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Research Article

Knowledge on reproductive and sexual rights and associated factors among youths, Shire town, Tigray, Northern Ethiopia

Gebretsadik GG[1], Weldearegay GG[2]

[1] Department of Midwifery, Adigrat University, Tigray, Ethiopia
[2] World vision project, Mekelle Town, Tigray, Ethiopia

Address for Correspondence:
Gebremedhin G. Gebretsadik
Department of Midwifery, Adigrat University, Tigray, Ethiopia
Email: gebremedhingebretsad@gmail.com

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ABSTRACT

Reproductive and sexual rights are the rights for all people, regardless of age and gender. Young people are particularly vulnerable to sexual and reproductive health problems and many young people are exposed to a great aimed to assess knowledge of reproductive and sexual rights and associated factors among youths in Shire town, ˝ Tigray province˜, Northern Ethiopia. Community-based cross sectional study was employed among 806 youths of Shire town selected by multistage sampling technique. Data were collected in July 2013. Structured pre-tested questionnaires via face to face interview were used to collect data. Binary logistic regression model was used to determine the effect of independent variables on knowleadge of reproductive and sexual rights. A total of 781 youths were enrolled in this study. Four hundred thirteen (52.9%) of the participants were not knowledgeable on reproductive and sexual rights. Grade 7-12, received information on Reproductive Health issues [AOR: 1.85, 95% CI: 1.32, 2.60], participated in Reproductive Health issues clubs [AOR: 1.62, 95%CI, 1.13, 2.33], monthly income and started sexual intercourse were significantly associated with knowledge of reproductive and sexual rights. The woreda health office should strengthen age appropriate sexual education and youth friendly services to improve knowledge.

Key words: *Youths, Sexual Rights, Ethiopia*

INTRODUCTION

Reproductive and sexual rights are the rights for all people, regardless of age, gender and other characteristics, to make choices regarding their own sexuality and reproduction, provided that they respect the rights of others and it was first officially recognized at the International Conference on Population and Development (ICPD) in Cairo in 1994 1, 2 . Youths are defined as individuals aged between 15 to 24 years and constitute 18% of the world's population, of which nearly 80% live in developing countries 2. Young people are particularly vulnerable to problems of sexual and reproductive health. Half of new HIV infections are among young people aged 15-24 worldwide 3. Although rates of adolescent childbearing are declining in many countries, 15 million women aged 15 to 19 years give birth every year, 13 million in less developed countries. Overall, 33% of women from less developed countries give birth before the age of 20 years 4.

In the 21st century many young people are exposed to a great risk of contracting serious sexually transmitted diseases, such as HIV/ AIDS. Over 10 million young people aged 15–24 years live with HIV/AIDS worldwide 5. Child marriage, female genital mutilation, and early sexual initiation are strong barriers to providing information, services and other forms of support that people need to be healthy hence, social policies and action are needed to support communities to develop healthy and to confront practices that damage sexual and reproductive health of youths by rights-based legal and policy framework [6, 7.] Many international agreements affirm that all adolescents including the young have the right to receive age appropriate sexual and reproductive health information, education, and services that

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will enable them to deal in a positive and responsible way with their sexuality[7, 8, 9].

In Ethiopia youth's sexual and reproductive health concerns have increasingly been on national agendas, this concern has been driven by the high prevalence of HIV/AIDS, STI and unsafe abortion among young people[10]. Ethiopia Ministry Of Health design programs and policies that give special attention to vulnerable young people and those at risk of irreversible harm to their reproductive health and rights by recognizing and diversifying of services with age, sex, life stage and vulnerability status to address the needs of youth through holistic approach through promote youth involvement, youth leadership and youth adult participation, improve life skill education and expansion of Youth Friendly Service for increasing awareness of their sexual and reproductive health and rights country wide[12]. Trends in sexual activity of young people are increasing in , but developing nations due to urbanization, migration with subsequent unemployment that lead to the general worsening of poverty and increased trends in smoking habit, use of drugs, and alcohol consumption, growing influence of electronic media, increased travel and tourism invite changes in attitude towards sexual intercourse[13].

