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Influence of Relationship Situation on Responses to Unintended Pregnancy in Dakar

The social and demographic changes that occurred in most African countries over the second half of the twentieth century have radically modified the context in which young Africans begin their sexual and reproductive lives (Mensch et al., 2006). The average number of children per woman has fallen; the mean age at marriage has risen (Pilon and Vignikin, 2006; Locoh and Hertrich, 1994), and women are postponing their sexual debut (NRC, 2005). Despite this last point, the trend towards later marriage has resulted in higher levels of premarital sexual activity than in the past (NRC, 2005, p. 199). Opportunities for extramarital romantic and sexual experiences are becoming more frequent (Delaunay and Guillaume, 2007; Bozon, 2003), and are creating an ever wider gap between the realities experienced on a daily basis and the social rules in effect in these countries, which stigmatize all forms of sexuality outside marriage.

The rising frequency of non-marital pregnancy in sub-Saharan Africa attracted the attention of researchers and policymakers from the late 1980s. However, the link between this observation and changes in young people's sexual aspirations and desires with regard to parenthood, an issue widely and intensely debated in Northern societies (Sihvo et al., 2003; Barrett and Wellings, 2002; Evans, 2001; Fisher et al. 1999, Bajos and Ferrand, 2002), has not yet been explored for Southern countries. The notion of unwanted pregnancy, commonly used to apprehend women's difficulties in controlling their fertility, does not adequately reflect the complexity of the new reproductive references now taking hold African societies.

(1) The composition of the ECAF team is presented in the introduction to this special feature.

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This study aims to help identify what an unintended pregnancy represents for young people⁽²⁾ in sub-Saharan Africa today, in the particular context of a large city, where changes in fertility and marriage practices are more pronounced and occur at a faster pace than in rural areas. On the basis of a study conducted in Dakar, the capital city of Senegal, we seek to capture the complexity of the individual and collective dynamics surrounding unexpected pregnancy and to show that this notion speaks to a need for broader reflection on young motherhood.

I. General framework

The first studies of adolescent fertility date back to the 1980s and focused primarily on health risks for the young mother and child (Hobcraft and McDonald, 1985; Trussel and Pebley, 1984). Later, with the combined rise in age at marriage and in age at first childbirth in Africa, the problematic of pregnancy at a young age was superseded by that of non-marital pregnancy, interpreted by researchers as “unwanted” (Zabin and Kiragu, 1998; Görgen et al, 1998; Gage-Brandon and Meekers, 1994; Ageyi and Epema, 1992). The concern about health persisted but attention now focused on the risks associated with STIs, especially HIV (Caraël, 1995; Meekers, 1994). Other studies attended to the social dimension of extramarital fertility among young people (Thiriat, 1999; Meekers and Calvès, 1999; Bledsoe and Cohen, 1993; Longfield, 2004). They showed that the sexual motivations and aspirations of single Africans involve extremely varied concerns and constraints.

Researchers analysing premarital fertility in terms of motivation have shown that, contrary to the conclusions of other studies, a premarital pregnancy can also be a deliberate act and therefore be “wanted” (Feyisetan and Bankole, 1991). Young women occasionally use pregnancy to acquire a husband or to obtain material favours from the father (Koussidji and Muller, 1983; Obbo, 1987; Guyer, 1994; Sévédé-Bardem, 1997). In some cases, premarital pregnancy proves the woman’s fecundity and guarantees that the upcoming union will be fertile (Laburthe-Tolra, 1981; Oppong and Wéry, 1994; Gage and Bledsoe, 1994).

Several studies have brought to light the negative effects of premarital pregnancy on the mother’s future, namely on her education (Meekers and Ahmed, 1999; Eloundou-Enyegue, 2004; Lloyd and Mensch, 2008). Having to interrupt and perhaps give up schooling altogether is a situation that can make a pregnancy unwanted. Being the child of an unintended pregnancy can also have a major impact on social status and living conditions early in life. Children born illegitimately to a father who does not recognize his

(2) The term “young people” has a relatively broad meaning here as it encompasses both young singles and newly married individuals.

paternity are more exposed than others to certain types of discrimination (Calvès, 2000).

In the 1980s, the HIV-AIDS epidemic took policy priority over unintended pregnancy prevention. Moreover, the late but ultimately widespread fertility decline in African countries (Cleland et al., 1994) suggested that their populations adhered massively to the principle of planned parenthood, and the issue of diffusing modern contraception became less pressing. However, young people's needs in this area were shown to be continually on the rise (Caldwell and Caldwell, 1995; Singh et al., 2000).

More recently, an increase in induced abortion among young unmarried women, brought to light in hospital data, has reopened the issues of unwanted pregnancy (Guillaume and Desgrées du Loû, 2002) and of the impact of abortion on fertility levels (Guillaume, 2003). Several studies focus directly on the reasons for having an abortion and on the signification of an unwanted pregnancy (Guillaume and Molmy, 2004; Amegee, 2002; Calvès, 2002; Gbétoglo, 2004; Olukoya, 2004). Most show that the decision to abort or take a pregnancy to term depends on the relationship context in which the pregnancy occurs and on the degree of legitimacy of that relationship.

II. The particular context of marriage and sexuality in Dakar

In Senegalese society, marriage is a key life event that marks entry into social adulthood and is seen as a condition of individual self-fulfilment (Nanitelamio, 1995). In an article written in the 1970s, Colette Le Cour-Grandmaison (1971) highlighted the social pressure placed on young Dakar girls, often so strong that it drove them to marry for the first time simply to satisfy family expectations. Nearly 30 years later, Fatou Binetou Dial (2008) made a similar observation. However, certain practices are evolving, as shown by the results of the Demographic and Health Survey (DHS). As mentioned above, age at marriage in Senegal rose over the second half of the twentieth century. The phenomenon is particularly clear for cities: in 1986 the median age at first marriage for women aged 25-49 was 17.6 years (DHS I); by 2005 it had risen to 20.1 years for the female population in general, 20.8 years for women in Dakar and 23.9 years for the most educated women (DHS IV). Men marry even later: the median age for the 30-59 age group in 2005 was 29 years. The counterpart of later first marriage is a longer period of singlehood, which in reality means that the younger generations have much more diverse opportunities for premarital relationships than in the past (Adjamagbo and Antoine, 2002; Delaunay and Guillaume, 2007).⁽³⁾ Marriage is occurring at a

(3) Another important effect of the rise in age at first marriage is the fertility decline observed at the national level, particularly sharp in Dakar: in 1986 urban women had 5.4 children on average (DHS I); in 2005 the figure had fallen to 4.1, and in Dakar to 3.7 (DHS IV).

