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SEXUAL AND REPRODUCTIVE HEALTH

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AUDIENCE: CONSERVATION FIELD AGENTS

9

INDIAN OCEAN COMMUNITY CONSERVATION HANDBOOKS

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Introduction

Madagascar has one of the world's fastest growing populations, with an average fertility rate of over five births per woman and nearly half of the country's population currently under fifteen years of age. Only one in five women in union has access to contraception despite government programmes to promote family planning.

In the remote coastal regions access to sexual and reproductive health services is even more difficult. As a result, some girls have their first child as young as eleven and women are having up to 16 children. Infant and maternal mortality figures are high. The rapid growth of coastal populations, whose doubling time is approximately 10-15 years, poses a severe threat to the future sustainability of the country's extensive coral reefs and other marine habitats, upon which the livelihoods, culture and future economic wellbeing of coastal communities depend.

The environmental challenges of population pressures can be directly addressed through an integrated Population, Health and Environment (PHE) initiative within indigenous fishing communities where there is a huge unmet demand for sexual and reproductive health services. Through an integrated approach to conservation and public health, the link between reproductive health and resource use within these communities can be addressed.

The goal of this document is to improve the knowledge of conservation organisations and community leaders throughout the Western Indian Ocean (WIO) region so that they can integrate Sexual and Reproductive Health (SRH) into their activities.

Benefits of family planning

Reproductive and sexual health is fundamental to the general health and prosperity of individuals, couples and families, and the social and economic development of communities and nations. Reproductive health is a state of complete physical, mental and social well being in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore means that people are able to have satisfying and safe sex lives and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

In addition, many coastal communities in the region face a unique set of challenges posed by diminishing and degrading marine resources in the face of a rapidly increasing

population. Put simply, there are more and more people dependent on fewer marine resources. At the same time, many families would like to limit family size, increase child spacing, or delay age of first pregnancy but simply lack the knowledge or access to family planning to allow them to do this. By providing this access, population growth rates are slowed, easing pressure on marine resources into the future.

Methods of family planning

There are a number of different methods of family planning. It should be noted that each method of contraception has its own advantages and disadvantages, however there are numerous choices that will work for each woman or couple. A doctor or trained family planning nurse should help each patient decide which method is right for them over the long-term. In the short term, before a doctor can be consulted, condoms, when used consistently and correctly, offer the most protection and the least side effects at minimal cost.

In Appendix A of this document there is a general overview of each method presented to provide an overview of the many options that are available. This appendix can be used to train peer educators and community distributors of family planning medicine, but is not a replacement for a professional consultation.

Sexually transmitted infections

Common sexually transmitted infection

Sexually transmitted infections (STIs) can be very common in some regions of the WIO. For example some national statistics for Madagascar show as much as 50% of the population being affected. The most widely known are gonorrhoea, chlamydia, syphilis and HIV but there are more than 20 others. By far the most common mode of transmission of STIs is through unprotected penetrative sexual intercourse (vaginal or anal). Other, more rare modes of transmission include: from mother to child; during pregnancy (e.g. HIV and syphilis); at delivery (e.g. gonorrhoea, chlamydia and HIV); after birth (e.g. HIV); through breast milk (e.g. HIV); and through the unsafe (unsterile) use of needles or injections or other contact with blood or blood products (e.g. hepatitis, syphilis, HIV). In Appendix B of this document there is a table giving a general overview of several common sexually transmitted infections. Like Appendix A, this table can be used as a reference for peer educators or for community distributors of family planning medicine, but is not a replacement for a professional consultation.

HIV/AIDS epidemic

HIV infection, which causes AIDS, is spread by the same behaviour as other STIs. In contrast to most viruses, HIV is slow-acting, taking a few years to produce illness. Over five to ten years or so, the immune defences of an HIV-infected person gradually become weakened. Various bacteria, viruses, fungi and parasites – known as "opportunistic" infections take advantage of this to cause illnesses. HIV has no cure and without medical intervention and treatment HIV/AIDS leads to death.

An estimated 250,000 Malagasy (1% of population) are currently infected with HIV/AIDS, while there are more than 20,000 in Mauritius, more than 15,000 in Reunion, more than 1,000 in Seychelles and more than 800 in the Comoros.

Community SRH approach

An integrated sexual and reproductive health programme involves more than giving conservation staff basic knowledge about the methods of family planning and the risks of unprotected sexual intercourse. Rather, an integrated approach to SRH requires the engagement of the entire community. Owing to the culturally sensitive nature of SRH activities, it is important to gain the support of village leaders before large-scale community engagement activities are undertaken. Local government representatives, village councils, and influential men and women should be consulted before beginning. Additionally, it is critical that a preliminary health assessment is undertaken before starting to measure the unmet need for family planning services and to measure attitudes and baseline behaviours of various segments of the community (men, women, young, old, sex workers, etc).

It is important to clarify the objectives of the SRH programme and how it fits in with the community's values and development objectives. Any areas of particular sensitivity or cultural taboo should be discussed so as to avoid problems in the future. Often, village leaders will be more worried about cultural taboos and community norms in the early stages of a project and will relax their concerns as support for SRH grows among the community. If leaders are at first tentative, small events and activities should be planned so that they can gain more experience of the benefits of the SRH programme and understand that no one is forced to take part in the programme, but when given the choice, most people willingly choose to use contraception at some point in their lives.

