Project Safidy:

SRHR Influencers' Initiative Key Informant Interviews Report

1 Introduction

In 2018, the Project Safidy team partnered with the *Ministère de l'Éducation, de l'Enseignement Technique et Professionnel* (Ministry of Education and Technical and Professional Training, or MENETP) to integrate 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 is being implemented in the first- and second-year classes of 214 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 strengthen this school-based SRHR education, Project Safidy has developed an outreach initiative with parents and other household influencers[a], who impact young people's capacity to exercise their SRHR. In collaboration with the MENETP and other partner organisations, the Project Safidy team has conducted key informant interviews with 50 local leaders and parents in four sites. This report presents and discusses findings from these interviews, which have been analysed to assess the attitudes of participants to young people's SRHR practices. Findings will be used to inform the design of this SRHR outreach initiative, which has been launched with household influencers in February 2020.

2 Summary of Results

- Across all sites, participants expressed concern that young people were engaging in unsafe sexual behaviours and sexual activity at increasingly younger ages, both practices that were perceived as heightening young people's risk of sexually transmitted infections (STIs) and adolescent pregnancy. Many participants claimed that these perceived changes stemmed from changing social norms and technology.
- Early marriage and teenage pregnancy were reportedly common in all four regions, with the majority of participants expressing opposition to these issues and awareness of their negative impacts. These practices were cited as particularly prevalent in rural areas due to poverty and cultural traditions.
- Despite reported concerns regarding teenage pregnancy, many participants expressed opposition to young people's contraception usage. Religious values and the perceived side effects of contraception were cited as justifications for this opposition.
- Participants reported a disparity in the availability of SRHR education between rural and urban sites. Whilst respondents from urban sites receive SRHR information from national-level SRHR organisations, informal channels of SRHR information, such as peer groups and media, were more commonly cited in rural sites.
- Overall, participants expressed support for SRHR education. However, many respondents, and particularly those from Mahajanga, emphasised that SRHR education should align with cultural and religious values, including potentially harmful attitudes toward homosexuality and contraception.
- Although participants emphasised the role of parents in providing SRHR information to their children, certain respondents reportedly lack the capacity to foster open communication regarding SRHR with their children.
- All respondents expressed support for Project Safidy's SRHR outreach initiative with household influencers. To support the sustainability of the initiative, respondents emphasised that it should be long-term and embedded within existing structures, with SRHR resources and financial incentives for attendance provided to parents.

[a] Household influencers are defined as parents and other opinion leaders who impact young people's ability to exercise their SRHR.

3 Methodology

3.1 Instrument development

Instruments for the key informant interviews were designed by the Project Safidy team, with feedback from the MENETP (Appendix One). Key informant interviews consisted of six questions, which covered SRHR topics such as respondents' attitudes toward contraception and SRHR education, perceived barriers in discussing SRHR with children, and ideas for starting an SRHR outreach initiatives.

3.2 Study setting and population

Target sites were selected due to their geographical diversity and logistical accessibility. Antananarivo, Madagascar's capital that is located in the country's centre, and Mahajanga, located on the northwest coast, were selected because they are populous urban centres. Manambaro, a rural town in the Anosy region, and Ambovombe, the capital of the Androy region, were chosen due to their isolated locations in southeast Madagascar (Appendix Two). Situated near main roads, all sites were selected due to their logistical accessibility to research teams.

The highest number of key informant interviews (20) were conducted in Antananarivo, followed by Mahajanga (15), whilst the lowest number of key informant interviews (6) were conducted in Manambaro, the site with the smallest population.

Table 1 – Number of key informant interviews conducted at each site

Site	Region	Number of key informant interviews
Antananarivo	Analamanga	20
Mahajanga	Boeny	15
Ambovombe	Ambovombe	9
Manambaro	Anosy	6

Using purposive sampling methods, opinion leaders, members of *Fikambanan'ny Ray Aman-drenin'ny Mpianatra* (Associations of Parents of Students, or FRAMs)[b], and parents who are not members of these associations were selected due to their perceived influence over young people's SRHR.

3.3 Data collection

The Project Safidy team conducted key informant interviews and focus groups in Antananarivo, whilst representatives from three local organisations were trained to complete this research in Mahajanga, Manambaro, and Ambovombe. All participants were informed of the purpose of research. When possible, interviews were conducted in private settings.

[b] FRAMs are associations comprised of parents of students at schools in Madagascar. These associations often participate in school governance and, when necessary, hire additional teachers through funds raised by parents to supplement instructors who are hired by the government.

3.4 Data analysis

Interviews were recorded on cellular devices by facilitators and transcribed into Malagasy by either Project Safidy staff or representatives from local organisations. Transcripts were then transferred electronically to the central Project Safidy team and translated into English for analysis. Due to the extensive amount of data and the variation in questions asked across interviews, the Project Safidy team conducted qualitative content analysis based on the identification of key themes, rather than coding interview content. These themes were also compared across sites, enabling the Project Safidy team to identify differences between urban and rural areas.

4 Description of Results

4.1 Sexual activity

4.1.1 Manambaro

Participants emphasised their concern regarding a perceived rise in sexual activity amongst young people, including earlier age sexual debut. Certain respondents claimed that young people begin to have sex as young as age 12. Likewise, these respondents emphasised that relationships amongst young people were becoming sexual more quickly than in the past, with one informant noting:

> *"Nowadays 12 years old kids get into love or having sex, back to our time it was when we were 18. Because of bad behaviours, young people get into that and we can do nothing, their parents will have trouble obviously."*

Respondents indicated that young people lack the maturity for these encounters, resulting in *'heartbreak'* or *'bad impacts on their [young people's] health'*. In particular, participants expressed their concern with the apathy shown by young people regarding STIs. According to one respondent, despite information regarding condoms that has been delivered by community health workers, young people "*don't care enough to use them"*. Additionally, an elected official believed that casual sex during market days, a practice that is reportedly common amongst young girls, contributes to the spread of STIs. These risky behaviours are reportedly exacerbated by young women's embarrassment regarding STIs and inability to identify when they have STI symptoms, which prevents them from attending health clinics for testing.

