



Original Research

Knowledge of sexual and reproductive health rights and associated factors among youths in Sire Town, East Wollega Zone, West Oromia

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Abstract

Sexual and reproductive health is a human right, essential to human development and to achieving the Sustainable Development Goals. However, the level of knowledge of youths about their sexual and reproductive health rights is not well assessed. A community based cross sectional study design was conducted among randomly selected 840 youths in sire town, East Wollega Zone, Ethiopia, from September to October 2019. Multistage sampling technique was employed and six zones were selected using simple random sampling technique. Study participants were selected using systematic random sampling technique from each zone. Data was collected by four trained 10th grade completed data collectors using pretested structured questionnaires and entered in to SPSS version 20 for windows for analysis. Bivariate and multivariate logistic regression analyses were conducted to identify factors associated with the outcome variable and to estimate the magnitude of the association. According to this study finding, age of the respondents [AOR: 2.53, 95%CI: 1.41, 4.52], sex [AOR: 0.48, 95%CI: .28, .43], educational [AOR: 6.4, 95%CI: 1.35, 30.7], maternal education [AOR: 6.17, 95%CI: 2.12, 17.2], comprehensive sexual education [AOR: 2.25, 95%CI: 1.1, 4.4], ever discussing sexual issues [AOR: 4.37, 95%CI: 1.78, 10.6] and having information about reproductive health [AOR: 4.58, 95%CI: 1.18, 11.5] were found to be significantly associated with knowledge of participants about sexual and reproductive health rights. Awareness creation and educating youths on their reproductive health rights and decision making power can improve the knowledge of youths on their sexual and reproductive health and exercise rights.

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INTRODUCTION

The term sexual and reproductive health and rights (SRHR) normally covers four different, albeit interlinked, components-reproductive health, reproductive rights, sexual health and sexual rights (Perolini, 2007). Reproductive

and sexual health rights are rights of all people, regardless of age, gender and other characteristics (ICPD & Human Rights, 2013). That is, people have the right to make choices regarding their own sexuality and reproduction,

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provided that they respect the right of others. Reproductive and sexual rights were first officially recognized at the International Conference on Population and Development (ICPD,1994) in Cairo.

Sexual and reproductive health rights (SRHR) embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, the right to the highest attainable standard of sexual health, including access to sexual and reproductive health care services; the right to seek, receive and impart information related to sexuality; the right to sexuality education; the right to respect for bodily integrity; the right to choose their partner; the right to decide to be sexually active or not; the right to consensual sexual relations; the right to consensual marriage; the right to decide whether or not, and when, to have children; and the right to pursue a satisfying, safe and pleasurable sexual life (Mugoni, 2011).

The Program of Action of ICPD recognized that, meeting the RH needs is a vital requirement for human and social development. Protecting and promoting the reproductive and sexual rights of the youth and empowering them to make informed choice are a key to their wellbeing. This requires informed choice and access to safe, effective, affordable and acceptable health-care services (United Nations Population Fund, 2004).

Knowledge about SRHR among youths is very critical element of RH as fare decisions made during this age, particularly regarding SRH, has the greatest long-term impact on human development. Because, With the onset

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of puberty, young people face new challenges – initiating sexual activity, entering the age of risk-taking, entering unions and making decisions on family formation that affect their future health and opportunities (WHO, 2018). In response to the African Union’s Assembly of the Heads of State declaration of 2016 as the “African Year of Human Rights with a special focus on women” and the year 2017 as the year for “Harnessing the Demographic Dividend through Investments in the Youth”. This declaration due give attention specifically to sexual and reproductive health rights of young peoples (Nyamongo, 2017).

As Ethiopia’s population age structure changes, the knowledge, skills, and capabilities of its future working-age population will determine the extent to which it can realize its demographic dividend and the associated economic growth all Ethiopians desire (USAID, 2017). Inadequate access to health information and services, as well as inequitable gender norms, contribute to a lack of knowledge and awareness about puberty, sexuality, and basic human rights (United Nations Department of Economic and Social Affairs, 2008). It is critical that the new global agenda on development places young people’s voices and needs at its centre asfar achievements of the sustainable development agenda will not be complete without sexual and reproductive health rights (5). So, this study aims to identify knowlodge of sexual and reproductive health rights and assosated facters among youths of sire town.

