seed madagascar
sustainable environment, education & development

A Report for

# READY FOR RIGHTS

## Monitoring, Evaluation, and Learning

March 2022

# Table of Contents



# Introduction

Between September 2021 and March 2022, SEED Madagascar (SEED) piloted Ready for Rights, a six-month project aiming to improve sexual and reproductive health and rights (SRHR) outcomes for middle-school students. Working in four middle schools across the Fort-Dauphin region, Mahatalaky, Mandromondromotra, Manambaro, and Soanierana, Ready for Rights provided accurate, rights-based knowledge around key SRHR topics. Topics included menstrual hygiene/health management (MHM), consent, family planning, and STI/HIV prevention. SEED also provided train-the-trainer sessions to middle school teachers to ensure they have the knowledge and confidence to provide accurate SRHR information to students.

To accompany SRHR-based education sessions, Ready for Rights supported improved menstrual hygiene/health management (MHM) through the construction of MHM facilities at two of the pilot schools to provide a space where girls can safely manage their menstrual health with privacy and dignity.[1] Additionally, the project conducted reusable pad-making sessions with female students and young out-of-school females ages 11-18.

Through the implementation of this project, SEED sought to create sustainable change by equipping teachers and healthcare workers in targeted communities with the skills, knowledge, and confidence to deliver high-quality SRHR education and services long after the project's completion. Through interviews and feedback sessions, SEED worked with healthcare workers to understand the challenges they face in delivering SRHR education and services to young people. Additionally, SEED collected qualitative and quantitative data from the young people involved in the project. This report includes data from baseline and endline knowledge, attitudes, and practices (KAP) surveys conducted with students and in-depth focus group discussions with teachers held after they had received training on SRHR topics.

[1] Mahatalaky middle school already had MHM facilities constructed by SEED under a previous construction project. SEED is currently fundraising to provide MHM facilities in Mandromondromotra middle school.

# Methodology

## Survey and Questionnaire Development

To assess students' knowledge of SRHR, Ready for Rights used a baseline and endline paper survey with questions covering key SRHR topics. The baseline survey contained 21 questions divided into five categories, and the endline survey contained 29 questions divided into six categories. These surveys broadly covered consent, contraception and family planning, STI/HIV prevention, and MHM. Questions regarding students' access to the community health centre were only included in the endline survey and were based on learnings from interview data collected from healthcare workers. Some questions were asked only at baseline as the survey was then simplified ahead of the endline data collection. The survey was developed in English and then translated into Malagasy to be used in schools.

A questionnaire containing KAP questions was developed under Ready for Rights with SEED's Monitoring, Evaluation, and Learning (MEL) Specialist first in English and then translated into Malagasy.

## Locations and Participant Selection

Baseline surveys were conducted with 954 students, and endline surveys were conducted with 979 students from grades 7, 8, and 9 (aged 11-18) in the four middle schools targeted by this project. A total of 20 teachers, five from each of the four middle schools, were selected to participate in focus group discussions regarding SRHR education.

## Data Processing and Management

Project Ready for Rights staff were trained to enter data from paper surveys into a secure Excel database accessible to the MEL Specialist. The MEL Specialist then downloaded and carried out data cleaning and analysis using Microsoft Excel.

## Limitations

Survey data were collected by paper and subsequently digitalized using a data entry form created using the data validation function on Excel. While straightforward to implement, paper-based data systems risk introducing errors both at the time of data collection and during digitalization. Erroneous data from baseline and endline demonstrated these risks. We also did not record the identity of the data entry staff per data collection period and accordingly could not assess differences in data entry quality per staff. Certain patterns of responses also suggest a lack of understanding of the questions by the students, specifically around questions that could have multiple answer options.

## Ethics

Prior to survey delivery, trained survey staff representing Project Ready for Rights conducted an informed consent process with all participating students and teachers. Surveys were completed in classrooms and under the supervision of Community Liaison Officers (CLOs). Focus group discussions were conducted under the supervision of CLOs. Completed paper surveys, results, and transcripts were securely transferred to project staff for data entry and analysis at SEED's office.

