



Gender analysis on SRH and climate resilience

Madagascar - ANOSY and DIANA regions

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Stella Harivola

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Introduction

1. Introduction and justification

In the current context of global climate change, the crisis situations induced by this phenomenon affect women and girls much more, increasing their vulnerability and reducing their capacity for adaptation and resilience. Giving girls and women a choice in sexual and reproductive health supports their resilience to cope with the shocks and stressors caused by climate change. This is why the ASPIRE programme aims to *"increase the resilience of communities affected by climate change through integrated sexual and reproductive health, conservation and livelihoods programmes"*.

This programme will be implemented in 3 countries including Madagascar, with the support of several partners including Marie Stopes International, Care International UK, Blue Ventures, ThinkPlace and Itad. The programme takes an innovative approach using the Population, Health and Environment (PHE) approach, which aims to "build resilience through integrated approaches to sexual and reproductive health, climate change and population, health and environment". As this combination is uncommon in the development community, the idea is to have a broad range of evidence on how SRH decision-making contributes to the effort to build resilience to climate change.

2. Objectives of the study

2.1. General objective

After two years of co-creation with partners, the project is currently in its launch phase, in which a gender analysis will be used to inform key project decisions and refine planned activities. The overall aim is that this analysis will provide recommendations for the design of project activities to ensure that the intervention respects the 'Do no harm' policy, and takes into account the deeper reasons and influences on people's behaviours and choices regarding SRH and resilience.

2.2. Specific objectives

The conduct of this gender analysis aims to provide answers to the following questions:

- What are the social, cultural, financial/economic, logistical and behavioural dynamics that influence access to sexual and reproductive health rights - in particular social norms for people of all genders?
- What opportunities exist to improve information sharing, access to services and materials for people of different genders and ages to meet their SRH needs?
- How SRH norms interact with gender attitudes and social norms; and how these impact on the ability of people of all genders to build resilience (e.g. access to land and resources, economic decision-making, paid and unpaid work, etc.)

3. Presentation of the geographical area

3.1. Site selection

Madagascar has a rich biodiversity that is threatened by cyclonic activity and drought, events whose magnitude and frequency are expected to increase with climate change. The choice of sites was therefore influenced by these different characteristics, especially as Madagascar has the particularity of presenting different social and cultural contexts in different regions.

The first zone concerns the arid and semi-arid region of southern Madagascar. It concerns the district of Amboasary Atsimo, in the South-East of Madagascar, which is strongly affected by recurrent food insecurity due to the drought and lack of rainfall that prevail there. Two rural communes in the district of Amboasary Atsimo were chosen: Tanandava and Sampona. The criterion for selecting the areas in the south was the existence of climate resilience projects already developed there. And according to the investigation of Marie Stopes Madagascar (MSM), several interventions of NGOs and UN agencies are already developed there.

The second area is the Madagascar Wetland Conservation Area, which is rich in biodiversity. Food insecurity is lower but the area is more exposed to massive deforestation of forests and mangroves and to cyclones with its coastal zone. This is the area in the north-west of Madagascar, located more precisely in the Tsimipaika Bay, in the town of Ambanja. The selection of the site was based on the programme's desire to build on existing PHE approaches that reflect the inextricable link between people and the ecosystems they live in. In addition, Blue Ventures is already based there and developing programmes, while Marie Stopes Madagascar has also established FP service delivery activities.

3.2. Amboasary Atsimo: area in the southeast of Madagascar

Amboasary Atsimo is located in the Anosy region, which is in the extreme south-east of Madagascar. The Anosy region consists of three districts: Amboasary-Sud, Betroka and Taolagnaro (Fort Dauphin in the French appellation) which is the chief town of the region. Amboasary Atsimo is the chief town of the district, with a total area of 10,173 km², and includes 16 communes and 285 Fokontany¹. Amboasary Atsimo is bordered by the Mandrare River, which is its main source of water supply. It is also the centre of a sisal-producing region which makes up most of its cultivable area. Two rural communes were selected in Amboasary Atsimo District, including Tanandava Sud and Sampona, which are located on the southern coastal areas. From Antanandava, it is possible to reach the shore of Lake Anony (25 km south-east of Amboasary), a vast body of salt water that is a breeding ground for fishing.

¹ The fokontany is an administrative subdivision of the commune comprising hamlets, villages, sectors or districts.

Figure 1: Map of Amboasary Atsimo District



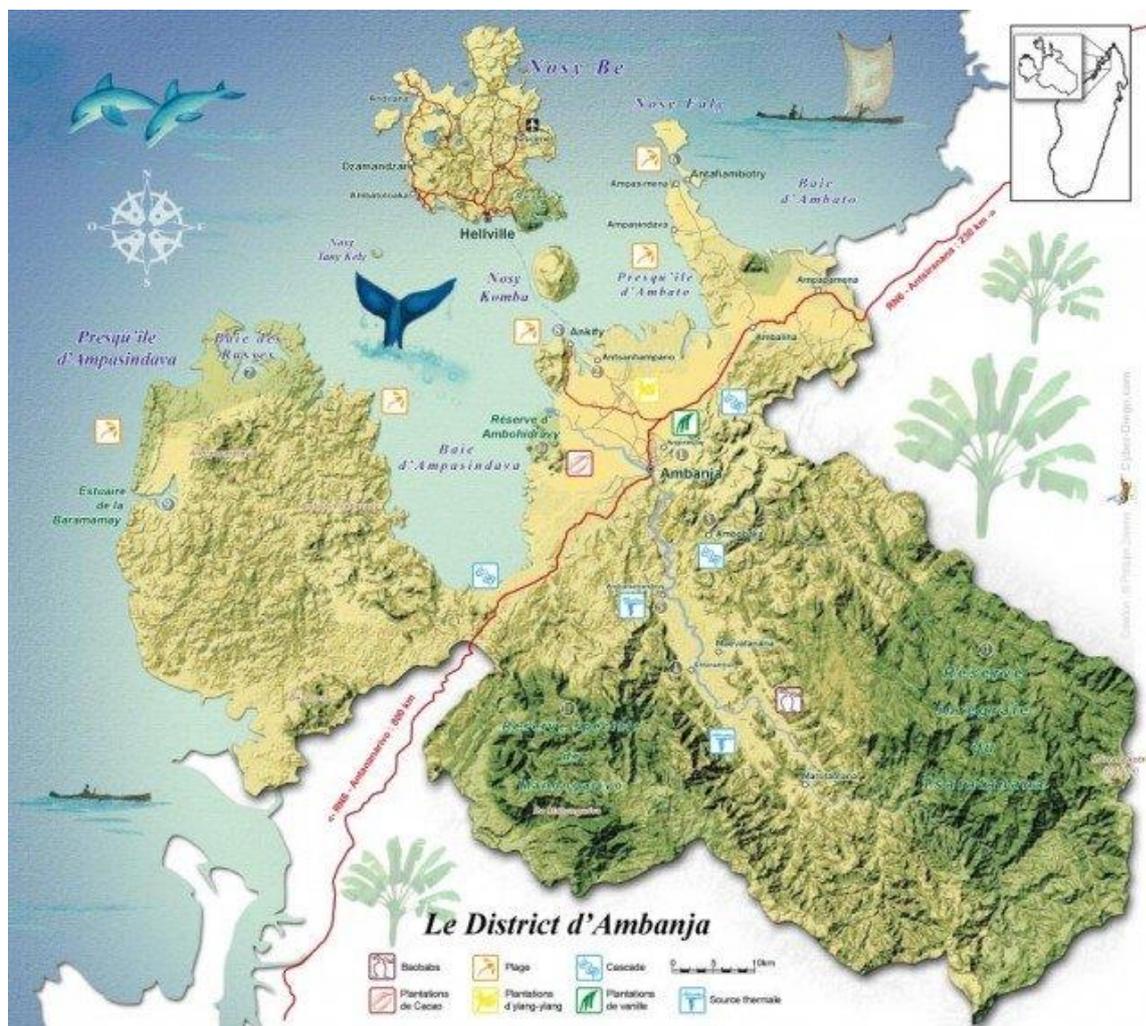
Source: Zoom on Anosy, Fort-Dauphin.org

Hyperlink: <https://sites.google.com/site/tolagnaromada/fort-dauphin/zoom-sur-l-anosy>

3.3. Ambanja: area in the northwest of Madagascar

Ambanja is located in the DIANA region which is in the extreme northwestern part of Madagascar. The DIANA region is composed of five districts which are Antsiranana I and II (Diégo Suarez in its French name) which is the chief town of the region, Ambanja, Ambilobe and Nosy Be. The total area of Ambanja is 6,146 km², and it is composed of 23 communes and 177 Fokontany. The hydrographic network of the DIANA region is composed of three main rivers: the Mahavavy, the Sambirano, from which Ambanja draws its water needs, and Ramena. Ambanja is the **commercial and cultural centre** of a highly agricultural region thanks to its tropical climate, which allows the production of rice, coffee, cocoa and vanilla. Tsimipaika Bay, the intervention zone of the NGO Blue Ventures, was selected for the study in the North. It is located in the BATAN zone (Ampasindava, Tsimipaika, Ambaro, and Nosy Be bays), which is known for its underwater wealth and exceptional biodiversity, consisting of mangroves and coral reefs. Unfortunately, data collection in the field could not be carried out due to the health situation, linked to Covid-19. Data collection was based on secondary data analysis and supplemented by individual remote interviews.

Figure 2: Map of Ambanja District



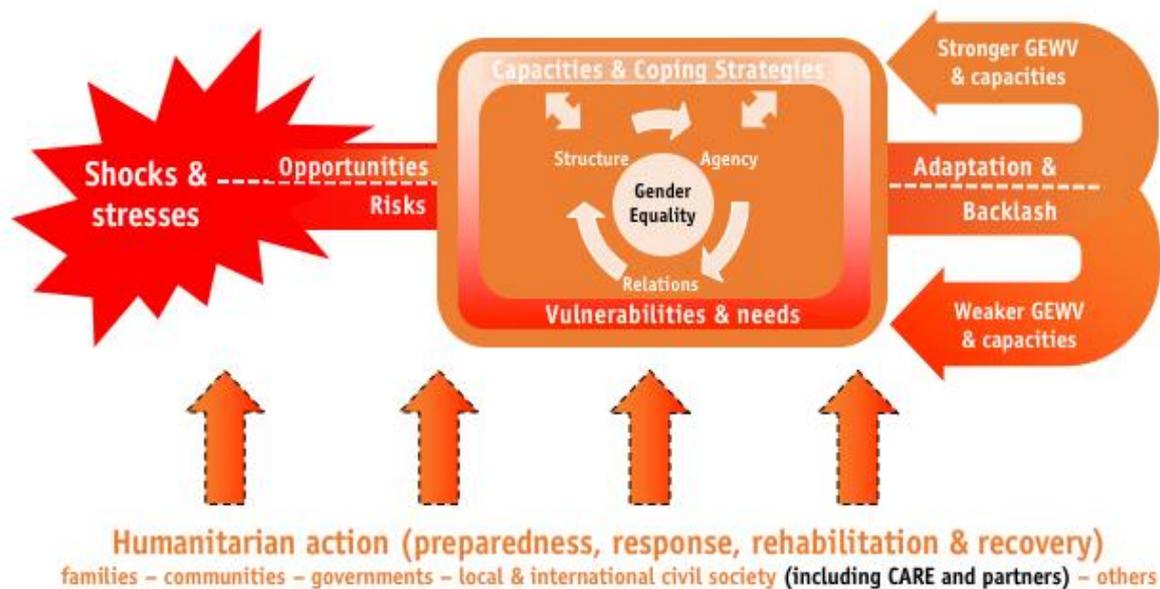
Source: La Tribune de Diego et du Nord de Madagascar, Press article of 28/07/2012
Hyperlink: <https://latribune.cyber-diego.com/l-actualite-du-tourisme/704-la-vallee-du-sambirano.html>

4. Methodology of the study

4.1. Theoretical framework of the study

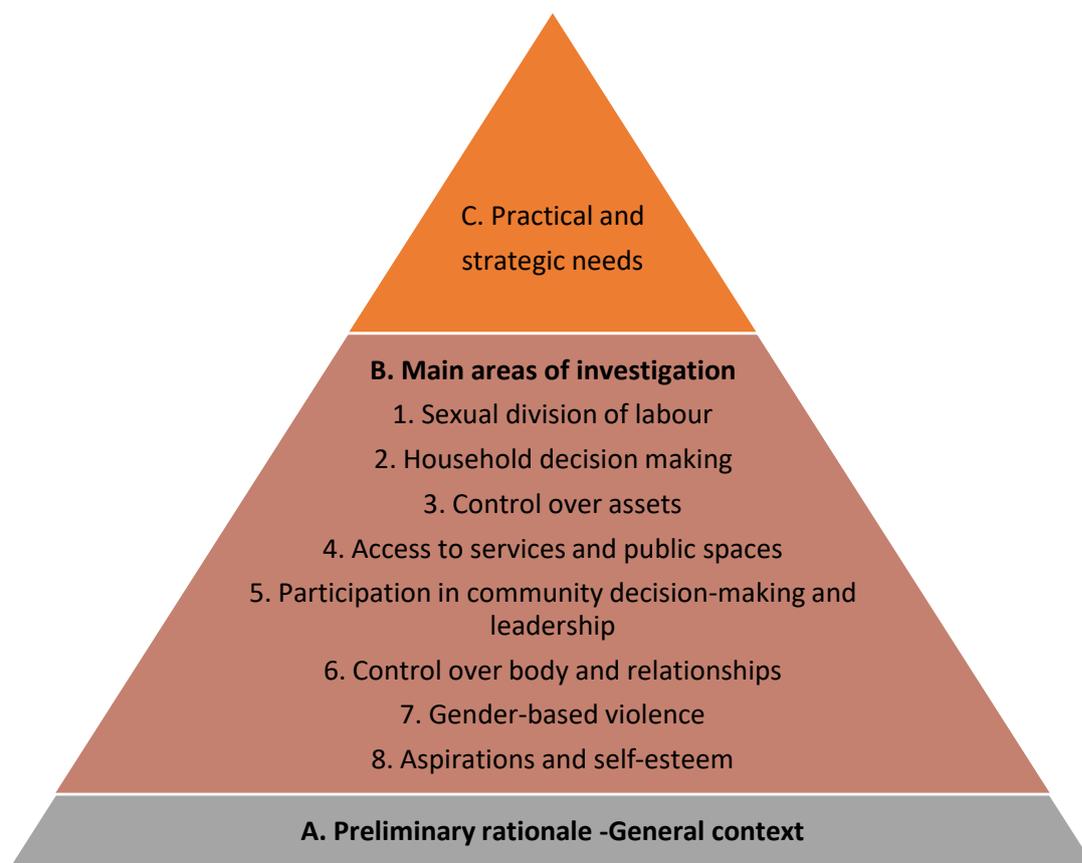
In order to answer the questions posed by the specific objectives, the gender analysis will use the gender analysis framework developed by CARE in 2019, based on a Strategic Impact Survey (SIS) on gender in emergencies that aims to explain how gender interacts with crisis and resilience. For CARE, gender and power dynamics interact inextricably with people's capacities, coping strategies, vulnerabilities and needs over time, in the face of a shock or crisis, in the emergency response and recovery phases, as shown in the figure below.

