

*'Teenage pregnancy is not good for our girls.'*¹

**Preliminary Results of the Community-Driven Intervention to Reduce Teenage Pregnancy
in Two Districts of Sierra Leone:
Findings From Participatory Review Workshops With Children and Adults**



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¹ From one of the songs developed by teenage girls from Moyamba.

Introduction

In two Moyamba and Bombali Districts in Sierra Leone, the Inter-Agency Learning Initiative on Strengthening Community-Based Child Protection Mechanisms and Child Protection Systems has enabled since 2012 a process of community driven intervention to reduce teenage pregnancy. Two clusters of three intervention communities² elected to address the problem of teenage pregnancy through a mixture of family planning, sexual and reproductive health education, and life skills such as being able to say 'No' to unwanted sex and discussing and negotiating sexual relations with their partners. The intervention aims to change social norms in ways that support a reduction of teenage pregnancy through processes of dialogue, learning about sex and pregnancy prevention, peer messaging by means such as drama and song, role modeling, access to and use of contraceptives, and collective decision making, guided in particular by teenagers acting with the support of elders and leaders.³

A central tenet in participatory action research is that communities should own, manage, and drive their own interventions and all aspects of the program cycle, from intervention design to monitoring and evaluation. Consistent with this tenet, the action research to reduce teenage pregnancy recently included workshops on participatory evaluation by children and adults who were part of the Task Force that helped to develop and implement the intervention. Since the evaluation took place in June, 2014--one year after NGOs had conducted trainings on family planning, sexual and reproductive health, and life skills in the six intervention communities--the evaluation offered community perspective on what had happened in the first full year of the intervention implementation.

*Education is an instrument for
development
Let our girls be educated for our
country to progress.
Stop teenage pregnancy
Teenage pregnancy is not good for
our girls*

Girls' song from Moyamba

The purpose of the evaluation workshops was to create a reflective space in which the Task Force members could take stock of their successes and challenges in implementing the intervention and engage in collective problem-solving on how to strengthen their implementation. In part, the rationale was that the leaders of a community-driven intervention are frequently in a good position to know what successes or results the intervention is achieving. Equally important, collective reflection and problem solving is key for the communities' ability to sustain the intervention, since all interventions encounter challenges that require adjustments. By conducting a useful evaluation, community members move into a better position to make the required adjustments, adapt to new challenges, and work in a sustainable manner that does not rely on the efforts of outside evaluators.

Methodology

The participatory evaluation featured the agency, grounded knowledge, and perspectives of the Task Force members who had been chosen by their communities to help facilitate the

² Each cluster of intervention communities is in a single Chiefdom in either Moyamba or Bombali, respectively.

³ A brief on the intervention will be available July, 2014.

community-driven intervention. The methodology of the evaluation workshops consisted of group discussion and reflection. In both Bombali and Moyamba Districts, two day-long workshops--one for teenagers and one for adults--were conducted in a single village in each District. Separate workshops were conducted for teenagers and adults because the mixing of these two groups could have limited the openness with which the teenagers spoke. Also, this arrangement made it possible to examine the convergence or divergence in adults' and children's views. Each workshop included 15 participants (five adults or five children⁴ from each of the three villages in the District) and also a representative appointed by the Paramount Chief. The workshops were facilitated by Marie Manyeh in Bombali and David Lamin in Moyamba, with support from Mike Wessells and the monitors/facilitators for Bombali (Ernest Brimah) and Moyamba (Samba Charlie), respectively.⁵

In order to lay a foundation for reflection about whether the intervention had achieved its intended objectives, each workshop included early on a plenary identification of what the intervention had planned to accomplish. This was followed by three, 1-1.5 hr. discussions about the intervention results, challenges, and ways of addressing the challenges, respectively. Each of these discussions consisted of two parts. First, the participants divided into small groups by village, discussed the results or challenges, and wrote on a flip chart key ideas that they agreed upon. Next, each village fed back its findings to the full group, which asked questions of clarification, probed why particular things had happened, and discussed what might be done better. This approach made it possible for participants to discuss the work with which they had greatest familiarity--the work in their own village. The subsequent plenary discussions enabled collective reflection on the consistency of implementation across villages and the identification of special challenges in implementation. The plenary discussions made it possible for the villages to learn from each other and to identify collective solutions to their implementation challenges. This was done in a spirit of using what had been learned in order to strengthen the implementation process.

Key Findings

The findings presented focus primarily on the results and challenges and stay very close to the wording used by the participants in the workshop. The findings are presented by District (two workshops each) and in the order in which the workshops occurred.

