



Assessment of Reproductive Health Service Utilization and Associated Factors among Adolescents and Youth in Akaki Kality Sub City and Associated Factors Youth Centers, 2022

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Abstract

Introduction: The existing RH services meant for the youth are small scale and not well organized to meet the RH service needs of this section of the population. The existence of a clear mismatch between the available services and RH needs of this section of the population was observed in youth centers of Ethiopia.

Objectives: The general objectives of study were to assess the practice level and associated factors of reproductive health service among adolescents and youth in Akaki Kality Sub City youth centers, of Addis Ababa, Ethiopia 2022.

Method: An institutional based quantitative cross-sectional study was conducted among adolescents and youth in Akaki Kality Sub City attending in youth centers of age 15 to 24. Simple random sampling methods were used. Four hundred five samples were interviewed with self-administered questionnaire. SPSS version 25 was used for data entry and for data analysis. Bivariable and multivariable logistic regression analyses were used to identify significantly associated variables with the dependent variable.

Result: The overall prevalence of Reproductive health services practice level was 18.8% (CI: 15.24, 22.88). The multivariate logistic regression analysis identified, sex (AOR=3.92, 95% CI: 1.96, 7.84), marital status (AOR=3.19, 95% CI: 1.47, 6.95), mothers' educational status (AOR=3.49, 95% CI: 1.78, 6.83), history of sexual intercourse (AOR=3.89, 95%, CI: 1.73, 8.74), discussion SRH matters with health workers (AOR=4.65, 95% CI: 2.34, 9.26, perception of risk towards HIV/AIDS (AOR=2.11, 95% CI: 1.07, 4.16) and exposure to mass media (AOR=1.61, 95% CI: 0.67, 3.85) had a significant association with reproductive health services practice level.

Conclusion: The finding of this study showed low prevalence of Reproductive health services practice level. As result, FMOH, AAHB, Akaki Kality Sub City x Health office and woreda administration should follow closely the youth center activities towards the reproductive health services. Awareness creation through mass media on RH matters for adolescents on HIV/AIDS should be strengthen through online, print, audio and video option including sign language for disabilities.

Keywords: Adolescents; Adolescents and youth; Reproductive Health; Youth centers

Introduction

Approximately 1.2 billion people aged 15 to 24 make up roughly 16% of the world's overall population. Forecasts suggest that by 2030, this age group is expected to grow by 7%, reaching a total of 1.3 billion [1]. Ethiopia's population also includes the second-largest proportion of youth in Africa with about 37.4 million people aged 10 to 24 years [2]. Reproductive Health (RH) is a condition of overall physical, mental, and social well-being regarding everything to the reproductive system. It implies that individuals have the capacity for reproduction and the liberty to decide whether, when, and how frequently to do so. Additionally, it implies that people can have fulfilling and secure sexual relationships [3]. According to the World Health Organization (WHO), adolescents are individuals aged between 10 and 19 years, youth comprise those in the 15 to 24 age bracket, and young people

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encompass those between the ages of 10 and 24. In contrast, the Ethiopian National Youth Policy defines youth as individuals aged 15 to 29 [4,5]. The period of adolescence, which encompasses ages 10 to 19, represents a crucial bridge between childhood and adulthood and significantly contributes to long-term well-being. In this stage, teenagers experience substantial growth in their physical, cognitive, and psychosocial aspects, impacting their emotions, thoughts, choices, social interactions, and their relationship with their environment [5,6]. The focus on adolescent sexual and reproductive health has heightened due to the prevalence of significant issues in this domain. These concerns among adolescents and youth encompass risky sexual behaviors, child marriage, early childbirth, unintended pregnancies, unsafe abortions and their associated complications, as well as sexually transmitted infections, including HIV [4].

Sexual and reproductive health pertains to an individual's entitlement to a sound body, as well as the freedom, knowledge, and access to healthcare that allows them to make informed choices regarding their sexual partners and methods to prevent sexually transmitted infections or unplanned pregnancies [7].

