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YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES UTILIZATION AND ASSOCIATED FACTORS AMONG SCHOOL YOUTHS IN GOBA TOWN, BALE ZONE, SOUTHEAST ETHIOPIA

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ABSTRACT

Background- Globally the youths are facing different Sexual and Reproductive Health problems like unwanted pregnancy, unsafe abortion, STI including HIV. The specific reasons for the low utilization of YFSRHS are not well known. Thus, this study aimed to assess youth friendly service utilization and associated factors among school youths in Goba town. **Methods**: A school based cross sectional study design was used with a total sample size of 367 school youths of Goba town from May 10 to 30/2016. The total sample size was proportionally allocated to according to the size of students in each grade. The study subjects were selected by stratified simple random sampling using computer generated random number. Self-administered questionnaire was used to collect data. The data was entered into Epidata version 3.1 and exported to SPSS version 20.0 for analysis. Descriptive data was presented using text, tables and graphs. Bivariate and multivariable logistic regression was employed to identify the associated factors. **Results:** A total of 358 school youths participated in the study out of total 367 selected giving the response rate of 97.5%. The prevalence of YFSRHS utilization in this study was 133 (37.2 %). YFSRHS utilization was found to be significantly associated with hearing from health workers[AOR (95% CI)= 2.52 (1.03,6.16)], having pocket money [AOR (95% CI) = 2.47(1.02, 5.97)], age at first sexual intercourse [AOR (95% CI) =4.07(1.11, 14.93)], grade level of youths [AOR (95% CI)=0.09(0.02, 0.35)], perceived part of culture [AOR (95% CI) =0.06(0.01, 0.34)]. **Conclusion:** The prevalence of YFSRHS utilization in this study was low. Hearing about YFSRHS from health workers, having pocket money, age at first sexual intercourse, grade level of the youths and perceived part of culture prohibiting YFSRHS utilization were statistically significantly associated factors with YFSRHS utilization. Therefore; there is a need to provide the necessary information and create awareness, expanding access on existing YFS services for school youths.

KEYWORDS: Youth-friendly, Sexual and Reproductive Health, Service Utilization, Ethiopia.

INTRODUCTION

Youths, defined as individuals aged between 15 to 24 years, constitutes 18% of the world's population, of which nearly 80% live in developing countries.[1] Globally the young are facing different Sexual and Reproductive Health (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.[2-4]

Ethiopia is a nation of young people – over 65% of its population is under 25 years of age and a nation whose youths have profound reproductive health needs.[5]

Youth friendly sexual and reproductive health services (YFSRHS) have been recognized as an appropriate and effective strategy to addressing the Sexual and Reproductive Health (SRH) needs of the youths following the international Conference on Population and Development in Cairo; Egypt.[6,7]

The essence of the friendliness of Sexual and Reproductive Health Services for the youths are because of the specific biological and psychological needs of the youths, the high risks of STIs, HIV and pregnancy, disproportionately high risk of sexual abuse.[8]

Youths often lack access to health information and health care services. The reasons for low reproductive health service utilization may include feelings of discomfort,

fear of being seen by parents and others while they are in health care delivery points and embarrassment while seeking reproductive health care services.[9,10]

Different studies hold the same view concerning cultural norms serving as barriers to the youths in accessing proper sexual health care services have shared the view that the health workers in the various health centers are reluctant to teach the youths issues regarding sexual and reproductive health services.[11-13] This makes services unfriendly as the attitude pose a barrier to the youths in reproductive health service access. Pathfinder international opines that inadequate behavioral change among service providers and as well as the youths remain major barriers to making sexual reproductive health service youths friendly.[14]

This study therefore will help to determine the magnitude of YFSRHS utilization and identify factors which hinder service utilization in Goba town secondary and preparatory schools.

METHODS

Study area and period

The study was conducted in Goba town secondary and preparatory schools. Goba town is found in Bale zone, Oromia Regional State, and located 12km away of Robe which is zonal administrative town and 445km south east of Addis Ababa. The town extends roughly from 6°58'00''- 703'30''N latitude and 39°56′00- 4000'00''E longitude. The town is currently served as the administrative center of Goba district. According to the information obtained from the town statistics office current report, (2015/16) total population of the town was 46,489 with sex distribution of 47.4% "males" and 52.6% "females". There are 2 secondary schools, one preparatory school and 4 colleges, of which the government owns one and three are owned privately. There is one Madda Walabu University referral Hospital and one public health center each providing youth friendly services separately in youth's clinics and 8 private clinics in the town. As the reports of Goba town Education Office shows that there are around 2,609 students attending grade 9-12 in 2015/16.[15]

This study was conducted from May 10 to 30 /2016.

Study Design

A school-based cross sectional study design was used.

Population

Source Population

All youths attending secondary and preparatory schools of Goba town in the age range of 15-24 years.

Study population

Selected youths who were attending secondary and preparatory schools of Goba town in the age range of 15-24 years during the study period.

Inclusion and exclusion criteria

Inclusion criteria

Youths who were attending secondary and preparatory schools during the study period.

Exclusion criteria

Youths, who were transferred in and stayed for less than a year and unable to see or hear were excluded.

