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Adolescents' accessibility and use of sexual and reproductive health services in Kaolack and Gossas, Senegal

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Abstract

In Senegal, the needs for care related to sexual and reproductive health and rights (SRHR) among adolescents are significant. This study evaluates the accessibility and use of gender-related SRHR services by adolescents in the municipalities of Kaolack and Gossas. It is based on quantitative and qualitative data from 2,263 adolescents in the 2 sites, 84 in-depth individual interviews, 12 focus groups with adolescents and sexual reproductive Health actors, and 4 interviews with key informants. Quantitative analysis consisted of the interpretation of univariate statistics and bivariate analyses, while qualitative analysis relied on the coding and thematic analysis of verbatim statements. The results show low use of health structures (3% and 0.4% in Gossas and Kaolack respectively). This was attributed to the perceptions that services are not suitable to the needs of adolescents, and also because of socio-cultural constraints in the two sites. Additionally, the distribution of access to reproductive health services by sex shows gaps between boys and girls. We conclude that efforts should be made to tailor the sexual and reproductive health services offered to adolescents to their needs and social circumstances. (*Afr J Reprod Health* 2024; 28 [8s]: 107-114).

Keywords: Accessibility, sexual and reproductive health services, Kaolack, Gossas, adolescents, Senegal

Résumé

Au Sénégal, les besoins en soins de Santé Sexuelle et Reproductive des Adolescent(e)s (SSRA) sont importants. Cette étude évalue l'accessibilité et l'utilisation des services de SSRA, en rapport avec le genre dans les communes de Kaolack et de Gossas. Elle est basée sur les données quantitatives et qualitatives provenant de 2263 adolescents, de 84 entretiens individuels approfondis, de 12 focus groupes avec des adolescents/tes et des acteurs de la SSRA et de 4 entretiens avec les informateurs clés. L'analyse quantitative concerne les statistiques univariées et bivariées, alors que l'analyse qualitative s'appuie sur le codage et l'extraction des verbatim. L'étude révèle une faible utilisation des structures de santé, liée à leur inadéquation aux besoins des adolescent(e)s et aux contraintes socio-culturelles. Le recours des adolescent(e)s aux services de SSRA (3% et 0,4% à Gossas et Kaolack respectivement) est très faible et on note des écarts entre les garçons et les filles. (*Afr J Reprod Health* 2024; 28 [8s]: 107-114).

Mots-clés: Accessibilité, utilisation, services de santé sexuelle et reproductive, Kaolack, Gossas

Introduction

In Senegal, the needs for care related to sexual and reproductive health among adolescents are significant. Indeed, the median age at first sexual intercourse is 16 years¹. Likewise, 14% of adolescent girls began their reproductive life, including 10% with at least one child². The proportion of adolescents who have already started childbearing increases with age, from 1% at 15 years old to 33% at 19 years old, the age at which 26% of young girls have already had at least one child². However, their access to sexual and

reproductive health information and services is very limited³. The same applies to their level of knowledge about sexual and reproductive health and rights (SRHR), particularly their knowledge of the menstrual cycle (11% among 15-19 age groups)⁴.

Furthermore, studies carried out in Niger, have shown that the difficulties in accessing services by adolescents are more accentuated among young girls as compared to boys⁵. This results in the limited use of SRHR services and contraceptive methods by adolescents. Social and religious norms which emphasize abstinence before

marriage weigh heavily on a young girl's chances of benefiting from contraception⁶. Indeed, adolescent girls record the highest proportions of unmet need for contraception⁵. Among adolescent girls aged 15-19, contraceptive use is only⁷. It would seem that the municipalities of Kaolack and Gossas are not immune to these national realities. In most localities across the country, the availability of adolescent sexual and reproductive health services is limited and the uptake of these services is low⁴. This use is generally lower among girls than among boys¹. What, then, are the obstacles, particularly linked to gender issues, which prevent adequate access and use of SRHR by adolescents in Kaolack and Gossas?

The objective of this article is to identify the obstacles to accessibility and use of SSRA services, particularly in relation to gender in the municipalities of Kaolack and Gossas.

Methods

The study was based on cross-sectional data and combines quantitative and qualitative approaches. It was carried out in the municipalities of Kaolack and Gossas, which are crossroads and transit towns in Senegal, and which have experienced rapid spatial and demographic development in recent years. The study population was made up of adolescents aged 10-19 years. A two-stage proportional random sampling of adolescents aged 10-19 years with stratification at the level of each of the two municipalities was carried out. The study questionnaire elicited information on socio-demographic characteristics of the adolescents, their use of SRHR services, and attendance at Adolescent/youth spaces. We also asked questions on communication between peer educators and access to means of communication for raising awareness and information on SRHR. In Kaolack, 628 adolescents aged 10-14 and 529 adolescents aged 15-19 were surveyed while in Gossas, 551 adolescents aged 10-14 and 555 adolescents 15-19-year-olds were surveyed.

