Research Article

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Journal of Hospital & Medical Management
ISSN 2471-9781

2017
Vol. 3 No. 1: 11

DOI: 10.4172/2471-9781.100030

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

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Citation: Yemaneh Y, Gezahagn R, Yechale M, Assefa M, Abrha K, et al. (2017) Assessment of Knowledge, Attitude and Practice Towards Reproductive Health Service among Mizan Tepi Universtiy Tepi Campus Students, Sheka Zone, South Nations Nationalities and Peoples Regional State, South West Ethiopia, 2017. J Hosp Med Manage.
Vol. 3 No. 1:11

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 quesionariy. 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

Received: June 21, 2017; **Accepted:** June 28, 2017; **Published:** June 30, 2017

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 SNNPRs 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 and15 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 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%,

Sample size (n)= $\frac{(z\alpha/2)^2 p(1-q)}{W^2} = (1.96)^2 * 0.5 * 0.5 / (0.05)^2 = 384.$

385*10% (non-response rate)=38.5=38.5+385=423 since our resource of Population is <10,000 we used correction formula N=n/1+n/N where N=total population=5169, no=previous sample size=423 423/1+423/5169=392.

Sampling technique

Random sampling Technique Was used to conduct this study.

Sampling procedure

The required sample size was proportionally allocated to each class and we collect the data randomly by using lottery method in each class when they enter and live the class. All colleges and departments in each year were including in the sampling

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 close 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, SNNPRs

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

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

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 Venereun 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 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
	Tigri	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
Ethnicity	Amhara	124	33.1
	Oromo	115	30.7
	Tigri	49	13.1
	Bench	39	10.4
	Wolayita	25	6.7
	Others	23	6.1
	First year	107	28.5
Year of study	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

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%)

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	83.2
Family planning (n=347)	OCP	120	81.6%
	Condom	32	9.22
	Inject able	64	18.4
	Implant	11	3.17
	IUCD	10	2.9
	Sterilization	2	0.58
	Abstinence	5	1.44
	Withdrawal	2	0.58
	Intercourse in up write position	19	5.47
	0cp and inject able	61	17.6
	Condom and inject able	21	6.05
	Not know	28	7.7
STI (n=345)	Gonorrhea	28	8.11
	HIV/AIDS	179	51.88
	Chancroid and LGV	4	1.2
	Syphilis	18	5.2
	Gonorrhea and syphilis	65	18.8
	Syphilis and HIV	47	13.6
	Not know	30	8

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 only females should use Rh. While most respondents198 (52.8%) believe that sex is important before marriage which were poor attitude towards pre-marital sex. Out of the total study participants (24.8%) Agree.67 (17.9%), strongly agree, 93 (24.9%), Agree that condom is the sign of not thrusting your partner which is poor attitude about it. Nighty 90 (24.0) respondents believe that there were at risk for STI for the last 12 months [31-35]. Out of the total respondents 102 (27.2%) Agree, 89 (23.7) strongly agree, about a girl can be pregnant for the first time she had sex, while the rest 113 (30.1%) disagree, 16 (4.3%) strongly disagree and 55 (14.7%) are not Sure about it, which implies majority of the respondents were poor Attitude. Majority of the respondents 187 (49.9%) agree, 108 (28.8%) has good attitude about screening for HIV and other STI. while 43 (11.5%), disagree, 11 (6.9%) strongly disagree, which has poor attitude about screening of STI.

Table 5 knowledge about ways of STI prevention n=334.

Variable		Frequency	Percentage
Ways of STI prevention(n=334)	Sexual abstinence	78	23.4
	Avoid casual sex	54	16.2
	Remain faithful to partner	26	7.8
	Use condom	75	22.5
	Avoid sex with CSW	18	5.4
	Sexual abstinence and condom use	4	1.2
	Others	79	
Information aboutVCT	Yes	219	56.8
	No	162	42.4
Interested to have VCT	Yes	220	58.7
	No	155	41.3
Advantage/dis advantage of VCT	Advantage	198	52.8
	Disadvantage	177	47.2

Table 6 Attitude towards reproductive health services.

RH service Important for youth (n=375)	Number Percent
Agree	158 (42.1%)
Strongly agree	92 (24.5%)
Dis agree	46 (12.3%)
Strongly disagree	38 (10.1%)
Not sure	38 (10.1%)
Every young person should aware of RH service (n=375)	
Agree	150 (40%)
Strongly agree	113 (30%)
Disagree	66 (17.6%)
Strongly disagree	17 (4.5%)
Not Sure	29 (7.6%)
Only females should use RH service (n=375)	
Strongly agree	55 (14.7%)
Strongly disagree	42 (11.2%)
A boy should have sex before marriage (n=375)	
Agree	120 (32%)
Strongly agree	78 (20.8%)
Disagree	152 (40.5%)
Strongly disagree	14 (3.7%)
Not Sure	10 (2.5%)

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].

Sexual practice: One hundred forty nine 149 (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)**.

Table 7 Current Use of reproductive health service by sex and the type of service utilized among MTU Tepi campus students, Sheka zone SNNPRs, Ethiopia.

Currently reproductive service users	Variable	Frequency	Percent
Types of reproductive health service utilized (n=92)	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 (%)
Ever had sexual intercourse	Yes	149	39.7
	No	219	58.4
	No response	7	1.86
Age of first sexual intercourse (n=149)	<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
Currently use contraceptive n=149			
	Yes	30	20.13
	No	119	79.9

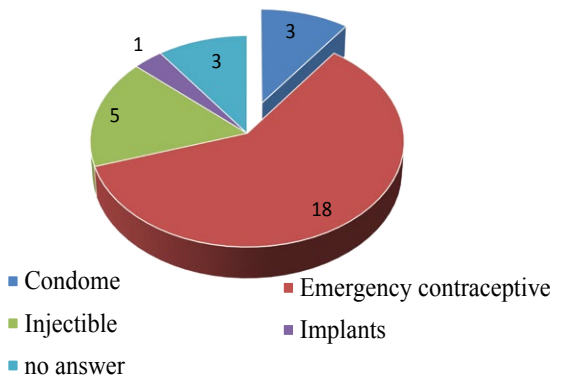

Figure 1 Contraceptive method used by MTU students, Sheka, SNNPRs, Ethiopia, 2017.

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	8.7
	No	136	91.3
Ever had abortion (n=13)	Yes	8	61.3
	No	5	38.5
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

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