Youths who have a high accessibility to reproductive and sexual health, a high knowledge of reproductive health and sexual services have a lower unmet need for Sexual Reproductive Health information, while out-of-school youths are more likely to have an unmet need for Sexual Reproductive Health information. In addition youth's individual and socio-economic characteristics, exposure to mass media, knowledge of Reproductive Health and sexual services and providers and perceived norm of peer exposure to Reproductive Health services, significantly influenced the youth's accessibility and utilization of Reproductive Health services[14-16]. Knowledge of health services for Reproductive Health, health service provider and sources of information for Reproductive Health, is affected by age, marital status, religion, educational status, schooling, and family size. Communication in the households, means of communication such radio, television and telephone increases for the knowledge of reproductive and sexual services and rights[16]. Sexual education increases the understanding of the range of reproductive and sexual right issues and will continue to need more focus on the technical aspects of sexual and reproductive health [17] .Youth people can be reluctant to visit health clinics for treatment and advice for fear of embarrassment, fear that their family will find out, or a misinformed fear of being sexually abused during examination and treatment for Sexual Transmitted Infections. As a result, many young people are resort to using traditional medication as a treatment option for STIs and religious values and beliefs largely disapprove of sex outside marriage, making sex a taboo subject not to be discussed openly[18]. Traditional practices such as early marriage, marriage by abduction, and female genital cutting adversely affect the health and wellbeing of young people by this reason sexually transmitted diseases pose considerable risk to the youth population because of the practice of having multiple sexual partners and the limited use of condoms. Unintended pregnancies, pregnancies and abortions are others serious health risks to young women[8]. Although there was a high prevalence of positive perceived norm of peer exposure to RH services, youths had very little knowledge RH services. Nearly one-third had never accessed any type of mass media (books/magazines, TV, radio or the Internet) for information on reproductive and sexual rights[19]. Millions of women and men lack access to contraception and to the sexual and reproductive health information and services they need to choose their family size and Poor people, especially women and youth people, face huge social and economic barriers to sexual and reproductive health[7]. A study conducted in Thailand showed that the knowledge of reproductive health issues of youths is very limited; only about 20% of the respondents have knowledge of reproductive and sexual health which indicates they wanted more reproductive and sexual health education and services. This study also showed marital status have up to six times higher in married compared to unmarried youth[20]. Study conducted in Myanmar, Mandalay City showed that, the level of unmet need for SRH information is found to be 67%. Of all youths only 33% had accessed or received SRH information in their lifetime. The main reasons of non-exposure to Sexual reproductive health information were the youth's own feeling of embarrassment and negative attitudes of the youth's guardians[15]. Study conducted in University of Nairobi to assess information of sexual rights also indicated that, 72.2 % of participants have heard sexual rights and 65.8 % of them received before joining to university and 25.3 % during their first year of study at the university. This study also found that 36.7% the respondents perceived sexuality rights as the right of an individual has over their sexuality and the right to enjoy their sexuality [21]. Another study conducted in Ethiopia, Wolaita Sodo University showed that, knowledge of University students on reproductive and sexual rights was limited, which was only 54.5%, and participation in RH clubs, discussion on RH issues, and utilization of RH services were found to have significant and independent effect on knowledge of reproductive and sexual rights. In his study around two third of the respondents did not accept that a married woman has the right to limit the number of her children according to her desire without her husband's consent[14]. A study conducted North East Ethiopia also reviled that SRH education programs and services in schools & at the community for out of school youths increases the transfer of knowledge and skills that help youth delay sexual debut and increase their knowledge on reproductive and sexual information[22]. Another study conducted in University of Nigeria indicates more than half of the respondents have either boy/girlfriend and a total of 52.0 % of the respondents have ever had sex with someone before. This is revealing more young people in higher institutions are getting sexually active and most lack the necessary reproductive health information to practice safe sexual practices[23]. This study was to assess the magnitude of knowledge of reproductive and sexual right and associated factors among youths is important to improve their reproductive and sexual health services.

