Secure Livelihoods Research Consortium

Researching livelihoods and services affected by conflict

Change the context not the girls:

Improving efforts to reduce teenage pregnancy in Sierra Leone

Report 11
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About us

The **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 Sustainable Development Goals (SDGs) 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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Acronyms

CBCPM	Community-based child protection mechanisms
CHW	Community health worker
FSU	Family Support Unit
NGO	Non-governmental organisation
PHU	Peripheral Health Unit
SLP	Sierra Leone Police
SLRC	Secure Livelihoods Research Consortium
SRH	Sexual and reproductive health

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Executive summary

Concerns about significant increases in Sierra Leone's already high rates of teenage pregnancy during the Ebola crisis have led to redoubled efforts amongst policy-makers and development practitioners to address this problem. The startling health and educational impacts on teenage girls (twice as many mothers aged 15-19 die in childbirth compared to those aged over 20, while teen pregnancy is one of the leading causes of school dropouts) underline the importance of these efforts. With the Government of Sierra Leone's 2013 National Strategy for the Reduction of Teenage Pregnancy formally expired as of the end of 2015, and development of a renewed National Strategy under way, it is a timely moment to reflect on current efforts and how they can be strengthened.

This report builds on earlier research that outlined the nature of the problem of teenage pregnancy and reflected on the scope (and gaps) of common donor-supported intervention types (Denney et al., 2015). For this report, we visited the project sites of nine NGOs with programming on this issue across six districts in order to explore how programmes played out on the ground. We conducted 49 interviews and 32 focus group discussions with teenage girls and boys, parents of teenagers, chiefs, women's and youth leaders, NGO workers, school teachers, Peripheral Health Unit (PHU) staff and Family Support Unit (FSU) officers in the Sierra Leone Police. The findings aim to provide a broad set of reflections on current programming approaches – what is missing, what some of the challenges of implementation are, and whether the underlying logic implicit in programme approaches makes sense. Drawing from these findings, we make six recommendations aimed at strengthening existing efforts to reduce teenage pregnancy. The overall message is that programming to reduce teenage pregnancy should shift towards a focus on changing the context in which girls are getting pregnant, rather than focusing on changing the behaviour and decisions of girls.

What is missing

Particularly striking is that efforts to reduce teenage pregnancy appear to do little to tailor programmes to the specific kinds of sexual relationships teenage girls are engaging in and, as a result, getting pregnant from. Our research unpacks the categories of transactional sex, sex with peer-age boyfriends, and sexual penetration and rape to reveal the different circumstances and rationales for different kinds of sex, and the need for programming to engage with each of these on their own terms, rather than treating teenage sex as a single homogenous category. Programmes that seek to minimise girls' risk of and vulnerability to rape should necessarily look different from programming aimed at girls who are having consensual sex with their peer-age boyfriends. They must also understand and address the overlap between these categories, and the multiple reasons for and challenges stemming from girls' (and boys' and men's) different kinds of sexual activity.

Common programming approaches and implementation and conceptual challenges

The report identifies two core features of programming on the reduction of teenage pregnancy: adolescent- or girl-friendly spaces, and outreach and sensitisation programmes. These can take the shape of adolescent-friendly health spaces in PHUs, in which teens can access safe space and sexual and reproductive health care and advice, or girls' clubs and school clubs, which provide teenage girls with a safe, supportive and educational environment in either schools or community-based programmes. In addition, many efforts to reduce teenage pregnancy involve sensitisation and outreach to teenagers, parents and other community members to engage them in dialogue about teen pregnancy and related issues and to encourage families to keep girls in school. This can involve community meetings, house-to-house visits and intergenerational dialogues.

Credit: Abbie Trayler-Smith

Teenage patient at Makeni Regional Hospital, Sierra Leone

These activities face a range of practical implementation challenges that can limit their effectiveness. In relation to the adolescent-friendly spaces, it is not clear whether they are successful at attracting teenagers to spend time at the facilities. In addition, the quality and availability of health services and advice varies and is often not confidential. These challenges are not altogether surprising given that PHU staff are already overburdened and Sierra Leone's health system overstretched. It is also unclear to what extent adolescent/girl-friendly spaces are consistently actively involved in promoting the intended educational messages and indeed whether the messages they promote are necessarily accurate. Outreach and sensitisation programmes also face difficulties in ensuring that their messages are clear and accurate.

In addition to these practical challenges of implementation, we found that many programmes also face more fundamental conceptual problems.

First, those working to educate or advise teenage girls in the friendly spaces or through outreach are themselves members of the culture that programmes are trying to change. As a result, they may hold the same views that their programmes exist to challenge, such as biases against the use of contraceptives, or a belief that rape happens because girls wear provocative clothing (both of which arose from our interviews and observations with programme staff and volunteers). It is key that the sponsors of such programming recognise these biases and are clear about the messages they intend to promote, while also supporting staff to deal effectively with the understandable tension that they may experience in their role as locally based change agents.

Second, increased knowledge does not invariably lead to behaviour change. Girls in Sierra Leone are often limited by a lack of knowledge and education, but this is far from the only constraint and improving their knowledge should not be assumed to lead to behaviour change. They may lack geographic or financial access to resources such as contraception and sexual and reproductive health advice; they may lack the power to say no to a peer or older man who wants sex. They may perceive their need for the money, food or other resources accessible through transactional sex as a more immediate or justifiable purpose than the avoidance of sex and pregnancy. Teenage girls' behaviour and decisions are thus informed not only by their knowledge, but also by a range of other factors that mediate that knowledge.

Third, programming focuses overwhelmingly on girls as the targets of change. This suggests that it is essentially girls' responsibility to abstain from sex, avoid pregnancy, utilise contraceptives and stay in school. Such an approach over-emphasises girls' power and agency over their circumstances and behaviour, while minimising the role of social and cultural factors such as severe poverty, limited acceptable economic and social options for girls, and gendered power imbalances. It also ignores the responsibility of men and boys for their sexual behaviour and role in teenage pregnancy.

Fourth, current programmes emphasise the physical and social health and education aspects of teenage pregnancy while overlooking the justice and socio-cultural aspects. Despite the presence of the (severely underfunded) FSUs within the police, and widespread awareness of the laws regarding sexual penetration, non-consensual sex, and other crimes, it was widely observed that the laws are only rarely enforced. This not only belies the seriousness with which the government and others claim to view these crimes, but also misses an important modality of shaping social norms and behaviours.

Recommendations

The update of the National Strategy for the Reduction of Teenage Pregnancy offers an opportunity for strengthening the GoSL, donor and NGO understandings of and responses to the issue. The analysis and recommendations contained in this report are aimed at contributing to an improved appreciation of the complexities of teenage pregnancy in Sierra Leone, and more effective interventions to address it. We offer six recommendations toward that end:

1 *Do not just focus programmes on girls as if they are the ones that need to change their behaviour; focus on communities as a whole, especially males and parents*. It is critical to address the context in which girls are getting pregnant, particularly the behaviours and attitudes of men and boys, who bear (at least) equal responsibility for pregnancy, yet are far less targeted by education and prevention efforts. This unequal distribution of attention perpetuates the idea that only girls are responsible for teenage pregnancy, when they may, in fact, have the least control over situations resulting in and from pregnancy and childbearing.

2 *Programming should reflect an understanding of the different kinds of sex girls are having and the complexity of those relationships.* Girls are getting pregnant from transactional sex, sex with peer-age boyfriends, and from rape and sexual abuse. These result from different – though often related – circumstances that must be approached differently if they are to be either reduced or made safer for teenage girls.

3 *Recognise and invest in the under-prioritised socio-cultural and justice components of teenage pregnancy*. Health and education are important aspects of the problem, but laws must also be enforced if criminal behaviours are to be deterred and socio-cultural attitudes and values that can perpetuate the underlying drivers of teenage pregnancy must be tackled. There is little investment by the GoSL in the FSUs, and little investment by donors in the wider legal and justice sectors. Much more could be done.

4 *Get beyond siloed approaches and coordinate across health, education, justice and socio-cultural approaches.* A more holistic shared understanding of the problem, and effective coordination and communication across sectors, will ensure and support a unified National Strategy, rather than multiple piecemeal strategies.

5 *Real knowledge about sex should be provided to communities (not just girls), without scare-mongering.* Girls, boys, and families should be making decisions based on accurate information about health and reproduction rather than threats of extreme, even deadly, consequences of sex and pregnancy. The spread of misinformation for the purpose of scaring adolescents into a desired behaviour undermines educational efforts and the ability of girls and boys to exercise agency over their bodies and futures.

6 *Community leaders should be engaged as part of behaviour change efforts, building on channels established during the Ebola response.* As learned from the Ebola outbreak, the most trusted voices in the community are often the best placed to encourage the adoption of new approaches. Moreover, without their support, it is often difficult for new ideas to gain traction and momentum. It is useful to deliver programmes through local actors, but equally important to recognise that not all local messengers will be greeted and heard with equal respect.

1 Introduction

Reducing high levels of teenage pregnancy has long been a challenge in Sierra Leone, but a reported increase during the Ebola outbreak has raised its profile and led to significant investments of donor resources to address the problem. This support has been channelled towards priorities laid out in Sierra Leone's National Strategy for the Reduction of Teenage Pregnancy, launched in 2012 by the President. This Strategy came to an end in 2015, with a new National Strategy to be developed in 2016. It is therefore an opportune moment to reflect on the nature of the problem of teenage pregnancy in Sierra Leone and efforts to reduce it, and to think creatively about how to move forward with current and new programming.

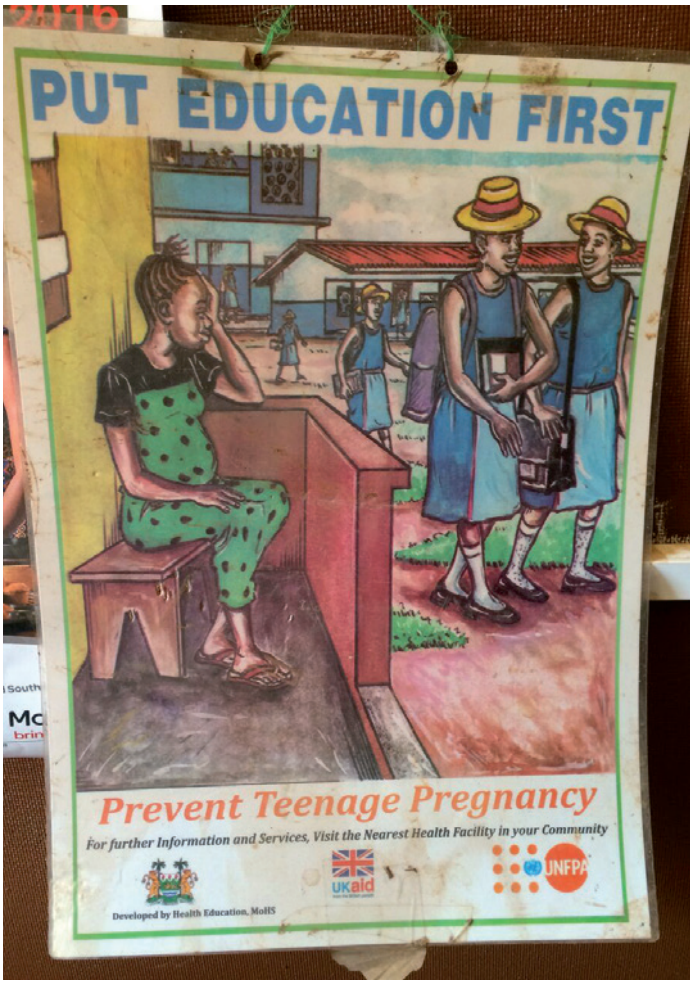
This report builds on two stages of research in Sierra Leone aimed at examining donor-supported programming around the reduction of teenage pregnancy. It seeks to understand some of the common approaches that donor and NGO programmes have adopted to deal with this problem, and explore how these efforts play out at the local level. The intention is to provide reflections and analysis that can inform the development of the new National Strategy and assist in refining programming to reduce teenage pregnancy.