4.1.2 Mahajanga

Similar to the accounts from Manambaro, the majority of respondents in Mahajanga claimed that young people currently enter into sexual relationships at younger ages than in the past. The President of a local high school's FRAM linked this change to a lack of knowledge amongst young people, noting that:

> *"In our community, we all see and know that most of the time the children, girl or boy, get into relationship too much in advance. Not the easy relationship but deeper, more than what they should do. There are no limits anymore and they don't even know the consequences of that for their health*."

Several reasons were proposed as causing this perceived shift in behaviours, including the mixing of Malagasy culture with those from overseas; globalisation; access to technology and the media; and children's disrespect for their parents, resulting in a '*lack of shame*' in sexual activity. Whilst few participants connected these behaviour changes to sexual health, one doctor stated that young people are increasingly contracting STIs.

4.1.3 Ambovombe

Respondents posited that young people now have younger ages of sexual debuts and engage in more risky sexual behaviours, such as multiple sexual partners, than in the past. These practices were attributed to technology, with one teacher explaining:

> *"Parents are facing difficulties due to globalisation* [and the] *internet because these things make kids do stupid things. Young people of 10 years old already see sex pictures or pornography in Facebook or from other websites then they will try imitating what they see. Someone might be flirting with them by their phones and parents struggle educating them due to the evolution of technology."*

Respondents reported concerns about the health impact of these risky sexual behaviours. In particular, one participant claimed that HIV and other STIs are common amongst young people:

> *"They get into it to soon; in the bush for instance 12 or 13-year-old kids are already into that. I myself saw with my own eyes 5* [year old]- *kids trying to have sex. Their health is at risk since STIs are spreading since some boys have several girlfriends. Some are even carrying HIV."*

This perceived rise in STIs was reportedly alarming in the Androy region; one participant stated that the rise of positive HIV tests was announced on television. Casual transactional sex, particularly during market days, was cited by as contributing to the spread of STIs, with a FRAM member explaining:

> *"At the market, someone may offer them 20,000* [Malagasy Ariary, equivalent to approximately £4.09] *or 30,000* [Malagasy Ariary, equivalent to approximately £6.14] *and they will accept although they don't know how healthy that person is; this fact increases the rate of people infected by STIs. That's what I know here in town, in the bush might even for sure be worse. STIs are spreading due to sex in exchange of gifts or money."*

4.1.4 Antananarivo

Reflecting responses from the other sites, participants reported increasingly younger ages of sexual debuts amongst young people, with many claiming that children as young as age 11 have had sexual partners. Respondents expressed concern that children were pressured into sexual behaviour by their peers. The impact of Facebook and pornography on sexual behaviour was noted by respondents, with a female private school director remarking, "*They* [young people] *know more things* [about sexual activity] *compared to their parents*".

Whilst the Chief of one *fokontany* (village cluster) explained that these relationships frequently cause arguments amongst young people, a private school director claimed that young people who have been '*raised in the spiritual education'* do not engage in premature relationships[c]. In contrast to the other sites, STIs and transactional sex were not highlighted as issues by interviewees from Antananarivo[d].

[c] Based on earlier answers by this key informant, this 'spiritual education' likely refers to instruction related to Catholicism.
[d] Although participants were not asked specifically about STIs and transactional sex, these topics were mentioned in three of the sites, with the exception of Antananarivo.

4.2 Early marriage

4.2.1 Manambaro

Although early marriage was reportedly practised in Manambaro, participants acknowledged the harmful impacts of this practice, such as school attrition, teenage pregnancy, and reproductive health risks. Highlighting this damage, one respondent emphasised:

> *"Early marriage and pregnancy are not good, and I have already sensitised so many people about them because that is a part of gender equality and we should prevent them from happening. Early pregnancy is not in any case okay since it ruins so many things."*

Poverty, lack of education, coercion from parents, and shame associated with unintended, nonmarital pregnancies were cited as contributing to early marriage. One respondent emphasised the connection amongst familial pressure, economic concerns, and early marriage, explaining that:

> *"Early marriage causes early pregnancy, and I'm not okay with that since that can cause many damages, but people don't know that. At least the child should have BEPC* [the certification examination at the end of lower secondary school] *before marriage. And what I know about parents who let their kids get married early is that they want wealth, or the marriage have already been arranged."*

One participant explained that, during a previous collaboration with another organisation, the community instated a traditional rule outlawing early married but that this initiative failed due to lack of education amongst parents.

4.2.2 Mahajanga

Early marriage was reportedly practiced in Mahajanga but was viewed negatively by respondents. Participants emphasised that early marriage negatively impacts young people's social and health outcomes, with one doctor explaining that the practice "*can cause physical and mental issues"*. Despite this general opposition, certain respondents explained that attitudes toward early marriage depends on the context. For example, one FRAM member explained that, *"It's* [extramarital relationship or unintended pregnancy] *a shame for the parents and so they push their children, especially their son, to get married and that's cause the early marriage"*, emphasising that early marriage can alleviate the shame of adolescent pregnancy or extramarital sexual relationships.

