

Informing and Empowering Pregnant Adolescent Girls After the Ebola Outbreak

Spotlight on Adolescent Girls in Sierra Leone

Adolescents and young people hold the key to the future of Sierra Leone. Constituting 55% of the population (Demographic and Health Survey 2013), they have the potential to be invaluable agents of change for the country. However, adolescents, especially young girls face a host of challenges as they reach puberty.

Educational attainment in Sierra Leone remains relatively low, with only 9% of adolescents aged 15-19 completing primary education (DHS 2013). The situation is especially worrying for adolescent girls: although attendance is essentially the same for girls and boys aged 13-15, from ages 16 upwards the percentage of boys in school exceeds girls at every age (DHS 2013).

Teenage pregnancy is one of the main reasons girls drop out of school (UNICEF 2008) and 28% of females aged 15-19 are already mothers or currently pregnant (DHS 2013). In addition, access to and utilisation of family planning services is abysmally low. More than 78% of sexually active girls aged 15-19 report that there were not currently using any form of contraception (DHS 2013). Maternal deaths account for 36% of all deaths of women aged 15-49 (DHS 2013).

Ebola Outbreak

Impact on Adolescent Girls

The Ebola Virus Disease (EVD) outbreak was declared in Sierra Leone in May 2014. Schools were closed for nearly an entire academic year, jeopardising the continuation of many school children. The Ebola outbreak exacerbated social instability and further reinforced gender inequities, putting women and girls at increased risk of gender-based violence (GBV) (UNDP 2015). Anecdotal evidence suggests that the Ebola virus may have also contributed to an increase in the already high rates of adolescent pregnancy in Sierra Leone (Denney et al 2015).

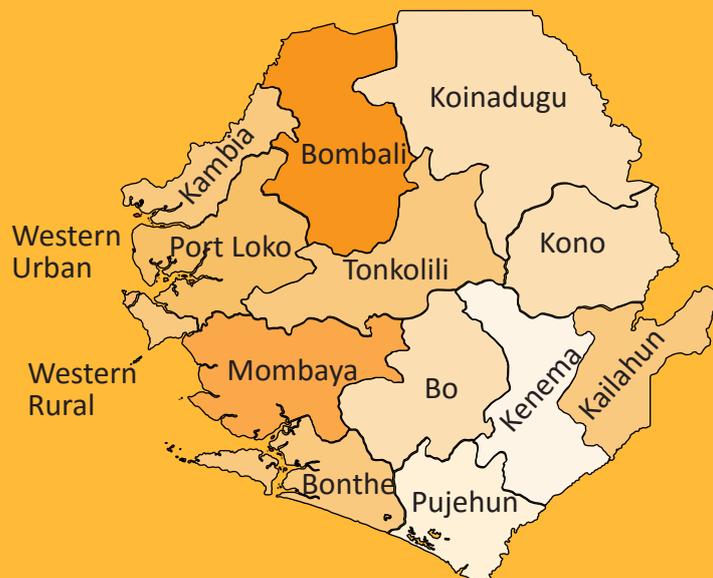
The increased attention to teenage pregnancy in the context of Ebola reignited the debate on girls' rights to education. Government policy does not allow visibly pregnant girls to attend mainstream school, although they can return after delivery. UNFPA, UNICEF, Irish Aid and other partners advocated strongly for ensuring education, health and psychosocial services during pregnancy and after delivery for adolescent girls.

Taking Action to Realise the Rights of Pregnant Adolescent Girls

To address these crucial education needs of pregnant adolescent girls after the Ebola Virus Disease Outbreak, the Ministry of Education, Science and Technology established special classes, supported by DFID and UNICEF in existing community Learning Centres and schools outside of the normal school hours to allow pregnant girls to continue their education. These Learning Centres served as a "bridge" to the mainstream schooling system, with the vision of getting all adolescents back into mainstream schooling after delivery.

UNFPA established the Services to Adolescent Girls Project with funding for Irish Aid to provide a holistic response to the health and psychosocial needs of the girls who became pregnant during the Ebola outbreak. The Services to Adolescent Girls Project complemented the educational efforts of the Ministry of Education, Science and Technology in the Learning Centres, with the ultimate goal of reintegration into formal education. The project provided the pregnant adolescent girls with sexual and reproductive health information, antenatal, safe delivery and postnatal care, as well as support for their return and reintegration into formal education. In addition, girls who had suffered any form of gender based violence were provided with psychosocial support for their recovery and rehabilitation.

