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Reproductive Health Needs and Service Utilization by Youths in Dilfana Kebele, Arbaminch Town, Gamo Gofa Zone, Ethiopia

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Abstract

Background: Despite the growing health needs of adolescents due to intrinsic and extrinsic factors, health services in developing countries are not prepared to provide appropriate care due to inadequate awareness of adolescent health needs.

Objective: To assess reproductive health needs and service utilization of youths in Dilfana Kebele, Arbaminch town, Gamo Gofa Zone, Ethiopia, 2017.

Methods: A cross sectional, descriptive study was carried out on a conveniently sampled 342 youths of Dilfana Kebele. Data was collected using pre-tested structured and semi structured questionnaire by five trained diploma Nurses recruited from Arbaminch Health Center. The collected data was analysed by using SPSS and the test ~~of~~ for association was carried out using chi square test.

Result: Totally 342 youth who were targeted for the study included in the study. According to this study, Sexual and reproductive health needs and health service utilization of the respondent's show that 51% were visited the health facility for sexual reproductive health service in the past one year. Marital status, sex and age were significantly associated with utilization of sexual and reproductive health services of youths (p 0.005).

Conclusion: There is high need of youth reproductive health services in the area and the SRH services provided by external organizations and projects should be integrated to the youth club and school clubs in the long run, for sustainability and ownership in the Dilfana kebele.

Keywords: *Reproductive Health, Dilfana and Utilization*

Introduction

Adolescence is characterized by a series of physiological, anatomical, psychological and other changes to which young people need to adjust within a changing socio–cultural environment. It is often characterized by a pattern of thinking in which immediate needs tend to take priority over long-term implications [1-4].

For sexually active youth, particularly those who are not married, obtaining relevant reproductive health service is often difficult. Few clinics are designed, or ever willing to provide services to young people many of them are consequently and other reproductive health services adult discomfort with young people sexually is almost universal, and there are similar difficulties in speaking about substance abuse openly [5-7].

This study is intended to assess the sexual reproductive health needs and service utilization of youths in Dilfana Kebele in Arbaminch Town.

The physiological, emotional/psychological changes occurring during adolescence makes the young people confused and stressful. As sexual life is their primary concern, they should have access to appropriate information from all of the existing sources. Health facilities are the key areas for having reproductive health information and services. Adolescents avoid using existing RH services for a variety of reasons. Major impediments to adolescent access and use include policy constraints, operational barriers, lack of information and feelings of discomfort [8-10].

Among the operational barriers, inconvenient hours of operation, lack of convenient transportation and high costs of services are the major ones. Poor understanding of body changes and needs, insufficient awareness of pregnancy and STD risks, little knowledge of what services are available and lack of information of RH service locations are also the features of lack of information in young people. RH services often discriminate against young people, sometimes by requiring a minimum age or parental consent. Even where the law does not specify restrictions, health facilities, health staff members and other providers sometimes establish their own policies that prevent or diminish adolescent access [11].

Young people constitute one third of the total population in Ethiopia. Their number is expected to grow from 20.3 million in 2000 to 25 million in 2010. The reproductive health problems of young people in Ethiopia are multifaceted and integrated child bearing begins at an early age 14 - 15 percent. As the result, they have become primary victims of the HIV/AIDS crises that have spread throughout the country. In general young people are at great risk for reproductive health problems. The situation is aggravated by the overall poor socio economic, environment and harmful traditional practices. Because of the complex nature of the problems, youth reproductive health strategies demand multi sectoral and integrated approach [12-14].

By understanding the magnitude of sexual reproductive health needs and service utilization of youths helps for designing a strategy for improvement of youth/adolescent reproductive health needs. Therefore, this study will be to assess the sexual reproductive health needs and service utilization of youths and also hoped that the study findings would contribute to the improvement of sexual reproductive health needs and service utilization of youths in urban community of Dilfana Kebele in Arbaminch Town.