4.2.3 Ambovombe

Whilst reportedly becoming less common in recent years, early marriage was still identified as occurring in Ambovombe. Respondents attributed the practice to the tradition dictating that, once a girl is born, the parents select her future husband, exchanging cattle with the family of the betrothed as part of the marital agreement. Despite this tradition, respondents emphasised that the situation was improving, with one explaining:

> *"The situation now is much better compared to the old days, since back then parents didn't have much knowledge but now that we have advanced technologies, people start to know things. In the old days, it was the village elders who called the shots and whether it was good or bad; you only had to follow. These village elders didn't know that early marriage does damage physically and mentally to the kids; all they cared about is their advantages and pleasures, they used to use their daughters as tools for obtaining cattle."*

Similar to accounts from other regions, early marriage was associated with teenage pregnancy, health risks, and school attrition, whilst young people were viewed as lacking the necessary maturity for managing marital and household responsibilities.

4.2.4 Antananarivo

Early marriage was widely opposed in Antananarivo, with none of the interviewees disclosing support for the practice. One parent noted that school attrition caused by early marriage threatens the prospects of the individual and family, contributing to the cycle of poverty in Madagascar. The female director of a private high school asserted that the practice impedes childhood development, explaining that, "*If they get married too early, they will no more get that tenderness. Then they can't also be tender to their children. Then, it's like a circle, that child will not get enough love".*

One male *fokontany* chief described multiple cases of early marriage, often due to unintended teenage pregnancy, in his community. He asserted that, "*These marriages will turn out to be a catastrophe since they were forced by their parents due to shame"*.

Respondents held parents, and particularly those in rural areas, responsible for the continuation of the practice. Many stated that, due to the widespread poverty in these communities, the tradition of giving gifts and money to a family to *'buy'* a girl's virginity encourages early marriage.

4.3 Adolescent pregnancy

4.3.1 Manambaro

Respondents reported a high incidence of adolescent pregnancy in Manambaro. Adolescent pregnancy was frequently associated with health risks, rather than social stigma or school attrition, by respondents. In particular, respondents expressed concern that a young girl's body was not ready for pregnancy, potentially causing miscarriage, complications at birth, vaginal fistula, or future reproductive problems. Explaining the negative health outcomes of adolescent pregnancy, one respondent cited a lack of awareness as contributing to this issue:

> *"In terms of early pregnancy, that is commonplace here and sometimes they don't even know how they got pregnant. And most of these early pregnancies end up with a birth ahead of time or miscarriage or a surgery operation will be performed to give birth*."

Similarly, another interviewee explained that adolescent pregnancy was an inevitable outcome of early sex because many young people do not know how pregnancy occurs. Certain respondents highlighted the financial repercussions of adolescent pregnancy, indicating that unintended children could become financial burdens to families, particularly if mothers are deserted by their partners.

4.3.2 Mahajanga

Attitudes toward adolescent pregnancy in Mahajanga varied. Like opinions expressed in the other sites, respondents associated adolescent pregnancy with negative health outcomes, such as surgery and unsafe abortion. An exception to these views was that of one male *fokontany* chief, who described '*kids giving birth too early*' as '*commonplace*', resulting in the community becoming '*accepting of the fact'*. This Chief attributed these incidences to excessive alcohol consumption amongst adolescents as young as age 13. This respondent also offered a religious justification of early pregnancy, explaining that:

> *"It is natural. God told us to fill the earth with our offspring; what if we give birth at the age of 13 so that the earth will be filled quickly. That is the order of God, He told us to fill the earth but now people are told not to give birth. It makes me wonder that we are against God's will."*

The above view was reportedly opposed by other interviewees. These respondents attributed adolescent pregnancy to lack of knowledge regarding the consequences of '*unprotected sex*', reporting that young people did not know how to use '*counting*', or the calendar method of contraception[e], to avoid pregnancy. One male pastor described the incidence of unintended pregnancy as a "*catastrophe*", particularly if it resulted in abortion. Another male journalist described the economic burden on the community if a young couple became pregnant, asserting that young people should be prevented from having sex before age 18.

4.3.3 Ambovombe

Participants associated adolescent pregnancy with health risks such as vaginal fistula, surgery, and maternal mortality. Respondents expressed concern regarding the perceived lack of maturity of young women. This reportedly inhibits young women's ability to cope with the challenges of motherhood and results in children instead being cared for by other family members.

Respondents highlighted knowledge gaps as contributing to adolescent pregnancy. One female respondent explained that, *"Early pregnancy is a result of non-discussion about sex at home; it can also be the result of early marriage"*. These knowledge gaps were commonly associated with a lack of education regarding the risks of unprotected sex by respondents, with one parent affirming that, *"A part of sex education is protection against pregnancy and STIs"*.

4.3.4 Antananarivo

Respondents associated adolescent pregnancy with similar consequences as those cited in the other sites, including school truancy and attrition, health risks, and financial costs to families. In particular, respondents highlighted the cyclical effects of teenage pregnancy, with young women's school attrition contributing to the poverty of future generations.

4.4 Contraception

4.4.1 Manambaro

Attitudes toward contraception varied, with many respondents justifying their opposition through misconceptions and religious views. Participants reported that contraception was widely used, particularly by young people. The majority of respondents recognised that contraception prevents unintended pregnancies and STIs and that modern contraceptive options are more effective than traditional methods, such as the calendar method. Other respondents noted that, due to increasing financial hardship, contraception usage to prevent and space births is more necessary now than in the past. One participant also reported that parents "*force them* [young people] *to use it* [contraception]", to avoid an unintended pregnancy.

[e] The calendar, or rhythm, method requires counting days in a menstrual cycle to estimate when ovulation occurs. This method is less effective than barrier and other contraceptive methods, such as the IUD and hormonal pills [see Dicker, D., Wachsman, Y., Feldberg, D., Ashkenazi, J., Yeshaya, A. and Goldman, J.A., (1989). The vaginal contraceptive diaphragm and the condom—a reevaluation and comparison of two barrier methods with the rhythm method. *Contraception*, 40(4), pp.497-504. [online] Available at: https://www.sciencedirect.com/science/article/abs/pii/0010782489900553].

