ST. MARY'S UNIVERSITY SCHOOL OF GRADUATE STUDIES

INSTITUTE OF AGRICALTURAL AND DEVELOPMENT STUDIES MASTERS PROGRAM IN SOCIAL WORK

PRACTICE, CHALLENGES AND OPPORTUNITIES OF QUEST -BUSINESS FOR PROMOTING SEXUAL AND REPRODUCTIVE HEALTH INFORMATION IN ADDIS KETEMA SUB CITY WOREDA 7 AND 8

ADDIS ABABA

BY: SEMENHE FEKADU

A THESIS SUBMITTED TO SAINT MARY UNIVERSITY SCHOOL OF GRADUATE STUDIES INSTITUTED OF AGRICULTURAL AND DEVELOPMENT STUDIES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR MASTERS PROGRAM IN SOCIAL WORK

JULY, 2023

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APPROVED BY BOARD OF EXAMINERS

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Internal Examiner	**Signature**

DECLARATION

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of Dr. Assaye Legesse. All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

Semenhe Fekadu	_____
Name	Signature
St. Mary's University, Addis Ababa	Date

ENDORSEMENT

This thesis has been submitted to St. Mary's University for examination with my approval as a university advisor.

_____	_____
Advisor	Signature
St. Mary's University, Addis Ababa	Date

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency syndrome
ANC	Anti-Natal Care
AYH	Adolescent and youth Health
AYSRH	Adolescent and Youth Sexual and Reproductive Health
CSA	Central Statistics Agency
FGM	Female Genital Mutilation
FP	Family Planning
GAGE	Gender and Adolescence: Global Evidence
HEW	Health Extension workers
HIV	Human Immune Virus
HSTP	Health Sector Transformation Plan
HTP	Harmful Traditional Practices
ICPD	International Conference on Population and Development
MoH	Ministry of Health
MCH	Maternal and Child Health
MLYAM	Mih Lewetatoch Yebego Aderagot Mahiber
Q-Net	Quest Net
SBA	Skilled Birth Attendants
STI	Sexually Transmitted Infection
SRH	Sexual and Reproductive Health

SRHR	Sexual and Reproductive Health and Rights
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
WHO	World Health Organization
YFS	Youth Friendly Services

ABSTRACT

Back ground: *Providing quality and sustainable reproductive health information and education and services to adolescents and youth will significantly and positively impact their lives by preventing unwanted pregnancies, sexual and gender-based violence, HIV/AIDS, and other related health problems.*

Objectives of the Study: *The objective of the study was to assess the Practice, Challenges and Opportunities of Quest -Business model for the promotion of Sexual and Reproductive Health information*

Method: *This study aimed to assess the practice, challenges and opportunities of a project implemented in Addis Ketema sub-city a qualitative research approach has been used and a total of 18 interviews done. The data gathered from the Interview has been transcribed, classified, summarized and organized through direct quotation narratives.*

Results: *The study revealed that the approach has been properly managed and sufficient budget allocated it manages to fulfill the provision of SRHR information for young people. The approach found to be an easy method, not complicated, cost efficient and youth to youth approach. There are a lot of opportunities that exist for the smooth implementation of the project and for future scale up in other areas. The project has been implemented in a meaningful manner and it helped the students in acquiring the necessary SRHR knowledge that will keep them healthy and help them to focus on their education and fulfill their dreams. The funding landscape for Adolescent and Youth Reproductive Health is becoming fertile and high interest and willingness of young people to be trained and have the capacity and confidence to decide on their health is an opportunity.*

Conclusion and Recommendation: *The Paper recommends concerned bodies those working in the school should promote youth's participation. Government and other donors should work to scale up this approach and Families of students should be included in the project.*

Key Words*: HIV/AIDS, Sexual and Reproductive Health and Rights*

INTRODUCTION TO THE STUDY

1.1 Background of the Study

Adolescent sexual and reproductive health has gained increased attention among researchers, public health experts and policy makers over the past decades. Adolescence is a time of rapid growth and development. Major physical, cognitive, emotional, sexual and social changes that affect adolescent behavior occur during this period. Contrary to the early development theorists notion that adolescents are a relatively healthy group with no major physical illness (Dehne and Riedner, 2005), there is now substantial literature indicating that adolescents face unique reproductive health challenges. To mention some

Adolescents and youth health and service Coverage:

According to MoH data currently 44.7 of all health facilities provide youth friendly services and only 11% have at least one staff who received training on adolescent health services in the last two years. The region with the most facilities with trained staff is Tigray (20 percent), Amhara (17 percent) and SNNPR (16 percent). Gambela region had no facilities with staff trained in adolescent and youth health services and no facilities where the guidelines were available the other regions are in the process of training their staff on youth friendly services and the data has not been compiled yet. Health centers were the type of facility which was most likely to have trained staff or available guidelines. More than 90% of married males from the rural areas reported that no health extension worker visited them for family planning consultation. Females, particularly those from the rural area, were least served

Child Marriage

Globally, over 700 million women and girls alive today were married before their 18 birthday and one in five girls are married before the age of 18 (Plan International, 2020; UNICEF, 2018. Although the problem is global, the highest rates of child marriage are found in South Asia and in sub-Saharan Africa (Emirie, Jones and Kebede, 2021). Ethiopia has the 15th highest rate of child marriage in the world. However, due to its large and growing population, the country ranks 5th in the world in terms of the sheer number of child brides [Girls Not Brides, 2013]. Sixty two percent of Ethiopian women aged 20-49 get married before the age of 18 (Alemu, 2016). Furthermore, Ethiopia is among the countries with the highest rate of girls married by age 15 [UNICEF, 2014; Erulkar, 2022). Some studies reported that six million girls get married before

the age of 15(Malhotra, Warner, McGonagle, and Lee-Rife, 2011).The 2016 Ethiopia Demographic and Health Survey (EDHS) show that the prevalence of child marriage in Ethiopia, while still high, is decreasing (Gavrilovic, 2020). The proportion of females currently aged 25–49 years who experienced child marriage is 58% nationally – down from 63% in 2011 (CSA and ICF, 2016). Median age of first marriage for females in Ethiopia is 17.1 years, and this is varied by region, from a low of 15.7 years in Amhara to a high of 23.9 years in Addis Ababa (CSA and ICF, 2016)

Mortality analysis:

The overall mortality rate of any cause among Ethiopian adolescents and youth 10-29 years has shown significant decline in the last decade. Specifically, female mortality rate (15-19 years) has dropped by more than half from about 4.89 in 2000 to 2.2 deaths per 1,000 Populations in 2016. The risk of mortality in females is known to increase as they enter the reproductive age because of pregnancy-related health problems. On the other hand, mortality of male adolescents and youth disproportionally increased to their female counterparts, due to exposure to road accidents and interpersonal violence. According to WHO (2015) report, estimated top five causes of death for boys aged 10-19 years in Ethiopia are lower respiratory infections, meningitis, diarrheal diseases, and HIV/AIDS and road injuries. Among girls aged 10-14 years, lower respiratory infections, diarrheal diseases, HIV/AIDS, congenital anomalies, and road injuries are the main causes of death. Diarrheal diseases, maternal conditions, LRTIs, HIV/AIDS and epilepsy are causes of death among adolescent girls.

Female Genital Mutilation/Cutting

Of girls and women aged 15–49 years, EDHS data have shown that 65 per cent report that they have been cut compared to 47 per cent in the younger age group of 15–19 years. Of those who have been cut amongst the 15–19 age group, almost two thirds had flesh removed (65 per cent) and 7 percent have been sewn closed. Notably, 25 per cent of girls aged 15–19 years do not know what type of FGM/C they have experienced — in large part because most were cut so young. Overall, based on mothers' reports, 16 % of girls who are under 15 years of age have experienced FGM/C. Similar to child marriage, the 2016 EDHS shows that rates of FGM/C are dropping across age cohorts keeping in mind regional variations. The age at which women are cut also varies by region.

Morbidity

Sexual reproductive health, HIV and STIs

Evidences showed that the major sexual and reproductive health problems among adolescents and youth in Ethiopia are risky sexual practices, child marriage, early childbearing, unintended pregnancy, unsafe abortion and its complications and STIs including HIV. Data from the EDHS 2016 revealed that the median age at first marriage is 17.1 years among women and 23.7 years among men. According to EDHS reports, females were more likely to have sexual experience compared to males, which is probably due to earlier age of marriage among females. The median age at first sex was lowest among rural females (18 years), compared to 21 years among the other categories of adolescents and youth. While roughly 1 in 7 males (13-15 percent) had sex before the age of 18, 27 % of urban females and 52 % of rural females experienced first sex before the age of 18, which is likely due to earlier marriage among females Multiple sexual partners is also common among males than females. Nearly two-thirds (63 %) of urban males reported having had two or more lifetime partners compared to 44 % of rural males. (AYH strategy: baseline statistic report)

HIV/AIDS and STIs among adolescents and youth

According to the EDHS 2016 report, the comprehensive knowledge of HIV among adolescents and youth, especially among rural females is very low. Only 16 % of rural females had comprehensive HIV knowledge, compared to 38 % of rural males, 39 % of urban females and 48 % of urban males. By contrast, large proportions of adolescents and youth knew where to get voluntary counseling and testing (VCT) for HIV. Over 90 % of urban youth knew where to get VCT, while 82 % of rural males and 69 % of rural females knew where to get the test. Urban females were the most likely to have undergone VCT (65 %), followed by urban males (59 %). In the same report, 5.4% of sexually active urban females and 3.2% of sexually active rural women had had a sexually transmitted infection (STI) in the last year.

