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YOUTH FRIENDLY HEALTH CARE SERVICES UTILIZATION AND ASSOCIATED FACTORS AMONG HIGH SCHOOL STUDENTS IN BOSSAT DISTRICT, OROMIA REGION, ETHIOPIA

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ABSTRACT

Background: Globally young people are faced with immense reproductive health problems; they have limited access to quality reproductive health. In Ethiopia, about 63% of the total population is below the age of 25 years. Nationwide 13% of teenagers have started childbearing, unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions and sexually transmitted infections. **Objectives**: The objective of this study was to assess utilization of youth-friendly reproductive health service among high school students in Bosset Woreda, Ethiopia, May 2018. **Methods and Materials**: Institutional based cross-sectional study was used and a total of 360 study participants were selected from three randomly selected high schools. Simple random sampling technique was used to select study participants. Dgaruata was entered into EPI-INFO Version -7 and analyzed using SPSS version 20. Odds ratios, along with 95% confidence interval was calculated using bivariable and multivariable logistic regression; p-value less than 0.05 was considered as statistically significant. **Results**: This study indicates that, 187(51.9%) were female and 34.4% of youth's utilized youth reproductive health service. More than half 224(62.2%) of the respondents were knowledgeable about reproductive health service. Females were 1.76 times more likely to use reproductive health services than male respondents (AOR = 1.76, (95% CI 1.12-2.78)). Youth who are near to health facility in less than 30-minute travel or those who pay two birr for transport cost were 2.6 times more likely to utilize reproductive health service than those who take more than 30-minute walking distance (AOR=2.6 (95% CI 1.2-5.99). **Conclusion**: The level of youth-friendly reproductive health service utilization was very low; there need to be great effort and attention of all concerned bodies to design and implement appropriate youth reproductive health strategies in schools to influence the knowledge, attitudes and practice of youths to increase the service utilization.

KEYWORDS: Youth-friendly service, Reproductive Health, Bossat Woreda, Ethiopia.

INTRODUCTION

Our world is home to 1.8 billion young people between the ages of 10 and 24, and the youth population is growing fastest in the poorest nations. Young people make up slightly less than one-quarter of the world population, with over 85% living in developing countries.[1] Africa is the world's youngest continent, 70 % of the region's population was under the age of 30, and slightly more than 20% were young people between the ages of 15 to 24. The development of Sub-Saharan Africa is closely linked to the wellbeing of its young people. With more than one-third of the total population aged 10 to 24.[2]

In Ethiopia, about 63% of the total population is below the age of 25 years and out of these the young people of ages 10–24 which makes up 35% (33.4 million) in number of the total population, are the largest group to be entering adulthood in Ethiopian history.[3] Youth-friendly reproductive health services (YFRHS) have been recognized as an appropriate and effective strategy to address the sexual and reproductive health (SRH) needs of adolescents.[4] The concern about youth sexual and reproductive health (YSRH) has grown following reports that sexual activity, early pregnancies and sexually transmitted infections (STIs) including Human immunodeficiency virus (HIV) infection rates are increasing at unprecedented rates among adolescents.

Youth-friendly reproductive health service is defined as services accessible, acceptable and appropriate for the youth, in the right place at the right price (free where necessary) and delivered in the right style to be acceptable to young people and are effective, safe and affordable and they include counseling, family planning,

voluntary counseling and testing (VCT) and treatment of STIs.[5]

Because of the stigma attached to youth sexuality, there have been pockets of opposition to youth access to SRH information and services for fear of promoting promiscuity among the age group. For that reason, there have been few efforts by policymakers, government leaders, and SRH service providers to promote the provision of youth-friendly SRH services. As a result of that lapse, there has been a feeling by SRH stakeholders that such services can only be provided by Non-Governmental Organizations (NGOs), rather than through the public health delivery system. However, public health facilities have great potential for scaling-up and sustaining youth-friendly service that already exists and are more likely than NGO facilities to exist in the future.[6]

Although we may think of adolescents as a healthy group, many die prematurely and unnecessarily through accidents, suicide, violence and pregnancy-related complications and some of the serious conditions of adulthood (for example, sexually transmitted infections (like HIV; and tobacco use) have their roots in adolescent behavior.[7] According to Ethiopian demographic health survey (EDHS) 2016, 13 % of women aged 15-19 in Ethiopia have begun childbearing and high adolescent birth rate was likely associated with the low use of modern contraceptives.[8]

Despite their numbers, adolescents have not traditionally been considered a health priority in many countries, including Ethiopia. While the country has been implementing major interventions to reduce child mortality and morbidity, interventions addressing the health needs of young people have been limited. Health services are rarely designed specifically to meet their needs and health workers only occasionally receive specialist training in issues pertinent to adolescent sexual health. It is perhaps not surprising therefore that there are particularly low levels of health-seeking behavior among young people .Similarly, young people in a variety of contexts have reported that access to contraception and condoms is difficult.[9] The needs of young people, like other marginalized groups, are not adequately addressed within the health system, in part because their needs are typically seen to derive from social, rather than health reasons. Government reproductive health (RH) services are perceived by youth to be unfriendly. The current facility-based health care structure does not meet the unique service and informational needs of young people.[10]

As a response to the reproductive health needs of youth, the Ministry of Health integration process of priority concerns into the Ethiopian Essential Package for Health Program at the especially the community level of health care. The Adolescent RH and Development Plan of Action 2005-2015 was developed to guide the implementation of the policy and later a National Guideline for Provision of youth-friendly services has been developed and funds have been provided all in the effort of meeting the sexual and been provided all in the effort of meeting the sexual and reproductive health needs of the youth.[11]

RH programmers usually fill gaps to serve primarily urban youths but the vast majority of young people in the countryside remain underserved; Adolescent and youths are still facing RH challenges as unsafe abortion, unmet need for family planning and STI including HIV. Limited access to RH care and services for young people contributes to and exacerbates many of the RH problems and related complications, Even if health services including RH services are accessible and acceptable, not all groups of youths can obtain the health services as they need.[12]

