

Project Safidy:

Monitoring, Evaluation, and Learning Teacher Endline Report

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1 Introduction

In 2019, the Project Safidy team collaborated with the *Ministère de l'Éducation Nationale et de l'Enseignement Technique et Professionnel* (Ministry of National Education and Technical and Professional Training, or MENETP) and local partners to evaluate the integration of sexual and reproductive health and rights (SRHR) topics into Madagascar's national high school curriculum. Based on learnings from past pilots and projects, this integrated SRHR curriculum was implemented in the first-year classes of 214 high schools across the country's 22 regions. By 2021, this SRHR curriculum is intended to be launched in all three levels of high school, equipping Madagascar's young people with comprehensive, evidence-based, and culturally appropriate SRHR knowledge.

To inform ongoing support for SRHR education and assess the curriculum's long-term impact, the Project Safidy team and the MENETP have conducted endline surveys with 566 first-year students and 40 teachers in 12 schools across 10 regions in July and August 2019. This was preceded by a baseline survey with 709 first-year students and 62 first-year teachers conducted in the same schools in January 2019. By comparing the baseline and endline surveys, the Project Safidy team has evaluated the first year of the integrated SRHR curriculum.

This report presents and discusses findings from teacher surveys, which have been analysed to assess teachers' knowledge, attitudes, and teaching confidence. In addition to guiding potential improvements for the first-year SRHR curriculum, these learnings will inform curricula development for further high school year groups and international best practice regarding SRHR education.

2 Summary of Results

- Teachers' knowledge of sexual and reproductive health improved across all surveyed areas, with average comprehension of SRH topics rising by 13.8 percentage points from baseline to endline. Additionally, the scale of SRHR education delivery increased; teachers delivered an average of 3.2 more SRHR topics at endline than at baseline.
- Whilst average support for sexual rights and gender equality improved by 10.9 percentage points, nearly a quarter of teachers (22.5%) expressed negative attitudes toward these concepts, highlighting the importance of expanding teacher training to cover the full range of SRHR topics.
- Average confidence in using SRHR teaching methods decreased by 1.3 percentage points, with a particularly substantial drop in the percentage of teachers who expressed confidence in giving a demonstration on condom use. These gaps emphasise the need for comprehensive capacity-building and resource-provision to equip teachers with the skills to deliver high-quality SRHR education.

Changes in teachers' SRHR knowledge, attitudes, and teaching confidence from baseline to endline have been detailed in the following table.

Table 1: Summary table of results

Question:	Baseline n=62	Endline n=40	Change between baseline and endline
Years of teaching experience (mean years)	9.4	10.8	+1.4
Gender:			
Female	62.9%	82.5%	+19.6 percentage point
Male	37.1%	17.5%	-19.6 percentage point
Have ever taught sexual and reproductive health topics before (yes/no)	58.1%	84.6%	+26.5 percentage point
Average number of SRHR topics taught	3.3	6.5	+3.2
Average correct answers to sexual and reproductive knowledge questions	76.2%	90.0%	+13.8 percentage point
Average number of STIs identified	1.7	2.2	+0.5
Average number of correct STI prevention methods identified	2.9	3.3	+0.4
Average number of incorrect STI prevention methods identified	0.4	0.2	-0.2
Average number of contraception methods identified	2.0	3.4	+1.4
Average support for reproductive rights	86.7%	98.7%	+12.0 percentage point
Average support for sexual rights and gender equality	66.6%	77.5%	+10.9 percentage point
Average support for SRHR education	51.3%	56.5%	+5.1 percentage point
Average support for youth advocacy	81.2%	90.0%	+8.8 percentage point
Average confidence in teaching SRHR topics	90.6%	91.1%	+0.5 percentage point
Average confidence in using SRHR teaching methods	80.9%	79.6%	-1.3 percentage point

3 Methodology

3.1 Study design and survey development

The Project Safidy team used a descriptive cross-sectional study design to assess the integrated SRHR curriculum in high schools across Madagascar. The teacher baseline survey developed by project staff in 2017 for the 2018 national SRHR pilot was used to evaluate this integrated SRHR curriculum, with the endline survey mirroring the baseline version to enable direct comparison (Appendix One). The survey contained 46 questions divided into five sections: a) Demographics and SRHR teaching experience (7 questions); b) SRH knowledge (5 questions); c) Attitudes toward reproductive rights (4 questions); d) Attitudes toward sexual rights, gender equality, and SRHR advocacy (10 questions); and e) Confidence in teaching SRHR topics and using SRHR teaching methods (7 questions). The survey was developed in English and then translated into French and Malagasy.