Teenage pregnancy

Many teenage pregnancies in Ethiopia occur within marriage. Although the legal age of marriage in Ethiopia is 18 years, 14.1% of girls are married by age 15, and 40.3% by age 18. Nationally, 13% of women age 15-19 have already given birth, and 2% are pregnant with their first child. Teenage childbearing is more common in rural than in urban areas (15 vs. 5%), and also vary

region to region; in Afar (23%) and Somali (19%) and; lowest in Addis Ababa (3%). Child marriage and teenage pregnancy has strong effects on the possibilities of girls to escape poverty.
The 1994 International Conference on Population and Development (ICPD) marked a paradigm shift by recognizing that adolescents have unique needs and vulnerabilities.
Many adolescents increasingly become sexually active before the age of 20 (WHO, 2003a) and many face difficulties in obtaining reproductive health care. Also adolescents are typically poorly informed about how to protect themselves from pregnancies and sexually transmitted diseases.
Researchers have explored the need to provide adolescent-friendly sexual and reproductive health services to curtail adolescents exposure to sexual health risks of unintended pregnancies, sexually transmitted infections (STIs) including HIV/AIDS, and early sexual debut (McIntyre, 2002; Dehne and Riedner, 2005). The ICPD highlighted the vulnerabilities of adolescence and called for greater recognition of adolescents as a special category with special needs. It emphasized the need to provide adolescents with sexual and reproductive health information and services and for adoption of integrated and comprehensive approaches to reproductive health.

Additionally, the ICPD underscored the need to remove social barriers that hinder adolescents' access to reproductive health services, and to modify policies and programs to meet the demographic realities of the 21st century (Germain, 2000). Thirty-eight of the participating countries from sub-Saharan Africa, including Ethiopia, committed themselves to a Program of Action aimed at providing adolescents with sexual and reproductive health education, information and services. This, it was hoped, would help adolescents to understand their sexuality and protect themselves from sexual health risks (United Nations, 1995).

Hence, nearly all countries in the world including Ethiopia have promised to improve the lives of their citizens until 2030 through achieving the 17 life changing goals, outlined by the UN in 2015. These Global Goals; among others; include providing people better health care and achieving equality for women. The Sustainable Development Goals also calls for countries to ensure universal access to sexual and reproductive health care (SRH) services, including family planning 2030 and the integration of reproductive health into national program and strategies

As member of the international community; Ethiopia has also endorsed and signed a number of international and regional agreements (MoH, 2021). The Government has also adopted far-reaching national policies such as the Health Sector Transformation Plan, the Reproductive Health strategy, Adolescent and Youth Reproductive Health strategy and FP guideline, the National Youth Policy (2004), Revised Family Law (1998), Youth Development Package (2010), Abortion Law (2005) and National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children in Ethiopia (2013).

In order to improve the health and wellbeing of this group of the population, the government of Ethiopia has made a bold commitment to respond to the health needs of the young people. The ministry of health developed and implemented the first national Adolescent and Youth Reproductive health strategy (2006-2015) for almost a decade and a significant improvement on the reproductive health of adolescents and youth particularly among women and girls is recorded. The Health Sector Transformation Plan (HSTP I) recognized the vulnerability and risk of sexual and reproductive health of adolescent and youth in Ethiopia and notify that the lack of access to and utilization of youth friendly services is a challenge. In line with the HSTP, the ministry developed and disseminated the second National Adolescent and Youth health strategy (2016-2020) that commits to addressing Sexual reproductive health, Substance use, Communicable and non-communicable diseases, Nutrition, and injuries.

The National health policy (2001) of the country envisions improving the health of women, children, adolescents and youth through access to quality reproductive health services integrated with the prevention and control of sexually transmitted infections including HIV, and reproductive organ cancers.

Despite the call by ICPD and Ethiopia's commitment to the Program of Action, adolescent population in Ethiopia remains the most affected by sexual and reproductive health risks such as early marriage, unprotected sex, STIs, early pregnancy and female genital mutilation (FGM).

Several factors have been associated with poor access and low use of reproductive health services among adolescents in developing countries. These include general lack of access to family planning services (including contraceptives), lack of access to prevention and treatment services for sexually transmitted diseases, and to pregnancy care. It is also not unusual for health providers to request for parental or spousal consent before providing services to adolescents

below 18 years. This presents additional challenges for adolescents since they may not wish to involve their parents in matters relating to their sexual health.

In Ethiopia, reproductive health services provided by the government are offered within the Maternal and Child Health and Family Planning (MCH/FP) programs. The services fail not only to target adolescents, but also to enhance their confidentiality. This makes adolescents to shy away from using the services, preferring instead to seek care from private service providers. In Ethiopia, like in most African communities, sexuality matters are seen as taboo for adolescents. The private sector services are expensive for adolescents who have no income of their own and have to depend on their parents or guardians for support. The lack of adequate skills among health care providers also contributes to their having judgmental attitude towards adolescents, and failure to enhance adolescents confidentiality and privacy during service provision. Hence, although Ethiopia has made significant progress on the access to basic health facilities, young people still face a number of health challenges, including inadequate access to sexual and reproductive health information/services (MoH, 2021-2025).

MIH Lewetatoch Yebego Adragot Mahiber (MLYAM) a local Civil Society Organization came up with an innovative kind of project which is called The Sexual and Reproductive Health Quest Net Model which is adapted from the Quest Net Business Model using the binary structure of training facilitators and the facilitator will train their peers. The organization has been implementing the project in Addis Ketema sub city. The project focuses on interconnecting/networking young people and it helps to increase meaningful youth participation, enables young people to be active and contributor citizens, reaching large number of people on SRH information as well as increases the leadership and communication skill of the targeted young people.

The project is implemented to increase access to quality SRH information and youth-friendly SRH services to young people, to enhance the technical and leadership capacity of young people on SRH and to forge strong partnership and networking with SRH service providers and create enabling environment for young people to access YFS

Goal

To improve the SRH wellbeing of the targeted young people in Addis Ababa through promoting quality SRH information and Youth-friendly services (YFS) accompanied by ensuring their ownership and programmatic leadership.

Specific Objectives

- To increase access to quality SRH information and youth-friendly SRH services to young people
- To enhance the technical and leadership capacity of young people on SRH
- To forge strong partnership and networking with SRH service providers and create enabling environment for young people to access YFS

Outcome

- Improved knowledge, attitude and practice (KAP)of the targeted group to make safe and informed SRH related decisions
- Increased access to quality and youth friendly SRH information and services to the targeted young people
- Enhanced youth movements, meaningful partnership and networks with stakeholders

The project is implemented to improve the SRH wellbeing of the targeted young people in Addis Ketema Sub-city Woreda 7 and 8 through promoting quality SRH information and Youth-friendly services (YFS) accompanied by ensuring their ownership and programmatic leadership. Hence this study aims to investigate the Practice, Challenges and Opportunities of Quest - Business for promoting sexual and reproductive health information in Addis Ketema sub city woreda 7 and 8

1.2 Statement of the Problem

Over the past two decades, through a series of concerted policies, programs, and commitments, Ethiopia has made notable advances in improving the reproductive health of its population, including expanding family planning (FP) information and services to larger segments of the population. Starting with the first Health Sector Development Plan in 1997, the Ethiopian government has invested heavily in health system strengthening and fostered a supportive policy environment for the expansion of access to health services and sexual and reproductive health

(SRH) programming. The national health extension program and the accelerated expansion of primary health care services to increase both the availability and accessibility of essential services have both proven pivotal to expanding FP access, most notably among the country's rural population. The government's FP2020 commitments signaled its prioritization of increased funding for FP services and focus on adolescents and youth. The National Youth Policy enacted in 2004 and subsequent adolescent and youth (AY) SRH strategies—which expanded services to Ethiopia's large youth population— provided a supportive AYSRH policy environment that has fostered improved reproductive health outcomes among this population. Similarly, the liberalization of the abortion law in 2005 expanded the conditions under which safe abortion care can be provided and expanded access to abortion care by authorizing midwives to provide abortion services.

Despite these remarkable achievements, however, coverage of reproductive health information and services remains low, with a large gap between current coverage rates and the universal health coverage (UHC) targets laid out in the country's 2016–2020 Health Sector Transformation Plan (HSTP) (Berhane YA, Worku M, Demissie M, et al,2019). More than one in five Ethiopian women still have an unmet need for FP; among adolescents, information on reproductive health is still largely shared through friends and is often inaccurate (Central Statistical Agency/CSA/Ethiopia and ICF. 2016).

Providing quality and sustainable reproductive health information and education and services to adolescents and youth will significantly and positively impact their lives by preventing unwanted pregnancies, sexual and gender-based violence, HIV/AIDS, and other related health problems. (Amdeselassie T., et al. Ministry of Women, Children and Youth Affairs, Ethiopia - GAGE and UNFPA; August 2020). However, to the best of my knowledge, there is no existing data about the practice, challenges and opportunities of The Sexual and Reproductive Health Quest Net Model being implemented in Lideta sub-city. This study is expected to fill this research gap and contribute to current adolescent SRH literature

Therefore, this study aimed to assess the practice, challenges and opportunities of a project implemented in Addis Ketema sub-city

1.3 Objectives of the Study

The objective of the study was to assess the Practice, Challenges and Opportunities of Quest - Business model for the promotion of Sexual and Reproductive Health information

1.4 Specific Objectives

More specifically, the study has the following specific objectives

- To Assess the practice of the quest net business model in Addis Ketema sub- city
- To explore opportunities to cascade the quest net business model project in to other areas.
- To identify the challenges in the implementation of the quest net business model project for improvement

1.5 Research Questions

Based on the above research problem, the following questions were formulated for further investigation of the topic.