Overwhelmingly, our research finds that there is a need to shift the focus of interventions from changing girls' behaviour to changing the contexts in which they are becoming pregnant. That is, much programming to date has focused on encouraging girls to abstain from sex, use contraception, stay in school, and generally make 'better' choices. Some important progress has been made as a result – adolescent fertility rates (number of births per 1,000 women ages 15-19) have dropped from 164.5 in 1997 to 125.3 in 2012 (World Bank, 2015). Yet this approach overlooks the fact that girls' behaviour and decisions are the outcome of a much wider context, and it is this context that constrains their options and incentivises girls to make the decisions and behave in the ways that they do.

In order to realistically reduce teenage pregnancy, programming must aim to change the circumstances in which girls are making decisions that lead to early pregnancy – not merely to encourage girls to make decisions against the odds. In addition, it must account for and respond to widespread sexual abuse and exploitation of girls, about which girls themselves can make can make essentially no decisions at all. These are not easy tasks, and involve grappling with complex and systemic issues like gendered power relations and relative poverty that puts teenage girls in vulnerable

situations. Yet if programming continues to focus overwhelmingly on girls, we are asking those with the least power and resources to carry the burden of change.

In the second section of this paper, we set out the methods used in conducting the research. In the third section we unpack the category of teenage pregnancy to provide more nuanced and granular understandings of the component problems. In the fourth section, we highlight some of the dominant features of programming by donors and non-governmental organisations (NGOs), drawing attention to findings from our research at the local level to identify where disconnects and gaps might emerge. Finally, we offer recommendations to inform efforts to reduce teenage pregnancy.



Poster at adolescent-friendly health space, Hastings, Sierra Leone

2 Methods

This report is part of wider Secure Livelihood Research Consortium (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., 2014a; Denney and Mallett, 2015). It draws on two weeks of fieldwork in Sierra Leone in January 2016 (including Western Area Rural and Urban, Bo, Moyamba, Port Loko and Kambia districts), as well as previous research in Freetown in October 2015 (Denney et al., 2015). For the research described in this report, four SLRC researchers – one Australian, one American, and two Sierra Leoneans – conducted 49 semi-structured interviews and 32 focus groups (ranging from two to 12 people in each).

While the earlier research in 2015 focused on Freetown-based representatives from government, donors and non-governmental organisations in order to build a picture of the scope of activities under way to reduce teenage pregnancy, the second stage of research focused much more at the community level to see how programmes played out in reality. For this reason, interviews were conducted primarily with those staff and volunteers implementing projects at the community level, as well as relevant local actors such as chiefs, women and youth leaders, teachers and Peripheral Health Unit (PHU) and Family Support Unit (FSU) staff. In addition, focus groups were conducted with teenage girls and boys and parents of teenagers (teenagers were taken to range from 13–18 but in a couple of cases one or two 12-year-olds also participated in discussions where they were part of the same peer group and facing the same issues as the slightly older teenage girls and boys).[1] It should be noted that the majority of teenagers involved in focus groups were in school and thus the views of teenagers out of school are not as well represented.

Our goal was to better understand both the logic of the interventions as reflected by their practitioners and participants, as well as the actual implementation and impacts of such programmes. We also asked questions of respondents about the realities of teenage pregnancy in communities, the impacts of the Ebola crisis on this and related issues such as education and NGO programming.

1 Throughout this report we use the term 'teenagers' to refer to 13-18 year olds. In some cases, we refer to 'children' to denote those under 13 years old. It should be noted, however, that all those under 18 years old are technically children, and referring to 'teenage' pregnancy can mask this fact. The term 'youth' is avoided given the wide age bracket that this can denote in Sierra Leone.

We attempted to cover a range of programmes addressing the problem of teenage pregnancy across a number of districts in the short time available. We visited two sites for each programme in an effort to ensure some degree of consistency of findings. Interventions visited included:

- Save the Children's Adolescent Friendly Health Spaces in Western Area Urban
- Rainbo Centre in Freetown
- Ipas's Youth-Friendly Health Spaces in Western Area Rural
- FINE Sierra Leone's Husband Schools in Bo district
- Interagency Learning Initiative action research on Community-Based Child Protection Mechanisms (CBCPM) project in Moyamba district (only one site was visited due to difficulties of accessing communities)
- BRAC's Girls' Clubs in Kambia district
- Restless Development's Youth Volunteer Peer Educator programme in Port Loko district
- Pikin-to-Pikin's School Clubs in Port Loko district
- Girl 2 Girl's Adolescent Girls' Clubs in Freetown (only one site was visited due to time constraints).

These organisations and projects were selected as being among the most active on the issue of reducing teenage pregnancy, following interviews with a broader range of donors, NGOs and government agencies during the first research trip. Due to time and logistical constraints, we also sought to select projects within similar districts, while ensuring a spread of rural and urban sites, and districts in the Northern and Southern Provinces. Finally, we sought to include a combination of international and national NGOs working on the issue.

Once we had selected organisations to visit, specific sites were chosen in discussion with the relevant NGO, bearing in mind geographic and logistical constraints, such that we would be able to reach sites in a timely manner and would, for instance, arrive at schools before students had left for the day in the case of the school clubs, or arrive in communities when girls were out of school in the case of the girls' clubs. In some cases, NGO staff accompanied us to the site visits (although they did not participate in interviews or focus group discussions with community members). In other cases we arrived on our own.

All interview and focus group participants were informed of the reasons for and goals of the research and of their right to decline to be interviewed or to end the interview at any time for any reason. We did not seek parental consent before talking to teenage respondents. No names were recorded in focus groups in order to protect the anonymity of sources. Interviews and focus groups were conducted either in English by the researchers or in Krio-English translation with the help of research assistants; in a few cases in rural Kambia province, questions were translated into Krio and then into Temne where it was the respondents' only language.

While recognising the ethical concerns involved in speaking with minors, we also note that much has been written about teenage girls and the problem of teenage pregnancy in Sierra Leone, yet little of the discussion to date has included the perspectives of teenagers themselves. This oversight is consistently pointed out by teenagers and the NGOs that work most closely with them as a major flaw in research and policy-making (Restless Development, 2012). Significant policy-making has happened that purports to be in the interests of teenagers, particularly vulnerable teenage girls and teen mothers, without consulting the people whose lives are most impacted by those policies.

It is important to note that the teenagers we were able to speak with – particularly the girls – were not a representative sample. Where we were visiting School Clubs, for instance, the girls we spoke with were in school and were those attending the clubs. While we talked with them about friends who had dropped out of school, and those not in the clubs, this sample will inevitably bias the findings to some extent. Where project sites were located in communities – such as the girls' clubs and CBCPMs – our focus groups included a wider range of teenage girls: those both attending and not attending school and those participating in and not participating in the project.

While this report focuses on information gathered first-hand in interviews and focus groups, it also draws on academic and grey literature as relevant to situate and supplement the views supplied by respondents.

3 Unpacking teenage pregnancy

Understandings of teenage pregnancy are often glossed over in programming in the rush to respond to the problem. Yet 'teenage pregnancy' is a large category that itself needs to be unpacked. Our research highlights at least two important issues to understand prior to jumping into programming that should strongly influence how efforts to reduce teenage pregnancy are designed and implemented. The first relates to the different kinds of sexual activity that girls are engaging in that result in teenage pregnancy. The second centres on what teenagers know (and do not know) about sex and where this information comes from. These are both critical factors that shape the problem of teenage pregnancy and provide important insights that should be taken account of as the starting point for programming.

Girls are having sex with different people for different reasons, sometimes concurrently

This section aims to unpack what we know about teenage pregnancy with the goal of better informing, and ultimately improving, projects to reduce it. Teenage pregnancy is not a homogenous category that is experienced in a uniform way. Efforts to reduce teenage pregnancy should thus be tailored to respond to these different experiences. Yet much support around teenage pregnancy does not differentiate between the quite different scenarios in which girls are getting pregnant, instead treating them as the same problem. Yet girls being raped by older men and girls choosing to have sex with their peers, for instance, are two very different problems, both of which can and do result in teenage pregnancy.

Our research found that girls are getting pregnant primarily in three overlapping scenarios: transactional sex, sex with peers and rape. Teenage girls told us their peers are starting to engage in sexual activity as young as nine or ten years old, although the most commonly reported ages for sexual debut was around 14 years old. Rape and abuse may take place at any age, of course, though teenage girls themselves spoke little of it.

Transactional sex

Transactional sex was the scenario by far most commonly talked about in focus group discussions with teenage girls (as well as with teenage boys and, in some cases, with parents of teenagers). Transactional sex refers to the exchange of sex for material or financial resources, gifts or privileges (Chatterji et al., 2005; Dunkle et al., 2004). Teenage girls and boys generally told us that girls engage in such sex with older men (ranging from

20 to 80 years old), referred to as 'boyfriends', or 'sugar daddies'. Transactional sex was sometimes mentioned with peer-age boys but this was much less common, with girls noting that it was older men who were more likely to have access to resources and thus more likely to be their sexual partners for transactional purposes. Much of the transactional sex appeared to be relatively ad hoc – with girls approaching or being approached by men in the community. One common type of approach girls described was *okada* (motorbike) riders who offered them transport in exchange for sex. That said, one interviewee talked of far more organised ways in which transactional sex was taking place via the use of smartphone-based WhatsApp chat groups to which girls can add themselves, and from which men in the group then select a girl. This scenario, about which little is known, highlights how access to technology is augmenting the ways in which transactional sex takes place.

Teenage girls talked about engaging in transactional sex in order to obtain resources that they need or want. At their most basic, these include food, money to support schooling (uniforms, books and fees) and transport (including to get to school). Focus groups with *okada* riders in Kambia also confirmed that transactional sex in return for transport was common, including with teenage girls. But girls also talked about transactional sex as a way to obtain nice clothes (especially jeans, which are viewed as a status symbol compared with 'traditional' clothing), mobile phones, handbags and beauty products. Girls told us that, in some cases, they did have other ways to get money to obtain such goods – for instance by collecting firewood, doing laundry or working on someone's farm. Some girls indicated they would prefer to engage in these forms of work rather than have transactional sex, because the former offer more certain payment. Others felt differently, however, saying that the men were more likely to pay for sex than others in the community were for chores, and that the alternative chores were more time-consuming and harder work than having sex. The picture that emerges from these descriptions is that girls are making calculated choices about how best to secure the resources they need or desire, as other researchers have found elsewhere (Formson and Hilhorst, 2016).

