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Implications of teenage pregnancy and motherhood for girls' educational opportunities

A case study in Kamakwie, Sierra Leone

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Abstract

Sierra Leone struggles with one of the world's highest rates of teenage pregnancy. Reducing the rate of teenage pregnancy and ensuring access to education for all are key to achieving gender equality and empowering women and girls. This is not only a top priority for the government but also an essential part of ensuring the human rights of the population and achieving inclusive development, as recognised in the international development agenda. Yet, thousands of Sierra Leonean girls are denied the right to education because they are not allowed in school if they get pregnant. This discriminatory practice was formalised through a policy declaration in 2015. Research that pays attention to connections between teenage pregnancy, education and empowerment commonly focus on education as a tool to *prevent* early pregnancy and *keep* girls in school. The objective of this thesis is thus to shed light on the situation for out-of-school pregnant teenagers and young mothers in Kamakwie, Sierra Leone. Data was collected through interviews with 16 young girls and complemented with key informant interviews and a focus group discussion. Their narratives were analysed in relation to theories of empowerment and inclusive development. The analysis centres around challenges the girls encounter to return to school and make strategic life choices, and whether education for them has potential for empowerment. Findings of the study indicate that the major barriers to girls' education are economic and social, rather than legal, and it appears that the government policy has not had any substantial impact in Kamakwie.

Keywords: *teenage pregnancy; education; empowerment; inclusive development; Sierra Leone*

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List of acronyms

BEP – Bridging Education Programme

CEDAW - Convention on the Elimination of All Forms of Discrimination Against Women

CRC – Convention on the Rights of the Child

DFID – UK Department for International Development

FGD – Focus group discussion

FHCI – Free Health Care Initiative

GATE – Girls’ Access to Education Programme

GoSL – Government of Sierra Leone

LDCs – Least Developed Countries

MEST – Ministry of Education, Science and Technology

MDGs - the Millennium Development Goals

OHCHR - the Office of the United Nations High Commissioner for Human Rights

SDGs – the Sustainable Development Goals

SRHR – Sexual and reproductive health and rights

UNDP – United National Development Programme

UNFPA – United Nations Population Fund

UNICEF – United Nations Children’s Fund

1. Introduction

Every year more than 17 million girls in the world give birth before they themselves have reached adulthood. Out of these, 95 per cent occur in developing countries (Save the Children, 2017). Teenage pregnancy, in particular when it is unplanned and unintended, is recognised to have many negative consequences, both for girls themselves, their children and for development in the societies in which they live (Every Woman Every Child, 2015). The purpose of this study is to analyse the experiences of pregnant girls and teen mothers in a rural part of Sierra Leone. In doing so, particular emphasis is placed on the implications for girls' educational opportunities.

It is widely agreed that addressing the unique challenges adolescents are faced with has a key role for economic and social development. When a child goes through pregnancy, the risk of maternal and child mortality, as well as pregnancy-related complications, is higher compared to pregnancies among older women. Psychosocial harm, such as stress or depression, is another known risk, especially in cases when sex is coerced or non-consensual, and if the girl is shunned by her family or community. Additionally, teenage pregnancy often has adverse economic and social consequences. Limited education has been recognised to be both a determinant and consequence of teenage pregnancy (UNESCO, 2017). At the same time, education is also considered to be one of the most effective means to promote girls' empowerment (Save the Children, 2005; 2017b; UNESCO, 2017). The issues surrounding teenage pregnancy are reflected in several of the Sustainable Development Goals (SDGs). Those of most relevance to this research are goal number 4 about quality education, goal number 5 about gender equality, and goal number 16 which refers to the promotion of peaceful and inclusive societies (UNDESA, 2018). The human rights of women, children and adolescents, including the right to education, are also recognised in various international treaties, such as the Universal Declaration of Human Rights, the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (OHCHR, 2018a). Although women, children and adolescents themselves can be powerful agents of change, governments and communities must make sure to enable that potential by removing barriers to their full participation (Every Woman Every Child, 2015).

In Sierra Leone, achieving gender equality and empowering women and girls are top priorities for the government. Reducing the rate of teenage pregnancy and ensuring access to education for all are recognised as core aspect in doing so (Government of Sierra Leone, 2013). Moreover, the Government of Sierra Leone (GoSL) has ratified all of the aforementioned

treaties (OHCHR, 2018b). Yet, thousands of Sierra Leonean girls are denied the right to education, after it was declared in April 2015 that visibly pregnant girls will not be allowed to attend formal school and sit national exams (Amnesty International, 2015). In response to the policy declaration, alternative education schemes were implemented across the country with the aim to allow pregnant girls to continue their education and facilitate reintegration into formal school after they have delivered (UNICEF, 2016). However, many girls across the country have not had the opportunity to attend these learning centres. Girls in rural areas face particularly serious obstacles to access education (Save the Children, 2016),

Research that pays attention to the connection between teenage pregnancy, education and empowerment commonly focus on education as a tool to *prevent* early pregnancies and *keep* girls in school. There does however seem to be a lack of knowledge regarding the experiences of those girls who are already pregnant and whether education for them have the same potential for empowerment. Since the issuing of the ban in Sierra Leone, two studies have been conducted in the capital Freetown to investigate its effects (Amnesty International, 2015; Pärnebjörk, 2016). However, much is still unknown about the implication of the policy, and especially about how these may vary within the group and across contexts. This thesis aims to contribute to this knowledge gap by including the perspectives of out-of-school pregnant teenagers and young mothers from a rural context. The study builds on an eight-week long field study in Kamakwie, a small town in northern Sierra Leone (see Appendix 1). Kamakwie is situated in the Sella Limba chiefdom in Karene District, which is one of the poorest parts of the country (Statistics Sierra Leone, 2016).¹ It is also one of the areas with a higher distribution of pregnancies (UNFPA, 2017c). The majority of households in this region are rural and agricultural, and the word of mouth is the principal source of information for close to a quarter of the population (Statistics Sierra Leone, 2016). Given this, it seems plausible that implications are different for girls in this region or that they may even face different challenges, due to the geographical and social context.

1.1. Aim and research questions

The purpose of this study is to give insight about the particularities of the experience of teenage pregnancy and motherhood in Kamakwie. More specifically, the study seeks to understand how pregnant teenagers and young mothers in Kamakwie have been affected by the

¹ Kamakwie was previously part of the Bombali District. However, as part of a decentralisation process, several of the former districts and chiefdoms were de-amalgamated in July 2017 and Kamakwie became part of the reinstated Karene District (Concord Times, 2017).

policy and practice of excluding pregnant girls from school. It seeks to understand how their experiences may differ from those of girls in the urban context, including their knowledge of and access to alternative schooling schemes. Moreover, the findings will serve as a base to critically examine the relationship between education and empowerment.² This will involve investigating what other factors related to pregnancy may create obstacles to empowerment, independent of whether girls are in or out of school. The research questions that are explored in the study are the following:

Which barriers related to teenage pregnancy and motherhood exist for girls' educational opportunities in Kamakwie?

How has the policy excluding pregnant girls from school affected girls in Kamakwie?

2. Setting the Scene

2.1. Social and political context

Sierra Leone is one of the world's least developed countries (LDCs), ranks seventh from the bottom in the Human Development Index, and more than 60 per cent of the population live below the national poverty line.³ After the end of the brutal decade-long civil war in 2002, which devastated the economy, infrastructure and had atrocious consequences for the population, the country started to see some progress. Nonetheless, the country still faces major development challenges, including social inequality, high aid dependency, poor infrastructure, and persistently high rates of youth unemployment and illiteracy (UNDP, 2018). In 2013, the GoSL published their Agenda for Prosperity, which outlines the vision to transform to a middle-income country by 2035. Achieving gender equality and empowering women and girls is essential if the vision is to be fulfilled. More specifically, they state that this requires improvements in the quality and access to education for all girls. It includes addressing the issues surrounding teenage pregnancy, which are recognised to constitute one of the greatest barriers to girls' education (Government of Sierra Leone, 2013).

With 125 births per 1000 women aged 15-19, Sierra Leone is among the countries in the world with the highest rates of adolescent pregnancy (UNFPA, 2017a). Over a third of all girls nationwide have given birth before the age of 18, and in rural areas the figure is as high as 44 per cent (UNFPA, 2017b). While this is by no means a new issue in Sierra Leone, evidence

² For the purpose of this research, empowerment refers to "the process by which those who have been denied the ability to make strategic life choices acquire such an ability" (Kabeer, 1999: 435).

³ Less than US\$ 1.25 a day

suggests that the 2014-2015 Ebola outbreak exacerbated the problem and caused a 47 per cent increase in the number of teenage pregnancies. As the crisis was declared over, official figures revealed that at least 14 000 new cases of teenage pregnancy had occurred (Save the Children, 2016). Other estimates suggest it was as many as 20 000 girls (Whyte, 2016). According to Risso-Gill and Finnegan (2015), the combined impacts of ten months of school closure, lack of reproductive healthcare, and a spike in sexual violence and transactional sex are thought to have caused the increase. Other studies claim that it was due to the disruption of organised routines of social behaviour coupled with deepened poverty during and after the crisis (Dannatt and Lees-McCowan, 2016; Kostelny et al. 2016).

In April 2015, as students prepared to go back to school, the Ministry of Education Science and Technology (MEST), declared a ban that effectively prohibited visibly pregnant girls from attending school and sitting national examinations, which are required to progress to the next level of education.⁴ The rationale behind their statement was that “there are indications that if pregnant girls are allowed in schools there is likelihood that many more girls will become pregnant. /.../ [It] undermines the right ethical standards required in our educational institutions and in the process, compromises the quality of education” (Government of Sierra Leone, 2015 in Amnesty International, 2015: 60). The declaration and subsequent treatment of girls was heavily condemned by various national and international actors. In response, MEST in collaboration with the United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), UK Department for International Development (DFID) and Irish Aid, implemented the Bridge Education Programme (BEP) (Dickson, et al., 2017). Around 14 500 girls were enrolled in 330 learning centres across the country, and at the end of the programme over 5 000 of them had returned to the formal school system. A second project called Girls’ Access to Education (GATE) that builds on BEP, was launched in the autumn of 2016 (UNICEF, 2016).⁵ The programme was scheduled to end in the spring of 2018.

