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Review Article

Sexual and reproductive health status among young peoples in Nepal: opportunities and barriers for sexual health education and services utilization

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Abstract

This article attempts to summarise the situation of sexual and reproductive health among young people in Nepal. Modernisation and social transformation are occurring rapidly in Nepalese society. Growing expansion of communication and transportation networks, urbanisation and in-migration of population to urban areas is creating a different socio-cultural environment, which is conducive to more social interactions between young girls and boys in Nepal. Rising age at marriage has now opened a window of opportunity for pre-marital and unsafe sexual activity among young people in Nepal which creates risks of unwanted pregnancy, STIs/HIV and AIDS. Several socio-economic, demographic and cultural factors have been identified as encouraging factors for risk taking behaviours among young people. Improving access to youth friendly services, implementing peer education programmes for school and out of school going adolescents, developing effective Information, Communication and Education (IEC) materials and curricula have been highly suggested to improve the existing young people's sexual and reproductive health status.

Key words: Young People, Sexual Health, Service Utilization and Nepal

The terms adolescent, youth and young people are used interchangeably to represent people of young age. It has been very difficult to define adolescent, youth and young people in terms of the age group since different organizations and researchers refer to different age groups to define them. However, according to World Health Organization (WHO), adolescent refers to the age group 10 to 19 where as young people represent the people of age group 10 to 24. Population who falls in the age group 15-24 are considered as a youth[1].

Today's generation of young people is the largest in history[2]. Nearly half of the world's population is under the age of 25 and about 85 percent of the world's young people live in developing countries. The poorest, least developed countries tend to have the largest shares of young people as a proportion of their populations[3].

Though research and interventions on young people's sexual and reproductive health have been given a high priority in the world[4], there is very little published literature on young people's sexual and reproductive health issues in Nepal. Limited routine studies, research and organizational reports[5,6,7,8] suggest that a significant proportion of Nepal's young people are at risk of HIV, engaging in high risk behaviour, have high adolescent fertility. There are major gaps in receiving information, services and skills on sexual and reproductive health issues. This may be affected by culture, traditions and governmental and financial policies. Earlier studies[9,10,11] conducted on young people sexual and reproductive health urge that there is an urgent need to carry out scientific researches to implement appropriate interventions on sexual and reproductive health. The main aim of this paper is to review articles, reports and routine data regarding sexual and reproductive health among Nepalese young people

Methodology

The electronic journals and reports were accessed using Medline, CINAHL, Science Direct and Google Scholar. Similarly, documents published in World health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), Ministry of Health (MoH), National Centre for AIDS and STD Control (NCASC) websites were

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also assessed to access the relevant reports and papers. Published and unpublished organizational reports and relevant evidence based articles were also included to prepare this article.

Socio-demographic profile of young people in Nepal

The recent population census carried out in Nepal in 2001 shows that about one fourth of the total population of Nepal is adolescents (23.6 percent) and one third (32.5 percent) is young[12]. It indicates that a significant proportion of Nepal's population is young. Literacy status among young people is high (74 percent) although this proportion is low for young girls (65.2 percent). This suggests that high priority should be given for female education. It is well documented that education plays vital role to change behaviour and also considered is one of the human development component[13].

Early marriage has traditionally been common in Nepalese and other South Asian societies[14,15,16,17,18] although the practise of delayed marriage appears to be on the increase in Nepal. It is documented that many young people in Nepal (73.95 percent) are still single which can have important policy implications as these people may be particularly likely to engage in high-risk behaviour[13]. In 1961, nearly 75 percent of young women aged 15-19 years were married which decreased to 39.8 percent in 2001.A proportionately larger change has been observed among the younger age groups indicating that age at marriage among males is increasing faster among younger men[5]. This is an indication of a gradual shift to later marriage. Literature claims that education and rapid urbanization in Nepal have contributed to rise the age at marriage among young people[19]. With the advent of delayed marriage comes a window of opportunity for pre-marital sexual activity[20]. This may create risks of unwanted pregnancy and Sexual Transmitted Infections (STIs), especially in an environment in which information and services on sexual health are not easily available[21].

Although the modern contraceptive prevalence rate in Nepal has risen steadily, levels still remain low. The *Nepal Demographic Health Survey* carried out in 2005 also shows that current use of modern contraceptive method is only 14% among currently married girls age 15-19[5]. This percentage for the age group 20-24 is 28%. This shows that a majority of the young people in Nepal are not using any contraceptive method which is contributing to high adolescent fertility. In some cases, there could be a risk of transmitting HIV and other STIs. Many reasons for not using contraceptives have been well discussed in the *Nepal Demographic Health Survey 2006* and fertility related reasons are frequently reported[5].

