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Research Article

Utilisation of Youth-Friendly Sexual and Reproductive Health Services among High School Students in Yirgalem Town, Ethiopia: A Cross-Sectional Study

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A B S T R A C T

Introduction: Youth are very vulnerable to different negative consequences of sexual and reproductive health problems, which have a deep impact on their lives. Thus, this study was conducted to assess the utilisation of youth-friendly sexual and reproductive health services and associated factors among high school students in Yirgalem town, Ethiopia.

Method: A facility-based cross-sectional study was conducted among randomly selected 254 youths. A structured, pretested, and self-administered questionnaire was used to collect data. Epi data 3.1 and SPSS version 22 were used for data entry and analyses, respectively. Bivariable and multivariable logistic regression analysis was done. Adjusted odds ratio with a 95% confidence interval was used to determine the association among independent and outcome variables. A p value of ≤ 0.05 was used to declare statistical significance.

Results: The magnitude of youth-friendly sexual and reproductive health service utilisation was 30.6% [95% Confidence Interval (CI): 25.2, 35.9]. Age (20–24 years) and discussing reproductive health issues with parents and with peers were predictors positively associated with utilisation of youth-friendly sexual and reproductive health services.

Conclusion: The magnitude of youth-friendly sexual and reproductive health service utilisation was low in the study area. The age of the respondents and discussing reproductive health issues with parents and peers are predictors positively associated with the outcome variable. Thus, devising evidence-based interventions and encouraging youth to communicate about sexual and reproductive health issues with their families and peers is important to improve utilisation of the youth-friendly sexual and reproductive health services.

Keywords: Youth, Reproductive Health, Yirgalem, Ethiopia

Introduction

The World Health Organization (WHO) defined youth as the population in the age group of 15–24 years which is a continuum of physical, cognitive, behavioural and psychosocial change that is characterised by increasing levels of individual autonomy, a growing sense of identity and self-esteem as well as progressive independence from adults.[1]

Globally, 16 million youth get unplanned pregnancies and pursue unsafe abortions; an estimated three million unsafe abortions occur every year among this age group. Further, in the poorest region of the world, child-bearing risks are compounded for youths due to increased exposure to forced sex, increased risk-taking and reduced availability of youth sexual and reproductive health (YSRH) services.[2] The majority of the countries in the world have adopted a policy aimed at improving the reproductive and sexual health of adolescents and youths: raising or enforcing the minimum age at marriage, expanding girls' secondary school enrolment, and providing school-based sexuality education, which is the most common challenges in the world, particularly in developing countries.[3]

Above all, low access to youth-friendly reproductive health services is a basic reason for early initiation of sexual intercourse, risky sexual practices and unintended pregnancies. Also, this is the major reason for undesirable health consequences mainly induced/ unsafe abortion, high fertility, obstructed labour and its complications such as obstetric fistula, and hypertensive disorders of pregnancy.[4]

There are recently published policies and strategies for global health that incorporate a strong focus on sexual and reproductive health for young people that will improve and recognise young people's sexual and reproductive health needs.[5]

Even though sexual and reproductive health problems declined in some regions, the proportion of youth reproductive health problems is substantially increasing in poor countries including Africa.[6] Sub-Saharan Africa region shares the highest percentage of this burden in the world due to sexual coercion, low or incorrect use of contraceptives, and poor parental communication and support.[7] Although youth are interested in living a healthy life by promoting their health, the negative consequences of sexual and reproductive ill-health problems are significantly increasing among them. The main causes of these challenges are limited access to quality health services as well as evidence-based information that are specially designed to meet their needs.[8]

The Government of Ethiopia is committed to improving the sexual and reproductive health status of adolescents and youth by utilising quality sexual and reproductive health information and services.[9,10] Utilisation of sexual and reproductive health services is influenced by a complex set of factors: youths' knowledge and attitude on sexual and reproductive health services, socio-cultural norms regarding sexual issues, attitude of healthcare providers on youth reproductive health services and inadequate communication time with healthcare providers.[11–17]