The implementation of Youth-Friendly Services (YFS) is vital, involving the engagement of adolescents and the public sector, evidence-based decision-making, and an enabling environment [8]. There's an increasing demand from young people for equitable opportunities, making it urgent to address their challenges in education, health, employment, and gender equality [1].

Adolescents often lack access to essential services in health, education, and social protection due to poverty and inadequate policies [9]. Barriers, including structural and sociocultural factors, impede access to sexual and reproductive services [10]. Existing youth services are limited and poorly organized; resulting in a mismatch with their reproductive health needs [11]. Youth interventions in Ethiopia are fragmented, underfunded, and lack coordination, impeding effective policy implementation and meaningful youth participation. Addressing these issues necessitates a holistic, evidence-based, and well-coordinated national response [2]. The study's objective was to assess the practice and associated factors of reproductive health services among adolescents and youth in Akaki Kaliti Sub City Youth Centers, Addis Ababa, Ethiopia, in 2022 [12,13].

Methods

Study area and period

The study was conducted in Akaki Kaliti Sub-City, which is located in the southern part of Addis Ababa, Ethiopia one of the ten sub-cities within the city administration. It spans an area of 118.08 square kilometers and underwent administrative restructuring in 2020, resulting in the creation of a new sub-city. At the end of 2011, the total population of Akaki Kaliti Sub-City was 195,273, with 95,558 males and 99,715 females.

Within this sub-city, there are 13 administrative districts or woredas, but only 6 of them have operational youth centers. These youth centers, located in Woredas 1, 3, 4, 6, 7, and 8, offer various recreational activities, including gymnastics and library services, along with reproductive health services provided by trained healthcare professionals. The study was conducted from May 01st to June 01st, 2023.

Study Design

An institutional based quantitative cross-sectional study was

conducted among adolescents and youth in Akaki Kaliti Sub City attending youth centers.

Inclusion and exclusion criteria

The study's inclusion criteria comprised adolescents and youth aged 15 to 24 years who were attending youth centers during the data collection period. Excluded from the study were individuals who declined to provide informed consent, those below 15 years or above 24 years, early adolescents, individuals with mental instability, as well as newcomers and those residing outside the designated catchment area.

Sample size

The study's sample size was calculated using the single proportion formula, which considers a 95% confidence interval, a 0.05 marginal error, and a proportion (p) obtained from a prior research study indicating a 42.6% utilization of reproductive health services in Addis Ababa [14]. This calculation yielded a minimum sample size of 376. To account for a 10% expected rate of non-response, the total sample size was adjusted to 414.

Sampling method

In Akaki Kaliti Sub-City, there are a total of 13 woredas, with six of them hosting youth centers. The study included all of these youth centers in Akaki Kaliti Sub-City by employing a lottery method to select the study subjects. Specifically, five Woredas (Woreda 1, Woreda 3, Woreda 6, Woreda 7, and Woreda 8) with youth centers were chosen. These centers collectively serve approximately 300 youth each month, and data collection was planned to be completed within a month across all selected youth centers. To select study participants, a systematic approach was used, with every other individual visiting the youth center during the data collection period being invited to participate. Verbal consent was obtained, and the study's objectives were explained. In cases of refusal, the next available sample was approached. The sample size was evenly distributed among all youth centers.

Study variable

The dependent variable in this study is the practice level of reproductive health services. The independent variables encompass two main categories. First, the sociodemographic factors include age, sex, marital status, schooling status, education level, and the mother's education level, parental communication about Sexual and Reproductive Health (SRH) issues, perceived monthly family income, and parental living arrangements. Second, the individual factors involve knowledge about reproductive health services, a history of sexual exposure, discussions about SRH issues with a sexual partner, peers, or health workers, the perception of risk related to HIV/AIDS, exposure to media content on SRH topics, and substance use [15-18].