Some of the resources girls are accessing this way might be difficult for the outside observer to define as 'needs', strictly speaking. This perspective is often a springboard for views commonly voiced in our research that girls 'chase men around', or that 'it's the girls who are willing', placing responsibility and blame on the girls. As one *okada* rider in Kambia told us: 'Girls are like birds: the birds chase the rice' – referring to how teenage girls want 'fancy things' and therefore pursue older men with money. But to teenagers in precarious circumstances, vulnerable to social and economic pressures, the line between needs and wants is a fine one. When asked about why they would have sex for clothes and phones, girls almost unanimously said it was due to peer pressure – the need to keep up with classmates and feel that they do not look poor. There is often a spectre of stigma or humiliation involved in looking poor or being seen as 'lesser than' peers, which girls may feel tremendous pressure to avoid – and as Levine (2014) points out, social integration and acceptance are not just pleasant circumstances, but actually a central aspect of personal security to which other livelihoods strategies must be integrated or secondary, particularly in insecure and post-conflict environments. Where girls feel that sex is the only, or the most efficient and effective, means available to gain access to resources, they are more likely to use it for transactional purposes.

While transactional sex can be seen to be 'implicitly coercive in the context of women's limited livelihood opportunities' (Hilhorst and Formson 2016: 8; see also Stoebenau et al., 2011), importantly, we found that girls do not necessarily view transactional sex as disempowering. For those girls who choose to engage in transactional sex (who could undertake other work to obtain access to resources but choose not to), they can find empowerment in being able to meet their own needs (see also Hunter, 2002). As Hawkins et al. (2009: 170) note, transactional sex can be seen to involve 'young women as active social agents, recognizing their sexuality as a resource and using it to gain financial resources from older men in exchange for sexual services, often with multiple partners to maximise benefits'.

Atwood et al. (2011: 115) find a similar story in post-conflict Liberia, where transactional sex provided teenage girls 'with a type of social agency, within the confines of their difficult economic circumstances, which enabled them to participate in the post-conflict economy without feeling left behind'. Utas (2005), also writing about Liberian women and girls, refers to this as their 'tactical agency' – often emphasising various aspects of their gender roles at different times and places in order to navigate challenging circumstances, particularly where they lack the social and economic stability and resources to employ more long-term 'strategic agency'. Girls we spoke with were clearly aware of and utilising their tactical agency to manoeuvre through their social circumstances, as well as their own and others' gender roles, to address a variety of difficult circumstances.

At least three key drivers underlie transactional sex: the transactional nature of sexual relationships in Sierra Leone, inequitable gender power, and poverty. Girls using sex to gain access to resources is not so surprising in light of the ways in which sexual relationships are socially understood in Sierra Leone (with similarities to many contexts throughout the world). In a context of widespread deprivation of basic goods and services, sex is all the more likely to be used as a currency. This is not a new phenomenon; even marriage in Sierra Leone has conventionally been understood partly as an exchange of productive and reproductive power. The exchange aspect is particularly apparent in some communities in Sierra Leone in relation to the payment of bride price from the husband-to-be to his future parents-in-law, which must be returned should the marriage end (Bledsoe, 1990). Where reproductive power has a monetary value, it is not a great cognitive leap to view sex as potentially transactional.

Transactional sex is also attributable to inequalities between men and women and how this plays out in terms of unequal access to resources. Transactional sex is partly the result of 'the privileged economic position of men, rooted in their access to the most lucrative segments of the formal and informal economy as well as to resources such as housing' (Hunter 2002: 101). Such material inequalities are rooted in deeper social norms about the value of men, women, boys and girls. These inequalities shape the context in which girls are making decisions about using sex strategically to access resources.

It is clear that poverty is also an underlying motivator for girls engaging in transactional sex. Without other access to resources, girls are incentivised to engage in sexual activity to try and negotiate poverty (Walker et al., 2014). This might also help to explain why rates of teenage pregnancy increased during the Ebola crisis, as has been widely suggested (UNFPA, 2015), as deprivation was more acute during that period due to restrictions on travel, businesses and markets. All communities visited during our research reported that teenage pregnancy increased during the Ebola epidemic. This finding adheres to wider research that finds that women and girls engage in transactional sex 'in the face of displacement, vulnerable social structures, income poverty and limited livelihood opportunities', usually associated with humanitarian crises (Formson and Hilhorst, 2016: 4).

Credit: Lisa Denney

Billboard, Kroo Bay

Sex with peer-age boyfriends

The next most common category of sex girls talked about was sex with their peer-age boyfriends. 'Boyfriends' is an unclear concept in Sierra Leone – with both peer-age romantic partners and transactional sex partners (of any age) at times referred to by that label. Here we refer to peer-age boyfriends to describe males within two to three years of age of the girls themselves – often classmates at school – with whom girls enter into romantic or sexual relationships.

Adults were much more likely that teenagers to describe this as the most common type of sex that teenage girls are engaging in. It seemed to be assumed on the part of many adults that socialising between boys and girls of the same age leads to sex, and that this is the primary type of sexual activity that teenagers are interested or engaging in. As one chief in Kambia told us regarding teenage boys and girls, 'they go to school together, they come home together'. Teens (girls and boys), on the other hand, noted that they and their peers might well have a

peer-age sexual partner as well as other sexual partners, for different reasons, or – in the case of girls – they might only have an older 'boyfriend'. Teens also told us that they would be unlikely to have (non-romantic) friends of the opposite sex, as it would simply be assumed that they were having a romantic relationship. Thus it appears that the only socially acceptable way for girls and boys to explore any kind of friendly relationship is through the lens of romantic and sexual attraction, which creates a fairly narrow path for gendered relations, and perhaps something of a self-fulfilling prophecy when it comes to interactions between girls and boys.

Girls talked about having sex with these peer-age boyfriends due to peer pressure or love. 'Love' was also difficult concept for the girls to explain, but some told us that the difference from transactional sex was that money was not involved. At the same time, others said that love was proven by boyfriends' gifts of material items or food – an accepted norm in most cultures, though the forms it takes may be different. Girls also said they were more likely to have sex with their peer-age boyfriends if they were already engaging in other types of sex (for example, transactional sex with older men).

In both popular anecdotes and our interviews, sex with peers was widely reported to have increased during the Ebola epidemic because boys and girls were out of school with little to do. A number of interviewees voiced sentiments such as 'an idle mind is the devil's workshop', and parents in particular pointed to this form of sex as most problematic in relation to teenage pregnancy. At the same time, it is difficult to determine the extent to which girls engaged in more (and perhaps riskier) sexual activity with peer-age boyfriends during the Ebola crisis for essentially transactional reasons. It should not be assumed that teenagers' sexual activity increased during the crisis simply out of boredom, given the murkiness of this category of relationships, boys' relatively greater power to access money and resources, and the overall complexity or, and more acute poverty during, the Ebola period.

Rape

The third category of sex that can result in teenage pregnancy that was raised by our interviewees is rape. Technically, any sex with a person under the age of 18 is statutory rape (known as sexual penetration according to Sierra Leone's 2012 Sexual Offences Act), though prosecutions and convictions are rare, as we discuss below. This section distinguishes sexual penetration from coerced and forced sex, and focuses on the latter. This is because, while all sex between an adult and a child under 18 years old is technically (legally) rape, it was often not understood or discussed as such by interviewees, and these categories are distinguished in Sierra Leonean law. All of the transactional sex discussed above is legally regarded as 'sexual penetration'. Similarly, in cases of early marriage – which is common in parts of Sierra Leone – sex between a husband and his underage wife falls into the same category of sexual penetration.

This discussion highlights the extent to which the various categories of sex are complicated and overlapping. Here we give precedence to the ways that girls spoke about sex, and rape specifically. While some of the girls acknowledged, citing the Sexual Offences Act, that sex with someone under 18 is illegal, they made a distinction between sexual penetration (where a teenage girl has sex with a man 'consensually') and forced or coerced sex, which was understood as rape. This speaks to the challenges surrounding efforts to deal with all forms of rape (that is, unwanted sex), which we return to in the recommendations section.

The reasons behind rape are distinct from those behind transactional sex and early sex with peer-age boyfriends. They relate to ideas about gender and power within society and can be exacerbated by impunity for offences. 'Rape' itself is, of course, a complex category. It includes the kind of 'stranger rape' or sudden attack that is sometimes envisioned, but more often rape is likely to be perpetrated by an acquaintance of the victim, in many cases as part of an ongoing cycle of violence (Watts and Zimmerman, 2002). Most girls (and other respondents) did not seem to view all unwanted sex as rape, though a number of them said that they had been forced to have sex even after saying no to 'boyfriends' or other males. This type of coerced sex reportedly happens with boyfriends of all ages, teachers, men in the home and men/boys in the community.

Rape was talked about in one peri-urban community as a particular danger for teenage girls at night, when they are sent out to run errands such as collecting water. We were told in a number of locations of manipulation and coercion of girls into sex when they collect water or sell goods in the market by men who offer to help them with the task; for example, by purchasing all their trade items, sometimes for more than the market price and then forcing them to have sex as 'payment'. It was also suggested that rape can be perpetrated by an 'uncle' in the family home, alluding to concerns around incest that are under-researched in Sierra Leone (Denney et al., 2015).

Organisations working with survivors of sexual violence report that rates of rape increased during the Ebola epidemic, with one report suggesting that underage girls were targeted on the basis that older women refused sex due to the 'no touch' policy in place to stem the spread of the virus (UNDP, 2015). Rape is also thought to have increased during the Ebola epidemic due to girls' increased vulnerability (including to security personnel involved in the Ebola response), which happened for several reasons. Some girls were sent away from their communities to live with relatives in areas perceived to be safer, and were thus outside the protection afforded by the parental home. Even where girls stayed at home, they were sometimes more vulnerable to abuse while other family members were out working and they were at home alone. In other cases, girls were sent out to make a living to contribute to constricted household finances, and were thus vulnerable to abuse while selling goods.

Girls have different kinds of sex concurrently

In addition to girls having different kinds of sexual experiences, girls are also often having sex with multiple partners concurrently; that is, a girl might be engaging in transactional sex to gain access to resources while also having sex with her peer-age boyfriend. Engaging in one kind of sex may also be more likely to lead to engagement in other kinds. For instance, girls we spoke with suggested that if a teenage girl is having transactional sex (which they often refer to as having a sugar daddy), then she is more likely to commence sexual activity with her peer-age boyfriend.

These reports are consistent with other international findings, where research around HIV and AIDS has found that young women commonly engage in multiple forms of sexual activity and these should be considered overlapping, not mutually exclusive (Hawkins et al., 2009). Programmes developed for discrete groups – 'girls having sex with peer-age boyfriends', 'girls engaging in transactional sex', and 'girls who are survivors of rape' – thus might not be appropriate because girls will often cut across these categories.

As these different (and overlapping) categories of sex suggest, teenage pregnancy cannot be treated as a homogenous category. Rather, efforts to address it need to engage with the different ways teenage pregnancy comes about, and the drivers of each. This means that programming needs to be much more diversified than our research currently finds.

What teenagers do (and do not) know about sex, and from where

The second factor that needs to be taken into account before designing or implementing projects to reduce teenage pregnancy is what teenagers do (and do not) know about sex and where they get this information from. While it is true that Sierra Leone's high school curriculum currently does not include sex education, it is not the case that teenagers therefore have no knowledge about sex. Here, we briefly highlight what emerged from our focus groups with teenagers about what they know about sex, what they do not know, and where they are getting their information from. This is an important starting point for thinking about what strategies might be helpful and what knowledge sources are influential.