Once permission has been secured to begin, the work of integrating the SRH programme into conservation and education efforts can start. The objective should be to catalyse community groups of all types including fisher associations, local conservation organisations, women's groups, environmental clubs, and village leadership to take action to promote family planning and sexual and reproductive health. These groups should be encouraged to participate, sponsor, and lead

SRH events and to deliver SRH messages and information to their members. Peer education should be emphasised at all times as it is one of the most effective strategies for spreading SRH messages. Community groups should therefore be encouraged to take part in SRH events and activities as a way of gaining knowledge about SRH in order to spread it to the rest of the community through formal and informal peer groups.

In remote areas, a community-based distribution system may be the most effective way to improve access to family planning services. A community-based distribution system works by training local community members, usually older, trusted females, to counsel villagers on family planning choices and to provide a limited number of family planning options. Community-based distribution reduces the cost of running a SRH programme for the local women who receive services as well as the NGO supporting the SRH programme. Some family planning methods and STIs can not be adequately treated with community-based distributors and must be forwarded to the nearest doctor or clinic. Community-based distribution requires constant support and monitoring from the partner organisation. In some cases, this partner organisation could be a specialised health NGO who receives logistical and communication support from a conservation organisation. Partnerships of this type can bring SRH services to communities that otherwise would be too small or remote for the SRH NGO to work in, but where a conservation NGO is already operating.

Integrating population, health and environment

It can be challenging for organisations (like conservation-specific NGOs) unfamiliar with the public health sector to integrate health services and education into their activities. Some NGO staff may be uncomfortable discussing sexual health and reproduction with community members or feel that this kind of work should be left to doctors and nurses. However, the benefits of the combined approach should outweigh the difficulties of adjusting to the new work. SRH services are often very much appreciated by communities, especially after the first year of activities, when women start to really feel the benefits of birth spacing and limiting. Moreover, SRH is crucial strategy for reducing what is often the most important root cause of overexploitation- population growth.

To maximise synergies between SRH and other conservation activities, the following is suggested:

- Give all NGO staff and their families access to SRH services.
    - Increases knowledge and promotes a culture of openness and acceptance.
- Give all staff (not just field staff) basic training in SRH.
    - Promotes healthy behaviour among staff.

- Give staff knowledge that can be shared with community members whenever a question arises (note: staff needn't be able to answer all questions, but should be able to direct queries to appropriate channels).
- Integrate SRH messages and conservation activities.
  - For example, SRH messages in newsletters, community outreach materials, community-based monitoring events (see handbook 8).
- Promote SRH at environmental festivals and conservation at SRH festivals.
- Use general public health issues to tie SRH and conservation.
- Emphasise the connection between health and the environment by promoting public sanitation and clean water. For example:
  - Improper treatment of waste leads to a degraded environment and to illness.
  - Proper management of forests, streams, and rivers will result in healthier water supplies and more productive environments.
  - Family planning leads to healthier, more prosperous lives, and less pressure on natural resources.

Conclusion

Through the integration of a Sexual and Reproductive Health programme into marine conservation work, one can provide practical, immediate and lasting benefits to sexual and reproductive health, food security and biodiversity conservation. Families with access to safe and effective contraception and sexual health clinics, will have the opportunity to choose when and how many children to have. This almost always means dramatic reductions in birthrates, which will relieve future pressures on marine resources.

As a community leader or member of staff working for a conservation NGO, it is important to understand the links between population growth and resource use. It is also essential that all members of staff can identify the main types of contraception, including benefits and disadvantages as well as the four main sexually transmitted diseases. You will then be equipped to answer basic questions about the benefits of an integrated PHE programme to conservation.

Resources for teachers

There are a nearly unlimited number of SRH stories and messages that could be spread using comics. The attached comic is one example. It is targeted towards young women. Young girls are often more difficult to reach than other women because they are easily influenced by less reliable sources of information (friends, rumours, films) and may have fewer interactions with NGO's and government agencies as they don't attend community meetings as frequently. Comics are an effective way of reaching this audience as these comics can be distributed at community centres and schools. In rural areas, many people have never seen a comic book before, certainly not one aimed at girls, which touches on issues familiar to their lives.

The comic can be distributed freely, but for best impact it should be read out as a group and then discussed. Students might be encouraged to create a play for the comic and enact it for the village or for the school. It could also be used as an example or template, with a teacher encouraging students to develop their own comic or play related to sexual and reproductive help.

Below is a list of the primary messages of the comic. When creating additional educational material it is crucial to focus on a few key messages. These should be developed through regular assessments of attitudes and behaviours for your target audience (in this case young girls).

- Family planning is a normal thing for young people to use.
- Contraceptives, when used properly, are safe.
- Contraceptives promote a successful, healthy life.

Appendix A: Guide to the various family planning medicines

CONTRACEPTIVE METHOD	HOW IT WORKS
Condoms	It covers the erect penis to physically prevent the transmission of semen (sperm) into the vagina.
Pill Plan (Combined Oral Contraceptive)	It stops the ovaries from releasing an egg each month (ovulation). It thickens the mucus from your cervix, which makes it difficult for sperm to move through to reach an egg. It makes the lining of your uterus (womb) thinner so it is less likely to accept a fertilised egg.
Overette (Progesterone Only Pill)	It works by thickening the mucus from your cervix, which makes it difficult for sperm to move through to reach an egg. It makes the lining of your uterus (womb) thinner so it is less likely to accept a fertilised egg.
Depo Provera (Contraceptive Injection)	It stops the ovaries from releasing an egg each month (ovulation). It thickens the mucus from your cervix, which makes it difficult for sperm to move through to reach an egg. It makes the lining of your uterus (womb) thinner so it is less likely to accept a fertilised egg.
Implanon (Contraceptive Implant)	It stops the ovaries from releasing an egg each month (ovulation). It thickens the mucus from your cervix, which makes it difficult for sperm to move through to reach an egg. It makes the lining of your uterus (womb) thinner so it is less likely to accept a fertilised egg.

