A Glimpse into the World of Teenage Pregnancy in Sierra Leone

June 2010

Emily Coinco
ACKNOWLEDGEMENTS

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I would like to acknowledge with appreciation the dedication and tireless efforts of the members of the research team.¹ Thanks to all UNICEF staff for their administrative, logistic and technical support. In particular, thanks to Vidhya Ganesh, Maud Droogleever Fortuyn, Linda Jones, Paul Sengeh, Regina Reza and Dorothy Ochola-Odongo. Further thanks to Maud Droogleever Fortuyn, Joachim Theis and Rosina Conteh for their comments on the draft of the teenage pregnancy study and to Nick Mathers for the final editing.

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Finally, data collection for this study was completed towards the end of 2009 while the report writing took place at the beginning of 2010. Information presented in this study broadly represents the situation as perceived at the time.

Emily Coinco
Consultant

¹ See Annex 1 for more information on the research team.
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## ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ARCWC</td>
<td>African Charter on the Rights and Welfare of the Child</td>
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<td>CRA</td>
<td>Child Rights Act, Sierra Leone, 2007</td>
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<tr>
<td>CEDWA</td>
<td>Convention on the Elimination of All Forms of Discrimination Against Women</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>Family Support Unit</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>HIV/AIDS</td>
<td>Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome</td>
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<td>Non Governmental Organization</td>
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<td>Positive Deviant Approach</td>
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<td>Positive Model Family</td>
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<td>PMM</td>
<td>Positive Model Mother</td>
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<tr>
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<td>Sexual Exploitation and Abuse</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>TBA</td>
<td>Traditional Birth Attendant</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>UDHR</td>
<td>Universal Declaration of Human Rights</td>
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1. Executive Summary

Every year, about 14 million adolescent girls give birth globally. Pregnancy and childbirth are significant causes of maternal mortality for girls aged 15-19 worldwide, accounting for 70,000 deaths each year. Mothers in this age group have between 20 and 200 percent greater chance of dying in pregnancy than women aged 20 to 24 years old. Girls that give birth under the age of fifteen are most likely to die in their twenties due to haemorrhage, sepsis, pre-eclampsia/eclampsia or obstructed labour.

Sierra Leone has an estimated 5.6 million people, 48 percent of whom are below 18 years old. Ranked last in the Human Development Index at 177th, 38 percent of the population do not meet their daily food needs. Traditional gender roles coupled by a poor economy have made life extremely difficult for girls and women, especially looking through a protection lens. A UNICEF report indicates that 25 percent of females aged 15-19 years first had sex before the age of 15. The same report shows that 62 percent of females marry before the age of 18 and 27 percent of Sierra Leonean girls are married before the age of 15 years. Teenage pregnancy and teenage motherhood is under-reported in Sierra Leone. A teenage mother in a marriage or union is not guaranteed a better and/or protected life.

Several documents in-country have identified teenage pregnancy as a resounding problem. In June 2009, UNICEF Sierra Leone commissioned a study on teenage pregnancy to assess and collect baseline information in the country. The study was conducted in 4 regions covering 24 communities and 16 chiefdoms. To broadly capture the extent and nature of the problem, the research was conducted in both rural and urban communities. A sample of 24 communities from 16 chiefdoms in the Western Area and Northern, Southern and Eastern Provinces was selected to provide situational and geographical comparisons.

The main objectives for this study were: to determine the present community practices and beliefs surrounding teenage pregnancy and teenage motherhood and the communities’ existing responses; to establish the factors leading to teenage pregnancy relating to sexual behaviour of girls, boys and men, reproductive health knowledge, power relations, peer pressure, and others; to establish the impact of teenage pregnancy and teenage motherhood on their education and mental health; and to provide recommendations on how to address the problem of teenage pregnancy and improve the lives of teenage mothers. The tools used to collect both qualitative and quantitative data were designed to ensure that gender and age disaggregated information would be gathered from various sources.

The findings reveal that communities perceive teenage pregnancy and teenage motherhood as an unremitting problem, which is on the rise. Teenage pregnancy is seen as a problem in communities only

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7 Statistics Sierra Leone and UNICEF (2005). Multiple Indicator Cluster Survey 3 (MICS3). Freetown, Sierra Leone: Statistics Sierra Leone and UNICEF.
if the teenage girl is unmarried. Teenage mothers or pregnant teenagers that are married (or subject to an early marriage) are not considered to be part of this problem.

The research team observed a high rate of sexual activity amongst research respondents aged 12-20 years and older. Of the 800 research participants, 65% of respondents stated that they are sexually experienced. The mean age at which respondents first had sex is 14 years old. Results show that 6 out of 10 teenagers have started an intimate involvement with their partner either through kissing or touching of private body parts, which may eventually lead into sexual activity. Ninety-five percent of sexually experienced teenagers first had sexual intercourse before they reached the age of 18 years old.

Two out of three sexually experienced teenage girls (68%) have been pregnant while two in seven sexually experienced teenage boys (28%) have caused a pregnancy. The mean age for pregnancy is 15 years old, yet 41% of those who reported their first pregnancy were within the age range of 12-14 years old. Sixty percent of teenage girls who experienced sex before the age of 15 years reported having been pregnant compared to 37% of girls who waited until later to have sex.

While over half of sexually experienced teenagers (51%) reportedly engaged in sexual activity due to love, it was also apparent that for the majority of the sexually experienced teenagers the perception of ‘love’ was associated with material gains. Other reasons for sexual involvement pointed to receiving money or gifts, peer pressure, payment for school related expenses, food and protection. The lack of basic needs such as food, clothing and money to pay for school fees is the main reason given for why teenagers engaged in transactional sex. A deficiency in parenting skills and the inability of some parents to support the basic needs of their children have changed the power dynamics within many vulnerable families. The earning power of many teenagers has given them financial independence from their parents. Aside from poverty, other factors that lead to teenage pregnancy are the children’s early exposure to sex and harmful traditional beliefs and practices related to sexual values.

Whilst the vast majority of sexually experienced teenagers voluntarily engaged in sexual relationships at the onset of their relationship, it was reported that half of sexually experienced teenagers eventually engaged in sex against their will at one point in the relationship. The highest recorded cases of sexual exploitation and abuse were perpetrated against children aged 12-14 years at 58%. The data underscores the high sexual exploitation and abuse committed against children and the cycle of violence that it perpetuates.

Sexually experienced teenagers have a high rate of risky sexual behaviour. One in three sexually active teenagers is aware that their partner has other sexual partner(s) yet they choose to continue with their relationship. Sixty-two percent of teenage boys reported having two or more sexual partners while 68% of teenage girls indicated that they only have one sexual partner at a time. A high number of teenage girls also reported that they had more than one sexual partner to help support their various needs.

Hiding the reality of their sexual practices, teenage girls are faced with a dilemma. Teenage girls admit to engaging in transactional sex yet they would not directly admit to having more than one sexual partner for fear that society will judge them negatively and they will be seen as ‘loose’ girls or women. This prevailing belief may indicate that teenagers are receiving mixed messages on the acceptable sexual values within their communities.

The findings further reveal that sexually active teenagers have frequent sex (49% in the last few months and 44% in recent weeks). Only 35% of sexually active teenagers reported ever using a condom. Of
those using a condom, only 19% usually or always used a condom, 42% used a condom intermittently, while 52% never used a condom. The top three reasons for not using a condom were consistently reported as: (i) partner does not want to use a condom; (ii) partner does not know how to use a condom; and (iii) strong beliefs in fallacies. Of those who believe in fallacies, 83% are women. Strong community beliefs that are passed on from mother to child include but are not limited to: condoms may cause future infertility; the condom will get stuck in the uterus; the condom will cause an infection. For some teenagers, it is the belief that they are ‘too young to get pregnant’ or ‘too young to impregnate someone.’ The accessibility and affordability of condoms in rural communities was also another reason provided. The risky sexual behaviour of the majority of sexually active teenagers means they have a higher rate of exposure to HIV/AIDS and other Sexually Transmitted Diseases (STDs). Knowledge and understanding of HIV/AIDS and STDs is relatively low. Though knowledge on HIV/AIDS is more evident in areas where clinics have had information campaigns on the subject, the internalization of facts and consistent protection is evidently not applied in daily life as demonstrated by the lifestyle of sexually active teenagers.

Frequent, unprotected sex has led to 80% of pregnancies being unwanted amongst sexually experienced teenagers. Ten percent of teenage girls have had a miscarriage while 5% reportedly have had an abortion. Although 56% of teenage mothers and pregnant teenagers reported receiving antenatal care at one point in their pregnancy, this was done inconsistently and usually occurred towards the end of the second trimester of pregnancy. Interviews with most teenage mothers and pregnant teenagers reveal a feeling of isolation, ‘being trapped’ and helplessness.

School dropout is both a catalyst and a consequence of teenage pregnancy. One in ten teenage males who have been involved in a pregnancy never went to school compared to one in eight teenage girls who reported a pregnancy. In the Western Area, 62% of teenagers involved in a pregnancy are out-of-school and/or have never been to school. Fifty-eight percent of sexually experienced teenagers involved in a pregnancy are not living with either one of their biological parents. This study supports other research in-country which has highlighted the ‘internal trafficking’ of children for economic purposes as illustrated by the data gathered from the Western Area.

There is no apparent dependable support mechanism in communities for teenage mothers. Traditional birth attendants (TBAs) are said to ‘visit’ pregnant teenagers and charge a minimal fee, and in a handful of research sites TBAs reportedly did not collect any fee for their visits. Depending on the community, elder community women are also said to provide support by visiting and bringing traditional herbs to help ease the pregnancy whenever necessary. Most of this support is associated with a (minimal) cost. In certain communities, small gifts such as soap and clothes are given to the mother and child after delivery. More reliable and consistent support comes mostly from female family members of the teenage girl in the form of assistance in child care. Teenage mothers must be encouraged to live with their family or trusted adults who can provide economic and emotional support. Living with the father of the child may lead to additional unplanned pregnancies.

At times, families of teenage fathers (to be) provide assistance to the pregnant teenager or teenage mother in the form of goods and/or assistance in child care. Depending on the negotiations and existing chiefdom byelaws, assistance by the boy’s family may also extend to teenage mothers being sent back to school. The extent and length of support provided by the teenage boy’s family is dependent on the economic situation of the family. The main caregiver of the child is most often the teenage mother and she is also the main breadwinner for the child.
In everything, there is always hope. Teenagers from the most vulnerable families who were able to overcome teenage pregnancy and motherhood were identified by community members. Family expectations and acceptable sexual behaviour as a member of the family is clear to all Positive Model Children\(^8\) (PMC) identified in this study. Having a close relationship between the parent(s) and the teenager where there is open communication and mutual respect provides both the parent and the teenager a relationship built on trust. Studies have shown that teenagers who have a close relationship with their parent(s) engaged in sex at an older age. PMCs have someone constant in their lives, which may be in the form of a parent, a trusted adult or a sibling. Having someone constant in the teenagers’ lives provided a feeling of security, which was exhibited through their self-confidence during interviews: knowing that someone believed in them, having someone guide or mentor them and focus their attention on positive role models in their community provided hope to a vast majority of PMCs. PMCs had long-term goals and had their eyes focused on a brighter future for themselves and their families. Present challenges are seen as fleeting; a vast majority believes that what the future holds for them is more important and lasting: something that is worth all their personal sacrifices.

To address the present trend of teenage pregnancy and teenage motherhood, a focus on five key areas is proposed: the promotion of abstinence (especially for the younger teenagers); children’s delayed involvement in sexual activities; correct and consistent use of condoms and other contraceptives; decrease in the number of sexual partners; and increased resistance to sexual pressure. Recommendations emerging from the study include a call for the Government of Sierra Leone to take a leadership role in promoting an atmosphere of openness in discussing reproductive and sexual health issues. There must be a long-term commitment from the government and donors in addressing the national problem of teenage pregnancy and teenage motherhood. Short-term and long-term goals of any teenage pregnancy campaign must focus on both sexual and non-sexual programmes. Issues such as sexual exploitation and abuse (SEA), (sexual) violence, gender based violence (GBV) and risky sexual behaviour, to name a few, must all be addressed. Access to age appropriate information on reproductive and sexual health is vital for all children. A structured understanding of their cognitive, emotional and bodily changes during puberty is the key to gaining the self confidence to resist negative peer pressure, unwanted sexual advances and in protecting themselves from unwanted pregnancy, HIV/AIDS and STDs.

There is a need to redefine society’s definition of manhood to include responsibilities related to sexual behaviour. Getting men on board is vital to the success of any teenage pregnancy campaign. It is essential to focus on the positive benefits of partnering with men and boys in sexual and reproductive health programmes. Teenage pregnancy must be presented as a national and community-wide problem rather than a ‘gender’ or ‘class’ problem.

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\(^8\) Positive Model Children (PMC) and their respective families are from the most vulnerable families in the community and are successfully overcoming teenage pregnancy or addressing the problem of teenage pregnancy and teenage motherhood despite their limited resources.
2. Background and Aims of the Study

In June 2009, the United Nations Children’s Fund (UNICEF), Sierra Leone, commissioned a six-month nationwide study on teenage pregnancy, hereafter called the ‘study’.

Teenage pregnancy is not an uncommon phenomenon, but it is the rate of teenage pregnancy within a country that turns it into a crisis. Teenage pregnancy was identified as the second most prevalent child abuse practice by community members in the recent Action Research for Evidence Based Policymaking conducted by UNICEF Sierra Leone (2009). At the same time, the Sierra Leone Out-of-School Study 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. Presently, national data that touches on teenage pregnancy provides numbers regarding sexual and reproductive practices within globally accepted age ranges from 15-19 years, 20-24 years and older categories9. Other national reports10 11 12 have indicated that an earlier age for sexual activity occurs in the country thus the national data does not reflect the extent of the problem. At the same time, the numbers fail to offer an in-depth understanding of why teenage pregnancy reportedly occurs so often and is apparently on the increase as perceived by community members. It must be noted that neither the Sierra Leone Demographic and Health Survey (2008) nor the Sierra Leone Multiple Indicator Cluster Survey (2005) indicate an increase in teenage pregnancy yet at the grass roots level teenage pregnancy is perceived as a growing problem. The teenage pregnancy study was commissioned to collect evidence and establish baseline information on present practices in addition to social and economic dynamics that promote and encourage teenage pregnancy and teenage motherhood in the country.

To reflect the diversity in Sierra Leone and the broad range of possible scenarios that contribute to the extent and nature of the social and economic dynamics leading to teenage pregnancy, teenage birth and teenage motherhood, this study was conducted in the regions and districts shown in the table below.

<table>
<thead>
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<th>Region</th>
<th>District</th>
<th>Area</th>
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9 Government of Sierra Leone, Statistics Sierra Leone and Ministry of Health and Sanitation (2008). *Sierra Leone Demographics and Health Survey* 2008. Freetown, Sierra Leone
11 Information and documents shown and provided by Family Support Unit representatives during in-depth interviews in target areas.
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Final Report

<table>
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<tr>
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Sixteen chiefdoms were visited for the in-depth interviews and additional chiefdoms were added for the Positive Deviance Inquiry.

**Scope**

Teenage pregnancy cuts across many issues and topics, thus, this research focused on three important areas: teenage sexual behaviour, beliefs and practices, education and health. The inquiry on education and health is limited to explicit questions that the report intends to answer.

**Research questions**

As stated in the Terms of Reference (TOR), the teenage pregnancy study aimed to answer the following research questions:

- What are the community practices and beliefs surrounding teenage pregnancy and teenage mothers and what are the current responses of communities?
- What are the factors leading to teenage pregnancy, relating to sexual behaviour of girls, boys and men, reproductive health knowledge, power relations and peer pressure?
- What is the impact of teenage pregnancy and teenage motherhood on the lives of girls in relation to:
  - their physical and mental health (do they have knowledge on pre-natal health clinics, are there obstacles for them to access these);
  - availability of support systems in the home, school and community; role of the partner during and after the pregnancy;
  - their education (continued access to schooling; dropout rate of pregnant girls).
- What are the available resources and programmes that assist teenage pregnant girls and teenage mothers?
3. Definition of Terminology

For the purpose of this study, the following definitions have been adopted.

**Child** – ‘every human being below the age of eighteen’.

**Child abuse** – ‘child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.’

**Sexual abuse** – ‘the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society...children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development - in a position of responsibility, trust or power over the victim.’

**Violence** - ‘all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse’. Also the ‘intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’.

**Sexual violence** – ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work’.

**Sexual exploitation and abuse** – ‘...any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another.’

**Teenager** – commonly refers to a person’s life between the ages of 13-19 years old. For the purpose of this report, the term teenager is used to refer to children from the age of 12 – 19 years old.

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16 Ibid.
19 Ibid.
4. Report Structure

Findings and analysis in this report are based on the evidence and data collected during the research work. The report begins with an executive summary and reflections of all key results and findings. This is followed by methods in data collection and data analysis. A section introducing present community beliefs, practices and behaviours related to teenage pregnancy follows. Next are separate sections presenting findings and analysis gathered through the various methodologies. Lastly, policy and general research recommendations are derived from the findings. Appendices which provide detailed information can be found at the end of the document.

5. Methodology

The teenage pregnancy study utilises a multi-method research approach with both qualitative and quantitative data. This section of the report discusses the different sources of information and methodologies utilized for data collection and data analysis.

After conducting a literature review of national and international documents, studies and research, it was determined that a new set of data was needed to provide a more relevant and cohesive understanding of the multifaceted topic of teenage pregnancy in Sierra Leone.

