

Right to
SEXUAL &
Reproductive
Health
EDUCATION
2016



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Human Rights Commission of the Maldives
Ma.UthuruVehi, KenereeMagu, Male', Maldives

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The following persons contributed to the publication of this report

Lead Researcher/ Author: **Aishath Maurifa Mohamed**

Researchers: **Fathimath Hussain**
Ahmed Yamaany

Foreword

This study assessed the availability and accessibility of Sexual and Reproductive Health information and education to students, youth and adults of Maldives using a rights-based approach. The report is vital for planning and evidence based decision-making in the area of sexual and reproductive health education and health care. The report also provides a rich source of data on the current situation of Sexual and Reproductive Health Education throughout the Maldives. Further, this report provides essential data which can be used by decision makers, policy planners, international agencies and the communities for their future development plans in this area.

I would like to acknowledge the contribution of the various parties who made this research possible. Specially, the hard work and dedication of current and past members of the Human Rights Commission the Maldives, Members Naiween Abdulla, Aishath Afreen Mohamed, the former commission member Dr. Aly Shameem who oversaw the project and the Research Team, Aishath Maurifa Mohamed, Ahmed Ameen, Ahmed Yamaany and Fathimath Hussain.

Aminath Eenas

President

Human Rights Commission of the Maldives

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List of Acronyms

APF	Asia Pacific Forum
CCHDC	Center for Community Health and Disease Control
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
CRC	Convention on the Rights of the Child
ETCC	Education and Training Centre for Children
FG	Focus Group
FGD	Focus Group Discussions
GBV	Gender-Based Violence
HRCM	Human Rights Commission of Maldives
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICERD	International Convention on the Elimination of all forms of Racial Discrimination
ICPD	International Conference on Population and Development
IGMH	Indira Gandhi Memorial Hospital
MPS	Maldives Police Services
RH	Reproductive Health
SH	Sexual Health
SRH	Sexual and Reproductive Health
SRHE	Sexual and Reproductive Health Education
STIs	Sexually Transmitted Infections
UDHR	Universal Declaration of Human Rights
WHO	World Health Organization

Executive Summary

This study is the first Sexual and Reproductive Health Education (SRHE) research conducted using a rights-based approach by the Human Rights Commission of Maldives (HRCM). The research assessed the availability and accessibility of SRH information and education to students, youth, and adults to evaluate policies, strategies and programmes that have been carried out in the Maldives in relation to SRHE.

Initial information and literature was collected from secondary resources such as reports from both national and international sources, review papers, and statistical data from relevant agencies. In addition to this, stakeholder meetings and Focus Group Discussions (FGDs) were conducted in 11 Islands which were selected randomly from 6 atolls of the Maldives (Refer to Table 1, page 40). A total of 858 individuals participated in the 132 FGDs held in the islands and in the capital city, Male'. Out of which, 473 were female participants and 385 were male participants. Among them were 402 students, 128 youth, 137 parents, 118 were from the Education sector and 73 were from the Health sector.

Additionally, all the relevant text books used in the Maldivian schools were analyzed to evaluate their SRH related content. This was carried out with the help from the Ministry of Education who provided the research team with the books used in all the grades.

Summary of findings

The Maldivian youth comprise of over one third of the population and most do not have access to appropriate information about SRH. The majority of the adolescents who participated in this research were unaware of the most basic information regarding SRH. It was also observed that the lack of materials and information on SRH within the school syllabus has drawn adolescents to seek information from other sources such as social media and the internet, which could lead them towards inaccurate and inappropriate information. Hence it can be concluded that the youth do not have adequate and appropriate information regarding SRH.

Among the student population it was observed that the Commerce and Arts stream students were at a disadvantage in accessing information related to SRH. Therefore, special attention needs to be given to include all students in SRHE programmes, regardless of the educational stream chosen.

One of the main concerns raised by students was the issue of teachers hesitating to explain and answer their questions regarding SRH issues. Participants stated that while some teachers were open to discuss and were ready to clarify misinformation, others tend to avoid, ignore or get angry when asked such questions. This issue was more prominent in Islam classes where some SRH related topics were taught. Most of the participants, including majority of the parents, suggested that including SRH information in the Islam module will be the best method in which SRH information could be provided to students.

Students also stressed on the importance of having well trained health assistants and student counselors in the schools and acknowledged the importance of such a service especially in relation to providing SRH related information.

Additionally, it was observed that there are limited sources of information within the communities and participants were generally unsatisfied with the availability of information regarding SRH issues. Further, it was found that most people remain unaware of the services that are already available at the Reproductive Health Center at IGMH and that people were not comfortable approaching this center for SRH related information since many believed that their services are currently advocated for pregnant women and married couples. Participants were also generally unhappy about the quality and quantity of health services provided, especially on SRH related issues and many stated that there must be a special center to provide SRH information and services for everyone.

Participants from the NGO focus group discussions stated that they could play a central role in providing SRHE to the general public, if they were provided with the adequate funds, support and materials that they would need to carry out such programmes. They highlighted that the Government needs to establish a policy on recruiting and funding NGOs.

The general public need to be made aware of the existing SRH service providers, their services and information that are available. Moreover, it is also important to note that when it comes to SRHE, it is not the sole responsibility of one entity. Rather, it is the responsibility of all relevant authorities to take the initiative to identify the problems at hand regarding SRHE. Furthermore, there is the need for all relevant authorities to work together in collaboration with NGOs, and international partner agencies to achieve positive results in this regard.

1. INTRODUCTION

Knowledge on Sexual and Reproductive Health (SRH) is essential to the well-being of any person and it is a fundamental aspect of our lives. Nevertheless, despite the importance of the subject matter, it is considered taboo to talk about SRH within most societies because of the prevalent cultural and political sensitivities, especially among the poor.¹ In most developing nations, Reproductive Health (RH) has become an issue, especially in areas where the people have little or no access to SRHE or facilities. Most communities, like the Maldives, are largely centered around religious beliefs and family values and in many instances, these values and moral dictates are based on protecting the youth from acting on their sexual impulses before marriage. The belief that teaching youth about SRH will lead to premarital and promiscuous sexual behavior is an unfortunate barrier to the correct implementation and usage of RH in these communities. However, a review article on 83 studies conducted to measure the impact of curriculum-based sex and HIV education, suggests that 42% of those who received SRHE programmes were more responsible in their sexual behavior than those who did not receive such information².

According to the World Health Organization (WHO), poor knowledge or information on RH is a problem faced by millions of people in the developing world, where there are some 200 million couples with an unmet need for contraception and over 350 million people who contract Sexually Transmitted

¹Wahba, M. & Roudi-fahimi, F. (2012). The need for reproductive health education in schools in Egypt. Retrieved from <http://www.prb.org/pdf12/reproductivehealth-education-egypt.pdf>

²Kirby, D. B., Laris, B. A. & Roller, L. A. (2007). Sex and HIV Education Programmes: Their impact on Sexual Behaviours of Young People throughout the World. *Journal of Adolescent Health* 40, 206-217. Retrieved from <http://www.sidastudi.org/resources/inmagic-img/dd2891.pdf>

Infections (STIs) due to the lack of awareness and availability of RH utilities every year. It is reported that per annum, nearly 80 million women go through accidental or unwanted pregnancies, which results in approximately 45 million abortions and the death of 68,000 women due to complications faced in these abortion procedures. Over half a million women die from various other complications related to pregnancy, childbirth and problems in the postpartum period.³

In 2012, Maldives published the International Conference on Population and Development(ICPD) Beyond 2014: Maldives Operational Review 2012 report containing findings of studies conducted in 1999, 2004 and 2009, following-up to the comprehensive twenty-year Program of Action (PoA) adopted in the Cairo, in 1994. This report presents the findings of a thorough examination of the progresses gained by the Maldives from 1994 to 2012 in achieving the goals of the PoA in terms of population and development, reproductive health and rights, gender equity, equality and empowerment of women and education. Results of the report show that, although information regarding SRH is available to everyone, access to RH services are still made available to the married population only. Thus the report stated that, the “right to accessible, affordable and confidential RH services are not always ensured” (p.39) to the rest of the population. Further, the report states that men are more dominant, and often tend to control the decisions with respect to the RH of women, and more often than not, such decisions are based on the religious and cultural beliefs.⁴

³(Fathalla, M. F., Sinding, S. W., Rosenfield, A. & Fathalla, M. M. F (2006). Sexual and reproductive health for all: a call for action. *World Health Organization Journal paper 6*, 1-6. Retrieved from http://www.who.int/reproductivehealth/publications/general/lancet_6.pdf

⁴Riza, A. (2014). ICPD Beyond 2014. *Maldives Operational Review, 2012 Progress, Challenges and Way forward*. Published by Department of National Planning.

This report also highlights that although antenatal services are available on all islands, there is still a great need for capacity building in the health sector in the Maldives where pregnant woman from the atolls are still referred to specialist doctors in the capital city, Male'. These women are considered more vulnerable as they are more susceptible to health related problems such as anaemia and undernourishment and these problems are often exacerbated due to lack of information available to the mothers. Maternal deaths due to unsafe abortions and infanticides are on the rise. Sharing needles to inject drugs, rise in extra marital sexual activities among adolescents, youth and commercial sex workers have increased the risk of the spread of STIs and HIV/AIDS throughout the country. Male reproductive issues like infertility, erectile dysfunction and prostate cancer are often overlooked by the society. Further, an increase in the number of breast and cervical cancer patients are being observed.

The report also stresses that although the Constitution of the Maldives guarantees equal rights to men and women, the empowerment of women had not yet reached a satisfactory level. It further states that the main reason for this inequality is the prevalent cultural and traditional norms. The prevalent inequality that exists between men and women are presently being exacerbated with the rise of religious fundamentalism and conservative thinking. Although a greater percentage of the civil service employees are women, this number is greater in the stereotypical junior roles in education, health, manufacturing and agriculture than in the senior posts.⁵

In addition to the issues mentioned above, there is also a growing concern regarding the increase of violence and crime among adolescents and youth.

⁵ Riza, A. (2014). ICPD Beyond 2014. *Maldives Operational Review, 2012 Progress, Challenges and Way forward*. Published by Department of National Planning.

The level of crime related to sexual activities may have slightly decreased over the years, but nevertheless, the numbers of such cases are tremendously high with 534 cases related to sexual offences being reported in 2015 alone.⁶

Table 1: Number of Sexual offence cases reported to MPS

Year	2016 ⁷	2015	2014	2013	2012	2011
Sexual offences	303	534	477	574	577	642

Source: Maldives Police Services, Crime Statistics: <https://www.police.gov.mv>

Likewise, media reports also reflect the magnitude of the increase in violence relating to sexual offences, especially between 2011 and 2015. For example, On 9th May 2011, a 40 year old man was arrested for molesting a 6 year old girl in the island of Fuvahmulah,⁸ on 25th May 2011 there was another case where a 18 year old girl was gang raped,⁹ on 26th May 2011 a father was arrested for abusing his 16 year old daughter,¹⁰ and on 6th June 2011 a 40 year old woman was reported to have abused her 14 year old stepson¹¹. Similarly, there has been a rise in infanticides, with three such cases reported in 2011 in Male' within one month.¹²

The recent years has seen more such cases. There were reports of a young man who sexually abused an elderly woman,¹³ a young woman was sexually assaulted in the toilet of a bustling ferry terminal,¹⁴ a health officer was

⁶ Maldives Police Services Crime Statistics (2015). Retrieved from <https://www.police.gov.mv/#eservice>

⁷ This data is till the month of August 2016.

⁸ Niyaza, A. (2011, May 9). Fuvahmulakugai 6 aharuge kujaku bandhe, behunukamuge thuhumathugai meehaku hahyarukohfi. *SunOnline*. Retrieved from <http://www.sun.mv/7345>

⁹ Lubna, H. (2011, May 25). Maibaadhoogai anhen kuhjaku rape kuri mahsala aai gulhigen ithuru dhemeehaku hahyarukohfi. *SunOnline*. Retrieved from <http://www.sun.mv/7758>

¹⁰ Zaky, I. (2011, May 26). 16 aharuge anhen dharifulhah jinsee goana kurikamuge thuhumathugai bappa bappa hahyaru kohfi. *SunOnline*. Retrieved from <http://www.sun.mv/7772>

¹¹ Aiminath Niyaza, A. (2011, June 6). Gahdhoo anhenaku eynage 14 aharuge dhon dhariaka eku jinsee gulhun hingikamuge thuhumathugai hahyarukohfi. *SunOnline*. Retrieved from <http://www.sun.mv/8012>

¹² Hawwa Lubna, H. (2011, May 22). Vihaafaa Maraafaa Kothalhah. *SunOnline*. Retrieved from <http://www.sun.mv/7684>

¹³ Shakir, I. (2012, November 16). Umurun dhuvasvee anhenakah aniyakurumahfahu filaigen ulhey zuvaanaku hoadhane. *SunOnline*, Retrieved from <http://sun.mv/24206>

¹⁴ SunOnline, (2013, February 5). Hulhumale' ferry terminal thereygai anhekuhjakah jinsee goanakohfi. Retrieved from <http://sun.mv/26885>

arrested for sexually abusing two girls,¹⁵ a brother was arrested for sexually abusing his 13 year old disabled sister,¹⁶ a man was arrested for sexually assaulting his wife,¹⁷ just to name a few. 2015 began with even more horrendous cases of abuse and harassment. There was the case of a mother who allowed her boyfriend to sexually abuse her own 14 year old daughter.¹⁸ A foreign teacher was arrested for sexually abusing many of his students.¹⁹ A woman fought for her life and succumbed to death due to the grave damage caused by the sexual assault on her by her husband.²⁰

The Maldives Police Services (MPS) acknowledged the difficulties they face while gathering evidence in some cases, as some of the victims of sexual abuse or rape seek their help only after cleaning themselves up. This is unfortunate as it destroys all the evidence that could be gathered from the victims.²¹ MPS further stated that the chances of apprehending the perpetrators and providing justice to the victims would have been easier had the relevant information on what could be used as evidence and what to do in such situations like sexual abuse and rape were more widely known and discussed. Furthermore, if children were provided with the knowledge to identify dangerous situations and taught how to react in such situations, these heinous crimes committed against children could be prevented and reduced as well.²²

¹⁵ Niyaza, A. (2013, March 28). Kuda 2 anhen kuhjakah jinsee goanaa kurikamuge thuhumathugaa health officer aku hahyarukohfi. *SunOnline*. Retrieved from <http://sun.mv/28661>

¹⁶ Abdulhakeem, M. (2014, May 12). Nukulhedhey kudakuhjaku jinsee shikaara akah hedhi meehaku hahyarukohfi. *SunOnline*. Retrieved from <http://sun.mv/41530>

¹⁷ Raniya, M. (2014, January 27). Anbimeeha ah jinsee aniya kurikamuge thuhumathugaa meehaku hahyarukohfi. *SunOnline*. Retrieved from <http://sun.mv/38204>

¹⁸ Niyaza, A. (2015, February 4). Dharifulhah jinsee goanaakuran huhdhadhin mamma aa mammage loabiveriyage muhdhathu jahaifi. *SunOnline*. Retrieved from <http://sun.mv/51586>

¹⁹ Ali, A.S. (2015, July 13). Dharivarunah Jinsee Goana kurikamuge thuhumathugaa teacheraku hahyarukohfi. *SunOnline*. Retrieved from <http://sun.mv/58000>

²⁰ Nazeer, A. (2015, December 13). Firimeehaage faraathun libunu jinsee aniyathakugaa anhenaku ICU gaa. *SunOnline*. Retrieved from <http://sun.mv/66465>

²¹ Information received at Stakeholder Meetings with Maldives Police Services, 2012.