Barriers and challenges to utilize YFRHS

The main factors that block the youth friendly reproductive health services up take include inadequate access, lack of provision of reproductive health services acceptable to all, lack of clear directions and services being offered without due consideration of privacy of users, appointment times that do not consider work schedules of the young people, and little or no accommodation for the non-frequent users.[13]

Pathfinder international in one of their assessments of the various reproductive health services found out that there are some barriers caused by the current condition of reproductive health services that seems non-conducive to young persons.[15]

In a study to evaluate youth friendly services(YFS) in Shanghai, China, found that although there was good infrastructure, equipment, staff and good environment at the city, district, and school level, few youths used YFS due to insufficient publicity, insufficient full time and skilled professional health service providers, poor services and a weak referral system.[16]

According to a study conducted in Tanzania a good number of health facilities do not have skilled service providers (SPs) on sexual reproductive health rights. Girls start sexual intercourse between 9 and 12 years the services sought included; education, family planning and voluntary counseling and testing for HIV. However, the services were inaccessible due to lack of privacy, confidentiality, equipment and negative attitudes from SPs. A qualitative study in rural south Africa agrees with the above research as the result indicated that one of the barriers to service utilization was unfriendly service provider which in turn was due to lack of youth friendly service provision training.[17,18]

In a study conducted to assess the user friendliness of sexual and reproductive health service in Botswana concluded that sexual and reproductive health service in

Botswana is doing well, however there are still some few weaknesses that need to be addressed, particularly working hours, and publicity of the sexual reproductive health services and information. In addition the study found that health provider attitudes had the greatest impact on youth perceptions of the YFRHS provided.[19]

In a study conducted in Kenya 52% of the youth indicated that they actually did not get the services they asked for. The reasons given for not getting the service were the long queue ,couldn't afford the service, found neighbors and felt ashamed, the service provider refused to offer services , the clinic was closed.[20]

In a study done in Jimma city majority of adolescents are not utilizing RH services despite the availability of a wide range of service giving centers in the city. The study concluded that cultural acceptability may have more importance for utilization of health services than physical accessibility, particularly for adolescent age groups.[21]

According to a study conducted in Bahirdar to assess the utilization of YFRHS among high school students the study barriers in utilizing reproductive health services for the students were; inconvenience hours and fear of being seen by parents or people whom they know.[22] In a study conducted in Harar, 63.8% of the respondents used YFS at the time of the survey while the remaining 36.2% did not. Among those who didn't use the service 43% did not know the places where they could get the service.[23]

In a study that assessed health service utilization pattern of adolescents in Addis Ababa considerable proportion of the adolescents reported that existing health services are inaccessible (30.5%), unaffordable (20.2%) and unacceptable (24.2%). The major barriers to utilizing reproductive health services are feeling of embarrassment and fear of being seen by parents or people who know them. Adolescent's preference regarding the service place and person serving varied widely; but majority preferred special service hours designated for adolescents (70.1%), and a discounted price or free service (80.0%). Disclosing reproductive health problems to parents, and seeking appropriate medical care for these problems is much less likely compared to other non-reproductive physical health problems.[24]

A finding from a study conducted in Kenya indicated that age and sex of an individual were greatly associated with utilization of most reproductive health services except counseling services, in contrary to this finding, studies from Bahir Dar and Gojjam indicates that religion had association to some services; mainly family planning, VCT and counseling services.[20,22,25]

A study in Addis Ababa revealed that about one fifth of the respondents live with single parent and about a third of the respondents have both parents going out for paid work, which could have.

a negative effect on parent adolescent connectedness that facilitates further intimacy to discuss sensitive issues at this critical stage.[24]

Awareness on YFS utilization

Reproductive health services utilization was significantly associated with knowledge for reproductive health.[20,21,26] Knowledge about types of RH services showed significant association with ever use in a study done in Jimma. Adolescents with knowledge of family planning and VCT services were 9 and 3 time more likely to ever use RH services, respectively.

Adolescents who had interaction with family and peers and had access to pamphlets and posters as source of information for RH services were more likely to be ever user (21). RH services utilization was associated with IEC, adolescent-parent discussion of SRH topics and RH knowledge this agrees with a study in Gojjam in which the likelihood of services uptake was about 4 times higher where there was adolescent-parent communication regarding RH topics.[21,26]

Health system factors that affect (influenced) service utilization

Provision of good quality health services to the youth can be achieved through favorable policy environment, improved clinical and communication skills of providers and their supportive attitude (13). The most repeated health system factors that affected utilization of the service were unfriendly service provider, long waiting hours, lack of confidentiality among service providers, inconvenient hours of service provision and lack of privacy(infrastructure).[20,27,28]

Among the sampled 690 adolescents in a study conducted in Dejen district in Amhara region, Ethiopia that studied utilization and satisfaction of YFRHS, 313 (45.4%) used health services during the last one year; Of these, 190 (60.7%) were satisfied. Physical proximity), drug availability, health services availability treatment in separate room, checked all adolescents problem, treated with respect and opportunity to explain feeling were predictors of satisfaction.[24]

In this study, conducted in Bahir Dar city 88.1% respondents were accessed at least for one health facility but the utilization was low. Despite better access, the utilization of health services was low. Study participants claimed that: Reproductive health service working hours were inconvenient (31.8%); waiting hours were too long (28.4%) ; service provide were judgmental and unfriendly (23.6%) and on their attitude side fear of being seen by parents or people who know them (28.5%), they deter to utilize reproductive health service. This indicates that geographic accessibility only does not

imply the utilization of health services. This is also evidenced by other studies carried out in Harar.[23]

Health Worker's Attitude
Negative provider's attitudes have been identified as a major barrier as it discourages young people from seeking or returning for care (29,31) among Kenyan and Zambian midwives revealed that reproductive health services are under-utilized due to judgmental attitude of health providers and lack of competence coupled with lack of knowledge in youth friendly service provision irrespective of training.