3.2 Study setting and population

Schools participating in these surveys were selected based on logistical feasibility and geographical diversity (Appendix Two). The survey used a convenience sampling to select participants, with high school headmasters helping to select participants. Selection criteria specified that participants must teach first-year subjects that include SRHR topics. Although teachers from the same schools and delivering the same class years were surveyed at baseline and endline, teachers surveyed at endline were not necessarily the same as those surveyed at baseline.

3.3 Data collection

Trained survey staff representing Project Safidy, the MENETP, and a community-based association conducted surveys with teachers. When possible, surveys were completed in private areas and under the supervision of enumerators, although this was not always feasible in school settings. Completed surveys were placed in a sealed envelope, and results were transferred to either the Project Safidy Technical Support Officer or Fort Dauphin project staff for data entry, depending on the location of participating schools.

3.4 Data analysis

Project Safidy staff were trained to enter de-identified data into a secure Excel database that was accessible to key team members trained in maintaining confidential data. Data were then imported to Stata 13, a statistical software programme, through which quantitative analysis was undertaken. To assess the strength of reported attitudes, four-point Likert scale questions were combined into binary variables to quantify the percentages of participants responding with agree/strongly agree or somewhat confident/very confident versus disagree/strongly disagree or somewhat unconfident/very unconfident. Endline data were compared with that from the baseline report but were not disaggregated due to the small sample size.

3.5 Ethical considerations

Prior to survey delivery, survey staff conducted an informed consent process with all participants, after which teachers signed consent forms. In addition to the 40 teacher surveys analysed in this report, a further nine teachers who completed the survey but did not give written consent were excluded from the analysis.

4 Description of Results

4.1 Demographics and SRHR teaching experience

A total of 40 teachers from 12 of the 214 participating schools completed the endline survey^a. The number of participating teachers in each school ranged from one to five. All the teachers completed the survey in Malagasy, except for one who completed it in French. 82.5% of teachers identified as female, and 17.5% of teachers identified as male.

84.6% of teachers reported having SRHR teaching experience. Although 15.4% of teachers said that they had no SRHR teaching experience, only two respondents (5.0%) did not select any options when prompted to choose the specific SRHR topics that they had taught.

The most commonly taught SRHR topics were early pregnancy (72.5%), early marriage (67.5%), and puberty (60%). Conversely, the least commonly taught topics were consent (22.5%), cervical cancer (20%), vaginal fistula (17.5%), and advocacy (12.5%). On average, teachers taught 6.5 of the 16 listed topics covered in the integrated SRHR curriculum. Due to the division of the SRHR topics integrated across different school subjects, it is unlikely that any single teacher would be required to cover all 16 topics.

There was a substantial increase in the percentage of teachers who delivered at least one SRHR topic from baseline (58.1%) to endline (84.6%). The percentage of teachers delivering each SRHR topic increased, with the exception of a decline by 0.1 percentage point in the teaching of consent. The average number of topics delivered increased from 3.3 at baseline to 6.5 at endline.

^a A thirteenth school was targeted for participation but failed to complete the teachers surveys due to a misunderstanding about survey procedures

Table 2: Teacher Information and SRHR teaching experience

Question:	Baseline n=62	Endline n=40
Years of teaching experience (mean years)	9.4	10.8
Gender:		
Female	62.9%	82.5%
Male	37.1%	17.5%
Have ever taught SRH topics before (yes/no)	58.1%	84.6%
<i>Have personally taught any of the following 16 SRHR topics: (check all that apply)</i>		
1. Early pregnancy	27.4%	72.5%
2. Early marriage	Not asked	67.5%
3. Puberty	41.9%	60.0%
4. Gender Equality	37.1%	52.5%
5. STIs and HIV/AIDS	33.9%	52.5%
6. Communication	24.2%	47.5%
7. Gender based violence	25.8%	42.5%
8. Contraception	35.5%	42.5%
9. Menstrual hygiene	9.7%	40.0%
10. Sexual abuse	Not asked	40.0%
11. Condom use	30.7%	32.5%
12. Sexual and reproductive rights	11.3%	25.0%
13. Consent	22.6%	22.5%
14. Cervical cancer	8.1%	20.0%
15. Vaginal fistula	11.3%	17.5%
16. Advocacy	1.1%	12.5%
<i>Average number of SRHR topics taught</i>	3.3	6.5

4.2 SRH knowledge

4.2.1 Responses to SRH questions

The percentage of teachers who correctly answered SRH questions reached at least 94.9% for three out of the four questions. 95.0% of teachers identified that first menstruation is a sign that a girl can become pregnant and that a girl can get pregnant the first time she has sex. Only 79.5% of teachers knew that a healthy-looking person can have an STI. All teachers, except for one (97.5%), answered at least three of the four questions correctly, with 67.5% of teachers answering all four correctly.

