

1. Introduction

Despite substantial progress in economic development, advances in education and significant declines in child mortality, fertility remains high in West Africa. Although there is some fertility decline, particularly in urban areas, increased age at marriage is important and use of modern family planning remains quite low. Is this because of poor level of offer or low levels of demand? Furthermore if demand for modern methods of fertility control is low, is this because people do not want to control their fertility or because the methods available for fertility control are not trusted. Gender generates additional dimensions to these questions: in what ways do men and women differ in their attitudes to fertility control and available methods and how are these negotiated and managed within couples? Do men pose a barrier to women's desire to control fertility or are the gendered roles in relation to fertility and fertility control more complex?

The overall aim of this paper is to use empirical qualitative data to examine beliefs and behaviours around fertility control and contraceptive use or non-use in a Senegalese urban community which is in the early stages of fertility transition. We first consider men and women's attitudes to the acceptability of the different dimensions and contexts of fertility control before looking in more detail at attitudes towards available contraceptive methods and the ways people talk about fertility control and contraception. We examine how gender based differences in the acceptability of fertility control are mediated and moulded by societally accepted gender roles and to what extent individuals have the agency to negotiate. Our evidence challenges measures of unmet need and has implications for effective family planning policy. We show the importance of listening to both men and women, and the pitfalls of pre-classifying responses into analytic categories before really hearing what people are saying.

Qualitative data were collected in 2007 in a small Wolof town in NW Senegal in the context of a larger qualitative study undertaken in 1999 in the same town and also in a village and Dakar, thus providing an element of time depth to examine changes over a period of rapid social change

1.1 Conceptualising supply and demand for family planning

In thinking about family planning in this particular environment, ideally one would consider four dimensions of influence on outcomes.

1. The actual family planning programme: what does it include in the way of provision, publicity, availability, training for staff, subsidies for methods etc
2. Attitudes of people to different dimensions of fertility control: spacing, limiting, postponing and avoiding births? (Timaeus and Moultrie 2008) How do these differ between men and women and what are the key influences?
3. Given a desire to control fertility, the attitudes to the particular methods available. How acceptable or unacceptable are these methods? What factors influence method perception? Do the ways women and men speak about different methods help us to understand why they may or may not be acceptable?
4. The larger politico-socio-economic context which influences both the characteristics and resources of the programme itself as well as demand for fertility control (Bongaarts & Watkins 1996, Bulatao & Casterline 2001, Bryant 2007, Bongaarts 2003, Bledsoe 1999)

We focus primarily on dimensions 2 and 3 whilst recognising that it is impossible to understand our findings without considering the wider context which includes the economic crisis which

Senegal has been experiencing for at least two decades, the cultural values attached to marriage and reproduction in northern Senegal, the role of international migration, the increased participation in education especially of girls and young women, the changing nature of Islam, and the nature of gender roles and power relationships.

1.2 Re-examining unmet need for contraception and fertility intentions

The idea of unmet need for contraception has developed in both academic and policy importance over the last few decades (Bongaarts and Bruce, 1995, Bongaarts 1991, Population Reports 2003, Casterline & Sinding 2004). The idea is attractive because it clearly identifies a role for policy and the potential to target particular types of women in order to achieve fertility decline which is largely seen as desirable (Prata 2007). Targeting unmet need responds to those who continue to believe that fertility decline should be a major aim of family planning programmes but it also falls well within the remit of improving reproductive health and addressing reproductive rights as outlined at Cairo. A recent critique of the way DHS questions and categories influence research questions and analysis, in particular on unmet need, has been raised by Timaeus and Moultrie (2008). We develop such critiques further through examining whether an expression of particular ideals or goals in response to specific questions on questionnaires actually reflects rational intentions to achieve such goals. In challenging the interpretations of questionnaire based responses we examine the range of factors which influence actual fertility related behaviour, irrespective of expressed ideals or goals.

2. Data and methods

The 2007 study was originally undertaken to investigate the impact of extensive out-migration of adult men to Italy on various dimensions of family and household dynamics of those left behind. To this end we undertook 84 in depth qualitative interviews with adult men and women of all ages in a small town in North-West Senegal in 2007. Previous qualitative research from 1999 which compared reproductive strategies in Dakar, the small town (N) and a village (LeGrand et al 2003, Randall and LeGrand 2003) had shown that migration to Italy was having a major impact on marriage dynamics in N and this finding stimulated the 2007 study. Fieldwork was undertaken in 2007 by 4 post-graduate students trained in demography or sociology.

Because the six quarters in the town have very different atmospheres and history we took a quartier based approach to interviewee identification, in each quartier selecting at random 6 men and 6 women stratified by age who were interviewed by same-sex researchers. All interviews were undertaken in Wolof and translated and transcribed in French by the interviewer immediately so that the researchers could read them and give rapid feedback on both the quality of the interview and specific themes and topics. During the translation process there was much discussion in the team about the appropriate translation into French of certain key, difficult to translate Wolof terms. All interviews were entered into a N6 database where they were coded according to themes.

