

Youth Employees' Utilization of Sexual and Reproductive Health Services at *Kombolcha* Industry Park

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Abstract

The study assesses the youth employees' utilization of sexual and reproductive health services and associated factors at Kombolcha Industrial Park. An institution-based descriptive cross-sectional design along with a quantitative research approach was employed. A random sampling technique was used to select 415 study respondents. Data were collected from June to November 2021 using questionnaires, observation and document analysis. The behavioral model developed by Andersen served as the guide for a set of questions that were adopted from related previous studies. SPSS version 21 was used to analyze the collected data. According to the finding of the study, current Reproductive Health (RH) service usage among youth employees at Kombolcha Industrial Park was low. Only 37.1% of the youth employees used reproductive health (RH) services as of the time of the study's conclusion. The main cause of this was ignorance of the services in reproductive health being offered. The study, therefore, advised that Youth and RH centers close to the industry park be strengthened with the required resources and trained personnel, and that the youth's understanding of SRH issues should be addressed. Peer educators should be prepared with the knowledge and tools necessary to raise the youth employees' understanding of SRH concerns and how to use them, as well as to assist the development of a supportive peer culture. Obstacles in the service providers should be focused to make the services youth-friendly.

Keywords: Determinants, SRH services, Rural youth, Industry park, Ethiopia

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Introduction

Youth reproductive health is dependent on several complex and interdependent factors such as socio-cultural influences, social support structures such as families, peers and communities, access to health services, education, and employment opportunities. According to WHO (2023), reproductive health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Similarly, this concept is elucidated by United Nations Population Fund (2011) as reproductive health care is the collection of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. According to Feleke and Samuel (2008), if people are to be able to have a satisfying and safe sex life, they should have the capability to reproduce and the freedom to decide when and how often to do so.

In our globe today, out of the total global population, around 1.8 billion, that accounts for 27% are young people between the ages of 10 and 24. On the other hand, of the total global population, about 1.2 billion or 18 percent are in the youth age bracket of 15 to 24 (UN, 2015). The term "young people" encompasses both the adolescent and youth populations. The "Young people" refers to both groups of the adolescent and the youth. Adolescence is between 10-19 years and is a continuum of physical, cognitive, behavioral and psychosocial change. It is the developmental stage that is characterized by increasing levels of individual autonomy, a growing sense of identity and self-esteem to gain progressive independence from adults. The category of "youth" includes older adolescents, aged 15 to 24 years (WHO,1999). Despite the fact that the meaning of these two terms may differ from nation to nation, they reflect the continued development and maturation, prior to entering

adulthood (UNFPA, 2020). Accordingly, Ethiopia's national youth policy (2004) defines youth as those aged between 15-29. USAID (2017) indicates that more than 28.1 (27%) million are youth aged 15-29, out of 104 million of the total population of Ethiopia.

The study conducted in Ethiopia by Marie Stopes International Ethiopia (MSI-E) (2014) reveals that youths of 15 to 24 years of age experience high rate of HIV, sexually transmitted infections (STIs), unplanned pregnancies, and maternal morbidity and mortality. Similarly, UNFPA's (2022) report on Ethiopia shows the country's unemployment rate for youth aged 15 to 24 was 2.78%, while the prevalence of contraception was 37.8% and there was a 20.6% unmet demand for family planning as well as the HIV prevalence for male and female aged 15 to 24 was 0.2 and 0.4%, respectively in 2018.

Hence, this active reproductive age group of the population needs access to high-quality and age-appropriate sexual and reproductive health (SRH) services. Hence, several evidences demonstrate that effective strategies to meet these goals are still being developed. Looking for and disseminating successful approaches can help governments, communities, health providers and young people themselves meet the needs of this diverse and growing group.

Ethiopia has young populated with ages 10-24 constituting 42.6 million of the total population of 104 million of the country in 2017. Obviously, such a large young population is a challenge for the country to provide social services such as health service, education and employment opportunities (USAID,2017). However, if the young population is managed properly, they are an incredible asset and untapped resource for fast development of the country.

