

ORIGINAL RESEARCH ARTICLE

Exploring youth information seeking on sexual and reproductive health and rights in Senegal

DOI: 10.29063/ajrh2025/v29i4.14

Cheikh M. Camara^{1*}, Joséphine Wouango², Ramatoulaye Diallo¹, Thierno Dieng¹, Khadidja Diawara³, Kristien Michiels⁴, Souheila Abbeddou⁵, Abdoulaye Cisse³, François Sarramagnan³, Ernesto Papa³ and Thérèse Delvaux⁶

Centre Régional de Formation, de Recherche et de Plaidoyer en Santé de la Reproduction (CEFOREP), Dakar, Senegal¹; University of Liège, Belgium²; Enabel, Dakar & Brussels³; Institute for Family and Sexuality Studies, Department of Neurosciences, Faculty of Medicine, Catholic University of Leuven (KU Leuven), Belgium⁴; Department of Public Health and Primary Care, Faculty of Medicine and Health Sciences, Ghent University, Belgium⁵; Department of Public Health, Institute of Tropical Medicine Antwerp, Belgium⁶

*For Correspondence: Email: cheikhmoussac@yahoo.fr; Phone: +221 78 537 2646

Abstract

In an evolving world, adolescents and young adults are changing their approach to searching sexual and reproductive health and rights (SRHR) information. This study in Senegal identifies preferred sources of information through 31 in-depth interviews and 46 focus groups discussions involving adolescents, young adults, parents, youth service providers, and community leaders. Analyzing the data using content analysis, findings highlight the internet as a favored SRHR information source, providing accessible and confidential information, enabling anonymous access and mitigating societal stigmatization. Health care providers and teachers are perceived as reliable sources due to their knowledge, skills, and training while parent-adolescent communication is limited. Comprehensive research is essential to understand how the internet can be used for effective communication on SRHR among adolescents and young adults in Senegal. New SRHR communication strategies should harmoniously integrate family dynamics with the influence of social media and digital platforms, in response to ongoing social change. (*Afr J Reprod Health* 2025; 29 [4]: 150-158).

Keywords: Digital media; sexual and reproductive health and rights; young adults; adolescents; Senegal.

Résumé

Dans un monde en évolution, les jeunes modifient leur recherche d'informations sur la santé et les droits sexuels et reproductifs (SDSR). Cette étude au Sénégal analyse 31 entretiens et 46 discussions avec adolescents, jeunes adultes, parents, prestataires de services et leaders communautaires. Les résultats révèlent qu'Internet est une source privilégiée pour la SDSR, offrant des informations accessibles, anonymes et confidentielles, réduisant ainsi la stigmatisation. Les prestataires de soins et les enseignants sont considérés comme fiables grâce à leurs connaissances et compétences, alors que la communication parents-adolescents reste limitée. Des recherches approfondies sont nécessaires pour comprendre l'utilisation d'Internet pour une communication efficace sur la SDSR. Les nouvelles stratégies de communication doivent intégrer la dynamique familiale et l'influence des médias sociaux et des plateformes numériques, répondant aux changements sociaux actuels. (*Afr J Reprod Health* 2025; 29 [4]: 150-158).

Mots-clés: Médias numériques ; santé et droits sexuels et reproductifs ; jeunes adultes ; adolescents, Sénégal

Introduction

According to the 2023 general population census, Senegal has a rapidly growing population with an annual growth rate of 2.9%, while half of the population is under 19 years old.¹ The sexual and reproductive health and rights (SRHR) of adolescents and young adults (AYA) is a significant public health concern. In 2016, 33% of women aged