Despite this recognition of the benefits of contraception, few interviewees supported the use of condoms and other contraceptive methods by young people. Certain respondents claimed that contraception was too readily available, encouraging youths '*from the age of 12*', to use it, whilst others expressed concern that contraception '*pushed young people into sex*'. Over half of respondents expressed mistrust of hormonal methods, calling them '*unnatural*' and '*damaging*'. One parent stated it was less harmful for her "*children to give birth many times than eating pills, because it's not natural*". The misconception that, when used before having a first child, contraception could cause long-term reproductive damage was cited by respondents. Contraception was also associated with infidelity or promiscuity, with one interviewee stating that *"I don't know the reason that pushes young people to use it* [contraception] *but as for me, if they do that* [use contraception] *they want to have multiple partners*".

4.4.2 Mahajanga

Respondents expressed conflicting attitudes toward condoms and other forms of contraception, both recognising the utility of contraption and opposing its usage. Although one journalist expressed that family planning is "*against God's Will",* he acknowledged that it can be an economic necessity for young people. Contraception was also viewed as a practical way for young people to avoid pregnancy and STIs when *'they can't help themselves from sex'* and '*as a last resort*'.

One *fokontany* Chief opposed all methods for preventing births, affirming that, *"a couple should have at least 12 children"*, yet other respondents conceded the benefits of contraception in certain contexts. One respondent acknowledged that, within marriage, contraception can limit number of children for which one must provide, particularly if experiencing poverty, and help young people to "*enjoy life"*.

Whilst respondents identified the practical benefits of contraception, many asserted that educating young people about contraception encourages sexual behaviour. One female teacher explained that giving young people knowledge about condoms was "*not education"* but was an "*issue that should be deleted from their minds"*. Similar to views expressed in Manambaro, contraception, and particularly condoms, was associated with infidelity; one male teacher explained that, *"Teaching young people about condoms is like giving them permission to use it… nor should we forget that for young people, using condom means also that it is allowed to have sexual relationships outside of marriage"*.

4.4.3 Ambovombe

Although many respondents opposed contraception usage before marriage, the majority viewed condoms and other contraceptive methods as acceptable and practical ways to prevent adolescent pregnancy, STIs, and abortion. Nevertheless, condom and contraception usage elicited negative stigma, with respondents approving of it only because young people "*are uncontrollable and do stupid things"* (Parent who is not a FRAM member).

One respondent explained that the Lutheran church encouraged contraception usage, accepting the reality that "*young people can't help themselves from sex and protection via contraception will help them not to ruin their future"*. In contrast, a Catholic church congregant did not accept condom usage in either adults or young people but instead expressed support for traditional contraceptive methods, such as the calendar method.

Side effects, such as ongoing bleeding, were cited as detriments of hormonal contraceptive methods that discourage potential users. Due to the perceived side effects of hormonal contraception, certain respondents emphasised that they preferred young people to use condoms, which were viewed as less invasive than other contraceptive methods. However, as one FRAM member explained "*sex is meant to give you pleasure and condoms might kill the sensation",* highlighting negative perceptions toward condoms.

4.4.4 Antananarivo

Opinions toward contraception varied more substantially in Antananarivo than in the other regions, with many respondents emphasising that the protection that contraception offers against pregnancy and STIs outweighs perceived risks. In comparison to other regions, more participants encouraged contraception usage amongst young people, with one male parent explaining that, "*We know how hard life is and still you give birth and give yourself more burden and struggle. So, in general, these things* [contraception] *are crucial and it is needless to go against them".*

One *fokontany* chief explained that the issue of contraception creates a dilemma between his personal beliefs and social role. Whilst expressing that "*no sex before marriage"* was preferable to "*using a condom",* he acknowledged his responsibility in promoting the wellbeing of his community and the importance of condoms in "*avoiding early pregnancy and preventing the spread of diseases*". Others mirrored this practical approach to contraception. One Catholic Church congregant recognised that, although contraception contradicts his religious beliefs, young people should be educated about condoms and contraception "*if they can't help themselves"*.

Despite the positive attitudes of many participants, others asserted that contraception encourages young people to engage in premarital sex, multiple sexual partnerships, and adultery. One male director of a private school argued that condom usage enables young people to evade their responsibilities, explaining:

> *"It's* [condom usage is] *selfishness because if you really love the person you are with; if she gets pregnant and give birth to a child, you take as your responsibility the fact of marrying her. But the reason why you use condoms are that you don't want to get problems after the sexual relation. Disappear easily as* [if] *you have never been there."*

Misconceptions regarding the side effects of contraception, such as infertility, were common. Multiple respondents claimed that contraception usage in nulliparous women is unsafe, with certain informants asserting that contraception use should be banned before age 18. Potentially contributing to this misinformation, respondents emphasised that accurate information regarding contraception is difficult to obtain, leading young people to imitate the behaviours of their peers, rather than seek professional guidance for this issue.

4.5 Access to SRHR information

4.5.1 Manambaro

Community members named a variety of sources where young people can access SRHR information, including schools, charities, community health workers, Lutheran churches, and the hospital. However, respondents were unable to identify the specific educational services that these sources provide, and several highlighted that shame prevents young people from accessing these sources.

4.5.2 Mahajanga

Respondents in Mahajanga identified a wider range of SRHR educational services than those in Manambaro. Marie Stopes Madagascar[f], *Fianakaviana Sambatra*[g], community health workers, youth associations, schools, hospitals, and churches were cited as sources of information.

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[f] Marie Stopes Madagascar is the national-level branch of an international organisation that provides sexual and reproductive health services in all of Madagascar's 22 regions [see *Where we work: Madagascar*. Marie Stopes Madagascar (online) Available at: https://www.mariestopes.org/where-we-work/madagascar/].