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MATERIAL AND METHODS

Study Area and Setting

Community based cross-sectional study was conducted from July 15 to 26, 2013. The study was conducted in Shire town, North Western zone of Tigray regional state, Northern Ethiopia. Shire town is the capital city of North West administrative zone of Tigray regional state and is located 1,078 kilometers from Addis Ababa to the North and 300 kilometers from Mekelle, the capital city of Tigray region to the North West respectively. Shire's total population was estimated at 60057 in 2012 and 61,618 in 2013. The total number of youths in 2012 was 14,961 and 15,015 in 2013. There are 11,635 households in the five kebelles of the town (woreda house hold profile 2013).

Sampling

Sample size was determined by using the following assumptions; - a 95% confidence interval, 5% margin of error and since there were no studies with similar findings of this study, 50% proportion was taken to obtain the sample size. Since the sampling procedure was multistage sampling technique with two stages, it was multiplied by two to consider the design effect. 5% non response rate was also considered. Finally 806 youths participated in the study. Administratively the town is divided in to 5 kebelles Multistage sampling procedure was employed to select the sample size .Out of the five kebelles of the town, three Kebelles (02, 03, and 05) with a total of 6571 households were randomly selected by using simple random sampling technique, and each Kebelles was sub divided in to four "menders". Assumed that households are proportionally distributed in each Kebelles and assumed that also only one eligible youth was present in a single house, again using systematic random sampling technique, the 806 youths were obtained from the 6571 selected house hold of each "mender" within the 8th house hold interval proportional to the house number they had as a study unit. The first sample was selected randomly and every 8th house was visited through systematic sampling to recruit the next samples from each "mender" still the desired sample was obtained.

Data Collection Tools

Knowledge on reproductive and sexual rights and associated factors was assessed using structured pre tested questionnaires by face to face interview. Structured questionnaires were developed in English to be utilized to measure the knowledge on reproductive and sexual rights. After revision of the questionnaires prepared in English, it was translated to Tigrigna version by language expert who was not involved in preparation of the English version and then back to English version for its completeness and consistency. A two day's training regarding to the objective of the study and how to collect data was given to data collectors and supervisors by the principal investigator. Participants were interviewed in separated classes of their house by three male and three female nurses. Two BSc nurses were assigned as supervisor and the principal investigator was coordinated and followed the overall activities.

Measurement

Knowledge: - knowledge of youths on reproductive and sexual right was determined using the score point of the mean. Youths who have no knowledgeable were those whose score point was equal and less than mean, and those with knowledgeable were their score point was greater than the mean.

Data Processing and Analysis

The quantitative data were entered, cleaned and analyzed by using statistical package for social sciences (SPSS) version 20.0 (SPSS Illinois, Chicago). First descriptive analyses were carried out for each of the variables. Second, bivariate analyses were done for the independent variables with the outcome variable to select candidate variables for the multivariable logistic regression analyses. Finally, variables which showed significant association with the dependent variable in the bivariate analysis were entered into a multivariate logistic regression model to identify their independent effects. Co linearity test was done for each independent variable to check whether the variables were confounding each other. Finally the results of the finding were presented by texts, tables and graphs.

RESULTS

Socio Demographic and Economic Characteristics of Youths

Table 1: Socio demographic and economic characteristics of youths, Shire town, Tigray, 2013(n=781).