²² Information received at Stakeholder Meetings with Maldives Police Services, 2012.

It is essential to note that the frequency with which such cases occur could be reduced if the appropriate information were made available to the public and awareness was created regarding SRH. The availability of a comprehensive sexual education programme is important in situations where a person is at risk of having STIs or is being subjected to Gender-Based Violence (GBV).²³ In addition, the lack of appropriate information among the public on SRH cause difficulties in identifying the perpetrators in the cases of abuse.

Additionally, it should be noted that, awareness and knowledge of SRH would also reduce the number of unwanted pregnancies, which in turn could lead to the reduction in the number of illicit abortions, reduce infanticides and diminish the number of maternal deaths occurring as a result of the complications which arise during these procedures. Accurate information about SRH could help in transforming the way men and women look at sexuality. This would reduce the number of sexual offences committed and create a supportive environment when it comes to SRH. Hence, having an accurate, realistic, age appropriate and culturally sensitive SRHE programme can enable individuals to make concrete decisions regarding their reproductive and sexual health, enhancing the quality of their lives.

However, it should be noted that providing education about SRH can be a challenge, especially in a geographically challenged country like the Maldives. It may require the expansion of considerable effort, financial cost and manpower to organize such workshops or seminars in each island. Additionally, with this limitation, it should be realized that despite the maximum effort expanded to provide the service to as many people as possible, the people who are in dire need of this information might not be able

²³ Report of the United Nations Special Rapporteur on the right to education (2010). Sixty-fifth session; Item 69(b).

to access it. Economic distribution of the islands must be kept in mind while planning for such projects. In many of the islands in the Maldives, men are often forced to find meaningful employment which takes them away from their families for long stretches of time. Some are employed as fishermen, while others work in tourist resorts and hence it is not surprising to see that in general the population of most islands consists mainly of woman, children and the elderly. While it is without doubt that women and girls are at a higher risk of facing RH problems and have to endure the biggest burden during childbirth and pregnancy, educating just the women about their SRH will not be a solution in these largely conservative and patriarchal communities. Thus it is equally crucial to educate men on safe sex, family planning and the use of contraception, which can improve and safeguard the RH of the couple, and enable them to attain and sustain a better standard of living.

Another vulnerable group in need of SRHE is the adolescents. WHO defines adolescents as those people between 10 and 19 years of age and as a phase of life with specific health and developmental needs and rights.²⁴ It is also a time to develop knowledge and skills to learn how to manage emotions and relationships, and acquire the characteristics and abilities important for enjoying the adolescent years and assuming adult roles.²⁵ However, it is distressing to see how little knowledge the majority of adolescent population has on SRH in the Maldives. This opens up these adolescent groups to risks such as engaging in unsafe sexual activities, STIs, unwanted pregnancies, abortions, infanticides and sexual abuse. To protect this vulnerable group, it is therefore critical to educate them on SRH on a formal level.

²⁴ Health for the World's Adolescents: A second chance in the second decade (2014). Retrieved from <http://apps.who.int/adolescent/second-decade/section2/page1/recognizing-adolescence.html>

²⁵ Lloyd, C.B. (2005). *Growing up global: the changing transitions to adulthood in developing countries*. Washington, D.C., The National Academies Press.

Traditionally, when a child attains puberty, the sole responsibility of informing the child on SRH rested on the parents, while the schools played a minor role. However, it had been found that this system had not been the most effective as it was observed that in most instances not enough information or inaccurate information is given to the children by parents in their attempt to withhold certain information from their child in hopes of keeping them 'innocent'. In an era of widely accessible social media facilities and technological dominance, children can easily access information which may disseminate misconceptions and inappropriate information about SRH. Thus, it is imperative for parents to give age appropriate information on SRH to their children. Hence, a well thought of and well planned SRHE programme is essential in order to provide young people with access to accurate and reliable information and to make them aware of the importance of SRH.

One of the most cost effective and practical ways to disseminate SRH information as explained above is to incorporate Sexual and Reproductive Health Education (SRHE) into the school curriculum. SRHE programmes around the world have been seen to improve the overall health and awareness of the youth by reducing misinformation and increasing their knowledge on SRH.²⁶ Schools can be the most effective means of disseminating SRHE information among the youth as most communities judge schools to be a safe environment for their children and trust the information it provides to be appropriate. Additionally, schools are equipped with teaching aids and trained staff to circulate information to their students and the teachers, seen as role models for students, are respected and trusted by both parents and students to have the students' best interests at heart. Additionally, it had been often observed

²⁶Kirby, D. B., Laris, B. A. & Roller, L. A. (2007). Sex and HIV Education Programmes: Their impact on Sexual Behaviours of Young People throughout the World. *Journal of Adolescent Health* 40, 206-217. Retrieved from <http://www.sidastudi.org/resources/inmagic-img/dd2891.pdf>

that some students find it much easier to communicate their problems with their teachers rather than with their parents. SRHE also make young people more aware of the different forms of sexual abuse, provide them with information on how to prevent such abuse and guide them on how to report any incidences to relevant authorities. The information they gain at schools tend to have a higher overall impact on the development of their moral values, attitudes and teaches them to treasure each other's wellbeing while increasing their own awareness of human rights. These values play an influential role in the decisions they make as adults, for themselves and their partners, when making informed choices regarding SRH.

Consequently, these SRHE programmes need to be designed in order to fit into the Maldivian cultural and religious norms and practices. UNESCO, in its publication, International Technical Guidance on Sexuality Education, defines SRH as,

“an age-appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, nonjudgmental information.”²⁷

This study is the first SRH research with a rights-based approach conducted by the Human Rights Commission of Maldives (HRCM) and it aims to assess the availability and accessibility of SRH information to students, youth, and adults. The attempt was to use a right-based approach to evaluate policies, strategies and programmes that have been carried out in the Maldives in relation to reproductive and sexual health.

²⁷ UNESCO (2009). International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators, v(1). Retrieved from <http://unesdoc.unesco.org/images/0018/001832/183281e.pdf>

1.1 Purpose of the study

The study looks at the availability and accessibility of SRH information and education for students, youth and adults in Maldives from a rights based perspective. The purpose of the study is:

- to assess the need and availability of SRHE in Maldives.
- to contribute to advance a rights-based approach in the education sector in relation to SRH.
- to use a rights-based approach to generate insights and support analysis of policies, strategies and programmes related to SRH.

1.2 Methodology

Initial information and literature was collected from secondary resources such as relevant reports from both national and international sources, review papers, and statistical data from relevant agencies. In addition to this, stakeholder meetings and Focus Group Discussions (FGDs) were conducted among various groups of people chosen from 11 Islands selected randomly from 6 atolls of the Maldives (Refer to Table 1, page 40). The Atolls were selected based on the geographical distribution of the population, and care was expanded to ensure that the research took a representative sample from all the regions of the country. Thus the atolls were selected from Upper North, North, North Central, Central and the South. From each of these atolls the capital island and the island most isolated from the capital island of the atoll was selected.

FGDs were conducted with a representative sample of students, youth (both married and unmarried), parents, NGOs, personals from the health and education sector. A total of 15 schools were requested to randomly select students to participate in the FGDs. Stakeholder meetings were held with relevant Ministries, NGOs, personals from different schools and its teachers

(Refer to Annex 1 and 2). The information gathered from these meetings was transcribed and analyzed into different thematic areas.

In addition to this, all the relevant text books used in the Maldivian schools were analyzed to evaluate their SRH related content. This was carried out with the help from the Education Ministry who provided the research team with the books used in all the grades.

1.2.1 Design

The study was conducted to examine the availability and accessibility of SRH related information and education for Maldivian students and youth from a rights based perspective. As the nature of the study required looking into the real life experiences, knowledge and the existing challenges in providing SRHE in the Maldives, a qualitative approach was essential to gain a better understanding of the problem, issues and participant's life experiences in the real life setting.

1.2.2 Participants

A total of 858 individuals participated in the 132 FGDs held in the islands and in the capital city Male'. Stakeholder meetings were held with personals from different sectors and individuals were grouped into different FGDs. This included school management and teachers, youths, students, parents and personals from the Health and Education sector. Each group was further subdivided to allow separate sessions for males and females to be conducted and the student groups were divided into two based on their age; students between the age of 14 to 15 years and students between the ages of 16 to 18 years respectively.

There were a total of 473 female participants and 385 male participants, among them 402 were students, 128 were youth, 137 were parents, 118 were from the Education sector and 73 were from the Health sector.

1.2.3 Instruments

A set of leading questions were developed for the FGDs. These questions were included in all the FGDs while a separate set of questions were also set for the major sectors such as Health and Education. A separate form was designed to gather the demographic information of the participants and their knowledge on SRH. However, in order to keep the confidentiality of the participants, this form did not require the participants to mention their names. Each participant was provided with an information paper which comprised of the definition of SRH translated to Dhivehi. A voice recorder was also used to record all the focus group sessions for data gathering purposes after obtaining the consent of the participants.

1.3 Limitations and challenges of the study

Due to the sensitive and controversial nature of the topic, there were some challenges faced in gathering information for this study. Many participants were hesitant to share their knowledge and experiences which meant that additional time was required within the FG sessions to give them the basic information about SRH and make them more comfortable. Thus it was time consuming to conduct all the selected FGD's within the tight schedule.

The difficulty in getting the requested number of participants for the FGs was another issue that the researchers faced. While it should be noted that in most of the islands the participants were supportive and attended the discussions on time, the participant turnout was poor in some islands. Further, it was noted that in most cases men failed to show up for the discussions. This could have been because they were employed away from the islands or because

they are hesitant to take part in such discussions. Since the FG's required at least 10 participants per session, a request was made to the island council to randomly select more participants. However, in the few sessions that they were able to manage, it was noted that only 7 or 8 males participated. There was also an instance where the council assigned a group of 10 female participants as a replacement for a male group. This particular session had to be conducted with 20 female participants as all of them wanted to participate.

Additionally, there were also a few times when some of the FGDs were canceled at the last minute. For instance, the FGDs with the students of Hdh. Vaikaradhoo were unexpectedly cancelled as the School Board did not allow the researchers to conduct the FGD. According to the School Board it was deemed unacceptable that the topic of SRH be discussed with children. In addition to this there was also a case where FGDs with the students from one school in Addu City was abruptly halted and later dismissed due to the interruption by one of the school's teachers. Despite the problem being brought to the attention of the school management and the island council, the FGDs could not be continued thereafter. This was in sharp contrast to the FGDs conducted with the parents of the same school where the researchers were able to identify that most parents wanted their children to be introduced to SRH. They even requested from the researchers to retake the session that was cancelled. However, given that the school management remained reluctant, the researchers were not able to continue with the FGDs among the students in that school.

Moreover, the lack of human resources and funding restricted the research team from expanding the scope of the research to the other regions of the Maldives. With only two members to conduct all the FGDs in all the islands, the effort that had to be put in was strenuous, as the trips had to be scheduled

one after the other. Additionally, the selection of the number of islands that were included in this research had to be based on the funding received for the study. As the research work had not received much funding from the government sources, the Commission had to seek help from other beneficiaries to fund the research. Due to the shortage of staff the initial data entering, transcribing and thematic analysis took over four months to complete, hence the Commission had to hire three interns for the purpose of data entering.

2. REPRODUCTIVE HEALTH EDUCATION FROM A RIGHTS PERSPECT

2.1 Reproductive health rights

It is essential for every individual to enjoy the maximum attainable standard of physical and mental health. But we often set aside the importance of rights relating to health and SRH which is also an intrinsic part of that right. Every individual should have the right to appreciate an adequate sex life and should be able to make decisions regarding their own SRH. RH was recognized and endorsed as an International Human Right in the Cairo Consensus, initiated by the International Conference on Population and Development (ICPD) in 1994, and was one of the first declarations that viewed the enjoyment of reproductive health as a right.

“Reproductive health...implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. ...Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly on the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence.”

