

# Youth Friendly Reproductive Health Service Utilization and Associated Factors Among School Youths in Ambo Town, Oromia Regional State, Ethiopia, 2018

Amerti Fikadu<sup>1</sup>, Elias Teferi<sup>2</sup>, Mulugeta Mekuria<sup>2, \*</sup>, Adamu Birhanu<sup>3</sup>, Tsegaye Benti<sup>2</sup>

<sup>1</sup>West Shoa Zone Health Office, Ambo, Ethiopia

<sup>2</sup>Department of Public Health, College of Medicine and Health Science, Ambo University, Ambo, Ethiopia

<sup>3</sup>Department of Psychiatry, College of Medicine and Health Science, Ambo University, Ambo, Ethiopia

## Email address:

mule201160@yahoo.com (M. Mekuria)

\*Corresponding author

## To cite this article:

Amerti Fikadu, Elias Teferi, Mulugeta Mekuria, Adamu Birhanu, Tsegaye Benti. Youth Friendly Reproductive Health Service Utilization and Associated Factors Among School Youths in Ambo Town, Oromia Regional State, Ethiopia, 2018. *American Journal of Health Research*. Vol. 8, No. 4, 2020, pp. 60-68. doi: 10.11648/j.ajhr.20200804.12

**Received:** July 17, 2019; **Accepted:** August 29, 2019; **Published:** July 4, 2020

---

**Abstract:** Background: Youth is a period of life in which an individual passes from significant physiological, psychological and social changes that expose them at high risk of reproductive health problems. The reproductive health problems in this period are preventable provided that youth utilize quality reproductive health services. The aim of the study was to assess the extent of youth friendly reproductive health services utilization and the associated factors among secondary and preparatory school youths in Ambo Town. Methods: Institutional based cross-sectional study was conducted among 376 youths who were attending the secondary and preparatory school in Ambo town from March, 1-30 /2018. Simple random sampling method was used to select the study participants from each grade. Data were collected by trained data collectors using a pre-tested structured questionnaire. The collected data were entered into SPSS version 20 for analysis. Multiple logistic regression analyses were performed to identify the strength of association between dependent and independent variables at 95% confident interval and P value < 0.05. Results were presented using tables and figures based on the nature of the variables. Result: About 20.7% of the youths had utilized youth friendly reproductive health services at least once in the last twelve months prior to the study. On a multivariable logistic regression analysis variable such as age [AOR=0.38, 95% CI=0.176-0.819], student grade [AOR=3.0, 95% CI=1.499-6.230], previous residence status [AOR=0.53, 95% CI=0.300-0.926] and the existence of youth friendly reproductive health service facility around living area [AOR=7.700, 95% CI=2.931-20.423] were significantly associated with youth friendly reproductive health service utilization. Conclusion: Youth friendly reproductive health services utilization among secondary and preparatory school youths in Ambo town was low. Age of the respondents, student grade, and previous residence status of the respondents & existence of youth friendly reproductive health service health facilities were among predictors of youth friendly reproductive health services utilization. Therefore the Ambo town and, Ambo district health offices, Ambo town education offices and other organizations working in area of youths reproductive health services are recommended to give awareness on youth friendly service utilization through provision of training for youths.

**Keywords:** Youths, Reproductive Health, Utilization, Ambo Town

---

## 1. Introduction

Youths are persons between 15 to 24 years of age and accounts about 20% of the world's population, of whom 85% live in developing countries [1]. In Ethiopia there are about 21 million, youths and adolescents ages 10 to 24 years which

accounts approximately 20% of the total population in the country [2, 3].

Youth friendly reproductive health services are services that are: accessible, acceptable, and appropriate for adolescents and youths. It is comprehensive essential services packages which includes provision of family planning and

relevant SRH information, STI syndrome management, pregnancy test, provision of medical care service, provision of VCT/PITC, psychological support and counseling of GBV and sexual abuse, and referral linkage for services like ART, HIV/AIDS care and support of services to the whole target group [4, 5].

The onset of adolescence brings not only changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the area of sexuality, marriage and child bearing. Millions of girls are coerced into unwanted sex or marriage, putting them at risk of unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) including HIV, and complication of child birth. Young people both boys and girls are disproportionately affected by HIV [6]. An estimated 1.3 million adolescent girls and 780,000 adolescent boys are living with HIV worldwide [7]. In Sub-Saharan Africa, slightly more than half of all people living with HIV are women and girls and young women aged 15–24 years are as much as eight times more likely than men to be HIV positive [8].