Aspiring to open new job opportunities for this young population and to meet the Sustainable Development Goals, and thereby to propel the country to middle-income status by 2025, the Ethiopian Government has invested heavily in developing export-oriented manufacturing industrial parks. Several of these parks are currently operational and have employed tens of thousands, nearly all of whom are young and most of whom are female, poorly educated, and moved to urban from rural areas (UNIDO, 2014).

According to the researcher's observations, Ethiopia's young people are growing in a setting that is undergoing dynamic change. This intricacy may either present opportunity or a challenge for survival, depending on the particular circumstances of the place where they live and the economic conditions. Being young is a life-transitioning stage in which young people are especially vulnerable to health risks, including sexual and reproductive risks like HIV/AIDS, unintended pregnancy, unsafe abortion, early marriage and childbearing, and sexually transmitted infections (STI).

This study was designed in order to identify the factors influencing the utilization of reproductive health care among young employees who are working in *Kombolcha* Industry Park. The study assesses the state of utilization of reproductive health services among young employees in *Kombolcha* Industry Park and identifies factors that affect the utilization of reproductive health services in the study area, with potential recommendations to improve service delivery and utilization based on the findings.

Research Methodology

The study employed a descriptive cross-sectional research design along with a quantitative research approach. The population of the study consisted of all youth employees at *Kombolcha* Industry Park between the ages of 17-28. The data were

collected from June -November 2021 using questionnaire, observation and document analysis.

Sample Size Determination

The study employed single population proportion, determination formula to estimate sample size of margin error =5% and significance level - CI =95%, n = the desired sample size $z = 1.96$, which corresponds to 95% confidence level, d = permitted error (5%, if the confidence level is 95%), 0.05, $q = 1$, $p = 57\%$ magnitude of utilization of RH services from a study done in Harar (Aboma *et al.*, 2016).

$$q = 1 \qquad n = (1.96)^2 (1-.57)/(.05)^2$$

$$n = \frac{Z^2(p-q)}{d^2} \qquad n = 376.630464 = 377 + 38 = 415$$

So, the sample size was 377 plus an extra 10% of 38 questionnaires to safeguard against a low non-response rate. Based on the above sample size determination, the total number of respondents that were involved in this study was 415. A multi-stage sampling method was used to select the study respondents. The park has eight factories, which have 17,150 regular employees. The stratified random sampling method was employed to group into age groups 17–20 and 21–28, as the developmental stage and psychosocial background of these two groups are different. After taking the number of employees in the departments of each group, which makes up the total number in each of the two groups, population proportion to size was done to obtain the number of employees that became involved in the study from each group. Finally, a random selection of these proportionally allocated numbers

of employees in each year of service in the two groups that make up a total of 415 respondents were selected.

Data Collection Tools

Data were collected using self-administered questionnaires initially prepared in English and later translated into the local language, Amharic, and translated back to English. The questionnaires contain questions on demographic characteristics, knowledge, socio-cultural and economic factors, peer influence, health care system, and utilization of reproductive health services.

Data collectors and supervisors, two diploma and two BSc holders, respectively, who have experience in the provision of health services, were recruited. The data collectors and supervisors were trained for two days before the pretest on the objective of the study, on issues related to data collection, tools of data collection, interview technique, and content of the questionnaire. These include how to collect accurate data and check the completeness of the data to maintain data quality. Every day, questionnaires were reviewed and checked for completeness by the data collectors and supervisors, and the necessary feedback was offered to the collectors in the morning before data collection. The tools were pretested for enhancement, reliability, and quality of data on 21 (5%) of the total respondents who did not participate in the final data collection of the study but shared similar characteristics with the study sample respondents in *Kombolcha* Industry Park. The study was also employed observation and document analysis.

