

Men, fertility control and contraception in Senegal

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1. Introduction

Despite substantial progress in economic development, advances in education and significant declines in child mortality over the last two decades, fertility remains high in francophone West Africa. In Senegal the use of modern contraception is quite low (Ndiaye & Ayad 2006) although over 90% women and men know of at least one modern contraceptive method. Changing marriage patterns appear to play an important role in the limited observed fertility decline in urban areas. The barriers to fertility decline and greater uptake of contraception are unclear and many questions remain. 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? Are there supply barriers in terms of distance, financial or other hurdles to access which inhibit people from fulfilling their demand? To what extent is culturally determined pronatalism still a major part of people's mindsets and what role does religion play in this? 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 is this an oversimplified perspective of gendered roles in relation to fertility and fertility control? In considering male roles and influences on reproductive decision-making is the couple the appropriate unit of analysis?

The overall aim of this paper is to contribute towards answering these questions through analyzing empirical qualitative data on men's beliefs and behaviours around reproduction, fertility control and contraceptive use or non-use in a Senegalese urban community which is in the early stages of fertility transition.

Demographic and Health Surveys (DHS) now collect much data from men allowing analyses of determinants of male reproductive behaviour, attitudes and practice around contraception, fertility preferences, unmet need and male roles in the demographic transition, with further focus on the role of the couple, their characteristics, agreements, disagreements, consistencies, inconsistencies and communication (Andro & Hertrich 2005, Bankole & Singh 1998, Becker 1996, Benfo 2005, DeRose & Ezeh 2005, Dodoo 1998, Ezeh 1993, Hulton & Falkingham 1996, Kulczycki 2008, Takyi & Dodoo 2005). Despite this plethora of survey data, much research into the role and contribution of men and gender relations to reproductive behaviour has incorporated qualitative or ethnographic approaches. It is recognised that such issues may be impossible to understand using pre-assigned categories and that it is essential to move away from the somewhat ethnocentric assumptions about communication, power and influence which are implicit in questionnaires (Agadjanian 2002, 2005, Bawah et al. 1999, Bawah 2002, Castro 2001, Degni 2008, Hollos & Larsen 2004, Izugbara & Ezeh 2010, Sargent 2007, Wolff et al 2000) where the use of direct and closed questions limits the opportunity for people to express uncertainty and dilemmas and also constrains possible analyses to the categories and conceptual frameworks originally used to construct the questions (Hulton & Falkingham 1996, Timaeus &

Moultrie 2008). In contrast, qualitative methods encourage respondents to express worries and indecision, record inconsistencies and identify when people change their minds throughout the course of an interview and allow researchers to look at the ways people talk about fertility control and contraception and the associations they make spontaneously. Such data give a more nuanced understanding of the diversity of factors influencing decisions or non-decisions.

Building on such approaches we use qualitative data collected in a small town in NW Senegal to examine men's attitudes to fertility control and contraception, and men's representations of their roles in reproductive decision making. We interpret their statements whilst considering how gender based differences in the acceptability of fertility control under different circumstances are mediated and moulded by socially accepted gender roles and the extent to which individuals have the agency to negotiate. We show the importance of the pitfalls of pre-classifying responses into analytic categories before really hearing what people are saying. Throughout we remain aware that in-depth interviews can be seen by respondents as public declarations, and that, for men in particular, the social importance of being observed and heard to agree with socially acceptable norms and religious values by the interviewers, may inhibit some from expressing what they really think, because such opinions might be criticised by others or even seen as blasphemous ideas.

1.1 Men, fertility control and family planning

Until the 1990s the role of men in both fertility and fertility control was largely ignored in demographic research (Greene & Biddlecom 2000). However, the role of male sexual behaviour in the emerging HIV epidemic, alongside the change of policy direction as a result of the Cairo Population Conference in 1994 towards reproductive rights and reproductive health, led to a burgeoning of research on men's role in reproductive decision making in the late 1990s (Pinella 2001).

Studies on male roles in fertility attitudes and behaviour fall into three main themes with DHS data constituting the main source of evidence. Having identified considerable unmet need for contraception on the part of women, research then investigated the sources of this unmet need and the extent to which it could be ascribed to programme failures or deficiencies. A key factor to emerge in many contexts was male opposition to fertility control – or at least female perception of male opposition - leading to research on male fertility preferences, male attitudes to family planning and fertility control (Bankole & Singh 1998) and the extent to which male and female preferences agree. Using DHS data from 18 countries (of which 13 in sub-Saharan Africa) Bankole and Singh established that, with the exception of West Africa, male family size preferences and fertility intentions did not differ as much as expected from women's, although much of the agreement occurred because in pronatalist contexts both partners wanted more children. The focus on fertility preferences was largely determined by available DHS data, an approach somewhat undermined by Agadjanian's (2002) insights from qualitative research in

Maputo which demonstrate clearly that at an individual level, fertility preferences may be very labile, and although preferences can be expressed, they are not necessarily goals to which individuals aspire. Nevertheless, because in some contexts stated male preferences do differ from those of women, both at aggregate and at couple levels, the nature of these differences, and their role in determining fertility behaviour has been investigated (Dodoo 1997, Casterline et al. 2001) from which spousal communication emerged as a key issue.

DHS spousal communication data cover whether both members of a partnership know the other's fertility preferences and attitudes to contraception, as well as documenting whether these issues are discussed within the couple. In most cases direct spousal communication is associated with increased use of contraception. Where spousal communication about fertility is low (primarily in West Africa and Pakistan) there is evidence that proxy reporting by women on their husbands' attitudes may be particularly unreliable (Andro & Hertrich 2002, Bawah 2002, Casterline et al 2001, Dodoo 1998, Kulczycki 2008, Maharaj 2005, Wolff et al 2000).

The third line of research tries to address this issue through examining the role of power within couples and at a wider societal level in inhibiting women from pursuing contraceptive behaviour that would seem to be logical in terms of their expressed desires (Avogo & Agadjanian 2008, Blanc 2001, Castro 2001, DeRose & Ezeh 2005, Dodoo 1997, Izugbara & Ezeh 2010, Kulczycki 2008).