The qualitative data consisted of 84 in-depth individual interviews, 12 focus groups, and 4 key informant interviews. Quantitative analysis was done with Stata software, and consisted of univariate and bivariate analysis with Chi square test used for independence, which was weighted and stratified by site. Qualitative data was

transcribed and entered into the Dedoose qualitative analyzing tool. The inductive and deductive analyzes took into account all potential differences between the answers provided by the participants during the interviews, also taking into consideration the criterion of gender.

Ethical considerations

The study obtained approval from the National Ethics Committee for Health Research (CNERES) of the Ministry of Health and Social Action (MSAS) of Senegal.

Results

Sociodemographic characteristics of the population studied

The study population adolescents aged 10-19 old, divided into two tranches; 10-14-year-olds and 15-19-year-olds. The segmentation of these two age groups was driven by the need to generate specifically disaggregated data for these age groups. Table 1 presents the sociodemographic characteristics of the girls and boys surveyed.

Overall, boys aged 10-14 (53.2%) were slightly more than the 15-19-year-olds (46.8%). Likewise, girls aged 10-14 (50.7%) were slightly more in the study sample as compared to girls aged 15-19 (49.3%). There were more adolescents not in school or who have stopped schooling in Kaolack (24.6%) compared to Gossas (13.3%). In contrast, there were more adolescents with sources of income in Kaolack than in Gossas.

Adolescents' accessibility to SRHR services in Kaolack and Gossas

• Services are poorly adapted to the needs of adolescents

In the municipalities of Kaolack and Gossas, the SRHR care needs of adolescents are not covered by specific structures. According to the health personnel surveyed, adolescents go to health posts and health centres in these districts for their SRHR needs. However, this provision of care and its method of organization respond very little to the concerns of adolescents in terms of taking care of their SRHR needs. This was confirmed by a midwife from the Kaolack district, in these terms:

Table 1: Sociodemographic characteristics of the adolescents surveyed

Variable/Indicator	Gossas			Kaolack		
	Boy (%)	Girl (%)	Overall (%)	Boy (%)	Girl (%)	Overall (%)
Age						
10-14 years	53.8	46.2	49.6	51.7	54.0	53.0
15-19 years	46.2	53.8	50.4	48.3	46.0	47.0
Percentage of Adolescents who carry out activities income generators	12.9	7.0	* 9.6	15.2	7.8	* 11.1
Percentage of Adolescents who have never been to school	5.1	5.5	5.3	19.9	11.5	* 15.3
Percentage of Adolescents who dropped out of school	8.9	8.2	8.5	11.8	10.1	10.8
Number of respondents	504	602	1106	508	654	1162

*Significant gender difference at the 5% threshold

Table 2: Indicators of accessibility to SR structures

Variable/Indicator	Gossas			Kaolack		
	Boy (%)	Girl (%)	Overall (%)	Boy (%)	Girl (%)	Overall (%)
Distance to the nearest health facility						
Less than 500 meters	11.8	12.9	12.4	44.3	42.7	43.4
Between 500 meters and 1 km	48.2	47.3	47.7	42.9	42.9	42.9
Between 1 and 2 km	18.7	18.4	18.5	10.1	10.0	10.1
More than 2 km	21.2	21.4	21.3	2.7	4.4	3.7
Percentage of Adolescents who feel comfortable requesting RH services	45.4	46.5	46.0	41.6	84.6	65.9
Percentage of Adolescents who think RH services are expensive	39.8	44.9	42.6	27.0	22.1	24.5
Number of respondents	504	602	1106	508	654	1162

Table 3: CCA accessibility indicators by site and by gender

Indicator	Gossas			Kaolack		
	Boy (%)	Girl (%)	Overall (%)	Boy (%)	Girl (%)	Overall (%)
Knowledge of the existence of CCAs	12	13.8	13	2.4	2.3	2.3
Ease of access to AACs (Among those who know of their existence)	44.8	43	43.8	52.8	67.2	60.5
Reasonable distance (Among those who know of its existence)	43.1	40	41.3	62.7	73.4	68.5
Number of respondents	504	602	1106	505	652	1157

“There is no shortage of problems and difficulties. We do not have the means to properly care for adolescents; we do not have a reception structure adapted to adolescents.”