1. How is the quest net business model being practiced in Addis Ketema sub city
2. What are the opportunities to cascade the quest net business model in other areas
3. What are the challenges facing the practice of the quest net business model in Addis Ketema sub-city

1.6 Significance of the Study

The result of the study will be useful for the project implementers to see the opportunities and challenges faced by the project to take corrective measures for the remaining life of the project. Furthermore the result will be of use for donors to see the results/success of their investment and to create motivation/interest to scale up the project to other area of the country. The beneficiaries of the project will have an opportunity to give feedback in the implementation of the project.

The study will also give a chance for the Government to follow on the result of the innovative approach and if found cost effective to further scale it in different target areas.

In addition, the study promises to generate knowledge that is useful for informing policy, and to identify potential areas of intervention in order to ensure better access, utilization, and provision of AYRSH for adolescents in Ethiopia.

1.7 Scope of the Study

The scope of this study is limited due to time and budget constraints. Therefore, the current research focuses on assessing the Practice, Challenges and Opportunities of Quest -Business for promoting Sexual and reproductive Health information in Addis Ketema sub city woreda 7 and 8. The study also uses qualitative research approach.

1.8 Limitation of the Study

The study is small in size and to generalize to the results to the general context might be difficult**.**

1.9 Operational definition of Terms

Adolescents-According to World Health Organization, worldwide Adolescents are individuals in the age group of 10-19 years; however, adolescents targeted in this minimum package are those between15 and 19 years.

Youth - According to the youth policy of Ethiopia (2004), youth refers to part of the society between the ages of 15-29 years. According to the WHO, the youth are from 15-24 years of age; and the National AYH strategy of Ethiopia follows this definition.

Standard – a statement of desired quality

Accessible – radially accessible services are provided

Acceptable – health care that meets the expectations of service users

Appropriate - required care is provided; unnecessary and harmful care is avoided

Comprehensive – care provision covers prevention, counseling, treatment, care & support

Equitable–services are provided to all adolescents and youths who need them (including low socio-economic status, vulnerable, marginalized, difficult-to-reach groups)

Equality - providing services equally without partiality in terms of quantity, degree, value, rank or ability, color, race, etc…

Efficiency- providing quality service for adolescents and youth by performing tasks successfully and achieving goals, with minimal resource utilization

1.10 Organization of the Study

The paper consists of five chapters. The first chapter deals with introductory part which contains background of the study, statement of the problem, research question and objective of the study, scope of the study, significance of the study, Limitation of the study, Research site selection and thesis structure. Then the second chapter comes with a literature overview of related literature which explains theoretical and empirical reviews together with concepts and definitions that

clarify key elements in the thesis. Chapter three explains the methodological part of the paper which starts by describing the study area and continues explaining the types, sources and analysis methods of data used in the study, the fourth chapter present the results of the analysis and discussion. Finally, based on the analysis and interpretation, the fifth chapter consists of conclusions and recommendations.

REVIEW OF RELATED LITRATURE

2.1 Definition and concepts

Quest Net was founded in 1998 in Hong Kong by businessmen Vijay Eswaran and Joseph Bismarck. (Hamilton, Ernest 2021) (Pradesh, Andhra, 24 June 2015)Though born and brought up in Malaysia, Eswaran undertook his higher education in the United Kingdom where he learned how multi-level marketing schemes work.

The company was first known as Gold Quest and then Quest Net before the name was shortened to Quest Net in 2010 in the beginning, it made custom-commissioned commemorative coins and later began selling jewelry and watches. In 1999, Q net expanded its operations to Malaysia and Singapore and began a partnership with B.H. Mayer's Mint; a German-based mint coin facility by 2002, the company was active in India, the United Arab Emirates, Indonesia, Thailand, Australia, the United Kingdom, and Eastern Europe.

In 2000, Q net was the official distributor of the Sydney Olympic Games commemorative coins. It was later named a distributor of FIFA's Centennial Commemorative coin set in 2004 and a distributor at the 2004 Athens Olympic Games and 2008 Beijing Olympic Games

The company expanded its operations to Dubai, India, Indonesia and Thailand in 2001. Q net started to diversify its products in 2002 into travel and vacations by partnering with QVI Club brand holidays. During this time, the company also announced that it was the official coin distributor for the 2002 FIFA World Cup and an expansion into Europe, Australia and Sri Lanka (Obtainer. Retrieved March 6, 2013)

In 2005, QI Group acquired QI Comma, a British telecommunications company. That same year, the companies introduced Aspire *Magazine* and announced that there were one million Q net independent representatives around the world. (Yumpu.com Retrieved 2022-01-06). In 2006, Q net began marketing energy, health and nutritional products. Also in 2006, QI Group acquired Paraná Resorts and Spa, a vegetarian holiday resort in Koh Samui. QI Group also acquired the Swiss watchmaker, Cimier. In 2007, the QI Group acquired Down To Earth (DTE), a vegetarian organic health store chain in Hawaii.

The company announced its sponsorship of Team Meritus, a Malaysian motor racing team, and became a sponsor for the Commonwealth Heads of Government Meeting Business Forum in 2007.

From 2009 to 2012, Q net was an official sponsor of the Asian Football Confederation during the AFC Champions League In 2010, the company partnered with Virgin Racing. Q net received the Trustee Privacy Certification in late 2012. Quest- net announced its intention to shift its manufacturing operations to India and to open an office in Russia in 2013. The company's QI Tower in Malaysia received the 2013 Building and Construction Authority (BCA) Green Mark Gold Award. In 2014, Q net started a three-year partnership with Manchester City football club to become the club's official direct selling partner. The deal was then expanded in 2017, and signed a similar deal with the Confederation of African Football in 2018.

Since it opened in 1998, Quest-net (Quest net at the time) promoted gold and silver coins. The coin collection business was outlawed in some countries. Though registered in Hong Kong, the company has never operated there or in China. Its majority customer base remains in India and a few African countries. A few years later Quest net changed its name to Quest- net and offered additional products via the MLM system. It promotes its products using claims "that would not pass official muster in much of the world. (Donald Frazier 2013) Despite claiming to be an e-commerce based business, an ordinary retail customer can purchase a product only if they have a referrer ID of an independent Quest- net representative.

The company continues to operate in countries including India, and sells its products using a multi-level marketing model, whereby independent representatives refer the products to consumers and receive compensation based on the sales volume of their referrals and the sales volume of other independent representatives in their teams.

2019 - Present

In 2019, Malou Caluza was announced as Q net's new CEO, becoming the first female to hold the position. She began working at the company as its first Customer Service Officer.

Business model

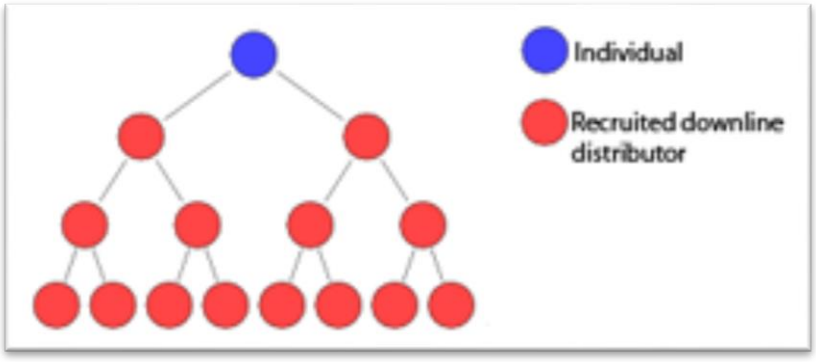

Figure 1 Quest Business Model Source www.qnet.net

The blue individual receives compensation from the sales of the down the line red members.

Customers can choose to become "independent representatives" (IRs) of the company by paying $10 for a starter kit and an online office. IRs receive $250 commission after they introduce the products to six people, placing three people on their left and three people on their right, described as two 'legs'. When an IR introduces a new customer who then becomes an IR themselves, the original IR benefits (by receiving bonus points) from the success of their recruit. These bonus points build up on only one of the IR's legs. The IR must then find recruits for the other leg in order to receive commissions.

The SRH Net Model is adapted from the Quest Net Business Model. It focuses on interconnecting/networking young people and it helps to increase meaningful youth participation, enables young people to be active and contributor citizens, reaching large number of people on SRH information as well as increases the leadership and communication skill of the targeted young people. In the SRH Net model, young people are able to plan, implement and monitor the project and play a leading role in the implementation of the project, while the implementing organization provide the technical and guidance support. The model also allows reaching large number of young people using a relatively smaller amount of money which is 1000 ETB as training allowance and to voice about the needs and rights of young people.

