



**Samoa Family Health Association (SFHA)**, established in 1982, is the leading sexual and reproductive health and rights (SRHR) services provider in Samoa, delivering family planning (FP) and reproductive health (RH) services through permanent clinics in Savalalo and Motootua on the island of Apia, and Saleleoga on the island of Savaii, and mobile units (on both islands) which visit rural areas and outer islands three times a week to provide educational and contraceptive services to vulnerable communities. SFHA advocates for SRHR inclusion in national legislation and frameworks. SFHA also contributes to the country's health reports, health plans, health surveys, and human rights reports.

The SFHA is a Member Association of the International Planned Parenthood Federation (IPPF).

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### **Background: International and Regional Commitments of Samoa**

1. The Government of Samoa is signatory to several global human rights conventions including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (ratified in 1992), Convention on the Rights of People with Disabilities (CRPD) (signed in 2014, not ratified), Convention on the Rights of the Child (CRC) (ratified in 1994) and development strategy frameworks developed and carefully designed to form broad guidelines for countries in trying to address the emerging social, economic, health, and development issues, including the 2030 Agenda for Sustainable Development, Cairo International Conference on Population and Development (ICPD), and the Beijing Platform for Action (BPfA).
2. Samoa's commitment to upholding SRHR is observed through the Moana Declaration 2013 and the Pacific Sexual Health and Well-being Shared Agenda 2015-2019 (SPC, 2014). The National Sexual and Reproductive Health (SRH) Policy 2011-2016 was a great step towards improving sexual health and wellbeing of all Samoans, however, there remains a lot to do, such as reviewing the progress of SRH targets and towards achieving the most recent SRH Policy 2018 -2023 that was endorsed in 2019. The political commitment of the current administration to SRH was evident during the launch of the Regional Comprehensive Sexuality Education (CSE) Guidelines for Out of School Youths by Prime Minister Tuilaepa Malielegaoi in December 2020.
3. In previous UPR cycles, Samoa received recommendations on "step(ing) up efforts to promote sexual education, particularly oriented towards adolescents paying special attention to the prevention of early pregnancy and to the control of sexually transmitted diseases and HIV/AIDS, as previously recommended (Mexico, 2nd cycle); and to adopt measures to reduce violence against women and girls and violence based on sexual orientation and gender identity (Slovenia, 2nd cycle); Both of these recommendations were accepted by Samoa. However, it is difficult to ascertain how much has been pursued by the Government of Samoa.

### **Access to Comprehensive Sexuality Education (CSE)**

1. A critical issue in Samoa is the lack of full access to comprehensive sexuality education (CSE) nationwide. Samoa has a young population – an estimated 38% of the population is below the age of 15.<sup>1</sup> Of these, 7.4% of girls are subject to child marriage before the age of 18.<sup>2</sup> Due to the lack of comprehensive sexuality education in the school system, adolescents are at high risk of intimate partner violence, sexual violence, unintended pregnancies and sexually transmitted infections.
2. Samoa's 48,000-plus young people aged 10-24<sup>3</sup>, especially those who are unmarried, do not receive sufficient information and education on sexual and reproductive health and rights. Sex education in school curricula only introduces human reproductive functions and the main message content in educational materials is the promotion of family, moral and religious values.
3. CSE provides basic, fundamental sexual and reproductive health and rights information that is essential for young people to fully comprehend their bodies, feelings, and sexuality, to enable them to make well-informed choices, but also goes beyond biological information to include value creation around gender equality by providing children and young people with age-appropriate and phased education based on human rights, gender equality, relationships, and reproduction.
4. Strong evidence from the UN International Technical Guidelines on Sexuality Education (ITGSE) demonstrates that sexuality education improves attitudes related to sexual and reproductive health. Curriculum-based sexuality education programmes promote gender equality, respect for human rights, non-discrimination and non-violence; contribute to more respectful relationships and eliminate gender-based violence, due to delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk-taking, increased use of condoms, and increased use of contraception. Sexuality education has positive effects, including increasing knowledge about different aspects of sexuality, behaviour and risks

of pregnancy or HIV and other sexually transmitted infections (STIs).

5. The government has a responsibility to provide comprehensive sexuality education in formal and non-formal settings that promotes the well-being of youth, enhances gender equality, responsible sexual behaviour, and prevents early and unintended pregnancy, sexually transmitted infections, and all forms of violence including sexual and gender-based.
6. While appreciating efforts by the Ministry of Education, Sports and Culture (MESC) to undertake to deliver Family Life Education (FLE) in schools, the SFHA is concerned that the implementation and its contents may not follow the ITGSE and may increase young people's vulnerability to negative SRH outcomes such as intimate partner violence, sexual violence, unplanned pregnancy and sexually transmitted infections (STIs).
7. Young people are denied comprehensive and rights-based sexuality education and this is reinforced by laws, policies, norms and religious values that in practice restrict young people's access to contraceptives and reproductive health services. Further, adolescent girls who become pregnant are dropping out of school due to the unsafe school environment and negative perception towards pregnant adolescent girls.
8. Although Samoa has the Family Life Education (FLE) programme in place, the implementation of FLE has been slow due to the lack of government support to fully integrate FLE as part of the education curriculum, training teachers and peer educators on the content and delivery of the material and fully funding these efforts. These restrictions on young people's access to information and education prevent them from learning how to protect themselves from unintended pregnancy and sexually transmitted infections (including HIV).
9. CSE is necessary but not sufficient on its own to assure healthy SRH outcomes for young people. Alongside CSE, adolescents and young people must have access to SRH information and youth-friendly services, including safe, modern and affordable contraceptives.
10. The fulfilment of the right to SRH information, education, and access to high-quality, youth-friendly services for young people will increase the quality of life for around 48,000 young people in Samoa.

