

Youth Friendly Sexual and Reproductive Health (SRH) Services: An exploratory study on the SRH experiences and needs of young people in Nepal

Sunaulo Parivar Nepal, implementing partner of
Marie Stopes International
July 2017

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Acronyms

EC	Emergency Contraceptives
FGD	Focus Group Discussion
GBV	Gender Based Violence
IDI	In-Depth Interview
IEC	Information, Education and Communication
IUD	Intra-Uterine Device
LARC	Long Active Reversible Contraceptives
MA	Medical Abortion
MIS	Management Information System
MSC	Marie Stopes Centre
MVA	Manual Vacuum Aspiration
NHRC	Nepal Health Research Council
R&S	Rocket and Space
SA	Safe Abortion
SP	Service Provider
SRH	Sexual Reproductive Health
YFSC	Youth Friendly Service Centre
YF	Youth Friendly

Glossary

Adolescent:	An individual aged between 10-19 years.
Non-Youth Friendly Service Centre:	Marie Stopes Centres where components of youth friendly services are not implemented other than training on Youth Friendly SRH service provision to the service providers and its staff.
Pop-Up Volunteer:	Peer educator under youth project who are mainly responsible to access SRH information among youth and link them to the SRH services.
Rockets and Space:	SPN/MS Nepal's youth focused initiative.
Youth:	Young people aged between 15 and 24 years.
Youth-Friendly Service Centre:	Marie Stopes Centres where all the component of youth friendly service provision, including training on youth friendly SRH service provision to the service provider, Rockets and Space branding are implemented.
Youth Branded:	This refers to MS Nepal's Rockets and Space branding, which is a youth centric initiative focusing on SRH.

Acknowledgements

The completion of the study could not be possible without the support, guidance and help of many individuals. We would like to express our sincere gratitude to all of them.

We would like to acknowledge the crucial role of the Australian Aid for understanding the importance of study and providing financial support to the study. Furthermore, we would like to acknowledge Nepal Health Research Council (NHRC) for providing ethical approval for the study. Special thanks to Sophie Hodder, Country Director, Marie Stopes Nepal for her encouragement and inspirations. Furthermore, we would like to express our gratitude to Claire Rogers, Research Advisor; Satyajit Pradhan, Director- Marketing and Communications; Nilima Raut, Youth Project Manager for their support and guidance in completing the study.

Many thanks and appreciation goes to all the participants of the research and research assistants without which this research would be incomplete. We would like to take this opportunity to express our gratitude to Youth Project team; Research, Monitoring and Evaluation team for their continuous support and guidance throughout the study. We also appreciate the efforts and support of centre teams, pop-up volunteers, and youth ANMs for the recruitment of the sample populations.

Finally, we would like to acknowledge all who directly or indirectly have provided their support to complete the study.

Study Team

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Executive Summary

This study explored the sexual reproductive health (SRH) practices and needs of young people in Nepal and their response to the youth friendly (YF) services. The finding assessed impacts of youth friendly services and assessed the SRH needs that can be addressed in future.

The findings are summarized in three sections in line with the objectives of the study; I) analysis of the service uptake by youths from youth friendly and non-youth friendly service centres, II) SRH needs and practices reported by young people, and III) impact of youth friendly brand and services as perceived by youth clients, pop up volunteers and service providers.

Section 1: Examining service uptake among youths

There has been significant increment in Safe Abortion (SA) and contraceptives uptake by youths from Youth Friendly Service Centres (YFSCs) from 2014 to 2015 as compared to non-YFSCs. Among the YFSCs, the increment is almost double at Putalisadak centre, and more than double at Pokhara and Birgunj centres because of youth focused program at respective Marie Stopes Centre (MSC) by Pop-up volunteer. However, in Biratnagar, client flow is decreasing.

Section 2: Examining youths' SRH needs and practices

Youths' sexual behaviour and use of contraceptives

The study explored youths' behaviour pertaining to sexual behaviour and contraceptives use. It was found that the common age at first intercourse among youth is below 20 years. The married youths reported to be more regular in having sex than their unmarried counterparts as they do not get the chance to meet regularly. Male youths compared to females faced more peer pressure to have sex, while females face pressure from partners in some cases. Due to better education, youths are informed and capable of communicating about contraceptives with their partners. But in practice, use of contraceptives is low mainly among unmarried, as sex is mostly unplanned among them. Even in planned sex, the use of contraceptives is affected by the dynamics of gender, age, marriage, myths, side effects of contraceptives and convenience. So, the use of condoms and EC were common among unmarried. Other long-term methods like depo, pills, Long Acting Reversible Contraceptives (LARC) were common among married. Youths shared that they are likely to stop using any contraceptives as their relation matures and they resort to natural methods. Youths reported that they collected contraceptives from Marie Stopes Centre (MSC), pharmacies,

medicals, hospital, and ward offices. It is noteworthy that mostly males go to buy the contraceptives, unless it is methods like depo and LARC, for which females must be present.

Use of Emergency Contraceptive (EC)

Youths were mostly aware of EC and shared that youths in urban areas are more aware than the rural counterparts' due to fewer ads in rural areas. Youths shared that EC should be taken within 72- 100 hours of sex and that its long-term use can cause infertility in females thus should not be used regularly. While most of the youths were aware of its side effects, there were a few who reported frequent use of EC. Some shared that the easy availability and low cost of EC has caused misuse of EC. Further they reported that sellers of EC only focused on informing how to take the medicine and rarely informed about what to expect as side effects. Pop-up volunteers and Service Provider (SP) shared that EC should not be encouraged, and clients need to be made aware that it is not a regular contraceptive and other contraceptives must be promoted.

Use of Medical Abortion/ Manual Vacuum Aspiration (MA/ MVA)

Except for few male youths, all youths in the study were mostly aware about abortion, its methods (MA/MVA) and conditions for abortion such as age of fetus (before 3 months/ 12 weeks). They were unanimous that safe abortion should be carried out in a licensed institute where woman's health is prioritized. They regarded unsafe abortion as a practice of buying medicine from pharmacies or consulting untrained service provider. Regarding the preference between MA and MVA, most females prefer MA as it is accessible, cheaper and maintains privacy. SP also shared that the trend of MA use is very high. Youths shared that surgery sounds scary while MA is easy, it is like menstruation and it can be private. However, youths, who have undergone MVA, preferred MVA and regard it as a safer and time saving method. It is noteworthy that the procurement of MA drugs requires a prescription to buy in hospitals, but it can be bought from medicals (without prescription) secretly. Youths shared that due to social attitude towards unmarried girls, mostly males go to buy it, however married women are comfortable buying it themselves. The cost of MA can be quite high and is hard to obtain as a prescription is required. Since women don't go themselves, they do not get first- hand information on what to expect after taking the medication. To increase the uptake of safe abortion, SP suggested that YF services should be continued and the centre should be equipped to cater to youths who visit after getting information from MSC stalls.

Section 3: Exploring the impact of youth friendly brand and trainings

Impact of Youth centric programs and Services

Youth centric programs were successful in imparting information about MSC to youths. In the study, Pop-up volunteers were the most frequently cited source of information about MSC. The outreach campaigns by the Pop-up volunteers effectively tapped youths in various recreational programs and encouraged them to uptake services at MSCs. The study found that the MSC centres were centrally located and accessible by public transports. Youths in the study consistently pointed out the need for an attractive board to help locate the centre, and that it should be easily identifiable by educated and uneducated people. Attitude wise, before going to the centres, youths (mainly females) were mostly bothered about being seen and how they will be treated there. However, after seeing the friendly environment and staffs, youths felt comfortable, especially in youth friendly service centres (YFSC). But some youths, visiting Non-YFSC were disappointed and could not approach staff's due to their indifferent attitude towards clients. While approaching the centre and staffs, female youths shared that talking to SP of same sex made it easier for them. On the other hand, males reported that they initially felt awkward to talk to female SP. But once the interaction started, they found out that they were well informed on the issues of SRH and their gender was not an issue after that. Likewise, those who could approach the staffs, were satisfied with the attention and with the services received. But youths from non-YFSC felt that there was one-way communication from staffs who were not attuned to the needs of clients, and some expressed they would not like to go the centre because of rude behavior of staffs. But in general, MSC staffs were reported to be politer than SPs in other health facilities. Also compared to other places, service seeking at MSC has less formal hassles, is cheaper, of better quality and there is maintenance of privacy. Due to these reasons, youths said that they will continue to come back and will also recommend it to their friends.

Impact of Rocket and Space Youth Branding

The first impression of the youths on Rocket and Space (R & S branding) was mostly confusion and cluelessness to what it means (but were also curious to learn more about it due to subtleness of the brand). Youths from the non-YFSC groups did not share much about R&S. Youths from the YFSC perceived it as a medium to learn about tabooed SRH issues, contraceptive methods, safe sex, and adolescent changes. Some male youths also pointed out that they could learn about SRH

issues (through the brand) of the opposite sex which will be useful for them as a partner. The MSC staffs reported that the uptake of service by youths has increased after the youth centric brand, regardless of their marital status, gender, and age. Pop-up volunteers also reported high popularity and effectiveness of branding among youths. Youths have found toll-free number and IEC materials very useful as it provides detail information on contraceptives and safe abortion, without needing to ask anyone else (thus maintaining privacy). R & S has often been a foundation for seeking service at MSC. Service providers and Pop-up volunteers suggested improving space, training more staffs, continuing youth centric program and giving more publicity through advertisement to make R & S more effective.

Experiences of Pop-up Volunteers

Pop-up volunteers mainly disseminate information about SRH and contraceptives through seminars in colleges, schools, and mobile camps. They liked that they get to learn about all SRH information and were glad to be recognized in communities as health workers. However, the job they do is very challenging as they come face to face with social stigma regarding discussing SRH and contraceptives, especially with youths. They must handle different kinds of people, are judged for carrying condoms and for talking about sex openly, and are misconstrued as promoting sex. Similarly, MSC also face harassments from the callers through prank calls. These experience of service providers are as crucial in maintaining the quality of service, as they are the ones delivering the services.

Experience of service providers who underwent Youth Focused trainings

MSC staffs who underwent YF training could keep their judgments aside and cater to the needs of youths. They learned to pay attention to their (youths) psychological state in addition to the service. Service providers shared that the YFSC had positive impact and so it must continue. The trainings benefit staffs, clients, and the organization to work collectively as a team. Apart from the SP, youth clients from YFSC too found the staffs and environment very friendly and comfortable and clients from non-YFSC, were discouraged to seek service due to lack of attention from staffs. Thus, it is recommended that all MSC staffs should be given this training.

Key recommendations

Youths shared that there is still a need of educating youths on SRH and contraceptives; especially in rural areas. It is now imperative to use new technologies (Facebook, YouTube etc.) to cater to the needs of youths. One of main hurdle in access is rigidity on issue of sexuality that must be dealt with more awareness. The current project components of privacy must be preserved and there should be more campaigns also catering to teachers and parents to talk on SRH and not just to youths. Besides, key recommendations in the box here were made by the study participants for future projects.