20-24 years were married before 18, and 12% before 15.² The Senegal Demographic and Health Survey indicates that 4.9% of girls and 1.9% of boys aged 15-19 had sexual intercourse before 15,³ while only 2.3% of young women aged 15-19 and 12.8% aged 20-24 used modern contraceptive methods.³ Access to appropriate SRHR information is a prerequisite for safe and healthy sexual behaviors and relationships, yet such information is

scarce in Senegal. Despite the introduction of Family Life Education courses and clubs in secondary schools, overall SRHR knowledge remains low.⁴ Only 30% of women and 40% of men have complete HIV/AIDS knowledge,⁵ and many youths hold incorrect beliefs about the menstrual cycle and contraceptive use.⁶

Traditionally, Senegal had rites of passage where boys and girls learned about sexuality and reproduction, such as education by the eldest aunt (la Badiane) or participation in ceremonies in the 'sacred woods'.⁷ Modernization has eroded these traditions, leaving parents and adolescents to navigate social and cultural taboos around sexuality. A 2007 situational analysis of SRHR in Senegal highlighted two risks from lack of SRHR information and services: social risks (social exclusion and stigmatization) and health risks (early pregnancy, maternal mortality, and sexually transmitted diseases).²

This article presents results from a socio-anthropological study conducted in Senegal's Kaolack, Fatick and Kaffrine regions, as part of a broader action-research project (2021-2023) by CEFORP, Belgian academic partners (Institute of Tropical Medicine of Antwerp, University of Liège, Ghent University), and the Belgian development agency (Enabel), in close collaboration with the Senegal's Ministries of Health, Family, Youth, Justice and Education⁸. Our paper aims to bridge a knowledge gap by shedding light on SRHR information sources among AYA in Senegal and emerging trends in information-seeking behavior. Specifically, the article explores where AYA in Senegal seek SRHR information, their topics of interest, and their preferences and perceptions of reliable sources.

Methods

Study setting

This study took place in the regions of Kaolack, Fatick and Kaffrine, in central Senegal. Kaolack and Kaffrine regions have four health districts or departments, while Fatick comprises seven. Each health district is made up of an urban area and semi-rural communes. Kaolack is centrally located. It has a large urban population and socio-economic

exchanges with other Senegalese regions and the Gambia. The population of the three regions is predominantly of Wolof and Serer ethnicity. These regions were selected because they are particularly affected by adolescent reproductive health issues and because they are Enabel's main areas of intervention in Senegal. Services targeting AYA in Senegal are provided by three main ministries. The Ministry of Health and Social Action (MSAS) recommends setting up teen/youth spaces in health facilities. The Ministry of Youth ensures that each department has a Popular Education and Sports Centre (in French - Centre d'Éducation Populaire et Sportive, CDEPS) and, at least, one Adolescent Advice Centre (in French - Centre Conseils Adolescents, CCA) or Adolescent Advice Office (Bureau Conseils pour Adolescents", BCA). The Ministry of Education is responsible for health promotion at school (Family Life Education), which includes SRHR messages. It should be noted that in Senegal, most programs are officially labelled as SHR (rather than SRHR) programs.

Study population

The study population consisted of three target groups. The first group, which was the main target, comprised of unmarried AYA aged 10-24 (in-school, out-of-school, unschooled; from urban and rural areas; users and non-users of SRHR services; in particular Adolescent Advice Centers, Departmental Popular and Sports Education Centers and adolescent-youth spaces). The second group consisted of parents of AYA. The third group were key informants, selected on the basis of their role, responsibilities and experience of the topic as well as their knowledge of the contextual factors. They were mainly health staff (nurses, midwives, etc.), peer educators, community leaders (community liaison, religious leaders, and "Bajenu Gox", "Bajenu Gox" wolof expression meaning women community leaders at local level), leaders of non-governmental organizations (NGOs) and associations working on the subject of adolescents' and young adults' SRHR, including representatives of neighborhoods' youth organizations (presidents of sports and cultural associations, networks, etc.) and education system actors (life and earth sciences/home economics teachers).