Results--Bombali Workshops

Table 1 (see the following page) shows the results identified by the adults' workshop in Bombali District. The most significant finding was that across all three communities (the names of which have been masked), a major reduction in teenage pregnancies had occurred from approximately six teenage pregnancies in a village per school year in 2012-2013 (which was

⁴ The children from Bombali appeared older and larger in size than those from Moyamba. The paucity of older children on the Task Force in Moyamba may owe to the long distance from the villages in Moyamba to post-primary schools. Since older children in Moyamba had to walk long distances to school, they may have had less time to participate as Task Force members.

⁵ The possible biases that could have been introduced by the presence of these individuals are discussed later in this report.

Community	Results/Accomplishments ⁶
Village A	<ul style="list-style-type: none"> -Reduced teenage pregnancy from average of 6/year to 1 in school year 2013-2014⁷ - The behavior of children has changed--they show more respect to elders, focus more on education, and are serious in school. - Improved link/access to the health center--they feel free to go for check-ups on contraceptives, and they access different contraceptives (captain band, peels, condoms) - Good communication between parents and children--parents show love for their children; mothers encourage girls; mothers talk with girls and fathers talk with boys about puberty, sex, and the importance of reducing pregnancy. Also, parents talk with children about the importance of avoiding bad friends, and children follow that advice.
Village B	<ul style="list-style-type: none"> - Reduced teenage pregnancy from average of 6/yr. to 1 this year. - Greater awareness in community about life skills (e.g., ability to say 'No' and stand up to one's boyfriend - Reduced child drop out of school--parents encourage children to stay in school, and teen pregnancy had been one of the main sources of dropout. - Community has been assisted in prevention of diseases--STIs such as HIV and AIDS, gonorrhea, and syphilis are being prevented. - Enabled quick access to contraceptives
Village C	<ul style="list-style-type: none"> - Teenage pregnancy reduction from 6/yr on average to none this year - Increased ability of children and parents to communicated for the prevention of teenage pregnancy - Increased awareness of early marriage - Reduced dropping out of school - Common understanding about menstruation - New rules/customary laws by authorities regarding teenage pregnancy and dress code. If a man impregnates a girl, he is fined 500,000 leones, part of which is used to support the girl who had been impregnated and her family. On dress code, if a girl wore very short skirt, she would be flogged.⁸

Table 1. Adults' description of the results or accomplishments of their community-driven intervention in Bombali.

mostly before the intervention had begun) to approximately one teenage pregnancy in a village in the following school year. Village C participants indicated that no teenage pregnancies had occurred in the 2013-2014 school year. Probing questions asked during the plenary discussion at the adults' workshop indicated that the figures listed included out of school children as well as children who went to school.

Additional results from the adults' reflection were increased access to contraceptives via the health posts, greater awareness and use of life skills, and discussions between children and

⁶ The pregnancy counts reported in this table and following ones involve a comparison of pregnancies in the 2012-2013 school year with the 2013-2014 school year.

⁷ The nurse at the Health Post confirmed there had been two pregnancies, one of which involved a girl who was not from Village A but had come there while she was pregnant.

⁸ This seems clearly to be a Do No Harm issue since it entails blaming the victim and the use of corporal punishment.

parents about issues related to puberty, sex, and prevention of teenage pregnancy. Also, all three communities reported fewer school dropouts. Asked why teenage pregnancy had been reduced, the participants said that more children used contraceptives and tended to follow their parents' advice, and they indicated that more children stayed in school partly as a result of fewer teenage pregnancies. Also, more children were said to be abstaining from sexual activity. An interesting spinoff effect in Village C was that communities had begun discussing and raising awareness about the problems associated with early marriage. Although the imposition of severe fines for men who impregnated girls had not been part of communities' intervention plans per se, the Chief and adults in Village C had taken this step and viewed it as part of their collective efforts to reduce teenage pregnancy.

