Researching livelihoods and
services affected by conflict

Teenage Pregnancy after Ebola in Sierra Leone:

Mapping responses, gaps and ongoing challenges

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Teenage Pregnancy, not me, not now!

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About us

Secure Livelihoods Research Consortium (SLRC) aims to generate a stronger evidence base on how people make a living, educate their children, deal with illness and access other basic services in conflict-affected situations (CAS). Providing better access to basic services, social protection and support to livelihoods matters for the human welfare of people affected by conflict, the achievement of development targets such as the Millennium Development Goals (MDGs) and international efforts at peace- and state-building.

At the centre of SLRC's research are three core themes, developed over the course of an intensive one-year inception phase:

▪ State legitimacy: experiences, perceptions and expectations of the state and local governance in conflict-affected situations

▪ State capacity: building effective states that deliver services and social protection in conflict-affected situations

▪ Livelihood trajectories and economic activity under conflict

The Overseas Development Institute (ODI) is the lead organisation. SLRC partners include the Centre for Poverty Analysis (CEPA) in Sri Lanka, Feinstein International Center (FIC, Tufts University), the Afghanistan Research and Evaluation Unit (AREU), the Sustainable Development Policy Institute (SDPI) in Pakistan, Disaster Studies of Wageningen University (WUR) in the Netherlands, the Nepal Centre for Contemporary Research (NCCR), and the Food and Agriculture Organization (FAO).

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List of acronyms

DFID	United Kingdom Department for International Development
DHS	Demographic Household Survey
ETC	Ebola Treatment Centre
FGM	Female Genital Mutilation
FSU	Family Support Unit
GoSL	Government of Sierra Leone
MEST	Ministry of Education, Science and Technology
MICS	Multiple Indicator Cluster Survey
MoHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
NGO	Non-governmental organisation
PHU	Peripheral Health Unit
SGBV	Sexual and gender-based violence
SLP	Sierra Leone Police
SLRC	Secure Livelihoods Research Consortium
SRH	Sexual and Reproductive Health
UNDP	United Nations Development Programme
UNFPA	United National Population Fund
WHO	World Health Organisation
DFID	United Kingdom Department for International Development
DHS	Demographic Household Survey
ETC	Ebola Treatment Centre
FGM	Female Genital Mutilation
FSU	Family Support Unit
GoSL	Government of Sierra Leone
MEST	Ministry of Education, Science and Technology
MICS	Multiple Indicator Cluster Survey
MoHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
NGO	Non-governmental organisation
NSRTP	National Strategy for the Reduction of Teenage Pregnancy
PHU	Peripheral Health Unit
SGBV	Sexual and gender-based violence
SLP	Sierra Leone Police
SLRC	Secure Livelihoods Research Consortium
SRH	Sexual and Reproductive Health
UNDP	United Nations Development Programme
UNFPA	United National Population Fund
WHO	World Health Organisation

1   Introduction

A multitude of challenges have been identified following Sierra Leone's 2014-2015 Ebola epidemic that demand the attention of the government and development partners. These range from economic recovery, to getting the education system back on track after 10 months of school closures,[1] from (re)building trust in the health system to repurposing the Ebola Treatment Centres (ETCs). One such challenge not immediately apparent to many outsiders is Sierra Leone's high rates of teenage pregnancy. Teenage pregnancy has long been a problem in Sierra Leone: in 2013, the country's rate ranked among the ten highest in the world, with 28% of girls aged 15-19 years pregnant or already having give birth at least once (UNFPA, 2015: 5). Anecdotal evidence points to an increase in these rates due to the Ebola crisis and the emergency measures put in place to respond to it. The Government of Sierra Leone (GoSL) and development partners are therefore grappling with how best to respond to this ongoing challenge that both preceded and was exacerbated by the Ebola crisis. At times, this has included controversial measures: for instance, the GoSL announced in April 2015 that it would continue to enforce a long-standing rule that disallows visibly pregnant girls from returning to school or sitting exams.

This report provides analysis that is intended to assist in developing policies and interventions to reduce teenage pregnancy in Sierra Leone. In particular, it offers insights we hope will be helpful for the development of the new National Strategy for the Reduction of Teenage Pregnancy, which is being developed in 2016 to replace the existing 2013-2015 strategy. This report also aims, as part of a wider project funded by Irish Aid in Sierra Leone, to contribute to knowledge on how to strengthen state capacity.

The report first clarifies the scope of the problem of teenage pregnancy in Sierra Leone – mapping what we do and do not know, particularly in the information-poor post-Ebola context. Second, it unpacks some of the approaches undertaken by development partners in attempting to support government efforts to reduce teenage pregnancy, providing an overview of common intervention types. Finally, it highlights some of the gaps and questions raised given the scope of the problem and current programming responses. Ultimately, this report reinforces the need to understand teenage pregnancy as a multifaceted problem, and highlights a reliance on certain common programming strategies that focus on the health and education aspects of the problem while overlooking the socio-cultural and justice aspects. This frames a second report that will be published in early 2016 that will examine in more detail some of the common programming approaches to address the problem of teenage pregnancy in Sierra Leone, with a final synthesis paper to be produced in mid-2016.

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[1] Schools were closed for the usual summer holiday period between July and September 2014 and were then not reopened in September until April 2015.

2 Methods

This report focuses primarily on two weeks of fieldwork undertaken by researchers in Freetown, Sierra Leone in October 2015, while also drawing on previous Secure Livelihoods Research Consortium (SLRC) and related work on the health sector and governance issues in Sierra Leone. Two foreign researchers from the SLRC with experience of working in Sierra Leone and on gender issues worked with a Sierra Leonean researcher based at the University of Sierra Leone. Semi-structured interviews were conducted with 40 respondents from government and donor agencies and local and international non-government organisations, as well as a representative of customary authorities (a list of respondents is provided in Annex 1). Respondents were selected by reviewing reports and news stories to build a list of organisations working on the issue of teenage pregnancy (broadly understood), and added to through discussions with Irish Aid and the United Nations Population Fund (UNFPA). Once in country, we used snowball sampling, asking all respondents what other organisations or individuals we should speak with. During this first trip we were not able to travel outside of Freetown, which had obvious implications for which organisations could be included in our sample. That said, most of the (national and international) organisations working on this issue have headquarters in the capital, making Freetown the necessary starting point for this research. Our interviews focused on these institutions' perspectives on and approaches to the problem of teenage pregnancy – its causes, impacts and extent, how it has been affected by the Ebola crisis and emergency measures put in place to respond to it, and what is being done to address the problem. It was not possible in this phase of the work to speak with girls themselves due to time and resource constraints, as well as some ethnical concerns, but this will be undertaken in the next stage of research in looking at interventions at the community level.

Reviews of the relevant grey literature were also undertaken to supplement and deepen the primary research, to situate it within the wider international literature, and to help anchor the problem of teenage pregnancy in a longer-term view, rather than seeing it solely in the context of Ebola. Analysis of the research material focused on gaining a broad understanding of the problem, including its social, normative and cultural dimensions as well as the more tangible health and educational components, and looked for dominant theories of change, assumptions and approaches in programme responses. We also sought to understand the evolution of these approaches over time, including the pre-Ebola, Ebola and post-Ebola periods, and how the issue fits into the broader Sierra Leonean political context.

This paper is intended as a preliminary output, to be followed by a more detailed report based on additional fieldwork to be conducted in early 2016 that will visit the sites of multiple programmes aimed at reducing teenage pregnancy in both urban and rural settings in Sierra Leone. This research project feeds into wider SLRC research on questions of state capacity and how best it can be strengthened in fragile and conflict-affected contexts (see for instance Denney et al., 2014; Denney and Mallett, 2015; Morgan, 2006; Petersen and Engberg-Pedersen, 2013).

3 The problem of teenage pregnancy

Approximately 19% of young women in developing countries become pregnant before the age of 18 (Williamson, 2013: v), and 95% of the world's births to adolescent mothers occur in those countries (ibid: vii). That said, rates remain relatively high in some industrialised countries, such as the United Kingdom and United States, as well (Paton, 2009; Secura et al., 2014: 1317). There is a wide and growing literature on teenage pregnancy, its prevention and impacts (see for instance Loaiza and Liang, 2015 and UNFPA, 2013). Much of this is in the medical and public health fields, though the issue has, more recently, begun to be understood as more multifaceted, with implications for not only the health of mother and child, but also education outcomes, household and national economies, poverty, and human rights (Shirley et al., 2014; Loaiza and Liang, 2013).

