

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

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**African Population and
Health Research Center**

Introduction

In Senegal, adolescents aged between 10 and 19 years, and young adults aged 20-24 represent 22.5% and 9% of the general population respectively (ANSD, RGPFAE 2013). Senegal is one of five countries globally with the lowest gross enrollment rates for girls (87.92%) and low levels of reproductive health knowledge among girls and young women (UNESCO, 2015).

In addition, out-of-primary school rates in West and Central Africa stood at 31% for females and 28% for males (UN, 2015, 2018). Moreover, more than 64% of the population in West and Central Africa is under 24 years (UNFPA, 2015), and the adolescent pregnancy rate is more than twice the global average, with more than one in ten girls aged 15-19 giving birth (UNFPA, 2013). The adolescent population has continued to experience poor education and sexual and reproductive health (SRH) outcomes, necessitating the need to build evidence on these education and SRH outcomes for targeted interventions and better decision making. The African Population and Health Research Center (APHRC), partnered with Forum for African Women Educationalists (FAWE), to implement a project dubbed "Improving Girls Education" with a goal of improving education outcomes and overall wellbeing of girls in Senegal.

The main goal of the project was to improve education outcomes and overall wellbeing of girls in Senegal using a two-phased approach:

Phase 1:

Conduct a comprehensive scoping review; map organizations and programs that are working in the girls' education space, and engage policy and practice actors, to validate the evidence coming out of the scoping review.

Phase 2:

Conduct an exploratory study to establish the perspectives of stakeholders including beneficiaries (both adolescents and their parents) on girls' education and SRHR programs in Senegal.

Trends and inequalities in girls' education

Programs initiated in girls' education since the 1990s have been successful in mobilizing girls in elementary school to the point of achieving a favorable gender parity index. At the elementary level, the gross enrollment rate (GER) for girls stood at 93.86% and was higher than that for boys (81.10%), corresponding to a parity index of 1.16 in favor of girls. Similarly, girls are more likely to complete elementary school than boys, as shown in Figure 1.

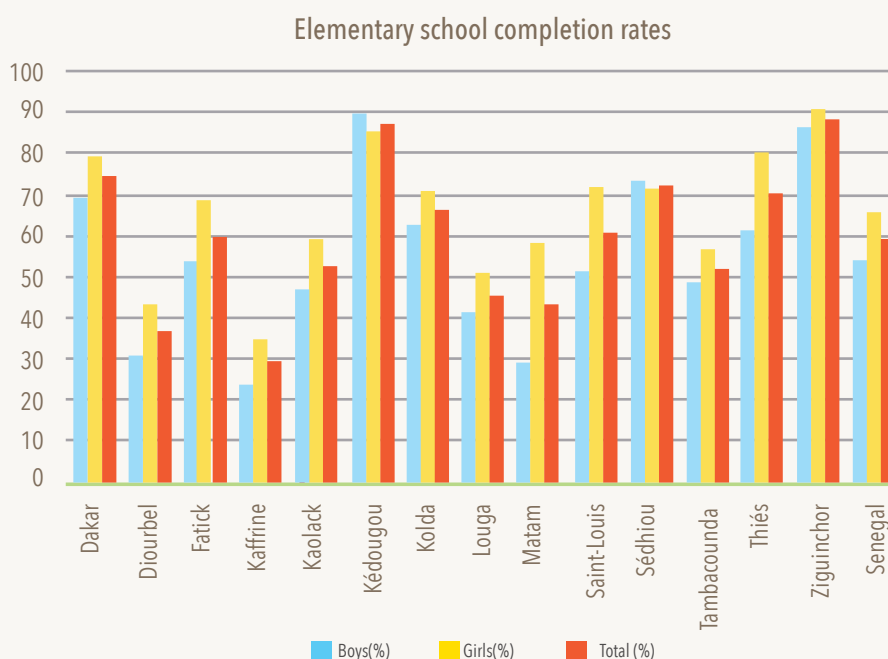


Figure 1: Completion rate in the elementary by region in 2018

However, regional disparities in completion of elementary school for girls persist. Indeed, we observe that the gap is significant between the regions of Kaffrine (35.1%), Diourbel (43.3%), Louga (50.9%), Matam (58.6%), Tambacounda (56.8%) and Kaolack (59.4%), who lag behind compared to other regions.