Among the many sexual and reproductive health problems faced by youth in Ethiopia are gender inequality, sexual coercion, early marriage, polygamy, female genital cutting, unplanned pregnancies, closely spaced pregnancies, abortion, sexually transmitted infections (STIs), and AIDS. Lack of education, unemployment and extreme poverty exacerbate and perpetuate the reproductive health problems of Ethiopian youth [9].

Throughout the world youths are exposed to health risks because they often do not have adequate knowledge and guidance about sexual and reproductive health (SRH) [10]. They tend to be less informed, less experienced, and less comfortable in accessing reproductive health services than adults. In addition most of them do not feel comfortable in discussing reproductive health issues with their parents [11, 12] and access and utilization of youth friendly reproductive health services is limited due to socio-demographic, judgmental attitude of service providers, lack of confidentiality and privacy, costs and an unfavorable attitude of parents and negative community perceptions towards health seeking behaviors of adolescents and youths [13].

Globally many reproductive health services challenges confront young people and more pervasive in developing countries where the services and facilities are absent [14]. Youths in Ethiopia face many Reproductive health problems including gender inequality, sexual coercion, early marriage, unplanned pregnancies, abortion and sexually transmitted infections, including AIDS. Lack of education, unemployment, and extreme poverty exacerbates the reproductive health problems faced by Ethiopian youth [15].

According to demographic health survey 13% of girls aged 15-19 in Ethiopia have begun child bearing. This is associated with low use of modern contraceptives and limited access to youth friendly services [16] which in turn contributes to high rates of maternal mortality and morbidity [17]. Unmet need for contraceptives among sexually active unmarried young women is still as high as 26%. On top of

this only a quarter of young women and 39% percent of young men aged 15-24 had comprehensive knowledge of HIV and its transmission [16]. Therefore, the purpose of this study is to assess utilization of youth friendly reproductive health services and identify the gap in provision of the services in the study area.

## 2. Methods and Materials

### 2.1. Study Design and Setting

Institution based cross sectional study was conducted among secondary and preparatory school youths, in Ambo town from March, 1- 30/2018. Ambo town is located in West Shewa zone, Oromia regional state at a distance of 114 km to the west of Addis Ababa, the capital city of Ethiopia. According to the report obtained from Ambo town office, the total population of the town is estimated to be more than 83,053 of which around 16,611 are between the ages of 15 - 24 years. The town has four government schools of which three of them are secondary schools and one is preparatory school. In these schools there were 7,041 students whose ages were between 15-24 during the study period. In the town there are two hospital, (one referral and one general hospitals), 2 public health centers, 27 clinics and three health posts rendering health services for the community [18]. According to Ambo town Health office report, only one public health center was providing youth friendly reproductive health services in the town and about 3,349 of youths utilized YFRHS in 2017 [19].

### 2.2. Study Participants

Youths attending regular program in Ambo secondary and preparatory schools were included in the study while students who were unable to see or hear and critically ill were excluded from the study.

### 2.3. Sample Size and Sampling Techniques

In calculating the sample size, single proportion formula was utilized by taking  $P=37.2\%$  from study conducted in Bale zone, Goba town [20], 95% confidence interval,  $\alpha=0.05$  margin of error and  $d=5\%$  degree of precision. Since the source population is less than 10,000 the population correction formula was utilized. Finally, adding 10% of non-response rate 376 was sample size calculated.

All of the government schools in the town were included in the study. Proportional sample size allocation was used in selecting and including respondents, both male and female from each grade. Then simple random sampling was used to select study participants using their ID numbers as a sampling frame.

### 2.4. Data Collection

Four diploma nurses and two BSc were recruited as data collector and supervisors respectively. Prior to data collection, one day training was given for both data collectors

and supervisors.

### 2.5. Measurements

The mean for knowledge about YFRHS was calculated based the knowledge questions and the calculated mean was considered as the cut-off point. Values below the mean were considered as poor knowledge while values above the mean were considered as good knowledge.

### 2.6. Data Analysis

The collected data were coded, cleaned and entered into Epi Data 3.1 software and exported to SPSS computer software version 21 for analysis. A binary logistic regression was done to identify associations between the dependent and independent variables and P-value of <0.25 was taken to include the variable as candidate for multivariable logistic regression model. Multivariable logistic regression analysis was done to determine the association between dependent and independent variables using adjusted odds ratio with 95% confidence interval at significance level of  $\leq 0.05$ .

### 2.7. Ethical Consideration

Ethical clearance was obtained from Ambo University College of medicine and health sciences Ethical Review

Committee. Supportive letters were obtained from the town education office and school administrations. Permission was also obtained from individual respondent for age greater than 18 and from their parents for these respondents whose age was less than 18 years of age.