- Continuation and expansion of YF branding and training to all MSCs, esp. in non-YFSC.
- Safety net for Pop up volunteers as they are dealing with different people.
- More dissemination of R&S IEC through subtle messages to retain youths.
- Promoting toll free and push messages so that youths can learn about SRH privately.

1. Introduction

1.1 Background

‘Youth’ is considered as the period of transition from the dependence of childhood to adulthood’s independence and is referred to individuals between the ages of 15-24 years (UNESCO 2016). In Nepal, adolescents and youths make up one-third of the country population (National Demographic Health Survey, 2011). Sunaulo Parivar Nepal, implementing partners of Marie Stopes International Nepal (SPN/MS Nepal) believe Youth Friendly SRH services are key to ensuring young people have access to contraceptives, Safe Abortion (SA) and other SRH services. Particularly in Nepal where the average age of marriage for females is 17.5 years and for males 21.6 years, these services are vital to meet the reproductive health needs of young people (National Demographic Health Survey, 2011). YF service should have trained and supportive service providers to offer nonjudgmental services to youth; maintain confidentiality and ensure audio and visual privacy; offer a wide range of contraceptive methods; and provide free or subsidized services (High-Impact Practices [HIPS] 2015).

The Nepalese Government has committed to provide a package of SRH service to young people and has also developed National Adolescent Health and Development Strategy and the Young People Development Programme. These policies have highlighted adolescent and young people as a key target group for integrated sexual and reproductive health services. Also, they have developed interventions which are aimed to increase knowledge on SRH issues and availability of services among the adolescence (Regmi et al. 2010).

Youth project was initiated in 2014 with the goal to contribute to improved availability and uptake of youth friendly SRH information and services in four districts namely Morang, Kathmandu, Parsa and Kaski in Nepal.

The key interventions of the projects included (but not limited to)-

- Recruiting, training, and mobilizing pop-up volunteers. The key activities delivered under youth project includes:
- Developing different Information, Education and Communication (IEC) materials such as key rings, cap, t-shirt, note book, FAQs etc. to cater youth with SRH information.
- Moulding marginalized, disability, LGBTI inclusive pop-up team.

- Developing disability friendly IEC materials such as Braille, low vision IEC materials and producing informative video with sign language and Nepali subtitle
- Providing orientation to different stakeholders such as pharmacy, teachers, NGO/INGO staffs, youth clubs, fathers group etc on SRH and its importance for youth; and MSC.
- Developing/strengthening partnership with different organization such as Rakshya Nepal, Sano Paila etc.
- Providing disability sensitization training to youth centre Service Providers, Pop-Up Volunteers, and Disable People’s Organization; and adolescent and youth friendly service training to centre staff.
- Conducting and disseminating research on SRH needs of young people with disability.
- Developing platform such and R & S face book page, contact centre, website, push message for youth to seek SRH information.
- Designing and developing MSCs (in project districts) as Youth friendly service centre.

1.2 General Objective of the Research

This study aimed to explore, examine, and document the impact of Youth Friendly SRH services and Youth Focused Branding on youth client uptake.

1.3 Specific Objectives

- Explore the perception and perceived value youth place on youth-centric branded of SRH services
- Examine the SRHR needs and SRH practices of young people in Nepal
- Document the impact of youth friendly training and working within youth-centric branded/non-branded SRH services has on service providers
- Examine trends in service uptake by young people at SPN/MS Nepal clinics (Youth-Centric MSC, Non-Youth Centric MSC and MSC) in Nepal.

1.4 Research Design and Methodology

Youths who had taken contraceptives or safe abortion services from YFSC and non-YFSC were contacted for study participation. Four FGDs were conducted (2 in YFSC and 2 in non-YFSC for male and female youth clients separately). Likewise following are the details of 23 IDI conducted:

- 8 x IDI with Youth from SPN/MS Nepal YFSC

- 4 x IDI with Youth from SPN/MS Nepal non-YFSC
- 4 x IDI with Pop-Up Volunteers (1 IDI x4 clinics)
- 4 x IDI with SPN/MS Nepal staff working in SPN/MS Nepal YFSC (1 IDI x 4 clinics)
- 3 x IDI with SPN/MS Nepal staff working in SPN/MS Nepal non-YFSC (1 IDI x 3 clinics)

All IDIs and FGDs were conducted by the Research Officer/Research Assistant with support from the Research Advisor. Training was provided to members of the Research Team who assisted with: pilot-testing, participant recruitment, data collection and data analysis.

Similarly, we reviewed service uptake using management information system (MIS) data from 36 SPN/MS Nepal Centres.

1.5 Data Collection Technique / Methods

The research started with the ethical clearance from the NHRC. Tools were developed and revised, incorporating the team feedback. Initially the tool was developed in English which were later translated to Nepali. The team discussion followed translation to check its accuracy and consistency. Each translated tool, except FGD guideline was pretested at Putalisadak centre and revised.

IDIs and FGDs were conducted in November and December 2016. The youth clients were recruited in the study through YFSCs and non-YFSCs. The centres were pre-informed about the research and were provided with the information sheet where they were asked to record the name, contact details of the youth clients visiting, prior to the research to ensure the availability of the clients (sample) at the time of research. So, in most of the cases the participants were informed about the research and their interest in the research followed by obtaining verbal pre-consent. IDIs and FGDs were conducted after obtaining written informed consent from those who showed interest and provided pre-consent for participation. Pseudonyms were used to maintain the privacy and confidentiality of the respondents. After each interview, the participants were given some code which was used throughout the analysis. Participants (MSC clients) were provided with travel allowance of NRs. 500 and refreshment. But in case of Pop-up volunteers and service providers no allowance and refreshment were provided. All the IDIs were conducted at the respective centres where as FGDs were conducted at nearby hotels.

Two male and two female interviewers carried out IDIs and moderated FGDs. All these interviewers were degree holders (minimum); experienced and familiar in conducting IDIs and moderating FGDs. These researchers attended two days training regarding the research contents. The questionnaire was later revised based on the discussion during the training.

All the IDIs and the FGDs were audio taped with permission from all participants. Mean time taken for IDIs was 50 minutes (standard deviation 11.98) whereas for FGD it was 1 hour 58 minutes (standard deviation 17.67). All these audiotapes were transcribed in local language first and were translated to English. 10% of the data were back translated to ensure the quality of the translation.

1.6 Data analysis

For qualitative data,

- English version of transcribed data was analysed using thematic content approach, based on the guideline for questionnaire, used by interviewers and moderators during IDI and FGD.
- Data were coded using 'long table approach', where by the responses were organized as per the themes in paragraph form, without losing essence of qualitative data. The tabulation had a source of information (ID of respondent) too for verification purpose.
- Information were then decoded by summarizing them descriptively on the themes and organizing as per the research method (FGD, IDI), respondents type (Youth, pop-up volunteer, MSC staff), and MSC (YFSC and non-YFSC). This is presented in a background report [not shown here]. It was done after going through the transcription multiple times and presented to the Research Team for further analysis method.
- The background report was then used to draft the analysis section, with finding as per the theme, maintaining the confidentiality of source of information.

For quantitative data,

- Service statistics from Management Information System (MIS) was collected and analysed comparing reach to youth clients between YFSCs and non-YFSCs.

2. Findings of the study

The findings of the study are structured in three sections. The first section discusses the quantitative analysis of the study whereas remaining two deals with the qualitative analysis. The analysis is structured as:

1. Examine Service uptake among youths at SPN/MS Nepal clinics.
2. Examine the SRH needs and SRH practices of young people in Nepal
3. Explore the perception and perceived value youth place on youth-centric branded of SRH services; and to document the impact of youth friendly training and working within youth-centric branded/non-branded SRH services has on SP.

Section 1: Examining service uptake among youths at SPN/MS Nepal clinics.

Youth project entitled “Increasing Access to SRH Information and Services for hard-to-reach groups in Nepal- adolescent and youth” was initiated in September 2014 in four districts (centres) namely Putalisadak centre, Birgunj centre, Pokhara centre and Biratnagar centre. The overall goal of the youth project is to contribute to improved availability and uptake of youth friendly SRH information and services in 4 districts in Nepal.

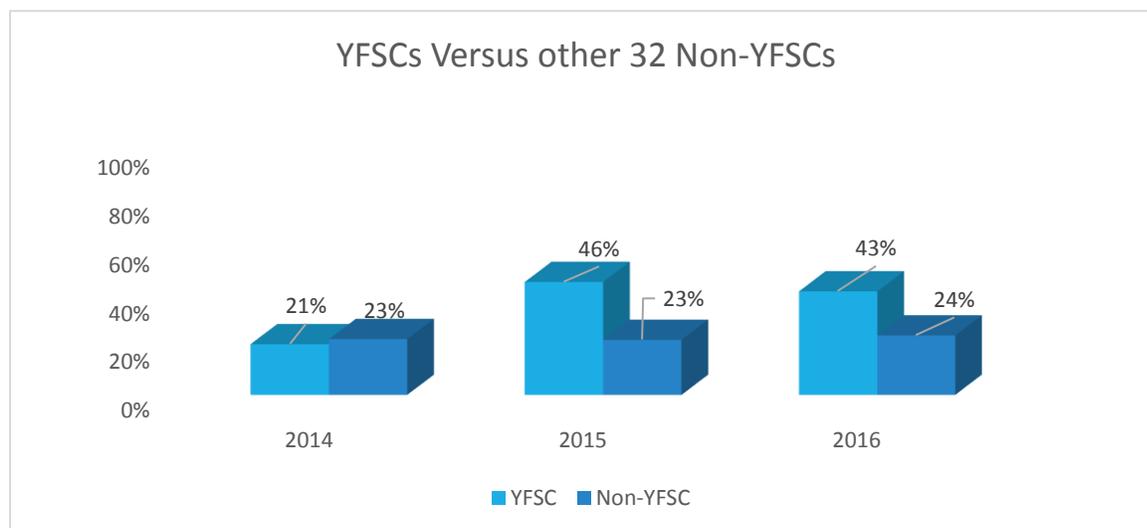
Table 1: Distribution of clients in 36 centres

	Youth		Non-youth	
	Number (N)	Percentage (%)	Number (N)	Percentage (%)
2014	12591	22.4%	43494	77.6%
2015	17337	29.2%	41984	70.8%
2016	19143	29.3%	46122	70.7%

**Number (N) represents SA/contraceptives service uptake*

Table 1 above shows increase in the service uptake by youth in 36 centres from 22.4% in 2014 to 29.3% in 2016 (Sun report). There is noticeable change in the client flow from 2014 to 2015 as youth project was introduced with new youth focused interventions (example school/college based activities, community based activities, regular stall, and stall at big events by pop-up volunteers) and executed at the time whereas same (existing) interventions were carried further in 2016 which results in the steady flow in 2016.

Figure 1: Proportion of youth clients in YFSCs versus other 32 non-YFSCs



*Percentage represents SA/contraceptives service uptake

The above figure 1 shows 100% increment in the year 2016 from 2014 in the contraceptives and safe abortion service uptake by youth at YFSC whereas steady flow of youth clients at non- YFSCs (Sun report). The percentage of youth clients at YFSC has decreased from 46% in 2015 to 43% in 2016 but the proportion of client has increased in 2016 as well compared to 2015.

