



Sexual and Reproductive Health Of Young Women in Senegal

- There are approximately 765,000 women aged 15–19 living in Senegal in 2014; they account for 10% of the total female population.
- Few young women in Senegal use formal sexual and reproductive health services, and many appear to be uncertain about whether they are allowed to use contraceptives before they turn 18. Young people also cite cultural and religious norms and attitudes censuring premarital sexual activity as reasons for not seeking services.
- Just over half of girls attend primary school (56%). However, only 27% attend secondary school.
- Access to media varies greatly among young women: Sixty-two percent report at least weekly exposure to radio, 66% to television and 16% to newspapers. Media exposure is consistently higher for young women in urban environments than among those in rural areas.

- Young unmarried women who become pregnant experience social stigma and discrimination, and are often thrown out of their parents' home and expelled from school.

SEXUAL ACTIVITY

- Nearly one-third of Senegalese women aged 15–19 report having had sex.
- Thirty-four percent of women aged 18–24 report having had sex before age 18; among rural women and those in the lowest wealth quintile, this proportion is significantly higher, at 48% and 66%, respectively.
- One in four women aged 15–19 have been married; this proportion is much higher among young women in the poorest wealth quintile (52%).

ACCESS TO REPRODUCTIVE HEALTH CARE

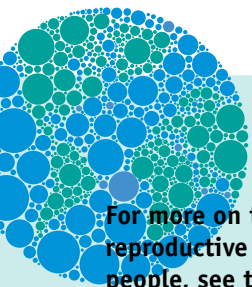
- Only 16% of sexually active (had sex in past three months), never-married women aged 15–19, and just 6% of those who are married, use any method of contraception.
- Twenty percent of recent births, among women younger than 20 at the time of these births, are reported as unplanned.
- Among sexually active, never-married women aged 15–19, 77% have an unmet need for contraception, meaning they wish to avoid pregnancy in the next two years but are not using a contraceptive method. Unmet need for contraception is similarly high among those in urban and rural areas (80% and 74%, respectively).

- Nearly one-third of married women aged 15–19 have an unmet need for contraception, and unmet need affects a higher proportion of urban residents than rural residents (41% and 27%, respectively).

- Seventy-five percent of mothers younger than 20 report that their most recent birth occurred at a health facility; a smaller proportion (65%) were attended by a trained professional. Almost all young expectant mothers (97%) report having made one or more antenatal care visits.

SEXUAL HEALTH KNOWLEDGE

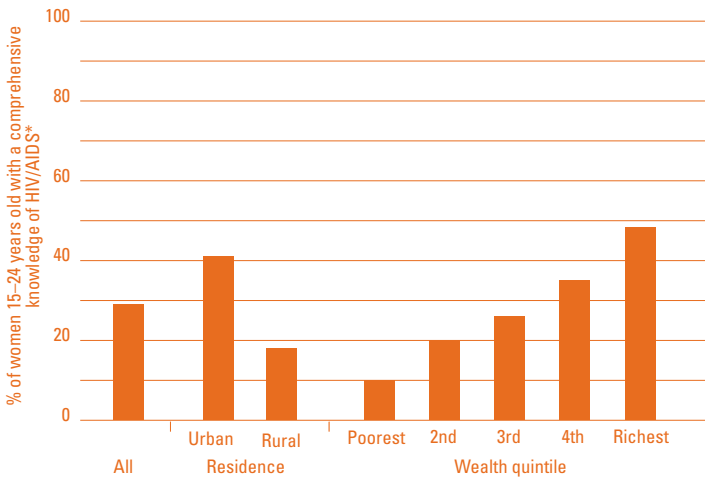
- Women aged 15–19 have heard of an average of three modern contraceptive methods.
- One-fifth of women aged 15–24—and only one-tenth of those living in the two poorest wealth quintiles—report that they could get a condom on their own.
- While most Senegalese women are aware that condom use and having one uninfected partner reduce the risk of HIV infection, fewer than one-third (29%) of women aged 15–24 have a comprehensive knowledge of HIV/AIDS, defined as knowing the two HIV-prevention methods mentioned above, knowing that a healthy-looking person can be HIV positive and rejecting two common local misconceptions about HIV transmission.
- The proportion of women aged 15–24 with comprehensive knowledge of HIV/AIDS is higher in urban areas than in rural areas (41% vs. 18%). Among the poorest women, the level of comprehensive knowledge is even lower (10%).



For more on the sexual and reproductive health of young people, see the full report: *Demystifying Data: A Guide to Using Evidence to Improve Young People's Sexual Health and Rights.*

Comprehensive Knowledge of HIV/AIDS

The proportions with comprehensive knowledge vary widely by subgroup but never reach one-half, even among the most advantaged.



*Comprehensive knowledge is defined as knowing that condom use and having one uninfected partner can reduce risk of HIV, knowing that a healthy-looking person can be HIV positive and rejecting two common local misconceptions about HIV transmission.

GENDER INEQUALITY AND SOCIAL NORMS

- Three-fourths of women aged 15–19 (72%) believe that if a husband has an STI, his wife is justified in asking him to use a condom. Moreover, 63% agree that a woman is justified in refusing to have sex if she knows that her husband has an STI.
- However, 61% agree that a husband may be justified in hitting his wife in at least one circumstance.
- Just 20% of married women aged 15–19 report having sole or joint (with husband) say in their own health care. This indicates that 80% of these women are not involved at all in decisions about their own sexual and reproductive health care.

POLICY ENVIRONMENT

- The 2005 Law in Relation to Reproductive Health, recognizes reproductive health as a “fundamental and universal right

guaranteed to all individuals without discrimination based on age, sex, wealth, religion, race, ethnicity, matrimonial situation or any other situation.”

- There are no legal restrictions on young people’s access to contraceptives and other basic services, such as pregnancy and STI testing, apart from a requirement that one be 15 or older to consent to HIV testing.
- Abortion is legal only to save a woman’s life, and the Penal Code imposes hefty prison and financial penalties. However, many young women resort to illegal abortion services, which often put their health at risk.

POLICY AND PROGRAM IMPLICATIONS

- These data indicate that a large proportion of young Senegalese women have ever had sex and therefore have a need for sexual and reproductive health information and services.

- Young women living in rural areas and those with the fewest financial resources have the least access to information and services and are the most vulnerable to unintended pregnancies and STIs. These groups should be prioritized in efforts to provide sexual and reproductive health information and services.

- Unmet need for contraception is very high among unmarried young women. Action is needed to address underlying factors, including a lack of affordable and accessible health services, stigma surrounding nonmarital sexual activity and lack of agency among young women.

- Evidence on young women’s attitudes about sexual rights and gender equality show the common acceptance of women’s unequal status and treatment. Increased investment is required in rights-based sexual and reproductive health programs and education.

- Most adolescent women likely do not receive any formal sexuality education: Many do not attend secondary school, and many schools likely do not cover this subject.
- Key stakeholders should adopt effective strategies—including school-based sexuality education and forums outside the school system, such as community awareness programs and media campaigns—to reach young women with the information they need to safeguard their sexual and reproductive health and rights.

The majority of the data cited here are from: Anderson R et al., *Demystifying Data: A Guide to Using Evidence to Improve Young People’s Sexual Health and Rights*, New York: Guttmacher Institute, 2013 and special tabulations of 2010–2011 Demographic and Health Survey data used in that report.

For a version of this fact sheet with additional references, please see: <http://www.guttmacher.org/pubs/FB-DD-Senegal.html>

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