There is increasing evidence that survey based conceptualisations of fertility strategies framed around either wanting more children, or wanting to stop (limit) or space are too limited and do not take into account the substantial economic, domestic and other uncertainties that many people in poor populations face (Johnson-Hanks 2005, Osei 2009, Smith 2004), and that many people do not have strongly held fertility preferences which guide behaviour (Agadjanian 2002, Gribaldo et al. 2009). Furthermore collecting survey data for couples makes an implicit assumption that couple communication is primordial. This may be the case in many contexts, but there is evidence that couple communication remains fairly uncommon in West Africa (Andro & Hertrich 2002) where qualitative studies show that it may be necessary to look beyond the couple for wider influences on male and female reproductive decision making related to what Mason (1997) refers to as the gender system: this includes peer and family pressure, the social importance of demonstrating fertility for young women ((Izugbara & Ezeh 2010, Smith 2004), the role of rumours and fears (Castle 2003, Foley 2007, Osei 2009) and the general role of male social networks (Agadjanian 2002, 2005).

More qualitative research is needed on men's role in fertility behaviour and use of family planning in diverse higher fertility contexts (Andro & Hertrich 2002). Survey approaches generally assume that men and women either approve or disapprove of contraception per se and although unmet need for contraception usually disentangles spacing and limiting, needs for

postponing and avoiding are rarely identified. The diversity of sexual relationships and partnerships and the extent to which male attitudes to contraception differ according to the nature of the partnership and to the fertility situation - postponing, limiting, spacing or avoiding - may tell us more about male attitudes and the social and religious factors which influence men's reproductive behaviour than do questions about the acceptability of fertility control, and couple communication.

1.2. Acceptability of fertility control

In order to understand the gendered nature of what is acceptable in terms of fertility control, how it can be and is discussed, and how men negotiate and justify their roles it is essential to disentangle different dimensions of fertility control and contexts (Figure 1). A first stage considers whether fertility control of any sort is acceptable to men of different ages and situations and, if acceptable, whether this is in all, or only some, dimensions of postponing, spacing, limiting and avoiding births?

The second stage examines different sorts of fertility control and the contexts in which they can occur. There is a difference between postponing and avoiding births. Postponing occurs before childbearing has started; either before marriage or (rarely in Senegal) in the early years of marriage. There is a general belief 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) happens after childbearing has already occurred and could be for a range of reasons, which may be economic, but could also be determined by health, uncertainty about the future or inappropriateness of the relationship. In Senegal where, although premarital births are quite frequent, few women are likely to experience more than one, we assume that spacing and limiting strategies occur primarily within marriage. In contrast both postponement and avoidance can be premarital and avoidance can also be extra-marital. People may approve of some dimensions and contexts of fertility control whilst having very strong opinions about the unacceptability of others. Approval of contraceptive use may be related to attitudes towards the acceptability of sexual activity in that context.

[Figure 1 here]

2. Data and methods

Qualitative data were collected in 2007 in a small town in NW Senegal following up a larger qualitative study undertaken in 1999 in the same town and also in a village and Dakar (LeGrand et al. 2003, Randall & LeGrand 2003, Randall & Mondain in press), thus providing an element of time depth to examine changes over a period of rapid social change (see Randall & LeGrand 2003 for details of sample selection). The earlier research compared reproductive strategies in the three sites and showed that migration to Italy was having a major impact on marriage dynamics in the small town; this finding stimulated the 2007 study to investigate the impact of

this adult male migration on family and household dynamics of those left behind. To this end 4 Senegalese post-graduate students trained in demography or sociology undertook 84 in depth qualitative interviews with adult men and women of all ages.

In each of the town's 6 administrative neighbourhoods 6 men and 6 women, stratified by age, were selected at random and 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 team discussion about appropriate French translations of key, difficult to translate Wolof terms. All interviews were entered into a N6 database where they were coded according to both pre-defined and emergent themes.

The interviews took a life history approach with respondents encouraged to talk about their personal experiences of growing up and as adults, 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 other people's migration 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 both fertility control and modern contraception. Sometimes these subjects emerged spontaneously.

Quotations from our interview material (1999 and 2007) are used to illustrate points made by several respondents, unless stated otherwise. Where possible we present quite long extracts to demonstrate the context in which statements were made and in response to what questions or stimuli and quotations are selected in order to show how respondents argue their points, the sorts of evidence they use and the associations they make. Given space constraints we do not always comment on all the dimensions of a specific quotation, leaving readers to make their own interpretations whilst noting that almost all statements reflect aspects of male-female power relationships.

3. The small town context

The small town is on the main arterial road between Dakar and St Louis with primary and secondary schools, a well equipped health centre, many mosques and a market, a wide range of shops, an internet café and good communications. High levels of male out-migration to Italy have contributed to a high standard of material living for families with migrants, with impressive villas and luxury electrical goods including widespread television ownership. The migration has resulted mainly in visible investment in conspicuous material goods rather than local investment in services and generating employment (Randall & Mondain, in press; Riccio, 2006)

The substantial male out-migration has impacted not only on the material well-being of families and households but also on residential patterns – with considerable numbers of absent men leaving wives and children behind. Good mobile phone communications mean that migrant men continue to play a major role in day to day life and are consulted on major and minor decisions. This is a patriarchal society where men have clearly defined roles in terms of responsibilities and authority. Male household heads have authority over women and younger members of the family. A married man is expected to be financially responsible for his wife and children and house, clothe and feed them. These strongly felt social obligations and the impossibility of fulfilling them are leading many men to either postpone marriage – or to migrate to acquire adequate resources. There are also strong religious obligations on men. Publicly they are expected to be good Muslims, go to the mosque, fast and abstain from alcohol. Men should also show great respect for their parents, especially mothers, and do all they can to support them in old age.

