Original Article

Barriers to Reproductive Health Services Among Female Youths of Suklagandaki Municipality in Western Part of Nepal

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ABSTRACT

Background: Youths have specific sexual health needs, which vary according to their age, sex, marital and socioeconomic status. Although sexual and reproductive health education and services are provided to young people, unplanned pregnancy and HIV infection are increasing in Nepal, indicating underutilization of sexual health services by young people. The study aimed to explore the barriers to reproductive health services among female youths of Suklagandaki Municipality, Nepal.

Methods: A qualitative study was conducted through in-depth interviews among female youths aged 14 to 25 and two focus group discussions among FCHVs and health workers in health post. Snowball sampling technique was used for the selection of participants for in-depth interview.

Results: The barriers identified were poor sexual health knowledge, fear and embarrassment, poor youth friendly health services, misconceptions regarding contraceptives and negligence about the problems.

Conclusions: Prejudice regarding utilization of reproductive health services by youths has been identified a major contributing factor or barrier, which requires integrated effort from all sector to tackle this barrier. Awareness programs focusing reproductive health services and its importance should be conducted in various places targeting the different groups along with youths to normalize the concept of reproductive health among all. The integrated effort of school, community, and health facilities are important for encouraging utilization of reproductive health facilities among youths

Keywords: Barrier, FCHV, Health care provider, Reproductive health service, Youths

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INTRODUCTION

The United Nations, for statistical purposes, defines 'youth', as those persons between the ages of 15 and 24 years.[1] Sexuality is central to all phases of a person's life, and this includes young people. Comprehensive sexuality education and accessibility of gender-sensitive services should be central to youth-friendly services.[2] It is widely accepted that young people have specific sexual health needs, which vary according to their age, sex, marital and socioeconomic status. When young people engage in unprotected sex, it may result in sexually transmitted infections (STIs) and unintended pregnancies.[3] The Government of Nepal has developed the National Adolescent Health and Development Strategy and the Young People Development Program which have envisaged adolescent and young people as a key target group for integrated sexual and reproductive health services, with interventions planned to increase knowledge on sexual and reproductive health issues and availability of services.[4]

Sexual and reproductive health issues remain the leading cause of ill-health among young people worldwide and is a growing concern in Nepal.[5] The analysis of Nepal Demographic Health survey 2011 has revealed that for adolescents and youth, the proportion reporting STI or STI symptoms has increased between 2006 and 2011. Among males, STI symptoms were more commonly reported among the age groups of 15-19 than in the 20-24 age groups, while this pattern was reverse among females.[6] In a study on premarital sexual behavior a significantly higher percentage of premarital sex was observed among students who have liberal attitude towards premarital sex compared to those who have conservative attitude towards the same.[7]

To meet the health needs of adolescents, the Nepal government launched a national program in 2010 to provide adolescent-friendly sexual and reproductive health services as part of its five-year health sector plans.[8] Although sexual and reproductive health education and services are provided to young people, unplanned pregnancy and HIV infection are increasing in Nepal, indicating underutilization of sexual health services by young people. Health facilities have apparently failed to provide young people with specialized sexual health education and services.[9] However, despite the interest of young people in obtaining relevant information and friendly services, the provision of sexual and reproductive health services in Nepal is very inadequate.[10] Hence, the fundamental reason for conducting this research was to find out the barriers to RH services for youth girls. It also helps us to find out the way to minimize the RH problems by addressing the various barriers faced by youth.

MATERIALS AND METHODS

Study setting

The study area was conducted in Suklagandaki Municipality of Tanahun district in 2015. A phenomenological study was carried out among the female youths and the health care providers of health facility and female community health volunteer to explore their lived experience while receiving as well as providing services related to sexual and reproductive health. Snowball sampling technique was used to identify the youth participants while a nearby health post was selected for conducting focus group discussion as per the convenience of researcher. Altogether 24 in-depth interviews were carried out among youths until the saturation of data and two focus group discussion were carried

out one with health post staffs of Khairenitar health post and one with female community health workers of same health facility. Interview guidelines for both the in-depth interview and focus group discussion were developed utilized through extensive literature review. A semi-structured questionnaire was used for collecting demographic information. The time limit for both the interviews and FGD's ranged from thirty minutes to one hour. Permissions from all the concerned body were taken including the participants and interview were conducted in separate room in a comfortable way. Recording of interview was done with permission and notetaking was also done during the interviews.