Several studies conducted in developed and developing countries alike, showed that adolescents high risk behaviours are more common among out of school adolescents compared with those who are attending school. There is increasing concern for young people who are disconnected from social institutions such as schools, youth clubs and workplace. The UN-estimates that 404 million or 38% of youth under the ages of 18 in less developing countries do not attend school. These youths are vulnerable to sexual exploitation and are at a disproportionately high risk of unintended pregnancy and STIs including HIV/AIDS. These adolescents often lack access to health information, counselling, legal protections and health and other services. Variations in relative health and wellbeing of adolescents are also related to where they live [15].

Initiating sexual activity is a natural transition made nearly by all humans. Nevertheless, it is not the occurrence of this transition but its timing and the circumstances under which it occurs that has significant implications. Young peoples' sexuality and its squeal is a major public health concern all over the world [16].

The Federal Democratic Republic of Ethiopia government considers the age range of 15 - 29 years for the categorization of youth in the society and the family guidance association of Ethiopia uses the WHO definition. Based on the 1999 E.C medium variant projection it is believed that the Country is hosting 24.7 million youth (31.2% of the total population with male to female ratio of 1). Of which 18.6% and 81.4% are living in urban and rural areas respectively [17,18].

In the Bolivia's study, none of the facilities surveyed were using a special procedure guideline for adolescent reproductive health services and only one provider has a special training in the service provision of adolescent reproductive health [11].

Youth of Addis Ababa reported that their major barriers in utilizing reproductive health services are fear of being seen by parents or people whom they know (72%), and embarrassment demand to reproductive health services (67.8%). Second category of barriers includes inconvenience of the time service is provided and high cost of service. Negative attitudes toward the service providers because of not keeping confidentiality and being judgmental also constitute a significant role to limit the service utilization [19].

According to Assebe Teferi study 36.7% of youth in area believed that the services provided by FGAE clinics are better than the public sectors and 133 (17.2%) of the respondents claimed that the existing health institutions were inconvenient for confidential use of RH need. The result found out that, 316 (41%) and 232 (30%) of the youth preferred reproductive health service to be arranged in the existing public health institutions having its own unit and in separately located health institution respectively. Three hundred and twenty two (41.6%) respondents preferred service time to be in the absence of other user and 57.6% preferred to have service free of charge. Moreover, 36.2% of the respondents preferred service provider to be young and of the same sex [20].

In Ethiopia, very little is done to address the SRH of students in higher institutions according to a qualitative research conducted in four government universities of Ethiopia many students of higher learning institutions are not well aware of RH issues. Those who are marginally aware of the issues believed that unwanted pregnancy, abortion and STIs including HIV/AIDS, are among the RH problems affecting many students. It was also stated that, despite the high prevalence of the problem, the absences of appropriate health care and other related interventions and the tendency to keep reproductive health are the most important factors that have aggravated health problems of students [21,22].

According to a framework that has been used to assess the extent to which five industrialized countries-Canada, France, Sweden, the United Kingdom and the United States-respond to the sexual and reproductive health needs of their youth, one important factor is the accessibility of services and prescription contraceptives. Evidence to date suggests that youth in the United States are much more likely to encounter barriers to access than are their peers in the United Kingdom and other western European countries. In contrast to the United States, the United Kingdom and other western European countries do not require parental consent or notification for sexual and reproductive health services, contraceptives or abortion. However, they do encourage adolescents to discuss their reproductive health needs with their parents [23].

Another study in Addis Ababa University by Berhane F., *et al.* on youth revealed that 70.1% of respondents in Addis Ababa preferred special service hours, 44.3% preferred the health service provider to be young and of the same sex, and 52.9% expressed their preference for discounted fees for adolescents. In addition considerable proportion of adolescents preferred to have services within the existing that it will be difficult for people who know them to tell for what reason they visited the health service. Some adolescents preferred to use services outside of their residential areas in order to overcome the stigma attached to going to youth specific services in their residential area. Despite the variation in preferences all wanted confidential, friendly nonjudgmental and skilled approaches [19].

