Assessment of Knowledge, Attitude and Practice Towards Reproductive Health Service among Mizan Tepi University Tepi Campus Students, Sheka Zone, South Nations Nationalities and Peoples Regional State, South West Ethiopia, 2017

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Abstract

Background: Reproductive health (RH) is defined as “A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and process”. It addresses the human sexuality and reproductive processes, functions and system at all stages of life and implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Objective: The objective of the study is to assess the Knowledge, Attitude and Practice of Mizan-Tepi University Students, Tepi campus towards Reproductive Health Service Sheka Zone SNNPRS South West, Ethiopia, 2017.

Methodology: Institution Based Cross sectional quantitative Study was conducted among MTU in Tepi campus students with the sample size of 392 and a total population of 5116 from February to March. The Study subject was randomly selected students in each class in MTU, Tepi campus student’s. In the Study period Random sampling technique was used in each class select their ID number. The data was collected by structured self-administered questionary. After the data was collected it was analyzed by SPSS version 16.

Result: Total of 375 students complete the questioner with response rate of 96.2%. From the total of 375 students 75 (20%) were knowledgeable about Reproductive health service. 175 (46.6%) know about component of Reproductive health. Among those 12.5% were known about family planning and STI, 7.7% only family planning and 6.7% access to health service. 347 (92.5%) know about ways of pregnancy prevention among those 40% oral pills and 18% injectable types of contraception were most popular in the study area. Only 158 (42.1%) were favorable Attitude towards Reproductive health service Majority of the respondents strongly agree about the importance of RH service for youths. Out of the total respondents only 132 (35.2%) had practice of RH services.

Conclusion: Most of the study participants were not knowledgeable about reproductive health service and, unfavorable Attitude about RH services and also had poor attitude.

Keywords: Knowledge; Attitude; Practice

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Introduction

Reproductive health (RH) is defined as “A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and process”. It addresses the human sexuality and reproductive processes, functions and system at all stages of life and implies that people are able to have “a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so” [1].

Reproductive health is a universal concern, but is a special importance for women particularly during reproductive year. However, men also demands specific reproductive health needs and have power in some reproductive health matters [2].

Adolescents and youths people are defined by WHO as at age group 10-19 years and 15-24 years respectively. The onset of adolescence which is more or less coinciding with puberty is often influenced by manifestation of puberty [3].

Young people make up over one-quarter of the world’s population. Among those, 1.4 Billion young people live in developing countries today [4]. Population censuses and projections conducted in Ethiopia in different years show that youth and adolescents constitute a high proportion of Ethiopian population. According to the 2012 population projection, the population was reach 83.75 million and the youth population was reached to 8.3 million (9.9%). Similarly the adolescent population was reach 20.19 million (24.1%) and in 2011 secondary school age population were 7.4 million [5].

As group adolescents and youth have sexual and reproductive health needs that differ from those adults in many ways and which remain poorly understood or served in much of the world. Neglecting this population has a major implication for the future. Since sexual and reproductive behaviors during adolescence have far reaching consequences for people’s lives as they develop into adult [6]. Over 500,000 adolescents contract gonorrhea each year, and (25%) of Acquired Immune deficiency Syndrome cases involve young adults who probably become infected with HIV during adolescence [7].

Every year 2.5-3 million teenagers acquire a STI of one kind or another. This means that approximately one out of every teen adolescent even in developed countries becomes STD-infected each year [8].

The rapid spread of the HIV/AIDS epidemic in the country is posing very serious threats of overall socio-economic and human development prospects in the country, a recent report of the MOH on HIV/AIDS situation in Ethiopia, reports the highest prevalence of HIV infection in the age group 15 to 24 (12.1%). High rates of adolescent pregnancy mean that HIV infection will affect the next generation as well, putting babies at risk of vertical transmission and creating a generation of AIDS orphans [9]. It is estimated that each year, worldwide, 15 million girls aged 15-19 years give birth and that about (11%) of children are born to adolescents [10].

Methodology

Study area and period

The study was conducted at Mizan-Tepi university Tepi campus in Sheka zone SNRPs from March 02/03/2017 to March 23/03//17. Mizan Tepi University is one among 33 universities which was establish 1998 E.C which has two branches Mizan and Tepi Campus each is 50 km apart. Tepi campus is located 611 km southwest of Addis Ababa and 899 from the regional city Hawassa. According to information obtained administrative registered office, it was start by one college which is computational science and by four departments (Biology, Chemistry, Maths, Physics) in 2000 e.c. know it has three colleges and 15 department with the total of 5169 students among this 1666 are females [11].

