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Contraceptive Knowledge Is Nearly Universal in Senegal, Yet Fewer Than One in Seven Women Use a Method

Despite a steady decline in fertility over the past two decades, women in Senegal can expect to have almost six children during the course of their reproductive years. According to the 1997 Senegal Demographic and Health Survey (SDHS), 86% of married women and 90% of married men can name at least one contraceptive method; 13% and 16%, respectively, currently use a method.¹ The modern methods most widely used by women are the pill, the injectable and the IUD.

Senegal's population of close to seven million is made up of more than 20 ethnic groups; the most prominent are the Wolof (43%), the Poular (24%), the Serer (15%), the Diola (5%) and the Mandingue (4%). Most Senegalese are Muslim (94%), but a small percentage are Christians (4%).

The sample for the SDHS included 8,593 women aged 15–49 and 4,306 men aged 20 and older; slightly more than half of the respondents lived in rural areas. Most of the women (67%) had received no formal education, although 21% had attended primary school and 13% had a secondary or higher education. Among men, levels of education were similar: Most had no education (60%), although 20% had a primary education and 21% had a secondary or higher education.

Marriage

The median age at first marriage among Senegalese women aged 25–49 was 17.4 in 1997. Overall, 68% of women in the sample were married, 4% were divorced, 1% widowed; the rest (27%) had never been married. Urban women married at a median age of 19.6, compared with 16.3 for rural women. The median age rose from 16.5 years among women with no education to 19.6 among women with primary education and 23.6 among women with a secondary or higher education. The Serer and the Diola tended to marry at later ages (18.2–21.0) than the Poular or the Mandingue (16.3–16.8).

Overall, 64% of men in the sample were married at the time of the survey. Thirty-four percent had more than one wife. The proportion of men practicing polygamy

was greater in rural areas than urban areas (39% vs. 27%), and was greater among men with no education (40%) than among those with a primary education (24%) or a secondary or higher education (16%).

The median age at first sexual intercourse for women aged 25–49 (17.1) was nearly the same as the median age at first marriage (17.4). Patterns in age at first sexual intercourse across ethnic groups and levels of education mirrored those for age at first marriage.

Fertility and Fertility Preferences

The total fertility rate (TFR) for Senegalese women aged 15–49, based on the three years preceding the study, was 5.7 lifetime births per woman. Women in rural areas could expect to have 2.4 more births than women in urban areas (6.7 vs. 4.3), while women with no schooling would have twice as many births as women with a secondary or higher education (6.3 vs. 3.1).

Senegalese women aged 25–49 had had their first birth at a median age of 19.8. First births for women living in urban areas occurred two years later than first births for women in rural areas (at ages 21 and 19, respectively). The median age at first birth rose from 19.2 among women with no education to 20.7 among women with a primary education and 23.6 among women with a secondary or higher education. Some 22% of women aged 15–19 had given birth or were pregnant at the time of the survey.

On average, married women wanted 5.7 children, a number identical to the actual fertility rate. Rural women wanted more children than women living in urban areas (6.0 vs. 4.5), while women with no education wanted more children (5.8) than did women with primary schooling (4.6) or a secondary or higher education (4.0).

On average, married men considered 9.5 children ideal. As was the case among women, the ideal number of children dropped as educational attainment rose, and men in rural areas wanted several more children than those in urban areas.

Overall, 23% of married women reported wanting no more children. This

proportion rose from 1% among women with one surviving child to 61% among women with six or more. The wanted fertility rate—a composite index calculated in the same way as the TFR, but omitting births exceeding the number women considered ideal—was about one birth lower than the actual fertility rate (4.6 vs. 5.7). The difference between the two measures was relatively consistent across residential and educational categories.

Some 33% of women in Senegal were considered as having an unmet need for family planning (22% for means of spacing births and 11% for means of limiting births). Women with a primary education were more likely to have an unmet need for family planning services (39%) than were women with no education or those with a secondary or higher education (32% and 27%, respectively).

Contraceptive Knowledge and Use

In 1997, the majority of married men and women in Senegal knew of at least one contraceptive method (86% and 90%), and most knew of at least one modern method (83% and 79%, respectively). The pill was the method most widely known among women (74%), followed by the condom (67%), female sterilization (58%), the injectable (58%) and the IUD (54%). Among men, the most widely known methods were the condom (68%) and the pill (61%).

Overall, 27% of married women and 32% of married men had ever used a contraceptive method. At the time of the survey, 13% of married women were practicing contraception, as were 16% of married men. The pill was the method most commonly used by women (3.3%), while the condom was the method most frequently relied on by men (3.7%).

Current contraceptive use was higher among married urban women than among those in rural areas (24% vs. 7%), and rose from 8% of married women with no education to 22% of those with a primary education and 43% of those with a secondary or higher education.

Sixty-nine percent of all women using a

modern method obtained contraceptive services from a public source, 21% from the private medical sector and the rest from other sources. The majority of women who used the injectable, the pill or the IUD obtained their method from a public source (92%, 74% and 67%, respectively), while most of those who used condoms obtained them from a pharmacy or another private source (58%).

Among married women who were not using a method at the time of the survey, 24% intended to use one in the next 12 months, 10% planned to do so later, 10% were uncertain about future use and 3% expected to use a method but did not specify when. The preferred method among women who intended to practice contraception in the future was the pill (cited by 27%), followed by the injectable (18%) and the implant (10%).

