widowed	3	.8
Separated	15	3.8

4.2. Utilization of the Services, Awareness of Youth and Barriers to YFS

Among 391 participants majority of respondents 285(72.9%) heard about YFS, out of these participants, 208(72.7%) of the respondents from Health professionals working at health institution, 33(11.5%) of the respondents from health extension, 22(7.7%) of the respondents from media/news/radio, 9(3.1%) of the respondents from friends or relatives and 14(4.9%) of the respondents from other (Table – 2).

Out of 391 youth respondents, 130(33.2%) participants were ever utilized youth friendly health service of which 36(27.7%) of the respondents receive voluntary counseling and testing services, 26(20%) of the respondents receive family planning services, 29 (22.3%) of the respondents receive treatment of all diseases, 9(6.9%) of the respondents receive ANC services, 4(3.1%) of the respondents receive abortion care services and 4(3.1%) of the respondents receive other reproductive services (Table – 2).

To identify the reasons that hinder respondents to use the YFS, assessments were done by different variables. Among non users of YFS, majority of youth respondents 80(31.2%) were not ill so it's does not necessary, 33(12.5%) were lack of information on YFS, 30(11.4%) were said that service delivery institution is far, 26(9.9%) were not know from where to get the service, 14(5.3%) were said that service was available but expensive, 10(3.8%) were said that fear of parents and 9(3.4%) were said cultural/religious reason/barrier (Table – 2).

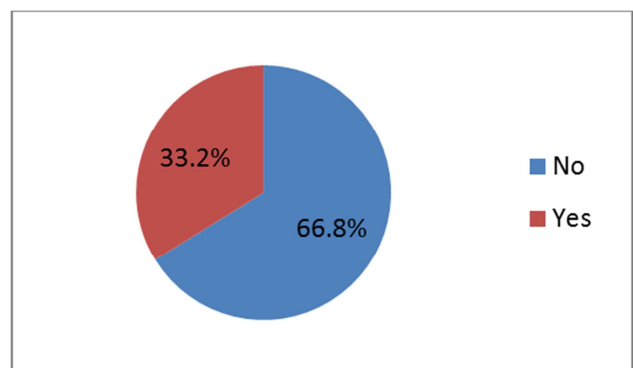


Figure 2. Utilization of reproductive health service among youth in Dangur and Wombera worda towns, Metekel zone, Benishangul Gumuz Regional State, 2016G.C.

Table 2. Youth friendly reproductive health service utilization (YFS) and its awareness among youth Dangur and Wombera worda towns, Metekel zone, Benishangul Gumuz Regional State, 2016G.C.

Variable	Frequency (n=285)	Percentage
Heard about youth friendly health service utilization (n=285)		
Health professionals working at health institution	208	72.7
Health extension workers	33	11.5
Media/news paper, radio, television	22	7.7
Friends or relatives	9	3.1
other, specify	14	4.9
Participants ever used YFS (n=130)		
Sexually transmitted infection	22	16.9
Family planning services (Contraceptives condom)	26	20
Voluntary counseling and Testing (VCT)	36	27.7
Treatment of all the diseases	29	22.3
ANC	9	6.9
For Abortion service	4	3.1
Other	4	3.1
Participants didn't ever use YFS (n= 263)		
I'm not ill so it's not necessary	80	31.2
Service delivery institution is distant	30	11.4
Not know from where to get the service	26	9.9
Service available but expensive	14	5.3

Table 3. Attitude of youths towards youth friendly reproductive health service utilization in Dangur and Wombera worda towns, Metekel zone, Benishangul Gumuz Regional State, 2016G.C.

Statements	strongly agree	agree	neutral	Disagree	Strongly disagree
Youths should use health service for RH for various reasons	204(55.2%)	39(10%)	59(15.1%)	46(11.8%)	43(11%)
Health provider being judgmental	27(6.9%)	42(10.7%)	86(22%)	43(11%)	193(49.3%)
YFS health facilities have all the necessary services	26(6.6%)	169(43.2%)	113(28.9%)	57(14.6%)	26(6.6%)
Cost for YFS is fair	34(8.7%)	244(62.4%)	66(16.9%)	22(5.6%)	25(6.4%)
Health providers assure confidentiality of youth	293(74.9%)	19(4.9%)	11(2.8%)	66(16.9%)	2(5%)
Health workers are very good in welcoming	41(10.5%)	328(83.9%)	17(4.3%)	1(3%)	4(1%)
Health workers are not YF so that you don't want to go to the health center	328(83.9%)	33(8.4%)	3(8%)	13(3.3%)	14(3.6%)
There is a good service on YFS providing health facilities	299(76.5%)	68(17.4%)	3(8%)	19(4.9%)	2(5%)

4.4. Associated Factors with Youth Friendly Reproductive Health Service Utilization

Socio-demographic factors and preference of youth correlates with reproductive health service utilization among study participants were assessed using logistic regression. Those variables which were significant on bi-variable analysis (P-value <0.05) were entered to multi-variable binary logistic regression analysis to examine the effect of an independent variables on the outcome variables (Table 4).