Compared to baseline, teachers' knowledge increased across all questions, with the exception of the statement that a healthy-looking person can have an STI (83.9% at baseline compared to 79.5% at endline). The percentage of teachers answering at least three of the questions correctly rose from 75.8% at baseline to 97.5% at endline.

Table 3: Teachers' knowledge of SRH questions

Question:	Baseline	Endline
True/False questions (answered correctly)	n = 40	n = 40
<i>First menstruation is a sign a girl can now become pregnant</i>	74.2%	95.0%
<i>A girl can get pregnant the first time she has sex</i>	83.9%	95.0%
<i>Some STIs cause cancer</i>	62.9%	94.9%
<i>A healthy-looking person can have an STI</i>	83.9%	79.5%
Average across statements	76.2%	90.0%
Teachers answering all correctly	45.2%	67.5%
Teachers answering at least 75% correctly	75.8%	97.5%

4.2.2 STI identification

The most frequently identified STIs were HIV/AIDS (67.5%), syphilis (62.5%), and gonorrhoea (62.5%). Teachers listed an average of 2.2 STIs, with five of the nine STIs counted in this survey identified by one teacher or fewer. Of the eight most common STIs globally¹, teachers named just six, with only three of these STIs (HIV/AIDS, syphilis, and gonorrhoea) identified by more than 50.0% of teachers.

From baseline to endline, the average number of STIs identified by teachers increased from 1.7 to 2.2. The percentage of teachers who identified syphilis, gonorrhoea, hepatitis A or B, human papillomavirus, and genital warts increased from baseline to endline, whilst the percentage of teachers who identified HIV or AIDS and chlamydia decreased.

Table 4: Teachers' identification of STIs

Question:	Baseline	Endline
<i>Can you name any sexually transmitted infections? (open-ended question)</i>	n= 62	n= 40
1. HIV/AIDS	71.0%	67.5%
2. Syphilis	56.5%	62.5%
3. Gonorrhoea	48.4%	62.5%
4. Hepatitis A/B	2.0%	7.5%
5. Chlamydia	16.1%	2.5%
6. Human Papillomavirus	0.0%	2.5%
7. Genital warts	0.0%	2.5%
8. Trichomoniasis	0.0%	0.0%
9. Herpes simplex 2 (Genital herpes)	0.0%	0.0%
<i>Average number of STIs identified</i>	1.7	2.2

4.2.3 Identification of STI prevention methods

On average, teachers identified 3.3 of the four correct STI prevention methods listed on the survey. The most frequently identified STI prevention method was using a condom (95.0%), with taking a test before sex identified by the lowest percentage of teachers (75.0%). Teachers identified an average of 0.2 incorrect STI prevention methods. Each of the three incorrect methods were selected by 5.0% of teachers.

At endline, a higher percentage of teachers identified each correct STI prevention method than at baseline, and a lower percentage of teachers identified each incorrect STI prevention method. On average, teachers identified an additional 0.4 correct methods (3.3 methods compared to 2.9 methods) and 0.2 fewer incorrect methods at endline compared to baseline (0.2 methods compared to 0.4 methods).

Table 5: Teachers' identification of STI prevention methods

Question:	Baseline	Endline
<i>*How can one protect oneself from getting these infections? Tick all that apply. (option provided with question)</i>	n=62	n= 40
1. Using a condom	83.9%	95.0%
2. Abstinence	69.6%	82.5%
3. Being faithful	78.3%	80.0%
4. You and your partner take a test before sex	65.2%	75.0%
<i>Average number of correct protection methods identified</i>	2.9	3.3
5. Birth control	14.5%	5.0%
6. Bathing immediately after sex	8.1%	5.0%
7. Urinating after sex	6.5%	5.0%
<i>Average number of incorrect protection methods identified</i>	0.4	0.2

4.2.4 Identification of contraceptive methods

On average, teachers identified 3.4 contraceptive methods. The implant or intrauterine device was the most commonly listed contraceptive method (75.0%), followed by the contraceptive pill (70.0%) and the male condom (47.5%). The least commonly identified methods were the female condom (5.0%), Depo-Provera birth control shot (5.0%), and cervical mucus monitoring (0.0%).

From baseline to endline, the average number of contraceptive methods listed rose from 2.0 to 3.4. The percentage of teachers who identified each individual contraceptive method, with the exception of the Depo-Provera birth control shot, also increased.

