

**YOUNG PEOPLE MAKE THE DIFFERENCE !**  
**Peer-influence on reproductive health of young people in Dakar, Senegal**



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### ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
FGD	Focus Group Discussions
HIV	Human Immunodeficiency Virus
NGO	Non Governmental Organization
OSD	College Ousmane Socé Diop
STI	Sexually Transmitted Infection

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## FOREWORD

“... Especially on the sensitive issue of youth and sexual and reproductive health and rights, the active involvement of young people is crucial. Youth as co-developers of programs and as peer counselors who disseminate information on sexual and reproductive health is essential. It is proved that young people are more receptive when they talk to people of their own age. They feel more comfortable and secure. Young people face the same problems and have the same framework so they feel understood when talking to their peers. This is important because in this way the problems are really identified, the correct information is exchanged and with this involvement the programs have a better chance of succeeding. These programs should be developed WITH and BY young people....”

This is where my speech ends, which I held in New York during the Beijing+5 Women's Conference in 2000. Through the Dutch Council on Youth and Population, I had the opportunity to participate in this conference as youth representative in the official government delegation of the Netherlands. This Council is a small organisation of Dutch young people working internationally on promoting sexual and reproductive health and rights of young people. During my time as youth representative to the Beijing+5 conference, I've tried to speak out for those young people who cannot let their voice be heard at the international level. While I was lobbying at the political level for young people's reproductive health and rights and advocating for recognition of young people's needs and their right to information, I realised that solely policy is not enough. In order to demonstrate the strength of young people and to know about young people's reproductive lives, it is necessary to study the young people themselves. By talking with young people and gaining an insight in the ways they act and decide in issues concerning reproductive health, it will appear that young people make the difference.

In order to finalize the study International Development Studies, Nijmegen, I conducted a fieldwork from 11 November 2000 till 1 June 2001 in Dakar, Senegal, on the reproductive health situation of young people. The aim to conduct my fieldwork and write this thesis, is to get young people's voices heard. With this bottom-up approach, young people's opinions and decisions are portrayed, because these are essential in developing programmes that are aiming to improve their reproductive health situation. And who knows the situation, needs and concerns of young people better than they themselves?

Both in theory and in programmes, young people are seen as a group with risky sexual behaviour, and a lot of initiatives and programmes are being thrown at them, in order to fight this risky behaviour. In doing so, young people are seen as a passive target group, without respect for the diversity and varying needs of different young individuals. While it is about the young people themselves, they are not asked about their opinions.

Senegal is mentioned by UNAIDS as best practice, since it is one of the few countries in Sub Sahara Africa with a very low HIV-prevalence, which is partly being attributed to early, far-reaching education and awareness-raising of the (young) population. This thesis does not aim to assess whether or not AIDS-education in Senegal is the cause of the low HIV-prevalence. It is aiming at gaining an insight into young people's lives and their perceptions of the several



sources of AIDS-education and information. How are young people in Senegal being informed about HIV/AIDS? What do they learn? What are their sources of information and what do they DO with this information? The focus of this thesis lies on investigating the ways that young people inform and influence each other about sexuality, STIs and HIV/AIDS within their social and heterosexual relationships. How do peers influence perceptions and behaviour of each other? I will let the young people do the talking and describe how they use different sources of information in their daily lives. These insights are essential in founding and implementing STI/HIV/AIDS education programmes focussing on young people.

# 1

## THEORETICAL FRAMEWORK

### 1.1. Introduction

This thesis focuses on the reproductive health situation concerning Sexually Transmitted Infections (STIs) and HIV/AIDS, of young people in Dakar, the capital of Senegal. By examining a selected group of young men and women between the ages of 15 to 20 years, I have tried to gain an insight into their lives and the influences they experience in order to form or reform their reproductive health situation.

This analysis is an actor-based approach, which focuses on the way young people experience their reproductive health situation and the role that young people themselves can play in changing their situation positively. It is examined how young people define their position in society, in their families and within their peer group and how they deal with attempts that try to influence their lives.

Before focusing on the lives and sexual and reproductive health situation of the selected group of young people in Dakar, it is necessary to point out what is meant by sexual and reproductive health. Firstly, in paragraph 1.2.1, I will describe the changes in population and developmental thinking and I will outline how the concept of reproductive health gained its standpoint. In paragraph 1.2.2, I will explain what is understood by reproductive health and reproductive rights and I will outline how the transition in thinking 'from targets to choice' created room to discuss young people's reproductive health needs. Consequently, in paragraph 1.2.3, the reproductive health situation of young people will be outlined and it will be explained to what extent their needs are being addressed.

In order to examine reproductive health, we need to look at social reality first, which will be done in paragraph 1.3. In paragraph 1.3.1, the debate on the actor and the structure will be dealt with, to make the complex mechanism of social reality and social relations visible. In paragraph 1.3.2, the concept of gender will be explained, and I will explain in what ways the three dimensions of gender will be used in examining reproductive health. Gender is, however, not the only distinctive factor within social and sexual relationships. In this thesis, the factors of religion, ethnicity, class and age will be considered in interaction with the factor of gender. Paragraph 1.3.3. will explain how discourses can shape the structure of society and I will describe in what way discursive practices are an outcome of discourses in society. In paragraph 1.3.4. it will be explained how these discursive practices are being used by individual actors to create some room to manoeuvre. Subsequently, in paragraph 1.3.5, by outlining the concept of labelling, it will be made visible how individuals try to create their position in the different contexts of their daily live and how the actors surrounding the individual are influencing this position.

Generally, young people are spending most of their time with their peers. Examining peer-influence is one of the ways to make the dynamics of social relationships of young people visible. This will be done in paragraph 1.4.1, by looking at how the discourses of society can discharge into sub-discourses of peer-networks, where gender, religion, ethnicity, class and age

can influence the individual. Paragraph 1.4.2. will outline the method of peer-education in order to reach young people with information about STI s and HIV/AIDS. Peer-networks have their own social reality, where labelling occurs, like in the society as a whole. In paragraph 1.4.3, an insight is gained in the dynamics of peer-networks. The concept of peer-influence will be pointed out, by looking at both the positive and negative ways in which young people might influence the sexual and reproductive health situation of their peers. Consequently, in paragraph 1.4.4, I will explain how I will use the dimensions of gender when examining peer-influence.

Finally, in paragraph 1.5, I will explain how I will operationalize young people's reproductive health. In paragraph 1.5.1, I will explain how I will use the three dimensions of gender as an analytical framework to examine the reproductive health situation of young people in Dakar. Paragraph 1.5.2. deals with the ways that discourses in Senegalese society can and do influence the reproductive health situation of young people in Dakar. Paragraph 1.5.3. explains the importance of examining the different sources of information concerning STIs and HIV/AIDS that young people in Dakar have. In paragraph 1.5.4, I will outline the important role that social relations play in the reproductive lives of young people, besides the institutionalised sources of information. Finally, paragraph 1.5.5. will explore the importance of investigating the bonds of friendships and the sexual relationships that young people engage in. Insight into these relationships and the position of the individual within those relationships will appear to be of great importance in understanding young people's reproductive reality.

This chapter ends with the central research question and the sub-questions. This will lead to an explanation on how I will proceed in this thesis to gain insight in young people's reproductive health and how the dimensions discussed will be connected to the data I have collected during my field study in Dakar.

## **1.2 Reproductive Health**

In daily life the concept of reproductive health is not a permanent state of being. Reproductive health is dynamic and it is influenced by the individual itself, by norms and values of society and by external factors, such as sexual education. Before turning to the complex social reality and the position that actors take in this reality, I will first explain the changes in thinking about reproductive health in this paragraph.

### **1.2.1. Debates from Malthus to Cairo**

The concept of reproductive health is rather new in population and developmental thinking. Discussions on population and development have been heated over the past decades, in theory as well as in policy. Ever since Malthus demonstrated his calculations of the impact of population growth on the food production in 1789, his theories have been regularly revived and reformulated. Neo-Malthusian ideas have dominated public policy for over four decades (Corrêa 1994: 1).

Malthus saw population growth as the cause of the poverty in the world. According to him, population growth should be decreased, especially in developing countries, in order to fight poverty and ensure economic development. With socio-economical development in many countries, mortality decreased and populations grew rapidly. In attempts to turn the tide, scientific evidence was used to 'prove' that rapid demographic growth would have negative

impacts on the development of countries. By the 1960s, modern contraceptive methods became available and population control programmes were being implemented according to the Malthusian view of reducing population growth.

Public policy guidelines promoted a combination of economic growth and broad publicly funded family planning, through both governmental and non-governmental programmes (Corrêa 1994: 1). Women were seen as instruments to diminish population growth; population targets and national development goals had to be met by regulating women's fertility. In doing so, women were reduced to fertility factors, as Gupta states (Gupta 1996: 420). This leaves little room for individual decisions, regarding the number of children and the use of contraceptives. Researchers and policy makers in developing countries reacted against the neo-Malthusian trend by arguing for the transformation of the international economic order and responsiveness to basic human needs (Corrêa 1994: 1).

Because of a lack of focus on individual choices and a limited quality of care, family planning programmes had limited effect and were severely criticised, especially by feminist movements. These feminist movements argued to move away from the focus on reducing population growth, in which the health status and reproductive health status of women were not recognized. In contrast to family planners, who adapted their discourse and practise to avoid conflict with conservative and religious leaders, feminists have criticized the conservative tendency to 'naturalize' reproduction, sexuality and the family. Feminists view the family not as a naturally isolated nuclear enclave. They oppose the traditional idea of the happy family, consisting of a breadwinner husband, mothering wife and not more than two children (Gupta 1996: 424). In their viewpoint, the role of women in reproduction is not merely the 'natural' task to bear children and the family is a heterogeneous social phenomenon undergoing profound transformations, as is visible in, for example, the existence of female- and child headed households. Feminists believe that as gender and family systems are socially constructed, they may be transformed to guarantee equality and provide a foundation for women's reproductive self-determination (Corrêa 1994: 2-3). The concept of gender will be dealt with in paragraph 1.3.2.

Feminist thought had been developing a framework as an alternative to both the religious and the population field's instrumental approaches to women. The feminist point of departure was simple: human reproduction takes place through women's bodies. Therefore, religious and cultural institutions and the population establishment operate through existing gender systems. In every human society, women's daily invisible efforts to feed clothe and nurture their families, are the actions that sustain their communities. This reality, 'social reproduction', derives from the gender-based division of labour, which in turn stems from the assumption that reproductive responsibilities constitute a natural extension of female biology (Corrêa 1994: 3-5).

In the 1980s, the concept of reproductive health became the symbol of a new perspective of women's rights and family planning. The premise of this perspective is the principle that every woman has the right to reproductive health, that is, to regulate her own fertility. It recognizes that sexual as well as reproductive health and rights are vital elements of physical and emotional well-being (Dixon-Mueller 1993: 269). The first improvement has been to focus on the health situation and well-being of families, instead of trying to simply reduce population growth by diminishing the number of children in families. Nowadays, the focus is on reproductive health and rights. Attaining the goals of sustainable, equitable development requires that people are able to exercise control over their sexual and reproductive lives.

In this concept, there is a call for an integrated health-care approach, which allows space for the right to self-determination. Knowledge of women's and men's sexual behaviour and attitudes influence contraceptive adoption, choice and use-effectiveness. Sexual relationships often incorporate power disparities, based on age, class, race and patronage, as well as gender (Dixon-Mueller 1993: 269).

When looking at reproductive health from a rights perspective, we deal with power and autonomy; every woman has the right to decide over and control her own sexuality and fertility. To achieve the highest attainable standard of reproductive health, women need to have equal access to resources. However, for many women around the world, it is not possible to claim these rights and autonomy, because they are dealing with unequal interpersonal power relations that are influencing a woman's access to resources. The ways in which these social relations between young people work, will be dealt with in paragraph 1.4.3.

In the world's most diverse cultures, the same set of assumptions underlies women's lack of autonomy to make decisions about their own bodies, their sexuality and fertility (Corrêa 1994: 5). The lack of autonomy becomes clear when there is engagement in sexual relationships. These sexual relationships incorporate disparities in physical strength and in access to material and social resources. Girls and women often have little control over what happens to them sexually, that is, over men's sexual access to their bodies and the conditions under which sexual encounters take place. The extent to which a woman is able to negotiate the "terms of trade" of a particular sexual act or relationship defines her capacity to protect herself against unwanted sexual acts, unwanted pregnancy, or a sexually transmitted infection (STI). More positively, it defines her ability to enjoy sex and to seek family planning advice and health care (Dixon-Mueller 1993: 269). Sexual and reproductive health is being influenced by interpersonal power relations, which will be outlined in paragraph 1.3.1.

The international women's health movement took issue with the belief that limiting family size is a societal responsibility that takes precedence over individual well-being and individual rights. Their common goal became to empower women to control their own fertility and sexuality with maximal choice and minimal health problems (Hardon & Hayes 1997: 3).

With these viewpoints, a shift is visible in terminology; from earlier 'family planning' to 'family well-being' and now to 'reproductive health and rights'. In the 1994 UN International Conference on Population and Development (ICPD), it became visible that the discussions around reproductive health are no longer solely about how to meet the policy targets of reducing population growth; it is about choice.

### **1.2.2. From targets to choice**

International conferences like the ICPD played an important role in translating the changing perceptions about reproductive health into policy and guidelines. The ICPD was the first international conference in which the trend towards 'choice' was made more explicit. During the preparatory meetings to the 1994 ICPD, the feminist movement struggled against fundamentalist views, which naturalize the family, sexuality and gender relations and excludes women from the public sphere. There was a call for a fundamental change in attitude on reproductive health. It should be less focussed on societal goals and women's roles should no longer be restricted to their reproductive functions. Women's health advocates demanded that family planning services respect women's and men's reproductive and sexual rights. Services must include balanced, objective information about contraceptive methods. They must grant clients a free and informed

choice without any incentives, if and when a method is selected. They believe fertility regulation needs to be found within services that aim at enhancing reproductive health, not at reducing fertility (Hardon & Hayes 1997: 6).

During the ICPD, held in Cairo in 1994, the shift in terminology was visible; a new holistic framework on reproductive health had been formulated. The feminist movement achieved an international consensus that recognizes reproductive health and rights principles as guiding the current reformulation of population policies. According to Corrêa (Corrêa 1994: 3-4), this is one of the most significant achievements of feminism. As was explained in paragraph 1.2.1, the international focus shifted from population control to reproductive health; from targets to choice. For the first time, the Program of Action adopted at the ICPD, placed reproductive rights and reproductive and sexual health at the heart of plans to address population growth. In this way it decreased the importance of the demographic objectives of population programmes. In order to make this shift from targets to choice, the following definition of reproductive health has been formulated, and internationally agreed upon, during the ICPD '94:

*Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. People are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so. Men and women have the right to be informed and to have access to safe, effective, affordable and acceptable methods of their choice for the regulation of fertility, which are not against the law, as well as the right of access to health care for safe pregnancy and childbirth. Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. (ICPD '94, art. 7.2)*

This is however a definition formulated as a proposal for policy and decision-making. Although this was language that has been internationally agreed upon by the different government delegations attending the ICPD meeting in Cairo, it is not the real reproductive health situation of the majority of the world's population. This definition is one of the many goals and initiatives that the international community, governments and non-governmental organisations are committed to realize, in order to reduce the poor health situation in the world and to meet the needs of the world's population.

Providing women and men with access to safe, effective, affordable and acceptable methods of fertility regulation is the aim of family planning programmes worldwide, at least on paper. In fact, assertions about the need for a free and informed choice of contraceptive methods have been made in international declarations for more than twenty-five years. In practice, the provision of the 'means' to exercise reproductive rights, especially the provision of contraceptives, has been seen by many governments primarily as an effective way to reduce fertility rates and curtail population growth instead of as a means to enhance free and informed choice. The past two decades have seen a rapid expansion of family planning services around the world, but while contraceptive use has increased dramatically, the emphasis remains on coverage, not care (Hardon & Hayes 1997: 3). In former policies on reproductive health, the rights of women were not recognized.

However, since the ICPD, the issue of reproductive rights has gained new standing as part of the development and implementation of population policies around the world (Hardon

1997: 1). In the definition of reproductive health from ICPD, we see that reproductive rights are entailed. Reproductive rights are defined as:

*The basic right of all couples and individuals to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so. The right to attain the highest standard of sexual and reproductive health. The right to make decisions concerning reproduction free of discrimination, coercion and violence (ICPD '94).*

In order to ensure the reproductive rights of men and women, a new framework on reproductive health has been developed during the ICPD, in which the changed attitude on reproductive health is reflected. In the new framework, gender equality and women's empowerment are being promoted. Women's rights principles and respect for bodily integrity and security of the person are also embedded in the new framework (Corrêa 1994: 7).

Until today, there is discussion around the concept of sexual and reproductive rights. Reproductive rights pertain to the right of couples and individuals to decide freely and responsibly the number and spacing of their children. In the context of reproductive rights, Appelman and Reyssoo state that it is also important to have the right to decide freely with whom and how to have children. This concerns the free choice of a partner, irrespective of marital status, race, religion, possible handicap or sexual orientation (Appelman & Reyssoo 1994: 20-21).

However, the concept of sexual rights did not make it through the ICPD in 1994, because conservative and religious voices could not accept the mentioning of homosexuality. Since the ICPD, the discussions around sexual rights have been heated in both policy and theory and there is no international consensus about sexual rights. Progressive voices state that both reproductive and sexual rights are human rights (Appelman & Reyssoo 1994: 21). Despite struggles in the ICPD review process (the ICPD+5 held in New York in 1999), as well as in the review process of the International Women's Conference (Beijing+5 held in New York in 2000), the concept of sexual rights is still not recognized internationally. Issues concerning homosexuality and abortion are the biggest issues that are not agreed upon and these issues are still being discussed today. Although the definition of reproductive health has been internationally agreed upon, the gap between international agreement on paper and the laws and policies in different nations remains large.

In this thesis I will not go into the debate on sexual and reproductive rights, but I will focus on the sexual and reproductive health situation in practice in Senegal. By taking the social, cultural and religious situation of the young people in my research in Senegal into account, I avoid approaching human rights from a narrow view of universalism.

Since the ICPD and the ICPD+5, the narrow focus on family planning and childbearing has been replaced by a broad outlook on sexual and reproductive health of the whole sexually active population. This broad outlook leads to the second break-through in reproductive health thinking, namely, the attention for the reproductive and sexual health needs of young people.

For a long time, the sexual and reproductive health needs of the young population have been overlooked. Comparable to the world's women, young people have not been given the attention they need in population and development policies and their needs and rights have been neglected. It has been ignored by many, that young people engage in sexual relationships and consequently seek care, information and services. Because of this failure to acknowledge the reproductive and sexual health needs of young people, the number of pregnancies and sexually

transmitted infections (STIs) has increased among young people over the past decades. Despite these worrying trends, many governments have been reluctant to provide reproductive health care and services to young people.

### 1.2.3. Young people

In this thesis, young people<sup>1</sup> are central. There are more than 1.5 billion young people between the ages of 10 and 24 in the world today, and about 85% of them live in developing countries (WHO website Nov. 2000). Young men and young women distinguish themselves from adults and children, not only because of age, but also because of the specific marks of this phase in life. During adolescence, there are a lot of changes, not only physically, but also socially. They prepare for an independent life in a fast developing world. They are no longer children, but they are not yet seen as adults. They are somewhere in between, as a distinctive group, with specific needs. These needs have to be addressed in order to be able to improve the reproductive health situation of young people. To address their needs, it is important that they have access to information and to affordable, understandable and confidential health care and health services.

Worldwide, there is a serious lack of promotion of young people's well-being because access to reproductive health care, information or services is often being denied to young people, because they are considered to be too young or because they are not married. One of the consequences can be infertility, because young people are often not treated for Sexually Transmitted Infections (STIs). In adults and in young people themselves, there is often a lack of recognition of the dangers of early pregnancies. The health of both the young mother and the child are in danger and the pregnancy can have severe disadvantages to the mother, in terms of her social and educational status and development (Appelman and Reysoo 1994: 14). When young people are informed about the consequences of unprotected sexual intercourse, they wait longer before engaging in sexual relations and they use contraceptives more often.

When we look at the reproductive health situation of young people worldwide, we find alarming, and often increasing, trends. More than 15 million girls between 15 to 19 years of age give birth every year. Two million girls undergo female genital mutilation every year. And 10 per cent of abortions, or as many as 5 million per year, are among women aged 15 to 19 years of age. In addition, girls and young women are especially vulnerable to rape, sexual abuse and sexual exploitation. One in 20 young people contract an STI, with the highest rates occurring in young people from 15 to 24 (Alcalá 1995: 39). Sexually transmitted infections affect industrialized as well as developing countries. The age group from 20 to 24 years is most exposed to risk (WHO website Nov. 2000).

Within the broad field of reproductive health aspects, this thesis will focus on sexually transmitted infections and HIV/AIDS, because globally, more than half of all new HIV infections are among the 15-24 age group. In most parts of the world, the majority of new infections are in young people between these ages, sometimes younger. In many developing countries, 60 per cent of all new HIV-infections are among this age group. There is evidence that

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<sup>1</sup> Internationally, the term 'adolescents' is used to define people up to and including the age of 19, so excluding 20. Since this thesis is examining people from 15 to 20, I choose to use the term 'young people'. Moreover, I perceive the term 'young people' as a less medical term than 'adolescents'. I would like to avoid associating 'adolescence' with just a period in life where young persons behave improperly and make only mistakes. Because it appeals more positively to me, the term 'young people' will be used in this thesis.



new HIV infections in the younger age groups continue to rise as the overall proportion of people living with HIV/AIDS falls (WHO website Nov. 1997).

Young people are at the highest risk of sexual and reproductive health problems. For the vast majority, sexual relations begin in adolescence. As the average age of puberty falls and the age of marriage increases, it is more likely that young people are sexually active before marriage. Unprotected sexual relations increase the risks of unwanted pregnancy and early childbirth, as well as unsafe abortion and sexually transmitted infections (STIs) including HIV/AIDS. At the root of these sexual and reproductive health problems lie different biological, socio-cultural and economical causes. Biologically, the bodies of young people are not yet mature and their knowledge of their own bodies is often insufficient, which makes them more vulnerable, especially girls.

When looking at socio-cultural and economical causes, we find that young people have less access to resources. Poverty forces many young people into sexual activity for money and relationships in which they have little bargaining power and consequently, they have a more dependent and subordinate position in which they are less able to protect themselves. I will come to speak about bargaining power and positions within social and sexual relationships later on. The lack of knowledge and access to care, services and contraceptives as well as vulnerability to sexual abuse puts young people at highest risk of unwanted pregnancy and STIs, including HIV/AIDS.

As stated at the end of the former paragraph, governments have been reluctant to provide reproductive health care and services to young people. Two principal barriers to the promotion of good reproductive health for young people are the lack of effective policies and programmes and the failure to involve young people in existing promotional activities. When initiatives are being taken to promote young people's reproductive health, we see that those policies and programmes often don't have the results they aim at. Why? Because such programmes are often implemented top-down; they impose programmes to address young people's needs, without asking the young people themselves. In that way, those programmes and initiatives don't reach the people they intend to reach. The top-down approach affects the set-up of programmes and this leaves little room for individual decisions regarding the number of children and choices regarding a suitable contraceptive method (Gupta 1996: 424).

Another important reason, as stated above, is a lack of participation of young people in designing, decision-making and implementation of programmes. Integration of young people's ideas and experiences is essential in order to address young people's reproductive health needs. Therefore, knowledge about young people's sexual and reproductive lives is unavoidable. In this thesis, I try to gain an insight into the reproductive health situation of young people in Dakar, from a bottom-up point of view. By acquiring knowledge and information by talking directly to the young people themselves, I try to fill a gap that is left by policymakers and others working from a top-down point of view.

It is impossible to address young people's sexual and reproductive health without addressing questions concerning sexuality and the right of self-determination in the field of sexual relations. As Appelman and Reysoo tell us, the primary concern of the young generation is not solely related to pregnancy, but above all to partnership, love, courting and sexuality (Appelman & Reysoo 1994: 15). As shown in the beginning of this paragraph, unwanted early pregnancies are one of the biggest health problems in adolescent girls around the world. But young people do not engage in sexual relationships in order to become pregnant. Sexual health addresses emotional and affective aspects of sexual intercourse, and it has to do with people's real worries, anxieties and

experiences. Eventually, sexual health appears to be necessary in the struggle against the outbreak of HIV/AIDS infection. Sexual lifestyles have to be changed, and frank talk about dangerous sexual behaviour cannot be avoided any more (Appelman & Reysoo 1994: 15). In reading this statement, a fear rises in me that the sexual behaviour of young people will be approached solely as being risky, dangerous and negative. In the 'frank talk' about sexual behaviour we should be aware not to condemn the younger generation.

Sexuality and eroticism play an important role in people's lives, also when they are young. It is therefore necessary that the younger generation experiences sexuality in a positive way (Ouden-Dekkers in Appelman and Reysoo 1994). On the other hand, young people need to have access to the right information they need to avoid ruining their lives because 'they didn't know'. Therefore, this thesis focuses on the perceptions and experiences of young people concerning their reproductive health situation and their needs. During the fieldwork, an actor-based approach is being used; young people have been interviewed directly and they have been asked about their opinions. With this approach, valuable information about young people's sexual and reproductive health situation is being gathered. This information provides us with the knowledge and insight that is unavoidable in addressing young people's reproductive health needs. Without this knowledge and insight, it can only be guessed what their situation, problems and needs are.

Knowledge about young people's sexual and reproductive health situation is necessary in order to connect to their reality. Their voices and their opinions need to be taken into account to make programmes work, that are aiming at improving their reproductive health situation. In order to describe the sexual and reproductive health situation of young people, we need to distinguish at first the elements that this reproductive health situation consists of, and what the social reality of young people looks like.

### **1.3. Social reality**

In the policy definition of reproductive health, as being formulated in paragraph 1.2.2, it is recognized that there is a biological as well as a social side to reproductive health. In this definition of reproductive health from the ICPD conference, there is a plea for social well-being and the respect of human rights. Besides the biological health and functioning of the reproductive system, reproduction has to do with social relations. This thesis will focus on the social aspects of reproductive health. As was made clear in paragraph 1.2, feminist movements have fought for recognition of women's reproductive rights and made the social aspects of reproductive health visible. Reproduction is a biological as well as a social phenomenon, which covers aspects such as interpersonal relationships, the concepts of family and structures of society (Gupta 1996: 418). To gain an insight in young people's reproductive health situation, I will first have to look at the construction of social reality itself.

#### **1.3.1. Actor – structure**

Social reality is not a static state of being; it is a dynamic process. Sztopka distinguishes two levels of social reality: the level of individualities and the level of totalities. The former is made up of people, as individuals or as members of concrete collectivities, such as groups, associations or communities. The latter is made up of abstract social wholes of a super-individual sort, representing social reality, such as societies, cultures or social systems. The

social wholes are interpreted neither as mere congeries nor as metaphysical entities, but as structures; and social individuals are seen neither as passive objects nor fully autonomous subjects, but as bounded agents (Sztompka 1993: 213-219).

As Sztompka explains it, social reality consists of structures in which agents operate. The operation of structures (functioning of society) must be treated as emergent with respect to actions taken by agents. Structures are seen as static emergents with respect to agents, even though they embrace agents, they possess their own, specific properties and regularities. Without agents there would be no structures. Structures are inter-agential networks, not reducible to the sum of agents. But agents are not reducible to their structural location; they possess some measure of autonomy, integrity, relative freedom to choose and to decide (Sztompka 1993: 213-214). I follow Sztompka in his theorisation of agency; every individual agent has to follow the rules of the structures of his society, but he also has a certain ability to change these rules.

By providing information and knowledge to agents, for example young people, they are given a certain ability to change. When they obtain these means, in the form of information and knowledge, they have a certain agency; they can use this information in their daily lives and by using it, they might be able to change their lives. But, it is not guaranteed that he or she will actually use it in daily life; when a young person knows how to protect himself against the dangers of the AIDS pandemic, he or she can still display behaviour that risks infection. The fact that young people know that they have to protect themselves by using condoms, doesn't mean that they actually use them.

A lot of factors are influencing the capacity of an individual to use information that has been given to him or her. In this thesis I have tried to gain an insight into young people's reproductive health situation, by analysing the different factors that are influencing the ability of a young person to actively use the information on reproductive health that is given by different sources of information. What can be the different reasons for an individual to 'know' but still 'don't act'?

In this respect, I wonder whether it is sufficient when a young person has solely been given the information and knowledge about how to protect himself? To what extent does an individual need life-skills to put the information into practice? Life-skills are the means to shape one's own life, to give direction to life. In this context, I see the young individual as a competent actor. This approach has its roots in the actor-structure debate, as was explained in the beginning of this paragraph. In society, there are actors that are acting within structures, but to what extent do those structures influence and control the actor? The central question to this debate is; is society's structure shaped and controlled by the actors, or, are the actors being shaped and controlled by society's structure?

Besides Sztompka, many theorists are dealing with this question. This thesis is not the place to discuss all of them. To clarify the point of view taken in this thesis, about the functioning of actors within the construct of society, I will follow the theorisation of Giddens. Like Sztompka, he states that there is no actor without structure and there is no structure without acting. Giddens speaks of a relationship of reciprocity. Structures are at the same time the means and the result of social acting; a structure can exist solely in the working and the use in social interaction. Giddens calls it 'the concept of duality of structure'. Structures can be understood as rules and resources that are conditional to the reproduction of social systems (Giddens in Brouns 1993: 112).

When examining the reproductive health situation of young people, we are dealing with social relationships, more specifically, sexual relationships. Sexual relationships often

incorporate power disparities based on age, class, race, and patronage, as well as gender (Dixon-Mueller 1993: 269). By looking at the social reality in Senegal in this thesis, I would like to add religion and ethnicity to the power disparities mentioned by Dixon-Mueller. Also, by focussing on young people, I will leave out the disparities based on patronage, because I will not examine young working people and their social relations at work. In this thesis, structures will be restricted to gender structures, ethnicity structures, structures of religion, structures of social economical class and structures of age. Those structures shape social reality and give direction to the lives of individuals by providing rules, based on suppositions.

In following an actor-oriented approach, this thesis will try to gain an insight into the processes of the actor, the young person. What societal factors are of influence on the actor and how does the actor cope with them? In what ways do structures of society affect him? The next step is, to examine how an actor experiences the different influences that are affecting him. The position of the actor in society and social relationships will be examined in paragraph 1.3.4, by looking at the 'room to manoeuvre' an individual has to create and change his position in social reality. Before turning to the actor, I will first gain an insight into the power disparities in social reality, as was mentioned by Dixon-Mueller above. In order to gain insight into the social reality and social and sexual relations of young people, I will work with different dimensions of gender. The concept of gender will be clarified first, before turning to the dimensions that will be used.

### 1.3.2. Gender

In 1972, the American sociologist Oakley introduced the concepts of 'sex' and 'gender'. According to Oakley, 'sex' referred to the biological differences between men and women. 'Gender' referred to different meanings that were applied to these biological differences and to the societal classification in which men and women became different human beings with different tasks, possibilities and qualities. This differentiation between 'sex' and 'gender' was the basis for the idea that there is nothing natural or necessary in the differences in roles and positions between the sexes. It is society itself that attributes big, but changeable consequences (gender) to the unchangeable but small difference (sex) (Tonkens 1998: 42-43).

Since Oakley, many theorists have discussed the concept of gender, its definition and its meaning for social reality and differentiation between men and women. Gender is implicated in the fundamental constitution of social life. Gender is a social and cultural construction and it is connected to power and social hierarchy (Brouns 1995: 32-33). When examining social life, especially the reproductive health situation of men and women, we cannot avoid gender, but in what way can the concept of gender be made visible and usable?

In 1988 Joan Scott introduced her distinction of *layers of gender*. In this respect, she did not put emphasis on the differences in sex itself, but on the ways in which they are achieved. Differences in sex are the result of other processes of giving meaning; Scott puts all these processes under the name 'gender' and distinguishes different layers of 'gender'. The first layer of gender is at the *symbolical level*; symbolical representations of Eve or Maria and myths about (im)purity and guilt and innocence. According to her, in research, it is important to analyse what symbols are being used, when they are being used, in what ways and in what context. The second layer of gender consists of the *normative concepts*. These concepts are to be found in pedagogic, political, religious, legal and scientific doctrines. Ideologies that come forth from those doctrines are presented as being indisputable. The third layer of gender, which Scott distinguishes, concerns *social institutions and organisations*. As Scott sees it, gender plays a role

in societal systems, such as in the labour market, education and politics. The fourth layer of gender is the *subjective identity*. Regarding this fourth layer, Scott emphasises the historical variable character of identities. Historians should investigate the construction of sexual identities and the ways in which those constructions are connected to social organisations and cultural representations (Tonkens 1998: 43).

The American philosopher Harding distinguishes three rather than four layers of gender. The first level is the *gender symbolism*, which is closely related to the first two layers of gender distinguished by Scott. *Gender symbolism* is the result of attaching dualistic gender metaphors to visible dichotomies that have nothing to do with sex, for example, the distinction between scientific (male) work and domestic (female) work. The second level is the *gender structure*; the division of labour between the sexes. This is the process in which an appeal is made to gender dualisms in order to organise society. The third level is *individual gender*; the socially constructed individual identity, that only partly goes along with reality and with the perception of differences of sex. It is about an apparent identity that is subscribed to an individual (Tonkens 1998: 44). This apparent identity is however being experienced as being real. Harding is ambivalent about the precise relation between the three levels. Often, she sees the three levels as being equal and interacting. With the use of a division of levels of gender, she wants to plea for her opinion that often the individual level is being overestimated, while the first two levels are of much greater importance.

In this thesis, the Harding's division in three will be followed, based on an interaction between the three levels of gender; the symbolical, the structural and the individual. However, I will not place one level above the other, as Harding does, but I would like to portray the interaction between the three levels in Senegalese society. For this reason, I will use the words 'dimension of gender' instead of 'level'. In my opinion, in every person the three dimensions of gender are present at the same time and they are interrelated. As Davids and Van Driel state, the different dimensions of gender are in constant interaction. This means that the actors must always relate to these different dimensions. Within this figurative negotiation is the space that individuals have to exert power and influence upon each other (Davids & Van Driel 2000: 8). These three dimensions together shape the 'room to manoeuvre' of an individual and by using those three dimensions, an individual can create and enlarge this room. This will be pointed out in paragraph 1.3.4.

I consider the model of actor-structure, as was explained in paragraph 1.3.1, too narrow to paint the complexity of young people's social reality. Their reality is being shaped by structures, in which can three dimensions be differentiated, as was explained before. But to gain insight into how the structures are directly influencing young people's lives and how young people are able to use those structures to construct their lives, I will work with the concept of 'discourse'.

By analysing the dominant discourses in Senegal regarding young people, the structure will become visible in which the actors (young people) have to live. But, is an actor completely at the mercy of the rules of the structures of society or are there any possibilities to create some room for himself? To answer this question, I will first analyse what discourses are, how they construct the structure of that society and to what extent this practice is relating the actor to structural processes in society.

### 1.3.3. Discourses

In every society, issues of daily life are being looked at with certain ruling ideas, definitions, interpretations and perceptions. Those are the discourses in society. Villareal defines discourses as follows:

*Discourses are constituted through social interaction, through processes involving the interlocking and segregation of voices, where meanings and interpretations are attributed and disowned, infractions are defined and negotiated, and standards are reconciled, and in this way are shaped by the actors themselves (Villareal 1994: 26, 213).*

In this definition, the interaction between the actor and the structure is again visible, as well as the creating ability of the actor. Before turning to the competence of the actor, let me first explore the structuralizing working of discourse. For example, every society has its own views of what ought to be the place of young people in that society. In this society, there are agreed thoughts about this 'place' and everybody lives according to these ideas, these discourses. Cultural values, norms and interpretations are not just in the background; they are constructed by people. It is important to note here that discourses determine actions of actors in society, but at the same time, discourses are being reproduced by the actors in society, because the actors repeat what discourses prescribe. Actors apply certain discourses by acting, and in doing so, they reproduce these discourses. In this thesis, I will follow the definition of Villareal as cited above, by considering discourses as the norms, values and expectations that are present in a social reality in a specific context. I will come to speak about the importance of the context in which an actor is present, in paragraph 1.3.5.

In society, there are different discourses overlapping and conflicting. As Foucault states, there is not, on the one hand, a discourse, and on the other hand a secondary discourse that runs counter to the first. Discourses are tactical elements of blocks operating in the field of force relations; different and even contradictory discourses can run within the same strategy; they can, on the contrary, circulate without changing their form from one strategy to another, opposing strategy (Foucault in Villareal 1994: 213). Hence, discourses are not coherent units of speech, behaviour or norms; they cross each other, containing incongruities and discrepancies (Villareal 1994: 213).

The daily living environment is structured by discourses, where claims to truth are no longer questioned (Davids & Van Driel 2000: 8). Constructed truths, but truths nonetheless, or stereotypes in this case that, depending on the circumstances, become the dominant way of thinking and that legitimises certain practices. This is visible when we look for example at discourses on women in a society. 'Truths' in discourses about women create a certain notion of femininity and these truths actually force women to relate to certain subject positions (Davids & Van Driel 2000: 8-9). In that way, the dominant discourse can exercise a certain power. Subjects are not victims of this power, but they can play an active role. These constructed 'truths' will be dealt with in paragraph 1.3.4, by looking at the ways in which these discourses can work for young people and how they can use these discourses.

Discursive practices are the connection between the three dimensions of gender; on the one hand there are certain characteristics of femininity and masculinity at the symbolical level in society, and on the other hand, at the same time, those characteristics are being transformed at the structural level into norms, values and rules. For example, in Senegalese society, fertility is highly valued, especially the childbearing role of women. A woman should have children, if not,

she is not fully regarded as a 'real' woman. The symbol of femininity is a childbearing woman and this is transformed into the norm that women should stay at home and take care of raising the children. As Appelman and Reysoo describe it; 'Infertility is in many societies seen as a denial of femininity and a reason for stigmatisation and marginalization of women. It means that women are not valued as individual women, but only as producers of children and thus reproducers of society. Everywhere this power of women is symbolically played down and constructed as a legitimisation of male dominance' (Appelman and Reysoo 1994: 24).

Consequently, at the individual dimension, an individual has to deal with the characteristics imputed to him or her from the symbolical or structural dimension. In that way, characteristics and marks are being attributed to individuals, but in their turn, individuals attribute characteristics and marks to other individuals. By living according to those characteristics and 'rules', individuals reconfirm them. Individuals reproduce and reconfirm the 'rules' of society, because they have ideas and images that are being influenced by different factors, such as gender, ethnicity, social economical class, religion and age. In this thesis I have tried to gain an insight into the role that these factors play in the lives of young people and how these factors can shape, influence and change young people's ideas and social and reproductive reality. In this process, discursive practices play a significant role. The working of discursive practices at the different dimensions will be pointed out in the next sub-paragraph.

Returning to the question at the end of paragraph 1.3.1, about the possibilities for an actor to create room for himself, I talk about social relations. I share the view of Villareal that nobody is without a certain amount of power within social relations between actors; every actor has a specific position of power. In this respect, Villareal states that people are not 'powerless subjects' in social relationships (Villareal 1994: 225). The actors define the structure, but at the same time they are subjects of that structure. The actors' way of acting is reproducing the structure itself. In this respect, Giddens emphasises that a human being is not a 'cultural dope', but a capable and competent actor, who is able to learn about himself and his surroundings (Giddens in Brouns 1993: 111-112).

In analysing social relations, I start from the viewpoint that there is a dual working of power within relationships between people. On the one hand, the working of power within relations has to do with autonomously acting actors, who are not 'powerless subjects', as is explained above. On the other hand, relations between people involve discursive working of power. What is understood by discursive working of power? And to what extent do actors relate to this discursive working of power?

#### **1.3.4. Discursive practices and room to manoeuvre**

In this thesis the distinctive factors gender, religion, ethnicity, class and age will be considered. At the individual dimension, I see again an interaction between the distinctive factors; an individual has to cope with all the different characteristics that are united in him or her at the same moment, as has been explained in the former paragraph. The individual has a certain sex, but at the same time he or she is of a certain age. He or she is also from a certain ethnicity, has a religion and is of a certain social-economical class. Gender, for example, gives colour to ethnicity and at the same time, ethnicity is colouring gender. All the different characteristics of an individual influence each other and are mutually connected (see also Davids & Van Driel 2000). Together, the different, distinguishing characteristics shape the individual; they are the marks of an individual.

Discursive practices are regulations and specific codings that give subjects their place and that give order to the structure of society. As Villareal states, they are embedded in social relations and activities but are largely taken for granted. Roles, obligations and capacities are defined and identities confirmed or changed. Discursive practices, then, embody representations of the past and the present as well as anticipations of the future (Villareal 1994: 214). Those regulations are embedded in social relations and social activities. Because they are taken for granted, as Villareal states above, individuals do not necessarily have to be aware of them. As Chris Weedon states, this is at a common sense knowledge (Jordan & Weedon 1995: 11-18). By living those regulations without being aware of them, the regulations are being confirmed, reproduced.

Actors in society create their own 'truth' by means of discursive practices. Young people are actors in society and within and because of their social relations, young people are subjects of discursive practices. In their network of social relations, young people have a certain space of negotiation, in which they take position; their 'room to manoeuvre'. Before explaining the working of discursive practices, I will first return to the question at the end of paragraph 1.3.1. When using an actor-oriented approach, this thesis will be dealing with the question whether an actor is completely at the mercy of the rules of the structures in society or whether there are possibilities for the actor to create some room for himself?

In social relations, the individual young person possesses a certain competency of action and the ability to make his own decisions. As an individual in society and in social relations, a young person has a certain space to create room for the fulfilment of his or her goals. This is called the 'room to manoeuvre' (Villareal 1994: 20-22). As stated in paragraph 1.3.3, an actor is not a powerless subject, but has a certain amount of power to change social reality and his or her position in social relations. But, the actor lives within the rules, norms and values of society, which determine to a certain amount the identity of the individual actor. The room to manoeuvre of an individual does not solely exist of tight rules, but it will also contain certain ideas and perceptions. In the struggle for space and room for manoeuvre, young people will have to deal with particular discourses, but they can also use discourses in order to improve or enlarge their room to manoeuvre.

The individual actor himself can change his room to manoeuvre, because he is not a powerless subject, but the structure of society determines for a certain part in what way and to what extent the actor can improve or enlarge this. As was made clear in the first sentence of this paragraph, discursive practices are regulations and specific codings that give subjects their place and that give order to the structure of society. Regulations such as gender, religion, ethnicity, class and age. Actors use certain regulations and discourses in society in order to improve their room to manoeuvre. They do this by creating a certain 'truth' and by using discursive practices, as was explained above.

Within discursive practices, an individual is given a certain subject position on grounds of these characteristics (see also Davids & Van Driel 2000). In this thesis, I will try to gain an insight in the subject positions of young people in Senegal and what roles the young people are consequently expected to fulfil. Discourses in society, for example on adolescence, shape ideas and behaviour of people, through structures. Those discourses are examined in order to know to what expectations a young person has to come up to and how a young person has to behave to be a 'good' young person. The ideal images of young people at symbolical level in a society are being coloured by gender, religion, ethnicity, class and age. In order to investigate how young Senegalese people are expected to behave, I will look at the definition in Senegalese society of a



'good young person'. In doing so, I will not solely look at the ways in which the symbolical and structural dimensions try to steer the actor, but I will focus on the individual's competence to change.

### **1.3.5. Labelling**

Labels are enacted within discursive practices (Villareal 1994: 73). Individuals are given a certain subject position by the use of mechanisms of classification, categorization, rating and ranking. This labelling occurs through power relations (Villareal 1994: 67). In this thesis I will explore the working of 'labels' for young people in Dakar, by following the theorization of Villareal.

Labels are used to define ranks, social standards and behaviour, but their meaning is different in different social contexts. Actions of actors are being judged within complex webs of meanings and values, and labels are brought in to evaluate a situation with different criteria according to the circumstances. In society, there can be a certain discourse on young people, but there is not just one single image of what being a 'respectable young man' or an 'ideal young woman' amounts to.

For example, a young woman at school has a different position compared to her position at home. She is expected to behave differently, although she is still the same young woman. In school she can be seen as the best female student in her year, while at home, she is one of the five sisters. In both situations, the individual will have a different subject position, a different label. Both visions are true, but the individual behaves differently in each of the two contexts. In each context, the individual young woman is seen from a different perspective. In each different context, she will have a different label, which entails a different 'place' and different behaviour. In one context, the young woman is being labelled as 'best female student' and she will be more respected by her classmates because of this 'title'. But at home, she is one of the five sisters, and her title of 'best female student' doesn't liberate her from doing the dishes. As was shown by this example, different discourses may also enact in different contexts.

Claims to truth are negotiated, depending on in what social context they are being applied. Young people do assume, recreate or reject images of their identities and roles, and they struggle to impose on others the meanings they consider appropriate. Every specific social context demands a specific role of the individual. As Villareal clarifies: 'Although discourses are not coherent units of speech, complete systems of thought or a rationality of action, in specific contexts they do appear as consistent sets of values, as systematic ways of relating to the environment, to objects and people within distinct domains, where discursive elements are pulled together in particular ways' (Villareal 1994: 67-68).

To continue with the former example of the young woman; in different contexts, she will try to use her 'label'. Because she wants to comply with the label of 'decent girl', her identity is being created by the practical actions she undertakes and by acting out roles in order to meet the requirements of the label. This is necessary for the young woman, in order to avoid social problems. She will behave according to the label that has been ascribed to her, and in doing so, she will try to confirm the promised image that the label gives her in that specific context. She has been 'labelled' and she will try to consolidate the position this label gives her, in order to be judged positively. She will negotiate her subject position, the position that has been ascribed to her.

The negotiation and bargaining of images can be applied to an individual, but also at a group of young people. In society, young people are seen as a group, with specific ways of acting and behaving. In that way, young persons are labelled as 'young people', which is concluded by looking at their behaviour. Young people in society are looked at as being a separate, specific group, but they can also look at themselves as being 'different' from other groups in society. They are no longer children, but they are not yet adults. So, they might feel the need to distinguish themselves from adults; for example by behaviour, language or clothing they might show that they are a separate group. Those 'signs' of adolescence are being utilised by the young people themselves, in order to distinguish themselves and to strengthen the solidarity of the group. As Villareal states, this is because of loyalties and feelings of belonging (Villareal 1994: 67-68). For an individual young person, it can be much 'safer' to belong to a group, so he or she will try to live up to the rules and distinguishing factors of that group.

It is important to note that 'the' young person does not exist; in every society there are other 'marks' of adolescence. Neither are young people a homogenous group; one can distinguish differences between groups of young people. Therefore, in society, there can be labels on a certain group of young people to classify them as being 'that specific kind of young people'. As was stated before, these distinguishing labels can be given by others, outside the group, or by that group of young people themselves. The question is; how can discursive practices work for young people?