Data Analysis Method

Descriptive analysis is the type of data that helps describe, present, interpret and summarize data points in a useful way in order for patterns to appear that satisfy each requirement of the data. Data were analyzed using SPSS version 21. Descriptive statistics such as frequencies, proportions, and numerical summary measures with tables were used to describe the data.

Socio-Demographic Characteristics

Table 1. Distribution of respondents by their basic socio-demographic characteristics

Socio-demographic Characteristic	Type	F	%
Age Groups (years)	17-20	180	43.4
	21-28	235	56.6
	Total	415	100
Sex	Female	334	80.5
	Male	81	19.5
	Total	415	100
Education	Read and write	74	17.8
	Primary School	127	30.6
	Secondary School	149	35.9
	Certificate	65	15.7
	Total	415	100
Marital status	Single	267	64.3
	Married	77	18.6
	Divorced	65	15.7
	Widowed	6	1.4
	Total	415	100

Socio-demographic Characteristic	Type	F	%
Employee's origin	Urban	87	21.0
	Rural	328	79.0
	Total	328	100
Employee's years of service	Less than 1 Year	98	23.6
	1 Year	174	41.91
	2 Years	92	22.2
	3 Years	30	7.2
	4 Years	21	5.1
	Total	415	100
Employee's monthly average income	Less than 1000	74	17.8
	1000-2000	303	73.0
	2001-3000	38	9.2
	Total	415	100

Source: Own Survey, 2021

Table 1 above shows that female employee respondents comprised 334 (80.5%) with ages ranging between 21-24 years, 180 (43.4%) and 17-20 years, 235 (56.6%). Concerning the educational background of respondents, 350 (84.3%) attended secondary and primary education and were able to read and write, the remaining respondents, 165 (15.7%) attended certificate or diploma level education. Regarding marital status, 267 (64.3%) respondents were single, 77 (18.6%) were married, and 65 (15.7%) were divorced. The employees who were from rural areas constituted 328 (79%) and the rest 87 (21%) were from urban areas. Concerning the distribution of the respondents based on their year of service, 174 (41.9%) of the employees have been in this industry park for one year. The average monthly income for 303 (73%) of the employees was between 1000-2000 ETB. Thus, analysis of Table 1 shows that the participants were found at active sexual reproductive

age, came from scarce sexual reproductive health areas, were less educated, and the majority of them were single females. In light of this, they need planned, accessible, safe and youth-friendly sexual reproductive service delivery.

Current Utilization of SRH Services

Table 2. Current utilization of SRH services of youth employees

Utilized RH Services	Response	F	%
Utilized any type of RH services	Yes	154	37.1
	No	261	62.9
	Total	415	100
SRH information	Yes	151	36.4
	No	264	63.6
	Total	415	100
Voluntary testing and counseling	Yes	131	31.6
	No	284	68.4
	Total	415	100
Sexually transmitted infections (STI) diagnosis and treatment	Yes	137	33.0
	No	278	67.0
	Total	415	100
Contraceptive methods	Yes	150	36.1
	No	265	63.9
	Total	415	100
Type of contraceptives (Methods) used	Male Condom	62	14.9
	Female Condom	5	1.2
	Pills (Regular)	58	14.0
	Post Pill	11	2.7
	Injectable	10	2.4
	Implants	4	1.0
	Total	415	100

Source: Own Survey, 2021

Out of 415 employee respondents, 154 (37.1%) used some reproductive health service in the previous six months. According to Table 2 above, 151 respondents (36.4%) used health workers' SRH information services, followed by 131 (31.6%) who used voluntary testing and counseling services, 137 (33%), and 150 (36.1%) used sexually transmitted infection diagnosis and treatment, and contraceptives, respectively. The analysis reflects that 62 (14.9%) of them used male condoms, 58 (14%), normal pills, 11 (2.7%) post-pill (emergency contraceptives), and 10 (2.4%) used injectable contraceptives, such as Depo-Provera. In general, the respondents' use of sexual and reproductive services across all service categories was low and constituted 37.1%. Thus, it is necessary to pay greater attention to boosting the use of a variety of services in the industrial park.