Data collection method and instrument

Data collection involved conducting interviews with participants using a structured questionnaire that was adapted from previous studies and customized for this specific research [19]. The questionnaire covered various aspects, including participants' sociodemographic characteristics, individual attributes related to sexuality and reproductive health, accessibility to services (geographical accessibility), and four key components of reproductive health services, which encompass sexual and reproductive health information and education, modern contraceptives, voluntary counseling and testing for HIV, and the diagnosis and treatment of

sexually transmitted infections. The data was gathered by a team of five trained nurses over a 25-day period, closely supervised by the investigators [20-25].

Data analysis

After completing the data collection, a thorough process of editing, data entry, and data cleaning was conducted on all questionnaires. The analysis phase involved the use of descriptive statistics to calculate the frequency, proportion, mean, and standard deviation of the study variables. In the bivariate analysis, multiple associations were examined, and the results were expressed in terms of Odds Ratios (OR) along with 95% Confidence Intervals (CI). Statistical significance was determined if the p-value was less than 0.05. Significant variables identified in the bivariate analysis were considered for inclusion in the multivariate model after assessing goodness of fit.

Data quality assurance

The data collectors received one day of training from the principal investigators, focusing on the study's purpose, interviewing techniques, the content and meaning of the questions, and proper recording procedures. A pre-test was carried out at a non-selected facility, involving 5% of the total sample size, to assess question clarity, completeness, consistency, and to address any issues of difficulty or ambiguity by rephrasing and making corrections. Unnecessary questions were eliminated, and any missing questions were incorporated. The principal investigator ensured the daily completeness of collected questionnaires during the data collection period. The questionnaire was initially prepared in English, then translated into Amharic, and later back-translated into English to verify consistency. Data was entered into SPSS version 25 using a pre-coded format, with manual checks for range and skip errors during data entry. Computer printouts of frequencies were examined to identify outliers, and errors were reviewed upon completing data entry.

Ethics approval and consent to participants

Ethical clearance was obtained from Institutional Review Board (IRB) of Public Health Department of Sante Medical College and Addis Ababa Health Bureau Ethical Clearance Committee. Official letter of cooperation from the Sante Medical College and Akaki Kaliti Sub City Youth Department was obtained. Accordingly, permission was obtained from each youth centers. Written consent was obtained from each study participant. The confidentiality of clients' information was ensured, as names or any identifiers of study participants was not be included in the data sheet. Before enrolling any of the eligible study participants, the purpose and the benefits and the confidential nature of the study was described and discussed for each participant. For adolescents less than 18 years ascent was taken from their parents to participate in the study. The respondents were told that they had the right to be involved or not to be involved in the study, and that non-involvement would not affect the services they provided with in the institutions. The discussions between the data collectors and the respondents were takes place privately and individually. Only those who gave written consent took part in the study.

Operational definition and its measurements

a) Reproductive health: is a condition of overall physical, mental, and social well-being in all things regarding to the reproductive system [26].

b) Practice of reproductive health service: Adolescents and

youth consumption of reproductive health service that provided in youth center or other clinics Youth Center: are a social and recreational center intended primarily for use by adolescents and youth found in Akaki Kaliti Sub City [19,27].

c) Adolescents and Youth: Adolescents as individuals in the 10 to 19 years age group and Youth as the 15-to-24-year age group [28].

d) Knowledge about reproductive health: Respondent's response to 15 questions for components of reproductive health service and service delivery points above the mean score considered high knowledge, otherwise low knowledge [6].

Result

Sociodemographic characteristics

From the total four hundred fourteen participants, 405 of them responded to the questionnaires yielded a response rate of 97.8%. Almost half of the respondents 205 (50.6%) were male and with age range from 15 to 19 years took 193 (47.7%). The remaining study participants 212 (52.3%) were between the ages of 20 and 24. The minimum age of participants were 15 and the maximum age of

Table 1: Sociodemographic characteristics of practice level and associated factors of reproductive health service among adolescents and youth in Akaki Kaliti Sub City Youth Centers, 2022 (n=405).