ADVANTAGES	DISADVANTAGES
Highly effective if used consistently and correctly. Free from medical risks. Protects against most sexually transmitted infections and HIV.	Can interrupt the spontaneity of intercourse. If used incorrectly they can slip off or burst. Perceived to be messy/reduce sensation and therefore be less pleasurable.
It doesn't interfere with sex. Periods may become regular, lighter and less painful. May help with premenstrual symptoms. Reduces acne in some women. May protect against infections spreading to the pelvis.	May cause temporary side effects at first: nausea, breast tenderness, weight change and headaches. The pill may increase your blood pressure. It doesn't protect you against STIs. Break through bleeding (small amounts of vaginal bleeding outside of normal period) is common in the first few months of pill use. Delay to normal fertility of around six months after discontinuation of use.
It doesn't interfere with sex. You can use it if you're breastfeeding. You can use it at any age, especially if you are over 35 and you smoke. It may help with premenstrual symptoms and painful periods.	Periods may become irregular or stop altogether. This is not harmful. It doesn't protect you against STIs. You have to remember to take the pill at the same time every day. You may get temporary side effects when you start using POP: spotty skin, breast tenderness, weight change and headaches.
You can use it if you're breastfeeding. It doesn't interfere with sex. You only have to remember to get an injection every three months. It may help with premenstrual symptoms and painful periods. May protect against infections spreading to the pelvis.	Periods may become irregular or stop altogether. This is not harmful. Women may put on weight. You may get temporary side effects: spotty skin, breast tenderness, weight change and headaches. Once you have the injection it cannot be removed. If you have side effects you have to wait for the injection to wear off. Not safe in pregnancy, although the risk to the fetus is small (all other methods have been shown not to harm the unborn baby if taken inadvertently when the woman is pregnant). Delay to normal fertility of around six months after discontinuation of use.
It works for three years, thus you never have to remember to take a pill or return for the next injection. This also offers advantages to those distributing contraception. It doesn't interfere with sex. It may help with premenstrual symptoms and painful periods. May protect against pelvic infection. Your normal fertility returns as soon as the implant is taken out.	Periods may become irregular or stop altogether. This is not harmful. You may get temporary side effects: spotty skin, breast tenderness, weight change and headaches. It requires a small procedure to fit and remove it. It doesn't protect you against STIs.

Appendix B: General information on common sexually transmitted infections

STI	CAUSE/ TRANSMISSION	SIGNS/SYMPTOMS	TREATMENT	AVOIDANCE
Chlamydia	Unprotected sexual intercourse. Mother to child (during birth).	Discharge from penis; cervical discharge and lower abdominal pain in women. Pain or bleeding after sex; neonatal conjunctivitis. Often has no symptoms.	Antibiotic tablets.	Condom use. Fewer sexual partners.Only have sex within a monogamous relationship.
Gonorrhea	Unprotected sexual intercourse. Mother to child (during birth).	Discharge from penis; cervical discharge and lower abdominal pain in women. Pain or bleeding after sex; neonatal conjunctivitis. May have no symptoms.	Antibiotic tablets.	Condom use.
Syphilis	Unprotected sexual intercourse. Mother to child (during pregnancy). Through contact with blood/blood products.	Genital ulcers (chancre). Lymph node swelling; generalised skin rash.	Antibiotic injection.	Condom use. Using sterile medical equipment.
HIV	Unprotected sexual intercourse. Mother to child (during pregnancy/ delivery and breast milk). Through contact with blood.	Asymptomatic; generalised lymph node swelling, persistent fever, skin rash, weight loss, etc.	No cure. Antiretroviral medication to help stabilise the virus and prolong life.	Condom use. Using sterile medical equipment.