In a study that assessed service providers attitude towards SRH service for unmarried adolescents in Ethiopia, lower education level, being a health extension worker, lack of training on RH services and participants that do not use family planning were significantly associated with negative attitudes toward provision of sexual and reproductive health services to adolescents.[30]

Bosat Woreda, Particularly, we have little scientific evidence that help us to understand the utilization pattern of youth friendly reproductive health services in Boset Woreda. The study will explores whether the youth are aware of the availability of youth friendly reproductive health services and whether they are utilizing them as well as the reasons behind under/ non utilization. This study was aimed at assessing the utilization of youth-friendly reproductive health services by school youths from public health facilities in the Bosset Woreda in Oromia regional state.

OBJECTIVES

General objective
To assess utilization of youth-friendly reproductive health service among high school youth in Bosset Woreda may, 2018.

Specific objectives
To determine the level of youth-friendly reproductive health service utilization.

To identify factors associated with the utilization of youth-friendly reproductive health services

METHODS AND MATERIALS

Study design, area and period: Institution based cross-sectional study was conducted to assess youth-friendly health care services utilization and associated factors among high school students in Bossat woreda, The study was conducted in Bossat Woreda, East Shewa zone, Oromia region, Ethiopia. The study was conducted from May-June 2018.

Sample size and sampling procedures
Single population proportion formula was used to estimate the sample size. In this case estimates for Bossat woreda was not known therefore Prevalence of youth-friendly service utilization 40% (p=40%) was Used from other similar study (33), with a confidence level of 95%, marginal error of 5%, and considering 10% non-response rate. Hence the sample size was calculated as follow,
n = z2pq/d2 Where:
n = the desired sample size (N>10000)
z = 1.96 which corresponds to 95% confidence
p = 0.40
d = 5%
q = 1–p; (1-0.40=0.60)
Therefore n=1.96*1.96*0.40*0.60/0.05*0.05=369

Since the total population is less than 10,000 (total number of high school students are 2,310), we use correction formula
Accordingly, n = (no/1+no/N)
= 383/(1+383/2310)
= 329

Adding 10% non-response rate the final sample size equals (329*0.1) = 329+ 33 = 362

Sampling procedure
Multistage sampling technique was used to select a representative sample of students. Three out of 4 government schools were selected using simple random technique. The total sample was allocated to the selected schools proportionate to their student population size, from three randomly selected high schools list of students in the respective schools that were provided by the respective school registrar office were used as a sampling frame. Then a proportional sample of students was determined from each grade for the final data collection process, simple random sampling technique was used and lottery method was used to pick the first respondent in each grade, followed by every kth student from the group to ensure randomness until 362 respondents was picked.

Data collection procedure
The study employs the following self-administered structured questionnaires adopted from a similar study. The questionnaire contains three parts:
Part- I- Sociodemographic, economic, school and socio-cultural information,
Part-II- Awareness and utilization of youth-friendly reproductive health services and
Part-III- Health system factors.

Data processing and analysis
All returned questionnaires were checked for completeness and consistency of response manually. After checking; data was coded and entered into EPI-INFO-7 and was exported to SPSS for analysis. Appropriate descriptive and analytical statistics like frequency, mean, standard deviation and Binary logistic regression were used to determine the prevalence and statistically significant association between the independent and dependent variables. An odds ratio, along with 95 % confidence level was used to estimate

the strength of association between the study variables which were significant on bi-variable analysis (P-value<0.25) were entered to multi-variable logistic regression analysis to examine the effect of an independent variable on the outcome variables. The level of statistical significance was declared at a p-value of less than 0.05.

Ethical consideration

The ethical approval and clearance letter was obtained from the Department of Public Health, Adama General Hospital and Medical College. Permission was obtained from the concerned bodies of the education bureau and Health Office. Additionally written consent was obtained from each respondent after providing adequate information on the purpose of the study. Anyone unwilling to participate in the study was assured of their full right to withdraw at any time and they were informed that they will not be affected in any way for doing so. To ensure confidentiality, respondents were informed not to write their names on the questionnaire.

RESULT

Socio-demographic characteristics of participants

Three hundred sixty school youth participated in this study resulting in a 99% response rate One hundred eighty-seven (51.9%) were females and 173(48.1%) were males. Two hundred ninety-two (89.2%) of the respondents were aged between 15 and 18 years with a mean age of 17year with (SD= 1.49). The majority of respondents 215(59.7 %) were orthodox Christians by religion and 250(69.4%) were Oromo, 88 (24.4%) were Amhara, and 4.5% were others respectively.

Table 1-sociodemographic characteristics of youth in Bossat Woreda, Oromia region, Ethiopia, May 2018.

Factors	Category	Frequency(n)	Percent%
Age groups	15-19 years	341	94.7
	20-24 years	19	5.3
Sex	Male	173	48.1
	Female	187	51.9
Religion	Orthodox	215	59.7
	Protestant	75	20.8
	Muslim	51	14.2
	Others	19	5.3
Ethnicity	Oromo	253	70.3
	Amhara	89	24.7
	Others	18	4.9
Living with	Both family	262	72.8
	Mother only	54	15
	Father	2	0.6
	Relative	12	3.3
	Alone	13	3.6
	With friends	17	4.7
Mother Educational Status	Illiterate	182	50.6
	Primary school	109	30.3
	Secondary school	53	14.7
	Higher education	16	4.4
Fathers' educational status(n=360)	Illiterate	115	31.9
	Primary school	136	37.8
	Secondary school	79	21.9
	Higher	30	8.3
Marital status	Single	339	94.2
	Married	18	5
	Others	3	0.9

Awareness (knowledge) towards youth-friendly services

Respondents' reproductive health Awareness was derived from a summary score of respondents based on the correct answers they provided for 15 youth-friendly service-related questions posed; the median YFS knowledge score of respondents was 6 with (IQR=5-8) was used to classify the respondent knowledgeable and not knowledgeable. Accordingly, 224 (62.2%) had an Awareness score equal or above the median score while 136(37.8%) had an awareness score less than the mean score regarding reproductive health.