Study design: An institution based Descriptive cross sectional study was conducted.

Source population: All regular Mizan- Tepi University students attending in Tepi campus.

Study population: All regular students who were randomly selected from each class in Tepi campus.

Inclusion criteria: All students who were regular and attending at the time of data collection in Tepi campus.

Exclusion criteria: Those who were seriously ill to the extent of unable to respond during data collection period.

Sample size determination and sampling technique

Sample size determination: The sample size was determined by using single population proportion formula. The following assumptions were made, marginal error (w) that was tolerated either side of the true proportion to be 5%, and using 95%confidence level and adding 10% to compensate for non-response rate. Assuming the proportion of students who have KAP on reproductive health is 50% [12], P=0.5, w=0.05 (margin of error) Q=0.5, 95%confidence interval=1.96, P=Proportion of students,

None response rate=10%,

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procedure. There are 68 regular classes in the campus; different numbers of students were attending in each class [13].

The number of students in each college was given in Table 1.

### Data collection technique and tools

Data was collected using self-administered questionnaires with closed ended questions. The questionnaires were prepared in English and were pretested in students, other than the study area, one week before the start of data collection. The data was collected through structured self-administered questionnaires with closed ended questions. Fourth year midwifery Students were the data collector who were principal investigators they were responsible to lead the whole situation of the data collection process to check the data consistency, completeness and editing. Discussion was done by all data collectors [14].

### Data quality assurance

Data consistency and completeness was checked throughout the data collection and analysis. The data collectors were discussed on method of data collection and the Questionnaire was checked on daily basis for completeness during data collection. Data was checked in the field to ensure that all the information will properly collected. The questionnaires were pre-tested before data collection on Mizan campus.

### Data processing and analysis

Data was entered by SPSS version 16 and processing, analysis was done. After we collect the data we were checked for its completeness and accuracy before analyzing it. Then mainly frequency and percent were used to summarize and present major findings to all variables of study population by using charts and graphs [15].

### Ethical consideration's

The study was carried out after getting permission from the ethical review committee of Mizan-Tepi University and then a letter of support which indicates the objective of the study was written, from MTU University Tepi campus student den after that the purpose and importance of the study was explained to the participants. Data was collected after full informed verbal consent was obtained from individuals and confidentiality of the information was also maintained by omitting their names and personal identification or privacy [16].

### Results

#### Socio demographic and academic characteristics of Mizan Tepi university Tepi campus students, Sheka zone, SNPNRs

Out of 392 respondent’s, 375 was complete the questioner with the response rate of 95.6%. Among these 164 (43.7%) were females. Majority of the respondent’s 286 (76.3%) were within the age group of 20-24 year. Majority of respondents were single 298 (79.5%) followed by has boy/girlfriend 68 (18.1%). One hundred twenty four (33.1%) of respondent’ were ethnically Amhara followed by Oromo 115 (30.7%). one hundred seventy (45.3%) are orthodox Christian followers whereas 100 (26.7%) of them were protestant Christian by religion. Most of the respondents father were farmer 117 (31.2%) followed by civil servant 100 (26.7%) while most their mothers occupation were house wife 185 (44.3). As a Table 2 showed below majority of respondent’s parent educational status was can read and write [17].

### Knowledge of students in Tepi campus

Respondents were asked whether they know what reproductive health means and 175 (46.66%) acknowledge that they know about it, Out of 175 they gave answer that it is family planning and STI 47 (26.9%) followed by Family planning only 29 (16.5%), access to health service and information 25 (14.3%), Maternal and child health 21 (12%), STI/HIV 20 (11.4%) the right to choose when and with whom to have sex 15 (8.6%) and the rests 10.3% list three and more. A considerable proportion about 201 (53.6%) of the respondents did not know or did not responds to the question concerning components of reproductive health (Table 3) [18].