ROSE'S ADVENTURE

INDIAN OCEAN COMMUNITY CONSERVATION HANDBOOK 9

SEXUAL AND REPRODUCTIVE HEALTH

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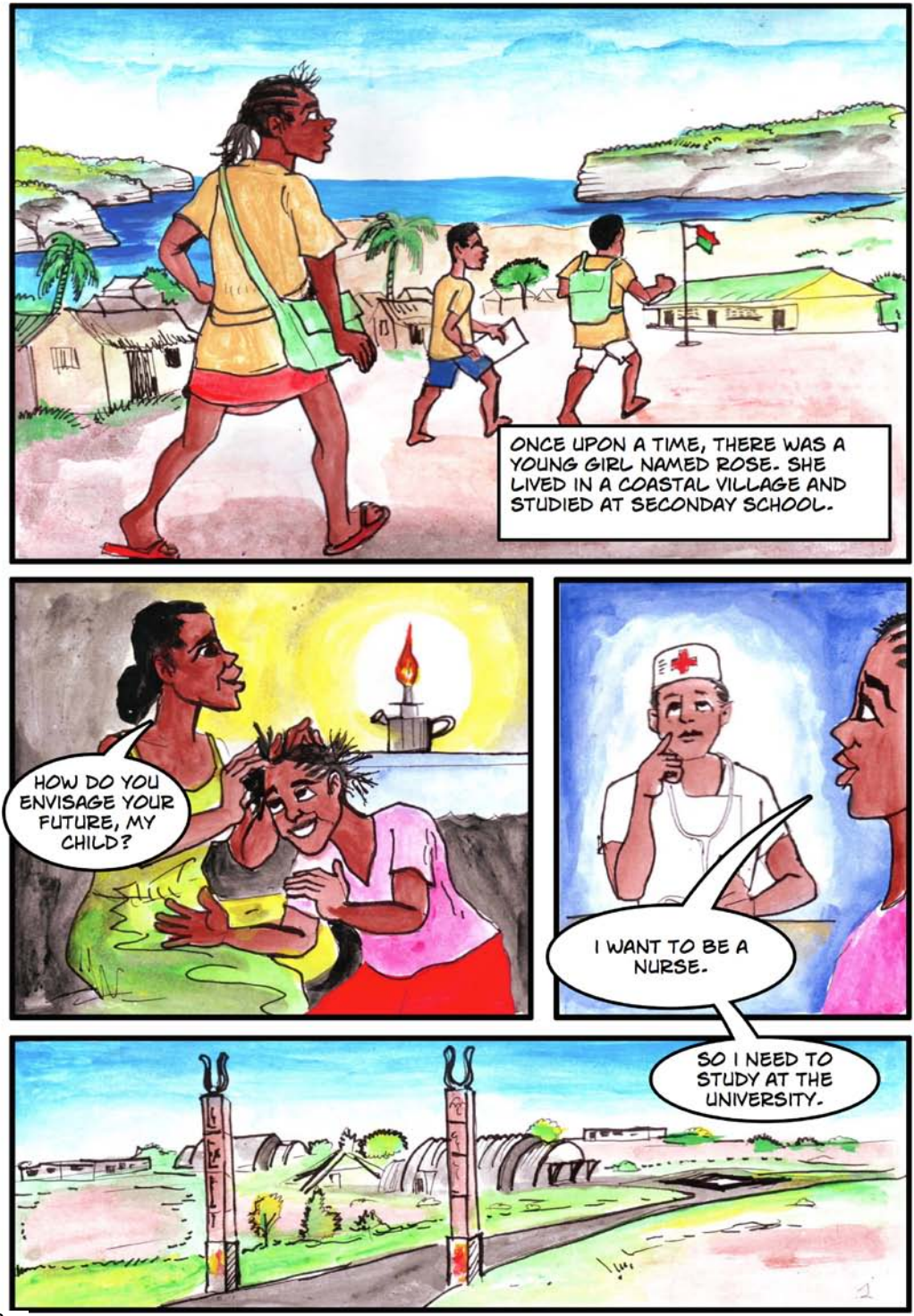

ONCE UPON A TIME, THERE WAS A YOUNG GIRL NAMED ROSE. SHE LIVED IN A COASTAL VILLAGE AND STUDIED AT SECONDAY SCHOOL.
HOW DO YOU ENVISAGE YOUR FUTURE, MY CHILD?
I WANT TO BE A NURSE.
SO I NEED TO STUDY AT THE UNIVERSITY.


I WANT TO HELP PEOPLE
AND EARN A GOOD LIVING.
THEN YOU NEED TO KEEP STUDYING HARD AND NOT GET DISTRACTED BY BOYS.
YEAH, YEAH.
YOU KNOW, DR. FANJA, I COULD USE SOME HELP WITH MY DAUGHTER ROSE.
LUCKY YOU SHOULD SAY THAT.
THE NEXT DAY, ROSE'S MOTHER AND A FRIEND MEET DR. FANJA, A RURAL HEALTH WORKER.
I'M MEETING WITH YOUNG GIRLS AND THEIR MOTHERS ABOUT SEXUAL HEALTH THIS AFTERNOON.
GREAT, WE'LL BE THERE.
WE'LL MEET RIGHT OVER THERE.
OK, SEE YOU SOON.


THANKS EVERYONE FOR COMING. IT'S GREAT TO SEE SO MANY OF YOU HERE.
WHERE IS ROSE?
IT'S IMPORTANT THAT ALL THE GIRLS HERE THINK ABOUT BIRTH CONTROL.
USING BIRTH CONTROL DOESN'T MEAN YOU CAN DO WHATEVER YOU WANT. YOU STILL MUST BE CAREFUL AND PROTECT YOURSELF FROM SEXUALLY TRANSMITTED DISEASES.
AND BE CAREFUL NOT TO BE DISTRACTED AWAY FROM SCHOOL BY BOYS IF YOU HOPE TO GRADUATE OR EVEN MAKE IT TO UNIVERSITY.
THE MEDICINE WILL PREVENT UNINTENDED PREGNANCY AND, DEPENDING ON THE MEDICINE, SOME SEXUALLY TRANSMITTED DISEASES.