#### **1.4. Peer-influence**

In social relations there are interactions between people. People talk to each other, form opinions about each other and judge each other because of the actions they take. Within social relations, people imitate and influence each other. Besides the use of labels, as was explained in the former paragraph, peer-pressure is another form of discursive practices.

In most literature, the term peer-pressure is being used. Peer-pressure is the behaviour and the pressure that an individual has to cope with from people from his own age group; his peers (Milburn 1995). Peers are the people of the same age and social background that are present in the direct environment of an individual. Peer-pressure is of influence in the ways in which an individual is capable of maintaining or enlarging his room to manoeuvre within a group. Influence by peers can have both positive and negative sides. The word 'pressure' in the concept of 'peer-pressure' implies force and negative pressure on an individual that is not receptive. In order not to highlight just the negative sides of influence from peers, I will use the word 'peer-influence' instead of 'peer-pressure'. Negative influence from peers can for example be the idea that having sex without using a condom is 'cool'. Such negative influences from peers are often highlighted when sexual behaviour of young people is being discussed. The fear is, that among peers, the wrong information is passed, and consequently, risky behaviour is being encouraged. It is important that the information passed through peer networks is complete and accurate (Milburn 1995: 410).

##### **1.4.1. Discourses within peer-cultures**

In this thesis, I will define peer-influence as the complex whole of networks, the working of power, decision-making, mechanisms of inclusion and exclusion, behaviour, labelling and

mutual bonds and relationships within a group of people. Behaviour and decision-making can both positively and negatively be influenced by peers and in this thesis, it will be examined how this peer-influence works with young people in Dakar.

Peers can have an impact on an individual's behaviour. Because behaviour consists for a big part of norms, values and codes of conduct, peer-influence can be seen as an operationalisation of a sub-discourse. In society, we can distinguish certain sub-cultures, for example young people, are part of a sub-culture. Besides the dominant discourses in a society, these sub-cultures consist of sub-discourses with their specific discursive practices. These discursive practices are being used by the insiders of the sub-culture in order to distinguish the 'others' from those that are 'members'. One of the ways to express the sub-discourses of the group can be peer-influence.

In order to examine peer-influence, it is important to investigate to what extent dominant discourses from the society are penetrated into the sub-culture of young people. What discourses are being copied and what discourses are being changed or even rejected? As has been shown in different researches and articles (among others, the article of Milburn 1995 on peer-education), peer-influence determines for an important part the behaviour of individual young people. However, we need to recognise that the influence of peers shall not be the same for every individual.

#### **1.4.2. Peer-education**

There are positive sides of peer-influence; it has the advantages of reflecting the social and cultural environments of young people, it promotes social norms and it can develop positive attitudes. The social peer-network can thus play an important and protecting role in the positive development of young people. Peers can warn each other against the dangers of unprotected sex, they can discuss the use of contraceptives and inform each other about care and services. Health educators and health service providers have started to use this positive and informant side of peer-networks. In efforts to stop the HIV/AIDS pandemic, peer-educators have been trained. Peer-educators are young people who are being trained to inform and educate their relatives, friends and classmates. In that way, young people are being reached with the right information. By using peer-education, young people of the same age group and the same social background are offering information, knowledge, means and skills to their peers.

The idea behind peer-education is that the peer-educators are speaking the same language as their young audience, so they will be more able to communicate with the people from their age group than grown-up outsiders. One of the most important reasons for the initial success of the method of peer-education is that peer-educators can find out about the problems and needs of young people more quickly, because they are from the same generation and they have been raised with the same norms and values (Milburn 1995: 412-413). Because the peer-educators are closer to the young people in terms of age, norms and values, they will be able to identify the subjects that are difficult for the young people to talk about. Consequently, the peer-educators will be more capable of defining the needs and bottlenecks in reproductive health information, care and services.

In her article, Milburn states that the theoretical roots of peer-education are traced to the Social Learning Theory from Bandura ('86). This theory relies on the use of attractive role models with whom the audience can associate. Peer-education based in social learning might also involve modelling appropriate behaviour, teaching social skills, and rehearsing possible roles

and situations (Milburn 1995: 408). In following a role model or a leader within the group, young people can imitate the behaviour of this role model. When this person is trained to give the correct information concerning STIs and HIV/AIDS, unprotected sex might be reduced. Whether or not a leader will be followed by the group, depends on the interpersonal relations within the social peer-network.

#### **1.4.3. Labelling within peer-cultures**

In the creation of peer-cultures and in the decision whether or not an individual belongs to a particular peer-group, there are rules that work according to mechanisms of inclusion and exclusion. The group decides whether or not an individual is considered a member of that group. If the group does not approve a certain individual, he or she will be excluded. In this process, the individuals within the group influence each other; there is mutual pressure. In this respect, pressure or influence from peers can be seen as a form of discursive practices.

Elias uses the model of established and outsiders (Elias in Brouns 1993: 88-89). In this model, he explains the processes of the formation of images of 'us' and 'them'. Whenever an individual is able to associate himself with the group, the feelings of 'we' become stronger and consequently, feelings of superiority and inferiority can arise (Elias in Brouns 1993: 88-89). An individual young person may want to belong to a certain group of young people, because he wants to feel secure and safe. Especially at the age of puberty, in which a lot of physical, emotional and social changes occur, a young person feels the need for security. Once he or she belongs to the group, the individual will feel secure and will experience the group as being 'us'.

The group may create visible and invisible marks to distinguish this group from the others. This can be done by labels, as was explained in paragraph 1.3.5. In that way, labelling is used to reconfirm the 'us' against the 'them'. In order to belong to the 'us' an individual needs to have certain marks and capacities that are defined by the group. Only when he or she answers to the requirements of the group, will he or she be accepted as member. The question is; what marks are decisive for boys and girls in Dakar?

When insight is gained into those mechanisms of inclusion and exclusion and we know the 'rules' to belong to the group, we can investigate the space an individual has to go his own way within the group. In other words; what is his room to manoeuvre within the sub-discourse of his group? To what extent can members of the group influence the individual?

Whether or not individual young people are receptive to influence from their peers, depends on their social-background, their level of education, but also for a great deal on their personality and their experiences. The people surrounding the individual are influencing him, the individual himself has a certain room to manoeuvre and the individual is also formed by discourses, norms, values and structures of society, as was explained in the former paragraphs.

#### **1.4.4. Layeredness of peer-influence**

The sub-culture of young people can be distinguished as one of the sub-cultures in social reality. Like the general discourses in society, the sub-culture of young people will have its sub-discourses with their specific discursive practices, which are distracted from the general discourses. The influence from peers can function as discursive practice and push the individual young person in a certain direction. It will appear that peer-influence is layered in three dimensions. Norms, values and ideas from the symbolical dimension shape, through structures

the behaviour of individual young people. These individuals are influencing each other through discursive practices within the group of peers, as has been explained in the former paragraph.

As was explained in paragraph 1.3.2, in this thesis the reproductive health situation of young people in Dakar will be examined by using three dimensions; the symbolical, structural and individual dimension. Because I am interested in the reproductive health situation and behaviour of young people, the individual dimension will have my foremost attention. However, the symbolical and structural dimensions have to be taken into account as well. I will try to gain an insight in how the symbolical level shapes the norms and values of the structure of society and how this is visible at the individual level. Ideas shape, through structures, the behaviour of individuals. Central in this thesis will be the competence of the actor at the individual dimension, to cope with the rules, limitations and possibilities from the symbolical and structural dimension. In order to understand the behaviour of individuals thus, ideas and structures have to be studied as well.

However, the three dimensions are present at the same time and they are in constant interaction. One cannot examine the individual dimension completely isolated from the symbolical dimension or the structural dimension. Therefore, throughout this thesis, I will examine aspects of the reproductive health situation of young people in Dakar, considering the constant interaction between the three dimensions.

By specifically focussing on the young people themselves, I try to gain insight into their social reality and their perceptions. It is important to gain insight into all these aspects and factors that are of influence on young people's sexuality. By gaining actor-based insight into young people's sexual and reproductive health, recommendations can be formulated in order to improve programmes, care and services that are addressing young people's reproductive health.

### **1.5. Operationalizing young people's reproductive health**

This thesis tries to gain an insight into the reproductive health situation of young people in Dakar, Senegal. In gathering this knowledge about young people, I will use an actor-approach, by focussing on the perceptions and experiences of the young people themselves. Throughout this thesis, the young people will be central, in order to avoid a top-down approach. Within the networks of social relations of young people, it appears that their peers are the most influential and significant. Influence from peers can have an impact on ideas, behaviour and decision-making of an individual in many different ways.

This paragraph will describe how I will operationalize the theoretical concepts I have been using, in order to analyse the data collected during the fieldwork. When examining the reproductive health situation of a group of young people, this thesis distinguishes several elements of their social reality. Firstly, it is important to examine the discourses in Senegalese society and the place of young people in this society. Subsequently, besides young people's access to service- and information structures concerning HIV/AIDS and STIs, I will focus on the communication between different actors in social reality and the social relations at the individual dimension. I will finalize the chapter with the research questions used and the itinerary of this thesis.

### **1.5.1. Discourses in Senegalese society**

In order to gain insight into the social reality of Senegalese young people in Dakar, it is necessary to examine the ways that ideas and perceptions on masculinity and femininity in Senegal come to the surface. This symbolical dimension is not the focus of this thesis however, but an insight into this dimension is necessary in order to analyse in what ways it influences the lives of individual young people.

Discourses on young people are directly connected to dominant ideologies about men, women and sexuality. Prevailing perceptions of sexuality are influencing ideas about being a 'good' or 'decent' man or woman. By examining the dominant image of a 'decent' man or woman, characteristics of a 'decent' young person can be distinguished. By examining the discourses on young people in Senegalese society, it will appear which characteristics are being attributed them and what expectations they need to meet. These characteristics and expectations come forth from perceptions about age, gender, religion, ethnicity and class.

By gaining an insight into Senegalese discourses on sexuality, I will find out to what extent the institute of marriage is important and what the 'role' of man and woman within marriage is. It will be investigated whether young people in Dakar 'ought' to marry and what they think about marriage. I will focus on their opinions about premarital sexual relationships.

When insight is gained into the ruling discourses and ideas at symbolical level and when norms, values and codes of conduct of society are visualised, it is necessary to learn from the young people themselves how these norms and values affect their individual lives. What elements of Senegalese ideologies of femininity, masculinity and sexuality are being accepted and incorporated by young people, and what ideologies or ideas are being rejected? In this respect, it is interesting to examine how far young people are being influenced and pushed into a direction of behaviour and decision-making concerning relationships, sexuality and protection against STIs and HIV/AIDS. Since social control is the institutionalisation of structures in society, it is examined to what extent young people in Dakar have to cope with social control. This will be done by examining if and how young people change their perceptions and behaviour because of pressure from their social environment. Nevertheless, it is also important to investigate if and how young people break through certain perceptions about sexuality and about being young.

As was explained in paragraph 1.3.2, within a society, there is a certain imbalance in the relative power of man and woman, because of a production of 'truth' and because of perceptions and labels of masculinity and femininity. Consequently, this 'truth' has an impact on social and sexual relationships between men and women. Especially in the negotiation within sexual acts, there is an imbalance between men and women; a gender imbalance. Because of gender imbalances and gender differences, there may be differences in the possibilities for young men and women to follow ruling discourses and ideologies. In this thesis, I will try to examine whether it is possible for boys and girls to break through certain ideologies and how this is achieved. In paragraph 1.5.6, I will come to speak about how gender imbalances can influence communication and decision-making within young people's relationships.

One of the factors influencing ideologies in society is religion. In this thesis, I will examine to what extent religion is of influence in social norms and values, especially focussing on religious perceptions about sexuality in general and young people's sexuality in particular. As we have seen in paragraph 1.2.3, conservative and religious forces have been denying young people's sexuality for a long time. I will try to gain an insight into the religious point of view in

Senegal, concerning young people's sexuality and I will investigate to what extent this religious discourse is influencing individual perceptions about sexuality.

Because of ignorance of young people's sexuality, young people in many parts of the world have been denied any form of care, information and counselling. What are the perceptions in Senegal regarding young people's reproductive health care and services? What are the perceptions about the need of young people to information and care? This brings us to the next paragraph, which will be dealing with the sources of information concerning STIs and HIV/AIDS and the access of young people in Dakar to services and care.

### **1.5.2. Sources of information concerning STIs and HIV/AIDS**

As has been pointed out, conservative and religious forces have been denying the sexuality of young people for a long time, in many parts of the world. In this thesis, I will examine the role of religion in the promotion or denial of young people's sexuality. What is the point of view from Muslim, Catholic and other religious beliefs in Senegal? To what extent are religious discourses in Senegal influencing young people's access to care and services? I will also show the involvement of religious leaders in Senegal in the fight against AIDS.

However, the question whether young people are able to get the care and information they are seeking will be more central. First, I will examine the different sources of information and care that young people in Dakar can turn to. Where do young people in Dakar get their information about STIs and HIV/AIDS? What information concerning sexuality, STIs and HIV/AIDS is given to them? I will examine whether the young people know where they can find information and whether they have been to an information-providing centre.

The next step, besides sources of information, is to examine where young people go to when they are seeking care and services. In order to find out about this, we first need to know what reproductive health structures for young people the Senegalese government and organisations have established in Dakar. Sources of information at the structural dimension are being informed by the symbolical dimension; whether or not young people are considered to be in need of care and services concerning reproductive health, depends on the dominant discourse. In this respect, I will examine to what extent structures in Senegalese society are being shaped by religion. What 'rules' has religion created in Senegal in order to control young people's sexuality? Again, this has to do with the discourse on young people's sexuality, as has been explained before.

As reproductive health is a sensitive subject, access to reproductive health care and services might be difficult for a lot of people. I will therefore examine how young people in Dakar perceive access to reproductive health care. I will try to find out whether or not it is difficult for young people to seek information and help about the subjects of sexuality and contraceptives. It is also important to investigate young people's awareness of contraceptives, therefore, I will examine what they already know about contraceptives and what they think about contraceptives. Social relations appear to be an important source of information to young people, therefore, besides the official sources of information, such as school or government programmes, I will examine how and to what extent young people are being influenced by their social relations.

### **1.5.3. Social relations; contexts and labelling**

In order to examine the reproductive health situation of a group of young people in Dakar, it is important to distinguish the social relations they have with different actors in society. In examining the social relations of a group of young people in Senegal, it is first important to look at the ways young people see themselves and their peers.

In paragraph 1.4.3, it is argued how 'labelling' can be a manner of influence from peers. Besides gaining an insight into the labels that are used, I will examine what labels young people conduct on and to what labels young people oppose. Whenever young people oppose to some labels, I try to gain an insight into why and how they do so, in order to portray the 'truth' in which young people live, a 'truth' that they can, in part, form by themselves.

In this thesis, I will examine what discursive practices individual young people have to deal with and to what extent individual young people approve or disapprove ideas about sexuality in Senegalese society. I will gain an insight into the role and 'place' of individual young people in different contexts; Senegalese society, their families, school and their group of friends. How can he or she create some 'room to manoeuvre' within all those social relationships? Besides the family, school can be another important context for young people. Since the young people in my research spent most of their time at school, their behaviour will to some extent be influenced and controlled by the rules of the school. It is important to investigate the ways that the educational system and the teachers deal with young people's sexuality and how young people are educated to behave

By analysing the roles that young people are expected to play in the different contexts, it is necessary to analyse what 'labels' are given to young people, as was explained in paragraph 1.3.5. By examining what labels are given to young people, I will also examine the labels young people give to themselves and in what ways they distinguish themselves from other young people. When examining the 'us' and 'them' images of a group, as was explained in paragraph 1.3.4, it is important to analyse what discourses from the symbolical dimension are penetrated and to what extent they are being transformed into 'rules' and 'marks' of the group. This is necessary to place the behaviour of certain specific groups of young people within the social context of Senegal.

In examining the working of the mechanisms of inclusion and exclusion within a group of young people, as was explained in paragraph 1.3.4, it is important to reflect the norms, values and beliefs on the relationships and sexuality of that group of young people. Beliefs about sexuality can be part of mechanisms of inclusion and exclusion from a group. In this thesis, I will try to gain an insight into the dynamics of a group of young people, in order to find out how individual young people relate to the rules and ideas of the group. As was explained in paragraph 1.5.3, I will take into account the distinguishing factors of age, gender, religion, ethnicity and class, when gaining an insight into the 'rules' of belonging to a group and the expectations that an individual needs to comply with. I will work with a gender-based approach, when trying to find differences and similarities between boys and girls. The specific position of a young person can be different in another context, but there can also be differences in the ways of communicating in another context.

The issues of young people's reproductive health and adolescent sexuality are often subjects that are not easy to discuss and the openness of discussing sexuality related subjects differs per context. In this thesis, I will try to gain an insight into the possibilities for young people in Dakar to discuss and communicate about reproductive health and sexuality in different social contexts and with different social relations.



At the symbolical dimension, a subject like sexuality can be considered taboo. Whether or not an individual itself will consider sexuality a taboo, will be influenced by this individual's gender, age, religion, ethnicity and socio-economical class. However, it is important to recognise that a certain subject can be taboo for one person, while another person of the same background will not consider it taboo and can easily talk about that particular subject. This thesis is especially concerned with these individual differences; for every individual, the symbolical and structural dimensions will have completely different effects. These effects depend on the personality of the individual, which is being shaped by the interaction of the age, gender, religion, ethnicity and class. It will also depend on the context, since the context in which an individual is present at a certain time, determines the way of responding and reacting and the role he or she is expected to play.

When examining the reproductive health situation of young people, it is unavoidable to look at power and gender imbalances within sexual relationships. The ideas of men about women and the ideas of women about men and the expectations they have of each other can be seen as critical factors that influence the negotiation of safe sex (Sharpe in Holland 1994: 457-45). These factors can be a determining factor for an individual to create some room to manoeuvre. For example when the discourse says that a 'decent' woman does not 'ought' to have male friends, an individual woman can be forced to have only female friends, because of discursive practices. Because this woman does not want to be condemned, she will accept the position that has been 'forced' upon her. As has been introduced in paragraph 1.5.3, gender-imbalances are influencing the communication and decision-making at individual level in young people's relationships. Again, we are dealing with the 'room to manoeuvre' an individual is able to create, as has been explained in paragraph 1.3.4. This occurs not only within the group of peers, but also in friendships and heterosexual relationships.

#### **1.5.4. Friendships and sexual relationships**

When examining young people's reproductive health, I examine young people within their social relations. Like everywhere in the world, school-going young people in Dakar spent most of their time with their peers, who can be simply classmates or even become close friends. I will try to gain an insight into these friendships, by investigating young people's opinions about friendship. I will gain an insight into the processes of 'labelling' within and between peer-groups and I will distinguish several 'rules' and 'marks' of belonging to a group of peers.

When examining the bond of friendship between young people, it is important to examine to what extent this friendship can be a source of information about sexuality, STIs and HIV/AIDS. The opinions of peers and the information that flows within the networks of peers, can have a great impact on young people's perceptions and behaviour, as has been outlined in paragraph 1.4 on peer-influence. This thesis will examine the dynamics of peer-groups, by investigating the information flows among young people. When investigating the dynamics of peer-groups, it will appear that there is a certain peer-culture. I will examine the sub-discourses of this peer-culture and to what extent these sub-discourses are being influenced by dominant discourses. In investigating peer-culture, I will focus on the 'room to manoeuvre' of an individual within this peer-culture. Furthermore, I will examine whether and how a group of male friends differs from a group of female friends. I will also try to find out whether it is possible to be friends with someone from the opposite sex and how this may differ from friends of the same sex.

Besides the group of friends, this thesis deals with individual relationships; the boyfriend or the girlfriend. In examining heterosexual relationships, I will investigate how young men and women perceive heterosexual relationships by analysing whether or not a relationship is wanted and what the relationship should look like. I will again examine differences in perceptions between boys and girls and I will try to find out whether someone with a relationship talks to other friends about their relationships. Moreover, I will examine how sub-discourses of peer-culture are influencing individual perceptions concerning relationships and the ideals of love and marriage.

Besides examining the functioning of young people's relationships, it is necessary to find out at what point in the relationship there will be sexual engagement. I will therefore examine young people's attitudes towards abstinence and premarital sex and how their choice to abstain or to engage in sex is being influenced. In order to investigate processes of negotiating safe sex, I will examine young people's attitudes towards contraceptives and the possibilities of conversation with the partner about contraceptives. It is important to find out to what extent an individual can protect him or herself by demanding the partner to use a condom, to investigate the individual 'room to manoeuvre' within heterosexual relationships.

## **1.6. Research questions of the thesis**

This thesis tries to gain an insight into the reproductive health situation of young people in Dakar, Senegal, focussing on sexuality, STIs and HIV/AIDS. Besides portraying this reproductive health situation, it is necessary to gather knowledge about how young people themselves are experiencing this reproductive health situation. This brings forth the following research question:

***How do young people in Dakar experience their reproductive health situation, regarding STIs and HIV/AIDS?***

In order to answer this central question, the following sub-questions have been formulated:

### ***I. What does the reproductive health situation of young people in Dakar look like?***

- a. In what ways is Senegal fighting against HIV/AIDS?*
- b. What are the discourses on femininity, masculinity, sexuality and young people's sexuality in Senegal?*
- c. What are the current trends in young people regarding the age of marriage and the age of first sexual intercourse?*
- d. What are the current trends in young people regarding teenage pregnancies and condom use?*
- e. What are the current trends in young people regarding STIs and HIV/AIDS?*
- f. What care and services regarding STIs and HIV/AIDS are established in order to improve the reproductive health situation of young people in Dakar?*

**II. What sources are informing young people about reproductive health, concerning sexuality, STIs and HIV/AIDS?**

- a. *To what extent do campaigns and information by mass media concerning STIs and HIV/AIDS reach young people?*
- b. *To what extent does education about STIs and HIV/AIDS inform young people?*
- c. *How do young people in Dakar deal with information concerning STIs and HIV/AIDS provided by campaigns, mass media and education?*
- d. *How do young people in Dakar experience reproductive health care and services, regarding STIs and HIV/AIDS, in terms of accessibility and confidentiality?*
- e. *To what extent do social relations inform young people in Dakar about reproductive health, regarding STIs and HIV/AIDS? And how do young people experience this?*

**III. What are the dynamics of peer-influence and how do young people in Dakar experience this, concerning their reproductive health situation?**

- a. *How do young people in Dakar deal with discourses on femininity, masculinity, sexuality and young people's sexuality?*
- b. *What are the sub-discourses within peer-groups in Dakar?*
- c. *To what are the sub-discourses influenced by gender, religion, ethnicity and socio-economical class?*
- d. *How does labelling occur between and within peer-groups in Dakar?*
- e. *How is the hierarchy of a peer-group organised? What are the preconditions of being a member and being a leader within a peer-group?*
- f. *To what extent is there trust and loyalty within a peer-group?*
- g. *How and to what extent is information concerning STIs and HIV/AIDS being spread within a group of peers?*
- h. *How do young people in Dakar deal with influences from their peers, concerning STIs and HIV/AIDS?*
- i. *How do perceptions and attitudes from peers, concerning STIs and HIV/AIDS, influence individual room to manoeuvre?*

**IV. In what ways can heterosexual relationships affect the reproductive health situation of individual young people in Dakar?**

- a. *To what extent do sub-discourses of the peer-group influence individual heterosexual relationships?*
- b. *How do young people deal with influences from close friends?*
- c. *Based on what factors do individual young people select a heterosexual partner?*
- d. *How do young people perceive the institute of marriage?*
- e. *How do young people perceive heterosexual relationships?*
- f. *How do young people perceive trust and fidelity within a heterosexual relationship?*
- g. *How do young people perceive abstinence and premarital sex?*
- h. *Based on what factors does an individual opt for abstinence or engaging in sex?*
- i. *What are the perceptions of young people about contraceptives?*
- j. *How do perceptions and attitudes from the partner influence young people's individual room to manoeuvre?*

### 1.6.1. Itinerary of the thesis

In order to answer these questions, I will distinguish several chapters.

The first sub-question will be answered in chapter two. I will first need to introduce Senegal, hereby focussing on the efforts of the political leaders, NGOs and community in the fight against STIs and HIV/AIDS. I will outline the actions that have been taken and how they aim to improve the lives of young people in Senegal. This chapter will also examine how discourses on gender and sexuality are influencing young people's reproductive health situation. I will finalize this chapter by describing the reproductive health situation of young people in Dakar by examining the current trends among young people regarding age of marriage and first sexual intercourse, teenage pregnancies, condom use, STIs and HIV/AIDS.

In the third chapter, I will answer the second sub-question by examining the different sources of information concerning sexuality, STIs and HIV/AIDS of young people in Dakar. I will examine what information about STIs and HIV/AIDS is being spread by campaigns, media, school, care and services. I will explore what kind of information concerning STIs and HIV/AIDS is being spread by each source of information and to how young people perceive and value the information and services provided to them. Besides the formal sources of information I will focus on the role of social relations in spreading information to young people. Hereby I will discuss the role of parents and other family members in spreading information about STIs and HIV/AIDS by examining what kind of information they provide and to what extent young people trust their questions and problems to them. Besides the trust, confidence and communication, I will also examine how norms, values and social control are influencing young people and how this differs for boys and girls. I will examine whether it is possible for young people to talk to their parents about sexuality related issues and whether they entrust personal questions to their parents. It appears that, besides parents, friends are the main confidants and a source of information about sexuality for young people.

In order to answer the third sub-question in chapter four, I will outline the bonds of friendship that young people are engaged in and gain an insight into the dynamics of peer-groups. The concept of peer-influence will have a central position in this chapter. It is examined what kind of social control is present within a group of peers and how they deal with norms, values, religion and tradition. The sub-discourses of peer-culture will be examined and I will investigate whether these sub-discourses differ for girls and boys. When examining the dynamics of peer-groups, the concept of 'labelling' will have a central position and I will gain an insight into the 'rules' and 'marks' to belong to a peer-group. I will investigate what kind of security it offers to belong to a group and what the preconditions of membership and leadership are. I will focus on the positions that the individuals occupy within the group and how an individual maintains his position within the group, by looking at the mechanisms of inclusion and exclusion. In order to do so, it is important to find out based on what factors somebody is considered a friend. When examining groups of peers, the processing of information will have a central role and I will examine how and to what extent peers communicate information and skills concerning sexuality, STIs and HIV/AIDS. What subjects do peers discuss and how do they influence each other's attitudes and behaviour? When examining the subjects of discussion within a group of peers, it is important to examine the bonds of loyalty; with whom are young people sharing their secrets and problems? I will focus on how an individual is able to gather the information and skills needed to gain more self-confidence and to strengthen his position and enlarge his 'room to manoeuvre'.

Chapter five deals with the last sub-question, by examining young people's heterosexual relationships. I will describe the sub-discourses from the peer-culture on love and

marriage, in order to gain insight in the ways that sub-discourses from peers are influencing the individual choice of a partner. How do individual young people perceive marriage and to what extent does this influence their current relationships? I will examine how young people perceive trust and fidelity within their heterosexual relationships and whether this differs for boys and girls. Regarding STIs and HIV/AIDS, I will examine young people's ideas about premarital sex and abstinence. The over-all focus in this chapter is how sub-discourses from peer-cultures are influencing individual perceptions and decisionmaking processes concerning premarital sex. Besides examining young people's perceptions about contraceptives, I will examine how young people are able to negotiate safe sex within their relationship. The processes of negotiation determine the individual room to manoeuvre within heterosexual relationships and I will examine to what extent there are differences between boys and girls regarding the position they occupy within a relationship. Regarding individual room to manoeuvre within a heterosexual relationship, I will gain an insight in how a partner can influence individual sexual behaviour and to what extent an individual is able to negotiate safe sex with his or her partner.

In the final chapter, the previous chapters will be analysed, in order to show the importance of gathering knowledge about young people's reproductive health situation. The insights and knowledge gained by this fieldwork can be used to improve initiatives and programmes aiming at improving young people's reproductive health.

### **1.6.2. Objective of the research**

The objective in conducting the fieldwork and writing this thesis is to gain an insight into the reproductive health situation of young people in Dakar, Senegal. This thesis can be seen as a preliminary investigation; it will be investigated what the reproductive health situation of young people in Dakar looks like and what factors are of influence on the behaviour of young people. The focus will be on the ways that young people might influence each other; peer-influence. It will be examined what role peers play in perceptions and behaviour of young people concerning sexuality, STIs and HIV/AIDS.

The knowledge and insights that are gathered with this research can be used to improve and develop programmes on young people's reproductive health, with more attention on the perceptions, needs and constraints of young people in Dakar. In improving a situation, it is necessary to know the situation. To know a situation, it is necessary to ask the persons involved in the situation.

### **1.6.3. Used methodologies**

In every society, issues of sexuality and reproduction are sensitive and often controversial. They lie at the root of private and intimate human relations and decision-making. They challenge contemporary morality and religious beliefs and touch on cultural traditions, taboos, and socialisation patterns (Alcalá 1995: 2). In addressing issues of sexuality and investigating the reproductive health situation of a specific group of the population, it is unavoidable to ignore the culture, norms, values and religion of a population. In addressing issues of sexual and reproductive health, I had to be very careful and prepared to approach people. To obtain the most complete insight in young people's reproductive health situation, I have used several methods; 1) conversations with policy makers and resource persons, 2) collection and analysis of secondary data, 3) focus group discussions (FGD) with young people, 4) semi-structured

interviews with young people and their teachers and, 5) participatory observation in peer-groups and Senegalese society.

Through regularly meetings and conversations with resource persons at UNESCO and UNFPA agencies in Dakar, I was able to gain an insight into policies and programmes in Senegal, targeting young people's sexual and reproductive health. Additionally, I had several conversations with Mme Diop from the Ministry of Women and Family and other civil servants and policy makers. Because these resource persons were not working directly with young people in the field, I did not conduct structured interviews with them. They were however very helpful in gaining information, contacts and literature. By collecting and analysing secondary data, I learned a lot about the Senegalese context and about national efforts to promoting reproductive health and fighting against HIV/AIDS.

Through contact with the director of CAEF, an NGO for female entrepreneurs, I met the coordinator of the Centres Ados. These centres provide information, care and education to young people about drugs, tobacco and reproductive health. I visited a Centre in Parcelles, a suburb of Dakar, but I encountered two problems that restrained me to work with the young people from this Centre. Firstly, the male peer-educators they had been training were older than 25, so they didn't match with my criteria of 'young people' being between 15 and 20 years old. Secondly, the young people involved in the Centre could not speak French well enough, so every discussion would have been in Wolof.

There was an option for me to work with a translator, but I chose not to do so, because the subjects concerning reproductive health are extremely sensitive. If the FGD were in Wolof, I would have been unable to follow them, nor would I have been able to go deeper into a certain subject or respond quickly to a subject that has been raised by the group. The distance between the participating young people and myself would be very big, while research into subjects like sexuality is based on trust. There is moreover the risk that a translator would not translate exactly what is being said, due to the quickness of the discussions, the inability to translate word for word or cultural constraints against what the young people might say. Since these aspects would negatively influence the results of my research, I decided not to work with the young people in the Centre Ados in Parcelles.

A visit to other NGOs, like ENDA Tiers Monde (Environmental Development Action in the Third World), SWAA (Society for Women and AIDS in Africa) and JAMRA (Islamic organisation), gave me information about the education- and prevention activities for young people in the field of STIs and HIV/AIDS. During the period I was in Dakar, these NGOs had however no concrete programmes with young people that could cooperate in my research, so I had to approach a school to find young respondents. In-school young people would speak French, so I could conduct the interviews and discussions myself, and at a school I could find both boys and girls in the selected age of 15 to 20. Through the NGO GEEP (Groupe pour l'Etude et l'Enseignement de la Population), which is working on improving the reproductive health situation of young people in Senegal, I contacted a school that was willing to cooperate. College Ousmane Socé Diop (OSD) is one of the schools where GEEP has established a Club EVF. These Clubs EVF (Clubs for Family Life Education) are informing pupils about population- and reproductive health issues. This college had been selected because it was near the centre of Dakar; I had no means of transportation to frequently visit a college outside of Dakar. College OSD is a public school, in the popular urban neighbourhood of Dieuppeul, with both Muslim and Christian pupils from different ethnicities. Since OSD is a public school, it is

accessible to pupils from rich, middle-class and poorer families, which makes the college and its pupils representative for young people in Dakar.

The director of GEEP introduced me to one of the teachers of college OSD, Mr Ndiaye. He is a sports teacher who organises and participates in many activities with GEEP and he agreed to support me with my research at the college. After having explained the objectives of my thesis to the director of the college and to Mr Ndiaye, I selected two classes with young people between the ages of 15 to 20, to be my respondents. I introduced the objectives of my research to each class and asked for 16 male and 16 female volunteers. The FGD were to be held during the sports classes from Mr Ndiaye, so that 'loss of time' would not be a barrier to participation for the pupils. In one class, Mr Ndiaye picked 8 boys and 8 girls from the ones that raised their hand to participate. In the other class, the first 8 boys and 8 girls that were present at the class were selected to participate in my research, because the whole class wanted to participate and they couldn't find a way to select the participants otherwise. I explained the objective of the research and the procedure of the discussions and we fixed the dates of the discussions. In total, I had four groups; two of 8 boys and two of 8 girls and with each group I held two FGD.

The FGD were held in the sporting stadium, while the rest of the class was having sports class. During all four FGD with the girls, I was assisted by two young women (over 25 years old) to help me pose my questions and clarify the answers and, after each discussion, we analysed the information. During the first discussion with the boys, a young man assisted me, but because he was preoccupied, I conducted the last three FGD without his assistance. All three assistants were participating in organisations that are working on young people's reproductive health, so they were trained in discussing subjects of sexuality and they had no difficulties talking to the young respondents.

Each of the 32 participants of the discussions was asked to volunteer for a semi-structured personal interview. I managed to interview 30 of the respondents; 15 girls and 15 boys. For each interview, I used a structured topic-list, but the order of questioning depended on the information provided by the respondent. The questions were a prolongation of the issues that were discussed during the FGD, in order to get more personal information and to gain an insight into the personal reality of the respondent. Besides the 30 pupils from the FGD, I interviewed 4 pupils who were members of the Club EVF, to gain an insight into the working of this Club and the role that these pupils play as peer-educators. Additionally, I interviewed 4 teachers from the college and Mr Ndiaye, who is also the coordinator of the Club EVF, to examine and compare the ways that pupils are being taught about reproductive health, STIs and HIV/AIDS both inside and outside the school-curriculum.

Besides the FGD and the individual interviews, I have continuously used the method of participatory observation to gain insight into the lives of the respondents. By living in a low- to middle-class neighbourhood in Dakar and by talking to neighbours and friends, I learned about Senegalese norms and values, the role of religion, gender relations, social relations and codes of conduct within and outside the family. During five months, I spent a lot of time at the college, talking to young people from both within and outside the FGD. After some time, many pupils trusted me and even came to talk to me about personal problems. Because several (mainly female) pupils invited me for lunch, I had the opportunity to experience their family situation and meet their parents. Moreover, I had the chance to meet the young people outside school, in other contexts. They invited me on a trip to the beach and I attended two school balls. This gave me the opportunity to observe and learn about how young people behave and communicate

when going out. Additionally to talking to teachers about the ways of educating young people, I followed some courses with the young people from the FGD. Also, I assisted at school-activities and 'cultural weeks' with many activities organised by young people. Through these participatory observations, I have learned things that could not have been answered by questions in an interview or discussion.

#### **1.6.4. Limitations and considerations**

One of the characteristics of qualitative research is that the researcher will work intensively with a group of respondents for a long period. The focus of my research lies on gaining an insight into the reproductive health situation of a group of young people in Dakar. In selecting Dakar as the place of research, I recognize that there is a bias, as I am only focussing on young urban people and that the findings and results cannot be generalized for the whole young population of Senegal. Being not restricted to a certain project or a fixed group of young people, gave me the freedom to select them myself, but at the same time, it raised the first difficulty of where to find them in Dakar.

By talking to resource persons, I soon found out about the best known project in Senegal that is working with young people on reproductive health; the Centres Ados. If I were to conduct my fieldwork here, I would have the limitation that it was one of the best-known and best-sponsored projects, so that would have caused a bias. As I have explained before, because of age- and language problems, I did not conduct my research at a Centre Ados. I decided that it would be best for me to work with young people at a school, recognizing that in doing so, I would have the bias of leaving out the young out-of-school people. However, for me, the issue of the language was decisive; if I had to conduct the discussions and interviews myself, I had to understand what the respondents were saying. So I decided that the language had to be French and, as I have explained before, I did not want to work with a translator.

Without an entrance at an NGO, it would have been very difficult for me to conduct my research at a school, but through the contact with GEEP, I was introduced at a school. Due to lack of time, I did not compare different groups of young people, like in- and out-school youth or urban and rural youth. In the recommendations following from the findings of this research, it is however important and necessary to realize that there is a large variety of young people. The respondents in this research have their specific characteristics that may not be the same for young people elsewhere in Senegal. It is very important to recognize that every young person is different and that every young person has different problems and needs. Although some findings of this research might be applicable to young people elsewhere in the world, the findings cannot be generalized.

When considering the selection of respondents, the voluntariness to participate should be in first place, especially with the sensitive subject of reproductive health. My procedure in selecting the participants was not completely non-selective. The used selection procedure had however no impact on the research, because I was to investigate 'a certain group of young in-school people'. Considering the used method of FGD, I like to emphasize that this is a difficult, but useful method in researching young people's reproductive health. The most important advantage is that the respondents are not participating alone; they are in a group, so they can hide behind each other and fill up the remarks made by other participants. In that way, the respondents can get 'warmed up' for the individual interview. Especially with sensitive issues related to sexuality, they might feel more comfortable to talk in a group. On the other hand, I



noticed that the respondents were hesitant to tell their personal experiences, out of fear of being condemned by the rest of the group. Despite the 'rule' I made beforehand, to respect each other's point of view and to let everybody speak out freely, I had the impression that many respondents did not reveal all their experiences and opinions. This appeared to be true, when several respondents, both male and female, entrusted more personal experiences and opinions to me in the individual interview.

Being young myself reduced the distance between the respondents and myself; the median age of the respondents is 17,2 years, varying from 15 to 20 years, while I was 22. Because I was young, they felt comfortable and I could easily imagine their problems and concerns as I had just passed the phase in life that they were in. We were able to create an informal atmosphere of 'youth only' and the fact that I am not a native French speaker, reduced the distance between us even more. Once the respondents noticed that I made mistakes myself in talking French, they were less scared to talk in French and make mistakes. I suppose that when a middle-aged Francophone person had conducted this research, the outcomes would be completely different, as it would have been more difficult to be accepted by the group of young people and to gain their trust. The fact that I am a white foreigner was an advantage rather than a drawback. The respondents felt very honoured to be the subject of a research by a foreign student and they were thankful that there was somebody who was listening to them, taking them seriously and giving them an opportunity to talk about their situation. Moreover, because I was from abroad, there was less danger in entrusting problems and secrets to me, as I would leave with the information. Also, with a Senegalese researcher, the chance was much bigger that he or she would know or meet their parents and talk about their secrets. With me, this chance was nil. To get to know the young respondents and to gain their trust, I invested much time and energy, but it was necessary and worthwhile.

Considering the FGD, because of the sensitivity of the subjects, I thought it necessary to separate the males from the females, to be able to talk more intimately and to avoid shame and pressure from the other sex. The advantage was indeed that we were able to discuss more freely on sex-specific issues. Especially the females, for whom social pressure is more explicit than for males, were able to ask questions and raise subjects that they would not likely have done when males had been present. For the males, it had been different; as I am female myself, they might not have felt free to talk about male subjects with me. Because I am a female, it was easier for me to raise and discuss female issues than male issues. I recognise that this might limit some insights gained with this research.

I have explained why I preferred not to use a translator during the discussions. Although the discussions were to be in French, I still felt the need for the support of an assistant. Because in the beginning I was frightened to handle a group of 8 young people all by myself, and I thought it would be wise to have an 'older' young person to assist me pose my questions and to explain the answers that were given. An assistant can make the researcher aware of barriers and explain cultural aspects. To analyse some of the discussions together with an assistant was very helpful for me in understanding the respondents. However, there were some severe limits in working with the assistants during the FGD. At first, because the assistants were older than the respondents, I noticed a reluctance with the respondents to speak freely out of fear of being judged by the assistant, for example to be condemned as having indecent or irresponsible behaviour. Moreover, the assistant might know a respondent's family member and give away the secrets that the respondent might have revealed during the discussion. Indeed, I noticed that the respondents were withholding information because of the presence of the

assistant, and that they were solely giving socially acceptable answers. Secondly, sometimes the assistants took over my role of posing questions and they pushed the discussion in a certain direction, which I had not foreseen. In one discussion, the assistant was teaching the respondents, while my idea of a discussion was to let the respondents do the talking. Before starting a group discussion, the task of the assistant should be made clear, to avoid misunderstanding.

A final remark I would like to make is about 'finding the truth'. Although every researcher, especially in qualitative research, would like to find the truth about his subject, this is often impossible, because he is dealing with subjective answers and opinions of respondents. In my research, I noticed that some respondents were giving socially acceptable answers. They were trying to give answers that they thought I would like to hear. For me, however, 'finding the truth' was not the focus, but discovering what their main issues are, how they answer and why they are lying. These aspects provided a deeper insight into the social and reproductive reality of young people and into the influence from peers. In my opinion, perceptions and behaviour are best to be studied by examining the 'why' rather than the 'how' and 'how many' concerning the truth. Besides; what is 'the truth'?

## 2

### **YOUNG PEOPLE'S REPRODUCTIVE HEALTH; THE CONTEXT OF SENEGAL**

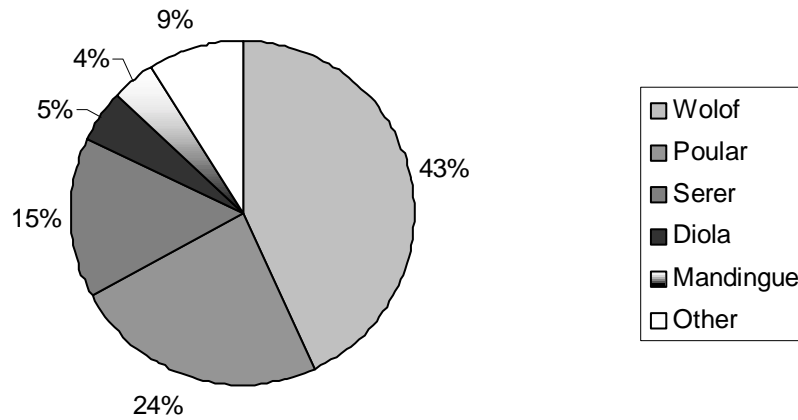
In this thesis, the reproductive health situation of young people in Dakar, Senegal, will be examined. In order to gain an insight into this situation, it is necessary to point out the national trends concerning reproductive health, focussing on STIs and HIV/AIDS. In the first paragraph, the demographic and socio-cultural context of Senegal will be illustrated, as well as the urban context of Dakar. In paragraph 2.2, the Senegalese response to the threat of the HIV/AIDS pandemic will be outlined. I will describe in what ways the different actors in society co-operated and what kinds of measures have been taken in order to fight STIs and HIV/AIDS and protect the Senegalese population. In paragraph 2.3, I will portray the reproductive health situation of young people in Senegal, focussing on young people in Dakar, by showing the current trends of several aspects of reproductive health.

#### **2.1. Senegal: population and development**

Senegal is a country in West Africa that is among the world's poorer nations. It is ranked 145<sup>th</sup> on the Human Development Index of 2001 and in 1999 the per capita income was below US\$ 600 a year.

Senegal is estimated to have a total population of 9,3 million people in 2001 (HDR 2001) and the annual growth rate of the population is estimated to be 2,7% between 1995 and 2000 (POP'enjeux 2000: 9). The population of Senegal is extremely young: 57,7% of the total population is under 20 years of age (EDS-III 1997: 2). However, life expectancy at birth is low; in 1999 life expectancy for men was estimated 51,1 years and for women it was 54,8 years. The total fertility rate for the period 1995-2000 is estimated 5,6 children per woman. While efforts are being made to increase access to education, illiteracy rates are still high; some 53,6% of adult men and 73,3% of adult women are illiterate (HDR 2001).

The majority, 94 percent, of the Senegalese population is Muslim and another 4 percent is Christian. Animism and other religions represent 2% of the population. Senegal is an ethnically diverse country; there are more than 20 different ethnicities. The most prominent ethnicities are shown in figure 1.



**Figure 1: Ethnicities in Senegal (Source: EDS-III Senegal 1997).**

Because of the ethnic diversity of the Senegalese population, the respondents participating in the research have been selected to be as ethnically diverse as possible, in order to bring ethnicity-specific differences to the surface. In urban contexts, the ethnicities are most diverse, therefore the fieldwork has been conducted in the urban context of Dakar, the capital.

In 1999, the urban population of Senegal was estimated to be 46,7% of the total population (HDR 2001). There are differences in the structure of age when comparing rural to urban areas in Senegal.

Age (in years)	% of population living in URBAN areas	% of population living in RURAL areas
0 – 15	42,3	51,1
15 – 55	50,1	39,0

**Table 1: Division of Senegalese population to place of residence**

As shown in Table 1, 42,3% of people under the age of 15 are living in urban areas, while 51,1% live in rural areas. But the opposite is the case with people from 15 to 55 years old; 50,1% live in urban areas, while 39,0% live in rural areas (EDS-III 1997: 10).

The young population of Senegal is urban for more than 44%. The rural exodus is very high, with a polarisation in the region of Dakar, that is home to 52% of the migrants, which makes Dakar a melting pot of religions and ethnicities. The migrants are mainly young men and women between the ages of 15 to 25. These migration flows cause an urban explosion that results in enormous problems like housing, employment, health, transport and reorganisation, especially in Dakar (Nanitelamio 1997: 5). The majority of young people in Senegal are living in

Dakar and therefore the fieldwork for this thesis has been conducted in one of the densely populated neighbourhoods of Dakar; Dieuppeul, which is home to thousands of young people from different socio-economical, religious and ethnic backgrounds.

Young people in Senegal do not only have to cope with economic difficulties in their country, but also with enormous social and cultural changes that occur. The urban environment unites all elements that are contributing to dissociation from traditional norms; the presence of media, different ways of life, the diminishing control by the family and the community and the exasperation of the social and economical crisis. Because they are living in an urban environment, young people can distance themselves more easily from traditional norms and at the same time social and family control can weaken much faster. Respect for ancestors and the ideals of virginity and abstinence before marriage are being strongly challenged by young urban people (Nanitelamio 1997: 1-5). Paragraph 2.3. will describe in more detail the norms and values that young urban people have to deal with. Further on in this thesis it will be examined how and to what extent the reproductive health of young people in the urban neighbourhood Dieuppeul are being influenced by different sources and actors.

## **2.2. The Senegalese response to HIV/AIDS**

The first clinical evidence of the Acquired Immunodeficiency Syndrome (AIDS) was reported in June 1981 in the United States. Twenty years later, the AIDS epidemic has spread to every corner of the world. Today, over 40 million people are living with HIV, the virus that causes AIDS (UNAIDS website 2002).

