



GRADUATE STUDY PROGRAM

SCHOOL OF PUBLIC HEALTH

SEXUAL AND REPRODUCTIVE HEALTH SERVICE UTILIZATION AND
ITS ASSOCIATED FACTORS AMONG INTERNALLY DISPLACED
ADOLESCENTS AND YOUTHS IN DEBRE BERHAN CAMP, NORTH
SHEWA, ETHIOPIA, 2024

INVESTIGATOR: MELASH GELAW (BSC, MD)

A RESEARCH THESIS SUBMITTED TO THE DEPARTMENT OF
EPIDEMIOLOGY, SCHOOL OF PUBLIC HEALTH, ST. PAUL'S HOSPITAL
MILLENNIUM MEDICAL COLLEGE IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH IN
EPIDEMIOLOGY.

DECEMBER, 2024

ADDIS ABABA, ETHIOPIA

ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE

GRADUATE STUDY PROGRAM

SCHOOL OF PUBLIC HEALTH

SEXUAL AND REPRODUCTIVE HEALTH SERVICE UTILIZATION AND
ITS ASSOCIATED FACTORS AMONG INTERNALLY DISPLACED
ADOLESCENTS AND YOUTHS IN DEBRE BERHAN CAMP, NORTH
SHEWA, ETHIOPIA, 2024

BY: MELASH GELAW (BSC, MD)

ADVISOR: MR. GETACHEW TILAHUN (ASSISTANT PROFESSOR)

CO-ADVISOR: DR. TAKELE MENNA (ASSOCIATE PROFESSOR)

A THESIS REPORT SUBMITTED TO THE DEPARTMENT OF
EPIDEMIOLOGY, ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL
COLLEGE IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF PUBLIC HEALTH IN EPIDEMIOLOGY

DECEMBER, 2024

ADDIS ABABA, ETHIOPIA

Acknowledgements

First and foremost, I would like to express my gratitude to St. Paul's Hospital Millennium Medical College for providing me with the opportunity to do this thesis.

Second, I would like to express my deepest gratitude to my advisors, Mr. Getachew Tilahun and Dr. Takele Menna, for their helpful guidance and insightful remarks throughout the research process. I give them my sincere approval and respect, since they have been sharing their experiences with me and giving me their attention and time whenever I need clarity and direction.

Thirdly, I would like to express my gratitude to Debere Berhan IDP Camp coordinators, IDP health care workers, and the Debre Berhan town administration health bureau.

Finally, I want to extend my gratitude to the employees of the Ethiopian Blood and Tissue Bank Service for giving me enough time to prepare my thesis.

Abbreviations and acronyms

AOR: Adjusted Odds Ratio

CI: Confidence Interval

IDAY: Internally Displaced Adolescents and Youth

IDP: Internally Displaced Person

HIV: Human Immunodeficiency Virus

OR: Odds Ratio

SD: Standard Deviation

SPSS: Statistical Package for Social Sciences

SRH: Sexual and Reproductive Health

STI: Sexually Transmitted Infection

VCT: Voluntary Counselling and Testing

VIF: Variance Inflation Factor

WHO: World Health Organization

Table of contents

Acknowledgements.....	I
Abbreviations and acronyms.....	II
List of tables.....	V
List of figures.....	VI
Abstract	VII
1. Introduction	1
1.1 Background	1
1.2 Statement of the problem	3
1.3. Significance of the study	5
2. Literature review.....	6
2.1 Magnitude of reproductive health service utilization.....	6
2.2 Factors associated with utilization of reproductive health services.	6
2.3. Conceptual framework	8
3. Objectives of the study	8
3.1 General objective.....	9
3.2 Specific objectives.....	9
4 Methods and materials.....	10
4.1 Study setting and period.....	10
4.2 Study design	10
4.3 Population.....	10
4.4 Eligibility criteria	10
4.4.1 Inclusion criteria	10
4.4.2 Exclusion criteria.	10
4.5 Sample size determination and sampling procedures	11
4.5.1 Sample size determination	11
4.5.2 Sampling technique and procedures	12
4.6 Study variables	13

4.6.1	Dependent variable	13
4.6.2	Independent variables	13
4.7	Operational definitions	13
4.8	Data collection tool, methods and procedures	14
4.9	Data quality	14
4.10	Data processing and analysis.....	14
4.11	Ethical consideration	15
5	Result	16
5.1	Socio-demographic characteristics of study participants	16
5.2	Sexual and reproductive health behaviors, experiences, and mass media exposure.....	17
5.3	Internally displaced peoples health facility related issues	19
5.4	Sexual and reproductive health problems experienced	20
5.5	Utilization of sexual and reproductive health services.....	22
5.6	Modern contraception use while living in IDP	22
5.7	Factors associated with utilization of sexual and reproductive health services	24
6	Discussion.....	26
7	Limitations of the study	29
8	Conclusion	29
9	Recommendations	30
10	References.....	31
	Annexes.....	37
	Annex I: Consent form in English language	37
	Annex II. Questionnaire in English language	38
	Annex III. Consent form in Amharic language.....	43
	Annex IV. Questionnaire in Amharic language	44
	Declaration	50

List of tables

Table 1: Sample size calculation by using STATCALC, Epi info version 7.2.5 software.....	11
Table 2: Socio-demographic and socio-economic characteristics of study participants at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024.....	16
Table 3: Sexual and reproductive health characteristics of study participants at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024	17
Table 4: Internally displaced persons health facility related issues at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024.....	19
Table 5: Utilization of sexual and reproductive health services and information among internally displaced adolescents and youths in Debre Berhan Town camp, Ethiopia, 2024.....	23
Table 6:Bi-variable and multivariable logistic regression analysis to identify factors associated with utilization of sexual and reproductive health services among internally displaced adolescents and youths in Debre Berhan Camp, North Shewa, Ethiopia, 2024	25

List of figures

Figure 1: Conceptual framework for assessment of reproductive health service utilization and its associated factors among adolescents and youths in internally displaced persons, Debre Berhan camp, North shewa, Amhara, Ethiopia, 2024.	8
Figure 2: A diagram showing the sampling technique to select samples for the assessment of sexual and reproductive health service utilization and its associated factors among internally displaced adolescents and youths, Debre Berhan camp, North Shewa, Ethiopia.....	12
Figure 3: Proportion of internally displaced adolescents and youths ever exposed to mass media which aimed to deliver information and education on sexual and reproductive health at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024	18
Figure 4: Types of mass media to which the young and adolescents exposed for information and education at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024	19
Figure 5: General characteristics of the internally displaced persons' camp health facility in Debre Berhan Town, Ethiopia, 2024	20
Figure 6: Proportion of sexual and reproductive health problems ever experienced by internally displaced adolescents and youths at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024.....	21
Figure 7: Types of sexual and reproductive health problem experienced by internally displaced adolescents and youth females at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024.....	21
Figure 8: Utilization of sexual and reproductive health services among internally displaced adolescents and youths at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024.....	22

Abstract

Sexual and reproductive health is a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction. There is a lack of evidence on the sexual and reproductive health services utilization and associated factors among adolescent and young internally displaced people in Ethiopia.

Objective: To assess the prevalence of sexual and reproductive health service utilization and associated factors among internally displaced adolescents and youths at Debre Berhan internally displaced people camp in North Shewa, Ethiopia.

Method: Community based cross-sectional study was conducted in the month of February, 2024. Simple random sampling technique was used to select a total of 422 participants. Ethical clearance was obtained from the IRB of Saint Paul's Hospital Millennium Medical College. The data was collected by using interviewer-administered questionnaire, entered to Epi info version 7.2.5, and analyzed by SPSS version 25. Bi-variable and multivariable binary logistic regression analysis was conducted to identify factors associated with sexual and reproductive health service utilization.

Result: Out of the 422 participants sampled, 412 responded to the interview making the response rate 97.6%. Over half of the study participants, 230 (55.8%) utilized at least one sexual and reproductive health service since residing in the camp; 40.9% among males and 65.7% among females. The most frequently utilized services in females were family planning (37.1%) followed by HIV/AIDS counseling (28.6%). Female gender (AOR = 2.21, 95% CI: 1.01, 4.84), living with partner/husband (AOR = 3.73, 95% CI: 1.11, 12.55), peer support (AOR = 3.71, 95% CI: 1.43, 9.62), exposure to mass media on sexual and reproductive health issues (AOR = 7.72, 95% CI: 2.79, 21.36), and ever experienced sexual and reproductive health problems (AOR = 8.06, 95% CI: 3.07, 21.17) showed statistically significant association with utilization of the service.

Conclusion: The study found that a significant proportion of internally displaced adolescents and youths in Debre Berhan camp were not utilizing available sexual and reproductive health services. Several factors were independently associated with increased sexual and reproductive health service utilization among internally displaced adolescents and youths, including gender,

living arrangement, peer support, exposure to mass media, and having experienced sexual and reproductive health problems.

1. Introduction

1.1 Background

Reproductive health addresses the reproductive process, function, and system at all stages of life, whereas sexual health is a state of physical, mental and social well-being in relation to sexuality and it requires a positive and respectful approach to sexuality and sexual experience, free of coercion and discrimination (1). When we say sexual and reproductive health (SRH) implies that peoples are able to have satisfying and safe sex life and have the capacity to reproduce and the freedom to decide if, when, and how often to do so (2).

According to the World Health Organization (WHO), adolescents are defined as persons between 10-19 years of age, youth are those age between 15-24 years old and they are characterized by significant physiological, psychological, and social changes; these put them at high risk for SRH problems (3). When compared to adulthood, the adolescent and youth periods are a crucial time in a person's life when learning new behaviors is easiest (3).

The adolescent stage is marked by a number of developmental obstacles that expose them to dangerous behaviors like unsafe sex and early sex experimentation. Sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV), teen pregnancy, illegal abortion and its consequences, mother and child morbidity and mortality, and other SRH issues are all caused by these risky sexual activities. These issues are prevalent in internally displaced persons (IDPs) camps due to the appalling living conditions of those who have been displaced. Important SRH services for teenagers in IDP camps must be offered in order to stop and avoid these issues (4). Worldwide, both sexes have the right to SRH, but IDPs in particular need to prioritize this right (5). To ensure that people, families, and populations enjoy healthy, sustainable, and fulfilling lives, good SRH services are essential (6).

More than a quarter of the world's population is aged 10-24 and more than one third of the population in Ethiopia is aged 10-24 (7).

There are many reasons to focus on youth and adolescent health in Ethiopia. First, this group makes up a significant proportion (33.8%) of the country's population. Second, healthy young people are an important asset and resource for social, political and economic development and

have great potential both now and in the future as agents of social change and beyond their contributions (8).

Growing attention to the health of adolescents and youths as mere beneficiaries of their families, communities and nations through social programmes, is also the result of an improved global understanding of the developmental processes that occur during adolescence, it also serves as a guide for designing and delivering interventions to a subgroup of that segment of the population (9).

Therefore, planning and implementing youth-friendly SRH services among IDPs requires consideration of SRH needs and issues. Access to SRH is a fundamental human right at the core of achieving the 2030 Agenda, highlighted by the Sustainable Development Goals on health and well-being and gender equality (10).

SRH services cover comprehensive and cross-cutting health needs, impacting all aspects of health for all ages and all genders. The SRH service also serves as an entry point into the healthcare system. For example, women's visits for SRH needs offer opportunities to be screened for malaria, HIV and cervical cancer, and treated for gender-based violence and sexual assault (11). The primary aim of this study was to assess the prevalence of SRH services utilization and its associated factors among internally displaced youth and adolescents in Debre Berhan town, North Shewa zone.

1.2 Statement of the problem

In the 21st century, increasing humanitarian crises and disaster- driven displacement have significantly affected SRH for adolescents and youth that are internally displaced and have noted that there is a significant inequality in the importance of SRH needs (12).

By the beginning of 2023, 117.2 million people are displaced or stateless in 134 countries and territories. By the end of 2022, 71.1 million people were internally displaced globally; a 20% increase in one year and a record high. About 60.9 million IDPs were registered in 2022, which is 60% up from 2021. Conflict- and violence-related displacement nearly doubled to 28.3 million, with 16.9 million caused by the war in Ukraine. The most intense La Niña weather event lasted for three consecutive years, causing record flood evacuations in countries such as Pakistan, Nigeria, and Brazil. It also triggers the worst droughts in Somalia, Ethiopia, and Kenya, causing the displacement of 2.1 million people (13).

More than 1 in 74 people on the planet are displaced, and nearly 90% of them live in low- and middle-income countries (14). The East and Horn of Africa and Great Lakes Region are home to a significant number of IDPs. As of 31 March 2023, there are approximately 11.71 million IDPs in the region, mainly in Burundi, Ethiopia, Somalia, South Sudan, and Sudan, displaced by complex causes of displacement, including conflict, persecution, climate, and natural disaster factors, in situations where one factor exacerbates another (15). The issue of IDPs affects all people with a range of difficulties, but women and girls are particularly hard hit. Women, in particular, are increasingly exposed to sexual and gender-based violence, sexually transmitted diseases, HIV, and unwanted pregnancies, increasing the need for SRH services (10).

