



INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)  
SCHOOL OF SOCIAL WORK

ASSESSMENT OF KNOWLEDGE ABOUT REPRODUCTIVE RIGHTS AMONG YOUTHS  
IN ADDIS ABABA CITY ADMINISTRATION, A CASE OF BLUE NILE CHILDREN'S  
ORGANIZATION IN ADDIS ABABA, ETHIOPIA

By:

TILAHUN SEYOUM ZELEKE

May, 2016

Addis Ababa, Ethiopia



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Dissertation Work Submitted for the Partial Fulfillment of the Requirements for The School of  
Social Work Masters Degree.

Indira Gandhi National Open University (IGNOU)  
School of Social Work Masters Degree

Advisor: Mosisa Kejela (Mr.)

May, 2016

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## DECLARATION

I hereby declare that the dissertation entitled: ASSESSMENT OF KNOWLEDGE ABOUT REPRODUCTIVE RIGHTS AMONG YOUTHS IN ADDIS ABABA CITY ADMINISTRATION, A CASE OF BLUE NILE CHILDREN'S ORGANIZATION IN ADDIS ABABA, ETHIOPIA submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University (IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or any other institution for the fulfillment of the requirement for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from earlier work done by me or others.

Place: Addis Ababa, Ethiopia

Signature: \_\_\_\_\_

Date: May, 2016

Enrolment No.ID1322456

Name: Tilahun Seyoum Zeleke

Address: Addis Ababa, Ethiopia

CERTIFICATE

This is to certify that Mr.Tilahun Seyoum Zeleke student of MSW from Indira Gandhi National Open University (IGNOU), New Delhi was working under my supervision and guidance for his/her Project Work for the Course MSWP-001. His Project work entitled ASSESSMENT OF KNOWLEDGE ABOUT REPRODUCTIVE RIGHTS AMONG YOUTHS IN ADDIS ABABA CITY ADMINISTRATION, A CASE OF BLUE NILE CHILDREN'S ORGANIZATION, IN ADDIS ABABA, ETHIOPIA which he is submitting, is his genuine and original work.

Place: Addis Ababa

Signature \_\_\_\_\_

Date:

Name

Address of the Supervisor

Phone No.

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## ACRONYMS

AIDS:	Acquired Immuno Deficiency Syndrome
BNCO:	Blue Nile Children Organization
CEDAW:	Committee on the Elimination of Discrimination Against Women
CSOs:	Civil Society Organizations
FDRE:	Federal Democratic Republic of Ethiopia
FGD:	Focus Group Discussion
FP:	Family Planning
HIV:	Human Immuno Virus
ICT:	Information Communication Technology
IEC:	Information Education and Communication
IPPF:	International Planned Parenthood Federation
MDGS:	Millennium Development Goals
MOH:	Ministry of Health
NGO:	None-Governmental Organization
RH:	Reproductive Health
SRH:	Sexual Reproductive Health
STIs:	Sexually Transmitted Infections
UN:	United Nations
UNAIDS:	United Nations Aid for International Development
UNESCO:	United Nations Economic Social and Cultural Organization
UNFPA:	The United Nations Population Fund
UNHCR:	United Nations Higher Commissioner for Refugees
USA:	United State of America
VCT:	Voluntary Counseling and Testing
WHO:	World Health Organization

## ABSTRACT

This research is conducted in the Blue Nile Children Organization (BNCO) in Kolfe-Keranio sub city, Addis Ababa City Administration. The general objective of the study is to contribute towards the research community by making assessment on the knowledge about reproductive rights among the youth. In undertaking this study, quantitative and qualitative method of research employed. The quantitative data collected through interview schedule by administering questionnaire to 75 respondents who were selected using purposive sampling technique. Data collected analyzed through Microsoft Excel program. The qualitative data was collected using Interview guide, Focus Group Discussion guide and Observation Guide tools by asking questions to the youth, health workers, social workers, and NGO directors. The result of the study indicates that the knowledge of the respondents about reproductive right is not in-depth or comprehensive. Based on this finding it was recommended that further Information, Education and Communication programmes has to be implemented by all concerned stakeholders to improve the knowledge of the youth about reproductive right issues.

# CHAPTER ONE

## 1. Introduction

### 1.1. Background of the study

Youth have the right to lead healthy lives – and have repeatedly shown that given the tools, they can and will protect themselves from negative sexual health outcomes. Globally, we must invest in, and continue to work toward respect and opportunity for, all young people (Population Reference Bureau, 2013).

According to United Nations Educational, Scientific and cultural Organization (UNESCO, 2015), “Youth” is best understood as a period of transition from the dependence of childhood to adulthood’s independence and awareness of our interdependence as members of a community. Youth is a more fluid category than a fixed age-group. However, age is the easiest way to define this group, particularly in relation to education and employment.

Hence, “youth” is often indicated as a person between the age where he/she may leave compulsory education, and the age at which he/she finds his/her first employment. This latter age limit has been increasing, as higher levels of unemployment and the cost of setting up an independent household puts many young people into a prolonged period of dependency.

The first comprehensive statement of human rights, the Universal Declaration of Human Rights, adopted by the UN General Assembly in 1948, failed to mention reproductive rights at all. It was not until 20 years later, at the international human rights conference held in Teheran in 1968, that human reproduction became a subject of international legal concern. The Final Act of the Tehran conference included a provision stating: "parents have a basic human right to decide freely and responsibly on the number of spacing of their children and a right to adequate education and information in this respect" (Lynn P. Freedman & Stephen L. Isaacs, 1993, P20). The Federal Democratic Republic of Ethiopia's Ministry Of Health National Adolescent and Youth Reproductive Health Strategy document indicted that adolescents and young people ages 10 to 24 are the largest group ever to be entering adulthood in Ethiopian history. This cohort of 21 million makes up 30% of total population. This strategy calls for immediate tailored and targeted interventions to meet the diverse needs and realities of young people. Ethiopia is at a crucial point, facing a large rapid population growth, 2.6% per annum, which puts tremendous pressure on the country's health service infrastructure. One of the most effective interventions to address the rapid population growth is to empower young people to make informed choices on their reproductive health, including their desired fertility. (MOH, 2006).

Young people's knowledge of reproductive rights as early as possible would help in the promotion of their healthy reproductive role that prevents them against potential reproductive health problems. However, Young people's knowledge about reproductive rights and its impact on them in countries like Ethiopia has been largely ignored until recently (WHO, 2010:14).

However, despite these global and national situations about youth reproductive right issues, most study report concentrated on reproductive health aspects instead of reproductive right aspect of the youth. There is scarcity of research on the level of knowledge about reproductive right issues among the youth in Addis Ababa city administration.

Therefore, the aim of this study was mainly to assess the knowledge of the Youth regarding reproductive right issues in Addis Ababa City Administration of the Federal Democratic Republic of Ethiopia.

## **1.2. Statement of the problem**

Over 13 years after the Millennium Declaration (2000), and the subsequent adoption of the Millennium Development Goals (MDGS), development successes and challenges clearly demonstrate that the next framework must include reproductive rights as essential priorities. Lack of access to reproductive rights prevents individuals from realizing their basic human rights and restricts the ability of people to take control of decisions concerning their health and education, and their participation in social and economic life. The lack of access to reproductive rights can worsen already existing inequalities, perpetuate cycles of poverty, and widen levels of inequality between and within countries. Universal access to reproductive rights enables women, men and young people around the world to exercise control over their sexuality and reproduction. It extends equal opportunities and rights, and enables all people to have a safe and

Satisfying sexual life and have control over their bodies without coercion, violence or discrimination. It allows women, men and young people to have children by choice, not by chance. Many youth people are less informed, less experienced, and less comfortable accessing health services for Reproductive Health (RH) than adults. Youngsters often lack basic RH information, knowledge, and access to affordable confidential RH Health services. (WHO, UNFPA, UNHCR, 2009 & IPPF, 2014).

There are approximately 1.76 billion young people in the world, and a significant proportion of this, say over 70% live in developing countries and make up a large portion of the population of these states (Russell, Jacobsen & Stanley, 2013:1). Young people ages 10-24 account for 25 percent of the world's population: a total of 1.8 billion, most of them are living in low- and middle-income countries. They face significant challenges, including HIV, Sexually Transmitted Infections, adolescent pregnancy, unsafe abortion, and gender-based violence.

The United Nations Population Fund (2010) noted that despite the right to contraceptive information and services of the young person's is recognized by the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women (CEDAW Committee), young person frequently encounter significant barriers to accessing contraceptive information and services, leading to high rates of unintended pregnancy and increased risk of contracting HIV and STIs. Lack of evidence-based sexuality education and information hampers

young person's ability to make informed decisions around contraceptive use, which in turn leads to high rates of teenage pregnancy and high abortion rates among young women.

The same document indicated that in spite of the Convention on the Rights of the Child's recognition of the "evolving capacities" of young person's to make decisions in matters affecting their lives, many states require parental consent in order for youngster's to access contraceptive information and services which can deter them from seeking necessary reproductive health services. Stigma around young person sexuality may similarly deter them from seeking such services or may result in denials of reproductive health services, even where parental consent is not required. Young people between the age of 15 and 24 years are both the most threatened population, accounting for half of all new cases of HIV and the greatest hope for turning the tide against AIDS. (Bayissa, Negera, Tolesa, & Tegegne, 2015).

In Ethiopia, about 16% of unmarried female youth reported sexual debut. Of which 24.6% had two or more sexual partners but only 10% of them used condom during sexual intercourse. In Amhara region, where the study was conducted, pre-marital sexual debut was reported as early as 12 to 13 years. It is not uncommon for female students to establish sexual networks with local businessmen and uniformed men in return for money and gifts. (Mulugeta & Berhance, 2014). About 12,000 young people (aged 10-19) died of AIDS in 2013 (UNAIDS, 2013) in the country. This estimate shows that young people in Ethiopia are facing the challenges related to fulfilling their reproductive rights.

However, there is a scarcity of research made in Ethiopia regarding the knowledge of reproductive rights among the youth in Addis Ababa City Administration. A study made in this area shows that although there is a high awareness about HIV/AIDS prevention methods among youth, in Ethiopia, the problems are still rampant which indicates lack of comprehensive knowledge about its prevention methods among young peoples. This study have recommended for further study in the reproductive right issues since there is scarcity of studies that assessed comprehensive knowledge levels of out-of-school and rural youths in Ethiopia. (Gemechu K, Lemessa O, Yadeta D, Direslgne M, 2015).