New Data

To supplement existing data and paint a more relevant picture of the occurrence of teenage pregnancy in communities, new data was gathered through the following methodologies:

- Positive Deviance Approach (PDA)
- Focus Group Discussions (FGD)
- In-depth interviews
- Key informant interviews

Positive Deviance Approach (PDA)

‘In every community there are individuals whose uncommon practices/behaviours enable them to find better solutions to their problems than their neighbours who have access to the same resources.’ (The Positive Deviance Initiative)

The Positive Deviance Approach (PDA) is a behavioural change approach, which has been implemented differently in various sectors of development work throughout the world. Individuals with uncommon practices or behaviours are referred to as ‘positive deviant’ people. For the purpose of this report, so as to avoid confusion when using the word ‘deviant’ to describe something ‘positive,’ the term Positive Deviant Child will be referred to as a Positive Model Child (PMC) while a Positive Deviant Family will be called Positive Model Family (PMF). The PDA for this study was adapted to gather information related to teenage pregnancy. The Positive Deviance Inquiry’s objective was to identify positive model children and their respective families (PMF) from the most vulnerable families in the community who are successfully overcoming teenage pregnancy or addressing the problem of teenage pregnancy and teenage

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22 The Positive Deviance Approach was initially implemented in health programmes, then later in the education and child protection sector among others. Presently, there are many development programmes and research initiatives utilizing the PDA.
motherhood *today* in light of their limited resources. PMCs and PMFs were also studied for their positive relevant behaviours, practices and coping mechanisms related to teenage pregnancy and/or teenage motherhood which may be replicated on a wider scale but are *unique* when compared to the prevailing community norms or behaviour.

A total of 36 female children aged 13-19 years and their respective heads of households participated in this part of the study from both rural and urban communities. After agreeing on the criteria for a positive model child, information was gathered on the following:

### Focus Group Discussions

Two Focus Group Discussions (FGDs) were simultaneously held in all urban and rural sites; one for children and adolescents and another for a cross section of community members. Each FGD for both groups had an average of 16 participants per site. Efforts were made to ensure an equal gender representation in all FGDs, which was successfully achieved in most areas. Challenges were met in rural areas due to the farming season where both men and women left early to tend to their farms.

*FGDs with Children and Adolescents*

The first FGD was held with both male and female children aged 12 to 19 years old. Aside from fulfilling the age requirement, other criteria considered were as follows:

- Teenage mothers or pregnant teenagers;
- Teenage boys who have fathered a child or are with a pregnant female partner;
- Children and adolescents within the given age group who are sexually active but are using protection;
- Children and adolescents within the given age group who have not yet borne a child;
- Children and adolescents within the given age group who are abstaining from sex.

The main objectives of the FGD with children and adolescents was to gather data on the children’s dreams for the future, their perceptions on the various challenges children and adolescents face in their communities and the target group’s perceptions on the causes and effects of teenage pregnancy. Children and adolescents were also asked to create criteria for an ‘ideal child’ or ‘positive model child’ in their community, one that has successfully avoided or overcame the problem of teenage pregnancy. This is the Positive Deviance Approach. Lastly, children were asked about the support mechanisms teenage mothers and pregnant teenagers receive, if any, in their communities. An estimated 370 children attended the FGDs.

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23 Two meetings were conducted per site for the FGDs, the second meeting was a presentation of field findings from the PDA. In many cases ‘new’ participants came for the second day, thus the number of 16 per FGD is a conservative number.
**FGDs with Community Members**

A second FGD was simultaneously conducted in all target sites with representatives of a cross section of the community. Community representatives included parents, traditional, religious and local administrative leaders. Central and District representatives from the Family Support Unit (FSU), Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) and the Ministry of Education, Youth and Sports (MEYS) were interviewed whenever possible. The health sector was represented by the community nurse and/or community health workers at the community level. Selected NGO representatives with programmes related to teenage pregnancy also participated in the FGDs.

The main objective of the FGD with community members was to provide a venue for adult community members to discuss the effects and contributing factors of teenage pregnancy in their respective communities and to look at existing solutions already practiced in their communities that address teenage pregnancy and promote a better future for all children. Community members were asked to create criteria for an ‘ideal friend’ or a ‘positive model friend’ for their own child, one that can have a positive influence on helping curb teenage pregnancy. The FGD was utilized to help paint a picture of the community’s perceptions, beliefs and practices related to teenage pregnancy. Traditional, community and institutional resources and support mechanisms were also explored. Two hundred and thirty-five adults attended the FGDs.

**In-depth Interviews**

In-depth interviews were conducted with children, both boys and girls, aged 12 to 17 years old (76%), 18 to 19 years old (22%) and young adults 20 years and older (1%). Interviews were carried out with females (64%) and males (36%) from 12 years to 20 years and over. A total of 800 in-depth interviews were conducted in all research sites. Interview participants were selected through a combination of stratified random sampling and purposive sampling techniques.

Twenty-one percent of participants who were involved in a pregnancy are male. Of this number, 41 percent are teenage boys aged 12-17 years old who have fathered a child as a teenager, while 59 percent of men, 18 years old and above, have fathered children of teenage girls. Interviews were conducted to learn about their own adolescences and also to learn about their present relationship with their child and its mother. While men who have fathered children with teenage girls were accessed through the teenage mother previously interviewed or identified by community people, teenage fathers were also chanced upon via convenience sampling and snowballing methods.

**Key Informant Interviews**

One hundred and twenty-seven (71% male and 29% female) key informants were interviewed in all research sites. Traditional and administrative leaders, doctors, nurses, traditional birth attendants (TBAs) and other key community members provided important contextual background for each community.

**Questionnaires**

A total of six questionnaires were developed for this study. One questionnaire for key informant interviews, two for the Positive Deviant Inquiry and three sets of questionnaires for in-depth interviews.

For the PDI, a questionnaire was developed for positive model children and the second one was for heads of household focusing on the themes identified above. Specific questions relating to education, sexual and reproductive health knowledge and practices were also touched upon.
On the subject of the questionnaires for in-depth interviews; the first questionnaire was a general questionnaire for all research participants gathering the demographic information such as: age, religion, living arrangement, education and employment status. Questions on migration, sexual behaviour and practices, violence and perceived caring mechanisms were also explored. The second questionnaire was directed to teenage mothers and/or pregnant teenagers. Attached to the general questionnaire, this questionnaire provided additional questions that explored (risky) sexual behaviour and practices, knowledge and practices on reproductive health (sexual activity, age of first birth, contraceptive use, marital status, age and timing of marriage if any), care and support mechanisms for pregnant teenagers and pregnant mothers. A final questionnaire was developed for boys who have fathered children as teenagers and men who have fathered children of teenage girls. The nature of the questions for this questionnaire was explained under in-depth interviews.

All questionnaires were piloted and revised accordingly prior the actual use for research.

**Data analysis**

Focus Group Discussion (FGD) data was recorded during the sessions. Thematic analysis was undertaken through reading, coding and recording transcripts per district. Data collected from the in-depth interviews was analyzed with the use of PASW ver.18 for Macs (also called SPSS for Windows). Thematic analysis was also utilized for the PDI and FGDs.

**6. Limitations of the Study**

Interplay of many factors may have affected the data gathered during this study. The rainy season and flooding in slum communities made it challenging for pre-identified FGD participants to attend, while the heavy rains and flooding at times made it difficult for researchers, PMC and PMF to focus on the interview process.

Though efforts of securing an informed consent from both parents and children were made, at times it was impossible to secure the informed consent of the parent or guardian of a child prior to the interview. This was particularly true for children and young teenage mothers who were found selling in the markets. To address this problem, prior notice about the study was relayed to the Chief. The Chief then sent out information about the study prior to our arrival and informed his constituents that their children may be interviewed for the study. Holding FGDs on the first day of fieldwork in each community also facilitated the access to children for in-depth interviews. Community members who participated in the FGDs were asked to inform their neighbours of the on-going research work in their community.

It is important to note that this study has potential limitations due to the research design and methodologies. First, responses during in-depth interviews may not always be accurate due to the respondent’s possible self-denial, the feeling of shame, imprecise memory recall, a fear of lack of confidentiality or misinterpretation of the question. Second, some respondents may have included their sexual abuse experience in responding to questions related to sexual activity, which may produce a flawed relationship between the two factors. To address the issues identified above, a string of related questions were asked to validate answers previously given by respondents.
7. **Post-Conflict Effect of the Civil War on Teenage Pregnancy**

The 12-year civil war in Sierra Leone is known for its widespread and systematic abduction, exploitation, sexual slavery, sexual violence and deliberate brutality against girls and women. Girls were singled out for other forms of gruesome torture based on their age and virginity. All armed factions...embarked on a systematic and deliberate strategy to rape women and girls, especially those between 10 to 18 years of age, with the intention of sowing terror amongst the population, violating women and girls and breaking down every norm and custom of traditional society. A post war report estimated 50,000 to 64,000 internally displaced women suffered from war-related sexual violence.

The World Health Organization states that, ‘in many countries that have suffered a violent conflict, the rate of interpersonal violence remains high even after the cessation of violence.’ This is the present scenario in Sierra Leone, the continued violence against women and girls, coupled by their economic and social vulnerability and low literacy level cultivates an environment that promotes exploitation and manipulation. The gross violation and lack of respect for women’s rights and the emotional and physical trauma experienced by victims of sexual exploitation and abuse may result in many under-reported acts of sexual violence which may or may not lead to unplanned teenage pregnancies.

8. **Teenage Pregnancy and the Legal Context**

Sierra Leone is a signatory to numerous international legal frameworks that protect human rights: the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW which was ratified in 1981), the African Charter on the Rights and Welfare of the Child and the Convention on the Rights of the Child (CRC which was ratified in 1990) among others. These legal instruments lay down the legal framework for marriage, issues related to age, sexual consent, equality within marriage and the personal and property rights of women. Furthermore, the human rights treaties also guarantee children’s rights to education (access and quality education) and health (maternal, child and reproductive health) which need to be incorporated in to national law to be more meaningful.

Sierra Leone has a three-law system; formal law, customary law and the Islamic law. The Formal Law, which is adapted from the British system consists of the statutory law (codified law) and common law (based on case law), which follows the Commonwealth with High Courts and magistrates for both criminal and civil cases. Customary laws are defined as ‘the rules of law by which customs are applicable to particular communities in Sierra Leone.’ Although the customary law is not applied in the formal court system, there is immense interaction between the two laws. Assessors may provide advice to the High Court Judge on customary laws; however, the final decision remains with the magistrate. The

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Islamic law is recognized in terms of marriage, divorce and inheritance amongst Muslims. Criminal sharia law is not recognized in Sierra Leone.\(^{29}\)

While the Sierra Leone Constitution ensures ‘equal rights to all men,’ contradictions with customary and Islamic laws provide space for discrimination against sexes, which results in an increase in girls’ and women’s vulnerability. In 2007, three ‘Gender Acts’ were passed by the Parliament to address domestic violence, registration of customary marriage and divorce and devolution of estates. The new Act provides a broader definition of economic, emotional, verbal, physical and sexual abuse. In spite of the existence of a legal framework for gender related discriminatory laws, there is still much work to be done in truly achieving equal rights.

Also in 2007 a local adaptation of the CRC and the African Charter on the Rights and Welfare of the Child, the Child Rights Act (CRA), was passed. The passage of the bill aspires to protect the children of Sierra Leone through a paradigm shift by establishing protection with emphasis on ‘the best interest of the child’.

The CRA officially puts the minimum age for marriage at 18 years\(^{30}\) and further prohibits a child to be forced into betrothal, to be a subject of dowry transaction\(^{31}\) or to be married.\(^{32}\) Though the Government of Sierra Leone (GoSL) has shown its commitment to change and its willingness to uphold children’s rights there is much ambiguity when it comes to the age of sexual consent. Since the age of sexual consent was not directly addressed in the CRA, some FSU representatives, knowledgeable community elders and chiefs refer back to the Malicious Damage Act of 1861, which puts the age of sexual consent at 14 years old.\(^{33}\)

9. Findings of the Study

The findings of this study are based on an analysis of the combined results from all research activities and materials collected. Responses were reviewed and summarized into themes to respond to the questions posed for the teenage pregnancy study.

This section of the report intends to provide a contextual understanding of how teenage pregnancy is perceived in various communities by adult community members.

What are the community practices, beliefs and perceptions surrounding teenage pregnancy and teenage motherhood?

Teenage pregnancy and early marriage

An important insight, which emerged throughout the research, was the communities’ perception of teenage pregnancy in relation to early marriage. Teenage pregnancy is considered to be a grave problem

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\(^{31}\) Interviews in rural areas of the country indicate that the practice of dowry transactions in exchange of marriage is still widely practiced.


\(^{33}\) The Sexual Offence Bill is currently under revision. The Bill will include an age of sexual consent; the said age that is presently under discussion is between 16 years and 18 years.
by community members if the child in question is not married; but if the child is married, even if she is very young, the pregnancy is considered to be part of a normal married life. This way of thinking indicates that the plight of married and pregnant teenagers or married teenage mothers is ‘invisible’ to the eyes the community members. It is important to note that data gathered for this research was based on the accepted local definition of teenage pregnancy and teenage mothers as teenage girls having children outside wedlock or those lacking traditional weddings.

**Early marriage**

Early marriage or forced early marriage is culturally justified in most communities, more so in rural areas where the poverty level is higher. Early marriage affects both girls and boys, in Sierra Leone it mostly affects girls. Though the increasing education level of women in urban societies has helped curb the practice of early marriage, it is estimated that over 80 percent of marriages in rural areas are still contracted through customary law. Early marriage is associated with financial benefits for the girls’ family where men provide dowry for a young girl or a child at birth. The dowry comes in the form of financial compensation, gifts and/or services. It is provided regularly until the child’s maturity and the child undergoes the initiation. It may be surmised that the economic benefits received by the family as well as societal pressures and tradition are the reasons why early marriage is viewed differently by adults and children in the highly affected areas. A noticeable difference between the FGDs with children and FGDs with adults is that children perceived early marriage as a major problem in their community, which curtailed their future. Adult members of the community ranked early marriage at the bottom of the list of the community problems and at times early marriage was not even mentioned. This may be attributed to the fact that early marriage is seen as a ‘protection mechanism’ for girls against involvement in extra marital sex.

‘...even if you are in school, once you finish your initiation and your husband claims you then that’s the end of your schooling...you can’t do anything about it.’ 15-year-old FGD participants from Koinadugu.

**Acceptability of early sexual activity**

Sierra Leone has 17 ethnic groups, and each ethnic group has its own specific beliefs and sayings, some of which subconsciously promote abuse against girls and early sexual activity. A poignant example given below is a saying from the Temne tribe, however each ethnic group may have a comparable saying shrouded with sexual innuendo.

‘Ma man koro mon polol ae ta pin ma.’ Temne quote, translated in English as, ‘when the mangoes are ripe it should be plucked.’

When participants were asked to explain this quote, it was stated as, ‘the best time to have a girl is when she starts having her breast.’ Another explanation given was, ‘girls are ready as soon as their breasts show.’ This quote clearly illustrates the prevailing belief within the Temne tribe of the acceptability for boys or men to have sexual relationships with girls that are entering the stage of puberty. It cannot and should not be generalized that all Temne believe and follow this saying, but it

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34 Based on discussions and comments from FGDs with children in all research sites.
36 Coinco, E (2008). The Out-of-school Children of Sierra Leone. Freetown, Sierra Leone. UNICEF.
37 Ibid.
38 Eighty-five percent of FGDs with children indicated early marriage as an underlying problem in their community.
39 The physical change may happen as young as 10 years old, a consensus reached by FGD participants from all sites.
sends a message that it is acceptable for men or boys to have sexual relationships with girls as young as 11-years-old. It further sets the limits of acceptable cultural and sexual behaviour within the tribe or community for both boys and girls.

FGDs in various communities, especially in rural parts of the country, showed that people still hold on to the traditional belief that it is ‘best for women to have children at a young age’ so that ‘they can grow up with their children.’ In Western Rural communities, a number of mothers were quoted as saying, ‘it is better for my child to get pregnant,’ at least she won’t be running around with men.’ Interviews in other areas also indicated a similar belief.

The Child Right’s Act

In all FGDs, the adult community members expressed their disdain for the Child Rights Act (CRA) or what many community people commonly refer to as the ‘children’s rights.’ There is a shared belief in all research communities that the sensitization on ‘children’s rights’ has contributed to the increase of teenage pregnancy in their community.

’It is people like you who caused this problem’...there is so much emphasis on children’s rights but there is no emphasis on their (children’s) responsibility...because of the children’s rights we can no longer discipline our children and our women...we cannot beat them, if we do, we can go to jail for disciplining them...the ‘children’s rights’ is the reason why our children are going wayward...we can no longer control our children...what about the right of the parents to discipline their children...’ Imam, Pujehun district.

Informal discussion with community members and FGDs in research sites reveal a distinct misconception about the ‘children’s rights.’ Parents believe that they can no longer discipline their own children. A frequent reply provided by participants is when children are told not to go out in the evening, a common reply is, ‘...the child rights say that I have the right to do what I want...’ A huge number of parents believe that they are powerless once the ‘children’s rights’ have been invoked. Allegedly, stories abound of the Family Support Unit (FSU) disciplining or jailing a parent or an adult who has ‘disciplined a child.’ The misunderstanding on the real essence of the ‘children’s rights’ may be traced to claims made by some communities indicating that ‘sensitization campaigns conducted on children’s rights were solely with children and that adult community members ‘were not informed of the changes.’ It is also important to note that some communities indicated being part of a sensitization campaign on children’s rights but FGDs illustrated a need for a venue for adult community members to further discuss and clarify the real meaning of children’s rights in relation to basic human rights on their daily lives.

Big men versus schoolboys

Discussions on teenage pregnancy always lead to the next question, ‘Who is the father of the baby?’ Research shows that sexually active young girls are often associated with older men, mainly in relation to financial and economic support. Focus group discussions and informal interviews with adult community members highlighted an apparent change in trends where sexually active teenage girls are

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40 Even if the child is not married.
41 The Imam was referring to our group who was seeking an audience with the Paramount Leader.
increasingly having sexual relationships with their peers. However, insights and analysis of the 800 in-depth interviews challenges this belief. Through the course of the interviews, 41 percent of sexually active teenagers consciously or unconsciously revealed that they have more than one sexual partner. When asked about the age of the partner the majority of the children (85%) identified their partner as a peer within the same age group and up to three years older than they are. Sexually active female teenagers only identified one person as their sexual partner when initially asked, but responses to other related questions pertaining to sexual and reproductive activity showed a different scenario. In order to support themselves and all their needs, young girls may sometimes have more than two ‘boyfriends’ at the same time. As stated by a 13 year old child during the in-depth interview who admitted to having more than two boyfriends at a time: ‘I need to have a lot of boyfriends…each one helps me with something…one gives me food, the other one helps with my clothing….’ Though children first point to their peers as their sexual partners, it is obvious that one teenage student cannot always supply all the needs of a girl. Further probing has revealed that there are ‘sugar daddies’ or big men behind the scenes. The cover-up in teenage girls having sexual relationships with older men may be attributed to the community sensitization of the Child Right’s Act and the enforcement of the Family Support Unit.