Characteristics		Frequency (n=781)	Percent (%)
Age	15-19years	478	61.2
	20-24 years	303	38.8
Sex	Male	373	47.8
	Female	408	52.2
Religion	Orthodox	634	81.2
	Muslim	93	11.8
	Others(Protestant, Catholic)	54	6.9
Ethnic group	Tigray	718	91.9
	Others (Afar, Kunam, Erob and Amhara)	63	8.1
Marital status	Single	682	87.3
	Married	72	9.2
	Divorced	20	2.6
	Widowed	7	0.9
Educational level	can't read and write	11	1.4
	can read and write	24	3.1
	1-6 grade	82	10.5
	7-12 grade	380	48.7
	Diploma and above	284	36.7

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Characteristics		Frequency (n=781)	Percent (%)
Occupation	Daily labourers	63	8.1
	civil servant	91	11.7
	Student	324	41.5
	employed in private	162	20.7
	own business	56	7.2
	no work	84	10.8
Monthly income in US Dollar	<47.6$	146	36.4
	47.6-71.43$	144	35.9
	71.44-95.23$	59	14.7
	95.24-119$	35	8.7
	>119$	17	4.2
With whom you are living	With family/ mother and father	440	56.4
	With father only	14	1.8
	With mother only	120	15.4
	With relatives	44	5.6
	With boy/girl friend	47	6.0
	With peers	50	6.4
	Others (alone, others)	61	8.5

A total of 781 youths were enrolled in the study and making a response rate of 96.8%. Of these, 408 (52.2%) were female. Four hundred seventy eight (61.2%) of the participants were 15-19 years old age group and the rest 303 (38.8%) were 20-24 years old. The mean age of participants was 18.8 years with (SD= ± 2.4 years). Eighty one point two percent of the participants were orthodox by their religion. Seven hundred seventeen (91.8%) of them were also belongs to the Tigray Ethnic group and six hundred eighty two (87.3%) were single. Regarding the occupational status of the participants, 324(41.5%) were students. Eighty seven pint three of youths in the study were also single.

Knowledge of Reproductive and Sexual Rights of Youths

Table 2: Knowledge on reproductive and sexual right of youths, Shire town, Tigray, 2013(n=781).

Characteristics	Frequency (n=781)		Percentage
Knowledge on reproductive and sexual rights	Yes	368	47.1
	No	413	52.9
Does a married mother have the right to decide the number of children without her husband's consent?	Yes	365	46.7
	No	416	53.3
Do girls have the right to resist genital mutilation against their families will?	Yes	514	65.8
	No	267	34.2
Do youths have the right that their use of reproductive health services is kept confidential?	Yes	502	64.3
	No	279	35.7
Do youths have a full right to access all RH and sexual health services without parents' consent?	Yes	528	67.6
	No	253	32.4
Do girls have the right to autonomous reproductive choices without their partners consent?	Yes	506	64.8
	No	275	35.2
Do unmarried youth woman have the right to maternity leave with adequate social security benefits?	Yes	544	69.7
	No	237	30.3
Unmarried couples have no right to use contraceptives other than condoms?	Agree	246	31.5
	Disagree	535	68.5
Youths have the right of protection from sexual abuse, reproductive harms and sexual discrimination.	Agree	603	77.3
	Disagree	178	22.7
youth have the right to freely thought of sexual and reproductive care without restrictive interpretation of religious, contexts, beliefs, philosophies and customs	Agree	554	70.9
	Disagree	227	29.1

Out of 781 interviewed youths of this study, 413 (52.9%) were not knowledgeable on reproductive and sexual rights. Half (53.3%) of participants did not know a married mother have the right of deciding the number of her children without her husband's consent. Thirty five point seven of the participants were not accept the idea of youths' reproductive health service should be kept confidential and 35.3% youths disagreed with the concept of unmarried couples have the right to use different contraceptive other than condom when desired. Participants were also asked if they know youths have the right of freely thought of sexual and reproductive care without restrictive interpretation of religious contexts, beliefs, philosophies and customs, regarding this concept 216(27.7%) of them disagreed(Table 2). Figure 1 shows that, sixty two point two of the participants have received information on SRH issues in the life time, 24.7% of them also participated in reproductive health clubs which indicated that reproductive club participation of participants was found to be limited. Sixty point six of them had also knowledge on reproductive and health facilities providing reproductive health services.