Appropriate public appearance is very important and takes two major forms. It is difficult to challenge the accepted norms and values of male dominance, or the important values of Islam in public. Being well dressed, having a modern house and investing in material goods that others can observe and being seen to provide well for one's family are important social values. The importance of appearances has ramifications for our research because the interviews, although undertaken in private, seem to have been interpreted by some men as a public statement. Thus we hypothesise that men often felt obliged to demonstrate their authority over their wives and other women through what they said and that justifications of their statements and behaviour had to be couched in the locally accepted doctrines of Islam. In general women seemed to be less bound by these social norms and used the interviews as a forum to express emotions and dilemmas about aspects of their social life and its constraints.

Increasingly girls and women are becoming academically and economically successful (Randall & Mondain, in press). Despite the patriarchal values the context is far from the extensive oppression of women on many fronts described recently for northern Nigeria (Izugbara & Ezeh 2010). Most women in the small town have considerable freedom of movement and their own economic activities. Male dominance is largely expressed in the domestic arena.

In terms of family planning activities, discussions with medical personnel and with women who are part of a network for information campaigns, established that condoms are widely available in shops, stalls and pharmacies and a range of contraceptive methods (pill, IUD, injection) are available at a subsidised rate for married women at the health centre. Access for unmarried, divorced and widowed women is less clear although there is easy transport to the more anonymous city environments in Dakar or St Louis. Local statistics obtained from the chief medical officer suggested that around 9% married women of reproductive age in the town are using some form of modern contraception supplied through the clinic.

4. Men' attitudes to fertility control

Given this overall context of gendered roles and expectations, local interpretation of Islam, migration and modernity we use our data to analyse which contexts outlined in figure 1 are acceptable for fertility control to men, the different types of response and the factors which influence or determine these responses. Key overlapping themes which emerge are: religion and understanding what is permitted within Senegalese interpretations of Islam; 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.

Male reactions to the idea of fertility control are very heterogeneous and are by no means consistently related to levels of formal education or participation in the modern economy, either through employment within Senegal or as migrants to Italy. Some of the most conservative men are those with higher education and some with little or no schooling are in favour of fertility control and small families. The most important articulated influence on male attitudes towards fertility control is religion. Interpretation of local Islamic teaching is a critical dimension of male discourse around the acceptability of fertility control with religion usually invoked as part of any man's statement about reproduction. This is not the case for women.

Three main sets of male attitudes to fertility control can be identified.

1. Men who are fundamentally opposed to the idea of fertility control under any circumstances and who invariably invoke religion as the justification
2. Men who accept the idea of fertility control but primarily for birth spacing: this is justified in terms of health of the mother and health of the child and may be extended towards avoiding pregnancy if the woman's health is at risk [such cases may resemble limiting because they usually signal the end of a woman's childbearing career, but in fact they involve avoiding pregnancy at that time and not achieving an ideal family size]
3. Those for whom fertility control is more widely acceptable

Although reference to Islam is the most frequent justification given by men for their attitudes towards fertility control, economics is a cross cutting theme. Senegalese men are expected to be responsible for the economic welfare of their wife or wives, their children and other female kin such as unmarried sisters and widowed mothers. Economic security is a woman's primary expectation from marriage (Antoine & Dial 2005), and the pursuit of personal success is largely perceived in economic terms and is the major justification for most migration. In order to understand the logic that motivates men's discourse and their actions we focus on this interplay between religion and economics below.

4.1 Men opposed to fertility control

Amongst our respondents, the largest group of men, encompassing all ages, economic situations and levels of education, was those who said they were fundamentally opposed to any idea of fertility control. If anything, this opposition to fertility control appears to have gained ground in the period since 1999. Opposition was couched in arguments that fertility control would be pitting man against the will of God. Children are considered a gift of God and the more children one has, the more one contributes to the islamic *umha*, the number of Muslims on earth.

R. It's[family planning] a bad thing. It suggests that you are depriving yourself of the good qualities that God had allocated to those who ought to have been born and whom you have stopped from being born They forget that this baby could have saved your life, brought you wealth or God's redemption.

I But what does family planning really mean to you?

R. Taking pills or other things for perverts or prostitutes. Others use it to reduce births

I. Do you agree with any of these reasons?

R. With none of them. I agree that we should leave everything to God's decision. Our ancestors all continued onto the menopause because every pregnancy is a function of divine will.. But if someone dares to give their child cow or goat milk, later the child will only have the character of a cow or a goat

I Do you talk about this with your children.

R. With the women because there is lots of breastfeeding here in the house. But nobody uses 'planning'

Man aged 56 : Coranic school, currently not working, monogamous, 11 children.,

I. As you want two wives you must want a number of children?

R. Two wives: it's my situation that means that I will have two. But what's most important for me is to have a son with the prophet's name and another who will be named after my father. But I don't know what God will give me.

I. If your wife wanted to use family planning today what would be your opinion?

R. No, my wife will not use that.

I. Why?

R. Why use family planning? It's as though I weren't a Muslim.

Man aged 32 : primary education, mechanic, unmarried, no children. Has lived in Mauritania and the Canaries.

Many men talked of family planning as «*wagni diour gui*» (reducing the number of children born) and saw this as challenging divine will in an unacceptable way. However this religious justification was backed up by a traditional attitude to children as not only a gift from God but also an economic investment for the future who will care for parents in their old age. In the current context where having a son who is a successful migrant to Italy brings previously unimaginable levels of comfort, material goods and financial security for parents, there is little

reason for many people to modify their perspectives of children as investments. Frequent reference to parent-child relationships shows that each generation is seen to have obligations towards the other; this was demonstrated by arguing that if a man's parents had controlled their fertility then he would not be here today and that he thus owes it to his unborn children to give them the same chance of life. Furthermore, a man should not risk controlling fertility because this might prevent a great leader from being born.

Although many men use religious arguments about divine will determining numbers of children, this does not necessarily inhibit them from also expressing ideas about ideal family size. There is no contradiction in conceptualising an ideal number of children but totally rejecting fertility control, because the ideal is not perceived as a personal goal but something that can be expressed whilst accepting that God can give more or less and it is God's will that is paramount.

I prefer to leave that to God's will despite my own desire to have seven children.

Unmarried man aged 29: secondary schooling

The rejection of fertility control for these men must be seen within the widespread understanding that God will always provide the resources necessary for each child.