Definition of Reproductive Health

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce

and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, 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 line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.”²⁸

Definition of Sexual Health

“A state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”²⁹

2.2 Significance of SRH

Although SRH is amongst the most vital aspects of life, to most populaces, a discussion on human sexuality or RH is deemed to be taboo, socially too sensitive, or too private to discuss in an open forum. Consequently, a lot of people are denied their right to RH. Women and young adults face an ever increasing social and economic hardships due to unavailability of RH information and services such as family planning and contraception.

RH has a different insinuation for a girl or a woman than for a boy or a man, as the former face more problems related with RH especially during the reproductive years. Every year hundreds of women die from complications

²⁸ Glasier, A., Gülmezoglu, A.M., Schmid, G.P., Moreno, C.G., Van Look, P. FA (2006). Sexual and reproductive health: a matter of life and death, (1), p.2. Retrieved from http://www.who.int/reproductivehealth/publications/general/lancet_1.pdf

²⁹ Ibid

faced at childbirth and a lot more newborns die during delivery due to lack of proper medical care. Although men are less affected by these problems directly, men also need to have RH awareness particularly since they play a major role of decision-making in RH of their family.

A majority of the population of the Maldives comprises of youth and adolescents.³⁰ Since adolescence is a transitional phase into adulthood and is a time when sexuality and relationships become significant, the lack of proper information and guidance in RH will increase susceptibility to coercion, substance abuse, physical and sexual abuse, unplanned pregnancies, and sexually transmitted infections, including HIV. A study was conducted by the Department of National Planning of Maldives in 2014, to examine how much human development progress has been achieved in the Maldives during the period 1994 – 2012. The results, taking into account the high numbers of unsafe abortions, infanticides, as well as the fast paced spread of sexually transmitted diseases including HIV/AIDS among the Maldivian youth, suggest that the Maldivian youth are in dire need of proper and correct sexual and RH education and access to RH services.³¹ The report emphasized that most of these problems could be minimized with the access to proper information and help being delivered to those in need through more accessible SRH services and education, and by allowing people to make learned choices about one's RH based on accurate and sound information.

2.3 SRH Rights in International Human Rights laws

Although most human rights instruments do not clearly state RH rights, it is a fundamental element recognized in major human rights instruments such as

³⁰ Maldives Population and Housing Census (2014). *Statistical Release: 1 Population and Households*. Published by Department of National Planning.

³¹ Riza, A. (2014). ICPD Beyond 2014. *Maldives Operational Review, 2012 Progress, Challenges and Way forward*. Published by Department of National Planning.

the Universal Declaration of Human Rights (UDHR), International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), the International Convention on the Elimination of all forms of Racial Discrimination (ICERD), and Convention on the Rights of Persons with Disabilities (CRPD).

The right to a proper education is guaranteed for everyone under ICESCR and UDHR, while the rights of a child to have information, education and good health is also emphasized in CRC. Furthermore, many international organizations recommend and promote inclusion of a comprehensive SRHE in the curriculum.

“The right to education includes the right to sexual education, which is both a human right in itself and an indispensable means of realizing other human rights, such as the right to health, the right to information and sexual and reproductive rights.”³²

The World Health Organization (WHO) states that in order to prevent unintended and other SRH related issues and risks, it is important to equip the adolescents with the relevant information, including a comprehensive SRHE. Offering SRHE in schools is a most productive way of reaching out to young people because the vast majority of adolescents are enrolled in schools. ICPD recognizes that SRHE must begin in primary schools and continue through all levels of formal and non-formal education systems. Similarly, United Nations (UN) treaty bodies have identified the lack of SRHE as a barrier to fulfilling the State obligations such as guaranteeing the right to life, right to health, right to education and information without any discrimination. Therefore, providing

³²United States general assembly, 65th session, (2010). *Report of the United Nations Special Rapporteur on the right to education*, p.7. Retrieved from http://www.hirschfeld-eddy-stiftung.de/fileadmin/images/dokumente/virtuelle_bibliothek/UN_SpecRap-SexEd_Report_Human_Right_2010.pdf

access to age-appropriate and culturally sensitive education and information on SRH to its citizens is obligated upon any nation who has embraced the named conventions and treaties.

2.3.1 Specific rights relevant to sexual and reproductive health recognized by Conventions

ICPD

- Right to the highest attainable standard of health.
- Right to life and survival.
- Right to liberty and security of person.
- Right to be free from torture, cruel, inhuman or degrading treatment.
- Right to decide freely and responsibly the number and spacing of one's children and to have the information and means to do so.
- Right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.
- The same right of men and women to marry only with their free and full consent.
- Right to enjoy the benefits of scientific progress and its applications, and to consent to experimentation.
- Right to privacy.
- Right to participation.
- Right to freedom from discrimination (on the basis of sex, gender, marital status, age, race and ethnicity, health status/disability).
- Right of access to information.
- Right to education.
- Right to freedom from violence against women.

ICESCR

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

CEDAW

Article 10.

(h) Access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.

Article 11

(1)(f) The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

Article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
2. Notwithstanding the provisions of paragraph, 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Article 14

(b) To have access to adequate health care facilities, including information, counseling and services in family planning;

(Initial report of State parties to the convention submitted by Maldives in 1999
<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N99/211/34/IMG/N9921134.pdf?OpenElement>)

ICERD

Article 5 (d)

(iv) The right to marriage and choice of spouse;

Article 5 (e)

- (iv) The right to public health, medical care, social security and social services;
- (v) The right to education and training;

CRC

Article 6

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 17

States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

To this end, States Parties shall:

- (a) Encourage the mass media to disseminate information and material of social and cultural benefit to the child and in accordance with the spirit of article 29;
- (b) Encourage international co-operation in the production, exchange and dissemination of such information and material from a diversity of cultural, national and international sources;

Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Article 24

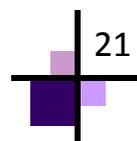
1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
 - (a) To diminish infant and child mortality;
 - (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
 - (c) To Combat disease and malnutrition, including within the framework of primary health care, though, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
 - (d) To ensure appropriate pre-natal and post-natal health care for mothers;
 - (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
 - (f) To develop preventive health care, guidance for parents and family planning education and services.
3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

Article 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity



2.4 SRH from A Rights based approach

International standards concerning health have various insinuations for RH care which dictates roughly all aspects of delivering care, defining the services such as education, information and counseling, to whom and in what manner that they must be offered.

Some principles that are in the rights based approach to RH include;

- A person's right to make their own decisions regarding reproduction without intrusion or coercion and the right to control their SRH lives. This principle corroborates the conditions for family planning services, attempts to prevent child and forced marriages, HIV/AIDS and other STDs, sexual violence and treatment for reproductive issues that prevent fertility.
- It also includes the individual's right to be respected for differences and non-discrimination in access to RH services for all groups' such as married and unmarried women, adolescents, natives and migrants, including the refugees. In doing so governments are required to ensure that people have equal access to health care and that the service meets the distinct needs of women and men.
- Governments are also obliged to ensure that comprehensive RH services are made available and to remove barriers to health care. To fulfill peoples' right to life and health, the States should attend to the rights of RH of most susceptible women, men and youth when allocating budgets and while implementing policies. This principle is fundamental in preventing HIV and maternal mortality.³³

³³United Nations Population Fund, (2008). Reproductive rights and sexual and reproductive health framework. Retrieved from <http://www.unfpa.org/publications/sexual-and-reproductive-health-framework>

In an age where human rights are given precedence over all others, having a rights based approach will strengthen the health system and highlight the importance of SRH. Additionally, it will compel the State to formulate and implement laws which comply with the global standards and work towards the removal of any barriers that restrict the rights of its citizens to getting proper RH services. This will protect the people from being denied the right to RH services and increase the accountability of the State to the cause. It will empower vulnerable populaces to claim their right to a quality and comprehensive health service which is affordable.

3. STATUS OF REPRODUCTIVE HEALTH EDUCATION IN MALDIVES

The education system in the Maldives has numerous positive characteristics. Participation in formal education is universal among Maldivian children and according to the Center for Continuing Education the literacy rate of Maldives stands at 98.4% in 2012. Despite the findings that SRH is an essential part of a good educational curriculum, it had not been considered a part of the Maldivian formal education system then. However, a Life-skills programme was initiated in the year 2000 which mainly targeted schools in the capital island, Male'. During the stakeholder meeting held with the Ministry of Education (MOE) in 2012, they discussed the efforts being made to incorporate Life-skills, including RH into its national academic curriculum and estimated that the process will be fully completed by the year 2018.³⁴

For the purpose of this study, the research team did an extensive study of all the text books that were allocated to the students from all grades in the government school and some of the international schools. It was identified that any information regarding SRH provided to students in schools were mainly delivered within the lessons. Topics or issues were mostly discussed in specific lessons within a specific subject such as Islamic Studies, General Science and Biology. Any lessons related to RH in Islamic Studies consisted of topics such as puberty, purification and cleansing rituals "*Hineun*", marriage, fornication, adultery, and *Hudud*, the penalties for offenses under Islamic Law

³⁴Information received at Stakeholder Meetings with Ministry of Education, 2012.

(Shariah) and these topics were covered over a span of grade years starting from Grade Five.

3.1 Primary and Middle school education

Islamic Studies for primary Grade Five students covered a brief area on purification and cleansing rituals, which is called 'Hineun' in Dhivehi. As the topic consists of the reasons for the Islamic way of cleansing, a brief explanation about puberty and menstruation was provided. However, it was important to note that the extent of explanation about puberty and menstruation was left solely at the discretion of the subject teachers. Therefore, there were chances that considerable disparity may exist in the information given to students. Additionally, the subject of puberty, menstruation and postpartum bleeding was covered in some detail in Islamic Studies taught in Grade Seven.

The General Science subject taught in Grade Six and Seven also had some components of the topic SRH. Students in Grade Six were taught about AIDS under the topic 'Unicellular Organisms' and sperm cells were mentioned as reproductive cells under the topic 'Cells'. The topic on AIDS explained what AIDS is, what it does and how it can be transmitted from one person to the other. In this explanation, the word 'sex' was mentioned even though it was not explained any further. Grade Seven Science book mentioned 'sex organs' under the topic 'Organs and Systems' and stated that sex organs are part of the reproductive system. However, there was no identification or mention of the human sex organs or their functions. None of the books gave much information from a RSH perspective.

However, there were huge differences in some of the information and knowledge passed on to the students in some of the International Schools. For

example, Lale' International School based in Hulhumale', established by the Maldivian Government in collaboration with Turkish partners, teach a different syllabus using a completely different set of text books. 'Reproduction' as a topic was introduced to the students in Grade Three under the subject I-Science. Under the same subject, students in Grade Five were taught about reproduction in plants and animals. Students were also taught about health and wellbeing, personal hygiene, and personal safety under the subject Health Education. Moreover, middle school students were given information on contraception under the Chapter Population Models.

Similarly, the middle school grades in Billabong High International School, based in the capital Male', were also taught about RH. Students of Grade Six were taught Growth and Reproduction as a topic included in their text book, Cambridge Checkpoint Science 1 (Biology Section). In Grade Seven students were taught about reproduction in more detail, and were given information about the changes that occur in the body from birth to adulthood. Information on sex organs were taught with diagrams and ovulation and the fertility cycle was taught in more detail and these were also included in the teacher's resources, ensuring uniformity in the information given to all students.

3.2 Secondary school education

Islamic Studies for Grade Eight covered fornication, adultery and gave more details on the purification and cleansing process. Even though students were taught about marriage in Grade Nine, the topic does not have much information about SRH. It was identified from the FGDs that it was a common practice among school students to inquire about issues related to SRH from their Islamic Studies teachers.

Students pursuing the Science stream from Grade Eight onwards get the chance to study Biology which contained an extensive chapter on Reproduction, providing those students with SRH related information. The chapter gives an explanation about human reproductive systems, reproductive organs, sexual intercourse, birth and contraception. However, the chapter on reproduction was not taught to the students until they reached Grade Nine. One important aspect noted was that this information was received by the students in the Science Stream only.

It is important to note that, information and subjects taught for these grades were the same for both Government and International Schools as they used the same text books and followed the same curriculum as they would be sitting for Cambridge IGCSE and GCE O 'level exams after the 10th grade.

3.3 Higher Secondary Education

The Higher secondary education comprises of grades 11 and 12, where students are again divided into three streams –Science, Business and Arts. In these grades students have to study a total of 5 subjects including Dhivehi and Islam. Science stream students are given the option of choosing 2 subjects from among Biology, Chemistry, Physics, or from the main optional subjects, Math and English Literature. Only those students studying Biology as a subject will get the relevant information about SRH. However, many students are known to pursue the Biology text book on their own to get information on reproduction and other related information regardless of their stream.

The Islam module does not include much information on SRH. The only topic even closely related to the subject is the topic on 'Marriage'. Here again, the amount of information given was completely left to the respective teacher.

3.4 Life Skills programme

Life Skills is a broad area of study which is addressed in the curriculum through a cross curricular approach, where the different aspects of Life Skills are addressed through various key competencies such as understanding and managing your personal self and Relating to People, etc.

These programmes, however were solely conducted in schools in the capital Male' and often does not have a specific section for SRH. During the FGDs held, students from two schools in Male' did mention that they had participated in life skills classes. However, there was only one school which had covered some issues regarding SRH within these classes.

4. New Developments since 2012

The Education Development Center (EDC) has been since rebranded as National Institute of Education (NIE) which is a merger of former Center for Continuing Education and EDC. The Ministry established and commenced the new curriculum with the Key Stage 1 which includes Grades 1, 2 and 3 in 2015, and Key Stage 2 which includes Grades 4, 5 and 6 in 2016.