METHODOLOGY

Study area

The study was conducted in Sire town, Sibu Sire district of East Wollega zone, Oromia

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Regional State. Sire town is located at 281 kms from Fifine (A.A) to the west and 50 km from Gandas which is further subdivided in to small administrative units, the zones. Sire kebele 01 and 02 have five and seven zones, respectively.

According to Sire town administrative office report (2018), the town has an estimated total population of 14,292, of which 7012 were males and 7280 were females. The total households of the town were 2998. According to Sire District Women, Youth and Child Affairs office report, there were 4001 youths in the town. There is one district Hospital and one health center in the town. Both of the health facilities are providing youth friendly health services in separate rooms by trained providers.

Study period: The study was conducted from September to October 15/2019

Study design: A community based cross-sectional study design was conducted among youths in Sire town. The source population was all youths of Sire town residents aged between 15-24 years old, and the study populations were youths, whose age was between 15-24 years and living in Sire town for at least six months preceding the data collection time and randomly selected for this study. Youths who were seriously sick and unable to respond to the interview during data collection were excluded from the study.

Sample size determinations

The required sample size was determined by the following assumptions: the proportion of SRHR knowledge among youth ($p=47.1\%$) (Gg, 2016), 95% confidence level, 5% precision between sample and population parameter and 10% possible non response rate and design effect of 2 were considered.

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$$n = \frac{(Z_{\alpha/2})^2 p(1-p)D_{eff}}{d^2} = 840$$

Sampling Technique

Multi stage sampling technique was employed to select zones from the two Gandas of Sire town by simple random sampling technique. The lists of the zone were obtained from the Gandas. Due to the absence of required sampling frame, enumeration of the households was done in the selected zones to identify available number of households and presence of target groups in the households. Only those households with available target age group were coded during the enumeration and were registered. Accordingly, a total of 1,986 youths in the six selected zones were identified. Then the sample size was proportionally distributed to the selected zones.

Interviewer administered pretested and structured questioners was prepared based on the study objectives and review of literatures in English language and then translated to the regional language (Afan Oromo) by people who were expertise in both languages and again to the original draft of English version in order to check its consistency. All the study variables were considered during the tool preparations.

A tenth complete data collectors and health officer supervisors were selected from the study area and given a two days training on the objective of the study and how to use the data collection tools and how to approach the study participants maintaining all ethical issues. Data were collected from the study participants using face to face interviewer administered structured questioner of Afan Oromo version; every necessary explanation was given for the study participant by the data collectors. Privacy issue considered throughout the interviewing

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procedure and every arrangement were made to be convenient.

After data Collection, data were checked for its completeness. It was entered in to SPSS software SPSS version 20 and, sorted, cleaned, and processed. Descriptive analysis was done for each variable and presented using graphs tables and frequency distribution. Analysis of association for selected exposure variables were done with the outcome variables. Significance level was declared at P-value \leq 0.05. All the assumptions of the analysis like normality test were checked to be satisfied for the appropriateness of the test statistics. Cross-tabulation was performed for each independent variable against the dependent variable. For statistical significance crude odds ratio (COR) with 95% CI was estimated for each independent variable against the dependent variable in binary logistic regression. In the second step the independent variables having P-value less than or equal to 0.25 were transported to multiple logistic regression models. Finally, adjusted odds ratio (AOR) was calculated to estimate the strength of the observed association of the independent and dependent variables.

The dependent variables Knowledge of sexual and reproductive health rights, while the independent variables were: Socio demographic and socio cultural variables (Age, Sex, Marital status, Educational level, Current educational attainment of whether in school or out of school, Income level of the family, religion, ethnicity, gender norm, taboos, cultural influence) Source of information on SRHR rights (Media utilization, ever participated in peer education programs, printed materials, school CSE programs, discussion with someone on RH issue)

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Operational definitions Start here

Sexual and reproductive health rights:-The term sexual and reproductive health and rights (SRHR) normally covers four different, albeit interlinked, components - reproductive health, reproductive rights, sexual health and sexual rights (Perolini, 2007)

Sexual health: - is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (WHO, 2018).

