The State of Education and Implications of SRHR on the Education of Adolescent Girls in Senegal

Final report

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EXECUTIVE SUMMARY

The purpose of the scoping review is to present the state of girls' education and the reproductive health and rights of adolescents in Senegal. Research shows that adolescents are a large population that is exposed to vulnerabilities due to the fact that they are youthful. According to the latest population census (ANSD, RGPHAE 2013), adolescents aged 10-19 and young adults aged 20-24 represent respectively 22.5% and 9% of the general population in Senegal.

The African Population and Health Research Center (APHRC) mobilized its partners to work on the scoping review to better understand the environment of adolescent girls for the quality of human capital. The review aims to establish the state of girls’ education and sexual reproductive and health rights (SRHR) for adolescent girl in Senegal. In particular, the review seeks to analyze the specificities of adolescents by making a conceptual delineation, taking stock of the scientific knowledge accumulated on this target, analyzing the evolution of policies in girls' education and reproductive health and adolescent rights by mapping interventions geographically, by theme and proposed priority actions.

Conceptually, the state distinguishes adolescents in two periods: the first adolescence (10 to 14 years) corresponding to the beginning of puberty when their social and intellectual skills develop, and a second period (15-19 years old) of adolescent identity affirmation.

With regard to education, the reference remains the law N° 91-22 of January 30, 1991 of orientation of the National Education in Senegal defining it as the preparation of the conditions of an integral development. Girls' education aims to provide girls equal educational opportunities as boys.

Regarding reproductive health and adolescents' rights, they are defined by the Ministry of Health according to a holistic and multisectoral vision articulating the monitoring, management of the teenager, access to health care, sex education and protection against different risks (abuse, sexual exploitation, cybercrime). Relational and psychological aspects to counter other vulnerabilities including HIV, genital mutilation, malnutrition, narcotics, smoking, accidents or injuries, use of psychoactive substances.
More than 100 documents have been analyzed, of which 70% are research papers (scientific articles, study reports, dissertations and theses, policy documents estimated at 19%, 10% of the documentation are brochures and 5% of training modules. The focus is on research, policy coherence, communication, dissemination and capacity building of actors and adolescents. Dedicated institutions to the study of adolescence were also analyzed to determine the content structure by variable, specify their strengths and possible limitations.

Findings show that with regard to the situation of girls' education in Senegal, school attendance and retention are compulsory for all children of both sexes aged from 6 to 16 years. Access to basic education has improved remarkably with a gross enrollment ratio (GER) parity index, which has increased from 1.10 in 2011 to 1.15 in 2018 for girls (DPRE, 2019 and 2017). Regional disparities persist in particular school districts in the regions of Kaffrine and Diourbel, which have experienced the highest rates of enrollment refusals. In 2018, the completion rate of the elementary cycle is increasing and everywhere in favor of girls with a parity index of 1.22 (with the exception of the regions of Kedougou and Sédhiou). However, the dropout rate in CM2 remains high at 24.5% for girls and 21.6% for boys.

For middle school education, according to enrollment in 2018, girls represent the majority at 52.8%, and this trend has been observed since 2008 with an increase of 8.1% over the last ten years. The lowest proportions are observed in the regions of Sédhiou, Ziguinchor, Fatick, Kaolack and Louga. In Senegal as a whole, repetition (21.8%) and dropout (20.4%) rates still high in the third grade significantly exceed national values. The average completion rate at 33.1% in 2018 remains higher for girls (39.4%) than for boys (33.1%).

As for secondary education, from 2008 to 2018, the overall GER increased from 16% to 33.8%; and, for girls, from 13.3 to 34.6%. In 2018, girls and boys have the same completion rate. Regions with deficit in GER and completion rate are those of Kaffrine, Diourbel and Kédougou. The level of repetition in the final year (31.3% of girls against 29.5% of boys) and dropouts (21%) are high.

In technical and vocational education, girls are dominant with 54.12% (technical education) and 54.41% (vocational training). Literacy is more targeted towards adults. The cycles and strong regional disparities are observed, demonstrating the need for targeted interventions for girls' education in deficit regions.

