An Evaluation of Teenage Pregnancy Pilot Projects in Sierra Leone

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Acronyms

AIDS	Acquire Immune Deficiency syndrome
CCSL	Council of Churches of Sierra Leone
CWC	Child Welfare Committees
FSU	Family Support Unit
GBV	Gender based violence
HIV	Human immunodeficiency virus
LS	Life skills
JSS	Junior Secondary School
MICS	Multiple Indicator Cluster Survey
NGO	Non-Government Organization
PD	Positive deviance
SEA	Sexual exploitation and abuse
SGBV	Sexual and gender based violence
SLP	Sierra Leonean Police
SRH	Sexual and reproductive health
STIs	Sexually transmitted infections
UNICEF	United Nations Children Fund

SIERRA LEONE

★ National capital
◉ Region capital
○ City, town
✈ Major airport
▬·▬·▬ National boundary
▬·▬·▬ Region boundary

EXECUTIVE SUMMARY

PURPOSE OF STUDY

Teenage pregnancy and motherhood has been identified as the second most prevalent child abuse practice in Sierra Leone. It constitutes a national and community-wide problem, with a prevalence of 68 percent pregnancy rate among sexually experienced teenage girls, with a mean age of 15, and 28 percent of teenage boys having caused a pregnancy.[1] While sexually active teenagers had frequent sex (49 percent in the last few months and 44 percent in recent weeks), slightly more than one-third (35 percent) had ever used a condom.[2] Only a small percentage (9.2 percent) of the girls between 15 and 19 who had more than one sexual partner during the last twelve months reported to have used condom the last time they had sex.[3] Moreover, even though about 64 percent of the females between the ages of 15 and 19 know HIV can be transmitted from mother to child, only around 7 percent of sexually active girls within this age group have been tested for HIV and know their results.[4]

The Sierra Leone Out-of-School Study[5] identified 'high pregnancy rate' amongst primary and secondary school children as a strong contributing factor as to why school-aged children drop out of school. Teenage pregnancy has serious long-term and wide-ranging consequences – from health complications (for young mother and the baby) to educational attainment and broader socio-economic repercussions. With nearly 48 percent of the total population between 0-17 years of age[6], prevention and reduction of teenage pregnancy is a national priority. Some of the root causes of teenage pregnancy and motherhood have been identified as:

- Cultural concepts of child and childhood and what constitutes abuse in the local context;
- Cultural beliefs related to gender roles and identities;
- Sex as social exchange – favors and transactional sex;
- A deficiency in parenting skills in transmitting knowledge and information about sexual behavior to their children, as well as the inability of some parents to support the basic needs of their children;
- Sexual exploitation and abuse, especially against children aged 12 -14 years;
- Absence of sex education curriculum in most primary and secondary schools;
- Risky sexual behavior including absence of consistent contraception and condom use due to cultural beliefs and lack of knowledge and information;
- Peer pressure;
- Prevalence of customary law and codes of behavior to resolve GBV and child abuse; and

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[1] A glimpse into the World of Teenage pregnancy (UNICEF Sierra Leone, 2010).
[2] Ibid.
[3] UNICEF. Sierra Leone, Multiple Indicator Cluster Survey (MICS) 2010. Final Report, December 2011.
[4] Ibid.
[5] The Out-of-School Children of Sierra Leone (UNICEF, Sierra Leone, 2008).
[6] UNICEF. Sierra Leone, Multiple Indicator Cluster Survey (MICS) 2010. Final Report, December 2011.

- Absence of rule of law to address impunity.[7]

To address the root causes of teenage pregnancy, UNICEF established partnerships with Child Fund, Save the Children, Council of Churches of Sierra Leone (CCSL), Restless Development, and BRAC to implement five pilot projects in the districts of Bombali, Kennema, Kailahun, Pujuhun, Koinadugu, Kono, and Port Loko with the aim to reduce the prevalence of teenage pregnancy in the country.

The aim of this study is to foster learning about the actors, contexts, and challenges in preventing/reducing teenage pregnancy for the purposes of strategic decision making. It explores the pilot projects' contribution in producing situational and contextual changes (i.e., gender attitudes and relations, family relations, community relations and commitment, degree of community collaboration, empowerment, access to and utilization of reproductive health services, access to information, etc.) in selected areas in which the projects were implemented. The evaluation attempts to provide this information by comparing differences and changes in outcomes in areas in which the projects were implemented with those that were not. This study does not examine the attribution of individual programs on prevention or reduction of teenage pregnancy; nor does it assess the success or failure of the five projects over one another. The multi-dimensionality of social change, and the concurrent presence of programs (in both the study's intervention and control sites) by the five NGOs and others, on reproductive health, HIV/AIDS, and child protection - and thus their spill-over effects - do not allow for attributing change to a single program/project and/or a single approach. Furthermore, given the short duration of the projects and different target groups, it is difficult to assess the sustainability of individual project outcomes.

The specific questions in analyzing the contribution of the five projects in addressing the root causes of teenage pregnancy are as follows:
1) Were there any noticeable changes/differences in definitions of childhood and adulthood, gender relations and roles between the intervention and comparison areas of individual projects?
2) Were there any noticeable changes/differences in the socialization goals of parents/guardians and their attitudes and practices in preventing teenage pregnancy between the intervention and comparison areas of individual projects?
3) Were there any noticeable changes/differences in attitudes, knowledge, and behavior of teenagers in preventing teenage pregnancy (including use of contraceptives) in the intervention and comparison areas of individual projects?
4) What were respondent perceptions of the projects, and their suggestions for reducing teenage pregnancy?

DESCRIPTION OF PILOT PROJECTS

Each implementing partner used a different strategy to address the problem of teenage pregnancy. **Child Fund** adopted a positive deviance (PD) social and behavioral approach aimed

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[7] See A glimpse into the World of Teenage pregnancy (UNICEF Sierra Leone, 2010); UNICEF. Sierra Leone, Multiple Indicator Cluster Survey (MICS) 2010

at supporting community members in finding solutions to prevention of teen pregnancy by supporting teenage girls and boys to identify positive role models, encouraging them to engage in continual dissemination of positive deviance messages on teen pregnancy through existing or new community based structures (such as 'clubs') or groups, and providing support to teenagers and teenage mothers to address gender based violence (GBV) cases through the use of the referral protocol mechanism.

Save the Children supported the formulation and independent monitoring of bye laws at the community level, and the development and implementation of a district advocacy strategy and actions. The project also worked to increase children's access to and the coordination and child friendliness of services to prevent and respond to GBV, sexual exploitation and abuse (SEA) and teenage pregnancy.

CCSL supported children in primary and junior secondary schools (JSS) to develop social and emotional skills that would promote positive behavior and effective learning regarding the dangers of early sexual exposure, and to provide information and skills for postponing sexual activity and/or reducing the risk of sexual activity. Its activities also covered promoting positive parenting roles through community forums, and building community teen health networks to provide outreach, information, and support to adolescents on sexual reproductive health issues.

Restless Development provided a core package of services to support in and out of school youth in their Sexual and Reproductive Health (SRH) choices and Life skills (LS) education by engaging teenagers in peer to peer education, youth friendly resources centers, youth action clubs and student action groups operated by volunteer peer educators.

BRAC implemented a program that was geared towards the social and economic empowerment of adolescent girls through establishing adolescent girls clubs, providing life skills and livelihood training, access to microfinance, and community sensitization activities led by an adolescent leader.

METHODOLOGY

The study employs an outcome mapping evaluation approach in order to assess the different dimensions of change in mindsets, context, attitudes and perceptions of individuals and groups that influence motivations, interactions, relationships, and behavior. It examines 'upstream effects' such as processes that contribute to and influence social change rather than 'ultimate effects' of the projects such as reduction in teenage pregnancy. In this vein, the study relies on a qualitative methodology consisting of focus groups discussions and key informant interviews in order to present a more complete picture of "insiders" view, and reasons, contexts, and processes through which action/behavior and attitudes are shaped and practiced. A qualitative methodology is capable of capturing the dynamics of interaction among persons and groups, determine causes of a particular event, and make cross-case comparisons and analysis.

The study took place in the districts of Port Loko, Kenema, Kailahun, and Pujehun between July and August 2013. In all four districts, two communities were selected according to the following criteria:

- One intervention community where at least one of the pilot projects was implemented
- One comparison community where none of the pilot projects was implemented

Data were collected from focus groups and key informants. A total of 726 individuals took part in 79 focus groups led by three teams of interviewers in eight communities in the four districts. Eleven key informant interviews were also conducted by the international consultant. The study employed purposive sampling in the selection of a wide range of focus group participants and key informant interviewees in order to ensure that both direct and non-direct project beneficiaries in the intervention communities would be included. In both the intervention and comparison areas, the focus groups consisted of: boys and girls (in and out of school); parents/guardians; religious leaders, school management board and committee members, and reproductive health service providers. The key informant interviews included: the Family Support Unit (FSU) of the police; Child Welfare Committee (CWC) workers; and community leaders including community chiefs (paramount, section, and local chiefs).

Six focus group questionnaires, composed of semi-structured questions, were designed to ensure that the objectives of the pilot projects for different target groups and beneficiaries were adequately addressed. The key informant interviews included specific questions regarding the role of the FSU, CWC workers, and community leaders (paramount, section, and local chiefs), general impressions regarding any changes in community knowledge, attitudes, and behavior with regard to teenage pregnancy, and perceptions of barriers in addressing teenage pregnancy.

KEY FINDINGS

Project Contributions to Changes in Outcomes
The pilot projects' contributions in producing a change in attitudes and perceptions, and behavior of children and adults in addressing teenage pregnancy were judged in light of changes in outcomes such as gender relations and roles, attitudes and perceptions, socializing goals of parents, and sexual behavior of teenage boys and girls. The similarity among all four districts and across communities (both intervention and comparison) in terms of gender-based constraints on girls and boys, parental roles, attitudes and knowledge of contraceptives, and sexual behavior were surprisingly consistent. Overall, the study did not find any major differences in these outcomes between the intervention and control areas of the pilot projects individually or collectively. On the other hand, findings also indicate that the presence of these projects in communities *has* contributed to raising awareness regarding such issues as the health consequences of early pregnancy, health dangers of having multiple sexual partners and unprotected sex (i.e., STIs and HIV/AIDS), and the importance of using contraceptives in preventing unwanted and early pregnancies.

Absence of collective efficacy in addressing factors related to teenage pregnancy was reflected in the manner in which failure to resolve or face problems was attributed to external factors (i.e., poverty, technology, Nigerian pornographic films, dance clubs, Child Rights, and God), and "blame shifting" tendencies among girls and boys, fathers and mothers, parents and children, and community leaders and the government. Active civic engagement and collective cooperation and information sharing including frequent dialogues with the "equitable" involvement of all

members and social groups in addressing the root causes of the problem is, for the most part, still missing.

Conceptions of Childhood and Adulthood
The division between child and adult status and roles are defined along physical appearance and development (such as puberty), and ability to take on social and financial responsibilities (including marriage, having a family, finishing one's education, and in some cases having been initiated into the "secret society"), rather than age. Respondent perceptions regarding the transition between childhood and adulthood were mixed. For example, for some the status of a person would change from that of a child to an adult with the birth of a child; for others, a child would remain a child to the extent that she/he was financially dependent on her/his family, irrespective of having mothered or fathered a child.

Although having a child confers social status, fatherhood and motherhood at an early age outside marriage are generally perceived as shameful for the girl and the boy as well as their families. The majority of the teenage respondents objected to children becoming a father or a mother before having finished their education and being able to take care of their family.

Gender Roles and Power Relations
Perceptions of femininity and masculinity continue to be defined along strict gender roles and status. They are supported by sanctions on behavior in family and community life, and boosted by 'blame shifting' attitudes between males and females, and "gendered rights or wrongs" of sexual behavior. Males, it is said, have money and material goods, but females whose access to money is very limited, have only their bodies. Public sympathy tends to lie with the boy who impregnates the girl, rather than the girl who has become pregnant.

In the same way that a female's womanhood is compromised if she fails to bear and give birth to a child, a male's manhood is compromised if he fails to demonstrate his sexual power by impregnating a girl. Tensions surrounding traditional norm and value systems, gender identities (including concepts of manhood and womanhood) and power relations, social status, social exchange, and religious beliefs explain many of the remarks, attitudes and actions that otherwise may appear contradictory, as, for example, when a girl or a boy respects someone who abstains or refuses to have sex until they have finished school, and yet views someone's rejection of his or her sexual advances as disrespectful. Or, when there is knowledge and awareness of the health consequences of multiple sexual partners, and yet having multiple sexual partners is perceived as a confirmation of social status and masculinity or femininity among peers.

