Research Article

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Utilization Status of Sexual and Reproductive Health Service Among High School Students in Assosa Zone; Western Ethiopia, 2021

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Abstract

Objective: *This study was aimed to determine utilization level of sexual and reproductive health service associated factors among high school students in Assosa Zone, Western Ethiopia.*

Methods: *Quantitative cross-sectional study was carried out among selected students from randomly selected section (stratum). Total of 400 samples were proportionally allocated for the stratum and eligible students in were interviewed. Pretested and structured questionnaires were employed before actual data collection. The collected data was interred into Epidata version 3.1 and analysed using SPSS version 25 software.*

Results: *At least 32% of students utilized one of sexual and reproductive health services in the past six months. Counselling services was the major (69.2%) service utilized and Private clinic was the major 73% place of sexual and reproductive health service utilized. Discussion with mother, knowledge, peer education and having pocket money was factors significantly associated with utilization of sexual and reproductive health services.*

Conclusion: *Mean value of sexual and reproductive health service utilization among youth students in the past six months was 32%. Utilization of sexual and reproductive health service was affected by accessibility and service confidential should be interventional areas.*

Keywords: Youths, Students, Utilization, Sexual and Reproductive Health Service, Ethiopia

Background

Youth Sexual and reproductive health services includes; access to SRH education ,information and counselling contraceptives , Abortion services and treatments of STIs, that all people can safely reach services which delivered in an atmosphere of trust and confidential to make every contact a milestone visit [1].

Young people often lack access to sexual and reproductive health services information and health care services utilization [2]. Reports show that sexual activity, early pregnancies, and sexually transmitted infections (STIs), including human immunodeficiency virus (HIV) are increasing at unprecedented rates in adolescents, adolescents' reproductive health becomes an issue [3]. Globally, 45% of all human immunodeficiency virus (HIV) infections occurred among people aged 15–24 years which could be preventable by condom utilization [4, 5].

Young people from sub-Saharan Africa are more at risk of sexual and reproductive health problems than young people around the world [6]. Different evidences suggest that investing in the health

of youth people is vital for any country's socioeconomic developments [7]. Youth SRH service is not only critical during youth ages; it is beyond the reproductive years; because it affects the health of the next generation [8].

In Ethiopia alone about 87,000 young people living with HIV and 8700 new cases among young people across the country[9]. In recent period early childbearing ranges from 9.6% in Addis Ababa to 59% in Benishangul-Gumuz [10]. Indeed, adolescent pregnancy is dangerous, with serious long-term and wide-ranging consequences from health complications to broader economic concerns [11].

More over; Low knowledge status of abortion legality enforces the students to attempt unsafe abortion and increase mortality rates [12]. Thirty four (83.9%) adolescents of 15 to 19 years and 46 (46%) 20 to 24 years old women underwent unsafe abortion [13]. In Ethiopia parents were often uninformed and preferred that their children learn from teachers, peers and health care professionals; Parental discussion on sexual and reproductive health issues to increase youth knowledge also significantly associated [14, 15]. Barriers to utilizing and accessing sexual and reproductive health (SRH) services for young people are:-lack of well-trained health care providers, costs of services and commodities, service privacy, absence of YFS and inconvenient health facility operating hours are the major factors for low utilization of SRH services [14, 16].

In Benishangul-Gumuz region, health care systems is weak and school based education and information provision of youth health was fragmented with the poor coordination between health and education sectors [17].

Efforts have been made to address youth Sexual and reproductive health service problems at different levels. Ethiopia ministry of health (FMOH) launches several strategies to promote adolescents and youth reproductive health services like; National Adolescent and youth Reproductive Health Strategy 2007-2015 and, Standards on YFRH Services and tools for planning, implementation and monitoring of the health care system [18, 19].

Irrespective of those above efforts utilization of youths SRH service is 21.21 % in Nekemte town high school youth students which was below the target of Ethiopian federal ministry of AYRH strategies developed in 2016 and also literatures on youth students utilization of SRH services was rare in Ethiopia [20].

