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Public Perceptions on Family Planning and Birth Spacing in the Cultural and Religious Context of Senegal: A Case Study in Dakar, Senegal

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SIT Study Abroad

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Public Perceptions on Family Planning and Birth Spacing in the Cultural and Religious Context of Senegal: A Case Study in Dakar, Senegal

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I dedicate this project to every Senegalese woman who has not had the opportunity to exercise her full rights as a woman.

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Abstract

Much prior research has examined the prevalence rates of family planning and contraceptive use in Senegal, as well as the importance of family planning for reducing maternal and infant mortality, improving the well being of families, and improving the national economy. Few studies, though, have captured the perspectives of Senegalese persons and their attitudes and beliefs toward family planning, rumors and stigmas that surround it, and how different actors can work together to dispel rumors and encourage the use of family planning. I conducted my research in Dakar, Senegal, where I interviewed a variety of persons – two gynecologists, a public health doctor, a secretary at a gynecologist’s practice, two Imams, two language teachers, a women’s rights advocate, and a stay-at-home mother – about their perceptions on family planning. I asked them too how religious leaders, men, and other actors can be involved, and what they believe to be the gravest obstacles to expanding the access and quality of family planning in Senegal. The aim of this study was to both flesh out the quantitative data and previous studies on family planning in Senegal that already exist, and couple this with the qualitative perceptions of people from Dakar so that the Senegalese government, NGOs, and other enterprises can begin to develop the effective strategies for expanding family planning.

Keywords: Anthropology, Development Studies, Gender Studies, Health Education, Public and Social Welfare, Sociology, Religion, Public Health, Obstetrics and Gynecology

Introduction

In developing countries, governments, NGOs, and international organizations have begun to pay more and more attention in recent decades to the importance of family planning as a mechanism for improving people's well being and enhancing not only the economic prosperity of families and individuals, but that of the nation. Senegal has recently moved the expansion of family planning to a higher priority status. This is on the grounds that it can improve the health and wellbeing of people, improve the national economy, and help Senegal develop further as a nation.

Although access to family planning and education on using modern family planning techniques are expanding, the rate at which women use these modern techniques remains extremely low. Moreover, the rate at which married women in urban areas use modern family planning techniques remains much higher than that of women in rural areas (L'Agence Nationale de la Statistique 2012, pg. 6). Access to family planning and birth control is crucial to explore because of its implications on the wellbeing and overall human rights of the women whom it impacts. For my study, I examined the current status of family planning in Senegal, then developed an approach to understanding people's perceptions in Dakar on family planning to further an understanding of how cultural, social, and religious barriers can best be dissolved to expand access and quality of family planning throughout Senegal.

Background

I studied family planning and birth control within the framework of basic human rights for women, coupled with its implications on the health and wellbeing of Senegalese women and families. First and most foremost, I used the following definition of the reproductive and sexual rights for my study from the ICPD Program of Action:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to reproductive system and to its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable, acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.” (Bop 2004)

Moreover, I used the following description for family planning according to the World Health Organization (WHO):

“Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility. A woman’s ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.” (WHO 2013)

Current Situation

Expanding access to family planning in Senegal is crucial for a number of reasons, which correspond most to basic human rights and the health and wellbeing of the Senegalese population. The need for action regarding women’s reproductive health is reflected in the alarmingly high rates of maternal mortality and morbidity in Senegal (Reproductive Rights and GREFELS 2001). Senegal has one of the highest rates of maternal mortality in the world, with over 500 maternal deaths per 100,000 live births. This is not only because of a weak health care infrastructure, but also because of cultural and social sources that deny women to health rights and reproductive rights throughout their lives.

Senegal has a quickly growing population, at a rate of 2.6% per year; additionally, 58% of the country’s population is under the age of 25 (Sidze 2012). The population of Senegal is also increasing rapidly: the population nearly doubled between 1990 and 2010 (Plan 2012-2015). The rate of population growth exceeded changes in the rates of poverty and urbanization. Moreover, between 2005 and 2010, the rate of contraceptive use increased from only 10% to 12%, making it one of the lowest rates of contraceptive use

in Africa. The need for expanded family planning and increased contraceptive use is clear.

Only 13% of married women use any method of family planning: 12% are using a modern method, and injectables (5%) and the pill (4%) are the most popular methods (L'Agence Nationale de la Statistique 2012, 6). The male condom is the most popular method of family planning (11%) among sexually active women who are unmarried, though only one in four sexually active unmarried women use a modern method of family planning. This is concerning because their numbers are growing in urban areas, and they often lack knowledge of family planning methods and protection from sexually transmitted diseases (STDs) because of the great stigmatization of sexual activity before marriage. Women with higher levels of education, women are more likely to use modern contraception techniques: only 8% of all women with no education use modern methods, whereas 26% of women with secondary or higher education use modern techniques. Additionally, modern contraception techniques are used more frequently in urban areas, at a rate of 20%, than in rural areas, at a rate of 7%. The rates of family planning in Senegal are alarming low, with major health and wellbeing implications on both women and their families.

There remains in Senegal an extremely high rate of unmet need for family planning: the proportion of married women who want to space their births or stop childbearing complete, but are not using a method of contraception (L'Agence Nationale de la Statistique 2012, 7). Presently, 29% of married women have an unmet need for family planning, and of these, 22% for spacing births and 8% for limiting births. To fill the gap in unmet family planning and address women's reproductive health rights, it is

necessary to understand the cultural, religious, and socioeconomic framework propagating this cycle to best address how this gap can be filled.