There is evidence that displacement is directly related to the poor status of the SRH. In other words, displacement causes women and girls to suffer maternal mortality, sexually transmitted diseases, gender-based violence, unwanted pregnancies, early or forced marriage, and sexual exploitation (16). Young woman in an IDP and refugee camp in Nigeria and Chad exchange sex for money thus leading to unwanted pregnancy and the risk of STI (17). It is estimated that approximately 4.3 million sexually active people worldwide will have inadequate or limited access to SRH services at some point in their lives (18).

In Ethiopia, as of March 31, 2023, it was estimated that 2.73 million people were internally displaced across the country due to localized conflicts, including inter-communal violence, instrumentalized and tied natural disasters, and other impacts of climate change. Some populations have lived in displacement for several years, while others have fled their homes more recently (15).

In the Amhara region, 11.6 million people are targeted for relief assistance as the result of the ongoing insecurity and drought conditions that have led to an increase in the number of people in need. In the North Shewa zone, there are nearly 80,000 IDPs across 15 woredas, and in Debre Berhan town, majorities come from east and west Wolega, Oromia region, and sheltering in Debre Berhan town, some of the IDPs are living in rented houses within the community; more than 30,000 IDPs are sheltered in overcrowded and substandard IDP camps at two sites (Chinese and Woinshet camp) (19).

1.3 Significance of the study

The findings of this study will be used as evidence for policy and strategy makers to enhance the layout and delivery of SRH services to adolescents and young's in humanitarian contexts. The results of this study will also be helpful to other researchers who wish to conduct further research and develop appropriate intervention strategies to integrate general sexuality and related issues into university policies and curricula.

2. Literature review

2.1 Magnitude of reproductive health service utilization

The need for reproductive health services varies not only across parts of the continent, but even within the same country. Despite decades of heavy investment, in many countries access to reproductive health services is low and well below expectations (20).

The proportion of young people who had accessed SRH services at the health facilities in the past 12 months preceding the survey was reported to be 19.3% in Uganda (21). About 45% of young people aged 15-24 years got SRH services in IDPs in Ethiopia's Somali Region (22). A study conducted among non-IDP adolescents in Debre Berhan town revealed that around 1/3 of adolescents (33.8%) had used at least one of the reproductive health services (23).

A study among Syrian refugee women in Turkey reported a low utilization rate of reproductive health services, with only 20% of respondents accessing at least some services (24). A cross-sectional study involving 1840 adolescent girls in Kenya found that over one-third (36%) had visited a health facility to obtain SRH services within the past year. While this rate is higher than that reported among Syrian refugee women in Turkey, it still highlights the challenges faced by adolescent girls in accessing essential reproductive health care (25). Another quantitative cross-sectional study among young Arab and Kurdish Syrian refugee women living in urban areas of Lebanon revealed a relatively high SRH service utilization rate of 65% (26). A study conducted in the conflict-affected Democratic Republic of the Congo found that the use of any modern contraceptive method doubled among respondents (27).

2.2 Factors associated with utilization of reproductive health services.

Female respondents were more likely to utilize SRH services than male respondents according to a study conducted among young people in refugee settings in Uganda (21). Similarly, female adolescents had higher odds of using SRH services than males in another study conducted in Northeastern Ethiopia (28).

According to a study conducted among youth in Lira City West, Northern Uganda, young people who were aware of SRH services were four times more likely to utilize the service compared to their counterparts (29).

IDAYs who had peer support regarding SRH service utilization were more likely to utilize SRH services according to prior studies conducted among female night students in the Amhara region (7), among Madawalabu University students (30), and among youths in Northern Uganda (29).

IDAYs living with a partner/friend/husband were significantly more likely to utilize SRH services according to a previous research conducted among adolescents and youth in Dire Dawa City (31) and Debre Berhan town, Ethiopia (23). A study conducted among non-IDP youths and adolescents in Debre Berhan town showed that exposure to mass media on SRH issues increases the likelihood of utilizing SRH services (23).

A study conducted in Kailali, Nepal, found that adolescents who communicated about SRH with their parents were significantly more likely to utilize adolescent-friendly health services compared to those who lived alone (32). IDAYs who ever experienced SRH problems had increased odds of utilizing SRH services according to a study conducted among female night students in the Amhara region (7) and among female high school students in Bahir Dar City (33).

Additionally, factors such as having a sexual partner, engaging in sexual intercourse, and having access to SRH services were independently associated with increased SRH utilization according to a study conducted among youths in Northern Uganda (29). Moreover, contraception knowledge and marital status were found to influence SRH service utilization (21).

A review of the literature reveals a paucity of studies specifically addressing SRH service utilization among IDAYs. While research exists on general adolescent and in refugee settings, the unique context of internal displacement and its impact on IDAYs' access to and utilization of SRH services requires further investigation.

2.3 Conceptual framework

Many studies in reproductive health service uses/needs are affected by different factors like, early initiation of sexual activity, early marriage, low socioeconomic status, economic insecurity, ineffective use of contraception, low educational, live alone or residence in a single-parent home, poor family relationships, and deterioration of traditional values, false impression of adolescent and youth about pregnancy, unsafe sexual intercourse, shortage of supply, and lack of education and information about adolescents reproductive health services are amongst the main reasons (34).

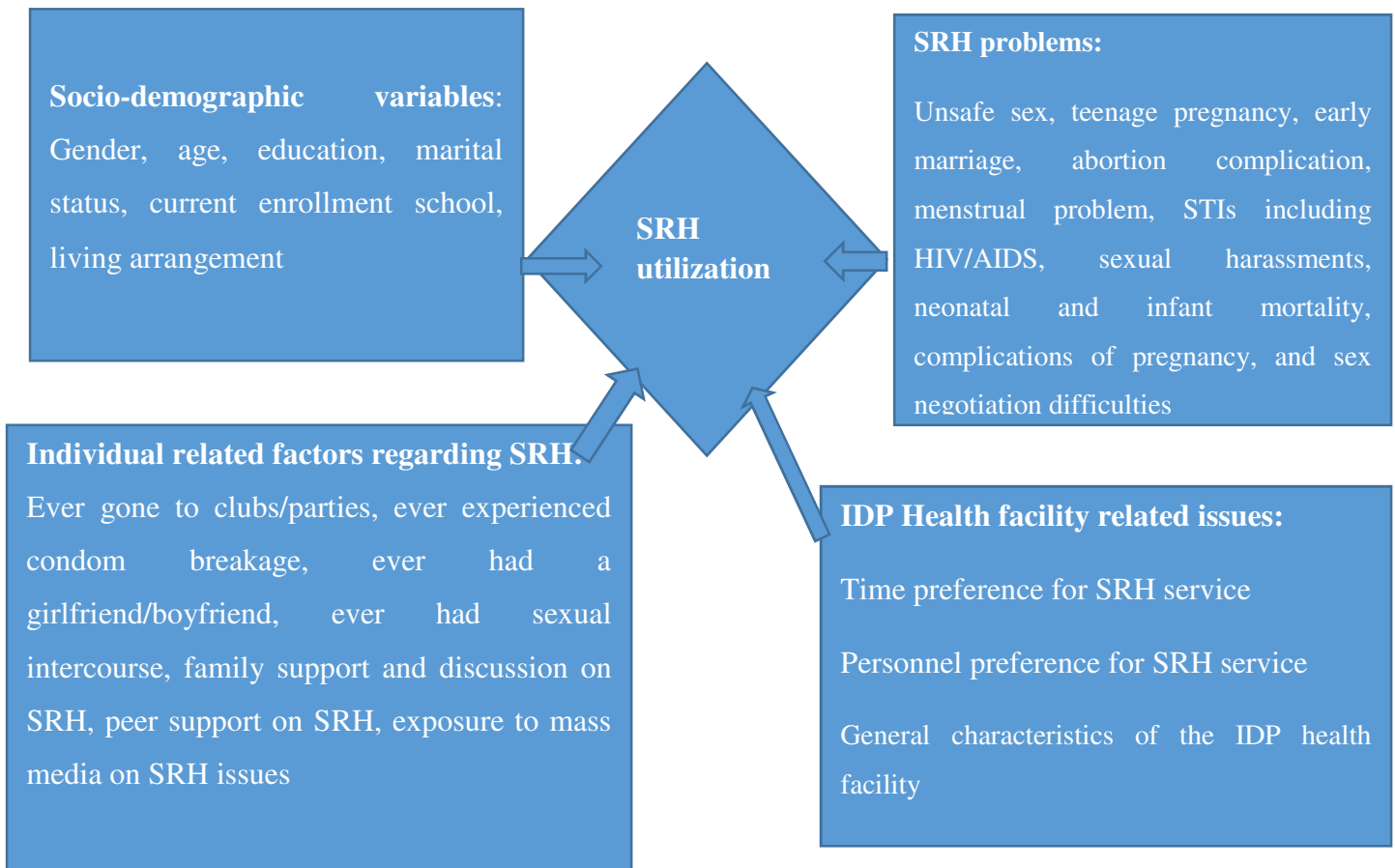


Figure 1: Conceptual framework for assessment of reproductive health service utilization and its associated factors among adolescents and youths in internally displaced persons, Debre Berhan camp, North shewa, Amhara, Ethiopia, 2024.

Source: (4,5,29,31,34–41,7,42–44,17,21,23–26,28)Objectives of the study

2.4 General objective

To assess sexual and reproductive health service utilization and its associated factors among internally displaced adolescents and youths in Debre Berhan town internally displaced persons camp, Amhara, Ethiopia, 2024

2.5 Specific objectives

1. To determine the prevalence of sexual and reproductive health service utilization of internally displaced adolescents and youths in Debre Berhan town internally displaced persons camp, Amhara, Ethiopia.
2. To identify factors associated with sexual and reproductive health service utilization among internally displaced adolescents and youths in Debre Berhan town, internally displaced persons camp, Amhara, Ethiopia.

4 Methods and materials

4.1 Study setting and period

The study was conducted in the month of February 2024 among IDPs residing in Debre Berhan town, North Shewa, Ethiopia. Debre Berhan is a town located 130 kilometers from Addis Ababa, the capital of Ethiopia. It has five administrative sub-cities and hosts three IDP camps: China camp (15,475 residents), Weyinshet camp (9,628 residents), and Bakelo camp (7,986 residents), with a total population of 33,089 IDPs (16,497 males and 16,592 females) (23).

The majority of the IDPs came as a result of fleeing conflict and violence, and currently there is a continuous influx of IDPs. The town has one governmental hospital, one private hospital, three governmental health centers, four health posts, and eight private clinics providing healthcare services to the community. Debre Berhan Referral Hospital, the only governmental hospital in the town, serves as a referral center for a catchment population of 3.5 million people (45).

4.2 Study design

A community based cross-sectional study design was used to conduct this study.

4.3 Population

4.3.1 Source population

The source population were all adolescents and youths hosted in Debre Berhan town IDP Camp.

4.3.2 Study population

All adolescents and youths hosted in Debre Berhan town IDP camp and fulfill the inclusion criteria.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

Both sexes from the age of 10-24 years were selected in IDP camp in Debre Berhan town.

4.4.2 Exclusion criteria.

Adolescents and youths with known psychological problems or those seriously sick at the time of data collection were excluded from the study.

4.5 Sample size determination and sampling procedures

4.5.1 Sample size determination

Sample size (n) was determined using single population formula by considering 95% level of confidence ($\alpha = 0.05$, which yields $Z_{\alpha/2} = 1.96$), 5% margin of error ($d = 0.05$), and 50% SRH utilization due to lack of related studies in our country as well as developing countries (Table 1).

$n = \left(\frac{Z_{\alpha/2}^2 p(1-p)}{d^2} \right)$, Where, n = Sample size.

Table 1: Sample size calculation by using STATCALC, Epi info version 7.2.5 software.

SRH service utilization			
Proportion	Confidence level	Margin of error	Sample size
50%	95%	5%	384

The final sample size after adding 10% compensation for the non-response rate was 422.

4.5.2 Sampling technique and procedures

The study participants were selected through simple random sampling technique using computer generating method. The number of Adolescent and Youth IDPs required for the study in each IDP camp were determined using probability proportional to size.

