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Access and utilization of the youth-friendly sexual and reproductive health services in Nepal: What does literature show?

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ABSTRACT

This study has attempted to assess the access and utilization of youth-friendly sexual and reproductive health services in Nepal. Different literature regarding youth-friendly sexual and reproductive health services has been reviewed using online databases. A total of 125 relevant articles were assessed for the study. The literature was categorized and analyzed with five key thematic areas: knowledge on SRH among youths, the prevalence of child marriage and teenage pregnancy, attitudes towards premarital sex, utilization of SRHs, and barriers to utilizing the SRHS. This study has found that youths do not always utilize SRHS. Various barriers exist for providing and using YFSRHs in Nepal. Nepal's adolescents and youths face problems of STIs, HIV/AIDS, early pregnancy and parenthood, difficulties accessing contraception, and safe abortion. The study has also found that many countries have single youth-friendly sexual and reproductive health policies and that utilization of SRHS is also high in those countries. Moreover, this review has also found that because of inadequate knowledge and information on SRHS, Nepalese youths are facing numerous reproductive health problems. Multiple factors contribute as barriers to utilizing the SRHS. Therefore, there is a need for a program to motivate youths to respect their right to access reproductive health information and service, ensure the availability of peer counselors in the health centers, and increase the awareness level of the community so that they can utilize the quality of SRHS.

Keywords: Adolescent, barriers, contraception, sexual health, youths

INTRODUCTION

Proper use of youth-friendly sexual and reproductive health services (YFSRH) makes the life of youth comfortable and healthy. Till the end of the fiscal year 2074/75, the national ASRH program has been gradually scaled up to 75 out of 77 districts covering the health facilities (DoHS, 2020). The development of the country depends upon the health status of youth people, and sexual and reproductive health is a crucial aspect of the overall health of human beings. Despite providing sexual and reproductive health education and service to young people, HIV infection and unintended pregnancy are increasing in Nepal (Puri & Celand, 2006). Studies have

indicated that young people do not properly use sexual and reproductive health services (Regmi, Van Teijlingen, Simkhada, & Acharya, 2010; Puri & Celand, 2006). The youth phase is the threshold of adulthood, full of curiosity, sexual maturity, and increased influence by peers (Zarrett & Eccles, 2006). Different countries adopt different age range for youth. India has defined youth as a person of age between 15-29 years (NYP, 2014); Ethiopia adopted the age of 15-29 years for youth (NAYHS), whereas international organizations like the World Health Organization (WHO), United Nations (UN) and the World Bank have considered the age group of 15 - 24 years as a youth. Nepal youth policy (2015) has defined youth within the age of 16 - 40 years. However, this study follows the definition of youth people as 15 -24 years because we cannot expect the same behavior, ability, emotional intelligence, or cognitive capacity from a 16-year-old and 40-year-old person. In this study, the term late adolescent, young, and youth are used interchangeably.

In the context of youth-friendly health services, Senderowitz (1999) has stated in his research about the program and policy series as "services are youth-friendly if they have policies and attributes that attract youth to the facility or program, provide a comfortable and appropriate setting for serving youth, meet the needs of young people, and can retain their youth clientele for follow up and repeat visit" (p.11). According to WHO, adolescent-friendly reproductive health services are the services that are accessible, acceptable and appropriate for the youth with the right place, right time and right price (free of cost where necessary) and without any discrimination. The characteristics of youth-friendly service include accessible, equitable, acceptable, appropriate, comprehensive, and efficient (WHO, 2002).