Islam and Family Planning

Religion is commonly regarded as one of the greatest determinants of family planning in Senegal. Securing the approval and support of family planning by religious leaders can go a long way toward expanding utilization and access. However, some Muslims perceive family planning, and particularly birth control, as immoral. The Quran, though, does not prohibit birth control, nor does it forbid couples from spacing or limiting the number of pregnancies (Roudi-Fahimi 2004, pg. 3). The majority of Islamic jurists believe that family planning is permissible. Notably, all Islamic schools, with the exception of the literalist-Zahiri school of Islam, declare the legality of family planning: for the Hanafi, Maliki, and Shiites, it is subject to consent of the wife (Kebe 2009, pg. 8). Moreover, there are clear indications in the Quran that say one must take all measures to save the lives of mothers and guard wellbeing: family planning does this by not only lowering maternal mortality, but also morbidity and neonatal and infant mortality (Kebe 2009, pg. 14). Despite this, some Muslims still oppose family planning.

Small groups of Islamic jurists and other Islamic groups oppose family planning on two major grounds. The first is that any practice that prevents pregnancy is infanticide, which is a practice repeatedly condemned in the Quran (Roudi-Rahimi 2004, pg. 5). The second ground is that the larger the number of Muslims and the larger their population, the greater their power. Even further, some view family planning as a practice imposed by the West to decrease the number of Muslims (Kebe 2009, pg. 6). Based on this

information, it is crucial for the Senegalese government and NGOs to continue dialogues with religious leaders to demonstrate to the general population the benefits family planning can have for families and greater society.

National Plan of Action

Senegalese government has recently undertaken a variety of projects in the health sector to increase the wellbeing of the population. One of these is the *National Plan for Health and Social Development 2009-2018*. In this plan, one of the four fundamental objectives is to reduce maternal and infant mortality (Minister of Health and Social Action 2012). According to the report, family planning is one of the most efficient methods for saving lives and bettering women and children's health. Expanding access and quality of family planning will give Senegal the opportunity to develop its economy and increase prosperity while also reducing population pressure on sectors including education, environment, and agriculture. The key target for Senegal's *National Plan of Action for Family Planning 2012-2015* is to increase the contraceptive prevalence rate from 12% (the 2010 rate) to 27% by 2015. In this plan, the main objective is to provide equal access to quality family planning services to all women in Senegal.

Rates of contraceptive use vary by region: rates are much higher in more urban regions versus rural regions (see chart in appendix A) (Minister of Health and Social Action 2012). The goal is to raise rates in all regions, with an expanded access to cover an additional 350,000 women in Senegal by 2013. More specifically, the plan aims for a 23-percentage point increase in Dakar to raise the rate from 21% to 44%.

For the purposes of my study, I chose to focus on the urban area of Dakar because of my time and resource limitations, and because Dakar is a great starting point for studying people's perceptions. However, it is crucial to recognize the major differences in healthcare access, culture, and attitudes towards family planning in separate regions.

In Dakar, family planning services are comparatively widely available: a number of different obstacles keep people from accessing these services. The percentage of unmet need amongst married women was still 32% in Dakar in 2010 (Minister of Health and Social Action 2012). Many women still have negative preconceptions of family planning and birth control. Many fear medical side effects, whereas others are faced by the social taboo of birth control, or desire to have many children as related to socio-cultural expectations. Additionally, stock-outs and distribution issues are still problematic, even in Dakar. However, the most prevalent reasons for non-use stem from social, cultural, and religious norms. Some of the most important elements to address are paths of communication and addressing social, cultural, and religious ideas that keep women from using family planning. Access to reliable information that is backed by religious leaders and accepted by the public will go far in promoting women to use family planning.

Purpose of Study

The current literature reveals a clear need for expanded access to family planning in Senegal for the sake of improving the well being and health of women and children, improving the success of families, and for improving the prosperity of the country as a whole. The current lack of family planning is attributed primarily to social, cultural, and

religious reasons. However, the current literature does not delve deeply into these socio-cultural and religious barriers, nor does it give a nuanced look at what these barriers are, why they have developed, and how exactly they function. Understanding the precise reasons for these socio-cultural barriers is key to understanding how utilization, access, and quality of family planning can best be expanded within the context of Senegal's vibrant cultural.

Perceiving the current lack of qualitative data on barriers to family planning, I decided to conduct an exploratory project with a nuanced-based approach to understand different persons' perceptions on family planning and the most prevalent obstacles to access and utilization. I decided to explore the underlying cultural, religious, and socioeconomic conditions limiting access to family planning by uncovering common persons' and professionals' perceptions on the expansion of family planning in Senegal.

Methodology

Literature Review

Before developing a solid methodology for my primary research, I conducted a thorough literature review of existing information on family planning in Senegal, as demonstrated in the previous section. Unfortunately, my academic director told me that I had to change ISP topics just two days before the start of the ISP period, as my original plan to study sex trafficking in Senegal was deemed to dangerous and controversial. In just one weekend, I did background research on other women's rights issues in Senegal and chose to study family planning as I realized it was not as controversial, yet still a sensitive topic relating to women's rights and the well-being of the Senegalese people. I had to use the first few days of ISP to write a whole new proposal, and also struggled to find a new advisor. I spent the first two weeks of the ISP period conducting as much background research as possible, before finally meeting with my advisor, Mme Fatou Turpin, and developing a research plan. This time, though, allowed me to examine current statistics on family planning, as well as the Senegalese government's plan of action and different theories on the low utilization of contraceptives. However, once I met with Mme Turpin, I developed a plan to conduct interviews to both fill the gaps in the research I had reviewed, and created a more nuanced approach to exploring this sensitive issue.