Parent/Child Roles and Relations
Parental roles and relations with their children are clearly undergoing changes as a result of children's greater access to education and information, and post-war social and economic transformations. Parents' long held values of children obtaining permission and consent prior to engaging in sexual behavior and/or choosing a marriage partner are lost in contemporary Sierra Leonean society. Child Rights is often misunderstood as an attack on parents and traditional parent/child relations, and a diminution of parental authority. It is commonly believed that the parents' "rights" in controlling and correcting the inappropriate behaviors of their children are purged to the extent that children believe that *they* have the "right" and thus the power to

discredit and/or punish (or threaten to punish) their parents by reporting their actions to appropriate authorities.

The general tendency is for the mother to take on the role of mentoring and advising her children on sexual and reproductive issues. A girl's early pregnancy and a boy's early fatherhood are often blamed on lack of supervision from their families - with the mother as the principal culprit - and absence of parental care (i.e., in the case of orphans). Interactive communication between children and parents regarding social and health issues surrounding sexual behavior were not found to be the norm. Fathers tend to delegate the responsibility of informing children (especially daughters) on sexual behavior and contraceptives to mothers; and mothers tend to delegate that responsibility to the NGOs and nurses and health workers in the clinics.

Contraception - Knowledge, Attitude, and Behavior
Although most respondents have knowledge on contraceptives and health consequences of unprotected sex, relatively few teenagers adhere to using contraceptives. Misconceptions about contraceptives, ranging from condoms getting stuck in the girl's vagina or stomach or producing an oil that would make boys impotent, to bleeding and inability of ever having a child, and lack of proper education on their use and on reproductive health explain some of the reasons for low utilization rates among teenagers. Some girls and boys do not use condoms because they believe condoms reduce sexual pleasure.

The majority of teenagers were aware of the health consequences of multiple sexual partners, such as HIV/AIDS, and STIs (particularly gonorrhea). It is, however, unclear how many have accurate knowledge on the causes and signs of sexually transmitted infections. It is rare for parents to explain to their children the health consequences of unprotected sex not only due to religious beliefs, but also because of lack of interactive communication skills and accurate knowledge.

Respondent Perceptions of Project Effectiveness/Benefits
The general perception among respondents is that teenage pregnancy remains an important problem in the communities, with no significant changes in teenage and parental behaviors, and community participation and public engagement in addressing the problem. Community members, however, welcome the presence of NGOs in their localities and tend to rely on their "guidance" and "advice" to confront issues related to teenage pregnancy. Some respondents felt that the presence of the projects had alleviated the incidence of teenage pregnancy in their community and/or schools. Others believed that there is a need for greater collective effort and collaboration among men, women, girls, boys, schools, health clinics, community leaders, the government, as well as the NGOs to address the issue.

*BRAC***:** Teenage mothers who had participated in BRAC's micro-finance project in Wharf, Port Loko, expressed their gratitude for the opportunity that was given to them to improve their lives. Being able to have a livelihood and earning an income has "empowered" them to the extent that they have earned respect from their family and the community by becoming financially self-sufficient and independent. Some indicated that with the income they have earned, they will also be able to pay for their school fees and continue their education. The workshops at the clubs had

also helped them to gain more confidence and they believed that the program had contributed to reducing teenage pregnancy.

Child Fund: Teenage mothers that had benefited from Child Fund's skills training and income generation program in Jojoima, Kailahun, voiced their appreciation of the program for allowing them to use the income they make from soap making, baking, and selling peanuts, among others, to take care of their child. On the other hand, they also indicated that they all wished to return to school; however, their profits were not high enough (due to the amount of the original sum that was paid to them) to allow them to pay for their school costs. Child Fund beneficiaries who had been involved in clubs and positive deviance messaging in the same area also believed that the project had increased their self-confidence and skills in expressing themselves in public.

Restless Development: Restless Development was well-known among respondents in many areas including those in which its teenage prevention pilot project was not implemented. For instance in Balam, Kenema, adults and children both mentioned the NGO's name as contributing to raising awareness on teenage pregnancy and contraceptives, and changing behavior among some teenagers.

CCSL: Project beneficiaries such as teachers and other school management committee/board members (including teachers), and mothers felt that CCSL's pilot project has contributed to raising awareness among children as well as teachers and parents on teenage pregnancy. They praised CCSL for its work in educating them on interactive communication skills to talk to children about sex.

Save the Children: Save the Children was better recognized for its awareness raising programs on child protection than for its advocacy efforts on passing laws and bye-laws on teenage pregnancy. In general, bye laws were not viewed as being necessarily effective in preventing teenage pregnancy by the majority of respondents. Moreover, the majority of the respondents believed that there is still an absence of the rule of law to address impunity in cases of SGBV.

RECOMMENDATIONS

Without an appreciation for the relationships among different features of the underlying cultural and social contexts, it is very difficult to design effective and sustainable initiatives to prevent and reduce teenage pregnancy. These challenges need to be addressed through a holistic approach with the integration of community outreach programmes, interpersonal communications, community commitment and collaboration, and comprehensive family planning services including quality counseling and referrals at school and health facility levels to ensure effectiveness and sustainability. This study makes the following recommendations for addressing teenage pregnancy and promoting equity and sustainable impacts:

In Program Design, Management & Monitoring:
- Link all stakeholders' work to national reproductive health program and program on prevention of teenage pregnancy.

- Ensure comprehensive gender analysis and a thorough understanding of interconnected gender issues early in the process of planning and designing programs.
- Identify and clarify the roles of different stakeholders – beneficiaries, partners, strategic allies or implementers, boundary partners – letting them explore in a participatory manner the most relevant (and sustainable) set of activities to focus on.
- Monitor capacity building initiatives by presenting the overarching objective as a series of progressive behavior changes of the actors involved, and track progress towards the goal and learn and address gaps as they work.
- Consider joint programs, and promote sustainable change by unifying the visions and coordinating the work of multiple actors in program design, management, and monitoring, and balancing skewed power relations.
- Ensure program flexibility to incorporate a change of strategy through learning, especially with regard to programs on issues such as teenage pregnancy where there are a number of interconnected factors and progress relies on the interactions of many different actors, and where causality and future changes are hard to forecast due to emergent and unexpected changes or results.
- To track sustainability of programs, focus on contribution and influence of programs on the processes of social change, rather than on controlling specific outcomes and claiming attribution.
- Demand gathering and use of sex disaggregated statistics in all phases of work, and ensure prompt adjustments in response to intermediate results to promote better outcomes.
- Conduct bi-yearly or yearly qualitative and quantitative studies (convenience sampling and/or case studies) as a way to monitor change in 'levels and context of influence' on behavior, as well as perceptions of project beneficiaries on the effectiveness of program strategies and design and implementation processes in producing the desired outcomes.

To Promote Life-Skills and Positive Deviance Modeling:
- Provide funding for follow-up projects with greater scope and coverage, and longer duration on life-skills and positive deviance modeling for both children and adults.
- Engage in greater community outreach activities in the form of frequent group discussions with girls and boys to obtain a better understanding of their interests and needs to best promote behavior change in the near future.
- Minimize change being seen as a response to outsiders' (i.e., community adults as well as NGOs) directives by providing greater opportunities for girls and boys to reflect and create their own change, creating their own topics of discussion and debate, and devising innovative mechanisms to disseminate information regarding hazards of teenage pregnancy, not using contraceptives, and having multiple sexual partners.
- Balance and coordinate activities related to reproductive health, family planning, HIV/AIDS, early and teenage pregnancy, and other child protection initiatives among all districts and communities with the participation of different NGOs and partners.
- Reformulate the approach to empowerment of girls and boys so that they recognize it as a process of achieving the necessary conditions for "reaching" both social and economic goals and the progression of activities towards the achievement of goals, rather than 'having' economic independence or power to decide on one's won by fostering personal and collective

development, and building on growing recognition of equality between girls and boys in education, and social and family responsibilities.

- Encourage formation of effective informal networks of peers to actively share and support measures that are being taken by community members, the NGOs and the government to put an end to teenage pregnancy.
- Provide wider opportunities for boys and girls, separately or together, in becoming involved in extra-curricular activities such as dance, music, arts, and sports as a means to promote social inclusion, empowerment, and self-efficacy.
- Provide opportunities for out of school boys and girls, separately or together, (including teenage mothers and pregnant teens) in becoming involved in activities such as dance, music, arts, and sports as a way to promote social inclusion, empowerment, and self-efficacy.

To Promote Collective Efficacy:
- Expand on promoting leadership qualities and role models and mentors from among in and out of school children (including teenage mothers and pregnant teens), and parents by having them share their stories with others during community events and public gatherings.

- Provide leadership training and interactive communication skills for local leaders to foster ownership and collaboration among community members, and increase the diversity of their involvement and activities - i.e., planning, outreach, resource mobilization, management, etc. – with the civil societies.
- Promote shared responsibility and the active involvement of boys and men, and girls and women in safe and responsible sexual relationships, family planning, and responsible parenthood by encouraging their participation and involvement through community forums and discussions with informed service providers with the presence of community and religious leaders.
- Reinforce social cohesion by building alliances and partnerships, regular and frequent information sharing and dialogue, and equitable involvement of groups such as adolescents/youth, women, people with disabilities, and different ethnic/religious groups.
- Initiate regular mother/father/teacher meetings, together or separately with the participation of children, to discuss their issues and concerns regarding sexual behavior and social interaction with their peers, and barriers to preventing teenage pregnancy.
- Provide non-material incentives (i.e., certificates, recommendation, symbolic tokens of achievement and recognition, etc.) to community and volunteer workers to promote motivation and their social status among community members, and ensure their presence in all communities.

To Promote Economic empowerment:
- Expand training and opportunities in livelihood activities, and offer a wider range of skills to pregnant teenagers, teenage mothers and male drop outs to promote economic empowerment.
- Facilitate out of school girls' and boy's control over income from livelihood activities, possibly through youth initiated cooperatives, to encourage trials of marketing and investment schemes and to promote decision-making over how funds are to be used for the family's livelihood and personal development.

- Provide exposure visits to teenage mothers or pregnant teenagers to income generation projects in other communities and districts, and opportunities to interact with other program beneficiaries for purposes of learning and problem solving regarding finances and savings.
- Advocate for livelihood education/home economics in secondary schools.

To Promote and Legitimize New Social Norms and Invalidate Incorrect/Discriminatory Assumptions:
- Employ innovative communication for change (C4D) strategies, techniques, and mechanisms that facilitate engagement of all community members including teenage mothers and pregnant teens in dialogue and decision-making processes, encouraging all to voice their views and perspectives about gender roles and identities, personal goals and values, failures/mistakes and successes, and changes in behavior and social practices and norms for the adoption of preventive practices.
- Promote and legitimize new social norms and invalidate incorrect and discriminatory assumptions and harmful norms by:
    - Spreading locally-relevant information in preventing teenage pregnancy in ways that are understood by all audiences by promoting effective methods for delivering information by radio, including debates and call-in question and answer programs between children and parents;
    - Delivering serial stories (soap operas) of girl/boy relations and family life in the context of changing social and economic conditions to propagate discussion and foster acceptability of alternative roles and ways of conduct for females and males;
    - Expanding the use of interactive approaches such as theatre and audio-visual presentations, with implicit and explicit messaging on reproductive health and family planning, followed by facilitated discussion;
    - Exploiting community radio programming and text messaging to reach a wider audience among both adults and children;
    - Providing interactive communication guidelines and training to NGOs on issues related to Child Rights, and organizing community meetings, discussion sessions on what Child Rights imply and how they can change adult/child relations in ways that are beneficial to both.
    - Promoting public "story telling" on individual and family situations, challenges, and successes in dealing with specific issues related to teenage pregnancy in collaboration with community leaders and civil societies through the media.