Unpunished violence against children

FGD participants have indicated their concern that though teenage pregnancy is a child protection violation, perpetrators usually go unpunished. Apparently a common practice throughout the country, victims and/or the victims’ families end up compromising rather than pursuing legal action against adult perpetrators of teenage pregnancy. Kinship or a sense of ‘family’ is always the initial point of compromise.

‘It is better for them (victim’s family) to compromise...for eight months we did not have a magistrate...people came from provinces to attend a court hearing only to go back home disappointed since their court hearing has been re-scheduled....Pursuing a legal case is very expensive so it’s better for all parties to just compromise on a solution.’ FSU representative, Koinadugu district.

Compromise between families and perpetrators reportedly happens in all regions. For families of victims, the tedious and expensive legal process does not always guarantee ‘justice’ and a favourable result. The lack of a permanent magistrate in many areas has repeatedly delayed court cases. For vulnerable families and those living in very isolated rural communities, the expense associated with pursuing court cases and the time spent following up the case, which often requires families of the victims to go to the regional capital, is time and resources taken away from their source of livelihood. Thus getting a commitment of support from the perpetrator for one year is a better option than nothing at all.44 There is a prevailing belief amongst FSU representatives interviewed in the various sites that the main function of the FSU is ‘to mediate between families’ which encourages compromise between families. Community members commonly identify men who are influential or powerful due to their position or those that have money as the main perpetrators. Examples include, but are not limited to, the chiefs, police, parents, teachers, pastors, NGO workers and neighbours. Due to their social position and status, the above mentioned perpetrators are deemed to be the ‘trusted’ source of authority within their communities. They are also often the ones that have the power to either uphold or manipulate the justice system.

44 From interviews with four Regional FSU representatives and informal interviews with local elders.
Why is teenage pregnancy more of a problem now?
The traditional practice of early marriage in Sierra Leone, as in many African countries, has paved the way for teenage pregnancy for many decades. Such importance is given to girls marrying as virgins\(^{45}\) that the age of marriage often coincides with the first occurrence of female menstruation and the initiation ceremony. Initiation into secret societies for both boys and girls is traditionally practiced in Sierra Leone. The timing of the initiation for girls\(^{46}\) was initially based on physical maturity, particularly when a girl’s breast is fully developed. However, since younger sisters or other girls might be included in the ceremony at the same time, physical maturity was not always expected.\(^{47}\) Initiation signifies a girls’ physical and social maturity for marriage.

For many, early marriage was and still is seen by certain communities as an act of protecting their children from exposure to early sexual activity outside marriage.\(^{48}\) So why is teenage pregnancy viewed by communities as a problem now, when it has been around for decades? Below are themes that emerged during focus group discussions with various community members which may explain why teenage pregnancy in presently seen as problem.

**Teenage pregnancy is a social and economic community problem**
Teenage pregnancy was mentioned as one of the most disturbing problems that participating communities presently face. Although there is limited evidence-based data to support this assumption in communities, parents and adult community members cite the increased number of pregnancies of unmarried young girls, the repeated pregnancy of the same young single mothers and the apparent increase in number of cohabitating teenagers in their own communities as telling evidence of increased teenage pregnancy and teenage motherhood. Teenage pregnancy and teenage motherhood is a social and economic community problem endangering the future of many teenagers. Community members see adolescent child maternity and childbirth as a high risk for the young mother’s health, emotional well-being, and present and future financial viability. More important is that it is seen as an added financial burden to the family of the unmarried teenage mother or pregnant teenager who often takes on the responsibility of supporting another child in their family. Twenty-three percent of children interviewed indicated that the unplanned arrival of a baby into their family has directly affected the school support they receive due to the family’s limited financial resources.\(^{49}\)

**Changing values**

*Emerging trend*
A phenomenon mentioned in most FGDs with adult community members is an emerging trend amongst young girls that early pregnancy and early motherhood are acceptable. Across all research sites, adults in the communities observe that ‘there seems to be a competition amongst young girls on the number of children they could have.’ Community members are also alarmed that young girls seem to have ‘no shame’ in showing off their pregnancy or are proudly walking along the streets with their babies in tow.

> *When we were younger, there was shame associated to early pregnancy...if you got pregnant without being married, it brought shame to your family...you would be driven*

\(^{45}\) Based on information gathered from FGDs and in-depth interviews in various communities, girls marrying as virgins bring pride to their family. At the same time, a higher dowry is given to the families of virgins.

\(^{46}\) The Bondo Society and the Sande society are the two main secret societies for girls.


\(^{48}\) Comments from FGD participants and impressions gathered through informal interviews with community members.

\(^{49}\) Effects of early pregnancy on younger siblings is further discussed in the next section of the report.
out of school... ...girls were afraid to be kicked out of school because they wanted to finish their schooling...now girls don’t care since they know they can always come back to school....this is giving other girls a negative example...girls (who get pregnant) are not held accountable for their actions and are being rewarded by accepting them back to school..’ Female FGD participant, Bombali.

Both adult and teenage FGD participants in the rural research area of Bombali lamented the lack of positive female role models for (their) young girls. With the lowest female adult literacy rate nationwide\(^50\) coupled by the communities’ distance and isolation, adolescent girls rarely see options for their future other than motherhood.

**Pregnancy related school drop out**

‘Educated women can be breadwinners in the family...women will always support their own family no matter what.’ Male FGD participant, Pujehun, rural area.

Discussions with community members have indicated that families have a higher awareness of the importance of girls’ education. Putting girls in school was seen as a good return for long-term economic investment as highlighted by the quote above. FGDs indicated that in spite of financial difficulties, low-income families strive to send their girls to school despite many personal and family sacrifices. Unfortunately, many girls drop out of school due to unplanned pregnancy before finishing.\(^51\) With higher awareness on the importance of girls’ education comes the community’s awareness of the number of girls dropping out of school, sometimes due to pregnancy. It is difficult to ascertain the exact number of girls dropping out of school due to pregnancy since schools do not consciously and consistently collect this information. For obvious reasons, families sometimes opt to send their child to a different school after delivery and do not disclose the actual reason for school transfer during registration. Schools also do not collect this data, thus the evidence is anecdotal. Nonetheless, a secondary school in Pujehun may show a clearer picture of the alarming rate of teenage pregnancy in many other secondary schools. Out of 181 junior secondary students in the Holy Rosary Secondary School for the school year 2008-2009, 23 percent of the female students were reportedly pregnant at the time of the interview while 18 percent of the junior secondary school students were already teenage mothers. Of 77 senior secondary school students, 12 percent were pregnant at the time of the research while 28 percent of the students were teenage mothers who were back in school.

**Apparent increase in teenage deaths associated with pregnancy**

An increased number of sensitization campaigns on health issues have also improved the community’s awareness on the plight of young girls and adolescents during child birth. All health workers interviewed can narrate stories of young girls encountering complications during delivery that they have personally witnessed. Though difficult to verify due to the lack of reliable data, community members in all research sites agreed that there is a noticeable increase in teenage deaths associated with teenage pregnancy. It was also stressed that the deaths are not only related with delivery but also with attempts to terminate pregnancies. Backstreet abortions are cheap and mostly done with herbs such as the hogologbo leaf and nanaiai. An interview with two nurses from different communities in Kailahun indicated that an emerging trend of backstreet abortion called RPG, an abbreviation for rocket propelled grenade, is being used in their region. The abortion was so named because of the way the pregnancy is terminated. The

\(^{50}\) Statistics Sierra Leone and UNICEF (2005). Multiple Indicator Cluster Survey 3 (MICS3). Freetown, Sierra Leone: Statistics Sierra Leone and UNICEF.

\(^{51}\) Coinco, E (2008). The Out-of-school Children of Sierra Leone. Freetown, Sierra Leone. UNICEF.
two nurses, who attended to two distinctly different adolescents fighting for their life due to complications, stated that the abortion is induced by inserting a concoction of cassava leaves, cassava stalks and ‘other herbs’ into the vagina and leaving it there for two days. Apparently, ‘a number’ of teenagers have died of a painful and horrific death in Kailahun due to this method. Teenagers’ backstreet attempts to terminate pregnancies which led them back to the health clinics due to complications have been reported by (community) health workers in all sites visited.

Abortion is legal in Sierra Leone where it is necessary to save a woman’s life or preserve her physical and mental state. Though accurate data is difficult to secure, it is estimated that globally between 8-13 percent of maternal deaths may be linked to unsafe abortion. The widespread knowledge of the legality of (safer) abortion in Sierra Leone is questionable, especially at the community level where it would be most helpful. Discussion with teenagers and the data gathered emphasize that desperate pregnant teenagers who often have no or very little money will always opt for the cheaper option. Information on backstreet abortions is usually given by friends.

10. Teenagers’ Reproductive and Sexual Practices

This section of the report provides facts on the present sexual attitudes, practices and behaviours of the 800 research participants. The information was derived from the results of in-depth interviews with 512 female (64%) and 288 male (36%) respondents. Respondents came from four age ranges, 12 to 14 years old (28%), 15 to 17 years old (49%), 18-19 years olds (22%) and adult males 20 years and older that have fathered a child (1%). Sixty percent of respondents came from urban areas while the remaining 40 percent were from rural communities. See Annex 3 for the demographic information on the participants.

Sexual activity

Sexual experience

Research data reveal that a little over one-third of the total research respondents or 35% (N= 281/800) are reportedly abstaining from sex or are those that are not sexually experienced (14% of the total male participants and 22% of the total female participants). The mean age at first sex of sexually active respondents is 14 years old.

In understanding the present generation’s sexual trends and practices, it is vital to understand the children’s or teenager’s progression of experience for activities ranging from kissing, touching and actual sexual intercourse as commonly conducted in Western studies of this nature. A

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53 Ibid
54 This number specifically pertains to children who have ever been involved in sexual intercourse but children/teenagers may or may not be presently involved intimately with their partner though kissing and/or touching of private body parts.
tabulation of responses indicate that 69 percent of respondents have engaged in kissing their partner(s) (34% male, 66% female); 59 percent have engaged in touching the private body part/s of their partner(s) (32% male, 68% female) while 65 percent of respondents have engaged in sexual intercourse (35% male, 65% female). Participants’ responses indicate that the expected progression of activities leading to sexual intercourse is not necessarily applicable in the Sierra Leone context. Of the 65 percent sexually experienced respondents (34% male, 66% female), proportionally, 29 percent of these come from rural areas while 39 percent are from urban communities. There is a significant difference between teenagers’ early sexual involvement in the urban and rural areas. The results undoubtedly show that a large proportion of teenagers are sexually active; it further shows that 6 out of 10 participants have already started an intimate involvement with their partners either through kissing or touching.

Age at first sex

The reported age at which sexually experienced respondents first engaged in sex was between age 12-14 years old (48%, N=249), followed closely by teenagers between 15-17 years old at 43 percent (N=225). Ninety-five percent of sexually experienced respondents first had sex before they reached the age of 18 years old. Sixty percent of teenage girls who first had sex before the age of 15 years old reported having been pregnant compared to the 37 percent of teenage girls who waited to first have sex until a later time. It is equally important to highlight that 4 percent of respondents aged 11 years old and below reportedly had their first sexual experience with someone much older than them. Over 50 percent of the respondents in this age range have also indicated that an older person forced themselves on the children.

Early sexual exposure and involvement of children represents a complex social and economic problem both on a personal and societal level. Children who engaged in early sexual activity have a higher chance of having unplanned pregnancies, have a higher number of children and more sexual partners throughout their lifetime. There is a higher likelihood of exposure to HIV/AIDS and other sexually transmitted diseases for children who are involved in sex at an early age. The information below supports these statements.

Reasons for early sexual involvement

Research data reveals that over half of sexually active teenagers (51%), engaged in sex due to love. A closer examination and analysis of further responses showed that a large number of sexually active teenagers indicated that aside from love they are also involved in sex for material gains. A little over eighty-five percent of

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55 A total of 503 out of 517 sexually active participants responded to this question.
sexually active teenagers seemed to confuse ‘love’ with material gains in the form of money, gifts, school support and/or protection. The research results also confirmed what community members stated as the reasons for early sexual involvement of teenagers: money or gifts (17%), peer pressure (11%) and school expenses (10%). The lack of food for many children resulted in the exchange of sex for food (9%). Initially, the lack of food was thought to be specific to children from rural areas moving to urban communities on their own to access schooling.

Children are said to be left by their families to fend for themselves. The lack of basic needs such as food and money to pay for school related expenses drives these children to engage in transactional sex.\(^{56}\) Evidence shows that hunger is so widespread in target communities, especially in rural areas, that even children living with their own parents often eat only once a day. Children living with a caretaker are more likely to receive even less or no food from their caretaker.\(^{57}\)

A closer examination of the results by age range reveals that sexually experienced teenagers’ (12-14 years) involvement in sexual activities are mainly due to money or gifts\(^{58}\) (32%) followed by peer pressure (20%); while sexually experienced teenagers’ (15-17 years) involvement in sexual relationships can be traced to money or gifts (37%) followed by peer pressure (18%). Older sexually experienced teenagers’ (17-18 years) primary reason for involvement in sexual relationships are due to money or gifts (27%) and school support (19%); while those 19 years old and above engage in sexual relationships for food (50%). These results shatter the prevailing community belief that early sexual activity is due to peer pressure. Instead, it points to more materialistic ‘wants’ as well as basic needs. The dire economic need of families, the immaturity of children and the acceptable sexual practices within communities that encourage relationships with children or between children for material gains sends children a negative message on acceptable sexual values.

The acceptability of sexual practices in communities is fluid and changes based on the context and the needs of the family or community. Interviews with teenagers and FGDs reveal that some teenage girls are known to be involved with a ‘big man’ or an influential man in certain communities. As noted earlier, sometimes it is a peer who can ‘assist’ with something – for instance in farming communities, teenage boys assists the girl’s family in farming. At times, this is even encouraged by certain family members because of the material or economic gains and/or increased social stature that this gives the family. This relationship becomes a problem when the young girl becomes pregnant and the peer or ‘big man’ does not marry her. Often, the teenage girl’s family ends up supporting both the teenage mother and her baby. If the teenage girl is ‘married’ to the man, for instance a chief, then a pregnancy is not seen as a problem but more of a matter of pride for the family as they continue to command social respect and material benefits.

**Risky sexual behaviour**

**Lack of child protection**

Given that early sexual activity and teenage pregnancy takes place in relation to poverty and gender inequality, it is a human rights violation. The abuse of a position of power or trust for sexual purposes, which may come in the form of covert or overt forms of physical, emotional and mental abuse, and

\(^{56}\) Information gathered from FGDs with adults and FDGs with children as well as results of in-depth interviews.

\(^{57}\) Information derived from FGDs and PDAs.

\(^{58}\) It is vital to highlight that during interviews, when teenagers said that ‘it was for money’ further discussions also revealed that this money may also have been used for purchasing school materials, paying for school fees, clothing, food and others.
result in limited access to economic and social development for girls and women in society, is a human rights abuse.

Since the involvement of sexually experienced teenagers is largely related to transactional sex, it is not surprising that half of all sexually active teenagers have been forced into sex. Although this incident has been largely reported by over half (51%, N=257) of the female respondents, 47 percent of sexually experienced male respondents also stated that they were forced into sex. In-depth interview respondents identified similar perpetrators as community members did in FGDs. The list includes the following as their sexual partners: an adult male or female in the community, teachers, neighbours, traditional and religious leaders, NGO workers and peers.

The highest numbers of cases of sexual abuse or forced sex were recorded in the age range of 12-14 years (58%). Sexual abuse or forced sex may come in a very subtle manner.

‘My son is 8 months old…I had to stop school when I gave birth to care for my baby…my boyfriend is now in Makeni for schooling…when he comes home and wants to have sex…I can’t say no even if I don’t want to…his family provides support for me and my son…we are not using any protection…I don’t want to get pregnant again…’ 14-year old mother from Kailahun.

Sexually experienced teenagers between 15-17 years old and between 18-19 years old reported a lesser degree of forced sex (49% and 46% respectively), though the proportion is still significant. Although a small sample size, participants in the age range of 20 years and above all reported having been sexually assaulted (100%). This study underscores the high level of sexual violence against children and the cycle of sexual violence that it perpetuates.

There was higher incidence of sexual abuse in urban areas (58%) compared to rural areas (42%). By region, based on the number of reported cases of sexual abuse (N=257/519), the cases were recorded accordingly: Western Area (34%), Eastern Province (28%), Southern Province (21%) and Northern Province (17%). Because of the sensitivity of the subject and/or that sexual abuse survivors feel they may be at risk by talking about their experience it is expected that there are many unreported incidents. What the numbers do show is that there is more openness in discussing such topics in the Western Area compared to the other regions of the country. This may mean that there are fewer stigmas associated with victims of sexual abuse, which may be
attributed to increased sensitization campaigns related to gender based violence and support options for victims.

Data from this study reveals that 1 in 5 sexually experienced respondents have a history of being forced to have sexual intercourse against their will. Data gathered from in-depth interview respondents shows that sexual abuse per region is significant (Eastern Province (57%), Southern Province (50%), Western Area (48%), and Northern Province (43%)) respectively. In spite of these numbers, interviews with community people, NGOs and FSUs in the research sites indicate that there are no reliable numbers as to the extent of sexual abuse cases in their communities. Often, families will compromise and initial reports to the FSU are not always documented. In gathering information on this subject, several documents were collected from the FSU in Freetown of which the numbers presented under specific headings did not necessarily match from one document to another. Reliable information on abuse cases are vital in assisting policy makers to make informed decisions in developing relevant guidelines, policies and programmes that address national problems.