# Results

## Students Survey Results

### Demographics and Sexual Activity

Students from three different grades at four schools were surveyed for this project. The average age of students was 15.4 at baseline and 15.6 at endline. The number of female respondents increased from baseline (39.2%) to endline (37.4%). Additionally, the number of students who reported having sex increased from baseline (45.7%) to endline (46.0%), with more male than female students reporting this at both baseline and endline.

*Table 1: Student information and sexual history*

| | Baseline (n = 954) | | | Endline (n = 979) | | |
|---|---|---|---|---|---|---|
| | **Female** | **Male** | **Total** | **Female** | **Male** | **Total** |
| Average age | 15.4 | 15.4 | 15.4 | 15.3 | 15.8 | 15.6 |
| Students who have had sex | 31.3% | 55.0% | 45.7% | 36.6% | 51.5% | 46.0% |

### Understanding of SRHR and Consent

At endline, many students showed an enhanced understanding of consent around sexual activity. A total of 88.8% of students correctly identified they should still ask for consent even if they and their partner had previously engaged in sexual activity (up from 41.8% at baseline), and 83.0% reported feeling comfortable saying no to unwanted physical contact (up from 49.4% at baseline).

*Table 2: Students' understanding of Consent*

| **Question** | **Baseline (n=954)** | **Endline (n=979)** |
|---|---|---|
| **If my partner and I have had sex before then I still** need to ask permission again | | |
| Agree | 41.8% | 88.8% |
| Disagree | 43.9% | 10.3% |
| No opinion | 14.3% | 0.9% |
| **I feel comfortable telling someone that I do not want them to touch me** | | |
| Agree | 49.4% | 83.0% |
| Disagree | 46.1% | 8.9% |
| No opinion | 4.5% | 8.1% |

At endline, 91.8% of students were able to correctly identify which scenario was an example of consensual sex, an improvement from 72.0% at baseline. 7.9% of the students who chose correctly also selected the "I don't know" option, leaving 83.9% of students who only chose the correct answer. There was also a significant decrease in the percentage of students who reported that silence equalled consent, that coercion equalled consent, or that a person could consent while intoxicated. In all cases, male students were slightly more likely than female students to agree with these views at both baseline and endline.

*Table 3: Examples of consensual sex as identified by students.*

| Question | Baseline (n = 954) | | | Endline (n = 979) | | |
|---|---|---|---|---|---|---|
| **Which of the below scenarios are examples of consensual sex (Tick all that apply)?** | **Female** | **Male** | **Total** | **Female** | **Male** | **Total** |
| Both partners are sober and say 'yes' and do not change their minds | 71.7% | 72.2% | 72.0% | 93.2% | 90.9% | 91.8%* |
| One partner says yes and the other does not say anything | 11.8% | 19.0% | 16.1% | 4.1% | 10.1% | 7.9% |
| Both partners say yes but one is very drunk | 16.8% | 24.8% | 21.7% | 1.4% | 4.6% | 3.4% |
| One partner forces the other to say yes to sex | 9.9% | 18.6% | 15.2% | 3.8% | 5.5% | 4.9% |
| One partner says no but is acting like they want sex | 13.4% | 24.5% | 20.1% | 0.8% | 2.4% | 1.8% |
| I don't know | 12.1% | 8.3% | 9.9% | 12.8% | 8.5% | 10.1% |

**The data suggests that at least one person chose both "I don't know" and "Both partners are sober...". Adjusting for this error, the percentage of student who only chose "Both partners are sober.." was 83.9%.*

## STIs/HIV Prevention

Some students showed enhanced knowledge of STIs; however, these results were mixed. Whilst 11.2% of students at endline could identify five or more STIs (compared with 0 at baseline), the percentage of students who could not identify any STIs increased from 9.0% to 24.0% of students. The average number of STIs identified by students increased from 1.0 to 1.6 between baseline and endline.