Data Collection

The data collection was conducted by CEFOREP between February and May 2022. It started in Kaolack, with a total of 31 individual interviews and 32 focus group discussions (FGDs) spread over two stages, allowing for an intermediate analysis (Table 1). It was followed by a third stage data collection with 14 focus groups in Fatick and Kaffrine. Participants included a variety of stakeholders: adolescents (young users and non-users of SRHR services) aged 10-24 and parents of adolescents of the same age, SRHR services managers, community and religious leaders living in the three departments (Table 1). A total of 312 people took part in the FGDs (195 and 86 in Kaolack, and in Fatick/Kaffrine, respectively). The FGDs and individual key informant interviews were based on adapted questions related to different target groups perceptions, attitudes, and practices regarding SRHR, main sources of information, difficulties in accessing SRHR information and services, and recommendations for improving access to SRHR information and services for adolescents and young adults in these regions. The tools were designed in French and the data collectors reviewed each question to ensure understanding, discussed translation possibilities in Wolof, and agreed on key local terms to ensure consistency among the data collectors. The interviews and focus groups were conducted and recorded mainly in *Wolof* as the region's most spoken language. Recordings were transcribed directly into French by selected bilingual data collectors (Wolof/French). Senior researchers quality controlled the transcriptions by comparing a sample of Wolof recordings with their transcriptions.

Data analysis

The data was analyzed in three stages. The first stage consisted of a collective analysis – with all authors involved, except SA – of a sub-sample of transcripts from the first data collection phase. This was done to assess the quality of the data and adapt the interview guide for the next phases. It also entailed preliminary analyses and the identification of emerging themes with the aim to develop the code book. The first stage was followed by an in-

depth analysis of all the transcripts from Kaolack (63 transcripts) using NVivo software (stage 2). The main findings were discussed with the research team in two online meetings and two face-to-face workshops, and suggestions for further analysis were made. In stage 3, the data from the FGDs in Fatick and Kaffrine (14 transcripts) were analyzed to identify similarities and differences with the findings from Kaolack.

Ethical considerations

Ethical approval has been obtained from the Comité National d'Éthique pour la Recherche en Santé (CNERS) of the Senegalese Ministry of Health (N° 000223/MSAS/CNERS/SP, Dec 23, 2021) and from the University of Liège, in Belgium (December 2, 2021). Written informed consent was sought for all participants. The parents/guardians of adolescents provided informed consent for their own participation and of their adolescent child aged 10-17 years. Adolescents provided their written assent before the start of the interview. For interviewing schooled adolescents, authorizations were obtained from the directors of their schools.

Results

The results are structured around fundamental questions relating to how AYA seek SRHR information. We will first discuss the information source and subsequently describe which sources they prefer and find reliable. Finally, we will present results on the impact of social media on adolescent and young adult SRHR information and communication.

Sources of SRHR information consulted by adolescents and young adults

AYA use a variety of sources to collect information about SRHR, including school (life and earth sciences classes, teachers), the internet including social media, friends/peers, socio-educational and health facilities (Adolescent Advice Centers, Departmental Popular and Sports Education Centers and adolescent/youth rooms, Health centres), parents, “Bajenu Gox”, radio, and television.

Table 1: Number of Focus Group Discussions (FGDs) and individual interviews carried out by type of participant, in Kaolack, Kaffrine and Fatick regions, February – May 2022

Participants	Kaolack (Kaolack, Nioro, Guinguiné)	Kaffrine (Kaffrine, Birkelane, Malem Hodar)	Fatick (Fatick, Gossas, Foudiou gne)	Total three regions	Total number of participants
FGDs					
Adolescents aged 10-14 years (girls/boys)	6	2	2	6	62
Adolescents and young people aged 15-24 years (girls/boys), not using SRHR services	18	2	2	18	134
Peer educators (girls/boys)	2	1	1	2	24
Parents (fathers/mothers) of adolescents aged 10-24 years	6	1	1	6	48
Key informants from SRHR services and community* §	-	1	1	2	44
Total FGDs	32	7	7	46	312
Individual interviews					
Adolescents and young people aged 15-24 (girls/boys), SRHR services users	14	-	-	14	
Key informants from SRHR services*	9	-	-	9	
Key informants from community§	8	-	-	8	
Total individual interviews	31	0	0	31	

*Adolescent Advice Centers, Departmental Popular and Sports Education Centers, adolescent rooms) and healthcare staff;
§Teachers, religious leaders, Bajenu Gox, Adolescent Advice Centres chairs.