The enrollment of girls at middle school level is also higher with a GER of 53.3% higher than boys' (45.9%) in 2018, except in Kédougou, Kolda and Sédhiou regions. However, the retention of girls in the middle school is hampered by repetition (21.8%) and drop-out (20.4%) in third grade. Completion rates for this level stand at 39.4% for girls, ahead of boys at 33.1%.

Middle school completion rates

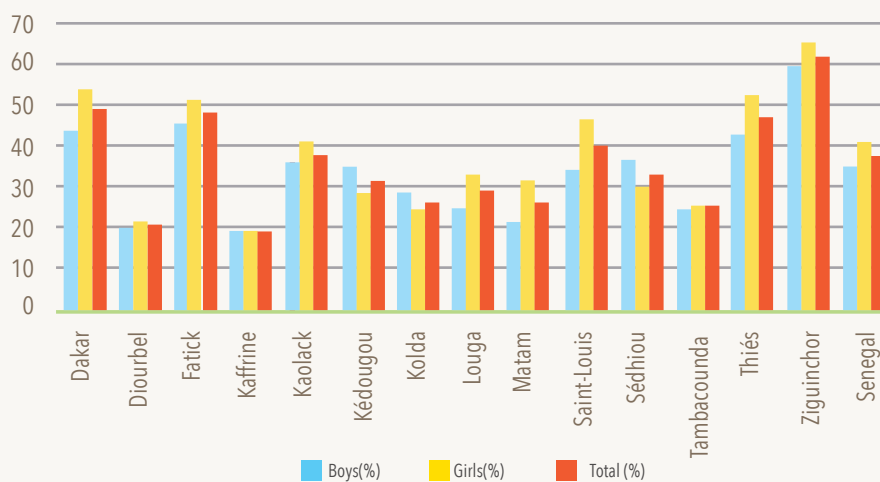
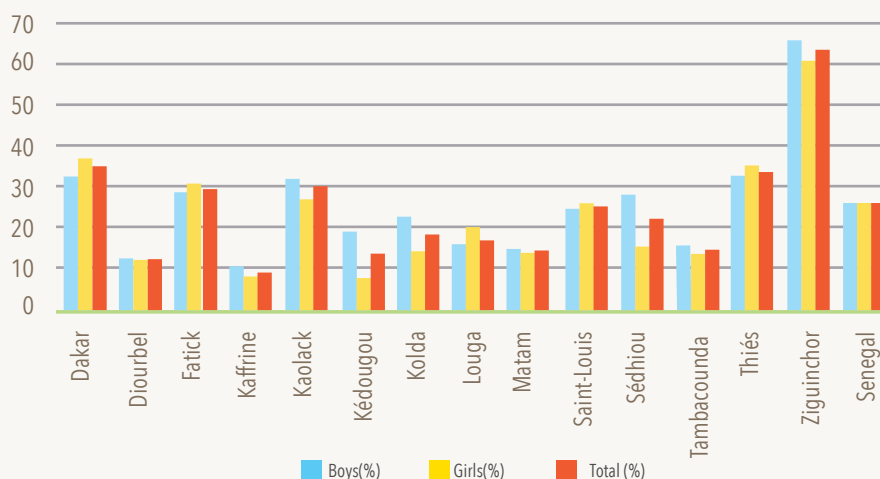


Figure 2: Completion rate at middle school level

For secondary education, the overall GER was 33.8% with 34.6% for girls, and 33.1% for boys (DPRE, 2017 and 2019). Nevertheless, there are major disparities between the regions of Ziguinchor (77.5%), Thiès (49%) and Dakar (43.5%), which are in the lead compared to the regions of Kaffrine (13.2%), Diourbel (15.9%) and Kédougou (16.1%).

