



Senegal has some notable legislative support in place that is conducive for SRHR. Top of this is the country's 2005 Reproductive Health Law. 439 The country's legislative framework also includes: provisions against FGM; a law decriminalising safe abortion in cases of rape or incest; the adaptation of the minimum age of marriage for girls from 16 to 18 years old; and a law passed in 2020 which criminalises rape. 440 Yet significant challenges remain, particularly in terms of funding and implementation.

Adolescent sexual and reproductive health (ASRH)

Senegal's 2005 Reproductive Health Law⁴⁴¹ recognises that the right to reproductive health is a fundamental human right and universally guaranteed to all, without discrimination based on age, sex, income, religion, race, ethnicity, marital status, or any other grounds. There is also no legal restriction regarding young people's access to contraceptives and other basic health services such as pregnancy tests and STI screenings (though people must be at least 15 years old to consent to an HIV test).⁴⁴²

Senegal has also made notable efforts on SRHR via the implementation of a 2014-2018 Strategic Plan. The main goals of this plan were to contribute to the health and wellbeing of adolescents/youths from 10-24 years old; to promote adolescent/youth SRH; and to increase adolescents and young people's use of SRH services by 80%, through communication, advocacy, capacity-strengthening, sexual health education, and the provision of user-friendly services. The Ministry of Health also developed a document entitled Health Services Tailored to the Needs of Adolescents and Youth. This includes the focus areas of information; reorganising service delivery points to tailor them to the needs of adolescents and youths for friendly and quality services; and strengthening the youth-friendly skills and attitudes of service providers. The government also implemented the 2018-2022 Plan SRMNEA (Santé de la Reproduction, de la Mère, du Nouveauné, de l'Enfant et de l'Adolescent).443

The adolescent-youth component of this plan, however, was considerably under-funded. In effect, the government continues to not have strong or specific budget lines associated with young people's access to SRH services. This, in turn, undermines the potential impact of promising policy developments. Moreover, sufficient funds for adolescents' SRH financing continue to be unavailable at the level of



local authorities; this then contributes to insufficient dissemination and implementation of government plans and strategies at the local level.⁴⁴⁴

Data indicates that adolescent girls experience the greatest unmet need for family planning (at 23%) among all women aged 15-49. Fourteen percent of adolescent girls are mothers or pregnant. 445 Findings from Senegal Power to You(th)'s baseline research also indicate low levels of knowledge regarding ASRH services among researched communities in Keur Massar, Diourbel, and Kanel. Here, an average of only 42% of respondents indicated they had sufficient knowledge (the lowest was in Keur Massar at 25%). 446

Several stakeholders also confirmed that pregnancies occurring before marriage are strongly stigmatised. This makes it difficult for young women and girls to access SRH services, particularly if they are pregnant. As a result, young girls or women in this situation prefer to be examined in health centres outside of their community, opt for night consultations at health centres, or meet over the phone with health staff for more confidentiality. Others prefer to stay at home for fear of being stigmatised or ostracised by their community.447 And while the Ministry of Health has carried out several actions aimed at improving the offer of reproductive health services for adolescents, the support system for adolescent girls does not yet specifically target girl students.448

Sexual and gender - based violence

Article 13 of Senegal's 2005 Reproductive Health Law states that "all forms of violence, sexual abuse or inhuman or degrading treatment shall be punishable in accordance with the penal provisions in force." In addition, Senegal's Law No. 99-05 of 29 January 1999 supplements the Penal Code with a set of legislative and regulatory provisions specifically and heavily sanctioning violence against women. This law is considered a major achievement. It essentially made it possible to penalise paedophilia, domestic violence, FGM, and sexual harassment.

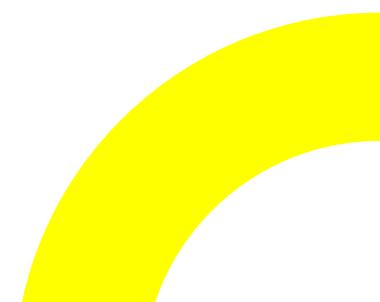
Furthermore, in January 2020, Law 2020-05 increased the penalties for sexual and gender-based violence (SGBV), by criminalising rape and paedophilia and toughening penalties relating to sexual harassment (Article 319 bis, 320 and 320 bis, of the Penal Code). Before Law 2020-05, rape was considered a simple offence punishable by five to ten years in prison. With the new law, perpetrators of rape and paedophile acts will now be tried by the criminal chamber and face a sentence of up to life

imprisonment. In addition, Law 2020-05 deals with indecent assault with the use of violence. Senegal has also adopted a national action plan to combat gender-based violence and to promote human rights (2017-2021).⁴⁴⁹