2.2 Theoretical literature

Health-promoting interventions aim to reduce health-risk behaviors and/or to promote behaviors and support environments conducive to health. In this pursuit, use of theory will serve several

important purposes in various phases of interventions: In the beginning of intervention planning, theories can be used to describe the target group as well as contribute to understanding of the health-promoting behaviors and environmental conditions. Theories may also inform the design of the intervention by helping to identify possible determinants of both risk and healthful behaviors and environments and to select methods to promote change (intervention techniques/behavior change techniques). Finally, theories are useful in evaluating the intervention (e.g., choice of measures) and retrieving evidence from interventions for the refinement of existing theories. (Bartholomew & Mullen, 2011; Bartholomew, Parcel, Kok, Gottlieb, & Fernandez, 2011

A model of intervention should be distinguished from a theory for intervention. According to (Thompson 2010) a model describes a set of interrelationships but does not necessarily explain them. This is where theory comes to offer a framework for understanding a model. Howe (2010) argues that in the field of interventions, all models have generally been underpinned and associated with particular theories about the nature of social reality and the nature of society.

According to Gergen (2010) two main positions exist in relation to the nature of social reality. These are the realist and the relativist positions. Realists believe that there are hard facts about social life and that these hard facts exist independently of people's subjective perceptions about them. For them there are rules to social life and all behavior, including offending behavior, can be understood in terms of these rules. As a result, people's own subjective ideas about why they behave the ways they do are of little concern. Interventions based on this theoretical position focus on the person as an object, and on understanding the rules of social life to objectively diagnose problems and then to apply the correct treatment. Relativists on the other hand reject the suggestion that there are hard facts about social life. They argue that the social world cannot be studied objectively in the same way as the natural world because humans act on the basis of their subjective ideas about what is going on. People's own ideas about why they behave the way they do is therefore of central concern to relativists. Interventions based on this theoretical position focus on the person as a subject, and on understanding the way people make sense of their worlds and then act. According to Howe (1990) there are two theoretical positions on the nature of society. The consensus view is that society is most usefully examined as a well-ordered, stable and fair phenomenon. From this perspective whatever social problems exist, do not do so because of the way society is organized. As a result, interventions based on this

theoretical position would focus on the individual as the source of problem behavior. The conflict view on the other hand is that society is a fragmented, conflict-ridden entity. From this perspective social problems exist as a result of the unequal distribution of power in society. Interventions based on this theoretical position would therefore focus on society as a source of problem behaviors.

Different theories about the nature of social reality and the nature of society can give rise to very different interpretations of a model. However, for the time being it is sufficient to note as Howe (1990) does that most models of interventions have traditionally been associated with particular theoretical positions on the nature of social reality and society. These traditional associations make it possible to begin the process of examining models of intervention in a meaningful way.

2.3 Empirical findings

Over the last two decades, political, economic and social developments, and national health and development policies and programs have contributed to the changes in ASRHR:

2.3.1 Improvements in the economic and social context

Ethiopia's economic situation has improved in the last two decades. Since the early 2000s, Ethiopia's economy has been one of the ten fastest growing in the world. From 2004 to 2013, the country's average annual Gross Domestic Product (GDP) growth rate exceeded 10%, which was more than four percentage points higher than the average for Africa's 26 other low-income countries (MoF, 2013).

According to data from 2004/2005, the poverty index stood at 38.7%, it declined to 29.6% in 2010/2011, and declined further to 27.8% in 2011/2012. The decline in poverty levels has been steeper in rural areas (30.4%) as compared to urban areas (25.7%). While this progress is uneven, Ethiopian children and adolescents as a whole are likely to be growing up in a context of declining poverty. There has been impressive progress in primary school enrolment, but less progress in primary school completion, and in secondary attendance and completion. Further, the progress has been uneven in the country. The proportion of adolescents in Ethiopia with no education decreased by 70% between 2000 and 2016 and there was an increase of over 50% in those who have completed primary school in the same time period. While there has been an improvement in the net primary attendance, there is a high attrition rate with a significant decrease in school attendance at ages 14 and 15. Further, there is a significant urban rural variation, with a higher proportion of adolescents living in urban areas having secondary

education or higher over the last decade compared to their counterparts in the rural areas. Finally, new means of communication, including the use of social media, are transforming the lives of Ethiopian adolescents, while in this area there are disparities in access and use too.

2.3.2 High-level commitment to health and development

In 1994, the International Conference on Population and Development (ICPD) launched its Plan of Action, which recognized that Sexual and Reproductive Health and Reproductive Rights (SRHR) are central to women's rights and well-being and are important to achieving social and economic development. The Plan of Action lent legitimacy to local advocacy efforts, investment, action and research that improved SRHR at global, regional, national and local levels. Since then, the Government of Ethiopia (GoE) has undertaken several measures to ensure that ASRHR is addressed in its work as part of the wider attention to SRHR. In 2000, Ethiopia organized the first signature event entitled "he National Youth Consultation workshop on Sexual and Reproductive Health" that brought together all stakeholders to discuss issues affecting youth and to develop a series of action plans regarding the country's youth policies and development agendas. Based on the momentum created, conducive environment to engage multiple stakeholders, the GoE initiated several national initiatives that would mainstream ASRHR into the national agenda**.**

2.3.3 Contribution of national health and development policies and strategies

ASRHR has been mainstreamed into the national agenda through policies and strategies directly addressing unintended pregnancy and childbearing, maternal mortality, HIV/AIDS, child marriage, Female Genital Mutilation/ Cutting (FGM/C), and violence against women and girls. This contributed to progress in a number of ASRHR outcomes.

The GoE's national contraceptive provision and demand generation effort was strengthened through the development of its first National Reproductive Health strategy and it's National Family Planning Guideline in 2006. Adolescents were a key population group to be addressed in these normative documents. In alignment with these documents, the GoE also developed a National Adolescent Sexual and Reproductive Health Strategy, which placed adolescent girls within the context of an overall effort targeting women and girls. In aligning its agenda to the MDG target 5 on reducing maternal mortality, the GoE put in place a new strategy to strengthen the delivery of maternal health services in both clinic and outreach settings through Health Extension Workers (HEWs), a category of health care providers used to provide care for a broad

range of health issue. A focus of this strategy was improving access to quality antenatal care (ANC) and skilled birth attendance (SBA) during childbirth. An important component of the strategy was community engagement and sensitization. Furthermore, recognizing that unsafe abortion was an important cause of maternal mortality, the GoE expanded the circumstances under which safe abortion care could be provided. The law on safe abortion services authorizes the termination of pregnancy in certain circumstances including in cases of rape, incest, and fetal impairment, to save the life of the woman, if the woman has a physical or mental disability, or if she is under 18 years of age. It could be provided without requiring proof of age or parental consent. The GoE has demonstrated a high level of political commitment in combating HIV/AIDS, as evidenced by establishment of the National AIDS control program since 1987 under the Ministry of Health. A Framework for the National Response to HIV/AIDS was adopted, outlining priority interventions for promoting and distributing condoms among other strategic issues with a multi-sectorial approach, engaging the public and private sectors, including NGOs, community-based organizations (CBOs) and faith-based organizations. The GoE formulated a national policy on viral-load monitoring and a system to carry out quality assessment at the health facility-level on antiretroviral therapy (ART) and AIDS in 2003 by decentralizing the free Highly Active Antiretroviral Treatment (HAART) in public facilities and private clinics and hospitals in 2005.

To address the specific needs of adolescents and young people, the GoE organized a “National Youth Consultation on HIV/AIDS, Sexual and Reproductive Health in Ethiopia” in 2003, which informed the development of the National Youth Policy in 2004 and the Youth Development Package in 2006.

Over the last two decades, the evolving political, economic and social context of the country have placed some aspects of ASRHR high on the health and development agendas. The formulation and application of laws, policies, strategies and programs have contributed to effective action in a number of areas, but there are still notable gaps and areas of weakness in translating them into action. More needs to be done to communicate these laws and policies, and to resource and manage the implementation of the strategies and programs, and to carry the wider society along in this shared effort.

In order to overcome the problems there were different kinds of interventions which focus on education and information for adolescent and youth SRH have been implemented in the country

by different stakeholders. There is a lack of resources in the quest- Net SRH Model as the intervention is new to be implemented for Sexual and Reproductive Health issues in Ethiopia and elsewhere. I used the other different interventions which are near to the newly innovative model.

2.3.4 Peer Education and Youth

In most societies, young people often find it difficult to obtain clear and correct information on issues that concern them such as sex, sexuality, substance use, reproductive health, HIV/AIDS and STIs. This happens for many reasons: socio-cultural norms and taboos, economic deprivation or lack of access to information.

Many times, information is available but it may be given in a manner that is authoritarian, judgmental, or non-adapted to the young people's values, viewpoints and lifestyle.

One effective way of dealing with these issues is peer education, because it is a dialogue between equals. It involves members of a particular group educating others of the same group. For example, young people share information with each other, some acting as facilitators of discussions. It usually takes the form of an informal gathering of people who, with the help of the peer educator, (someone of a similar age or social group), discuss and learn about a particular topic together. Peer education works well because it is participatory and involves the young people in discussion and activities. People learn more by doing than just getting information. Peer education is, therefore, a very appropriate way to communicate in the context of HIV / AIDS. It empowers young people to take action. Examples of participatory activities used in peer education are games, art competitions and role-plays. All of these can help people to see things from a new perspective without “being told” what to think or do.

In Ethiopia, the second most populous country in Africa, where adolescents and youth aged 10 -24. constitute one-third of the total population, there is growing attention to the health of adolescents and youth. Improvements in the provision of reproductive health services and increased school attendance have enabled the country to enter the third stage of the demographic transition, which is marked by low death rates and a decrease in birth rates. Foundations laid in health, including sexual and reproductive health (SRH), can positively influence social, political, and economic development, and the ability of the country to reap the benefits of the demographic dividend. Healthy adolescents and youth

are key assets and social change actors, with great potential to contribute to families, communities, and the nation now and in the future.