As for the secondary completion rate, it was 27% in 2018 for both girls and boys (DPRE, 2017 and 2019). However, this rate remains highly variable from one region to another: among girls, Ziguinchor leads with 61.3%, Dakar with 37.8% and Thiès with 35.7% against 8.8% for Kaffrine and Kédougou.

Secondary school completion rates



Source: DPRE (2019)

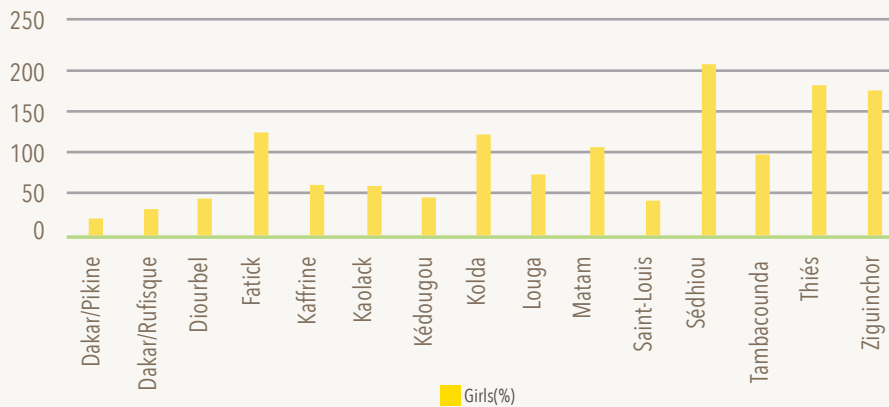
Figure 3: Completion rate in the Secondary by region and by sex in 2018

This situation shows that girls are retained in elementary and middle school, but are vulnerable to dropout in secondary school.

The state of adolescent girls' reproductive health and rights

Adolescents constitute 22% of all women of childbearing age and contribute nearly 10% to the total fertility of Senegalese women. Early pregnancies can reach worrying proportions, as reported in the 2019 study, which identified 1321 cases of teenage pregnancies between the ages of 12 and 19 in 439 middle and secondary schools compared to 1222 in 2018 (GEEP, 2019). The vulnerability of girls to teenage pregnancy while in school, is particularly notable in the regions of Sédhiou, Kolda, Thiès, Ziguinchor and Fatick.

Distribution of pregnancy cases by region
(n=1321 in 2019)



Source: GEEP/UNFPA (2019)

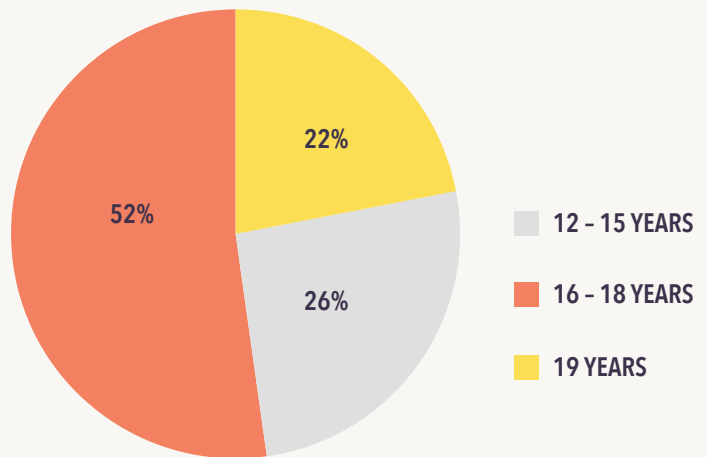
Figure 4: Distribution of pregnancy cases of adolescents aged 12-19 years by region in 2019



The number of girls who were pregnant in 2019 by region was high in Sedhiou, Thies, and Ziguinchor.

Looking at the distribution of the pregnancy cases by age, it shows that 78% of pregnancies occurred between 12 and 18 years of age and 26% before 15 years of age. Most cases of pregnancy (73.6%) occurred in the middle school, i.e. between the 6th and 3rd grade compared to 26.34% in the secondary school (second to final year).

