seed madagascar
sustainable environment, education & development

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR YOUNG PEOPLE IN THE FORT-DAUPHIN DISTRICT

Ready for Rights: Advocacy Report

February 2022

Contents

Executive Summary

With limited access to information about their bodies and their sexual and reproductive health and rights (SRHR), young people in Madagascar face additional challenges as they enter puberty. SEED Madagascar's (SEED's) Ready for Rights project based in the Fort Dauphin region of southeast Madagascar, aimed to change this by equipping students, teachers, and healthcare providers with accurate knowledge around key SRHR topics and providing the practical resources needed to support girls to manage their menstruation in school with dignity.

Ready for Rights was a six-month pilot project implemented between September 2021 and March 2022 by SEED, an award-winning British NGO, based in the Fort Dauphin region. Working in a total of four schools across Mahatalaky, Mandromondromotra, Manambaro, and Soanierana, Ready for Rights focused on providing students who have reached puberty with accurate, rights-based knowledge around key SRHR topics: menstrual health management, consent, early pregnancy/family planning, and STI/HIV prevention. In addition to providing education sessions to students directly, SEED supported middle school teachers with train-the-trainer sessions to ensure that teachers have the knowledge to provide accurate information to their students.

Through Ready for Rights, SEED has piloted and explored in-school SRHR education in middle schools, pad-making for young girls in and out of school, and partnerships with community health centres (*Centres de Santé de Base* or CSBs). To inform future programming, SEED conducted interviews and feedback sessions with healthcare providers and key stakeholders, baseline and endline surveys with middle school students who had attended SRHR education and pad-making sessions, and informal discussions with other beneficiaries and stakeholders.

This report summarises the findings from across the Ready for Rights project. From this, high-level recommendations are presented to a range of stakeholders, including local, regional, and national government; schools; healthcare workers; and other NGOs, to inform programming and ultimately strengthen the ability of young people across the Fort Dauphin region, and Madagascar as a whole, to realise their SRHR. These recommendations include:

1. Continue and expand comprehensive, **rights-based SRHR education** in middle schools. Ensure that sessions are offered on an ongoing basis and regularly reviewed and adapted where necessary to improve knowledge retention and sustain behaviour change.
2. Actively target **out-of-school youth** with SRHR education and services to ensure they are supported to make informed decisions.
3. Work with **communities, young people, parents, schools, and other influencers** to reduce stigma, embarrassment, and misinformation around SRHR topics, particularly STIs and contraception.
4. Raise awareness of and **sensitise parents** to adolescent SRHR topics and services to ensure young people are supported to achieve their SRHR.
5. Ensure **healthcare workers**, including those in CSBs and those in communities, receive comprehensive SRHR education training and can access the resources, equipment, and support they need to deliver SRHR education and services and reduce stockouts.
6. Provide clarity to healthcare workers on relevant **legislation, policies, and directives** around SRHR education and services. Specifically, clarify requirements around the need for parental consent for young people accessing SRH services. Where possible, Ministry partners are urged to simplify processes to reduce barriers young people face in accessing essential services.
7. In addition to ongoing work with the local police to prosecute illegal sellers of medicine, raise awareness about the dangers of buying medicines without consulting healthcare workers to reduce the demand for them.
8. Increase SRHR awareness amongst the community around young people with the aim to remove barriers of shame, stigma, and cost, to ensure that young people can freely **access the treatment they require** at CSBs.

Context

SRHR outcomes in Madagascar are concerning. UNAIDS estimates that between 2010-2017 the number of people living with HIV rose by 84%, and the Ministry of Public Health reports that young people make up half of the HIV-positive population[1]. A lack of facilities or supplies to manage periods at school presents additional challenges for menstruating students, who may be embarrassed or face stigma from peers[2]. As a result, girls often miss days of school due to menstruation, negatively impacting their education[3].