Policies addressing young people's sexual and reproductive health in Nepal

Young people in Nepal have not been in a public priority. There are no specific policies or interventions focused to young people. However, different formal and informal programmes addressing to young peoples have being implemented. The Ninth Plan was the first ever official document addressing young people specifically. As of now, Nepal has completed nine periodic plans and the tenth plan is underway[22].

The International Conference on Population and Development (ICPD) held in Cairo in 1994 was a milestone in the history of population and development and has focused young peoples sexual and reproductive health issues including promoting safer and responsible sexual and reproductive behaviour[23]. The Government of Nepal is committed to implement ICPD programme of action which integrates young people's sexual and reproductive health[24]. This is a considerable challenge because Nepal's population is characterized by a young age structure. Many obstacles, however, remain in implementing effective sexual and reproductive programmes[25].

There has been practising to develop policies and programmes to address sexual and reproductive health need of young people in Nepal. Different governmental and non-governmental originations working on these fields have formulated their own specific policies and programme to address young people's sexual health[13]. However, the National Reproductive Health Strategy developed in 1998 and National Adolescent Health and Development Strategy developed in 2000 and Young People Development Programme in 2002 have focused the integrated and incorporated sexual and reproductive health services. Increasing availability and accessibility of appropriate young friendly sexual and reproductive health information are the main aim of the strategies. The Government of Nepal has introduced population and reproductive health education in public schools for grades 6 to 10 and also in university curricula[26].

Sexual practices and reasons for risk taking behaviours

Traditionally, although premarital and extra marital sex have been discouraged in Nepal and most of the Asian societies[27,28], studies conducted in different geographical settings have shown that unmarried adolescents in Nepal are becoming more sexually active[5,29,30] and also increasingly vulnerable to STIs and HIV infection due to changing values, norms and independence. Studies conducted in different geographical settings show that the proportion of sexually experienced unmarried young people is high and this figures vary with different socio-economic groups[7]. Study conducted with young

factory workers in Kathmandu showed that 35 percent of unmarried boys and 16 per cent unmarried girls have experienced sex and among the unmarried young people, love and curiosity were the most frequently reported reasons for their first sexual intercourse[31].

Empirical evidence on sexual behaviour among young people in Nepal is rare, since most of the study focus on knowledge and attitudes. One study shows that sexual behaviour in Nepal is affected by different factors such as age, sex, education, ethnicity, culture and religion[7]. Evidence reveals that early sexual experimentation, multiple partners, and low and irregular use of condoms are not uncommon in Nepalese society[31,32,33] and unsafe sexual behaviour is one of the most common ways of HIV and other STIs transmission in Nepal. The *Nepal Adolescent and Young Adult Survey 2000* reported that almost one fourth of sexually active unmarried young people were involved in risky sexual practice and unexpected opportunity is the most commonly described reason for risky sexual behaviour[7].

Though most of the studies show the respondents high awareness about condom and its role to prevent HIV, use of condom during sexual intercourse is irregular and low[34, 33]. Unavailability, partners not ready to use, un-pleasure are main reasons for not using condoms among young people[7,31,35]. There are still some misconceptions about condom among young people among Nepalese young people. Stone *et al.* (2004) envisages that a significant proportion of the respondents (57.8% boys and 47.6% girl) reported that condom can be use more than once[14]. It suggests that a comprehensive sex education programme should be implemented to young people.

A qualitative study conducted among injecting drug users shows that most of the respondents have experienced unsafe sexual practices (multiple partners, female sex workers, group sex). This should be taken into account since most of the respondents were from 10 to 25[35]. This study also documents that most of the respondents enjoy sex when they are on drug trip. Study conducted in other settings[30,36,37] also found positive associations between drug, alcohol and sexual behaviour. Another study conducted with the young men in border towns in Nepal found that young men who reported alcohol consumption had almost four times higher odds of having casual sex than young men who did not consume alcohol[38]. In such condition their decisions towards safer sex might be affected due to the influence of drugs and alcohol since young people recognise that alcohol reduces social and sexual inhibitions and reduces concern about disease prevention and safe sexual behaviour[35].

Some other determining factors for risky sexual behaviour are also found in literature. Peer pressure, conflicts with parents, failure in love relationships, anxiety about the future, and the overpowering influence of disadvantaged social and economic conditions - all conspire to push young people onto the dangerous path of high-risk behaviour including unsafe sexual practices.