In Nepal, almost 20 percent of the population covers the 15-24 years age group, and significant numbers of youth live in the central developmental region (CBS, 2014; UNFPA, 2017). Youth-friendly reproductive health services have been recognized as an appropriate and effective strategy to address adolescents' sexual and reproductive health needs since the International Conference on Population Development (ICPD) in Egypt, 1994 Pradhan & Strachan,2003). Before the ICPD in 1994, specific adolescent health services were not virtually existent in Nepal. Nepal has shown its commitment to adolescent health through being a signatory to the ICPD program of action. According to the ICPD agreement, adolescent sexual and reproductive health is one of Nepal's fundamental components of reproductive health programming. Till the end of the fiscal year, 2074/75, the National ASRH program has been gradually scaled up to 74 of the 77 districts covering facilities (DoHS, 2020). In 2017 Ministry of Health (MoH) launched the mobile app 'Khulduli' intending to promote sexual and reproductive health and right of adolescents in Nepal by empowering them with the right information about their health and helping them adopt a healthy lifestyle. Literature shows that some essential issues which are associated with access and utilization of youth-friendly sexual and reproductive health services are frequently occurring in Nepal, such as adequate knowledge of sexual and reproductive health services is poor among youth (Shrestha, 2017; Shrestha & Awale, 2017; WHO, 2017), Premarital sexual intercourse is common among young people (Puri & Celand, 2006), child marriage is still existing in Nepal (MoH, New ERA & ICF, 2017), and occurring complication of teenage pregnancy (Neupane, 2018). This review aims to assess the status of youth-friendly sexual and reproductive health services utilization in Nepal.

MATERIALS AND METHODS

Information for this review article has been collected from both published and unpublished secondary sources; terms searched were 'Adolescent', 'youth' 'sexual health' 'reproductive health,

sexual and reproductive health', 'youth-friendly service', 'the guideline for youth-friendly service', and 'components of youth-friendly services'. Similarly, other information has been collected from numerous published books, published research papers, periodical magazines, journals, and websites. The inclusion criteria were fixed with key terms mentioned above. Literature has been reviewed intensively to get insight into the meanings of youth-friendly sexual and reproductive health services in Nepal. Published literature was obtained from multiple databases, including Google Scholar and google.com. A total of 125 full-text papers/guidelines were identified from both electronic and other sources. Among the 125 full-text papers, irrelevant papers were excluded and independently appraised study quality. Only English medium literature about sexual and reproductive health has been included in this study. All selected articles were reviewed in their full texts, and results were synthesized in different subtopics using thematic analysis. Similarly, documents published by the World Health Organization (WHO), United Nations Fund for Population Activities (UNFPA), Ministry of Health (MoHP) were also assessed to access the relevant information.