During the validation process with MOE in 2015, it was stated that aspects of Life-skills Education has been integrated into the new curriculum. According to the Ministry it is more prominently included in the new subjects Health and Physical Education and Science. Further, NIE with the assistance from UNFPA hired a consultant in May 2015 to provide technical support for the integration of components of the UNESCO standards of SRHE in the roll out of the National Curriculum. Additionally, the consultant would help to develop the contents for teachers' trainings and the advocacy programs to support the delivery of the National Curriculum.

For the purpose of updating this study, the research team did an extensive study of all the text books that are allocated to the students in the new syllabus. The new syllabus introduces students to three new subjects; Health and Physical Education, Science and Social Studies which spans through all the Grades, beginning from 1 to 6. In each of these subjects, the units are divided in a manner that introduces a certain topic to the students in Grade 1 and is continued throughout the years giving more detailed information as they progress to higher grades.

Subject: Health and Physical Education	
Key Stage 1	
Grade 1	<p>The subject Health and Physical Education commences with the Chapter 'Health and Body Awareness', and introduces students in Grade One to the topic 'A new baby', which highlights on the changes that take place in a house and the roles each family member takes upon the arrival of a new family member. Even though the information is indirect and does not explain how a baby is made, it is a pleasant introduction which will pave way for children to think and raise questions about the topic. Under the same chapter the topic 'Changing with Years' introduces students to the basic physical and personal changes that a person goes through as they age.</p> <p>Chapter 2 Has a lesson on 'Keeping Safe', which introduces students to basic information about what good and bad touch is, how to identify them and highlights the people they can trust. It also gives basic information on what good and bad secrets are and how students can differentiate between the two types.</p>

<p>Grade 2</p>	<p>In Grade Two the topic on ‘Changing with Years’ further explains the process of growth and growing up, illustrating the stages of life from a baby to adulthood.</p> <p>The topic ‘Keeping Safe’ is further explained, where students are given examples and explanations on good and bad touch in more detail and they are also taught to respect their bodies.</p>
<p>Grade 3</p>	<p>The chapter on ‘Health and Body Awareness’ continues with the topic on growth and growing up and introduces students to the physical changes that take place in their body with age.</p> <p>In this grade a new topic on ‘Body Safety Rules’ is introduced to the students. Even though the information on what are the private parts is subtle, the introduction to the safety rules is a very positive change.</p>
<p>Key Stage 2</p>	
<p>Grade 4</p>	<p>The Unit ‘Growing Up’ introduces students to the topic Puberty. It is defined as “a stage in a person’s life during which he/she develops from a child into an adult and becomes capable of reproduction.” Students are also taught the average age at which puberty usually starts, (10 for girls and 11 for boys).</p> <p>Even though the information is minimal, sexual abuse is mentioned and students are taught how to identify the signs of a victim of abuse. They are also given instructions on the actions they can take in such a situation to help and to get help.</p>
<p>Grade 5</p>	<p>The topic ‘Growing Up’ further highlights the changes that occur in boys and girls in their pre-teens.</p> <p>To build on the previous information on safety rules, students are taught about ‘Saying NO’ in dangerous or abusive situations.</p>
<p>Grade 6</p>	<p>Students are taught how to differentiate between good and bad touches, and how to deal with risky situations effectively. They are also given further information about abusive behavior and how to act immediately on such cases.</p>

Subject: Science	
Key Stage 1	
Grade 1	No relevant information
Grade 2	No relevant information
Grade 3	<p>Chapter 1, 'Living and Non-living Beings' mentions Reproduction under the topic, 'Life Processes in Living Beings'. The chapter explains to students how living things grow, defines reproduction as the process of producing young ones and brief them about reproduction in animals and plants. It mentions that some animals lay eggs while some give birth, however it does not mention how humans reproduce.</p> <p>Chapter 4, 'Humans and their Health', introduces students to the organs of our body, however it does not mention sex organs. Also the chapter introduces students to all the systems in our body including, skeletal system, respiratory system and circulatory system. However, there is no mention of the reproductive system.</p>
Key Stage 2	
Grade 4	<p>Chapter 1 consists of the topic 'We Grow and Change' in which students are taught about the different stages of human growth from birth till they attain adulthood.</p> <p>The topic 'Parents and Offspring' highlights the physical similarities and differences between parents and their children.</p> <p>This topic is one in which students can be given more information about reproduction, since it can explain a lot about why there are similarities and differences between parents and their children. However, no further explanations are given as to how and why the changes occur.</p>
Grade 5	<p>The topic 'Human Body changes', introduces students to Puberty and body changes. The topic gives explanations on the changes that occur in the body of girls and boys during puberty. Students are taught about the importance of personal hygiene especially during puberty. However, it is important to note that the information given is very minimal and controlled even for this age group.</p>

	The topic on 'Reproduction and Inheritance' defines what reproduction is and states that "humans give birth to young ones" and that certain characteristics are passed on from parents to their young ones. However, there is no further information or explanations about reproduction.
Grade 6	<p>The chapter on Living Things defines reproduction under the topic, 'Characteristics of Living things'.</p> <p>Chapter 5.2 'Reproduction and Change' is a separate chapter which again defines what reproduction is and explains how living organisms reproduce to contribute to the continuity of their species. The same chapter has a subtopic named 'Puberty and body changes' in which students are taught that puberty is a sequence of events that result in attaining adult physical characteristics and the capacity to reproduce. In this topic the term "Menstruation" is mentioned however no further information is given in the text book.</p>

Subject: Islam	
Key Stage 1	
Grade 1	No relevant information
Grade 2	Under the topic ' <i>Hukuru Vaajibuvaa Meehun</i> ', the term <i>Baaliguvun (bodu meehakahvun)</i> Puberty is mentioned. However, no further information is provided.
Grade 3	No relevant information
Key Stage 2	
Grade 4	Under the Chapter on <i>Namaadhu</i> (Prayers) the subtopic, ' <i>Namaadhu Vaajibuvumuge Sharuthuthah</i> ' mentions <i>Baaliguvun</i> (puberty). However, no further information is provided.
Grade 5	<p>The topic '<i>Baaliguvun</i>' (Puberty) gives a brief definition and explains the characteristics and body changes that can be used to identify the process.</p> <p>The topic '<i>Hinaigathun</i>' (full ablution/ritual purification), mentions <i>Hailu</i> (Menstruation).</p>

The topic '*Roadha*' (Fasting) mentions *Hailu* (Menstruation) and *Nifaasverivun* (Postpartum bleeding).

The meanings of these terms are given in a separate table at the end of the unit. In addition to these words, the meaning for the term *Ihuthilaamuvun* (Nocturnal Emission) is also stated in this table.

Grade 6

The topic '*Hinaigathun*' (full ablution/ritual purification) mentions *Hailu* (Menstruation), *Nifaasverivun* (Postpartum bleeding) and *Junubuverivun* (sexual intercourse) as conditions that make ritual purifications obligatory on a person. But no further details are given.

The topic '*Roadha*' (Fasting) mentions *Baaliguvun* (puberty) as a condition that makes fasting obligatory on a person.

5. AVAILABLE SERVICES FROM THE GOVERNMENT ENTITIES

5.1 Ministry of Education

Maldives has a well-established education system throughout the country. The Education Ministry is the main governing body responsible for making policies, rules, regulations and decisions regarding the administration and development of the education sector. The ministry also has the mandate to provide the most efficient and effective education for all. To provide these services in the most efficient manner, the MOE is divided into many departments, each assigned with a different tasks related to educational development.

The Education Development Center (EDC)* is the department responsible for developing the National Curriculum for Grades 1 to 12. They conduct curriculum related research to identify and develop the most appropriate curricula and educational technologies for schools. In addition to that, EDC is the main center which develop the textbooks, audio/video and multimedia teaching aids used in schools and also conduct support and training activities for teachers and schools. Previously EDC had developed a Population Education Handbook for Grade 11 and 12 teachers, which had covered RH of adolescents. However, to date, the handbooks had not been published nor been introduced in to the school system.

Educational Supervision and Quality Improvement Division (ESQID) is mandated to monitor the quality of education that is provided to all the schools in the country, develop, design and deliver the programmes in order

*
Now National Institute of Education (NIE)

to improve and maintain the standards of education in all Maldivian schools. They also conduct independent evaluations to identify the improvements in the standard and quality of the education provided. Further, their school health and safety section is mandated to improve the delivery of adolescent RH information to all schools and communities.

ESQID developed the Life Skills packages to the schools in Maldives in collaboration with the Youth Health Café (YHC). YHC was started by the Ministry of Youth and Sports with UNDP's financial assistance targeted at out of school youth. With the help of YHC, the Life Skills packages four and five are provided to the out of school youth. Additionally, it must be noted that despite the fact that Life Skills programmes had not been started in all of the schools, those which have already established Life Skills sessions; have trained individuals to take these sessions. Furthermore, these programmes have incorporated drug abuse as a topic in the Life Skills package and YHC were conducting this programme in 52 schools.

The Life skills module 4, provided by the Youth Ministry, is the only module which has any RH related information. This module covers a component on the spread of HIV.

5.2 Health Ministry

The mandate of Ministry of Health (MOH) includes establishing a system for health, well-being and social protection of the people, providing affordable, accessible and good quality healthcare services and rehabilitation services. It also includes strengthening the mechanisms for protecting the rights of children, women, persons with disabilities and the elderly while sustaining the quality of the healthcare and social protection services. Over the years, the Ministry has worked tirelessly to implement the most appropriate health

policies for Maldives, and some of these policies place a lot of emphasis on SRH³⁵. The Policy Goal 1 of the Health Master Plan 2006-2015 targets Child and Adolescent health, and Reproductive and Maternal health promotion.

Health master plan

1. Develop and implement national strategies and plans for promotion of healthy behaviors in priority areas such as child health, reproductive and maternal health, nutrition, chronic diseases, emerging communicable diseases, healthy aging through adaptation of global best practice and global strategies.
2. Develop and implement health promotion campaigns and IEC/BCC materials utilizing formative research and best practice targeting priority areas.
3. Undertake skill building and behavior change programmes for different target groups. for example: Mothers & caregivers on child care and feeding practices; including care during illness, pregnancy and family planning; adolescents and youth on reproductive health, substance abuse, gender based violence, nutrition and physical activity and mental health; and life skills education through school systems and informal networks.
4. Promote and develop plans for implementation of healthy setting such as healthy promoting hospitals, health promoting schools and health promoting atolls and islands.

Source: Health Master Plan 2006-2015, Ministry of Health

5.2.1 Center for Community Health and Disease Control (CCHDC)

The Center for Community Health and Disease Control (CCHDC)^{*} is a department within the Health Ministry, with the mandate to carry out capacity building programmes and community awareness programmes. Officials from CCHDC stated that the national RH programme is not being carried out as it should.³⁶ One of the concerns that they shared was that any information which was given to school children on SRH are being given through the Life Skills programmes, which had not been established in all schools. According to them the best way to inculcate SRH into the school systems would be to have a separate module for the topic incorporated in the Life Skills programme

³⁵Ministry of Health Mandate.

^{*} Now Health Protection Agency (HPA)

³⁶ Information received at Stakeholder Meetings with CCHDC, 2012

which must be established in all the schools. Among the RH related work done by the CCHDC include providing the RH care information kit to all the Public Health Units in the country so that these kits can be distributed to all expecting mothers. Furthermore, they also conduct information sessions, and provide a 'marriage kit' (which included bath towels, soaps and condoms) to all newly marrying couples. The marriage kit was sent to all the courts of Maldives to be presented to the couples on the day they get married. However, this project has long been discontinued due to financial difficulties.³⁷

Another major concern noted by the CCHDC is that more focus was being given to curative measures rather than preventive measures and that the risk on health and the external costs can be minimized if preventive measures were given more importance. According to them better measures need to be put in place to provide RH services to the general public, especially in providing information to adolescents on SRH as this could prevent a lot of other SRH related issues present within the society today.

5.2.2 Reproductive Health Center

The Reproductive Health Center in Indira Gandhi Memorial Hospital (IGMH), the largest government hospital in Maldives, is comprised of an Antenatal Clinic, Post-natal Clinic, Family Planning Clinic and a Well Women Clinic.³⁸ Since, the Antenatal clinic is based inside the hospital itself, the clinic have great difficulties in providing their services and the general public also has difficulty accessing them.³⁹ From 2005 till 2008 the Reproductive Health Center used to have an Adolescent Health Clinic, where information about nutrition, vaccination and STIs were given to youngsters. One of the center's main tasks

³⁷ Information received at Stakeholder Meetings with CCHDC, 2012

³⁸ Information received from the Ministry of Health, 2015

³⁹ Information received at Stakeholder meetings with Reproductive Health Centre (IGMH), 2012

is providing vaccination for school age children in collaboration with MOE and the schools. The Reproductive Health Center had also conducted information sessions upon requests from the schools and most of the requests were usually on information regarding health related issues faced by girls. Nevertheless, one of the main challenges noted by the Reproductive Health Center in providing these information sessions was the difficulty in attaining enough participants, mostly children and youngsters to participate in their information sessions.

Expecting mothers are encouraged to register at the Antenatal Clinic where they are given information regarding the various information sessions conducted by the clinic. Some of the services provided by the clinic currently include providing information sessions on RH, childbirth, newborn care, etc. Apart from this, they also provide all the registered couples with a RH care information kit which consists of leaflets based on different topics of RH. Some of the topics included in the leaflets are; preparing for pregnancy, healthy eating, health problems, issues and problems related to pregnancy, childbirth, breastfeeding, caring for a newborn, becoming a father, etc. The information kit is available for all those who are registered at the clinic and for those who request for it. However, it was gathered from the FGDs that very few individuals knew that this information was available and accessible to them.

