



MADAGASCAR RAPID ASSESSMENT OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (ASRHR)

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ASRHR Rapid assessment in FortDauphin council.

Photo: Zotonantenaina Razanadratefa

Madagascar is making progress in delivering ASRHR services to its youth but there are still gaps to be addressed. Over two-thirds (68%) of young people said they received services without their parents presence. Services are almost available after hours (78%) and on weekends (74%). Overall, youth rate confidentiality and quality of service in Madagascar as high. However, 33% of the young people confirmed that health facilities charge an average fee of \$2 per visit.

These are among the findings of the ASRHR Rapid assessment conducted in Botswana, Eswatini, Lesotho, Madagascar, Mauritius, South Africa, Zambia and Zimbabwe from November 2019 to December 2020. The research aims to

strengthen youth-led and focused efforts to promote ASRHR through gender and youth responsive local governance. Overall, the study included 13,395 young people between ages 10 and 19 (52% female and 48% male). In Madagascar, 1,993 youth participated in the survey (54% female and 46% male). Gender Links Madagascar conducted the study in ten Centres of Excellence for Gender in Local Government - Andoharanomaitso, Anjozorobe, Antanamitarana, Bongatsara, Fort-Dauphin, Foulpointe, Mahajanga, Manjakandriana, Moramanga and Toamasina. This pamphlet should be read together with the detailed report of the eight country study that includes the objectives, methodology and recommendations.

KEY DATA FROM THE RAPID ASSESSMENT OF ASRHR SERVICES IN MADAGASCAR

Indicator	Region	Madagascar	Andoharanomainty	Anjozorobe	Antananarivo	Bongaisara	Fort-Dauphin	Foulpointe	Mahajanga - Boeny	Manjakandiana	Moramanga	Toamasina
Total sample	13 395	1 993	215	219	161	235	224	201	216	211	148	163
% female	52%	54%	54%	53%	54%	52%	50%	51%	58%	51%	74%	49%
% gender non-conforming	0.3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% male	48%	46%	46%	47%	46%	48%	50%	49%	42%	49%	26%	51%
Logistic information on health facilities												
Health facility 10km from your home %	71%	65%	93%	77%	68%	44%	62%	76%	90%	42%	41%	52%
The facility opens after school? %	57%	78%	100%	41%	95%	88%	77%	55%	99%	71%	76%	78%
The facility opens on weekends? %	62%	74%	100%	46%	82%	64%	74%	72%	98%	64%	83%	61%
Comfortable waiting and consultation area? %	82%	83%	96%	85%	93%	64%	65%	90%	86%	86%	82%	88%
Does the facility charge a fee? %	29%	33%	12%	29%	6%	58%	75%	9%	33%	42%	12%	39%
Average fee in USD	\$2	\$2	\$1	\$1	\$2	\$1	\$2	\$2	\$1	\$2	\$1	\$2
Quality of care												
Peer counsellors available %	53%	78%	33%	85%	89%	69%	92%	76%	92%	81%	86%	81%
Young people treated with respect %	89%	92%	100%	98%	97%	74%	94%	98%	88%	87%	96%	92%
Young people treated without parent present %	58%	68%	78%	81%	75%	57%	73%	47%	67%	60%	78%	67%
Young people have privacy %	85%	75%	99%	76%	73%	55%	89%	57%	84%	73%	89%	54%
Young people have confidentiality %	89%	89%	100%	91%	95%	75%	97%	79%	90%	85%	98%	85%
Sufficient time with young people %	75%	82%	100%	85%	84%	29%	86%	98%	85%	82%	87%	93%
Appropriate information %	74%	82%	99%	84%	90%	33%	87%	93%	84%	82%	83%	89%
Sexual and reproductive health services (%)												
Maternal health												
% young people who requested contraceptives	31%	46%	96%	17%	49%	50%	74%	21%	61%	12%	46%	40%
% requested contraceptives that received contraceptives	79%	85%	95%	90%	93%	85%	88%	41%	97%	72%	66%	70%
% young women requested a pregnancy test	29%	42%	81%	15%	22%	70%	64%	9%	59%	13%	38%	45%
% young women who received a pregnancy test	70%	85%	87%	73%	88%	78%	93%	67%	98%	86%	66%	83%
% young women who were pregnant	9%	5%	0%	4%	10%	13%	6%	4%	3%	3%	1%	5%
Menstrual health												
% young women who requested pads	14%	13%	16%	19%	6%	30%	20%	3%	19%	1%	10%	19%
% of those who requested pads that received pads	64%	76%	67%	67%	60%	80%	100%	100%	93%	100%	44%	58%
HIV and AIDS and STI												
% young men who requested male circumcision	40%	33%	67%	16%	41%	49%	58%	15%	36%	10%	63%	29%
% of those who requested male circumcision received	87%	83%	100%	100%	64%	71%	86%	93%	96%	70%	96%	72%
% who requested HIV test	45%	30%	48%	27%	21%	39%	48%	29%	43%	1%	11%	32%
% of who received HIV test	83%	92%	94%	71%	76%	92%	95%	98%	99%	100%	43%	88%
% who requested STI test	17%	24%	20%	12%	26%	38%	49%	13%	37%	2%	10%	43%
% who requested who received STI test	83%	88%	86%	100%	89%	89%	92%	96%	95%	75%	50%	81%
% who requested anti-retrovirals (ARVs)	6%	12%	4%	6%	17%	35%	25%	6%	30%	0%	7%	22%
% who requested who received ARVs	64%	72%	50%	0%	91%	67%	79%	60%	62%		44%	81%