Teenage pregnancy is recognised as both a widespread global development concern and a complex and highly context-dependent issue, resulting from a combination of social, economic, educational, and other factors including (but not limited to) biased or overall lack of sexual and reproductive health knowledge and access to contraceptive resources, gendered social norms around adolescence and sexual behaviour, and vulnerability to power and coercion (Oyedele et al., 2015; Loaiza and Liang, 2013; Bearinger et al., 2007). It is correlated with infections of sexually transmitted diseases including HIV, as well as sexual violence (Barnes, 2007; Jewkes et al., 2001). Accordingly, there is overlap – though often only implicit – between efforts to combat HIV and other sexually transmitted diseases and teenage pregnancy (Bearinger et al., 2007). Gender roles and girls' own construction of their identity and agency play major roles, as do the political, cultural and religious climates and individual household and community dynamics in which those are situated, making standardised approaches and policy prescriptions difficult to conceive and unlikely to succeed (Kruger et al., 2015; Linders and Bogard, 2014; Unterhalter, 2013).

Teenage pregnancy has been a challenge in Sierra Leone for some time, yet there remain elements of the problem about which little is understood, particularly at the level of individual community and household dynamics. There is also a reductionist tendency with such multi-faceted issues, particularly in 'fragile' contexts, to view them through the narrow lens of the most recent crisis. In the case of Sierra Leone, that means the Ebola epidemic of 2014-15 and, before it, the civil war that raged from 1991 until 2002 and resulted in high numbers of deaths, injuries, displacement, and sexual violence against women and men. The legacy of conflict has, no doubt, had significant ongoing impacts on the social and economic realities of Sierra Leone, which are well-documented elsewhere (Collier and Duponchel, 2013; Human Rights Watch, 2003; Conciliation Resources, 2012; see also GSDRC, 2010 for a review of related literature). However, the effects of conflict on teenage pregnancy specifically are less well understood, owing in part to the lack of data collection prior to and during the conflict. Sexual violence was used as a tool during the fighting, and the taking of 'bush wives' by the Revolutionary United Front led to a large number of teenage mothers (Coulter, 2009). During our interviews for this research, many argued that the war broke down cultural values and social mores that had previously dissuaded early sexual activity, with teenagers now more sexually active and parents less present to supervise children. However, such sentiments should also be treated with caution, given the tendency to romanticise the pre-war era as a more virtuous time (Stovel, 2008).

The Ebola crisis, being far more recent, is less well-studied and understood. It is important to note that while the Ebola epidemic will have impacted a wide range of issues throughout the affected countries, including potentially teenage pregnancy, there is also a danger of seeing all problems through an 'Ebola lens'. This is especially a risk given the influx of humanitarian actors, many of whom have little pre-Ebola experience of Sierra Leone. The danger is that Sierra Leone gets treated in an ahistorical manner in which Ebola is the starting point, in much the same way that in earlier humanitarian responses Sierra Leone's context was viewed as beginning with its civil war. An important caveat, therefore, is that while

Ebola will help to explain some things, it will not explain everything, and post-Ebola research needs to carefully disaggregate problems that persisted long before the outbreak, as well as chart the effects (both positive and negative) that Ebola may have had on them.

3.1   What we know

Extent of the problem

The seriousness of the issue of teenage pregnancy was flagged long before the Ebola crisis. Data from UNICEF's Multiple Indicator Cluster Survey (MICS) and Demographic and Household Surveys (DHS) in 2005 and 2008, respectively, show that nearly 40% of women between the ages of 20 and 49 had their first child before the age of 18. The most recent DHS study in 2013 found that the median age of first sexual intercourse for girls was 16.5, while for boys it was 18 years old (SSL, 2013). Analysis of the 2008 DHS found that nearly 85% of teenage girls reported that their first sexual partner was older than them by 10 years or more (UNFPA and Population Council, 2010: 42). Teenage pregnancy was highlighted by households and policy makers in Sierra Leone in 2009 as one of the two most pressing child protection concerns (Droogleever Fortuyn, 2011: 1). According to UNFPA, 28% of girls aged between 15 and 19 in 2013 were currently pregnant or had already had a birth (UNFPA, 2015: 5). Research indicates that the majority of teenagers – married or unmarried – are having sex, with a 2013 Marie Stopes survey of 3,000 15-35-year-old female and male respondents finding that 95% reported being currently sexually active, and half of the sexually active female respondents having their first sexual experience at the age of 16 (Droogleever Fortuyn, 2011: 10; Marie Stopes, 2013).[2] However, the survey found that just 45% reported using a contraceptive method (Marie Stopes, 2013: 2). The 2013 DHS found that 31% of girls aged 15-19 years have an unmet need for contraception – the highest unmet need amongst any age group surveyed (cited in UNFPA, 2015: 8). The vast majority of teenage girls thus appear to be sexually active, fewer than half use contraception, and over a quarter experience pregnancy before the age of 18. By comparison, births amongst 15-to-19-year-olds globally constitute 11% of all births, and the birth rate among 15 to 19 year olds is 49 per 1,000 girls (WHO, 2014).

Health and education impacts

The World Health Organisation (WHO) has estimated that more than half of women in sub-Saharan Africa give birth before the age of 20 (WHO, 2014). Teenage mothers are twice as likely to die from pregnancy-related complications as women aged 20 years or older (UNFPA, 2015: 5). The WHO has pointed to teenage pregnancy as the leading cause of death for adolescent women in developing countries (WHO, 2012, cited in UNFPA, 2015: 7). Moreover, children born to teenage mothers are also at greater risk, with stillbirths and death in the first week of life 50% higher among infants born to mothers under 20 years old compared to babies born to mothers 20-29 years old (WHO, 2012, cited in UNFPA, 2015: 8). It is sometimes theorised that these statistics may be due to factors relating to poverty as well as access to and use of health facilities and antenatal care, particularly since statistics for the teenage girls who give birth in a health facility or otherwise access medical advice are better than for those who do not (ibid). However, a large population-based study in the United States found that poor outcomes such as low birth weight, pre-term delivery, and neonatal mortality were common to all teenage groups regardless of other (including economic) factors controlled for (Chen et al. 2007), which supports arguments that there are actually higher risk factors related to lack of physical development inherent to early pregnancy and motherhood.

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[2] The report quoted here found that the age of first reported sexual experience for girls was – specifically – 16 years; the percentage of girls whose first experience happened at a younger age was not reported. The study, like most studies of youth populations, did not survey anyone under the age of 15 due to difficulties around informed consent, discussed elsewhere in this report.

The Sierra Leone Out-Of-School Study (Coinco/UNICEF, 2008) noted that pregnancy among primary and secondary school girls was a significant factor in girls dropping out of school. The socio-economic impacts of girls leaving school early are well-known: every year that a girl stays in school is estimated to increase her income by 10 to 20%, a higher rate of return than for boys (NSRTP, 2013). The decreased lifetime earning potential of girls who leave school early because of pregnancy has a tremendous impact on their own wellbeing and opportunities and those of their children. Women are statistically highly likely to reinvest their own earnings into their family, particularly in their children's education, so the inverse is that the curtailment of their schooling and subsequent economic potential has an ongoing effect through succeeding generations (ibid.).

The President of Sierra Leone commissioned the National Strategy for the Reduction of Teenage Pregnancy in Sierra Leone in 2013 in an effort to combat these detrimental developmental impacts. The Strategy made addressing teenage pregnancy a national priority and built on the Free Health Care Initiative introduced by the GoSL in 2010. As President Ernest Bai Koroma noted at the launch of the Strategy:

> *If girls are able to stay in school, postpone marriage, delay family formation and build their capacity, they will have more time to prepare for adulthood and participate in the labour force before taking on the responsibility of parenting.* (Quoted in UNFPA, 2015: 5)

The National Strategy recognised teenage pregnancy as a multisectoral issue and thus brought together five government ministries (Health and Sanitation; Education, Science and Technology; Social Welfare, Gender and Children's Affairs; Youth and Sport; and Local Government and Rural Affairs), five UN agencies and several national and international NGOs. A National Secretariat for the Reduction of Teenage Pregnancy was established within the Ministry of Health and Sanitation (MoHS) to oversee implementation of the Strategy. The Strategy notes that success requires a wide spectrum of interventions across these many actors and strong coordination among them (NSRTP, 2013: 10).