## 3. Results

### 3.1. Socio-demographic and Economic Characteristics of Respondents

A total of 376 students' age between 15-24 years participated in the study with 100% response rate. More than three-quarter (83.8%) of the respondents belong to age group between 14-19 years with mean age of 17.39 and SD of  $\pm 4.17$  of years. About 97.1% of the respondents are Oromo by Ethnicity and 50.3% were protestant followers by religion. The large proportion (95.7%) of the respondents were single by marital status and 34.3% of them were grade nine by education level.

Regarding youth's parent occupation, 56.9% of youth's mothers were housewives and 47.3% of their fathers were farmers. About 34.6% of the respondent's father and 39.6% of the mothers attended primary education. From the total study participants, 1.9% of the respondents had pocket money of less than 50 ETB per month, (Table 1).

**Table 1.** Socio-demographic and economic characteristics of respondents in secondary and preparatory school of Ambo town, West Shoa Zone, Ethiopia, 2018.

Variables		Number	Percent
Sex	Male	194	51.6
	Female	182	48.4
Age	15-19	315	83.8
	20-24	61	16.2
Grade level of students	Grade 9	129	34.3
	Grade 10	127	33.8
	Grade 11	67	17.8
	Grade 12	53	14.1
Religion	Orthodox	135	35.9
	Protestant	189	50.3
Ethnicity	Wakefata	52	13.8
	Oromo	365	97.1
Marital status	Others	11	2.9
	Singe	360	95.7
	Married	9	2.4
Pocket money	Divorced	7	1.9
	Yes	105	27.9
	No	271	72.1
	<50	7	1.9
How much pocket money you had	51_150	37	9.8
	151_250	22	5.9
	>250	39	10.4
Previous residence status	Urban	184	48.9
	Rural	192	51.1
Mothers educational level	Not formally educated	108	28.7
	Primary school (grade 1-8)	149	39.6
	Secondary school (grade 9-12)	70	18.6
	Above secondary school	49	13.1
Fathers educational status	Not formally educated	56	14.9
	Primary school (grade 1-8)	130	34.6
	Secondary school (grade 9-12)	106	28.2
Mothers employment status	Above secondary school	84	22.4
	House wife	214	56.9

Variables		Number	Percent
	Employer	46	12.2
	Daily laborer	24	6.4
	Self-employment/Merchant	84	22.3
	Farmer	8	2.2
	Employer	101	26.9
Fathers employment status	Daily laborer	21	5.6
	Self employment/merchant	76	20.2
	Farmer	178	47.3
With whom Currently live with?	with both father and mother	266	70.7
	with father only	6	1.6
	with mother only	28	7.4
	with friends	48	12.8
	Alone	28	7.5

### 3.2. Reproductive Health Information and Youth Friendly Reproductive Health Service Utilization

About 82% of the respondents reported that they knew about youth friendly reproductive health services. More than half (56.6%) of the respondents knew about VCT followed by 51.1% family planning. About 62.8% of the study participants knew the place where youth friendly reproductive services are available and 74.2% of them responded that they had the right to use the youth friendly reproductive health services. Only 26.1% of the study participants reported that they had a parental discussion about the issue of reproductive health service. Out of the total respondents 88% reported that they knew methods of

preventing pregnancy. Among these 37.9% knew one type pregnancy prevention methods while the remaining 47.5% knew more than one type of pregnancy prevention methods. The most known pregnancy preventing methods by the respondents was pills 60.4% followed by 51.9% injectables.

Regarding the sources of information 54.5% heard from school, 48.9% from health care providers, 27.9% from peers, 23.1% from Radio, 18.6% from parents, 4.8% from posters and 2.4% get information from internet about youth friendly reproductive health services. Among the total respondents 59.4% had only one source of information and 40.6% had 2 and above source of information about youth friendly services. From the total respondents 64.6% of them had knowledge on youth friendly reproductive health services (table 2).

**Table 2.** Information and knowledge of reproductive and youth friendly services among respondents of secondary and preparatory schools in Ambo town, West Shoa zone, Ethiopian 2018.