2.2. Inequality in Sierra Leone

In terms of gender, Sierra Leone is one of the most unequal countries in the world, ranked 151 out of 188 countries on the UNDP Gender Inequality Index (2015). Sierra Leonean culture is strongly patriarchal, and patriarchy permeates all levels of society, from family relations to

⁴ The National Primary School Examination (NPSE) to enter Junior Secondary School, the Basic Education Certificate Examination (BECE) to enter Senior Secondary School, and the West African Senior School Certificate Examination (WASSCE) to be eligible for tertiary education

⁵ GATE targets a broader group of vulnerable and disadvantaged girls and aims to improve their transition and completion rates in secondary school

political institutions (Save the Children, 2017b). The GoSL recognises that entrenched patriarchy, cultural beliefs and practices have institutionalised gender inequalities, particularly in relation, to marriage, property rights, sexual offences, education and employment, which in turn has limited the advancement and full participation of women and girls (Government of Sierra Leone, 2013). West and Central Africa have the highest levels of gender inequality in education worldwide. Unequal gender norms, school-related gender based violence, early pregnancy, child marriage and poverty contribute to low participation, performance and completion among girls.⁶ Moreover, in some places, the opportunity cost for girls' education is higher than for boys and may discourage parents to invest in their daughters' education (Save the Children, 2017b).⁷ Out of those girls who do attend school many leave prematurely, especially girls from disadvantaged and rural households. According to Dannatt and Lees-McCowan (2016), while 32 per cent of male students in Sierra Leone reach the final year of secondary school, only 14 per cent of their female peers reach the same level. Structural deficiencies further limit the possibilities of pregnant girls, and exacerbate the negative consequences they face. Firstly, there is a lack of sexual and reproductive health and rights (SRHR). For example, abortion is only allowed to save a woman's life or to preserve her physical and mental health (UNDESA, 2014). Secondly, since child care services are virtually non-existent (Moussié, 2018), school-aged girls face additional barriers to attend school if they lack relatives or others who can help take care of the child.

In addition to gender disparities, there are other factors that can influence inequality in education. One of them, which is particularly visible in Sierra Leone is the rural-urban divide. According to Save the Children (2016), access to and quality of education and health care is generally poorer in rural areas compared to urban areas, since facilities are scarce and teachers and health care workers are largely reluctant to work there. It is also pointed out that under the decentralised governance system, service agencies in some districts receive insufficient budget allocations and lack accountability in delivering said services. Data compiled by UNESCO (2018) show that disparities between urban and rural areas increase after primary school. Only 63 per cent of rural students, compared to 82 per cent of urban students continue to senior secondary school. At the senior secondary level the number of out-of-school students is 21 per cent in urban areas and 51 per cent in rural areas. Consequently, girls in rural areas are subjected

⁶ School-related gender-based violence refers to violence in, around or on the way to school, including harassment or unwanted attention from male peers, teachers or other school staff. It is one of the leading factors to drop-outs among Sierra Leonean girls. (Amnesty International, 2015; Robinson, 2015).

⁷ Opportunity cost refers to the loss of a person's contribution to the household chores or income.

to multi-dimensional disadvantages.

2.3. The promise of girls' education for empowerment and development

The turn of the millennium marked a shift in direction in the international development agenda and emphasis was increasingly put on achieving development by ensuring the well-being, rights, and dignity of individuals. This eventually led to the adoption of the Agenda for Sustainable Development. Addressing inequalities, notably between genders, is at the core of the vision. Among the main objectives is that children, adolescents and youth, and young women in particular, should be encouraged to continue their education (UNFPA, 2014).

Investments in girls' education is recognised to have various direct, indirect and intergenerational benefits. Mothers who have spent longer time in school are more likely to delay child-bearing and marriage, have fewer children as well as healthier and more educated children. In turn, children of educated mothers have a greater potential to lead healthy and productive lives and contribute to the wider society (Save the Children, 2005). What is more, it has been shown that such benefits increase with every additional year of female education. In economic terms, educated women are more likely to have greater control over the household economy, and girls' completion of secondary education correlates to an additional growth of their future wages by 15-25 per cent (Save the Children, 2017b). On the national level, economic growth could increase by 0.3 per cent if one per cent more women reached secondary education (Save the Children, 2017a). A higher level of educated women also tends to be accompanied by more participatory social structures and, hence, societies that are more receptive to democracy (Save the Children, 2015). Globally, returns on investments in children and adolescent, in the form of demographic dividends, are believed to amount to at least US\$100 billion. In low- and middle-income countries, ensuring secondary school completion for girls has the potential of yielding return rates around ten percent of the invested amount (Every Woman Every Child, 2015).

3. Existing Literature

3.1. Teenage pregnancy and education

Teenage pregnancies are seldom wanted nor intended, but are often consequences of poor educational and economic opportunities, and sexual exploitation (UNFPA, 2014). Although girls all around the world become pregnant, the bulk of teenage pregnancies occur in developing countries and, in particular, to impoverished, poorly educated and rural girls (UNFPA, 2013).

Teenage pregnancy can be both a determinant and consequence of limited education. On the one hand, a girl's possibility to exercise her right to education, health and autonomy is undermined by pregnancy. On the other hand, girls who are unable to enjoy basic rights, including education, become more vulnerable to becoming pregnant (UNFPA, 2013). Kruger et al. (2009) in a study of adolescent pregnancy in Chile, find that the likelihood to become pregnant is reduced by 35 per cent for each additional year of schooling for girls. In contrast, girls who become mothers are up to 37 per cent less likely to complete secondary education. Similarly, Save the Children (2017b), concludes that girls in West and Central Africa, who drop out from school prematurely and thus lack sexual education and future opportunities, may be at higher risk of becoming pregnant. The same study finds that it is not uncommon that pregnant girls are forced to leave school and that they are discouraged by authorities, parents, peers or teachers to return after they deliver.

Findings of various studies (Coinco, 2010; Dannatt and Lees-McCowan, 2016; Kostelny et al. 2016) point to a clear connection between income poverty, teenage pregnancy and girls' limited education in Sierra Leone. For one, the inability of parents to support the basic needs of their children can change power dynamics within families and lead to children defying the rules and advice of parents (Coinco, 2016; Kostelny et al. 2016). Secondly, although half of sexually experienced teenagers claim to engage in sexual activity because of love, it has been found that the notion of 'love' commonly is associated with material gains, often in the form of payment for school related expenses, food and protection (Coinco, 2010). Correspondingly, Dannatt and Lees-McCowan (2016) find that income poverty is overwhelmingly reported as the principal cause of drop-outs among girls. Income poverty is found to be strongly linked to a range of gender-specific issues, including child marriage and teenage pregnancy. Girls from poor households often have to engage in productive work, such as farming or petty trading, to contribute to household income. Spending time away from school or home increases girls' vulnerability to sexual abuse. Moreover, it was reported that girls are sometimes pressured to find a 'boyfriend' for financial support and that some girls engage in transactional sex. This practice is not uncommon in schools where teachers coerce girls, especially those who struggle to pay schooling costs, to have sex in exchange for good grades. UNICEF Sierra Leone (2008) confirms these findings and state that girls, already at primary level, engage in sexual activity with peers or older men in the community, which frequently leads to unwanted pregnancies.

In addition to these factors, limited or lacking SRHR contribute to high teenage pregnancy rates. Barriers to SRHR operate on numerous levels. For example, policies may restrict access to services, while opposition towards sexuality education or use of contraception may exist on

the community or family level, due to cultural beliefs (UNFPA, 2013). As part of the wider goal of ensuring girls' access to quality education, including comprehensive sexuality education (CSE) in the curriculum has been proven to be an effective way of preventing teenage pregnancy.⁸ According to a UNESCO Evidence Review, various studies from across the world have found a strong correlation between CSE and reduced teenage pregnancy rates. Conversely, apart from two cases in the US, none of the reviewed studies support claims that CSE would lead to an increase of teenage pregnancies, nor is there any evidence that it would lead to earlier sexual debut. Further these benefits are found to be more effective when CSE is provided prior to puberty and continued throughout secondary education (UNESCO, 2017).

Like the studies that have been cited above, most research that explore issues at the intersection of teenage pregnancy, education and empowerment, typically focus on education as a tool to *prevent* pregnancy and *keep* girls in school. Consequently, the experiences of girls that are already pregnant and left outside of the formal education system are lacking. Moreover, whether education after re-entry has the same potential for empowerment still constitutes a black box.

3.2. Pregnancy-related education policies

The context in which this study is set, i.e. in relation to a government policy that excludes girls from schooling on the basis of pregnancy, is quite unique. Apart from Sierra Leone, this literature review has only come across one other country where a similar situation exists today. A study by Center for Reproductive Rights (2013) finds that thousands of Tanzanian schoolgirls are subjected to forced pregnancy testing every year and are compelled to leave school if confirmed pregnant. At the time of the study there were no explicit law or policy that mandated either of these practices. However, it was found that many local government administrators and school administrations believed such regulations existed. Moreover, the Tanzanian government had done little to resolve these misunderstandings and, in fact, seemed to condone these punitive practices, despite having adopted legal and policy frameworks regarding discrimination. Recently, the Tanzanian case has attracted attention after the president in June 2017 declared that teenage mothers would not only be prohibited from attending school during the pregnancy but would not be allowed to return after giving birth either (Odhiambo, 2017).

As is the case in Sierra Leone, these practices are founded in beliefs that allowing pregnant

⁸ CSE is defined as an age appropriate and culturally relevant approach to sexual and reproductive health information, which is firmly grounded in human rights (UNESCO, 2017; UNFPA, 2013).

girls or young mothers in the classroom will induce negative peer influence and result in more students becoming pregnant. As such, they can be understood as measures of preventing and reducing the rate of teenage pregnancy (Odhiambo, 2017). However, as stated by a coalition of Tanzanian civil society organisations, there is no evidence that re-entry would result in an increase of pregnancies among students. References are given to the semi-autonomous region Zanzibar, and neighbouring Kenya, which both have adopted re-entry policies and show no indications of increasing rates (Kituo cha Sheria na Haki za Binadamu et al., 2017). UNESCO (2017) further notes that it is not enough to simply remove bans on attendance. Additional policies that codify the right of to continued education and address practical supports, for example, provision of cash transfers or child care services necessary to allow parenting girls to return must be developed. If such support is made available it is more likely that returning girls will perform well (UNESCO, 2017).