Equally important to highlight is that sexually experienced teenagers that have been forced to have sex are at a higher risk of HIV infection, unplanned pregnancy and other negative effects. This study supports other research in revealing that sexual abuse survivors often begin voluntary sexual relationships earlier and have sex more often, increasing their risk of pregnancy. Women with unplanned or unwanted pregnancy are more at risk of physical abuse compared to women who had a planned or wanted pregnancy. Pregnant teenagers or teenage mothers who have had unplanned or unwanted pregnancy may have a higher degree of vulnerability in terms of abuse in general, which may be attributed to their higher reliance on others to help provide for their needs and the needs of their children.

**Number of sexual partners**

Fifty-eight percent (N=302/519) of sexually experienced respondents indicated that they only had one sexual partner. Sixty-eight percent of sexually experienced females are said to be monogamous in their relationship compared to 61 percent of sexually experienced males who stated that they have more than one sexual partner. Of the 12-14 year old age range, 30 percent (N=20/66) of the respondents indicated they have more than one sexual partner. Four in ten sexually active teenagers in the age range of 15-17 years old (43%) and 18-19 years old (43%) have two or more sexual partners.

59 Eastern (N=71/125), Southern (N=55/110), Western (N=88/185), Northern (43/199).
60 Information was derived from FGDs with adult community members.
When asked if they believed that their partner had any other sexual partner, 49 percent believed or would like to believe that their partner was in a monogamous relationship. While 32 percent of sexually active respondents are aware that their partner has other sexual partner(s), they (choose to) continue their relationship with them.

Close to one-third of sexually experienced respondents in Northern Province (31%), Eastern Province (31%) and Western Area (30%), know that that they are not in a monogamous relationship. Southern Province recorded a slightly higher number at 37 percent. The results show a similar pattern according to area whereby close to one-third of respondents in rural (30%) and urban (34%) communities know that their partners have other sexual partner.

**Contraceptive use**

**Condom use**

Among the 519 sexually active respondents, only 35 percent reported using a condom. While 61 percent never used a condom, 2 percent of sexually active teenagers indicated the use of other forms of contraceptive and 2 percent did not answer the question. The data reveals that 49 percent of sexually active males have used condoms while only 27 percent of sexually active females have ever had their partner use a condom. The findings indicate a significant discrepancy in the use of condoms and other forms of contraceptives between sexually active males (50%) and females (29%).

A follow up question revealed that only 19 percent of participants usually or always used a condom, 42 percent reportedly used a condom intermittently while 52 percent have never used a condom. A little over half (52%) of the sexually active participants from all age ranges reportedly ‘never used a condom’. In spite of this, the pattern remains whereby sexually active females are less likely to be protected compared to their male counterparts.

From a subset of respondents (N=177) that stated they used condoms, 56 percent used condoms to avoid pregnancy; 32 percent said it was to protect themselves against HIV/AIDS and Sexually Transmitted Diseases (STDs) while only 12 percent stated that it was to prevent pregnancy and to protect themselves against HIV/AIDS and STDs. Results for the different age ranges have a similar trend. The use of condoms is seen by over half of sexually active respondents as a tool for preventing pregnancy first and foremost and to a lesser degree a form of protection from STDs and HIV/AIDS. For obvious reasons, sexually experienced female teenagers aged 12-19 years old are more inclined to have their partner use a condom to prevent pregnancy compared to their male counterparts. Sexually active male teenagers aged 15-19 years old use condoms primarily to protect themselves against HIV/AIDS and Sexually Transmitted Diseases. A significant increase of condom use for this reason is seen with 15-17 year olds (55%) to a jump of 83% usage for 18-19 year olds. Based on research data, this behavioural change may be attributed to the increase in the number of female sexual partners of teenage boys as they get older. It is evident from the responses of this subset of sexually active teenagers that they have

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64 The inconsistency in numbers of sexually active participants that have ‘never used a condom’ may be explained by the increase of the responses under the ‘no response’ category from one question to another. (N=489/519).
more exposure to reproductive health information. Of the number of sexually experienced participants who are aware that their partner has other sexual partners, only 32 percent use any form of protection. Of those who are unsure if their partner is in a monogamous relationship with them, only 5 percent use some form of protection. For those that believe that their partner is remaining sexually faithful, 49 percent are still using protection. Although protection is being practiced, the regularity of its use is only 2 times out of 10.

A subset of sexually active teenagers (N=317) that do not usually use condoms provided the following reasons for irregular use. The top three responses are ‘I/my partner does not like using the condom’ (41%); ‘I/my partner does not know how to use the condom’ (33%) and 11 percent believe in fallacies. Of the 33 percent that believe in fallacies, 83 percent are females. Examples of the fallacies include but are not limited to: ‘using condoms will lead to infection; it will get stuck in your uterus; it will come off; I’m too young to get pregnant/to impregnate a girl.’ Responses such as ‘my mother advised me not to use the condom because it is not safe and I trust my partner’ were also coded under this category. Five percent of respondents stated that they were already pregnant and another 5 percent stated a condom was not available at the time. Three percent of participants use other forms of contraceptive such as the ‘calendar method’, pills and vaccination. Coded under ‘others’ are responses such as ‘I/my partner want to have children’ and ‘I was raped’.

The responses provided by sexually active teenagers who are not frequently using condoms or other forms of contraceptive highlight the importance of not only having access to reproductive and sexual health information but also the availability and affordability of contraceptives. Although a relatively small percentage of sexually active respondents showed knowledge on the topic of HIV/AIDS, it does not necessarily mean that this is supported by a behavioural change as demonstrated by their risky sexual lifestyles. A recent study in-country shows that the prevalence of HIV does not significantly differ between males (1.5%) and females (1.6%). Alarmingly, the highest prevalence for females is between the age groups of 15-19 and 20-24 years whilst for males it peaks at 35-39 years.  

Frequency of sexual activity

Risky sexual behavior is aggravated by the high sexual activity of the respondents. While a little less than half of the respondents (49%) indicated they have been sexually active the last few months, four in ten sexually active teenagers (44%) have been sexually active in the recent weeks, while only 6 percent reported having had sex a year or so ago (N=508/519).

Pregnancy amongst sexually experienced teenagers

Fifty-four percent of sexually experienced participants have been involved in a pregnancy. Twenty-seven percent (N=49/179) of sexually experienced males impregnated their partners and became fathers while 68 percent (N=231/338) of sexually experienced females became pregnant. The high pregnancy rate is

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directly related to the risky sexual behaviour of respondents in terms of the number of sexual partners, the lack of protection by both sexes and the frequency of sexual activity. The lack of protection by sexually experienced females (69%) compared to sexually experienced males (50%) involved in a pregnancy is significant.

The highest recorded frequency for unprotected sex was among 12-14 year old sexually active teenagers (70%) compared to the 15-17 year olds (60%) and 18-19 year olds (61%).

The high frequency of unprotected sex by females in relation to their male partner’s polygamous practices highlights the power structure within these relationships; the power rests with the men. The high number of sexually experienced males having more than two sexual partners (61%) coupled by their lack of protection indicates an urgent need to consciously target males in reproductive and sexual health campaigns. Results also indicate that age appropriate reproductive and sexual health campaigns should be conducted before the early age of sexual initiation in the country.

Older teenagers (18-19 years) are significantly more sexually experienced compared to younger teenagers (12-17 years). Sexually experienced older teenagers (18-19 years) are significantly more likely to have been involved in a pregnancy compared to younger teenagers (12-17 years).

Over half (51%) of sexually experienced teenagers below the age of 17 years were reported to have been involved in a pregnancy. Over four in ten pregnancies (45%) were reported by sexually experienced teenagers in the age range of 12-14 years compared to six out of ten pregnancies (66%) recorded with sexually experienced teenagers aged 15-17 years. The number of pregnancies significantly increases with age.

More than half of sexually experienced teenage girls aged 12-14 years (56%) state having been involved in a pregnancy compared to a little over two-thirds (66%) of sexually experienced girls aged 15-17 years.

Seven percent of sexually experienced teenage boys aged 12-14 years report having been involved in a pregnancy compared to 21 percent of sexually active teenage boys aged 15-17 years. The age difference in involvement in a pregnancy is significant for both boys and girls. These numbers refute initial claims by participants that young girls are being impregnated by their peers.

The DHS 2007 report stated that the greatest absolute rural – urban disparity in age specific fertility rate (ASFR) could be seen in the 15-19 year old age group with 91 births per woman followed by the 35-39
age group with 68 births per woman.\textsuperscript{66,67} Rural women are said to have two times more children than their urban counterparts. The findings of this research show that 64 percent of pregnancy related incidences are from urban areas while 36 percent were from rural areas. Caution must be taken interpreting this data since it may not reflect the actual numbers of teenage pregnancy as teenage pregnancies within marriage were not necessarily included. As emphasized both by various community members and children who participated in FGDs in all regions, female teenagers who are married are ‘not part of the teenage pregnancy problem’ in their community. During this research, we were unable to reach as many married teenage mothers as desired.

**Unwanted teenage pregnancies**

Of the 280 respondents\textsuperscript{68} who were involved in a pregnancy, 72 percent (N=202/280) responded to the question ‘did you want to get pregnant at the time?’ Of those who responded, 83% stated that they ‘did not want to get pregnant at the time’ while only 17 percent stated they ‘wanted to get pregnant at the time’.

Of the 64 percent of the total teenage pregnancies occurring in urban communities, 58 percent of the reported pregnancies are unwanted while only 12 percent are wanted pregnancies. Of the 36 percent of teenage pregnancies in rural communities, close to two-thirds (63%) were reported as unwanted pregnancies while only 21 percent are wanted pregnancies. In comparison between the two areas, there is a significant difference between unwanted and wanted involvement in pregnancy by all sexually experienced teenagers.\textsuperscript{69} High pregnancy rates in both areas are evident.

Figure 11 shows that involvement in an unwanted pregnancy is common across all age groups. While the lowest involvement in pregnancy was recorded for ages 12-14 years (45%), it also had the highest number of unwanted pregnancies at 93 percent. For the younger sexually experienced teenagers (12-14 years), although only one in three people engaged in sex, there is a 50 percent likelihood of ending up pregnant or impregnating their partner. A 50 percent likelihood of pregnancy shows that a vast number of young teenagers engaging in sexual exploration have very little understanding of their own cognitive, socio-emotional, sexual and reproductive changes. The lack of or limited factual understanding of their bodily changes equates to the information early teenagers have on protecting themselves from pregnancy. Though a similar trend is seen for other age groups, as the age range gets older the pregnancy becomes more accepted.

\textsuperscript{66}Government of Sierra Leone (2008). Sierra Leone Demographics and Health Survey 2008. Table 3. Freetown, Sierra Leone.

\textsuperscript{67}ASRF = the number births in a year to women within a 5 year age group divided by the number of all women in that age group, times 1000.

\textsuperscript{68}The question was answered by both male and female teenagers involved in a pregnancy.

\textsuperscript{69}The researcher believes that the numbers for teenage involvement in pregnancies for the urban/rural ratio are under-represented. This may have resulted due to the high number of sexually active teenagers involved in pregnancies that refused to respond to the questions. The numbers were used for illustrative purposes.
Only 17 percent of teenagers involved in a pregnancy stated that they wanted to get pregnant at the time. Reasons provided appear accordingly; ‘I wanted to have a child/I’m not in school’, ‘I’m married’, ‘to strengthen my relationship with the father’, ‘my friends have children’ and ‘it’s a gift from God.’ During interviews with sexually experienced teenagers, it was noted that non-schooling children tended to associate themselves more with pregnancies than their school going counterparts. ‘I want to have a child since I am not in school’ was a common phrase heard from sexually experienced teenagers. Further probing shows that it is an unspoken belief that if the girls are not in school they are expected to have a child. As male community members put it during informal discussions, ‘...what else will they (girls) do if they are not in school...they should (will) have children.’

Of the sexually active teenage girls that became pregnant, the highest numbers were recorded between the ages of 15-17 years (53%). Four in one pregnancies occurred while the teen age girls were between 12-14 years old while only 4 percent of pregnancy was recorded for those 19 years and above.

Talking about the pregnancy
One of the most difficult times for a young pregnant teenager is the first time she finds out about her pregnancy. While 35 percent of the teenage mothers told their partner, boyfriend or husband first, 25 percent chose their closest friend to tell about the incident, hoping for some form of support. Due to fear of disappointment and/or anger, only 12 percent of pregnant teenagers or teenage mothers chose to tell their parents first. Of the 12 percent, 97 percent of pregnant teenagers or teenage mothers told their mother first. Of the 19 percent who first informed their relative about their pregnancy, the majority opted to tell a female relative. While 5 percent first informed a trusted non-family adult, a small number of these girls told the boy’s mother of their condition since the boy initially did not want to acknowledge their part in the pregnancy. Three percent of the pregnant teenagers or teenage mothers opted to keep their pregnancy to themselves. Reasons given for telling no one include the fear of rejection from the father, parents, relative or caretaker, while some also mentioned they were unsure who the father was.

Aside from the pregnancies, when asked if any of the pregnant teenagers or teenage mothers ever terminated a pregnancy, five percent of the respondents stated that they had. Of the five percent, the older teenagers (18-19 years) reported the highest number of pregnancy terminations or abortions. Ten percent of sexually active participants reportedly had a miscarriage. The highest reported number of miscarriages came from the 15-17 year old teenage girls followed closely by the 18-19 year old females.

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70 The boy may have found out about the pregnancy through the grapevine.
Age of the child’s father

MICS 3 of Sierra Leone indicates that amongst women aged 15-19 years old who are married or in a union, 58 percent are with a man who is ten years senior to them or more. This study found that 41 percent of pregnant teenagers or teenage mothers (12-14 years) reported that the father of their child is more than 7 years older than them. Of the 41 percent, 28 percent of pregnant teenagers or teenage mothers reported that the father of their child is older than them by 10 years or more. The number of teenagers aged 15-17 years and 18-19 years who have had children with sexual partners who are older by 10 years or more are 15 percent and 14 percent respectively. The majority of the fathers aged 15-17 years are between 4-6 years older (38%) compared to those pregnant teenagers or teenage mothers aged 18-19 years who mostly identified the father of their child as 1-3 years older (40%). The age gap between partners is said to contribute to the power dynamics within the relationship although older men are assumed to be able to provide better than their younger counterparts.

Sexual exploitation, abuse and teen pregnancy

Studies of pregnant adolescents in other countries indicate a high rate of sexual victimization. Sexual abuse survivors are significantly more likely to become pregnant before age 18 than their non-abused peers. Several studies in the United States have reported that half to two-thirds of pregnant or parenting teenagers have histories of sexual abuse. The findings of this study strongly support the strong links between early pregnancy and a history of sexual abuse. Figure 14 shows that of sexually experienced participants involved in a pregnancy over half (54%) have experienced sexual abuse (55%). Sixty-three percent of

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71 Statistics Sierra Leone and UNICEF (2005). Multiple Indicator Cluster Survey 3 (MICS3). Freetown, Sierra Leone: Statistics Sierra Leone and UNICEF.
73 Westoff, C (2003). Trends n Marriage and Early Childbearing in Developing Countries. DHS Comparative Reports No. 5, Maryland.
teenagers below the age of 17 years who have been involved in a pregnancy have reportedly had a history of sexual abuse. While it is recognized that sexual abuse may have transpired during or right after the Sierra Leone civil war, the results indicate more recent occurrences of sexual exploitation and abuse (SEA). As indicated earlier, a high proportion of sexually experienced teenage girls are involved in relationships for material gain. Data gathered indicates that the economic and financial leverage of the teenage girl’s partner coupled with the lack of maturity and self-confidence on the side of the sexually experienced teenage girl may be the root of the SEA.

While respondents aged 20 years and above (with a 100 percent involvement in pregnancy) reported the highest rate of sexual abuse (67%), this was closely followed by the youngest teenagers aged 12-14 years (60%). Fifty four percent of both 15-17 and 18-19 year olds also reported sexual abuse. Of the 177 teenagers aged 12-17 years who have been involved in a pregnancy, 55 percent are sexual abuse survivors.

**Teenage pregnancy and education**

Of the 231 sexually experienced teenage girls that have been involved in a pregnancy, 55 percent are not in school or have dropped out of school compared to 31 percent of sexually experienced teenage girls who are in school or returned back to school after the pregnancy. Thirteen percent of teenage girls involved in a pregnancy have never been to school while only one percent of those that were impregnated decided to go to a skills training school after the birth.

A high number of teenage mothers who have no prospects of returning back to school indicated their desire to attend a skills training programme to increase their chances of earning an income. Unfortunately, there are very limited opportunities for the high number of teenage mothers in this predicament. An international study shows that when women and girls earn income, they reinvest 90 percent of it into their families, as compared to only 30 to 40 percent for a man. Another chance to improve the lives of teenage mothers is vital in securing a better future and improving the lives of their family members. ‘Another chance’ means having access to quality education or being involved in a skills training or on-the-job training programmes which may result in economic freedom and financial independence.

Comparatively, 44 percent of teenage boys who impregnated their partner were not in school while 46 percent remained in school. One in ten sexually active male participants involved in a pregnancy never went to school.

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77 Non-schooling teenagers may or may not have dropped out due to pregnancy. Pregnancy may either be the cause or effect of dropping out of school.

From a subset of 147 sexually experienced female teenagers who reportedly dropped out of school, 71 percent reportedly dropped out due to pregnancy. Only 27 percent of male teenagers dropped out of school due to impregnating a girl. Over the years, international studies have debated whether pregnancies have led children to dropping out of school or that other factors (financial problems, family responsibilities, poor school performance, etc.) have influenced their drop out and that their pregnancy has just catalysed the process. Data from this study shows that it is a combination of many factors and that pregnancy is a result, as well as a catalyst for school dropout as stated by the respondents.

Examining the same numbers by region provides a different perspective on pregnancy and education. There is a high discrepancy in the Western Area for teenagers involved in pregnancies who are in school (19%) compared to those that have either never been to school (19%) or those that have dropped out of school at a significant 62 percent. Among the four regions, it is the Western Area where the majority of teenagers, both males and females, are not in school and there exists the lowest access to schooling for children involved in a pregnancy. A closer examination shows that 58 percent of sexually active teenagers involved in a pregnancy in the Western Area are not living with either one of their biological parents. Studies have shown that children not living with at least one biological parent are in a more vulnerable situation.