Factors Associated with Knowledge of Reproductive and

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Sexual Rights of Youths

In the bivariate logistic regression analysis, sex of participants, age of participants, educational level of participants??, occupational status of participants?? etc, monthly income, parental educational level, received information on RH issues, participated in RH clubs, know the important of discussing on RH issues, ever discussion on RH issues, knowledge of health facilities providing RH services and started sexual intercourse were significantly associated with knowledge on reproductive and sexual rights. In multivariate logistic regression analysis, educational level, have monthly income, received information on RH issues, participated in RH clubs and started sexual intercourse were found to be significantly associated and have independent effect on knowledge of reproductive and sexual rights. Participants who attended grade1-6 were around 80 % less likely knowledgeable as compared with those who attended diploma and above [AOR:0.16, 95%CI: 0.04,0.25] and those who attended grade 7-12 were also 51% less likely knowledgeable than those who attended diploma and above [AOR:0.51 ,95%CI: 0.37, 0.72]. Participants who had their own monthly income were 57% times more likely knowledgeable than those who had no their own monthly income [AOR: 1.57, 95%CI: 1.14, 2.17] and Participants who received information on RH issues were 85% times more likely knowledgeable than did not received information on sexual and reproductive health [AOR: 1.85, 95%CI, 1.32, 2.60]. Participants who participated in RH clubs were 62% time more likely knowledgeable on reproductive and sexual rights than those who did not participated [AOR: 1.62, 95%CI, 1.13, 2.33] and those who have started sexual intercourse were also 74% times more likely knowledgeable as compared to those who did not started sexual intercourse in the life time (AOR: 1.74, 95% CI: 1.26, 2.41) (Table 3).

Figure 1: Reproductive and sexual health information and participation in RH clubs of youths, Shire town, Tigray, Northern Ethiopia, and November, 2014.

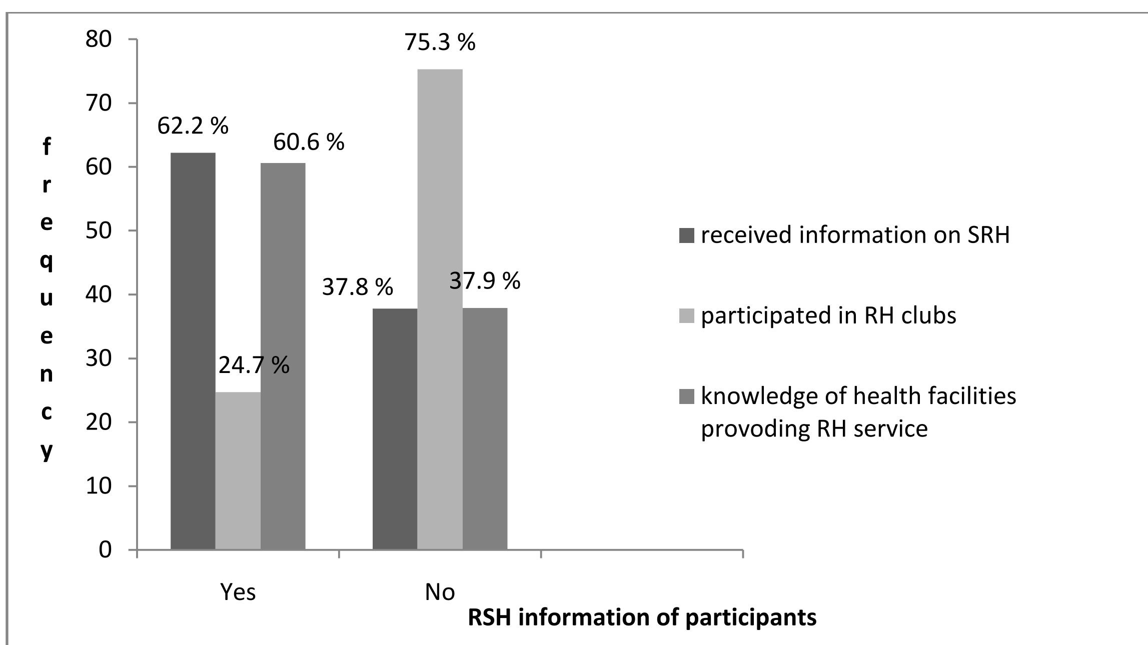

Table 3. Factors affecting knowledge of reproductive and sexual rights of youths, shire town, Tigray, Northern Ethiopia, November, 2013 (n=781).