3.3. Teenage pregnancy and education in post-Ebola Sierra Leone

When this research was conducted only two studies that investigated the effects of the policy excluding pregnant girls from school in Sierra Leone were available. One was conducted by Amnesty International shortly after the declaration of the ban (Amnesty International, 2015). It sought to establish how many girls were affected by the policy, as well as sharing what girls themselves had to say regarding their experiences of access to education, early pregnancy, and sexual violence. The findings suggest that Sierra Leonean girls rarely become pregnant by choice. Rather, teenage pregnancy often results from “other rights violations, including coercion and/or sexual violence and rape, lack of information related to girls’ sexual and reproductive health and rights, and harmful cultural practices such as early marriage” (p. 11). The study identifies both immediate and long-term implications of the policy for the affected girls. For instance, many had been subjected to humiliating and degrading examinations in schools to establish whether they were pregnant or not. The fear of such “testing” and the possibility of being turned away caused some pregnant girls to choose to stay home from school to avoid this. In regard to alternative schooling, the study finds that the perception of and willingness to attend such facilities varied among the interviewed girls, while experts expressed concerns over girls’ lack of choice. Moreover, the study concluded that the policy “is founded in, and reinforces, negative stereotypes about girls” (p. 6).

A second study was conducted in Freetown by Pärnebjörk in the end of 2016. The study targeted pregnant girls who were enrolled in learning centres, and also draws on insights from a number of focus group discussions with pregnant girls during a conference organised by

UNFPA, MEST and Irish Aid. One interesting finding is that the policy, in formalising an already existing practice, actually resulted in opening a window of opportunity for many girls. Since the declaration of the ban led to the implementation of an alternative schooling scheme, the girls who would otherwise just have stayed at home were given a possibility to continue their education despite the pregnancy. Pärnebjörk concludes that financial constraints, societal neglect and stigmatisation constitute the biggest constraints for girls' access to education, rather than legal measures such as the policy. However, it is noted that the learning centres only function as a temporary solution to the exclusion of these girls. Further, the girls who could complete a year in the learning centre and subsequently return to formal school, testified to have been met by stigmatisation and discrimination from peers and teachers after re-entry (Pärnebjörk, 2016).

4. Theoretical concepts

4.1. Empowerment

The term 'empowerment' is a somewhat problematic concept due to the fact that it is widely used but rarely, or loosely defined. One of the most used conceptualisations of empowerment within the field of development is that of Naila Kabeer, who defines it as "the process by which those who have been denied the ability to make strategic life choices acquire such an ability" (Kabeer, 1999: 435). This definition has guided the analysis of collected data.

As explained by Rowlands (1995) part of the controversy surrounding the term has to do with the fact that the root-concept from which it stems, 'power', is itself disputed. She explains that power can be understood from two wider perspectives. Either as zero-sum, meaning that as one person or group gain more power over someone else, the less power that other person or group will have. This understanding of power is often referred to as 'power over' and refers to power as a means of domination. It means that one group in society are seen to have control or influence over others, commonly men over other men, men over women or a dominant social, political, economic or cultural group over those who are marginalised. Alternatively, power can be seen in generative terms, that is, not as zero-sum, and is often divided into 'power to', 'power with' and 'power within'. 'Power to' refers to having decision-making authority and can be a creative and enabling form of power without domination. It can, for example, manifest itself in resistance movements. 'Power with' refers to collective mobilisation for a common purpose. 'Power within' refers to self-confidence, self-awareness and assertiveness, and the individual's ability to recognise the power dynamics that operates in their life, and the capacity to act to

influence and change it (Oxaal and Baden, 1997). Defining power in these terms involves broadening the understanding from the conventional definition which is limited to power in relation to formal decision-making processes, and embrace less tangible aspects of it. Feminist interpretations of power and empowerment therefore highlight the importance of understanding the dynamics of oppression. Such definitions must include the full range of human abilities and potential, not just those related to economic and political decision-making, and must undo “negative social constructions, so that people affected come to see themselves as having the capacity and the right to act and have influence” (Rowlands, 1995, p. 102-103).

As stated above, the core of Kabeer’s definition of empowerment is the ability to make strategic life choices, including decisions about housing, marriage and children, as well as having freedom of movement and association. These type of ‘first-order choices’ influence other choices that, while not defining the course of one’s life, may be important for the quality of everyday life. She highlights that the ability to make strategic choices must also entail alternatives, that is, the ability to have chosen differently. Empowerment for Kabeer consists of three interrelated dimensions: agency, resources and achievements. *Agency* is the core of the concept and can be understood in a positive sense (power to) or in a negative sense (power over). Agency refers to the exercise of choice, and more importantly, doing it in ways that challenge existing power dynamics. She distinguishes between ‘active’ and ‘passive’ forms of agency, which refer to purposeful behaviour or action taken as a result of limited choice, respectively. Emphasis is put on the importance of “the meaning, motivation, and purpose that individuals bring to their actions; that is, their sense of agency” (Kabeer, 2005, p. 14-15). *Resources* are the medium through which agency is exercised, and are a measure of the *potential* to choose rather than actualized choice. They are the pre-conditions available in a person’s life that enhance the ability to choose. The acquisition of these is governed by various social relationships and their accessibility reflect societal rules and norms which govern distribution. *Achievements* are the combination of agency and resources and correspond to what Amartya Sen calls capabilities, i.e. people’s potential for living a life they want and have reason to value (Kabeer, 2005). It is when the ability to choose and act to reach valued outcomes is constrained that a person or group can be considered to be disempowered.

Education is often mentioned as an effective medium for empowerment because it is believed to increase capacity to critically reflect and act on conditions of ones’ life. That is, education can play a major role in developing the ability to make strategic choices. However, it may not always have the sought-after effect, since potential changes will vary depending on context, social relationships and cultural values. For example, in societies with high degrees of

social inequalities, these may be reproduced within the school system. In such a context, the learning experience may instead be negative and lead to low self-esteem and low aspirations (Kabeer, 2005). Further, in Stromquist (2015), it is recognised that formal education can contribute to expand empowerment in a number of ways. For example, it can enable women to obtain better paid jobs and thus expand their economic empowerment. Moreover, it can help increase students' sense of self-esteem, self-confidence and future life aspirations, that is the psychological dimension of empowerment. However, alike Kabeer, Stromquist note that although formal education settings are often considered to be positive environments that contribute to empowering of girls and young women, this is not always the case. Some schools may be unsupportive or even explicitly hostile environments for girls if they are subjected to sexual harassment or other types of violence.

One limitation of the applicability of Kabeer's work to this study is that she is rather vague in *how* change should come about for those who are disempowered. However, due to its emphasis on choice, and the circumstances under which choices are being made, it is deemed suitable to help shed light on the problem identified in this thesis. Accordingly, this conceptualisation has been applied in the analysis of the research findings in order to further understand the circumstances of pregnant girls and young mothers in Kamakwie and to evaluate the potential education has for their empowerment.

4.2. Inclusive development and social exclusion

Towards the end of the twentieth century, attention was increasingly directed towards the adverse effects of ineffective development initiatives for poor and marginalised people and the environment. Calls were made to address these issues. However, a decade into new millennium, despite these efforts there were still trade-offs between the economic, social and ecological aspects of development, at the cost of the latter two. As a result, not everyone could benefit from development. The concept of *inclusive development* was launched to highlight the importance of making sure that the benefits of development initiatives reach the poor and marginalised as well. While the term inclusive growth has a narrower economic focus, inclusive development is about social, ecological and relational inclusiveness (Gupta, Cornelissen and Ros-Tonen, 2015). For the analytical purpose of this thesis, the aspect of inclusive development that will receive attention is that of the distinction between social exclusion and inclusion. The analysis will primarily draw upon the definition by Amartya Sen (2000), who describes social exclusion as being an important part in the understanding of the wider phenomena of poverty as capability deprivation, with a particular focus on relational exclusion. Social exclusion is a

disputed concept that is often critiqued of being used to describe problems that it may be less suitable to explain. It will however be argued here that it is a valid concept in discussions and research about issues related to teenage pregnancy.

Sen distinguishes between social exclusion as a direct cause of capability deprivation and its instrumental role in bringing about other deprivations. He also makes a distinction between passive and active exclusion. The former involves social processes in which there is no deliberate attempt to exclude, that nevertheless bring about deprivation for some people. Macroeconomic circumstances are one example of this. Active exclusion, on the other hand, is when deprivation comes about through deliberate actions, for example policies, that seek to exclude certain people from some opportunities. In some cases, active exclusion can contribute to socially excluding externalities, i.e. further deprivation that was not part of the original plan of exclusion. Moreover, certain norms, policies, and institutions may not exclude a person, per se, but may only allow their participation in society on adverse terms, what Sen calls 'unfavourable inclusion' (Sen, 2000, p. 28). Based on this, it seems reasonable to argue that the policy expelling pregnant girls from school can be understood as active exclusion since it deliberately excludes this group of people from an opportunity enjoyed by others. It can, furthermore, be said to directly deprive them of participation in social life and potentially cause deprivation of future opportunities as a result of missed education. Furthermore, it is plausible that the policy exacerbates stigmatisation and problematize social relations, which in turn can create social and financial constraints (Sen, 2000). It is also likely to affect the schooling environment for those who have the possibility of re-entry after giving birth.

UNDESA (2016) defines social exclusion as a multidimensional phenomenon, which lead to and sustain the state of being unable to participate fully in economic, social and cultural life. It involves the lack of resources, rights, goods and services, as well as the lack of agency and feelings of alienation and inferiority. Consequently, social inclusion is a process through which those at risk of exclusion gain the opportunities, resources and rights required for full participation and can enjoy what is considered a normal standard of living in the society where they live. Discrimination, i.e. "the unjust or prejudicial treatment of people on the basis of their identity or their ascribed characteristics" (p. 105), is a particularly pervasive driver of exclusion. It affects the opportunities, choices, and outcomes related to the overall well-being of the affected individuals. Moreover, discrimination is concerned as a violation of human rights and is addressed in various human rights conventions. The CRC states that all children shall be respected and have their rights ensured without any discrimination (United Nations, 1989). In the context of teenage pregnancy, it is recognised in the CRC that girls' access to education and

other basic services often can be impeded by stigma and discrimination (Center for Reproductive Rights, 2014). It specifically states that “discrimination based on adolescent pregnancy, such as expulsion from schools, should be prohibited, and opportunities for continuous education should be ensured” (Committee on the Rights of the Child, 2013, p. 13).

