



## MONTHLY HEALTH OFFICE UPDATE

### Demographic and Health Survey (DHS), 2010

This month the Health Team Update will focus on the preliminary results of the recently released 2010 DHS. Here is a summary of the promising findings.

#### Fertility:

Preliminary data show that the fertility rate has decreased from 5.3 births per woman in 2005 to 5 births in 2010. This implies that the average Senegalese woman who is at the beginning of her childbearing years will give birth to 5 children by the end of her reproductive period if fertility levels remain the same. The Total Fertility Rate (TFR) for rural areas (6 births) is higher than for urban areas (3.9 births).



#### Female Genital Cutting (FGC):

26 % of women ages 15-49 are circumcised, representing a slight decrease from 28 percent of women in 2005.

#### Family Planning:

Contraceptive Prevalence Rate (CPR) has slowly, but steadily increased in Senegal, reflecting a move in the right direction. The CPR in 2010 was 12.6 %, compared to 10.3% in 2005. As a whole, 12.1% of women use a modern method. Contraceptive prevalence in urban areas is much higher than that in rural

areas (21.3 versus 6.5 percent). With respect to mix of modern methods, Intrauterine Devices (IUDs) (5.2%), followed by implants (4.1%) and injectables (1.1%) are the most

#### *SPOTLIGHT ON: Female Genital Cutting*

Researchers at the University of Washington/Seattle in collaboration with research groups in Dakar recently published an article in the journal *Social Science and Medicine* that highlighted the state of FGC in Senegal and The Gambia. The study provides the following abstract:

Recent reviews of intervention efforts aimed at ending female genital cutting (FGC) have concluded that progress to date has been slow, and call for more efficient programs informed by theories on behavior change. Social convention theory, first proposed by Mackie (1996), posits that in the context of extreme resource inequality, FGC emerged as a means of securing a better marriage by signaling fidelity, and subsequently spread to become a prerequisite for marriage for all women. Change is predicted to result from coordinated abandonment in intermarrying groups so as to preserve a marriage market for uncircumcised girls. We use data from a three year mixed-method study of behavior change that began in 2004 in Senegal and The Gambia to explicitly test predictions generated by social convention theory. Analyses of 300 in-depth interviews, 28 focus group discussions, and survey data from 1220 women show that FGC is most often only indirectly related to marriageability via concerns over preserving virginity. Instead we find strong evidence for an alternative convention, namely a peer convention. We propose that being circumcised serves as a signal to other circumcised women that a girl or woman has been trained to respect the authority of her circumcised elders and is worthy of inclusion in their social network. In this manner, FGC facilitates the accumulation of social capital by younger women and of power and prestige by elder women. Based on this, FGC programs should target women's social networks, which are intergenerational, and include both men and women.

*Dynamics of change in the practice of female genital cutting in Senegambia: Testing predictions of social convention theory* Bettina Shell-Duncan, Katherine Wandera, Ylva Hernlund, Amadou Moreaub  
University of Washington, Department of Anthropology & Global Research and Advocacy Group, Dakar



widely used methods. We also saw noticeable gains in modern contraceptive use in select areas. St. Louis showed the greatest change from 9.9% to 16.1% during the 5 year period. While the districts of Diourbel and Kaolack rose 2% and 2.5% respectively. Current unmet need is approximately 33%.

### Early Child Mortality:

The 2010 DHS documents show the trend of decreasing under-five mortality. The overall under-five mortality rate for the 5 years preceding the survey is 72 deaths per 1,000.

### Antenatal Care and Delivery Care:

Most mothers (93 %) receive antenatal care from a trained health professional at least once for their last birth. In urban areas, 99 % receive antenatal care compared with 90 % in rural areas.

However, only 65 % of women reported that their births in the last 5 years were delivered by a health professional, with women in rural areas being far less likely to report that their births were delivered by a health professional compared to women in urban areas (40.2 % compared to 90.7 %). We should also note here that Community Health Workers are safely delivering children in rural areas but they are not captured in DHS data as 'qualified' health professionals.



Photo Credit: David Colwell - Conference Website.

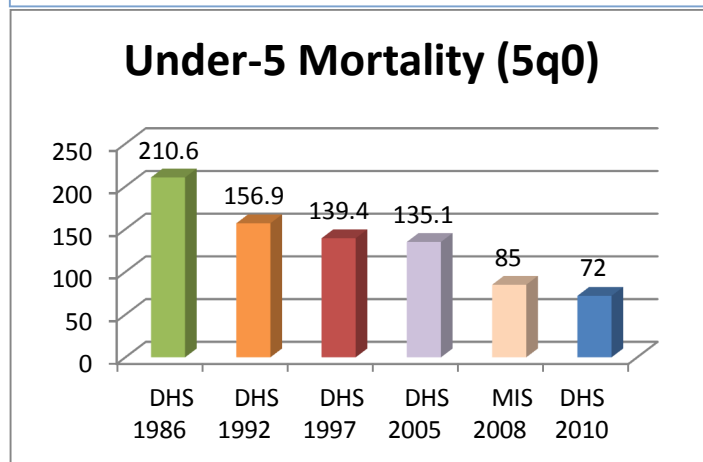
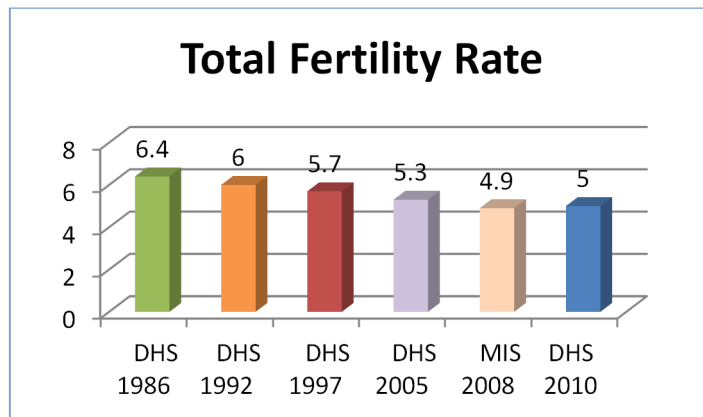
### Vaccination of Children:

Overall, 66 % of children ages 12-23 months are fully vaccinated. Only 3 % of children in Senegal have not received any vaccinations. While these numbers appear to be promising we need to highlight a recent Expanded Program on Immunizations (EPI) Review that counted only fully validated vaccinations. This study clearly showed that merely 16.7% of children under 12 months had been fully vaccinated. By contrast the DHS uses oral

confirmation of vaccinations to reach the stated figures.

### Malaria

62.5 % of households had an Insecticide Treated Net (ITN) and 35% of children slept under an ITN the night before the survey.



The Family Planning Conference will be co-sponsored by USAID/Senegal and the Gates Foundation.

Dakar, Nov. 29- Dec. 2

<http://www.fpconference2011.org/>

Visitors: 90 USAID Employees and numerous donors and foreign dignitaries will be in Dakar for this meeting.