



The Global Health Exchange 2019
Conference - Sept 12th

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Exploring Adolescents'
Perspectives on Adolescent
Pregnancy and Contraceptive
Use in Freetown, Sierra Leone



Mission

GOAL works with the most vulnerable communities to help them respond to and recover from humanitarian crises, and to assist them build transcendent solutions to mitigate poverty and vulnerability

Background:

- Sierra Leone:
 - **Adolescent pregnancy is high** □ around 30% of girls have a baby before 18
 - **Adolescent deaths** make up 20% of MMR in SL
 - **Contraceptive use is low** □ 14% of married girls & 55% of unmarried girls
- Globally, mobile phones increasingly important to adolescents
- ***We don't know:***
- Freetown adolescents' (especially under 15):
 - Perceptions of barriers and support for contraceptive use
 - Service access & quality
 - Mobile phones' and social media's effects on knowledge, relationships, and contraception

Findings

Study Design: Qualitative, FGD, 20 groups (In/out of school girls (12-20 yrs, married/unmarried); In/out school boys and adult men partnered with women <20)

The research identified four overarching themes - perspectives on factors shaping reproductive health outcomes and contraceptive use:

1. Community social norms and the transition to adulthood;

Girls' and their partners' decision-making around contraceptive use are clearly situated within a broader social context in which they must navigate the transition to adulthood.

- **Gendered Expectations of Physical and Social “Maturity”**
- **Social “Consequences” of Perceived Promiscuity**
- **“Water for Water” and Gendered Sexual**

2. Gendered meanings surrounding contraceptive use

While there was a consensus across groups that girls, boys, and adult community members view adolescent pregnancy as a problem, contraception was not necessarily viewed as a viable solution or acceptable means for avoiding it.

- **Contraceptive Use as a Marker of a Girl's "Promiscuity" vs. "Responsibility"**
- **Women's and Girls' Contraceptive Use As a Threat to Masculinity:**
- **Community Norms vs. Participants' Perspectives:**

3. Knowledge and beliefs about specific contraceptive methods

Participants of all ages and genders demonstrated familiarity with both a range of modern contraceptive methods and how to obtain them. Even the youngest groups demonstrated familiarity with the concept of “prevention” and of specific methods. This was also accompanied by misconceptions or mistaken beliefs about methods that either do not exist or mistaken beliefs about potential side effects.

- **Contraceptive Use as a Common Practice:**
- **Method-Specific Knowledge and Beliefs**
- **Traditional Medicine and Methods**
- **Health Service Quality and Access:**

4. Conditions of access to mobile phones and social media for boys and girls

While participants tended to agree that it was “easy” to access mobile phones when wanted or needed, matters such as the conditions of phone access, the reasons they used phones, and their trust of information were less straight-forward.

- **Control and surveillance:**
- **“Good” and “Bad” Uses of Phones and Social Media:**

1. Shift expectations about sex, relationships to **reduce burden on girls** – more holistic focus of response including men & boys
2. **Expanding the Definition of Responsibility** in relation to Contraceptive Use - Elevate value of “prevention” as responsibility;
3. **Power and Decision-Making** in Sexual Relationships - interventions that build adolescents’ skills to negotiate power dynamics or challenge dominant gender norms
4. Addressing **Method-Related Misconceptions** - Increase accurate information & challenge misinformation
5. **Policy and Health Service Access** - Reduce cost & distance barriers; provider stigma
6. Mobile phones, Social Media and Media Literacy - **Safe mobile phone access, critical thinking** about social media & information quality



Thank You – Any