Interviews

The main method I relied on for this study was one-on-one interviews between the researcher and interviewees. I worked with my advisor, Fatou Ndiaye Turpin, to

identify types of open-ended research questions that could be used for my study, and then she helped me write them properly in French with the most appropriate terminology. Notably, I used the term “birth spacing” rather than “birth control,” as these two terms can have quite different connotations for the Senegalese. Rather than focusing on “stopping” births or “limiting” populations, I focused on strategic planning of births and families for the well being of women, children, husband, and society as a whole. I purposely kept my questions open-ended to allow for nuanced, in-depth reflections on the part of the interviewees, and designed the interviews to last ten to fifteen minutes to because of my limited time and resources, as well as to accommodate the schedules of my interviewees. In all, I developed eight general questions for each interview, which I have in the original French and translated into English in Appendix B.

These questions address what people generally think of family planning; if and how they think religious leaders can be involved; how religious leaders, women leaders, and the media can collaborate to end false rumors and stigmas; how men can be involved; how general persons can be involved; and the gravest obstacles to expanding access and quality of family planning in Senegal. The questions were designed to ask the same questions for each interviewee. Moreover, I designed the questions to be given to a convenience sampling of ten interviewees: two Imams, one common adult male, two common adult women, two gynecologists, a public health doctor, a women’s rights leader, and a gynecologist’s secretary. I chose these subjects so that I could speak with those who focus on religion, health, women’s rights, and common adults. Additionally, these were the subjects who were available to be interviewed, given my time constraints.

Before conducting my interviews, I worked along with my advisor, Mme Turpin, to write an agreement form (see Appendix A). The form is in French and each interview was conducted in French, with the exception of one interview with an Imam that was translated in between French and Wolof by Mme Turpin. In this case, the form was translated aloud to Wolof for the Imam. The form clearly defines the project background and purpose, gives the rights of the interviewees, and provides contact information. Before commencing each interview, I asked the interviewee to sign the agreement, and I would sign below to show that it was a pact.

Interviewees

<i>Profession/Position</i>	<i>Name (pseudonym)</i>	<i>Age</i>	<i>Gender (F or M)</i>
Imam	Demba	63	M
Imam	Issa	50	M
Gynecologist	Jawara	59	M
Gynecologist	Arame	35	F
Medical Secretary	Maya	46	F
Language Professor	Adja	40s	F
Language Professor; Musician	Modou	45	M
Public Health Doctor	Zakaria	52	M
Women's Rights Advocate	Coumba	45	F
General Woman; Mother	Aissatou	54	F

Within a span of approximately one and a half weeks, I conducted all of my interviews. For most of the interviews, I contacted my interviewees ahead of time via phone or e-mail to see if they would like to participate; for others, I would and ask to interview them in person, and conduct the interview the same day. Each interviewee would read and sign the agreement form before I started the interview. This agreement established a level of comfort and safety with my interview subjects, considering the differentials in status and background. I asked for permission from each interviewee to

record audio recordings of the interview on my computer using a program called Audacity. I would then commence the recording and start my questions, doing my best to speak clearly and coherently with each question. The interviews lasted in length from approximately five to thirty minutes, with the majority of interviews spanning about ten minutes.

After completing my interviews, I used the assistance of a transcriber to make transcriptions of my ten interviews. The assistant transcribed the interviews in French, and I subsequently translated them into English for the purposes of this report. The transcriptions and translations allowed me to more easily analyze the data I collected, and also served as a tool for evaluating my research methods.

To protect the rights of my interview subjects and to ensure confidentiality, each interview subject has been assigned a pseudonym, as listed in the table on the previous page.

Advantages

Interviewing people in Dakar provided a great starting base for beginning to examine people's perspectives on family planning in Senegal. Moreover, I left all interview questions open-ended, with wiggle room to add follow-up questions, to receive nuanced explanations and answers to the questions I presented. My approach allowed for personal conversations with individuals on the subject matter, and thus I was able to get richer data than I would have from a larger-scale, survey-based study.

Limitations

The language barrier I experienced was one of the greatest frustrations and limitations I encountered during my research. My limited French made it difficult to develop instantaneous follow-up questions for my interview subjects. Further, I understand that my interviewees may have felt a strong power differential because of my status as a young American student conducting research, and because I am only an infant in Senegalese culture. Moreover, because of my limited time and resources, I was not able to interview more than ten subjects, and I also did not have the opportunity to interview clients of gynecologists and midwives as I had wished. Further, the data I gathered cannot be generalized for the full population. Another limitation was the fact that I used convenience sampling rather than random sampling to choose interview subjects, which I chose to do because of my limited time and resources. Had I been allowed more time and given further resources for my project, I would have like to visit other regions of Senegal to understand people's perspectives from very different backgrounds.