5.3 Family Court of Maldives

The Family Court of the Maldives conducts a one-day pre-marriage counseling session for all couples who are registering to get married. It was previously conducted in collaboration with the Ministry of Youth, however all the expenses were financed from the Family Court. The course is currently conducted by the Family Court and is a compulsory session for all the couples. Couples are to register for the course and complete the sessions before they

get married. Four modules are taught in the programme, namely; the legal procedures, social aspects of married life, health issues which includes information on reproductive and sexual health, STDs, personal hygiene and many other related problems, and includes a chapter on the religious perspective of marriage. Both partners are given a certificate of participation after the course and this certificate must be provided with the formal marriage registration form. No changes were made to the modules of the sessions even though the hours allocated for the sessions has been minimized to a two-hour session from a one-day program in 2015.

6. New Developments since 2012

The Health Ministry has brought various changes and done numerous work to improve the quality and standard of health services and public health and the State continues to recognize that SRH is a vital component of general health.

During the validation meetings with MoE in 2015 it was identified that during their training, all family health workers, community health workers and nurses are trained for reproductive health services. Furthermore, numerous awareness programmes has been conducted on TV and radio regarding SRH issues. HPA has also conducted a sensitization programme on RH for counselors, and have prepared a training manual with which they can conduct more training programmes. In affiliation with UNFPA, they have also conducted a training program with relevant stakeholders regarding the importance of creating awareness about SRH from a religious perspective.

Apart from this, they were working on drafting the National Reproductive Health Strategy 2014-2018 and this draft strategy has been endorsed in 2014. Additionally, under the UNFPA funds, HPA is conducting a Demographic Health

Survey throughout Maldives which they began in 2014. Numerous improvements were brought about to health care and RH care services.

In 2015 the Reproductive Health Centre in IGMH was shifted to the new building of IGMH with extended facilities and services. The new building provides more space for more clinics to be established within the premises hence enabling better and proper service provision. With the new improvement to the building, the centre has now introduced various new services such as the Prenatal exercise program by the Department of Obstetrics and Gynaecology in collaboration with Department of Physiotherapy in 2016.

7. SERVICES AVAILABLE FROM NON-GOVERNMENTAL ORGANIZATIONS

7.1 Society for Health Education (SHE)

Society for Health Education (SHE) is a non-governmental organization (NGO) recognized nation-wide for their work in health and social wellbeing of the community. They have conducted various workshops and information sessions regarding family life, family planning, healthy living and general health. From 1990 till 2006 they conducted RH information sessions for students in Grade 9 and 10. However, due to financial difficulties and time constraints, they were unable to continue with the programmes. However, the adolescent health manuals used in these sessions are still available at SHE for their own general use. According to the instructors from SHE the most difficult aspect of conducting these sessions and giving SRHE were the objections raised by parents regarding the content of the programmes. Due to this they stated that they have had difficulties screening and identifying what information and how much of it is needed and the most appropriate materials to use. Therefore, they had changed the programme so that the relevant information can be given to the parents first. However, due to problems with the school schedules and the timings of the various participants the officials of SHE had been unable to conduct this programme as much as they used to.⁴⁰

Furthermore, the withdrawal of some of the government's financial assistance in 2008 had compelled SHE to introduce a charge for Thalassemia tests to help them cover the cost of the license needed to import chemicals needed.

⁴⁰ Information received at the stakeholder meeting with SHE, 2012

Additionally, in 2011, under the American Embassy Young Volunteer Funds, SHE had trained a group of youth ambassadors from among selected students of Grade 9 from different schools throughout the country. However, due to funding issues, they were unable to carry out the programme later on.

In addition to this, during the stakeholder meetings held in 2012, the participants from SHE stated that the organization was working on trying to open RH clinics in 7 provinces of the Maldives under an expansion project plan funded by AusAID and joint help from the most active NGOs in the provinces. These clinics aimed to provide information on the services given by SHE and improve the accessibility of these services such as counselling in the atolls. Apart from these clinics, they were also trying to introduce and increase accessibility to a web based counseling service in the atolls. They also stated that SHE was looking for interested candidates to help develop the Adolescent Sexual and Reproductive Health Manual.

7.1.1 New Developments since 2012

During the validation meeting held with SHE in 2015 it was noted that Reproductive health clinics have now been established in two of the seven provinces under an expansion project funded by AusAID. SHE is continuing to spread awareness about SRH through their seminars and workshops held for various government offices, schools and parents. They have also extended their information sessions to the other islands where they hold information sessions for students from the island schools on various topics relevant to SRH and Life Skills.

They also actively participate in celebrating health days and raising awareness on forums, fairs and workshops conducted by MoE, NGOs and UN bodies. In 2016 they participated in the 8th Asia Pacific Conference on Reproductive and

Sexual Health and Rights. They also conduct training and development programs for youth advocates and volunteers who take part in various conferences and opens up the opportunity for a lot of youth to advocate for SRH issues.

7.2 Youth Health Café

An initiative under the name of the Youth Health Café was started by the Ministry of Youth and Sports with the UNDP's financial assistance. The cafe was targeted at out of school youth. Since then they have conducted Life Skills and peer education programmes in various atolls in the Maldives.

In 2008 they conducted a very successful peer education programme in Aminiya School, where they selected students with behavioral problems and provided training to them using Cognitive Behavioral Therapy (CBT). The success of the programme meant that by the end of the year the outreach had extended to about 700 students from the school.

Similarly, in 2012 they focused on conducting outreach programmes for school children. Once again one of the main concerns raised was that organizers found it difficult to get approval from school management and the school boards.

During the stakeholder meeting held in 2012, participants from YHC explained the major obstacle faced when conducting these programmes was the difficulty in getting the trained facilitators. Further, problems with accreditation of certificates made participants unwilling to take part in the training programmes.

8. CHALLENGES AND PROBLEMS

The main challenge faced in providing SRHE is the sensitive and controversial nature of the subject. This has been one main reason why incorporating the subject within the national curriculum has been a huge issue. The reluctance is observed from all the relevant parties because of the fear of a communal backlash. A lot of preparation and adjustments need to be made in order for the general public to accept and understand the concept and to make sure that its reception is positive. Work also need to be done to ensure that the information provided is age appropriate and suitable for school children and adolescents alike, which means that the task at hand is time consuming and tedious for all parties involved.

The Education Ministry highlights the challenges they face in getting parents onboard when it comes to including SRH related information in the school curriculum. The main challenge stated is the lack of parental awareness when it comes to SRH. The matter is of such controversial nature, that some parents have gone to the extent of going to the Police when it comes to their child receiving SRH related information from school. Thus, conducting separate workshops and information sessions for students has always been difficult, regardless of how important the information is for the children.⁴¹

Additionally, the lack of human resources and man power available to conduct such programmes is also another challenge. It is common knowledge that the Maldives does not have a lot of trained personals specialized in the field of

⁴¹ Information received at the Validation meeting with Ministry of Education, 2015

educating people on the issue of SRH. While doctors, nurses and health workers can play a huge role in conducting such programmes; it must also be understood that they alone cannot cater to all who need the information. When incorporating the subject in the national curriculum it is often suggested that the best way forward is to train school teachers for SRH so that all schools can have at least one trained teacher to conduct SRH programmes.

The main concern stated by the responsible state institutions and NGOs is the financial and budgetary constraints faced in conducting relevant awareness programmes for the public, and the information sessions and training programmes for the facilitators. Most often, budgets are either not allocated for such programmes or sometimes not approved and hence these programmes are heavily dependent on uncertain international funding and aid.

Another challenge faced is the support and receptiveness of the general public participation in these programmes. Both the government officials and NGOs stated that the turn out for such information sessions and educational forums are always low and that their task becomes more tedious with the effort to encourage people to take part in these sessions. Contrary to this, they noted that participation in political events was more positive. They also stated that most of the schools in Male' itself were unreceptive to the invitations to carry out such programmes for school children. However, on a more positive note they did acknowledge that the trend is slowly changing with more people taking the initiative to seek SRH related information on their own.

9. ANALYSIS OF FGDS

Table 2: Total Number of Participants in the FGDS.

Research Participants in FGDS						
Islands	Student	Youth	Parents	Edu. Sector	Health Sector	Total
A.A Maalhos	25	18	13	11	2	69
A.A. Ukulhas	33	5	14	10	6	68
Hdh. Kulhudhufushi	15	13	15	13	11	67
Hdh. Vaikaradhoo	0	11	13	3	2	29
M. Muli	32	9	13	16	16	86
M. Kolhufushi	24	13	11	16	6	70
R. Ungoofaaruu	28	9	15	13	2	67
R. Dhuvaaafaru	35	11	16	15	9	86
S. Feydhoo	32	13	8	5	9	67
S. Hithadhoo	55	8	7	7	4	81
Male'	123	18	12	9	6	168
TOTAL	402	128	137	118	73	858

9.1 Demographic Analysis#

The surge of “giggles” from almost all the females and the looks of embarrassment and awkwardness radiating from the men within the first few minutes spent during the brief introductions in all FGDS, served to confirm what is unspoken in many communities regarding SRH. It was clearly evident that the notion was regarded as ‘taboo’ and that the topic was taking them beyond their comfort zones and that it was viewed as something which is unacceptable or forbidden to be discussed in an open forum. However, it was a relief to find that most of the people were comfortable talking about the issues and answering questions after the initial hesitancy and resilience to the

topic, especially when it was explained that the entire conversation will be based on a rights perspective. Even then, differences of opinion and prejudice regarding some matters rose from the discussion, however most were willing to voice their opinions and share their experiences regarding SRH thereafter.

9.2 Knowledge of Reproductive and Sexual Health

Knowledge of SRH was minimal among all participants when asked whether they knew the meaning of reproductive or sexual health. The demographic form⁴² given to each participant before starting the discussions included a section which asked the participants whether they knew the meaning of reproductive health and sexual health separately. They were instructed to put a tick if they knew what reproductive and sexual health was and put a cross if they did not. For the ease of their understanding the corresponding Dhivehi word for each of the English terms used in the form was given beside it. For example: reproductive health 'Ufanvanivi Sihath' and sexual health 'Jinsee Dhulhaheyo kamuge Sihath'.

Most participants stated that they did not know much about the issue, however, once the discussions began it became evident that some of the participants were more aware of these issues than they believed at the beginning of the FGD. Even though the terms were unfamiliar, it was found that many of the participants were familiar with some of the health issues and problems related to SRH. When asked to state the issues and problems related to SRH, almost all of the participants were able to identify AIDS/HIV as a related problem. Even though the understanding and knowledge varied among the participants, most of the adults were able to list many of the health related issues and concerns that can come up during pregnancy, child birth

⁴² See Annex 3

and the problems related to postnatal period. They were also able to list the most common sexually transmitted diseases, sexual discomforts, difficulties faced when conceiving, use of contraception, breastfeeding, puberty and menstruation. However, apart from the participants who came from the Health and Education sector, it was found that most of the public's knowledge on these issues were rudimentary, and often, their understanding on these issues were limited to cases or issues which they have either experienced personally, heard from someone close to them, or picked up from the community.

Conversely, a large number of the participants noted that the social awareness of SRH problems were on the rise and further noted that mothers were more aware of the pregnancy related issues and were quite proactive in gaining additional access to information related to pregnancy and sexual health. Also that they are more proactive in getting medical aid via regular medical checkups. According to the participants, the rise in the educated population and changes in lifestyles had played a vital role in bringing about these changes. Participants noted that the topic of SRH is better accepted now than when compared to a few years ago where one would not even think of raising such issues, especially in the public. A majority of the participants who were married stated that their husbands have also become more aware of such issues and are now more open to discussions.

9.2.1 Gender

Out of the 858 participants in the study, 385 were males and 473 were females. When asked if they knew what reproductive health was, 42% of the males and 37% of the females stated that they **knew** about reproductive health. Whereas, 56% of the males and 60% of the females stated that they **did not know**. 2% males and 3% females did not respond to the question.

Therefore, it was noted that the percentage of females who **did not know** what reproductive health is, was comparably higher than the males. The following table is a numerical representation of the number of participants who responded to the question.

Table 3: Knowledge of Reproductive Health by Gender.

Gender	Know	Don't Know	N.A	Total
Male	160	217	8	385
Female	176	285	12	473
Total	336	502	20	858

When asked if they knew what sexual health was, 39% out of the male participants and 39% of the female participants stated that they **knew** what sexual health is. 58% of the male participants and 59% of the female participants stated that they **did not know**. 3% of the males and 2% of the females did not respond to the question.

Therefore, it was noted that knowledge of sexual health between the male and female participants were fairly equal since there was only a 1% difference between the percentage of females who **did not know** about sexual health when compared with the males. The following table is a numerical representation of the number of participants who responded to the question.

Table 4: Knowledge of Sexual Health by Gender.

Gender	Know	Don't Know	N.A	Total
Male	151	224	10	385
Female	184	278	11	473
Total	335	502	21	858

9.2.2 Students

199 male and 203 female students participated in the FGDs. Asked if they knew what reproductive health was, 31% of the male students and 14% of the

female students stated that they **knew** about reproductive health. Whereas, 69% of the males and 84% of the females stated that they **did not know**. 2% of the female student did not respond to the question. The following table is a numerical representation of the number of participants who responded to the question.

Table 5: Knowledge of Reproductive Health among Students.

Gender	Know	Don't Know	N.A	Total
Male	62	137	0	199
Female	28	170	5	203
Total	90	307	5	402

When asked if they knew what sexual health was, 26% out of the male student participants and 17% of the female student participants stated that they **knew** what sexual health is. 73% of the male participants and 81% of the female participants stated that they **did not know** what it was. 1% of the male and 2% of the female students did not respond to the question. The following table is a numerical representation of the number of participants who responded to the question.

Table 6: Knowledge of Sexual Health among Students.