Preparing providers for better care of adolescents and taking into account their specific needs sometimes poses a problem. As shown in Table 1, most adolescents reported that they are not comfortable seeking SRHR care.

This discomfort is more accentuated in Gossas where more than half (54%) of the adolescents surveyed reported not being uncomfortable when it comes to seeking sexual and reproductive health care. This percentage was approximately the same for both boys and girls. In contrast, at Kaolack there is a significant gap between boys and girls. Only 15% of young girls said they were not comfortable using SRHR services, compared to 59% of boys. Thus, the constraints for girls to use SRHR services are more severe in Gossas where the community, still rural, seems to be very conservative on taboo issues. Some reproductive health care providers reported that they were implementing strategies to overcome this difficulty in adolescents. This is the case of this midwife at a health post in Kaolack.

"I arrange to meet them after usual hours to avoid any stigma."

Apart from this offer described above, there are some interventions and activities that specifically target the SRHR needs of adolescents. They are carried out within Adolescent Advice Centers (AAC), Youth spaces, and Teen spaces located within healthcare structures. These include free consultations, contraceptive visits or SRHR information provision and education campaigns for adolescents. Health posts and health centers also host these one-off activities. This was confirmed by the SRHR coordinator of the Kaolack district, in these terms:

"There is also the free offer of services. Each year 12 PS are chosen and provide free consultations on RH and FP. »

Apart from these interventions aimed at filling the gap in terms of SRHR care in the healthcare system, there are also networks of community SRHR actors such as peer educators and neighborhood sponsors who intervene, in partnership with the healthcare system, the teen counseling center and youth spaces, to respond as much as possible to the urgent needs of adolescents. They carry out awareness-raising activities, talks, and radio broadcasts. The statement of this 14-year-old girl living in Kaolack (Terrain Deggo) is very illustrative of the role played by these community actors.

"I know the Badiénou Goxx. They give us advice on life and ask us to preserve our bodies and respect our mothers." she says.

Another teenage victim of rape followed by pregnancy and living in Kaolack (Léona) says:

"I know the Badjennou Goxx, it is thanks to them that APROFES learned of my case. I am more comfortable with them to talk about my problem."

According to several SRAJ stakeholders in Kaolack and Gossas, there is good collaboration between the healthcare system and various community stakeholders. However, they face a number of problems, linked to social norms, in carrying out their activities. The main obstacle is the taboo and stigma associated with sexuality. According to a leader of the peer educator movement in Kaolack, it is very difficult to convince parents to join these activities:

"There are many difficulties in carrying out the actions of the SRAJ. We receive quite a few cases of victims of rape or other, and we are often not able to provide them with all the necessary support. We are having difficulty intervening because the families refuse to let us intervene in their internal affairs. We are often frowned upon.". These community actors of the SRAJ are sometimes stigmatized.

• *Difficulty in accessing SRHR for adolescents*

In terms of accessibility to SRHR services, adolescents face several obstacles of a physical and socio-cultural nature and, to a lesser extent, financial, in the two municipalities. In terms of financial accessibility, the provision of SRHR services are, in most cases, inexpensive or free. Adolescents' opinions regarding the cost of care were collected.

In both municipalities, 24% of adolescents in Kaolack and 43% in Gossas consider that RH services within healthcare services are expensive. In terms of physical accessibility, almost half of adolescents consider that SRHR services are near to them. This proportion was 69% in Kaolack compared to 41% in Gossas. But overall, the majority of respondents are located in places relatively close to the provision of SRHR care (less than 1km). In terms of socio-cultural accessibility, the main obstacle faced by adolescents is linked to social and religious norms. Indeed, the fact that girls express sexual and reproductive health needs is frowned upon by the community, especially by adults. According to some peer educators, unmarried adolescent girls who go to healthcare facilities for contraceptive needs are stigmatized by providers. In Gossas, the person in charge of the teen space told us that girls are hesitant to visit their

facility for fear of being exposed to others. In Kaolack, it is the negative reception and interactions with healthcare staff that adolescents most frequently reported as the reason for non-use of SRHR care.

Thus, in both sites, more than half of adolescents consider that they do not have good accessibility to SRHR services. This situation is more accentuated in Gossas where only 33% consider they have good accessibility to services. The distribution of accessibility to SRHR services by gender shows gaps between boys and girls. In Gossas, 30% of boys consider that they have access to SRHR services which was more than the report provided by girls (26%). On the other hand, in Kaolack, there were more girls (60%) than boys (33%) who consider they have access to SRHR services.