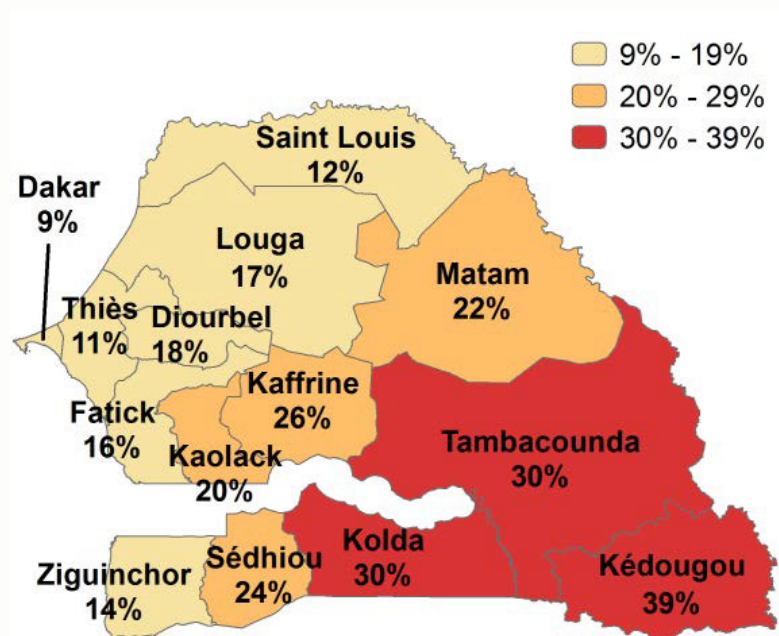
Overall the data depicts early sexual exposure where 13% of girls aged 15-19 have already had a live birth and 4% are pregnant with their first child (DHS, 2017).



Source: GEEP/UNFPA (2019)

Figure 5 : Distribution of pregnancy cases by age

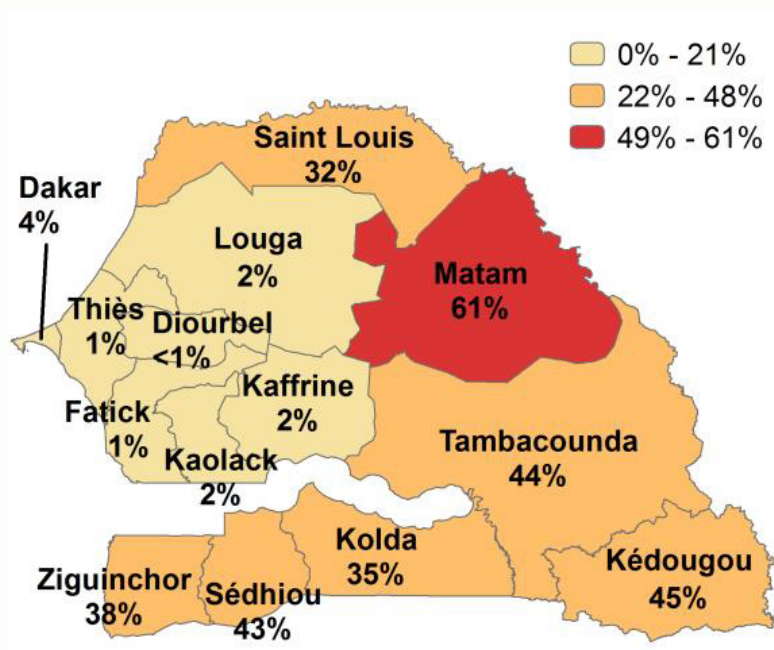
Map 1: Reproductive life of adolescents



Source: Continuous Demographic and Health Survey (2017)

As shown in the map above, the Eastern, Southern, Central regions have the highest percentage of adolescents who have had a live birth or been pregnant with their first child with Kedougou leading at 39%. From the study it was observed that girls in the regions of Tambacounda (17.1 years), Kédougou (16.9 years), Kolda (17.0 years) and Sedhiou (17.1 years) have an earlier sexual debut in comparison with those from the Dakar (22.4 years) and Thiès (20.3 years) regions.