While there was high-level support for the Strategy, it was unclear that GoSL had the resources, mechanisms, and political will across all ministries to operationalise it. These challenges have only deepened with the Ebola epidemic diverting attention and resources. Most recently, the decision by the Ministry of Education, Science and Technology (MEST) to reinforce the ban on visibly pregnant girls returning to school after the closures during Ebola or sitting exams deepens the educational and developmental costs of teenage pregnancy.

Justice and cultural aspects

While the health, education and socioeconomic impacts of teenage pregnancy set out above are well captured in the National Strategy, the legal and cultural underpinnings of the problem are not clearly addressed. Indeed, the respondents with whom we spoke who are working on security and justice aspects of teenage pregnancy noted that they do not see where they fit in the National Strategy. Yet these aspects and sectors are vital components of the problem.

Teenage pregnancy is exacerbated in Sierra Leone by customary practices of secret society initiation that contribute to early marriage and sexual relations (Wessells et al., 2014: 10). While the legal minimum age for marriage in Sierra Leone is 18 years old, according to the Constitution, it can be younger with parental consent. This stipulation contributes to early marriage. So too does customary law, which varies across Sierra Leone's 149 chiefdoms and, in some cases, views girls as ready for marriage upon the completion of initiation (as young as 9 years old). This, in turn, increases the chances of early pregnancy. There are some suggestions that rates of initiation and child marriage are declining (for instance, the 2013 DHS found that while 98% of 45-49-year-old women had undergone clitoridectomy, this rate was 74% among girls aged 15 to 19 years (SSL, 2013: 28). The decline is thought to be connected to more girls staying in school for longer, as well as more widespread knowledge of negative health impacts, but poor data make this claim difficult to verify. Initiation

ceremonies did cease during Ebola as part of efforts to stop transmission; research is needed into whether this may provide openings to encourage longer-term behaviour change. It remains unclear how the declaration of the end of the Ebola crisis in November 2015 is affecting initiation. In addition, a number of our interviewees observed that that some girls *want* to get pregnant following initiation in order to demonstrate that they have become adults.

According to the 2012 Sexual Offences Act, it is illegal for an adult to have sexual relations with anyone under the age of 18. However, cultural views vary, laws are often not well-enforced, and impunity is widespread. In relation to cultural views, teenage pregnancy is often considered a problem only where the girl is not married (Droogleever Fortuyn, 2011: 1). Where a pregnant teenager is already married, or marries before giving birth, her situation is not considered 'teenage pregnancy.' This understanding is related to ideas of adulthood in Sierra Leone which do not adhere strictly to age brackets but instead to social and cultural ceremonies that mark different stages of a person's life (Shepler, 2014: 41). This suggests that communities do not necessarily see men having sex with minors (those under 18) as a problem in all cases, and points to some degree of disconnect between the formal laws and customary laws and norms.

In terms of the law, most respondents told us that there are good laws on the books governing issues related to early sex, pregnancy and marriage, as well as sexual exploitation and abuse (although there are concerns about stipulations in the 1991 Constitution that are seen to permit discrimination 'with respect to adoption, marriage, divorce, burial, devolution of property or other interests of personal law,' as well as customary law), but enforcement is lacking.[3] This lack of enforcement is centrally related to teenage pregnancy. In 2010, a survey of 1,312 pupils across Sierra Leone found that 30% of rapes reported in the survey occurred in a school setting, primarily perpetrated by male teachers (ACPF 2010: 4). Several interview respondents also mentioned the problem of 'sex for water', in which men control access to water points and demand that women and girls (it is often girls who are sent to collect water) have sex with them in order to access water from community taps and wells. These circumstances, and others, highlight how teenage pregnancy occurs through criminal behaviour such as violence and coercion, and is thus a justice issue.

While the Sierra Leone Police (SLP) are meant to act in cases of criminal behaviour, we consistently heard that police do not have sufficient resources to investigate and press charges, and are often unwilling to do so due to wider community norms. The Family Support Units (FSUs) of the SLP are charged with leading police response to potential criminality involving women and children, but they have extremely little funding and are hampered by the lack of a forensic lab in the country – critical in proving cases of sexual violence. In 2014, the SLP's total quarterly budget for the FSUs (all 62 nationwide at the time)[4] was just 1 million leones (approximately $270) (CARL, 2014: 21). As a result, many cases are settled outside the formal structures, either between families or with the involvement of chiefs, police or other community mechanisms. Police often end up serving as mediators between victims and perpetrators of crimes at the community level – commonly resulting in the marriage of the girl to the child's father, even if the sexual encounter was coerced – often at the request of the girl's family who wish to avoid the shame and stigma that an unmarried pregnant daughter is perceived to cause. This also happens because there are so many barriers to accessing the formal justice system that the legal procedure is supplanted by social transactions, even if the latter directly contradict formal Sierra Leonean law (Droogleever Fortuyn, 2011). This underscores wider problems in the justice sector: families know that the justice system is slow, expensive and difficult to navigate, and are often more

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[3] A constitutional review process is currently underway in Sierra Leone and a number of women's groups and civil society organisations are lobbying for the removing of these stipulations.

[4] There are now 66 FSUs countrywide.

willing to compromise with perpetrators for financial compensation or marriage of a pregnant girl than to see a case through.

These socio-cultural and justice dimensions of teenage pregnancy do not appear to be included in, or have informed, the National Strategy for the Reduction of Teenage Pregnancy, but they are crucial in providing a fuller understanding of the scope of the problem.

Impact of Ebola

While it has not yet been possible to carry out a comprehensive survey to determine how the teenage pregnancy numbers previously noted might have changed in the wake of the Ebola epidemic, anecdotal evidence and some smaller-scale surveys indicate cause for concern (UNFPA, 2015; Sierra Leone Adolescent Girls Network, 2015; UNDP, 2015). It was widely hypothesised by our respondents that the emergency measures introduced during the Ebola epidemic to stem its spread are responsible for contributing to an increase in rates of teenage pregnancy. Schools were closed for a ten-month period, and other social gathering options constrained, with various potential effects posited.

First, many interviewees pointed to the lack of activities for teenagers being a driver of increased sexual activity: many noted such sentiments as 'an idle mind is the devil's workshop'. Local (Freetown-based) civil society and the Head of the Council of Paramount Chiefs noted that teenage pregnancy is generally thought to increase over the annual summer holidays when children are out of school, and many people have therefore assumed that with schools closed during Ebola, a similar increase took place.

Second, others highlighted that with children staying at home and parents out working, girls were more vulnerable to advances from boys and men within the household and community, leading to higher rates of teenage pregnancy. This was seen as a particular risk where girls were sent away from Ebola-affected areas and were staying with extended families.

Third, with children out of school, and the financial difficulties households faced due to quarantines and travel restrictions, children were more readily sent out to earn an income (Risso-Gill and Finnegan 2015: 1). This made girls vulnerable to potentially risky situations without parental oversight. Related to this economic angle, we were told that girls gained access to resources by engaging in 'transactional sex' with older men, at times with the encouragement of their families. NGOs working with sex workers also noted that the increasing poverty experienced during Ebola, as well as the deaths of parents, led more teenage girls to engage in commercial sex work, contributing to an increase in teenage pregnancy. This increase seemingly occurred in spite of the 'no touch' policy promoted by GoSL during the crisis. Indeed, a report commissioned by UNDP suggests that the relative effectiveness of those policies among adult women, who then refused their partners, may have actually had perverse consequences for younger and more vulnerable women and girls who were then pursued and coerced by men who could not get sex elsewhere (UNDP, 2015).

Finally, with the health care system under severe strain from dealing with the Ebola crisis, there appears to have been a decline in utilisation rates due to fear and distrust of the system and its facilities (as well as greater difficulties in accessing facilities due to travel restrictions and quarantine). By October 2014, the country recorded a 23% drop in deliveries at hospitals and Peripheral Health Units (PHUs) (compared to October 2013) (MoHS in UNDP, 2015, cited in UNFPA, 2015: 10). It is highly likely that this means that accessing contraception also became even more difficult than usual and thus has likely contributed to an increase in teenage pregnancy. Similarly, the travel restrictions and 'no touch' policy probably made it more difficult to access abortions (which are illegal in Sierra Leone but reportedly are provided nonetheless by a range actors) and therefore more girls and women are likely to have continued pregnancies that may have been aborted pre-Ebola.