To Promote Knowledge and Sex & Reproductive Health Education:
- Advocate for updating a culturally sensitive curriculum and teaching materials on reproductive health and sex education that is delivered through both primary and secondary schools.
    - Assess textbooks on reproductive health and family planning;
    - Up-grade training for existing and new teachers at all levels on sex education;
    - Provide teacher training on sexually transmitted infections (STIs) and HIV/AIDS, and reproductive health;
    - Facilitate learning through regular special visits (i.e., monthly) by nurses and reproductive health service providers on (STIs) and HIV/AIDS;

- Promote gender parity among teachers so that girls can discuss sexual concerns with female teachers;
- Promote counseling services on reproductive health and contraception in schools;

- Facilitate learning through special workshops on reproductive health and contraception, and sexually transmitted infections (STIs) and HIV for parents and teenagers, and encourage them to attend by working with them in a participative manner, finding space for fathers and sons or mothers and daughters separately, or for all together, to reflect and create their own change and ways of communicating with their children, in order to minimize change being seen as a response to outsiders' (i.e., NGOs) directives.
- Provide in-service training for all health facility personnel (including outreach health service workers) on reproductive health and contraceptives so that their clients, i.e., women and girls, can have access to a wide choice of contraceptives, and are able to receive complete and accurate information about the variety of methods available and different contraceptive options if they experiences side effects.
- Increase correct and timely knowledge about contraceptives, including emergency contraception among women, men and community leaders through clinic- and community-based awareness raising and distribution programmes, and knowledge sessions on maternal and child health at schools and community events/forums.
- Provide training programs for health workers in counseling and interactive communication skills to talk to children (boys and girls) on reproductive health and family planning.

*To Promote the Needs of Special Groups (i.e., orphan teen mothers, girls with disabilities, the very poor)***:**
- Advocate and provide 'safe' homes in communities with appropriate health and counseling services for pregnant teens and teen mothers as well as their children.
- Advocate for provision of special services (including information) for disabled adolescents girls and boys.
- Provide training to reproductive health service providers and counselors/teachers in school in interactive communication skills to address the needs and concerns of special groups of children.

INTRODUCTION

BACKGROUND

Teenage pregnancy and motherhood has been identified as the second most prevalent child abuse practice in Sierra Leone. It constitutes a national and community-wide problem, with a prevalence of 68 percent pregnancy rate among sexually experienced teenage girls, with a mean age of 15, and 28 percent of teenage boys having caused a pregnancy.[8] While sexually active teenagers had frequent sex (49 percent in the last few months and 44 percent in recent weeks), slightly more than one-third (35 percent) had ever used a condom.[9] Only a small percentage (9.2 percent) of the girls between 15 and 19 who had more than one sexual partner during the last twelve months reported to have used condom the last time they had sex.[10] Moreover, even though about 64 percent of the females between the ages of 15 and 19 know HIV can be transmitted from mother to child, only around 7 percent of sexually active girls within this age group have been tested for HIV and know their results.[11]

As the National Strategy for the Reduction of Teenage Pregnancy states, "Early child bearing and teenage pregnancy is a complex issue with multiple causes and diverse consequences, which requires a large spectrum of interventions. It appears that it cannot be addressed independently from other adolescent and youth sexual and reproductive health (AYSRHR) questions and from economic and social issues."[12] Some of the root causes of teenage pregnancy and motherhood have been identified as:

- Cultural concepts of child and childhood and what constitutes abuse in the local context;
- Cultural beliefs related to gender roles and identities;
- Sex as social exchange – favors and transactional sex;
- A deficiency in parenting skills in transmitting knowledge and information about sexual behavior to their children, as well as the inability of some parents to support the basic needs of their children;
- Sexual exploitation and abuse, especially against children aged 12 -14 years;
- Absence of sex education curriculum in most primary and secondary schools;
- Risky sexual behavior including absence of consistent contraception and condom use due to cultural beliefs and lack of knowledge and information;
- Peer pressure;
- Prevalence of customary law and codes of behavior to resolve GBV and child abuse; and
- Absence of rule of law to address impunity.[13]

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[8] A glimpse into the World of Teenage pregnancy (UNICEF Sierra Leone, 2010).
[9] Ibid.
[10] UNICEF. Sierra Leone, Multiple Indicator Cluster Survey (MICS) 2010. Final Report, December 2011.
[11] Ibid.
[12] Let Girls be Girls, Not Mothers! National Strategy for the Reduction of Teenage Pregnancy (2013-2015).
[13] See A glimpse into the World of Teenage pregnancy (UNICEF Sierra Leone, 2010); UNICEF. Sierra Leone, Multiple Indicator Cluster Survey (MICS) 2010

Teenage pregnancy has serious long-term and wide-ranging consequences – from health complications (for young mother and the baby) to educational attainment and broader socio-economic repercussions. With nearly 48 percent of the country's total population between 0-17 years of age[14], prevention and reduction of teenage pregnancy is a national priority in Sierra Leone. To address this issue, UNICEF established partnerships with Child Fund, Save the Children, CCSL, Restless Development, and BRAC to implement five pilot projects in the districts of Bombali, Kennema, Kailahun, Pujuhun, Koinadugu, Kono, and Port Loko with the aim to reduce the prevalence of teenage pregnancy in the country.

Each implementing partner used a different strategy to address the problem of teenage pregnancy. **Child Fund** adopted a positive deviance (PD) social and behavioral approach aimed at supporting community members in finding solutions to prevention of teenage pregnancy in selected communities in the districts of Bo, Kailahun, Bombali and Koinadugua for a period of two years from 2010 to 2012. The program objectives were to: i) promote positive behavioral change in reproductive health using PD, and supporting teenage girls and boys to identify positive role models; ii) encourage teenagers to engage in continual dissemination of positive deviance messages on teen pregnancy through existing or new community based structures (such as 'clubs') or groups; iii) provide support to teenagers and teenage mothers to address gender based violence (GBV) cases through the use of the referral protocol mechanism, and iv) advocate for the reintegration of teenage mothers wanting to go back to school, and provide skills training for out of school teenage mothers.

Save the Children used a multi-dimensional approach in addressing the root causes of teenage pregnancy in Pujehun district for a period of 18 months between January 2011, and July 2012. The project objectives were to: i) support the strengthening of legal frame work at national district, and chiefdom levels to protect children from GBV,SEA and Teenage Pregnancy by contributing to the harmonization and strengthening of laws and by-laws and improving independent monitoring of those laws by civil society organizations and children; ii) increase access to and improve coordination and child friendliness of sexual and reproductive health and emergency health services, legal/justice, and social protection services to prevent and respond to gender based violence, sexual abuse and exploitation and teenage pregnancy; and iii) improve knowledge, attitudes and practices amongst adults and children in order to reduce the incidence of teenage pregnancy.

CCSL's approach to prevention of teenage pregnancy was to support children in developing social and emotional skills that would promote positive behavior and effective learning. The project's objectives were to: i) raise awareness among 3,250 children (1,000 boys, and 2,625 girls) in 65 primary and junior secondary schools (JSS) regarding the dangers of early sexual exposure, and provide information and skills for postponing sexual activity and/or reducing the risk of sexual activity; ii) promote positive parenting roles for parents through community forums, and positive practices for teachers in 65 primary and JSS schools; and iii) build 33 community teen health networks to provide outreach, information, and support to adolescents on

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[14] UNICEF. Sierra Leone, Multiple Indicator Cluster Survey (MICS) 2010. Final Report, December 2011.

sexual reproductive health issues. The project was implemented in Kenema and Pujehun districts between 2010 and 2012.

Restless Development's project on teenage pregnancy operated in the districts of Kono and Kailahun between 2010 and 2012. The objectives of the project was to: i) promote young people's access to improved youth-friendly SRH services and increased life skills to make and act on informed decision regarding their sexual health; and ii) provide support to the government and communities to implement measures to support young people to make informed decisions about their SRH. The program addressed its objectives by engaging teenagers in peer to peer education, youth friendly resources centers, youth action clubs and student action groups that were operated by volunteer peer educators, and by providing technical assistance to the government, local councils, traditional leaders, and partners including NGOs to build their capacity to implement measures to prevent, identify, refer and respond to child victims of sexual and gender based violence and teenage pregnancy.

BRAC implemented its project in two chiefdoms in Port Loko district between July 2012 and June 2013. The project's objective was to promote social and economic empowerment of approximately 300 girls aged 14 – 19 by establishing adolescent girls clubs (led by adolescent leaders) that provided life skills and livelihood training, access to microfinance, and by conducting periodic meetings with parents and village elder to sensitize them about the issues of adolescent girls and promote their participation.

PURPOSE OF STUDY

The aim of this study is to foster learning about the actors, contexts, and challenges in preventing/reducing teenage pregnancy for the purposes of strategic decision making. It explores the pilot projects' contribution in producing situational and contextual changes (i.e., gender attitudes and relations, family relations, community relations and commitment, degree of community collaboration, empowerment, access to and utilization of reproductive health services, access to information, etc.) in selected areas in which the projects were implemented. The evaluation attempts to provide this information by comparing differences and changes in outcomes in areas in which the projects were implemented with those that were not. This study does not examine the attribution of individual programs on prevention or reduction of teenage pregnancy; nor does it assess the success or failure of the five projects over one another. The multi-dimensionality of social change, and the concurrent presence of programs (in both the study's intervention and control sites) by the five NGOs and others, on reproductive health, HIV/AIDS, and child protection (that also addressed issues related to teenage pregnancy), and thus their spill-over effects, do not allow for attributing change to a single program/project and/or a single approach.

The specific questions in analyzing the contribution of the five projects in addressing the root causes of teenage pregnancy are as follows:

1) Were there any noticeable changes/differences in definitions of childhood and adulthood, gender relations and roles between the intervention and comparison areas of individual projects?

2) Were there any noticeable changes/differences in the socialization goals of parents/guardians and their attitudes and practices in preventing teenage pregnancy between the intervention and comparison areas of individual projects?
3) Were there any noticeable changes/differences in attitudes, knowledge, and behavior of teenagers in preventing teenage pregnancy (including use of contraceptives) in the intervention and comparison areas of individual projects?
4) What were respondent perceptions of the projects, and their suggestions for reducing teenage pregnancy?

REPORT STRUCTURE

The report first describes the background to teenage pregnancy in Sierra Leone and the pilot projects, followed by methodology. It then reviews the highlights of key findings according to the themes developed in the questionnaires for both the focus groups and key informants, and provides recommendations for future programming. The conclusion synthesizes the main findings, and is followed by references.

METHODOLOGY

The study employs an outcome mapping evaluation approach in order to assess the different dimensions of change in mindsets, context, attitudes and perceptions that influence motivations, interactions, relationships, and behavior. It examines 'upstream effects' such as processes that contribute to and influence social change rather than 'ultimate effects' of the projects such as prevention or reduction of teenage pregnancy.

In this vein, the study employed a qualitative method consisting of focus groups discussions and key informant interviews in order to present a more complete picture of "insiders" view, and reasons, contexts, and processes through which action/behavior and attitudes are shaped and practiced. Although a qualitative methodology does not determine precise incremental changes in knowledge, attitude, and behavior, it is capable of capturing the dynamics of interaction among persons and groups, determine causes of a particular event, and make cross-case comparisons and analysis.

Study Sites
The study took place in the districts of Port Loko, Kenema, Kailahun, and Pujehun. In all the four districts, two communities were selected according to the following criteria:

- One intervention community where at least one of the pilot projects was implemented
- One comparison community where none of the pilot projects was implemented

The Table below shows the selection of the sites by district, chiefdom, and community.

District	Chiefdom		Community	
	Intervention	**Comparison**	**Intervention (Project)**	**Comparison**
Port Loko	Maforki	Loko Nasana	Wharf (BRAC)	Lungi Lone Village
Kenema	Small Bo	Miawa	Blama (CCSL)	Bandawor
Kailahun	Malema	Malema	Jojoima (Child Fund & Restless Development)	Njama
Pujehun	Sowa	Panga Krim	Bandajuma (Save the Children)	Gobaru

Participants
Focus group participants were selected with the assistance of the implementing partners, and paramount and section chiefs in some of the control areas where the partners did not have

programs. The participants were selected according to the following criteria: a) teenage boys and girls in primary or secondary schools between the ages of 12 and 19; b) out of school/drop out teenage boys and girls between the ages of 12 and 19[15]; c) teen mothers or pregnant teens; d) mothers and fathers; e) school management or school board committee members; d) reproductive health service providers; e) religious leaders; f) mothers of teen mothers or pregnant teens; and g) teenage mothers benefiting from BRAC's micro-finance as wells those involved in Child Fund's skills training and clubs.