Despite global calls for action, the barriers to young people's access to information, counselling skills and services related to reproductive health, HIV/AIDS and substance abuse remain unsolved. Many young men and women continue to see health services as inaccessible and irrelevant. For sexually active youth, particularly those who are not married, obtaining relevant reproductive health service is often difficult. Few clinics are designed, or even willing, to provide services to young people. Many of them are consequently left with an unmet demand for contraception and other reproductive health services. Adult discomfort with young people's sexuality is almost universal, and there are similar difficulties in speaking about substance abuse openly [24].

Ensure that at least 90% and by 2010 at least 95% of young men and women, 15 - 24, have access to information, education including peer and youth-specific HIV education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection [25].

Methods

Study area and study period

Arba Minch City is located 500 km South of Addis Ababa in **Gamo Gofa Zone** in the Southern Nations, Nationalities and Peoples Region (SNNPR).

The study was conducted from February 1-30/2017.

Study design

Community based cross-sectional descriptive study design was employed using quantitative technique.

Population

Source population

The source population was all youths found in Dilfana kebele of Arbaminch town.

Study population

The study subjects youths who fulfil the following inclusion criteria.

Sample size determination

Sample size for the quantitative study was computed based on the formula for single population proportion.

Accordingly, the calculated sample size was 311 adding 10% non-respondents rate, the total sample size required for this is found to be 342 youths.

Variables

Independent variables

- Age
- Ethnicity
- Religion
- Marital status
- STI
- HIV/AIDS.

Dependent variables

- Reproductive health needs
- Utilization of reproductive health services.

Data collection techniques and instruments

Data was collected through interview to get reliable information from the subjects through structured questionnaire. Before the data collection five Nurses were trained, in order to have common understanding on each question. The data collection was supervised by the principal investigator.

Pre test

The questionnaires was pretested prior to data collection on about 10% of Wuha minch kebele youths which is one of kebele in Nach Sar Kifla.

Data quality assurance

To ensure the quality of the data English version questionnaire for actual data collection purpose was used. Then, the principal investigator was supervise the data collection process. One day training was given for nurse about data collection and the principal investigator will supervise frequently. Pre-test also was done on the instrument to check its reliability and validity.

Procedures for data processing and analysis

Data was analysed manually using tally sheet and scientific calculator machine. Each respondent's response as examined and tally is done for each using different variables to classify the response. Finally the result was presented using table, graphs, charts and narrative texts.

Ethical consideration

Before actual data collection letter of permission was obtained from department of nursing and submitted to *Sikela* Kifla Ketema Dilfana Kebele. The information was gathered the permission from each respondents are obtained purpose of the study should be explained to keep their personal feeling.

Study finding utilization and dissemination

A copy of the study finding will be disseminated to Sikale Kifla Ketema, Arbaminch University, health Library, Zonal health burue and etc.

Result

Socio demographic characteristics of the respondents

The cross sectional descriptive study was carried out on 342 youth in Dilfana Kebele, Arbaminch town with the objective to assess their reproductive health needs and service utilization with 100% response rate.

The showed that majority of the study participants**,** 205 (59.94%) were male. Age wise, out of the total respondents, 223 (65.2%) were between 15 to 19 years, and 119 (34.8%) 20 - 24 as to religion, 276 (80.7%) were Orthodox Christian. The ethnic distribution of the study participants showed that 123 (36%) accounted Gamo. Concerning the educational status of respondents 201 (58.77%) were Grade 6 - 10. Out of the total interviewee, 325 (95.0%) of them were student and 298 (87%) were living with both parents, and 44 (12.8%) of the youth live alone (Table 1).

Sexual and reproductive health needs

Sexual and reproductive health needs assessment and health service utilization of the respondents show that 175 (51%) were visited the health facility for sexual reproductive health service in the past one year. Eighty seven (49.7%) were satisfied by the services and majority of the respondents were mentioned fear of being seen by people whom they know as a barriers for utilizing reproductive health services. According to this study respondents were preferred integrated SRH service provided with other health care services 245 (71.6). Majority of the respondents 263 (76.9%) convenient time to provide SRH services were prefer on special hours when other service are not provided.