Variables	Frequency (n)	Percent (%)
Age		
15-19	193	47.7
20-24	212	52.3
Sex		
Male	205	50.6
Female	200	49.4
Marital status		
Not married	322	79.5
Married	83	20.5
Currently school enrollment status		
Yes	269	66.4
No	136	33.6
Educational status		
Primary education	64	15.8
Secondary education	148	36.5
Above Secondary education	193	47.7
Mothers' Educational status		
No formal education	199	49.1
Above Primary education	206	50.9
Discussion on SRH with family		
Yes	137	33.8
No	268	66.2
Living with both parents		
Yes	275	67.9
No	130	32.1
Family Income		
<2500	43	10.6
≥ 2500	362	89.4

Table 2: Individual characteristics of practice level and associated factors of reproductive health service among adolescents and youth in Akaki Kality Sub City Youth Centers, 2023 (n=405).

Variables	Frequency (n)	Percent (%)
Knowledge about reproductive health service		
Low	201	49.6
High	204	50.4
Ever had boy/girl friend		
Yes	165	40.7
No	240	59.3
Ever had sexual intercourse		
Yes	144	35.6
No	261	64.4
Discuss about SRH with sexual partner in last 12 months (n=144)		
Yes	85	59
No	59	41
Discuss about SRH with peer in last 12 months		
Yes	126	31.1
No	279	68.9
Discuss about SRH with Health care worker in last 12 months		
Yes	100	24.7
No	305	75.3
Perception of risk toward HIV/AIDS		
Yes	94	23.2
No	311	76.8
Exposure to mass media on SRH in past 12 months		
Yes	287	70.9
No	118	29.1
Substance use in the past 12 months		
Yes	27	6.7
No	378	93.3

participants were 24 and the mean age of respondents were 19.76% (SD ± 2.86). Three hundred twenty-two (79.5%) not married, 269 (66.4%) had currently enrolled/active in school, 193 (47.7%) had education above secondary education, and 268 (66.2%) had no discussion on sexual and reproductive health with family. Regarding living conditions, the majority, 275 (67.9%) of study participants live together with both parents and 362 (89.4%) of their family income was greater than 2,500 Ethiopian birr. The minimum family income was 500 Ethiopian birr and the maximum income was 5,000 Ethiopian birr with mean family income was 8441.98 (± SD 7793.17) (Table 1).

Individual characteristics of reproductive health service

To assess their knowledge, participants in the study were questioned about their awareness of the components of reproductive health services and service delivery points, which constituted a total score of 15. Among the respondents, 204 individuals (50.4%) demonstrated a high level of knowledge, scoring above the mean of 11.03 (with a standard deviation of 3.6). Out of the total participants, 165 (40.7%) reported having had boyfriends or girlfriends, and 144 (35.6%) had engaged in sexual intercourse at some point in their lives. In terms of discussions related to Sexual and Reproductive

Table 3: Practice level and accessibility of reproductive health service among adolescents and youth in Akaki Kality Sub City Youth Centers, 2023 (n=405).

Variables	Frequency (n)	Percent (%)
Reproductive health services utilization		
Yes	76	18.8
No	329	81.2
Modern contraception types(n=39)		
Male condom	19	48.7
Pills	6	15.4
Injectable	9	23.1
Implant	2	5.1
IUCD	2	7.7
Nearest HDSP		
Hospital	65	16
Health center	121	29
Clinics	9	2.2
Others*	24	5.9
How far to reach the nearest HDSP		
≤ 30 minutes	347	85.7
≥ 30 minutes	58	14.3