Each focus group consisted of at least 5, and at most, 12 respondents. In two areas (Gobaru/Pujehun and Jojoima/Kailahun), however, less than five health service providers participated because of the size of the clinics.

The key informant respondents were composed of local FSU officers, CWC workers, and community leaders including paramount and section chiefs.

Questionnaires
Six focus group questionnaires composed of semi-structured questions were designed to ensure that the objectives of the pilot projects for different target groups and beneficiaries were adequately addressed. The main questionnaire themes consisted of: 1) definition of childhood and adulthood; 2) gender roles and power relations; 3) parent/child roles and relations; 4) knowledge, attitude, behavior; 5) perceptions of project benefits, and 6) respondent suggestions. The questionnaires were written in English, but were administered in Krio, Mende, and Temne by local researchers.

In addition to some of the focus group themes, the key informant interviews included specific questions regarding the role of the FSU, CWC workers, and community leaders (paramount, section, and local chiefs), general impressions regarding any changes in community knowledge, attitudes, and behavior with regard to teenage pregnancy, and perceptions of barriers in addressing teenage pregnancy.

Research team
The research team consisted of six nationals with previous experience in qualitative research and who could speak at least one of the local languages, and one international consultant. The local researchers were divided into three teams with each team consisting of a male and a female interviewer/facilitator. Focus group interviewers/facilitators received a three-day training on the questionnaires in Freetown prior to the fieldwork.

Ethical considerations
Appropriate approvals were sought with the local authorities through the implementing partners to conduct the study at the selected sites. Oral consent was secured from all parents/guardians for respondents under 18 years of age at the time of participant selection by implementing partners. Oral consent was also secured from all respondents prior to the administration of the

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[15] Although in the majority of cases, drop outs are girls and boys that are implicated in a pregnancy and are therefore taken out of school by their parents and/or due to community bye laws, some children, especially girls, drop out of school due to lack of means to pay for school costs.

questionnaires. Each interview commenced with a careful explanation of the purpose of the study. All respondents were informed that their participation was voluntary and they could refuse any question they did not want to answer and leave at anytime. No identifying characteristics of respondents, except age and sex, were recorded during data collection. All audio recordings of focus group discussions were destroyed after transcription.

Limitations

A major limitation of this study was absence of "pure" comparison communities to evaluate the effectiveness of individual pilot projects. Furthermore, although the individual projects had conducted their own baselines prior to the implementation of their project in selected areas, inconsistencies in methodology and approach did not allow for this study to use findings from partner baselines as a benchmark for assessing 'change' or 'impact' in the outcomes of interest.[16] As a qualitative study, this evaluation was unable to determine precise incremental differences or changes in knowledge, attitude, and behavior of participants in intervention and comparison areas of each of the projects.

Constraints in time also prevented the team to be able to translate the questionnaires in individual local languages to ensure standardization, and to pilot test the questionnaires. Moreover, the study suffered from selection bias by only including respondents who were able to participate at the time the interviews were scheduled to be conducted, who may not have been the "direct" targets of the projects.

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[16] Individual projects had conducted baseline studies prior to the implementation of projects. However, since these studies were not done by an external investigator and the methodologies were different for each baseline, the data could not be used for comparison purposes in examining 'change.'

KEY FINDINGS

FOCUS GROUPS

THEME I: CONCEPTIONS OF CHILDHOOD AND ADULTHOOD

Perceptions of childhood were relatively uniform across districts and communities irrespective of participant age and sex. Definitions of childhood and adulthood were generally based on physical development and social and financial responsibilities (including the ability to care for oneself and one's family) rather than age. While some respondents (in both 'intervention' and 'comparison' communities) also referred to a child as someone under 18 years of age, the majority viewed a child as someone who has not reached puberty (referred to as "maturity"), who has not had any sexual experience (referred to as "mammi and daddi business"), who is still in school, and who is under parental care and is not able to take on financial responsibilities including paying school fees and other expenses for herself/himself or her/his family.

Some respondents differentiated between adolescence and childhood by describing a girl or a boy (as opposed to a child) as a person above the age of 10, 12 or 13 (but under 18, 20, or 25) who has reached puberty (with or without sexual experience) but does not have a child and nor is married; who is still under parental care; and/or has not yet finished his/her education. Similarly, the general consensus across communities, age groups and sex regarding attributes of adulthood were physical appearance and development, marriage, having children (inside or outside marriage), having a home, having financial independence and ability to take on responsibilities for one's family, and in some instances, having been initiated into the "secret society" or "Bondo" [17] society.

Although having a child confers social status, fatherhood and motherhood at an early age outside marriage are generally perceived as shameful for the girl and the boy as well as their families. The majority objected to children becoming a father or a mother before having finished their education and being able to take care of their family, but a few said they would be proud to have a child. Most of the teen mothers and pregnant teenagers expressed their regret for the "mistake" they had made, and wished for a second chance to continue with their education, even though some were happy to have a child in spite of the difficult life they were leading. Representative comments follow:

> *"A child cannot give birth to a child; once you have given birth to a child you are no longer a child."[18]*

> *"Your status will decrease [if you have a child] because people will gossip about you whenever you go into town. They will say there goes a dropout. It is shameful at times."*

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[17] Girls are initiated in Bondo Society where female genital cutting is practiced.
[18] School Committee member, Lungi Lone, Port Loko

"Motherhood is not nice or enjoyable when you have a child this young. We had sex too early. It's never an honor to be called a mother when you are this young."[19]

"Children are valuable assets. If a woman does not have a child, she will be regarded as some shit. She will be worthless among her fellow women. Even if you are educated and become a president, without a child, you are nobody."[20]

"To me, having a child means embarrassment, because I am not yet mature. If I have a child calling me 'papa' it's not a joke, it's a reality I would be ashamed of."[21]

"You should reach the stage to have a child. Some school girls are in class six and they have a child. If their parents are poor, there will be additional burden on them. If you are educated, can find a job, and are married you will be able to take care of your child."[22]

"I would feel good to become a mother. I would say, some older women do not have children and I am small, but God has given me a child. That is why I would be happy."[23]

"I will be happy [to have a child] because if you have a child at age 17, for example, you and your child will grow up together. People will admire you and say, the two are growing together. They would even say he is your brother …especially your peers, they will like it. The older people don't like it. Like me, I even feel ashamed now that I do not have a child because all of my friends have children and they even mock me that I always waste my sperm. I really would want to have a child now. I will feel very proud to have a child."[24]

"In this town, the main competition is childbirth and not education. When there is a quarrel between girls one will say, we are not in the same class, I have already a child and you don't. So it really depends on who talk to."[25]

"All my brothers and sisters have a child; I don't even have a rat. I will try to have a child so all of us will be the same."[26]

"To me, it [becoming a father] is a sign of backwardness [i.e., failure], because I cannot be responsible for the child."[27]

THEME II: GENDER ROLES AND POWER RELATIONS

A person's identity and role are strongly ascribed to the status of being male or female. Femininity and masculinity are defined along strict gender roles and status. For example, some

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[19] Teenage mother, Jojoima, Kailahun
[20] Teenage mother, Gobaru, Pujehun
[21] Secondary school boy, Blama, Kenema
[22] Secondary school girl, Gobaru, Pujehun
[23] Primary school girl, Bandawor, Kenema
[24] Out of school boy, Lungi Lone, Port Loko
[25] Secondary school girl, Blama, Kenema
[26] Secondary school boy, Blama, Kenema
[27] Secondary school boy, Gobaru, Pujehun

respondents considered qualities of femininity as beauty, laziness, blushing, humility, and subservience, and those for masculinity, as physical strength, power, sexual intercourse, ugliness, and head of household. The primary marker of "womanhood" is when a girl reaches puberty and is able to give birth. A girl's image is contingent on her ability to fulfill her domestic responsibilities (i.e., cooking, doing laundry, cleaning, fetching water, etc.), showing respect towards her parents and other adults, dressing properly (i.e., wearing the "lappa"[28], not showing her breasts or wearing tight clothes to provoke boys/men), being subservient and humble (especially towards men), and continuing her education.

The transition from 'boyhood' to 'manhood' is also closely associated with physical appearance including indications of puberty. Similar to a girl, a boy's image is based on his ability to fulfill his domestic tasks (i.e., sweeping, ironing, fetching wood or water, cutting the grass, helping around the house, etc.), his way of behavior and respect towards his parents and community elders, his "seriousness" in terms of concentrating on his education and 'not ruining' a girl's life by getting her pregnant, and his way of dressing (i.e., not wearing "shabba"[29]).

Although polygamy is said to be decreasing, the construct that sexual performance by a man is emblematic of his masculinity leads to continuation of the practice of a male having (or being urged to have) one or more outside women. By imitating fathers, some boys also come to believe that a male's manhood is compromised if he fails to demonstrate his sexual power by having a child and/or multiple sexual partners. In the same way, a female's womanhood is compromised if she fails to bear and give birth to a child. The majority of teenage boys and girls did not approve of multiple sexual partners due to health and/or social reasons, even though some expressed favorable attitudes to the extent that it was perceived as a confirmation of their social status and masculinity or femininity among their peers.

Tensions between value systems and subgroup norms (i.e., peer group) and trust and reciprocity are perhaps nowhere more evident than in the realm of boy/girl social and sexual relations. For example, the majority of teenagers commend those who refuse sex to the degree that a boy's refusal to have sex with a girl indicates his respect and caring for both his and the girl's future, and a girl's refusal to have sex with a boy indicates her "seriousness" (i.e., wishing to continue with her education). Nonetheless, the general perception among teenagers is that if a girl refuses sex she will be considered "arrogant" - an attribute that is incompatible with the norms of femininity such as humility and subservience - and will thus become unpopular. Similarly, if a boy refuses sex with a girl, his masculinity and manhood will be questioned, and he is likely to be mocked and accused of being impotent. These attitudes demonstrate the perceptions of tradeoffs for the expected personal and social rewards of group belongingness and "being like others" among peers. Some respondent remarks are:

> *"My mother told me that if I want to have a girlfriend, I should find one that is not going to school."*[30]

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[28] A cloth worn by women around their waist as part of the traditional clothing.
[29] Shabba refers to improper clothing, i.e., boys wearing pants below their waist and showing skin.
[30] Secondary school boy, Jojoima, Kailahun

"I admire boys with multiple sex partners; I like them. In fact, I would think they are very lucky….but I would not like that person to date my sister or cousin." [31]

"Before, when a girl got pregnant, her friends would tease her, but now in school, girls tease those who do not have children, because they say boys don't like them."[32]

"I will respect the girl who refuses [to have sex] because then I know she is hard to get. I know she is not foolish. But I will continue pursuing her until I get her to come around.'[33]

"The boy who does not have sex with me will respect me because he doesn't have anything bad to say against me."[34]

"I will never ever respect the girl, because she has turned me down."[35]

"Yes, we respect them [girls who refuse to have sex with boys] because we see them as serious girls that cannot be easily fooled."[36]

"I will respect the girl who refuses sex with me because that will help me to save money, but I will not tell my friends about it."[37]

"With some men if you don't have sex with them they will not respect you, but if you accept to have sex with him everywhere you meet him, he will come to you anytime you call him. If you refuse him sex whenever you meet, he will not appreciate you."[38]

Favor is the dominant medium of social exchange. Favors are often given with expectations of favors in return. Findings from focus groups indicate that girls are frequently blamed for chasing boys for "favors" such as food, money, clothing, and cellular phones in return for their bodies. Some girls are accused of instigating sexual relations with male teachers in order to improve their prospects for grades and advanced education - even though teachers are equally accused of instigating sexual relations with their students. In general, sympathy tends to lie with the boy who impregnates the girl, rather than the girl who has become pregnant. Persisting gender biases are reflected in 'blame shifting' attitudes between males and females, and "gendered rights or wrongs" of sexual behavior. Some typical comments are:

"...the girls are the ones that chase and meet boys, and that's why boys to deny that they have impregnated a girl."[39]

"...in this town, the girls don't even study; all they care about is sex….These girls go in search of

[31] Out of school teenage boy, Lungi Lone, Port Loko.
[32] Religious leader, Jojoima, Kailahun
[33] Out of school teenage boy, Jojoima, Kailahun
[34] Secondary school girl, Gobaru, Pujehun
[35] Primary school boy, Blama, Kenema
[36] Secondary school boy, Gobaru, Pujehun
[37] Out of school boy, Gobaru, Pujehun
[38] Out of school teenage girl, Bandajuma, Pujehun
[39] Mother of a teen mother, Wharf, Port Loko

sex at night. They usually end up being pregnant. There are many of them in this town." [40]

"They [community members] will not say anything [about the boy]. The blame is on the girl. She was the one who accepted to have sex. She was not raped." [41]

"It is the girls who get in the boys' way. At night, the girls are the ones who go to the boys' house." [42]

"Some girls also pressure men to sleep with them." [43]

"The men these days are too wicked. They impregnate us the girls and don't want to marry us or even take care of our children. But I blame us the girls because we have the opportunity to abstain or even use preventives. The men are not raping us. We agree to have sex. So, I blame us the girls for being careless." [44]

"I think girls are engaged in multiple sex partners because of the attitude of men/boys." [45]

"The girls do not obey their parents; they just think they are free to do anything they want to do. The only way is to start punishing the girls because they are the ones chasing after boys." [46]

"Some have also inherited that [having multiple partners] from their mothers because they have heard their mothers say, "one man will not make a box full", that is one man cannot satisfy me so I need to look for more and that is what they see their mothers doing." [47]

There is a general acceptance that a girl will be on her own if she gets pregnant and will not be able to rely on the man who impregnates her for marriage and financial support. Neither adults nor children consider 'forced marriage' a solution; in effect, it is believed to be more damaging than beneficial to both parties, particularly the girl. Agreements among the girl's and the boy's family (if the father of the child is known) remain the norm, and are increasingly becoming institutionalized, given the large number of families that share the same problem.