Table 6: Teachers' identification of contraceptive methods

Question:	Baseline	Endline
<i>Which methods of contraception have you heard of? (open-ended question)</i>	n=62	n=40
1. Implant/intrauterine device	40.3%	75.0%
2. Contraceptive pill	48.4%	70.0%
3. Male condom	40.3%	47.5%
4. Sayana press injection	30.7%	45.0%
5. Count rhythm method	12.0%	40.0%
6. Abstinence	6.5%	15.0%
7. Pull-out method	9.7%	10.0%
9. Female condom	3.2%	5.0%
9. Depo-Provera birth control shot	6.5%	5.0%
10. Cervical mucus monitoring	4.8%	0.0%
<i>Average number of contraception methods identified</i>	2.0	3.4

4.3 Attitudes toward reproductive rights

Support for women’s reproductive rights was consistently high, with an average of 98.7% teachers indicating support across the four statements. Of teachers who responded to the questions, 100.0% agreed or strongly agreed that a young woman should always have the right to decide when to have children and to choose to use contraception. Support for a women’s right to decide whether to have children (97.4%) and to decide how many children to have (97.4%) was also high.

Teachers’ overall support for reproductive rights rose from an average of 86.7% at baseline to 98.7% at endline, whilst support for each statement increased by at least 8.0 percentage points.

Table 7: Teachers’ support for reproductive rights

Question: <i>A young woman should always have the right to... (four-point Likert scale, percentage includes those who responded agree or strongly agree)</i>	Baseline n=62	Endline n=40
...decide when to have children.	87.1%	100.0%
...choose to use contraception.	82.3%	100.0%
...decide whether to have children.	88.7%	97.4%
...decide how many children to have.	88.7%	97.4%
<i>Average across the statements</i>	86.7%	98.7%

4.4 Attitudes toward sexual rights and gender equality

In comparison to opinions toward reproductive rights, teachers’ support for sexual rights and gender equality varied across scenarios. 97.4% of teachers agreed that, if young people have sex, both the boy and girl should be willing, and 92.3% affirmed that a boy should not touch a girl without her consent. However, 75.0% of teachers upheld that a young person’s choice of clothing was likely the cause of a sexual assault. Due to these fluctuations across statements, the average support of teachers for these SRHR topics was 77.5%.

Support for sexual rights and gender equality improved from a baseline average of 66.6% to an endline average of 77.5%. Collectively, teachers were also more supportive of each scenario at endline than at baseline, with higher percentages agreeing with positive situations and disagreeing with negative situations.

Table 8: Teachers' support for sexual rights and gender equality

Question:	Baseline n=62	Endline n=40
<i>To what extent do you agree with the following statements related to sexuality and young people? (four-point Likert scale, percentage includes those who responded agree or strongly agree)</i>		
1. If young people have sex, both the girl and the boy should be willing	74.2%	97.4%
*2. If a girl does not want to have sex, it is acceptable for the boy to use some pressure to persuade her	20.1% (79.9%)	5.0% (95.0%)
3. A boy is not allowed to touch a girl if she does not want him to	82.3%	92.3%
*4. It is fine for a child to get married before they turn 18 years old	11.3% (88.7%)	10.3% (89.7%)
*5. Women and girls should not enter into business or the professions, but should work in the home.	27.4% (72.6%)	10.3% (89.7%)
6. Young people have the right to make their own decisions about their sexual life	61.3%	68.4%
*7. The way a person dresses or acts is often the reason she/he is sexually assaulted	92.7% (7.3%)	75.0% (25.0%)
Average across the statements	66.6%	77.5%

*Due to the way that these statements were phrased, agreement with them via the Likert scale indicates opposition to SRHR concepts, whereas disagreement to these statements indicates support for SRHR concepts. The values in parentheses represent the percentage of respondents who, by disagreeing with these statements, showed their support for the specific SRHR topic. Average support across statements was calculated using the figures in parentheses.

4.5 Attitudes toward SRHR education

Like support for sexual rights and gender equality, teachers expressed varying opinions regarding SRHR education, with an average support of 56.5% across the five scenarios SRHR education. All teachers agreed that sex educators must accept the reality of premarital sex (100.0%) and that it was important to talk to young people about sex in an open way (100.0%). In contrast, the majority of teachers affirmed potentially detrimental attitudes, with 97.5% agreeing that it was important to teach young people their own (i.e. the teacher's) set of sexual values and that sex education would increase sexual behaviour.

