

How to reduce teenage pregnancy in Sierra Leone

Key messages

- The current programming emphasis on changing girls' behaviour treats teenage pregnancy as the responsibility of girls, ignoring the wider contexts that shape their actions.
- Programmes to address teen pregnancy should understand – and tailor their efforts to address – the different types of sexual experiences through which girls are getting pregnant.
- Programmes are over-reliant on approaches that focus on the health and education aspects of teenage pregnancy and overlook the socio-cultural and justice dimensions.
- Programmes focus on knowledge dissemination for behaviour change, yet the link between these is uncertain, particularly without strong contextual understanding and the right messengers.

The problem of teenage pregnancy

In 2013, Sierra Leone ranked among the ten nations with the highest rates of teenage pregnancy in the world, with 28% of girls aged 15-19 years pregnant or already having had at least one birth (UNFPA, 2016). Nearly 40% of women between the ages of 20 and 24 had their first child before the age of 18 (UNFPA, 2013: 15). The majority of teenagers – married or unmarried – are sexually active, with a 2013 survey of 3,000 15-to-35-year-old female and male respondents finding that 95% were currently sexually active and half of the sexually active females had their first sexual experience at the age of 16 (Marie Stopes, 2013). The same survey found that only 45% reported using any contraceptive method (Marie Stopes, 2013: 2).

Impact of Ebola

Across Sierra Leone, communities report that teenage pregnancy increased during the Ebola crisis. This is supported by UNFPA surveys (2016) that indicate 18,119 teenage girls became pregnant during the outbreak. However, comparison is difficult as there were no precise figures before Ebola. Even less clear are the reasons for the supposed increase. Many adults point to the 10-month school closures during the crisis, saying teenagers engaged in more sex because 'an idle mind is the devil's workshop'. Others emphasise that more acute poverty due to market closures and travel restrictions led teenage girls to engage in more transactional sex to meet their basic needs. Still others argue that rape increased during Ebola, with girls more vulnerable while home

Briefing paper 18

May 2016



© SLRC/Lisa Denney

SLRC Briefing Papers present information, analysis and key policy recommendations on issues relating to livelihoods, basic services and social protection in conflict-affected situations. This and other SLRC Briefing Papers are available from www.securelivelihoods.org. Funded by UK aid from the UK government, Irish Aid and the EC.

The views presented in this paper are those of the author(s) and do not necessarily reflect the UK government's official policies or represent the views of Irish Aid, the EC, SLRC or our partners.
© SLRC 2016

Secure Livelihoods Research Consortium
Overseas Development Institute (ODI)
203 Blackfriars Road
London SE1 8NJ
United Kingdom

T +44 (0)20 3817 0031
F +44 (0)20 7922 0399
E slrc@odi.org.uk
www.securelivelihoods.org
[@SLRCtweet](https://twitter.com/SLRCtweet)



alone, sent to stay with friends or relatives, or sent out to earn a living. Teenage pregnancy, however, was a problem in Sierra Leone long before the Ebola outbreak.

Developmental costs of teenage pregnancy

High rates of teenage pregnancy have devastating impacts. The WHO has pointed to teenage pregnancy as the leading cause of death for adolescent girls in developing countries (WHO, 2012: 1). Teenage mothers are twice as likely to die from pregnancy-related complications as women over the age of 20. 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 those born to mothers aged 20-29 (UNFPA, 2015: 5). Teenage pregnancy is also a significant factor in girls dropping out of school (Coinco/ UNICEF, 2008). Every year that a girl stays in school is estimated to increase her income by 10 to 20% (GoSL, 2013).

What government and development partners are doing to address teenage pregnancy

The President of Sierra Leone commissioned the National Strategy for the Reduction of Teenage Pregnancy in Sierra Leone in 2013, making it a national priority. The National Strategy recognises teenage pregnancy as a multi-sectoral issue and brings together five government ministries – Health and Sanitation (MoHS); Education, Science and Technology; Social Welfare, Gender and Children’s Affairs; Youth and Sport; and Local Government and Rural Affairs – along with five United Nations agencies, and national and international NGOs. A National Secretariat is housed within the MoHS to oversee implementation.