Out of the study subjects only 63 (16.8%) of them answered that a woman is most likely to Become pregnant halfway between two periods, whereas the majority, 125 (33.3%) were from during her menstrual cycle. Out of the total study subjects, 347 (92.5%) of them had reported that they know at least one means of avoiding pregnancy. Among these Oral pills, Inject able and condoms were the most recognized contraceptive methods that were Reported by 40%, 18% and 9.22% respectively and also 61 (17.57%) know both OCP and Injectable, the other thing while 28 (7.5%) of respondents don’t know about it [19].

### About STI

Three hundred forty five 345 (92%) of the participants knew diseases that a person can acquire through sexual intercourse. Among 345 respondents who know at least one of the diseases that can be transmitted through sexual intercourse, the majority, 179 (51.9%) of them mentioned AIDS and 8.11% mentioned gonorrhea and 76 (22.02%) of respondents know both gonorrhea and HIV/AIDS, and also 47 (13.6%) list both Syphilis and HIV/AIDS. Whereas only 4 (1.2%) of them mentioned Lympho granuloma Venereum and chancroid, but 30 (%) didn’t know about disease that transmitted through sexual intercourse [20-25].

Out of 334 (89.1%) participants who mentioned there is means of preventing STDs and AIDS, most, 78 (23.4%) mentioned

### Table 1 Number of students in each college.

| Name of the college         | No of student in each college | No of department |
|-----------------------------|-------------------------------|------------------|
| Engineering                 | 3197                          | 5                |
| Natural and Computational science | 1137                          | 7                |
| Computing and informatics  | 835                            | 3                |

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abstinence followed by 75 (22.5%), mentioned condom, whereas 54 (16%) and 26 (7.8%) avoid casual sex and remain faithful to a partner respectively to be ways that a person should follow to avoid getting these diseases while the rest 41 (10.9) didn’t know about it (Tables 4 and 5) [26].

As a table showed above 219 (56.8%) of the respondents had VCT information and 198 (52.8%) That, its main advantage is to maintain health and 21 (5.6%) understand it is to limit HIV/AIDS transmission. In the contrast, 10 (2.7%) of the respondents claimed it could enable to take revenge is the test become HIV positive. In general, 220 (58.7%) of the respondents reported they need to have VCT (Table 5) [27].

Attitude towards reproductive health service

Respondents strongly agree about the importance of Reproductive health services for youth (Table 6). 158 (42.1%) of the students strongly agree about the importance of reproductive health services for youth. Students strongly disagree the inclination that only females should use reproductive health service. 156 (41.6%) of the students were strongly disagree That only female should use reproductive health service Whereas 103 (27.5%) those who identified themselves as male, 176 (45.3%) strongly disagree the inclination. Furthermore, 156 (41.6%) of the students strongly disagree that only female should use reproductive health services. These results correspond with the study done in Nigeria [28].

Table 2 Socio demographic characteristics of MTU Tepi campus students, Sheka zone, SNNPRs, Ethiopia, 2017.

| Variable         | Frequency | Percent (%) |
|------------------|-----------|-------------|
| **Age**          |           |             |
| 15-19            | 52        | 13.9        |
| 20-24            | 286       | 76.3        |
| >24              | 37        | 9.9         |
| **Sex**          |           |             |
| Female           | 164       | 43.7        |
| Male             | 211       | 56.7        |
| **Religion**     |           |             |
| Orthodox         | 170       | 45.3        |
| Protestant       | 100       | 26.7        |
| Muslim           | 89        | 23.7        |
| Others           | 16        | 4.3         |
| **Marital status** |         |             |
| Married          | 9         | 2.4         |
| Single           | 298       | 79.5        |
| Has boy/girl friend | 68     | 18.1        |
| **Ethnicity**    |           |             |
| Amhara           | 124       | 33.1        |
| Oromo            | 115       | 30.7        |
| Tigr             | 49        | 13.1        |
| Bench            | 39        | 10.4        |
| Wolayita         | 25        | 6.7         |
| Others           | 23        | 6.1         |
| **Year of study** |         |             |
| First year       | 107       | 28.5        |
| Second year      | 119       | 31.7        |
| Third year       | 92        | 24.5        |
| Fourth year      | 26        | 6.9         |
| Fifth year       | 31        | 8.3         |
| **Father occupation** |     |             |
| No occupation    | 18        | 4.8         |
| Daily labor      | 54        | 14.4        |
| Civil servant    | 100       | 26.7        |
| Farmer           | 117       | 31.2        |
| Had privet business | 45     | 12.0        |
| Others           | 41        | 10.3        |
| **Mother occupation** |   |             |
| House wife       | 185       | 49.3        |
| Daily labor      | 48        | 12.8        |
| Farmer           | 92        | 24.54       |
| Civil servant    | 16        | 4.08        |
| Others           | 34        | 9.6         |
| **Father educational status** | | |
| Cannot read and write | 89   | 23.7        |
| Last grade completed | 163 | 43.6        |
| **Mother educational status** | | |
| Cannot read and write | 25  | 6.7         |
| Read and write   | 250       | 66.66       |
| Last grad completed | 100 | 26.6        |