Furthermore, adolescents are very poorly informed about the resources available to them to take care of their SRHR needs. Likewise, the majority of adolescents (87.0% and 97.7% in Gossas and Kaolack respectively) were not aware of the existence of the Adolescent Advice Centers (AAC) in their locality. However, it was adolescents from Gossas (13%) who reported higher knowledge about AACs compared to those from Kaolack (2.3%). Table 1 summarizes the level of knowledge of SRH services by site and gender and its accessibility.

Variations by gender were minimal. Furthermore, adolescents who were aware of the AACs reported that they are easier to access in Kaolack as compared to Gossas (60.5% vs. 43.8% in Gossas), and at a reasonable distance (68.5% in Kaolack vs. 41.3% in Gossas). The qualitative data showed that the Kaolack AAC was not functional at the time of the survey, hence the adolescents' lack of knowledge of its existence structure. In Gossas, although they reported that the AAC was not easy to access, teenagers use it due to the dynamism of the young girls' clubs and the network of peer educators. Furthermore, the health centre's teen space is well known, as confirmed by a teenager from Gossas in these words:

“The teen space is located at the hospital level. It's a small space reserved for people like us who come and ask questions. Sometimes they organize talks to talk to us. I have already attended a few.” (EIA, Boy, Gossas)

Attitude of adolescents towards SRHR services and resources and its determinants

•Low use of SRHR services regardless of gender

Due to a poor response to adolescents' expectations, SRHR services are very little used by this population, as shown in the Table 4. This was confirmed by a reproductive health coordinator in these terms: *“The target is not reached by the strategies despite the adjustment of schedules to take care of their concerns.”* According to the midwife at a health post in Kaolack, one of the reasons adolescents do not attend health facilities for SRHR needs is the inadequate provision made to serve them.

Regarding general care, 61% and 62% of adolescents in Gossas and Kaolack respectively use health facilities. Regarding sexual and reproductive health care, these figures are much lower, 3% and 0.4% in Gossas and Kaolack respectively. A midwife in Kaolack explained this as follows:

“teenagers refuse to be with adults. They prefer to wait until late hours to come and get information and services.”

Some confided that there were many shortcomings among providers, linked to their lack of training in welcoming patients, particularly adolescents, which caused people to desert SRHR services. Concerning the use of RH care, the majority of adolescents (59% in Kaolack and 78% in Gossas) consult for needs other than contraception, STIs and pregnancy tests. However, these remain reasons for consultation among adolescents in Kaolack and Gossas.

Attendance at youth and peer educator spaces influenced by gender relations

Youth spaces, peer educators as well as youth associations play important roles in providing information, awareness and sexuality education for adolescents. In Gossas and Kaolack, attendance at peer educators, youth spaces and associations are very low but better in Gossas. Approximately 5.6% adolescents in Gossas compared to only 1% in Kaolack frequent youth spaces; 7.2% in Gossas compared to 3.3% in Kaolack attend peer educators; 24% in Gossas compared to 18% in Kaolack are members of associations.

Table 4: Indicators of use and attendance of SRH

Indicator	Gossas			Kaolack		
	Boy (%)	Girl (%)	Overall (%)	Boy (%)	Girl (%)	Overall (%)
Attendance at health structures for general care	59.9	62.7	61.4	61.6	63.9	62.9
Use of SRHR	2.6	3.1	2.8	0.5	0.4	0.4
Number of respondents	504	602	1106	505	652	1157

Table 5: Indicators of attendance at youth and peer educator spaces

Indicator	Gossas			Kaolack		
	Boy (%)	Girl (%)	Overall (%)	Boy (%)	Girl (%)	Overall (%)
Peer educator attendance	6.3	8.0	7.2	4.3	2.5	3.3
Attendance of youth spaces	5.2	5.8	5.6	1.8	0.4	*
Association member	26.,2	22.2	24	22.6	14.3	*
Number of respondents	504	602	1106	505	652	1157

* Significant gender difference at the 5% threshold

This attendance experiences quite significant variations, depending on gender. In Kaolack, boys (1.8%) frequent youth spaces significantly more than girls (0.4%), likewise, they belong more to associations than girls. In Gossas, it is girls who frequent peer educators and Espace Jeune more often. The initiation of the Young Girls' Club at the Gossas Youth Space played an important role. In addition, in Gossas, the mobilization of young people, notably peer educators and the young girls' club, around the SSRA is greater and more dynamic than in Kaolack.