One attitude held by some men in 1999 was that fertility control was not only unacceptable within Islam, it was also an un-African way of behaving. Both fertility control and contraception were seen as inventions of the West, but rather than the methods themselves being perceived as posing problems for African bodies (as in Kenya: Watkins 2000), for these Senegalese men the critical idea is that, unlike Europeans, Africans should not plan their families, and Africans who do so are betraying their culture and origins. This idea was also expressed in 2007, although not frequently.

I: you told me that you have around 10 kids. Can I ask you if you have an idea of how many you want to have?

R. No, No, we, we are Africans, we depend on divine will. I have never calculated the size of my family.... ...as I told you my wives have never used family planning. I am neither for nor against – I'm indifferent to all that. There are blacks who take themselves for whites who say that they want to plan the size of their family. I don't want to wish it on them but what happens if God takes away all their children – what will they do?

Man aged 58 , primary schooling, retired, polygamously married.

4.2 Acceptance for birth spacing and health

In wolof the term *nef* signifies short birth intervals and is associated in everyone's mind with potential health problems for both woman and child. *Nef* should be avoided if possible and women who suffer from *nef* are pitied but there is also an element of shame. Information campaigns targeted at both men and women have exploited and reinforced traditional concerns about birth spacing and respondents' statements on short birth spacing often sound exactly as if lifted from a health education campaign. Nevertheless whether the ideas are deep-seated from

centuries of observations or have largely been recently reinforced by campaigns, men who would never sanction fertility control for limiting births may do so for birth spacing seen as associated with women's health. Both religion and male power are constantly evoked in men's talk around these issues

I. Does it happen that you say to yourself 'I need so many children'?

R. No. I told you just now that I am Muslim. Children are born through God's will. ...

I. According to you what is family planning?

R. Planning, I've learned about it. I also hear people talking about it, but all that, it's just nonsense.

I. Why?

R. In fact it depends, because planning can be useful if a woman has 'nef', if she has closely spaced births. Even Islam suggests you should use contraception to avoid illness for the mother of children who are born weak or disabled. But if that's not the case I don't agree with family planning

I. And if your wife wanted to use it?

R. If she really needs to, that is she has 'nef' or she has difficult births. In that case yes. But if it's not that then I don't agree.

I. And if, for example, she told you she wanted 4 children ?

R. Ahh.. My wife would never tell me the number of children she wanted. I am Muslim and it doesn't depend on me or her, that depends on God's will.

Unemployed man aged 40 : secondary schooling, monogamous marriage with 2 children.

This conversation epitomizes these two major forces dominating male discussions around fertility control in this community: the man is both asserting his authority over his wife and her behaviour and demonstrating his public role as a Muslim through emphasising that neither of them has the right to challenge God's will in having a fixed ideal family size as a target.

Whilst making public reference to religion another respondent describes children as economic objects in which it is risky to invest too much

I Are you for or against use of family planning?

R. No I'm not against. I worked for 18 years in a pharmacy. I know why one should use family planning – it's so that you don't accumulate too big a family, because it's good to space births. I entirely agree with planning. Where I am not really convinced it's the idea of having one or two children only. I wouldn't advise that to young people: that's not believing in God. You need at least 4 or 5 children because life doesn't only depend on the good Lord. If you have two kids and then they die what will you do? You could have one child, bring him up well and in good conditions but if he dies what was the point of all your money? That's why I advise you not to depend on that. If you get

married it's to have a family. So planning to space children is good but to limit the number of children that's bad. Women shouldn't be forbidden to use planning for spacing but as long as the woman can have children with no problem or risk you shouldn't use it. Aged 63, primary schooling, retired, monogamous, 8 children.

Despite this man's opposition to the idea of 'limiting' he reinforces the idea put forward by Timaeus and Moultrie (2008) that we should look beyond limiting and spacing to avoidance. Reflecting on his wife towards the end of her reproductive years he says:

Finally during her last childbirth my wife felt rather weak and she was afraid and came to tell me that 'it would be best if I started to use planning'. I said to her 'of course, go ahead'. I told her that she shouldn't worry about it. She took it for a year and then the midwife told her she could stop

This case of contraception to prevent a birth, not for spacing, is avoidance of pregnancy because of the woman's health, and thus seen by the respondent as completely acceptable. It is a totally different rationale to the idea of having had enough children and stopping – even though the end result is identical.

In 1999 men in all sites stated clearly their opposition to family planning unless their wife's health was threatened, but this was most marked in the small town where, on being asked about contraception almost all male respondents spontaneously brought up the issue of woman's (and child) health, with only one saying that family planning was never acceptable. There are both religious and economic dimensions here: everyone knows that Islam sanctions the pursuit of good health at all costs, so a man who states that his wife is using contraception because of health risks of pregnancy will not lose face in public. Women were often open about their use of health justifications to persuade husbands to let them control fertility. For both men and women the doctor plays a critical role in this. The doctor judges whether a woman's health is at risk and has the authority – acknowledged by local interpretation of acceptable behaviour within Islam - to sanction and provide contraceptive methods. Beyond the religious aspects, further reasons for maintaining women in good health related to both their domestic work and to avoid medical bills.

Within this category of men who accept contraception for health there are, nevertheless a wide range of attitudes from reluctant necessity

I How did you react when she asked your permission to use those methods ?

R At first I didn't agree. I was even opposed to 'planning' because God has s programmed a fixed number of children for each of us and in my opinion to stop or limit what has already been programmed it's tantamount to not believing in Him. Only it happened that my wife's health was threatened and under such circumstances one has to agree with those who advise us to use such methods. Even though I was against it I had to accept it because if something happened to her I would be responsible.

Age 53, married, monogamous, very poor manual labourer, 8 children, 1 dead

to the pro-active seeking of health.

I You say that you want lots of children yet your wives use modern contraception. How do you explain that?

R There's no contradiction. If I suggested to my wives that they use those methods it's just so that they are in good health, that they rest a bit before having another pregnancy. It doesn't mean that they are going to stop having children. I'm certain that the second and the third will have more because they don't have many children yet and they are both still young. The first one worries me a bit because she is very sickly and I wonder if she can manage another pregnancy.