Others (*) includes drug store, pharmacy and Health extension workers

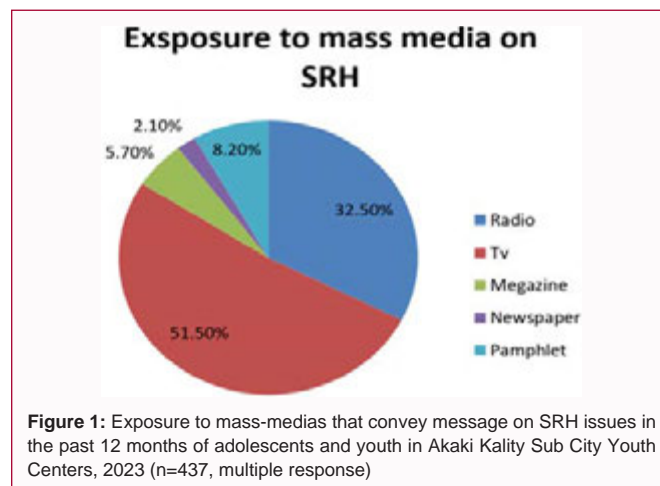


Figure 1: Exposure to mass-medias that convey message on SRH issues in the past 12 months of adolescents and youth in Akaki Kality Sub City Youth Centers, 2023 (n=437, multiple response)

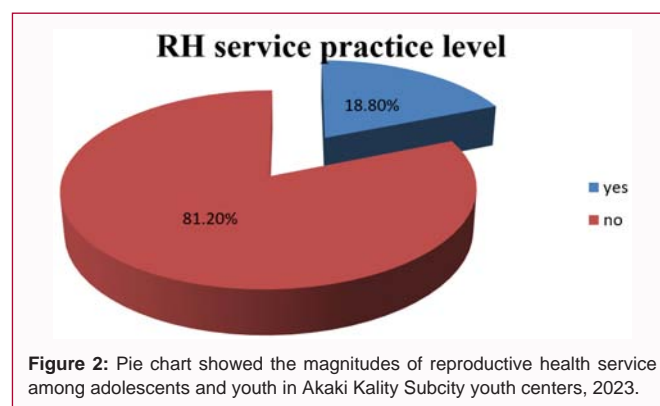


Figure 2: Pie chart showed the magnitudes of reproductive health service among adolescents and youth in Akaki Kality Subcity youth centers, 2023.

Health (SRH), 126 (31.1%) of the study participants reported having discussed at least two of the following SRH topics (abstinence, condom use, STI/HIV/AIDS, unwanted pregnancy, contraception) with their peers in the 12 months preceding the study. Similarly, 85 (59%) and

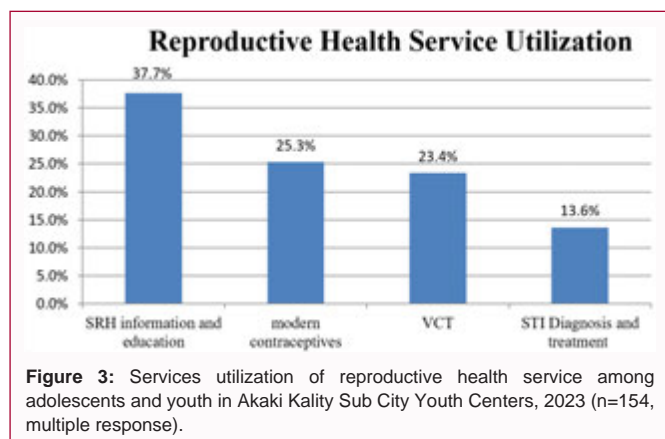


Figure 3: Services utilization of reproductive health service among adolescents and youth in Akaki Kalitay Sub City Youth Centers, 2023 (n=154, multiple response).

100 (24.7%) of the respondents reported having discussed these topics with their sexual partners and health workers, respectively. Respondents' perceptions of their HIV infection risk varied, with 311 (76.8%) considering themselves free from HIV risk based on their behavior. Concerning substance use in the past 12 months, the majority, 378 (93.3%), reported not consuming substances like khat, alcohol, or cigarettes. The remaining participants reported using at least one of these substances at varying frequencies. Additionally, 287 (70.9%) of the study participants reported exposure to at least one form of mass media related to SRH in the past 12 months (Figure 1 and Table 2).