We heard about two primary ways in which teenagers are learning about sex. By far the most common source of information about sex that teenagers mentioned (both boys and girls) was pornographic films (referred to in Sierra Leone as 'blues'). Most commonly, teenagers saw pornography on mobile phones of male friends or relatives, or in some cases on televisions at community centres, mobile phone shops or informal cinemas. Girls indicated that they thought pornography depicted realistic sex, and that this shaped their ideas of how they were meant to behave during intercourse. Teenagers also commonly mentioned learning about sex through watching their parents. Many told us that they slept in a common room with their family members while growing up, and the children would thus see or listen to their parents having sex when they were meant to be asleep. The other most common source of information – particularly for boys – was their friends. Other sources of information mentioned, though less common, included learning about sex from teachers or parents, at school or girls' clubs, or (in one community) the local imam. There is thus no shortage of information sources, but what information gets provided is problematic.

Information gained via pornography, watching parents, and friends' advice focuses on the act of sex – what it involves, how to do it. Teenage girls credited pornography with showing them what positions to use, for instance. While all parents we spoke with told us that they talk to their teenage children about sex, when probed on what information was provided, this was generally limited to telling children not to have sex, that if they have sex early they could

die[2] and – in some cases – to use protection if they did have sex. Teenagers are thus receiving certain kinds of information – about how to have sex, and the dangers of sex – but not necessarily information about what sex is (both biologically and emotionally) and therefore how contraception figures in this equation. This is important because, as we discuss in the following section, there is a multitude of myths surrounding contraception that can lead to misunderstandings by those using it, as they do not understand the biological aspects of sex.

Importantly, it is not only teenagers who lack these kinds of information. It is also not clear whether parents have a more detailed understanding of the biology of sex. Opportunities might be found, therefore, for intergenerational education and conversations about sex, which could also help to build the acceptability of talking about such issues between parents and children.

The sources of information on sex that are available to teenagers also merit examination. Programming should not assume that there is no information provided and they are therefore filling a void. Rather, it must take into account the fact that a range of information is coming from a range of sources – those we heard about but also likely those we did not, including religious and customary leaders. There is thus a wide variety of (potentially competing) information available to teenagers.

The two points discussed here – unpacking both the kinds of sex that teenagers are engaging in and what teenagers know about sex and from where – provide an important foundation on which the remainder of our analysis is based. This should be knowledge that informs the design and implementation of programmes, recognising that girls get pregnant in a variety of different ways that require different interventions to address; and that if programmes are to provide teenagers (and even children) with more effective knowledge about sex then they need to understand what young people currently know and where their information is coming from. An understanding of these factors did not appear to feature strongly in the programming to reduce teenage pregnancy that we looked at. While some of these issues were recognised by staff in conversations with them, programming took on a much more one-size-fits-all approach. We turn to an investigation of common programme logics in the following section.

Credit: Lisa Denney

Teenagers, Susan's Bay

2 Presumably this relates to the higher rates of maternal mortality in teenage mothers compared with adult mothers, but the logic behind this statement is not unpacked – leaving girls with a scare message rather than helpful information.

4 Reflections on programming approaches to reduce teenage pregnancy

There is a wide range of organisations and activities attempting to address the issue of teenage pregnancy, from health interventions providing teenagers with knowledge of and access to family planning, to life-skills training, outreach to parents to support their daughters' education and health, outreach and education for men on how to be supportive partners and fathers, and other community programmes. Numerous international and national NGOs, as well as government ministries and agencies, are working on the issue. Here, we focus on two key programming modalities that emerged from both stages of our research as widely utilised approaches to dealing with the problem of teenage pregnancy: adolescent-friendly spaces and outreach activities. These modalities of assistance also cut across a number of sectors, geographic areas and implementing organisations.

Drawing on what we witnessed during site visits and interviews with nine organisations using aspects of these programme approaches, in this section we first describe the common intervention types themselves and highlight some of the implementation challenges that they face. Second, this section then unpacks the more implicit logics that underpin these common programming approaches in order to challenge some of the assumptions – where they might fall short, and where they may have unintended consequences. This is, of course, not a comprehensive evaluation of the projects visited. Rather, the intention is to provide some broader reflections on common interventions – both at a problem-solving level as well as at a deeper conceptual level – that inform much of the work on reducing teenage pregnancy in Sierra Leone, with the aim of improving their effectiveness.

Adolescent/girl-friendly spaces and challenges of implementation

'Girl-friendly' or 'adolescent-friendly' spaces are a key component of programming in many of the project sites we visited. These have become a common intervention approach to many problems related to the health sector in poor settings (Ager et al., 2013). The idea behind such spaces is twofold. First, they provide teens with information and learning on a range of topics, including teenage pregnancy, sexual and reproductive health (SRH) and family planning, usually provided by a person or people serving in a leadership or mentor role, such as club leaders of girls' clubs or nurses or community health workers (CHWs) in health centres, who have been trained by the sponsoring NGO. Second, they provide a safe place for teenagers and adolescents to spend time, with

resources available such as books and entertainment (televisions, games, etc.) to occupy them and reduce the vulnerability they might experience in other settings.

These spaces exist in a number of settings, including PHUs, schools, and (in the case of girls' clubs) as standalone community facilities. The shape and approach differ slightly depending on the sponsoring organisation and hosting location, though the spaces offer broadly similar facilities. A central difference between the spaces in health centres and those located elsewhere is that the former also usually include a focus on child protection and emergency support alongside provision of family planning advice, whereas girls' and school clubs take a more 'upstream' approach through girls' educational and social activities. The adolescent-friendly spaces also have the advantage of providing a tangible, quantifiable outcome to donors – programmes can count and report on how many girls are in the clubs, how many teenagers have visited the friendly space, and so on.

Health-centre-based programming

The adolescent-friendly spaces in PHUs have education and child protection components, but are primarily health-focused, offering access to both medical advice, particularly regarding sexual and reproductive health, as well as contraception, or family planning more broadly. They are generally run by nurses or NGO-trained volunteer CHWs.

Credit: Lisa Denney

Adolescent-friendly health space, Kroo Bay

The friendly spaces in PHUs generally consist of a room set aside and maintained as a safe and confidential space for consultations, and in some cases also intended to be an informal space for young people to spend time playing games or watching television. We noted that those spaces with entertainment resources often appeared under-utilised, with board games – in many cases, rather complicated Western board games such as Scrabble that may not be appropriate for Sierra Leonean adolescents – still in their original packaging. In several health centre spaces, the televisions provided by NGOs could mostly only be turned on in the evening when there was electricity supply available, yet the health centres were not open and accessible in the evenings. It is thus not clear how useful the activities intended to attract teenagers to the spaces and keep them occupied really are. For this reason, staff at the friendly spaces told us they were trying to get sports equipment such as footballs and volleyball nets. There were also no teenagers at any of the friendly spaces in PHUs when we visited (except where NGOs had arranged for them to be there in advance). In one facility, when we asked to see the visitors' register, staff were unable to produce the appropriate register, and instead provided a list of ante-natal visits; these included some teenage mothers, but without any information on whether they had come to the clinic by way of the safe space. This is, of course, not to suggest that teenagers do not use the clinics – our visits were not long enough to determine this. However, the apparent lack of teenagers does raise questions about whether the friendly spaces maximising the ways in which they can attract their target audience.

The availability and quality of sexual and reproductive health advice in the adolescent-friendly health centres appears quite varied, ranging from provision by specialised or general nurses or doctors, to trained volunteers of various ages who also refer teenagers on to nurses and doctors as appropriate. In some cases, the adolescent-friendly health spaces have dedicated staff or volunteers trained and funded by international NGOs, who also pay the costs of furnishing the space. Others are staffed by PHU staff who cover the friendly spaces as one of their many duties. Some of the NGO volunteers have a fixed

term of unpaid employment before cycling out of the position to be replaced by other volunteers from the community who attend regular trainings by the NGO in charge (though trainings were suspended during the Ebola outbreak, and in some cases the terms of volunteers therefore extended past their original expiration dates). There are advantages and disadvantages to this model, such as the inclusion and training of multiple people in the community on the plus side, but also variability in the quality of commitment and advice on offer.

Where friendly spaces are operated solely by PHU staff (rather than by NGO-trained volunteers), those staff may encounter various challenges that influence their ability or willingness to deliver fully responsive and confidential care to teenage girls (or boys) seeking their support. One issue is the simple lack of resources and time available to nurses and other healthcare workers at PHUs. As the Ebola epidemic made plain, Sierra Leone's healthcare system is weak, lacking in staff, supplies, training and other basic needs. Where these professionals are assigned to be in charge of the adolescent-friendly spaces, the project constitutes just one of many responsibilities on their plates. This can lead to lack of attention, long waiting times, and other barriers to service delivery that, as has been noted in our previous research on Sierra Leone's health sector, can motivate users to seek out alternative health providers (Denney and Mallett, 2015).

An additional challenge for the adolescent-friendly health spaces is that they usually (though not always) require entrance by way of the central, public area of the PHU they sit within. This raises questions about the confidentiality of such facilities, a point also raised by several of the health workers in charge of such spaces themselves. If young people have to pass through a public waiting area to reach the room known as a source of advice on sexual health and contraception, the local rumour mill is liable to make quick work of the presumed reasons for such visits. Teenagers also noted this concern in our interviews and focus groups, and thus might be less likely to visit out of concern that their families or others might find out. In some cases, NGOs have sought to address this challenge by having a separate entrance for teenagers to use in order to access the friendly spaces. While such practical considerations go some way to alleviating confidentiality concerns, others are harder to address. For instance, some teenagers raised a related concern about the nurse or CHW responsible for the friendly space being a friend or relative of their parents or other relatives, and worries about their visit to the space being talked about in the community.

The spaces themselves also vary in the degree of accessibility they afford. In some cases the space was quite small, or had been taken over in under-resourced PHUs for storage space and other purposes in addition to its mandate. Several of the spaces we visited were intended to simultaneously offer both confidential individual consultations as well as informal social 'hang-out' space for whomever might stop by, which seemed to potentially put a small room at cross purposes. Elsewhere, several of the rooms had been rendered temporarily unavailable for different reasons. In one clinic visited in a marginal urban settlement in Freetown, flooding in late-2015 reached at least two metres high and destroyed the new adolescent-friendly space inside the PHU, washing away and ruining recently purchased furniture, television, games and decorations. In another, the adolescent-friendly space had been re-appropriated as an isolation room during the early stages of the Ebola outbreak.

One aspect of most of the adolescent-friendly health spaces we visited was the provision of family planning advice as well as a variety of contraceptive devices, including condoms, birth control pills, contraceptive injections, intrauterine devices and contraceptive implants (known locally as 'captain bands' after the arm bands worn by football team captains), although not all of these were available at all PHUs visited. In some cases these are provided free of charge, and in others they require a fee; on average, the fees range from 5,000 to 20,000 leones (approximately US$1.25 to $5.00), depending on the device.[3] In other cases we heard conflicting information from health centre staff and community members about the fees charged for contraceptive devices and services. We also heard about fees being charged for some family planning services, such as contraceptive injections, that are supposed to be available free of charge. Some girls and women also stated that insertion of the contraceptive implant is free but that removal of the device might cost 20,000 leones (US$5.00) or more.

The adolescent-friendly spaces in PHUs also include a child protection component, focusing on identification of vulnerable children and coordination with trained 'focal point' persons on sexual and gender-based violence. Once identified, we were told, children would receive

3 According to UNDP (2016), more than 60% of Sierra Leoneans live on less than US$1.25 per day, highlighting the significant cost of contraception. This does not account for the difficulties that girls, in particular, may have in obtaining such cash in hand.

support and education on their rights, and referral to the appropriate FSU within the Sierra Leone Police and/or other community authorities. The child protection components were not, however, present in all of the adolescent-friendly PHU spaces and even where they were they were mentioned much less frequently and we were not able to observe their activities.