*Table 4: Students' knowledge of STIs*

| Question: | Baseline (n = 954) | Endline (n = 979) |
|---|---|---|
| **Tick all the STIs that you know** | | |
| Chlamydia | 0.0% | 21.0% |
| Gonorrhoea | 0.8% | 26.0% |
| Syphilis | 6.6% | 62.6% |
| Herpes | 0.1% | 0.6% |
| HIV | 6.0% | 21.5% |
| AIDS | 58.0% | 28.8% |
| Trichomoniasis | 0.3% | 0.4% |
| HPV | 0.1% | 0.0% |
| Genital Warts | 0.5% | 0.2% |
| Hep A | 0.0% | 0.4% |
| Hep B | 0.0% | 0.2% |
| **Average number of STIs listed** | **1** | **1.6** |

The number of students who reported that one should get tested for STIs with each new partner increased from 69.1% at baseline to 82.6% at endline. The number of students who reported that one does not need to get tested unless one had symptoms decreased from 26.0% at baseline to 3.5% at endline. However, there was a decrease (from 54.9% to 25.0%) in the number of students who reported that one should get tested if they or their partner had symptoms. At both baseline and endline, boys were less likely to agree that they should be tested when they had STI symptoms.

*Table 5: Student's knowledge of when STI testing is necessary*

| Question | Baseline (n = 954) | | | Endline (n = 979) | | |
|---|---|---|---|---|---|---|
| **When should you get tested? (Tick all that apply)** | **Female** | **Male** | **Total** | **Female** | **Male** | **Total** |
| You should get tested for every new partner | 67.4% | 54.3% | 69.1% | 81.7% | 83.1% | 82.6% |
| You should get tested when you or your partner has STI symptoms | 55.9% | 27.2% | 54.9% | 29.8% | 22.2% | 25.0% |
| You do not need to get tested if you don't have symptoms | 24.1% | 23.4% | 26.0% | 3.3% | 3.6% | 3.5% |
| You should not ask a partner when they got tested as it is private | 18.0% | 23.6% | 21.3% | 5.7% | 4.6% | 5.0% |
| I don't know | 0.0% | 0.0% | 0.0% | 5.7% | 7.2% | 6.6% |
| Other* | 9.0% | 4.8% | 6.4% | 0.3% | 0.2% | 0.2% |

*None of the students who chose this option provided any further explanation

Most students at baseline (92.7%) and endline (94.7%) reported that they would visit their local hospital or healthcare centre to get tested for STIs. The number of students who reported that they would visit a pharmacy, community health worker, or traditional healer all decreased from baseline to endline. There were no students at endline who reported that they did not know where they could get tested for STIs.

*Table 6: Student's knowledge of where STI testing can be done*

| Question | Baseline (n = 954) | Endline (n = 979) |
|---|---|---|
| **What are some places where you would go to get an STI test? (Tick all that apply)** | | |
| Hospital or healthcare centre | 92.7% | 94.7% |
| Pharmacy | 8.8% | 2.7% |
| Community health worker | 10.1% | 1.9% |
| Traditional healer | 5.9% | 1.6% |
| Other | 0.7% | 0.0% |
| I don't know | 1.2% | 0.0% |

At baseline, 30.5% of students believed that condoms could be used to prevent HIV/STIs only, whereas, at endline, this number had decreased by 83.3%. The number of students who believed condoms only prevent pregnancy also decreased from 16.2% to 4.0% between baseline and endline. The number of students who were aware that condoms prevent both HIV/STIs and pregnancy increased from 53.2% at baseline to 90.9% at endline. Understanding of condom use did not greatly differ between male and female students.

*Table 7: Students who correctly identified condom use.*

| Question | Baseline (n = 954) | | | Endline (n = 979) | | |
|---|---|---|---|---|---|---|
| **Condoms can be used to prevent:** | Female | Male | Total | Female | Male | Total |
| HIV/STIs | 30.0% | 30.9%% | 30.5% | 4.1% | 5.7% | 5.1% |
| Pregnancy | 17.1% | 15.7% | 16.2% | 3.8% | 4.1% | 4.0% |
| Both | 52.9% | 53.4% | 53.2% | 92.1% | 90.2% | 90.9% |

## Family Planning/Pregnancy

At baseline, only a third (33.3%) of students believed that a girl could get pregnant at her sexual debut, increasing to 85.2% at endline. Female students were more likely to correctly identify this than males at both baseline and endline. The number of students who correctly identified that first menstruation is a sign that a girl has entered reproductive age increased from 3.6% at baseline to 43.7% at endline.

