

## **PUSHING AGAINST AN OPEN DOOR: SETTING UP A FAMILY PLANNING SERVICE IN ANDAVADOAKA**

Blue Ventures is a UK based award winning marine conservation charity, committed to the conservation of threatened marine and coastal environments and the livelihoods of those who depend on them. Based in the village of Andavadoaka in South West Madagascar with its population of 1400 people, Blue Ventures is working to enable the coastal communities of this region to use the coastal resources sustainably.

The population doubling time for Madagascar is approximately 20 years, with a total fertility rate of over five births per woman. Maternal mortality figures are high (1 in 200 live births). Abortion is illegal and deaths from unsafe abortions push this figure higher still. The national average contraception prevalence rate is approximately 20% (amongst women in union). The Ministry of Health and Family Planning has set itself a goal of increasing the contraceptive prevalence rate to 26% by 2008.

### **LOCATION OF MADAGASCAR, AND ANDAVADOAKA**



The coastal communities of the South West are among the poorest in Madagascar, where access to health care and family planning services is very limited. A woman in the village of Andavadoaka who wants to access contraceptive services faces a 50 km journey on foot through spiny forest to Morombe, the nearest town, or will have to pay for a passage on a passing ship.

## THE VILLAGE OF ANDAVADOAKA



Preliminary research into the fertility and sexual health issues facing the community of Andavadoaka unveiled a huge unmet need for family planning services, and for sexual health education. Girls were having their first sexual experience as young as eight, and it was common for girls to get pregnant soon after puberty. Awareness of the need for contraception and of the different methods available, especially among the very young and old fertile women, was low. Couples are having up to 17 children, often despite not wanting such large families. Anecdotal evidence suggests that the national fertility, and maternal and infant mortality figures underestimate the reality for the people of Andavadoaka and the surrounding area. There were also low levels of awareness of the need for protection from sexually transmissible infections, despite apparent high levels of gonorrhoea and syphilis.

Encouragingly, the women of the community expressed a clear desire to be better informed, and to have access to good family planning services. It was also clear that if Blue Ventures were able to facilitate the delivery of such a service, the community would access it.

Enabling couples to take control of their fertility, plan their families and have the family size that is right for them is an important part of allowing these coastal communities to develop sustainably. It thus has a key role to play in enabling sustainable use of coastal resources and conserving the fragile marine ecosystems that these communities depend on.

Whilst devising a plan for the development of such a service, I was fortunate enough to enlist the support of Professor John Guillebaud, Professor Emeritus of Family Planning and Reproductive Health, University College, London, who put me in touch with Marie Stopes International. I approached them to enquire into the possibility of Marie Stopes Madagascar (MSM) offering some form of outreach service to the community of Andavadoaka and around, which Blue Ventures could host. After a visit to the region from one of their bases in Tulear, it was clear that Andavadoaka was too remote and too small a community for MSM to offer such a service to. However, given the presence of a permanent Blue Ventures resident Medical Officer on site, MSM were happy to offer supplies and logistic support to a Blue Ventures-run service.

Having secured the backing of Blue Ventures head office, Marie Stopes International (MSI) and MSM, and having primed the community of my intentions, Annie Lewis and I travelled to Andavadoaka in August 2007 to set up a family planning service. En route to Andavadoaka we met with MSM representatives in Antananarivo, the capital, and Tulear, where we were given the kind offer of strategic and logistic support, and sufficient family planning supplies to open a basic family planning clinic.

## BAOBAB TREES AND SPINY FOREST AROUND ANDAVADOAKA



We travelled to Andavadoaka with a supply of depo-medrone, an injectable form of progesterone that provides 12 weeks of contraception with each injection, a supply of the combined oral contraceptive pill and the progesterone only pill, and some Malagasy patient information leaflets, all courtesy of MSM. I had kindly been donated a large supply of condoms from the Exeter Contraception Clinic, and had also brought with me training material from the UK.