Variables	YFRHS Utilization	Frequency	Percentage
Access to media	Yes	251	66.8
	No	125	33.2
Know about YFRHS (n=376)	Yes	308	81.9
	No	68	18.1
Know right to use YFRHS	Yes	279	74.2
	No	97	25.8
Discuss about reproductive health issue with parents	Yes	98	26.2
	No	278	73.8
Know where to get YFRHS	Yes	236	62.8
	No	140	37.2
Know about pregnancy preventive methods.	Yes	331	88
	No	45	12
Know about STI	Yes	367	97.6
	No	9	2.4
Sources of information (more than one answer is possible)	School	205	54.5%
	Health care providers	184	48.9%
	Peer	105	27.9%
	Radio	87	23.1%
	Parents	70	18.6%
Level of knowledge about YFRHS	Posters	18	4.8%
	Internet	9	2.4%
	Good Knowledge	243	64.6
	Poor knowledge	133	35.4

### 3.3. Availability and Utilization of Youth Friendly Reproductive Health Service

About 71.5% of the respondents had awareness about the presence of the Youth friendly reproductive health services in their surroundings. Regarding the distance to health facility

majority of respondents (54.2%) responded it is preferable if it is available within the distance of less than 30 minutes for a single journey to reach the health centers to utilize Youth friendly reproductive health services by walk from residence.

Out of the total respondents only 20.7% the study participants reported that they ever used at least one youth

friendly reproductive health service in the past twelve months. Out of 20.7%, respondent who utilized the services in the last 12 months prior to the study, 82.1% of them received the services from government health centers, 12.8% of received the services from hospital and 5.1% of them received the services from private clinics.

Among the respondents who utilized the services, 65.5% of the study participants said that they were requested to pay for the service and 38.5% were not requested. About 25.6% of the respondents said that the health facility working time

was convenient and for 74.4% the time was was not convenient to use youth friendly reproductive health services. Among those who were asked the option of their convenient time to use the service, 24.1% mentioned that weekend as a convenient time followed by 17.3% early in the morning, 51.7% after noon and 6.9% public holly day.

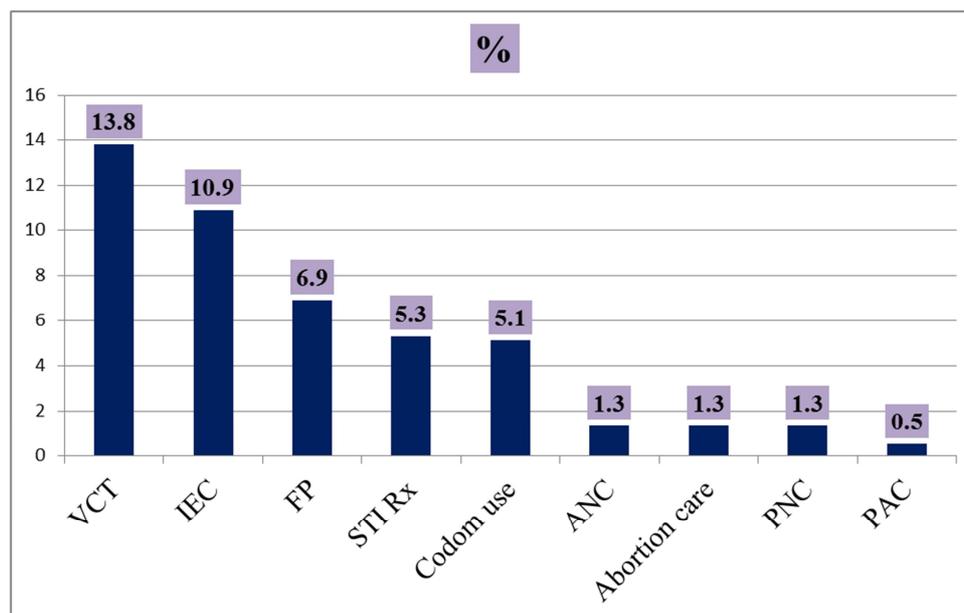
Regarding health providers approach in providing the services (44.9%) of them reported that they were handled in good friendly way and about 42.3% rated they are very with services given to them (Table 3).

**Table 3.** Health system factors of youth friendly reproductive health service utilization in secondary and preparatory schools of Ambo town.

Variables		Frequency	Percentage
Awareness of existence of YFRHS in surrounding	Yes	269	71.5
	No	107	28.5
Distance of the health facility from living area	Less than 30 minutes	146	54.2
	30 minutes - 1 hour	58	21.6
	greater than 1 hour	65	24.2
Ever used YFRH in the last 12 months	Yes	78	20.7
	No	298	79.3
Health facility utilized	Health center	64	82.1
	Hospitals	10	12.8
	Private clinic	4	5.1
Requested to pay for the service (N=78)	Yes	48	65.5
	No	30	38.5
Convenience of Health facility working time (N=78)	Yes	20	25.6
	No	58	74.4
Health care providers approach (N=78)	Good friendly	28	35.9
	Moderately welcomed	35	44.9
	badly welcomed	15	19.2
How do you rate the service given (N=78)	Very satisfied	30	38.5
	Satisfied	33	42.3
	Not satisfied	15	19.2

### 3.4. Types of Youth Friendly Reproductive Health Services Utilized by Respondents

Regarding the utilization of youth friendly reproductive health services, 13.8% utilized VCT followed by 10.9% IEC. All of the study participants who have utilized the youth friendly services had used more than one type of service (Figure 1).