Table 3 knowledge characteristics of MTU Tepi campus students, Sheka zone, SNNPRs, Ethiopia, 2017.

| Variables | Frequency | Percent (%) |
|-----------|-----------|-------------|
| Do you know about RH? | | |
| Yes | 175 | 46.66 |
| No | 200 | 53.33 |
| Total | 375 | 100.0 |

Table 4 Distribution of knowledge of some basic concepts of RH and RH services among MTU students.

| Variable | Frequency | Percent |
|----------|-----------|---------|
| Knowing fertile period of women | | |
| Knowledgeable | 63 | 16.8 |
| Not knowledgeable | 112 | 33.2 |
| Family planning (n=347) | | |
| OCP | 120 | 81.6% |
| Condom | 32 | 9.2 |
| Inject able | 64 | 18.4 |
| Implant | 11 | 3.1 |
| IUCD | 10 | 2.9 |
| Sterilization | 2 | 0.5 |
| Abstinence | 5 | 1.5 |
| Withdrawal | 2 | 0.5 |
| Intercourse in up write position | 19 | 5.7 |
| Ocp and inject able | 61 | 17.6 |
| Condom and inject able | 21 | 6.05 |
| Not know | 28 | 7.7 |
| STI (n=345) | | |
| Gonorrhea | 28 | 8.1 |
| HIV/AIDS | 179 | 51.8 |
| Chancroid and LGV | 4 | 1.2 |
| Syphillis | 18 | 5.2 |
| Gonorrhea and syphilis | 65 | 18.8 |
| Syphillis and HIV | 47 | 13.6 |
| Not know | 30 | 8.0 |
agree on only females should use RH service. one hundred forty respondents 140 (37.3%) Agree about discussing on contraceptive with young people [23], while 85 (22.7%) strongly agree, 87 (23.2%) Disagree.... about it. Out of the total students, 187 (49.9) agree about screening for HIV and other T is good, 108 (28.8%) strongly agree, 43 (11.5), whereas 11 (2.9%) strongly disagree, not sure about it 26 (6.9%) [28-30].

As the Table 6 above showed most of respondents have good attitude about reproductive health.

Concern but 42 (11.2%) of the study participants has poor attitude about reproductive health services. Out of the total study participants (24.8%) Agree.67 (17.9%), strongly agree, 93 (24.9%), 90 (24.0) respondents believe that sex is important before marriage which were about only females should use RH service. While most respondents198 (52.8%) believe that sex is important before marriage which were about only females should use RH service. One hundred forty nine (39.7%) respondents had sex between 18-24 as the shown in Table 8. The reason for sex were fall in love 83 (57.7%) and the rest 21 (14.1%) to get married, only 12 (8.08%) to get money. Among those were use voluntary cancelling and testing followed by condom, emergency contraceptives and others 16 (17.4%) (Table 7) [36].

**Sexual practice:** One hundred forty nine (39.7) respondents ever had sex in their life time. Majority of the respondents 79 (53.3%) had sex below the age of <18 all most before they joined to university whereas 66 (44.3%) had sex between 18-24 as the shown in Table 8. The reason for sex were fall in love 83 (57.7%) and the rest 21 (14.1%) to get married, only 12 (8.08%) to get money. Among those who had sex 30 (20.13%) were sex with more than one sexual partner (Tables 8, 9 and Figure 1).

**Practice on reproductive health service among MTU students Tepi campus**

Most of the respondents were not using reproductive health services. Out of 375 respondents only 92 (24.5%) use the service. While the rest 283 (73.5%) didn’t use reproductive health service currently. Among those were use voluntary cancelling and testing followed by condom, emergency contraceptives and others 16 (17.4%) (Table 7) [36].