Another assessment made by Oljira, L., Berhane, Y., and Worku, A. (2013) conducted on the comprehensive HIV/AIDS knowledge level among in-school adolescents in eastern Ethiopia concluded that, in general, only about a quarter of in-school adolescents had comprehensive HIV/AIDS knowledge. Although the female adolescents are highly vulnerable to HIV infection and its effects, they were by far less likely to have comprehensive HIV/AIDS knowledge. HIV/AIDS information, education and communication activities need to be intensified in high schools.

To conclude from the above literatures the reproductive right issues have not been deeply studied because they mostly deal with HIV/AIDS and other health aspects only. Above all, most of the studies reviewed were conducted in setups like university and schools. But, up to the knowledge of the researcher there is scarcity of research on areas of knowledge of reproductive rights



specifically among the youth who receive care and support by other helping organizations in their community. Therefore, this study was aimed to make assessment of knowledge about reproductive rights among the youth by making particular focus on those youth who are under the care and support program of the Blue Nile Children Organization in Kolfe-Keranio sub city of Addis Ababa City Administration.

### **1.3. Objectives of the study**

#### **1.3.1. General objective**

The general objective of the study is to contribute towards the research community by making assessment on the knowledge about reproductive rights among the youth.

#### **1.3.2. Specific objectives**

The specific objectives of the study are three as described below:-

**1.3.2.1.** To assess the knowledge of the study group about reproductive right issues

**1.3.2.2.** To identify factors that contributed towards the knowledge of reproductive rights among study groups.

**1.3.2.3.** To identify possible future actions to improve the current level of knowledge about reproductive right issues among the study group.

### **1.4. Research questions**

The research questions include the followings:

- 1.4.1. What knowledge does the study population have about reproductive right issues?
- 1.4.2. What factors contributed towards the knowledge of the study population about reproductive right issues?
- 1.4.3. What can be done to improve the knowledge of the study population about reproductive right issues?

## **1.5. Significance of the study**

The main reason to conduct this study was emanated from the scarcity of the study made in areas of youth knowledge about reproductive right issues. The outcome of this study is expected to fill-gap in this area of research. This study, then, will directly contribute to the undertaking of similar researches standing as reference point. The result of the study will also help likeminded organizations working in the area of youth reproductive right by helping them identify the situation of the youth in respect of knowledge of reproductive right issues. Youth programmer, policy makers, practitioners, social worker, human right activists, etc will make use of it during planning, implementing and monitoring their youth reproductive right and related activities. Also it is believed that similar further studies can be done making this one as an initial point.

## **1.6. Scope of the study**

The study is conducted to assess the knowledge of the youth about reproductive right issues. The scope of the study consists of the beneficiaries of Blue Nile Children Organization (BNCO) that is currently operational in Kolfe-Keranio Sub City of the Addis Ababa City Administration. The organization is currently assisting about 350 (out of which 145 are males and 205 are females) poor youth.

### **1.7. Limitations of the study**

In undertaking this study, the researcher has encountered some challenges. The scarcity of data on the profile of young people in terms of their knowledge about reproductive rights has reduced the effort of the researcher to make precise information assessment on significant youth reproductive right knowledge situations and produce complete description of the knowledge situation about the youth regarding reproductive rights. As a result the researcher tried to get deep information from the study population to augment that shortage of information. Also the researcher faced time and financial constraint to undertake the. The researcher tried to compensate time and financial constraints by working on holidays, weekends and mid-night time. Apparently, the aforementioned constraints might have their negative bearing on the quality of the study report.

### **1.8. Operational definition**

In order to maintain clarity/precision and consistency in this research, the definitions of terms are indicated as follows:

**Reproductive rights:** - this study defines reproductive rights as that embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. Reproductive rights embrace certain human rights recognized in national and international legal and human rights documents.

- The rights of couples and individuals to decide freely and responsibly the number and spacing of their children, and to have the information and the means to do so;
- The right to attain the highest standard of sexual and reproductive health; the right to make decisions free of discrimination, coercion or violence.

According to African Union (2006), reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community.

**Youth:** since different countries define ‘youth’ in a different way, in this study youth is defined as part of the society who are between the ages of 15-29 years. This definition is based on the Ethiopian Youth Policy’s definition provided.

### **1.9. Chapter plan**

This research work is organized into five chapters. Accordingly, chapter one covers the introduction part wherein background of the study, statement of the problem, objectives of the study, research questions, significance of the study, scope of the study, limitation of the study, and operational definition. Chapter two covers review of related literatures in which interrelated previous research works by other researchers in field of reproductive right issues get reviewed. Chapter three deals about the research design and methodology in which topics of research design, research methods, study population, sampling, data collection tools and ethical considerations described. Chapter four concentrate on the data analysis and interpretation in which described the data collected get analyzed and interpreted. Finally, chapter five deals with the conclusions and recommendations of the study.

## **CHAPTER TWO**

## **2. Review of related literature**

A review done by Omo-Aghoja's (2013) on sexual and reproductive health: concepts and current status among Nigerians indicated that, “ a society where individuals have knowledge, skills and resources to enjoy their sexuality is one we must all aspire to be part of and bequeath to future generations”(p.110).

M. Tsegay (personal communication, 2015) suggested that “Strategies to enhance and improve open communication on sexual and reproductive health between parents and students, as well as peer-to-peer education in schools, should be developed and strengthened as a means of increasing awareness about SRH issues (p.39)”.

A qualitative research review made on the challenges to youths accessing sexual and Reproductive health information and services in Southern Africa identified that three main challenges to youths accessing sexual and reproductive health information and services emerged across the seven countries under review. These are poor communication between parents and youths, unfriendly health services, and negative influence from the media. (Jana, M., Mafa, I., Limwame, K., & Shabalala, A., personal communication, 19-22 September 2012).

An Institution-based cross-sectional study conducted to identify knowledge of reproductive and sexual rights among university students in Ethiopia (Adinew et al 2013) found that the level of knowledge of the students' about reproductive and sexual rights is inadequate. According to this

study finding: attending private elementary and high schools, coming from urban areas, being second and third year student, belonging to the faculty of health sciences, discussing reproductive and sexual issues, participating in RH clubs, and utilization of RH services showed a positive and significant association with knowledge of reproductive and sexual rights. Based on the finding, this study made that recommendation that the ministry of education of Ethiopia has to incorporate reproductive and sexual rights education in the curricula of high schools and institutions of higher learning.

According to an assessment made on reproductive health service utilization and associated factors among adolescents (15-19 years old) in Goba town, southeast Ethiopia (Gebreselassie et al 2015) there is positive association between FP & VCT services utilization and having discussion on reproductive right issues with health workers, partners or peers/friends. The study shows those young people who have discussed with their sexual partner were more likely to utilize FP service and youth who had discussed with peer groups or friends and health workers were more likely to utilize VCT service than their counterparts.

A review made by Svanemyr's et al (2015) on creating an enabling environment for youth sexual and reproductive health indicated that mass-media and other across-the-board communication programs (e.g., edutainment) can add-value to increasing awareness and inspiring debate about reproductive right issues. In a number of settings, mass media programs when pooled with other community activities (e.g., the development of educational materials, supporting linkages to health services) have contributed to shifting reproductive health behavior and social norms among young people.

Another study by Tegegn, Yazachew and Gelaw (2008) indicated that young people often lack basic reproductive health information, knowledge, and access to health services for reproductive health. Many have less than favorable attitudes and do not feel comfortable to discuss reproductive health right issues with parents or other key adults. The major result of this study shows that majority of youngsters knew major health services for reproductive health and the main health service providers of reproductive health. The major sources of information for reproductive health were radio for 80.4% and television for 73% and school teachers for 71.8% of respondents. Based on this, their study concluded that the level of knowledge and attitude about health services for reproductive health, source of information for these services and service provider centers is hopeful. On the other hand, the responsibility of health professionals and families as the source of information for the young people seems to be low. It is suggested for enhancement by means of a more integrated approach involving stakeholders' above all young person families and health professionals who have a fundamental role to make sure adequate knowledge and favorable attitudes for utilization of the reproductive health services in their area.

A study made by Yadeta, Bedane, and Tura (2014) on factors affecting parent-adolescent discussion on reproductive health issues in Harar, Eastern Ethiopia showed that Open family discussion on reproductive health issues often leads to increased awareness on reproductive health matters and reduces risky behaviors among adolescents. The study concluded that Parent-adolescent discussion about reproductive health issues rarely occurs and is bounded by lack of knowledge, socio-cultural norms, and parental concern that discussion would encourage premarital sex. The study suggested that reproductive health programs should target on improving awareness of parents and addressing socio-cultural norms surrounding reproductive health issues.



A study made by Dittus, A. J. (As cited in Yadeta, Bedane, & Tura (2014) found that albeit parents are foremost sources of information on reproductive issues, there is stillness between most parents and their youngsters on these matters. Studies have shown that only 46%, 20%, and 20% of parents in USA, Lesotho, and Ethiopia, respectively, had discussed such issues with their adolescents. In China, only one-third of female youths talked to their mothers about sexual matters. As a result, most young person's inconsistent knowledge on reproductive health and right issues frequently comes from information shared by their same sex peers, who may or may not be well informed. This can lead to misinformation and the persistence of damaging myths, making young people vulnerable to unprotected sex, unwanted pregnancy, sexually transmitted diseases, and unsafe abortions.

Therefore, the researcher reviewed that even if there are different literatures indicating the study made on the knowledge of the issue of reproductive right among young people in different areas of the world, the situation of the most disadvantaged young people especially those who are currently under the care and support services of the non-governmental organizations have not been well studied. This study has been anticipated to augment the dearth of the study in such group of the population by focusing on the young people between the ages of 15 to 29 benefiting the humanitarian supports in selected areas of study.

## **CHAPTER THREE**

### **3. Research design and methodology**

#### **3.1. Research design**

A descriptive study design with qualitative and quantitative data and information collection methods is used to assess the knowledge of the respondents about reproductive right issues in the study area.