Sample size determination and sampling technique

Sample size determination

Primarily sample size was calculated for both objectives. For objective one single population proportion formula and for objective two by two population proportion formula using Epi-info version 7.4.1 stat calc software was used to calculate the sample size for factors which have significant association with their corresponding odds ratio in previous studies affecting YFSRHS utilization.

Table 1; sample size for associated factors by using two population proportion formula from previous study

Factors	Proportion of YFSRHS Utilization among exposed group	Proportion of YFSRHS Utilization among non-exposed group	Power	Confidence Interval at	Odds Ratio	Sample Size
Age	20-24=56%	15-19=31%	80	95%	2.83	138
Sex	M=37.2%	F=21.7 %	80	95%	2.13	296
Age	15-17=50.6%	18-24=33.2%	80	95%	2.06	274
heard about SRH	Yes=38.7%	No=18.6%	80	95%	2.016	176

So the larger sample size among the calculated samples for both objectives is 334; which was calculated for the first objective considering the following assumptions: P= 32% (as an estimate prevalence of Utilization of Youths Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara

Regional State, Ethiopia[16], Significance level 5% (α = 0.05) and Z α/2 = 1.96, margin of error of 5% (d=0.05), based on these assumptions, the sample size was calculated as follows

$$n=\frac{(z\ \alpha/2)^2 \times p \times (1-p)}{d^2}$$

$$=\frac{(1.96)^2 \times (0.32) \times (0.68)}{(0.05)^2}=334$$

Adding the possible 10% of non-response rate the final sample was 367 students attending in the three secondary and preparatory schools of Goba town.

Sampling technique: All the three high schools in Goba town were included in the study. Stratification by sex for each grade was done to maintain sex balance. The total sample size was allocated to the total number of males and females in each grade in each of the three high schools based on the proportionate allocation.

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

Where, n j is sample size of the jth stratum

Nj is population size of the jth stratum
n = n1 + n2 + ...+ nk is the total sample size
N = N1 + N2 + ...+ Nk is the total population size
Finally, the study subjects were selected from their attendance sheet using simple random sampling (computer generated random number) from each stratum.

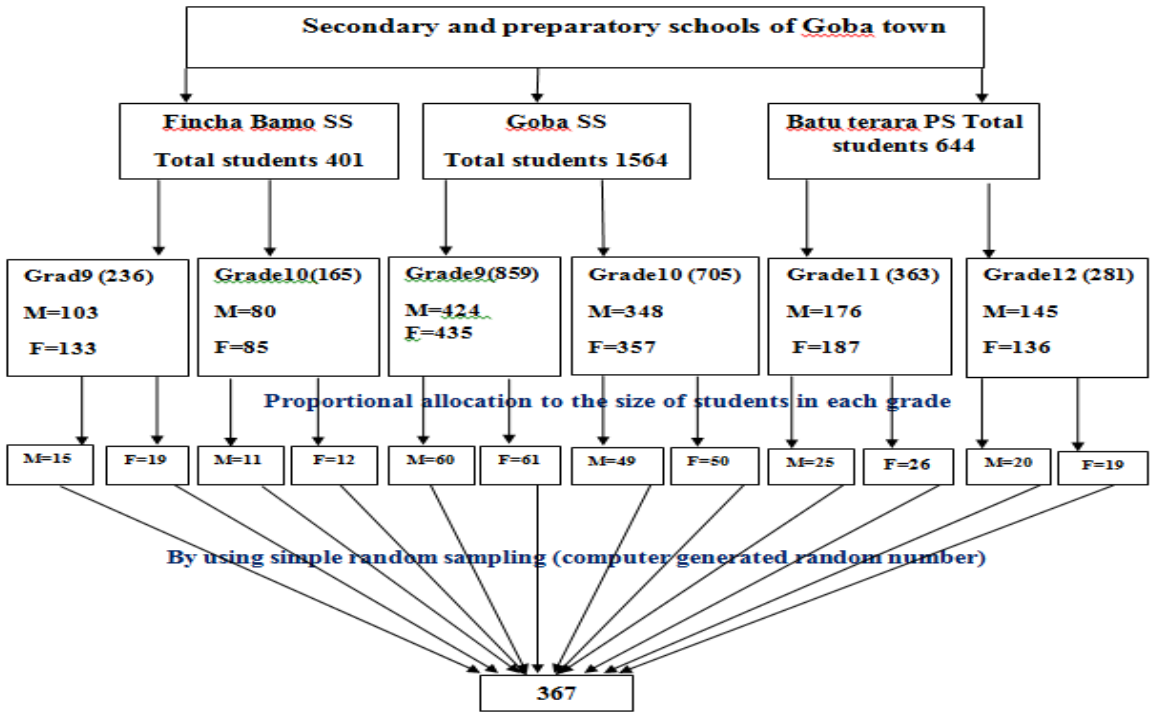

Figure 1: **Schematic representation of the sampling procedure for the study on factors affecting YFSRH service utilization among high school youths in Goba town, May 2016.**

Data collection procedures and instruments
Self-administered questionnaire with closed-ended questions covering YFSRHS utilization and associated factors was adapted from previous studies and a WHO-recommended questionnaire which is pertinent to the topic.[8], [17], [18]

Three level IV nurses were trained on how to assist students, take consent and how to monitor the overall data collection process. Data collectors were supervised by two BSc Nurses and a problem faced during data collection was solved on time. The principal investigator was checked filled questionnaires and solution was given by discussing with the supervisors and the data collectors for problems rose. Finally, filled questionnaires were signed by supervisors after checking for its completeness.