'There are many sources of information. Young people can get information from the internet, the written press, Facebook, television, friends, WhatsApp groups, etc.' Peer educator, Fatick
'Personally, I get my information at the medical region level, the health district, the Departmental Popular and Sports Education Centers and reproductive health networks such as AMJ, RENPES, and REJCAD (all civil society organizations working in the domain of reproductive health).' Peer educator, Kaffrine.

'The course [life and earth sciences classes] is very good because they teach things, they give you advice on how to behave. In some households, mothers are embarrassed to discuss these subjects' FG, Girl 15-24 years, Nioro.

'There are no secrets as the other girl said earlier. If you go to school and you are in 4th grade, you are already taught about the ovulation phase, where you can be pregnant, when you are likely to be pregnant and also how you should go about it. Avoiding it is what the teacher teaches you. Often

these kinds of things have more effect' FG, Boy 15-24 years, Guinguiné.

'You just have to type on the internet to get answers [...] This is the example of the rules, we can have information on the manifestation and the reactions of the body and changes in mood' FG, Girl 15-24 years, Kaolack.

SRHR topics for which adolescents and young adults search information

Menstruation and hygiene, the transition to adulthood mainly in girls were the main topics for which AYA who participated in this study searched information in the internet.

Menstruation and the management of menstrual hygiene are major concerns for adolescent girls, especially as most seem to be ill-prepared for this critical phase in their lives. Their first period often comes as a surprise and sometimes a shock. Adolescent girls are often helpless or even distraught and very few of them receive advice from their nearest relatives (mothers, sisters,

grandmothers or friends). This period is also marked by one-sided communication from parents, aimed more at scaring teenage girls by stressing the risks of pregnancy if they associate with boys, rather than providing the information they need to ensure good menstrual hygiene. Preserving virginity until marriage, particularly endorsed by parents, is a cultural value justifying their discouragement of daughters from engaging in premarital sexual relations.

'When a young girl begins menstruating the parents should discuss it with their child, telling her that at this age of puberty for girls, she should behave like that. But parents don't have this kind of communication with their children. As a result, if children see something on social media, they apply it without knowing whether it's good or bad.' FG Boys aged 15-19 years, Fatick.

'My mother bought me a sanitary pad and I put it on, I came to her and she told me to stay away from men because if you have sex with them, you could get pregnant.' Girl aged 15-19 years, Kaffrine.

Other topics that were mentioned by AYA, though to a lesser extent, were sexuality and infections. This is probably because parents seldom address these topics.

'It's very rare to see parents discussing sexual topics with their children. This is a taboo subject. Many parents don't want to discuss this with their children. These kinds of discussions are more likely to take place between brothers or sisters.' Peer educator, Fatick.

Preferred information sources and perceived reliability of information sources

Teachers, healthcare providers at Adolescent Advice Centers, and Departmental Popular and Sports Education Centers, parents, and "Bajenu Gox" are highly regarded as reliable sources of SRHR information. Health professionals and teachers are trusted due to perceived expertise in this domain. However, the preference for a source perceived as reliable does not systematically alleviate the reluctance of AYA to approach these

services, as they express concerns about encountering familiar individuals. For example, adolescents seeking healthcare services often experience apprehension about encountering acquaintances, especially neighbors and parents, who may stigmatize, look down upon, or unfairly judge them.