Figure 3: Gender analysis framework



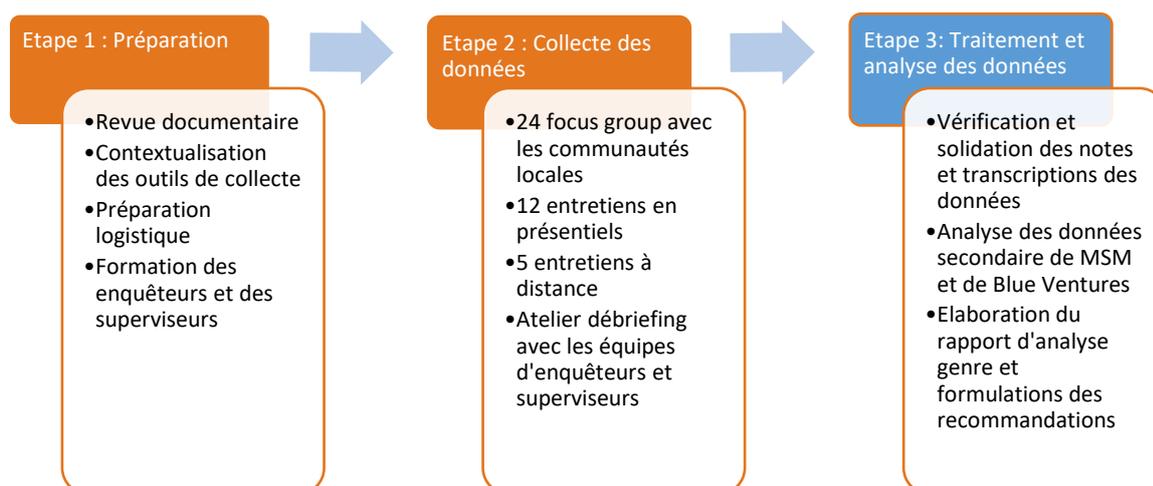
Thus, CARE has articulated eight areas of enquiry which this study will address one by one. For each area, it is necessary to address issues of agency (e.g. knowledge, skills, trust, etc.), structures (e.g. policy, infrastructure, norms, values, etc.) and relationships (e.g. negotiation, alliance, equity, etc.) that are linked within each area of enquiry.

Figure 4: Areas of enquiry of the gender analysis framework



4.2. Operational approach of the study

The gender analysis study took place over a period of 3 months, from February to April 2021, with the following operational approach, which is divided into 3 stages



3.3.2 Step 1: Preparation

Literature review

The conduct of the gender analysis first required a literature review to strengthen knowledge and inform thinking about the research questions. This review was essentially based on the analysis of:

- Project documents related to the programme
- Study reports related to gender analysis themes
- Internal consortium resource documents (CARE UK, MSM)
- Scientific Journals
- Press article

Contextualisation of collection tools

Although the collection tools were developed by CARE's gender expert, it was necessary to adjust them to the Madagascar context. This stage also provided an opportunity to become familiar with the collection tools and to hold scoping meetings with CARE to agree on the understanding and purpose of the research questions.

It should be noted that the translation of the tools into Malagasy was necessary to facilitate the use of the tools by the survey teams. However, the translation of the data collection tools was not carried out by a translator until after the data collection in the south, and the survey team in the south was not able to work on this version. However, the training provided an opportunity to explain in detail the meaning of each question and their purpose.

Organisation of the collection

The organisation of the data collection mainly consists of mobilising the resources needed to carry out the study, i.e. the recruitment of interviewers and local supervisors, the selection of collection areas, the transport of materials, accommodation and travel for the teams in the field.

Training of investigators and supervisors

In order to ensure the understanding and use of the collection tools, it was necessary to train the interviewing teams and supervisors. This training also aimed to familiarise them with the key concepts and notions around gender and SRH and resilience issues.

The training took place over 5 days, although it was originally intended to last 4 days. Indeed, the novelty of gender analysis and the data collection tools in French necessitated an extension of the training period in order to translate and explain them correctly. Simulation exercises were organised to ensure proper understanding and use of the tools, as well as to adjust or rectify certain questions in the tool.

3.3.3 Step 2: Data collection

Data collection method

This study is based on a qualitative method that brings together individual interviews and focus group tools developed by CARE to ensure data collection.

➤ **Individual interviews with key persons**

These are semi-structured interviews that provide an opportunity for people to discuss in more detail the realities and circumstances faced by key populations. Discussions focus on current norms and dynamics related to access to SRH and resilience.

➤ **Focus group with local communities**

The focus group is a semi-structured group interview technique that aims to collect information based on a limited number of questions. The focus groups used are based on six collection tools that CARE has developed.

- **Tool 1: Social Mapping**

The use of mapping was the first step in identifying the differentiation of communities by gender, age, ethnicity, livelihoods, etc. and the existing resources in the locality. The mapping made it possible to represent the territory from the individual and collective vision of the local people and to enhance their knowledge. A copy of the map was given to the mayors of the rural communes of Tanandava and Sampona in case the local populations wish to consult it or in the interest of future interventions in the territory.

- **Tool 2: Seasonal calendar**

This tool has allowed the study of changes in livelihoods at different times of the year. The tool also allowed the identification of rainy and dry seasons. The objective was to explore livelihood activities for women and men in each season, marriage seasons, climate changes/disasters that have occurred and coping strategies. The areas of investigation include the sexual division of labour, control of assets, access to services, control of the body and relationships.

- **Tool 3: Who does what? Who controls? Why do they do it?**

The tool provided information on the actual division of labour between men and women in the project area using picture cards to be distributed among the participants. The tool also provided information on who makes decisions within the household and at the community level, as well as on SRH decisions. The areas of enquiry included division of labour, decision-making within the household, participation in decision-making and community leadership, control of assets, and control of body and relationships.

- **Tool 4: Access to services and decision making**

The aim of this tool was to explore the different decision-making mechanisms at community level in order to identify which services and groups are accessing and being excluded from services (e.g. SRH services), and why. This meant identifying strategies adopted by those categories of people who do not have access to services. The areas of investigation were participation in decision-making and community leadership and access to services.

- **Tool 5: Social norms**

Social norms define what is socially acceptable by distinguishing between behaviours and attitudes that are in line with expectations and those that are considered deviant. The objective of this tool was to identify social norms that impact on sexual and reproductive health and resilience, with the aim of exploring perceptions and understand the normative barriers to accessing health, exercising rights and building resilience. The areas of investigation were

cross-cutting as they explored the results of previous focus groups to identify dominant norms. Thus, three social norms were identified to conduct the focus group:

1/ *"The purpose of marrying is to have children"*, meaning that children are an asset

2/ *"It's always the men who make the decisions"*.

3/ *"In times of famine, it is the women who sacrifice themselves"* for the men's focus group or, *"in times of famine, it is always the men who sacrifice themselves"* for the women's focus group.

Once the standards had been discussed, participants were asked about the evolution of the standards, in particular to identify which standards have evolved the most.

- **Tool 6: Problem tree**

The purpose of this tool was to prioritise key SRH and resilience issues and deepen understanding of the root causes that perpetuate the main problem. It should be noted that this tool was not used in the data collection itself but during the debriefing workshop with the survey teams and supervisors.

➤ **Debriefing workshop with teams of investigators and supervisors**

The debriefing workshop with the interviewers and supervisors took place at the end of the data collection in Amboasary, once all teams had returned to Fort Dauphin. The objective of the workshop was to highlight salient problems during the data collection and to organise them around a problem tree in order to identify root causes related to gender, social norms and beliefs, and power relations. These three issues were each the subject of a problem tree and a consequence tree.

Three main issues stood out, namely:

1/ Lack of rain

2/ The preponderance of local customs and traditions

3/ Lack of health infrastructure

Data collection process

In the south, data collection took place over 6 days, including 3 days of participant selection and 3 days of data collection. In total, there were 24 focus groups that targeted men and women from different social and economic categories, age, marital status and abilities (disability). The focus groups were single-sex and each group consisted of 8 men and 8 women. In total, the focus groups targeted 96 people in the rural communes of Tanandava and Sampona.

Table 2: Distribution of the focus group target population by gender, age and status

	Men	Women
[13 - 18[06	07
[18 - 30[10	13
[30 - 50[20	15
50 and over	12	13
TOTAL	48	48

Table 1: Distribution of the focus group target population by gender and status

	Men	Women
Teenager	06	07
Newlywed	10	10
Married aged	15	11
Single parent/separated	05	12
Disabled person	06	05
Widow(er)	03	03
Polygamist	03	00
TOTAL	48	48

Table 3: Distribution of focus groups in the rural communes of Tanandava and Sampona

Collection tools	Tanandava	Sampona
Mapping	X	X
Seasonal calendar		X
Who does what? Who controls? Why do they do it?	X	
Access to services and decision making		X
Social norms	X	

The individual interviews targeted 12 key persons, including health providers, local leaders (mayor, chef de fokontany, association/group president), government staff and WFP staff. The table below shows the distribution of collection tools in each commune. Only the mapping tool was used in the two communes. The lack of time and logistical organisation did not allow the five focus groups to be carried out in each commune.

Table 4: Distribution of individual interviews in the South

	Men	Women
Community Leader/ Religious	1	3
Mayor/Head of FKT	3	
Health care provider	1	2
NGO/UN/State staff	2	
Total	7	5

In the north, given the impossibility of visiting the site, data collection was based on individual remote interviews and the review of secondary data from projects implemented by Blue Ventures on site and from the Rasmussen study that was carried out by Marie Stopes Madagascar in 2020. This was complemented at the same time by individual remote interviews with key people on site. In total, there were 5 individual interviews with staff from Blue Ventures, the NGO HELVETAS, local leaders and a health provider from MSM.

3.3.4 Step 3: Data processing and analysis

Once the data collection was completed in the south, the notes taken by the interviewers and supervisors were consolidated to carry out an initial analysis while awaiting the finalisation of the transcripts. The transcripts were made by the interviewers and supervisors in Malagasy and then translated into French by a translator.

To complete the analysis, the raw data from the Rasmussen study conducted by MSM and Blue Ventures was used in the study to inform the social dynamics of SRH and climate resilience. The audio recordings of the individual interviews conducted at a distance were re-listened to, as they were not transcribed, in order to provide as much information as possible for the analysis of the data in the North. Finally, the analysis grid developed by CARE above was used for the data analysis.

5. Limitations of the study

The following points constitute the limitations of the study that need to be taken into account in the gender analysis:

- The loss of data in relation to the transcription and translation of data. First of all, the quality of the audio recordings of the focus groups, linked to interfering noises, inaudible sounds, the difficulty of channelling the words of the participants, etc., meant that some data was lost. Secondly, the inexperience of the interviewers with regard to audio transcriptions, despite training, also had an impact on the data. Finally, the translation of the data from audio transcription into official Malagasy and then into French also contributed to the loss of data.
- The interviewers' lack of experience in qualitative research and gender analysis had an impact on the quality of the data, despite the supervision of the collection and training of the interviewers. Firstly, the interviewers had never carried out a focus group, which meant that the teams lacked coordination between them to manage the discussions, despite the simulation exercises during the training. Secondly, although the questions in the data collection tools were all explained in Malagasy one by one during the training, the interviewers did not fail to introduce bias into the study by formulating the questions and orienting the answers.
- The lack of time dedicated to data collection and the amount of time spent administering the tools limited the possibility of using all the tools in each of the communes in the south. In fact, in relation to the amount of time spent administering the tools², two extra days would have been needed to administer the tools that were not used, in order to complete the inventory of the two communes and to have a general representation of them
- The resurgence of Covid-19 cases in Madagascar meant that data collection in the north had to be cancelled. The analysis of data in the North is therefore limited as some key information could not be captured in the interviews and secondary data.

² The administration of a tool is equivalent to half a day, including travel time, room preparation, set-up, administration of protocols and break time.

Results

1. The sexual division of labour.

Work (salaried or not, market or not) is an important issue in social relations since it organises the division of society. Indeed, this social division of labour is organised on the principle of separation (men's work and women's work) and hierarchisation (men's work is worth more than women's work). Tools 2 and 3 (Seasonal calendar, Who does what? Who controls what?) were used, to find out about the dynamics of the sexual division of labour. Unfortunately, it was impossible to know the division of labour in the northern collection area. These results therefore reflect mostly the dynamics of the South.

1.1. Freedom of decision in relation to work

Figure 5: Men's focus group on "Who does what? Who controls what?", Sampona



The analysis of the focus group results revealed that the allocation of roles within households is determined by the norms dictated by society under the guise of ancestral customs and traditions "*fomban drazana*". The predominance of the latter reinforces the power and perpetuates the superiority of men/boys over women/girls, whose freedom of decision making in relation to work is affected. The division of labour is well defined between men and women. Women perform a double workday by accumulating productive and reproductive work, or even a triple work day if they perform community work. Men perform the productive role by being the head of the family as they are responsible for providing for the household. The roles are thus well established within the society and it is not easy for local people to question this norm without violating ancestral traditions.

1.2. Time available beyond work

This double or even triple day for women has consequences for the time available to them. Indeed, women participate in productive roles such as agriculture. The use of the seasonal calendar has made it possible to find out which tasks are carried out by the sexes and to get an overall idea of the organisation of work, as men and women do not perform the same roles. The following table shows the distribution of tasks carried out in cassava cultivation between men and women, as well as the distribution of time spent on them

Table 5: Gender distribution of work organisation in cassava cultivation in the South

Activities related to cassava cultivation	Who?		How long?	When?
	Men	Women		
Soil preparation	X		1 month	May
Planting		X	4 months	June to Sept
Weed control		X	6 months	Oct to March
Harvest	X	X	3 months	April to June
Storage		X	2 months	July to August

The table shows that women perform more tasks than men, although this is a task mainly dedicated to men according to the focus group results. This division of labour has an impact on the time available for women to earn an income, look after their health or get an education, especially as girls drop out of school to help their mothers. With climate change, women's and girls' workloads are increasing, further straining time that is already burdened by the many roles they must perform. Indeed, activities can be time-consuming due to drought that takes away water sources, or during dry periods, they have to collect cactus as an alternative when there is no grass for the zebu to graze on³. The opportunities for women and girls to become self-sufficient are thus limited, making it difficult to increase their resilience.

1.3. Distribution of productive, reproductive and community roles

In order to know the exact distribution of roles within the community, the participants were asked to prioritise the activities that were important to them and the activities that were most respected. The following table consolidates the focus groups work that was done with men and women.

³ The zebu is a domestic bovid, originating from India. It is a humped ox, which is the emblem of Madagascar and is part of all the stages of Malagasy life (birth, death, consumption, offerings, etc.).

Table 6: Gender distribution of productive, reproductive and community roles

Type of activity	Who does?				Where?	
	Male	Boy	Woman	Girl		
Reproductive role	Fetching wood			X	X	Outdoor
	Fetching water			X	X	Outdoor
	Preparing the meal			X	X	Interior
	Going to the market			X	X	Outdoor
	Childcare			X	X	Interior
Productive role	Agriculture	X	X	X	X	Outdoor
	Zebu-related activities	X	X			Outdoor
	Activities related to the zebu cart	X	X			Outdoor
Community role	Local elected leader	X	X			Outdoor
	Member of the management committees	X		X		Outdoor
	Member of association/grouping	X		X		Outdoor

1.4. Working conditions and remuneration

Men and boys are assigned tasks related to productive roles because these activities are the main sources of income and are therefore valued. On the other hand, women and girls are assigned reproductive roles which are domestic tasks, activities that are not paid and are considered "naturally" done by women. In the focus group discussions, the superior skill and strength of men, according to local communities, justifies the allocation of certain tasks to men. However, the burden of collecting water, a strenuous task that requires strength, is reserved for women because it is considered a thankless task for the men who do it.

The performance of domestic tasks by men only prevails in cases where the woman in the household is absent, ill or has just given birth. Also when the man is single, widowed or separated and has no daughters, or on Women's Day (08 March). Those who do not conform to these norms are judged by society as weak men. In group discussions with women, the latter do not hesitate to describe them as men who have lost their "honour" or "respect" and are said to be "controlled" or "under the yoke of their wife". Women internalise and normalise the norms that reinforce male hegemony.