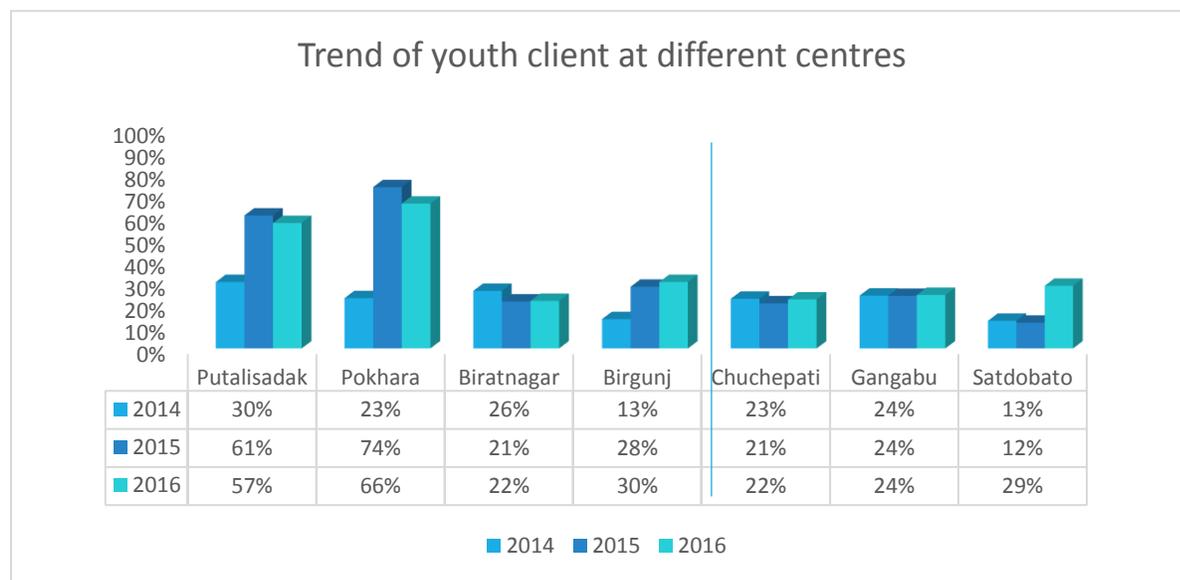
Table 2: Safe abortion and contraceptives uptake by youth at YFSCs [4 centres] and non- YFSCs in the study (3 centres only)

	2014				2015				2016			
	Youth		Non-youth		Youth		Non-youth		Youth		Non-youth	
	N	%	N	%	N	%	N	%	N	%	N	%
YFSC	2550	21%	9701	79%	7689	46%	8886	54%	7570	43%	10222	57%
Non-YFSC	1780	20%	6998	80%	1304	19%	5534	81%	1758	25%	5248	75%

*Number (N) represents contraceptives/SA service uptake

The above table 2 compares between YFSCs and non -YFSCs through 2014, 2015 and 2016. The percentage of the client has doubled in YFSC i.e. from 21% in 2014 to 43% in 2016 whereas there is only a slight increase in the youth client at non-YFSC i.e. 20% in 2014 to 25% in 2016 (Sun report).

Figure 2: Youth trends at YFSCs (4 centres) versus Non-YFSCs in the study (3 centres only)



*Percentage represents SA/contraceptives service uptake

Above figure 2 shows remarkable increase in youth clients at the YFSCs. Among the YFSCs, the increment is almost double for Putalisadak (i.e. 33% in 2014 to 57% in 2016). Similarly, for Pokhara and Birgunj centres, the youth client increment is more than double (i.e. 23% to 66% at Pokhara Centre and 13% to 30% at Birgunj Centre from 2014 to 2016 respectively)). The increase in the youth client is attributed to youth focused program at respective MSC by Pop-up volunteers. However, in Biratnagar centre; youth client flow is decreasing (i.e. 26% in 2014 to 22% in 2017). And Similarly, among the non-YFSCs only noticeable increment is seen at Satdobato centre i.e. 13% in 2014 to 29% in 2016 (Sun report).

Table 3: Age wise segregated youth flow at YFSCs (March 2016-March 2017)

	Biratnagar		Birgunj		Pokhara		Putalisadak	
10-19 Years	2320	23%	1380	15%	2250	24%	1069	13%
20-24 years	3203	31%	2859	31%	5056	54%	4160	50%
Above 25 years	4668	46%	5079	55%	2034	22%	3020	37%
Total Client	10191	100%	9318	100%	9340	100%	8249	100%

*Number (N) represents contraceptives/SA service uptake

The table above shows the SA/contraceptives uptake by youth through centre and mobile clinics. Among the total client (i.e. 37098) served under the project through Biratnagar, Birgunj, Pokhara and Putalisadak centres, 60% of the clients were youth among which 18.9% of the client were adolescents. The services provided by ANM when they are on field are referred as mobile services. Contraceptives such as depo, pills and condoms are distributed through mobile clinics.

There has been significant increment in safe abortion and contraceptives uptake by youths from Youth Friendly Service Centres (YFSCs) from 2014 to 2015.

**Table 3 shows the safe abortion and contraceptives service uptake through centre as well as mobile clinic under youth project [monthly project report]. However other than that, all the other figures and tables includes SA and contraceptives service uptake through centre only [SUN report].*

Section 2: Examining SRH needs and SRH practices of youths in Nepal

This section presents the findings on SRH needs and practices of youths in Nepal. It covers their knowledge, attitude, practice and use of available services regarding contraceptives, emergency contraceptives and abortion (MA and MVA).

2.2.1 Sexual Behavior and Use of Contraceptives among Youths

It is imperative to understand the risk behavior of youth with regards to unsafe sex to work on the improvement of their service uptake. Youth's sexual behaviors, use of contraceptives, communication about contraceptives, method of contraceptives and frequency of its use etc. become important in understanding SRH practices and needs.

Practice of Sex (Age at first Sex, Frequency of Sex, and Peer pressure)

Youths from FGD suggested the age range between 14-21 years, and IDI respondents suggested 18-19 years as the common age for first sexual intercourse among youths in Nepal. As for the actual reported age during first sexual intercourse, 10 out of 12 IDI respondents reported they were less than 20 years. The frequency of sex among youths mainly depended on their marital status. They said only married are sexually active in a regular basis. The unmarried are not so regular and wait for opportunities as it would require planning for a private place. One female from Non-

YFSC shared *“those boy or girl who are away from the house they have sex quite often but those who have strict parents and were living with parents, are not regularly active”*.

Pressure of sex among youth is different by gender. Male youths admitted about peer pressure to have sex. Like a 21 years old male from YFSC shared, *“People who already had sex dominate the people who haven't had sex. Generally, they say things like you are not a man, and I think that boy loses the confidence”*.

“Sexually active boys are treated well among the circle and those who are not sexually active are teased as gays”- 19 years old female, Non- YFSC.

Whereas females shared there is no such peer pressure and that there can be pressure from male partners specially after marriage. A 20 years old female from YFSC said, *“Some people give emotional pressure to their partner if they refuse sex with them. They say, ‘You don't love me that's why you are not keeping relation with me’ because of which they have to have sex with their partner.”* Females also talked about sexual harassment at workplace and schools and eve teasing.

Main issue discussed by youths

To understand the needs of SRH services of youths, service providers and Pop-up volunteers were also asked about the problems most commonly shared by the youths. Both Pop-up volunteers and SP shared that female clients mostly discuss about SRH issues like white discharge, gynecological problem, pain during menstruation and excessive bleeding, irregular menstruation, and urinary tract infection. While male clients talk about nightfall, masturbation, and about their concern regarding penis. In addition, they talk about their first contact and EC use, about whether they are pregnant and about abortion. Youths in general discuss about myths concerning abortion and contraceptive methods (that they cause infertility), regarding sexual/relationship counseling, abortion, safe period for having sex. Girls mostly come for curette, for experiencing pain during intercourse, regarding size of vagina and penis and, for not feeling satisfied with sex. They also ask the detail and risks about MVA.

Practice of Contraceptives (Communication, Use and Frequency)

Communication about use of contraceptives was reported high. Youths mostly talked about using condom, pills, and EC with their partners. Due to higher education levels and since they are taught

about contraceptives in schools, all knew about it and talked about it. Some males shared that usually females bring up the conversation of contraceptives as it affects them more directly. Youths of all IDI reported having communication with their partners about contraceptive methods.

The use of contraceptive largely depended on whether it was planned sex, otherwise they would not use it. Youths said some 50-70% don't use contraceptives. Males from Non- YFSC said *"youths most likely do use contraceptives during their first few times and consider not using them as they gradually mature in a relation"*. Male participants from YFSC suggested that 80% use contraceptives, and they gradually drop it afterwards. Pop-up volunteers also shared that unmarried females, often don't use contraceptives due to fear that their family members find might out and thus rely on male partners to use condoms. Overall, youths and service providers in both YFSC and Non- YFSC think contraceptive use are very diverse and depends on various factors:

- Gender: MSC staffs shared that generally males do not prefer to use any contraceptive and girls prefer to use pills, depo, and EC, as they maintain privacy.
- Marriage: Female youths shared that contraceptives such as depo and LARC should be used only after marriage and that EC is good before marriage. MSC staffs from YFSC too shared that unmarried youths mostly use condoms and EC, and refuse to wear LARC. While unmarried youths are concerned about being seen by others, married youths do not feel so uncomfortable.
- Age: The usage of contraceptive is even less among youths below 20 years as they are shy to talk about it. MSC SP shared that they are too young to use LARC and often partners refuse to wear condoms.
- Myths: The use of contraceptive among youths is also affected by the myths about side effects of contraceptives. Such as, LARC causes infertility and should be used by married women only.
- Side effects: A female from Non-YFSC said *"regular use of contraception differs with people. Some may be irritated with condom material so they may not use it later"*. MSC SP also mentioned that there have been side effects of LARC, following which women prefer pill. And some will opt for temporary methods, after facing the side effects of EC.

- Convenience: EC is used as convenience pills by youths who had unprotected sex. A 22 years old male from Non- YFSC, who also admitted not using condoms shared, *“pills (EC) are favorable to men as well as women.”* One 20 years old female from YFSC used condom and took EC very regularly until someone told her it is not good and may cause infertility. Females from both YFSC and non-YFSC agree that when it comes to practice, youths mostly don’t use contraceptive because either they are shy to buy or resort to natural method or follow their menstrual cycle.

The frequency of use of contraceptives depends on whether it is planned sex, otherwise they will not use it (females, Non-YFSC). A MSC staff from YFSC shared,

“they start to do sex and they don't have (condom) and it is not accessible at near place. Carrying condom in their pocket, this type of environment is not still created. That’s why I think only few uses condom.”