Age 44, electrician, some secondary school, electrician, 3 wives, 8 children. He sent all his wives to the clinic to get contraception

4.3 Men who accept fertility control

Those (relatively few) men who accept fertility control for more than just birth spacing or health problems usually couch their acceptance in terms of both economic necessity and women's health.

I am in favour of it and I would have authorised my wife to use it if she had asked me because I think that in certain situations a person really cannot allow himself to have many children. Because it would be difficult. And that could be painful for both the wife and the child. Given the terrible state of employment these days I can easily understand how we have got here.

Moussa aged 51, coranic school + few years primary school, farmer, 3 children, wife has used contraception

Moussa went on to describe how his wife had used FP in the past. Like many men he sees his role as just that of giving or refusing permission and subsequently all the arrangements are up to the woman.

I Was it useful for you?

R Yes. If we hadn't used it I would have ended up with more children than I can afford. Life is currently very difficult here.

I Where did she go for family planning ?

R I don't know. The hospital perhaps? I didn't bother much about that.

Economic constraints are clearly forcing some men to rethink past attitudes about fertility control. However Yussuf is very unusual in that, as well as changing his mind about fertility control, he is not trying to impose anything on his wives.

I Do you agree with family planning?

Yussuf If life continues to get harder and harder we're going to have to use it soon. Before I was strongly opposed but now I'm basically in favour of it.

I Do you use it in your family ?

Yussuf Even if I don't personally use it my wives have the means to use it without me knowing.

I But you're not sure ?

Yussuf I don't even want to know. All that I ask of our Lord is that he bless those children I already have.

I But would you have liked to have had more children?

Yussuf Yes if I had the wherewithal to feed them!

Yussuf aged 54, primary school, 4 wives (1 dead) many children, migrant in Italy but not very successful

One could interpret Yussuf's statements as meaning that he wants his wives to control their fertility but does not want to play an active role in the process, presumably because then he cannot be criticised because it is not seen as being his responsibility.

Some younger men are already reflecting on the financial costs of reproduction. Abdou is at university in Dakar and unusual in that he specifically talks about family planning for limiting and mentions neither religion nor health. His subsequent account of discussions with his girlfriend and that he wants three children and she wants two, shows that he clearly intends to limit family size and sees the process as one of communication and negotiation between partners, although he still maintains his male authority over her use of contraception.

I And what about children?

Abdou I don't want more than 3

I Why not?

Abdou It's what I explained to you just now. Life has become difficult.

I How would you achieve such a small number of children?

Abdou It's something we need to manage between us, because I can authorise her to use family planning.

I What is family planning to you?

Abdou It's a way of limiting the number of children for those who want to.

Abdou, 25, unmarried university student

4.4 Pre-and extra marital sex and contraception

All of the above discussions focus on marital reproduction. Marriage and parenthood are the normal aspiration for everyone in Senegal and a major aim of marriage is socially sanctioned reproduction (Foley 2007) hence the generalised association of reproductive decision making with marriage in a context where the big issue is deciding not to have many children. Yet there is considerable pre-marital sexual activity and suggestions of extra-marital relationships. In 1999 many younger male and female respondents reported pre-marital births. In 2007 few were mentioned by respondents but the study had a different focus and detailed reproductive histories were not requested. Older men generally spoke of pre-marital pregnancies as a symptom of immorality and an indication of contemporary social problems, although disentangling whether

they were condemning premarital sexual activity per se or the actual pregnancy is difficult. This older unschooled man, whilst accepting family planning for limiting and compatible with Islamic doctrine, sees contraception as totally unacceptable in a pre-marital context because it encourages premarital sex

I can't oppose it (family planning) because I know it is a good thing. People say religion is against it but nowhere is it written that you should have children if you can't look after them. Religion does not forbid planning. What it does forbid is that young people who are not yet married use these methods so that they are free to join in debauchery. That is what religion cannot accept. Religion does accept that those people who are legally married plan the number of children they want bearing in mind their means. If you don't have the resources to have a large family you shouldn't have many children and in order not to have many children you need to use something like those methods.

age 61, coranic school, retired carpenter. Monogamous 11 children from 2 wives

In contrast to this respondent others condemn family planning both before and within marriage; before marriage it is sinful because the sexual activity itself is morally reprehensible, whereas after marriage the unacceptable behaviour is that of challenging God's will.

The white people introduced that [contraception] to us and, what is dramatic, it's that young unmarried girls can now do what they want and not get pregnant. That's why we old people, we cannot agree with that, because in our religion we learn that on judgement day the prophet will boast about his people; so why should we want to decrease this people?

man aged 65, retired tailor, polygamous 3 wives, 10 living and 6 dead children

For some men one motivation for marriage is to ensure that they don't sin in being sexually active: unable to resist the pressures they chose to marry suggesting that the immorality of premarital sex is what makes premarital contraception unacceptable and not the inhibition of pregnancy.

My reasons [for getting married] were simple: I didn't want to get in the habit of behaving in a morally indecent way

43 year old man, primary schooling, married with 4 children

Both older and younger men demonstrate that there are different scales by which unacceptable behaviour is judged. If they are unmarried or divorced and want to be sexually active, even though they might disapprove of contraception within marriage they are happy to sanction its use for their own sex outside marriage. Dramane, aged 44 with secondary education and divorced, in talking about condoms says :*Yes! I have already used them because you know, actually I am living a bachelor's life and I can't stop having sex. So in order to be comfortable I use condoms.* Yet earlier in his interview Dramane stated:

Me, I am opposed to planning because if the man and the woman are both healthy I can't see why they should use these methods.

I: If for example you married again would you accept your wife using those methods ?

Dramane: well [a bit embarrassed] we would see....that depends if she has health problems, but if she is healthy I wouldn't agree. Because, for me, if I marry it's to create a household and live happily. It's not to create a household and then say that one doesn't want any children. Although if the woman has a health problem, that's another issue. I would only accept planning in that case. I can't see any need for a healthy and well person to use planning.