The GoSL and UNFPA conducted an initial mapping in July-August 2015 in 12 of Sierra Leone's 14 districts, identifying teenagers who were pregnant or had given birth in the last two months (and thus

became pregnant during the Ebola epidemic) through schools, PHUs and community authorities. This mapping identified 14,386 pregnant teenagers, with the youngest respondents 11 years old and the oldest 20 years old. The mean age was 17.49 years. Of particular concern is that UNFPA reports that: '11.3% of respondents who had already delivered reported that their baby was stillborn – giving an extremely elevated rate of 113 per 1000 births; almost four times the previous published rate of 30 in 1000' (UNFPA, 2015: 19).

The sense that rates of teenage pregnancy had increased during the Ebola outbreak was widely supported by most interviewees; however, the extent of the rise remains contested. It has also contributed to claims by some GoSL and civil society representatives that NGOs are incentivised to exaggerate the numbers in order to attract financial support as the funding climate tightens post-Ebola. The GoSL has challenged the UNFPA findings, with a quick mapping completed by the MEST through schools suggesting a number closer to 3,000 pregnant girls countrywide. In part, the discrepancy seems to be around messaging. Many interviewees claimed that the UNFPA study argued that 14,000 girls got pregnant as a result of the Ebola outbreak. What the study actually claims is that just over 14,000 girls were pregnant *during* the Ebola outbreak. Undoubtedly some among this number would have become pregnant regardless of Ebola. It does not tell us how or why they got pregnant, or whether this study used a method of identifying girls that was more comprehensive than previous surveys. Again, this relates to the importance of nuancing claims about what Ebola can reasonably be understood to be responsible for and what are wider problems. The National Secretariat for the Reduction of Teenage Pregnancy, in collaboration with a number of development partners, is now commissioning a further study to map numbers of pregnant girls and their socio-economic status. While it is clearly important to understand the scope of the problem so that interventions can be appropriately designed to address it, the emphasis on the precise numbers is currently drowning out focus on a range of other issues on which we have less clarity.

3.2   What we don't know

We do not know the actual number of girls who became pregnant as a result of the Ebola crisis. In part, this is connected to a more general weakness of statistical data on teenage pregnancy even pre-Ebola. With Sierra Leone now declared Ebola-free, conducting more comprehensive surveys will now be more possible and should enable a clearer picture; the 2015 Census, scheduled to be carried out in December 2015, will also capture significant new data related to issues such as maternal mortality. A routine challenge in such data collection, however, is the general under-representation of young adolescents (under 15 years old) as respondents due to complexities of obtaining informed consent (UNFPA, 2015: 7). As a result, most data sources, including Sierra Leone's 2013 DHS, record data only for adolescents aged 15-19 years of age (UNFPA, 2015: 7).

The numbers question aside, another issue that appears to be receiving far less attention is the circumstances under which girls are getting pregnant. This matters because it should determine to a large degree what is done to prevent the problem. It was notable in interviews that respondents generally perceived the problem of teenage pregnancy to be due to one of two situations, with a third rarely mentioned.

First, the most common understanding of teenage pregnancy was that girls were having sex with their peers, particularly during the Ebola outbreak when they were out of school and therefore had more free time. In most cases, this was understood to be 'consensual' (bearing in mind that the age of consent in Sierra Leone is 18 years, and thus the ability of younger people to consent is technically not recognized). Most of those we interviewed talked about teenage pregnancy in this manner, with a focus therefore on sexual and reproductive health knowledge, peer pressure, family planning and ideas of masculinity and femininity.

Second, another group of respondents saw teenage pregnancy as emerging from exploitation of girls by older men. This encompassed both rape as well as transactional sex – where girls enter into sexual relationships with usually older men in exchange for access to resources. Those who understood the problem of teenage pregnancy in this way focused interventions on access to justice, problems with the police and courts system, social protection measures, and cultural rites of passage like clitoridectomy and early marriage that contribute to teenage pregnancy because of their significance in marking the transition from childhood to adulthood.

While some respondents pointed to both of the above situations as causes of teenage pregnancy, most interviewees had a clear sense of which they saw to be the primary cause of the problem – but disagreed on which it was. This suggests that too little is known about the circumstances under which girls are getting pregnant, which poses challenges for interventions to address the problem, as there is an insufficient understanding of the problem itself.

A final issue that received very little attention in any interviews – mentioned by just two people – was incest. These two interviewees noted that incest is thought to be of genuine concern (for both girls and boys), including in potentially explaining some of the pregnancies that occurred during the Ebola outbreak, however it is taboo and so difficult to discuss.

Issues like teenage pregnancy touch on sensitive issues like moral and religious beliefs, implicit understandings of gender roles and intimate relationships. While the fact that teenage pregnancy is openly discussed in Sierra Leone represents important progress towards addressing the problem, if it is discussed purely in terms of the more socially acceptable terms (such as teenagers having consensual sex with each other), the very power relations that contribute to the problem in the first place remain unchallenged, and are even fortified. We do not know how the majority of girls in Sierra Leone are getting pregnant. But the fact that we do not know seems to be at least, if not more, important than the overall numbers of teenage pregnancy, as knowing would provide entry points for programming to prevent the problem.
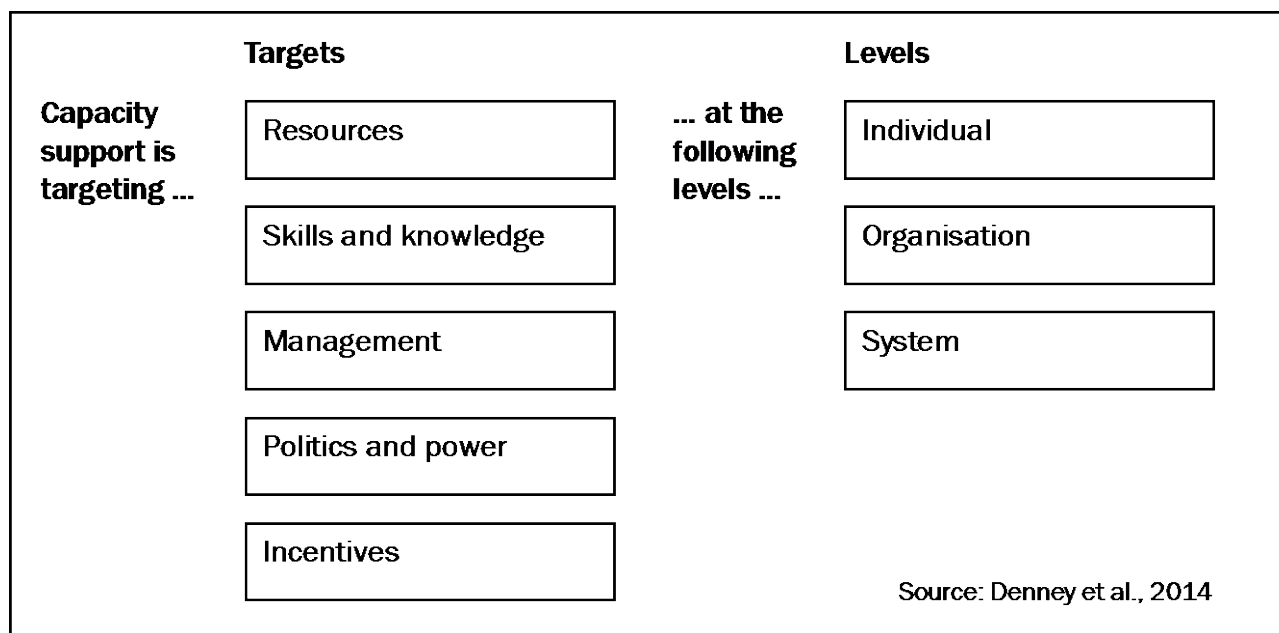
4 Common approaches to the problem

Given the different understandings of the problem of teenage pregnancy, set out above, it is not surprising that we also see different approaches to addressing this problem amongst development partners. That said, there is also a surprising degree of consistency of intervention types adopted from each of these relatively siloed understandings of the problem; a lot of organisations are doing similar things. In this section, we set out some of the common approaches to the problem of teenage pregnancy in Sierra Leone and use a framework for understanding capacity to analyse where support is currently concentrated and what may be missing. There is a substantial and fairly rigorous evidence base regarding teenage pregnancy interventions globally, though many are – appropriately – specific to the national or sub-national level at which projects have been implemented (see Oyedele et al., 2015; Loaiza and Liang, 2013; Oringanje et al., 2009; and Solano et al., 2007 as examples). In the second stage of our research we will examine the extent to which development partners are engaging with this international evidence base.