#### **3.2. Description of study area**

The research is conducted in Addis Ababa City Administration, the capital of the Federal Democratic Republic of Ethiopia. The study specially focuses on youth groups found in the Blue Nile Children Organization located in wereda 13 of Kolfe-Keranio sub city. According to the Federal Democratic Republic of Ethiopia Central Statistical Agency. (August, 2013) population projection estimate, the total population of Kolfe-keranio sub city is 500,163 out of which 240,983 are male and 259,180 are female. Relative to other sub cities of the capital city, Kolfe-keranio sub city is occupied with many poor and destitute (or low income) people who came to live there by migrating from other small town and rural places of the country at various times. The researcher decided to work on this topic after having made some exploratory interviews with people having expertise on these issues, stakeholders, and few target communities, reviewing relevant literature, and personal observation by directly visiting the organization.

#### **3.3. Research method**

Both quantitative and qualitative methods applied in this study. The study used a descriptive research method used to collect and analyze data and information from primary and secondary sources.

#### **3.4. Study population**

To address the gaps in knowledge of the knowledge of youth about reproductive right issues, a descriptive study was employed in the study population. The study population is selected from the beneficiaries of the Blue Nile Children Organization by choosing 30 male and 45 female youths from target population in the organization who are within the age range of 15-29 years old.

#### **3.5. Data source**

The data sources were made diverse to get the required information for the study. Information and data were collected from both primary and secondary sources as much as possible. Information collected from different health and social workers, leader of the NGO providing service to the youth and interview and FGD held with the study population. Different secondary reports were also reviewed to gather required data and information as much as possible.

#### **3.6. Sampling**

The primary target group the youth were selected from the total study population using non-probability sampling method. There are 350 youths (144 male & 205 female). The researcher

purposefully allocated quota of 30 male and 45 female to select 75 samples from the total study population. The reason for using purposive sampling method is due to its conduciveness to the researcher's experience as well as availability of the respondents to carry out the research.

### **3.7. Data collection tools**

Various tools were prepared and employed to gather primary data's and information's. The tools used to during the data collection include the followings:

#### **3.7.1. Interview schedule**

The researcher prepared interview schedule and get them pre-tested before final utilization for data collection. After the pre-test completed, a questionnaire was made consistent (uniform) and finalized for application on the study population. The questionnaire contained both close-ended and open-ended questions.

#### **3.7.2. Interview guide**

The researcher also prepared separate interview guide for social and health workers to collect information regarding their opinions/observation about knowledge of study population about youth reproductive right issues and suggestions based on the objective of the research. Based on the interview guide, they made their own suggestions pertinent to the objective of the study during an interview made by the researcher. About five professional including Health officer, head nurse, laboratory technician, HIV/AIDS counselors and social worker interviewed.

#### **3.7.3. Focus Group Discussions (FGDs) with study population**

In addition to the above tools, the researcher also used Focus Group discussions to collect information from the study population. 2 (two) FGDs conducted (1 for male group and 1 for female group) study population. About eight individuals participated per each FGD undertaken. The participants were selected purposely.

#### **3.7.4. Observation guide**

The researcher also used non-participant observation to gather information on the study population. Here it was tried to critically look at the feelings, emotions, and confidence of the respondents while giving answers to the various questions posed to them during the information gathering process. A guide/checklist was developed and used to guide and collect the information from the observation.

#### **3.7.5. Secondary data collection**

Moreover, secondary data collection also done by reviewing similar researches conducted by other researcher and reviewed other organizational reports and records in this area.

### **3.8. Data processing**

All data/information collected through Interview schedule and interview guide was firstly coded, scrutinized, or checked up on, verified/proofed, edited and arranged in sequence or orderly. For

this sheet was prepared to arrange data/information collected from respondents. Then, the researcher used descriptive statistics of per cent (%) calculation employed to analyze the data. Also the information collected through the FGDS and observation were first coded, categorized in to major thematic issues based on the objective of the study and the result summarized accordingly.

### **3.9. Ethical consideration**

The study data were collected after getting informed verbal consent from each study population and participants during the data collection process. Before data was collected, every respondent were informed about the objective of the study and their right to quit from the study at any interval of the data collection process. A private room was used to keep the privacy of the respondents during interview. They have been informed that their information will be kept confidential and not transferred to other party for another purpose not mentioned or included in to this study. Above all, they are not supposed to give their name for the sake of this data collection process so that they will not be identified in person.

## **CHAPTER FOUR**

### **4. Data analysis and interpretation**

## 4.1. Findings/results

The study has employed both the quantitative and qualitative methods of research to arrive at the conclusion and recommendation. Quantitative data analysis was done after the necessary check-up for errors, proofing, coding, of the data collected was made before the analysis started. After that the researcher used Microsoft Excel, for analysis of the collected data to produce per cent calculations of different data's. In addition, the qualitative information's collected through FGD, interview guide, observation guide and document review were analyzed using context analysis and text triangulation after the necessary coding is done. The coded information is summarized in narrative format and ordered according to the topic and objective of the study.

### 4.1.1. Socio-demographic characteristics of respondents

From the total 75 respondents interviewed, 30 are males and 45 are females. There is no incompleteness and inconsistency of responses. The data collected have been analyzed using Microsoft excel and interpreted accordingly based on the objectives of the study.

Table 4.1. Age and Sex distribution of respondents

Source: Own survey, 2015/2016.

Age group	Sex group					
	Both sexes		Male		Female	
	Frequency	%	Frequency	%	Frequency	%
0 to 4	0	0	0	0	0	0
5 to 9	7	9	2	7	5	11
10 to 14	20	27	8	27	12	27
15 to 19	30	40	13	43	17	38
20 to 24	10	13	4	13	6	13
25 to 29	8	11	3	10	5	11
Total	75	100	30	100	45	100

Socio- demographic information of study youths are shown in *table 4.1* above. As shown sixty four percent (64%) of the respondents are between 15 - 29 years of age groups. There is no respondent between the age group of 0-4. Therefore, majority of our respondents fall within youth age group (15-29) and that meets the criteria of Ethiopian youth policy definition of youth. All respondents have able to provide response to the interview schedule.



Table 4.2. Respondents' 10 years old and older by marital status, sex and age

Sex & Age group	Marital Status														
	Total	Never Married	%	Currently Married	%	Divorced	%	Separated	%	Widow/ Widower	%	Living together as husband and spouse	%	Not stated	%
Both sexes (10+)	68	44	65	5	7	1	1	1	1	0	0	5	7	12	19
10 to 14	20	20	29	0	0	0	0	0	0	0	0	0	0	0	0
15 to 19	30	16	24	1	1	0	0	0	0	0	0	2	3	11	16
20 to 24	10	5	7	2	3	0	0	0	0	0	0	2	3	1	2
25 to 29	8	3	4	2	3	1	1	1	1	0	0	1	1	0	0

Source: Own survey, 2015/2016.

As shown by *table 4.2* above, the respondents' marital status has been analyzed taking only age above 10 years. This is because it is hard to assume marriage below ten years. Based on this analysis, majority of the respondents (65%) were never married. only 7 respondents are currently married and there is no widow/widower. Here 19 % of the respondents not stated their marital status due to fear of somewhat they didn't want to mention. The study show that as age increases the marriage status increases from 1% to 3% as shown in the table.

*Table 4.3.* Respondents' 5 years old & older by literacy by sex and age

Age Group	Both Sexes		Male		Female		%		
	All persons	Literate Persons	All Males	Literate Males	All Females	Literate Females	Both sexes	Male	Female
Total 5+	75	75	30	30	45	45	100	100	100
5 to 9	7	7	2	2	5	5	100	100	100
10 to 14	20	20	8	8	12	12	100	100	100
15 to 19	30	30	13	13	17	17	100	100	100
20 to 24	10	10	4	4	6	6	100	100	100
25 to 29	8	8	3	3	5	5	100	100	100

Source: Own survey, 2015/2016.

As shown on *table 4.3* above the literacy level of the respondents indicates that all of the respondents (100%) are found to be literate. This indicates that the school enrollment of children in the study area is in a good situation. In this connection the result obtained from the personal interview made with NGOs manager shows that the government has made effort and given due

attention towards the creation of opportunity for all children for schooling by avoiding school registration fee at primary level.

Table 4.4. Respondents' 5 years old & older by school attendance, sex and age

Age Group	Both sexes	Currently Attending				Attending in the Past				Never Attended			
		Male	Female	Total	%	Male	Female	Total	%	Male	Female	Total	%
Total 5+	75	26	37	63	84	4	8	12	16	0	0	0	0
5 to 9	7	2	5	7	9	0	0	0	0	0	0	0	0
10 to 14	20	8	12	20	27	0	0	0	0	0	0	0	0
15 to 19	30	13	17	30	40	0	0	0	0	0	0	0	0
20 to 24	10	3	3	6	8	1	3	4	5	0	0	0	0
25 to 29	8	0	0	0	0	3	5	8	11	0	0	0	0

Source: Own survey, 2015/2016.

As shown by *table 4.4* above the result of the school attendance by the respondents indicates that 63% of them are attending school currently or during the time of this study, while 16% of them were attending school in the past. Majority of those respondents attending school currently fall between the age group of 10 to 19 making 67% of the total sample. On the other hand, those respondents who are attending school in the past fall between the age group of 20 to 29 indicating that as age increases school attendance rate decrease. The fact that the majority of respondents were found to be within the age group of 10 to 19 currently at school shows that there is wider chance to address them about information and education about the issue of reproductive rights at school level.

The information obtained during the interview made with the various professional (social workers, health workers, managers) shows that the local schools have different mini-medias that enables students to actively take part in giving and taking different forms of information to improve their awareness about HIV/AIDS, climate change, environmental sanitation, agriculture, and sexual and reproductive health issues. Hence the issue of reproductive rights can easily be addressed to create comprehensive knowledge in that respect among the young people.

Moreover, the information obtained shows that since most of the respondents are at an early age of youth hood, providing them the chance to get more and more information on different reproductive right issues from the point of view of human right would enable them to be empowered individuals who can lead their life with higher self-confidence, healthy way of life and all other positive livings by preventing unwanted pregnancy and risky sexual practices.