Across the regions in Ethiopian utilization of YSRH services has great variation, 32.1% in Bahirdar, to 69.1.1% in Mekelle town, Utilization of Youths sexual reproductive health services not only differs from one country to other, but also varies within a single country [15, 21-23]. Reports shows that young people's pocket many, residences, living with family , parent level of education and economy, unfavourable attitude of parents and negative community perceptions towards health seeking behaviours of young people, age and sex difference, marital status, cultures are direct and indirectly affects level of YSRH services utilizations [22-24]. History of sexual practices, exposure to SRH problems, peer education and youth preference of place, time and Health care providers [24, 25].

Sexual and reproductive health service is basic human rights youths are entitled to, and service providers and planners should understand this right of the adolescent to access SRH information and services to have an informed decision [26].

Justification of the Study

Even though different studies have been done in different Ethiopian regions there is no study conducted on this specified segment of the population and published for project designers as we have used different searching engines. Specifically, Benishangul Gumuz region is one of the areas requires special reproductive health projects to alleviate reproductive health problems. Therefore, this study was intended to show the gap on sexual and reproductive health problems for project designers and basic for researchers for further studies.

Objective of the Study

- To determine level of sexual and reproductive health service utilization among youth students in high schools of Assosa zone, western Ethiopia, 2021.
- To identify factors associated with utilization of sexual and reproductive health service among youth students in high schools of Assosa zone, western Ethiopia, 2021.

Methods and Materials

Study Area

This study was conducted in Assosa Zone, which is one of the 3 zone in Assosa zone South west Ethiopia. The District had and one town administration and total population of 89,232 of which 44,906 males and 44,326 females, located 670 km at South west of Addis Ababa capital city of Ethiopia. According to reports from Benishangul Gumuz zone educational bureau there were 16 high schools in Assosa Zone with the estimated number of the students per one section of the class were 50 students and the total section for each grade 9 to grade 12 were 9th=90, 10th=74, 11th=30 12th=26.Regarding to health facilities found in Assosa zone, there was 1general hospital, 2 health canters, 6 private clinics and 5 health posts.

Study Periods

Data collection was recruited from March 2/2021 among selected students.

Study Design

Quantitative cross-sectional study was carried out among selected youth students.

Population

Source Population
All students registered for 2021 academic year in high school of Assosa zone.

Study Population
All students from randomly selected sections.

Study Participants
Eligible students from randomly selected students of the high schools.

Inclusion Criteria
All youth students attending high school education during study period were included.

Exclusion Criteria
Students those declare illness during data collection period were excluded.

Patient and Public Involvement
There is no patient and public involvement in this study

Sample Size Determination
The required sample size was determined by using single population proportion formula by considering the following assumptions- P= 38.5% (as an estimated prevalence of sexual and reproductive health service utilization in the past one year among high school youths taken from the study conducted in Hadiya Zone southern nation and nationalities and peoples State of Ethiopia. By considering 95% confidence level [27].

$n = [(Z\alpha/2)^2]\ 0.(1-p) / [d]^2$
$= [(1.96)^2]\ 0.385\ (1-0.385) / [0.05]^2$
$= 0.90959484 / 0.0025$
$= 363.8$
$= 364$
By adding 10 % of non-response rate the final sample size was 400

Sampling Techniques
After stratifying 16 high schools into grades (9th, 10th, 11th, and 12th) the total of 400 samples were allocated proportional to the size of the student they have. Grades were heterogeneous and students in the same grades were homogeneous; by considering that until allocated sample were gained the required students selected from each stratum by lottery methods and self-administered questionnaires were distributed for eligible students.

Operational Definitions
Utilization of Sexual and Reproductive Health Service
Was assessed on the basis of students practice of utilizing one or more components of SRH service (Contraceptive, treatments of STIs, VCT of HIV, Abortion service, SRH Information education and counselling and Pregnancy test for the past six months by dichotomous response (yes or No) in the past six months [14, 20].

Youth Students
Students those in between 15-24 years age group and enrolled in high schools.