AOR-Adjusted OR: odds ratio by multiple logistic regression. 95% CI: confidential interval. \*\*: p-value <0.05.

**Figure 1.** YFRHS utilized among secondary and preparatory school youths in Ambo town 2018.

### 3.5. Reasons for Not Utilizing Youth Friendly Reproductive Health Services

The result of this study revealed that three-fourth (79.3%) of the study participants did not use YFRHS. The reason mentioned for not utilizing YFS was in about 35.9% they did

not want the services or they were not ill followed by 25.8% do not know where to go to get the services, 11.8% because of distance of the health services and had no money for the services, 8% inconvenient working hours and 6.7% fear of being seen by families or peoples whom they know (figure 2).

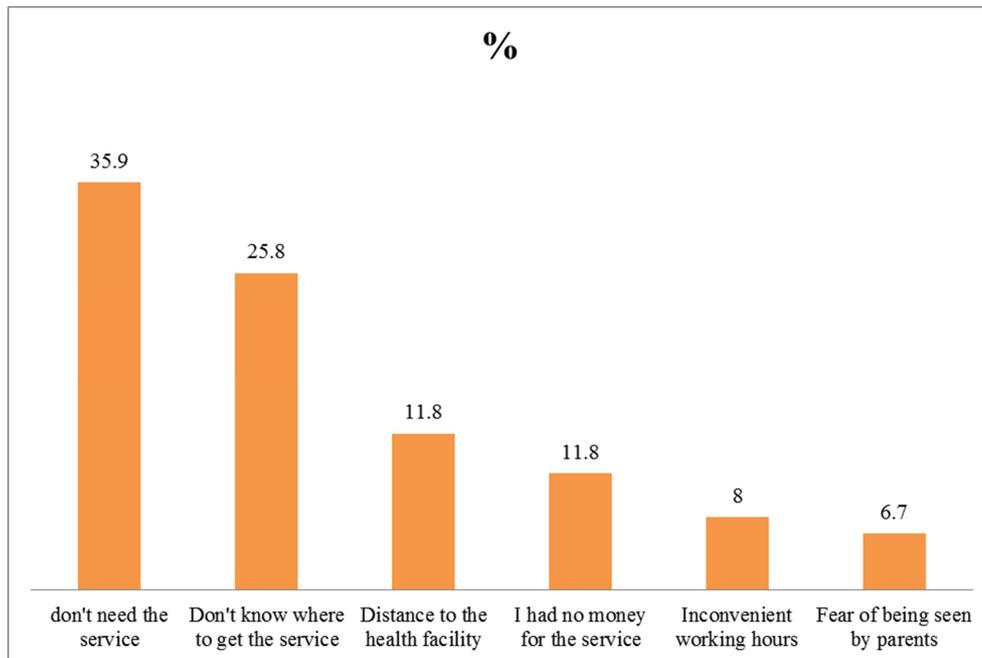


Figure 2. Reasons for not utilized youth friendly RH service by Secondary and preparatory school students of Ambo town, Oromia, Ethiopia, 2018.

### 3.6. Factors Associated with Youth Friendly RH Service Utilization

From nine variables which entered into multivariate logistic regression model only variables: age of the respondents, grade of the students, previous residence status and existence of youth friendly service facilities were found as predictors of outcome variable.

Table 4. Multivariate analysis of factors affecting youth friendly service utilization among secondary and preparatory school students in Ambo town, oromia, Ethiopia 2018.