'You know, before your period starts, you feel pain in your lower abdomen. If you go to the midwife to tell her about it, someone might see you there and tell your mother that she saw you where the pregnant women visit. And this could lead to a girl stigmatizing herself. She won't want to go to hospital or she may even not want to tell anything if she is in pain.' Girl aged 15-19 years, Kaffrine.

'You may have a friend who is more experienced than you. So your relationship is based on trust. Sometimes there are parents who do not understand their children due to lack of time or a lack of understanding of what they endure, what you share with your girlfriend you do not share with your mother [...]. Personally, I don't look for information online, all the information I have I found out thanks to a friend older than me... It's thanks to her that I know a lot of things. Just aside, because there is the Adolescent Advice Centre ...' FG Girls 15-24 years, Kaolack.

In addition, AYA use and have access to other sources of information regarding SRHR, mainly through their peers, via the internet/social media and by watching TV series. The internet and social media are perceived as being easily accessible (apart from the cost of connection), available (a range of information at all times) and providing a feeling of freedom, discretion and confidentiality (no taboos, "no one controls you").

'Young people use social media more because it is the quickest way to access information.' Peer educator, Kaffrine

The impact of social media and digital platforms on adolescents and young adults SRHR information and communication

The internet is an opportunity for many AYA. AYA use it to look for SRHR information, mainly on

sexuality, sexual intercourse and menstruation. The internet encompasses all the social media (TikTok, YouTube, Facebook, Instagram, etc.). Some adolescents used Google that offers all kinds of information through a simple keyword search.

'All you have to do is to search on the internet to find the answers [...] Take menstruation, for example. You can find out how the body reacts to changes in mood.' FG Girls aged 15-24 years, Kaolack.

'Social media are the main sources of information for young people. There are also discussion groups between age groups. Traditional sources such as elders and senior citizens are also used by young people.' Peer educator, Fatick.

'They look for everything on their mobiles, they go to bed with their mobiles, they have all the information they need on their mobiles.' FG Mothers, Guinguineo, Kaolack region

Some AYA cite and are criticized for engaging in the viewing of pornographic videos, a behavior that draws particular concern from their parents. Many parents express significant reservations about the uncontrolled internet use by this group, citing their own inability to effectively regulate it. Mobile phones also come under criticism from parents, who often feel powerless due to a lack of means and time to supervise and control their AYA's usage.

'Children are connected via WiFi, especially at night, watching pornographic movies. This further contributes to children straying from the right path.' FG Fathers, Nioro, Kaolack.

'When my child wakes up, I look at his trousers and see that his sex is swollen. That is all because of the mobile phone.' Focus group Mothers, Guinguineo, Kaolack region

'We have reached a stage where our phones take up almost all our time, so we can't have discussions with our parents. Anything you want to know, you can get on the internet, whether it is something good or bad.' FG Girls aged 15-24 years Nioro, Kaolack region.

'Nowadays, adolescents/young people use their phones all day long and even at night, when their

parents are asleep... That way young people obtain certain information and try to copy it.' Religious leader, Guinguineo, Kaolack region.

Parent-adolescent communication is limited and social networks are not currently helping to improve it.

'We don't educate or communicate any more, as they say, we are a family of ducks, the children lead and we follow. We notice that our daughters wear clothes or have a phone that we are sure we did not buy, and we do not say anything. Nowadays, children learn a lot of things from the phone, so we parents need to rethink our approach.' Parent, Fatick.

For some AYA, the digital revolution and its adverse effects in terms of the dissemination of pornographic images via mobile phones do not spare their parents:

'Their children are aware of their parents' bad behaviour: some people post videos that are not decent and their children will be frowned upon.' Focus group Boys aged 15-24 years, Kaolack.