[g] *Fianakaviana Sambatra* is a Malagasy association that provides sexual and reproductive health services, including family planning, in 17 of the country's 22 regions [see *Fianakaviana Sambatra - Madagascar Association*. International Planned Parenthood Federation (online) Available at: https://www.ippf.org/about-us/member-associations/madagascar].

Although participants affirmed that family members should provide SRHR education for young people, certain respondents indicated that parents can unintentionally expose young people to sex. For example, one *fokontany* chief explained that children might see their parents having sex when family members share bedrooms. Furthermore, parents expressed a lack of confidence in providing sex education for their children. As one male doctor reported, this gap could stem from parents' perceived lack of knowledge because "*Most of the times it the children who know more about things related to sex than the parents with the help of social networks; parents don't talk directly with them about these things*".

Respondents attributed this perceived generational disparity in SRHR knowledge to increased mobile phone usage and school attainment amongst young people, with one male local leader explaining:

> *"That's why I said that nowadays, they* [young people] *start doing it* [sex] *at the age of 12, maybe in college* [lower secondary school] *and they already have mobile phone so it's where they see different things. The subject is in school, so they already know the vocabularies related to it. They hear about it and then they use their phone to search about it."*

4.5.3 Ambovombe

In comparison to the urban sites of Antananarivo and Mahajanga areas, informal sources of SRHR information for young people, such as peers, pornography viewed on smartphones, and conversations at home, were more frequently cited in Ambovombe. Many participants asserted that schools should expand comprehensive SRHR education, explaining that current school-based information '*is a drop in the ocean*'. Whilst respondents noted that non-government organisations (NGOs) and peer educators provide SRHR education, these initiatives were reportedly irregular or limited in scope. Respondents instead explained that they prefer hospitals and youth centres, sites that were noted as offering consistent SRHR information.

4.5.4 Antananarivo

Participants listed a wider variety of SRHR information sources. Whilst social media and smartphones were cited most frequently as sources of SRHR information for young people, respondents mentioned that SRHR organisations such as *Médecins du Monde*[h], Marie Stopes Madagascar and private clinics with whom it partners, and Gret[i] also provide educational workshops about young people's sexual health. Many participants expressed a desire for family members to reliably provide SRHR education to young people.

Despite the range of SRHR education sources, respondents highlighted challenges in accessing SRHR information. One FRAM member explained that, when young people rely on their friends who lack SRHR education for this information, *"they are misleading themselves unconsciously, like a case of the blind leading the blind".*

[h] *Médecins du Monde* is an international organisation based in France that delivers education, medical services, and advocacy regarding SRHR, maternal and child health, and HIV/AIDS [see *Les femmes et les enfants*. Médecins du Monde (online) Available at : https://www.medecinsdumonde.org/fr/populations/femmes-enfants].

[i] Gret is an international NGO based in France that targets food insecurity and malnutrition in Madagascar [see *Madagascar*. Le Gret (online) Available at: https://www.gret.org/les-pays/afrique-ocean-indien/madagascar/].

4.6 Communication between parents and children

4.6.1 Manambaro

The majority of respondents highlighted factors that impede communication between parents and children. In addition to parents' lack of SRHR knowledge, authoritarian approaches to communication adopted by parents reportedly create familial discord. Two female respondents explained that this scenario is particularly common when fathers '*lecture*' daughters regarding SRHR issues:

> *"Whenever these parents advise them or tell them anything, these kids think that they are scolding them and in consequence they do the opposite of what their parents told them to. And that is one of the challenges for parents.*"

Shame regarding discussions of sex was cited by respondents as a barrier to communication between parents and children, with one respondent claiming that parents can be '*afraid*' to talk to their children about certain topics. Highlighting the cyclical impact of this taboo, one participant explained:

> "*The issue is bad tradition like taboo, therefore parents don't dare talking about sex with their children just because that is taboo as they say; Parents are embarrassed to talk about it to their children, and also sometimes children are afraid of their parents and hide their intimate life to their parents*."

Despite the prevalence of this taboo, respondents emphasised the need to encourage open discussions of sex between parents and children. One interviewee proposed sensitisation to ameliorate "*thoughts and taboos that prevent talk about sex with the children since that is what is needed*".

4.6.2 Mahajanga

Similar to accounts from Manambaro, participants cited the attitudes of young people as barriers to communication, with one male teacher arguing that children only solicit parents' advice during emergencies:

> *"Let's not take lightly the fact that the children will never come toward the parents to talk about this topic of reproduction. Coming toward the parents is unusual so they prefer going toward their entourage because it's more usual. It is only when they are sick, pregnant, or make someone pregnant, that they come toward the parents."*

Certain participants explained that smart phone technology can foster generational disparities in SRHR knowledge, resulting in perceptions of parents as "*out-of-date*" (male journalist). As one female teacher described, this gap can foment frustration amongst parents:

> *"What happened to you might be different from your kids' case. Let's take example what is going on here in Mahajanga, it is the young people who know more about what sex is than the parents. And it becomes difficult for parents to control their children and the only thing they can do is to watch from afar like a coach."*

Whilst several respondents noted that children's lack of respect for adults impedes communication, one journalist highlighted the importance of addressing the *"gap that exists between parents and their kids"* to facilitate open discussions of SRHR topics.

Respondents claimed that discussions about sex between parents and children are considered shameful, with familial openness regarding sex viewed as the culture of '*foreigners*'. One teacher explained that the words for sex and reproduction are perceived as acceptable in the French language but inacceptable when translated into Malagasy, further hampering communication. Both a *fokontany* chief and an elected FRAM official in Mahajanga mentioned that shame regarding conversations about sex between family members of the opposite sex impedes communication about SRHR.