Findings and Analysis

Once I completed reviewing all of my interviews, I coded each interview based on a number of common themes, as divided by the proceeding sections. Overall, I found that people strongly supported family planning for the well being of women, children, families, and the overall prosperity of the country. Many interviewees regarded religion as a major obstacle to utilization and expansion of family planning, while many also discussed illiteracy and lack of education, often common in rural areas rather than in Dakar. Few, however, alluded to neither the importance of women's rights, nor the importance of family planning for unmarried women. However, the overall support of family planning indicates a trend towards the acceptance of family planning by the general population, which is promising when working to expand access and quality of family planning resources.

General Perceptions of Family Planning

Each interviewee agreed that family planning can very beneficial for the general population, especially for the well being of women, children, and their families. Several subjects emphasized the dangers of having too many children and not having the resources for each child to be fed, go to school, and be healthy:

“When you have ten kids, you don't have the revenue to nourish them, care for them, enough for their education, health, everything: it will fail...One says that for each child born, each child will eat, but it's not true...the children in the street for example, their families cannot feed them, they say that they learn the Qur'an, but they do not learn the Qur'an.

They are outside all of the time begging and stealing. They do not learn anything.”

-Aissatou, mother and advocate of women's rights

Though all of the interviewees live in Dakar, many cited the importance of family planning for those who live in more rural regions, such as Kedougou. In these areas, there is often significant pressure for families to have many children so that there are many hands to do the labor. At the same time, though, these families may not subsequently have the means to support all of these children and they can easily become sick, meaning more resources must be used to care for these children.

Further, interviewees cited the importance of family planning in urban areas, particularly when it comes to working parents. Many women work in the cities because of the higher cost of living, and therefore they often do not have the time or resources to care for a plethora of children.

When reaching out to women and couples, most interviewees cited the importance of the clarity of messages given to both the female and male. This is important to dispel false rumors and have members of the public on more or less the same page as far as the benefits of family planning:

“They must confront ideas, collecting different points of view, so as to remove all ambiguities and share opinions. On how planning should reach a consensus, that will be recorded in a manual available to everyone.”

-Issa, Imam

It is also important what terminology is used when discussing family planning. Many Senegalese dislike the idea of stopping births, and in some cases this can relate to

concepts of the “white man” trying to limit the populations of “blacks” or Islamic peoples. Rather, each interviewee emphasized the organization of births, rather than limiting populations:

“It’s important how you say it: don’t want people to think about limiting births, but organizing families, because it impacts education, health, and other levels. It’s the message, how one is going to communicate to people so they understand.”

-Demba, Imam

Here again, the importance of conveying the correct, accurate message with clear communication is of utmost importance when reach out to the population. They also emphasized the importance of the involvement of the male and the agreement between the two members to use a particular form of contraception or family planning:

“Men must be aware. We often talk about coitus interruptus: it may be too difficult for one or the other if the couple does not agree. The woman may want coitus interruptus while the man wants to the end, and vice versa.”

-Issa, Imam

Informing both women and men can often be done through religion, and the importance of religious leaders is key to expanding access to family planning. Each interview subject essentially agreed that Islam does not forbid family planning, especially when it concerns the wellbeing of the mother and children, and there are many rumors that Islam forbids family planning, especially when using terms such as “limiting births.” However, the interviewees seemed to agree that Islam supports family planning:

“There are also religious barriers because some people believe religion is against family planning. Islam is not against FP if it is in the interest in the family. If there are health reasons, family well being, Islam in these cases agrees with spacing.”

-Modou, language professor and musician

In all, interviewees seemed to emphasize most the importance of the well being of each member of the family, and the prosperity of the country as a whole, and how Islam can play a role in this picture. For the country to further develop, it is crucial for the general population to be more informed about family planning, the options that are available, and the true benefits it can have for each and every person.

Involving Religious Leaders

All ten interviewees agreed that religious leaders must indeed be involved, and perhaps their role in family planning was the most crucial in spreading communication and convincing people the family planning can be very beneficial. This is because they are more in contact with the population than are even politicians, medical professionals, the media, and women’s leaders. Even of the two gynecologists interviewed contended that their role is critical, even more critical than that of doctors:

“They have a role because they are much more in touch with the people than we are as physicians. It is their responsibility to clearly explain what religion thinks of planning.

-Jawara, gynecologist

The question then becomes how religious leaders must be involved. This can be accomplished by collaborating with doctors and medical professionals, as one Imam described. It is also crucial, others pointed out, for religious leaders to hold discussions and forums concerning the subject. Moreover, people can be more actively involved in seeking the guidance of religious leaders, rather than passively waiting for these discussions to happen. Religious leaders, as according to the interviewees, also must clarify the messages conveyed in the Koran about the well being of mothers and children, and how the Koran does not prohibit the spacing of births for the purposes of their health and prosperity.

Involving Men

Each of the ten interviewees also agreed that men must be involved in the process of family planning. The woman, they said, cannot and should not be solely accountable for family planning, as it affects the whole family and should include the involvement when choosing to space births or even limit births. Additionally, the male is necessary to be involved because of the patriarchal structure of Senegalese families, and men often make the decisions that impact the family:

“It is necessary to involve men because in Africa the man runs the family and makes the decisions. No woman can make a decision for family planning without the consent of her husband. Must have man agree and first understand FP, the benefits, and make him understand that is good for wife and children. It’s more important than deciding to withdraw from a

bank: it's a child. It is important that the couple agrees and the men are informed. “

-Moudou, language professor and musician

Some of the interviewees also commented on the critical point of educating men properly about family planning so that they can understand why it is beneficial to their families, or else women may not have the support that is necessary to plan their families. Though the women are usually the ones who tend to the children and care for the health of the family members, by men are equally affected in these decisions and their consent is necessary:

“We must educate men because they are usually responsible for the family unit. We must convince them about the benefits of family planning. The woman is responsible for his health but men are heads of families and there is always the power of decision, sometimes if the husband does not know it can take divorce. It is up to men to say if you love your wives, let them use family planning.”

