



GOAL

LEARNING BRIEF

**SUPPORTING REPRODUCTIVE HEALTH
CHOICES AND EMPOWERING ADOLESCENTS:
AN EXAMPLE FROM GOAL'S SIERRA LEONE
PROGRAMME 2018 - 2022**

DATE

February 2023

THEMEHEALTH: Adolescent
Sexual and
Reproductive Health**LOCATION**Sierra Leone: Kenema,
Kambia & Freetown
Western Area**DONOR**

Irish Aid

PARTNERSierra Leone Ministry
of Health & Sanitation
(MOHS) and the
National Secretariat
for the Reduction of
teenage pregnancy
(NSRTP)**INTERVENTION
DATES**

2018 – 2022

EXECUTIVE SUMMARY

This GOAL Learning Brief looks at the achievements and learning from the implementation of an Adolescent Sexual and Reproductive Health (ASRH) Programme by GOAL Sierra Leone, which was funded by Irish Aid and implemented in three districts: Kambia, Kenema and Western Area Urban (Freetown). The programme targeted adolescents and community members in a catchment area of 63 supported Peripheral Health Units (PHU) from 2018 to 2022.

A review of the programme found that it has contributed to strengthening the quality and responsiveness of sexual and reproductive health services for adolescents; reducing social inequality and vulnerability of girls and stigma related to contraceptive use; and increasing uptake of contraception amongst adolescents. This has contributed to the achievement of the overall programme objective of reducing the incidence of adolescent pregnancy and related maternal mortality and morbidity in target communities in Sierra Leone.

The programme learned that a systems approach, incorporating a package of Health Systems Strengthening and Social and Behaviour Change Communication (SBCC) interventions, to address the interrelated challenges of high rates of adolescent pregnancy and preventable maternal deaths, can have a significant impact on the uptake of contraception and reduction in adolescent pregnancy in target communities. This systems approach to ASRH programming, working with permanent stakeholders, allowed GOAL to facilitate sustainable change across the system. The importance of using multiple communication channels to reinforce consistent messaging and of adapting the community engagement approach in response to observed changes in levels of community interest was highlighted. Finally, facilitating relationships between communities and healthcare staff can increase community confidence in health services and lead to transformative change in regard to social and gender norms.

BACKGROUND

Sierra Leone has one of the highest rates of adolescent pregnancy in the world. 21% of women start childbearing (i.e., they have already had a birth or are pregnant with their first child) by age 15-19. The proportion of adolescents who have begun childbearing rises rapidly with age, from 4% at age 15 to 45% at age 19. Rural teenagers are more likely to start childbearing than urban teenagers (29% versus 14%). Pregnancy-related death is a leading cause of mortality for young women aged 15-19 in Sierra Leone, accounting for nearly half (46.8%) of all adolescent deathsⁱ. Children born to young mothers are at increased risk of sickness or death, and adolescent mothers are more likely to experience adverse pregnancy outcomesⁱⁱ. Adolescent mothers are also more likely to be constrained in their ability to pursue educational opportunities than young women who delay childbearing.ⁱⁱⁱ

In 2018 GOAL Sierra Leone, Population Council Research, funded by the Bill & Melinda Gates Foundation, identified economic, structural, social, and cultural barriers to adolescent SRH and contraceptive uptake, including: poverty and vulnerability; gender inequality; stigma and social barriers to access and up-take of adolescent/youth contraception; service access and quality issues and lack of reliable information. There is evidence that the high adolescent pregnancy rate is also fuelled by widespread sexual violence and exploitation; and engrained social and gender norms that make girls vulnerable to early sex and pregnancy.^{iv}

DESCRIPTION OF ACTIVITIES

Working with the Ministry of Health & Sanitation (MOHS) and the National Secretariat for the Reduction of Teenage Pregnancy, (the NSRTP is the multi-ministerial body mandated to coordinate the activities of all the actors working in ASRH in Sierra Leone), GOAL Sierra Leone used a systems approach incorporating a package of interventions:

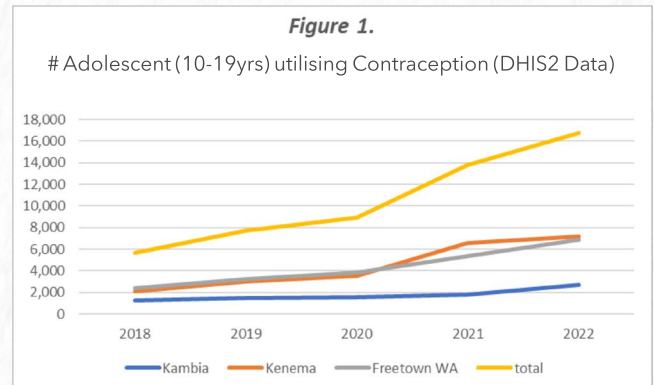
- 1. Health systems strengthening** to provide quality Adolescent Sexual Reproductive Health (ASRH) services at Peripheral Health Units (PHUs), including training and on-the-job mentoring of health care workers on the provision of adolescent & youth-friendly health services (AYFHS) and emergency obstetric and neonatal care. GOAL also supported MOHS and communities to provide adolescent-friendly spaces at PHUs for the provision of confidential and quality ASRH services.
- 2. Social and Behaviour Change Communication (SBCC)** through community dialogues, complemented with engagement with key influencers, multimedia messaging and community/ facility interface meetings:
 - Community Dialogues are an interactive participatory communication process that includes community triggering and community action planning. These addressed (in this context) issues identified by the community as key contributing factors to the high incidence of adolescent pregnancy and high maternal mortality. Community Dialogues have been facilitated in 80 communities in Kenema, 50 in Kambia and 90 in Freetown since 2018.
 - Engagement with key influencers aims to effect change in social norms around ASRH and help to reduce the social inequality and vulnerability of girls, and eliminate stigma related to contraceptive use. This included engagement with religious leaders; male champions; school adolescent clubs, and peer mentors.
 - Multimedia/Digital media, including radio panel discussions, informational videos and 3D informational graphics, WhatsApp groups and printed information materials, all help to re-enforce key messages.
 - Community/ facility interface meetings help to strengthen the relationship between health service providers and the community members they serve, improve accountability on health service provision and increase health service utilisation. Youth Centred Advocacy for Reproductive Empowerment was added in late 2021 with the training of youth advocates, to strengthen engagement between youth and duty bearers for improved services for adolescents. (See Learning section)