Learning Centres



Bombali 56	Kambia 21
Mombaya 49	Tonkolili 20
Western Urban 20	Western Rural 27
Port Loko 29	Bo 14
Bonthe 22	Kono 16
Kailahun 21	Koinadugu 15
Pujehun 7	Kenema 13

TOTAL: 330





Quality Reproductive Health Information and Services for Adolescent Girls

During the project, 810 health care workers were trained to provide adolescent friendly health services. These health workers visited the Learning Centres and provided the girls with information and referrals to existing health services. The health facilities provided the pregnant and lactating adolescent girls with antenatal care, safe delivery care, postnatal and newborn care. Outreach activities were also conducted in the communities to target a broad range of adolescents with information and services.

Comprehensive Psychosocial Support for At-Risk Adolescent Girls

Recognising that many of the targeted girls were in need of psychosocial support, counselling, legal and other services, UNFPA worked with the Ministry of Social Welfare, Gender and Children's Affairs and the Ministry of Health and Sanitation to build the capacity of relevant personnel.

Twenty eight social workers were trained to respond to the girls' psychosocial needs, provide them with logistical support to go to the Learning Centres, and provide onsite counselling and referral where necessary. To address the health care needs of survivors of gender-based violence (GBV), 28 health care workers received comprehensive training on clinical management of sexual assault. In addition, 14 protection desk officers and 28 Family Support Unit police officers were trained on legal advice and management of identified cases of GBV. Finally, to enhance access to justice, 28 paralegals were trained to deliver legal advice to survivors of GBV.

In addition to routine project monitoring conducted by UNFPA and the involved ministries, the Health for All Coalition (HFAC) monitored the health and psychosocial components of the project. HFAC compiled data collected by health workers to provide monthly reports, and also made quarterly visits to health facilities and Learning Centres.

Assessments were conducted before and after attending Learning Centres and receiving complementary health and psychosocial care to ascertain the change in girls' knowledge, attitudes and behaviours as they related to the project. An independent evaluation of the entire project (education, health and psychosocial components) was also conducted.

Achieving Results

Girls' Voices: Educated and Empowered to Make Healthy Choices

The UNFPA Services to Adolescent Girls Project reached at least 14,500 adolescent girls attending the Learning Centres received a comprehensive package of sexual and reproductive health information and services. Psychosocial support and counselling was available to all the girls and referral services were provided to girls with identified cases of gender-based violence.



“Family planning protects against pregnancy. It helps us to plan our lives so we will give birth at the correct time. There are many types of contraceptives: condom, tablet, injection, [and] the coil. They help to protect against STIs and pregnancy so we can go to school and space our children.”

(Beneficiary, Kambia district)

“Yes, everyone in this group went for antenatal care. We visited the clinic every Wednesday, or on more days if we had a complication in our pregnancy. The reason why we visited the clinic is that you might be sick when you are pregnant, or maybe the baby is not in his/her normal position. So if you go to the health centre, they will be able to tell you about the baby.”

(Beneficiary, Moyamba district)

“Yes, they [health care workers] should check both the baby and the mother. It is necessary to check both mother and baby, to make sure they are healthy. The nurses and doctors should [also] check on the baby and their mother immediately after birth.”

(Beneficiary, Western Area Urban district)

“Having protected sex is important, because it helps protect you from unwanted pregnancy, so you can concentrate in your schooling. There will be no doubt of you becoming pregnant; you will have full confidence about not getting pregnant.”

(Beneficiary, Kono district)

“It is important for us not to get pregnant and to further [our] education. If you want to further your education, you have to use family planning, and also a condom. It helps us not to get pregnant when going to school.”

(Beneficiary, Western Area Urban district)

Reaching out to vulnerable Girls

6,914 adolescents delivered in health facilities.

11,144 out of 14,500 girls were supported to go back to mainstream school after delivery.

4,677 girls were provided with psychosocial counselling services.

326 survivors of Gender Based Violence were provided with legal advice.

Achieving Results

A post evaluation indicated that the Services to Adolescent Girls Project led to a positive change in attitudes and behaviours:

- Adolescent girls who attended a learning centre were more likely to report that there are no benefits to getting pregnant as a teenager
- The reported use of condom during last sexual intercourse increased from 10.7% of Learning Center girls before the project to **23.8%** afterwards
- Contraceptive use increased significantly over the project period from only 13.9% of girls to **38.3%** of girls interviewed
- The reported awareness of all contraceptive types increased over the project period, especially regarding condoms, from 48.5% before to **65.1%** afterwards
- Reported awareness of what a Sexually Transmitted Infection (STI) is increased from 72.8% before the project to **86.9%** afterwards
- **58%** of project beneficiaries are now back in school, compared to 23% of pregnant girls interviewed who did not participate in the project