Variables	Frequency	Percentage
Sex		
Male	205	59.94
Female	137	40.06
Total	342	100
Age category		
15 - 19	223	65.20
20 - 24	119	34.80
Total	342	100
Religion		
Orthodox	276	80.70
Muslim	12	3.5
Protestant	47	13.75
Others	7	2.05
Total	342	100
Marital status		
Single	305	89.18
Married	34	9.94
Divorced	3	0.88
Total	342	100
Educational status		
Read and write	17	4.97
Grade 1 - 5	51	14.91
Grade 6 - 10	201	58.77
Preparatory	70	20.47
University	3	0.88
Total	342	100
Live with parents		
Yes	298	87
No	44	12.9
Total	342	100

Table 1: *Distribution of the study participants by their Socio-demographic characteristics at Dilfana Kebele, Arbaminch town, Gamo Gofa Zone, Ethiopia, 2017.*

Sexual and reproductive health services

Sexual and reproductive Health Services used by youths in the study area were 267 (78.1%) were sexual and reproductive health information, 198 (57.9%) had STI diagnosis and treatment 165 (48.2%) used Family planning and 78 (22.8%) had Abortion services as shown in figure 1 below.

Sexual and reproductive health service utilization	Frequency	%
Used SRH service in the past 12 months?		
Yes	175	51
No	167	48.8
Total		
Reason for visiting health facility		
To get condom	18	8.8
To get SRH information	75	21.9
For counselling service	75	21.9
For treatment of STI	134	39
For abortion care	43	31
Satisfaction on service provided		
Yes	87	49.7
No	88	50
Barriers for utilizing reproductive health service		
Fear of being seen by parents	124	36.3
Fear of being seen by people whom they know	231	67.5
Embarrassment	219	64
Inconvenient working hours	192	56
Gender of the service providers	67	19.6
Cost of the service	32	9.4
Confidentiality	156	45.6
Preference of the SRH Provision		
With other health service in the clinic	245	71.6
In a clinic separate from other services	97	28.4
In the absence of other user	312	91
Free of charge	121	35.4
Young service provider	265	77.5
The same sex service provider	234	68.4
Convenient time to provide SRH services		
During the usual working hours	79	23
On special hours when other service are not provided	263	76.9

Table 2: *Sexual and reproductive health service utilization, Reason for visiting health facility and satisfaction on service provided among youth in Dilfana Kebele, Arbaminch town, Gamo Gofa Zone, Ethiopia, 2017.*

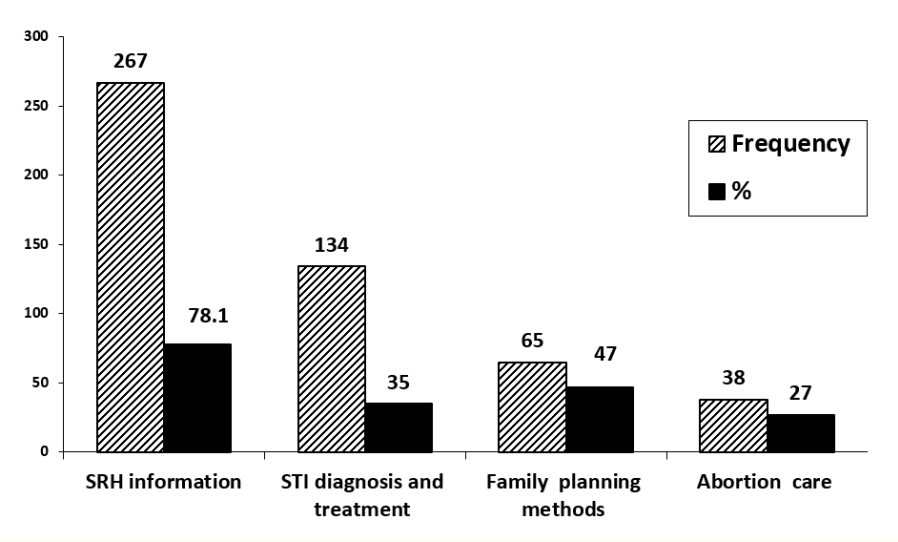

Figure 1: *The Sexual and Reproductive Health Services used by youths in Dilfana Kebele, Arbaminch town, Gamo Gofa Zone, SNNP, Ethiopia, 2017. Sexual practices and experiences.*