-Zakaria, public health doctor

Moreover, it was noted that these decisions must also involve men because they have such a direct impact on the financial prosperity of families. If a family has too many children, the father may not have enough revenue to ensure that they are all well fed, healthy, and have access to an education.

The Roles of Medical Professionals

Several of the interviewees also discussed the importance of medical professionals and their role in encouraging family planning. These can include doctors, particularly gynecologists, nurses, midwives, public health doctors, and others who work in the medical field. There was much emphasis on the importance of medical professionals clarifying how different birth control methods can be used and their particular benefits for family. One interviewee highlighted the importance of midwives in explaining family planning methods to women for after their first one or two children:

“Midwives must first play their role in the explanation of different methods and show their advantages and disadvantages, monitoring in hospitals.”

-Adja, language professor

The interviewee also emphasized that midwives and other medical professionals should follow-up on mothers and ask them directly what sort of planning they are using. This sort of follow-up can ensure that women consider family planning, discussing it with their spouses, and developing a plan of action to ensure a prosperous future for the family.

The public health doctor I interviewed also emphasized the importance of counseling on the part of medical professionals to clarify methods and dispel rumors that may bar people from choosing to use family planning:

“If counseling is correct though, this can dispel the rumors. If providers do a good job counseling that can reduce the rumors especially for IUDs and various contraceptive methods. There are rumors surrounding IUDs that it

could get lost in the belly and the child may be born with the arm in relation to the implant, or even that it promotes cancer, or people say that you'll bleed and cannot stop bleeding...With pills, some say that when you take it, you can no longer have children It is up to providers to counteract these rumors.”

--Zakaria, public health doctor

Medical professionals, according to the interviewees, are not only essential for counseling people on types of family planning methods, detailing their benefits, and encouraging people to use them, but must also work to dispel rumors that commonly keep people from seeking birth control. This in turn can create new public perceptions on birth control and advance the dialogue on expanding access and quality of family planning in Senegal.

Literacy and Education

A number of interviewees also commented on how education and levels of literacy are important determinants of using family planning. Those who are illiterate are not able to read newspapers, magazines, and other important documents that can clarify messages about family planning and contraceptives. Moreover, levels of education often correspond with usage of contraceptives: notably, in the Dakar region, where levels of education are higher, the rate of contraceptive use amongst married women is much higher than that of other regions where rates of education are lower (see Appendix A). As one of the gynecologists I spoke to stated:

“Apart from the religious aspect there is also the cultural aspect, but it’s hard for people who are not in school, and inbred in their tradition, to make them understand the benefits of planning.”

-Jawara, gynecologist

This is why some of the interviewees alluded to the importance of focusing great attention to more rural areas where polygamy is more prevalent, families often have many children, and levels of education are lower. However, great attention is still needed in the Dakar area, where levels are still very low as compared to those of many developing nations.

Unique Opinions

To my surprise, only two of my interview subjects brought up the topic of contraceptive use amongst unmarried persons. I purposely did not pose questions on this topic because the Senegalese government and most NGOs have been focusing on expanding access to married persons, as non-marital sex is taboo and does not follow religious doctrine. However, the gynecologist’s secretary I spoke to had the following to say concerning religion and planning for young girls who may be unmarried:

“Religion should not prohibit young girls from not using planning; this is normal because they may be sexually active. But this does not give them sexual ‘freedom’.”

-Maya, medical secretary

Another interviewee looked at this topic as part of a women's rights-based approach, seeing it as a right for women to procreate, space births, and be in control of their sexuality:

“I think it's a right for women to know how to use this [reproductive] right freely to procreate and space births.”

-Coumba, women's rights advocate

Despite these unique opinions, most interviewees focused instead on the benefits of family planning in terms of religion, the well being and health of families, and the economic prosperity of both families and the country as a whole.

Interestingly, one interviewee was skeptical of the messages delivered by Imams regarding family planning. She believes that though Imams may say one thing, they may not truly believe it, and they may not practice what they say:

“Religious leaders say yes to family planning, but in reality, it's not that. They do not want it... There's a contradiction in Senegal, religious leaders say yes but they do not apply it to their families.”

-Aissatou, mother and supporter of women's rights

Though only one person addressed these contradictions, it is most certainly an issue that warrants further exploration when examining of the Senegalese government and other actors can most effectively expand access and quality of family planning across Senegal.

Conclusion

My findings show many common themes that important to continue to study: particularly how religious leaders can most effectively communicate clear messages about family planning to their followers, and how health professionals and others can most clearly and effectively reach the general population. The overwhelming positive support for family planning that I recovered from my report shows a positive trend toward the social acceptances of family planning methods and the National Plan. Moreover, I uncovered some unique perspectives and comments that most definitely should be taken into consideration when implementing campaigns and other forums to expand family planning. These include a rights-based approach, the necessity of providing family planning resources for the increasing numbers of persons who become sexual active before marriage particularly in urban areas, and the importance of religious leaders preaching what they practice. Moreover, though a great cultural shift has clearly occurred in attitudes towards family planning, there are still many barriers that must be addressed, specifically miscommunications and differing interpretation of religious texts and expectations, rumors surrounding different contraceptive methods, and the social stigma that may be attached to using contraception.