Rights-based SRHR education is limited for many – previous SEED programming and research has shown that if young people do receive SRHR education in school, it is likely to be only focused on promoting abstinence and young people miss out on essential information about their bodies. Rights-based SRHR education gives young people the knowledge and confidence to make informed decisions about their bodies and sexualities. In addition, there are positive short and long-term health and education impacts. In the short-term, improved SRHR knowledge means that students will be better equipped to discuss any concerns they have, and healthcare workers will be able to offer appropriate SRHR services. Providing girls with the knowledge, supplies, and facilities to manage their periods at school will not only improve their health outlook but their education as well. In the long-term, it could lead to a reduction in rates of early pregnancy, schooling drop-outs due to early pregnancy, or STI cases across the country.

About Ready for Rights

Implemented by SEED between September 2021 and March 2022, Ready for Rights was a six-month pilot project that aimed to improve SRHR outcomes for middle school students. Working in four schools across Mahatalaky, Mandromondromotra, Manambaro, and Soanierana, Ready for Rights provided accurate, rights-based knowledge around key SRHR topics: menstrual health management, consent, early pregnancy/family planning, and sexually transmitted infection (STI)/HIV prevention. SEED also offered train-the-trainer sessions to CEG teachers to ensure they have the knowledge and confidence to provide accurate information to their students.

Ready for Rights supported improved menstrual hygiene/health management (MHM) through the construction of bathroom facilities at two schools to provide a safe space where girls can change and wash their pads with privacy and dignity[4]. Additionally, the project conducted reusable pad-making sessions with female students and young out-of-school women.

Through this project, SEED sought to create a lasting impact by equipping healthcare workers in targeted communities with the skills, knowledge, and confidence they need to deliver quality sexual and reproductive health (SRH) services into the future. 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.

Methodology

This report is based on information collected by SEED as part of the Ready for Rights project: baseline and endline surveys with students, interviews with healthcare workers, and focus group discussions with middle school teachers. It also draws on information collected from discussions with regional Ministry of Health officials. For

[1] UNAIDS (2018). UNAIDS Data 2018: Madagascar Fact Sheet. https://www.unaids.org/sites/default/files/media_asset/unaids-data-2018_en.pdf [Accessed 23rd June 2020]

[2] Gelo, A., Damena, M., Geleto, A., & Tura, A. K. (2021, April). *Prevalence of school absenteeism during menstruation and associated factors in sub-Saharan Africa: A systematic review and meta-analysis protocol*. Researchgate. Retrieved February 2022

[3] IBID

[4] One additional school targeted under the project already had these facilities. SEED is currently fundraising to provide MHM facilities in the fourth school.

more details on the methodology of the constituent parts of the report, see RfR Gaps Analysis and RfR MEL Report.

Limitations

The limitations are discussed in more detail in the constituent reports and include: data were not collected with out-of-school youth as it was beyond the scope of the project, the key informant interviews represent the views of a small sample of healthcare professionals, and a detailed follow up was not conducted due to the time restrictions. As the endline survey was conducted soon after the education and pad-making sessions were completed, it cannot be used to assess sustained change. Further, the education sessions were only conducted with in-school youth; therefore, the baseline and endline surveys do not reflect the views of out-of-school youth.

Key Findings

Students

Of the students surveyed at baseline, 55.0% of the boys and 31.3% of the girls reported having had sexual intercourse. The survey results demonstrate key gaps in their SRHR knowledge and practices. For example, 41.8% of young people reported a belief that if they had engaged in sexual intercourse with their partner previously, there was no need to ask for consent again and less than 50% reported feeling comfortable saying no to sexual contact. A notable minority of young people agreed with harmful beliefs around consent (including that a person could consent while intoxicated, that consent could be coerced, and that a person who said 'no' but acted like they wanted sex was, in fact, consenting). Boys were more likely to hold these harmful beliefs than girls.

There was limited recognition of common STIs at the start of the project: the average number of STIs each student listed was 1.0. In addition, only-one third of students believed that a girl could become pregnant on her sexual debut. Whilst there was significant recognition of the oral pill and injection as methods of contraception (among both boys and girls), only 23.6% reported being familiar with male/external condoms.

