

FAMILY PLANNING (FP) IN SENEGAL:

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What progress has been achieved among harder-to-reach groups?

Contraceptive use in Senegal

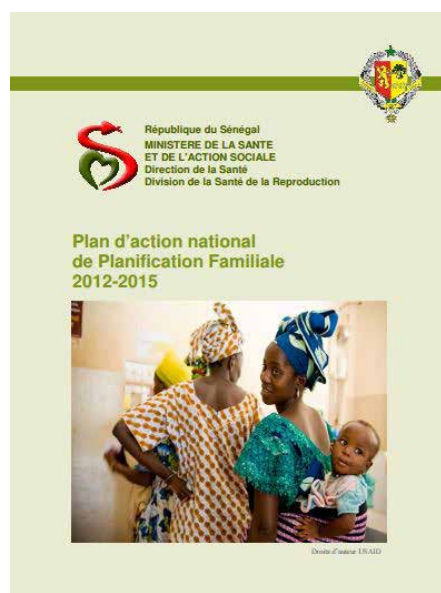
There have been rapid increases in contraceptive use among married women in Senegal, alongside the ambitious 2015 targets laid out in the National Family Planning Action Plan.

Yet there are still groups of women who are harder to reach, and who experience greater barriers to using family planning (FP).

In order to build on progress already made in Senegal, this study **investigated contraceptive use and demand satisfied** between 1992 and 2014 **among three harder-to-reach groups: adolescent, unmarried and rural poor women**. Together they account for over 1.7 million women in Senegal – half of all women of reproductive age.

The need for FP differs in different groups of women. Therefore, beyond reporting contraceptive use, it is also important to measure:

- **unmet need for FP:** the percentage of all women who need FP but are not using it – and
- **demand satisfied:** the percentage of women in need of FP who are using modern contraception.



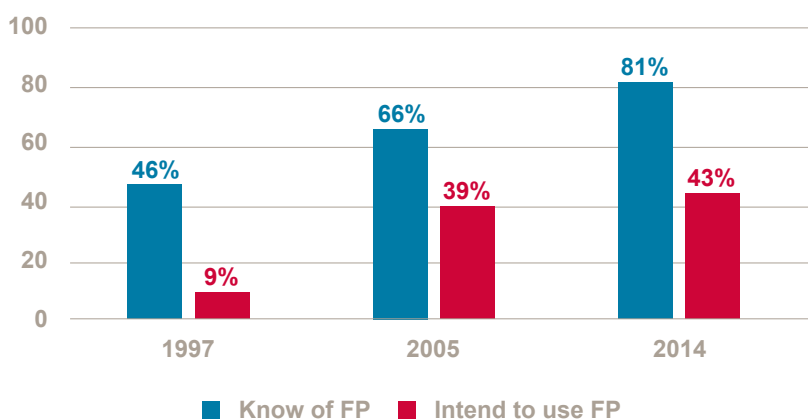
National Family Planning Action Plan of the Ministry of Health and Social Action, Senegal

Key findings

1. Rural poor women and adolescents still lag behind in contraceptive use and demand satisfied

- **Contraceptive use increased more slowly among adolescents and unmarried women** (less than 2% per year since 2010) than among rural poor women and all married women (2-3.5% per year).
- **Demand satisfied increased substantially among all three harder-to-reach groups**, at a similar pace as among all married women. This represents an important achievement for the Ministry of Health and Social Action and reproductive health partners.
- Yet **less than half (44%) of all women needing FP were using modern contraception** in 2014. Demand satisfied was **even lower among adolescents (39%) and rural poor women (27%)**.

Percentage of women with unmet need who know of FP and intend to use FP in future



2. Important challenges remain for tackling unmet need – crucially, few women with unmet need plan to use FP in future

- **Intention to use FP has stagnated since 2005**, despite increasing knowledge of FP over time among all women with unmet need (see figure). **Less than half of women with unmet need plan to use FP in future** among all married women, rural poor women and adolescents.
- **Knowledge of FP is poor among adolescents with unmet need**; only two-thirds know of modern contraceptive methods and sources.
- **Very few contraceptive users (2%) obtained contraception through health huts or community outreach events** in 2014. This points to a missed opportunity for reaching women in rural areas.
- Other research shows that rural poor women and adolescents in particular are affected by **geographical and financial barriers**, and **provider-imposed restrictions** limit adolescent and unmarried women's access to FP in some facilities.



What could be done to achieve equitable access to FP for all women?

Sustain efforts to improve access to FP, including strengthening community-based distribution in rural areas

Efforts should be made to reinforce access to FP services among all women, particularly for rural poor women and adolescents. The different components of the National FP Action Plan should be evaluated to understand which interventions are driving progress. Community health agents need to receive more in-depth FP training to engage women coming for non-FP visits, and help address misconceptions and stigma around contraception. FP should be integrated into all monthly rural outreach activities (“stratégies avancées”) conducted by health posts, with the support of reproductive health partners, to go beyond the “last mile” of health facilities and improve contraceptive access in rural areas.

Include indicators tracking demand satisfied and harder-to-reach groups in the National Family Planning Action Plan

In addition to the national target for contraceptive use among married women, it is critical to track demand satisfied (for which an 80% target is often used). In line with the principle of equity recognised in the Sustainable Development Goals, progress should also be monitored among specific harder-to-reach groups – including rural poor women, adolescents and unmarried women.

Address low knowledge of contraception among adolescents

Current outreach strategies targeting adolescents (including training of peer educators, communication campaigns, and school-based interventions) need

to be evaluated and scaled up if found to be effective. Successful interventions in other West African countries should be reviewed, and strategies tailored for rural and urban, married and unmarried, student and non-student adolescents. Adolescent men and women should be targeted, and information should include condom use and prevention of STIs as well as pregnancy.

Support FP providers to deliver high-quality counselling

FP providers should counsel all clients on the full range of methods, possible side-effects, and when to return to the facility. Counselling delivery and quality should be monitored. The right to access FP irrespective of age or marital status should be explicitly reaffirmed in policy documents and provider trainings, to help eliminate any provider-imposed restrictions for young and unmarried women.

What are the evidence gaps?

Identify reasons for low acceptability of FP throughout Senegal, particularly in the North and rural areas

There is a need for research to understand reasons for low willingness to use FP among women with unmet need: in Senegal and elsewhere, such low acceptability of contraception has been linked to opposition to FP by partners, relatives or religious leaders, community norms about sexuality and gender roles, and concerns with side-effects. These insights are necessary to design effective communication campaigns which build on the *Moytou Nef* (birth spacing) campaign, for example to reach younger unmarried women who want to delay their first pregnancy.

Understand financial barriers to tailor interventions to groups who cannot afford contraception

Costing studies are critical to understand out-of-pocket expenses for FP (including transport, consultation, products, and opportunity costs) and inform policy actions. The inclusion of contraception under Universal Health Coverage should be revisited; otherwise, targeted subsidies for specific sub-groups (such as poor women or adolescents) should be considered. Such programmes are likely to bring substantial returns on investment for families, communities and health systems, as well as economic growth.



Photo credit: Caroline Lynch/London School of Hygiene and Tropical Medicine/Senegal/2015

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Related publication: Cavallaro, F. L. et al. Examining trends in family planning among harder-to-reach women in Senegal 1992–2014. *Scientific Reports* 7, 41006; doi: 10.1038/srep41006 (2017).



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