The adolescent-friendly health spaces thus face some challenges in delivering on their intended goals of providing a safe space for teenagers to spend time and as a point of contact for accessing information and services related to SRH. Logistical difficulties with their set up make it difficult for teenagers to access confidential advice and there is confusion about whether the services offered are always available as well as about their cost.

School and girls' clubs

The education and child protection programming encompassed by health-focused programmes is not unique to PHUs; there are also school clubs and community-based girls' clubs providing 'friendly spaces' focusing on similar issues. Most of these friendly spaces are aimed specifically at girls and young women, unlike many of the health centre-based programmes, which were open to both girls and boys. The clubs are supported by NGOs – both international and national – and include an educational component covering issues of personal safety, behaviour, and health, particularly related to the topic of early pregnancy. The school clubs in particular focus on providing a space for girls (there are clubs at both primary and secondary schools) to spend time outside of school hours, sometimes for the purpose of providing extra educational support and/or social activities, or simply in an available safe space. Much of the messaging seems to be around the importance of staying in school and avoiding pregnancy, staying away from men, and raising self-esteem.

Many of the school clubs meet formally once or twice a week, though the space might be available other days as well. Some club leaders told us that the groups meet every day, though it seemed that attendance at both daily and weekly meetings varied quite a bit. In some communities, it appeared that nearly all of the girls in the school took part in the club regularly, while other clubs were less well-attended. School clubs probably have an easier time maintaining meeting schedules and ensuring attendance, given the relatively 'captive' audience. These clubs may be open to all girls – and in some cases also boys – or might target girls identified as being the most

Credit: Rachel Gordon

Girl's Club, Kambia district

'at risk' (of pregnancy, dropping out, etc.) though it was not clear how such an identification was made. Some of the girls' clubs had formal, regular meeting times, while others appeared more ad hoc, with meetings when the leaders called them, and spaces that might be open for certain hours every day for girls to access at will. We saw these spaces being utilised to varying degrees.

All the clubs depend upon volunteer leadership. In the case of schools, the club leaders are usually teachers working as volunteers or receiving a small stipend to put in extra hours as the club coordinators and educators. In the case of the girls' clubs where the meeting space is in the community, a teenage girl or – more often – young woman in her mid-teens to early-20s is selected by the chief, the sponsoring NGO, or by vote of the community. The leaders may receive a small stipend and/or training opportunities, though the leaders we spoke with also appeared to invest a significant amount of time and effort beyond the remuneration they received. Some of the leaders have a fixed term of two years, in others it seemed they could fill the role indefinitely until they turned 25. In some places, we heard about girls' club leaders who had themselves become pregnant, particularly during the Ebola crisis; such developments generally bar these young women from continuing to serve the clubs, whether on principle or simple practicality. These decisions seem to be made on a case-by-case basis within the communities and organisations in question.

The activities of the clubs were somewhat hard to parse: while many of the NGOs and teachers or club leaders involved spoke of a focus on sexual and reproductive health and education, fewer of the participating girls described those topics as central to the club activities. Some of the clubs also organised recreational activities

for the girls, such as theatre projects or football games, and extracurricular education projects. It seemed that there was not always consistency between the messages that the sponsoring NGOs intended to send and those passed along by club leaders. This is often the case in interventions utilising a 'train the trainers' model (Denney et al., 2014). Messages are culturally and personally filtered, and therefore differently understood and communicated, as they are passed down the line. In some cases, this may allow club leaders to better tailor their activities and messages to the needs of their particular group or community – which is one of the reasons to use locally based leaders in the first place – but also means that the messages may morph quite a bit along the way. This suggests that closer monitoring may be needed.

We saw several examples of how the localised application of this model can both challenge and reinforce some cultural beliefs, stereotypes, and knowledge gaps around early sex and teenage pregnancy. In locations where the girls' club has a dedicated space, we saw rooms with books and sometimes encouraging signs on the wall and informational posters describing a variety of messages related to staying in school, or avoiding early sex and early marriage. Some of these messages were more positive than others – while some messaging challenged norms around discussing rape and identities of perpetrators, some also reinforced the responsibility of girls to prevent rape; the first listed aspect of 'risky situations that can lead at [to] rape' in one girls' club was 'wearing provocative/indecent/offensive clothing'.

Another example came from several primary schools where we spoke with teachers and noticed a standard poster – apparently distributed to many schools – describing various parts and systems in the human body: the reproductive system was distinctly missing. Children are thus starting off with misconceptions of the human body and its key systems and functions – a problem that is not at all unique to Sierra Leone (see Ingras et al., 2015). This means that they enter both the physical and social phase of puberty and adolescence with little to no understanding of what is happening to their bodies. Such messages demonstrate the persistence of the cultural lens through which programming is filtered, regardless of the messages that an NGO might want passed along. This underscores the extent to which donor and NGO projects are only one of a number of places that teenagers spend time and access information. Other sites, such as churches or mosques, secret societies, the football field, home and school continue alongside these, also exerting influence.

Outreach and sensitisation programming and implementation challenges

Another key component of NGO programming to reduce teenage pregnancy is outreach and sensitisation efforts to increase awareness about the importance of girls staying in school, delaying sex and using contraceptives. These awareness-raising activities are conducted by people associated with the adolescent/girl-friendly spaces (such as CHWs and leaders of girls' clubs), as well as government health staff, NGO staff and community volunteers and leaders they have trained. Their efforts include community meetings, which are often run by an NGO or a local facilitator(s) hired and trained by an NGO running programmes in the community, house-to-house visits to facilitate conversations with parents and intergenerational dialogues within households, and public events such as parades.

In some cases, those meetings focus on wider programmes – such as explaining and encouraging participation in girls' clubs – while in others they are more broadly focused on discussing issues of teenage

Credit: Rachel Gordon

Poster, Peripheral Health Unit, Kroo Bay

pregnancy, education, contraceptives, and other topics of importance to the community. The focus is strongly on health and education messages targeting girls: about abstaining from sex, staying in school and using family planning methods.

Health centre staff, NGOs, community volunteers, and district medical officers alike all spoke of the importance of outreach efforts and the need to increase their frequency and reach, and noted with regret that these activities had largely ceased during the Ebola crisis due to restrictions on public meetings. Many NGO respondents noted that the efforts had stopped during the Ebola crisis, and partially blamed the reported rise in early pregnancies during that period on the lack of outreach and support to target populations (mostly teenage girls).

The thinking behind outreach and sensitisation programming is that providing knowledge and awareness about the dangers of early sex, ways to prevent pregnancy, and the importance of girls staying in school will help build a context in which girls know how to avoid getting pregnant and are better supported by their families and communities to stay in (or return to) school. The logic is that increased knowledge and awareness will lead to behaviour change. This logic is widely used and broadly accepted in the public health literature, though there remains considerable debate as to *how* such change takes place (Prochaska and Velicer, 1997; Schwarzer, 2008). Yet in the case of reducing teenage pregnancy in Sierra Leone, this approach assumes that girls are becoming pregnant largely because they are making poor decisions, and that the provision of better SRH information and knowledge, along with encouragement and life-skills training, to girls will enable them to make better choices, and thereby avoid pregnancy. These assumptions face a number of practical challenges related to implementation.

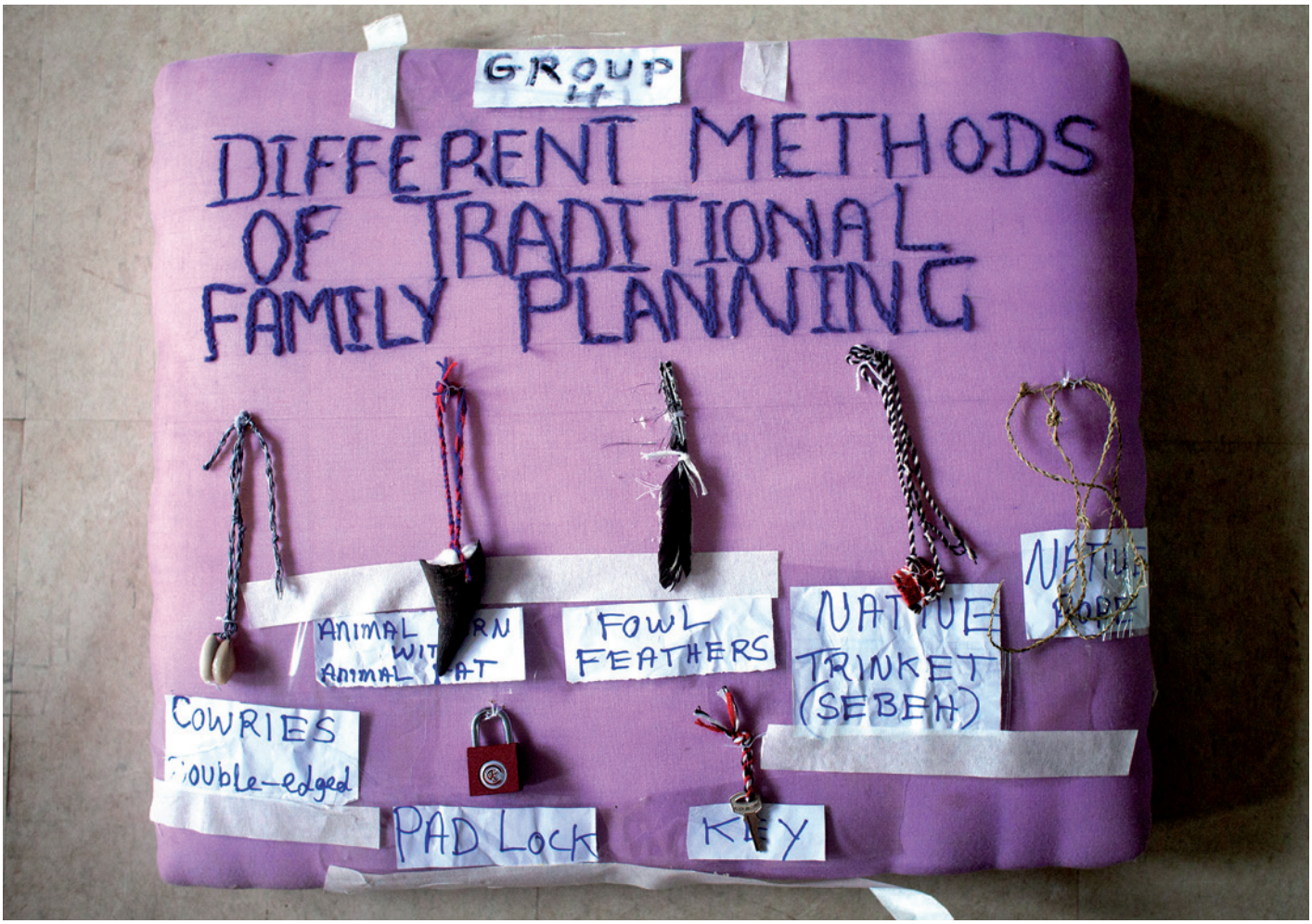
First, the knowledge shared through outreach and sensitisation efforts is not always accurate. While many NGO programmes employ passionate and dedicated staff and volunteers, many of whom are skilled and knowledgeable practitioners and facilitators, there is substantial misinformation surrounding SRH in Sierra Leone.