Children are an important labour resource for delegating key tasks within the household. In the identification of age categories, children leave childhood at the age of 5 or 6 to learn to become responsible and independent. Whether it is a boy or a girl, they are considered "young" from the age of 6 and take on the responsibilities attributed to their sex (fetching water, washing clothes, cooking, etc. for girls and herding or grazing zebus for boys).

"From the age of 6, children are taught to become autonomous [...] children collect wood carrying what they can, whether it is girls or boys, it depends on how they have been brought up. But the responsibility to go and collect wood is mainly for the girls. Focus Group Women, "who does what, who decides what", Tanandava,

As regards the community role, both men and women are involved in this role but to a varying degree. For women, this role is still secondary, while for men it is prestigious. Men remain the main leaders within the community, occupying the role of Commune Mayor, Fokontany chief, elders or traditional leader. Although a woman has already run for mayor in the rural commune of Sampona, the community has difficulty accepting a woman as a leader. This is much less accepted among women than men in the focus group discussions we found. Similarly, men's and women's involvement in community roles varies by area. Women's involvement in women's associations, such as village savings and loans associations (VSLAs), women's self-help groups on nutrition and health practices. As for men, they are more involved in community management committees (water, security, agriculture). There is thus an extension of the sexual division of domestic roles in the community sphere. Indeed, women feel responsible for the care work through their involvement in associations and women's groups. If we take the examples of VSLA, the purpose of savings and credits is essentially to overcome difficulties and shortcomings at the household level, such as children's education, death, health issues (childbirth, pregnancy, etc.), purchase of agricultural equipment, etc. These are essentially issues that concern the family and the community. These are essentially issues that relate to the care of household members. While men have decision-making roles on community life in the management committees (e.g. choosing the location of water points).

2. Decision-making in the household

2.1. Ability to make decisions for self, family and household

Participation in decision-making within the household provides an analysis of gender relations in the study area. Before knowing the norms in terms of decision-making, it is important to identify the factors that determine the ability to take part in decisions. This capacity involves "empowerment" with an emphasis on building self-esteem, self-confidence and the ability to choose directions in life. This is called empowerment, the ability to make choices.

However, not all choices are equally relevant, as some choices are more important than others because of the consequences they generate (positive or negative)⁴. It is therefore necessary to distinguish between first-order choices and second-order choices. First-order choices are strategic choices in life, such as where to live, when to marry, whom to marry, whether to have children, how many to have, freedom of movement, etc. The ability to determine these strategic choices is a prerequisite for a successful life. Being able to determine these strategic choices creates an environment that enables other choices, especially second-order choices, which improve lives but have fewer consequences. Empowerment enables these strategic choices to be defined.

The ability to make decisions is conditioned by access to resources and capacity to act. Taken in its positive sense, agency is related to the "power to" which enables individuals to make decisions, solve problems, set goals and comply with them. It is also related to "inner power", i.e. the person's self-esteem, and through the person's analysis of his or her own life, he or she can make decisions to improve his or her life. In the negative sense, agency is related to "power over" where one's agency is stifled by another or a group of actors who seek to impose and dominate.

⁴ Naila Kabeer in "Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment".

In the study area, women's capacity for action is limited because access to resources (the first dimension of empowerment) is determined by the rules and social norms established by the dominant institution. In Madagascar, as in most African societies, society is governed by a patriarchal and gerontocratic system. This system is all the more marked in the south where patriarchy is rooted in the family and offers men a so-called "natural" superiority over women. This superiority legitimises men's role as head of the family and gives them power to access resources and capacity to act. In the South, men have the power to decide on women's strategic choices: how many children to have, when to have them, women's health care (including the use of contraceptive methods), children's marriage, major household purchases, etc.

2.2. Standards in decision making

The decision-making process within the household follows the logic of the sexual division of labour as shown in the following table. To identify the norms in terms of decision-making, men and women identified the most important work that is done in the household and classified which tasks are most valued and which are least valued.

Table 7: Norms in terms of who performs and who makes decisions by task value at the household level in the South

Value of tasks	Important tasks performed in the household	Who does?		Who decides?		Exception
		Men	Women	Men	Women	
Most valued tasks	Large livestock (zebus)	X		X		∅
	Agriculture	X	X	X		If the woman is single/widowed/separated or the man is ill/absent
	Trade	X	X	X	X	∅
	Zebu cart	X		X		∅
Least valued tasks	Fetching wood		X		X	If the man is single and has no children or if the woman has just given birth, is ill, absent
	Fetching water		X		X	If the man is single and has no children or if the woman has just given birth, is ill, absent
	Kitchen		X		X	If the man is single and has no children or if the woman has just given birth, is ill, absent

Women can make decisions but they are limited to their own domestic roles which involve very little expenditure in the household (shopping, choice of meal, fetching water and/or firewood, etc.). Decision-making may also vary according to age and marital status. For example, a single, separated or widowed woman may be able to make decisions on her own as there are no men in the house. Girls and boys who are still minors are still under the authority of their parents, especially the father who will make decisions for them.

Breaking these norms will have social consequences for individuals. Men will be judged by society as weak, men who are led by their wives "tindrin'ampela", and therefore considered a disgrace. Women, on the other hand, are labelled as idle or lazy if they do not perform the roles assigned to them.

2.3. Negotiation and influence dynamics

The dynamics of negotiation and thus of women's decision-making capacity are limited by the social norms and rules that determine access to resources. These resources do not always involve conventional economic resources such as land, equipment, credit or employment. The focus groups in the south showed that women may have access to income as they contribute to household expenses but this is not enough to influence women's decision-making capacity. Even if women work and earn more than men, it is still the men who decide because they remain the heads of the household. In the north, the key informant interviews revealed that the norms of who is the head of the household are more nuanced, as women who work and earn more than their husbands can decide and be called the head of the household.

"Here women can decide, it is not like in the South. From the moment they work and earn more money than their husbands, they become the head of the family and decide at household level.

Individual Interview, Female health staff, Ambanja.

Other resources that improve the ability to decide and make choices are education and training resources and time resources (time available beyond work). Access to education can indeed influence the ability to make choices and thus to decide. This was noted in discussions with key informants in the South. According to them, the lack of information and education contributes to the failure to develop future perspectives and resilience strategies to adapt to the climate change crisis situation. Women and girls are deeply affected with irreversible consequences such as early pregnancies and early marriages at an early age.

"The local population really needs to be educated and sensitised on the issue of sexual and reproductive health in order to avoid what I said earlier, namely getting pregnant at the age of 14. Indeed, it is important to know that due to the lack of activities to practice, it is normal that young girls start to show a nascent interest in sexual practices at a young age.

Individual Interview, Male State Personnel - Amboasary Atsimo

The ability to make decisions depends largely on access to education, which enables one to set goals and stick to them. This was the case of a 19-year-old paramedical student in a focus group. She had chosen to use a contraceptive method because she wanted to finish her studies to become a nurse.

Finally, the study found that the ability to mobilise networks and relationships to support each other through a collective effort allows women to influence their negotiating capacity by being members of a group or association. However, women's participation in these groups or associations is often subject to conditions, tacit or explicit, such as age, geographical location (for the VSLA, only women who live in the chief town of the rural commune can join), time, educational level, limited number of members, etc. And when they are part of the community management committees, it is often the men who make the decisions for the whole community.

Therefore, access to resources and agency are interdependent and impact on the outcomes of choices. Women are often unaware of this situation of domination, which they consider to be

natural and which they themselves defend as the status quo. In the focus groups, the women justify that this social organisation makes it possible to establish well-being and harmony within the household and the community. Deviating from this norm could lead to disorder and disruption in the daily life of the household and the community.

3. Control over assets

3.1. Self-confidence and negotiating power

Being able to negotiate allows one to decide on the use of resources and to have control over assets. Bargaining power is therefore closely linked to the notion of empowerment, as being able to access and control the use of resources can either empower or disempower an individual. Poverty and disempowerment are logically linked because the lack of means to satisfy one's basic needs prevents one from making real choices.

There are five factors that influence bargaining power⁵ and this was verified during the data collection in the south. These are '*ownership and control over economic assets*', '*access to employment and other income generating opportunities*', '*access to community resources*', '*access to traditional external social support systems*', and finally '*access to state or NGO support*'. In order to identify these factors, we used Tool 4 (Access to Services and Decision-Making) in the South to identify community access to and control over the various key resources. Unfortunately, it was not possible to replicate the exercise in the study area in the North, which makes it impossible to compare.

Table 8: Access to and control over the influencing factors of bargaining power in the South

Factor influencing bargaining power	Resources	Access		Control	
		Men	Women	Men	Women
Ownership and control over property	Land	X	X	X	
	Zebu	X	X	X	
	Agricultural tools	X	X	X	
	Zebu cart	X		X	
Access to employment and other income generating opportunities	Agriculture	X	X	X	
	Breeding	X		X	
	Fishing	X		X	
	Trade	X	X		X
	Collection of firewood	X	X	X	X
Access to community resources	Water	X	X	X	
	School	X	X	X	
	Health	X	X	X	
Access to traditional	Lending from extended family/ neighbours	X	X		

⁵ Magdalena León, "Women's empowerment and the importance of the relationship between gender and property", in Christine Verschuur and Fenneke Reyssoo, Genre, pouvoirs et justice sociale, Cahiers Genre et Développement, n°4, Geneva, Paris:

social support systems	VSLA		X	X	
	Groups/ association	X	X	X	
Access to state or NGO support	Money transfer (FIAVOTA)				
	Donation of seeds and agricultural materials				

As the previous table shows, bargaining power is mainly held by men who have a monopoly on these five factors. Women generally have access to resources but do not have bargaining power over the control of resources.

3.2. Control over assets

The right to ownership of land and zebus, which are considered the main economic assets in the south, is reserved for men and gives them a position of privilege. Even if women have access to employment and other sources of income, this is not enough to influence their ability to negotiate within the household, unlike women in the north. In order to support their households, women in the south are involved in selling agricultural crops, firewood or charcoal at the market, and thus participate in the economic life of the household. They may also agree with their husbands on the price of the sale, but this is not enough to influence the balance of bargaining power, as control over the use of the proceeds from the sales is decided by the husbands.

In addition, access to property rights provides a stronger basis for social and political participation within the community. This is especially true in terms of access to NGO support. In the focus groups on access and community decision-making, the assistance provided by organisations in solving food security problems in the South is conditional on land ownership for seed donations. The beneficiaries of the aid are grouped in an association whose access to this group is conditioned by land ownership or by having enough time to devote to the associative life. The sharecropping system is widespread in the South if a person does not have land. The latter can cultivate a plot of land that has been rented to him in exchange for half of his harvest.

In the south, social norms do not allow women to access property rights as inheritance is only passed on between sons. As a result, women do not have control over the use of natural resources and are forced to cultivate the land of their spouses, fathers, or have to adopt the sharecropping system for women who are widowed or separated. As agriculture is the main economic activity in the south, the norms and terms under which women access land maintain a relationship of dependency and reinforce the male dominance and subordination of women.

In the North, women do not have access to property rights, but individual interviews with key informants revealed that women in the North have much more leeway than women in the South in terms of bargaining power. Indeed, women can be the head of the household if they earn more than men. However, it would have been interesting to know women's access to and control over other resources to distinguish all the nuances of bargaining power. For example, knowing women's work, access and control over activities, such as agricultural activities that represent a higher source of income than those in the South, could be the reason that most influences their bargaining power.

3.3. Access to work and livelihoods

3.3.1 Assets and income

In the south, we have determined, using the seasonal calendar, the main sources of income that enable people to meet their needs. The distinction between main and secondary activities is justified in terms of the amount of income and the period in which the activity is carried out, whether it is in the dry or rainy season.

Table 9: Distribution of livelihoods by dry and rainy season in the south

Livelihood		Spring (Lohatoana)			Winter (Asotry)			Summer (Faosa)					
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Main income generating activities	Agriculture												
	Cassava												
	Sweet Potato												
	Corn												
	Reering												
	Cattke goats												
Secondary income generating activities	Coal												
	fishing												
	wood collection for heating												
	water collection												

Dry Season

Rain Season

Table 10: Distribution of monthly income in the South

Monthly income	Jan.	Feb.	March	Apr.	May	June	July	August	September	Oct.	Nov.	Dec

0 to 5000 Ar Very inadequate

5000 Ar to 10 000 Ar Insufficient

10 000 Ar to 20 000 Ar Medium

Sup à 30 000 Ar Sufficient

In the south, people live mainly from agriculture and livestock. Apart from cassava, sweet potato and maize, which are the main agricultural activities, people also grow legumes (lentils, bambara peas, beans), groundnuts, watermelon, pumpkin, wormwood, etc. However, agricultural activity is undermined when the dry season arrives or during the arrival of sandstorms (Tsiomena) which cause the dunes to shift and can cover the land and crops. Livestock farming is also affected during this period as the lack of water and grazing impacts on the livestock. Thus, during the dry period, the populations fall back on secondary activities such as fishing, charcoal making, collecting firewood or water for sale (the 20l can sells for between 500 Ar and 1500 Ar). The pressure on the environment increases during this period as people make charcoal and collect firewood for resale or practice slash-and-burn agriculture (an ancestral and traditional technique to fertilise the soil more quickly) in order to cope with the drought.

The increase in income coincides with the harvest season, i.e. between February and June, especially with the maize harvest. The decrease in income corresponds to the dry season. However, if the months of July and August, which are usually dry, correspond to the months when incomes are on the rise, it is because people sell their livestock such as zebus or goats in order to be able to meet their household needs. It is important to know that the relationship between the populations of southern Madagascar and zebus is sacred and mystical because of all the "Fady" taboos surrounding the zebu, but also because of the role that the zebu plays in ensuring prestige and renown for its owner.

"Cattle rearing in southern Madagascar is often described as contemplative and mainly intended to ensure religious rites and social relations. The exploitation of the herd remains above all ceremonial: a breeder has a large herd so that many animals can be sacrificed at his funerals and so that he can offer animals at the funerals of other breeders in order to increase his prestige. He also needs animals to sacrifice or to offer on the occasion of the various rituals that accompany family and social events: birth, circumcision, marriage, illness, blood pacts.

Armelle de Saint Sauveur: The zebu in south-west Madagascar, guardian of pastoral spaces and territorial areas; IRD 2007

The sale of zebus is therefore the last resort of the southern populations in the event of insufficient means of subsistence. Especially since they eat very little livestock products and their diet is essentially vegetarian, as meat is only consumed during sacrifices. For those who do not have livestock to sell to survive the drought period, families sell other household goods (cooking pots, cutlery, clothes, etc.) or borrow from family members. The interest rate can be as high as 100% and those who borrow mortgage their assets and may lose them in the event of insolvency.

In the north, people live mainly from fishing, agriculture, export and mangrove exploitation (charcoal, construction of houses, dhow). Below is the distribution of the populations' means of subsistence:

Table 11: People's livelihoods in the North

Livelihoods	
Main income generating activities	Fishing
	Export-related agriculture
	Vanilla
	Cocoa
	Coffee
	Pepper
	Logging of forests and mangroves
	Coal
	Construction
	Secondary income generating activities
Rice	
Cassava	
But	
Breeding	
Trade	

In the North, the communities do not face drought as in the South, as the North experiences long periods of rain, from November to April (summer). The rest of the year, from May to October, the climate is dry (winter) with a few mists in the morning that provide the necessary moisture for the crops. The main problem linked to climate change is the decrease in fisheries production, according to interviews with the NGO Blue Ventures, although fishing is the main income-generating activity in the study area. This decrease in the productivity of fishery products forces the populations to exploit the mangrove and the forest for charcoal production. The exploitation of mangroves and forests is not without consequences since it leads to the destruction of the natural habitat of fish and shellfish and decreases the productivity of fishermen, and therefore their income. A vicious circle is thus created. The arrival of migrants in the North, particularly from the South, because it is a very productive area, also has consequences for fishing productivity (non-respect of the closed season) according to the interviews conducted. This drop in income has consequences for health, as it can influence the determinants of sexual and reproductive health.