Education about responsible sexual behaviour and specific, clear information about the consequences of sexual intercourse is frequently not offered in the home, at school, or in other community settings in Nepal. Young people today are growing up in a culture in which peers, TV and motion pictures, music, and magazines often transmit either covert or overt messages that unmarried sexual relationships are common, accepted, and at times expected, behaviours[39]. In order to formulate and implement effective health policies and programme for young people it is important that the prevalence of high-risk taking behaviour and its encouraging factors should be identified[30].

Culture and sexual and reproductive health

Nepal is a multi-cultural and multi-ethnic society. The census in 2001 identified 100 ethnic and caste groups[40]. Its different cultures and castes have their own norms and value which can play vital role performing unsafe sexual practice. In some situation, it creates supportive environment to access sexual health information and services. It has enormous impact on young people's lives, particularly on their sexual and reproductive health[21]. In many societies, cultures also define who is entitled to access sexual and reproductive health services, sometime by social control, laws and policy restrictions[41]. For example, in Nepal, the use of family planning services by unmarried young people is not accepted by the community although provision of the contraceptives have not been restricted to married couples[13]. In such situation, there could be a chance in engaging unsafe sexual practices.

Important socio-economic, cultural and attitudinal changes arising in part from modernization could contribute to rising sexual activity before marriage although expectations of sexuality vary along gender lines. Findings from the small number of studies investigating sexual behaviour have found rates of activity among young people to vary from 11 percent among students in Pokhara, 14 percent among Kathmandu high school and college students and 16 percent among students in Palpa District[42,43]. Factors associated with sexual risk taking behaviour among young people have well been discussed[30,44] and suggest that young people risk-taking behaviour is more common in communities that have more permissive

norms than in other communities. However, the process of urbanization and the increasing influences of western cultural affects on many population groups, but especially the young, are also seen to be responsible for the breakdown of traditional customs. In this sense, the increase in pre and extramarital sex is seen by many authors as a consequence of the induction of western norms and value[41]. In addition, there could be a strong influence of popular culture (TV, movie, internet etc) on their sexual behaviour and attitudes. United States evidence suggests that sexual content on media in general encourage adolescent to initiate all types of sexual activity, including sexual intercourse[45] which could easily applicable into Nepalese society since most of the young people residing in urban areas are exposed to western TV channels[46].

Although attitudes and behaviours towards sex and sexuality have changed in South Asian counties including Nepal, there are widening generational differences towards the issues[25]. Study in both rural and urban areas in Nepal show that most parents preferred early marriage for their daughters and late marriage for their sons[11] and wanted their married children to have first baby within 1-2 years although this study covered only two districts of Nepal.

Dahal *et al.* (2005) also noted high and risky sexual activity among young people in rural areas. For example, premarital sexual practice among young people is disregarded by the local culture[7]. It envisages that Nepal is still carrying some cultural taboos which directly or indirectly influence the young people's sexual health and behaviour.

Young people and HIV and AIDS epidemic

Young people are increasingly vulnerable to HIV due to changing values and norms[47]. Global report shows that at the end of 2007, approximately 33.2 million (30.6 million-36.1 million) people worldwide were living with HIV/AIDS. Of which, a total of 4.9 million (3.7million-6.7 million) people belonged the Asian region and young people bear a special burden in the HIV/AIDS pandemic. Nearly one third of those currently living with HIV/AIDS are aged 15-24[48].

Nepal has had comparatively a lower prevalence of HIV infection than other south Asian countries[49] and young people are particularly vulnerable to HIV. Literature shows the situation of HIV and AIDS in Nepal is worrying and it has concentrated in certain high risk population[50] although knowledge and awareness of STIs and HIV/AIDS appears to be relatively good and even high in some particular groups among young people, mainly due to extensive media campaigns[9,14,51]. However, there is a difference in knowledge between adolescent and young girls and boys. Boys have more knowledge than girls[14,52].

Nepal's poverty, political instability and gender inequality, combined with low levels of education make the task all the more challenging, as well the denial, stigma and discrimination that surround HIV and AIDS[47]. Detailed information on sexual health behaviour and knowledge and reduced pre and extramarital sexual activity are considered as most preventive measures for the spread of STIs/HIV/AIDS[50,53].

Though Nepal is considered as a "low-incidence" country in terms of HIV infections, recent sero-prevalence data suggest that HIV and STIs have increased significantly in the last five years which is attributable to an active sex trade, low levels of condom use, increasing number of HIV among intravenous drug users and substantial male labour migration[5,34,50,54]. As of June 2008, a total of 1884 AIDS cases and 11835 cases of HIV infection were reported, where sex workers, intravenous drug users are most affected groups. It is recorded that young people constitutes (20%) a significant proportion among the people living with HIV and AIDS[8].