The opinions on regular use of contraceptives is mixed. Females from YFSC suggested among those who use contraceptives, only fewer would use contraceptives regularly, while some said they use regularly, and some said it cannot be assumed. Likewise, males from YFSC too shared that they use it at the beginning, but they stop using gradually as they become more intimate and opt for natural methods. A Pop-up volunteer too suggested that the regular use of contraceptives depends on the awareness of youths. Also, that unmarried youths who are not regularly active, they use condoms, EC, pills and don’t prefer LARC. But married couples who are regularly active in sex, use LARC and another contraceptive regularly.

Procurement of contraceptives

Almost all respondents used MSC facility for getting contraceptives and they also used other sources like medicals, pharmacies, and hospitals. A Pop-up volunteer also shared that they also get it from *paan* stalls. For services like Depo, implants, and Copper T, females come to MSC. If they haven't heard about MSC, they go to pharmacies or hospitals and ward office (if there are free services available). A Pop-up volunteer said that mostly boys buy the contraceptives, unless it is depo or LARC for which females must come. But now many girls come to buy, although they might feel shy.

Respondents expressed they were mostly satisfied with the methods use. Especially women using LARC expressed they were tension free. Users of condoms were also happy that they feel assured of protection from pregnancy and against STI.

Use of LARC and Strategies to promote LARC

The pop up volunteers shared that only married women prefer use of LARC despite their several attempts of explaining its benefits to unmarried youths. The MSC staffs too shared that among unmarried, there is myth that LARC causes infertility. But some unmarried couples (who are in live-in relation, meaning who have chances of regular sex) do use implants. A SP shared that some married women who use implants, take it out after 2-3 years (most likely to have a baby). Among the IUD users both married and unmarried, SP shared that many complain that it hurts their male partners. So, some take it out and married youths are counseled to use condom until the string of IUD is inserted.

To promote LARC, Pop-up volunteer suggested focusing on its benefits like: long time assurance, flexibility of getting rid of them if not desired, no side effects on hormone from IUD, prevention from some disease like cancer. MSC staffs suggested using community leaders whom people listen to for LARC promotion. There should be counseling that LARC is good if one is regular with sexual intercourse. Also, government should design some plans and there should be more advertisements in media focusing on the advantages of it. However, a staff from non-YFSC also said, *“IUCD should be encouraged only with married as unmarried girl’s uterus can’t handle the stress. We can only do counseling but we can't ask them to use this and that contraceptive methods. That is their right. They have right to get information only.”*

Meeting the contraceptives needs of youths.

The service providers shared that to meet the contraceptives needs of youths there should be more informational programs, especially in rural areas. Also, there should be more mobilization of Pop-up volunteers as youths feel comfortable sharing problems with them. There should be more use of social media such as YouTube that youths can use in free times. Likewise, contraceptives including condoms should be made more accessible through more outlets. It has been reported that some youths return from MSC after seeing the crowd and waiting line, thus management should be prepared to handle the higher demand. There should be mobile camps for youths who cannot come to centre, especially in remote areas. Finally, empowerment of youth, especially women

regarding their right over their body can encourage them to come forward and seek contraceptive services.

2.2.2 Use of Emergency Contraceptives

As discussed above, EC is already being used as contraceptive. To assess youth's practices and needs of EC, they were asked about their knowledge about EC, practice of EC among friends, frequency of using EC, how commonly youths take it and their thoughts on it.

Awareness about EC

Respondents shared that youths of Nepal are aware of EC and that they take it mostly after unprotected sex, and some use it in planned way. It has become very popular among youths in urban areas when they have not used any other contraceptive methods. A 22 years old female from Non-YFSC shared about her friend who doesn't enjoy sex with condom and prefers I-pill over it. Many youths learn about EC from the schools and because of ads in media and internet. Youths refer it as a pill to be taken within 24 hours, 72 hours, 100 hours, and 120 hours of sex. A 20 years old male from YFSC pointed that, *"the positive side of it is it prevents pregnancy and the negative side is it can affect health when used regularly"*. Youths use EC to feel secured after unprotected sex or use it as an alternative to condom. So, EC has been widely used more like a contraceptive.

Use of EC among peers

Very few youths shared that they were aware of their friends or sisters using EC. One participant said that even if other girls might have used it, they may not share about it (indicating privacy concern and of possible high usage). Youths shared that some of their friends use EC as they do not enjoy sex with condom. A 20 years old male from Non-YFSC shared about his friend's case where they had unsafe sex and took the pill within 72 hours but again they had unsafe sex within one and half-day. A 20 years old male from YFSC said, *"(my) friends have used it. They don't use condoms saying whatever it may be, there are pills (to take care of)."*

Prevalence of EC

Youths shared that females do not take it regularly as they are aware that it can cause infertility in future. As suggested by a Pop-up volunteer, those who know (about the side effects) use it less and those who don't know, use it more. For instance, a 20-year-old female from YFSC shared, *"I used*

to take pills (ECON) but someone told me it should not be used regularly as it will cause infertility... After getting pregnant... I had started to use pills(EC)... I think it has been 8 months.. (when asked how many times used EC, she said...) I don't remember... If we had sexual contact then I take medicine and wait for 72 hours....(but she admitted that if within 3 days if she had sexual contact then she'll eat again)...(when asked about why she did not use other contraceptive methods, she said) I feel it is easy to use... it takes time to use condom during sex and Econ is easy to use.... Sometimes we are not able to use condom because he doesn't want to use it.... As I am not married so I feel fear to use other contraceptives methods if my family member will know about me.... It is easy to use and also less expensive... It is easy to buy also. There is risk in using condom as it gets tore sometime during sex so I think medicine is easy and it works also.... Pills causes smearing rags, also cause fat, and also heard about bleeding. That's why I didn't take it...and depo causes fattiness. ..(when asked about her partner's opinion, she said ..) He advices me not to use much. Now days we met sometime once in month only so take that medicine whenever we met and have sex.

Procurement of EC

Youths shared that EC is easily available in pharmacies, medicals, hospitals, health centres and MSC. The reported cost of EC ranged from Rs. 60 to Rs. 200. The amount they said is high if they used regularly but it is not expensive for occasional use. As for the brand, they ask for I-pill and Econ or will just ask for the emergency pill. When asked how youths ask for EC, a 19 years old female from Non-YFSC said *“I said give me medicine which is used for terminating baby, the medicine which is taken within 72 hours. Then he said are you talking about I-pills.”* Another 22 years old male said *“I went to the shop and asked if he has e-con pills. I told it was for a friend of mine. Because it was a medical in the village. It was really difficult for me to tell the truth.”* Youths shared that mostly girls ask their partners to buy the EC as unmarried girls are viewed negatively by the community if they go to buy EC. But some suggested even females can go, especially if she is married. Also, when they buy, very less shopkeepers inform clients about its side effects. The shopkeeper mostly only tells them about how to use it. And they will tell you about side effects only if asked. Since mostly boys go to buy the EC, they fail to explain it to the girl who will take it. A 22 years old male from IDI said the *“shopkeeper had told me that the EC should be taken at interval of 12 hours and it can cause dizziness and headache. But I did not tell my partner this information as I was afraid that she might refuse to take the medicine. So, I told her just to eat the*

pills and that nothing would happen." So generally, respondents shared that youths nowadays take it easily as it is also easily available in markets.

Perception on EC

Females from YFSC shared that youths take it in a major way as it can cause infertility in future and it will be a problem after marriage. But males, take it lightly and give it to girlfriends after unprotected sex. They said that youths who know disadvantages, they will use less and who don't know, they use it more. The use of EC is more common with youths with other high-risk behaviors such as alcohol and drug abuse. A 20-year-old from YFSC shared, *"they take weed, local alcohol (chyang), and when they are high, they make contacts, and they don't usually carry condoms and after they have sex. they fear... if their partners get pregnant, (as) it will come under their responsibility, (thus) they use pills.... when they have been using it, they say there is much difference to have sex with and without condom..... (they) make their girlfriends take EC in right away so that they don't have to bear future responsibilities."*

Thoughts of youths regarding EC

Youths shared that just as name suggest, it should be used in emergency only. A 22 years old female from Non-YFSC said, *"when sex happens unexpectedly, only in that case it should be used. People uses it frequently but I think it should not be use more. It should be used only in emergency case."* Females from YFSC unanimously shared that EC should not be used regularly as it can cause infertility and other health hazard. It should be taken only during unsafe sex. For long term, other contraceptive methods should be used.

Thought of Service providers regarding EC

Service Provider from YFSC shared *"It is not good to use EC more but if they really need it then they should take it from right place. We should give EC only after screening and counseling to both partner. We should tell them about side effects and it is better not to increase more services of EC"*. A pop up volunteer also said *"we have to focus on making the services related to other methods better. It is imperative to drive towards using condoms than EC... condom is better than EC. The awareness regarding the same should be generated. I think we shouldn't focus much on EC."*

2.2.3. Awareness towards and Use of Safe Abortion Services

Understanding youth's needs and practice of service seeking behavior regarding MA and MVA is crucial to work on meeting their needs. So, they were asked about their understanding on safe abortion and perception on MA & MVA, its preference and prevalence, its procurement, how it can be improved and use of other SRH facilities. Assessment of these issues can guide youth centric programs to encourage youth's uptake of safe abortion.

Understanding of abortion

Youths understand abortion as a process of getting rid of unwanted pregnancy before 3 months. One male from Non-YFSC said abortion can be done before 28 weeks. They are also aware that abortion can be medical, surgical or miscarriage with excess bleeding. Youths shared that unmarried get abortion due to social stigma and a married due to financial pressure of bringing up many children. Some males shared that they have heard of abortion but they do not know how it is carried out. Youths from YFSC also cited there are different laws regarding abortion like it is permitted up to 12 weeks and 14 weeks in rape cases. A 24 years old female from YFSC said, *“abortion is also done when mother is physically not capable of having a baby.”* A 16 years old male from YFSC said, *“abortion is a crime and it is banned by the government and there can be a punishment for it”*.

Understanding of safe abortion

Youths reported that in safe abortion, woman's health is maintained. Youths pointed that safe abortion is done by licensed health workers in institutes, where there is consultation, criteria are met, trained medical guidance is available and a woman's health is a priority. It can be medical or surgical and can be done within 12 weeks.

Understanding of unsafe abortion

Youths shared that in unsafe abortion, women consume the medicine brought from the pharmacy herself or uses untrained service providers resulting in heavy bleeding and other complications. Woman's health can be seriously hampered with (unsterilized) random tools without medical guidance and without the knowledge of age of fetus. MSC staffs shared that unsafe abortion is common in rural parts.

Knowledge of MA and MVA

Male youths in the study were mostly unknown about the MA and MVA procedures. Whereas females were aware about abortion both using pills and through surgery. They said that female youths prefer MA over surgery as while taking pills, one doesn't need to share with others. Whereas for surgery, one need to go to the centre and there are chances that others can see. Male youths shared MA entails complication and fear compared to EC, and surgical abortion is even a bigger issue. Female youths were more aware about MA and shared that it has been a common practice. They are aware that MA can cause severe bleeding for a long time.