The strategic framework of the National Adolescent and Youth Health Strategy is guided by the principles of ensuring the meaningful participation of adolescents and youth in their individual healthcare, enabling them to make the health system accountable, and encouraging them to deliver on their social responsibilities through community voluntary activities. Peer education is one component of the strategy's service delivery mechanisms, where peers serve as sources of information and education and create demand for health services . In recent years, peer education programs have grown in popularity and practice in the field of health promotion and disease prevention. In Ethiopia, peer education programs were widely implemented during the HIV/AIDS epidemic, during which adolescents and youth were engaged with HIV and AIDS clubs after having peer education and life skills training with close follow-up and mentoring.

Global evidence provides mixed evaluation results on the effectiveness of peer education programs in changing behavior. Results challenging the effectiveness of peer education to influence the behavior of beneficiaries indicate its limited use in information dissemination and suggest integrating peer education programs within holistic interventions.

They also suggest that refining and limiting the scope of practice for peer educators to sensitization and referral may make them more effective agents in their communities. In contrast, it has also

been documented that peer education programs support young people in developing positive group norms and making healthy decisions about sex, sexuality, and other developmental endeavors. These results argue peer education training benefits adolescents and youth by equipping them with knowledge about sexual health topics, providing greater familiarity with community resources, increasing feelings of connectedness to school, and raising awareness of perceived cognitive and behavioral changes that could transfer to preventing other risky behaviors. Others argue peer education programs have enormous variation and their evaluations should therefore be carefully tailored to specific contexts. Most beneficiaries agree that peer education allows peer educators themselves to improve their confidence and communication, leadership, and interpersonal skills and to avoid risky health behaviors

At the same time, it is also critical to recognize the impact this engagement can have on empowering youth and leading to better SRHR outcomes. MYP can enhance young people's confidence and teach them important life skills. In fact, research conducted in Ethiopia revealed that young people who participated as peer educators in an SRH program became more confident, which enabled them to talk in meetings and discuss issues around sexuality with their parents.

2.3.5 Community Conversation

Community Conversation is a process of engaging communities in interactive discussions through a series of facilitated dialogues that lead to collaborative action. Community Conversation is a model that is being used across a wide range of topics in different contexts around the world.

Community Conversations involve trained local facilitators, who help the community to generate insights on the underlying factors fuelling the spread of HIV/AIDS in the community. This is done using a wide range of participatory methodologies, such as storytelling, active listening, and strategic questioning, in order to identify shared concerns, observe, reflect, question, explore and make decisions for change together. In these sessions, a cross section of people from the community are invited to participate – men and women, old and young, people living with HIV/ AIDS and those who are not infected, religious and traditional leaders, representatives from women's associations, youth groups and members of the community at large. An environment is fostered, in which all those concerned work together, based on the recognition that people have valuable capacities, perspectives and knowledge, as well as an interest in change. These are validated, built upon and strengthened through community meetings. The approach also acknowledges that people can hold false beliefs, be misinformed or act in bad faith Through the process of inclusive interaction, collective or social learning occurs, power relations shift, ownership and responsibility for change is strengthened, changes are initiated and local capacities and resources are mobilized. This is done within a methodological framework with specific steps, matching skills and tools. Community Conversations is a facilitated process for dialogue and decision making – for communities to delve into the deep and sometimes uncomfortable causes of the epidemic in their lives and generate their own solutions to address those causes, facilitating rather than intervening, and by empowering rather than prescribing.

Community Conversations stands in contrast to many other approaches seeking to bring about Behavior Change. Resonance

Objectives of Community Conversations

- To generate a deep and complex understanding of the nature of the epidemic within individuals and communities and to create social cohesion for an environment that is conducive to political, legal and ethical change.
- 2. To support the development of self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management.
- To empower communities to examine and redefine social contracts between different groups in the community – for example, between women and men, People Living with HIV/AIDS (PLWHA) and those that are uninfected or untested, the old and young, and the rich and poor.
- To build a pool of resource persons with transformative leadership competencies and facilitation skills in community conversations, to scale up community responses to HIV and related development issues.
- To bring the voices of people into the national response; to integrate community concerns and decisions into national and decentralized plans, thus linking resources to individual and collective needs.
- 6. To strengthen the capacity of NGOs and CBOs to develop appropriate strategies for a response that places communities and individuals at the center of the response.

2.3.6 Youth Centers and youth

According to Whitlock (2004), "services" are developmentally oriented activities provided by health systems, school settings and recreational projects/facilities/ or actions done to or for youth with the intention of enhancing health, safety, performance, and other forms of essential youth wellbeing and psychosocial functioning. "Opportunities" (to learn, explore, play, interact, tryout, serve, work) represent the extent to which youth are provided with meaningful and real experiences to practice and expand on what they know and learn either through work, service, or non-formal learning in a more sustained manner (Whitlock, 2004; Zeldin, et al., 2001). Such experiential and sustained experiences, from among a diverse array of opportunities young

people could ideally encounter, enhance meaningful decision-making roles that ultimately foster the greatest number of personal competencies (Zeldin, et al., 2001). “Supports” are activities that are done with youth to facilitate access to interpersonal relationships and resources in any one or all of its forms: emotional, motivational, and strategic (Pittman et al., 2003; Whitlock, 2004). While emotional support nurtures a sense of safety, security and trust in oneself and others, motivational support generates positive expectations and sets developmental boundaries. On the other hand, strategic support facilitates access to needed resources and information (Pittman et al., 2003). Studies (e.g. Benson, 2003; Benson, Scales, & Syversten, 2011; Lerner & Benson, 2003) indicated that young people are more likely to refrain from problem behaviors and demonstrate healthy growth when they are nurtured with essential developmental nutrients of services, opportunities and support. Youth centers are developmental settings in which services, opportunities, and supports are provided to young persons in an integrated and sustained manner (International Planned Parenthood Federation (IPPF), 2006). According to IPPF (2006), youth centers are “adolescent friendly contexts where young people can access information and services which address their needs and wants, including sexual and reproductive health needs as well as other needs, such as life skills and recreational activities.” They have been a popular approach for engaging youth, particularly in urban contexts. They are considered as useful settings for enhancing young people’s participation and empowerment (UNICEF 2009), and offering training in vocational and life skills. Youth centers have also been promoted as a means of bringing sexual and reproductive health (SRH) services to youth and providing safe places for youth to interact. The design and types of services to be provided would depend on the specific realties of communities as well as the specific needs of the young people. However, most youth centers focus on sexual and reproductive health services and some other non-SRH needs such as library service, training on life skills, in-door and out-door games, and small snack shops (IPPF, 2008). Despite differences in the design and type of services rendered, there are certain guiding principles, requirements, and characteristic features for youth centers to have to effectively promote the development of young people

2.3.7 Youth Friendly Service

According to youth-Friendly Health Services in Ethiopia: What Has Been Achieved in 15 Years and What Remains to be done which is a document prepared by Pathfinder international,

Over the past 15 years, Ethiopia has given increased attention to the health of adolescents and youth for many reasons. Primarily, young people in Ethiopia constitute one-third of the total population but are largely neglected by government services.

Secondly, as this cohort joins the workforce, a healthy foundation focused on sexual and reproductive health (SRH), can have profound implications for social, political, and economic development, and can ensure that the country reaps the demographic dividend that will fuel development. Thirdly, healthy adolescents and youth are key assets and resources, with great potential to contribute to their families, communities, and the nation as actors in social change, and not simply passive beneficiaries of social programs.

Furthermore, early sexual debut and early marriage, especially in rural areas with very limited use of contraceptives, are associated with an unwanted pregnancy, sexually transmitted infections (STI), and maternal and neonatal health problems. Stigma, service costs, provider bias, and lack of youth friendly services (YFS) pose formidable barriers to young people's ability to access SRH services in Ethiopia. The public facilities that did serve young people failed to guarantee privacy and confidentiality, ultimately leading to a distrust of the system, and resulting in poor SRH service use among adolescents and youth (4-6). The introduction of YFS was critical to improving the availability, acceptability, accessibility, appropriateness, effectiveness, affordability, and equity of health services for adolescents and youth. Additionally, YFS that go beyond providing accessible, unbiased, and confidential (with privacy) service, to respond to the needs of young people are proven to reduce barriers to service uptake (12). Such youth-responsive services lay the foundation for Ethiopia's health system to meet the SRH needs and rights of the country's underserved, but invaluable, young populations.

Since 2005, Pathfinder International has worked with the Ministry of Health (MoH) with financial support from development partners including United States Agency for International Development (USAID), David and Lucile Packard Foundation, and Korea International Cooperation Agency (KOICA) to initiate and expand access to YFS in the Ethiopian public

health system. The process laid the foundation for the institutionalization and expansion of YFS in the country. The main aim of the YFS was to create access to youth-friendly health information and services for adolescents and youth 10 to 24 years who come to the health facility, where they can go directly to the dedicated YFS room with an YFS provider who maintains audio and visual privacy and confidentiality.

Therefore, YFS provides a package of comprehensive, age-appropriate services tailored to subnational (regional) contexts with a one-stop shopping approach. It also provides linkages and referrals to appropriate facilities and units—for example, for maternal health care or opportunistic infection/anti-retroviral treatment.