later age, but it remains practically universal: at age 35 very few women are still single, and for women and men alike, no more than 5% remain single all their life (Antoine, 2002). The high social value attached to marriage means that being unmarried is not a desirable status. Even in the city, women only tolerate singlehood as a transitory condition.⁽⁴⁾

In Dakar, marriage is a social prerequisite for motherhood and it alone legitimates sexual activity (Diop, 1985). In 2005, women aged 20-49 were almost unanimous in reporting first sexual relations at the exact age of first marriage (20.8 years).⁽⁵⁾ Men are less affected by the norm of chastity; they report a sexual debut about nine years before marriage (DHS IV). But the absence of female premarital sexual activity in Dakar found by the 2005 national DHS survey does not line up with observed changes in timing of childbirth. Studies conducted in Dakar and in rural areas show that premarital pregnancies are increasingly frequent (Delaunay, 1994; Adjamagbo et al., 2004b).⁽⁶⁾ And it seems clear that despite the prescribed norm of premarital chastity, single persons in Dakar – both men and women – are sexually active. We agree with Michel Bozon (2003) that in a society where female sexual activity outside marriage is strongly stigmatized, young single women are reluctant to report such activity in surveys. Possible underreporting of premarital female sexual activity in the 2005 Demographic and Health Survey cannot be ruled out, therefore, especially given that median age of sexual debut in urban areas, according to the earlier 1993 and 1997 surveys, was clearly lower than age at marriage. In 1997, for example, half of women aged 25-49 reported first sexual intercourse a year before marriage (Adjamagbo and Antoine, 2002).

Sexual activity and premarital pregnancy in Dakar are linked to the frequency of induced abortion, which hospital data show to be rising (Faye et al., 1999; CEFORP, 1998; Diadhiou et al., 1993).⁽⁷⁾ Abortion is often performed in secret and in unsanitary conditions, and primarily concerns young, single, childless women (Koly, 1991; Diouf, 1996). But the abortion issue also reflects the recurrent difficulties encountered by young single women in accessing family planning (Katz and Naré, 2002). Officially open to young people, the centres that distribute modern contraceptives have trouble satisfying the needs of a young population that is reluctant to come forward for fear of disapproval.

Attitudes toward parenthood in Dakar are constructed in a more general context of social change linked to longer schooling for women (Moguerou, 2006)

(4) In general, people are unhappy to remain single or divorced and feel that this state should not last too long. Indeed, rapid remarriage after divorce is a feature of marriage strategies in Dakar (Dial 2008).

(5) In line with the trend in age at first marriage, female age at first sexual intercourse is rising in the cities: in 1997 half of women aged 25-49 had experienced sexual debut by 18.6 years of age (DHS III); by 2005, the median age had risen to 20 year (DHS IV).

(6) The same applies to non-marital births.

(7) These studies were conducted with women hospitalized for complications following induced abortions.

and severe erosion of living conditions in the capital city from the late 1980s (Antoine et al., 1995; Fall and Sylla, 2000; Lessault and Diagne, 2007). Highly vulnerable to fluctuating labour market conditions and the climate of uncertainty created by unemployment, young men enter the marriage market in a weak position (Antoine, 2002). In Dakar, as elsewhere in sub-Saharan Africa, money plays an important role in social relations overall and relations between men and women in particular (Attané, 2009). Moreover, sexual relations often involve the exchange of cash, regardless of their context – premarital, marital or extramarital (Tabet, 2004). In the capital of Senegal there is a specific form of instrumentalized sexual relations called *mbaraan* in Wolof. *Mbaraan* is primarily a female practice wherein a woman has regular sexual relations simultaneously or consecutively with several men who often do not know of each other's existence. The money she receives for her sexual and social services (escorting men to parties and night-clubs, for example) enables her to acquire the material goods and financial support she needs. *Mbaraan* is viewed as a means of earning money. It mainly concerns young single women for whom this system provides a means to achieve a degree of material comfort and even to pursue their education or occupational training prior to marriage. The erosion of living conditions has intensified the economic stakes involved in romantic and sexual relations, turning them into a “commodity” that often generates problems and conflict (Dial, 2008).

These key characteristics of the norms and practices prevailing in Dakar in the areas of marriage and childbearing are an important reference point for understanding the rationales underlying young people's parenthood plans. The way Dakar women respond to unintended pregnancies should be considered in relation to this specific social and normative context.

III. A different way of apprehending unintended pregnancy

Most demographic studies of unintended pregnancies consider them as unwanted. When this assumption is uppermost, birth control needs are defined as a simple arithmetic principle. The notion of unintended (so-called unwanted) pregnancy reflects the discrepancy between desired and actual fertility; the understanding behind the Demographic and Health Surveys (DHS) is that actual fertility is unwanted when it exceeds the number of children that women respondents say they want. In the case of women who do not want a(nother) child but who do not use any contraceptive method, such pregnancies are understood to reflect unmet needs for contraception. From this perspective, modern contraception is seen as a means of preventing these unwanted pregnancies and therefore of meeting contraceptive needs (Bankole et al., 2006; Seiber et al., 2007). This view of unintended pregnancy implicitly supposes that the decision to procreate involves binary logic – wanting/not wanting a child – in which intention and action are necessarily in harmony. That presupposition fails to

consider the question of hidden motivations and personal interests, which are nonetheless key to understanding the rationales of motherhood.

In the present study, we start from the postulate that unintended pregnancies cannot be defined merely in terms of their health effects or as a binary problematic (Barett and Wellings, 2002). The notion of unintended pregnancy is far from fixed; it is a complex question, strongly determined by the degree of legitimacy of the relationship between the two procreators, by the specific social and economic context, and by the power dynamics at play among the various protagonists (i.e. the partners themselves, the men and women taken individually, healthcare providers). All these factors interact and interfere with each other and may be contradictory. To study what takes place in a relationship several types of power relations must be considered, particularly those based on the dimensions of sex and age. Social relations such as these are not fixed in stone but are perpetually redefined in response to life situations and sequences (Glenn, 1999). The ways in which gender and intergenerational relations interfere in the management of unintended pregnancies are at the centre of our thinking here.

In focusing our study on the capital city of Dakar, we hypothesize that changes in practices related to marriage, sexuality, and procreation partake of more profound social change. The widening gap between prescribed social norms and reported or privately desired practices creates tension in the way individuals, particularly young women, experience their sexuality and imagine themselves as parents. The concept of unintended pregnancy is thus constructed as a mirror of the reproductive norm that is currently dominant in Dakar society (Foley, 2007). As young people become better informed and educated, that norm is becoming increasingly incompatible with their aspirations. As in other contexts (Bajos and Ferrand, 2002), young women are subjected to ever stronger normative injunctions, notably with regard to family formation and employment (Beguy, 2009; Adjmagbo et al., 2004a). To better identify what is meant by the term unintended pregnancy in Dakar, we will analyse how the tensions associated with injunctions are handled, in relation to the issue of women's control of their fertility.