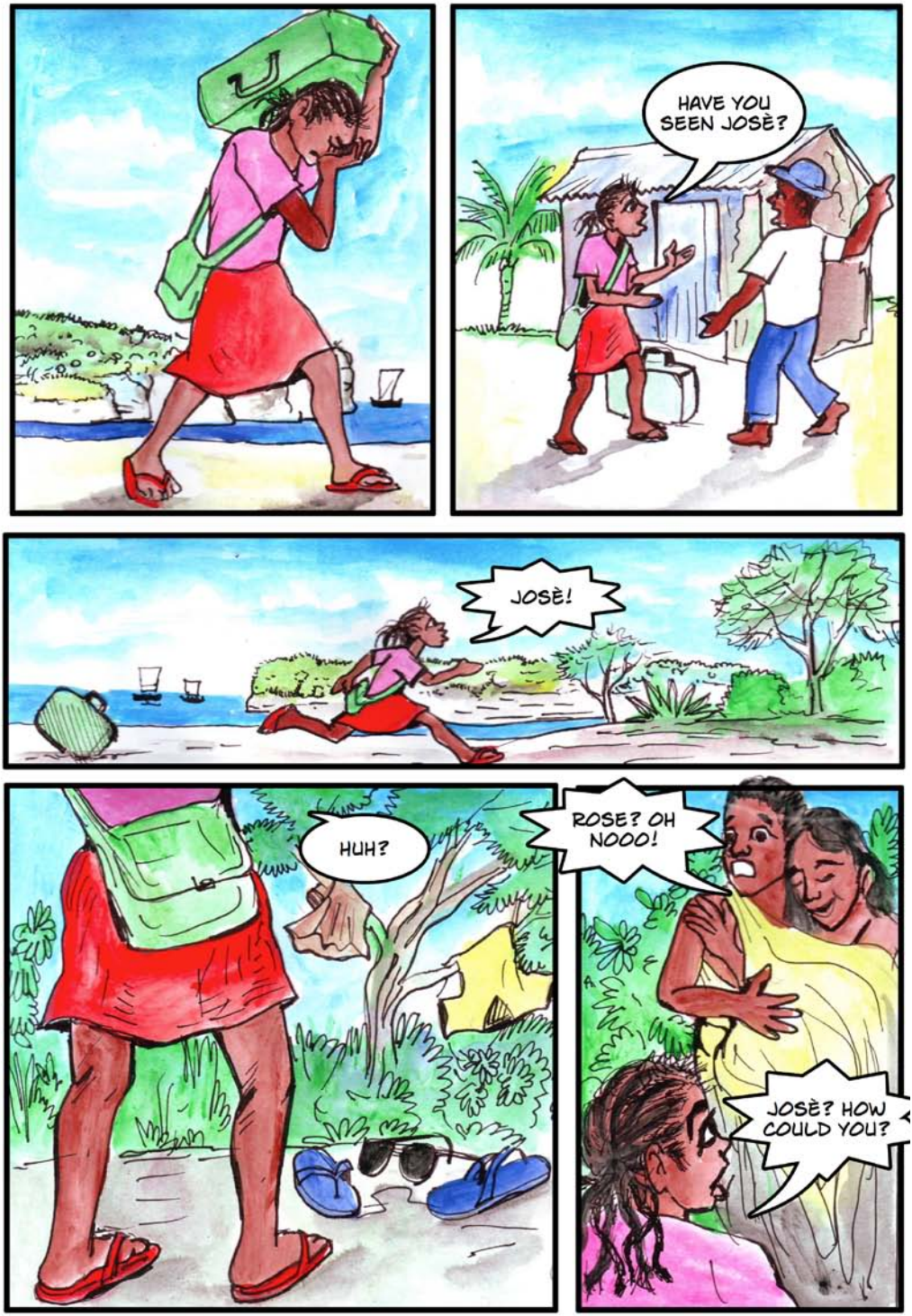

I WORRY SHE MIGHT BE HIDING SOMETHING FROM ME.
I CAN'T IMAGINE WHY NOT. I MADE HER PROMISE TO COME.
SUCH A SHAME ROSE DIDN'T COME. SHE NEEDS TO HEAR THIS.
HEY ROSE!


LET'S GO TO OUR SPECIAL PLACE.
I'M SUPPOSED TO GO TO A MEETING ABOUT BIRTH CONTROL WITH MY MOTHER TODAY.
NO WAY! DON'T DO THAT. IT'LL MAKE YOU STERILE!


HEY JANE!
I JUST HAD SEX WITH JOSÈ.
WHAT ARE YOU DOING! DID YOU EVEN USE PROTECTION?
I THOUGHT YOU WERE MY FRIEND, NOT MY MOTHER.
AND NO WE DIDN'T, HE SAYS IT MAKES YOU STERILE.


HI MUM, SORRY I'M LATE.
I'M SO DISAPPOINTED IN YOU. THE MEETING WAS REALLY IMPORTANT!
I FORGOT. SORRY.
NOT ACCEPTABLE!
WE'LL TALK ABOUT IT IN THE MORNING, WITH YOUR FATHER.
AND NOW A MESSAGE ON WOMEN'S HEALTH FROM DR. FANJA, LOCAL HEALTH WORKER.


CLICK
WHY DID YOU TURN THAT OFF?
I DON'T WANT TO HEAR ABOUT THAT NONSENSE!
WHY NOT? ARE YOU HAVING SEX?
THAT STUFF MAKES YOU STERILE.
AND IT'S NOT YOUR BUSINESS IF I AM HAVING SEX!
DON'T YOU RUN AWAY FROM ME!
ARRRGRH


HAVE YOU SEEN JOSÈ?
JOSÈ!
HUH?
ROSE? OH NOOO!
JOSÈ? HOW COULD YOU?


CRACK!
HOLD UP!