At endline, many students showed an enhanced understanding of consent around sexual activity. A total of 88.8% of students correctly identified that they should still ask for consent even if they had previously engaged in sexual activity with their partner (up from 41.8% at baseline), and 83.X% reported feeling comfortable saying no to unwanted contact (up from 49.4% at baseline). There was a substantial decrease in the percentage of students who believed that silence equalled consent, that coercion equalled consent, or that a person could consent while intoxicated – however, a small minority still maintained these views.

Whilst some students showed enhanced knowledge of STIs, results were mixed. Positively, the average number of STIs identified by students increased from 1.0 at baseline to 1.6 at endline. Further, 11.2% of the students at endline could identify five or more STIs (compared with 0% at baseline). However, the percentage of students not identifying any STIs increased from 9.0% to 24.0%.

At baseline, only one-third of students believed that a girl could get pregnant at her sexual debut, increasing to 85.2% at endline. There were also significant increases in recognition of all contraceptive types, with the oral pill, injection, male (or external) condom, implant, and calendar method recognised by over 80% of students at endline. The male/external condom had the biggest increase in recognition - from 23.6% at baseline to 87.8% at endline.

The endline survey also asked female students about their experiences of the pad-making sessions. Almost all female students (97.8%) had attended at least one pad-making session, and 86.0% of those who had attended made three or more pads during the sessions. In the endline survey, 82.0% reported having used the pads, and 5.0% had experienced leakages. Overall, 85.3% of female students reported that they are comfortable attending school while wearing the pads they had made.

Lastly, the endline survey asked how likely young people were to visit their local CSB. 97.5% of young women and 91.8% of young men reported that they would be comfortable visiting in the future, and 51.0% of young women

and 49.0% of young men reported that they had already visited. A vast majority of students believed that their CSB already offered a youth-friendly space, and over 97% reported that they would be more comfortable visiting if the CSB provided a youth-friendly space. Additionally, over 90% of students reported that they would be comfortable asking their parents for support in approaching the CSB.

Healthcare Workers

In the one-to-one, semi-structured interviews, healthcare workers reported that approximately 20 to 30% of the patients they saw in a week were people under the age of 24. Young women were more likely to visit than young men. Healthcare workers reported that young women may attend CSBs more than young men because they are more "bold", "curious", or "vulnerable" regarding SRHR.

All CSBs reported receiving more students from middle and high schools than out-of-school youth. Healthcare workers noted that students often visit the CSB to receive general SRHR information, whereas out-of-school youth only access SRHR services at the CSB when they are already in "bad shape" due to sexual and reproductive health problems. CSB staff said that they believe this is due to awareness-raising conducted at schools. Young people mostly come to the CSBs for STI testing and treatment. Young women also come to gain information regarding family planning and contraception. Healthcare workers see many STIs with symptoms, but few mention asymptomatic STIs or those which may not initially present with symptoms. The Ministry of Health reported that all CSBs should have free tests available for HIV and Syphilis, but there are sometimes stockouts, and these may be unavailable at times.

All healthcare workers reported that they had received training on SRHR topics, although only two of the seven reported that they had received training specifically on adolescent SRHR. CSB staff identified taboos, beliefs, and lack of conversation at home as the main obstacles for young people accessing SRHR services at the CSB. CSB staff did not report any personal concerns or discomfort regarding SRHR service provision. However, they expressed a lack of confidence in their knowledge of SRHR topics, particularly prevention and treatment of STIs and contraception. Staff stated that a youth-specific space and day encourages more young people to come to the CSB, as they are motivated to see their friends, and it helps them understand that the CSB does not marginalise them.

The CSBs depend on private sector distributors and donated medicines to provide treatment free of charge. These medicines often run out and negatively affect the CSB's ability to treat patients who cannot afford to pay. In some sites, the support from organisations such as the Korea International Cooperation Agency (KOICA) has reduced drastically in recent years or is no longer available. As such, young people may be put off attending the CSB; healthcare workers reported that people are avoiding the CSB and practising self-medication as there are many illegal vendors of medicines.