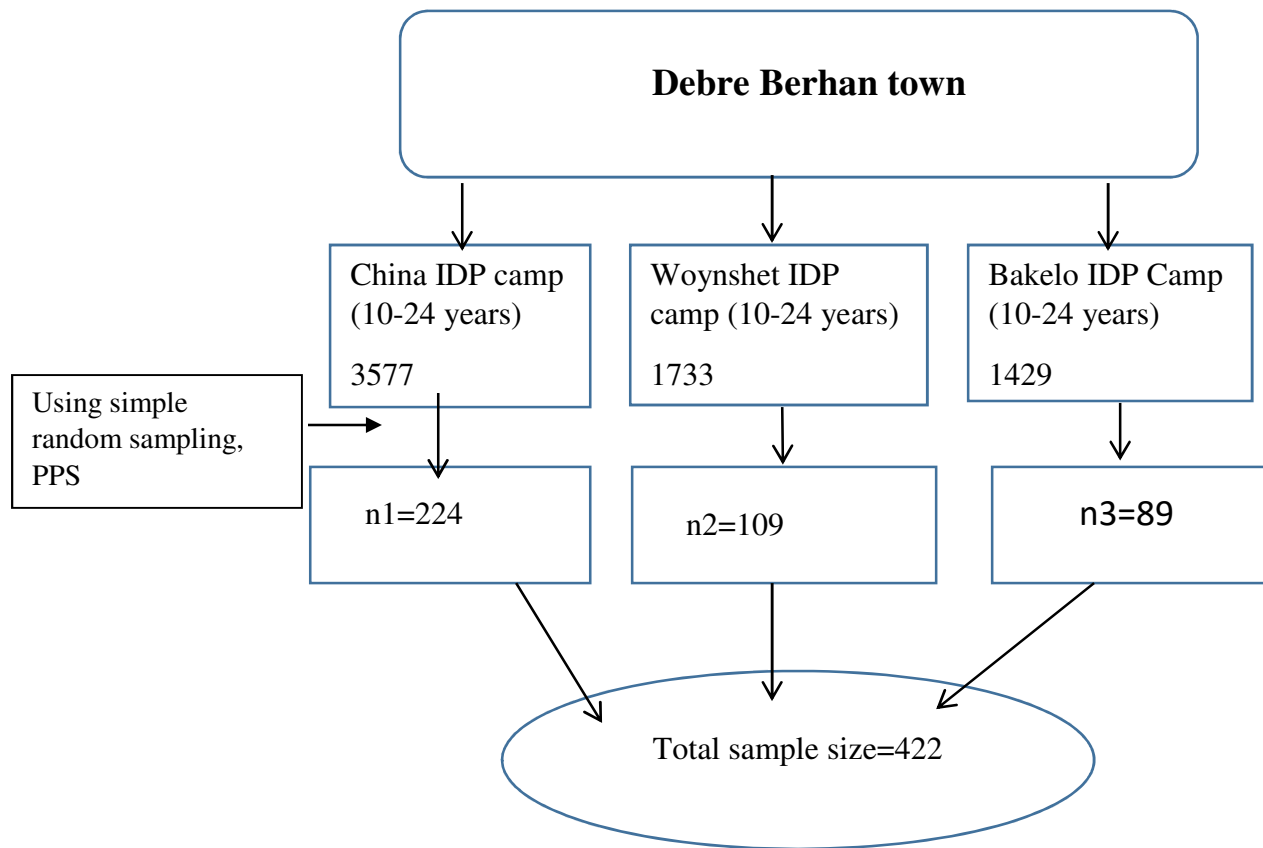


Figure 2: A diagram showing the sampling technique to select samples for the assessment of sexual and reproductive health service utilization and its associated factors among internally displaced adolescents and youths, Debre Berhan Camp, North Shewa, Ethiopia

4.6 Study variables

4.6.1 Dependent variable

Dependent (outcome) variable of this study is utilization of SRH services.

4.6.2 Independent variables

Socio-demographic variables: gender, age, marital status, current school attendance, educational status, and living arrangement.

Adolescents' and youths' individual factors related with sexuality and reproductive health: ever gone to clubs/parties, ever experienced condom breakage, ever had a girlfriend/boyfriend, ever had sexual intercourse, family support and discussion on SRH, peer support on SRH, exposure to mass media on SRH issues,

Ever experienced SRH problems: Unsafe sex, teenage pregnancy, early marriage, abortion complication, menstrual problem, STIs including HIV/AIDS, sexual harassments, neonatal and infant mortality, complications of pregnancy, and sex negotiation difficulties

4.7 Operational definitions

Adolescent: According to WHO, adolescents is a person aged 10–19 years. Young adolescent refers to 10–14 year olds, while older adolescent refers to 15–19 year olds (46)

Youth: According to WHO, youth stands for boys and girls between the ages of 15–24

Internally displaced persons (IDPs): individuals or groups of individuals who have been compelled to leave their homes or areas of habitual residence without crossing an internationally recognized state border (47).

Sexual and reproductive health care: includes a wide range of services that guarantee individuals may make decisions about when and whether to have children, have safe pregnancies and deliveries, have healthy newborns, and have a safe and satisfying sexual life (48).

Adolescent and youth sexual and reproductive health services utilization: was considered if adolescent and youth having sought or received **at least one of the SRH services** (like family planning services, HIV counseling services, STI diagnosis & treatment, safe abortion services, sexuality counseling service, maternal health service (antenatal care, delivery, postnatal care), menstrual health products such as sanitary pads etc. (41).

4.8 Data collection tool, methods and procedures

Pre-tested structured questionnaire was prepared in the context of previous studies in the fields of interest (34). The questionnaire had multiple segments: socio-demographic and socio-economic characteristics, individual factors, IDP health facility, SRH problems, factors associated with reproductive health service utilization.

The data were collected for 20 days through an interviewer-administered questionnaire by six trained health professionals with data collection experience, under close supervision and facilitation by one supervisor and the principal investigator.

4.9 Data quality

The questionnaire and consent documents were first developed in English language, then translated into Amharic local language (which is the most commonly spoken language in Debre Berhan town) and finally retranslated into English by language expert to check consistency. Items interpretability and understandability by the study participants were evaluated by pre-testing the questionnaire on 21 IDP adolescents (5% of the total sample size) and necessary correction was taken accordingly. The data collectors and the supervisor were oriented about the overall project plan, how to approach and communicate with participants. Supervision was done on the spot by principal investigator and supervisor. The collected data was checked for its completeness and clarity by the principal investigator daily. Data cleaning and cross-checking was done before analysis.

4.10 Data processing and analysis

After checking for its completeness, data were entered by epi info version 7.2.5 and analyzed by SPSS version 25. Descriptive statistics like percentage and frequency were used for describing different variables. Bivariable and multivariable binary logistic regression analysis were employed to examine the association between the dependent and independent variables. The Hosmer and Lemeshow goodness-of-fit test was used to assess the model's fitness. Multicollinearity was assessed using the variance inflation factor (VIF). A p-value of 0.2 was used as a cut-off point for inclusion in the multivariable model. The association of the independent variables with the dependent variable was declared at a p-value of less than 0.05. Finally, the results were expressed as odds ratio (OR) with 95% CI.

4.11 Ethical consideration

Ethical clearance was obtained from Saint Paul's Hospital Millennium Medical College Institutional review board (IRB). Official letter was received from the school of Public Health and submitted to IDP camp coordinator. The purpose of the study was explained to all participants. Written informed consent was obtained from participants over the age of 18. For minors aged 10-17, parental permission and child assent were obtained. Participants' involvement in the study was on voluntary basis and neither their name nor their address was recorded.

5 Result

5.1 Socio-demographic characteristics of study participants

A total of 412 (IDAYs were included in the study, representing a response rate of 97.6% (412 out of 422 participants). The majority (60.2%) were female, and the mean age was 18.1 years (SD = 2.1). Most participants (51.5%) were aged 15-19, followed by 20-24 (30.8%). More than half of the respondents were followers of the Muslim religion, 255 (57%). Approximately 70.9% of the IDAYs were not married (Table 2).

Table 2: Socio-demographic and socio-economic characteristics of study participants at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024

	Variable	Frequency (n=412)	Percent
Gender	Male	164	39.8
	Female	248	60.2
Age	10-14	73	17.7
	15-19	212	51.5
	20-24	127	30.8
	Orthodox	168	40.8
Religion	Muslim	235	57.0
	Protestant	9	2.2
Marital status	Married	120	29.1
	Others*	292	70.9
Current school attendance	Yes	157	38.1
	No	255	61.9
Educational status	Unable to read and write	62	15.0
	Able to read and write	107	26.0
	Primary school	166	40.3
	Secondary school and above	77	18.7
Living arrangement	Parents	281	68.2
	Relatives	14	3.4
	Partner/friend/husband	92	22.3
	Alone	25	6.1
Region they come from	Amhara	37	9.0
	Oromia	355	86.2
	Addis Ababa	14	3.4
	Others	6	1.5
Current source of income	Parents (family)	105	25.5
	Humanitarian organization	265	64.3
	Relatives/friends	14	3.4
	Other	28	6.8

Note: Marital status: Others include single, divorced, and separated

5.2 Sexual and reproductive health behaviors, experiences, and mass media exposure

Among the interviewed adolescents and youths, 47 (11.4%) had ever gone to clubs or parties, about 241 (58.5%) had ever had a boy or girlfriend, 238 (57.8%) had engaged in sexual intercourse, and of those who had, 20 (4.9%) reported experiencing condom breakage. Of those who ever had a boy or girlfriend, 56.4% discussed sex-related matters with their parents, and 60.6% discussed SRH issues with a healthcare worker. Family support and discussion on SRH were reported by 30.7% of IDAYs, while peer support was reported by 32.0%. Among a total of 248 female participants, 82 (33.1%) of IDAYs had ever been pregnant. Of those who had, 20.6% had one pregnancy, 9.3% had two, and 3.2% had three or more (Table 3).

Table 3: Sexual and reproductive health characteristics of study participants at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024

Variables		Frequency	Percent
Ever gone to clubs/parties (n=412)	Yes	47	11.4
	No	365	88.6
Ever experienced condom breakage (n=412)	Yes	20	4.9
	No	392	95.1
Ever had a girlfriend/boyfriend (n=412)	Yes	241	58.5
	No	171	41.5
Number of girlfriends/boyfriends (n=248)	1	154	63.9
	2	56	23.2
	3	15	6.2
	4 and above	16	6.6
Ever had sexual intercourse (n=412)	Yes	238	57.8
	No	174	42.2
Ever discussed sex-related matters with parents (n=241)	Yes	136	56.4
	No	105	43.6
Discussed SRH issues with healthcare worker (n=241)	Yes	146	60.6
	No	95	39.4
Family support and discussion on SRH (n=241)	Yes	74	30.7
	No	167	69.3
Peer support on SRH (n=241)	Yes	77	32.0
	No	164	68.0
Lifetime number of pregnancies (n=248)	0	166	66.9
	1	51	20.6
	2	23	9.3
	3	8	3.2

A considerable proportion of the study participants (30.6%) reported not being exposed to mass media campaigns aimed at delivering information and education on SRH (Figure 3).

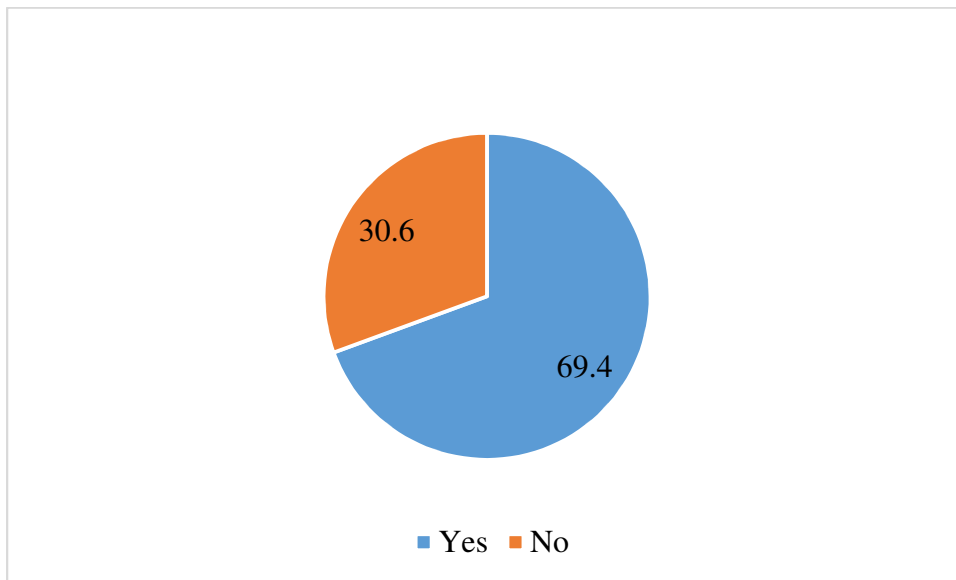


Figure 3: Proportion of internally displaced adolescents and youths ever exposed to mass media which aimed to deliver information and education on sexual and reproductive health at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024

Radio and television are the most widely used sources of information and education on SRH among IDAYs, while print media and other channels have lower exposure rates as shown in Figure 4.