Many men do not condemn the use of condoms or withdrawal in premarital sexual relations. This may be because having a premarital pregnancy is seen as a greater moral and economic problem than using a condom. Furthermore condoms are not classified as 'planning' in the same way as hormonal methods, possibly because they are not provided by the medical establishment and no doctor has sanctioned their use but also perhaps because condoms can be justified in terms of STD prevention and are therefore a legitimate pursuit of health. Men willing to talk about premarital condom use did not anticipate any criticism on religious grounds – yet the same men might be wary of admitting to use of hormonal contraception within marriage.

Neither men nor women believe that 'planning' (IUD, pill or injectable) is appropriate for premarital sex because of worries about harming a woman's future reproductive capacity. Conserving future fertility is a far greater concern than preventing an unplanned pre-marital pregnancy.

4.5 Spousal communication and morality

A man expects to be the final arbiter of contraceptive use within marriage with the role of authorising his wife to use contraception. The forms spousal communication might take, and how they would be reported in this context are difficult to envisage, since most men are not interested in the details of family planning methods and where and how they are obtained. This may be partly because of ambivalence about the morality of fertility control and an attempt to distance themselves from behaviour that might be criticised by others. Yussuf (see above) has taken this one step further in not wanting to know whether his wives are using contraception, but clearly welcoming an absence of additional children. In a way these men are letting any moral blame or consequences of modern contraceptive use rest on the woman's shoulders and not on theirs. However there is considerable evidence of reluctance to talk about these issues.

I: You just told me that you want have lots of children. Do you ever discuss your sexual life or family planning with your wife ?

R: I have never done so. A man shouldn't discuss such things with a woman. I'm opposed to planning because you mustn't contravene God's will. It's God himself who

gives children to whomsoever he wants. If he decides to give me children I don't see why I should be against it. However I can understand how a sick woman might decide to rest if her doctor advises her to. Ultimately that one can understand, but what women do now is against God's will.

I: So you wouldn't accept your wife using modern contraceptive methods?

R. Never ! unless a doctor asked her to.

Age 35, coranic school, mason, 2 children. Currently monogamous

Although condoms were primarily associated with pre-marital sexual activity the following distinction between condoms and modern methods and their acceptability within Islam demonstrates multiple associations of both fertility control and specific methods related to perceptions of morality .

You know, Islam is not against condom use. Condoms are the simplest of contraceptive methods and our religion accepts them. If your wife is breastfeeding and you want her and you don't want to go out and sin [ie have sex with someone else] you can have sex with her using a condom. That protects you and guarantees good health for her
unmarried 32, primary school, mechanic.

The implication here is that Islam is opposed to 'planning' (modern hormonal methods) but not condoms. Possibly the most revealing aspect is that Mohamed sees condoms as protecting the man – by allowing legitimate sex and thus not committing a sin. Protecting his wife from pregnancy whilst breastfeeding appears to be a secondary consideration.

This example is one of many double standards. Fertility control here protects the man from sin. Men accept condom use for premarital sex because preventing pregnancies in such contexts suppresses the evidence of the socially unacceptable behaviour. Men usually express strong opposition to fertility control within marriage because marriage is the public stage for reproduction. Sex before or outside marriage is not and should not be for reproduction; because it is for pleasure, either condoms or withdrawal can morally be used to avoid premarital pregnancies. For those for whom such sex is totally immoral it is the sexual activity that should be avoided, not the contraception.

5. Discussion

The critical issue is not what Islamic teaching actually says about family planning and fertility control, but what Muslim Senegalese think the teachings say, and therefore what they believe dictates their parameters of acceptable behaviour. In a culture where public face and appearance are extremely important, it may be difficult to tease out from in-depth interviews the extent to which men are just citing religious opposition because they feel that is what they should say – or they are unconvinced by promises of confidentiality and anonymity. Men may also be using Islam to serve their own purposes. They want many children, they want to control their wives

and to be seen to be in control of their wives, they want the interviewer to believe they are good upright citizens and Islam is an excellent foil for this. We are fully aware that in-depth interviews are artificial situations and although they allow respondents to play a much greater role in determining what is said and what is important than questionnaires, there remain problems with what is not said and what cannot be said (Randall & Koppenhaver 2004).

Many men used the interviews to demonstrate their adherence to a range of socially important values – having authority over one’s wife, reproduction within marriage, having a large family, being African along with being a proper Senegalese Muslim. Such public discourse was less common amongst women – for whom the association of fertility control and Islamic was rarely encountered in their interviews, for whom male authority was often something to be got around and for whom reproduction was mainly centred in the personal and the practical.

There is both doctrinal evidence (Musallam 1983, Sachedina 1992, Omran 1992) and the experience of countries like Bangladesh, Indonesia and Iran indicating that fertility control is totally acceptable within Islam. Islam also promotes the pursuit of health both directly in terms of ordering followers to behave in ways that protect and enhance their health and indirectly in avoiding harmful behaviour. Given that many Senegalese men believe that Islam utterly forbids fertility control, they too oppose it. Nevertheless the fact that Islam simultaneously articulates the merits of pursuing good health provides an acceptable justification for fertility control under certain circumstances. Of the three main categories of male attitudes to fertility control, those who oppose and those who accept fertility control for spacing and health frame their arguments largely in terms of what is acceptable through their understanding of religious doctrine. Examples of men who have changed their minds about contraception when confronted with a sick wife or serious economic problems demonstrate that male attitudes are not rigidly fixed. Local interpretations of Islam may be generally opposed to fertility control but the same local Islamic teachings promote the pursuit of health. Good Muslims need to consider both sides, and it is quite possible that many other men in the first category might change both attitudes and behaviour if confronted with health problems in the future..

Few men are prepared to publicly declare the use of fertility control for limiting within their marriage even when their economic circumstances make this inevitable. Men are pulled between two different value systems; on the one hand their perception of Islam as reinforced through the coranic schools and the general male discourse around Islamic values and, on the other, the strong Senegalese cultural values and expectations that a man must both control and provide economic support for his wife and children and the difficulties of doing this in a context of unemployment and economic crisis.