IV. Data and methodology

Our study is based on life story interviews with 25 men and 49 women conducted between 2007 and 2008 in Dakar as part of the ECAF research programme (Emergency Contraception in Africa). The overall aim of ECAF is to analyse the conditions of diffusion and acceptability of emergency contraception in four African cities: Accra, Dakar, Ouagadougou and Rabat, focusing on how women and their partners manage their fertility on a daily basis.

Information was collected using a qualitative event history approach that captures the various life course trajectories: residence, education, occupation, love relationships, marriage and contraception. This approach provides a means to study how women and men approach parenthood at specific moments of their life course, amidst situations of emotional involvement, whether or not they are in a union.

The survey was conducted among the population at large, focusing on men and women aged 18-40 living in Dakar.⁽⁸⁾ To ensure sample diversity, respondents were chosen on the basis of pre-established quotas from groups that differed in terms of marital status, educational attainment and area of residence. An initial sample was constituted using a spontaneous method whereby interviewers were sent out to select individuals in various city districts considered socioeconomically and demographically different. It was then enlarged using the snowball method by asking respondents to indicate other persons who might agree to be interviewed. The following table shows the respondents' socio-demographic profiles: they form a relatively young population with a majority of single persons. Married persons also figure in the sample, as well as women who already have children.

The interviews were conducted using semi-directive guides designed to record romantic, marital, sexual and contraceptive histories. In order to contextualize dating and sexual behaviours, the interview grid included information on residential, educational and occupational trajectories as well as living conditions in childhood, including information on the parents before the respondent's 15th birthday: social and cultural origins, marital and occupational situations. The interviews were designed in accordance with the life story model described by Bertaux (2006), which situates the component under study – in this case, the respondent's contraceptive attitudes and practices – within the overall

Table 1. Socio-demographic profile of the sample

	Men n = 25	Women n = 49
Age group		
Under 25	5	21
25-29	11	17
30-40	9	11
Educational level		
None or primary school	6	11
Secondary	12	25
Higher	7	13
Number of children		
0	15	28
1	6	10
2	2	7
3 or more	2	4
Relationship situation		
Single	13	30
<i>o/w in a relationship</i>	8	26
Monogamous marriage	11	14
Polygamous marriage	1	2
Separated / widowed	–	3
<i>Source: ECAF Survey, Senegal, 2007-2009.</i>		

(8) A lower age limit of 18 was chosen so as to restrict the sample to men and women of legal age who could be interviewed without having to request authorization from a third party.

framework of his or her individual history. Respondents spoke to an interviewer of the same sex. Some interviews were conducted in Wolof, the dominant local language, and were translated into French at the data-coding phase. The average interview length, for men and women combined, was 2 hours and 18 minutes.

Data was analysed in several complementary stages. The first was an overall analysis of the interview after a detailed reading aimed at identifying the particularities of each respondent's story. At this stage, the main events of the person's educational, occupational, residential, romantic, marital and sexual life were systematically recorded. In the second stage, these chronologically recorded events were matched in order to determine, for example, at what moment in the person's life story the pregnancy occurred, and what was his or her relational, educational and occupational situation at that time. The aim of processing information this way is to "condense" personal information so as to facilitate subsequent interpretation.

By combining the results of these two stages – detailed reading and condensed life story reconstruction – a "problematized" portrait was obtained (stage 3 of the analysis). This portrait takes account of the respondent's social position (what we call his or her capital) and any particularities with regard to the survey themes, i.e. contraceptive difficulties, contraception, abortion, motherhood, gender relations. Problematization necessarily involves interpreting the respondent's life story, and the problematized portrait deliberately focuses on a few specific dimensions of that story. To avoid producing an overly subjective view of the respondent, each portrait was discussed collectively.⁽⁹⁾ By thus crossing interview readings and interpretations that vary from one researcher to another, the portrait obtained is the one generally considered to be the most accurate and apposite. Points of disagreement are very important because they push researchers toward a finer, more detailed analysis of the interview.

Lastly, to manage the difficulties involved in analysing so many interviews, we used the Nvivo qualitative data analysis program, highly useful for determining the distinct themes and classifying the content of each interview according to the analytic categories we had devised. This stage in the cross-sectional analysis of our 74 interviews proved particularly effective for drawing up a typology of unintended pregnancies and for identifying verbatim quotes and comments.

Based on these analytic stages, we constructed a typology of unintended pregnancies aimed at bringing out the complexity of the category. By reconstituting the history of romantic or conjugal relations we were able to break down the information into a number of sequences corresponding to

(9) All researchers produced a portrait of a particular respondent. Each portrait was presented to the research team during a weekly work session to compare the different versions and minimize subjectivity. This procedure of group regulation involves discussing divergences with the aim of keeping as close as possible to the meaning of what was said in the interview. The finished portrait is a consensual construction to which each researcher has contributed.

events related to the real or feared unintended pregnancy. For each of these sequences we identified references to unintended pregnancy made by the woman or her partner, by both as a couple, or by the family. We then located those sequences within the relevant relationship framework, defined by its degree of legitimacy, the individual's socioeconomic situation, and the existence of power relations affecting decisions relating to the pregnancy. Three possible responses to a real or feared unintended pregnancy were identified: the pregnancy is carried to term, or the woman resorts to emergency contraception and/or abortion.

V. The different relationship situations in which an unintended pregnancy may occur

Two major situation types were identified in our sample: the pregnancy occurs in either a relationship situation incompatible with parenthood, or in one which is compatible with parenthood, but the time is not right.

1. The relationship is incompatible with parenthood

This category comprises pregnancies that occur in a relationship context where it would not be socially or emotionally legitimate for the woman to become a mother. In such cases, at least one of the partners cannot imagine sharing his or her future with the other person, or else the family circle considers the relationship to be non-viable because the partners do not correspond to their required profile.

Motherhood would not make sense

This is the case for pregnancies resulting from casual relationships, in principle involving no commitment, such as first sexual intercourse between unmarried partners. This is illustrated by the story of Bijou⁽¹⁰⁾ (married, one child, primary school education, small trader, aged 29 at the time of the survey). When Bijou met the man who became her first boyfriend, she was 16 and he was 30. They waited a year before having sexual intercourse for the first and only time. He was working in Italy and only returned to Dakar on vacation. During one of his stays in Senegal, after several months of separation, he expressed his desire to make love. Bijou was surprised at first but ended up giving in to his demand. With hindsight, she explains that she lost control of the situation:

I didn't usually agree to go so far with a man in certain things, really. We reached a point where, you see, I didn't even know what had happened to me.

Asked whether she had consented, she answered:

(10) All names cited in this article are pseudonyms.

He didn't force me, really he didn't. But I'd never done the thing, I didn't react.

