significantly predicted use of SRH services among Swazi youth.

Individual-level factors (attitudes towards condoms and condom self-efficacies) were poor predictors of SRH service use among Swazi youth in this study.

Conclusion

The study exposed factors underlying the use of SRH services among Swazi youth. These were family, peer, religious and community values and norms. Youth who perceived their families, communities and peers to be liberating towards uptake of SRH services were more likely to use those services compared to youth who perceived the opposite.

Current results persuade optimistic youth programmes determined to increase uptake of SRH services among youth to incorporate parental and community programmes into youth programmes, instead of focusing exclusively on youth in all interventions designed to propel protective sexual behaviour among youth at all service delivery levels.

Methodology

An exploratory descriptive mix method survey with triangulation was considered appropriate as it allowed both quantitative and qualitative techniques to complement each other. Cross-sectional data collection was used among multi-level sampling frames (tinkhundla centres, communities, schools and health centres/clinics).

Key findings

This study provides support for the applicability of the Social Ecological Model (SEM) in predicting factors determining the use of SRH services among youth in Swaziland, as shown by the adequate model fit and significant hypothesized paths. The findings provide initial evidence of theoretically based predictors of SRH service use among Swazi youth.

- Interpersonal level factors (peer and family norms, such as good parent-child relationships and communication, good relationships with teachers, and socioeconomic support) and community-level factors (communal and religious norms, such as having good role models within community, effective and sustainable peer education programmes, and

Why is it important?

This study assesses the socio-cultural norms, attitudes, values and practices that hinder or facilitate the sexual and reproductive health and rights (SRHR) of adolescents and young people in Swaziland. The results of this study are useful for those wishing to better inform their programme activities related to the sexual and reproductive health (SRH) needs of the youth in Swaziland.