In the early 1980s, the HIV epidemic began in sub-Saharan Africa. In Senegal, the first case of AIDS was recorded in 1986. At the end of 1999, the estimated percentage of adults and children living with HIV/AIDS was 1,77% (HDR 2001). This low HIV prevalence in Senegal is very low, compared to other sub-Saharan countries, and it raises many questions about whether the low and stable rate of HIV infection is due to the nation's quick response (see also Meda et al. 1999). However, this thesis is not the place to discuss the reasons for the low HIV prevalence in Senegal, but I try to gain an insight into the different aspects that can be of influence on the prevalence of STIs and HIV/AIDS among young people in Senegal.

### **2.2.1. Political leadership**

While the HIV/AIDS pandemic expanded in other African countries and many governments ignored the threat of AIDS, politicians in Senegal confronted the epidemic. Directly after the first evidence of AIDS in Senegal, the country responded to the epidemic with strong political and community commitment. In 1986, a national AIDS programme was set up; the "Programme National de la Lutte Contre le SIDA (PNLS)" and steps were taken to protect the Senegalese population against the epidemic.

The early and extensive response included the early establishment of a transfusion policy to prevent transmission of HIV through blood. In all 10 regions of Senegal, every bag of blood used for transfusion has been systematically screened for HIV since 1987. Secondly, Senegal established awareness campaigns for responsible and safer sex to prevent sexual transmission of the virus. Thirdly, widespread screening and treatment of sexually transmitted infections (STIs) has been established. Information and counselling were included within the screening. Fourthly, Senegal has started an extensive promotion of condom use and provision of

affordable, good quality condoms. With political support, the prices of condoms dropped to help condom promotion campaigns. And fifthly, there were special interventions for groups at high risk of HIV infection, such as female sex workers (Meda et al. 1999: 1398).

### **2.2.2. Religious influences**

In many countries, the biggest obstacle to AIDS prevention has been opposition of religious authorities. While religious leaders are prescribing abstinence and mutual monogamy, it is visible in many countries that this behaviour is not always the norm. Fear of offending religious leaders has prevented many national governments from action against AIDS, by discussing openly about sexuality and safe sex. As we have seen in the former paragraph, almost all Senegalese are practitioners of Islam or Christianity, so religious leaders play an important role in everyday life. Their support for AIDS prevention activities is vital in order to reach communities and the Senegalese government made many efforts to collaborate successfully with religious as well as community leaders.

Since 1989, the conservative Islamic organisation JAMRA plays an important role in the dialogue between public health officials and religious leaders (UNAIDS 1999: 11-13). JAMRA promotes the Islamic point of view of abstinence and fidelity. The use of condoms is not being promoted from religious side, but Islam allows for the use of condoms in some cases; if the health of the woman is in danger when she becomes pregnant or if one member of the couple is HIV-positive (Islam et Sida 1999). Both political and religious leaders are actively incorporating young people in their prevention programmes and messages are being spread to address young people all over the country. Since 1984, the Senegalese National Youth Council, which represents 2650 youth associations or organisations, is working on 'youth and AIDS' as one of their main issues.

An aspect, mentioned by Meda, which is related to the Islamic religion, is low alcohol consumption, as it is forbidden by Islamic tradition to drink alcohol. In different researches, it appears that a high consumption of alcohol correlates with low condom use (Meda et al. 1999: 1401). However the consumption of alcohol among young people in Senegal might be very low because of Islamic tradition, this doesn't prove that this is consequently the reason for high condom use.

Female circumcision is one of the practices that is still common among some ethnic groups in Senegal. The prevalence of female genital mutilation is estimated at 20% (POP'enjeux 2000). Male circumcision is universal from the age of seven (Meda et al. 1999: 1400), but the ages may vary per ethnicity. Although circumcision is an aspect of reproductive health, and for girls it can even threaten this, I will not further examine this practice. Another aspect of religious tradition is strong social control on sexuality. In Senegal there is the widespread norm of virginity; young people are not supposed to engage in sexual relationships before their marriage. Both girls and boys ought to remain virgin until they marry. In the next paragraph I will explore the trends in age concerning young people's first sexual intercourse and first marriage.

### **2.2.3. Educational efforts**

The Senegalese government quickly recognised the importance of informing its young population about the threat of the HIV/AIDS epidemic. With strong political commitment, there was an extensive social mobilisation in the development of campaigns of Information, Education

and Communication (IEC) activities to promote responsible and safe sexual behaviour and to encourage the use of condoms. The existing network of Senegalese NGOs made the widespread distribution of enormous amounts of IEC brochures and posters possible. IEC activities covered the whole of the country, thanks to the media and regional and departmental AIDS control committees (Meda et al. 1999: 1401-1402).

By 1992, the Ministry of Education had included sex education with an HIV component in the school curriculum for children aged 12 and over. Teachers were trained and educational brochures were included in the curriculum (Meda et al. 1999: 1402). In the curriculum of both primary and secondary schools, courses of 'family economy' were incorporated (UNAIDS 1999: 13). As in other African countries, in Senegal this is called 'family life education' or 'Education en Matière de la Population et Education a la Vie Familial'. These courses inform the students about reproductive health, respecting traditional and religious values and social norms. It is called 'family life education' instead of 'sex education'. These courses generally cover a range of reproductive health issues such as AIDS, STIs, family planning methods, human reproduction, pregnancy and menstruation (Naré 1997: 21-22). One of the widespread criticisms on sex education in Africa is that it is received rather late, when many teenagers have already begun their sexual activity (Naré 1997: 22).

The NGO GEEP (Groupe pour l'Etude et l'Enseignement de la Population) thinks the present curriculum to be minimally informative and direct, so in July 2000, they developed a new curriculum on young people's reproductive health and they are aiming to introduce this in every school in Senegal. Since the young people who participated during the fieldwork are all in school, the system of educating about STIs and HIV/AIDS in school shall be further clarified. The next chapter will speak about what information is being provided to young people by education and different other sources and how young people perceive this.

### **2.3. Discourses on gender and sexuality in Senegal**

As Senegal is predominantly a Muslim society, the norms and values in society are mainly based on and influenced by the Islamic religion. As both Christian and Muslim religious leaders have a great impact on people's lives, the population in Senegal is living according to the traditional and religious rules. Discourses on femininity, masculinity and sexuality are being 'coloured' by traditional and religious perceptions. In the urban context, the distance to traditional norms and values is increasing, as has been explained in paragraph 2.1. In all domains, the urban population, especially the young people, is losing normative references, including the norms of reproductive health, that is still full of taboos and interdictions (Nanitelamio 1997: 5). The following paragraph will briefly touch upon the discourses on femininity and masculinity, as it is the basis of society and social rules and perceptions. In paragraph 2.3.2, I will focus on discourses on sexuality, especially on young people's sexuality, as these discourses will prove to be of impact on young people's social perceptions and sexual behaviour. Therefore, the last paragraph 2.3.3. will deal with the question whether, in a traditional and religious country like Senegal, sexuality of young people is accepted and how it is perceived.

#### **2.3.1. Discourses on femininity and masculinity**

Social norms in Senegal are influenced by religions, especially Islam, as it is the major religion. Islam has been profoundly influencing the Senegalese traditions since the twelfth century,

reinforcing the paternal above the maternal, which was more widespread before. Islam accentuated masculine authority and dominance within the family and within society (Nanitelamio 1997: 7). Concerning masculinity, a man should be mentally and physically strong. Men are seen as heads of the family and the ideal is to earn money to marry a woman and to maintain a family. The man should not show sensitivity or weakness, since he has the authority; he takes the decisions that have to be obeyed.

For each good Muslim, marriage is a religious obligation and the social necessity of marriage is confirmed by the Islamic prescription for men and women to get married. Early marriages are desirable and encouraged, especially among certain ethnicities. I will come to speak about this in paragraph 2.4.1, on marriage patterns and premarital sex in Senegal.

The social norms in Senegal prescribe women to get married and have children. For the majority of women in Senegal, this is still their absolute priority. The symbol of femininity is a married, childbearing woman and infertility is therefore seen as a denial of femininity. When a girl is married, she is expected to have children, if not, she will not be considered a real woman. The traditional norms, which are above all focussing on the female success in the role of mother and wife, are having an enormous impact on the behaviour of parents in the education of their daughters; girls are prepared for a life as a decent married mother. Those traditional norms also have an impact on the perceptions that women have of themselves and on the ways that men consider them. Besides the marriage and the motherhood, female ambitions are encouraged very little. Therefore, the number of girls reaching a high level of education and having highly posted jobs is very low, and if women occupy a job, it is often with very little decisive power and little responsibility (Nanitelamio 1997: 7-8). In a socio-cultural context where the familial success of women is valued much higher than their social success or their career, women with a high level of education often leave their personal ambitions behind to avoid conflict with their familial or social environment. The stereotypes related to gender are influencing the roles, ambitions and aspirations of young Senegalese males and especially females.

### **2.3.2. Discourses on sexuality**

As early marriage was the norm, in traditional societies in the Sahel, it was very uncommon to find a woman who was still not married at the age of 20. Traditional society did not accept that women stay unmarried, unless they had a serious disease or handicap. Divorced and widowed women were encouraged, if not obliged, to remarry (CERPOD 1996: 5). Not only are women expected to marry very early, they are also expected to have many children. Being a wife and mother of many children is the social duty of women, and only when having children, she will be fully regarded as a good, real woman.

Senegal is a religious, traditional society with the family as the most important unit. Families are large, as women are expected to have many children, and the whole family lives together. The median size of a family is 8,8 persons, and the majority of households is male-headed; 84%. In urban areas, this percentage is a little smaller; 77% of the households are male-headed, while 23% are female-headed. The majority of young people in Senegal are living with their parents (Nanitelamio 1997: 10). Young people stay with their parents until they are married, so it is very common to see many boys and girls still living with their parents until they are 30 or older. While it is still the norm for young people to marry early, this is changing in the rapidly modernising society, especially in Dakar. As will be shown in the next chapters, the age of marriage is rising, therefore, the period of adolescence is longer, which increases the chance that



young people engage in sex. How young people deal with this changing norms, will be explored in chapter five. Since polygamy is accepted by Islamic tradition, men are allowed to marry a maximum of four women. Therefore, many young people live in an extended family, the so-called "Famille Africaine". With the urbanisation, more and more women stay unmarried until they are 20 or older. Among them, an increasing number are sexually active, which results in many unwanted pregnancies. Besides the consequences for their health, the problems will have social consequences for the young women, as they will not be able to finish their education (CERPOD 1996: 5).

As sexuality is only allowed within the social constitution of marriage, premarital sex is condemned by religious leaders. With the threat of the expanding HIV/AIDS pandemic in Africa however, more and more Senegalese Imams or Islamic leaders have the opinion that they have to accept that young people are engaging in sexual relationships and that they have to respond accordingly. The religious leaders, both Muslim and Christian, are preaching abstinence, to try to avoid young people engaging in sexual relationships before they are married. The government and several NGOs in Senegal are making many efforts to inform the population, focussing on the young population, as has been shown in paragraph 2.2, by promoting both abstinence and condom use. Condoms are even discussed in schools during classes about Family Economy, and many religious leaders are accepting this. Though most Senegalese people are very religious, it is not taboo to talk about condoms. There are religious leaders in Senegal who strongly oppose every attempt to inform young people about sexuality or contraceptives, in order to avoid "sexual perversion", while there are others who are favourable to informing young people about sexuality, on condition that the given information aims to make the young people more responsible (Nanitelamio 1997: 10).

Although Senegal is a tolerant country, it is hard to promote condom use among young people. Besides many misconceptions about condoms, the traditional discourse remains very strong and sexual intercourse is only accepted within the marriage. Prevailing norms that stress the importance of childbearing may affect the acceptance of contraception in the general population and more specifically the adolescent group. There is a fear of becoming sterile because of contraceptive use. The perceived link between contraception and sterility appears fairly widespread (Naré 1997: 20).

Among certain ethnicities in Senegal, female sexuality is being controlled through the practice of female genital mutilation or female circumcision. This practice is extremely taboo and there is very little research to female circumcision in Senegal, although it can be assumed that the frequency of female circumcision is higher in the rural areas compared to modernising Dakar. Besides this physical control, the social control on sexuality is very strong, specifically for girls, and it is a disgrace for the family if the 'sexual rules' are not respected by the daughter. So, as young people are not expected to have sexual relationships, there is traditionally no necessity for young people to be able to use condoms, and therefore, the only contraceptive method that young people are 'informed' about, is abstinence until marriage.

### **2.3.3. Young people's sexuality?**

Senegal is a strongly hierarchic society, which imposes that children and young people have to respect and obey older people, especially their parents. Family and society are educating the children by strict rules in order to integrate the social values and the expected way of life. A 'good' child has to be obedient, respectful and subjected to his parents and elders (Nanitelamio

1997: 6). Especially in the urban context, many parents find the traditional education of their children compromised by 'bad' examples of children coming from families with different educative principles.

In Senegal, the socio-cultural context is closely relating sexuality, marriage and childbearing. In this context, premarital sexuality is condemned, and diverse mechanisms exist to control young people's reproductive health. Moral and material rewards still exist for newly married women and their families to encourage the preservation of female virginity until marriage. Conversely, shame and blame will be placed on a newly married woman and her mother, if she is not virgin. These are still important factors that may discourage girls from having premarital sexual intercourse. Unfortunately, the reverse effect of such mechanisms is that they make those who are sexually active hide their sexuality by not going to family planning services for contraceptives and not to obtain information to help prevent pregnancy or STIs (Naré 1997: 20).

Concerning sexuality, the norms and values are more and more in contradiction with the behaviour and aspirations of the younger generations. According to the traditional and religious norms, sexuality should never take place outside the social institution of marriage and the ideal, for boys, but especially for girls, is to remain virgin until marriage. Young people, aware of the norms that they are educated with, are floating between two attitudes. Some of them are trying to hold on to the religious prescriptions and the traditional norms of staying a virgin. Others show that they are less willing to follow those rules that they believe to be the past. In this context, sexual relationships before marriage are a reality for a number of young people which is not to be underestimated (Nanitelamio 1997: 6).

Young people are not supposed to be sexually active, but when young people do engage in sexual relationships, they are excluded from family planning services and many negative feelings surround young people's use of contraception, such as embarrassment, fear of stigmatisation and fear that their parents will find out. These fears prevent many sexually active young people from attending family planning services to request contraceptive methods or information (Naré 1997: 20).

As the next paragraph will show, young people in Senegal do engage in sexual relationships. The problem is, that young people's sexuality is not being recognised by many actors in society. Parents as well as teachers and service-providers still have a strong concern that providing sex education to young people encourages them to be sexually active. This concern causes a lack of communication on sexuality and reproductive health within families and society. As young people may feel that they have nowhere to go for information or contraceptives, they often hide their sexual activities. The phenomenon of sexual activity outside the marriage leads to an increasing number of young single mothers, with accompanying difficulties; financial problems, difficulties with educating their children, difficulties in finding a husband and sometimes even rejection of the young mothers by their family (CERPOD 1996: 5). Moreover, young people are at high risk of contracting an STI or HIV/AIDS by engaging in unprotected occasional sexual relationships. As trends and figures show that a number of young people in Senegal are sexually active, increasing efforts are being made to inform young people about sexuality and contraceptive use, besides the promotion of abstinence.

## **2.4. Current trends in young people's reproductive health**

In 1993 Senegal had the following health infrastructure: 711 health posts, 51 health centres, 33 social centres, 17 hospitals, 25 clinics, 415 health cabins, and 1,301 other small health facilities. There is one doctor per 14,800 people and one hospital per 45,000 people, with wide disparities between Dakar and rural areas. The Government of Senegal adopted a National Population Policy in 1988, a Health Policy in 1989 and a Family Planning Policy in 1991. The latter approaches family planning from a health, demographic, family well-being and women's development point of view (website IPPF 2002).

In order to describe the data collected during the fieldwork, it is necessary to gain an insight in the most recent trends in young people's reproductive health in Senegal. I realise that the field of reproductive health is much broader than the subjects described in this paragraph, but the focus of this research is on STIs and HIV/AIDS and therefore I will not investigate all aspects of reproductive health. I will limit the aspects of reproductive health to marriage patterns and age of first sex, fertility and teenage pregnancies, prevalence of STIs and HIV/AIDS and condom use. In this paragraph, the trends within these aspects of reproductive health will be examined, focussing on young people between 15 and 19 years old, which corresponds with the age of the respondents during the fieldwork in Dakar.

### **2.4.1. Marriage patterns and premarital sex**

As in many West African countries, polygamy is common in Senegal. Nearly half of all married women share their husband with other wives. In 1997, 46% of the married women lived in polygamous units (POP'enjeux 2000). In Senegal, it is the trend that men marry much later than women, since a small number of older, wealthier men are able to marry a much larger number of younger women. Half of all women in Senegal are married by the age of 20, but half of men remain unmarried by the age of 31 (UNAIDS 1999: 8). Among young in-school urban people, it is likely to find differences between male and female young people in the age that they are (thinking about) getting married.

In Senegal, the average age of first marriage for women from 20 to 49 years old is 18, which is slightly higher than ten years ago. Within this group, 15% were married at the age of 15 and 50% were married when they reached the 18. Overall, there is a decline in early marriages in Senegal (EDS-III 1997: 58-60). Senegalese women tend to be relatively old at first marriage compared to women in other African countries and the age of marriage is rising because more girls are spending longer at school than in the past (UNAIDS 1999: 8).

However, there is a lot of variation in the age of first marriage according to place of residence, region, ethnicity and level of education. The average age of first marriage is much higher in urban areas (19,6 years) than in rural areas (16,3 years). Equally, the age of first marriage is rising along with the level of education; the higher educated the woman, the later she marries. For men, the level of education is also influencing marriage patterns; the more educated a man, the less likely he is to have several wives (UNAIDS 1999: 8).

In the regions that are the most urbanised and educated, like the cities Dakar and Thiès, the age of first marriage is the highest (EDS-III 1997: 58-60). There are also differences in age of first marriage among the ethnicities in Senegal; women from the ethnic groups Diola and Serer marry later than Poular women (see Appendix 1: Average age at first marriage). In Senegal, there is a law, the 'family code', that fixes the age of marriage at 16 years for girls and

at 20 years for boys (Nanitelamio 1997: 27), but as we can see in the Appendix 1, this 'code' is not always respected in every ethnic group.

Besides the age of marriage, there is no specific mention of young people in any law or code in Senegal. There is a juridical gap around young people's reproductive health, because the debates on adult reproductive health are already very sensitive, let alone the reproductive health of young people. Because of their social and familial status, social norms and religious values, the place of young people in society is very specific. So, it is not surprising that there are no extended laws around young people's reproductive health (Nanitelamio 1997: 27). However, as has been described in the former paragraph, the Senegalese government and NGO's are taking many actions to inform the young population about the dangers of unprotected sex, as they realise that young people need information about HIV and safe behaviour before they become sexually active (UNAIDS 1999: 13). Young Senegalese people are becoming sexually active at a later age than young people in other African countries. Especially girls are choosing to remain virgins for longer than they did in earlier decades. Most women who were in their early twenties in 1997 did not have sex until they were almost 19 or older, while for their mother's generation, the median age was closer to 16 (UNAIDS 1999: 16).

While in Senegal sexual engagement is only authorised when the couple is married, premarital sexual relations are not scarce. The average age of first sexual intercourse for women from 20 to 49 years old is 17,5. From the women in this age group (20-49), 16% did already have sexual intercourse at the age of 15. When they reached the age of 18, this percentage had risen to 55%. At the age of 25, some 15% of the women have never had any sexual intercourse (EDS-III 1997: 60-62). Women in Senegal tend to have their first sexual intercourse later than previous generations, which is connected to the rise in the age of first marriage, as has been shown before.

As with the age of marriage, there is a lot of variation in the age of first sexual intercourse according to place of residence, region, ethnicity and level of education. Among women from 20 to 49 years old, the first sexual intercourse occurs earlier in rural areas (average of 16,4 years) compared to urban areas (average 19,2 years). And while the average age of first sexual intercourse has risen over time in urban areas, it has been stable in rural areas (see Appendix 2: Average age of first sexual intercourse). Again, we see a positive correlation between the age of first marriage and the age of first sexual intercourse. The same trend can be observed regarding the level of education; the more educated the women, the later she will have her first sexual intercourse. Considering ethnicity, women from the ethnic groups Poular and Mandingue are the earliest in having their first sexual intercourse, at the average age of 16,4 and 17,0 respectively. Over the past few years, we can see a rise in the age of first sexual intercourse among women from the ethnic groups Wolof and Serer (EDS-III 1997: 60-62).

To summarise, in every age group, the first sexual intercourse is preceding first marriage, but the period in between is the biggest (1 year) among women from 20 to 29 years old (EDS-III 1997: 62). Among the women that are sexually active (63%), the proportion of women who are sexually active rises slowly along with the age; 56% of women between 15 and 25 years old and 67% of women between 30 and 34 years old are sexually active (EDS-III 1997: 63-64). So more than half of the young Senegalese women are sexually active before their marriage. Young women have to make decisions about marriage and sexual activity at a moment that they are also occupied with preparing their future; professional, familial and social.

### 2.4.2. Fertility and teenage pregnancies

At national level, the fertility rate of women between 15 and 49 years old is 5,7 children per woman, but there is a lot of variation when considering place of residence. In rural areas, the fertility rate is 6,7 children per woman, against 4,3 children per woman in urban areas. Also, in urban areas, women become pregnant at a later age than in rural areas. Especially among women between the ages of 15 to 19 years, the fertility rate is twice as high in rural areas. Again, we see variation according to level of education; women with secondary level education have fewer children than women with no education at all (respectively 3,1 and 6,3 children per woman). In general, we find a declining fertility rate in Senegal, which is due to increasing numbers of urbanised and educated young women with a relatively low fertility rate (EDS-III 1997: 19-22). This low fertility rate is partly due to the rise in the age of marriage, and to increased contraceptive use. I will come to speak about contraceptive use at the end of this chapter.

Although we find an increase in the age of marriage and first sexual intercourse, we observe relatively high fertility rates among young people in Senegal and the average age at the birth of the first child is 19,8 years. For many women, the first sexual intercourse occurs within the marriage, but for a large number of women, the first sexual activities are before they are married, especially among women from 15 to 19 years (Ndiaye 1997: 71). Among these young women, 22% have already started their fertile years; 18% already have at least one child and 4% are pregnant for the first time. Almost 5% of the women started their fertile life at the age of 15, around 23% at the age of 17, some 34% at the age of 18 and 40% at the age of 19, as we can see in Table 2:

Age	% of young people that is mother	% of young people that is pregnant (first time)	% of young people already began their fertile life
15	2.9	1.8	4.7
16	7.9	1.5	9.4
17	16.1	6.8	22.9
18	27.8	5.9	33.7
19	35.8	3.8	39.7

**Table 2: Fertility of young people in Senegal.**

*Source: EDS-III Senegal 1997.*

As with the fertility in the entire female population, we find differences in young people's fertility according to place of residence, level of education and ethnicity (see Appendix 3: Fertility of young people). The prematurity of young females is the most visible in rural areas, where 31% of young people have started their fertile life against 13% in urban areas. The same trend can be observed when looking at level of education; 29% of young people with no education at all have started their fertile life, against 16% of young people with primary education and 8% of young people with secondary education or more. Regarding ethnicity, we find the most pregnancies in young people among the Poular, Mandingue and Diola (EDS-III 1997: 31-32). Pregnancies and births among young mothers are high risk; because their bodies are not mature, they risk complications and they are more likely to die from the complications. Young mothers are also at higher risk of infections and diseases during the pregnancy or at the birth of the baby (Ndiaye 1997: 65).

### 2.4.3. Prevalence and knowledge of STIs and HIV/AIDS

As has been described in paragraph 2.2, Senegal has a low HIV/AIDS prevalence. The prevalence of 1,77% however, is the mean of the population and it might weaken the prevalence among certain groups of the population, for example young people. Moreover, the number of infections might rise suddenly and therefore, the actions taken by the Senegalese government in the fights against STIs and HIV/AIDS should be continued and prevention activities should be reinforced (EDS-III 1997: 131).

In Senegal in 1997, the number of seropositive adults was estimated at 72.000, which is 1,77% of the adult population. Among the HIV-positive adults, the number of HIV-positive women is estimated at 36.000. Since the outbreak of the epidemic, 60.000 cases of AIDS have been counted in Senegal among adults and children. In 1997, Senegal counted 3.800 HIV-positive children and 49.000 AIDS-orphans (POP'enjeux 2000).

If we look at Table 3 to compare Senegal to Zambia regarding HIV-prevalence, we see a much higher HIV-prevalence in Zambia, while the number of young people and the average age of first marriage for women are comparable in the two countries. The prevalences for the Netherlands are included to make a comparison.

Country	Age 10-24 (millions) 2000 / 2025	% enrolled in secondary school male / female	Average age at 1 <sup>st</sup> marriage (all women)	Annual births per 100 women (aged 15 - 19)	HIV prevalence rate (aged 15 – 49)
Senegal	3,1 / 5,3	20 / 12	18	11,9	1,8
Zambia	3,3 / 5,3	34 / 21	18	13,4	19,1
Netherlands	2,8 / 2,3	134 / 129	27	0,4	0,2

**Table 3: Trends in young people, Senegal compared to Zambia and The Netherlands.**

*Source: Young people; sexual and reproductive health, Population Concern (2001).*

The National Survey shows that sexually transmitted infections (STIs) are to a large extent well known by the population of Senegal. Some 92% of the women and almost all men (98%) know at least one STI. People who are educated and urbanised and living in the regions of Dakar and Thiès are more informed about STIs than the rest of the population. Single, sexually active people know more about STIs than other people (more than 98%). The other way around, people who have monogamous, stable sexual relationships and people who have never had any sexual activity know less about STIs than others (EDS-III 1997: 131-132).

The knowledge about STIs differs per type of infection or disease. AIDS is by far the infection best known among both women (92%) and men (95%). The former National Survey, EDS-II of 1992-1993, showed percentages of 81% among women and 90% among men. AIDS is best known among men and women that are urbanised, educated and in the regions of Dakar and Thiès. The other STIs, like syphilis and gonococci, are less known (EDS-III 1997:132). Again, we see variation in level of education and level of urbanisation (see also Appendix 4: Knowledge about STIs and HIV/AIDS).

Measuring the prevalence of STIs and HIV/AIDS is difficult, as only the reported numbers of people that were treated for an STI can be calculated. This number does not often show the correct image of the real prevalence of STIs in a country, as many people may not go to a clinic to be treated. Moreover, even if people have been to a clinic or a doctor for treatment of an STI, they might prefer not report this when co-operating in a national survey like the EDS. An episode of an STI is often associated with perverse sexual behaviour, so people prefer not to talk about it to avoid stigmatisation. Therefore, the prevalences of STIs and HIV/AIDS mentioned in the Senegalese national survey EDS-III of 1997 are solely indicative. In 1997, seven women in every 1000 (0,7%) and ten men in every 1000 (1%) declared to have had an STI during the past year. Gonococci is probably the most prominent among the STIs (EDS-III 1997: 134 and POP'enjeux 2000). There is no HIV/AIDS prevalence at all among the population investigated.

The main channel for the spread of HIV in Senegal is unprotected sex. Untreated STIs act as strong cofactors. Migration and cultural factors such as gender – power differences, different gender expectations in relation to sexual behaviour, visiting sex workers or having multiple partners, and the effects of modernisation, also play a large role in the spread of the virus (Tiendrebéogo 1999: 27). In the following chapters I will examine to what extent these different factors play a role in the lives of young people in Dakar and how they deal with them. Studies among sex workers and pregnant women in 1991, 1996 and 1997 showed falls in infection rates, however the prevalence of STIs in groups of both men and women in Senegal is still high and gives cause for concern (Tiendrebéogo 1999: 28).

Knowledge about modes of transmission of STIs and HIV/AIDS are a necessary condition in preventing them. Only 80% of women and 85% of men who have declared to know about HIV/AIDS could mention a mode of transmission of the disease. These percentages are slightly higher than in 1993, where they were 65% and 71% respectively. For both men and women, the level of knowledge is the highest (90%) when they are urbanised and educated. Among women in rural areas between 15 and 19 years old with no education at all, the percentage lies between 71% and 73% (EDS-III 1997: 136). Sexual intercourse is most mentioned as the mode of transmission (76% of women, 81% of men). The knowledge about modes of transmission of HIV/AIDS is slightly higher among men than among women.

#### **2.4.4. Prevalence and knowledge of contraceptive use**

When the knowledge about modes of transmission is relatively high among both Senegalese men and women, as has been shown before, we can expect the knowledge of modes of prevention to be high as well. Indeed, in 1997, 79% of women and 85% of men have admitted knowing at least one mode of prevention against infection with HIV/AIDS. As with the level of knowledge about STIs, the level of knowledge about contraceptives rises with the level of education. In urban areas, especially in Dakar and Thiès, the level of knowledge is highest. Regarding age, the level of knowledge is the lowest among women aged 15 to 19 (72%) and among men aged 20 to 24 (91%) (EDS-III 1997: 136-137).

These figures show that there remains a great lack of knowledge about contraceptives among young males and females, while this is a part of the population that is (becoming) sexually active. Adequate services and information are necessary, especially for the young part of the population, in order to avoid widespread infections like HIV/AIDS.

The national survey EDS-III of 1997 showed no further prevalences of STIs or HIV/AIDS, but it showed extensive investigation of the knowledge of Senegalese men and women about modes of contraception and prevention from STIs and HIV/AIDS. In this national survey, women mentioned fidelity as main mode of prevention against HIV/AIDS. Men mentioned the condom (40%), besides fidelity, against only 28% of women mentioning the condom (EDS-III 1997: 137). The condom is however the most secure protection against HIV/AIDS. More women (41%) than men (37%) mention limiting to just one partner and more than one woman in every four (26%) think it is best to abstain from sexual relationships, against one man in every three (35%). A significant percentage (8 to 12%) of both men and women, especially those living in urban areas, mentioned injections and transmission of blood as mode of transmission (EDS-III 1997: 137). The prevalence of contraceptives is estimated at 11% for both traditional and modern methods and 7% for modern methods solely. Amongst the people using modern methods, 2,7% used the pill, 1,4% used intra-uterus disposals (IUD), 1,3% used injections and 1% used male condoms (POP'enjeux 2000).

Despite the fact that there is a relatively high knowledge about modes of prevention and contraception, the prevalences of actual usage are estimated to be very low, so a lot remains to be done in information and promotion of contraceptives. To measure the actual usage of contraceptives is extremely difficult, if not impossible. Researchers have to rely on the honest answers of the respondents, because they cannot control the actual usage. During the fieldwork, young people's usage of contraceptives has been addressed, but the discussions and questions were focussing on young people's knowledge and opinions about contraceptives. After this overview of national trends and figures of different aspects of reproductive health concerning young people in Senegal, the thesis will focus on the experiences, opinions and behaviour of young people in Dakar, concerning their reproductive health.



### 3

## **YOUNG PEOPLE'S SOURCES OF INFORMATION CONCERNING SEXUALITY, STIS AND HIV/AIDS.**

Young people in Dakar are being influenced by several sources of information concerning sexuality, STIs and HIV/AIDS. Each of the sources is reaching young people in different ways, with different messages and focussing on different themes. However they may differ, they are all trying to advice and influence young people. The other way around, young people may value some sources of information higher than other sources, which are of influence, but less useful and advantageous. In paragraph 3.1, I will examine if information from campaigns and media is reaching young people in Dakar and what messages are being spread by these sources of information. In paragraph 3.2, I will come to talk about the clinics and services for young people in Dakar and whether young people use the clinics and services that are established. Barriers for young people to turn to these centres are central in this paragraph. Paragraph 3.3 will outline the way that education at the college is informing young people about sexuality, STIs and HIV/AIDS. The focus of this paragraph lies on how the young people deal with the messages that education is providing to them. The last paragraph will focus on social relations as source of information about sexuality, STIs and HIV/AIDS. The barriers in the ways of communicating between parents and young people will be central, as well as the kind of messages that parents give to their adolescent children.

### **3.1. Campaigns and media**

In Senegal, many efforts are being made to inform the population about the dangers of unprotected sexual intercourse. Campaigns and media like television and radio are sources of information that are especially effective in reaching young people. This paragraph will examine to what extent young people in Dakar know about existing campaigns in Senegal and how those campaigns are reaching them. The focus of this paragraph lies however on media, as television and radio are the most widespread modes of transmission of information. I will examine if young people in Dakar receive information about sexuality, STIs and HIV/AIDS by means of television and radio and what messages are being spread.

#### **3.1.1. Campaigns**

In 1985, with the first efforts of national policy to stop the HIV/AIDS epidemic, Senegal has launched the national AIDS programme "Programme National de la Lutte contre le Sida", which is responsible for various campaigns and awareness raising activities in every region of Senegal. One of the most obvious examples is the "Caravane Contre le Sida", a group of buses with many young people onboard, touring every region of Senegal to raise awareness about HIV/AIDS among the population.

Several NGOs such as SWAA (Society for Women and AIDS in Africa) and ENDA (Environmental Development Action in the Third World) organise every year small music concerts at the beach, especially in summertime, when the young people have holidays from school. The organisation will build temporary stages on the beach and play music. In between the songs, questions are being posed to the young audience about HIV/AIDS, condoms and other related subjects. The person, who gives the right answer, wins a small prize. The music and the prizes are to attract the audience, while at the same time, this audience is being informed about HIV/AIDS.

The Islamic NGO JAMRA is organising theatre performances in several neighbourhoods in Dakar, where they are advising the young audience to abstain from sex until marriage. They are often teaching Islamic lessons from the Quran at the same time.

Especially in Dakar, there are several neighbourhood associations, with many of them specifically focussing on young people's reproductive health. Their main activities are giving information to the young people in their neighbourhood and organising small events or sit-ins within the neighbourhood. When such a meeting is organised, a group of young people is gathered to talk about subjects concerning sexuality and HIV/AIDS. Sometimes, the girls are separated from the boys, to enable them to talk more openly, as research and experiences show that girls are afraid to talk about personal problems and sexuality when there are boys present at the discussion. Sometimes, the association informs parents about the meeting and it is open to everybody, but sometimes they also meet without the presence of the young people's parents, to encourage the girls and boys to talk and ask questions.

From the FGD, I learned that the young people only occasionally hear about an event on the beach or in their neighbourhood. Although most girls and all boys from the focus groups know about meetings and events in their neighbourhood, they rarely participate. None of the girls have actually participated in such an event, but several boys have helped building the stage and arranging the chairs. The boys, who say they have attended a music event like that, were only passive spectators. They listened and were informed about infections like HIV/AIDS. Although none of the respondents has dared to answer a question in public, during such an event or meeting, they are all very enthusiastic about the fact that such events are taking place. They know that the events are specially designed for young people and they appreciate it very much when there is nice music and a relaxed atmosphere. Both girls and boys indicate that it is very important to make such meetings youth-friendly, with music, presents and an open person who is the presenter. The young people think it is very important that such events occur within their neighbourhoods, as they are open to all persons, it is nice entertainment and it is important that information about STIs and HIV/AIDS is being spread in the open air. These meetings and events are for many young people an occasion to talk to their friends or parents about sexuality, STIs and HIV/AIDS. They value it highly that with such events, the taboos around sexuality and STIs are diminishing more and more.

Many efforts are made by the government and organisations to inform the young population by meetings and events. These kinds of interactive ways to inform young people in Dakar and other regions can be very effective. By answering the questions that are being posed themselves, issues like HIV/AIDS and condoms become less static for the young audience. They learn that it is all right to talk about it and to ask questions. Using music and popular rappers is a good way to attract the young people. Especially the boys from the FGD appreciate this and when they know that a good rapper is coming to perform, they will come to see him. However, although it is well known among the population that those events are being organised, as the FGD show, there are many young people who are not reached by the initiatives. From a national

perspective, there is an overwhelming focus on Dakar and its suburbs, so smaller towns and villages in the other regions are often left out. This focus on Dakar is understandable, as most young Senegalese people are living in or near the capital, as has been explained in chapter two. As will become clear in the next chapters, traditional and religious rules are for girls especially severe; they are not allowed to leave the house without permission. So when there is an event in the neighbourhood, the biggest part of the audience will be male, since girls and women are expected to stay at home. And as it is unacceptable for both girls and boys to hang around in the neighbourhood, they have to ask permission to participate in such events, so they can hardly be reached spontaneously. Since the events are occasional and often unannounced, it is often impossible to predict how many people will attend. Unfortunately, there are no data about the numbers of spectators or about the division according to gender during events or meetings in neighbourhoods. It is however a fact that the number of events and informative meetings by NGOs are increasing and they are increasingly focussing on young people.

### **3.1.2. Television and radio**

By detailed observation during the fieldwork, I encountered that much information on HIV/AIDS is being spread by Senegalese media. At the side of the main roads in Dakar, several billboards are warning against AIDS through talking about abstinence, fidelity and condoms (for an illustration, see Appendix 5, Photo 1) . Even in the newspapers there are short articles or cartoons warning of the disease and informing about how to prevent infection.

The FGD with both girls and boys show television and radio to be the first mentioned and most known sources of information that are talking about HIV/AIDS. Already in 1993, the national survey EDS-II showed that radio (50%) and television (32%) were the sources of information that were most mentioned by the whole population. Young women from 15 to 19 years old, however, appear to be less informed by the radio about HIV/AIDS (43% compared to more than 50% of the rest of the population), but they are the largest part of the population that is receiving messages on HIV/AIDS by television (30% against less than 33% of the rest of the population). Television as a mode of transmission is above all a source of information for urban women, educated women and women from the urban regions, like Dakar (Ndiaye 1997: 155-156).

Those large numbers of people who mention receiving messages on HIV/AIDS by radio and television, do not necessarily translate into a better knowledge of transmission and prevention of the disease, as has also been shown by the national trends in chapter two. However, over the past ten years, the popularity of television has risen and especially in urbanised areas, the population has more access to information about STIs and HIV/AIDS by television. As the previous chapter is showing, the knowledge about modes of transmission of HIV/AIDS and contraceptives has risen over the past few years. There is no scientific evidence that the rise in knowledge is due to an increasing access to television and radio.

During the whole week preceding World AIDS Day, on December the first, the president of Senegal, politicians, embassies, NGOs and international organisations paid special attention to HIV/AIDS. The news on television was emphasized the gravity of the HIV/AIDS epidemic worldwide, announcing World AIDS Day in Senegal and other actions and activities concerning HIV/AIDS in Senegal. The night preceding World AIDS Day, there was a series of documentaries about HIV/AIDS on the television. Many artists, poets and singers from different African countries performed their messages about AIDS. There were also several short films and

interviews with several diverse themes, such as how to live with HIV-infected people, talking about your infection with your children, drug-abuse as source of infection, the isolation of infected people, prostitution, infection because of lack of information, fidelity, condom use and modes of transmission.

Although radio and television are informing the population about the existence, the causes and the consequences of HIV/AIDS, it is still seen as a disease of others. There is no taboo around the word 'AIDS' and everybody dares to say pronounce the word, but except for some nurses, none of the people I met in Senegal said they know a person that is HIV-infected or that has died of AIDS. Through informal conversations I learned however that even if a person was infected with the virus, he would never tell somebody about it. There is a strong social taboo around the subject of HIV/AIDS; most people know about the existence and dangers of the disease, but everybody will avoid talking about it, as it is considered a disgrace and it should better be kept silent. "Yes, AIDS exists, but not in my family!" None of the respondents of the FGD reports to have ever seen a person living with HIV/AIDS, which reconfirms a very low prevalence of HIV/AIDS in Senegal, compared to other African countries, where almost everybody knows a friend or relative that has died of or is infected with HIV/AIDS.

On World AIDS Day, many Senegalese NGOs and schools organised a 'March Against AIDS', as World AIDS Day is the ideal occasion to raise awareness and break the silence around HIV/AIDS. In Dakar, many young people joined the March Against AIDS with their whole class, and there were several women's NGOs participating. In the evening, the March was on television and the next day, reports and pictures of the March were in the Senegalese newspapers (for an illustration, see to Appendix 5, Photo 2).

Both male and female respondents point out that for them, television and radio are sources of information that know how to pass on information to young people. Television, radio and music is what they like and that is a method to reach a large, young audience. Singers like Youssou N'dour and several rappers are extremely popular among the young population and many of those artists are spreading messages by their music. They are talking about the dangers of AIDS, about how to protect yourself. They are the great examples and the young people easily adapt the messages they transmit. Media like radio and television are very helpful to spread the preventive messages, although they are just one source within a complex network of information flows that are trying to reach young people. Therefore, it is unfortunately very difficult to measure the real impact of television and radio as sources of information. It is however a fact that, along with other sources of information about STIs and HIV/AIDS, television and radio are a popular and reliable source among young people.

### **3.1.3. Information being spread by campaigns and media**

Senegal is making efforts to inform its population about STIs and HIV/AIDS by using different methods. Many people are being mobilised by national or regional campaigns, as it gets nationwide attention. A more subtle way of spreading information is giving messages by television, as it reaches the people at home. Information being spread by radio and newspapers is also reaching the individual more directly.

From the FGD, I learned that messages shown on television are one of the major ways that young people take cognisance of HIV/AIDS. One of the girls from the FGD reports to have seen a documentary on television where they told that AIDS exists and that there are a lot of victims in Africa. She repeated that she has learned that AIDS really exists, as many people are

telling myths about AIDS being non-existent. From one focus group I learned that there are traditional healers and imams that claim to be able to cure people of AIDS. However these myths are circulating in Senegalese society, the young respondents are all aware of the existence and the dangers of HIV/AIDS and they are all informed about the modes of transmission. All girls and boys from the FGD have seen at least one documentary or sketch about HIV/AIDS on television. If there has been a television broadcast, they would talk about it the day after with their friends and classmates, whether they liked the programme and whether they understood what has been said. The main messages spread by documentaries and sketches on television and radio are to avoid contracting AIDS by abstinence and fidelity. Although HIV/AIDS is often mentioned on radio and television, the respondents do not mention having seen any information about sexuality or STIs, nor do the actors on television talk about using condoms. However, some documentaries on television inform about condoms and show people living with AIDS.

Not only is information being spread by films and documentaries, but foremost by pieces of theatre and sketches. Theatre appears to be a good, direct method to educate people, especially on subjects that are sensitive and difficult to deal with. Boys also mention commercials on television as a source of information about HIV/AIDS. Indeed, there are some commercials at night promoting "Protec", the Senegalese condom brand. Both girls and boys mention sketches and theatre as ways of informing about HIV/AIDS on television. Mainly, the sketches are about fidelity; a woman who has not been faithful to her husband, which creates a lot of problems. Sometimes, the sketches are about perverse sexual behaviour of young people, especially girls who are behaving like prostitutes. At the end of the sketches, the girl is being 'punished' by contracting HIV and it is a disgrace for the whole family. In general, most of the sketches on television are blaming girls and women for being unfaithful and perverse. These messages try to warn girls not to mess around with boys and to warn women to obey their husbands.

These messages are highly stigmatising, as they simply blame women and ignore the behaviour of men. Although it concerns the same behaviour concerning unprotected sexual intercourse, infidelity and multiple partners, women are blamed and punished more severely than men. Here, the discourse on a privilege of men is visible; they are the head of the family, they should be respected, they make no mistakes and they are the examples that need to be followed. This reconfirms the idea that men are right and women should be controlled. Sketches that blame men are very rare, while sexuality and safe sex are the responsibility of both male and female, so there cannot be only one sex to be blamed. When promoting such stigmatising sketches and messages, women are being labelled as 'dangerous and bad'. Young people risk following these stigmatisations and labels blindly, so they will reproduce these stereotyped perceptions. This process of labelling and the construction of (sub-) discourses will be explained in detail in the next two chapters.

In spreading messages such as the afore-mentioned, a discourse is being constructed that puts women and girls at a disadvantage. The image of women being unfaithful and promiscuous can result in a justification of all kinds of rules and prohibitions to women to restrict their sexuality, which is very harmful. One of the most harmful and extreme restrictions of women's sexuality is female circumcision, as has been mentioned in chapter two. Less extreme, but also harmful and restricting, are prohibitions for women and girls to leave the house or to meet with men or boys. These prohibitions are closely related to the traditional religious value of virginity; as has been explained in chapter two, girls have to remain virgin until their marriage. To prevent them from blame and shame, and from losing their virginity, girls are facing many rules and

prohibitions, as will become clear in paragraph 3.4 and chapter four. Messages from television and radio should not be stigmatising women and girls, but should contribute to respect and equality of both sexes.

Besides the informative role of campaigns and media, there is another important source of information about STIs and HIV/AIDS for young people; clinics and services.

### **3.2. Reproductive health clinics and services for young people in Dakar**

In Dakar, there are several clinics offering family planning services. One of the best known is the 'Association Senegalaise pour le Bien-Etre Familiale (ASBEF)', the local affiliate of the International Planned Parenthood Federation. Their policy since 1985 focusses on young people, by organising sport events, conferences and courses on Family Life Education. However, the clinics in Dakar, like ASBEF, are biased against young people when it concerns information on sexuality and provision of contraceptives; this is mainly for married couples.

Besides the information provided by these kinds of clinics, people in Dakar can seek advice and information about STIs and HIV/AIDS at the hospitals and at the blood bank. In 1992, with the help of the UNFPA and the World Bank, a project was started to promote the conditions of young people in Senegal, the 'Projet de Promotion des Jeunes (PPJ)'. They created the 'Centres Conseils Ados' or briefly 'Centres Ados' in 1995. At first there were two centres in Dakar, but nowadays, there are ten centres in different regions of Senegal. The Centres Ados have been established in Senegal, to provide out-of-school young people with counselling and information about alcohol, drugs, teenage pregnancies and HIV/AIDS. Three of these Centres are in the region of Dakar and until now, they are the only places young people can turn to when seeking care or information. This paragraph will deal with the access of young people to services in general, and to the Centres Ados particularly. It is examined what conditions are necessary to receive and counsel young people on issues of reproductive health and what kind of counselling and information is being provided to young people.

#### **3.2.1. Access to clinics and services**

In Senegal, there is no official statement designating young people as an eligible category for family planning service, and this omission gives providers the freedom to define eligibility based on their own cultural values regarding teenage sexuality and contraception (Naré 1997: 21). The majority of the service providers at reproductive health clinics show a reserved attitude towards young unmarried people who come to seek service and information at their clinic, especially young unmarried girls. This attitude is related to cultural and religious norms that condemn sexuality before marriage. However, certain reproductive health clinic workers, being confronted with the consequences of sexuality, like unwanted pregnancies, abortions and STIs, are favourable of service structures that are specifically aiming at young people (Nanitelamio 1997: 11).

Although there is information and counselling available at clinics and hospitals, this is often out of reach for young people, because of cultural and religious constraints of providing information about sexuality and contraceptives to young unmarried people. From the FGD it becomes clear that both girls and boys know about the clinics where information about STIs, HIV/AIDS and contraceptives is available, ASBEF being one of the most mentioned. None of

the respondents has visited a clinic for personal counselling. Likewise, the survey conducted in 1995 by the Committee for Studies on Women, Family and Environment in Africa (COSWFEVA) shows that only four percent of single women and seven percent of single men had ever visited a family planning clinic (Naré 1997: 17). This 1995 survey has been conducted in urban areas in Dakar, interviewing 1.973 single or married women and 936 single men aged 15 to 24.