On arrival at Andavadoaka, having discussed my plans with and sought advice from the Blue Ventures team on site, I set about arranging meetings with as many members of the community as possible. Through the expert interpretation of Vola Ramahery, one of our Malagasy scientists, and with the help of Craig Nolan the medical officer, we held separate meetings with the Women's Association, the women of the village, the men of the village, and the teenage girls. The meetings were designed to raise awareness about the importance of family planning and sexual health related matters, offer basic sexual health education, facilitate a dialogue with the community and to help us to set up a family planning clinic that would be acceptable to and meet the needs of the community. It was felt appropriate to hold separate meetings for the different groups in this way, to allow each of the different groups within the community to discuss issues in an environment in which they felt comfortable.

At each of the meetings we were welcomed with open arms, and the idea of having a family planning service in the village was met with great enthusiasm.

Some reservations were expressed by some of the more traditional male members of the community, who were worried about an increase in promiscuity that might result from women being able to access contraception. This appeared a minority view, however, and was met with strong counter arguments in favour of couples having access to contraception. We wanted to stress that the service was about enabling couples to plan the family size that was right for them, and take responsibility for their fertility and sexual health. To this end, we encouraged families and couples to attend together. For the first clinic we marked the occasion by running a crèche alongside the clinic, which was run by Annie, who is a trained primary school teacher. The purpose of the crèche was to allow couples to bring their children and have them looked after whilst they were having their consultation.

### **ANNIE LEWIS AND HELPERS RUNNING A CRECHE ON THE OPENING DAY OF THE FAMILY PLANNING CLINIC**



Clearly whilst attempting to meet the huge unmet need for family planning, what we were planning to do was going to have wider impacts on the community. It was essential that we met with and had the full support of all of the key stakeholders. We met with the President of the village, the Vice Mayor of the region, the medical assistant of the village and one of the priests from the Catholic Mission. Happily we were once again met with enthusiasm and full support for our project. Even the Catholic Mission, who could not publicly work with us or promote what we were doing, were supportive and grateful for what they saw as the important work we were trying to do. The process of

meeting all significant stakeholders continues, in an effort to ensure the long term survival of the project.

Nina Plant, a volunteer and doctor who kindly offered to assist in the project, and Craig the medical officer, were both given training in family planning and the use of the different range of contraceptive methods we had available. Several of the Malagasy staff were also trained in basic family planning, in order for them to work effectively as interpreters for the clinic and run basic educational programmes for the village.

### **THE FAMILY PLANNING TEAM ON THE OPENING DAY OF THE CLINIC**



A regular date was fixed for the clinic, and on Wednesday 15<sup>th</sup> August 2007, our opening day, 50 women attended for advice and contraception. As Craig, Nina and I worked through the first few clinics, we were frequently struck by the enormity of the unmet need we had uncovered, and the difference we were going to be making to families and women's lives through this work.

Having successfully established a clinic in Andavadoaka, we are now planning the next phase of the project. Firstly, we want to reach out to as much of the community of Andavadoaka as possible, through education and awareness, and a continued presence within the village. There will undoubtedly be many couples, women and young girls who for a variety of reasons have not been able to access the service we are offering, despite wanting contraception; reaching these people will be our first challenge.

Secondly, monitoring and evaluation of the project will be very important, in particular, ensuring that our work is leading to an increased uptake of contraception within the community, a reduction in unmet need for contraception, and better maternal and infant health outcomes.

Blue Ventures' work has expanded to cover a much larger area of the South West coast, with a corresponding increase in the number of coastal communities that will be touched by the work they do. The next step will be to expand the service to meet the needs of this extended coastal community of 30 or so villages. If this is achieved, a larger population base may make it viable to source other forms of long acting reversible contraceptive methods, or visiting surgeons to offer permanent sterilisation procedures.

**CRAIG DEMONSTRATING HIS PROWESS AT PUTTING ON A CONDOM,  
USING THE LEG OF AN INVERTED CHAIR**



As a doctor running a family planning clinic it is easy to see the direct social impact of couples having control over their fertility. From an environmental and humanitarian perspective, it is very exciting to think that enabling communities to manage their population will improve their ability to utilise their precious, magnificent coastal resources sustainably.

Vik Mohan, October 07

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