On binary logistic regression sex, age group, occupation, similarly of sex status between services providers and service users and convenient time for youth reproductive health services for youth were factors associated with youth friendly reproductive health service utilization such that being female were more likely use youth friendly reproductive health services [AOR=1.97; 95% CI: 1.9 – 4.7] compared with male youths. With in age group 18 – 24 years old youths were ten times more likely utilize youth friendly reproductive health

Variable	Frequency (n=285)	Percentage
Cultural/Religious reason	9	3.4
Lack of information on YFS	33	12.5
Fear of parent	10	3.8
Other	59	22.4

4.3. Attitude of Youths Toward Youth Friendly Reproductive Health Service Utilization

Regarding the attitude question majority of participants strongly agreed on the statements. So that 204(55.4%) of the respondents strongly agree on youths should use health service for RH for various reasons; 293(74.9%) of the respondents were strongly agree on health provider assures confidentiality of youth; 328(83.9%) of the respondents were strongly agree on health workers are not YF so that you don't want to go to the health center and 299(76.5%) of the respondents were strongly agree on there is a good service on YFS providing health facilities. Whereas 193(49.3%) of the respondents were strongly disagreed on health provider being judgmental. The rest of attitudes of youths toward youth friendly health service utilization was shown the table below (Table - 3).

services [AOR=10.7; 95%CI: 2.67 - 43.72] than youth whose age group between 15 – 17 years old. In addition, occupation of the study participant had significant impact on utilization youth friendly reproductive health services: being health profession [AOR= 4.51; 95% CI: 2.014 – 11.3] and being students [AOR = 4.29; 95%CI: 1.23 – 14.9]. Similarly, the study indicate that the preference of youth friendly reproductive health services providers is determinant factors for service utilization so that being the same sex among service provides and receiver was more likely use the services [AOR=1.6; 95%CI: 1.56, 1.99] than different sex. And also, convenient times for youth reproductive health services are significantly associated with utilization of youth friendly reproductive health service: being youth in the hours when other users are not around [AOR = 0.29; 95%CI: 0.25 – 0.67] compared with youth in the usual health institute working hours (Table – 4).

Table 4. A determinant factors associated youth friendly reproductive health services utilization.

Predictor variable	Ever utilization of reproductive health service		COR(95CI)	AOR(95%CI)
	Yes	no		
Sex				
Male	57(43.8%)	112(42.9%)	1.00	1.00
Female	73(56.2%)	149(57.1%)	1.3(1.5,2.55) **	1.97(1.9 - 4.9) **
Agegroup				
15-17	4(3.5%)	16(6.1%)	1.00	1.00
18-24	126(96.5%)	245(93.9%)	17.7(3.36 -45.67) *	10.7(2.67 - 43.72) *
Religion				
Muslim	8(6.2%)	46(17.62%)	1.00	1.00
OrthodoxChristian	122(93.8%)	215(82.38%)	1.09(0.693 - 1.744)	1.7(1.4 - 2.1)
Marital status				
single	113(86.93%)	220(84.3%)	1.00	1.00
Married	9(6.9%)	31(11.9%)	.334(0.095 - 1.176)	0.5(.47 - 5.18)
Widowed	1(.77%)	2(.77%)	.608(.44 - 8.35)	0.7(.68 - 11.23)
Separated	7(5.4%)	8(3.03%)	1.123(.701 - 1.799)	1.53(.09 - 23.1)
Occupation				
Civil servant	1(0.77%)	7(2.7%)	1.00	1.00
Health profession	3(2.3%)	4(1.5%)	3.75(3.11 - 6.55)**	4.51(2.014 - 11.3) **
Students	119(91.53%)	245(93.9%)	2.46(1.73 - 12.83) *	4.291(1.23 - 14.9) *
Other	7(5.4%)	5 (1.9%)	-	-
Smoking status of youths				
Yes	8(6.2%)	12(4.59%)	1.00	1.00
No	122(93.8%)	249(95.41%)	.622(.240 - 1.617)	.79(.26 - 2.4)
Preference of youth reproductive health provider				
Young provider of any sex	81(61.4%)	144(55.6%)	1.00	
Young provider of the same sex	14(10.6%)	58(22.4%)	1.125(2.7 - 3.11) *	1.6(1.56 - 1.99) *
Adult provider of the same sex	76(19.4%)	45(17.4%)	.483(.153 - 1.51)	.52(.23 - 1.67)
Any provider could be	18(4.6%)	12(4.6)	1.37(.467 - 4.06)	1.45(.48 - 4.92)
Convenient time for youth health service				
In the usual health institute working hours	97(38.3%)	156(61.7%)	1.00	1.00
In the hours when other users are not around	35(25.4%)	103(74.6%)	0.28(0.24 - 0.65) *	0.29(0.25 -0.67) *