Although not directly related to teenage pregnancy, when these teenagers were further asked about their daily lives, combinations of economic and domestic activities were identified that are integrally related to the child protection issues commonly found in Sierra Leone. While 38 percent indicated that they are presently in school, 60 percent stated that they worked (e.g. petty trading, farming, dredging, diving and others) while 75 percent stated that they ‘worked in the house.’ Definitions given under ‘working in the house’ include, but are not limited to, sweeping, caring for the baby, cooking, fetching water, and doing laundry amongst others. It can be deduced that teenagers not living with a biological parent spend most of their time engaged in economic and domestic activities since over two-thirds of them are not in school in spite of the fact that 67 percent initially stated that they moved to Freetown to go to school. This study supports other national research that internal child trafficking for economic purposes is a reality for a vast number of children as highlighted by the statistics collected in the Western Area. Possible links between teenage pregnancy and child trafficking should also be explored.

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81 The research team followed the same sampling methodology in all sites.
82 Coinco, E (2008). The Out-of-school Children of Sierra Leone. Freetown, Sierra Leone. UNICEF.
Twenty-one percent (N=17/81) of teenage girls involved in a pregnancy lived with either the father of the baby or lived with the family of the man or teenage boy. There is a prevailing community belief that it is economically beneficial for a young mother (and her family) to live with the father of their child or to live with the family of the boy, yet interviews with teenage mothers show that the economic benefits do not outweigh the social isolation they experience. In other cases, though the boy’s family provides economic support to the teenage mother and the baby, they do not live in the same household. In many reported cases where both teenagers are still romantically involved, transactional sex occurs for financial support received by the teenage mother. Teenage mothers who are unaware of protection methods against pregnancy and/or lack the experience to negotiate the use of condoms with their partner are in a more vulnerable position to become pregnant again when they are cohabitating with the father of the child. As highlighted by community members earlier in the report, families prefer their children to marry rather than cohabit, since marriage traditionally transfers all financial responsibilities to the husband. Thus, in the eyes of parents in the community their children are guaranteed ‘protection’ in marriage compared to cohabitation. When the father of the child leaves the teenage mother, the burden of raising the baby goes back to the teenage mother’s family. This study shows that teenagers cohabitating with the father of their children are more vulnerable and more likely to experience emotional and sexual abuse. Children and teenagers who marry below the legal minimum age become statistically invisible as children. However, unmarried teenage mothers are in a more precarious financial and emotional situation compared to their married counterpart.

**Effects of early pregnancy on a younger sibling**

Forty-four percent of teenage girls involved in early pregnancies continue to live in their homes with younger siblings after her baby is born. According to various studies, younger siblings of teenage parents living in the same household have between 2 to 6 times greater possibility of getting pregnant as teenagers themselves. Other studies further state that younger siblings of teenage parents are more likely to be sexually active at an earlier age than those with older siblings that are not teenage parents.

While 40 percent of the total number of respondents for this research indicated that an older sister was impregnated, only 23 percent (N=71) believed that the pregnancy directly affected them. From the subset of respondents who said that they were directly affected by their sister’s pregnancy, the highest number of participants (28%) stated that due to the pregnancy needs or the baby’s needs, there was no money left to pay for their school fees; others stated that their parents/father lost interest in regularly paying for their school fees. Twenty-seven percent did not have a response for this question but said they were directly affected by their sister’s pregnancy while 18 percent stated that they were withdrawn from school. Seventeen percent reported frequently coming to school late due to domestic work which included caring for the baby, a parent or a sick relative. The remaining 10 percent of participants had

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varying responses from ‘sent to another house,’ ‘parent(s) lost trust in me,’ ‘discriminated in school,’ ‘starved at home’ and ‘I had no good role model’.

Bandura’s Social Learning Theory has been the basis of many teenage pregnancy prevention programmes. Emphasis is placed on the belief that individuals can learn new behaviour such as negotiation skills, the use of contraceptives and refusal skills.\(^{89}\) In many cases though, it is the learning of negative behaviour from an older sibling that leads to pregnancy, which may become the model. This modelling may be seen in the form of transferring permissive sexual attitudes towards early sex and pregnancy\(^{90}\) and it may also be in the form of modelling of school failure. Research in the US showed that 59 percent of teenage mothers under the age of 18 dropped out of high school.\(^{91}\) The transfer of child caring responsibilities to a younger sibling is also said to have a negative effect. Research shows that the more time a younger female sibling spends caring for the child of an older sibling the more likely she is to have a pessimistic attitude about school, be sexually active and have a higher desire to have a child of her own right away.\(^{92}\) Though more research is required to determine the degree of relevance of this research in the Sierra Leone context, it is important to highlight that 36 percent of sexually active respondents for this research who were involved in a pregnancy stated that they had an older sister who became a teenage parent.

**Access to health services**

Of the 211 pregnant teenagers or teenage mothers who responded, 56 percent reportedly received antenatal care (ANC) at one point in their pregnancy from a doctor or nurse. Although a little over half of the teenage mothers or pregnant teenagers reportedly had antenatal care, it was inconsistently done. Interviews also revealed that a high number of pregnant teenagers did not go for ANC until they were 4 to 6 months pregnant. Other reasons given for the irregular ANC visits were related to cost and distance to the health clinic. A majority of the teenage mothers or pregnant teenagers saw a nurse or doctor (74%) while a smaller percentage said they went to a traditional birth attendant (15%), community health worker (7%), or a trusted adult\(^{93}\) (2%). Two percent of the respondents said they did not see anyone until they gave birth. The main reason given was due to the cost associated with ANC in health clinics. Costs associated with ANC and delivery services vary from one area to another. Pregnant teenagers interviewed in Jendema reportedly preferred to go across the border to Liberia for their antenatal care.

‘Is cheaper to go there (across the border to Liberia)...here we have to pay 7,500 Leones in Liberia you only pay 2,500 Leones and you get many things free from the clinic...’

Bintu, 15-year-old pregnant teenager from Jendema.

Interviews with other pregnant teenagers and teenage mothers from the same location confirmed this statement. It was also revealed by pregnant teenagers and teenage mothers that it was common knowledge in the community that giving birth in the clinic would mean that the mother would have to

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\(^{93}\) The trusted adult identified by the teenage mothers or pregnant teenagers are the sowies or the heads of the secret societies. Sowies are also known in communities to be skilled in delivering babies.
pay 25,000 Leones if the baby was a girl and 30,000 Leones if the baby was a boy. For pregnant teenagers coming from poor families, especially those who are living with caretakers, this is a significant financial burden. Furthermore, paying a higher amount for a specific gender of the baby at birth sends the message to parents that boys are more valued than girls.

Further probing during in-depth interviews in Pujehun town revealed that extremely young pregnant girls prefer to give birth in the ‘bush house’ with the ‘sowies’ or heads of secret societies. It was reported that older women are able to provide ‘slimy herbal concoctions’ to very young teenagers (11-14 years old) to help ease their delivery. Delivery in the bush means that the child is not registered. Once again, birth registrations costs money thus teenage mothers do not see this as a priority. The lack of birth registration of children creates other protection issues.

**What is the impact of teenage pregnancy and teenage motherhood on the lives of girls?**

Informal discussions with community members and FGDs showed that both adolescents and adults perceived teenage pregnancy as a result of an emerging trend of adolescents wanting to become pregnant. However, this study shows that 83 percent of adolescents who became pregnant did not want to get pregnant at the time. This shatters the prevailing community belief that teenagers purposely want to get pregnant. Common reasons provided by adolescents of why the pregnancy occurred indicate the lack of access to, or limited information on, protection along with the incorrect and inconsistent use of contraceptives. There are various fallacies surrounding the negative effects of the use of condoms and other contraceptives. At times, the children’s mothers themselves dissuade their children from using contraceptives since it will result in ‘future problems in having children’.

In-depth interviews with teenage mothers and pregnant teenagers reveal a feeling of isolation, ‘being trapped’ and helplessness. The strain in the relationship with their parent(s) due to untimely pregnancy, the dissatisfaction with the amount of education they received, and the inability to receive consistent and quality health care are some of the factors that contribute to the feeling of depression. Teenage mothers or pregnant teenagers have no one to talk to about what they are going through. There is very little or no psycho-social support for pregnant teenagers during the pregnancy or after the birth of their child. Their parents are more pre-occupied with providing the basic needs of the entire family and other siblings than attending to the needs of their child that has been impregnated.

This study supports other international research stating that the majority of unplanned or unwanted children are born to women (or teenagers) who are either single or cohabiting. The majority of the teenage mothers and pregnant teenagers involved in this study are either living at home with their family or living alone. In the end, most teenage mothers and pregnant teenagers are left alone to raise their own child. This is an important point since children raised in a one-parent household face more challenges in a wide range of areas compared to those who are raised in a two-parent household, in a nurturing environment and with a low-conflict family.

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International studies show that women with unwanted or unplanned pregnancies are more likely to experience post-partum depression.\(^{96, 97}\) Post-partum depression (PPD) is not commonly recognized in Sierra Leone, but the risk factors associated with PPD are clearly seen in the profile of many of the teenage mothers interviewed. A range of physical and emotional changes experienced by the mother after birth may describe symptoms for PPD including, but not limited to: the feeling of isolation, helplessness, anxiety, insomnia, trouble focusing or making decisions, feeling worthless and guilty, feeling restless, sad and irritable, a feeling of loss, being overly worried about the baby or not having anything to do with the baby. No one knows exactly what causes post-partum depression but it is believed that the hormonal changes in the body of a woman during pregnancy are what trigger the symptoms. The range of treatment for PPD varies corresponding to its severity. PPD may last for 24 hours or for up to a year. Talking to other mothers who have the same experience, counselling and medication are some of the ways of dealing with PPD.\(^{98}\)

**Adolescents dissatisfaction with early motherhood**

**Support mechanisms for pregnant teenagers and teenage mothers**

During the course of the pregnancy, female community elders are said to come and give pregnant teenagers small gifts and ‘herbs’ for their pregnancy. In some communities, TBAs are also said to visit pregnant teenagers. While some say this is done for free, other teenagers stated there is a minimal fee involved.

After birth, the main caretaker of the baby is the mother (47%). Generally, assistance is said to be provided by other female members of the teenage mother’s family such as the mother, grandmother and aunts. In some cases, assistance in child care is also provided by the father of the child and the family of the father especially when a compromise between families was reached with the mediation of the FSU or Chief due to the unexpected pregnancy.

Aside from the (intermittent) family support in child care received, teenage mothers stated that there is no support mechanism for them outside their families. Teenage pregnancy is difficult for many families that are already experiencing dire poverty. For teenage mothers aged 15-17 years who are unable to go back to school, many end up doing petty trade or find other ways of earning income to help support their child. This is especially true for those who are not receiving any form of assistance from the father of the child or teenage mothers coming from single headed households. Unless the family supports the teenage mother’s desire to go back to school then they drop out of school and become the main breadwinner for their child. While schools accept teenage mothers back after giving birth, it is only possible to go back to school if families can afford the related school expenses on top of the added expenses of having another child in the house.

**Assistance to teenage mothers**

Of the 165 teenage mothers who responded, the majority (61%) say that they received some form of support or assistance from the father of the child or the father’s family while a little over one-third said they never received any support. Of the 61 percent who said they received some form of support, only 20 percent of teenage mothers said that this support came regularly. A majority (51%) of the teenage mothers...
mothers stated that they received financial support from the father of the child or the father’s family,\(^{99}\) followed by the child’s father providing for the needs of the child (e.g. soap, milk and other small goods) (35%). The provision of school support was also an important form of assistance for both mother and child (15%). Other support is provided by the family of the child’s father, by having the child(ren) live with the father’s family and providing medicine to the mother and child. For many communities, providing school support to the teenage mother to return to school may have been an arrangement prompted by a byelaw passed within their specific chiefdom. The actual duration of support to teenage mothers greatly varies and is dependent on the economic status of the father’s family.

**What are the factors leading to teenage pregnancy?**

Analysis for this section of the report is derived from a combination of all the research activities conducted. It further supplements and provides a contextual background on some of the findings reported above.

**Poverty and changes in the family support structure**

All communities pointed out that teenage pregnancy is a direct result of poverty. Parents of mostly low-income families and/or head of households are unable to support their children’s basic needs such as food, clothing, medical needs and schooling. Children contribute to the family’s financial income through petty trading, fishing, farming, and through transactional sex. The change in power structure within the family completely alters when adolescents begin earning money and providing for the needs of the family members.

> ‘When children or adolescent boys and girls are the main bread winners or have a large financial contribution in the family, it is difficult for the parents or head of households to discipline these children...children just do what they want...they don’t listen to adults.’
> FGD, Adult community members from Pujehun rural area.

All 36 vulnerable families who participated in the Positive Deviant Approach (PDA) identified hunger, lack of sufficient food and/or only having one meal a day, and sometimes even going without a meal a day, as a major challenge they faced daily. Ninety percent of positive model children identified the lack of money for school related fees and supplies as a constant problem they face while a number of sexually active children who participated in the in-depth interview also identified this as the reason they engage in sexual activities. The constant lack of basic needs is one critical motive which pushes children to find ways of acquiring money. Often, this leads to unwanted and unplanned pregnancies.

**Early sexual exposure or early sexual activity**

> ‘Teenage pregnancy is the result of early sexual exposure...the root of the problem is not teenage pregnancy but the children’s early sexual exposure...and their desire to experiment.’ MEYS, Deputy Director in Koinadugu.

Family living arrangements, easy access to pornographic films and frequent social events without adult supervision, economic difficulty, materialism and (peer) pressure, are the main reasons identified by community members in relation to the topic of early sexual exposure.

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\(^{99}\) For families of pregnant girls which have reached a compromise with the child’s father, it was unclear as to how long the teenage mother and the child were to receive support from the family of the boy. In some cases, teenage mothers only received regular support for one year after which the support scarcely came.
Early exposure to sexual activities may also be the result of the present living arrangements of many families. Privacy is non-existent in single room houses where all activities occur; this may be challenging for parents or couples who have many children.

‘Many people are farmers in our community...we are very poor and our houses only have one room that’s used for everything...there are some parents who have sexual intercourse in the middle of the day thinking their children are out...then their children walk in on them and see these things...sometimes parents just don’t care...that’s why some small children know about sex...they see it from their parents.’ FGD participant, Kailahun rural area.

The unregulated access of children and adolescents to watching pornographic films in community ‘movie houses’ as well as frequent, unsupervised social activities like ‘nightly dances in discotheques’ were also identified as driving forces behind early sexual exposure. The mushrooming of ‘movie houses’ around neighbourhoods showing (Nigerian) pornographic movies and ‘discotheques or other similar social activities’ open to all paying customers, including children, has been raised as a major concern of community members. Adult films not only expose the children to pornography but also to physical harm. Movie houses and discotheques have been identified as possible places where arrangements for transactional sex are made. FGDs and PD interviews also highlighted the apparent lack of parameters for children set up by some parents, the reported need for better parenting skills and the monitoring of their children.

Adults in the community emphasize that though they continuously advise their children and youth about early pregnancy, in the end it will be the adolescent’s choice and there is nothing they can do about it. Economic needs have also paved the way for young girls to engage in early sexual activity through transactional sex. Transactional sex was discussed in three ways. First of all discussions revolved around families, mothers in particular, encouraging their girls to ‘go out and bring money (or other things) back home.’ ‘Look at Mary, she dresses smartly and is able to buy her mother a cell phone....’ or ‘send me a telephone top up card while you’re out’ were lines that were given by FGD participants in Pujehun to illustrate their point. Pressure to engage in early sexual relationships with boys and/or men, does not only come from families, but also from peers. Peer pressure was the second factor the FGD participants pointed to in relation to transactional sex; it is said to be a very influential factor amongst the teens. Fashionable clothes and money are some of the reasons provided by community members as to why girls in their community engage in (early) sexual activity.

The third aspect with regard to transactional sex was related to school going adolescents. Adolescent schoolgirls allegedly engage in transactional sex with either boys and/or influential men, otherwise known as ‘big men’ or ‘sugar daddies’ in the community in return for payment for school fees, lunch money and school supplies or for daily survival needs such as food, clothing and house rent; this is especially common for girls coming from rural areas. A vast majority of sexually experienced teenagers, both from urban and rural areas, reportedly engaged in sexual relationships in exchange for money or gifts, which have been used to pay for school related needs at one time or another.

Adult community members believe that teenage pregnancy is the result of early sexual exposure of the youth and their curiosity and desire to experiment.
Harmful Traditional Beliefs and Practices

A common practice in Sierra Leone is the constant giving of ‘gifts’ to a young child, both boys and girls, by an adult member of the community. Initially this starts as a joke: ‘this is my husband or wife’ while introducing or pointing to a young boy or girl. It is however highly related to sexual exploitation and abuse where the perpetrators are seen as a ‘good (family) friend’ who ‘helps or assists the child.’ The child is routinely showered by the perpetrator(s) with gifts such as food, clothing, or money with the full knowledge of the family and community. Children get used to the routine of going to the perpetrator for something and develop a false sense of security.

‘The older lady used to say that I was her ‘husband’ ever since I can remember...she was older than my mom...whenever she saw me, she would ask me to come to her house and give me food...I didn’t see anything wrong with it since it’s something I’ve been doing for a long time...one day, I was hungry and she invited me to her house and told me that she prepared a feast for me...she cooked so much food...after eating I told her I was going home but she told me to wait...then she locked the door and she did what she wanted with me...’ 14-year-old male in-depth interview respondent.

‘The man is from our community...(he) has always given me gifts...food, money...clothing since I was very young...he called me his ‘wife’...one day, I came home and told my father that I needed money for school fees...he told me he didn’t have money and to go to the man that has always helped me with money...I went to his house to ask for money...he dragged me inside the house and forced me...I couldn’t scream.’ 16-year-old female in-depth interview respondent.

As some community people say, ‘nothing is free.’ Seemingly innocent favours such as getting regular free rides from a motorcycle driver to school or frequently receiving free food from a male classmate, puts a child in a difficult and vulnerable position. When payback is asked, it may be difficult to refuse and for many this pay back is in the form of sex.