Sexually Active
Having a previous history of sexual intercourse.

Knowledge of the Students
Assessed by six questions prepared in dichotomous form; the minimum score was zero and the maximum score were 12. Students who score greater than or equal to the mean values of SRH knowledge questions were considered have good knowledge while the students score below the mean score value considered have poor knowledge on sexual and reproductive services [14, 20, 27].

Attitudes of Students
Attitudes of students towards sexual and reproductive health services was determined using six attitude questions formulated by 5 liker stages from strongly agree to strongly disagree in which minimum score was 5 and maximum score was 30. Students with favourable attitudes were those score greater than or equal to the mean liker score points and the students those score less than the mean liker score of attitude questions had unfavourable attitudes [20, 24, 28].

Data Collection Instruments
Structured self-administered questionnaires English version was adapted from different literatures and modified to the local concept. Initially developed in English and then translated in to local languages and back translated in to English to check its consistency. Validity and reliability of the tool was checked by maternity experts; Muluwas Amante (PHD in reproductive health) and his colleague public health officer officers. The questionnaires contain questions on Demographic and socio-economic factors, students' knowledge, attitude, sexual practices and Health institution and Family related factors.

Data Collectors
Two Supervisors with back grounds of MSC in maternity and reproductive health and four data collectors of two BSC nurse and two BSC midwifes were trained to assist students and monitor overall data collection process. In order to identify the clarity of questions and their sensitiveness, pre-testing of the instrument will be done on 5% of the students among non- selected students. During the pre-testing; discussion was held with the students on any problem they encountered during filling of the questionnaire.

Data Quality Management
Data quality was assured through careful design of the questionnaire. Data collectors and supervisors were trained for one day about the purpose of the study, the questionnaire in detail, the data collection procedure and the rights of study participants. Pre-test was done prior to the actual data collection. The collected data were checked for completeness and consistency after each day of data collection by holding a meeting with the data collectors.

Data Processing and Analysis

Data was coded, cleaned and entered into Epidata version 3.1 and analysed by SPSS Version 25 for the analysis. Collinearity and Hosmerlem show were checked. Variable with P-value <= 0.25 in bivariate logistic analysis were transferred into multivariate logistic analysis .Frequency, percentages, proportions, odds ratios, were computed. Adjusted odds ratios with the 95% confidence interval at p-value of less than 0.05 were considered to be significant.

Ethical Consideration

Prior to data collection, ethical approval was obtained from ethical review board of Bahirdar University, School of nursing and Midwifery, department of Midwifery with a reference number of 006/BDU/IRB/08/14. Official letter of permission was obtained from the Benishangul Gumuz regional educational bureau and Assosa zone educational bureau. Letter of cooperation from Assosa zone educational bureau was brought to the selected schools to get access to study participants. Respondents were told the aim of the study and informed written informed consent was obtained from the mothers before starting the interview.

Result

Socio Demographic Characteristics of Participants

A total of 375 students were participated in the study which makes response rate of 94%. One hundred sixty-eight (44.8%) females and (55.20%) were males. Three hundred thirteen (83.5%) single and one hundred fourteen were Oromo (30.4%) followed by Amhara (25.3%) and the three smallest ethnic groups were Mao and Komo and Tigre (7.2%) grouped under other by ethnicity (see table1).

Table 1: Socio-Demographic Characters of High School Youth Students in Assosa Zone, Western Ethiopia, 2021.