The Strategy notes that successfully reducing teenage pregnancy requires a wide spectrum of interventions and strong coordination (GoSL, 2013: 10). In practice, there is a range of programming related to teenage pregnancy but it is largely confined to sectoral siloes, with poor communication across sectors (Denney et al., 2015). The bulk of NGOs working on teenage pregnancy focus primarily on health and education and programming concentrates on a common set of activities:

- **Adolescent- and girl-friendly spaces:** One of the most common programmes, these can be based in health facilities, schools or in community spaces (such as girls’ clubs) and are generally staffed by community volunteers and peer educators. In theory, they provide a safe space for adolescent girls (and sometimes boys) to spend time and receive sexual and reproductive health information and life skills education.
- **Outreach and awareness raising:** Focuses on providing knowledge around teenage pregnancy and sexual and reproductive health through radio programming, dramas, billboards, house-to-house visits and intergenerational dialogues, in an attempt to shift attitudes and behaviour.



Credit: Lisa Denney 2016

Teenage Pregnancy poster in Freetown

- **Life skills training:** Various formulations are offered through schools, NGOs and girls’ clubs. Modules include household decision-making, communication, financial management, avoiding teenage pregnancy, HIV and AIDS and violence against women. Providers and messages tend to differ widely, though a standardised curriculum is under development.
- **Access to justice and legal empowerment:** Though few in number, several legal aid and justice-focused NGOs offer pro-bono legal assistance on issues related to teenage pregnancy and provide support to sex workers and survivors of sexual violence. Their participation in the National Strategy is limited by coordination and communication gaps.
- **Engaging men:** Only a few NGOs take an attitude- and behaviour-change approach focusing on men. The aim is to shift gender dynamics to increase respect for women and reduce violence against them, and to address social norms that support men having sex with multiple partners and fathering children that they may not be able or willing to support.
- **Support to central government institutions:** There is limited support to government institutions, mainly in the form of technical assistance, secondment of staff, and (minimal) budgetary support.

What are the gaps?

There are a number of ‘missing pieces’ in the common approaches relied on to reduce teenage pregnancy. Given the dominance of adolescent and girl-friendly spaces and outreach

activities, we examined these in more detail at the community level in six districts and make recommendations about how government, donor and NGO efforts could be strengthened (Denney et al., 2016).

While these programming approaches inevitably face a range of implementation challenges that can limit their effectiveness, they also face more fundamental conceptual problems.

First, programming focuses overwhelmingly on girls. This focus suggests that it is essentially girls' responsibility to abstain from sex, avoid pregnancy, use contraceptives and stay in school. Such an approach over-emphasises girls' power and agency over their circumstances, overlooking the wider social and cultural contexts that shape their behaviour, including poverty, limited economic and social options and gendered power imbalances. It also ignores the responsibility of men and boys for their sexual behaviour and role in teenage pregnancy.

Second, efforts to reduce teenage pregnancy appear to do little to tailor programmes to the specific kinds of sexual experiences from which girls are getting pregnant, including transactional sex, sex with peer-age boyfriends and rape. Programming needs to engage with each of these categories, as well as how they may overlap, rather than treating teenage sex as a single homogenous category.

Third, providing knowledge emerges as the most common component of programming – based on a theory of change that assumes improved knowledge will lead to behaviour change (for instance, that teaching teenagers about contraception will lead to greater use of contraceptives and thus fewer pregnancies). But improved knowledge does not invariably lead to behaviour change. Issues of access, cost, stigma and peer pressure influence girls' ability to translate knowledge into changed behaviour. The approach also fails to account for what and how teenagers are learning about sex in the first place, such as through pornographic films shared on mobile phones.

Fourth, those working to educate and advise teenage girls in friendly spaces or through outreach and training are likely to hold the same range of views as the rest of the society of which they are a part. These may include biases against the use of contraceptives, or a belief that rape happens because girls wear provocative clothing. Such views can muddle intended programme messages.

Finally, current programmes emphasise health and education aspects of teenage pregnancy while overlooking justice and socio-cultural aspects. Despite the existence of (severely underfunded) police Family Support Units and widespread awareness of laws on sexual penetration and rape, the laws are rarely enforced. More fundamentally, socio-cultural attitudes and practices that marginalise women and girls and condone sex with minors, child marriage and initiation contribute to an environment in which teenage pregnancy is tolerated.



Billboard, Kroo Bay

Credit: Lisa Denney 2016

Recommendations

With the National Strategy to be updated and extended beyond its initial mandate, we make the following recommendations to strengthen efforts to reduce teenage pregnancy:

1 Recognise and programme around the multi-faceted nature of teenage pregnancy, including the overlooked justice and socio-economic aspects, and improve coordination:

The new National Strategy should incorporate all parts of government and society relevant to addressing the problem – including health, education, social welfare, justice (including police), youth and customary and religious leaders.