Some of the young people in my research claim to have paid a visit to ASBEF or another clinic to get information on contraceptive methods for school assignments. In the survey of COSWFEVA, the majority of the young participants had also visited the clinic for school assignments. Moreover, teenagers under 20 years old who had visited the clinical library were contacted by an invitation letter to ensure consent and parental permission (Naré 1997: 17). In my research, five of the girls who visited a clinic for school assignments, say they had to show a letter of permission by the head of the school, before the information needed was given to them. Both girls and boys say they feel embarrassed to visit the clinic, as they are not 'supposed' to be there, but because it was for school, they had to go. The survey from COSWFEVA shows that young people who visited a clinic for information to prepare an oral report for class, were able to obtain the required information, although it was provided very briefly by the service providers, while none of the young persons who visited the clinic for personal use received the contraceptive method they requested (Naré 1997: 19).

Both girls and boys in my research find it difficult to go to a clinic for information or services. They are afraid and they do not dare to enter the building. For example the building of ASBEF is located in a popular spot, on the main road in the middle of a busy neighbourhood. Boys as well as girls cite that the visibility of the entrance of a clinic stops them from entering. People may see you enter the building and comment on you being there. The location and discretion of family planning services are also cited in the survey of COSWFEVA as one of the main barriers for young people to inquire about AIDS and contraceptives. In African societies, social control is much stronger than in European societies. Even though they are living in the capital Dakar, people are not as anonymous as in a European capital. Apparently, nobody in a Senegalese neighbourhood is watching you, but everybody knows where you live, what you do and where you go. This cultural mechanism might remain unnoticed for strangers, but it is present all the time. Inconspicuously, everybody is watching each other. This kind of social control enlarges the security and solidarity within a community or neighbourhood, but for young people, this social control turns out to be very negative. They feel like they are constantly being watched and controlled. Concerning services and clinics, they feel it is almost impossible to seek information, since the whole community will know within a day that they have entered the family planning building or another centre. To avoid social judgement from other (adult) people, young people prefer a location that is more discrete or a clinic that is located within the hospital, so they can go there without worrying about gossip and social control.

An important aspect of the embarrassment about entering a family planning clinic for information or services, is a fear of young people being judged as being infected with the HIV virus: "*When friends or people from the neighbourhood see you entering the building, they will think immediately that you are infected with HIV*". This labelling is having very negative impacts. At first, for the young people themselves, as they will not dare to seek information about HIV/AIDS out of fear of being stigmatised and being labelled "HIV-positive". To avoid stigmatisation and social judgements, young people prefer not to visit a clinic, as it is too obvious when they enter the clinic. Secondly, but no less important, this label does not promote

understanding and acceptance of people who are HIV-infected. Although this thesis is not discussing the ways that Senegalese NGOs are promoting acceptance of HIV-infected people, it should be mentioned that many messages and especially brochures are focussing on living with and acceptance of people living with HIV. It is emphasized that there are many daily activities that are safe to do with an infected person, like eating from the same plate, drinking from the same cup, sleeping in the same bed, wearing the same cloths and being friends (for an illustration, see Appendix 5, Image 1).

Besides the fear of entering the building because of gossip and social judgement, young people encounter other problems that prevent them from going to seek information and services concerning STIs and HIV/AIDS. The young people are afraid that the service providers at clinics are not willing to receive them. They are afraid to be sent away because 'they are too young to know' or because contraceptive methods are only available to married couples. All these factors together prevent young people from going to clinics to seek information and advice. The same trend can be found in the survey of COSWFEVA; their participants found it difficult to obtain contraceptive methods at health clinics, citing as main reasons marital status (among women), embarrassment, the expense of methods and the likelihood of a bad reception by clinic staff (Naré 1997: 17-18). One of the solutions, cited by the respondents, are the telephone services from the Centres Ados; "*You don't need to go there, you can just call anonymous, ask a question and hang up*". Unfortunately, many of these telephone lines are being shut down, because of a lack of funding.

The Centres Ados are specifically focussing on young people's needs, so they are less biased against young people. The Centres focus on young out-of-school people, but young in-school people are also welcome. However, none of the respondents has ever been to a Centre Ados, although they all know where to find them. There are several reasons for this; the Centres Ados are also in a popular spot, so people can see you entering, the services providers working at the Centres Ados are adults, so the young people are afraid to talk to them, and friends in the neighbourhood are also not going to the Centres Ados, as they claim to have no questions to ask, so why should they go? Both girls and boys prefer to talk to their friends about issues concerning private questions. A clinic or information centre, even if it is established especially for young people, seems still to be too impersonal and too 'far away'.

### **3.2.2. Confidentiality of service providers**

When the young people in the FGD were asked about the reasons why they did not want to visit a clinic or a Centre Ados for counselling, they cited several reasons and difficulties that they might encounter during such a visit. Girls cite that it is difficult to entrust your questions and problems to a stranger, while boys are more concerned about social condemnation while entering the building, as has been explained in the former paragraph. This response from the male respondents has to do with the social expectation that boys are expected to know everything about sexuality and their bodies, while girls ought to be innocent virgins. Boys are not expected to go to find out about sexuality or contraception at a clinic themselves. The boys from the FGD say that they would go to find out at a clinic or hospital, only when it was really necessary. However, this attitude can be disastrous, as it might be too late for treatment.

The reason most cited for both girls and boys is the difficulty to talk to a stranger about a personal problem concerning sexuality. Both girls and boys cited fear to talk about personal problems with an adult professional at a clinic or centre; "*You are alone with the midwife, but it*



*is difficult to talk about yourself, to entrust your feelings to her*". This question of confidentiality is very difficult to tackle by the service providers, however very necessary to approach, counsel and help young people.

Among young people, there is a big fear that service providers do not receive them well and do not wish to answer their questions or give them the requested contraceptives. This fear comes from the social norm that sex is only occurring within the marriage and as young people are not yet married, they are not expected to have sexual relationships. Young people are not even expected to pose questions about sex, as this is socially inappropriate. Therefore, many service providers are very reluctant to provide information and contraceptive methods to young people (for an illustration, I refer to Appendix 5, Image 2). The survey of COSWFEVA shows that when a provider agreed to give information about contraception to young clients, advice was frequently given such as "you are too young for that", "you should keep your virginity until marriage", "be careful, watch out for boys since they're dangerous, they aren't sincere" and "try to convince your boyfriend to wait until marriage, if he doesn't want to, leave him". The refusal to give information was justified with claims that "you will abuse it" or "you are a man, you will be embarrassed" (Naré 1997: 19).

At the Centres Ados there are professionals who are willing and trained to work with young people. They are progressive and think it is very important to inform young people about sexuality, STIs and HIV/AIDS. The people working at a Centre Ados, a midwife, a psychologist and a social worker, are all professionally capable of talking to young people. However, they are adults, so there is a certain 'distance' remaining, which is stopping young people from entrusting their personal problems to the service providers. Especially the girls in the FGD mention that they would not feel at ease sitting there on a chair in front of a midwife and talking about their personal lives.

At least, in Senegal, there is positive initiative to establish more youth-directed centres and clinics. When conducting the fieldwork, there were ten Centres Ados in Senegal and they are planning to have thirteen centres by the end of 2002. One of the problems the service providers of the centres are encountering is how to encourage the young people to use their facilities and services and to trust them.

### **3.2.3. What information and skills are being spread by clinics and services?**

As has been discussed in the former sub-paragraph, many clinics and service providers are reluctant to inform young people about sexuality and contraception and it is rare to find them providing a young person with a contraceptive method. Fortunately, there are more and more services and clinics in Dakar and in the other regions of Senegal, which are open to young people, like the Centres Ados. Those so-called 'youth-friendly' centres could provide young people with information about contraceptive methods, to prevent any misconceptions about sexuality, STIs and contraception.

However, in my opinion it is insufficient to provide young people only with technical information. Especially with social and relational issues of sexuality and contraceptives, technical information solely is not enough; young people need to learn about the behavioural aspects of sexuality and contraception. Young people in Dakar can turn to several services, centres and clinics for the necessary information, but during my research I found little evidence of concrete programmes that were providing young people with skills. A young girl can be

aware of the need to use a condom in order to protect herself from pregnancy or STIs, but she has never learned how to bring it up in a relationship.

One reason why knowledge gains do not lead inevitably to behaviour change is the lack of skills necessary to perform the behaviour. Adoption of a new health-promoting behaviour often requires the enactment of a constellation of complex cognitive, social, behavioural and self-regulatory skills (Bandura in Tiendrebéogo 1999: 52). These skills include the ability to recognize situations that may lead to sexual coercion (a cognitive skill), the ability to negotiate condom use with a regular or casual sexual partner or delay sexual activities (a social skill), the ability to use a condom properly (a behavioural skill), and the ability to adhere to a previously made decision to engage only in safe sex (a self-regulatory skill) (Tiendrebéogo 1999: 52). Skills can be provided to young people by role-plays and discussions, but because of lack of time, personnel and resources, this is often not possible at a clinic or service centre. For the Centres Ados, they provide information and help young people in case of problems, like a pregnancy or an STI. Besides the provision of information, care and advice, they have not yet developed a programme to provide young people with skills. I agree with Tiendrebéogo and others that, without the necessary skills to support new health behaviour, young people are less likely to initiate and sustain behavioural change regarding sexual relationships.

The Centres Ados are initially established to reach young out-of-school people with services and information about drugs, alcohol, tobacco, teenage pregnancies, STIs and HIV/AIDS, but of course, the Centres Ados are open to all young people. During the five years that the Centres Ados have been executing their programs (1997-2001), an estimated number of 536.564 young people aged between 14 and 20 have been reached throughout Senegal. The percentage of girls represents 74% and boys 26%, calculated over the five years of executing their programme and almost 87% of all young people who visited the Centres were out of school. For the year 2001, an estimated number of 111.526 young people have been reached (UNFPA-Senegal website 2001). One of the reasons why the young people in the research do not feel the need to visit a clinic for information about sexuality, STIs and HIV/AIDS, is that they have other sources of information to turn to. For the young people in the research, education at school is a very important source of information.

### **3.3. Education by the school system**

Since 1992, the Ministry of Education has included courses of Family Life Education in the school curriculum of every school in Senegal. At the college Ousmane Socé Diop (OSD) in Dieuppeul, Dakar, where the research has been conducted, this course is also adopted and is called briefly 'Economie Familial' or Family Economy. Other courses, like Natural Science, Geographical History and even English are also educating young people about sexuality, STIs and HIV/AIDS. The methods of teaching differ per course and per teacher and also the information that is being provided to the young people varies.

This paragraph is exploring the ways in which young people in Dakar are being taught about sexuality, STIs and HIV/AIDS. Besides the information about sexuality and HIV/AIDS that education is providing to the young people, I will examine the ways of educating and the attitudes of the teachers. Also, I will examine the role of the Club EVF at the college in providing young people with information about sexuality, STIs and HIV/AIDS. This paragraph

is focussing on how the young people deal with the messages that are provided to them by the curriculum and their teachers.

### **3.3.1. Information by different lessons**

In Senegal, sexual intercourse is an issue of great social, cultural and religious significance. And, although AIDS education is perceived as a need, it is not well planned. AIDS education is provided through Family Life Education along with population, environmental and development issues and on the basis of extra curricular activities (Tiendrebéogo 1999: 84). However, Senegalese NGOs like GEEP are constantly working on new curricula to teach young people in school about sexuality, STIs and HIV/AIDS. At the college Ousmane Socé Diop (OSD) in Dieuppeul, where the research has been conducted, the teachers whose subjects are touching on themes of sexuality and HIV/AIDS, are mainly using the curriculum from GEEP.

As Tiendrebéogo correctly claims, the majority of teachers do not receive adequate training about teaching sex education (Tiendrebéogo 1999: 85). None of the teachers at college OSD I have interviewed have had sufficient training to teach sex education. While the teachers were all teaching in different disciplines, none of them had a curriculum for their lessons. The teacher from Geographical History used a training manual from the scouts for his lessons and for the lessons that are talking about sexuality and HIV/AIDS, he is using the curricula developed by GEEP. The teachers from Family Economy received training to become teachers in Family Economy, but it depends on the willpower of the person whether he or she gets a diploma. There is however no formal curriculum for the lessons of Family Economy; the teachers use medical and biological manuals to prepare their classes.

The subjects that are expected to treat the themes of sexuality, STIs and HIV/AIDS are Natural Science, Geographical History and Family Economy, which are also the subjects mentioned by the respondents in the FGD. The teacher of each subject is working according to the adopted method of IEC; Information, Education and Communication. The exact procedure of this IEC method depends on the capacities and enthusiasm of the teacher. Per subject, the information that is being provided is different; in the subject of Geographical History the teacher will talk more about the demographic side of sexuality, while during Natural Science the teacher will talk about more technical aspects like modes of transmission of the HIV-virus.

From interviews with several teachers at college OSD, I learned that they are teaching about all aspects of sexuality and HIV/AIDS, but that the level differs per grade. The level and difficulty of the lesson is increasing with the age of the pupils. The subjects of Family Economy start in grade six, the first year at the college, when the pupils are around 12 years old, they are taught about hygiene and genital organs. In the next year, grade five, they are taught about puberty. In grade four, when they are around 14 years old, they are taught about the menstruation cycle, STIs and AIDS, and in the last year, when they are 15 to 17 years old, they are taught about pregnancies and deliveries. The teacher of Geographical History at college OSD is teaching in the last grade about population issues in Africa and Senegal. When talking about the social-geographical problems of population, the teacher uses the occasion to talk about AIDS and to try to raise awareness among the pupils.

When talking about STIs and HIV/AIDS, the teachers inform their pupils about the modes of transmission and the dangers. They emphasize that young people are the most vulnerable and teach about the modes of prevention. Besides mentioning the practice of abstinence until marriage as mode of prevention, the teachers talk about contraceptives like the

pill and they explain that the condom is the best method to prevent a person from contracting STIs or HIV/AIDS.

The respondents in the FGD are all in the last year of college, their ages varying from 15 to 20. Both girls and boys mention that they learn a lot about the modes of transmission and also a little about behaviour. Besides the subjects of Natural Science, Geographical History and Family Economy, the respondents also cite English as being one of the courses that talks about HIV/AIDS. But what does a lesson look like that is dealing with sexuality, STIs and HIV/AIDS?

Class sizes are large and it is difficult to work in small groups, to have single sexual health education classes or to develop a more interactive approach to learning during regular hours (Tiendrebéogo 1999: 85). At college OSD the classes are also very large; in one class, there is one teacher for about 50 pupils. Under such circumstances, it is almost impossible to teach in a very interactive way, because it is not possible to allow each pupil to give his or her opinion. Besides the regular form of education of the teacher talking about a subject while the pupils are listening, there is the method of lectures by the pupils, where the pupils are talking and explaining themselves. With this method, small groups of pupils have to prepare a speech about a certain subject, like contraceptive methods. The pupils themselves have to get the information and materials to show during their speech. The teacher notes the difficult questions and after the lecture from the pupils, he will repeat and explain the most important facts and difficulties of their lecture. This method of lectures by the pupils is being used for Geographical History, Natural Science and Family Economy.

Usually the focus of sex education is on knowledge rather than skills, as teachers are not familiar with role-play techniques. The predominant teaching strategies are the didactic approach and the use of textbooks and brochures (Tiendrebéogo 1999: 85). At the college there are some teachers from other subjects, like English, who see their opportunity to let their lessons also contribute to teaching their pupils about sexuality, STIs and HIV/AIDS. The respondents from the FGD explain that also in the English class, they learn about HIV/AIDS, by discussing English texts about AIDS or by playing small pieces of theatre in English about HIV-infection because of unprotected sexual intercourse.

The overloaded school's curriculum, time pressure as well as the examination system result in more attention to literacy, [mathematics] and other examination subjects. Health education is seen as an additional burden and pressure on the teacher (Tiendrebéogo 1999: 84). However, at college OSD, the teachers who are talking about sexuality, STIs and HIV/AIDS in their lessons, are very dedicated and do not perceive teaching about sexuality as a burden or pressure. The lack of a curriculum and insufficient materials are making it very hard for the teachers to raise consciousness and educate their pupils. When books, brochures, posters, videotapes and other teaching materials are missing or inadequate, it is impossible to teach. Every subject in the school curriculum has more or less to do with sexuality, STIs and HIV/AIDS, as these are issues of life and behaviour, and every teacher could raise awareness about STIs and HIV/AIDS among his pupils, but this depends on the possibilities, enthusiasm and devotion of the teacher.

### **3.3.2. Attitudes of the teachers**

The majority of teachers in Senegal are convinced of the necessity to distribute information on sexuality, STIs and HIV/AIDS to their pupils; the framework of school can even be favourable

to inform young people. Teachers associations were one of the first groups to push for the adoption of Family Life Education in the school curriculum. Some teachers were pleading for the lessons to start at primary education, well adapted to the age and realities of their pupils (Nanitelamio 1997: 11).

Likewise, the teachers I met and interviewed at college OSD, were all very open and willing to teach their pupils about sexuality, STIs and HIV/AIDS. As has been explained in the former sub-paragraph, the teachers are teaching about sexuality, STIs and HIV/AIDS each in their own specific subject. Unlike service providers, who are expected to be able to give information and help a (young) client in a professional way, teachers are not trained to talk about sexuality and STIs. As we have seen, there is no curriculum for the lessons at the college and the teachers are not trained on how to educate pupils about sexuality, STIs and HIV/AIDS. The ways of teaching about sexuality and HIV/AIDS might differ per teacher. Besides the fact that sexuality and STIs are not easy subjects to tackle, each teacher should be able to approach their pupils and to gain their trust, because of their pedagogical background. It is more likely to find a teacher to be the confidant of a young person, than a service provider, as the teacher is 'closer' to the young person. The teacher meets the pupils everyday and can notice when there is something not right with one of them.

The teachers at the college mention that they had no difficulties talking about sexuality, STIs or HIV/AIDS and that the young people feel free to ask questions during their lessons. The young people in the FGD however, note that the teachers are talking openly about sexuality and HIV/AIDS, but that the teachers are sometimes talking to them as they would to their children. Female teachers say that very often, there are girls coming to ask them about their menstruation and that they try to give them advice. The girls from the FGD admit that sometimes they pose questions to their teacher about their menstruation, but the majority prefers to talk to their mother, an aunt or a sister about that. Whether it is their teacher or their aunt, it should be a woman, because they claim it to be impossible to ask 'female things' to a man. Both boys and girls say that it is possible to ask questions to their teachers, but it depends on the problem and on the teacher.

For young in-school people, teachers are cited as one of the main sources of information about reproductive health (Nanitelamio 1997: 11). The respondents in the FGD also mention they are receiving a lot of information from their teachers. However, when it comes to personal questions or problems related to sexuality or STIs, young people prefer to talk to a person they know and trust completely, like a family member or a close friend, as will become clear in paragraph 3.4.

For the boys and girls from the FGD, it is clear that a teacher is a reliable source of information. He or she knows the real facts about the body, sexuality and STIs. The teachers from the college OSD say also that their pupils are asking a lot of questions because "*they want to know, they are sensitive and they are looking for the correct information*". The teachers also cite that the eldest pupils are specifically coming to see them for information, as they have more confidence in the teachers.

Sometimes, young people might turn to their teachers for technical information, about for example the menstruation cycle, but they learn and imitate relational and behavioural aspects for the biggest part from friends and family members. Another source of information about sexuality, STIs and HIV/AIDS mentioned by the young people in the FGD, are the songs and theatre by other pupils from the club EVF.

### 3.3.3. The Club EVF at the college; peer-education?

The 'Club Education à la Vie Familiale', or briefly Club EVF, is an initiative from the NGO GEEP within the framework of the alternative strategy of Information Education and Communication (IEC). The Club EVF is a place of information and consciousness-raising about population issues, like fertility of young people, high birth rates in Senegal, individual behaviour regarding reproductive health and the relations between population, environment and health. Clubs EVF are established at the grounds of a college or school under supervision of the principal, but the Club serves as an autonomously functioning structure. Clubs EVF are initiatives in using peer-education in health education. Each Club EVF is open to all pupils and run by a mixed group of 15 pupils; the 'Leaders Elèves Animateurs (LEA) or peer-educators. These LEA are supervised by five teachers; the 'Professeurs Relais Techniques (PRT)'. The LEA decide on the calendar of activities of the Club EVF, in collaboration with the National Programme of Clubs EVF (GEEP 2000).

The establishment of Clubs EVF is national and GEEP is expanding the creation of Clubs EVF every year, as they aim to provide each college in Senegal with a Club EVF. There is a concentration of Clubs EVF in Dakar, since most colleges are concentrated in the capital. The activities of a Club EVF at a college depend on the time, resources and dedication of pupils and teachers. At college OSD there is also a Club EVF established, which is active, despite a lack of time and materials.

A Club EVF is a form of peer-education with the objective of organising different activities; conferences, debates after showing an informative film, lectures, sports activities, recreative activities, theatre, audio-visual documentaries, radio emissions, community activities, trips, poems, songs, expositions or teaching occasionally in class (GEEP 2000). The respondents from the FGD are all able to name some activities of the Club EVF at their college, although some boys are less interested and claim to have never participated. Theatre, songs and poems about HIV/AIDS and other diseases are well known among both boys and girls (for an illustration, see Appendix 5, Photo 3). The respondents from the FGD cite it as very important that the songs and theatre from the Club EVF are in Wolof, as it is their first language. Because it is in Wolof, they can easily understand the messages and the information will stay longer with them.

Not all young people are enthusiastic about the Club EVF, as it is seen as a private club. This may have to do with unclear rules about membership; some pupils think that you can only become members when you are one of the two best students of your class, while others think you can only be chosen by personal preference of the PRT-teachers. For a college like OSD, there is a maximum of four pupils from each grade, to be chosen by the PRT-teachers (GEEP 2000). Most of the respondents know one or two pupils who are members of the Club EVF, although they do not discuss with these members about the activities and information being spread by the Club EVF.

The main reason why Clubs EVF are being established at colleges and schools in Senegal, is the principle of peer-education. As has been stipulated in paragraph 1.4.2. from chapter 1, the power of this 'education to equals' lies in the fact that young people of the same age group and the same social background are more able to offer information, knowledge, means and skills to their peers. Since the peer-educators are speaking the same language and using the same terms as the young audience, they are more able to communicate with them. The use of attractive role models with whom the young audience can associate is one of the methods in education about sexuality, STIs and HIV/AIDS, because young people will imitate the behaviour

of the role model. When this role model is being trained to give the correct information concerning STIs and HIV/AIDS, positive behaviour like protected sex might be encouraged and copied by the other young people.

The peer-educators from the Club EVF are trained to be role models and to inform other young people at the college. The peer-educators from the Club EVF pass on many information about the dangers of HIV/AIDS to the other pupils, but they are not trained to pass on practical skills, taking into consideration that passing on skills is one of the most difficult aspects of sex education. The peer-educators at OSD are also trained to be role model, but the respondents from the FGD do not perceive them as role models. Since many of the peer-educators in the Club EVF are the best pupils of their class, they are not perceived by others as equals or as one of them. The members are often seen as a special, private club with their own rules; a group of privileged pupils. They have their own private meetings and if you are not a member, you cannot join them, although the Club EVF is often performing their songs and theatre in public. Although they do not exactly coincide with the characteristics of peer-education as has been explained in paragraph 1.4.2. in chapter 1, the Club EVF at OSD is making big efforts to reach as many pupils as possible and to organise activities as diverse and interesting as possible.

The Club EVF serves as an extra-curricular activity to educate pupils about population, environment, health and development, with HIV/AIDS being one of their most important themes. Since GEEP has only recently started and is constantly expanding the numbers of Clubs EVF at colleges, there is no extended evaluation of the impact of the Clubs EVF in Senegal. Although it is not measured yet, both teachers and pupils seem to be enthusiastic about the Clubs. This type of informal education is an addition to information to young people that is being spread by campaigns, media, clinics, services and the regular educational system. The young people from the FGD mention that, in addition to the afore-mentioned sources, social relations play an important role in spreading information about sexuality, STIs and HIV/AIDS to young people.

### **3.4. Social relations; parents and other family members**

In countries like the Netherlands, young people are allowed to live on their own when they have reached a certain age or when they go to study, even if they are not married. Young people in Senegal, however, are not supposed to leave the parental house until they are married and until today, this traditional norm is respected. All the young people in the research are living with their parents or, in some cases, with other family members. Parents and other family members can be an influential source of information about sexuality, STIs and HIV/AIDS, but this depends on interpersonal relationships between them and the young people. This paragraph will examine first the family structures of the young people, by exploring with whom they live. Then it will examine to what extent sex education exists within Senegalese families and whether parents are communicating to their children about sexuality and reproductive health. Since this communication appears to be very difficult, this paragraph will also explore the barriers in communication between parents and young people. I will end this paragraph by illustrating the different messages that are being spread by parents, often perceived as prohibitions by the young people themselves. Social norms and values regarding sexuality and HIV/AIDS influence the

possibilities for young people to pose questions and for parents to communicate with their children, although this might differ for boys and girls.

### 3.4.1. Family structures

From chapter two it is clear that in Senegal, people live in large, extended families. When examining the young people from the FGD, it becomes clear from Table 4 that half of the young people (50%) are living with both parents, while another part (37%) are living with one parent because of a divorce or the death of a parent. Few young people (13%) are living with and being raised by other family members. Sometimes, a grandmother, aunt or uncle is taking care of the young people, because of the death of both parents. Another reason is that the life- and educational opportunities in Dakar are better than in the rural areas, that may make parents decide to send their children to Dakar to go to school and to let them be raised by other family members. Whether the young people are living with one parent, both parents or other family members, in almost all families, there are other family members living in the same house, like an uncle, an aunt, cousins and nieces.

<b>Composition of household</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
Living with BOTH parents	8	7	15
Living with ONE parent	5	6	11
Living with OTHER family members	2	2	4
<b>Total respondents</b>	<b>15</b>	<b>15</b>	<b>30</b>

**Table 4: Composition of households among respondents (15-20 yrs)**

Table 5 shows that the majority (83%) of young people from the FGD have more than two brothers or sisters, often they even have more than five brothers and sisters. Young people from a polygamous family even have more than ten brothers and sisters, as their father has three or four wives. Four of the girls and none of the boys have one or two brothers or sisters and only one boy is an only child, which is very uncommon in Senegal. But, although many young people have a lot of brothers and sisters, they are not all living in the same house, since some brothers and sisters are travelling, married or living at the house of an aunt or uncle.

<b>Brothers / sisters</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
NO brothers or sisters	-	1	1
ONE or TWO brothers/sisters	4	-	4
MORE than TWO brothers and sisters	11	14	25
<b>Total respondents</b>	<b>15</b>	<b>15</b>	<b>30</b>

**Table 5: Number of brothers and sisters from respondents (15-20 yrs)**

Traditionally, the father is the head of the family. However, many young people, both girls and boys, perceive their father as a distant, authoritarian person. Both girls and boys perceive the mother as more open and reachable. Several studies (CERPOD 1996, Nanitelamio 1997, Naré 1997, CEFFEVA 1999, Naré & Ba 2000) show that young people cite their mother, not their father, to be a source of information concerning reproductive health. In the next paragraph, I will explore the difficulties in communication about issues of reproductive health and sexuality between parents and their adolescent children.



### 3.4.2. Sex education and communication within the family

In Senegal, politics and society are encouraging the promotion of sex education of young people, aiming at providing them with the necessary information for responsible behaviour concerning sexuality. The aim is also to provide rules and codes of conduct to young people to prevent them from possible risks for their health. Young people get information from many sources, but parents can be especially influential. Through religious and community organisations, parents were actively encouraged to assume responsibility for protecting their children's sexual health by providing full information and support for safe behaviour. (UNAIDS 1999: 13). Although it might be very difficult to communicate, the majority of parents recognize the importance of informing their children about issues of reproductive health (CEFFEVA 1999: 24). But some parents do not consider sex education to be part of the education of their children. Since many parents deny their child's sexuality, the young people feel guilty and secretive about their actions, which induces them to have unsafe sex. As was made clear in paragraph 3.2.1, young people hide their sexual activity and are afraid to visit a clinic for fear that their parents will find out, because they are not supposed to be sexually active.

Traditionally in Senegal, the biological parents of a child were not supposed to be responsible for his sexual education. This role was allocated to another 'parent' who was close to the child, like the brother of the father or the sister of the mother. But the changes in social and familial organisation have also influenced the roles of the members of the extended African family. Uncles and aunts are no longer the privileged actors in the communication about reproductive health within the family (Naré & Ba 2000: 20-21). However, the respondents in the FGD often cite an uncle or aunt as being their confidant, as this person is close to them, more experienced and they trust him or her. For the girls from the FGD, they indicate being able to ask their mothers a lot about reproductive health, but not about intimate private questions. Most of the girls prefer to talk to an elder sister or a girlfriend about personal problems. Some girls have a good relationship with their brother, so they can confide in him. For the boys from the FGD, the elder brother is the most important person to entrust their problems to. An elder sister or the girlfriend of the sister are also cited as confidants, which shows that boys are not blocked from talking about their problems with a female. Female friends are often trusted by boys, but not with huge personal problems. These female friends are useful for them to learn things about girls in their environment. I will come to speak about friendships in the next chapter.

The respondents in the FGD prefer not to talk to their parents about personal questions and problems related to sexuality; *"Our parents consider us still to be children"*. Both girls and boys mentioned never to talk to their father about sexuality related issues; *"My father is often not at home or he comes home very late at night. I spent more time with my mother"* and *"It is impossible to talk to my father about personal problems. Sometimes I entrust a problem to my mother"*. Although the boys in the FGD find it impossible to share their feelings and problems with their father, they do understand the position a father has to occupy traditionally within the family and recognise that talking about sexuality with his children does not fit his traditional role; *"In Senegal, the father is the boss, children are afraid of him. He loves his children, but he has to be very strict with them, otherwise, he will lose his authority. Therefore, children never dare to ask such impolite questions"*. The study from Naré and Ba (2000) shows likewise that several parents declared not to provide sexual education to their children; only 15% of men are engaged in the sexual education of their daughters. In the opinion of men sexual education is the responsibility of the mother, while 25% of women declared to do nothing about the sexual education of their sons, because they consider this to be the task of the father. In this division of social tasks within the household, the

aspect of gender is very important. Since men are often not at home and also because they are the breadwinners, they consider the social and sexual education of their children to be the task of the mother, since she is most present at home (Naré & Ba 2000: 15).

Within the family, young people cite the mother to be the person to communicate best with about reproductive health issues. The study from Naré and Ba shows that mothers intervene especially in the communication with girls; 80% of the mothers against 53% of the fathers (Naré & Ba 2000: 20). Although mothers might talk to both their daughters and their sons about reproductive health, communication with other family members occurs between people of the same sex. Elder sisters or other elder females within the family are a second source of information for girls, while an elder brother or an uncle are confidants for boys. This is universal, as girls do not talk easily about 'female things' with a male and vice versa.

Both girls and boys in the FGD indicate that it depends on several factors whether there is communication about sexuality and reproductive health within the family. At first, they admit that it is often a lack of capabilities of young people themselves to pose questions to their parents. Fear, shame and embarrassment make the distance to their parents often unbridgeable. It depends on the young person's personality and ability to feel free to talk about sexuality related issues, whether they are able to communicate about those issues with their parents. Although the majority of the young people in the FGD are unable to talk to their parents about sexuality, there are some boys and girls who have a relationship with their parents in which it is possible to communicate about more general reproductive health issues. Another factor that might determine the possibility of communication between parents and young people is the age of the young person. When parents try to talk to their children about the consequences of unprotected sex, their 'children' might already have had their first sexual experiences. So, age does not seem to be a correct measure on when to start communicating about sexuality. The biological event when a girl has her first menstrual period informs the parents, especially the mother, that it is time to talk to her daughter about the risks she might run. The girls from the FGD cite that they can talk to their mother about the menstruation, although most of them prefer to learn the biological facts from their teacher. The study from Naré and Ba (2000) shows the same factors concerning the encouragement of sexual and reproductive health education within the family.

Another factor that might be the cause of communication between parents and young people about sexuality, are social events. The birth or baptism of a baby in the neighbourhood can be an occasion for parents to talk about sexuality and reproduction. When a friend or girl in the family is getting married as a virgin, parents will use this good example to underline the traditional importance of virginity and marriage. A mother easily finds her daughter too young to pose questions about sexuality, but when a girl in the neighbourhood has an unwanted pregnancy without being married, the mother will start to advise her daughter. Especially the girls in the FGD know many bad examples of behaviour by girls in the neighbourhood. They use these examples to emphasize that they "*would never behave like that*" and that "*it are only the bad girls who do such things*". There is a strong social conviction on premarital pregnancies and the example of a teenage mother in the neighbourhood is used by both parents and young people themselves to avoid this happening to them. A premarital pregnancy puts shame on the family and on the mother of the girl especially, as she has apparently not been able to educate her daughter well. Having a baby without being married has enormous economic consequences and the young mother will not be able to finish her education and consequently it will be almost impossible for her to find a job (for an illustration, see Appendix 5, image 3). Boys, but especially the girls in the FGD know many stories about premarital pregnancies and they are very conscious of the disastrous consequences. Although

with the increasing modernisation, the influencing role of the community and the family is diminishing, there is still strong social control in Senegalese communities and neighbourhoods, which will be further explored in chapter four.

In families where there is some kind of information and communication about reproductive health issues, this communication appears to be more directed to girls than to boys and it is the mothers who are most involved in this communication. Girls are more likely to benefit from any communication about reproductive health within the family than boys. The studies from CEFPEVA and Naré & Ba show that the content of the messages from the parents differs for boys and for girls. With their daughters, parents talk especially about early and unwanted pregnancies; 43 % of messages by men and 45% of messages by women contain advice about those two issues. With girls, the accent lies on adopting behaviour to preserve their virginity until their marriage. For boys, the accent lies on adopting behaviour to avoid STIs and HIV/AIDS and the priority is to succeed at school and find a good job. Parents do not talk to their sons about unwanted pregnancies (CEFPEVA 1999: 19 and Naré & Ba 2000: 17). Although there are parents who are able to advise their children, many young people from the FGD indicate that communicating with their parents is difficult if not impossible. The next paragraph will therefore explore the barriers in communication between parents and young people.

### **3.4.3. Difficulties and barriers in communication between parents and young people**

While many respondents indicate their preference for receiving information about reproductive health and sexuality from their parents, they acknowledge that communication between parents and children on these subjects is difficult. This is reconfirmed in the study from Naré (1997) and the following quote from this study: “Young women get all their information from school or in discussions with their girlfriends, because at home you never talk about reproductive health” (Naré 1997: 21).

In the communication about reproductive health and sexuality between parents and their children, there are a lot of barriers that prevent an open dialogue between the two parties. Naré and Ba divide these barriers in communication into three categories; psychological, socio-cultural and structural (Naré & Ba 2000: 25 – 27). To begin with the last category of structural barriers, Naré and Ba mention poverty; because families are poor, parents have to work long days and are often absent. Therefore, they often have no time or occasion to talk to their children about issues of sexuality and reproductive health. Some young people from the FGD mention this barrier too; because they do not see their father and mother the whole day, the possibilities to communicate are limited.

The category of socio-cultural barriers is cited more often by the young people from the FGD. Subjects of sexuality and reproductive health are perceived as taboo by both the parents and the young people themselves; “*You do not talk about those subjects at home*”. This is closely related to respect for the parents; when you talk or pose questions about sex, you show that you do not have respect for your parents. As has been explained in paragraph 3.4.2, talking about sexuality related subjects undermines the authority of the parents. From the symbolical dimension, the father is the head of the family, who has to be respected and obeyed. It is therefore an unwritten rule at the structural dimension that children should not ask questions about sexuality or STIs to their father. As a consequence of this discourse, the father is labelled ‘unreachable for problems related to sexuality’. This labelling on the basis of respect and trust

determines for young people to whom they will talk in case of a question or a problem. This phenomenon will be further explored in the next chapter.

Certain boys from the focus groups indicate that young people should do their own research on subjects of sexuality, STIs and HIV/AIDS; self-education by means of media, television and friends. As has also been explained in paragraph 3.4.3, the age of the young person can be a barrier to parents in talking about sexuality with their child. The young people indicate that many parents do not think that their child has already reached the age to be taught about sexuality. One girl cites that she has been asking many questions about sexuality and STIs to her aunt and she was told; "*You are too little, but you have a lot of questions!*" Despite this remark, she had been given the answers to her questions, but secretly. The barrier of age of the young person also has to do with the marital status of the young people; for parents, the fact that their adolescent children are not yet married, means that they are not yet sexually active, so in their opinion, the young people will not need any sexual education. Again, there is labelling based on discourse; at the symbolical dimension, unmarried people are not supposed to be sexually active, so all unmarried people are being labelled by society and parents as 'sexually inactive'. On grounds of this label, people who are not married but who are sexually active, like young people, have nowhere to go with their questions and problems. Since they are not expected to have sex, they are consequently not expected to have questions about sex. This ignorance of young people's sexuality based on traditional and religious discourse, can have huge and dangerous consequences for individual young people, such as abortion or infanticide.

The most important barrier in communication between parents and young people are the psychological barriers. Shame and discomfort by both parents and young people are the largest barriers in communication, which is reconfirmed in the study from CEFVEVA (1999). As has been explained in the former paragraph, mothers are more at ease talking about sexuality related issues with their children than fathers. But for the young people themselves, shame is the reason why they do not turn to their parents with questions about sex and STIs. Most of the boys in the FGD indicate that they are not very close to their parents, that there is a certain distance between them. Also, they find parents to be non-receptive and not open for their questions. These perceptions of their parent's openness and receptivity prevent young people from trusting their parents with subjects about sexuality.

As has been described in paragraph 3.2.1, young people are afraid that their parents will find out that they are seeking information about sexuality and STIs, as they are afraid to be judged by their parents and by the social environment. By asking questions about sexuality or STIs to your parents, they might think immediately that you are sexually active or that you are lost in a 'vagabondage sexuelle'. These thoughts lead to the universal groundless fear of parents that, by educating their children about sex, they will encourage them to have sex. Although this fear is widespread among parents in Senegal and in the rest of the world, it appears to be untrue. By educating your children about sexuality, its dangers and consequences, they will be better prepared to take their responsibility and to adapt safe behaviour.

The afore-mentioned barriers make an open communication between parents and young people very difficult and in many cases even impossible. Since young people often feel that they cannot turn to their parents with questions about sexuality, STIs and HIV/AIDS, they prefer to talk to other family members like an uncle, aunt or cousin. Whether or not a young person can trust a parent or family member with questions about sexuality or STIs, all boys and girls from the FGD indicate talking to their friends about these issues. However, there are young people who can talk to their parents about those issues. And even if some young people cannot pose questions about

sexuality and reproductive health to their parents, the parents are always giving messages and prohibitions to their children to advise and protect them. The next paragraph will explore the different types of messages from parents.

#### **3.4.4. Types of messages**

Parents, who do talk about issues of reproductive health with their children, have one general objective; to teach the children to adopt behaviour that prevents them from premarital pregnancies or STIs. The messages from parents concerning reproductive health contain advice, warnings or prohibitions. Messages from parents can be divided into four categories; restrictive messages, protective messages, messages based on an example and messages of responsibility (Naré & Ba 2000: 21).

When discussing their parents, the first thing that the young people from the FGD mention are the many different restrictive messages from their parents, which they perceive as prohibitions. The mobility of young people outside the house is being restricted; parents do not allow their children to come home late at night, nor to spend the night outside the house, with a friend. These prohibitions differ for boys and girls; both the girls and the boys in the FGD indicate that boys have more liberty, while girls are more restricted and protected. Boys are allowed to come home later, around midnight, and most boys have to ask permission to leave and they always have to tell where they are going, so that their parents can find them there. Most girls have to be at home right after school, around seven o'clock in the evening, although the parents of some girls are less strict and allow them to come home around ten o'clock in the evening. A girl who wants to leave the house does always have to ask permission to her parents. Sometimes, girls are sent to the shop to buy some groceries, but they will always have to ask permission. Girls with parents, who are less strict, have to be home by midnight, at the very latest. Both girls and boys indicate that leaving the house at night is not safe, that is why their parents forbid them to. Both girls and boys are allowed to come home a little later in the weekends, because then they do not need to go to school.

At the level of restrictive messages, there is the restriction of gender; to limit the contact and relations between young people from the opposite sex. Therefore, both girls and boys are advised not to become too close friends with young people from the opposite sex. Parents make efforts to avoid girls visiting places where boys frequently go, while boys are told not to hang out with girls. This touches the next category; protective messages.

Protective messages are the most frequent kind of messages from parents to their children. Parents want to protect their children against the 'dangers' of the outside world, as they notice that young people are distancing themselves more and more from traditional rules, with increasing premarital sexual activity as the most obvious consequence. According to parents, this can be attributed to urbanisation, economic difficulties, modernisation, poverty and influences from the media (Naré & Ba 2000: 17). The young people from the FGD indicate that girls are especially advised by their parents to avoid boys, as they are portrayed as dangerous. Boys are also told not to spend too much time with girlfriends, as they have to focus on their studies. For boys and their parents, it is very important that he will succeed in study and life. According to parents, risk boys being distracted from their studies by girls, therefore, parents warn them not to hang out too much with them. Although both sexes are being warned about the opposite sex, this restriction is much stronger for girls, as they have their virginity to protect. Because of the religious and traditional value for girls to preserve their virginity until their marriage, parents refer to the young people's

feelings of honour and underline the importance of these traditional values. The next chapters will speak about the impact of these protective messages on the behaviour of young people in Dakar.

As was explained at the end of the former paragraph, messages based on an example are also very frequently used by parents, to try to protect their adolescent children from STIs or an unwanted pregnancy. The young people in the FGD knew many different stories and examples from behaviour of boys and girls in their neighbourhood. By emphasising that they themselves would never behave like that, they tried to convince me that they were good girls and decent boys. They try to confirm the correctness of their own behaviour by comparing it to negative behavioural examples.

The fourth category of messages relates to responsibility, which are the least frequent. These kinds of messages from parents are more often directed to their sons than to their daughters. A mother in the study from Naré and Ba cited: “A boy needs to go out to discover life, but a girl needs to stay at home next to her mother” (Naré & Ba 2000: 23). In the FGD, these messages of responsibility were not mentioned, although this does not mean that they do not exist among young people in Dakar.

Besides the distinguishing factor of gender, different messages can also be given based on religion and on ethnicity. As for religion, the majority of Senegalese are Muslim, so rules and messages related to sexual behaviour have their origins in the Islam. Both girls and boys indicate to be advised by their parents to follow ‘the right track’ as in following the codes of conduct prescribed by the Quran. In chapter four, I will speak in more detail about rules and codes of conduct based on religion. Ethnicity is another distinguishing factor, although there are no messages from parents related to ethnicity. The factor ethnicity is particularly important for young people regarding choice of a partner and marriage, which will be explained in the following chapters. For the girls in the FGD the most important goal is to guard their virginity, therefore, the most important prohibitions from parents that girls name, are to avoid boys and to avoid having sexual relationships. For boys, the most important goal is to succeed in their education. Virginity for boys is far less important, although by Islamic tradition, both the girl and the boy have to be virgins when entering the marriage. Socially, it is more accepted that boys are not virgins when they marry.

Boys in the focus group name many smaller prohibitions by their parents. The first prohibitions they mention are related to the Islamic religion, such as not to smoke cigarettes, drink alcohol or eat pork. Some parents are very strict on religious grounds; they forbid their sons to listen to music or to go out to dance. There are other prohibitions that refer to the appearance of a boy, like the prohibition to wear earrings, to have his hair in dreadlocks or to wear extremely wide jeans. Girls, but especially boys are advised by their parents not to choose the wrong friends, as they will keep them from their schoolwork. The complex issue of the ways friends can influence individual’s behaviour and perceptions, will be explained in the next chapter about peer-influence.

The study from CEFTEVA shows that, according to parents, the media are the most important source of information about reproductive health for young people. As we can see in Table 6, media (54%) are the main source of information; 28% by television, 14% by radio and 12% by newspapers and posters. School (13%) is another important source mentioned by parents, preceded by friends (16%).

Source	N	%
Television	677	28
Radio	344	14
Cinema	91	3
Newspaper / poster	276	12
School	303	13
Health clinic	20	1
Theatre	23	1
Centre Ados	18	0
Family	141	6
Friends	394	16
Brother / sister	15	0
Friend from father / mother	2	0
Community member	27	1
Father	35	2
Mother	76	3
<b>Total</b>	<b>2442</b>	<b>100</b>

**Table 6: Sources of information for young people according to parents**

*Source: CEFFEVA, Etude sur la communication entre parents et enfants sur la santé de la reproduction.*

When comparing the answers from parents in Table 6 to the answers from the young people from the FGD, as explained in this chapter, it is clear that many sources mentioned by the parents in Table 6 do not correspond with the sources mentioned by the young people themselves. Especially the source 'friends' appears to be far more important to young people than the parents think as shown in Table 6. The number of respondents in my research is small and the focus is on how they perceive different sources of information, rather than how many respondents get their information from one particular source. Therefore, the frequencies of different sources cannot be depicted. From the FGD, I learned however that young people's friends appear to be one of the most important sources of information. Since the main focus of this thesis is on the dynamics of peer-influence, the next chapter is dedicated to examine this phenomenon and to find out about the role of friends as source of information and the impact of friends on young people's perceptions and behaviour concerning sexuality, STIs and HIV/AIDS.

### 3.5. Conclusion

In this chapter, it appeared that there is an enormous difference between the provision of technical information and the teaching of skills. Each source of information mentioned in this chapter is to some extent providing young people with technical information concerning STIs and HIV/AIDS. Young people are increasingly aware of the different kinds of infections, the modes of transmission and the modes of prevention. This is however rather technical information and those 'facts' can be taught without emotion, since it is just a passing on of dry information and facts. Information about sexuality is however more difficult, since this is less technical and touches the emotional level. To

educate young people and to teach them how to deal with their bodies, their own sexuality and the sexuality of their partner, is reaching further than dry, biological facts. In order to do this teaching and educating, it is essential to provide skills to young people, such as social skills, behavioural skills, negotiating skills. Not only to make them conscious of the dangers of sex and the possible infections, but also to encourage understanding and respect between the sexes, which are preconditions to safe sex.

This chapter has examined to what extent different sources of information are reaching young people. To start with, campaigns and media, especially television, are well-known among young people and these sources reach them with information about STIs and HIV/AIDS. They serve as an opportunity for both parents and young people to start a conversation about STIs and HIV/AIDS, but the messages that are being spread by campaigns and media are often repetitive. Television has the advantage of informing about modes of transmission and symptoms of HIV/AIDS, by real images and documentaries, but, because of religious barriers, they do not easily provide information about sexuality. Theatre and sketches on television are very popular among young people and they contribute to visualise the problems and consequences of certain types of behaviour, although these messages can be stigmatising and can produce for example negative stereotyped representations of women. Since it is very popular, television has a great influence on the lives of many young people, although wrong images could easily be imitated. Although it is an information-providing source, television is impersonal and one-way; it is impossible to ask questions or to get personal advice. Therefore, young people do not mention campaigns and media as very important sources of information.