Characteristics (n=375)		Frequency and percentages
Age in years	15-19	178(47.5)
	20-24	197(52.5)
Sex	Male	207(55.2)
	Female	168(44.8)
Residence	rural	86(23%)
	urban	289(77%)
Religious	orthodox	118(31.5)
	Catholic	52(13.86)
	Protestant	75(20%)
	Muslim	111(29.6%)
	Other *	19(5%)
Students' level of education	9th	186(49.6%)
	10th	137(36.5)
	11th	27(7.2%)
	12th	25(6.7%)
Ethnicity	Oromo	114(30.4)
	Amhara	95(25.3%)
	Gurage	25(6.7%)
	Berta	55(14.7%)
	Shinesha	28(7.5%)
	Gumuz	31(8.3%)
	Others *	27(7.2%)
Marital Status	Single	313(83.5%)
	Married and together	50(14.4%)
	Divorced	8(2.13%)
	Others *	4(1.1%)

- ✓ Others ethnicity includes- Mao, Komo and Tigre
- ✓ Other religious was those not mentioned and have no religious.
- ✓ Others marital status includes-separated and widowed

Characteristics of High School Students' Families

Regarding to youth family's characteristics; from the total respondents, 36% were living with their friends/peer, followed by 33.86% living with both parents. Regarding educational status of their parents, 36.5% of their fathers were secondary and above .The higher proportion of the youths stated as they discussed sex related issues with their mothers 56.8% than they discussed with their fathers 36.8% (See table 2).

Table 2: Characters of School Youth Students' Families in Assosa Zone, Western Ethiopia, 2021

Characteristics (n=375)		count and percentages
Mother's education	Can't read and write	86(22.9%)
	Read & write Only	98(26.1%)
	Primary school	111(29.6%)
	Secondary and above	80(21.3%)
Father's education	Can't read and write	67(17.9%)
	Read & write Only	137(36.5%)
	Primary school	55(14.7%)
	Secondary and above	116(30.9%)
Monthly expenditures by ETB	<=2000	53(14.1%)
	2001-3000	142(37.9%)
	3001-4000	122(32.5%)
	<=4000	58(15.5%)
Did you discuss sex related issues with your father?		
	yes	138 (36.8%)
	no	237 (63.2%)
Did you discuss sex related issues with your mother?		
	yes	213(56.8%)
	No	162(43.2%)

Source of SRH Services Information Knowledge and Knowledge

All study participants were asked to select services they know provided under youth SRH and two hundred nineteen 58.4% and one hundred eighty 48% of them knows Voluntary counselling and testing of HIV and contraceptives/condom as service given under youth SRH services consecutively. The other less known components were Pregnancy test 119 31.7% and One hundred ten 29.3% abortion services followed by the least known services was treatment of sexually transmitted infections by 99 25.5% of youth students. Thirty six percent of the students already sexually active and among them thirty two percent were premarital sexual practices. Eighty one percent of the students those sexually active were didn't use condom at the last sexual contact.

Two hundred fourteen 62.7% of the students knows STIs as HIV/AIDS only. Fifty-five students 14.6% fail to state any sexual and reproductive health services. Friends and teachers were reported by 54.2% as time main source of information related to reproductive health services and posters 6.9% was the least (see figure 1).

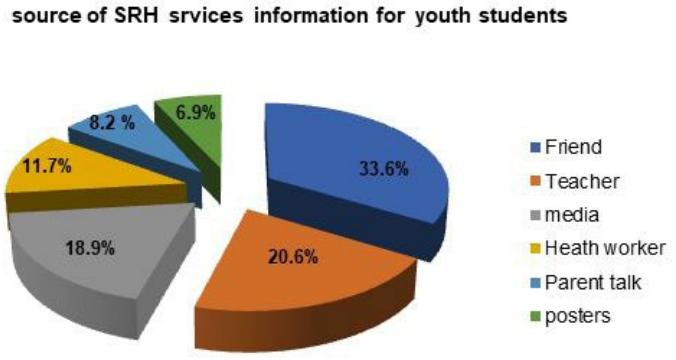

Figure 1: Sources of SRH Services Information

Students' Attitude Towards SRH Services

Regards to attitudes of youths towards SRH services six attitude questions with five liker scale from strongly agree to strongly disagree ranging from a minimum score of 6 to 30 maximum were

provided. Two hundred fifty-four (67.7%) of the students have favourable attitude towards youths sexual and reproductive health services; while (32.3%) have unfavourable attitude. Majority of the participants (65%) agreed on the statements SRH service is important for youth. Ninety-six students (25.6%) perceive that females only take contraceptive to prevent unwanted pregnancy. About (72%) of students responds that health care providers are judgmental towards youth SRH services this attitude might hinder the students from using SRH services.