Having inadequate knowledge of the consequences of reproductive health problems, lack of confidentiality on the services delivered, poor communication on reproductive health issues, and unavailability of youth-attractive services are also barriers that are inhibiting youth from accessing sexual and reproductive health services.[18–24]

Investigating different factors that affect the utilisation of sexual and reproductive health services among youth helps in designing, organising, and implementing quality services that promote youth's health status and tackle related consequences from the root.[8]

In Ethiopia, most of the youth are at the greatest risk of getting various sexual and reproductive health problems. However, there is a scarcity of updated evidence that shows the determinants of youth-oriented sexual and reproductive health service utilisation. Thus, the aim of this study was to assess youth-friendly sexual and reproductive health service utilisation and associated factors among High school students in Yirgalem town, Ethiopia.

Material and Method

Study Area and Period

This study was conducted in Yirgalem town, Sidama Regional State, Ethiopia. The town is located 45 km from Hawassa, the capital of the Sidama Regional State and about 320 km from Addis Ababa, the capital city of Ethiopia. The study was conducted in May 2022.

Study Design and Population

A facility-based cross-sectional study design was used. All youths enrolled in Yirgalem Town Secondary School (grades 9–12) in the 2022 academic year were the source population. Those students aged 15–24 years and attending Yirgalem secondary school during the study period as well as fulfilled eligibility criteria were the study population. Those students who were seriously ill at the time of data collection and aged above 24 years were excluded.

The sample size was determined using single population proportion formula with consideration of the following assumptions: 95% confidence level, the proportion of youth reproductive health service utilisation of 18.4%[11], 5% margin of error and 10% non-response rate, the final sample size calculated was 254. Regarding the sampling procedure, the study population was divided into strata according to their grade level. Then five sections were

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selected by using the lottery method. Finally, the calculated sample was proportionally allocated based on the number of students in each section, and study participants were selected by a simple random sampling method.

Data Collection Procedure and Quality Control

Data were collected by four data collectors by using structured, self-administered and pretested questionnaires developed after reviewing related literature. The tool contains items related to sociodemographic, economic and reproductive characteristics of the study subjects. Two health professionals were assigned to supervise data collection activities.

The quality of data was assured by using a properly designed data collection tool which was prepared in English and translated into the local language (Sidaamu Afoo) and back to English by language experts to check its consistency. All data collectors and supervisors were trained for two days before starting data collection. The training was given on the general aim of the study including the ways of approaching the study participants. Before starting actual data collection, a pre-test was done on 5% of the sample at Aposto secondary school, and the necessary measure was taken accordingly. Finally, collected data were checked for completeness and consistency before starting data entry.

Data Processing and Analysis

After checking its completeness, data were coded and entered into Epi data version 3.1 software and exported to Statistical Software for Social Science (SPSS) version 22 for further analysis. Descriptive analysis and cross-tabulation were performed to see the distribution of predictors with the outcome variable. Bivariable logistic regression analysis was done for each independent variable with the outcome variable, and variables with a p value of less than or equal to 0.25 were considered candidates for multivariable logistic regression analysis to control possible confounders.

Backward stepwise logistic regression was used to identify variables with the largest contribution to the model. Adjusted Odds Ratio (AOR) with a 95% confidence interval (CI) was used to determine the association among independent and outcome variables. A p value of less than or equal to 0.05 was used to consider statistically significant variables. Finally, the results were described by texts, tables and figures.

Ethical Approval and Consent

Ethical clearance was obtained from the Ethical Review Committee of Yirgalem Hospital Medical College. An official letter was taken from the Yirgalem Town Education Department. After informing the general aim of the study, written consent was obtained from each participant aged 18–24 years, but for those aged 15–17 years, assent was obtained from their parents/ guardians.

Measurements

The dependent variable was the utilisation of youth-friendly sexual and reproductive health services which was measured by 'yes' or 'no' responses. Further validation of positive (yes) responses was done by asking the types of reproductive health services used. Independent variables were the sociodemographic, economic, and reproductive health-related characteristics of the study participants.