Study Variables
Dependent variable
Youth friendly sexual and reproductive health services utilization.

Independent variables
- **Socio-demographic and economic factors**
- Age, Sex**,** grade level of participants, religion, ethnicity, Pocket money of students, education of father, education of mother, occupation of father, occupation of mother.
- **Sexual experience**: Currently having boy/girl friend, had sexual intercourse, age at first sex, number of sexual partners.

- **Awareness about YFS facility, Knowledge of YFSRHS**
- **Attitude towards YFSRHS utilization**
- **Health care system factors:** Accessibility of YFS facility, staff treatment/handling of youths, health facility organization.

Measurement of the variables

- **Youth-friendly services**

in this study are services available with in YFS clinics of Goba town such as family planning, VCT, STI diagnosis and treatment, abortion care, post abortion care, PNC and condom use.[19]

- **YFSRHS utilization**

was assessed on the basis of youths visited and used any one of the services from pre-existing YFS facilities of Goba town within the past twelve months was regarded as service utilization.[20]

- **Accessibility of health institution** (geographical accessibility) in this study accessibility was measured interms of estimated distance of YFS facility from their home.[21]

- **Sexual experience**

was assessed if youths had currently having boy/girl friend, had sexual intercourse, age at first sex, number of sexual partners with in the past twelve months.

- **Knowledge**

was assessed by asking the youths 9 questions related to knowledge of YFSRH services. Each correct answer scored 1, each incorrect answer 0. Thus, the total scores ranged from 0-9. The mean was calculated and used as cut off value to categorize as have good knowledge if they answer equal or greater than the mean score of the knowledge questions and poor knowledge if they answer less than the mean score of the knowledge questions of the YFSRH services.[20]

- **Attitude**

was assessed by asking the youths 7 items that were related to respondents' attitude towards YFSRHS by using the 5 Likert scale. The mean score was calculated and used as cut off value to categorize as have favorable attitude if they score equal or greater than the mean score on the attitude questions and unfavorable attitude if they score less than the mean score of the attitude questions of the YFSRH services.[22]

Data quality assurance

To assure data quality, data collectors and supervisor were trained for two days by principal investigators. The training include purpose of study, ethical issue, confidentiality how to collect data, minimize non-response rate and the data collectors and supervisors to have common understanding. 5% of the sample was pretested prior to actual data collection out of selected schools in the study district. Then necessary amendments were made upon identified ambiguities of the tools in the wording, logic and skipping order.

The principal investigator and the supervisor carried out day to day on site supervision during the whole period of data collection. Completeness and consistency of the collected data checked on daily basis during data collection by supervisor and the principal investigators. The data was coded in non-overlapping code and then entered into Epidata software.

Data analysis Procedures: The data on each coded questionnaire was entered into Epidata version 3.1. Then, the entire data was cleaned and corrected for errors. The data was exported to Statistical Package for Social Science (SPSS) version 20.0 for analysis.

Descriptive data was presented in text, tables and graphs. Binary and multiple logistic regressions was computed to assess the factors associated with YFSRHS utilization; the degree of association between independent and dependent variables was assessed using binary logistic regression.

Before multivariable analysis, independent variables were checked for multicollinearity effect using correlation matrix. The Hosmer-Lemeshow test was used to test goodness-of-fit to assess whether the necessary assumptions for the application of multiple logistic regression.

Candidate variables with P-value <0.25 in binary regression and those considered important based on literatures were entered in to multiple logistic regression; final model was built with backward stepwise elimination (backward LR). Finally, corresponding p-value of <0.05 was considered as a cutoff point to declare statistically significant association.

Ethical consideration: Ethical clearance was obtained from Institutional Review Board (IRB) of Jimma University College of health sciences. Supportive letter was obtained from Goba town Education office which requests cooperation and communicated to the secondary and preparatory schools on which the study was conducted. Explaining the purpose of the study, verbal consent was obtained from participants whose age is in between 15 and 24 years. The respondents were old that they have the right to respond fully or partially to the questionnaire or refuse to participate at all. All the information given by the respondents was used for research purposes only and confidentiality was maintained by omitting any personal identifiers of the respondents.

RESULTS

Socio-demographic characteristics of school youths

A total of 358 (97.5%) youths were participated in the study of which 182 (50.8%) were females. The mean age of the study population was 17.64(SD=1.94) years. One

hundred twenty (33.5%) of students were grade ten followed by grade nine 151 (42.2%). Two hundred thirty four (65.4%) of youths belong to Oromo ethnicity followed by Amhara ethnicity117 (32.7%). One hundred sixty two (45.3%) of the youths had pocket money for daily expenses. On the other hand, 150 (41.9%) of the respondents' father were farmer, whereas, 207 (57.8%) of the respondents' mother were housewife. One hundred twenty six (35.2%) and 67 (18.7%) of respondents' father and mother were above grade 12 respectively. (Table – 1).