A similar pattern of results was reported in the children's workshop in Bombali (see Table 2 below). The children in all three communities indicated that teenage pregnancy had been reduced, and they attributed this to increased access to contraceptives and awareness of the

Community	Results/Accomplishments
Village A	<ul style="list-style-type: none"> - Reduced teenage pregnancy. - Increased awareness of how to use condoms. - Better communication between children and their parents. - Parents and children understand how to access contraceptives. - Young boys go to the health post to obtain condoms. - Increased friendship between girls and boys as a result of discussing teenage pregnancy. - Help us know about life skills. - Reduced school dropouts. - Have taught us about decision making. - Awareness of self-esteem.
Village B	<ul style="list-style-type: none"> - Reduced teenage pregnancy--no cases this year. - We have learned how to use contraceptives. - Community people have learned it's their role to support children in family planning. - Bring friendship with people in other communities. - Children discuss with their parents how to prevent teenage pregnancy. - Teach us to abstain from sex. - Help children to visit the health center. - Increased unity in the community--less discrimination against children out of school. - Children focus on their learning.
Village C	<ul style="list-style-type: none"> - Reduced teenage pregnancies--none this year. - Good communication between parents and children. - Fewer school dropouts--none this year. - High respect for elders. - Increased link to the health center. - Increased self-confidence.

Table 2. Children's description of the results or accomplishments of their community-driven intervention in Bombali.

importance of using condoms, the improved communication between parents and children, and children's improved life skills and self confidence. Asked in plenary discussions how parents and children talked, the children said that the discussions were supportive and that in many respects, children were teaching parents by correcting parental misconceptions such as the view that condom use causes harm since the condoms will come off and stay lodged in the woman's vagina.

Challenges--Bombali Workshops

Both adults and children identified some common challenges, chief among which was the distance from their village to the health posts. This distance was five miles for residents of Village B and six miles for residents of Village C. In addition, the latter two communities have no adequate lighting for meeting at night, which is the only time at which the Task Force members can participate in meetings. Village C, which has only a very small school and no barray, lacks an adequate meeting space. The Task Force members from Village C also noted that there was limited collaboration between the Task Force and the Peer Educators due to the lack of cross-coordination efforts.

Also, the communities continued to harbor beliefs that limit the effectiveness of the intervention. In particular, some parents are still concerned that family planning and the use of contraceptives will encourage early sexual activity. Moreover, condom use is still not widespread as some people adhere to the view that 'skin to skin' contact produces the greatest pleasure.

Adults also identified numerous beliefs that had limited the success of the intervention early on. At first, community members accused the Task Force members of having been paid and of 'talking too much' as a result. It was only after several months that people understood that the Task Force members acted out of concern for the village children and were not being paid. When the intervention began, many community members did not participate due to low levels of awareness, adherence to traditional beliefs, or doubts about whether the intervention would work. Over time, however, people began to see positive results and became more supportive of the intervention.

Children identified some challenges that differed from those identified by adults. One of children's primary concerns was that money had to be paid to the health centers for items such as pregnancy test. Children also indicated numerous challenges that had been prominent early in the implementation process but that had subsided over time. The main one was the difficulty of reaching children who were out of school, which had marginalized the latter children. Further, children reported that initially, there had been little cooperation from elders and parents, many of whom did not attend meetings related to the intervention. Also, some parents had discouraged participation in the intervention work or had not wanted the children to meet at night, whereas others had harbored misconceptions such as the idea that condoms would become lodged in the woman's vagina. Other parents had advised early on that contraceptive use would make children barren. With considerable enthusiasm, the children reported that the dialogues that had been engendered by the intervention had overcome these early challenges.

Although a full summary of the response to these challenges is beyond the scope of this paper, the discussions in the workshops in Bombali did help to develop plans for successfully addressing the challenges. For example, because Village C was a special case by virtue of not having adequate meeting space, plans have been developed to use small funds from one of the current grants to purchase metal roofing material. The community would donate their labor in actually building the structure that is needed to support the intervention dialogues.

Results--Moyamba Workshops

In Moyamba, the workshop for children preceded that for adults. As shown in Table 3 (see below), children in all three villages reported increases in knowledge about sex and pregnancy prevention, and use of contraceptives, and decreases in teenage pregnancy. In addition, child

Community	Results/Accomplishments
Village D	<ul style="list-style-type: none"> - Children are more behaved - Teenage pregnancy is decreasing; sexual activity is reducing, and contraceptive use is increasing - Children are more serious about education and study more - Increased discussion/communication of children with parents about sex and pregnancy - Increased knowledge about sex and how to prevent pregnancy - Parents and older siblings also access contraceptives
Village E	<ul style="list-style-type: none"> - Children use contraceptives - Reduced teenage pregnancy due to use of condoms and other contraceptives - Activities are motivating parents to send their girls to school - Understanding that teen pregnancy call kill girls - Children are getting more serious about education
Village F	<ul style="list-style-type: none"> - Increased knowledge about sex and prevention of pregnancy - Children are more motivated to abstain - Teenage pregnancy is reduced (none this year) - Children obey their parents more - Some dropouts have returned to school - Girls are more assertive in saying 'No' to sex - Expanded social networks with people in other villages (even beyond the three villages that are part of the intervention)

Table 3. Children's description of the results or accomplishments of their community-driven intervention in Moyamba.

participation and 'seriousness' in school had increased, as had discussions between children and parents about sex and pregnancy prevention. In Village F, children reported that the intervention work had expanded the children's social networks and relations with people in other villages.