4.6.3 Ambovombe

Mirroring attitudes expressed in Mahajanga, respondents from Ambovombe expressed concern about young people's technology usage. In particular, Facebook – described by one respondent as a "*catastrophe for young people"* – reportedly limits parents' control over their children and consequently their ability to communicate with them. One parent expressed frustration that young people rely on their peers for SRHR information, believing that *"as result of that, it is the parent who bear the consequences eventually"*.

Respondents stipulated that the societal taboos prohibiting the discussion of SRHR amongst family members results in children relying on their peers and social media for information. Despite these taboos, one parent described conversations between parent and child as "*natural*" and expressed a desire to foster open communication regarding SRHR.

4.6.4 Antananarivo

Respondents reported that changing social norms and misinformation regarding SRHR education inhibit communication between parents and young people. One *fokontany* chief explained that the breakdown of certain norms, such as family meals, reduces opportunities for dialogue between parents and children. Other participants reported that prevailing norms, such as the stigma associated with discussions of sex between family members of the opposite sex, can impede parents from equipping their children with SRHR information. Describing this stigma, one father explained that, *"The issue is our tradition, culture. Malagasy are shy and hesitant; we struggle talking about things like that, that's the issue"*.

Respondents claimed that, due to fear of encouraging sexual behaviour, parents avoid providing direct SRHR information, instead opting for vague warnings, such as '*be careful not to get pregnant too early*'.

Despite these barriers to communication, certain respondents reported that monitoring young people's behaviour, including showing interest in their relationships, can prevent future SRHR issues. Citing her own parenting experience, the one female *fokontany* chief explained *that, "the type of parenting I give to my child is that, when she engages into a relationship I'll ask her upfront to bring her boyfriend to our home, so we can see and know him better in case a problem happens in the future"*.

4.7 SRHR education

4.7.1 Manambaro

Participants in Manambaro praised SRHR education as a tool for preventing harmful practices, such as early marriage. Several respondents emphasised the importance of SRHR education, particularly for young girls. One participant stated that adolescent pregnancy could be prevented by "*young girls being careful with their bodies, considering their age and also considering the sexual health of their partner"*. Many respondents stated that providing SRHR education was the responsibility of parents.

4.7.2 Mahajanga

Opinions regarding SRHR education for young people varied in Mahajanga. Participants acknowledged that educating young people would improve their decision-making regarding sexual and reproductive health. Policies promoting sexual education were praised for positively impacting young people. Furthermore, participants asserted that SRHR education could create closer, more open, relationships between parents and their children.

In contrast, one male journalist expressed concern that educating their children about sex could lead them to "*know and think about sex and eventually push them into it"*. Several respondents instead identified churches and religious texts as correct ways to educate children. One male teacher explained:

> *"To us Catholics, I'm an EVA* [subject taught in catholic school, which focuses on catholic values] *teacher so I live these things every day and it becomes my habit to educate my students to follow the path of God about men and women, it is logical to go against contraception, sex before marriage, and marriage with hopes to gain wealth".*

This emphasis on incorporating perceived religious precepts into SRHR education was shared by other respondents, with one pastor asserting that SRHR education should teach young people not only about adolescent pregnancy but also the reported risks of homosexuality.

4.7.3 Ambovombe

Participants expressed support for SRHR education, recognising the responsibility of parents to empower their children to make informed choices about their sexual and reproductive health. Respondents reported an obligation to provide SRHR education, particularly when young people engage in sexual relationships:

> "*Children should know things about sex from home and it is parents' responsibility to let their children know about that; get rid of taboos and things like that because if not, your children won't know what they do; they will go to their friends to know about menstruation. Physical transformations will occur and that is parents' responsibility to let the kids* [be] *aware of that. Children need their parents' trust for them not to take the wrong track*."

One participant expressed a need to change "*our mentality"* about the taboo regarding SRHR education, arguing that community members should be "*accepting* [of] *the reality*" of teenage sex. Another parent emphasised the importance of SRHR information, explaining that "*They* [young people] *don't receive much education on sex and reproductive health, and many don't know the possibilities of what can happen, despite this they are in a relationship and having sex".*

In contrast to Mahajanga, few parents in Manambaro expressed the belief that SRHR education increased sexual behaviour amongst young people. Many interviewees instead affirmed that SRHR education can protect their children's health, helping young people to "*be well-behaved and to prevent early sex and STIs"* (FRAM member).

4.7.4 Antananarivo

Respondents highlighted the importance of age appropriate SRHR education for young people. Several interviewees argued that this education is necessary due to the reality of teenage sex, accepting that if '*parents can't prohibit them* [young people] *on entering in a sexual relation, then we have to teach them to protect themselves*'. Despite this espoused support for SRHR education, respondents emphasised that parents often lack adequate SRHR knowledge to fulfil this role. One female director of private school explained:

> *"There are parents that don't know anything about sexual education. They don't have the knowledge and don't know about it. They are not able to control even the fact on how they get their pregnancy. And there are some cases where children ask their parent and their answers are not the right ones. They don't know. Malagasy don't have enough knowledge; I mean most of us.*"

In contrast, one male director of a private school asserted that SRHR education should be guided by religion. Although this respondent reportedly encouraged parents to be open-minded with young people regarding sex, he asserted that "*no sex before marriage*" is the "*main solution"* to preventing early pregnancy. To discourage premarital sex, this respondent recommended the usage of "*fear of God*" and religious texts in SRHR education.

4.8 Opinions toward Project Safidy's Household Influencers Initiative

4.8.1 Manambaro

All participants expressed support and offered suggestions for an SRHR education initiative targeting parents. Respondents emphasised that this initiative should be long-term, not just a *'once-off'*, and conducted in collaboration with local authorities, influential people, and parents. One interviewee proposed that the programme should be led by a local trainer as "*outsiders don't know our traditions here"*. According to respondents, voluntary participation would lead to '*slacking'*, with respondents emphasising that compensation should be offered to participants.