Operational Definition

Youth-Friendly Sexual and Reproductive Health Services

These consist of youth-focused sexual and reproductive health services designed to address the needs of youth. These services are HIV testing and counselling, sexually transmitted infections screening and treatment, family planning counselling and contraceptive use, safe abortion services, perinatal care services, delivery services, postnatal care services, health education on nutrition and harmful traditional practices.

Utilisation of Youth-Friendly Sexual and Reproductive Health Services

According to this study, it was defined use of at least one youth-focused sexual and reproductive health service in the past six months prior to this study.

Results

Sociodemographic Characteristics of the Study Participants

Out of 254 study participants planned for this study, 242 respondents participated, making the response rate 95.3%. About 159 (65.7%) of respondents were male. 178 (73.6%) were aged between 20 and 24 years with a mean age of 18 (± 1.59) years. Regarding religion and ethnicity, 165 (68.2%) and 204 (84.3%) of the respondents were protestants and Sidama, respectively (Table 1).

Table 1.Sociodemographic Characteristics of the Study Participants in Yirgalem Town, Ethiopia, 2022

(N = 242)

Variables	Categories	Frequency	Percentage
Sex	Male	159	65.7
	Female	83	34.3
Age (years)	15–19	64	26.4
	20–24	178	73.6

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Marital status	Single	158	65.3
	In a love relationship	67	27.7
	Married	17	7.0
Religion	Protestant	165	68.2
	Orthodox	40	16.5
	Muslim	26	10.7
	Other*	11	4.6
Ethnicity	Sidama	204	84.3
	Amhara	20	8.3
	Oromo	13	5.4
	Other**	5	2.1
Residence	Rural	125	51.7
	Urban	117	48.3
Have income	Yes	128	52.9
	No	114	47.1

*Catholic, Adventists, **Silte, Wolaita, Gurage

Reproductive Health Characteristics of the Study Participants

Concerning youth-friendly sexual and reproductive health service utilisation, only 74 (30.6%) of the respondents used it. The most commonly used services were HIV counselling and testing (44.60%) followed by screening and treatment of sexually transmitted infections (27.00%) (Figure 1). The main reasons for not using youth reproductive health services were inconvenient service delivery time (30.36%) followed by lack of confidentiality (28.57%).

Concerning sexual experience, about 101 (41.7%) of the study participants have practised premarital sexual activity before this study. The mean age at first sexual intercourse was 16.74 ± 0.73 years. Of those sexually active participants, about 41 (40.6%) had multiple sexual partners, and 59 (58.4%) reported that their first sexual intercourse was not protected (did not use a condom). Regarding the consequences of unprotected sexual intercourse, about 21 (35.6%) faced sexually transmitted infections followed by unwanted pregnancies (27.1%). About 116 (47.9%) and 77 (31.8%) of the study participants reported that they have discussed reproductive health issues with their peers and parents, respectively (Table 2).

Table 2.Reproductive Health-Related Characteristics of the Study Participants in Yirgalem Town, Ethiopia, 2022

Variables	Categories	Frequency	Percentage
Practised sexual intercourse (n = 242)	Yes	101	41.70
	No	141	58.30
Number of sexual partners (n = 101)	One	60	59.40
	Two and above	41	40.60
Age at first sexual intercourse (years) (n = 101)	< 18	78	77.20
	≥ 18	23	22.80
Used condom during sexual intercourse (n = 101)	Yes	42	41.60
	No	59	58.40
A consequence of unprotected sexual intercourse (n = 59)	Sexually transmitted infections	21	35.60
	Unwanted pregnancy	16	27.10
	Drop out of school	13	22.00
	Nothing	9	15.30
Discussed RH issues with peers (n = 242)	Yes	116	47.90
	No	126	52.10
Discussed RH issues with parents (n = 242)	Yes	77	31.80
	No	165	68.20
Utilized RH services (n = 242)	Yes	74	30.60
	No	168	69.40
Reasons for not using RH services (n = 168)	Inconvenient service delivery time	51	30.36
	Lack of confidentiality	48	28.58
	Lack of knowledge	41	24.40
	Lack of money	28	16.66