Negative peer pressure

Bullying, teasing and name-calling are worldwide problems, which especially happen in schools. Interviews with teenagers reveal that when teenagers talk about negative peer pressure, it is the bullying, teasing and/or name calling that occurs which ostracizes a particular person or pressures a person to be involved in the activities that they are talking about. Discussions further revealed that the teasing begins with simple things such as the lack of lunch food and ragged school clothing. Teenagers who are sexually abstaining are also ostracized for their choice. They are made to feel inferior, like a person who is unaware of the real world.

‘I feel lonely and inferior amongst my peers because they shun me...they tell me to shut up during conversations and say we are not in the same class.’ 18-year-old PMC, Bo Town.

Based on interviews with teenagers, the cycle of teasing begins when a young girl receiving financial support from a ‘big man’ or a ‘sugar daddy’ in the community starts to flaunt her ‘gifts’ and encourages her friends to have a similar involvement. The apparent rewards for such relationships are food money, nice clothing, a cell phone and/or house rent. Apparently, teenagers who are ‘innocent’ or abstaining from relationships are ostracized by these groups of girls. Once a pregnancy occurs, the teasing and
bullying is turned around. Peer pressure has been identified by both teenage mothers and sexually abstaining girls as a major challenge. It is also the desire to belong and not to stand out as different which makes it difficult.

To learn how other girls and their families overcome the same problems, we turn to the next part of the research, the Positive Deviant Approach.

### 11. What does this all mean?

The DHS report estimates that the average Sierra Leonean woman will give birth to five children throughout her lifetime. The present sexual trend in Sierra Leone shows that a large number of children begin their sexual activity at a very early age and children indulge in sexual activities without understanding its consequences. The lack of access to scientifically based and reliable knowledge on reproductive and sexual health issues has resulted in a high number of unplanned and unwanted pregnancies. Given this information, it would be prudent to predict that with high-risk sexual practices, females engaging in sexual activities at a very young age that are at the prime of their reproductive fertility may increase the number of births per woman in the coming years. This study shows that 41 percent of teenage pregnancy occurred between the ages of 12-14 years old. If this trend of early pregnancy and early motherhood is not curbed, it may mean the loss of opportunities for these women, their children and their families. Other studies show that children whose mothers are between 15-17 years old have a less supporting and stimulating home environment, less cognitive development, more behavioral problems, poorer educational outcomes and higher rates of child bearing themselves.

In order to change the increasing trend of early pregnancy, there are five important things that need to be addressed:

- Promotion of abstinence whenever possible;
- Children delaying involvement in sexual activities;
- Correct and consistent use of condoms and other contraceptives;
- Decrease in the number of sexual partners;
- Increase in resistance to sexual pressure and peer pressure.

The Positive Deviant Approach (PDA) looks at coping mechanisms and strategies of positive model children (PMC) and their families. Learning about simple and practical coping mechanisms of children who are abstaining from sex and those that are striving to rebuild their lives after giving birth could provide other families and their children inspiration and hope.

### 12. The Positive Deviant Approach

The Positive Deviant Approach (PDA) is a behavioural change approach which has a cycle of Practice-Action-Knowledge (PAK). Instead of instilling ‘new’ knowledge to cultivate change, communities are encouraged to apply present successful practices within their own communities to overcome similar challenges. The PDA is grounded in the use of local resources, local attitudes and knowledge and

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100 Government of Sierra Leone, Statistics Sierra Leone and Ministry of Health and Sanitation (2008). *Sierra Leone Demographics and Health Survey* 2008. Freetown, Sierra Leone  Table 3.

successful local practices. In line with this principle, the following steps, or ‘Ds’, of the PDA were utilized for this study.

‘Ds’ of the PDA
In conducting a PDA, there are six steps,102 or ‘Ds’, to follow. For this research, three ‘Ds’ of the PDA were fulfilled: define, determine and discover.

Define

- Defining the problem, its perceived causes and related present practices (situational analysis);
- Defining a desired outcome or behavioural change (behavioural change).

Determine

- Determine if there are already individuals in the community that exhibit the desired behavioural change (PD identification).

Discover

- Discover uncommon behaviours, beliefs and/or practices of PMCs and their families that enable them to find better solutions to the same problems as their neighbours have, while they have access to the same resources.

The strength of the PDA lies in the understanding that individual (family) solutions already exist within communities. Solutions practiced by positive model families (PMFs) and PMCs may not be explained under conventional behavioural or decision-making theories. Solutions are from an eclectic approach which combines cultural, social and economic angles.

The Positive Deviance Inquiry Process
To ensure optimal community participation and ownership, the following steps were taken in conducting the Positive Deviant Inquiry (PDI)103:

- Community and children identify a prevailing problem in their community - teenage pregnancy (conducted during the FGD);
- The perceived causes and effects of teenage pregnancy on children and the community are discussed;
- Community wealth ranking – criteria are set to describe rich, middle class and poor families within their specific communities resulting in the identification of the most vulnerable families in the community;
- Community members and children set criteria of PMC for young children in the community;
- Community members and children identify PMCs in their community based on the results of the criteria and wealth ranking;104
- Research teams interview community-identified PMC and PMF105 heads of households;

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102 The 6 D’s in a Positive Deviant Approach are: define, determine, discover, design (applicable programmes), discern, and disseminate (information).
103 The PDI is the tool that establishes community behavioural norms related to the problem being addressed – teenage pregnancy. It also enables community members to discover uncommon positive deviant strategies and/or behaviours.
104 The first five steps were conducted during FGDs.
Two questionnaires are prepared, one for the PMC and another for the PMF. Information is gathered on the profile of the PMC and PMF, challenges faced, motivating factors and coping mechanisms;

- Data collected from the PDI is summarized and reported back to the original FGD groups;
- Final analysis is done and integration of data gathered for the inclusion in the study.

**Positive model families and positive model children**

After conducting a wealth ranking within their own community, community members came up with criteria for defining positive model families, which focused on the most vulnerable families in their communities. The PDI gave the research team an insight into the values and beliefs held by various community members of what matters most in life. Examples of the positive characteristics used by communities as criteria are: demonstrates respect for elders, positive peer influence, content with what she has, hard working, motivated and ambitious, spiritual, regularly attends school or attends a skills training programme.

A total of 36 PMCs aged 13-19 years old were identified for the PDA research. Of the 36 PMCs, 26 were abstaining from sex, 3 were sexually active but had no children while 7 are sexually active with children. The identification of the PMCs was community driven. For communities, these are the three categories of positive model children that best represent the experiences of female teenagers in their community. Although the norm for a PMC in a teenage pregnancy study are ones that either abstains from sexual activities or ones that are sexually active but use contraceptives properly and consistently, the reality is that many teenagers are involved in risky sexual activities at a young age and that half of those that are sexually involved end up with unexpected or unwanted pregnancies. For these reasons, the communities included teenagers who are sexually active but do not have children to exemplify that protection is important and that parental support and guidance on this is vital. Acknowledging that teenage pregnancy is a problem in the community but that there is hope for children after the pregnancy, sexually active teenagers with children were also included. Under this category, the community people looked at teenage mothers who have either returned to school and are doing well in school as well as teenage mothers who are presently involved in a skills training programme or someone who was part of a skills training programme and is now successfully supporting her child (and her family).

The families selected were based on the selection of the PMCs. Family structures for the PDI include single-headed houses (both male and female headed households), households headed by young adults (siblings) and families where both parents are present.

**Motivating factors of PMCs**

The key motivating factors identified below are the most common responses given by PMFs and PMCs.

**Positive role models**

The importance of having a role model or having someone to look up to was highlighted by 90 percent of the PMCs. The role models ranged from a mother, an aunt, or their parents, to a teacher, a NGO worker, a nurse or a government official. The admiration the girls had for their role models was based

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105 Families of PMC were immediately considered as Positive Model Families (PMF).
106 FGD participants were previously informed of the feedback session for the results of the PDI. The presentation of results served as a spring board for participants to discuss how they can use this information and come up with a realistic personal contribution to help start addressing teenage pregnancy.
107 The process of data collection within the PDA.
on the women’s accomplishments, the assistance they have provided children or people in their community, the assistance and improvement they have made in the lives of their family, and the admiration and respect community people have for these ladies.

‘I personally want to be like aunty Christiana who is now an NGO worker from Kailahun…she’s built a house for her family and she earns a lot of money…most of the time, when she comes around she gives me advice on the importance of education and going to university… she also says that women with education can excel in life and hold big positions in organizations. She helps buy my school materials; she tells me that girls are as good as boys.’ 14-year-old, PMC-sexually abstaining, Kailahun.

‘I admire the nurse in our community and want to be like her.’ 17-year-old PMC-teen mother from Bafoda.

It was not only female role models that provided inspiration to some PMCs.

I admire Mr. Alpha Timbo, he came from a poor home, a humble family… he is respectful and he is respected, he is a devout Muslim and well educated… he was a teacher and one time cabinet minister, now he is a lawyer in Freetown. He has improved the status of his mother by building a very big house for her in this village. He also supports schools with books and other teaching and learning materials. He contributes to other development projects in the village…he gives advice to all youths when he is around…I want to do the same thing for my family and community.’ 18-year-old PMC, sexually abstaining from Bombali.

Having a role model to look up to and one that provides advice and inspiration has helped teenagers overcome their problems and insecurities. It helps teenagers focus on the positive things in life, and believe in and dream of possibilities they could achieve in the future.

Because of their admiration for others, more than three-quarters of the children also mentioned the hope of being a role model in their family or community.

‘I want to be the role model in my family since I am the eldest daughter…I want to obey the word of God…when I get married I want to earn the respect of my in-laws, my family and my husband.’ 19-year-old, sexually abstaining PMC, Bo.

For others, it was a goal to help improve the future for others.

‘I want to open my own skills training centre so that I will be able to help other girls who cannot cope academically or drop out of school as a result of teenage pregnancy.’ 16-year-old, PMC, Tombo.

A close relationship and open communication with parents
The importance of open communication between children and their parents was highlighted by a majority of PMC and PMF. Having frank and open communication cultivates equal respect between the parent(s) and their child. Studies have shown that children who are close to their parents engaged in sexual activities at a much later time. Parents who are actively involved in their children’s lives are more likely to know what is happening in their children’s lives. As shown in this research, children are more
likely to listen to the advice of their parents if there is a close and open relationship between the two. Talking about the negative effects of early pregnancy with the child and using personal real life examples or giving specific examples of children within their communities and highlighting their present plight has helped a number of teenage girls.

‘My mother advises me to avoid bad friends...to be content...my mother advises me to stay away from boyfriends as boys are very wicked nowadays...they will come after you, impregnate and abandon you to struggle... ... my aunty advises me to attend lessons (extra class) so that I can widen my knowledge...she also advises me to take my studies with all seriousness because my father is dead they have given me a lot of encouragement and advice... I have received so many pieces of advice from my mother and aunt...these have helped me believe in myself’ 17-year-old, sexually abstaining PMC, Bombali.

Developing open communication with children also strengthens the relationship of the child and parent.

‘Befriend your children so that you can know their problems...guide and guard them against income generating activities outside the home because some children as soon as they get used to money they are problem.’ Mother of a teenage mother PMC, Bombali.

For parents of sexually active teenagers, although they would like their child to start abstaining from sexual relationships, many have said that, ‘once they have started it will be difficult for them to stop.’ To ensure that their children are protected against unplanned pregnancies, parents themselves decide that having the correct knowledge is vital.

‘Your girl child should always be monitored and should be discouraged from roaming about with friends. When mature, tell her about the use of contraceptives and never accept gifts from men for your daughter.’ Mother of a teenage mother PMC, Pujehun.

Advice from parents and other sexually abstaining teenagers echoes the same theme.

‘I would advise families with sexually active children to visit the health centre and get advice from the nurse...get information on family planning.’ Father of a sexually abstaining PMC, Kailahun.

‘Parents should advise their daughters to deviate from sexual activities and those that have already started should join family planning (programmes).’ 17-year-old, sexually abstaining PMC, Bombali.

Whether or not to provide sexual and reproductive health information to teenagers is a highly debated theme in communities and the lack of open discussion and access to information leads to the perpetuation of fallacies surrounding (teenage) pregnancy and the use of contraceptives.

**Religious beliefs**

When communities were looking at PMCs, one common criterion that was constantly mentioned was ‘a religious child.’ ‘Religion’ does not necessarily relate to a specific religion. Further questioning indicated that what communities are looking for are children who have strong religious beliefs and use their religious teachings to remain steadfast and to ‘be on the right track.’
‘It is easy through the word of God...my concentration is either on my books or reading the bible... if you want to have a prosperous future... you should give up the bad things of this world and pray for God’s direction over your life and in everything you do so walk in a straight path with the Lord.’ 18-year-old sexually abstaining PMC, Kono.

Many families recognize that teaching their children the importance of religion means modelling and practicing these teachings within their own families.

‘We continue teaching our children the Islamic principles and practice them as a family. We encourage our children to live simple and admirable lives according to Islam. We put our resources together by the grace of Allah to see that we meet the needs of the family.’ Father of a sexually abstaining PMC, Bombali.

**Family pride and respect**

What was noticeable from discussions with PMFs is the importance placed on family pride which is inculcated into their children from a very young age. In spite of the hardships and poverty the families face, children are made to understand that family pride brings with it personal and societal respect along with a better future.

‘I don’t want to bring shame and disgrace to my family by becoming pregnant in school.’ 16 years old, sexually abstaining PMC, the slums.

‘If my husband marries me as a virgin, he will respect me and my family.’ 16 years old, sexually abstaining PMC, Freetown.

**Assistance from other family members**

The inability of parents to provide the basic needs of their children, together with the lack of clear, acceptable sexual values within the family and the community are some of the major reasons why children engage in transactional sex. Some teenage girls have mentioned assistance from other family members complimented by constant encouragement and reminders as a contributing motivational factor to avoid early sexual relationships.

‘We are poor, my father is blind and my mother is a farmer... my aunty helps pay for my school fees and provides some school materials...if she did not pay my fees and did not support me, I would not have continued school like my brothers and sisters...she regularly advises me to study well...’ 18-year-old, sexually abstaining PMC, Bo.

**Education as a key to a brighter future**

The desire for teenage girls to be educated is manifested in their aspiration to be in school and to remain in school. Girls understand the importance of education and how this may open better opportunities for their future.

‘The illiteracy level is very high in our community, I do not want to be counted among the illiterate in our community.’ 12-year-old, sexually abstaining PMC, Kailahun.

‘Education is empowerment... it’s only when you are educated that you will be able to change your status for the better...I don’t want to disappoint my mother...I promised her
that if she allowed me to go to school I will keep my virginity until I finished my schooling and get married.' 18-year-old, sexually abstaining PMC, Kono.

'Most girls today change the status of their mothers...if a girl is educated and skilled she will be able to take care of herself.' Single mother of a PMC, Tombo.

Overcoming poverty, hunger and the constant torrent of sexual innuendo that female teenagers face daily in schools are huge challenges. Many who are pulled into transactional sex arrangements end up as teenage mothers. Yet as the PMCs have shown, providing another chance to teenage mothers such as encouraging them to return to school or providing access to a skills training programme to help improve their economic independence, can lead to a better future and even prevent additional pregnancies and additional births.

**Overcoming problems and complications related to early sexual involvement**

Female teenagers are able to overcome the challenges and problems faced by common teenagers in their respective communities through various coping mechanisms. While it is a matter of personal choice, it is also through the continued guidance and support of their parent(s) and trusted adult figures in their lives that PMCs are able to overcome the socio-emotional and economic challenges they constantly face.

**A sense of structure and clear expectations**

A highly observable practice within PMFs is the sense of structure and clear expectations that parent(s) set within their own households. School going children are given sufficient time to study even if they are still expected to help in domestic chores. Through encouragement and discussions, teenage girls are frequently reminded to choose their friends wisely and avoid wayward friends. PMCs understand the family expectation that schooling should be their priority. The unacceptability of going out with friends in the evenings to dances or movies is understood and followed even if it is sometimes a point of contention between the parent and the child. Interviews show that the majority of PMFs raise their children with the belief that they should not beg for (small) things from men or accept gifts from others.

‘Children should be monitored at home and in-school.’ Single mother of a sexually active PMC, Bo.

**Contentment and personal sacrifice**

Parenting skills means setting boundaries to ensure that children’s best interests are always protected. It is the feeling of discontent within the set boundaries, which at times require social and/or personal sacrifices that are most difficult for teenagers to accept. Most of the PMCs talked about the importance of feeling content in spite of all the challenges they face, or striving to feel content with what little they have. Mostly, the contentment relates to acquiring basic needs such as food and clothing. Due to dire poverty, the majority of PMFs interviewed only have one meal a day.

‘I always buy food that is less than 2,000 Leones in school...I wear old fashioned clothes but I make sure it is clean and ironed.’ 15-year-old PMC sexually abstaining, Bombali.

‘Teach children that they should have satisfied minds and must not have desire to follow bad friends or go wayward.’ Father of a PMC sexually abstaining, Bombali.

Contentment also means being humble and doing the right thing.
For many, their personal sacrifice is an extension of the sacrifices they see their parents make for the future of their children. PMCs understand the economic sacrifices of their family and the trust and faith placed upon them and their schooling. For some, it is the fear of disappointing or hurting a parent that keeps them firm in their goals. Personal sacrifices made by PMCs are also done with the belief that this will eventually pay off in the future.

**Ignoring negative comments from others**

Peer pressure, stigma and humiliation may be manifested through one’s actions, body language or through negative or sarcastic comments. In-depth interviews and PDIs show that negative or sarcastic comments are directed to anyone that does not belong to a ‘clique.’ Negative or sarcastic comments are directed towards teenage mothers who returned to school along with teenagers who are known to abstain from sexual relationships.

‘I don’t listen to the negative remarks of my school mates or some teachers because I know that I have learned my lesson and would not repeat it again.’ 16-year-old, teenage mother PMC, Pujehun.

‘I am provoked by my friends and neighbours that I am becoming old for my age because I am not sexually active…elderly neighbours provoke me for not being a member of the Bondo society…I just ignore them.’ 16-year-old, sexually abstaining PMC, Tombo.

**Knowledge of protection methods**

Every parent dreams of their child to have a ‘perfect family.’ For parents, this equates to having their child marry as a ‘virgin.’ While this is an ideal scenario, as shown in this study, the percentage of teenagers who are abstaining from sex is quite small (35%). For parents who have children who are sexually active, the next best option would be to teach their children how to best protect themselves from pregnancy, HIV/AIDS and STDs. A single mother best describes how she and her daughter are coping with their reality.