This personal advice should be possible at clinics and services, but although they are initiated to provide information and services to young people, clinics and services are not mentioned as one of the prime sources of information concerning sexuality, STIs and HIV/AIDS. Accessibility of the centres is an obstacle; young people prefer not to enter the centre out of fear of social judgement. Another obstacle is the confidentiality of the service providers; many young people fear that service providers will not receive them well or provide them with incorrect information because of religious and traditional constraints against young people's premarital sexuality. While some services, like the Centres Ados, are providing counselling and information to young people, there is a lack of the provision of skills to young people. Life-skills to improve and change behaviour are necessary in informing about sexuality, STIs and HIV/AIDS and clinics and services should focus much more on skills to assist young people in their sexual and everyday lives.

Education by the school system is a source that is providing technical information, and sometimes, teachers can even be accessible, reliable persons for young people to entrust with their personal questions and problems. Both the curriculum and extra-curricular activities like the Club EVF are informing young people about sexuality, STIs and HIV/AIDS and young people value this source of information very highly. The peer-educators working with the Club EVF are trained to provide information to their peers at the college, but they are not trained to pass on skills, which should be promoted, since peer-education can be an excellent way to provide young people with skills.

The role of parents and other family members in informing young people about sexuality, STIs and HIV/AIDS is very limited for the young people from the FGD. There are many barriers and difficulties in communication between parents and young people that have their origins for the greater part in religious values and cultural perceptions. Whenever there is some sort of communication or information about sexuality or STIs, these messages are highly restrictive and



protective, so consequently, they are perceived by the young people themselves as rules and prohibitions.

The source of information that is most trusted by the young people, appears to be their friends and peers. Both girls and boys prefer to talk to a friend when having a question or problem concerning sexuality, STIs or HIV/AIDS. Young people get their technical information and the facts from many different sources, but because sexuality is a highly personal and sensitive subject, most young people entrust their best friend with questions about these subjects. As communication between peers occurs easily and effectively, peer-education can be a valuable method of spreading information to young people, in addition to the afore-mentioned sources of information.

This chapter has shown that confidentiality, trust and the provision of skills are the most important criteria for young people to value a source of information. Young people experience all different sources of information, but their friends and peers appear to be not only their most important, but also their most trusted source of information. The next chapter will therefore examine the dynamics of peer-groups and explore the processing of information among peers.

## 4

### **THE DYNAMICS OF PEER-INFLUENCE CONCERNING SEXUALITY, STIs AND HIV/AIDS**

In exploring the different sources of information concerning sexuality, STIs and HIV/AIDS in the former chapter, it becomes clear that for young people, there are many influential sources, each with their own ways to reach them. Both girls and boys from the focus groups discussions indicate that, besides the technical information they gain from television, radio and teachers, their friends and peers are preferable to talk to about personal questions concerning sexuality, STIs and HIV/AIDS. As has been shown in the former chapter, young people appear to have difficulties in trusting a service provider, teacher or parent with those sensitive issues, although they know that these persons have the correct technical information. Several studies about young people's reproductive health show that peers are an increasing source of information concerning sexuality, STIs and HIV/AIDS to young people (Milburn 1995, CERPOD 1996, Naré 1997, Ndiaye 1997-1998, CEFPEVA 1999, Naré & Ba 2000).

Authors who have researched young people's sexuality indicate the lack of insight into the dynamics and impact of peers to individual behaviour and perceptions of young people, concerning sexuality, STIs and HIV/AIDS. This chapter will explore these dynamics and impact, which I will call 'peer-influence'. In this chapter, I will outline the bonds of friendship that young people are engaged in and I will try to gain an insight into the dynamics of peer-groups; what positions do different young people occupy within their peer-group and within society? Moreover, the positive and negative ways that peers influence each other's behaviour and perceptions about sexuality, STIs and HIV/AIDS will be explored, whereby the processes of labelling will have a central role.

Paragraph 4.1. will show the definitions of 'young people' and the perceptions that young people have of being young. This paragraph will also explore the different rules and codes of conduct that are imposed upon young people and how they deal with this, while the similarities and differences between boys and girls are also emphasized. Paragraph 4.2 gains an insight into the characteristics of peer-groups by looking at the different 'rules' and 'marks' of peer-groups and the features of membership and leadership. What are the mechanisms of inclusion and exclusion? This paragraph will moreover explore the definitions of 'friends' and friendships between people from the opposite sex. In paragraph 4.3, I will explore information processing among peers; how do young people gather information from different contexts and how do they communicate this information within their peer-group? I will end this chapter by gaining an insight into the possibilities for young people to enlarge their room to manoeuvre within their peer-group.

#### **4.1. Being young**

This thesis is examining the reproductive health situation of young people in Dakar and since there is no clear-cut definition of 'being young', this paragraph will define this term according to

the socio-cultural context of Senegal, where the research has been conducted. Besides the 'official' definition from other researchers, this paragraph will explore the perceptions and definitions of the young people themselves. What are 'young people' according to them? It appears that in this phase of life, young people are guided and dominated by society and their parents. Therefore, the second part of this paragraph will explore the rules and codes of conduct that are trying to steer young people's lives and how they manage to cope with these rules.

#### **4.1.1. Perceptions and definitions of 'being young'**

In traditional Senegalese society, the influence of age is essential and the respect for older persons is very important. These hierarchical norms are the basis for the education of children and adolescents (Diop 1995: 4). In Senegal, young people are seen as somewhere in between childhood and adulthood and being on their way to becoming responsible grown-ups. As was explained in chapter two, at the symbolical level, the family is the cornerstone of society, with the father as head of the family, the mother next to him, with the children under their surveillance. This hierarchy creates rules and codes of conduct at the structural dimension, which include for individual young people that they are always subordinate to older people and their parents have to be respected and obeyed especially. Although the family is still the most important social institution at the base of society, its authority is diminishing (Diop 1995: 6). While parents often see their adolescent son or daughter still as a child, the young people themselves are developing fast, are often more informed about life than their parents might think and consequently chose their own direction.

During adolescence, young people are on their way to adulthood. But instead of being thoroughly informed and prepared to be adult, young people in Senegal are facing many rules and prohibitions during this phase of life. According to the dictionary, adolescence is defined as "the process in which an individual undergoes the transition from childhood to adulthood" and adolescence is characterised by the efforts to reach a social, physical, mental and emotional development (Diop 1994 and 1995). As has been explained in chapter one, the term 'young people' will be used instead of 'adolescents', although their significations are overlapping. Both girls and boys in the focus group discussions (FGD) cite puberty as the distinctive period of being young; "*Somebody who has the age of puberty, around 16 or 18 years*". In most cultures, the start of puberty marks the beginning of adolescence, although the end of adolescence is not clearly defined (Diop 1994 and 1995). Puberty is a period in life, which contains a lot of changes and for girls, puberty begins with their first menstrual period. In her study into fertility among Senegalese adolescents, Diop uses puberty as the biological beginning of exposure to pregnancy, and marriage as the social beginning of exposure to pregnancy. In Senegalese society, marriage or motherhood marks the end of adolescence (Diop 1994: 74). The young people in the FGD also perceive marriage as the end of being young. Once boys or girls are married, their lives change completely; before marriage, they are considered ignorant, inexperienced children, but once they are married, boys and girls are called 'man' or 'woman' respectively. Moreover, they are also suddenly behaving like adults and they are solely functioning within the institute of marriage. Especially for girls this means that they have to obey their husband and the ties between her and her family are weakening, since she is expected to start her own family soon. Getting married is not only a ceremony that unites young persons as a couple, but it is moreover a radical change into adulthood. Therefore, this thesis will consider marriage as the end of being young.

The young people from the FGD are in the middle of their puberty and most of them indicate that the attitudes of parents towards them are changing now that they are getting older. For boys, the focus is on succeeding with their education and finding a good job to earn money, as has been explained in the last paragraph of chapter three. This focus on study and work can be found in the answers from the boys, when defining 'young people'. According to them, "A young person should work for the future of his country", "it is very important to study" and "when we are young, we wish to have a good job, to gain a lot of money, to support our families, our future wife, our children". In general, boys are pressured more than girls are to succeed with their studies. They are told that, when they do their best with their studies, they will earn money to help their parents. A good job is also a precondition to be able to marry a woman and to raise a family, so while they are young, boys have to study, to be able to earn money when they enter adulthood. In Senegal, however, job opportunities are poor and both girls and boys are aware of that. They blame the lack of political efforts to provide jobs to the population and they realize that education or diplomas are not an assurance for getting decent, paid work. The Senegalese young people of today are facing these political and economical problems and it does not provide them with a lot of hope for the near future. This is the main reason why many young Senegalese men try to go abroad; to study and to find work to be able to send money to their parents and to save some money to build their own life.

Although the job-opportunities and perspectives for many boys and girls are not very positive, there is social pressure from the community and the parents, that boys should study hard. Those who are studying hard, are being provided with a label of 'good, hardworking boy', while those who do not want to work at school, are perceived as 'lazy and spoiled'. At the symbolical dimension, the ideal image of a good man is a man who is willing to work hard and to earn money to maintain his family. This fits within the traditional, symbolical picture of the man as the head of the family who has to earn an income. Boys are pressured to live up to this ideal and to be successful according to traditional perceptions. Young boys themselves are copying these perceptions and put a lot of pressure on themselves and their friends to succeed at school and live up to this ideal image. Since the traditional image of a woman is to be a caring mother and decent wife, the pressure on girls to succeed with their studies and find a job is less, as has been shown in paragraph 2.3.1. This perception of women at the symbolical dimension has an enormous, stereotyping impact on the views of boys. One boy from the FGD expresses his view: "The big difference between the lives of boys and girls is, that boys at their age think only at working very hard, because in our Senegalese society, it is the father who has to direct the family financially and mentally. A girl can wait for a man to become her husband. Even girls, who do not want to work, don't have to worry, because they will always marry a man who will maintain them. In Africa, it is the men who are working, the men who do everything, not the women. Women do domestic work, men leave the house to go to work".

This copying of extremely stereotypical ideas is contributing to unequal rights and positions of women compared to men, and this already starts with the education of children and young people. At the symbolical dimension, the man is portrayed as the head of the family; he leads the family, he takes the decisions within the household and he maintains the household financially and mentally. In reality however, households in Senegal often do not function that way; at the structural dimension, women are the driving force behind a household. It is women who educate and take care of the children, who run the household, who take decisions and who often have to get a job outside the household to make ends meet. Although men claim to be the driving force behind the household, women are the main providers of food. Since childhood,

young people are brought up with the ideal images of men and women, which are influenced from the symbolical level, although they are surrounded by a reality that is often completely different. The divergence between the symbolical and structural dimension are reinforced by the modern, urban context, where women need to have a job besides the household and are expected to be educated. This contrast between symbolical and structural dimension leaves a difficult choice for young people, especially for girls; they are expected to get married, preferably at a young age, but they are also expected to be educated and preferably to have a job. How young people perceive marriage and how they deal with these difficult choices, will be explored in chapter five.

In modern African societies, the relations between parents and their children are different than in traditional societies, since the education of the individual young person occurs more by education, television and radio, the press and new ideas which create different behaviour (Diop 1995: 6). One of the indicated reasons of difficult communication between parents and young people, as explained in chapter three, is the fact that the parents approach their adolescent sons and daughters as small children. While they recognize that they are not yet adults, the young people in the FGD express their desire to be taken seriously and not to be treated like a child by their parents. They define a 'young person' as somebody who is psychologically and physically not yet mature. Both boys and girls indicate that it is not only the biological changes, like the growth of breasts with girls and the growth of a beard with boys, but also morally young people are going through many changes. Young people are able to make their own decisions between what is good and bad and they do not follow somebody blindly. A general phenomenon of this period in life is that young people want to be their own boss and behave like they want. They do not want to be governed, and rebel against their parents and older brothers and sisters. Although young people recognize that adults are interfering in their lives to prevent them from making mistakes, they want to be taken seriously, since they are no longer small children.

As an opposite to rebellion against adults, the respondents cite the desire for young people to imitate and follow adults in their behaviour; "*Young people want to imitate adults on a lot of things, in a bad way. Without thinking, they imitate adult behaviour that they see. Like on television, they follow it blindly*". Although parents are the most important example for many young people, they try to create their own rules and gain as much freedom as possible. Although young people are expected to live up to the symbolical dimension by following in the footsteps of their parents in fulfilling the traditional roles of man and wife, young people's realities look different at the individual level. Traditional norms and values concerning marriage are still persistent in Senegal, although they are changing with urbanisation and modernisation. As the next chapter will show, there is a generation gap; young people are getting married at a later age and have other expectations from marriage than their parents.

Young people in Dakar are living in and surrounded by a modernising world, while they still have to live up to social norms and values in order not to be rejected by their family and community. The next sub-paragraph will describe the different rules and codes of conduct that go along with the social norms and values that are promoted by many parents and elder people, since norms and values are expected to strengthen and unify society.

#### 4.1.2. Rules and codes of conduct for young people

Young people from the FGD indicate 'rules' as a very prominent aspect of being young. They feel like most of the time, they are tied up in rules and they cannot speak or behave freely, as everything is being controlled, especially by their parents. Although they do not like the rules, most young people try to obey the rules and advice given to them, as they see that they will be socially excluded or rejected if they don't. With the modernisation, society and family structures are changing and young people are caught in between; they live both in the traditional world, with collective and protective traditional rules, and in the modern, individualistic world. This sub-paragraph will examine the rules and codes of conduct that are imposed upon young people from a traditional perspective.

One of the first prohibitions mentioned by the girls from the FGD is, that girls are not allowed to leave the parental house; "*For many girls, there are strict rules to go out, parents forbid us to leave, girls are not free*". For many girls, it is not permitted to go out at night and they have to ask permission every time they want to leave, even during daytime. Those girls perceive it as very difficult when their parents are very strict with them. While they see their friends leave and have fun, they have to stay at home and find their room to manoeuvre severely limited, literally speaking. Traditionally, as soon as a girl has her first menstrual period, she is considered mature and her parents marry her off. By different means, like songs, proverbs and stories, the norms and values of society (like the honour of her and her family, shame, dignity, self-respect, tolerance and patience in her future household) are being reminded to the girl, to make her a good wife (Diop 1995: 5). Since in traditional society, a girl was getting married as soon as she is fertile, there was in fact no notion of adolescence. Nowadays, while the age when girls have their first menstrual period has not changed, the age that girls are getting married is increasing, so girls are for a longer period at risk to lose their virginity before getting married. Therefore, parents are more protective towards their adolescent daughters; surveillance is particularly strong for young girls who are in this period of their life, to preserve their virginity and to prepare them for their role as wife and mother. As one girl from the FGD says; "*As soon as you've had your first period, your parents will lock you into the house*". According to the original Islamic laws, both boys and girls should stay virgin until marriage, but in social reality, the virginity of boys is hardly mentioned.

There are however differences between the girls from the FGD; there are girls who are allowed to leave and who are freer, others who leave secretly and others who cannot leave at all. This depends on the permission of the parents. Girls who are not allowed to leave the house in the evening strongly disagree with this rule. One girl explains in an interview that her parents know exactly how long it takes to walk from school to the house and they are counting the minutes and oblige her daughter to be home directly after school. Out of fear of their parents, these girls obey this rule and go home right after school. During the school week, their room to manoeuvre is limited, but for most of them, the weekend is the only possibility to stay away from home a little longer. During the weekend, they make dates with their female friends and they can leave the house for a longer time. All girls admit that not all parents are the same, but they realise that "*Parents always win, because they are always right*". According to all girls, a fight with your parents is disastrous, so you should avoid disputing anything with your parents. Because if the connection with your parents breaks because of a conflict, you are lost, as you cannot survive on your own in a society where everything occurs on community spirit. Both girls with very strict parents and girls with more liberal parents try however to negotiate with their parents and to prolong the time that they are ordered to come home. This process of

negotiation occurs also with boys, as both girls and boys try to enlarge their freedom and to escape from parental control.

Girls however, think that boys have no time limit during the school week, but this is inaccurate, because boys have a limit too. Because of the strict rules that many girls have to live up to, they perceive boys as being much freer; *“Boys have more liberty, they are much more unrestricted, they can leave the house whenever they want”*. Although boys are not as free as girls might think, this perception from girls is not completely groundless, since girls are more restricted than boys are. Girls as well as boys indicate that they try to prolong the time they have to come home, but often, their parents are strict and they have to obey. When the parents say ‘no’ it often stays ‘no’, but like most young people in the world they try to ask permission to come home later. With these efforts to change the rules, young people try to enlarge their room to manoeuvre; they have to live with the rules and they cannot avoid or change the rules. But they can try to negotiate with their parents about certain rules or try to limit the consequences of the rules.

Connected to the prohibition for girls to leave the house, it is discouraged or even forbidden for girls to have a boyfriend. This has to do with fear from the parents that their daughter will become sexually active and end up with a child. Also, in the modernising world, it is also increasingly important for girls to finish their studies and find a job, so parents encourage them to work hard at school instead of wasting their time with boys. Although some young people think so, it is not written in the Quran that it is forbidden to have a girl- or boyfriend before marriage. It is however strictly forbidden to have sexual intercourse without being married. While from an Islamic perspective both boys and girls have to be virgins when they are getting married, there is a gender-imbalance in reality, because this rule turns out to be stronger for girls than for boys. Although there might be differences between several ethnicities in Senegal to act upon this religious ideal, I did not encounter those ethnical differences within the group of respondents, which might be due to the melting pot situation in Dakar. As will become clear later on, the reality is often completely different from the traditional, religious rule to remain virgins until marriage, despite the efforts of parents to make their sons and daughters follow this tradition.

There are however obvious differences between parents of the respondents; very strict parents forbid their daughters having a boyfriend, while other parents only try to discourage their daughters to have contact with boys. Half of the girls from the FGD have very strict parents and these girls claim that their parents would never allow them to take their boyfriend home; *“It is impossible to take him home! My father would kill me!”* Some (4) girls do however have the opportunity to take their boyfriends at home because their parents do not oppose them having a boyfriend. They prefer to meet the boyfriend instead of not knowing with whom their daughter is spending her time. The majority of girls indicate not respecting the prohibitions or discouragements of their parents and they are secretly having a boyfriend. This hiding of having a boyfriend is another example of how young people try to enlarge their room to manoeuvre; they pretend that they obey the traditional and religious prescriptions, but at the same time, they find possibilities to live their life the way they prefer. Despite the strong social control, most of the parents will not find out that their daughter has a boyfriend, because there is hardly any communication between parents and young people about it, but moreover, because young people are inventing mechanisms to hide their relationship for their parents and the rest of the people surrounding them. These mechanisms of hiding a girl- or boyfriend and (secret) meeting places will be explored in detail in the next chapter.

While it is forbidden for the majority of girls to have a boyfriend, they indicate that boys have a less limited space. According to girls, boys do whatever they want. Girls claim that the reaction of parents is more severe with a girl than with a boy, when they find out for example that she smokes. This is contradictory to the opinion of boys, since they name smoking, drinking alcohol, using drugs, going to a bar and eating pork as most important prohibitions by their parents. Boys admit that they are freer than girls, but they claim that there are no differences in the rules, but differences in behaviour. As will become clear when discussing premarital sex, both sexes accuse the other sex of improper behaviour and of not following the rules.

Besides the distinguishing factor of gender, there are differences based on religion; there are several differences in Muslim and Christian values, but both religions preach the importance of virginity at marriage. In social reality, whether Christian or Muslim, there are however differences in the ways people live up to these rules on religious and traditional grounds. In Senegal, there are people who are extremely strict in following the Quran and Islamic rules and they are called 'Ibadous'. Unfortunately, there were no Ibadous in the FGD I conducted, so I will not be able to compare differences in perceptions and behaviour of young people who are Ibadou and young people who are not. For Ibadous it is even harder to find a balance between the traditional rules and the increasing modernity. There are a lot of young people who choose to be Ibadou and live very strictly according to the Quran, but the majority of young people in Dakar are not. As one boy from the FGD notices: "*Very strict Muslims do even forbid to boys to shake hands with a girl, this is very strict, it is with the Ibadous, it is not for everybody. It is too strict, the world is changing, and it is not possible to be in a class in school without girls. It is impossible not to see a girl the whole day long!*" The boys assure that, although they are not as strict as Ibadous, they have all been to Coranic classes and try to follow the Islamic rules as good as possible; "*We respect the religious rules, we respect our parents, but we go out to dance and we go out with girls, so it is changing*". This is a small example of the clashing of modernity with tradition, and young people, Ibadou or not, are caught in between. On the one hand, they want to respect the traditions and remain virgins until marriage, but on the other hand, they are curious and want to explore the other sex. The next paragraph will come to speak about the role of friends in this process of decisions between remaining virgins or engaging in relationships and, eventually, in sex. The strictness of parents about going out and having boyfriends results from the dominant prohibition on premarital sex. Both girls and boys are aware of the tradition that before marriage, you should not have sexual intercourse. Girls, but also boys, admit that for boys it is less important to remain virgins. As one boy cites; "*Girls have to wait to find their husband*". When a girl loses her virginity before marriage, this is an enormous disgrace for her and her family. I will come to speak about marriage and virginity in the next chapter. The idea that girls have to be virgins and boys are preferred to be experienced in sex, stems from discourses on femininity and masculinity, as has been explained in chapter two. These discourses have a large impact on the individual concerning seeking information about sexuality, STIs and HIV/AIDS. A girl is supposed to remain a virgin, so she has no reason to ask questions or seek information about sexuality or HIV/AIDS. She can hide behind her image of virginity and she might gain information from teachers, media or clinics, but she is not supposed to really know about sex. On the contrary, a boy is supposed to be sexually experienced, so he is not supposed to ask questions about it. While a boy might in reality not know all the facts of sexuality and STIs, he is expected to know, so it is not 'cool' to ask questions about it. On the one hand, the boy wants to seek



information, while on the other hand, he has to hold up his image of being ‘cool, experienced and knowing everything about sex’.

Besides the norm to respect the parents, young people value friends and relationships high. And following the rules of their parents does often not stroke with their desire to choose their own friends and to engage in relationships. Although they try to follow the religious rules of not having sex before marriage, young people consider it essential to have a girl- or boyfriend, which is being encouraged by the group of friends. Young people tend to spend their time with people of their own age, in their neighbourhood or at school, since they feel watched, controlled and restricted by their parents. The next paragraph will explore the place and behaviour of young people within their peer-groups.

## **4.2. The peer-group**

Young people worldwide have the tendency to prefer to mingle with their peers; people of their own age, who talk the same language and have the same experiences. There is a formation of several peer-groups from different sizes and this paragraph will explore the dynamics of the peer-groups of the respondents. What are the characteristics of a peer-group? How do you become a member, do they have rules and who decides upon these rules? Do those peer-groups have leaders or is everybody equal? Some members of the peer-group can become closer to each other; they become friends. I will explore how young people in Dakar define ‘friends’ and whether it is possible to be friends with somebody from the opposite sex.

### **4.2.1. Characteristics of peer-groups**

Since the young people from the FGD are all in school, they spend most of their time with people of their own age. Although they might know the names of all boys and girls in their class, they are not connected to everybody to the same extent. When looking at the young people from the FGD, which are in the classes of the third year at college OSD, there are distinguished groups. Both boys and girls indicate that they spend time with some people from their class, but also with peers from their neighbourhood.

There is not a certain size of a group of peers; it can consist of four people, but there are also groups of fifteen people. There are groups of peers who are fixed and who always stay together, but there are other groups that are open. Most young people from the FGD cite that a group of friends is not fixed; *“It changes often. Sometimes, there are some people leaving the group, while others are entering the group”*.

Groups of boys and girls are not closed by definition, most groups are open and the members are changing over time. When discussing the openness of peer-groups, I found differences between peer-groups of girls and boys. Girls tend to stay together in smaller groups, while boys often have groups that contain around ten or more boys. The fluctuation in number of members is bigger with boys than with girls and therefore, groups of girls can be identified as more closed, while groups of boys are more open to new members. The next sub-paragraph will explore the conditions of membership in detail.

In many European cultures, groups of young people distinguish themselves by visible marks, like all wearing the same clothes. In Dakar clothes are also important, since every young person wants to look at his best, but clothes are not a condition to belong to a group, neither a

boys-group nor a girls-group, as one girl cites; *“It is not important what clothes you are wearing to belong to the group. You wear what you’ve got”*. Since many families don’t have a lot of money to spend, young people don’t have the extended choice of clothes, like young people in Europe or the United States often have.

Since clothes are no ‘mark’ and are no part of the mechanisms of inclusion and exclusion from peer-groups, young people in Dakar have to find other marks to distinguish their group from the others. There are groups of boys that take a special name, to show their unity and to strengthen the image of ‘us’. They choose a name that suits their status, a symbolical name. As one boy cites; *“Los Lobos is created already during our childhood. Our elder brothers have started the group, now, it is us who are the members, and we continued to use the same name. It is a succession. In our group, there are no illiterates, everybody is working; some in school, others have a job. People know that in our neighbourhood, there is a group of boys called Los Lobos. They know us, we are a tight group and we are recognized by our name”*. So, the name of a peer-group is a ‘mark’ of peer-culture.

Like the aforementioned example, most boys explain that their groups have already been established since their childhood and that they stick with the same group until they will marry. The boys of those groups are very close to each other, since they know each other since they were little and they have been through a lot of things together. *“We have a group of friends that has been together since we were little. Our group consists of eight boys, but among those eight, there is only one friend who helps you the most. The group is very tight, we love each other and help each other, but there is always one friend from the group who is closer to you than the others”*.

For both girls and boys there are factors that make you a possible member. It is important that *“you just have to have the same mentality and avoid doing wrong things, that parents are forbidding us”*. As will be shown in the next sub-paragraph, there are no high conditions to become a member of a group. The most important factor is that a new person has to have the same mentality. Because of the strong social control in Senegalese society, parents advise their sons and daughters to choose the correct friends. *“In our neighbourhood, there is a group, I wanted to join them, but my parents forbade me to join them. The only thing they do is drinking tea<sup>2</sup>. They seduce girls, they go to bed very late, they play djembé, they don’t go to school, and they don’t work. I have left that group, I won’t listen to them anymore”*. This example shows the power of a group, to drag a person into certain behaviour. This boy has shown a strong will by leaving the group, which is very difficult, since nobody wants to be left alone. Especially when being young, you feel the need to belong to something. Within the group, this boy had however no room to manoeuvre, since the group was expecting him to behave a certain way, like not going to school. Those ‘signs’ of adolescence are being utilised by the young people themselves, in order to distinguish themselves and to strengthen the solidarity of the group. As Villareal states, this is because of loyalties and feelings of belonging (Villareal 1994: 67-68). For an individual young person, it can be much ‘safer’ to belong to a group, so he or she will try to live up to the rules of that group. An individual might even concede to put his or her personal preferences aside, but the boy in this example refused to go along with this

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<sup>2</sup> Drinking tea is a very important social ritual in Senegal. At every moment of the day, people might gather together around a small gas burner, where special Senegalese tea is prepared. Since the preparation of the tea takes a long time (it might even take a few hours), this is the moment of the day that people, mainly boys and men, discuss politics and daily life and share their problems with each other.

behaviour. As a consequence, he was not considered a real member of the group anymore, so he decided to leave. He has been very strong to decide to quit the group instead of imitating passively what the rest of the group is doing. However, not every individual can be mentally as strong as the boy from the example and pressure from peers and friends in a group can be very influential, as will be explored in paragraph 4.3.

This danger of becoming a member of a group that behaves badly, is the reason why parents advise their sons to pick the right friends and they forbid their sons from following the bad examples. Especially in the context of the capital city of Dakar, there is a higher risk for boys to meet those 'bad examples' and to get off the right track, which is a huge fear for their parents. Boys who try to look like popular rap-stars from the television, are considered as a boys who are 'no good'. Therefore, parents forbid their sons to wear earrings, to have their hair in dreadlocks or to wear large jeans. For parents, the fear that their son will follow bad friends is bigger than that their daughter will do this, therefore, there is no evident prohibition on the choice of friends for girls by parents.

Since girls are kept at home as much as possible, they don't gather in groups that will hang around in the neighbourhood, like boys do. Girls don't have large groups of friends, like boys do; girls tend to stay with a few or often even one sole female friend. After school, some girls have to come home right away, while others can visit a female friend, but never without permission of their parents and telling them exactly where they will be and at what time they will be home. Girls have their peer-groups at school; often, the girls from one class bond together, but some girls also form a group with girls from other classes of the same grade. As the next sub-paragraphs will show, there are differences between the groups of girls, since there are both 'decent' and 'cool' girls.

Most groups of peers, male and female, are very tight and therefore, an outsider might perceive a group as being closed. The next paragraph will explore whether and how somebody can become a member of a group of peers and whether there is one leader who decides upon everything.

#### **4.2.2. Membership and leadership**

Both girls and boys from the FGD indicate that their groups of peers are not closed or strict; *"Everybody who wants, can join the group, but he or she has to fit within the group"*. A new person can easily enter, but he or she has to make a big effort to be accepted, as one girl cites; *"A new person can enter the group, but she has to be gentile and show that she really wants to belong to the group"*. One of the preconditions or 'marks' to belong to a group, is to be 'correct' and to have a nice 'appearance'.

Since solidarity within the group is very important, the new person has to integrate progressively and he or she has to show that the group can trust him or her; *"A new person has to watch his or her words, know when to shut up, be discrete, be nice, and know how to guard a secret"*. As will become clear in paragraph 4.3, trust and loyalties among the members of a peer-group are very important; *"A new person should be able to guard secrets and not tell everybody else outside the group about a secret or personal problem"*. With boys, the sociable capacities of a new member are very important; *"A new boy in the group, has to present himself, he has to shake hands and salute all the members of the group, talk with the others. The group will look at his behaviour, he has to fit within the group"*.

Groups are formed based on gender; boys stay with boys and girls with girls. There is no mixing; although there are individual friendships between boys and girls, as will be shown in paragraph 4.2.4, they will not become members of each others' groups. The distinguishing factor of religion does not play a significant role; the few Christian boys or girls in a school or neighbourhood mingle with the young Muslim people. There are Christian youth organisations only for Christian youth, so these activities are distinguished based on religion, but this does not occur in peer-groups. Although all young people know each other's religion, this is not a 'mark' to belong to a peer-group.

The same can be said about ethnicity as a distinguishing factor. Since Wolof is the major ethnicity in Senegal, especially in the region of Dakar, all young people in Dakar speak Wolof, although many of them speak a second language at home. Although Wolof has the upper hand, there is no selection procedure based on ethnicity to belong to a peer-group; although they will be speaking Wolof, a person will not be excluded from a peer-group because he or she is from another ethnicity. As we will see in chapter five, ethnicity can play a role in the choice of a partner however. From Figures 2 and 3, which portray the ethnic diversity of the group of respondents, it can be learned that Wolof is the most present ethnicity among the respondents, which corresponds to the ethnic partition in the rest of Senegal:

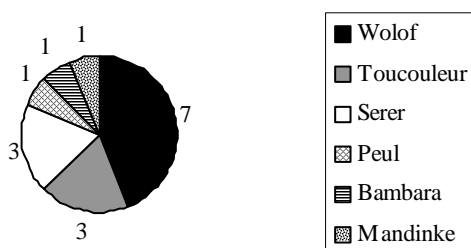


Figure 2: Ethnic diversity of female respondents (15-20 yrs). N = 16.

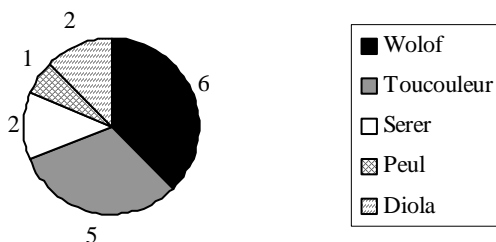


Figure 3: Ethnic diversity of male respondents (15-20 yrs). N = 16.

The respondents are from diverse ethnical backgrounds, but there are no clear discrepancies in norms and values between young people from different ethnical backgrounds. Muslim religion and traditions are the guide in the lives of the people of Dakar and the melting pot of ethnicities in the city can be appointed as the mechanism in which ethnical norms and values are fading away. For young people, it is not ethnicity that is authoritative, but it is the ensemble of dominant discourses and their peer-subculture that creates young people's reality. The difficulty for young people is to find a balance between the dominant discourses and their peer-subculture.

Even though it was not the focus of the fieldwork, I encountered a division of young people according to their social-economic class. There are poorer and richer neighbourhoods, and the young people from these neighbourhoods are not mixing. Even within a neighbourhood, everybody knows which families are rich and who are poorer and both adults and young people tend to have more contact with people from the same social-economic class. There are also differences between schools; there are several private schools in Dakar and the pupils of these schools tend not to mingle with young people from public schools. Since the research has been conducted in one college, which is a public college in a popular neighbourhood, I cannot and will not make any comparisons or judgements about differences between young people from other schools or colleges in Dakar.

When examining leadership within peer-groups, some boys of the FGD indicate that there is no clear leader in their group; *“There is democracy; even the smallest boy of the group is respected. There is not one person who decides what the group will do. If there would be one person who tries to direct the group, that's no good. All of us have to agree with a certain plan, all eight. If there is one person who is not okay with an idea, we leave the idea. It is democracy”*. However, the majority of the boys I talked to claimed that there is always some kind of a leader in the group. Since their childhood, boys are engaged in groups and gangs, they organise soccer games, as well as fights against other groups, which are always lead by one boy, the leader. *“The members of the group will fight to see who is the strongest. In our groups, it is the one who is the best, who is the strongest. He will be the leader and decides whatever the group will do. Until there is someone who beats him, he will be in control”*. Therefore, it occurs only sometimes that there is a new leader, but not too often, since the leader won't give up his place easily. Within the peer-culture, the characteristics of the leader of a group correspond with the symbolical ideal image of a man; to be physically and mentally strong and inventive. To be able to lead a group and to be strict; he is creating the rules and is able to talk to people and convince them. Within the peer-culture, it is the leader of a peer-group who gives the example that the others have to follow; for instance, when the leader has a girlfriend, the other boys have to have a girlfriend too, since this is the trend that has to be followed to be considered a 'real man' like the leader.

There are many different groups of boys and girls to be distinguished, although for all groups it is an important 'mark' to have a girl- or boyfriend. The girls from the FGD can be roughly divided into three categories; firstly, there are girls who have no particular groups of friends. One girl from the FGD clearly indicates that she is alone; she knows some other girls, but does not consider them close friends. Secondly, there are 'decent' girls, who gather in small groups of female friends at school and they meet also outside school at the house of one of the girls. These girls are modest, obeying their parents and respecting the tradition of guarding their virginity until marriage. Some of these 'decent' girls have very strict parents and a lot of interdictions and three of them were really kept at home. The third category is the 'wild' girls, who have a fixed group of about four. They meet at school, at home, in the neighbourhood and in the discotheque. Generally, their parents are less strict, but 'wild' girls furthermore ignore and

disobey the orders of their parents. While most parents forbid their daughters from going out to dance, these 'wild' girls are allowed to go out. They more often have a boyfriend, as the next chapter will show, although for all 'categories' of girls, it is a status to have a boyfriend.

There is no appointed leader among 'wild' girls, although the girl that has a boyfriend and goes out the most is considered the example that the other 'wild' girls will follow. Although during the FGD, all girls underline that they would never have sex before marriage, the 'wild' girls can be considered a group of girls who have a chance to engage in sex before getting married. The individual choices and opinions concerning abstinence and premarital sex will be explored in the next chapter.

The boys from the FGD can be divided into two categories, since boys do not tend to stay solitary. There are 'decent' and 'wild' boys; both categories tend to gather in larger groups, although some groups consist of four members, while other groups might consist of ten to twelve members. Most groups, from both 'decent' and 'wild' boys are established in the neighbourhood, while the boys have other friends at school. The contact with these other friends from school is less profound and, as paragraph 4.3 will show, the influence from the peer-group in the neighbourhood on individual behaviour is far-reaching. 'Decent' boys often have more restrictions from their parents and they tend to obey their parents more than 'wild' boys. Those 'decent' boys are also more attached to Muslim religion and they cite preferring to remain virgins until they marry, while 'wild' boys have a girlfriend (or two) and indicate not to be sure to be able to abstain until marriage. As with the girls, for all 'categories' of boys, it is a status to have a girlfriend, although for 'wild' boys this status includes also engaging in sex. These individual choices and opinions of boys will also be further explored in the next chapter.

Young people distinguish themselves and their groups by their behaviour and by their language. The solidarity and loyalty towards the group is shown by displaying those signs. Although not all boys and girls have a lot of close friends, they all indicate that it is very nice to have a best friend, you can talk to this person, entrust him or her with your secrets and you are not alone. While young people spent most of their time in peer-groups, not every member of the peer-group is considered a 'friend', since not everybody can get along with each other to the same extent. The next subparagraph will explore how young people define a 'friend' and based on what factors they select a friend.

#### **4.2.3. Definitions of 'friends'**

General friends from the peer-group have to be "*persons who are comprehensive, who have a group-spirit, who are open-minded and who think well*". But, from the FGD with both girls and boys, it became clear that not all the persons from a peer-group are considered as a real friend. Both girls and boys cite; "*We have groups of friends, but there is one special friend, who helps you and advises you in difficult situations*" and "*Among the group of friends, you pick one person as your best friend, because you know this person the best and you can trust him or her completely*". When discussing whether or not to tell a personal problem to the whole group of peers, it appeared not to be easy for both girls and boys to share this with the group. "*You could tell everybody about your problem, if they can, they will help you. If you want, you can tell them, if you don't want to tell them, you have to keep it to yourself or tell it only to your best friends*". Most young people prefer to trust only one person; "*You cannot tell your personal problems in the group, there are too many, if you tell them something personal, they will tell it to others*". The young people emphasized that it depends for a great deal on the problem. A question or

problem related to school, family or money is easily being discussed with the whole group, as these issues are less sensitive and more general. Since all peers from the group might encounter the same problems, they will be able to help or advise.

One of the reasons for some young people to be friends with someone, are socio-economic factors; being friends with somebody for his or her money. Generally, rich people have more status and for young people, it can be very interesting to be close to somebody who has some money to spend, since they hope to profit from it too. Young people in Dakar share many things, like food and drinks, but also money. Girls tend to borrow each other's clothes, because they do not have enough money to buy a lot of clothes. They will however only borrow clothes from their best friend. Systems of reciprocity are often a precondition and a basis for a long-lasting friendship. Some young people, however, are abusing this and are only being someone's friend because of the money. Some boys from the FGD accuse certain girls of basing their friendship or love only on money. As we will see in the next chapter, economical factors might also play a role in the choice of a partner.

Other distinguishing factors like religion and ethnicity are not clearly present in selecting friends, as has been explained in the former sub-paragraph. The distinguishing factor of gender in the process of selecting friends will be explored in the next subparagraph, when dealing with the question whether or not it is possible for young people to be friends with somebody from the opposite sex. For sexuality issues and emotional problems, young people tend to have only one special confidant; "*Best friends are the only people who are trusted with problems or questions related to sexuality or a relationship*".

The most important characteristics of a friend, mentioned by both girls and boys, are being faithful, keeping a secret, being of the same mind, being open and being reliable. "*A friend should be discrete, as you trust him or her with your secrets and problems*". Since they trust him or her with secrets concerning girl- and boyfriend or sexuality, they have to be sure that he or she will not reveal these secrets to others. As one girl cites; "*A friend has to be faithful and sincere. In Senegal, you can hardly find real friends; they talk too much to others, they tell your secrets to everybody*". This example shows that the social control is very strong for young people in Dakar, which bothers them and prevents them from being free, living their life like they want and selecting the friends whom they like. The example also shows a fear among both boys and girls in trusting somebody and the importance to choose the right friends. They are afraid to make a mistake or to be judged by society, their parents or their friends. They all know the expression "*Tell me who your friends are and I know who you are*". This expression is a visualization of the labelling process by society and the young people themselves. When a boy is for example seen in the company of boys who are known to be unemployed, he will immediately be labelled a 'bad boy' and people will inform his parents that he is not going to school. When a girl is for example seen with a boy, walking in the streets, she will be labelled a 'bad girl' or even a 'prostitute'. Girls gossip a lot about other girls. This can be because they don't like that girl or just because they are jealous, since that girl is for example having a boyfriend, while they can not. Most of the time, when girls are gossiping about girls who are 'bad', they do this to show to everybody that they would never be like those 'bad' girls. By condemning other girls, they try to strengthen their image of a 'good' and 'decent' girl who will remain a virgin until marriage, following the traditions.

All boys cite that when you don't agree with your friend any longer or when something bad has happened between you and him, you stop being friends. Young people emphasize that it is however very difficult to say 'no' to the group. When they ask you to come along with them,

but you don't want to, there is big pressure on the individual; negative peer-pressure. As one boy cites: *"You have to decide for yourself whether it is good or bad what they're doing. It takes a lot of courage to face the situation; you have to tell the bad friend that you will never do such things. Even if you have to fight about it, you have to stand strong in your point of view. You try to tell them that it is not good what they are doing"*. An individual has to be very strong to resist the pressure from the group or their friend; *"I had a friend, but he did not behave well, he was into criminality, but I didn't know. He hid everything for me, afterwards, I heard people talking about him. I didn't say anything about it to him, but I have stopped our friendship, he wasn't a good friend"*. This example shows that the boy was strong enough to make his own decision and to leave the friend with the bad influence. The boy has been able to create some room to manoeuvre and he has been able to resist being lead by the ideas of his friend. This example also shows that labelling occurs by actors in society; the boy's friend has shown behaviour that is not approved by the norms and values of society, so he has been labelled a 'bad guy'. The boy had to hear from others that his friend was misbehaving himself. In this case, the social control has informed the boy in time and this encouraged him to take the decision to leave the friend with the bad influence.

Although girls claim to talk about a lot of things with their mothers or sisters, and boys to a brother, they all indicate that they prefer to talk to a friend from school or from the neighbourhood about very private things. As one girl cites; *"A friend has to be like a sister, or a brother"*. Although in general, girls prefer to talk to another girl or woman, some claim that sometimes they can speak to their brother about personal problems, but when it concerns boyfriends or sex, all girls prefer to talk to female friends instead of relatives. This is selection of friends according to the distinguishing factor of gender and the next sub-paragraph will explore whether young people can be friends with somebody from the opposite sex and to what extent they are able to talk about personal problems with friends from the opposite sex.

#### **4.2.4. Friends from the opposite sex?**

When discussing friendships during the FGD, it appears that they are not only between people from the same sex. Both girls and boys say that it is possible to be friends with somebody from the opposite sex, although girls claim; *"Yes, it is possible, there are boys in the class with whom you can talk very well. But it is rare, because boys are interested in other things; they will cause you problems"*. Whether a person feels more at ease with somebody from the same or from the opposite sex, is a personal preference, but it is interesting to see that during the FGD, there were only a few girls who admitted openly being friends with a boy, while during the personal interviews, it appeared that half of the girls often felt more at ease with boys than with girls. A reason for hiding this during the FGD can be a fear of being judged, since it is socially not appreciated when a girl and a boy are too close; *"When you are friends with a boy, you have to hide it for your parents, as they will not like it"*. One boy claims moreover; *"I have a friend, a girl, we spent a lot of time together, sometimes we walk in the street and we notice people talking about us. They think we are a couple, while we are just friends! We do nothing wrong, but the people talk anyway!"*.

Besides the fear for this social control and being labelled as a girl who loves boys too much or a boy who is only occupied with chasing girls, the issue of confidentiality is very important. Whether the best friend is a boy or a girl, it is very important that you can trust that person, that he or she will not reveal your problems and secrets to others. The opinions are



however very diverse; some boys think that other boys are not to be trusted with secrets, while other boys claim that it is girls who will reveal your secrets. The same trend can be found among girls; some girls prefer to be friends with boys, because they do not trust girls, but others prefer to entrust their secrets only to girls, since they think boys are impolite. From the interviews, I learned that the majority of boys and girls like to talk to the opposite sex, but their best friends appear to be almost always somebody from the same sex, as becomes clear from Table 7.

Best friend	Girls	Boys	Total
Best friend is a girl	13	2	15
Best friend is a boy	2	13	15
<b>Total</b>	<b>15</b>	<b>15</b>	<b>30</b>

**Table 7: Respondents' selection of best friends based on gender (15-20 yrs)**

As has been explained in chapter three, especially girls feel uncomfortable in discussing 'female things' with a male. Therefore, it is not surprising to find out that most girls prefer to entrust their secrets mainly to girls, although this does not always have to be their best female friend. Among peers, there is a general perception that girls entrust their secrets only to other girls, not to boys. When one girl says during the focus group that she considers her brother as her best friend, the other girls laugh at her; she is expected to follow the norm of a girl being friends with a girl. It is considered abnormal to have a boy as your best friend. A girl can talk to a boy and be normal friends, but a girl's best friend should be a girl. While girls tend to entrust their problems and questions concerning sexuality and relationships to female friends or female relatives, boys tend not to restrict themselves to only male friends. One of the reasons for this is that boys want to find out about the ways that girls think. They try to understand girls, by talking to a female friend; *"When you have a sentimental problem with a girl, you go to see another girl to pose her your problem and to ask her advice. She will give you advice, because she knows how to deal with the problem, because almost all girls have the same point of view"*. Most boys have one or two girls that they trust with some questions, because *"there are girls who are much more sincere than boys. Boys are not mean, but they can tease you with a girl. When you have a girl who is a friend, you can talk to her and this stays between you and her. She won't tell the other guys"*.

Since boys are expected to know everything about sexuality and girls, they might feel ashamed to ask such questions to their male friends. Their status within the group might be undermined because of their 'stupid' questions. To avoid being labelled 'not cool' or 'not well-informed', boys might hide their questions and pose them secretly to a girl they trust; *"When I have a problem, I will talk to my sister or to my cousin. I will pose her the problem and she gives me advice. She knows how to give me advice. I consider her answer and try to find a solution"*. Boys who do have a female friend, consider this to be very serious; *"It can be a true friendship. There are girls who are faithful. There has to be a certain confidence"*. Because boys are expected to live up to the image of 'being experienced' and because it is considered not 'masculine' to ask questions about sexuality, but since most boys don't know everything, they need to find ways to be informed. Trusting female friends with questions concerning girls, sex, condoms and STIs is a method to enlarge their room to manoeuvre and to seek the answers they are looking for, without being laughed at or being called a 'loser' or a 'coward' by their peers.

To be able to be friends with a girl, the boy has to make clear to their social environment, especially the parents, that there is no love affair going on between them. When it is clear to everybody that she is just a friend, than it is okay. In this respect, boys know the importance of behaving well; *“When you are a decent boy, you can easily pose your problem to your female friend, but when you are not sincere, she will not respect you”*.