"Going to a health centre is no longer a priority for the communities because of the decrease in income. For example, maternal and infant mortality is on the rise here because mothers don't go to the health centres anymore because they don't have money and so they give birth at home.

["...] the drop in income also leads to the abandonment of school because parents can no longer provide schooling for their daughters, preferring to prioritise food. So girls are more exposed to the risk of early pregnancy because they have nothing to do.

Individual interview, Female NGO staff, Ambanja

3.3.2 Distribution of material aid

Aid and support from NGOs, the state and aid agencies such as FIAVOTA⁶ in the south are also essential for survival in the region. The support they provide is part of the survival strategy of households during periods of low or non-existent income, as cash transfers can be used as collateral for borrowing money. Consequently, delays in the payment of cash transfers by aid agencies can have a serious impact on families and put them in difficulty when debts are incurred.

In order to cope with the drought, which is a consequence of climate change in the south, household members implement a survival strategy by changing the quantity, frequency and quality of meals eaten. The norms and rules that are established within the society also designate the members who sacrifice themselves during periods of famine and generally it is the mothers of the family. Focus group participants find it normal that men's food rations are higher than women's since the latter require more strength and energy to ensure the livelihood of the household. For the communities interviewed, on the contrary, the household would have much more to lose if the head of the family sacrificed himself by reducing his food rations.

Table 12: Livelihoods and coping strategies by income in the South

Income	Livelihoods	Adaptation strategy
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⁶ FIAVOTA or rescue in the local language, is an integrated cash transfer and nutrition programme in response to the effects of the drought in the Androy and Anosy regions for 70,000 families spread across the five most affected districts - Ambovombe, Tsihombe, Bekily, Beloha, Amboasary. Implemented since 2016, it aims to improve the well-being of the most vulnerable households, strengthen their resilience and revive their economic activities, as well as encourage them to invest more in human development.

Very inadequate	<ul style="list-style-type: none"> • Coal factory • Collection of firewood • Water collection 	<ul style="list-style-type: none"> • Decreased frequency of meals (0 to 2 times/day) • Decrease the amount of food: 1 kapaoka⁷ of rice (about 300g) divided into 2/3 times • Children eat much more than parents
Insufficient	<ul style="list-style-type: none"> • Sale of household goods and livestock • Wage labour in the fields • Borrowing from families 	<ul style="list-style-type: none"> • Parents eat less, especially mothers • Meals are less diversified: prickly pear (cactus); mixture of sand, salt and fish roe (miniminike), tamarind, bream
Medium	<ul style="list-style-type: none"> • Sale of small livestock (chicken, goat, turkey) 	<ul style="list-style-type: none"> • Meal frequency to 3 times a day
Sufficient	<ul style="list-style-type: none"> • Sale of crops • Cash transfer (Fiavota) 	<ul style="list-style-type: none"> • The meals are more diversified: rice, manioc • The head of the household eats the most

In the North, although the issues are not the same, there are no clear strategies for communities to adapt to the consequences of climate change. Another consequence of climate change, for example, is sea-level rise, which is linked to the destruction of mangroves that act as natural barriers against sea-level rise. According to a personal interview with a president of the grassroots community⁸(Vondron'Olonalofotony), the destruction of mangroves causes the sea level to rise as far as the villages and even the fields or rice fields. This phenomenon has an impact on harvests, and therefore on income and in the long term on food insecurity. However, the strategy adopted by the population in the face of rising water levels is to move to another location, clear wooded areas to settle and cultivate.

As in the South, people are putting pressure on the environment to cope with climate change and are not yet aware of the link between environmental consequences and access to assets. To adapt to climate change, communities are also resorting to selling their assets or borrowing money from community savings groups (CSGs) set up by the NGO Blue Ventures. As in the south, resilience building relies mainly on NGOs working in the area who have set up income-generating activities (beekeeping, market gardening). For example, Blue Ventures has set up Youth Groups and Mother Groups to strengthen participation in community life and decision-making. The establishment of grassroots community groups by conservation NGOs has also helped to involve the population in sustainable and autonomous environmental management. However, it would have been interesting to know more about the decision-making process between women and men in order to know whether participation in decision-making promotes equity and inclusion.

4. Access to services and public spaces

4.1. Mobility as a determinant of access to services and public spaces.

Access to services and public spaces is determined by several factors that strongly influence mobility behaviour.

⁷ The 'kapaoka', usually a tin can, is used as a national and traditional Malagasy unit of measure

⁸ The VOI is a group composed of community members whose mission is to protect and preserve the environment by ensuring sustainable management of mangroves and marine fauna.

First of all, the sexual division of labour has a strong impact on the mobility of women and men. Women are subjected to a double or even triple working day, which hinders their freedom, their mobility and their participation in the development of themselves and their community. The sexual division of labour seen above has shown us that domestic work, feeding and childcare fall to women and girls in the South. Although the data collection did not allow us to determine precisely how much time women and girls spend on these tasks, the analysis of the discussions allowed us to determine that reproductive roles fall mainly on women and girls rather than on men and boys.

Social norms have associated women with the indoor space, and therefore the management of the home, and men with the outdoor space because of its role in sociability and the duty to collect money to feed the family. Thus, this division of roles has a strong influence on mobility behaviour since the association of women with the interior conditions the spaces they can frequent. As reproductive roles are performed mainly in the home, the mobility of women and girls is much lower than that of men and boys. Women's movements are often related to the maintenance of the household (going to markets, collecting water and firewood, taking children to health centres, etc.). This leads us to the conclusion that women's movements are structured by domestic work: *'Every activity leads back to the home, every movement corresponds to an activity'*⁹. Similarly, the division of labour has made it possible to organise women's time by reconciling the time linked to the management of the household with productive work (agricultural work, trade in crops, firewood and coal, etc.).

In addition to the sexual division of labour, which limits women's time budget and mobility, there is also unequal access to means of travel. In the rural areas of the South where the data was collected, travel is mainly on foot, by zebu cart and by bicycle. Observations and focus group discussions revealed that mechanised means of transport such as bicycles and zebu carts are more likely to be used by men, while women often travel on foot. This inequality of means of transport has consequences on mobility behaviour, as local trips are more reserved for women, while long-distance trips are reserved for men. This is the case for migration, which is much more common among men who migrate north to earn money in agricultural work, caretaking, etc. These are temporary and one-off migrations. These are temporary and punctual migrations justified either by climate change, where during the drought period agricultural work is impossible. Or, for events linked to customs and traditions such as a funeral which requires a lot of money to be collected for the mourning ceremonies¹⁰.

Climate change affects the mobility of communities as it increases the travel time to collect water or firewood, an activity that falls to women and girls. Climate change also limits the travel of girls and women if they wish to access health services or education. This is a problem that was raised during the interviews that were done in the North.

"During the rainy season, floods impact on women's access to sexual and reproductive health services because, for example, if women have to go to the CSB, floods prevent them from going there and renewing their injection or when they have to go to give birth or monitor their pregnancy."

⁹ Coutras Jacqueline (1997a) 'La mobilité quotidienne et les inégalités de sexe à travers le prisme des statistiques', *Recherches féministes*, vol 10, n°2, pp. 77-90.

¹⁰ In the Antandroy, Antanosy and Mahafaly regions, it is customary to sacrifice several zebus during the funeral, sometimes even the entire herd if it belongs to the deceased. The deceased can only be buried when all the zebus have been killed, which can take several months. The ceremony can take place over several days with nightly vigils accompanied by singing and dancing. The importance of the feast is linked to the wealth of the deceased, whose zebu horns will later decorate his tomb.

Security issues can also influence mobility as the southern region faces threats from the "Dahalo" ¹¹who terrorise villages. Women therefore rarely travel alone and have to organise themselves in groups in order to move. Moreover, it was noted during the field observations that men always carry axes when they move, a tool they use to defend themselves or to cut firewood.

With regard to geographical access, the mapping exercise in the South revealed that the distribution of services (school, health centre, water points, etc.) is often concentrated at the level of the chief town of rural communes. However, the distances between the chief town of rural communes and the Fokontany can vary from one place to another. For example, for the rural commune of Tanandava, the distances between the chief town of the commune and the other Fokontany vary between 0 and 18km and for the rural commune of Sampona, the distances vary between 0 and 8km. The consequences on access and participation in the services are directly felt by taking the example of the attendance of the Sampona health centre, which is much more frequented than that of Tanandava.

Ultimately, the gender division of labour through social norms, unequal access to means of travel, geographical remoteness and unequal distribution of services within municipalities, as well as security and climate change issues are all factors that influence population mobility.

4.2. Access to the different services

The mapping that was carried out in the south enabled us to identify the services present in the study areas and to understand their structure and ways of working. Discussions on access and decision-making at the community level allowed to focus on the different services present in the area in order to understand the factors that promote or prevent access. It should be noted that the mapping was carried out for the two rural communes: Tanandava and Sampona. However, the focus groups on access and decision-making at the community level was only possible for the commune of Sampona, for the reasons given in the limits of the study.

For the North, the mapping of services is based on the review of secondary data and interviews with key people.

¹¹ The "Dahalo", or bandits, are originally marginal groups from the southern cultures. Their acts of banditry are associated with the theft of zebus, sometimes resorting to burning down entire villages.

Figure 6: Tanandava mapping

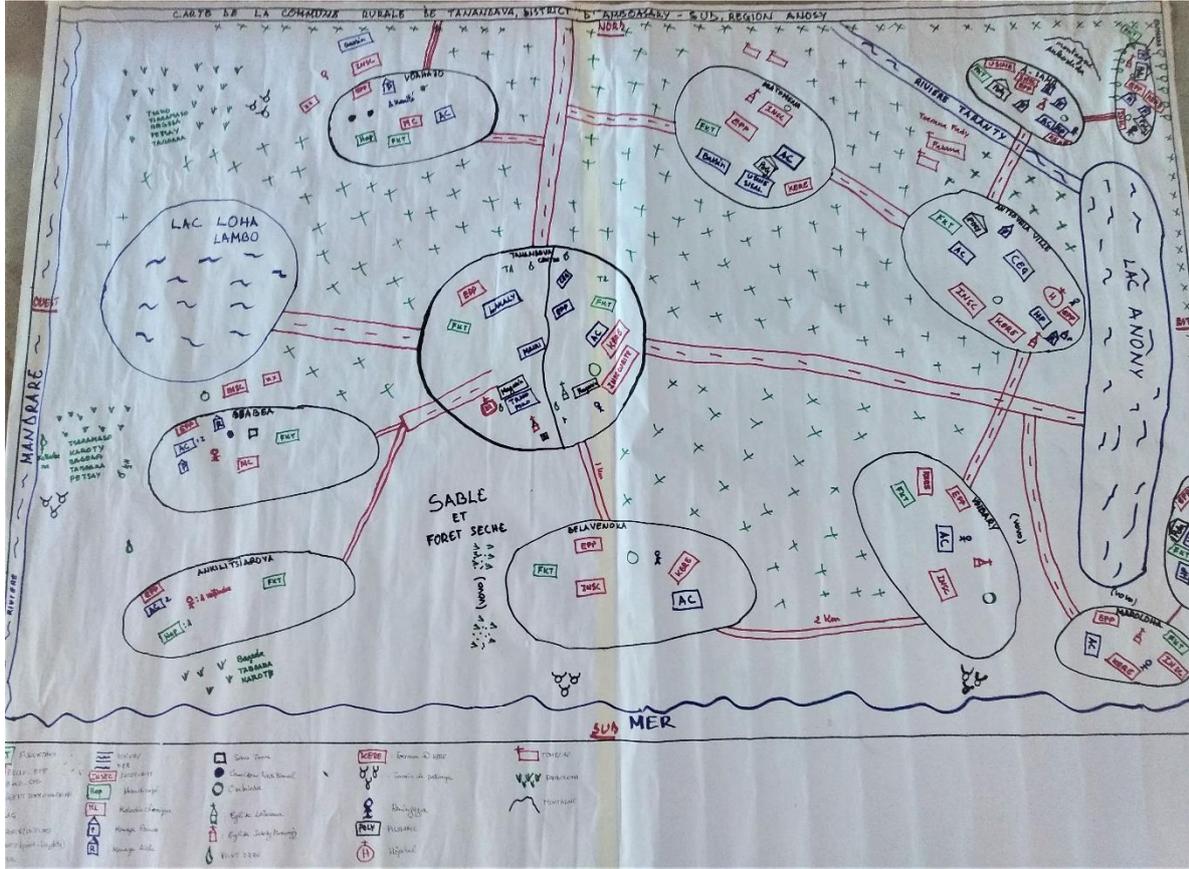
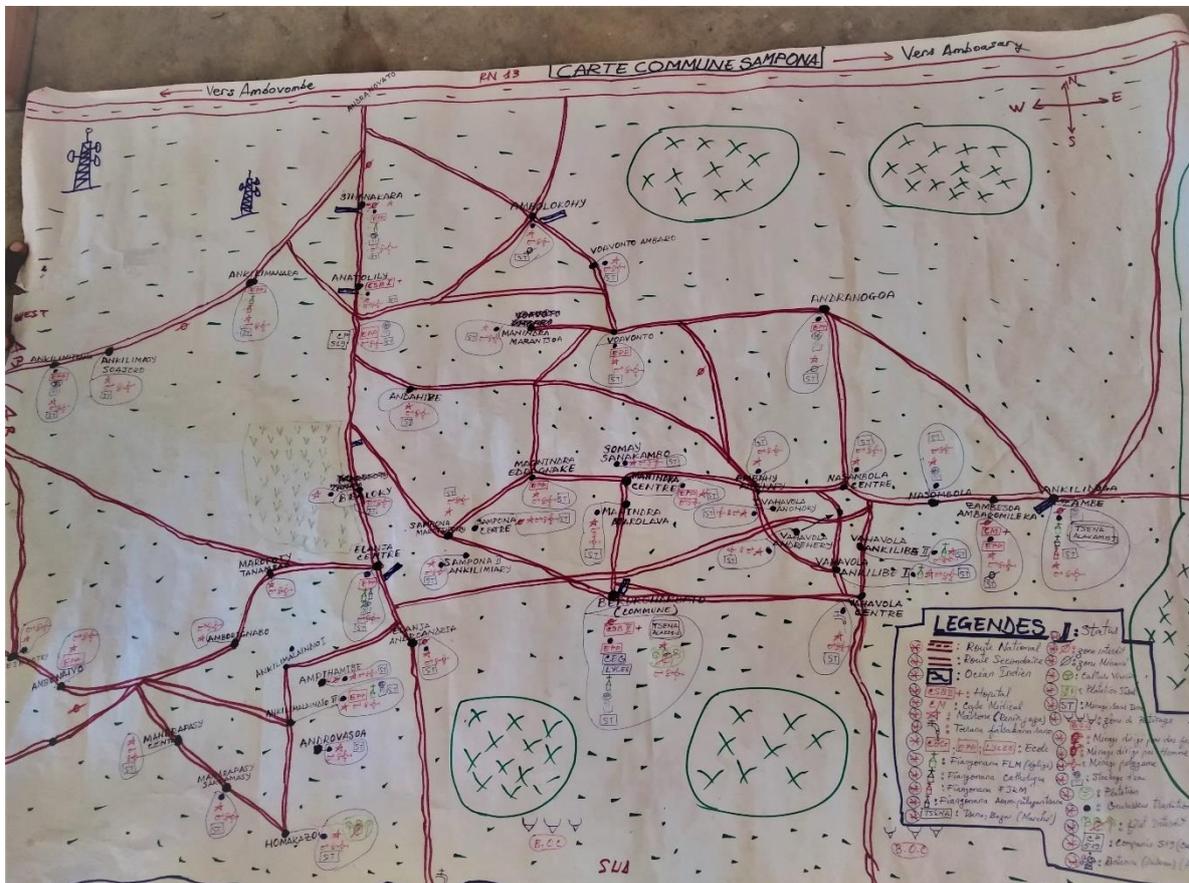


Figure 7: Sampona mapping



4.2.1. Access to health services

In the Malagasy health system, level I basic health centres (CSB I) provide for health needs in the more or less isolated fokontany and are usually run by a state-registered nurse. The CSB IIs meet the health needs of the main town of the commune, and are run by a state-qualified doctor. The rural commune of Tanandava has one CSB I and one CSB II, while the rural commune of Sampona has two CSB I and one CSB II. Below is the distribution of health infrastructures within the two rural communes:

Table 13: Distribution of health centres in rural communes in the South

Municipality	CSB I	Distance	CSB II	Distance
Tanandava	Atsovela city	6km	Tanandava centre	0km
Sampona	Antolily	8km	Sampona centre	0km
	Ezambé	5km		

The distance corresponds to the distance from the main town of the municipality

The focus groups showed that the people living in Tanandava have more difficulty getting to the health centres because of the geographical distance. The observations and interviews conducted with the healthcare staff of the Tanandava CSB II have made it possible to

This is confirmed by the fact that the CSB II of Tanandava is less frequented than the CSB II of Sampona¹². To remedy the problems of distancing, the community agents (CAs), who are at the base of the Malagasy health pyramid, provide the link between the community and the health services. CAs are not health professionals, but when talking to health staff, they can give contraceptive injections as they have been trained to do so. CAs also play a key role in providing access to information on health issues by spreading awareness and prevention messages to the communities.