Variables	Category	Used YFRHS		COR (95%, CI)	AOR (95%, CI)
		Yes	No		
Age	15-19	59 (18.7%)	257 (81.3%)	.495 (.268-.915)*	.380 (.176-.819)**
	20-24	19 (31.1%)	41 (68.9%)	1	1
Grade of the students	Grade 9	35 (27.1%)	94 (72.9%)	2.583 (1.346-4.959)*	3.0 (1.499-6.23)**
	Grade 10	16 (12.6%)	111 (87.4%)	1.014 (.521-1.971)	1.4 (.674-2.977)
	Grade 11	18 (26.9%)	49 (73.1%)	1.820 (.805-4.114)	2.6 (.956-7.062)
	Grade 12	9 (17%)	44 (83%)	1	1
Previous residence status	Urban	29 (15.8%)	155 (84.2%)	.546 (.327-.911)*	.527 (.3-.926)**
	Rural	49 (25.5%)	143 (74.5%)	1	1
Heard about YFRHS	Yes	74 (24%)	234 (76%)	.198 (.07-.561)*	0.4 (0.116-1.378)
	No	4 (5.9%)	64 (94.1%)	1	1
know where to get YFRHS	Yes	61 (25.5%)	175 (74.2%)	.397 (.221-.712)*	0.8 (.374-1.717)
	No	17 (12.1%)	123 (87.9%)	1	1
Know right to get YFRHS	Yes	69 (24.7%)	210 (75.3%)	.311 (.149-.651)*	.7 (.254-1.798)
	No	9 (9.3%)	88 (90.7%)	1	1
Know YFRHS is for proper care	Yes	71 (22.7%)	242 (77.3%)	.426 (.186-.976)*	1.1 (0.37-3.199)
	No	7 (11.1%)	56 (88.9%)	1	1
Existence YFRHS facility	Yes	73 (27.1%)	196 (72.9%)	7.598 (2.977-19.395)*	7.7 (2.931-20.423)**
	No	5 (4.7%)	102 (95.3%)	1	1

Age of the respondents, within range 15-19 years [AOR=0.38, 95% CI=(0.176 -0.819)], being in grade nine [AOR=3.0, 95% CI=(1.499 -6.23)], students residence [AOR=0.527, 95% CI=(0.300- 0.926)] and existence of YFRHS facilities around the surrounding of the respondents [AOR=7.7 (2.931-20.423)] were the variables that showed the significant association with youth friendly RH service in this study (Table 4).

#### 4. Discussion

The findings of this study revealed that about 20.7% of the respondents every utilized youth friendly Reproductive health service in the last 12 months in the study area. This was almost similar with the result of study done in East Gojjam, Machakel district which was 21.5% [21].

But the result from the current study was lower when compared to the other studies conducted in different part of Ethiopia which was 69.1% in Mekelle town, 63.8% in Harar 38.5% in Hadiya 32.2% in Bahir dar, 34.3% in Albukoworeda and 37.2% in Goba town [22-28] respectively. The difference might be due to the difference in socio-cultural and openness of the study participants in Harar and Mekelle in comparison with this study area [22, 23].

The prevalence of youth friendly reproductive health service utilization in this finding is also lower than the institutional based study conducted in Malawi (62%), in Nigeria (51%) and Bureti city, Kenya (38.5%) [29, 30]. This higher in utilization of YFRHS in those areas than the result of this study was probably the foreign countries might have more advanced in health care delivery than that of Ethiopia in having availability and accessibility of health facility, urban-rural residence and transportation difference between the countries and with better infrastructures.

Among those youths ever utilized youth friendly reproductive health services, the study showed the main services utilized 13.8% used VCT service making it the most utilized followed by IEC 10.9%. It is consistent with many studies in Harar, Metekel and Albukoworeda. In this study the most frequently visited health facilities by the respondents were government health centers (14%). This is less when compared with findings from studies conducted in Awabel district, Goba and sodo town [31, 28, 32]. Contrarily to these findings, respondent at Jimma (26.7%) and Harar (64.5%) reported that family guidance association of Ethiopia was frequently visited health institution [10, 23]. This is, may be, due to poor collaboration with stakeholders, even though government health center had privacy and confidentiality, accessibility to trained health provider and affordability of cost in the study area.

In this study youths in the age groups of 15 - 19 years were 0.38 times less likely to use youth friendly reproductive health services than youth of age 20-24 years [AOR=.380, 95% CI=(0.176 - 0.819)]. This finding is consistent with the study conducted in Bahirdar, Jimma and Metekelin which youths within age groups of 20 - 24 years were 2.31 times

more likely to use services than youth of age 15 - 19 years [11, 30, 31]. This is probably due to the fact that the older youths apply what they heard about youth reproductive health services and more likely to utilize the service when compared to youths of age 15 - 19 years old.

The finding of this study also showed that grade nine students were 3 times more likely utilized youth friendly reproductive health services as compared to the other group. But this finding is inconsistent with the study conducted in Bale zone, Goba town in which Grade nine students were 91% less likely to use YFSRHS compared to grade eleven and twelve students [27]. This difference is probably due to the time to start for reproductive health information and secondary behavioral change and when they come to high school to the new environment, youths vulnerable to reproductive health problems that enforces the utilization.