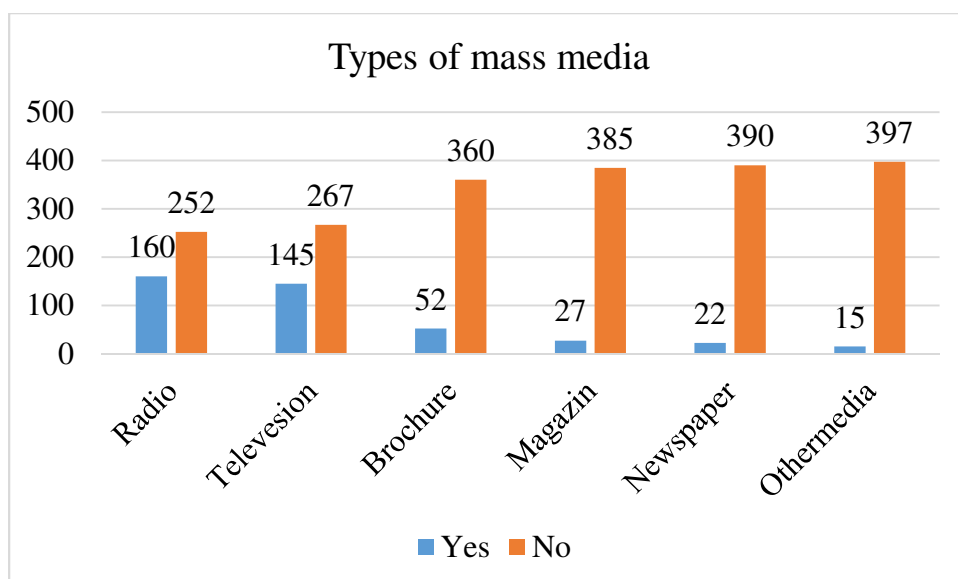


Figure 4: Types of mass media to which the young and adolescents exposed for information and education at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024

5.3 Internally displaced peoples health facility related issues

The majority of IDPs prefer to get SRH services at any time (56.1%), followed by afternoon (19.4%) and weekend (16.5%) time slots. In terms of healthcare provider personnel preference, 49.8% of IDPs prefer any sex, while 44.9% prefer same-sex providers (Table 4).

Table 4: Internally displaced persons health facility related issues at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024

Variables		Frequency (n=412)	Percent
Time preference to utilize the SRH service	Any time	231	56.1
	Night time	33	8.0
	Afternoon	80	19.4
	Weekend	68	16.5
Health care provider personnel preference for your service	Any sex	205	49.8
	Same sex	185	44.9
	Opposite sex	22	5.3

Participants identified several barriers to accessing SRH services within the IDP camp health facilities. The most commonly reported challenges were lack of privacy (34.7%), long waiting times (33.7%), staff shortages (31.8%), overcrowding (30.1%), inconvenient opening hours

(16%), lack of preferred services (14.1%), and unfriendly or disrespectful service providers (6.6%) (Figure 5).

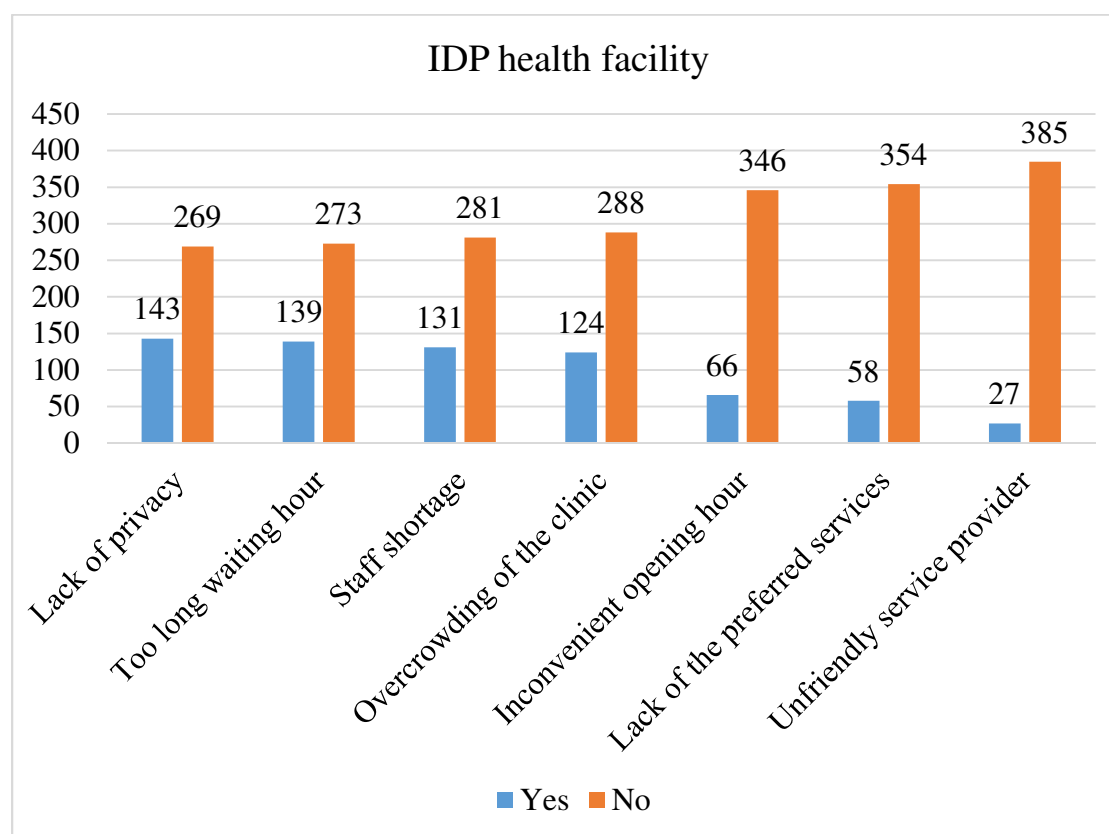


Figure 5: General characteristics of the internally displaced persons' camp health facility in Debre Berhan Town, Ethiopia, 2024

5.4 Sexual and reproductive health problems experienced

About 110 (26.7%) of IDAYs reported experiencing SRH problems (Figure 6). Females (35.5%) reported more SRH problems than males (13.4%). The most common issues in females were unsafe sex (13.7%), early marriage (10.1%), menstrual problems (8.1%), and teenage pregnancy (7.7%). Abortion (7.3%) and sexual harassment (6.9%) were also common problems mentioned (Figure 7).

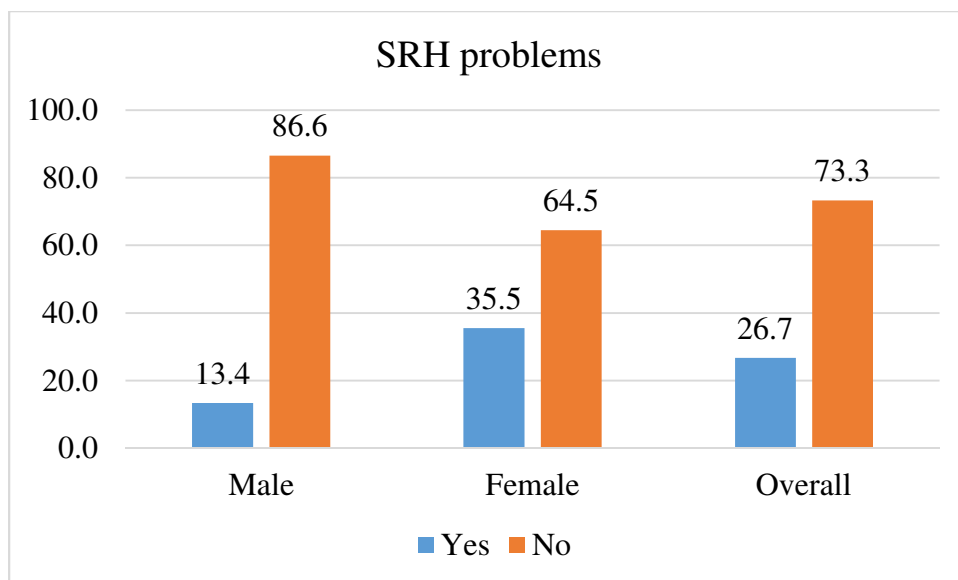


Figure 6: Proportion of sexual and reproductive health problems ever experienced by internally displaced adolescents and youths at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024

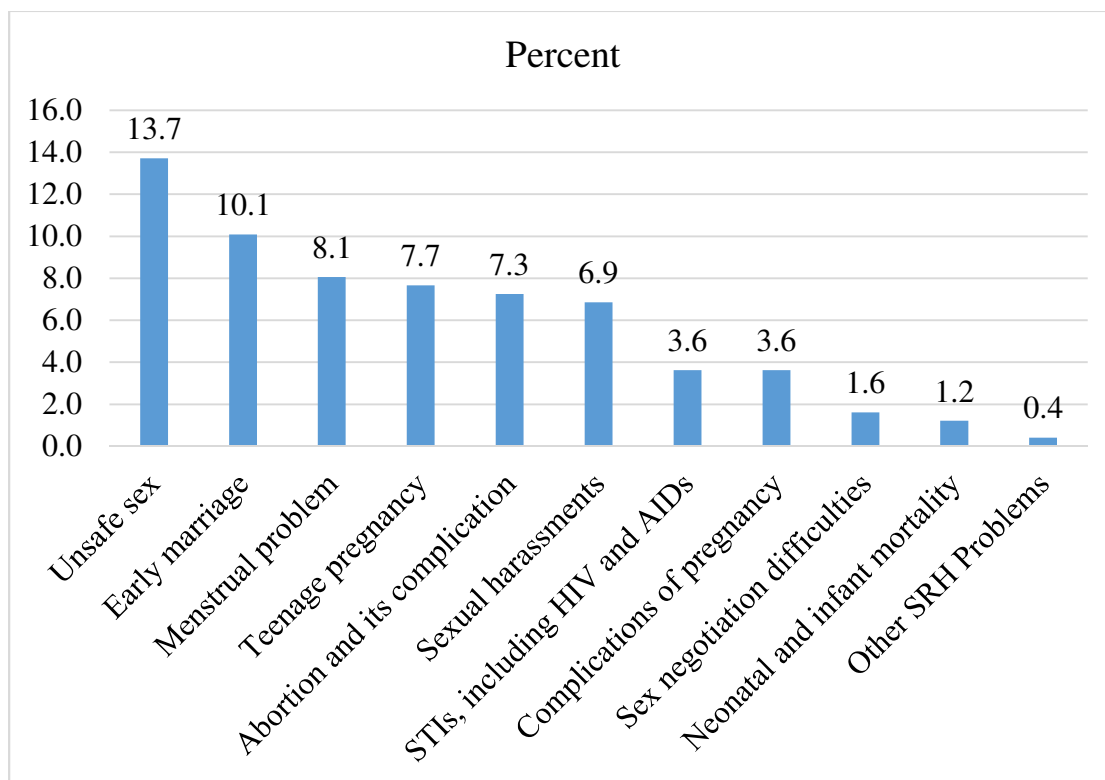


Figure 7: Types of sexual and reproductive health problem experienced by internally displaced adolescents and youth females at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024

5.5 Utilization of sexual and reproductive health services

Over half of the study participants, 230 (55.8%) (95% CI: 51.0%, 60.6%), utilized at least one SRH service since residing in the IDP camp: 40.9% among the males and 65.7% among the females (Figure 8). The most frequently utilized SRH service among the study participants of both sexes was HIV/AIDS counseling (28.4%). The most frequently utilized SRH services among the study participants of females were family planning (37.1%), followed by HIV counseling services (28.6%), menstrual health products (23%), and STI diagnosis and treatment (18.1%) (Table 5).

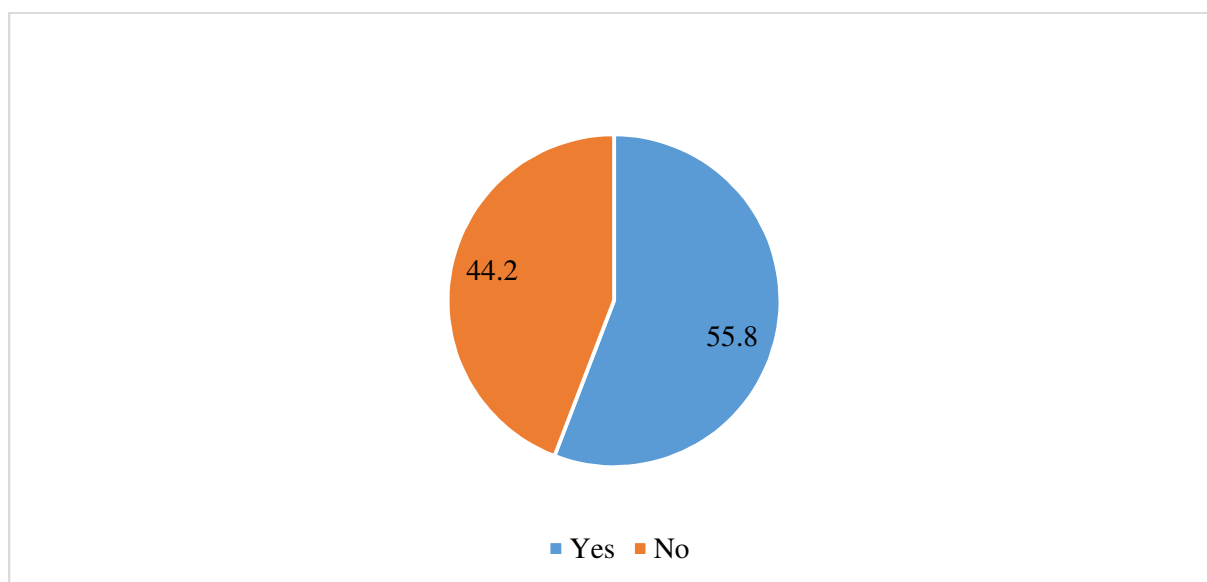


Figure 8: Utilization of sexual and reproductive health services among internally displaced adolescents and youths at internally displaced persons camp in Debre Berhan Town, Ethiopia, 2024

A majority of IDAYs (60.4%) sought SRH information and education services from healthcare providers in the IDP camp (Table 5). The most sought-after information and education services among IDAYs were related to VCT (30.3%), STI diagnosis (30%), family planning (29.1%), unwanted pregnancy (19.4%), general sexual issues (14.3%), and other miscellaneous topics (1.9%) (Table 5).

