ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 12, Issue, 09, pp.13510-13514, September, 2020

DOI: https://doi.org/10.24941/ijcr.39592.09.2020

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

YOUTH FRIENDLY SERVICES UTILIZATION AND ASSOCIATED FACTORS AMONG YOUNG PEOPLE IN TEHULEDERE DISTRICT, NORTHEAST ETHIOPIA: A CROSS-SECTIONAL STUDY

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ARTICLE INFO

Article History:
Received 15th June, 2020
Received in revised form
27th July, 2020
Accepted 04th August, 2020
Published online 30th September, 2020

Key Words:

Youth friendly Services,
Utilization, Young people,
Tehuledere,
Northeast Ethiopia.

ABSTRACT

Background: The world comprises the largest generation of young people aged between 10 and 24 years in history. Hence ensuring their health and future is generally recognized as a key development priority in many countries. Youth friendly services has been recognized as an appropriate and effective strategy to address sexual and reproductive health needs of young people. Even if the government of Ethiopia had been implementing strategic framework to enhance reproductive health and well being of young people, there is limited evidence on level of services utilization. Thus, this study was conducted to assess youth friendly services utilization and associated factors among young people in Tehuledere district, Northeast Ethiopia, 2018. **Method:** A Community based crossectional study was conducted in Tehuledere district from December 1 to 15, 2018. Multi stage sampling was used to select participants. Ten kebeles were selected by simple random sampling method. The total sample size was allocated proportionally to population size. Finally, 572 study subjects were included in the study. Binary logistic regression analysis model was used to identify factors associated with youth friendly services utilization of young people. Adjusted odds ratio with 95% confidence interval and p-value ≤ 0.05 were used to show strength of association between the dependent and independent variables. Ethical clearance was obtained from the Ethical Review Committee of Wollo University, College of Medicine and Health Sciences. **Results:** This finding showed that 34.31% of young people were used youth friendly service. Respondents who lived within 30 minutes walking distance from the health facility were used the service 3 times than those who lived more than 30 minutes walking distance (AOR= 3.00, 95% CI (1.89, 4.74)). Respondents who had convenient perception on the working hours of the health facilities were utilized the services 1.7 times than those who had inconvenient perception (AOR= 1.69, 95% CI (1.07, 2.68)). Respondents were participated in community dialogues were 1.8 times utilized the services than those who were not participated (AOR= 1.77, 95% CI (1.12, 2.78)). Participants who had information about youth friendly services were 9.7 times utilized the services than those who had no information (AOR= 9.76, 95% CI (6.03, 15.79)). Youths who faced sexual and reproductive illness were 3.6 times utilized the services than those who did not faced (AOR= 3.64, 95% CI (1.75, 7.60)). **Conclusion:** Less than half of the young people were utilized youth friendly health services. Accessibility of health facilities, convenient working hours of health facilities, participation of youths in community dialogues and information about youth friendly services were factors associated with youth friendly health services utilization.

Citation: ***Toyeb Yasine Ibrahim.*** **2020.** "Youth Friendly Services Utilization and Associated Factors among Young People in Tehuledere District, Northeast Ethiopia: A cross-sectional study.", *International Journal of Current Research*, 12, (09), 13510-13514.

INTRODUCTION

The world comprises the largest generation of young people in history, with more than 1.8 billion people aged between 10 and 24 years (Guttmacher Institute, 2010). The World Health Organization (WHO) defines young people as those aged 10–24 years, while adolescents are defined as those aged 10–19 years. Youth age groups 10 to 24 years comprise of 35% of Ethiopia's population. Hence ensuring their health and future is vital to the nation (Population Reference Bureau, 2008). The vast majority of youth lives in developing countries and is at risk of adverse health outcomes that are preventable. Adolescence is also an important formative period during which many life style behaviors are learned and established. Thus, acquiring beneficial knowledge, developing positive attitudes, and establishing healthy practices and behaviors at an early age sets the stage for longer-term health (Aboma, 2012). Young people today are facing multilayered problems. They have socio-cultural and economic challenges, uncomfortable and inappropriate environment, absence of comprehensive sexual