On sexual practices and experiences of female respondents, 90 (26%) reported that they have ever had sex. Majority of the respondents 69 (76.7) started sex first at age of 20 to 24 years among which 31 (9%) faced unwanted-pregnancy.

Ever sexual intercourse	Frequency	%
Yes	90	26
No	252	74
Age at first sex		
15-19	21	23
20-24	69	76.7
Face		
Accidental pregnancy	31	9
Unwanted sexual act (verbal jocks, asked to have sex)	130	38
Unwanted touching in your genital or breast	75	21.9
Forced sex	45	13
Know methods of preventing HIV/AIDS		
abstaining from sex	312	91
Having one uninfected faithful sexual partner	127	37
using condoms correctly and consistently	102	29.8
Avoiding sharing sharp materials	68	19.9
Blood transfusion	42	12.3

Ever undergone voluntary HIV testing		
Yes	223	65
No	119	34.7
VCT service should be available in any health facility		
Strongly agree	243	71
Agree	99	29
Get counselling services by		
Talk to a friend	60	17.5
Go to the youth club	64	18.7
Go to school HIV club	43	12.6
Go to health institution	175	51

Table 3: *Sexual practices and experiences of youth in Dilfana Kebele, Arbaminch town, Gamo Gofa Zone, Ethiopia, 2017.*

Variables	Utilization of SRH service		X^2	P-value
	Had utilized	Had not utilized		
Sex				
Male	82	123	4.09	0.005
Female	76	61		
Age category				
15-19	98	125	0.118	0.005
20-24	50	69		
Religion				
Orthodox	100	176	1.58	0.665
Muslim	6	6		
Protestant	20	27		
Others	3	4		
Marital status				
Single	148	157	19.8	0.000
Married	30	4		
Divorced	1	2		
Educational status				
Read and write	6	11	3.21	0.523
Grade 1-5	25	26		
Grade 6-10	100	101		
Preparatory	40	30		
University	2	1		

Table 4: *The association between socio-demographic and utilization of sexual and reproductive health services among youths in Dilfana Kebele, Arbaminch town, Gamo Gofa Zone, Ethiopia, 2017.*

Socio-demographic and behavioural factors on utilization of sexual and reproductive health services of youths marital status, sex and age were significantly associated with utilization of sexual and reproductive health services (p 0.005).

Discussion

Reproductive health problems of the youth were assessed and it revealed that 27% experienced unintended pregnancy and 31% were experienced abortion from the total female respondents. While from the total youth respondents 35% were experienced STI/HIV and 29% experienced psychosexual problems.

Similar study done in Ethiopia on SRH of students in higher institution, a qualitative research conducted in four government universities of Ethiopia many students of higher learning institutions are not well aware of RH issues. Those who are marginally aware of the issues believed that unwanted pregnancy, abortion and STIs including HIV/AIDS, are among the RH problems affecting many students. It was also stated that, despite the high prevalence of the problem, the absences of appropriate health care and other related interventions and the tendency to keep reproductive health are the most important factors that have aggravated health problems of students [21]. This show that similar reproductive health problems affecting the youth.

Sexual and reproductive health needs assessment and health service utilization of the respondent's show that 51% were visited the health facility for sexual reproductive health service in the past one year and the main reason was for treatment of STI 39% and for abortion care 31%. Eighty seven (49.7%) were satisfied by the services and majority of the respondents were mention fear of being seen by people whom they know as a barriers for utilizing reproductive health services.