LEARNINGS

KEY FINDINGS

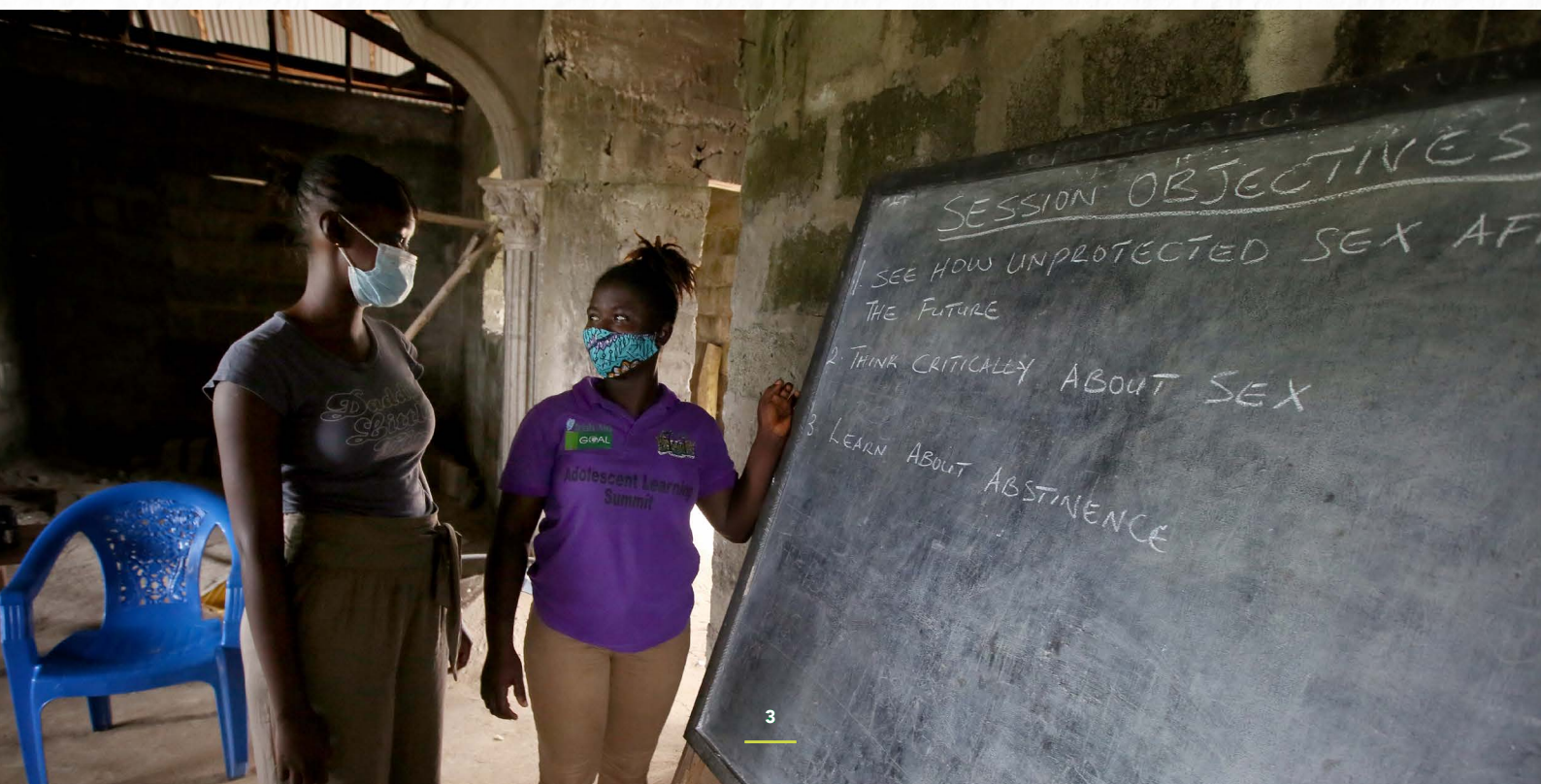
The review of the programme finds that it has achieved strong results in terms of **increased uptake of modern methods of contraception** by adolescents and youth in target communities. According to GOAL annual community survey results in targeted communities, the percentage of female youth and adolescents aged 15-19 who use a modern method of contraception increased from 38% (2018) to 58% (2022) and from 26% to 71% in 2022 for those aged 20-24 in the same time period. These results are confirmed/validated by the MOHS DHIS2 data from the PHUs. (See Figure 1) This increased uptake of contraception by adolescents compares favourably with the national contraceptive prevalence rate among all women of 21% (2019), (Kenema 19%, Western Area Urban 24%, Kambia 15%)^{iv}.



In all three target districts, this increase directly correlates with a reduction in the number of adolescents presenting for antenatal services and **decreased adolescent deliveries** in the target PHU's, according to DHIS2 data. Since 2018, the overall number of adolescent births has halved in target communities. DHIS2 data also indicates a decrease in maternal deaths in target PHUs since 2019, when 24 deaths were recorded, to 4 maternal deaths in 2022. While these figures on maternal deaths represent a relatively small sample size (from 63 PHUs out of approx. 1,300 health facilities nationally), nonetheless, this indicates a positive trend.

In 2022, 99% of adolescents and young people (10-24 years old) perceived that services in GOAL-supported facilities are adolescent-friendly, (increased from 80% in 2018). The percentage of adolescents and young people (10-24 years old) with basic knowledge about sexual and reproductive health and protection services increased from 32% in 2019 to 70% in 2022 in target communities (GOAL Irish Aid Programme Funding Results Framework 2022).