‘For children who are not sexually active, parents should ensure that they give their children the best support that will encourage them to continue abstaining from sex...provide for their needs...the ones who are sexually active should be taught about contraceptive use....my daughter is sexually active, she uses contraceptives to prevent her from getting pregnant...I advise her to use contraceptives and stick to a single partner.’ Single mother of a sexually active PMC, Western Rural.

**Help in child care**

For teenage mothers, going back to school or attending a skills training programme after childbirth is a great challenge. As noted from the in-depth interviews, the main person responsible for child care is the teenage mother. In spite of this, all teenage mothers that were identified as PMCs are in school; the majority are in regular schools and a smaller percentage is involved in skills training programmes. All teenage mothers interviewed underscored the importance of the help in child care from a female family
member as the main reason why they are able to complete their education or attend a skills training course.

‘My mother helps with the child most of the time, especially when I go to school... I spend extra time studying... I avoid social activities like dances and video shows... my mother’s love to see me educated gives me the inspiration to continue my schooling.’ 17-year old, teenage mother PMC, Bafodia.

‘My mother carries my baby around while I go to school.’ 16-year-old, teenage mother PMC, Puje hun.

‘My mother has been supportive... she takes care of me... and my child... she sent me back to school...’ 17-year old, teenage mother PMC, Koinadugu.

Parental ingenuity and long-term planning

Poverty is everywhere in Sierra Leone yet there are some who, through their own ingenuity, are able to provide for the basic needs of their children better than others. Doyle, a farmer and single-mother of a teenage mother in Bafodia, sent her daughter back to school through planting various crops in her small plot. She plants cassava, groundnuts and other small crops on a rotational basis in her garden. During harvest, she does not sell her entire yield. She stores a certain quantity in the house so that when her children (she has three children who are all in school) come to her for school related expenses or for other necessities, she has an immediate source of income.

Protecting our children

Everywhere in Sierra Leone, children are involved in petty trade to help supplement the financial needs of their family. Mothers who are part of the PDA recognize the perilous nature of sending their daughters out in the streets on their own. Though it is recognized that petty trading is part of the daily lives of many children in Sierra Leone, Positive Model Mothers (PMM) have made some adjustments so that their daughters may still ‘assist’ in petty trading. One PMM stated that she only allows her daughter to sell in the market when she is present. Her daughter was only allowed to sell within a specific area in the market where the mother can still see her. Another PMM stated that she has a table in the market. Her daughter was allowed to sell only within that space and was not allowed to peddle goods elsewhere. The mother further emphasized that the daughter was only allowed to sell when there is another family member with her. PMMs emphasized the importance of looking after their children and not putting them in harms way, ‘especially if you already know what can happen to them.’

An eye opener

Identified from the most vulnerable group within their own community, PMCs and their families struggle considerably more with daily life than other families. Many of the PMFs that were part of this study said that they were ‘never aware that the community’s eyes were on their daughter.’ For the struggling PMFs, the unexpected recognition they received from their community on raising their child to be a role model for others while continuously struggling to overcome teenage pregnancy or rebuilding their lives as teenage mothers has given them additional motivation to continue. For many of the FGD participants who initially (unconsciously) focused on the negative practices in their community in relation to teenage pregnancy, results of the PDI provided them with a new paradigm in addressing teenage pregnancy and issues associated with it. For the PMCs, the recognition and admiration exhibited by their peers and adult community members has given them a glimpse of the respect they are aiming for.
13. Recommendations

Teenage pregnancy is a national problem. It carries a high cost for the teenage mother, her child, her family and the community. A paradigm shift in behaviours and attitudes towards sexual and reproductive health and sexual practices is required to address the complex issue of teenage pregnancy and teenage parenthood. Evidence-based studies from the United States indicate that youth development programmes with a broader approach to addressing unintended or unwanted teenage pregnancy (for instance the building of self esteem) is the way forward rather than solely focusing on sex education.\(^{108}\) Political commitment and a sound policy combined with the development of social and economic opportunities will aid in the overall protection of all children. To achieve this, the government of Sierra Leone (GoSL) and other stakeholders should adopt the following recommendations:

1. A cross-sectoral, nationwide response to teenage pregnancy

The findings of this study have shown that teenage pregnancy is a nationwide and multi-dimensional problem related to a wide range of child protection issues that cut across the social sectors. It is related to harmful behaviour and attitudes towards sexual and reproductive health (and towards women in general), poor provision of relevant information and services to prevent and respond to teenage pregnancy, teenage motherhood, sexual abuse and exploitation and the lack of an adequate legal framework. Bringing about the necessary changes, in particular in relation to attitudes and behaviour, takes time. Progress in other sectors of national development may also be undermined if the present trend in teenage pregnancy is not curbed.

Therefore it is recommended that the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA), through the National Child Protection Committee (CPCom), initiate and sustain a cross-sectoral nationwide response to teenage pregnancy by creating the conditions for safer sexual and reproductive health practices. To achieve this, a number of steps can be identified:

- **The CPCom to lead a cross-sectoral teenage pregnancy Working Group with the active participation of the Ministry of Health and Sanitation (MoHS), the Ministry of Education, Youth and Sports (MEYS), the National AIDS Secretariat (NAS), the National Committee for Gender-based Violence (NACGBV) the Decentralisation Secretariat (DECESEC) and other development partners.**

- **The CPCom, through the Working Group and with the support of UNICEF, to conduct a comprehensive review and evaluation of all existing in-country teenage pregnancy programmes and approaches with the objective of noting best practices and effectiveness.** The review can be used in developing a framework, setting standards and guiding resource allocation with respect to the design and implementation modalities for future teenage pregnancy programming.

- **The teenage pregnancy Working Group to develop a national Plan of Action with achievable short-term and long-term goals to create the social, legal and economic conditions that will: (i) lead to safer sexual and reproductive practices and therefore a reduction in the rate of teenage pregnancy; (ii) reduce sexual exploitation and abuse; and (iii) promote a more supportive and protective environment for pregnant teenagers and teenage mothers.** The subsequent recommendations (two

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to four) provide a starting point for the Plan of Action. Additionally, a set of progressive national targets for both the short-term and long-term objectives should be explicitly identified. These milestones will provide the GoSL a clear set of targets for implementation, a benchmark with which to measure progress, and a means for various government and non-governmental organisations to evaluating their contributions to the national goals.

- **Donors should commit to long-term pledges to give the GoSL a clear idea of the funding availability and period.** Prior knowledge of the available funding both from the donor community and from the GoSL will assist in planning, budget allocation and implementation of realistic projects that counter teenage pregnancy and early risky sexual activity in the country.

- **The CPCom, MEYS and DECSEC to support Local Councils to reflect the actions identified in the national plan of action in the district level yearly plans and budgets.** District Education Plans that are proposed to MEYS for funding should include budget allocation to positive model children and their families through school scholarships in line with human rights standards.

### 2. An evidence base for teenage pregnancy related policy and strategy

Reliable information related to teenage pregnancy such as abuse cases, teenage births and teenage sexual practices are vital in assisting policy makers to make informed decisions and develop relevant guidelines, policies and programmes that address national problems. However, acquiring reliable local and national level data related to teenage pregnancy is difficult. Additionally, there are gaps in understanding in issues related to teenage pregnancy. Sexual exploitation and abuse in schools is a documented problem and early marriage is an on-going, clandestine reality. Internal trafficking of children for economic purposes is a recognized fact in Sierra Leone. This study showed that of the 37% pregnancy rate in the Western Area, 58% of teenage mothers or pregnant teenagers are not living with either biological parent. The brutality of the Sierra Leone civil war on all fronts is well documented yet there is no available empirical data in-country that studies the effect of the civil war on the present social and moral status of the country.

Therefore it is recommended that the CPCom, through the Working Group, develop the necessary evidence base to understand emerging issues related to the teenage pregnancy phenomenon and the nature and dynamics of the social, cultural and economic conditions that lead to high rates of teenage pregnancy. To achieve this, the CPCom, with the support of UNICEF, should:

- **Appoint a Focal Group within the teenage pregnancy Working Group with the participation of district and national representatives from related sectors including health, HIV/AIDS, NACGBV, education and child protection that collects, collates, analyses and reviews data for key indicators related to the incidence and the underlying causes of teenage pregnancy for sharing with relevant national and local level stakeholders.** As part of this work the Focal Group should develop indicators that relate to teenage pregnancy and which can be integrated in the national child protection information system.

- **Identify and collate existing research and commission research to fill any identified gaps in knowledge about certain social phenomena related to teenage pregnancy.** First, in line with the Positive Deviance Approach (PDA), research on the relationship between teenage pregnancy and

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109 Coinco, E (2008). The Out-of-school Children of Sierra Leone. Freetown, Sierra Leone. UNICEF.
education should be conducted to better understand: (i) whether teenage pregnancy is a precursor or an after effect in the education setting; and (ii) the dynamics and effects of teenage pregnancy on teenage mothers returning to the school where the teacher was the perpetrator. Second, a more in-depth study on the plight of children given away into early marriage is suggested to further understand their predicament and the protection issues specific to children in these situations. Third, also in line with the PDA, further research on (teenage) girls ‘at-risk’ of internal trafficking should be conducted to better understand the reasons for migration/trafficking, the migration/trafficking flow, ‘safe migration,’ risks involved in migration and the relation between teenage pregnancy and migration/trafficking. Fourth, research on the longer term after effects of the civil war should be conducted, including investigations in to civil unrest, urbanization, media and migration, to provide contextual background information on Sierra Leone at the present time.

3. A positive change in attitudes

The findings of this study have shown that many harmful attitudes exist which lead to risky sexual practices and abuse and exploitation of children, resulting in high levels of teenage pregnancy. There are high rates of sexual activity between young teenagers and between young teenagers and older adults (between teenage girls and older men in particular), often with multiple partners. At the same time, there is a lack of knowledge about what constitutes safe sexual practices and common fallacies about contraception. Sexual behaviour and practices are not openly talked about between children and their parents and misunderstandings and misconceptions are common. Adults are sometimes excluded from community level trainings targeted to children, further alienating parents and causing conflict and distrust. This is seen to be exacerbated by the mushrooming of movie houses throughout the country of which many show pornographic material to all paying customers, including children. High risk coping strategies abound and are exacerbated by a mixture of poverty and cultural and gender norms which cast men and women (and boys and girls) in particular roles. Thus, social and economic relationships between men and women, and men and girls in particular, can lead to abusive and exploitative transactional sex. However, this study has also shown that positive models do exist which can be promoted and replicated, such as developing and maintaining a close relationship between teenagers and their parents.

Therefore it is recommended that all stakeholders working at the national and local level who are involved in social development, including government, UN, NGOs and other CSOs, work towards creating a change in attitudes towards sexual relations and practices within society as a whole. The government must take the lead in fostering an atmosphere of openness and honesty in tackling the country’s reproductive and sexual health problems. Creating a culture in which adults talk to and listen to teenagers about their perceptions and practices on relationships and sex may provide a better understanding of the support needed to assist teenagers in growing up into responsible young adults. Discussions about reproductive and sexual health education in schools and in communities, as well as about gender based violence, sexual exploitation and abuse against children would greatly assist in the protection of children. To achieve this, four recommendations can be made which may also form part of the national plan of action:

- **As part of the national Plan of Action, the CPCom should lead on a national campaign to create the social conditions required to reduce the rate of teenage pregnancy.** The campaign should avoid condemning teenage pregnancy but focus on discouraging the negative social attitudes and practices that lead to teenage pregnancy and encouraging the positive practices identified in
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positive model children and their families. A number of key areas can be identified to address through the campaign:

- Put teenage pregnancy on the table in all relevant national meetings to initiate discussions around this topic. Likewise, community level discussion and debates can be supported to educate communities on the importance of talking to children about sexual and reproductive health issues, especially teenage pregnancy.

- Recognise and address the links between sexual exploitation and abuse (SEA), (sexual) violence, gender based violence and risky sexual behaviour. In particular, community structures should be supported to ensure children are protected against all forms of violence, both sexual and non-sexual. Promoting alternative forms of discipline with various members of the community would prove beneficial for all children, especially teenage mothers who are learning parenting skills.

- Give children the understanding and confidence to say no to sex. Promoting abstinence means giving young girls and boys an understanding of the sexual and reproductive changes their body will undergo while simultaneously giving them the self-confidence and power so say ‘no’ to early sex. Specific to girls, an in-school and out-of-school communication and negotiation skills training complemented by an assertiveness training programme for teenagers who are trying to abstain or delay sexual activity will provide guidance, self confidence and courage for children to ‘say no.’

- Promote the proper and consistent use of condoms with both male and female adults and young sexually active teenagers in conjunction with other forms of protection. Teenage girls who are sexually active should be provided with information on other forms of effective hormonal methods of contraceptive to avoid pregnancy. Access to information is just the first step: equally important is the availability and affordability of the suggested contraceptives locally. Using condoms correctly and consistently also substantially reduces the probability of contracting HIV by 80 to 90 percent;\(^{110}\) it also reduces the transmission of other diseases albeit at a much lower rate.\(^ {111}\) Regular testing and treatment for STDs and HIV/AIDS must also be encouraged.

- Recognize and support positive model children and their families within their own community to provide hope and inspiration to other young girls. Since most PMCs are from vulnerable families, support to their education through scholarships or sponsorships would greatly encourage PMCs to continue in their ways and also inspire other children to abstain from early sexual activity and early pregnancy. Recognising PMFs will not only encourage community members to take a closer look at the strategies used by these vulnerable families to triumph over a huge personal problem but it will also provide PMFs personal satisfaction and recognition for their hard work.

- Raise awareness about the dangers associated with the practice of ‘grooming’ young girls by adults who offer financial and material support directly or to the girl’s family. Present traditional beliefs and community practices such as receiving free gifts from adult community members, the acceptability of having more than one sexual partner or teenagers having ‘sugar daddies’


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gives children mixed messages on appropriate and acceptable community sexual values and behaviour.

- Promote a more positive concept of manhood through role models and community dialogue. The idea of manhood in Sierra Leone is associated with a man’s fertility, the number of women he has (or had) and the number of children he sires. Campaign activities should aim to redefine ‘manhood’ including the responsibilities related to sexual behaviour.

- As part of their programming at the community level, local government, NGOs and CSOs should promote and encourage more open discussion amongst adult community members by providing a venue to discuss sexual and reproductive health topics in a safe environment. This would be a place for the exchange of information and opinions based on others’ personal experience but also a venue to provide them with facts. It is important for community elders and parents to know and understand the scientific facts that would dispel many fallacies surrounding (teenage) pregnancy and the use of contraceptives.

- UNICEF to advocate with its NGO and CSO partners for an inclusive approach in working with communities – working with both children and adults as well as working within local community structures whenever possible, to ensure programme success and sustainability. Furthermore, teenage pregnancy must be presented as a community and national problem, which affects both males and females. Sexual and reproductive health programmes should focus on the positive benefits of partnering with men, especially in preventing teenage pregnancy.

- The MSWGCA and UNICEF to advocate with the Ministry of Justice to ensure the formulation and application of age appropriate restrictions for the viewing of films with sexually explicit and other inappropriate or ‘adult’ content. DECSEC, local councils and chieftaincies are encouraged to develop their own by-laws which define appropriate age restrictions for viewing such films and impose fines on movie houses which contravene the laws.

4. Provision of sexual and reproductive health information and services

The findings of this study have shown that there is inadequate provision of and access to good scientific information about sexual and reproductive health which means many teenagers do not understand the reality of their changing bodies and the consequences of risky sexual behaviour. There is still a persistent debate within communities if children should even be exposed to these discussions and therefore health workers often face a dilemma whether to talk to children about protection and other relevant sexual and reproductive health topics. Evidence gathered during this study shows that the mean age for first sex is 14 years and that the mean age for first pregnancy is 15 years old. Though the present school curriculum has a section which discusses reproductive and sexual health, it is taught in Junior Secondary School Class 3 112 which is very late considering sexual activity starts in primary school and early secondary school. Additionally, there are inadequate and inconsistent formal and informal support structures and services at community level for pregnant teenagers and teenage mothers. Girls and boys from rural communities are often sent to ‘town’ on their own for education without any emotional or financial support from their families. Striving to remain in school or merely surviving in a foreign

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112 In one district, students mentioned that topics related to teen pregnancy are sometimes discussed by teachers during Home Economics and/or Physical Education. Since this approach was not consistently taken across the districts, it may be assumed that this was done on an ad hoc basis either by the school or by the teacher.
environment to access school have forced many girls into engaging in transactional sex which may have resulted in a pregnancy. Although one-third of the communities visited during the research had NGOs working on skills training with teenage mothers and other vulnerable women, the number of potential beneficiaries exceeds the limited available opportunities. Despite the fact that 57 percent\textsuperscript{113} of the FSU personnel nationwide have received training on handling abuse cases, this research shows that there is a prevailing belief amongst FSU personnel that their responsibility is to ‘mediate’ between families. This often leads to compromise between the perpetrator and the victim (or commonly the victim’s family): of the 927 reported sexual abuse cases in 2009 there were no convictions and 122 cases were resolved or withdrawn.\textsuperscript{114, 115} In over half of the research sites visited, a small number of respondents mentioned NGO workers as among the perpetrators of abuse against children, which resulted in a pregnancy. Cultural and traditional practices are no excuse for an NGO worker to be involved with a person below the age of 18 or a direct programme beneficiary.

Therefore it is recommended that both government and non-governmental service providers, including (but not limited to) MSWGCA, MEYS, MOHS and NGOs and CSOs working in similar sectors, provide age appropriate information and quality services to improve sexual and reproductive health outcomes and prevent and respond to sexual exploitation and abuse. Building on existing programmes and services, the following recommendations can be made:

- **As part of the national Plan of Action, the CPCom, MoHS, MEYS and other stakeholders involved in public information services utilise mass media and other print materials to ensure that teenagers have an accessible and reliable source of information regarding reproductive and sexual health information and non-sexual issues such as SEA, gender based violence and risky sexual behaviour.** Reaching as many young teenagers and providing access to age appropriate information at an early age is of importance. An example of an alternate form of communication is the Sissy Aminata project, which is running in a small number of communities visited. Based on informal feedback with young teenagers who are in-school and out-of-school, it was cited as an effective and safe way of talking about sexual and reproductive health matters.