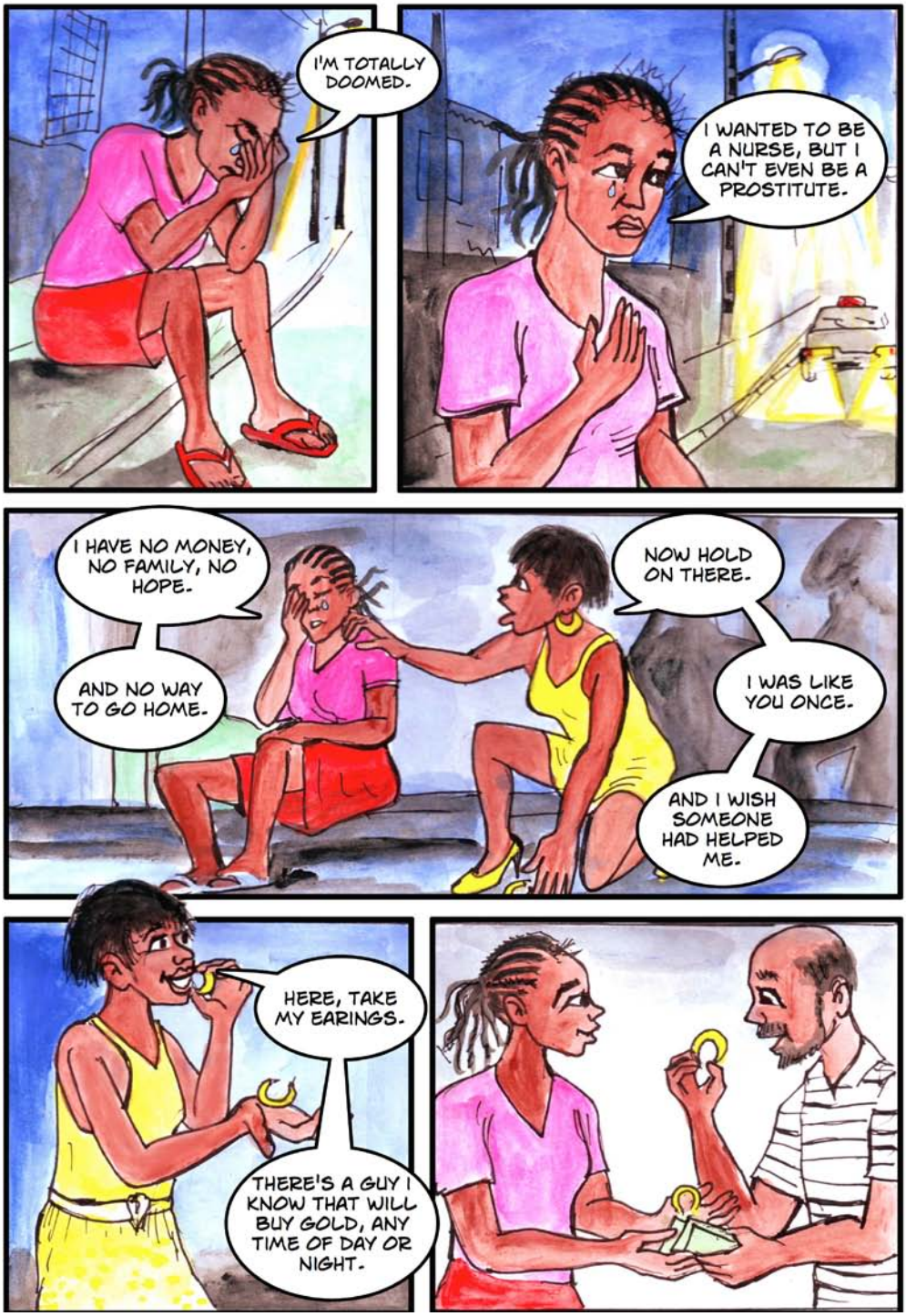

I'LL NEVER BE A NURSE NOW...
THIS ISN'T MUCH MONEY. WHAT AM I GOING TO DO?
WHAT ARE YOU DOING HERE, GIRL?
I DON'T KNOW...


WELL YOU CAN'T JUST SIT THERE ALL SAD LIKE THAT!
TOLIARA
THERE'S A LONELY GUY SITTING OVER THERE.
GO SEE IF HE WANTS A FRIEND.
NICE EARINGS.
YOU GET THEM FROM WORKING THE STREET?
COURSE I DID.
WENT ON VACATION WITH THIS OLD, FAT GUY FOR TWO WEEKS.

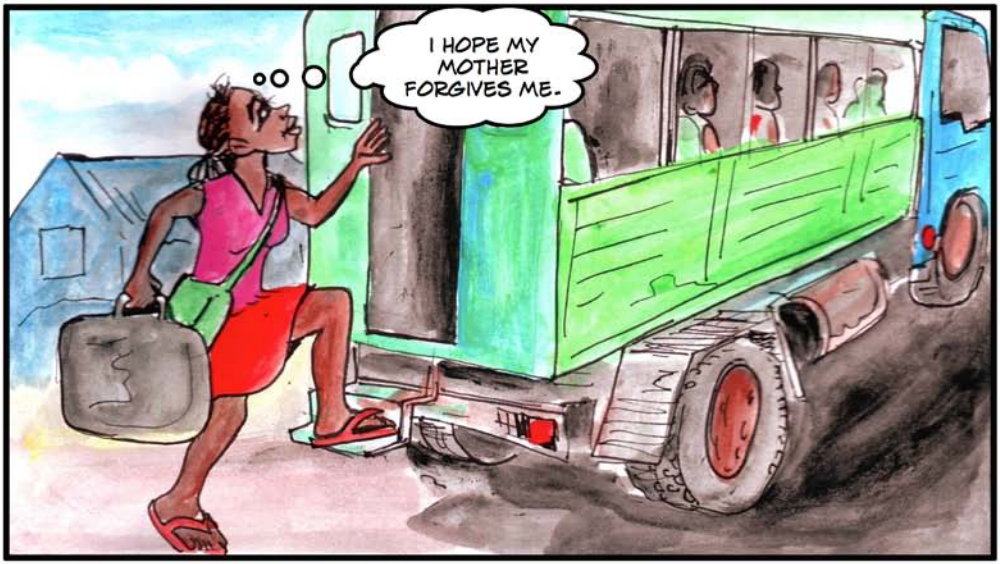

LET ME ASK YOU SOMETHING...
YOU EVER HAD AN ABORTION?
YOU THINK YOU ARE PREGNANT?
YOU GOTTA USE CONDOMS, DEAR.
YEAH. THREE AND IT AIN'T ANY GOOD.
ABORTIONS AND DISEASES WILL RUIN YOU OTHERWISE!
I LEARNED THOSE LESSONS THE HARD WAY.
HERE ONE COMES!
YOU DO THE TALKING, YOU'RE PRETTIER!