Table 2: Socio-demographic, economic and cultural Characteristics of secondary and preparatory schools youths in Goba town, Ethiopia May 2016(N=358)

Characteristics	Number	Percent
Sex		
Male	176	49.2
Female	182	50.8
Age		
15-19	292	81.6
20-24	66	18.4
Grades		
9^{th}	151	42.2
10^{th}	120	33.5
11^{th}	50	14
12^{th}	37	10.3
Religion		
Muslim	138	38.5
Orthodox	188	52.5
Protestant	31	8.7
Other*	1	0.3
Ethnicity		
Oromo	234	65.4
Amhara	117	32.7
Tigre	6	1.7
Other*	1	0.3
Perceived part of culture prohibits YFS utilization		
Yes	77	21.5
No	281	78.5
Pocket money		
Yes	162	45.3
No	196	54.7
Occupational status of father		
Farmer	150	41.9
Government employee	115	32.1
Non-government employee	29	8.1
Self-employment	55	15.4
Daily laborer	9	2.5
Occupational status of Mother		
House wife	207	57.8
Government employee	61	17.0
Non-government employee	24	6.7
Self-employment	55	15.4
Daily laborer	11	3.1
Educational level of father		
Unable to read and write	25	7.0
Able to read and write	37	10.3
Grade 1-6	68	13.0
Grade7-12	102	28.5
Above grade 12	126	35.2
Educational level of mother		
Unable to read and write	28	7.8
Able to read and write	56	15.6
Grade 1-6	121	33.8

Grade7-12	86	24.0
Above grade 12	67	18.7

**Wakefata was other religion reported*
**wolaita was other ethnicity reported*

Utilization of YFSRHS and associated exposure variables on bivariate analysis

Socio–demographic, economic and cultural Factors and Utilization of YFSRHS

The overall utilization of youth friendly sexual and reproductive health services was 133 (37.2 %) out of this utilization of services by male and female was 66(37.5%) and 67(36.8%) respectively. More than half, 42(63.6%), of 20-24 year age group utilized the services out of a total of 66 youths in the age range. Nearly all 70(80.5%) grade 11 to 12 youths utilized the services compared to grade 9 to 10 youths. Youths who perceived that culture prohibits YFSRHS utilization were less likely utilized the service compared to those said did not prohibit. Youths whose father was above grade 12 were 58 (46%) who utilized the services as compared to unable to read and write. Almost half 80(49.4%) of youths who got pocket money used the services from a total of 162 who had pocket money for daily expenses.(Table -3).

Sexual experience and utilization of YFSRHS

Regarding sexual history youths who had boy/girl friend were 205, but only 88(42.9%) of school youths had utilized the services in the past 12 months. More than half, 79(51.6%), of Youths who had sex used the services out of 153 who had sex in the past 12 months. More than half 67(54.9%) of youths whose age was in the age range of 15-19 at first sex used the services out of 122 in the age range of 15-19 at first sex. Thirty seven (58.7%) of youths who had greater or equal to two sexual partner had utilized the YFSRHS compared to those who had less than two sexual partners (Table -3).

Awareness, knowledge, attitude and Utilization of YFSRHS

According to this study nearly all 312 (87.2%) of youths had heard about youth friendly sexual and reproductive health services; but only ninety eight (50.8%) of youths who heard about YFSRHS from health workers had utilized the services out of 193. Eighty (44%) of youths utilized the services out of 182 youths with good knowledge on YFSRHS. Less than half, 73(42.9%) of youths with favorable attitude used the services out of 170. (Table -3).

Table 3:Utilization of YFSRHS among youths of secondary and preparatory schools with health institutions providing youth friendly services in Goba town, Southeast Ethiopia, May 2016(N=358)

Characteristics	Used YFSRHS		COR (95% CI)	p-value
	Yes (%)	No (%)		
Sex				
Male	66(37.5)	110(62.5)	1.00	0.891
Female	67(36.8)	115(63.2)	0.97(0.63,1.49)	
Age category				
15-19	91(31.2)	201(68.8)	1.00	0.000
20-24	42(63.6)	24(36.4)	3.87 (2.21,6.76)***	
Grade of respondents				
9-10	63(23.2)	208(76.8)	0.07(0.04,0.13)***	0.001
11-12	70 (80.5)	17(19.5)	1.00	
Perceived part of Culture prohibits YFS utilization				
Yes	2(2.6)	75(97.4)	0.031(5.81,3.26)***	0.001
No	131(46.6)	150((53.4)	1.00	
Pocket money				
Yes	80(49.4)	82(50.6)	2.63(1.69,4.09)***	0.001
No	53(27)	143((73)	1.00	
Occupational status of father				
Farmer	47(31.3)	103(68.7)	1.00	0.283
Government employee	48(41.7)	67(58.3)	1.57(0.95,2.61)	0.081
Non-government employee	10(34.5)	19(65.5)	1.15(0.49,2.67)	0.739
Self-employment	23(41.8	32(58.2)	1.57(0.83,2.97)	0.162
Daily laborer	5(55.6)	4(44.4)	2.74(0.70,10.67	0.146
Occupational status of mother				
House wife	68(32.9)	139(67.1)	1.00	0.046
Government employee	20(32.8)	41(67.2)	0.99(0.54,1.83)	0.993

