Sexual debut, social norms, contraceptives practices and EC use: a comparative analysis in Dakar and Rabat

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Background

- Sexual debut is a strong marker for adult life (Bozon, 2008)
- In Africa, increase in the gap between the first sexual intercourse and marriage, especially for men (Delaunay, 2004; Hertrich et Lesclingand, 2001)
  - This shift increases the risk of unwanted pregnancy and abortion (Ma et al., 2009; Marquet, 2004) and of STIs?
- Premarital sex has been taking into account in international sexual and reproductive policy guidelines (Le Caire, 1994; OMD, 2000)
Institutional context of FP

- **Morocco**
  - Long term FP policies (1960’s)
  - Governmental propaganda for 2 children family pattern
  - Denial of premarital sex

- **Senegal**
  - Recent government support of FP activities (1980’s)
  - No propaganda for small family pattern
  - Since 1994, some FP activities for the youth
Demographic context

**Morocco**
- Fertility rate: 2.5 (2.1 in urban areas)
- Large use of contraception in 2003: 55% (40% hormonal methods).
- No statistics for unmarried women
- Increase of age at first marriage

**Senegal**
- Fertility rate: 5.3 (4.1 in urban areas)
- Low contraceptive use in 2005: 12% ; (10% hormonal methods)
  - Among single women: 43 % users in 2005 (n=50) ; high rate of condom use (25%) and injection (9%)
- Increase of age at first marriage
New circumstances for sexual debut in Senegal

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Social context in Morocco (2)

Arab-muslim country

• Sexuality and motherhood outside marriage are illegal
• Virginity is a central social norm and unmarried mothers are strongly socially stigmatized
• Double sexual standard
• Women have limited access to spaces of sociability outside the family sphere
Social context in Senegal (3)

Secular republic
- Formal recognition of gender equality;
- Sexuality outside marriage is tolerated
- Double sexual standard
- Virginity is socially required but not being virgin does not prevent women from getting married
- Childbearing outside marriage: misconduct but « reversible » (accelerated marriage)
- Large spheres of sociability for women
hypothesis

Social and familial stigma of premarital sex induces specific attitudes towards sexuality which constraints contraceptive and preventive behaviours
Data & method

- 150 in depth interviews in 2006-2008 (50 women, 25 men in Rabat and Dakar)
- Women and men recruited through: health centres, university campus, in the community + snow ball recruitment
- Sample socially diversified (educational level, age, marital status)
- Analysis: typology of sexual debut
Illegal premarital sex

- Morocco
  - Non penetrative sex to preserve virginity: no contraception, but « accident » may occur
  - Penetrative sex if the relationship is likely to end in marriage: use of condom (discrete method)

- Women with high social resources are more likely to engage in regular premarital sex

- For men: sexual initiation often with a sexual worker

  ➔ Important risks, EC relevant
Tolerance of premarital sex

- Dakar
  - Non penetrative sex to preserve virginity: no contraception, but « accident » may occur
  - Penetrative sex if the relationship is likely to end in marriage: use of condom (discrete method)
  - *Women with high social resources are more likely to engage in regular premarital sex*
  - Sexuality for fun and multiple partners
  - Being pregnant as a way of getting married
  - Men: Fear of forced paternity and of STIs justify condom
  - Strong distinction between the mother and the "shaga"
  
  *In both countries: forced first sex*

- No contraception use or difficulties → EC relevant
Procreative marital sexuality

- Arranged marriage
  - Lack of women autonomy; sexuality and contraception over men’s control
- Chosen marriage
  - Influence of men and family for motherhood
    *Women with high social resources are more likely to negotiate*
  - No hormonal contraception until the first birth
  - Mistrust towards hormonal contraception linked to a strong fear of barrenness
  - Secret use of pill means woman has a love affair
Conclusion

- Women are more likely to face contraceptive difficulties when the social stigma of premarital sex is prevalent.

- Morocco’s paradox: high prevalence of contraception among married women, low fertility level, strong adherence to small family pattern but strong denial of premarital sex.

- Women with high social resources are more likely to distance themselves from dominant sexual and reproductive norms.
Recommandations

- Need to enhance information on hormonal contraception and its real side effects
- Need to favor the social acceptance of premarital sex
- Need to improve women’s social status in order to change gender roles’ representations and allow women to choose their sexual and reproductive life