Special clinical services are included in YFS such as STI diagnosis and treatment using a syndrome approach, post-abortion care, contraceptives including LARCs, pregnancy testing, antenatal care, childbirth (where feasible), and postnatal care. Accessing available YFS and information and mitigating the burden of SRH problems would enable adolescents and youth to directly contribute to the country's harnessing of the demographic dividend and ultimately economic growth. This paper describes the process and lessons learned from a phased introduction, implementation, and scale-up of YFS in Ethiopia. Looking at similar intervention will help to understand the working atmosphere of Sexual and reproductive Health and Rights in Ethiopia.

RESEARCH METHODOLOGY

3.1 Description of Study Area

Addis Ketema kifle ketema is one of the 11 sub-cities of Addis Ababa, the capital of Ethiopia. According to the 2022 projection its population is 359,735out of which 55% of them are between the ages of 15-35. The population density is 48,547/km². The sub city has a total area of 7.410 km². The district is located in the northwestern area of the city, not far from its center. It borders with the districts of Gullele in the north, Arada in the east, Lideta in the south and Kolfe Keranio in the west. Mercato, Africa's largest open-air marketplace, is in Addis Ketema.

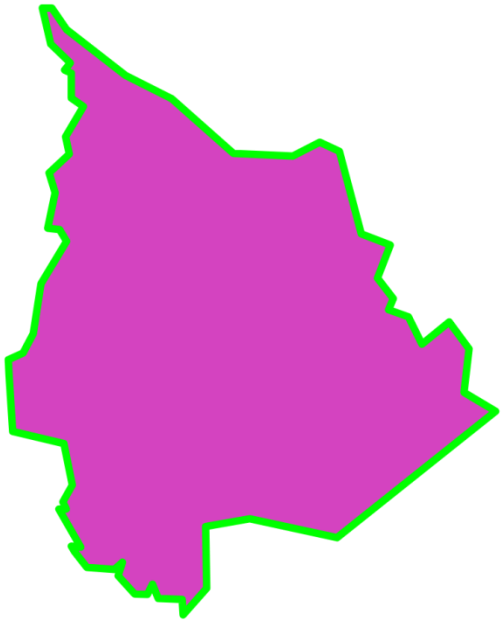

Figure 2 Map of Addis Ketema Sub city

The economic activities of the dwellers are engage on small business such as mini-shops, barberries, greengroceries, cafeterias, bars, informal business such as street salvage cloths trader, local alcoholic drink sellers, vegetables vendors, begging, government employment, private company employment, and Pensions. The approximately range income of the Woreda-07 is 50-60 Dollars per month. Dwellers are engage mostly on the informal economic activities such as small shop and vegetable vendor and so on.

The Addis Ketama (Woreda-07) is one pocket of Addis Ababa city where urban poverty lives. Their income is generally low ranging from 1000-4000 Birr per month. The quality of life is poor and inadequate infrastructure facilities except education facility.

3.2 Research Design

According to Mark, Philip and Adrian (2009) research design is the overall plan and procedure of the research, in order to identify the appropriate combination of procedures and methods to collect and analyze data.

Research study design is a framework, or the set of methods and procedures used to collect and analyze data on variables specified in a particular research problem.

Research study designs are of many types, each with its advantages and limitations. The type of study design used to answer a particular research question is determined by the nature of question, the goal of research, and the availability of resources. Since the design of a study can affect the validity of its results

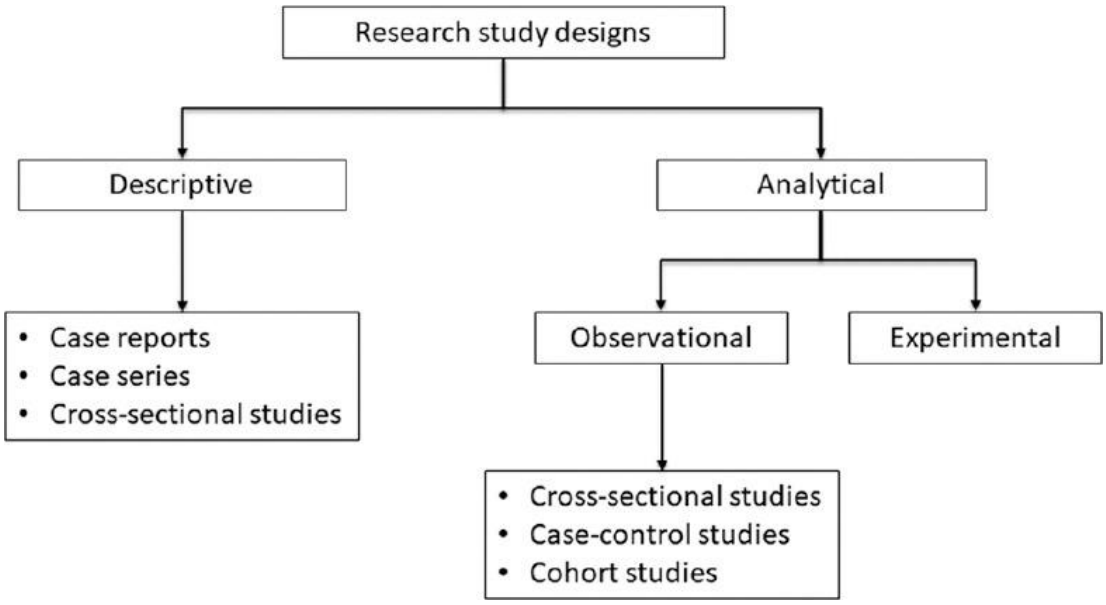

Figure 3 research study designs Black, K. (2010) Business Statistics: Contemporary Decision Making.

This study employed a descriptive research design because descriptive research portrays an accurate profile of persons, events or situations. This design offers to the researchers a profile of described relevant aspects of the phenomena of interest from an individual, organizational and industry-oriented perspective. It presents data in a meaningful form that helps the researchers to understand the characteristic of a group in a given situation, to think systematically about aspects in a given situation, offer ideas for further research and helps to make certain simple decisions.

I also decided the research to use a data collection technique and analysis procedures to answer my research questions which is called qualitative Method.

3.3 Research Approach

A qualitative study (interview) is used to get a better insight about the project practice and the opportunities and challenges faced during implementation. Qualitative research is concerned with qualitative phenomenon, i.e., phenomena relating to or involving quality or kind. This aims at discovering the underlying motives and desires, using an interview for the purpose. Generally, an interview question was used thus;

3.4 Source of data

This study uses primary data; primary data is the most relevant data in investigating occupational practice, challenges and opportunities of the project at Addis Ketema Sub-city. The primary Data for the study was collected from beneficiaries of the project, School community and project implementers, through interview.

3.5 Population of the study

The study population for this study is 230 adolescent and youth who are beneficiaries of the project in the school and 20 staff members who participated in the implementation of the project. Of the 230 students 150 of them are male and the rest female and of the 20 staff members 12 male and 8 female.

3.6 Sample Frame

The target population is a complete set of individual, cases or objects with the same common characteristics to which the researcher wants to generalize the results of the study (Mugenda, 2005). Beneficiaries of the Project are the target population for this study. The total populations of the project beneficiaries are 250. For this study, the researcher applied Purposive sampling and interviewed 12 students and 6 project implementers the sample is determined based on saturation of information.

3.7 **Sa**mple Size determination

The sample size was being determined based on the saturation of information to explore a wealth of information regarding the study topic. Saturation is the most common guiding principle for assessing the adequacy of purposive samples in **qualitative research** (**Morse, 1995**, **2015**; **Sandelowski, 1995**). However, guidance on assessing saturation and the sample sizes needed to reach saturation have been vague. Until recently, saturation had not been empirically assessed with different types of qualitative data. A growing interest in empirical

assessment of saturation has now generated a body of research on the topic, making it an opportune time to synthesize it and identify what we can learn from it.

3.8 Sampling technique

From the total beneficiary students and project implementers who were present in the project cycle, students who participated as a master trainer, second line peers and project implementer's were contacted for the interview (Purposive sampling).

Purposive sampling (also known as judgment, selective or subjective sampling) is a sampling technique in which researcher relies on his or her own judgment when choosing members of population to participate in the study.

Purposive sampling is a non-probability sampling method and it occurs when "elements selected for the sample are chosen by the judgment of the researcher.

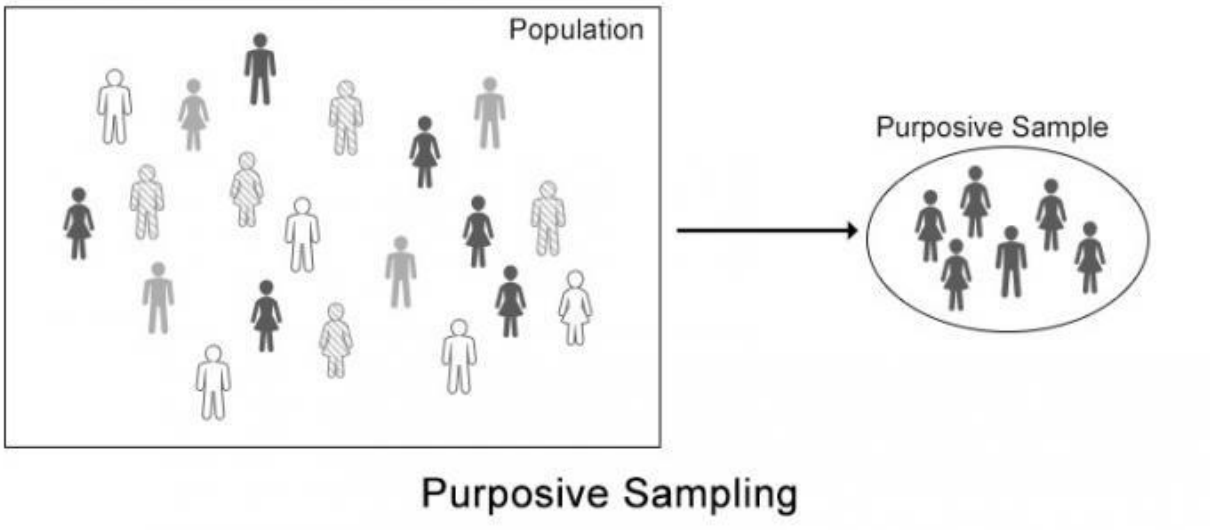

Figure 4 Purposive Sampling (https://www.scribbr.com/methodology)

3.9 Data collection tools

The research uses interview with students, school leaders as part of project implementers and project implementers. Every possible care has been taken in designing and the development of interview protocol for data collection, after contacting the participants, appropriate time and comfortable place of meeting which is the school was selected and organized.