Despite the overt values of male dominance and decision making, the 1999 data demonstrated clearly how women in all three communities were able to exploit the health loophole to negotiate

access to contraception. Different health thresholds existed in different contexts. Only life threatening health conditions could justify contraceptive use in the village; in the small town the poor health threshold was lower although still framed in terms of serious health problems; in Dakar, more trivial conditions such as nausea in pregnancy were used by some women to argue for contraceptive use on the grounds of maintaining their health.

Although most Senegalese men expect to be the final decision-maker in a marriage about contraceptive use (women indicate that this is not always the case), that their decision should prevail and that they need to give permission for their wife to use contraception, 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 ambivalence about the morality of fertility control. They attempt to distance themselves from the issue through letting moral blame or consequences of modern contraceptive use rest on the woman's shoulders and not on their own.

Should these men be seen as barriers to women's desires to control their fertility? Probably not, despite men's pro-natalist discourse and apparent opposition to the use of modern contraception for limiting. A major dimension of this opposition is oriented towards ideal family size expressed as a target or a goal. It is such language that generates conflict and tensions rather than the actual fertility control. This contrasts with women's attitudes which are generally more open to the idea of limiting with women often articulating ideal family sizes well below the total fertility rate, although these remain flexible rather than fixed goals. Given that fertility remains high, men may represent a partial obstacle to fertility decline but the fact that many men accept the idea of contraception in some contexts, and that some men openly admit to changing their minds, it seems that the era of men as a barrier has passed.

These accounts of Senegalese men's attitudes to contraception demonstrate that the DHS question "Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?" is not necessarily easy or straightforward to answer and that accounts of couples' 'discussion about fertility' could be very misleading. The context of sexual relations, the type of method and the status of the woman all condition the responses. Whether the couple is an appropriate unit of analysis and whether couple communication means much in this context is another issue. Many men and women believe that sex, reproduction and contraception are not issues to be raised within the couple. Women's sources of information are other women, female kin, friends, women's associations and professionals. Men learn from the media and from other men. Some couples do communicate but many men deliberately avoid such communication because of their ambivalence about the whole issue of fertility control. This suggests that explicit couple communication and conversation is not necessarily a key element in fertility decline in this context.

There are limits to in-depth interviews and many questions remain which could only be addressed through ethnographic research undertaken by a man. Only through such research methods could we learn the extent to which recourse to Islam is just a convenient front to save face and demonstrate respectability or whether it really is a guiding force of men's reproductive behaviour. Very detailed ethnographic work could reveal the extent to which men's talk about control and authority over wives is real or just public face. Faced with the resistance of most Senegalese men to gossip with those they don't know (men's focus groups in 1999 were a failure) ethnographic research is the only effective approach to establishing how attitudes are formed, who influences who and how and the role of different male social networks in contributing to social change and maintaining or destroying barriers to reproductive change.

REFERENCES

- Agadjanian Victor 2002. "Men's talk about "women's matters": gender, communication and contraception in urban Mozambique". *Gender and Society*, 16(2), 194-215.
- Agadjanian Victor 2005. "Fraught with ambivalence: reproductive intentions and contraceptive choices in a sub-Saharan fertility transition". *Population Research and Policy Review*. 617-645.
- Andro Armelle, & Hertricht Veronique 2002. "Demand for contraception in Sahelian countries: Are men and women's expectations converging? Burkina Faso and Mali compared to Ghana". *Population-E*, 57(6), 929-958.
- Bankole Akinrinola, & Singh Susheela 1998. "Couples' Fertility and Contraceptive Decision-Making in Developing Countries: Hearing the Man's Voice". *International Family Planning Perspectives*, 24(1), 15-24.
- Bawah Ayaga Agula 2002. "Spousal communication and family planning behaviour in Navrongo: a longitudinal assessment". *Studies in Family Planning*, 33(2), 185-194.
- Bawah Ayaga Agula, Akweongo Patricia, Simmons Ruth, & Phillips James F. 1999. "Women's fears and Men's Anxieties: the impact of Family Planning on Gender relations in Northern Ghana". *Studies in Family Planning*, 30(1), 54-66.
- Becker Stan 1996. "Couples and reproductive health: a review of couple studies". *Studies in Family Planning*, 27 291-306.
- Benefo Kofi, & Pillai Vijayan 2005. "The reproductive effects of family planning programmes in Rural Ghana: analysis by gender". *Journal of Asian and African Studies*, 40 463-477.

- Bledsoe Caroline et al (eds) 1999. *Critical Perspectives on Schooling and Fertility in the Developing World*. NRC. National Academy Press, Washington DC
- Bongaarts John 2003. "Completing the fertility transition in the developing world: the role of educational differences and fertility preferences", *Population Studies*, 57(3) 321-337.
- Bongaarts John and J.Bruce 1995. "The causes of Unmet need for Contraception and the Social context of services", *Studies in Family Planning* 26(2) 57-75,
- Bongaarts John. 1991. "KAP-gap and the unmet need for contraception", *Population and Development Review* 17(2) 293-314
- Bryant John. 2007 "Theories of fertility decline and evidence from development indicators", *Population and Development Review* 33(1), 101-27.
- Bulatao Rodolfo A.. 2001 "Introduction" to: Bulatao R. & CasterlineJ. (eds) *The Global Fertility Transition Supplement to Population and Development Review* 27, 1-16
- Casterline John and Stephen Sinding 2004 "Unmet need for Family Planning in Developing Countries and Implications for Population Policy". *Population and Development Review* 26 (4) 691-723.
- Casterline John, Zeba Sathar, Minjal ul Huque 2001. "Obstacles to contraceptive use in Pakistan: A study in Punjab". *Studies in Family Planning*, 32(2), 95-110.
- Castle Sarah 2003. "Factors Influencing Young Malians' Reluctance to Use Hormonal Contraceptives", *Studies in Family Planning* 34(3), 186-99.
- Castro Robert 2001. "When a man is with a woman it feels like electricity': subjectivity, sexuality and contraception among men in central Mexico". *Culture, Health and Sexuality*, 3(2), 149-165.
- Degni Filio, Charles Mazengo, Tuula Vaskilampi, I. Esveldt. 2008. "Religious beliefs prevailing among Somali men living in Finland regarding the use of the condom by men and that of other forms of contraception by women". *European Journal of Contraception and Reproductive Health Care*, 13(3), 298-303.
- DeRose Laurie, and Ezeh Alex Chika 2005. "Men's influence on the onset and progress of fertility decline in Ghana, 1988-98", *Population Studies*, 59(2), 197-210.
- Dodoo F.Nii-Amoo 1998. "Men matter: Additive and Interactive Gendered preferences and Reproductive Behaviour in Kenya", *Demography*, 35(2), 229-242.
- Dodoo F.Nii-Amoo, Ye Lup, Evelina Panayotova 1997. "Do male reproductive preferences really point to a need to refocus fertility policy?" *Population Research and Policy Review*, 16 447- 455.