Data processing and analysis:

Data processing and analysis was carried out with the help of conventional qualitative content analysis process. The record was listened properly and transcribed into word. Then the transcribed information was read, re-read and codes were generated which were later categorized in different relative category following inductive approach. Reviewing of categories and subcategories to extract suitable theme was done. A narrative detail of the respondent was given for supporting the theme.

Ethical consideration:

All ethical aspects were reviewed and approval was given by the Public Health Program, School of Health and Allied Sciences of Pokhara University.The objective of research was explained to respondents and verbal consent was taken from all respondents prior to conducting the interviews. Confidentiality and privacy were maintained. The right to refuge to take part in study was highly respected.

RESULTS

Barriers identified from the perspective of youths

The majority of youth participants were over 20 years of age. One third of female were married and more than half were Buddhist as shown in *Table 1*. Five themes have been identified as the barriers in using the sexual and reproductive health services from the youth perspective (Table 1).

Table 1: Socio demographic information of respondents of in-depth interview

SN	Age (in years)	Education	Religion	Marital status	Occupation	Family Income (in monthly)
1	23	Higher secondary	Buddhism	Married	Business	24,000
2	21	Higher secondary	Buddhism	Single	Student	50,000
3	22	Higher secondary	Hinduism	Married	Business	30,000
4	22	Higher secondary	Buddhism	Single	Student	40,000
5	23	Secondary	Buddhism	Married	House wife	60,000
6	23	Higher secondary	Muslim	Married	Business	100,000
7	18	Secondary	Buddhism	Married	House wife	15,000
8	20	Higher secondary	Buddhism	Single	Business	20,000
9	21	Higher secondary	Buddhism	Married	Business	20,000
10	21	Higher secondary	Buddhism	Single	Student	20,000
11	18	Higher secondary	Hinduism	Single	Student	25,000
12	18	Higher secondary	Buddhism	Single	Student	30,000
13	20	Bachelor	Buddhism	Single	Student	15,000

14	17	Higher secondary	Buddhism	Single	Student	40,000
15	22	Bachelor	Buddhism	Single	Student	30,000
16	21	Higher secondary	Hinduism	Married	House wife	30,000
17	19	Higher secondary	Buddhism	Single	Student	25,000
18	19	Higher secondary	Hinduism	Single	Student	30,000
19	22	Bachelor	Buddhism	Single	Student	40,000
20	22	Bachelor	Buddhism	Single	Student	200,000
21	24	Bachelor	Buddhism	Single	Student	50,000
22	23	Higher secondary	Buddhism	Married	Business	50,000
23	16	Higher secondary	Hinduism	Single	Student	30,000
24	17	Higher secondary	Buddhism	Single	Student	30,000

Poor Sexual and Reproductive health knowledge

Most of the girls had lack of knowledge regarding reproductive health and free health services provided by government. The school curriculum includes reproductive health however it seems to be skipped due to which girls lacked information about the basic things in reproductive health, which makes them confused about the reproductive health and related matters.

"*I don't have exact idea about the HIV/AIDs, family planning. In school also we have the topic RH but our teachers were absent and we just skip the part of RH in our books during school." (Participant 12)*

They were unknown about the place where the RH services were provided.

"I have never visited the hospitals regarding RH, as I have some problems, I am thinking about consulting doctors; can't we get RH services in both private and government sectors?" (Participant 1)

Fear and Embarrassment

Tagging the sexual and reproductive health as a topic of embarrassment by society has resulted in development of fear and embarrassment among youths mainly girls making them unable to share their problems even within their own family. Preference of same sex health care provider is also due to fear and embarrassment.

"I feel so shy to share my problems to my family, how would they react. However, I have shared my problem to my husband but he was abroad and then later he told my in-laws about my problems." (Participant 3)

"I find it difficult. It feels so awkward with male doctor. I feel so shy. So I at first will notice that whether the doctor is male or female." (Participant 8)

Perception that only sexually active person faces reproductive health problems has also resulted in embarrassment to share their health problems. The fear that what society would think about us has lead the youth to hide their problems.

"I think some people hide because they are afraid of what their parents will say, people in society also will talk and think that "this girl is like this and that, his daughter is like that." (Participant17, unmarried)

"We find it difficult to share about our problems openly because the people obviously think negative and talk bad about us." (Participant 13)

Poor youth friendly services

The reproductive health services provided by both government and private health facility were inadequate, less friendly, as many youths

encountered the problems of not getting services in the time of their need, they had to face the awkward moment facing the health facilitator of opposite sex, lack of detail counselling.