Evidence of changes in attitudes, practices and some harmful social and cultural norms was identified through qualitative data collection in December 2022. A total of two hundred and sixty-nine (269) respondents participated in the 27 focus group discussions (FGD), (163 males and 106 females) from Kambia, Kenema and Western Area Urban districts and a total of nine (9) key informant interviews (KIIs) conducted from all study locations.



All the FGD respondents across the three districts noted **positive changes in attitudes and practices around ASRH**, adolescent pregnancy, gender-based violence (GBV) or contraceptive use in target communities. They reported that it was previously taboo to discuss these issues because of religious beliefs and social and cultural norms, but community dialogues and SBCC have helped in the dissemination of information on adolescent pregnancy and GBV issues and influenced attitudes and beliefs. Changes observed by respondents include 1) a reduction in the number of adolescent pregnancies noted in their community; 2) a reduction in stigma around the use of modern contraceptives, with views changing from it being a negative reflection, to that of being a positive choice for improved health, preventing adolescent pregnancy and reducing maternal death; 3) Increased use of modern contraceptive contributing to the retention of female youth and adolescents in schools; 4) Reduced incident of sexual abuse and exploitation of adolescents and young people in their communities. (See Figure 2)

In Kenema, the chiefdoms where GOAL is implementing the programme are predominantly Muslim, where it was against the norms for young people and communities to discuss sexuality issues openly. The evidence suggests that this social norm is gradually changing as more and more young people are gaining confidence to discuss sex-related topics with their peers and parents and ask questions on these topics. In all three districts, some religious leaders have been motivated to talk openly about contraception and advocate for contraceptive use among young people, with some preaching about it during religious services.

Figure 2: Focus groups discussions with adolescents and community members (Dec 2022)

What has changed in the target communities?

"Before now, adolescent sexual health and right service activities were taboo to talk about within the community or during meetings. But with the intervention of GOAL, it is now common to have this discussion in almost all the communities" FGD Participant Kenema District

"We have attended a lot of sensitizations through dialogues about teenage pregnancy and early marriages. Cases of teenage pregnancy have dropped in our community". FGD participant Kambia District

"When I started menstruating, I informed my stepmother. We sat together, and she advised me to abstain from sex or go for modern methods of contraceptive at the health facility". -FGD participant-Adolescent

"It (ASRH Project) has created confidence in adolescents to discuss SRH issues freely in a well-organized and disciplined manner which has helped to improve SRH activities in our facility." Key Informant WA Freetown

WHAT HAVE WE LEARNED?

We learned that this system's approach to ASRH programming, addressing the supply and demand side of the system, and working with the permanent stakeholders, allowed GOAL to facilitate sustainable change across the system. This package of health systems strengthening and SBCC approaches designed by GOAL has contributed to improvements in the health services provided and changes in attitudes and behaviours in target communities, which in turn has contributed to increased uptake of contraception among adolescents, decreased numbers of adolescent pregnancies and related morbidities. Specific learning from programme implementation includes:

1. **Health Systems Strengthening:** A Programme Context Analysis conducted by GOAL on the ASRH system in Sierra Leone underpinned the design of this programme, and the learning from the implementation of the ASRH programme provides further understanding of the underlying gaps/weaknesses in the ASRH service delivery system. It highlighted the need to strengthen various aspects of the system, including health system financing for increased investment in services for adolescents and youth, improvements in basic infrastructure and supplies at PHUs, improved health care worker technical capacity and retention, and strengthened capacity of the District Health Management Teams (DHMT's) to manage the delivery of quality reproductive health services at the district level. While the ASRH programme aimed to address some of these system weaknesses, we realised that we need to be more intentional in how we leverage other projects to address some of these health system strengthening

needs. The Irish Aid-funded peer-led Clinical Mentoring project in Kenema enhanced the clinical skills of health workers in the target PHUs, while the FCDO-funded Saving Lives in Sierra Leone II Project worked to strengthen capacity at the district level for delivery of quality maternal/reproductive health services. Both of these projects also facilitated systemic change and complimented the ASRH approach, and amplified the achievements.

