

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



JANUARY 2022

This fact sheet is a summary of the findings of the ASRHR Rapid Assessment conducted in Antanamitarana as part of an eight-country study¹ 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. Gender Links Madagascar conducted the study in ten Centers of Excellence for Gender in Local Government.² In Antanamitarana, the study covered just one clinic; 161 respondents: 54% young women and 46% young men (see table overleaf). This fact sheet should be read together with the Madagascar and the Southern Africa ASRHR Rapid Assessment research pamphlets. Key findings include:

Accessibility

- Over two-thirds (68%) of respondents reported being within 10 km of a clinic.
- Almost all young people (95%) surveyed indicated that the clinic opens after school.
- A high proportion of respondents (82%), said that the clinic is open at weekends.
- The majority (93%) said that the clinic had a comfortable waiting area.
- Only 6% of the youth paid an average fee of \$2 during their visits.

Quality of care

- Almost all young people were treated with respect (97%), with confidentiality (95%) and given appropriate information (90%).
- Eighty-nine percent of respondents said that they met with peer counsellors during their visits.
- Overall, 84% of respondents declared that health workers spent sufficient time with them.
- Three-quarters (75%) of respondents said clinics did not require their parents to be present,

while 73% of them reported that they received services in a private way.

Sexual and reproductive health services

- Less than half (49%) of respondents requested contraceptives and 93% of these requests were met. A slight effort still needs to be made to reach 100%, as provision of contraceptives to young people is key to ASRHR.
- Overall, 22% of young women requested a pregnancy test and 88% received it. Ten percent of the young women were pregnant at the time of the study: a fairly high statistic that can obviously be justified by the constraints of young people to contraceptives, owing to various barriers (lack of knowledge and fully access to ASRHR included).
- Only 6% of young women requested sanitary pads, 60% of them received the pads: more need to be done to ensure free provision of menstrual ware in clinics, since it is a way to guarantee menstrual hygiene and health.
- At 41%, overall demand for male circumcision, which has been shown to reduce the spread of HIV and AIDS, 64% received an appointment for the circumcision.
- Only 21% of the young people requested an HIV test. Over three-quarters (76%) of those who asked for this test received it.
- More than a quarter (26%) of respondents requested an STI test and the majority (89%) of those who requested STI tests received them.
- 17% of the respondents requested anti-retroviral drugs for HIV and AIDS, of which 91% received.
 ARVs are generally accessible in Madagascar at the referral district hospitals.
- A very low proportion of respondents (27% overall) said health workers asked about their mental health. A key concern to resolve as ASRHR and mental health are closely linked.

Botswana, Eswatini, Lesotho, Madagascar, Mauritius, South Africa, Zambia and Zimbabwe.
 Andoharanomaitso, Anjozorobe, Antanamitarana, Bongatsara, Fort-Dauphin, Foulpointe, Mahajanga, Manjakandriana, Moramanga and Toamasina.



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

Contact details: Gender Links Madagascar Address: Immeuble le Premium, ex village des jeux Ankorondrano, Antananarivo Tel: +261328732519







KEY DATA FROM THE RAPID ASSESSMENT OF ASRHR SERVICES IN ANTANAMITARANA MADAGASCAR

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