Interview is one of the popular methods of research data collection. The term interview can be dissected into two terms as, 'inter' and 'view'. The essence of interview is that one mind tries to

read the other. The interviewer tries to assess the interviewed in terms of the aspects studied or issues analyzed.

The importance of interview may be known through these points,

- It is the method best suited for the assessment of personal qualities.
- It has definite values for diagnosis of emotional problems and for therapeutic treatments.
- It is one of the major bases upon which counseling procedures are carried out.
- It provides information to supplement other methods of collecting data.
- It may be used, in addition to observation, to verify information obtained through correspondence methods.

3.10 Data Collection Procedure

An interview protocol has been developed for the interview and the instrument has been Pre-tested in the same schools prior to the interview. Students who are selected for the interview were communicated one by one and interviewed and checked for personal identification of the participants to ensure confidentiality and reliability.

3. 11 Data Analysis

The data gathered from the Interview has been transcribed, classified, summarized and organized through direct quotation narratives. The analysis has been done using content analysis through narrating and interpreting the issue and the results has been thematically presented in narrative form. The data has been organized, compiled and compared against each other to examine similarities and differences, created three common themes and eight subthemes and make them suitable for analysis systematically.

3.12 Ethical Consideration

Study participation is voluntary, and Participants were informed (oriented) that they are free to withdraw from the study at any time during the data collection process. Similarly, informed consent has been obtained from the project manager and focal person for record reviewing and interviewing. Identifiers of individuals were not included in the instruments. Study subjects participating in the study were informed to answer or refuse to answer any specific question, and each participant get informed consent. Strict confidentiality and privacy maintained throughout the study.

3.13 Trust worthiness

The research findings are trustworthy and the results can be replicated in the same manner to different places. There is a link between the data collected and the findings of the study. The research findings can be transferred to other places.

3.14 Relevance of the study

The study is relevant to the field of social work as the study is on the practice, opportunities and challenges of a project and social work also is a practice based field of discipline. The study focus is on Adolescent and youth and the group is vulnerable group who needs help to be empowered and social work is an empowering profession.

3.15 Dissemination of Results

This study is designed to assess practice, challenges and opportunities of quest -business for promoting sexual and reproductive health information in Addis ketema sub city woreda 7 and 8. The result of the study will be disseminated to organizations that have helped the project to be carried out, which includes, Project Donors, School where the project is implemented, other potential donors' woreda administrator of woreda 7 and 8.

DATA PRESENTATION, ANALYSIS AND DISCUSSIONS

4.1 Socio- demographic characteristics of the study subjects

A total of 12 students 6 male and 6 female and 6 project implementers have been interviewed. From the project implementers two female and 4 male were interviewed. 10 of the students are 17 years of age and two of them 18 years of age. Out of the six project implementers two of them hold a master's degree in social work and the rest hold their first degree on different disciplines (Sociology, Nursing and Demography). Regarding to their religion out of the 18 study subjects 11 of the students were Orthodox and two of them are Protestant while 4 of the project implementers are orthodox and 2 of them are Protestants

4.2 Practice of quest net business model

The quest-net project is a three year project that has been implemented to improve the SRH wellbeing of the targeted young people through promoting quality SRH information and Youth-friendly services (YFS). The specific objectives of the project were to increase access to quality SRH information and youth-friendly SRH services to young people, to enhance the technical and leadership capacity of young people on SRH and to forge strong partnership and networking with SRH service providers and create enabling environment for young people to access YFS. In order to increase the awareness of young people, 250 young people were provided a seven days training on SRH, Life Skill and Entrepreneurship. In this regard participants of the study said the project has been implemented and met its objective which is s to improve knowledge, attitude and practice of the targeted group to make safe and informed SRH related decisions, increased access to quality and youth friendly SRH information and services to the targeted young people and enhanced youth movements, meaningful partnership and networks with stakeholders for adolescents and youth through training youth councils and the councils then reaching to their peers and train them on SRHR issues.

"I have seen new ways to solve problems and I have seen how engaging youth in project implementation can significantly increase the provision of information and help to program success, in general." (Snake, Student).

Eight of the interviewees expressed about the benefits of enrolling in to the project activities saying, they and their friend were having low knowledge (poor knowledge) concerning SRHR as a result of the intervention in their school their knowledge has been improved.

“Quest-Net model is a productive method to address or to give awareness on SRHR for youth and adolescents starting from a few numbers and at the end reached many youths (target groups “(Meseret, project Implementer).

“I have seen new ways to solve problems and I have seen how engaging youth can significantly increase information provision and program success, in general.” (Asnake, Student)

The study reveals that the structure the project is using to implement the activities are good as the chain of the structure create an atmosphere where students are allowed to communicate with their peers who are interested in the approach and who want to know more about Sexual and Reproductive health Issues.

“Quest-Net Model worked by training youth councils and the trained councils training their peers, it has reached many with this approach, the SRH Net-Model is implemented by training some member of students (Councils) and make them train another 5 students (First followers) for each under them and these 5 students (first followers bring and train other 5 students each and this will be cascaded continue for up to four rounds and they will be graduated at the end of the last session” (Helina, student).

“It is good starting from small numbers of youth to reach many young people with minimum cost and time” (Biruk, Project implementer).

Ten students and two project implementers mention, if the approach properly managed and sufficient budget allocated it works for the provision of SRHR information for young people. They also confirm, it is an easy method, not complicated, cost efficient and youth to youth approach.

“Before this project came to our school I didn’t have the knowledge about SRHR but after enrolled in the project I get enough information and knowledge” (Ayelech, student)

“The project save many adolescents from danger and help me to develop self-confidence” (Helina, student).

The knowledge and attitude changes they witness are immense, as a result of the trainings delivered by the project many young people managed to benefit and teach others on the subject matter.

One of the main advantages of the project is it has a room to listen to the opinions of students and the empower them to discuss this issues in the presence of others.

“Being involved in the development and being listened to was the most empowering and fulfilling feeling. It gave me a sense of belonging to the solution, encouraging me to engage more.”

“The practice is very good because it’s inclusive of all adolescents and youth in the project area, with the aim to train students on Sexual and Reproductive Health and Rights, The project also gave us a chance to train our peers on topics that are relevant for adolescent and youth” (Askale, student).

“It helped me by educating me and helping my peers. It has given me the knowledge I needed at a certain age and saved me from discovering things in the wrong way out of curiosity” (Meron, student)

“From this project we observed that young people need more information because unintended pregnancy and SRH problems are visible, so we have to strengthen this activity to reach out many more” (Mestewat, Master Trainer).

The project beneficiaries, the project implementers and the school community at large are happy that the project is implemented in their surrounding and the project managed to fulfill its objectives.

“The project met its objective of giving SRH information for neglected age group (12-19) because youth’s need information/new thing which is given by their peers, they are eager to discuss freely and in a friendly manner” (Mestewat, Master Trainer).

“Over the last three four years a lot of students get the information needed” (Abraham, Student).

4.3 Opportunities to cascade the model in other areas

Coverage of reproductive health information and services remains low, with a large gap between current coverage rates and the universal health coverage (UHC) targets. More than one in five Ethiopian women still have an unmet need for FP; among adolescents, information on reproductive health is still largely shared through friends and is often inaccurate (Central Statistical Agency/CSA/Ethiopia and ICF. 2016).

Providing quality and sustainable reproductive health information and education and services to adolescents and youth will significantly and positively impact their lives by preventing unwanted pregnancies, sexual and gender-based violence, HIV/AIDS, and other related health problems. Cascading these kinds of innovative information and education promotion approaches is out of

question to help reach many young people of the country. From the study participants more than two third of them mentioned there are a lot of opportunities that exist for the smooth implementation of the project and for future scale up in other areas.

4.3.1 Policy Environment and commitment of school leaders

The policy environment of the country favors working on Adolescent and youth Reproductive Health, The commitment of leaders of school and of woreda administrators is an opportunity to cascade the project in other areas of the country. The School leaders are willing to support the smooth implementation of the project with all the resources that are needed for the implementation of the project. The School leaders are committed to continue the implementation of the approach even after the project phased out.

."The policy environment that exist in the country to work on Adolescent and youth is fertile for the implementation of Adolescent and Youth health information and education projects" Meseret, Project implementer

"Willingness of teachers, school administrators at all level are an opportunity and contributed for the success of the project" (Abraham, student)

4.3.2 Donors interest to invest on Adolescent and Youth Health

The funding landscape for Adolescent and Youth Reproductive Health is becoming fertile, seeing the magnitude of the problem and the large number of Adolescent and Youth of the country many are interested to work on the issue and this creates an opportunity for future scale up of the project in other areas of the country.