Non-government employee	10(41.7)	14((58.3)	1.46(0.61,3.45)	0.389
Self-employment	28(50.9)	27(49.1)	2.12(1.16,3.87)	0.015
Daily laborer	7(63.6)	4(36.4)	3.57(1.01,12.6)	0.048
Educational level of father				
Unable to read and write	5(20)	20(80)	1.00	0.004
Able to read and write	8(21.6)	29(78.4)	1.10(0.32,3.87)*	0.021
Grade 1-6	18(26.5)	50(73.5)	1.44(0.47,4.41)	0.010
Grade7-12	44(43.1)	58(56.9)	3.03(1.06,8.72)	0.009
Above grade 12	58(46)	68(54)	3.41(1.21,9.67)	0.662
Educational level of mother				
Unable to read and write	9(32.1)	19(67.9)	1.00	0.237
Able to read and write	19(33.9)	37(66.1)	1.08(0.41,2.85)	0.129
Grade 1-6	40(33.1)	81(66.9)	1.04(0.43,2.51)	0.088
Grade7-12	32(37.2)	54(62.8)	1.25(0.50,3.09)	0.030
Above grade 12	33(49.3)	34(50.7)	2.05(0.81,5.17)	0.136
Boy/girl friend				
No	45(29.4)	108(70.6)	1.00	
Yes	88(42.9)	117(57.1)	1.81(1.16,2.82)**	
Had sex in the past 12 months				
No	54(26.3)	151(73.7)	1.00	0.001
Yes	79(51.6)	74(48.4)	2.25(1.45,3.49)***	
Age at first sex				
10-14	4(19)	17(81)	1.00	0.005
15-19	67(54.9)	55(45.1)	5.18(1.65,16.2)**	0.005
20-24	8(80)	2(20)	2.46(2.56,112.98)	0.003
Sexual partners				
<2	42(47.2)	47(52.8)	1.00	0.162
>=2	37 (58.7)	26(41.3)	1.59(0.83,3.05)	
Heard from health workers				
No	35(29.4)	84(70.6)	1.00	0.001
Yes	98(50.8)	95(49.2)	2.47(1.52,4.02)***	
Knowledge of YFS				
Poor knowledge	53(40.2)	79(59.8)	1.00	0.501
Good knowledge	80(44)	102(56)	1.17 (0.74,1.84)	
Attitude towards YFS				
Unfavorable attitude	60(43.5)	78(56.5)	1.00	0.925
Favorable attitude	73(42.9)	97(57.1)	0.98(0.62,1.54)	

Reasons for utilizing YFSRHS

According to this study majority 312 (87.2%) of youths had heard about youth friendly sexual and reproductive health services (YFSRHS). The most commonly mentioned source of information for YFSRHS was television 224 (71.8%) followed by the health workers 193 (61.9%). Among those who had sexual intercourse 122 (79.7 %) started sexual intercourse before the age of 18 years.

The reasons for utilizing the services majority 102 (76.1%) used YFSRHS for VCT for HIV/AIDS followed by for sexually transmitted disease treatment 56(41.8%)(Figure-2).

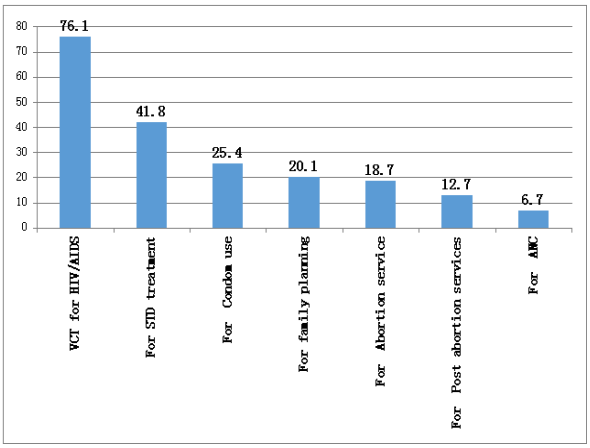

Figure 2: The frequency of the reason to use YFSRHS among youths of secondary and preparatory schools with health institutions providing youth friendly services in Goba town, Southeast Ethiopia. May2016 (N=133)

The reasons not to use YFSRHS

This study revealed that more than half of the study participants 225 (62.8%) did not used YFSRHS. From all the non-users of YFSRHS the paramount justification for not to use stated was because they were not ill to use the services 121 (54%) followed by they had no information about the services 103(46.2 %) (Figure-3).

