Introduction Data on hepatitis B virus (HBV) are limited in developing countries. The study goal was to evaluate the prevalence and factors associated with HBV infection in Peru, highlighting its relationship with consistent condom use.

Methods Data from two different surveys performed in 26 mid-sized Peruvian cities were used. Participants aged 18–29 years were selected using a multistage cluster sampling. Information was collected through a validated two-part questionnaire. The first part (face-to-face) concerned demographic data, while the second part (self-administered using handheld computers) concerned sexual behaviour. Hepatitis B core antibody (anti-HBc) was tested in 7000 blood samples. Prevalences and associations were adjusted for sample strata, primary sampling units and population weights.

Results Anti-HBc prevalence was 5.0% (95% CI 4.1% to 5.9%); with the highest prevalence among jungle cities: 16.5% (95% CI 13.5% to 19.1%). Anti-HBc positivity was associated with geographic region (highlands OR = 2.05; 95% CI 1.28 to 3.27, and jungle OR = 4.86; 95% CI 3.05 to 7.74, compared to coastal region); and age at sexual debut (OR = 0.90; 95% CI 0.85 to 0.97). Consistent condom use was associated with lower prevalence (OR = 0.34; 95% CI 0.15 to 0.79) after adjusting for sex, geographic region, education level, lifetime number of sex partners, and age at sexual debut.

Conclusion Residence in highlands or jungle cities is associated with higher anti-HBc prevalences, whereas increasing age at sexual debut was associated with lower prevalences. Consistent condom use was associated with decreased risk of anti-HBc. These findings emphasise the need of vaccination especially in jungle population, and imply that condom use promotion might be a strategy to prevent HBV infection.

Abstract Background Nepalese society is divided across hierarchical strata of gender, ethnicity and economic class, with women, ascribed “lower caste” and poor people placed at the bottom of society. Since 2007, the ministry of health and population removed user fees in primary health services in an attempt to increase use of the services, particularly among underserved population.

Methods Records of 1850 health services users were selected randomly from peripheral facilities—district hospital, primary healthcare centre, and 4 (of 8) health posts—of Jumla—a rural mountain district. Proportions of health services use by privileged and underprivileged ethnicities, men and women, and rich and poor people, before and after user fee removal, were calculated. Semi-structured interviews were conducted among health services users, management staff, and representatives of donors and NGOs working in the district.

Results After fee removal, use of health services by women, under-privileged ethnicities, and poor people increased by 2.4%, 6.8% and 9.2% respectively. However, users and providers had conflicting opinions over the delivery of free health services. There was no evidence to establish the role of health system related confounders, however, it was suspected that ongoing process of state democratization may have influenced the observed changes.

Conclusion Removal of user fees and subsequent increase in health services use by marginalised people as compared to their privileged counterparts is encouraging. However, some impediments still remain, which can be overcome by improving the delivery system with a focus on smoothing user-provider interactions.