The most important component of youth-friendly services reported regarding the services rendered in youth-friendly service facility were 155(43.1%) mentioned family planning service, 154(42.7%) VCT and 73(20.3%) said STI treatment respectively. Out of

the total respondents, 327(91.8%) reported that they know one or more methods of preventing pregnancy. The most known contraceptive method reported was Injectable 165 (48.8 %) followed by implant 121 (33.6%), condom 115 (31.9%), pills 90 (25%), and IUCD by 65(18.1%).

Among study participants, 208(59.2%) had information about youth-friendly reproductive service and know one or more services provided (Figure 1).

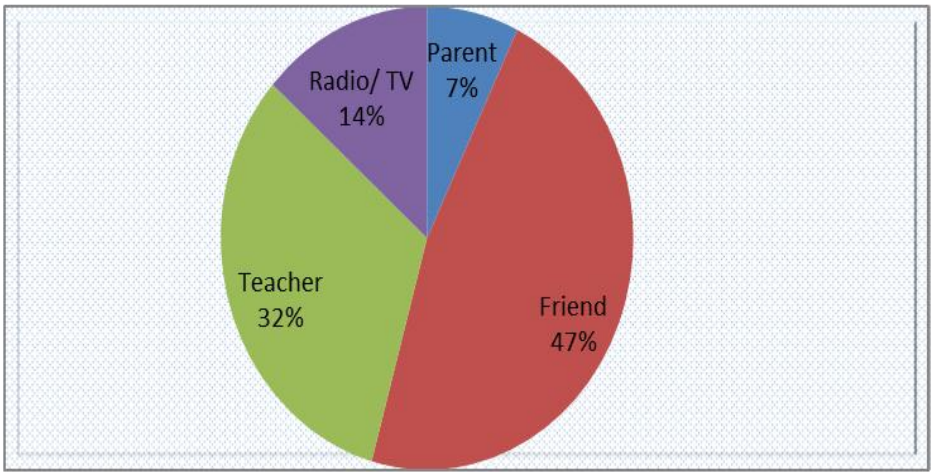

Figure: 1- Source of information on YFRHS in Youth in Bossat Woreda, Oromia region, Ethiopia, May 2018.

Utilization of YFRHS among Youth

Out of 360 youth respondents, 124(34.4%) participants were ever utilized youth-friendly health service of which 92(74.7%) of the respondents receive counseling services, 90(73.2%) family planning services, 69(56%) voluntary counseling and testing services, 51(41.5%) of the respondents receive general information and health checkup, 41(11.4%) respondents receive STI treatment service, 12(9.7%) of the respondents receive ANC services, 6(4.8%) of the respondents receive abortion care services and 8(6.5%) of the respondents receive post-abortion reproductive services (Figure – 2).

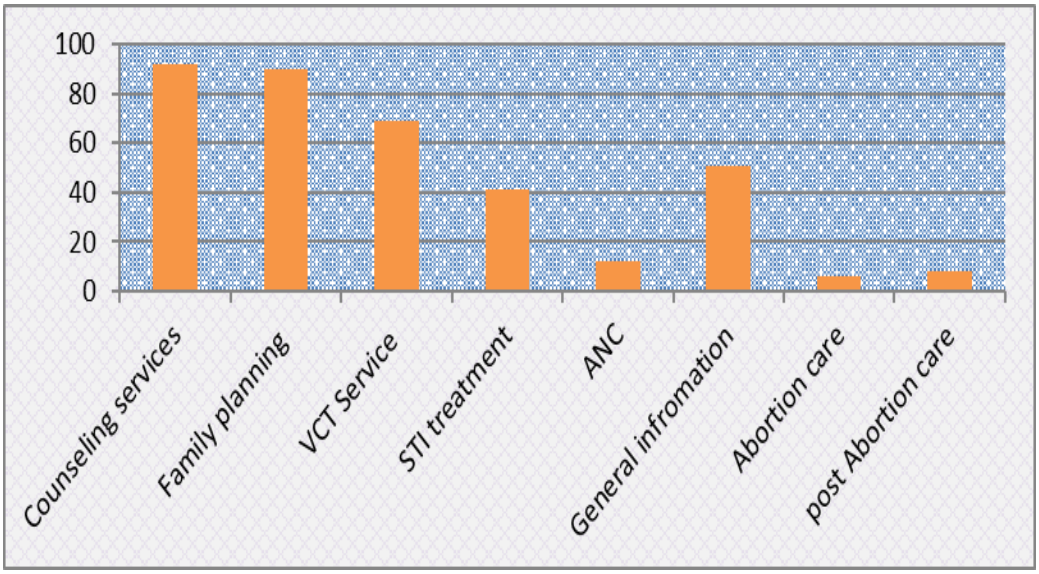

Figure: 2 - Services utilized among youth in Bossat Woreda, Oromia region, Ethiopia, May 2018.

Health System factors and utilization of YFRHS

Health facility factors that encouraged or discouraged the youths from utilizing YFRHS, youth asked were the service rendered. The respondent's mentioned school and youth center don't know where the youth-friendly service provided (Figure -3).