### **Access to Comprehensive Sexual and Reproductive Healthcare**

1. Samoa has a total population of 195,979, 49% of which female and the majority (81%) of which lives in rural areas.<sup>4</sup> According to the Samoa Demographic Health Survey (SDHS) 2019-2020, only 16.6% of women or their partners are currently using at least one contraceptive method of any type (modern or traditional)<sup>5</sup>.
2. The unmet need for family planning is 42% (of women of child-bearing age, who are married or in a union, either do not want or wish to delay childbearing and yet are currently not using contraceptives).<sup>6</sup> Only 29.4% of the demand for family planning is satisfied with modern methods of contraception.<sup>7</sup>
3. 2017 STI Surveillance data reported a 22.93% prevalence of Chlamydia; of 2,207 individuals tested at hospitals and health facilities in 2017, 22% had Chlamydia. This rate is made up of predominantly antenatal women.<sup>8</sup> Youth age 15-24 accounted for 40.7% of all Chlamydia infections in 2015 (MoH STI Surveillance 2017). Condom use in Samoa is low. In 2020, only 9.9% of women and 15.2% of men aged 15-49 years reported using a condom the last time they had sex.<sup>9</sup>
4. Sexual and gender-based violence is extremely high in Samoa. In 2020, nearly 40% of women aged 15-49 years have experienced physical, sexual, and/or emotional violence committed by their current husband/ partner (if currently married) or most recent husband/partner (if

formerly married), ever in their lifetime,<sup>10</sup> while 32.6% reported experiencing such violence in the last 12 months.<sup>11</sup>

5. Young people are particularly vulnerable due to the limited availability of contraceptives, as few services cater to their specific contraceptive needs. This is reflected in Samoa's adolescent birth rate (55 live births to adolescent women per 1,000 women)<sup>12</sup>, which is higher for young women in rural areas compared with their urban peers who have greater access to anonymous services.
6. Sexual and reproductive ill-health is a major contributor to the burden of disease among young people. Ensuring the sexual and reproductive health (SRH) of young people makes social and economic sense: HIV and sexually transmitted infections (STIs), unintended pregnancy and unsafe abortions all place substantial burdens on families and communities, and upon scarce government resources, and yet such burdens are preventable and reducible. Promoting young people's SRH, including the provision of sexuality education in schools, is a key strategy towards achieving the Sustainable Development Goals (SDGs) to "achieve gender equality and empowerment of women"; to "reduce maternal mortality"; "achieve universal access to reproductive health"; and "combat HIV/AIDS".
7. Exposure to family planning messages in the media is low. Only 37.3% of women and 29.5% of men access family planning messaging through media sources such as television, radio, and/or newspaper or magazines, the main sources of information in Samoa. This indicates a need for family planning programs to specifically target youth with family planning messages through the media such as televisions, radios, newspapers etc.

#### **Recommendations:**

Samoa Family Health Association (SFHA) suggests the following recommendations to the Government of Samoa:

1. Revise the existing Family Life Education curriculum to align with the UN International Technical Guidelines on Sexuality Education as part of mandatory primary and secondary school curriculums, and out of school youth, including on-going training for facilitators and a monitoring and evaluation framework to measure the effectiveness of these programmes.
2. Effectively implement and monitor holistic, rights-based comprehensive SRH programmes with adequate budget allocation, aligned with the National SRH Policy, for all Samoans including young people and develop and implement a plan to create an enabling environment for pregnant adolescent girls to complete their educational pursuits.
3. Implement the "Inter-Agency Essential Services Guide (IESG)" to establish a national referral system for survivors of violence and provide funding support for non-governmental organizations providing direct support to survivors including psychosocial, economic, and legal support, and medical.

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<sup>1</sup> Samoa's Second Voluntary National Review on the implementation of the Sustainable Development Goals, <https://samoa.un.org/en/52796-samoas-second-voluntary-national-review-implementation-sustainable-development-goals>

<sup>2</sup> Samoa Demographic and Health Survey-Multiple Indicator Cluster Survey (DHS-MICS) 2019-20 Factsheet, <https://www.samoagovt.ws/2020/08/fact-sheet-samoa-demographic-and-health-survey-multiple-indicator-cluster-survey-dhs-mics-2019-20/>

<sup>3</sup> The youth monograph 2016 reports a number of 48, 125 young people under 25 years of age

<sup>4</sup> Samoa's Second VNR on the implementation of the SDGs

<sup>5</sup> Samoa DHS-MICS 2019-20 factsheet

<sup>6</sup> State of the World Population Report 2020, Defying the practices that harm women and girls and undermine equality, UNFPA

<sup>7</sup> Samoa DHS-MICS 2019-20 factsheet

<sup>8</sup> Global AIDS Monitoring Report for Samoa 2017, [https://www.unaids.org/sites/default/files/country/documents/WSM\\_2018\\_countryreport.pdf](https://www.unaids.org/sites/default/files/country/documents/WSM_2018_countryreport.pdf)

<sup>9</sup> Samoa DHS-MICS 2019-20 factsheet

<sup>10</sup> WHO, Global, regional and national estimates for intimate partner violence against women and global and regional estimates for non-partner sexual violence against women (2021)

<sup>11</sup> Samoa DHS-MICS 2019-20 factsheet

<sup>12</sup> Samoa DHS-MCIS 2019-20 Factsheet