Gender	Know	Don't Know	N.A	Total
Male	52	145	2	199
Female	34	165	4	203
Total	86	310	6	402

Among all the groups observed for this study, it was seen that students remained the most unaware of either sexual health or reproductive health. A majority (77%) of the students who participated stated that they did not know the meaning of either of these terms. Less than one third (21%) responded

that they knew what reproductive and sexual health was. A small percentage from the student FGs (2%) did not answer the question. Additionally, a huge difference was observed between the number of male and female students who knew the meaning of both these terms and the percentage of males who knew the meaning of both the terms was comparatively much higher than the percentage of females.

9.2.3 Subject Streams

Out of the 402 students who participated in the FGDs, 159 students were from the **Science** stream, 188 were from the **Business** stream, 29 students were from the **Arts** stream and 11 children were from the Education and Training Centre for Children (ETCC)⁴³. A total of 15 students did not specify which stream they belonged to. The number of students who stated they **did not know** what Reproductive and Sexual health was, remained high in all the streams. However, there was a comparable difference in knowledge of SRH among the students from the different streams.

Tables below show the knowledge of reproductive and sexual health of the students by their streams. The figures are represented with the exclusion of the 11 children from ETCC⁴⁴ and the 15 students who did not specify their stream.

⁴³ Education and Training Centre for Children (ETCC) is an education and vocational training centre for boys aged 9 to 18 run by the Ministry of Education (until 2013) on the island of Maafushi. Parents who were not in the position to take care of their sons, collaborated with the Ministry of Gender and Maldives Police Services to send their sons to the Centre. The Centre was run by Juvenile Justice until 2016.

⁴⁴ Children at ETCC do not study subjects based on any specific stream. Their syllabus is mostly based on vocational training.

Table 7: Knowledge of Reproductive Health among students by Stream.

Stream	Know	Don't Know	N.A
Science	37	120	2
Business	23	163	2
Arts	2	25	2

Table 8: Knowledge of Sexual Health among students by Stream.

Stream	Know	Don't Know	N.A
Science	39	118	2
Business	30	158	0
Arts	6	18	5

It was observed that the students who were doing the Science stream had slightly more knowledge about both the terms when compared to the students in Business and Arts stream. The latter remained the most unaware of both the terms.

9.2.4 Youth

Among the 128 youths who participated in the study, it was observed that the percentage of youth who **knew** of reproductive health (48%) and sexual health (48%) was equal. Furthermore, the percentage of those who **did not know** reproductive health (49%) and sexual health (49%) was also equal. There was only a slight difference in knowledge observed in relation to gender.

Table 9: Knowledge of Reproductive Health among Youth.

Gender	Know	Don't Know	N.A	Total
Male	31	32	2	65
Female	30	31	2	63
Total	61	63	4	128

Table 10: Knowledge of Sexual Health among Youth.

Gender	Know	Don't Know	N.A	Total
Male	31	32	2	65
Female	30	31	2	63

9.2.5 Parents

Out of the 137 parents who participated in the FGDs, 43 were men and 94 were women. Lack of knowledge about the terms was clearly observed with a high percentage of parents reporting that they **did not know** what reproductive (54%) and sexual (53%) health was. However, 42% of the parents did respond that they knew the meaning of reproductive health and while 43% responded that they **knew** about sexual health. The following table is a numerical representation of the number of participants who responded to the question.

Table 11: Knowledge of Reproductive Health among Parents.

Gender	Know	Don't Know	N.A	Total
Male	21	18	4	43
Female	37	56	1	94
Total	58	74	5	137

Table 12: Knowledge of Sexual Health among Parents.

Gender	Know	Don't Know	N.A	Total
Male	21	18	4	43
Female	38	55	1	94
Total	59	73	5	137

From among the parents who stated that they knew the meaning of these terms, the difference of knowledge between men and women remained slight. However, it was seen that, even though the number of men who attended the

parent FGDs were less, men seemed to know more about both reproductive and sexual health than women.

9.2.6 Education Sector

A total of 118 persons from the education sector participated in the FGDs. Persons from different areas in the education sector, such as teachers, management and administrative staff were present in these discussions. Among this group, 62% stated that they **knew** the meaning of both the terms sexual and reproductive health, while 36% stated they **did not know** what the terms stood for. From this group 2% did not answer the question. The following tables are a numerical representation of the number of participants who responded to the question.

Table 13: Knowledge of Reproductive Health of Education Sector.

Gender	Know	Don't Know	N.A	Total
Male	29	21	0	50
Female	44	22	2	68
Total	73	43	2	118

Table 14: Knowledge of Sexual Health of Education Sector.

Gender	Know	Don't Know	N.A	Total
Male	29	21	0	50
Female	44	22	2	68
Total	73	43	2	118

9.2.7 Health Sector

There were 73 participants from the health sector FGDs out of which 28 were male and 45 were female. The FGDs were attended by health care professionals, management and administrative staff of hospitals and Health

Centers, from the atolls shown in Table 1. The following tables are a numerical representation of the number of participants who responded to the question.

Table 15: Knowledge of Reproductive Health among Health Sector.

Gender	Know	Don't Know	N.A	Total
Male	17	9	2	28
Female	37	6	2	45
Total	54	15	4	73

Table 16: Knowledge of Sexual Health among Health Sector.

Gender	Know	Don't Know	N.A	Total
Male	17	9	2	28
Female	37	6	2	45
Total	54	15	4	73

74% of the participants from the health sector stated that they **knew** the meaning of both the terms reproductive and sexual health and were highly knowledgeable on issues and problems related to SRH. 21% of the participants stated that they **did not know** the meaning of the terms and a total of 5% opted not to answer the question. It was observed that more females knew both the terms (82.2%) when compared to males (61%). 7% of the males and 4.4% of females did not answer the question.

10. THEMATIC ANALYSIS

10.1 Societal perception and religious sensitivity about reproductive health education

From the FGDs it was observed that topics such as SRH have always been ‘taboo’ within the Maldivian society. From the discussions it was gathered that people refrained from talking about SRH believing that such discussions were western ideologies which were aimed at changing their Islamic way of life. In one of the FGs it was discussed that even today there are those within the community who firmly believe that family planning and the use of contraceptives are a western ideology aimed to limit the size of the Muslim population.⁴⁵ There are groups of people who regard contraception as ‘haram’ (forbidden) without understanding the Islamic stands on such issues. In one such instance some of the participants stated that the population of children in their islands had declined over the years due to the abundance of birth control facilities and linked this to the diminishing number of students studying in the lower grades of the schools.

Many participants stated that societal perceptions influenced beliefs to such an extent that most people would not even talk to their partners about such issues, let alone discuss with their family members. Thus, the question of parents educating and giving information to their children on SRH was incomprehensible, especially among strict religious groups. Majority of the participants stated that there are people who shy away from going to a doctor and seek medical attention for SRH issues. These participants also mentioned

⁴⁵ Focus Group discussions held with Parents.

that they themselves would shy away from going to a male doctor regarding such an issue. Reason being that they believed that it was religiously unacceptable for a woman to uncover themselves in front a male, even if it was their doctor.

Another frequently voiced concern was that talking about such issues or giving information about SRH would have a lot of negative impacts such as a rise in promiscuous behavior, especially among the young. Media campaigns on safe sex was highlighted, and the participants stated that through these programmes youngsters get the impression that sex with condom is not considered a sin, illegitimate or 'ziney' in Islamic terms. They believe that youngsters see it as a free pass to engage in sexual activity outside of marriage. While this may not be the only perpetrator as pointed out by the participants, it should be noted that increasing number of extramarital physical relations are becoming a sad reality in the small community of Maldives.

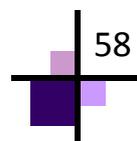
Moreover, differences observed in the understanding that existed among the participants on religious aspect of the issue was astounding. While some believed that it was religiously unacceptable to talk about the topic, others believed that the best method of delivering related information was from a religious perspective. But with the availability of related information and awareness programmes as well as educated youngsters taking a leading role in promoting a healthy life, things are changing and people are starting to talk about this issue more openly. People now admit to sharing such information with their friends and seeking advice on related issues. They are also more keen on seeking medical advice from professionals instead of keeping their problems a secret.

Majority of the participants had a positive outlook on incorporating SRHE in the school curriculum. They also emphasized on the importance of incorporating the topic within the subject Islam taught in schools so that the most accurate, religiously acceptable and age appropriate information could be given to the students.

10.2 Perception on relationships and marriage

Almost all who participated in the FGDs claimed that it was a common phenomenon in the society to get involved in relationships at a very early stage of life and more than half of the respondents stated that it could happen as early as 10 or 11 years. However, when asked about the most common age at which Maldivians got into relationships, almost all participants stated that it was during the early teenage years. Further, many participants who had claimed that children in their islands began relationships at the age of 10 years stated that it was usually around this time that children start interacting with children from the opposite sex and these relationships usually become more serious once these children enter their teenage years. Additionally, most participants stated that the meaning of the term ‘relationship’ was not always clear among youngsters and that there was a tendency to confuse friendships with intimate relationships. It was also unclear if any of these relationships were romantic, physically intimate or as some participants put it as, a “mimicry of what the elders did”.

The reaction of parents towards their children being in such relationships ranged from; approval, indifference to outright disapproval. Majority of the parents disapprove of such conduct, especially if their children were in school. However, some respondents highlighted that there were some parents who disapproved of such relationships until their child completed school and



started work. Therefore, it is of no surprise that most youngsters kept their relationships a secret from their elders.

Respondents noted that they rarely see any young couples on the streets, especially in the islands, as they usually tend to meet secretly in isolated places. This is a very significant observation as respondents suggested that meeting in such isolated places may encourage youngsters to become physically intimate before they are ready for such relations. Hence, the effectiveness of parental disapproval of such intimate meetings were questioned by many youths.

Respondents also recalled instances where children were beaten or were grounded by their parents upon finding out about their relationships. However, they also mentioned that there were instances where parents had given their approval for the relationship if they approved of their child's partner. There were also instances where parents would simply advise their child against such relationships and recommended them to wait until they finish their studies. Some of the participants stated that they felt that the conservative attitude towards romantic relationships stem from the South Asian backgrounds where Maldivians specifically "copied the strictness of the Indian culture". Others believe that religious perceptions played a more significant role in such cultural norms.

Participants stated that Islamic values clearly discourage interaction with members of the opposite sex outside of marriage as a huge emphasis is given to the protection of family honor and women. This aspect could support the outraged reactions from some of the participants when they noted that some parents are more lenient and often gave consent when boys get into relationships as opposed to girls. In most islands, family members, especially

parents with young girls, face a lot of criticism if they approve of their child being in a relationship before marriage and quite often this goes to the extent that the families are labeled by the rest of the community.

In contrast, boys are given more leniency as people believed that their actions or decisions usually do not affect how the family is perceived within the community. Hence parents are often more accepting of their son being in a relationship while they disapprove their daughters for the same. It is clear from the responses from the participants that even though most parents disapprove of their children being in relationships, this opinion is most often given little consideration by the children. Furthermore, most noted that the disapproval often acts as a motivator to rebel.

It was found that a majority of the respondents were of the opinion that marriage at a young age was not favorable. Knowledge of possible complications that may arise when girls get pregnant at a younger age, the risk of miscarriage and the other health related issues were quoted by these participants to justify their opinion. Most participants, especially from the youth FGDs, adamantly argued that many young couples were often physically and mentally unprepared to take up the responsibilities of married life, child bearing or child rearing. A participant from the youth focus group stated:

“A child cannot grow well in the womb of another child”⁴⁶

Furthermore, almost all the parties involved agreed that married life will deter opportunities for future education and career development in one way or the other, especially after having children. Participants emphasized that young people should give priority to education and a career. Some mentioned that early marriages may lead to unwanted pregnancies, unhappiness and even

⁴⁶ Youth FGDs

resentment towards children for the opportunities lost. Many among the participants believed that education will serve to strengthen a marriage as they believed that educated parents would know how to bring up their children better. However, there were few participants who felt that education was not really necessary to lead a happy married life.

Apart from this, participants stated that marrying at a younger age would lead to higher divorce rates as they believed that most youngsters frequently changed partners and lacked the mindset necessary to be committed to one partner. Furthermore, many parents from the FGDs were of the opinion that young couples would lack the necessary patience, fortitude and awareness required to sustain a marriage.

However, there were a few participants who disagreed with these views. In their counter arguments they stated that if the couple were mature, independent and have planned and prepared for a married life, then it would not be a problem. For some participants, the argument was based on the success stories of their parent's marriage or other examples from society.

Additionally, some participants noted that the trend of marrying young is a common occurrence in many of the islands throughout the Maldives and is one trend that had made a comeback in the recent times. The supporters of this trend believe that an early marriage is better than prolonging an 'illicit relationship' which may have even more unpleasant consequences. Among these participants there were those who stated that an early marriage is acceptable especially if the couple have been in the relationship for a long time.

Participants from the student and youth FGs drew attention to the values and beliefs of their parents who encouraged marriage at a younger age, specifically

that of girls. They explained that such beliefs stemmed from the idea that if a couple married and became parents at a younger age; they would be able to take care of their children better. Surprisingly, a few participants from this group also supported this argument:

“Our parents married and had kids when they were very young. They brought us up well. Now we are grown up and our parents are still strong and not that old.”⁴⁷

Additionally, it was noted from all FGDs that love remained the most important factor that fueled the decisions regarding marriage and that most unions were forged with little external pressure on either partners. However, a few respondents mentioned that there were some youngsters who still faced pressure from their parents or family. If it was a girl, they are pressurized to either get married earlier or to marry someone more mature and dependable.

Furthermore, some of participants mentioned that even now there were people within these communities, who disapprove of unions between people from different islands. Additionally, it was also mentioned that the culture of arranged marriages, were still practiced in some families, especially common among the more religiously conservative families.

When it came to the issue of unregistered marriages, while some responded that such marriages rarely took place, many participants were able to recount one or two cases where it had happened. The most common reason cited for the existence of such marriages was couples eloping and getting married overseas. Often such marriages remain unregistered due to the procedural difficulties that arise during the registration process when they eventually try to get their marriage registered.