Ezeh Alex Chika 1993. "The influence of spouses over each other's Contraceptive Attitudes in Ghana". *Studies in Family Planning*, 24(3), 163-174.

Foley EE 2007. "Overlaps and disconnects in reproductive health care: Global policies, national programs, and the micropolitics of reproduction in northern Senegal". *Medical Anthropology*. 26(4): 323-354

Greene Margaret E., & Biddlecom Ann E. 2000. "Absent and problematic men: Demographic accounts of male reproductive roles". *Population and Development Review*, 26(1), 81-116.

Gribaldo A., Judd MD., & Kertzer D. 2009. "An imperfect contraceptive society: fertility and contraception in Italy". *Population and Development Review*, 35(3), 551-584.

Hollos Marida, & Larsen Ulla 2004. "Which African men promote smaller families and why? Marital relations and fertility in a Pare community in Northern Tanzania". *Social Science & Medicine*, 58 1733-1749.

Hulton Louise A. Jane Falkingham 1996. "Male contraceptive knowledge and practice: what do we know?", *Reproductive Health Matters*, 7 90-101.

Izugbara Chimaraoke, Alex Ezeh 2010 "Women and High fertility in Northern Nigeria" *Studies in Family Planning* 41 (3) 193-204

Kulczycki Andre 2008. "Husband-wife agreement, power relations and contraceptive use in Turkey". *Int.Fam.Plann.persps*, 34(8), 127-137.

LeGrand Thomas, Todd Koppenhaver, Nathalie Mondain , Sara Randall. 2003 "Reassessing the Insurance effect: a qualitative analysis of Fertility Behaviour in Senegal and Zimbabwe" *Population and Development Review* 29(3): 375-403

Maharaj Pranitha, & Cleland John 2005. "Women on top: the relative influence of wives and husbands on contraceptive use in KwaZulu Natal", *Women and Health*, 41(2), 31-41.

Mason, Karen Oppenheim. 1997. "Gender and demographic change: What do we know?" in G. W. Jones et al. (eds.), *The Continuing Demographic Transition*. Oxford: Clarendon Press, pp. 158-182.

Musallam B.F. 1983. *Sex and society in Islam*. Cambridge: Cambridge University Press.

Ndiaye, Salif, et Mohamed Ayad. 2006. *Enquête Démographique et de Santé au Sénégal 2005*. Calverton, Maryland, USA : Centre de Recherche pour le Développement Humain [Sénégal] et ORC Macro.

Omran Abdel Rahim 1992. *Family Planning in the Legacy of Islam*. London & New York: Routledge.

Osei Ivy 2009. *Exploring the opportunities and challenges to the use of emergency contraception in Accra, Ghana*. Unpublished PhD thesis, University of London.

Pinelli, Antonella 2001. Genre et démographie in : G. Caselli, J. Vallin and G. Wunsch (eds), *Démographie : analyse et synthèse*, VI – Population et société, INED, pp. 419-452.

Randall Sara, Thomas LeGrand 2003. “Reproductive Strategies and Decisions in Senegal: the role of child mortality”. *Population E* 58(6) 687-716

Randall Sara & Todd Koppenhaver 2004. “Qualitative data in Demography: the sound of silence and other problems”. *Demographic Research* 11 (3) pp57-96

Randall, Sara and Nathalie Mondain (in press) “Femmes, travail, milieu de résidence et logement : nouvelles dimensions du mariage chez les Wolof au Sénégal”, in : P. Antoine et R. Marcoux (eds), *Le mariage en Afrique, pluralité des formes et des modèles matrimoniaux*, Karthala

Riccio, Bruno 2006. “‘Transmigrants’ mais pas ‘nomades’. Transnationalisme mouride en Italie”. *Cahiers d'Etudes Africaines* XLVI (1) 95-114.

Sachedina Zulie 1990. “Islam, procreation and the Law”. *International Family Planning Perspectives*, 16(3): 107-111.

Sargent Carolyn 2007. When the personal is political: Contested reproductive strategies among West African migrants in France. In Inhorn Marcia (Ed.), *Reproductive Disruptions: Gender, Technology and Biopolitics in the New Millenium* Oxford: Berghahn. pp.165-182.

Smith Daniel Jordan 2004. “Premarital sex, Procreation and HIV Risk in Nigeria”. *Studies in Family Planning*, 35(4): 223-235.

Takyi Baffour, & Dodoo F.Nii-Amoo 2005. “Gender, Lineage and Fertility-related outcomes in Ghana”. *Journal of Marriage and the Family*, 67: 251-257.

Timaeus Ian, Tom Moultrie 2008 “On postponement and Birth Intervals”, *Population and Development Review* 34(3): 484-510

Watkins Susan Cotts 2000. “Local and Foreign models of Reproduction in Nyanza Province, Kenya”, *Population and Development Review* 26(4): 725-759

Wolff Brent, Ann K. Blanc, John Ssekamate-Ssebuliba 2000. “The role of couple negotiation in Unmet Need for Contraception and the decision to stop Childbearing in Uganda”, *Studies in Family Planning*, 31(2) 124-137.

Figure 1: Dimensions and contexts of fertility control