The adults' workshop in Moyamba indicated that there had been increased use of contraceptives by teenagers and reductions in teenage pregnancy in all three villages (see Table 4 on the following page). The magnitude of the reductions in teenage pregnancies was similar to that which had been reported in the workshops in Bombali. The participants indicated that no

teenage pregnancies had occurred in Village E or, and one teenage pregnancy had occurred in Village D, whereas each village had had five or six teenage pregnancies in the 2012-2013 school year. When the adults were asked whether parents now talked with their children

Community	Results/Accomplishments
Village D	<ul style="list-style-type: none"> - Reduction in teen pregnancy--one case this year⁹ - Increased use of contraceptives by males and females - Women engage in family planning
Village E	<ul style="list-style-type: none"> - Reduction in teen pregnancy--no cases this year - Increased use of contraceptives, including by males
Village F	<ul style="list-style-type: none"> - Reduced teenage pregnancy--no cases this year - Advocacy with primary health unit to visit and provide contraceptives - Increased spacing in child births - Girls now report to Task Force members sexual advances by boys - Increased use of contraceptives - Children have been trained and raise awareness via songs, dramas - Out of school children are motivated to learn life skills

Table 4. Adults' description of the results or accomplishments of their community-driven intervention.

more about issues related to puberty, sex, and the prevention of pregnancy, the answer was a resounding 'Yes,' and the adults reported that they were very happy with those discussions.

Some inter-village differences were also evident. In Village F, girls were said to be reporting sexual advances by boys to the Task Force members. Also, the participants from Village F said that the intervention had motivated out of school children to learn life skills that would help them to prevent teenage pregnancy.

Challenges--Moyamba Workshops

Since the children and adult Task Force members identified somewhat different challenges, each will be discussed in turn. Children reported that their initial work to sensitize communities had not always been welcomed. In Village E, children who sensitized others about issues related to sex and teenage pregnancy were seen as being preoccupied with sex. Children in Village E also said that some people ignored them or had regarded them as not being 'serious,' and the Chief thought that the children wanted to 'civilize' them. In Village D, some parents thought that the child Task Force members were being 'idle,' and girls who used contraceptives were said to be 'not serious.' In Village F, the child members were accused of doing 'adult work' since they spoke about sex, and the child Task Force members said their advice had not been readily accepted. Fortunately, these and related challenges had decreased over time as people had begun to see positive results.

⁹ The one case of teenage pregnancy involved a girl who had been taking 'the pill' as a contraceptive but who had reportedly forgotten to take it several times.

The adults indicated that community members had initially misunderstood the motives of Task Force members and thought that they had received money for talking and sensitization work. Also, community members had been reluctant to participate in meetings. These challenges, however, had decreased over time and with the achievement of positive results. Adults reported also that there are ongoing misconceptions about the effects of using contraceptives. Also, in the case of Village F, for which the closest health post is one that serves multiple chiefdoms, adults said there was an uncooperative nurse who was from a chiefdom other than Kombura and this had limited access to health services.

A more difficult and ongoing challenge for both children and adults was that child Task Force members in Village F said that they had been threatened by men who had relatively young wives and were suspicious about infidelity and worried that contraceptive use would simultaneously enable infidelity and remove evidence of it. Discussion indicated that it was the wife's pregnancy that frequently provided husbands with evidence that their wives had cheated on them. Adults confirmed that husbands sometimes prevented their wives from using contraceptives for this reason.

In Village D, the health post staff had not been trained in the proper insertion of contraceptives such as implants. As a result, the main contraceptives that were available other than male condoms (probably the least preferred method of contraception) were birth control pills for girls. The recent case of pregnancy that involved a girl who had not taken the pills consistently increased adults' and teenagers' desire to obtain access to a wider array of contraceptives.

Fortunately, the problem solving discussions that occurred in each workshop helped to identify means of addressing the challenges that persisted. For example, residents of Village D, where girls had access to birth control pills but not to the locally preferred contraceptives such as implants, a plan developed to ask the District Medical Officer (DMO) to provide mobile supports. Although subsequent discussions with the DMO indicated that this arrangement was not possible, the DMO was willing to provide implants for free if groups of ten or more girls were transported in, as is currently being planned. To address the problem of threats and jealous husbands' concerns about the use of contraceptives, plans are being made to bring a male nurse to talk with the men.