Inclusive development strives to enable the economic, social and political participation of all members of society through the distribution of amenities, such as health, education and infrastructure. Hence, it focuses on aspects of the human well-being of current and future generations, and on the management of the ecosystems upon which that well-being depends. Definitions of inclusive development vary but there is a consensus that it is about countering exclusiveness, and that it should put special emphasis on individuals and groups who are marginalised and/or excluded from access to resources and opportunities enjoyed by others in society (Gupta, Cornelissen and Ros-Tonen, 2015). This rationale is reflected in the MDGs and later the SDGs. While the SDGs are by no means without flaws, and continue to give priority to economic growth over social and environmental issues, it is recognised that they have the potential for inclusive development if successfully implemented (Gupta and Vegelin, 2016). Given this, the fact that the policy is still in place today, three years after its declaration, raises questions about the sincerity of the GoSL’s claims to protect the human rights of their citizens and the potential for ensuring inclusive development.

5. Methodology

5.1. Research design and sampling

The overall design of this thesis is based on a case study that was conducted for the duration of eight weeks, beginning in January 2018, in Kamakwie in northern Sierra Leone. It is a within-case approach to analysis with the purpose of attaining an in-depth understanding of the situation for girls in this particular context (George and Bennett, 2005, ch. 1). Purposeful sampling, mainly criterion sampling, was used for the selection of participants in order to identify information-rich cases, to assure quality rather than quantity of respondents (Patton, 1990). The sampling of girls was done in collaboration with the research assistant and was initiated before departure to the field. The research assistant was informed about the specific criteria that participants should fulfil. Participants should either currently be pregnant or having gone through a pregnancy since the ban on school attendance was enforced in 2015, and consequently not have been allowed to attend school, making them eligible for the alternative schooling initiatives. Due to ethical considerations, the sample was limited to participants that

were at least 15 years old. The 16 girls who participated in the interviews were between 14 and 19 years old when they became pregnant. Out of the five girls who were pregnant at the time of interview, two gave birth successfully before the field work was concluded. The other 11 girls have children ranging from one month to three years of age. All of the girls were out of school at the time of interview and their level of educational attainment vary. Two girls had not yet completed primary school. Seven girls had reached junior secondary school (JSS) and seven had reached but not completed senior secondary school (SSS). The sample includes former students of six different schools, including all four secondary schools in the community. The sampling of key informants was made while in the field. The participants were selected because they were considered to have rich knowledge of the topic, and it was believed that their respective professional expertise could add to the understanding of the issue.

5.2. Data collection

As previously described, the aim of the study is to place the experiences of girls and themselves at its core. Hence, individual semi-structured interviews with the girls has been the principal data collection tool. However, two additional individual key informant interviews and a focus group discussion (FGD) were conducted to complement the girl's narratives. With the consent of the respondents, all interviews and the focus group discussion were recorded and the researcher took additional notes

A total of 16 individual interviews were conducted with pregnant girls and teen mothers from Kamakwie and surrounding villages. After asking the girls where they preferred to be interviewed it was decided that the interviews would be held in the office of the research assistant to ensure a private and comfortable interview setting. Although English is the official language in Sierra Leone, most people in rural areas and particularly those who are less educated do not speak it. Given this, the girls were encouraged to talk in Krio, the lingua franca of Sierra Leone, and the research assistant translated during the interviews. The interview questions followed a guide with five general themes, which had been reviewed in collaboration with the research assistant prior to the interviews to make sure that the questions were relevant and understandable (see Appendix 2). The interview was, however, open-ended, both to allow space for those topics that appeared to be of most importance for the respondent, but also due to the sensitive character of certain questions (Bryman, 2012: 471).

In addition to these interviews, two individual key informant interviews were conducted. Key informant 1 is principal at one of the secondary schools and Key informant 2 is a

representative of the traditional authorities.⁹ They were both conducted in the respective workplace of the interviewees. Similarly to the interviews with the girls, the interviews were flexible but guided by a number of predetermined questions relating to the perception and experience each respondent have regarding teenage pregnancy, from their respective area of expertise. Finally, a FGD was held at the end of the field work when all individual interviews had been finished (see Appendix 3). The group consisted of five health care workers from Kamakwie Wesleyan Hospital, three men and two women. They were asked to share both their professional experiences relating to teenage pregnancy but also to discuss their perceptions of the topic as members of the community. The discussion and interaction between the participants served as a useful complement to findings and reflections from the previous interviews. All in all, both the individual key informant interviews and the FGD reflected many of the challenges and obstacles that the girls expressed. They were also helpful to gain an insight to the perception and treatment of pregnant girls in the community, and what kind of initiatives are available to support them. This allowed to better situate the girls' experiences within the community.

5.3. Coding and data analysis

The analytical process was initiated parallel to data collection, in the form of transcription and an initial round of coding of the collected material. In this round, an Excel spread sheet was created and relevant sections from each interview transcript was put under columns, which each represented the overarching questions from the interviews. This allowed for initial thoughts about connections and differences among the respondents' answers. After departure from the field, and after having finished transcription, the analysis continued. From this stage, the analysis was done using NVivo, a computer-assisted qualitative data analysis software (CAQDAS), which builds on a style of analysis in which text is being coded and retrieved. Although CAQDAS has been criticised on the basis that it could increase the risk of fragmentation and decontextualisation of the data, the benefits of using such software has increased its popularity and it was deemed suitable for this analysis. The major strength of NVivo is that it has various features that let the researcher store, organise, manage and reconfigure the data, which facilitates the process of analytic reflection and avoid loss of data. It also makes it considerably easier to relabel, recode, merge and group passages of text than in

⁹ The 16 provincial districts of Sierra Leone are subdivided into 190 chiefdoms which are tribal units of local governance. The chiefdoms are the third level of administrative division in the country and are led by paramount chiefs. The chiefdom speaker is the second in command to the paramount chief and is in charge of all administrative matters in the chiefdom. Each chiefdom is further divided into sections led by section chiefs who report directly to the chiefdom speaker and paramount chief.

manual coding (Saldaña, 2009, p. 22-25).

The initial coding in NVivo consisted in going through each transcript and code words, sentences or sections of text into descriptive codes, or nodes as they are called in NVivo. This step was done in an open-ended way without thinking too much about potential relationships and resulted in a long list of nodes. However, as the coding process went on the descriptive nodes were compared and common denominators were found. As patterns started becoming clearer, categories were developed on a more abstract level. NVivo is useful here as it allows you to create hierarchies of nodes. On the lower levels, the more descriptive *child nodes* are found, which are categorised under more abstract levels of nodes or themes. As pointed out by Saldaña (2009) qualitative analytic process is cyclical rather than linear and there has thus not been a clear separation between each stage of coding (see Appendix 4).

5.4. Ethical considerations

The topic of this study is of a particularly sensitive character. Not only does it involve engaging with a marginalised social group, but the target group also consist of minors. In addition to that, many of the girls witnessed about lives in indigence and some have experienced both physical and sexual exploitation and abuse.¹⁰ Due to this, ethical considerations have been a crucial part of the research process, and each step of the study was guided by the criterion of protection of the individual and the research criterion. That is, the risk of harming participants was weighed against the potential benefit that the study can contribute for them. (Hermerén, 2011). First of all, the sample group was limited to girls above the age of 15 due to the sensitivity of the topic. Before entering the field, the research plan, assent and consent forms, and interview guides, were sent for approval by the Office of the Sierra Leone Ethics and Scientific Review Committee (see Appendix 5). Each interview session started by informing the respondent about the aim of the research and their role in it, before asking for their consent.¹¹ It involved a general overview of the project and information regarding the right to confidentiality, anonymity and option to abstain from answering and/or terminate the interview. All collected data has been treated confidentially and the names of the participating girls have been changed to ensure their anonymity. Another challenge has had to do with the risk of raising expectations among the girls, as they have been asked to share their stories despite the fact that

¹⁰ Indigence is defined by Merriam Webster (2018) as “a level of poverty in which real hardship and deprivation are suffered and comforts of life are wholly lacking”

¹¹ In those cases when the respondent was a minor, the consent of their guardian was first asked and subsequently, the girl was asked to sign a separate assent form.

their participation in the research does not contribute to any tangible results for them. As explained above, all girls were thoroughly informed about the proceedings. I sought to be transparent about my role as a bachelor student, both regarding possibilities of economic reimbursement, but also in terms of the scope and expectations of research at this level.¹²

6. Analysis

The following section presents the main findings from interviews and further analysis in relation to existing literature and theoretical concepts outlined in previous sections. It begins with an account of the extent of teenage pregnancy in Kamakwie and what has been mentioned as main driving factors will be presented. Subsequently, narratives regarding the consequences of pregnancy and barriers to further education will be analysed. The section concludes with an analysis of the future prospects for the interviewed girls.

6.1. The extent of teenage pregnancy in Kamakwie

The teenage pregnancy in Sella Limba chiefdom, nowhere I can hide it, it is on the increase.

Key informant 2, 2018-02-28

It became clear early on during the fieldwork that teenage pregnancy is, and is perceived by members of the community as a widespread issue that affects many girls and the people around them. Testimonies by key informants and interviewed girls suggest a high number of girls get pregnant every year. One of the FGD participants (2018-02-27), who is a midwife, estimates that 20 per cent of the women who give birth in Kamakwie Wesleyan Hospital are teenagers. Upon consulting the admissions books, it was discovered that the actual number is considerably higher. From January 2014 until the end of February 2018, more than 2 000 women have been admitted in the maternity ward of Kamakwie Wesleyan Hospital. Out of these, 31 per cent were below 20 years of age (see Appendix 6). The youngest admitted patient was only 12 years old. As pointed out in the FGD, this is the share of teenage pregnancies out of admitted patients in the maternity ward. Since many women deliver at home, the total share of teenage pregnancies is thus unknown. Key informant 1 (2018-02-09), who is the principal at one of the secondary schools, has during his 27 years working in the school seen many cases of teenage pregnancy. He estimates that around 15 per cent of girls in every age group drop out as a result of pregnancy, and although some of them return later on, he states that the majority

¹² None of the respondents were paid for their participation but the girls received a small gift of appreciation, and travel expenses were paid for those who came from surrounding villages.

do not come back to school. His statement is supported by the interviewed girls, who claim to know of at least one but often several girls from their school who have also become pregnant. "I was the first one that became pregnant, but after me six other girls from my school have also dropped" says Koie, 20 (2018-01-22).¹³

Out of the interviewed girls, Koie and two others, became pregnant during Ebola time. As explained in Section 2.1. the national rate of teenage pregnancy increased as a result of the outbreak, despite the fact that the population had strict instructions to avoid physical contact. The collected data is neither aimed to, nor suitable to analyse the impact Ebola may have had on the rate of teenage pregnancy in Kamakwie. However, findings suggest it may have indirectly led girls to become pregnant. For one, the school closure meant adolescents were left with less parental and school supervision. Secondly, the level of poverty in the community was exacerbated during this time. Key informant 2 (2018-02-28) explains that Sella Limba had few cases of Ebola compared to other regions. Nonetheless, the Ebola outbreak had a severe socio-economic impact. "Because government used plenty strategies to curtail the Ebola. Lockdown. You cannot go to the farm /.../. So, the agricultural impact was, I mean, was very great because poor harvest /.../ It affected government because the income rate went low". He further explains that a lot of people lost their jobs since many companies and organisations had to cut down their operations or even left the country.