Regarding the situation of health services based in the North, we based ourselves on three communes of Ambanja where the Rasmussen study was conducted and on secondary data from the NGO Blue Ventures to identify the health services present. There is a CSB II in each commune but no CSB I.

Table 14: Distribution of health centres in rural communes in the North

Municipality	CSB I	Distance	CSB II	Distance
Ambalahonko	∅		Ambalahonko	0km
Antsakoamanondro	∅		Antsakoamanondro	0km
Maherivaratra	∅		Maherivaratra	0km

The distance corresponds to the distance from the main town of the municipality

In the North, health coverage does not meet all the health needs of the population in relation to the number of CSBs present and the geographical distance. The analysis of secondary data and interviews indicated the existence of community health huts which provide first aid and emergency care by CAs. These huts are attached to and managed by the CSBs that form the CAs. These community health huts facilitate the lives of the population but also those of the CAs

¹² The CSB II in Sampona was selected by the presidency to benefit from a renovation and construction of a building that meets health standards. At the time of the data collection visit, the new centre was being completed and will be operational within a year.

who cannot move. However, their number and condition are not sufficient to meet all health needs, and the technical skills of the CAs are not sufficient to meet all the needs of users. The CSBs work in partnership with NGOs such as Mahefa Miaraka on support and capacity building for CHWs on maternal and child health and on short term family planning. MSM (SPO and Outreach) also provides support on awareness raising and long-term planning.

For populations that cannot or do not want to access health centres, there are matrons (reninjaza) for women and traditional practitioners (ombiasy / dadarabe) for men who are alternative choices for meeting health needs. Their services are not free, but the advantage of using the services of a matron is that they can travel to the home, which is not always the case for health workers in the CSBs unless they pay more money.

Table 15: Factors related to access to health service provision and alternative choices

Service offers	Influencing factors	Barrier factors	Alternatives
Family planning	<ul style="list-style-type: none"> • Drought period linked to the drop in income (south) • Population growth means there is less land to cultivate • If the woman is multiparous (from 6 or 7) in the South 	<ul style="list-style-type: none"> • Spousal decisions • Social norms and cultural beliefs • If the woman is nulliparous • Values attached to children 	<ul style="list-style-type: none"> • Do not use • Hides for use
Pre- and post-natal follow-up	<ul style="list-style-type: none"> • 1st pregnancy • Fear of complications 	<ul style="list-style-type: none"> • Geographical distance • Decision of the spouse • Flooding 	<ul style="list-style-type: none"> • Matrons
Delivery	<ul style="list-style-type: none"> • Fear of complications • First delivery (South) 	<ul style="list-style-type: none"> • - Geographical distance • Insufficient income • Lack of water and food • Flooding 	<ul style="list-style-type: none"> • Matrons • At home

While consultations and care are free in health centres, medicines are not free. The fact that medicines are not free of charge is a factor that discourages people from using health services, given that the main users of health services are women. The fact that women's access to resources and mobility are limited for the reasons mentioned above, their health-seeking behaviour is strongly affected. In discussions with health workers, fear of complications is a reason for giving birth in a health centre. However, this fear only occurs during the first delivery to ensure that there are no complications. Subsequent deliveries are done at home.

"It is because of the fear of complications that women come here to give birth [...], for the others, they only come here for their first birth but from the second, third and more, they do it at home".

Individual Interview, Female Health Workers, Tanandava

"The women who come to us to give birth are either giving birth for the first time or it is because they are educated. For subsequent births, this is done with the matrons.

Individual Interview, Female Health Workers, Tanandava

Section 6 on control over the body and relationships explains the values attached to having large children in both cultures. For example, the use of contraception only arises when women are close to the ideal size of children to be born and the household begins to realise the impact of lack of income on family welfare, and decides to space the births.

It was also noted that climatic hazards, such as lack of rain or flooding, influence decisions on whether or not to use SRH services, such as whether or not to use a contraceptive method due

to lack of income (see section 6 on control over bodies and relationships) or whether or not to give birth in a health centre. For example, the number of deliveries at the CSB II in Sampona has decreased by half compared to the year 2020, due to the lack of food, during the dry period, that accompanies the woman to the health centre. This results in a feeling of frustration and shame that influences the decision to access the health centre.

"If we compare the number of deliveries in 2020 per month, we used to reach 60 per month. But now it has decreased to 30 per month. When asked why they don't come to deliver at the CSB, they are ashamed because people immediately see the food that their families have brought them, cassava. So they say to themselves that people will judge her as a woman who gives birth should not eat cassava. That's why our deliveries have dropped [...]"
Individual Interview, Male health workers, Sampona

Similarly, there is a certain ambivalence that although women are the main users of health services, because their needs are much higher in reproductive health, they do not have control over the use of health services. Men mainly make decisions about SRH and MCH issues such as childbirth, birth control or the use of contraceptives.

Finally, the social norms around men's health-seeking behaviour mean that they rarely go to health centres, except in cases of force majeure (in the event of a sexually transmitted infection). This is especially true since men feel less committed to the responsibility of accompanying their children to health centres. This task often falls to women, according to observations made in the field. The queues in front of the entrance to the CSB are mostly composed of women with their children.

4.2.2. Access to water and sanitation

Access to water in the South is still a major problem given the scarcity of this resource. Thus, the populations are obliged to use different water resources that are not always drinkable. Rainwater can be collected by some houses whose roofs are connected to cisterns. This is most often the case for CSBs. However, the populations mainly use surface water, i.e. rainwater that forms in natural pools during the rainy season but which have the disadvantage of drying up quickly. There are also "vovo" (traditional wells), holes that are dug a few metres deep to access the water table. These temporary holes are dug on a regular basis and are abandoned to make way for new holes when the salinity level rises or if the water dries up.

The challenges of access to water for hygiene in the South

Households mainly use water for livestock, agriculture and food-related household needs. Hygiene and sanitation needs are relegated to the background and are not a priority because open defecation is still culturally common for many. Hygiene practices due to lack of water are a source of several diseases among girls and women whose menstrual hygiene needs are not met and cause genital infections. The use of health centres for deliveries is also affected because women have to pay for access to water. Finally, the quality of the water has negative health consequences, especially for children under 5 years old who often suffer from diarrhoea and malnutrition.

During the reconnaissance mission of the collection area in the South, observations revealed that there are standpipes, boreholes and even water towers installed in the communes, the result of activities by state projects or NGOs. However, most of these facilities are no longer functional, including the well with a hand pump that was inaugurated in 2018 with the support of UNDP, UNICEF and the state authorities in the

rural commune of Tanandava. The facilities lack maintenance and monitoring to be operational. Similarly, the office members of the water management committee are mainly men as they are responsible for the maintenance of the facilities as indicated in the conversations from the Focus Groups.

"It is the men who decide and choose where to install the water point because they are responsible for maintenance or repairs if it is broken.

Men's focus group "Who does what, who makes the decisions?" Tanandava

Finally, the populations also exploit natural resources such as the Mandrare River, Lake Taranty, or the brackish water pocket located near Lake Anony in the rural commune of Tanandava. The supply of water from the Mandrare River is also an important resource during the dry season or when there is no water reservoir in the Fokontany. People have the choice of collecting water themselves by walking several kilometres to the Mandrare River or buying water from people who carry large volumes. This expense represents a huge budget for households, as the price of a 20-litre can of water can vary between 500 and 1500 ariary.

Table 16: Distribution of water points in the South

Water points	Sampona			Tanandava		
	FKT	Conditions of access	Distance	FKT	Conditions of access	Distance
Rainwater tank	Ankilimalaindio II Elanja centre Sihanakara Ankilimitraha Andranogoa Beroroha Nasambola EzambéCompany 519 (Military Base)	Chargeable. The price depends on the Chief of Fokontany	5km4km8km (Unknown) 7km1km5km 5km8km	Berano Ambatomena (Sisal company basin) Tanambao		3km 2km
Traditional wells (vovo)	Vahavola Centre Elanja Androandria	Chargeable. Between 500 and 1500 ar the can depending on the season	2km 5km	Tanandava I Tanandava 2 Maroloha Bebea Belavenoka		0km 0km7km3km2km
River	Mandrare			Mandrare		
Brackish water pocket (Ongne)				Vohibary	Free of charge	4km
Lake Taranty					Free of charge	2 km

The distance corresponds to the distance from the main town of the municipality

In the north, water issues are not the same. The abundance of rainfall in Ambanja ensures the supply of groundwater, but water needs are far from being met. Poor water management, lack of water and sanitation infrastructure (standpipes and latrines) and flooding contribute to water pollution. As in the South, open defecation is still practised by local communities and the soil characteristics do not allow households to build latrines. Indeed, floods cause the destruction of

latrines because of the rise of faeces to the surface and the collapse of the pit after the rainy period¹³.

Table 17: Distribution of points in the North ¹⁴

Water points	Ambalahonko		Antsakoamanondro		Maherivaratra	
	FKT	Carasteristics	FKT	Carasteristics	FKT	Carasteristics
Improved wells	Ambalahonko	3 non-functional			Antetezambato	2 non-functional India Mark (manual pump)
	Andrahibo	1				
Traditional wells (vovo)			Andilamboay	10 wells (quality not assured) Wells dug after each rainy season		
			Mahamanina	3 wells (quality not assured) Wells often collapse during the rainy season		
	Ambalahonko	Households use their own water points which are not protected	Antsakoamanondro	2	Antetezambato	2 functional
	Andrahibo	5 wells	Antsahampano	None of the wells have lids	Ampanakana	2 wells but 1 at risk because of its age
Other			Antsakoamanondro	1 special well for laundry because of the salinity (india mark)		

4.2.3. Access to education

In Madagascar, education is free in the public education system and is compulsory, but this free and compulsory education is far from being effective as 1,300,000 children across the island are not in school¹⁵. In the South, free education is not a sufficiently influential factor to invest in children's education. It is true that parents do not bear the direct costs of education (school fees) but the indirect costs represent a large budget for households (school materials, primary school teachers or FRAMs¹⁶, food, etc.). The remuneration of the FRAMs is done by the parents' association, who commit themselves to pay them according to their possibilities (money or plot of land to cultivate).

Food insecurity in the South is an obstacle to children's access to education. Indeed, when hunger is chronic, as is the case in the South, children are less motivated to go to school and negative school results (difficulty concentrating, repeating grades, dropping out of school, etc.) cause parents not to invest much in their children's education. Parents prefer their children to

¹³ Data from the participatory WASH diagnostic in the rural communes of Ambanja conducted by Blue Ventures.

¹⁴ Data from the participatory WASH diagnostic in the rural communes of Ambanja conducted by Blue Ventures.

¹⁵ "A World Ready to Learn: Prioritizing Quality Early Childhood Education"; UNICEF Report, April 2019

¹⁶ 80% of teachers in primary schools (Maitre FRAM) are recruited and paid by the parents' association to fill vacancies. Very few of them are trained and receive pedagogical training, which is detrimental to the quality of the education offered. The average academic level of FRAM teachers is the brevet des collèges (BEPC).

work by looking after the zebus for boys and by helping their mothers with domestic chores for girls. Dropping out of school also contributes to the risks linked to the sexual exploitation of girls and the delinquency of boys, as girls quickly fall into prostitution while boys are drawn into banditry activities (Dahalo).

"Because of the famine, parents are forced to stop the children's schooling and make them work [...]. The children are no longer motivated to go to school because, as the saying goes, 'when the stomach is hungry, the mind wanders'. So they can't work at school if they are hungry.

Women's focus group "Access to services and decision making", Sampona

Geographical distance is also a major obstacle to access to education. Moreover, once they have passed primary school, access to secondary school becomes increasingly difficult if the children do not live in the main town of the commune. This is mainly the case for girls, who are less likely to go to secondary school, partly because of the geographical distance that limits their mobility. The same configuration is also found in the North, where fewer and fewer girls go to school once they have passed the primary level because of the distance from the colleges and lycées. In addition, during the rainy season, flooding limits travel and forces people, including girls, to stay at home.

[...] there is a village, Ambiky, where girls can get stuck in their homes because of rising water during the rainy season. As the high school is far away, the girls cannot go to school because the water stays for 3 days in the village. This situation discourages them from going to school and they prefer to give up with the risk that they will meet a boy and get pregnant quickly.

Individual Interview, Staff NGO man, Ambanja

The lack and quality of school infrastructure are also factors that hinder access to education. This is the case in the North with regard to the low number of schools in the three communes where Blue Ventures operates.

Table 18: Distribution of schools in the three communes where Blue Venture intervenes in the North

Education system	Ambalahonko	Antsakoamanondro	Maherivaratra
EPP	Ambalahonko Ambolakapiky	Andrahibo Ankigabe	Andilamboay Mahamanina
CEG			
High School			
Private school	Ambolakapiky Ambalahonko		

In addition to the dilapidated infrastructure, there is also a lack of materials (benches, tables, classrooms, etc.). Pupils are obliged to sit on the floor, to share a room for several classes, as is the case for the high school in Tanandava centre, which does not have a school. Tanandava high school uses the communal room of the town hall for all classes and is therefore obliged to adapt the timetable and availability of classes.

Finally, social norms and cultural practices also play a role in hindering access to education, especially in keeping girls in secondary school. Indeed, marriage takes precedence over school because marriage can be a protection mechanism for young girls that allows family honour to be preserved by preventing pregnancies outside marriage. This practice facilitates the proliferation of early pregnancies and early marriages. Similarly, the sexual division of labour linked to social norms places more domestic tasks on girls than on boys, which impacts on their attendance at school.

Table 19: Distribution of schools in the communes of Sampona and Tanandava in the South

Education System	Leadership Decision-making process		Influencing factors	
	FKT	Distance	FKT	Distance
	EPP	Sihanakara, 8km Ankilimanara, 8km Mandrampasy 6km Amborignabo, 6km Elanja centre, 4km Magnindra centre, 4km Ezambe, 3km Voavonto, 5km Magnindra 6km Endragnake, 6km Beroroaha, 4km Ambonaivo, 0km Andranogoa, 6km CP 519 (Company 519), 7km Ankilimalaindio II, 5km Ankilimitraha 9km		Tanandava centre 0km Voahazo 2km Berano Ambatomena 3km Antsovela Ville 6km Antsovela Sama 9km Elomake 18km Maroloha 7km Vohibary 4km Beabe 3km
CEG	Beroroaha 0km		Tanandava Centre 0km Antsovela City 6km	
High School	Beroroaha 0km		High School 0km	

The distance corresponds to the distance from the main town of the municipality

4.3. Mutual aid and collective support/care

In addition to access to services that ensure the basic needs of the population in terms of health, hygiene and education, it is also important to talk about access and participation of local populations in committees that help build resilience to the hazards caused by climate change. Focus group discussions identified the importance and place of support from various government bodies, NGOs and UN agencies. The aid provided by these different organisations and programmes helps to strengthen the resilience of populations in the face of lack of income, climatic hazards and problems related to food security.