*Significant at P<0.05

** Significant at P<0.01

5. Discussion

The majority proportions of respondents had information about YFS of which more than half percent (72.7%) heard YFS from health professionals working at health institution while study done in Albuko Woreda reveals 253 (44.2%) of the respondents had heard about Youth friendly services (YFS) and 319 (55.8%) never heard. 149 (26.0%) accessed YFS information from peers and 132 (23.1%) from school teachers.

On other hand finding from similar study conducted in Harar shows majority of respondents 72.4% had information about YFS and the major source of information about YFS were school 31.5% from teachers followed by 22.8% from radio broadcasts [1].

This study showed that only less than half percent (33.2%) of young people in Metekel zone had utilized reproductive health service during study period which is almost similar finding with study conducted in Bahirdar which account 32.2%(12) and Albuko Woreda which account 34.31% (24). However, this finding is much lower than study conducted in Harar, majority of the respondents (63.8%) had used YFS at least once in the last five years and Awabel District (41%) [1, 3]. This difference might be due to difference in the study period /time, or health service facilities.

Among youths ever utilize reproductive health services (n=130), the study showed the main services utilized by young people were voluntary counseling and testing (VCT) 36(27.7%), treatment of all disease 29(22.3%), family planning 26(20%), sexual transmitted infection 22(16.9%), ANC 9(6.9%), abortion 4(3.1%) and other service 4(3.1%). It is consistent with many studies in Harar and Albuko Woreda [1, 24].

The majority factors not utilizing reproductive health service by youths in the study area were youths were not ill so it's not necessary, lack of information on YFS and service delivery institution is distant. Similarly, study conducted in Addis Ababa shows the major factors for not utilizing reproductive health by youths were too young to go to the services 392(56.5%), Don't know where to go 186(26.8%), inconvenience service hour 140(20.2%) and feel fear to be seen by parents or other adults (17.4%) were among frequently reported by participants.

Age and sex of respondents are found to be associated with youth reproductive health service utilization. The likelihoods of utilizing youth friendly reproductive health service; females youth were 1.97 times than males youths while youths with age of 18-24 were 10.7 times more likely use youth reproductive health services than youth whose age group between 15-17 years old. However, study done in

Addis Ababa [17] reveals the likelihood of utilizing reproductive health services among male school were 2.13 times more likely than females school. This is because currently government of Ethiopia gave an emphasis for female than male.

Youth who prefer to get service during the hours when other users are not around were 71% less likely utilize youth friendly reproductive health services than youth in the usual health institute working hours. Similarly, youth those who prefer getting services by any provider those who preferred getting service by youths of the same sex were 1.6 times more likely to utilize youth friendly reproductive health service than different sex. In contrast to this study, finding from other area reveals, youth who prefer to get service during usual working hour were 0.61 times less likely to utilize. In addition youths those who prefer getting service by any provider, those who preferred getting service by youths of the same sex were 0.39 times less likely to utilize RH services [AOR= 0.39(0.20,0.76)] [14].

6. Conclusion and Recommendation

Finding of this study revealed that youth reproductive health service utilization in Metekel zone was below fifty percent. Lack of information, distant to service deliver institution, service cost, fear of parents and cultural reasons are hindering factors not to utilize youth reproductive health service.

Age, sex, occupation, preference of youth service providers and convenient time for youth health service are factors found to be associated with youth reproductive health service.

Health institution workers in the zone need to create awareness for youths and parents on youth friendly reproductive health service utilization issues. On top of that attention should be given in making health service facilities available.

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