One of the most important reasons for girls not to be close friends with a boy is the risk of falling in love with him. *“Sometimes, it arrives that a girl falls in love with a male friend. To avoid this, you have to consider your friend as a brother, avoid being intimate, avoid being too close”*. All girls from the focus group discussion have the opinion that; *“You should try to avoid falling in love with him. When he is making approaches, you should not respond and try to avoid to talk about such subjects”*. In Senegal, there is the strong social rule that a girl is not supposed to approach a boy and tell him that she loves him. The boy is supposed to come to tell the girl that he loves her. This code of conduct may lead to the prejudice with girls, that it is the boys who are chasing and seducing the girls, while boys claim the opposite; *“The girls are seducing us, it is forbidden by Muslim religion for girls to walk on the streets with short t-shirts, but the girls here in Dakar, they do not care!”* This blaming of the other sex will be further explored in the next chapter, when discussing heterosexual relationships.

### **4.3. Information processing among peers**

When examining young people within their peer-groups, the most important feature is the communication between peers. This paragraph will explore the processes of information concerning sexuality, STIs and HIV/AIDS that occur in and among young people. What do young people know and how do they perceive the different messages? I will try to gain an insight into the working of information flows within different groups of peers and their subjects of communication.

#### **4.3.1. Knowledge and risk perception among peers**

Young people get their information and messages about sexuality, STIs and HIV/AIDS from different sources in society, as has also been shown in chapter three. Despite the fact that information flows reach young people from different sources, these flows can have also a different impact, which depends on the context in which the young person is present. The young people from the FGD are everyday actors in different contexts and each context demands a different attitude of the young person. The different contexts altogether are shaping the individual, since they all contribute their part of information and of behaviour.

The neighbourhood is a context where young people are freer than at school. Here they are among equals; young people of the same age and social background. From the FGD, it becomes clear that peers are the principal confidants to entrust a secret or problem to. In the neighbourhood, young people are not being labelled on the fact that they are young, like in school or within the family, but they are being labelled according to the group they belong to and the behaviour within that group. Since nobody wants to be judged as stupid or uninformed, both girls and boys pretend to know all about sexuality, STIs and HIV/AIDS. This is however contradictory with the ideal to remain virginal; when you have to remain a virgin until marriage, why would you need and pretend to know about sexuality and STIs?

From the focus group discussions it becomes clear that both girls and boys know a lot about HIV/AIDS, but their knowledge about STIs is scarce. None of the boys and only two girls were able to mention the name of an STI, while they have had courses about STIs in Family Economy and Natural Science. From the young people and the teachers from the college, I learned that the focus is not on STIs but on HIV/AIDS. The young people are well aware of the modes of transmission of HIV/AIDS and cite transmission by blood and transmission by unprotected sexual intercourse as main modes of infection. They know about infection by razors and needles, by piercing their ears and by getting a tattoo. The most cited mode of transmission is however sexual intercourse, whereby they make a difference between having unprotected sex and having sex with multiple partners. This distinction can be dangerous, for example when a girl has one sole partner and has unprotected sex with him, she might think that she is safe, while she is being faithful, but she might be infected, since her boyfriend can have more partners. So the message of fidelity is important, since it should be encouraged to be faithful and to stick to one partner, but this message should always be accompanied by the message to use condoms, since you don't know your partners sexual history, even if he or she is faithful to you now.

The level of knowledge about modes of transmission of HIV/AIDS among educated young people in Dakar can be judged as being quite high, as is also being reconfirmed by several studies and researches (see CERPOD 1996, EDS III 1997, Naré 1997, Ndiaye 1997-1998, CEFFEVA 1999, Tiendrebéogo 1999 and Naré & Ba 2000). And as can be learned from Appendix 4, HIV/AIDS is the best-known STI among young people. Both boys and girls from the FGD know that "*AIDS is a very dangerous disease, you can die from it and you have to protect yourself against it*". From Table 8 it becomes clear that all 15 girls and 15 boys from the FGD mention condoms as the most effective mode of prevention against both pregnancies and HIV/AIDS:

Method of contraception	Girls (N= 15)	Boys (N=15)	Total (N=30)
Condom	15	15	<b>30</b>
Female condom	1	2	<b>3</b>
Pill	15	8	<b>23</b>
Sterilisation	-	2	<b>2</b>
Norplant	4	-	<b>4</b>
Abstinence	6	4	<b>10</b>
Plants / herbal extracts	1	-	<b>1</b>
Spermicidal jelly / cream	1	-	<b>1</b>

**Table 8: Acquaintance with different methods of contraception among the 30 respondents (15 girls and 15 boys)**

When looking at the acquaintance of the pill as mode of contraception, it is striking that all girls, but just over half of the boys know about it. Both girls and boys consider the pill as a 'women's' thing', as one boy cites: "*I only know condoms. Since I am a man, I only know the methods for men*". Although both girls and boys have to have seen both condoms and the pill in the books at school or on television, half of the boys do not mention the pill as method of contraception. From the young people who do mention the pill as mode of prevention, not all of the boys are aware of the fact that the pill does not protect you from contracting an STI or HIV/AIDS. One girl and two boys mentioned the female condom as mode of prevention; "*I have heard of a kind of protection for women, the female condom, but it exists only in the United States and other developed*

*countries*". At the moment, female condoms are being strongly promoted in Senegal, but the population is still quite unfamiliar with the. One third of the young people mention abstinence as method of contraception. Two boys mention sterilisation as method of contraception, although this is mainly to prevent pregnancies. Two girls know other methods, such as traditional herbal extracts or the use of spermicidal jelly.

When discussing the two main methods of contraception, the condom and the pill, the young people indicate that there are several places where you can buy them. The pharmacy is mentioned by all girls and boys as the principal place to buy condoms and the pill. Other places they mention are family planning associations, hospitals and social centres. Since girls need to have a prescription from the doctor to have a receipt for the pill, the access to the pill is difficult and therefore, only a few girls and none of the boys have seen the pill in reality. They have learned about it in school and some of them have seen the pill during a lecture in school, in books or on television. Both boys and girls indicate that they know about the possibility of buying the pill without a receipt at the black market, but none of them has ever bought it and they consider it dangerous, because of the probable expiry date of the pill and also because of social control, since nobody should know that they are looking for the pill, because then they will be labelled as 'sexually active', which is against the norms.

Access to condoms is easier, since condoms are being widely promoted. Besides the pharmacy, hospitals and family planning services, there are several other places where you can buy condoms. Especially the boys from the FGD mention these places; at the market, in some streets, at clubs and discotheques, in bars. The price of a package of three condoms is 150 CFA (= 0,20 Euro), which is not considered too expensive by the young people from the focus group. One boy cites however; "*No, 150 CFA is not expensive, but condoms should be free, since uneducated people who have no job, want to use them too, while they have no money at all. For them, 150 CFA might be expensive*". None of the young people in the FGD has ever had a workshop where they are taught about how to use a condom. Consequently, although all young people know where to buy condoms, they have never had the practical skills training on how to use them. When they have never seen or touched a real condom and when they are never trained on how to use them correctly, the condom remains an item that is 'far away' from young people's reality. Because the 'distance' to actually using a condom will be too big, the chance that young people will use a condom reduces. Besides this, there is the fact that condoms are considered a 'man's thing', which reduces the chance for girls to actual use a condom. Socially and culturally it is completely unacceptable for a girl or woman to bring a condom, as she will be seen as 'willing to have sex'. Moreover, she will be considered to be unfaithful to her partner, because why would she need condoms if she has only one partner? This diminishes the bargaining power of women concerning condom use within a sexual relationship. How young people deal with their heterosexual relationships and whether or not they are engaging in sex, as well as the negotiation processes concerning safe sex, will be dealt with in the next chapter.

Although both girls and boys know where to buy condoms, they have not all seen them. Most girls and boys have seen commercials on television about condoms or a picture in a schoolbook. Half of the girls, who indicated having seen at least one time a real condom, saw it on the street, because somebody has thrown it away. Only three girls indicated that they have seen a condom with a brother or male friend. This differs a lot for boys, since all of the boys claim to have seen condoms. While most boys indicate to have seen condoms with a male friend, half of all boys have actually had condoms in their possession. Since it takes courage to go to the pharmacy and ask for condoms, while you are young and not expected to have sex, many boys claim that they

would ask friends for condoms, if they need them. The attitudes towards contraceptives and negotiating safe sex will be further explored in chapter five.

When discussing the modes of transmission of HIV/AIDS and the methods of prevention, it is inevitable not to talk about girl- and boyfriends. Despite the social norms and prohibitions by their parents, the majority of young people from the FGD are having a relationship, as Table 9 shows:

Are you dating someone?	Girls	Boys	Total
Yes	11	10	21
No	4	5	9

**Table 9: Number of respondents (15-20 yrs) who are dating someone**

How young people are dating, how they select their date and where they meet, will be examined into detail in the next chapter. Considering that most young people from the FGD have a girl- or boyfriend, I focussed on risk-perceptions regarding HIV/AIDS among young people. At first, I examined the perceptions of young people on whether or not they think their friends are at risk of contracting an STI or HIV/AIDS.

Do you think your friends can get infected with HIV/AIDS?	Girls	Boys	Total
Yes	10	9	19
No	5	6	11

**Table 10: Perception of risk of friends of 30 respondents (15-20 yrs)**

As Table 10 shows, the majority (19 persons) of young people think that their friends are at some risk of contracting HIV/AIDS; this answer can partly be explained by the fact that most young people know that everybody can be infected with the virus. *“Yes, my friends might be infected, although I do not hope so. Nobody is secure, it can happen to anybody”*. Another explanation is, that many young people, both girls and boys, indicate that their friends are at risk because they perform risky, unprotected sexual behaviour; *“I have some friends who have sex with many different women”* and *“My friends do not use any protection when they make love to a girl”*. One girl even makes a connection between education by the parents and risk of infection; *“Yes, some girls can get infected, because of their behaviour, but also because of their parents; they lock their daughters into the house. Those girls don’t know anything, when they will leave one day, they might do things which they will regret later on, because they didn’t know”*. These answers prove that young people are having sex, which is in strong contrast with the image they are painting of themselves, as decent young persons, following the religious values and social norms of staying virgins until marriage. During the FGD both boys and girls pretend to follow strictly the example of their parents, to marry as virgins, and they are solely blaming ‘other’ girls and boys for having sex. Also towards each other, they pretend this and they confirm their image of ‘decent, virginal’ young people. But during the personal interviews, both girls and boys dared to speak out about their love-life, although only a few have had sexual experiences. This contrast between the symbolical and structural dimension and how young people are dealing with it, will be explored in detail in the next chapter.

The rest (11 persons) of the respondents think that their friends are not at risk of infection. The main reason for this answer is that *“they are educated and they know about AIDS, about how*

to protect themselves". Most of the girls answered 'no' because "my friends are too young, they do not think about sex, they don't even have a boyfriend" and "I have only decent friends who wish to abstain until marriage". When looking at the perceptions of the young people about themselves being at risk of infection with HIV/AIDS, there are similar trends, presented in Table 11:

Do you think you can get infected with HIV/AIDS?	Girls	Boys	Total
Yes	9	7	16
No	6	8	14

**Table 11: Risk perception among the 30 respondents (15-20 yrs)**

A small majority (16 persons) of the young people think that they are at risk of infection with HIV/AIDS themselves, again for the main reason that most of them, both girls and boys, are aware that HIV/AIDS can affect anyone. This correlates with the fact that educated, urban young people are well informed about HIV/AIDS, as has been explained in chapter two.

Nevertheless, almost half of the respondents (14 persons) think that they are not at risk of infection. The girls who claim that they will not be infected with HIV/AIDS, do not say this because they think that it is impossible for them to get infected, but to emphasize that they would never conduct a behaviour which leads to infection; "No, I won't be infected because I don't want to have sexual intercourse before marriage". Besides the fact that you can never know what will happen in a few years or how your intentions might change, this attitude contains a danger however. A girl might think that she is safe, because she is still a virgin; since she does not consider the possibility of having sex, she is completely unprepared. But she might engage in a relationship with a boy who's sexual history she doesn't know and she might trust him and get infected after all. This touches the risk of getting infected by your husband or wife, a risk that is especially present among girls. As we have seen in the former chapter, the control on a girls' virginity is much stronger than on a boy's virginity when entering marriage, but while a girl remains a virgin until marriage, she might marry a man who is infected and consequently, she will be infected too. Additionally, since this girl wants to remain a virgin, she will not be informed about sexuality, pregnancies or STIs. Because she will not have sex before marriage, she will not seek information before her marriage. This may lead to virgins being at a higher risk of pregnancies and STIs than young people who are engaging and experimenting with relationships. Girls, and boys, who do have a relationship, are more prepared for the moment when sexual intercourse might occur, while virgins can enter a relationship, but with the conviction that they won't have sex. So when the moment of engaging in sex might arrive, the virgin will be completely unprepared. The aim to remain a virgin is therefore not an assurance of being free from infection with an STI or HIV/AIDS. In this respect, there are a few girls and boys who think about getting tested with their future husband or wife, to be sure that neither of them is infected. While the main reason for girls to think that they will not be infected, is that they want to remain a virgin until their marriage, boys think that they will not be infected because they intend to protect themselves by using condoms. This shows again that for girls, virginity is far more important than for boys.

It should be mentioned that, although young people are very well aware that HIV/AIDS can affect each person, they still tend to think that it will not happen to them, since they have 'decent behaviour'. This is reconfirmed by the point of view of several teachers from college OSD, who claim that the majority of their pupils perceive AIDS as a disease of others. Another fact that

contributes to this perspective is that AIDS is not visible. As has been explained in the former chapter, since no young person knows somebody who is infected or has died of AIDS, it appears very unrealistic to him or her that AIDS will actually enter into their lives and infect them. When talking about unprotected sexual intercourse, there is among both girls and boys more fear about pregnancies than about infection with STIs or HIV/AIDS. The study from Naré shows the same trend; in general, there was a lack of concern about STIs and HIV/AIDS, which may reflect a greater fear of pregnancy amongst girls due to its immediate and visible consequences, as well as notions among young people that AIDS is something that happens to other people, not to them (Naré 1997: 19).

Prostitutes are labelled as the main source of infection of STIs and HIV/AIDS, although it is this group of women who are using condoms, have monthly check-ups and are immediately treated when they might have an STI, ever since prostitution has been legalized in Senegal. However, the whole population including young people accuse prostitutes of spreading HIV/AIDS. When examining what kind of girls would have premarital sex and would be at risk of infection, especially the girls from the FGD claim that “*It is the prostitutes who are infected and ill, they infect the rest of the population*”. Both girls and boys emphasize that there are some girls who will have sex with somebody for money. Although these girls are not being labelled ‘prostitutes’, there is a strong conviction about their behaviour and the girls from the FGD emphasized strongly that “*those are other, wrong girls, not us*”. The next chapter will further explore the role that money can play in a relationship and in engaging in sexual intercourse.

The main confidants of young people are their friends and they spent a lot of time together. These friends and other peers become guides and examples and their behaviour is being copied. The study from Nanitelamio shows also that both parents and young people indicate the big influence of friends and peers on their sexual behaviour (Nanitelamio 1997: 11). Moreover, during adolescence, the opinion of friends and the desire to identify with the group can be far more important than the religious advice prescribed by parents. For some young people from the FGD, sexual relationships are becoming examinations to belong to the group and in the eyes of their peers, sex becomes a sign of emancipation that has to be accomplished. This is being reconfirmed in the study from Nanitelamio (1997). It appears that young people obtain a lot of information about sexuality and HIV/AIDS, and moreover they have many perceptions of ‘good’ and ‘bad’ behaviour. The next sub-paragraph will explore how young people communicate this information and perceptions to their peers.

#### **4.3.2. Communication among peers about sexuality, STIs and HIV/AIDS**

Within the different contexts of peers, at school or in the neighbourhood, there appears to circulate a lot of information and ideas. Young people learn a lot from their friends and from others from the peer-group and they shape their behaviour through opinions and influences from their friends and peers; ‘peer-influence’.

Since sexuality is such a taboo subject and young people are, by society and their parents, not expected to engage in sexual relationships, there is a big fear among young people that their peers will talk about them and accuse them of ‘bad’ and ‘improper’ behaviour. From the FGD, it becomes clear that trust and loyalty within friendships are highly valued by both girls and boys, since these are the most important conditions of a solid friendship. Among the members of a group, there is often a fear that someone from the group will tell everything about them to outsiders. Since social control is very strong, as has been shown before, and behaviour

can very quickly be labelled ‘bad’ or ‘disgraceful’, young people watch their words; they have to pay attention to whom they talk.

Young people prefer to talk to friends about personal things instead of with their parents, teachers or service providers. One girl cites that she can turn to her aunt who is a nurse, so she will get the right information about STIs and HIV/AIDS, but she does not dare to trust her with her personal feelings and relationships. An older sister or brother can be trusted as a friend too, but most young people tend to entrust one special friend with their questions and concerns. From the FGD and interviews, I learned that girls and boys sometimes “*talk about ‘things’ that happen between boys and girls*”, but they do not discuss STIs and HIV/AIDS in technical detail with their peers. In secondary schools, Family Life Education starts in third or fourth year, when most pupils have already had sexual experiences and are about to learn sexual matters by themselves or through their peers (Tiendrebéogo 1999: 85). The young people from the FGD indicate that sometimes they discuss HIV/AIDS outside the classroom. While young people learn from their teachers about the technical facts of transmission and prevention of pregnancies, STIs and HIV/AIDS, they learn their relational and ‘sexual’ skills from their peers.

When discussing premarital sex during the FGD, both girls and boys strongly condemn having sex before marriage, although ‘having sex’ is a ‘mark’ to belong to the group of peers and shows how ‘tough’ a young person is. But both girls and boys emphasize strongly during the FGD that they “*would never have sex before marriage*” and that they “*would follow the rules of their religion and tradition*”. However, among boys, this emphasising was less strong, since they expressed they are hoping to be able to abstain until marriage, but they indicated that they are not sure whether they would be able to control themselves and fulfil this religious promise. One girl explains; “*Most girls are hiding their personality, they tell you “I would never do those things”, but they will do it anyway. They don’t want others to think bad about them*”, which shows some of the impact of the strong social control among peers on the behaviour of young people. They lie about their behaviour and hide their ideas and experiences out of fear to be condemned. From the personal interviews however, I learned that the individual realities are often different and that several boys and girls do have certain sexual experiences, although they do not mention this in the discussions with the group. The sexual activity of young people is moreover visible in the national trends of teenage pregnancies and increasing STIs among young people. The next chapter will examine the individual reasons to opt for abstinence or premarital sex.

The girls from the FGD appear to apply the discourse in Senegalese society that sex and sexuality are taboo for a big part, so among groups of girls the sub-discourse is present that you should not talk about sexuality or HIV/AIDS. Only a few girls indicate that they talk about HIV/AIDS among their girl-friends, but only about the modes of transmission and prevention after they were having been taught about this in class. They also warn each other not to have sexual intercourse before marriage, which derives from the dominant discourse. Among boys, the sub-discourse of not talking about sexuality and HIV/AIDS is less present, since the sexuality of boys is less restricted. Boys have more practical experience and possibilities to talk about sexuality and prevention from STIs, which becomes clear when discussing contraceptives.

While most girls have never seen a condom, all boys have seen them with a friend, who explains it and shows them that he is protecting himself. Some of the younger boys indicate to being shy and embarrassed and did not even want to talk about it with their friends; “*I saw some condoms laying on the bed of my friend, when I was in his room. He showed me a condom and explained it to me, but I did not want to listen. I don’t even think about using condoms, because I*



*don't want to have sex before marriage. It doesn't interest me*". While most boys demonstrate their interest and willingness to learn from his friend; *"I saw condoms in the room of my friend. He showed me that he is protecting himself"*. This is an example of the positive sides of peer-influence, since it promotes and develops positive attitudes. The social peer-network can thus play an important and protective role in the positive development of young people. As the example shows, peers can warn each other against the dangers of unprotected sex and discuss the use of condoms.

Five boys even indicate that they have or had condoms themselves. Some of them still have condoms, while others for several reasons don't have them anymore; *"Yes, I had bought some condoms, but I have thrown them away, because I am too afraid of God. To have sexual intercourse with a girl who is not your wife, is very bad and forbidden"* and *"Yes, I had some condoms, but I gave them to a friend of mine who needed them. He came to ask me for condoms, now, I don't have condoms myself anymore"*. This last example shows that there is much communication and solidarity among boys to help each other out. When investigating what this boy should do when he would be in need of condoms, he answers; *"I will go to see my friends and ask them for condoms, they will give them to me"*. Another boy explains; *"I have a friend in the neighbourhood, we talk everyday, we drink tea together, he knows me very well. He has some condoms, I will ask him and he will give me a condom"*.

Among boys, there are a lot of differences; some boys are open and willing to talk to their friends about HIV/AIDS and condoms, while others are shy or ignorant and do not want to share their information and opinions with others. One boy explains his efforts to change the sexual behaviour of his friends; *"Yes, I think that my friends risk to be infected with HIV/AIDS, but I don't wish it for them! They frequent too many girls. They do it almost everyday. They didn't go to school, when I talk to them about HIV/AIDS, they will not listen. There are even some boys who are laughing about it and they continue like they do"*. The behaviour of this boy's friends can be seen as following the group, without reflecting whether this is good or bad. In this case, someone who does reflect the behaviour of the individuals within the group, is laughed at. He is considered 'not cool' and 'overreacting', since he is not blindly following the group. The boy from the example indicated that he has left the group out of his own choice. In other cases it also occurs that the group rejects somebody, because he does not fit into the group anymore. While he tries to warn them, the group does not want to hear about 'responsibility' and 'danger'.

The ideas and rules of a group are initiated by the leader and copied by the members. Although some boys indicate during the discussions that their group doesn't have a clearly signified leader, there are always one or more leading persons in the group, who have more decisive power than the other members and who decide upon the 'rules'. These leaders function as role models to the rest of the group; the 'marks' they perform, are leading for the other members. If they do not follow, they risk being thrown out. The boys from the FGD indicate that groups and their leaders are often inspired by famous groups, like American gangs from television. They copy their names, rules and behaviour. Singers are also having a big impact on ideas and perceptions of groups of young people. The famous Senegalese singer Youssou N'dour is an example of a role model, whose ideas and song texts are being copied. His messages about respect for women, the dangers of HIV/AIDS and the necessity to work hard in life to help your family and country are popular among young people and lead to positive, responsible behaviour. Music in general plays an important role in young people's lives and they place high value on music.

The boys from the FGD indicate however, that there are also negative influences from a group of friends, sometimes guided by the leader(s). Although not all boys are confronted with

pressure from their friends, because they have chosen the right friends or have left their ‘bad’ friends, more than half of the boys from the FGD indicate to be confronted with some kind of pressure from their friends. As has been cited before, this pressure can consist of encouraging smoking, drinking or leaving school, but boys also cite experiencing pressure from their friends to have a girlfriend. They are expected by their friends to have a girlfriend, as one boy emphasizes; *“In the group, everybody has to have a girlfriend. When we organise a party, every boy of the group is invited and everyone needs to bring a girl. We also invite the girlfriends. You are obliged to come with a girl”*. Among boys, it is an enormous status to have a girlfriend; *“When you don’t have a girlfriend, you are not cool, not successful”*. Since no boy wants to be judged by his friends as weak or afraid, there is often a kind of competition among them and you are certainly not seen as ‘cool’ or ‘tough’ when you don’t have a girlfriend. As has been shown in Table 8, ten from the fifteen boys indicate having a girlfriend; most of the boys indicate in the personal interviews that their relationship is ‘forced’ upon them by their friends. The next chapter will gain an insight into how serious both girls and boys perceive the relationship they are actually engaged in. Besides boys who have to deal with pressure from their friends, there are also a few boys who are able to express their personal preferences concerning a relationship, although they indicate that it is very difficult for them to speak up against the ‘norms’ of the peer-culture; *“I have no girlfriend, but there is one girl that I like, but I don’t dare to tell her. My friends often ask me why I don’t have a girlfriend. It is difficult, but I tell them that I don’t want to have a girlfriend, because girls will only cause you troubles”*.

Some boys indicate that within their group, some boys constantly try to exceed the other group members; *“Some boys have several girlfriends, to show that they are strong, have courage and can do whatever they want”*. The importance of having more than one girlfriend at the same time might even lead to pressure on the rest of the group to do the same, as one boy cites; *“My friends often say «Come and do like we do! You need to have two or three girlfriends!». They don’t work, they have a lot of girlfriends at the same time and all they do is drinking tea and looking for other girls. I don’t want girlfriends, school and work is far more important. You need to have good friends too, because when you have bad friends, they will influence you and destroy your future. They will push you and say they will find you a nice girlfriend”*. Within some groups, boys are encouraging each other to have sexual intercourse with their girlfriend, since this is considered ‘cool’; *“Some of my friends go to bed with many different girls. Sometimes they push me to do the same. They try to force me, their influence is very strong and it’s very difficult to resist them, but I don’t want to sleep with a girl”* and *“My friends don’t think about the consequences, they don’t want to talk about pregnancies or AIDS. The only thing that they want is to amuse themselves and have sex with a girl. When I talk to them about the dangers of AIDS, they tell me that I’m jealous and egoistic. They say that I am jealous, because I don’t have a girlfriend and they do things that I cannot do. When I talk to them about AIDS, they don’t want to listen”*. This example shows the difficulties for individual boys to stick to their own values, while they are influenced and sometimes even pressured by their friends. As one boy cites; *“You need to be very strong to resist the pressure from your friends. Sometimes, they ask me «Why don’t you do it?», but I don’t want to do it. But it’s difficult to resist your friends”*. This shows that the influence from peers has far-reaching consequences for individual perceptions and behaviour within heterosexual relationships, which will be explored in the next chapter.

#### 4.4. Conclusion

Young people spent most of their time with their peers and this chapter has shown that this peer-group has an enormous influence on the perceptions and behaviour of young people. Rules and codes of conduct, based on a traditional control on sexuality, are one of the most evident characteristics of being young, according to the young people from the FGD. The goal to get married and the ideal of virginity are being challenged by the sub-discourses in peer-culture; the sub-discourse still prescribes marriage as the goal, but the age of marriage is increasing and before marriage, boys and girls should have some experience by having a girl- or boyfriend. The sub-discourse emphasises moreover the economical responsibility and the guiding capacities of boys and a more passive attitude of girls, copying the stereotypical roles of their parents. Since the rules from the peer-group prescribe boys to be tough and sexually experienced, this makes it very difficult for boys to seek information about sexuality and STIs; they are supposed to know everything about sex and sexuality, so when it appears that they don't they will be labelled a 'coward'.

Since labelling occurs within peer-groups, young people try to live up to these labels, since belonging to the group is very important to them. Membership of the group is being determined by rules and although groups of peers differ in number, but they are generally open to new members. There are marks to distinguish the groups, but these marks are not visible; clothes appear to be no mark of differentiation. Some groups mark themselves by using a special name or preferring certain music. Peer-groups operate on democratic basis, but in groups of boys there is often one leader who decides upon the rules of the group. Physical strength and mental capacities are marks of a leader and in peer-groups of boys, a leader is appointed based on these marks. Girls gather also in peer-groups, but in these groups the hierarchy and leadership is less clear and therefore it is more difficult to gain insight into these groups.

Although some young people are friends with somebody from the opposite sex, it is a sub-discourse among peers that boys associate mainly with boys, and girls associate only with girls. As a result, there is very little communication between the sexes. This does not favour an understanding of the other sex, which is essential in learning about sexuality and safe sex in their relationships. Since for both girls- and boysgroups, the most significant 'mark' is having a girl- of boyfriend, most young people engage in relationships without being in love, which does not favour communication and trust within relationships.

Both girls and boys tend to trust one best friend with personal problems and questions concerning sexuality and relations, since they fear judgement and condemnation by the other group members. It appears that peers communicate about STIs and HIV/AIDS, but this communication concerns mainly technical information about modes of transmission and prevention. The risk-perception among young people is however very low and some young people do not want to hear about the dangers of unprotected sex, which are challenges to HIV/AIDS education. Since information and communication appears to be best among peers, the method of peer-education could be useful in educating young people about sexuality, STIs and HIV/AIDS.

## 5

### **HETEROSEXUAL RELATIONSHIPS**

Where young people gather together, at school or in the neighbourhood, there is a lot of communication and motion between groups and individuals, but there can also be attraction between several individuals. During adolescence, young people start to explore their sexuality and discover the other sex. In this process, they experience a mixture of many different feelings, such as friendship, love, attraction, jealousy, fear, happiness, insecurity, excitement. This chapter will explore these feelings and relations between individuals from the opposite sex; heterosexual relationships.

In examining heterosexual relationships, I will investigate how young men and women perceive these relationships. In paragraph 5.1, I will explore how young people differentiate between friendships and relationships, by looking at their definitions of 'friendship' and 'love'. Furthermore, I will examine the ideal of marriage within peer-cultures. Paragraph 5.2 will explore how ideas from the dominant discourse are influencing sub-discourses of peer-culture; what factors are influencing young people's choice of a partner. It will be examined to what extent religion, ethnicity and socio-economical factors are influencing the choice of a partner. I will further investigate the sub-discourses on heterosexual partners by describing the characteristics of the ideal girl- and boyfriend.

Central to this chapter are heterosexual relationships, and I will try to gain an insight into how young people perceive a heterosexual relationship and how they value trust and fidelity within their relationships. This will be done in paragraph 5.3. and it will be examined how young people perceive abstinence and premarital sex. Since it appears that a number of the young people are engaging in premarital sex, the last part of this paragraph will explore the places where young people meet and what factors are pushing them to engage in sex. Paragraph 5.4 will explore the processes of negotiating safe sex, by first gaining an insight into young people's attitudes towards contraceptives. What do girls and boys think about contraceptives and do they think they will be using contraceptives in their relationship? And which contraceptive do they prefer to use? I will end this chapter by exploring the processes of negotiation within a relationship. How does a heterosexual couple decide upon engaging in sex and in using contraceptives? To explore the room to manoeuvre of individuals within a relationship, it is important to find out to what extent an individual can protect him or herself against pregnancies, STIs and HIV/AIDS by demanding the partner to use condoms.

#### **5.1. The ideals of love and marriage**

Young people spent most of their time with their peers, and, as can be learned from the former chapter, friendships are very valuable to young people, since they are more at ease to share their problems and questions concerning sexuality, STIs and HIV/AIDS with a friend. Besides regular friendships, young people engage also in heterosexual relationships. In this paragraph, I will first explore how young people define and value friendship and love, to investigate the ideal of love.

Within sub-discourses of peer-culture, marriage is still an ideal, therefore, the second part of this paragraph is dedicated to exploring young people's individual perceptions about marriage.

### 5.1.1. Differences between 'friendship' and 'love'

Friendships between people from the opposite sex are not uncommon among young people in Dakar, as has been described in the former chapter. These 'mixed' friendships are special and serve as a means to both girls and boys to get to know the other sex. As has been mentioned briefly before, in friendships between boys and girls, there is a possibility that the two might fall in love with each other. This means that the friendship between a girl and a boy has been changed. There are many differences between friendship and love, and as both girls and boys cite, *"friendship and love is not the same"*. As has been shown in the former chapter, friendships between boys and girls have often an advisory role; *"Your friend from school advises you, he tells you what to do and how to avoid to break the social rules"*. As one boy cites moreover; *"With a female friend, it is different; you don't go out together like with your girlfriend. You will tell her your problems and she will give you advice, that's all"*.

The opinions of both girls and boys are divided when discussing whether love or friendship is more sincere. Some girls are of the opinion that; *"Friendship is more sincere and much deeper than a relationship. Dear friends stay until they die. Somebody you love, you can marry with him if you want, but it is not necessary"*. But the rest of the girls disagree; *"But to marry is also for the rest of your life! Love is eternal friendship!"*. At the symbolical dimension, the idea of eternal love is prevailing; every boy or girl is predetermined to marry somebody and the bond of marriage shall last forever and shall not be broken. To reach this goal, the institute of marriage is established to assure a bond that lasts. As will be shown further on in this chapter, in social reality this bond is not always eternal. The most important reason for both girls and boys to have less confidence in a love affair is the fear of being left alone. Girls are afraid that one day, there will come a girl who is much prettier and younger than they are and their boyfriend will leave them for this girl. There is a fear that the boy's friends will tell him that he should better let her down and start a relationship with this younger girl.

Even more than with friendships, trust and loyalty are extremely important when engaging in a heterosexual relationship. As one girl cites; *"Love is sharing affection, trusting. More than with friendship. But sometimes is friendship more sincere, sometimes love. When you are in love, there is complete trust"* and a boy indicates; *"For true love, fidelity is necessary, that is the most difficult part"*. Since both girls and boys are afraid to be hurt or to be left alone by their partner, it is difficult for them to trust the partner completely. Because of this fear, a girl cites; *"When you are in love, you are always jealous"*. This is a general phenomenon, since during adolescence, most young people are very shy and insecure about themselves, which is being projected on others by being jealous. A relationship that does not work out right is immediately associated with personal failure and the young person feels rejected and starts doubting him- or herself. A relationship is socially important to young people, as it will provide them with respect and a confirmation that they are accepted as they are. Relationships are perceived by young people as preparations for their marriage, and as the following sub-paragraphs will show, choosing the right partner is very important.

Fear of being rejected or hurt, leads to silence, especially with girls; a girl will try to hide her real feelings for her boyfriend. She will definitely not tell him that she is in love with him; *"When you are in love with somebody, you are afraid and ashamed to tell this to somebody."*

*You will never tell the boy himself that you love him!! Maybe you will tell a friend*". Some girls are very timid and ashamed to talk about being in love, as they cite; *"When a boy knows that you are in love with him, he will come and tell you that he loves you too, then you feel really shy!"*. This attitude stems from a social construction based on gender; a man should take the initiative to approach a woman. It is not done that a woman takes the initiative, which is also the norm in peer-culture, as the girls from the FGD cite: *"A girl should never seduce a boy, they will talk about you, they will tell that you love boys too much, that you are seducing boys all the time"*. So, because of this social gender-rule and the fear that boys will say bad things about them, girls often remain very reserved when it concerns boys and they follow the discourse of masculinity; the boy or man should take the initiative.

Since social control among peers is extremely strong, a girl will not reveal her true feelings for a boy in public. Both girls and boys have a reserve towards their relationship and only with their best friend, they will discuss feelings and ask for advice. This shows the importance of having faithful friends you can trust, since the girls cannot speak out about their feelings to others. Every individual is searching for the ideal person to be with. Therefore, further on in this chapter, it will be explored what young people perceive as characteristics of the ideal girl- and boyfriend.

When comparing friendships and relationships between boys and girls, it appears that in a friendship, they talk about other subjects and do other things than in a heterosexual relationship. With friends, both girls and boys exchange information and teach each other relational skills, by explaining to each other how their relationships work and by advising each other about how to cope with certain situations. While a friendship between a boy and a girl consists mainly of giving advice to each other and assist each other in personal problems, it is evident that within a relationship they do different things, although both girls and boys are very hesitant to talk about this. One girl from the FGD has enough courage to explain it a little bit; *"When you have a friend, there are things that you do not do with him, but when you are in love with somebody, you do things with him that you don't do with your friend. Like kissing. And other things that you do with him that you don't do anymore with your friend from school. It is different"*. When she talks about these 'things', all girls from the discussion group have to laugh. Obviously, it is a difficult, sensitive subject; while only this one girl dares to explain a little, all the other girls are too shy to talk. However the girl risks being judged as 'bad' by the other girls, because she talks about a subject which is taboo and which she should not know, since she is supposed to be a virgin. Since this girl is one of the 'wild' girls, one of the leaders in the class, the others expect her to dare to talk about the taboo subjects. Although all girls know about kissing, they don't dare to speak about it in public, since they are expected not to know about it.

The boys are a little more open about it, although they have to keep up their image of serious, hard-working boys. By admitting that they have a girlfriend, they answer to the sub-discourse of the peer-culture, since among peers, it is important to have a girlfriend. But the boys try to reconfirm the dominant discourse and to fit into the ideal image again, by stressing that they do not want to spend too much time with their girlfriend, since study and work are more important. As has been shown in the former chapter, most of the girls (11) and boys (10) from the FGD have a relationship, although they do not want to mention this during the FGD, out of fear of social judgement by their peers. Although every boy is expected to have a girlfriend (or more), they sometimes don't have one. To save their reputation, some boys might claim to have a girlfriend. Within the group of boys, everyone feels the need to let the group

know that they have a lover, although nobody would ever hold hands, cuddle or kiss in public, since this is socially unacceptable. While in some other countries in the world, young people seem to feel no shame showing the outside world that they have a relationship with somebody, by holding hands or kissing in the street, Senegalese young people would never do this. This 'free' behaviour does not coincide with the Senegalese norms and values and most young people have incorporated this general discourse into their sub-discourse; young people are extremely reversed about showing affection in public.

Both girls and boys are experimenting with relationships, but they are reserved, since they are waiting for their 'true lover' with whom they will marry. The next sub-paragraph will explore the ideal of marriage by looking at the place of the institute of marriage within the sub-discourses of peer-culture and how young people perceive sub-discourses about marriage. It appears that marriage is closely connected to age and I will therefore also explore the preferred age of marriage for both boys and girls.

### 5.1.2. Sub-discourses of marriage within peer-cultures

When talking about the ideal of marriage within the context of the FGD, it appears that there is not one definition or one 'track' to follow in life. The opinions are divided, as the following discussion shows:

Interviewer: *At what age do you wish to get married?*

Girl 1: *I don't know.*

Girl 2: *What do you mean you don't know? You will get married, right?*

Girl 1: *No, not right away, I will first do my exams and after that, I will see.*

Girl 2: *Ah?! Are you sure?*

Girl 1: *Yes, I don't want to be disturbed during my studies. I will wait.*

Girl 3: *You might want to wait, but the boys don't wait!*

(The whole group of girls is laughing)

Girl 2: *Yes, you should not wait too long, before you know it, you will be too old and the boys don't want you anymore!*

Girl 1: *Maybe I don't want to marry at all.*

(Astonishment among the whole group of girls)

Girl 2: *A! My mother would kill me if I told her that I don't want to marry. She says*

Girl 1: *I don't have a boyfriend and I am not sure if I will marry one day.*

Girl 3: *That's really not normal! Are you sure?!*

Girl 4: *I will marry the one that I love; my boyfriend. I like to finish school and then*

Girl 2: *No, not right after college, that is too early, but you should get married and don't wait too long!*

This discussion shows that although the opinions might be divided, this is not expressed in public, not even within the context of the FGD, since this context is a different one than the context of the peer-group of an individual. Within the peer-culture, the ideal of marriage is however still prevalent and as the quote shows, even within the relatively 'safe' context of the FGD, the girls are not free of judgement when expressing their preferences; when one girl indicates that she does not want to marry, she is being condemned, since this is not considered normal. Everybody should

marry one day, which corresponds with the dominant discourse, although within the sub-discourses of peer-culture, there are shifts in the age and meaning of marriage.

Increasingly, young people are getting married at an older age than their parents, as has already been shown in chapter two. This difference with the generation of their parents, also appears from the discussions with young people; “*My mother married already at the age of 13*”. The girls and boys from the FGD are however already between 15 and 20 years old and none of them is married yet. Their studies are very important to them, but also to their parents, so there is a shift in discourse visible; the dominant discourse of getting married at a very young age, right after a girl’s first menstrual period, is increasingly being replaced by the discourse that young people are first expected to finish school and get a job. Especially in the urban area of Dakar, this change is rapid and visible (see Appendix 1).

Although the age of marriage has increased, girls are still forced into a subject position by a constructed truth, which is no longer questioned; a girl should marry. But since the period between first menstrual period and marriage is increasing, girls are for a longer period exposed to possible engagement in premarital sex. This will be further explored in the next paragraphs. The discussion among girls shows that it is the sub-discourse that a girl should marry. When Girl 1 indicates that she is not sure whether she will marry, the rest of the girls laugh and condemn her, since this is not perceived as normal. All girls agree when Girl 2 cites that marriage is the objective of a woman. This sub-discourse forces this girl into a certain subject position; although she is very smart and might succeed at university, she is expected to get married soon and to have children, so she will never be able to follow her dream of starting a career. She has no choice, because of the sub-discourse prescribes that the goal of a girl is to have children by getting married. In the peer-culture of girls, the ideal of motherhood is copied from the dominant discourse and to reach this goal, a girl should marry. Otherwise she will not be respected as a real woman. Girl 4 is however reconfirming this constructed truth and she is already preparing herself for her role as married woman and eventually being a mother; “*I will marry the one that I love; my boyfriend. I like to finish school and then get married right after*”. This girl does not question the truth, she follows the prescript of getting married, which means that she will be married at the age of 22. More than Girl 1, she is being respected by the girls in her peer-group, since her attitude corresponds to the sub-discourse to get married.

The afore-mentioned discussion shows moreover that there is a lot of debate among peers about the best age to get married. Table 12 shows that the preferred age of marriage is between 20 and 30 years for both girls and boys.

<b>Preferred age of marriage</b>	<b>Girls</b>	<b>Boys</b>
< 20	-	-
20 – 25	12	3
25 – 30	3	9
> 30	-	3
<b>Total</b>	<b>15</b>	<b>15</b>

**Table 12: Preferred age of marriage among respondents (15-20 yrs.)**

There are differences between boys and girls considering their preferred age of marriage; most (9) boys prefer to marry between 25 and 30, while most girls (12) prefer to marry earlier, between 20 and 25. Boys prefer to finish school first and maybe continue with another study, but at least they have to have a job and earn money before they are able to get married. This



corresponds with the discourse on masculinity; a man needs to financially maintain his wife and family. Moreover, boys feel the 'duty' to help their parents by giving them money, so they do not only have to work to gain some money for themselves and their future household, but they also have to maintain their parents when they are old. All boys indicate the hope to marry one day; the norm in peer-cultures to marry is very strong and young people will be excluded and stigmatised by their peers if they don't.

Moreover, from Table 12 it can be learned that it is the norm among the current generation that boys will marry later than girls. But although most of the boys who have a girlfriend (10) indicate their preference to marry their actual girlfriend, they don't think this is possible, since the girl will probably marry sooner. As one boy cites; *"I think that my girlfriend will marry a man who is much older than I am, someone who can be my father!"* This statement might sound exaggerated, but it reflects a trend in society that young girls are having relationships with older boys or even men. As another boy explains; *"I have a girlfriend, I don't think I will marry her, because she will marry earlier, while I am still busy finding money. It will not work out, because girls marry much earlier, while boys marry later. Boys will marry a girl who is much younger. Boys of 30 marry a girl from 25. There are even boys who marry a girl from 18"*. The fact that women grow old sooner is sometimes used as an excuse for polygamy; a man needs to find a younger, newer and fresher girl to meet his sexual needs. This is a fear for many girls and therefore they tend not to wait too long to marry, before they are being judged as too old and too ugly.

When looking at the preferred age of marriage for girls, it is clear that, although they like to finish their studies, girls will marry sooner than boys. Although they are expected to marry, girls are stimulated to study first, as has been explained in the former chapters. Marriage is a goal, but no longer the first priority for young girls, which causes tension between the sub-discourses; on the one hand, girls want to succeed at school and find a job to earn some money, while on the other hand, girls do not want to wait too long to get married, because then they will risk to be judged as too old and may not find a husband. From the FGD it became clear that many girls are struggling with this dilemma; *"When you don't have a husband after 30 or 35, you have a big problem and you should go visit the Marabou! When you are too old, they will forget about you"* and *"When I see a good man, I will marry him, because in Senegal, there are much more women than men"*. The fear of being left aside is leading to discussion about the maximum age to get married: *"At first, I thought about getting married at 26, because I first want to study, but that is too late, because then you are too old and big; the boys who are left when you are 26 will never marry a girl who is big as that! They want girls from 18 or 22. When you are 25, only the old men are interested in you. When you are older than 25, you will not have a husband anymore. So 25 is the limit"*. Another girl explains; *"Boys from 20 till 29 marry girls from 15-16, but men of 45-50 will marry girls from 20 till 29 and the very, very old men marry girls from 30 and older. You don't want to be left aside to marry an old man like your grandfather! When you wait until you are 29, you have to marry an old man"*. The emphasis on 'too old' and 'too late' in the quotes from the girls expresses the dilemma and the contradictory sub-discourses of peer-culture.

The fact that girls will marry an man who is older than their current boyfriends is contributing to the fact that the relationships girls have when they are young are not very serious; it is nice to have a boyfriend, but it is not serious, since he will not be the one they will marry; *"I will first get my diploma. I kind of have a boyfriend, but it is not serious, I won't marry him. I got out with him just to have a good time, to amuse myself. And he will find a younger girl"*

who will marry him. I will look for an older boy to marry after my study". Another girl is explaining; *"I have a boyfriend but I don't want to marry him, because I don't love him. I go out with him to relax and de-stress a little. You have to amuse yourself"*. This leads to a trend that there are differences in age between a boy and a girl who are dating; girls from fifteen to twenty tend to date older boys, while boys from fifteen to twenty tend to date girls who are younger than they are. Each girl from the FGD who has a boyfriend, indicates that he is a few years older than she is. And as one of the boys from the discussions cites; *"Boys of my age, like 17, they go out with girls from 13, who are very young. And girls from my age, they go out with old boys, boys from 20 or 25"*.

Besides the sub-discourse among boys and girls that boys will marry later than girls and girls will marry older men, there are other sub-discourses about the characteristics the future husband or wife needs to meet. These discourses within peer-culture are often influenced and shaped by dominant discourses. The next paragraph will explore how ideas and sub-discourses influence young people, by examining to what extent religion, ethnicity and socio-economic status play a role in the lives of young people and the choice of a partner.

## **5.2. Sub-discourses on ideal partners and ideal girl- and boyfriends**

Marriage is the ideal within peer cultures, but since girls will marry at a younger age than boys and with a man who is older, young people know that their current girl- or boyfriend will not be the true one. However, both girls and boys have ideas about their ideal partner and these ideas are influenced by norms and values from the dominant discourse. This paragraph will explore to what extent religion, ethnicity and socio-economic status influence the choice of a partner. Besides these values from the dominant discourse, sub-discourses within peer cultures prescribe many characteristics the ideal girl- or boyfriend has to meet.

### **5.2.1. What factors are influencing young people's choice of a partner?**

The distinguishing factors of religion, ethnicity and socio-economic class are the foundation of the individual's life and give direction to life, as has been explained in chapter one and four, but these factors are also influencing the individual choice of a heterosexual relationship. Regarding the distinguishing factor of religion, the majority of the young people from the FGD prefer to have a relationship with somebody from the same religion, since this causes less tension within the relationship and there is less criticism from their social environment. Although the young people indicate that religion is not at all important in being friends with somebody, this is different in engaging in a heterosexual relationship with somebody. The majority of the respondents are Muslim and both girls and boys indicate preferring to have a girl- or boyfriend who is Muslim too. Most respondents indicate that when they are dating, the religion of their girl- or boyfriend is not very important, but concerning their future partner, most young people prefer somebody from the same religion.