Drawing on other research conducted by the SLRC in Sierra Leone on state capacity in the nutrition sector (see Denney et al., 2014), we understand capacity as having multiple targets and existing at different levels (see also Morgan, 2006). This understanding is set out in Figure 1. For example, capacity building can target the skills and knowledge of individuals. Or it might target management of an organisation (such as a health clinic) to improve service delivery. Understanding capacity as having multiple possible targets and levels helps to demonstrate its breadth and depth, and highlights the potential for a wider range of capacity building intervention approaches than are often utilised in practice. Analysing the common approaches used to address the problem of teenage pregnancy helps to clarify where the bulk of support is being focused and where gaps in support may exist.

We do not claim that this analysis captures all components of the work being done on teenage pregnancy in Sierra Leone. While we did our best to meet with as many organisations working on these issues as possible, and used consistent interview questions across them to glean as much as possible about each organisation's work in this area, there undoubtedly remain gaps in our analysis. These are exacerbated by what we and others have found to be the relative dearth of evaluative evidence regarding teenage pregnancy-focused interventions that have been carried out (PMEL, 2015: 17). There does exist a larger body of evidence on related topics such as HIV and AIDS prevention (see UNAIDS, 2014) and youth sexual and reproductive health (see Restless Development 2012b, and Population Council/UNFPA 2002) that may provide useful insight to the topic at hand, though we did not hear it referred to explicitly in interviews, nor have we been able to explore it in depth in this phase of the study. Rather than providing a detailed account of all interventions to reduce teenage pregnancy or assessing their effectiveness, this section aims to provide a sense of the dominant approaches being used by development partners, those approaches' components, and what these imply about the targets and levels of capacity building that are both engaged and overlooked. This is a preliminary mapping of the types of interventions being undertaken; it will be deepened in the next stage of our research, which will look more explicitly at their operational effectiveness.

Figure 1: The multiple targets and levels of capacity building

	Targets		**Levels**
Capacity support is targeting ...	Resources	**... at the following levels ...**	Individual
	Skills and knowledge		Organisation
	Management		System
	Politics and power		
	Incentives		

Source: Denney et al., 2014

4.1   Child-friendly spaces

A common approach to reducing teenage pregnancy used by a number of both international and national NGOs is to establish 'child-friendly spaces'. These provide safe space for young children and teenagers to spend time (giving them something to do and reducing their vulnerability to exploitation), talk amongst their peers and receive information from trained personnel. Child-friendly spaces are set up, and operate slightly differently, in a number of fora, including:

- At PHUs: where child-friendly spaces enable teenagers to visit health facilities and receive health-related services, like contraception, and ask questions of trained medical staff with greater privacy.

- At schools: where school clubs are set up by students under the supervision of a teacher to provide space for teenagers to discuss issues of concern to them, access a safe space to spend time after school, and receive some training from various trainers including government and the supporting NGO staff.

- Girls' clubs: where teenage girls can attend either during school time (if they are out of school) or after school and similarly access a safe space to spend time, play games and activities, talk with peers and receive some life skills training.

NGOs supporting child-friendly spaces are primarily targeting teenage girls (and sometimes boys) themselves by providing them with knowledge and life skills. The school and girls' clubs are generally not pre-existing spaces but rather are set up by NGOs as new organisations and receive support in the way of resources (such as board games, sports equipment and radios). Leaders of the groups are often trained, alongside other local government personnel – such as PHU or Family Support Unit staff – to deliver educational modules to the girls attending the clubs.

4.2   Life skills training

It is difficult to find an NGO working on teenage pregnancy in Sierra Leone that is not supporting life skills training. This is a broad package of training that is not yet standardised across organisations; it generally includes modules on topics as diverse as household decision-making, communication, financial management, teenage pregnancy, HIV/AIDS and violence against women. It is intended to

provide girls (and often also boys) with practical skills and knowledge that will be useful in all aspects of life. These skills are often not provided in schools, not to mention the fact that many of the girls at whom life skills training is targeted are out of school.

NGOs train the life skills trainers (sometimes young women themselves) who then deliver the training in a range of fora including schools and girls' clubs. NGOs also provide training materials. In this programming approach, the immediate target is clearly the skills and knowledge of the individuals undertaking the life skills training, with some secondary potential for targeting the power and politics that shape the problem of teenage pregnancy by way of shifting norms and expectations among youth (although this is not explicit and there is no follow up or supportive mechanism for those trained to turn newly acquired knowledge into action or change).

The fact that so many organisations have been delivering their own life skills training means that the content and messages vary from place to place and are determined by the NGOs in question, rather than referring to a centralised curriculum. This situation is now set to change, with a consultant developing a comprehensive national life skills training curriculum that, once approved by the GoSL, will become the standard curriculum for all NGOs to implement. The curriculum is explicitly focused on behaviour change, through both knowledge and confidence building aimed at shifting thinking, attitudes and eventually actions towards a wide range of social skills and behaviours, including around sexual and reproductive health among children aged 9-13 and 14 years and older. The curriculum uses a 'train the trainers' model similar to previous NGO approaches, which will be interesting to follow through future evaluation phases, given that previous research has indicated the danger of such approaches becoming like a game of 'Chinese whispers,' with short theory-focused training sessions with trainers often not resulting in the right messages making their way to the local level (Denney et al., 2014: 14). Plans are being put in place, however, to support improved trainer training, for instance by training in individuals modules, rather than the entire curriculum, and incorporating practice facilitation rather than just theory-based training.

4.3   Community volunteers/peer educators

A number of organisations rely on community volunteers or peer educators to deliver sensitisation messages or training relating to sexual and reproductive health knowledge or women's rights, and/or to work with communities to develop solutions to problems including teenage pregnancy. Again, the modalities of support tend to be NGO-provided training and materials going to volunteers/peer educators, for them to pass on in turn to communities. But rather than this approach being solely about improving knowledge and resources of the individuals trained, in the best cases it also attempts to engage with the wider power and incentive structures that sustain the problem of teenage pregnancy – related, for instance, to understandings of gender roles and cultural practices. The volunteers/peer educators in this case become instigators of community dialogue about the problem and, potentially, community-led problem solving. This strategy moves away from trainers simply delivering skills and knowledge through a training programme, to a more interactive engagement with communities about the challenges they face, in order to start addressing the wider interests that surround the problem of teenage pregnancy.

4.4   Awareness raising and sensitisation

We encountered a variety of approaches to public education and awareness-raising around teenage pregnancy and sexual and reproductive health (SRH). These largely focused on promoting knowledge/awareness of SRH, women's rights and laws relating to these issues, such as the 2007 Gender Acts, the 2007 Child Rights Act and the 2012 Sexual Offences Act. Promoting SRH knowledge is seen as particularly important due to the lack of accurate information received by most teenagers at

home and at school. Schools in Sierra Leone previously taught aspects of SRH in the national schools curriculum as part of Family Life Education. The use of that curriculum has been discontinued (Restless Development, 2012a), though no one could tell us exactly when or why that happened; it was widely said to have been discontinued after the civil war, with some suggesting that this was because it was seen to promote promiscuity and younger sexual activity.[5] Further, all of our interviewees noted a cultural taboo around parents talking about sex with their children, meaning that there is very little accurate information available to inform teenagers' behaviour. This was discussed by many interviewees as part of a wider 'deterioration of parenting' since the civil war due to a wide range of potential factors including trauma, economic hardship, interrupted education, and others. Studies and many of our respondents highlighted that the lack of SRH knowledge is a major contributing factor to teenage pregnancy (Restless Development, 2012a; Shirley et al., 2014).

One popular approach has been campaigns and mobilisations run by the National Secretariat on Teenage Pregnancy and numerous NGOs relating to various aspects of teenage pregnancy – ending child marriage and early pregnancy, encouraging condom usage, HIV and AIDS information, combating sexual exploitation in schools ('No Sex For Grades'), and awareness of legal rights. Campaigns are a popular tactic and often employed by GoSL and NGOs on other issues requiring social and behavioural change; we also found references to other campaigns around gender violence, female genital mutilation (FGM), life skills, breastfeeding, and men's engagement in parenting, to name a few.

