Introduction

The survey on the status of sexual and reproductive health of youth and their access to sexual and reproductive health services and information was commissioned by the Ministry of Health of the Republic of Kazakhstan and the United Nations Population Fund (UNFPA) with financial support from UNFPA and the Embassy of the Kingdom of the Netherlands in Kazakhstan and technical support from the Republican Center on Prevention and Control of AIDS. The survey was conducted by Kazakhstan’s independent Public Opinion Research Centre (CIOM). The nationally-representative survey was carried out in 2018 and covered 4,360 students from Kazakh and Russian-speaking schools aged 15-19 from all 17 regions of Kazakhstan including the cities of Astana and Almaty.

Methodology

The purpose of the survey was to assess the sexual and reproductive status of adolescents aged 15-19, their sexual behaviour as well as access to services and information in the area of sexual and reproductive health. Respondents included students of so-called “comprehensive schools” and colleges specializing in specific subjects; universities and vocational schools, young people working in cities and in rural areas, military conscripts and young people not working. A total of 4,360 young people were interviewed, among them 2,276 boys and 2,084 girls. Broken down by different categories, the survey involved 919 (21%) students from urban and rural schools, 889 (20%) college students, 861 (20%) university students, 405 (9%) military conscripts, 858 (20%) employed youth and 428 (10%) unemployed and out-of-school youth from all 17 regions of Kazakhstan. The share of young men was 52.2% and the share of young women 47.8%. The sample chosen of young people is statistically representative in terms of gender, age, ethnicity, language of instruction in schools and location.
Key findings

Percentage of sexually-active adolescents: Approximately one third of the adolescents surveyed (29.4%) reported being or having been sexually active, with 20.9% of them having had their first sexual intercourse before the age of 18.

Average age of sexual debut: The average age of sexual debut for sexually-active adolescents was 16.5, with differences observed by gender: boys started their sexual activity on average earlier than girls.

Proportion of sexually active adolescents who had had more than one partner: 44.1% of the adolescents who said they were or had been sexually active indicated that they had had more than one sexual partner. There were differences by gender, i.e. over the 12 months preceding the surveys, boys changed sexual partners with considerably higher frequency than girls.

Use of condom during the last sexual intercourse: 80.4% of adolescents aged 15-19 who had ever had sexual contacts indicated that they had used a condom during their last sexual intercourse. No meaningful differences were found by social and demographic characteristics.

Adolescent pregnancies: 16.7% of the girls who had indicated being or having been sexually active, said that they had been pregnant at some point in their lives. A large percentage of them (62%) said that they had delivered while 22% had an induced abortion and 16% had a spontaneous miscarriage.
Sexually-transmitted infections (STIs): 14.8% of adolescents who had indicated being sexually active said that they had had at least one symptom of STI over the past 12 months; however, a large proportion (62.6%) of them had not sought any medical help to have their STIs treated in medical facilities.

Only 91% of adolescents surveyed aged 15-19 could answer correctly all five questions related to HIV and AIDS. The vast majority - 91% did not have sufficient knowledge about HIV and AIDS.

Only 34.4% of adolescents aged 15-19 knew that condoms – if used correctly - can at the same time prevent unintended pregnancies and reduce the risk of STIs including HIV. Only 35.3% of the respondents were aware of the importance of treating STIs.

85% of the adolescents surveyed said that they look for information on sexual and reproductive health, STIs and HIV mostly from the Internet and social media. As such, the quality and credibility of the information received could be questionable.

73.5% of adolescents surveyed did not know where they could go to be tested for HIV anonymously. The indicator of voluntary testing for HIV (VCT) is at a level of only 8.4%, which is an unacceptably low figure.

Poor awareness was more common among young people living in rural settings, among girls and among adolescents aged 15-17 years.

47% of total adolescents surveyed did not know the consequences of unsafe abortions and 46% did not know the consequences of contracting STIs.
Way forward/recommendations

• Provide adolescents with age-appropriate information about safe sexual behaviour by introducing comprehensive sexuality education in schools.

• Provide access to quality reproductive health services, including contraceptives, for sexually active adolescents.

• Reduce the age of informed and voluntary consent to receive medical consultation and services from 18 to 16 years.

• Provide guaranteed funding for youth-friendly service centres to enable them to provide primary healthcare and introduce incentives to improve the quality of their services.

• Train medical staff to provide quality services in youth-friendly service centres. Help ensure confidential and comprehensive health services to protect adolescents’ reproductive rights.

• Create opportunities for informal education and communication among adolescents on a “peer-to-peer” basis, create online consultations and hotlines.

• Ensure political will at the highest level to promote and protect sexual and reproductive health of adolescents and youth.

• Support the implementation of the Astana Declaration on «Investing in Youth. Leaving No One Behind» – https://qogam.gov.kz/en/content/astana-declaration-investing-youth. The Declaration was adopted jointly by the Parliament of the Republic of Kazakhstan, the Ministry of Social Development of the Republic of Kazakhstan, the Asian Population and Development Association, The Government of Japan and the UN Population Fund. The following are key commitments of the Declaration relating to sexual and reproductive health of adolescents and young people:

14. Make primary health care, especially in sexual and reproductive health services, including Sexually Transmitted Infections (STIs)/HIV/AIDS and sexuality education, more youth friendly and accessible to youth, and part of Universal Health Coverage.

15. Monitor and evaluate universal access to a basic package of youth-friendly health services, including mental healthcare and sexual and reproductive health services, that are of high quality, integrated, equitable, comprehensive, affordable, needs- and rights-based, accessible, acceptable, confidential and free of stigma and discrimination for all young people.

16. Address factors that prevent young people from being healthy and accessing health information and services, such as legal barriers, cultural and traditional practices, financial difficulties, physical conditions, to reduce the incidence of early marriage, unintended pregnancy, STIs including HIV, reckless behaviour, accidents and suicide.

17. Ensure availability of, and access of young people in any location and situation to, a broad range of health information and education, especially sexual and reproductive health and mental health, through innovative ways and means, including the use of ICT, and through the education system.”

There are 1.8 billion people aged 10-24 in the world today. In Kazakhstan 15% of the population is between 15-24. By investing in health and well-being of youth today, we ensure sustainable development tomorrow.

President Nursultan Nazarbayev declared 2019 the Year of Youth in Kazakhstan.