5.6 Modern contraception use while living in IDP

About (48.4%) of the female IDAYs have utilized at least one modern contraceptive method since residing in the IDP camp (Table 5). Injectable were the most popular choice (26.6%),

followed by oral contraceptive pills (15.3%), and implants (11.3%) (Table 5). The most commonly visited healthcare facilities for SRH services were health centers (18.4%), followed by IDP health facilities (14.3%), hospitals (13.8%), private clinics (4.6%), pharmacies (2.7%), and youth-friendly service centers (1%) (Table 5).

Table 5: Utilization of sexual and reproductive health services and information among internally displaced adolescents and youths in Debre Berhan Town camp, Ethiopia, 2024

Variables and categories		Frequency	Percent
Types of SRH services utilized among female IDAYs (n=248)	Family planning services	92	37.1
	HIV counseling services	71	28.6
	Menstrual health products	57	23.0
	STI diagnosis & treatment	45	18.1
	Maternal health service	22	8.9
	Sexuality counseling service	20	8.1
	Safe abortion services	15	6.0
Received IEC service from HW in IDP camp (n=412)	Yes	249	60.4
	No	163	39.6
Types of SRH related information and education services (n=412)	IEC related to VCT	125	30.3
	IEC related to STI diagnosis	124	30.1
	FP issue education	120	29.1
	Unwanted pregnancy	85	20.6
	Sexual issues	59	14.3
	Other	8	1.9
Ever used modern contraceptive service in IDP (n=248)	Yes	120	48.4
	No	128	51.6
Types of modern contraception used in IDP (n=248)	Injectable	66	26.6
	Pills	38	15.3
	Implant	28	11.3
	Male condom	7	2.8
	Female Condom	3	1.2
	IUCD	1	0.4
	Other Methods	1	0.4
Ever used a voluntary HIV counseling service (n=412)	Yes	182	44.2
	No	230	55.8
Type of facility mostly going to visit for SRH service (n=412)	Health center	76	18.4
	IDP clinic	59	14.3
	Hospital	57	13.8
	Private clinic	19	4.6
	Pharmacy	11	2.7
Ever used STI diagnosis and treatment service (n=412)	Youth friendly service center	4	1.0
	Yes	102	24.8
	No	310	75.2

Key: IEC: Information & education, HW: Health worker, HIV: Human immune deficiency virus, STI: Sexually transmitted infection

5.7 Factors associated with utilization of sexual and reproductive health services

As shown in Table 6, several sociodemographic, behavioral, and reproductive health factors were associated with SRH service utilization in the bi-variable logistic regression analysis. Gender, marital status, current school attendance, educational status, living arrangement, ever gone to clubs/parties, ever experienced condom breakage, ever had sexual intercourse, family support and discussion regarding SRH service utilization, peer support regarding SRH service utilization, exposure to mass media on SRH issues, and ever experienced SRH problems were candidate variables for the multivariable analysis. The Hosmer and Lemeshow goodness-of-fit test showed that the model was fit ($p\text{-value} < 0.795$).

Multicollinearity was assessed using VIF and tolerance. All VIF values were below 1.60 and all tolerance values were above 0.63. After adjusting for potential confounders, the following factors remained significantly associated with SRH service utilization: gender, living arrangement, peer support regarding SRH service utilization, exposure to mass media on SRH issues, and ever experienced SRH problems. Female IDAYs had 2.2 (AOR = 2.21, 95% CI: 1.01, 4.84) times higher odds of utilizing SRH services than males. IDAYs living with partner/friend/husband had 3.7 times increased odds of utilizing SRH services compared to those living with their parents (AOR = 3.73, 95% CI: 1.11, 12.55). IDAYs who had peer support regarding SRH service utilization had 3.7 times increased odds of utilizing SRH services (AOR = 3.71, 95% CI: 1.43, 9.62). IDAYs who had been exposed to mass media on SRH issues had nearly eight times (AOR = 7.72, 95% CI: 2.79, 21.36) higher odds of utilizing SRH services compared to those who were not exposed to those who had no mass media exposure. IDAYs who ever experienced SRH problems had eight times increased odds of utilizing SRH services (AOR = 8.06 (3.07, 21.17)).

Table 6: Bi-variable and multivariable logistic regression analysis to identify factors associated with utilization of sexual and reproductive health services among internally displaced adolescents and youths in Debre Berhan camp, North Shewa, Ethiopia, 2024

Variable	Category	SRH Utilization		Crude Odds Ratio (95% CI)	Adjusted Odds Ratio (95% CI)
		No	Yes		
Gender	Male	97	67	1	1
	Female	85	163	2.78 (1.85, 4.17)*	2.21 (1.01, 4.84)**
Age	10-14	29	44	1	
	15-19	96	116	0.80 (0.46, 1.37)	
	20-24	57	70	0.81 (0.45, 1.45)	
Marital status	Married	36	84	2.33 (1.48, 3.67)*	1
	Others	146	146	1	0.55 (0.19, 1.63)
Current school attendance	Yes	76	81	0.76 (0.51, 1.13)*	1.30 (0.55, 3.10)
	No	106	149	1	1
Educational status	Unable to read and write	31	31	1	1
	Able to read and write	39	68	1.74 (0.92, 3.23)*	0.52 (0.14, 1.92)
	Primary school	80	86	1.08 (0.60, 1.93)*	0.69 (0.18, 2.62)
	Secondary school and above	32	45	1.41 (0.72, 2.76)*	0.26 (0.07, 1.01)
Living arrangement	Parents	143	138	1	1
	Relatives	6	8	1.38 (0.47, 4.09)*	1.91 (0.26, 13.87)
	Partner/friend/husband	25	67	2.78 (1.66, 4.65)*	3.73 (1.11, 12.55)**
	Alone	8	17	2.20 (0.92, 5.27)*	0.92 (0.24, 3.46)
Ever gone to clubs/parties	Yes	13	34	2.26 (1.15, 4.41)*	1.74 (0.60, 5.07)
	No	169	196	1	1
Ever experienced condom breakage	Yes	4	16	3.33 (1.10, 10.13)*	0.66 (0.14, 3.17)
	No	178	214	1	1
Ever had a girlfriend/boyfriend	Yes	64	177	6.16 (4.00, 9.49)	
	No	118	53	1	
Ever had sexual intercourse	Yes	63	175	6.01 (3.91, 9.24)*	1.63 (0.22, 11.90)
	No	119	55	1	1
Family support and discussion on SRH service utilization	Yes	15	59	1.63 (0.85, 3.15)*	1.09 (0.45, 2.62)
	No	49	118	1	1
Peer support on SRH service utilization	Yes	8	69	4.47 (2.01, 9.95)*	3.71 (1.43, 9.62)**
	No	56	108	1	1
Exposed to mass media on SRH issues	Yes	91	195	5.57 (3.51, 8.85)*	7.72 (2.79, 21.36)**
	No	91	35	1	1
Ever experienced SRH problems	Yes	12	98	10.52 (5.54, 20.0)*	8.06 (3.07, 21.17)**
	No	170	132	1	1

Key: *Significant at 0.2 significance level, **Significant at 0.05 significance level

6 Discussion

Access to services for reproductive health that address the unique requirements of youths and adolescents is low (5). Insufficient understanding of teenage sexual behavior, cultural influences, and implementers' limited capabilities make it difficult to provide youth with reproductive health education and assistance (49). The issue is even worse for those youths residing in an IDP camp (50). The current study was aimed at assessing SRH service utilization and associated factors among IDAYs in the Debre Berhan town IDP camp.

In this study, only a little more than half of the study participants (55.8%) utilized at least one SRH service since residing in the IDP camp. Our finding is consistent with that reported in a study conducted among Amhara Region female night students (54.6%) (7). However, this finding is higher than a study conducted in a refugee camp in Uganda (19.3%) (21), among adolescents in Debre Berhan town (33.8%) (23), and among the youth in Lira City, Uganda (42%) (29). The variation in SRH service utilization level may be attributed to several factors.

The current study focused on IDAYs, while other studies have included different age groups or populations, such as general populations of adolescents and young people (7,21,23,29). The timeframe used in the current study, which measured SRH service utilization since arrival at the IDP camp, may have overestimated rates compared to studies that focused on the past 12 months (21,23,29). The availability and accessibility of SRH services may vary across different regions and settings, with IDP camps potentially facing unique challenges in terms of service provision. Furthermore, the current study included both male and female IDAYs aged 10-24, while previous studies have focused on female students aged 15-24 (7), male and female adolescents aged 15-19 (23), young male and female aged 15-24 in a refugee settings (21), and male and female youths aged 15-24 (29). This broader age range and inclusion of males in the current study may have contributed to the observed differences in SRH service utilization compared to the previous studies (7,21,23,29).

The most frequently used SRH services in both sexes were HIV/AIDS counseling. The most frequently utilized SRH services among female IDAYs were family planning, followed by HIV counseling services, menstrual health products, and STI diagnosis and treatment. This finding is

in line with previous studies in Ethiopia (23) and Uganda (29). This indicates a diverse range of SRH needs among IDAYs, highlighting the importance of comprehensive service provision.

A large proportion (57.8%) of the adolescents and youths in this study ever had sex, which is supported by another study conducted among adolescent girls and young women in humanitarian settings in Nigeria and Uganda (53%) (36). However, our study showed a higher proportion of adolescents and youths that ever had sex than reported in a study conducted in a refugee settlement in Uganda (11.5%) (43). This high prevalence of sexual activity among the IDAYs warrants the urgent intervention in availing SRH services in the context of displacement.

The study found that a higher proportion of IDAYs who discussed sex-related matters with a healthcare worker (60.6%) compared to those who discussed with their parents (56.4%). This pattern is also similar to another study carried out among adolescents in Debre Berhan town that reported 36.4% of the adolescents discussed SRH issues with health care providers but only 12.7% with their parents (23). This could be due to cultural norms and the perceived stigma associated with discussing SRH issues with parents (43). IDAYs may feel more comfortable and open to discussing sensitive topics with healthcare providers, who are generally seen as neutral and objective figures. This suggests that healthcare providers may play a more prominent role in providing SRH information and guidance to IDAYs, particularly those who are sexually active. While both family support and peer support were reported by a significant number of IDAYs, peer support was slightly more prevalent (32.0% vs. 30.7%). This indicates that IDAYs may be more likely to discuss SRH issues with their peers, potentially due to a greater sense of comfort or shared experiences.

Less than half of female IDAYs (48.4%) have ever utilized modern contraceptive methods, and only 70% of sexually active females have ever used them. Similarly, in a study conducted among refugee adolescents in Uganda, out of the 30 sexually active girls, only 6.7% used modern contraceptive method and most ended up being pregnant (43). This indicates a significant unmet need for contraception among female IDAYs, which could lead to unintended pregnancies and other negative health consequences.

More than one in four IDAYs reported experiencing at least one SRH problem since residing in the IDP camp. Unsafe sex, early marriage, and sexual harassment emerged as the most prevalent

challenges. These findings are consistent with a study conducted among women in displaced camps in Nigeria (51).

The result of the current study showed that female IDAYs were significantly more likely to utilize SRH services than male IDAYs. This finding aligns with a similar study conducted in Uganda, which reported that female young people had 2.46 times higher odds of utilizing SRH services compared to males (21). Similarly, female adolescents had higher odds of using SRH services than males in another study conducted in Northeastern Ethiopia (28). This may be attributed to the higher prevalence of SRH problems among female IDAYs, as evidenced by our study's finding (35.5% females versus 13.4% in males). Additionally, it may be attributed to greater awareness of SRH issues among females.