Each ministry and group mentioned in the new National Strategy should allocate budget to contribute to efforts to reduce teenage pregnancy and not view this as the responsibility of the National Secretariat, a single ministry or development partners.

Donors should ensure a spread of programmes across the multiple components of teenage pregnancy or develop a division of labour among themselves so all components are addressed.

NGO and government programmes should push beyond their health and education comfort zones to ensure programming also covers justice and socio-cultural aspects.

National Secretariat coordination meetings must not only be a forum for exchanging information but also for joint problem solving: this means focal points attending meetings should have the authority to make decisions and take action on behalf of their institutions.

2 Focus on the wider contexts that lead to teenage pregnancy, not just on girls' behaviour:

Government, donors and NGOs should ensure that responsibility for reducing teenage pregnancy is not placed solely on teenage girls. Programmes should attempt to also change the wider contexts in which teenage pregnancy is taking place. This might include working with men and boys, parents, and religious and customary leaders on attitudes towards girls and women. It may also include finding ways to help teenage girls access alternative options to meet their financial needs and wants, and increasing protection of girls vulnerable to rape and abuse.

3 Programming should reflect an understanding of the different kinds of sex girls are having and the complexity of those relationships:

Government, donors and NGOs should move away from an approach that treats teenage pregnancy as a homogenous category, and recognise that transactional sex, sex with peer-age boyfriends, sexual penetration and rape happen for different reasons. Girls' sexual experiences will be shaped by their specific vulnerabilities (and the ways these intersect).

Further research should be conducted with teenage girls themselves and those they are having sex with to deepen understanding of how different categories of sex are understood. Programmes should be tailored to engage with the specifics of each to connect with girls' own experiences of sexual relationships in a more relevant way.

4 Real knowledge about sex should be provided to communities (including but not only teenage girls):

Information provided to teenagers (and others) on teenage pregnancy and sexual and reproductive health should go beyond focusing on the dangers of sex and early pregnancy to provide real information about the biological, emotional and social aspects of sex.

Information should target not just girls but both sexes and include inter-generational discussions about sex, pregnancy, childbirth and child-rearing, given that many parents have probably never had such conversations. Group conversations may help to break down taboos against talking about sex and promote healthier attitudes towards it.

5 Use locally respected and locally relevant channels to encourage behaviour change:

NGOs should build on successful strategies developed during the Ebola response to deliver behaviour change messages through locally respected channels that are likely to have more resonance with local communities and can help to challenge discriminatory and unhelpful attitudes. This may mean engaging people with difficult and potentially contradictory views to those promoted by programming but working with them to find mutually agreeable messages.

Think creatively and make use of the spread of technologies such as mobile phones to disseminate messages, especially to teenagers.

Where government, donors and NGOs work through others to promote behaviour change messages, thought should be given to their capacity to influence and how this may be enhanced.

Written by: Lisa Denney and Rachel Gordon

This briefing paper is based on the following SLRC working paper: **Change the context not the girls: Improving efforts to reduce teenage pregnancy in Sierra Leone** (http://www.securelivelihoods.org/publications_details.aspx?resourceid=400)

References

Coinco/UNICEF (2008) 'The out-of-school children of Sierra Leone,' Freetown: UNICEF.

Denney, L., Gordon, R. and Ibrahim, A. (2015) 'Teenage pregnancy after Ebola in Sierra Leone: Mapping responses, gaps and ongoing challenges,' London: Secure Livelihoods Research Consortium.

Denney, L., Gordon, R., Kamara, A. and Leppy, P. (2016) 'Change the context not the girls: Improving efforts to reduce teenage pregnancy in Sierra Leone,' London: Secure Livelihoods Research Consortium.

GoSL (2013) 'National Strategy for the Reduction of Teenage Pregnancy,' Freetown: Government of Sierra Leone.

Marie Stopes (2013) 'Research Briefing: Knowledge, attitude and practices of family planning in 13 districts of Sierra Leone,' Freetown: Marie Stopes and Mamaye.

UNFPA (2016) 'Rapid Assessment of Pregnant Adolescent Girls in Sierra Leone,' Unpublished Report, Freetown: United Nations Population Fund.

UNFPA (2013) 'Adolescent Pregnancy: A Review of the Evidence,' New York: United Nations Population Fund.

WHO (2012) 'Adolescent Pregnancy,' Fact Sheet 36, Geneva: World Health Organization.