To inclusively reach low-income populations, sessions held in public places or houses, rather than television, radio, or posters, were recommended by one respondent. In contrast, another participant asserted that leaflets could be used to educate parents on certain SRHR topics. One respondent requested that the initiative promote "*awareness against the thoughts or taboos that prevent parents to talk about sex with their children*".

4.8.2 Mahajanga

Similar to the ideas expressed in Manambaro, respondents recommended that the SRHR education initiative include long-term, in-person outreach. One participant suggested that, prior to launching the initiative, household visits should be conducted to introduce the programme to parents. Highlighting potential scheduling challenges, a doctor suggested that money or "*social advantages"* should be offered to parents to promote attendance.

Respondents proposed that the SRHR education initiative should cover topics such as communication and respect between parents and children, guidance for addressing taboos, the consequences of early pregnancy, the ethics and objectives of marriage, and general SRHR information.

4.8.3 Ambovombe

Participants stipulated that the SRHR outreach programme should be long-term, citing negative experiences with NGOs '*just vanishing'* in the past. One FRAM member highlighted the importance of results-driven programming, claiming that, *"There are NGOs that give allowances for 15 day, it is just like business but there are no results".*

Topics suggested for inclusion in the education sessions included early marriage laws, adolescent pregnancy prevention, advice on avoiding early sexual activity, and information and encouragement regarding contraception and condom usage. However, certain respondents framed the initiative as a way to enforce strict rules for young

people; one FRAM member argued that, *"They* [young people] *should not be allowed to watch porn. And those porn channels should be banned or eliminated for kids not to imitate them"*.

4.8.4 Antananarivo

Community leaders, including two *fokontany* chiefs and two high school directors, expressed support for this programme, proclaiming willingness to encourage attendance among parents. However, most informants acknowledged the difficulty for parents to find time to participate, living in a '*busy, urban area'*.

Recommendations for promoting the sustainability of the project included offering incentives for parents, partnering with schools to formalise the programme, and ensuring that activities are ongoing. One *fokontany* chief suggested that the initiative should motivate people with allotments of charcoal or rice per session, whilst another community leader stated that offering free health services in the community prior to the sessions would encourage attendance. Another participant, who worked as a peer educator, recommended collaborating with hospitals or health clinics, which had supported past programming.

Respondents recommended that the SRHR education cover familial relationships, ways to improve communication between parents and children, stages of childhood development, mechanisms for avoiding violence, and other SRHR issues facing young people. Several respondents suggested the distribution of educational SRHR leaflets to parents and young people.

5 Discussion

5.1 SRHR behaviours

These interviews offer an array of perspectives on steps toward creating an enabling environment for young people's SRHR. Across all regions, respondents expressed alarm toward the perceived rise in early relationships and multiple sexual partnerships amongst young people, highlighting the financial and social burden of unwanted pregnancy and STIs. Research indicates that a variety of factors, including family structure and parental relationships, can contribute to young people's risky sexual behaviours. Whilst a lack of parental discipline has been associated with earlier ages of sexual debut, enforced curfews and consistent routines can prevent young people from engaging in risk-taking behaviour[1]. Likewise, young people who perceive their parents as interested and responsive are more likely to postpone sexual behaviour, use contraception, and have fewer pregnancies than those without this perception[2,3,4,5]. Nevertheless, international and national research indicates that these perceptions of increased sexual behaviours amongst young people are not necessarily evidence-based. From 2003 to 2004, 61.9% of women and 44.6% of men aged 15-24 reported first having sex before age 15 in Madagascar[6], whilst only 17.0% of women and 10.0% of men reported first having sex before age 15 in 2018[7]. Internationally, trends in age of sexual debut vary widely and do not suggest that people are starting to have sex at earlier ages[8].

5.2 SRHR outcomes

The concern expressed by respondents regarding the negative consequences of young people's sexual behaviours reflects the ongoing prevalence of early marriage and teenage pregnancy in these sites. Although marriage for children under age 18 is illegal in Madagascar[9], 37.0% of girls are married before the age of 18[j]. Respondents from all sites, and particularly those from rural areas, acknowledged the occurrence of this practice. Whilst explaining that early marriage is often the result of a lack of education, poverty, and familial pressure, participants generally expressed opposition toward child marriage, highlighting its adverse effects on young women's education and mental and physical health. According to respondents, adolescent pregnancy often contributes to early marriage, with parents pressuring pregnant, unwed girls to marry to avoid stigma.

Despite this awareness of the risks of adolescent pregnancy and unprotected sex, many respondents expressed opposition to condoms and other contraceptive methods. Personal preference, side effects, religion, and stigma were cited as justification for this view. With 42.0% of unmarried young people aged 15-19 reporting an unmet need for contraception[10], these opinions potentially impede young people's access to these crucial services. Since high-quality communication about contraception between parents and children who are already in sexual relationships can lead to increased contraception usage and negotiating autonomy[11], parents' attitudes toward contraception must be improved to ensure that young people can protect their sexual and reproductive health.

[j] This reflects the number of women ages 20 to 49 who report being married before the age of 18 [see INSTAT and UNICEF (2018) Multiple Indicator Cluster Survey, Madagascar 2018: *Le mariage des enfants*. Antananarivo, Madagascar : UNICEF and INSTAT. Available at: https://mics.unicef.org/surveys].

5.3 SRHR Information sources and communication

This concern for perceived changes in young people's sexual behaviours is likely exacerbated by the reported lack of the high-quality SRHR information in these communities. Although respondents from all sites identified sources of SRHR information, such as schools and hospitals, these responses highlighted disparities in information access between urban and rural sites. Whilst respondents from urban areas cited a variety of SRHR information sources, respondents in rural sites commonly cited informal channels, such as peer groups and Facebook, which can contain detrimental misinformation.

