

# Teenage pregnancy in Sierra Leone: priorities for a future research agenda

## Key messages:

- There is an emerging knowledge base on teenage pregnancy in Sierra Leone, which identifies key drivers and consequences, but largely fails to address how vulnerabilities are shaped by the wider context.
- Programming on teenage pregnancy suffers from fragmentation, an overly narrow focus on girls and weak problem definition, and would benefit from a stronger understanding of how change happens.
- Future SLRC research could accompany local stakeholders in developing and testing new theories of change, trialling and learning from new approaches, and developing a common vision for a more holistic and strategic response.

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Credit: Fifteen-year old with her six month old baby, Sierra Leone, UNICEF, Kassaye, 2015.

## Introduction

Sierra Leone has among the highest rates of teenage pregnancy (TP) in the world. The problem is shaped by the country's post-conflict context, in which teenage girls face profound structural exclusion, discrimination and poverty; norms related to gender and sex are in flux, with traditional norms existing alongside newer attitudes (Bransky et al, 2017); and where a relatively progressive policy and legal framework has emerged, but its implementation is hampered by extreme institutional weakness and limited ownership.

Existing policies and programming to reduce TP have had limited impact. As previous SLRC [research has shown](#), this is partly due to a narrow focus on girls' behaviour and a failure to address the wider context that influences girls' decision-making and shapes their vulnerability to TP (Denney et al, 2016).

This briefing paper summarises the state of current knowledge and programming on TP in Sierra Leone and identifies some key gaps. It goes on to propose a future research agenda on this issue that could be undertaken by SLRC and supported by Irish Aid under its new five-year strategy for Sierra Leone. The paper is based on findings from research conducted in Sierra Leone in April 2018, as well as previous SLRC research and the wider international evidence base. This research was conducted in Freetown, Western Rural, Port Loko and Kambia and included interviews with representatives of 28 organisations involved in the TP response

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Credit: 'Teenage pregnancy, not me, not now!' Billboard in Sierra Leone. Lisa Denney/ODI, 2014

at every level, visits to four project sites, discussions with beneficiaries, and a feedback session with key stakeholders.

### Current knowledge on teenage pregnancy in Sierra Leone

In recent years significant knowledge has been generated on TP in Sierra Leone. However, this emerging knowledge base remains limited in the extent to which it examines how vulnerabilities to TP interact; differ for different categories of girls and different types of sexual relationships; or are shaped by the broader institutional and social context.

Existing evidence documents the importance of both economic factors and social norms in driving TP. Economic factors include the prevalence of transactional sex, girls working or living outside the family home, older girls being expected to provide for themselves, and overcrowded living conditions. Meanwhile social and normative factors include those that underlie practices of female genital mutilation (FGM) and child marriage,<sup>1</sup> expectations about girls' obedience to men (de Koning et al 2013), cultural taboos against discussing sex, peer pressure, and access to pornography. High rates of sexual violence also drive TP and are exacerbated by a climate of impunity in which victims are blamed, families prioritise compromise over prosecution, and justice responses are weak and inaccessible.

Existing evidence suggests that TP has multiple negative consequences for Sierra Leonean girls. The most obvious of these are school drop-out (pregnant girls are banned from attending school) and the health risks that attend early childbirth. The broader economic and social consequences of

pregnancy depend in large part on whether the girl is married, and if not then whether either the baby's father or the girl's family is willing to support her. In all cases TP significantly undermines girls' abilities to achieve their full potential.

Weak service provision emerges as a major factor exacerbating the problem of TP, particularly in rural areas. Sexual and reproductive health services (SRH) can be inaccessible due to distance, cost, stigma and unavailability of contraceptive products. Likewise, social work services generally lack capacity to follow up with vulnerable girls. Critically, the school system – instead of providing protection for girls from TP (Presler-Marshall & Jones, 2012) – often increases girls' vulnerability to TP due to sexual abuse within school, absence of comprehensive sex education, lack of safe transport to school, or older girls being sent away to school.