- **The MOHS and voluntary sector organisations working in the health sector should ensure that it is an integral part of health workers’ duties to talk about sexual and reproductive health issues with young (sexually active) children.** Reinforcing this role through management directives, training and provision of the appropriate information and tools will help health workers fulfil this role. This approach may be complimented by working with Chiefs within communities.

- **The MEYS to review and re-introduce the ‘Family Life Education’ subject in elementary school.** This age appropriate curricula on sexual and reproductive health will touch on the cognitive and socio-emotional changes that accompany the physical changes children undergo during the early teenage years including social and gender relationships. A holistic understanding of their bodily changes may be a precursor to talks about abstinence, protection, condom use, HIV/AIDS and STDs, the development of babies as well as the emotional and financial responsibilities attached to having


\textsuperscript{115} There are other factors that may have inhibited the victims from pursuing a legal case against their perpetrators. This paragraph highlights the responsibility of the FSU to uphold the legal system.
children. Locally contextualized discussions using life examples would prove meaningful to teenagers.

- **District Councils, with the support of DECSEC and the strong involvement of the paramount Chiefs, to continue to develop by-laws that allow teenage mothers to return to school.** Teenage mothers should be encouraged and supported to return to school at the earliest possible time for their own economic independence and self-sufficiency. The importance and benefits of education is an established fact in many communities.

- **The MEYS’ campaigns on education for girls must also include educating parents about their continuous emotional and financial responsibility whilst sending their children away to school in another town.** Promoting a sense of shared community responsibility, clear acceptable sexual values and setting up programmes within communities to help children needing financial assistance in a safe and secure work environment may help increase the protection of young girls (and boys) needing an income for school.

- **Together, the MSWGCA, MEYS, Ministry of Labour, UN and NGOs should create opportunities for teenage mothers who cannot, or do not wish to, return to school, to receive skills training opportunities for economic independence.** Skills training centres that also provided free day care services to teenage mothers proved to be the most helpful strategy to ensure the teenage mother’s continued attendance. On the job training and the provision of small start up kits for specific training courses are also motivational factors for teenage mothers attending the trainings. While it is necessary to ensure that a certain number of teenage mothers are able to access free vocational courses in every training cycle, caution must also be taken that the assistance provided to teenage mothers will not be misconstrued as a positive reinforcement of teenage motherhood.

- **MSWGCA, with the support of UNICEF, to provide training to the Family Support Unit (FSU) on handling sexual exploitation and abuse cases.** A training package which includes frequent monitoring and feedback as well as the provision of resources to the FSU are the key to ensuring that FSU personnel are empowered in their work and can therefore provide better services.

- **All NGOs must ensure that they comply with the Humanitarian Code of Conduct and undertake non-biased investigations of all reported cases of sexual exploitation and abuse by their staff.** Due process must be followed especially in levying the corresponding penalty if the subject of the complaint is found guilty. Vulnerable families and children involved in such cases must have a ‘safe place’ within their community where complaints against such perpetrators may be lodged without fear of personal repercussions. UNICEF must take a leadership role in raising this issue among NGOs working with children.

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116 FGD participants mentioned a class called ‘Family Life Education’ which they took up in primary school. This curriculum maybe reviewed and relevant changes may be made to adapt to the present needs.
117 Seen in a Red Cross Training Centre in Northern Province.
118 Most interviews with FSU personnel in various regions indicated that they have received very limited training compared to the complex task that they have to accomplish.
Annex 1: The Research Team

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Roseline Beah  Action Aid
Memuna Kamara  Jersey African Support Services
Christiana Quee  Council of Churches in Sierra Leone
# Annex 2: Quick Facts Related to Teenage Pregnancy

<table>
<thead>
<tr>
<th>PROTECTION</th>
<th>Percentage</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of orphans and vulnerable children (one or both parents dead)</td>
<td>11 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of children aged 5-14 years old involved in child labour</td>
<td>48 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of women aged 15-49 years old who were married before the age of 15 years</td>
<td>27 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of women aged 15-19 years old who were married before the age of 15 years</td>
<td>15 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of women aged 15-49 years old who were married before the age of 18 years</td>
<td>62 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of women aged 15-19 years old who are married or in union with a man 10 years or older than them</td>
<td>58 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of women aged 15-49 years who are aware that their partner/husband has another wife</td>
<td>43 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of women aged 15-49 years who believe that a beating from their husband/partner is justified given specific scenarios</td>
<td>85 %</td>
<td>MICS 2005</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>Percentage</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fertility rate of a Sierra Leonean woman</td>
<td>5.1 %</td>
<td>SLDHS 2008</td>
</tr>
<tr>
<td>% of females aged 15-19 years who first had sex before the age of 15 years old</td>
<td>25 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of females OVC aged 15-17 years who had their first sex before the age of 15 years old</td>
<td>35 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of women aged 15-24 years having sex with a non-regular partner 12 months prior to the survey</td>
<td>43 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>% of married women using contraceptives (15-49 years)</td>
<td>8 %</td>
<td>SLDHS 2008</td>
</tr>
<tr>
<td>% using condoms during the last high risk sexual intercourse other than with their partner/spouse</td>
<td>7 % for women 22 % for men</td>
<td>SLDHS 2008</td>
</tr>
<tr>
<td>% of females who gave birth by 15 years old (current age): 15-19 years 20-24 years</td>
<td>5.7 percent 12.8 percent</td>
<td>SLDHS 2008</td>
</tr>
<tr>
<td>% of females who gave birth by 18 years old (current age): 15-19 years 20-24 years</td>
<td>- 39.9 percent</td>
<td>SLDHS 2008</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>89 deaths / 1,000 live births</td>
<td>SLDHS 2008</td>
</tr>
<tr>
<td>% of mothers who saw a health professional at least once for antenatal care</td>
<td>87 %</td>
<td>SLDHS 2008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>Percentage</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net school primary attendance rate</td>
<td>69 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>Net secondary school attendance rate</td>
<td>19 %</td>
<td>MICS 2005</td>
</tr>
<tr>
<td>Literacy rate (15-24 year olds)</td>
<td>25 %</td>
<td>MICS 2005</td>
</tr>
</tbody>
</table>
Annex 3: Participants Demographic Information

Table 1: Distribution of Participants According to Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Province</td>
<td>22.1</td>
</tr>
<tr>
<td>Southern Province</td>
<td>22.6</td>
</tr>
<tr>
<td>Eastern Province</td>
<td>22.1</td>
</tr>
<tr>
<td>Western Area</td>
<td>33.1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2: Distribution of Participants per District

<table>
<thead>
<tr>
<th>Region</th>
<th>District</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Province</td>
<td>Bombali</td>
<td>50.8</td>
</tr>
<tr>
<td></td>
<td>Koinadugu</td>
<td>49.2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
</tr>
<tr>
<td>Southern Province</td>
<td>Pujehun</td>
<td>50.8</td>
</tr>
<tr>
<td></td>
<td>Bo</td>
<td>49.2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
</tr>
<tr>
<td>Eastern Province</td>
<td>Kailahun</td>
<td>49.7</td>
</tr>
<tr>
<td></td>
<td>Kono</td>
<td>50.3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
</tr>
<tr>
<td>Western Area</td>
<td>Slums Western Urban</td>
<td>33.6</td>
</tr>
<tr>
<td></td>
<td>Western Urban</td>
<td>32.8</td>
</tr>
<tr>
<td></td>
<td>Western Rural</td>
<td>33.6</td>
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<td>Total</td>
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Table 3: Distribution of Participants According to Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creole</td>
<td>0.5</td>
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<tr>
<td>Fullah</td>
<td>4</td>
</tr>
<tr>
<td>Kissi</td>
<td>1.9</td>
</tr>
<tr>
<td>Kono</td>
<td>7</td>
</tr>
<tr>
<td>Kuranko</td>
<td>4.3</td>
</tr>
<tr>
<td>Limba</td>
<td>11.4</td>
</tr>
<tr>
<td>Loko</td>
<td>0.9</td>
</tr>
<tr>
<td>Madingo</td>
<td>3.9</td>
</tr>
<tr>
<td>Mende</td>
<td>30.8</td>
</tr>
<tr>
<td>Sherbe</td>
<td>0.9</td>
</tr>
<tr>
<td>Susu</td>
<td>1.3</td>
</tr>
<tr>
<td>Temne</td>
<td>32.4</td>
</tr>
<tr>
<td>Yalunka</td>
<td>0.4</td>
</tr>
<tr>
<td>Via/Liberian</td>
<td>0.5</td>
</tr>
<tr>
<td>Makara</td>
<td>0.1</td>
</tr>
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<td>Total</td>
<td>100</td>
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Table 4: Distribution of Participants According to Religion
### Table 5: Distribution of Participants According to Religion

<table>
<thead>
<tr>
<th>Religion</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>35.9</td>
</tr>
<tr>
<td>Muslim</td>
<td>64.1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
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### Table 6: Distribution of Participants According to Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>35.9</td>
</tr>
<tr>
<td>Female</td>
<td>64.1</td>
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<tr>
<td>Total</td>
<td>100</td>
</tr>
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</table>

### Table 7: Have you ever been sexually active?

<table>
<thead>
<tr>
<th>Have you ever been sexually active?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65</td>
</tr>
<tr>
<td>No</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

### Table 7: Have you ever been pregnant?

<table>
<thead>
<tr>
<th>Have you ever been pregnant?</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever impregnated a girl?</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>68</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>28</td>
</tr>
<tr>
<td>No</td>
<td>72</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
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</table>

### Table 8: Head of Household’s Source of Income

<table>
<thead>
<tr>
<th>Head of Household’s Source of Income</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily wage earner</td>
<td>78.4</td>
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<tr>
<td>Monthly wage earner</td>
<td>17.3</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1.4</td>
</tr>
<tr>
<td>Seasonal wage earner</td>
<td>1.8</td>
</tr>
<tr>
<td>Total</td>
<td>98.8</td>
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<tr>
<td>No response</td>
<td>1.3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
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### Table 9: Migration Pattern

<table>
<thead>
<tr>
<th>Migration Pattern</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Yes</td>
<td>75.1</td>
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<tr>
<td>No</td>
<td>24.6</td>
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<tr>
<td>Total</td>
<td>99.8</td>
</tr>
<tr>
<td>No response</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
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</table>

### Table 10: Schooling Status

<table>
<thead>
<tr>
<th>Are you attending school?</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Schooling</td>
<td>62.7</td>
</tr>
<tr>
<td>Dropped out of school</td>
<td>27</td>
</tr>
<tr>
<td>Never been to school</td>
<td>9.6</td>
</tr>
<tr>
<td>Attends skills training class</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
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</tbody>
</table>
### Annex 4: Selected List of Interviewees

<table>
<thead>
<tr>
<th>Location</th>
<th>Name</th>
<th>Organization/Institution</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bo</td>
<td>Alaber M.A Lebbie</td>
<td>Methodist Secondary School</td>
<td>School Principal</td>
</tr>
<tr>
<td></td>
<td>Mohammed Kabba</td>
<td>Marie Stopes Clinic</td>
<td>Regional Manager, South and East</td>
</tr>
<tr>
<td></td>
<td>Mohamed Jalloh</td>
<td>Student Partnership Worldwide</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td></td>
<td>Sahr A. Tejan</td>
<td>MSWGCA</td>
<td>Family Mediation Officer</td>
</tr>
<tr>
<td></td>
<td>Rev. Kelfala Kanu</td>
<td>Zion Assembly of God Church</td>
<td>Senior Pastor</td>
</tr>
<tr>
<td></td>
<td>Mohamed Momoh</td>
<td>War Affected Girls and Adult Institute</td>
<td>Principal</td>
</tr>
<tr>
<td></td>
<td>Lois Kamara</td>
<td>Hancisl</td>
<td>Regional Coordinator</td>
</tr>
<tr>
<td>Freetown</td>
<td>Cladius Wilson</td>
<td>Ministry of Education, Youth and Sports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agnes S Marah</td>
<td>Christian Children’s Fund</td>
<td>Child Protection and Gender Based Violence Officer</td>
</tr>
<tr>
<td></td>
<td>Musa Sesay</td>
<td>Christian Children’s Fund</td>
<td>Manager Health-North</td>
</tr>
<tr>
<td></td>
<td>Abdul Manaff Kemokai</td>
<td>Defence for Children International</td>
<td>Director</td>
</tr>
<tr>
<td></td>
<td>Nyuma E James</td>
<td>International Rescue Committee</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td></td>
<td>Theophilus Kargbo</td>
<td>Council of Churches in Sierra Leone</td>
<td>GBV Field Officer</td>
</tr>
<tr>
<td>Goderich</td>
<td>Ishmael. P. Conteh</td>
<td>Goderich Community Health Centre</td>
<td>C.H.O</td>
</tr>
<tr>
<td></td>
<td>Mohamed .A. Sesay</td>
<td>Goderich Community</td>
<td>Headman</td>
</tr>
<tr>
<td></td>
<td>John Henry</td>
<td>F. S. U Adonkia Police Station.</td>
<td>Detective Police Constable</td>
</tr>
<tr>
<td>Waterloo</td>
<td>Alhaji Bangura</td>
<td>Western Area Rural District Council</td>
<td>Chief Administrator</td>
</tr>
<tr>
<td></td>
<td>Sister Bangura</td>
<td>Government Hospital</td>
<td>Mid Wifery Sister</td>
</tr>
<tr>
<td></td>
<td>Mohamed Kanneh</td>
<td>Family Support Unit</td>
<td>Line Manager FSU(OC)</td>
</tr>
<tr>
<td></td>
<td>Mr. James Abu</td>
<td>Waterloo Clinic</td>
<td>Nursing Director</td>
</tr>
<tr>
<td>Kailahun</td>
<td>Brima P Tufanga</td>
<td>K. L. D. E. C. School</td>
<td>Head Teacher</td>
</tr>
<tr>
<td></td>
<td>Sylvester Konneh</td>
<td>Gbalahun Community health Post</td>
<td>C. H. O</td>
</tr>
<tr>
<td>Pujehun</td>
<td>Fatmata Coneh</td>
<td>Community Health Canter</td>
<td>M. C. H. O</td>
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<tr>
<td></td>
<td>Bando Sankoh</td>
<td>FSU Jendema</td>
<td>Detective Police Constable</td>
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<td></td>
<td>Ibrahim Kemassa</td>
<td>Jendema Community</td>
<td>Youth leader</td>
</tr>
<tr>
<td>Location</td>
<td>Name</td>
<td>Organization</td>
<td>Position</td>
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<tr>
<td>--------------</td>
<td>-----------------------------</td>
<td>----------------------------</td>
<td>-----------------------------------</td>
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<tr>
<td>Koinadugu</td>
<td>Alhaji Foday Sheriff</td>
<td>MSWGCA</td>
<td>Social DCV Officer</td>
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<tr>
<td></td>
<td>Isata Kamara</td>
<td>Kabala Maternity Complex</td>
<td>Matron</td>
</tr>
<tr>
<td></td>
<td>Maseray Bangura</td>
<td>Marie Stopes</td>
<td>Centre Manager</td>
</tr>
<tr>
<td></td>
<td>J.D Sesay</td>
<td>Kabala Secondary School</td>
<td>Principal</td>
</tr>
<tr>
<td></td>
<td>Mustapha O Quee</td>
<td>M. E. Y. S</td>
<td>District Deputy Director of Education</td>
</tr>
<tr>
<td></td>
<td>Raymond Komba</td>
<td>Local Government</td>
<td>Chiefdom Speaker</td>
</tr>
<tr>
<td></td>
<td>Jennifer Suma</td>
<td>F. A. W. E</td>
<td>President</td>
</tr>
<tr>
<td></td>
<td>Alex M Conteh</td>
<td>FSU</td>
<td>Line manager FSU</td>
</tr>
<tr>
<td></td>
<td>Peter B Conteh</td>
<td>District Council</td>
<td>Chairman District Council</td>
</tr>
<tr>
<td>Makeni</td>
<td>William Bangura</td>
<td>M. S.W.C.J.C.A.</td>
<td>P.S. D. O</td>
</tr>
<tr>
<td></td>
<td>Mrs. Olue S. Newland</td>
<td>F.S.U-Makeni</td>
<td>O.C</td>
</tr>
<tr>
<td></td>
<td>Fatu V Conteh</td>
<td>HANCI</td>
<td>Project Coordinator</td>
</tr>
<tr>
<td></td>
<td>Mr. Kargbo &amp; Cecilia Barrie</td>
<td>St. Joseph Secondary school</td>
<td>Principals AM and PM shifts</td>
</tr>
<tr>
<td></td>
<td>Dr. Ibrahim Bundu</td>
<td>MOHS</td>
<td>Medical Superintendent</td>
</tr>
<tr>
<td></td>
<td>Warrancy Conteh</td>
<td>MOHS</td>
<td>Registrar Births and Deaths</td>
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<tr>
<td>Kono</td>
<td>Helen Kumba Saquee</td>
<td>Tombodu Health Center</td>
<td>MCH Aid</td>
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<td></td>
<td>S.G Babonjo</td>
<td>Tombodu</td>
<td>Town Chief</td>
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<tr>
<td></td>
<td>Aminata Mansaray</td>
<td>Tombodu</td>
<td>Traditional Birth Attendant</td>
</tr>
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<td>Hamilton Teh</td>
<td>Tombodu</td>
<td>CWC Chairman</td>
</tr>
<tr>
<td></td>
<td>Yilla Koroma</td>
<td>Ahmadiyya Secondary School-Tombodu</td>
<td>Principal</td>
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</tbody>
</table>
Annex 5: Selected List of References


Coinco, E (2008). *The Out-of-school Children of Sierra Leone*. Freetown, Sierra Leone. UNICEF.


Statistics Sierra Leone and UNICEF (2005). *Multiple Indicator Cluster Survey 3 (MICS3)*. Freetown, Sierra Leone: Statistics Sierra Leone and UNICEF.


**Selected Websites:**


Annex 6: Map of Sierra Leone