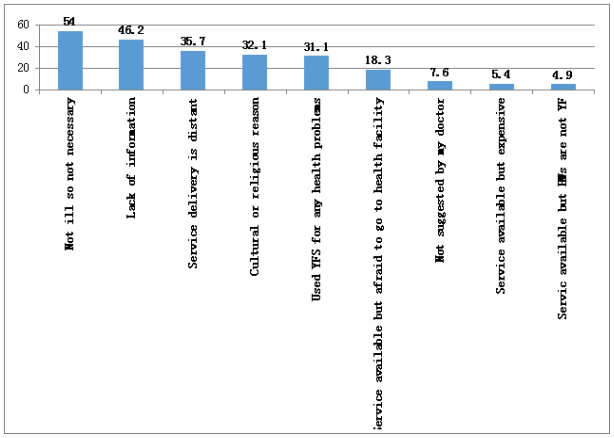

Figure 3: The frequency of the reasons not to use YFSRHS among youths of secondary and preparatory schools with health institutions providing youth friendly services in Goba town, Southeast Ethiopia, May 2016

Health system factors

Health facility factors that encouraged or discouraged the school going youths from utilizing YFSRHS were investigated. Factors such as distance to YFS facility from their home, YFS facility organization, and youth's perception towards staff treatment/handling were assessed.

Distances of YFS Facility

Youths who heard about YFS facility were asked to estimate the distance of YFS facility from their home **(N=312**) (Figure-4).

As suggested by 132 (42.3%) of the youths who said that it was a walking distance to the nearest facility while 116 (37.2%) said that the nearest facility required transport fare of 1.00 Eth. Birr. Others, that is, 64 (20.5%) said that the nearest facility required transport fare of 1.50 Eth. Birr. Fare/money was used as an estimate for distance because it was difficult to do the estimate of distances in terms of kilometers as the roads within the town are not all marked showing distances.

Staff treatment/handling of the youths

The youths utilized the services were asked for how handled by service provider and 105 (55.6%) said the providers were good, friendly, 55(29.1%) felt they were moderate-welcomed but asked too many questions. However, 29 (15.3%) felt that the service providers were bad and harsh to them.

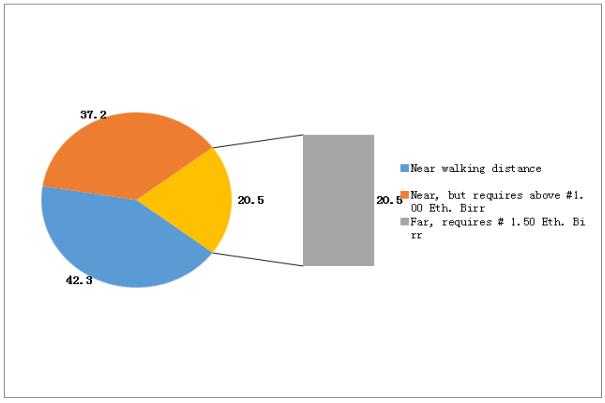

Figure 4: Shows distance interms of money paid for transport from youths home to nearer YFS facility

Health Facility Organization

The youths were asked if they had visited YFSRH facility but missed the services. Among non-users123 (39.4%) of the youths indicated that they actually did not get the services even though they heard about the facility. Those who sought but did not get the services were asked to state the reasons that made them miss the services.(Figure-5).

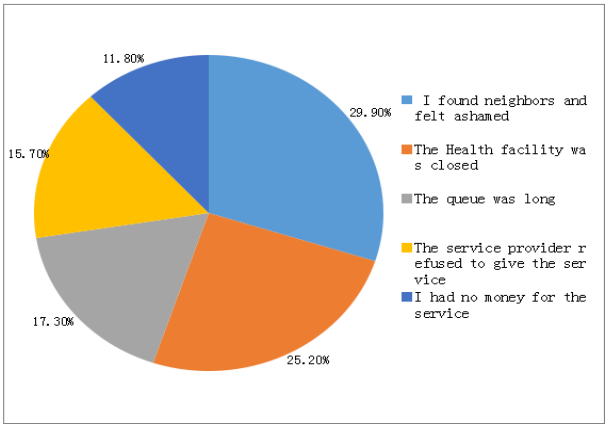

Figure 5: Reasons for Missing YFRHS by school youths in Goba town, May 2016

Figure-6 shows the reasons cited by the youths for not receiving the services required as; (29.90%) said they found neighbors/relatives at the facility and felt shamed, facility closure at the time of arrival at the facility (25.20%), long queues at the facility (17.30%), Some 15.70% of the youths were turned back by service providers refused to give service while 11.80% were due to lack of money to pay for the services.

Multivariable analysis of factors associated with YFSRHS utilization

On the bivariate analysis, age of the youths, grade level of the youths, perceived part of culture prohibiting YFSRHS utilization, having pocket money, educational level of father, having boy/girl friend, age at first sexual intercourse, had sexual intercourse, hearing about YFSRHS from health workers were identified to be significantly associated with YFSRHS utilization.

But, grade level of the youths [AOR (95% CI) = 0.09(0.02, 0.35)], perceived part of culture prohibiting YFSRHS utilization [AOR (95% CI) = 0.06(0.01, 0.34)], having pocket money [AOR (95% CI) = 2.47(1.02, 5.97)], age at first sexual intercourse [AOR (95% CI) =4.07(1.11, 14.93)] and hearing about YFSRHS from health workers [AOR (95% CI) =2.52 (1.03, 6.16)] were remained significantly associated with YFSRHS utilization in the multiple logistic regression analysis. (Table-4).