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and reproductive health (SRH) information, and lack of adequate and quality services. And therefore, they are exposed to unwanted pregnancy, sexually transmitted infections (STIs), unsafe abortion, life-long health habits and the like (Elissa C Kennedy, 2013; Aboma, 2012). Youth friendly services represent an approach which brings together the qualities that young people demand with high standards that have to be achieved in the best public services. They should be delivered in the right place, at the right time, at the right price (free where necessary) and in the right, accessible, acceptable and appropriate manner without discrimination against any sector (Standards on Youth Friendly Reproductive Health Services, 2008). As a result, it has been recognized as an appropriate and effective strategy to address SRH needs of young people since the 1994 International Conference on Population Development (ICPD) in Cairo, Egypt (Standards on Youth Friendly Reproductive Health Services, 2008). The essential package of what is offered at youth friendly health services in Ethiopia include: Information and Counseling on reproductive and sexual health issues, and sexuality, promotion of healthy sexual behaviors through various methods including peer education, family planning information, counseling and methods including emergency contraceptive methods, condom promotion and provision, availability of testing services including that of pregnancy and HIV counseling and testing(HCT), management of sexually transmitted infections, antenatal care (ANC), delivery services, postnatal Care (PNC) and prevention of mother to child transmission (PMTCT)PMTCT, abortion and post Abortion Care, appropriate referral linkage between facilities at different levels (Adolescent and youth sexual and reproductive Health evidence based intervention in Kenya, 2013).

According to the studies conducted in different parts of Ethiopia, youth friendly health services utilization were low, forinstance, it was 63.8% in Harrar (Senafikish Amsalu Feleke, 2013), 21.5%) in Machakal district, Northwest Ethiopia (Elissa, 2013) and 32.2% in Bahirdar (Meskerem A, WorkuA, 2014). The major barriers wich affect Service utilization of youths were lack of information, accessibility of services, inconvenient location and working hours of health facilities, poor quality of services, and un affordable costs of the services (Senafikish Amsalu Felekel, 2013; Meskerem A, WorkuA, 2014). Despite 35% of the Ethiopia population being in the 10-24 age groups, their sexual and reproductive health needs have neither been researched nor addressed adequately (Elissa, 2013). Therefore, this study was conducted to assess youth friendly services utilization and associated factors among young people in Tehuledere district.

METHODS AND MATERIALS

Study setting and design: Community based crossectional study was employed in Tehuledere district, Amhara Regional State, Ethiopia from December 1 to15, 2018. The district has a total population of 145,625 of whom 71,356 were males and 74,269 were females and 36,947 were young people ages from 10-24 years. The study population were young people of10-24 years aged from selected Kebeles ofthe district.

Sample size determination and sampling procedure: The sample size was calculated by single population proportion formula by considering the following assumptions: proportion 21.5% taken from previous study done in Ethiopia (3), 95% confidence level, 5% margin of error, designing effect of 2 and 10 % for non-response, the final sample size was 572. Multi stage sampling technique was used to select ten Kebeles. Kebeles were selected by simple random sampling method. The total sample size was allocated proportionally to population size. Finally, respondents were selected systematically, in every K^{th} intervals. Data were collected through interviewer administered questionnaire developed by review ofsimilar literatures.

Variable measurment

Youth friendly services utilization: use of at least one service from sexual and reproductive health service packages (medical checkup, consultations, FP counseling and methods, health education, VCT, STIs treatment, pregnancy test, safe abortion and other re-enforcement services rendered to the young people) at health facilities for the last 6 months of data collection (10).

Community conversation: On going community dialogues to increase awareness and health seeking behavior through mutual learning, develop decisions and agreement on how to address challenging issues while preserving dignity and maintaining trust and accountability.

Data process and Analysis

Data were cleared, edited and entered using EPI-info and analyzed using Statistical Package for Social Sciences (SPSS) Version 23 for statistical analysis. First bi-variable binary logistic regression analysis were done to see the association between each independent variable and outcome variable and those variables with p value less than 0.2 were entered to multiple logistic regression model to control for all possible confounders and to identify predictors of the outcome variable. In the final model, those variables with p value less than 0.05 were considered as statistically significant. Adjusted dds ratio (AOR) along with 95% confidence interval (CI) was estimated to measure the strength and direction of association.

Ethical consideration: Ethical clearance was obtained from the Ethical Review Committee of Wollo University, College of Medicine and Health Sciences. Official letter was written to Tehuledere district health office and the respected Kebeles to get permission for the study procedures. An informed oral consent was obtained from each study subjects (≥18years) and assent was obtained from their parents/guardians (<18 years) after providing brief explanations about the purpose and objectives of the study. To maintain confidentiality, anonymity was maintained throughout the research process. Furthermore, the right to participate or withdraw from the study at any time was respected.

RESULTS

Characteristics of respondents: Five hundred seventy two youths were participated in the study with response rate of 100%. About 304 (53.1%) ofrespondents were males and the mean age of the respondents was 17.16 years with a SD of ±4,25. Regarding the occupation of the respondents, 409 (71.5%) and 118(20.6%) of them were students and farmers respectively (Table 1).