Another predictor variable that shown significant association in this study was student's previous residence status. Accordingly, students who were living in urban were 0.53 times less likely to utilize YFRHS as compared to students when previously living from rural [AOR=.527, 95% CI=(0.3-0.926)]. This finding is not line with a survey report of EDHS in which Urban youths were more likely to utilizes YFRHS than rural youths [25]. This is most probably due to the fact that student who had used youth friendly reproductive health services have got new knowledge, adequate information, and more access to proper counseling offered from health professionals while they came to urban area.

This study also indicated that utilization of the youth friendly reproductive health services was high in respondents who had youth friendly reproductive health service facility around their living area were as those who had the services in their living area were 7 times more likely utilized youth friendly reproductive health service as compared to those who had no youth friendly service facility in their living area [AOR=7.1, 95% CI=(2.676-19.015)]. This is probable due to the reason that those respondent who have the opportunity to access health facility around their living can get exposure to health education related to youth friendly reproductive health services at the time of visit and thus get access to learn about the types, benefits and availabilities of youth friendly reproductive health service facility around their living.

In this study more than half 54.5% of the respondents heard about YFRHS from school followed by health care provider 48.9%. The finding was similar with study finding conducted in Harar which shows majority of respondents 72.4% heard information about YFRHS from school 31.5% followed by 22.8% from radio broadcasts [23]. The probability may be due to school teachers had better knowledge about youth friendly reproductive health services to provide the information in the study area.

Among those who did not use the service about 107 (35.9%) of the respondents reported that the reason not to use YFRHS was because they do not want the services or they

were followed by do not know where to get the services 77 (25.8%) and distance of the health services 35 (11.8%). This result is almost similar with the result of study done in Harar where the reasons mentioned for non-use were the youths did not know where to go for the services (43%) followed by distance (18.7%) [23]. Another reason mentioned by the study participants for not to utilize the services in this study were, inconvenient working hours 24 (8%), fear of being seen by families or peoples whom they know 20 (6.7%). This is consistent with the studies in Harar, Bahir dar and Albuko Woreda that the Study participants claimed that: youth friendly reproductive health service working hours were inconvenient (31.8%); there is payment for the services (28.4%) and fear of being seen by parents or people [23, 25, 26]. This is also consistent with the study done in Kenya on the barriers of utilization of reproductive health services which indicated that 31% of the students mentioned inconvenience hours as one of the reasons as barriers to utilizes the reproductive health services [30].

## 5. Limitation of the Study

Since study was conducted on school youths the generalization of the result for out of school youths may not possible. In addition collecting data through self-administered questionnaire by itself has subjectivity and not involving quantitative methods also its own limitation to the data.

## 6. Conclusions

Generally the utilization of youth friendly reproductive health services among secondary and preparatory school students in Ambo town was low. Lack of information where to get the service, distant to youth friendly service delivery institution, and fear of parents are barriers of utilization of youth friendly reproductive health services. Age, grade of the students, previous residence status and existence of youth friendly reproductive health services were factors found to be associated with youth friendly reproductive health services.

## Abbreviations

GBV	Gender Based Violence
IEC	Information, Education and Communication
RH	Reproductive health
RHS	Reproductive health service
SRH	Sexual and reproductive health
SPSS	Statistical Package for Social Science
STI	Sexually transmitted infection
VCT	Voluntary counseling and testing
YFRHS	Youth friendly reproductive health

## Authors' Contributions

All authors contributed a great role with regard to the

conception, design, data collection, analysis, interpretation and wrote the draft manuscript.

All authors read and approved the final manuscript.

## Competing Interests

The authors declare that they have no competing interests.

## Funding

Funding for the research was provided by Ambo university research consultancy and community service director office. Besides financial support, the funding body had no role in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

## Acknowledgements

The Authors would like to thank AU for allocating fund to conduct the study. We would also like to express our deepest appreciation to all individuals who supported us during this research work for their indispensable contributions. Last but absolutely not the least, the contribution of the study participants is greatly appreciated.

## References

- [1] UNFPA., Improving reproductive health service, 2010.
- [2] Ethiopia, M. o. H., National adolescent and youth reproductive health strategy, Addis Ababa, 2007 -2015./ file manager/files/Ethiopia/ayrh\_strategy.pdf, July 2016.
- [3] Commission, F. D. R. o. E. P. C., Summary and Statistical Report of the 2007 Population and Housing Census: Population size by age and sex, 2008.
- [4] USAID and IFHP, Reproductive health integrated program, December 2016.
- [5] Health, E. F. M. o., National Adolescent and Youth Reproductive Health Strategy, 2006.
- [6] UNFPA, Adolescent sexual and reproductive health, November 2014.
- [7] Cortez R, Quinlan-Davidson M, and Saadaat., Challenges for adolescent's sexual and reproductive health within the context of universal health coverage, September 2014.
- [8] Bukenya N. Justine, et al., Health facilities' readiness to provide friendly reproductive health services to young people aged 10-24 years in Wakiso district, Uganda 2017.
- [9] A, A., Youth reproductive health problems and service preferences, Assebe Teferi, west hararghe. April, 2004.
- [10] WHO, Report of programming for adolescent health and development study group, Geneva, 1999.
- [11] Aboma Motuma, Youth-friendly health services utilization and factors in Harar, Ethiopia. Harar Bulletin of Health Sciences Extracts Number 4, 2012.