"We visited government hospital at first for checkup but that day I didn't know due to some reason the related facilities were closed so we visited private hospital. At hospital there were 2 tp 3 nurses around the doctor, as me and my mother-in-law entered, I feel so awkward I didn't say anything. My mother-in-law explained my problem to the doctor. Then she wrote a name of a medicine (medicine to clean the area) and I went outside to buy that medicine because it was not available in that hospital that time. She only took 5/6 min for my checkup." (Participants3, married)

The government health service providers like health post and hospitals were not able to provide the services on the time they need and Health Post couldn't manage the emergency or complicated cases due to the lack of lab and other facilities.

"At first I went to health post then they told me that they can't do delivery because of my situation (ghar nakhuleko Pani Niskeko) then I went to government hospital. There the government hospital also was full of patients so they told me to visit another hospital …they said that they cannot provide services so I had to visit private hospital. The government hospital was full of pregnant women for delivery and also the nurses there were so rude." (Participant 9, married)

The health center clinics were not able to provide the proper counseling to the patients. Lack of empathy and the negative attitude to the girls like teasing acts as barriers to the youth for receiving health services.

"He didn't explain me the causes, only provided me the medicine saying "don't worry it's a common problem of many girls just take this medicine you will be fine". Mom was there. He just gave me medicine saying "take this you will be ok I think." But next month again the problems continuous." (participant17, unmarried)

"If we go to solve our problems, they would say marriage is the only solution and tease us saying, get married. Actually, the clinics here told my sister to get married for problem solving when my sister went for checkup. From then I feel shy to go there and I will never visit there." (Participant20, unmarried)

Youths have faced the problems even if they visited hospitals due to negligence of the doctors and the lack of communication. A proper history taking of the person and detail counselling is important while providing health services. Lack of proper therapeutic communication acts as a barrier for service utilization.

"Hmm yes I have problem. During menstruation, I had severe pain in stomach due to which I started to use painkiller and later on the painkiller too didn't work for me so I visited private hospital for checkup. They told me to take a medicine and counsel me that it is normal and everyone has such problems during periods. After that, I did not visit that hospital but my problems were not solved so I visited another private hospital and tell everything to the doctor. Doctor told me to do video x-ray and then I found out that I have a cyst in my uterus." (Participant 22, married)

Misconception regarding Contraceptives

Most of the youth were against the use of contraceptives, as they believed that it had more side effects than advantage. Lack of counseling and information has led to misconception about contraceptives. A clear and concise information about use of contraceptives and informed decision making helps to reduce the non-utilization of contraceptives.

"We haven't used any contraceptives till now. It is because my husband controls himself. I exactly don't want to say that it's just that he

controls it himself (natural method) and he told me not to use any contraceptive methods because contraceptive have side effects." (Participant 1, married)

"I never have counseled about family planning. I do not have much knowledge about it. I *think we shouldn't use the contraception it may affects our body." (Participant 3, married)*

Negligence about the problems

Negligence until the condition worsen acted as another barrier for utilization of reproductive health services. Youth faced the further complications because of their own negligence. They did not prioritize seeking health care until the condition worsen.

"Actually I didn't have much problem at first ….my problem was heavy vaginal discharge but with less pain at that time. In addition, there was a clinic called ASHA clinic, according to them cleaning of reproductive parts by dettol or savlon water would help, and I did so. The method works too. But later vaginal discharges started to smell bad." (Participant 5, 3 years problem, married)

Barriers identified from health care providers through Focus Group Discussion

Privacy and confidentiality

Youths are afraid to share their problems to FCHV, as FCHVs are well known person of the community they were afraid that their privacy would be leaked and confidentiality will not be maintained.

Narrow-minded society

The narrowmindness of the society that the reproductive health education may spoil youths if FCHV counsel the youth girls about the reproductive health people blames them that they are encouraging girls into sexual behaviour by giving information about the contraception.

Even FCHVs themselves have the views that FP and sexuality services shouldn't be provided to the unmarried women and the women who have their husband abroad for the employment as they feel that Nepalese cultures and norms doesn't allow them to do so.

Urbanization

FCHV's believed that they **failed to convince** the community for using the governmental services as the community people ignore their suggestions. The urbanization has resulted in increase of advanced health facilities such as clinics and hospital hence people directly go to those facilities rather than coming to FCHV hence FCHVs have no satisfaction in their work as the people there don't value them anymore.

Lack of interaction programs

FCHVs share the need of interaction programs in the community focusing the youth relating reproductive health. Similarly, community people perceive that government services are not effective and the services are only for the poor and marginalized groups.