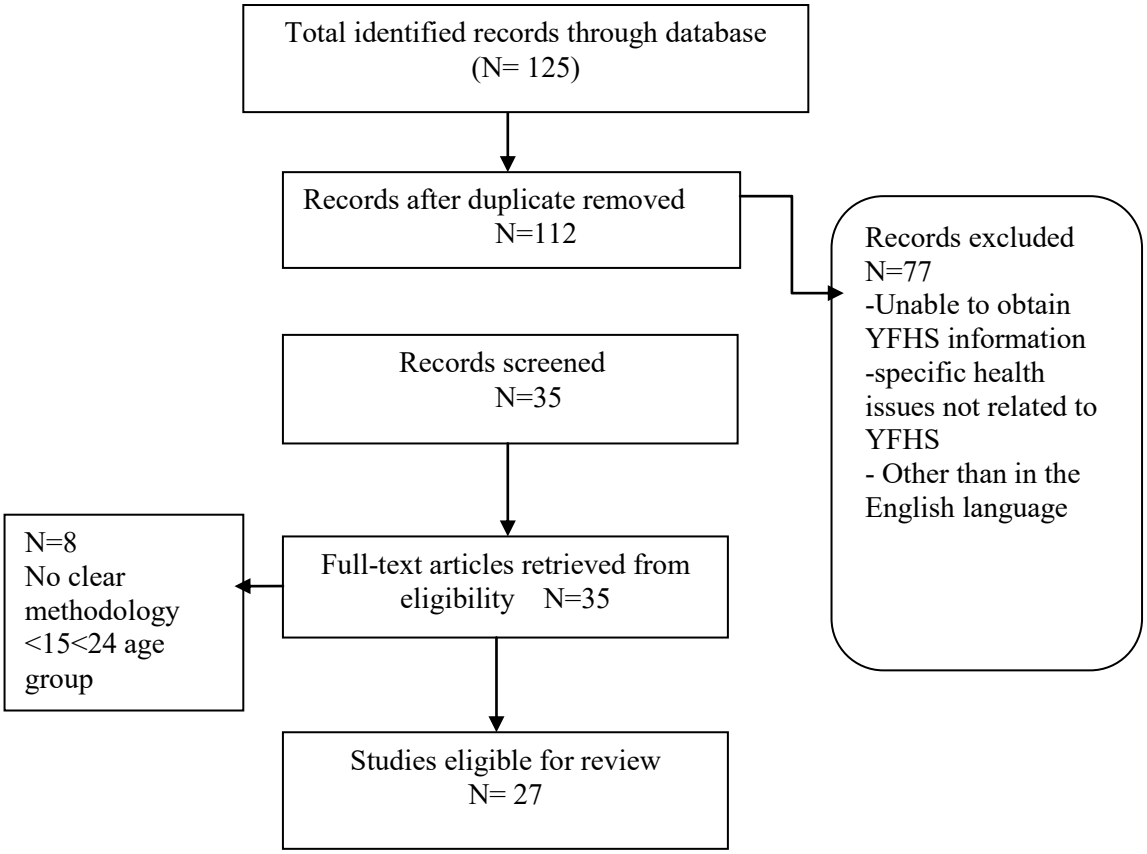

Fig 1. Flow diagram of the study

Inclusion criteria: Articles related to sexual and reproductive health services in Nepal among youth people are included. Similarly, knowledge attitude and practice of youth-friendly health services, barriers to utilizing the services, and health care providers' attitudes towards youth-friendly health services were considered while appraising the articles.

RESULTS

We found that articles are based on quantitative, qualitative, and mixed methods approach. The knowledge on SRH among youth is inadequate, demanding more knowledge on SRH. Child marriage is still happening in Nepal, leading to teenage pregnancies. Likewise, young people are becoming more liberal towards premarital sex, and the utilization of sexual and reproductive health services is very low. The review shows that barriers exist in the access and utilization of youth-friendly sexual and reproductive health services. Details of the review are presented in the following table.

Table 1: Details of the review

Study	**Methods**	**Objectives**	Issue I	Issue II	Issue III	Issue IV	Issue V
			Knowledge on SRH	Child marriage	Attitudes towards premarital sex	Utilization of SRHS	Barriers to utilizing the SRHS
(Pandey, Seale, & Razee, 2019)	QUAL	To identify the barriers to accessing adolescent sexual and reproductive health services.				-Adolescent was reluctant to visit the health facilities	-HCPs appear unfriendly and judgmental
(Mattebo et al., 2019)	QUAL	To explore health care providers' perspectives on adolescent girls' health-seeking behavior in Nepal.	-Limited access to information, education, and knowledge				Adolescent girls are facing teasing, bullying, and harassment. - Fear of stigmatization, lack of privacy, and confidentiality affects the health-seeking behavior of adolescent
(Gautam et al., 2018)	QUAL	To determine the barriers to the utilization of sexual health services among young people of the Badi community of Nepal.					-Lack of information about available service, gender-friendly, lack of privacy confidentiality, discrimination, norms, and belief of the society, and feeling of shame are seen as barriers of the utilization of sexual health service
(Neupane, 2018)	Descriptive cross-sectional	To identify the health problems and social consequences associated with teenage pregnancy.		Complications of teenage pregnancy are occurring with the vulnerable situation. - frequent bleeding 57.33%, preterm delivery in 12% , spontaneous abortion in 30,67%		-proper utilization of youth-friendly health services is necessary	
(Adhikari & Adhikari, 2017)	Descriptive cross-sectional	To assess the attitude of higher secondary school adolescents in the Pokhara Metropolitan city.			-More than 80 percent of the respondent affirmed premarital sex. -Main reasons for the start of the first		

					sex were desire, curiosity, chance, fun, and love.		
(Shrestha, 2017)	QUAL	To evaluate the effectiveness of national ASRH programs regarding utilization, satisfaction, and health outcomes of young people in Nepal.	-sexual and reproductive health knowledge is poor				-Appear Judgmental attitude of health care provider. - Girls were facing different barriers from different aspects of society. - strict gender roles in society, poor adolescent-friendly health service, and stigmatization were potential barriers to youth-friendly health services
(Shrestha & Awale, 2017)	Descriptive cross-sectional	To assess the knowledge regarding sexual and reproductive health among adolescents	-Only 21 percent have an adequate level of knowledge regarding sexual and reproductive health. - Significance association between the area of residence and level of knowledge -49 percent had a moderate level of knowledge				
(WHO, 2017)	A systematic review of secondary data	To identify what subpopulations are missed by the national ASRH program and strengthen the ability of the ASRH program.	-Awareness of AFHS among adolescents is very low.				-Inadequate coordination between different governmental agencies and partners. -Some groups of the adolescent are underserved by AFHS.-
(MoH, New ERA & ICF, 2017)				-17 percent of adolescent women 15-19 are already mothers or pregnant with their first child.	-11 percent of women begin sexual activity before the age of 15 years. -51 percent have sex before age 18 years.		
(Khanal, 2016)	QUAL	To explore the knowledge and perception of late	-Adolescents were not aware of services that were available for			-None of the participants ever visited health	-Coverage of the ASRH program was not satisfactory.

