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**TITLE:** Seeking Fertility Treatment in Senegal: When Tradition and Modernity Go Hand in Hand

**Background:** According to the WHO, infertility affects 186 million couples worldwide. The problem is particularly acute in developing countries. Data on infertility in the District Health Information Software 2 (DHIS2) have only been available in Senegal since 2020. The number of infertility cases recorded in the country rose from 5,119 in 2020 to 5,927 in 2021. This represents an increase of 15.7%. In addition, the social, psychological and cultural impact of infertility has been little studied in Africa. This study builds on the findings of the 2019 literature review on infertility and focuses on exploring the knowledge, opinions and experiences of men and women seeking fertility services, including Medically Assisted Reproduction (MAR), public services and private sector specialists providing these services. Although biomedical fertility services are available in the Dakar region, the provision of services by traditional healers is in competition with biomedical fertility services. In order to optimize their chances of having children, men and women use mixed therapeutic approaches.

**Methods:** This is an essentially qualitative study conducted in the Dakar region. It was conducted through in-depth individual interviews with women and men who had received or were seeking fertility services and with providers offering these services in health facilities (including fertility specialists). Focus group discussions were held with community members to answer questions related to community awareness and opinions on the availability of the Medically Assisted Reproduction service. A total of seventy-nine (79) people were interviewed. Twelve (12) health service providers, fifteen (15) men and women seeking fertility services, and forty-seven (47) men and women were interviewed in separate focus group discussions.

**Results:** A lack of knowledge about fertility issues, particularly a lack of awareness of when a consultation is needed to identify infertility problems, is the main barrier to accessing fertility services identified by clients who have received or are seeking care, communities and fertility service providers. For health care professionals, lack of financial resources is one of the main barriers for couples in need of fertility treatment. Many couples find it difficult to follow prescribed treatments, or even to carry out ultrasound scans, or to buy the medication and other tests they need. Lack of male support has also been identified as a barrier to fertility treatment. Many men refuse to undergo initial tests such as spermograms.

When seeking care, the structure of the information shared by the couple determines the paths taken. Women share their infertility status in this order: mother, sister, close friend with known experience of cured infertility, whereas men share this information only with their parents. Women are more likely to confide in each other, which means that they take different paths to care. This multiple recourse is characteristic of the care-seeking pathway for women. In the care-seeking pathway, both women and men are unprepared for the pathway that awaits them in terms of the care options available to them. Therefore, the pathway is not planned in advance. It evolves according to the recommendations of those around them. The second care option mentioned was traditional medicine. Two types of traditional medicine were mentioned: private practices offering treatments based on botanical products, such as potions made from leaves, bark or roots of trees; and the other form of traditional medicine mentioned was recourse to 'marabouts' who use mystical knowledge to 'consult' women to

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determine whether they are possessed by a jinn or the victim of a bad spell that may be causing their infertility.

**Conclusion:** The infertility pathways observed in this study reveal the dominant social norms of procreation. Failing to become pregnant puts women and couples who are unable to conceive outside the norm of having one or more children. This results in women overinvesting to avoid being socially stigmatized.

Opportunities for care reveal inequalities in terms of financial access: biomedical care and medically assisted reproduction for the more affluent. Traditional healers, with all the legitimacy conferred on them by their clients, position themselves in the infertility market.