Table 1. Socio-demographic characteristics of respondents in Tehuledere district, Northeast Ethiopia, 2018

Characteristics	Category	Frequency	Percentage
Sex	Male	304	53.1
	Female	268	46.9
Age in years	10-14	169	29.5
	15-19	186	32.5
	20-24	217	38.0
Educational status	No formal education	47	8.2
	Primary education	287	50.2
	Secondary and above	238	41.6
Marital status	Single	495	86.5
	Married	52	9.1
	Divorced	25	4.4
Religion	Muslim	473	82.7
	Orthodox	99	17.3
Occupation	Farmer	118	20.6
	Student/unemployed	409	71.5
	House wife	16	2.8
	Merchant	15	2.6
	Employed	14	2.4

Access to information and youth friendly services: Out of 572 respondents 265 (46.32%) were heard about youth friendly services. Regarding to sources of information 153 (58.0%), 138 (52 %) and 111(42%) were got information from school, teachers, peers and clubs respectively. On the other hand; 301 (52.62%) were attended community dialogues. Out of the total 572 respondents, 219 (38.3%) of them lived in a distance within 30 minutes walking time to reach to the nearest health facility and the remaining 353 (61.7%) were lived more than 30 minutes walking time. From the total respondents, 248 (43.4%) and 324 (56.6%) participants were responded that working hours were convenient and inconvenient to use the services respectively. Moreover, respondents of this study were asked whether they faced reproductive illness or not. Out of the total respondents 69 (12.1%) had faced reproductive illness whereas the remaining 503 (87.9%) never had been faced reproductive illness.

Youth Friendly Service Utilization: From the total 572 participants, only 196 (34.3%) were utilized at least one service from youth friendly service packages in the last 6 months before data collection period. From the service packages, 141 (72%), 101 (52 %) and 110 (56%) respondents were utilized SRH information, family planning and recreational services like indoor and outdoor games respectively.

Factors associated with youth friendly service utilization

In multivariable logistic regression analysis, history of RH illness, information on YFS, walking time to reach healthy facility, percieved convenience of working hours and participation in community dialogues were found to be predictors of the outcome variable. Those who faced RH illness were used YFS services 3.64 times more likely compared with those who not faced RH illness (AOR= 3.64, 95% CI (1.75, 7.60)). Respondents who had information on YFS used services 9.76 times more likely compared to who had not heard about YFS (AOR=9.76, 95% CI (6.03, 15.79)). Youths who lived in adistance within 30 minutes walking time to reach to health facility were 3 times utilized youth friendly service than youths who lived more than 30 minutes walking time (AOR =3.00, 95% CI (1.89, 4.74)). Youths who had convenient perception on the working hours of the health facilities were utilized the services 1.7 times than those who had inconvenient perception (AOR=1.69, 95% CI (1.07, 2.68)) . Respondents were participated in community dialogues were 1.8 times utilized the services than those who were not participated (AOR=1.77, 95% CI (1.12, 2.78)) (Table2).

DISCUSSION

The finding of this study revealed that about 34.3% of participants utilized youth friendly services. This is similar with the study conducted at Bahirdar (32.2%) and Jimma (34.7%) (Kasiye, 2014; Ayalew T, 2009). But YFS utilization has to be excelled by 12.8% than compared with the study conducted at Mechakel (21.5%), Northwest Ethiopia (Elissa, 2013). On the contrary, this study reported less YFS utilization than the study carried out at Harar (63.8%) (Senafikish Amsalu Feleke, 2013). The difference might be accounted by the socio-economic differences of study participants. The study showed that among youth friendly service types, the main services utilized by the respondents were sexual information 141 (72%), family planning counseling 101 (52%), and condom utilization 97 (49%). Those services provided to young people also recognized as they are essential packages/ranges of services that has to be provided to young people in friendly manner (Adolescent and youth sexual and reproductive Health evidence based intervention in Kenya, 2013; Jimmy-Gama, 2009). In multivariable logistic regression analysis, history of RH illness, information on YFS, walking time to reach healthy facility, percieved convenience of working hours and participation in community dialogues were found to be predictors of the outcome variable.

Those who faced RH illness were used YFS services 3.64 times more likely compared with those who not faced RH illness. The main sources of information to young people were school teachers, peers and reproductive health clubs. These findings are consistent with the studies conducted at Harara (Senafikish Amsalu Felekel, 2013) and Bahirdar (Meskerem A, WorkuA, 2014). Youths who lived in adistance within 30 minutes walking time to reach to health facility were 3 times utilized youth friendly service than youths who lived more than 30 minutes walking time. This is supported by the study conducted at Harrer that is the utilization of services associated with distance to facility (Senafikish Amsalu Feleke1, 2015).