The well of misinformation and rumours is deep, as the responses from teenage girls and boys, as well as adults, participating in or advising adolescent-friendly spaces, make clear. These are spaces where, at least in theory, teenagers are being taught about family planning and pregnancy prevention. We were told that the use of contraception can result in bleeding, weight loss, flatulence, cancer, permanent infertility, and other undesirable physical problems or changes, and that condoms could 'get stuck inside', cause bad odours that the girl would be unable to mask, or could lead to giving birth to an albino child in the future. More dramatically, teenagers, as well as adults, repeated the warning that early pregnancy could or would result in the death of the adolescent mother. Other teenage girls and boys told us that younger boys could not (yet) get girls pregnant, or that younger girls would not become pregnant, so contraception was unnecessary for them. We also heard from one teenage boy that HIV had been eradicated along with Ebola so condoms were no longer needed. Those advisors or volunteers providing information in the friendly spaces and during outreach efforts were often aware of the multitude of misconceptions and saw their outreach efforts as attempts to counter such misinformation (although, as discussed below, these providers at times held some of the same misconceptions).

Second, the messages promoted are not always clear or are incomplete. We heard advisors and educators repeating the same message that we often heard from parents and community leaders about girls and pregnancy: girls should abstain from sex, but if they do not, they should use contraception. This is obviously a mixed message, and creates a scenario in which it is nearly impossible for teenage girls to do the 'right' thing. At the same time, there is significantly less focus on boys through abstinence or contraception campaigns; a few boys told us that they use condoms ('one-foot socks') when having sex, but many said that it is the responsibility of girls to make sure that they avoid pregnancy. Knowledge of appropriate and effective use of condoms was rarer still. One boy explained that boys will use a condom if the girl insists, but prefer to cut off the end for pleasure but that 'the sides are still protected'. Such misconceptions underscore the importance of practical education demonstrating how contraception is properly used and the functions that it serves.

Unpacking the logic behind common interventions

In addition to the practical challenges of implementation discussed in the preceding section, the two common programming approaches we have examined also face some more fundamental challenges at the conceptual level. These relate to the often implicit underpinning logics and whether they hold in practice. It is these deeper challenges that we unpack in this section.



Credit: Abbie Trayler-Smith

The School of Midwifery, Masuba, Makeni, Bombali District, Sierra Leone (funded by UNFPA)

Staff and volunteers are part of the same culture that programmes are trying to change

Those doing much of the outreach and sensitisation, or working in health clinics, are just as steeped in local culture and beliefs, thus leading in some cases to a repetition of the myths and misinformation, or an unwillingness to support particular views or services. The knowledge that those advising teenage girls (and boys) have about issues related to sex and pregnancy themselves thus varies as widely as that of those they advise. We came across PHU staff who were not comfortable giving contraceptives to young girls (below 15 or 16) who were engaging in sex, or providing any care related to abortions (which currently remain illegal in Sierra Leone but are frequently accessed clandestinely, with many health facilities providing critical post-abortion care in response to poor or botched procedures). Similarly, we met leaders of girls' clubs who were not comfortable discussing contraception because they believed girls still at school should simply not be having sex, and so only discussed abstinence.

This highlights the challenge of getting the awareness-raising messengers to deliver accurate messages based on a realistic understanding of teenage girls' and boys' sexual activity in the first place. This problem is also noted to extend to staff within line ministries at the district and national levels.

In all of these scenarios there emerges a tension between the role of advisors – be they nurses, teachers, or volunteer club leaders – as being responsible for promoting awareness raising on a range of SRH and education messages, and their role as members of that community themselves, and therefore subject to its norms and culture. Ultimately, it should come as no surprise that those in charge of advising teenagers about sexual and reproductive health, and other life skills, have the same range of views and values as their fellow citizens. As community members, they are subject to the same cultural context, assumptions, norms, religious beliefs, and social expectations that govern all of Sierra Leonean society.

In some cases, this results in such staff espousing resolutely abstinence-only views, refusing to refer for safe abortions, or repeating misinformation about pregnancy and contraception. The tension is perhaps most apparent in relation to abortion.[4] Illegal abortion, ranging from herbal-induced miscarriage to unlicensed surgical procedures, is believed to be widespread, and complications from unsafe abortions rank as the fifth most common cause of maternal mortality in Sierra Leone (Paul et al., 2015). Many respondents to our research noted that abortions are often sought clandestinely. Where support in accessing abortions is forthcoming, those who offer it are knowingly acting contrary to legal and social norms. Thus, we found many advisors to the girl-friendly spaces, and even sexual assault counsellors, who voiced their opposition to abortion. Similarly, we came across girls' club leaders who encouraged girls to dress modestly so they will not be raped. This highlights the extent to which teenage pregnancy is not only a public health or educational issue but also a socio-cultural one. Efforts to reduce teenage pregnancy are not just a matter of protecting girls from the dangers of giving birth or supporting their future opportunities by keeping them in school. They are also a matter of social and cultural values and beliefs.

Knowledge does not always lead to behaviour change

Even where accurate knowledge does make its way through to teenage girls, providing knowledge and awareness through outreach and sensitisation assumes that this knowledge can then be operationalised and turned into changed behaviour. Yet girls often face a number of constraints regarding their sexual and reproductive health that have little or nothing to do with their level of knowledge. There are often access issues, particularly in rural areas where people may live far from a PHU or other health facility and have to walk several hours to get there. Marie Stopes vehicles try to reach every district in the country to distribute free contraceptives, but their schedules may be irregular and coverage is spotty, not to mention that they had to cease operations in many areas during the Ebola crisis. Girls are not always able to obtain appropriate advice and care with true confidentiality given the public nature of PHUs, which may increase their vulnerability in that parents or other family members may be hostile to their attempts to access contraception or other resources, or it may drive them toward the most easily available options rather than the one most medically suited to them.

These realities mean that, even with better knowledge, it is not clear that teenage girls will be in a better position to avoid early pregnancy. Many teenagers we spoke to, of both sexes, were clearly aware of the dangers of pregnancy and in some cases were also aware of the dangers of sexually transmitted infection that come from engaging in unprotected sex. Teenage girls in particular were also well-informed about contraceptive options (although there was a range of misinformation regarding their potential side-effects). Yet despite this knowledge, many reported that their peers do not use contraceptives. This suggests that improved knowledge will not necessary lead to the behaviour changes sought. This is in keeping with wider SLRC findings on how mothers face difficulties in translating knowledge acquired through NGO programmes into practice (Denney et al., 2014b).

It is also the case that contraceptive devices may indeed have negative side effects, and it is not uncommon for girls and women the world over to have to try several types of contraception before they find one that is comfortable for them. In the severely challenged public healthcare system of Sierra Leone, however, most girls do not have access to a provider that knows them well and can take the time to carefully advise them regarding their choice or explain complications and assist them in trialling other options. Many girls simply go to their local PHU (or the back door of a nurse's home) or to the outreach vehicle from Marie Stopes International and request or purchase one of the kinds they have heard about (we were told that the implant, or 'captain's band', is the most popular among teenage girls due to its ease and invisibility, though it does nothing to prevent sexually transmitted infections. If their chosen type has unpleasant side-effects (and we heard of girls experiencing a range of these), they may not have the resources, patience or opportunity to try others. In this way, knowledge may encourage or promote steps toward behaviour change, but without the resources and infrastructure in place to sustain such efforts, they may fizzle in the face of challenges.

In these cases, it is not clear that the adults charged with supporting them through the clubs and spaces were available or supportive in a substantive manner, or that girls necessarily feel comfortable reaching out to adult or peer advisors. There are obvious potential health ramifications to suffering these ill-effects in silence (or perhaps worse still, obtaining advice from untrained peers). The cost of contraceptives also becomes a salient issue where girls experience side-effects without education or personalised advice available. One young woman said that

4 A Safe Abortion Bill was unanimously passed by the Sierra Leone Parliament in December 2015, but the President has refused to sign it into law and instead referred the matter to the Constitutional Review Committee.

after she experienced a negative reaction to the implant and then the frustration and cost of getting it removed, she would not use other forms of contraception, despite the acknowledged risk of pregnancy.

This is not a unique phenomenon – people regularly make decisions that go against what they know to be true, or make decisions more likely to pay off in the short term even if they carry greater long-term risks. This was apparent during the Ebola outbreak, for instance, when Knowledge, Attitude and Practice studies found that people had good knowledge of the symptoms of Ebola and the appropriate steps to take should those symptoms emerge, but that they did not act on this knowledge in practice (Focus 1000, 2014a; 2014b).

People's behaviour and decisions are informed not only by their knowledge, but also by a range of other factors that mediate that knowledge. Inequitable power relations between genders and age groups, for instance, can lead to girls agreeing not to use a condom when an older male sexual partner discourages them – despite the fact that she may know the importance of condom use. Similarly, girls may know that they risk getting pregnant by engaging in transactional sex but nonetheless choose to do so because their need (real or perceived) for resources or opportunities that can be obtained through transactional sex are calculated to outweigh the risk. This underscores again the importance of recognising that girls' behaviour and decisions are not themselves the source of the problem of teenage pregnancy – rather it is the wider context in which girls are making those choices and decisions. It is this wider context that shapes whether and in what ways girls can apply what they know in their day-to-day lives. Knowledge, therefore, does not lead to behaviour change unless the wider structures that constrain a person's ability to act on that knowledge are addressed simultaneously.

Emphasis on girls' behaviour

Both the girl-friendly spaces and the outreach and sensitisation projects we heard about have a nearly singular focus on girls' behaviour, and the adolescent-friendly health centres and school clubs also target teenage girls in particular. This is despite the fact that girls are often actually the *least* powerful actors in their situations, with limited agency or perverse options. Implicit in most of these programmes is the view that it is up to girls to abstain from sex, successfully use contraceptives, and stay in or return to school. This approach is problematic for several reasons.

First, it overlooks the cultural and contextual drivers and constraints that force girls into situations in which they have sex in order to meet their material needs or desires, gain favour or protection from more powerful men, or because they are forced to. We heard a variety of such stories, ranging from the transactional and tactical sex with boyfriends/sugar daddies, *okada* riders, and others described earlier, to stories of rape and incest, to teachers coercing sex for grades. Obviously, no amount of encouragement or pressure on girls to abstain, stay in school, etc. will enable them to resist coercion in a highly male-dominated culture or provide realistic alternative means of meeting their basic needs. Many people told us that the main problem driving teenage pregnancy is poverty, and while the explanations are not quite that simple, it is important not lose sight of the many ways in which poverty forces girls into situations in which they become pregnant for reasons far outside their control. This is not to suggest that teenage girls are not also making choices – as highlighted above, girls are also exercising their agency. However, these choices are highly circumscribed, incentivising or making possible certain courses of action over others.

Second, the focus on girls also essentially ignores the actions of men and boys, many of whom described it to us as unproblematic – and in fact perhaps a point of pride – that they might have multiple girlfriends, children by different women, and more children than they could financially support (to say nothing of social and emotional support). It thereby reinforces the gender roles and male behaviours by which girls carry most of the stigma and responsibility for pregnancy and parenthood. The simple fact is that girls cannot be expected to avoid sex while boys and men face no similar discouragement (in fact, generally the opposite), with any realistic expectation that girls' sexual activity will decrease.

Of all the programmes we visited, only FINE Sierra Leone's Husband Schools are directly targeting the behaviour of men and boys in an effort to change their own perspectives and sense of responsibility for problems like teenage pregnancy. This appears to be making some important headway, partly because of the use of locally respected religious leaders who run the schools. One Husband School participant, a local imam, told us that, thanks to the training he had received, he is now kinder to and more supportive of his wife: 'If her head aches, then my head aches also … If I hear her weeping, I also weep.'