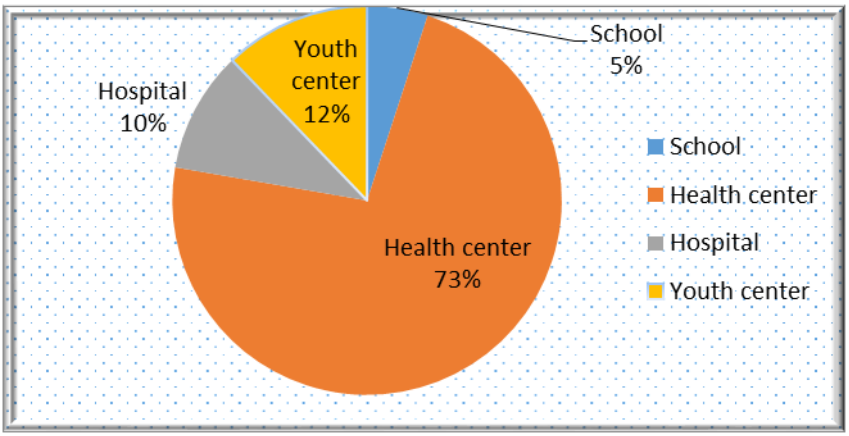

Figure: 3 - YFRHS facility information among youth in Bossat Woreda, Oromia region, Ethiopia, May 2018.

The respondents were further asked to estimate the distance from the nearest facility using transport fare as an estimate. Results show that most youths resided near the Youth Friendly Center as suggested by 109 (59.2%) of the youth, 49 (26.6%) required 2 ETB to reach the facility while ,26(14.1%) of the respondents who require transport fare of 4 ETB or it takes greater than 30 minute reach to the facility.

Among 124 respondents ever used a reproductive health service facility, asked to describe how they handled by service provider, 71(57.3%) said that service providers are Friendly, welcoming, handled me well and gave them service they require, 39(31.5%) said that service provider welcomed them but asked too many unnecessary questions before giving them service, While 14(11. 2%) said that service provider was harsh and bad to them. The respondents asked which time they prefer to get service (67%) prefer during the hours when other users are not around and they are less likely to utilize youth-friendly reproductive health services than youth in the usual health institute working hours.

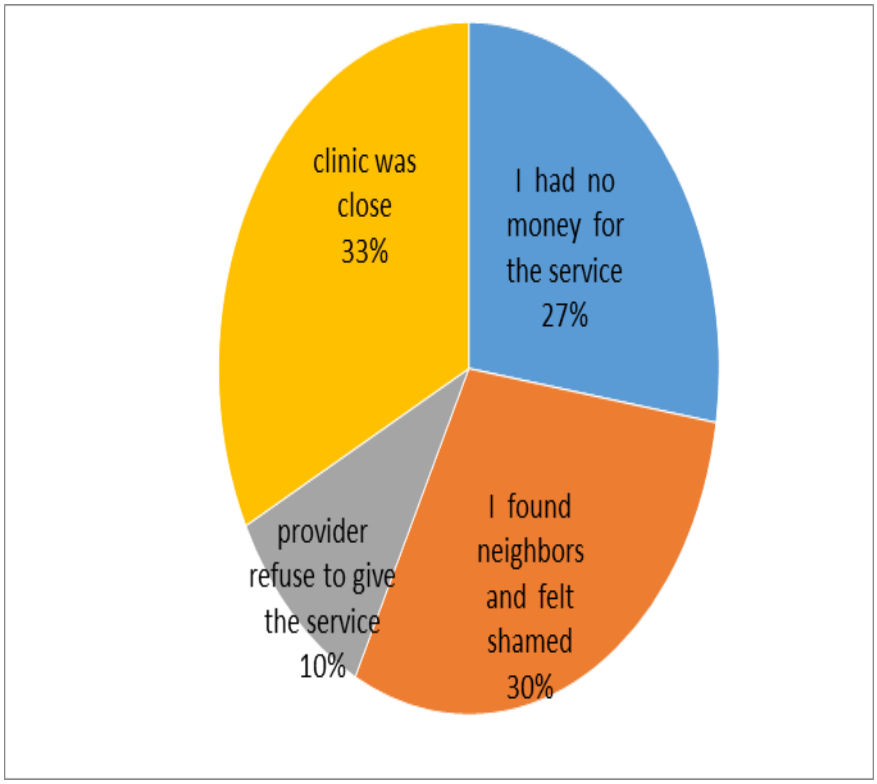

Figure: 4 - Reasons for Missing YFRHS among youth in Bossat Woreda, Oromia region, Ethiopia, May 2018.

Figure 4 shows the reasons cited by the youth for not receiving the services required. Among those who didn't ever utilize youth-friendly service asked why they did not ever use youth-friendly service mentioned the reason for not Using YFRHS 101(42.8) said "Not know from where to get the service" followed by 94(39.8) who said that "I am not ill didn't need the service" other result showed on figure 5.