**Currently reproductive service among mtu tepi campus students, sheka zone SNNPRs, Ethiopia.**

**Table 7** Current Use of contraceptive method among MTU Tepi campus students, Sheka zone SNNPRs, Ethiopia.

| Variable | Frequency | Percent |
|----------|-----------|---------|
| VCT      | 53        | 57.6    |
| Condom   | 25        | 27.1    |
| Emergency contraceptive | 11 | 12 |
| Other    | 16        | 17.4    |

**Table 8** Showing ever had sexual intercourse and the age the age they start sex.

| Variable | Frequency | Percent |
|----------|-----------|---------|
| Yes      | 149       | 39.7    |
| No       | 219       | 58.4    |
| No response | 7 | 1.86 |

| Age of first sexual intercourse | Frequency | Percent |
|--------------------------------|-----------|---------|
| <18                             | 79        | 53.3    |
| 18-24                           | 66        | 44.3    |
| >24                             | 3         | 2       |
| No response                     | 1         | 0.4     |

**Table 9** Current use of contraceptive method among mtu tepi campus students, sheka, snnprs, ethiopia, 2017.

| Variable | Frequency | Percent |
|----------|-----------|---------|
| Yes      | 30        | 20.13   |
| No       | 119       | 79.9    |
Out of one hundred respondents who ever had sexual intercourse, 30 (37.8%) students were use contraceptive in the survey period as showed below among those the type of the contraceptive most of used were Emergency contraceptive which is 18 (60%) followed by emergency contraceptive 5 (16.7%) (Table 9 and Figure 1).

Among study participants who had sex, 10 (6.7) ever hade STI that is genital ulcer, abnormal genital discharge or swelling. Among those who had such condition 3 (10%) of them side that thy go to traditional healer and the other 10% were by self-healer only 1 (10%) of respondents were went top privet health institution. Among the study participants who ever had sex, 13 (8.72%) ever been pregnant, out of this 8 (61.5%) ever had abortion but they abort by ingesting different drugs 3 (37.5%), only 2 (25%) were at privet clinic (Table 10).

### Table 10 Showed number of pregnant students in MTU Tepi campus students, Tepi campus, Sheka, SNNPRs.

| Variable                          | Frequency | Percentage |
|-----------------------------------|-----------|------------|
| had pregnant Ever (n=149)         | Yes       | 13         |
|                                   | No        | 136        |
| Ever had abortion (n=13)          | Yes       | 8          |
|                                   | No        | 5          |
| Site of abortion n=8              | Public health institution | 1 | 12.5 |
|                                   | Privet clinic | 2 | 25  |
|                                   | Abortionist house | 2 | 25  |
|                                   | By ingesting different drugs | 3 | 37.5 |