Discussion

Adolescents and young adults continue to rely on traditional sources, alongside modern technologies such as social media, the internet, and digital platforms, for information on SRHR. The preference for the internet and digital platforms is attributed to their ease of access and confidentiality, allowing AYA to discreetly obtain information on SRHR. This discretion preserves their anonymity, helping them avoid potential stigmatization or disapproval if they were to seek such information through health services. This situation is exacerbated by a lack of communication between parents and children about SRHR.⁹ On the contrary, AYA seek information from their peers and older friends or siblings, and often perceive teachers at school as a reliable and credible source of information, alongside health staff. This perception stems from the social belief that teachers are knowledgeable individuals, contributing to their trustworthiness as information providers.

While the internet represents an information tool/channel for adolescents on SRHR topics, it is a source of concern for parents and can even be a source of conflict between parents and children. The diversity of sources of SRHR information can be both an opportunity and a risk. Where there is dissonance in the information conveyed by these different sources, AYA may be faced with dilemmas and uncertainties about the right behavior to adopt in order to avoid certain problems that they may encounter.¹⁰⁻¹³ The abundance of information and communication channels in post-modern societies poses significant risks of misinformation and manipulation. The combination of youth, unschooling, and an extended period of celibacy, combined with limited access to SRHR services, exposes AYA to risks. Their lack of maturity, experience, and discernment on certain issues amplifies the challenges associated with these factors.¹⁴ Adjamagbo and collaborators highlight the consequences of a declining age of first marriage, leading to an extended period of celibacy and diversified pre-marital love life opportunities. This situation increases the risk of induced abortion, particularly among young, single, childless women, and highlights challenges in access to family planning for unmarried young individuals.¹⁵

Social media increasingly plays a significant role in SRHR communication relations and, more generally, in the social lives of AYA.¹⁶ By way of illustration, a recent study involving young people, over a third of whom are from sub-Saharan Africa, shows that 62% say they have already used the technology for their own health needs and 84% intend to use digital tools for their health in the future.¹⁷ Social media carries both advantages, such as quick access to diverse information, and drawbacks, including the risks of distortion and various aberrations frequently criticized in Senegal and globally.¹⁸ The growing use of digital platforms by AYA is encouraged by the lack of SRH communication between parents and AYA. From an interactionist theoretical perspective, where social norms are constructed and deconstructed through reciprocal expectations, digital technology consistently challenges the foundations of traditional social and communication relations.¹⁹⁻²² These shifts also

impact communication on SRHR among AYA, and with other social actors like parents, educators, friends, and peers. It is important for adults and parents to adapt to the digital platforms preferred by AYA, to recognize and appreciate these new forms of self-expression, fostering understanding of their challenges and concerns.²³ Addressing the emerging communication needs, this adaptation includes supporting AYA in personal development and SRHR, while also navigating potential risks and abuses tied to the uncontrolled use of digital media.^{20,24}

In Senegal, the press and media regularly report cases of cybercrime, cyberpornography, and cases of blackmail or attempted extortion through social media for criminal purposes. Various studies highlight young people's use of the internet for sexual knowledge, reporting unintended exposure to pornography (25%) and online sexual solicitations (20%).²⁵ Given this situation, raising AYA's awareness of these risks and dangers must be a key part of mass and interpersonal communication strategies. This includes fostering dialogue between parents and children, recognizing that the child needs a certain level of maturity to comprehend explanations and appreciate their significance.²³

Consequently, there is a need to advocate for new SRHR communication strategies in response to ongoing social change. These strategies should harmoniously integrate family dynamics with the influence of social media and digital platforms. The promotion of digital parenting, achieved through awareness-raising and training initiatives for both parents and young adults, is crucial for fostering positive behavior through these evolving channels.^{15, 26, 27} Particularly, urban areas and educated populations are undergoing significant social changes, influenced by increased exposure to digital media and external cultural models disseminated by modern schools.^{26,27} In addition, inadequate SRHR communication between parents and children, in particular about sex education, and the stigmatization of young adults attending SRH services, expose them to a wide range of risks (unwanted pregnancies, sexually transmitted infections-STIs/AIDS, and sexual violence).²⁸ It also appears that adolescents' involvement in online sexual activities is correlated with their

actual exposure to risky sexual activities, including early sexual relations and multiple sexual partnerships in Lagos, Nigeria.²⁵