Pregnancy often brings an end to a girl's education, although some girls do return to school after delivery if they have someone to look after their child and their parents or the boy's parents (depending on the agreement between families and community bye laws) is willing to pay for her school fees. The presence of a pregnant girl in school is not viewed favorably, although there is a general consensus for girls to continue their education after pregnancy. Most adults felt the presence of pregnant girls in school would give a 'bad' signal to other girls. Teenage respondents believed that the girl would be teased or mocked by her classmates and would not be able to focus on her studies. Responses of school management committee/board were mixed in both intervention and comparison areas of individual projects. Although some teachers and school

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[40] Secondary school boy, Bandajuma Pujehun
[41] Out of school boy, Lungi Lone, Port Loko
[42] Secondary school boy, Bandajuma, Pujehun
[43] Teenage mother, Bandawor, Kenema
[44] Secondary school girl, Blama, Kenema
[45] Mother of teen mother, Jojoima, Kailahun
[46] Father, Lungi Lone, Port Loko
[47] Father, Blama, Kenema

management committee/board members rejected the idea of having a pregnant teen and/or a teen mother in school, others believed that they needed to be a given a second chance in order to be able to contribute to the community.

Similarly, there is a general awareness that if a boy impregnates a girl, he is likely to be forced (mainly by his parents and/or community bye laws) to leave school and take responsibility for the child or run away if his parents do not reach an agreement with the girl's parents. Otherwise, the boy's parents usually agree to pay for the girl's school fees after she delivers, and both can return to school after the child is born. Examples of representative comments are:

> *"Their [pregnant teens] attendance will affect others, because they will teach their peers who haven't started 'mammi and daddi' business [sex]. A the same time, we should not leave them like that [i.e., out of school], because the illiteracy rate in the country will go up."[48]*

> *"Our own view is that girls should not return to school after pregnancy. In fact, this was the case before, but the government had to bow to the dictates of the international community and UNICEF."[49]*

> *"We hardly see them [pregnant teens] as serious people in the community, and in most cases we do not include them in any serious programs that are brought to the community. We can only include them if the programs are for their kind."[50]*

> *"There are children here that if they miss their menstrual period for a month, they stop going to school claiming that they are pregnant."[51]*

> *"We accept teen mothers in our school because the community should accept them. We think the community should give them the chance to further their education. Pregnancy and child birth is not a sickness."[52]*

> *"Pregnant teens should not be allowed in schools, but we can have a learning center for them so that they can contribute to the community, and bring down the number of out of school girls."[53]*

> *"[Impregnating a girl] means I will have to drop out of school, look for a job to sustain my new family, which I am sure would not do me any good at my age."[54]*

> *"I believe teenage mothers should stay at home because they don't want to be in school. If they wanted to be in school, they would have listened to their parents."[55]*

> *"I have decided to wait until I finish my education and get married before I have sex…because I*

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[48] School Management Committee/Board member, Blama, Kenema
[49] School Management Committee/Board member, Bandawor, Kenema
[50] School Management Committee/Board member, Bandajuma, Pujehun
[51] Reproductive health service provider, Jojoima, Kailahun
[52] School management committee/board member, Bandawor, Kenema
[53] School management committee/board member, Jojoima, Kailahun
[54] Secondary school boy, Wharf, Port Loko
[55] School management committee/board member, Jojoima, Kailahun

want to finish my education and become the President."[56]

"We see them [teenage mothers and pregnant teenagers] as drop outs because they have destroyed their future for education; be it a boy or a girl."[57]

"...the school committee members have instituted measures to discipline children [who impregnate girls], but most of time parents do not cooperate with us. When a boy in this school impregnates a girl from the community we drive the boy away, and if the girl is also attending the school, we drive her away as well until she delivers. But most of the time, parents do not report such cases to us because they are afraid we will punish the boy. They settle it at home."[58]

Notions of Empowerment

Empowerment for both boys and girls signified completion of education and engagement in livelihood and income earning activities in all communities. Responsibility and respect were generally associated with financial independence, and thus empowerment. On the other hand, some children also viewed empowerment as ability to decide and make choices for themselves, irrespective of their social and financial dependence on their parents. These conclusions are drawn from remarks such as:

"Empowerment means you can do whatever you think is good and you can take care of your family."[59]

"It [empowerment] means if my mother or parents are not around or even if they say they will not take care of me, I am now able to buy things for myself and take care of myself."[60]

"Empowerment means having a good man that can take care of me."[61]

"Empowerment means when the person is married and has children."[62]

"Empowerment means when you have a family and can feed all of them."[63]

"To me empowerment means that if I want to succeed in certain things like finishing my education, I will have to be focused and empower myself to resist girls and things that will destroy me, like bad company."[64]

"If you are educated and well trained in whatever you are doing, it means you can stand on your own."[65]

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[56] Secondary school boy, Bandajuma, Pujehun
[57] School Management Committee/Board member, Bandajuma, Pujehun
[58] School management committee/board member, Lungi Lone, Port Loko
[59] Out of school boy, Gobaru, Pujehun
[60] Teenage mother in BRAC micro-finance program, Wharf, Port Loko
[61] Teenage mother, Bandawar, Kenema
[62] Out of school girl, Blama, Kenema
[63] Primary school boy, Bandawor, Kenema
[64] Secondary school boy, Blama Kenema
[65] Secondary school Boy, Wharf, Port Loko

"Empowerment means I am big and do not need anybody to help me."[66]

"Some think that the moment they impregnate a girl it means they are now "complete men". They would even separate households, and would now cook separately from their parents."[67]

THEME III: PARENT/CHILD ROLES AND RELATIONS

In order to understand the pattern and changes in parent/child roles and relations, it is necessary to account for the socialization goals of parents, their intentions and beliefs about their actions and the way children themselves assess their treatment by them. Parental roles and relations with their children are clearly undergoing changes as a result of children's greater access to education and information, and post-war social and economic transformations. Parents' long held values of children obtaining permission and consent prior to engaging in sexual behavior and/or choosing a marriage partner are lost in contemporary Sierra Leonean society. In all communities, parental roles were described as providing for the basic needs of the child including paying for school fees. Children are expected to reciprocate their "obligation" to their parents by helping around the house and/or on the farm, showing respect, and following their parents' advice or dictates. In most cases, children do acknowledge the importance of respect for parents and as part of their "duty" as demonstrated in respondent comments below:

"One proverb says; what a parent sees while sitting down, a child cannot see even when standing."[68]

"[I care about what my family thinks of me] because they are the ones who delivered me. I should listen to them, if I don't and she [my mother] curses me, I will be truly cursed and will not prosper."[69]

"I care what my family thinks about me because they are the ones who take care of me and even now, they pay my school fees."[70]

Child Rights is often misunderstood as an attack on parents and traditional parent/child relations, and a diminution of parental authority. It is commonly believed that the parents' "rights" in controlling and correcting the inappropriate behaviors of their children are purged to the extent that children believe that *they* have the "right" and thus the power to discredit and/or punish (or threaten to punish) their parents by reporting their actions to appropriate authorities.

Both mothers and fathers adhere to "owning" their children and thus having the right to discipline and control them in whatever way seen as appropriate; this belief is however more dominant among fathers. Most view punishment as being synonymous with discipline, and "fear" of parents as an attribute of respect. Some typical remarks were as follow:

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[66] Out of school girl, Njama, Kailahun
[67] School boy, Lungi Lone, Port Loko
[68] Secondary school girl, Blama, Kenema
[69] Secondary school girl, Blama, Kenema
[70] Secondary school boy, Bandajuma, Pujehun

"Most girls and boys decide for themselves [about sexual behavior and preferences] because we now have human rights."[71]

"Girls and boys decide for themselves now because of human rights, we are given many rights now to decide for ourselves on sex and marriage."[72]

"For me, the Child Rights have given them [children] power to do all they want. They will do "man business" (sex) without fear of their parents. The right they [international organizations] have given them [children] has made them very much powerful in a way that they never want to learn or listen to their parents. The human rights has spoiled everything for children."[73]

"Well, the parent is the owner of the child, so it is their responsibility, like my wife and I do it....When my daughter reaches puberty and starts menstruating I'll start monitoring her. At times, I even invite a nurse to check if my daughter has started having sex. Children always fear getting embarrassed if their parents know that they have started having sex."[74]

"...they [children] do not have the power to decide about their sexual behavior because they don't have the sense to make that decision. Like me I have a teenage daughter. I always check to make sure that she is not buying anything expensive for which I didn't give her money. Because that's where it starts."[75]

"This Child Rights makes parents lose control over their children; when you discipline them they take you to the police."[76]

Fathers are generally considered appropriate figures to inform their sons on sexual relations, but mothers are often viewed as being responsible for informing both their daughters and sons on sexual behavior and contraceptives. Some participants believed fathers to be better agents to transmit knowledge about sex to children since they are "feared" more than mothers by daughters and sons, and others felt it was more appropriate for mothers to talk to their children about sex and contraceptives because they are closer to them. The general tendency, however, is for the mother to take on the role of mentoring and advising her children on sexual and reproductive health issues. In fact, mothers are responsible for both the socialization and the well-being of their children in the Sierra Leonean society; they are typically the ones who pay for their children's school fees, while fathers "assist".[77] Representative comments are:

"Their [children's] fathers have just left everything to their wives; they will say to the wife, you are the women and you are the one in the house to care for everything; I am always out."[78]

"Fathers should guide and be strict with the girl and the boy, because we fear them more than

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[71] Out of school boy, Bandajuma, Pujehun
[72] School girl, Lungi Lone, Port Loko
[73] Father, Lungi Lone, Port Loko
[74] Father, Wharf, Port Loko
[75] Reproductive Health Provider, Bandajuma, Pujehun
[76] Religious leader, Jojima, Kailahun
[77] Observation made by key informant (CWC Chairperson), Jojoima, Kailahun.
[78] Mother, Lungi Lone, Port Loko

our mothers."[79]

"As a mother if you know your children cannot take the advice of abstaining from sex until they are older, you should accompany them to the clinic as a way of encouraging them to use contraceptives."[80]

"Some fathers are doing it [talking to their sons about dangers of having multiple partners], but it all depends on whether the boys accept what their fathers are saying."[81]

"Those [parents] who care and talk to their children are the ones that pay school fees for their children; they want them to be educated."[82]

"From what I am going through, I say my parents should have made the decision for me."[83]

"The morality of the homes counts a lot in the way a child behaves."[84]

A girl's early pregnancy and a boy's early fatherhood are often blamed on lack of supervision from their families - with the mother as the principal culprit - and absence of parental care (i.e., in the case of orphans). Interactive communication among children and parents regarding social and health issues surrounding sexual behavior are not the norm. The study did not find any differences between the intervention and comparison sites with respect to parent/child interpersonal communication skills and/or parental roles to communicate information about sexual relations to the child. Some respondent remarks were:

"Some people in town will place the blame [of a girl's pregnancy] on their parents; that they did not advise them."[85]

"Mothers should control us [girls] to avoid early pregnancy.'[86]

"I ...threaten her [the girl's mother] that she will be responsible if my daughter gets pregnant."[87]

"Most fathers do not have problems with the girls [do not interfere in their affairs], they say girls are with their mothers, and blame the mothers when there is a problem with the girl such as early pregnancy."[88]

"Yes, mothers should talk to them [their daughters], but mothers themselves are not disciplined because they are the same ones that are encouraging their girls to do bad things, and just not letting the father to know."[89]

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[79] School girl, Lungi Lone, Port Loko
[80] Secondary school boy, Wharf, Port Loko
[81] Mother of teen mother, Bandawor, Kenema
[82] Secondary school boy, Gobaru, Pujehun
[83] Teenage mother, Bandajuma, Pujehun
[84] School management committee/board member, Lungi Lui, Port Loko
[85] Out of school girl, Njama, Kailahun
[86] Out of school girl, Blama, Kenema
[87] Father, Wharf, Port Loko
[88] Out of school girl, Blama, Kenema
[89] Father, Lungi Lone, Port Loko

> *"Mothers should also talk to their sons because when a child comes out fine, fathers always take the praise for it, but when a child goes 'bad' the blame is on the mother."[90]*

THEME IV: CONTRACEPTION - KNOWLEDGE, ATTITUDE, AND BEHAVIOR

Although most respondents have knowledge on contraceptives and health consequences of unprotected sex, relatively few teenagers adhere to using contraceptives. The majority identified Marie Stopes[91] and the radio as the principal sources of their information on contraceptives. A few also mentioned schools, health clinics, and parents as their principal sources.