Use of MA/ MVA among respondents

Very few youths knew somebody who has had abortion through MA or MVA. But some female respondents had unsafe abortion experiences. A 19-year-old married female from non-YFSC shared her abortion experience-

“I bought pills from medical but it didn't work..... I had severe stomach ache. when my mother took (abortion pills), baby was terminated just after an hour but I had stomach ache for 3-4 hours. I had nausea and dizziness and after 3 hours my baby was terminated. I had bleeding for 15 days...and fever even after termination of baby. My mother didn't have that problem. I came to medical and they suggested me to do x-ray and ...knew that small portion of baby is still left in my uterus and then I bought medicine from here (MSC) and I was fine.”

Another 24 years old female in YFSC shared her experience of MA- *“I was 3 months pregnant.... I took medicine at my own risk...I had excessive bleeding like menstruation and it was aborted. I didn't consult...what if my guardian came to know so I ate medicine buying from pharmacy because of fear....I had excessive bleeding, stomach ache, pain in womb... I still feel afraid thinking about that time... I had excessive bleeding and dizziness, I had to go hospital...because of excessive weakness I was given saline water.”*

Youth's opinion about MA and MVA

Youths think that MA is convenient and can be done without the family noticing about it. But male youths were also concerned that it can be painful and may cause excess bleeding in women.

However, females think that surgery sounds scary as it means use of tool and no privacy (as there are chances that family can know). Whereas MA is easily available and cheaper.

Youth's preference of abortion through MA and MVA

Youths shared that MA is a better option if used in early pregnancy as one will not have to go to the health facility. But they noted that it should not be taken regularly as it can cause infertility. Among the female youths who have had MVA, they shared that youths should opt MVA as it is better and they are given medicine to control pain. In IDIs too, youths (mostly females) are aware that MVA is a safer and a better option but still they would prefer MA as they are afraid about the idea of surgery. But a female from Non-YFSC said she prefer surgical abortion over pill because the pill will cause excess pain and bleeding. Whereas, there is less cramp in surgery and it is also a short procedure of 11-15 min. The reason for this is as put forth by a Pop-up volunteer that the uptake of MA is very gendered, for example. *"From using condoms to pills, all these things relate to girls. It's because the girls don't want to come forward, be open and visible"*.

Pop up volunteers shared that they counseled youths to go for surgical abortion as it is less time consuming and safer. Pop up volunteers shared the uptake of MA or MVA depends on the education of youth and that mostly educated and aware youths choose surgical method. They suggested that counseling on the issue can help youths change their mind towards MVA.

According to MSC staffs, the trend of using MA is increasing. While the older generation mostly come for MVA, the younger generation come for MA. They said for youths MA is accessible, it does the work easily and pain is not a concern and they take it as menstruation. According to staff from YFSC, among the clients who seek abortion services, around 75% take MA and, among them, 80% are youths. They don't prefer MVA fearing that family member might find out. A Non-YFSC staff also shared that 98% go for MA and only 2% go for MVA. Youths go for MVA only if MA has failed to clean the fetus.

Procurement of MA

1. Source: Youths, (mostly females) shared that MA can be obtained from hospital, private clinics, medicals, pharmacies, MSC and health post. Service providers shared that when youths fail to buy it outside, then they come to MSC.

2. Easy availability: Compared to contraceptives and EC, obtaining MA is not as easy. As reported by youths, it is not possible to buy in hospital without a prescription and doctor's signature in some documents. A 23 years old female from YFSC said, *"The pharmacy guy asked not to share with others about the availability of the med in that pharmacy."*
3. Purchase by gender: Mostly males go to buy MA for their partners as unmarried girl will be viewed negatively. Generally, married women do the urine test and buy it themselves but with unmarried girls, their male partners will go and buy.
4. Cost: Youth reported that the cost of MA ranges from NPR 500 to 4000. One male respondent from YFSC shared he had sold it for 3000 from his medical in a village. Other youths added that when people are in urgency and looking for a brand, they are likely to be charged more. They said it is a lot of money for youths who have limited pocket money. A 20 years old female from YFSC also added that it is lot expensive outside than in MSC.
5. Brand: As for the brand, youths shared that they will not be aware of the brand unless they are frequent users. Youths are very tensed after knowing about pregnancy so the brand name is not of a concern and they will probably take anything from the counter.
6. How they ask for MA with the seller: Most of the youths reported that they will narrate the whole problem and ask for the right kind of medicine for abortion.
7. Information from seller on what to expect: Regarding information when buying MA, youths shared that they get instruction by the seller and it is also in package but are not told what to expect, unless there are doctors and service providers. Some shared that seller can explain if asked. A female from Non-YFSC shared that since the girl who need the MA will send her partner to buy, he will not be interested in asking these questions in detail.

Improving safe MA and MVA service for youths

Service providers suggested that to improve safe MA and MVA uptake by youths, there should be continuity to Pop up volunteers, who are reaching many youths and convincing them to take up services with MSC. Also, a volunteer from Terai suggested that although they manage to bring in youths to the centre after their community outreach campaigns, the youths return without taking services due to the crowd at MSC. Thus, the number of staff should be in same proportion of target. There should be awareness campaigns to incorporate youths of rural areas. The cost of abortion should be lesser and all centre should be made youth friendly. The centre should open on Saturdays and in public holidays so that students can assess it.

Post Abortion Contraceptives

Service providers shared that when youths go for safe abortion in a certified institute, they also get good counseling to use LARC and other contraceptive methods. But also in case of unsafe abortion, after the pain that they go through, it makes them realize the need of contraceptive and they will actively seek for the service. Another volunteer shared that after abortion, if they are married then they use implant, copper-T, and those unmarried take depo, pills. A 23 years old married female who had used curette service, used implant, and said she was felt tension free. According to the MSC staffs, some youths refuse to use LARC and take other temporary methods instead.

Section 3: Exploring the impact of youth friendly brand and trainings

This section presents the impact of youth friendly training and working within youth-centric branded/non-branded SRH services has on service providers, and, the perception and perceived value youth place on youth-centric branded of SRH services.

2.3.1 Impact of Youth friendly service/ Youth centric brand in accessing and utilizing the MSC services

To study the impact of the brand on the client's use of the MSC services, respondents were first asked about their source of knowledge about the centre, their experience of accessing the centre, their concern before seeking the service, their experience of approaching and getting the service, whether they will continue to take the services and share with friends, which SRH facility they prefer and, finally their suggestions to improve the service to increase the uptake by youths.

Source of information

Pop-up volunteers are more frequently cited source of information about MSC in YFSC. Some youths from Non-YFSC too came to learn about MSC from college visits by Pop-up volunteers. Apart from the Pop-up volunteers, the study revealed that the youths learned about MSC also from the sources like personal referrals, media program and while accompanying other clients to go to the centre. Following is the detail of source of information:

The personal referral included suggestions from health workers, peers/friends, Pop-up volunteers and family members/relatives/ neighbors. There were instances where health workers like FCHV

and nurses had suggested youths to go to MSC. Also, some youths were familiar with the MSC staffs who advised them to utilize the service there. Some youths reported learning about MSC through their peers. Like some females who shared about their menstruation problems with their friends were informed by the latter to go to MSC. Likewise, males also reported learning about MSC from their friends. A 20-years-old youth from Non-YFSC shared, *“while studying in Shankar dev boys used to come here and they knew about different branches of Marie Stopes”*. Pop-up volunteers have usually invited their friends, to attend youth centric programs, whereby they were encouraged to seek MSC services. In some instances, the friends of Pop-up volunteers further informed their friends about MSC. The Pop-up volunteers were instrumental in informing youths beyond their friends’ circle too. A 23-year-old male from YFSC shared that *“I was much tensed, because we had sexual contact without condom... We stepped into the hotel, we didn't have time to buy condoms and had contact without condoms. After that, she (his girlfriend) was also tensed, she asked me what to do next... during job, pop-up’s sister (youth ANM), who I was knowing her already plus she had worn a T-shirt saying Pop-up and I asked her if she worked with it. Her stall was little far from the shop where my marketing was targeted at. She was wearing the T-shirt and I asked her. I shared my story and she gave me a medicine (EC) and she asked me to give that to my girlfriend. She said that if anything as such occurs later, I could call her and she also gave me a card to call at. After taking the medicines, there was not such type of problem”*.

Likewise, many heard about MSC from their relatives, neighbors, and family members, who have the information or have used the services before. For e.g. a 19-year-old married girl from Non-YFSC reported that her parents -in- law themselves have been using the service there and that they showed the centre to them.

The outreach campaigns targeting the youths in schools, colleges and in recreational events has been very effective in encouraging youths to seek for MSC services. For instance, one of the clients described, *“They were wearing Orange color jackets with ‘No Condom No Sex’ written on it. They told us how the use of condom can be double effective, they also gave information about what can be our reproductive problems and how it can be solved. In this way, I also knew about Marie Stopes”* (21-year-old Male from YFSC).

MSC team set up stalls in various local events like dance competitions, cultural programs, sports programs, training programs, and in busy business places and streets. Such promotional stalls garnered youth membership by informing them about contraceptive, diagnosis services available

at MSC for problems like infertility and other sexual health problems. It is reported by youths that they mostly learned about MSC from the ‘helpline cards’ and other IEC materials, that were distributed through stalls of MSC at different programs and from public places like traffic points.

Advertisements about contraceptives and services by MSC in television and radio also tapped youths to come and use the services. An 18 year of male from YFSC said, *“I was listening FM in which a program called khulduli.com was going on and I heard .. about Marie Stopes ..that we get sex education, family planning methods.”* A 22-year-old male from Non- YFSC said, *“I saw about it a lot in the advertisements. In the radio, in the television. About methods of contraception. About safe pregnancy. I heard a lot about them. So, I wanted to know how can I do the same with my girlfriend. Therefore, I came here and I have received the service a few times.”*

Experience of finding the MSC

After the source of information, accessing the clinic and the experience of finding it becomes crucial for the uptake of MSC services.

Location wise, youths shared that all MSC were centrally located and often near famous landmarks (like colleges, cafes, shopping centres, banks, temples etc.), with frequent transport services and where there is a frequent movement of people and thus finding the centres is much easy.

However, the visibility of the centres by its hoarding boards is reported poor. While being situated in a busy place makes it accessible, the nature of busy place itself makes the centre less visible. So, youths suggested adding sign boards showing the way to centre in the main road, highways and in the ground-floor of the centre that can help to find the clinic. A 21-years-old female from YFSC said, *“If people don’t have to ask (about the location), then more people can come.”* (Because youths don’t want people to know that they are going to MSC). Youths also pointed at the need of placing a bigger and attractive board with information in Nepali, English as well as visual charts to attract non-English speaker as well as less educated clients.