Teachers

During focus group discussions, teachers noted the importance of SRHR education, sharing that they thought STIs were becoming more prevalent among younger adolescents and that early pregnancy was contributing to high drop-out rates for female students. However, teachers also expressed a concern that SRHR education may encourage students to engage in sexual activity[5] and emphasised that they only want to communicate the most relevant topics that would help students stay healthy and in school.

Most teachers had either not taught SRHR topics or mentioned these briefly in other subjects. They raised concerns around time constraints or, occasionally, uncertainty around fitting the topics into the curriculum. Teachers across the four schools explained that contraception, MHM, and STI prevention were easier to teach while lessons around consent often caused serious arguments amongst the students. Teachers also expressed concerns that students did not take SRHR education seriously as it is a taboo topic – although they also shared

[5] This is a common myth surrounding SRHR education. SRHR education has instead been shown to delay the age of sexual debut (e.g. Mcharo et al, 2021)

that they felt this attitude was slowly changing. Additionally, some teachers noted that they felt shy or awkward teaching SRHR topics if family members or children of colleagues were in the class. Some male teachers reported difficulties in teaching MHM topics. 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 them to go to the hospital, depending on the severity of the student's condition.

In the discussions, teachers made several recommendations, including introducing SRHR topics at earlier ages as many students of CEG age were becoming sexually active. Additionally, teachers highlighted the need for further training on SRHR topics, allowing time for teaching, and support to fit the topics into their respective subjects. Some teachers mentioned the need to deliver separate sessions for boys and girls and separating 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.

Observations from the Project

Throughout the Ready for Rights project, there was significant interest in the pad-making sessions from both in-school and out-of-school youth. Initially, the project was expected to focus purely on in-school education and pad-making sessions. However, from discussions with stakeholders, it was clear that there was significant need and interest from out-of-school youth as well. To respond to this need, the pad-making sessions were expanded to train community health workers (*agents communautaire* or ACs) at the health centres to deliver pad-making sessions with out-of-school young women in their districts.

The project team talked with the young women who had attended the pad-making sessions to understand their experiences of menstruation and using the reusable pads. Given the short duration of the project, this was done through informal conversations. During these discussions, girls in-school reported that they had used the pads and had not encountered significant issues. However, the girls were often concerned about the weight of the pad and the potential for leaks. Additionally, many girls reported that they normally washed themselves and their clothes in the river and were embarrassed to wash their pads there as well. The project team stressed the importance of washing and drying the pads and maintaining good hygiene during menstruation. Positively, the responses in the endline survey indicate that a very small percentage of girls experience leaking (5.0%), and 85.3% reported that they were comfortable attending school while wearing the pads.

Out-of-school youth were also eager to learn about menstrual health and take part in pad-making sessions. The ACs trained on pad-making were expected to train five out-of-school youth in each session – however, in one commune, 17 out-of-school young women attended the session, demonstrating the interest in the project. Anecdotally, one CSB reported that they thought there would be a market to sell reusable pads within the CSB and will be investigating this further.

Discussion

Out of school youth: the Ready for Rights project primarily focused on in-school youth. However, interviews with CSB staff demonstrated that further support for out-of-school youth was also needed. As such, SEED expanded the project to provide opportunities for pad-making sessions for out-of-school youth. Further SRHR education is necessary as CSB staff reported that young people who were not in-school received less SRHR information and were less likely to visit the clinic preemptively, instead waiting until their need was crucial.

Gender: both boys and girls were involved in all in-school education sessions, as helping boys better understand issues like menstruation may help to reduce stigma and misconceptions. In interviews, CSB shared that boys were less likely to visit the clinic than girls, who would visit for information and services around family planning and contraception. Often SRHR is seen as the domain of women and girls and it is important to ensure that men and boys are reached as well, including through targeted outreach.

