

# **An Exploration of Multiple Levels of Influence on Contraceptive Use in Urban Senegal**

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## **ISBN**

978-1-392-20282-1

## **Abstract**

In Senegal in 2017, only 28% of women in union and 20% of all women ages 15-49 used any method of contraception (Enquête Continue du Sénégal, Cinquième Phase 2017: Rapport de synthèse, 2017). In urban areas of Senegal, only 18% of all married women report using modern contraceptive methods (Calhoun et al., 2017) and nearly one third report having unmet need for contraception (Farmer, 2014). There is an abundance of research about the individual characteristics that contribute to decision making about contraceptive use, but little has been done to understand the interpersonal, organizational, and community factors that influence contraceptive use (Irani, Speizer and Fotso, 2014; S. M. Lowe and Moore, 2014; Schölmerich and Kawachi, 2015). We used a modified social ecological framework (McLeroy et al., 1988) to provide a model for understanding the multilevel factors that influence female reproductive health decision making and male and female attitudes toward contraceptive use. This research focused mainly on the influence of interpersonal, organizational, and community levels of the social ecological framework, specifically, couple-level communication about family planning, religious leaders' teachings about contraception, and factors measured at the household and community levels, including polygyny and household and community wealth. After modeling factors associated with contraceptive use and intention at the interpersonal and organizational levels, we expanded the analysis to the community level of the social ecological framework to include community wealth measures. We used these community-level variables with explanatory individual, couple-level, and household factors to model the multiple levels of influences acting simultaneously to impact use of contraception using a multilevel model. We used male and female individual-level data collected by the Measurement, Learning and Evaluation (MLE) Project for the Initiative Sénégalaise de Santé Urbaine (ISSU) in six urban areas in Senegal. Results from the findings of this research may be translated into better tailoring of family planning programs in Senegal to increase contraceptive use to lessen unmet need for family planning.

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University location  
United States -- North Carolina

Degree  
Ph.D.

Source type  
Dissertations & Theses

Language  
English

Document type  
Dissertation/Thesis

Dissertation/thesis number  
13858344

ProQuest document ID  
2236386856

Document URL  
<http://libproxy.lib.unc.edu/login?url=https://search.proquest.com/docview/2236386856?accountid=14244>