Attitude and concern while seeking MSC services

Attitude of youth in seeking MSC services is as important in accessing the services. Youths who had previously visited MSC were aware of its services and they were not anxious. Whereas, most of the youths visiting for the first time were quite nervous, and shy. Male youths shared they were

nervous about how they can ask for condoms and how to talk to people. Female youths were concerned about being seen by people, as to them MSC was synonymous to abortion. However, some youths came to MSC after being assured of privacy so they reported no issue while coming to the clinic. A 19-year-old female from Non-YFSC shared, *“I had thought it would be better if I had to talk only in phone with them because of privacy...why is it necessary to go to office? I used to feel that it is only place for abortion. I felt afraid that people might think about me in same way if I go there. When I entered, there was wrestling program in TV, nothing happened as I had thought”*. A female (from out of Kathmandu YFSC) shared, *“As we are from (city name)..... people working there are locals who might know us. So, we had thought if there will be known person then without telling anyone we will return back and if we don't know then only we will share with them.”* Similarly, a 19 years old male from YFSC was concerned that *“What will happen if my problems do not get solved when I go there? I felt quite awkward since it was my first time.”*

The experience of approaching the staff

After deciding to go to the centre, the experience of approaching the staff is crucial for the retention of client in the clinic. Some youths were also concerned about how to ask question but everything was fine after some time due to the friendly environment. A female from YFSC pointed that seeing female staff eased her. Another female from YFSC shared *“When I first saw, then I had thought that I won't be able to talk with them. Everyone will be busy in their work who will listen to us but as I entered, environment was completely different”*. One 21 years old male even returned after seeing a female staff and came back later and spoke with male staff. Clients from the Kathmandu valley (both female and male) were more confident about sharing the problem but were discouraged to see uninterested attitude of staffs in Non-YFSC. A 19 years old female from Non-YFSC shared, *“I had thought I will raise my question and I will also get answer of my question...(but) I didn't ask anything. I had thought it might be good as I have seen nice pamphlets and posters but first impression is last impression.”*

Interaction with the staffs and experience with the centre

The actual experience after interacting with staffs is important to clear off pre-conceived biases about the centre and for the continuation of service uptake. Majority of youths from YFSC reported that their pre-conceived thoughts and awkwardness changed after the friendly interaction with

staffs. Clients from YFSC shared that they were very happy as staffs were friendly, maintained privacy and solved their problems. Youths could talk about their problems with staffs of opposite sex without hesitation or with same sex too if they wanted. Some said talking to staffs of opposite sex was not an issue as they were very informed and not shy to talk about SRH. Youths from YFSC also said the provision of youth room which is attractive and with Wi-Fi facility made them feel comfortable. Also, the different facilities available at the centre surprised them and were happy that there were many youths like themselves facing SRH problems. In contrast, some youths from non-YFSC shared that environment in the centres near them is not appealing. A 19-year-old female from non-YFSC even said *“I thought it would be better if I had to talk only in phone. Why is it necessary to go office? that type of feeling I had that time”*. Some clients from Non-YFSC were not happy with staffs’ behavior and felt neglected. A female (19 years) said she went for counseling but was given contraceptive details and another female (22 years) said the reception staff didn’t even look at her.

The satisfaction with the service

Few unhappy clients did not ask any questions at all after the poor treatment by the staffs in Non-YFSC. But generally, satisfaction was very high among the youths who sought some services and had counseling. Youths were happy with services they had utilized such as abortion service, contraceptive counseling, free condoms, and, free pregnancy tests. Youth from YFSC were satisfied that there is privacy and staffs behave in a friendly way. However, some youths from non-YFSC (in Kathmandu) pointed that the staffs talk in one-way communication without knowing what youths wanted to ask and suggested that clients should be encouraged to ask in case of confusion.

Returning to the centre

Youths mostly shared that they will come to the centre for future service because facilities are nice, staffs are friendly and services are cheaper. Youths shared that if they face any problem in future they will come for the counseling. They highlighted that in MSC contraceptives are cheaper, condoms are freely available and there is maintenance of privacy. Users of LARC said that if the device worked well for them, they will come back after 5 years to renew it. A 20 years old female from YFSC said *“Nice services are provided here so I will come definitely. Everything is easy to understand, they make us feel comfortable so we don't feel shy to share so I like it very much.”*

However, some females from Non- YFSC said, they will not go back to that centre but will go to other MS centres.

Recommending friends

Youths who had positive experience with MSC, reported that they would like to recommend MSC to their friends and some have already shared the helpline cards with their friends. They shared that the reason for recommending to their friends is that there is maintenance of privacy, unwanted pregnancy can be resolved, the environment is friendly and services are cheaper for students compared to other hospitals. *“Everything is good (here). First of all, environment is attractive, the way they talk and services they provide (is good), there is privacy also and there is very nice and cooperative people so I would suggest my friends to come in this centre.”* (20 years old female, YFSC)

Preference between MSC and other SRH institutes/facilities

Youths from YFSC said they prefer MSC over other SRH institutes because compared to other facilities: staffs and environment are friendly, it is less expensive for youths, there are contraceptives for free, less time consuming, less paper formality, and better service quality. A female from YFSC added that *“there is trust with MSC so I will come to the centre”*. Youths reported there is less hassles in the MSC compared to hospital where you must take appointments, do registration and there is always a chance of being seen by somebody. A 20 years male from YFSC shared that *“for a sensitive issue like abortion, hospitals may seek to find parents but at MSC, privacy is maintained.”* Lastly, a 21 years old male from YFSC said that *“considering the difficulty of talking to seniors on RH issues, it is easier to share problems with same age people. So, we prefer to come to MSC”*.

Few youths reported that they prefer to go to private clinics than hospitals for the sake of privacy, even if it is expensive in comparison. They said due to lack of advertisements about abortion services, people don't know where they can go and thus they end up going to hospital. But due to formalities in hospital, they seek service outside. For abortion, area or locality is the prime concern for the secrecy of abortion. Thus, youths are afraid to go to hospitals and prefers clinics and MSC.

Youths' suggestions for the MSC

- They pointed to the need of bigger space in both YFSC and non-YFSC. Currently, it is crowded, noisy and youths must wait in a line for a longer time. Also, they suggested counseling room should be separate from youth room or waiting room for the privacy. Especially in YFSC, where youths are coming after the orientation, they are going back without taking the services after seeing the crowd.
- Youths repeated the need of attractive and informative board that can cater to uneducated.
- They said if MSC continues its focus on privacy and friendly behavior, then more youths will be attracted. Likewise, a staff from YFSC shared that they should continue to treat all clients equally, maintain privacy and be friendly while giving information.
- The youth Pop-up volunteers are effective and thus should be continued. A 24 years old unmarried female from YFSC said, *“we can't talk so openly but we take advice from pop-up friend. As there is both boy and girl in centre so it is easy for us to share our problem.”* Likewise, a 20 years old male at non-YFSC too shared, *“If the service provider is of our age then it would be easy to talk. If there is matured person then everything gets different”*. The same point was shared by the MSC staff (of YFSC) who experienced increase in number of youths seeking service after the branding.
- Numbers of doctors and female staffs can be increased to meet demand of the crowd and women.
- There can be more ads about services of MSC as many people still don't know about it. They also suggested being more active in social media and expanding to rural areas to reach out to more youths.
- A proactive staff at reception desk who can guide clients will make the experience better for them.
- A staff suggested that youths should not be asked about their marital status or they might feel uncomfortable in case of unmarried.
- Pop-up volunteers also suggested that youth room activities can be enhanced with more IEC materials so that youths can engage more.
- Also, there should be plans to recruit temporary volunteers in some programs for a wider outreach.

2.3.2 Impact of Rocket and Space Branding

To see the impact of the youth centric branding, youths were asked questions about R&S branding in two different groups. One group is youths who saw R&S branding before coming to the clinic, another group is youths who saw R&S branding after coming to the clinic.

Source of information about R&S

Very few youths reported knowing R&S before coming to the clinic in this study¹. Altogether only 11 out of 34 FGD participants (32%) and 1 out of 12 IDI respondents shared they learned about R&S branding before coming to the clinic. These youths learned about the branding through R&S notebook, pop-up volunteers who visited their college and school, Facebook page, Helpline card, R&S IEC materials, friends, and radio.

The first impression of R&S

Among youths who saw the brand before coming to the clinic, some youths reported they were confused with the brand and thought it was some cartoon, or something to do with science, some animation, something related to NASA and astronauts. Others figured it was about sex, STI, condoms and, SRH. A 19-years-old female from Non- YFSC shared, *“it has been helpful for youths who are still shy to open-up about SRH issue despite better education and city life exposure.”* Youths who attended outreach programs in colleges, were pre-informed by the teachers that the MSC team will teach them about contraceptives and it will be helpful for them. So, they knew it was about contraceptive before they could have their own first impression. So, their perception of R&S branding is that it is educational campaign provide the information on contraceptives but also gave helpline cards and centre information that encouraged their service uptake.

Most of the youths who saw the R&S branding after coming to the clinic said they were clueless about what it means. They thought it was about astrology, advertisement for painting, education consultancy and something related with science. While some could figuratively see the condom in rocket, one cannot know more without asking staffs or Pop-up volunteers.

¹ Sampling limitation. In contrast, more youths are seeking services following the outreach campaigns by the pop-up volunteers as reported by service providers in both YFSC and non-YFSC

Brand's influence to utilize MA service

Few respondents reported that their decision to come to MSC was influenced by the branding. Most of the males said they came to the centre after pop-up volunteers told them about the free availability of condoms. In general, the youths' decision to seek services at MSC are mostly influenced by other factors. Such as, past experiences of services, good words from others about the quality service, privacy, and good price at MSC. A 22-year-old female from Non- YFSC shared, *"It is also somewhat because of Rocket and Space branding, I used to call in phone to get information but something we can't know through phone so I thought it will be good to meet them there in centre."* Another female (19, non- YFSC) said *"They had conducted different sessions and classes so I had come only because of Rocket and Space branding."* As reported by a staff from YFSC, after the mobilization of youth volunteers more youths are coming to seek service at MSC. Earlier it was limited to married woman but now unmarried youths (youths in school and college dresses) also come. A service provider reported women, who used to seek permission from husbands and mother in laws before, are now more confident in seeking and deciding uptake of service. A staff from Non- YFSC too shared that there many youths coming to the centre but they don't know how they are coming. Further, youths who come to Non- YFSC, they again go to YFSC from there. Thus, the impact of youth centric brand is quite visible in all MSC but only YFSC can retain the youth client.

Knowledge of brand among friends

Among youths who knew about the brand outside the clinic, female from Non- YFSC said their friends also know about the brand as they all attended the same session in college. Female youths shared that their friends circle used the toll-free number and used the service. Whereas, youths from YFSC shared that their friends come to ask them about the brand after seeing the R&S notebook and other IEC materials. Male youths shared they explained to friend that rocket means condom and space means preventive measures used by females and they laugh together. Thus, the impact of IEC is very prominent among youths from YFSC who are given these materials, as it is further spreading to their friends.