In Nepal, there are currently 100 non-governmental organizations working in the field of HIV and AIDS[47] and they have several specific programmes and some of the organizations have targeted young people only. However, these programmes are scattered and there is a lack of common forum and coordinating mechanism which plays significant role strengthening the programmes with better output[13]. It is also necessary to examine the impact of the interventions in regular basis.

Migration, conflict, internally displaced peoples (idps) and young people

International and internal migration (rural-to-rural and rural-to-urban) has been increasing in Nepal[55,56]. Estimates range from 1.5 to 2 million Nepali nationals, who work outside the country; 1 million are estimated to be in different parts of India alone[57].The recent census 2001 shows that migrants are positively selected in term of both age and sex and especially 20-34 years age group dominates among migrants with domination of males. High unemployment and underemployment rates have been reported for the cause of both international and internal migration. In some situation, higher and better education has also encouraged people to migrate in other areas[55].

Research on population mobility and risk behaviour among migrant populations is quite limited in Nepal. Study conducted in different geographical settings have claimed that migrants perform risk behaviours than

staying at home[28,56,58,59]. The spread of any infectious disease can be accelerated by large-scale migration and HIV/AIDS is no exception. Incoming migrants may spread the HIV infection in areas of destination; migrants themselves are in a vulnerable position during the migration process. Migrants may contract the disease while abroad, and they may spread the infection upon returning to their countries of origin. Study revealed a high HIV and syphilis prevalence (8% for HIV, and 22% for syphilis) among the male migrant-returnees and non-migrants in far western district[60].

Anarfi (1993) argues that migration removes people from these restrictions into a situation where sexual fulfilment is enhanced[58]. Another study conducted among migrant workers in Nepal also found that peer norms and pressure, alcohol drinking, cheaper sex, single life and low perceived vulnerability to HIV/STIs have influenced their decisions to engage in extramarital sex. This study also documents that migrants often seek sexual partners to relieve their loneliness and anxieties about home[28]. Based on this situation, we can conclude that there is urgent need to initiate prevention programmes to the migrants and their partners since their risk behaviours may spread STIs and HIV to general population.

Nepal's political conflicts have also forced people to leave their homes[61]. In the absence of any comprehensive registration of internally displaced persons (IDPs) and of any systematic monitoring of population movements, it is difficult to provide any accurate estimates on the total number of people displaced since the conflict started in 1996. Studies and other sources estimate that up to 200,000 people have been internally displaced in Nepal[62]. Women's commission for refugee women & children's report shows that about there are 40 million displaced persons worldwide and that 50% of these are young people and about one-third displaced people are adolescent[63].

Young people displaced by conflict, however, have few opportunities and, as a result, this stage of life is often characterized by idleness, violence and poverty. As the average length of displacement continues to extend, youth are increasingly vulnerable to sexual and economic exploitation. In Nepal, there is considerable increase in the number of HIV infection since 1996 when conflict started[64].It is essential to build organisational capacity, share experiences about supporting good young people sexual and reproductive health practices, identify resources that can be adapted to local contexts and advocate for more attention and funding for young people sexual health projects. Most importantly, it is essential to continue to improve the lives of conflict- affected young people and to involve them in this process since they are creative, energetic and important agents for constructive change within their communities – and they are the future.

Key barriers to use sexual and reproductive health services

(1)Limited access to information and services

Although extensive research on young people's behaviours in Nepal is rare, existing data reveals that young people do not have adequate access to appropriate information and services about sexual and reproductive health issues[65]. Social and cultural norms impose barriers to the transfer of sexual health information[14].

Political instability has also created a heightened concern on the future course of development. While physical access continues to be a major problem in Nepal due to the mountainous and hilly terrain, access is also affected by inadequate quality of care, supply and distribution problems, lack of awareness, weak outreach, poverty and some socio-cultural practices that are not conducive to effective utilization of services[66].

Literatures suggest that young people always want to be able access sexual and reproductive health information and services without being exposed to public inspection[67]. Different studies have emphasised that electronic media (Radio, Television and Internet) have been popular in Nepalese society and a significant proportion of young people use these media in their leisure time[68]. It suggests that such media should be used to educate urban youth about sexual and reproductive health issues. Another study recommends that sex education delivered in school can make a positive contribution to young people's knowledge and personal and social development[14].This should be taken into account since a significant proportion of the adolescent and young people in Nepal spend their time at school and college.