Misconceptions about contraceptives, ranging from condoms getting stuck in the girl's vagina or stomach or producing an oil that would make boys impotent, to bleeding and inability of ever having a child, and lack of proper education on their use and on reproductive health explain some of the reasons for low utilization rates among teenagers. Some girls and boys reported not using condoms because of they perceive them as reducing sexual pleasure (i.e., "body to body"), while others gave reasons such as feeling shy and uncomfortable about being seen by other community members at Marie Stopes or a health clinic when asking for contraceptives. Some typical comments were:

> *"Let's talk about girls first; in fact they are the ones who tell the boys not to use condoms."[92]*

> *"In the community, the girls think that if we [the boys] use condoms with them, the condom will enter their tummy and cannot be retrieved. Even if we plead with them, they do not accept. And when a man really catches the feeling, he will do anything that the girl asks for. The girls think that if they don't have children for us, we will end our relationship with them."[93]*

> *"These preventives and captain band [contraceptive patch] that they give girls are a free ticket to have sex. Before, virginity was a pride, but now girls laugh at you if you are mature [i.e., reached puberty] and still a virgin."[94]*

> *"Some of them [girls and boys] know [about contraceptives], but the rate at which they are using them is questionable."[95]*

> *"What we see here is that when the girls have the 'captain band' [contraceptive patch] people gossip about them that the girls are loose."[96]*

> *"...a boy can advise his partner to go to Marie Stopes and take family planning."[97]*

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[90] Mother, Bandawor, Kenema
[91] Marie Stopes is an NGO that provides free contraceptives to community members and uses a van with loudspeakers to go around and raise awareness on contraceptives.
[92] School management committee/board member, Bandawor, Kenema
[93] Out of school teenager, Jojoima, Kailahun
[94] School management committee/board member, Bandawor, Kenema
[95] Teenage mother, Lungi Lone, Port Loko
[96] Mother of teen mother, Bandajuma, Pujehun
[97] Secondary school boy, Blama, Kenema

"Some girls will not want us to use condoms because they say that when we use condoms we are thinking that they have STIs."[98]

"Some parents lie [about contraceptives] by telling us that captain band [contraceptive patch] is an iron that melts inside the body and kills."[99]

"To me, I think that parents that went to school talk to their children, but parents that didn't, do not. We want our parents to talk to us so that we won't make mistakes."[100]

"There is a lot of talk about the use of contraceptives; some say it will lead to illness, some say it will lead to impotence, and some say it will lead to mental illness."[101]

"In my opinion, they [boys and girls] refuse using them [contraceptives] because we don't know how to use them."[102]

"Some of us want the physical touch of 'body to body'."[103]

Most respondents (teenagers and adults) believed that it is difficult for girls and boys to abstain from sex once they have experienced it. Contraceptives were suggested to be the best solution for preventing unwanted pregnancies. In response to the question 'what prevents girls from abstaining from sex until they are older or married', the following were representative:

"That has not happened here yet, and it is not even possible for that to happen…because girls these days, including all of us, have sex at a very early age. When you do it young, you will grow to like it excessively."[104]

"Right now my mother tells me that if I become pregnant she will ask me to get out of her house and will send me to the man who has impregnated me. She knows that if I go to a man's home, I will suffer, so she always advises me to use preventives, as she already knows that I have had sex and cannot abstain."[105]

"Don't waste your time; that [abstaining from sex] is not possible. The only thing we should do for our children if we want them to pursue their education is to encourage them to use contraceptives. No amount of advice prevents girls of today from having sex."[106]

Although some parents reported to encourage their children to use contraceptives to avoid early pregnancy and to receive proper advice on their use by nurses and health workers at the clinics, others felt that talking to children about sex and contraceptives would further encourage children to have "frivolous sex." In fact, in some instances, there appears to be greater tolerance for early

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[98] Out of school boy, Blama, Kenema
[99] Secondary school girl, Bandawor, Kenema
[100] Teenage mother, Njama, Kailahun
[101] Secondary school girl, Bandajuma, Pujehun
[102] Teenage mother, Bandajuma, Pujehun
[103] Out of school boy, Blama, Kenema
[104] Teen mother, Jojoima, Kailahun
[105] Secondary school girl, Blama, Kenema
[106] Mother of teenage mother, Njama, Kailahun

pregnancy than the use of contraceptives. The majority of adults and children admitted that it is rare for parents to talk to their children about sexual relations and contraceptives not only due to religious beliefs, but also because of lack of interactive communication skills and accurate knowledge. As noted before, fathers tend to delegate the responsibility of informing children (especially daughters) on sexual behavior and perils of unprotected sex to mothers; and mothers tend to delegate that responsibility to the NGOs (i.e., Marie Stopes) and nurses and health workers in the clinics. Others believe that schools should be responsible for teaching both boys and girls about ways to prevent unwanted pregnancies. Typical remarks were:

> *"Some parents give their children wrong information about contraceptives. They say it's the plan of white people to reduce the population in Africa. Yes, I have a friend who saw condoms in the hands of her daughter and she beat her up and drove her away from home."*[107]

> *"Most parents don't talk to their children [about sex] because they know Marie Stopes is there to prevent them from getting pregnant."*[108]

> *"I am not sure [about parents in the community talking to their children about contraceptives]; because if they were doing that the rate of teenage pregnancy would have been reduced, but it is not."*[109]

> *"Some of our mothers remind us to go and get our 'preventive' supply when the month ends, because some of us forget."*[110]

> *"Our parents need to be advised by NGOs for them to know that is good to advise us [about sex]."*[111]

> *"Parents are now more comfortable to talk to their children about contraceptives than before."*[112]

> *"Apart from religion that my friend mentioned, I think that our tradition is a big barrier. With the exception of the Creoles [the predominate tribe in Freetown], I personally don't believe that I should talk to my children about sex. It's a taboo, and we don't do it. Only when things get out of hand [i.e., when the girl gets pregnant], and even then I don't use the word sex with them."*[113]

> *"Most of the parents are ashamed to talk about "mammi and daddi business" [sex] with their children because they themselves are not educated to do that. So it is good to also educate the parents so that they in turn will be able to better educate their children."*[114]

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[107] School committee/board member, Lungi Lone, Port Loko
[108] Out of school boys, Bandajuma, Pujehun
[109] Secondary school boy, Wharf, Port Loko
[110] Secondary school boy, Bandawor, Kenema
[111] Secondary school girl, Bandajuma, Pujehun
[112] Mother of teen mother, Bandawor, Kenema
[113] School Committee/Board member, Lungi Lone, Port Loko
[114] School Committee/Board member, Bandajuma, Pujehun

"Organizations like Save the Children and Marie Stopes normally organize outreach exercises for children and parents, but generally, they [parents] don't talk to their children about sex…because this is a Muslim dominated community and they don't feel free to talk about sex."[115]

"I think it is the government's duty to sensitize parents and the girl children to use preventives. Some mothers do not know about these modern preventive; in fact, they tell their children that is would cause 'barrenness" and they should therefore not use it. Government and the NOGs like UNICEF and BRAC should sensitize both the girls and parents to use condoms, and PPA drugs. In those days, our people would only have sex after graduating from the Bondo and not just immediately after, but these days, the girls have sex even before they are initiated into Bondo."[116]

The majority of teenagers were aware of the health consequences of multiple sexual partners, such as HIV/AIDS, and STIs (particularly gonorrhea). It is, however, unclear how many have accurate knowledge on the causes and signs of sexually transmitted infections. For instance, in addition to HIV and STIs, a few respondents mentioned malaria, typhoid, and/ or tetanus as a health consequence of multiple sexual partners. Examples of respondent comments are:

"If you have multiple sexual partners, you become a drop out [from school]."

"We see girls with multiple sexual partners as prostitutes."[117]

"For me it [having too many sexual partners] means having more than three. There is a saying that goes: you should always have a stick behind your door just in case your neighbor's dog goes mad. You will use that stick to hit the mad dog to go away. Reserve makes America strong. You never know."[118]

"It is never good to have multiple sex partners. If you do, you could get diseases like syphilis or gonorrhea. And for women, when they get gonorrhea, it takes up to six years to detect and it might have reached the chronic stage. And even if some men know they are sick they will not tell the woman. They will only cure themselves and get away from the infected woman." [119]

"Some girls would feel proud [to have multiple sexual partners]; they would think that they are very attractive, that their 'cake is hot'."[120]

"I will not admire my friend because he is hurting himself [by having multiple sex partners]…Every time he ejaculates, he will lose 7 pounds. So if has sex with about 4 different girls a night, he will lose a lot of weight….That is what my Biology teacher told me."[121]

"Some girls have the habit of having many boyfriends, so we [the boys] only pursue those girls to have our own piece of cake. We call them 'cut and go'."[122]

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[115] Reproductive health service provider, Bandajuma, Pujehun
[116] Father, Wharf, Port Loko
[117] Out of school boy, Blama, Kenema
[118] Secondary school girl, Blama, Kenema
[119] Out of school teenage boy, Jojoima, Kailahun
[120] Secondary school girl, Blama, Kenema
[121] Out of school teenage boy, Jojoima, Kailahun
[122] Secondary school boy, Bandajuma, Pujehun

"Girls have multiple sexual partners because of the pressure they get from boys."[123]

"Boys usually are never satisfied with one partner. Anytime they see a more beautiful one they want to have her."[124]

THEME V: PERCEPTIONS OF PROJECT EFFECTIVENESS/BENEFITS

The general perception is that teenage pregnancy remains an important problem in the communities, with no significant changes in teenage and parental behaviors, and community participation and public engagement in addressing the problem. Findings also indicate that the presence of projects and programs in communities *has* contributed to raising awareness regarding certain issues such as the health consequences of early pregnancy, health dangers of having multiple sexual partners and having unprotected sex (such as STIs and HIV/AIDS), and the importance of using contraceptives in preventing unwanted and early pregnancies. Community members welcome the presence of NGOs in their communities and tend to rely on their "guidance" and "advice" to address the problem of teenage pregnancy. Some respondents felt that the presence of the projects had alleviated the incidence of teenage pregnancy in their community and/or schools. On the other hand, others believed that there is a need for greater collective effort and collaboration among men, women, girls, boys, schools, health clinics, community leaders, the government, as well as the NGOs to address the issue.