⁴⁷ Youth FGDs

Further, religious beliefs were cited as another reason why unregistered marriages take place. Even though they are few in number, there are some religious groups among the community who believed that registering a marriage through the courts is not necessary for a marriage to be legal according to Islamic teachings.

The Maldivian Constitution, in accordance with the Child Rights Act of Maldives 9/91 and CRC, states that individuals below the age of 18 are children. The minimum age requirement for a person to get married is stated as 18 years in The Family Act of Maldives. In the circumstances where a person who has not completed 18 years of age makes an application to marry, the decision is left at the discretion of the Registrar of Marriages. Before any such marriage can take place, the registrar at the Family Court needs to evaluate whether the child in question is mentally and physically ready for a marriage based on whether he or she has attained puberty, has the competence to maintain a livelihood and also on the reasons for contracting the marriage.⁴⁸ However, it was evident from the FGDs that some religious fundamentalists might disregard this as it contradicts with the Islamic Sharia which states that a girl has reached a marriageable age once she has reached puberty. Therefore, there may be cases where some may think it is acceptable to get married without registration through the courts.

Likewise, some participants discussed that it was also a common phenomenon among some Maldivian men to travel abroad in order to have a second marriage. According to the participants this usually happened when the men wanted to get married without the consent or knowledge of his first wife. Islamic sharia gives a man the right to have four wives given that they fulfill

⁴⁸ Family Act, 2004.

certain conditions.⁴⁹ However, most participants stated that it is advisable to get the approval of the first wife and in cases where consent is not given, many tend to travel abroad and get married furtively and often these marriages are not registered in the Maldives.

10.3 Factors that shape person's knowledge and perceptions

10.3.1 Need for information and Sources of Information

It was understood from the discussions that a significant number of respondents from the FGDs have either tried or tried and failed to find information regarding SRH. The need to find information and to have knowledge of such issues differed among the participants. While the younger participants were more curious and enthusiastic about gaining information, the participants from the youth and adult groups were less so. Majority of the school students who participated in the FGDs mentioned that they needed information related to SRH issues and believed that information regarding SRH must be given to all students starting from Grade Four onwards. Upon inquiring as to why they thought this was so important, almost all the participants stated that it is one of the most essential information for life, health and wellbeing.

This was the same response obtained from the youth, education and health FGs. Nevertheless, the opinion on the level and amount of information to be given differed among the FGs. While the youth group stated that all information regarding SRH must be made available to students, the personals from the education and health sectors stated that information for students must be filtered and made available in an age appropriate manner. However, there were mixed responses from the parents. While a majority of the parents

⁴⁹ The Holy Quran (4:3).

believed that RH information was necessary and that it must be given to students starting from Grade Four or Five onwards, they also believed that the information must be filtered, age appropriate and with just the requisite information without going to details. There were also a few parents who believed that this information must be given only to the senior students.

The amount of information offered on SRH within the education and health system varies from island to island and from community to community. For students, the most common source of related information was acquired through General Science classes in Grade Seven, Biology classes in Grade Nine and Ten and in Islam classes. Even though General Science classes in Grade Seven and Islam classes are mandatory throughout secondary school, access to Biology classes is only made available to Science stream students. The issue that Science stream students have better access to this information when compared to Business stream students was a concern raised by majority of the participants, especially the parents. However, some participants commented that the extent to which the topic was covered in Biology lessons were not appropriate, and that the teachers just skimmed through these lessons without giving proper and detailed information.

Some students and younger participants also mentioned the need for their parents to have access to knowledge and information about these issues. They stated that they would feel more comfortable asking their parents about such issues rather than going to ask a teacher or a health officer. Most of the respondents mentioned that they did not know where to go to find information on these issues, while a few admitted to knowing a source where they can gain the requisite information.

The most stated source of information was hospitals and health centers. Other sources of information included posters, leaflets, internet, workshops, friends, TV, information sessions and counseling by personals from the Ministry of Gender and random information given by health workers at the health centers. However, respondents mentioned that leaflets and posters were usually not easily available. Participants also mentioned the NGOs and other bodies which aided in the provision of information regarding health and health related issues, such as SHE and the Thalassemia Center.

It is important to note that even though information was available at hospitals and health centers, most of the respondents stated that they hesitated to go and seek information from these sources. Most male respondent stated that it would be even more unorthodox for a male to seek such information as there is a higher probability of them being ridiculed and made fun of by other people. Teenagers and some adolescents stated that their age could be one factor that made finding such information controversial in the minds of some adults such as the staff of the health centers who may assume that the information is being sought with the wrong intention. For example, some respondents mentioned that they feared that some people may think that they were seeking information regarding birth control in order to practice safe physical relations outside of marriage:

“People think that if this type of information is given to us when we are young, it will encourage us to engage in sexual activities outside of marriage.”⁵⁰

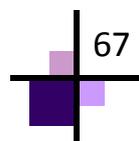
A large number among the participants stated that they did not go to seek information in public places in case they were labeled, which showed that there was a social restriction on accessing knowledge regarding SRH. Another

⁵⁰ Student FGD

trend observed was that, unlike younger participants with their curiosity, the teenagers do not attempt to seek information from adults within their family or community as they believed it was inappropriate to talk about such issues with their parents, or they were too self-conscious or they had access to other sources of information which is not accessible to younger people.

Compared to males between the ages of 14 to 18, the youth participants seemed to be more aware of the availability of information and their sources. Even though, there were a few participants who were not keen on finding information regarding SRH, there were a reasonable number of people who had already attempted to seek information and were aware of places where they can access such information. One significant point raised by some of the respondents was that it was important for health centers to guide and inform the people about the information and its availability. Workshops, seminars, and information sessions were mentioned as the best way to educate the public regarding issues of SRH. According to the participants, these programmes would be most effective when they are conducted for school children with the help of qualified professionals. Most participants felt very strongly about this and they insisted that regulations must be made in order to prevent unqualified persons from giving such information to the public.

Many participants recalled and shared some of their unsuccessful attempts at seeking information regarding SRH. One respondent from the youth group stated that she was not able to get information from the Health Centre in her island even six months into her pregnancy and that she had to get the information from the internet. Many among the student respondents stated that they always went to their Islam teacher with queries they had regarding puberty, but stated that they did not get any information from them and in some cases the information given was inaccurate. Almost all respondents



stated that it has become a habit to only seek information when they are forced to do so.

Majority of the participants stressed on the importance of offering information and education regarding SRH. The student participants stated that they believe that those students who asked their parents for information were more knowledgeable and the information they received were more accurate than the students who gained information elsewhere. The participants offered varying ideas regarding the best ways to educate the general public regarding SRH. Majority of the participants agreed that the best way to give information was face to face discussions held in smaller groups. Participants stated that such discussions must be gender segregated and information about both the genders must be given to girls and boys. Majority of the participants also stated that SRHE must be included in the national curriculum and offered to all the students equally, regardless of the stream chosen.

Participants noted that health assistants and counselors based in schools could play a major role in educating the students regarding SRH issues. They also stressed on the role that could be played by the MOE in appointing well trained teachers, health assistants and counselors in all schools and stressed the importance of the MOE developing a fair and sound mechanism that will provide a much appropriate salary for these personal. Many of the participants noted that Islam classes were one of the best places to provide such information within the principles of the religion and in an age appropriate manner and that the SRH information should be embedded within the subject to include the most necessary information. The participants also stressed upon the importance of having experts of the field to deliver the information to the public. Respondents also stated that the public health sector needs to take an

initiative and play a more important role in conducting more effective awareness campaigns.

Participants noted that media was another medium for educating young children on SRH with another group mentioning that the use of cartoons was an effective avenue as almost all children reacted positively to the messages given in them. TV and radio programmes were seen as beneficial for children and adults alike, but all participants were of the opinion that the content of these programmes had to be age appropriate. Some participants also highlighted that educational documentaries such as those from National Geographic Channel would also be vastly beneficial when trying to use media in educating the public towards the benefits of SRH awareness.

Many respondents also felt that parental awareness seminars and workshops would lead to beneficial changes in regard to awareness within the community, especially among the children. Participants stated that the bond between the parent and the child would become stronger and that the parents would be in a better position to educate and answer the queries of their children effectively. In fact, most of the participants expressed their belief that the prime responsibility of educating the youth about the issues regarding SRH should fall on the mothers.

All of the participants from FGDs stated that the most important action would be to establish a facility or centre specifically to give SRH services and information for the communities. They suggested that such a Centre could be established inside each hospital or separately but noted that at least one such Centre should also be established in each atoll.

10.3.2 Access to Health Services

The lack of availability of health services or health facilities was one area where a consensus was reached among all the participants in these discussions. Participants in general were not happy about the quality of health services provided in their islands, and this opinion was more prevalent among those who were living in the islands. Almost all participants from the islands complained that they are not provided with the same quality of health services that were provided in Male'. Participants from 7 of the 11 selected islands stated that most of the time there were no doctors in their islands. One major complaint was that they did not have easy access to a Paediatrician or a Gynaecologist in their island or in some cases within the atoll and some participants further explained that in case of any emergencies or serious health issues, they always had to travel to Male' to get access to medical services. Complaints were made on the lack of transportation provided for patients, especially when they have to travel to Male' even with the help of *Aasandha* (health insurance scheme in the Maldives). Majority of these participants stated that they either had to hire a launch (speed boat) which was costly or wait for the ferry, if they cannot afford to hire a speed boat. Many reported that in case of emergencies, some patients died before they were able to get the proper medical attention.

Many reported that in case a qualified doctor did come to serve in the medical centers in the islands, they were either transferred to the larger islands or often leave without an explanation. They stated that this was the same for trained teachers and qualified nurses. This was a major concern for most participants as they are often forced to wait for another doctor to be assigned to these health centers, which according to them may take many months. A participant from the parents FGs stated:

“If a good doctor is ever assigned to an island the authorities will find one way or another to take that doctor away to a bigger island.”⁵¹

Regarding SRH services offered in these centers, a majority of the participants remained unhappy about the quality of the services and facilities available in Maldives. Participants stated that there was a general mistrust towards doctors and their qualification based on highly publicized accidental deaths of pregnant women and babies under their care during the past few years. Participants also expressed feelings of mistrust towards the hospitals, and their general facilities. This issue was mainly raised by the participants from the islands, stating that they do not have easy access to a Gynaecologist or a Paediatrician during child birth. In most cases, pregnant women had to travel to Male’ or, to the capital island of that atoll, if they had a Gynaecologist. Participants complained about the lack of assistance from the General Physicians and nurses at the health centers in giving them information regarding SRH issues. They explained that most were uncooperative or had little knowledge regarding these issues. Due to this it was discussed that families often have, to save a lot of money for travel, rent, medical treatment and the whole child birth process months ahead of the due date.

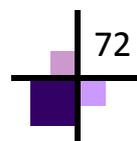
Respondents noted that traveling to other islands or Male’ for such cases is a huge burden especially for those who cannot afford it. Given the higher accommodation costs in the capital city Male’, many stated that it was not something that everyone can do. In those cases, where the family or the women had no means to travel to where facilities were made available, it was explained that they had to give birth in the health centers with the assistance of unskilled nurses and midwives who not only lacked the experience or the

⁵¹ Parent FGDs

license but in some instances lacked the midwifery kit needed to help with the process. The cases of accidents and unexpected situations where women had died trying to give birth at home or with the assistance of nurses who are not trained for child birth were discussed. The lack of availability of general anesthetics and the poor quality of general hygiene in health centers was also a major concern for these patients as the health centers are usually not equipped to deal with such cases. Additionally, many stated that there were few islands where they had good labor rooms, modern equipment and facilities which were unused because the centers did not have a Gynaecologist, Paediatrician or trained doctor or nurses to use the facilities.

Participants from Male' also complained about the quality of health services, especially SRH. Majority of the participants stated that a huge number of the population now depend on medical facilities provided by neighboring countries such as India and Sri Lanka and a large percentage of the female participants stated that they would prefer to give birth in Male' or in another country depending on their financial stability. Those participants who stated that they would not give birth in Male' stated that they do not trust the qualification of the doctors and facilities available in the hospitals. Over one third of the participants stated that they cannot confidently rely on the medical examinations and test results provided by the hospitals, as many of them have faced with delayed diagnosis, misdiagnosis and wrong prescriptions being given by the hospitals.

Medical malpractice and the unprofessional demeanor of some doctors, nurses and health workers was also a topic discussed by these groups. The issue which was most prevalently discussed among the groups was the issue of the trust in the health care personals and the inability of these institutions to keep medical information confidential. Instances were recalled by some



women where some nurses and health workers who confirmed their pregnancy in the health center have called and informed the patient's friends and neighbors before the patient could reach home from the appointment. Participants also claim that the local nurses in the islands are well known to gossip and share personal information of patients with their friends and such information, especially in small communities like the islands, does not take long to spread and the participants claimed that they have often faced ridicule due to this. One participant noted:

"My sister went to the health center to get her pregnancy test results, she checked it for herself and rushed home to tell her husband and family, first. When she came home, half the neighborhood was at her door talking about it."⁵²

In addition, majority of the participants voiced their unhappiness about the lack of availability of prescription medication in the islands. They expressed that although islands usually have at least one pharmacy for basic medications, these pharmacies were usually privately owned businesses and hence the price of medication was often much higher when compared to that in Male'. Many also stated that medicines were usually out of stock and participants complained that the pharmacies often remained closed. Due to this, participants noted that they were often forced to bring the medicines from Male' with the help of friends or family members. Some of the participants also stated that they were in the habit of bringing medicines from abroad and that they usually kept a stock of the basic medicines such as cough syrup and painkillers at home. A participant stated;

"We can never get some of the medicines we really need from Aasandha such as the diabetic or blood pressure medicines. They are the most needed and they are sold very expensive."⁵³

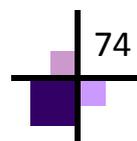
⁵² Youth FGDs

⁵³ Parent FGDs

A majority of these participants noted that ever since the *Aasandha* policy changed, they had been unable to get the necessary medication from the pharmacies in their islands. Additionally, they complained that even when the medicine was available in the private pharmacies, these facilities do not release medicine under *Aasandha* and that a few clinics and pharmacies also restrict the availability of vital but often used medicines such as medicines used for diabetes and blood pressure. Furthermore, many participants stated that the exact brand of medicine prescribed to them by the doctor would usually not be available in the local pharmacies and that the pharmacists would try to sell them another brands which the participants believed were cheaper versions of the medicines sold at a higher rate.

