

# **The sexual and reproductive health knowledge, attitudes, practices and access to reproductive health of youth in China**

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## **Backgrounds:**

"Reproductive health" is one of the basic rights of youth. However, at present there is no policy relating specifically to the sexual and reproductive health of youth in China. This survey aims to determine the sexual and reproductive health (SRH) knowledge, attitudes and practices of youth, assess the availability and accessibility of SRH services, and provide for policy improvement on youth SRH accessibility.

## **Methods:**

This study used data from the Survey of Youth Access to Reproductive Health in China conducted between October 20 and November 30, 2009 by the Institute of Population Research, Peking University. The survey was a nationally representative sample of unmarried youth aged 15-24, living in 30 provinces of mainland China (excluding Tibet). The survey sample was divided into three sub-populations: school youth, household youth and collective households. The surveys used face-to-face interviews with structured questionnaires. Four stages of mixed sampling methods which combined stratified sampling and probability proportionate to size sampling (PPS) was used. Samples were distributed in 40 cities/counties from 25 provinces/autonomous regions/municipalities in China.

A total of 22,535 questionnaires were distributed, and 22,288 questionnaires were valid i.e. a rate of 98.9%. Data was weighted according to the 2005 National Sampling Survey of 1% of the Population. After calculation, total number of unmarried young people aged 15-24 in 2009 is 164,719,905. (Without specification, the report below is based on this data). The male youth account for 50.8% and the mean age is 19.2-years-old.

## **Results:**

### 1. Knowledge

Survey results shows Youth's SRH knowledge is limited. Only 4.4% of the youth interviewed were able to correctly answer all three questions on General SRH knowledge. Only less than half of the youth knew how to avoid pregnancy following unprotected sex. Only 14.4% of respondents answered all five HIV -related questions in the questionnaire correctly.

## 2. Attitudes

Most youth are open to premarital sex. While one third of youth do not favor premarital sex, two thirds of youth stated they accept premarital sex or do not have a strong feeling about it.

## 3. Practices

22.4% of youth have sexual experience. The percentage of not using any contraceptive method at first and last sexual behavior is 51.2% and 21.4% respectively. Among female youth who have sexual behavior, the pregnancy rate is 21.3% and repeat pregnancy rate is 4.9%. Among female youth who became pregnant, 90.9% resort to abortion and 19% had repeat abortions.

## 4. Access

Consultations and phone calls to hotlines at medical institutions were the most widely known (60%) ways of youth receiving counseling services. Only 20% of the youth had ever used counseling services provided by various institutions, such as schools and non-medical institutions.

The three most important reasons that youth gave for not accessing SRH counseling were that they were embarrassed, they did not consider their condition to be serious enough to warrant consultation, and that they did not know whom to consult. Youth's main SRH problems to counsel are reproductive health care, sexual psychology and contraceptive knowledge and skills. However, around 60% of the demand is unmet. The three most important reasons youth gave for not accessing treatment services were: "Not serious", "fear to be ridiculed" and "do not know what agencies to turn to". Public hospitals are youth's most commonly accessed institution. Youth respondents ranked the following factors as the most important factors in choosing a service provider: the quality of the services (20.2%), privacy protection (14.5%), service price (10.8%) and staffs' attitude (10.4%).

## **Conclusions and Suggestions**

The survey results show that the present situation of sexual and reproductive health is worrying, and accessibility of information and services is severely insufficient which necessitates attention of government and the society. China is one of the few countries to have already reported on MDG 5b (Universal access to RH by 2015) in her 2008 MDG progress report. This survey gives momentum

to ensuring that Chinese Government continues in her endeavors to meeting the MDG targets including concerning youth SRH.

### 1. Multisectoral Approach to Improve Youth Sexual and Reproductive Health

The preliminary findings show that as in other countries, in China too Being responsive to the sexual and reproductive health needs of youth will need to involve a range of public-sector stakeholders, including Ministry of Health, Ministry of Education, Population and Family Planning Commission, China Communist Youth League, Ministry of Public Security, China Women's Federation, Ministry of Finance, etc.. The private sector has a vital role to play--- media outlets, and private providers and pharmacies. As seen from the survey, most youth attain their SRH related information through a variety of communication channels, effectively using those needs to be considered. Various international and domestic nongovernmental organizations currently making efforts for Chinese youth SRH are also an important force and lessons can be learnt from their work with Chinese youth. Youth have changing needs in China as in other parts of the world, and youth need information and services in ways different than adults. All sectors working with youth need to build that in their work with youth and ensure messages are consistent and interventions mutually supportive.

### 2. Gender-sensitive Policies

Findings indicate that any interventions or policy formulation will need to be done using a gender perspective taking into account the dynamics in which young girls and boys live and grow. For effective behavior change, interventions need to be specifically designed for each gender. Young girls are at most risk, but also young boys need to be involved in the issues concerning them. Gender-differences appeared in almost all youth SRH aspects. Especially, the facts below need attention: female youth's SRH knowledge including general SRH knowledge, emergency contraception knowledge and HIV knowledge, is less comprehensive and accurate than male youth; Female youth face more social pressure pertaining to premarital sexual behavior; females bear the direct consequence of unprotected sex particularly unplanned pregnancy, while abortion and repeat abortion may exert long-term negative impact on female youth; meantime, there are more services demanded by female youth than male youth.

With the social, economical and cultural influence, male and female youth face different social expectation and position on the issue of sexual and reproductive health. Therefore, the gender-sensitive perspective in addressing their needs is essential.

### 3. Focus on Disadvantaged and Vulnerable Youth Group

Under the changing social, economical and cultural environment in China, youth sexual and reproductive health is an emerging policy issue. To focus on disadvantaged and vulnerable youth group's situation is the most cost-effective way, with the consideration of limited resource and time.

Survey data analysis revealed groups who needs more attention on SRH: (1) on the aspect of SRH knowledge, the youth who are aged 15 to 19, educated level at high school /secondary school and below, and residing in central/western region, are more or most disadvantaged; (2) on the aspect of pregnancy and repeat pregnancy, the youth who are rural, non-student, living away from their parents, only child, migrant, and residing in western areas are more or most vulnerable to pregnancy and repeat pregnancy. Female youth aged 20-24 have higher pregnancy rate and Female youth aged 15-19 have higher repeat pregnancy rate; (3) on the aspect of attending SRH classes/lectures: youth who are rural, migrant aged 15-19 and residing in central regions have less or least accessibility of school education; (4) on the aspects of health care demand and realization, the rural youth living in western region are the most disadvantaged group with the highest demand and highest unmet need.

### 4. Youth-friendly Information and Services within a Supportive Environment

Increase the prevalence of youth-friendly information and services and thus improve the youth's access to SRH services. Data analysis showed, embarrassment is the key factor for youth not realizing their demands. Meantime, the quality of the services, privacy protection, service price, staff's attitude, institutional environment and convenient treatment procedure rank the five priority criteria when youth choose a treatment institution. All these reflect factors youth consider of importance when they seek services. Thus youth-friendly services promoted by government, NOGs and private medical institutions need to ensure these factors meet youth requirements. A key measure to ensure that they are youth friendly is to have youth participate in the design and provision of the services.

In all, present situation (availability, accessibility, acceptability, and quality) of sexual and reproductive health is worrying. More efforts including multisectoral approach to improve youth SRH, gender-sensitive policies, focusing on disadvantaged and vulnerable youth group, and youth-friendly information and services within a supportive environment should been done to improve the sexual and reproductive health of Chinese youth.