BRAC: Teenage mothers who had participated in BRAC's micro-finance project in Wharf, Port Loko, expressed their gratitude for the opportunity that was given to them to improve their lives. Being able to have a livelihood and earning an income has "empowered" them to the extent that they have earned respect from their family and the community by becoming financially self-sufficient and independent. Some indicated that with the income they have earned, they will also be able to pay for their school fees and continue their education. The workshops at the clubs had also helped them to gain more confidence and they believed that the program had contributed to reducing teenage pregnancy. On the other hand, the study did not find any significant differences between these girls and other respondents in terms of knowledge and attitude towards female/male sexual relations, contraceptives, self-efficacy, and/or gender roles and identities. Typical statements are:

"People are happy [with BRAC] because this program has stopped teenage pregnancy. When we are in the club, they teach us about preventives and how to use them."[125]

"Since the club was formed, no girl has got pregnant."[126]

"It [BRAC] has changed our lives, because we have money to do business."[127]

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[123] Teenage mother, Bandawor, Kenema
[124] Secondary school boy, Bandajuma, Pujehun
[125] Teenage mother in BRAC income generation program, Wharf, Port Loko
[126] Teenage mother in BRAC income generation program, Wharf, Port Loko
[127] Teenage mother in BRAC income generation program, Wharf, Port Loko

"Before my mother paid for my school, now I pay for myself."[128]

"I want BRAC to stay here."[129]

Child Fund: Similarly teenage mothers that had benefited from Child Fund's skills training and income generation program in Jojoima, Kailahun, voiced their appreciation of the program for allowing them to use the income they make from soap making, baking, and selling peanuts, among others, to take care of their child. On the other hand, they also indicated that they all wished to return to school; however, their profits were not high enough (due to the amount of the original sum that was paid to them) to allow them to pay for their school costs. Child Fund beneficiaries who had been involved in clubs and positive deviance messaging in the same area also believed that the project had increased their self-confidence and skills in expressing themselves in public. Once again, despite the positive feedback from both male and female respondents about the program, there was not a noticeable difference in the attitude and knowledge and behavior of these participants and those in other communities. Representative remarks follow:

"Child Fund has really helped us greatly. But I would like them to help us to go back to school because my parents cannot afford the cost of my education now."[130]

"Because of the efforts of Child Fund in this community and in my school we have many success stories we had many girls writing the Basic Education Certificate Examination this year who are not pregnant."[131]

"The youth clubs Child Fund is forming is helping teenage girls because they have no free time to be visiting boys."[132]

"They [Child Fund] have helped me not to feel ashamed to stand in public and talk, because they are taking us to quiz competitions and other programs in schools."[133]

"Some of us have stopped our bad habits like stealing and we are even changing the way we dress."[134]

"We want them [Child Fund] to stay in the community so that we will not forget what they have taught us, but if they leave, some of us will start doing the same things again."[135]

"They advise us on the way we dress; they said we should be dressing decent as boys."[136]

"They have advised us to keep off the streets; that is not good for our age."[137]

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[128] Teenage mother in BRAC income generation program, Wharf, Port Loko
[129] Teenage mother in BRAC income generation program, Wharf, Port Loko
[130] Teenage mother in Child Fund Income generating program, Joijoima, Kailahun
[131] School management committee/board member, Jojoima, Kailahun.
[132] School management committee/Board member, Jojoima, Kailahun.
[133] Child Fund beneficiary, secondary school girl, Jojima, Kailahun
[134] Child Fund beneficiary, secondary school boy, Jojima, Kailahun
[135] Child Fund beneficiary, secondary school boy, Jojoima, Kailahun
[136] Child Fund beneficiary, secondary school boy, Jojoima, Kailahun

"Marie Stopes has made everyone in the Jojoima area to know about contraceptive use…Even Child Fund has made us aware that teenage pregnancy is a risk to one's life."[138]

"Child fund has been sensitizing children in school through drama and teaching them the importance of staying in school until you are old enough to get married."[139]

Restless Development: Restless development was well-known among respondents in many areas including those in which its teenage prevention pilot project was not implemented. For instance in Balam, Kenema, adults and children both mentioned the NGO's name as contributing to raising awareness on teenage pregnancy and contraceptives, and changing behavior among some teenagers. Nonetheless, the program's effectiveness in terms of changing and/or showing differences in outcomes between intervention and comparison areas are not evident from respondent answers to the questionnaire themes. Comments included:

"They [Restless development] have helped us to know about contraceptives and prevention. Before, our parents were using traditional ropes around the waist as prevention, but it does not work because my sister had the rope and she still got pregnant, and right now she has two children"[140]

"They [Restless development] have helped to reduce the bad things that were happening in our community; things like rape between boys and girls have stopped."[141]

"[Because of Restless Development] some of us can now depend on one partner, and some of us are now using condoms when we want to do "mammi and daddi" business."[142]

"We have benefited a lot from Restless Development, like for me, my life has changed from doing the bad things I used to do; I do them no more. I used to sleep around with men, but now I have stopped that."[143]

"We want them [Restless Development] to stay in the community so that we will not forget what they have taught us, because if they leave some of us will start doing things again."[144]

"We want them [Restless Development] to be in our community at all times because they know how to advise us and they will be advising us at any time we need them."[145]

"They are very good with us and they know how to talk to everybody in the community including us."[146]

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[137] Child Fund beneficiary, secondary school boy, Jojoima, Kailahun
[138] Teenage mother in Child Fund income generating program, Jojoima, Kailahun.
[139] School management committee/board, Jojoima, Kailahun
[140] Secondary school girl, Jojoima, Kailahun
[141] Secondary school boy, Jojoima, Kailahun
[142] Secondary school boy, Jojoima, Kailahun
[143] Secondary school girl, Jojoima, Kailahun
[144] Secondary school boy, Jojoima, Kailahun
[145] Secondary school girl, Jojoima, Kailahun
[146] Secondary school girl, Jojoima, Kailahun

"We have learnt a lot from the program and now we know what to do if you don't want to get pregnant or get sicknesses like HIV/AIDS and others."[147]

"The peer educators are very good with us. We now encourage each other in the community. They used to visit every six months."[148]

CCSL: Similar to other projects, although CCSL has contributed to raising awareness among children as well as teachers and parents on teenage pregnancy, its success or failure over influencing and sustaining change in outcomes in the selected intervention area cannot be assessed. With the exception of some school management committee/board members and mothers that were interviewed in Blama, Kenema, none of the other participants mentioned anything about CCSL's project in Blama. The school management committee/board members (among whom are also teachers), and mothers praised CCSL for its work in educating them on interactive communication skills to talk to children about sex. Some remarks follow:

"We really thank God for CCSL. They teach us a lot about teenage pregnancy and now in this school teenage pregnancy has reduced drastically, now fewer girls get pregnant."[149]

"The CCSL program has really helped me by giving me knowledge which I share with my children."[150]

"We have been inviting health workers to visit the school and give talk on teenage pregnancy and the dangers of early sex. Our effort has helped to reduce teenage pregnancy a great deal in our community. For example, last year, we had seven girls who got pregnant, but his year we have not seen any in the community nor in the school."[151]

"CCSL has really helped me by showing me how to share my knowledge with my children. It has made a change in their lives at home and at school"[152]

"CCSL has helped to build the women' capacity so that they can teach children in a good way, so that society will not deny them tomorrow."[153]

"CCSL needs to build an adult education school and to give incentives for adults to participate."[154]

Save the Children: In Bandajuma, Pujehun, one of Save the Children's pilot project sites on teenage pregnancy, findings did not indicate any significant effects of the project that were different from the comparison area of the program in Pujehun. In general, bye laws are not viewed as being necessarily effective in preventing teenage pregnancy. According to a key informant in Bandajuma, Save the Children had invited the section and paramount chiefs only

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[147] Secondary school girl, Jojoima, Kailahun
[148] Secondary school boy, Jojoima, Kailahun
[149] School management committee/board member, Blama, Kenema
[150] Mother, Blama, Kenema
[151] School management committee/board member, Blama, Kenema
[152] Mother, Blama, Kenema
[153] Mother, Blama, Kenema
[154] Mother, Blama, Kenema

once in the past year[155] to discuss bye-laws, mainly, on child labor. The NGO seems to be better recognized for its awareness raising programs on child protection than for its advocacy efforts on passing laws and bye-laws on teenage pregnancy as demonstrated in the following:

> *"Save the Children comes to town all the time. It calls meetings for boys and girls to talk to them."[156]*

> *"Save the children has been working with parents. They teach us about how to protect our children by training women and men on nutrition."[157]*

KEY INFORMANT INTERVIEWS

The first topic of the key informant interviews was about the purpose and activities of the organization and the work the interviewee does within it. This was followed by conversation in which successes and challenges encountered were discussed.

The general impressions of the key informants regarding the effectiveness of extant measures in preventing teenage pregnancy were similar to those of the focus group respondents. Absence of parental control over children was considered as one of the major reasons for the persistence of the problem in communities. Some perceived parental control as ability to discipline children and thus blamed Child Rights at the root of the problem, while others blamed parents' lack of knowledge and communication skills to talk to their children.

Key informant interviews with the FSU officers indicate that while FSU plays a large role in investigating, reporting, charging to court, and arresting perpetrators of sexual and physical abuse and domestic violence, its role in preventing teenage pregnancy is limited. FSU only investigates cases that are brought to its attention by the family of the girl or the girl herself who has been impregnated, and does not interfere in "unreported" cases.

In Sierra Leone, the laws against child abuse and sexual based violence are age related rather than corresponding to the offense. This is a problem because in some cases the age of the child cannot be determined. Since it is age that determines the offense, it is at times difficult to decide on the type of law for the offense if the person's age is not known. The age of criminal responsibility in Sierra Leone is fourteen. Therefore, if a fourteen-year old boy impregnates a girl and the girl or the family complains to FSU, he is liable to be indicted. In reality, however, the norm is for the girl's and the boy's parents to settle matters between themselves, and very few such cases are generally reported to FSU.

Nor do paramount and section chiefs interfere in individual cases, as the government has prohibited them to do so unless they are specifically asked by the parents. Some key informants considered traditional chiefs as having little impact on the prevention of teenage pregnancy since

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[155] It should however be noted that the pilot project ended in 2012.
[156] Section Chief, Bandajuma, Pujehun
[157] Section Chief, Bandajuma, Pujehun

in most cases teenage pregnancy and/or SGBV are not the focal issues of discussions and debates at community meetings. Although, chiefs previously acted as arbitrators in resolving conflicts surrounding SGBV, their role has been diminished considerably with the presence of FSU and the government's restriction of their 'socio-legal' powers.

Community bye laws such as, expelling a boy who has impregnated a girl from school until the girl has delivered, are observed to the degree that they are monitored by community members, especially schools. Such bye laws can neither be enforced if a boy runs away from his village and enrolls in a school in a different community nor when a girl has multiple sexual partners and cannot identify the father of her child. Bye laws may also vary from one community to another. According to the key informants, in most cases when a girl gets pregnant, the boy's parents are required to take responsibility (mostly financially) of the child until he/she is five years old. In some cases they also have to take care of the girl and pay for her school fees after her delivery if they have the means to do so.

The CWCs role generally involves talking to children and adults on the need to abolish teenage pregnancy and advising them on ways to prevent pregnancy, especially among the school going people. Some key informants believed that the CWCs do not necessarily have an effective role in reducing teenage pregnancy not only because they are not present in all communities, but also their members tend to become discouraged and disinterested in their work due to lack of incentives (financial or material) from the NGOs. In some cases, their influence on changing attitudes and behavior among the teenagers is also limited as a result of their workers' status as community volunteers rather than professionals (i.e., those who get paid for their work).

RESPONDENT SUGGESTIONS

Respondent recommendations for measures to prevent teenage pregnancy consisted of reproductive health and family planning education and talks in schools and community events, by health care workers and nurses who were familiar with different types of contraceptives and possible side effects. Among the suggestions were also incorporation of sex education and the reintroduction of Family life Education into the curriculum at both primary and secondary schools, although some respondents (particularly teenage girls) expressed concern over male teachers teaching sex education in schools as some were seen as approaching girls themselves. A key informant noted the need for a greater number of female teachers in the communities who could not only act as role models, but also create a more "girl-friendly" space for teenagers to ask and talk about sexual issues.[158]

Communication channels such as radio and educational films on reproductive health and family planning were also suggested as viable solutions. An area of concern was lack of communication between parents and children regarding sex and contraceptives. Suggestions for overcoming such barriers included training and engaging parents in "health talks" in order to facilitate information sharing and dialogue between children and parents on issues of reproductive health and contraception.