Sexual Behaviours of Participants

Out of the 375 participants 26.4% of them already sexually initiated and the rest were not and 61, 6% were premarital sexual practices. Due to different reasons more than fifty percent of 60(73.3%) them didn't use contraceptive during the first sexual events. Didn't perceive sexual and reproductive health problems 44.4%, fear of family and community 35.4% and 20.2% of them missed due to unavailability of service facility near to living areas. The mean age of first sexual intercourse was at 14.5 with a standard deviation of 2.0 years.

Youth Preference of Place, Time and Health Care Provider

Majority of high school students prefers youth clinic (66.1%) and 5.9% of them prefers anywhere with privacy to use SRH services. Youths also prefers Health care providers for SRH services deviates to Young providers of the same sex 44.5% (see table 3).

Table 3: Students' Preferences of Place, Time and Health Care Providers in Assosa Zone, Western Ethiopia, 2021

Characteristics(n=375)		Percentage and count	
Service place preference	Health Center with separate room	35	(9.3%)
	Youth center	248	(66.1%)
	In school health services	72	(19.2%)
	Anywhere with privacy	20	(5.3%)
Time preferences	Usual working hours	15	(4%)
	Special hour for youths	360	(96%)
Provider preferences	Young and the same sex	167	(44.5%)
	Young and any sex	123	(32.8%)
	Matured and the same sex	69	(18.4%)
	Matured and any sex	14	(3.7%)

Sexual and Reproductive Health Service Utilization

This study reveals that 32% [95% CI (26.9, 36.8)] of the participants had utilized at least one component of sexual and reproductive health services in the past six months. The SRH service they received were SRH information, education and Counselling 62.5%, contraceptive/ or condom 38.5%, and the least service utilized was abortion services by 2% of students. The first place of SRH services utilized was private health facilities 51.2% followed by governmental health facilities 26.5%), family guidance association 17.5% and 5% students respond that they utilized from traditional healers (see fig 2).

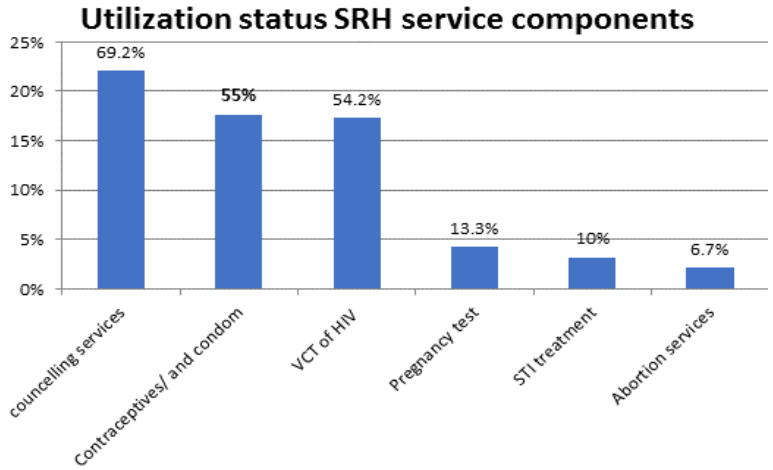

Figure 2: Utilization Status of SRH Services

N.B:- Due to multiple responses; Summation of each type might be more than 100 percent or might be less than 100% due to missed values.

Reason of Students Not Utilized SRH Services

The main reason of youths not utilized SRH services were lack of separate room 21.3% and Judgmental attitude of health care providers 16.8%, too young to get the services 12.2%, no awareness of service 11.8%, fear of parent 11%, cost of service and commodities 7.1%, inconvenient service location and lack of youth clinic 11.8%, distance of the facility and inconvenient service hours 8.5% were common reasons of youths not utilized SRH services.