In the field of reproductive health and adolescents' rights, out of 22% of all women of childbearing age, adolescents account for almost 10% of the total fertility of Senegalese women.
1321 cases of teenage pregnancies among girls aged between 12 and 19 were recorded in 2019 by GEEP in 439 middle and high schools, therefore shedding light on the vulnerability of girls in schools. It is between 12 and 18 years that 78% of pregnancies occurred, and a quarter occurred before the age of 15 years. 73.6% of pregnancies occurred in middle school, which is to say between the 6th and the 3rd, compared to 26.34% in secondary school (grades 11-13). This situation is observed in all regions. More than half of pregnancies occurred outside marriage.

More generally in Senegal, 16% of women aged 15-19 have started their reproductive life: 13% have already had a living birth and 4% are pregnant with their first child (DHS, 2017). The sex life starts slightly early. Indeed, the first sexual intercourse before the age of 15 concerns 6.1% of the girls against 4.5% of the boys among the adolescents of 15-19 years. In this age group, 6% of girls are in a union before reaching the age of 15.

Daughters of uneducated mothers are the most exposed to female genital cutting. 16% of girls whose mother has no education compared to 6% of girls whose mother has a middle/high school level or higher. Similarly, excision is prevalent at 4% among households having of lower living standards compared with 2.6% among households having higher standard of living households.

In 2017, 20% of women aged 15 to 49 use a contraceptive method, of which 19% use a modern method. The prevalence is at 28% among women in union and 56% among women who are not in a union and are sexually active.

The prevalence of HIV/AIDS remains low among adolescents. In Senegal, according to data from the 2017 DHS, the prevalence of HIV/AIDS in the 15-49 age group is 0.4% for men and 0.5% for women (ANSD, 2018). The overall prevalence in this segment has decreased from 0.7% in 2010 to 0.5% in 2017. Among adolescents, the prevalence of HIV/AIDS is almost zero in the 15-19 age group (both among girls and boys), but it is 0.5% for girls and 0.2% for boys in the 20-24 age group (ANSD, 2018).

On the analysis of girls' education policies, it is important to note that the West African tradition described by the Mande Charter of 1236 is based on equity and social justice. The refusal of communities to include girls in school started early. Further, it was not until 1938 that Rufisque
created the teacher training college. The boys' school was opened in 1903, 35 years earlier. The first reform to encourage the recruitment of girls in schools dates from 1930.

In 1981, a new path was instilled by the Estates General of Education and Education for All (Jomtien), Dakar 2000 and other conferences by UN institutions that systematize the schooling of girls and set universal primary education and gender equality as their goals. Different national programs make girls' education a prime indicator of success. Many institutional measures make girls' education sustainable. The new Education Development Program in Senegal (PADES 2019-2022) favors a better gender management.

On the analysis of reproductive health policies and adolescents' rights, let us point out that, originally, it was school health. Indeed, as early as 1942, a decree installed the general service of medical inspection of schools which has a preventive role. In 1988, the Population Declaration of Senegal (DPP) explicitly mentions the health of adolescents. In 1990, the Cairo conference definitively established reproductive health. In 1998, WHO developed its comprehensive Africa Region strategy (1998-2007) on reproductive health by promoting adolescent health. In 1999, the Ministry of Health broke new ground by setting up an office called Adolescent Health in the Division of Reproductive Health. In 2000, the Ministry of Health developed the Integrated Health Development Program (PDIS), which tackled the health of young people and adolescents. The FRESH initiative is boosting effective school health. Senegal thus converges three main public policies around the health of young people and adolescents: the PDEF, which proposes to make health an input for education, the PDIS that makes health of young people and adolescents a priority for their development and the National Youth Policy which aspires to have healthy and educated young people and to make them the driving force for economic and social development.

In 2005, the Ministry of Health adopted the adolescent health strategy, supported by UNFPA and WHO. In the same year, the law of reproductive health was adopted and gave a status to the health of adolescents within the Ministry of Health. The current new policy (2018) provides a holistic and intersectoral framework.

The mapping shows gaps in the areas of romantic relationships, communication between parents and adolescents, use of psychoactive substances/mental health, HIV infection, harmful traditional practices, rights. Intervention gaps are located in regions with a usual weakness of
intervention: Matam, Kaffrine Diourbel, Louga and Kedougou. They are in a peripheral position for North and East (Matam and Kedougou) and in central Senegal Kaffrine, Diourbel and North Center for Louga. Girls' education interventions are better distributed by region and type of action, although infrastructure and equipment as well as teaching materials need more intervention.