BACKGROUND AND CONTEXT



Young people constitute 60% of the population of the Southern African Development Community (SADC), yet face the most challenges in accessing SRHR services particularly outside capital cities. Cultural, religious and other barriers to ASRHR services is reflected in high levels of teenage pregnancies; unsafe abortion; early marriages; GBV; and the resurgence of HIV and Aids, especially among young women. Youth-led advocacy to challenge social and gender norms on ASRHR needs to be strengthened. Despite considerable progress since the International Conference on Population and Development (ICPD) 25 years ago, millions of people especially youth, and mostly disadvantaged youth and adolescents still lack access to ASRH information and services. Madagascar has a stand-alone *National Adolescent and Youth Reproductive Health Strategy 2018-2020*.

FINDINGS

Logistic information on health facilities

The study reveals that 65% of youth have a health facility within 10 km of their home, compared to 71% in the study overall. Youths in both urban and rural areas still challenge the remoteness of clinics. In Madagascar, 78% of youth (compared to 57% in the study) said they could access the facilities after

school and 74% said they were able to access the facilities at weekends (compared to 61% in the study). Among the ten councils surveyed, only Anjozorobe represented less than half (41%) of young people who reported having access to services after school while 46% had access at weekends.

Thirty-three percent of the health facilities are paid with an average amount of \$2 per visit, an exorbitant amount compared to other countries in the study which provide service for free.

Quality of care

Madagascar generally performed well on quality of care. Sixty-eight percent of the youth said they received services without parents presence compared to 58% in the study overall. Almost all young people (92%) reported being treated with respect, compared to 89% in the study. Similarly, 89% of young people said they were treated confidentially, compared to 89% in the study. Seventy-eight percent reported the presence of peer counsellors compared to 53% in the study. 82% of youth said both that the health worker spent sufficient time with them (compared to 75% in the study) and that they received appropriate information (compared to 74% in the study). However, only 75% had privacy (compared to 85% in the study). These figures also vary considerably across councils. For example

in Andoharanomaitso, only 33% of youths reported meeting with a peer counsellor. In Bongatsara, only 29% responded that health workers spend sufficient time with youths. Rural authorities apparently faced lower-quality care. More efforts need to be done in standardising the quality of services.

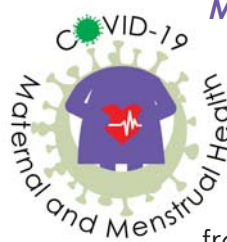
Sexual and reproductive health services

Access to contraception: In Madagascar, more youth requested contraceptives compared with the regional demands (46% and 31% respectively). This percentage is still low as in Manjakandriana (12%) and Anjozorobe (17%), a small minority sought contraceptive. However, 85% (compared to 79 % in the region) of the youth who asked for contraceptives received them. Mahajanga (97%), Andoharanomaitso (95%) and Antanamitarana (93%) are the three performing councils on response rate to requests by youth for contraceptives. In Foulpointe, a touristic spot, this fell to 41%.



Teenage pregnancies: Forty-two percent of the young women surveyed in Madagascar requested a pregnancy test compared to 29% overall (rank first in the region). This ranged from 81% in Andoharanomaitso to 9% in Foulpointe. Eighty-five percent of those who asked in Madagascar received a pregnancy test compared to 70% in the study. The response by council ranged from 98% in Mahajanga to 66% of tests being administered in Moramanga. Pregnancy testing is an essential component of SRHR

services. Five percent of all the young women surveyed in Madagascar reported being pregnant, compared to 9% in the study overall.



Menstrual health: Madagascar is yet to consider the removal of VAT on menstrual ware. Indeed, only 13% (compared to 14% in the study) asked for pads from the health facilities and fortunately 76% (compared to 64% in the study) received pads. Providing free pads through clinics would be another route to ending period poverty.

HIV and AIDS and Sexually Transmitted Diseases (STI's)

30% of the young people in Madagascar requested an HIV test, compared to 45% surveyed in the region. Despite the low prevalence of HIV in Madagascar, HIV testing remains important for HIV infection's prevention. The 92% positive response rate to requests for HIV tests in Madagascar (compared to 83% in the survey overall) shows that the health system is well geared for HIV testing. Similarly, even if only 24% of the youth requested STI tests in Madagascar (compared to 17% in the study), 88% of those who asked for the tests obtained them (compared to 83% in the study). At 33%, demand for male circumcision which has been shown to significantly reduce HIV and AIDS transmission is also low in Madagascar and in the study (40%) with major variations between councils. More awareness raising and work with men is required.



FOR MORE INFORMATION go to:

<https://genderlinks.org.za/what-we-do/governance/local-action-for-voice-and-choice/>

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