Factors Associated with Use of Sexual and Reproductive Health Service

The effects of different independent variables were tested for utilization of sexual and reproductive health services using logistic regression analysis. With an intention of controlling confounding effect, variables that were statistically significant with sexual reproductive health service utilization on bivariate analysis were interred in to multivariable in logistic regressions.

During multivariate logistic analysis Age, discussion with mother, peer education, pocket money, and distance of the facility were significant. The likely hood of SRH service utilization was 2.74 times higher among age group of 20-24years than 15-19 years ages [(95% CI) AOR = 2.74(1.52,4.95)]. Youths those discussed SRH issues with their mother were 2.78 more likely to utilize SRH services when compared to their counterparts [(95% CI) AOR =2.78(1.59, 4.67)]. Similarly those students participated in peer education were 2.27 times more likely to utilize SRH services than those who were not participated in peer education [(95% CI) AOR= 2.27(1.24, 4.16)] (see table 4).

Table 4: Factors Associated with SRH Service Utilization Among High School Students in Assosa Zone, Western Ethiopia, 2021

Variables (n=375)		SRHs Utilization		COR (95% CI)	AOR(95% CI)	P-Val
		Yes	No			
Students age	15-19	41(27.5%)	136(72.5%)	1:00	1:00	
	20-24	79 (36%)	118(64%)	2.12(1.35,3.3)	2.74(1.52, 4.95)	0.001
Level of education	9th	53(28.5%)	133(71.5%)	1:00	1:00	
	10th	36(26.3%	101(73.7%)	0.89(0.42,3.5)	0.82(0.61,4.25)	0.35
	11th	16(59.3%)	11(40.7%)	3.65(1.24,6.4)	2.87(0.20,1.62)	0.30
	12th	15(60%)	10(40%)	3.76(1.59,8.9)	2.63(0.17,4.26)	0.48
Discussion with mother	yes	74(45.6%)	88(54.4%)	3.05(1.94,4.7)	2.78(1.59,4.67)	0.001
	no	46(21.6%)	167(78.4%)	1:00	1:00	
Peer education	yes	51(49%)	53(51%)	2.81(1.75,4.5)	2.27(1.24,4.16)	0.008
	no	69(25.5%)	202(74.5%)	1:00	1:00	
Pocket money	yes	63(49.6%)	64(50.4%)	3.29(2.08,5.2)	2.81(2.35 ,5.09)	0.001
	no	57(23%)	191(73%)	1:00	1:00	
Knowledge status	Poor knowledge	81(37%)	138(67%)	1.76(1.11,2.7)	1.30(1.54 ,4.73)	0.04
	Good knowledge	39(25%)	117(75%)	1:00	1:00	
Ever had sexual intercourse	yes	41(41.4%)	58(58.6%)	1.77(1.09,2.8)	1.82(1.25, 3.26)	0.02
	no	79(27.5%)	197(72.5%)	1:00	1:00	
Service time conveniences	yes	77 (41%)	111 (59%)	2.32(1.48,3.6)	1.42(0.77, 2.6)	0.25
	no	43(22%)	144 (78%)	1:00	1:00	

Discussion

Utilization of sexual and reproductive health services among youth students of high schools in Assosa zone was found to be 32% with 95% CI (26.9 , 36.8) , elicited by asking the past six months use of SRH services before the date of data collection. This finding is similar with study done in Bahir Dar city Ethiopia had reported [21]. The possible justifications for this similarity might be due to the educational level of participants and socio demographic characters. In other way report of this study is lower than the study done in Mekelle town North Ethiopia which was 69.1% of youths used youth friendly services in the past one year [22].

On other hand this finding is greater than study conducted in Nekemte town North east Ethiopia which was 21.21%, and in Machakel district 21.5%, Northwest Ethiopia of youth utilize SRH services [20]. For these possible discrepancies, it might be due to

differences in the availability and accessibility of youth friendly sexual and reproductive health facilities or the availability of youth canters, and/or difference in individual /socio-demographic characteristics of the study participants [29].