Further, researchers must continue to explore people's perceptions about family planning so they can truly understand the depth of the barriers to family planning and implement the most effective methods of expanding family planning in socially, culturally, and religiously-sensitive manner. Though my research begins to answer these questions, other researchers must continue to explore the attitudes of other members of society, especially outside of Dakar and in more urban areas. Further, research into

effective campaign strategies and educational programs can go a long way in reaching less-educated parts of the population, and teach and instill the importance of family planning to boys and girls from an early age about the benefits and importance of family planning.

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Interviews

Adja. 2013. Interviewed by author, Dakar, Senegal. November 28.

Aissatou. 2013. Interviewed by author, Dakar, Senegal. November 27.

Arame. 2013. Interviewed by author, Dakar, Senegal. November 26.

Coumba. 2013. Interviewed by author, Dakar, Senegal. December 2.

Demba. 2013. Interviewed by author, Dakar, Senegal. November 26.

Issa. 2013. Interviewed by author, Dakar, Senegal. December 2.

Jawara. 2013. Interviewed by author, Dakar, Senegal. November 28.

Maya. 2013. Interviewed by author, Dakar, Senegal. November 28.

Modou. 2013. Interviewed by author, Dakar, Senegal. November 28.

Zakaria. 2013. Interviewed by author, Dakar, Senegal. December 2.

Appendix A

Chart 1

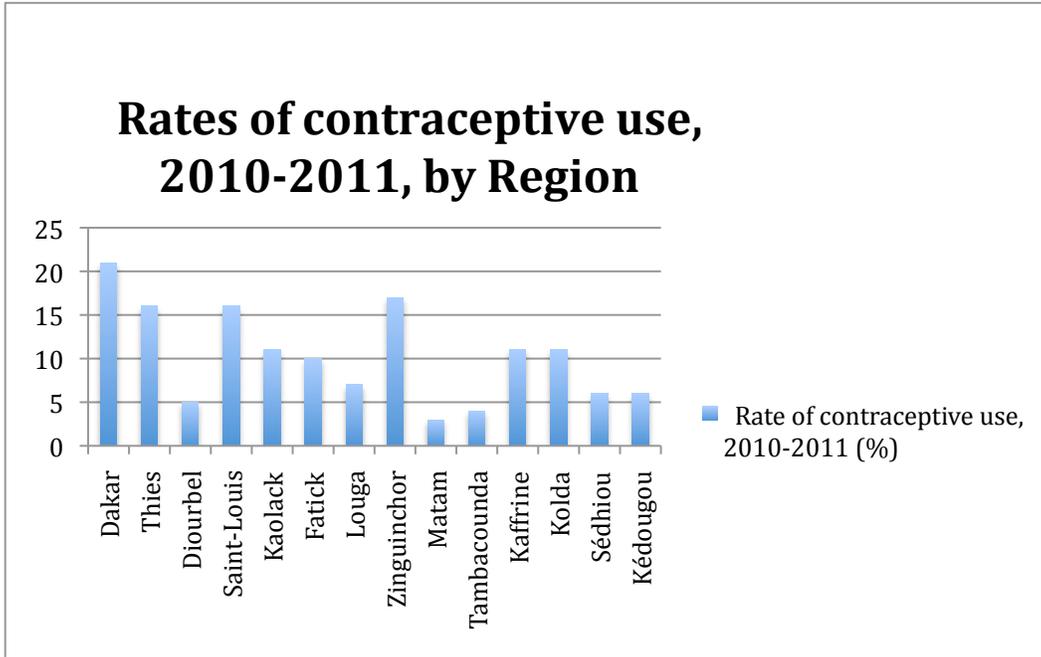
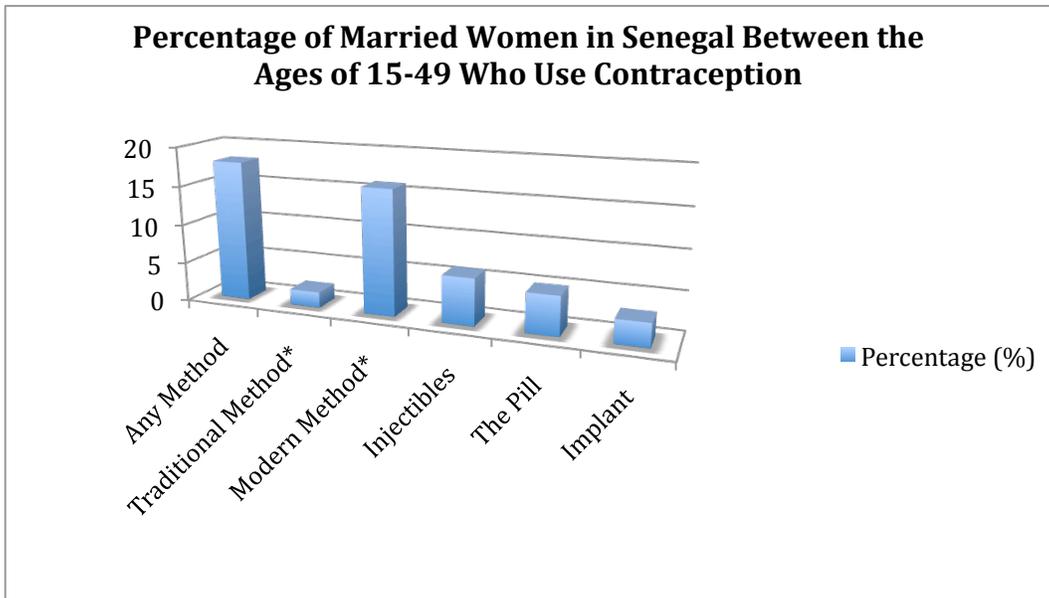