From baseline to endline, teachers' average support for SRHR education increased from 51.3% to 56.5%, with support improving for four of the five scenarios. Although agreement with the necessity to teach young people the teachers' own norms and values as guidelines on sexual behaviour rose from 88.7% at baseline to 97.5% at endline, this could be interpreted as a positive result based on the overall improvement in teachers' SRHR attitudes found in this endline survey.

Table 9: Teachers' support for SRHR education

Question:	Baseline n=62	Endline n=40
<i>To what extent do you agree to the following statements about sexual health education in schools? (four-point Likert scale, percentage includes those who responded agree or strongly agree)</i>		
1. Premarital sex is a reality that sexual health educators must acknowledge	79.0%	100.0%
2. It is important to talk about sex with young people in an open way	96.8%	100.0%
3. It is important to teach young people how to use a condom	67.8%	86.8%
*4. It is necessary to teach young people my own norms and values as guidelines on sexual behavior	88.7% (11.3%)	97.5% (2.5%)
*5. Providing sexual health education may lead to increased sexual behaviour in young people	98.4% (1.6%)	97.5% (2.5%)
Average across the statements	51.3%	56.5%

* Due to the way that these statements were phrased, agreement with them via the Likert scale indicates opposition to SRHR concepts, whereas disagreement to these statements indicates support for SRHR concepts. The values in parentheses represent the percentage of respondents who, by disagreeing with these statements, showed their support for the specific SRHR topic. Average support across statements was calculated using the figures in parentheses.

4.6 Attitudes toward advocacy

90.0% of teachers supported young people's SRHR advocacy across all three statements. 97.5% of teachers, the highest percentage supporting any of the statements, affirmed that it is appropriate for young people to advocate for issues they believe in. This was followed by support for young people's SRHR advocacy in their communities (90.0%) and encouraging young people to discuss safe sexual practice and sexual rights with their friends (84.6%). There was an 8.8 percentage point increase in teachers' average support for SRHR advocacy from baseline to endline (81.2% to 90.0%).

Table 10: Teachers' support for young people's advocacy

Question:	Baseline n=62	Endline n=40
<i>To what extent do you agree to the following statements about young people and advocacy? (four-point Likert scale, percentage includes those who responded agree or strongly agree)</i>		
1. It is appropriate for young people to advocate for issues they believe in.	87.1%	97.5%
2. It is appropriate for young people to advocate for sexual and reproductive rights in their communities.	82.3%	90.0%
3. Young people should be encouraged to discuss safe sexual practices and sexual rights with their friends.	74.2%	84.6%
Average across the statements	81.2%	90.0%

4.7 Confidence in teaching SRHR and using SRHR teaching methods

4.7.1 Confidence in teaching SRHR topics

Despite gaps in SRH knowledge, teachers' confidence delivering SRHR topics, across a range of seven options, was an average of 91.1%. These results ranged from 95.0% of teachers reporting confidence in teaching about STIs and sexual abuse to 85.0% reporting confidence in teaching consent between sexual partners and contraception.

Confidence in teaching SRHR topics slightly increased from an average of 90.6% at baseline to 91.1% at endline. Although teachers' confidence in educating pupils about contraception decreased from 100% at baseline to 85.0% at endline, confidence in all other topics increased.

Table 11: Teachers' confidence in teaching SRHR topics

Question:	Baseline	Endline
<i>How confident do you feel... (four-point Likert scale, percentage includes those who responded agree or strongly agree)</i>	n=62	n=40
1. Educating pupils about sexual abuse	91.9%	95.0%
2. Educating pupils about STIs	88.7%	95.0%
3 Educating pupils about sexual development and puberty	88.7%	94.9%
4. Educating pupils about gender equality	93.6%	92.5%
5. Educating pupils about menstruation	91.9%	92.5%
6. Educating pupils about contraception	100.0%	85.0%
7. Educating pupils about consent between sexual partners	79.0%	85.0%
<i>Average across the statements</i>	90.6%	91.1%

4.7.2 Confidence in using SRHR teaching methods

Compared to confidence in teaching SRHR topics, teachers' confidence in using SRHR teaching methods varied substantially. All teachers (100.0%) expressed confidence in inviting students to actively participate in lessons, followed by confidence in using small group work (97.4%). Despite high confidence in teaching about STIs and contraception, the lowest percentage of teachers reported confidence in giving demonstrations on condom use (41.0%). The average level of confidence expressed across the statements was 79.6%.

Although the percentage of teachers expressing confidence increased for four of the six topics, the average percentage of teachers expressing confidence in using SRHR teaching methods decreased from 80.9% at baseline to 79.6% at endline. This decline is predominantly attributable to the substantial decrease in the percentage of teachers expressing confidence in demonstrating how to use a condom from baseline to endline (62.9% compared to 41.0%).