Youth within age groups of 20 to 24 years were 2.74 times more likely to utilize SRH services when compared to those with age of between 15 to 19 [(95% CI) AOR= 2.74(1.52,4.95). This finding is in agreement with the study conducted in west wadawacho Hadiya Zone but contrasted with the study done in North Showa zone in which less than 19 years were more utilized the service than those more than 20 years old [30, 31].

According to this study parental discussions was significantly associated with SRH service utilization; youths those discussed SRH issues with their mothers were 2.78 times more likely to use the services than those who never discussed [(95% CI) AOR= 2.78(1.59,4.67)]. This might be due to as parents had more knowledge of SRH services and freely discussed youths with their parents, they would have a better knowledge and awareness about SRH services and thus would motivate them to use the service. This finding was in line with two studies conducted in Awabel North west, Ethiopia and Southwest, Ethiopia, But in contrast with this finding the study done in Goba Town, Southeast Ethiopia ;parental discussion was protective effects against utilization of youths SRH services [14, 24, 32]. This might be due to the cultural diversity, norm and ethnical diversity of these study participants.

Peer education and knowledge status of SRH were significantly associated with utilization of SRH services. Those students ever participated in peer education were 2.27 times more likely to use SRH services than their counterparts [(95% CI) AOR= 2.27(1.24, 4.16)].This is in line with the study conducted in Awabel North west Ethiopia [14]. Possible explanation for this finding is youth preferred peer educators as a source of sexual and reproductive health information since they considered them knowledgeable and trustworthy.

Similarly, those who had knowledge of SRH were 1.3 times more likely to use SRH services than those who were not knowledge about SRH services [(95% CI) AOR= 1.3(1.54, 2.73)]. This finding is in line with the two studies conducted in South Omo Zone southern Ethiopian and in Asgede-Tsimbla district Northern Ethiopia [33, 34]. Possible explanation of this discrepancy is Still the observed proportion is not adequate to say youths are knowledgeable in sexual and reproductive service areas.

This study also identified that history of sexual initiation was significantly associated with SRH service utilization. In which the students those ever-had sexual intercourse were 1.8 times more likely to utilize SRH services than their counter parts [(95% CI) AOR= 1.8(1.25, 3.26)]. This is in line with the study done in South west, Ethiopia [24]. Possible justification of this may be sexually active respondents were more exposed to SRH problems thus they were concerned about their sexual and reproductive heaths than responds those never sexually initiated.

Having pocket money also significant predictor of SRH service utilization in this study , students had pocket money for daily expense were 2.8 time more likely to utilize SRH service than those had no pocket money [(95% CI) AOR= 2.81(2.35, 5.09)]. This finding is in line with the study conducted in Woreta town, North West Ethiopia[16].The possible explanation of this association is , since sexual and reproductive health problems necessitates privacy thus youth those have pocket money can use services like treatments of STI and condoms without asking help from parents or others.

Limitations of the Study

Because of the cross-sectional nature of the study, it is difficult to establish a causal relationship between the dependent and independent variables. In addition, it was not a mixed methods study, in which the qualitative study will attempt to examine in-depth reasons why young people did not use the service. Generalizability of the result for overall community might be biased as the study was institutional based .Therefore community-based study is better recommended since sexual and reproductive health issue is beyond reproductive age.

Conclusion

This study identified that utilization of sexual and reproductive health services was low to achieve 2016 strategies of Ethiopian ministry of health developed on youth's reproductive health. Youths who had pocket money for daily expense, had a parental discussion on sexual and reproductive health issues, peer education and knowledge status of youth on sexual and reproductive health services were predictors of youth sexual and reproductive health service utilization.

Recommendation

Based on our study findings we forward the following recommendations:-

- YFS clinic should encourage because youth prefer youth clinic to use SRH services.
- School mini-media is also promoted for awareness creation on sexual and reproductive issues.
- Researchers should focus on qualitative research methods to assess sensitive issues.

Competing Interests

All Authors declared that there is no competing interest

Funding

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Data Sharing Statement

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

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