Chart 2



Source: Résultats clés L'Enquete Démographique et de Santé Continue (EDS-Continue) Sénégal 2012-2013, pg. 3

Appendix B

Formulaire d'Adhésion (Original version in French)

Intitulé du Projet : Les Perceptions du Public sur la Planification Familiale dans le Contexte Culturel et Religieux au Sénégal

Introduction au projet : Je fais une recherche sur le thème « planification familiale (PF) et l'espacement de naissance au Sénégal: comment les différents acteurs peuvent élargir l'accès et la qualité de la PF dans le contexte culturel, social, et religieuse. » Pour ma recherche, je me concentre sur les opinions des différentes personnes à Dakar concernant les stigmas et les fausses rumeurs de PF et l'espacement de naissance.

Introduction du chercheur : Je m'appelle Heidi Kahle. Je suis étudiant à SIT Sénégal, ou j'étudie la culture et les arts sénégalaises pendant l'automne 2013. Aux Etats-Unis, j'étudie la sociologie et l'anthropologie à l'université Rice à Houston, Texas. Vous pouvez me contacter à 781612718 ou heidi@kahle.org.

Données de base : Le but de mon étude est de découvrir ce que pensent les gens sénégalaises sur le sujet de la PF et les perceptions sociales. J'ai étudié *le Plan d'Action National de la Planification Familiale 2012-2015* et comment le gouvernement du Sénégal, les NGOs, et les autres acteurs peuvent travailler ensemble avec les chefs religieux, les femmes leaders, et les autres acteurs pour élargir l'accès et la qualité de la PF au Sénégal. Le sujet est important à étudier parce que la PF et l'espacement des naissances peuvent avoir beaucoup d'implications pour la société : le bien-être et la santé des femmes et des enfants ; le revenu familiale ; l'économie nationale ; l'éducation ; l'accès à l'eau potable; taux de mortalité maternelle et la mortalité infantile ; entre autres facteurs.

Procédures : Chaque personne à interviewer recevra des questions sur les perceptions et opinions sur la PF et les stigmas et fausses rumeurs concernassent la PF. Toutes les questions sont ouvertes. L'entrevue durera environ quinze minutes.

Risques encourus et avantages pour les participants : Il n'y aucun risques. L'entrevue est une opportunité pour vous exprimer vos attitudes et vos opinions sur la PF au Sénégal. Cependant, ce sujet peut vous par être sensible et l'entrevue à tout moment vous pourrez arrêter l'entrevue et votre réponses seront détruits.

Confidentialité : Tous ses information seront garder pour l'étude. Votre nom et vos contacts seront confidentiels. Pour l'étude, vous aurez un pseudonyme. Seulement le chercheur (Heidi Kahle) et l'encadreur (Mme Turpin) auront vos informations. Toutes les informations seront gardées par le chercheur (Heidi Kahle).

Caractère volontaire : La participation est volontaire : vous avez la liberté de participer ou non sans pour autant en subir les conséquences. De même vous pouvez vous désengager sans dommages.

Contacts et questions : Pour toutes questions ou préoccupation, veuillez contacter le chercheur, Heidi Kahle, tel. 781612718 ou e-mail heidi@kahle.org, et l'encadreur, Fatou Ndiaye Turpin, tel. 776564131 ou e-mail faturpine@gmail.com, aussi bien que la SIT SA, Villa #11 Point E, Dakar tel. 33-864-0542 ou 33-825-0815 e-mail : sit@orange.sn.

Déclaration d'adhésion :

Lu et approuve

Signature du participant _____ Date _____

Signature du chercheur _____ Date _____

Agreement Form (translated into English)

Project Title: Public Perceptions on Family Planning and Birth Spacing in the Cultural and Religious Context of Senegal

Project Introduction: I am doing research on the theme of “family planning and birth spacing in Senegal: how different actors can expand access and quality of family planning in Senegal’s cultural, social, and religious context.” For my research, I am concentrating on different persons’ opinions in Dakar concerning stigmas and false rumors about family planning and birth spacing.

About the Researcher: My name is Heidi Kahle. I am a student at SIT Senegal, where I am studying Senegalese arts and culture during the Fall 2013 semester. In the U.S., I study sociology and anthropology at Rice University in Houston, TX. You can contact me at 781612718 or heidi@kahle.org.

Background: The purpose of my study is to discover what Senegalese people think about family planning and what social perceptions exist. I have studied Senegal’s *National Plan of Action on Family Planning 2012-2015*, and how the Senegalese government, NGOs, and other actors can work together along with religious leaders, women’s leaders, and others to expand access to and quality of family planning in Senegal. This subject is important to study because family planning and birth spacing can have many implications on society: the well-being and health of women and children; family income; the national economy; education; access to potable water; the rates of both maternal and infant mortality; among other factors.

Procedures: Each interviewee will receive questions on their perceptions and opinions about family planning, and particularly concerning false rumors and stigmas surrounding

family planning. All questions are open-ended. Each interview will last approximately fifteen minutes.