Yet until there is a significant shift in male gender roles away from validating their pursuit of girls' early sex and

marriage, sex with multiple partners, and even coercion of girls into sex and sexual relationships, and toward respect for women and girls, financial responsibility, use of condoms and other positive behaviours, then any changes in girls' behaviour will continue to be undermined as quickly as they might be achieved. Such shifting of social norms is not easily or quickly achieved, but requires incremental and sustained support. As eloquently put by a Husband School participant: 'We have completed Husband Primary School but now want to go to Husband Secondary School.'

Even the emphasis on keeping girls in school is potentially problematic, in that it seems to rely on something of an all-or-nothing premise that fails to take into account the realities of girls' lives and families' economic realities. Some NGO and government staff make a distinction between 'on-track' and 'off-track' girls to describe the girls remaining in school versus those who become pregnant while still at school-going age. Such a framing stigmatises teen pregnancy along with the other reasons that girls might leave school, and attributes more power to girls – to remain 'on track' – than many realistically possess. The reality for parents and children in Sierra Leone is that school is costly and money is in short supply; many parents save and borrow in order to send even some of their children to school (and they generally privilege boys), and their ability to do so may always be precarious. Many schools are full of students who may be far outside the 'normal' age range for students in their grade level, due to the financial difficulties of staying in school, which often force students to leave school for a year or more and return later once further money has been raised to pay fees and other associated costs. Indeed, we encountered students in secondary school who were 20 years of age or older, and adolescents who were still working to complete primary school. What is more, while there is certainly an important intrinsic value in education, finishing secondary school, let alone accessing tertiary education, is not a reality for many children in Sierra Leone, and there are neither the jobs nor the opportunities to cater to them were they all to do so. As a result, for many girls, leaving school at 16 to get married or have a child seems like a viable option.

In efforts to keep girls (and boys) in school for as long as possible, it is important not to overlook the relative benefits of them getting part-way through secondary school compared to them finishing at the end of primary school. The rhetoric that dropping out before the end of secondary school is disastrous or suggestive of failure may be neither helpful nor empowering given the realities

Credit: Lisa Denney

FINE Sierra Leone Husband School, Bo District

that children and their families face, and the statistical likelihood that girls will leave school – for any number of reasons – before finishing secondary education. This is not to suggest that efforts to keep girls in school should stop – the potential economic benefits of girls staying in school are not disputed. In aiming for an ideal, however, programming must be careful that it does not dismiss more incremental progress that is more realistic given opportunities in Sierra Leone.

While it might seem to intuitively make sense that programmes to reduce teenage pregnancy focus on girls, this ignores the ways in which girls are simply those who ultimately carry the burden of a series of wider societal problems. Addressing these wider problems means engaging not just with girls, but also with boys, men, parents and other influential groups.

Missing justice and socio-cultural aspects

In keeping with findings of our earlier research, we found that the justice and socio-cultural aspects of

teenage pregnancy were overlooked with the balance of programming overwhelmingly focused on health and education approaches (Denney et al., 2015). What is more, there are also sectoral siloes that prevent some organisations working on the justice and socio-cultural aspects engaging with wider efforts to reduce teenage pregnancy. Most of the organisations we came across working on the justice aspects of teenage pregnancy, for instance, were not aware of nor invited to attend meetings of the National Secretariat for the Reduction of Teenage Pregnancy. This suggests there is significant room for programming to take greater account of the justice and socio-cultural dynamics of teenage pregnancy, some of which we discuss below.

In many of our interviews with policy-makers and NGO practitioners, educators, community members, and teenagers themselves, respondents consistently identified the lack of legal response to issues related to teenage pregnancy as a problem. Both rape and sexual penetration (statutory rape) are under-reported and, where they are reported, rarely result in convictions. As one community leader told us, 'there is not very much justice'. We found that many people, including teenagers in both urban and rural areas, were aware of the law; one teenage boy in Port Loko province noted the law and asked whether perhaps it was new and had not yet come into force, since he had never seen anyone held accountable to it. Other respondents said that cases were starting to be reported more than they had been in the past, though we rarely heard of more than one in any community. Respondents told us most of those cases result in settlement between families with an agreement to 'take care of' (financially support, or even marry) the girl and baby, regardless of how (non)consensual the sex or what resolution the girl might want. This is the same resolution that often seems to happen in situations not reported to law enforcement.

It is widely acknowledged that the law is rarely enforced. Rancourt notes, for instance, that of the 60 rape cases and 1,246 sexual penetration cases were reported to the police in 2013, 25 rape cases and 508 sexual penetration cases were charged and zero rape cases and 19 sexual penetration cases resulted in convictions (2015: 12). Many interviewees, including teenage girls, suggested that enforcing the law – that is, criminal prosecution and punishment of men and boys who have sex with girls under 18 – would send a strong message to potential perpetrators to think twice before engaging in sexual activity with underage girls.

Enforcement of the law is partly hampered by an overstretched and under-resourced justice sector. The Family Support Units (FSUs) of the Sierra Leone Police (SLP) are charged with responding to crimes involving women and children, including rape, sexual penetration, incest, and other violence against women and girls, and are thus the responsible body for dealing with sex with minors. The FSUs, however, are allocated a budget so minimal as to be essentially non-existent: in 2015 it was doubled to 2 million leones (US$500) per quarter to support all 68 FSUs nationwide (CARL, 2014). In addition, officers are regularly rotated in and out between the FSUs and other SLP units, and therefore may have little specialised experience or training, particularly with the dearth of funding to their department. We spoke with officers in several FSUs in Kambia, Freetown, and Western Rural, and heard similar stories of lacking manpower, vehicles with which to visit incident sites, equipment for evidence gathering, and even basic office supplies. A number of respondents in communities noted a need for more FSUs to expand their coverage and ability to respond.

The financial constraints on justice sector responses to sex with underage girls are numerous, and respondents from both the SLP and international NGOs noted that there is little donor support to the sector, either for police or justice mechanisms (the United Kingdom's Department for International Development and UNDP being the exceptions). Interviewees in communities noted that cases that go to the FSUs often lack follow-up, at least partly due to these resource constraints. We also heard that such challenges often prevent people from reporting incidents in the first place, as they may lack the money for transport, or might hesitate to spend the money given the slim prospects of 'successful' conclusion through the courts, along with the costs of multiple trips to district or provincial headquarters during the process.

Another reason for the weak justice response to teenage pregnancy, however, is the fact that socio-cultural attitudes do not always see teenage pregnancy as problematic in and of itself. One NGO worker told us that some in the community view the FSUs as 'scattering families' and not an appropriate response to teenage pregnancy. In relation to socio-cultural attitudes, the connections between secret society initiation, early marriage and teenage pregnancy remain under-explored, with little programming on reducing teenage pregnancy directly grappling with these issues. Some argue that secret society initiation (involving female circumcision) also contributes to early marriage (and thus early sex)

with girls seen as ready for marriage upon completion of initiation, while others note that early marriage seems to be a result, rather than cause, of teenage pregnancy (de Koning et al., 2013: 11). According to the law, initiation is now illegal before the age of 18 in Sierra Leone but it is still widely believed to be practised at all ages – from infancy through to 18 years – and this was confirmed by our focus group discussions with teenage girls. One chief interviewed in Port Loko told us that the Koran says a girl should get married when she starts menstruating. When asked what this means if a girl begins menstruation at 13 years old, he said that her mother could decide to delay marriage for 'a few years' until she was, say, 16 years old. There are, of course, a range of views across the country – other chiefs told us they forbid marriage of girls under 18 in their communities. Nonetheless, socio-cultural attitudes are hugely influential and remain relatively overlooked in the current spread of programming.

Summary of reflections

Reducing teenage pregnancy is a long-term process. These critiques are not to suggest that this kind of programming is fruitless; to the contrary, research by Shirley et al. (2014) and UNFPA (2011), among others, suggests that the kinds of programmes described above can have a significant impact on teens' and other community members' attitudes and knowledge, as well as their openness to discussion and learning about these sensitive topics. Most of the programming described here is aimed at cultural shifts, which are inherently a long-term project and difficult to measure. They also do not take place in a vacuum, but are subject to their circumstances just like all the people involved; hence, crises like the Ebola outbreak may roll back progress in some ways – as we heard from a number of interviewees – while advancing it more quickly in others.

Programming faces both implementation challenges, as well as more fundamental challenges related to the underlying logics involved in programming approaches. This section has offered some reflections from our observations of how efforts to reduce teenage pregnancy are conducted and received that demonstrate these challenges. Improving existing efforts to reduce teenage pregnancy thus requires addressing the implementation challenges but also grappling with the deeper flaws in programming logic. This also may require a greater appetite among NGOs and the donors that fund them for programmes that do not necessarily deliver tangible and quantifiable outputs, given the attitudinal shifts reduction of teenage pregnancy requires. Donors should also, therefore, seek to strengthen their own mechanisms for dealing with complexity and uncertainties inherent in addressing this challenging problem.

5 Recommendations

Building on the analysis in this paper, we conclude with six recommendations that aim to improve efforts to reduce teenage pregnancy. These recommendations are particularly timely as the National Strategy on Reducing Teenage Pregnancy is reviewed and updated in 2016. Many of these recommendations will not come as a surprise, yet they remain areas in which programming has not kept pace with acknowledged problems.

The overarching prescription is to shift the focus of strategies away from changing girls' (perceived or labelled 'bad') behaviour to address and seek to change the wider context in which girls are incentivised to make the choices and decisions that they do. The current focus suggests that it is girls' behaviour that is problematic and that the onus is thus on them to fix the problem of teenage pregnancy. This misses the fact that the choices girls make are the outcome of a constellation of factors related to gender roles, power, poverty, the various forms of sex and knowledge about sex that combine to make teenage pregnancy more likely. With planning for a new National Strategy in its early stages, renewed efforts to tackle the problem of teenage pregnancy should shift to a focus on engaging with these factors that shape the wider context which is responsible for teenage pregnancy.

Recommendation 1: Do not just focus programmes on girls as if they are the ones who need to change their behaviour; focus on communities as a whole, especially males and parents

An overwhelming focus of much programming on reducing teenage pregnancy is about changing girls' behaviour – by getting girls to use family planning, abstain from sex, stay in school, and so on. While this might make intuitive sense, it ignores the fact that girls' behaviour is the outcome of the context in which they find themselves and their ability to turn these well-intentioned messages into practice is always mediated by that context. For instance, girls cannot easily choose to stay in school if their families are poor and there is pressure for them to work or get married to obtain a bride price. Similarly, girls cannot easily choose to use family planning if they are located at a distance from health facilities, there is a charge for contraceptives, or if their sexual partners encourage or force them not to use it. Focusing on girls' behaviour in such situations places the burden of solving the problem on those with the least power, neglecting the disadvantaged positions in which girls find themselves and how these limit their ability to exercise agency.

Rather, our findings suggest that efforts to reduce teenage pregnancy need to engage more broadly with those elements that shape the context in which girls are engaging in unsafe sex. We were struck by how few organisations are engaging with men and boys – an oversight that many organisations themselves acknowledge. Yet in male-dominated society, it is ultimately men whose attitudes towards and expectations of girls and women most shape gender roles and resulting behaviours and expectations. At a more basic level, of course, men are responsible for impregnating their sexual partners; pregnancy does not happen without their participation. However, there are obvious cultural norms justifying unequal distribution of responsibility. We heard men and boys describe an entitlement to sex, little or no responsibility for preventing pregnancy – and sometimes pride in impregnating their sexual partners – and the desire for multiple girlfriends, including for married men.