Sexual rights: embrace human rights that are already recognized in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence to the above definitions.

Reproductive health: is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Reproductive rights “Bearing in mind the above definition, 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.

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Knowledge about sexual and reproductive health and rights

To meet the indicator's criteria for having "basic knowledge about sexual and reproductive health rights," a respondent would need to demonstrate positive answer to ten major components of SRHR questioners, taken from the literatures. These indicators reflect the rights of adolescents and youths to have access to high-quality, accurate information that can assist them with informed decision-making (Ogunlayi, 2010).

Finally, respondents who score above the mean value of correct response for the ten questions listed to evaluate the knowledge level of their reproductive health rights were classified as "knowledgeable" on SRHR and other wise as "not knowledgeable".

Zone: A small villages in the Gandas with a minimum number of households that was used for administrative purpose.

Youth:-The United Nations, for statistical purposes, defines those persons between the ages of 15 and 24 as "youth" without prejudice to other definitions by Member States (Ngilangwa , 2016) they are the study unit of this research.

Data quality control

The quality of data were assured by properly designing and pre-testing of the questionnaire, proper training of the data collectors and supervisors during data collection procedures, proper categorization and coding. The Instrument was pretested for its consistency on 5% (Adinew et al., 2013) of the respondents out of the study area in Ano town which has the same population characteristics and necessary correction was done accordingly. Every day, the collected questionnaires were reviewed and checked for completeness and

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relevance by the supervisors and principal investigator. Data quality was ensured during data coding, cleaning, entry to computer data sorting and during analysis.

Ethical clearance

Before starting data collection process, ethical clearance was obtained from the ethical clearance Committee of Institute of Health Sciences of Wollega University. Official letter was written to Sibu Sire District administration office and district health office. Written consent was obtained from the study participants after they were informed that they have a full right to participate or decline from participating in the study. Participants' confidentiality of information was assured by excluding names and other any personal identifiers from the questionnaire.

RESULT

Socio Demographic and Educational Characteristics of the study participants

A total of 840 youths were participated in the study with 100% response rate. From this, 435(51.8%) were males and 405(48.2%) were females. The mean age of the study participant was 19 years (SD = \pm 2.74 years). Eighty-eight percent of the respondents were Oromo by ethnicity and protestant is the dominant religion, 453 (53.9%), followed by orthodox, 264 (31.4%).

Sixty-nine percent of the study participants were currently in school of which 476(56.7%) attended secondary school and 249(29.6%) attended training collages and above. Only 3.7% of the respondents have not attended any formal education. Ten present of the respondent's father and 21.8% of their mother never gone to school respectively while the rest

attended primary education and above. Regarding their marital status, 85% of the

respondents were never married (Table 1).

Table 1

Socio demographic characteristics of youths in sire town on SRHR knowledge assessment, East Wollega Ethiopia, 2019

Variables		(N=840)	(%)
Age of the respondent	Age 15to19	397	47.3
	Age 20 to24	443	52.7
Sex of the respondent	M	435	51.8
	F	405	48.2
Ethnic group	Oromo	738	87.9
	Amhara	90	10.7
	others	12	1.4
Religion	Orthodox	264	31.4
	Protestant	453	53.9
	Muslim	99	11.8
	Others(catholic, Wakefata)	24	2.9
Current educational attainment of the respondents	In school	579	68.9
	out of school	261	31.1
Highest educational level of the respondents	No formal education attended	31	3.7
	Primary	84	10
	Secondary	476	56.7
	Training collage and above	249	29.6
Paternal education	No formal education attended	87	10.4
	Primary	149	17.8
	Secondary	280	33.4
	Training College and above	322	38.4
Maternal education	no formal education attended	183	21.8
	Primary	172	20.5
	Secondary	363	43.2
	Training collage and above	122	14.5
Marital status	Single	712	84.8
	Ever married	128	15.2
Occupation of the respondents	Government employed	127	15.1
	Own business	142	16.9
	Student	538	64.0
	Unemployed	33	3.9