Table 4: Multivariable analysis of factors associated with YFSRHS among youths of secondary and preparatory schools with health institutions providing youth friendly services in Goba town, Ethiopia, May 2016

Characteristics		Used YFSRHS		COR (95% CI)	AOR (95% CI)
		Yes (%)	No (%)		
Grade of respondents	9-10	63(23.2)	208(76.8)	0.07(0.04,0.13)	0.09(0.02,0.35)**
	11-12	70(80.5)	17(19.5)	1.00	1.00
Perceived Part of culture prohibits YFS	Yes	2(2.6)	75(97.4)	0.031(0.01,0.13)	0.06(0.01,0.34)**
	No	131(46.6)	150(53.4)	1.00	1.00
Have pocket money	Yes	80(49.4)	82(50.6)	2.63(1.69,4.09)***	2.47(1.02, 5.97)*
	No	53(27)	143(73)	1.00	1.00
Age at first sex	10-14	4(19)	17(81)	1.00	1.00
	15-19	67(54.9)	55(45.1)	5.18 (1.65,16.29)**	4.07(1.11, 14.93)*
	20-24	8(80)	2(20)	2.46 (2.56,112.98)	4.47 (0.32,64.40)
Heard about YFS from health workers	No	35(29.4)	84(70.6)	1.00	1.00
	Yes	98(50.8)	95(49.2)	2.47(1.52,4.02)***	2.52 (1.03,6.16)*

1=Reference category *p<0.05, **p<= 0.01, ***p<=0.001.

DISCUSSION

Youths tend to be less informed, less experienced, and less comfortable in accessing reproductive health services than adults. They often lack basic reproductive health knowledge and access to affordable and confidential health services.[23] This study tried to assess the level of youths friendly sexual and reproductive health service utilization and associated factors among school youths in Goba town.

The overall prevalence of youth friendly sexual and reproductive health service utilization among the study participants in this study was 37.2%. When compared with the result of the community based study conducted in Harar which revealed youth friendly sexual and reproductive health service utilization prevalence of 63.8% the result in this study is low, the possible explanation for the difference might be the sample size difference between the two studies that is higher sample size in the study conducted in Harar and lower in the current study, otherwise the two studies are comparable.[24]

The prevalence in this study was almost similar with the result of study done in West Hararghe where 42.1% of the study participants were used YFSRHS in the existing health institutions at the time of the survey[25] and 41.1% ever and 34.5% current users of reproductive health services of community based study in Jimma.[26] But, the result in this study was higher than a school based studies in Bahir dar (32.2%)[16], Addis Ababa high school youths (29%)[27] and much higher than that of the study in Mechekel (21.5%).[28] AAU students that showed YFSRHS utilization among youths of age (15-24) years of 14.6%[29] Nepal (9%).[20] The reason for such higher prevalence in this study is explained in terms of the difference in the study setting and time gap in between the studies. The current higher promotion and expansion of youth friendly services contributed for the higher utilization in the recent study. This implies that awareness on YFS increasing time to time which is in agreement with study in Harar.[30]

In this study from the total study participants about 153 (42.7%) of the youths were already had sexual intercourse at the time of the survey. This finding is comparable with the findings of study done in West Hararghe where 151(35.6%) of the participants were already sexually active at the time of the study. But, the finding in the recent study was higher than the finding in the study done in AAU university students that showed 30.5% of the participants were sexually active at the time of the survey. This difference is connoted to study setting difference. Sexual practice of youths that was increased in the current setting should be linked with lack of open communication on SRH issues with their families while increasing service utilization.[25, 29]

As to the reasons for using YFSRHS, majority of the youths 102 (76.1%) used YFSRHS for VCT for HIV/AIDS followed by for sexually transmitted disease treatment 56(41.8%). This result is also supported by the study done in Kiambu county district, in Kenya where the youths used the services for family planning 29.5%, used for voluntary counseling HIV testing services 38.7% and for STIs treatment 9%. But this findings were different in terms of condom use and Family planning. In the recent study majority of the participants used YFSRHS for condom use and Family planning next to VCT and STI treatment. The possible justification for the

difference was attributed to study setting difference and the issues considered in the data collection tool.[31]

The result in this study is also not in line with the report of Assessment of Youths Reproductive Health Programs in Ethiopia where youth centers in Addis Ababa were mostly visited by the youths for services like library, recreation and for sharing of information between the youths. The possible reason for the difference with this report might be in the study areas where the current study addressed there were no such facilities so that the youths couldn't get the service, so that utilization of service could be affected by type of service available.[15]

This study revealed that more than half 225 (62.8%) of the study participants did not used YFSRHS. From all the non-users of YFSRHS the paramount justification for not to use stated among 121 (54%) was they didn't used the services because they were not ill to use the services followed by they were didn't used because they had no information about the services 103(46.2%). This result is not in line with the result of study done in Harar where only 36.2% of the youths didn't used YFSRHS and the reasons mentioned for non-use in the same study was the youths did not know where to go for such services (43%) followed by distance (18.7%).[13, 24]

The possible reason for the difference might be the time lapse between the two studies and the accelerated expansion and promotion of youths services than the previous period. This implies that awareness of YFS, accessibility to services being improved with time.