Table 12: Teachers' confidence in using SRHR teaching methods

Question:	Baseline n=62	Endline n=40
<i>How confident do you feel about using the following teaching methods in the classroom? (four-point Likert scale, percentage includes those who responded agree or strongly agree)</i>		
1. Inviting students to actively participate in the lessons	91.9%	100.0%
2. Using small group work to teach sexuality education	93.6%	97.4%
3. Delivering the provided sexual education curriculum even if it differs from your own personal opinions and values	75.8%	90.0%
4. Guiding class discussion on potentially sensitive sexual health topics	90.3%	82.1%
5. Organising role plays, such as talking to a partner about sex	71.0%	76.9%
6. Giving a demonstration on condom use	62.9%	41.0%
Average across the statements	80.9%	79.6%

5 Discussion

The analysis presented in this report highlights the overall success of Project Safidy's first year of implementing the integrated SRHR curriculum, whilst identifying opportunities for strengthening education delivery. Compared to 58.1% of teachers at baseline, 84.6% reported delivering SRHR lessons at endline, whilst the average number of SRHR topics covered by each teacher doubled from 3.3 at baseline to 6.5 at endline. Supported by additional research conducted by SEED and the MENETP^b, these results indicate that the scale of SRHR delivery has increased throughout this implementation period.

Teachers' SRH knowledge increased across all surveyed areas, with average comprehension of SRH topics rising by 13.8 percentage points from baseline to endline. Nearly all teachers expressed positive attitudes toward reproductive rights (98.7%) and youth advocacy (90.0%) by endline, whilst support for sexual rights and gender equality statements increased by 10.9 percentage points. Overall, teachers remained confident about teaching SRHR topics, with reported confidence increasing for five of the seven options. Without the delivery of in-depth teacher training during the year^c, these knowledge increases highlight teachers' motivation in using Project Safidy's curriculum resources to improve their own understanding of SRHR topics.

Despite these improvements, significant gaps in teachers' SRHR capacity remain. On average, teachers identified just 2.2 out of the nine counted STIs and 3.3 of the four counted STI prevention methods, mirroring the average numbers cited by students (2.4 STIs and 3.2 STI prevention methods)². Whilst average support for sexual rights and gender equality improved, nearly a quarter of teachers (22.5%) expressed negative attitudes toward these concepts, highlighting the importance of expanding teacher training to cover the full range of SRHR topics.

These knowledge and attitude gaps potentially contributed to decreases in teachers' reported confidence in delivering certain SRHR topics. From baseline to endline, the percentage of teachers who reported confidence in teaching about contraception declined from 100.0% to 85.0%. Whilst confidence in teaching about consent rose by 6.0 percentage points from baseline to endline, 15.0% of teachers still expressed a lack of confidence in educating about this concept. Between baseline and endline, average confidence in using SRHR teaching methods diminished by 1.3 percentage points, with a particularly substantial drop in the percentage of teachers who expressed confidence in giving a demonstration on condom use (21.9 percentage points). These decreases could reflect

^b In surveys conducted by the Project Safidy team and MENETP in 43 schools, 71.7% of headmasters claimed that teachers in their schools delivered lessons with SRHR topics, whilst 75.8% of teachers with integrated SRHR classes reported delivering at least one of these topics. 98.2% of students reported receiving lessons with at least one SRHR topic [see SEED (2019) *Project Safidy, Phase IV: Summary of Findings: Scale of SRHR Delivery* [online]. Available at:

https://madagascar.co.uk/application/files/5915/8330/5464/Project_Safidy_Phase_IV_-_Summary_of_Findings_of_Implementation_Scale.pdf].

^c To support the implementation of the first-year SRHR curriculum, the Project Safidy team and MENETP led train-the-trainer sessions with Ministry officials, which taught them to deliver and introduce the integrated SRHR curriculum to pilot schools. Although the curriculum documents provided information and resources for teaching SRHR topics, in-depth training on SRHR topics was not conducted with teachers due to logistical and budgetary constraints.

the difference between teachers' perceived confidence at baseline and actual confidence after having attempted this lesson at endline, indicating that many teachers lack the capacity to deliver high-quality SRHR lessons.

Across other survey areas, teachers expressed potentially ambiguous attitudes toward SRHR education. Nearly all teachers (97.5%) agreed or strongly agreed that it is necessary to teach students their own norms. Whilst interpreted as a negative response during analysis of baseline and endline surveys, the high percentage of teachers supporting positive SRHR values throughout the survey, including the 90.0% of teachers who expressed confidence in delivering the provided sexual education curriculum even if it differs from their own personal values, indicates that this response could reflect the commitment of teachers to delivering evidence-based SRHR education.

