Samoa Youth Monograph 2020

FAMILY LIFE EDUCATION:

A STRATEGIC PATHWAY TO ACCELERATE SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES FOR ADOLESCENTS AND YOUTH IN SAMOA

Policy Brief

Policy Brief 1

1. OVERVIEW

The Samoa Youth Monograph (SYM) 2020 draws on and analyses data collected in the 2016 Samoan Population and Housing Census to present a picture of the younger generation in Samoa. This policy brief is one of three accompanying briefs that have been developed through a stakeholders consultation process to take a closer look at specific topics that impact on adolescents (aged 15 to 19 years) and youth (aged 18 to 35 years) in Samoa. This brief outlines a strategic pathway to accelerate sexual and reproductive health (SRH) outcomes for adolescents and youth. Its primary goal is to generate dialogue among key stakeholders and help policymakers to identify priority areas for intervention and reform; empower young people with information; and provide an evidence base to those who need data to guide their investment decisions and advocacy efforts.

Samoa Bureau of Statistics
Apia, Samoa

United Nations Population Fund
Pacific Sub Regional Office
Samoa and Fiji

2. INTRODUCTION

Samoans live in tight-knit communities which are centred around family life and a unique model of leadership – a hybrid of traditional and western structures and values. Social and cultural structures at the village and household level have a strong influence on communities alongside formal, western structures; both men and women share in participation and decision-making. An understanding of this unique socio-cultural context must form the basis for effective family life education (FLE) policies and interventions.

"...empower young people especially girls and other marginalized young peopled to see themselves and others as equal members in their relationships, able to protect their own health, and as individuals capable of engaging as active participants in society."

Haberland, N. and Rogow, D., 2015. Sexuality education: emerging trends in evidence and practice. Journal of adolescent health, 56(1), pp.S15-S21, pS15.

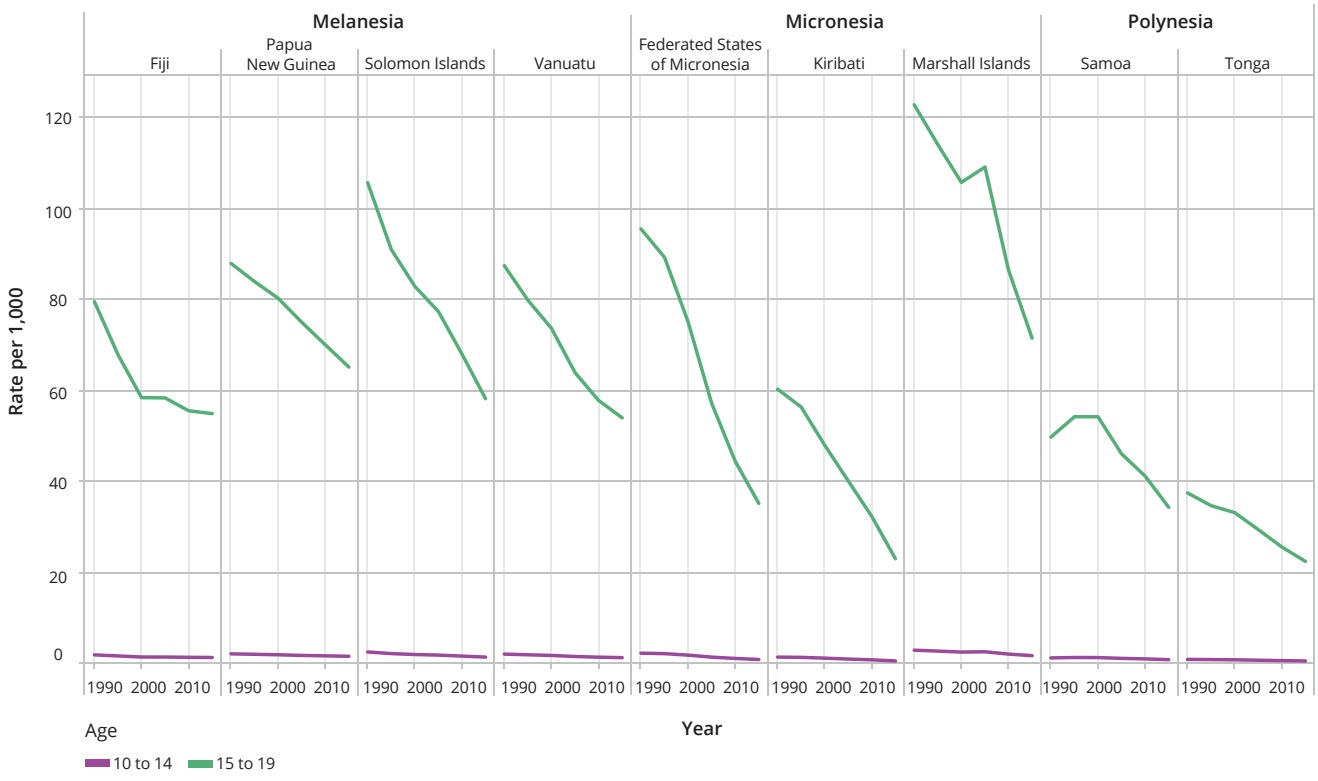
Family life education (FLE) is a policy strategy in many Pacific Island countries. It aims to deliver age-appropriate, gender-sensitive information to adolescents and youth, providing then with knowledge, skills, and competencies to help them realize their own health, well-being and dignity; to develop respectful social and sexual relationships; to consider how their choices affect their own well-being and that of others; and, to understand and ensure the protection of their rights throughout their lives. The goal of FLE is to equip adolescents and youth with strong skills in communication and decision-making, a knowledge of typical human development, and positive self-esteem.