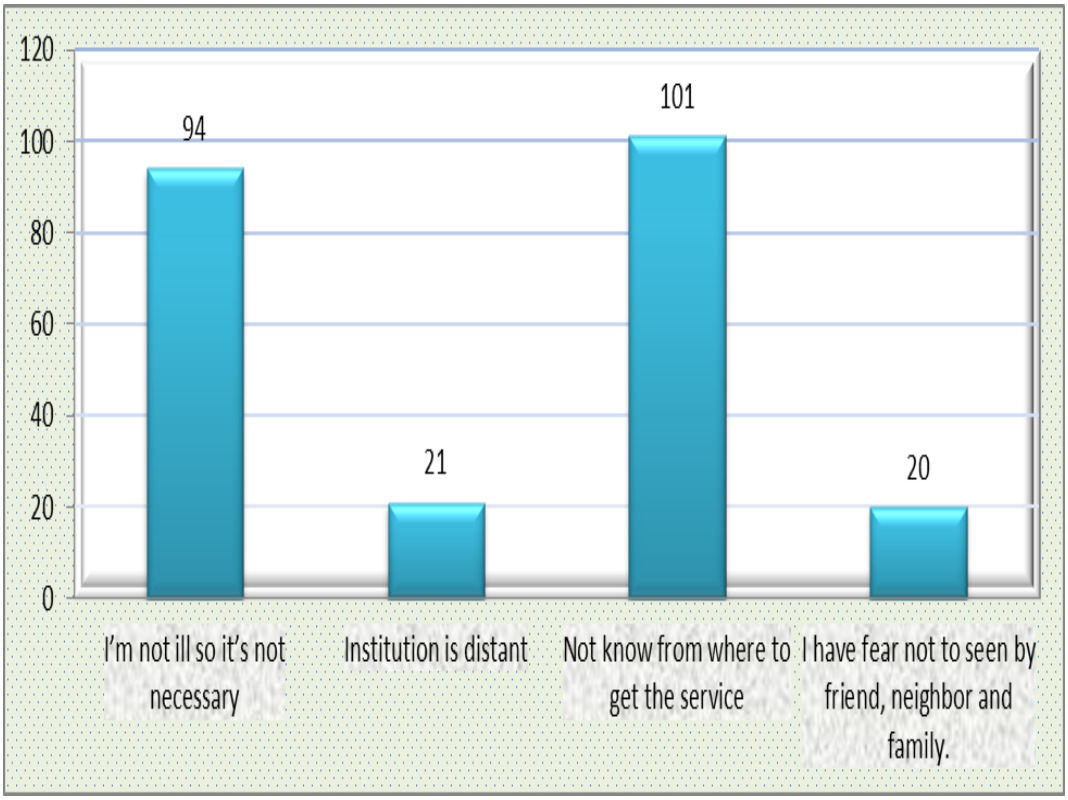

Figure: 5 - Reasons for not utilizing RH services among youth in Bossat Woreda, Oromia region, Ethiopia, May 2018.

Factors Associated with Youth Friendly Reproductive Health Service Utilization

On bivariable logistic regression analysis age, parent's/relatives educational status, parent's/relatives occupational status living arrangement, place of residence, Religion, having sexual partner, marital status, and discussion with parents on RH issues did not show statistically significant association with utilization while respondent's, Sex, ethnicity, know about RH right, distance to health facility had statistically significant association with utilization. Female were more likely use youth-friendly reproductive health services AOR=1.76 (95% CI: 1.12,2.78)compared with male youths, Youths who are near to health facility means; who took up to 30 minute travel or within 2ETB transport cost radius were 2.6 times more likely to utilize YFRHS than youth far more than 30 minute walking distance (AOR=2.6(95% CI: 1.2-5.99))and Youth attends grade Ten student are aware about the youth-friendly service and more likely to utilize (AOR=1.67(95% CI: 1- 2.77)) Youths who have heard about the youth-friendly reproductive service were 1.69 times more likely to use a service than other didn't heard about youth-friendly service (AOR=1.69(95% CI: 1.05-2.7)).

Table 3-Binary logistic regression analysis of factors affecting reproductive health services utilization among Youth Bossat Woreda, Oromia region, Ethiopia, May 2018.

Predictor variable	Utilization of YFS			
	Yes	No	COR, 95%CI	AOR, 95%CI
Sex				
Male	49(39.5%)	124(52.5%)	1	1
Female	75(60.5%)	112(47.5%)	1.69(1.09-2.63)**	1.76(1.12-2.78)**
Ethnicity				
Oromo	76(61.3%)	177(75%)	1	1
Amhara	41(33%)	48(20.4%)	1.98(1.21-3.27)*	1.55(.91-2.64)
Others	7(5.7%)	11(4.66%)	1.4(0.55-3.97)	1.93(.68-5.43)
Current Educational status				
Grade Nine	85(68.5%)	187(79.6%)	1	1
Grade Ten	39(31.5%)	48(20.4%)	1.78(1.09-2.93)**	1.67(1.01- 2.77)**
Attending RH Club in school				
Yes	60(48.4%)	8636.4%)	1.63(1.05-2.54)*	1.49(.94-2.3)
No	64(51.6%)	150(63.6%)	1	1
Knowledge about YFRHS				
Knowledgeable	88(71%)	136(57.6%)	1.793(1.12-2.86)**	0.93(.45-1.93)
Not knowledgeable	36(29%)	100(42.4%)	1	1
Heard about YFRHS				
Yes	82(66.1%)	126(53.4%)	1.70(1.08-2.67)**	1.69(1.05-2.7)**
No	42(33.9%)	110(46.6%)	1	1
Know right to get YFRHS				
Yes	100(80.6%)	158(66.9%)	2.06(1.22-3.46)**	1.29(.577-2.91)
No	24(19.4%)	78(33.1%)	1	1
Know Family planning				
Yes	63(50.8%)	92(39%)	1.61(1.04-2.5)**	1.56(.99-2.47)
No	61(49.19%)	144(61%)	1	1
Distance YFRHS Facility				
Short distance	61(50%)	56(73.7%)	1	1
30 min or 2 ETB transport	44(36.1%)	9(11.8)	3.67(1.72-7.80)**	2.6(1.2-5.99)**
Far >1hour	17(13.9%)	11(14.5%)	1.73(0.72-4.20)	1.847(.74-4.61)

*-significant at p< 0.25**-significant at p<0.05.

DISCUSSION

The majority proportions of respondents had information about YFS of which more than half percent 208(59.2%) heard YFS this study show 98(47%) of the respondents had heard about Youth-friendly services from friend, 67(32.2%) accessed YFS information from school teacher and 18(14%) from Media. However this finding is much lower than community-based studyconducted in Harar (72.4%) and Metekele (72.9%),[23,25] this could be due to demographic variability among study subjects and this finding is greater than study conducted in Mezan Tepi university student (46.6%) and a study from Addis Ababa where 52% of respondents only have information on YFS.[33,35] This difference can be partly explained by the variability of study participants composition among in school and out of school youths and it could be due to age difference between study participants; Addis Ababa

study participants were adolescents(10-19) age in and out of school participants and our study participants were school youth aged 15-24 years, as age increase awareness also increase and the reason for difference in Mizan Tepi was maybe due to socio-cultural diversity of students in the university campus.