According to this study respondents were prefer integrated SRH service provided with other health service, in the absence of other user and young service provider 71.6%, 91% and 77.5% respectively. Majority of the respondents 76.9% convenient time to provide SRH services were prefer on special hours when other service are not provided.

Similar study done on youth of Addis Ababa reported that their major barriers in utilizing reproductive health services are fear of being seen by parents or people whom they know (72%), and embarrassment demand to reproductive health services (67.8%). Second category of barriers includes inconvenience of the time service is provided and high cost of service. Negative attitudes toward the service providers because of not keeping confidentiality and being judgmental also constitute a significant role to limit the service utilization [19]. This show that almost similar barriers were mentioned which tackle utilization of sexual reproductive health services.

Sexual and reproductive Health Services used by youths in the study area were 78.1% were sexual and reproductive health information 57.9% had STI diagnosis and treatment 48.2% used Family planning and 22.8% had Abortion.

On sexual practices and experiences of respondents 26% reported that they have ever had sex. Majority of the respondents 76.7 were sex at first sex in age of 20 to 24 years. One hundred thirty (38%) were face unwanted sexual act like verbal jocks and asked to have sex. On the knowledge of the respondents on prevention of HIV/AIDS 91% were abstaining from sex, 37% were having one uninfected faithful sexual partner and on the condom usage as prevention method 29.8% by using correctly and consistently.

From socio-demographic factors on utilization of sexual and reproductive health services of youths marital status, sex and age were significantly associated (p 0.005).

Conclusion

This community based cross-sectional descriptive study shows that, reproductive health problems of the youth of Dilfana kebele were assessed and it revealed that of the total female respondents were experienced unintended pregnancy and abortion. While from the total youth respondents were experienced STI/HIV and psychosexual problems.

According to this study, Sexual and reproductive health needs and health service utilization of the respondent's show that were visited the health facility for sexual reproductive health service in the past one year and the main reason was for treatment of STI and for abortion care.

Marital status, sex and age were significantly associated with utilization of sexual and reproductive health services of youths.

Recommendation

According to the above findings the following recommendation will be forwarded:

- Strategies should be developed for both Governmental and nongovernmental organizations who are working in the Dilfana Kebele should have to invest on facilitating youth friendly health services without long dalliance, since high proportion of youth are at great risk in this HIV/AIDS era.
- High proportion of respondents need to have VCT service should be available; therefore, strategies should be careful designed to mobilize youth and to welcome to the services in the Dilfana Kebele.
- The SRH services provided by external organizations and projects should be integrated to the youth club and school clubs in the long run, for sustainability and ownership in the kebele.
- Since the marital status, sex and age are significantly associated with utilization of sexual reproductive health service, orienting these groups on youth specific reproductive problems and persuading them to actively participate in the intervention programs and approve the sexual needs and services as a social norm rather than limiting to the individual youth calls for special attention should be addressed by the health care providers and Dilfana kebeles leaders.
- Finally, building strong community support for the youth, from general community, particularly families, religious leaders, school teachers, health providers and administrative bodies in the Dilfana Kebele.

Availability of Data and Materials

The spreadsheet data supporting the findings of this work is available at the hands of the corresponding authors.

Ethics Statement

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the declaration and its later amendments or comparable ethical standards. Before the commencement of the study, ethical approval was secured from the Jimma University Ethical Review Board. Written informed consent was obtained from all individual participants included in the study.

Consent

The purpose of the study was explained to the study participants at the time of data collection and verbal consent was secured from each participant before the start of data collection. Confidentiality was ensured by not including names or other identifiers in the data collection tool. The right of the participants to refuse participation or not to answer any of the questions was respected.

Conflict of Interests

All authors declared that they have no conflict of interests. Jimma University covered only the survey cost for this study and there is no any funding organization.

Authors' Contribution

Tesfae Eticha and Abiru Neme conceived and designed the protocol. Abiru Neme, contributed on data analysis, and checked the draft. Abiru Neme, Hunde Doja and Tesfae Eticha prepared manuscript. All authors read and approved the final paper.

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