- [12] Tegegn A, Yazachew M, and G. Y., Reproductive health knowledge and attitude among adolescents: a community based study in Jimma Town, Southwest Ethiopia. *EJHD*, 2008.
- [13] Kennedy EC, et al., "Be kind to young people so they feel at home": a qualitative study of adolescents' and service providers' perceptions of youth-friendly sexual and reproductive health services in Vanuatu. *BMC health services research*, 2013.
- [14] C., H., et al., Adolescent Reproductive Health in Ethiopia, Adolescent Women's Need for and Use of Sexual and Reproductive Health Services in Developing Countries, August 2011.
- [15] Ed School, et al., Assessment of Youth Reproductive Health Programs in Ethiopia. July, 2011.
- [16] Central Statistical Agency, E., Ethiopia Demographic and Health Survey, 2016.
- [17] Health., T. f. d. r. o. E. m. o., Health sector transformation plan (2015) 2015/16 - 2019/20 (2008-2012 EFY), 2015.
- [18] Office, Ambo Education office, Students statistics, 2017.
- [19] Atitegeb Ayehu, T. K., and G. Hailu, Level of Young People Sexual and Reproductive Health Service Utilization and Its Associated Factors among Young People in Awabel District, Northwest Ethiopia. *PLOS ONE* | DOI: 10.1371/journal.pone.0151613, 2016.
- [20] Jarssa, A. g., T. m. lodebo, and J. a. suloro, Youth friendly sexual and reproductive health services utilization and associated factors among school youths in goba town, bale zone, southeast ethiopia 2017. 4 (3).
- [21] Amanuel Alemu Abajobir and A. S. Abajobir, Reproductive health knowledge and services utilization among rural adolescents in east Gojjam zone, Ethiopia: a community-based cross-sectional study *BMC Health Services Research* 2014.
- [22] Kalayu kaysay, Semarya berhe, and M. Alemayehu, Utilization of youth friendly services and associated factors in Mekelle town, Tigray, northern Ethiopia *International Journal of Therapeutic Applications*, 2016, v. 33.
- [23] Aboma Motuma TS, Gudina Egata and Abera Kenay. Utilization of youth friendly services and associated factors among youth in Harar town, east Ethiopia: a mixed method study. *BMC health services research*. 2016; 16 (1): 272.
- [24] Akililu jaleta, Alemayehu assefa, and M. amentie, Youth friendly reproductive health service utilization and associated factors among youths in metekel zone, north west Ethiopia 2017. v 2.
- [25] Meskerem Abebe WA. Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State, Ethiopia. *Open Journal of Epidemiology*. 2014; 4, (69-75): <http://dx.doi.org/10.4236/ojepi.2014.42012>.
- [26] Wubetu G/Hiwot, Prof (Dr) P. Sureder Reddy, and T. Awoke, Assessment of Youth Friendly Services Utilization And Associated Factors Among Young People in Albuko Woreda, South Wollo Zone, Amhara Region, Ethiopia, 2014, 6 (4).
- [27] Degefa Helamo Samuel Kusheta, et al., 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* 2017.
- [28] Alemayehu Gurure jarssa tmlajas. Youth friendly sexual and reproductive health services utilization and associated factors among school youths in goba town, bale zone, southeast ethiopia, *European journal of biomedical and pharmaceutical sciences*. 2017; 4 (3): 335-48.
- [29] Youth Friendly Services in Malawi: Do youth know of and use these services?(brief health policy project). 2015: <http://www.e2aproject.org/publications-tools/pdfs/evaluation-yfhs-malawi.pdf>.
- [30] Nancy. u. luvai, M. kipmerewo, and K. o. onyango, Utilization of youth friendly reproductive health services among the youth bureti sub county in kenya, 2017.
- [31] Atnafu Natnael, Youth friendly service utilization and associated factors among preparatory school students in sodo town, southern nations, nationalities and peoples region, Ethiopia, 2017.