Knowledge about sexual and reproductive health rights

Among 840 of the study participants, nearly half of them, 417(49.6%), were not knowledgeable about their sexual and reproductive health rights they entitled to. Eighty percent of youths have wrong perception that the husband should have sex

whenever he wants irrespective of his wife's wish. Thirteen percent of the study participant did not know the right of youths to confidential SRHR services. Majority of the youths, 700(83.3%), did not know the autonomy of married women to determine independently here fertility and to limit the number of children she wants to have. Nearly half

(46.1%) of the study participant were not agreed with the idea of unmarried couples have the right to use contraceptives of their choice. Seventy Six percent of the respondents (76.7%) approve males' superiority in the house hold. Significant number of the respondents, 190(22.6%) did not know the right of girls not to accept any attempt that harm their body integrity including genital mutilation. About

one-in-three, 260 (31%), did not know the autonomy of youths to choice their partner without their parents' consents and the right to freely enjoy and control their sexual and reproductive life. More than one-fourth, 218(26%), of the study participants believe that unmarried women have no right to maternity leave with social security benefits (Table2).

Table 2

Knowledge on specific sexual and reproductive health rights among youths in Sire town, East Wollega Ethiopia, 2019

Variables		(N=840)	Valid (%)
Do youths have the right to confidential SRH service	Yes	732	87.1
	No	108	12.9
A man should get sex whenever he wants irrespective to his wife's wish	Yes	671	79.9
	No	169	20.1
Does a married woman have the right to limit the number of her children according to her desire without her husband's consent?	Yes	140	16.7
	No	700	83.3
Husband has no obligation to share child care?	Yes	644	76.7
	No	196	23.3
Do girls have the right to resist genital mutilation against their families will?	Yes	650	77.4
	No	190	22.6
Do youths have a full right to access all RSHs without parents' consent?	Yes	559	66.5
	No	281	33.5
Do girls have the right to autonomous reproductive choices without their partners consent?	Yes	580	69.0
	No	260	31.0
Do you think that all students must be free to enjoy and control their sexual and reproductive life?	Yes	599	71.3
	No	241	28.7
Do unmarried woman have the right to maternity leave with adequate social security benefits?	Yes	622	74.0
	No	218	26.0
Unmarried couples have no right to use contraceptives other than condoms.	yes	453	53.9
	No	387	46.1
Knowledge on sexual and reproductive health rights	Knowledgeable	423	50.4
	Not knowledgeable	417	49.6

Discussion about sexual and reproductive health

Four hundred twenty nine (51%) of the study participants didn't discuss on any sex related matters with anyone, of which 47.8% and 25.9% attributed to religion and fear of rejection, respectively, as the main barrier

for not discussing. According to this study finding, 73.5% of the interviewed respondents attended CSE and almost eighty five percent (84.9%) of them had information on family planning.

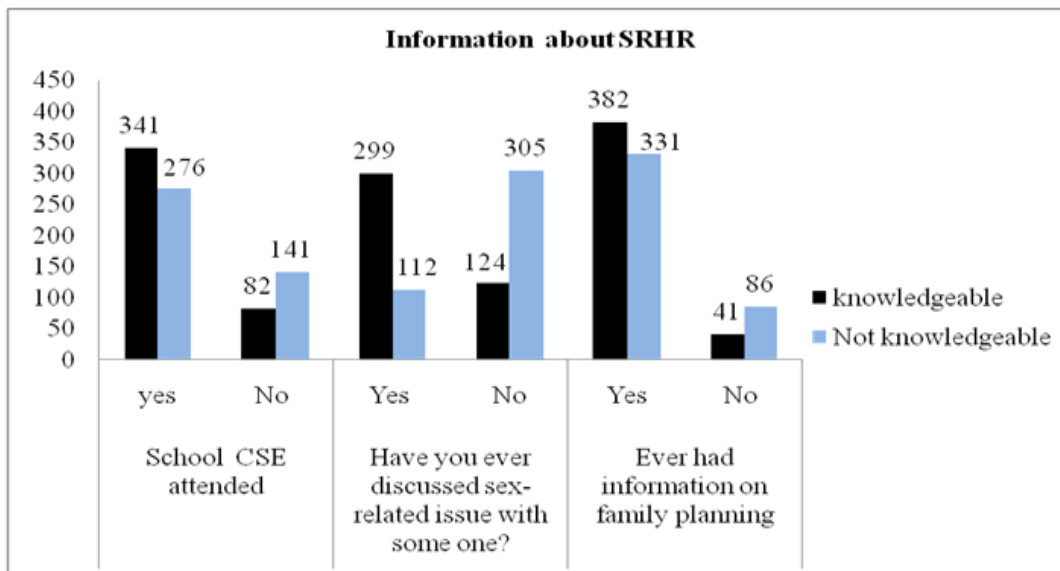


Figure 3 Sexual and reproductive health information of youths, Sire town, East Wollega, West Oromia, Ethiopia, 2019.