Table 4.5. Respondents' 5 years old and older attendance school by level, sex and age

Age & Sex	School Attendance											
	All Attending	%	Pre-school	%	Grade 1-8	%	Grade 9-10	%	Above Grade 10	%	Non Regular	%
Total 5+	63	100	2	3	29	46	26	41	6	10	0	0
5 to 9	7	11	2	3	5	8	0	0	0	0	0	0
10 to 14	20	32	0	0.0	20	32	0	0	0	0	0	0
15 to 19	30	48	0	0.0	4	6	26	41	0	0	0	0
20 to 24	6	9.5	0	0.0	0	0	0	0	6	10	0	0
25 to 29	0	0	0	0.0	0	0	0	0	0	0	0	0
Male	26	41	1	1.6	12	19	10	16	3	5	0	0
5 to 9	2	3.2	1	1.6	1	2	0	0	0	0	0	0
10 to 14	8	13	0	0.0	8	13	0	0	0	0	0	0
15 to 19	13	21	0	0.0	3	5	10	16	0	0	0	0
20 to 24	3	4.8	0	0.0	0	0	0	0	3	5	0	0
25 to 29	0	0	0	0.0	0	0	0	0	0	0	0	0
Female	37	59	1	1.6	17	27	16	25	3	5	0	0
5 to 9	5	8	1	1.6	4	6	0	0	0	0	0	0
10 to 14	12	19	0	0	12	19	0	0	0	0	0	0
15 to 19	17	27	0	0	1	2	16	25	0	0	0	0
20 to 24	3	5	0	0	0	0	0	0	3	5	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0

Source: Own survey, 2015/2016.

As indicated by *table 4.5* above respondents above 5 years of age are assessed for their school attendance level. The result shows that of the total school attending respondents majority of them ( 46% ) are at Grade 1 to 8 school levels (primary level according to Ethiopian current education policy). Similarly the majority of the respondents (32%) who are currently attending school fall between the age group of 10 to 14. Only 3% of the respondents are at pre-school stage and 41% attend Grade 9 to 10. Only 10 % of them attend above 10<sup>th</sup> grade level.

*Table 4.6.* Respondent’s religion and sex distribution

Sex	Religion						
	Total	Orthodox	Protestant	Catholic	Islam	Traditional	Other
Both sexes	75	25	9	1	40	0	0
Male	30	9	6	0	15	0	0
Female	45	16	3	1	25	0	0

Source: Own survey, 2015/2016.

According to the result shown by *table 4.6* above respondent’s religious distribution indicates majority (about forty) of the respondents indicated Islam as their religion followed by orthodox Christianity (Twenty-five). In addition to that there are few respondents indicating protestant (Nine)) and catholic (One) as their religion.

Table 4.7. Respondents' under 18 years of age by orphan-hood status, and age

Sex & Age	Orphan-hood status											
	Children Under 18 years of Age	%	Both parents Alive	%	Mother only Alive	%	Father Only Alive	%	Both parents	%	Not stated	%
Both sexes	57	100	33	58	15	26.5	6	10.5	3	5	0	0
0 to 4	0	0	0	0	0	0	0	0	0	0	0	0
5 to 9	7	12	5	9	1	2	0	0	1	2	0	0
10 to 14	20	35	11	19	5	9	3	5.26	1	2	0	0
15 to 17	30	53	17	30	9	16	3	5.26	1	2	0	0
Male	23	40	14	25	6	11	2	3.51	1	2	0	0
0 to 4	0	0	0	0	0	0	0	0	0	0	0	0
5 to 9	2	4	2	4	0	0	0	0	0	0	0	0
10 to 14	8	14	5	9	2	4	1	1.75	0	0	0	0
15 to 17	13	23	7	12	4	7	1	1.75	1	2	0	0
Female	34	60	19	33	9	16	4	7.02	2	3.5	0	0
0 to 4	0	0	0	0	0	0	0	0	0	0	0	0
5 to 9	5	9	3	5	1	2	0	0	1	2	0	0
10 to 14	12	21	6	11	3	5	2	3.51	1	2	0	0
15 to 17	17	30	10	18	5	9	2	3.51	0	0	0	0

Source: Own survey, 2015/2016.

The study also assessed the respondents' orphan-hood status since the study was focused on the vulnerable young people. As shown by *table 4.7* above the orphan-hood status was assessed for those respondents below age of 18 years since orphan-hood is related to children. Of the total

respondents 57 of them are below 18. Based on that the analysis shows that majority (58%) of respondents are with both parents alive. On the other hand, 26.5 % of respondents are with mother only alive and 10.5 % of them are with father only alive. Apart from that 5% of them are with both parents deceased. This shows that about 48% of them are vulnerable due to lose of either one or both of their parents and this may have implication for their knowledge about reproductive right issues. This is because parents are the source of different information for their children including reproductive issues.

*Table 4.8.* Respondents' distribution by sex and ethnic group

Ethnic group	Both Sexes	%	Male	%	Female	%
Amhara	3	4	2	7	1	2
Oromo	7	9	3	10	4	9
Gamo	9	12	4	13	5	11
Goffa	3	4	3	10	0	0
Guragie	8	11	1	3	7	16
Hadiya	11	15	5	17	6	13
Kembata	15	20	5	17	10	22
Welaita	19	25	7	23	12	27
Total	75	100	30	100	45	100

Source: Own survey, 2015/2016.

The study also tried to assess the respondents' ethnicity. As shown by *table 4.8* above, majorities (25%) of respondents' indicate Welaita as their ethnic group followed by Kembata and Hadiya making 20 % and 15 % respectively. There are also respondents' indicating other ethnic groups including Gamo (12%), Gurage (11%), Oromo (9%), Amhara (4%) and Gofa (4%). During the Focus Group Discussion (FGD) made with respondents they have reflected that their ethnic background didn't affect their knowledge about reproductive rights issues.



#### 4.1.2. Knowledge about youth ‘reproductive right’ issues

The study tried to assess the knowledge of the respondents about reproductive right issues by forwarding different questions related to the objective of the study. The data collected in this regard is analyzed below.

*Table 4.9.* Respondents’ distribution by information of youth reproductive right by sex

Sex Group	Total respondents	Have you heard of youth reproductive right issues so far?			
		Yes	%	No	%
Male	30	30	40	0	0
Female	45	45	60	0	0
Both sexes	75	75	100	0	0
%	100		100		

Source: Own survey, 2015/2016.

As shown by table 4.9 above respondents’ information about youth reproductive right has been assessed. Accordingly, the respondents’ are asked if they heard of youth reproductive right issues or not. The question is stated as “*Have you heard of youth reproductive right issues so far?*”.

The result shows that all of them (100%) heard about youth reproductive right issues in one way or the other. As indicated by them the opportunity they got at school as well as their peer groups who chat about such reproductive right issues such as family planning, condom utilization, early marriage, puberty, etc. Thus since these issues are reproductive right issues the respondents are already familiar about the issues of reproductive right.

*Table 4.10.* Respondents’ distribution by knowledge of sexually transmitted/communicable diseases by sex

Sex	Total respondents	Question "Gonorrhoea disease is communicable through unsafe-sexual intercourse?"			
		Yes	%	No	%
Male	35	25	33	10	13
Female	40	24	32	16	21
Both sexes	75	49	65	26	35
%	100	65		35	

Source: Own survey, 2015/2016.

The study also tried to assess the respondents' knowledge of sexually transmitted diseases. Since all respondents' knew about the basics of youth reproductive right issues, this further question is presented to see whether the respondents have deep knowledge about reproductive right issues. As shown by table 4.10 above respondents who have answered "yes" for the question "*Gonorrhoea disease is communicable through unsafe sexual intercourse?*" accounts 65% while the remaining 35% answered "No". This indicates that among respondents who have said I knew basic things about reproductive right issues for the previous question, 35% of them lack knowledge about the fact of "Gonorrhoea disease". Because they answered that gonorrhoea is not communicable through unsafe sexual practice. This indicates that additional further education has to be communicated to them to improve their knowledge about gonorrhoea disease through appropriate Information, Education and Communication (IEC).

Table 4.11. Respondents' distribution by knowledge of 'Menstruation' by sex

Sex Group	Total respondents	Question "Menstruation' starts to occur to girls during puberty?"			
		Yes	%	No	%
Male	35	23	31	12	16
Female	40	22	29	18	24

Both sexes	75	45	60	30	40
%	100	60		40	

Source: Own survey, 2015/2016.

Furthermore the study put forward another question stated as "*Menstruation start to occur to girls during puberty?*" that is presented to the respondents to assess whether they have knowledge of 'menstruation' or not. As shown by table 4.11 above, those respondents who answered "Yes" for the question accounts 60% of the total while the remaining 40% answered "No" for the same question. This shows that of the respondents who said I knew about reproductive right issues for the first question, there are about 40% respondents who didn't have knowledge about the fact related to "Menstruation by girls". This is also another area of intervention for concerned stakeholders, policy maker and program implementers in the area of reproductive right issues.

Table 4.12. Respondents' distribution by knowledge of 'Modern contraceptive methods' by sex

Sex Group	Total respondents	Which one is modern contraceptive method?							
		Pills		Condom		Injection		Implantation	
		Yes	No	Yes	No	Yes	No	Yes	No
Male	35	22	13	30	5	10	25	8	27
Female	40	28	12	34	6	25	15	22	18
Both sexes	75	50	25	64	11	35	40	30	45
%	100	67	33	85	15	47	53	40	60

Source: Own survey, 2015/2016.

In the same way this study also assessed the respondents' knowledge of "Modern contraceptive methods". Table 4.12 above indicates that the respondents are asked to answer "Yes" or "No" for the question stated as "*Which one is modern contraceptive method?*". There were 4 contraceptive methods including pills, condom, Injection, and Implantation listed for them to answer accordingly. It is to be known that all listed are '*modern contraceptives*' but the study wants to know whether the respondents have in-depth knowledge about modern contraceptive method. According, the analyzed data shows that there are respondents who have said "NO" for Pills (33%), Condom (15%), Injection (53%) and Implantation (60%). They have relatively better knowledge (85%) about condom while they have very limited knowledge about Implantation method. Hence this shows that there are also respondents' who don't have in-depth knowledge about modern contraceptives methods as revealed from their answers for the question forwarded to them by the survey. Thus, is also another intervention area for those who are working towards enhancing the youth reproductive right issues by increasing the knowledge of the young people about the modern contraceptive methods within the context of reproductive rights.

Table 4.13. Respondents' distribution by knowledge of 'STD' by sex

Sex Group	Do you know that Prevention & treatment of Sexually Transmitted Diseases (STD) is one of the types of Youth reproductive right issues?				
	Total respondents	Yes, I know	%	No, I don't	%
Male	35	21	28	14	19
Female	40	25	33	15	20
Both sexes	75	46	61	29	39
%	100	61		39	

Source: Own survey, 2015/2016.