Key informant 2 claims that development in the community is dependent on external funding and one of the issues is that there, as for now, are no NGOs or other actors in Sella Limba that specifically target teenage pregnancy. This issue was also mentioned by Key Informant 1 and in the FGD. They say there were some initiatives targeting adolescents during Ebola time, but like most programmes that are implemented in the area, they are not sustainable in the long run. According to the FGD, the only official support measure now available for pregnant teenagers and young mothers is the Free Health Care initiative (FHCI) provides free health care for pregnant women, lactating mothers and children under 5 years of age. However, the FGD participants say pregnant girls are only partially benefitting from it since it does not specifically target them. Moreover, they say FHCI, just like other programmes, struggles with problems of delivery and accountability. The problems with delivery and sustainability of programmes in the area point to structural deficiencies that counteract inclusive development in the country (Gupta, Cornelissen and Ros-Tonen, 2015)

¹³ Pseudonyms used for all interviewed girls

6.2. Limited choice

I was just at home and a boy came and told me we should be in love and that he would be responsible for me and help me go to school. So, I accepted because I didn't have any other alternative. I was hoping that he would pay for me like he said. During this time, we fell in love and I got pregnant. Then everything was spoiled, school was spoiled and the boy have run away. It was all just a lie, he didn't have anything.

Binty, 19, 2018-01-13

Most girls report that some sort of exchange was part of why they became involved with the father of the baby and engaged in sex with him. Some were offered money or gifts in direct exchange for having sex with the man while others say they were in love relationships. However, even in these cases, some intention of economic support was typically expressed. Often this was accompanied by expectations of showing gratitude through sex. Namina, 19 (2018-01-11), explains that after having been in a relationship with the father of her baby for some time he had told her “now I have given you some money, I have been nice to you and now I would like to know you as a woman”, and she agreed to have sex with him. Many of the girls use terms like ‘accepting’, ‘being convinced’ or ‘being taken advantage of’ when they describe their sexual experience, suggesting that some degree of persuasion was involved in the decision. Jebeh, 18 (2018-02-02), was only 14 years old when she lost her virginity and became pregnant. “I really didn't want to start doing sex at that time. He was using force on me. I was crying and shouting so that somebody could have come and rescued me /.../ but nobody came”. Jebeh is the only girl who reports having been raped.

Another factor that appears to have contributed to pregnancies is lack of knowledge of and access to SRHR. According to key informants, sexuality education, or ‘family life education’, is included in the curriculum from the first year of JSS onwards. Nonetheless, the interviews conducted in this study indicate that even girls who have reached a higher level of schooling have poor knowledge about sex, pregnancy and prevention. Some who have received sexuality education say they did not believe they were at risk of pregnancy, others say they had not paid attention or had later forgotten what they had been taught since they were not sexually active at the time. Only one of the interviewed girls was using some form of contraceptive before becoming pregnant. Apart from her, those who were aware of contraceptives say they did not use it primarily due to financial constraints, while one girl says she was discouraged by the man to prevent herself. Since abortion is illegal in Sierra Leone, girls do not have access to safe abortion services by skilled professionals. However, some of the girls still considered measures to terminate the pregnancy. For instance, Posseh, 22 (2018-01-30), says “when the boy ran

away, the next thought that came to me that it is better for me to destroy the pregnancy". The reasons the girls give for not having gone through with plans of abortion are the cost of buying the pills, fear of the risk of dying, and being encouraged by other people not to do it.

Studies cited in section 3.1 (Dannatt and Lees-McCowan, 2016; UNICEF, 2008) argue that unwanted pregnancies often result from sexual relations between girls and older men, including teachers. Findings from interviews indicate that this is uncommon among the participating girls. Most of the fathers of the babies are fairly close in age to the girls with an age difference of less than five years. In three cases the age difference is larger, the largest one approximately 15 years. None of the girls report having been involved with a teacher although it is recognised that teacher-student relationships do occur. Jellie, 18 (2018-01-24), discloses that she and other classmates were approached by teachers. She rejected the teacher and says that it became more difficult to be in school after this incident because she was neglected by him. By contrast, those classmates who became involved with a teacher received extra attention and help. The participants in the FGD (2018-02-27) claim that it is not uncommon that teachers get involved with or even impregnate their students. They state that relationships can result from intentions from both parts. Girls sometimes approach teachers in hope of gaining favours, while in other cases it is the teacher who is taking advantage of their position of authority. Key informant 1 (2018-02-09) admits that it happens that teachers and students enter into relationships but claims that it counts as professional misconduct and is not allowed by the government or the school. According to the FGD participants, not all teachers suffer the consequences because the matter is often settled between the teacher and the girls' family. In such cases the teacher may offer to support the girl and her family or even marry the girl in exchange for not being exposed and risk losing his job.

That the relation to one's teacher can impact the quality of education girls receive, suggests that school may in some cases be a negative learning environment. As theorised by Kabeer (2005) and Stromquist (2015) such circumstances limit the potential education could have for empowerment. As was discussed in section 4.1, having the ability to make strategic life choices, is at the core of empowerment. However, these accounts indicate that the ability to make choices about engaging in sex, becoming pregnant and whether to go through with the pregnancy, has been restricted. Money appears to be the single most influential factor for these limitations, which all key informants also agree on. In addition to the girls concerns about poverty and lack of SRHR knowledge, key informants also discussed factors such as peer group influence and practices or beliefs among certain ethnic and religious group. For example, it was mentioned that some groups are more prone to give their daughters to early marriage. "In our

country, we have so many traditional barriers, we have political barriers, we have religious barriers. And the worst, the worst, is poverty” (FGD, 2018-02-27). These findings confirm evidence from previous studies, cited in section 3.1, which connect teenage pregnancy to income poverty and limited education, including sexuality education. Further, as discussed in section 4.2. it seems that the girls are passively excluded from full participation in society as a cause of macroeconomic circumstances and a lack of resources and services.

6.3. Exclusion, lack of knowledge and resources

When I got pregnant I cried when I saw my companions going to school. I went to hide because I felt bad. I knew that because of the pregnancy I had already dropped from school.

Isata, 16, 2018-01-30

Becoming pregnant has had consequences for the educational opportunities of all participating girls. Many express concerns of being backwards and forgetting what they have learnt so far. Three girls were unable to sit the national examination to allow them to continue on to the next educational level. Some girls were already out of school at the time that they became pregnant and for them, like the rest, the biggest concern has to do with the possibility of re-entry. With regards to policy, girls are only banned from attending during the pregnancy and are allowed back after they give birth. Although Isata has finished nursing her baby and is thus technically allowed back in school she is still not attending because of lack of economic support. Isata says that although she understands the rationale behind the policy she does not think that it will change the fact that many girls become pregnant. Knowledge about the policy varied among the respondents. About half of the girls say they had heard about it, either through the radio or from someone they know, while the other half was unaware of its existence. The vast majority, however, do not think it is a good policy and say they would have preferred it if girls were allowed to attend school. Some also pointed out that it would have been fairer that school boys who impregnate a girl would be expelled as well. According to Key Informant 1 (2018-02-09), the policy in his school is that a male student should be out of school together with the girl until she delivers. However, the school has limited influence over this situation as it is ultimately up to the parents. Like in the case with teachers, some of these situations are arranged privately and do not come to the school’s notice

Strikingly, all girls and key informants agree that the policy has not had any real impact in Kamakwie. Even before the policy declaration, girls would not be allowed to continue school. Some tried to hide the pregnancy in order to be able to keep attending. One girl managed to finish the semester without the school noticing she was pregnant, others were driven by the

school when their pregnancy was discovered. Key Informant 1 explains that in his school this decision is based on two factors. Firstly, girls' school performance will be compromised by their divided attention and responsibility as student and mother. Secondly, he explains it is meant to send a message to other students. However, several girls say that their schools never found out about the pregnancy. Either because they were already out of school when they became pregnant or they themselves or their parents decided they should not go back. The decision to stop attending was primarily based in feelings of shame, fear of being provoked in school, and the knowledge that they would eventually be driven by the school nonetheless. Hence, these narratives suggest that although girls themselves may take the decision to stay at home, ultimately, they will have no option but to stop attending. Thus, the government policy per se has not contributed to exclusion of girls from education in Kamakwie, but they are still subjected to active exclusion from education due to the same fundamental rationale which the policy is founded in.

Considerably fewer girls had knowledge about the alternative schooling schemes. 4 out of the 16 girls say they have heard that there are special learning centres for pregnant girls and young mothers, although one of them says she has only heard that such an initiative existed in neighbouring Guinea. Only one girl has more extensive knowledge about the learning centres as she lived for some time in Freetown and during that time saw girls who were attending a centre. When asked for their opinion about the learning centres all girls expressed positive sentiments. They share a strong desire to be in school and say that attending a learning centre would help them not to forget everything they have learnt so far. Some also say another benefit would be that they would not feel as ashamed sharing a classroom with other girls in the same situation, compared to if they would return to their old school. However, even if they had known about the possibility to attend a learning centre, many girls doubt that they would be able to attend. Most have never been outside of Kamakwie and do not know anyone in other towns and would consequently not have any accommodation.

It has proven difficult to access information about the coverage of the BEP and GATE projects and where the learning centres are located.¹⁴ Although learning centres reportedly exist in the district, none appear to be located in Sella Limba. "If they are practising it, is it not to my knowledge for my own chiefdom" says Key informant 2 (2018-02-28). In fact, none of the consulted key informants are familiar with the programmes, which may suggest that there is a

¹⁴ According to e-mail correspondence with an official of UNFPA Sierra Leone, "there were learning centres operating in Bombali and all of the districts" during 2016 and 2017. They referred to UNICEF for more information but UNICEF has not responded to any inquires.

problem of dissemination of information to this part of the country.