One boy indicates during the personal interview; *"My girlfriend is from the same religion as I am. It can be very difficult when there is a couple with different religions. Sometimes, they request the boy or the girl to change their religion! But it is impossible to change your religion! It is difficult, it is impossible. I told my mother that I would never change my religion for a girl"*. In the neighbourhood where I was living during the period of fieldwork,

there was an example of a young Christian man who had a baby with a young Muslim woman. They could not marry, because the family of the girl wanted the boys to convert to Islam, but he refused. He did not want to convert himself, but moreover, his family will never allow him to change his religion. So, the couple remains unmarried and the child grows up out of wedlock. There are however many examples where the man, but more often the woman, has converted to another religion, out of their own choice, or out of pressure from their families. With these examples in their minds, the young people from the FGD indicate preferring to marry somebody who has the same religion as they have. This preference for somebody from the same religion can be read from the answers from the respondents, when naming the characteristics of the ideal girl- or boyfriend; *“A boy needs to be correct, he needs to be from the same religion as I am”* and *“To me, it is important that a girl follows her religion”*.

For some young people, ethnicity is an important factor regarding choice of a partner. While most young people are not opposed to marrying somebody from another ethnicity, there are a few girls who explicitly cite preferring somebody from the same ethnicity; *“He should be from the same ethnicity as I am”*. In this case, there is an interaction between the distinguishing factors age, gender, ethnicity and religion; she is a young, Muslim girl from the ethnicity Toucouleur. These factors together make her prefer to marry a young man from the same religion, since this is the tradition in her ethnicity. Although her preference can be purely personal, it is more likely that it is imposed by the parents; to follow the traditions and to strengthen the bonds between families from the same ethnicity, parents prefer their sons and daughters to marry with the children from related families. In traditional Senegalese society, this was custom with some ethnicities, like with the Toucouleur and Mandinke. Although the tradition of marrying off boys and girls is still persisting among some ethnicities in certain regions of Senegal, as in the Casamance in the south, the young people from the FGD will not be married off; *“I am a Toucouleur, but I am born in Dakar, here, we do not have those traditions anymore, so I am not promised to somebody”* and *“No, I am not promised to somebody, I am Wolof, we don’t do that. They let you choose the woman you want, they don’t force you to marry somebody”*. Every girl from the FGD knows a case of a girl who has been married off at a very young age, but most often, these are examples from the regions, not from Dakar. Although there are no data available about the persistence of this tradition in Dakar, it can be assumed that in the urban, modernised context of Dakar, traditions like these are less frequent than in the traditional, rural regions of Senegal, so within peer-cultures in Dakar, there is no sub-discourse on ethnicity regarding choice of a partner.

The distinguishing factor of socio-economic status appears to be of great importance to young people in the choice of a partner. Especially among girls the sub-discourse of finding a good husband prevails; the ideal is to marry someone who treats her well, but also someone who has a job and money. For both the parents and the girls, it is important however that they go to school, get a diploma and get a job. As one girl cites; *“My mother likes her daughters to go to school and she wants us to have a good husband. It is important for me to go to school and get a job, because I don’t want to be too dependent of my husband”*. This example shows an emancipation of girls, which is less frequently to be found among women from an older generation, as has been explained in chapter two already. Young women of today are increasingly expected to finish school and to find a job, instead of getting married at a very young age. The fact that girls get married later, has been explored in the former paragraph.

Money is an increasingly important factor in young people’s lives. With both boys and girls admitting this; *“If a boy has no money, he is not interesting for girls”*. The importance for a

boy to have money is being copied from the traditional discourse, which prescribes that a man should be able to maintain his household, both mentally and financially. However, when a girl is too focussed on finding a boy who has money, she will be labelled by both boys and girls as a 'bad' girl. Both girls and boys from the FGD are very condescending towards those kinds of girls; *"There are girls who are attaching to boys just for their money. The boy gives her presents. Those girls are only looking for rich boys, just for their money. Such a boy might be rich, but he might have an empty head! Than you'll see that you've made a big mistake!"*. To avoid being labelled 'bad' and 'greedy', some girls from the FGD emphasize strongly that they are not like 'those' girls; *"There are girls who are only having a boyfriend because of their money. I don't like that, I don't like a boy to give me money. My parents give me money each month. When a girl is poor, I can understand that she accepts her boyfriend's money, but there are too many girls who only like boys for their money"*. Girls especially tend to mention bad examples to seem more innocent and to avoid a bad image. Money might also play a role in the engagement in sex, which will be explored in paragraph 5.3.3.

### 5.2.2. Characteristics of the ideal girl- and boyfriend

Besides the mentioned distinguishing factors above, which play a role in the choice of a partner, sub-discourses in peer culture prescribe several other characteristics the ideal girl- or boyfriend has to meet. Young people can be very critical to themselves and to their friends, but especially towards a possible future girl- or boyfriend. Whether young people have a relationship with somebody or not, they all have their ideas about how their ideal date should be like. In order to examine dating behaviour and the seriousness of relationships, it is important to gain insight into these characteristics of the ideal girl- and boyfriend.

When discussing the possibilities of having a boyfriend with the girls, it became clear that they had some general ideas of what is perceived as a 'bad' boy. These ideas do not necessarily concern boyfriends, but boys in general. The most cited 'bad' characteristics stem directly from the dominant discourse, like the prohibitions to smoke, use drugs and drink alcohol. Boys who behave like this are being labelled as 'bad', by society as a whole and by girls in particular. A decent girl would never dare to tell her parents or friends that she is dating a boy with such bad behaviour. 'Rappers' are cited several times by girls as boys who are 'bad'. Rappers are a sub-culture of boys who can be recognised by big trousers and large t-shirts; their outfits stem from the music stream 'rap'. Although they are labelled as 'bad' and are absolutely not mentioned by girls as possible dating candidates, it is obvious that at school and in the streets those rappers are popular and girls are attracted to them.

Generally, when looking at a boy's attitude towards girls, he should not love girls too much or seduce girls too much, according to the girls from the FGD. Girls describe a good boy as a boy who is *"correct, decent, hard working, wearing correct cloths and who is not using drugs"*. A good boy, who might even become a boyfriend, is *"polite towards his own parents and when he visits you, he is polite towards your parents"*. Parents are still important in this process, since a girl perceives it as a good sign when her parents like the boy, although they often don't know that he is her boyfriend. When discussing the qualities of the ideal boyfriend, girls come up with many characteristics. Some qualities are about his looks; *"he has to be pretty and fashionable"* and *"his clothes need to be correct, presentable and respectable"*. Most wishes about the ideal boyfriend however concern his mentality and personality; *"He has to be nice, sincere, gentile, intelligent"* and *"He has to be correct towards me and other persons. He has to*

*be comprehensive, listen to people, be sympathetic*". The general idea of having a boyfriend is that it should be somebody who is serious, honest and respectful of his girlfriend. This might seem obvious, but this wish stems from a fear among girls of being cheated by their boyfriend. Being faithful is therefore mentioned as the most important precondition for a relationship that lasts and might even result in marriage.

Three boys from the FGD clearly indicate that the looks of their ideal girlfriends are very important to them; "*She has to be pretty*" and "*she has to wear fashionable clothes and shoes. Tight cloths, that show her shapes. She has to be sexy and well-dressed*". While some boys cite that sexy clothes do not impress them, it is clear that boys prefer a combination of pretty and intelligent. Although many boys prefer to have a pretty girlfriend, for most of them, the girl's character and personality are decisive. Most boys cite characteristics like; "*comprehensive, intelligent, well educated, not egoistic, nice, polite, serious, correct*". One boy explains that the girl's social capacities are more important than her looks; "*It is not her clothes that make me feel attracted to a girl. To me, it is important whether a girl is able to talk, whether she has good manners. I like girls who dare to give their opinion, but not too extreme. She does not need to talk very much, otherwise, people will say she is a cheater*". His description of the ideal girlfriend corresponds with the image of 'good wife' from the dominant discourse on femininity. For a few boys, the dedication of a girl to her religion is very important; "*I like girls who are faithful, who believe in God. A girl who follows her religion, who warns me for bad things in life*" and "*I prefer a serious girl, who prays everyday, like me. She has to be correct and disciplined*". As with the opinions of the girls from the FGD, the boys also value the attitude towards the parents; "*She has to respect the advice from her parents*".

One of the most cited characteristics of the ideal girlfriend, is that she should not seduce and go out with many boys. One boy cites; "*I like girls who are good, well educated, who has good, decent friends. She needs to have her limits and not do things that the other girls do, like being on the streets at night, going out with a lot of guys and making love to many guys*". Both girls and boys prefer a faithful relationship, which shows that trust within a relationship is highly valued within peer-cultures. The next paragraph will describe how lack of trust and infidelity influence the dating behaviour of young people.

### **5.3. Dating**

Most young people engage in heterosexual relationships and now that insight has been gained into the characteristics of the ideal girl- and boyfriend, this paragraph will explore how young people perceive heterosexual relationships. First, I will explore how young people value trust and fidelity within their relationships. This appears to be different for 'decent' and 'wild' girls and boys, and it appears that among young 'wild' people, there is strong pressure to engage in sex with their lover. Before investigating where young people meet with their lover and whether they eventually engage in sex, I will explore how young people perceive abstinence and premarital sex and what factors are influencing their choice to abstain or to have sex.

#### **5.3.1. Trust within heterosexual relationships**

The possibilities for young people to show that they have a relationship with somebody differ per context, since in each context, there are different rules and discourses and in each context,

the young person is occupying a different subject position. From the FGD it becomes clear that within the context of the family, young people hide their relationship, out of fear of their parents. The young people indicate moreover that also within the context of the school, they do not exhibit their relationship with somebody, since they are afraid of being judged by their classmates and especially by their teachers, as one girl cites; *“When our teacher knows that you have a boyfriend, he will tell the whole school about it and say all the time that you are not a serious girl, that you spent all your time chasing boys. The teachers will create you problems if they know those things about you”*. This quote shows that teachers are not trusted with personal issues; teachers might function as source of technical information concerning sexuality, STIs and HIV/AIDS, as has been explained in chapter three, but teachers are not the right persons to teach young people practical skills concerning sexuality.

Within the context of the neighbourhood, there is strong social control and if people see a boy and a girl walking together in the streets, they will immediately start talking about them. To avoid gossip, young people prefer not to show that they are having a relationship with somebody, therefore, they do not walk hand in hand in the streets for example. That is considered ‘not done’. At home, as well as at school, young people occupy a subject position, which does not allow them to show their girl- or boyfriend. In the context of the peer-group, their subject position is a little stronger, since their peers have to know that they have a relationship, but again, they cannot show their relationship too obviously, out of fear of social control, so their position is again restricted by the dominant discourse that young people should not have heterosexual relationships until marriage.

It is striking to find that boys are accusing girls and girls are accusing boys of being unfaithful and of behaving badly. The other sex is always blamed for their behaviour, while in fact both sexes are afraid to be cheated on and left alone. For this reason, it appeared that young people do not trust each other within a relationship. Both girls and boys indicate not trusting their boy- or girlfriend completely. For boys it is mainly a fear of revealing their feelings; *“You should not tell everything to your girlfriend. There is no confidence between you and your girlfriend. I don’t trust my girlfriend completely, because she or I can meet someone else some day and it will be finished between us. It is not sure to entrust all your feelings and secrets to her, because she might tell all your secrets to other girls. That’s why I do not tell her everything about myself”*. While girls are occupied with the warning that a boy will leave them after he has had sex with them; *“There are boys who are very closed, they will never show you their real personality, their inner thoughts. They can even cry in front of you, but once they’ve got what they want, they flee! All they want is to have sex with you, once they have had sex, they leave you to look for another, younger girl to sleep with”*. Although they have different reasons, both girls and boys avoid falling in love with their date. The accusations that the other sex is unfaithful persist, while both sexes are afraid to get hurt.

Within the context of the FGD with the boys, there is the peer-pressure to show their religious, hard working image of ‘decent’ boys, while in the context of the personal interviews, the boys indicate that in their group of friends (outside the FGD and outside school), there is the peer-pressure to have girlfriends and to engage in sex. Having sex is a mechanism of inclusion within the peer-group; if you do not dare to engage in sex with your girlfriend, you will be excluded. So the boys are facing different discourses in different contexts. At school and also during the FGD, they are pressured to live up to the dominant discourse and show an image of a decent, hard working boy, while outside school, in their group of friends, they have to live up to the sub-discourse of ‘being cool’, having girlfriends and engaging in sex.

While some boys try to show during the FGD that not all boys are abstaining, they do not entirely dare to explain this, out of fear of being judged as ‘bad’ since the FGD has the sub-discourse of decent, hardworking boys. From the personal interviews, I learned about the reality of the boys, which was different from the ‘reality’ they tried to show me during the FGD. This shows that claims to truth are negotiated, depending in what context they are being applied. During the FGD, the boys, and also the girls, recreate images of their identities, since this social context demands that they play the role of ‘decent, hardworking’ young men. In this specific context, the boys create their own consistent set of values and they create a way to relate to the environment by showing this ‘decent’ image and in reproducing the dominant discourse, while their reality appears to be different from this ideal image. During the personal interviews however, the young people told me about their love life and both girls and boys entrusted the facts and problems of their relationship to me.

Values are changing, girls are more and more allowed by their parents to have a boyfriend, as long as they respect the tradition guard their virginity. Among young people, there are new values created, who demand a girl to be curious and to experiment with engaging in relationships. As will be shown later in this chapter, some ‘wild’ girls will not only experiment with having a relationship, but go further, by engaging in sex with their boyfriend, while other, ‘decent’ girls will have a boyfriend, but do not intend to lose their virginity. In doing so, these ‘decent’ girls reproduce a part of the dominant discourse, by following its rule to remain virgins until marriage, while at the same time, they break through the dominant discourse, by having boyfriends.

As has been seen with the boys, girls also have to deal with influence from their peers. As has been mentioned in paragraph 5.2.1, the choice of a date is often not solely an individual choice, but a choice, which is influenced by the group of peers and friends surrounding the individual. Peers can be useful and advise their friends in the choice of a partner, as one girl cites; *“I was in love with a boy, but I didn’t know what to do, so I went to see my friends, and they advised me that I should talk to him when he approached me, since he is a nice boy”*. The next example will show however that the influence from peers can also have negative impacts on the relationship: *“Since the FGD I have again another boyfriend. My former boyfriend was too complicated. Every time, we had discussions and fights. His friends are too complicated, they don’t like me and they tell bad things about me. They tell things behind my back, I don’t like that, they don’t respect me. I let him down, because I cannot continue like that. Since Saturday, I have a new boyfriend. We had a ball and he has been inviting me to go out with him for many months now, but I always refused, but now, things have changed! But I don’t think that I am in love with him yet, that would be too soon. With my former boyfriend, I was always fighting, that is not good, so I left him. He is too difficult! I don’t want to be in love, I only had those two boyfriends, but I have never been in love. It is too early. I don’t want him to be too close, to personal. I don’t want to fight with him. I would like to protect myself, because I don’t like boys who are always fighting”*. The example shows that the group of friends of the boy did not accept this girl. Their pressure was influencing the boy’s behaviour, but the girl did not accept it and ended the relationship with him. This shows that the girl has not been able to resist the pressure from the group of friends from her boyfriend. She had enough decisive power to choose for herself and break the relationship.

The ‘decent’ girls indicate that their parents and friends advice them *“to be faithful, to pay attention, not to have sex with boys”*. All girls think it is unfair that boys can have many girlfriends or wives and they all know examples of the dangers of this; *“Your husband can be*

*attracted by other women, within the family or outside, that's why he is looking for other girlfriends who are still virgin. Some men go abroad, get infected and bring it to Senegal. They infect their wife and the wife can infect her child when she gets pregnant. Sometimes the men know that they are infected, but they come to a school and infect younger girls. Sometimes they don't know about their infection".* The fact that those stories are circulating among girls, indicates that they are aware of the infidelity of some men. They do however have no access to advice or skills on how to deal with such a situation, because the women who have been in such a situation will not speak about it, since it is such a disgrace. This means that although the girls know the dangers they might encounter, they are not prepared. This leads to the next sub-paragraph about the perceptions of young people about abstinence and premarital sex and how they choose between the two options.

### **5.3.2. Abstinence or premarital sex?**

Virginity for girls is very prestigious in Christian and Muslim religion, so at the symbolical dimension, it is the ideal to enter marriage as a virgin. As has been shown in the former chapters, many rules and prohibitions are being institutionalised at the structural dimension to guide girls to marriage as virgins. The reality of young people is shaped by structures, but the dominant discourse of remaining a virgin until marriage is increasingly unstable. Among young people, there is the pressure and status of having a relationship and having sex with this person. This sub-discourse leaves, at the individual dimension, the difficult choice between the dominant discourse and the sub-discourse of peers. As the following discussion between boys shows, these discourses are often overlapping:

Interviewer: *What do you think about abstinence?*

Boy 1: *Abstinence is good. It is forbidden by religion to have sex before marriage.*

Boy 2: *Yes, and it protects you against AIDS.*

Boy 3: *Abstinence is good for certain persons. There are people who are thinking all the time about sex. But abstinence is good.*

Boy 1: *That is true, abstinence is very important.*

Boy 3: *But it is not for everybody, you have to be able to abstain.*

Boy 1: *Religion is prohibiting to have sex before marriage!*

Boy 3: *But there are people who cannot abstain, even young people like us!*

Boy 4: *I hope to be able to abstain, I will try, but you never know....*

Boy 2: *Do you think you cannot abstain?!*

Boy 4: *I don't want to have sex before marriage. My father doesn't want me to have sex with girls. I will try not to have sex.*

Boy 2: *But if you cannot abstain?*

Boy 4: *I will protect myself, I will use condoms.*

Boy 1: *You should abstain!*

Boy 3: *But we are all human, we have feelings, when we see a nice girl, we will feel excited and think about having sex with this girl.*

(Astonishment among the boys)

Boy 3: *But we will not really do it with her, ofcourse.*



This discussion shows how the boys are emphasising their religious conviction during the FGD. The context of the FGD has the sub-discourse to show the ideal image of 'decent' boys and the two or three boys who tried to show that in reality, young people do not always follow the norm of abstaining from sex until marriage. From the personal interviews it appears that within their group of peers, there are other ruling norms and values. One boy explains his dilemma; *"My friends tell me «if you don't want to have sex with your girlfriend, you are a coward». When my friends push me like that, I will end up having sex with my girlfriend, because they have influenced me and humiliated me. When my friends tell me all the time to do it, I will have the tendency to do it. This influence is very dangerous and it will cause me to..... well, I do not hope so, but it might cause me to have sex with my girlfriend while I do not want to"*. Among peer-groups of boys, the sub-discourse defines 'manhood' as having a girlfriend at a young age and having sex with this girlfriend, although to the outside world, the image of 'decent, hardworking' young men should be preserved; *"In the neighbourhood, all of my friends have a girlfriend. When I tell them that I don't want to have a girlfriend, they tell me that I am afraid, that I am not a man. They think that you should start having a girlfriend at a very young age. When you don't have a girlfriend, they do not consider you a man. So, you are forced to find a girlfriend despite your own feelings. It is against your will sometimes. But you have to find a girlfriend, to defend your dignity, to show that you are a man. But nowadays, it is very rare to see a boy of our age telling «This is my girlfriend and I will marry her». It is very uncommon. We have other things on our mind than marriage. If we marry, we want to offer a good life to our wife and kids. We want to work hard at school, find a good job and maybe, if it turns out that way, we will marry"*.

In order to follow the Islamic tradition, boys express their preference for marrying a virgin, because this represents the good education and religious dedication of the girl. One boy is reconfirming the dominant discourse and repeating the stereotyping image of a 'good' wife by claiming; *"Girls who are not well educated in Muslim religion, will not learn that they have to obey their husband, they will not be able to understand their husband. Girls who are not taught religious values will talk to their husband without respect"*. Because virginity proves that the girl has never had sexual intercourse with other man, boys conclude that it will consequently prove fidelity and confidence. Some boys indicate that, when a girl is not a virgin anymore, they will have difficulties respecting her; *"When my wife is a virgin, I respect her immediately. Virginity represents fidelity and confidence"*. The boys express the traditional importance of virginity; *"It is a tradition, it is a honour, not only for the girl, but also for her husband, her family, her uncles, everybody"* and they are also aware of the shame when the girl appears to have lost her virginity before marriage. Besides the traditional value of virginity, the boys also cite the dangers of infection with STIs and HIV/AIDS as reason to choose a virgin; *"I would choose a virgin, it is more secure. If you choose a girl who is not a virgin anymore, she might be infected with HIV/AIDS, that's why I would choose a virgin"*.

Although a few boys indicate that they expect their future wife to be a virgin since they will remain a virgin too out of religious conviction, the majority of boys admit that in the social reality of today, young people, boys as well as girls, do not abstain from sex anymore; *"At the moment, in Senegal, it is very hard to find girls who are still virgins. That's why I think that it is not a big problem when my future wife is not a virgin anymore. I prefer a girl who is virgin, but I could also marry a girl who is not a virgin anymore. If I could marry a virgin, that would be better"*. This point of view is realistic, but the boy emphasises his preference to remain a virgin, because he is afraid of being labelled as a 'bad' and 'non-religious' person by the other boys

from the FGD. This shows an enormous paradox between discourses; on the one hand, boys indicate that they have sex with girls, while on the other hand, they wish to marry a virgin.

The sub-discourse that boys should be sexually experienced, can be used by some boys as a legitimisation to engage in premarital sex. As has been explained before, boys are dealing with several discourses at the same time; from a strong traditional side, boys should remain virgins, just like girls. But on the other hand, there is the sub-discourse among peers that boys should be sexually experienced and take initiatives in approaching girls. This sub-discourse is being strengthened by pressure from peers, since having a girlfriend and engaging in sex is perceived as 'cool' and gives the boy a higher status within the group. But there are also groups of boys who do not encourage having sex and who follow the dominant, religious discourse to wait until marriage. From the national trends in chapter two, it can be learned that an increasing number of young people are engaging in premarital sex, although the majority of the respondents from the FGD have no sexual experience yet; three boys and one girl clearly admitted to having had some sexual experiences. It should be noted however that the respondents are quite young; only three boys are 18 or older, while nine girls are 18 or older. Since the majority of them are having a relationship and they have no intentions to marry soon, it might be expected that a number of both girls and boys will engage in sex before they will marry.

When discussing abstinence during the FGD, all girls strongly emphasize that they would all remain virgins until the day they will marry. All girls claim to respect the religion and tradition and they emphasize the enormous disgrace for their family if they appear no longer to be virgins on their wedding night. They indicate that the most important reason for them to remain virgins is to gain respect from their husband and his family. Their own honour and the honour of their family is also mentioned as important. With these answers, the girls reproduce the dominant discourse and they try to confirm the ideal image of staying a virgin. But, from the fact that the majority of girls have a boyfriend and from observing the girls in- and outside school, the reality proves to be different for many girls. From the personal interviews I learned that some girls are indeed engaging in sex. The boys also indicate during the FGD that virginity is very important to them; as has been shown before, they all prefer to marry a virgin and most of the boys indicate moreover that they themselves also prefer to abstain from sex until marriage. This wish is however less strong than with the girls, as for boys, it is socially less important to remain a virgin. Half of the boys indicate therefore; *"I would prefer to remain virgin until marriage, but I hope that I will be able to abstain"*. This quote shows how boys also give a socially desirable answer, like the girls, except for boys, it is more accepted if they don't abstain until marriage.

All girls strongly condemn premarital sex, since the sub-discourse among girls idealises preserving virginity until marriage; *"Our religion is forbidding premarital sex, you should wait until marriage. I will wait"* and *"I think premarital sex is not good. There are diseases, you can even die from it. And your parents will be very ashamed"*. While their reality might be different, girls act out the role of innocent virgin within the context of the FGD. Also within the other contexts of their life, like the family, school, the neighbourhood and even their peers, girls try to confirm the image that the label 'virgin' gives them, in order to be judged positively. In each context, a girl needs to negotiate her subject position in order to meet the requirements of the label. The boys are less sure to abstain until marriage. Although they suggest this, there are some boys who explain the other side of their reality; *"There are many boys who have already made love to a girl. It is due to the Western influences. All the girls wear such sexy cloths! That is*

*influencing the boys! We are boys, when our girlfriend or other girls are wearing very sexy cloths, we think about doing it. But immediately, we let those thoughts go. It is the girls who push us to have those thoughts!*". This quote shows a blaming of the other sex; the boys blame the girls for pushing them to have sexual thoughts about them and eventually, this might lead to sex. So, the boys are of the opinion that it is the girls who are to blame, because they have 'pushed' them to have sex.

While the opinions are divided among the boys from the FGD, since some boys do not think only the girls are to be blamed, this stereotypical image of women seducing men stems from the dominant discourse on femininity. Women's sexuality needs to be controlled, since women are seen as seductive. The quote shows moreover how the boys try to reflect their image; they are hard working boys and they do not have sinful thoughts themselves, but it is the girls who push them to have these thoughts. This example shows that within the changing, modernising Senegalese society, young people are adapting their behaviour and perceptions. Since the world around them is changing, young people themselves are changing. Although the ideal of virginity is persisting, sub-discourses are changing the meaning of it.

Although all boys during the FGD claim to have never had sex with a girl, three of them revealed during the personal interviews to have had sex once. It happened when they were younger and they did not reflect on what they were doing. One boy entrusted me that he had sex with his girlfriend once, a few years ago. He felt very guilty about it and he is regretting it very much, because it is forbidden by his religion. It was the first time for both himself and his girlfriend and they had used condoms, so there were no consequences for him or her. They are still together, but he had never talked to her about what happened and about their feelings about it. He talked to his best friend about his sexual experience and this friend said that it was very bad what he had done; it is forbidden by religion and he should not have done it. The boy realises that he cannot reverse what has happened, but he has difficulties to accepting living with it.

One girl entrusted to me that her boyfriend had forced her to have sex with him once. He convinced her that it wouldn't hurt and he tried it, but it hurt very much. She was crying and insisted him to stop. He stopped, but was angry that she did not want to continue. Now, she is scared to have sex again and won't try it again very soon. For this girl, this first try to have sex, might be the last before marriage. But, despite the fact that only a few boys and one girl admitted during the personal interview to having some sexual experience, it is likely that more young people have engaged in sex than the data from the FGD and interviews show. Key informants, observations and national trends of premarital sex (refer to chapter two) confirm that an increasing number of young people are engaging in sex.

Boys have to show different behaviour and a different image in each different context. At home and at school, boys have to be serious and hard working, while outside the classroom in the peer-group at school and in the peer-group in the neighbourhood, boys have to maintain an image of being tough, having at least one girlfriend and having sex with this girlfriend. Even the context of the FGD is demanding an attitude from them which is different from the context of their peer groups; while boys are not that decent, they have to keep up this image, because not all participants from the FGD are members of the same peer-group. This clarifies the different answers from the FGD compared to the personal interviews. This partly coincides with the girls, although girls have to live up to the image of being an innocent virgin in all different contexts; at home, at school, in the neighbourhood, in their peer-groups and in the FGD. Individual girls are negotiating and bargaining their image as 'virgins', but during the FGD, it appears that the

whole group of girls is trying to hold up their image of ‘decent’ and ‘virginal’, even though some might know the truth about each other. It is striking to find that both girls and boys have no one to talk to about sexuality issues and that they only dare to trust me with their problems and questions during the personal interview, since there are no others present to judge or blame them.

Now that it has been shown that most girls and boys from the FGD have relationships and some of them have engaged in sex with their lover and although both girls and boys do not reveal this during the FGD out of fear of being judged by their peers, the next sub-paragraph will explore where young people meet to engage in sex.

### 5.3.3. Meeting places and sexual practices

It is evident that most boys and girls from the FGD have a relationship with somebody, but both girls and boys prefer to hide their date as much as possible. Where do young people meet with their lovers and how do they avoid questions and warnings about premarital sex by parents and peers? It appears that young people have developed mechanisms and methods to meet with their lovers; *“We make appointments at different places, sometimes in a restaurant. Sometimes we go out dancing, in the discotheque or at a party in the neighbourhood. Or we go to the beach to take a walk”*. Both boys and girls indicate that they do not often meet during the week, because then they are obliged to do their homework and to go to bed early; *“On Sundays I go to see him, when I have time and when I have finished my homework. Sometimes, I tell my mother that I will go see a friend, and then I secretly go to him”*. This example indicates that young people want to amuse themselves and have to invent mechanisms to create some room to manoeuvre. Another girl explains how she meets with her boyfriend; *“When I come out of school, he is waiting for me at a shop or telecentre and we talk there”*. This girl has developed a method to meet with her boyfriend during the school week, but her parents will not find out, since she meets with him on her way home. The only thing her parents might notice is that it takes her a little longer before she gets home from school.

The examples mentioned above show that hiding is one mechanism for young people to have a girl- or boyfriend without their parents finding out. Another mechanism is to meet outside the parental house, but for girls especially, this requires lying, since they are not allowed to leave the house without permission or a good reason. Girls have to be especially very inventive to be able to date a boy without causing troubles with their parents. When investigating where young people meet with their lovers, I encountered a phenomenon well known, but kept strictly silent among young people; the rooms. During informal conversations with both girls and boys, I picked up some indications of the existence of those rooms, but only one boy dared to explain it in detail during the personal interview; *“Yes, I can take my girlfriend home. We can be in the saloon while my mother doesn’t even know that she is there. I wait for the night, then, my parents are there, but they do not pay attention to me, because they are watching television. I can bring my girlfriend, there are many dark places in the house where we can sit. Or we can go to the park. The majority of boys go to the park with their girlfriend. Sometimes, there are boys who have their own room. They rent it and they lend the key of this room to their friends, who can bring their girlfriend to the room to make love to her. After one hour or so, you have to leave the room and give the key to the next friend. But this room is only to make love. When you just want to kiss and hug your girlfriend, you have to go to the park or other dark places. If you really want to have sex with your girlfriend, you can go to this room. When you are kissing your*

*girlfriend, you will be excited, you will touch her breasts and everything. At that moment, you wish to take her to that room, but it is not always possible at that very moment. My friends have a room like that, but I have never been there with a girl*". Besides the parks, these rooms are a mechanism for young people to meet with their lovers. Here, they have also the opportunity to have sex, since it is strictly forbidden for both girls and boys to spend the night outside the parental house.

Besides parents, another reason why these rooms are kept silent so profoundly, is the fear among both girls and boys of being labelled as 'bad' by others. Within a group of 'wild' boys, it is considered a status to take a girl to the room and have sex with her, while for outsiders and more 'decent' boys, this is considered improper and shameful, which may lead to labelling those boys as 'bad'. To avoid these labels and social judgements, groups of boys who share a room will keep it silent. The girlfriends they are taking to these rooms will not talk about it either, since for them, the shame and blame will be even worse, because they have lost their virginity and they are frequenting boys. Both girls and boys are very stigmatising about girls who visit those rooms; *"There are girls who go to the house of a friend. All those girls are not virgins anymore, they like boys too much. They go out with several boys, when they go to bed with those boys, they can be infected, it is very dangerous"*.

It should be considered that these rooms are used by some 'wild' boys and girls; not all young people who have a girl- or boyfriend have per definition the intention to engage in sex.

Because there is no trust within young people's relationships, as has been shown in paragraph 5.3.1, young people hide things for each other and they don't really talk about their feelings, therefore, some girls and boys find the room to have two or more relationships at the same time. This phenomenon of multiple partnership is called 'mbakhal' in Wolof and one of the reasons to behave like this is the fear of being left alone, so people have a second relationship to be on the safe side; you will always have somebody left if one partner lets you down. Both girls and boys have several examples of young people in their neighbourhood who are suffering from the negative consequences of 'mbakhal', as one boy cites; *"It is not her cloths that are interesting me! Many boys look first at her cloths, they want to see sexy cloths, but for me it is more important that she is intelligent, faithful. But nowadays, the girls are not faithful anymore. They tell you that they are in love with you, while at the same time, they are dating two or three other boys. There are also boys who have two or three girlfriends, which causes many problems. The girl can get pregnant. I know a girl, she dated a guy and got pregnant, but the guy did not accept the baby, so now, the girl has a lot of problems and the baby has no father, it is unbelievable!"*.

The reasons to engage in 'mbakhal' differ for girls and boys. For girls, the most important motive for 'mbakhal' by girls is the economic advantage. As has been explained in paragraph 5.2.1, money is an important factor in young people's lives and also influences the choice of a partner. For girls, money is important to buy shoes, earrings, bracelets, necklaces, clothes, false hair to braid and even cell phones. Since their parents are often poor, young people don't have much money to spend, they use their boyfriends to give them money. As becomes clear from the personal interviews, a girl who engages in 'mbakhal' often has one boyfriend whom she really likes and one other who will give her money and presents. Within the peer culture of 'wild' girls, it is considered 'cool' to be able to have more than one boyfriend, since this shows that the girl is popular and able to maintain herself. Both girls and boys from the FGD know several examples of girls who even have sex for money or sex for a cell phone. These girls are referred to as 'very sinful' and they are labelled as 'prostitutes'. Although some

girls admit that they have more than one boyfriend, they keep up their image of being virgins and claim they will not engage in sex with their boyfriends.

For boys, the most important reasons to engage in 'mbakhal' are pressure from their friends and the need to show their manhood. Since within the peer-culture of 'wild' boys, having more girlfriends and having sex is considered 'cool', it is a status to a boy when he engages in 'mbakhal'. One boy revealed during the personal interview that he has two girlfriends; *"I have two girlfriends. They don't know each other, I don't even want them to know each other. Neither of the two knows that I have two girlfriends. I hide it for them. There is one that I love the most, but that is another girl, she doesn't live in Dakar and she doesn't want to be with me anymore. But the two girlfriends I have, they are in Dakar. They don't know each other, girls in the neighbourhood, they don't talk; they might live next door without knowing each other. They pass by and all they think is "I'm much prettier and more intelligent than you are". I told one of the two girls that I love her honestly, but she did not answer me yet. Both girls are a few years younger than I am, but I love them both! Both girls are good for me!"*. This quote shows that boys engage in 'mbakhal' and that it is considered normal. This cheating and hiding of second girlfriends does not contribute to an open, honest relationship and may create a lot of problems. 'Mbakhal' is being justified by the boys by referring to the fact that polygamy is allowed in Muslim religion. This is however unjust, because polygamy is only allowed when the husband is economically able to maintain more than one wife and moreover, polygamy is officially institutionalised, while 'mbakhal' is not. This thesis is however not the place to further explore the institution of polygamy.

Both the rooms and 'mbakhal' are sexual practices that entail a big risk and often create a lot of problems. Having sex with more than one partner within the institution of 'mbakhal' increases the risk of STIs and HIV/AIDS. The phenomenon of rooms favours occasional sex, which also entails an increased risk of infection. The next paragraph will show that young people are often unprepared to engage in sex; since the sex is not planned, they do it often unsafely, which appears to be due to a lack of skills in negotiating safe sex.

#### **5.4. Safe sex within heterosexual relationships?**

One method for young people to negotiate safe sex can be to abstain completely from heterosexual relationships. As has been shown throughout the chapters, a few young people might succeed in having no relationships at all. But most of them are under pressure from their peers, since the peer culture demands that both girls and boys have a lover. Another method for young people to negotiate safe sex, which most of them claim to prefer, is to have a relationship, but to abstain from sex. Since in the several contexts of young people's lives the ideal of virginity is still prevalent, they claim to abstain completely from sex. Even within the context of the FGD, young people do not dare to speak out whether they engage in sex or not. From the personal interviews it appears however that peers are pushing young people to experiment with engaging in sex. Especially boys are under pressure from their peers to have sex. The fact that young people do engage in sex, brings me to the next method of negotiating safe sex; using condoms. Before examining the actual process of negotiating the use of condoms with a partner, I will first explore young people's attitudes towards contraceptives. By different sources of information, young people are aware of contraceptives and of the importance of using them to avoid pregnancies, STIs and HIV/AIDS. What do young people think about contraceptives and

what contraceptives would they prefer to use if they might engage in sex? Yet awareness of contraceptives is not an assurance that they will actually use them. So the last part of this chapter will be dedicated to gaining insight into the negotiating processes concerning sex and contraceptives within heterosexual relationships. Do young people dare to express their thoughts and feelings to their girl- or boyfriend? And how do the decision-making processes concerning sex and contraceptives work?

#### 5.4.1. Attitudes towards contraceptives

Knowledge about contraceptives is high among the young people from the FGD. As has been shown in the previous chapters, both girls and boys know about the condom and the pill as main methods of contraception. During the interviews, the young people were asked what method of contraception they would prefer if they were engaging in sexual intercourse. As Table 13 shows, all boys (15) and the majority of girls (8) prefer to use a condom, while 5 girls indicate a preference for both condoms and the pill “*to be more sure*”.

<i>What method of contraception would you prefer to use?</i>	<b>Girls</b>	<b>Boys</b>
Condom	8	15
Pill and condom	5	-
Norplant	2	-

**Table 13: Preferred method of contraception among respondents (15-20 yrs)**

The fact that girls mention the pill and Norplant, indicate that girls think more about prevention of getting pregnant, since these contraceptives do not protect against STIs and HIV/AIDS. Moreover, since the fear to get pregnant before marriage is bigger than the fear to contract and STI might be a reason for girls to prefer using the pill than using a condom. Besides the dangers of contracting an STI or HIV/AIDS, young people are afraid to have a child before marriage. While girls think about the shame and disgrace, boys are occupied with the financial side of having a baby: “*When you are 15, you are at school, you think about working and studying, you don’t have any money, you won’t be able to feed your child. When you have a child, you cannot be in school at the same time and you can even be thrown out of the house*”. The pill and Norplant are moreover contraceptives controlled by women themselves; to prevent getting pregnant, they do not need to ask their partner to use a condom, but they can take the pill themselves. When discussing contraception with the girls, they all emphasize that they will only use it when married, since they do not expect to engage in sex before marriage and they have to meet the discourse of staying virginal until marriage. But even after being married, girls think they will object to using contraceptives, since they want to answer to the ideal of being a mother; she is expected to have children. A woman gets a higher status once she has children, provided that the child is born within wedlock. When she uses contraception, she will not have children, which might stigmatise her. This is one of the reasons why many girls and women oppose family planning. Most girls indicate being willing to use contraception within marriage with the goal to space children, but some are opposing to contraception on religious grounds.

Boys, on the other hand, all cite a preference for condoms, but although most boys expect to have sex only when married, some calculate the chance that they might engage in sex sooner; “*I want to abstain until marriage, but if I might be unable to abstain, I will protect myself by using condoms*”. Although the young people are well informed about the importance of using contraception, a study from CERPOD shows that both married and unmarried young

people are facing difficulties in communicating with their partner about contraceptive use (CERPOD 1996: 18 – 22). The communication- and negotiation processes of young unmarried people will be discussed in the next sub-paragraph.

When discussing condoms with the boys, there was a lot of confusion about whether Islam prohibits the use of condoms. This shows that the religious point of view concerning sexuality and contraception is influencing individual perceptions. Since Islam prohibits premarital sex, it is automatically against the Islamic faith to use condoms before marriage. But when the couple is married, Islam allows the use of condoms when the life of the woman is in danger, for example when her pregnancies are too difficult or too successive. Some boys are of the opinion that using condoms when married is a sin, while others think it is possible; when you don't want to have too many children, you might choose to use a condom. They consider this a small sin and they are of the opinion that Allah will understand; *“When I have a wife and I want to make love to her but I do not want her to get pregnant, I will use a condom, even if it is forbidden by Islam. There are solutions in life which do not follow completely the religion”*.

Besides the discussion about whether Islamic religion allows the use of condoms, there is agreement among the boys that it would be impossible to have natural birth control by abstaining from sex after the first child. All boys are of the opinion that you cannot lie in bed next to your wife without having sex; *“When you have a wife, I have the right to make love to her and it is impossible to wait for two or three years to have sex with her. Within marriage, you cannot wait for two years to have sex”*. Although some boys stick to the opinion that it is a sin to use condoms, others are of the opinion that it is unavoidable; *“I think it is better to use a condom, make love to your wife and limit the number of children, because when you have a lot of children and you won't be able to feed them, Allah will not approve that too”*. The heated discussions show that it is a very difficult, individual choice between religion and reality. Each person has to decide with his or her partner what is best for their situation. Their choice depends on the strength of their faith, but also on their economic situation; when you have a lot of children, you will have to feed them all. Therefore, boys feel a big pressure to find a job and earn money, because only then they will be able to marry, find a house and start a family. The girls discussed also about spacing their children, none of them wished to have too many children and they all agreed that the Islamic religion is not in favour of very large families when you cannot feed them, house them and let them go to school.

Another difficulty in young people's lives, again concerning a choice between religion and reality, is the decision whether or not to opt for premarital sex. As one boy cites very clearly; *“Here in Senegal, there are two things; there is religion and there is the reality we are living in today. Religion forbids having sex before marriage, but we are young and we look at the television. We see films, sometimes pornographic movies, which show people who are having sex. Those films from the West show exactly how people make love and by looking at it, you become curious and you want to try yourself what you are seeing. You want to try if it is good. I have never had sex, I don't know what it is like. We have an expression that says «I tried, it was good, and I will continue». That is the danger. Because of those Western films, you are influenced, you want to try it yourself and you can get addicted. Here in Dakar, it is very rare to find a boy or a girl who has never had sex before marriage”*. Although it is the boy's personal opinion, it shows how young people in Dakar are caught between tradition and modernity and they have to find out themselves whether they will engage in premarital sex or not. From chapter two and Appendix two it can be learned that young people are increasingly engaging in sex, despite the religious condemnation of premarital sex. As the boy indicates moreover, it is



increasingly difficult to resist the temptation to engage in sexual intercourse, not only because of films and books, but also because of pressure from friends, as has been shown before.

During a personal interview, one boy indicates that he has made love to his girlfriend once, when he was only eleven years old. He didn't use condoms, but the girl did not get pregnant. He regrets it now and he knows that he has to protect himself, not only against pregnancies, but also against STIs and HIV/AIDS. With his recent girlfriend, he did not have sex yet; *"Yes, we have been talking about it, but we did not do it yet. It is also forbidden by our religion. When you cannot abstain, you should protect yourself"*. The boy had been talking once with his friends about his sexual experience, but they were only laughing and joking about it. They told him that he was 'cool', but he indicates that those friends don't know anything about the dangers. He indicates that if he will have sex with his current girlfriend, he will use condoms, because now, he is informed about the dangers. A few days after the interview, I met him in the streets and he made a sign to me to show that he had obtained some condoms.

With the increasing knowledge about the dangers of STIs and HIV/AIDS, as has been shown in the previous chapters, young people are aware of the importance of protecting themselves by using condoms. But there is a difference between knowing that you should protect yourself and actually carry condoms in your pocket. By providing information and knowledge to young people, they are given a certain ability to change. They can use this information in their daily lives and by using it, they might be able to change their lives. But, the fact that young people know that they have to protect themselves by using condoms doesn't mean that they actually use them. As has been shown in chapter four, most girls have never seen real condoms and while boys may have done so, they do not have condoms themselves. There are different reasons for an individual to 'know' but still 'not act'.

For girls, it is socially unacceptable to bring condoms, since they are not even supposed to think about sex, let alone to do it. Boys are facing contradictory opinions; among some groups of peers, it is perceived as 'cool' if you have sex, but there is no communication about condoms. Among other groups of peers, you are not supposed to have sex, so they don't talk about condoms. One boy entrusts me during an interview that he has condoms, but he would not tell his friends about it; *"I think you should take condoms with you wherever you go. You never know when you will need them. It is not safe when you don't have them with you, so it is better to take them before, to think in advance. When you are in a situation where you will need them and you don't have them, it's much worse! But when your friends see you with condoms, they tell you "Boy, what do you do? Why do you take condoms with you? All you can do is think about girls!" When you bring condoms, they will say that you are having sex all the time. I have some condoms myself. I put them in my wallet, they are cheap. It is better to take them now than to have problems later!"* This quote is however an exception and since both girls and boys do not expect to engage in sex, they do not bring condoms, which might cause them problems when they are in a situation where they might need them. Generally speaking, girls and boys are unprepared, although they know that there is a chance that they will engage in sex.

#### **5.4.2. Negotiating safe sex**

The choice between engaging in premarital sex and abstaining is a personal one, as has been shown in the previous paragraphs. It has moreover been shown that this choice is being strongly influenced by religion (to abstain), but on the other side by friends and peers (to engage in sex). Although young people know that they have to protect themselves and they know where they

can buy condoms, many of them still don't have condoms. A fear of being judged and stigmatised plays a role for both girls and boys not to buy condoms. When young people engage in heterosexual relationships, can there be conversation with the partner about contraceptives?

As has been shown before, the opinion and pressure from peers can have a great impact on young people's perceptions and behaviour. Boys who are engaging in sex, under pressure from their friends, might opt to use a condom, but this depends on the sense of responsibility of both the boy and his girlfriend. Since the young people from the FGD are well informed about the dangers of unprotected sex, such as pregnancies and STIs, they should be inclined to refuse unprotected sex sooner, but since sex is still a taboo subject, communication about sex and condoms is very difficult. Half of the girls from the FGD indicate not talking to their boyfriends about sex and abstinence; *"No, we didn't talk about abstinence, but he knows that I don't want to have sex, that's evident"*. Two girls indicate that in their relationship, it is possible to talk about abstinence, since on religious grounds, it is clear that they will not engage in premarital sex: *"Yes, we have chosen to abstain. We talked about it and he knows my opinion. I told him that I don't want to make love to him, we talked about it. He knows that I don't want to have sex until we are married"*. Whether they will completely abstain until they marry, is not sure. Since the issue of premarital sex is rarely being discussed with the partner, the issue of condom use is even more difficult to raise within a relationship.

Sex is an issue you are not supposed to talk about, therefore, talking about condoms and safe sex is difficult for young people. For girls the subject of sex is especially taboo, since they are expected to be virgins and to know nothing about sex. It fits this ideal image that a girl does not need to ask about sex or to know about condoms, since she is not expected to engage in sex anyway. Moreover, raising the issue of condoms in a relationship might for a girl cause the loss of her boyfriend. She is afraid that he will let her down if she refuses to have sex with him or if she would ask him to use condoms. As has been explained in chapter four, the girl can be accused of adultery when she wants to use condoms; why would she need condoms if she has only one partner? This example of the unequal interpersonal power relation shows that girls and women have a weaker negotiating position than boys and men.

There is a certain imbalance in the relative power of men and women; the sub-discourse considers boys as being strong, dominant and decisive, while girls are considered weak and obedient. Consequently, these 'truths' have an impact on social and sexual relationships between boys and girls. Especially in the negotiation within sexual acts, there is an imbalance between men and women; a gender imbalance. This influences young people's struggle for space and room to manoeuvre, since they have to deal with the dominant discourse that a 'decent' girl is not expected to have sex, while her boyfriend wants her to. Girls can however also use the discourse of virginity in order to enlarge their room to manoeuvre; since girls have to remain virgins, this can be an excuse for them not to talk about abstinence or sex. They can threaten their boyfriend to leave him when he starts talking about sex. He will be accused of being wrong and bad, because he is acting against the dominant discourse, tradition and religion.