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[158] For example, according to one key informant, in Jojoima, Kailahun, there are only three female teachers.

Other suggestions included: inviting secondary school and university graduates to give public talks about their perseverance and success in finishing their education in order to promote them as role models; counseling students in schools about the social and health consequences of early pregnancy; promoting parents with good parenting skills (i.e., those who talk to their children and have succeeded in deterring their children from becoming pregnant or impregnating a girl outside marriage) as role models for other parents; providing greater opportunities for children to learn about reproductive health through training and workshops by NGOs; and encouraging mothers and fathers to join hands in teaching their children about contraceptives and health and social consequences of early pregnancy. A few of the respondents also stated the importance of the government's involvement in addressing impunity in cases of child abuse and gender based violence, and a few also referred to religious leaders as appropriate agents to address the issue. On the other hand, some respondents felt that only a holistic approach with the full participation of the community members including men, women, children, reproductive health service providers, teachers and counselors, and community leaders, as well as the government, which addressed issues of poverty well as other causes of teenage pregnancy could put an end to teenage pregnancy.

CONCLUSION

Findings from the focus groups and key informant interviews do not indicate any major differences between the intervention and control communities of individual projects with respect to gender relations and roles, attitudes and perceptions, socializing goals of parents, and sexual behavior of teenage boys and girls. On the other hand, findings also show that the presence of these projects in communities *has* contributed to raising awareness regarding such issues as the health consequences of early pregnancy, health dangers of having multiple sexual partners and unprotected sex (i.e., STIs and HIV/AIDS), and the importance of using contraceptives in preventing unwanted and early pregnancies.

Although teenage pregnancy is considered an important problem in all communities, active civic engagement and collective cooperation and information sharing including frequent dialogues with the "equitable" involvement of all members and social groups in addressing the root causes of the problem is, for the most part, still missing. Absence of collective efficacy in finding solutions to improve the situation is reflected in the manner in which failure to resolve the problem of teenage pregnancy is attributed to external factors (i.e., poverty, technology, Nigerian pornographic films, dance clubs, Child Rights, and God), as well as "blame shifting" tendencies among girls and boys, fathers and mothers, parents and children, and community leaders and the government.

While knowledge, attitudes, and behavior vary from individual to individual, the similarity among all four districts and across communities (both intervention and comparison) in terms of gender-based constraints on girls and boys, parental roles, attitudes and knowledge of contraceptives, and sexual behavior are surprisingly consistent. Notions of childhood and adulthood, tensions surrounding traditional norm and value systems, gender identities (including concepts of manhood and womanhood) and power relations, social status, social exchange, and religious beliefs explain many of the remarks, attitudes and actions that otherwise may appear contradictory, as, for example, when a girl or a boy respects someone who abstains or refuses to have sex until they have finished school, and yet views someone's rejection of his or her sexual advances as disrespectful. Or, when a parent acknowledges that teenage girls and boys should know about contraceptives, and yet views talking to his/her children about sex and contraceptives as taboo.

Misconceptions about contraceptives continue to reflect lack of proper education on reproductive health and contraception, and religious beliefs. Absence of comprehensive family planning services at the health centres, and/or a sex education syllabus in primary and secondary schools constitute important barriers to use of contraception by teenagers.

RECOMMENDATIONS

Without an appreciation for the relationships among different features of the underlying cultural and social contexts, it is very difficult to design effective and sustainable initiatives to prevent and reduce teenage pregnancy. These challenges need to be addressed through a holistic approach with the integration of community outreach programmes, interpersonal communications, community commitment and collaboration, and comprehensive family planning services including quality counseling and referrals at school and health facility levels to ensure effectiveness and sustainability. This study makes the following recommendations for addressing teenage pregnancy and promoting equity and sustainable impacts:

In Program Design, Management & Monitoring:

- Link all stakeholders' work to national reproductive health program and program on prevention of teenage pregnancy.
- Ensure comprehensive gender analysis and a thorough understanding of interconnected gender issues early in the process of planning and designing programs.
- Identify and clarify the roles of different stakeholders – beneficiaries, partners, strategic allies or implementers, boundary partners – letting them explore in a participatory manner the most relevant (and sustainable) set of activities to focus on.
- Monitor capacity building initiatives by presenting the overarching objective as a series of progressive behavior changes of the actors involved, and track progress towards the goal and learn and address gaps as they work.
- Consider joint programs, and promote sustainable change by unifying the visions and coordinating the work of multiple actors in program design, management, and monitoring, and balancing skewed power relations.
- Ensure program flexibility to incorporate a change of strategy through learning, especially with regard to programs on issues such as teenage pregnancy where there are a number of interconnected factors and progress relies on the interactions of many different actors, and where causality and future changes are hard to forecast due to emergent and unexpected changes or results.
- To track sustainability of programs, focus on contribution and influence of programs on the processes of social change, rather than on controlling specific outcomes and claiming attribution.
- Demand gathering and use of sex disaggregated statistics in all phases of work, and ensure prompt adjustments in response to intermediate results to promote better outcomes.
- Conduct bi-yearly or yearly qualitative and quantitative studies (convenience sampling and/or case studies) as a way to monitor change in 'levels and context of influence' on behavior, as well as perceptions of project beneficiaries on the effectiveness of program strategies and design and implementation processes in producing the desired outcomes.

To Promote Life-Skills and Positive Deviance Modeling:

- Provide funding for follow-up projects with greater scope and coverage, and longer duration on life-skills and positive deviance modeling for both children and adults.

- Engage in greater community outreach activities in the form of frequent group discussions with girls and boys to obtain a better understanding of their interests and needs to best promote behavior change in the near future.
- Minimize change being seen as a response to outsiders' (i.e., community adults as well as NGOs) directives by providing greater opportunities for girls and boys to reflect and create their own change, creating their own topics of discussion and debate, and devising innovative mechanisms to disseminate information regarding hazards of teenage pregnancy, not using contraceptives, and having multiple sexual partners.
- Balance and coordinate activities related to reproductive health, family planning, HIV/AIDS, early and teenage pregnancy, and other child protection initiatives among all districts and communities with the participation of different NGOs and partners.
- Reformulate the approach to empowerment of girls and boys so that they recognize it as a process of achieving the necessary conditions for "reaching" both social and economic goals and the progression of activities towards the achievement of goals, rather than 'having" economic independence or power to decide on one's won by fostering personal and collective development, and building on growing recognition of equality between girls and boys in education, and social and family responsibilities.
- Encourage formation of effective informal networks of peers to actively share and support measures that are being taken by community members, the NGOs and the government to put an end to teenage pregnancy.
- Provide wider opportunities for boys and girls, separately or together, in becoming involved in extra-curricular activities such as dance, music, arts, and sports as a means to promote social inclusion, empowerment, and self-efficacy.
- Provide opportunities for out of school boys and girls, separately or together, (including teenage mothers and pregnant teens) in becoming involved in activities such as dance, music, arts, and sports as a way to promote social inclusion, empowerment, and self-efficacy.

To Promote Collective Efficacy:
- Expand on promoting leadership qualities and role models and mentors from among in and out of school children (including teenage mothers and pregnant teens), and parents by having them share their stories with others during community events and public gatherings.
- Provide leadership training and interactive communication skills for local leaders to foster ownership and collaboration among community members, and increase the diversity of their involvement and activities - i.e., planning, outreach, resource mobilization, management, etc. – with the civil societies.
- Promote shared responsibility and the active involvement of boys and men, and girls and women in safe and responsible sexual relationships, family planning, and responsible parenthood by encouraging their participation and involvement through community forums and discussions with informed service providers with the presence of community and religious leaders.
- Reinforce social cohesion by building alliances and partnerships, regular and frequent information sharing and dialogue, and equitable involvement of groups such as adolescents/youth, women, people with disabilities, and different ethnic/religious groups.
- Initiate regular mother/father/teacher meetings, together or separately with the participation of children, to discuss their issues and concerns regarding sexual behavior and social interaction with their peers, and barriers to preventing teenage pregnancy.

- Provide non-material incentives (i.e., certificates, recommendation, symbolic tokens of achievement and recognition, etc.) to community and volunteer workers to promote motivation and their social status among community members, and ensure their presence in all communities.

To Promote Economic empowerment:
- Expand training and opportunities in livelihood activities, and offer a wider range of skills to pregnant teenagers, teenage mothers and male drop outs to promote economic empowerment.
- Facilitate out of school girls' and boy's control over income from livelihood activities, possibly through youth initiated cooperatives, to encourage trials of marketing and investment schemes and to promote decision-making over how funds are to be used for the family's livelihood and personal development.
- Provide exposure visits to teenage mothers or pregnant teenagers to income generation projects in other communities and districts, and opportunities to interact with other program beneficiaries for purposes of learning and problem solving regarding finances and savings.
- Advocate for livelihood education/home economics in secondary schools.

To Promote and Legitimize New Social Norms and Invalidate Incorrect/Discriminatory Assumptions:
- Employ innovative communication for change (C4D) strategies, techniques, and mechanisms that facilitate engagement of all community members including teenage mothers and pregnant teens in dialogue and decision-making processes, encouraging all to voice their views and perspectives about gender roles and identities, personal goals and values, failures/mistakes and successes, and changes in behavior and social practices and norms for the adoption of preventive practices.
- Promote and legitimize new social norms and invalidate incorrect and discriminatory assumptions and harmful norms by:
    - Spreading locally-relevant information in preventing teenage pregnancy in ways that are understood by all audiences by promoting effective methods for delivering information by radio, including debates and call-in question and answer programs between children and parents;
    - Delivering serial stories (soap operas) of girl/boy relations and family life in the context of changing social and economic conditions to propagate discussion and foster acceptability of alternative roles and ways of conduct for females and males;
    - Expanding the use of interactive approaches such as theatre and audio-visual presentations, with implicit and explicit messaging on reproductive health and family planning, followed by facilitated discussion;
    - Exploiting community radio programming and text messaging to reach a wider audience among both adults and children;
    - Providing interactive communication guidelines and training to NGOs on issues related to Child Rights, and organizing community meetings, discussion sessions on what Child Rights imply and how they can change adult/child relations in ways that are beneficial to both.

– Promoting public "story telling" on individual and family situations, challenges, and successes in dealing with specific issues related to teenage pregnancy in collaboration with community leaders and civil societies through the media.

To Promote Knowledge and Sex & Reproductive Health Education:
- Advocate for updating a culturally sensitive curriculum and teaching materials on reproductive health and sex education that is delivered through both primary and secondary schools.
    – Assess textbooks on reproductive health and family planning;
    – Up-grade training for existing and new teachers at all levels on sex education;
    – Provide teacher training on sexually transmitted infections (STIs) and HIV/AIDS, and reproductive health;
    – Facilitate learning through regular special visits (i.e., monthly) by nurses and reproductive health service providers on (STIs) and HIV/AIDS;
    – Promote gender parity among teachers so that girls can discuss sexual concerns with female teachers;
    – Promote counseling services on reproductive health and contraception in schools;
- Facilitate learning through special workshops on reproductive health and contraception, and sexually transmitted infections (STIs) and HIV for parents and teenagers, and encourage them to attend by working with them in a participative manner, finding space for fathers and sons or mothers and daughters separately, or for all together, to reflect and create their own change and ways of communicating with their children, in order to minimize change being seen as a response to outsiders' (i.e., NGOs) directives.
- Provide in-service training for all health facility personnel (including outreach health service workers) on reproductive health and contraceptives so that their clients, i.e., women and girls, can have access to a wide choice of contraceptives, and are able to receive complete and accurate information about the variety of methods available and different contraceptive options if they experiences side effects.
- Increase correct and timely knowledge about contraceptives, including emergency contraception among women, men and community leaders through clinic- and community-based awareness raising and distribution programmes, and knowledge sessions on maternal and child health at schools and community events/forums.
- Provide training programs for health workers in counseling and interactive communication skills to talk to children (boys and girls) on reproductive health and family planning.

To Promote the Needs of Special Groups (i.e., orphan teen mothers, girls with disabilities, the very poor):
- Advocate and provide 'safe' homes in communities with appropriate health and counseling services for pregnant teens and teen mothers as well as their children.
- Advocate for provision of special services (including information) for disabled adolescents girls and boys.
- Provide training to reproductive health service providers and counselors/teachers in school in interactive communication skills to address the needs and concerns of special groups of children.

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