Factors Affecting Current Utilization of SRH Services

Peer Influence Factors

Table 3. Peer Influence Factors of Youth Employees Using SRH Services

Perceptions toward peers	Response	F	%
Easy to get information about RH services from friends/ peers	Strongly Agree	100	24.1
	Agree	144	34.7
	Disagree	112	27.0
	Strongly Disagree	59	14.2
	Total	415	100
Some friends / peers shared information about importance of RH services	Strongly agree	97	23.4
	Agree	172	41.4
	Disagree	82	19.8
	Strongly Disagree	64	15.4
	Total	415	100
Positive peer group attitude towards SRH services or its utilization	Strongly Agree	116	28.0
	Agree	129	31.1
	Disagree	90	21.7
	Strongly Disagree	80	19.3
Required to get approval from friend / peer on utilization of RH services	Strongly Agree	71	17.1
	Agree	175	42.2
	Disagree	91	21.9
	Strongly Disagree	78	18.8
	Total	415	100
Peer group attitude towards utilization of SRH services affected decision to visit clinic	Strongly Agree	61	14.7
	Agree	70	16.9
	Disagree	161	38.8
	Strongly Disagree	123	29.6
	Total	415	100
Friends / peers supported to use RH	Strongly Agree	47	11.3
	Agree	118	28.5

Perceptions toward peers	Response	F	%
services	Disagree	142	34.2
	Strongly Disagree	108	26.0
	Total	415	100
Friends / Peers discouragement to use RH Services	Strongly Agree	57	13.7
	Agree	99	23.9
	Disagree	97	23.4
	Strongly Disagree	162	39.0
	Total	415	100
Fear of being seen by peers/friends for utilization of RH services of park/work area clinic or anywhere else	Strongly Agree	62	14.9
	Agree	120	28.9
	Disagree	96	23.1
	Strongly Disagree	137	33.1
	Total	415	100
Getting of embarrassment because of being seen by peer/friend during/ after utilization RH services	Strongly Agree	77	18.6
	Agree	59	14.2
	Disagree	115	27.7
	Strongly Disagree	164	39.5
	Total	415	100

Source: Own Survey, 2021

According to Table 3 above, out of the 415 respondents, 244 (58.8%) agreed and strongly agreed that it was easy to get information about reproductive health services from their peers; 269 (64.8%) agreed and strongly agreed some of friends / peers shared about the importance of reproductive health services ; and 245 (59.1%) of the respondents agreed and strongly agreed that their peers' attitudes toward reproductive health services or their utilization in the last six months were favorable. There were 246 respondents (59.3%) who agreed and strongly agreed that they preferred to acquire their peers' consent before using RHS. Of the respondents, 131 (31.6%), agreed and strongly

agreed that their peers' perceptions or use of reproductive health services had an impact on them.

Of the total respondents of the study, 26 (19.9%) of them agreed and strongly agreed that their peers' attitudes toward reproductive health services or their use of them had a positive impact on their decision to seek SRH services, while 15 (11.7%) agreed and strongly agreed that they had a negative impact. Of the study respondents 165 (39.7%) reflected they agreed and strongly agreed that they received peer support to access reproductive health services, while 250 (60.3%) indicated that they strongly disagreed and disagreed that they did not.

Out of the entire study respondents, 156 (37.6%) of them agreed and strongly agreed that, in the previous six months, they had been discouraged by their peers from using reproductive health services, 182 (43.9%) of them agreed and strongly agreed that using sexual and reproductive health services had caused them to experience dread of being seen by their friends or peers. There were 136(32.8%) respondents who agreed and strongly agreed that they felt embarrassed after using sexual and reproductive health services at their campus clinic in previous six months.