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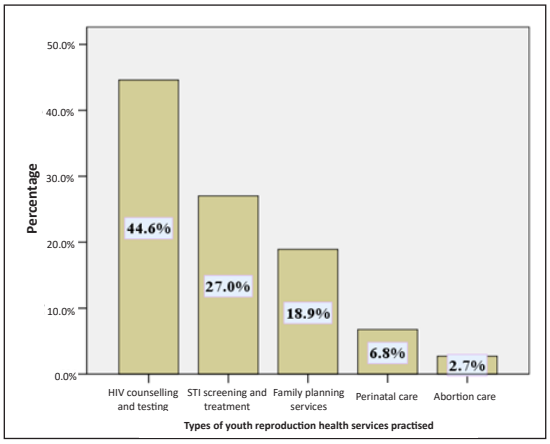

Figure 1.Components of Youth-Friendly Sexual and Reproductive Health Services Utilized by High School Students in Yirgalem Town, Ethiopia, 2022

Factors Associated with Youth-Friendly Sexual and Reproductive Health Service Utilisation

In the bivariable logistic regression analysis, the sex of the respondents, age of the respondents, family residence, discussion of reproductive health issues with peers and parents, and having a history of sexual intercourse were factors associated with youth-friendly sexual and reproductive health service utilisation. In multivariable logistic regression analysis age of the respondents, and discussing reproductive health issues with parents as well as with peers were predictors significantly associated with youth-friendly sexual and reproductive health service utilisation. Youth whose age category was between 20–24 years were nearly four times [AOR = 3.98, 95% CI (1.68, 9.43)] more likely to use youth-friendly sexual and reproductive health services when compared with those who were in the age category of 15–19 years.

Those who discussed reproductive health issues with their parents were four times [AOR = 4.35, 95% CI (2.28, 8.31) more likely to use youth-friendly sexual and reproductive health services than those who never discussed reproductive health issues with their parents. The youth who discussed reproductive health issues with their peers were nearly two times [AOR = 1.93, 95% CI (1.02, 3.62)] more likely to use youth-friendly sexual and reproductive health services when compared with their counterparts (Table 3).

Table 3.Crude and Adjusted Odds Ratio with 95% Confidence Interval for Factors Associated with Youth-Friendly Sexual and Reproductive Health Service Utilization among the Study Participants in Yirgalem Town, Ethiopia, 2022

Variables	Categories	Used RH Services		COR (95% CI)	AOR (95% CI)
		No	Yes		
Sex	Male	115	44	1	2.09 (0.64, 4.20)
	Female	53	30	1.48 (1.02, 2.60)	
Age (years)	15–19	52	12	1	3.98 (1.68, 9.43)*
	20–24	116	62	2.32 (1.15, 4.66)	
Family residence	Rural	94	43	1	1.54 (0.82, 2.88)
	Urban	74	31	1.76 (1.10, 3.06)	
Discussed RH with parents	No	131	34	1	4.35 (2.28, 8.31)**
	Yes	37	40	4.16 (2.32, 7.48)	
Discussed RH issues with peers	No	93	33	1	1.93 (1.02, 3.62)**
	Yes	75	41	1.54 (1.08, 2.67)	
Had premarital sex	No	56	45	1	3.46 (0.84, 6.53)
	Yes	112	29	3.10 (1.76, 5.47)	

*Statistically significant at $p < 0.05$, **Statistically significant at $p < 0.001$

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Discussion

Making sexual and reproductive health services available and accessible and creating a convenient as well as attractive environment for youth can avert different negative consequences of reproductive health problems. Therefore, this study has attempted to identify the extent of youth-friendly sexual and reproductive health service utilisation and associated factors among High school students.

Accordingly, the magnitude of youth-friendly sexual and reproductive health service utilisation was 30.6% [95% CI (25.2, 35.9)]. This finding is in line with similar studies done in Metekel Zone,[14] Debre Berhan town,[19] and Bahirdar town[22]. However, it is higher when compared with other findings previously done in Mecha district,[11] Woreta secondary school,[13] Nekemte town,[20] and Nepal[23].