HOW MUCH FOR THE BOTH OF YOU?
UMM...
I SHOULD GET IN.
THIS DOESN'T FEEL RIGHT.
I DON'T KNOW...
I'M SORRY. I CAN'T.

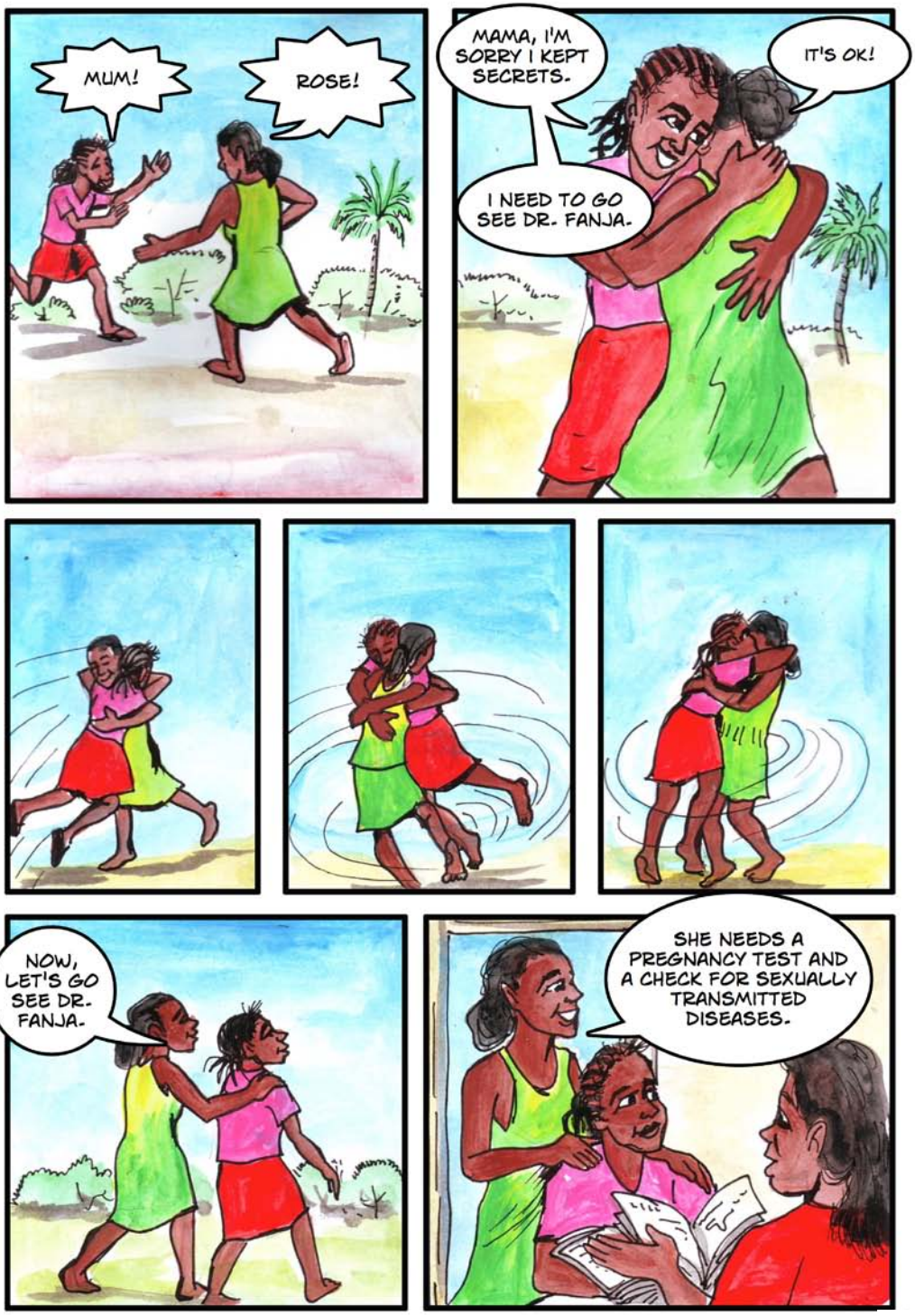

VROOOM
WHAT ARE YOU DOING!
HAVEN'T SEEN A CAR THAT NICE IN YEARS!
I'M SORRY!
CLINK CLINK CLINK

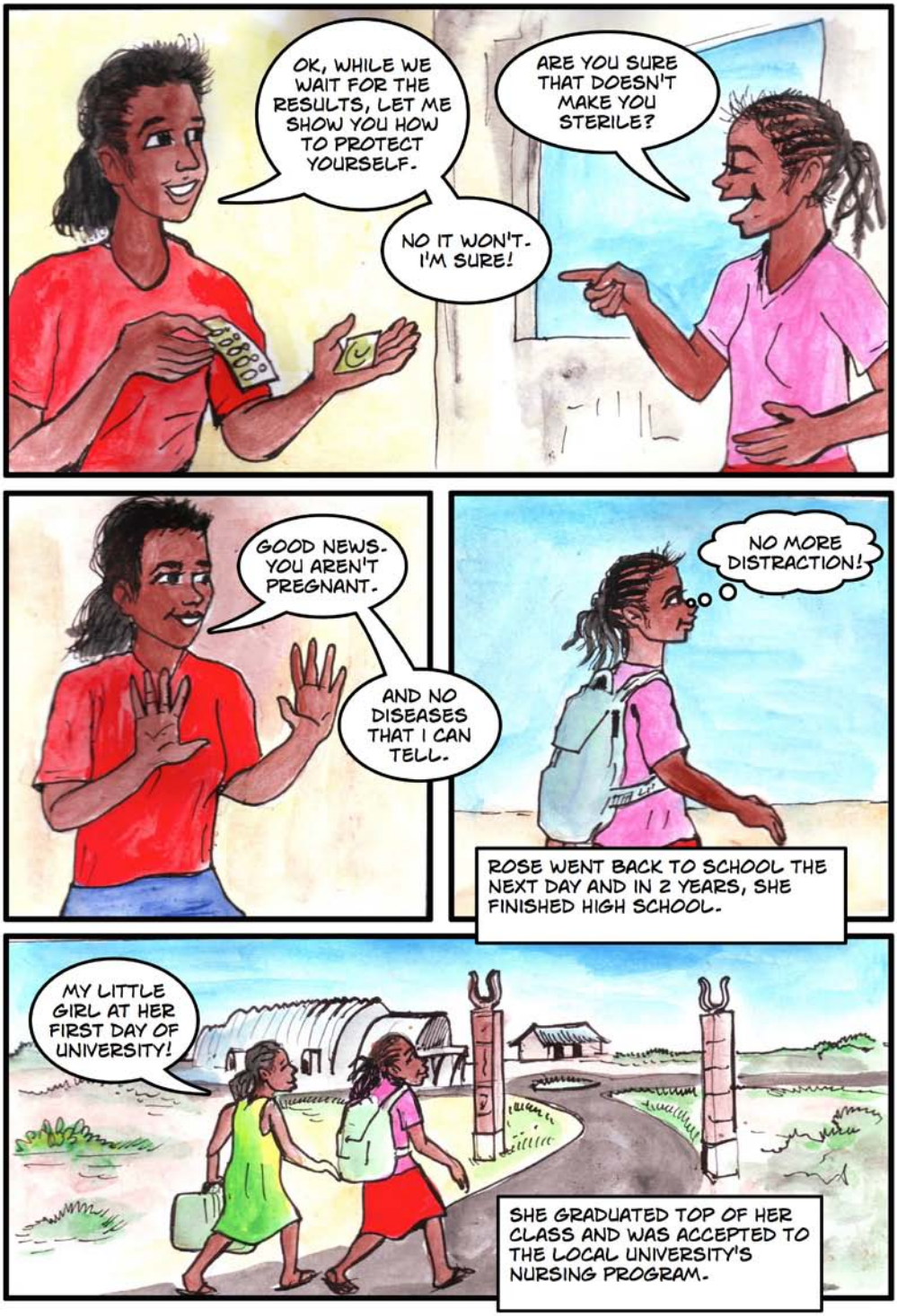

I'M TOTALLY DOOMED.
I WANTED TO BE A NURSE, BUT I CAN'T EVEN BE A PROSTITUTE.
I HAVE NO MONEY, NO FAMILY, NO HOPE.
AND NO WAY TO GO HOME.
NOW HOLD ON THERE.
I WAS LIKE YOU ONCE.
AND I WISH SOMEONE HAD HELPED ME.
HERE, TAKE MY EARINGS.
THERE'S A GUY I KNOW THAT WILL BUY GOLD, ANY TIME OF DAY OR NIGHT.


WHY DOESN'T SHE COME WITH US?
SHE'S GOING HOME.
DON BOSCO
RECEPTION


I HOPE MY MOTHER FORGIVES ME.


HEY, THAT'S ROSE!


MUM!
ROSE!
MAMA, I'M SORRY I KEPT SECRETS.
IT'S OK!
I NEED TO GO SEE DR. FANJA.
NOW, LET'S GO SEE DR. FANJA.