6 Limitations

- 40 teachers participated in the endline survey, which equates to a relatively small sample size. A small sample size reduces the significance of the results and precludes high-quality subgroup analysis. Subgroup analysis was not undertaken with the sample at endline to prevent the identification of false patterns. In addition, the sample only drew from 12 out of the 214 schools in which the curriculum was implemented, representing fewer than half of the regions covered by the new curriculum.
- The data collected at baseline and endline was cross-sectional, meaning that participants were not necessarily the same for each round of surveys. Potential disparities between the samples of teachers surveyed at each round could exaggerate or mask changes in knowledge, attitudes and advocacy practices. To minimise differences between baseline and endline, participants were selected from the same schools.
- Social desirability bias occurs when participants select answers based on what they think the desired answer would be, rather than their actual opinion. Although social desirability bias could have influenced teachers' responses to attitudes and behaviours questions in this survey, the congruity amongst answers regarding knowledge (which is not influenced by social desirability bias) and attitudes indicate that this impact is likely limited. Data triangulation analysis with qualitative data from focus group discussions has also been undertaken to reduce the impact of social desirability bias on endline learnings.

7 Implications for Project Safidy

- These results highlight the need to equip teachers with the skills needed to successfully implement the integrated SRHR curriculum. This capacity-building should be designed to improve teachers' SRHR knowledge, enabling them to effectively teach SRHR topics, answer questions from students, and facilitate classroom discussions.
- Due to remaining capacity gaps regarding contraception, consent, and condom demonstrations, training should particularly target these topics, whilst addressing negative attitudes that impede education delivery. To alleviate the logistical obstacles in conducting widespread training, the Project Safidy team could scale its train-the-trainer model, building the capacity of MENETP officials to deliver teacher training across Madagascar.
- To sustainably support teachers, complementary resources should be disseminated to all schools that are delivering the integrated SRHR curriculum. Since teachers have demonstrated motivation to improve their SRHR capacity, the implementation of peer exchanges, school-based learning committees, or teacher leadership roles could promote ongoing training.
- This teacher capacity-building should be strengthened through robust monitoring, evaluation, and learning to highlight the factors that impact delivery quality. Since November 2019, the Project Safidy team and the MENETP has been piloting the integrated SRHR curriculum into second-year classes, with surveys expanded to reach a higher number of teachers, schools, and regions than the first year of implementation. To understand gaps in SRHR education, this subsequent round of monitoring, evaluation, and learning has been strengthened to assess the scope of curriculum delivery. Focus groups will be used to evaluate the relationship between teachers' personal values and their delivery of the SRHR curriculum.

8 References

¹ World Health Organisation (2018). *Report on global sexually transmitted infection surveillance, 2018*. [online] Geneva: World Health Organisation. Available at: <https://apps.who.int/iris/bitstream/handle/10665/277258/9789241565691-eng.pdf?ua=1>.

² SEED (2020) *Project Safidy: Monitoring, Evaluation, and Learning Student Endline Report* [forthcoming].

Appendix One: Copy of the Teacher Endline Survey

Teacher Endline Survey

Please help us by filling in this questionnaire. Your responses are very important to us and will help us to design good sexual and reproductive health programs for young people in Madagascar.

Do not write your name on this questionnaire. All the information you give us will be kept private. Nobody will know who filled in this questionnaire. Your co-workers, supervisors, neighbors and family will not see your answers.

This is not a test and there are no right or wrong answers. PLEASE BE HONEST IN YOUR ANSWERS. DO NOT give us answers that you think we want from you. We need to know what you and other teachers really think so we can give high schools in Madagascar the information and tools they need.

Filling in this questionnaire is completely voluntary. If it makes you feel uncomfortable, you can stop at any time.

If you have any questions, please raise your hand.

Take your time and answer carefully. There is enough time to complete the questionnaire.

To consent to participate in this survey, please tick this box:

A. YOU AND YOUR SCHOOL

1. Your date of birth:

2. Sex:

Female

Male

3. What is/are your main teaching subjects?
Please select all that apply.

French

Physics /

Malagasy

Chemistry

English

EPS

SVT

Mathematics

History /

Philosophy

Geography

4. What class year(s) do you teach? Please select all that apply.

Seconde

Premiere

Terminale

5. How many years of teaching experience do you have? _____

6. Have you ever taught sexual and reproductive health topics before?

Yes

No

7. Have you personally taught any of the following sexual and reproductive health topics?

Puberty

Gender

Condom
Use

Equality

Consent

STIs and
HIV/AIDS

Menstrual
Hygiene

Advocacy

Sexual Abuse

Vaginal
Fistulas

Early Marriage

Cervical
Cancer

Communication

I have not

Contraception

taught any of
these topics

B. WHAT DO YOU KNOW?

Sexually Transmitted Infections

There are some infections that spread through sexual contact—that means when physical, sexual contact takes place between two people, and one of them has an infection, the other person may get the infection from him/her.