The study also looked at the situation of the respondents by knowledge of “Sexual Transmitted Disease (STD). As shown here at table 4.13 above, the respondents is asked a question stated “Do you know that Prevention & treatment of STD is one of the types of Youth reproductive right issues?”. The result is that only 61% of the respondents answered “Yes! I know” while the remaining 39% answered “No! I don’t know”. This shows that among those respondents who said I knew about reproductive right issues, there are who don’t have the knowledge that prevention and treatment of STD is one of the types of reproductive right issues. Therefore as they seemed to don’t have in-depth knowledge about the sexually transmitted disease prevention and treatment, all those concerned stakeholders working in the area of young people’s reproductive health right issues need to work towards extending the awareness, education or information about the issue in the community.

Table 4.14. Respondents’ distribution by knowledge of ‘Family planning’ by sex

Sex Group	Does Family Planning decision include the following or not?						
	Total respondents	Decision to make sexual intercourse		Decision to give birth or not		Decision to use self preferred contraceptive method	
		Yes	No	Yes	No	Yes	No
Male	35	22	13	21	14	23	12
Female	40	26	14	24	16	23	17
Both sexes	75	48	27	45	30	46	29

%	100	64	36	60	40	61	39
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Source: Own survey, 2015/2016.

The other areas of knowledge that this study assessed among the respondents is their knowledge about “family planning”. As indicated here at table 4.14 the respondents asked a question stated “Does family planning decision includes the following or not?. They may answer “Yes!” or “No!”. It is to be known that answer for all the 3 questions below is “Yes!”. But the study wants to know if the respondents have reliable knowledge or not about family planning.

The 3 questions are the followings:

- *Question number 1: Decision to make sexual intercourse*
- *Question number 2: Decision to give birth or not*
- *Question number 3: Decision to use self preferred contraceptive method*

The result indicates that there are respondents who answered “No!” for question number 1 (36%), question number 2 (40%) and question number 3(39%). Hence, the result indicates that there are respondents’ with limited knowledge regarding decision making on issues of Family Planning. Again this indicates the fact that further sustainable intervention is required to be undertaken by pertinent bodies by focusing on the young people to improve their knowledge in area of family planning as a subject of reproductive right issues.

*Table 4.15.* Respondents’ distribution by knowledge of ‘Youth RH counseling service’ by sex

Sex Group	Do you know that Youth Reproductive health (RH) counseling service is one of the types of Youth Reproductive right issues?				
	Total respondents	Yes, I know	%	No, I don't	%
Male	35	15	20	20	27
Female	40	22	29	18	24

Both sexes	75	37	49	38	51
%	100	49		51	

Source: Own survey, 2015/2016.

The above table 4.15 tried to show the result of the assessment about the respondents' knowledge about Youth reproductive health counseling service. The study assessed the respondents' knowledge by asking a question stated "Do you know that Youth reproductive health counseling service is one of the types of Youth Reproductive right issues?" They might answer "Yes!" or "No!". It is to be known that the answer is only "Yes!". But the study wants to assess whether the respondents have clear understanding or knowledge about it or not. Accordingly the analysis shows that 51% of the respondents answered "No!". This indicates that the depth of their knowledge about youth reproductive right issues is very limited. The role of concerned stakeholders has to be creating depth knowledge for this young people. The study shows that only 49% of the respondents know that youth reproductive health counseling is one of the types of youth reproductive right issues.

Table 4.16. Respondents' distribution by knowledge of 'Youth RH service' by sex

Sex Group	Where can the 'Youth' get access for reproductive health services?								
	Total	Gove		Priva te		NGO		Priva te	
		Yes	No	Yes	No	Yes	No	Yes	No
Male	35	25	10	15	20	35	0	23	12
Female	40	30	10	13	27	40	0	36	4
Both sexes	75	55	20	28	47	75	0	59	16

%	100	73	27	37	63	100	0	79	21
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Source: Own survey, 2015/2016.

Furthermore this study assessed the respondents' knowledge about Youth Reproductive Health (YRH) services. In order to assess this, a question is asked that stated as "*Where can the Youth access Reproductive Health services?*". They might answer "Yes!" or "No!" for a list of health service indicated on the interview schedule. It is to be known that the answer is "Yes!" for all service providing institutions including "Government Hospital", "Private Hospital", "Non-Governmental clinic" and "Private Clinic". Accordingly the analysis indicated (*table 4.16* above) that there are respondents who answered "No!" for Government Hospital (27%), Private Hospital (63%), NGO Clinic (0%) and Private Clinic (21%). Given that the respondents were beneficiaries of the Non-Governmental organization their knowledge of receiving reproductive health service from there is found to be complete (100%). On the other hand, the respondent's knowledge regarding the option to access Reproductive Health service from private Hospital is lower since 63% of them said "No!". This shows that there are young people who don't have the knowledge as to where they can access Reproductive Health services apart from Non-governmental charity organizations. Therefore, the study identified that this is also needs to be another working area for all concerned stakeholders working for the young people's improved knowledge of reproductive right issues.

#### **4.1.3. Factors contributing towards respondents existing knowledge about reproductive rights**

##### **4.1.3.1. Respondents major sources of information on youth reproductive right issues**



The study also tried to look at the major sources of information about youth reproductive right issues among the respondents. As shown by table 4.17 here below, the respondents asked as question stated as “*Which one is your major Source of information for Youth reproductive right issues?*”. Various sources of information on reproductive right issues are listed for them including *radio, television, newspaper, family/relatives, peer groups, teachers, poster, and pamphlet*. They might answer “Yes !” for each identified lists if the specific source is served them as a major source of information on reproductive right issues or they might answer “No!” if the specific source is not major source of information on reproductive right issues for them.

Table 4.17. Respondents' distribution by major source of 'Youth reproductive right related information's

Which one of the following is your major source of information related to Youth reproductive right issues?	Respondents		
	Yes	No	Total
Radio	15	60	75
%	20	80	100
Television	54	21	75
%	72	28	100
Newspaper	7	68	75
%	9	91	100
Family/relatives	67	8	75
%	89	11	100
Peer group	72	3	75
%	96	4	100
Teachers	69	6	75
%	92	8	100
Posters	11	64	75
%	15	85	100
Pamphlet	20	55	75
%	27	73	

Source: Own survey, 2015/2016.

Based on the analysis the respondents' 4 major sources of information about reproductive right issues include Peer groups (96%), teachers (92%), family/relative (89%) and television (72%). They have indicated this by answering "Yes!" to the question. On the other hand, the respondents revealed that the other sources are not their major sources of information including radio (80%), newspaper (91%), poster (85%) and pamphlet (73%). They have indicated this by answering "No!" to the question. This result shows that the influence of peer groups, teacher, family/relatives and the television is higher in communicating the reproductive right issues to the young people is greater. Therefore, all concerned bodies can work in this area to improve the knowledge of the young people about reproductive right issues shall use the medium that mostly serve the youth as major source of information. In this case, the study identified that peers, family, television and teachers help as vehicle through which reproductive right messages can be disseminated to the study population.

#### **4.1.3.2. Positive and negative factors affecting respondents knowledge about youth reproductive right issues**

This study indicated that communication using various methods enables young people to make a safe and confident transition to adulthood helped by appropriate Reproductive Health right information. Most of the respondents who participated in the Focus Group Discussions (FGDs) reflected that the following factors affected their knowledge of reproductive right issues both positively and negatively as summarized below:-

## **1) Positive factors helping respondents to have better youth reproductive right**

### **knowledge**

- ❖ Availability of mass communication technologies at family level including television and radio.
- ❖ Mass media program for youth reproductive right information and communications through Ethiopian television (drama, condom and other contraceptive advertisement, etc).
- ❖ Availability of youth friendly reproductive right information centers or youth sport events and peer groups education at supporting organizations like charity service givers.
- ❖ Availability of school based reproductive right programs through the reproductive health club mini-media programs.
- ❖ Good Knowledge of family members and peer groups about reproductive right issues that directly communicate information during interpersonal conversations.

## **2) Negative factors affecting respondents against youth reproductive right**

### **knowledge**

- ❖ Lack of mass communication technologies at family level like television and radio. This is because most of the youth reproductive right related information is communicated through such program and due to absence of such technologies respondents might miss important messages having the required information on the issue.
- ❖ Shortage of tailored community based youth reproductive right related programs limit you the respondents to have reproductive right information in comprehensive way. The number of youth population is increasing and diverse

background and as a result the youth reproductive programs shall consider this increased and diversified demand.

- ❖ There is also shortage of youth friendly reproductive right information centers such as library, IT centers, recreational and edutainment centers, etc. Such programs are lacking now.
- ❖ Exposure to different drug abusers such as chewing chat, videos, drinking alcohols, etc. in the area that attracted the youngsters towards unwanted practices of unsafe sexual practices.

#### **4.1.4. Future actions (areas of work) as suggested by the respondents**

The study attempted to assess the ideas of the respondents regarding the way-forward to improve the knowledge of the youth about reproductive right issues. The respondents have forwarded their suggestions during the assessment interview as well as focus group discussion made with them. The result of the assessment on their views so as to improve knowledge on reproductive right issues among the youth population in the area has been summarize below:

##### **❖ Individual level -Youth targeted IEC intervention**

Respondents have suggested the idea that individual level IEC intervention focusing on the target youth reproductive right programs need to be initiated and expanded in the community. That means, the reproductive right need and priority of the individual youth shall be identified and addressed accordingly.

##### **❖ Family level IEC intervention**

Majority of study participants indicated that family is the fundamental institution where a person can get necessary information about reproductive right issues. Therefore, family based

intervention would be very crucial to improve the knowledge of the young people about their reproductive right issues. Family members need to get appropriate awareness so that they could easily communicate with their members. Thus, a given youth can get information on reproductive right issues from his/her family.

#### ❖ **School based IEC intervention**

The study participants also have the suggestion that the knowledge of the youth particularly about the reproductive right issues can be improved by taking appropriate information and educational activity at school level. The young people at school can be addressed via school mini-media programs and other school clubs in which reproductive right issues can be mainstreamed.

#### ❖ **Out of school /community based IEC intervention**

Most of the disadvantaged young people lives out of school. Therefore, especial awareness program on youth reproductive right issues should look at this area too. Various non-governmental charity organizations working with the destitute people in the community can be used to disseminate reproductive right related information to the youth in the area. The other idea suggested by the study groups was that civil society organizations (CSOs) need to be identified and mobilized to work in education of the youth about reproductive right issues. That is, they need to mainstream this issue as well.