Likes about the brand

Youths liked that the R&S branding gives free education on various SRH and contraceptive issues without having to ask anyone. Youths also find the layout of branding attractive. They provide information on temporary contraceptive methods, STI, safe abortion, advantages and disadvantages of different methods, knowledge about changes in adolescence and, it clears doubts and misunderstandings about SRH. Some youths shared that they liked the characters of R&S. A 19 years old female from non- YFSC said *“I felt that name was so cool, rock boy and rock girl. One of my friend who is working as a volunteer had updated his profile picture with caption I am rock boy. I called him and asked him then he replied back in a cool way -I use protection and I know about sexual health so I'm a rock boy.”* Youths felt comfortable talking to Pop-up volunteers as they are of same age group. A 24-year-old female said, *“It is good because those unmarried who are in living relationship then they don't have to share their private things with others... we can take any facilities.... know about unknown things.....(like) How we can have safe abortion...how to be safe from dangerous disease from pop-up friends.”* Pop-up volunteers shared that youths like the fact that they can get free information from Facebook page and push messages, which is more private. Also, that youths took R&S IEC positively, especially the notebooks are useful to youths and contains short messages. MSC staffs also shared that R&S has helped to clarify many myths and misconceptions surrounding contraceptives.

- ✓ Use of toll-free number. Youth reported wide use of toll-free number by themselves and their friends with queries on RH issue like masturbation, menstruation and other SRH problems.
- ✓ Use of push message. Youths from YFSC mostly subscribed to push message. They admitted of benefitting from information they on RH, contraceptive and about changes in adulthood that they were previously not aware of. Some feel concerned that other can see the message in the phone but they feel glad that they can read the messages which is saved in message in their free time.

Youths' Interaction and impression on pop-up volunteers

Most of the youths had opportunity to interact with pop-up volunteers and all felt that they were very friendly and educated about SRH topic. They were happy that they had good conversation about SRH issues that youths are not able to share with their parents or other seniors. They found

Pop-up volunteers very encouraging to share thing without hesitation. A 22-year-old female from Non- YFSC shared that *“As there were people of our age, that is why it was easy and interesting for us to talk with them about SRH. It was very nice and entertaining, they were treating and telling us like the way people talk with their friend and not in a formal way. They were really friendly with us.”* Likewise, IDI with youths from YFSC shared they talked to Pop-up volunteers about different SRH issues (like menstruation, white discharge, ovarian cancer, masturbation, pre-mature ejaculation) and they gave them free condoms and different IEC materials. Youths from YFSC said that Pop-up volunteers were very friendly unlike health providers in other places.

Youths who learned about the brand after coming to the clinic, were positive about it. A female from YFSC shared, *“I was curious to know about it and my friend told something about it. From her I knew that it is about contraceptive services.”* A female from Non- YFSC shared, *“I don't know about many taboos and used to feel shy to ask about that things. How can I ask about these things as this type of concept is there in my society? So, I was happy because I could get messages about my queries in inbox of my mobile secretly.”* Likewise, male youths from YFSC perceived these messages as awareness on safe sex and about SRH of males and females. They think it helps youths by informing about temporary methods and by encouraging them to share about their SRH problems. Youths said it provided them awareness about SRH health of opposite sex and about existence of methods like LARC. The youths from YFSC were more vocal about their perception of R&S than Non- YFSC. The latter remained mostly silent when asked about perception of R&S during FGD. Likewise, youths from IDI from YFSC also shared that it guides youths from having unwanted pregnancy, gives assurance of privacy and that if they have any question, they can go to pop-up volunteers, easily identifiable by orange jacket.

According to Pop-up volunteers, the R&S branding is seen as interesting and is getting popularity in social media. Youths are attracted to the characters of R&S and find it entertaining. They like that the Rock keta and Rock keti uses Nepali slangs. However, if youths are told directly that R&S represent male and female reproductive organs, they try to avoid talking to volunteers. So, they must explain indirectly. Overall, volunteers have been using the branding as an effective tool to talk about SRH with youths.

Service providers' suggestions on how to make R&S more youth friendly

- A service provider suggested using celebrities to promote R&S effectively.
- Service providers shared that youths found the R&S T-shirt with a picture of condom and quote 'no condom no sex' awkward and not very useful as youth would not prefer to wear it.
- A Pop-up volunteer suggested that R&S should seek to engage more youths by making the brand more entertaining. For example, life size cut out of R&S characters with which youths can take pictures with in various events. There should be more events, group gathering and talks on R&S.
- The centre can be made more attractive and being more active in Facebook.
- If they can set up a separate room in the stall area, more youths will be able to share their problems.
- The YFSC should continue in all centres as it has enabled youths to share problems. Also, all staffs must be trained to give friendly service to youths.
- It was suggested that the opening hours of MSC should change and be flexible with the time (until sunset) of youths, who need to go to school, college, or work.
- There were also suggestions for more advertising and being more active through social media like Facebook and YouTube.
- Service providers shared that continuation of good service and maintenance of privacy to key attract youths.
- A staff from Non- YFSC shared that the programs should also focus on parents and encourage them to communicate with children about their relationships.

2.3.3 Pop up volunteers' perspectives and challenges

Pop up volunteers have been the key component of youth centric program. Understanding their experiences can be key to restructuring YFSC.

1. Roles and responsibilities of Pop-up volunteers: Pop-up volunteers do a lion's share of work by disseminating information about SRH and contraceptives. They promote healthy behaviors related to sexuality like menstruation, sexual hygiene, and safe sex practices, and encourage to share about their problems. They conduct sessions in communities, schools, college and organize mobile camp in events. Pop-up volunteers shared that they see this job as sharing and

learning process for themselves too. *“We teach about these things openly. When I was in school, our teachers used to say us to study themselves about that topic because of which problem comes.”* (female Pop-up volunteer, Biratnagar)

2. Likes of the job: The best part of their job is that they have learned a lot about SRH and contraceptives while teaching about it. They feel content and happy with the job they are doing and are glad to be recognized as health workers. The job has helped them to create a space for them in society. Also, they felt more confident, and developed interpersonal skills and public speaking skills.
3. Challenges of the job: Pop-up volunteers shared that their work is also very challenging as they must deal with social stigma regarding SRH and myths about contraceptives, the topic that people often try to avoid. Because of this, people are unwilling to listen and to gather for programs. So, the Pop-up volunteers rely on the opportunities of events. Also, communicating the message to different age groups in the community is difficult and, they are often misconstrued as encouraging people to have sex. They show negative attitudes as they advertise condoms and carry them with them. Female volunteers are viewed quite negatively as they must be in the community working late and often carry condoms in bags.

2.3.4 Impact of Youth focused SRH training/program as perceived by clients and service providers

As reported above by clients from YFSC, friendly behavior of staffs towards youths was crucial for them to seek service at MSC. Likewise, some youths from Non-YFSC shared they will not go back to the centre due to rude behavior of staffs. Thus, service providers too were asked about the impact of YF training in their service delivery.

Experience of training: The staffs shared that the training taught them how to deal and behave with youths while keeping their judgement and attitude aside. The focus is thus improved service and happy clients who will come back for the service.

- Usefulness of training: Staffs shared that they have learned to pay attention to minor things of clients and focus on individual issues such as depression. The training also helped staffs to understand the psychological and social needs and issues of the new generation. Though

they were technically qualified already, the training helped them to build rapport and give assurance of confidentiality.

- Positive aspect of youth friendly training: They shared that the FY approach benefited both staffs and organization and that now they can deal with adolescents effectively. They also shared that the training enabled them to work as a team and find solution to youth's problem through the steps they learned from the training. They also said the roleplay done during the training helped them a lot to deal with youths in real. Also, before the training staffs themselves used to feel shy to talk youth's confidential (SRH) matter but after the training, they felt comfortable and open to talk.
- Future training: They shared that it is always good to get new information and to have refresher training. The staffs are open to learning more knowledge and procedure through future training and recommend it for their fellow colleagues. They said training to only one staff cannot change a behavior of other staffs and only few trained staffs cannot look after all client. So, training for all is needed. The training for doctors and nurses will be positive too as extra knowledge about problems of adolescents help in providing effective service.
- Feedback of youths/ needed improvements: Following the Pop-up volunteer's mobilization there has been high uptake of services by youths. Thus, the YFSC should continue. Their feedbacks for improvement also included expanding space, having separate washroom for ladies and organizing awareness programs in schools too. Also, the training sessions for youths should not have younger children of 6-8 years of age.
- Harassment faced by staffs: MSC staffs also shared about the harassment they face working in SRH issue. Like sometimes they get calls where some callers talk vulgar. They say they are going to have sex and are unable to use condom. The staff assertively address such calls by saying it can't demonstrate in phone, and ask them to visit to the centre for demonstration and they cut the phone. Also, many case for masturbation comes many time. One time one man made a small boy call and asked how to use condom. These types of prank calls are common.

Improving access of youths to SRH services in Nepal

1. Youths' thoughts:

- a. They shared that there is a need to understand different advantages and disadvantages of contraceptives, so that it can result in increased access of youths to SRH.
- b. Youths should be open to new available technologies. SRH should be continued to be taught in curriculum to maintain positive outlook towards seeking SRH services. A 20 years old male from Non YFSC said that unmarried youths are still unaware about contraceptives and SRH. Youths want to know but they don't know where they can go and whom they can ask about it.

2. Pop up volunteers' thoughts:

- a. Pop-up volunteers shared that the SRH service has not been accessible to all youth of Nepal, especially in remote parts of Nepal.
- b. One of main obstacle is society's rigidity on the issue of sexuality and RH and lack of facilities in rural areas. While there are SRH organizations in every next three houses, the centres in rural areas are situated very far.

3. MSC staffs' thoughts:

- a. Staffs said that, there are not enough staff trained to give youth friendly service to village youths, who are still afraid to seek SRH services. The rural youths are shy to talk about SRH and there are many misconceptions about contraceptives among them.
- b. Access to service is also hampered by their fear or privacy and thus resulting into abortion practices at home.
- c. A staff added that NGOs have been very active in improving access of youths than the government.
- d. The activities of youth group should be retained and continued to improve access of more youths.
- e. Also, there should be free health camp, school health services as teachers are also shy to talk about SRH matters.

3. Recommendations

Following recommendations have been provided based on the findings of this study. The recommendations are grouped under three activities: i. give continuity to current youth project activities, ii. strengthen current youth friendly activities, iii. introduce new measures to meet youth SRHR needs. Please also see suggestions from youths (pg. 26) and service providers (pg. 31).

1. Give continuity to current youth project activities

- a. Promoting R&S brand to reach out youths with information/awareness program in urban and rural areas via:
 - i. Active social media
 - ii. Mass campaign
 - iii. Mobile camps
- b. Encouraging youths to call to toll free number and subscribe to push messages.
- c. Working with Pop-up volunteers- more needs to be recruited, trained, and mobilized.
- d. Creating awareness to clarify myths pertaining contraceptive and LARC.
- e. Creating awareness on abortion especially male.

2. Strengthen current youth friendly activities.

- a. Providing attractive and informative board that can cater to uneducated youth clients.
- b. Managing space and crowd within YFSCs to make youths more welcoming.
- c. Offering flexible opening time/hours at YFSCs to accommodate those who are attending college and workforce.
- d. Expanding YFS as package to other MSCs (training and infrastructure).
- e. Reworking on communication messaging to youths, more focusing on benefits and reversibility of LARC.
- f. Using of community leaders and various stakeholders, for example, teachers, parents, and NGOs.
- g. Establishing safety net for Pop-up volunteers as a self-help group for those in need.
- h. Making youth focused IEC materials more attractive, using pictorial, and content relevant to current scenario.