In the South, aid is provided in the form of cash transfers in several monthly instalments (FIAVOTA programme) ¹⁷for the most vulnerable households, or by means of seed donations, the granting of agricultural equipment or agricultural training (CTAS, GRET, FAO, DEFI, etc.). Unfortunately, the granting of aid is not always transparent and poses problems in identifying beneficiaries. For example, the targeting of beneficiaries is carried out by the local authorities (chief of the fokontany or mayor) and a system of clientelism is set up between the authorities and those closest to them, which disadvantages the most vulnerable. This leads to informal divisions of the fokontany and complicates the census of households when identifying beneficiaries. Indeed, fokontany that do not receive aid break away from the fokontany to which they belong and create a new one. For example, while the rural commune of Tanandava was initially composed of only 14 fokontany, there are currently 42 fokontany. Similarly, the vulnerability criteria do not always take into account the specific needs of the population and do not promote equity and inclusion because aid is distributed in a standardised manner.

"We only do standard distributions for all populations without distinction because you see everyone is vulnerable when the drought is there. No one can grow crops, no one can drink water [...] and not because there is not yet a severely malnourished person (SAM) in a given household that we don't give. Moreover, there was a speech that said that everyone has the right to access, so that's what we decided.

Maintenance, Male State Personnel, Amboasary Atsimo

The constitution and characteristics of the household is also one of the reasons that make it difficult to distribute aid. The principle is that aid is granted to a single household. Aid is usually subscribed to the head of the household, but it happens that a complex household composed of several persons is registered more than once under different names but belonging to the same household.

The formation of women's groups such as the AVEC is one of the strategies that allow women to access collective support systems and to increase their participation in community life. In Sampona, the AVEC is a system inherited from a CARE International Madagascar project two years ago. Seeing the benefits for the members, the inhabitants decided to replicate the system in order to meet the various needs of the household in case of lack of income (education of children, illness, death, etc.). As women's access to seeds is conditioned by land ownership, this system also allows women to buy seeds to be able to cultivate.

"The reason why we created VSLA is that it allows us to send our children to school, to borrow money when something bad happens to us like someone is sick or died [...] Most of the time when people come to borrow money it is to buy seeds when the rainy season comes or when a family member is sick or during the school year so that their children can go to school."

Individual Interview, Female Community Leader - Sampona

However, although it is women who most often have access to this assistance, she has no control over the use of the loan and must wait for her spouse's decision if she is married.

"Couples cannot access the VSLA so if the woman is the member of the association and decides to borrow money, it is the man who has to decide how to use the money once it is in the household.

Men's focus group "access to services and decision-making", Sampona

In the North, the presence of environmental conservation and protection NGOs in the aid and collective support scheme helps to unite the populations in groups or associations. For example, the implementation of the "Velontena Fanampiny" programme by the NGO Blue Venture through the GEC, the Youth Group and the Mother Group are ways for people to access aid. In addition to accessing savings, the GEC provides financial support to community-based natural resource management associations (VOIs) for mangrove reforestation activities. Membership in youth groups and mothers' groups is a means of accessing income through the establishment of income-generating activities, such as market gardening. Membership in these groups also provides a support network for sharing advice and assistance and promotes participation in community decision-making. Finally, according to MSM's analysis of the Rasmussen survey data, borrowing from family and friends is the main strategy for women to cope with climate-related shocks.

5. Participation in public decision-making

Participation in decision-making in the public affairs of one's country is a fundamental right stipulated in the Universal Declaration of Human Rights. However, there is an unequal balance of power in society that prevents equality between men and women in decision-making. In Madagascar, women's participation in decision-making bodies is still low in both the public and private sectors¹⁸ due to the social, economic and political situation of women, which limits their power of action and autonomy. The place given to men and women in society and the stereotypes conveyed reinforce the tendency that power and responsibility for public decision-making are reserved for men.

The analysis of the survey results seems to confirm this situation. In the South, the focus groups conducted with the communities on the subject of "Access to services and decision making" allowed for a better understanding of the decision-making mechanism at community level. The communities prioritised five services/committees in terms of their importance to the smooth running of community life. These are the school, the health centre (CSB), the village savings and credit association (VSLA), the FIAVOTA (cash transfer) programme, and the support provided by agencies related to food insecurity issues.

¹⁸ The Madagascar gender profile reports that women's participation at the level of decentralised authorities is worrying: no women heads of region, 18% of women heads of district/prefects, 5% of women mayors with 6% of women councillors (CENI, 2016), and 3% of women heads of fokontany (MID, 2016).

Figure 8: Focus group with women on Access to services and decision making



The table below shows us the dynamics of the decision-making process in the different services and initiatives identified during the focus groups with men and women in the rural commune of Sampona.

Table 20: Leadership in priority initiatives and services in the South in Sampona

Services/Committee	Leadership	Decision-making process	Influencing factors
CSB	CSB leader and her second in command (they are a couple) Ehnie: Betsileo	<ul style="list-style-type: none"> A representative of the municipality is designated to participate in the meetings organised by the Head of CSB. Decisions are taken by majority vote The mayor reported on the decisions taken 	<ul style="list-style-type: none"> Leadership is not questioned as long as competences are justified in the quality of care Women participate more in meetings because they are the main service users
School	Lycée/CEG: Men (headmasters and directors) EPP: Men and Women (Director and Principal)	<ul style="list-style-type: none"> Parents are invited to school meetings when decisions are to be made. Decisions are taken by majority vote 	<ul style="list-style-type: none"> A diploma is a valid criterion for being a leader in a school, but not enough to get involved in politics Mothers attend more parents' meetings because childcare is their responsibility
VSLA	President VSLA A secretary and a treasurer are elected by the members	<ul style="list-style-type: none"> Weekly meetings (Thursdays) and every 3 months for major meetings Decisions are taken by majority vote 	The benefits of the project implemented by CARE encourage women to create an association
Cash transfer (FIAVOTA)	Social Protection Committee (SPC) composed of Community	<ul style="list-style-type: none"> Decisions are taken during the Community Review Meeting (CRM) organised by the IDF with the SPC and the beneficiaries 	Citizen engagement and participation are encouraged in the FIAVOTA programme

	Nutrition Workers (CNWs) - CAs and Mother Leaders		
Food insecurity related aid agency	Chairman of the Farmers' Committee	Both men and women can participate in meetings but decisions are taken by majority vote	Being part of a farmers' committee is an eligibility criterion for receiving seeds

The analysis of the focus groups shows that the presence of mothers in school meetings as well as in CSB meetings is more frequent in relation to their social role, and they can participate in decision-making. However, although their presence is accepted in community meetings, they cannot participate in decision-making, as this is a role reserved for men. Regarding women's participation in management committees, the initiative is encouraged by the support systems that are in place, such as the cash transfer (FIAVOTA). Indeed, the establishment of "mother leaders" is part of the programme's strategy to encourage empowerment, inclusion and citizen participation. The mother leaders are in charge of sensitising women to behavioural change on health and nutrition issues, improving living conditions and empowering them by helping them to identify a life project.

In the North, the analysis of participation in decision-making at the community level is based on the results of the Rasmussen study carried out by MSM. The analysis does not focus on services, but on women's participation in activities related to the Health, Population and Development approach implemented by the environmental protection agencies. PHE activities are mainly focused on mangrove preservation and the decision to participate in these activities is evenly distributed between men and women. Similarly, regarding the implementation of what has been taught in PHE sessions or trainings, decisions are more or less gender balanced, regardless of the age and education level of the women interviewed. Regarding women's involvement in community environmental conservation groups or associations, women are mostly involved. However, their level of involvement is not yet effective and significant because it is limited to simple participation in meetings or activities. Indeed, most of the women interviewed do not consider themselves to have the confidence to take on the leadership role as only a few consider their participation active or even take the lead in meetings.

Finally, few women are aware of the link between their involvement in the management of natural resources in their communities and the use of FP methods. For most, FP use and environmental conservation are not related issues and their decision to use or not use a family planning method is not influenced by this issue. However, the analysis of the data revealed that this awareness is influenced by the use of FP methods. Having more time for community life was the main argument put forward by women to explain the link between these two issues.

"If I don't get pregnant too often then I can participate fully in protecting and preserving the environment."

"Because we have more time to participate in environmental protection activities because we are not pregnant."

Responses of women using FP to the Rasmussen survey questionnaire

In general, women in the North have shown a willingness to participate actively and meaningfully in community life, but because of the sexual division of labour within households, which is based on unequal power relations, women do not have the time to acquire the knowledge necessary to participate meaningfully in community life.

6. Control of the body and relationships

Reproductive rights are the first step towards women's empowerment and autonomy. By having the right to control their bodies, women can have control over themselves and all dimensions of their lives. Sexual and reproductive health enables women to have control over their bodies because *"it includes the ability to enjoy a satisfying and safe sex life; it implies the capacity and freedom to procreate, at the time and pace of one's choice, and the freedom not to procreate. Men and women have the right to obtain information and access to means of controlling their fertility and the right to have access to health care services that will enable them to carry a pregnancy to term and to give birth without risk."*¹⁹

The analysis of the survey results in the South and North show that reproductive rights are far from being effective and challenges related to social and gender norms, poverty and climate change prevent the local population from fully accessing their rights.

6.1. Freedom of decision in relation to the SRG

By virtue of their biological function, women perform the reproductive function. However, the results of the focus groups and individual interviews conducted in the South show that women are not yet empowered to dispose of their bodies with regard to the choice of when to have children or not, to use contraception to control births, to give birth in a health centre or to monitor their health during pregnancy. These choices are most often made by men, as the following table shows, because they are the heads of the household according to the norms established in society.

Table 21: Distribution of SRH decision-making and influencing factors in the South

SRG issues	Birth (when and how many)	Use of a FP method	Pregnancy follow-up	Where to give birth?	Wedding	SRG issues
Who decides?	Men	Men	Men and women	MatronsMenW omen	Parents	Men
Evolution compared to the previous generation	Men	Men	Men	Matrons Men	Parents	Men
Exceptions	Singles	Educated woman Singles		Single women	Educated men and women	Singles
Barrier factors	Social norms God's will Fertility Climate change Economic	Drought periodFamin e	Fear of complications	Income Dystocic pregnancy	Drought period Livelihoods	Social normsGod 's will Fertility Climate change Economic

¹⁹ Marques-Pereira, Bérengère, and Florence Raes. "Reproductive rights as human rights: an international perspective", Marie-Thérèse Coenen ed, *Women's bodies. Sexuality and Social Control*. De Boeck Supérieur, 2002, pp. 19-38.

In the North, the issues of control over the body and relationships concerned the ways in which decisions about contraceptive use and women's freedom to have sex are made. In general, women have control over the decision to use a family planning method even if their partner refuses them, just as they have the right to refuse sex with their partner if they do not feel like it. Women in the North therefore have greater freedom to dispose of their bodies than women in the South. However, the prevalence of contraceptive use is not influenced by this freedom of decision. There is a gap between women's interest in contraceptive methods and the choice to use them. Women are aware of the advantages of using contraceptive methods, but the weight of the disadvantages of using them overrides reason. Rumours of side effects or a bad experience with its use discourage women and thus their partners from using a contraceptive method. Moreover, in the collective imagination, the use of a contraceptive method is associated with the possibility of women resorting to debauchery and perversion.

In the South, although still in the minority, women are becoming increasingly aware of their right to control their own bodies in relation to childbirth, as they are responsible for the reproductive function.

"Yes, men are heads of households, so how can I argue with them? However, I am the one who will give birth to this child, so he has nothing to do with it [...]"

"Men don't care how many children are born, it is us women who know and make decisions about births because we are the sources of life."

Women's focus group on "Who does what, who makes decisions" Tanandava

Marital status also affects women's ability to control their bodies. This is particularly the case for women who are single parents or unmarried and who decide on the choice of births and the use of contraceptive methods.

Specific expectations related to gender norms also prevent women from making rational decisions about their sexual and reproductive health. In discussions with local communities in the South, as long as a woman is still fertile, society expects her to continue to have children. Not having many children can be a reason for men to divorce and they may take other women to have more children (see table 15 on barriers). The idea of spacing births is therefore not a common practice in the South in relation to the value of having several children. While drought and food insecurity caused by climate change have helped to influence decisions about sexual and reproductive health, this is not enough to promote good practice in the long term. Indeed, during the drought period, women use and are encouraged by their husbands to use contraception (see Table 15 on influencing factors). Lack of food and means of subsistence are the main motivations. However, during the rainy season, when the crops bring in sufficient income, women stop using contraceptive methods.

"It depends on the time because in times of drought, it is the men who encourage their wives to use FPs, but when the crops are sufficient, the men do not accept that their wives use FPs."

Men's focus group on "Who does what, who makes decisions", Tanandava

The freedom to decide on SRH issues therefore differs by region. In the South, women's ability to negotiate on decisions concerning their SRH remains very limited in relation to social norms that establish the superiority of men (see table n°15 related to the factors of obstacles). In the North, women remain the majority of decision-makers on this issue, but fear of side-effects and stereotypes surrounding the use of FP methods deter women from using them.

6.2. Knowledge of reproductive health rights

In Madagascar, the RH/FP law, promoting the right of every individual to benefit from services related to reproductive health and family planning, without distinction of age, sex, race, religion, ethnicity, economic situation, marital status or any other factor of discrimination, was promulgated in January 2018. However, due to a lack of popularisation, this law is not known by many, even though it is applicable throughout Madagascar. In the south, knowledge of sexual and reproductive health is still limited and not often understood:

"For me sexual and reproductive health is noticing changes in my body, for example if I have a headache all the time, a stomach ache, then I know something is wrong with me.

Women's focus group on "Who does what, decision making" - Tanandava

"In my opinion, it is only about births".

Men's focus group on "Who does what, decision making" - Tanandava

In both the North and the South, men's lack of awareness of reproductive rights is linked, on the one hand, to men's disengagement from health issues, a role that is devolved to women as the primary caregivers for household members. On the other hand, men consider that SRH is only for women, especially since the SRH services offered to men do not correspond to their expectations. Male contraceptive methods are not unanimously accepted by men, who are accused of either annihilating their pleasure (condoms) or undermining their masculinity (vasectomy). In addition, men rarely get tested for STDs/HIV/AIDS, whereas women are more physically vulnerable to sexually transmitted infections. In case of infection of the partner, men never bear the responsibility and the blame is often put on the women accused of promiscuity. Moreover, they refuse to seek treatment at the same time as their partner. Yet men have an important role to play in changing behaviour on SRH issues because of their control and influence over women's bodies.

For women, access to information related to SRH issues is limited. In the focus group discussions, the CSBs provide information sharing and sensitisation on SRH. However, the remoteness of the CSBs in some localities makes it difficult to access information. Although the CAs play the role of community relay, their number and means do not allow them to cover the entire territory, in addition to following a schedule set by the CSBs which identifies the community awareness themes to be carried out.

For young people, seeking information about SRH issues from health professionals is not a common practice. Young people prefer to talk to each other. It is only when they have to go to health centres for more general health reasons that they take the opportunity to acquire the necessary information.

"It's only in outpatient clinics that young people ask about this so I'm happy to answer them. But if they come specifically for that, then no, that's not the case. If they also come across me outside and this subject comes up then they will ask me questions.