Radio programming, dramas, billboards, and other activities attempt to raise awareness and sensitise target audiences, hoping to shift perceptions and behaviour. There is evidence from other countries, as well as Sierra Leone, that such activities tend to fall short when implemented in isolation but can demonstrate significant success when implemented in tandem with improvements in the youth-friendliness of services (PMEL, 2015: 55). At least five organisations, including the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), mentioned running radio programmes related to these topics, particularly during the Ebola crisis. Other organisations participated in such efforts by providing radios – such as in girls' clubs and other child-friendly spaces – and encouraging users to listen to programmes.

Such campaigns are appealing as they can reach wide audiences and tap into existing media and resources (such as radios). They aim to improve knowledge of individuals and, in so doing, also implicitly attempt to confront power structures and politics that may keep in place inequalities and norms that contribute to teenage pregnancy. At the same time, such efforts can fall flat if not well coordinated or contextualised – the previous backlash against 'child rights' provides a cautionary tale about a top-down approach to shifting social values that came to be seen as outsider-imposed effort to undermine traditional views (Interagency Learning Initiative, 2012).[6] Certainly the largest sensitisation campaigns recently carried out in Sierra Leone were part of the Ebola response, to raise awareness and combat panic and misinformation, encourage good public health practices such as handwashing, and support recovery. These were reportedly most effective when they engaged locally legitimate authorities such as chiefs, religious leaders and traditional healers (Denney and Mallett, 2015). The pathways created

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[5] A revised school curriculum has been under development for some time and includes teaching on SRH, teenage pregnancy, HIV and gender. The roll out of this curriculum, however, is on hold during the period of accelerated learning post-Ebola (in which school years and holiday periods are condensed for the coming year to make up for school closures). This means the new curriculum realistically won't be implemented for at least another year, and will then need to go through syllabus development, teacher training, etc.

[6] Legal and social campaigns for child protection and 'child rights' took place following the conflict, and were in some ways too successful, generating perceptions that children could no longer be disciplined by their parents or other adults, and creating significant backlash. Wessells et al. (2014) found that the concept of child rights was seen as an outsiders' idea that had been forced upon communities in a manner both disrespectful and counterproductive.

by those efforts are still in place, and provide a mechanism and opportunity for greater community engagement and public education on teenage pregnancy and other issues.

4.5   Access to justice and legal empowerment

There are several important legal and justice angles on combating teenage pregnancy, and some NGO programming in these areas, but this tends to be poorly connected with government and NGO programming on the health and education aspects of the problem. One element of legal empowerment and access to justice is ensuring that people know about laws and related resources; to that end, there have been many sensitisation campaigns about laws related to age of consent and the rights of children and women. A further element of this is awareness-raising about services like the FSUs, which is often done in girls' clubs and schools to ensure that girls understand where they can seek legal assistance. The logic here is to provide girls with knowledge that, if acted upon, can begin to challenge power relations (for instance, by reporting a sexually abusive teacher to the police, resulting in criminal – or at least social – sanction), thus creating a social norm of unacceptability and deterrence, and leading to less teacher abuse in future. This type of social change is, of course, a long-term process and some of the assumptions embedded within it are discussed in the final section.

Several legal aid organisations also offer low-cost or pro-bono legal support to girls and women experiencing sexual and gender-based violence. These organisations operate largely in Freetown, though some also have a presence in district headquarter towns, and generally work on a case-by-case basis with girls and families who approach them independently or may be referred by FSUs or NGOs. The support they provide covers the costs of legal representation but generally does not address ancillary costs such as transport for victims or witnesses to reach court. Respondents from NGOs as well as the police, legal, and justice sectors described efforts to combat the 'dysfunction' of the justice system by connecting victims of crimes to legal representation, medical and psychological support. People in this sector with whom we spoke are less involved in system-level reform efforts, focusing their limited funds and staff time on individual cases and coordinating with NGOs in the sector to plug gaps in the justice system in hopes that it will then function better in the cases they support.

Finally, somewhat connected to these justice sector issues, counselling and protection services are provided by a very small number of local NGOs to assist women and girls who have experienced trauma and provide pathways for them to access the limited legal, health and other support services available.

These access-to-justice interventions are primarily focused on responding to individuals in need and providing them with knowledge, skills and resources to access justice (and other support) for crimes committed against them and to exercise their rights. As the limited capacity of the criminal justice system (police and courts) is seen to be a key problem (for instance, see Castillejo, 2009), NGO support in this area aims to assist survivors to navigate the dysfunctional system more smoothly. While such support offers critical resources to affected individuals, less support is allocated to dealing with the wider capacity problems in the institutions that make up the criminal justice system (support from DFID through its Access to Security and Justice Programme and from Irish Aid to UNDP for its Access to Justice Programme are notable exceptions). This means that the more systemic dysfunctions – which of course are political as well as technical – are not being as readily addressed. This is a particular problem post-Ebola, with respondents telling us that case backlogs are higher due to courts not sitting in all cases throughout the outbreak.

As described above, however, existing support to increase girls' awareness and knowledge of the law, their rights and justice avenues available to them, are based on the idea that such assistance will enable girls to hold perpetrators to account through the criminal justice system and thus, over the longer term, lead to the development of community norms around the unacceptability of such behaviour. Such approaches contain implicit assumptions, of course, some of which we discuss below

in the section on theories of change. These will be further explored and problematised in the next phase of this research.

4.6   Engaging men and boys

Few organisations are working actively with men and boys around issues of sexual violence and teenage pregnancy, though many interviewees expressed the need for increased activities directed at both teenage and older males to discourage sexual activity with teenage girls and encourage the use of condoms and other forms of contraception. There is discussion of setting up 'boys' clubs' to operate similarly to the girls' clubs discussed above, as a space of engagement, education and outreach to boys and young men to increase their knowledge of sexual and reproductive health and their sense of responsibility for the issue. Some of these messages are already promoted through school clubs, which involve a combination of boys and girls. Male youth advocates have also been engaged by the National Secretariat and NGOs to serve both as trainers and as the face of campaigns to reach out to other boys.

'Husband Schools' are another NGO effort focused on training men in target communities on issues such as not using violence in the household, better communication and more supportive relationships between partners and families, as well as greater knowledge of sexual and reproductive health. Husband schools are run by a male-led NGO which engages chiefs and other community and religious leaders to assist their entry into communities and act as proponents of gender equality messages. Their goal is to work with men, as the potential perpetrators of problems like teenage pregnancy and violence against women and girls, to build momentum towards broader social change and shifting of social norms.

Work with men and boys largely focuses on providing individuals with knowledge and skills to change their behaviour. This has been the approach taken in similar efforts to engage men and boys around such issues as HIV and AIDS prevention and reducing gender-based violence (Rancourt, 2015; Shand et al., 2012). The husband schools also attempt to cultivate and link in male community and customary leaders to act as agents of social change, representing efforts to also address some of the gendered power and political dynamics that sustain the problem of teenage pregnancy.

4.7   Support to central government institutions

The final form of support we heard about was support from a couple of international organisations to central government institutions. This includes secondment of staff to both the National Secretariat for the Reduction of Teenage Pregnancy and the Human Rights Commission, paying the salaries of government staff, technical assistance to the MEST in developing a new national school curriculum and some very limited funding support to the FSUs. These strategies were the only forms of support we heard of that directly target government institutions and address capacity at the organisational level. The focus is still primarily on providing skills, knowledge and resources, as well as (arguably) management capacities (as in Figure 1). Yet this support was limited in comparison to the capacity building support for central government institutions that is often seen in other sectors (with more sustained secondments, technical assistance, core funding of government institutions, etc). This may relate to the fact that GoSL is not always seen as having the requisite political will to act on the issue of teenage pregnancy – although the fact that there is a Presidentially-endorsed National Strategy should provide some opportunity for work in this area. In addition, most NGOs we spoke with tended to see teenage pregnancy as a problem best addressed primarily at the community level rather than at the level of government institutions. As a result, the bulk of funds are spent at the community level, and this is reflected in the comparatively limited work with central government institutions. Yet if Sierra Leone's high teenage pregnancy rates are to be sustainably lowered, it would seem critical to improve the capacity of central government institutions to address this challenge.

