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Project Safidy

Statement of Advocacy for Sexual and Reproductive Health Rights Education in Madagascar

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Project Safidy: Statement of Advocacy

SEED Madagascar's Project Safidy aims to provide rights-based, government-endorsed comprehensive sexual health education to lycée students throughout Madagascar. Through this education, young people can be empowered to take control of their sexual and reproductive health by learning how to avoid negative health outcomes such as sexually transmitted infections (STIs) and unintended pregnancy, supported by the development of communication skills to assert their rights within relationships.

Project Safidy employs a rights-based approach to educating young people on their sexual and reproductive health. This method aligns with a concept internationally known as Sexual and Reproductive Health and Rights (SRHR). The SRHR approach to education and health care, which has been adopted and endorsed by the United Nations, World Health Organization (WHO), International Planned Parenthood Federation and others, goes beyond simply providing technical health information, and promotes the personal choices and overall wellbeing of the whole individual.

1. Defining SRHR

SRHR applies universal human rights to the sexual and reproductive health of individuals. In practice, SRHR ensures that in addition to having access to evidence-based information regarding sexual health and reproduction, individuals are also afforded the autonomy to make personal decisions about their sexual and reproductive wellbeing. Consequently, every individual has the right to decide with whom, when, and how they engage in sexual relationships; and to choose if, when, and how many children to have.

Equipping young people with the knowledge and skills to assert their rights in sexual relationships is key to improving long-term health outcomes. Young people (aged 15-24) are especially vulnerable to experiencing interpersonal violence, death due to complications from childbirth, and contracting STIs when compared with other age groups (WHO, 2017). By delivering sexual and reproductive health information in a format that emphasises personal rights, young people can be empowered to negotiate for healthier sexual relationships, thereby protecting themselves from preventable adverse health outcomes.

2. SRHR Alignment with Malagasy Values

The rights-based approach which forms the foundation of SRHR education promotes health, respect for life, respect for others, and personal responsibility; all components of Malagasy culture and values. As stated in the Malagasy constitution, Madagascar has committed to uphold the principles outlined by the Universal Declaration of Human Rights, as well as the African Charter of Human and Peoples' Rights (UN OHCHR, 2012). Both documents recognise

specific protections for women and children, as they are particularly vulnerable to experiencing violations of human rights which often affect their health. SRHR, when integrated into education, assists in improving health outcomes and plays a role in protecting vulnerable populations from experiencing human rights violations over the life course. Denying children access to evidence-based information on their sexual and reproductive health puts them at risk of preventable morbidity and mortality; a direct violation of the human rights declarations ratified by Madagascar.

Nearly half of the population in Madagascar are under the age of 15 (WHO, 2015), and their sexual and reproductive health outcomes will heavily influence the future of the nation. There is much evidence showing that, especially for women and girls, sexual and reproductive health outcomes influence a family's health and economic wellbeing more than other factors. For example, a girl who experiences an early and unintended pregnancy is less likely to finish school, which decreases her skills and opportunities to find employment (WHO, 2014). Even delaying sexual initiation and possible pregnancy is vital, as "each additional year of schooling for girls increases future earnings by about 10 per cent and reduces infant mortality by up to 10 per cent." (International Planned Parenthood Federation, 2017)

As comprehensive sexual health education programs have been proven to reduce early and unintended pregnancy and STIs such as HIV, educating young people in this way increases the likelihood that they will finish school, find gainful employment, and contribute economically and socially to their communities.

3. Current Curriculum Policy Alignment with SRHR and International Best Practice

3.1 Communication

The current policy is not at odds with SRHR, as it stresses open and honest dialogue and encourages young people to take a leadership role in their communication with others. However, it can be further developed to equip young people with skills to negotiate for safer sex. Moreover, lessons on communication within the context of SRHR can help them to understand how to express their own values and wishes in sexual relationships, as well as actively listen to and respect the wishes of others.

3.2 Sexual Health

For children, sexual health education should go beyond personal hygiene to provide information that helps young people understand their bodies. The United Nations Population Fund advocates for comprehensive sexual education for young people, defined as "education which includes scientifically accurate information about human development, anatomy and

reproductive health, as well as detailed information about contraception, childbirth and STIs, including HIV" (UNFPA, 2016).

Moreover, sexual education programs that promote the idea that young people should abstain from sex until marriage or until the age of 18 are ineffective. According to research, students who receive abstinence-only education are not more likely than students who receive comprehensive sexual health education to abstain from sex, delay sexual activity, or engage in sex with fewer partners (Advocates for Youth, 2008). Furthermore, students who receive abstinence-only education are potentially more at-risk of contracting an STI or experiencing an unintended pregnancy, as these programs have shown negative impacts on students' likelihood to use condoms and other contraception when do they have sex (Guttmacher Institute, 2011).

Contrary to some fears, SRHR does not omit or discourage abstinence in sexual health education, but rather presents it as one option amongst many for avoiding negative outcomes from sex. SRHR encourages students to explore their own values, often rooted in religion and family upbringing, and make choices that align with those values. Furthermore, the SRHR approach to education provides young people with important information that helps them achieve better health outcomes throughout the course of their life—regardless of when they choose to become sexually active.

3.3 Sexual Abuse

The current education policy directly contradicts the rights-centred tenants of SRHR, as blame for sexual assault and responsibility for preventing future sexual violence are placed on the victim instead of the perpetrator. Sexual violence is an assertion of power, and therefore cannot be regarded as a sexual act that can be avoided by behaviour changes in victims; particularly women.

The current curriculum names style of dress, ways of talking, and accepting gifts from men as reasons one may be raped. Actual risk factors for experiencing sexual assault include poverty, being young, and living in a society where male dominance and superiority are emphasised (WHO, 2002). To decrease sexual violence in Madagascar, current education policy must be adapted to support a multi-layer approach that addresses cultural norms, gender inequality, and interpersonal communication.

Interventions that have proven successful in reducing the perpetration of sexual violence contain the following common themes: promoting a negative view of sexual violence and harassment, increasing knowledge and correcting misconceptions surrounding rape, teaching components of sexual consent, challenging gender norms [specifically regarding masculinity], and building safe intervention skills amongst bystander individuals (Centres for Disease Control and Prevention, 2017).

3.4 Discrimination Against Young People:

In the current education policy, discrimination against young people is represented as experiencing frustration or shyness, particularly relating to feelings of isolation in their peer group. The actual curriculum document for 12-15 year olds lacks clear objectives and information for teaching students about discrimination. Relating to SRHR, common reasons for discrimination include: gender, HIV or STI status, pregnancy, and sexual choices (International Planned Parenthood Federation, 2011). This section of the curriculum should be further developed to include a clear definition of discrimination which includes SRHR-specific information, why discrimination should be avoided, and the consequences of discrimination.

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