The strength of this study is that it provides a better understanding of adolescents and young adults perceptions and practices about SRHR communication including using internet, social networks and media and issues and challenges in this field in three regions of Senegal where SRHR needs to be strengthened. The main limitation is the difficulty related to a discussion on SRHR in the Senegalese context with a number of sociocultural barriers. This research will have implications in terms of improving policy and programs aiming better SRHR information and services access for young people in Senegal particularly in Kaolack, Fatick and Kaffrine regions

Conclusion

In societies with a youth-dominated demographic structure, the challenge of adapting SRHR communication is pronounced. Our research highlights the vulnerability of AYA to risks associated with digital communication, particularly through social media and pornographic content. Lack of parent-child communication contributes to the influence of explicit material on sexual initiation, leading to heightened risks of perversion, and early pregnancies. The abundance of conflicting SRHR information sources, including unreliable ones on social media, poses a risk of cognitive dissonance. Distinguishing between preferred and reliable sources, such as health professionals and teachers, is crucial. Addressing these challenges requires a deeper understanding of youth engagement with digital technology in Senegal, leading to tailored awareness strategies for positive digital media use in SRHR communication.

Authors contributions

CMC designed the study, conducted the data analysis and wrote the manuscript. JW conceptualized the study. TD and RD supervised and led the data collection. TD and KM contributed to the design of the study, and the data interpretation. KD and EP supported the design of the study, and the data collection. SA contributed to

the validation of study results and the writing of the manuscript. FS ensured the funding acquisition, and the management and coordination of the research activity. All co-authors reviewed the manuscript and approved the last version of the manuscript.

Acknowledgment

We would like to thank the participants from the different regions for taking part in this study.

Competing interest

None.

Funding

The research was conducted to support the bilateral cooperation programme between the governments of Belgium and Senegal. One of the interventions was to develop a service model that is favourable to adolescents to improve their sexual and reproductive health. The research was funded by the programme through the Belgian Development Agency (Enabel)

References

1. Agence Nationale de la Statistique et de la Démographie (ANSD). 5^e Recensement général de la Population et de l'Habitat (RGPH- 5) Dakar, Senegal; 2023.
2. DSRSE, UNICEF, UNFPA, and Visuel Com. Analyse situationnelle du Plan national de communication pour la promotion de la santé sexuelle et de la reproduction des adolescents/jeunes au Sénégal. 2007.
3. Agence Nationale de la Statistique et de la Démographie - ANSD/Sénégal, and ICF. Senegal: Enquête Démographique et de Santé Continue (EDS-Continue) 2019. Dakar/ Sénégal: ANSD/ICF; 2020.
4. Katz K and Naré C. Reproductive health knowledge and use of services among young adults in Dakar, Senegal. *J Biosoc Sci.* 2002;34(2):215-231.
5. Ministère de la Santé et de l'Action Sociale. Le Plan National de Développement Sanitaire et Social (PNDSS) du Sénégal. Dakar, Senegal; 2018.
6. Cohen N, Mendy FT, Wesson J, Protti A, Cissé C, Gueye EB, Trupe L, Floreak R, Guichon D, Lorenzana K and Buttenheim A. Behavioral barriers to the use of modern methods of contraception among unmarried youth and adolescents in eastern Senegal: a qualitative study. *BMC Public Health.* 2020;20(1):1025.