Recent trends in adolescent and youth demographic and reproductive health indicators underscore the relevance of FLE as a policy instrument in Samoa. The proportion of adolescents and youth in the population in 2020 was 31 per cent and is estimated to increase to 33 per cent by 2030. Investing in adolescent and youth development is paramount for Samoa as a strategic lever for economic growth and development.

Investments in adolescents and youth should be holistic and empower them to make the right life choices

Investments in adolescents and youth should be holistic and empower them to make the right life choices. One in 20 adolescent females aged 15 to 19 years in Samoa is pregnant with their first child or has given birth, and is therefore exposed to a range of risks which have detrimental effects on their health, education and life-time productivity. While Samoa has made progress in reducing the adolescent fertility rate (AFR) (births per 1,000 women aged 15 to 19) by 14 per cent between 2011 and 2016, the AFR has fluctuated over the past two decades, necessitating accelerated policy efforts to sustain the recent declining trend. Nevertheless, the AFR in Samoa is comparatively low within the Pacific region and in comparison to selected countries with similar income levels to Samoa, as illustrated at Figures 1 and 2.

Figure 1: Adolescent Fertility Rates in the Pacific by Country

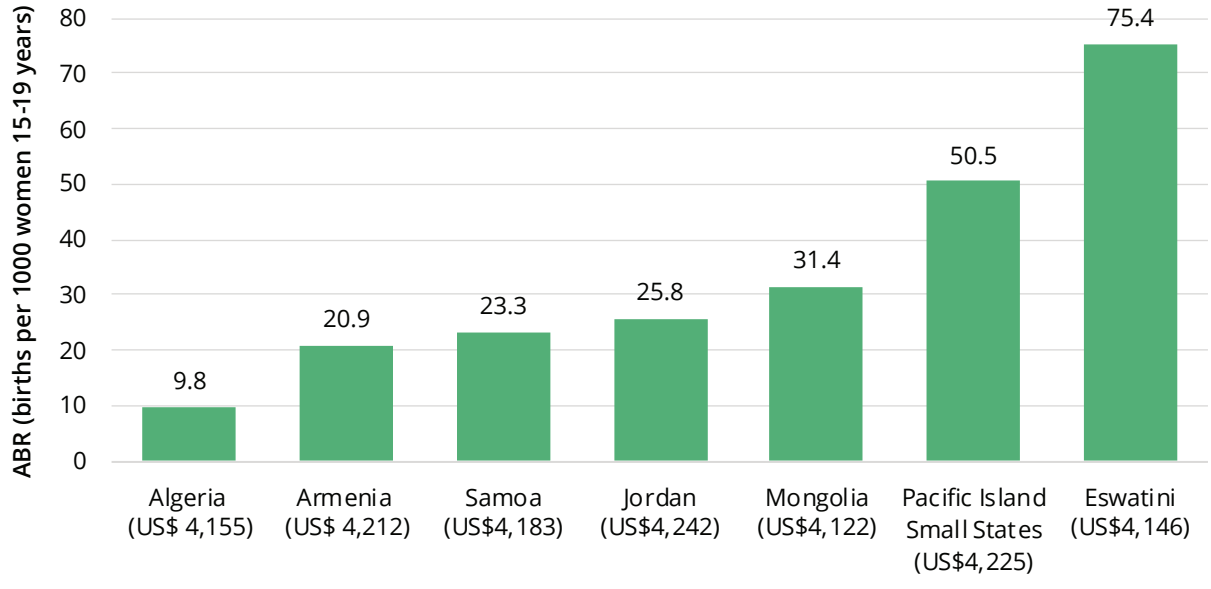


Data: Institute for Health Metrics and Evaluation (HME) Seattle, United States, 2015. These data are modelled estimates based on the best available primary data.