Consistent education: whilst the endline survey results are largely positive, they point to the need for further, sustained SRHR information becoming available to young people. The endline results also suggest the need to counteract misinformation, harmful beliefs, shame, and stigma around SRHR topics. Questions on STIs in the endline survey demonstrated areas for further attention, including knowledge of distinct STIs and when to get tested. This was reinforced in interviews with healthcare workers, who reported misinformation around SRHR as a barrier to young people accessing services. By training CEG teachers in these topics, it is hoped that continued education can be provided in the targeted schools. However, teachers in focus group discussions following training on SRHR topics expressed a need for further capacity development and support to integrate SRHR topics into their subjects.

Linking education to services: in the endline surveys, the vast majority of students reported that they would be comfortable visiting their local CSB. However, it remains to be seen whether the high level of reported comfort in visiting the CSB is translated into actual visits. Students also reported their preference for a youth-friendly space at their CSB. While most students believed their CSB already had such a space, this was a need reported by CSB staff as well, who felt they could offer youth-friendly services more effectively if they had a dedicated day or space in which to receive young people.

Access to services: interviews with CSB staff and Ministry of Health officials revealed several barriers that young people face in accessing SRHR services, including stigma and shame, the cost of tests and treatments, and a lack of knowledge around SRHR topics, including when it is important to access STI tests and other SRHR services. Financial constraints were raised as a key barrier by CSB staff as they are not always able to offer free services, especially STI tests and treatment. In addition, the CSB staff reported that some young people were resorting to accessing medications from illegal sellers. While the Ministry of Health is aware of this and are working with the local police to prosecute those selling medicines illegally, there is a need to educate and sensitise young people, their parents, and their schools on the dangers of this.

Stigma and taboos: CSB staff reported frequent misinformation around contraception and links to infertility, which is likely to deter young people from visiting the CSB. Additionally, CSB staff mentioned that young people who access services are ashamed or concerned about their parents finding out and are reluctant to bring notes or records home, leaving them at the CSB instead. On the other hand, over 90% of students reported that they would be comfortable asking their parents' assistance to access CSB services. However, again, it remains to be seen whether this is borne out in practice.

Clarity around SRHR legislation and guidance: CSB staff reported being unable to test and provide treatment for young people without parental consent. However, ministry officials reported that this is only the case for HIV testing. This points to a potential disconnect between the legislation and guidance and what is put into practice. It is crucial that young people can access services within the full extent of the law, without unnecessary barriers.

Need for further research: The key findings of this report highlight the need for further research to understand the sustained impacts of SRHR education and pad-making for both in-school and out-of-school youth in the Fort Dauphin region. Research into the link between SRHR knowledge and positive SRHR behaviours and a reduction in common stigmas and misinformation is needed, as is longer-term research into the impacts of pad-making.

Recommendations

Recommendations are presented for a range of actors, including government, healthcare workers, schools, and NGOs:

1. Continue and expand comprehensive, **rights-based SRHR education** in middle schools. Ensure that sessions are offered on an ongoing basis and regularly reviewed and adapted where necessary, to improve knowledge retention and sustain behaviour change.
2. Actively target **out-of-school young people** with SRHR education and services to ensure that they are supported to make informed decisions.
3. Work with **communities, young people, parents, schools, and other influencers** to reduce stigma, embarrassment, and misinformation around SRHR topics, particularly STIs and contraception.
4. Raise awareness of adolescent SRHR topics and services among **parents** to sensitise them and ensure young people are supported to achieve their SRHR.
5. Ensure **healthcare workers**, including those in CSBs and those in communities, receive comprehensive SRHR education training and can access the resources, equipment, and support they need to deliver SRHR education services and reduce stockouts.
6. Provide clarity to healthcare workers on relevant **legislation, policies, and directives** around SRHR education and services. Specifically, clarify requirements around the need for parental consent for young people accessing SRH services. Where possible, Ministry partners are urged to simplify processes to reduce barriers young people face in accessing essential services.
7. In addition to ongoing work with the local police to prosecute illegal sellers of medicine, raise awareness about the dangers of buying medicines without consulting healthcare workers to reduce the demand for them.
8. Increase SRHR awareness amongst the community around young people with the aim to remove barriers of shame, stigma, and cost, in order to ensure that young people can freely **access the treatment they require** at CSBs.