4.8   Summary of common approaches

As suggested by this description of the common forms of support we encountered, GoSL and NGO activities overwhelmingly focus on the level of individuals – mostly girls – targeting their skills and knowledge and providing them with resources, with the assumption that this will lead to behaviour change resulting in fewer teenage pregnancies. The dominant focus of programming is teenage girls themselves, with some work also focusing on boys and men. Our respondents routinely pointed to the need for more engagement with boys and men, and a number also spoke about the importance of engaging parents, who tend to be overlooked. Some interventions are attempting to engage with community leaders, on the basis that their views and behaviour are likely to influence others. Very little engagement is apparent at the level of organisations (the SLP, FSUs, PHUs or schools, for instance) or at the level of systems (such as the criminal justice system, or the health system broadly).

A number of interventions, with varying levels of direct engagement, could be understood to target the power and politics that hold in place inequitable power relations and norms and beliefs that contribute to teenage pregnancy (see again Figure 1). This was often relatively implicit, and the theories of change and assumptions embedded in these processes will be fleshed out in more detail in the following section. Management capacities were targeted only in the DFID- and Irish Aid-supported UNDP justice sector reform programmes, and no activities were found to be targeting the incentives that underpin teenage sexual activity.

Our findings on the range of support provided to reduce teenage pregnancy are in keeping with wider research on capacity building, which suggests that governments and development organisations tend to focus on tangible, quantifiable inputs, such as training programmes and providing resources to individuals or organisations, and are in turn incentivised to do so by donor reporting requirements (Denney and Mallett, 2015). The more intangible and less visible systems within which individuals and organisations operate, and the power, politics and incentives that shape them, tend to be overlooked.

5   Reflections on gaps and potential problems

Having set out the scope of the problem of teenage pregnancy and the common approaches taken by Freetown-based agencies to reduce it, and what these reveal about the nature of capacity building efforts – namely, that they are largely focused at the individual level, particularly on teenage girls themselves, but without involving them much in broader discussions on the issue – in this final section we provide a number of preliminary reflections, which we will deepen and expand on in future research. Three broad tactics are useful at this juncture. First, we interrogate the theory of change underlying many interventions to reduce teenage pregnancy and make explicit the assumptions embedded within this. Second, we reflect on the coordination challenges posed in this area and whether the various activities going on add up to more than the sum of their parts. Finally, we consider some of the missing components of efforts to reduce teenage pregnancy that an updated National Strategy might usefully address. Again, these are preliminary reflections based on our first stage of research. Further research will be undertaken in early 2016 that will involve observation of a number of interventions in practice and interviews at the community level beyond Freetown. That research will also address more of the evaluative evidence regarding the types of interventions described here, which was largely beyond the scope of this paper.

5.1   Interrogating implicit theories of change

As our review of the range of common programming approaches in Section 2 demonstrates, there is a strong focus on improving (mostly girls') knowledge as a key mechanism to stop girls from getting pregnant. A number of interviewees confirmed this, noting that most NGOs concentrate on providing information and services related to SRH. Most often these programmes are aimed at adolescent girls, sometimes at boys, and much less often at adult men and women such as teachers, husbands, parents, and community leaders. These strategies are based on a theory of change that sees increased knowledge leading to behaviour change and thus to reduced teenage pregnancy: for instance, an assumption that teaching teenagers about the use of contraceptives will lead to greater use of contraceptives among students, and thus fewer pregnancies. This assumes that individuals rationally base decisions about their behaviour on knowledge, and that their ability to do so is relatively unimpeded.

However, we know that reality is much more complicated and that people's decisions and behaviour are mediated by many things other than knowledge. For example, the 2013 Marie Stopes study found that while knowledge of modern contraceptives was relatively high in Sierra Leone, only 45% of respondents reported actually using contraceptive methods (Marie Stopes, 2013: 2). Issues of access, cost, stigma and peer pressure all impact girls' decisions about and ability to translate knowledge into behaviour change. In addition, it is not known what impact the identity of the individual or organisation delivering the information has on the way it is received – but 'Knowledge, Attitude and Practice' studies during Ebola highlighted the importance of the messenger, as well as the message (Farzaneh, 2013: 31; Focus 1000 et al., 2014a; Focus 1000 et al., 2014b). Of course, gendered power relations play a large role in all of these dynamics; for example, by leading some girls to feel pressured to please their partners and agreeing to his requests not to wear a condom, or to have sex in the first place.

Another example of knowledge not being the sole driver of behaviour is the fact that most people know it is illegal (and more widely perceived as wrong) for a teacher to have sex with a student, and know that the appropriate response is to report such acts to the police or FSU. However, in practice, because of the constraints on achieving justice through the criminal justice system in Sierra Leone, most decide to

settle such matters outside of the formal legal system. Improving people's knowledge of the law alone does little to address this situation.

Of course, this is not to suggest that knowledge is unimportant. It is an important component of changing behaviour. What is more, those we spoke with who were working on issues of teenage pregnancy recognise that knowledge alone is insufficient to change behaviour. However, providing knowledge emerged as the most common component of efforts to reduce teenage pregnancy, suggesting a tendency to fall back on these approaches even when we know them to be insufficient on their own. To make their theories of change more robust and realistic, GoSL and development partners need to both expand the targets of the knowledge raising activities and develop interventions that address the other influences on behaviour and decisions that mediate how knowledge is deployed in day-to-day life.

In terms of expanding the targets of knowledge-building efforts, this would likely involve working not just with the current targets of reform – primarily teenage girls themselves – but also with teachers, PHU staff, men and boys, parents, chiefs, secret societies and religious leaders. While some of these targets are already being engaged by some organisations, a more comprehensive approach needs to be taken. As one local civil society interviewee noted 'It takes a whole village to raise a child.' All of these actors must be part of the conversation, must understand where the others are coming from, and ideally would agree on common or at least non-contradictory vision and strategies (in as much as that is possible), in order to avoid competitive or contradictory messages. There appears to be a particular opportunity to engage with customary actors such as chiefs, traditional healers and potentially even secret societies (or at least *soweis*) given their central involvement in the Ebola response, which created pathways of communication between NGOs, customary leaders and communities now well established. There is potential for these avenues to continue to be used post-Ebola for addressing a range of other development challenges.

In regard to interventions that address additional influences on behaviour, again, some organisations are working to address some pertinent issues, such as access to contraceptives. However, work on other aspects, such as addressing peer pressure and stigma, combating SGBV, alleviating problems in the criminal justice system, and so on, not to mention combined approaches that might address livelihoods and assets as related issues, remain outside of the vast majority of programming on teenage pregnancy. While this may seem a high standard to be held to, if the National Strategy is to be effectively implemented, there is a need for these sorts of theories of change to be more critically thought through in order for interventions to be as relevant and effective as possible.

5.2   Coordination challenges: Does the whole add up to more than the sum of its parts?

One issue emerging from our analysis of the policy and programmatic responses to teenage pregnancy is the question of coordination of efforts – does the whole add up to more than the sum of the parts being offered by GoSL, INGOs, civil society groups, and others? We were told of numerous activities in the child protection, education, health, and justice sectors, as well as a number of meetings between various actors working in those sectors, but there appeared to be few common threads between them other than the issue itself. While there have been efforts to link up organisations and projects working on similar areas – such as through the Salone Adolescent Girls Network, which was set up in 2014, prior to the Ebola crisis, bringing together UNFPA, Population Council and a number of international and national NGOs – responses tend to be siloed in the different sectors. So while there is quite a bit of work going on in different components of the problem of teenage pregnancy, many of these activities are disconnected, and not all are included in the existing coordination mechanisms. For instance, justice sector representatives said they are not often informed of, and had only rarely attended, the existing coordination meetings of the National Secretariat for the Reduction of Teenage Pregnancy. Indeed, one interviewee told us that she has heard people argue that teenage pregnancy and SGBV are

unrelated and entirely separate issues, suggesting that there is some way to go in realising inclusive collaboration across sectors. The disunity of programming approaches was reportedly a challenge prior to the Ebola crisis, but was almost certainly exacerbated during the past 18 months as GoSL and donor attention was so urgently refocused, and high turnover of INGO staff, including a rapid influx of foreign aid workers new to Sierra Leone, disrupted existing relationships, contextual knowledge, and institutional memory. The next phase of research will examine coordination questions further, including how these issues translate to the local level.