Barriers identified from health care providers:

Lack of information

Youth lack knowledge about family planning and as they are young, they are unable to solve their problems on their own. Since sex before marriage is taken as a sin in our society many youths are not supported by their families and society if they became pregnant which leads them to commit suicide, or run away from home, etc., which makes their health more vulnerable.

"*Once there was a girl who came here for delivery at the age of 14 with her mother-in-law, she had early marriage but had support of her family but if her family didn't support her, she may have faced many problems related to health like physical, mental and social health. We counseled her about family planning after that.*

Attitudes of health worker

Staff perception and attitude should be changed; sometimes staffs share confidential information of patients and response rudely to patients. These kind of negative attitude acts as barrier for further utilization of services.

Overlap of time

The school time and the opening hour of the health facilities overlaps which makes it difficult for youth to access services and health care provider to reach youths. So, it is necessary to revise the time or adolescent friendly services.

Completion of school health education

The health workers in the schools should teach health subjects in schools so that youth can learn without any hesitation. Teacher must provide full information on reproductive health.,conducting Programs taking the youth group only describing about the RH would be necessary.

Shyness

The youth never speak openly at first, which makes it difficult to identify their exact problems. The major difficulty is with the unmarried who comes for pregnancy test.

Perception regarding health facility**.**

People think that HP do not provide quality services. They lack trust in governmental services. People had no value free services and many may not had sufficient information about it. Rural people visit health facility more than that of city area.

DISCUSSION

This study indicates that the youths were not provided an opportunity to understand reproductive health in school as the lessons were skipped due to which they lack basic knowledge about reproductive health. This was supported by the study done in Nepal, which stated that School-based sex education is an effective medium to convey health information regarding RH but many youth perceived that they receive less information on RH through their schools.[11] Fear to share reproductive health problems with family due to embarrassment and shyness was found to be similar findings with the study conducted in 2008 in Srilanka[12], and a systemic review[13] done in developing countries which shows that youths perceived stigma and embarrassment, and preference for self-reliance as the most important barriers to help-seeking. A study conducted in Nepal[14] was similar to this study where the participants felt embarrassed while talking about sexual and reproductive health matters with friends of the opposite sex, family, and even with their sexual partners. This study established that the staff negative attitude towards youth, lack of adequate services and counseling, high price, staff negligence contributes to the poor youth friendly services, which acts as barrier for using the services in future. These findings are comparable to the study done Vannuata[15]. Another similar study[13] that found that youth people have thought that local health centers will not provide proper services, either because they believe that the centers care exclusively to pregnant women, infants and small children or because they think that the staff will discriminate against them or the confidentiality will not be maintained. Similarly it is comparable to the study conducted by Regmi et al.[9] in Nepal which revealed that poor knowledge of young people about sexual and reproductive health and poor accessibility of sexual health services forced them to engage in unsafe sexual practices. Lack of counseling and information has led to misconception about contraceptives which was somehow similar to study[14] which shows that although many women were aware about contraception less number of women practiced it and the reasons were: they do not like, husband oppose, desire of particular sex, etc.

Youths faced the further complications because of their own negligence. The health

services were not seeking until the condition becomes severe. The study conducted in south Asia[15] showed the majority of teenage girls had basic knowledge on sexual health however very few of them have used the knowledge into practice. Similar study done in Lao[19] showed that although the youth reported having insufficient knowledge about SRH, they did not seek information from SRH services .They only sought help from SRH services when they experienced a problem with their SRH; they did not try to obtain information before a problem arise. It might be so because youth took their problems as a normal issue.

CONCLUSION

The main barriers identified in this study were lack of information, lack of proper implementation of adolescent friendly services by health care facilities and attitudes of health care providers. However, prejudice regarding utilization of reproductive health services by youths has been identified a major contributing factor or barrier, which requires integrated effort from all sector to tackle this barrier.

The awareness programs focusing reproductive health services and its importance should be conducted in various places targeting the different groups along with youths to normalize the concept of reproductive health among all. The integrated effort of school, community, and health facilities are important for encouraging utilization of reproductive health facilities among youths.