### Current responses to teenage pregnancy

The TP response falls broadly into two categories, which operate on different levels and in relatively disconnected ways. Most programming works at community level, providing girls with safe spaces, information, mentoring and life skills, and raising awareness among parents and communities. Such programmes tend to be implemented by civil society organisations (CSOs) in relative isolation from one another as well as from institutional level responses. In addition, there are responses that seek to build the capacity of state institutions at multiple levels to respond to TP, for example through strengthening government coordination mechanisms or expanding provision of SRH services. These types of programmes are less common, in part because working with government systems is seen as more challenging.

1. In Sierra Leone TP is more commonly a cause of child marriage than a consequence of it (UNICEF, 2015). Anecdotal evidence suggests FGM is a precursor to TP and child marriage, as it signals that girls are ready to be sexually active.

## Findings: weaknesses and gaps in current responses

Our analysis of current responses to TP in Sierra Leone identifies key weaknesses in terms of how these responses are structured, what they focus on, and the understandings of change on which they are based.

### 1. Weaknesses in the structure of responses

Coordination is a challenge at every level of the response and between these levels. Coordination among line ministries is weak, perpetuating a siloed approach, which is often reinforced by donor sector specific support. At the local level there is significant fragmentation, with multiple actors delivering similar programmes in a largely uncoordinated way. Strengthening coordination, including between sectors and levels, is vital for implementation of the new multi-sectoral 'National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage (2017 – 2021)'. Critically, monitoring and evaluation is also limited and evidence about the process and impact of interventions tends to be weak. This limits opportunities to learn from experience, adapt programmes, or build on successes.

Ownership of the TP response is problematic. The response has so far been largely donor driven, and government and donor priorities have not always aligned. However, there is now an important opportunity to increase government ownership, as TP features on the New Direction Agenda of the recently elected government. In addition, the large gap between the current policy framework and wider societal norms means that policy is not always owned by the stakeholders responsible for its implementation. There are also problems with sustainability, with donor-funded government programmes being withdrawn as donor priorities shift, and CSO programming at local level often failing to align with existing structures in ways that could enhance sustainability.

It is clear that a more systemic approach is needed. While the policy framework is reasonably strong and there is a lot of programming on the ground, there is a huge need to strengthen the national, district and community level institutions, systems and services responsible for implementation of the new TP strategy, as well as coordination and referral pathways between them. Such systems building is critical for effective support to adolescent girls (GAGE Consortium, 2017).

### 2. Gaps in the focus of responses

While the strong focus within responses on empowering girls, community awareness raising and SRH information and services is valuable, our research suggests there are other important areas that are being overlooked. In particular, a more holistic and strategic approach is required in order to promote change in the underlying norms and attitudes that fuel TP. This means widening the range of stakeholders that programmes work with, as well as addressing the ways in which institutions at multiple

levels shape beliefs about gender, sex and teenage girls. It demands a greater focus on men and boys. It also requires reaching out to traditional and religious institutions and leaders who uphold local customs and tradition, such as imams and pastors, as well as to the female secret societies that are an important gatekeeper for accessing adolescent girls and have a powerful influence over female identities and social roles.

In all cases TP significantly undermines girls' abilities to achieve their full potential.

The economic drivers of TP are widely recognised but are somewhat overlooked in programming. For example, many programmes provide girls with information and life skills with the explicit aim of increasing decision-making ability. However, few are working on the economic empowerment that is also required to support autonomous decision-making, or the economic factors that shape vulnerabilities.

Finally, more focus is required on improving the justice response to TP. An increase in successful prosecutions for sexual crimes could act as a powerful deterrent. As previous SLRC research found, 'current programmes emphasise the physical and social health and education aspects of teenage pregnancy while overlooking the justice and sociocultural aspects... [missing] an important modality of shaping social norms and behaviours' (Denney et al, 2016).

### 3. Weak understanding of how change happens

Our research found that while some programmes had an explicit theory of change (ToC), many were based on standardised interventions and implicit assumptions about how change happens. This reflects broader international evidence about programming in this area, particularly the common lack of a clear problem definition, and limited understanding of causal mechanisms and change processes (UNFPA, 2015).