Map 2: Percentage of girls aged 0-14 subjected to Female Genital Cutting by region



Female Genital Cutting (FGC) is also persistent in the northern regions (Matam with 61%, 32% in Saint-Louis), in the east (Kédougou 45%, Tambacounda 44%) and finally in the south (Ziguinchor with 38%, and Kolda 35%).

Daughters of uneducated mothers are the most vulnerable to FGC: 16% of girls whose mothers have no level of education compared to 6% of girls whose mothers have a medium/secondary level or higher .

What to next?

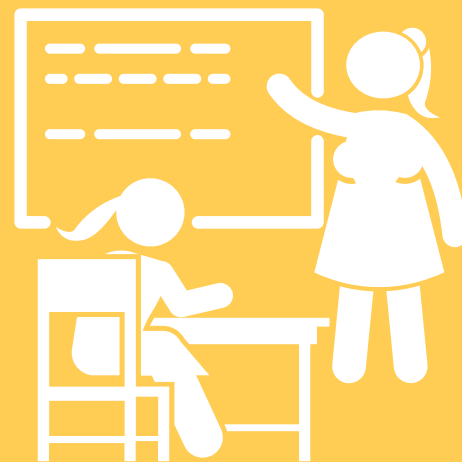
From the scoping review findings, and the validation by stakeholders, the following recommendations were highlighted:

- **Strengthen specific programs for girls' education**

Implement targeted interventions for each level of education (Elementary, Middle, and Secondary) taking into account the differentiated needs affecting these levels. In addition, the targeted intervention should also target the specific regions that are severely affected.

Strengthen the teaching content on adolescent rights, so that they can be able to speak up about their rights.

Strengthen teachers' capacities to master the gender approach in education, particularly acknowledge the challenges that affect girls' education and reproductive health, and ways to support girls to overcome these in the classroom settings.



- **Work with parents and communities**

One of the areas that stood out to improve girls' education was to work with parents and convince them on the importance of listening to teenage girls in order to better support them through secondary education and through teenage motherhood.

Moreso, one of the elements that can also reinforce the participation of parents in their children life is through providing family life education, which is usually provided by associations and Non-Governmental Organizations (NGOs). This can be reinforced by parental counselling programs to enlighten them about the need to be involved in their children's education.

Use the communication spaces around the school, to strengthen the communication between girls and school management committees and school governments, as well as the association of educating mothers.

Organize fairs to encourage the massive enrollment of girls in school particularly in the central, eastern and northern regions with deficits. For instance, the children in elementary and middle schools would benefit from programs that target enrolment into school, and particularly those working with parents, to ensure that they are enrolled and attend school.



- **Improve the reproductive health supply for adolescents**

Invest in the safe spaces for girls so as to increase ways in which they can be listened to and places where they can receive age appropriate services that is unique to them within the health centers.

Provide and strengthen the services provided through the mobile units or community clinics that provide reproductive health services already initiated by the different associations.



- **Equip schools to make them attractive to girls**

Invest in school infrastructure and equipment by installing functional and separate toilets for boys and girls;

Engage all stakeholders including the Ministries of Education and Health to work together and thus promote the inter-sectoral approach. This will complement the work of the Coordination Framework for Girl's Education Intervention" (CCIEF) as they monitor the interventions and their impact on girls' education.



Conclusion

In conclusion, the findings of the scoping review point to the magnitude of the challenges that affect girls' education and SRHR which are different by region, partly due to religious, sociocultural, and economic reasons. Moreover, there are many actors attempting to tackle the issues, that is, program implementers, regional governments and the Central governments through the Ministries of Education and Health among other ministries.

The issues and challenges are articulated differently by the different stakeholders, and from listening to the stakeholders and policy actors, these are also prioritized differently. This is the more reason why the next phase is focusing on listening to all the stakeholders in order to consolidate the views, and to explain the disparities that have been observed.

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