Individual Interview, Male health workers, Sampona

"When young people get together, for example at school, during village festivals like Moraingy, then they discuss this amongst themselves. The CSBs don't do much awareness raising on this issue."

Individual Interview, male community leader, Ambanja

Similarly, discussions about SRH issues are not encouraged by parents because of the lack of knowledge, and the subject is still taboo. The existence of certain programmes such as the one run by UNICEF in partnership with the Korean Cooperation Agency (KOICA) in the Anosy region makes up for this lack of knowledge. Indeed, a "Lifeskills" programme allowing to reinforce the life skills of adolescents through learning and sharing sessions has been set up in the South. CSBs and peer educators are responsible for implementing awareness-raising in schools, thus improving young people's knowledge of SRH.

*"There is a project in partnership with UNICEF and KOICA. This allows us to raise awareness about life around youth such as puberty, STD prevention, family planning, early pregnancy. This has been going on for two years now.
Individual interview, Male health provider, Sampona*

6.3. Ideas around what it means to be a "woman" or "man" means ²⁰

Society's image of what it means to be a "woman" and what it means to be a "man" is rooted in gender stereotypes. These stereotypes are transmitted consciously or unconsciously by socialisation agents who create, perpetuate and reinforce social gender norms. In Malagasy societies, gender stereotypes are transmitted through traditions that concern ancestral, religious and moral practices, transmitted from century to century, "*fomba-drazana*", which defines the expected roles of women and men.

In the South, learning what it means to be a boy or a girl is done from childhood onwards, through the division of activities, differentiated encouragement, observed behaviour and various forms of advice attributed according to gender. Gender plays a decisive role in the attribution of roles since it will construct the gendered identity of children. Gender role learning also involves imitative behaviour based on the model of their own sex. Children reproduce the roles that are associated with their sex and the sex of their parents.

*"It's the fact that she usually sees what I do that she knows what she has to do. That's why it's her responsibility to go and get wood.
Focus Group Women, on "who does what, who decides what", Tanandava,*

In addition, individuals are subject to social pressure to conform to socially defined models. These models determine the expectations of what a man and a woman should be. In the South, men are expected to be the holders of power and authority and to make decisions in the household and community. This expectation carries with it responsibilities that they must fulfil, as well as legitimising their superiority and dominance over women, otherwise they will not be seen as men.

*"Men make decisions because they are superior to women".
"In my opinion, it is up to men to speak up when there are things to be done. Also, the responsibility of feeding one's family belongs to the men and that is why they should decide first in the household and in the community.
Focus Group Men on "Social Norms", Tanandava*

²⁰ This section only concerns the case of the South due to the lack of data to enrich the analysis

It becomes difficult for men to deviate from this model because of the way society looks at them if they do not conform to what is expected of them. They risk attracting social sanctions such as rejection, mockery or humiliation.

"E: What happens if women make decisions in the household?"

A: The community will laugh at the man because they will say that it is the woman who wears the panties (laughter).

Women's Focus Group on "Social Norms", Tanandava

This discourse shows that women themselves have assimilated these established norms by appropriating and internalising them, to the point of defending the status quo in their discourse. The socio-cultural factors inherent in Malagasy societies are deeply rooted in the South and make it difficult to challenge the 'established order' in gender relations.

For women, their biological and reproductive function determines their status as women. This confirms the words of the anthropologist Françoise Héritier, according to whom *"what gives a girl the status of woman is neither the loss of virginity nor marriage nor even motherhood: it is conception"*²¹.

Fertility is an essential quality expected of women in the South and is a selection criterion in the choice of wives for men. Moreover, it is widely accepted that infertility is female, not male. Women who cannot meet these social expectations or who choose to deviate from them are discriminated against in society.

When fertility defines women's identity and sterility justifies men's polygamy. (Case of the South)

The woman has an obligation to be fertile in marriage. *Momba* (sterility) and *"vavy anake"*, the fact of having only female children, are causes of polygamy. In Madagascar, polygamy is formally prohibited by law, but this socio-cultural practice is institutionalised in the southern and south-eastern part of Madagascar. According to local practices, men have the right to take a second wife if they wish to have more children. However, he must first inform his *"vadibe"* (first wife). The *vadibe* will have the choice to accept and will set her conditions (sum of money, land, zebu house, etc.) while still benefiting from the advantages linked to her position as first wife. Or, if she refuses, her husband decides to separate from her. The choice of a second wife may be made for a pregnant woman who already has young children, which is a selection criterion. The man thus ensures the fertility of his wife and has the right to decide on the children of his second wife, once he has recognised them through a ritual (gift of zebras) dedicated to this, if the biological father has not done so.

6.4. Dynamics of if and when to have children

In the analysis of the focus groups and individual interviews carried out in the South, three elements stand out regarding the values attached to having children:

- Children are seen as an investment. On the one hand, because they are free labour to help parents with daily tasks. On the other hand, as they grow up, children represent returns on investment because they have obligations to their parents when the latter work and earn money.
- Children allow for the continuation of the lineage and inheritance, with sons inheriting from their fathers as daughters do not have access to inheritance rights as they belong to their husbands and in-laws once married.

²¹ Agnès Fine, "Françoise HÉRITIER, *Masculin, Féminin. La pensée de la différence*. Paris, O. Jacob, 1996", *Clio. Histoire femmes et sociétés* [Online], 8|1998, Online since 21 March 2003, connection on 08 April 2021. URL : <http://journals.openedition.org/clio/326>; DOI: <https://doi.org/10.4000/clio.326>

- The arrival of a child is a "gift from God", according to local beliefs. To limit or control births would be to challenge this divine choice.

In the North, the values attached to having children are not too far removed from what happens in the South, as children ensure the perpetuation of descent through having sons. Sons are more favoured and provide free labour in domestic tasks and later in economic support to parents.

The question of having children is therefore raised at a very early age in relation to all these values, whether in the North or in the South. This situation is not without consequences for the SRH of girls and boys, since this dynamic exposes girls to early marriage and early pregnancy, while for boys it leads to risky sexual practices.

Table 22: Age and gender distribution of SRH issues in the North and South

Region	First sexual relationship		Wedding		Birth	
	Boy	Girl	Boy	Girl	Boy	Girl
South	14 years	12 years	15 years	12 years if arranged marriage 16 years if marriage conditional on parental decision and social pressure	16 years old	14-13 years
North	12 years	12 years	17-18 years	14 years	16 years old	14 - 15 years

As the table shows, both boys and girls are interested in sexuality at a very early age, from the onset of puberty. When asked about the main reasons for this, interviews with CSB staff and key informants in both regions point to the lack of leisure time and activities that allow young people to take an interest in something other than sex. In addition, barriers related to access to education, amplified by prevailing poverty and socio-cultural factors that socially value the entry into active sexual life and intergenerational sex, contribute to the reasons for young people's early interest in sexual relations.

However, girls' early entry into sexual relations is risky because of gender relations that are already imbalanced at the base and which mean that they do not have the power to negotiate safe sex with their partners. Boys are reluctant to use condoms as an object that diminishes their pleasure and expression of masculinity. Moreover, access to contraception for young girls is still not widespread, according to observations and discussions with the main stakeholders and health workers. Traditions and taboos surrounding young people's sexuality constitute obstacles to the promotion of Adolescent and Youth Sexual and Reproductive Health (ASRH), interpreted as an incitement to sexual activity. All these situations contribute to the exposure of girls to early pregnancies and the risks that this has on their sexual and reproductive health (complications, obstructed labour, obstetric fistulas, STD/HIV/AIDS, etc.).

In both regions, society is used to girls becoming pregnant early, out of wedlock or not, and this is not seen by society as a stigmatising factor. However, in the South, a woman who is not married and who has children will have less right and legitimacy than a married woman to participate in community life. Moreover, once married, there is additional pressure on girls to get pregnant and give birth quickly - between 6 months and 1 year. Once this period has passed,

society begins to question the fertility of the woman. In addition, there is added pressure as parents may ask for tests if they do not see their daughters pregnant, as is the case in the North. The Malagasy adage: "*Ny hanambadiana hiterahana*"²² discussed in the focus groups in the South on social norms, is moreover validated by the local communities and seems to justify this expectation.

In addition to the expectation of motherhood as a means of securing social status, women are also expected to have many children; between 8 and 10 in the South and between 4 and 6 in the North. Children being synonymous with wealth, especially having boys.

"Even if a woman has ten children and they are all girls then she still has to conceive until she has a boy so she can inherit. It is mainly the boys who represent wealth because the girls will get married anyway."

Individual interview, Female Community Leader, Sampona,

However, climate change is not without consequences for changing attitudes towards reviewing the number of children to be born. In the South, the lack of food and livelihoods influences decisions to reduce the number of children. While in the North, the desire for women to have more time to participate in community life and income-generating activities encourages women to reconsider their position on the use of FP.

Despite this, the use of FP methods is not a priority, although there has been a shift in this area over the decade. Among men, the reluctance to use FP methods is linked to the value that is attached to the wealth of having children and the fear that this is a reason for their wives to go elsewhere. For women, the fear of the consequences on their fertility, which is the guarantee of their femininity, as well as the use of FP controlled by men (especially in the South) constitute the factors of obstacles linked to the non-use of FP methods.

6.5. Practices around marriage

In Madagascar, civil marriage is rarely practiced in rural Malagasy communities. Customary/traditional marriage is the most common practice. Registration of the act is not compulsory, which also makes it easier to separate in case of dissolution of the marriage.

In the south, marriage rites require the bride's family to make the marriage arrangements. These agreements concern the dowry, which most often consists of a castrated zebu "*enga*" between 6 and 8 years old. This offering is a sign of honour for the girl and her family. Girls may be promised at birth to a man "*vady atolotra*", from a richer family, older or belonging to a large family in order not to lose the inheritance "*lova tsy mifindra*" or to strengthen family ties. In this case, girls marry at around the age of 12. Marriage for boys can also happen early, from the age of 15. In general, young people do not have the right to decide, let alone girls, on who they marry and when. It is the parents who have absolute

In Madagascar, Law No. 2007-022 on marriage and matrimonial regimes sets the age of marriage majority for girls and boys at 18 years, and spouses and/or both parents have joint responsibility for the administration of property and the guardianship of children.

Forced marriage and sexual exploitation of women and girls Madagascar is governed by Law 2014-040 of 20/01/2015 on the fight against human trafficking.

²² Malagasy saying meaning that "the purpose of marriage is to have children".

authority over these decisions. Young people are obliged to accept the parents' choice in order to remain in their esteem as well as that of society. The "tsodrano" (blessing) of the parents is important in the southern culture at the risk of being rejected by the family. The local belief is that men and women who decide to go beyond the parents' decisions and do not receive the parental blessing are condemned to a life of misery.

In the North, the rules surrounding marriage are devoid of protocol. As soon as young people start having sex, couples quickly live together without the need for parental consent. Civil marriage has no value to the communities living in the North and the latter do not mind.

In Madagascar, marriage is regulated by laws but the legal vacuum and lack of enforcement of these laws contribute to the persistence of early marriages. Customary law does not set a legal age for customary/traditional marriage, although the latter is much more favoured. Although the GBV law adopted in December 2019 punishes acts based on customs and practices that harm the physical integrity of a child or a woman, in the south, a 12-year-old girl is no longer considered a child in society, but already a young girl. This law is therefore open to interpretation, in addition to the fact that the promulgation and application decree of this law have not been sufficiently disseminated throughout the country.

In interviews with key informants, if a girl is not yet married by the age of 16 in the South or 18 in the North, she will be pressured by her parents or society to do so. Currently, this practice is aggravated by poverty, induced by climate change, which pushes parents to marry their daughters to have fewer mouths to feed but also to benefit from an income. In the South, the son-in-law is indebted to his parents-in-law because he has the same obligations as the son who must provide for his parents-in-law.

"Normally children should still go to school but parents can't support them so the children end up wandering. Parents themselves encourage their children to marry because of poverty."

Individual interview, Leader of the Mother Leaders Association, Sampona

In the South, single women are common and society does not mind as long as they have children before they are 25 to validate their social status as women. In the North, however, a woman who is not married by the age of 30 will be singled out by the community as a woman who lacks femininity. Similarly, men are also under this pressure not to be single as they are responsible for continuing the lineage and ensuring offspring.

7. Gender-based violence

Gender-based violence (GBV) refers to all harmful and prejudicial acts perpetrated against a person's will based on differences in sex, gender, sexual orientation, abilities, etc. The imbalance in gender relations caused by gender inequalities means that women and girls are often the victims of GBV and that this power imbalance is both the consequence and the cause of GBV. The analysis of the survey results in both areas shows several ways that men's domination and women's subordination are perpetuated:

- Control over the sexuality and reproductive capacity of girls and women encourages risky practices (early pregnancy, successive pregnancy, unwanted pregnancy) and jeopardises their sexual and reproductive health (obstructed labour, STIs, obstetric fistula, etc.).
- Control over sexuality and reproductive capacity also limits freedom of decision and significantly reduces the ability of girls and women to make strategic choices about their

SRH: early entry into sexual life, refusal to use FP methods, giving birth without the assistance of a health professional, etc.

- The subordination of girls and women limits their bargaining power and prevents them from accessing the resources and services that improve their living conditions: access to education, access to health, access to assets and income, etc.
- The exploitation of women's productive and reproductive activities prevents them from being autonomous and independent. This limits the ability of girls and women to define and achieve their life goals.
- Cultural norms and practices reinforce the unequal status of girls and enable the sexual exploitation of girls through early marriage.
- Structures and mechanisms institutionalise gender inequalities in society and legitimise violence against women and girls.
- Crises caused by climate change and natural disasters increase women's vulnerability to violence due to social and economic loss.

"Violence has been very present in households for some time. Men think that women are lazy when they refuse to have sex with their husbands, when in fact it is because of hunger that they don't feel like it. Some of them come to the commune office to complain. I try to reason with them and advise them that they should feed their wives before asking them to have sex. The problem is that here, we give much more food to men because it is a sign of respect. Individual interview, male local councillor, Tanandava

The analysis of the survey results shows that there are several interlocking and interacting factors of exclusion and subordination that sustain the subordination of women in the areas studied (gender, age, economic and social situation, ethnicity, geographical location, etc.). The problem tree exercise that was carried out with the survey teams and supervisors during the debriefing workshop helped to identify the underlying reasons for gender-based violence. The results showed that culture has a great influence on the manifestations and behaviour of GBV. In many situations, cultural norms and practices were often invoked by the community to justify discriminatory attitudes and behaviour towards girls and women. The latter also contribute to the formation of the culture and the perpetuation of traditional beliefs and practices that they are subjected to when they conform to them. In the North, although cultural barriers and social norms are less restrictive than in the South, violence against women and girls is no less present as they are controlled by men who prevent them from achieving social equity and access to resources.

8. Aspirations and self-esteem

Having a good self-esteem is equivalent to having the ability to be assertive and therefore to make decisions for oneself. To build self-esteem, individuals need to be supported to decide for themselves and act accordingly. The disengagement of parents and relatives to encourage young people and the mechanisms that institutionalise the unequal social status of girls and women limit their ability to make decisions for themselves.

8.1. Factors that influence good or bad self

The individual interviews with the key persons collected the factors that influence good or bad self-esteem. When asked about their journey to being the person they have become, analysis of the responses showed that support, encouragement and positive messages were the main

factors that enabled key individuals to have good self-esteem. It should be noted that, although these discourses are carried by men and women, these groups are not homogeneous and their paths are interwoven with different social relations of gender, social and economic status, class, ethnic origin, etc., which may influence their choices and aspirations.

"My parents helped me so that I could succeed in my studies and that I became a civil servant today. Here there are parents who also want their children to succeed as there are also parents who have the means to make their children study but do not.

Individual Interview, Female Health Workers, Tanandava

"People encouraged me to become mayor and they elected me. They saw that I could lead well and that I achieved a lot and they re-elected me in 2019."