Most programming appears to be based on the assumption that if girls have greater information, confidence and access to SRH services this will 'empower' them to avoid early sex or else to use contraceptives. This assumption does not address why girls engage in early sex and the factors that shape their decision-making. It also fails to examine what 'empowerment' may look like for different categories of girls, or how it relates to girls' experience of sex. For example, SLRC research (Denney et al, 2016) found that girls can see transactional sex as empowering if it enables them to meet their own needs. Critically, the assumption that targeting interventions on girls will change TP outcomes fails to take account of girls limited power and agency or the wider environment in which they operate.





Credit: Sierra Leone partner visit. Direct Relief, 2013.

### Implications for a future research agenda

Our study sought to identify priorities for future SLRC research on TP in Sierra Leone, to be supported by Irish Aid as an integral part of their new country strategy, particularly regarding the aims of such research, how it should work and with whom, and what issues it could focus on.

**Aims:** Given the weak theories of change (ToCs) underlying current programming, a central aim must be to strengthen the understanding of Irish Aid's partners and other stakeholders regarding how change happens in the area of TP. Irish Aid's partners will design the next phases of their TP programming later this year and this offers an opportunity to work with them to develop more robust ToCs, as well as to build in space within programmes to test and adapt these.

**Ways of working:** In order to be relevant and useful the research should be action based, with embedded learning able to meaningfully accompany decision logics on programming and ways of working. This requires SLRC to work closely with Irish Aid partners, in order to leverage their experiences, knowledge and expertise and to provide consistent engagement, advice and capacity building. Critically, the research should support partners to innovate and experiment, including trying out and learning from new approaches; to adapt programming in response to experience and evidence; and to identify and measure progress towards the long term normative changes that are sought.

**Who to work with:** Given the current fragmentation of the TP response in Sierra Leone, it would be useful if this research could support the development of a community of practice (CoP) working on TP. This CoP would include Irish Aid partners and other key actors involved in the TP response, and would help facilitate strategic networks and alliances across

different stakeholder groups. It is critical that such a CoP works closely with the structures that will be established for the implementation of the new TP strategy. It must also link to and build upon the work of existing networks such as the CoP on gender-based violence and the Salone Adolescent Girls Network. Such a CoP would allow experiences to be shared and learned from, foster common understandings of the problem of TP and support the adoption of new knowledge and scaling up of successful approaches.

**Research focus:** While the specific issues and questions for the research should be determined together with Irish Aid and its partners, some key themes appear to be particularly important.

One overarching theme is around the social norms that contribute to the problem of TP, how these are generated, perpetuated and legitimised, and entry points to change them. This would include examination of the role of traditional and religious institutions in shaping such norms and the practices and behaviours that flow from them, as well as identifying how best to work with these institutions for norm change.

Critically, it could involve examination of the complex interconnections between TP, child marriage and FGM and the institutions and norms that foster them. While evidence suggests that TP, child marriage and FGM influence each other in a variety of ways, relatively little is known about how this happens. A better understanding of this could help identify opportunities for joined-up work on these issues. Likewise, research on norms could also involve examination of the attitudes, experiences and behaviour of men and boys and how these contribute to the problem of TP. For example, how masculine identities have been shaped by conflict and rapid social change.

While there has been significant emphasis on providing teenage girls with information, training and skills, there has been little focus on understanding girls' experiences, perceptions and decision-making processes and how these shape their vulnerability to TP. Research in this area could help inform responses that are based on girls' own self-images and are more acceptable and relevant to them.

Given the weaknesses in the structure of the current TP response, it would be useful if this research could provide some insights into how programmes can contribute to a more systemic, integrated, sustainable and locally owned response. For example, by documenting and informing how interventions in a given area can be oriented to strengthen connections across sectoral silos; building common understandings

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and local ownership; connecting to and strengthen existing systems and institutions; and by examining what meaningfully integrated approaches – for example across prevention, justice and protection for girl survivors of sexual violence – might look like.

Finally, it is important to note that, in order to meaningfully explore the complex social norms and perceptions that underlie the problem of TP, and to identify entry points and approaches to shift these, this research will require an ambitious methodology that employs a wide range of innovative methods.

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Credit: 'Stop teenage pregnancy', Sierra Leone, Hope 4 Ebola Orphans, 2017

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