Table 4. Health system and service provider attitude influence on youth employees' utilization of SRH service

	Response	F	%
Visited work area clinics for SRH service	Yes	226	54.5
	No	189	45.5
	Total	415	100
	Satisfaction with the services received	Yes	200
	No	215	51.8
	Total	415	100
	Reason for non-satisfaction	Too long waiting hours	206
	Unfriendly service provision	143	34.5
	Absence of service needed	66	15.9
	Total	415	100
	Visited the park/work area clinics for Reproductive Health facility but missed the service required	Yes	160
	No	255	61.4
	Total	415	100
	Reason for missing the service you required	Waiting hours too long	71
	Service provider harsh/unfriendly	35	8.4
	Didn't get the service needed	42	10.1
	Fear of being seen by patients or peer who know them	12	2.9
	Total	415	100
	Perception on main obstacles that prevent the youth in the park/work area from getting RH services	Providers fail to keep privacy and confidentiality	53
	Poor handling by health employees	170	41.0
	Too much waiting time to get the service	116	28.0
	Inconvenient time	76	18.2

	of service		
	Total	415	100
Preferences to be youth RHS provider	Young provider of the same sex	104	25.1
	Young provider of any sex	114	27.5
	Adult provider of the same sex	87	21.0
	Any provider could be	110	26.5
	Total	415	100
Evaluation of handling of SRH by the service providers in the clinic	Good-friendly, welcoming,	256	61.7
	Moderate- but asked too many unnecessary questions	159	38.3
	Total	415	100

Source: Own Survey, 2021

According to Table 4 above, 226 (54.5%) of the 415 respondents have visited work area clinics for reproductive health services, 189 (46%) respondents reported responded negatively as they did not visit for different reasons. About 200 (48.2%) respondents reported being satisfied with the services provided, 215(51.8) some the respondents indicated dissatisfaction. The group who visited the center were indicted as having too long waiting times, which was one of the primary reasons cited by 206 (49.5%) respondents as to why they were unsatisfied with the services provided. Other reasons include receiving youth -unfriendly service 143(34.5%), and the absence of needed services 66 (15.9%).

Regarding the respondents' perceptions of the major barriers from using reproductive health care, 170 respondents (41%) experienced unsatisfactory

treatment from health staff; 116 respondents (28%) noted lengthy wait times; and 76 respondents (18.3) reported inconvenient service hours. 53 of them (12.8%) claimed that the suppliers did not uphold confidentiality and privacy. Regarding the preference for young providers of services for youth reproductive health, 104 respondents (25.1%) prefer young providers of the same sex, 114 respondents (27.5%) prefer young providers of any sex, 87 respondents (21%), adult providers of the same sex, and 110 respondents (26.5%) prefer any provider.

Table 5. Knowledge of the respondents on utilization of specific RH services

Provided types of SR Services	Response	F	%
Ever heard of reproductive health services?	Yes	265	63.9
	No	150	36.1
Types of reproductive health Services you know	Information	143	34.5
	VCT	196	47.2
	STI	42	10.1
	Contraceptive	34	8.2
	Total	415	100
Do you know about where to get RH Services?	Yes	250	60.2
	No	165	39.8
	Total	415	100
If you have RH problem & need services, where do you go first for counseling and support?	The park/ Work place Clinic	200	48.2
	Government health facilities	166	40.0
	Private health facilities	49	11.8
	Total	415	100

Source: Own Survey, 2021

From a total of 415 respondents, 265 (63.9%) of them have heard about reproductive health service in the last six months. With regard to the knowledge on the type of RH service, 196(47.2)of them know about VCT services,143 (34.5 %) know about information services ,42 (10.1%) of them know about STI services; and 34 (8.2%) of them know about contraceptive methods. Regarding their knowledge about where they can get RH services,250 (60.2%) of them know where they can get RH services, whereas 165 (39.8%) of them do not know. Concerning the knowledge on what services are being offered in the campus clinic, 142 (34.2 %) of the respondents reported that they know that contraceptive services are being offered in the campus clinic, 120 (28.9%) of the respondents reported that information services are being offered in the campus clinic, 100(24.1 %) VCT, and 33 (8%) STI of the respondents reported that information services are being offered in the campus clinic.