Source: UNFPA, 2017, State of Pacific Youth 2017.

Figure 2 below compares the AFR to countries with similar income levels to Samoa.

Figure 2: Adolescent fertility rates by country



Source: World Bank, Adolescent fertility rate (births per 1,000 women aged 15 to 19) 2017.

In addition, there is a high prevalence of risky behaviours amongst adolescents and youth in Samoa. A Global School-Based Health Survey estimated that three in five adolescents aged 13 to 16 years have had sexual encounters (57 per cent), with two in five not using any method of birth control (43.9 per cent) and seven in ten engaging in risky sexually behaviour (73.4 per cent). Furthermore, there is an overall rising rate of sexually transmitted infections (STI), especially among people below the age of 25 years. Chlamydia, which if left untreated can lead to blindness (in infants born from mothers with Chlamydia) and sterility, is most prevalent among youth, with 40.7 per cent of 15 to 24-year-olds infected. Finally, it is estimated many adolescents and youth are exposed to risks of gender-based violence (GBV) in Samoa. Although youth-specific sexual violence data is limited, it is estimated that 46.4 per cent of women have experienced sexual, physical and/or emotional abuse from a partner. Samoa's prevalence of GBV, notably higher than the global average of life-time prevalence of violence, against women and girls at 35 per cent presents a risk to young women and adolescent girls, particularly young women, who are disproportionately affected by sexual violence.

There is an overall rising rate of sexually transmitted infections, especially among people below the age of 25 years

Samoa recently reaffirmed the International Conference on Population and Development (ICPD) Programme of Action commitments to FLE to assure and protect the sexual and reproductive health and rights (SRHR) of adolescents and youth at the Nairobi Summit on ICPD25 in 2019.

This policy brief looks at some of the underlying and contextual factors that limit adolescent and youth access to SRHR information and services, including the topical issue of the delivery of FLE as a strategic pathway to improve SRHR outcomes. The brief presents recommendations to accelerate policy decisions and actions to improve the reproductive health status of adolescents and youth in Samoa.

3. APPROACH

An international literature review of peer-reviewed papers published between 2015 and 2019 was conducted to identify trends and policy recommendations for improving outcomes in SRHR and FLE. Consensus documents and international and regional agreements on FLE and SRH were also reviewed, particularly in relation to policy commitments.

4. FINDINGS

Samoa has seen improvements in supportive and legislative representation that positively impacts on health outcomes. Child mortality has significantly reduced since 2001 to a low of 15 deaths per 1,000 live births and the death of children under five years of age has decreased to 19 per 1,000 live births. HIV prevalence is low, with only 23 cases ever detected. Nevertheless, there remain considerable challenges in the provision of accessible SRH services for adolescents and youth in Samoa. The unmet need for SRH services for adolescent females, for example, aged 15 to 19 could be as high as 50 per cent. Making SRH services acceptable and accessible is a significant challenge and the findings of the literature review indicate changes in the approach to SRH that could positively influence outcomes.

'E au le inailau a tamaitai', 'Women can do anything'

Motusaga, M., 2017. Women in decision making in Samoa, Doctoral Dissertation, Victoria University, http://vuir.vu.edu.au/35037/1/MOTUSAGA%20Mema-Thesis_nosignatures.pdf

Samoa has actively sought to improve SRH outcomes as evidenced by local and national policies and its commitment to a number of international agreements and treaties including the Sustainable Development Goals (SDGs), Articles 17, 19, 24, 28/19, 34 of the Convention on the Rights of the Child, Articles 10, 12, 14 of the Convention on the Elimination of All Forms of Discrimination against Women, and the ICPD Programme of Action. Its commitments to international and multilateral agreements and programmes also include the Pacific Youth Development Framework 2014–2023, and the Pacific Sexual Health and Well-Being Shared Agenda 2015-2019. Many of these agreements and commitment statements refer to the right to health services including voluntary family planning services and information – both contraceptives and counselling – access to education, and the right to information to ensure the health and well-being of families, including information on voluntary family planning. The development of a FLE policy and programmes as a strategic and delivery pathway for adolescent and youth SRHR is an integral part of these commitments.