SHE NEEDS A PREGNANCY TEST AND A CHECK FOR SEXUALLY TRANSMITTED DISEASES.


OK, WHILE WE WAIT FOR THE RESULTS, LET ME SHOW YOU HOW TO PROTECT YOURSELF.
ARE YOU SURE THAT DOESN'T MAKE YOU STERILE?
NO IT WON'T. I'M SURE!
GOOD NEWS. YOU AREN'T PREGNANT.
AND NO DISEASES THAT I CAN TELL.
NO MORE DISTRACTION!
ROSE WENT BACK TO SCHOOL THE NEXT DAY AND IN 2 YEARS, SHE FINISHED HIGH SCHOOL.
MY LITTLE GIRL AT HER FIRST DAY OF UNIVERSITY!
SHE GRADUATED TOP OF HER CLASS AND WAS ACCEPTED TO THE LOCAL UNIVERSITY'S NURSING PROGRAM.


OK ROSE, I'LL LEAVE YOU HERE.
ECOLE D'INFERMIÈRE
HEY THERE.
BYE MAMA!
NICE TO MEET YOU.
HEY ROSE!
OOMPH!!


NO DISTRACTION IF YOU HOPE TO GRADUATE!
CALM DOWN. I REMEMBER EVERYTHING YOU AND DR. FANJA TAUGHT ME.
OK, SEE YOU BACK HOME.
BYE!
BYE BYE!
END

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