Despite this disparity, respondents in all sites noted their desire for family members to play larger roles in SRHR education. Across sites, respondents noted that stigma toward discussions of sex, and particularly between family members of the opposite sex, impedes their delivery of SRHR information. Young people were noted as using technology, such as smart phones and Facebook, to access pornography and other sexual materials, exacerbating imbalances in SRHR knowledge between parents and children. Due to this frustration, parents reportedly resorted to scolding and lecturing their children, impeding supportive communication regarding SRHR.

Research indicates that these communication challenges can impact young people's SRHR outcomes. Studies demonstrate that adolescents who discuss SRHR topics with their parents begin to have sex at later ages, use contraception more frequently, have better negotiating autonomy in relationships, and have fewer sexual partners than those without this communication[12,13,14,15,16]. The quality of communication between parents and young people also influences SRHR outcomes; research indicates that communication about sex that is receptive, supportive, and open is associated with improved SRHR behaviours[17,18]. The capacity of parents to explain their values regarding SRHR topics has been shown to improve children's SRHR outcomes[19], highlighting the importance of creating an enabling SRHR environment for young people.

5.4 SRHR education and Project Safidy's Household Influencers Initiative

Across sites, respondents expressed support for SRHR education, emphasising that it can foster open relationships with children and support their sexual health. According to participants, the benefits of sexual education were especially crucial for girls due to the disproportionate consequences of risky sexual behaviour that they face. Whilst respondents emphasised that SRHR education should align with their values, certain beliefs reported by respondents could be detrimental to young people's SRHR outcomes. In particular, several respondents asserted that SRHR education increases sexual activity, a belief contradicted by numerous studies[20]. In the two urban sites, Antananarivo and Mahajanga, others emphasised the importance of using religious beliefs to guide SRHR education, including promoting abstinence and opposing homosexuality.

Despite these conflicting views, respondents expressed support for an SRHR outreach initiative with parents, highlighting mechanisms for promoting sustainability and local ownership. The importance of long-term programming that flexibly accommodates parents' schedules, particularly in busy urban areas, was emphasised, whilst financial incentives for attendance were recommended. Across sites, respondents requested SRHR resources for parents to provide further SRHR information. These responses highlight the need for developing sustainable initiatives to foster a supportive SRHR environment amongst young people and their families.

6 Implications for Project Safidy

- Whilst SRHR outreach with parents should emphasise that evidence does not suggest that the age of sexual debut has decreased, this initiative should also address parents' perceived lack of control over their children's behaviours. Since the relationship between parents and their children is linked to the age of sexual debut and safe sexual practices, SRHR outreach with parents should emphasise the importance of generating support for, and establishing boundaries with, children. Parents should be encouraged to receptively communicate with their children, whilst showing interest their children's activities.
- To address concerns regarding the perceived increase in early sexual behaviour, SRHR education should be expanded to young people prior to entering high school, including through the integration of SRHR topics into the lower secondary school curriculum.
- Although respondents were generally aware of the negative implications of early marriage, this initiative should reinforce this opposition by adapting outreach to the context of target sites. Since early marriage was reportedly more common in rural than urban sites due to a lack of education and poverty, outreach in these areas should explain the negative economic outcomes of this practice. Community and religious leaders should be targeted by this outreach due to their potentially detrimental attitudes toward early marriage and homosexuality.
- Despite awareness of the dangers of adolescent pregnancy, many respondents reported that young people lack knowledge about how adolescent pregnancy occurs and its negative outcomes. Parents should be equipped with the capacity to empathetically explain the causes and consequences of adolescent pregnancy, whilst helping their children to identify SRHR practices, such as sexual consent, that can help them to achieve their wider goals.
- Outreach with parents should emphasise the importance of contraception, including male condoms, in preventing negative SRHR outcomes. The involvement of medical professionals can help to communicate that contraception is safe for young people and dispel prevalent misconceptions about side effects.
- To alleviate the shame that can impede SRHR education, community leaders should be facilitated in reflecting and discussing the negative impacts of cultural taboos
- To facilitate mutual learning and build confidence, parents should be encouraged to openly discuss the ways that they obtain SRHR information, including resources such as Facebook, with their children.
- To generate support for the integrated SRHR curriculum in high schools, parents should be informed that SRHR education has been proven to reduce early sexual debut and promote safer sex practices, which can protect against STIs and early pregnancy.
- This SRHR initiative should be sustainably embedded within existing institutions, such as schools and hospitals, and adapted to the needs of parents. To build the long-term SRHR capacity of parents, in-depth resources, including a list of available SRHR services, should be developed and disseminated across sites.

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Appendix One: Key Informant Interview Questions

1. Quand on parle d'éducation sexuelle pour les jeunes, quelles idées vous viennent en tête en premier lieu?
2. D'où les jeunes s'informent-ils sur la sexualité dans notre communauté?
3. Quelles sont d'après vous les avantages de pouvoir parler de la sexualité avec ses enfants?
4. Quels sont les difficultés que les parents pourraient rencontrer en parlant de sexualité avec leurs enfants. Y a-t-il d'obstacles culturels à parler de la sexualité?
5. Que pensez-vous de la contraception pour les jeunes?
6. Quels sujets doit on aborder quand on met en place un programme d'éducation des parents en matière de sexualité?
7. Vos suggestions pour pouvoir réussir un programme d'éducation sexuelle dans notre communauté.
8. Avez-vous des questions ou remarques à nous adresser?

Appendix Two: Map of Intervention Sites

1. Antananarivo
2. Mahajanga
3. Ambovombe
4. Manambaro

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