Sources of information for Study participants

From the study population 411(48.9%) have ever discussed on sexual and reproductive health matters, of which 38.2% and 31.2% discussed with their sexual partner and their friends respectively and about one-third, 259(30.8%), and 198(23.6%) prefer their teacher and audio visual /text messages as important source of information on sexual issues, respectively (Table 3).

Table 3

Source and preferred source of information for sexual & Reproductive Health issue, Sibru Sire District, Ethiopia, 2019

Variables		Frequency (N=840)	(%)
Have you ever discussed sex-related matters with some one?	yes	411	48.9
	No	429	51.1
What were the reasons not to discuss sex-related matters with some one?	Fear of religion	205	47.8
	Fear of rejection	111	25.9
	others	21	4.9
With whom did you discuss?	Family	82	19.8
	Sexual partner	150	38.2
	Peer educators	49	11.8
	Friends	129	31.2
	others	4	1.0
The most important & preferred source of information for SRHR	School teacher	259	30.8
	family members	148	17.6
	Friends	121	14.4
	Health - professionals	114	13.6
	Audio visual & text message	198	23.6
Have attended CSE in the school	Yes	617	73.5
	No	223	26.5

Factors Associated with knowledge of youths' about sexual and reproductive health rights

In order to identify the association of the independent variables with the outcome variables, variable logistic regression analysis was done, and those variables with a significant association at p value ≤ 0.25 and a COR at 95% of the CI were selected for multivariable logistic regression analysis. Accordingly, eight variables—age of the respondents, sex, educational status of the respondents, maternal education, fathers educational level, CSE, information about family planning, the source of information like

radio and internet access, and discussion about sexual issues—were significantly associated with knowledge on sexual and reproductive health rights of youth at bivariate analysis and selected for multiple logistic regression.

After adjusting the socio-demographic characteristics and information on the SRHR issue in the multivariate logistic regression, the findings showed that the age of the respondents, their sex, educational status, maternal education, discussing sexual issues, access to information on family planning, and CSE were found to be significantly associated with SRHR knowledge.

Table 4

The Youth's knowledge about sex related issues

Variables	Category	COR(95%CI)	AOR(95%CI)			sig.
School CSE attended	yes	341(55.35)	276(44.7%)	2.12(1.55,2.91)*	2.25(1.1,4.4) *	.023
	No	82(36.8%)	141(63.2%)	1		
Have you ever discussed sex-related issue with some one?	Yes	299(72.7%)	112(27.3%)	6.56(4.85,8.82)*	4.37(1.78,10.6)*	0.001
	No	124(28.9%)	305(71.1%)	1	1	
Ever had information on family planning	Yes	382(53.6%)	331(46.4%)	2.42(1.62,3.61)*	4.58(1.18,11.5)*	.001
	No	41(32.3%)	86(67.7%)	1	1	
a) Heard about family planning on the radio?	yes	254(56.4%)	196(43.6%)	1.69(1.28,2.22)*	1.32(.74,2.36)	.34
	No	169(43.3%)	221(56.7%)	1	1	
b) Seen anything about family planning on the television?	Yes	284(52.7%)	255(47.3%)	1.29(.97,1.72)		
	No	139(46.2%)	162(53.8%)	1		
c) Read about family planning in a newspaper or magazine?	Yes	160(47.2%)	179(52.8%)	.80(.61,1.06)		
	No	263(52.5%)	238(47.5%)	1		
d) Read about family planning in pamphlet/posters/leaflets?	Yes	170(46.7%)	194(53.3%)	.77(.58,1.01)		
	No	253(53.2%)	223(46.8%)	1		
e) Heard about family planning at Community event /conversation?	Yes	148(51.4%)	140(48.6%)	1.06(.80,1.41)		
	No	275(49.8%)	277(50.2%)	1		
F) Received a voice or text message about family planning on a mobile phone?	Yes	158(51.1%)	151(48.9%)	1.05(.79,1.39)		
	No	265(49.9%)	266(50.1%)	1		
g) Seen anything about family planning on the internet?	Yes	181(56.9%)	137(43.1%)	1.51(1.14,2.01)*	0.93(0.52,1.67)	.81
	No	242(46.5%)	278(53.5%)	1		