*Table 8: Students' understanding of early pregnancy*

| **Question** | **Baseline (n=954)** | | | **Endline (n=979)** | | |
|---|---|---|---|---|---|---|
| **True/False questions (answered correctly)** | Female | Male | Total | Female | Male | Total |
| A girl can get pregnant the first time she has sex | 37.7% | 30.5% | 33.3% | 89.1% | 82.7% | 85.2% |
| First menstruation indicates that a girl has entered reproductive age | 2.1% | 4.7% | 3.6% | 47.8% | 41.3% | 43.7% |

There were significant increases in recognition of all contraceptive types. The most recognised contraceptive types were the oral pill and injection, increasing from 64.3% and 69.3% at baseline to 91.6% and 90.5% at endline, respectively. The male (external) condom, implant, and calendar method were recognised by over 80.0% of students at endline. The male (external) condom saw the biggest increase in recognition – from 23.6% at baseline to 87.8% at endline. The intrauterine device (IUD) and female condom were the least recognised at both baseline and endline. The average number of contraceptive options identified by students rose from 3.0 at baseline to 5.4 at endline. There were large differences in recognition of specific types of contraception by female and male students. Female students reported higher recognition of the oral pill, injectable contraception, and IUD while male students were more much likely to recognise the female (or internal) condom and slightly more likely to recognise the male (or external) condom, implant, and calendar method.

*Table 9: Students' knowledge of contraceptive options*

| **Question** | **Baseline (n=954)** | | | **Endline (n=979)** | | |
|---|---|---|---|---|---|---|
| **Tick all the contraceptive options that you know** | Female | Male | Total | Female | Male | Total |
| | n = 374 | n = 580 | n = 954 | n = 366 | n = 613 | n = 979 |
| Male (or external) condom | 14.7% | 29.0% | 23.6% | 77.3% | 80.8% | 87.8% |
| Oral pill | 73.8% | 57.8% | 64.3% | 95.6% | 81.7% | 91.6% |
| Injectable contraception | 79.1% | 63.8% | 69.3% | 93.4% | 55.3% | 90.5% |
| IUD | 26.2% | 21.9% | 23.8% | 57.7% | 53.5% | 55.3% |
| Female condom | 16.6% | 22.6% | 20.4% | 56.6% | 88.4% | 56.0% |
| Implant | 66.3% | 45.9% | 54.1% | 83.9% | 89.0% | 82.3% |
| Calendar method | 46.5% | 44.1% | 45.3% | 82.0% | 89.0% | 81.4% |
| **Average number of options identified** | **3.3** | **2.8** | **3** | **5.5** | **5.3** | **5.4** |

## Menstrual Health/Hygiene Management

Additional questions regarding MHM were added to endline surveys to explore lessons learned from MHM and pad-making sessions delivered to students. Questions regarding MHM were filled out by female students only. In total, 14.8% of female students reported using disposable pads, whereas 18.0% reported using a cloth only. Most female students (67.2%) reported using reusable pads during menstruation. An overwhelming majority of respondents (95.4%) said they manage their menstrual hygiene in the bedroom. The rest either used bathrooms, latrines, or went outside to manage menstruation.

Most female students responded that they obtain menstrual products from shops (48.4%), but a considerable number (37.4%) said that they obtain products from SEED and other similar organisations.