In this study, IDAYs living with a partner/friend/husband were significantly more likely to utilize SRH services compared to those living with their parents. This finding aligns with previous research conducted among adolescents and youth in Dire Dawa City (31) and Debre Berhan town, Ethiopia (23). Living independently, whether with a partner, friend, or husband, may provide IDAYs with greater autonomy and decision-making power regarding their health and well-being. This could lead to increased engagement with healthcare services. Individuals living with partners or friends may have shared responsibilities for household tasks and childcare, allowing them more time to attend to their own health needs. This suggests that social support networks can play a crucial role in facilitating access to SRH services.

IDAYs who had peer support regarding SRH service utilization were more likely to utilize SRH services. This finding was supported by studies conducted among female night students in the Amhara region (7) and among Madawalabu University students (30) in Ethiopia. This finding also conforms to a study done among youths in Northern Uganda where discussion with peers increases the likelihood of utilizing SRH services (29). This may be explained by the fact that youths who freely discussed sexual topics with their peers would be more knowledgeable about SRH issues, which in turn would encourage them to use the service. This emphasizes the role of peer networks in promoting SRH service uptake.

IDAYs who had been exposed to mass media on SRH issues were more likely to utilize SRH services which is supported by similar study (23). This underscores the importance of utilizing mass media as a tool for raising awareness about SRH issues and encouraging service utilization.

In this study, IDAYs who ever experienced SRH problems had increased odds of utilizing SRH services compared to those who did not have them, which is consistent with a study done among female night students in the Amhara region (7) and among female high school students in Bahir Dar City (33). The finding that IDAYs who have experienced SRH problems are more likely to utilize SRH services may be attributed to increased awareness of the importance of seeking healthcare, the need to manage symptoms or prevent complications, a desire for information and guidance, and referrals from healthcare providers to specialized services.

7 Limitations of the study

This study has some limitations that should be considered. First, it is a cross-sectional study, which limits the ability to establish causality between factors and SRH service utilization. Second, the study relied on self-reported data, which may be subject to recall bias.

8 Conclusion

This study revealed a low utilization of SRH services among the internally displaced adolescents and youths in Debre Berhan camp. SRH challenges among IDAYs include unsafe sex, early marriage, and sexual harassment. A considerable proportion of the IDAYs had not been exposed to mass media campaigns aimed at delivering information and education on SRH. The most commonly reported barriers to accessing SRH services in the IDP were lack of privacy, long waiting times, staff shortages, overcrowding, inconvenient opening hours, lack of preferred services, and unfriendly or disrespectful service providers. SRH services utilization was positively associated with female gender, living with a partner/friend/husband, having peer support regarding SRH, exposure to mass media on SRH issues, and ever experiencing SRH problems.

9 Recommendations

Ministry of Health-Ethiopia: The MoH shall implement interventions that promote social support networks among IDAYs, particularly for those living alone to increase SRH utilization. Also, peer education programs for the IDAYs shall be implemented in IDP camps. Finally, raising awareness about SRH issues and available services is crucial using mass media. Awareness creation campaigns shall target, particularly male IDAYs, since they had poor utilization of SRH services.

Researchers: Further qualitative research is required to explore the lived experiences, perceptions, barriers, and facilitators of SRH service utilization among IDAYs. Future research should explore the effectiveness of different interventions aimed at promoting SRH service utilization among IDAYs.

10 References

1. Woog V, Singh S, Browne A, Philbin J, Woog V, Singh S, et al. Adolescent Women ' s Need for and Use of Sexual and Reproductive Health Services in Developing Countries [Internet]. New York; 2015. Available from: <http://www.guttmacher.org/pubs/Adolescent-SRHS-Need-Developing-Countries.pdf>
2. Cottingham J, Kismödi E, Hussein J. Sexual and Reproductive Health Matters—What's in a name? Sex Reprod Heal Matters [Internet]. 2019;27(1):1–3. Available from: <https://doi.org/10.1080/09688080.2019.1574427>
3. World Health Organization. WHO Recommendations On Adolescent Sexual and Reproductive Health and Rights [Internet]. Geneva; 2018. Available from: <https://www.who.int/publications/i/item/9789241514606>
4. Odo AN, Musa K, Oladugba A V. Sexual and reproductive health needs and problems of internally displaced adolescents (IDAs) in Borno State, Nigeria: A mixed method approach. Afr J Reprod Health. 2020;24(1):87–96.
5. Titiyos, A., Hailegebriel, T., Habte, M., Adan, A., Kassaw, J., Miller, M., Agarwal, A., and O'Connell KA. Sexual and Reproductive Health Knowledge , Attitudes , and Practices among Internally Displaced Persons in the Somalia Region of Ethiopia: Baseline Assessment. Washington, DC and Addis Ababa; 2020.
6. Admassu TW, Wolde YT, Kaba M. Ethiopia has a long way to go meeting adolescent and youth sexual reproductive health needs. Reprod Health. 2022;19(1):1–5.
7. Liyeh TM, Goshu YA, Belay HG, Tasew HA, Mihiretie GN, Ayalew AB. Youth Reproductive Health Service Utilization and Associated Factors among Amhara Region Female Night Students, Ethiopia. Biomed Res Int. 2021;2021.
8. Federal Democratic Republic of Ethiopia Ministry of Health. National adolescent and youth health strategy (2021-2025). Addis Ababa; 2021.
9. Federal Democratic Republic of Ethiopia-MOH. National Adolescent and Youth Health Strategy (2016-2020). Addis Ababa; 2016.

10. Savage O. Appraisal of the sexual and reproductive health of women in nigeria from the perspective of internally displaced persons. *Nnamdi Azikiwe Univ J Int Law Jurisprud.* 2021;12(May):129–44.
11. Otu A, Danhoundo G, Yaya S. Prioritizing sexual and reproductive health in the face of competing health needs: where are we going? *Reprod Health [Internet].* 2021;18(1):2021–4. Available from: <https://doi.org/10.1186/s12978-021-01068-0>
12. Emina JBO, Gahungu P, Iyese F, Etinkum R, Kini B, Mobolua JF, et al. Situation analysis for delivering integrated comprehensive sexual and reproductive health services for displaced population of Kasai, Democratic Republic of Congo: Protocol for a mixed method study. *PLoS One.* 2020;15(12 December 2020):1–11.
13. Internal displacement monitoring center and Norwegian Refugee Council. Internal displacement and food security. 2022.
14. United Nations High Commissioner for Refugees. Global trends forced displacement in 2021. 2022.
15. United Nations High Commissioner for Refugees East and Horn of Africa and the GLR, Regional. Regional Overview - Internally Displaced Persons. 2023.
16. Jahangir A. Sexual, Reproductive and Menstrual Health of Internally Displaced Women and Girls in the Middle East: Gaps, Challenges and Recommendations. 2022;(31).
17. Marlow HM, Kunnuji M, Esiet A, Bukoye F, Izugbara C. The Sexual and Reproductive Health Context of an Internally Displaced Persons' Camp in Northeastern Nigeria: Narratives of Girls and Young Women. *Front Reprod Heal.* 2022;3(January):1–7.
18. Starrs AM, Ezech AC, Barker G, Basu A, Bertrand JT, Blum R, et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. *Lancet.* 2018;391(10140):2642–92.
19. Berhan D. Humanitarian Bulletin Nearly 37 , 000 Internally Displaced Persons identified in North Shewa Zone of Amhara Region , the majority came from Oromia and are sheltering in Debre Berhan City. 2022;(February).

20. World Health Organization. Social determinants of sexual and reproductive health: informing future research and programme implementation [Internet]. Geneva; 2010. Available from: <https://www.who.int/publications/i/item/9789241599528>
21. Bukuluki PMW, Kisaakye P, Wandiembe SP, Kiwujja V, Kajungu C, Mugwanya W, et al. Utilization of sexual and reproductive health services among young people in refugee settings in Uganda. *Front Reprod Heal*. 2023;5(February):1–8.
22. O’Connell KA, Hailegebriel TS, Garfinkel D, Durham J, Yakob B, Kassaw J, et al. Meeting the Sexual and Reproductive Health Needs of Internally Displaced Persons in Ethiopia’s Somali Region: A Qualitative Process Evaluation. *Glob Heal Sci Pract*. 2022;10(5):1–13.
23. Tlaye KG, Belete MA, Demelew TM, Getu MA, Astawesegn FH. Reproductive health services utilization and its associated factors among adolescents in Debre Berhan town, Central Ethiopia: A community-based cross-sectional study. *Reprod Health*. 2018;15(1):1–11.
24. Çöl M, Bilgili Aykut N, Usturall Mut AN, Koçak C, Uzun SU, Akln A, et al. Sexual and reproductive health of Syrian refugee women in Turkey: A scoping review within the framework of the MISP objectives. *Reprod Health*. 2020;17(1):1–12.
25. Embleton L, Braitstein P, Di Ruggiero E, Oduor C, Wado YD. Sexual and reproductive health service utilization among adolescent girls in Kenya: A cross-sectional analysis. *PLOS Glob Public Heal*. 2023;3(2):e0001508.
26. Korri R, Froeschl G, Ivanova O. A cross-sectional quantitative study on sexual and reproductive health knowledge and access to services of arab and kurdisch syrian refugee young women living in an urban setting in lebanon. *Int J Environ Res Public Health*. 2021;18(18).
27. Casey SE, Tshipamba M. Contraceptive availability leads to increase in use in conflict-affected Democratic Republic of the Congo: Evidence from cross-sectional cluster surveys, facility assessments and service statistics. *Confl Health*. 2017;11(1):1–10.
28. Zepro NB, Ali NT, Tarr N, Medhanyie AA, Paris DH, Probst-hensch N, et al. Sexual and

- reproductive health services use among adolescents in pastoralist settings , northeastern Ethiopia. *BMC Health Serv Res.* 2023;23(677):1–13.
29. Murungi T, Benyumiza D, Apio J, Nekesa C, Nalubuuka A, Misuk I, et al. Factors Associated with Utilization of Sexual and Reproductive Health Services among the Youth in Lira City West, Northern Uganda: A Cross-Sectional Study. *Biomed Res Int.* 2023;2023.
 30. Dida N, Darega B, Takele A. Reproductive health services utilization and its associated factors among Madawalabu University students, Southeast Ethiopia: Cross-sectional study. *BMC Res Notes.* 2015 Dec 14;8(1):1–8.
 31. Abera L, Guta A, Fentie D. Sexual and Reproductive Health Service Utilization and Associated Factors among Adolescent and Youth in Dire Dawa City , Eastern Ethiopia. *J Women Heal Care Gynaecol.* 2023;1(1).
 32. Bhatta BR, Kiriya J, Shibanuma A, Jimba M. Parent-adolescent communication on sexual and reproductive health and the utilization of adolescent-friendly health services in Kailali, Nepal. *PLoS One.* 2021;16(2 February 2021):1–19.
 33. Awoke M. Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State, Ethiopia. *Ethiop Open J Epidemiol.* 2013;4:69–75.
 34. Ayehu A, Kassaw T, Hailu G. Level of young people sexual and reproductive health service utilization and its associated factors among young people in Awabel District, Northwest Ethiopia. *PLoS One.* 2016;11(3):1–11.
 35. Feleke SA, Koye DN, Demssie AF, Mengesha ZB. Reproductive health service utilization and associated factors among adolescents (15-19 years old) in Gondar town, Northwest Ethiopia. *BMC Health Serv Res.* 2013;13(1):1–10.
 36. Roth, C., Bukoye, F., Kunnuji, M., Schaub, E., Kanaahe, B., Atukunda, D., Esiet, A., and Izugbara C. The sexual and reproductive health needs and challenges of adolescent girls and young women in humanitarian settings in Nigeria and Uganda: a quantitative report acknowledgements. Washington, DC; 2022.

37. Colombini M, Mayhew SH, Rechel B, Kingdom U. Sexual and reproductive health needs and access to services for vulnerable groups in Eastern Europe and Central Asia. 2011;(January).
38. Helamo D, Kusheta S, Bancha B, Habtu Y, Yohannes S. Public Health & Safety Utilization and Factors Affecting Adolescents and Youth Friendly Reproductive Health Services among Secondary School Students in. *Int J Public Heal Saf.* 2017;2(4):1–7.
39. Odo AN, Musa K, Oladugba A V. Sexual and Reproductive Health Needs and Problems of Internally Displaced Adolescents (IDAs) in Borno State , Nigeria : A Mixed Method Approach Design and study area. 2020;24(March):87–96.
40. Olaleye AO, Obiyan MO, Folayan MO. Factors associated with sexual and reproductive health behaviour of street- involved young people : findings from a baseline survey in Southwest Nigeria. 2020;1–11.
41. Abate AT, Ayisa AA, Wmariam TG. Reproductive health services utilization and its associated factors among secondary school youths in Woreta town, South Gondar, North West Ethiopia: A cross sectional study. *BMC Res Notes.* 2019;12(1):1–7.
42. Diribsa T, Wakjira D, Atomsa G, Mekoya T, Mamo F, Fekecha B, et al. Determinant Factors of Sexual and Reproductive Health Service Utilization among In-School Adolescents with Disability in Jimma Zone , Southwest Ethiopia. 2022;2022.
43. Ivanova O, Rai M, Mlahagwa W, Tumuhairwe J, Bakuli A, Nyakato VN, et al. A cross-sectional mixed-methods study of sexual and reproductive health knowledge, experiences and access to services among refugee adolescent girls in the Nakivale refugee settlement, Uganda. *Reprod Health.* 2019;16(1).
44. Tazinya RMA, El-Mowafi IM, Hajjar JM, Yaya S. Sexual and reproductive health and rights in humanitarian settings: a matter of life and death. *Reprod Health [Internet].* 2023;20(1):1–6. Available from: <https://doi.org/10.1186/s12978-023-01594-z>
45. Gebre SZ, Zegeye B, Taderegew MM. Self-care practice and associated factors among individuals with diabetes mellitus in Northeast Ethiopia. *J Multidiscip Healthc.* 2020;13:1817–26.