In the heat of the moment, they forgot to protect themselves. A few weeks later, after her boyfriend had left for Italy, Bijou began to suspect she was pregnant. After two months of amenorrhea and nausea she consulted a doctor at the hospital and her fears were confirmed. Becoming a mother at 17 was out of the question for her, particularly because she could not imagine marrying this man, who was not to her mother's liking. The mother had other marriage plans for Bijou in the form of a distant cousin who had emigrated to Europe. Bijou was very upset by the situation:

It really hurt me. Really, it hurt me because it was something that really surprised me. I was very surprised because usually I planned things. I always planned things, you see.

Though she felt totally helpless, Bijou decided (with her mother's support) to take the pregnancy to term:

So I didn't try anything either because I knew it was God's will. Afterwards I called my mother and explained everything to her, it really hurt her too. [...] In any case, I had no intention of touching it [she did not intend to have an abortion].

In Bijou's understanding, God was testing her. Furious with her partner, she decided at first not to tell him about the pregnancy, just to break off the relationship. He found out about it anyway and tried proposing marriage but she categorically refused, with the support of her family. She later married another man and left her daughter in her mother's care.

Bijou's story is an example of the consequences of first, unanticipated intercourse. When she agreed to be alone with her boyfriend she did not imagine her virginity was at risk and certainly had no idea she would end up pregnant. This is a fairly classic case of unintended pregnancy occurring in a new, unconstructed relationship in which the partners (at least the woman) rule out any possibility of parenthood.

Pregnancy to cement the relationship

Another situation that recurs in our sample is a relationship overshadowed by its potential unacceptability to the young persons' families and friends. The partners engage in a romantic and sexual relationship, in most cases fully aware that the family would not approve of their marrying because the male (or female) partner does not correspond to the family's criteria for a "good match". In such cases, the partners keep their relationship as secret as possible. When pregnancy occurs in such a situation, the very future of the couple is at stake. The two conceivable options for the couple are deceit or break-up. The story of Anta (age 25, married, one child, secondary education, unemployed) clearly illustrates the first option. Anta has had only one boyfriend in her life. She met him when she was in the last year of primary school, during personal

tuition classes organized by her parents. The tutor was 10 years older than she, and an affectionate brother-sister type relationship developed between them over several years. One day, after Anta had grown up, the man confessed his feelings for her. Surprised, and flattered, Anta accepted his advances – she was 18 at the time and he was 28. A chaste relationship developed between them. At about the same time, during a vacation with her family in an inland city, Anta felt that a plot was being devised behind her back. And indeed, as soon as she got back to Dakar her father told her she was going to marry her cousin. Anta categorically refused and revealed her love for the other man. Furious at such an affront, her father slapped her. Her aunts and cousins tried to make her see reason and advised her to do her father's bidding. But Anta refused. The situation grew bitter and Anta realized that things were getting serious. Everyone was in league against her. To escape the trap being set for her, Anta relates how she decided to become pregnant with the man she loved to put an end to the forced marriage plan:

I understood that the family were beginning to talk seriously, I didn't know what to do. The day of his [her boyfriend's] birthday I started to think, you know, we women have possibilities. I said to myself, "so these people want to force me to get married? Hold on, I'm going to do everything I can today to have sex and get pregnant!" I'd rather be in a state of pregnancy than marry my cousin, because at that time those people [her family] were so serious they would have dared celebrate the wedding and I wouldn't be able to do anything about it any more. So on his birthday I went to his house. We stayed there all evening. You know – a woman with her possibilities [she laughs]. I aroused him until ... he deflowered me, and then, you know, I explained it to him. We kept on having more and more sex. It was afterwards that we realized I was pregnant. I called my mother to tell her I was in a state of pregnancy and she said, "you're going to drown me in shame" – you know mothers! I said, "all this is your fault because I told you both clearly that I didn't want that marriage, I didn't want it! So now I've gone and gotten myself pregnant on purpose and that's that".

This announcement provoked a sharp reaction from her family circle. The local imam who had been consulted on the matter suggested waiting a bit for things to calm down before launching the wedding formalities. Anta and her boyfriend, now convinced that nothing could endanger their union, followed this advice. They were married after the birth of their child, which also coincided with her boyfriend's graduation and his entry into working life.

Anta used trickery to put pressure on her family circle, trying by what can be called a "strategic" pregnancy to force the people around her to accept the relationship she had chosen for herself. In the power struggle between the family and the couple, her pregnancy was a kind of white flag that put an end to all negotiation. The desire for motherhood is quite particular in strategic pregnancies because it is the instrument used in a struggle to preserve and perpetuate a socially atypical couple. In this particular case, the two partners

were in league against the family. It was from the family's viewpoint, not the partners', that the pregnancy was unintended.

Family disagreements about marriage plans are recurrent in our interviews. Social incompatibility of the sort that constitutes an impediment to marriage generally concerns the identity or social status of one of the partners (economic status, religion, or social origin). Senegalese society comprises certain majority ethnic groups that are organized and divided into a caste system whose social attributes, associated with types of occupations, continue to weigh heavily in society (Diop, 1985). The ensuing rules of endogamy increase the number of religious and ethnic prohibitions and exert pressure on marriage choices that may be very strong in some social groups. But throughout the country, marriage between a low-status caste member and a noble is strongly stigmatized. If the two partners find themselves in this situation, their relationship is socially unacceptable and declared to have no future. In such cases the partners are unlikely to be in agreement because the choice of such a union is so difficult to defend. Break-up is the most likely outcome, as Seydou's story illustrates.

Seydou (age 24, single and childless, primary education, rap musician, Wolof) recounts the more than two-year relationship he had with one of his many conquests. Though he was in love with her at the start, he gradually grew tired of her, whereas she became increasingly attached to him. The girl was ready to do anything to keep him, and went so far as to practice *mbaraan* to give him regular pocket money and gifts. This was fine with Seydou, but he found the girl too "docile" and saw no future for their relationship. He was of noble status and she belonged to the *griot* caste; he had no intention of marrying her and tried to persuade her to accept one of the many offers of marriage arranged by her parents in an attempt to draw her away from him. She refused them all, and suggested to Seydou that they have a child to force her family to accept their love. Seydou grew frightened; they did not agree. He did not want to have a child with her:

She said that if it were up to her, we would have a child that very instant. She said it all the time. But that really wouldn't have been convenient for me! I said "No, we'll wait for awhile, it'll be fine." But she kept on suggesting we do it, all the time, and she even started to cry. She wanted me to get her pregnant by force. It hurt her. Afterwards I got scared. I was on the verge of doing it at one point, but then I said to myself "No, no. If I do it, it's going to ruin my life. I'm going to stop this".