*Table 10: Female students' knowledge and behaviour related to MHM practices*

| **Question** | **% Of total (n = 366)** |
|---|---|
| **What is the type of menstrual product that you use the most?** | |
| Cloth | 18.0% |
| Disposable napkin/pad | 14.8% |
| Reusable napkin/pad | 67.2% |
| **Where do you manage menstrual hygiene?** | |
| Bathroom | 0.5% |
| Bedroom | 95.4% |
| Latrine | 0.5% |
| Other: Outside/ River | 3.6% |
| **Where do you obtain products for menstrual hygiene management?** | |
| Hospitals | 7.7% |
| Pharmacies | 4.0% |
| Shops | 48.4% |
| Other: SEED Madagascar or NGOs | 37.4% |
| No answer | 2.5% |

At endline, 97.8% of female students had attended at least one of the pad-making sessions. Of these, 82.50% attended all three sessions. 86.0% of students who attended the sessions had made three or more pads during these sessions. By endline, 82.0% of students had used the pads, and only 5.0% of them had experienced leakages. In total, 85.3% of the female students reported that they are comfortable attending school while wearing the pads that they had made.

*Table 11: Female students' experiencing of pad-making sessions*

| Question | % Of total |
|---|---|
| **Have you attended at least one pad making session? (n=366)** | |
| Yes | 97.8% |
| No | 1.4% |
| No Answer | 0.8% |
| **How many pad-making sessions did you attend? (n=365)*** | |
| **Zero** | 1.4% |
| One | 9.3% |
| Two | 5.2% |
| Three | 82.5% |
| **More than three* We only did 3** | 1.6% |
| **How many pads did you make? (n=364)** | |
| Zero | 1.1% |
| One | 8.2% |
| Two | 4.7% |
| Three or more | 86.0% |
| **Have you tried out the pads you made? (n=362)** | |
| Yes | 82.0% |
| No | 10.8% |
| No Answer | 7.2% |
| **Does your pad leak?** | |
| Yes | 5.0% |
| No | 95.0% |
| **Are you comfortable wearing the pads you made to school? (n=360)** | |
| Yes | 85.3% |
| No | 9.2% |
| No Answer | 5.5% |

The percentage of female students who knew where they could obtain safe sanitary products increased from 74.9% at baseline to 90.4% at endline.

*Table 12: Female students' knowledge of where to obtain menstrual products*

| Question | Baseline (n = 374) | Endline (n = 366) |
|---|---|---|
| **Do you know where to obtain sanitary products?** | | |
| Yes | 74.9% | 90.4% |
| No | 25.1% | 9.6% |

## Access to the health centre

In terms of accessing services at the health centre, 51.0% of female and 49.0% of male students had visited the healthcare centre for SRHR services in the past. 97.5% of female students and 91.8% of male students reported that they would be comfortable visiting the health care centre in the future. An overwhelming majority of both male (96.2%) and female (92.2%) students reported they are comfortable asking their parents for support in accessing SRHR services at the health centre. In total, 97.5% of female students and 97.7% of male students reported that they would feel more comfortable visiting the healthcare centre if there was a separate space to receive young people.

*Table 13: Students' access to the health centre*

| Question | Female (n=366) | Male (n = 613) |
|---|---|---|
| **Have you ever visited the healthcare centre for SRHR services?** | | |
| Agree | 51.0% | 49.0% |
| Disagree | 48.1% | 45.8% |
| No answer | 0.9% | 5.2% |
| **Would you feel comfortable visiting the healthcare centre in the future?** | | |
| Agree | 97.5% | 91.8% |
| Disagree | 1.6% | 5.2% |
| No answer | 0.9% | 3.0% |
| **Would you feel comfortable asking your parents for support in approaching healthcare centre for SRHR services?** | | |
| Agree | 96.2% | 92.2% |
| Disagree | 2.7% | 5.7% |
| No answer | 1.1% | 2.1% |
| **Does your healthcare centre have a youth only space?** | | |
| Agree | 95.4% | 89.7% |
| Disagree | 4.1% | 7.2% |
| No answer | 0.5% | 3.1% |
| **Would you feel more comfortable visiting the healthcare centre if there was a youth only space?** | | |
| Agree | 97.5% | 97.4% |
| Disagree | 2.4% | 1.8% |
| No answer | 0.0% | 0.8% |