### References

1. WHO (2008) Reproductive health.
2. Collumbien M, Busza J, Cleland J, Oona Campbell (2010) Social Science Methods for Research on Reproductive Health. Geneva.
3. Lewis M (1990) Clinical aspect of child and adolescents development. Fred volkmann.
4. Progress Report - Reproductive health strategy
5. (2014) Population stabilization report of Ethiopia.
6. Usha R, Krishna VS (2000) Adolescent Obstetrics and Gynaecology in perspective.
7. Rivers K, Agleton P (2001) Adolescent sexuality, Gender and HIV epidemic. BETA 14: 35-40.
8. (2004) MHO Family health department, five- year plan of action for adolescent’s reproductive health in Ethiopia.
9. Kiragu K, Obwaka E, Odallo D, Van Hulzen C (1996) Communication about sex; adolescents and parents in Kenya. AIDS STD Health Promot Exch 3: 11-13.
10. Sex education - tips for parents.
11. Simona RJ (2014) knowledge, Attitude and Practice on Reproductive Health. African Journal of reproductive Health 13: 4.
12. UNFPA (2012) Overview of adolescent life.
13. Ambaw FMA, Gobena T (2012) Sexual practice and their development pattern among Jimma university students. Ethiop J Health Sci, pp: 159-167.
14. Sombe MJ, Obure J, Mahnde MJ (2014) Contraceptive knowledge and use among female undergraduate students of muhim bili and dares Selam University. Tanzania. BMC women’s health 14: 94-100.
15. Omi S, Aziz S, Singh R S (2012) Future: A frame work for accelerating action for the sexual and reproductive health of the young people. WHO/UNFPA/UNICEF Publication
16. MHO (2011) Adolescent and youth reproductive health. Ethiopia, pp: 1-149.
17. Shiferaw K FG, Asres G (2014) Assessment of adolescent communication on sexual and reproductive health matters with their parents and associated factors among secondary and preparatory school students in Debre markos town, North West Ethiopia. Reproductive Health 11: 2-10.
18. USAID (2012) Path finder international bringing you the friendly service to scale in Ethiopia. pp: 1-8.
19. MOH (2012) National Reproductive Heath strategy. Moh FDRo, Ethiopia, pp: 24-27.
20. USAID (2013) HIV/AIDS and Sexual reproductive health among University students in Ethiopia: A policy intervention frame work. Health Policy Project, pp: 1-5.
21. Edith M, Ovaioza AM (2014) Awareness of sexuality transmitted infections among under graduate students of university of Abuja, Nigeria. British J Appl Sci Tech 4: 705-717.
22. Nsubuga H, Sekandi JN, Sempeera H (2016) Contraceptive use knowledge attitude and practice on sexual behaviour among female university students in Uganda: a cross-sectional survey. BMC Womens Health 16: 6.
23. Council P (2015) Sexual and reproductive health knowledge, attitudes, and practices among early adolescents and young adults in Uganda: findings from a link up exploratory study.
24. Tegegn AM, Gelaw Y (2012) Assessment of Health Knowledge and Attitude among adolescents in Jimma Town Southwest Ethiopia. Ethiop J Health Dev.
25 Haftom G, Geberekidan B, Berhe H, Kenfu K (2015) Assessment of knowledge, attitude, and practice towards emergency contraceptives among female college students at mekelle town, tigray region, ethiopia: a cross sectional study. Inter J Pharm Sci Res.

26 Adera A, Kassaw MW, Yimam Y (2015) Assessment of Knowledge, Attitude and Practice Women of Reproductive Age Group towards Abortion Care at Debre Markos Referral Hospital, Debre Markos Ethiopia. Sci J Public Health 3: 618-624.

27 Gebremichael MA, Chaka EE (2015) Assessment of Knowledge, Attitude and Practices on Reproductive Health among Ambo University Students in Ambo, Oromia National Regional State, Ethiopia, 2013/14. Sci J Public Health, pp: 222-228.

28 Lenjisa JL, Ulfin D, Tamme E (2014) Knowledge and Practice of Emergency Contraceptives among Students at Ambo Techniques College, Ethiopia. Reprod Syst Sex Disord 3: 136.

29 Nsubufa H (2016) Contraceptive use, knowledge, attitude, perceptions and sexual behaviour among female University students in Uganda: International CSA Eal. Youth sexual Behaviour. Ethio Demo Health Sur.

30 Korra AHM (1999) Sexual behaviour and level of awareness on reproductive health among youths: Evidence from Harrar Ethiopian. Ethio J Health Develop.

31 Garoma S, Belachew T, Wondafrash M (2012) Knowledge, attitude and practice of sexual coercion on young females in nekemt town, West Ethiopia. EJHR Vol: 3.

32 Abebe M, Awoke W (2014) Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State, Ethiopia. Open J Epidemiology 4: 69-75.

33 Abajobir AA, Seme A (2014) Reproductive health knowledge and services utilization among rural adolescents in east Gojjam zone, Ethiopia: a community-based cross-sectional study. BMC Health serv Res 14: 138.

34 Feleke SA Koye DN, Demssie AF, Mengesha ZB (2013) Reproductive health service utilization and associated factors among adolescents (15-19 years old) in Gondar town, Northwest Ethiopia. BMC Health Serv Res. 13: 294.

35 Dida N, Darega B, Takele A (2015) Reproductive health services utilization and its associated factors among Madawalabu University students, Southeast Ethiopia: BMC Res Notes. 8: 8

36 Bayissa DD, Mebrahtu G, Bayisa G (2016) Assessment of early sexual initiation and associated factors among Ambo University under graduate students, Ambo Ethiopia. J Contraceptive Study.