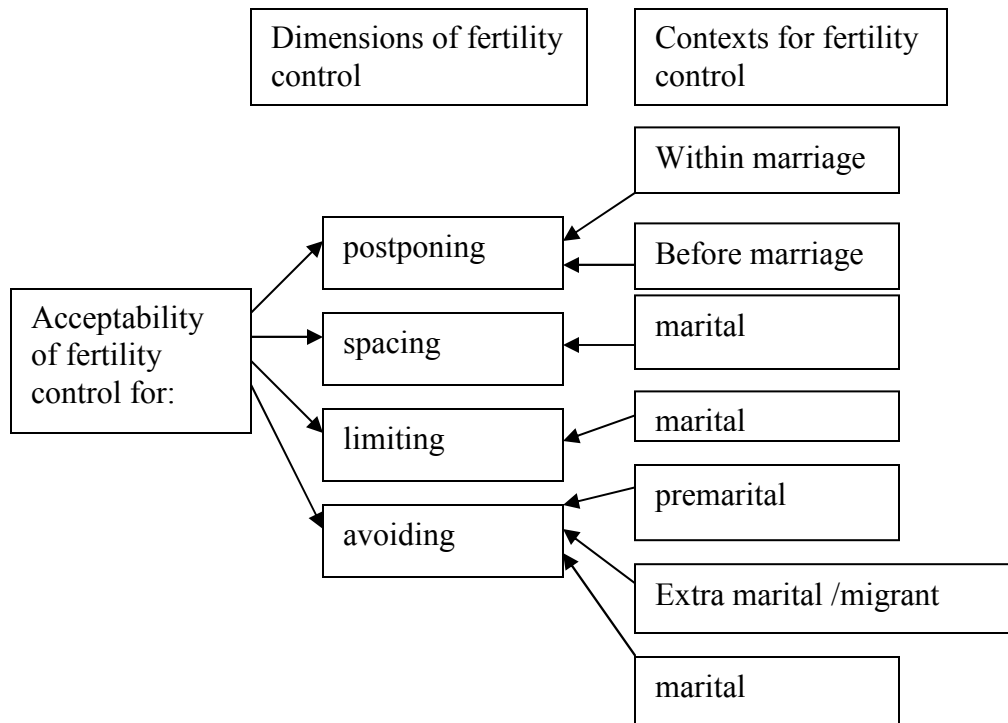
The in-depth interviews took a life history approach with respondents encouraged to talk about their personal experiences of growing up and as adults. The interviews covered education, professional lives, family life in the past and present and experience of marriage and children. Although there was a focus on migration decision making and the impact of migration of others on individuals, households and more generally in the town, the majority of respondents were also

asked about family building strategies, ideal family size and attitudes towards contraception. Sometimes these subjects emerged spontaneously from the interview. This material is used here.

3. Acceptability of fertility control

In order to understand the acceptability of fertility control in this community, and in particular to understand how this is highly gendered both in terms of what is acceptable, how it can and is discussed, and how men and women negotiate their roles in the process of actually acting to control fertility we disentangle the different dimensions of fertility control and the contexts (Figure 1). The first stage is whether fertility control of any sort is acceptable. If so which dimensions are acceptable: postponing, spacing, limiting and avoiding births? We argue that there is a subtle difference between postponing and avoiding births. Postponing occurs before childbearing has started either before marriage or in the early years of marriage. There is a general premise the idea that one day childbearing will happen – although in the case of pre-marital postponement, not necessarily in that relationship. Avoidance of births (as identified by Timaeus and Moultrie 2008) occurs (usually) after childbearing has already occurred and could be for a range of reasons many of which may be economic, but also health, uncertainty about the future, inappropriateness of the relationship etc. For the case of Senegal we make the assumption that spacing and limiting occur primarily within marriage whereas both postponement and avoidance can be premarital and avoidance can also be extramarital. Thus different respondents may approve of some dimensions and contexts of fertility control whilst having very strong opinions about the unacceptability of other forms of fertility control, usually because sexual activity in that context is seen as unacceptable.

Figure 1: Dimensions and contexts of fertility control



Analysis

We use our data to analyse which of these contexts are acceptable for fertility control for men and women, the different types of response and the factors which influence or determine these responses. Key themes which emerge are; the role of religion and understanding of what is permitted within Senegalese interpretations of Islam: the importance of the health and integrity of women's bodies; the understanding of how different forms of contraception work and their influence on the body; gender roles and power relations

Conclusions

Although the majority of men expect that they are the final authority in a marriage about contraceptive use, that their decision should prevail and that they must authorise their wife to use contraception, there emerge some interesting dimensions. The vast majority of men are not interested in the details of family planning methods and where and how they are obtained. This may, in part, be because of their ambivalence about the morality of fertility control. They attempt to distance themselves from the issue through letting any moral blame or consequences of modern contraceptive use rest on the woman's shoulders and not on their own. There appears to be a further moral dimension in terms of religious interpretation of different methods. Women distinguish clearly between medical and behavioural forms of contraception. This also came up in men's discourse some of whom associated modern methods of family planning with prostitutes, vice and sin.

Like Timaeus and Moultrie (2008) our data also challenge the idea of unmet need but through different pathways. One assumption about questions on 'ideal family size' and the subsequent analysis in terms of unmet need, is that the articulation of ideal family implies that this is a goal towards which people are moving, and that if they exceed the ideal family size then somehow this indicates a problem in provision of services. Our data suggest something rather different. Although many of our respondents were happy to talk about an ideal family size, throughout the course of the interview it often became clear that this ideal was frequently not something that was perceived to be a target that they would orient their behaviour around achieving. It was more of an ideal that they could allow themselves to think about almost in the same way as one might think about 'it would be nice to win the lottery'. Although the ideal was there, a range of constraints meant that the majority of respondents never felt they should reflect about whether they should do something to achieve this ideal. It was what they would ask God for if they felt they could or should request certain things from God, which for most would have been unacceptable. In the rare cases where expressing an ideal was more than just a polite response, further issues arose about how it could be achieved and the problems perceived with the currently available methods, and also, from women's perspective, their autonomy to achieve it.

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