7. Mbaye M. When shame kills: why do so many mothers in Senegal feel forced to murder their babies? The Guardian Org. 2021.
8. Wouango J, Poncelet M, Delvaux T, Michielsen K, Camara CM, Dieng T, Kamara TS, Dièye AG, Diallo R, Mmadi YA, Guissé B, Papa E, Cissé A, Diawara K, and Sarramagnan F. Étude socio-anthropologique sur la santé reproductive (SR) des adolescent(e)s et jeunes de 10-24 ans à Kaolack, Fatick et Kaffrine [Internet]. 2022.
9. Wouango J, Delvaux T, Michielsen K, Camara CM, Dieng T, Diawara K, Papa E and Sarramagnan F. Parent-adolescent communication on sexual and reproductive health: a qualitative study exploring the perspectives of adolescents and parents in the region of Kaolack, Senegal. BMC Public Health. 2024 [Manuscript submitted for publication].
10. Newcomer SF, and Udry JR. Parent-child communication and adolescent sexual behavior. Fam Plann Perspect. 1985;17 4:169-174.
11. Vodiana GN, Coppieters Y, Lapika BD, Kalambayi PK, Gomis D and Piette D. Perception des adolescents et jeunes en matière de santé sexuelle et reproductive, République Démocratique du Congo. Sante Publique (Bucur). 2012;24(5):403-415.
12. Devi P, editor Sexual and Reproductive Health Behaviour of Adolescents - A Survey article. 2016.
13. Panda A, and Sehgal A. Impact of information, education and communication on adolescent reproductive health: A sociological study of Mandi District, Himachal Pradesh. Journal of Health Management. 2009;11(3):445-472.
14. Gondim PS, Souto NF, Moreira CB, da Cruz MEC, Caetano FHP and Montesuma FG. Accessibility of adolescents to sources of information on sexual and reproductive health. Journal of Human Growth and Development. 2015;25:50-53.
15. Adjamagbo A and Kone PA. Situations relationnelles et gestion des grossesses non prévues à Dakar. Population. 2013;68(1):67-96.
16. Cookingham LM and Ryan GL. The impact of social media on the sexual and social wellness of adolescents. J Pediatr Adolesc Gynecol. 2015;28(1):2-5.
17. Ippoliti N, Sekamana M, Baringer L and Hope R. Using human-centered design to develop, launch, and evaluate a national digital health platform to improve reproductive health for Rwandan youth. Global health, science and practice. 2021;9(Suppl 2):S244-S260.
18. Pujazon-Zazik M and Park MJ. To Tweet, or Not to Tweet: Gender differences and potential positive and negative health outcomes of adolescents' social internet use. American Journal of Men's Health. 2010;4(1):77-85.
19. Loraine JB, Kate R, Kathryn C, Manuela C, Erin P, Ruchira N, Chris S, Kathryn A and Caroline F. Using digital technology for sexual and reproductive health: Are programs adequately considering risk? Global Health: Science and Practice. 2019;7(4):507.
20. Levine D. Using technology, new media, and mobile for sexual and reproductive health. Sexuality Research and Social Policy. 2011;8(1):18-26.
21. Goffman Erving. La mise en scène de la vie quotidienne. Paris: Les éditions de minuit; 1973.
22. Segre S. Howard S. Becker's symbolic interactionism. The American Sociologist. 2019;50(3):378-386.
23. Tisseron S. Les jeunes et la nouvelle culture Internet. Empan. 2009;76(4):37-42.
24. Edouard E and Edouard L. Application of information and communication technology for scaling up youth sexual and reproductive health. Afr J Reprod Health. 2012;16 2:197-205.
25. Michael K. Online sexual activities and sexual risk-taking among adolescents and young adults in Lagos Metropolis, Nigeria. Afr J Reprod Health. 2012;16(2):207-217.
26. Boyd D, editor Social network sites as networked publics: Affordances, dynamics, and implications. 2010.
27. Chaulet J. Les usages adolescents des tic, entre autonomie et dépendance. Empan. 2009;76(4):57-65.
28. Moussa CC. Excision, mariages d'enfants, droits sexuels et reproductifs : socioanalyse d'une dialectique des normes. Dakar (SN): L'Harmattan Sénégal; 2017. Available from: <http://digital.casalini.it/9782140041648>.