Utilization of youth reproductive health service among high school students in Bossat Woreda was found to be 34.4%, elicited by asking past two-year use of RH services from the date of data collection and this result is nearly similar with study conducted in Bahirdar 32.2%,[22] and Hadiya (38.5%). However, our finding is greater than the study conducted in Machakal district 21.5%, Northwest Ethiopia,[34] and lower than study conducted in Harar 63.8%, and Addis Ababa (42%). This might be due to differences in the availability and accessibility of youth-friendly reproductive health facilities or the availability of youth centers, and/ or differences in individual /personal characteristics of the study participants. The reason for the difference in Harar may be due to the time of study participants were asked whether they ever used YFS service at least once in the last five years but in this study, respondents were asked the YFS utilization history of two years.

The main reason for not utilizing reproductive health service by youths in the study area were youths were not know where to get service, not ill so it's not necessary, service delivery institution is distant and feel fear to be seen by parents, friends and neighbors. Similarly, a study conducted in Addis Ababa shows the major factors for not utilizing reproductive health by youths were too young to go to the services, don't know where to go, inconvenience service hour and or other adults were among frequently reported by participants.[33] This difference may be because of accessibility and convenient time and place to youth for youth-friendly reproductive health facilities. Youth who prefer to get service during the hours when other users are not around were67% less likely to utilize youth-friendly reproductive health services than youth in the usual health institute working hours.

Sex of respondents was found to be associated with the utilization of youth reproductive health services. Females were 1.76 times more likely to use RH services than male youth respondents. This finding is in agreement with the study conducted in Metekel.[25] This may be explained by females' fear of negative consequences of RH outcomes and they utilize the services provided compared to males.

Youths who are near to health facility mean; i.e who took 30-minute travel or who pay two Ethiopian birr for transport cost were 2.6 times more likely to utilize YFRHS than youths who are located more than 30-minute walking distance. Awareness creation was very essential to increase service utilization by youths, Youths who attend grade ten are more awarded about the youth-friendly service and more likely to utilize YFRHS. Youths who have heard about the youth-friendly reproductive service were 1.69 times more likely to use a service than others who didn't heard about youth-friendly service. This finding is also similar to a study done in Hadiya zones.[36] This suggests that as schooling time is getting longer and being heard about YFRHS, the need to utilize it will also get increased following biological and cognitive development.

Strength and limitation of the study

The study outcome depended on the truthfulness and openness of respondents as the information sought was considered personal and sensitive. Since this is a cross-sectional study cause and effect relationship can't be established for this study.

The study has assessed reproductive health knowledge of youth and utilization of all component of youth-friendly (FP, VCT, Counseling, General health information and physical checkup, ANC, PNC, Abortion Care and post Abortion care and STI)services that are currently provided in YFRHS and this study serve as source of information on the service uptake and barriers that youth are facing towards utilization.

CONCLUSION

Finding of this study revealed that youth reproductive health service utilization in Bossat Woreda was below fifty percent. Lack of information, distant to service deliver institution, close of clinic, fear of parents and cultural reasons are hindering factors not to utilize youth reproductive health service. Based on the results of this study, sex, level of education, and knowledge of YFRHS had significant influence on utilization of almost all YFRHS such as family planning, STI, counseling, Voluntary counseling and testing for HIV, antenatal services Abortion care and post-abortion care services.

Recommendations

Conversation in line with adolescent-to-adolescent counseling and Teachers-adolescent communication should address sensitive topics such as sex education, part of life-skills and family-life education.

Establish and continuously support reproductive health club in school, create referral linkage to health institution. Training of the health service workers on how to handle the school youth has to be strengthened and put in practice.

There is a need to train more school peer educators to complement the health service providers in passing the youth-friendly reproductive health information to their peers.

The health care service providers should be mandated to adjust the working days and hours, that is, the facilities should remain open for longer hours up to 6.30 pm and

be operated on weekends too to accommodate the school youth schedules.

Health institution should try mobile clinic approach and in cooperating them in school health services so that these services are taken to the schools on specific days as a temporary measure as they look for modalities of increasing the number of YFRHS facilities. Preparation of separated gate to youth-friendly service room to avoid fear to be seen by parents and friends.

Youth-friendly RH services provision should be strengthened and mainstreamed across all levels of the healthcare system with particular emphasis to address hard-to-reach adolescents.That a comparative study between the urban and rural school and college youth should be done to gauge their utilization patterns for reproductive health service.