Individual interview, male local councillor, Tanandava

We see that access to education, aided by the encouragement of loved ones, provides the necessary skills and opportunities to meet the challenges of life that come their way. All of this together enables people to assert themselves, define goals and stick to them.

"If I was able to succeed and arrive, it is because I worked and persevered in my studies. Here people are not persevering, they barely have the CEPE/BEPC".

Individual interview, female health staff, Tanandava

In the South, participation in community decision making and being a community leader is an ongoing challenge for women as they are not empowered to lead due to social and cultural norms. In addition to the discouraging discourse from their peers that cast doubt on their legitimacy and role as a leader, the community itself does not trust women's ability to lead.

"I don't know why I was elected president of the association. I was just elected, that's all! [...] People don't accept women's participation in community life because they don't want women to lead them. We tried to convince the men during a meeting but they didn't want to. They said that we had to wait until 08 March to take part in community life because we will never have the same rights as men.

Individual Interview, Women's Community Leader, Sampona

"A woman cannot lead because it will disrupt life within the community."

Women's Focus Group on Social Norms, Tanandava

8.2. Aspirations

Men and women have different needs and priorities in relation to socially constructed norms and the constraints they encounter, which are related to socio-economic, cultural, climatic factors, etc. As a result, their aspirations are not expressed in the same way. Consequently, their aspirations are not expressed in the same way. For this reason, key informants in the individual interviews in the South were asked what they aspired to for themselves and for the community. In general, both men and women are concerned about the community in which they live, however, women's desire is much more to strengthen their capacity to participate in community life, whereas for men this question does not arise.

Table 23: Aspirations of men and women in the South

Men	Women
I would like there to be a school in the FKT. I would also like to have a permanent house and for the members of my household to be able to have an open mind	I would like to be able to gather a small group and motivate them to plant trees. I would also like each household to have the necessary farming tools and seeds
We live only on aid because agriculture is no longer enough for us. We would like there to be more aid to reduce poverty	I would like this FKT to evolve, for the young people to succeed and work to move the village forward and become role models for the next generations
I wish people could plant trees to fight against the destruction of the environment	I wish there was no more corruption here and that those who are really capable of getting things done should be in charge.
I would like my commune to move forward like Amboasary and to have a high school	I would like it to be the people who are really vulnerable and suffering who receive the aid from the projects
I would like there to be a school in the FKT. I would also like to have a permanent house and for the members of my household to be able to have an open mind	I would like to motivate people to plant trees even if there is no payment. To get people to take responsibility.
We live only on aid because agriculture is no longer enough for us. We would like there to be more aid to reduce poverty	I wish there was a woman who could lead and who could fight for women's rights.
	Are these services equally accessible to women, men, boys and girls? Any particular barriers or opportunities? What changed since the crisis?
	Are these services equally accessible to women, men, boys and girls? Any particular barriers or opportunities? What changed since the crisis?

The collection of aspirations in the North is based on the women's responses to the survey questionnaire that was conducted by MSM. In general, the wishes of the latter revolve mainly around projects relating to household maintenance (extending the house, having/building a house, buying furniture), the desire to acquire goods and resources that will improve living conditions (having a plot of land, having zebus, having a job).

Key points, recommendations and conclusions

1. Summary of key points

1.1. Sexual division of labour

The predominance of social norms and traditional culture in the South is the main reason for the unequal social status of men and women. Established social norms have organised and hierarchised work within communities. Women accumulate a double or even triple workday, performing reproductive, productive and community tasks that are still incidental for women but prestigious for men. Moreover, women's reproductive and productive work is exploited because it is free and because of the amount of time women and girls spend doing it. This workload and the time they dedicate to perform these tasks increases with climate change. As a result, women have fewer opportunities to increase their autonomy and improve their living conditions through access to health, education, paid work, etc.

This social organisation is further entrenched in social values and beliefs as women themselves normalise and defend this established order, without which men are made to look weak and unworthy

1.2. Household decision making

The ability to make decisions depends on the possibility for individuals to access the essential resources to make strategic choices. In the South, social norms establish that it is men who have the power to decide on important decisions within the household in relation to their status as head of the family, inherited from the patriarchal and gerontocratic system of African societies. Women can take part in decisions but are confined to the reproductive work assigned to them, which does not involve high expenditure. Marital status is also a factor in favour of women who are separated or widowed because they have the advantage of making decisions within their household. Access to education is also a factor in making strategic decisions and choices. In the North, men are the main decision-makers in the household according to established norms. However, women can make decisions and can even reverse the roles in the household by becoming the head of the household if she works and earns more money than her spouse. However, the ability to make decisions within the household is the first level of emancipation for women because they can decide on the strategic choices of her life: when to get married, whom to marry, whether to have children, how many to have, freedom of movement, etc.

1.3. Control over assets

In both areas, although women generally have access to resources, they rarely have control over their use. Access to and control over resources are empowering factors for women and can influence their ability to negotiate. In both the South and the North, social norms do not allow women to access property rights, such as land or zebus, which are, for example, the main material and economic assets in the South. Women's bargaining power is therefore limited and

they find themselves dependent on their spouses who control the assets while they participate in the household's livelihoods.

In the North, the main means of subsistence are fishing and agriculture (vanilla, cocoa, coffee), while in the South, it is mainly agriculture (cassava, maize, sweet potato). Climatic hazards (drought in the South and flooding in the North) can have a strong impact on income from these activities, depending on the season. This situation has an impact on the control of assets, and therefore on decisions made within the household related to the sexual and reproductive health of women and girls.

In addition, the coping strategy adopted by households during these periods increases vulnerability within the household (loss of assets, indebtedness, reduction in food rations, GBV, etc.), which has a greater impact on women than on men. Finally, the decrease in income is not without consequences for the environment, which is under additional pressure with the deforestation of forests and mangroves for charcoal production. It is therefore a vicious circle that is constantly being created and that worsens the climatic situation and therefore the income conditions over time, while the populations are not yet aware of this interdependent link.

1.4. Access to services and public spaces

Access to services is conditioned by mobility, while mobility is conditioned by several factors that strongly impact on people's mobility behaviour, such as the sexual division of labour, unequal access to means of travel, security issues, as well as climate change. Girls and women are the ones who bear the negative consequences of these factors. The sexual division of labour limits women's space (indoors) and the time they have to access services such as health or school. Inequality in means of travel allows men to make longer journeys while services may be several kilometres away. The issue of security, such as the phenomenon of banditry in the South, is a constraining factor and forces people to travel in groups. Finally, climate change may slow down or constrain women's travel and therefore limit their access to services.

In addition to mobility, the uneven distribution of services in the fokontany (schools, health centres, water points) is a hindrance, as women are the main users of health services because of their high reproductive needs. This influences women's health-seeking behaviour and forces them to make alternative choices that are less safe for their health. Access to services is also subject to men's decisions, established by social norms, and is a barrier to women's and girls' free access to them.

Finally, access to aid and collective support to build resilience in the South is not equitable and inclusive, as men are part of the aid management committees in the communities where they live. In the North, the involvement of men and women in community management committees is much higher than in the South, but the lack of sufficient data does not allow us to know the conditions of access for the latter.

1.5. Participation in public decision-making

In general, in Madagascar, women's participation in decision-making bodies is still in the minority, and this situation is confirmed in both the North and the South. Stereotypes and unequal social status between men and women have determined that responsibility for public decision-making is reserved for men in the main services and committees identified in the

South. Women's participation in public decision-making is only accepted in meetings that affect health and education, given the disengagement of men from these issues.

Similarly, women's participation in community committees and associations is limited to their essentialist role as caregivers and nurturing mothers, which contributes to the compartmentalisation and reinforcement of gender roles and limits the aspirations of women and girls.

1.6. Control of the body and relationships

In general, in both the South and the North, men have a great deal of control over the sexuality and reproductive lives of women and girls. While there are slight nuances between the South and the North due to social norms and cultural practices in both regions, the ability to make decisions about whether or not to use FP methods, and an understanding of the interests involved, are not enough to convince men and women to use them. Conception and fertility are decisive criteria that validate women's social status, and the use of a contraceptive method represents a hindrance that does not allow them to fulfil their potential as women. Moreover, women's fertility guarantees men descendants and the perpetuation of the inheritance, favouring the birth of boys. The control exercised over the sexuality and reproductive life of girls and women, linked to social norms and traditions, has consequences on their SRH since it encourages harmful and prejudicial practices such as early marriage and early pregnancy.

The situation is all the more paradoxical with the disengagement of men from taking responsibility for SRH and the control exercised over women's bodies. The insufficient quality and number of health structures, the lack of human resources with professional skills and the lack of information channels are the main obstacles to accessing information about SRH. In addition, the disengagement of parents from their children and the lack of leisure time and activities hampers the prospects and aspirations of the latter, and pushes them into sexually active lives at an early age.

The consequences of climate change can positively or negatively influence decisions about childbearing and whether or not to use contraceptive methods. However, the links between sexual and reproductive health and building climate resilience are not yet clear to all, except for those who are already using a contraceptive method who see the benefits to their household well-being and SRH.

1.7. Gender-based violence

Gender inequalities between men and women encourage gender-based violence in both regions. Women and girls are the ones who suffer the most from the negative consequences of their subordination to men. In the South, the violence perpetrated against girls and women is all the more visible because of the predominance of social norms and traditional cultures that justify and normalise acts of violence and restrict the possibilities of emancipation for girls and women.

Climate change crises exacerbate this violence by increasing the vulnerability of girls and women to lack of resources and capacity.

1.8. Aspirations and self-esteem

The ability to be assertive and therefore to have good self-esteem depends on support, encouragement and positive messages from those close to them. However, girls and women are not encouraged to make good choices about their sexual and reproductive health and empowerment by supporting their participation in decision-making in community life.

The interlocking and interacting factors of oppression or privilege give rise to different needs and aspirations among individuals. For women, their desires revolve around the reproductive role, due to gender-related expectations, wanting to improve living conditions within the household. This desire is not so common among men, who prefer to see these improvements take place in the community.

2. Recommendations

The recommendations that emerged from this study provide information that will help partners refine the implementation of planned activities. The recommendations have been organised according to CARE's holistic approach to empowerment: agency, structure and relationship. This approach ensures sustainable results and integrates all dimensions that encompass gender.

2.1. Recommendations related to capacity to act (Agency)

- Implement a comprehensive sexuality education programme in schools, to enable young people to acquire knowledge and reflective skills that improve attitudes and practices regarding SRH.
- Raise awareness and reassure parents about the merits, benefits and advantages of using SRH services, and support them in encouraging their children to access SRH-related health services.
- Using a variety of appropriate communication channels; linked to gender, age and disability; integrate into awareness raising strategies the provision of evidence, studies, testimonies, etc. that help to reassure men and women about the use of SRH services and prevent misconceptions about SRH issues.
- Implement actions that help women and girls to become aware of their values and encourage their participation in community decision-making (mentoring system, training in leadership, public speaking, confidence, etc.).
- Strengthen the skills of service providers (CHWs and health workers), by training and supporting them in the implementation of the different existing interventions regarding SRH promotion, prevention and treatment.
- Recognise and value the different roles of men and women in the management and preservation of local biodiversity. To this end, integrate into action strategies the traditional and technical knowledge that may differ between men and women.
- Strengthen and deepen people's knowledge of the links between climate change and SRH issues in order to build their resilience.
- Ensure that staff implementing activities are gender-sensitive and recognise the specific needs of communities in the intervention area.

2.2. Recommendations related to structures

- Valuing local knowledge about SRH and climate change related knowledge and practices to understand the barriers, aspirations and influencing factors that build people's resilience and improve their access to services.
- Strive to adapt the actions to be implemented by recognising that men and women are not a homogeneous group and that their capacities and needs are different and changing in relation to their personal background.
- Establish a system that allows women to access and control resources (land, zebus), by bringing women together in a collective to overcome cultural barriers that prevent women from accessing resources individually.
- Establish a social mechanism that ensures equitable management of resources (e.g. water) by promoting equity or positive discrimination (quota system) among members of management committees.
- Access to SRH information should take into account barriers related to the gender division of labour, social norms, mobility, time availability, etc. and should be adapted to gender, age and disability needs. To this end, diversify and mobilise other channels of information and service provision related to SRG in order to overcome barriers related to access to information and services
- Strengthen and ensure wide dissemination of the RH/FP law, adopted in Madagascar, within the intervention communities to make community members aware of their sexual and reproductive health rights.
- Ensure that IGAs are decompartmentalised so that traditional roles of girls and women are not maintained and reinforced, and that the selection of IGAs can generate sufficient profit to enable self-reliance and thus build resilience.
- Strengthen the household targeting process by targeting those categories of people most exposed and vulnerable to the negative consequences of climate change. To do this, analyse the structure of the household and ensure that aid distribution is carried out by people who are neutral to the community in order to avoid all forms of clientelism and favouritism. Also ensure that the vulnerability criteria are consistent with the living conditions and realities of the household.
- Be aware that the consequences of climate change limit the income opportunities of girls and women and that they are more exposed to sexual harassment. It is therefore necessary to set up an alert system that prevents and reports all risks related to sexual harassment and exploitation of girls and women. This system must ensure the confidentiality of victims in order to avoid reprisals.

2.3. Relationship Recommendations

- To raise awareness and sensitise parents about the important role they play in establishing equitable social norms between girls and boys from childhood.
- Implement gender sensitisation activities for men and women, using the influence of local leaders to increase behavioural change in relation to harmful SRH and environmental practices.
- Encourage, in awareness-raising messages, values related to positive masculinity by allowing for the sharing of responsibilities and the equal division of labour within the household. This will help prevent GBV, strengthen women's participation in community life by freeing up their time, and improve their access to services.
- See the synergies of actions with other actors working on the issue of SRH in the areas studied, providing technical support to the interventions that are already taking place in order to strengthen their actions..

- Develop action strategies that link climate stressors and gender-based violence by engaging sectors that are not used to dealing with these two issues together. For example, building the capacity of VOIs (North) or ACNs and Mothers Leaders (South) to understand the link between gender-based violence and environmental stress. Support them to encourage and mobilise men and women in the community to dismantle social norms that are harmful to gender relations and the environment.

3. Conclusion

At the end of this gender analysis study, conducted in two different areas, in the south and north of Madagascar, the findings suggest that climate change is affecting community resilience and limiting access to sexual and reproductive health services. Girls and women are most exposed to and impacted by climate-related crises because they are responsible for providing food, firewood and water to their households, based on established social norms and cultural practices. During times of crisis, these tasks are particularly difficult and increase women's workload and reduce the amount of time they have to access services and increase their autonomy. These situations therefore make them more vulnerable and influence their sexual behaviour, not to mention the associated risks to their SRH.

The two areas have different dynamics regarding climate change risks. The South experiences recurrent drought and chronic famine (*kere*), while the North is exposed to flooding during rainy periods and massive deforestation of its forests and mangroves for charcoal production. These situations impact on the livelihoods of the communities and force them to put even more pressure on the environment. This creates a vicious circle, pushing households further into poverty. This creates tensions within the household (GBV) and reinforces social norms that deprive girls and women of their freedom.

The study found that the predominance of social norms and traditional practices linked to culture is the underlying cause of gender inequality in both regions. Reflections on the situation in the North, however, revealed that girls and women have a much greater capacity for action than women in the South. However, this is not enough to influence SRH decisions as expectations around conception and fertility define women's social status in both areas. It would have been interesting to explore this further in order to understand the nuances of the social and power relations between the sexes in this area.

Finally, the study makes recommendations to the whole consortium that are important for the continuation of the project. These recommendations will allow the different actors to consider the needs and specificities of the communities in order to implement them in their action responses.

CARE International UK

c/o Ashurst LLP

London Fruit & Wool Exchange

1 Duval Square, London E1 6PW

www.careinternational.org.uk

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