In both sites, boys tend to join associations much more than girls. Likewise, in Kaolack, boys frequent the youth area much more than girls. These differences are also much greater in Kaolack. This situation is largely linked to social norms which do not allow young people, especially girls, to express their sexuality. Many believe that sexuality should not be discussed with young people because it encourages them to try the experiment. These statements from an Imam in Kaolack are an example:

"I do not agree with those who say that we must talk to children about sexuality" (Imam Kaolack).

Apart from those enrolled in the Young Girls' Club, recently initiated in Gossas, it is, in general, more difficult for girls to participate in SRHR programs and activities and to obtain information or express their SRHR needs. Some parents, to avoid the risk

of their daughters mixing with boys while attending these structures, prefer to keep them at home. It is in this sense that a peer educator expressed himself in these terms:

"There are parents who lock their daughter up all the time, they do not let their children to interact with their classmates. However, it allows the child to know many things, he will not be ignorant. There are certain things, children don't ask their parents but they will ask their friends."

This weight of social norms often leads girls to renounce the resources put in place to improve their SRHR. The manager of a teen area told us that girls hesitate to come to their facility for fear of being exposed to all eyes. Another difficulty mentioned by peer educators, was the fact that adults have a "false idea" of the actors who intervene in the SRHR and have poor understanding of their mission. This was explained by one of the respondents as follows

"Parents are difficult ... they do not want us to discuss sexuality with their children".

Interviews with young girls in Kaolack showed that very few of them know the peer educators and have had to participate in their activities. They are more familiar with Bajennu Goxx and the role they play in supporting adolescent girls. In Gossas, teenagers are more familiar with peer educators and AAC agents who are more active than bajennu goxx in the field. This is the case of this 19-year-old

teenager, member of the Gossas girls' club, who says:

"I just know the peer educators. I didn't know that the badiennou goxx intervened on issues of adolescent reproductive health." We also met categories of reserved girls who do not know the Peer Educators or the Bajenou Goxx and do not frequent them.

Discussion

This study, reports the Baje Nou inadequacy of available health facilities to the needs of adolescents. It also reveals that the low attendance of adolescents in health facilities is associated socio-cultural constraints in the two sites. When it comes to sexual and reproductive health care, these figures are much lower, at 3% and 0.4% in Gossas and Kaolack respectively. These results support several studies which reveal that numerous obstacles such as social norms, inadequate availability of services and negative attitudes of providers, prevent adolescent girls' access to sexual and reproductive health services^{8,9}. Studies have noted the financial, geographical and socio-cultural aspects that prevent access. This concerns, among other things, the poor reception of young girls by health personnel, which would constitute one of the factors explaining the low attendance at sexual and reproductive health structures¹⁰. Studies have also shown that sociocultural barriers hinder adolescents' access to contraception. This concerns the stigmatization of contraception among young girls, in relation to social and religious norms advocating abstinence before marriage, as well as the not always affable/friendly reception⁶. Adolescents' low knowledge about SRH confirms the results of previous studies⁶.

The distribution of access to SRHR services by gender shows gaps between boys and girls. In Gossas, boys (30%) consider that they have access to services more than girls (26%). On the other hand, in Kaolack, 60% of girls compared to 33% of boys believe they have access to SRHR services. A study conducted in Kolda found that 18% of young people used ASRH services, and this use was higher among boys¹. Our results show that when it comes to the use of SRHR services, the nature of gender-related constraints can vary from one region to another. The constraints for girls to use SRHR services are more severe in Gossas

where the community, still rural, is very conservative on these taboo issues. The influence of social norms on the use of sexual health services is therefore a reality¹¹. These constraints are less burdensome in Kaolack than in Gossas. Furthermore, it seems that in Kaolack, it is boys more than girls that require assistance in accessing sexual and reproductive health services. Indeed, among girls, 84.6% reported feeling comfortable seeking sexual and reproductive health care, while this percentage is 41.6% among boys. In addition, we observe that more boys believe that sexual and reproductive health services are expensive (27%) compared to girls (22%).

The results also show that although social norms influence girls' behavior regarding sexual and reproductive health issues, they can vary according to spatial and temporal contexts. In Gossas, for example, the initiation of the young girls' club has had a significant impact on the attendance of the Youth Space by adolescent girls, which currently exceeds that of boys.

Conclusion

This study provides a better understanding of gender-related gaps in adolescent sexual and reproductive health resources and services, as well as barriers to the use of these services. It will thus make it possible to guide useful and effective interventions for adolescents' access to SRHR services, taking into account social norms and gender relations. Finally, it will expand the evidence base concerning the sexual and reproductive health of adolescents in general and in particular in relation to gender in Senegal.

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