46. World Health Organization. Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation. WHO. Geneva; 2017. 9 p.
47. United Nations High Commissioner for Refugees. IDP definition Key points. 2020.
48. Sully EA, Biddlecom A, Darroch JE, Riley T, Ashford LS, Lince-Deroche N, et al. Adding_It_Up investing in sexual and reproductive health Report.Pdf [Internet]. New York; 2019. Available from:
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/adding_it_up_report.pdf
49. American Academy of Pediatrics (AAP). Equitable Access to Sexual and Reproductive Health Care for All Youth. 2021.
50. Farin F, Fatemi F, Moslehi S. Challenges of Reproductive Health Management in the Camps of Internally Displaced Persons : A Systematic Review. *Ethiop J Heal Sci.* 2021;2018(1).
51. Ngwibete A, Ogunbode OO, Mangalu MA, Omigbodun A. Displaced Women and Sexual and Reproductive Health Services: Exploring Challenges Women With Sexual and Reproductive Health Face in Displaced Camps of Nigeria. *J Educ Community Heal.* 2023;10(3):162–72.

Annexes

Annex I: Consent form in English language

Name of the camp:-----

Questionnaire Code:-----

Name of data collector: -----

These questions ask you in order to find out conditions regarding to sexual and reproductive health service utilization and its associated factors among adolescents and youths in Debre Berhan IDP camp. The questionnaire will take about 15-25 minutes to fill.

The purpose of this study is to get more information on factors contributing to sexual and reproductive health service utilization in IDP adolescents and youths that can be used to design appropriate intervention so as to address reproductive health service need of these particular populations. Therefore, your honest and genuine participation by responding to the questions prepared is highly appreciated and helpful to attain the objective of the study. Your name will not be written on this form and no individual response will be reported to anybody. Hence, your answers are completely confidential. You do not have to answer any question that you willing to answer? Yes ☐ No ☐

Then put your signature below and proceed to the next page

By signing this document, I am giving consent to fill the research questionnaire. I understand that I will be part of the research study that is looking into the sexual and reproductive health service utilization and its association factors in Debre Berhan IDP adolescents and youths.

I also informed that the participation will be entirely voluntary and that am free to withdraw from the study.

Participant's signature Date

Data Collector's signature..... Date

Please stop here. Thank You

Annex II. Questionnaire in English language

GENERAL INSTRUCTIONS: The questionnaire has five parts, including questions regarding to socio-demographic and socio-economic characteristics, individual' factors, IDP health facility, SRH problems, factor and reproductive health service utilization pattern. Please read the instructions and questions carefully before proceeding to answering them.

Instructions: Please circle the number in front of the option you choose. If you are asked to write a response or if your answer is not listed among alternatives, please do in the blank space provided. If there is an arrow in front of your choice, skip to the indicated question.

Part I. Demographic Information			
NO	Questions	Categories and response	Skip
101	What is your gender?	1. Male 2. Female	
102	How old are you?	-----Years	
103	What is the religion you follow?	1. Orthodox 3. Muslim 2. Protestant 4. Others	
104	Marital status?	1. Single 3. Married 2. Separated 4. Divorced 5. Widowed	
105	Current school attendance?	1. YES 2. NO	
106	What is your educational status?	1. unable to read and write 2. able to read and write 3. primary school 4. Secondary school 5. Diploma and above	
107	With whom you live?	1. Both mother and father 2. with mother only 3. with father only 4. with relatives 5. With friends 6. Alone 7. Other	
108	From which region you come from?	1. Amhara 3. Oromia 2. Tigray 4. Addis Ababa 5. SNNP 6. Other	
109	What is your current source of income?	1. Parents (family) 2. Relative/Friends 3. Humanitarian organization 4. Other	

Part II: Questionnaire assessing individual related factors regarding to sexual and reproductive health			
201	Have you ever going to clubs/parties??	1. YES 2. No	
202	Ever experienced condom breakage?	1. YES 2. NO	
203	Have you ever had a girl/boyfriend?	1. YES 2. NO	If no to Q210
204	How many girl/boy friends have you had?	1. 1 2. 2 3. 3 4. 4 and Above	
205	Have you ever had sexual intercourse?	1. YES 2. NO	
206	Have you ever discussed sex-related matters with your parents?	1. Often 2. Occasionally 3. Never	
207	Did you discuss on at least one of the above-mentioned issues with Health care workers?	1. YES 2. NO	
208	Do have family support and discussion regarding to at least two SRH service utilization?	1. YES 2. NO	
209	Do have peer support regarding to SRH service utilization?	1. YES 2. NO	
210	Life time number of pregnancies?		
211	Did you exposed to mass media which aimed to deliver information and education on at least one SRH issues listed below, within the past 12 months? (Condom, STI/HIV/AIDS, Contraception)	1. YES 2. NO	If no to Q301
212	If yes which mass media did you exposed for?	1. Radio 2. Television 3. News paper 4. Broacher 5. Magazine 6. Other	

Part III. Internal Displaced People health facility related issue			
301	What is your time preference for SRH utilize the service?	1. Day time 2. Night time 3. Any time 4. Weekend 5. Other	
302	Health care provider personnel preference for your service?	1. Same sex 2. Opposite sex 3. Any sex	
303	General characteristics the IDP health facility (More than one answer is possible)?	1. Staff shortage 2. Overcrowding of the clinic 3. Inconvenient opening hour 4. Too long waiting hour 5. Unfriendly service provider 6. Lack of privacy 7. Lack of the preferred services	
Part IV: Sexual and Reproductive Health service problems related			
401	Have you ever experienced SRH problems?	1. YES 2. NO	If no to Q501
402	If YES what type of SRH problem? (More than two answer possible)	1. Unsafe sex 2. Teenage pregnancy 3. Early marriage 4. Abortion and its complication 5. Menstrual problem 6. STIs, including HIV and AIDs 7. Sexual harassments 8. Neonatal and infant mortality 9. Complications of pregnancy 10. Sex negotiation difficulties 11. Other	

Part V: Questionnaire assessing Sexual and Reproductive Health service utilization			
501	Have you utilized SRH services while you are started to live in IDP?	1. YES 2. NO	If no to Q 503
502	If YES Which SRH services you have been utilized?	1. Family planning services 2. HIV counseling services 3. STI diagnosis & treatment 4. Safe abortion services 5. Sexuality counseling service 6. Maternal health service (anatenatal care, delivery, postnatal care) 7. Menstrual health products such as sanitary pads	
503	Have you received any information and education service regarding to SRH issues from health worker working in any of SRH service delivery points while you are stared to live in IDP camp?	1. YS 2. NO	If no to Q505
504	If YES, what type of information and education you received? [You can encircle more than one response?	1. Information and education related to contraceptives 2. Information and education related STI diagnosis 3. Information and education related to VCT 4. Unwanted pregnancy 5. Sexual issues 6. Other---	
505	Have you used modern contraceptive service	1. YS 2. NO	If no to Q 507

	while you are living in IDP?		
506	If YES, what type of method do you use?	1. Pills 2. Injectable 3. Implant 4. IUCD 5. Condom 6. Other	
507	Have you ever used a voluntary HIV counseling service?	1. YES 2. NO	
508	Have you ever used STI diagnosis and treatment service?	1. YS 2. No	
509	For Q 507 & 508 If YES what type of facility mostly going to visit for SRH service?	1. Hospital 2. Health center 3. IDP clinic 4. Private clinic 5. Pharmacy 6. Youth friendly service center	

Thank you for your time.

Annex III. Consent form in Amharic language

የፍቃደኝነት መረጋገጫ ቅፅ (አማርኛ ቋንቋ)

የካምፑስ ስም : _____

የመጠይቁ መለያ ቁጥር: _____

መረጃ ሰብሳቢ ስም: _____

ይህ መጠይቅ በአሁኑ ወቅት በደብረ ብርሃን የተፈናቃይ ካምፕ ውስጥ በጉርምስና አፍላ

ወጣት ዕድሜ ላይ የሚገኙ ጾታዊና ሥነ ተዋልዶ ጤና አገልግሎት አጠቃቀምን እና ተያያዥ ጉዳዮችን በተመለከተ ጥናት ለማድረግ መረጃ ነው። ለዚህም ያግዘኝ ዘንድ በጉዳዩ ዙሪያ የሚያተኩሩ የተወሰኑ ጥያቄዎች ከስር አካተቻለሁ። መጠይቁን ሞልቶ ለማጠናቀቅ ከ 20 እስከ 30 ደቂቃ ሊወስድ ይችላል።

የጥናቱ ዓላማ፤ በደብረ ብርሃን የተፈናቃይ ካምፕ ውስጥ በጉርምስና አፍላ ወጣት ዕድሜ ላይ የሚገኙ ጾታዊና የስነ ተዋልዶ ጤና አጠቃቀም ደረጃ እንዲሁም ከስነ-ተዋልዶ ጤና አጠቃቀም ጋር ተያያዥነት ያላቸው ሁኔታዎች ስለመለየት ይሆናል።

የጥናቱ ጥቅምና ጉዳት፡ በዚህ ጥናት ላይ በመሳተፍዎም ሆነ መጠይቁን በመመለስዎ የተዘጋጀ ክፍያ የለም። ነገርግን ወጣቶችን የስነ-ተዋልዶ ጤና አጠቃቀም በተመለከተ ያለንን ግንዛቤ ለማሳደግና የወጣቶችን የስነ ተዋልዶ ጤና አጠቃቀምን ለማሳደግ የሚሰሩ ስራዎች በመረጃ ላይ ተመስርተው እንዲሰሩ ግብአት ይሆናል። እናም የእርስዎ ተሳትፎ ሰዓትዎን ከመሻማት ባለፈ ምንም አይነት ጉዳት አያደርስብዎትም።

የተሳታፊ መብት፡ የእርስዎ በዚህ ጥናት ላይ መሳተፍ በፍላጎትዎ ላይ የተመሰረተ ነው። መጠይቁን ያለመሙላት እና የጥናቱ አካል ያለመሆን መብትዎ የተጠበቀ ነው። መጠይቁን ለመሙላት ፍቃደኛ ነዎት?