The National Secretariat is responsible for coordinating all of the relevant actors and their activities, holding both six-monthly Multisector Coordination Group meetings at the ministerial level and including donor country representatives, and monthly Multisector Technical Meetings at the technical level with line ministries and donor and NGO representatives. However, the Secretariat lacks the resources to carry out effective coordination, with limited funding (particularly during the Ebola crisis) and only four staff. So, while many interviewees noted that these meetings are useful information-sharing sessions, there was also the impression that they were unstrategic 'talk shops' where large number of NGOs gave lengthy updates about their activities but where joint problem-solving and the development of shared understandings and joint action plans did not occur.

This raises the issue of what 'coordination' means. While information sharing – not least to avoid duplication of efforts – is an important component, most interviewees suggested that they would also like to see this extended to include a sense of cohesiveness of efforts, whereby the community of organisations working on teenage pregnancy jointly problem-solve, identify sticking points or areas where more work is needed, learn from each other to build a sense of what works and jointly monitor progress to refine approaches. It is this kind of coordination that is currently lacking. This requires those donors, NGOs and UN agencies implementing projects on teenage pregnancy to also contribute effectively to coordination efforts to enable the Secretariat to play a coordinating and agenda-setting role.

The housing of the Secretariat in the MoHS has also led to some important political challenges of cross-government coordination.[7] As the MoHS is a line ministry, it is difficult for it to play a coordinating role amongst other ministries. This was perhaps most apparent in April 2015 when MEST reiterated its position that visibly pregnant girls would not be allowed to return to school or sit exams. The National Secretariat has not taken a public position on the policy, as line ministries typically do not want to be seen as stepping into one another's domains. Housing teenage pregnancy within the MoHS also frames it as primarily a health issue rather than a multifaceted one requiring significant cross-government coordination. Indeed, NGOs commented that because the coordination meetings are held by the MoHS, they tend to send their health focal points, increasing the extent to which the issue is perceived as a health matter. In contrast, initiatives on reducing teenage pregnancy led by the First Lady and wife of the Vice President have been more about marshalling the participation and interest of line ministries because they are seen to have more political weight. They have also attracted donor funds, which some line ministry and local NGO staff suggested undermines the leadership role the National Secretariat is meant to play on the teenage pregnancy issue.

These constraints and missed opportunities on the part of the Secretariat mean that the most obvious centralised monitoring and coordination mechanism for teenage pregnancy-related programming by GoSL is not being fully utilised as such. Government attention has understandably been directed elsewhere over the past 18 months, but even prior to the Ebola crisis, the lack of focused funding to the

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[7] The decision to locate the National Secretariat in the MoHS has its roots in the fact that the President's then-Health Advisor who was the key architect of the National Strategy went on to become the former-Minister of Health and it thus seemed logical for responsibility for implementation of the Strategy to remain with her as she moved from the President's Office to the MoHS.

Secretariat or to the line ministries working on this issue belies the sense of concern and urgency expressed by the President and other senior government officials.

5.3 Missing components

A number of missing components emerge from the approach being taken to address teenage pregnancy; these will be explored in the next stage of our research. First, the primary focus appears to be on education and health aspects of teenage pregnancy, overlooking the economic, justice and socio-cultural aspects of the problem, as noted above. Yet there are fundamental justice questions at play, as described earlier in this report, and exemplified by the fact that nearly a third of women in some districts reported becoming pregnant through situations other than choice suggests that (Marie Stopes, 2013). A local NGO representative noted that, '[f]or as long as we don't address FGM, early marriage and early pregnancy will be a problem.' This goes back to a lack of agreed understanding of the circumstances in which girls are getting pregnant and to what extent it is about a lack of knowledge of SRH amongst peers having sex, girls being exploited by older men, or cultural practices tacitly condoning early pregnancy. The justice and socio-cultural issues are clearly connected and need to be brought into the conversation so that there is a more holistic approach to the problem of teenage pregnancy. This also means that, in practice, reducing teenage pregnancy may require more support to the criminal justice sector to uphold and enforce the law and engagement with cultural practices and attitudes that intersect with teenage pregnancy.

Second, NGO activities are concentrated overwhelmingly at the community level, with less programming at the national level and very little at district level. This suggests that there may be a 'missing middle' at the district level. It was notable in interviews that when asked whether NGOs worked at the national or district levels, they routinely responded that they 'worked with' government at these levels. On further investigation, this generally meant that NGOs coordinated at these levels. However, GoSL and some local civil society representatives spoke of not feeling properly consulted or involved. There was a sense on the part of these respondents that coordination generally meant NGOs telling them of what they planned to do but not involving them in the planning or asking their views on what is needed. This disconnect suggests different ideas of what 'local ownership' means. As one GoSL representative stated: 'Donors don't ask us what we want to do, they just say "here's what we have money for"'. Another suggested that NGOs 'engage us and then they go back to Freetown with their money'. Of course, this speaks to wider power dynamics within the politics of aid and is not new or unique to the area of teenage pregnancy. However, it does highlight the importance of working with local structures – government, customary and community – to address problems in a way that they feel is genuinely consultative.

Some of the critiques that emerged from local counterparts of existing NGO support to reducing teenage pregnancy was that parallel structures are set up, circumventing existing structures. Examples included *kombra* (caregivers), who are traditionally females in the community responsible for looking after young children, and secret societies that provide both girls and boys with knowledge on (among other things) sexual relations and responsibilities in marriage. While secret societies are often perceived as obstacles to change on issues such as teenage pregnancy, a GoSL representative noted that 'we need to try to use local mechanisms but turn them around'. That is, rather than working against or trying to get rid of secret societies, which is unlikely to be appreciated or successful, NGOs and GoSL need to work with them to make changes for the better. An example of effective engagement with local structures given by a number of interviewees was working with traditional birth attendants who were well-trusted by women in communities to connect them with PHUs to get better health outcomes.

Finally, almost all interviewees noted that the focus to date has overwhelmingly been on teenage girls, and not on boys, parents or teachers (or indeed others who may have influence). Within this focus on girls, we noted a division in many respondents' views between 'on track' and 'off track' girls, with most

organisations focusing on 'on track' girls – keeping them in school, preventing them from getting pregnant, etc. 'Off track' girls are those already out of school, and/or otherwise failing to fulfil certain social expectations of 'good' girls and may already be pregnant. These are likely the most vulnerable girls. Of particular note here is the language and the judgment inherent within this dichotomy, raising the question of whether it is helpful to designate girls as 'off track', implying an ideal girlhood experience that has been violated, and risking further stigmatisation of pregnant girls. Yet despite the focus on teenage girls, we found that this target population is the least represented in discussions about the problem of teenage pregnancy – a concern shared by many NGOs we spoke with. This was keenly felt by a teenage girl we interviewed who participates in civil society awareness raising on the issue:

> *We are not 100% given the opportunity for our voices to be heard … [NGOs] collect us when they need us to be the face [of a campaign] but they don't engage us all the time … They leave us like chickens until they need us again.*

Her comments are backed up by research in Sierra Leone and other low- and middle-income countries that has found evidence to support the need for active participation of youth and other target audiences in both the design and implementation of programmes targeting their knowledge and behaviour change (PMEL, 2015: 51). This suggests that there is room for efforts to reduce teenage pregnancy to engage both more extensively with teenage girls themselves, as well as to orient programming towards other key targets of change, such as boys, parents and teachers. The development of a new National Strategy for the Reduction of Teenage Pregnancy offers the opportunity to address some of these gaps.

6   Conclusion

Teenage pregnancy has long been recognised as a significant and widespread problem affecting girls' wellbeing, educational and economic opportunities as well as those of their children and households. The issue has gained some increased attention due to perceptions among government and international actors that the rates increased (perhaps significantly) during the Ebola crisis, though the data underpinning that headline – like the data on rates of teenage pregnancy preceding the crisis – are not definitive. A number of responses to the problem, captured in this report, were in process both before and as part of efforts to implement the 2013 National Strategy for the Reduction of Teenage Pregnancy. This report has asked questions about the scope and characteristics of the problem, detailed the various responses undertaken, and pointed to some gaps and missing links in effective response related to theories of change, coordination and neglected aspects of the problem.

This report remains a preliminary investigation of what is a complex issue. It forms the basis of further research we will conduct in Sierra Leone in early 2016, delving into more detail on efforts to reduce teenage pregnancy and how these might be strengthened. With the current National Strategy expiring at the end of 2015 and set to be reviewed and a new strategy developed in 2016, we hope that the reflections and questions raised by this research will contribute to a more holistic engagement with the problem of teenage pregnancy and help to develop more effective interventions to address it.

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Annex 1: List of interviews

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