Discussion and Implications

These findings suggest that both intervention clusters are well on their way toward achieving positive results. Chief among these results were the sizeable reductions in teenage pregnancy and the associated increases in life skills related to sex and pregnancy, education participation, use of contraceptives, and discussions between children and parents about issues related to puberty, sex, abstinence, and pregnancy prevention. Another highly positive result is the establishment of supportive linkages between the communities and the formal health system via the local health posts and the District Medical Officers. The discussions illuminated how, in contrast to previous relations, local people now readily seek the technical support and advice of the nurses and invite them to communities for purposes of sensitization and dialogue. Also, highly encouraging were

the consistency of approach and outcomes across the three villages in each intervention cluster, and the convergence overall in what girls, boys, women, and men saw as the main results achieved thus far.

The occurrence of positive 'spin-offs' such as the attention some communities are giving to early marriage is also encouraging. Community-driven interventions take place in complex, politicized spaces in which people may be reluctant to address child protection issues head on. In part, this reluctance stems from the fact that the perpetrators of problems such as teenage pregnancy and early marriage are older men who hold significant power in the community. Also, the discussion of issues such as early marriage can contest cultural beliefs and practices that are promoted by the Poro (the secret society) and that view girls who have been initiated as ready and available for sex and marriage. That communities are finding ways to open discussions around these complex issues may be a sign of social norms changing or a ripeness for social norms change.

Although these findings are encouraging, it is appropriate to exercise interpretive caution. Biases may have been introduced by the participants' vested interest in achieving positive outcomes. Also, the reported results may not reflect the views of all members of the communities. It will be important to triangulate these reported changes with findings from other methods such as the T3 survey, which will be administered to larger, more diverse samples of teenagers November-December, 2014. Already there is convergence with reports from nurses at the health posts and also from the intervention monitors. One should inquire whether in fact additional teenage pregnancies had occurred but people had hidden them either by having early abortions or moving pregnant girls to other places as a means of reducing stigma. It is also wise, however, not to overstate these methodological limitations. At the end of the day, it is very difficult to hide a teenage pregnancy in small, rural villages where people usually know each others' activities, issues, and situation.

Although the focus of this report has been on the results, it is important to attend also to the intervention process, particularly to the community mobilization and ownership it had aimed to develop and embody. The discussions during the workshop indicated that high levels of community ownership, collective empowerment, and enthusiasm for the intervention work have been achieved. Community ownership is indicated by the language people used in talking about the process and the results. Consistently, the participants used terms such as 'we' and 'ours' in speaking about the intervention and its results. This language contrasts with the language typically used by local people to describe NGO facilitated interventions, which are frequently described as 'a UNICEF project' or 'a Save the Children project.' Another sign of community ownership is that communities and participants use their own resources to enable the work to move forward. Key among these resources is people's time and work, which participants give without pay or expectation of material gain. The discussions resonated with the participants' enthusiasm for and confidence in the work. Indeed, it was clear that they are highly motivated to continue addressing the problems of teenage pregnancy, and they exhibit considerable pride in their accomplishments.

The community ownership is evident also in the fact that diverse sub-groups have bought into the process. Although sub-groups such as elders were reticent initially about the use of

contraceptives, ongoing dialogue and negotiation at community level, coupled with the achievement of positive results, has helped to bring on board even people who had been doubters. Clearly, community ownership is not something that springs up full blown but rather builds over time through recursive processes of action, reflection, dialogue, and social change. The level of community ownership is expected to increase further through the use of an intentional, respectful exit process that hands over to the communities the functions that had previously been performed by facilitators and monitors.

These high levels of community ownership are expected to be an important part of the foundation for sustainable community action. In fact, a plan is being implemented for progressively withdrawing from the communities the external facilitators and monitors and for transferring their functions entirely to the communities themselves. This exit strategy and process will be documented in a separate report.

Overall, these findings of positive results and community ownership suggest the value of community driven interventions that include nonformal-formal linkages and a bottom-up approach to strengthening the child protection system in Sierra Leone. Plans are being developed for testing the sustainability of the intervention over longer periods of time and going to scale by enabling similar intervention processes in the comparison chiefdoms and in other districts. It is hoped that these steps will contribute to sustainable improvements in the protection and well-being of children in Sierra Leone.