He managed to convince her that he would not fight to get their union accepted. She finally gave up hope and left him, marrying one of the suitors her family had presented to her.

In his story, Seydou explains that he did not agree with the strategic pregnancy plan his girlfriend so ardently wished to enact, so it fell through. Behind the conflict between the two partners on the question of whether or not to have a baby was his firm opposition to marrying this woman. For Seydou, the caste difference left no doubt as to the temporary nature of their idyll. His

negative reaction to the prospect of a pregnancy ended up convincing the young woman that his feelings for her were weak. The issue of parenthood was crystallized in the power game between them (defined in this case by the social hierarchy) and led them to break off their relationship.

When pregnancy threatens the relationship

In certain relationships, sex is instrumentalized by both partners through the practice of *mbaraan*, an exchange of sexual and social services for money that is relatively common in Senegal, as explained above. Though young women practice *mbaraan* to improve their personal well-being, those interviewed also reported using it to help their families. Partners are chosen for their solvency, a criterion that excludes young men of their own age group, who are often penniless. For the duration of these relationships, the woman receives money and the man sexual gratification.⁽¹¹⁾ This type of relationship thus precludes marriage, and each partner is responsible for avoiding pregnancy or STIs.

The case of Myma (age 23, single and childless, secondary education, seamstress) is an eloquent example of this type of relationship. Myma presents herself as an expert in *mbaraan*. At the time of the interview she has four relationships going at the same time and is pursuing specific objectives: she likes luxury and rejects any man who will not or cannot pay:

You know, girls today don't settle for what they've got, they can't be satisfied with that. Everything we want is expensive – that's the thing. So *mbaraan* takes care of certain things for you. [...] When you need something, you tell them you need 50,000. Either they give it to you or they give you nothing. They fix your problems. Sometimes it's good, sometimes it isn't. But they do give you what you want, because for me, with *mbaraan*, either you give me what I need and we stay together, or you give me nothing and we each go looking somewhere else – that's how it is.

Each month Myma's system brings in the equivalent of an executive's salary and enables her to supplement the income she draws from her sewing work. Myma has no intention of becoming pregnant. She does not use contraception herself but has always used condoms with her various partners. This has never been a concern for her because they are all very careful and always have a condom on them. When asked if she has ever had a problem she answers:

Yes, it did happen to us once. I was scared. Because the thing burst. I don't remember ... At one point my boyfriend cried out, "Oh no, the condom burst!" I said, what does that mean? He said the condom burst. "Burst!?" I said. "Yes," he says. I was scared that whole month, I was really scared. But maybe because I wasn't in my period I didn't get pregnant, I didn't get pregnant. Yes, it happened to us once. I was scared because you know, getting pregnant, we don't want that at all, we really don't want that to happen.

(11) To this is added the social prestige afforded by appearing in public with a young, generally elegant and attractive woman (Tabet, 2004).

In *mbaraan* as experienced by Myma, there is no place for any motherhood plans. Getting pregnant would compromise the material and financial balance that women are seeking to achieve through these relationships. Here, sexual activity is totally disconnected from any marriage plans and even more so from procreation.

The system is widely used by the young women in our sample. Kancou (age 20, single and childless, higher education, student), another expert in *mbaraan*, defines herself as a girl who has had “too much experience” of love. When she was 18, and just after she passed her middle school-leaving exam, a childhood friend declared his love for her before leaving to do business in Spain. Kancou agreed to be his girlfriend (from a distance), but she simultaneously practiced *mbaraan*. She gave special priority to one of her many *mbaraan* partners; their relationship was based entirely on strong sexual compatibility. He was attentive to her and above all, he gave her pleasure. He also had a girlfriend in Europe, so Kancou and this man had no plans for a future together. She points out that their couple is a mismatch in any case: she is Muslim and he is Catholic. Kancou became pregnant by him and they immediately agreed to end the pregnancy. They went to a nurse who did abortions at a “student rate” of CFA 50 000 (approximately €80); the partner paid the entire sum. This business-like abortion marked the end of their relationship.

In the meantime, Kancou got to know the family of her boyfriend in Spain and their relationship grew more serious. He began giving her presents and sending her between CFA 35,000 and 50,000 a month. He also gave her a cell phone so he could keep tabs on her. But Kancou found sexual abstinence difficult and continued to engage in sex for cash. She was not very careful, and did not regularly use condoms:

Yeah, it's safer, but sometimes when you don't plan to do it, you don't have a condom on you and well, you just say to yourself, “Let's go ahead anyway!” One of my boyfriends ejaculates outside, yeah.

She is not interested in contraception; above all, she refuses to spend money on it:

It's better to take contraceptives but I don't think about contraception very often. Because I don't put money out for that kind of stuff. Whenever I've got money, it's to buy paper for my classes, or clothes, that's all. But buying that kind of thing? I just don't think about it at all, strangely enough.

Nonetheless, getting pregnant any time soon is absolutely out of the question for her, as is the very idea of marriage:

If I get pregnant, what am I going to say to my parents? You can see the consequences. You say to yourself, Wait a minute, they [her family] are going to laugh at you, that's for sure. And my whole future would be wrecked because with a baby, really, I don't think I can carry on at school. Marriage and being a housewife – that's not for me. I know a lot of people in my family are saying that sooner or later she's going to bring us home a baby, ... because

I go dancing every time. I'm getting on alright at school, but I know I've got too many boyfriends; I'm almost never home. But I make sure they don't find me where they expect to, as we say in Wolof. So I'm making sure I don't get pregnant for now.

After discovering that one of her lovers had used a torn condom, she took emergency contraception the following morning. She has become quite familiar with this method; a friend explained the idea to her and she uses it often. She also knows where to go to get an abortion and has already taken girlfriends there when they needed one. Kancou is a young woman who knows what she wants. At this stage in her life, she aspires to neither marriage nor motherhood. Her priorities for self-fulfilment are elsewhere: going out with boyfriends and going to school. She is familiar with contraception and its advantages but chooses not to use it. She manages the risk of unintended pregnancy in her own way, alternating between condoms or, if they fail, emergency contraception or abortion. She is at ease with her choice and ready to accept the consequences.

2. The relationship is compatible with parenthood, but the time is not right

In this type of relationship we find partners who wish to stay together and plan a life together. Usually they have known each other long enough to feel that they are well suited to each other. This awareness is a crucial dimension of their attitude toward unintended pregnancy, since they are willing to share their lives or are already planning to do so. Our sample included two versions of this situation: relationships that are officially legitimated by marriage and those that are not.