#### ❖ **Mass-Media IEC intervention**

The other major key area identified by the respondents and other study participants was the mass media such as TV, Radio, and Telecommunications. They revealed that these can reach as many

people as needed due to their extra-large communication capacity in reaching as many young people as possible. Therefore, programmers of the youth reproductive right issues need to take in to account the role that can be played by the mass-media.

❖ **Sport and Art clubs**

The other area of suggestion by the respondents was that addressing youth reproductive right information via sport activities and art clubs. For this they suggested to work with already existing sport and art clubs in the concerned area or create new one and make them active agents to create better reproductive right awareness among the youth group.

❖ **ICT support for youth**

The world is now at “*information age*” where Information Communication Technology (ICT) plays the pivotal role to transform one community from a given development stage to the next better developed stage. Therefore, the idea is in order to effectively assist the youth to transform in development process necessary ICT train and ICT equipment support to especially for the most disadvantaged young people is crucial factor to bring better reproductive right information access and utilization to them.

## **CHAPTER FIVE**

### **5. Conclusions and Recommendations**

## 5.1. Conclusions

Based on the findings/ result obtained from the study conducted regarding the knowledge of reproductive right issues among the study groups, the study has arrived at following major summarized conclusions :-

- ❖ The study indicates that the entire respondents (100%) knew about youth reproductive right issues. This means in one way or another they have heard about youth reproductive right issues even if all of them don't have deeper or complete knowledge in areas of the reproductive right issues assessed in this study.
- ❖ This study found out that among the total respondents 35% of them lack knowledge about "Gonorrhea disease" since they didn't know that Gonorrhea disease is transmitted through unsafe sexual intercourse.
- ❖ The study also found out that 40% respondents don't have knowledge facts about "Menstruation" since they answered that they don't know that menstruation occur to girls during puberty stage.
- ❖ The study found out that although a relatively better knowledge (85%) about condom is there among the respondents, majority have very limited knowledge regarding other modern contraceptive methods such as injection, pills and Implantation method.
- ❖ This assessment also shows that among the respondents, 40% of them don't have the knowledge that prevention and treatment of STD is one of the types of reproductive right issues.
- ❖ The other area of the finding is that the respondents' knowledge regarding selected areas of Family Planning decision making is limited.



- ❖ The study also found out that among the respondents 51% of them don't know that Youth reproductive health counseling service is one of the types of Youth Reproductive right issues.
- ❖ Another finding of the study is that the respondents' knowledge about access to youth reproductive health services was limited to NGO's owned services. All (100%) of them indicated that they can access service from NGOs based clinics. But, the respondents' knowledge regarding the possibility to access reproductive health service from Private Hospital is lower since 63% of them said "NO" we can't access from here. This shows that vulnerable young people have less knowledge where to get such service apart from a Non-Governmental Charity Organizations.
- ❖ The assessment also found that the major sources of information about reproductive right issues for the respondents were Peer groups (96%), teachers (92%), family/relative (89%) and television (72%). On the other hand the role of radio, newspaper, and pamphlet is limited.

## **5.2. Recommendations**

Based on the assessment finding /result, the study concluded that the level of knowledge about reproductive right issues among the respondents is not-broad because they didn't know some of the basic youth reproductive right issues raised during this study. The major source of information for reproductive right issues and service provider centers is encouraging. However, the role of radio, newspaper, and pamphlet is limited. This should be enhanced using a more integrated approach involving Young people, families, health professionals/institutions, and the

community at large in the concerned area. Accordingly based on the result of the study, the following recommendations have been given to improve the knowledge of the young people about Youth reproductive right issues:-

- ❖ A sustainable awareness creation program about youth reproductive right issues should be implemented by all concerned stakeholder and partners working in this thematic area.
- ❖ The awareness creation programs about youth reproductive right issues should be planned and implemented in a participatory manner involving the young people, families, stakeholders, partners and the concerned community at large.
- ❖ Youth reproductive health service providers, specially the private sectors need to make sure that disadvantaged young people in their area can access their service through various information, education and communication programs.
- ❖ The role of radio, news paper publishing institutions, and those organizations producing different publications should integrate the issue of youth reproductive rights in to their regular activity in a youth friendly manner to help the youth get better knowledge.
- ❖ Last but not least, the study recommends a further study to explore the knowledge of disadvantaged young people about youth reproductive right issues by focusing on the most disadvantaged young people in the community.

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## APPENDIX ONE

**Interview schedule: A semi- structured questionnaire prepared to collect data / information from Respondents.**

### Introduction

My name is Tilahun Seyoum, student at IGNOU MSW program of study. I am doing my thesis as a requirement for the completion of the MA in social work. One of the methods of getting data/information to complete my study was collection of data/information from different sources. This questionnaire was prepared to collect data from Youth who were being supported by the Blue Nile Children organization that operates in Kolfe Keranio sub city of Addis Ababa city Administration. The questionnaire was prepared based on the aim to make knowledge assessment among the youth regarding Reproductive right issues. The questionnaire will be filled through direct interview of the respondents by the researcher. Since the information that will be collected through this tool was necessary for further appropriate action in this reproductive right issue, all respondents were expected to provide sincere answers. Therefore, I would like to ask for your consent or willingness to provide answers to my questionnaire, and if so yet I would like to inform you that you are free to stop/interrupt giving answers to this interview questions at any stage of this interview undertaking.

### 1. Socio-demographic related questions

- 1.1. Age \_\_\_\_\_
- 1.2. Sex \_\_\_\_\_ [Male/Female]
- 1.3. What is your marital Status \_\_\_\_\_
  - ❖ Never married
  - ❖ Currently Married

- ❖ Divorced
  - ❖ Separated
  - ❖ Widowed
  - ❖ Living together as husband and wife
  - ❖ Not stated
- 1.4. What is your Literacy level
- ❖ Literate
  - ❖ Not Literate
- 1.5. What is your Scholl attendance situation?
- ❖ Currently attending
  - ❖ Attending in the past
  - ❖ Never attended
- 1.6. What is your School level?
- ❖ Pre-school
  - ❖ Grade 1-8
  - ❖ Grade 9-10
  - ❖ Above Grade 10
- 1.7. What is your religion \_\_\_\_\_ (mention)
- 1.8. What is your 'Orphan hood-status'
- ❖ Both parents alive
  - ❖ Mother only alive
  - ❖ Father only alive
  - ❖ Both parents deceased
  - ❖ Not stated
- 1.9. What is your Ethnic group? \_\_\_\_\_ (mention)

**2. Questions related to knowledge about reproductive right issues**

- 2.1. Do you know of youth reproductive right issues so far? (Y/N)
- 2.2. Do you know that "Gonorrhoea disease is communicable through unsafe-sexual intercourse?" (Y/N)
- 2.3. Do you know that "Menstruation start to occur to girls during puberty?" (Y/N)
- 2.4. Which one is modern contraceptive method? (Y/N

Pills	Condom	Injection	Implantation

- 2.5. Do you know that Prevention & treatment of STD is one of the types of Youth reproductive right issues? (Y/N)
- 2.6. Does Family Planning decision include the following or not?(Y/N)

Decision to make sexual intercourse	Decision to give birth or not	Decision to use self preferred contraceptive method
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2.7. Do you know that Youth RH counseling service is one of the types of Youth Reproductive right issues? (Y/N)

2.8. Do you know that Youth can access RH service from the followings? (Y/N)

	Government Hospital	Private Hospital	NGO Clinic	Private Clinic
Yes				
No				

2.9. Is one of the following your major source of information about Youth reproductive right issues? (Y/N)

Radio
Television
Newspaper
Family/relatives
Peer group
Teachers
Posters
Pamphlet



## APPENDIX TWO

### Interview Guide for health and social workers

#### Introduction

My name is Tilahun Seyoum, student at IGNOU MSW program of study. I am doing my thesis as a requirement for the completion of the MA in social work. One of the methods of getting data/information to complete my study was collection of data/information from different sources. This interview schedule was prepared to collect data from professional about youth reproductive right knowledge among youths who were being supported by BNCO. Since the information that will be collected through this tool was necessary for further appropriate action in youth reproductive rights issue, your sincere opinions and recommendations are critical. Therefore, I would like to ask for your consent or willingness to provide answers to my questionnaire, and if so yet I would like to inform you that you are free to stop/interrupt giving answers to these interview schedules/agendas during this interview undertaking.

- 1) What do you understand by youth reproductive right?
- 2) Have you being providing reproductive health service to youth here in the Organization's health clinic?
- 3) What is your opinion about the current knowledge of respondents about youth reproductive right issues?
- 4) What is your opinion about the challenges that respondents face in utilizing reproductive health services here?
- 5) Would you suggest recommendations for improved knowledge about youth reproductive right issues among the respondents?

Thank you!!

## **APPENDIX THREE**

### **Focus Group Discussion (FGD) Guide for Respondents**

#### Introduction

My name is Tilahun Seyoum, student at IGNOU MSW program of study. I am doing my thesis as a requirement for the completion of the MA in social work. One of the methods of getting data/information to complete my study was collection of data/information from different sources. This FGD was prepared to collect data from young people about their reproductive right knowledge. Since the information that will be collected through this tool was necessary for further appropriate action in youth reproductive rights issue, your sincere opinions and recommendations are critical. Therefore, I would like to ask for your consent or willingness to provide answers to my questionnaire, and if so yet I would like to inform you that you are free to stop/interrupt discussion on these points any time...

1. What do you understand by youth reproductive right?
2. Have you ever utilized youth reproductive service here in BNCO's health clinic? (If yes, how? if not, why?)
3. What is your opinion about the current knowledge of disadvantaged youth in general about youth reproductive right issues?
4. What is your opinion about the challenges that disadvantaged youth face in utilizing reproductive health services?
5. Would you suggest recommendations to improve the knowledge about youth reproductive right issues among the disadvantaged youth

Thank you!!

## **APPENDIX FOUR**

## **Observational Guide**

This observational guide was prepared to collect data from respondents about their feelings, confidences, and other non-verbal communications in view of the research objective.