Risks and Advantages for Participants: There are no risks for participants. The interview is an opportunity for you to express your opinions and attitudes concerning family planning in Senegal. However, the subject may be sensitive for you. At any time you may stop the interview and your answers will be destroyed.

Confidentiality: All information for this study will be guarded. Your name and contact information will be kept confidential. For the study, you will have a pseudonym. Only the researcher and the advisor will have access to your information. All information and data will be kept secret by the researcher.

Voluntary Participation: Participation is voluntary: you have the liberty to participate or not without suffering any consequences. Similarly, you can opt out without any penalty.

Contact Information and Questions: For all questions and concerns, please contact the researcher Heidi Kahle, tel. 781612718 or e-mail heidi@kahle.org, and the advisor, Fatou Ndiaye Turpin, tel. 776564131 or e-mail faturpine@gmail.com, as well as SIT Senegal, Villa #11 Point E, Dakar tel. 33-864-0542 or 33-825-0815, e-mail sit@orange.sn.

Declaration of Agreement:

Read and Approved

Signature of Participant _____ Date _____

Signature of Researcher _____ Date _____

Appendix C

Les questions d'entrevue (Original version in French)

1. Que pensez-vous de la planification familiale (PF) et l'espacement de naissances au Sénégal ?
2. Quelles sont les rumeurs sur la PF que vous avez déjà entendu ?
3. Est que les chefs religieux peuvent être implique ? (Comment ?)
4. Comment est qu'on peut collaborer pour mettre fin à ces rumeurs avec les chefs religieux, les femmes leaders et les medias et pour élargir l'accès et la qualité de la PF ?
5. Comment impliquer la population pour mettre fin a ces rumeurs ?
6. Comment sont que les hommes peuvent être impliqués ?
7. Quels sont les obstacles les plus résistant pour élargir l'accès de la PF ?
8. Est-ce qu'il y a des autres choses que vous voulez dire maintenant ?

General Interview Questions (translated into English)

1. What do you think about family planning and birth spacing in Senegal?
2. What are rumors about family planning and birth spacing that you have already heard?
3. Can religious leaders be involved? If so, how?
4. How can religious leaders, female leaders, and the media collaborate to end these rumors, and to expand access to and quality of family planning?
5. How can one involve the general population to end these rumors?
6. How can men be involved?
7. What are the gravest obstacles in expanding access to family planning?
8. Do you have anything you would like contribute at this moment?

Appendix D

Activity Log

<i>Date</i>	<i>Activity</i>	<i>Start Time</i>	<i>End Time</i>	<i>Total (hrs)</i>
11/11/13	Finishing new proposal	9am	1pm	4
		2pm	6pm	4
11/12/13	Finishing new proposal/background research	9am	1pm	4
		2pm	7pm	5
11/13/13	Background research	12pm	6pm	6
11/15/13	Meeting with Daba Translating synopsis of proposal	10am	12pm	2
		4pm	8pm	4
11/18/13	Literature Review Communication with Advisor	2pm	6pm	4
		1pm	1:30pm	0.5
11/19/13	Literature Review	9am	2pm	5
11/20/13	Meeting with Turpin Lit Review	10am	11am	1
		11am	1pm	2
		4pm	7pm	3
11/21/13	Continued Lit Review, Review of Turpin's articles	11am	1pm	2
		2pm	6pm	4
11/22/13	Continue review of Turpin's articles Developing interview question and agreement form Meeting with Turpin	10:30am	11am	0.5
		11am	1pm	2
		1pm	3pm	2
11/25/13	Refine interview question and agreement form Work with Turpin to refine the above Human subject review Meeting with Turpin again	11am	1pm	2
		2pm	3pm	1
		3:30pm	4pm	0.5
		4pm	6pm	2
11/26/13	Meeting with Turpin Interview with Imam 1 (Demba) Interview with Gynecologist 1 (Arame) Continued review of literature	10am	12pm	2
		12pm	1pm	1
		2pm	2:30pm	0.5
		3pm	6pm	3
11/27/13	Review of notes/literature Interview with Mother 1 (Aissatou)	9am	1pm	4
		4pm	4:30pm	0.5
11/28/13	Interviews with language professors 1 and 2 (Modou and Adja) Interview with Secretary 1 (Maya) Interview with Gynecologist 2 (Jawara)	10am	12pm	2
		12pm	12:30pm	0.5
		12:30pm	1pm	0.5
11/29/13	ISP writing and literature review	11am	4pm	5
12/02/13	Interview with Imam 2 (Issa) Interview with Women's Leader 1 (Coumba) Interview with Public Health Doctor 1 (Zakaria)	10am	11am	1
		3pm	3:30pm	0.5
		4pm	5pm	1

12/03/13	Writing ISP report	12pm 2pm	2pm 7pm	2 5
12/04/13	Writing ISP report	10am	6pm	8
12/05/13	Writing ISP report	11am 10pm	7pm 12am	8 1
12/06/13	Writing ISP report	11am 9pm	8pm 1am	9 4
TOTAL				148

Appendix E

Expenditures

132,000 CFA for housing
75,000 CFA for food (3,000 CFA per day)
50,000 CFA for transportation
75,000 CFA for the advisor commission
20,000 CFA for printing/binding my final project
30,000 CFA for transcription services
10,000 CFA for other miscellaneous research costs
Total: 392,000 CFA

Appendix F

Contacts

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