The dishonour of premarital pregnancy

This category encompasses lasting couples whose plans to marry are socially acceptable and approved by the young persons' families. If pregnancy occurs unexpectedly in such a situation, the response will depend on how the partners, particularly the woman, perceive the unforeseen event of having a child at that particular moment in their lives. But generally the situation is assessed in terms of whether or not it is opportune to marry, and there is a strong likelihood that the pregnancy will be carried to term. This is the only situation where premarital pregnancy is tolerated by the family and social circle. In most cases, if the pregnancy is detected early, the wedding is brought forward. Otherwise, the couple gets married after the child is born, usually around the time the child is baptized.

This situation is illustrated by the story of Niany (age 22, married, three children, secondary education, unemployed). At age 16, Niany met a young man while visiting a relative who lived in the same neighbourhood. They talked together, liked each other, and exchanged phone numbers. He was 23 at the time and working as a driver. They soon had their first sexual intercourse,

with a condom. But they stopped taking precautions from the second time they had intercourse, and Niany soon found herself pregnant. After two months without a period, she began to worry. She consulted a doctor and heard the verdict. The pregnancy was quite unexpected for her:

Ah, it was an accident. Well, I believe it was an accident – the will of God, you might say. It wasn't what I wanted, or what he wanted either.

At first she felt panicked and thought of getting an abortion:

Until I knew for sure that I was pregnant I lived in fear of it. As soon as I found it out, I got scared, so scared I wanted to have an abortion. He was the one who told me not to.

Her boyfriend managed to convince her to accept the situation and that together they would assume the responsibility of this unintended pregnancy. He reassured her about his intentions towards her and the child. Deeply upset about the dishonour of the illegitimate pregnancy, the two families did not oppose the couple's marriage. The wedding took place two months after Niany gave birth. In this couple's case, the impropriety of the pregnancy was reassessed in light of the relationship between the parents-to-be. Both partners desired a life together, and nothing and no-one was calling into question the legitimacy of the couple they formed. Their union could therefore be officially contracted and the affront of premarital pregnancy redressed.

When pregnancy is not a priority of the moment

Even within a legitimate union, pregnancy is not always welcome. Here, the issue of motherhood appears in a particular light because it occurs in the very framework in which society intends for it to occur.

This group comprises pregnancies occurring in relationships that have already been socially recognized and officialized by marriage. In dominant social representations, in Senegal as in many African countries, couples are expected to have a child very soon after their marriage. The example of Kadia (age 30, higher education, secretary) clearly illustrates the constraints imposed on most young Senegalese couples.

Kadia has been married for a few months to a man three years her senior with a good job in an industrial company. She is still living with her parents, but at the time of the interview she was getting ready to move into her marital home. She makes a good living in a prosperous Dakar company, but she has to pay several family bills: every month she gives part of her salary to her mother, and pays private tuition fees for one of her nieces. Her husband, meanwhile, spends a considerable part of his income on the many ceremonies – baptisms, weddings, funerals – that punctuate family life. Kadia thinks of her relationship with her husband as fairly egalitarian and describes her couple as open to dialogue. They want to have children but are concerned to give them a good education, which means they have to increase their incomes. She

would like to finish occupational training that would enable her to apply for a better-paid job, and they would prefer to postpone the birth of their first child. But the family sees things quite differently. Kadia is under pressure from her mother-in-law and mother, who are concerned that she is not yet pregnant. Even the gynaecologist she consulted for birth control pills advised her to have a child before starting to use contraception. She is aware that by raising suspicions that she is sterile, her aspirations run contrary to the wishes of her family. She is worried about the stability of her couple, which is threatened by an inquisitorial mother-in-law who is constantly accusing her of not being a “good” wife. Under these conditions she has not dared to use contraceptives, even though she would prefer to do so:

I’m not taking the pill because people tell me – I mean above all my mother – that I mustn’t take anything. Whatever anybody may say, we’ve got our own realities here in Senegal. You get married, and if you don’t get pregnant in a year people look at you. They wonder if you’re barren and why you can’t have children.

Kadia’s career plans and her desire to postpone motherhood are in direct conflict with her family’s reproductive expectations. The imperative to have children makes it hard for her to use contraception, so she cannot be certain of avoiding pregnancy.

When pregnancies are too closely spaced

While the contraceptive norm in Northern countries (Bajos and Ferrand, 2002) appears quite different from that of Western Africa, spacing of pregnancies is looked upon with favour. When pregnancies are not appropriately spaced, a new pregnancy is thought of as “unintended”. The reproductive history of Anna (age 37, married, three children, higher education, unemployed) is an example. At the time of the interview the youngest of her three children was 5. The second was born very shortly after the first, because at the time Anna was not using any contraception and had been obliged to stop breastfeeding shortly after giving birth because she was sick with malaria. Her firstborn was only six months old when she became pregnant with the second. After having her second child, she decided to take the proper precautions and got a prescription for birth control pills. But she was scared of the side effects, feeling tired and sick. Following some girlfriends’ advice on the subject, she decided to use a charm instead. At first she was careful to keep using the pill. But then for several months she took it quite irregularly, combining it with the charm. She got pregnant again but had a miscarriage. She then returned to the pill but forgot to use it and, to her great astonishment, found herself pregnant once again:

Getting pregnant with my third child really surprised me – I was taking the pill at the time. I started taking it like that, and suddenly, at the same time, I got pregnant, despite the pill. Because I forgot to take it several times, like I

told you – I was negligent when it came to that. I went to for a medical visit, they told me I was pregnant. I said “HUH?!”

Her husband reproached her for not resting enough between children. After two consecutive unintended pregnancies, and in response to medical advice, she ultimately chose to use contraceptive injections, an effective method that suited her better. In the situation illustrated by Anna’s case, unintended pregnancy within a legitimate union raises practically no problem other than that of pregnancy spacing. Both of Anna’s unintended pregnancies were carried to term. At no time did she imagine having an abortion; she simply lamented the exhaustion involved in having two pregnancies so close together. For us, this case is exemplary of a situation often neglected in the literature, where unintended pregnancy is primarily associated with being unmarried. Marriage, the preferred framework for realizing fertility intentions, often involves situations of tension concerning the number and spacing of pregnancies. These tensions tie in with the fact that relatively few married women use modern contraception (fewer than 20% in Dakar in 2005; DHS IV).

VI. Discussion

We do not claim that our data are representative of the entire Dakar population; this limitation is inherent to all qualitative approaches. Their value lies instead in the fine detail of the material collected, its ability to inform about the social processes related to motherhood and parenthood and the way populations experience those processes in everyday life. Without imposing a frame of reference on our respondents we have been able to identify with precision the relationship contexts in which unintended pregnancies occur, and the individual and collective issues associated with them. This approach is particularly well-adapted to our research aim, which was to probe the notion of unintended pregnancy by bringing to light complex realities that cannot be grasped by means of questionnaire surveys.