Participant's responses varied about the kind of information offered to them regarding family planning, contraception and other reproductive and sexual health related information in their islands. Respondents stated that basic information is provided at the health center of Public Health unit upon request and leaflets are also provided on some of the issues. However, participants from some islands claimed that information about contraception and family planning is only given to the married couples and that unmarried couples do not have access to the information even upon request. They noted that such restrictions should not be practiced in the current environment where it is well known that couples do have physical relations before marriage and that refusing these couples access to these measures will lead to unwanted pregnancies and attempts at abortions which may have more serious consequences.

Nevertheless, participants also mentioned that the health services can be made much better with a well-planned health policy, provided that the government was willing to do so. They believed that *Aasandha* needed to be



reviewed and further stated that major changes need to be brought to its services as well. Apart from this, participants also expressed their concerns regarding the qualification of doctors selected to work in the Maldives and opined that the process of screening must be made more strict. In addition, they discussed the need to create an appropriate pay structure and expressed that doctors must be given a higher wage so that the best and most qualified doctors can be brought to the Maldives.

10.3.3 Peers and Parents

Peers and parents play a huge role in what a person learns, acknowledges and believes in life. In some societies, parents, family members such as sisters and brothers and friends are an influential source of knowledge for children and youth. They become the role models who can shape a young person's awareness of gender roles and strongly influence the choices these youngsters make about their sexual behavior. Family and friends usually have the power to show children and youth how to develop skills, and the basic life experiences. Yet, in almost all the societies educating children and youth about SRH is not a task that parents or any family member find easy.

Almost all of the participants stated that they have either heard or learned some information about SRH through a friend or from their parents. While most of the participants stated that they received information on such issues from a friend, there were also a number of participants who were given the information by a parent. In most cases it was the mother who played this role and in some cases the father had also taken the initiative to give information to the boys.

Majority of the female participants stated that they have received information and help from their mothers in dealing with issues related to SRH. Apart from a handful of students, all of the female student participants confirmed that

they were given information about menstruation and puberty by their mothers or an elder sister. However, they also stated that in most cases this information was only given once they have had their first periods. Participants recalled this as a traumatic and shocking experience as they were unaware of this change and many expressed that they would have preferred to have been made aware of it before the incident. Some participants also shared that they came to know about puberty and periods from their friends who have already gone through the experience. Almost all the participants were able to identify the changes girls go through during puberty, but it is to be noted that very few of them were aware of the changes that boys go through during this time.

On the other hand, boys of this age stated that they did not know much about puberty and that no one really told them or prepared them for the changes that occur during this phase in their life. Few boys shared that they knew about the process and were aware of the changes that would take place from discussions with their friends who have already gone through it. Participants also mentioned that due to the uncomfortable nature of the topic, they were hesitant to ask for information from either of their parents. Male participants, especially the student groups, mentioned that boys are usually more easily overlooked by parents when it comes to giving out such information. Participants stated that it was usually the mother who would talk about such issues and try to give information on such matter to the youngsters. However, since mothers usually paid more attention to the girls in the family while giving information, boys usually turn towards their friends to gain information about these issues. It was surprising to note that only five among all the participants mentioned that information about puberty and the changes during this time were given to them by their father or a brother. The rest of these participants

had either talked among their friends or searched for information on the internet.

Almost all participants stated that they would shy away from asking their parents for any information if they can get the information from other sources. However, if any problems related to such issues arose, majority of both the male and female participants agreed that they would share it with their family members first, while a few participants stated that they would prefer to share it first with a friend. A participant stated:

“I wouldn’t dare even ask my parents about puberty, let alone tell them I am having any changes in myself. It is a disgusting topic and very embarrassing.”⁵⁴

It was noted that most parents felt uncomfortable talking to children about SRH. One factor that can promote such hesitancy may be the lack of parental knowledge about related information. Many parents agreed that they worry about what and how much information to give to their children. Most of these worries are based on a belief that providing children with this information would increase their involvement in physical relations before marriage. Majority of the parents stated that they themselves did not receive information on SRHE and therefore admit that they shy away from actively educating and giving information to their children about these issues. Unfortunately, many parents failed to realize that by withholding such information and avoiding questions asked by their children would only send their children negative messages about such issues.

Even though most of the parents agreed that SRHE must be provided to school children, there were also those few who didn’t agree. Majority of those who believed that SRHE should be provided in schools stated that the best age to

⁵⁴ Student FGDs

give this information to both girls and boys would be starting from the age of nine as this was the age where some of the girls and boys would reach puberty. Others believed that such information should not be given to children, stating that it should be only given to adults. When asked about how and who should give this information to the children, all the participants agreed that a mother should give the relevant information to their daughters while the fathers did the same for their sons. This group also included the students who strongly stated that SRH information should be given by their parents first, and it should be followed up with more information from the schools.

Participants further stated that when the information they needed was not provided, young people will seek information from their peers, by observations and through the media. This can usually lead to misinformation, which in turn could make them more vulnerable. However, there were a number of participants who believed that peer assisted learning would be a good way to deliver information to people of all ages.

11. CONCLUSION AND RECOMMENDATION

Conclusion 1:

The Maldivian youth comprises of over one third of the population of the country and most of these youngsters do not have access to appropriate information about SRH. Majority of the adolescents who participated in this research remained unaware of the most basic information regarding SRH and this could also be said to be applicable to the rest of the adolescent population.

Among the student population, Commerce and Arts stream students were at a disadvantage in accessing information related to SRH. Therefore, special attention need to be given to include all students in SRHE programmes, regardless of the educational stream chosen.

Recommendation 1:

Ministry of Education

1. Incorporate SRHE as a separate module within the Life Skills programme.

Conclusion 2:

Lack of materials and information on SRH within the school syllabus has drawn adolescents to seek information from other sources, which may turn out to be inaccurate and inappropriate.

Recommendation 2:

Ministry of Education

2. Develop and publish learning materials with SRH components for primary and secondary grades, that are age appropriate.

Conclusion 3:

The participants believed that there were limited or no sources of information within the community and are generally unsatisfied with the availability of information regarding SRH issues. Almost all participants believed that most people were unaware of the services that are already available at the Reproductive Health Center at IGMH since the advocacy of it is low. They also believe that not everyone who wants the information will be comfortable in approaching the Center for information since their services are currently advocated for pregnant women and married couples. Majority of the participants believed that there must be a specific place to provide SRH information and services.

Recommendation 3:Ministry of Health

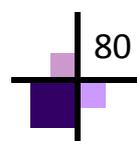
- 3.1 Develop a constructive plan and allocate budgets to setup SRH clinics in existing health centers and hospitals in every atoll to provide easy access to SRH services and information.
- 3.2 Emphasize on training at least one health care professional in each island to provide basic information on SRH.
- 3.3 Advocate the availability of SRH services and information to the general public.

Ministry of Youth and Sports

- 3.4 Revise and revive the work of the Youth Health Café.

Ministry of Islamic Affairs

- 3.5 Develop a constructive plan and allocate budgets to provide information and awareness on SRH related issues from an Islamic perspective.

Ministry of Family and Gender

- 3.6 Develop a constructive plan and allocate budgets for advocating, information about the existing services related to SRH.
- 3.7 Ensure that the Family and Children Service Centers (FCSC) in the atolls, carry out effective advocacy programmes and provide educational materials on SRH.

Conclusion 4:

Participants were generally unhappy about the quality and quantity of health services provided, especially on SRH related issues. Most complaints were regarding the unprofessional services and the lack of confidentiality regarding SRH issues which may force individuals to face ridicule from the rest of the community.

Recommendation 4:

Ministry of Health

- 4.1 Introduce SRH services which are more inclusive, accessible and affordable.
- 4.2 Plan and work towards increasing awareness among medical personnel on the importance of confidentiality.
- 4.3 Strengthen the monitoring mechanism to ensure the medical practices are aligned with medical ethics.

Conclusion 5:

One of the main concerns raised by students was the issue of teachers hesitating to explain or answer their questions regarding SRH issues. Participants complained that while some teachers were open to discussions and were ready to clarify misinformation, others tend to avoid, ignore or get angry when faced with such questions. This problem was more prominent in Islam classes where some SRH related topics were taught. However, students stated that the subject does not cover the most important aspects of SRH from an Islamic perspective.

Most of the participants, including majority of the parents, suggested that including SRH information in the Islam module will be in the interest of everyone.

Recommendation 5:

The Ministry of Education in collaboration with the Ministry of Islamic Affairs

5.1 Incorporate SRH related topics in the Islam module.

5.1 Conduct training programmes for the Islam subject teachers on the importance of SRH and the delivery of information to students.

Conclusion 6:

All participants stressed on the importance of having a student counselor in all schools and acknowledged that this was an essential service. The availability of professional counselors that the students can turn to when they require delicate information will be beneficial for the entire community.

Recommendation 6:

Ministry of Education

6. Budget for the training of student counselors, in all schools.

Conclusion 7:

Participants from the NGO FGDs stated that they could play an important role in providing SRHE to the general public. Their main concern was that they do not receive the adequate funds, support and materials that they would need to carry out such programmes. They highlighted that if the Government established a policy on recruiting and funding NGOs to conduct such programmes, it would be more cost effective as NGOs would have more man power and time to really commit to such issues.

Recommendation 7:Ministry of Home Affairs in collaboration with the Ministry of Youth and Sports

7. Draw an action plan to recruit NGOs and youth groups to conduct SRHE programmes in the Maldives.

Conclusion 8:

The Commission believes that the general public need to be made aware of the existing SRH services, information and service providers. Student participants stated that the general public prominently relies on the media and social network for information regarding SRH issues. However, there were some participants who believed that the media also does not cover much information on SRH issues and problems, while some stated that the information obtained in this manner was inaccurate and age inappropriate.

Recommendation 8:The Ministry of Education

- 8.1 In collaboration with school managements must conduct awareness campaigns and advocacy programmes for parents about SRHE.

Public Service Media (PSM)

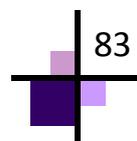
- 8.2 Ensure that relevant educational programmes regarding SRH are created and aired.

Maldives Broadcasting Commission and Maldives Media Council

- 8.3 Incorporate SRHE information in the training programs conducted for media personnels.

Human Rights Commission of the Maldives (HRCM)

- 8.4 Conduct awareness and advocacy programmes for students, parents, education and health care professionals on SRHE.
- 8.5 Ensure that relevant educational and awareness programmes regarding SRH are created and aired on various media outlets.



It is important to note that when it comes to SRHE, it is not the sole responsibility of one entity. Rather, it is the responsibility of all relevant authorities to take the initiative to identify the problems at hand regarding SRHE. Furthermore, there is the need for all relevant authorities to work together in collaboration with NGOs, and international partner agencies to achieve positive results.

As mentioned in the recommendations, it is imperative for the relevant stakeholders to put a special emphasis on including SRHE related activities in their work plans or action plans. Institutions also need to allocate sufficient budget to carry out these activities. Moreover, it is vital to carry out advocacy and awareness campaigns to promote the existing SRH services and information sources to the general public. Also, appropriate intervention and prevention mechanisms need to be established within the relevant authorities. Furthermore, these activities need to be monitored and evaluated in a periodic manner to increase and enhance the effectiveness of the programmes.

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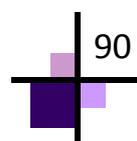
Annex 1: List of School that participated in the FGDs

1. Billabong High International School
2. Hiriya School
3. Galholhu Madharusa
4. Madhrasathul Arabiyya
5. Dharumavantha School
6. Alif Alif Atoll Education Centre
7. Ukulhahu School
8. Haa Dhaal Atoll Education Centre
9. Haa Dhaal Atoll School
10. Meemu Atoll Education Centre
11. Meemu Atoll School
12. Un'goofaaruu School
13. Raa Atoll School
14. Seenu Atoll Education Centre
15. Seenu Atoll School
16. Education and Training Centre for Children (ETCC)

Annex 2: List of Stakeholders

- a) Education Ministry
- b) Health Ministry
 - i) Center for Community Health and Disease Control (CCHDC)*
 - ii) Reproductive Health Centre (IGMH)
- c) NGOs:
 - i) Society for Health Education (SHE)
 - ii) Youth Health Café
- d) Police
- e) UNFPA
- f) WHO

*Now named as Health Protection Agency (HPA)



Annex 3: Demographic form



انسانی حقوقوں کے قومی کمیشن

2012 میں جمع کیے گئے تمام افراد کی معلومات کا نمونہ

1. جنس: _____
2. شہریت: پاکستانی غیر پاکستانی
3. شہریت: پاکستانی غیر پاکستانی دیگر شہریتیں
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10. شہریت: _____
11. شہریت: _____



HUMAN RIGHTS COMMISSION OF THE MALDIVES

Ma.Uthuruvehi, 5th Floor, Keneree Magu, Male', Maldives, **PHONE:** 333 6539, **FAX:** 333 8658

EMAIL: info@hrcm.org.mv, **WEBSITE:** www.hrcm.org.mv



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