- i. Making contraceptives like condoms more readily available and encouraging youths to carry it for their unplanned sex with their partner.
- j. Establishing and offering youths friendly environment and service from the point of entry to the clinic through to service uptake and exit from the facility.

3. Introduce new measures to meet youth SRHR needs

- a. Introducing pilot activities to empower youths, esp. women to come forward and seek service themselves to avoid gap in communication between boyfriend/husband/male partner (the one who receives/collects information) and the girlfriend/wife/female partner (who actually needs to know).
- b. Introducing youth champions (those who are using LARC and are satisfied) for sharing LARC success stories and MVA Success stories (focusing on misconception of MVA).
- c. Incorporating the issues of Gender Based Violence (GBV) with SRH. Awareness regarding the legal procedure in case of GBV and referral point should be created. Partnership/collaboration with the organization working on GBV should be done and GBV sensitization training should be provided to service providers.

4. Limitation of the Study

There are couple of limitations in this study so we would like to recommend considering while interpreting the findings. One of them could be an introduction of the biases at participant selection phase. Only the youths who have taken up the MSC services were considered for the study and not necessarily those who have utilized the youth branding. When we were reading the transcripts, we noticed few areas where interviewers/moderators could have further probed to get more clarity on the opinions and views expressed by the participants. This has resulted our limitation in concluding the findings firmly. Similarly, while translating transcripts from Nepali to English, some essence of what respondents said may not have been fully captured due to limitation in translation, for instance, some of the phrases may not be as powerfully translated in English as expressed in colloquial Nepali. But we managed to do back translation of 10% of the total interviews to ensure there is very minimum incidence similar of misinterpretation. Also, the audio tapes were frequently referred at various stages of analysis and had a discussion meeting with the study team along with interviewers and moderators to ensure the data are trustworthy and its internal validity has been maintained.

5. Conclusions

Increase in Service uptake by the youths

Compared to year 2014, the youth' uptake of the MSC services by 2016 has increased. The increase is more visible in YFSCs as compared to non-YFSCs. The notable increase came after the mobilization of Pop-up volunteers and after the YF programs.

Use of contraceptives remain a challenge

Even though youths had higher knowledge and communication with partner, the use of contraceptive among them remained low. Among unmarried youths, it is mainly because most have unplanned sex and because they gradually opt for natural methods as their relations with partners matures. Youths' use of contraceptives was also affected by myths about side effects and was also affected by social factors like marriage and gender in utilizing contraceptive devices.

High awareness coined with high use of EC

Owing to many advertisements about EC, most of the youths are aware of EC, its use, and its side effects. EC comes to rescue in unplanned and unprotected sex so its use among unmarried youths is very high. But the use of EC is not as regular in general as youths are aware that it is only for emergency. However, it is alarming that it is being used as a contraceptive device. Also, the lack of knowledge that EC is not a contraceptive device also caused excess use of EC in few rare cases.

Higher preference of MA over MVA

Despite the higher awareness about safe abortion, that it is carried out in a licensed institute by a skilled service provider, in practice, youths do not prefer MVA. It is because youths seem afraid about the idea of surgery and because they will have to come forth, compromising their privacy. So, youths largely prefer MA particularly due to privacy concerns and because females regard it as menstruation therefore are willing to take the risk. Only the youths who have had an experience of surgical abortion, prefer MVA over MA as they found it was easier and the service at MSC was good too.

Limited services from MSC than demand

Given the pouring number of youth's due to YF programs, MSC reportedly had less space, more crowd, limited staffs, and rigid service hours. Youths who come to seek the service had returned after seeing the crowd. Also, the school and college going students seek services in rather off hours.

High preference of MSC over other SRH centres

Youths preferred going to MSC as compared to other facilities for SRH services. Service at MSCs has less formal hassles, it is cheaper, of better quality and there is maintenance of privacy. Where as in other SRH institutes, there is a constant fear of privacy.

Successful Impact of Youth centric programs and Services

The youth centric programs and services were very success in taping youths through Pop-up volunteers to encourage uptake of MSC services. The YF trainings of staffs too impacted the retention of clients, who were initially reluctant to go to the centre but felt comfortable after interacting with the friendly staffs. Whereas, youths in non-YFSC felt disappointed with the staffs' lack of interest on them.

Successful impact of subtle Rocket and Space Youth Branding

Youths have largely accepted R&S as a medium to learn about tabooed SRH issues, contraceptives, safe sex, and adolescent changes. Youths particularly liked toll-free number and IEC materials like notebooks which practically useful too. The IEC and push message provide knowledge about SRH, without the youths needing to ask anyone else. Also, R&S have often been a foundation for seeking service at MSC and as the staffs too suggested, the uptake of service by youths has increased after the youth centric brand

Direct challenges encountered by Pop-up volunteers

The Pop-up volunteers who like disseminating information to different groups, come face to face with social stigma regarding SRH and contraceptive. It is a challenge to handle judgements (being called condom friends) and they are misconstrued as promoting sex while talking about safe sex.

To conclude, the MSC and the YF program continues to face the paradoxes of high awareness but poor practices, for instance, higher contraceptive knowledge but lesser use; higher knowledge about EC but its wider use as regular contraceptive; higher knowledge about safe abortion but preference of MA. However, in the overall, the YF programs are addressing the poor practices through outreach programs and through trained staffs. Although the YF programs have positive impacts in youth's attitude in seeking services when compared with non-YFSCs, there are areas that needs to be strengthened and worked out to increase access and quality youth friendly services acceptable to youths and service providers.

Annex 1: Demographic details of the participants

Demographic details of the clients participating in FGD

S. N	Age	Sex	Ethnicity	Education	Occupation	Marital Status	Relationship Status
1	20	Male	Brahmin	Bachelor pursuing	Student	Unmarried	In relationship
2	22	Male	Hill Janajati	Grade 12 completed	Student	Unmarried	In relationship
3	22	Male	Janajati	Bachelor completed	Student	Unmarried	In relationship
4	22	Male	Hill Janajati	Bachelor pursuing	Student	Unmarried	Single
5	19	Male	Hill Janajati	Grade 12 completed	Student	Unmarried	Single
6	20	Male	Hill Janajati	Bachelor pursuing	Student	Unmarried	In relationship
7	21	Male	Hill Janajati	Bachelor pursuing	Student	Unmarried	In relationship
8	20	Male	Brahmin	Bachelor pursuing	Student	Unmarried	Single
9	20	Male	Hill Janajati	Bachelor pursuing	Student	Unmarried	Single
10	19	Female	Hill Janajati	Bachelor pursuing	Student	Unmarried	In relationship
11	19	Female	Chhetri	Bachelor pursuing	Student	Unmarried	Single
12	19	Female	Chhetri	Bachelor pursuing	Student	Unmarried	In relationship
13	19	Female	Hill Janajati	Grade 12 pursuing	Student	Unmarried	Single
14	19	Female	Chhetri	Grade 12 pursuing	Student	Unmarried	Single
15	24	Female	Chhetri	Bachelor completed	Student	Unmarried	Single

16	19	Female	Chhetri	Grade 12 pursuing	Receptionist	Unmarried	Single
17	16	Female	Janajati	Grade 12 pursuing	Student	Unmarried	In relationship
18	22	Female	Brahmin	Bachelor pursuing	Student	Unmarried	In relationship
19	20	Male	Madhesi	Bachelor pursuing	Student	Unmarried	Single
20	19	Male	Terai Janajati	Grade 12 pursuing	Student	Unmarried	In relationship
21	21	Male	Brahmin	Bachelor pursuing	Student	Unmarried	In relationship
22	18	Male	Terai Janajati	Grade 12 pursuing	Student	Unmarried	In relationship
23	21	Male	Terai Janajati	Bachelor pursuing	Student	Unmarried	In relationship
24	21	Male	Terai Janajati	Bachelor pursuing	Student	Unmarried	In relationship
25	24	Male	Terai Janajati	Grade 12 completed	Chef	Married	
26	18	Male	Madhesi	Grade 12 pursuing	Student	Unmarried	single
27	20	Male	Janajati	Bachelor pursuing	Student	Unmarried	single
28	23	Female	Brahmin	Bachelor pursuing	Student	Unmarried	In relationship
29	24	Female	Brahmin	Bachelor pursuing	Business	Married	
30	21	Female	Terai Madhesi	SLC completed	homemaker	Married	
31	23	Female	Brahmin	Grade 12 completed	Student	Unmarried	In relationship
32	22	Female	Brahmin	Grade 12 completed	Job (Hospital administrative staff)	Unmarried	Single
33	21	Female	Chhetri	Bachelor pursuing	Service	Unmarried	Single
34	22	Female	Terai Janajati	Grade 8 completed	Homemaker	Married	

Demographic details of the clients participating in IDI

S. N	Age	Sex	Ethnicity	Education	Occupation	Marital Status	Relationship Status
1	24	Female	Madhesi	Bachelor Completed	Teacher	Unmarried	In relationship
2	24	Female	Brahmin	Bachelor pursuing	House wife	Married	
3	23	Female	Chhetri	Grade 6 completed	Business	Married	
4	20	Male	Brahmin	Bachelor pursuing	Student	Unmarried	In Relationship
5	20	Male	Hill Janajati	Bachelor pursuing	Student	Unmarried	Single
6	19	Male	Hill Janajati	Grade 12 pursuing	Labor	unmarried	In relationship
7	23	Male	Brahmin	Grade 12 completed	Business	Unmarried	In relationship
8	24	Female	Terai Janajati	SLC completed	Labor	Married	
9	19	Female	Hill Janajati	Grade 12 pursuing	Student	Married	
10	20	Female	Hill Janajati	Grade 12 completed	Nothing	Unmarried	In relationship
11	16	Male	Janajati	Grade 11 pursuing	Student	Unmarried	Single
12	22	Male	Brahmin	Bachelor pursuing	Student	Unmarried	In relationship

Demographic details of Pop-up volunteers

S. N	Age	Sex	Ethnicity	Education	Marital Status	Experience at MSC	Occupation other than being pop-up
1	21	Female	Brahmin	Bachelor pursuing	Unmarried	9 months	Student
2	23	Male	Terai Brahmin	Bachelor completed	Married	8-9 months	Teacher
3	21	Male	Hill Janajati	Bachelor pursuing	Unmarried	8 months	Football player
4	18	Female	Hill Janajati	Bachelor pursuing	Unmarried	8 Months	Trainer

Demographic details of service providers

S. N	Age	Sex	Ethnicity	Education	Marital Status	Working experience at MSC
1	60	Male	Madhesi	MBBS completed	Married	18 years
2	33	Male	Hill Dalit	MBBS completed	Married	8 years
3	60	Female	Hill Janajati	Proficiency Certificate Level (PCL) in nursing completed	Married	20 years
4	45	Female	Hill Janajati	PCL in nursing completed	Married	12 years
5	24	Female	Chhetri	PCL in nursing completed	Unmarried	6 Years
6	24	Female	Hill Janajati	PCL in nursing completed	Unmarried	3 years
7	26	Female	Terai Janajati	PCL in nursing completed	Unmarried	5 years