Lessons Learned

- Health services and psychosocial support are essential to complement education opportunities for girls
- Coordination among ministries (the Ministry of Health and Sanitation, the Ministry of Education, Science and Technology and the Ministry of Social Welfare, Gender and Children's Affairs) and among the Learning Centres is essential. To address this, UNFPA organised quarterly coordination meetings at the national and district level with government and partners
- It is critical to engage parents, community members, teachers and government officials in all stages as dispel myths such as the belief that pregnant girls cannot study well or that such Learning Centres and services encourage teenage pregnancy
- Services provided to teenage mothers should include care provision for their babies as some girls who did not have relatives that could take care of their babies
- While services for survivors of GBV have been mandated by the government to be free, in reality survivors often are required to pay. Greater awareness and sensitisation for health care workers and administrators around this issue is needed
- Many survivors of GBV chose to not pursue their legal options and often refused to provide evidence against their perpetrators in court. Greater efforts need to be made so that girls are aware of their rights and all stakeholders understand that the impregnation of girls below 18 years as a sexual offence punishable by law.

A Nurse's Story: Empowering Young Pregnant Girls for a Brighter Future

A nurse for more than 30 years, Elizabeth Coker has vast experience working with women and children in Freetown. Known affectionately as "Nurse Betty," Ms. Coker is an institution at Malama Community Health Post, Freetown, where she has worked for 16 years.

During and after the Ebola outbreak, Ms. Coker noticed an anecdotal increase in the amount of pregnant adolescent girls who came to her health post. "Maybe it's because there was no school," said Ms. Coker of the pregnant girls. "[Other] girls go out late at night to fetch water, and that's how they become pregnant."

Ms. Coker received training and support from the Services to Adolescent Girls Project to conduct outreach with some of the pregnant adolescent girls in her community. "We would visit the girls at the Learning Centre twice a month," said Ms. Coker. "The girls would open up to us so much and talk about everything.

The girls are under so much pressure and they need our encouragement."

According to Ms. Coker, the girls were receptive to the sensitisation that they received. "We would encourage the teenagers to come to the clinic and to deliver at the hospital," Ms. Coker said. "We also taught them to use family planning methods." Educational attainment was foremost on the girls' minds: "The girls want to further their education," said Ms. Coker.

Ms. Coker hopes that the Project activities will continue in the future. "This project came at the right time, when these young ladies were in need," she said. "We must encourage and support them to continue their education."

Kosaroh's Story: A Girls' Dilemma

As a teenager and before her pregnancy, Kosaroh Karim Mansaray, who is now 20 years old said she never knew where to go for family planning services. She was a blossoming pupil from Koinadugu who had a great relationship with her parents: "My plan was to complete my education first before thinking of having a child."

That plan changed completely when she fell pregnant. She attributes her pregnancy to the cost of her school fees: "I didn't have anyone to pay my school fees, even the man who pays for my fees usually asks me to have sex with him, and then he will give me money or pay for me my fees."

Kosaroh's son, Lamin, has greatly affected her life and her relationship with those around her: "Having a baby has really changed my life. There were things my parents used to do to me, but now they no longer do them since I have a child. Now I am responsible for myself in all things. In addition, all of my friendships have collapsed."

Even with these changes, Kosaroh is still continuing her education at a local learning centre. She believes the learning centre helps to ensure that she is still mentally stimulated and learning: "I am so proud of myself that wherever my friends talk, I have the confidence to talk too. If I wasn't coming to this learning centre my life would have been very different. Maybe my parents would have forced me to marry someone that does not even value my integrity."

She believes the learning centre is vital and it should be replicated everywhere: "They should improve on the educational system for us that have given birth because we want to go back to normal school."

Though she did not complete her education before having a child, Kosaroh is still positive about her future. "After completing classes at the learning centre, I want to continue my normal school education in order to become somebody in the future. I want to become a medical doctor."

Source: 'Pre and Post Test Providing Services to the Pregnant School Girls Project', NestBuilders International.

CONCLUSION

During and immediately after the Ebola outbreak, there was increased attention on the problem of teenage pregnancy. A coordinated response from the government, donors and development partners was required to address the issue.

Through the provision of health and psychosocial services, the Services to Adolescent Girls Project complemented educational efforts and addressed the needs of the many girls who became pregnant. The project is a model for future interventions to support girls' health and safe delivery and to enable their reintegration into formal education and their recovery from sexual violence. Based on the lessons learned from the Services to Adolescent Girls Project, the Government of Sierra Leone, with the support of partners, is continuing and expanding the bridging programme to include girls who dropped out of school for other reasons in the hopes of informing and empowering girls for a brighter future.

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