It is a pity that our data do not cross-match men’s and women’s responses to the same events. We analysed couple relationships from the viewpoint of a single member, choosing to include the respondent’s partner only through what the respondent had to say about him or her. However, it is reasonable to assume that interviewing both partners would have resulted in more reserved answers and reduced respondent spontaneity. In the end, the fullness of the testimony obtained on such personal subjects in a society where sexual activity outside marriage is strongly stigmatized largely compensates for the methodological limitations. On this point our experience confirms observations by other researchers regarding the relevance of qualitative approaches for studying questions of sexual and reproductive health in Africa (Randall and Kopenhagen, 2004; LeGrand et al., 2003). Our results allow us challenge the

over-simplificatory approaches to unintended pregnancy and to individual responses to such pregnancies in sub-Saharan Africa. Taking into account the great diversity and complexity of the situations and relationships potentially associated with unintended pregnancy in Dakar has enabled us to identify four dimensions that structure attitudes towards parenthood.

1. The relationship context

The first is the “relationship context” in which an unintended pregnancy occurs. On this point our results are consistent with studies of sexuality in Europe (Bajos and Bozon, 2009; Marquet, 2004). In the African context, the social legitimacy of the relationship in which an unintended pregnancy occurs appears to be a determinant of the way in which the woman or couple reacts to the discovery. As seen above, the very nature of certain relationships precludes any parenthood project, whereas other types of relationships provide scope for such plans. Even though it is now quite common for young people to have sexual relations outside marriage, the social norm continues to link procreation and marriage quite closely (Adjamagbo et al., 2004b), making it impossible for society at large to feel at ease with the idea of sexual activity – be it first sexual intercourse, occasional encounters, or *mbaraan* – or motherhood for unmarried women. Conservative reactions to these major changes in the lives of the younger generations are not specific to Dakar; the same norm is found elsewhere in Africa, with potentially detrimental effects on young people’s sexual and reproductive health (Speizer et al, 2001; Bankole et al., 2006), particularly their ability to protect themselves from unintended pregnancies and STIs.

While an unintended pregnancy outside marriage is not a desirable situation, it may become acceptable if the potential future spouses comply to some degree with the social norm and social image of the individuals and families concerned. A certain readiness to “regularize” unintended pregnancies is characteristic of Dakar society (Mondain et al., 2009). When the news of a pregnancy spreads, the family and immediate social circle may put pressure on the woman to reveal the name of the father (if the relationship was secret) so that he assumes his share of responsibility. If he does not marry the young woman, he is at least expected to recognize the child. In the life stories we collected, men expressed worry about having to recognize and assume an unintended paternity. Such practices of after-the-fact “regularization” are an important means of responding to unintended pregnancy among young single people in African societies today, and they deserve more attention in surveys.

The discovery of an unintended non-marital pregnancy invariably causes tension between the partners, but also between the couple and their family circle. Generally, attention focuses less on the unborn child itself than on the context in which the child would be received. The social and economic desirability of the union is assessed, and the future of the pregnancy depends on this verdict. When one of the partners does not measure up to expectations,

the family may well compel the woman or man to break off the relationship. Often the partners anticipate these conflicts and terminate the pregnancy before it is publicly revealed. It is in such cases that abortion is most often envisaged. Occasionally the unintended pregnancy becomes the object of negotiations between the two partners or between the couple and the family, the idea being to bring about “by force” a socially “impossible” marriage, as in the case of what we have called strategic pregnancies.

2. The various protagonists

These remarks bring us to the second structuring dimension of attitudes toward parenthood; namely, power relations between the various protagonists (the individuals, the couple, the family and social circle). When news of an unforeseen pregnancy spreads, a negotiation begins between the various actors – the man, the woman, the couple, the family, even the medical caregiver – whose interests may sometimes diverge. It would be vain to think of the couple as an independent entity in a position to focus on its own interests. Whether it occurs in the context of marriage or not, parenthood is always an occasion for the family to intervene in the couple’s private affairs (Katz and Naré, 2002).

In Senegal, as elsewhere in Africa, the importance of maintaining social cohesion makes it difficult for individuals to make independent plans for their lives, particularly when such plans go against the expected social practices. Community issues pertaining to social and biological reproduction invade the private sphere of the conjugal relationship. While this holds in many societies (Segalen, 2003), it has particular force in Africa. The image of a family closely overseeing and ensuring compliance with reproductive and conjugal rules, as brought to light by our material, reflects the difficulty of expressing individuality in the face of the group, a problem to be found in various spheres of social life in Africa (Calvès and Marcoux, 2007). The couple is far from being the only reference point in decision-making (Kagwa et al., 2008). Young newlywed women in Dakar are persistently pressured to follow the social injunction to have children. Called upon to prove their fertility as quickly as possible, it is difficult for them to justify postponement of childbearing for personal reasons. For a young woman seeking forms of self-fulfilment other than motherhood at that particular moment in her life, learning that she is pregnant is bad news, whereas for the family it is highly desirable and firmly expected.

3. Gender-based power relations

The divergent interests involved in managing fertility highlight the crucial issue of “gender-based power relations”, the third dimension identified by our analysis. What emerges from the life stories we collected is that women’s attitudes toward motherhood are still firmly anchored in the prevailing reproductive norms. The tensions that crystallize around the issue of unintended pregnancy give rise to negotiations whose outcome varies according to the

woman's social position and her economic and intellectual capital. For all the reasons just cited, married women have relatively little room for manoeuvre compared with single women. Of course, single women are not bound by the social contract of marriage and therefore have greater freedom of choice when unintended pregnancy occurs, or is feared to have occurred. But this observation must be qualified: only single women with relatively high social and educational capital readily obtain abortions or emergency contraception. All others have significantly fewer options, namely getting the father to marry them or at least to recognize the child. In other words, women face social inequalities when it comes to unintended pregnancy and the associated biological and social risks. For categories of women with less personal capital, an unintended pregnancy is likely to check any ambitions of upward social mobility, obliging them to assume the unenviable status of single mother and reducing their chances of making a "good" marriage. This is one of the main reasons why marriage becomes particularly urgent when an unforeseen pregnancy occurs, including in families that are concerned about the costs involved. For well-off families, on the other hand, an unintended pregnancy, while also far-reaching in its consequences, is handled as if the only problem was a contraceptive method that failed, the solution being to have an abortion if it is too late for emergency contraception. The response to an unintended pregnancy is thus determined by the power dynamics of the parties involved; and this is not limited to gender but also involves the issue of socioeconomic status. The point is an important one because it is a strong source of difference between women. On the one hand, our research brings to light a profile or category of women who deploy a certain "agency", in managing their sexual lives and even in instrumentalizing unintended pregnancy to maintain a relationship with the father. Other categories of women, on the other hand, are more helpless in the face of this fortuitous event.