"Most donors are interested to fund on SRHR Issues of youth, if sufficiently promoted other donors will fund this initiative" (Mestewat, Master Trainer).

"availability of donors, good policy environment on youth (Enabling environment) interest on youth and availability of youth focused civil societies like Mih Lewetatoch Yebego Aderagot Mahiber working in the country" (Biruk, project implementer).

4.3.3 Interest from Adolescent and youth

High interest and willingness of young people to be trained and have the capacity and confidence to decide on their health is an opportunity for the same and other donors to cascade their project in other areas of the country to bring a full scale impact on the promotion of Reproductive Health

information and education. The impact of this project to create an interest on youth to participate on this type of projects is huge

“Target Population/Youth are interested to be trained and to disseminate the information to their peers” (Helina, student).

“Looking at the knowledge created and the attitude of students and the confidence to talk about the topic many are interested to be included in the project”. (Yedenek, Student).

The model train master trainers and equip them with the knowledge and they will train their peers will create an atmosphere where we have a good relationship with our peers” (Meron, student).

The project uses an innovative approach of using a marketing strategy for the promotion of information and education to train and have a huge reach out effect even outside of the target population as the students will take the lessons and pass on to other people in their area. The existence of these fertile environment/Opportunities will facilitate the smooth scale-up process in other areas.

4.4 Challenges faced during implementation

Though the implementation of the project went well it was not without challenges.

Six students and four of the interviewees mentioned that they have encountered challenges; the challenge that has been raised by the interviews has been presented below.

4.4.1 Lack of awareness

The knowledge of student about the project aim and what kind of trainings they are going to deliver was not clear to many of them as a result students were hesitant to join the trainings.

“At first I was very hesitant to roll in the project activities, because we lack the information about the project” (Meron, student).

4.4.2 Lack of willingness

Students’ shy out to discuss on Sexual and Reproductive Health Issues in front of their peers these created a challenge for the implementers of the project.

“Most of the students were not willing to and were not happy to discuss about SRH issues while there are many other problems ongoing in the country” (Abraham, student)

4.4.3 Dropout and turnout of peers

Students also mention the problem of dropout and turnout of peers from the project at the middle of the approach implementation.

“Being engaged in reproductive practices is considered as being cool therefore because of the misconception student’s dropout, peers miss trainings and our parents sometimes don’t allow us to come to the trainings "(Askale, student).

“Most of our colleagues dropped out of the project because they don’t want to be seen as old fashioned (ፋራ) by their friends” (Abraham, student).

4.4.4 Lack of transportation allowance

The only financial benefit they get is when they are enrolled in the master trainer training an allowance of 1000 ETB. The transportation cost they incur during the implementation phase when they train their peers is a challenge for many of the students.

“Lack of transportation allowance is a challenge for us as a trainer because we incur costs related to transport when we deliver the trainings to our peers” (Abraham, student)

4.4.5 Lack of time fixed schedule

The time the trainings are given pose a challenge for some students

“The time the trainings are given sometimes are not convenient for us as most of the sessions are given after class and on weekends” (Askale, student)

Some students expressed that when the school is closed for three months in the summer there is gap in the training of the students

“project participants are students so don’t have enough time to participate, families are not willing to send their children to these trainings and lack of interest from some students are our main challenges” (Mestewat, Master Trainer).

The study result showed that there is a need to scale up the project to other areas of the country. The results are in line with the government proposals of promoting Adolescent and youth Sexual and Reproductive Health information and education.

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

This study examined the Practice, Challenges and Opportunities of Quest -Business for promoting Sexual and reproductive Health information in Addis Ketema sub city woreda 7 and 8. The study has revealed that Quest-Net Model has been implemented in a meaningful manner and it meets its objective of promoting information and education on Sexual and Reproductive Health for Adolescents and Youth of the target group. In contrast to the huge Sexual and Reproductive Health needs, the services provided by the project are far from addressing the needs.

Two third of the participants expressed their view saying they and their friend were having low knowledge (poor knowledge) concerning SRHR as a result of the intervention in their school their knowledge has been improved.

Two third of the study subject's mention, if the approach properly managed and sufficient budget allocated it works for the provision of SRHR information for young people. They also confirm, it is an easy method, not complicated, cost efficient and youth to youth approach.

Quite a number of study participants mentioned there are a lot of opportunities that exist for the smooth implementation of the project and for future scale up in other areas. The policy environment of the country, leader's commitment in the school and woreda administrators and the high interest of young people to be trained and equip themselves with information are some of the opportunities for future scale-up.

Even if the project is implemented in a good manner participants express that it's not without any challenge, they mentioned some challenges as follows, students are not willing to and are not happy to discuss about SRH issues while there are many other social and political problems that are ongoing in the country, students also mention the problem of dropout and turnout of peers from the project at the middle of the approach implementation is a serious problem and needs to be investigated thoroughly, families unwillingness to send their children to the trainings and lack of transportation allowance for the trainers is a challenge for many trainers as they incur costs related to transport when they deliver the trainings were amongst the challenges. Participants of the study also stress that there is a need to find ways to solve the challenges

mentioned above and to implement the same type of intervention in other schools as the demand for information and education on Sexual and Reproductive Health and Rights is an essential part for the development of adolescent and youth,

Based on the findings of the study we can say the project has been implemented in a meaningful manner and it helped the students in acquiring the necessary SRHR knowledge that will keep them healthy and help them to focus on their education and fulfill their dreams.

5.2 Recommendations

- Concerned bodies those working in the school and in the project should support in school youth's participation on developing their life skills to put knowledge in to practice.
- Government and other donors should work to scale up this innovative approach in the formal and non-formal structures to reach out in school and out of school adolescent and
- Families of students should be included in the project to get their willingness to send their children to the trainings.
- The trainings should be given on weekends and during class breaks to allow students to participate in the trainings of the master trainers and when they train their Peers.
- The project implementation should be documented and the results disseminated to donors and other developmental partners to secure budget for scale up
- Allowance transport benefits for the trainers should be included in the budget

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Annexes

Annex 1: Interview Protocol English (Guideline)

Gender: Male, _____ Female _____

Religion_____

Educational status _____

Are you a project Implementer _____, beneficiary _____

How do you think the Quest-net -Business for promoting Sexual and reproductive Health information is being practiced?

_____

Do you think the project is meeting its objectives? _____

How? _____

Why? _____

Do you feel that you have benefited from the project?

_____

How? _____ ,

Why? _____

What kind of lesson do you feel you have got from participating in the project?

_____

What do you think have enhanced the projects implementation?

_____

How? _____

What do you think have constrained the projects implementation? How?

_____

What were the challenges when you cascade the training to your peers?

Would you please describe it?

Would you please describe the challenges you have faced while implementing the project?

What would you think of implementing the project in other areas?

Why and How?

Would you please tell me some of the opportunities for the program to be implemented in other areas?

Thank you for your time!

Annex 2: Interview Protocol Amharic (Guideline)

ፆታ: ወንድ, _____ ሴት _____

ሀይማኖት_____

የትምህርት ደረጃ _____

የፕሮጀክቱ ፈፃሚ _____, ተጠቃሚ _____

ይህ የስነ ተዋልዶ መረጃ መስጫ ሞዴል አተገባበሩ ምን ይመስላል

_____

ይህ ፕሮጀክት አላማውን አሳክቶአል ብለው ያስባሉ? _____

እንዴት? _____

ለምን? _____

በዚህ ፕሮጀክት ተጠቃሚ ሆኛለሁ ብለው ያስባሉ?

_____

እንዴት? _____

,

ለምን? _____

በዚህ ፕሮጀክት ላይ በመሳተፍዎ ምን አይነት ትምህርት አግኝቻለሁ ብለው ያስባሉ?

_____

ይህ ፕሮጀክት እንዲተገበር ምን አይነት ሁኔታዎች ዐነሳሽ ነበሩ?

_____

እንዴት? _____

ይህ ፕሮጀክት በተፈለገው መልኩ እንዳይተገበር ምን አይነት ሁኔታዎች አስገደዱ? እንዴት?

_____

_____

_____

ሥልጠናዎቹን ለጓደኞችዎ በሚሰጡበት ጊዜ የሚያጋጥሙ ተግዳሮቶች ምነሰ ነበሩ?

_____

እባክዎት ቢያብራሩት? _____

እባክዎ ይህንን ፕሮጀክት በሚያስፈፅሙበት ጊዜ ያጋጠሙዎትን ተግዳሮቶች ያድራሩ?

_____

ይህንን ፕሮጀክት በሌሎች ቦታዎች ላይ ስለማስፈፀም ምን ያስባሉ?

_____

ለምን እና እንዴት?

_____

_____

ይህን ፕሮጀክት በሌሎች ቦታዎች ላይ ለመተግበር ምን አይነት አመቺ ሁኔታዎች አሉ?

_____

_____

ስለሰጡኝ ጊዜ አመሰግናለሁ!

Annex 3: Consent Form

I, the selected participant, heard the information about the study and understood the purpose, benefit, and what is required from me and what will happen to me if I take part in the study. I understood that all the information regarding me, like name and all answers given by me must not be transferred to a third party. I also understand that I can decide whether or not to take part in the study or even withdraw from the study at any time.

The participant Sign_____

Interviewer Name: Semenhe Fekadu Sign: _____

Thank you!