Regarding some of the individual factors addressed in this study, including preference of health institutions for seeking care in cases of occurrence of reproductive health problems, 197 (47.5%) of the respondents prefer campus clinic, 166 (40%) of them prefer other government health facilities, and 49 (11.8%) of them prefer private health facilities.

The other individual factors addressed include having a boyfriend and history of sexual intercourse.213 (51.3 %) of the respondents had a boyfriend in their stay in the campus and 137 (33%) of them had history of sexual intercourse.

Associated factors on current utilization of SRH services

Table 6. Predicting factors for current utilization of SRH services

Factors for current utilization of SRH Services	Current utilization of SRH services			
	Yes		No	
	F	%	F	%
Preferring to get approval of peer for SRH service utilization	238	57.3	177	42.7
Peer attitude affected utilization of SRH service	281	67.7	131	32.7
Supported by peer to utilize service	165	39.8	250	60.2
Discouraged by peer to use SRH service	275	66.3	140	33.7
Encountered fear of being seen by peer using SRH service	235	56.6	180	43.4

Source: Own Survey, 2021

Table 6 above shows the current utilization of SRH services, which was assessed against predicting factors. These factors, which were positively or negatively affecting the youth employees' utilization of SRH services were analyzed in terms of frequency and percentage. Of the study participants' 281 (67.7%) clearly indicated that the attitude of peer toward utilization of RH services and 275(66.3%) of them were experienced of discouragement to use RH services. As a result, both factors were significantly affecting the current utilization of SRH services. Those who preferred to get the approval of a peer for SRH service utilization had constituted 238(57.3%) compare to 177 (42.7%) those who did not prefer peer approval. The result showed that peer pressure as one of the affecting factors on the current utilization of SRH services at the study area. Those respondents 131 (32.7%) who responded as peer attitude doesn't affect utilization of RH services were more likely to utilize SRH services than their counterparts.

Those respondents whose decision to visit the clinic was not affected by the negative attitude of their peers towards utilization of reproductive health services were nearly constituted 131 (32.7%) compare to those 281(67.7%) who utilize SRH services. This shows that peer attitude is one of the affecting factors of SRH service utilization at the study area.

The respondents who had experienced of discouragement to use RH services were two times 275(66.7%) less utilizing of SRH services compare to those 140 (33.7%) who had no experienced of discouragement to use RH services. Respondents who did not encounter fear of being seen by peers while using SRH services were constituted 180 (43.4%) compare to 235 (56.6%) respondents who had encountered fear of being seen by peers while utilizing RH services. This is also reflective as peer pressure plays significant role in youth employees' utilization of SRH services.

Conclusions and Recommendations

Conclusions

The findings showed that a low and insufficient rate of 37.1% of the young people employed at *Kombolcha* Industry Park were using SRH services. The main causes of this were lack of knowledge about the reproductive health services offered, as well as fear of being exposed, and the feeling of shame when using the services. Lack of qualified healthcare professionals, lack of supplies, and lack of trust among young employees in the provider's ability to perform services are all factors related to the health system and healthcare providers.

The sociodemographic characteristics like sex and peers or friends, who have a big impact on how people use SRH services, were dependent on the predictors of current SRH service use. The SRH services provision require more focused and organized ways of dealing with diverse nature of the services -users.

Recommendations

Based on the findings of the study, the following recommendations are made in order to boost the acceptance of RH service utilization:

- The health and SRH service center of the industrial park must be strengthened with the requisite equipment, facilities, and qualified personnel.
- The youth's familiarity with SRH issues should be more promoted to make the services accessible to them.

- Peer educators should be prepared and taught to raise the youth employees' awareness of SRH services and their use in order to encourage the development of a good peer attitude.
- For young workers who want to get SRH services, healthcare providers should serve the service users with courtesy and friendly.
- Further study is recommended to be conducted by researchers to develop youth-friendly SRH service utilization at different industrial parks.

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