4. More precarious living conditions

This leads us to the last structuring dimension of women's attitude towards motherhood: increasingly precarious living conditions. In Dakar as in other sub-Saharan cities, marriage is an urgent priority for some women as it is perceived – rightly or wrongly – as a guarantee of relative economic security. Precarious living conditions heighten tensions relative to the economic stakes of marriage and sexuality, favouring arrangements in which sex is exchanged for material and monetary support (*mbaraan*), which provide women with support and income, and may even help them achieve autonomy by opening the way to economic independence.

While the economic independence thus procured is appreciated by the women concerned, it is not clearly viewed as an alternative to marriage, still considered as ineluctable and status-enhancing for women. The women we interviewed see *mbaraan* as a temporary episode, a prelude to marriage. It is

a transitory arrangement similar to those observed by Mériam Cheikh in Morocco (2009) and Paola Tabet in European and African societies (2004). Occurring somewhere between youth and adulthood, sex in exchange for money operates as a system where the principle of freedom and unconstrained behaviour takes priority. But for women with a set of “lovers signed up for regular, paid sexual services”,⁽¹²⁾ an unintended pregnancy is never welcome because it threatens to destroy what gives that relationship its purpose: the woman’s quest for material and financial equilibrium. These pecuniary transactions are now reshaping the power relations between men and women. In a context of increasing educational capital, that of women especially, their role is being viewed in a new light; they are changing young people’s view of their future (Moguerou, 2006) and their deepest aspirations. Power relations of this sort deserve to be understood more clearly and studied in connection with other moments in women’s life trajectories.

Conclusion

Our study shows that for young women in Dakar today, their vision of the future is quite different from that of their mothers. It is not easy for them to break away from the classic models, however, or to openly express any desire for freedom. Many young women’s attitudes towards motherhood and unintended pregnancy are constructed in a way that mirrors the society’s dominant reproductive and marital norms. These norms, that stigmatize extramarital sexuality and childbearing, are therefore increasingly out of phase with the conditions of transition to parenthood that have evolved considerably over the last decades in most sub-Saharan countries. Our findings also show that while women often lose out in negotiations to control their bodies, some know how to turn such situations to their advantage, instrumentalizing the unintended pregnancy in order to cement a relationship despite external opposition, or using their charms to attain personal ends. Qualitative methods are particularly useful for revealing the full importance of the nature of the relationship, the impact of socioeconomic disparities, the role of gender relations and of the power relations at play among the various protagonists concerned by an unintended pregnancy. Such methods have enabled us to shed light on the complex motives that underpin the practices of young people in Dakar and shape their plans for parenthood.

(12) Paula Tabet’s expression (2004, p. 11).

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Agnès ADJAMAGBO, Pierrette AGUESSY KONÉ, the ECAF research team • INFLUENCE OF RELATIONSHIP SITUATION ON RESPONSES TO UNINTENDED PREGNANCY IN DAKAR

Many studies have highlighted the rise in unplanned pregnancies among young women in sub-Saharan Africa but few have focused on concomitant changes in young Africans' aspirations with regard to sexuality and parenthood. On the basis of a study in Dakar, the capital city of Senegal, this article analyses the complexity of the individual and collective issues involved in responses to unintended pregnancy, showing that this notion speaks to a broader reflection on the question of contraception at the start of sexual life. The study is based on 74 life story interviews (49 with women, 25 with men) conducted between 2007 and 2008 in the framework of ECAF (Emergency Contraception in Africa), a research programme funded by the European Union. Data were collected by means of a qualitative biographical approach that provides an overall view of individuals' residential, educational, occupational, affective and/or conjugal trajectories and contraceptive histories. Attitudes to motherhood are found to be structured by four dimensions: the social legitimacy of the relationship in which the pregnancy occurs, power relations among the various protagonists (individuals, couples, families and/or social circle), gender-based power relations, and increasingly precarious living conditions.

Agnès ADJAMAGBO, Pierrette AGUESSY KONÉ, l'équipe ECAF • SITUATIONS RELATIONNELLES ET GESTION DES GROSSESSES NON PRÉVUES À DAKAR

De nombreuses études ont souligné l'augmentation des grossesses non planifiées chez les jeunes en Afrique subsaharienne, mais rares sont celles qui se sont intéressées à l'évolution concomitante des aspirations des jeunes dans les domaines de la sexualité et de la parentalité. À partir d'une recherche menée à Dakar au Sénégal, cet article analyse la complexité des enjeux individuels et collectifs autour d'une grossesse inattendue, et montre que cette notion renvoie à une réflexion plus ample sur les enjeux contraceptifs en début de vie sexuelle. L'étude s'appuie sur 74 récits de vie de femmes et d'hommes recueillis entre 2007 et 2008 à Dakar dans le cadre de la recherche ECAF (*Emergency Contraception in Africa*) financée par l'Union européenne. La collecte des données repose sur une approche biographique de type qualitative qui met en perspective les trajectoires résidentielle, scolaire, professionnelle, affective ou conjugale, et contraceptive des individus. Les résultats révèlent quatre dimensions structurantes de la relation à la maternité : le contexte relationnel dans lequel la grossesse survient, le jeu de pouvoir entre les différents protagonistes (individus, couples, familles et/ou entourage), les relations de pouvoir fondées sur le genre, et l'insécurité croissante des conditions de vie.

Agnès Adjamagbo, Pierrette Aguessy Koné, el equipo ECAF • SITUACIONES RELACIONALES Y EMBARAZOS INVOLUNTARIOS EN DAKAR

Numerosos estudios han notado el aumento de los embarazos no planificados en las jóvenes de África subsahariana, pero raros son los que se han interesado a la evolución concomitante de las aspiraciones de la juventud en los dominios de la sexualidad y de la familia. A partir una investigación conducida en Dakar (Senegal), este artículo analiza la complejidad de lo que está en juego individualmente y colectivamente en torno a un embarazo no previsto, y muestra la necesidad de una reflexión más amplia sobre lo que recubre la contracepción en el comienzo de la vida sexual. Este trabajo se apoya en 74 historias de vida de mujeres y de hombres recogidas entre 2007 y 2008 en Dakar, dentro del marco de la investigación Emergency Contraception in Africa (ECAF), financiada por la Unión Europea. La colecta de datos se ha efectuado con un enfoque biográfico de tipo cualitativo que pone en perspectiva las trayectorias residencial, escolar, profesional, afectiva o conyugal, y contraceptiva de los individuos. Los resultados revelan cuatro dimensiones estructuradoras de la relación a la maternidad: el contexto relacional en el cual el embarazo sobreviene, el juego de poder entre los diferentes protagonistas (individuos, parejas, familias y/o entorno), las relaciones de poder fundadas en el género, y la inseguridad creciente de las condiciones de vida.

Keywords: Senegal, unintended pregnancy, motherhood, marriage plans, gender relations, women's autonomy.

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