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REFERENCES

1. World Health Organization. Making health services adolescent friendly: Developing national quality standards for adolescent-friendly health services. 2012. http://apps.who.int/iris/bitstream/10665/75217/1 /9789241503594 _eng.pdf. Accessed, 4 Jan 2018.
2. The Status Report on Adolescents and Young People in Sub-Saharan Africa: Opportunities and Challenges UNFP 2014 https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf.
3. FMOH Adolescent and Youth Reproductive Health; Blended Learning Module for the Health Extension Program Health Education and Training (HEAT) in Africa April Addis Ababa, Ethiopia, 2005.
4. United Nations Report of the International Conference on Population and Development Cairo, 5 – 13 September 1994 New York United Nations, 1995.
5. Tilahun M. Mengiste B. Egata G. and Reda A.Health workers 'attitudes towards sexual and reproductive health services for unmarried adolescents in Ethiopia. USA: Population studies and training Centre.
6. IPPF A guide for developing policies on sexual and reproductive health and rights of young people in Europe. Brussels: IPPF EN, 2007.
7. Pathfinder International Bringing Youth-Friendly Services to Scale in Ethiopia April 2012: Addis Ababa, Ethiopia, 2012.
8. Central Statistical Agency Addis Ababa Ethiopia. Ethiopia Demographic and Health Survey 2016 Key Indicators Report October, 2016.
9. Ministry of Health (MOH). Draft Health Sector Development Program III Addis Ababa, Ethiopia, 2005.
10. Ministry of Health (MOH). National Reproductive health Strategy 2006 - 2015Addis Ababa, Ethiopia, 2006.
11. Ministry of Health (MOH). Five-year action plan for adolescent reproductive health in Ethiopia. Addis Ababa, Ethiopia: Family Health Department. Mimeographed, 2002.
12. Negash.W, Dessalegn. M Yitayew B, Demsie .M,Wagnew.M Nyagero J.Reproductive health service utilization and associated factors: the case of north Shewa zone youth, Amhara region, Ethiopia. The Pan African Medical Journal, 2016; 25 (Supp 2): 3.
13. GovindasamyP.,Kidanu A, BantayergaH. Youth Reproductive Health in Ethiopia, 2002.
14. WHO (2004).Adolescent friendly health services in South East Asia region: Report of 9 Regional consultation, 9-14 February, Bali, Indonesia, 2004.
15. Senderowitz J, Hainsworth, G. and Solter, C Pathfinder International Technical Guidance Series Number 4,. A Rapid Assessment of Youth Friendly Reproductive Health Service, September 2003.
16. Pathfinder International Integrating Youth-Friendly Sexual and Reproductive Health Services in Public Health Facilities: A Success Story and Lesson Learned in Tanzania .Daresalam: FHI, 2005.
17. GearyS., Gomez olive F, KahnK, TollmanS. Barriersto and facilitators of the provision ofa youth-friendly health services programme in ruralSouth Africa, 2014; Geary et al. BMC Health Services Research, 2014, 14: 259. http://www.biomedcentral.com/1472-6963/14/259.
18. MbebaR., MkuyeM, MagembeG., Yotham W., Mellah A, Baptist S, Mkuwa. Barriers to sexual reproductive health services and rights among young people in Mtwara district, Tanzania: a qualitative study2012;Pan Afr Med J., 2012; 13(Supp 1): 13.
19. Lesedi C, Hoque ME and Ntuli-Ngcobo B. Investigating user friendliness of sexual and reproductive health service among youth in Botswana, November 2011.
20. AkinyiOP. Determinants of utilization of youth friendly reproductive health service among school and college youth in Thika district, Kiambu county,Kenya, 2009. REG. NO: P57/PT/12366, 2009.
21. TegegnA.,Gelaw Y. Adolescent reproductive health service in Jimma city; accessibility and utilization. 2004.
22. AbebeM., Awoke W. Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State,Ethiopia, 2014.
23. Motuma A. Youth-friendly Health Services Utilization and Factors in Harar, Ethiopia Harar Bulletin of Health Sciences January, 2012; 4.

24. Berhane F.,Berhane Y., FantahunM. Adolescents' health service utilization pattern and preferences: Consultation for reproductive health problems and mental stress are less likely, 2005.
25. Akililu Jaleta, Alemayehu Assefa, Muluwas Amentie. Youth Friendly Reproductive Health Service Utilization and Associated Factors Among Youths in Metekel Zone, North West Ethiopia. International Journal of Ophthalmology & Visual Science, 2017; 2(3): 59-64. doi: 10.11648/j.ijovs.20170203.14.
26. Abajobir A.,Seme A. Reproductive health knowledge and services utilization among rural adolescents in east Gojjam zone, Ethiopia: a community-based cross-sectional study. 2014; Health Services Research, 2014; 14: 138. (https://bmchealthservres.biomedcentral.com/articles /10.1186/1472-6963-14-138).
27. Feleke S. Koye D., Demssie A. and Mengesha Z. Reproductive health service utilization and associated factors among adolescents (15–19 years old) in Gondar town, Northwest Ethiopia 2013;Feleke et al. BMC Health Services Research, 2013; 13: 294. http://www.biomedcentral.com/1472-6963/13/294.
28. Godia P., Oblenja J., LavussaJ, QuinneyD., Hofman J.and Broek N. Sexual reproductive health service provision to young people in Kenya; health service providers' experiences 2013;Godia et al. BMC Health Services Research, 2013; 13: 476.
29. Warenius (2005). Nurse-midwives‟ attitude towards adolescent sexual and reproductive health needs in Kenya and Zambia. Reproductive Health Matters, 2006; 14(27): 119-128.
30. Dagnew T, Tessema F, Hiko D. Health Service Utilization and Reported Satisfaction among Adolescents in Dejen District, Ethiopia: A Cross-Sectional Study. Ethiopian Journal of Health Sciences, 2015; 25(1): 17-28.
31. Godia, P Youth friendly sexual and reproductive health service provision in Kenya: What is the best model? Nairobi, MOH, 2010.
32. Bosat woreda Administration Education Bureau.2018 Bi Annual Report (Unpublished), 2018.
33. Yohannes L .Seme A. Assessment of knowledge and utilization of youth friendly health service among adolescents (15-19) in Addis AbabaJune, 2016 Addis Ababa, Ethiopia, 2016.
34. Abajobir, A. and Seme, A. Reproductive Health Knowledge and Services Utilization among Rural Adolescents in Machakal District, Northwest Ethiopia. Asian Journal of Pharmacy, 2013; 1: 27-36.
35. Yemaneh Y, Gezahagn R, Yechale M, Assefa M, Abrha K, Assessment of Knowledge, Attitude and Practice Towards Reproductive Health Service among Mizan Tepi Universtiy Tepi Campus Students, Sheka Zone, South Nations Nationalities and Peoples Regional State, South West Ethiopia, 2017. J Hosp Med Manage, 2017; 3: 11.
36. Helamo D, Kusheta S, Bancha B, Habtu Y, Yohannes S Utilization and Factors Affecting Adolescents and Youth Friendly Reproductive Health Services among Secondary School Students in Hadiya Zone, Southern Nations, Nationalities and Peoples Region, Ethiopia. Int J Pub Health Safe 2: 141.https://www.omicsonline.org/open-access/utilization-and-factors-affecting-adolescents-and-youth-friendly-reproductive-health-services-among-secondary-school-students-in-h-96951.html, 2017.
37. https://social.un.org/youthyear/docs/Regional%20Overview%20Youth%20in%20Africa.pdf.
38. http://phe-ethiopia.org/resadmin/uploads/attachment-159-Stds_&_Serv_GL_YFRH.pdf.