To not allow pregnant girls to attend school is a clear example of active exclusion as defined by Sen (2000). Not only are the girls in this study excluded from formal schooling, but they also have limited possibilities as to continue learning elsewhere. As stated by Kabeer (1999; 2005), individuals can only truly be empowered to make strategic life choices if there are options to choose from. Since the girls in this study neither have knowledge of, nor access to learning centres, they do not have the option to choose an alternative path of education.

6.4. Stigmatisation

Normally when I see my friends, my old classmates, when they see me they provoke me, they laugh at me. When they laugh at me I start crying again. I never knew that I would be somebody to be laughed at. If my father would not have died, and I didn't have nobody to take care of me, then I would not have been involved in this situation. So that makes me start crying all over again.

Mbalu, 15, 2018-01-15

It became clear during interviews that apart from affecting their education, pregnancy has also had psychosocial and social consequences for girls, with implications both for their everyday life as well as their future. Mbalu says she felt regret and worry because she was so young when she became pregnant. During the pregnancy and since she had her baby she has tried to stay inside in isolation. "I have not been happy at all /.../ I have that silent crying within me. I feel my body is very warm. I have felt like I have a heavy load being pressed on my chest" she says. Most girls witnessed about similar situations in which they have kept away from social and recreational activities to avoid being teased, provoked or laughed at by others in the community. Typically, the girls are met by comments about 'being too small', being unserious', 'being expired', or that they are going to suffer, and the girls say it makes them feel bad and ashamed. According to Binty, 19 (2018-01-13) people point at her and say, "look at her, she has got pregnant without a husband". She explains that the father of her baby was in town for mining work but suddenly disappeared and did not answer when she tried to call. In total, seven of the girls are not in contact with the person who made them pregnant. The other girls are saying that the fathers of their babies are around, but some are being more supportive than others, and in general they are not involved in taking care of the child. Two of the girls have plans on eventually marrying the man.

Most family members reacted with anger when they found out about the pregnancy and many of the girls were blamed of being unserious, irresponsible and having spoilt their education. Twelve girls say they were thrown out from home when the pregnancy was

discovered. “When I went back to the house, my father had packed all of my clothes put them in the front so I should take my bag and find where to go. He didn't need me anymore in the home” says Jebbeh (2018-02-02). Jebbeh is now staying with her grandmother and they are being sent money from an uncle, but he does not know about the pregnancy. She is afraid that if he found out know he would be mad and stop supporting them. Another girl says she was out on the streets for some time until the neighbours who had seen her suffering pleaded to her mother to take her back in. Others are now staying with the family of the father of their baby and for most of them it has been a difficult time. Jeneba, 17 (2018-01-11) says “they don't care for me. His relatives are angry with the boy to so they just neglect both of us. Even to have food to eat”. Even some of the girls that are still staying at home say that their relations with family members have been damaged and say they are treated with neglect and rejection at home. The FGD participants said that there is a lot of stigmatisation attached to teenage pregnancy and that it is not uncommon that it creates a lot of disputes between families. They also discuss how that stigmatisation and resentment, when it comes from the own family, takes a bigger toll on the individual. The stigmatisation that girls face can be understood as a manifestation of social exclusion and a way that keeps them excluded from social life. As is also explained in Section 4.2., girls’ feelings of alienation and inferiority reflects another dimension of social exclusion.

6.5. Dreams and future prospects

When you are educated at least you have awareness, you know what to do. And also, if you go through school you will be able to have a job and my parents are very poor and I really want to upgrade their level. And when somebody comes to my village and they know that you have educated children, they will fear you for that /.../ they don't take advantage of you no longer.

Hannah, 18, 2018-01-10

All girls who partook in the study strongly agree about the importance of education and claim educational attainment can affect the course of one’s future. Acquiring a good job and thus securing a stable income is mentioned as the single most important benefit of being educated. Having a good job and good money would mean one could support one’s family as well as expanding one’s freedom. A few girls talk about how education is linked to social mobility and said that without education you are unlikely to improve your economic and social status. “My family is very, very poor. No one has been in school. I was the first person who went to school and now I have become a failure again. So, the poverty just continues” explains Mbalu, 15 (2018-01-15). In contrast, the girls say that being educated means having more awareness so that people will not take advantage of you, and that you will “be somebody in

society”. Additionally, some girls say that an opportunity to continue school could mean a chance to prove that they are serious and dedicated, and hopefully help mend family relations.

With one exception, all girls express strong desire to continue their education and eventually go to college. After completing higher education, many girls dream about working as nurses, others want to do engineering, teach, work in an office or in law. When asked what they think they would do in the future if they do not have the opportunity to achieve these dreams, the girls say they would look for an opportunity to attend the vocational centre and learn a skill, or engage in petty trading. A few say they would do farm work. Adama, 17 (2018-01-12), is the only one who does not have plans on going back to school. “I have been out of school for almost two years now and my mother says she won't pay for me again. So, I will try to find something to do. /.../ Those who were in the same class as me are now in JSS2 and I am ashamed to be backward now. I want to learn a skill instead”.

Even though most girls want to further their education, the barriers to do so are plenty. Money is the biggest obstacle. Without economic support, the added sum of school fees and additional costs of uniforms and school material is much too expensive. Even the initial capital to be able to start doing petty trading, or the cost of attending the vocational centre to learn a skill, can be too much without support from others. The double responsibility as mother and student is a further barrier to education. For those who do not have anyone to help them take care of the baby, going back to school may not be an option at all, since formal child care services do not exist in Kamakwie. When talking about the future most girls express feelings of despair and powerlessness. Even girls that may have the opportunity of re-entry may face obstacles in education. Key informant 1 (2018-02-09) say that the success rate for girls who return after having a baby varies. He claims that some girls show excellent results when they return. Others, however, have greater difficulties coping with being back in school. Many have forgotten much of what they had learnt before, and they also struggle to concentrate on lessons because of the divided attention towards the baby at home. He also says that it is common that returning girls encounter provocation from their classmates. Stigma/shame/provocation was one of the major concerns the girls had about returning to school.

These accounts suggest that participants in this study see education is as a means of empowerment, capabilities and inclusion as theorised in Section 4. However, like previous studies (e.g. Amnesty International; Pärnebjörk 2016), findings from this study suggest that the pregnant girls and teen mothers face major economic and social barriers to education. Additionally, given the concerns girls have about re-entry, it seems that the learning environment that girls would return back into may have less potential for empowerment

(Kabeer 2005; Stromquist 2015). In turn, lack of, or unfavourable inclusion in education, may cause further deprivation, for example limited opportunity of employment for girls and limit their capability to lead a meaningful life (Sen, 2000).

7. Limitations

One limitation of the case study design has to do with its external validity, that is, the generalisability of its findings, given that it is conducted in a specific geographical and socio-political context. However, since the purpose of this study is to generate an understanding of the particularities surrounding the experience of teenage pregnancy and motherhood in Kamakwie, and focuses on a few individuals, it does not aim to generalise about an entire population, country or a complex issue like adolescent pregnancy. A second limitation pertains to the use of a research assistant. Since the research assistant has been involved in the identification and selection of participants there is a risk that the composition of the sample group is influenced by the research assistant. In this study, the research assistant also acted as an interpreter during interviews. When using an interpreter there is always a risk of translation bias, i.e. that the original meaning of a respondent's answer is skewed. However, as explained in the methods section, sampling was done on the basis of clearly defined criteria, which the research assistant had been informed about. The interview guides were also developed in collaboration with the research assistant. Hence, it is not considered to be a major limitation. Finally, while the Ebola outbreak has been found to have exacerbated teenage pregnancy, it is a challenge that far predates the crisis. Although more information about the post-Ebola context is needed, one must be careful not to treat the country in an ahistorical manner, which present Ebola as a starting point. Hence, the analysis of the findings of this study have taken Ebola into account yet being careful not to overestimate its impact.

8. Conclusion

This thesis analyses the implications of teenage pregnancy on the lives of young girls in Kamakwie, Sierra Leone, and places specific focus on how being pregnant affects girls' educational opportunities. The application of the theoretical concepts of empowerment and inclusive development has guided and facilitated the analysis of empirical data. The study builds on interviews with a few individuals in a specific context and the objective is not to generalise but rather emphasise the particularities of this case. Nonetheless, certain mechanisms

identified within this study may also exist elsewhere. It is recognised that not all aspects of the theoretical concepts used in the study are applicable to the empirical data. Neither can every part of the interviewed girls' narratives be explained by these concepts. However, the application of Kabeer's and Sen's conceptualisations of empowerment and social exclusion, respectively, has helped shed light on factors such as limited choice and lack of resources and opportunities.

Pertaining to the first research question it has been found that the interviewed girls face a range of barriers to access education. In conformity with Pärnebjörk (2016), findings from this study suggest that the actual barriers to education for pregnant girls are economic and social, rather than legal. It was found that limited choice, as a result of poverty, is the number one driving factor contributing both to why girls became pregnant in the first place, and as to why they are out of school. Hence, findings in this study corroborate previous evidence that link teenage pregnancy with poverty and limited education (e.g. Coinco, 2010; Dannatt and Lees-McCowan, 2016; Kostelny et al. 2016). The study also find that the interviewed girls have a strong desire to be back in school and it is acknowledged that education can be a defining factor for the future. In a community where poverty and unemployment are rampant, being educated drastically increases your likelihood to get employment and a stable income. In addition to being able to support one's family, education, employment and money are also mentioned as important in terms of respect and status within the community. At the same time the girls express feelings of despair and powerlessness regarding their potential to influence the course of their future. The interviewed girls are to a large extent dependent on both economic and social support from people around them. Since teenage pregnancy carries a social stigma it often affects family relations in a negative way when a girl becomes pregnant and she may as a result lose both of these support measures. Moreover, it seems to negatively affect girls' self-esteem and general mental well-being.

With regards to the impact of the policy excluding pregnant girls from attending school and sit national exams, findings indicate that, in practice, the policy has not had any impact in Kamakwie. Nonetheless, pregnant girls are actively being excluded from education by schools based on the same rationale that the policy is found in. Unlike the girls in Pärnebjörk's study, who serendipitously were given an opportunity to further their education in the learning centres, the girls in this study have not benefitted in this way from the policy declaration since no learning centres exist in Kamakwie. The lack of knowledge of and access to learning centres has been identified as a barrier to girls' education, empowerment and inclusion on two grounds. Firstly, it points to deficiencies in the dissemination of information and initiatives to this part

of the country and thus excludes girls in this area from opportunities enjoyed by girls in other places. Secondly, since girls have no option to continue studying during the pregnancy, there is a risk that girls who have the possibility to return will have forgotten much of what they have learnt before. This in combination with concerns expressed by the girls about stigmatisation and provocation from peers if they come back, suggest that girls who get an opportunity of re-entry may come back into a negative learning environment. In such instances, girls could be understood as being ‘unfavourably included’ and education may have a lower potential to contribute to their empowerment.