አዎ ☐ አይደለሁም ☐

ስምምነትን ማሳወቅ፡ ከዚህ በላይ የተፃፈው መረጃ ተነቦልኝ ወይም አንብቤው የወጣቶችን ጾታዊና የስነ-ተዋልዶ ጤና አጠቃቀም ደረጃ ለማወቅ በሚደረገው ጥናት ውስጥ ተሳታፊ መሆኔን በመረዳት የተዘጋጀውን መጠይቅ ለመሙላት ተስማምቻለሁ።

የተሳታፊ ፊርማ _____ ቀን _____

የመጠይቁ ሰብሳቢ ፊርማ _____ ቀን _____

Annex IV. Questionnaire in Amharic language

አባሪ. IV. የአማርኛ ቋንቋ ጥያቄዎች

የመጠይቅ ቅፅ አጠቃላይ መመሪያ:

መጠይቁ በአምስት ክፍሎች ተከፍሏል እነዚህም የማህበራዊ-ስነ-ሕዝብ እና ማህበራዊ ኢኮኖሚያዊ ባህሪያት፣ የግለሰብ ሁኔታዎች፣ ከስነ ተዋልዶ ጤና ጋር የተያያዙ ችግሮች በመጠለያ ካምፕ የጤና ገልግሎትን የተመለከቱ ጥያቄዎች የተካተቱበት ነው። እባክዎን እያንዳንዱን መመሪያና ጥያቄ በሚገባ አንብበው መልስዎን እንዲያስቀምጡልኝ በአክብሮት እጠይቃለሁ።

መመሪያ: ከተዘረዘሩት አማራጮች መካከል መልስዎን የያዘውን ቁጥር ያክብቡ።

የእርስዎ ምላሽ ከተዘረዘሩት መካከል ከሌለ እና መልስዎን በፀሁፍ እንዲያስቀምጡ

የሚያዝ ከሆነ በተጠቀሰው ባዶ ቦታ መልስዎን ያስቀምጡ።

ከመረጡት ምላሽ ፊት ለፊት የቀሰት ምልክት ካለ ወደ ተጠቀሰው ጥያቄ ቁጥር ይለፉ።

ክፍል 1: ማህበራዊ ሁኔታዎችን የሚመለከቱ ጥያቄዎች

ተ.ቁ	ጥያቄ	መልስ	ወደ ተመላክተው ቁጥር ማለፍ
101	ፆታ?	1. ወንድ 2. ሴት	
102	እድሜ?	-----ዓመት	
103	ሀይማኖት?	1. ኦርቶዶክስ 2. መስሊም 3. ፕሮቴስታንት 4. ሌላ ካለ ይጠቀስ	
104	የጋብቻ ሁኔታ?	1. ያላገባ/ች 2. ያገባ/ች 3. የፈታ/ች 4. የሞተበት/የሞተባት	
105	በአሁኑ ጊዜ ትምህርት ተማሪ ነህ/ሽ?	1. አዎ 2. አይ	

106	የትምህርት ደረጃ ?	1. ማንበብና መጻፍ አለመቻል 2. ማንበብ እና መጻፍ የሚችል/የምትችል 3. የመጀመሪያ ደረጃ ትምህርት 4. ሁለተኛ ደረጃ ትምህርት 5. ዲፕሎማ እና ከዚያ በላይ	
107	ከማን ጋር ነው የሚኖሩት?	1. እናት እና አባት ሁለቱም ጋር 2. ከእናት ጋር ብቻ 3. ከአባት ጋር ብቻ 4. ከዘመዶች ጋር 5. ከጓደኛ ጋር 3. ብቻየን 6. ሌሎች	
108	ከ የት ክልል መጣህ/ሽ?	1. አማራ 2. ኦሮሚያ 3. ትግራይ 4. አዲስ አበባ 5. ከደቡብ 6. ሌላ ካለ ይጠቀስ	
110	ዋና የገቢ ምንጭህ/ሽ ምንድን ነው?፤	1. ወላጆች (ቤተሰብ) 2. የሰብአዊነት ድርጅትነ 3. ዘመድ / ጓደኞች 4. ሌላ ካለ ይጠቀስ	
ክፍል.2. ከጾታዊና ስነ-ተዋልዶ ጤና ጋር ተያያዥነት ያላቸዉ ግላዊ ሁኔታዎችን የሚመለከቱ ጥያቄዎች			
201	ወደ ክለሶች/ፓርቲዎች ሄደው ያውቃሉ?	1.አዎ 2. አይ	
202	የኮንዶም መሰበር መፈን አጋጥሞዎት ያውቃል?	1.አዎ 2. አይ	
203	የወንድ/ሴት ጓደኛ ኖሮህ/ሽ ያዉቃል?	1. አዎ 2. አይ	መልስዎ አይ ከሆነ ወደ ጥ/ቁ 210ይለፉ
204	እስካሁን ድረስ ስንት የወንድ/የሴት ጓደኛአለህ/ሽ	1. 1 2. 2 3. 3 4. እና ከዛ በላይ	

205	ወሲብ አድርገህ/ሽ ታወቃለህ/ታወቁያለሽ?	1. አዎ 2. አይ	
206	ከታች ከተዘረዘሩት የስነ-ተዋልዶ ጤና ጉዳዮች መካከል ቢያንስ በአንዱ ላይ ከወሲብ ጓደኛህ/ሽ ጋር ተወያይታችሁ ታወቃላችሁ? (ስለ፣ ኮንዶም፣ በፈቃደኝነት ላይ የተመሰረተ ኤች.አይ.ቪ.ኤድስ ምርመራና ምክር አግልግሎት በልቅ የግብረ-ስጋ ግንኙነት ስለሚተላለፉ የአባላዘር በሽታዎ የወሊድ መከላከያ ዘዴዎች)	1. አዎ 2. አይ ተወያይተን አናውቅም	
207	ከነዚህ በጥያቄ ቁጥር 208 ከተጠቀሱት ጉዳዮች ቢያንስ በአንዱ ዙሪያ ከህክምና ባለሙያ ጋር ተወያይተህ/ሽ ታወቃለህ/ሽ?	1. አይ 2. አይ ተወያይተን አላውቅም	
208	በጥያቄ ቁጥር 208 ከተጠቀሱት ጉዳዮች ቢያንስ በሁለቱ ዙሪያ ከቤተሰቦችሽ/ህ ጋር ተወያይተህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አይ	
209	የፆታዊና ስነ ተዋልዶ ጤና አገልግሎት አጠቃቀምን በተመለከተ የአቻ ድጋፍ ኑሮዎት ያውቃል?	1. አዎ 2. አይ	
210	በህይወትዎ እርግዝናዎች ብዛት?	_____?	
211	የስነ-ተዋልዶ ጤና ጉዳዮች መካከል ቢያንስ በአንዱ ላይ መሰረት ያደረገ መረጃና ትምህርት በመገናኛ ብዙሀን ሲነገር ስምተህ/ሽ ወይም አንብበህ/ሽ ታወቃለህ/ሽ? (ስለ፣ ኮንዶም፣ በፈቃደኝነት ላይ የተመሰረተ ኤች.አይ.ቪ. ኤድስ ምርመራና ምክር አግልግሎት በልቅ የግብረ-ስጋ ግንኙነት ስለሚተላለፉ የአባላዘር በሽታዎች፣ ኮንዶም)	1. አዎ 2. አይ	መልሰዎ አይ ከሆነ ወደ ጥ/ቁ 301 ይለፉ
212	መልሰዎ አዎ ከሆነ መረጃውን ወይም ትምህርቱን ከየትኛው የመገናኛ ብዙሀን አገኘኸው/ሽዎ? [ከአንድ በላይ አማራጮችን መምረጥ ይቻላል]	1. ሬዲዮ 2. ቴሌቪዥን 3. ጋዜጣ 4. መፅሔት 5. በራሪ ወረቀት 6. ሌላ ካለ ይጠቀስ	

ክፍል.3 የጤና ተቋም አገልግሎትን በተመለከተ			
301	በጤና ተቋማት የስነ ተዋልዶ ጤና አገልግሎቱን ለማግኘት የሚገኙበት/ሽ ጊዜ?	1. በማንኛውም ስራት 2. ማታ 3. ከስራ በኋላ 4. በሳምንቱ መጨረሻ 5. ሌላ ካለ ይገለጽ	
302	በጤና ተቋማት የስነ ተዋልዶ ጤና አገልግሎቱን ለማግኘት የምትመርጠው/ችዉ የጤና ባለሙያ?	1. ማንኛውም ጾታ ያለው የጤና ባለሙያ 2. ከኔ ጋር ተመሳሳይ ጾታ ያለው 3. ተቃራኒ ጾታ ያለው የጤና ባለሙያ	
303	የተፈናቃይ ጤና ተቋም አጠቃላይ ባህሪያት በተመለከተ (ከአንድ በላይ መልስ መምረጥ ይቻላል)	1. የባለሙያዎች እጥረት 2. የክሊኒክ መጨናነቅ 3. ዘግይቶ መክፈት-በጣም 4. ረጅም ወረሩ ሰዓት 5. ተስማሚ ያልሆነ አገልግሎት ሰጭ ባለሙያ 6. ምስጢራዊ ቦታ አለመኖር 7. ተመራጭ አገልግሎቶች እጥረት	
ክፍል. 4 የጾታዊ እና የስነ ተዋልዶ ጤና አገልግሎት ችግሮችን የሚገመግም መጠይቅ			
401	የጾታዊ እና የስነ ተዋልዶ ጤና ችግሮች አጋጥመዎት ያውቃሉ?	1. አዎ 2. አይ	መልስዎ አይ ከሆነ ወደ ተ.ቁ 501 ይለፉ

402	አዎ ከሆነ ምን አይነት ችግር? (ከ1 በላይ መልስ መምረጥ ይቻላል).	1. ደህንነቱ ያልተጠበቀ ወሲብ 2. የጉርምስና ዕድሜ እርግዝና 3. ያለዕድሜ ጋብቻ 4. ፅንሰ ማስወረድ እና ውስብስብነቱ 5. የወር አበባ ችግር 6. ኤች አይ ቪ/ ኤድስን ጨምሮ የአባላዘር በሽታዎች 7. ወሲባዊ ትንኮሳዎች 8. የአራስ እና የሕፃናት ሞት 9. የእርግዝና ችግሮች 10. የወሲብ ድርድር ችግሮች 11. ሌላ ካለ ይጠቀስ	
-----	---	---	--

ክፍል 5. የጾታዊ እና የስነ ተዋልዶ ጤና አገልግሎት አጠቃቀምን የሚገመግም መጠይቅ

501	ባለፉት 12 ወራት ውስጥ የጾታዊ እና የስነ ተዋልዶ ጤና አገልግሎቶችን ተጠቅመዋል?	1. አዎ 2. አይ	አይ ከሆነ ወደ ተ.ቁ 503 ይለፉ
502	መልስዎ አዎ ከሆነ የትኞቹን አገልግሎቶች ተጠቅመዋል?	1. የቤተሰብ ምጣኔ አገልግሎት 2. የኤች አይ ቪ ምክር አገልግሎት 3. የአባላዘር በሽታ ምርመራ እና ህክምና 4. አስተማማኝ የፅንሰ ማስወገጃ አገልግሎቶች 5. የወሲብ ምክር አገልግሎት 6. የእናቶች ጤና አገልግሎት (ቅድመ ወሊድ፣ የወሊድ፣ ድህረ ወሊድ) 7. የወር አበባ ጤና መጠበቂያ የንፅህና መጠበቂያ ፓድ	
503	ባለፉት 12 ወራት ውስጥ በማንኛውም የአገልግሎት መስጫ ውስጥ በሚሰሩ የጤና ባለሙያ የስነ-ተዋልዶ ጤናን በተመለከተ የመረጃና የትምህርት አገልግሎት ሰጥቶታል?	1. አዎ 2. አይ	መልስዎ አይ ከሆነ ወደ ተ.ቁ 505 ይለፉ

504	.ከተጠቀምክ/ሽ በምን ላይ ያተኮረ የምክርና የመረጃ አገልግሎት ነበር? (ከአንድ በላይ አማራጮችን መምረጥ ይቻላል)	1. ያስነ ተዋልዶ ጤና ትምህርት 2. በወሊድ መቆጣጠሪያ ዘዴዎች ላይ 3. በአባላዘር በሽታዎችና ህክምናቸው ዙሪያ 4. በፍቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ.ኤድስ ምክር 5. ወሲባዊ ጉዳዮች 6. ያልተፈለገ እርግዝና 7.ሌላ ካለ ይጠቀስ	
505	ባለፉት 12 ወራት ውስጥ የወሊድ መቆጣጠሪያ ዘዴ ተጠቅመህ/ሽ ነበር?	1. አዎ 2. አይ	አይ ከሆነ ወደ ተ.ቁ 507 ይለፉ
506	ከተጠቀምክ/ሽ ምን አይነት የመከላከያ ዘዴ ነበር? [ከአማራጮቹ መካከል 'የወንድ ኮንዶም' ከሚለው በቀር በሌሎች የሚሞሉናቸው]	3. የወንድ ኮንዶም 4. የወሊድ መቆጣጠሪያ እንክብል 5. በመርፌ የሚሰጥ የወሊድ መቆጣጠሪያ 6. በክንድ ቆዳ ስር የሚቀመጥ 7. በማህጸን ውስጥ የሚቀመጥ. 8. የሴት ኮንዶም 9. ሌላ ካለ ይጠቀስ	
507	በፍቃደኝነት ላይ የተመሰረተ የኤች.አይ.ቪ.ኤድስ የምክርና ምርመራ አገልግሎት ተጠቅመህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አይ	
508	አባላዘር በሽታዎች የምርመራና ህክምና አገልግሎት ተጠቅመህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አይ	
509	507 & 508 መልስዎ አዎ ከሆነ ምን አይነት ተቋም አገልግሎት በብዛት የሚጎበኘው?	1. ሆስፒታል 2. ጤና ጣቢያ 3. የግል ክሊኒክ 4. መንግስታዊ ያልሆነ ጤና ተቋም 5. የወጣቶች የአቻ ለአቻ የጤና አጠባበቅ ክበቦች 6. ሌላ ካለ ይጠቀስ	

ጊዜዎን ሰውተዉ ቃለ መጠይቅ ስላደረጉልኝ በጣም አመሰናለሁ።

Declaration

I the undersigned declare that this thesis is my original work in partial fulfillment of the requirement for the degree of Master of Public Health. I also declare that it has never been presented in this or any other university and that all resources and materials used in the thesis have been duly acknowledged.

Name of the student: Melash Gelaw

Signature: _____

Date: 19/12/2024

This thesis has been submitted with my approval as a College/university advisor.

Primary advisor Name: - _____

Signature: - _____

Date: - _____

Co-advisor Name: - _____

Signature: - _____

Date: - _____