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The Ministry of Health, in the Samoa Global Aids Monitoring Report 2018, identifies a strong stigma around sex and the use of SRH services by youth in Samoa, tied to religious beliefs and social pressures. Younger youth are less likely to use contraception, increasing the rate of HIV prevalence. Sexual activity prior to the age of 15 is very rare, but while the age at first sex rises with levels of education for female youth this is not the case for their male counterparts. There is a high level awareness about contraceptive methods – 76.1 per cent for 15 to 19-year-olds and 90.4 per cent for 20 to 24-year-olds. In spite this, only 0.8 per cent of females and 8.6 per cent of males aged 15 to 19 years and 17.6 per cent of females and 22.1 per cent of males aged 20 to 24 years ever use contraception.

To overcome the social and religious taboos around SRH, content could be delivered together with other education sessions. For in-school adolescents and youth, the scope and content of Family Life Education could be strengthened within the existing Health and Physical Education (HPE) curriculum. While to ensure universal access, education sessions for out-of-school adolescent and youth could be delivered at the community level. These sessions could be integrated into general health sessions such as the Integrated Community

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Health Approach Programme (ICHAP) implemented by the Red Cross in 2016 and currently implemented by the Ministry of Health.

Furthermore, stakeholder groups at the community level, including non-governmental organizations (NGO's) and health workers, are well placed to provide partnerships and input into the design and delivery of information services. Such community-driven approaches could effectively overcome institutional barriers for the delivery of information and services that are restricted by social taboos and lead to the exclusion of key groups. Research indicates that young men may wish to participate in community-based support programmes for reproductive health, including birth preparedness and voluntary family planning, which would lead to positive outcomes in gender equity and an increased understanding and appreciation for family health. However, social embarrassment and shame prevent men from participating in programmes.

Community-driven approaches could effectively overcome institutional barriers for the delivery of information and services

Adolescent and youth participation in policy and programme design is another critical lever to strengthen FLE and SRHR services. Interventions for reproductive health are more likely to be effective if they are designed based upon an understanding of the emotions and actions of youth. Youth need to be part of the consultation and design process for policy and programme development to ensure that their emotional reaction and response to interventions are well understood. In addition, policies and programmes are more likely to be effective if they incorporate the priorities of youth. Moreover, issues need to be framed by health workers and teachers in a way that appeals to youth and the emotional drivers that determine their behaviours.

Teachers and health workers should be trained to understand the emotions and actions of youth around reproductive health and rights and the concept of choice. Training, together with adequate resourcing of qualified staff at every facility (schools and health facilities), is another key lever to strengthen the delivery of FLE and SRH services for adolescents and youth.

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Assessments of available adolescent and youth-friendly sexual and reproductive health services in 2018 showed that none met the international standards for delivery. Similarly, an ongoing assessment of FLE delivery in the education sector showed the need for teacher training and service delivery enhancements in the form of availability teaching resources to improve the delivery of FLE in schools.

The relevance of community-based platforms for FLE delivery should be emphasized as a policy lever. A study showed factors most likely to be associated with sexual risk are alcohol and tobacco followed by mental distress and loneliness.[1] Factors protective of sexually risky behaviour were the existence of close friendships and parent or guardian supervision.[2]

There is a policy emphasis on the delivery of SRH content through schools and local facilities in Samoa, however life in the Pacific is centred around the family, including SRH awareness and education. Parents play a positive role

Empowering young women to see themselves as equal to men is key to shifting societal norms around GBV, as is gender equality within legislative and policy forums of decision-making

in improving SRH outcomes for their children. Family-centred interventions in the Pacific nations to address risky youth behaviours have been found to have positive outcomes on adolescent SRH.[3] Key lessons can be learned from such programmes including a parent-focused set of programmes and discussions implemented in Fiji that aimed to raise SRH awareness.

It has also been firmly established that there is a link between GBV and health, wellbeing and economic development.[4] For both women and men, the most significant psychological distress within a relationship is related to problems with sex, indicating the level of importance traumatic sexual events can have on psychological well-being.[5] Empowering young women to see themselves as equal to men is key to shifting societal norms around GBV, as is gender equality within legislative and policy forums of decision-making.