From Table 4, the study participants who attended CSE (comprehensive sexual education) were 2.25 times more knowledgeable than those who didn't [AOR: 2.25, 95%CI: 1.1, 4.4], and those who had information on family planning were 4.58

times more knowledgeable as compared to their counterparts [AOR: 4.58, 95%CI: 1.18, 11.5]. The youth who have ever discussed sexual issues with someone else were found to be 4.37 times more knowledgeable than those

Table 5

Factors affecting knowledge of reproductive and sexual rights of youths, Sire town, East Wollega, Ethiopia, 2019 (n=840)

Variables	Category	Knowledge of SRHR		COR(95%CI)	AOR(95%CI)	sig.
		knowledgeable	Not knowledgeable			
Age	Age 15 to19	155(39.0%)	242(61.0%)	1	1	
	Age 20 to 24	268(60.5%)	175(39.5%)	2.39(1.81,3.15)**	2.53(1.41,4.52)*	.002
Sex	M	270(62.1%)	165(37.9%)	1	1	
	F	153(37.8%)	252(62.2%)	0.18(0.31,0.55)**	0.48(0.28,0.43)*	.011
Current educational attainment	In school	284(49.1%)	295(50.9%)	0.84(0.63,1.13)		
	Out of school	139 (53.3%)	122(46.7%)	1		
Highest educational level of the respondents	No formal education attended	5(16.1%)	26(83.9%)	1	1	
	Primary	23(27.4%)	61(72.6%)	9.34(3.46,25.19)**	6.4(1.35,30.7)*	.019
	Secondary	235(49.4%)	241(50.6%)	4.76(2.76,8.22)**	2.25(.69,7.25)	.175
Highest educational level of father's	Training collage and above	160(64.3%)	89(35.7%)	1.84(1.34,2.52)**	1.80(.93,3.4)	.079
	No formal education attended	38(43.7%)	49(56.3%)	1	1	
	Primary	89(59.7%)	60(40.3%)	1.49(0.92,2.41)	.40(.14,1.18)	.100
Highest educational level of mother's	Secondary	121(43.2%)	159(56.8%)	0.78,(0.52,1.16)	.41(.16,1.10)	.054
	Training College and above	173(53.7%)	149(46.3%)	1.52(1.10,2.10)**	1.38(.67,2.8)	.37
	No formal education attended	61(33.3%)	122(66.7%)	1*	1	
Current marital status	Primary	86(50%)	86(50%)	3.14(2.19*,5.73)**	6.17(2.12,17.2)*	.00
	Secondary	198(54.5%)	165(45.5%)	1.77(1.10,2.85)**	2.35(.85,6.5)	.09
	Training collage and above	78(63.9%)	44(36.1%)	1.47(0.96,2.25)	1.57(.66,3.7)	.30
Occupation of the respondents	Single	367(51.5%)	345(48.5%)	1		
	Ever marned	56(43.8%)	72(56.3%)	.78(.50,1.06)		
	Government employed	73(57.5%)	54(42.5%)	1.51(.93,2.45)		
	Own business	67(47.2%)	75(52.8%)	1.37(.92,2.02)		
	Student	267(49.6%)	271(50.4%)	1.43(.66,3.09)		
	Un employed	16(48.5%)	17(51.5%)	1		

who did not discuss [AOR: 4.37, 95%CI: 1.78, 10.6].

