

ELECTIVE REPORT

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*Family Planning Clinic
Andavadoaka, Madagascar*

With thanks to the Wellbeing of Women for supporting this elective project

For my elective I spent six weeks from 12th May-21st June 2009 working on a family planning Project in Andavadoaka, a small fishing village on the southwest coast of Madagascar, supervised by Dr Noler. With the population doubling time of Madagascar being approximately 20 years and a fertility rate of over five births per woman, there is increasing pressure on dwindling coastal resources and the situation in which couples cannot provide for their large families is common.

Prior to the establishment of this local family planning service, a woman in the village of Andavadoaka who wanted to access contraceptive services faced a 50km journey on foot through spiny forest to Morombe, the nearest town.

The work done by the clinic empowered couples to produce sustainable sized families, something so important in an area with such limited resources. The problem is fairly evident shortly after one arrives in Andavadoaka. Most families have more than five children, many more than ten and half of the village's population is under 15 years of age. In one clinic, I counselled a woman who had given birth to 14 children. These numbers are clearly unsustainable and most couples do not intend to have such large families. Not only are such large families extremely difficult to support, they also pose a risk to women's health, with high maternal mortality figures (1 in 200 births). Abortion is illegal in Madagascar so deaths from unsafe abortions due to unwanted and unplanned pregnancies push these figures higher still. For this reason, family planning is about more than just promoting the use of contraception; it is also about empowering women to make fundamental decisions about their health and their lives.

Since the opening of the clinic in August 2007, the project has uncovered a huge unmet need in the area and has been welcomed by the people of Andavadoaka. In its first year, 246 women attended the clinics with 100 months worth of combined oral contraceptive, 66 months worth of progestogen only pills and 125 Depo-Provera injections were administered. Clinics were held once a week whilst I was there and during that time I was able to counsel women with regards to contraceptive options through a translator and prescribe contraceptives as well as administer the Depo-Provera injections.

Owing to the success of the Family Planning Clinic in Andavadoaka, the team are expanding their services by running satellite clinics. Surrounding coastal villages in the same region of Madagascar face many of the same challenges as Andavadoaka, including the same need for access to family planning services and advice on how to protect themselves against STIs. The establishment and delivery of these satellite clinics formed the bulk of my work. With many of the villages up to a day's travel away, they proved too far for the team medic to travel to on a regular basis. It was therefore our job as medical students to travel from village to village, armed with an interpreter, a guide and a great deal of energy and enthusiasm! Here we raised awareness about contraception and STIs, seeking the opinions of the people we met and

establishing where the most appropriate place to hold satellite and outreach clinics would be, in addition to addressing any concerns about the clinics.



The Family Planning Satellite Clinic Sail

As well as speaking to the local people we also arranged meetings with the village elders to gain approval for the running of the clinics in the village. To allow the clinic to be integrated fully into village life, it was important that local customs and traditions such as these were respected. The response was usually a positive one with the local people welcoming the services and the elders agreeing to their provision in the villages. With the help of our guide and interpreter, we also walked around each village, trying to identify potential sites for running the satellite clinics, taking pictures of possible venues and making valuable contacts in the villages. After each visit to a village, we went back and reported our findings to the medical officer. We hope that the work we did in laying the foundations will allow the team to set up these satellite clinics and spread the great work they are doing into surrounding villages.

In addition to contraceptive work, the clinic is also addressing issues of sexual health in the village. Raising awareness about all of the issues regarding sexual and reproductive health has become one of the most important objectives of the project. Until recently, the prevalence of HIV has been very low in Madagascar, at less than 2%. This is a welcome exception to the trend that has swept across most of Sub-Saharan Africa, with high prevalences of the disease plaguing much of this part of the world. Alarmingly, there has been a rapid increase in HIV prevalence, as well as epidemics of other sexually transmitted infections such as gonorrhoea and syphilis. The current increase in mining and oil drilling in Madagascar is drawing labour from Southern Africa where HIV is rife. The worry is that this influx will lead to the initiation of a HIV outbreak in a country where sex education is limited. Raising awareness of sexually transmitted infections is therefore vital in preventing the HIV pandemic that is already rippling through much of Sub-Saharan Africa from spreading to this island.

I was actively involved in this aspect of the project and we used a wide range of fun and interesting ways of trying to get this message across. In addition to providing contraceptives to women, in the clinics we also taught men and women how to use condoms appropriately and provided free condoms to them. We held meetings in the village with different groups i.e. men, women, boys and girls, in order to encourage open discussion about sexual health and decorated T-shirts with condom logos. Whilst I was there we also organised a football match for the local men against the project's team with a presentation about sexual health beforehand, and we put on a play about STIs and contraception for the village entitled 'The Journey of Life'.

The play was narrated in Malagasy and both of these events proved hugely successful with a large number of the community attending as well as being highly enjoyable to be involved in.

Whilst the project is doing great work and making real progress in the area, it does face a few challenges with regards to use of the services. Whilst I was there we encountered situations where oral contraceptive pills had been sold by patients and the team had recently received reports that fishermen had been using condoms as a waterproof seal around torches, which they have been using to catch lobster at night. These examples serve as a reminder about the importance of continued education on the appropriate use of the service offered, to both individual patients and the wider community.

My elective in Madagascar was extremely enjoyable and valuable. The work done in the family planning clinics enabled women to take control of their fertility and plan their families. My work travelling to surrounding villages will help in the establishment of satellite clinics, so that the great work being done by the project can reach more Madagascans and more women can be empowered with regards to their families and their health. I was also actively involved in raising awareness of sexual health, something crucially important in an area where sexual education is non-existent. I really do hope that we can help to keep the HIV prevalence in Madagascar low and reduce the transmission of other sexually transmitted infections and it continues to avoid suffering the same awful fate as so many other Sub-Saharan African nations.

My work also allowed me to realise how important it is to take into account and respect local and cultural customs, traditions and values when working abroad, in order to make any project involving local people a success. Without this it is impossible to work with local people and be fully integrated into their community. Whilst it is important that women take control of their own health, and are given the tools to do so, the education and collaboration of others in the community is important to maintain this. Likewise, by facilitating the planning of sustainable sized families, we are not only improving the health of women, but also of the surrounding community by ensuring that the children that are born can be provided for and the ecosystem upon which these communities depend upon can sustain the population size. Family planning has extensive and far-reaching implications, not only for the women themselves, but for the community and environment around them.

I would like to thank Wellbeing of Women and the RCOG for their generous award that allowed me to contribute to this important and worthwhile project, which is making great steps to allow the women of Southwest Madagascar to look after their reproductive and sexual health.