## Teacher Focus Group Discussions

### Beliefs Regarding SRHR Education

Teachers described SRHR education to be crucial due to the belief that STIs are becoming more prevalent amongst younger adolescents and that early pregnancy is contributing to high drop-out rates amongst female students. They found SRHR education challenging because they were afraid that it might encourage students to participate in sexual activities. Teachers expressed concern that students do not always take SRHR education seriously because it is a taboo subject, particularly in rural areas. However, a few teachers reported that students who were already sexually active tended to be more receptive to and inquisitive about SRHR education. None of the teachers reported any discomfort or personal apprehensions about teaching SRHR; however, a few noted that they felt shy or awkward when discussing SRHR subjects, particularly with siblings in the same class, students who were relatives, or children of their colleagues. Teachers from Soanierana explained that girls tended to be more interested in SRHR education because boys often do not feel that it concerns them. Earth and Life Sciences teachers had the most experience of teaching SRHR compared to teachers from other subjects such as History, Geography, and Civics because there were more topics, such as anatomy and marriage, where SRHR topics could be incorporated more easily.

Male teachers reported a lack of knowledge about MHM. Some also stated they would feel uncomfortable teaching these topics, as students may think that a male teacher delivering them is inappropriate. In Manambaro,

teachers said that they worried about teaching SRHR topics because students ask complicated questions that are difficult to answer.

Teachers at all schools across different subject areas reported that they do not have time to cover SRHR topics in their existing education programmes. Many teachers had only taught SRHR topics once, twice, or not at all, mostly due to time constraints and occasionally because they did not understand how to integrate topics into their curriculums. Teachers across the four schools explained that contraception, MHM, and STI prevention were easier to teach, whereas lessons around consent often caused serious arguments amongst the students. Teachers who had experience of students coming to them with SRHR issues such as STIs, sexual abuse, or pregnancy reported that they either reported it to parents or advised students to go to the hospital depending on the severity of the concern. Teachers noted that stigma surrounding SRHR was slowly changing despite it being a taboo subject rarely discussed in society.

Based on these discussions, teachers suggested introducing SRHR into earlier stages of education as students are now becoming sexually active at earlier ages. Along with more training on SRHR topics, teachers requested more time and training to integrate SRHR education into their respective subjects. Some teachers mentioned the need to deliver separate sessions for boys and girls and to separate siblings during the sessions. Teachers in two schools highlighted the need for MHM facilities to reduce the number of girls missing school. Lastly, teachers requested information on authorities that could respond to cases of sexual abuse and violence.

## Summary of Data

Findings from the baseline and endline surveys provide a complex picture of students' SRHR knowledge, attitudes, and practices and are a strong demonstration of areas where there is a need for further intervention. The following points highlight some of those specific areas in which future intervention can be emphasised:

- Nearly half of the students (average age of 15.4) surveyed across three classes at the middle school level reported having had sexual intercourse. More male students than female students reported that they had begun having sexual experiences. Only 21.9% of female students surveyed had reached puberty.
- Although the number of students incorrectly identifying examples of consent reduced over the course of this intervention, continued lessons may help ensure that the correct ideas surrounding consent become the norm.
- The average number of STIs identified by students rose from endline to baseline; however, the number of students who could not identify any STIs also increased. In terms of STI testing, there was an increase in the number of students reporting that one should get tested with each new partner and a decrease in the number that believed testing was unnecessary if there were no symptoms.
- The use and recognition of the male condom amongst students greatly improved between baseline and endline amongst both male and female students. There were also significant increases in recognition for all contraceptive types. 97.8% of female students had attended least one pad-making session, 86.0% had made three or more pads, 95.0% used the pads without having experienced leakages, and 85.3% reported that they are comfortable attending school wearing them. A considerable amount (37.4%) of female students said that they obtain products from SEED and other similar organisations. This suggests a reasonable level of dependence on NGOs, which is not ideal.
- Less than half of the students had visited their local healthcare centre in the past. Most of the students mentioned that they would be comfortable visiting the healthcare centre in the future, particularly if there was a youth-only space for them.
- Overall, knowledge, attitudes, and practices amongst middle school students greatly improved from baseline to endline.
- Providing middle school teachers with the training and tools to fit SRHR into their teaching schedules may help alleviate some of the challenges they face regarding time and lack of guidance on teaching SRHR.