Characteristics		knowledge		COR (CI-95%)	AOR (CI-95%)
		Knowledge able	Not knowledgeable		
Age	15 – 19 years	204(55.4%)	274(66.5%)	0.62(0.46-0.83	
	20 – 24 years	164(44.6%)	138(33.5%)	1	
Sex	Male	194(52.6%)	179(43.4%)	1.43(1.08-1.91)	
	Female	175(47.4%)	233(56.6%)	1	
Educational level	Can't read and write	3(0.8%)	8(1.9%)	0.22(0.05-0.85)	0.24(0.06-0.96)
	Can read and write	6(1.6%)	18(4.4%)	0.19(0.07-0.51)	0.25(0.09-0.69)
	1-6 grade	10(2.7%)	72(17.5%)	0.08(0.04-0.16)	0.16(0.04-0.20)***
	7-12 grade	171(46.3%)	209(50.7%)	0.48(0.35-0.65)	0.51(0.37-0.72)***
	Diploma and above)	179(48.5%)	105(25.5%)	1	1

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Characteristics		knowledge		COR (CI-95%)	AOR (CI-95%)
		Knowledge able	Not knowledgeable		
Occupation	Daily labourer	23(6.2%)	40(9.7%)	1.5(0.75-3.07)	
	Civil servant	54(14.6%)	37(9.0%)	3.87(2.04-7.31)	
	Student	154(41.7%)	170(41.3%)	2.40(1.41-4.06)	
	Employed in private	82(22.2%)	81(19.7%)	2.78(1.51-4.74)	
	Own business	33(8.9%)	23(5.6%)	3.80(1.85-7.79)	
	No work	23(6.2%)	61(14.8%)	1	
Have own income	Yes	211(57.2%)	190(46.1%)	1.56 (1.17-2.07)	1.57(1.14-2.17)**
	No	158(42.8%)	222(53.9%)	1	1
Received inf/n on RH issues	Yes	275(74.5%)	212(51.5&)	2.72(2.01-3.68)	1.85(1.32-2.60)***
	No	95(25.5%)	200(48.5%)	1	
Participated in RH clubs	Yes	114(30.9%)	79(19.2%)	1.88(1.35-2.62	1.62(1.26-2.41)**
	No	255(69.1%)	333(80.8%)	1	1
Father's educational level	Can't read and write	24(6.5%)	49(11.9%)	1	
	Can read and write	73(19.8%)	107(25.9%)	0.31(0.17-0.56	
	1-6 grade	92(25%)	111(25%)	0.43(0.27-0.68	
	7-12 grade	94(25.5%)	92(22.3%)	0.52(0.33-0.81	
	Diploma and above	85(23.1%)	94(13.1%)	0.64(0.41-1.07	
Mother's educational level	Can't read and write	91(24.7%)	116(28.1%)	1	
	Can read and write	95(25.8%)	133(32.2%)	0.40(0.22-0.70	
	1-6 grade	68(18.5%)	78(18.9%)	0.36(0.20-0.63	
	7-12 grade	67(18.2%)	62(15%)	0.44(0.24-0.80	
	Diploma and above	47(12.8%)	24(5.8%)	0.56(0.30-1.00)	
Important to discussed on RH issues	Yes	289(78.3%)	271(65.8%)	1.88(1.36-2.59)	
	No	80(21.7%)	141(34.2%)	1	
Ever discussed on RH issues	Yes	175(47.4%)	146(35.4%)	1.64(1.23-2.19)	
	No	194(52.6%)	266(64.6%	1	
Know health facilities providing RH services	Yes	247(66.9%)	226(54.9%)	1	
	No	122(33.1%)	186(45.1%)	2.18(0.64-7.35)	
Started sex	Yes	195(53%)	159(38.5%)	1.80(1.35-2.39	1.74(1.13-2.33)**
	No	273(47%)	254(61.5%)	1	1

Note: *** = p value < 0.001, ** = p value < 0.01, * = p value < 0.05.