It is widely recognised on both the community and national level that teenage pregnancy is a major concern with widespread consequences. Highways and streets are lined with billboards sharing the message about the importance of reducing teenage pregnancy. Despite this there seems to be discrepancy between intent and practice. The GoSL is sending mixed messages in promoting women’s empowerment and girls’ education, while simultaneously institutionalising a practice that is based in gender-discriminatory reasoning. At the time of writing, a complaint regarding the policy has just been filed by a coalition of women’s rights organisations to the court of the Economic Community of West African States (ECOWAS), and they have now given GoSL 30 days to respond (Peyton, 2018). Whether the GoSL will defend their actions or if this will lead to a policy change is for the future to decide.

However, as findings from this study suggest, pregnant girls will not get access to education or become included and empowered simply by removing the government policy. If one wants to draw conclusions regarding the potential education has to include and empower teen mothers it is not enough to establish whether a policy regulating the access to education is justified or not. It is also necessary to understand how the girls are affected by other factors at work in their life that may affect their ability for re-entry, and how they might be affected by the schooling environment they would return into. Moreover, with regards to policy, it should be analysed how it may contribute to reinforcing norms or behaviours that limit the potential for the girls’ empowerment. Future research should also investigate what happens to those girls that do return to school. Further there is a need to analyse the social and cultural norms and attitudes that substantiate stigmatisation around teenage pregnancy. While searching for ways to achieve long-term societal transformations, it is also important to find ways of supporting those that are now affected by such stigma. Otherwise, good intentions may become nothing other than broken promises. Finally, comparative research across development contexts is also required and particularly important in light of the global commitment to reach the SDGs.

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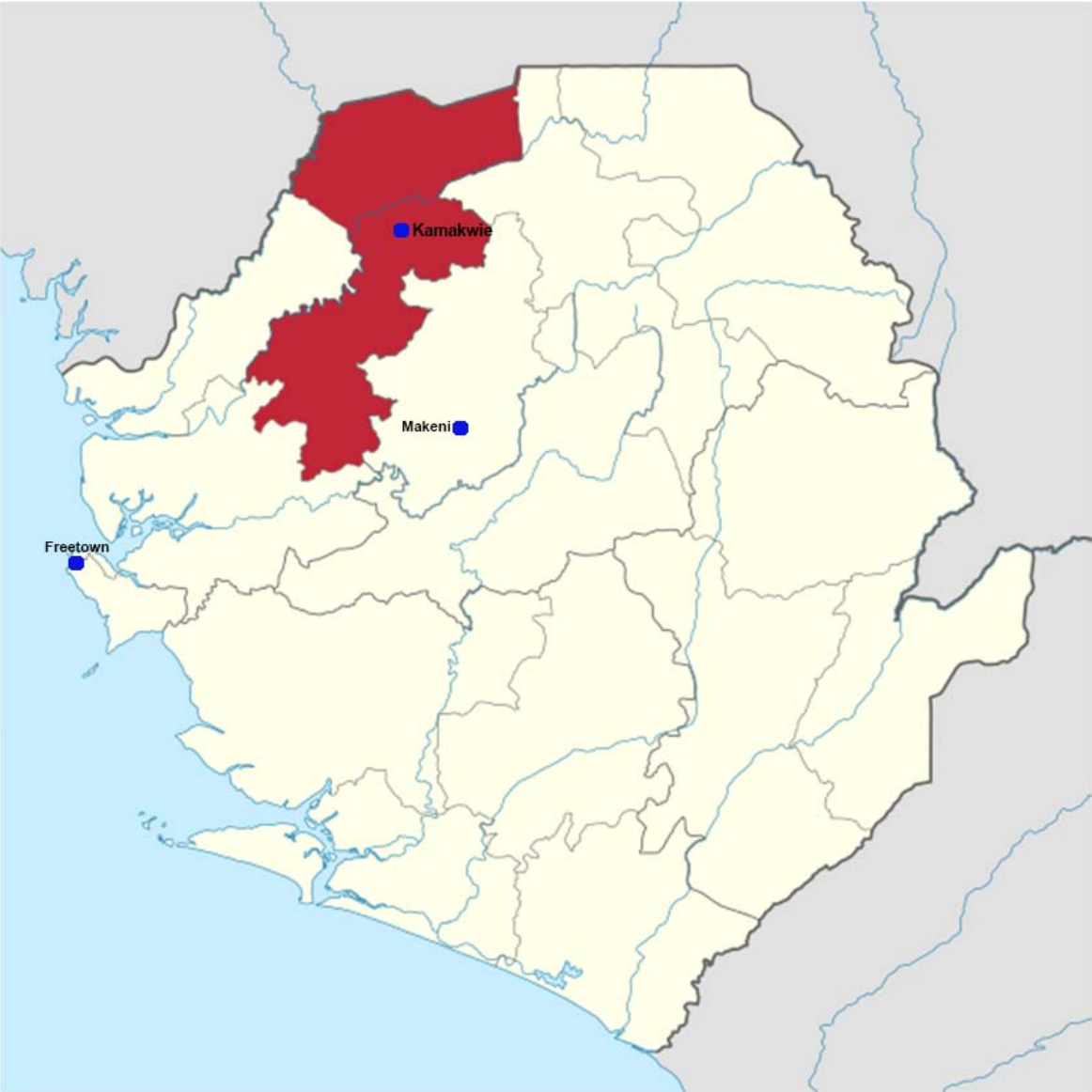
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Appendixes

Appendix 1: Map of Sierra Leone and Karene District



Appendix 2: Interview guide for individual interviews with girls

Interview guide for individual semi-structured interviews with girls

(*An interpreter will assist in translating this document and interpret interviews when necessary)

I. Opening

1. *(Establish Rapport) [shake hands]* My name is Caroline Björkdahl. I am a student from Lund University in Sweden and I am here to do research about how teenage pregnancy affects young girls' lives and schooling situation.
2. *(Purpose)* I would like to ask you some questions about your background, your education, and your pregnancy, in order to learn more about your thought and experiences around this .
3. *(Motivation)* I hope to use this information to better understand how young girls are affected and I will present my findings in a thesis for my bachelor degree at my university in Sweden.
4. *(Time Line)* The interview should take about 1 hour.
5. Do you have any questions before we start?

Transition: **Let me begin by asking you some questions about where you live and your family**

II Body

A. Topic: General demographic information

1. What does a normal day in your life look like?
2. Can you begin to tell me about your family and living situation?
3. Hobbies or interests?
4. When did you become pregnant?

Transition to the next topic: **I would like to move on to talk about your education**

B. Topic: Schooling situation

1. Can you tell me about school?
2. How has your education been affected by your pregnancy?
 - a. Were you allowed to attend school during/after the pregnancy?
3. Do you think that education is important? Why?

Transition to the next topic: **Have you heard about the government policy prohibiting pregnant girls from attending regular school?**

C. Topic: The policy

1. Do you think that it has affected you? How?
2. How do you feel about this?
3. What is your opinion about the policy?
4. Do you think that it is different for girls who become pregnant now compared to before the policy was adopted?

(Transition to the next topic: I would like to now some more about how the pregnancy has affected your schooling situation)

D. Topic: Alternative education

1. What happened when the school found out you were pregnant?
2. Did anyone talk to you about alternatives to continue your education?
3. Have you heard about the learning centres for pregnant girls?
 - a. If yes, what are the reasons you are attending/not attending one?
4. Have you completed / do you think you will have the opportunity to complete secondary school?

(Transition to the next topic: **Can you tell me more about your pregnancy and what it has been like?**)

E. Topic: Pregnancy experience

1. What is your experience of pregnancy/motherhood?
 - a. Health
 - b. Feelings
 - c. Abortion?
2. What kind of support are you receiving?
 - a. Health care
 - b. Child care
 - c. Other
3. How do you feel that you have been met by other people since you became pregnant?
 - a. E.g. family and relatives/ friends/father of baby/school/health care/community
4. Do you feel that you have the same opportunities today as you had before you became pregnant?
 - a. School/job
 - b. Social life

(Transition to the next topic: **Moving on, I would like to know what you think about the future**)

F. Topic: The future

1. What are your dreams and hopes for the future?
2. What do you think your situation will be like in five years?
3. How do you think that your pregnancy has affected your future prospects?
4. What role do you think education has for your future?

(Transition: **Well, it has been a pleasure finding out more about you. Let me briefly summarize the information that I have recorded during our interview**)

III Closing

- A. (Summarize)
- B. (Maintain Rapport) I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know? Do you have any questions for me?
- C. (Action to be taken) I should have all the information I need. Would it be alright to contact you again if I have any more questions? Thank you again for your time.

Appendix 3: Interview guide for key informant interviews and focus group discussion

Interview guide for key informant interviews and focus group discussion¹

Opening²

Introduction of moderator and participants

Introduction of topic and purpose of research

Guidelines

- recording, speak one at a time, my role as moderator etc.

Body

- **Tell me about your role and professional experience with the issue of teenage pregnancy**
- **Can you tell me about your impression of the situation for pregnant teenagers here in Kamakwie?**
 - *How are they treated?*
 - *Do you believe the situation has changed over recent years? How?*
- **What do you think the role of the policy banning pregnant girls from attending school has been here?**
- **What types of support measures are available for pregnant girls in the community?**
- **What would you say are the consequences of teenage pregnancy on girls' educational opportunities here?**

Closing

Summary

Do you have any more questions for me?

The information I have gathered here will be used for my bachelor thesis. I will also share the final result with my contacts at Bombali Health Development.

Thank you again for your time.

¹ The aim is that the session should be an open-ended discussions between participants and the following questions will be used to guide the discussion along the themes of the research.

² Applies to focus group discussion

Appendix 4: NVivo nodes¹⁵

Name	Sources	References
Abortion	9	19
Advice on abortion	1	2
Considered abortion	5	5
Did not consider abortion	5	7
Actors	13	210
Baby	3	4
Classmates	3	3
Community	10	18
Family and relatives	12	57
Family of baby's father	8	16
Father of the baby	13	57
Friends	8	18
Health care	12	23
Pastor	1	1
School, teachers	8	13
Adopted by uncle	1	1
Age difference	6	7
Agricultural household	1	1
Altruism	3	3
Wish to help those in need	1	1
Wished to defend those who were being taken advantage of	1	1
Attitude	13	106
Difficult	7	10
Negative	12	30
No reaction	2	2

¹⁵ The node references are included to transparently show the density of each node. They are not used to quantify data, but to highlight which codes that have been important to the study.