Youths who had convenient perception on the working hours of the health facilities were utilized the services 1.7 times than those who had inconvenient perception. This finding is suported by the study conducted in Jimma, in which one of the associated factor which affects youths not to utilize service was inconvenient working hours of health facilities (Adolescent and youth friendly reproductive health service standards, 2010). In the same manner respondents who were participated in community dialogues were 1.8 times utilized the services than those who were not participated. A review of literature shows that cultural and social norms influence adolescents to adopt unsafe sex practices in most African countries including Kenya, Malawi, Nigeria, Ethiopia and Uganda. To break the negative norms and to enhance health seeking behaviors, community conversations contributing advantages (17).

Table 1 Bivariable and multivariable binary logistic regression for youth friendly services utilization among youths in Tehuledere district, Ethiopia, 2018

Variables	YFS Utilization		COR(95% C.I)	AOR (95%CI)
	Yes	No		
Sex				
Male	128	176	2.13(1.49,3.05) *	1.67(1.05,2.67)
Female	68	200	1	1
Age in (Years)				
10 -14	36	133	1	1
15 -19	60	126	1.75 (1.08, 2.84) *	2.26(1.16 , 4.40)
20 -24	100	117	3.15 (1.98, 4.97) *	3.26(1.35,7.89)
Marital Status				
Single	163	332	1	1
Married	25	27	1.88 (1.06, 3.35) *	1.14.(0.46,2.81)
Divorced	8	17	0.95 (0.40, 2.26)	0.70(0.22,2.24)
Level of Education				
No formal Education	6	41	1	1
Primary education	81	206	2.68 (1.09, 6.57) *	1.16(0.39,3.45)
Secondary and above	109	129	5.77 (2..36, 14.11) *	1.33(0.42,4.22)
Sexual Partner				
Yes	87	128	1	1
No	109	248	0.60 (0.42, 0.87)	0.60(0.19,1.92)
RH – Illness				
Yes	47	22	5.07(2.95,8.72) *	3.64(1.75,7.60) **
No	149	354	1	1
Information on YFS				
Yes	158	107	10.45(6.87,15.89) *	9.76(6.03,15.79) **
No	38	269	1	1
Walking time to reach to nearest health facility				
< 30 minutes	106	113	2.74(1.91,3.91) *	3.00(1.89,4.74) **
>30 minutes	90	263	1	1
Working hour convenience				
Yes	97	151	1.46(1.03,2.06) *	1.69(1.07,2.68) **
No	99	225	1	1
Dialogues on community dialogues				
Yes	131	170	2.43(1.69,3.48) *	1.77(1.12,2.78) **
No	65	206	1	1

RH: reproductive health, YFS: youth friendly services, COR: crude odds ratio, AOR: adjusted odds ratio, *Significant association in bivariable analysis, ** Significant association in multivariable analysis

As the study carried out at Debremarikos, Jimma & Gonder, discussion with family/relatives, peer group/friends, sexual partners and teachers on family planning were also the other factors significantly associated with the utilization of the service (Adolescent and Youth Friendly Reproductive Health, 2010; Adolescent and youth friendly reproductive health service standards, 2010; Amanuel, 2013).

Conclusion

Less than half of the young people were utilized youth friendly health services. Accessibility of health facilities, convenient working hours of health facilities, participation of youths in community dialogues and information about youth friendly services were factors associated with youth friendly health services utilization.

Acknowledgements

I would like to thank Tehuledere health office, health extention workers of the respective Kebeles for providing the necessary information in the study area. I would like to express my deepest gratitude to study participants, supervisors and datat collectors for their volunteering during data collection.

Ethical approval and consent to participate: The research protocol of this study was reviewed and ethical clearance was obtained from the Ethical Review Committee of Wollo University, College of medicine and health sciences. Then official letter was written to Tehuledere district health office to get permission for the study procedures. An informed oral consent was obtained from each study subjects after providing brief explanations about the purpose and objectives of the study. To maintain the confidentiality of collected data, anonymity was maintained throughout the research process. Furthermore, the right to participate or withdraw from the study at any time was respected.

Funding: The author received salary support during analysis and write up of this manuscript from the employer.But no funding has been obtained from any source to carry out this study.

Competing interests: The author declare that I, the researcher, have no any form of competing financial and non-financial interest.

Author's contribution: The author designed the research, supervised the data collection and ensure the quality of collected data, analyzed, interpreted the findings, drafted, edited and revised the manuscript and submitted the paper for publication.

Availability of data and materials: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Abbreviations

ANC Antenatal care
AOR Adjused Odds Ratio
CI Confidence Interval
HCT HIV Counseling and Testing
PNCPostnatal Care
PMTCTPrevention of Mother to Child Transmission
SRHSexual and Reproductive Health
STIsSexual Transmited Infections
WHOWorld Health Organization
YFS Youth Friendly Services

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