In Table 5, respondents aged between 20 to 24 years were 2.53 times more likely to be knowledgeable [AOR: 2.53, 95%CI: 1.41, 4.52] than those who aged 15 to 19 years and female respondents were by 48% [AOR: 0.48, 95%CI: .28, .43] less likely to be knowledgeable as compared to male respondents. Those who attended primary education were 6.4 times more knowledgeable on sexual and reproductive health rights than those who has no formal educations [AOR: 6.4, 95%CI: 1.35, 30.7]. Whereas, those who attended secondary school education and above were 2.25 times more knowledgeable than those attended primary education [AOR: 2.9, 95%CI: 1.56, 5.4] respectively. Maternal

education was also found to be significantly associated with knowledge of youth on SRHR. Respondents whose mothers attended at least primary education were 6.17 times more likely to be knowledgeable than those whose mothers never attended any formal education [AOR: 6.17, 95%CI: 2.12, 17.2].

DISCUSSION

This study was aimed to assess knowledge about SRH rights and associated factors among youths of Sire town. In this study it was found that nearly half (49.6%) of the study participants were not knowledgeable on sexual and reproductive health rights. It comparable with the study finding from Shire

town, Tigray region, Ethiopia (47.1%) (Gg et al., 2016) . However, the result was lower than those of studies conducted in Wolaita Sodo, Ethiopia (54.5%)(Ayalew, 2019), East Gojjam, Ethiopia (67%)(Abajobir et al., 2014), Adet Tana Haik college students, Ethiopia (59.6) (United Nations Department of Economic and Social Affairs. 2008) Ikeja (60.3%) and Ikenne (63.2%) (Motuma et al., 2016) , South- west Nigeria, and Tanzania (79.6%). However it is higher than the study conducted at Harar, Ethiopia, (31.6%) (20). This variation might be due to the differences in awareness creation on SRHRs and cultural norms that can limit free discussion of sexual issue not to have better information.

According to the finding of this study, female respondents and minor age groups were found to be less likely to be knowledgeable than male counterparts and their elder age which is consistent with the study conducted in East Gojjam Zone, Ethiopia (Abajobir et al., 2014). This might be due to deep rooted gender imbalance and access to information.

Educational status of the study participants and maternal primary education were found to be positively associated with youths knowledge on SRH rights which is similar with the study conducted at Shire town of Tigray region, Ethiopia (Gg et al., 2016) . This might be due to the fact that as educational status increased there is a chance to comprehend comprehensive information on SRH issue. Maternal education also enhances appropriate information exchange with their children and exposure to different information. However, the respondents of this study has better knowledge on the right to confidential SRH service (87.1%), the right of girls to resist genital mutilations (77.4%) and the right to autonomies reproductive choice (69%) as compeered to the study conducted at shire town (Gg et al., 2016).

In this study, despite high proportion of respondents (84.9%) who have information on means of fertility regulation; the majority (83.3) disagreed with the idea that a married woman has the right to limit the number of her children without her husband's consent. This might be due to lack in the content of information which mainly focused on the method of birth spacing than informing the individual on their reproductive rights and empowering them to have better informed decision making.

Discussing about sexual issue was found to be significantly associated with knowledge of sexual and reproductive health rights which is in line with the study finding at shire, Ethiopia (Gg et al., 2016) and Wolaita Sodo, Ethiopia (Ayalew, 2019). This is due to the fact that discussing the issue can enhance experience sharing and better understanding of the sexual and reproductive health right.

CONCLUSIONS

In this study knowledge of youths on sexual and reproductive health right was found to be low compared to other studies. Sex of the respondents, age, educational status, maternal education, CSE, had discussion about sexual issue like with friends; with the family members and peer educators and information on means of fertility control and related rights were significantly associated with knowledge on sexual and reproductive health right.

RECOMMENDATIONS

Health professionals and Schools teachers should strengthen educating the youth about their reproductive health rights. The two offices should work jointly with the other stake holders to provide age appropriate Comprehensive Sexual Education, and have to work to increase access to sexual and reproductive health right information.

Declarations

Ethical clearance was obtained from Institute of Health Science, Wollega University. Institutional

Ethics Review Committee (IRC) and informed consent from every participant was obtained before the interview.

Consent for publication: all authors read and approved the final manuscript.

Data Availability

The datasets used and/or analyzed during the current study available from the corresponding author on reasonable request

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Authors' contributions

TG, DW and TTB, developed the proposal and did investigation and analysis with write up and drafted the manuscript. All authors read and approved the final manuscript.

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