Magnitude of reproductive health services utilization

The extent of the practice level of reproductive health services indicates that nearly one in five adolescents, which accounts for 18.8% (with a confidence interval of 15.24 to 22.88), had utilized at least one of the available reproductive health services (Figure 2). The most frequently used modern contraceptive method by the adolescents was male condom 19 (48.7%) followed by injectable 9 (23.1%). Regarding to the accessibility of reproductive health service delivery points; the nearest health service delivery point, estimated distance from home and average time taken to walk were Clinics and Health centers among the commonly mentioned service delivery points 186 (45.9%) and 121 (29%) respectively and followed by Hospital 65 (16%). The majority of the participants said that there was RH service delivery center within a 30-min walk 347 (85.7%) easily accessible to adolescent's catchment area (Figure 3 and Table 3).

Factors associated reproductive health services utilization

Based on the bivariate analysis, factors found to be significantly associated with reproductive health service utilization were; age, sex, marital status, currently school enrollment stats, mothers' educational status, ever had boy/girlfriend, history of sexual intercourse, discussion SRH matters with health workers, perception of risk towards HIV/AIDS and exposure to mass media. Whereas, in bivariate analysis educational status, discussion on SRH with family, living with both parents, family income, knowledge about reproductive health service, discuss about SRH with sexual partner in last 12 months, discuss about SRH with peer in last 12 months, substance use in the past 12 months and how far to reach the nearest HDSP found insignificant with practice level of reproductive health services. The Bivariate analysis produced statistically significant association between practice level of reproductive services and majority of the independent variables. For example; those ages between 20 to 24 respondents were more likely to practice RH services than their 15

Table 4: Bivariate analysis of practice level and associated factors of reproductive health service among adolescents and youth in Akaki Kalitay Sub City Youth Centers, 2023 (n=405).

Variables	RH Practice level		COR (95% CI)
	Yes	No	
Age			
15-19	18	175	1
20-24	58	154	3.66 (2.07, 6.48)*
Sex			
Male	30	175	1
Female	46	154	1.74 (1.05, 2.9)*
Marital status			
Not married	44	278	1
Married	32	51	3.96 (2.3, 6.83)*
Currently school enrollment status			
Yes	33	236	1
No	43	93	3.31 (1.98, 5.52)*
Educational status			
Primary	9	55	1
Secondary	20	128	0.96 (0.41, 2.23)
Above secondary	47	146	1.97 (0.91, 4.28)
Mothers' Educational status			
No formal education	20	179	1
Primary and above education	56	150	3.34 (1.92, 5.82)*
Discussion on SRH with family			
Yes	20	117	0.65 (0.37, 1.13)
No	56	212	1
Living with both parents			
Yes	49	226	0.83 (0.49, 1.4)
No	27	103	1
Family Income			
<2500	6	37	1
≥ 2500	70	292	1.48 (0.6, 3.64)
Knowledge about reproductive health service			
Low	43	158	1
High	33	171	0.71(0.43, 1.17)
Ever had boy/girl friend			
Yes	50	115	3.58 (2.12, 6.05)*
No	26	214	1
Ever had sexual intercourse			
Yes	52	92	5.58 (3.25, 9.58)*
No	24	237	1
Discuss about SRH with sexual partner in last 12 months			
Yes	35	50	1.73 (0.85, 3.52)
No	17	42	1
Discuss about SRH with peer in last 12 months			
Yes	26	100	1.19 (0.7, 2.02)
No	50	229	1

Discuss about SRH with Health care worker in last 12 months			
Yes	33	67	3.0 (1.77, 5.08)*
No	13	262	1
Perception of risk towards HIV/AIDS			
Yes	27	67	2.16 (1.25, 3.7)*
No	49	262	1
Exposure to mass media on SRH in past 12 months			
Yes	67	220	3.69 (1.77, 7.67)*
No	9	109	1
Substance use in the past 12 months			
Yes	5	22	0.98 (0.36, 2.68)
No	71	307	1
How far to reach the nearest HDSP			
<30 = Minutes	66	281	1
>30 = Minutes	10	48	1.13 (0.54, 2.34)