Women's role in leadership has increased in both government and business as they have become more educated.[6] Empowering women in the legislature and at every level of government may lead to improved outcomes in FLE through a direct representation of the needs of young women in the legislative process.[7] In 2015 only 6.1 per cent of parliamentary seats were held by women, three out of 49 seats. Targets and quotas for minimum representation within parliament and local councils at 10 per cent have been established but these fall far short of achieving gender equality.[8] In addition, there is a need to strengthen and disseminate evidence of improvements in equity in power, gender and human rights that have led to improvements in health outcomes, including adolescent and youth SRH. This includes placing a greater emphasis within primary education on gender equity, and policies and programmes that reach vulnerable youth, particularly young, married girls.[9]

Targets and quotas for minimum representation within parliament and local councils at 10 per cent have been established but these fall far short of achieving gender equality

The need for the government to uphold rights guaranteed in the 1994 ICPD and Key Actions for Further Implementation is no less urgent today to improve health systems that provide all people with integrated and comprehensive reproductive health care and prevention.[10]

Engaging young people in thinking critically in gender equality and empowering young women requires skills training for health workers and teachers together with gender equity in positions within legislature and policy development.[11] Adequate resources and research in reproductive health, together with policies that actively seek to deliver on international commitments are needed to improve health systems and outcomes to deliver comprehensive reproductive health.[12]

The last three years has seen an increase in services for sexually transmitted and other reproductive tract infections (STI/RTI).[1] Partnerships under community-based approaches such as the education and awareness events and activities run by the Samoa Family Health Association (SFHA) have allowed communities to make informed decisions about their SRH and to access services.

[1] Samoa Family Health Association (SFHA) administrative data

Communication materials (brochures, pamphlets, posters and radio shows) and comprehensive sexuality education in schools as well as out of schools' programmes have contributed to the engagement of communities. The SFHA is able to inform communities about STIs, including signs, symptoms, prevention and treatment, as well as provide access to services. Table 1 below shows both the increase in services and of people using SFHA services between 2016 and 2018.

Table 1: Samoa Family Health Association Programme Data, 2016-2018

Year	STI / RTI - Consultation	STI / RTI - Counselling - Post-test	STI / RTI - Counselling - Pre-test	STI / RTI - Counselling - Risk reduction	STI / RTI - Counselling - unable to categorical	STI/RTI - Investigation – Examination	STI/RTI - Investigation - Lab test	STI/RTI - Investigation - Sampling procedure	STI/RTI - Management - Etiological - Gonorrhoea	STI/RTI - Management - Etiological - Chlamydia	Total
2018	1 009	300	444	355	4	14	278	54	6	87	1542
2017			1 685	5 728		813			10	98	921
2016	1 309		1 309	1 309		1 309	422			812	1234

Source: SFHA Administrative Data.

5. RECOMMENDATIONS

Below are a set of policy recommendations in support of a transformative policy agenda for FLE and SRHR that targets national and local policies, the allocation of adaequate resources, skills training for staff in health and education and awareness training for staff, communities, including religious groups, families and youth. These include to:

1. Have at least one member of staff available and fully trained in youth-friendly, disability-inclusive voluntary family planning service provision, according to national standards, at all SRH service delivery points by 2022. This includes the capacity to offer, depending on the level of the facility, three to five modern methods of contraception (condoms, pills, injectables, LARCs and EC).[13]

2. Accelerate the review of FLE curriculum and scale-up teacher-training and capacity strengthening to deliver FLE nationally.

3. Strengthen partnerships for policy development and programme delivery. Consult with local stakeholders, particularly youth, for the development and delivery of culturally and religiously sensitive SRH education at the local level. This includes programmes and discussions with parents to raise awareness on matters relating to SRH.[14] Engage local religious leaders through organizations such as the Young Christian Women's Association (YWCA) to design and deliver local and national media campaigns to raise awareness around accessible SRH strategies.[15] Set targets to engage young men in community-based support programmes for reproductive health and birth preparedness and voluntary family planning.[16]

4. Ensure policy priorities capture and provide timely relevant youth-specific data for policy development and tracking, such as people using SFHA services, as at Table 1 above.

5. Set targets higher than the current commitment of 10 per cent for women in parliament.[17]

Achieving the SDGs requires a comprehensive research agenda that comes with firm commitments to invest in research and policy analysis together with implementation, monitoring and evaluation for the collection of evidence to inform further policy development.[18]

ENDNOTES

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