In addition to working with men and boys, parents are an important target group who have influence over the wider context in which girls are getting pregnant (for instance by not talking to their children about sex, making decisions about sending sons rather than daughters to school, or sending girls out at night to collect water). Our interviews revealed that parents tend to react angrily if their teenage daughter becomes pregnant, often kicking her out of the home and admonishing that 'you're an adult now; go take care of yourself'. We also heard that parents feel powerless to control their children's behaviour. Many pointed to a post-war breakdown in respect for elders and the introduction of the 'child rights' discourse as negative influences that have led children to disregard their parents' authority and advice.

To genuinely reduce teenage pregnancy – and not just to help girls avoid it – programming should move to engage with these components of the problem, recognising how a variety of different actors contribute to it. Interventions may involve facilitating conversations between men and women and between parents and children on broader topics such as respect for women and girls, household relations, domestic violence and supportive childrearing practices. Rather than focusing on what girls should do differently, these can and should promote healthier attitudes towards and expectations of girls, and more supportive environments for both girls' and boys' development. Some NGOs are already implementing projects along these lines, such as FINE Sierra Leone's Husband Schools and previous projects by Concern and the International Rescue Committee (Rancourt, 2015). There is space for significantly more and greater creative efforts along these lines.

Of course, 'changing the context' is not a short-term endeavour, and there are likely to be challenges in fitting this sort of programming into the tangible results frameworks favoured by many donors. Yet the growing attention to 'doing development differently' suggests an appetite for change among donors and implementing NGOs (DDD, 2014). Programming could strike more of a balance between efforts to change girls' decision-making in the short term and efforts to transform the context in the longer term. This two-track logic could be explicitly integrated into theories of change to help take a more comprehensive approach to programming and change the context, not just the girls. A preference for quantifiable outputs could also be replaced with rigorous monitoring of attitudinal change, for instance.

Recommendation 2: Programming should reflect an understanding of the different kinds of sex girls are having and the complexity of those relationships

There is a need to disaggregate the various forms of sex that girls are engaging in and how those result in teenage pregnancy. Transactional sex, sex with peer-age boyfriends, and rape happen for different reasons. Efforts to reduce teenage pregnancy thus need to engage with the specifics of each of these categories (recognising that girls are often engaging in multiple types of sex at once; and that individual relationships can cross over more than one category). Targeting interventions in this way will also connect programming with girls' own experiences of sexual relationships in a more relevant way. Rather than talking about the importance of using family planning, for instance, programming can address the specifics of how this applies in different sexual relationships – including who pays for it, how it is accessed, etc. Programming that seeks to minimise girls' risk of and vulnerability to rape will necessarily look different from programming aimed at girls who are having sex with their peer-age boyfriends. This requires donors and NGOs to be clearer about which aspects of the problem they are focusing on and how, and what are the root causes they need to address.

In regard to transactional sex – the category that emerged most often in our research – programming efforts should internalise and promote an understanding of it as rooted in girls' limited livelihood opportunities. This would help to counter ideas that transactional sex is due to girls' loose morals and bad behaviour, which results in teenage pregnancy being blamed on them and policy responses punishing the girls. Even where transactional sex is utilised by teenage girls to gain access to seemingly

unnecessary resources, such as clothes and phones, this must be understood from the perspective of teenagers and the lack of avenues to financial and social capital available to them.

In relation to rape, programmes should deepen their understanding of how rape is understood by girls and women, as well as by men and boys, and integrate this into programming. Our research suggests that rape and sexual penetration are often not viewed as such by those who perpetrate, or are survivors of, such crimes. Where these terms are not clearly understood or utilised, programming should consider how best to broach issues of unwanted and underage sex in order to open up conversations and avoid backlash. Tackling the issue head on – for instance by explaining that husbands having sex with their underage wives is a form of rape – may not in all cases be the most productive approach. On the other hand, making clear that transactional sex with minors is a crime might help to build stigma around such sexual relationships and help to deter them. Here, the views of parents and community leaders are especially important, as they are key in decisions to settle cases of sexual penetration and rape informally, sending the message that such behaviour is, if not acceptable, then certainly redeemable.

The new National Strategy on the Reduction of Teenage Pregnancy could helpfully include a disaggregation of these categories to encourage programming on the different ways in which girls get pregnant. This would help to move to a more nuanced understanding of the problem, recognising that teenage pregnancy is never something that can be eradicated but rather can be reduced, focusing in particular on the most harmful ways in which girls get pregnant.

Recommendation 3: Recognise and invest in the under-prioritised socio-cultural and justice components of teenage pregnancy

The focus of most programming on teenage pregnancy is overwhelmingly from a health and education perspective – providing SRH knowledge and focusing on girls staying in school. These are, of course, critically important components of the problem. Yet we found that the justice and socio-cultural aspects of the problem were largely overlooked from a funding and programmatic perspective. Even where interventions were cross-cutting, including child protection aspects, these were substantially weaker than the health and education components. This oversight matters because

Credit: Abbie Trayler-Smith

Trained MCHA's (Maternal Child Health Aids) take part in a yearly refresher course at Piyeha District Hospital (funded by UNICEF)

it has the effect of treating teenage pregnancy as an overwhelmingly developmental problem when it is also an issue of rights, legality and culture.

One of the most striking suggestions we heard from teenage girls when asked about how they think teenage pregnancy can be reduced was to actually prosecute men who get girls pregnant. Many had seen men taken to the police, but almost none had ever seen anything further come of that in terms of punishment (of the man himself) or deterrence (for men in general). As long as there is impunity for men committing statutory rape, along with limited encouragement of condom usage, the burden of preventing teenage pregnancy will continue to fall to girls. While there are some organisations working on the justice components, most do not have national coverage, and support for government authorities such as the FSUs and Ministry of Social Welfare, Gender and Children's Affairs is limited. There is clearly a long way to go before they are robustly funded and equipped to meet their mandate, not to mention the need for the justice system to keep pace.

The socio-cultural aspects of teenage pregnancy also remain overlooked. The relationship between secret society initiation, early marriage and teenage pregnancy remains under-explored but certainly influences community perceptions of teenage pregnancy. Socio-cultural attitudes are hugely influential, and opportunities to engage with chiefs through the Council of Paramount Chiefs, secret society elders through the Traditional Healers Union (which includes *soweis*), and churches and mosques, for instance, should be explored.

Recommendation 4: Get beyond siloed approaches and coordinate across health, education, justice and socio-cultural approaches

Despite efforts to coordinate the many actors working on reducing teenage pregnancy, including by the National Secretariat for the Reduction of Teenage Pregnancy, there remains a siloed sectoral approach to programming. The new National Strategy would benefit from a wider framing of the problem of teenage pregnancy, including areas outside of health and education. A good way to begin to put the reduction of teenage pregnancy on the political radar of different ministries and actors in government is to ensure that their relevant areas of influence are noted and incorporated as relevant to reduction efforts in the new National Strategy.

Another important step to address such siloed approaches would be ensuring that all those organisations working on the different components of the problem of teenage pregnancy actively engage with the National Strategy process. This is especially the case for those working on the justice and socio-cultural elements of teenage pregnancy, whose participation in the National Secretariat's coordination meetings has been limited. The process itself would benefit from some improvements: meetings should not focus on purely informational updates on individual organisation's activities but focus more on interactive and joint problem solving. This will help to make coordination meetings more strategically focused. The new National Strategy would benefit from a more structured approach with working groups that meet on specific areas of operation that report up to the Secretariat, with representatives meeting across working groups to ensure cross-fertilisation. The involvement of more actors must be structured so that it does not simply create longer meetings, but generates more useful cooperation and action.

Recommendation 5: Real knowledge about sex should be provided to communities (not just girls) without scare-mongering

For all the focus on SRH, there is still surprisingly little in the way of frank, informative knowledge-sharing about sex. The majority of the messages that reach the girls we spoke with – those who had access to adolescent-friendly health spaces, girls' clubs, school clubs and community outreach activities – focused on the dangers of sex and pregnancy. The spreading of ideas such as 'if you get pregnant before 18, you will die' creates misinformation and fear rather than better-educated and empowered girls. Presumably this idea stems from the higher rates of maternal mortality associated with teenage pregnancy, yet the scaremongering effect of this messaging is unhelpful.

What is needed are sensible, fact-based conversations about sex and pregnancy. This needs to focus on giving girls *and their wider communities* real knowledge about sex – its biological, social and emotional aspects. Such conversations should not just target girls, but both sexes, and include inter-generational discussions about sex, pregnancy and child-rearing. It is likely that many parents of teenage girls have never had such conversations about sex themselves. Further, inter-generational and mixed-sex conversations might also help to break down uneasiness in talking about sex and promote healthier attitudes towards it, contrary to the view we heard from some respondents that males and females talking about sex – in any forum or manner – only brings them closer to having it.

Recommendation 6: Community leaders should be engaged as part of behaviour change efforts, building on channels established during the Ebola response

Who delivers messages about behaviour change matters. This is not a new revelation but one that warrants repeating. This was perhaps made most apparent during the Ebola response in Sierra Leone, where engagement with community leaders such as chiefs and traditional healers was crucial to getting public health messages through to communities. That lesson should not be forgotten post-Ebola. Relationships built with such community leaders and the channels of communication opened up through them should continue to be utilised in wider behaviour change efforts, including around reducing teenage pregnancy.

The participation of religious leaders, in particular, would also serve to challenge a fundamental socio-cultural aspect of pregnancy prevention, which is, as a local leader put it: 'In Africa we don't believe in family planning – we believe God gives us children.' Not all religious leaders are likely to be enthusiastic participants in campaigns for sexual health education and pregnancy prevention. That said, a more holistic understanding of the problem of teenage pregnancy, as outlined above, suggests a number of alternative aspects and avenues in which such leaders might be engaged, including poverty reduction, de-stigmatising teen mothers, encouraging an end to legal impunity for crimes such as rape, and overall respect for women and girls.

FINE Sierra Leone's Husband Schools were one good example of this approach. Using local religious leaders, with the support of local chiefs, to reach out to men on issues such as domestic violence, the importance of antenatal visits, ensuring their children go to school and taking an interest in children's development, and so on, appeared to have resonance to many men attending the schools. Focus groups with the wives of men attending the school suggested that their husband's treatment of them and their children had indeed improved – with continued room for improvement, of course. Some of the husbands interviewed spoke quite earnestly about how difficult it was for them to control their temper and not simply hit their wives when frustrated – suggesting patterns of learned behaviour and a lack of alternative methods for expressing anger. Critical to the tentative success of the Husband Schools seems to be the involvement of locally respected religious leaders who are responsible for organising them. As one NGO representative explained, religious leaders 'are a mouthpiece … they have power'. Because the organisers are known, respected and seen to be 'from' the same culture that they are simultaneously trying to change, they are well-received by the men the programme targets. The same result would likely not be achieved were the schools run by those perceived to be 'external' – from Freetown or abroad – and thus unknown.

Credit: Lisa Denney

FINE Sierra Leone Husband School Member, Bo district

While many programmes aim to support local actors to deliver programming, it is important that those supported are respected and have the capacity to influence whoever the targets are. Where the targets are teenage girls, having a 'lead girl' – such as in the girls' clubs – might be appropriate. However, lead girls are unlikely to influence those in the wider community, particularly boys and men, who also need to be engaged if we are to change the context, not just the girls.

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