* Indicates significance association at $p < 0.05$, COR: Crude Odds Ratio

to 19 counterparts (COR=3.66, 95% CI: 22.07, 6.48). Being female was confined with increase the chance of service usage than being male (COR=1.74, 95% CI: 1.05, 2.9). Those married respondents were more likely to use RH services than those who were not married (COR=3.96, 95% CI: 2.3, 6.83). Study participants who enrolled in school currently were more likely to utilize those services than the one who didn't enroll in school currently (COR=3.31, 95% CI: 1.98, 5.52). Those participants mothers' educational status above primary school was about three times more likely to practice reproductive services than who didn't have formal education (COR=3.34, 95% CI: 1.92, 5.82). Regarding to boy/girlfriend, having boy/girlfriend in life was positively associated with practice level (COR=3.58, 95% CI: 2.12, 6.05). Similarly, ever had sexual intercourse history was significantly associated with practice level of reproductive services (COR=5.58, 95% CI: 3.25, 9.58). Discussion on SRH with health care workers were three times more likely to practice than they didn't have discussion with health care workers (COR=3.0, 95% CI: 1.77, 5.08). However, in contrary to this discussion on sexual partner, peer and family had negative association with practice level of reproductive health services. Risk perception of oneself towards HIV/AIDS acquisition and exposure to mass media were also positively linked with practice level of reproductive health services (COR=2.16, 95% CI: 1.25, 3.7 and COR=3.69, 95% CI: 1.77, 7.67) respectively (Table 4).

Multivariate analysis of Reproductive health services practice level. Variables that were significant on binary logistic regression were fitted into the multivariate analysis. The multivariate binary logistic regression analysis identified, sex, marital status, mothers' educational status, history of sexual intercourse, discussion SRH matters with health workers, perception of risk towards HIV/AIDS and exposure to mass media had a significant association with reproductive health services practice level. After adjustment for covariate variables such as age, currently school enrollment status and having boy/girlfriend previously significant on binary logistic became insignificant on multivariate logistic regression. Study participants of female gender were more likely to practice reproductive health service compared to males (AOR=3.19, 95% CI: 1.47, 6.95). According to this study, married study participants were more likely to practice Reproductive health service compared to those unmarried study participants (AOR=3.19, 95% CI: 1.47, 6.95). Mothers' educational status of

primary and above was about four times more likely to practice compared to participants with no formal education (AOR=3.49, 95% CI: 1.78, 6.83). Participants ever had sexual intercourse (AOR=3.89, 95% CI: 1.73, 8.74) were 4 times more likely to practice compared to those who had not ever had sexual intercourse. Similarly, those discussed about SRH with health care worker in last 12 months (AOR=4.65, 95% CI: 2.34, 9.26) were about 5 times more likely to practice compared to patients not discussed. Adolescents and youths who exposed to mass media were about 2 times more likely to utilize RH service than those who were not exposed to mass media (AOR=2.37, 95% CI: 1.17, 4.8). In addition, Positive perception of oneself towards acquisition of HIV/AIDS was increase practice level of adolescents and youths to practice RH services twice than those who didn't perceive themselves as risky (AOR=2.11, 95% CI: 1.07, 4.16) (Table 5).

Discussion

Practice level of reproductive health services was seen in almost one-fifth of the participants in this research. We also identified factors affecting the reproductive health services. The finding of this study revealed that the prevalence of reproductive health services practice level was 18.8% (CI: 15.24, 22.88). The magnitude of reproductive health services practice level was equivalent to the study conducted in East Gojjam 21.5% [28]. However, the prevalence of reproductive health services practice level was relatively low compared to the study conducted in Addis Ababa (42.6%) [14] and study in Harar [29,30] and higher compared to study in Nepal (9.2%) [31]. This difference could be due to the population difference in age category of study done in Addis Ababa cover adolescents and youth's age of 15 to 29 was the study units. Whereas, difference in Harar might be the study setting was community based and to Nepal due to population variation [32]. Female were more likely to practice reproductive health service compared to males in this study which is inconsistent with the study done in Anchar District, West Hararghe Zone [33]. This variation could be explained by the study in west Haraghe zone considers only VCT utilization rather than the whole components of RH services. The finding marital status proposed that participants who had married were more likely to practice RH services compared to not married which is similar to study done in China [34], also revealed that the utilization of RH services amongst unmarried remain insufficient. Educated mother's primary and above was also one of the factors significantly associated with Reproductive health practice of adolescents and youths. This finding is in line with a study which was conducted in Gondar town, Northwest Ethiopia [35-39]. Adolescents and youths' reproductive health services utilization was significantly associated and higher among those who ever had sexual intercourse and ever had boy/girlfriend [40,41]. This finding was supported by other studies done in Awabel District, Northwest Ethiopia [42] and Mekelle [43] as adolescents and youths who were sexually active might need the service from being exposed to risky sexual activities as they might need information and counseling service on how to avoid this risky behavior.