We learned that the engagement of health staff with communities, the training of the health staff on adolescent and young people-friendly health services and the follow-up by the clinical mentors improved the relationship between the communities and the service providers and increased the community confidence level in services. In Kenema, following engagement in interface meetings with service providers, communities undertook three health facility upgrades. Similarly, in Kambia, the facility/ community interface meetings led to the construction of separate adolescent spaces by two communities and the upgrade of another.

2. Social and Behaviour Change Communication: The engagement of adolescents and community members through community dialogues and related action planning are a central element of the approach. However, we also learned the importance of using multiple communication channels to provide multiple points of contact, (e.g., radio and social media channels, national authorities such as the NSRTP, key influencers like religious leaders, male champions, etc.), so the information people were hearing came from various sources, was consistent, and reinforced the key messages.

We learned that with the SBCC element of the programme, the initial energy and discussion generated had diminished over time, and the dialogues needed to be implemented in shorter, more defined timeframes for optimal engagement and results. This adaptive management did not happen initially, largely due to COVID-19, which would have allowed the approach to be cascaded in new communities to expand the scale and reach of the programme. However, we also discovered that even though the energy for the meetings and action plans waned over time, the community had the skills and self-efficacy to continue to raise and solve issues on ASRH without GOAL, e.g., during COVID-19. In addition, the DHMTs, having seen that the approach was successful in addressing issues around adolescent pregnancy, requested that the approach be expanded to more communities within the current operational districts and potentially to other districts.

Through frequent programme reviews and related learning, the Sierra Leone health team identified an opportunity to further strengthen the approach to influencing social and gender norms. The adolescents and young people, having engaged with the community dialogues and peer mentoring initiatives, achieved a level of self-confidence around discussing the reproductive health choices that they wanted to become advocates for improved services and longer-term social change. In late 2021, GOAL trained 25 youth advocates in Freetown to develop data collection tools, gathered evidence and developed advocacy statements for engaging duty bearers and district authorities. Advocacy areas included addressing the negative attitudes of some healthcare workers toward adolescents seeking health services (contributing to stigma) and interactions of Family Support Units of Police in relation to the management of cases of GBV. This adaptation of the programme has been implemented for a relatively short period so there is limited evidence yet on its effectiveness. However, it has contributed to building the agency of young people to lead on issues related to their health and reproductive rights.

CONCLUSION

GOAL has designed a systems approach, incorporating a package of Health Systems Strengthening and Social and Behaviour Change Communication interventions, to address the interrelated challenges of high rates of adolescent pregnancy and preventable maternal deaths, which can have a significant impact on the uptake of contraception and reduction in adolescent pregnancy in target communities. We learned the importance of using multiple communication channels to reinforce consistent messaging; the importance of timely adaption of community engagement approaches in response to observed changes; that facilitating relationship building between communities and health care staff can increase community confidence in health services and that real opportunity for strengthening transformative change in regard to social and gender norms can emerge over time.

RECOMMENDATIONS

- The multi-pronged, systems approach refined by GOAL provides an evidence-based framework for GOAL's future ASRH work globally which can be adapted to other contexts and country programmes. This would have to be underpinned by comprehensive context analysis and an understanding of the factors which contribute to poor health and well-being outcomes for adolescents and youth in the specific context.
- Health programmes using SBCC should not underestimate the value of ensuring multiple communication channels that provides multiple contact points for messaging tracking the progress of the community's ability to identify and solve issues independently, and being ready to adaptively manage the SBCC interventions as needed.
- Community dialogues should be implemented within a defined timeframe (e.g. 18 months) using a clear process and curriculum of Participatory Learning and Action tools outlined in the revised Community Dialogue Manual. The approach should be cascaded to new communities with sustained follow-up in existing communities and a progress tracker to monitor the community's ability to identify and solve issues related to ASRH.

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iv [Sierra Leone Demographic and Health Survey \(2019\)](#)



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