Youths who heard about YFSRHS from health workers were 2.52 times more likely to use YFSRHS compared to youths did not heard about YFSRHS [AOR (95% CI)= 2.52 (1.03,6.16)].

This was contributed to better access to health information sources that enabled Youth friendly services utilization. This implies that awareness creation has a great role in magnitude of service utilization.[30]

Grade nine and ten students were 91% less likely to use YFSRHS compared to grade eleven and twelve students [AOR (95% CI) = 0.09(0.02.0.35)]. This finding is supported by studies in northwest Ethiopia and Kenya where educational level difference is significantly associated with RH services utilization.[22, 32, 33] This is due to more disclosure for SRH information and secondary behavioral change.

Youths that perceived there is part of culture prohibiting utilization of YFSRHS were 94% less likely to use YFSRHS [AOR (95% CI) = 0.06(0.01, 0.34)].

When there is no community involvement whereby communities are engaged in negative dialogue to promote the value of health services and discourage parental and wider support for the provision of quality services to youth, utilization is likely to decrease. The reason is due to perception of youths influenced by community perception towards YFSRHS utilization with having sex.[17]

Youths who get pocket money for daily expenses were 2.47 times more likely to use YFSRHS compared to those with no pocket money for daily expenses [AOR (95% CI) = 2.47(1.02, 5.97)].

Likewise, having pocket money has shown to have positive association with YFS utilization. This is explained by the fact that in these study area, parents are usually giving money for their youth, this intern led them to sexual activities that in turn pushed them to seek health services in general and YFSRHS in particular YFSRHS utilization.[25]

Those whose age category is in the range of 15-19 years at first sexual intercourse were 4.07 times more likely to use YFSRHS compared to youths whose age category is in the range of 10-14 years at first sexual intercourse [AOR (95% CI) =4.07(1.11, 14.93)]. This finding is in agreement with the study conducted in Jimma[50] and Bahir Dar.[16] According to study done in the odds of RH service utilization to ever had sex youths was 3 times higher than abstainers and as the age of the youths increase the probability of having sex also increases. This is due to the reason why older youths are more likely to utilize the service. Other studies done in Nepal and Nigeria also found similar results.[34]

But, age category, knowledge and attitude were not statistically significantly associated with Youth friendly sexual and reproductive health service utilization. This result is in agreement with the result of the study in AAU where age group of the youths, knowledge and attitude of youths towards service utilization were not statistically significantly associated with sexual and reproductive health services use in multiple logistic regressions analysis.

Strength and Limitation of the study

The study addressed previously unscathed and currently which is area of public health concern. It considered sex balance during sampling procedure by proportionally allocating for both sex in each grades of the schools. The study was conducted only in the three governments secondary and preparatory school, which means the findings, may not be generalizable to semi-urban high schools of Goba district. Data collected through self-administered questionnaire has subjectivity.

CONCLUSION

Generally this study has disclosed that YFSRHS utilization among high school youths in Goba town was low. Nearly all of the study participants were ever heard about youth friendly sexual and reproductive health services. More than half of the study participants were already sexually active before the age of 18 years that is

still of public health concern. In this study, television and health workers were found to be the main source of information about YFSRHS.

High proportion of the users of YFSRHS reported the reason for utilizing the services was for VCT for HIV/AIDS followed by for sexually transmitted disease treatment. More than half of the study participants did not used YFSRHS and the paramount justification for not to use stated were they didn't used the services because they were not ill to use the services and they didn't used because they had no information about the services.

The youths utilized the services were asked for how handled by service provider and more than half of youths said the providers were good, friendly. Hearing about YFSRHS from health workers, having pocket money and age at first sexual intercourse were statistically significantly associated factors with YFSRHS utilization with all showing positive association while grade level of youths and perceived part of culture prohibiting YFSRHS utilization showing significant negative association.

RECOMMENDATIONS

For town health office

- Hosting youth's forum to discuss about the sexual and reproductive health matters.
- There is need to train more school peer educators to compliment the health service providers in passing the youth friendly reproductive health information to their peers.
- Increase their awareness on the current youth friendly services that exist in the hospital and Goba health center.
- Creating and sustaining supportive environments for young people, providing the necessary information and skills, and expanding access to health services.
- To work in collaboration with the zonal health office and Madda Walabu University for promotion of youth friendly sexual and reproductive health service utilization.
- Provide youth friendly services where majority of youths would come like schools.

For zonal health office/ other development partners working on SRH issues

- Expanding youth friendly service both in terms of service providing health facilities and service dimensions
- The government and partners need to increase funding towards YFSRHS to enable service providers to offer these services completely free of charge to enable the school youths access them without any constraints.

Areas of Further Research

Similar studies need to be done in other districts involving more schools to generate more supportive evidence. A study supported by qualitative techniques should be done to gauge youths utilization patterns for YFS including youths parents and service providers' opinion and to inform policy adjustments and formulation.

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COMPETING OF INTEREST

Authors declare that no competing interest.

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