		adolescents aged 15-19 years.	them.			centers to seek service.	
(Tamang et al., 2016)	Mixed method	To assess the knowledge regarding sexual and reproductive health among adolescents.	-youth do not have adequate access to appropriate information and service.		-Many of the participants had been sexually active.		Over 90 percent of youth reported shame as the major barrier to accessing sexual and reproductive health services.
(Upadhyay, 2016)	Mixed method	To explore the utilization pattern of sexual and reproductive health service utilization patterns of adolescents in Nepal.	-Over one-third of respondents have only partial knowledge of sexual and reproductive health service components.			17 percent of respondents were not satisfied with the service offered to them because of lack of privacy and many other reasons	- 44 percent of adolescents felt shy to interpret and share their problems with a health worker.
(Regmi et al., 2016)	Systematic review	To identify and synthesize evidence on young people's use of sexual and reproductive health.	-Poor knowledge on of			-young people are not satisfied with the service provided for them	-Lack of knowledge, shyness, fear of parents, negative attitudes of the community, lack of time, and restriction of girls' ability to leave home alone are major demand-side barriers. - Lack of equipment, lack of trained male and female health care providers, lack of privacy, distance to facility, and service charge were supply-side barriers.
(Bam et al., 2015)	Descriptive cross-sectional	To assess Nepali adolescents' perceived ASRH service needs and factors influencing their utilization of ASRH services.				-Majority of adolescents were not using sexual ASRH services. -30 percent of respondents described available service as inadequate	-Gap exists between those who felt the need for ASRH service (15%) and those who utilized the service (9.2%).
(SPN, 2015)	Mixed method	To explore the utilization of SRH information and services and determine the barriers for YPWDs in accessing SRH information and	-48% did not receive any information regarding the bodily change during adolescent - only 5.5% of respondents were				

		services.	aware of all the modern family planning methods. -39 % of the respondent does not have adequate knowledge of the legal provision of safe abortion				
(Achary & Welsh, 2017)	Mixed	To develop a more in-depth understanding of child marriage and unintended pregnancy.	-Most of the respondents did not have adequate knowledge about abortion and the legal provision of safe abortion. -	-Forced marriages still exist in Nepal. -Majority of the marriage had taken place at the age of 15-19 years whereas 23%of the marriage had occurred at 10-14 years. - Decision about when to get pregnant is heavily influenced by social norms			
(Tamang, 2015)	Mixed method	To assess knowledge of SRH and experience and use of SRH service among young people living in urban areas of Kathmandu valley.	-Only 43 percent of the respondent knew that women could get pregnant the first time of sexual intercourse. -The circumstances allowing access to legal abortion were not well understood.				
(Khatiwoda et al., 2013)		To highlight the trends and determinants of sexual and reproductive health among adolescents and youth in Nepal.	-Testing of HIV and AIDS is uncommon among adolescents and youth.	-Adolescent childbearing is still common in Nepal.	- More than one-fifth of unmarried male adolescents and youth have had sexual intercourse.	The major challenge remains increasing overall health service utilization levels and decreasing risky behavior among adolescents and youth.	
(Shrestha et al., 2013)	Descriptive cross-sectional	To examine the association between student evaluation of				-"It is all right for teenagers to have sexual intercourse	