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REFERENCES

1. United Nations. Report of the Secretary-General [Internet]. 1985 [cited 2020 Sep 14]. Report No.: A/36/215. Available from: https://undocs.org/pdf?symbol=en/A/36/215 [Google Scholar]
2. Braeken D, Rondinelli I. Sexual and reproductive health needs of young people: Matching needs with systems. Int J Gynecol Obstet 2012 Oct;119 Suppl 1:S60-3. doi: 10.1016/j.ijgo.2012.03.019[Pubmed] [Google Scholar]
3. Rani M, Lule E. Exploring the Socioeconomic Dimension of Adolescent Reproductive Health: A Multicountry Analysis. Int Fam Plan Perspect. 2004 Sep;30(3):110-7. https://doi.org/10.1363/3011004[Google Scholar]
4. International Conference on Population and Development Programme of Action [Internet]. 1994 [cited 2020 Sep 1]. Available from: /publications/international-conference-population-and-development-programme-action [Google Scholar]
5. Jha SM, Chaurasia R, Jha B. Knowledge about Condoms among Adolescents in Kathmandu Valley. J Nepal Paediatr Soc. 2010;30(1):18–22. https://doi.org/10.3126/jnps.v30i1.2455 [Google Scholar]
6. Khatiwada N, Silwal PR, Bhadra R, Tamang TM. Sexual and Reproductive Health of Adolescents and Youth in Nepal: Trends and Determinants Further Analysis of the 2011 Nepal Demographic and Health Survey [Internet]. Kathmandu Nepal; 2013 Mar. Available from: https://dhsprogram.com/pubs/pdf/FA76/FA76.pdf [Google Scholar]
7. Adhikari R, Tamang J. Premarital Sexual Behavior among male college students of Kathmandu, Nepal. BMC Public Health. 2009 Jul 15;9(1):241. https://doi.org/10.1186/1471-2458-9-241 [Pubmed] [Google Scholar]

8. World Health Organization. Reaching adolescents with health services in Nepal. Bull World Health Organ. 2017 Feb 1;95(2):90–1. Available from: http://www.who.int/entity/bulletin/volumes/95/2/17-020217.pdf
9. Regmi PR, van Teijlingen E, Simkhada P, Acharya DR. Barriers to Sexual Health Services for Young People in Nepal. J Health Popul Nutr. 2010 Dec;28(6):619–27.doi: 10.3329/jhpn.v28i6.6611. [Pubmed] [Google Scholar]
10. Regmi P, Simkhada P, Van Teijlingen E. Sexual and Reproductive Health Status among Young Peoples in Nepal: Opportunities and Barriers for Sexual Health Education and Services Utilization. Kathmandu Univ Med J KUMJ. 2007 Nov 30; 6:248–56 [Pubmed] [Google Scholar]
11. Upreti D, Regmi P, Pant PR, Simkhada P. Young people's knowledge, attitude, and behaviour on STI/HIV/AIDS in the context of Nepal: A systematic review. Kathmandu Univ Med J. 2009 Oct 1;7(4). [Pubmed] [Google Scholar]
12. Agampodi SB, Agampodi TC, UKD P. Adolescents perception of reproductive health care services in Sri Lanka. BMC Health Serv Res. 2008 May 3;8(1):98. https://doi.org/10.1186/1472-6963-8-98 [Pubmed] [Google Scholar]
13. Population Reference Bureau. Improving the Quality of Reproductive Health Care for Young People [Internet]. 2002. Available from: https://assets.prb.org/pdf/NewPerspQOCAdolRepro_Eng.pdf
14. Kore S, Bapai A, Parikh M, Khot R, Ambiye V. Attitudes, Knowledge and Beliefs about Contraceptive Practices in Women Coming to Tertiary Hospital. 2009;51(2):4.PMID: 18803890 [Google Scholar]
15. Acharya DR, Bhattarai R, Poobalan A, Teijlingen van E, Chapman G. Factors associated with teenage pregnancy in South Asia. www.hsj.gr. 2014 Jul 14; [Google Scholar]
16. Creel LC, Perry RJ. Improving the Quality of Reproductive Health Care for Young People. Population Council and Population Reference Bureau. :8. [Full Text] [Google Scholar]
17. Kore S, Bapai A, Parikh M, Khot R, Ambiye V. Attitudes, Knowledge and Beliefs about Contraceptive Practices in Women Coming to Tertiary Hospital. Bombay Hospital Journal. 2009;51(2):4. [Full Text] [Google Scholar]
18. 3Acharya Dev R, Bhattarai R, Amudha P, Teijlingen E van, Glyn C. Factors associated with teenage pregnancy in south asia: a systematic review. Health Science Journal. 2010;4(1). [Full Text] [Google Scholar]
19. Thongmixay S, Essink DR, Greeuw T de, Vongxay V, Sychareun V, Broerse JEW. Perceived barriers in accessing sexual and reproductive health services for youth in Lao People's Democratic Republic. PLoS ONE.2019;e0218296. https://doi.org/10.1371/journal.pone.0218296