Fifty-three percent of married women who had never used a method did not intend to practice contraception in the future, compared with 68% of men. Among women, reasons given for nonuse varied with age. Women younger than 30 were most likely to cite a desire for more children (17%) or difficulty in obtaining a method (10%). Women 30 or older mentioned infrequent sexual intercourse and difficulty in becoming pregnant (13% each), as well as difficulty in obtaining a method (12%) and desire for more children (11%).

Men younger than 30 were most likely to cite a desire for more children (43%), a lack of information about family planning (15%), opposition to family planning (13%) or religious objections (12%). Men older than 30 mentioned religious objections (26%), a desire for more children (22%), sterilization or wife's menopause (16%) or opposition to family planning (12%).

Overall, 72% of wives who knew of at least one contraceptive method reported that they approved of family planning, and 29% believed their husband approved. The proportion of couples in which both spouses approved rose from 20% when the wife had no education to 48% when she had a primary education and to 66% when she had a secondary or higher education. Approval was higher among urban couples than among rural couples (47% vs. 17%), and was highest among couples in which the wife was aged 30–34 (34%) and lowest among couples in which she was 15–19 or 45–49 (22% and 21%, respectively).

Among married men who knew of at least one contraceptive method, 77% had never discussed family planning with their wives, 8% had discussed it once or twice and 15% had done so three or four times. Men aged 50 or older and those younger than 30

were the least likely to have discussed family planning with their wives (90% and 75%, respectively). Men aged 40–49 and those aged 30–39 were the most likely to have discussed family planning three or four times (24% and 22%, respectively).

Maternal and Child Health

The mothers of most infants born in the five years preceding the survey had received prenatal care from a trained provider (82%). Women aged 20–34 were as likely to have received care (83%) as were women younger than 20 or older than 35 (81% each). The proportion receiving care decreased from 87% among women having a first birth to 78% among women with six or more births, and was higher among urban women than among rural women (95% vs. 76%). Slightly more than half of all births (51%) took place in the woman's home, while 48% occurred in a medical facility.

Ninety-seven percent of children born in the five years preceding the survey were breastfed; the median duration of breastfeeding was 20.9 months. The duration of breastfeeding was longer in rural areas than in urban areas (21.6 vs. 18.6 months), and decreased from 21.5 months among women with no education to 19.4 months among mothers with a primary education and 12.3 months among those with a secondary or higher education. In the first month, 21% of children were breastfed exclusively, a proportion that declined thereafter to 10% among infants 2–3 months old and to 5% among those 4–5 months old.

Rates of mortality among infants and young children have decreased sharply over the past 24 years. For example, 239 of every 1,000 children born in the period 20–24 years before the survey died before their fifth birthday, compared with 139 deaths per 1,000 in the period 0–4 years before the survey. The trend in infant mortality was similar: In the period 20–24 years before the survey, 106 of every 1,000 infants died before their first birthday, compared with 68 per 1,000 in the period 0–4 years before the survey.

These rates varied according to the mother's area of residence and level of education. Infant mortality was higher in rural areas than in urban areas (79 vs. 50 deaths per 1,000) and declined from 76 deaths per 1,000 among infants born to women with no education to 52 deaths per 1,000 among those whose mother had a primary education and 29 deaths per 1,000 among those whose mother had a secondary or higher education. Similar patterns occurred in deaths among children younger than five.

The infant mortality rate was higher among males than among females (73 vs. 65 deaths per 1,000). In addition, it dropped from 89 deaths per 1,000 among infants born to women younger than 20 to 60 deaths per 1,000 among those born to women aged 20–29, and rose again to 78 deaths per 1,000 when the mother was aged 40–49.

Death rates dropped as the interval between births increased. For example, infant mortality dropped from 98 per 1,000 among children born after an interval of less than two years to 59 per 1,000 among those born after an interval of 2–3 years and 51 per 1,000 among those born after an interval of four or more years.

AIDS

Knowledge of AIDS is nearly universal among men and women in Senegal (96% of men and 92% of women), with little variation by social and demographic characteristics.

Among respondents who knew of AIDS, 85% of men and 80% of women knew of at least one mode of transmission. Eighty-one percent of men and 76% of women recognized that AIDS can be transmitted through sex, but far fewer recognized that it is transmissible through injections (21% of men and 19% of women) or blood transfusions (19% of men and 14% of women).

When asked about ways to prevent AIDS, respondents cited fidelity to one's partner or partners (47% of men and 39% of women), condom use (42% of men and 28% of women), limiting sex to one partner (37% and 41%, respectively) and abstinence (35% and 26%, respectively).—*I. Olenick*

Reference

1. Ndiaye S, Ayad M and Gaye A, *Enquête Démographique et de Santé au Sénégal (EDS-III)*, 1997, Calverton, MD, USA: Macro International; and Dakar, Senegal: Ministère de l'Économie, des Finances et du Plan, 1997.

Rates of Pregnancy and Birth In Rural Uganda Are Lower Among HIV-Infected Women

HIV-infected women in a rural area of Uganda have a pregnancy rate half that among uninfected women, and infected women who do become pregnant are more likely to have a miscarriage or a stillbirth. According to a study of the effects of HIV and other sexually transmitted infections on fertility, pregnancy rates are especially low among HIV-positive women with clinical symptoms of AIDS or a concurrent syphilis infection.¹ The HIV status of a woman's male partner, however, appears to have little effect on her fertility.