		school-based sex education and their attitudes towards abstinence and safer sex.				before they are married if they are in love."	
(Pathak & Pokhrel, 2012)	Secondary data analysis	To assess the sexual and reproductive health status of young people in Nepal.	-existing gaps between knowledge and practice in utilization of contraception -Adequate information about legal abortion has not been well spread in younger women.	-Unmet need for family planning is still on the rise.		-Nepalese adolescents are engaged in premarital sexual behavior	
(Shrestha, 2012)				-Teenage pregnancy and motherhood of adolescent girls are a threat in Nepal -Teenage pregnancy has a serious impact on health, social and economy - Various socio-ecological factors like intrapersonal, interpersonal, institutional, structural, and policy are responsible for teenage pregnancy.			
(Regmi et al., 2010)	QUAL	To find the challenges and barriers for adolescent-friendly sexual and reproductive health services.	-Rural youth have poor sexual health knowledge			-Rural health posts do not provide youth-friendly services. -Young people rarely visit health posts to seek sexual and reproductive health services	
(Regmi, et al.,2008)	Systematic review	To assess knowledge, experience, and use of sexual and reproductive	-Vulnerability to HIV is increasing among young people.				-Lack of confidentiality is existing, and providers need training on confidentiality

		health amongst youth in Urban areas.	-Young people do not have appropriate information and service				-Young people are excluded from information and service due to their low income
(Pokhrel et al.,2006)	Mixed method	To analyze the teacher's and student's perspectives on sex education.	-Only 54 percent answered correctly on the question about HIV transmission. -Only 15percent answered the question about signs and symptoms of STIs correctly.			-Quality of sex and reproductive health education was found poor.	-Both teacher and student felt uncomfortable discussing sex and reproductive health topic
(Mathur et al., 2001)	Participatory	To access the potential and effectiveness of the participatory approach to improving adolescent reproductive health.			-At least some proportion of girls are sexually active before marriage	-Access to reproductive health for young girls is poor.	-Social norms and institutions are restrictive, especially for girls
(Teijlingen van et al., 2012)	Mixed method	To review articles, reports, and routine data regarding sexual and reproductive health among Nepalese young people.	-Significant number of adolescents believed that a girl loses her self-respect if she has sex before marriage -Peers are some source of information on sexual issues.			-Majority of youth thought that the health facility was not friendly as there was no separate room for adolescents	
Acharya, Regmi, Simkhada, & van Teijlingen, 2015.).	Literature reviewed				-Nepalese young people start sexual activities at an early age - Prevalence of premarital sex among youth people has been increasing in Nepal.	-Majority of young people are not using any contraceptive method.	

The above table shows that despite the strict cultural barriers young people commence sexual activities at an early age; however, young people rarely visit the health posts, and the utilization of sexual and reproductive health services is very low. Premarital sex is going to be common among the young generation without using any contraceptives; it seems young people are unknown about the dreaded consequences of risky sexual behavior. Major challenges are existing to increase the utilization of sexual and reproductive health services and decrease risky sexual behavior (Khatiwoda, 2013). Evidence showed that youth were not satisfied with the services provided for them. They experienced that available health services are unfriendly and judgmental. Adolescent girls face teasing, bullying, and harassment by health service providers (Shrestha, 2017). Child marriage and teenage pregnancies, and motherhood are frequently occurring, demanding sexual and reproductive health services. Adequate knowledge on sexual and reproductive health services is not found among the literature peers. They appear to be their main source of information. Various socio-ecological factors are associated with the access and utilization of youth-friendly sexual and reproductive health services. Fear of being stigmatized, distance to the service, low economic status, ignorant about available services, opposite sex service providers and unfriendly behavior of service providers are the major causes for not utilizing the available sexual and reproductive health services.

DISCUSSION

Studies showed that most youths know partially sexual and reproductive health (Shrestha & Awale, 2017; SPN, 2015; Upadhyaya, 2016;). Appropriate coordination between different governmental agencies and partners is necessary to disseminate information about youth-friendly sexual and reproductive health services; adolescents were not aware of sexual and reproductive health services provided for them (Khanal, 2016; WHO, 2017). Rural youth have poor sexual health knowledge despite delivering sexual and reproductive health education services such as HIV, and early pregnancy rates increase in Nepal (Regmi et al., 2010). However, the people living in an urban area of Kathmandu valley were not well understood about legal abortion (Tamang, 2015).

