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Knowledge, experience, and utilisation of sexual and reproductive health services amongst Nepalese youth living in the Kathmandu Valley

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ABSTRACT

Objective: Youth have the right to utilise sexual and reproductive health (SRH) services and information to protect themselves from negative SRH outcomes. This study aimed to assess knowledge, experience and use of SRH services amongst youth living in urban areas of the Kathmandu Valley.
Methods: We conducted a two stage cluster sampling cross-sectional household survey of young men and women aged 15–24 living in the Kathmandu Valley using a structured questionnaire.
Results: Amongst the 680 young men and 720 young women participants, less than two-thirds had knowledge about the fertile period and less than a half about pregnancy risk at first sex. Over three quarters of young men and women had knowledge of condoms, and pills but less than half knew about implants or intrauterine devices. Age at first sex was similar for men and women but women were significantly less likely to have participated willingly in their first sexual encounter and were less likely to have used any contraception (for both $p < 0.001$). Almost all men and women (97.9%) had heard of sexually transmitted infections (STIs) but only 8% had heard about the most common STI, Chlamydia. Over 90% of youth reported feelings of shame as the major barrier to accessing SRH services.
Conclusions: Gaps exist between youth SRH knowledge and practices which leave them vulnerable to sexual ill health. This may indicate a lack of confidence in SRH services but also likely reflects the cultural and religious environment that hampers open expression of sexual and reproductive issues, particularly for young women.

Introduction

Internationally, access to a range of sexual and reproductive health services that safely and effectively satisfy both young men's and women's needs is considered a human right [1–3]. Youth have a propensity to engage in risky sexual behaviours. This leaves them vulnerable to Human Immunodeficiency Virus (HIV) infection, sexually transmitted infections (STIs) and unplanned pregnancy [4,5]. Risky sexual behaviour arises from a lack of knowledge and experience, as well as curiosity, peer pressure and a sense of lack of control [6,7]. Most youth become sexually active before the age of 20 but the majority in low resource settings lack access to accurate and high quality sexual and reproductive health information and services [8–10]. This situation arises from a perceived fear of rejection, as well as stigma and discrimination from health care providers and society [11].

The cultural changes that are occurring in many countries in South Asia, including Nepal, mean that young urbanised men and women are caught between modern culture that promotes more open attitudes to sexual exploration prior to marriage and traditional customs that demand conservative sexual behaviour and early marriage. Despite recognition of the importance of sexual and reproductive health (SRH) to overall health and efforts by the government in Nepal to improve access, SRH services are still largely the domain of married couples. Youth face multiple barriers to good SRH care including geographical isolation and limited resources. They also have to contend with the fear and stigma associated with SRH that is shaped by traditional and cultural beliefs [12,13].

The Kathmandu Valley is home to a large number of youth who have migrated from across the country for the employment and education opportunities or who have fled from their homes because of political persecution [14]. Being a densely settled place with a diverse group of habitants, youth in these urban areas are at risk of exposure to high risk sexual behaviours. Limited studies confirm

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that youth in Nepal do not have adequate access to appropriate information and services about SRH but more research is required to inform the effective delivery of such interventions [12,15,16]. This study aimed to assess knowledge, experience and use of SRH services amongst youth living in urban areas of the Kathmandu Valley.

Methods

Study setting and design

The study was conducted in the urban areas of the Kathmandu Valley, comprising all five major cities: Kathmandu, Lalitpur, Bhaktapur, Kirtipur, and Thimi. In this paper we present the cross-sectional household survey information. The data were collected using a two-stage cluster sampling design. In the first stage of sample selection, primary sampling units (clusters or wards) were selected using a probability proportional sampling from each study area. We randomly selected a total of 40 clusters from the three districts' urban areas using household and population information based on the 2011 Population Census developed by the Central Bureau of Statistics. In the second stage, 35 households in each cluster were selected using a systematic sampling technique.

Study population

The sample size for this survey included 720 women and 680 men aged 15–24. This calculation used a 5% margin of error, a 1.6 design effect and 10% non-response rate and was based on the data from the 2011 Nepal Adolescents and Youth Survey 2011 and the Nepal Demographic Health Survey. These surveys respectively found the prevalence of young Nepalese men and women aged 15–24 who had sexual intercourse before the age of 18 to be 38% and 50% [17,18].