DISCUSSION

Although there was a high prevalence of positive perceived norm of peer exposure to RH services, youths had very little knowledge of available types of provider and RH services [22]. In this study, more than half (52.9%) of the youths were not knowledgeable on reproductive and sexual rights. This finding was higher than studies conducted in Wolaita sodo University of Ethiopia (45.5%) and University of Nairobi (27.8%) to assess information reproductive and sexual rights [17, 24]. This might be mainly due to University students are the educated segment of the population that might have better knowledge on reproductive and sexual rights through obtained information from the courses they learnt and it might be also due to they have access of sharing information about reproductive and sexual issues since they are living in a campus as a mass, however in this study, participants were all forms of youths who were living in the town but not only the educated one. Among the respondent of this study, about three-fifth agreed that female youths have rights of autonomous in their reproductive health services. This finding was contradicting with study conducted in Ethiopia, Wolaita Sodo University; it was more than have of the respondents disagreed with this concept [17]. This might be due to cultural and norms difference in different region of the country since University students were from different corner of the country which have multi diversity in culture and traditional believes on reproductive and sexual services. More than half (53.3%) of the participants did not know married mother can decides the number of her children that will have without her husband's consent. This finding was better than study conducted in Ethiopia, Wolaita sodo University (63.7%) [17]. This might be due to the difference in the study population which might have different culture and traditional practices that contribute knowledge disparities on decision making power of mothers on their number of children without the consent of their husband in different region of the country. In this study, two fifth of youths have experienced sexual intercourse in their life time. This finding was lower than the study conducted in University of Nigeria (52%) [27]. This might be due to the cultural, norm and study population differences of the two countries, but it was more than the study conducted in Ethiopia, Wolaita Sodo University [17]. This might be due to University students may have better knowledge and understanding of the disadvantage and consequences of early sexual initiation. In this study also, more than half of participants started sexual intercourse in the age between 16-19 years old. This finding was almost similar with the study conducted in California, among University students [21]. Among the respondents of this study, youths who had attended diploma and above, were found to be

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knowledgeable compared to those who attended grade 12 and below. This difference might be attributed to difference in understandings and making senses of reproductive and sexual issues, hence, the fact that sexual education increases the understanding of the range of reproductive and sexual right issues [18]. Participants who had monthly income were found to be knowledgeable compared to those who did not have monthly income. The possible explanation for this concept might be due to youths who have income have better access for electronic Medias, youth center and engaging in schools. However, those who have no income might have lack of such chances for accessing in such reproductive and sexual information due to problem of cost expenditure. Participants who participated in RH clubs were also found to be knowledgeable compared to those did not participate in RH clubs. This study is in line with the study conducted in Ethiopia, Wolaita Sodo University [17] . and participants who have received information on reproductive and sexual rights were more likely knowledgeable as compared to those who did not received. This study is also in line with study conducted in Thailand [23]. and it is the fact that communication in the households, Means of communication such radio, television and telephone increases for the knowledge of reproductive and sexual services and rights [19]. This study also showed that youths who had started sexual intercourse were more likely knowledgeable than those who did not started sexual intercourse. This might be due to youths who have started sexual intercourse might be openly discusses with their sexual partners where as those who did not started sexual intercourse may not have such a chance for sharing of information on reproductive and sexual rights.

CONCLUSION AND RECOMMENDATION

The knowledge of youths on reproductive and sexual rights is found to be limited. Level of education, received information on RH issues, knowledge of health facilities, participation in RH clubs and started sexual intercourse were significantly associated with knowledge of reproductive and sexual rights of youths. Woreda health office and youth association of the Woreda should focuses on strengthening implementing standard Youth friendly service and formulate different RH clubs in order to address to the poor utilization of reproductive health services. Further research is needed to assess youths' attitude on reproductive and sexual rights.

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