1. What looks the facial expression of the respondents during the interview? (Have I observed any sad/happy feelings?)
2. What do I understand about the confidence when the respondents give answer during interview (any doubt, active/passive reply, etc)
3. Level of participation during FGD discussions (high, low, active, passive)
4. Other observations

## **APPENDIX FIVE**

### **BACKGROUND TO BLUE NILE CHILDREN ORGANIZATION (BNCO)**

BNCO is USA registered international organization established in 2004. Its **Mission is to** provide comprehensive care to Orphan and Vulnerable Children & youth, their guardians

and medical service for the poorest of the poor section of the society in its target area through facility based health clinic, library, computer center, life skill training and financial and economic support. The Ethiopia Country Office is registered as a Foreign Charity in accordance with the Charities and Societies Proclamation No 261/ 2009. BNCO signed a three year project agreement on March 14,2013 with the Addis Ababa Bureau of Health. It supports more than 15000 Orphan and Vulnerable Children (OVC), youth and their guardians, and provide support for thousands of vulnerable community members in its operating area.

Through the support mobilized from various donors abroad (USA), The Blue Nile Children's Organization (BNCO) has been responding to the needs of Orphaned and Vulnerable Children and youth in Ethiopia ten year ago through a program called "Orphaned and Vulnerable Children and youth Care and Support." This is being carried out in partnership with various governmental offices in Ethiopia. Since it began in 2004, the "Orphaned and Vulnerable Children/youth" program has responded to this need by working to improve the education, health and livelihood opportunities for orphan and vulnerable children and youth affected and infected by HIV/AIDS.

It is rewarding to see the impact on the lives of the targeted orphan and vulnerable children and youth who receive the assistance from BNCO through its alliance with the various individual philanthropies overseas, local government and community at large. It has become the source of the educational and psycho-social support services. These children are learning, growing and moving towards a brighter future because of this program.

Thus the researcher has determined to take the case of BNCO to study the knowledge of the target youth about reproductive right issues considering its importance for their improved wellbeing and full development as human being.



## **Research Proposal**

**ASSESSMENT OF KNOWLEDGE ABOUT REPRODUCTIVE RIGHTS AMONG  
YOUTHS IN ADDIS ABABA CITY ADMINISTRATION, A CASE OF BLUE NILE  
CHILDREN'S ORGANIZATION IN ADDIS ABABA, ETHIOPIA**

**By:**

**TILAHUN SEYOUM ZELEKE**

**Dissertation Work Submitted for the Partial Fulfillment of the Requirements for  
The School of Social Work Masters Degree.**

**Indira Gandhi National Open University (IGNOU)  
School Of Social Work Masters Degree.**

**Advisor: Mosisa Kejela (Mr.)**

**October, 2015**

**Addis Ababa, Ethiopia**

**PROPFORMA FOR SUBMISSION OF MSW PROJECT PROPOSAL FOR  
APPROVAL FROM ACADAMIC COUNSELOR AT STUDY CENTER**

**Enrollment No: ID 1322456**

**Name of the student: Tilahun Seyoum Zeleke**

**Signature of the student \_\_\_\_\_**

**Address: Addis Ababa, Ethiopia**

**Date of Submission: October, 2015**

**Name of the Study Center: St. Mary University Postgraduate Studies**

**Name of guide: Mosisa Kejela**

**Title of the project: Assessment of Knowledge about Reproductive Rights among Youths in Addis Ababa City Administration, a Case of Blue Nile Children Organization in Addis Ababa, Ethiopia.**

**Approved \ not approved**

**Signature:**

**Address:**

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## ACRONYMS

AIDS:	Acquired Immuno Deficiency Syndrome
FDRE:	Federal Democratic Republic Of Ethiopia
FGD:	Focus Group Discussion
FP:	Family Planning
HIV:	Human Immuno Virus
IPPF:	International Planned Parenthood Federation
MDGS:	Millennium Development Goals
MOH:	Ministry of Health
NGO:	Non-Governmental Organization
RH:	Reproductive Health
UN:	United Nations
UNAIDS:	United Nations Aid for International Development
UNFPA:	The United Nations Population Fund
VCT:	Voluntary Counseling and Testing
WHO:	World Health Organization

# CHAPTER ONE

## 1. Introduction

### 1.1. Background of the study

Youth have the right to lead healthy lives – and have repeatedly shown that given the tools, they can and will protect themselves from negative sexual health outcomes. Globally, we must invest in, and continue to work toward respect and opportunity for, all young people (Population Reference Bureau, 2013).

The first comprehensive statement of human rights, the Universal Declaration of Human Rights, adopted by the UN General Assembly in 1948, failed to mention reproductive rights at all. It was not until 20 years later, at the international human rights conference held in Teheran in 1968, that human reproduction became a subject of international legal concern. The Final Act of the Tehran conference included a provision stating: "parents have a basic human right to decide freely and responsibly on the number of spacing of their children and a right to adequate education and information in this respect" (Lynn P. Freedman & Stephen L. Isaacs, 1993, P20).

The Federal Democratic Republic of Ethiopia's Ministry Of Health National Adolescent and Youth Reproductive Health Strategy document indicted that adolescents and young people ages 10 to 24 are the largest group ever to be entering adulthood in Ethiopian history. This cohort of 21 million makes up 30% of total population. This strategy calls for immediate tailored and targeted interventions to meet the diverse needs and realities of young people. Ethiopia is at a crucial point, facing a large rapid population growth, 2.6% per annum, which puts tremendous pressure on the country's health service infrastructure. One of the most effective interventions

to address the rapid population growth is to empower young people to make informed choices on their reproductive health, including their desired fertility. (MOH, 2006).

However, despite these global and national situations about youth reproductive right issues, most study report concentrated on reproductive health aspects instead of reproductive right aspect of the youth. There is scarcity of research on the level of knowledge about reproductive right issues among the youth in Addis Ababa city administration.

Therefore, the aim of this study is mainly to assess the knowledge of the Youth regarding reproductive right issues. The study is planned to be in Addis Ababa City Administration of the Federal Democratic Republic of Ethiopia (FDRE).

## **1.2. Statement of the problem**

Over 13 years after the Millennium Declaration (2000), and the subsequent adoption of the Millennium Development Goals (MDGS), development successes and challenges clearly demonstrate that the next framework must include reproductive rights as essential priorities. Lack of access to reproductive rights prevents individuals from realizing their basic human rights and restricts the ability of people to take control of decisions concerning their health and education, and their participation in social and economic life. The lack of access to reproductive rights can worsen already existing inequalities, perpetuate cycles of poverty, and widen levels of inequality between and within countries. Universal access to reproductive rights enables women, men and young people around the world to exercise control over their sexuality and reproduction. It extends equal opportunities and rights, and enables all people to have a safe and

satisfying sexual life, and to have control over their own bodies without coercion, violence or discrimination. It allows women, men and young people to have children by choice, not by chance. Many youth people are less informed, less experienced, and less comfortable accessing health services for Reproductive Health (RH) than adults. Youngsters often lack basic RH information, knowledge, and access to affordable confidential RH Health services. (WHO, UNFPA, UNHCR, 2009 & IPPF, 2014).

There are approximately 1.76 billion young people in the world, and a significant proportion of this, say over 70% live in developing countries and make up a large portion of the population of these states (Russell, Jacobsen & Stanley, 2013:1). Young people ages 10-24 account for 25 percent of the world's population: a total of 1.8 billion, most of them are living in low- and middle-income countries. They face significant challenges, including HIV, Sexually Transmitted Infections, adolescent pregnancy, unsafe abortion, and gender-based violence.

In Ethiopia, about 16% of unmarried female youth reported sexual debut. Of which 24.6% had two or more sexual partners but only 10% of them used condom during sexual intercourse. In Amhara region, where the study was conducted, pre-marital sexual debut was reported as early as 12 to 13 years. It is not uncommon for female students to establish sexual networks with local businessmen and uniformed men in return for money and gifts. (Mulugeta & Berhance, 2014). About 12,000 young people (aged 10-19) died of AIDS in 2013 (UNAIDS, 2013) in the country. This estimate shows that young people in Ethiopia are facing the challenges related to fulfilling their reproductive rights.

However, there is a scarcity of research made in Ethiopia regarding the knowledge of reproductive rights among the youth in Addis Ababa City Administration. A study made in this area shows that although there is a high awareness about HIV/AIDS prevention methods among youth, in Ethiopia, the problems are still rampant which indicates lack of comprehensive knowledge about its prevention methods among young peoples. This study recommended for further study in the reproductive right issues since there is scarcity of studies that assessed comprehensive knowledge levels of out-of-school and rural youths in Ethiopia. (Gemechu K, Lemessa O, Yadeta D, Direslgne M, 2015).

To conclude from the above literatures the reproductive right issues have not been deeply studied because they mostly deal with HIV/AIDS and other health aspects only. Above all, most of the studies reviewed were conducted in setups like university and schools. But, up to the knowledge of the researcher there is scarcity of research on areas of knowledge of reproductive rights specifically among the youth who receive care and support by other helping organizations in their community. Therefore, this study is aimed to make assessment of knowledge about reproductive rights among the youth by making particular focus on those youth who are under the care and support programme of the Blue Nile's Children Organization in Kolfe-Keranio sub city of Addis Ababa City Administration.

### **1.3. Objectives of the study**

#### **1.3.1. General objective**

The general objective of the study is to contribute towards the research community by making assessment on the knowledge about reproductive rights among the youth.

#### **1.3.2. Specific objectives**

The specific objectives of the study are the followings:-

- 1.3.2.1.** To assess the knowledge of the study group about reproductive right issues.
- 1.3.2.2.** To identify factors that contributed towards the knowledge of reproductive rights among study groups.
- 1.3.2.3.** To identify possible future actions to improve the current level of knowledge about reproductive right issues among the study group.

### **1.3. Research questions**

The research questions include the followings:

- 1.3.1. What knowledge does the study population have about reproductive right issues?
- 1.3.2. What factors contributed towards the knowledge of the study population about reproductive right issues?
- 1.3.3. What can be done to improve the knowledge of the study population about reproductive right issues?

### **1.4. Significance of the study**

The main reason to conduct this study was emanated from the scarcity of the study made in areas of youth knowledge about reproductive right issues. The outcome of this study is expected to fill-

gap in this area of research. This study, then, will directly contribute to the undertaking of similar researches standing as reference point. The result of the study will also help likeminded organizations working in the area of youth reproductive right by helping them identify the situation of the youth in respect of knowledge of reproductive right issues. Youth programmer, policy makers, practitioners, social worker, human right activists, etc will make use of it during planning, implementing and monitoring their youth reproductive right and related activities. Also it is believed that similar further studies can be done making this one as an initial point.