According to section 70 of the National Civil (Code) Act, 2017, the minimum legal age of marriage in Nepal is that men and women must have attained 20 years. Despite the legal provision, child marriage is frequently seen occurring in Nepal (Acharya & Welsh, 2017). The consequence of child marriage has a serious impact on health; evidence shows that 17 percent of adolescent women 15-19 years are already mother or pregnant with their first child (MoH, New Era, and ICF, 2017). Teenage pregnancy and motherhood of adolescent girls seem threat in Nepal. Dreaded consequences of teenage pregnancy such as frequent bleeding, preterm delivery, and spontaneous abortion exist (Neupane, 2018; Shrestha, 2013). Multiple intra-personal, interpersonal, socio-cultural, and policies are responsible for child marriage and teenage pregnancy (Shrestha, 2013).

Though premarital sex is taking taboos and is considered a sin by many religions and societies young people are found affirmed premarital sex in Nepal (Adhikari & Adhikari, 2017; Adhikari & Tamang, 2009; Khatiwada et al., 2013; Mathur, 2001; Pokhrel, 2012). The prevalence of premarital sex among youth people has been increasing in Nepal. However, the appropriate knowledge of contraception methods is very low except the condoms. Thus, a gap between knowledge and practice is found in the utilization of contraception Pokhrel, 2012). Adhikari and Adhikari (2017) have found that more than 80 percent of the respondents affirmed premarital sex. Likewise, nearly twenty-five percent (*24.6*%) of study respondents have had

premarital sex. Different reasons contribute to the start of the first sex, like curiosity, chance, fun, love, etc.

Evidence shows that most youths are not using sexual and reproductive health services (Bam et al., 2015). Young people rarely visit health posts to seek sexual and reproductive health services due to a lack of awareness about their service (Khanal, 2016; Regmi et al., 2010). Adolescents were reluctant to visit health facilities because of the poor availability of SRH items and other regular medicine (Pandey, Seale & Razee, 2019). Despite the positive policy focus, young people are not satisfied with their service (Gautam et al., 2018; Regmi, Baral & Khanal, 2016). A gap exists between those who felt the need for ASRH service and those who utilized the service; youth described that available service is inadequate for solving their SRH problems (Bam et al., 2015). The major challenge seems to increase the overall level of health service and decrease risky behavior among adolescents and youth (Pathak & Pokhrel, 2012). In 2018 fifty-one health facilities in 20 districts have been certified as adolescent-friendly service (AFS) by the Family Health Division (FHD) under the Ministry of Health. Among them, 49 were in government facilities and the remaining two were in private clinics. As province-wide, two in province one, four in Province Two, two in Bagmati Province, one in Gandaki Province, six in Lumbini Province, and five in Sudurapashchim Province (Himalayan Times, 2018).

Youth people felt the need for sexual and reproductive health services but failed to utilize them according to their needs. Multiple factors are contributing as barriers to the utilization of sexual and reproductive health, such as poor reproductive health knowledge, lack of information about available services, shyness, strict gender role in society, fear of stigmatization, poor youth-friendly health services, poor gender-friendly service, judgmental attitude of the service provider and fear of parents (Gautam, Soomro, Sapkota, Gautam, & Kasaju, 2018; Pandey, Seale, & Razee, 2019; Regmi, Baral, & Khanal, 2016; Shrestha, 2017). Likewise (Regmi et al., 2016) find out some supply-side barriers such as lack of equipment, lack of trained male and female health care providers, lack of privacy and confidentiality, distance to facility and service charge, youth do not have adequate access to appropriate information and service (Tamang et al., 2016).

CONCLUSION

Nepalese youths are facing numerous reproductive health problems due to the lack of adequate knowledge and information on SRHS. Although the Government of Nepal has been providing sexual and reproductive health services youths do not utilize them properly. There are multiple factors that contribute as the barriers to utilizing the SRHS, such as inadequate service, long distance to the service, judgmental attitude of health care providers, unfriendly service providers, untrained health care providers, fear of stigmatization by society and relatives, and lack of privacy and confidentiality. The majority of the youths are not satisfied with the services provided by the health service providers. Despite the legal provision of YSRHS, child marriage and early pregnancy are found still high in Nepal. As a consequence of child marriage, different kinds of reproductive health problems occur among adolescents and youths. Proper utilization of SRHS is inevitable to overcome these problems. It is time to understand that sex and sexuality are not a shame; it is crucial aspect of overall health. The quality of YSRHS motivates youths to use SRHS while they feel the need for service. So the Government of Nepal should plan to adopt multi-sectoral approaches and provide youth-friendly sexual and reproductive health services timely.

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