Not all girls are in a dependent, powerless bargaining position and some of them are able to make their own decisions and create some room to manoeuvre. One boy indicates that he talked to his girlfriend about having premarital sex, but she refused; *"Yes, I talked to her about it, but she said «no»"*. This quote shows that the boy is capable of respecting the wish from his girlfriend, but it shows moreover that his girlfriend has a certain amount of power in their relationship. Two other girls from the FGD express their wish; *"I don't want to have sex before marriage. When he will ask me to have sex with him, I will leave him immediately!"* and *"I will*

*use the pill if I will have sexual intercourse. And I will ask the boy to use a condom. When he refuses, I will refuse!*". These are quotes from personal interviews with the girls and show that they know what they want. They expect to be strong and decisive within their future relationship, but this wish is however no guarantee that, when they will engage in a relationship with a boyfriend who will ask them to have sex with him, they will actually refuse it and leave him.

Because a lack of trust and understanding of each other, both girls and boys lack the skills to talk about sex and condoms, since this is considered taboo by society. Although many girls indicate that they would like a relationship to be equal, they are influenced by the dominant discourses on masculinity and femininity and therefore forced into an unequal position. For both girls and boys, the taboo on young people's sexuality causes a lack of communication and information in all their social contexts; at home, at school and in the group of peers, it is not done to discuss sexuality and condoms in an open way, which causes silence within the heterosexual relationships. While young people know about the dangers of unprotected sex, such as pregnancies, STIs and HIV/AIDS, they lack the skills to discuss protection within their heterosexual relationships and as a result, most young people are unable to negotiate safe sex.

### **5.5. Conclusion**

In this chapter, it appeared that young people are strongly being influenced by the rule of the peer-group to have a heterosexual relationship. The sub-discourse from the peer-group prescribes the ideal of marriage, and young people wait for their true love. The choice of a partner is being influenced by religion, ethnicity and socio-economic factors. Most young people prefer to marry somebody from the same religion, but only a few girls indicate a preference for marrying a boy from the same ethnicity. Within peer-culture, the socio-economic status of the future partner appears to be of great importance to girls; they wish to marry a man who has money to take care of her and her children. Marriage is still the goal for young people, but the preferable age of marriage is increasing, since studying and finding a job is increasingly important to both girls and boys. The fact that older boys will marry younger girls is a reason why young people do not perceive their present relationship as being serious, which does not favour communication between the two partners.

Since both girls and boys avoid entrusting their lover with their secrets, because they fear that their lover will tell everything about them to others. The most important characteristic of the ideal girl- or boyfriend within peer-culture is to be faithful, but since young people do not trust their dates and hide things for each other, there is room for the phenomenon of 'mbakhal' or multiple partnerships. Boys engage in 'mbakhal' because of pressure from their friends to show their manhood and girls engage in 'mbakhal' for economic reasons. Young people tend to hide their relationships and out of fear for social control, they meet with their lovers during the weekends, on the beach, in a discotheque or restaurant, at a party or in a park. The trend of 'rooms' to have sex, mainly among 'wild' boys and girls, contains a huge risk of unwanted pregnancies and STIs. Because there is no trust and a bad communication between heterosexual partners, peer-education could play a role in promoting trust and understanding between boys and girls.

While on the one hand, religion and tradition are strongly discouraging premarital sex, on the other hand, peers are pushing young people to experiment with sex. In the choice between

abstinence and premarital sex, most girls portray the ideal image of 'innocent virgin', while the boys admit that sometimes, their reality looks different and that their peers pressure them to engage in sex. The attitudes of young people, especially boys, differs per context; at home and at school they have to be serious and hard working, while in the peer-group and in the neighbourhood, boys have to maintain an image of being tough, having at least one girlfriend and having sex with them. Girls are unprepared to communicate about safe sex, since they are not supposed to have sex, while boys are unprepared to communicate about safe sex, because they are supposed to be experienced.

Young people are aware of contraceptives and of the importance of using them to avoid pregnancies and STIs. The majority of girls and boys indicate preferring to use condoms when engaging in sex, but this preference does not assure the actual usage of condoms. Within heterosexual relationships, the negotiating processes concerning sex and contraceptives are complicated and influenced by discourses on masculinity and femininity. These truths give girls an especially unequal negotiating position, which makes them afraid to express their thoughts and feelings about sex and condoms to their boyfriend. Because of a lack of skills, young people are unable to discuss sexuality and condom use with their partner and this silence might lead to unprotected sexual intercourse, which can incorporate serious consequences for the reproductive health of young people in Dakar.

## 6

### CONCLUSIONS

In this thesis, I gained an insight into the reproductive health situation of young people in Dakar. I analysed how young people, aged fifteen to twenty perceive the different sources of information about sexuality, STIs and HIV/AIDS and how this information is processing among young people. The focus of this thesis lies on young people in the context of their peer group and I have examined to what extent young people are being influenced by their peers and how young people maintain heterosexual relationships. In this conclusion, I want to return to the central research question of the thesis; *How do young people in Dakar experience their reproductive health situation, regarding STIs and HIV/AIDS?* In my opinion, to answer this question, it is essential to investigate the social reality of young people and how they perceive and deal with different factors influencing their perceptions and behaviour concerning sexuality, STIs and HIV/AIDS. Since this social reality of young people is such a complex whole of actors, structures and influences, I formulated four sub-questions, which correspond with the four chapters in this thesis. The first sub-question is focussing on the reproductive health situation of young people in Dakar, the second is focussing on the different sources of information concerning sexuality, STIs and HIV/AIDS reaching young people. The third is focussing on the dynamics of peer-influence and the fourth on the ways young people perceive heterosexual relationships and how they negotiate safe sex within their relationships. Throughout the whole thesis, young people are approached as active actors in society who are dealing with discourses and structures of society. In this conclusion, I will summarise the results presented in this thesis, by examining the reproductive health situation of young people in Dakar within the framework of the three dimensions; the symbolical, structural and individual dimension. The focus lies on the individual dimension when examining how young people create and enlarge some room to manoeuvre within their complex social reality.

In chapter one, I argued that due to conservative and religious constrains, many countries refuse to meet the reproductive needs of young people, by ignoring the fact that young people are increasingly engaging in sex. Although Senegal is a religious Muslim country, it is cited as 'best practice' by UNAIDS, regarding the efforts by politicians, religious leaders and communities to raise awareness and educate the population about HIV/AIDS. The estimated percentage of HIV/AIDS in Senegal is 1,77%, which is extremely low and which is accredited to education and information of the population. Since the numbers of teenage pregnancies and infections with STIs and HIV/AIDS among young people in Senegal are rising however, I wondered how and to what extent young people are being reached by information concerning sexuality, STIs and HIV/AIDS and how they perceive and deal with this information. How do young people value different sources of information and are they able to use the information and apply the knowledge in their daily lives and their personal heterosexual relationships?

Campaigns and media serve solely their main goal; to raise awareness about HIV/AIDS. This source of information is not detailed or personal, so it is of less use to young people. Campaigns are purely informative and the message to abstain is dominating, which

corresponds with the dominant discourse that young people are not supposed to have premarital sex. The messages of abstinence in campaigns are not always being accompanied by the message to use condoms, which leaves no choice to young people. The young people who choose not to abstain are not informed on how to have a safe sexual behaviour, since it is not recognised that they have sex and thus might need complete information. Young people learn no skills from messages in campaigns. Messages by the media provide more technical information about STIs and HIV/AIDS by documentaries and pictures. The messages on television communicate some skills, since these messages about HIV/AIDS are spread by theatre, which visualises the consequences of certain behaviour and the possible reactions to a situation concerning HIV/AIDS. Media are a source of technical information about HIV/AIDS to young people, but issues of sexuality are not being addressed directly, since this does not correspond with the dominant discourse, where sexuality is taboo. Media are moreover one-way; it is impossible for young people to ask questions, to get personal advice and to learn practical skills, since they can only imitate the messages.

In chapter three I explained the necessity of skills in order to adopt health-promoting behaviour. As Bandura cites, this often requires the enactment of a constellation of complex cognitive, social, behavioural and self-regulatory skills (Bandura in Tiendrebéogo 1999: 52). These skills include the ability to recognise situations that may lead to sexual coercion (a cognitive skill), the ability to negotiate condom use with a regular or casual sexual partner or delay sexual activities (a social skill), the ability to use a condom properly (a behavioural skill), and the ability to adhere to a previously made decision to engage only in safe sex (a self-regulatory skill) (Tiendrebéogo 1999: 52). I agree with Tiendrebéogo and others that, without the necessary skills to support healthy behaviour, young people are less likely to initiate and sustain behavioural change regarding sexual relationships. Therefore, throughout this thesis, I have investigated to what extent the different sources of information reaching and influencing young people are providing them with skills to negotiate safe sex.

Clinics and services could be a means to young people to get personal advice and to answer all their questions concerning sexuality, STIs and HIV/AIDS and to learn skills like how to use a condom, how to say 'no' to your boyfriend or how to express your feelings. Although clinics and service centres, like the Centres Ados, are initiated to provide to information and counselling to young people, the accessibility and confidentiality of the centres and the service-providers are the main obstacles for young people to go there with personal problems and questions. Strong social control is making access to the service buildings difficult, while the negative attitudes of many service providers withholds young people for entrusting their problems concerning sexuality, STIs and HIV/AIDS. Clinics and services lack the provision of life skills to young people, which are essential in promoting young people's reproductive health.

Education by the school system appears to be an important source of technical information about STIs and HIV/AIDS to young people. The possibilities to teach skills within school system are limited however; although teachers try to reach young people with technical information about STIs and HIV/AIDS, they are seldom trusted completely with personal things like boyfriends and sex. The young people can pose questions to their teacher, but they will never exactly ask what they want, since sexuality is such a taboo subject. Technical information can be obtained by the teacher, and if he or she is accessible, even a question can be posed, but the practical skills like how to negotiate condom use with your partner, are not provided by the teacher. Teachers can be seen as a reliable source of technical information about STIs and HIV/AIDS, but they are not the right persons to teach practical skills to young people. Chapter

three shows that the teachers at college OSD are making efforts to reach and inform the young people as open as possible. Since they are close to the young people and they are experienced in life and have the right information, this makes them a reliable source of technical information. But as chapter four and five show, the taboo, shame and fear of social judgement withholds young people from entrusting their teachers with personal questions and problems concerning their sexuality and personal sex lives. Therefore, teachers are not the right persons to teach practical skills. As has been shown in chapter three, teaching skills within the context of the classroom is almost impossible, considering the size of the classes and also the risk that the authority of the teacher will decline, since he speaks out about taboo subjects like sexuality.

Regarding information by education, I showed that with the installation of a Club EVF at the college, there has been an attempt to reach young people through peer-education, outside the regular curriculum about STIs and HIV/AIDS. The peer-educators working with the Club EVF are trained to provide information to their peers at the college. The main message is abstinence, but, contradictory to media and services, the Club EVF is always accompanying this message with the message to use condoms if you cannot abstain. This means that young people are given the choice and if they make the choice not to abstain, they are told to have safe sex, since they are advised to use condoms. Chapter one has explained that the idea behind peer-education is that the peer-educators are speaking the same language as their young audience, so they will be more able to communicate with the people from their age group than grown-up outsiders. Peer-educators can find out about the problems and needs of young people more quickly, because they are from the same generation and they have been raised with the same norms and values (Milburn 1995: 412-413). The peer-educators from the Club EVF are closer to the young people in terms of age, norms and values and they can communicate more easily about difficult subjects like sexuality and STIs. They are however not trained to pass on skills, which should be promoted, since peer-education could be an excellent way to provide young people with skills.

Although parents could function as a confidential, reliable source of information concerning sexuality, STIs and HIV/AIDS, and since this could be discussed within the intimate context of the family, this does not occur in Senegal. Sex education within the family is taboo and young people indicate that it is impossible to talk to their parents about sex or STIs. The difficulties in communication have their origin in the dominant discourse; parents do not recognise that their adolescent children engage in sex, since there is a strong prohibition on premarital sex. To marry as a virgin is the religious ideal and therefore the messages from the parents are highly protective and restrictive, and therefore perceived by young people as prohibitions, such as the prohibition to have a boy- or girlfriend. There is a fear among parents that their children will break with the traditions by losing their virginity before marriage. But instead of providing their sons and daughters with the correct information about sexuality and STIs, to make sure that they are provided with skills to make their own decisions, parents are denying young people's sexuality and forbidding them from having relationships, hereby leaving the young people ignorant. At the same time, young people are engaging in relationships, but without being correctly informed about sexuality and STIs by their parents. Parents are not even a source of technical information about sexuality and STIs, let alone practical skills to promote safe sex.

In chapter four, I explained how friends and peers appear to be the sources of information that is most trusted by young people, by exploring the dynamics of peer-influence. Young people are competent actors in Senegalese society (chapter one) and especially within the group of peers. Young people perceive 'being young' as a period of change, especially in the field of sexuality.

While their bodies and minds are becoming mature, there is a lot of control on sexuality out of tradition and religion. Therefore, rules and codes of conduct are one of the most evident characteristics of being young. Sub-discourses in the peer culture are copying the stereotypical ideals of femininity and masculinity; the man as the breadwinning head of the family and the woman as the caring wife and mother. Sub-discourses in peer-culture prescribe the ideal to get married, which implies the end of being young. But since preserving virginity is the traditional and religious norm, the sexuality of boys, and especially of girls, is being controlled by restrictive messages from parents and a strong social control, to guide young people to their marriage. The parental rules are more severe for girls than for boys, although both sexes are warned not to go out too much and certainly not to have sexual intercourse with somebody before marriage. These traditional norms and values are in sharp contrast with the advancing modern society, especially in Dakar, and young people have to decide whether to follow the discourses from the symbolical dimension, of remaining a virgin until marriage and prepare to be a decent husband or wife, or to follow their friends and instinct by experimenting with relationships and maybe even engaging in sex.

Peer groups appear to be a very important factor in young people's lives. Those peer groups differ in number, but are generally open to new members. They operate on a democratic basis, but often there is one leading person in the group. Especially within groups of boys, this leader is appointed based on his physical strength and mental capacities. Since the perceptions and behaviour of a leader are being copied by the members of a group, this leader could play an important role in peer-education; when the leader is being informed and trained, his peer-group will more easily accept and imitate his behaviour. Within the context of peer groups, there is the formation of sub-discourses, which compromise between tradition and modernity. Based on those sub-discourses, there is a formation of a peer culture with norms, values and ideal images. Since social control is very strong among peers, labelling occurs, mainly based on these ideal images. There are no visible characteristics that differentiate the members of one group from another group, but in order to belong to a group, the members of this group tend to perform the same behaviour, like being 'wild' and smoking or being 'decent' and focus on studying. These sub-discourses and the discursive practices of labelling are influencing the behaviour and perceptions of individual young persons.

Although the members of a peer group might be very close and discuss a lot of things together, both girls and boys tend to select one best friend who is their confidant in very personal problems. Since social control among peers is very strong and young people are afraid of being judged or condemned by other group members, it is very important to them that their best friend can be trusted with their personal problems and questions and will not talk about this to others. Besides selecting a friend based on confidentiality, there is selection of friends based on gender, which leads to the fact that most boys tend to be friends with boys and most girls tend to be friends with girls. This is not surprising, since most young people are inhibited to talk about personal problems concerning sexuality with somebody from the opposite sex. There are however young people who have friends from the opposite sex, which serves mainly as source of information. The community and parents are often opposed to these friendships, since they might lead to a (sexual) relationship.

The last part of chapter four is dedicated to information processing among peers. The group of peers appears to be the context where young people are most at ease to discuss issues of sexuality and HIV/AIDS, since the other contexts like school, clinics and family are less accessible and open to young people's questions and concerns. I found that the technical knowledge about



HIV/AIDS is relatively high among young people, but they are less informed about STIs. The condom and the pill are well-known methods of prevention among both girls and boys, but boys appear to have more practical experience with condoms than girls. But although both girls and boys know about the modes of transmission and prevention, they do not perceive themselves as being at risk of infection. Young people prefer to talk to a friend about a personal question or problem and peers, especially best friends, teach each other practical skills, such as using condoms. These findings indicate that peers are an important and trusted source of information, through which the teaching of practical skills to young people is most effective.

Chapter four explained moreover that within some peer groups, it is the norm to have a heterosexual relationship. Especially boys are pressured by their peers and friends to engage in a relationship with a girl. Although some girls do engage in sexual relationships, there is no such pressure as with boys. The ideal of virginity is restricting girls in their contacts with boys and engaging in heterosexual relationships includes the risk of losing their virginity, which will be a disgrace for the girl and her family. The control on the sexuality of boys is less strict and since it is a status to have one or more girlfriends, they push each other to have relationships. In some groups of boys, there is even the pressure to engage in sex with your girlfriend. Having sex is an important mechanism of inclusion and exclusion, since a boy is labelled 'weak' if he refuses to have sex. The FGD show that this places a lot of pressure on boys and they indicate that it is very difficult to resist it. Some boys are not strong enough to resist this pressure from their friends, but others are able to stick to their point of view and not engage in sexual relationships.

Chapter five explored how young people perceive heterosexual relationships and how individuals can create room to manoeuvre within their relationships. When exploring young people's perceptions of friendship and love, it appears that friendships are seen as more solid and trustworthy, while love is an ideal that will be reached when getting married. Within the sub-discourses of peer culture, marriage is the norm; girls and boys have to get married, although there are divided opinions about the exact age of marriage. A trend can be distinguished that girls will marry at a younger age, with older man. This is one of the reasons why current girl- and boyfriends are not perceived as serious, since both girls and boys know that this will not be the person they will marry. Norms and values from the dominant discourse are influencing sub-discourses in peer culture, which becomes clear when investigating what distinguishing factors play a role in the choice of a partner. Both girls and boys indicate preferring to marry somebody from the same religion, since this avoids one of the partners having to convert to the other's religion. Since Dakar is such a melting pot of ethnicities, the ethnicity of the future partner causes no problems for the majority of the young people. A few persons indicate preferring somebody from the same ethnicity, since this is being encouraged by their families. The socio-economic status plays a more significant role especially for girls, since they all wish to marry a man who has a good job and money. Since most girls will marry young, they will not be able to finish their studies and earn a lot of money themselves. In order to maintain a household, they hope for a husband who will be able to sustain them.

Besides these values from the dominant discourse, the sub-discourses within peer cultures prescribe the many characteristics the ideal girl- or boyfriend has to meet. The clothes and looks of a girl- or boyfriend are important in relation to judgement by peers and the neighbourhood; if a girl is seen accompanied by a boy who is labelled as 'bad', she will be judged and labelled 'bad' too. Besides the looks of the lover, his or her personality is very important and young people express the need to trust their girl- or boyfriend. Considering trust, I described how the other sex is blamed of seducing others and being unfaithful. The phenomenon

of 'mbakhal' shows that both girls and boys practice multiple partnerships, although they condemn unfaithfulness. The reason for boys to engage in 'mbakhal' is pressure by their friends to have two or more girlfriends, since this gives them more status within the group of peers. For girls, it is an economic reason; girls who engage in 'mbakhal' have one boy they love and another who gives them money and presents.

In the peer culture of 'wild' girls and boys, it is considered 'cool' to have sex. There is however a strong social control among peers and young people try to live up to different images in different contexts. I explored how the context of the FGD makes both girls and boys pretend to be decent and not engage in premarital sex. In public, and also in the FGD, young people claim to prefer to abstain and to condemn premarital sex, by referring to their religion and the tradition to remain a virgin. Even within the FGD, there was peer-pressure and people were afraid to tell the truth out of fear of being labelled 'bad'. During the personal interviews however, the confidentiality was created where young people revealed their real love lives and some of them even entrusted their sexual experiences to me. I encountered that besides the meeting places like the beach, restaurants, parks and discotheques, there is the phenomenon of rooms, where young couples not only meet, but also have sex. This sexual practices contains the risk of unwanted pregnancies or STIs, since young people are often not prepared to have safe sex.

Although all young people know about contraceptives, the pill and the condom being cited most often, they do not have the skills to raise the issue of using a condom with their partner. Negotiating safe sex can occur in different ways, one method is to abstain from relationships, which occurs with young people labelled 'decent' by the others. Out of a religious belief and to obey their parents, these young people do not engage in relationships. They are however under constant pressure by their peers, since within peer culture, it is the norm to have a relationship. Therefore, another group of young people is negotiating safe sex by having relationships, but abstaining from sex. Most girls from the FGD appear to do this, but for most boys it is very difficult to abstain from sex, since their peers are encouraging and even pressuring them to engage in sex. When engaging in sex, there is the last option to negotiate safe sex; to use condoms. For both girls and boys it appears to be very difficult to start talking about condom use with their partner, since young people lack the skills to negotiate this. Concluding, in order to negotiate safe sex, whether actually engaging in sex or not, young people will need cognitive, social, behavioural and self-regulatory skills.

Finally, I would like to make a recommendation for the method of peer-education, in order to meet the needs of young people, concerning sexuality, STIs and HIV/AIDS. Since young people are most receptive to information and opinions from their peers, they can best be reached through peer-education. Programmes and initiatives focussing on HIV/AIDS prevention and on improving young people's reproductive health should consider and use peer-education as a valuable method of spreading skills as well as information to young people, in addition to other sources of technical information. In my opinion, (more) young people should be trained and provided with correct information to teach their peers about sexuality, STIs and HIV/AIDS. Peer-education should however not solely focus on passing on technical information, but it should encourage trust and understanding between boys and girls. The method of peer-education should be used to teach young people the essential cognitive, social, behavioural and self-regulatory skills they will need in their social and heterosexual relationships. In this way, peer-education can be a useful method to enlarge and improve the room to manoeuvre of individual

young people, encourage them to make responsible decisions and thereby improving young people's reproductive health situation.

Peer-education can be used as method to tackle taboos like female circumcision, which has been a big silence in this research. The young people from the FGD did not mention female circumcision as important aspect in their lives, which can be due to the fact that they are modernised, urban young people, who are not forced to applicate this traditional practice. But communication about it might open the taboo and create an open dialogue and an atmosphere of exchange. Education among peers about subjects like these are necessary to gain respect and to understand the other sex. The lack of trust between boys and girls can make the application of peer-education difficult, but education by gender can solve this; for example a boy teaching a peer-group of boys about respecting girls. Since not all young people will be receptive to the same extent, it should also be considered that some groups will be very hard to be reached by peer-education. This problem might be solved by reaching them through music, since the research has shown that messages by music are easily adapted by young people.

I would moreover like to stress to all people working to improve young people's reproductive health the importance of gaining insight into the social and sexual reality of young people. For service providers, doctors, teachers, but also parents it is essential to understand young people's perceptions and behaviour, in order to improve their situation and provide them with the necessary information, education and skills

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- IPPF: <http://www.ippf.org/sn>

Youth Against Aids:

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## APPENDIX 1: AVERAGE AGE AT FIRST MARRIAGE

Average age of marriage among women (20-49 yrs) by socio-demographic characteristics according to their present age.

*Source: EDS-III Senegal, 1997, p. 60.*

Characteristic	20-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	40-44 yrs	45-49 yrs	Women 20-49	Women 25-49
<b>Place of residence</b>								
Urban	a	23,3	19,8	18,8	17,7	17,2	a	19,6
Rural	17,6	16,7	16,1	16,1	16,1	16,3	16,6	16,3
<b>REGION</b>								
West	a	22,7	19,8	18,9	17,6	17,2	a	19,4
Center	18,4	17,1	16,0	16,0	16,1	16,1	16,7	16,3
South	18,8	18,2	17,4	17,4	17,3	17,5	17,9	17,6
North-East	18,8	16,3	16,3	16,3	15,9	16,2	16,4	16,2
<b>ETHNICITY</b>								
Wolof	a	19,5	17,3	17,3	16,7	16,4	18,3	17,5
Poular	16,9	16,9	16,4	16,5	15,6	15,8	16,4	16,3
Serer	a	19,0	18,0	17,4	18,2	18,1	18,7	18,2
Mandingue	18,2	17,7	16,4	16,9	16,4	16,3	17,2	16,8
Diola	a	23,9	20,8	20,2	20,6	19,3	a	21,0
Other	19,5	18,7	17,8	17,4	17,5	17,2	18,1	17,8
<b>LEVEL OF EDUCATION</b>								
None	17,9	17,0	16,3	16,3	16,0	16,4	16,7	16,5
Primary	a	21,0	19,5	19,0	18,1	17,7	20,4	19,6
Secondary or more	a	28,4	23,3	22,6	21,0	20,8	26,1	23,6
<b>TOTAL</b>	<b>19,9</b>	<b>18,7</b>	<b>17,7</b>	<b>17,1</b>	<b>16,7</b>	<b>16,7</b>	<b>18,0</b>	<b>17,4</b>
EDS-II 1992/93	18,3	16,8	16,2	16,1	15,8	15,8	16,6	16,2
EDS-I 1986	17,2	16,7	16,5	16,2	16,1	15,9	16,6	16,4

a: Not calculated because less than 50% of the women in the age group x, x+4 are married at age x

Note: The average age is not being calculated for women from 15 to 19 years old, because certain women may not be married before reaching the age of 20.



## APPENDIX 2: AVERAGE AGE OF FIRST SEXUAL INTERCOURSE

Average age of first sexual intercourse of women (20 - 49 years) by socio-demographic characteristics according to their present age.

Source: EDS-III Senegal, 1997, p. 62.

Characteristic	20-24 yrs	25-29 yrs	30-34 yrs	35-39 yrs	40-44 yrs	45-49 yrs	Women 20-49	Women 25-49
<b>Place of residence</b>								
Urban	a	20,6	18,7	18,2	17,5	17,1	19,2	18,6
Rural	17,3	16,6	16,0	16,0	16,1	16,3	16,4	16,2
<b>REGION</b>								
West	a	20,3	18,7	18,2	17,4	17,2	19,3	18,6
Center	18,1	16,9	16,0	16,0	16,3	16,0	16,7	16,3
South	16,6	17,3	16,6	16,8	16,6	17,0	16,8	16,9
North-East	16,7	16,2	16,1	16,2	15,8	16,1	16,3	16,1
<b>ETHNICITY</b>								
Wolof	a	18,9	17,1	16,9	16,8	16,3	18,0	17,3
Poular	16,7	16,8	16,4	16,4	15,6	15,8	16,4	16,2
Serer	19,9	18,0	17,9	17,5	18,1	18,0	18,3	17,9
Mandingue	17,7	17,5	16,1	16,6	16,1	16,3	17,0	16,6
Diola	18,2	17,9	18,6	18,4	18,4	17,7	18,2	18,2
Other	18,3	17,6	17,2	16,8	17,1	17,1	17,4	17,3
<b>LEVEL OF EDUCATION</b>								
None	17,4	16,8	16,2	16,3	16,0	16,3	16,6	16,4
Primary	19,9	19,5	18,7	17,9	17,9	17,4	19,1	18,6
Secondary or more	a	23,7	20,3	21,6	20,3	20,1	22,3	21,2
<b>TOTAL</b>	<b>18,8</b>	<b>17,9</b>	<b>17,1</b>	<b>16,8</b>	<b>16,6</b>	<b>16,6</b>	<b>17,5</b>	<b>17,1</b>
EDS-II 1992/93	17,5	16,5	16,0	16,0	15,8	15,8	16,4	16,0

a: Not calculated because less than 50% of the women in the age group x, x+4 have had their first sexual intercourse at age x

Note: The median age of women from 15 to 19 years old is not being calculated, because they can still have their first sexual intercourse before reaching the age of 20.

### APPENDIX 3: FERTILITY OF YOUNG PEOPLE

Percentage of adolescents (15 to 19 years) who have already had their first child or that are pregnant for the first time, by socio-demographic characteristics.

*Source: EDS-III Senegal, 1997, p. 32.*

Characteristic	Adolescents (%) who are mother	Adolescents (%) who are pregnant (1 <sup>st</sup> x)	Adolescents (%) already began fertile life	Absolute numbers
<b>Age</b>				
15	2,9	1,8	4,7	345
16	7,9	1,5	9,4	409
17	16,1	6,8	22,9	393
18	27,8	5,9	33,7	444
19	35,8	3,8	39,7	347
<b>Place of residence</b>				
Urban	10,4	2,3	12,7	894
Rural	24,9	5,5	30,5	1043
<b>Region</b>				
West	10,1	2,9	13,0	719
Center	19,1	4,1	23,2	676
South	33,3	5,6	38,9	233
North-East	23,7	5,4	29,2	310
<b>Ethnicity</b>				
Wolof	13,8	3,4	17,2	817
Poular	25,5	4,9	30,4	495
Serer	13,6	1,6	15,2	252
Mandingue	24,9	4,0	28,8	107
Diola	15,2	6,2	21,4	87
Other	22,1	7,6	29,7	180
<b>Level of education</b>				
None	23,9	5,4	29,3	1067
Primary	13,3	3,0	16,3	601
Second or more	6,6	1,1	7,6	269
<b>Total</b>	<b>18,2</b>	<b>4,1</b>	<b>22,3</b>	<b>1937</b>

## APPENDIX 4: KNOWLEDGE ABOUT STIS AND HIV/AIDS

Percentages of men and women who know specific Sexually Transmitted Infections (STIs), by socio-demographic characteristics.

*Source: EDS-III Senegal, 1997, p. 133.*

### WOMEN

Characteristic	Syphillis	Gonococcie	AIDS	Other	NSP	Absolute
<b>Age</b>						
15-19	5.3	7.3	90.1	0.3	9.8	1937
20-24	9.7	14.9	92.6	0.8	7.2	1664
25-29	11.9	18.2	92.8	0.8	6.9	1472
30-39	11.0	22.4	92.5	0.8	7.0	2257
40-49	8.4	23.4	90.3	0.4	8.9	1263
<b>Married state</b>						
Married	7.5	17.8	90.5	0.6	9.0	5851
Widow/divorced	16.7	25.8	93.5	2.1	6.2	433
Single	12.3	13.4	94.4	0.5	5.6	2310
Sexual active	16.1	20.0	97.7	0.1	2.2	368
Never had sex	11.6	12.2	93.7	0.6	6.2	1941
<b>Place of residence</b>						
Urban	17.7	23.8	98.5	0.9	1.5	3798
Rural	2.6	11.7	86.3	0.4	13.1	4795
<b>Region</b>						
West	17.0	22.2	98.4	0.8	1.5	3274
Center	4.9	15.2	89.9	0.6	9.6	2931
South	4.1	15.1	84.4	0.7	14.9	1029
North-East	3.9	9.8	84.9	0.4	14.7	1359
<b>Level of education</b>						
None	3.2	11.9	88.2	0.3	11.3	5721
Primary	6.6	18.7	98.1	0.5	1.8	1795
Second or more	45.6	41.3	99.7	2.6	0.3	1077
<b>Total women</b>	<b>9.3</b>	<b>17.0</b>	<b>91.7</b>	<b>0.6</b>	<b>7.9</b>	<b>8593</b>

### MEN

Characteristic	Syphillis	Gonococcie	AIDS	Other	NSP	Absolute
<b>Age</b>						
15-19	17.5	40.2	98.0	0.7	1.9	824
20-24	19.6	54.4	98.5	1.3	1.1	583
25-29	24.3	63.6	98.8	2.1	0.7	933
30-39	22.8	66.8	97.1	2.1	2.0	729
40-49	8.6	65.7	89.2	1.6	5.0	1236
<b>Marital status</b>						
Married	14.4	64.7	94.2	1.4	2.9	2756
Widow / divorced						

	17.8	59.5	90.1	4.5	6.5	136
Single	23.7	47.8	98.6	1.6	1.2	1415
Sexually active	26.3	55.3	99.5	2.0	0.4	1041
Never had sex	16.5	26.9	96.1	0.4	3.6	373
Place of residence						
Urban	31.4	60.7	98.5	2.3	1.1	1924
Rural	6.5	57.7	93.2	1.0	3.6	2382
<b>Region</b>						
<i>West</i>	27.3	58.6	98.0	2.0	1.0	1762
<i>Center</i>	8.6	61.7	95.3	1.0	2.0	1360
<i>South</i>	16.4	62.9	91.5	1.6	4.9	578
<i>North-East</i>	10.6	50.6	93.0	1.5	5.2	606
Level of education						
None	5.1	54.6	92.8	1.0	3.9	2567
Primary	11.7	57.9	99.3	0.4	0.5	858
Second or more	59.6	73.0	99.8	4.4	0.2	881
<b>Total men</b>	<b>17.6</b>	<b>59.0</b>	<b>95.5</b>	<b>1.6</b>	<b>2.5</b>	<b>4306</b>

## APPENDIX 5: ILLUSTRATIONS AND PHOTOS

Photo 1: Billboards on HIV/AIDS in Dakar, November 15<sup>th</sup> 2000.



Photo 2: March against AIDS in Dakar, December 1<sup>st</sup> 2000.



Image 1: Brochure on HIV/AIDS, January 2001

**2 - LE SIDA S'ATTRAPPE**

- par les rapports sexuels avec quelqu'un qui est porteur du virus. Un seul rapport sexuel peut suffire pour attraper le virus du SIDA.
- pier le sang
  - les transfusions de sang contaminé par le virus.
  - les objets souillés de sang contaminé et non stérilisés.
  - tout instrument qui sort la peau et mal nettoyé (instruments servant à la circoncision, aux tatouages, aiguilles, seringue).
- Une femme porteuse du virus peut le transmettre à son enfant pendant la grossesse, l'accouchement, et l'allaitement au sein.

**3 - ON N'ATTRAPPE PAS LE SIDA**

- n'en mangeant dans le même bol n'en buvant dans le même verre
- n'oser la salive
- n'en échangeant des habits
- les insectes ne transmettent pas le virus
- n'en travaillant, ni en étudiant ou en jouant avec des personnes qui ont le virus.

**4 - POUR SE PROTÉGER DU SIDA**

- Éviter tout contact sexuel douloureux ou répugnant
- Avoir un (e) partenaire fidèle et être fidèle soi-même. C'est plus sûr.
- Ou bien utiliser des préservatifs (condoms ou capots).
- Être sûr que les aiguilles et seringues sont stérilisées à chaque utilisation. Leur leur est utilisé un matériel à usage unique.

**Ainsi donc, les contacts de la vie courante ne transmettent pas le virus.**

Image 2: Counselling: accessibility of service providers (Source: CERPOD 1996: p. 30)

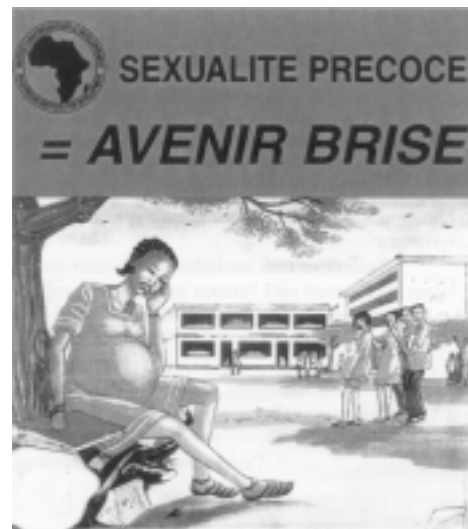




**Photo 3: Performance of the Club EVF at College Ousmane Socé Diop, May 24<sup>th</sup> 2001**



**Image 3: Consequence of a teenage pregnancy (Source: CERPOD 1996: p. 17)**



## **Interviewguide 1 : Focus Group Discussions (in French)**

### **Questions du Focus Groupe I:**

#### **1. Jeune:**

- Selon vous, qu'est-ce qu'un jeune?
- Quelle est la difference entre un jeune et un adulte?
- Qu'est-ce qu'un jeune doit faire et ne doit pas faire? (quels sont les taches?)
- Quelle est la difference entre la vie d'une fille et d'un garçon?

#### **2. L'amitie:**

- Qu'est-ce qu'un ami?
- Avez-vous un groupe des amis fixe?
- Qu'est-ce que vous faites dans le groupe?
- Est-ce qu'il y a un chef / leader dans votre groupe?
- Qu'est-ce qui differencie votre groupe des autres groupes?
- Est-ce que c'est necessaire pour faire partie de votre groupe, de porter des jeans ou de frequenter telle boite de nuit?
- Est-ce que dans le group, tout le monde est au courant quand quelqu'un a une probleme?
- Avec qui parlez-vous de vos relations sentimentales?
  - Avec des parents? Des soeurs? Des freres? Des amis?
- Est-il possible d'etre ami avec quelqu'un du sexe oppose?
- Quel est la difference entre l'amitie et l'amour?

#### **3. Copain / copine:**

- Est-il permit a une fille ou a un garçon d'avoir une copain / copine ?
- A partir de quelle age?
- A quelle age voulez-vous vous marier?

### **Les questions du Focus Groupe II:**

#### **1. Sida:**

- Ou est-ce que vous avez entendu parler du Sida?
- Dans votre college, quels sont les matieres dont on parle du Sida?
- Qu'est-ce que vous avez appris?
- Quelles sont les facons dont le Sida se transmette?
- Est-ce que les cours qui parlent du Sida sont satisfaisant ou est-ce qu'il reste des choses qui n'ont pas ete dites?

#### **2. Club EVF:**

- Qu'est-ce qu'ils font dans le club EVF?
- A votre avis, est-ce que c'est important pour vous que l'educateur soit fille / garçon?
- Quelle information est donne par le club EVF?
- Est-ce que vous comprenez toujours les informations donne par le club?
- Est-ce que vous en discutez en groupe ou vous les gardez pour vous memes?

#### **3. Services:**

- Ou est-ce que vous allez quand vous avez besoin des informations sur le Sida?
- Quels sont les difficultes on peut rencontrer dans les services?
- Pourquoi c'est difficile pour un jeune d'y aller et de parler?
- Que faudrait-il faire pour que les jeunes puissent mieux avoir acces aux services?

**4. L'abstinence:**

- Que pensez-vous de l'abstinence?
- Pensez-vous pouvoir vous abstenir jusqu'à l'âge de votre mariage?
- Sinon, qu'est-ce que vous faites?
- Est-ce que l'abstinence est la même pour les filles et les garçons?

**5. Contraceptifs:**

- Que pensez-vous des contraceptifs?
- Avec qui discutez-vous l'utilisation des préservatifs?
- Quels sont les différentes sortes de contraceptifs que vous connaissez?

## **Interviewguide 2 : Personal interviews (in French)**

**Questions des interviews individuelles des filles :****Personnel :**

- Est-ce que tu es née à Dakar ?
- Où est-ce que tu habites maintenant ? Quel quartier ?
- Avec qui est-ce que tu habites dans la maison ?
- Est-ce que tu as des sœurs ou frères ?

**Parents :**

- Est-ce que tu peux sortir la nuit ? Aussi avec un garçon ?
- Quelle est ton heure fixe pour revenir à la maison ?
- Comment est-ce que tu réagisses quand tes parents t'interdisent de sortir ?

**Choix de partenaire :**

- Est-ce que tu es promis à quelqu'un ?
- Est-ce que tes parents interviennent dans ta vie privée ?
- Qu'est-ce que tu vas penser quand tu ne peux pas choisir ton mari ?

**Amies :**

- Est-ce que tu as des ami(e)s ?
- Avec qui t'entends tu le mieux ; avec les garçons ou avec les filles ?
- Ton meilleur ami est un garçon ou une fille ?
- Est-ce que tu parles de tes relations amoureuses avec lui ?

**L'amour :**

- Est-ce que tu as un copain ?
- Est-tu amoureuse de lui ?
- Non ; est-ce que tu n'es jamais tombé amoureuse d'un garçon ?
- Oui ; quand était la première fois que tu étais amoureuse ?
- Qu'est-ce que tu fais quand tu es amoureuse d'un garçon ?
- Qu'est-ce qu'un garçon doit faire pour attirer ton attention ?
- Bon, durant les focus groups on a parlé des filles qui ont un copain, mais qui ne l'aiment pas, qu'elles ont un copain pour s'amuser. Pour toi, est-il nécessaire d'être amoureuse pour avoir un petit-copain ?
- Comment est-ce que tu fais pour avoir des moments intimes avec ton copain ? Ou est-ce que vous vous voyez ? Ou est-ce que vous allez ?
- Est-ce que tu peux me dire comment tu réagisses quand un garçon ne t'intéresse pas, mais quand il essaie de te draguer ? Qu'est-ce que tu fais ? Qu'est-ce que tu dis ? Tu ose lui parler ?

**Sida / rapports sexuels :**

- Durant la deuxième focus group, on a parlé du Sida et des rapports sexuels. Qu'est-ce que tu penses des rapports sexuels avant le mariage ?
- Est-ce que, entre amis ou entre camarades de classe, vous discutez le Sida ?
- Par quel type d'informations as-tu entendu du Sida pour la première fois ?
- Quel est l'information que tu as retenu du Sida ?
- Est-ce que tu connais ou est-ce que tu as déjà vu quelqu'un qui a attrapé un MST ou le Sida ?
- Est-ce que tu penses qu'un de tes amis peut attraper un MST ou le Sida ? Pourquoi (pas) ?
- Est-ce que tu penses que TU peux attraper un MST ou le Sida ? Pourquoi (pas) ?
- Qu'est-ce que tu fais pour l'éviter ?
- Est-ce que tu sais que la religion n'est pas d'accord quand une fille a un copain ?
  - Pourquoi tu le fais quand-même ?
  - Qu'est-ce que tu penses des filles qui ont un copain quand-même ?

**Abstinence :**

- Est-ce que, avec ton copain, vous avez opté pour l'abstinence ? Vous l'avez discuté ?

**Contraceptifs :**

- Quels sont les contraceptifs que tu connais ?
- Est-ce que tu as déjà vu des contraceptifs ? Quels ? C'était ou ?
- Quel est le plus efficace selon toi ?
- Si tu devais avoir des rapports sexuels, quel contraceptif utiliserais-tu ?
- Est-ce que tu sais combien coûtent les préservatifs ?
- C'est 150 CFA pour un paquet de trois, est-ce que ça c'est cher selon toi ?
- Est-ce que tu sais ou tu peux avoir la pilule ?
- Est-ce que tu sais qu'il faut aller voir un médecin avant que tu puisses acheter les pilules dans la pharmacie ?
- Et le préservatif ?

**Club EVF :**

- Est-ce que tu connais quelqu'un qui est dans le club EVF ?
- Pourquoi ce sont les meilleurs élèves qui sont dans le club EVF ?
- Est-ce que tu étais là durant l'ouverture du foyer le 23 février ?
- Quel était le message du pièce du théâtre du club EVF ?

**Interviewguide 3 :****Interviews pupils from Club EVF (in French)****Questions aux élèves du club EVF :****L'élève lui-même :**

1. Nom :
2. Age :
3. Ethnie :
4. Tu habites dans quel quartier ?
5. Avec qui est-ce que tu habites dans la maison ?
6. Est-ce que tes parents sont stricts avec toi ?
7. Est-ce que tu peux sortir la nuit ?
8. Quelle est ton heure fixe pour rentrer à la maison ?
9. Qui est la personne qui te renseigne sur la sexualité et le Sida ?
10. Est-ce que tu as un copain / copine ?
  - Il / elle a quel age ?

11. OUI : Qu'est-ce qu'il t'attire le plus chez lui / elle ?  
NON : Quelle est un garçon / fille idéale pour toi ?
12. Qu'est-ce que tu penses des rapports sexuels avant le mariage ?
13. Est-ce que tu as déjà eu des rapports sexuels ?
14. Qu'est-ce que tu penses de l'abstinence ?
15. Quand est-ce que tu as entendu parler du Sida pour la première fois ?
16. Quels sont, pour les jeunes, les sources d'information qui parlent du Sida ?

#### **Club EVF :**

17. Quel est, selon toi, le rôle du club EVF au collège OSD ?  
Pourquoi on a créé un club EVF au collège ?
18. Comment es-tu devenu membre du club EVF ?
19. Pourquoi est-ce que tu es dans le club EVF ? Quelle est ton intérêt ?
20. Quelle est ton rôle / tâche dans le club EVF ?
21. Comment est-ce que tu le trouve, d'être membre du club EVF ?
22. Est-ce que tu as des amis dans le club EVF ?
23. Quels sont les activités du club EVF ?
24. Qu'est-ce que tu penses des activités du club EVF ?
25. Quels sont les informations diffusées par le club EVF ?
26. Quels sont les informations concernant le Sida, diffusé par le club EVF ?
27. Est-ce que l'éducation du sida se limite simplement à expliquer les différentes manières de se protéger ou bien elle va plus loin ? Par exemple 'comment dire « non »' ?
28. Quels sont les sujets ou les jeunes manquent d'information ?
29. Est-ce que c'est important que ce soit les jeunes qui donnent les informations aux autres jeunes ?
30. Quelle est la différence quand les adultes donnent les informations aux jeunes ?
31. Quand tu parles de la sexualité et du Sida, préfères-tu de parler aux garçons ou aux filles ?  
Pourquoi ?
32. A part des membres du club EVF, est-ce que tu parles du Sida avec d'autres personnes ?  
Vous discutez de quoi ?
33. Quels sont les choses qui doivent être amélioré dans le club EVF ?
34. Selon toi, à qui est le rôle d'informer les jeunes aux sujets de la sexualité et du Sida ?

#### **Interviewguide 4 :**

#### **Interviews teachers from college Ousmane Socé Diop (in French)**

##### **Questions des professeurs :**

1. Comment est-ce que vous vous appelez ?
2. Vous êtes enseignant depuis combien des années ?
3. Est-ce que vous avez toujours enseigné au collège OSD ?
4. Vous donnez les cours de quelle matière ?
5. Vous donnez les cours de .... aux quelles classes ?
6. Dans quelle classe vous commencez à donner des cours qui parlent de la sexualité et du Sida ?
7. Est-ce que vous avez eu une formation pour donner des informations du Sida ?
8. Est-ce qu'il y a un curriculum pour les cours de .... ? (je peux le voir ?)
9. Dans votre cours, vous parlez du Sida dans quel aspect ? Quel est l'information donnée ?  
(Comportement ?)
10. Comment est-ce que vous donnez des informations ? Comment ça marche durant les cours ?
11. Est-ce qu'il y a des possibilités de discuter ?
12. Est-ce que les élèves vous posent des questions ? De quel genre ?
13. Est-ce qu'il y a des élèves qui viennent vous parler des problèmes personnels ?

14. Quel matériel utilisez-vous durant les cours ? (livres, brochures, film)
15. Qu'est-ce que vous pensez du club EVF au collège ?
16. Est-ce que, selon vous, c'est important que ce soit les jeunes qui donnent des informations du Sida aux autres jeunes ?
17. Quels sont les (dis-)avantages ?
18. Avez-vous des enfants ?
19. Quand il s'agit de la sexualité et du Sida, est-ce que vous informez vos enfants de la même manière que vos élèves ?
20. Pourquoi est-ce que c'est différent / plus difficile ?
21. Selon vous, à qui est le rôle d'informer les jeunes de la sexualité et du Sida ?
22. Quels sont les domaines où les jeunes manquent d'information ?
23. Selon vous, comment faire pour améliorer l'éducation du Sida ?

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