### **1.5. Scope of the study**

The study will be conducted to assess the knowledge of the youth about reproductive right issues. The scope of the study will consist of the beneficiaries of Blue Nile's Children Organization (BNCO) that is currently operational in Kolfe-Keranio Sub City of the Addis Ababa City Administration. The organization is currently assisting about 350 (out of which 145 are males and 205 are females) poor youth.

### **1.6. Limitations of the study**

In undertaking this study, the researcher may encounter few challenges. The scarcity of data on the profile of young people in terms of their knowledge about reproductive rights may reduced the effort of the researcher to make precise information assessment on significant youth reproductive right knowledge situations and produce complete description of the knowledge situation about the youth regarding reproductive rights. The researcher may face time and financial constraint to undertake the study.



## 1.7. Operational definition

In order to maintain clarity/precision and consistency in this research, the definitions of terms are indicated as follows:

**Reproductive rights:** this study defines reproductive rights as that embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. Reproductive rights embrace certain human rights recognized in national and international legal and human rights documents.

- The rights of couples and individuals to decide freely and responsibly the number and spacing of their children, and to have the information and the means to do so;
- The right to attain the highest standard of sexual and reproductive health; the right to make decisions free of discrimination, coercion or violence.

According to African Union (2006), reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community.

**Youth:** since different countries define ‘youth’ in a different way, in this study youth is defined as part of the society who are between the ages of 15-29 years. This definition is based on the Ethiopian Youth Policy’s definition provided.

### **1.8. Chapter plan**

This research work will be organized into five chapters. Accordingly, chapter one covers the introduction part wherein background of the study, statement of the problem, objectives of the study, research questions, significance of the study, scope of the study, limitation of the study, and operational definition. Chapter two covers review of related literatures in which interrelated previous research works by other researchers in field of reproductive right issues get reviewed. Chapter three deals about the research design and methodology in which topics of research design, research methods, study population, sampling, data collection tools and ethical considerations described. Chapter four will deal on data analysis and interpretation. Finally, chapter five will focus on the conclusions and recommendations of the study.

## **CHAPTER TWO**

## 2. Review of Related Literature

A review done by Omo-Aghoja's (2013) on sexual and reproductive health: concepts and current status among Nigerians indicated that, " a society where individuals have knowledge, skills and resources to enjoy their sexuality is one we must all aspire to be part of and bequeath to future generations"(p.110).

A qualitative research review made on the challenges to youths accessing sexual and Reproductive health information and services in Southern Africa identified that three main challenges to youths accessing sexual and reproductive health information and services emerged across the seven countries under review. These are poor communication between parents and youths, unfriendly health services, and negative influence from the media. (Jana, M., Mafa, I., Limwame, K., & Shabalala, A., personal communication, 19-22 September 2012).

According to an assessment made on reproductive health service utilization and associated factors among adolescents (15-19 years old) in Goba town, southeast Ethiopia (Gebreselassie et al 2015) there is positive association between FP & VCT services utilization and having discussion on reproductive right issues with health workers, partners or peers/friends. The study shows those young people who have discussed with their sexual partner were more likely to utilize FP service and youth who had discussed with peer groups or friends and health workers were more likely to utilize VCT service than their counterparts.

A review made by Svanemyr's et al (2015) on creating an enabling environment for youth sexual and reproductive health indicated that mass-media and other across-the-board communication

programs (e.g., edutainment) can add-value to increasing awareness and inspiring debate about reproductive right issues. In a number of settings, mass media programs when pooled with other community activities (e.g., the development of educational materials, supporting linkages to health services) have contributed to shifting reproductive health behavior and social norms among young people.

Another study by Tegegn, Yazachew and Gelaw (2008) indicated that young people often lack basic reproductive health information, knowledge, and access to health services for reproductive health. Many have less than favorable attitudes and do not feel comfortable to discuss reproductive health right issues with parents or other key adults. The major result of this study shows that majority of youngsters knew major health services for reproductive health and the main health service providers of reproductive health. The major sources of information for reproductive health were radio for 80.4% and television for 73% and school teachers for 71.8% of respondents. Based on this, their study concluded that the level of knowledge and attitude about health services for reproductive health, source of information for these services and service provider centers is hopeful. On the other hand, the responsibility of health professionals and families as the source of information for the young people seems to be low. It is suggested for enhancement by means of a more integrated approach involving stakeholders' above all young person families and health professionals who have a fundamental role to make sure adequate knowledge and favorable attitudes for utilization of the reproductive health services in their area.

A study made by Yadeta, Bedane, and Tura (2014) on factors affecting parent-adolescent discussion on reproductive health issues in Harar, Eastern Ethiopia showed that Open family

discussion on reproductive health issues often leads to increased awareness on reproductive health matters and reduces risky behaviors among adolescents. The study concluded that Parent-adolescent discussion about reproductive health issues rarely occurs and is bounded by lack of knowledge, socio-cultural norms, and parental concern that discussion would encourage premarital sex. The study suggested that reproductive health programs should target on improving awareness of parents and addressing socio-cultural norms surrounding reproductive health issues.

## **CHAPTER THREE**

### **3. Research design and methodology**

### **3.3. Research design**

A descriptive study design with qualitative and quantitative data and information collection methods will be used to assess the knowledge of the respondents about reproductive right issues in the study area.

### **3.4. Description of study area**

The research will be conducted in Addis Ababa City Administration, the capital of the Federal Democratic Republic of Ethiopia. The study focus on youth groups found in the Blue Nile's Children Organization located in wereda 13 of Kolfe-Keranio sub city. According to the Federal Democratic Republic of Ethiopia, Central Statistical Agency. (August, 2013) population projection estimate, the total population of Kolfe-kernaio sub city is 500,163 out of which 240,983 are male and 259,180 are female. Relative to other sub cities of the capital city, Kolfe-keranio sub city is occupied with many poor and destitute (or low income) people who came to live there by migrating from other small town and rural places of the country at various times. The researcher proposed to work on this topic after having made some exploratory interviews with people having expertise on these issues, stakeholders, and few target communities, reviewing relevant literature, and personal observation by directly visiting the organization.

### **3.5. Research method**

Both quantitative and qualitative methods will be applied in this study. The study used a descriptive research method used to collect and analyze data and information from primary and secondary sources.

### **3.6. Study population**

To address the gaps in knowledge of the knowledge of youth about reproductive right issues, a descriptive study is proposed to be employed in the study population. The study population will be selected from the beneficiaries of the Blue Nile's children organization by purposely choosing 30 male and 45 female youths from target population who are within the age range of 15-29 years old.

### **3.7. Data source**

The data sources will be made diverse to get the required information for the study. Information and data will be collected from both primary and secondary sources as much as possible. Information will be collected from different health and social workers, leader of the NGO providing service to the youth and interview and FGD will be organized with the study population. Different secondary reports will be reviewed to gather required data and information as much as possible.

### **3.8. Sampling**

The primary target group (the respondents) will be selected from the total study population using non-probability sampling method. There are 350 youths (144 male & 205 female). The researcher purposefully selects 30 male and 45 female to get 75 samples from the total study population. The reason for using purposive sampling method is due to its conduciveness to the researcher's experience as well as availability of the sample units to carry out the research.

### **3.9. Data collection tools**

Various tools will be prepared and employed to gather primary data's and information's. The tools that will be used during the data collection include the followings:

#### **3.9.1. Interview schedule**

The researcher will prepare interview schedule and get them pre-tested before final utilization for data collection. After the pre-test completed, a questionnaire will be made consistent (uniform) and finalized for application on the sample population. The questionnaire will contained both close-ended and open-ended questions.

#### **3.9.2. Interview guide**

The researcher will also prepare separate interview guide for social and health workers to collect information regarding their opinions/observation about knowledge of study population about youth reproductive right issues and suggestions based on the objective of the research. Based on the interview guide, they will be made to provide their own suggestions pertinent to the objective of the study. About five professional including Health officer, head nurse, laboratory technician, HIV/AIDS counselors and social worker will be interviewed.

#### **3.9.3. Focus Group Discussions (FGDs) with study population**



In addition to the above tools, the researcher will also use Focus Group Discussions (FGDs) to collect information from the sample population. 2 (two) FGDs will be conducted 1 for male sample and 1 for female study population. About eight individuals are going to participate per each FGD and the participants will be selected purposely.

#### **3.9.4. Observation guide**

The researcher will also use non-participant observation to gather information on the sample population. He will critically look at the feelings, emotions, and confidence of the respondents while giving answers to the various questions posed to them during the information gathering process. A guide/checklist will be developed and use to guide and collect the information from the observation.

#### **3.9.5. Secondary data collection**

Moreover, secondary data collection will also be done by reviewing similar researches conducted by other researcher and reviewed other organizational reports and records in this area.

#### **3.10. Data processing**

All data/information collected through Interview schedule and interview guide will firstly coded, scrutinized, or checked up on, verified/proofed, edited and arranged in sequence or orderly. For this sheet will be prepared to arrange data/information collected from respondents. Then, the researcher will use descriptive statistics of per cent (%) calculation to analyze the data. Also the information collected through the FGDS and observation will first coded, categorized in to major thematic issues based on the objective of the study and the result will be summarized.

### **3.11. Ethical consideration**

The data will be collected after getting informed verbal consent from each study population and participants during the data collection process. Before data was collected, every respondent will be informed about the objective of the study and their right to quit from the study at any interval of the data collection process. A private room will be used to keep the privacy of the respondents during interview. Information will be kept confidential. Above all, respondents will not be supposed to give their name for the sake of this data collection process so that they will not be identified in person.

## **CHAPTER FOUR**

### **4. Data analysis and interpretation**

## **CHAPTER FIVE**

## **5. Conclusions and Recommendations**

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## Work Plan and Budget

The research project work will be completed guided by the following plan of action and budget requirements.

### Work plan

S/No	Main Activities	Unit of Measurement	Number of Units	Allocated time
1	Research proposal development and submission to the IGNOU, Addis Ababa, Ethiopia office (St. Marry University) and get approval	Research proposal document	1	1 month
2	Literature review	Lump sum	Lump sum	1 month
3	Data collection tool development and data collection	Lump sum	Lump sum	1 month
4	Data analysis and interpretation	Lump sum	Lump sum	2 weeks
5	Final work development	Lump sum	Lump sum	1 month

### Budget estimate

The estimated required budget to complete this project work is as follows:

Cost item	Total cost	Source of budget
Paper duplication	500.00	Own
Printing	200.00	Own
Binding final work	300.00	Own
Transportation /taxi service	90.00	Own
Total cost	1090.00	