Optimistic	9	13
Pessimistic	7	13
Positive	13	38
Aware about contraceptives	2	2
Barriers to further education	12	50
Access to learning facility	4	5
Difficult living in big town	1	1
Difficult to concentrate	1	1
Loss of social support	8	11
Man's permission	1	3
No one to pay	10	19
Responsibility of baby	6	8
Shame	2	2
Can't stay with aunt	1	1
Christian	2	2
Consequences	13	269
Educational	12	42
Backwards in education	9	15
Decided to stay home from school	6	7
Driven from school	2	4
Father of baby was also driven from school	1	1
Loss of economic support	7	11
Unable to sit national examination	3	4
Health	9	17
Delivery	7	9
C-section	2	3
Home birth	1	1
Loss of sleep	1	2
Loss of income	1	1
Physical abuse	3	3

Psychosocial	13	97
Depression	1	3
Disappointment	1	1
End of childhood	2	2
Fear of not continuing school	2	3
Feeling ashamed	9	12
Feeling bad, sad	12	24
Feeling despair	4	4
Feeling like different person	1	1
Feeling remorse	6	8
Feeling uncomfortable within herself	1	1
Low self-esteem	2	2
Neglect, rejection	7	10
Not serious, irresponsible	6	10
Worry	9	16
Social	13	105
Avoid going out	7	13
Broken promise	2	2
Can't see baby	1	1
Cannot participate in social activities	4	7
Does not see friends	1	2
Driven from home	9	15
Family break-up	2	2
Loss of social support	5	7
Lower QoL	1	1
Met with anger	12	27
Provocation, teasing	12	24
Sent back home	1	2
Treated bad by school	2	2
Struggling to make ends meet	2	3

Treated well by community	1	1
Could complete term	1	1
Daily activities	10	10
Died in traffic accident	1	2
Difficult imagining different life	6	7
Difficult to talk about future	3	3
Does not know others who are pregnant	1	1
Does not know when baby will be born	1	1
Does not own radio	1	1
Driving factors	13	77
Expectations from man	1	1
Failure of contraceptive method	1	1
Intended husband	1	3
Intended marriage	2	2
Loss of caretaker	1	1
Maltreated at home	2	2
Man wanted baby	2	2
Persuasion	1	3
Poverty	6	9
Relationship	3	4
SRHR	12	24
Did not believe	2	2
Did not use contraceptive	9	12
Has forgotten sexual education	1	1
Lack of sexual education	2	2
No sexual education	3	3
Unaware of risk	4	4
Transactional sex	10	25
Promise of love	7	10
Promise to buy things	0	0

Promise to pay for school	3	5
Ebola time	2	3
Education	11	29
Family situation	10	27
Family is struggling	4	7
Loss of family members	2	6
Siblings in school	2	2
Sister is missing	1	1
Fortunate to have been in school	5	5
Future	13	211
Alternative life plan	12	23
Do petty trading	8	9
Farm work	1	1
Learn a skill	8	12
Build a house	1	1
Dedication	3	5
Desire to be in school	12	29
Dreams	13	39
Bank	2	2
Engineer	0	0
Inspiration	6	7
Nurse	3	3
Office work	1	1
Sell, business	1	2
Teacher	0	0
Good life	4	9
Hoping for support	4	5
Importance of education	12	55
Avoid family break-up	1	1
Be somebody, gain respect	4	7

Gain awareness	2	3
Good job+money	11	19
Good marriage	1	1
Lift family from poverty	3	3
Not be a failure	4	4
Support family	8	12
Leaving Kamakwie	6	9
Marriage and children	9	19
Plan to spend time with baby	1	1
Put child in school	2	2
Re-entry	8	13
How pregnancy was discovered	13	45
At health facility	2	4
No menstruation	3	3
Pregnancy showed	4	4
Someone suspected	7	8
Suspected herself	2	3
Symptoms	6	8
Tried to hide it	4	4
Unaware of pregnancy	8	11
I only told my friend	1	1
Knows others who are pregnant	7	17
Learning centres	13	39
Knowledge of learning centres	10	14
Heard but never saw	1	1
In Freetown	1	1
In Guinea	0	0
Unaware	7	7
Opinion about learning centres	10	20
Marriage	1	2

Memorable quote	4	5
Mend family relations	2	3
Motherhood	9	13
Never been outside of Kamakwie	2	2
No desire to go back to school	1	1
No friends in school	1	1
Not in school when pregnant	5	9
Not sure whether father of the baby will help	1	1
Not with baby	1	1
Occupation	7	10
Opportunities	6	8
Other children	1	2
Paid herself for school	1	2
Petty trading	1	1
Policy	12	44
Impact of policy on practice	12	14
Knowledge of policy	12	14
Opinion of policy	12	15
Poor quality of education	0	0
Lack of science teachers in school	1	1
Pregnancy	4	7
Reaction to pregnancy	10	33
Admitted	2	2
Denied	1	2
Ran away	3	8
Take responsibility	1	1
Sex	12	37
Contraceptive use	1	2
Contraceptives	1	2
Received sexual education	8	9

Sexually experienced prior to pregnancy	2	2
Virginity	7	8
Source of income	1	1
SSS in Freetown	1	1
Sued to the chiefs	1	1
Support	13	105
Advice	12	17
Advocacy	5	6
Child care	8	16
Economic	6	7
Encouragement	13	39
Housing	7	10
Medical	6	9
Sympathy from teachers	1	1
Teacher misconduct	1	3
Thinks it is fair that both and girls are punished	1	1
Uncle and mother paid for school	1	1

Appendix 5: Ethical approval



GOVERNMENT OF SIERRA LEONE
Office of the Sierra Leone Ethics and Scientific Review Committee
Directorate of Policy Planning and Information
5th Floor, Youyi Building Brokfields, Freetown
Ministry of Health and Sanitation

15th December, 2017

TO: Caroline Bjorkdahl (Bachelor Student)
Department of Sociology
Lund University, Sweden
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Principal Investigator

Study Title: Education-exclusion or empowerment? Implications of teenage pregnancy on access to education for girls in rural Sierra Leone.

Version: 04 December, 2017

Supervisor: Dr. Axel Fredholm
Programme Coordinator BIDS
Lund University
axel.fredholm@soc.lu.se

Submission Type: First protocol version submitted for Review

Committee Action: Expedited Review

Approval Date: 12 December, 2017

For further enquiries please contact: efoday@health.gov.sl



GOVERNMENT OF SIERRA LEONE
Office of the Sierra Leone Ethics and Scientific Review Committee
Directorate of Policy Planning and Information
5th Floor, Youyi Building Brokfields, Freetown
Ministry of Health and Sanitation

The Sierra Leone Ethics and Scientific Review Committee (SLESRC) having conducted an expedited review of the above study protocol and determined that it presents minimal risk to subjects, **hereby grants ethical and scientific approval/extension for it to be conducted in Sierra Leone.** The approval is valid for the period, **12 December, 2017 - 11 December, 2018.** It is your responsibility to obtain re-approval/extension for any on-going research prior to its expiration date. The request for re-approval/extension must be supported by a progress report.

Review Comments:

- **Amendments:** Intended changes to the approved protocol such as the informed consent documents, study design, recruitment of participants and key study personnel, must be submitted for approval by the SLESRC prior to implementation.
- **Termination of the study:** When study procedures and data analyses are fully complete, please inform the SLESRC that you are terminating the study and submit a brief report covering the protocol activities. Individual identifying information should be destroyed unless there is sufficient justification to retain, approved by the SLESRC. All findings should be based on de-identified aggregate data and all published results in aggregate or group form. A copy of any publication be submitted to the SLESRC for its archive.
- **Informed assent with consent** by parent/guardian is required below age 18 years. Consent can be given from 18 years. You should prepare and use additional informed consent documents for the 18-19 years old. You must include in all consent/assent documents under 'who to contact', Professor Hector Morgan, Chair of the National Ethics Committee on +1232-76-629-251


Professor Hector G. Morgan
Chair

For further enquiries please contact: efoday@health.gov.sl

Appendix 6: Admission statistics Kamakwie Wesleyan Hospital Maternity Ward

Date	Admitted patients	Patients <20	Share	Note
Jan 2014	15	3	17%	
Feb 2014	37	18	49%	
Apr 2014	2	8	28%	
May 2014	31	9	29%	
June 2014	35	6	17%	
July 2014	33	7	21%	
Aug 2014	3	2	67%	incomplete
Sep 2014	28	5	18%	
Oct 2014	30	8	27%	
Nov 2014	29	9	31%	
Dec 2014	27	6	22%	
Jan 2015	21	3	14%	
Feb 2015	24	8	33%	
Mar 2015	28	8	29%	
Apr 2015	28	12	43%	incomplete
May 2015	44	17	39%	
June 2015	47	17	36%	
July 2015	48	16	33%	
Aug 2015	35	10	29%	incomplete
Sep 2015	16	5	31%	incomplete
Oct 2015	36	21	58%	
Nov 2015	59	15	25%	
Dec 2015	59	17	29%	
Jan 2016	72	20	28%	
Feb 2016	61	18	30%	
Mar 2016	51	21	41%	
Apr 2016	61	23	38%	
May 2016	75	17	23%	
June 2016	49	17	35%	
July 2016	73	26	36%	
Aug 2016	66	19	29%	
Sep 2016	23	9	39%	incomplete
Oct 2016	67	26	39%	
Nov 2016	44	15	34%	
Dec 2016	61	16	26%	
Jan 2017	59	15	25%	
Feb 2017	64	23	36%	
Mar 2017	54	15	28%	
Apr 2017	49	16	33%	
May 2017	65	22	34%	
June 2017	64	20	31%	
July 2017	60	18	30%	
Aug 2017	36	9	25%	
Sep 2017	41	12	29%	
Oct 2017	75	22	29%	
Nov 2017	49	16	33%	
Dec 2017	34	6	18%	
Jan 2018	55	13	24%	
Feb 2018	30	13	43%	
Total	2180	677	31%	
Excl. months with incomplete numbers	2075	639	31%	

* Statistics compiled for the sake of this research