The devastating frequency of sexual and gender-based violence

Despite this legal headway, SGBV is very common in Senegal. This is amongst others due to a lack of information among young adolescents, a lack of denunciation of perpetrators by victims, and the taboo that surrounds the subject. The percentage of women aged 15-49 who have experienced physical violence since the age of 15 is highest among those aged 25-29 (30.6%), followed by women aged 30-39 (26.8%), and women aged 15-19 (26%). In Power to You(th)'s baseline research, one in four teenagers and young people surveyed knew someone who had been a victim of a sexual assault.

Research also indicates that denunciation by survivors of SGBV is often low because, in most cases, the perpetrators are family members. Additional factors limiting the full implementation of laws include: little to no awareness among communities regarding the country's legal framework, and women and girls' human rights; persistent patriarchal cultural and religious beliefs; illiteracy; lack of translation of the laws into local languages; poverty; challenges in access to information; and inadequate conflict resolution and SGBV response mechanisms.⁴⁵² Clearly, there is much work to be done before the full impact of promising legislative frameworks will be seen.





Female genital mutilation

Law No. 99-05 explicitly criminalises female genital mutilation (FGM) in Senegal. Parents who authorise the practice may receive a prison sentence of six months to five years. Anyone who commits the practice may receive a similar sentence, and the maximum penalty of five years is applied when a member of the medical profession has committed the practice. In addition, the 2005 Reproductive Health Law specifies in Article 4 that "Reproductive health care and services cover: (...) the fight against female genital mutilations, sexual abuse and practices harmful to reproductive health", thus reaffirming the role that the health sector must play in the fight against this harmful practice. Article 7 of the Constitution of Senegal also holds that "Every individual has the right to life, liberty, security, the free development of his personality, bodily integrity, in particular protection against all physical mutilation."453

Yet FGM is still practiced widely in Senegal, with a prevalence of 22.7% among women aged 15- 49. 454 About 24% of women aged 15-24 are circumcised. FGM rates vary greatly between regions: they are lower in regions such as Diourbel (0.6%), but higher in others, such as Matam (73.3%). Attitudes in favour of the practice also vary per region; for example, findings from Senegal's Power to You(th) baseline research indicate that half of the women interviewed in Kanel said they intended to have their daughter undergo FGM, but the rate was low (3%) among women interviewed in Keur Massar and Diourbel. 455

In many ways the practice has deep sociocultural roots, and continues to be practised even when people know it is illegal. Indeed, several interviewed stakeholders explained that it is difficult to know the exact prevalence of this harmful practice, as parents often practise it in secret, keeping it within the family, as they are aware of its prohibition and sanction by law. 456 Cultural and economic factors also explain the persistence of FGM: these factors involve a woman's social status, value, and chances in life being defined by her marital status, making it difficult for girls, women and communities to abandon the practice. Men's attitudes play an important role: some men may reject a potential wife if she has not been circumcised. 457

In addition, FGM represents a substantial source of financial income for women who perform circumcisions and gives them a special status in the community. It is therefore essential to undertake a holistic approach to countering FGM, involving the whole community, in order to address entrenched sociocultural norms that uphold the practice. 458

Recommendations

Adolescent sexual and reproductive health (ASRH)

Revise discriminatory laws and policies to ensure young people's effective, meaningful, and inclusive participation in all political decisions regarding their access to SRH information and services.

Sexual and gender-based violence (SGBV)

Fully implement Article 13 of the 2005
Reproductive Health Law, to address
high rates of SGBV. Allocate adequate
budgetary resources for legal and
psychological assistance for SGBV
survivors, and strengthen SGBV response
and support services.

Harmful practices – Female genital mutilation (FGM)

- Ensure the effective enforcement of Senegal's laws on FGM, rape, and paedophilia. Ensure that anti-FGM initiatives take a holistic approach, and address underlying sociocultural norms that perpetuate the harmful practice.
- Ensure the full implementation and scaling up of The New Deal, a community pact undertaken by the Ministry of Youth, UNFPA, and CSOs to unleash and realise the potential of girls and young women in Senegal.



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