This difference might be due to differences in the study period, variation in the socio-economic status of the study participants, and upgrading of the availability and accessibility of health service delivery systems. Furthermore, in this study, the utilisation of at least one component of the sexual and reproductive health services was considered. Therefore, this might increase the result. The other explanation for this difference could be that in the current study, about 28% of the respondents had boy/girlfriends, and 41% had a history of sexual intercourse. Therefore, this could encourage them to practice existing sexual and reproductive health services in order to protect themselves from negative consequences related to sexual and reproductive ill health.

However, this finding was found to be lower when compared with a study done in the Hadiya zone,[12] Kachabirra district,[15] Harar town,[16] Mada Walabu University,[17] Bale zone,[18] and Mandalay city of Myanmar[24]. The possible explanation for this dissimilarity might be the time references used to define reproductive health service utilisation; more studies assessed the magnitude of service utilisation in one year, however, the current study assessed youth-friendly sexual and reproductive health service practised within six months, and this might decrease its extent. The other explanation for this difference could be that the study conducted in Bale Zone and Mandalay City applied a community-based study design that considered all youths in the study setting, but our study targeted only High school youth.

The present study revealed that youths aged between 20 and 24 years were nearly four times more likely to use youth-friendly sexual and reproductive health services when compared with those who were in the age category of 15–19 years. This finding is supported by similar studies done in Kachabirra district[15] and Bahirdar town[22]. The possible explanation for this could be that when the age maturity increases, the chance of getting information related to sexual and reproductive health issues will increase because of enhancement in sexual maturity and the influence of peers that might encourage youths to accept and utilise available healthcare services.

The youth who have discussed reproductive health issues with their parents were four times more likely to use youth-friendly sexual and reproductive health services than those who have never discussed reproductive health issues with their parents. This finding is in line with similar studies done in Mecha district, Ethiopia.[11] The possible explanation for this might be that communicating issues of sexual and reproductive health with parents can reduce the negative attitude of the family and increase awareness among families on any negative outcomes of youth reproductive ill health. Thus, this might help youth to share all necessary information freely and decide on their sexual and reproductive health issues without any influence. As a result, they can access all available healthcare services with self-confidence.

In addition, youth who have discussed reproductive health issues with their peers were nearly two times more likely to utilise youth-friendly sexual and reproductive health services when compared with their counterparts. The same finding was reported in similar studies previously done in Harar[16] and Debre Berhan town, Ethiopia[19] and Myanmar[24]. Discussing sexual and reproductive health issues can help youth gain awareness and knowledge on the consequences of reproductive health problems as well as the benefits of using available services to avert these problems. In addition, sharing ideas with peers can help youth develop positive attitudes toward the available healthcare services. Hence, these can help them to increase their intention of utilising the service.

Limitations of the Study

This study has some limitations; due to the cross-sectional nature of the study design, the cause-effect relation was not assessed. Furthermore, it did not consider youth who were outside of the school compound.

Conclusion

The magnitude of youth-friendly sexual and reproductive health service utilisation was low in the study area. It also showed a high proportion of risky sexual and reproductive health behaviours (premarital sex, multiple sexual partners, and low use of a condom) that may expose youth to different problems. The age of the respondents and having a discussion on sexual and reproductive health issues with parents as well as with peers were predictors that were positively associated with the utilisation of youth-friendly sexual and reproductive health services. Improving communication channels on sexual and reproductive health issues through information, education and communication

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means, creating a convenient, attractive and youth-focused environment, and encouraging youths to discuss sexual and reproductive health issues with their families and peers can improve the utilisation of youth-friendly sexual and reproductive health services.

Authors' Contributions

Both authors made considerable contributions to the conception, design, acquisition, analysis and interpretation of data, drafting and revising the manuscript. The authors gave final approval of the version for publication and agreed to submit it to the current journal and be accountable for all aspects of the work.

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