In this study, discussions health care workers were significantly associated with adolescents' and youths practice of reproductive service. This finding is consistent with a study done in Gondar town [35], Madawalabu University [44]. This might be due to the fact health professionals might influence young people's decisions regarding HIV testing. Adolescents' and youths high risk perception towards HIV/AIDS drives them to seek and practice RH service more likely than

Table 5: Bivariate and multivariate analysis of practice level and associated factors of reproductive health service among adolescents and youth in Akaki Kality Sub City Youth Centers, 2023 (n=405).

Variables	RH Practice level		COR (95% CI)	AOR (95% CI)
	Yes	No		
Sex				
Male	30	175	1	1
Female	46	154	1.74 (1.05, 2.9)*	3.92 (1.96, 7.84)*
Marital status				
Not married	44	278	1	1
Married	32	51	3.96 (2.3, 6.83)*	3.19 (1.47, 6.95)*
Currently school enrollment status				
Yes	33	236	1	1
No	43	93	3.31 (1.98, 5.52)*	0.71(0.32, 1.57)
Mothers' Educational status				
No formal education	20	179	1	1
Primary and above education	56	150	3.34 (1.92, 5.82)*	3.49 (1.78, 6.83)*
Ever had boy/girl friend				
Yes	50	115	3.58 (2.12, 6.05)*	1.53 (0.7, 3.35)
No	26	214	1	1
Ever had sexual intercourse				
Yes	52	92	5.58 (3.25, 9.58)*	3.89 (1.73, 8.74)*
No	24	237	1	1
Discuss about SRH with Health care worker in last 12 months				
Yes	33	67	3.0 (1.77, 5.08)*	4.65 (2.34, 9.26)*
No	43	262	1	1
Perception of risk towards HIV/AIDS				
Yes	27	67	2.16 (1.25, 3.7)*	2.11 (1.07, 4.16)*
No	49	262	1	1
Exposure to mass media on SRH in past 12 months				
Yes	67	220	3.69 (1.77, 7.67)*	2.37 (1.17, 4.8)*
No	9	109	1	1

* Indicates significance association at $p < 0.05$, COR: Crud Odds Ratio; AOR: Adjusted Odds Ratio

those who didn't perceive. This finding is shared by studies in Debre Birhan town [19] and in Gondar town [35]. Adolescents and youths who exposed to mass media were positively associated to utilize RH service than those who were not exposed to mass media. This finding is in line with Myanmar [45,46]. This is because mass media is vital source of information to enhance knowledge of adolescents and youths and to enable them informed decision making.

Limitation of the Study

- The study didn't include a qualitative study method to explore and complement the quantitative study.
- Only youth who visited youth center were included in the study.
- The study didn't consider adolescents of age between 10 and 14.
- As the study design was cross-sectional, it has chicken egg dilemma.
- Because the questionnaire incorporates adolescents' and youths private matter including their sexuality, some sort of social-

desirability bias may not be avoided.

Conclusion

The overall adherence prevalence of Reproductive health services practice level was 18.8% which is low. Sex, marital status, mothers' educational status, history of sexual intercourse, discussion SRH matters with health workers, perception of risk towards HIV/AIDS and exposure to mass media had a significant association with practice level of reproductive health services.

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