8. Can you name any of these infections?

9. How can one protect oneself from getting these infections? Tick all the answers that you think are correct.

- | | |
|--|--|
| <input type="checkbox"/> Using a condom | <input type="checkbox"/> Abstinence |
| <input type="checkbox"/> Birth control | <input type="checkbox"/> Bathing immediately after sex |
| <input type="checkbox"/> Being faithful | <input type="checkbox"/> Urinating after sex |
| <input type="checkbox"/> You and your partner take a test before sex | <input type="checkbox"/> I don't know |

10. Is it possible for a healthy-looking person to have one of these diseases?

- Yes
- No
- I don't know

11. Is the following statement true or false: some sexually transmitted infections can cause cancer.

- True
- False
- I don't know

Reproductive Knowledge

12. A girl can get pregnant the first time she has sex.

- True
- False
- I don't know

13. The first menstruation of a girl is a sign that she can become pregnant after sexual intercourse with a man.

- True
- False
- I don't know

14. Which methods of contraception have you heard of?

C. REPRODUCTIVE RIGHTS

A young woman should always have the right to...

		Strongly Agree	Agree	Disagree	Strongly Disagree
15	...decide if to have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	...decide when to have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	...decide how many children to have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	...choose to use contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. OPINIONS

To what extent do you agree with the following statements related to sexuality and young people?

		Strongly Agree	Agree	Disagree	Strongly Disagree
19	Young people have the right to make their own decisions about their sexual life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	If a girl does not want to have sex, it is acceptable for the boy to use some pressure to persuade her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	If young people have sex, both the girl and the boy should be willing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	The way a person dresses or acts is often the reason she/he is sexually assaulted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	A boy is not allowed to touch a girl if she does not want him to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	It is fine for a child to get married before they turn 18 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Women and girls should not enter into business or professions, but should work in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you agree to the following statements about sexual health education in schools?

		Strongly Agree	Agree	Disagree	Strongly Disagree
26	Premarital sex is a reality that sexual health educators must acknowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	It is important to talk about sex with young people in an open way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	It is necessary to teach young people my own norms and values as guidelines on sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Providing sexual health education may lead to increased sexual behavior in young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	It is important to teach young people how to use a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you agree to the following statements about young people and advocacy?

		Strongly Agree	Agree	Disagree	Strongly Disagree
31	It is appropriate for young people to advocate for issues they believe in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Young people should be encouraged to discuss safe sexual practices and sexual rights with their friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	It is appropriate for young people to advocate for sexual and reproductive health rights in their communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. CONFIDENCE IN TEACHING SEXUALITY EDUCATION

How confident do you feel about teaching the following sexual and reproductive health topics in the classroom?

		Very Confident	Somewhat Confident	Somewhat Unconfident	Very Unconfident
34	Educating pupils about sexual development and puberty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Educating pupils about sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Educating pupils about contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Educating pupils about consent between sexual partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Educating pupils about sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Educating pupils about gender equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Educating pupils about menstruation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How confident do you feel about using the following teaching methods in the classroom?

		Very Confident	Somewhat Confident	Somewhat Unconfident	Very Unconfident
41	Giving a demonstration on condom use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Organizing role plays, such as talking to a partner about sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Guiding class discussion on potentially sensitive sexual health topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Using small group work to teach sexuality education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Inviting students to actively participate in the lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Delivering the provided sexual education curriculum even if it differs from your own personal opinions and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix Two: Map of Surveyed High Schools

- 1 Lycée Laurent Botokey
- 2 Lycée Pôle Fort Dauphin
- 3 Lycée Ambohidratrimo
- 4 Lycée Andoharanofotsy
- 5 Lycée Privé Adventiste
Ambositra
- 6 Lycée Ambovombe
- 7 Lycée Philibert Tsiranana
- 8 Lycée Sileny Paul
- 9 Lycée Miarinarivo
- 10 Lycée J. Rabemananjara
- 11 Lycée André Resampa
D'Antsirabe
- 12 Lycée Andramasina
- 13 Lycée Ambositra