(2) Lack of confidentiality

Confidentiality has been greatly associated with the utilization of sexual health services among young people. There is a good evidence for the effectiveness of respecting young people's confidentiality in preventing teenage pregnancy[69].Though there is no single study published on sexual health services users in Nepal, existing practices in terms of physical infrastructure and record keeping systems portray that there is still lack of confidentiality during sexual and reproductive health information and service delivery. There needs to be support for in-service awareness training of staff who delivers sexual health information and services. Staff should be trained on principle of confidentiality and informed consent. It helps to encourage young people to get the sexual and reproductive health services.

Evidence from other setting has also shown that young people choose not to access the sexual health services because they perceive clinic staff to be judgemental and lacking confidentiality[70].

(3) Lack of life skilled based education

Young people, although apparently highly aware of the HIV risk, do not necessarily translate this awareness into safer sex practice[47].Knowledge of preventive practices and negotiation skills are necessary to refrain from unprotected sexual practices [71].Life skills is considered as a set of psychosocial competencies that enable young people to think critically about health risks, communicate effectively and make responsible decisions that impact on their health[72].For the promotion of safer sexual behaviour, it is desirable to understand the circumstances that increase the possibility of taking decisions to engage in risky sexual behaviours. However, there is large gap in our understanding of sexual negotiation and decision making process among young people[73].Though few organizations in Nepal have initiated Life skills trainings to limited young people, its impact towards safer sexual practices need to be examined.

(4) Gender power imbalances

While unequal power relations and lack of autonomy characterise the situation of married young women in many settings, the autonomy of married young women is particularly constrained. In Nepal and many other South Asian countries, young women are not always involved in decision-making process[17,72] and it is believed that the use of force is a man's right. Gender norms stress male entitlement to sex, even if forced within marriage. In such condition, there could be a risk of unwanted pregnancies and transmission of STIs and HIV. However, this could be countered by developing strategies to avoid unwanted sex[17].

(5) Lack of youth-friendly services

Youth friendly services play significant role to disseminate sexual health information and service. Most young people in Nepal have to depend on Government health clinic to receive such information and services although private clinics are on the rise but not affordable to all. The existing practices show that most of the school, college and health clinic are open at the same time. In such situation, young people need to absence their school/college if they need some sorts of sexual health information and services. This suggests opening the sexual health clinics during weekends and holidays for school going adolescent and young people. Similarly, the service delivery centre should be in the convenient place where young people can reach easily. Since sex and sex related topic is not discussed openly in Nepalese societies and hardly discuss within same sex background, both male and female service providers should be allocated to counsel and treat them. However, it may not be possible to teach girl students by female teachers and boys by male teachers in schools because of the limited resources. In addition, regular health camps should be organized to provide sexual health services in places where the perceived need and demand is high but access to delivery is poor due to lack of information about available services, distance from health facilities, or low economic status of the population.

(6) Economic constraints

Nepal is one of the poorest countries of world and more than 70% of its people depend on agriculture. About 37.7% of the population live under the national poverty line[74]. Employment rate in Nepal is also very low[75]. Economic constraints can influence the behaviour of young people in some cases. Guvaju (2002) argues that economic constraint affects the ability to buy contraceptives or seek medical services[29].Though there has not been a single study to examine the financial status and utilization of sexual and reproductive health service among young people in Nepal, they are excluded from services and information due to their low involvement in money generating activities. Besides, such issues are not openly discussed with the family members whom they are considered as main source for financial supports.

Conclusion

Sexual behaviour in the general population has been inadequately researched in Nepal[76]. Owing to social and cultural taboos and inhibitions, sexual health research in Nepal remains restricted to a small number of studies; for young people, especially those who are unmarried, this is particularly pertinent. Further, much of the hitherto limited research with young people remains unpublished[14].Delayed entry into sexual activity and safer sexual behaviours are essential to avoid the dual risk of pregnancies and STIs/HIV among young people. Although adolescents and young people comprise a significant proportion of the total population in Nepal, their sexual behaviours, especially the formation of sexual partnerships and process of the sexual negotiation and decision making in relation to the risk of pregnancy and STIs/HIV and the feeling of responsibility within the partnership are poorly understood. There is a need to understand and avoid the barrier to adopt safe and responsible sexual and reproductive behaviour for Nepalese young people. It is well documented that that sexual relationships are not always mutually desired; in many instances, they are likely to be unsafe, unwanted and coercive. Cultural and psychological impact of such circumstances also needs to be explored and effective interventions should be implemented, however, regular monitoring and supervision is recommended to run the interventions more effectively.

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