Questionnaire

The questionnaire consisted of standard items that were adapted from studies that had been carried out and validated in similar settings including questions from the Nepal Demographic Health Surveys [17,19–22]. Some items were modified and added to the questionnaire to suit the context of the study. The questionnaire was finalised after pilot-testing amongst 50 youths outside the study areas.

Two questionnaires were administered: the household questionnaire and the individual questionnaire. We used the household questionnaire to gather basic information about the household and characteristics of all individuals living there. The individual questionnaire was administered to all youth aged 15–24 by trained male and female research assistants with the male research assistants interviewing the male participants and the females by the female participants.

Analysis

Statistical analysis was performed on coded data using the SPSS software Version 16 (SPSS Inc., Chicago, IL, USA). The data were weighted for differential selection probabilities. Comparisons were made using independent sample Chi-square (χ^2) or Fisher's exact test where the frequencies were small. The level of statistical significance was set at a p value of <0.05.

Ethical considerations

Ethical approval was granted by the University of Sydney's Human Research Ethics Committee and from the Nepal Health Research Council. Informed consent from each study participant was obtained after clear explanation about the purpose of the study. A written consent sheet was prepared for the parents or legal guardians of participants less than 16 years to give their signed consent on behalf of their children. Confidentiality of the information was assured by omitting names of study participants from the questionnaire and respondents were interviewed in a separate room away from other family members to maintain their privacy.

Results

The interviewers visited a total of 7060 households and completed questionnaires from 720 women and 680 men.

Socio-demographic characteristics

In 65% of households no eligible young men or women were identified for study participation. In another 16% of cases occupants of the household did not open the gate and in 15% of households no young person was home at the time of the interviewer's visit. In only four per cent of cases the members of the household refused to participate in the study.

The majority of young men and women were aged 20–24, had never been married, were urban in origin and lived in a nuclear family (Table 1). Overall half of the participants had been married between the ages 15 and 19, most had the School Leaving Certificate (SLC) or above level of education. Half were Indo-Aryan by ethnicity and most were Hindu. Men were significantly more likely than women not to be married ($p < 0.001$), married at a later age ($p = 0.008$), to have obtained a degree in higher education or to be students ($p < 0.001$).

Table 1
Socio-demographic characteristics of young people aged 15–24 by sex.

Background characteristics	All (n = 1400)	Male (n = 680)	Female (n = 720)	*P* value
	No. (%)	No. (%)	No. (%)	
Age				0.084
15–19	672 (48.0)	323 (47.5)	349 (48.5)	
20–24	728 (52.0)	357 (52.5)	371 (51.5)	
Marital status				<0.001
Never married	1133 (80.9)	647 (95.1)	486 (67.4)	
Married and currently living together	264 (18.9)	33 (4.9)	231 (32.1)	
Separated/widow	3 (0.5)	0 (0.0)	3 (0.2)	
Place of origin				0.133
Rural	669 (47.8)	343 (50.5)	326 (45.3)	
Urban	731 (52.2)	337 (49.5)	394 (54.7)	
Family type				0.204
Nuclear	1109 (79.2)	553 (81.3)	556 (77.2)	
Extended	291 (20.8)	127 (18.7)	164 (22.8)	
Age at first marriage				<0.008
12–14	8 (2.9)	0 (0.0)	8 (3.3)	
15–19	161 (60.1)	11 (33.8)	150 (63.9)	
20–24	99 (37.0)	22 (66.2)	77 (32.9)	
Education				<0.001
No education	11 (0.8)	2 (0.2)	9 (1.2)	
Primary	62 (4.5)	13 (1.9)	49 (6.9)	
Some secondary	279 (19.9)	120 (17.7)	159 (22.1)	
SLC and above	1048 (74.8)	545 (80.1)	503 (69.8)	
Caste/ethnicity				0.115
Dalit/Muslim	61 (4.4)	40 (5.9)	21 (3.0)	
Other Terai castes	33 (2.4)	22 (3.3)	11 (1.5)	
Janajati	686 (49.0)	319 (47.0)	367 (50.9)	
Brahman/Chhetri	620 (44.3)	298 (43.9)	321 (44.6)	
Religion				0.353
Hindu	1151 (82.2)	564 (82.9)	587 (81.5)	
Buddhist	180 (12.9)	81 (12.0)	99 (13.7)	
Christianity	30 (2.2)	12 (10.8)	19 (2.7)	
Kirat	27 (1.9)	15 (2.3)	12 (1.6)	
Islam	11 (0.8)	8 (1.2)	3 (0.4)	